



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 WEST JEFFERSON ST. □ SPRINGFIELD, ILLINOIS 62761 □(217) 782-3516 FAX: (217) 785-4111

<b>DOCKET ITEM NUMBER:</b> E-01	<b>BOARD MEETING:</b> February 25, 2020	<b>PROJECT NUMBER:</b> NA
<b>BUSINESS ITEM:</b>	Declaratory Ruling Request	
<b>REQUESTING ENTITY:</b>	King-Bruwaert House, Burr Ridge	

**STATE BOARD STAFF REPORT**  
**DECLARATORY RULING REQUEST**

**I. Request for Declaratory Ruling**

King Bruwaert House, Burr Ridge is requesting a Declaratory Ruling from the State Board. Specifically, they are petitioning the State Board to adjust the calendar year 2016, 2017, and 2018 Annual Long-Term Care Questionnaire for the number of patient days and number of beds.

The Board Staff is asking the Board to approve this request.

**II. Applicable Statute and Rules**

The following Sections of the Act are applicable to this declaratory ruling request:

Section 12(4) states:

“For the purposes of this Act, the State Board shall exercise the following powers and duties:

“Develop criteria and standards for health care facilities planning, conduct statewide inventories of health care facilities, and develop health care facility plans which shall be utilized in the review of applications for permit under this Act.”

Section 13 states:

“The State Board shall require all health facilities operating in this State to provide such reasonable reports at such times and containing such information as is needed by it to carry out the purposes and provisions of this Act.”

The following administrative rules are applicable to this declaratory ruling request:

77 IAC 1100.60 requires all health care facilities operating in Illinois to provide data needed for planning.

77 IAC 1100.70 states that the State Board, in conjunction with the IDPH, will publish data appendices.

77 IAC 1110.1540(d) specifies the State Board's utilization standard for operating rooms.

77 IAC 1130.810 (Declaratory Rulings) states:

“The State Board shall render determinations on various matters relating to permits and the applicability of the statute and regulations. Request for determination shall be made in writing . . . The following matters shall be subject to declaratory rulings by the State Board:

b) corrections to the facility inventories utilized by the State Board; . . .

Additionally, pursuant to Section 5-150 of the Illinois Administrative Procedure Act, decisions rendered by the State Board in relation to a declaratory ruling request are final and not subject to appeal.

#### **IV. State Board Staff Finding(s)**

The State Board Staff notes the following for the State Board's consideration:

- A. The Act grants the State Board jurisdiction to collect data from health care facilities and to compile an Inventory.
- B. The State Board, through its administrative rules, has delineated policies on the collection of data from health care facilities in order to compile an Inventory and to assist in comprehensive health care planning.
- C. The State Board is permitted to make Declaratory Rulings regarding “corrections to the facility inventories utilized by the State Board,” per 77 IAC 1130.810(b).

#### **VI. Summary**

On November 21, 2019, the requesting party admitted to the erroneous submittal of patient days/utilization data, for the 2016, 2017, and 2018 Illinois Long Term Care Profiles/Facility Questionnaires. Table One identifies the data initially submitted, as well as the corrected data. The requesting party attributes these errors to turnovers in administrative and financial personnel at King-Bruwaert House.

<b>TABLE ONE</b>						
<b>Erroneous/Corrected Data Submitted for King-Bruwaert House</b>						
<b>2016, 2017, and 2018</b>						
	<b>Original 2016</b>	<b>Revised 2016</b>	<b>Original 2017</b>	<b>Revised 2017</b>	<b>Original 2018</b>	<b>Revised 2018</b>
<b>NC Beds</b>	49	49	49	49	49	49
<b>Patient Days</b>	14,764	15,949	730	16,160	730	15,477
<b>Utilization</b>	82.5%	89.2%	4.1%	90.4%	4.1%	86.5%
<b>SC Beds</b>	76	76	76	76	0	76
<b>Patient Days</b>	14,768	14,584	2,660	12,083	2,660	11,442
<b>Utilization</b>	53.2%	52.6%	9.6%	43.6%	N/A	41.2%
<b>Total Residents</b>	79	79	74	74	71	71
<b>Admissions</b>	48	48	30	30	33	33
<b>Shaded areas annotate areas corrected in this Declaratory Ruling Request</b>						

**VII. Other Information**

Appended to this report are the following: The Long-Term Care questionnaire forms submitted for the years in question (2016, 2017, and 2018).

**KING-BRUWAERT HOUSE**6101 S. COUNTY LINE ROAD  
BURR RIDGE, IL. 60527**Reference Numbers**Facility ID 6005037  
Health Service Area 007  
Planning Service Area 705 Planning Area 7-E  
County 031 Lyons Township**Administrator**

Terri Bowen

**Contact Person and Telephone**Sue Schneider  
630-323-2250**Registered Agent Information****ADMISSION RESTRICTIONS**Aggressive/Anti-Social 1  
Chronic Alcoholism 1  
Developmentally Disabled 1  
Drug Addiction 1  
Medicaid Recipient 1  
Medicare Recipient 1  
Mental Illness 1  
Non-Ambulatory 0  
Non-Mobile 0  
Public Aid Recipient 0  
Under 65 Years Old 0  
Unable to Self-Medicare 1  
Ventilator Dependent 1  
Infectious Disease w/ Isolation 1  
Other Restrictions 0  
No Restrictions 0*Note: Reported restrictions denoted by '1'***RESIDENTS BY PRIMARY DIAGNOSIS**DIAGNOSIS  
Neoplasms 1  
Endocrine/Metabolic 3  
Blood Disorders 0  
\*Nervous System Non Alzheimer 7  
Alzheimer Disease 36  
Mental Illness 1  
Developmental Disability 0  
Circulatory System 10  
Respiratory System 0  
Digestive System 0  
Genitourinary System Disorders 0  
Skin Disorders 0  
Musculo-skeletal Disorders 10  
Injuries and Poisonings 0  
Other Medical Conditions 1  
Non-Medical Conditions 10  
TOTALS 79**ADMISSIONS AND DISCHARGES - 2016**

<b>Date Questionnaire Completed</b>	3/24/2016	Residents on 1/1/2016	77	<b>Total Residents Diagnosed as Mentally Ill</b>	1
		Total Admissions 2016	48	<b>Total Residents Reported as Identified Offenders</b>	0
		Total Discharges 2016	46		
		Residents on 12/31/2016	79		

**LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS**

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	49	49	47	49	43	6	0	0
Skilled Under 22	0	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0	0
Sheltered Care	76	45	36	45	36	40	0	0
<b>TOTAL BEDS</b>	<b>125</b>	<b>94</b>	<b>83</b>	<b>94</b>	<b>79</b>	<b>46</b>	<b>0</b>	<b>0</b>

**FACILITY UTILIZATION - 2016****PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE**

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	13545	1219	14764	82.3%	82.3%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	12548	2220	14768	53.1%	89.7%
<b>TOTALS</b>	<b>0</b>	<b>0.0%</b>	<b>0</b>	<b>0.0%</b>	<b>0</b>	<b>0</b>	<b>26093</b>	<b>3439</b>	<b>29532</b>	<b>64.6%</b>	<b>85.8%</b>

**RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2016**

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	2	2	0	0	0	0	0	2	2	4	6
85+	16	23	0	0	0	0	6	28	22	51	73
<b>TOTALS</b>	<b>18</b>	<b>25</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>30</b>	<b>24</b>	<b>55</b>	<b>79</b>

**KING-BRUWAERT HOUSE**6101 S. COUNTY LINE ROAD  
BURR RIDGE, IL. 60527**Classification Numbers**

<b>Facility ID</b>	6005037	
<b>Health Service Area</b>	007	
<b>Planning Service Area</b>	705	Planning Area 7-E
<b>County</b>	031	Lyons Township

**RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE**

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	40	3	43
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	30	6	36
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>70</b>	<b>9</b>	<b>79</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	320	282
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	233	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	43	0	0	36	79
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>43</b>	<b>0</b>	<b>0</b>	<b>36</b>	<b>79</b>

**FACILITY STAFFING**

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	20.10
LPN's	1.00
Certified Aides	34.96
Other Health Staff	0.00
Non-Health Staff	68.41
<b>Totals</b>	<b>126.47</b>

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	43	0	0	36	79
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>43</b>	<b>0</b>	<b>0</b>	<b>36</b>	<b>79</b>

**NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)**

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	0.0%	100.0%	100.0%		
0	0	0	0	6,761,342	6,761,342	820,298	12.1%

\*Charity Care Expense does not include expenses which may be considered a community benefit.

**King-Bruwaert House**6101 S. County Line Rd  
Burr Ridge, IL. 60527**Reference Numbers**Facility ID 6005037  
Health Service Area 007  
Planning Service Area 705 Planning Area 7-E  
County 031 Lyons Township**Administrator**

Terri Bowen

**Contact Person and Telephone**Terri Bowen  
630-323-2250**Registered Agent Information****ADMISSION RESTRICTIONS**Aggressive/Anti-Social 1  
Chronic Alcoholism 1  
Developmentally Disabled 1  
Drug Addiction 1  
Medicaid Recipient 1  
Medicare Recipient 0  
Mental Illness 0  
Non-Ambulatory 0  
Non-Mobile 0  
Public Aid Recipient 0  
Under 65 Years Old 0  
Unable to Self-Medicare 0  
Ventilator Dependent 1  
Infectious Disease w/ Isolation 1  
Other Restrictions 0  
No Restrictions 0  
*Note: Reported restrictions denoted by '1'***RESIDENTS BY PRIMARY DIAGNOSIS**DIAGNOSIS  
Neoplasms 1  
Endocrine/Metabolic 2  
Blood Disorders 0  
\*Nervous System Non Alzheimer 4  
Alzheimer Disease 50  
Mental Illness 0  
Developmental Disability 0  
Circulatory System 2  
Respiratory System 1  
Digestive System 0  
Genitourinary System Disorders 0  
Skin Disorders 0  
Musculo-skeletal Disorders 0  
Injuries and Poisonings 0  
Other Medical Conditions 6  
Non-Medical Conditions 8  
TOTALS 74**ADMISSIONS AND DISCHARGES - 2017**

<b>Date Questionnaire Completed</b>	4/6/2018	Residents on 1/1/2017	79	<b>Total Residents Diagnosed as Mentally Ill</b>	0
		Total Admissions 2017	30		
Continuing Care Retirement Community		Total Discharges 2017	35	<b>Total Residents Reported as Identified Offenders</b>	0
Life Care Facility		Residents on 12/31/2017	74		

**LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS**

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	49	49	47	49	45	4	0	0
Skilled Under 22	0	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0	0
Sheltered Care	76	45	31	45	29	47	0	0
<b>TOTAL BEDS</b>	<b>125</b>	<b>94</b>	<b>78</b>	<b>94</b>	<b>74</b>	<b>51</b>	<b>0</b>	<b>0</b>

**FACILITY UTILIZATION - 2017****PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE**

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	0	730	730	4.1%	4.1%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	2660	2660	9.6%	16.2%
<b>TOTALS</b>	<b>0</b>	<b>0.0%</b>	<b>0</b>	<b>0.0%</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3390</b>	<b>3390</b>	<b>7.4%</b>	<b>9.9%</b>

**RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2017**

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	1	0	1	1
75 to 84	0	1	0	0	0	0	0	2	0	3	3
85+	13	30	0	0	0	0	6	20	19	50	69
<b>TOTALS</b>	<b>14</b>	<b>31</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>23</b>	<b>20</b>	<b>54</b>	<b>74</b>

**King-Bruwaert House**  
6101 S. County Line Rd  
Burr Ridge, IL. 60527

**Classification Numbers**  
**Facility ID** 6005037  
**Health Service Area** 007  
**Planning Service Area** 705 Planning Area 7-E  
**County** 031 Lyons Township

**RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE**

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	43	2	45
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	21	8	29
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>64</b>	<b>10</b>	<b>74</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
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Data Not Available

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	45	0	0	29	74
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>45</b>	<b>0</b>	<b>0</b>	<b>29</b>	<b>74</b>

**FACILITY STAFFING**

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.39
LPN's	1.80
Certified Aides	22.49
Other Health Staff	0.00
Non-Health Staff	45.56
<b>Totals</b>	<b>83.24</b>

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	45	0	0	29	74
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>45</b>	<b>0</b>	<b>0</b>	<b>29</b>	<b>74</b>

**NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)**

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	0.0%	100.0%	100.0%		
0	0	0	0	7,607,051	7,607,051	780,246	10.3%

\*Charity Care Expense does not include expenses which may be considered a community benefit.

**King-Bruwaert House**  
6101 S. County Line Rd  
Burr Ridge, IL. 60521

**Reference Numbers**

Facility ID 6005037  
Health Service Area 007  
Planning Service Area 705 Planning Area 7-E  
County 031 Lyons Township

**Administrator**

Terri Bowen

**Contact Person and Telephone**

Terri Bowen  
630-323-2250

**Registered Agent Information**

**ADMISSION RESTRICTIONS**

Aggressive/Anti-Social 1  
Chronic Alcoholism 1  
Developmentally Disabled 1  
Drug Addiction 1  
Medicaid Recipient 1  
Medicare Recipient 0  
Mental Illness 0  
Non-Ambulatory 0  
Non-Mobile 0  
Public Aid Recipient 0  
Under 65 Years Old 0  
Unable to Self-Medicare 0  
Ventilator Dependent 1  
Infectious Disease w/ Isolation 1  
Other Restrictions 0  
No Restrictions 0

*Note: Reported restrictions denoted by '1'*

**RESIDENTS BY PRIMARY DIAGNOSIS**

**DIAGNOSIS**

Neoplasms 1  
Endocrine/Metabolic 3  
Blood Disorders 0  
\*Nervous System Non Alzheimer 0  
Alzheimer Disease 38  
Mental Illness 1  
Developmental Disability 0  
Circulatory System 9  
Respiratory System 1  
Digestive System 3  
Genitourinary System Disorders 0  
Skin Disorders 0  
Musculo-skeletal Disorders 5  
Injuries and Poisonings 0  
Other Medical Conditions 1  
Non-Medical Conditions 9  
**TOTALS 71**

**ADMISSIONS AND DISCHARGES - 2018**

**Date Questionnaire Completed** 4/15/2019  
Residents on 1/1/2017 74  
Total Admissions 2017 33  
Continuing Care Retirement Community Life Care Facility  
Total Discharges 2017 36  
Residents on 12/31/2017 71

**Total Residents Diagnosed as Mentally Ill 1**

**Total Residents Reported as Identified Offenders 0**

**LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS**

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	49	49	43	49	42	7	0	0
Skilled Under 22	0	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0	0
Sheltered Care	0	33	29	31	29	-29	0	0
<b>TOTAL BEDS</b>	<b>49</b>	<b>82</b>	<b>72</b>	<b>80</b>	<b>71</b>	<b>-22</b>	<b>0</b>	<b>0</b>

**FACILITY UTILIZATION - 2018**

**PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE**

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days		Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	0	730	730	4.1%	4.1%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	2660	2660	0.0%	22.1%
<b>TOTALS</b>	<b>0</b>	<b>0.0%</b>	<b>0</b>	<b>0.0%</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3390</b>	<b>3390</b>	<b>19.0%</b>	<b>11.3%</b>

**RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018**

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	2	5	0	0	0	0	0	3	2	8	10
85+	10	24	0	0	0	0	6	20	16	44	60
<b>TOTALS</b>	<b>13</b>	<b>29</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>23</b>	<b>19</b>	<b>52</b>	<b>71</b>

**King-Bruwaert House**6101 S. County Line Rd  
Burr Ridge, IL. 60521**Classification Numbers**

<b>Facility ID</b>	6005037	
<b>Health Service Area</b>	007	
<b>Planning Service Area</b>	705	Planning Area 7-E
<b>County</b>	031	Lyons Township

**RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE**

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	40	2	42
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	21	8	29
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>61</b>	<b>10</b>	<b>71</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	133	67
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	100	166

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	42	0	0	29	71
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>42</b>	<b>0</b>	<b>0</b>	<b>29</b>	<b>71</b>

**FACILITY STAFFING**

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	20.00
LPN's	2.60
Certified Aides	33.60
Other Health Staff	0.00
Non-Health Staff	0.00
<b>Totals</b>	<b>58.20</b>

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	42	0	0	29	71
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>42</b>	<b>0</b>	<b>0</b>	<b>29</b>	<b>71</b>

**NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)**

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	0.0%	100.0%	100.0%		
0	0	0	0	7,204,725	7,204,725	899,907	12.5%

\*Charity Care Expense does not include expenses which may be considered a community benefit.