

ORIGINAL

11-006

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

APPLICATION FOR PERMIT- May 2010 Edition

RECEIVED

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

JAN 10 2011

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

HEALTH FACILITIES &
SERVICES REVIEW BOARD

This Section must be completed for all projects.

RECEIVED

Facility/Project Identification

Facility Name: Transitional Care Center of Arlington Heights	JAN 10 2011
Street Address: 1200 N. Arlington Heights Road	
City and Zip Code: Arlington Heights, IL 60004	
County: Cook	Health Service Area 7

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Applicant /Co-Applicant Identification

[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name: Transitional Care Center of Arlington Heights LLC
Address: 1200 N. Arlington Heights Road, Arlington Heights, IL 60004
Name of Registered Agent: Steve Cloch
Name of Chief Executive Officer: Brian Cloch
CEO Address: 836 Skokie Boulevard, Northbrook, Illinois 60062
Telephone Number: 847-309-6000

Type of Ownership of Applicant/Co-Applicant

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship
	<input type="checkbox"/> Other

- o Corporations and limited liability companies must provide an Illinois certificate of good standing.
- o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

APPEND DOCUMENTATION AS ATTACHMENT-1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Primary Contact

[Person to receive all correspondence or inquiries during the review period]

Name: Brian Cloch
Title: CEO
Company Name: Transitional Care Center of Arlington Heights, LLC
Address: 836 Skokie Boulevard, Northbrook, Illinois 60062
Telephone Number: 847-309-6000
E-mail Address: bcloch@tc-mgmt.com
Fax Number:

Additional Contact

[Person who is also authorized to discuss the application for permit]

Name: Christopher J. Dials
Title: Director
Company Name: Revere Healthcare, Ltd.
Address: 10 Spring Street, Cary, IL 60013
Telephone Number: 847-516-4900 x312
E-mail Address: cdials@reverehc.com
Fax Number: 847-516-2260

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT**

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Transitional Care Center of Arlington Heights		
Street Address: 1200 N. Arlington Heights Road		
City and Zip Code: Arlington Heights, IL 60004		
County: Cook	Health Service Area 7	Health Planning Area: 7-A

Applicant /Co-Applicant Identification

[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name: Transitional Care Management
Address: 836 Skokie Boulevard, Northbrook, Illinois 60062
Name of Registered Agent: Steve Cloch
Name of Chief Executive Officer: Brian Cloch
CEO Address: 836 Skokie Boulevard, Northbrook, Illinois 60062
Telephone Number: 847-309-6000

Type of Ownership of Applicant/Co-Applicant

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- o Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
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Name: Brian Cloch
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Company Name: Transitional Care Management
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Telephone Number: 847-516-4900 x312
E-mail Address: cdials@reverehc.com
Fax Number: 847-516-2260

Post Permit Contact

[Person to receive all correspondence subsequent to permit issuance-**THIS PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3960**

Name: Brian Cloch
Title: CEO
Company Name: Transitional Care Center of Arlington Heights, LLC
Address: 836 Skokie Boulevard, Northbrook, Illinois 60062
Telephone Number: 847-309-6000
E-mail Address: bcloch@tc-mgmt.com
Fax Number:

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: SNF Holdings, LLC
Address of Site Owner: 836 Skokie Boulevard, Northbrook, Illinois 60062
Street Address or Legal Description of Site: Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.
APPEND DOCUMENTATION AS <u>ATTACHMENT-2</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

[Provide this information for each applicable facility, and insert after this page.]

Exact Legal Name: Transitional Care Management
Address: 836 Skokie Boulevard, Northbrook, Illinois 60062
<input type="checkbox"/> Non-profit Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Governmental <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
<ul style="list-style-type: none"> o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.
APPEND DOCUMENTATION AS <u>ATTACHMENT-3</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Organizational Relationships

Provide (for each co-applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

APPEND DOCUMENTATION AS ATTACHMENT-4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Flood Plain Requirements

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2005-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at www.FEMA.gov or www.illinoisfloodmaps.org. **This map must be in a readable format.** In addition please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2005-5 (<http://www.hfsrb.illinois.gov>).

APPEND DOCUMENTATION AS **ATTACHMENT -5**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

APPEND DOCUMENTATION AS **ATTACHMENT-6**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

DESCRIPTION OF PROJECT**1. Project Classification**

[Check those applicable - refer to Part 1110.40 and Part 1120.20(b)]

Part 1110 Classification: <input checked="" type="checkbox"/> Substantive <input type="checkbox"/> Non-substantive	Part 1120 Applicability or Classification: [Check one only.] <input type="checkbox"/> Part 1120 Not Applicable <input type="checkbox"/> Category A Project <input checked="" type="checkbox"/> Category B Project <input type="checkbox"/> DHS or DVA Project
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2. Narrative Description

Provide in the space below, a brief narrative description of the project. Explain **WHAT** is to be done in **State Board defined terms**, **NOT WHY** it is being done. If the project site does **NOT** have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.

Transitional Care Management proposes to construct and operate Transitional Care Center of Arlington Heights, a short-term skilled rehabilitation skilled nursing facility offering post-acute rehabilitation services for patients with high rehabilitation and complex care needs, focusing primarily on high acuity patients. This facility will consist of 120 beds permitted under the general long-term care category to be located in Arlington Heights, Cook County, Illinois.

Transitional Care Center of Arlington Heights will be located at 1200 N Arlington Heights Road, located in the Village of Arlington Heights, Cook County, Illinois

Transitional Care Center of Arlington Heights will be Medicare and Medicaid certified along with insurance contracts and will offer specialized nursing care, intensive rehabilitative therapies, as well as specialized programs in orthopedics, wound care, cardiac rehab.

The modern, fully equipped nursing facility will conform with all federal, state and local regulations relating to construction, staffing, sanitation and environmental protection.

The proposed skilled and assisted living facilities will be a two-story building containing 71,600 gross square feet. The facility will contain all private one bed skilled nursing rooms.

In addition, it will contain a dining room, nurse stations, physical and occupational therapy room, recreational therapy, family rooms, beauty/barber shop, a kitchen, administrative offices, and support areas. For rehabilitation therapy the facility will have therapy spaces in high visibility locations with State-of-the-art therapy and rehabilitation equipment, an Inpatient therapy room (approximately 3,000 sq feet), and an Outpatient therapy room (approximately 1,500 sq feet).

Construction is projected to commence April 2011, and the facility is projected to open 12 months thereafter.

A review of this project is classified as 'substantive' as it involves the development of new long-term care beds with a capital expenditure in excess of the threshold amount.

Project Costs and Sources of Funds

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must equal.

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs	780,000	195,000	975,000
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts	10,144,000	2,536,000	12,680,000
Modernization Contracts			
Contingencies	1,360,000	340,000	1,700,000
Architectural/Engineering Fees	861,200	215,300	1,076,500
Consulting and Other Fees	640,000	160,000	800,000
Movable or Other Equipment (not in construction contracts)	1,212,000	303,000	1,515,000
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)	633,571	158,393	791,964
Fair Market Value of Leased Space or Equipment			
Other Costs To Be Capitalized	149,927	37,482	187,409
Acquisition of Building or Other Property (excluding land)	2,040,000	510,000	2,550,000
TOTAL USES OF FUNDS	17,820,698	4,455,175	22,275,873
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	2,673,105	668,276	3,341,381
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages	15,147,593	3,786,898	18,934,492
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	17,820,698	4,455,175	22,275,873
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Related Project Costs

Provide the following information, as applicable, with respect to any land related to the project that will be or has been acquired during the last two calendar years:

Land acquisition is related to project	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Purchase Price: \$	<u>2,550,000</u>	
Fair Market Value: \$	<u>2,550,000</u>	

The project involves the establishment of a new facility or a new category of service
 Yes No

If yes, provide the dollar amount of all **non-capitalized** operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.

Estimated start-up costs and operating deficit cost is \$ (687,410).

Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:

None or not applicable Preliminary

Schematics Final Working

Anticipated project completion date (refer to Part 1130.140): April 2012

Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):

Purchase orders, leases or contracts pertaining to the project have been executed.

Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies

Project obligation will occur after permit issuance.

APPEND DOCUMENTATION AS **ATTACHMENT-8**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

State Agency Submittals

Are the following submittals up to date as applicable:

Cancer Registry

APORS

All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted

All reports regarding outstanding permits

Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

Cost Space Requirements

Provide in the following format, the department/area **DGSF** or the building/area **BGSF** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
General Long-Term Care	\$14,136,723		45,439 BGSF	45,439 BGSF			
Total Clinical	\$14,136,723		45,439 BGSF	45,439 BGSF			
NON REVIEWABLE							
Office/Admin	\$ 305,765		171,990	171,990			
Kitchen	\$ 244,612		137,592	137,592			
EE Lounge	\$ 145,238		81,695	81,695			
Locker, Training	\$ 91,729		51,597	51,597			
Mechanical	\$ 458,647		257,985	257,985			
Lobby	\$ 464,762		261,425	261,425			
Storage/Maint Corridor/Public Toilet	\$ 703,259 \$ 4,045,572		395,577 2,275,602	395,577 2,275,602			
Structure/Misc	\$ 1,062,532		597,666	597,666			
Stairs/Elevators	\$ 617,033		347,076	347,076			
Total Non-clinical	\$8,139,149		26,161 BGSF	26,161 BGSF			
TOTAL	\$22,276,873		71,600 BGSF	71,600 BGSF			

APPEND DOCUMENTATION AS ATTACHMENT-9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Facility Bed Capacity and Utilization

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert following this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which the data are available**. Include **observation days in the patient day totals for each bed service**. Any bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**.

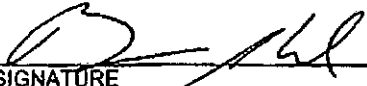
FACILITY NAME: Transitional Care Center			CITY: Arlington Heights, IL		
REPORTING PERIOD DATES:		From: 1/1/2010	to: 12/31/2010		
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical					
Obstetrics					
Pediatrics					
Intensive Care					
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
General Long Term Care	0	0	0	0	120
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify))					
TOTALS:	0	0	0	0	120


CERTIFICATION

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- o in the case of a limited liability company, any two of its managers or members (or the sole manger or member when two or more managers or members do not exist);
- o in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o In the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of Transitional Care Center of Arlington Heights* In accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.


 SIGNATURE
Brian Cloch
 PRINTED NAME
Principal
 PRINTED TITLE



 SIGNATURE
Jason Schreiber
 PRINTED NAME
Principal
 PRINTED TITLE


Notarization:
Subscribed and sworn to before me
this 7 day of January 2011


Signature of Notary

Seal 
 *Insert EXACT legal name of the applicant

Notarization:
Subscribed and sworn to before me
this 7 day of January 2011


Signature of Notary

Seal 

SECTION II. DISCONTINUATION

This Section is applicable to any project that involves discontinuation of a health care facility or a category of service. **NOTE:** If the project is solely for discontinuation and if there is no project cost, the remaining Sections of the application are not applicable.

Criterion 1110.130 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

1. Identify the categories of service and the number of beds, if any that is to be discontinued.
2. Identify all of the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued, and the length of time the records will be maintained.
6. For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 60 days following the date of discontinuation.

REASONS FOR DISCONTINUATION

The applicant shall state the reasons for discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.130(b) for examples.

IMPACT ON ACCESS

1. Document that the discontinuation of each service or of the entire facility will not have an adverse effect upon access to care for residents of the facility's market area.
2. Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within 45 minutes travel time of the applicant facility.
3. Provide copies of impact statements received from other resources or health care facilities located within 45 minutes travel time, that indicate the extent to which the applicant's workload will be absorbed without conditions, limitations or discrimination.

APPEND DOCUMENTATION AS ATTACHMENT-10, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION III – BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES - INFORMATION REQUIREMENTS

This Section is applicable to all projects except those that are solely for discontinuation with no project costs.

Criterion 1110.230 – Background, Purpose of the Project, and Alternatives

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.
3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
4. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest the information has been previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

APPEND DOCUMENTATION AS ATTACHMENT-11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.

PURPOSE OF PROJECT

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
2. Define the planning area or market area, or other, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project. [See 1110.230(b) for examples of documentation.]
4. Cite the sources of the information provided as documentation.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals as appropriate.

For projects involving modernization, describe the conditions being upgraded if any. For facility projects, include statements of age and condition and regulatory citations if any. For equipment being replaced, include repair and maintenance records.

NOTE: Information regarding the "Purpose of the Project" will be included in the State Agency Report.

APPEND DOCUMENTATION AS ATTACHMENT-12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.

ALTERNATIVES

- 1) Identify ALL of the alternatives to the proposed project:

Alternative options must include:

- A) Proposing a project of greater or lesser scope and cost;
 - B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;
 - C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
 - D) Provide the reasons why the chosen alternative was selected.
- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**
- 3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

APPEND DOCUMENTATION AS ATTACHMENT-13, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IV - PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE

Criterion 1110.234 - Project Scope, Utilization, and Unfinished/Shell Space

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. **This must be a narrative.**
2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following::
 - a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies;
 - b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that results in a size exceeding the standards of Appendix B;
 - c. The project involves the conversion of existing space that results in excess square footage.

Provide a narrative for any discrepancies from the State Standard. A table must be provided in the following format with Attachment 14.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?

APPEND DOCUMENTATION AS ATTACHMENT-14, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

PROJECT SERVICES UTILIZATION:

This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFSRB has established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100.

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110.Appendix B. A narrative of the rationale that supports the projections must be provided.

A table must be provided in the following format with Attachment 15.

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
YEAR 1					
YEAR 2					

APPEND DOCUMENTATION AS ATTACHMENT-15, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

UNFINISHED OR SHELL SPACE:

Provide the following information:

1. Total gross square footage of the proposed shell space;
2. The anticipated use of the shell space, specifying the proposed GSF to be allocated to each department, area or function;
3. Evidence that the shell space is being constructed due to
 - a. Requirements of governmental or certification agencies; or
 - b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.
4. Provide:
 - a. Historical utilization for the area for the latest five-year period for which data are available; and
 - b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT-16, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

ASSURANCES:

Submit the following:

1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.
2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and
3. The anticipated date when the shell space will be completed and placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT-17, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

I. Criterion 1110.1730 - General Long Term Care

1. Applicants proposing to establish, expand and/or modernize General Long Term Care must submit the following information:

Indicate bed capacity changes by Service:
action(s):

Indicate # of beds changed by

Category of Service	# Existing Beds	# Proposed Beds
<input checked="" type="checkbox"/> General Long Term Care	0	120

2. READ the applicable review criteria outlined below and submit the required documentation for the criteria:

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize	Continuum of Care- Establish or Expand	Defined Population Establish or Expand
1110.1730(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X				
1110.1730(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X			
1110.1730(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X				
1110.1730(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X			
1110.1730(b)(5) - Planning Area Need - Service Accessibility	X				
1110.1730(c)(1) - Description of Continuum of Care				X	
1110.1730(c)(2) - Components				X	
1110.1730(c)(3) - Documentation				X	
1110.1730(d)(1) - Description of Defined Population to be Served					X
1110.1730(d)(2) - Documentation of Need					X
1110.1730(d)(3) - Documentation Related to Cited Problems			X		
1110.1730(e)(1) - Unnecessary Duplication of Services	X				
1110.1730(e)(2) - Maldistribution	X				
1110.1730(e)(3) - Impact of Project on Other Area Providers	X				
1110.1730(f)(1) - Deteriorated Facilities			X		
1110.1730(f)(2) & (3) - Documentation			X		

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize	Continuum of Care- Establish or Expand	Defined Population Establish or Expand
1110.1730(f)(4) - Utilization			X		
1110.1730(g) - Staffing Availability	X	X		X	X
1110,1730(h) - Facility Size	X	X	X	X	X
1110.1730(i) - Community Related Functions	X		X	X	X
1110.1730(j) - Zoning	X		X	X	X
1110.1730(k) - Assurances	X	X	X	X	X

APPEND DOCUMENTATION AS ATTACHMENT-28, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

The following Sections **DO NOT** need to be addressed by the applicants or co-applicants responsible for funding or guaranteeing the funding of the project if the applicant has a bond rating of A- or better from Fitch's or Standard and Poor's rating agencies, or A3 or better from Moody's (the rating shall be affirmed within the latest 18 month period prior to the submittal of the application):

- Section 1120.120 Availability of Funds – Review Criteria
- Section 1120.130 Financial Viability – Review Criteria
- Section 1120.140 Economic Feasibility – Review Criteria, subsection (a)

VIII. - 1120.120 - Availability of Funds

The applicant shall document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable: **Indicate the dollar amount to be provided from the following sources:**

\$3,341,381	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:
	1)	the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and
	2)	interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
_____	b)	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
_____	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
\$18,934,492	d)	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:
	1)	For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated;
	2)	For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;
	3)	For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.;
	4)	For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment;
	5)	For any option to lease, a copy of the option, including all terms and conditions.
_____	e)	Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
_____	f)	Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
_____	g)	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
\$22,275,873	TOTAL FUNDS AVAILABLE	

APPEND DOCUMENTATION AS **ATTACHMENT-39**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

IX. 1120.130 - Financial Viability

All the applicants and co-applicants shall be identified, specifying their roles in the project funding or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

Financial Viability Waiver

The applicant is not required to submit financial viability ratios if:

1. All of the projects capital expenditures are completely funded through internal sources
2. The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent
3. The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor.

See Section 1120.130 Financial Waiver for information to be provided

APPEND DOCUMENTATION AS ATTACHMENT-40, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion. When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards.

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B (Projected)
Enter Historical and/or Projected Years:				2014
Current Ratio				7.09
Net Margin Percentage				6.19%
Percent Debt to Total Capitalization				82%
Projected Debt Service Coverage				2.58
Days Cash on Hand				1113.46
Cushion Ratio				2.66

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each.

2. Variance

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

APPEND DOCUMENTATION AS ATTACHMENT 41, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

X. 1120.140 - Economic Feasibility

This section is applicable to all projects subject to Part 1120.

A. Reasonableness of Financing Arrangements

The applicant shall document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests to one of the following:

- 1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or
- 2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:
 - A) A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or
 - B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

B. Conditions of Debt Financing

This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

- 1) That the selected form of debt financing for the project will be at the lowest net cost available;
- 2) That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;
- 3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

1. Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE										
Department (list below)	A	B	C		D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod. Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)			
	\$ 175		71,600				\$12,530,000			\$12,530,000
Contingency	\$ 7		71,600				\$480,814			\$480,814
TOTALS	\$ 182		71,600				\$13,010,814			\$13,010,814

* Include the percentage (%) of space for circulation

Arlington Heights SNF
 COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE
 Page 52 CON

Department (listed below)	A	B	C	D	E	F	G	H	
	Cost/Square Foot		Gross Sq. Ft.		Gross Sq. Ft.		Const. \$	Mod. \$	Total cost
	New	Mod.	New	Circ.	Mod.	Circ.	(A x C)	(B x E)	(G + H)
Nursing Care	\$ 175	\$ -	71,600	-	-	-	\$ 12,530,000	\$ -	\$ 12,530,000
Contingency	\$ 7	\$ -	71,600	-	-	-	\$ 480,814	\$ -	\$ 480,814
TOTALS	\$ 182	\$ -	71,600	-	-	-	\$ 13,010,814	\$ -	\$ 13,010,814

D. Projected Operating Costs

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.

E. Total Effect of the Project on Capital Costs

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

APPEND DOCUMENTATION AS ATTACHMENT 42, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

XI. Safety Net Impact Statement

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL SUBSTANTIVE AND DISCONTINUATION PROJECTS:

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.
2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.
3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

Safety Net Impact Statements shall also include all of the following:

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.
2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.
3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

A table in the following format must be provided as part of Attachment 43.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Charity (cost in dollars)	Year	Year	Year
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			

Total			
Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

APPEND DOCUMENTATION AS ATTACHMENT-43, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

XII. Charity Care Information

Charity Care information **MUST** be furnished for **ALL** projects.

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three audited fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.
2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.
3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer. (20 ILCS 3960/3) Charity Care must be provided at cost.

A table in the following format must be provided for all facilities as part of Attachment 44.

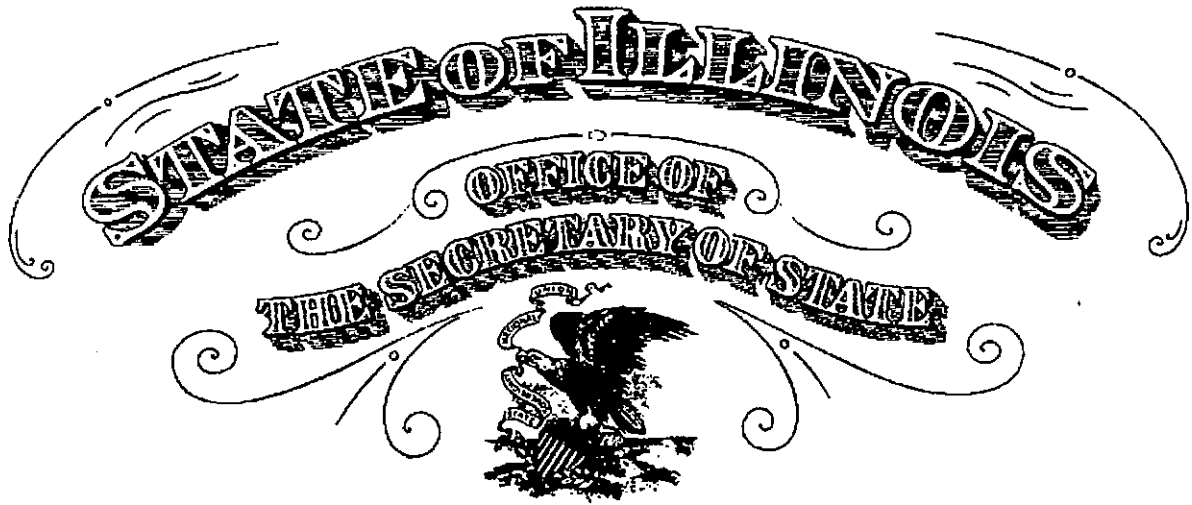
CHARITY CARE			
	Year	Year	Year
Net Patient Revenue			
Amount of Charity Care (charges)			
Cost of Charity Care			

APPEND DOCUMENTATION AS ATTACHMENT-44, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

After paginating the entire, completed application, indicate in the chart below, the page numbers for the attachments included as part of the project's application for permit:

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1	Applicant/Coapplicant Identification including Certificate of Good Standing	25-27
2	Site Ownership	28-44
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	45-46
5	Flood Plain Requirements	47-48
6	Historic Preservation Act Requirements	49-50
7	Project and Sources of Funds Itemization	51-52
8	Obligation Document if required	53-60
9	Cost Space Requirements	61-62
10	Discontinuation	
11	Background of the Applicant	63-69
12	Purpose of the Project	70-72
13	Alternatives to the Project	73-74
14	Size of the Project	75-76
15	Project Service Utilization	77-78
16	Unfinished or Shell Space	
17	Assurances for Unfinished/Shell Space	
18	Master Design Project	
19	Mergers, Consolidations and Acquisitions	
	Service Specific:	
20	Medical Surgical Pediatrics, Obstetrics, ICU	
21	Comprehensive Physical Rehabilitation	
22	Acute Mental Illness	
23	Neonatal Intensive Care	
24	Open Heart Surgery	
25	Cardiac Catheterization	
26	In-Center Hemodialysis	
27	Non-Hospital Based Ambulatory Surgery	
28	General Long Term Care	79-200
29	Specialized Long Term Care	
30	Selected Organ Transplantation	
31	Kidney Transplantation	
32	Subacute Care Hospital Model	
33	Post Surgical Recovery Care Center	
34	Children's Community-Based Health Care Center	
35	Community-Based Residential Rehabilitation Center	
36	Long Term Acute Care Hospital	
37	Clinical Service Areas Other than Categories of Service	
38	Freestanding Emergency Center Medical Services	
	Financial and Economic Feasibility:	
39	Availability of Funds	201-204
40	Financial Waiver	
41	Financial Viability	205-206
42	Economic Feasibility	207-209
43	Safety Net Impact Statement	210-212
44	Charity Care Information	213-214

Attachment 1



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

TRANSITIONAL CARE CENTER OF ARLINGTON HEIGHTS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON NOVEMBER 05, 2010, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



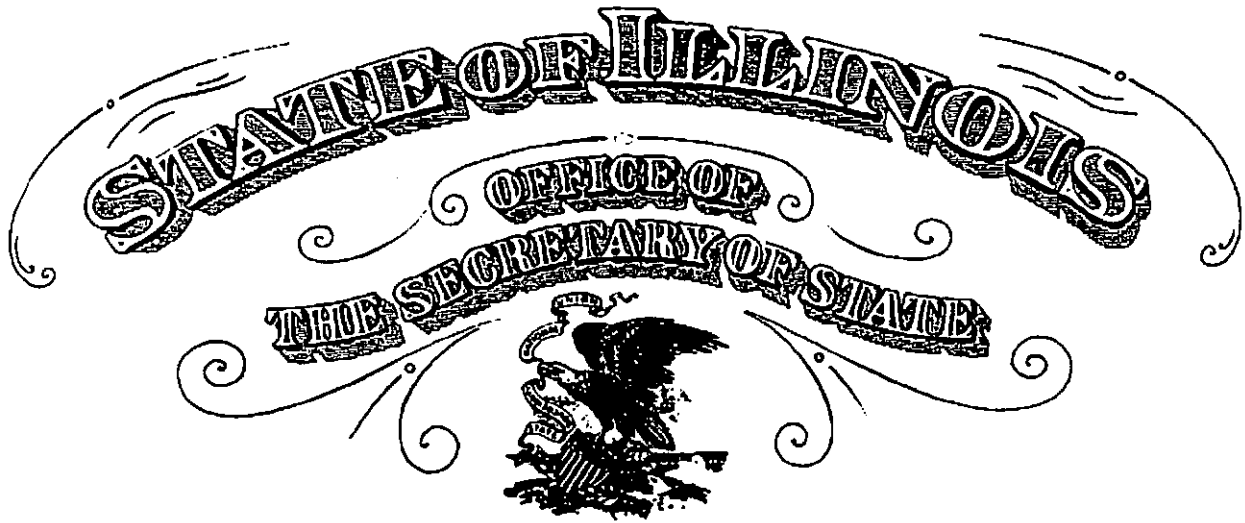
Authentication #: 1032302296

Authenticate at: <http://www.cyberdriveillinois.com>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 19TH day of NOVEMBER A.D. 2010 .

Jesse White

SECRETARY OF STATE



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

TRANSITIONAL CARE MANAGEMENT LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON FEBRUARY 26, 2009, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



Authentication #: 1100501470

Authenticate at: <http://www.cyberdriveillinois.com>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 5TH day of JANUARY A.D. 2011 .

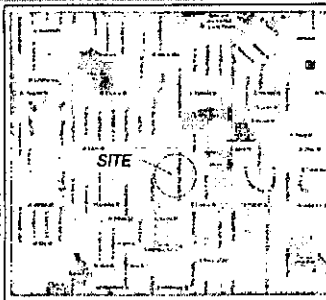
Jesse White

SECRETARY OF STATE

Attachment 2

BOUNDARY & TOPOGRAPHIC SURVEY OF TRANSITIONAL CARE ARLINGTON HEIGHTS, IL

PLAN-07-20-000-04



VICINITY MAP
NOT TO SCALE

GRAPHIC SCALE

LEGAL DESCRIPTION

LOT 1 IN THE ARLINGTON HEIGHTS FIRE STATION NO. 8 REBUBBLON BEING A REBUBBLON OF LOT 1 EXCEPT THE SOUTH 1/2 AND THE EAST 1/2 ADJOINING TO ARLINGTON HEIGHTS, A S. PARCEL IN THE SOUTH 1/2 OF SECTION 30, TOWNSHIP 36 NORTH, RANGE 10 EAST OF THE THIRD PRINCIPAL MERIDIAN BEING THE ACRES 1.14 OF SA. THE SOUTHWEST 1/4 SECTION AND THE SOUTH 1/2 OF THE EAST 1/2 OF SA. THE SOUTHWEST 1/4 SECTION, ACCORDING TO THE PLAT BEING RECORDED VOLUME 115 AS EVIDENT HEREON IN COOK COUNTY, ILLINOIS.

BASIS OF BEARINGS

ASSUMED THE BEST MEASUREMENT OF ARCADE IN HEIGHTS ROAD IS FOR 1909/10.

AREA

62,292.50 SQ FT
1,177.72

UTILITY ATLAS NOTES:

JULIE DESIGN STAGE REQUEST
DIG NUMBER ASSOCIAT RECEIVED 10/27/10
COPYRIGHT PROVIDED BY JULIE DESIGN STAGE FOLLOWING INFORMATION ON 10/27/10:
CONTACTS
A. T. & J. DISTRICTION: RESPONDED "ALL CLEAR"
WIDE CITY, MISS: RESPONDED WITH ATLAS
LOW IQ: RESPONDED WITH ATLAS
WALDORF: NO RESPONSE
NORFOLK: NO RESPONSE
HICKORY: RESPONDED WITH ATLAS
KENTUCKY: RESPONDED WITH ATLAS
KENTUCKY BAY: RESPONDED WITH ATLAS
ATLAS: NO RESPONSE
DENTON PRIVATE NETWORKS: NO RESPONSE

LEGEND

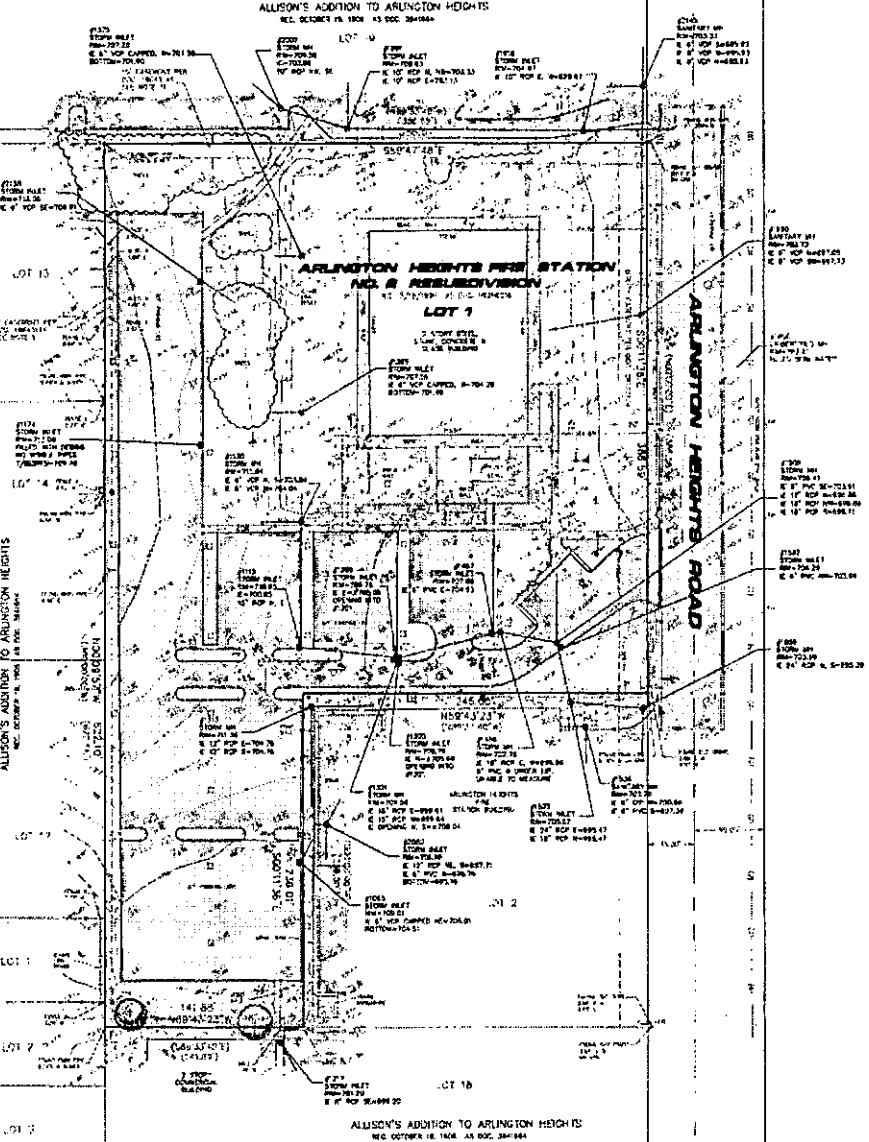
- Existing Buildings
- Existing Foundations
- Existing Paved Areas
- Existing Utility Lines
- Proposed Foundations
- Proposed Buildings
- Proposed Paved Areas
- Proposed Utility Lines
- Proposed Driveways
- Proposed Parking
- Proposed Walkways
- Proposed Landscaping
- Proposed Fences
- Proposed Signs
- Proposed Other

ABBREVIATIONS

- AR: Arlington Heights
- IL: Illinois
- IN: Indiana
- MO: Missouri
- OH: Ohio
- PA: Pennsylvania
- VA: Virginia
- WV: West Virginia
- MD: Maryland
- DE: Delaware
- NC: North Carolina
- SC: South Carolina
- GA: Georgia
- FL: Florida
- AL: Alabama
- LA: Louisiana
- MS: Mississippi
- TX: Texas
- OK: Oklahoma
- NE: Nebraska
- KS: Kansas
- CO: Colorado
- WY: Wyoming
- MT: Montana
- ND: North Dakota
- SD: South Dakota
- IA: Iowa
- MN: Minnesota
- WI: Wisconsin
- MI: Michigan
- IN: Indiana
- OH: Ohio
- PA: Pennsylvania
- VA: Virginia
- WV: West Virginia
- MD: Maryland
- DE: Delaware
- NC: North Carolina
- SC: South Carolina
- GA: Georgia
- FL: Florida
- AL: Alabama
- LA: Louisiana
- MS: Mississippi
- TX: Texas
- OK: Oklahoma
- NE: Nebraska
- KS: Kansas
- CO: Colorado
- WY: Wyoming
- MT: Montana
- ND: North Dakota
- SD: South Dakota
- IA: Iowa
- MN: Minnesota
- WI: Wisconsin
- MI: Michigan

GENERAL NOTES

- EXAMINE THIS PLAT LEGAL DESCRIPTION AND ALL SURVEY POINTS AND INSTRUMENTS BEFORE ANY POINT SETTING AND IMMEDIATELY REPORT ANY DISCREPANCIES TO AGENCIES.
- ONLY INSTRUMENTS OF THIS CLASS WITH AN ADJUSTED SEAL SHALL BE DESIGNATED OFFICIAL INSTRUMENTS AND SURVEYING INSTRUMENTS FOR THE USE OF THE CLIENT AS STATED HEREON ANY IS NON-TRANSFERABLE.
- DO NOT SCALE DIMENSIONS FROM THIS PLAT.
- THE LOCATION OF THE PROPERTY LINES SHOWN ON THE PLAN ARE BASED UPON THE INFORMATION AND RECORDS ON FILE WITH THE COUNTY CLERK'S OFFICE. THIS INFORMATION IS THE PROPERTY OF THE COUNTY CLERK'S OFFICE AND IS NOT TO BE USED FOR ANY OTHER PURPOSE WITHOUT THE WRITTEN PERMISSION OF THE COUNTY CLERK'S OFFICE.
- CONSENT TO THIS SURVEY HAS BEEN OBTAINED FROM THE OWNERS AND ALL OTHER PERSONS WHOSE INTERESTS MAY BE AFFECTED BY THE SURVEY AND WHOSE NAMES ARE LISTED HEREON.
- UNDERSTANDING OF THE LINES SHOWN HEREON ARE BASED ON THE RECORDS SHOWN IN THE COUNTY CLERK'S OFFICE. ANY DISCREPANCIES FOUND IN THESE RECORDS THROUGH ANY OTHER MEANS SHALL BE THE RESPONSIBILITY OF THE CLIENT FOR THE SURVEY.
- THIS SURVEY HAS NOT COVERED ALL UTILITIES OR IMPROVEMENTS OF RECORDS OR NOT SHOWN BY RECORDS OR BY THE PLAT. THE SURVEYOR HAS CONDUCTED VISUAL INSPECTION OF THE PROPERTY AND HAS FOUND NO OTHER UTILITIES OR IMPROVEMENTS OF RECORDS OR NOT SHOWN BY RECORDS OR BY THE PLAT. THE SURVEYOR HAS CONDUCTED VISUAL INSPECTION OF THE PROPERTY AND HAS FOUND NO OTHER UTILITIES OR IMPROVEMENTS OF RECORDS OR NOT SHOWN BY RECORDS OR BY THE PLAT.
- WHERE THERE ARE ANY DISCREPANCIES BETWEEN THE RECORDS AND THE PLAT, THE SURVEYOR HAS CONDUCTED VISUAL INSPECTION OF THE PROPERTY AND HAS FOUND NO OTHER UTILITIES OR IMPROVEMENTS OF RECORDS OR NOT SHOWN BY RECORDS OR BY THE PLAT.
- ALL POINTS ARE TO BE SET ON THE CORNER OF UNDEVELOPED LOTS PRIOR TO ANY RECORDING OF THE SURVEY.
- WHERE ANY PART OF THE RECORDS HAS NOT BEEN SEEMED TO PROVIDE FOR THE PROPER LOCATION OF POINTS AND THESE POINTS ARE NOT SHOWN BY RECORDS OR BY THE PLAT, THE SURVEYOR HAS CONDUCTED VISUAL INSPECTION OF THE PROPERTY AND HAS FOUND NO OTHER UTILITIES OR IMPROVEMENTS OF RECORDS OR NOT SHOWN BY RECORDS OR BY THE PLAT.
- EXAMINE THIS SURVEY BEFORE ANY CONSTRUCTION OF THE BUILDINGS OR OTHER IMPROVEMENTS OF RECORDS OR NOT SHOWN BY RECORDS OR BY THE PLAT. THE SURVEYOR HAS CONDUCTED VISUAL INSPECTION OF THE PROPERTY AND HAS FOUND NO OTHER UTILITIES OR IMPROVEMENTS OF RECORDS OR NOT SHOWN BY RECORDS OR BY THE PLAT.



BENCHMARK

STATION DESIGNATION BM #1
ESTABLISHED BY JACOB & HENRI ASSOCIATES, P.C.
DATE: 10/29/09
ELEVATION: 713.12 (PUBLISHED AND HELD)
DATALOG: INVOY
DESCRIPTION: ON ALABAMA DRIVE ON CORNER OF EAST SIDE OF THE CENTERLINE OF ARLINGTON HEIGHTS ROAD AND 1/2 NORTH OF THE CENTERLINE OF CLIVE STREET AT NORTHWEST CORNER OF INTERSECTION. CORNER OF 1/2 EAST & 1/2 NORTH OF WALK.
#116
STATION DESIGNATION BM #2
ESTABLISHED BY IVY COMPANY
DATE: 1/10/08
ELEVATION: 714.80 (NEARLY)
DATALOG: INVOY
DESCRIPTION: SOUTHWEST FLANK OF HYDRANT ON EAST SIDE OF ARLINGTON HEIGHTS ROAD & 200' SOUTH OF NORTH PROPERTY LINE.
STATION DESIGNATION BM #3 (TO 101)
ESTABLISHED BY IVY COMPANY
DATE: 1/10/08
ELEVATION: 713.85 (NEARLY)
DATALOG: INVOY
DESCRIPTION: ON EAST CORNER OF FRONT CLAW CLAND NORTH OF SOUTH PROPERTY LINE.

SURVEYOR CERTIFICATE

STATE OF ILLINOIS
COUNTY OF COOK
I, JACOB & HENRI ASSOCIATES, AN ILLINOIS PROFESSIONAL ENGINEERING AND SURVEYING FIRM, HAVE SURVEYED THE ABOVE DESCRIBED PROPERTY AND THIS PLAT IS A TRUE AND CORRECT REPRESENTATION OF THE SURVEY AND ALL DIMENSIONS ARE GIVEN IN FEET AND DECIMAL THEREOF, CONFORMING TO A CONFORMANCE OF AN APPROVED STANDARD.
THIS PROFESSIONAL SURVEY CONFORMS TO THE CURRENT NEEDS OF WHAT'S CALLED FOR RECORD AND FOR THE PURPOSES OF THE SURVEY.
FIELD WORK COMPLETED ON APPROXIMATE DATE 10/29/10
DATED THIS 10TH DAY OF NOVEMBER, 2010



Engineers
Scientists
Surveyors
1277 South Algonquin, Suite 100
Arlington Heights, IL 60005
(847) 399-1100

TRANSITIONAL CARE MANAGEMENT
2135 N. CLIFTON AVE.
CHICAGO, ILLINOIS 60614
312.864.5355

NO.	DATE	REVISIONS

BOUNDARY & TOPOGRAPHIC SURVEY
TRANSITIONAL CARE - ARLINGTON HEIGHTS, IL
Project No: 10182
Group No: VP03.1

09/027/2010

REAL ESTATE SALE AGREEMENT

Property Address: 1200 North Arlington Heights Road
City: Arlington Heights, Illinois 60004

Information Sheet

SELLER: AT&T Illinois
Corp Real Estate
225 W Randolph Street
Chicago, IL 60606
Attention: Joseph Buckman
Phone: 312 814-7966
Email:jb6158@att.com

SELLER'S COUNSEL: AT&T Services, Inc.
675 W Peachtree St. NW
Atlanta, GA 30375-0001
Attn.: Mr. Carl Nickens
Phone:404-927-2871
Email:cn3454@att.com

PURCHASER: SNF Holdings, LLC

Attn.: Jason Schreiber
Phone: 312- 804-5355
Email: jschreiber@tc-mgmt.com

PURCHASER'S COUNSEL: Marilyn Dunn
Attorney at Law
55 W. Wacker, 9th Floor
Chicago, IL 60601
Phone: 312-578-0587
Email: mdunn.law@att.net

09/027/2010

REAL ESTATE SALE AGREEMENT

THIS AGREEMENT ("Agreement"), made as of the ____ day of _____, 2010 by and between Illinois Bell Telephone Company, an Illinois corporation, ("Seller") and SNF Holdings, LLC, an Illinois limited liability company ("Purchaser").

WITNESSETH:

WHEREAS, Seller desires to sell and Purchaser desires to purchase the real estate herein described;

NOW, THEREFORE, in consideration of the mutual promises herein contained, the sum of Ten Dollars (\$10.00) in hand paid to the other and other good and valuable consideration, the parties hereto agree as follows:

1. Agreement of Purchase and Sale. The Purchaser agrees to purchase and Seller agrees to sell, upon the terms, provisions and conditions herein contained, all of Seller's right, title and interest in and to the following: the land (hereafter called the "**Land**") located at 1200 North Arlington Heights Road, Village of Arlington Heights, County of Cook, State of Illinois, legally described in Exhibit "A" attached hereto and made a part hereof; and all buildings, improvements, easements, appurtenances, rights, privileges, reservations, tenements and hereditaments belonging to any of the foregoing. The Land, and other foregoing items, are hereafter collectively called the "**Premises**".

2. Closing Date and Place. The consummation of the transaction contemplated herein (herein called the "**Closing**") shall take place at the local offices of the Title Company (hereafter defined), at a time and date mutually agreed upon by the parties, but not later than 180 days after the Execution Date (as herein defined), or on the date, if any, to which such time is extended by reason of Paragraph 4 of this Agreement becoming operative, whichever date is later (the "**Closing Date**").

3. Purchase Price. The Purchase Price for the Premises (herein the "**Purchase Price**") shall be Two Million Five Hundred Fifty Thousand and no/100 Dollars (\$2,550,000).

a. Upon execution of this Agreement by Purchaser, Purchaser shall deposit with Chicago Title and Trust Company ("**Escrowee**") the sum of Ninety Thousand and no/100 Dollars (\$90,000.00) in cash or by certified check as earnest money (the "**Earnest Money**") to be applied to the Purchase Price at Closing. The Earnest Money is to be held by Escrowee in a Strict Joint Order Escrow whereby the Earnest Money Deposit may only be released upon the signature of both Purchaser and Seller, or their respective attorneys. The Earnest Money Deposit shall be held in an interest bearing account, with all interest earned thereon to be paid to the Purchaser. Purchaser and Seller agree that the cost of the escrow shall be shared equally. The Earnest Money shall be paid to Seller and applied to the payment of the Purchase Price at Closing; and

b. The balance of the Purchase Price, plus or minus the prorations described herein, shall be paid on the Closing Date by wire transfer of immediately available federal funds to Escrowee, to be released to Seller upon the terms of the Deed and Money Escrow Agreement as set forth in Section 25.

4. Survey and Title Insurance. Within thirty (30) days of the Execution Date, as hereinafter defined, Seller shall furnish to Purchaser the following:

a. A title commitment ("**Title Commitment**") for an ALTA Form B owner's title insurance policy ("**Title Policy**") issued by Chicago Title and Trust Company, with extended coverage (the "**Title Company**") in the amount of the Purchase Price, showing title to the Premises in Seller, together with legible copies of all documents cited, raised as exceptions or noted in the Title Commitment (such documents together with the Title Commitment, the "**Title Documents**").

b. A current plat of survey ("**Survey**") of the Premises, prepared by a licensed Illinois surveyor, certified to Purchaser, Seller, and Title Company by such surveyor as being prepared in accordance with ALTA/ACSM Illinois Land Survey Standards under the land survey standards of the American Land Title Association, sufficient to allow Title Company to issue its owner's policy with extended coverage, and as being true and correct and setting forth or showing thereon:

- (i) Legal description of the Premises containing a statement as to the square footage of the Premises;
- (ii) All buildings, improvements and encroachments from or onto adjoining land, easements, building lines, setback lines and all other restrictions affecting the Premises, together with the recorded documents creating the same, if any;
- (iii) All water lines, sanitary sewers, storm sewers, and other utilities located on the Premises;
- (iv) All streets, roads, highways and other means of ingress and egress to and from the Premises;
- (v) intentionally deleted.

c. Purchaser shall have ten (10) days from the receipt of the Title Documents and the Survey in which to notify Seller of any title defects ("**Defects**") disclosed by the Title Documents, or the Survey which Purchaser deems objectionable. Any matter set forth in the Title Documents or Survey and not set forth in said notice shall be deemed to be a Permitted Exception to the title, and the Deed (hereafter defined) and Title Policy delivered at Closing may be subject thereto. If no such notice is given, it shall be deemed that Purchaser has agreed to accept the Premises subject to the matters shown in the Title Documents and Survey, and this Agreement shall remain in full force and effect. Seller shall have twenty (20) days from receipt of Purchaser's notice (the "**Cure Period**") in which to remedy the Defects and provide evidence satisfactory to Purchaser thereof. If Seller fails to remedy such Defects to Purchaser's satisfaction within the Cure Period,

Purchaser shall have the option exercisable within ten (10) days after the expiration of Seller's Cure Period to accept a conveyance of title subject to such Defects, and proceed with this Agreement (in which event the Title Policy and the Deed will be accepted subject to any such Defects as Permitted Exceptions) or, give written notice to Seller to terminate this Agreement, and thereafter no party hereto shall have any claims, rights, duties, obligations, or liabilities to another party hereto by virtue of this Agreement, except those which herein are expressly stated to survive any termination of this Agreement, and the Earnest Money shall be returned to Purchaser. If Purchaser makes no election it shall be deemed that Purchaser has agreed to accept the title "as is" subject to the Defects, and this Agreement shall remain in full force and effect.

5. Conveyance and Documents. At the Closing, the parties will execute and deliver all deeds and other documents necessary to consummate the sale and purchase of the Premises pursuant to the terms of this Agreement.

a. At Closing, Seller will deliver to Escrowee the following documents (all of which shall be duly executed, sealed, witnessed and notarized where required):

- (i) Special Warranty Deed (the "**Deed**") in recordable form conveying to Purchaser fee simple title to the Premises subject only to the Permitted Exceptions.
- (ii) A FIRPTA certificate.
- (iii) An Affidavit of Title in customary form covering the Closing Date and showing title in Seller subject only to the Permitted Exceptions.
- (iv) An ALTA Statement and GAP undertaking form.
- (v) Such proof of Seller's authority and authorization to enter into this Agreement and perform Seller's obligations under this Agreement as may be reasonably required by Title Company.
- (vi) A certificate from Seller stating that the representations and warranties set forth in Section 10 are true and correct as of the Closing Date.

b. At Closing, Purchaser will deliver to Escrowee the following (all of which shall be duly executed, sealed, witnessed and notarized where required):

- (i) The balance of the Purchase Price, plus or minus prorations, if any.
- (ii) An ALTA Statement.
- (iii) Such proof of Seller's authority and authorization to enter into this Agreement and perform Seller's obligations under this Agreement as may be reasonably required by Title Company.

c. At Closing, Seller and Purchaser shall execute and deliver the following:

- (i) Real estate transfer declarations required by the state, county and municipality in which the Premises are located;
- (ii) Closing Statement showing the Purchase Price and any adjustments thereto;
- (iii) Any other usual and customary documents needed to complete the transaction set forth herein.

6. Possession. Seller shall deliver possession of the Premises to Purchaser at the time of Closing subject to the Permitted Exceptions.

7. Closing Contingencies. The Purchaser's obligation to close this transaction is expressly contingent upon Purchaser or Seller, as applicable, accomplishing the following:

a. Inspection Period: Purchaser shall have until sixty (60) days after the Execution Date (the "**Inspection Period**") to inspect the Premises. At all times up until the Closing Date (but without any right to terminate the Agreement after expiration of the Inspection Period), including during the Inspection Period, Purchaser, its agents and representatives, shall have the right but not the obligation to enter the Premises for the purpose of conducting examinations of the Premises; provided, however, Purchaser shall be solely responsible for any damage, claims or liabilities arising out of such activities and shall indemnify, defend, and hold Seller harmless with respect thereto. Without limiting the foregoing, during the Inspection Period, Purchaser shall have the right to employ one or more environmental consultants or other professional(s) to perform or complete a so-called "Phase I" and/or "Phase II" environmental inspection and assessment of the Premises. Purchaser shall cause all third-party consultants or other contractors to name Seller as an additional insured on their liability insurance, from an insurer reasonably acceptable to Seller, in the amount of \$1,000,000.00 combined single limit for personal injury and property damage per occurrence, which insurance shall provide coverage against any claim for personal liability or property damage caused by such third party consultants or other contractors in connection with such inspections and tests at the Premises. Purchaser shall be solely responsible for any damage, claims or liabilities arising out of any activities by Purchaser's third-party consultants and shall indemnify, defend, and hold Seller harmless with respect thereto. During the Inspection Period, Purchaser shall have the right, at Purchaser's sole discretion, to terminate the Agreement for any reason or for no reason whatsoever. Upon notification to the Seller of Purchaser's termination of the Agreement, the Agreement shall be null and void, and Purchaser and Seller shall have no further obligation to close the transaction set forth herein and the Earnest Money Deposit and interest earned thereon shall be returned to Purchaser within three (3) business days of delivery of said notice to Seller. Seller agrees to execute any and all documents so as to cause Escrowee to refund the Earnest Money Deposit to Purchaser within the prescribed time period.

b. Zoning and Certificate of Need Period: Beginning at the expiration of the Inspection Period, Purchaser shall have up to One-Hundred-Twenty (120) days (the "**Zoning and**

CON Period”) to obtain the necessary final annexation (if applicable), zoning, Certificate of Need, construction and permit approvals. During or within three (3) business days after expiration of the Zoning and CON Period, Purchaser shall have the right, at Purchaser’s sole discretion, to terminate the Agreement for any reason or for no reason whatsoever. Upon notification to the Seller of Purchaser’s termination of the Agreement, the Agreement shall be null and void, and Purchaser and Seller shall have no further obligation to close the transaction set forth herein and the Earnest Money Deposit and interest earned thereon shall be returned to Purchaser within three (3) business days of delivery of said notice to Seller. Seller agrees to execute any and all documents so as to cause Escrowee to refund the Earnest Money Deposit to Purchaser within the prescribed time period. In order to facilitate Purchaser’s obtaining all necessary zoning, CON, or other necessary permits and approvals, Seller shall extend its full cooperation (but without third party expense to Seller) to Purchaser and its agents and representatives, including, without limitation, joining in any applications for zoning variances, permits and approvals as necessary or appropriate. In the event the final annexation, zoning, construction and permit approvals are obtained and the Closing does not occur as a result of the Purchaser’s breach, Purchaser shall be obligated to cooperate with Seller (at Purchaser’s expense) to obtain the revocation of such approvals to the extent Seller desires the revocation.

c. Extension of Zoning and Certificate of Need Period: Purchaser may extend the Zoning and CON Period for up to three consecutive periods of sixty (60) days. In order to be eligible for an extension, Purchaser must demonstrate it is actively pursuing the appropriate approvals and Purchaser shall have paid to Seller a payment in the amount of Thirty-Five Thousand Dollars (\$35,000) (each an “Extension Payment”) for each of the three extension periods. It is understood that each Extension Payment will be applied to the Purchase Price at Closing, but is non-refundable and payable to Seller whether or not there is a Closing.

d. Seller Contingency: Notwithstanding the provisions contained within this Real Estate Sale Agreement, Seller shall retain the ongoing right to continue to actively market the Property. Unless the event of Purchaser default, Seller shall not accept an offer from a third party.

8. As-Is Sale. Purchaser acknowledges that it is being given the opportunity to make a full and complete investigation and inspection of the Premises and the operation thereof and that Purchaser has had an opportunity to make full inquiry of Seller as to all matters deemed relevant by Purchaser in evaluating the Premises. Purchaser expressly acknowledges that the Premises is being purchased “AS IS”, “WHERE IS” and “WITH ALL FAULTS”, latent and patent. Purchaser acknowledges that Seller has no duty, responsibility or obligation whatsoever to volunteer to Purchaser information about the Premises. WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, EXCEPT AS SPECIFICALLY SET FORTH IN THIS AGREEMENT, SELLER HAS NOT AND WILL NOT, AND HEREBY EXPRESSLY DISCLAIMS ANY WARRANTIES WHATSOEVER, EXPRESS OR IMPLIED, WITH RESPECT OR RELATING TO THE PREMISES, INCLUDING WITHOUT LIMITATION, MERCHANTABILITY, HABITABILITY OR FITNESS FOR A PARTICULAR PURPOSE. Purchaser expressly

acknowledges that (i) it is not authorized to rely, has not relied, and will not rely on any representation, statement or warranty of Seller, or of any agent, or representative, or broker of Seller, not expressly set forth herein, and (ii) Seller has not agreed to perform any work on or about the Premises as a condition to Purchaser's purchase of same. Except as specifically set forth in this Agreement, Seller makes no representations, warranties or indemnities for any claim, condition or liability arising before or after this Agreement pursuant to, or arising under, any federal, state or local law, rule or ordinance including, but not limited to, those relating to the protection of the environment including, but not limited to, CERCLA and RCRA. This paragraph will survive Closing.

9. Settlement Costs and Prorations.

a. Except as set forth in Section 27, each party shall be responsible for its attorneys' fees and other costs incurred by it in connection with this Agreement and the transactions contemplated hereby. Seller shall pay for the Title Policy, including extended coverage, and all state, county and municipal revenue stamps and/or transfer taxes customarily paid by the seller. Purchaser shall be responsible for the costs of any audits, tests, surveys or inspections of the Premises which it desires to make, and recording costs of its deed of conveyance.

b. All general real estate, personal property and sanitary taxes and assessments shall be prorated as of the Closing Date on the basis of the most recent ascertainable tax bill. Purchaser shall receive real estate tax proration credits equal to the unpaid portion of real estate taxes relating to any period prior to Closing. For purposes of calculating this credit, such taxes shall be estimated on the basis of one hundred three percent (103%) of the most recently ascertainable real estate taxes. Such real estate tax proration credit shall be final and not subject to re-proration when the actual bill comes out.

10. Warranties and Representations.

A. Seller. Seller warrants and represents to Purchaser that:

(i) Seller has received no notice from any public authority of any eminent domain or condemnation proceeding concerning the Premises or any part thereof. Seller further warrants that in the event it receives any such notice prior to the Closing Date, it will notify Purchaser in writing prior to the Closing. Purchaser shall have the option, exercisable by notice to Seller given within ten (10) days following Seller's notice to Purchaser of such condemnation or taking, to terminate this Agreement, whereupon this Agreement shall be terminated and the Earnest Money Deposit shall forthwith be returned to Purchaser and thereafter neither party shall have any further obligation to close the transaction set forth herein;

(ii) Seller is a corporation organized and created under the laws of the State of Illinois and is in good standing;

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(iii) Seller has the full right, power and authority to enter in this Agreement, to perform its obligations hereunder and to execute and deliver this Agreement and all other documents to be executed and delivered by Seller at Closing in connection with the transaction contemplated herein;

(iv) To best of Seller's knowledge, there are no leases, service or maintenance contracts, or occupancy agreements currently affecting any portion of the Premises which will be binding on Purchaser following the Closing;

(v) To the best of Seller's knowledge, there is no litigation pending or to the best of knowledge of Seller, threatened, against Seller or the Premises, including, without limitation, proceedings for or involving collections, alleged building code or environmental or zoning violations, or personal injuries or property damage alleged to have occurred on the Premises or by reason of the condition, use of, or operations on, the Premises;

(vi) To the best of Seller's knowledge, there are no presently pending, and Seller has received no notice of, any special assessments of any nature with respect to the Premises or any part thereof, nor has Seller received any notice of any special assessments being contemplated;

(vii) To the best of Seller's knowledge, there are no pending or threatened requests, applications or proceedings to alter or restrict the zoning or other use restrictions applicable to the Premises;

As used in this Agreement, the term "best of Seller's knowledge" shall mean the actual knowledge of Joseph Buckman, Director – Portfolio Planning, and not that of any other persons, as presently recollected by such person without any review of files or other investigation or inquiry of any kind, and shall not mean that such person is charged with knowledge of the acts, omissions and/or knowledge of Seller's agents or employees.

The warranties and/or representations of Seller set forth above in this Paragraph 10A shall be true and correct as of the Closing Date and shall survive the Closing for a period of , six (6) months. Seller and shall indemnify, defend, and hold harmless Purchaser and its members, managers, employees, affiliates, successors and assigns from and against, and pay or reimburse each of them for and with respect to any loss, cost, expense or claim, relating to, arising out of or resulting from any breach by Seller of any of its representations and warranties in this Agreement. Seller's indemnification obligation shall survive the Closing of this transaction.

B. Purchaser. Purchaser represents and warrants to Seller that:

(i) Purchaser has the full right, power and authority to enter in this Agreement and to perform its obligations hereunder. The representations and warranties set forth in this paragraph shall be deemed to be renewed and restated at and as of the Closing Date.

(ii) No officer, director, employee, or agent of Seller or AT&T Inc. has been or will be employed, retained or paid a fee, or otherwise has received or will receive any personal compensation or consideration, by or from Purchaser or any of Purchaser's officers, directors, employees, or agents in connection with the obtaining, arranging, or negotiation of this Agreement or other documents entered into or executed in connection with this Agreement.

11. Casualty. If on or before the Closing Date all or any part of the Premises is destroyed or damaged by fire or any other cause, Seller shall promptly notify Purchaser thereof. If such damage or destruction is repaired at the sole cost and expense of Seller prior to Closing to the same condition existing prior to such damage or destruction, or if such damage or destruction does not exceed \$5,000 (as determined by Seller's insurer), Purchaser shall be bound to purchase the Premises without reduction in the Purchase Price and without receiving insurance proceeds on account thereof. In the event of damage to or destruction of all or any part of the Premises of \$5,000 or more and Seller fails to repair such damage or destruction as provided herein, Purchaser shall have the right to terminate this Agreement by giving written notice to Seller on or before the Closing Date and in the event Purchaser exercises such right to terminate this Agreement, the Earnest Money shall be returned to Purchaser, whereupon no party hereto shall have any further rights, obligations or liabilities hereunder. In the event of any un-repaired damage which would permit termination hereunder and Purchaser does not elect to so terminate, or if Purchaser is required to proceed hereunder, Seller shall deliver to Purchaser on the Closing Date an assignment in a form reasonably satisfactory to Purchaser of all of Seller's right, title and interest in and to any insurance claim to the extent not previously applied to restoration or repair of the Premises, but the Purchase Price shall not be affected by any such damage or destruction.

12. Default.

(a) Seller's Remedy. The parties acknowledge that it is impossible to ascertain Seller's damages in the event of default by Purchaser hereunder. Accordingly, the parties agree that if Purchaser defaults in performing under this Agreement (Seller not then being in default), Escrow Agent shall pay to Seller the Earnest Money and interest thereon, not as a penalty, but for full liquidation of damages, the parties declaring and agreeing that such is and represents a reasonable forecast and settlement of such damages of Seller. The parties agree that the sum stated above in liquidated damages shall be in lieu of any other relief to which the Seller might otherwise be entitled by virtue of this Agreement or by operation of law or otherwise, and shall represent Seller's sole and exclusive remedy for such breach by Purchaser.

(b) Purchaser's Remedy. In the event that Seller defaults in performing under this Agreement or should any of Seller's warranties or representations be untrue in any material respect, if no other remedy therefore is specified herein, Purchaser may (if Purchaser is not in default), as Purchaser's sole and exclusive remedy for such breach, terminate this Agreement by written notice delivered to Seller on or before the Closing Date (in which case Escrow Agent shall refund to Purchaser the Earnest Money, with interest) and Purchaser shall have no

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further rights or remedies with respect to Seller or this Agreement. In addition to the foregoing, the parties acknowledge that it is impossible to ascertain Purchaser's damages in the event of default by Seller hereunder. Accordingly, the parties agree that if Seller defaults in performing under this Agreement (Purchaser not then being in default), Seller shall pay to Purchaser the sum of \$10,000, not as a penalty, but for full liquidation of damages, the parties declaring and agreeing that such is and represents a reasonable forecast and settlement of such damages of Purchaser. In no event shall Seller be liable to Purchaser for any consequential, special, incidental or punitive damages.

13. Notices. All notices required or permitted hereunder, shall be in writing and shall be served on the parties at the following addresses:

If to Purchaser:

SNF Holdings, LLC

Attn.: Jason Schreiber
Phone: 312- 804-5355
Email: jschreiber@tc-mgmt.com

with copies to:

Marilyn Dunn
Attorney at Law
55 W. Wacker, 9th Floor
Chicago, IL 60601
Phone: 312-578-0587
Email: mdunn.law@att.net

If to Seller:

AT&T Services, Inc.
Corp Real Estate
225 W. Randolph Street
Chicago, IL 60606
Attention: Real Estate
Phone:
Fax:

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with copies to:

AT&T Services, Inc.
General Attorney & Assistant General Counsel
Corporate Real Estate
208 S. Akard Street
Dallas, TX 75202
Phone:
Fax:

Notices shall be either (i) personally delivered or sent by Federal Express or other nationally recognized overnight courier to the addresses set forth above, in which case they shall be deemed delivered on the date of delivery to said address or (ii) sent by registered or certified mail, return receipt requested, in which case they shall be deemed delivered three business days after deposit in the U.S. mail, or by hand delivery to the party whose attention it is directed.

14. Broker's Commissions. Seller is responsible to pay a broker's commission to Jones Lang LaSalle Midwest, LLC ("**Broker**") upon Closing, as evidenced by delivery and recording of the Deed and receipt of the Purchase Price, pursuant to Seller's agreement with said Broker. Seller and Purchaser covenant and represent each to the other that there is no party entitled to be paid a finder's fee, cooperation fee, commission or other brokerage-type fee or similar compensation in connection with this Agreement and the transactions contemplated hereby (whether sale or loan), except to the said Broker and ASA Properties, LLC. If any person or entity shall assert a claim to such a fee or compensation against either Seller or Purchaser on account of alleged employment as a finder, consultant or broker, then the party to this Agreement by, through or under whom the person or entity claims such employment shall indemnify, defend and hold harmless the other party against and from any and all such claims and all costs, expenses and liabilities incurred in connection with such claim or any action or proceedings brought thereon. The agreements contained in this Paragraph shall survive the Closing or the earlier termination hereof.

15. Survival. Except as expressly set forth in this Agreement, no representations, warranties, covenants, agreements, undertakings, and other obligations of Seller set forth herein shall survive the closing of the transactions contemplated hereby or the execution and delivery of the documents contemplated hereunder, and such shall be merged therein.

The delivery of the Deed by Seller, and the acceptance thereof by Purchaser, shall be deemed the full performance and discharge of every obligation on the part of Seller to be performed hereunder, except those obligations of Seller which are expressly stated in this Agreement to survive the Closing of this transaction.

16. Time of the Essence. Time is of the essence of this Agreement. Provided, however, that if the time within which any action, consent, approval or other activity herein contemplated,

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expires on a Saturday, Sunday or a national bank holiday, such time period shall automatically be deemed extended to the first day after the scheduled termination of such time period which is not a Saturday, Sunday or national bank holiday.

17. Governing Law. This Agreement shall be governed by and enforced in accordance with the laws of the State in which the Premises are located. Any provision of this Agreement which is unenforceable or invalid or the inclusion of which would affect the validity, legality or enforcement of this Agreement shall be of no effect, but all the remaining provisions of this Agreement shall remain in full force and effect.

18. Entire Agreement. This instrument contains the entire agreement of the parties and no representations, warranties or agreements have been made by either of the parties except as set forth in this Agreement. No modification, waiver or amendment of the provisions of this Agreement shall be effective unless made in writing and signed by the parties hereto.

19. Assignment. This Agreement shall inure to the benefit of and shall be binding upon the parties hereto and their respective successors and permitted assigns. Either party may assign its rights and obligations hereunder to another affiliated entity upon prior written notice to the other party.

20. Construction. Each party hereto hereby acknowledges that all parties hereto participated equally in the drafting of this Agreement and that, accordingly, no court construing this Agreement shall construe it more stringently against one party than the other.

21. Binding. The issuance of this Agreement by Seller does not constitute an offer for the sale of the Premises from Seller to Purchaser. This Agreement shall not be binding or effective until properly executed and delivered by both Seller and Purchaser.

22. Execution Date. For purposes of this Agreement, the "**Execution Date**" shall mean the later "**Date of Execution**" subscribed beneath Seller's and Purchaser's signatures set forth hereinbelow. This Agreement shall be deemed null and void if not fully executed by both Parties on or before September 24, 2010. This Agreement may be executed in one or more counterparts each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.

23. Publicity. Prior to Closing, the Purchaser shall not issue or release for publication any articles or advertising or publicity matters relating to the proposed sale or mentioning or employing the name of Seller, AT&T Inc. or its subsidiaries or any of their personnel, unless prior written consent is granted by AT&T Inc.

24. Closing Escrow: This sale shall be closed through an escrow with Chicago Title and Trust Company, in accordance with the general provisions of the usual form of Deed and Money Escrow Agreement then in use by Chicago Title and Trust Company, with such special

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provisions inserted in the escrow Agreement as may be required to conform with this Agreement (Closing Escrow). At the request of either party, the transaction shall be closed by means of a New York style closing. The Seller shall provide the standard gap undertaking (Gap Undertaking) to the Title Insurer necessary for the New York style closing to occur. Notwithstanding anything herein to the contrary, payment of Purchase Price and delivery of deed shall be made through the escrow and this Agreement and the earnest money shall be deposited in the Closing Escrow. The cost of the Closing Escrow shall be divided equally between Seller and Purchaser. Seller and Purchaser shall each pay fifty percent (50%) of the charges of the Title Insurance, Closing Escrow and New York closing.

The terms of this Agreement shall not merge with any Closing Escrow agreement and the terms of this Agreement shall govern.

Any payments herein required to be made at the time of closing shall be in cash by wire transfer to Seller through escrowee.

25. Pre-Closing Deliveries. No later than five (5) days prior to Closing, Seller shall deliver to Purchaser the form of all documents to be used at Closing.

26. Waivers.

a. Purchaser and Seller reserve the right to waive any and all the conditions precedent to performance of their respective obligations hereunder. No such waiver, modifications, amendment, discharge or change in this Agreement, except as otherwise provided hereunder, shall be valid unless the same is in writing and signed by the party waiving same.

b. This Agreement contains the entire agreement between the parties relating to the transactions contemplated hereby and can only be modified by written agreement signed by both Seller and Purchaser.


27. Litigation Costs. In the event of any action or proceeding at law or equity between the Purchaser and Seller to enforce any provision of this Agreement or to protect or establish any right or remedy of either party hereunder, the unsuccessful party to said litigation shall pay to the prevailing party all costs and expenses, including reasonable attorney's fees incurred therein by such prevailing party, and if such prevailing party shall recover judgment in any such action or proceeding, such costs and expenses (including such attorney's fees) shall be included in and as a party of the judgment.

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IN WITNESS WHEREOF, the parties have caused this Agreement to be executed as of the dates written below.


SELLER:

ILLINOIS BELL TELEPHONE COMPANY DBA AT&T ILLINOIS

By: 
Name: Joseph Buckman
Title: Director - Portfolio Planning

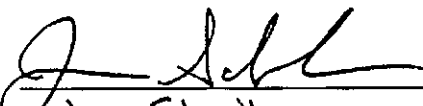
Attest: _____
Secretary

Date of Execution: 9/28/2010

Approved as to legal form


PURCHASER:

SNF Holdings LLC

By: 
Name: Jason Schreiber
Title: Principal

Attest: _____
Secretary

Date of Execution: 9/24/10

09/027/2010

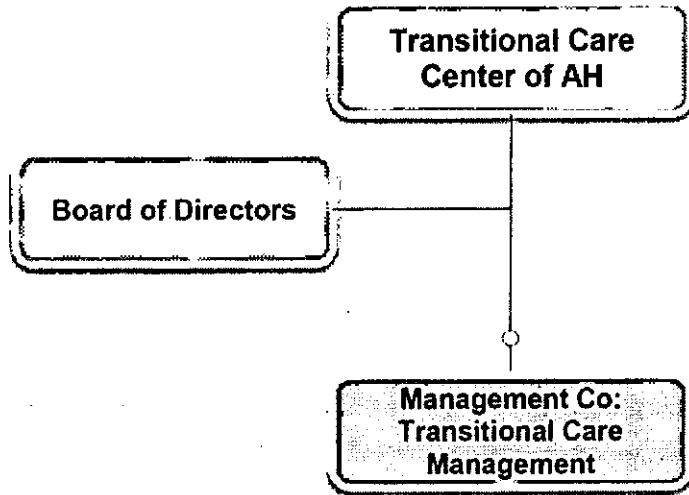
EXHIBIT "A"

LEGAL DESCRIPTION

Lot 1 in the Arlington Heights Fire Station No. 2 resubdivision, being a resubdivision of lot 18 (except the south 1 acre) in Allison's addition to Arlington Heights, a subdivision in the southwest ¼ of section 20, township 42 North, Range 11, east of the third principal meridian, in Cook County, Illinois except the west ½ of the southwest ¼ thereof, and the south 4 acres of the east 1/2/ of the southwest ¼ thereof.

Attachment 4

Organizational Structure



Attachment 5



MAP SCALE 1" = 500'



NATIONAL FLOOD INSURANCE PROGRAM

PANEL 0201J

FIRM
FLOOD INSURANCE RATE MAP
COOK COUNTY,
ILLINOIS
AND INCORPORATED AREAS

PANEL 201 OF 832
 (SEE MAP INDEX FOR FIRM PANEL LAYOUT)

COUNTIES	NUMBER	PANEL SHEETS
COMMUNITY	170056	0201 J
ARLINGTON HEIGHTS, VILLAGE OF	170054	0201 J
COOK COUNTY	170054	0201 J
PROSPECT HEIGHTS, CITY OF	170819	0201 J

MAP NUMBER
17031C0201J

MAP REVISED
AUGUST 19, 2008

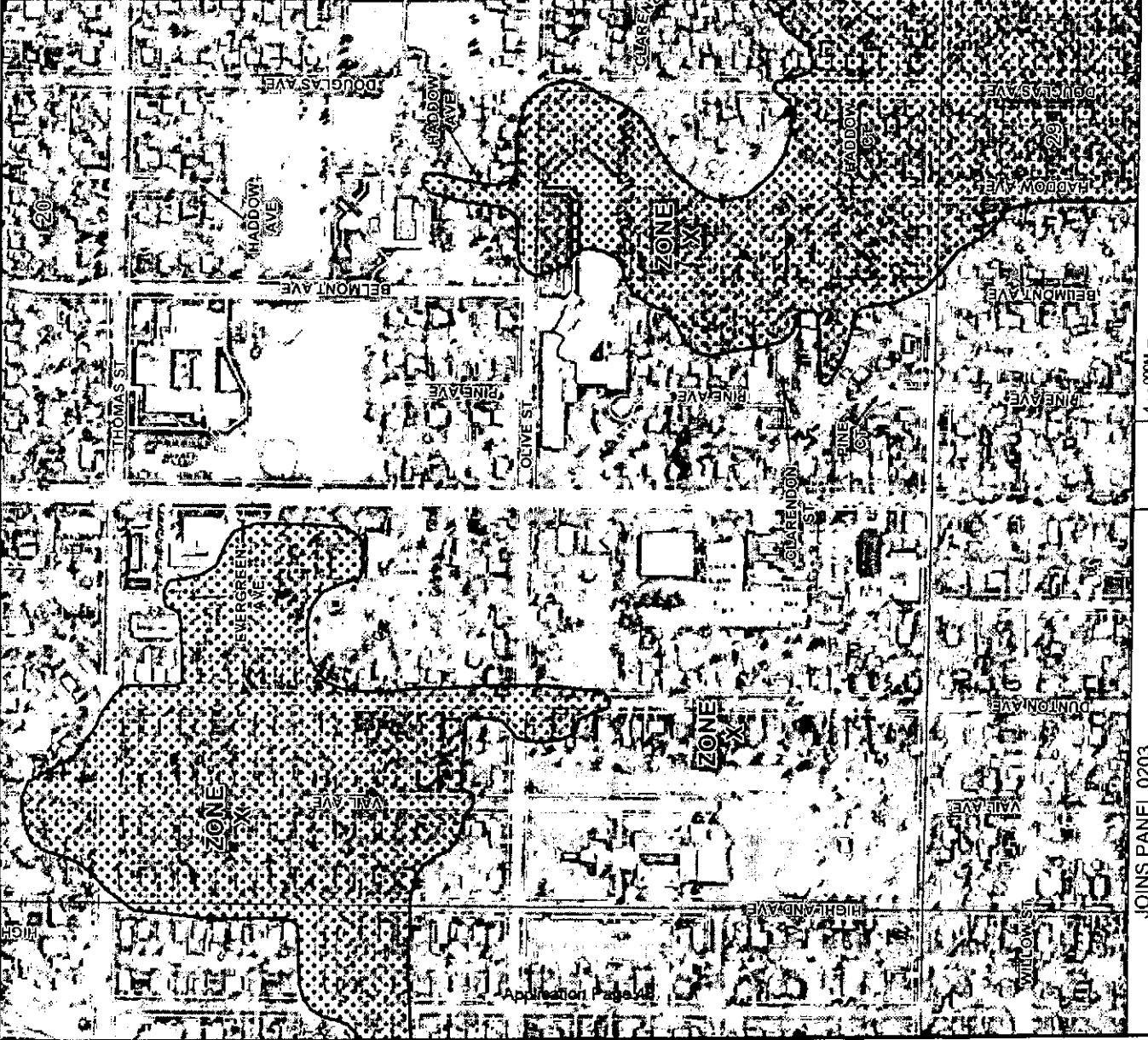
Federal Emergency Management Agency

Notice to User: The Map Number shown below should be used when placing map orders; the Community Number shown above should be used on insurance applications to the subject community.



Federal Emergency Management Agency

This is an official copy of a portion of the above referenced flood map. It was extracted using F-MIT On-Line. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. For the latest product information about National Flood Insurance Program flood maps, check the FEMA Flood Map Store at www.nesc.fema.gov



JOINS PANEL 0203

1:10,000 N

Attachment 6



**Illinois Historic
Preservation Agency**

FAX (217) 782-8161

1 Old State Capitol Plaza • Springfield, Illinois 62701-1512 • www.illinois-history.gov

Cook County
Arlington Heights
Demolition and New Construction of Transitional Care Facility
1200 Arlington Heights Road
V3CI-10162
IHPA Log #014101210

October 26, 2010

Michael Martin
V3 Companies of Illinois Ltd.
7325 Janes Avenue
Woodridge, IL 60517

Dear Mr. Martin:

This letter is to inform you that we have reviewed the information provided concerning the referenced project.

Our review of the records indicates that no historic, architectural or archaeological sites exist within the project area.

Please retain this letter in your files as evidence of compliance with Section 4 of the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420/1 et. seq.). This clearance remains in effect for two years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the Illinois Human Skeletal Remains Protection Act (20 ILCS 3440).

If you have any further questions, please contact me at 217/785-5027.

Sincerely,

Anne E. Haaker
Deputy State Historic
Preservation Officer

Attachment 7

Arlington Heights SNF
Project Costs and Sources of Funds

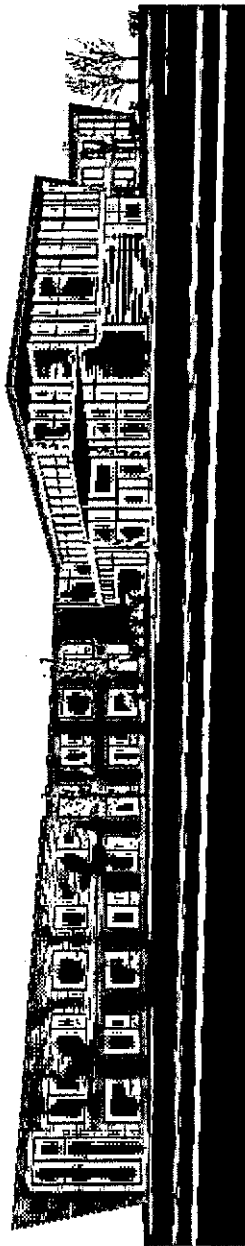
USE OF FUNDS	CLINICAL	SUBTOTAL CL	NON-CLINICAL	SUBTOTAL NON-CL	TOTAL
Preplanning Costs		780,000		195,000	
Third party Reports	20,000		5,000		25,000
Organizational Costs and Legal	720,000		180,000		900,000
Taxes, Title & Insurance	40,000		10,000		50,000
Site Survey and Soil Investigation		-		-	-
Included in construction	-		-		-
	-		-		-
Site Preparation		-		-	-
Included in construction	-		-		-
Off Site Work		-		-	-
New Construction Contracts		10,144,000		2,536,000	
Construction	10,024,000		2,506,000		12,530,000
Builder profit	120,000		30,000		150,000
	-		-		-
Modernization Contracts		-		-	-
Contingencies		1,360,000		340,000	
Working capital allowance	-		-		-
Construction contingency	400,000		100,000		500,000
Minor movable escrow	-		-		-
Financing working capital	960,000		240,000		1,200,000
Architectural/Engineering Fees		861,200		215,300	
Architect's fee (3.5% of construction cost)	861,200		215,300		1,076,500
	-		-		-
Consulting and Other Fees	640,000		160,000		
Movable or Other Equipment (not in construction contracts)		1,212,000		303,000	
Furnishings and security	1,212,000		303,000		1,515,000
	-		-		-
	-		-		-
Bond Issuance Expense (project related)		-		-	-
Net Interest Expense During Construction (project related)		633,571		158,393	
	633,571		158,393		791,964
	-		-		-
	-		-		-
Fair Market Value of Leased Space or Equipment		-		-	
Other Costs to be Capitalized		149,927		37,482	
Cost of financing (3.5% of financed amount)	149,927		37,482		187,409
Cost of financing (1.93% of financed amount)	-		-		-
Acquisition of Building or Other Property (excluding land)		2,040,000		510,000	
	2,040,000		510,000		2,550,000
	-		-		-
TOTAL USES OF FUNDS	17,820,698	17,180,698	4,455,175	4,295,175	22,275,873
SOURCE OF FUNDS	CLINICAL		NON-CLINICAL		
Cash and Securities		2,673,105		668,276	
Owner cash (TIF)	2,673,105		668,276		3,341,381
	-		-		-
Pledges		-		-	
Gifts and Bequests		-		-	
Bond Issues (project related)		-		-	
Mortgages		15,147,593		3,786,898	
HUD 40 year nonrecourse loan	15,147,593		3,786,898		18,934,492
Leases (fair market value)		-		-	
Governmental Appropriations		-		-	
Grants		-		-	
Other Funds and Sources		-		-	
	-		-		-
TOTAL SOURCES OF FUNDS	17,820,698	17,820,698	4,455,175	4,455,175	22,275,873

Attachment 8

Criterion 1120.210c Operating Start Up Costs
Arlington Heights SNF
**PROJECTED STATEMENTS OF REVENUES, EXPENSES AND
CHANGES IN RETAINED EARNINGS**

	Year 1
SERVICE REVENUES	
Private	144,415
Medicaid	512,978
VA	
Medicare	7,997,686
HMO	
TOTAL SERVICE REVENUES	10,931,053
Less Vacancy	<u>907,277</u>
Net Income	<u>9,948,597</u>
OPERATING EXPENSES	
Management Fee	825,734
Administrator	120,016
RN	998,494
LPN	305,327
CNA	623,528
PT	331,820
Rehab Aides	59,254
Speech	169,860
Unit Secretary	-
DON	95,056
Food service Director	49,309
Food service Supervisor	36,844
Activity Asst	22,297
Environmental Director	27,432
Driver	13,167
Housekeepers	64,191
Laundry	29,627
Maintenance tech	46,800
Social Service	91,312
Social Service Aide	8,290
Billing Clerk	-
Office Manager	26,379
Human Resources	39,502
Admissions	41,085
Receptionists	46,960
Employee Benefits and payroll taxes	1,456,356
Therapy -employed see above	-
Pharmacy	<u>546,850</u>
	-
	-
OTHER EXPENSES (INCOME)	
Depreciation and Amortization	(825,417)
Interest Expense	<u>(1,038,056)</u>
TOTAL OTHER EXPENSES (INCOME)	<u>(1,863,474)</u>
NET INCOME (LOSS)	<u>(687,410)</u>

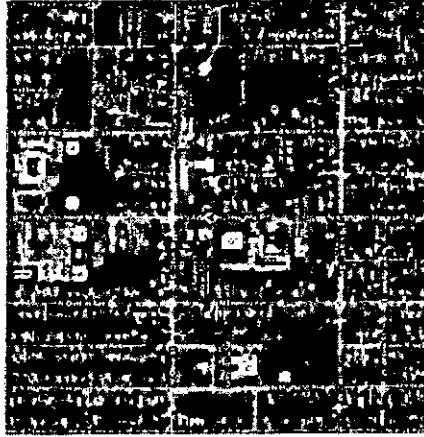
ARLINGTON HEIGHTS TRANSITIONAL CARE FACILITY
1200 N. ARLINGTON HEIGHTS RD., ARLINGTON HEIGHTS, IL 60004



PERSPECTIVE DRAWING



2401 INCORPORATED OF ILLINOIS
300 N. STATE ST. #3612
CHICAGO, IL 60610
T. 312.661.0140
F. 312.661.0270
2401ARCHITECTS@GMAIL.COM



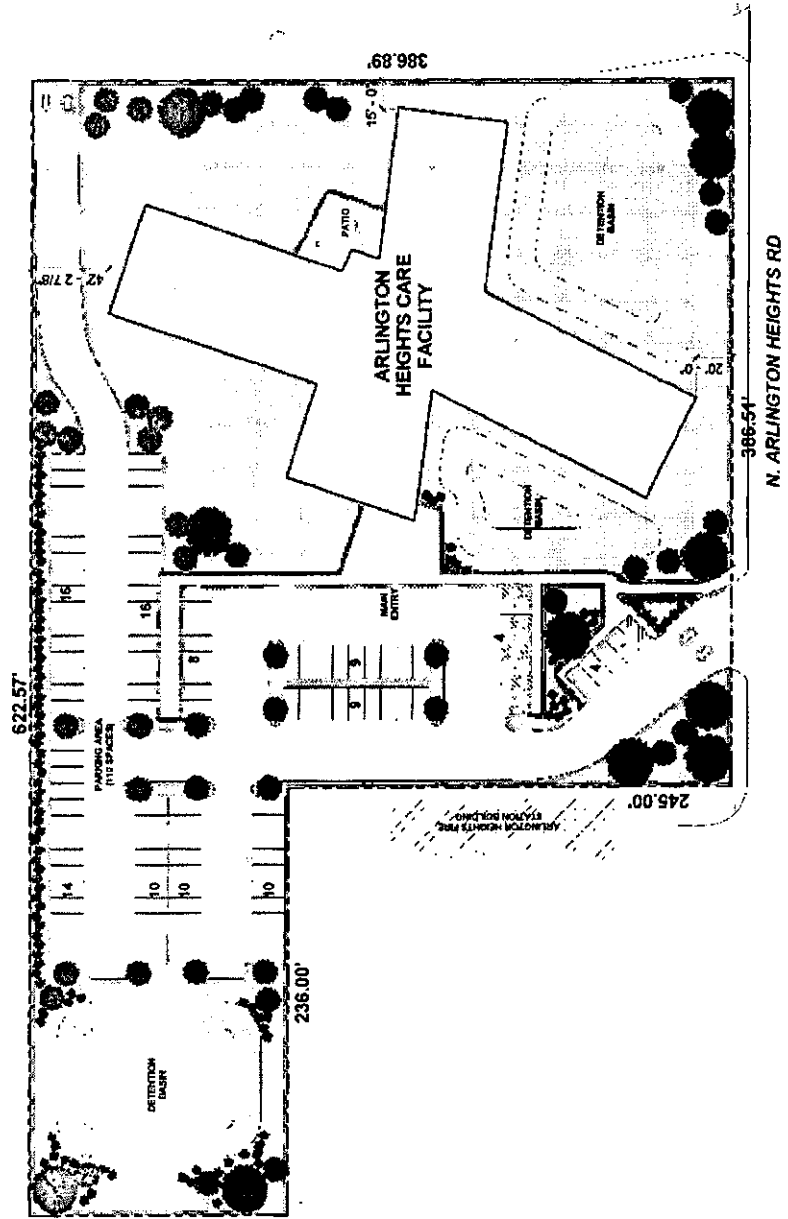
LOCATION MAP

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TRANSITIONAL CARE ARLINGTON HEIGHTS

2401
 CLEAR PROJECT
 ARCHITECTURE, INTERIOR DESIGN, LANDSCAPE ARCHITECTURE

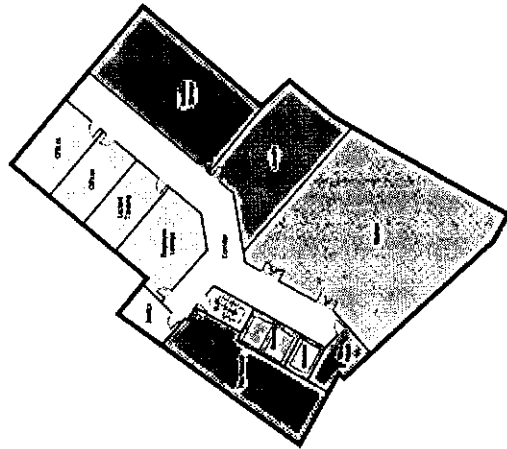
PROJECT INFO	
SITE AREA	15,420 S.F.
BUILDING AREA	74,445 S.F.
RESIDENT ROOMS	100 ROOMS
RESIDENT BEDS	120 BEDS
RECYCLED PARKING	20 SPACES (PER CODE) (15% PROVIDED BY PLAN, ACCESSIBLE SPACES PER IAC)



CONCEPTUAL SITE PLAN

TRANSITIONAL CARE ARLINGTON HEIGHTS

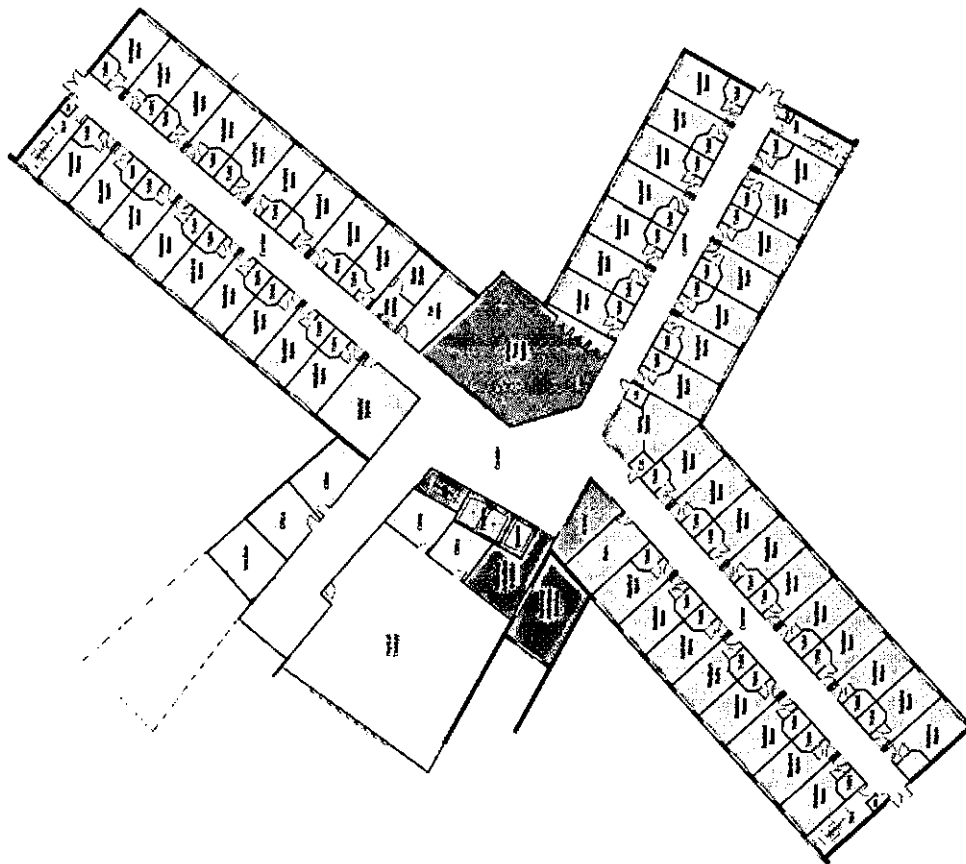
2401
CORPORATE
ARCHITECTURAL CONSULTANTS



CONCEPTUAL BASEMENT

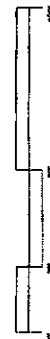
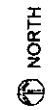


TRANSITIONAL CARE ARLINGTON HEIGHTS

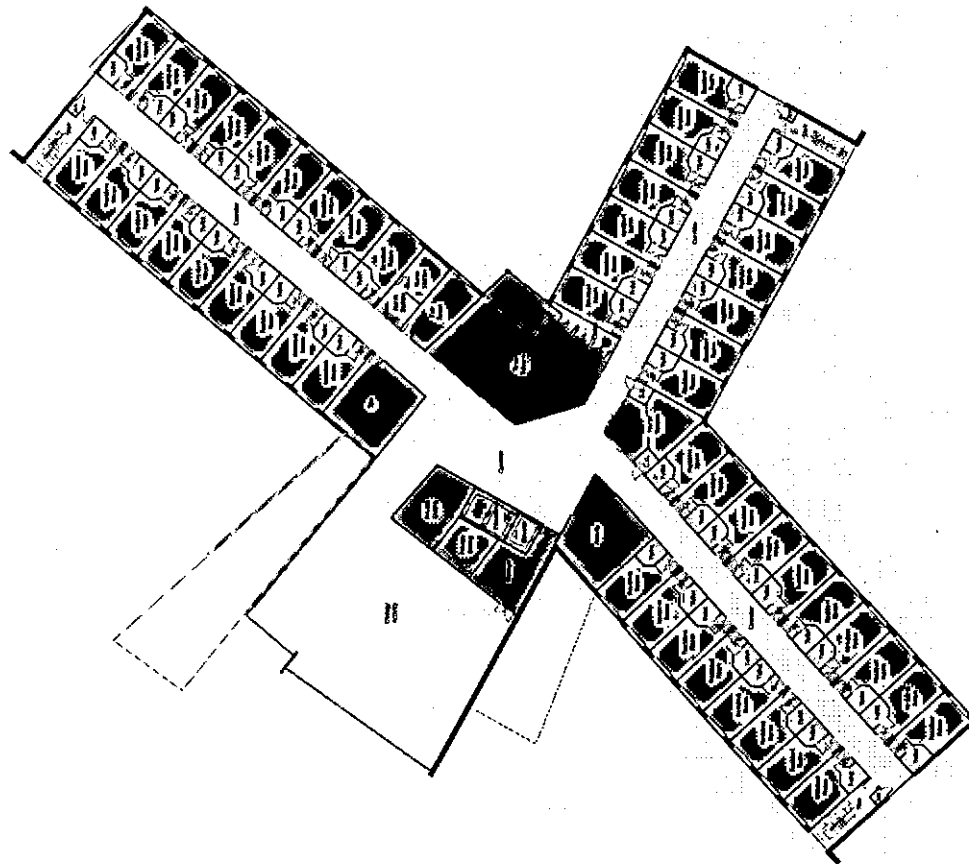


CONCEPTUAL 1ST FLOOR

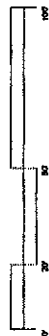
2401
CORPORATE
AN ARCHITECTURAL FIRM



TRANSITIONAL CARE ARLINGTON HEIGHTS



CONCEPTUAL 2ND FLOOR



2401
ALCOBROOK
ARCHITECTURAL SERVICES, LLC

TRANSITIONAL CARE ARLINGTON HEIGHTS



FRONT ELEVATION



SIDE ELEVATION



REAR ELEVATION

EXTERIOR ELEVATIONS

Attachment 9

Arlington Heights SNF	Total Project Cost	Construction Cost	Department Gross Square Feet		Amount of Proposed Total Gross Square Feet that is:			
			Existing	Proposed	New Construction	Modernized	As Is	Vacated Space
CLINICAL								
Patient Rooms	7,821,460	4,399,509	-	25,140	25,140	-	-	-
Patient Bathrooms	1,406,517	791,155	-	4,521	4,521	-	-	-
Nurses Station/Med Prep	519,800	292,383	-	1,671	1,671	-	-	-
LR/DR/Activity	2,020,799	1,136,683	-	6,495	6,495	-	-	-
Exam Room	88,672	49,877	-	285	285	-	-	-
Kitchen/Food Svc	703,259	395,577	-	2,260	2,260	-	-	-
PT/OT	856,141	481,572	-	2,752	2,752	-	-	-
Laundry	269,073	151,351	-	865	865	-	-	-
Janitor Closet	152,882	85,995	-	491	491	-	-	-
Clean/Soiled Linen	145,238	81,695	-	467	467	-	-	-
Beauty/Barber	152,882	85,995	-	491	491	-	-	-
Total CLINICAL	14,136,723	7,951,794	-	45,439	45,439	-	-	-
NON CLINICAL								
Office/Admin	305,765	171,990	-	983	983	-	-	-
Kitchen	244,612	137,592	-	786	786	-	-	-
EE Lounge	145,238	81,695	-	467	467	-	-	-
Locker, Training	91,729	51,597	-	295	295	-	-	-
Mechanical	458,647	257,985	-	1,474	1,474	-	-	-
Lobby	464,762	261,425	-	1,494	1,494	-	-	-
Storage/Maint	703,259	395,577	-	2,260	2,260	-	-	-
Corridor/Public Toilet	4,045,572	2,275,602	-	13,003	13,003	-	-	-
Structure/Misc	1,062,532	597,666	-	3,415	3,415	-	-	-
Stairs/Elevators	617,033	347,076	-	1,983	1,983	-	-	-
Total NON CLINICAL	8,139,149	4,578,206	-	26,161	26,161	-	-	-
TOTAL	22,275,873	12,530,000	-	71,600	71,600	-	-	-

Attachment 11

October 28, 2010

Illinois Health Facilities Planning Board
525 West Jefferson St., Second Floor
Springfield IL 62761

RE: Transitional Care Center of Arlington Heights

Please be advised that no adverse action as defined under 1110.230.a).3)B has been taken against the Applicant or against any health care facility owned or operated by the Applicant, directly or indirectly, within three years preceding the filing of the Certificate of Need Application.

Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Schrieber", written in a cursive style.

Jason Schrieber

October 28, 2010

Illinois Health Facilities Planning Board
525 West Jefferson St., Second Floor
Springfield IL 62761

RE: Transitional Care Center of Arlington Heights

Please be advised that no adverse action as defined under 1110.230.a).3)B has been taken against the Applicant or against any health care facility owned or operated by the Applicant, directly or indirectly, within three years preceding the filing of the Certificate of Need Application.

Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Brian Cloch". The signature is stylized with a large initial "B" and a long horizontal stroke.

Brian Cloch

October 28, 2010

Illinois Health Facilities Planning Board
525 West Jefferson St., Second Floor
Springfield IL 62761

RE: Transitional Care Center of Arlington Heights

I authorize the Illinois Health Facilities Planning Board and the Illinois Department of Public Health to obtain access to information in order to verify any documentation or information submitted in this permit application regarding the requirements of the Background of Applicant Criteria, or to obtain any additional documentation or information which the State Board or Agency finds pertinent to this subsection.

Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Schrieber', written in a cursive style.

Jason Schrieber

October 28, 2010

Illinois Health Facilities Planning Board
525 West Jefferson St., Second Floor
Springfield IL 62761

RE: Transitional Care Center of Arlington Heights

I authorize the Illinois Health Facilities Planning Board and the Illinois Department of Public Health to obtain access to information in order to verify any documentation or information submitted in this permit application regarding the requirements of the Background of Applicant Criteria, or to obtain any additional documentation or information which the State Board or Agency finds pertinent to this subsection.

Thank you.

Sincerely,



Brian Clock

The applicant does not currently operate licensed facilities. However, the applicant has significant experience in doing so, as evidence by the following.

a. **Executive Bios**

1. **Brian Cloch, Chief Executive Officer:** Brian is a career healthcare operator and developer. Brian is responsible for the overall strategic vision of the company and oversees all operational aspects of the company including the establishment of strategic partner relationships and development of clinical programs.
 - a. 26 years experience owning and operating skilled nursing and senior housing properties
 - b. As founder of a skilled nursing that operated as many ten facilities in IL, WI and OH:
 - i. Managed all phases of operations
 - ii. Created new clinical relationships with Hospitals, Physicians and Payers
 - iii. Implemented specific programs (such as a complex wound program) that met service needs of strategic partners
 - iv. Acquired long term care assets from Hospital partners (including not-for-profits Advocate in Illinois and Columbia St. Mary's in Wisconsin)
 - v. Significantly improved operations and census/payer mix at acquisitions (census at one property exceeded 100 Medicare/Managed Care Patients per day, while another topped 80 after starting with next to none)
 - vi. Founded state of the art rehab and therapy company and managed institutional pharmacy
 - c. As a founder of Pathway Senior Living, a developer and operator of assisted and independent living facilities:
 - i. Managed all phases of operations from pre-opening through stabilization
 - ii. Intimate in all aspects of design and development of 17 facilities
 - iii. Developed corporate infrastructure that enables the company to effectively manage 17 properties
 - d. Active and influential in Regulatory and Reimbursement matters
 - i. An architect of Illinois' successful supportive living program which has become the premiere affordable assisted living model in the country
 - ii. Past-President and founder of the Affordable Assisted Living Coalition
 - iii. Chairman of the Illinois Department of Professional Regulation Nursing Home Administrator licensing board
 - iv. Board member of Life Services Network and serves as President of the supportive living cabinet
 - v. Past member of Illinois' Medicaid Transition Team
 - vi. Government Relations Roundtable for Assisted Living Federation of America
2. **Jason Schreiber, President:** Jason is a career healthcare finance professional. Jason is responsible for all financial aspects of the company, including capital raising, investor and lender relations, financial reporting, capital planning, development and feasibility.
 - a. 13+ years experience in healthcare real estate transactions and investments
 - b. Completed over \$8B in financings, acquisitions and advisory assignments across full post-acute/senior housing spectrum (LTACH, Acute Rehab, SNF, ALF, IL, CCRC)
 - c. Most recently was one of initial leadership hires in Merrill Lynch Capital's Healthcare Real Estate business
 - i. Involved in all aspects of Healthcare Real Estate lending business since its inception in 2003 through its growth to over \$3B in assets

- ii. Expert in valuation, market assessment, loan structuring, due diligence and strategic planning for senior housing and healthcare assets
- d. Healthcare real estate finance related roles at various companies including:
 - i. Private equity backed owner/operator of skilled nursing facilities; responsible for acquisitions, financings and development of financial and operational strategies
 - ii. Ziegler Capital Markets: Healthcare investment banking boutique; responsible for financings (including tax exempt bonds and HUD 232) and advisory assignments, including extensive experience with workouts, restructurings, recapitalizations and divestitures
 - iii. Daiwa Securities: Wall street conduit lender; originated, underwrote, securitized and sold healthcare loans
 - iv. Health Care REIT: evaluated new investment opportunities including developments and acquisitions.

Attachment 12

Purpose of Project

1. Transitional Care Center of Arlington Heights is bringing skilled nursing facilities (SNFs) into a new realm in terms of:

- (1) Quality of care
- (2) Acuity and coordination with other components of the healthcare delivery continuum
- (3) Patient comfort, satisfaction and outcomes

2. The market area is planning area 7-A,, also known as the northern tier of Cook County Illinois.

3. Existing problems that exist that will be addressed by PP include:

Over the last 30 years a dramatic shift in the utilization of hospitals coupled with the aging of America has created growing demand for quality post-acute care.

- Since 1980 the average length of stay ("ALOS") in a hospital for those over the age of 65 decreased from 10.7 days to 5.5 days. As a result of the shortened stays, patients are being discharged more quickly and with more intense post-acute care needs. This trend will continue as cost containment efforts are refined.
- Approximately 35% of the rapidly growing age 65+ population are admitted to a hospital each year.

Year	1990	2010	2020
65+	30mm	40mm	54mm
Population			

- In 2009 SNF revenue for short-term stays (generally less than 30 days, paid for by insurers, managed care companies and Medicare) will exceed \$40B (28% of their total revenue). By 2018 expenditures on short-term SNF stays are projected to grow to \$60B (25%). Rehab Hospitals and Long Term Hospitals generate another \$15B in revenue as providers of post-acute.

4. Sources of information for above:

Centers for Medicare & Medicaid Services

5. Detail of how PP will address the above

TRANSITIONAL CARE CENTER focuses on high acuity patients treated in coordination with hospital and physician partners. The delivery of care across the acute and post-acute settings will be highly coordinated and generate positive outcomes at a lower cost.

- Care: specialized clinical pathways working within the healthcare continuum to properly manage care for each patient
- Physical plant: purpose-built, state-of-the-art transitional care centers that are differentiated from traditional skilled nursing facilities
- Licensed as skilled nursing but with quality and service mix unlike existing SNFs

TRANSITIONAL CARE CENTER's delivery model will offer seamless, high quality post-acute care to patients that also benefits strategic partners (who control referrals and reimbursements) including:

- Hospitals – seek positive outcomes while managing capacity and reimbursement
- Physicians – seek positive outcomes in a systematic manner enabling them to effectively manage and grow their practices
- Payers - motivated to provide positive outcomes in a cost effective manner

TRANSITIONAL CARE CENTER's role in the healthcare continuum will be that of a post-acute "relief-valve" for all of its strategic partners; TRANSITIONAL CARE CENTER provides high acuity care

- At a lower cost than other settings (such as hospitals, rehab hospitals, or long term acute care hospitals) and
- In a more coordinated manner, located in a physical plant far more desirable than the typical skilled nursing facility.

TRANSITIONAL CARE CENTER's role as the low-cost provider of high acuity post-acute services positions TRANSITIONAL CARE CENTER to capitalize on efforts to reform healthcare; whether reform measures result in bundling, a single post-acute reimbursement system, or a managed care model, TRANSITIONAL CARE CENTER will be poised for success.

While select traditional skilled nursing facilities currently serve patients that may approach the acuity levels TRANSITIONAL CARE CENTER contemplates, TRANSITIONAL CARE CENTER will have competitive advantages relative to the traditional nursing home, including:

1. TRANSITIONAL CARE CENTER's state of the art physical plants with a rehab focus versus the traditional model that is dated (semi-private rooms, no in-room showers, limited therapy space/equipment) and combines a mix of high acuity patients with long term indigent patients.
 2. TRANSITIONAL CARE CENTER's strategic partnerships with hospitals and physicians enable TRANSITIONAL CARE CENTER to admit patients with higher care needs than the traditional SNF while still generating positive outcomes.
 3. TRANSITIONAL CARE CENTER's high acuity focus does not require payers (Medicare, Managed Care, Private Insurance) to subsidize long term patients in the facility who are reimbursed by lesser payers.
6. Goals with measurable objectives and timeframes.

Serve 300 residents requiring skilled nursing and rehabilitative services and discharge to home by 2013.

Attachment 13

Alternatives

1. Do nothing

This alternative was rejected due to the absence of a facility providing transitional care to residents of Arlington Heights and surrounding communities.

1. Purchase existing facility

This alternative was rejected because there are no facilities currently offered for sale in Arlington Heights.

2. Expand an existing facility

This was rejected because the applicant does not currently own a facility in the market.

3. Purchase or lease a building to convert

This was rejected because there are no suitable buildings in existence in Arlington Heights, and conversion cost of those buildings that are available would be prohibitive. The property at 1200 N Arlington Heights Road is not suitable for the proposed use and will be demolished.

4. Construct a smaller facility

The size of the facility being proposed meets the needs of the area in the most cost efficient method possible. A facility of smaller size (eg 80 beds) still requires certain staff, such as an Administrator and a Director of Nursing, whose salaries would then be spread over fewer beds.

5. Construct a new facility

The final option, to construct a new facility, is the option chosen. The proposed skilled/assisted living facility will be a two-story building containing 71,600 gross square feet. The facility will contain all private private skilled nursing rooms. The total project will be constructed for \$22 million. The facility will be built specifically for the intended population requiring transitional care. A new, purpose built facility will allow Transitional Care Center to accomplish the following:

- deliver high quality transitional care in an efficient, coordinated manner;
- deliver high quality rehabilitative care outside of traditional settings significantly reduces the cost of care in comparison to an acute care medical/surgical or acute care rehabilitation stay;
- develop clinical pathways and have specialized staffing is especially beneficial to orthopedic groups that do a high volume of joint replacements.*

* In these relationships Transitional Care Center develops clinical pathways to address specific care needs specified by the physicians. These pathways result in cost effective care that is well coordinated and generates the best patient outcomes.

Attachment 14

Project Scope, Utilization, and Unfinished/Shell Space

Size of Project:

1. The physical space is necessary for delivering the program – 120 skilled nursing beds, nurses station, therapy room, clean and dirty linen rooms, shower rooms, etc.

The physical space is necessary to deliver the proposed transitional care program. First, the patients to be served will be high acuity and require substantial medical and rehabilitative services. Private rooms are required to deliver these services in their room, particularly to accommodate medical equipment and multiple staff at any given time. A large therapy gym is required to deliver one or more modalities to the large number of patients receiving services at any given time.

2. The gross square footage is in line with the BGSF standards in Appendix B.

SIZE OF PROJECT

DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
General Long-Term Care	596 BGSF/Bed	435-713 BGSF/Bed	N/A	Yes

Attachment 15

Project Scope, Utilization, and Unfinished/Shell Space

PROJECT SERVICES UTILIZATION:

The operating proforma model projects a starting occupancy of 36 beds in month 1, and the project's occupancy will ramp up at a rate of 5 beds per month until achieving stabilized occupancy of 96% or 115 beds in month 16.

The rationale behind this fill rate is as follows:

1. The bed need calculation prepared by HFSRB for planning area 7-A identifies a need for 891 beds by 2015.
2. A local physician group estimate that they will refer 650 patients per year to the facility.

UTILIZATION

	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
YEAR 1	General Long-Term Care	Occupancy	75%	90%	NO
YEAR 2	General Long-Term Care	Occupancy	96%	90%	YES

Attachment 28

General Long Term Care:

1110.1730(b)(1) Formula Calculation

The project proposes 120 beds. The project site is in Arlington Heights, Illinois in the northern tier of Cook County, which is known as planning area 7-A. As of the 2008 Inventory of LTC Facilities, this planning area has the following need/(surplus):

886 bed need

As of the September 28, 2010 update to the Inventory, the need/(surplus) calculations show the following:

891 bed need

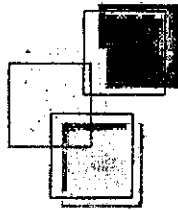
1110.1730(b)(2) Service to Planning Area Residents

- A) The primary purpose of the project is to provide necessary health care to residents in planning area 7-A, also known as the northern tier of Cook County, Illinois.
- B) As indicated in the physician referral letter in the following section, in excess of 50% of project patient volume will be from residents of the area.

1110.1730(b)(3) Establishment of Long Term Care

- B) Projected referrals from physicians are attached.
- C) The projected demand for service is based on the bed need calculation in the 2008 Inventory of LTC Facilities and Services and Need Determinations pages A-103 and A-104 and its September 28, 2010 update (attached).

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Christian A. Daniels, MD
Stuart S. Ferber, MD
Noreen K. Galanter, MD
Ronnie G. Ghuneim, MD
Michael E. Glickman, MD
Irina C. Goldvekh, DO

Michael J. Hersh, MD
Richard A. Higgins, MD
Gabriel Kibrit, MD
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Heidi Wehlus, MD
Regina L. Williams, PA-C

www.affinitydocs.com

December 27, 2010

Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam:

On behalf of the physicians in our group, I am writing this letter in support of the proposed *Transitional Care Center of Arlington Heights* application to construct and operate a 120-bed skilled nursing facility in Cook County, Illinois.

Our physicians serve Arlington Heights and surrounding communities, and we are familiar with the growing population of this area and the corresponding need to ensure quality health care for a growing population of residents.

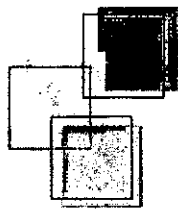
We anticipate that Transitional Care Center of Arlington Heights will become a crucial discharge destination for Affinity Health Care, and we look forward to the increased access to high quality post-acute care that will be provided as a result of the proposed project. Furthermore, we are confident that Transitional Care Center of Arlington Heights will provide a valuable service to the community members of the area.

Our group served 1145 patients who have received care at existing skilled nursing facilities in the past year. This data was obtained through the review of billing data extracted from the group's practice management system. Within a 24-month period after project completion, our physicians could refer 650 patients to the Transitional Care Center of Arlington Heights for skilled nursing and rehabilitation services.

Sincerely,

Michael Hartke
CEO
Affinity Health Care





C. David Bakken, MD
 Stephanie A. Bartels, MD
 Aaron I. Benson, MD
 Kelly M. Caruso, PA-C
 David S. Charman, MD
 Mark J. Charman, MD
 Monika M. Cohen, MD
 Christian A. Daniels, MD
 Stuart S. Ferber, MD
 Noreen K. Galanter, MD
 Romie G. Ghuneim, MD
 Michael E. Glickman, MD
 Irina C. Goldvekt, DO

Michael J. Hersh, MD
 Richard A. Higgins, MD
 Gabriel Kibrit, MD
 Robert J. Kapicka, MD
 Philip J. Kiley, MD
 Nancy V. Koch, MD
 Katherine A. Kotcherian, MD
 Carl R. Lang, MD
 Gregory J. Lindsay, MD
 Wendi G. Marcus, MD
 Jules A Marks, DO
 Gary N. Meyers, MD
 Susan E. Nelson, MD

Maria L. Savitt, MD
 Myenna T. Sayre, PA-C
 Andreas Seidler, MD
 Fernando J. Soler, MD
 Mark A. Stefaniuk, MD
 John P. Rosanova, DO
 Morry L. Rotenberg, MD
 Nigel N. Walters, MD
 Heidi Wehlus, MD
 Regina L. Williams, PA-C

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December 27, 2010

Illinois Health Facilities and Services Review Board
 525 West Jefferson Street, Second Floor
 Springfield, IL 62761

To Whom It May Concern:

The prospective resident referrals used in this application have not been used to support another pending or approved CON application for general long-term care services.

Sincerely,

Michael Hartke
 CEO
 Affinity Health Care



INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS
General Long-Term Care Nursing Care and Sheltered Care Categories of Service

Planning Area: Planning Area 7-A

Facility Name	City	County/Area	General Nursing Care		Sheltered Care	
			Beds	2005 Patient Days	Beds	2005 Patient Days
ADDOLORATA VILLA	WHEELING	Wheeling Township	98	33,291	43	8,727
ALDEN ESTATES OF BARRINGTON	BARRINGTON	Barrington Township	150	41,191	0	0
Formerly "Regency Place of Barrington", "Regents Park of Barrington", "Governor's Park Nursing Center" and "IHS Chicago at Governors Park."						
8/7/2006 Name change						
ALDEN-POPLAR CREEK REHAB & CARE	HOFFMAN ESTATES	Schaumburg Township	217	62,415	0	0
BRIGHTON GARDENS	PROSPECT HGTS	Wheeling Township	30	8,614	128	31,025
CHURCH CREEK	ARLINGTON HTS	Wheeling Township	120	18,202	0	0
CHURCH STREET STATION SKILLED NURSING(PER	HANOVER PARK	Hanover Township	150		0	
10/24/2006 06-048		Permit issued to establish a facility with 237 Nursing Care beds.				
6/12/2007 06-048		Project 06-048 altered to reduce the approved number of nursing care beds from 237 to 150.				
CLARE OAKS(PERMIT)	BARTLETT	Hanover Township	120		33	
8/5/2005 05-002		Permit issued to construct a facility with 120 nursing care beds and 33 sheltered care beds.				
FRIENDSHIP VILLAGE SCHAUMBURG	SCHAUMBURG	Schaumburg Township	250	81,234	0	0
CREEK AMERICAN REHAB & CARE CENTER	WHEELING	Wheeling Township	204	60,345	0	0
2/1/2007 Name Change		Name changed from Greek American Rehab and Nursing.				
LEXINGTON HEALTH CARE - WHEELING	WHEELING	Wheeling Township	223	58,880	0	0
1/10/2007 Bed Change		Added 2 nursing care beds; facility now has 223 nursing care beds.				
LEXINGTON OF SCHAUMBURG	SCHAUMBURG	Schaumburg Township	224	73,033	0	0
LEXINGTON OF STREAMWOOD	STREAMWOOD	Hanover Township	224	62,548	0	0
LUTHERAN HOME FOR AGED	ARLINGTON HTS	Elk Grove Township	322	114,230	70	25,198
MANOR CARE - ARLINGTON HEIGHTS	ARLINGTON HTS	Wheeling Township	151	51,249	0	0
MANOR CARE - ELK GROVE VILLAGE	ELK GROVE VILLG	Elk Grove Township	190	62,238	0	0
MANOR CARE - ROLLING MEADOWS	ROLLING MEADOWS	Palatine Township	155	44,156	0	0
ROSEWOOD CARE CENTER INVERNESS	INVERNESS	Palatine Township	142	36,906	0	0
ST. JOSEPH'S HOME FOR ELDERLY	PALATINE	Palatine Township	60	17,898	7	3,640
7/25/2005 Bed Change		Added 9 nursing care beds and discontinued 9 sheltered care beds. Bed totals are now 60 nursing care and 7 sheltered care.				
THE MOORINGS HEALTH CENTER	ARLINGTON HTS	Wheeling Township	116	29,617	67	14,942
12/20/2005 Bed Change		Discontinued 4 nursing care beds; facility now has 116 nursing care and 67 sheltered care beds.				
THE PLUM GROVE OF PALATINE	PALATINE	Palatine Township	69	17,657	0	0

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS
General Long-Term Care Nursing Care and Sheltered Care Categories of Service

Planning Area: Planning Area 7-A

Facility Name	City	County/Area	General Nursing Care				Sheltered Care	
			2005 Patient Days	Beds	2005 Patient Days	Beds	2005 Patient Days	Beds
Health Service Area: 007			3,215	873,704	348	83,532		
AGE GROUPS	2005 HSA Estimated Population	2005 HSA Minimum Use Rates	2005 HSA Maximum Use Rates	2005 HSA Minimum Use Rates	2005 HSA Maximum Use Rates			
0-64 Years Old	2,914,200	415.0	1,106.7	415.0	1,106.7			
65-74 Years Old	212,300	2,970.4	7,921.1	2,970.4	7,921.1			
75+ Years Old	222,400	14,369.8	38,319.4	14,369.8	38,319.4			
2005 PSA Estimated Populations	2005 HSA Minimum Use Rates	2005 HSA Maximum Use Rates	2005 PSA Use Rates (Per 1,000)	2015 PSA Projected Populations	2015 PSA Planned Patient Days	Planned Bed Need (90% Occ.)	Beds Needed	
0-64 Years Old	515,800	415.0	94.6	544,300	225,901	4,101	886	
65-74 Years Old	38,900	2,970.4	2,370.5	64,800	192,483			
75+ Years Old	32,900	14,369.8	22,270.3	41,700	928,670			
2005 PSA Patient Days	2005 PSA Use Rates (Per 1,000)	2005 HSA Planned Use Rates	2015 PSA Planned Use Rates	Planning Area Totals	Planning Area Totals	3,690.6	4,101	
48,798	94.6	415.0	22,270.3	1,347,055	1,347,055			
92,214	2,370.5	2,970.4	22,270.3					
732,692	22,270.3	14,369.8	22,270.3					

LONG-TERM CARE FACILITY UPDATES

03/19/2008 - 09/27/2010

PLANNING AREA	ACTION	EFFECTIVE DATE	FACILITY	DESCRIPTION
Health Service Area 007				
Planning Area 7-A	Bed Change	07/10/2007	CHURCH CREEK, ARLINGTON HTS	Discontinued two nursing care beds, total now 118 nursing care beds.
	Bed Change	12/19/2007	CHURCH CREEK, ARLINGTON HTS	Discontinued 62 nursing care beds, total now 56 nursing care beds.
	Name Change	12/20/2007	MANORCARE OF ROLLING MEADOWS, ROLLING MEADOWS	Name changed from Manor Care - Rolling Meadows.
	Bed Change	12/31/2007	LEXINGTON OF SCHAUMBURG, SCHAUMBURG	Discontinued ten nursing care beds, total now 214 nursing care beds.
P-05-002		06/02/2008	ASSISI HCC AT CLARE OAKS, BARTLETT	New facility licensed 120 nursing care beds.
	Bed Change	06/03/2008	LEXINGTON OF STREAMWOOD, STREAMWOOD	Received permission to decrease number of nursing care beds from 224 to 214.
	Bed Change	06/03/2008	LEXINGTON HEALTH CARE-WHEELING, WHEELING	Received permission to decrease beds from 223 to 215.
CHOW		12/18/2008	MANORCARE OF ARLINGTON HEIGHTS, ARLINGTON HTS	Change of ownership occurred.
	Name Change	12/18/2008	MANORCARE OF ARLINGTON HEIGHTS, ARLINGTON HTS	Name changed from Manor Care - Arlington Heights.
P-08-064		01/27/2009	ASBURY HEALTHCARE, DES PLAINES	Permit issued to establish a 75 bed nursing care facility.
CHOW		06/10/2009	HARBOR HOUSE, WHEELING	Change of ownership occurred.
	Name Change	06/10/2009	HARBOR HOUSE, WHEELING	Name changed from New Perspective-Wheeling.
CHOW		08/05/2009	PLUM GROVE NURSING & REHAB CTR, PALATINE	Change of ownership occurred.
	Name Change	08/05/2009	PLUM GROVE NURSING & REHAB CTR, PALATINE	Name changed from Plum Grove of Palatine, The.
	Bed Change	04/01/2010	LUTHERAN HOME FOR AGED, ARLINGTON HTS	Added 12 nursing care beds and discontinued 12 sheltered care beds, total now 334 nursing care beds and 58 sheltered care beds.
CHOW		06/01/2010	EMERITUS AT PROSPECT HEIGHTS, PROSPECT HGTS	Change of ownership occurred.
	Name Change	06/01/2010	EMERITUS AT PROSPECT HEIGHTS, PROSPECT HGTS	Name changed from Brighton Gardens.
Planning Area 7-B	Name Change	11/02/2007	SKOKIE MEADOWS NURSING CTR. II, SKOKIE	Name changed from Skokie Meadows II.
	Name Change	12/20/2007	MANORCARE OF WILMETTE, WILMETTE	Name changed from Manor Care - Wilmette.
	Name Change	05/16/2008	LIEBERMAN CENTER FOR HLTH & RE, SKOKIE	Name changed from Lieberman Geriatric Hlth. Ctr.
	Name Change	05/21/2008	REGENCY REHABILITATION CENTER, NILES	Name changed from Regency Healthcare & Rehab Ctr.
	Name Change	06/20/2008	NILES NRSG & REHAB CENTER, NILES	Name changed from Hampton Plaza Nsg & Rehab Ctr.
	Name Change	10/08/2008	ALDEN ESTATES OF SKOKIE, SKOKIE	Name changed from Manor Care - Skokie.
	Name Change	12/11/2008	GROVE NORTH LIVING & REHAB CTR, SKOKIE	Name changed from Village Nursing Home.
CHOW		01/01/2009	ROSEWOOD CARE CTR-NORTHBROOK, NORTHBROOK	Change of ownership occurred.
CHOW		01/08/2009	ALDEN ESTATES OF SKOKIE, SKOKIE	Change of ownership occurred.
	Name Change	01/09/2009	ALDEN ESTATES OF SKOKIE, SKOKIE	Name changed from Manor Care of Skokie.
P-07-136		02/27/2009	EVANSTON HOSPITAL, EVANSTON	Project completed to discontinue 32 bed nursing care unit.
	Bed Change	03/05/2009	COVENANT HEALTH CARE CENTER, NORTHBROOK	Discontinued 64 sheltered care beds, total now 102 nursing care beds.
CHOW		03/06/2009	NILES NRSG & REHAB CENTER, NILES	Change of ownership occurred.
	Bed Change	04/13/2009	WESTMINSTER PLACE, EVANSTON	Discontinued six nursing care beds, total now 204 nursing care beds and 51 sheltered care beds.
	Bed Change	11/06/2009	ALDEN ESTATES OF EVANSTON, EVANSTON	Added ten nursing care beds and discontinued ten sheltered care beds, total now 52 nursing care beds and 47 sheltered care beds.
	Bed Change	05/01/2010	HOLY FAMILY NSG. & REHAB CTR., DES PLAINES	Discontinued four nursing care beds, total now 247 nursing care beds.
	Bed Change	05/01/2010	HOLY FAMILY NSG. & REHAB CTR., DES PLAINES	Added four nursing care beds, total now 251 nursing care beds.
	Name Change	06/07/2010	VI AT THE GLEN, GLENVIEW	Name changed from Classic Residence Care Center.

LONG-TERM CARE BED INVENTORY UPDATES

03/19/2008 - 09/27/2010

LONG-TERM CARE GENERAL NURSING BED NEED

PLANNING AREA	CALCULATED BED NEED	APPROVED BEDS	ADDITIONAL BEDS NEEDED OR EXCESS BEDS ()
Perry	215	210	5
Randolph	550	492	58
Richland	333	309	24
Union	347	293	54
Washington	169	263	(94)
Wayne	133	169	(36)
White	337	355	(18)
Williamson	574	563	11
HEALTH SERVICE AREA 006			
Planning Area 6-A	5,766	7,290	(1,524)
Planning Area 6-B	4,283	4,210	73
Planning Area 6-C	4,706	5,039	(333)
HEALTH SERVICE AREA 007			
Planning Area 7-A	4,101	3,210	891
Planning Area 7-B	6,896	7,105	(209)
Planning Area 7-C	6,626	5,988	638
Planning Area 7-D	2,342	2,888	(546)
Planning Area 7-E	9,242	8,958	284
HEALTH SERVICE AREA 008			
Kane	2,948	2,910	38
Lake	4,884	4,811	73
McHenry	1,344	1,028	316
HEALTH SERVICE AREA 009			
Grundy	239	265	(26)
Kankakee	1,259	1,368	(109)
Kendall	213	185	28
Will	3,055	2,810	245
HEALTH SERVICE AREA 010			
Henry	428	518	(90)
Mercer	182	172	10
Rock Island	1,259	1,308	(49)
HEALTH SERVICE AREA 011			
Clinton	402	407	(5)
Madison	2,073	2,216	(143)
Monroe	447	324	123
St. Clair	2,187	2,294	(107)

LONG-TERM CARE ICF/DD 16 BED NEED

PLANNING AREA	CALCULATED BED NEED	APPROVED BEDS	ADDITIONAL BEDS NEEDED OR EXCESS BEDS ()
HSA 1	257	360	(103)
HSA 2	265	333	(68)
HSA 3	228	383	(155)
HSA 4	319	334	(15)
HSA 5	253	703	(450)
HSA 6,7,8 & 9	3,316	1,121	2,195
HSA 10	84	40	44
HSA 11	222	384	(162)

1110.1730(b)(5) Planning Area Need – Service Accessibility

The 120 beds established as part of the project are necessary for improving access to a particular type of patient requiring transitional care following a hospital stay. This service is not currently offered in the planning area. See the project scope attachment 14 for more information.

MARKET FEASIBILITY ANALYSIS

- Licensed Nursing Care

INTERIM DRAFT

DRAFT

Prepared For:

Transitional Care
Arlington Heights, Illinois

Prepared By:

Revere Healthcare, Ltd.
Cary, Illinois

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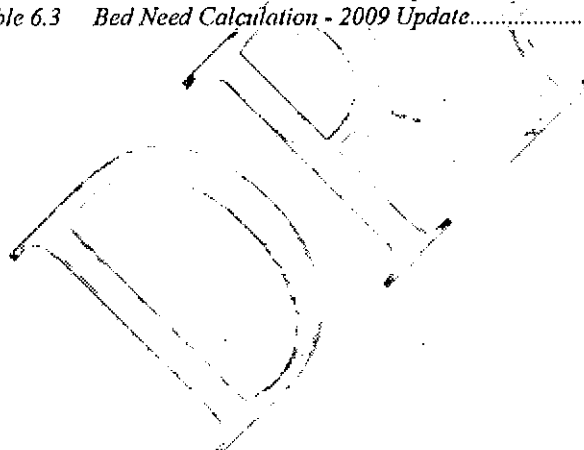
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I. EXECUTIVE SUMMARY

Transitional Care (the Client or Sponsor) has engaged Revere Healthcare, Ltd., to conduct a market feasibility analysis for licensed nursing care services in the community of Arlington Heights, Illinois. Demographic and utilization trends advocate further exploration of programs designed to meet the unique housing and health care needs of the mature adult population. Based on the information contained in this report, Revere identifies a need in 2010 with the following:

- A total demand for 182-beds in the Planning Area for older adults requiring licensed nursing care.

For a project opening in 2015, Revere identifies a need for the following:

- A total demand for 903-beds in the Planning Area for older adults requiring licensed nursing care. Sufficient need exists to support the client's proposed project of a 120-bed development targeting older adults requiring licensed nursing care.

Summary of Key Indicators

- The service area for The Primary market area is based on the HSA (Health Service Area) that the project's site is in, HSA 7 which is made up of suburban Cook County and Dupage County. Planning Area 7-A is a sub-division of the suburban Cook County portion of the HSA and is based on Townships in the County. HSA Planning Area 7-A encompasses the following townships of Cook County: Barrington Township, Palatine Township, Wheeling Township, Hanover Township, Schaumburg Township, and Elk Grove Township.
- The age screen for the proposed project was set at age 65+ for the licensed nursing care population. This population is growing significantly in the market area. The number of 65+ individuals (62,823 in 2000) has increased an estimated 10.1% (69,193 total in 2010) and is projected to increase another 13.4% (78,459 total individuals) by 2015.

- In the Primary Market Area, there are nineteen competitive facilities with licensed nursing care beds (2,973 beds, 82% average occupancy).
- Using the State's published Bed Need Calculation updated for 2009 for the Suburban Cook County Planning Area (7-A), the projections indicate that a surplus of 538 beds exists in 2005 in the Planning Area and bed need is projected to increase to 903 beds by 2015.

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II. INTRODUCTION

Revere Healthcare, Ltd. is pleased to submit this market feasibility analysis regarding the need for senior housing and care services in Arlington Heights, Illinois. The market feasibility plan is determined by characterizing a few key areas:

- The current number of age-, income-, and disability-qualified adults in a defined geographic area relative to the number of units/homes available.
- The inventory of competitive units in the area.

Objectives

The primary objectives of this market analysis were to determine the following:

- Supply, future need, and demand for licensed nursing care in the service area of the Sponsor.
- Strength of market activity in the mature adult housing and geriatric nursing care market, at the present and in the near future, for determining and maximizing a product package.

Criteria and Scope

The scope of this report is defined in Phase 1 in the Approach and Methodology section of the agreement. In summary, the scope of this study is described below:

- A definition of the project's service area (Service Area Definition).
- A demographic analysis of primary market (Demographic).
- An analysis of facilities offering comparable services (Competitive).
- An analysis of market area demand for the proposed service(s) (Demand).

RISKS

This report must be read thoroughly in order to gain insight into the methodology and concepts used in forming our conclusions and recommendations. The analyses contain estimates of future events and trends based upon our market research, industry experience, and interaction with the Sponsor and other authorities in both the state and the nation. The conclusions and recommendations included in this report assume future developments in the economy, local real estate market, and the mature adult housing and health care industry. The viability of the proposed project depends on the timing and probability of a complex series of events both internal and external to the enterprise. Accordingly, we do not guarantee either the attainability of our recommendations or the viability of the proposed project.

Assumptions and Limitations

In order to make valid recommendations and conclusions, it is necessary to make certain assumptions about economic, political, and social forces that lie outside the control of the project coordinators and consultants. Several basic assumptions exist that pertain specifically to this study. First, the concept, planning, execution, and management of the proposed development will incorporate the features necessary to create a substantial impact in the service area. Second, neither the service area, the geographic region, nor the nation as a whole will suffer any long-term or major economic decline or catastrophe during the period under consideration. Finally, this study assumes that population growth, demand for health care services, reimbursement for these services, and other related factors in the market area will perform at or above the rate predicted.

Market Risk

There is a possibility the project will not be accepted by the marketplace. Management of any risk begins with this strategic plan, which incorporates demographic, competitive, and demand analyses. However, Revere Healthcare does not recommend proceeding with the proposed project until the Sponsor conducts all appropriate consumer research, explores facility design and composition options, and analyzes several operating pro forma scenarios. These actions will further minimize market risk.

Managing Project Risk

The project risks must be carefully assessed and managed. The currently known risks are not excessive or unusual; however, risks should be specifically addressed and contingency plans should be prepared, documented, and practiced as part of the development management plan.

INDUSTRY ANALYSIS

Nursing Care Facilities

Admissions to nursing facilities are by order of a physician. Nursing homes, as either free-standing facilities or as distinct wings, provide a living arrangement that integrates shelter with medical, nursing, psychological, and rehabilitative services for persons who require 24-hour supervision. Meals, utilities, housekeeping, laundry, and a social/activities program are all included in the fee.

States may classify nursing home beds as either skilled or intermediate care. Skilled Nursing Facilities (SNFs) are primarily for patients who require intensive nursing care; e.g., convalescence from a hospital stay. SNFs are state licensed and may be certified to participate in Medicare and/or Medicaid programs. Intermediate Care Facilities (ICF) are intended for patients whose needs are more custodial in nature. ICFs are also licensed by the state and may participate only in the Medicaid program. Medicare does not cover ICF services. SNFs generally provide a higher level of nursing care and a higher staff-to-patient ratio than ICFs. In addition to Medicare and Medicaid, nursing homes may also receive payment through third-party insurance and private cash payments.

CLIENT PROJECT DESCRIPTION

Client's Proposed Facility

The client is planning a short-term skilled rehabilitation skilled nursing facility offering post-acute rehabilitation services for patients with high rehabilitation and complex care needs, focusing primarily on high acuity patients. The facility won't have a long term care component. This differs from the typical skilled nursing facilities which mix long-term care as well as short-term rehabilitation care and multiple levels of patient acuity. Because the client will focus on high acuity short-term stay patients the payers will be Medicare, managed care and private insurance, no typical long-term care Medicaid patients.

The planned facility will be a short term skilled rehabilitation facility with 100 units. Rooms will be private with full bathrooms including showers. This differs from a typically skilled nursing unit which usually have shared rooms and shared bathrooms and the bathrooms usually have only a toilet with sink and mirror. Additionally skilled nursing facilities typically have shared showers and bathing facilities. Rooms will also have amenities like state-of-the-art patient monitoring systems, and flat screen televisions. The facility will have a hotel-like design, and conveniences designed for patients with significant rehabilitation needs and will include amenities like common area

lounges with computers, wireless internet, flat screen televisions, library, and high quality dining facilities. For rehabilitation therapy the facility will have therapy spaces in high visibility locations with State-of-the-art therapy and rehabilitation equipment, an Inpatient therapy room (approximately 3,000 sq feet), and an Outpatient therapy room (approximately 1,500 sq feet). There will be specialized programs in orthopedics, wound care, cardiac rehab.

The client facility will offer a care level between a rehabilitation hospital and a traditional skilled nursing facility. A highly integrated continuum of care will be developed for treating patients with coordination between hospitals and physician partners.

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III. SERVICE AREA DEFINITION

METHODOLOGY

Traditionally, the service area for licensed nursing care has been typically within a 20- to 30-mile radius of a rural or suburban location and within a 5-mile radius of an urban or dense suburban location. The area is usually limited by natural and cultural boundaries. The service area can be divided into primary and secondary market areas.

Depending on the location of a proposed facility, the primary market area may extend beyond the above guidelines. In addition, natural and cultural barriers may diminish or even eliminate what might have normally been defined as a secondary market area. Therefore, a market is defined through analysis of the above characteristics and verified through interviews with local planning officials.

MARKET DEFINITION

Primary Market Area

For the purpose of this study, the target market for licensed nursing care will be represented by age- and income-qualified individuals residing in the area depicted in Figure 3.1.

Project Draw

Revere has set the primary market area (PMA) as the region from which 70 percent of the project's market will originate. The region from which the remaining 30 percent of the prospective residents will most likely be drawn is referred to as the secondary market area (SMA).

For planning purposes, Revere estimates that 30% of residents will come from beyond the boundaries of the service area.

Service Area

The service area for licensed nursing care is the area within the boundaries illustrated on the map in Figure 3.1, which is in Health Service Area (HSA) 7, Planning Area 7-A. For planning purposes, Revere has set the area within these boundaries as the primary market area for the project for the following reasons:

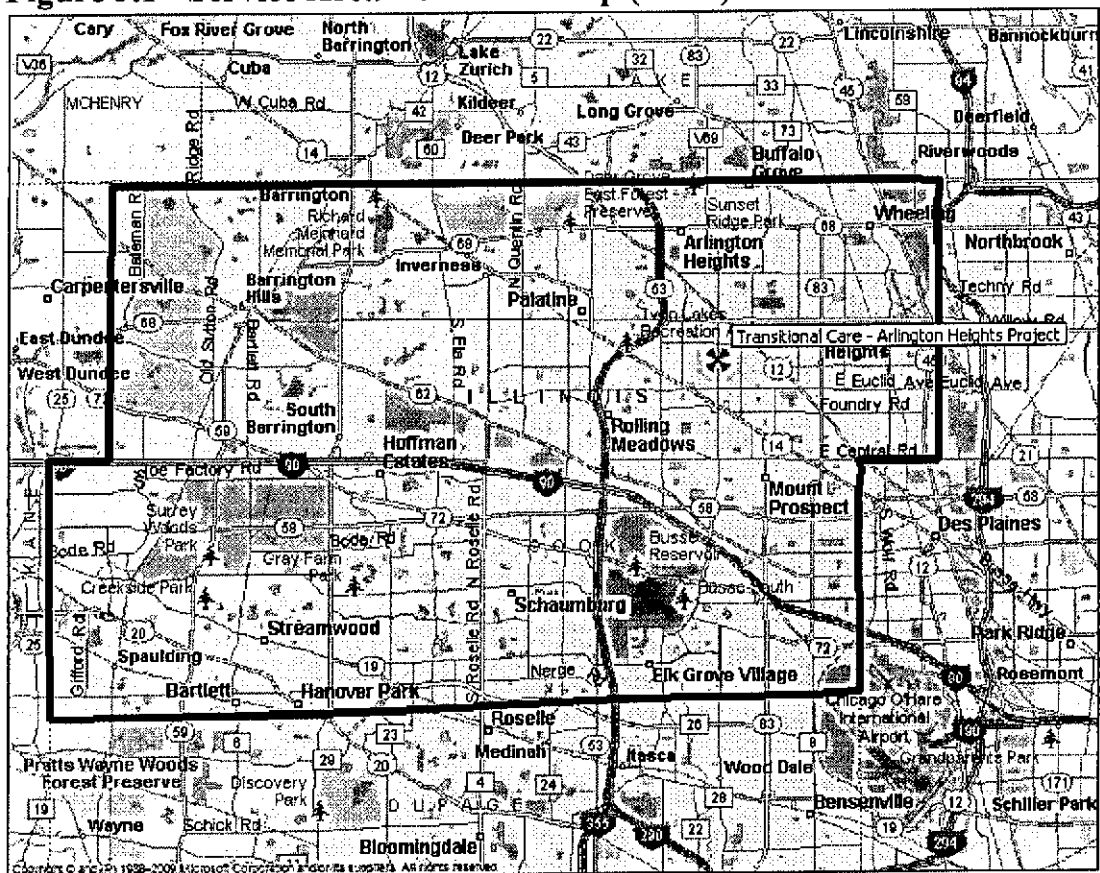
- Political boundaries; specifically, Arlington Heights and the proposed project's site are located at the northwestern corner of Cook County. The primary market area is bordered by four counties in Illinois: Lake County to the Northeast, McHenry to the Northwest, Kane to the East and Dupage to the South. The service area for The Primary market area is based on the HSA (Health Service Area) that the project's site is in, HSA 7 which is made up of suburban Cook County and Dupage County. Planning Area 7-A is a sub-division of the suburban Cook County portion of the HSA and is based on Townships in the County. HSA Planning Area 7-A encompasses the following townships of Cook County: Barrington Township, Palatine Township, Wheeling Township, Hanover Township, Schaumburg Township, and Elk Grove Township.
- Geographical boundaries; in this case, there are no distinct geographical boundaries however beyond the primary market area to the West is the Fox River and to the East is the Des Plaines River.
- Drive times for most individuals living within the service area would be 30 minutes or less.
- Accessibility from Interstate Highways 90, 290, and 294, U.S. Highways 45, 12, 14, 20 and IL Routes 83, 53, 68, 58, 72, 62, 19, and 59. Other smaller roads traverse the service area. Additionally, a major public airport (O'Hare Airport) is located approximately nine miles to the southeast of the proposed site.

Parts or all of the following Illinois communities make up this area: Arlington Heights, Wheeling, Buffalo Grove, Prospect Heights, Mount Prospect, Rolling Meadows, Elk Grove Village, Schaumburg, Streamwood, Bartlett, Hanover Park, Elgin, Hoffman Estates, Barrington, Barrington Hills, South Barrington, Inverness and Palatine.

Maps

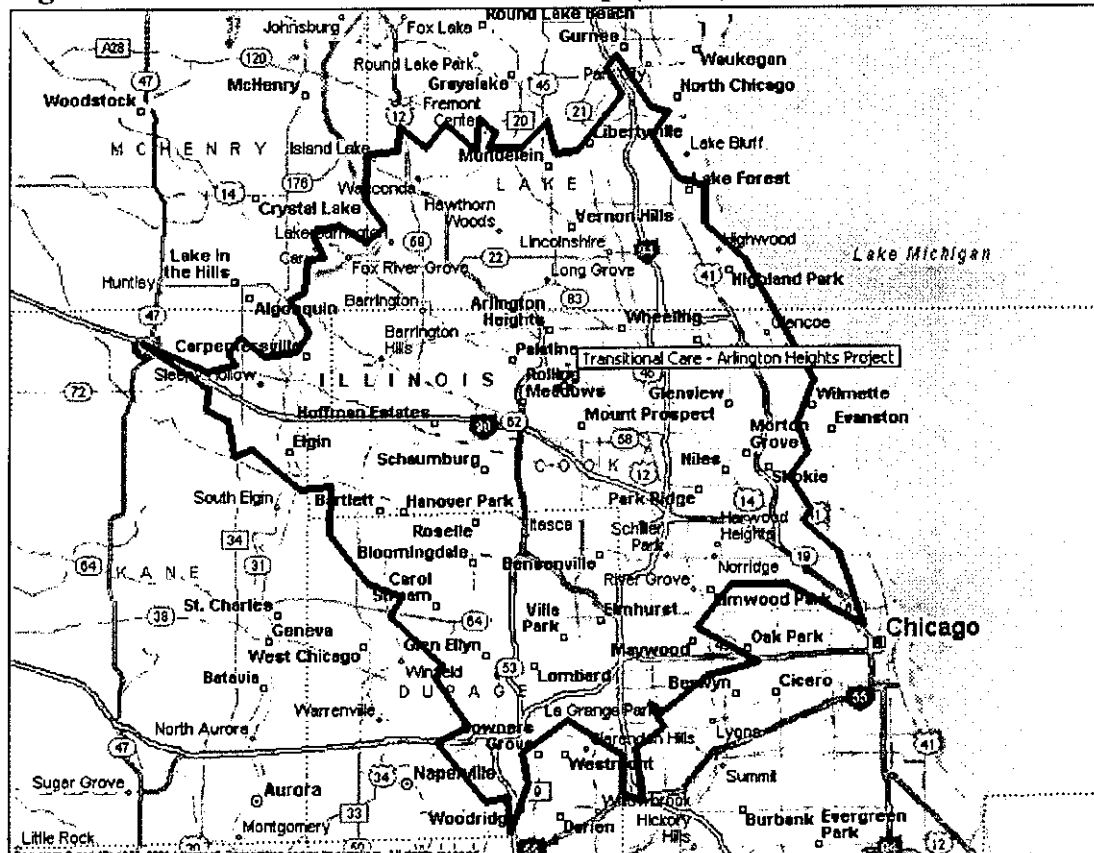
Figures 3.1 and 3.2 illustrate the boundaries of the primary and secondary service areas.

Figure 3.1 Service Area Definition Map (PMA)

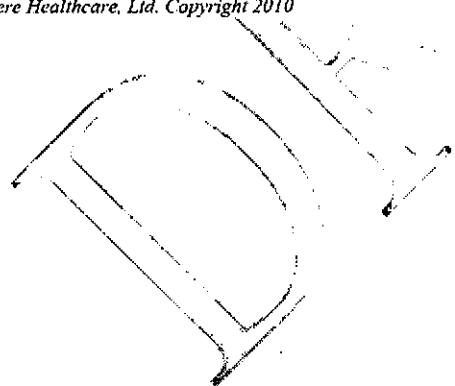


Revere Healthcare, Ltd. Copyright 2010

Figure 3.2 Service Area Definition Map (SMA): 30-Minute Drive Time



Revere Healthcare, Ltd. Copyright 2010



IV. DEMOGRAPHIC STUDY

METHODOLOGY

Demographic information was obtained using the services of Claritas, Inc. The information is based on the based on the 2000 census, which is projected by Claritas for 2010 and 2015. Revere Healthcare analyzed and interpreted this information for the demographic study.

The following section of the market feasibility will analyze historical economic and demographic growth trends in the market area. The data included in this section are useful indicators of the potential strengths and weaknesses in key target markets for assisted living and licensed nursing care.

NATIONAL DEMOGRAPHICS

- This country's already significant 55+ population is expected to continue to grow over the next several years and then, after 2010, surge as the baby-boom generation born between 1942 and 1964 begins to hit retirement age. The U.S. census expects today's senior population of approximately 35 million to jump to nearly 40 million this year and then rocket to close to 70 million by 2030.
- During this time, the 85-and-over population will be growing faster than the 65-84 age group, and it is estimated that by 2050 approximately 25% of the senior population will be 85 or older; the percentage of seniors 85 or older today is approximately 14%. The following trends discussed below will be crucial in shaping the housing choices of this population.

Living Longer with Spouses – Women will continue to make up a disproportionate share of the senior population, but recent trends indicate that men are closing the longevity gap. Because the presence of a spouse is critical to the ability of seniors to remain at home, this should mean less demand for assisted living communities and nursing homes than would otherwise be expected.

Higher Education Levels – Higher levels of education among seniors are likely to mean more demand for high-quality healthcare and other support services, as well as a stronger demand to live independently.

Longer Work Life – Improved health and policy changes that increase the incentive to continue working make it both possible and likely that seniors will be increasingly active in the labor force.

Greater Financial Resources – Due to social security and the expansion of private pension funds and other retirement accounts (IRA's, 401k's, etc.), there is good reason to believe that tomorrow's seniors will have a somewhat stronger buying power despite the current economic climate.

Fewer Children to Support – The availability of children to help provide care plays an important role in the choice of living arrangements for seniors. While today's seniors tend to have larger families, baby-boomers have smaller families, meaning that shared housing – a senior living with an adult child – is likely to become less common. The lack of children living nearby should also boost demand for alternatives like active adult communities and assisted living.

Sources: Current year projections are provided by Claritas, Inc. Historical data and future projections are from the US Census Bureau except where otherwise noted. Housing trends by the Joint Center for Housing Studies at Harvard University.

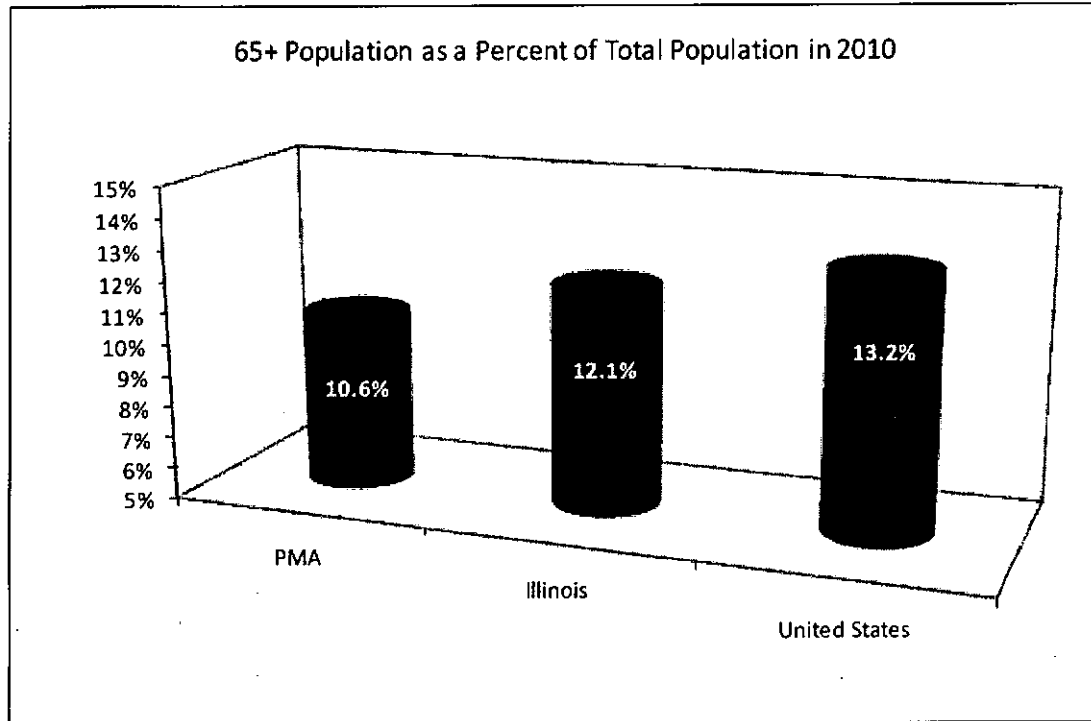
MARKET CHARACTERISTICS

The market can be analyzed by identifiable traits or characteristics. Typical market characteristics include population and income distribution.

Population Distribution

- As highlighted in table 4.1 and figure 4.1 (below), the market is considered “young” with individuals age 65 and over representing an estimated 10.6% of the total population in 2010. Nationally, the 65+ age group represents over an estimated 12.1% of the total population. An old market has more 65+ households relative to young families for example.

Figure 4.1 Comparison: 65+ as a Percent of Population



Source: Claritas, Inc.

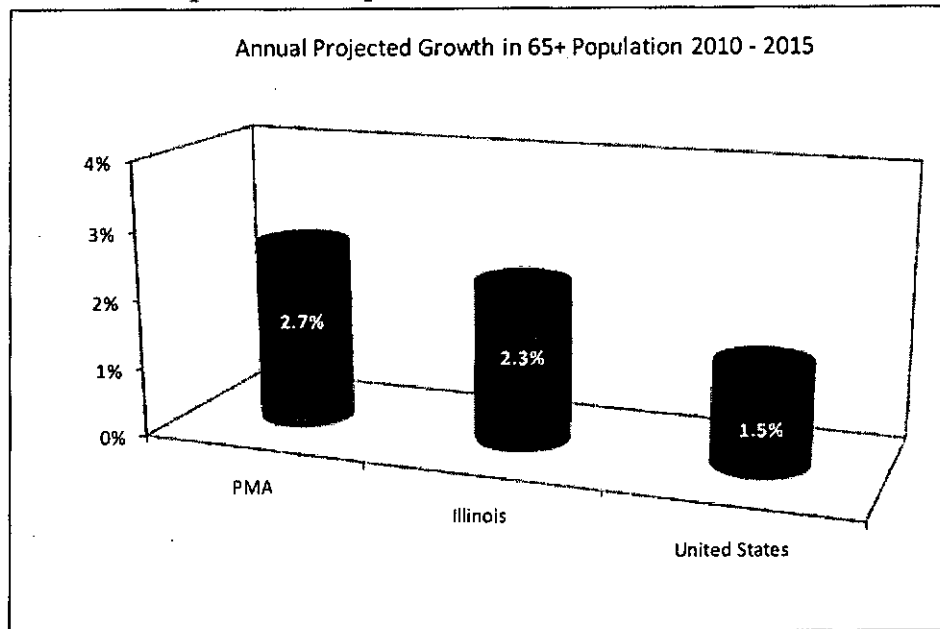
The strength of a market area is most accurately measured by growth trends. For the licensed nursing care population, the target market will be individuals age 65 years or more. This population is growing significantly in the market area. The number of 65+ individuals (62,823 in 2000) has increased an estimated 10.1% (69,193 total in 2010) and is projected to increase another 13.4% (78,459 total individuals) by 2015.

The percentage of adult children in the target market (individuals between the age of 55 and 64) is also experiencing significant growth in the service area. The number of 55-64 individuals (52,603 in 2000) has increased an estimated 35.0% (70,999 total in 2010) and is projected to increase another 10.9% (78,713 total individuals) by 2015 (an approximately 49.6% increase over the 2000 census). Adult children can influence seniors residing outside of the primary market area to move.

Table 4.1 Population Distribution by Age Group 55+

Age Group	2000	2010	% Change	2015	% Change
55-64	52,603	70,999	35.0%	78,713	10.9%
65-74	34,547	39,298	13.8%	46,922	19.4%
75-84	21,080	20,380	-3.3%	21,466	5.3%
85+	7,196	9,515	32.2%	10,071	5.8%
55-74 Population	87,150	110,297	26.6%	125,635	13.9%
65+ Population	62,823	69,193	10.1%	78,459	13.4%
75+ Population	28,276	29,895	5.7%	31,537	5.5%
Total Population	592,815	585,287	-1.3%	579,881	-0.9%
Active (55-74) % of Population	14.7%	18.8%		21.7%	
Older (65+) % of Population	10.6%	11.8%		13.5%	
Elderly (75+) % of Population	4.8%	5.1%		5.4%	

Source: Claritas, Inc.

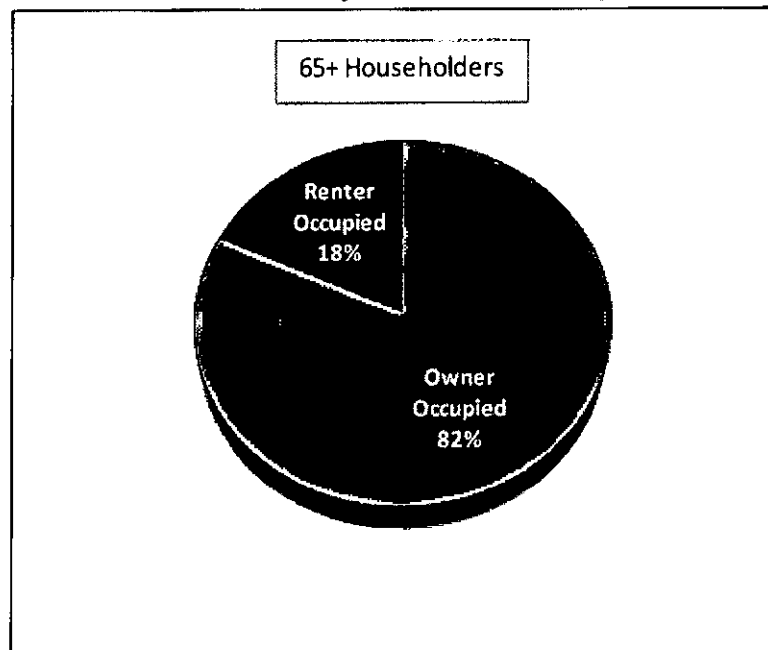
Figure 4.2 Comparison: Population Growth Age 65+

Source: Claritas, Inc.

As seen in Figure 4.2, growth in the target market for nursing care is projected to be above the state and nation.

Households by Tenure

Of 39,908 households with a householder age 65 years or more (licensed nursing care population), 82% own and 18% rent. The percentage of owners in the market area is greater than the national average of 78% and the percentage of renters in the market area is less than the national average of 22% renters. The ratio of renters to owners can influence the types of pricing options offered. Figure 4.3 illustrates household tenure by age group for the population age 65+.

Figure 4.3 Household Tenure by Householder Age 65+

Source: Claritas, Inc.

Income Distribution

Income distribution is an indicator of the economic wellbeing of a market.

- For the nursing care population (householders age 65+) the median household income for the primary market area (PMA) is estimated to be \$43,138 in 2010 which is also above the state and national averages. For 2015, this age population is estimated to have a median household income of \$47,572, which remains above both the state and national projections.

The following tables illustrate the median income (table 4.2), median income by age group (table 4.3), and comparisons of the regional, state, and national averages (figures 4.4 through 4.6).

Table 4.2 Median Household Income (All Households)

Household Income	2000	2010	% Change	2015	% Change
Less than \$15,000	13,242	10,548	-20.3%	9,864	-6.5%
\$15,000-\$34,999	36,212	27,394	-24.4%	25,101	-8.4%
\$35,000-\$74,999	87,824	75,287	-14.3%	70,568	-6.3%
\$75,000-\$99,999	68,496	80,526	17.6%	81,324	1.0%
\$100,000-\$499,999	49,120	68,290	39.0%	74,192	8.6%
\$500,000 and over	1,397	2,279	63.1%	2,877	26.2%
Total	256,291	264,324	3.1%	263,926	-0.2%
Average Household Income	\$ 76,696	\$ 92,506	20.6%	\$ 98,474	6.5%
Median Household Income	\$ 63,170	\$ 73,366	16.1%	\$ 77,547	5.7%
Per Capita HH Income	\$ 29,192	\$ 35,010	19.9%	\$ 37,279	6.5%

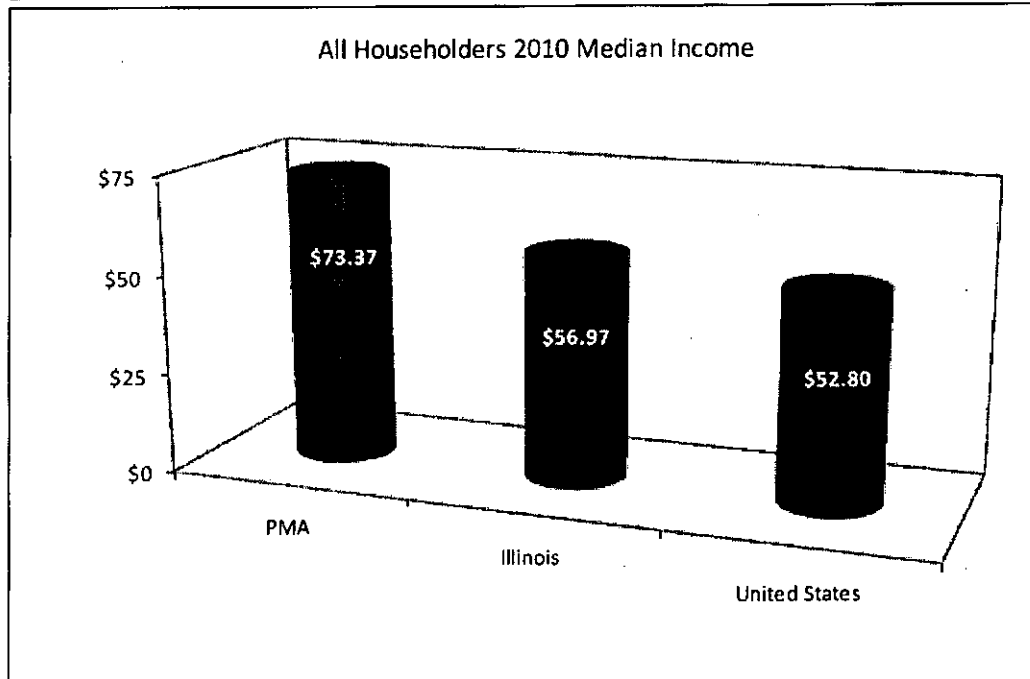
Source: Claritas, Inc.

Table 4.3 Median Household Income by Age Group (55+ Households)

Age Group	2000	2010	% Change	2015	% Change
55-64	\$ 71,492	\$ 82,411	15.3%	\$ 88,165	7.0%
65-74	\$ 42,936	\$ 50,624	17.9%	\$ 54,932	8.5%
75-84	\$ 28,319	\$ 35,334	22.6%	\$ 38,924	10.2%
85+	\$ 23,368	\$ 28,478	19.3%	\$ 31,018	8.9%
55-74 Population	\$ 59,349	\$ 70,815	18.3%	\$ 75,510	6.6%
65+ Population	\$ 36,089	\$ 43,138	19.5%	\$ 47,572	10.3%
75+ Population	\$ 27,785	\$ 33,432	20.3%	\$ 36,712	9.8%
Total Population	\$ 63,170	\$ 73,366	16.1%	\$ 77,547	5.7%

Source: Claritas, Inc.

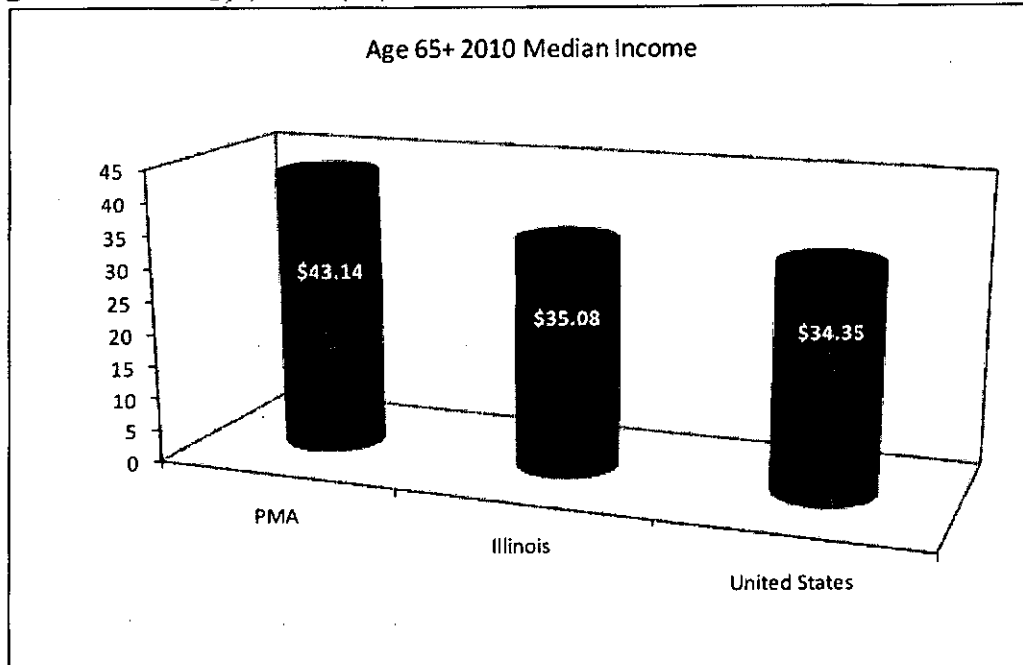
Figure 4.4 Comparison: Median Income All Households



Source: Claritas, Inc.

In Thousands

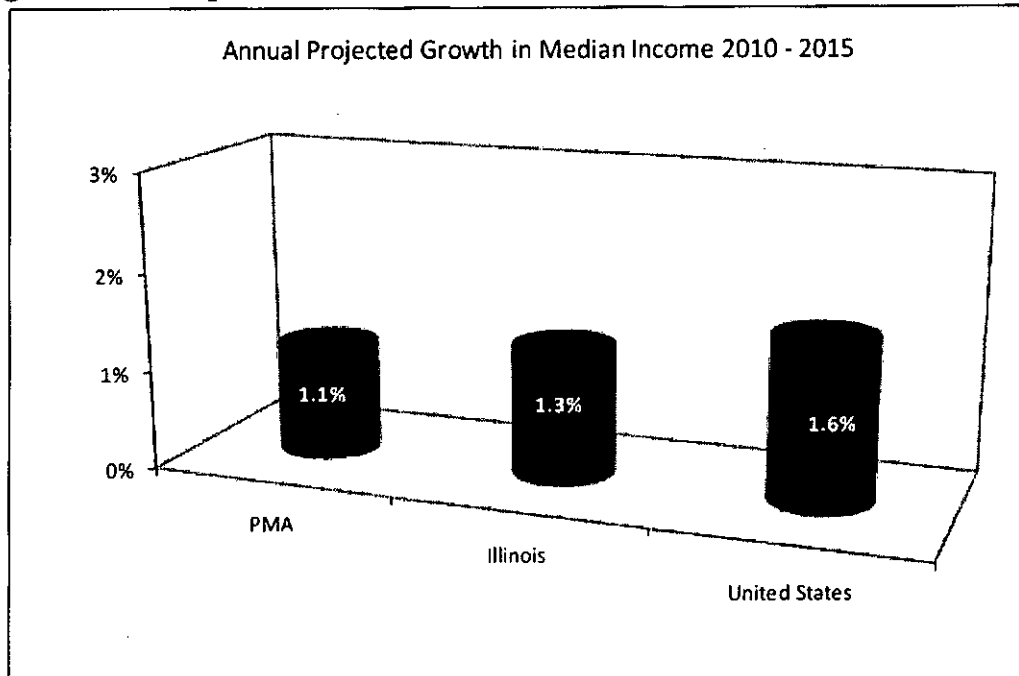
Figure 4.5 Comparison: Median Income Households Age 65+



Source: Claritas, Inc.

In Thousands

Figure 4.6 Comparison: Growth in Median Income for All Ages



Source: Claritas, Inc.

In Thousands

Housing Values

Housing values are both an indicator of the economic wellbeing of a market and a factor in determining entrance fees. The median housing value for the PMA is estimated to be \$255,172 in 2010, which is well above both the state and national averages.

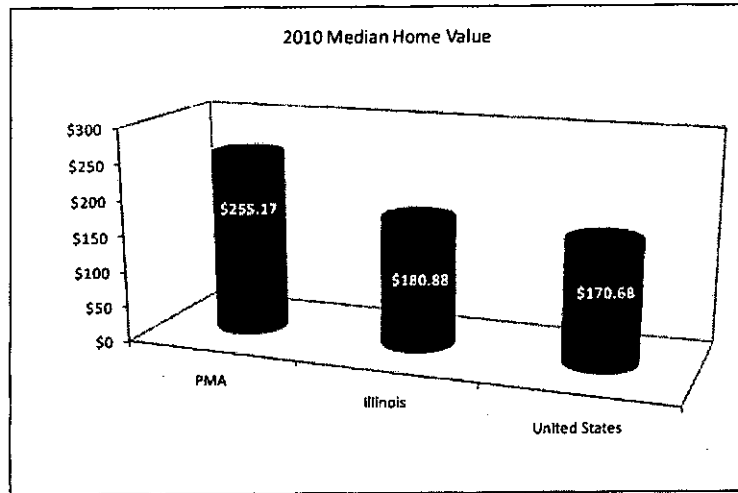
Table 4.4 Median Housing Values (All Households)

Housing Value	2000	2010	% Change	2015	% Change
Less than \$60,000	4,004	2,521	-37.0%	2,345	-7.0%
\$60,000-\$99,999	15,005	3,351	-77.7%	2,352	-29.8%
\$100,000-\$199,999	82,549	46,490	-43.7%	37,553	-19.2%
\$200,000-\$299,999	43,710	59,693	36.6%	55,916	-6.3%
\$300,000-\$400,000	13,638	30,977	127.1%	33,506	8.2%
\$400,000-\$500,000	4,036	12,567	211.4%	17,203	36.9%
\$500,000+	4,478	14,994	234.8%	19,793	32.0%
Total Units	167,420	170,593	1.9%	168,668	-1.1%
Median Housing Value	\$ 179,890	\$ 255,172	41.8%	\$ 275,262	7.9%

Source: Claritas, Inc.

The affordability ratio of median house price to median household income is 3.48 for the PMA, which is considered to be in the 'marginally affordable' category. Marginally Affordable is defined as 3.0 to 3.9.

Figure 4.7 Comparison: Median Housing Values (All Households)



Source: Claritas, Inc.

In Thousands

V. COMPETITION STUDY

METHODOLOGY

An analysis of the older adult housing market in the primary market area provides the Sponsor and consultant with specific data on the supply and availability of competitive facilities. This section of the report analyzes the overall service area through a summary of the licensed nursing care facilities available to the population of Arlington Heights, Illinois, and surrounding communities.

The purpose of the study was to locate all existing and planned facilities in the targeted market area, to identify the greatest competition to the proposed project, and to compare specific areas of operations and services. This summary represents Revere's best effort to identify all competitors, existing and potential, to the proposed project; however, facilities in the planning stages are difficult to identify and may not be reflected here.

Our survey of the competitive facilities identified nineteen nursing competitors directly inside the primary market area. At present, there is one facility currently being built (The Claremont) and one facility that has an approved application for new nursing beds (Asbury Health Services) in the PMA. We have identified several comparable facilities in the primary market area. Our evaluation and the elements involved in establishing our conclusions are detailed below.

Revere visited comparable licensed nursing care communities in the primary market area. At no time were competitors aware that Revere was gathering information for the proposed project. Revere obtained information on the following comparative categories:

- Locations
- Number and type of units
- Occupancy levels
- Rates and payment structures
- Services and amenities

Sources

There are several sources of information on competitive facilities and alternative services. Revere used the following sources in conducting this analysis:

- Illinois Department of Public Health (IDPH) website (<http://www.idph.state.il.us>)
- The National Investment Center for the Seniors Housing & Care Industry (NIC MAP) website (<http://www.nicmap.org>)
- Medicare Compare - <http://www.medicare.gov>
- Independent research conducted by Revere Healthcare, Ltd.

CLIENT FACILITY – PROJECT DESCRIPTION

Please see the Introduction section of this report for a summary of the Client's proposed facility under Client Project Description.

SUMMARY OF COMPETITIVE FACILITIES

Licensed Nursing Care

Within the primary market area, there are nineteen nursing facilities. For its market research, Revere visited four nursing homes in Arlington Heights, all of which are considered competitive due to the distance from the proposed site and/or comparable care. Those four facilities have a combined total of 645 nursing beds, which had a combined average occupancy of 85 percent of licensed beds.

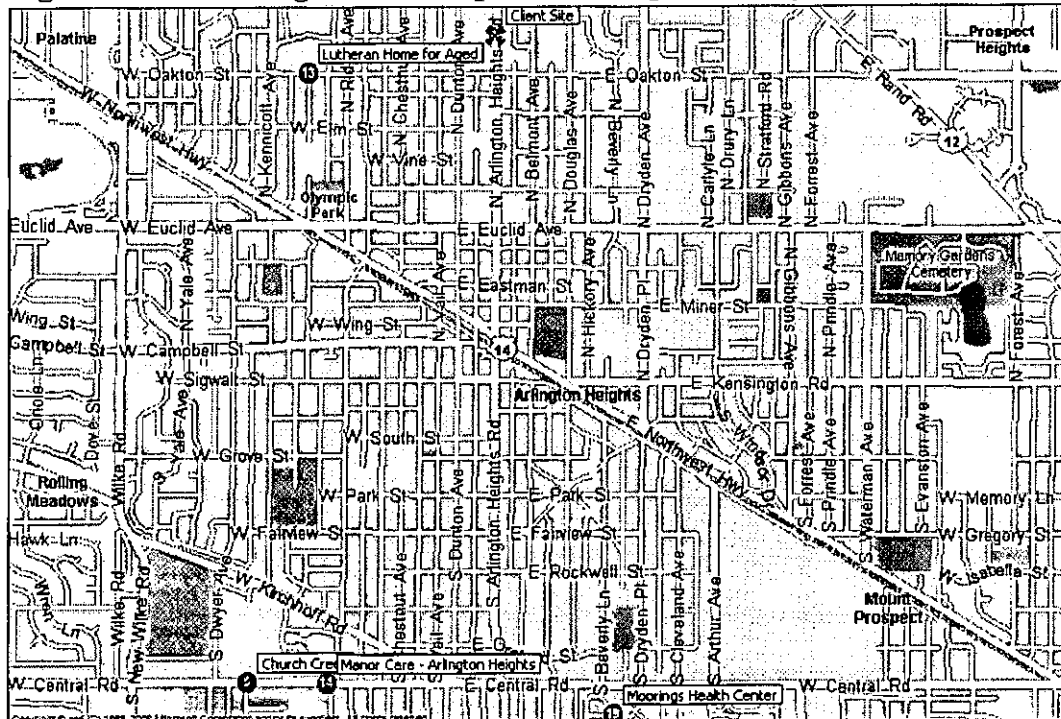
In the Planning Area 7-A there are nineteen nursing facilities. There is also one facility that is currently being built but has not yet opened, The Claremont (Church Street Station). Additionally, there is another facility that has been approved but not yet constructed, Asbury Health Services at Asbury Retirement Community. Those twenty-one facilities have a combined total of 3,198 nursing beds, which had a combined average occupancy of 76 percent of licensed beds. However, if The Claremont and Asbury Health Services are removed from the facilities list the remaining nineteen facilities have a combined total of 2,973 nursing beds, with a combined average occupancy of 82 percent of licensed beds.

Table 5.1 illustrates the facilities in the primary market area.

Table 5.1 Competitive Nursing Facilities – Primary Market Area

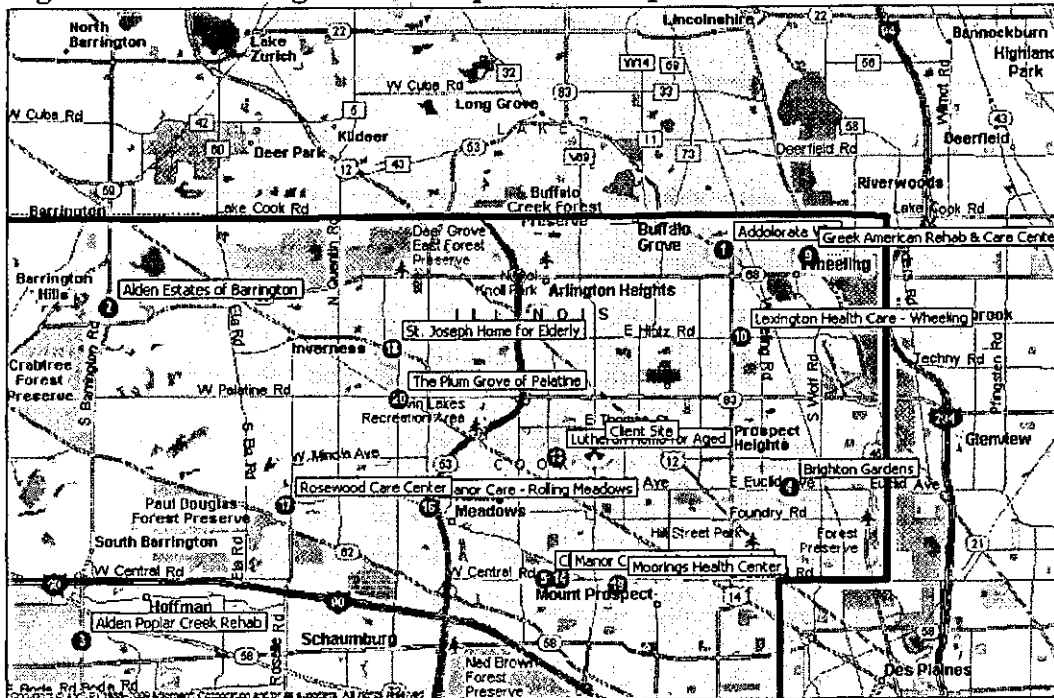
	Facility Name	Address	City	State	Zip	Beds	2009 Occupancy
1	Addolorata Villa	555 McHenry Rd.	Wheeling	IL	60090	98	91.9%
2	Alden Estates of Barrington	1420 S Barrington Rd	Barrington	IL	60010	150	79.5%
3	Alden -Poplar Creek Rehab	1545 Barrington Rd.	Hoffman Estates	IL	60194	217	77.2%
4	Brighton Gardens	700 East Euclid Ave.	Prospect Heights	IL	60070	30	63.9%
5	Church Creek	1250 W. Central Rd.	Arlington Heights	IL	60005	56	73.9%
6	Church Street Station (Claremont)	2000 W. Lake St.	Hanover Park	IL	60133	150	NA
7	Clare Oaks	825 Carillon Dr	Bartlett	IL	60103	120	49.5%
8	Friendship Village Schaumburg	350 W. Schaumburg Rd.	Schaumburg	IL	60194	250	88.5%
9	Greek American Rehab & Care Center	220 N. First St.	Wheeling	IL	60090	204	80.2%
10	Lexington Health Care - Wheeling	730 W. Hintz Rd.	Wheeling	IL	60148	215	84.7%
11	Lexington of Schaumburg	675 S. Roselle Rd.	Schaumburg	IL	60193	214	87.6%
12	Lexington of Streamwood	815 E. Irving Park Rd.	Streamwood	IL	60107	214	80.1%
13	Lutheran Home for Aged	800 W. Oakton St.	Arlington Heights	IL	60004	322	94.5%
14	Manor Care - Arlington Heights	715 W. Central Rd.	Arlington Heights	IL	60005	151	81.4%
15	Manor Care - Elk Grove Village	1920 Nerge Rd.	Elk Grove Village	IL	60007	190	92.1%
16	Manor Care - Rolling Meadows	4225 Kirchoff Rd.	Rolling Meadows	IL	60008	155	74.4%
17	Rosewood Care Center Inverness	1800 Colonial Parkwy	Inverness	IL	62226	142	60.8%
18	St. Joseph's Home for Elderly	80 W Northwest Highway	Palatine	IL	60067	60	91.5%
19	The Moorings Health Center	761 Old Barn Ln.	Arlington Heights	IL	60005	116	87.4%
20	The Plum Grove of Palatine	24 S. Plum Grove Rd.	Palatine	IL	60067	69	75.9%
21	Asbury Health Services	1750 Elmhurst Rd.	Des Plaines	IL	60018	75	NA
Market Totals						3198	76%
Market Totals - Existing Facilities Only						2973	82%

Figure 5.1 Nursing Care Competition Map – Arlington Heights



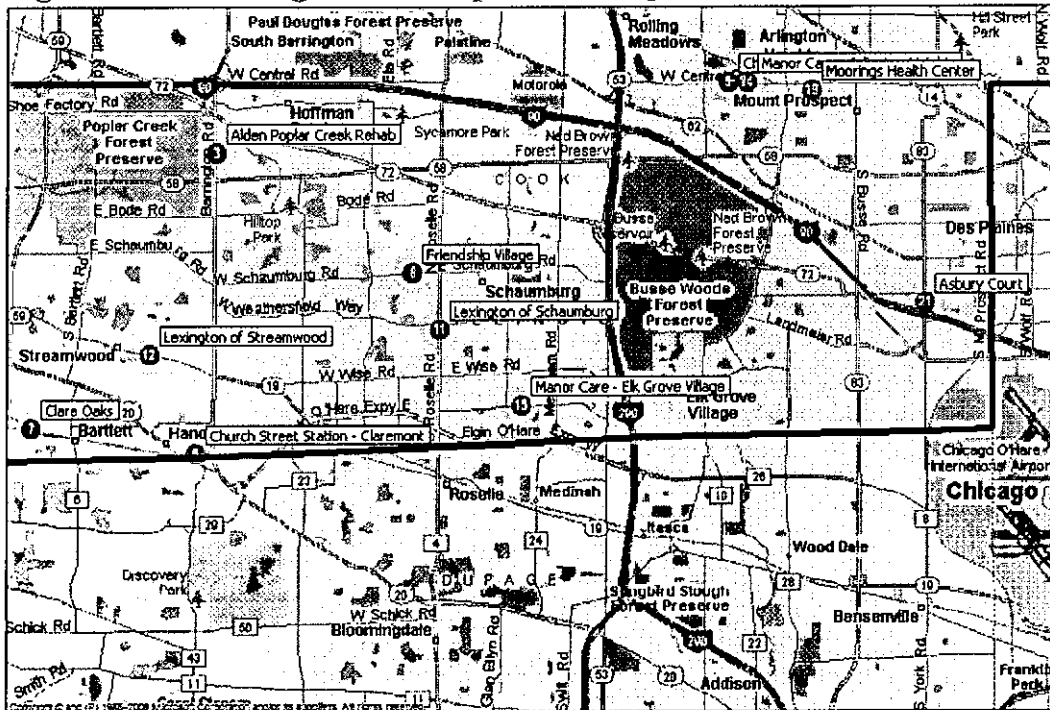
Revere Healthcare, Ltd. Copyright 2010

Figure 5.2 Nursing Care Competition Map – PMA North



Revere Healthcare, Ltd. Copyright 2010

Figure 5.3 Nursing Care Competition Map – PMA South



Revere Healthcare, Ltd. Copyright 2010

COMPETITION ASSESSMENT

Service area competitors in Arlington Heights were visited in person by a representative of Revere. The following facility profiles identify specific data about each facility.

Skilled Nursing Facility Profiles

The following facility profiles identify specific data about primary market facilities which are considered comparable to aspects of the project as proposed.

Church Creek
 1250 West Central Rd.
 Arlington Heights, IL 60005
 815-477-6400
www.sunriseseniorliving.com



Project Type: CCRC: IL, AL, ALZ, SNF
Year Built: 1986
Condition: Good
Remodeled: In the past 5 years
Management: Sunrise Senior
 (For-profit) Living

Entrance Fee: None
Date Visited: October 29, 2010

Resident Units Include:

- Shared bathroom
- Bed
- Chair
- Dresser
- Nightstand
- Emergency call system
- Rooms can be personalized
- Individual heating & cooling
- Television
- Satellite included
- Phone included (Local only)
- Other:

Campus Amenities:

- Chapel
- Facility van
- Alarmed doors
- Library
- Arts & Crafts studio
- Bistro coffee shop
- Beauty & barber salon
- Gift/Ice cream shop
- Other:

Enclosed courtyard; gardens
Located next door to Northwest
Community Hospital Wellness
Center and two blocks from
Northwest Community Hospital

Unit Type	# of Beds	Overall 2009 Occupancy	Private Pay Rates	
			Daily	Monthly
Semi-private	56	73.9%	\$235	\$7,148
Private			\$288	\$8,760
Totals	56	73.9%		

Medicare Star Rating: 2 Stars		Inspected: 7/22/2010		
Payor Mix (2009)	Private Pay	20.0%	Ins./Other	0.0%
	Medicare	80.0%	Medicaid	0.0%

Services Provided Include:

- 24 hour skilled nursing
- 3 meals daily
- Restaurant-style dining
- Housekeeping (daily)
- Hospice care
- Daily activities
- Activities transportation
- Laundry
- Special diets
- Scheduled transportation
- Other:

Family support services

Services available at additional cost:

- Physical therapy
- Occupational therapy
- Speech therapy
- Physician appointments
- Wound care program
- Joint replacement program
- Medical equipment
- Medical supplies
- Restorative therapy
- Beauty & barber
- Other:
- Lab work/X-ray
- Medication
- Pet therapy
- Guest meals
- Short term stays

Comments:

Church Creek is a CCRC community with two main buildings: an independent living building and an assisted living/dementia care/nursing building. The second building was entirely skilled nursing (120 beds) until 2007 when the first floor was converted into assisted living and dementia care beds and 58 skilled beds were discontinued. Church Creek Skilled Nursing Neighborhood is highly focused on rehabilitation and has no Medicaid residents, which likely accounts for its lower average 2009 occupancy. However, on October 29th of this year only one semi-private unit was available (98% occupancy), and the facility was 80% occupied on the date of the last state inspection (see above). The building is aged but has been remodeled and compares well.

Church Creek Rehab Description

Church Creek's skilled nursing neighborhood focuses on rehabilitation care and so will be competitive to the sponsor's project. The Skilled Nursing Neighborhood serves seniors who require post-hospital and post-surgical care and those who require complex nursing care. Church Creek offers physical, occupational and speech therapy as well as having a wound care program and a joint replacement program.

There are two rehabilitation areas, an activities of daily living area with a kitchen, bath and living area to provide rehabilitation for living in a home, and a rehabilitation room for physical therapy with specialized equipment for ultrasound, electric stimulation, geriatric exercise equipment, cognitive and perceptual retraining, swallowing evaluations and pain management. Rehabilitation care is provided one-on-one and is available seven days a week. Family members are allowed to accompany residents to therapy sessions as well. Other services include intravenous services, Alzheimer's care, psycho-social, restorative care, coordination of doctor and physician, pharmacy, care planning, health assessments, specialized dietary, and pet therapy.

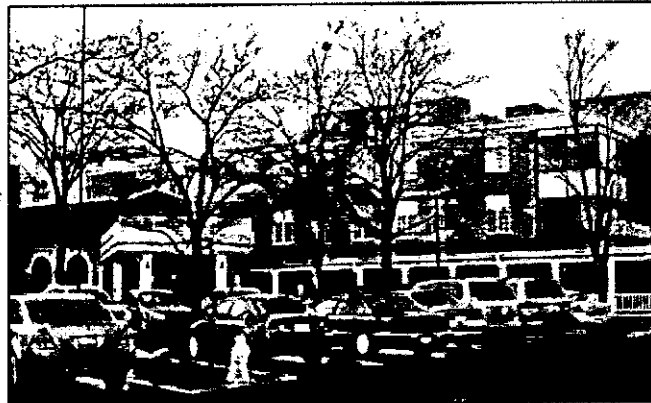
The rooms at Church Creek are mostly semi-private with private units typically being reserved for those who need to be isolated. The rooms include a shared bathroom with toilet and sink, bed, dresser and nightstand and a television. There are two community shower rooms, one with a whirlpool bath.

Church Creek offers comparable nursing care and services to the client's proposed facility but the client's facility would offer a superior private room accommodation and a newer building. Church Creek's Skilled Nursing Neighborhood is located in a building behind the main facility and is on the second floor of the building it is in providing a less desirable physical location. However, Church Creek is located just down the street from Northwest Community Hospital. Church Creek also has many campus amenities but they are scattered throughout the different buildings on campus.

Lutheran Home for Aged
 800 West Oakton St.
 Arlington Heights, IL 60004
 847-253-3710

www.lutheranlifecommunities.org/lutheran-home/

Project Type: CCRC: AA, IL, AL, ALZ, SNF
 Year Built: 1978
 Condition: Good
 Remodeled: In the last year
 Management: Lutheran Homes & Services (Non-profit)



Entrance Fee: Daily rate for 31 days (pre-payment deposit)
 Date Visited: October 29, 2010

Resident Units Include:

- Shared bathroom
- Bed
- Chair
- Dresser and wardrobe
- Nightstand
- Emergency call system
- Rooms can be personalized
- Individual heating & cooling
- Television
- Satellite included
- Phone available (local)
- Other: Bath- Sink in unit, shared bathroom between two units

Campus Amenities:

- Chapel (two)
- Facility van
- Alarmed doors
- Library
- Computer room
- Fitness Center
- Beauty & barber salon
- Convenience Store (with Starbucks)
- Other: Three enclosed courtyards
 Valet parking

Skilled Nursing		Overall 2009	Private Pay Rates	
Unit Type	# of Beds	Occupancy	Daily	Monthly
Intermediate	322	94.5%	\$282	\$8,578
Intermediate High			\$312	\$9,490
Skilled Nursing			\$374	\$11,376
Totals	322	94.5%		
Medicare Star Rating: 4 Stars		Inspected: 2/25/2010		
Payor Mix (2009)	Private Pay	50.2%	Ins./Other	1.6%
	Medicare	20.1%	Medicaid	28.1%

Services Provided Include:

- 24 hour skilled nursing
- 3 meals daily
- Restaurant-style dining
- Housekeeping (daily)
- Pastoral care
- Daily activities
- Transportation
- Laundry
- Special diets
- Incontinence supplies
- Other: Internet

Services available at additional cost:

- Physical therapy
 - Occupational therapy
 - Speech therapy
 - Physician appointments
 - Wound care program
 - Outpatient rehabilitation
 - Medical equipment
 - Medical supplies
 - Restorative therapy
 - Beauty & barber
 - Other:
 - Hospice care
 - Medication
 - Massage therapy
 - Home health
 - Short term stays
- Adult day care
 Relocation & moving services
 Volunteer programs

Comments:

Lutheran Home was established 1892 on a 60 acre campus. The campus is effectively a CCRC with The Lutheran Home offering intermediate and skilled nursing and dementia care in the Healthcare Pavilion and assisted living apartments (Hearthstone). Lutheran home is affiliated with Luther Village, which is located on the same campus, and offers independent living apartments and active adult homes. Lutheran Home's average occupancy for 2009 was 94.5%. The facility was 82.9% occupied on the date of the last state inspection (see above). On October 29th of this year only one private unit was available in the rehabilitation unit, which occupies 3 wings on the second floor of the main facility and has 61 units (98% occupancy). The building is aged but has been well maintained and remodeled several times.

Lutheran Home Rehab Description

The Lutheran Home offers short-term rehabilitation and intermediate and long term skilled care in the nursing building. There are three neighborhoods in the skilled building, Households for those who require minimal assistance with personal care needs, Health Care with intermediate and skilled care and the Rehab area, and the Memory Support area with Crossroads for mild dementia and Pathways for moderate to advanced dementia. The short-term rehabilitation is in the Health Care skilled nursing neighborhood. The Rehab unit focuses on rehabilitation care and so will be competitive to the sponsor's project.

The rehabilitation unit serves seniors who require post-hospital and post-surgical care and those who require complex nursing care. Lutheran Home Rehab offers physical, occupational and speech therapy, massage therapy, as well as having programs for wound care, pain management, incontinence rehab, hip and knee replacement, sports injury, stroke, and arthritis. There are two rehabilitation areas, one on the first floor and one on the second floor. One therapy room has Nautilus equipment specially designed for seniors. Other services include coordination of doctor and physician, pharmacy, care planning, health assessments, and specialized dietary plans. Other campus services include Alzheimer's care, adult day services, in-home services, outpatient rehab, respite and hospice care.

The rooms at The Lutheran Home are all private units. The rooms include a sink in unit and a shared bathroom between two units with toilet and sink, bed, dresser and wardrobe, nightstand, chair, and a television. There are community shower rooms and bathrooms. The rooms are on the smaller side from what was seen in the market.

The Lutheran Home offers comparable nursing care and services to the client's proposed facility but the client's facility would offer a superior private room accommodation, superior facility layout and a newer building.

The Lutheran Home campus is older but is well maintained and compares well. Because the community is a CCRC it has a wealth of facilities and amenities and is a well laid out campus with the skilled nursing building as the central area for the skilled and assisted living buildings.

Manor Care - Arlington Heights
 715 West Central Rd.
 Arlington Heights, IL 60005
 847-392-2020
www.hcr-manorcare.com

Project Type: SNF
Year Built: 1969
Condition: Fair
Remodeled: In the past 5 years
Management: HCR ManorCare (For-profit)

Entrance Fee: None
Date Visited: October 29, 2010



Resident Units Include:

- Shared bathroom
- Bed
- Chair
- Dresser and wardrobe
- Nightstand
- Emergency call system
- Rooms can be personalized
- Individual heating & cooling
- Television
- Satellite included
- Phone available (local)
- Other:
 - Free local calls
 - Refrigerator in room

Campus Amenities:

- Chapel
- Facility van
- Alarmed doors
- Library
- Computer room
- Fitness Center
- Beauty & barber salon
- Gift shop
- Other:
 - Enclosed courtyard; gardens
 - Located across the street from Northwest Community Hospital

Skilled Nursing		Overall 2009	Private Pay Rates*	
Unit Type	# of Beds	Occupancy	Daily	Monthly
Semi-private	151	81.4%	\$228	\$6,935
Private			\$271	\$8,243
Totals		151	*Average daily rates 2009	
		Medicare Star Rating: 4 Stars	Inspected: 10/22/2009	
Payor Mix (2009)	Private Pay	14.3%	Ins./Other	13.4%
	Medicare	49.7%	Medicaid	22.6%

Services Provided Include:

- 24 hour skilled nursing
- 3 meals daily
- Restaurant-style dining
- Housekeeping (daily)
- Daily activities
- Activities transportation
- Laundry
- Special diets
- Internet
- Valet parking
- Other:
 - Free continental breakfast including guests

Services available at additional cost:

- Physical therapy
- Occupational therapy
- Speech therapy
- Physician appointments
- Wound care program
- Outpatient rehabilitation
- Medical equipment
- Medical supplies
- Restorative therapy
- Beauty & barber
- Other:
 - Joint replacement, Stroke therapy, Cardiac therapy, Orthopedic therapy
- Hospice care
- Medication
- Pet therapy
- Home health
- Short term stays

Comments:

Manor Care of Arlington Heights is two stories tall, the rehabilitation section of the building is four wings on a single story, and the long-term care section is on the second floor of the building at the back of the facility. Manor Care's average occupancy for 2009 was 84.2%. The facility was 82.8% occupied on the date of the last state inspection (see above). On October 29th of this year only one semi-private unit was available in the rehabilitation section of the facility. The building appears aged on the outside but has been remodeled extensively on the inside and compares well. There is limited parking and the lot is typically full which is why the facility offers valet parking.

Manor Care Rehab Description

ManorCare offers short-term rehabilitation and long term skilled care. The short-term rehabilitation skilled nursing neighborhood focuses on rehabilitation care and so will be competitive to the sponsor's project. The Nursing & Rehab Medbridge unit serves seniors who require post-hospital and post-surgical care and those who require complex nursing care. ManorCare offers physical, occupational and speech therapy as well as having programs for wound care, joint replacement, orthopedic, stroke recovery, and cardiac recovery.

There are two rehabilitation areas, an occupational therapy area to provide rehabilitation for living in a home as well as having a rehabilitation room for physical therapy with specialized equipment for ultrasound, electric stimulation, and geriatric exercise equipment. Other services include joint replacement therapy, complex IV services, Stroke rehabilitation, complex IV services, enteral nutrition, peritoneal dialysis, advanced wound care, pulmonary care, infection disease, Alzheimer's care, diabetes management, pain management, and respite care.

The rooms at ManorCare are mostly semi-private with some private units available. The rooms include a shared bathroom with toilet and sink, bed, dresser and nightstand, television and a refrigerator. There are also community shower rooms and bathrooms.

ManorCare offers comparable nursing care and services to the client's proposed facility but the client's facility would offer a superior private room accommodation, superior amenities and a newer building. ManorCare's Nursing & Rehab Medbridge unit is in a building that is 41 years old and shows it's age on the exterior. The interior has been extensively renovated yet is still not entirely comparable to a newer facility. The parking lot of the facility is limited and is typically full, detracting from ease of use. They do offer valet parking to alleviate any problems. The facility is located directly across the street from Northwest Community Hospital.

The Moorings Health Center
 761 Old Barn Lane
 Arlington Heights, IL 60005
 847-718-1182
www.presbyterianhomes.org

Project Type: CCRC: AA, IL, AL, ALZ, SNF
Year Built: 1986
Condition: Good
Remodeled: Recently
Management: Presbyterian Homes (Non-profit)

Security Deposit: 1 Month (refundable)
Entrance Fee: 2 months (pre-payment deposit)

Date Visited: October 29, 2010

Resident Units Include:

- Shared bathroom
- Bed
- Chair
- Dresser and wardrobe
- Nightstand
- Emergency call system
- Rooms can be personalized
- Individual heating & cooling
- Television
- Cable included
- Phone available (local)
- Other: Free local calls

Campus Amenities:

- Chapel
- Facility van
- Alarmed doors
- Library
- Computer room
- Fitness Center
- Beauty & barber salon
- Convenience store/deli
- Other: Enclosed courtyard; gardens
Gated entryway to the campus
Art studio/craft room
Coffee bar
Walking paths
Two ponds
Indoor pool



Skilled Nursing Unit Type	# of Beds	Overall 2009 Occupancy	Private Pay Rates	
			Daily	Monthly
Three-bed	116	87.4%	\$182	\$5,536
Semi-private			\$263-\$229	\$6,965-\$8,000
Private			\$354	\$10,768
Totals	116	87.4%		
Medicare Star Rating: 4 Stars Inspected: 5/27/2010				
Payor Mix (2009)	Private Pay	74.8%	Ins./Other	0.5%
	Medicare	20.7%	Medicaid	3.9%

Services Provided Include:

- 24 hour skilled nursing
- 3 meals daily
- Restaurant-style dining
- Housekeeping (daily)
- Pastoral care
- Daily activities
- Activities transportation
- Laundry
- Special diets
- Internet
- Other: Pet therapy

Services available at additional cost:

- Physical therapy
- Occupational therapy
- Speech therapy
- Physician appointments
- Incontinence supplies
- Medical equipment
- Hospice
- Medical supplies
- Restorative therapy
- Beauty & barber
- Other: Adult day care
Transportation services

Comments:

The Moorings of Arlington Heights is a CCRC community built on a 45 acre campus. The campus has three main buildings: an independent living building, a nursing building, and an assisted living/dementia care building (all of which are interconnected) as well as active adult duplexes. The skilled nursing building has two floors with long term care on the first floor and the rehabilitation unit on the second floor. The Health Care Center's average occupancy for 2009 was 87.4%. The facility was 75.3% occupied on the date of the last state inspection (see above) however that is based only on the 93 licensed Medicare beds. On October 29th of this year there was one private room available on the rehabilitation floor which has 25 units (96% occupancy). The buildings look new and well kept and the interior has been kept updated and modern looking and it compares well.

Moorings Rehab Description

The Moorings offers short-term rehabilitation and long term skilled care in the nursing building. The short-term rehabilitation skilled nursing neighborhood focuses on rehabilitation care and so will be competitive to the sponsor's project. The rehabilitation unit serves seniors who require post-hospital and post-surgical care and those who require complex nursing care. The Moorings offers physical, occupational and speech therapy as well as having programs for wound care, joint replacement, orthopedic, stroke recovery, and cardiac recovery.

The rehabilitation department has several rooms for working on activities of daily living, there is a full working kitchen, a bedroom area, a bathroom, and a car. There is a rehabilitation room for physical therapy and aquatic therapy in warm-water therapy pools in the Fitness Center. Therapy is provided in room as well as in the rehabilitation department. Most therapy is one on one with the same therapist, except for supplementary small group sessions that add a social element to the therapies. Other services include joint replacement and hip fracture therapy, stroke rehab, orthopedic rehab, lymphedema management, vestibular rehabilitation, outpatient therapy (through home health department), and respite care.

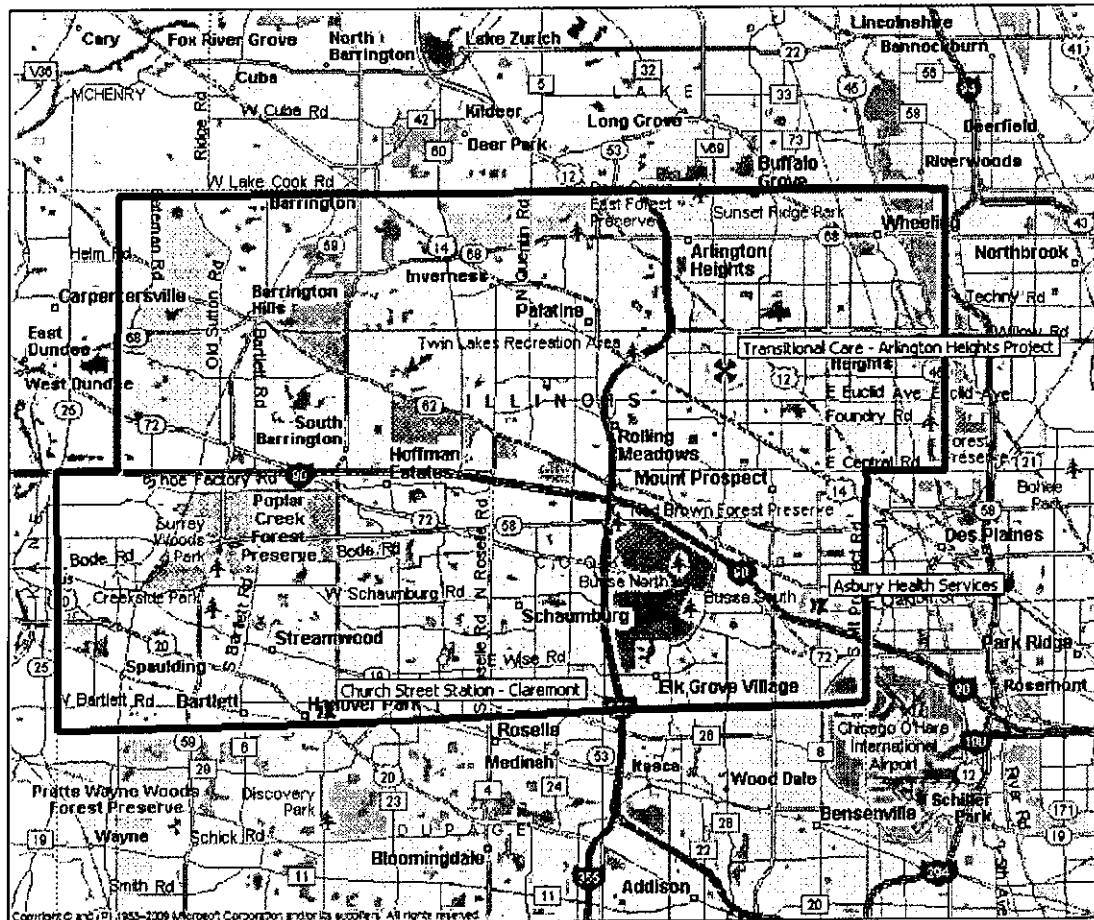
The rooms at The Moorings are mostly semi-private with some private units available. The rooms include a shared bathroom with toilet and sink, bed, dresser and wardrobe, and nightstand. There is a private dining room for the rehab unit and there are also community shower rooms and bathrooms.

The Moorings offers comparable nursing care and services to the client's proposed facility but the client's facility would offer a superior private room accommodation, superior facility layout and a newer building.

The Moorings campus is newer and well maintained and compares well. Because the community is a CCRC it has a wealth of facilities and amenities however they are scattered about the campus and some require navigating routes through the different buildings. For instance the rehabilitation therapy department is on the lower level of another building.

PLANNED DEVELOPMENT

Figure 5.4 Planned Facilities



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State of Illinois
 Health Facilities and Services Review Board (“HFSRB”)

According to the www.idph.state.il.us website, the Illinois Health Facilities Planning Board (IHFPB) shows that within the Health Service Planning Area 7-A there are two facilities that have approved applications and can proceed with construction. Church Street Station (D.B.A. The Claremont) was approved for 150 licensed skilled nursing beds. The Claremont is located in Hanover Park. Construction is well underway on the facility and is projected to be finished in the autumn of 2010. The current website for Claremont www.claremonthanover.com indicates that it will have all private suites and will offer joint replacement therapy and rehabilitation therapy. An article posted on the Chicago Tribune Local website indicates that the facility will focus on rehabilitation therapy and will offer speech, occupational and physical therapy as well as cardiac,

pulmonary, diabetes, stroke and wound care. There will also be a dialysis unit in the building.

The second facility approved is Asbury Health Services in Des Plaines. It will be located on the current Asbury Court Retirement Community campus which includes supportive living (Asbury Gardens) and independent living apartments (Asbury Court). The facility was approved for 75 skilled nursing beds. Minutes for the 10-13-10 meeting of the Architectural Review Commission for Des Plaines indicate the Commission has approved the proposed construction materials and look for the facility and the landscaping plan. The skilled nursing facility is planned to have 36 semi-private rooms and is scheduled to be opened in 2011.

CONCLUSIONS

Revere Healthcare identified nineteen facilities as competitive to the Sponsor and/or the levels of care under consideration in the primary market area. In the primary market area, there are nineteen facilities with nursing care units (totaling 2,973 beds, 82% average occupancy). At present, there is one facility currently being built (The Claremont) and one facility that has an approved application for new nursing beds (Asbury Health Services) in the PMA.

VII. DEMAND ANALYSIS

METHODOLOGY

The demand analysis draws on the service area definition, demographic, and competition sections of this report. Relevant information collected to determine demand for the proposed services is summarized briefly in this section; however, the aforementioned sections must be read in order to fully understand the methodology used in this section. An analysis for licensed nursing care is presented below.

LICENSED NURSING CARE

A skilled nursing environment provides a high level of nursing, supervision, and health care. Admission to a nursing facility (NF) is by order of a physician only. NFs provide nursing care for intensive needs such as convalescence from a hospital stay, and provide a high level of nursing care (RNs and LPNs).

Supply – PMA 2008 Update

For calculating bed need, a total of 3,215 licensed nursing care beds were identified in twenty facilities in the primary market area. These facilities are Addolorata Villa, Alden Estates of Barrington, Alden – Poplar Creek Rehab, Brighton Gardens, Church Creek, Church Street Station (Claremont), Clare Oaks, Friendship Village Schaumburg, Greek American Rehab & Care Center, Lexington Health Care – Wheeling, Lexington of Schaumburg, Lexington of Streamwood, Luther Home for Aged, Manor Care – Arlington Heights, Manor Care – Elk Grove Village, Manor Care – Rolling Meadows, Rosewood Care Center Inverness, St. Joseph's Home for Elderly, The Moorings Health Center, and The Plum Grove of Palatine. The Church Street Station (Claremont) facility is currently under construction but has not yet opened. The bed totals are taken from the 2008 Update to the *Inventory of Health Care Facilities and Services Need Determinations* published by The Illinois Health Facilities Planning Board (IHFPB).

Supply – PMA 2009 Update

For calculating a 2009 updated bed need, a total of 3,198 licensed nursing care beds were identified in twenty-one facilities in the primary market area. These facilities are the same as above with the inclusion of a planned facility that has received approval from the IHFPB, Asbury Health Services. Also, there were changes in existing nursing care beds as follows: Church Creek discontinued 64 beds for a total of 56 beds, Lexington of Schaumburg discontinued 10 beds for a total of 214 beds, Lexington of Streamwood discontinued 10 beds for a total of 214 beds, Lexington Healthcare – Wheeling discontinued 8 beds for a total of 215 beds, and a new facility Asbury Health Services was approved for 75 beds. The bed totals are taken from the 2009 Update (10-21-09) to the *Inventory of Health Care Facilities and Services Need Determinations* published by The Illinois Health Facilities Planning Board (IHFPB). The 2009 updated supply is shown in table 6.1 on the following page.

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Table 6.1 PMA Bed Supply Total – 2009 Update

	Facility Name	Address	City	State	Zip	Beds	2009 Occupancy
1	Addolorata Villa	555 McHenry Rd.	Wheeling	IL	60090	98	91.9%
2	Alden Estates of Barrington	1420 S Barrington Rd	Barrington	IL	60010	150	79.5%
3	Alden -Poplar Creek Rehab	1545 Barrington Rd.	Hoffman Estates	IL	60194	217	77.2%
4	Brighton Gardens	700 East Euclid Ave.	Prospect Heights	IL	60070	30	63.9%
5	Church Creek	1250 W. Central Rd.	Arlington Heights	IL	60005	56	73.9%
6	Church Street Station (Claremont)*	2000 W. Lake St.	Hanover Park	IL	60133	150	NA
7	Clare Oaks	825 Carillon Dr	Bartlett	IL	60103	120	49.5%
8	Friendship Village Schaumburg	350 W. Schaumburg Rd.	Schaumburg	IL	60194	250	88.5%
9	Greek American Rehab & Care Center	220 N. First St.	Wheeling	IL	60090	204	80.2%
10	Lexington Health Care - Wheeling	730 W. Hintz Rd.	Wheeling	IL	60148	215	84.7%
11	Lexington of Schaumburg	675 S. Roselle Rd.	Schaumburg	IL	60193	214	87.6%
12	Lexington of Streamwood	815 E. Irving Park Rd.	Streamwood	IL	60107	214	80.1%
13	Lutheran Home for Aged	800 W. Oakton St.	Arlington Heights	IL	60004	322	94.5%
14	Manor Care - Arlington Heights	715 W. Central Rd.	Arlington Heights	IL	60005	151	81.4%
15	Manor Care - Elk Grove Village	1920 Nerge Rd.	Elk Grove Village	IL	60007	190	92.1%
16	Manor Care - Rolling Meadows	4225 Kirchoff Rd.	Rolling Meadows	IL	60008	155	74.4%
17	Rosewood Care Center Inverness	1800 Colonial Parkway	Inverness	IL	62226	142	60.8%
18	St. Joseph's Home for Elderly	80 W Northwest Highway	Palatine	IL	60067	60	91.5%
19	The Moorings Health Center	761 Old Barn Ln.	Arlington Heights	IL	60005	116	87.4%
20	The Plum Grove of Palatine	24 S. Plum Grove Rd.	Palatine	IL	60067	69	75.9%
21	Asbury Health Services*	1750 Elmhurst Rd.	Des Plaines	IL	60018	75	NA
Market Totals						3198	76%
Market Totals - Existing Facilities Only						2973	82%

* Asbury Health Services has been approved for 75 units but has not yet been built and Church Street Station (Claremont) is currently being built but has not yet opened. Because each facility is not yet open, neither has any current occupancy. The *Market Totals – Existing Facilities Only* line in table 6.1 excludes the beds from these facilities and calculates the total beds and occupancies only for the facilities that are currently open.

Demand Calculations

State Bed Need Formula

The Illinois Health Facilities Planning Board (IHFPB) periodically publishes an *Inventory of Health Care Facilities and Services Need Determinations*. The IHFPD formula combines historical utilization and demographic projection methodologies to determine bed need.

The Sponsor's IHFPB planning area is located within Health Service Area 7, in Planning Area 7-A. In the Suburban Cook County Planning Area (7-A), the IHFPB projects a need of 886 beds for the year 2015 using data from 2005 in the General Long-Term Care Nursing Care and Sheltered Care Categories of Service based on the 2008 Update to the Inventory. The bed need calculation is shown in table 6.2 below.

Demographics

All demographics used to determine Planning Area bed need are taken from the (IHFPB) *Inventory of Health Care Facilities and Services Need Determinations* table provided for Planning Area 7-A. The demographics used in the publication come from the Illinois Department of Commerce and Economic Opportunity (Illinois DCEO).

Table 6.2 Bed Need Calculation - 2008 Update

Bed Need Calculation (2005)							
Age Groups	Planning Area Population 2001 Estimate	Planned Use Rates	Planned Patient Days	Planned ADC	Planned Bed Need (90% Occ)	Existing Beds	Beds Needed (Surplus)
0-64 Years	515.8	95	48,795				
65-74 Years	38.9	2,371	92,212				
75+ Years	32.9	22,270	732,693				
			873,700	2,394	2,660	3,215	-555
Bed Need Calculation (2015)							
Age Groups	Planning Area Population 2006 Projection	Planned Use Rates	Planned Patient Days	Planned ADC	Planned Bed Need (90% Occ)	Existing Beds	Beds Needed (Surplus)
0-64 Years	544.3	415	225,885				
65-74 Years	64.8	2,970	192,482				
75+ Years	41.7	22,270	928,672				
			1,347,038	3,691	4,101	3,215	886
Cook County 7-A Population						Bed Need/Surplus	
		2009	2014			2005	-555
0-64 Years		515,800	544,300			2015	886
65-74 Years		38,900	64,800			Net Increase	1,441
75+ Years		32,900	41,700			Per Year	288

Source: Use rates, bed inventory, and bed need calculations provided in *Inventory of Health Care Facilities and Services Need Determinations*, Long-term Care, 2008 edition.

Published Bed Need – 2009 Update

In the latest revision of the *Inventory of Health Care Facilities and Services and Need Determinations*, the Long-Term Care Bed Inventory Update dated 10-21-09, Illinois Health Facilities Planning Board (IHFPB) identified a need for 903 beds for the Suburban Cook County Planning Area (7-A) in the General Long-Term Care Nursing Care and Sheltered Care Categories of Service. The bed need calculation is shown in table 6.3.

Table 6.3 Bed Need Calculation - 2009 Update

Bed Need Calculation (2005)							
Age Groups	Planning Area Population 2001 Estimate	Planned Use Rates	Planned Patient Days	Planned ADC	Planned Bed Need (90% Occ)	Existing Beds	Beds Needed (Surplus)
0-64 Years	515.8	95	48,795				
65-74 Years	38.9	2,371	92,212				
75+ Years	32.9	22,270	732,693				
			873,700	2,394	2,660	3,198	-538
Bed Need Calculation (2015)							
Age Groups	Planning Area Population 2006 Projection	Planned Use Rates	Planned Patient Days	Planned ADC	Planned Bed Need (90% Occ)	Existing Beds	Beds Needed (Surplus)
0-64 Years	544.3	415	225,885				
65-74 Years	64.8	2,970	192,482				
75+ Years	41.7	22,270	928,672				
			1,347,038	3,691	4,101	3,198	903
Cook County 7-A Population						Bed Need/Surplus	
		2009	2014			2005	-538
0-64 Years		515,800	544,300			2015	903
65-74 Years		38,900	64,800			Net Increase	1,441
75+ Years		32,900	41,700			Per Year	288

Source: Use rates, bed inventory, and bed need calculations provided in *Inventory of Health Care Facilities and Services Need Determinations*, Long-term Care, 2008 edition and Addendum effective 10/21/2009.

Using the State’s published Bed Need Calculation updated for 2009 for the Suburban Cook County Planning Area (7-A), the projections indicate that a surplus of 538 beds exists in 2005 in the Planning Area. Bed need is projected to increase to 903 beds by 2015. Because there is a per year increase of 144 beds, in 2010 there will be a demand for 182 nursing beds and in 2015 there will be a demand for 903 nursing beds.

RECOMMENDATION

Revere recommends further planning for a project that includes licensed nursing care services in Arlington Heights, Illinois. Using 2005 population estimates, Revere calculates a 2010 demand for 182 licensed nursing care units.

The target market is projected to experience growth, resulting in a potential demand for 903 licensed nursing care units by 2015. Revere identifies sufficient need to support the client's proposed project of a 120-bed development targeting older adults requiring licensed nursing care.

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GLOSSARY

AA or AARC. *See active adult retirement community.*

active-adult retirement community (AA or AARC). These communities target adults 55 and older seeking housing typically restricted to that age group. Typically, these communities include a clubhouse and are comprised of townhomes, duplexes, and single-family ranch-style homes, and sometimes include condominiums. The pioneer for AARCs has been and continues to be Del Webb (now a subsidiary of Pulte Homes) with its extensive research and large communities nationwide.

absorption rate. The anticipated rate that housing units will be filled. Industry norms, product demand, existing competition, and the real estate market within the primary market area are used to determine this rate.

activities of daily living (ADLs). Actions or events concerning personal appearance, hygiene, or health performed on a regular or daily basis, including but not limited to dressing, bathing, grooming, hygiene, and supervised self-administered medication. Also called *personal care*.

ADLs. *See activities of daily living.*

Alzheimer's disease. A degenerative disease of the central nervous system characterized primarily by premature senile mental deterioration.

ALU. *See assisted living units.*

assisted living units (ALU). A housing facility type integrating shelter and services for a more frail elderly population, typically those who are functionally and/or socially impaired and need 24-hour supervision. Unlike retirement housing, this is a service-intensive living environment with social and support services combined with assistance (as required) in activities of daily living. Residents must generally be ambulatory and not require actual nursing care, but even these requirements are relaxing. Physical standards and staffing requirements for these facilities may be, but are not always, licensed by the state. May also be known as *domiciliary care, board and care, personal care, sheltered care, or adult foster care facilities* depending on the state.

CCRC. *See continuing care retirement communities.*

CCRS. *See comprehensive care in residential settings.*

caregiver population. Term for individuals age 45–64 years old, because they are often involved in the care and support of an elderly parent.

continuing care retirement communities (CCRC). Also called life care communities. A facility that provides congregate living, private apartments, and a wide variety of services. However, an assisted living and/or licensed nursing unit (wing or separate building) will also be located on the campus. CCRCs offer a broad continuum of health care and housing located in one building or complex. Some CCRCs offer the endowment or entrance fee payment option in addition to a monthly maintenance charge, others use a monthly rental fee option, and yet others incorporate both types.

comprehensive care in residential settings (CCRS). The Comprehensive Care in Residential Settings (CCRS), formerly the Community Based Residential Facility Program demonstration program, originated in fiscal year 1997. The CCRSs provide housing with assisted living services for underserved low- and moderate-income seniors. The Illinois Department on Aging provides reimbursement for the cost of some of the supportive services received by Community Care Program clients residing in CCRSs. Six facilities currently participate in this program. All of the facilities are required to become licensed under the Assisted Living and Shared Housing Act.

dementia. The loss of mental abilities in an alert and awake individual. In older adults, Alzheimer's disease is the most common cause of dementia. *See also Alzheimer's disease.*

Department of Health and Human Services (DHHS). Governmental agency charged with maintaining public health. DHHS is the parent organization for HCFA.

DHHS. See **Department of Health and Human Services.**

gate keepers. In managed care, a gate keeper serves as the initial contact for medical services and/or referrals—usually a primary care physician. In retirement housing, a gatekeeper serves as the initial contact for housing services. Examples of the latter include real estate agents, marketing personnel, and key individuals in the community. See also **key persons.**

HCFA. See **Health Care Financing Administration.**

Health Care Financing Administration (HCFA). The governmental agency that oversees the Medicare and the federal portion of the Medicaid programs. In addition, HCFA establishes Medicare reimbursement rates, investigates fraudulent Medicare claims, and issues waivers to innovative Medicaid programs.

home health care. Also called home care. Home care uses the patient's residence as an alternative site for the delivery of health care services. This level of care is suitable for patients who are medically stable enough to return home but who still require some health care services. Because home care reduces the need for extended, costly hospitalization, this sector of the health care industry has realized amazing growth over the past few years.

hospice care. A supportive care environment for the terminally ill patient. Hospice care can be provided in a variety of settings, including hospital and nursing facility units and stand-alone facilities.

ICF. See **intermediate care facilities.**

ILU. See **independent living units.**

independent living units (ILU). A housing facility type integrating shelter and services for the older adult who is willing and able to remain living independently, but who requires assistance in coordinating the support and services they need. Older adults who choose independent living want to be a part of a supportive and caring group of neighbors while maintaining their independence and privacy. ILU facilities must successfully coordinate environment, services, and community support in order to increase independence and offset social isolation. Residents will have different levels of service requirements, with some needing no additional services. Services generally include housekeeping, personal care, nutrition, and transportation. May also be known as *congregate living facilities*, *Continuing Care Retirement Communities (CCRCs)*, and *retirement villages*.

intermediate care facilities (ICF). ICFs serve patients whose needs are custodial in nature, and these facilities generally provide a lower level of nursing care and a lower staff-to-patient ratio than SNFs. ICFs are licensed by the state and may participate only in the Medicaid program.

key persons. Individuals involved in the older adult community. Key persons often have knowledge of services that are missing and/or desired by the local elderly population. These individuals can include bankers, local politicians, attorneys, health care employees, and senior center volunteers.

long-term care (LTC). A residential housing or health care delivery setting that focuses on patients in need of care for a chronic condition, convalescence or rehabilitation from an acute episode, assistance with personal care, supervision (as in dementia cases), or any other situation involving a diagnosis with no short-term resolution.

LTC. See **long-term care.**

managed care. A new paradigm in health care reimbursement where the payor attempts to control rising costs through negotiating prices for a covered population prior to the actual use of services. Managed care payors track the utilization of health care services, monitor the cost of services, and measure a health care provider's performance in the delivery of services. Negotiations are based on these factors. The covered population receives access to quality, cost-effective health care as a result.

market penetration rate. A measurement that the financial community utilizes to determine market risk for housing projects. The higher the penetration rate, the higher the market risk. The calculation involves defining a qualified population based on several standard criteria. For example, an age and income screen would produce the qualified population for a retirement housing project. Several

deductions may be used to further define a project's target population. The number of competitive units is typically deducted.

Medicaid. Title XIX of the Social Security Act as amended in 1966. A program of federal grants to the states for the purpose of providing medical assistance to those unable to afford the cost of these services. There are four categories of Medicaid recipients: 1) families with dependent children; 2) older adults; 3) the blind; 4) the disabled; and comparable groups of medically indigent persons. Medically needy is defined as those individuals whose medical expenses reduce their income below the Medicaid eligibility level. Each state must provide at least partial coverage for inpatient, outpatient, laboratory, nursing, and medical services.

nursing facility. In a 1986 survey, the National Center for Health Statistics stated that to be classified as a nursing or related care home, a facility must have three or more beds and have provided nursing care, personal care, and/or custodial care to its residents. Based on this survey and several more recent reports, approximately 15,000–16,000 free-standing nursing facilities exist in the United States. These facilities tend to be 50–150 beds in size and 93% occupied on average.

nursing home. *See nursing facility.*

payor (or payer). An organization (or individual in the case of self-pay) that reimburses a provider for expenses incurred in the course of rendering services. Medicare is the most common payor for inpatient services in the acute care setting, while Medicaid is the primary payor for long-term care.

personal care. Assistance with daily activities relating to the person or body. For example, assistance with grooming and dressing are personal care services.

PMA. *See primary market area.*

primary market area (PMA). The majority (in this case 80%–85%) of a project's market originates from this part of the service area. Market-specific analysis, the market areas of primary competitors, and a Sponsor's historical draw for similar services are common methods of primary market definition.

pro forma. A financial model of a project's estimated operating results to be used as a basis for financing and development. Common components include notes and assumptions, a balance sheet, cash a flow statement and a revenues over expenses statement.

provider. Any supplier of health care services, from a physician to a hospital.

registered nurse (RN). A graduate trained nurse who has been licensed by a state authority after meeting the criteria set for registration.

rehabilitation. The process of restoring an individual who has experienced an illness or other traumatic event to a condition of health or former activity. Common types of rehabilitation include speech, occupational, and physical therapies.

RN. *See registered nurse.*

secondary market area (SMA). The portion of the service area outside of the primary market area. Approximately 10%–15% of a project's market originates from this area.

service area. The most likely consumers for a particular service reside in the area surrounding the proposed site. This area is limited by geographic, political, and socio-economic boundaries. Sponsorship by a not-for-profit organization or a hospital may also affect the size and scope of a service area. ZIP codes, communities, or counties are frequently used to define a service area.


licensed nursing facilities (SNF). A nursing facility providing medical and rehabilitation services to patients. Services are of lower acuity than those provided by a hospital, but they are also generally provided for a longer period of time. Licensed nursing beds provide patient's with a high level of nursing, supervision, and health care. Admission to a SNF is by order of a physician only. SNFs render intensive nursing, such as convalescence from a hospital stay, and generally provide a high level of nursing care (RNs) and staff-to-patient ratios.

SMA. *See secondary market area*

1110.1730(e)(1) Unnecessary Duplication of Services

- A) The list of ZIP codes all zip codes that are located within 30 minutes normal travel time of 1200 N Arlington Heights Road are listed on the following page.

ZIP Code Radius Finder and Search

20 mile radius of 60004, ARLINGTON HEIGHTS, IL [Printable Version](#)[Get the U.S. ZIP Code Database](#) [Driving Distance & Directions](#)[Add the Radius Finder tool to your website](#)

#	Zip	City	County	St	Country	Distance	
1	60004	ARLINGTON HEIGHTS	COOK	IL	US	0.00 miles	
2	60006	ARLINGTON HEIGHTS	COOK	IL	US	1.68 miles	
3	60038	PALATINE	COOK	IL	US	2.72 miles	
4	60055	PALATINE	COOK	IL	US	2.72 miles	
5	60078	PALATINE	COOK	IL	US	2.72 miles	
6	60094	PALATINE	COOK	IL	US	2.72 miles	
7	60090	WHEELING	COOK	IL	US	3.02 miles	
8	60070	PROSPECT HEIGHTS	COOK	IL	US	3.03 miles	
9	60095	PALATINE	COOK	IL	US	3.08 miles	
10	60008	ROLLING MEADOWS	COOK	IL	US	3.49 miles	
11	60074	PALATINE	COOK	IL	US	3.69 miles	
12	60005	ARLINGTON HEIGHTS	COOK	IL	US	3.77 miles	
13	60089	BUFFALO GROVE	LAKE	IL	US	4.06 miles	
14	60056	MOUNT PROSPECT	COOK	IL	US	4.49 miles	
15	60067	PALATINE	COOK	IL	US	4.51 miles	
16	60049	LONG GROVE	LAKE	IL	US	4.67 miles	
17	60173	SCHAUMBURG	COOK	IL	US	5.32 miles	
18	60069	LINCOLNSHIRE	LAKE	IL	US	5.96 miles	
19	60016	DES PLAINES	COOK	IL	US	6.24 miles	
20	60015	DEERFIELD	LAKE	IL	US	6.76 miles	
21	60195	SCHAUMBURG	COOK	IL	US	6.82 miles	
22	60179	HOFFMAN ESTATES	COOK	IL	US	7.00 miles	
23	60007	ELK GROVE VILLAGE	COOK	IL	US	7.02 miles	
24	60062	NORTHBROOK	COOK	IL	US	7.21 miles	
25	60026	GLENVIEW	COOK	IL	US	7.38 miles	
26	60017	DES PLAINES	COOK	IL	US	7.44 miles	
27	60047	LAKE ZURICH	LAKE	IL	US	7.45 miles	
28	60009	ELK GROVE VILLAGE	COOK	IL	US	7.55 miles	
29	60159	SCHAUMBURG	COOK	IL	US	7.59 miles	
30	60168	SCHAUMBURG	COOK	IL	US	7.59 miles	
31	60065	NORTHBROOK	COOK	IL	US	7.88 miles	
32	60019	DES PLAINES	COOK	IL	US	8.12 miles	
33	60011	BARRINGTON	LAKE	IL	US	8.34 miles	
34	60194	SCHAUMBURG	COOK	IL	US	8.34 miles	
35	60025	GLENVIEW	COOK	IL	US	8.41 miles	
36	60169	HOFFMAN ESTATES	COOK	IL	US	8.45 miles	
37	60061	VERNON HILLS	LAKE	IL	US	8.54 miles	
38	60018	DES PLAINES	COOK	IL	US	8.96 miles	
39	60193	SCHAUMBURG	COOK	IL	US	9.16 miles	

40	<u>60010</u>	BARRINGTON	LAKE	IL	US	9.55 miles	
41	<u>60082</u>	TECHNY	COOK	IL	US	9.55 miles	
42	<u>60192</u>	HOFFMAN ESTATES	COOK	IL	US	9.75 miles	
43	<u>60068</u>	PARK RIDGE	COOK	IL	US	9.77 miles	
44	<u>60143</u>	ITASCA	DUPAGE	IL	US	10.00 miles	
45	<u>60666</u>	CHICAGO	COOK	IL	US	10.06 miles	
46	<u>60191</u>	WOOD DALE	DUPAGE	IL	US	10.12 miles	
47	<u>60196</u>	SCHAUMBURG	COOK	IL	US	10.16 miles	
48	<u>60157</u>	MEDINAH	DUPAGE	IL	US	10.38 miles	
49	<u>60045</u>	LAKE FOREST	LAKE	IL	US	10.42 miles	
50	<u>60035</u>	HIGHLAND PARK	LAKE	IL	US	10.43 miles	
51	<u>60714</u>	NILES	COOK	IL	US	10.45 miles	
52	<u>60106</u>	BENSENVILLE	DUPAGE	IL	US	10.61 miles	
53	<u>60040</u>	HIGHWOOD	LAKE	IL	US	10.72 miles	
54	<u>60029</u>	GOLF	COOK	IL	US	10.81 miles	
55	<u>60060</u>	MUNDELEIN	LAKE	IL	US	10.90 miles	
56	<u>60053</u>	MORTON GROVE	COOK	IL	US	10.93 miles	
57	<u>60105</u>	BENSENVILLE	DUPAGE	IL	US	11.10 miles	
58	<u>60399</u>	WOOD DALE	DUPAGE	IL	US	11.10 miles	
59	<u>60022</u>	GLENCOE	COOK	IL	US	11.14 miles	
60	<u>60172</u>	ROSELLE	DUPAGE	IL	US	11.25 miles	
61	<u>60037</u>	FORT SHERIDAN	LAKE	IL	US	11.28 miles	
62	<u>60631</u>	CHICAGO	COOK	IL	US	11.34 miles	
63	<u>60093</u>	WINNETKA	COOK	IL	US	11.36 miles	
64	<u>60290</u>	CHICAGO	COOK	IL	US	11.58 miles	
65	<u>60048</u>	LIBERTYVILLE	LAKE	IL	US	11.65 miles	
66	<u>60092</u>	LIBERTYVILLE	LAKE	IL	US	11.85 miles	
67	<u>60107</u>	STREAMWOOD	COOK	IL	US	12.07 miles	
68	<u>60176</u>	SCHILLER PARK	COOK	IL	US	12.10 miles	
69	<u>60077</u>	SKOKIE	COOK	IL	US	12.45 miles	
70	<u>60117</u>	BLOOMINGDALE	DUPAGE	IL	US	12.45 miles	
71	<u>60133</u>	HANOVER PARK	COOK	IL	US	12.67 miles	
72	<u>60101</u>	ADDISON	DUPAGE	IL	US	12.69 miles	
73	<u>60108</u>	BLOOMINGDALE	DUPAGE	IL	US	12.72 miles	
74	<u>60656</u>	CHICAGO	COOK	IL	US	12.85 miles	
75	<u>60091</u>	WILMETTE	COOK	IL	US	13.13 miles	
76	<u>60131</u>	FRANKLIN PARK	COOK	IL	US	13.29 miles	
77	<u>60706</u>	HARWOOD HEIGHTS	COOK	IL	US	13.33 miles	
78	<u>60044</u>	LAKE BLUFF	LAKE	IL	US	13.47 miles	
79	<u>60021</u>	FOX RIVER GROVE	MCHENRY	IL	US	13.60 miles	
80	<u>60084</u>	WAUCONDA	LAKE	IL	US	13.62 miles	
81	<u>60043</u>	KENILWORTH	COOK	IL	US	13.78 miles	
82	<u>60646</u>	CHICAGO	COOK	IL	US	13.85 miles	
83	<u>60076</u>	SKOKIE	COOK	IL	US	13.97 miles	
84	<u>60139</u>	GLENDALE HEIGHTS	DUPAGE	IL	US	14.20 miles	
85	<u>60164</u>	MELROSE PARK	COOK	IL	US	14.20 miles	
86	<u>60203</u>	EVANSTON	COOK	IL	US	14.21 miles	

87	<u>60634</u>	CHICAGO	COOK	IL	US	14.47 miles	P
88	<u>60712</u>	LINCOLNWOOD	COOK	IL	US	14.57 miles	P
89	<u>60120</u>	ELGIN	KANE	IL	US	14.62 miles	P
90	<u>60199</u>	CAROL STREAM	DUPAGE	IL	US	14.77 miles	P
91	<u>60201</u>	EVANSTON	COOK	IL	US	14.86 miles	P
92	<u>60630</u>	CHICAGO	COOK	IL	US	14.95 miles	P
93	<u>60103</u>	BARTLETT	DUPAGE	IL	US	14.99 miles	P
94	<u>60171</u>	RIVER GROVE	COOK	IL	US	15.00 miles	P
95	<u>60013</u>	CARY	MCHENRY	IL	US	15.01 miles	P
96	<u>60088</u>	GREAT LAKES	LAKE	IL	US	15.05 miles	P
97	<u>60064</u>	NORTH CHICAGO	LAKE	IL	US	15.24 miles	P
98	<u>60165</u>	STONE PARK	COOK	IL	US	15.48 miles	P
99	<u>60126</u>	ELMHURST	DUPAGE	IL	US	15.55 miles	P
100	<u>60188</u>	CAROL STREAM	DUPAGE	IL	US	15.61 miles	P
101	<u>60160</u>	MELROSE PARK	COOK	IL	US	15.64 miles	P
102	<u>60204</u>	EVANSTON	COOK	IL	US	15.72 miles	P
103	<u>60209</u>	EVANSTON	COOK	IL	US	15.72 miles	P
104	<u>60030</u>	GRAYSLAKE	LAKE	IL	US	15.75 miles	P
105	<u>60707</u>	ELMWOOD PARK	COOK	IL	US	15.81 miles	P
106	<u>60197</u>	CAROL STREAM	DUPAGE	IL	US	15.92 miles	P
107	<u>60116</u>	CAROL STREAM	DUPAGE	IL	US	15.94 miles	P
108	<u>60128</u>	CAROL STREAM	DUPAGE	IL	US	15.94 miles	P
109	<u>60132</u>	CAROL STREAM	DUPAGE	IL	US	15.94 miles	P
110	<u>60161</u>	MELROSE PARK	COOK	IL	US	16.00 miles	P
111	<u>60042</u>	ISLAND LAKE	LAKE	IL	US	16.00 miles	P
112	<u>60163</u>	BERKELEY	COOK	IL	US	16.08 miles	P
113	<u>60202</u>	EVANSTON	COOK	IL	US	16.11 miles	P
114	<u>60599</u>	FOX VALLEY	DUPAGE	IL	US	16.17 miles	P
115	<u>60181</u>	VILLA PARK	DUPAGE	IL	US	16.19 miles	P
116	<u>60208</u>	EVANSTON	COOK	IL	US	16.22 miles	P
117	<u>60121</u>	ELGIN	KANE	IL	US	16.25 miles	P
118	<u>60122</u>	CAROL STREAM	DUPAGE	IL	US	16.25 miles	P
119	<u>60110</u>	CARPENTERSVILLE	KANE	IL	US	16.27 miles	P
120	<u>60086</u>	NORTH CHICAGO	LAKE	IL	US	16.35 miles	P
121	<u>60118</u>	DUNDEE	KANE	IL	US	16.35 miles	P
122	<u>60645</u>	CHICAGO	COOK	IL	US	16.36 miles	P
123	<u>60148</u>	LOMBARD	DUPAGE	IL	US	16.38 miles	P
124	<u>60641</u>	CHICAGO	COOK	IL	US	16.67 miles	P
125	<u>60659</u>	CHICAGO	COOK	IL	US	16.71 miles	P
126	<u>60138</u>	GLEN ELLYN	DUPAGE	IL	US	16.83 miles	P
127	<u>60104</u>	BELLWOOD	COOK	IL	US	16.84 miles	P
128	<u>60073</u>	ROUND LAKE	LAKE	IL	US	17.25 miles	P
129	<u>60305</u>	RIVER FOREST	COOK	IL	US	17.25 miles	P
130	<u>60625</u>	CHICAGO	COOK	IL	US	17.25 miles	P
131	<u>60102</u>	ALGONQUIN	MCHENRY	IL	US	17.25 miles	P
132	<u>60153</u>	MAYWOOD	COOK	IL	US	17.48 miles	P
133	<u>60626</u>	CHICAGO	COOK	IL	US	17.54 miles	P

134	60162	HILLSIDE	COOK	IL	US	17.62 miles	P
135	60639	CHICAGO	COOK	IL	US	17.62 miles	P
136	60085	WAUKEGAN	LAKE	IL	US	17.65 miles	P
137	60137	GLEN ELLYN	DUPAGE	IL	US	17.73 miles	P
138	60123	ELGIN	KANE	IL	US	17.80 miles	P
139	60184	WAYNE	DUPAGE	IL	US	17.91 miles	P
140	60302	OAK PARK	COOK	IL	US	18.01 miles	P
141	60301	OAK PARK	COOK	IL	US	18.12 miles	P
142	60189	WHEATON	DUPAGE	IL	US	18.23 miles	P
143	60660	CHICAGO	COOK	IL	US	18.29 miles	P
144	60618	CHICAGO	COOK	IL	US	18.33 miles	P
145	60031	GURNEE	LAKE	IL	US	18.43 miles	P
146	60154	WESTCHESTER	COOK	IL	US	18.62 miles	P
147	60014	CRYSTAL LAKE	MCHENRY	IL	US	18.68 miles	P
148	60079	WAUKEGAN	LAKE	IL	US	18.69 miles	P
149	60303	OAK PARK	COOK	IL	US	18.70 miles	P
150	60051	MCHENRY	MCHENRY	IL	US	18.80 miles	P
151	60130	FOREST PARK	COOK	IL	US	18.84 miles	P
152	60155	BROADVIEW	COOK	IL	US	18.86 miles	P
153	60190	WINFIELD	DUPAGE	IL	US	18.99 miles	P
154	60177	SOUTH ELGIN	KANE	IL	US	18.99 miles	P
155	60651	CHICAGO	COOK	IL	US	19.07 miles	P
156	60185	WEST CHICAGO	DUPAGE	IL	US	19.12 miles	P
157	60523	OAK BROOK	DUPAGE	IL	US	19.16 miles	P
158	60141	HINES	COOK	IL	US	19.27 miles	P
159	60039	CRYSTAL LAKE	MCHENRY	IL	US	19.30 miles	P
160	60304	OAK PARK	COOK	IL	US	19.32 miles	P
161	60187	WHEATON	DUPAGE	IL	US	19.37 miles	P
162	60640	CHICAGO	COOK	IL	US	19.44 miles	P
163	60186	WEST CHICAGO	DUPAGE	IL	US	19.48 miles	P
164	60041	INGLESIDE	LAKE	IL	US	19.48 miles	P
165	60647	CHICAGO	COOK	IL	US	19.51 miles	P
166	60644	CHICAGO	COOK	IL	US	19.76 miles	P
167	60156	LAKE IN THE HILLS	MCHENRY	IL	US	19.86 miles	P
#	Zip	City	County	St	Country	Distance	



U.S. ZIP Code Database

Get a comprehensive database of all US ZIP Codes including State, County, Area Code, City, Latitude/Longitude, Population, Business Counts, and much more. [Read More](#)

Need name, address, and telephone numbers?

Mailing & Telemarketing Lists
5,000 Names for \$499

1110.1730(e)(1) Unnecessary Duplication of Services

B) Total Population of ZIP Codes: 585,287

C) Approved General Long Term Care Facilities

Approved health care facilities within a 30 minute drive time are as follows:


Manor Care - Elgin	180 South State Street	Elgin	60123
Heritage Manor - Elgin	355 Raymond Street	Elgin	60120
Lexington Of Streamwood	815 East Irving Park Road	Streamwood	60107
Windsor Park Manor	110 Windsor Park Drive	Carol Stream	60188
Lexington Health Care Center	165 South Bloomingdale Road	Bloomingdale	60108
Abbington Rehab & Nursing Ctr	31 West Central	Roselle	60172
Alden-Poplar Creek Rehab &Care	1545 Barrington Road	Hoffman Estates	60194
Lexington Of Schaumburg	675 South Roselle Road	Schaumburg	60193
Friendship Village Schaumburg	350 West Schaumburg Road	Schaumburg	60194
Rosewood Care Center Inverness	1800 Colonial Parkway	Inverness	60067
Governors Park at Barrington	1420 South Barrington Road	Barrington	60010
Lexington Of Lake Zurich	900 South Rand Road	Lake Zurich	60047
Beacon Hill	2400 South Finley Road	Lombard	60148
Lexington Health Care Center	2100 South Finley Road	Lombard	60148
Alden-Valley Ridge Rehab &Care	275 East Army Trail Road	Bloomingdale	60108
Bloomingdale Pavilion	311 Edgewater Drive	Bloomingdale	60108
Manor Care - Elk Grove Village	1920 Nerge Road	Elk Grove Villg	60007
Arbor Of Itasca	535 South Elm	Itasca	60143
Lexington Health Care Center	420 West Butterfield Road	Elmhurst	60126
Elmhurst Extended Care Center	200 East Lake Street	Elmhurst	60126
Elmhurst Memorial Hospital	200 Berteau Avenue	Elmhurst	60126
Villa Scalabrini Nsg & Rehab	480 North Wolf Road	Northlake	60164
Elm Brook Hlth C & Rehab Ctre	127 West Diversey Avenue	Elmhurst	60126
Anchorage Of Bensenville	111 East Washington	Bensenville	60106
		Rolling	
Manor Care - Rolling Meadows	4225 Kirchoff Road	Meadows	60008
Church Creek	1200 West Central Road	Arlington Hts	60005
Manor Care - Arlington Heights	715 West Central Road	Arlington Hts	60005
Lutheran Home For Aged	800 West Oakton Street	Arlington Hts	60004
St. Joseph's Home For Elderly	80 West Northwest Highway	Palatine	60067
Plum Grove Of Palatine, The	24 South Plum Grove Road	Palatine	60067
Alden-Long Grove Rehab/HC Ctr	2308 Old Hicks Road	Long Grove	60047
Arlington Rehab & Living Ctr.	1666 Checker Road	Long Grove	60047
Moorings Health Center, The	761 Old Barn Lane	Arlington Hts	60005
Oakton Pavilion	1660 Oakton Place	Des Plaines	60018

Lee Manor	1301 Lee Street	Des Plaines	60018
Alden - Des Plaines Rehab/HCC	1221 East Golf Road	Des Plaines	60016
Brighton Gardens	700 East Euclid Avenue	Prospect Hgts	60070
Claremont Rehab & Living Ctr.	150 Weiland Rd	Lincolnshire	60089
Addolorata Villa	555 Mchenry Road	Wheeling	60090
Lexington Health Care-Wheeling	730 West Hintz Road	Wheeling	60090
Greek American Rehab & Nursing	220 North First Street	Wheeling	60090
Brentwood-North Nursing Center	3705 Deerfield Road	Riverwoods	60015
Oakridge Convalescent Home	323 Oakridge Avenue	Hillside	60162
The Renaissance At Hillside	4600 North Frontage Road	Hillside	60162
Gottlieb Memorial Hospital	701 West North Avenue	Melrose Park	60160
Central Baptist Village	4747 North Canfield Avenue	Norridge	60706
Elmwood Care	7733 Grand Avenue	Elmwood Park	60635
Bethesda Home & Retirement Ctr	2833 North Nordica Avenue	Chicago	60634
Resurrection Life Center	7370 West Talcott	Chicago	60631
The Woodbine Nursing Home	6909 West North Avenue	Oak Park	60302
Norridge Hlthcr & Rehab Centre	7001 West Cullom	Norridge	60706
Central Nursing Home	2450 North Central Avenue	Chicago	60639
Our Lady Of Resurrect Med Ctr	5645 West Addison Street	Chicago	60634
Danish Home, The	5656 North Newcastle Avenue	Chicago	60631
Alden-Northmoor Rehab & Hc Ctr	5821 North Northwest Highway	Chicago	60631
Norwood Park Home	6016 North Nina Avenue	Chicago	60631
St. Andrew Life Center	7000 North Newark	Niles	60714
Elston Nursing & Rehab Center	4340 North Keystone	Chicago	60641
Fairmont Care Centre	5061 North Pulaski Road	Chicago	60630
Harmony Nursing And Rehab Ctr	3919 West Foster Avenue	Chicago	60625
Peterson Park Nursing Home	6141 North Pulaski Road	Chicago	60646
Ballard Nursing Center	9300 Ballard Road	Des Plaines	60016
Holy Family Health Center	2380 Dempster Street	Des Plaines	60016
Nazarethville	300 North River Road	Des Plaines	60016
Manor Care Of Northbrook	3300 Milwaukee Avenue	Northbrook	60062
Abington Of Glenview	3901 Glenview Road	Glenview	60025
Park Ridge Care Center	665 Busse Highway	Park Ridge	60068
Resurrection Nsg & Rehab Ctr	1001 North Greenwood Avenue	Park Ridge	60068
St. Matthew Center for Health	1601 North Western Avenue	Park Ridge	60068
Regency Healthcare & Rehab Ctr	6631 Milwaukee Avenue	Niles	60714
Glen Bridge Nursing Center	8333 West Golf Road	Niles	60714
Hampton Plaza Nsg & Rehab Ctr	9777 Greenwood	Niles	60714
Glenview Terrace Nursing Ctr	1511 Greenwood Road	Glenview	60025
Classic Residence Care Center	1400 Patriot Boulevard	Glenview	60025
Covenant Health Care Center	2155 Pfingsten Road	Northbrook	60062
Rosewood Care Ctr-Northbrook	4101 Lake Cook Road	Northbrook	60062
Whitehall- North	300 Waukegan Road	Deerfield	60015

Forest Villa Nsg. & Reh. Ctr.	6840 West Touhy Avenue	Niles	60714
St. Benedict Nsg. & Rehab. Ctr	6930 West Touhy Avenue	Niles	60714
Grosse Pointe Manor	6601 West Touhy Avenue	Niles	60714
Bethany Terrace Nursing Center	8425 Waukegan Road	Morton Grove	60053
Maryhaven Nsg. & Rehab. Ctr.	1700 East Lake Avenue	Glenview	60025
Alden North Shore Rehab & Hc	5050 West Touhy	Skokie	60077
Village Nursing Home	9000 La Vergne Avenue	Skokie	60077
Skokie Meadows I	9615 North Knox Avenue	Skokie	60076
Skokie Meadows II	4600 West Golf Road	Skokie	60076
Manor Care - Skokie.	4660 Old Orchard Road	Skokie	60076
Lieberman Geriatric Hlth. Ctr.	9700 Gross Point Road	Skokie	60076
Alden Estates Of Evanston	2520 Gross Pointe Road	Evanston	60201
Westminster Place	3200 Grant Street	Evanston	60201
Glen Oaks Nsg. & Rehab. Ctr.	270 Skokie Highway	Northbrook	60062
Lake Cook Terrace Nursing Ctr	263 Skokie Boulevard	Northbrook	60062
Woodbridge Nursing Pavilion	2242 North Kedzie	Chicago	60647
Winston Manor Convalescent	2155 West Pierce	Chicago	60622
St. Paul's House & Healthcare	3800 North California Avenue	Chicago	60618
Belmont Nursing Home	1936 West Belmont Avenue	Chicago	60657
Ambassador Nursing Center	4900 North Bernard	Chicago	60625
Alshore House	2840 West Foster Avenue	Chicago	60625
Swedish Covenant Hospital	5145 North California	Chicago	60625
Lincolnwood Place	7000 North McCormick Blvd	Lincolnwood	60712
Northwest Home For The Aged	6300 North California Avenue	Chicago	60659
Continental Care Center	5336 North Western Avenue	Chicago	60625
Methodist Hospital Of Chicago	5025 North Paulina Street	Chicago	60640
Balmoral Home	2055 West Balmoral Avenue	Chicago	60625
Garden View Nursing & Reh Ctr	6450 North Ridge Avenue	Chicago	60626
Warren Park Nursing Pavilion	6700 North Damen Avenue	Chicago	60645
Brightview Manor Convalescent	4538 North Beacon	Chicago	60640
Grasmere Place	4621 North Sheridan Road	Chicago	60640
St. Martha's Manor	4621 North Racine Avenue	Chicago	60640
Margaret Manor - North	940 West Cullom Avenue	Chicago	60613
Wilson Care	4544 North Hazel Street	Chicago	60640
Methodist Home	1415 West Foster Avenue	Chicago	60640
Heritage Healthcare Center	5888 North Ridge Avenue	Chicago	60660
All American Nursing Home	5448 North Broadway Street	Chicago	60640
Mid America Care Center	4920 North Kenmore	Chicago	60640
Somerset Place	5009 North Sheridan	Chicago	60640
Alden-Lakeland Rehab & Care Cr	820 West Lawrence	Chicago	60640
Old People's Home/Admiral	909 West Foster Avenue	Chicago	60640
Selfhelp Home Of Chicago	908 West Argyle Street	Chicago	60640
Bryn Mawr Care	5547 North Kenmore	Chicago	60640

Sheridan Shores Care & Rehab	5838 North Sheridan Road	Chicago	60660
Atrium Health Care Center	1425 West Estes Avenue	Chicago	60626
Wincrest Nursing Center	6326 North Winthrop Avenue	Chicago	60660
Dobson Plaza	120 Dodge Avenue	Evanston	60202
Buckingham Pavilion	2625 West Touhy Avenue	Chicago	60645
Glencrest Hlthcr & Rehab Ctr	2451 West Touhy Avenue	Chicago	60645
Westwood Manor	2444 West Touhy Avenue	Chicago	60645
St. Francis Nsg & Rehab Ctr	500 Asbury Street	Evanston	60202
Clark Manor Convalescent Ctr	7433 North Clark Street	Chicago	60626
Greenwood Care	1406 Chicago Avenue	Evanston	60202
Albany Care	901 Maple Avenue	Evanston	60202
Oakwood Terrace	1300 Oak Avenue	Evanston	60201
King Home	1555 Oak Avenue	Evanston	60201
Mather Pavilion	820 Foster Street	Evanston	60201
The Mather	450 Davis Street	Evanston	60201
Three Crowns Park	2320 Pioneer Place	Evanston	60201
Manor Care - Wilmette	432 Poplar Drive	Wilmette	60091
Evanston Hospital	2650 Ridge Avenue	Evanston	60201
Arbour Health Care Center	1512 West Fargo	Chicago	60626
Birchwood Plaza	1426 West Birchwood	Chicago	60626
Lake Front Convalescent Center	7618 North Sheridan Road	Chicago	60626
Waterford Nursing & Rehab, The	7445 North Sheridan Road	Chicago	60626
Lake Shore Hlth Care & Rehab	7200 North Sheridan Road	Chicago	60626
Sherwin Manor Nursing Center	7350 North Sheridan Road	Chicago	60626
Rosewood Care Center-Rockford	1660 South Mulford	Rockford	60172
Sheltering Oak	27888 N Beech St	Island Lake	60042
Wauconda Healthcare & Rehab	176 Thomas Court	Wauconda	60084
Manor Care - Libertyville	1500 South Milwaukee Avenue	Libertyville	60048
The Wealshire	150 Jamestown Lane	Lincolnshire	60069
Libertyville Manor Ext Care	610 Peterson Road	Libertyville	60048
Winchester House Nursing Home	1125 North Milwaukee Avenue	Libertyville	60048
Lake Forest Place	1100 Pembridge Drive	Lake Forest	60045
Lake Forest Hosp-Westmoreland	660 North Westmoreland Road	Lake Forest	60045
Manor Care Of Highland Park	2773 Skokie Valley Road	Highland Park	60035
Highland Park Health Care Ctr	50 Pleasant Avenue	Highwood	60040
Highland Park Hospital	718 Glenview	Highland Park	60035

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#	Zip	City	County	St	Country	Distance	
1	60004	ARLINGTON HEIGHTS	COOK	IL	US	0.00 miles	
2	60006	ARLINGTON HEIGHTS	COOK	IL	US	1.68 miles	
3	60038	PALATINE	COOK	IL	US	2.72 miles	
4	60055	PALATINE	COOK	IL	US	2.72 miles	
5	60078	PALATINE	COOK	IL	US	2.72 miles	
6	60094	PALATINE	COOK	IL	US	2.72 miles	
7	60090	WHEELING	COOK	IL	US	3.02 miles	
8	60070	PROSPECT HEIGHTS	COOK	IL	US	3.03 miles	
9	60095	PALATINE	COOK	IL	US	3.08 miles	
10	60008	ROLLING MEADOWS	COOK	IL	US	3.49 miles	
11	60074	PALATINE	COOK	IL	US	3.69 miles	
12	60005	ARLINGTON HEIGHTS	COOK	IL	US	3.77 miles	
13	60089	BUFFALO GROVE	LAKE	IL	US	4.06 miles	
14	60056	MOUNT PROSPECT	COOK	IL	US	4.49 miles	
15	60067	PALATINE	COOK	IL	US	4.51 miles	
16	60049	LONG GROVE	LAKE	IL	US	4.67 miles	
17	60173	SCHAUMBURG	COOK	IL	US	5.32 miles	
18	60069	LINCOLNSHIRE	LAKE	IL	US	5.96 miles	
19	60016	DES PLAINES	COOK	IL	US	6.24 miles	
20	60015	DEERFIELD	LAKE	IL	US	6.76 miles	
21	60195	SCHAUMBURG	COOK	IL	US	6.82 miles	
22	60179	HOFFMAN ESTATES	COOK	IL	US	7.00 miles	
23	60007	ELK GROVE VILLAGE	COOK	IL	US	7.02 miles	
24	60062	NORTHBROOK	COOK	IL	US	7.21 miles	
25	60026	GLENVIEW	COOK	IL	US	7.38 miles	
26	60017	DES PLAINES	COOK	IL	US	7.44 miles	
27	60047	LAKE ZURICH	LAKE	IL	US	7.45 miles	
28	60009	ELK GROVE VILLAGE	COOK	IL	US	7.55 miles	
29	60159	SCHAUMBURG	COOK	IL	US	7.59 miles	
30	60168	SCHAUMBURG	COOK	IL	US	7.59 miles	
31	60065	NORTHBROOK	COOK	IL	US	7.88 miles	
32	60019	DES PLAINES	COOK	IL	US	8.12 miles	
33	60011	BARRINGTON	LAKE	IL	US	8.34 miles	
34	60194	SCHAUMBURG	COOK	IL	US	8.34 miles	
35	60025	GLENVIEW	COOK	IL	US	8.41 miles	
36	60169	HOFFMAN ESTATES	COOK	IL	US	8.45 miles	
37	60061	VERNON HILLS	LAKE	IL	US	8.54 miles	
38	60018	DES PLAINES	COOK	IL	US	8.96 miles	
39	60193	SCHAUMBURG	COOK	IL	US	9.16 miles	

40	<u>60010</u>	BARRINGTON	LAKE	IL	US	9.55 miles	
41	<u>60082</u>	TECHNY	COOK	IL	US	9.55 miles	
42	<u>60192</u>	HOFFMAN ESTATES	COOK	IL	US	9.75 miles	
43	<u>60068</u>	PARK RIDGE	COOK	IL	US	9.77 miles	
44	<u>60143</u>	ITASCA	DUPAGE	IL	US	10.00 miles	
45	<u>60666</u>	CHICAGO	COOK	IL	US	10.06 miles	
46	<u>60191</u>	WOOD DALE	DUPAGE	IL	US	10.12 miles	
47	<u>60196</u>	SCHAUMBURG	COOK	IL	US	10.16 miles	
48	<u>60157</u>	MEDINAH	DUPAGE	IL	US	10.38 miles	
49	<u>60045</u>	LAKE FOREST	LAKE	IL	US	10.42 miles	
50	<u>60035</u>	HIGHLAND PARK	LAKE	IL	US	10.43 miles	
51	<u>60714</u>	NILES	COOK	IL	US	10.45 miles	
52	<u>60106</u>	BENSENVILLE	DUPAGE	IL	US	10.61 miles	
53	<u>60040</u>	HIGHWOOD	LAKE	IL	US	10.72 miles	
54	<u>60029</u>	GOLF	COOK	IL	US	10.81 miles	
55	<u>60060</u>	MUNDELEIN	LAKE	IL	US	10.90 miles	
56	<u>60053</u>	MORTON GROVE	COOK	IL	US	10.93 miles	
57	<u>60105</u>	BENSENVILLE	DUPAGE	IL	US	11.10 miles	
58	<u>60399</u>	WOOD DALE	DUPAGE	IL	US	11.10 miles	
59	<u>60022</u>	GLENCOE	COOK	IL	US	11.14 miles	
60	<u>60172</u>	ROSELLE	DUPAGE	IL	US	11.25 miles	
61	<u>60037</u>	FORT SHERIDAN	LAKE	IL	US	11.28 miles	
62	<u>60631</u>	CHICAGO	COOK	IL	US	11.34 miles	
63	<u>60093</u>	WINNETKA	COOK	IL	US	11.36 miles	
64	<u>60290</u>	CHICAGO	COOK	IL	US	11.58 miles	
65	<u>60048</u>	LIBERTYVILLE	LAKE	IL	US	11.65 miles	
66	<u>60092</u>	LIBERTYVILLE	LAKE	IL	US	11.85 miles	
67	<u>60107</u>	STREAMWOOD	COOK	IL	US	12.07 miles	
68	<u>60176</u>	SCHILLER PARK	COOK	IL	US	12.10 miles	
69	<u>60077</u>	SKOKIE	COOK	IL	US	12.45 miles	
70	<u>60117</u>	BLOOMINGDALE	DUPAGE	IL	US	12.45 miles	
71	<u>60133</u>	HANOVER PARK	COOK	IL	US	12.67 miles	
72	<u>60101</u>	ADDISON	DUPAGE	IL	US	12.69 miles	
73	<u>60108</u>	BLOOMINGDALE	DUPAGE	IL	US	12.72 miles	
74	<u>60656</u>	CHICAGO	COOK	IL	US	12.85 miles	
75	<u>60091</u>	WILMETTE	COOK	IL	US	13.13 miles	
76	<u>60131</u>	FRANKLIN PARK	COOK	IL	US	13.29 miles	
77	<u>60706</u>	HARWOOD HEIGHTS	COOK	IL	US	13.33 miles	
78	<u>60044</u>	LAKE BLUFF	LAKE	IL	US	13.47 miles	
79	<u>60021</u>	FOX RIVER GROVE	MCHENRY	IL	US	13.60 miles	
80	<u>60084</u>	WAUCONDA	LAKE	IL	US	13.62 miles	
81	<u>60043</u>	KENILWORTH	COOK	IL	US	13.78 miles	
82	<u>60646</u>	CHICAGO	COOK	IL	US	13.85 miles	
83	<u>60076</u>	SKOKIE	COOK	IL	US	13.97 miles	
84	<u>60139</u>	GLENDALE HEIGHTS	DUPAGE	IL	US	14.20 miles	
85	<u>60164</u>	MELROSE PARK	COOK	IL	US	14.20 miles	
86	<u>60203</u>	EVANSTON	COOK	IL	US	14.21 miles	

87	<u>60634</u>	CHICAGO	COOK	IL	US	14.47 miles	
88	<u>60712</u>	LINCOLNWOOD	COOK	IL	US	14.57 miles	
89	<u>60120</u>	ELGIN	KANE	IL	US	14.62 miles	
90	<u>60199</u>	CAROL STREAM	DUPAGE	IL	US	14.77 miles	
91	<u>60201</u>	EVANSTON	COOK	IL	US	14.86 miles	
92	<u>60630</u>	CHICAGO	COOK	IL	US	14.95 miles	
93	<u>60103</u>	BARTLETT	DUPAGE	IL	US	14.99 miles	
94	<u>60171</u>	RIVER GROVE	COOK	IL	US	15.00 miles	
95	<u>60013</u>	CARY	MCHENRY	IL	US	15.01 miles	
96	<u>60088</u>	GREAT LAKES	LAKE	IL	US	15.05 miles	
97	<u>60064</u>	NORTH CHICAGO	LAKE	IL	US	15.24 miles	
98	<u>60165</u>	STONE PARK	COOK	IL	US	15.48 miles	
99	<u>60126</u>	ELMHURST	DUPAGE	IL	US	15.55 miles	
100	<u>60188</u>	CAROL STREAM	DUPAGE	IL	US	15.61 miles	
101	<u>60160</u>	MELROSE PARK	COOK	IL	US	15.64 miles	
102	<u>60204</u>	EVANSTON	COOK	IL	US	15.72 miles	
103	<u>60209</u>	EVANSTON	COOK	IL	US	15.72 miles	
104	<u>60030</u>	GRAYSLAKE	LAKE	IL	US	15.75 miles	
105	<u>60707</u>	ELMWOOD PARK	COOK	IL	US	15.81 miles	
106	<u>60197</u>	CAROL STREAM	DUPAGE	IL	US	15.92 miles	
107	<u>60116</u>	CAROL STREAM	DUPAGE	IL	US	15.94 miles	
108	<u>60128</u>	CAROL STREAM	DUPAGE	IL	US	15.94 miles	
109	<u>60132</u>	CAROL STREAM	DUPAGE	IL	US	15.94 miles	
110	<u>60161</u>	MELROSE PARK	COOK	IL	US	16.00 miles	
111	<u>60042</u>	ISLAND LAKE	LAKE	IL	US	16.00 miles	
112	<u>60163</u>	BERKELEY	COOK	IL	US	16.08 miles	
113	<u>60202</u>	EVANSTON	COOK	IL	US	16.11 miles	
114	<u>60599</u>	FOX VALLEY	DUPAGE	IL	US	16.17 miles	
115	<u>60181</u>	VILLA PARK	DUPAGE	IL	US	16.19 miles	
116	<u>60208</u>	EVANSTON	COOK	IL	US	16.22 miles	
117	<u>60121</u>	ELGIN	KANE	IL	US	16.25 miles	
118	<u>60122</u>	CAROL STREAM	DUPAGE	IL	US	16.25 miles	
119	<u>60110</u>	CARPENTERSVILLE	KANE	IL	US	16.27 miles	
120	<u>60086</u>	NORTH CHICAGO	LAKE	IL	US	16.35 miles	
121	<u>60118</u>	DUNDEE	KANE	IL	US	16.35 miles	
122	<u>60645</u>	CHICAGO	COOK	IL	US	16.36 miles	
123	<u>60148</u>	LOMBARD	DUPAGE	IL	US	16.38 miles	
124	<u>60641</u>	CHICAGO	COOK	IL	US	16.67 miles	
125	<u>60659</u>	CHICAGO	COOK	IL	US	16.71 miles	
126	<u>60138</u>	GLEN ELLYN	DUPAGE	IL	US	16.83 miles	
127	<u>60104</u>	BELLWOOD	COOK	IL	US	16.84 miles	
128	<u>60073</u>	ROUND LAKE	LAKE	IL	US	17.25 miles	
129	<u>60305</u>	RIVER FOREST	COOK	IL	US	17.25 miles	
130	<u>60625</u>	CHICAGO	COOK	IL	US	17.25 miles	
131	<u>60102</u>	ALGONQUIN	MCHENRY	IL	US	17.25 miles	
132	<u>60153</u>	MAYWOOD	COOK	IL	US	17.48 miles	
133	<u>60626</u>	CHICAGO	COOK	IL	US	17.54 miles	

134	60162	HILLSIDE	COOK	IL	US	17.62 miles	📍
135	60639	CHICAGO	COOK	IL	US	17.62 miles	📍
136	60085	WAUKEGAN	LAKE	IL	US	17.65 miles	📍
137	60137	GLEN ELLYN	DUPAGE	IL	US	17.73 miles	📍
138	60123	ELGIN	KANE	IL	US	17.80 miles	📍
139	60184	WAYNE	DUPAGE	IL	US	17.91 miles	📍
140	60302	OAK PARK	COOK	IL	US	18.01 miles	📍
141	60301	OAK PARK	COOK	IL	US	18.12 miles	📍
142	60189	WHEATON	DUPAGE	IL	US	18.23 miles	📍
143	60660	CHICAGO	COOK	IL	US	18.29 miles	📍
144	60618	CHICAGO	COOK	IL	US	18.33 miles	📍
145	60031	GURNEE	LAKE	IL	US	18.43 miles	📍
146	60154	WESTCHESTER	COOK	IL	US	18.62 miles	📍
147	60014	CRYSTAL LAKE	MCHENRY	IL	US	18.68 miles	📍
148	60079	WAUKEGAN	LAKE	IL	US	18.69 miles	📍
149	60303	OAK PARK	COOK	IL	US	18.70 miles	📍
150	60051	MCHENRY	MCHENRY	IL	US	18.80 miles	📍
151	60130	FOREST PARK	COOK	IL	US	18.84 miles	📍
152	60155	BROADVIEW	COOK	IL	US	18.86 miles	📍
153	60190	WINFIELD	DUPAGE	IL	US	18.99 miles	📍
154	60177	SOUTH ELGIN	KANE	IL	US	18.99 miles	📍
155	60651	CHICAGO	COOK	IL	US	19.07 miles	📍
156	60185	WEST CHICAGO	DUPAGE	IL	US	19.12 miles	📍
157	60523	OAK BROOK	DUPAGE	IL	US	19.16 miles	📍
158	60141	HINES	COOK	IL	US	19.27 miles	📍
159	60039	CRYSTAL LAKE	MCHENRY	IL	US	19.30 miles	📍
160	60304	OAK PARK	COOK	IL	US	19.32 miles	📍
161	60187	WHEATON	DUPAGE	IL	US	19.37 miles	📍
162	60640	CHICAGO	COOK	IL	US	19.44 miles	📍
163	60186	WEST CHICAGO	DUPAGE	IL	US	19.48 miles	📍
164	60041	INGLESIDE	LAKE	IL	US	19.48 miles	📍
165	60647	CHICAGO	COOK	IL	US	19.51 miles	📍
166	60644	CHICAGO	COOK	IL	US	19.76 miles	📍
167	60156	LAKE IN THE HILLS	MCHENRY	IL	US	19.86 miles	📍
#	Zip	City	County	St	Country	Distance	



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1110.1730(e)(2) Maldistribution

The project will not result in a maldistribution of services.

A) Ratio of Beds to Population

In the project's market area of northern tier Cook County, the number of beds totals:

3,215

Total population in 2010 = 585,287

Beds per 1,000 population = 5.5

State average = 8.00*

Therefore, the ratio of beds to population does not exceed one and one-half times the State average.

Population age 65+ = 69,193

Beds per 1,000 population 65+ = 46.46

State average = 64.94**

Therefore, the ratio of beds to population does not exceed one and one-half times the State average.

*State total population in 2009 was 12,937,547, and there were 103,544 licensed beds.

**State population age 65+ years in 2009 was 1,594,643, and there were 103,544 licensed beds.

Source: Claritas, LTC State Profiles 2008

B) Historical Utilization

The pages from LTC Profiles 2008 for each facility within a 30 minute drive time, and the corresponding Mapquest, are attached as Appendix 1.

B) Sufficient Population

The market study by Revere Healthcare, Ltd. illustrates that sufficient population exists within the proposed project's service area to ensure the necessary volume to utilize the proposed services at or above occupancy standards.

1110.1730(e)(3) Impact of Project on Other Area Providers

The proposed project will not lower the utilization of other area providers below the occupancy standards specified in 77 Ill. Adm. Code 1100 of 90%; and will not lower to a further extent the utilization of other facilities currently operating below the occupancy standards. Our rationale is as follows:

The unique nature of the proposed facility will spread the impact on area providers between the skilled nursing facilities and rehabilitation hospitals currently serving the population that will be served by the proposed Transitional Care Center of Arlington Heights. As there are over 40 facilities of this nature within a 30 minute drive time of the proposed site in Arlington Heights, the impact on any one facility will be minimal.

1110.1730(g) Staffing Availability

The professional staffing needs of the proposed project are as follows:

Administrator	1.00
RN	32.50
LPN	13.06
CNA	48.36
Case Managers	1.00
Medical Records	1.00
Therapy Director	1.00
PT	7.20
PTA	9.00
Rehab Aides	3.60
OTR	5.40
COTA	7.20
Speech	3.60
Unit Secretary	1.00
DON	1.00
ADON	1.00
Education Specialist	1.00
Food service Director	1.00
Food service Supervis	1.00
Cooks	2.80
Dining Aides and Dish	6.10
Activity Program Dire	4.00
Activity Asst	2.00
Enviromental Director	1.00
Driver	1.00
Housekeepers	6.50
Laundry	3.00
Maintenance tech	1.50
Social Service	2.00
Social Service Aide	0.50
Billing Clerk	-
Office Manager	1.00
Human Resources	2.00
Admissions	1.00
Receptionists	2.11
Total	176.43

The management company, Transitional Care Management has an Administrator and a Director of Nursing on staff. Professional nursing staff – RNs, LPNs, and CNAs – can be recruited from the existing labor pool, as well as from each of the nursing schools in Chicago area. Projections from Illinois Department of Employment Security for the northern tier of Cook County (attached) show growth in nurse aides of and in LPNs.

The remaining facility staffing needs can be met by the local labor pool in Arlington Heights and surrounding communities.

Occupational Employment Projections in LWA 08 for Multiple Occupations for a base year of 2008 and a projected year of 2018

Occupation Code (SOC)	Occupational Title	2008 Estimated Employment	2018 Projected Employment	Total 2008-2018 Employment Change	Annual Avg. Percent Change	Total Percent Change	Annual Avg. Openings Due to Growth	Annual Avg. Openings Due to Replacement	Total Annual Avg. Openings	Growth Description
000000	Total, All Occupations	733,783	836,906	103,123	1.3	14.1	10,918	16,762	27,680	Unknown
371011	1st-Line Svrs/Mgrs Hskpng/Janitor	1,097	1,242	145	1.2	13.2	15	11	26	Unknown
331099	1st-Line Svrs/Mgrs, AD Prot Serv	154	179	25	1.5	16.2	3	6	9	Unknown
331021	1st-Line Svrs/Mgrs, FireFight/Prev	247	398	151	4.9	61.1	15	13	28	Unknown
391021	1st-Line Svrs/Mgrs, Pers Serv Wkrs	583	714	131	2.0	22.5	13	16	29	Unknown
331012	1st-Line Svrs/Mgrs, Police/Detctvs	462	676	214	3.9	46.3	21	20	41	Unknown
331000	1st-Line Svrs/Mgrs, Prot Serv Wkrs	974	1,399	425	3.7	43.6	43	42	85	Unknown
471011	1st-Line Svrs/Mgrs, Const Trades/Ext	1,874	2,126	252	1.3	13.4	25	36	61	Unknown
331011	1st-Line Svrs/Mgrs, Corrcntl Offrs	111	146	35	2.8	31.5	4	4	8	Unknown
451011	1st-Line Svrs/Mgrs, Farming Workers	***	***	***	***	***	***	***	***	***
351012	1st-Line Svrs/Mgrs, Food Prep/Serv	3,454	4,039	585	1.6	16.9	59	33	92	Unknown
531021	1st-Line Svrs/Mgrs, Helprs/Laborers	1,177	1,257	80	0.7	6.8	8	20	28	Unknown
371012	1st-Line Svrs/Mgrs, Lndscp/LawnServ	770	950	180	2.1	23.4	18	8	26	Unknown
491011	1st-Line Svrs/Mgrs, Mechs/Installrs	1,785	1,987	202	1.1	11.3	20	47	67	Unknown
411012	1st-Line Svrs/Mgrs, NonRtlSalesWkr	2,731	2,901	170	0.6	6.2	17	57	74	Unknown
431011	1st-Line Svrs/Mgrs, Ofc/AdmSuppWkrs	6,061	6,887	826	1.3	13.6	83	137	220	Unknown
511011	1st-Line Svrs/Mgrs, Prod/Oper Wkrs	3,969	3,828	-141	-0.4	-3.6	0	54	54	Unknown
411011	1st-Line Svrs/Mgrs, Rtl Sales Wkrs	7,409	7,856	447	0.6	6.0	45	159	204	Unknown
531031	1st-Line Svrs/Mgrs, Trans Mach Oprs	778	772	-6	-0.1	-0.8	0	14	14	Unknown
132011	Accountants and Auditors	7,762	9,675	1,913	2.2	24.6	191	131	322	Unknown
272011	Actors	158	193	35	2.0	22.2	4	4	8	Unknown
152011	Actuaries	212	238	26	1.2	12.3	3	6	9	Unknown
231021	Adm Law Judges/Adjctrs/Hrng Offrs	***	***	***	***	***	***	***	***	***
113011	Administrative Services Managers	1,764	2,052	288	1.5	16.3	29	37	66	Unknown
253011	Adult Literacy, Remdl & GED Teachers	193	228	35	1.7	18.1	4	3	7	Unknown
112011	Advertising and Promotions Managers	389	405	16	0.4	4.1	2	9	11	Unknown
413011	Advertising Sales Agents	841	924	83	0.9	9.9	8	17	25	Unknown
112000	Advertising, Mktng, PR & Sales Mgrs	4,671	5,295	624	1.3	13.4	62	102	164	Unknown
173021	Aerospace Eng & Operations Techs	10	14	4	3.4	40.0	0	0	0	Unknown
172011	Aerospace Engineers	32	34	2	0.6	6.3	0	1	1	Unknown
131011	Agents/Mgrs of Performers/Athletes	138	171	33	2.2	23.9	3	3	6	Unknown
194011	Agricultural and Food Sci Technicians	112	122	10	0.9	8.9	1	4	5	Unknown
172021	Agricultural Engineers	11	12	1	0.9	9.1	0	0	0	Unknown
452091	Agricultural Equipment Operators	83	80	-3	-0.4	-3.6	0	2	2	Unknown
452011	Agricultural Inspectors	59	63	4	0.7	6.8	0	1	1	Unknown
251041	Agricultural Sciences Faculty	12	14	2	1.8	16.7	0	0	0	Unknown
452000	Agricultural Workers	555	578	23	0.4	4.1	3	14	17	Unknown
452099	Agricultural Workers, All Other	11	14	3	2.4	27.3	0	0	0	Unknown
532021	Air Traffic Controllers	40	36	-4	-1.0	-10.0	0	1	1	Unknown
532000	Air Transportation Workers	149	176	27	1.7	18.1	3	5	8	Unknown
531011	Aircraft Cargo Handling Supervisors	43	49	6	1.3	14.0	1	1	2	Unknown

493011	Aircraft Mechanics & Serv Technicians	136	143	7	0.5	5.1	1	3	4	Unknown
512011	Aircraft Struc/Surfs Sys Assemblers	***	***	***	***	***	***	***	***	***
532022	Airfield Operations Specialists	***	***	***	***	***	***	***	***	***
532011	Airline Pilots/Copilots/Flight Engrs	77	101	24	2.8	31.2	2	3	5	Unknown
533011	Ambulance Drivers/Attnrnts, exc EMTs	91	118	27	2.6	29.7	3	2	5	Unknown
393091	Amusement and Recreation Attendants	941	1,246	305	2.8	32.4	31	49	80	Unknown
291061	Anesthesiologists	297	400	103	3.0	34.7	10	5	15	Unknown
452021	Animal Breeders	***	***	***	***	***	***	***	***	***
392000	Animal Care and Service Workers	892	1,086	194	2.0	21.7	19	19	38	Unknown
339011	Animal Control Workers	68	101	33	4.0	48.5	3	2	5	Unknown
191011	Animal Scientists	***	***	***	***	***	***	***	***	***
392011	Animal Trainers	66	81	15	2.1	22.7	2	1	3	Unknown
193091	Anthropologists and Archeologists	***	***	***	***	***	***	***	***	***
251061	Anthropology and Archeology Faculty	13	16	3	2.1	23.1	0	0	0	Unknown
132021	Appraisers/Assessors of Real Estate	329	390	61	1.7	18.5	6	6	12	Unknown
231022	Arbitrators/Mediators/Conciliators	32	36	4	1.2	12.5	0	1	1	Unknown
171011	Architects, exc Landscape and Naval	904	1,026	122	1.3	13.5	12	15	27	Unknown
171000	Architects/Surveyors/Cartographers	1,384	1,604	220	1.5	15.9	22	27	49	Unknown
173011	Architectural and Civil Drafters	415	448	33	0.8	8.0	3	9	12	Unknown
170000	Architecture & Engineering Occs	13,177	14,546	1,369	1.0	10.4	141	283	424	Unknown
251031	Architecture Faculty	***	***	***	***	***	***	***	***	***
254011	Archivists	74	80	6	0.8	8.1	1	2	3	Unknown
251062	Area/Ethnic/Cultural Studies Faculty	5	5	0	0.0	0.0	0	0	0	Unknown
271000	Art and Design Workers	4,355	4,825	470	1.0	10.8	48	128	176	Unknown
271011	Art Directors	289	332	43	1.4	14.9	4	7	11	Unknown
251121	Art, Drama, and Music Faculty	329	432	103	2.8	31.3	10	6	16	Unknown
270000	Art/Dsgn/Entertainment/Sport/Media Occs	11,324	12,865	1,541	1.3	13.6	161	292	453	Unknown
271019	Artists and Related Workers, AO	90	105	15	1.6	16.7	2	2	4	Unknown
512099	Assemblers & Fabricators, All Other	2,159	2,259	100	0.5	4.6	10	49	59	Unknown
512000	Assemblers and Fabricators	13,911	13,716	-195	-0.1	-1.4	32	294	326	Unknown
192011	Astronomers	***	***	***	***	***	***	***	***	***
272021	Athletes and Sports Competitors	55	63	8	1.4	14.5	1	1	2	Unknown
299091	Athletic Trainers	***	***	***	***	***	***	***	***	***
192021	Atmospheric and Space Scientists	***	***	***	***	***	***	***	***	***
251051	Atmospheric/Earth/Space Sci Faculty	12	13	1	0.8	8.3	0	0	0	Unknown
274011	Audio & Video Equipment Technicians	118	141	23	1.8	19.5	2	4	6	Unknown
259011	Audio-Visual Collections Specialists	24	30	6	2.3	25.0	1	1	2	Unknown
281121	Audiologists	44	61	17	3.3	38.6	2	1	3	Unknown
493022	Auto Glass Installers & Repairers	98	116	18	1.7	18.4	2	2	4	Unknown
493021	Automotive Body & Related Repairers	789	1,021	232	2.6	29.4	23	20	43	Unknown
493023	Automotive Serv Techs & Mechanics	3,716	4,547	831	2.0	22.4	83	71	154	Unknown
492091	Avionics Technicians	56	63	7	1.2	12.5	1	1	2	Unknown
396011	Baggage Porters and Bellhops	195	224	29	1.4	14.9	3	5	8	Unknown
333011	Bailiffs	***	***	***	***	***	***	***	***	***
513011	Bakers	811	827	16	0.2	2.0	2	21	23	Unknown
395011	Barbers	***	***	***	***	***	***	***	***	***
353011	Bartenders	3,027	3,604	577	1.8	19.1	58	108	166	Unknown

493091	Bicycle Repairers	46	56	10	2.0	21.7	1	1	2	Unknown
433011	Bill and Account Collectors	2,527	3,091	564	2.0	22.3	56	48	104	Unknown
433021	Billing/Posting Clerks & Mach Opers	2,569	3,031	462	1.7	18.0	46	42	88	Unknown
515011	Bindery Workers	669	562	-107	-1.7	-16.0	0	10	10	Unknown
191021	Biochemists and Biophysicists	***	***	***	***	***	***	***	***	***
251042	Biological Science Faculty	100	121	21	1.9	21.0	2	2	4	Unknown
191029	Biological Scientists, All Other	165	181	16	0.9	9.7	2	5	7	Unknown
194021	Biological Technicians	366	400	34	0.9	9.3	3	13	16	Unknown
172031	Biomedical Engineers	83	135	52	5.0	62.7	5	2	7	Unknown
372000	Bldg Cleaning & Pest Control Wrkrs	17,898	19,933	2,035	1.1	11.4	204	336	540	Unknown
472011	Boilermakers	158	177	19	1.1	12.0	2	3	5	Unknown
515012	Bookbinders	33	31	-2	-0.6	-6.1	0	1	1	Unknown
433031	Bookkeeping/Acctng/Auditing Clerks	9,403	10,609	1,206	1.2	12.8	121	113	234	Unknown
472021	Brickmasons and Blockmasons	1,035	1,110	75	0.7	7.2	8	26	34	Unknown
536011	Bridge and Lock Tenders	***	***	***	***	***	***	***	***	***
273021	Broadcast News Analysts	6	6	0	0.0	0.0	0	0	0	Unknown
274012	Broadcast Technicians	156	158	2	0.1	1.3	0	5	5	Unknown
434011	Brokerage Clerks	272	314	42	1.4	15.4	4	8	12	Unknown
132031	Budget Analysts	312	348	36	1.1	11.5	4	6	10	Unknown
370000	Building & Grounds Clean/Maint Occs	25,243	29,034	3,791	1.4	15.0	379	421	800	Unknown
372019	Building Cleaning Workers, AO	48	57	9	1.7	18.8	1	1	2	Unknown
533022	Bus Drivers, School	1,964	2,299	335	1.6	17.1	34	34	68	Unknown
533021	Bus Drivers, Transit and Intercity	729	1,049	320	3.7	43.9	32	13	45	Unknown
493031	Bus/Truck Mechncs & DieselEng Specs	902	1,056	154	1.6	17.1	15	21	36	Unknown
130000	Business & Financial Opers. Occs	47,179	55,812	8,633	1.7	18.3	868	968	1,836	Unknown
251011	Business Faculty	249	301	52	1.9	20.9	5	4	9	Unknown
131000	Business Operations Specialists	30,297	35,721	5,424	1.7	17.9	545	678	1,223	Unknown
131199	Business Operations Specialists, AO	13,725	15,728	2,003	1.4	14.6	200	305	505	Unknown
513021	Butchers and Meat Cutters	810	842	32	0.4	4.0	3	26	29	Unknown
517011	Cabinetmakers and Bench Carpenters	217	224	7	0.3	3.2	1	5	6	Unknown
274031	Camera Operatrs, TV/Video/Motn Pict	56	65	9	1.5	16.1	1	1	2	Unknown
499061	Camera/Photographic Eqpt Repairers	12	11	-1	-0.9	-8.3	0	0	0	Unknown
535021	Captains/Mates/Pilots, Water Vessel	50	64	14	2.5	28.0	1	2	3	Unknown
292031	Cardiovascular Technolgsts/Tchnncs	212	284	72	3.0	34.0	7	3	10	Unknown
435011	Cargo and Freight Agents	620	695	75	1.1	12.1	8	14	22	Unknown
472031	Carpenters	6,517	6,958	441	0.7	6.8	44	81	125	Unknown
472041	Carpet Installers	330	328	-2	-0.1	-0.6	0	9	9	Unknown
171021	Cartographers and Photogrammetrists	44	54	10	2.1	22.7	1	1	2	Unknown
412011	Cashiers	14,675	15,539	864	0.6	5.9	86	659	745	Unknown
472051	Cement Masons & Concrete Finishers	944	996	52	0.5	5.5	5	24	29	Unknown
519191	Cementing/Gluing Mach Opers/Tenders	66	59	-7	-1.1	-10.6	0	2	2	Unknown
351011	Chefs and Head Cooks	692	753	61	0.8	8.8	6	7	13	Unknown
172041	Chemical Engineers	144	141	-3	-0.2	-2.1	0	4	4	Unknown
519011	Chemical Eqpmt Operators & Tenders	140	120	-20	-1.5	-14.3	0	1	1	Unknown
518091	Chemical Plant and System Operators	101	81	-20	-2.2	-19.8	0	2	2	Unknown

194031	Chemical Technicians	238	244	6	0.2	2.5	1	5	6	Unknown
251052	Chemistry Faculty	257	282	25	0.9	9.7	3	5	8	Unknown
192031	Chemists	341	346	5	0.1	1.5	1	11	12	Unknown
111011	Chief Executives	2,350	2,396	46	0.2	2.0	5	66	71	Unknown
399011	Child Care Workers	3,292	4,100	808	2.2	24.5	81	96	177	Unknown
211021	Child, Family & School Social Wrkrs	1,196	1,446	250	1.9	20.9	25	30	55	Unknown
291011	Chiropractors	402	533	131	2.9	32.6	13	7	20	Unknown
272032	Choreographers	---	---	---	---	---	---	---	---	---
173022	Civil Engineering Technicians	260	335	75	2.6	28.8	8	5	13	Unknown
172051	Civil Engineers	1,007	1,328	321	2.8	31.9	32	17	49	Unknown
131031	Claims Adjusters/Examnrs/Invstgtrs	1,469	1,583	114	0.8	7.8	11	37	48	Unknown
519192	Clean/Wash/MetalPickling Eqpt Opers	41	40	-1	-0.2	-2.4	0	1	1	Unknown
537061	Cleaners of Vehicles and Equipment	1,469	1,720	251	1.6	17.1	25	52	77	Unknown
212011	Clergy	1,447	1,823	376	2.3	26.0	38	29	67	Unknown
193031	Clin./Counselng/Sch. Psychologists	493	618	125	2.3	25.4	13	14	27	Unknown
272022	Coaches and Scouts	854	1,181	327	3.3	38.3	33	16	49	Unknown
519121	Coat/Paint/Spray Mach Setters/Opers	538	562	24	0.4	4.5	2	14	16	Unknown
512021	Coil Winders, Tapers, and Finishers	367	266	-101	-3.2	-27.5	0	6	6	Unknown
499091	Coin/Vend/Amusement Mach Servicers	292	298	6	0.2	2.1	1	10	11	Unknown
353021	Comb Food Prep/Srv Wrks, Fast Food	10,038	12,548	2,510	2.3	25.0	251	213	464	Unknown
271021	Commercial and Industrial Designers	222	244	22	0.9	9.9	2	7	9	Unknown
499092	Commercial Divers	---	---	---	---	---	---	---	---	---
532012	Commercial Pilots	---	---	---	---	---	---	---	---	---
432000	Communications Equipment Operators	955	907	-48	-0.5	-5.0	1	20	21	Unknown
432099	Communications Equipment Opers, AO	19	20	1	0.5	5.3	0	0	0	Unknown
251122	Communications Faculty	90	110	20	2.0	22.2	2	2	4	Unknown
210000	Community & Social Services Occs	8,380	10,918	2,538	2.7	30.3	254	183	437	Unknown
211099	Community and Soc Serv Specs, AO	531	689	158	2.6	29.8	16	11	27	Unknown
113041	Compensation and Benefits Managers	304	338	34	1.1	11.2	3	7	10	Unknown
131041	Compliance Officers, exc Hlth/Saftey	563	701	138	2.2	24.5	14	6	20	Unknown
131072	Compnsatn/Bnfts & JobAnalysis Specs	844	1,088	244	2.6	28.9	24	22	46	Unknown
113021	Computer & Information Systems Mgrs	2,153	2,389	236	1.0	11.0	24	35	59	Unknown
150000	Computer & Mathematical Occupations	25,021	28,433	3,412	1.3	13.6	381	446	827	Unknown
172061	Computer Hardware Engineers	219	220	1	0.0	0.5	0	6	6	Unknown
439011	Computer Operators	619	495	-124	-2.2	-20.0	0	7	7	Unknown
151021	Computer Programmers	3,881	3,493	-388	-1.0	-10.0	0	73	73	Unknown
251021	Computer Science Faculty	86	101	15	1.6	17.4	2	2	4	Unknown
151031	Computer Sftwr Engrns, Applications	3,310	4,072	762	2.1	23.0	76	28	104	Unknown
151032	Computer Softwre Engineers, Systems	3,479	4,313	834	2.2	24.0	83	29	112	Unknown
151000	Computer Specialists	24,080	27,398	3,318	1.3	13.8	371	419	790	Unknown
151099	Computer Specialists, All Other	2,997	3,236	239	0.8	8.0	24	65	89	Unknown
151041	Computer Support Specialists	2,997	3,284	287	0.9	9.6	29	83	112	Unknown
151051	Computer Systems Analysts	2,980	3,395	415	1.3	13.9	42	64	106	Unknown
492011	Computer, Ofc & ATM Mach Repairers	682	659	-23	-0.3	-3.4	0	12	12	Unknown
514011	Computer-Controlled Mach Tool Opers	1,081	1,158	77	0.7	7.1	8	21	29	Unknown

151011	Computer/Info. Scientists, Research	194	220	26	1.3	13.4	3	4	7	Unknown
396012	Concierges	173	200	27	1.5	15.6	3	5	8	Unknown
191031	Conservation Scientists	15	19	4	2.4	26.7	0	0	0	Unknown
474011	Construction & Building Inspectors	263	376	113	3.6	43.0	11	5	16	Unknown
470000	Construction and Extraction Occs	34,450	38,506	4,056	1.1	11.8	409	573	982	Unknown
474099	Construction and Related Works, AO	216	247	31	1.4	14.4	3	7	10	Unknown
472061	Construction Laborers	7,408	8,921	1,513	1.9	20.4	151	50	201	Unknown
119021	Construction Managers	1,235	1,443	208	1.6	16.8	21	10	31	Unknown
472000	Construction Trades Workers	29,602	32,814	3,212	1.0	10.9	323	466	789	Unknown
475041	Continuous Mining Machine Operators	---	---	---	---	---	---	---	---	---
499012	Control & Valve Installrs/Repairers	52	62	10	1.8	19.2	1	1	2	Unknown
537011	Conveyor Operators and Tenders	227	209	-18	-0.8	-7.9	0	7	7	Unknown
352000	Cooks and Food Preparation Workers	14,556	17,117	2,561	1.6	17.6	256	428	684	Unknown
352019	Cooks, All Other	---	---	---	---	---	---	---	---	---
352011	Cooks, Fast Food	3,103	3,690	587	1.7	18.9	59	79	138	Unknown
352012	Cooks, Institution and Cafeteria	1,611	2,031	420	2.3	26.1	42	41	83	Unknown
352013	Cooks, Private Household	---	---	---	---	---	---	---	---	---
352014	Cooks, Restaurant	3,579	4,245	666	1.7	18.6	67	92	159	Unknown
352015	Cooks, Short Order	664	729	65	0.9	9.8	7	17	24	Unknown
519193	Cooling/Freezing Eqpt Opers/Tenders	42	40	-2	-0.5	-4.8	0	1	1	Unknown
333012	Correctional Officers and Jailers	543	880	337	4.9	62.1	34	12	46	Unknown
434021	Correspondence Clerks	61	53	-8	-1.4	-13.1	0	2	2	Unknown
131051	Cost Estimators	1,121	1,379	258	2.1	23.0	26	25	51	Unknown
393092	Costume Attendants	13	21	8	4.9	61.5	1	1	2	Unknown
211019	Counselors, All Other	146	189	43	2.6	29.5	4	3	7	Unknown
211000	Counselors/Soc Wrkrs/Comm Srv Specs	6,714	8,821	2,107	2.8	31.4	211	151	362	Unknown
412021	Counter and Rental Clerks	2,217	2,339	122	0.5	5.5	12	59	71	Unknown
353022	Counter Attendants, Cafe/Coffee Shop	2,403	2,876	473	1.8	19.7	47	177	224	Unknown
435021	Couriers and Messengers	515	512	-3	-0.1	-0.6	0	12	12	Unknown
232091	Court Reporters	---	---	---	---	---	---	---	---	---
434031	Court, Municipal & License Clerks	267	422	155	4.7	58.1	16	8	24	Unknown
271012	Craft Artists	---	---	---	---	---	---	---	---	---
537021	Crane and Tower Operators	163	153	-10	-0.6	-6.1	0	4	4	Unknown
132041	Credit Analysts	506	597	91	1.7	18.0	9	9	18	Unknown
434041	Credit Authorizers/Checkers/Clerks	323	309	-14	-0.4	-4.3	0	9	9	Unknown
251111	Criminal Justice & Law Enf. Faculty	34	41	7	1.9	20.6	1	1	2	Unknown
339091	Crossing Guards	276	435	159	4.7	57.6	16	8	24	Unknown
519021	Crush/Grind/Polish Mach Settrs/Oprs	57	53	-4	-0.7	-7.0	0	1	1	Unknown
254012	Curators	18	27	9	4.1	50.0	1	1	2	Unknown
434051	Customer Service Representatives	13,368	15,767	2,399	1.7	17.9	240	421	661	Unknown
519031	Cutters and Trimmers, Hand	65	59	-6	-1.0	-9.2	0	1	1	Unknown
514031	Cutting/Punching/Press Mach Opers	1,890	1,639	-251	-1.4	-13.3	0	37	37	Unknown
519032	Cutting/Slicing Mach Setters/Opers	430	401	-29	-0.7	-6.7	0	9	9	Unknown
272031	Dancers	68	81	13	1.8	19.1	1	3	4	Unknown
439021	Data Entry Keyers	2,249	2,126	-123	-0.6	-5.5	0	47	47	Unknown
151061	Database Administrators	717	833	116	1.5	16.2	12	12	24	Unknown
419011	Demonstrators and Product Promoters	967	1,144	177	1.7	18.3	18	28	46	Unknown

319091	Dental Assistants	1,755	2,447	692	3.4	39.4	69	33	102	Unknown
292021	Dental Hygienists	1,056	1,474	418	3.4	39.6	42	22	64	Unknown
519081	Dental Laboratory Technicians	251	226	-25	-1.0	-10.0	0	5	5	Unknown
291029	Dentists, All Other Specialists	***	***	***	***	***	***	***	***	***
291021	Dentists, General	745	892	147	1.8	19.7	15	21	36	Unknown
475011	Derrick Operators, Oil and Gas	***	***	***	***	***	***	***	***	***
271029	Designers, All Other	337	358	21	0.6	6.2	2	10	12	Unknown
439031	Desktop Publishers	273	203	-70	-2.9	-25.6	0	5	5	Unknown
333021	Detectives & Criminal Investigators	222	296	74	2.9	33.3	7	5	12	Unknown
292032	Diagnostic Medical Sonographers	195	239	44	2.1	22.6	4	3	7	Unknown
292051	Dietetic Technicians	230	300	70	2.7	30.4	7	6	13	Unknown
291031	Dietitians and Nutritionists	213	254	41	1.8	19.2	4	7	11	Unknown
359011	Dining Rm/Cafe/Brtndr Attnnts/Hlprs	2,312	2,679	367	1.5	15.9	37	100	137	Unknown
212021	Directors, Religious Activities/Educ	106	135	29	2.4	27.4	3	2	5	Unknown
359021	Dishwashers	2,446	3,002	556	2.1	22.7	56	101	157	Unknown
435032	Dispatchers, exc Police, Fire & Amb	755	752	-3	-0.0	-0.4	0	16	16	Unknown
419091	DoorToDoor SlsWkrs/NewsStreetVndrs	1,580	1,403	-177	-1.2	-11.2	0	29	29	Unknown
173019	Drafters, All Other	214	225	11	0.5	5.1	1	5	6	Unknown
173000	Drafters, Enginrng & Mapping Techs	3,457	3,675	218	0.6	6.3	26	68	94	Unknown
537031	Dredge Operators	***	***	***	***	***	***	***	***	***
514032	Drill/Boring Mach Tool Settrs/Opers	313	225	-88	-3.2	-28.1	0	3	3	Unknown
533031	Driver/Sales Workers	1,400	1,493	93	0.6	6.6	9	25	34	Unknown
472081	Drywall and Ceiling Tile Installers	432	467	35	0.8	8.1	4	5	9	Unknown
475021	Earth Drillers, Except Oil and Gas	61	66	5	0.8	8.2	1	1	2	Unknown
251063	Economics Faculty	24	30	6	2.3	25.0	1	0	1	Unknown
193011	Economists	37	47	10	2.4	27.0	1	1	2	Unknown
273041	Editors	1,083	1,071	-12	-0.1	-1.1	0	28	28	Unknown
119032	Educ. Administrators, Elem. & Sec.	989	1,233	244	2.2	24.7	24	30	54	Unknown
119033	Educ. Administrators, Postsecondary	297	327	30	1.0	10.1	3	9	12	Unknown
119031	Educ. Adms., Preschool/Child Care	214	302	88	3.5	41.1	9	6	15	Unknown
119039	Education Administrators, All Other	70	88	18	2.3	25.7	2	2	4	Unknown
251081	Education Faculty	281	361	80	2.5	28.5	8	5	13	Unknown
250000	Education, Training & Library Occs	33,951	44,754	10,803	2.8	31.8	1,080	759	1,839	Unknown
259099	Education, Trng & Library Wkrs, AO	1,056	1,365	309	2.6	29.3	31	23	54	Unknown
211012	Educl, Vocd & School Counselors	815	1,039	224	2.5	27.5	22	17	39	Unknown
492096	Elec Eqpt Repairers, Motor Vehicles	92	95	3	0.3	3.3	0	2	2	Unknown
492093	Elec Installrs/Repairers, TransEqpt	101	104	3	0.3	3.0	0	2	2	Unknown
499051	Elec Power-Line Installrs/Repairers	199	236	37	1.7	18.6	4	7	11	Unknown
492094	Elec Repairers, Comm/Industrial Eqpt	293	319	26	0.9	8.9	3	5	8	Unknown
492095	Elec Repairers, Powr/Substain /Relay	***	***	***	***	***	***	***	***	***
492000	Elec/Electronic Eqpt Mechs/Installrs	3,786	3,961	175	0.5	4.6	20	68	88	Unknown
492097	ElecHomeEntrnmtEqptInstallrs/Repair	279	323	44	1.5	15.8	4	5	9	Unknown
492092	Electric Motor/Power Tool Repairers	135	158	23	1.6	17.0	2	5	7	Unknown
512022	Electric/Electronic Eqpt Assemblers	1,795	1,476	-319	-1.9	-17.8	0	28	28	Unknown
173023	Electrical & Electronic Eng Techs	828	828	0	0.0	0.0	0	16	16	Unknown
173012	Electrical and Electronics Drafters	144	135	-9	-0.6	-6.3	0	3	3	Unknown
172071	Electrical Engineers	1,004	1,005	1	0.0	0.1	0	23	23	Unknown
472111	Electricians	3,466	3,767	301	0.8	8.7	30	84	114	Unknown
173024	Electro-Mechanical Technicians	110	99	-11	-1.0	-10.0	0	2	2	Unknown

512023	Electromechanical Eqpmnt Assemblers	481	408	-75	-1.7	-15.6	0	7	7	Unknown
172072	Electronics Engineers, exc Computer	782	828	46	0.6	5.9	5	18	23	Unknown
252021	Elem. School Teachers, exc Specd Ed	7,093	9,467	2,374	2.9	33.5	237	161	398	Unknown
474021	Elevator Installers and Repairers	113	115	2	0.2	1.8	0	3	3	Unknown
434061	Eligibility Interviews, Govt Progs	118	132	14	1.1	11.9	1	3	4	Unknown
394011	Embalmers	35	35	0	0.0	0.0	0	2	2	Unknown
292041	Emer Med Technicians & Paramedics	834	1,222	388	3.9	46.5	39	17	56	Unknown
131061	Emergency Management Specialists	29	47	18	4.9	62.1	2	1	3	Unknown
131071	Employment/Recruitment/Placmnt Specs	1,491	1,923	432	2.6	29.0	43	39	82	Unknown
512031	Engine and Other Machine Assemblers	...	...	...	...	...	...	...	...	...
251032	Engineering Faculty	45	56	11	2.2	24.4	1	1	2	Unknown
119041	Engineering Managers	988	1,029	41	0.4	4.1	4	20	24	Unknown
173029	Engineering Techs, exc Drafters, AO	369	400	31	0.8	8.4	3	7	10	Unknown
172000	Engineers	8,336	9,267	931	1.1	11.2	93	189	292	Unknown
172199	Engineers, All Other	1,771	1,893	122	0.7	6.9	12	37	49	Unknown
251123	English Language & Lit. Faculty	189	228	39	1.9	20.6	4	3	7	Unknown
272000	Entertainers/Performers/Sports Wkrs	1,997	2,517	520	2.3	26.0	52	45	97	Unknown
393000	Entertainment Attendants & Rel Wkrs	2,140	2,647	507	2.1	23.7	51	118	169	Unknown
393099	Entertainment Attendants/Wkrs, AO	235	266	31	1.2	13.2	3	12	15	Unknown
272099	Entertnrs/Performrs/Sports Wkrs, AO	...	...	...	...	...	...	...	...	...
172081	Environmental Engineers	321	403	82	2.3	25.5	8	7	15	Unknown
173025	Environmental Enginring Technicians	128	168	40	2.8	31.3	4	2	6	Unknown
194091	Environmental Sci & Protectn Techs	231	317	86	3.2	37.2	9	10	19	Unknown
251053	Environmental Science Faculty	...	...	...	...	...	...	...	...	...
192041	Environmental Scientists/Specialsts	231	279	48	1.9	20.8	5	7	12	Unknown
191041	Epidemiologists	11	16	5	3.8	45.5	1	0	1	Unknown
519194	Etchers and Engravers	119	113	-6	-0.5	-5.0	0	1	1	Unknown
537032	Excavating/Loading Mach/Dragnline Oprs	145	151	6	0.4	4.1	1	4	5	Unknown
436011	Executive Secretaries & Admin Assts	9,714	11,123	1,409	1.4	14.5	141	131	272	Unknown
475031	ExplosivsWkrs/OrdnnceExptrs /Blasrs	5	6	1	1.8	20.0	0	0	0	Unknown
475000	Extraction Workers	143	145	2	0.1	1.4	1	3	4	Unknown
475099	Extraction Workers, All Other	27	29	2	0.7	7.4	0	1	1	Unknown
514021	Extruding/Drawing Mach Settrs/Opers	508	480	-28	-0.6	-5.5	0	10	10	Unknown
516091	Extruding/Forming Mach Oprs, Fibers	15	12	-3	-2.2	-20.0	0	0	0	Unknown
519041	Extruding/Formng/Compctng Mach Opers	212	256	44	1.9	20.8	4	4	8	Unknown
516092	Fabric and Apparel Patternmakers	...	...	...	...	...	...	...	...	...
499093	Fabric Menders, Except Garment	...	...	...	...	...	...	...	...	...
454021	Fallers	...	...	...	...	...	...	...	...	...
291062	Family and General Practitioners	316	434	118	3.2	37.3	12	6	18	Unknown
259021	Farm and Home Management Advisors	...	...	...	...	...	...	...	...	...
493041	Farm Equipment Mechanics	210	234	24	1.1	11.4	2	4	6	Unknown
451012	Farm Labor Contractors	...	...	...	...	...	...	...	...	...

119011	Farm, Ranch & Other Agric. Managers	13	19	6	3.9	46.2	1	0	1	Unknown
119012	Farmers and Ranchers	100	94	-6	-0.6	-6.0	0	1	1	Unknown
450000	Farming/Fishing/Forestry Occupatns	624	655	31	0.5	5.0	4	16	20	Unknown
452092	Farmwks/Labrs, Crop/Nursery /Grnhse	260	278	18	0.7	6.9	2	7	9	Unknown
452093	Farmworkers, Farm and Ranch Animals	25	27	2	0.8	8.0	0	1	1	Unknown
271022	Fashion Designers	***	***	***	***	***	***	***	***	***
474031	Fence Erectors	***	***	***	***	***	***	***	***	***
512091	Fiberglass Laminators & Fabricators	30	31	1	0.3	3.3	0	1	1	Unknown
434071	File Clerks	1,049	875	-174	-1.8	-16.6	0	26	26	Unknown
274032	Film and Video Editors	129	147	18	1.3	14.0	2	3	5	Unknown
132051	Financial Analysts	1,990	2,415	425	2.0	21.4	43	36	79	Unknown
433000	Financial Clerks	19,651	22,287	2,636	1.3	13.4	264	389	653	Unknown
132061	Financial Examiners	110	140	30	2.4	27.3	3	2	5	Unknown
113031	Financial Managers	3,131	3,492	361	1.1	11.5	36	56	92	Unknown
132000	Financial Specialists	16,882	20,091	3,209	1.8	19.0	323	290	613	Unknown
132099	Financial Specialists, All Other	1,429	1,606	177	1.2	12.4	18	26	44	Unknown
271013	Fine Artists, inc Painters/Sculptrs	84	92	8	0.9	9.5	1	2	3	Unknown
332011	Fire Fighters	1,651	2,567	916	4.5	55.5	92	51	143	Unknown
332000	Fire Fighting & Prevention Workers	1,702	2,640	938	4.5	55.1	94	52	146	Unknown
332021	Fire Inspectors and Investigators	50	71	21	3.6	42.0	2	1	3	Unknown
333031	Fish and Game Wardens	***	***	***	***	***	***	***	***	***
453011	Fishers and Related Fishing Workers	***	***	***	***	***	***	***	***	***
453000	Fishing and Hunting Workers	***	***	***	***	***	***	***	***	***
399031	Fitness Trainers/Aerobics Instructrs	1,608	2,171	563	3.0	35.0	56	29	85	Unknown
396031	Flight Attendants	50	63	13	2.3	26.0	1	1	2	Unknown
472042	Floor Layers, exc Carpt/Wd/HardTile	***	***	***	***	***	***	***	***	***
472043	Floor Sanders and Finishers	80	87	7	0.8	8.8	1	2	3	Unknown
271023	Floral Designers	387	380	-7	-0.2	-1.8	0	12	12	Unknown
353000	Food and Beverage Serving Workers	25,983	31,307	5,324	1.9	20.5	532	1,037	1,569	Unknown
513092	Food Batchmakers	453	498	45	1.0	9.9	5	11	16	Unknown
513093	Food Cooking Mach Opers & Tenders	271	269	-2	-0.1	-0.7	0	8	8	Unknown
350000	Food Prep & Serving Occupations	51,888	61,610	9,722	1.7	18.7	972	1,857	2,829	Unknown
359099	Food Prep/Serving Related Wrks, AO	946	960	14	0.1	1.5	1	48	49	Unknown
352021	Food Preparation Workers	5,403	6,172	769	1.3	14.2	77	193	270	Unknown
513000	Food Processing Workers	3,319	3,462	143	0.4	4.3	15	96	111	Unknown
513091	Food Roast/Bake Mach Opers & Tends	110	113	3	0.3	2.7	0	3	3	Unknown
191012	Food Scientists and Technologists	94	104	10	1.0	10.6	1	3	4	Unknown
353041	Food Servers, Nonrestaurant	1,060	1,228	168	1.5	15.8	17	18	35	Unknown
119051	Food Service Managers	1,352	1,538	186	1.3	13.8	19	26	45	Unknown
251124	Foreign Language & Lit. Faculty	148	207	59	3.4	39.9	6	3	9	Unknown
194092	Forensic Science Technicians	91	103	12	1.2	13.2	1	4	5	Unknown
194093	Forest and Conservation Technicians	14	19	5	3.1	35.7	1	1	2	Unknown
454011	Forest and Conservation Workers	17	25	8	3.9	47.1	1	0	1	Unknown
332022	Forest Fire Inspectors & Prev Specs	***	***	***	***	***	***	***	***	***
454000	Forest, Conservation & Logging Wkrs	***	***	***	***	***	***	***	***	***
191032	Foresters	8	12	4	4.1	50.0	0	0	0	Unknown

251043	Forestry & Conservation Sci Faculty	***	***	***	***	***	***	***	***	***
514022	Forging Mach Setters/Opers /Tenders	157	129	-28	-1.9	-17.8	0	3	3	Unknown
514071	Foundry Mold and Coremakers	***	***	***	***	***	***	***	***	***
394021	Funeral Attendants	216	255	39	1.7	18.1	4	10	14	Unknown
119061	Funeral Directors	176	182	6	0.3	3.4	1	4	5	Unknown
394000	Funeral Service Workers	251	290	39	1.5	15.5	4	12	16	Unknown
519051	Furnace/Oven/Drier/Kettle Operators	29	26	-3	-1.1	-10.3	0	0	0	Unknown
517021	Furniture Finishers	71	76	5	0.7	7.0	1	2	3	Unknown
537071	Gas Compressor & Pump Station Opers	***	***	***	***	***	***	***	***	***
518092	Gas Plant Operators	21	16	-6	-2.7	-23.8	0	1	1	Unknown
111021	General and Operations Managers	7,346	7,519	173	0.2	2.4	17	213	230	Unknown
499042	General Maintenance & Repair Wrkrs	6,041	7,008	967	1.5	16.0	97	93	190	Unknown
193092	Geographers	***	***	***	***	***	***	***	***	***
251064	Geography Faculty	10	12	2	1.8	20.0	0	0	0	Unknown
194041	Geological & Petroleum Technicians	***	***	***	***	***	***	***	***	***
192042	Geoscientists, exc Hdrlgsts/Ggrphrs	156	184	28	1.7	17.9	3	4	7	Unknown
472121	Glaziers	183	188	5	0.3	2.7	1	7	8	Unknown
452041	Graders and Sorters, Agric Products	117	116	-1	-0.1	-0.9	0	2	2	Unknown
251191	Graduate Teaching Assistants	333	426	93	2.5	27.9	9	6	15	Unknown
271024	Graphic Designers	1,833	2,031	198	1.0	10.8	20	56	76	Unknown
514033	Grind/Polish Mach Tool Settrs/Opers	521	431	-90	-1.9	-17.3	0	8	8	Unknown
519022	Grinding & Polishing Workers, Hand	115	115	0	0.0	0.0	0	2	2	Unknown
373000	Grounds Maintenance Workers	5,478	6,909	1,431	2.3	26.1	143	66	209	Unknown
373019	Grounds Maintenance Workers, AO	152	187	35	2.1	23.0	4	2	6	Unknown
395012	Hairdressers/Stylists/Cosmetologists	2,982	3,508	526	1.6	17.6	53	44	97	Unknown
474041	Hazardous Materials Removal Workers	63	63	0	0.0	0.0	0	2	2	Unknown
172111	Health & Safety Engrs, exc Mining	192	229	37	1.8	19.3	4	5	9	Unknown
291199	Health Diag/Treat Practitioners, AO	401	510	109	2.4	27.2	11	7	18	Unknown
291000	Health Diagnosng/Treating Practitnrs	20,674	27,601	6,927	2.9	33.5	693	383	1,076	Unknown
211091	Health Educators	168	228	60	3.1	35.7	6	4	10	Unknown
251071	Health Specialties Faculty	145	172	27	1.7	18.6	3	3	6	Unknown
292000	Health Technologists & Technicians	12,306	16,010	3,704	2.7	30.1	371	287	658	Unknown
292099	Health Technologists/Technicians, AO	696	868	172	2.2	24.7	17	14	31	Unknown
290000	Healthcare Practitnrs & Tech Occs	33,754	44,603	10,849	2.8	32.1	1,085	696	1,781	Unknown
310000	Healthcare Support Occupations	17,291	23,767	6,476	3.2	37.5	649	199	848	Unknown
319099	Healthcare Support Workers, AO	1,367	1,725	358	2.4	26.2	36	15	51	Unknown
299099	Healthcre Prctitnrs & Tech Wrks, AO	600	756	156	2.3	26.0	16	20	36	Unknown
514191	Heat Treating Equipmt Setters/Opers	140	127	-13	-1.0	-9.3	0	6	6	Unknown
499021	Heat, A/C & Refrig Mechcs/Installrs	939	1,213	274	2.6	29.2	27	15	42	Unknown
473000	Helpers, Construction Trades	1,147	1,278	131	1.1	11.4	15	24	39	Unknown
473019	Helpers, Construction Trades, AO	101	112	11	1.0	10.9	1	2	3	Unknown
473012	Helpers--Carpenters	416	471	55	1.2	13.2	6	9	15	Unknown
473013	Helpers--Electricians	136	160	24	1.6	17.6	2	3	5	Unknown
475081	Helpers--Extraction Workers	20	17	-3	-1.6	-15.0	0	0	0	Unknown
499098	Helpers--Install/Maint/Repair Wrkrs	495	568	73	1.4	14.7	7	24	31	Unknown
473011	Helpers--Masons & Tile/Mrble Seltrs	198	218	20	1.0	10.1	2	4	6	Unknown
473014	Helpers--Paintrs/Paperhangrs/Plastr	***	***	***	***	***	***	***	***	***
473015	Helpers--Plumbers/Pipelayers/fitters	172	208	36	1.9	20.9	4	4	8	Unknown

519198	Helpers--Production Workers	3,152	3,274	122	0.4	3.9	12	55	67	Unknown
473016	Helpers--Roofers	***	***	***	***	***	***	***	***	***
474051	Highway Maintenance Workers	695	950	255	3.2	36.7	26	19	45	Unknown
193093	Historians	14	17	3	2.0	21.4	0	1	1	Unknown
251125	History Faculty	68	84	16	2.1	23.5	2	1	3	Unknown
537041	Hoist and Winch Operators	***	***	***	***	***	***	***	***	***
499031	Home Appliance Repairers	248	279	31	1.2	12.5	3	4	7	Unknown
251192	Home Economics Faculty	18	22	4	2.0	22.2	0	0	0	Unknown
311011	Home Health Aides	***	***	***	***	***	***	***	***	***
359031	Hosts, Restaurnt/Lounge/Coffee Shop	1,499	1,753	254	1.6	16.9	25	104	129	Unknown
434081	Hotel, Motel & Resort Desk Clerks	963	1,143	180	1.7	18.7	18	33	51	Unknown
131079	HR/Trng/Labor Rels Specs, All Other	1,541	2,005	464	2.7	30.1	46	40	86	Unknown
434161	Human Resources Assistants	748	736	-12	-0.2	-1.6	0	21	21	Unknown
113049	Human Resources Managers, All Other	552	614	62	1.1	11.2	6	12	18	Unknown
192043	Hydrologists	***	***	***	***	***	***	***	***	***
173026	Industrial Engineering Technicians	281	306	25	0.9	8.9	3	5	8	Unknown
172112	Industrial Engineers	1,116	1,328	212	1.8	19.0	21	29	50	Unknown
499041	Industrial Machinery Mechanics	971	1,160	189	1.8	19.5	19	14	33	Unknown
113051	Industrial Production Managers	658	599	-59	-0.9	-9.0	0	23	23	Unknown
537051	Industrial Truck & Tractor Operatrs	3,622	3,817	195	0.5	5.4	20	108	128	Unknown
193032	Industr-Organizatrnl Psychologists	***	***	***	***	***	***	***	***	***
434000	Information and Record Clerks	29,348	33,254	3,906	1.3	13.3	457	866	1,323	Unknown
434199	Information and Record Clerks, AO	650	602	-48	-0.8	-7.4	0	18	18	Unknown
519061	Inspectors/Testers/Sorters/Weighers	2,729	2,706	-23	-0.1	-0.8	0	46	46	Unknown
490000	Installation, Maint & Repair Occs	24,953	28,595	3,642	1.4	14.6	367	479	846	Unknown
499099	Installation/Maint/Repair Wkrs, AO	977	1,056	79	0.8	8.1	8	15	23	Unknown
259031	Instructional Coordinators	475	643	168	3.1	35.4	17	11	28	Unknown
472131	Insulation Wkrs, Floor/Ceiling/Wall	202	217	15	0.7	7.4	2	7	9	Unknown
472132	Insulation Workers, Mechanical	87	99	12	1.3	13.8	1	3	4	Unknown
131032	Insurance Appraisers, Auto Damage	52	55	3	0.6	5.8	0	1	1	Unknown
413021	Insurance Sales Agents	1,885	2,171	286	1.4	15.2	29	44	73	Unknown
132053	Insurance Underwriters	1,015	994	-21	-0.2	-2.1	0	30	30	Unknown
439041	Insurnce Claims & Policy Proc Clrks	1,198	1,226	28	0.2	2.3	3	16	19	Unknown
271025	Interior Designers	469	559	90	1.8	19.2	9	14	23	Unknown
291063	Internists, General	344	456	112	2.9	32.6	11	6	17	Unknown
273091	Interpreters and Translators	112	156	44	3.4	39.3	4	3	7	Unknown
434111	Interviewers, exc Eligibility&Loan	726	800	74	1.0	10.2	7	17	24	Unknown
372011	Janitors & Cleaners, exc Maid/Hskpr	11,512	12,851	1,339	1.1	11.6	134	218	352	Unknown
519071	Jewelers & Precious Stone/Metl Wkrs	243	248	5	0.2	2.1	1	5	6	Unknown
515021	Job Printers	544	495	-49	-0.9	-9.0	0	2	2	Unknown
231023	Judges and Magistrates	***	***	***	***	***	***	***	***	***
252012	Kindergarten Teachers, exc Specl Ed	333	441	108	2.8	32.4	11	7	18	Unknown
537062	Laborers & Freight/StockMovrs, Hand	16,241	16,412	171	0.1	1.1	17	523	540	Unknown
171012	Landscape Architects	120	147	27	2.1	22.5	3	2	5	Unknown
373011	Landscaping/Groundskeeping Workers	5,055	6,379	1,324	2.4	26.2	132	61	193	Unknown
514034	Lathe/Turning Mach Tool Settrs/Oprs	528	388	-140	-3.0	-26.5	0	9	9	Unknown
516011	Laundry and Dry-Cleaning Workers	1,403	1,463	60	0.4	4.3	6	25	31	Unknown

232092	Law Clerks	170	233	63	3.2	37.1	6	3	9	Unknown
333000	Law Enforcement Workers	3,711	5,811	2,100	4.6	56.6	210	92	302	Unknown
251112	Law Faculty	45	57	12	2.4	26.7	1	1	2	Unknown
231011	Lawyers	2,640	3,129	489	1.7	18.5	49	49	98	Unknown
231000	Lawyers, Judges, & Related Workers	2,884	3,385	501	1.6	17.4	50	54	104	Unknown
514192	Lay-Out Workers, Metal and Plastic	41	35	-6	-1.6	-14.6	0	1	1	Unknown
230000	Legal Occupations	3,973	4,734	761	1.8	19.2	77	68	145	Unknown
436012	Legal Secretaries	763	935	172	2.1	22.5	17	10	27	Unknown
232000	Legal Support Workers	1,089	1,349	260	2.2	23.9	27	14	41	Unknown
232099	Legal Support Workers, All Other	***	***	***	***	***	***	***	***	***
111031	Legislators	428	679	251	4.7	58.6	25	12	37	Unknown
254021	Librarians	699	953	254	3.1	36.3	25	18	43	Unknown
254000	Librarians, Curators & Archivists	1,434	2,008	574	3.4	40.0	57	50	107	Unknown
434121	Library Assistants, Clerical	732	1,110	378	4.3	51.6	38	30	68	Unknown
251082	Library Science Faculty	35	45	10	2.5	28.6	1	1	2	Unknown
254031	Library Technicians	630	928	298	3.9	47.3	30	28	58	Unknown
292061	Licensed Practical Nurses	2,781	3,719	938	2.9	33.7	94	87	181	Unknown
191000	Life Scientists	733	883	150	1.9	20.5	15	20	35	Unknown
191099	Life Scientists, All Other	77	86	9	1.1	11.7	1	2	3	Unknown
190000	Life, Physid & Social Science Occs	7,721	9,135	1,414	1.7	18.3	141	230	371	Unknown
194099	Life/Physical/Social Sci Techs, AO	308	340	32	1.0	10.4	3	13	16	Unknown
194000	Life/Physical/Social Science Techs	1,425	1,619	194	1.3	13.6	19	52	71	Unknown
339092	Lifeguards/Other Rec Prot Serv Wkrs	793	1,096	303	3.3	38.2	30	54	84	Unknown
537033	Loading Machine Operators, Mining	***	***	***	***	***	***	***	***	***
132071	Loan Counselors	204	207	3	0.1	1.5	0	2	2	Unknown
434131	Loan Interviewers and Clerks	1,025	1,086	61	0.6	6.0	6	25	31	Unknown
132072	Loan Officers	1,917	2,167	250	1.2	13.0	25	21	46	Unknown
393093	Locker Rm/Coalroom/Dress Rm Attnds	242	277	35	1.4	14.5	4	13	17	Unknown
499094	Locksmiths and Safe Repairers	61	64	3	0.5	4.9	0	1	1	Unknown
534011	Locomotive Engineers	317	363	46	1.4	14.5	5	10	15	Unknown
534012	Locomotive Firers	***	***	***	***	***	***	***	***	***
119081	Lodging Managers	208	226	18	0.8	8.7	2	4	6	Unknown
454023	Log Graders and Scalers	***	***	***	***	***	***	***	***	***
454022	Logging Equipment Operators	***	***	***	***	***	***	***	***	***
454029	Logging Workers, All Other	***	***	***	***	***	***	***	***	***
131081	Logisticians	468	553	85	1.7	18.2	9	10	19	Unknown
537063	Machine Feeders and Offbearers	1,105	902	-203	-2.0	-18.4	0	13	13	Unknown
514041	Machinists	3,997	3,878	-119	-0.3	-3.0	0	53	53	Unknown
372012	Maids and Housekeeping Cleaners	6,141	6,789	648	1.0	10.6	65	110	175	Unknown
439051	Mail Clrks/Mch Oprs, exc PostalServ	899	777	-122	-1.4	-13.6	0	16	16	Unknown
499043	Maintenance Workers, Machinery	569	638	69	1.2	12.1	7	9	16	Unknown
395091	Makeup Artists, Theatrical/Perfrmce	***	***	***	***	***	***	***	***	***
131111	Management Analysts	4,452	5,506	1,054	2.1	23.7	105	76	181	Unknown
110000	Management Occupations	45,054	49,820	4,766	1.0	10.6	486	1,076	1,562	Unknown
119199	Managers, All Other	12,493	13,920	1,427	1.1	11.4	143	322	465	Unknown
395092	Manicurists and Pedicurists	490	559	69	1.3	14.1	7	7	14	Unknown
499095	Manuf Bldg & Mobile Home Installers	28	31	3	1.0	10.7	0	0	0	Unknown
172121	Marine Engineers & Naval Architects	***	***	***	***	***	***	***	***	***
193021	Market Research Analysts	2,243	2,869	626	2.5	27.9	63	60	123	Unknown
112021	Marketing Managers	1,339	1,491	152	1.1	11.4	15	29	44	Unknown

211013	Marriage and Family Therapists	16	23	7	3.7	43.8	1	0	1	Unknown
319011	Massage Therapists	630	813	183	2.6	29.0	18	8	26	Unknown
537000	Material Moving Workers	30,877	31,338	461	0.1	1.5	70	847	917	Unknown
537199	Material Moving Workers, All Other	237	235	-2	-0.1	-0.8	0	3	3	Unknown
435000	Material Recrd/Sched/Disp/Dist Wkrs	21,843	22,289	446	0.2	2.0	112	514	626	Unknown
172131	Materials Engineers	150	170	20	1.3	13.3	2	4	6	Unknown
192032	Materials Scientists	321	359	38	1.1	11.8	4	11	15	Unknown
251022	Mathematical Science Faculty	132	158	26	1.8	19.7	3	2	5	Unknown
152099	Mathematical Science Occs, AO	323	317	-6	-0.2	-1.9	0	10	10	Unknown
152000	Mathematical Scientists	941	1,035	94	1.0	10.0	10	28	38	Unknown
152091	Mathematical Technicians	***	***	***	***	***	***	***	***	***
152021	Mathematicians	***	***	***	***	***	***	***	***	***
513022	Meat/Poultry/Fish Cutters & Trimmers	490	530	40	0.8	8.2	4	16	20	Unknown
499011	Mechanical Door Repairers	47	52	5	1.0	10.6	1	1	2	Unknown
173013	Mechanical Drafters	291	287	-4	-0.1	-1.4	0	6	6	Unknown
173027	Mechanical Engineering Technicians	181	164	-17	-1.0	-9.4	0	3	3	Unknown
172141	Mechanical Engineers	1,390	1,407	17	0.1	1.2	2	36	38	Unknown
292011	Med & Clinical Lab Technologists	646	778	132	1.9	20.4	13	12	25	Unknown
292071	Med Records & Health Info Technicians	792	1,029	237	2.7	29.9	24	16	40	Unknown
274099	Media & Communication Eqpt Wkrs, AO	***	***	***	***	***	***	***	***	***
274000	Media & Communication Equipmnt Wkrs	1,422	1,579	157	1.1	11.0	16	33	49	Unknown
273099	Media & Communication Workers, AO	207	228	21	1.0	10.1	2	5	7	Unknown
273000	Media and Communication Workers	3,550	3,944	394	1.1	11.1	46	86	132	Unknown
292012	Medical & Clinical Lab Technicians	780	936	156	1.8	20.0	16	15	31	Unknown
119111	Medical & Health Services Managers	915	1,193	278	2.7	30.4	28	17	45	Unknown
519082	Medical Appliance Technicians	67	61	-6	-0.9	-9.0	0	1	1	Unknown
319092	Medical Assistants	1,854	2,678	824	3.7	44.4	82	21	103	Unknown
319093	Medical Equipment Preparers	141	173	32	2.1	22.7	3	2	5	Unknown
499052	Medical Equipment Repairers	175	220	45	2.3	25.7	5	5	10	Unknown
191042	Medical Scientists, exc Epidmiolgst.	***	***	***	***	***	***	***	***	***
436013	Medical Secretaries	1,774	2,403	629	3.1	35.5	63	24	87	Unknown
319094	Medical Transcriptionists	466	558	92	1.8	19.7	9	5	14	Unknown
211022	Medical/Public Health Social Wkrs	396	538	142	3.1	35.9	14	10	24	Unknown
131121	Meeting and Convention Planners	430	540	110	2.3	25.6	11	10	21	Unknown
211014	Mental Health Counselors	453	698	245	4.4	54.1	25	9	34	Unknown
211023	Mental Hlth/Substance Abuse Soc Wkrs	411	578	167	3.5	40.6	17	10	27	Unknown
271026	Merch. Displayers & Window Trimmers	317	334	17	0.5	5.4	2	10	12	Unknown
514199	Metal Workers & Plastic Workers, AO	241	243	2	0.1	0.8	0	3	3	Unknown
514000	Metal Workers and Plastic Workers	14,650	13,582	-1,068	-0.8	-7.3	8	275	283	Unknown
514051	Metal-Refining Furn Opers & Tenders	71	63	-8	-1.2	-11.3	0	1	1	Unknown
435041	Meter Readers, Utilities	99	135	36	3.2	36.4	4	3	7	Unknown
191022	Microbiologists	80	88	8	1.0	10.0	1	3	4	Unknown
252022	Middle Sch Teachrs, exc Spec/Voc Ed	2,737	3,640	903	2.9	33.0	90	62	152	Unknown
514035	Milling/Planing Mach Setters/Opers	180	151	-29	-1.7	-16.1	0	4	4	Unknown
499044	Milwrights	154	155	1	0.1	0.6	0	3	3	Unknown
475042	Mine Cutting/Channeling Mach Opers	***	***	***	***	***	***	***	***	***

172151	Mining and Geol. Engrs, inc Safety	21	30	9	3.6	42.9	1	0	1	Unknown
475049	Mining Machine Operators, All Other	***	***	***	***	***	***	***	***	***
519023	Mix/Blend Mach Setters/Opers /Tendr	532	621	89	1.6	16.7	9	9	18	Unknown
493042	Mobile Heavy Eqpt Mechs, exc Engine	407	469	62	1.4	15.2	6	8	14	Unknown
514061	Model Makers, Metal and Plastic	76	66	-10	-1.4	-13.2	0	1	1	Unknown
517031	Model Makers, Wood	***	***	***	***	***	***	***	***	***
419012	Models	***	***	***	***	***	***	***	***	***
519195	Molders, Shapers & Casters	147	139	-8	-0.6	-5.4	0	7	7	Unknown
514072	Molding/Cormakng/Casting Mach Opers	881	835	-46	-0.5	-5.2	0	18	18	Unknown
393021	Motion Picture Projectionists	54	56	2	0.4	3.7	0	2	2	Unknown
533000	Motor Vehicle Operators	17,165	19,332	2,167	1.2	12.6	217	305	522	Unknown
533099	Motor Vehicle Operators, All Other	725	823	98	1.3	13.5	10	13	23	Unknown
493051	Motorboat Mechanics	55	62	7	1.2	12.7	1	1	2	Unknown
535022	Motorboat Operators	***	***	***	***	***	***	***	***	***
493052	Motorcycle Mechanics	82	95	13	1.5	15.9	1	2	3	Unknown
271014	Multi-Media Artists and Animators	202	233	31	1.4	15.3	3	5	8	Unknown
514081	Multiple Mach Tool Setters/Opers	531	454	-77	-1.6	-14.5	0	10	10	Unknown
254013	Museum Technicians and Conservators	13	20	7	4.4	53.8	1	0	1	Unknown
272041	Music Directors and Composers	75	90	15	1.8	20.0	2	2	4	Unknown
499063	Musical Instrument Repairers/Tuners	71	70	-1	-0.1	-1.4	0	2	2	Unknown
272042	Musicians and Singers	398	450	52	1.2	13.1	5	8	13	Unknown
119121	Natural Sciences Managers	166	175	9	0.5	5.4	1	5	6	Unknown
151081	Network Systems & Data Comm Analsts	1,332	1,938	606	3.8	45.5	61	24	85	Unknown
151071	Network/Computer Sys Administrators	2,193	2,614	421	1.8	19.2	42	37	79	Unknown
434141	New Accounts Clerks	782	811	29	0.4	3.7	3	22	25	Unknown
392021	Nonfarm Animal Caretakers	826	1,005	179	2.0	21.7	18	18	36	Unknown
172161	Nuclear Engineers	85	95	10	1.1	11.8	1	2	3	Unknown
292033	Nuclear Medicine Technologists	76	92	16	1.9	21.1	2	1	3	Unknown
518011	Nuclear Power Reactor Operators	***	***	***	***	***	***	***	***	***
194051	Nuclear Technicians	***	***	***	***	***	***	***	***	***
514012	Numerical Tool/Proc Control Progrms	***	***	***	***	***	***	***	***	***
311012	Nursing Aides, Orderlies/Attendants	6,844	9,089	2,245	2.9	32.8	225	68	293	Unknown
251072	Nursing Instructors and Faculty	138	169	31	2.0	22.5	3	2	5	Unknown
311000	Nursing, Psych & Home Health Aides	9,550	13,386	3,836	3.4	40.2	384	95	479	Unknown
291064	Obstetricians and Gynecologists	135	187	52	3.3	38.5	5	2	7	Unknown
312000	Occ & Phys Therapist Asssts & Aides	844	1,237	393	3.9	46.6	39	12	51	Unknown
299011	Occupational Health & Safety Specs	77	92	15	1.8	19.5	2	3	5	Unknown
299012	Occupational Health & Safety Techs	***	***	***	***	***	***	***	***	***
312012	Occupational Therapist Aides	***	***	***	***	***	***	***	***	***
312011	Occupational Therapist Assistants	***	***	***	***	***	***	***	***	***
291122	Occupational Therapists	511	759	248	4.0	48.5	25	9	34	Unknown
439199	Office & Admin Support Workers, AO	3,917	3,905	-12	-0.0	-0.3	0	90	90	Unknown
430000	Office & Administrative Support Occs	122,284	134,587	12,303	1.0	10.1	1,422	2,592	4,014	Unknown
439061	Office Clerks, General	13,965	16,075	2,110	1.4	15.1	211	190	401	Unknown
439071	Office Mach Operators, exc Computer	491	421	-70	-1.5	-14.3	0	16	16	Unknown
472073	Operating Engrs/Constrctn Eqpt Oper	1,107	1,254	147	1.3	13.3	15	19	34	Unknown

152031	Operations Research Analysts	317	383	66	1.9	20.8	7	9	16	Unknown
113000	Operations Specialties Managers	9,736	10,667	931	0.9	9.6	101	201	302	Unknown
519083	Ophthalmic Laboratory Technicians	241	261	20	0.8	8.3	2	5	7	Unknown
292081	Opticians, Dispensing	399	468	69	1.6	17.3	7	8	15	Unknown
291041	Optometrists	257	328	71	2.5	27.6	7	9	16	Unknown
291022	Oral and Maxillofacial Surgeons	***	***	***	***	***	***	***	***	***
434151	Order Clerks	1,491	1,086	-405	-3.1	-27.2	0	42	42	Unknown
291023	Orthodontists	64	77	13	1.9	20.3	1	2	3	Unknown
292091	Ortholists and Prosthetists	41	37	-4	-1.0	-9.8	0	1	1	Unknown
474000	Other Construction & Related Works	1,684	2,143	459	2.4	27.3	46	44	90	Unknown
259000	Other Educ. Trng & Library Occs	5,121	6,754	1,633	2.8	31.9	163	110	273	Unknown
359000	Other Food Prep/Serving Workers	7,203	8,394	1,191	1.5	16.5	119	353	472	Unknown
299000	Other Health Practitnrs & Tech Occs	774	992	218	2.5	28.2	22	26	48	Unknown
319000	Other Healthcare Support Occupations	6,897	9,144	2,247	2.9	32.8	226	92	318	Unknown
499000	Other Install, Maint & Repair Occs	12,161	13,984	1,823	1.4	15.0	183	217	400	Unknown
119000	Other Management Occupations	20,523	23,264	2,741	1.3	13.4	275	481	756	Unknown
439000	Other Office/Admin Support Workers	23,931	25,542	1,611	0.7	6.7	214	390	604	Unknown
399000	Other Personal Care/Service Workers	10,173	13,576	3,403	2.9	33.5	340	211	551	Unknown
519000	Other Production Occupations	17,852	17,926	74	0.0	0.4	50	354	404	Unknown
339000	Other Protective Service Workers	5,206	6,315	1,109	1.9	21.3	111	158	269	Unknown
419000	Other Sales and Related Workers	7,164	7,314	150	0.2	2.1	47	162	209	Unknown
253000	Other Teachers and Instructors	4,394	5,780	1,386	2.8	31.5	139	68	207	Unknown
536000	Other Transportation Workers	1,036	1,170	134	1.2	12.9	13	37	50	Unknown
493053	Outdoor Powr Eqpt & Small Eng Mechs	55	66	11	1.8	20.0	1	1	2	Unknown
519111	Packaging/Filling Mach Opers/Tendr	2,563	2,624	61	0.2	2.4	6	43	49	Unknown
537064	Packers and Packagers, Hand	7,115	7,159	44	0.1	0.6	4	118	122	Unknown
472141	Painters, Construction & Maintnace	1,785	1,880	95	0.5	5.3	10	31	41	Unknown
519122	Painters, Transportation Equipment	197	265	68	3.0	34.5	7	5	12	Unknown
519123	Painting/Coating/Decorating Workers	140	138	-2	-0.1	-1.4	0	4	4	Unknown
519196	Paper Good Mach Settrs/Opers /Tendr	611	447	-164	-3.1	-26.8	0	13	13	Unknown
472142	Paperhangers	31	28	-3	-1.0	-9.7	0	0	0	Unknown
232011	Paralegals and Legal Assistants	614	783	169	2.5	27.5	17	7	24	Unknown
333041	Parking Enforcement Workers	47	74	27	4.6	57.4	3	1	4	Unknown
536021	Parking Lot Attendants	615	646	31	0.5	5.0	3	22	25	Unknown
412022	Parts Salespersons	1,147	1,218	71	0.6	6.2	7	41	48	Unknown
514062	Patternmakers, Metal and Plastic	37	34	-3	-0.8	-8.1	0	0	0	Unknown
517032	Patternmakers, Wood	***	***	***	***	***	***	***	***	***
472071	Paving/Surfacing/Tampling Eqpt Opers	137	160	23	1.6	16.8	2	2	4	Unknown
433051	Payroll and Timekeeping Clerks	1,303	1,343	40	0.3	3.1	4	31	35	Unknown
291065	Pediatricians, General	117	158	41	3.0	35.0	4	2	6	Unknown
399021	Personal and Home Care Aides	2,723	3,905	1,182	3.7	43.4	118	34	152	Unknown
395000	Personal Appearance Workers	4,197	4,948	751	1.7	17.9	75	61	136	Unknown
390000	Personal Care & Service Occupations	19,056	24,223	5,167	2.4	27.1	517	460	977	Unknown
399099	Personal Care & Service Workers, AO	886	1,069	183	1.9	20.7	18	20	38	Unknown
132052	Personal Financial Advisors	474	674	200	3.6	42.2	20	5	25	Unknown
372021	Pest Control Workers	197	236	39	1.8	19.8	4	7	11	Unknown

373012	Pesticide Handlers/Sprays/Applictrs	172	207	35	1.9	20.3	4	2	6	Unknown
518093	Petro Pump Sys/Refinery Oprs/Gaugers	16	11	-5	-3.7	-31.3	0	0	0	Unknown
172171	Petroleum Engineers	***	***	***	***	***	***	***	***	***
291051	Pharmacists	1,025	1,214	189	1.7	18.4	19	23	42	Unknown
319095	Pharmacy Aides	216	206	-10	-0.5	-4.6	0	2	2	Unknown
292052	Pharmacy Technicians	1,713	2,254	541	2.8	31.6	54	43	97	Unknown
251126	Philosophy and Religion Faculty	99	123	24	2.2	24.2	2	2	4	Unknown
274021	Photographers	808	877	69	0.8	8.5	7	16	23	Unknown
519131	Photographic Process Workers	155	152	-3	-0.2	-1.9	0	4	4	Unknown
519132	Photographic Processing Mach Opers	300	201	-99	-3.9	-33.0	0	7	7	Unknown
192000	Physical Scientists	2,395	2,602	207	0.8	8.6	21	71	92	Unknown
192099	Physical Scientists, All Other	123	133	10	0.8	8.1	1	3	4	Unknown
312022	Physical Therapist Aides	225	326	101	3.8	44.9	10	3	13	Unknown
312021	Physical Therapist Assistants	343	505	162	3.9	47.2	16	5	21	Unknown
291123	Physical Therapists	893	1,319	426	4.0	47.7	43	11	54	Unknown
291071	Physician Assistants	233	346	113	4.0	48.5	11	4	15	Unknown
291069	Physicians and Surgeons, All Other	854	1,107	253	2.6	29.6	25	15	40	Unknown
192012	Physicists	1,176	1,250	74	0.6	6.3	7	34	41	Unknown
251054	Physics Faculty	21	25	4	1.8	19.0	0	0	0	Unknown
472072	Pile-Driver Operators	***	***	***	***	***	***	***	***	***
472151	Pipelayers	66	81	15	2.1	22.7	2	1	3	Unknown
518099	Plant & System Operators, All Other	25	29	4	1.5	16.0	0	1	1	Unknown
518000	Plant and System Operators	736	959	223	2.7	30.3	25	17	42	Unknown
472161	Plasterers and Stucco Masons	59	59	0	0.0	0.0	0	1	1	Unknown
514193	Plating/Coating Mach Setters/Opers	353	308	-45	-1.4	-12.7	0	9	9	Unknown
472152	Plumbers, Pipefitters & Steamfitters	2,528	2,887	359	1.3	14.2	36	51	87	Unknown
291081	Podiatrists	62	75	13	1.9	21.0	1	1	2	Unknown
333051	Police & Sheriffs Patrol Officers	2,734	4,299	1,565	4.6	57.2	157	71	228	Unknown
435031	Police, Fire & Ambulance Dispatchers	353	538	185	4.3	52.4	19	7	26	Unknown
251065	Political Science Faculty	43	53	10	2.1	23.3	1	1	2	Unknown
193094	Political Scientists	***	***	***	***	***	***	***	***	***
435053	Postal Serv Mail Sorters/Mach Opers	1,270	1,004	-266	-2.3	-20.9	0	12	12	Unknown
435051	Postal Service Clerks	372	345	-27	-0.8	-7.3	0	8	8	Unknown
435052	Postal Service Mail Carriers	2,043	2,290	247	1.1	12.1	25	64	89	Unknown
119131	Postmasters & Mail Superintendents	141	136	-5	-0.4	-3.5	0	3	3	Unknown
251000	Postsecondary Faculty	4,638	5,725	1,087	2.1	23.4	109	81	190	Unknown
251199	Postsecondary Faculty & Teachers, AO	1,091	1,375	284	2.3	26.0	28	19	47	Unknown
514052	Pourers and Casters, Metal	35	29	-6	-1.9	-17.1	0	1	1	Unknown
518012	Power Distributors and Dispatchers	***	***	***	***	***	***	***	***	***
518013	Power Plant Operators	19	24	5	2.4	26.3	1	1	2	Unknown
499069	Precisn Instrumnt Eqpt Repairers, AO	46	61	15	2.9	32.6	2	1	3	Unknown
515022	Prepress Technicians and Workers	614	495	-119	-2.1	-19.4	0	8	8	Unknown
252011	Preschool Teachers, exc Special Ed	1,334	2,117	783	4.7	58.7	78	27	105	Unknown
516021	Pressers, Txtil/Garmnt/Rel Materls	298	268	-30	-1.1	-10.1	0	1	1	Unknown
252000	Primary/Sec./Special Ed Sch Teachers	18,364	24,487	6,123	2.9	33.3	612	451	1,063	Unknown
515023	Printing Machine Operators	1,538	1,480	-58	-0.4	-3.8	0	32	32	Unknown
515000	Printing Workers	3,398	3,063	-335	-1.0	-9.9	0	52	52	Unknown
339021	Private Detectives & Investigators	186	219	33	1.6	17.7	3	4	7	Unknown
211092	Probation Officers & Corr Trtmt Specs	284	377	93	2.9	32.7	9	6	15	Unknown

433061	Procurement Clerks	334	354	20	0.6	6.0	2	10	12	Unknown
272012	Producers and Directors	181	208	27	1.4	14.9	3	6	9	Unknown
510000	Production Occupations	61,168	59,775	-1,393	-0.2	-2.3	144	1,189	1,333	Unknown
519199	Production Workers, All Other	4,455	4,517	62	0.1	1.4	6	103	109	Unknown
435061	Production/Planning/Expeditg Clerks	1,590	1,592	2	0.0	0.1	0	39	39	Unknown
439081	Proofreaders and Copy Markers	85	80	-5	-0.6	-5.9	0	1	1	Unknown
119141	Property, RE & Comm Assn Mgrs	816	913	97	1.1	11.9	10	14	24	Unknown
291024	Prosthodontists	***	***	***	***	***	***	***	***	***
330000	Protective Service Occupations	11,593	16,165	4,572	3.4	39.4	457	344	801	Unknown
339099	Protective Service Workers, AO	232	297	65	2.5	28.0	7	16	23	Unknown
311013	Psychiatric Aides	***	***	***	***	***	***	***	***	***
292053	Psychiatric Technicians	436	498	62	1.3	14.2	6	11	17	Unknown
291066	Psychiatrists	70	98	28	3.4	40.0	3	1	4	Unknown
193039	Psychologists, All Other	26	31	5	1.8	19.2	1	1	2	Unknown
251066	Psychology Faculty	102	126	24	2.1	23.5	2	2	4	Unknown
273012	Public Address System Announcers	64	78	14	2.0	21.9	1	2	3	Unknown
112031	Public Relations Managers	284	346	62	2.0	21.8	6	7	13	Unknown
273031	Public Relations Specialists	964	1,248	284	2.6	29.5	28	23	51	Unknown
537072	Pump Operators, exc Wellhead Pumper	19	15	-4	-2.3	-21.1	0	1	1	Unknown
131023	Purchasing Agents, exc Retail/Farm	1,820	2,043	223	1.2	12.3	22	48	70	Unknown
131021	Purchasing Agents/Buyer, Farm Prods	90	90	0	0.0	0.0	0	2	2	Unknown
113061	Purchasing Managers	451	455	4	0.1	0.9	0	13	13	Unknown
291124	Radiation Therapists	73	102	29	3.4	39.7	3	1	4	Unknown
273011	Radio and Television Announcers	95	88	-7	-0.8	-7.4	0	3	3	Unknown
492021	Radio Mechanics	***	***	***	***	***	***	***	***	***
274013	Radio Operators	***	***	***	***	***	***	***	***	***
292034	Radiologic Technologists/Technicians	751	926	175	2.1	23.3	18	11	29	Unknown
493043	Rail Car Repairers	259	291	32	1.2	12.4	3	5	8	Unknown
534000	Rail Transportation Workers	1,136	1,324	188	1.5	16.5	19	38	57	Unknown
534099	Rail Transportation Workers, AOther	74	91	17	2.1	23.0	2	2	4	Unknown
534013	Rail Yard Engineers & Dinkey Opers	76	79	3	0.4	3.9	0	3	3	Unknown
474061	Rail-Track Laying & Maint Eqpt Opers	162	192	30	1.7	18.5	3	4	7	Unknown
534021	Railroad Brake/Signal/Switch Opers	270	320	50	1.7	18.5	5	9	14	Unknown
534031	Railroad Conductors and Yardmasters	347	389	42	1.1	12.1	4	12	16	Unknown
419021	Real Estate Brokers	519	574	55	1.0	10.6	6	9	15	Unknown
419022	Real Estate Sales Agents	903	1,063	160	1.6	17.7	16	15	31	Unknown
434171	Receptionists & Information Clerks	6,543	7,744	1,201	1.7	18.4	120	177	297	Unknown
399032	Recreation Workers	1,538	2,181	643	3.6	41.8	64	28	92	Unknown
251193	Recreation/Fitness Studies Faculty	92	118	26	2.5	28.3	3	2	5	Unknown
291125	Recreational Therapists	155	206	51	2.9	32.9	5	6	11	Unknown
493092	Recreational Vehicle Serv Technicians	19	21	2	1.0	10.5	0	0	0	Unknown
499045	Refractory Materials Repairers	***	***	***	***	***	***	***	***	***
537081	Refuse & Recyclable Matl Collectors	487	522	35	0.7	7.2	4	14	18	Unknown
291111	Registered Nurses	11,149	15,017	3,868	3.0	34.7	387	195	582	Unknown
211015	Rehabilitation Counselors	329	433	104	2.8	31.6	10	7	17	Unknown
472171	Reinforcing Iron and Rebar Workers	207	219	12	0.6	5.8	1	3	4	Unknown
212000	Religious Workers	1,666	2,097	431	2.3	25.9	43	33	76	Unknown
212099	Religious Workers, All Other	113	139	26	2.1	23.0	3	2	5	Unknown
273022	Reporters and Correspondents	340	294	-46	-1.4	-13.5	0	9	9	Unknown

399041	Residential Advisors	126	150	24	1.8	19.0	2	5	7	Unknown
291126	Respiratory Therapists	414	578	164	3.4	39.6	16	8	24	Unknown
292054	Respiratory Therapy Technicians	72	82	10	1.3	13.9	1	2	3	Unknown
434181	Resrvtn/Trans TcktAgts & TrvelClrks	230	264	34	1.4	14.8	3	5	8	Unknown
412000	Retail Sales Workers	42,675	45,728	3,053	0.7	7.2	305	1,446	1,751	Unknown
412031	Retail Salespersons	24,636	26,632	1,996	0.8	8.1	200	687	887	Unknown
499096	Riggers	66	69	3	0.4	4.5	0	1	1	Unknown
475051	Rock Splitters, Quarry	***	***	***	***	***	***	***	***	***
514023	Rolling Mach Setters/Opers/Tenders	159	134	-25	-1.7	-15.7	0	3	3	Unknown
475061	Roof Bolters, Mining	***	***	***	***	***	***	***	***	***
472181	Roofers	795	786	-9	-0.1	-1.1	0	13	13	Unknown
475012	Rotary Drill Operators, Oil and Gas	***	***	***	***	***	***	***	***	***
475071	Roustabouts, Oil and Gas	***	***	***	***	***	***	***	***	***
535011	Sailors and Marine Oilers	66	79	13	1.8	19.7	1	3	4	Unknown
410000	Sales and Related Occupations	83,210	88,791	5,581	0.7	6.7	590	2,361	2,951	Unknown
419099	Sales and Related Workers, AO	1,304	1,381	77	0.6	5.9	8	29	37	Unknown
419031	Sales Engineers	***	***	***	***	***	***	***	***	***
112022	Sales Managers	2,659	3,053	394	1.4	14.8	39	57	96	Unknown
413000	Sales Representatives, Services	8,970	10,136	1,166	1.2	13.0	117	207	324	Unknown
413099	Sales Representatives, Services, AO	3,533	3,873	340	0.9	9.6	34	88	122	Unknown
414011	Sales Reps, Whls/Mfg, Tech/SciProds	3,812	4,037	225	0.6	5.9	23	88	111	Unknown
414012	Sales Reps, Wholesale/Manufacturing	10,449	10,819	370	0.3	3.5	37	242	279	Unknown
414000	Sales Reps, Wholesale/Manufacturing	14,261	14,856	595	0.4	4.2	60	330	390	Unknown
517041	Sawing Machine Setters/Opers, Wood	22	22	0	0.0	0.0	0	0	0	Unknown
252031	Secondary Sch Teachers, exc Sp/VocEd	4,898	6,147	1,249	2.3	25.5	125	142	267	Unknown
436000	Secretaries & Admin Assistants	20,495	23,421	2,926	1.3	14.3	293	276	569	Unknown
436014	Secretaries, exc Legal/Medical/Exec	8,244	8,960	716	0.8	8.7	72	111	183	Unknown
413031	Secs, Commdts & Fin Svcs Sales Agts	1,674	2,055	381	2.1	22.8	38	51	89	Unknown
492098	Security & Fire Alarm Sys Installrs	171	204	33	1.8	19.3	3	3	6	Unknown
339032	Security Guards	3,651	4,167	516	1.3	14.1	52	75	127	Unknown
474091	Segmental Pavers	***	***	***	***	***	***	***	***	***
253021	Self-Enrichment Education Teachers	696	1,075	379	4.4	54.5	38	11	49	Unknown
519141	Semiconductor Processors	***	***	***	***	***	***	***	***	***
519012	Sepratng/Precipitatng/Still MachOpers	***	***	***	***	***	***	***	***	***
474071	Septic Tank Svcs & Sewer Cleanrs	122	144	22	1.7	18.0	2	3	5	Unknown
536031	Service Station Attendants	169	210	41	2.2	24.3	4	7	11	Unknown
475013	Service Unit Opers, Oil/Gas/Mining	***	***	***	***	***	***	***	***	***
271027	Set and Exhibit Designers	48	58	10	1.9	20.8	1	2	3	Unknown
516051	Sewers, Hand	79	75	-4	-0.5	-5.1	0	1	1	Unknown
516031	Sewing Machine Operators	552	397	-155	-3.2	-28.1	0	3	3	Unknown
395093	Shampooers	239	263	24	1.0	10.0	2	4	6	Unknown
472211	Sheet Metal Workers	976	1,006	30	0.3	3.1	3	23	26	Unknown
535031	Ship Engineers	***	***	***	***	***	***	***	***	***
435071	Shipping Receiving & Traffic Clerks	4,961	4,626	-335	-0.7	-6.8	0	123	123	Unknown
516041	Shoe & Leather Workers & Repairers	22	29	7	2.8	31.8	1	0	1	Unknown
516042	Shoe Machine Operators and Tenders	20	22	2	1.0	10.0	0	0	0	Unknown
537111	Shuttle Car Operators	***	***	***	***	***	***	***	***	***

499097	Signal and Track Switch Repairers	64	70	6	0.9	9.4	1	1	2	Unknown
395094	Skin Care Specialists	279	384	105	3.2	37.6	11	4	15	Unknown
513023	Slaughtering and Meat Packers	374	383	9	0.2	2.4	1	12	13	Unknown
193099	Soc Scientists & Related Wrkrs, AO	58	63	5	0.8	8.6	1	3	4	Unknown
119151	Social & Community Service Managers	350	446	96	2.5	27.4	10	8	18	Unknown
211093	Social and Human Service Assistants	993	1,383	390	3.4	39.3	39	21	60	Unknown
194061	Social Science Research Assistants	37	41	4	1.0	10.8	0	2	2	Unknown
251069	Social Sciences Faculty, All Other	***	***	***	***	***	***	***	***	***
193000	Social Scientists & Related Workers	3,168	4,031	863	2.4	27.2	86	88	174	Unknown
251113	Social Work Faculty	39	49	10	2.3	25.6	1	1	2	Unknown
211029	Social Workers, All Other	662	752	90	1.3	13.6	9	17	26	Unknown
193041	Sociologists	42	45	3	0.7	7.1	0	1	1	Unknown
251067	Sociology Faculty	47	58	11	2.1	23.4	1	1	2	Unknown
191013	Soil and Plant Scientists	39	44	5	1.2	12.8	1	1	2	Unknown
274014	Sound Engineering Technicians	68	80	12	1.6	17.6	1	2	3	Unknown
252042	Special Ed Teachers, Middle School	417	566	149	3.1	35.7	15	11	26	Unknown
252041	Special Ed Teachers, Presch/Elmtry	892	1,263	371	3.5	41.6	37	23	60	Unknown
252043	Special Ed Teachers, Secondary Sch	434	565	131	2.7	30.2	13	11	24	Unknown
291127	Speech-Language Pathologists	692	957	265	3.3	38.3	27	13	40	Unknown
531000	Sprvrs, Transport/Matrl Moving Wrks	1,998	2,078	80	0.4	4.0	9	35	44	Unknown
371000	Sprvs, Bldg/Ground Clean/Maint Wrks	1,867	2,192	325	1.6	17.4	33	20	53	Unknown
518021	Stationary Engineers & Boiler Opers	186	228	42	2.1	22.6	4	3	7	Unknown
439111	Statistical Assistants	49	46	-3	-0.6	-6.1	0	1	1	Unknown
152041	Statisticians	74	80	6	0.8	8.1	1	2	3	Unknown
435081	Stock Clerks and Order Filers	8,988	9,561	573	0.6	6.4	57	207	264	Unknown
472022	Stonemasons	54	59	5	0.9	9.3	1	1	2	Unknown
472221	Structural Iron and Steel Workers	299	318	19	0.6	6.4	2	5	7	Unknown
512041	Structural Metal Fabricators/Fitters	295	292	-3	-0.1	-1.0	0	6	6	Unknown
211011	Substance Abuse/Bhvr/ Dsrdr Counslrs	314	448	134	3.6	42.7	13	6	19	Unknown
534041	Subway and Streetcar Operators	***	***	***	***	***	***	***	***	***
451000	Supervisors, Farm/Fish/Forest Wrks	48	48	0	0.0	0.0	0	1	1	Unknown
351000	Supervisors, Food Prep/Serving Wrks	4,146	4,792	646	1.5	15.6	65	40	105	Unknown
431000	Supervisors, Office/Admin Supp Wrks	6,061	6,887	826	1.3	13.6	83	137	220	Unknown
511000	Supervisors, Production Workers	3,969	3,828	-141	-0.4	-3.6	0	54	54	Unknown
411000	Supervisors, Sales Workers	10,140	10,757	617	0.6	6.1	62	216	278	Unknown
471000	Supervrs, Constructn/Extractn Wrks	1,874	2,126	252	1.3	13.4	25	36	61	Unknown
391000	Suprvsors, Personal Care/Serv Wrks	583	714	131	2.0	22.5	13	16	29	Unknown
491000	Suprvrs, Install/Maint/Repair Wrks	1,785	1,987	202	1.1	11.3	20	47	67	Unknown
291067	Surgeons	521	677	156	2.7	29.9	16	9	25	Unknown
292055	Surgical Technologists	301	425	124	3.5	41.2	12	8	20	Unknown
193022	Survey Researchers	127	165	38	2.7	29.9	4	3	7	Unknown
173031	Surveying and Mapping Technicians	226	266	40	1.6	17.7	4	4	8	Unknown
171022	Surveyors	316	377	61	1.8	19.3	6	8	14	Unknown
432011	Switchbrd Opers, inc Answering Serv	862	808	-54	-0.6	-6.3	0	18	18	Unknown

516052	Tailors, Dressmakers, Custom Sewers	143	140	-3	-0.2	-2.1	0	2	2	Unknown
537121	Tank Car, Truck, and Ship Loaders	40	37	-3	-0.8	-7.5	0	1	1	Unknown
472082	Tapers	226	243	17	0.7	7.5	2	3	5	Unknown
132081	Tax Examiners/Collectors & Rev Agts	138	141	3	0.2	2.2	0	5	5	Unknown
132082	Tax Preparers	696	737	41	0.6	5.9	4	11	15	Unknown
533041	Taxi Drivers and Chauffeurs	900	1,064	164	1.7	18.2	16	16	32	Unknown
259041	Teacher Assistants	3,564	4,714	1,150	2.8	32.3	115	75	190	Unknown
253099	Teachers and Instructors, All Other	3,505	4,477	972	2.5	27.7	97	54	151	Unknown
512092	Team Assemblers	8,540	8,763	223	0.3	2.6	22	192	214	Unknown
273042	Technical Writers	243	274	31	1.2	12.8	3	4	7	Unknown
492022	Telecomm Eqpt Installers/Repairers	1,939	1,991	52	0.3	2.7	5	34	39	Unknown
499052	Telecomm Line Installers/Repairers	614	619	5	0.1	0.8	1	10	11	Unknown
419041	Telemarketers	1,448	1,306	-142	-1.0	-9.8	0	36	36	Unknown
432021	Telephone Operators	74	79	5	0.7	6.8	1	1	2	Unknown
433071	Tellers	3,515	3,859	344	0.9	9.8	34	145	179	Unknown
472053	Terrazzo Workers and Finishers	***	***	***	***	***	***	***	***	***
516061	Textile Bleach/Dye Mach Oprs/Tendrs	***	***	***	***	***	***	***	***	***
516062	Textile Cutting Mach Setters/Oprs	28	21	-7	-2.8	-25.0	0	1	1	Unknown
516063	Textile Knitting/Weaving Mach Oprs	8	7	-1	-1.3	-12.5	0	0	0	Unknown
516099	Textile/Apparel/Furn Workers, AO	92	72	-20	-2.4	-21.7	0	1	1	Unknown
516000	Textile/Apparel/Furnishings Workers	2,827	2,706	-121	-0.4	-4.3	11	35	46	Unknown
291129	Therapists, All Other	333	406	73	2.0	21.9	7	7	14	Unknown
472044	Tile and Marble Setters	292	323	31	1.0	10.6	3	8	11	Unknown
512093	Timing Device Assemblers/Adjusters	69	62	-7	-1.1	-10.1	0	2	2	Unknown
519197	Tire Builders	91	84	-7	-0.8	-7.7	0	3	3	Unknown
493093	Tire Repairers and Changers	447	486	39	0.8	8.7	4	9	13	Unknown
232093	Title Examiners/Abstracts/Searchrs	157	146	-11	-0.7	-7.0	0	2	2	Unknown
514111	Tool and Die Makers	566	517	-49	-0.9	-8.7	0	3	3	Unknown
514194	Tool Grinders, Filers & Sharpeners	103	98	-5	-0.5	-4.9	0	3	3	Unknown
111000	Top Executives	10,124	10,594	470	0.5	4.6	47	291	338	Unknown
396021	Tour Guides and Escorts	103	141	38	3.2	36.9	4	4	8	Unknown
536041	Traffic Technicians	7	12	5	5.5	71.4	1	0	1	Unknown
131073	Training & Development Specialists	1,075	1,343	268	2.3	24.9	27	28	55	Unknown
113042	Training and Development Managers	198	224	26	1.2	13.1	3	4	7	Unknown
333052	Transit and Railroad Police	39	56	17	3.7	43.6	2	1	3	Unknown
536051	Transportation Inspectors	111	131	20	1.7	18.0	2	3	5	Unknown
536099	Transportation Workers, All Other	***	***	***	***	***	***	***	***	***
113071	Transportation, Storage & Dist Mgrs	525	504	-21	-0.4	-4.0	0	15	15	Unknown
530000	Transportation/Material Moving Occs	52,489	55,578	3,089	0.6	5.9	334	1,272	1,606	Unknown
396032	Transportatn Attndts, exc Flt Attndts	275	307	32	1.1	11.6	3	6	9	Unknown
396000	Transportatn/Tourism/Lodging Attndts	820	962	142	1.6	17.3	14	22	36	Unknown
413041	Travel Agents	1,037	1,113	76	0.7	7.3	8	8	16	Unknown
396022	Travel Guides	24	27	3	1.2	12.5	0	1	1	Unknown
373013	Tree Trimmers and Pruners	99	136	37	3.2	37.4	4	1	5	Unknown
533032	Truck Drivers, Heavy/TractorTrailer	6,234	7,034	800	1.2	12.8	80	112	192	Unknown
533033	Truck Drivers, Light/Delivery Servs	5,122	5,452	330	0.6	6.4	33	92	125	Unknown
516064	Textile Wind/Twst/DrawOut MachOprs	***	***	***	***	***	***	***	***	***

272023	Umpires/Referees/Sports Officials	124	154	30	2.2	24.2	3	2	5	Unknown
516093	Upholsterers	141	183	42	2.6	29.8	4	1	5	Unknown
193051	Urban and Regional Planners	78	116	38	4.0	48.7	4	2	6	Unknown
393031	Ushers/Lobby Attndnts/Ticket Takers	655	781	126	1.8	19.2	13	42	55	Unknown
493000	Vehicle & Mobile Eqpt Mechs/Instllrs	7,221	8,663	1,442	1.8	20.0	144	148	292	Unknown
319096	Vet Assts & Lab Animal Caretakers	468	544	76	1.5	16.2	8	5	13	Unknown
291131	Veterinarians	312	400	88	2.5	28.2	9	6	15	Unknown
292056	Veterinary Technologists/Technicians	295	379	84	2.5	28.5	8	7	15	Unknown
252032	Vocational Ed Teachers, Secndry Sch	207	259	52	2.3	25.1	5	6	11	Unknown
251194	Vocational Education Faculty	299	327	28	0.9	9.4	3	5	8	Unknown
252023	Voc Educ Teachers, Middle School	19	22	3	1.5	15.8	0	0	0	Unknown
353031	Walters and Waitresses	9,455	11,051	1,596	1.6	16.9	160	522	682	Unknown
499064	Watch Repairers	***	***	***	***	***	***	***	***	***
535000	Water Transportation Workers	128	180	32	2.3	25.0	3	5	8	Unknown
518031	Water/Waste Trtmt Plant & Sys Oprs	238	374	136	4.6	57.1	14	5	19	Unknown
435111	Weighers/Measurers/Checkers /Sampls	277	239	-38	-1.5	-13.7	0	10	10	Unknown
514122	Weld/Solder/Braz Mach Setters/Opers	248	227	-21	-0.9	-8.5	0	8	8	Unknown
514121	Welders Cutters Solderers & Brazers	1,884	1,845	-39	-0.2	-2.1	0	58	58	Unknown
537073	Wellhead Pumpers	***	***	***	***	***	***	***	***	***
131022	Wholesale/Retail Buyers, exc Farm	989	966	-23	-0.2	-2.3	0	25	25	Unknown
517000	Woodworkers	506	533	27	0.5	5.3	3	11	14	Unknown
517099	Woodworkers, All Other	122	136	14	1.1	11.5	1	3	4	Unknown
517042	Woodworking Machine Setters/Opers	68	69	1	0.1	1.5	0	1	1	Unknown
439022	Word Processors and Typists	186	188	2	0.1	1.1	0	1	1	Unknown
273043	Writers and Authors	436	501	65	1.4	14.9	7	9	16	Unknown
191023	Zoologists and Wildlife Biologists	***	***	***	***	***	***	***	***	***

Note: Asterisks indicate confidential data

Source: IL Dept. of Employment Security, Projections Unit

Detail Data: Employment and Openings

1110.1730(h) Facility Size

The criterion reads:

The maximum size of a general long term care facility is 250 beds unless the applicant documents that a larger facility would provide personalization of patient care and documents provision of quality care based on the experience of the applicant and compliance with IDPA's licensure standards.

This does not apply, as the facility is only proposing 120 SNF beds.

Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

As a resident of Arlington Heights, I am very concerned about the needs of our community, particularly those relating to the availability of health care. You may not be aware that access to quality nursing home services is severely limited. Ensuring that we have adequate access to short-term rehabilitative services in our community is important to me and to my family and friends.

I am aware of the effort Transitional Care Management has undertaken to bring quality post-acute care in our community. I strongly support this ongoing endeavor as it will address a significant need in Planning Area. In particular, *Transitional Care Center of Arlington Heights* will provide subacute and skilled nursing care to those high acuity patients leaving hospitals "sicker and quicker". Some patients who need this important level of care may have to leave the Planning Area for services.

While there are other excellent facilities in the area, many are either fully occupied or are restricted to serving special populations. Furthermore, not all are capable of handling the high acuity patient that will be served by Transitional Care Center of Arlington Heights.

The development of licensed nursing beds at Transitional Care Center will help address one of the most significant needs in our community. I appeal to you and members of the Health Facilities and Services Review Board to lend your support to this new project.

Sincerely,

Karen Majerczak

Your name

KAREN MAJERCZAK & JASON MAJERCZAK

Address

1131 N DUNTON AVENUE

City, state, zip

ARLINGTON HEIGHTS IL 60004

Date:

10-29-10

November 1, 2010

Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

To whom it may concern,

As a resident of Arlington Heights, I am concerned about the availability of quality options for our residents, particularly as they relate to the availability of health care. Ensuring that we have not only adequate but top notch access to short-term rehabilitative services in our community is important to me, my family and my neighbors.

Top Quality Care and Expertise

I understand that Transitional Care Management will bring quality post-acute care to our community. In particular, *Transitional Care Center of Arlington Heights* will provide post-acute care to high acuity patients who are increasingly forced to leave hospitals "sicker and quicker" these days. Some go home with limited home care and have no family members available to provide the additional support they need. Others who need this important level of care may need to go outside the area for services.

Holistic Approach in a Wellness Center Setting

While there are other excellent rehabilitation facilities in the area, many are either fully occupied, only serve acute needs, are outdated or are restricted to serving special populations. Furthermore, not all are capable of handling the high acuity patient that will be served by *Transitional Care Center of Arlington Heights* or the patient who prefers to recover in a non-institutional/nursing home setting.

Healing our Residents and Helping our Economy

The development of licensed nursing beds at Transitional Care Center will help address a specific and under-served need in our community and help round out our complement of fine medical services.

Additionally, *Transitional Care Center of Arlington Heights* would be a welcome answer to our acute vacant real estate issue and will also provide about 100 full and part-time jobs to our residents. I appeal to you and members of the Health Facilities and Services Review Board to lend your support to this new project.

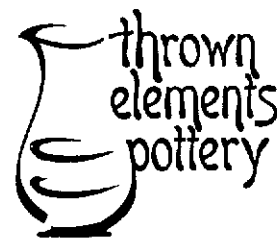
Sincerely,



Ellen Burkhardt
232 S Princeton Ave
Arlington Heights, IL 60005

November 1, 2010

Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761



260 n. evergreen ave.
arlington heights, il 60004

To whom it may concern,

As a business owner of Arlington Heights, I am always interested in stimulating our economy. My grandmother-in-law was ill off and on for several years before her passing it was during this time we traveled to visit her in Maryland. As we had to visit her in the hospital it was a challenge to keep our children safe and entertained. We had to leave to frequent restaurants, art studios, shopping areas which boons well for the local economy, but it would have been so nice had we a place we could have shared together as a family, while she was healing and considering her time was short. This was not a hospice situation, just simply recovery.

Because of this experience I am aware of and concerned about the availability of quality options for our residents, particularly as they relate to the availability of health care. Ensuring that we have not only adequate but top notch access to short-term rehabilitative services in our community is important to me, my family and my neighbors.

Top Quality Care and Expertise

I understand that Transitional Care Management will bring quality post-acute care to our community. In particular, *Transitional Care Center of Arlington Heights* will provide post-acute care to high acuity patients who are increasingly forced to leave hospitals "sicker and quicker" these days. Some go home with limited home care and have no family members available to provide the additional support they need. Others who need this important level of care may need to go outside the area for services.

Holistic Approach in a Wellness Center Setting

While there are other excellent rehabilitation facilities in the area, many are either fully occupied, only serve acute needs, are outdated or are restricted to serving special populations. Furthermore, not all are capable of handling the high acuity patient that will be served by *Transitional Care Center of Arlington Heights* or the patient who prefers to recover in a non-institutional/nursing home setting.

Healing our Residents and Helping our Economy

The development of licensed nursing beds at Transitional Care Center will help address a specific and underserved need in our community and help round out our complement of fine medical services.

Additionally, *Transitional Care Center of Arlington Heights* would be a welcome answer to our acute vacant real estate issue and will also provide about 100 full and part-time jobs to our residents. I appeal to you and members of the Health Facilities and Services Review Board to lend your support to this new project.

Sincerely,

Andi Rühl – owner/artist

A handwritten signature in cursive script that reads 'Andi Rühl'.

thrown elements pottery
260 n. evergreen ave.
arlington heights, il 60004

November 4, 2010

Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

To whom it may concern,

As a resident of Arlington Heights, I am concerned about the availability of quality options for our residents, particularly as they relate to the availability of health care. Ensuring that we have not only adequate but top notch access to short-term rehabilitative services in our community is important to me, my family and my neighbors.

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Sincerely,



Chris Boyer
646 S. Dunton Ave., Arlington Heights, IL 60005

November 1, 2010

Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

To whom it may concern,

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Sincerely,



Name

Address

434 S VAIL AV
ARLINGTON HTS. ILL
60005

November 1, 2010

Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

To whom it may concern,

As a resident of Arlington Heights, I am concerned about the availability of quality options for our residents, particularly as they relate to the availability of health care. Ensuring that we have not only adequate but top notch access to short-term rehabilitative services in our community is important to me, my family and my neighbors.

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Holistic Approach in a Wellness Center Setting

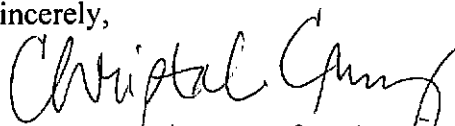
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Sincerely,


Name
Address
434 S. Vall Ave
Arlington Hts, IL
60005

November 1, 2010

Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

To whom it may concern,

As a resident of Arlington Heights, I am concerned about the availability of top quality options for our residents, particularly as they relate to the availability of health care. In the recent past I have spoken on three different occasions to friends who were having knee or hip replacement in Arlington Heights. All three discussed their displeasure in their choice in local rehabilitation options to meet their particular short-term needs.

- One person—in her sixties—was disappointed that she'd have to spend two weeks recovering from knee replacement in a nursing home setting.
- A second came to Arlington Heights from Lake Villa to have surgery with the “best surgeon in the area” only to have to transfer to the North Shore to find rehabilitative care that was in a “non-institutional” setting.
- A third bypassed surgery in Arlington Heights all together for care in Chicago partially due to the lack of local non-institutional rehab.

Ensuring that we have not only adequate but top notch access to short-term rehabilitative services in our community is important to me, my family and my neighbors.

Top Quality Care and Expertise

I understand that Transitional Care Management will bring quality post-acute care to our community. In particular, *Transitional Care Center of Arlington Heights* will provide post-acute care to high acuity patients who are increasingly forced to leave hospitals “sicker and quicker” these days. Some go home with limited home care and have no family members available to provide the additional support they need. Others who need this important level of care may need to go outside the area for services.

Holistic Approach in a Wellness Center Setting

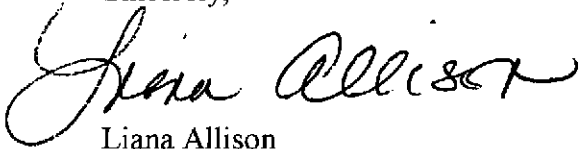
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Additionally, *Transitional Care Center of Arlington Heights* would be a welcome answer to our acute vacant real estate issue and will also provide about 100 full and part-time jobs to our residents. I appeal to you and members of the Health Facilities and Services Review Board to lend your support to this new project.

Sincerely,

A handwritten signature in cursive script that reads "Liana Allison". The signature is fluid and elegant, with a large initial "L" and a long, sweeping tail on the "n" in "Allison".

Liana Allison

November 8, 2010

Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

To whom it may concern,

As a resident of Arlington Heights, I am concerned about the availability of top quality options for our residents, particularly as they relate to the availability of health care. Ensuring that we have not only adequate, but top notch, access to short-term rehabilitative services in our community is important to me, my family and my neighbors.

Top Quality Care and Expertise

I am aware of the effort Transitional Care Management has undertaken to bring quality post-acute care in our community. I strongly support this ongoing endeavor as it will address a significant need for less institutional care. In particular, *Transitional Care Center of Arlington Heights* will provide post-acute care to those high acuity patients who are forced to leave hospitals "sicker and quicker." Some go home with limited home care and have no family members available to provide the additional support they need. Others who need this important level of care may have to leave the Planning Area for services.

Holistic Approach in a Wellness Center Setting

While there are other excellent facilities in the area, many are either fully occupied, only serve acute needs, are outdated or are restricted to serving special populations. Furthermore, not all are capable of handling the high acuity patient that will be served by Transitional Care Center of Arlington Heights or the patient who prefers to recover in a non-institutional setting that offers a holistic approach to healing.

Healing our Residents and Helping our Economy

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Sincerely,



Steve and Marion Rudnick
921 S Mitchell Ave
Arlington Hts, IL 60005

Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

As a resident of Arlington Heights, I am very concerned about the needs of our community, particularly those relating to the availability of health care. You may not be aware that access to quality nursing home services is severely limited. Ensuring that we have adequate access to short-term rehabilitative services in our community is important to me and to my family and friends.

I am aware of the effort Transitional Care Management has undertaken to bring quality post-acute care in our community. I strongly support this ongoing endeavor as it will address a significant need in Planning Area. In particular, *Transitional Care Center of Arlington Heights* will provide subacute and skilled nursing care to those high acuity patients leaving hospitals "sicker and quicker". Some patients who need this important level of care may have to leave the Planning Area for services.

While there are other excellent facilities in the area, many are either fully occupied or are restricted to serving special populations. Furthermore, not all are capable of handling the high acuity patient that will be served by Transitional Care Center of Arlington Heights.

The development of licensed nursing beds at Transitional Care Center will help address one of the most significant needs in our community. I appeal to you and members of the Health Facilities and Services Review Board to lend your support to this new project.

Sincerely,



Your name
Address
City, state, zip
Date:

Amy Storer
1238 N Illinois
Arl HTS, IL
60004

11/5/10

OCT 30, 2010

Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

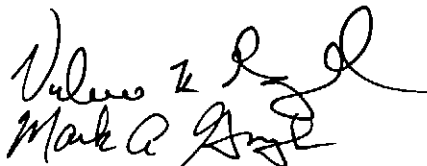
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Sincerely,



Your name Valerie and Mark Gaylord
Address 1135 N. Dunton Ave.
City, state, zip Arlington Heights, IL 60004
Date: October 30, 2010

Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

As a resident of Arlington Heights, I am very concerned about the needs of our community, particularly those relating to the availability of health care. You may not be aware that access to quality nursing home services is severely limited. Ensuring that we have adequate access to short-term rehabilitative services in our community is important to me and to my family and friends.

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Sincerely,



Your name	Elsie Weidner
Address	1201 N. Dunton Ave.
City, state, zip	Arlington Heights, IL 60004
Date:	October 30, 2010

Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

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The development of licensed nursing beds at Transitional Care Center will help address one of the most significant needs in our community. I appeal to you and members of the Health Facilities and Services Review Board to lend your support to this new project.

Sincerely,



Your name CATHERINE R. BIEBER
Address 1136 N. DUNTON AVE
City, state, zip ARL HTS IL 60004
Date: 10/30/2010

Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

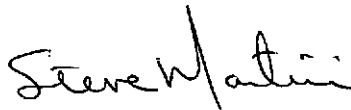
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Sincerely,



Your name DAISSY KESSLER & STEVE MARTINI
Address 202 W. EVOLUO AVE.
City, state, zip ARLINGTON HTS, IL 60004

Date:

10/31/10

Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

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Sincerely,

Mary Beth Kidd
Your name *MARY BETH Kidd*
Address *1130 N. DUNTON AVE.*
City, state, zip *Art. Hgte St. 60004*
Date: *10/30/10*

Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

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Sincerely,

Eileen Weker Costello

Your name *Eileen W Costello*

Address *1230 N. DUNTON AVE*

City, state, zip *Arl Hgts. IL 60004*

Date: *10-31-10*

November 1, 2010

Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

To whom it may concern,

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Sincerely,



Name: Michael Vick
Address: 1522 N Beverly Lane
Arlington Heights, IL 60004

November 1, 2010

Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

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Sincerely,



Name: Kathleen Vick
Address: 1522 N Beverly Lane
Arlington Heights, IL 60004

November 1, 2010

Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

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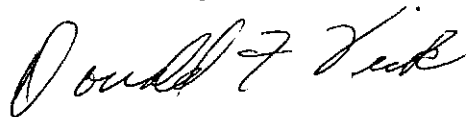
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Sincerely,



Name: Donald Vick
Address: 828 N. Fernandez Ave
Arlington Heights, IL 60004

November 1, 2010

Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

To whom it may concern,

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Sincerely,



Name: Marilyn Vick
Address: 828 N. Fernandez Ave
Arlington Heights, IL 60004

November 1, 2010

Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

To whom it may concern,

As a resident of Arlington Heights, I am concerned about the availability of quality options for our residents, particularly as they relate to the availability of health care. Ensuring that we have not only adequate but top notch access to short-term rehabilitative services in our community is important to me, my family and my neighbors.

Top Quality Care and Expertise

I understand that Transitional Care Management will bring quality post-acute care to our community. In particular, *Transitional Care Center of Arlington Heights* will provide post-acute care to high acuity patients who are increasingly forced to leave hospitals "sicker and quicker" these days. Some go home with limited home care and have no family members available to provide the additional support they need. Others who need this important level of care may need to go outside the area for services.

Holistic Approach in a Wellness Center Setting

While there are other excellent rehabilitation facilities in the area, many are either fully occupied, only serve acute needs, are outdated or are restricted to serving special populations. Furthermore, not all are capable of handling the high acuity patient that will be served by *Transitional Care Center of Arlington Heights* or the patient who prefers to recover in a non-institutional/nursing home setting.

Healing our Residents and Helping our Economy

The development of licensed nursing beds at Transitional Care Center will help address a specific and under-served need in our community and help round out our complement of fine medical services.

Additionally, *Transitional Care Center of Arlington Heights* would be a welcome answer to our acute vacant real estate issue and will also provide about 100 full and part-time jobs to our residents. I appeal to you and members of the Health Facilities and Services Review Board to lend your support to this new project.

Sincerely,

Kurt & Lilan Marunde

Name KURT & LILAN MARUNDE
Address

735 N Chestnut Ave.
Arl. Hts IL 60004

November 1, 2010

Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

To whom it may concern,

As a resident of Arlington Heights, I am concerned about the availability of quality options for our residents, particularly as they relate to the availability of health care. Ensuring that we have not only adequate but top notch access to short-term rehabilitative services in our community is important to me, my family and my neighbors.

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Sincerely,

Name

Daniel B. Podolak

Address

307 N. LINCOLN LANE

ARLINGTON HEIGHTS, IL 60004

November 1, 2010

Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

To whom it may concern,

As a resident of Arlington Heights, I am concerned about the availability of quality options for our residents, particularly as they relate to the availability of health care. Ensuring that we have not only adequate but top notch access to short-term rehabilitative services in our community is important to me, my family and my neighbors.

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Additionally, *Transitional Care Center of Arlington Heights* would be a welcome answer to our acute vacant real estate issue and will also provide about 100 full and part-time jobs to our residents. I appeal to you and members of the Health Facilities and Services Review Board to lend your support to this new project.

Sincerely,

Name: *Diane L. Podolak*
Address: *307 N. Lincoln Ln.
Arlington Heights, IL
60004*



Village of Arlington Heights

33 South Arlington Heights Road
Arlington Heights, Illinois 60005-1499
(847) 368-5000
Website: www.vah.com

October 29, 2010

Mr. Brian Cloch
Transitional Care Management
2135 N. Clifton Avenue
Chicago, Illinois 60614

Re: Transitional Care Management
1200 Arlington Heights Road
Arlington Heights, Illinois

Dear Mr. Cloch:

On October 26, 2010, the Staff Development Committee, which consists of the Village Manager and all department directors, reviewed your preliminary concept plan for rezoning property located at 1200 N. Arlington Heights Road, Arlington Heights, Illinois for Transitional Care Management. The tax identification number for the property is:

PARCEL NUMBER
03-20-305-048

Currently pending for action in the Village are the following:

Rezoning of the property from O-R (Office and Research District) to I (Institutional District)

The Staff Development Committee is generally supportive of the rezoning of the property. As with any development project, several issues regarding access and parking will need to be reviewed as you proceed through the process.

The Village looks forward to working with you on this development project.

Very truly yours,


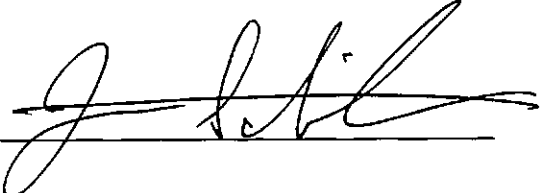
Bill Enright

Deputy Director Planning and Community Development

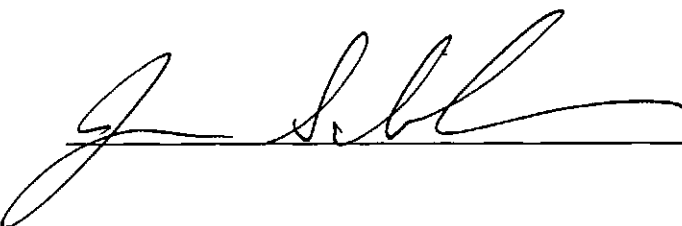
Assurances Statement

This statement is being filed pursuant to Section 1110.1730(K) of the Board's Rules (77 IL Adm. Code 1110.1730). The undersigned is an authorized representative of the applicant and attests that the applicant understands that by the second year of operation after the project completion the applicant will make every attempt to achieve and maintain the occupancy standards specified in Part 1100 of the Board's rules for the long term care category of service.

Dated this 28th day of October 2010:


_____ 

Dated this 28th day of October 2010:



Notary Public:





Attachment 38

Transitional Care Center of Arlington Heights LLC

Board Resolution

January 5, 2011

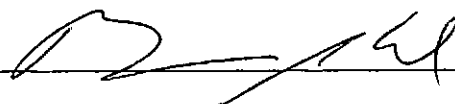
Capital Call

WHEREAS, this Board of Directors deems it desirable and in the best interest of this corporation to initiate a capital call from all equity holders in the event of the granting of a CON Permit by the Illinois Health and Services Planning Board on or about March 22, 2011.

NOW, THEREFORE, BE IT RESOLVED, that this corporation be funded in the amount of \$3,341,381 via capital call to establish the equity position for the venture.

WE hereby certify that the foregoing resolution is a true copy of a resolution adopted by this Board of Directors at a meeting convened on January 5, 2011 and that such resolution is now in full force and effect and is in accordance with the provisions of the charter and by-laws of the Corporation. We further certify that this Corporation is duly organized and existing, and has the power to take the action called for by the foregoing resolution.

DIRECTORS



Brian Cloch, Managing Member

1/5/11

Date

January 5, 2011

Illinois Health Facilities Planning Board
525 West Jefferson St., Second Floor
Springfield IL 62761

RE: Transitional Care Center of Arlington Heights

Dear Secretary:

Pursuant to the corporate resolution dated January 5, 2011, I have cash and securities available to meet a capital call in the amount of \$3,341,381 from Transitional Care Center of Arlington Heights LLC in the event that a CON Permit is granted.

Sincerely,

A handwritten signature in black ink, appearing to read "Brian Cloch". The signature is fluid and cursive, with a large initial "B" and a long horizontal stroke.

Brian Cloch, Managing Member
Transitional Care Center of Arlington Heights



January 3, 2011

Jason Schreiber
Transitional Care Management, LLC
2135 N Clifton Ave
Chicago, IL 60614

Dear Jason:

This letter is being provided as an expression of CWC Capital's interest in providing debt financing relating to the construction and permanent loans for Transitional Care Center of Arlington Heights.

CWC Capital would provide the loans pursuant to the FHA/HUD 232 program for the financing of new construction of healthcare properties. The program provides for mortgage financing of up to 85% of eligible development costs; payment terms on the loan are up to 40 years. Interest rates are presently in the 5-6% range.

This letter is an expression of interest only and is not a commitment to lend. A commitment to lend will be subject to full underwriting and due diligence and will be issued at the sole discretion and approval of CWC Capital and HUD, and will be granted only after a CoN is obtained and all required zoning approvals are granted.

CWC Capital began its FHA lending operations in 1972, and by the 1990s had established itself as a national leader in the FHA multifamily and seniors housing lending arena. This leadership is illustrated by our history of "firsts". We were approved as one of the first national lenders for FHA's Multifamily Accelerated Processing ("MAP") system and closed the first MAP loan in the country. Our principals worked closely with the FHA to streamline the loan closing process and develop LEAN Processing Procedures, and in 2008, closed the first loan in the country under the LEAN program. Subsequently, we closed the country's first LEAN new construction loan, the first 223(a)(7) LEAN loan, and the first LEAN operating loss loan. We believe our reputation and leadership in FHA financing is unparalleled.

Please do not hesitate to contact us with any questions.

Respectfully,

A handwritten signature in black ink, appearing to read "Tom Peters, Sr.", written over a large, stylized flourish.

Tom Peters, Sr.
Senior Vice President

A handwritten signature in black ink, appearing to read "Heidi Begeot", written in a cursive style.

Heidi Begeot
Client Loan Relationship Manager

Attachment 41

Arlington Heights SNF
 Criterion 1120.210(a) Financial Viability Viability Ratios
 Using first full year of stabilized occupancy

Provide Data for Projects Classified as:	Category A or Category B (last three years)	Category B (Projected)
Enter Historical and/or Projected Years:		
Current Ratio		7.09
Net Margin Percentage		6.19%
Percent Debt to Total Capitalization		82%
Projected Debt Service Coverage		2.58
Days Cash on Hand		1113.46
Cushion Ratio		2.66

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each. Insert the worksheets after this page.

Year 3


Current Ratio		
A Current Assets		\$4,225,729
B Current Liabilities		\$595,642
Current ratio (A/B)		7.09
Net Margin percentage		
C Net Income/(Loss)		\$1,172,054
D Net Operating Revenue		\$18,923,871
Net Margin percentage (C/D)		6.19%
Percent Debt to Total Capitalization		
E LT Debt		\$18,509,880
F LT Debt + Equity		\$22,696,837
Debt service coverage ratio (E/F)		82%
Projected Debt Service Coverage		
G Net inc + depr+int+amort/P&I payment		\$3,022,002
H Principal and interest payment		\$1,171,902
Debt capitalization ratio (G/H)		2.58
Days Cash on Hand		
I Cash + investments		\$3,119,309
J Operating expense-depreciation/365		\$2,801
Days cash on hand (I/J)		1,113
Cushion Ratio		
K Cash + investments		\$3,119,309
L Max Annual Debt Service		\$1,171,902
Cushion Ratio (K/L)		2.66

Attachment 42

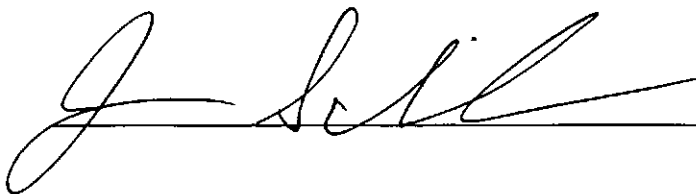
Certification of Financing at Lowest Net Cost Available

This statement is being filed pursuant to Section 1120.310(b) of the Board's Rules (77 Ill. Adm. Code 1120.310). The undersigned are authorized representatives of the applicant and attest that the HUD 232 insured mortgage selected to finance the project is at the lowest net cost available.

Dated this 28th day of October 2010:



Dated this 28th day of October 2010:



Notary Public:





Arlington Heights SNF

Criterion 1120.310(d) Projected Operating Costs

For first full year of stabilized occupancy

Salaries	\$	8,352,995
Supplies and Fees	\$	4,190,962
Benefits	\$	2,715,177
Total direct costs	\$	15,580,501

Year of Target Utilization

Year 3

Patient days per year	\$	41,610
Cost per patient day	\$	374.44

Criterion 1120.310(e) Total Effect of the Project on Capital Costs

Depreciation	\$	827,417
Interest	\$	1,022,531
Property Tax	\$	<u>321,368</u>
Total annual capital cost	\$	2,171,316

Year of Target Utilization

Year 3

Patient days per year	\$	41,610
	\$	52.18

Attachment 43

Safety Net Impact Statement

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.

There are over 40 licensed and operational nursing facilities within a 30-minute drive time of the subject site; therefore, there is no material impact by the project on essential safety net services in the community to the extent that it is feasible for the applicant to have such knowledge.

2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.

There is no impact on another provider or health care system to cross-subsidize safety net services in the community to the extent that it is feasible for the applicant to have such knowledge.

3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

Not applicable

Safety Net Impact Statements shall also include all of the following:

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.

Not applicable

2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.

Not applicable

3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

Despite the unique nature of the proposed facility, Transitional Care Center of Arlington Heights intends to accept 22 Medicaid patients (average daily census) into a high cost, high intensity transitional care program.

Transitional Care Center of Arlington Heights is a proposed facility with no historical data for the following table.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	Year 2010	Year 2009	Year 2008
Inpatient	0	0	0
Outpatient	0	0	0
Total	0	0	0
Charity (cost in dollars)			
Inpatient	0	0	0
Outpatient	0	0	0
Total	0	0	0
MEDICAID			
Medicaid (# of patients)	Year 2010	Year 2009	Year 2008
Inpatient	0	0	0
Outpatient	0	0	0
Total	0	0	0
Medicaid (revenue)			
Inpatient	0	0	0
Outpatient	0	0	0
Total	0	0	0

Attachment 44

Attachment 44 Charity Care

Payer Mix

	Beds	Mix
Private	3	3%
Medicaid	22	18%
VA	0	0%
Medicare	71	59%
HMO	24	20%
	120	

Anticipated charity care expense, 2nd full year \$139,949

Projected ratio of charity care to net patient revenue 0.82%

CHARITY CARE			
	2012	2013	2014
Net Patient Revenue	\$9,948,597	\$16,971,150	\$18,923,871
Amount of Charity Care (charges)	\$75,178	\$139,949	\$406,965
Cost of Charity Care	\$75,178	\$139,949	\$406,965

Appendix 1

There's a new MapQuest - come try it out!



Sorry! When printing directly from the browser your directions or map may not print correctly. For best results, try clicking the Printer-Friendly button.



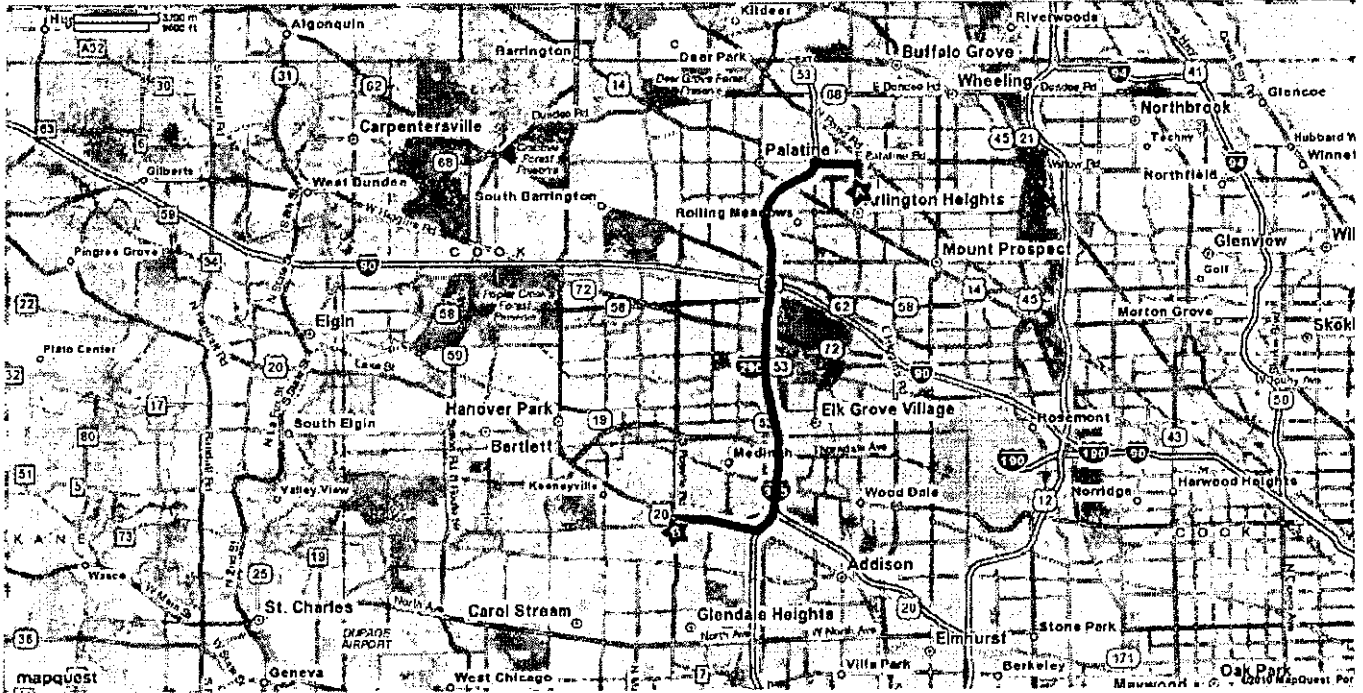
1200 N Arlington Heights Rd
Arlington Heights, IL 60004-4741



165 S Bloomingdale Rd
Bloomingdale, IL 60108-1434

Total Travel Estimate: 25 minutes / 16.99 miles Fuel Cost: [Calculate](#)

Lexington Health Care Center - Bloomingdale



1200 N Arlington Heights Rd Edg
Arlington Heights, IL 60004-4741

1. Start out going NORTH on N ARLINGTON HEIGHTS RD toward E OLIVE ST. 0.8 mi
2. Turn LEFT onto E PALATINE RD. 1.2 mi
3. Merge onto IL-53 S. 8.1 mi
4. IL-53 S becomes I-290 E. 2.5 mi
5. Keep LEFT to take I-355 S via EXIT 7 toward JOLIET. 0.8 mi
6. Take the US-20/LAKE ST exit. 0.7 mi
7. Merge onto LAKE ST/US-20 W toward BLOOMINGDALE. 2.4 mi
8. Turn LEFT onto S BLOOMINGDALE RD. 0.4 mi
9. 165 S BLOOMINGDALE RD is on the LEFT.

165 S Bloomingdale Rd Edg
Bloomingdale, IL 60108-1434

Total Travel Estimate: 25 minutes / 16.99 miles Fuel Cost: [Calculate](#)

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expedience. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest.

LEXINGTON HEALTH CARE CENTER

165 SOUTH BLOOMINGDALE ROAD
 BLOOMINGDALE, IL. 60108
 Reference Numbers Facility ID 6011993
 Health Service Area 007 Planning Service Area 703

Administrator
 Larry Putz

Contact Person and Telephone
 Bridgett Rummel
 630-458-4635

Registered Agent Information

Date Completed
 4/19/2010

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	8
Blood Disorders	3
*Nervous System Non Alzheimer	8
Alzheimer Disease	6
Mental Illness	6
Developmental Disability	0
Circulatory System	27
Respiratory System	7
Digestive System	4
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	15
Injuries and Poisonings	4
Other Medical Conditions	0
Non-Medical Conditions	54
TOTALS	149

Total Residents Diagnosed as Mentally Ill 6

FACILITY OWNERSHIP
 FOR-PROF CORPORATION

CONTINUING CARE COMMUNITY No
 LIFE CARE FACILITY No

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

ADMISSIONS AND DISCHARGES - 2009

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2009	
		SET-UP	USED					Residents on 1/1/2009	
Nursing Care	166	166	155	149	17	166	166	Residents on 1/1/2009	144
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2009	221
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2009	216
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2009	149
TOTAL BEDS	166	166	155	149	17	166	166	Identified Offenders	0

FACILITY UTILIZATION - 2009

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	8013	13.2%	32933	54.4%	0	3910	6749	0	51605	85.2%	85.2%
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	0	0	0.0%	0.0%
TOTALS	8013	13.2%	32933	54.4%	0	3910	6749	0	51605	85.2%	85.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009

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	2	1	0	0	0	0	0	0	2	1	3
60 to 64	4	5	0	0	0	0	0	0	4	5	9
65 to 74	6	5	0	0	0	0	0	0	6	5	11
75 to 84	11	42	0	0	0	0	0	0	11	42	53
85+	16	57	0	0	0	0	0	0	16	57	73
TOTALS	39	110	0	0	0	0	0	0	39	110	149

LEXINGTON HEALTH CARE CENTER
165 SOUTH BLOOMINGDALE ROAD
BLOOMINGDALE, IL. 60108

Reference Numbers Facility ID 6011993

Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS	
Nursing Care	32	92	0	5	20	0	149
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	32	92	0	5	20	0	149

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	234	222
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	5	0	0	0	5
Amer. Indian	1	0	0	0	1
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	116	0	0	0	116
Race Unknown	23	0	0	0	23
Total	149	0	0	0	149

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	125	0	0	0	125
Ethnicity Unknown	23	0	0	0	23
Total	149	0	0	0	149

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	8.00
Certified Aides	55.00
Other Health Staff	5.00
Non-Health Staff	56.00
Totals	139.00

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
43.8%	40.9%	0.0%	2.8%	12.5%	100.0%	0	0.0%
4,683,395	4,367,398	0	299,222	1,338,434	10,688,449		

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

There's a new MapQuest - come try it out!



Sorry! When printing directly from the browser your directions or map may not print correctly. For best results, try clicking the Printer-Friendly button.



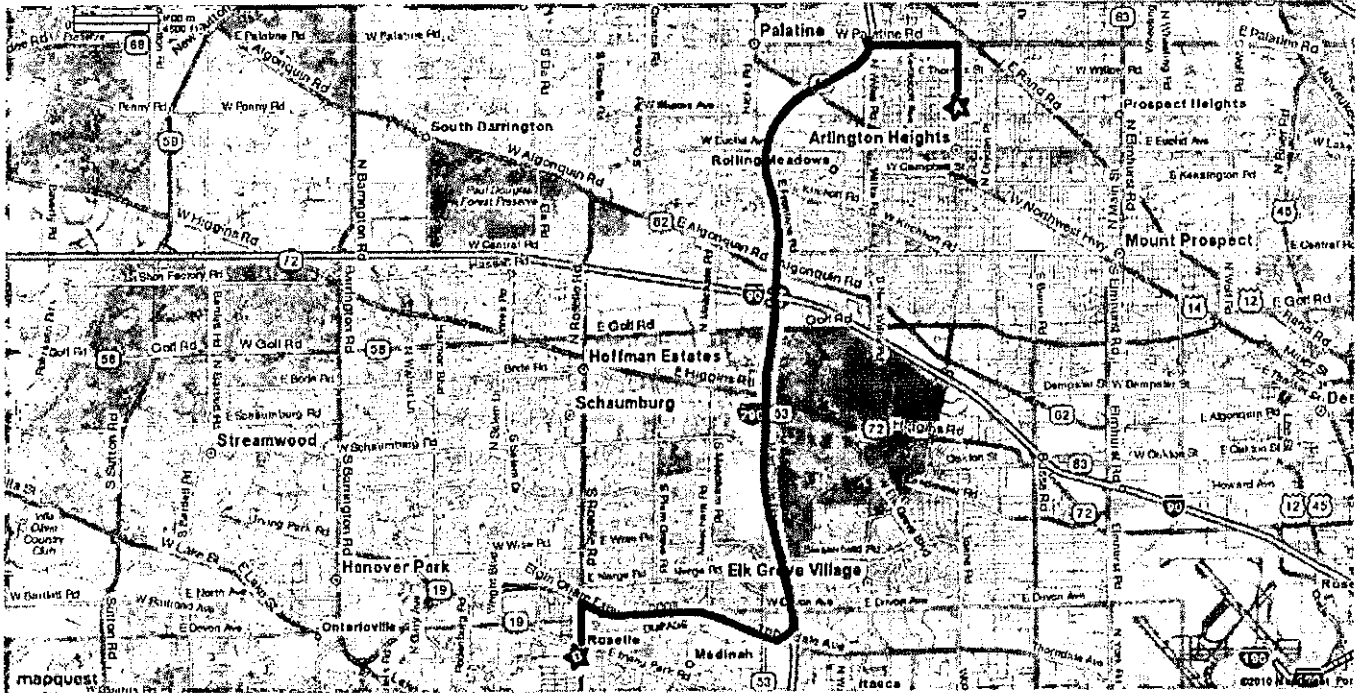
1200 N Arlington Heights Rd
Arlington Heights, IL 60004-4741



31 Central Ave
Roselle, IL 60172-1903

Total Travel Estimate: 22 minutes / 15.39 miles Fuel Cost: [Calculate](#)

Abbington Rehab



1200 N Arlington Heights Rd
Arlington Heights, IL 60004-4741

1. Start out going NORTH on N ARLINGTON HEIGHTS RD toward E OLIVE ST. 0.9 mi
2. Turn LEFT onto E PALATINE RD. 1.2 mi
3. Merge onto IL-53 S. 8.1 mi
4. IL-53 S becomes I-290 E. 1.1 mi
5. Take the THORNDALE AVE exit, EXIT 5, toward ELGIN O'HARE EXPY. 0.3 mi
6. Merge onto THORNDALE AVE/CR-26 W toward ELGIN O'HARE EXPRESSWAY. 0.3 mi
7. Stay STRAIGHT to go onto ELGIN O'HARE EXPY W. 2.3 mi
8. Take the ROSELLE RD ramp. 0.3 mi
9. Turn LEFT onto S ROSELLE RD. 0.8 mi
10. Turn RIGHT onto CENTRAL AVE. 0.1 mi
11. 31 CENTRAL AVE is on the LEFT.

31 Central Ave
Roselle, IL 60172-1903

ABBINGTON REHAB & NURSING CTR			ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
31 WEST CENTRAL ROSELLE, IL. 60172			Aggressive/Anti-Social	1	DIAGNOSIS		
Reference Numbers Facility ID 6000020			Chronic Alcoholism	1	Neoplasms	3	
Health Service Area 007 Planning Service Area 703			Developmentally Disabled	1	Endocrine/Metabolic	10	
Administrator			Drug Addiction	1	Blood Disorders	0	
VICKI ANDERSEN			Medicaid Recipient	0	*Nervous System Non Alzheimer	8	
Contact Person and Telephone			Medicare Recipient	0	Alzheimer Disease	9	
HOWARD WENGROW			Mental Illness	1	Mental Illness	0	
847-679-2121			Non-Ambulatory	0	Developmental Disability	0	
Registered Agent Information			Non-Mobile	0	Circulatory System	20	
ABRAHAM J. STERN			Public Aid Recipient	0	Respiratory System	6	
105 WACKER DRIVE			Under 65 Years Old	0	Digestive System	1	
CHICAGO, IL 60606			Unable to Self-Medicare	0	Genitourinary System Disorders	4	
FACILITY OWNERSHIP			Ventilator Dependent	1	Skin Disorders	1	
FOR-PROF CORPORATION			Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	1	
CONTINUING CARE COMMUNITY			Other Restrictions	0	Injuries and Poisonings	1	
LIFE CARE FACILITY			No Restrictions	0	Other Medical Conditions	0	
			<i>Note: Reported restrictions denoted by 'I'</i>			Non-Medical Conditions	0
						TOTALS	64
						Total Residents Diagnosed as Mentally Ill	17

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS							ADMISSIONS AND DISCHARGES - 2009		
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	82	82	70	82	64	18	19	74	68	
Skilled Under 22	0	0	0	0	0	0		0	127	
Intermediate DD	0	0	0	0	0	0		0	131	
Sheltered Care	0	0	0	0	0	0			64	
TOTAL BEDS	82	82	70	82	64	18	19	74		1

FACILITY UTILIZATION - 2009											
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 Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.							
Nursing Care	1831	26.4%	19582	72.5%	0	0	1876	0	23289	77.8%	77.8%
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%	0	0	0	0	0	0.0%	0.0%
TOTALS	1831	26.4%	19582	72.5%	0	0	1876	0	23289	77.8%	77.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009											
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	1	0	0	0	0	0	0	0	1	1
45 to 59	5	5	0	0	0	0	0	0	5	5	10
60 to 64	4	3	0	0	0	0	0	0	4	3	7
65 to 74	6	8	0	0	0	0	0	0	6	8	14
75 to 84	1	12	0	0	0	0	0	0	1	12	13
85+	7	12	0	0	0	0	0	0	7	12	19
TOTALS	23	41	0	0	0	0	0	0	23	41	64

ABBINGTON REHAB & NURSING CTR

31 WEST CENTRAL
ROSELLE, IL. 60172

Reference Numbers Facility ID 6000020

Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS	
Nursing Care	6	50	0	0	8	0	64
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	50	0	0	8	0	64

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	213	188
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	1	0	0	0	1
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	57	0	0	0	57
Race Unknown	1	0	0	0	1
Total	64	0	0	0	64

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	61	0	0	0	61
Ethnicity Unknown	1	0	0	0	1
Total	64	0	0	0	64

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	3.00
Certified Aides	19.00
Other Health Staff	2.00
Non-Health Staff	19.00
Totals	51.00

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
12.5%	75.7%	0.0%	0.0%	11.8%	100.0%	0	0.0%
394,323	2,380,254	0	0	370,579	3,145,156		

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

There's a new MapQuest - come try it out!



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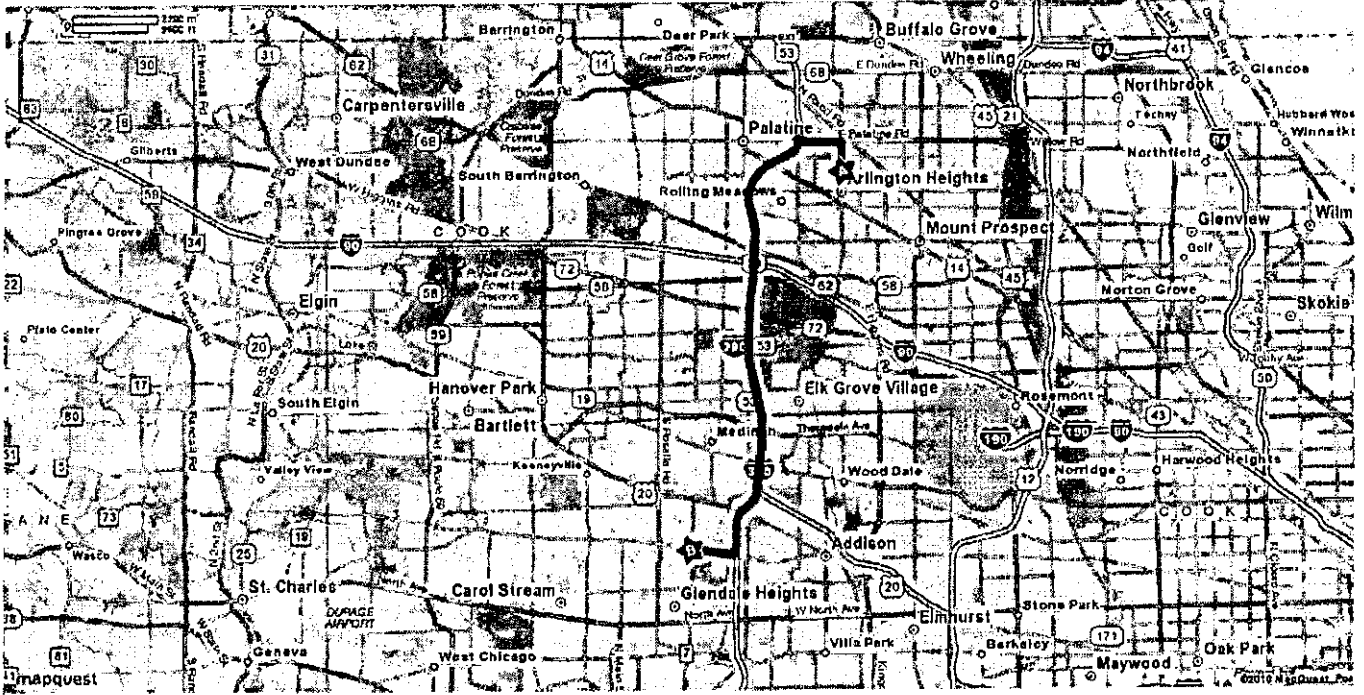
1200 N Arlington Heights Rd
Arlington Heights, IL 60004-4741



275 E Army Trail Rd
Bloomington, IL 60108-2135

Total Travel Estimate: 23 minutes / 16.78 miles Fuel Cost: [Calculate](#)

Alden Valley Ridge



1200 N Arlington Heights Rd Edit
Arlington Heights, IL 60004-4741

1. Start out going NORTH on N ARLINGTON HEIGHTS RD toward E OLIVE ST. 0.9 mi
2. Turn LEFT onto E PALATINE RD. 1.2 mi
3. Merge onto IL-53 S. 8.1 mi
4. IL-53 S becomes I-290 E. 2.5 mi
5. Keep LEFT to take I-355 S via EXIT 7 toward JOLIET. 2.5 mi
6. Take the ARMY TRAIL RD exit. 0.4 mi
7. Merge onto ARMY TRAIL RD/CR-11 W toward BLOOMINGDALE/GLENDALE HTS. 1.2 mi
8. 275 E ARMY TRAIL RD.

275 E Army Trail Rd Edit
Bloomington, IL 60108-2135

Total Travel Estimate: 23 minutes / 16.78 miles Fuel Cost: [Calculate](#)

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ALDEN-VALLEY RIDGE REHAB & CARE			ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
275 EAST ARMY TRAIL ROAD BLOOMINGDALE, IL. 60108			Aggressive/Anti-Social	0	DIAGNOSIS		
Reference Numbers	Facility ID	6000459	Chronic Alcoholism	0	Neoplasms	0	
Health Service Area	007	Planning Service Area	Developmentally Disabled	1	Endocrine/Metabolic	4	
			Drug Addiction	0	Blood Disorders	1	
Administrator			Medicaid Recipient	0	*Nervous System Non Alzheimer	3	
Donald L. Dalicandro			Medicare Recipient	0	Alzheimer Disease	55	
Contact Person and Telephone			Mental Illness	1	Mental Illness	0	
CHRIS REINHOFER			Non-Ambulatory	0	Developmental Disability	0	
773 286-3883			Non-Mobile	0	Circulatory System	5	
Registered Agent Information	Date Completed		Public Aid Recipient	0	Respiratory System	3	
Ken Fisch	4/20/2009		Under 65 Years Old	0	Digestive System	1	
4200 W. Peterson Ave, Suite 140			Unable to Self-Medicate	0	Genitourinary System Disorders	3	
Chicago, IL 60646			Ventilator Dependent	1	Skin Disorders	1	
FACILITY OWNERSHIP			Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	5	
FOR-PROF CORPORATION			Other Restrictions	0	Injuries and Poisonings	0	
CONTINUING CARE COMMUNITY	No		No Restrictions	0	Other Medical Conditions	5	
LIFE CARE FACILITY	No		<i>Note: Reported restrictions denoted by '1'</i>			Non-Medical Conditions	76
					TOTALS	162	
					Total Residents Diagnosed as Mentally Ill	5	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2009	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	207	207	180	207	162	45	207	207	170	434
Skilled Under 22	0	0	0	0	0	0	0	0		442
Intermediate DD	0	0	0	0	0	0	0	0		162
Sheltered Care	0	0	0	0	0	0	0	0	Identified Offenders	1
TOTAL BEDS	207	207	180	207	162	45	207	207		

FACILITY UTILIZATION - 2009											
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 Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5424	7.2%	48336	64.0%	1905	547	5094	0	61306	81.1%	81.1%
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	0	0	0.0%	0.0%
TOTALS	5424	7.2%	48336	64.0%	1905	547	5094	0	61306	81.1%	81.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009											
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	3	2	0	0	0	0	0	0	3	2	5
45 to 59	12	9	0	0	0	0	0	0	12	9	21
60 to 64	7	2	0	0	0	0	0	0	7	2	9
65 to 74	13	18	0	0	0	0	0	0	13	18	31
75 to 84	16	23	0	0	0	0	0	0	16	23	39
85+	11	46	0	0	0	0	0	0	11	46	57
TOTALS	62	100	0	0	0	0	0	0	62	100	162

ALDEN-VALLEY RIDGE REHAB & CARE

275 EAST ARMY TRAIL ROAD
BLOOMINGDALE, IL. 60108

Reference Numbers Facility ID 6000459

Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Other			Private Insurance	Charity Care	TOTALS	
	Medicare	Medicaid	Public				
Nursing Care	18	125	4	2	13	0	162
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	18	125	4	2	13	0	162

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	220	185
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SKIUnd22	ICF/DD	Shelter	Totals
Asian	15	0	0	0	15
Amer. Indian	0	0	0	0	0
Black	10	0	0	0	10
Hawaiian/Pac. Isl.	0	0	0	0	0
White	137	0	0	0	137
Race Unknown	0	0	0	0	0
Total	162	0	0	0	162

ETHNICITY	Nursing	SKIUnd22	ICF/DD	Shelter	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	152	0	0	0	152
Ethnicity Unknown	0	0	0	0	0
Total	162	0	0	0	162

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.50
LPN's	8.83
Certified Aides	29.70
Other Health Staff	19.00
Non-Health Staff	23.16
Totals	93.19

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
24.0%	52.6%	11.5%	3.4%	8.6%	100.0%	0	0.0%
2,429,655	5,325,087	1,168,623	342,577	866,578	10,132,520		

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

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★ Starting Location

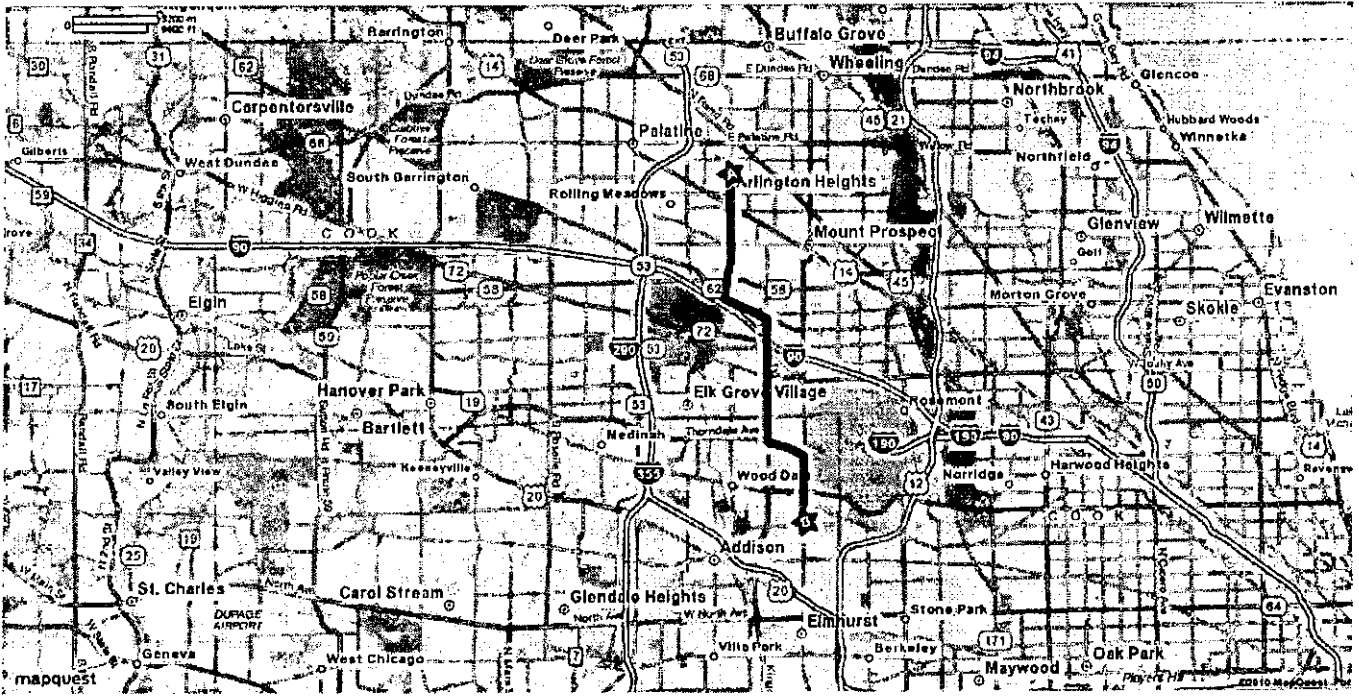
1200 N Arlington Heights Rd
Arlington Heights, IL 60004-4741

★ Ending Location

111 E Washington St
Bensenville, IL 60106-2674

Total Travel Estimate: 24 minutes / 11.80 miles Fuel Cost: [Calculate](#)

Anchorage Bensenville



★ 1200 N Arlington Heights Rd Edit
Arlington Heights, IL 60004-4741

- | | | |
|--|---|--------|
| | Start out going SOUTH on N ARLINGTON HEIGHTS RD toward E OAKTON ST. | 3.7 mi |
| | 2. Turn LEFT onto E ALGONQUIN RD/L-62. | 1.3 mi |
| | 3. Turn RIGHT onto B BUSSE RD. | 3.7 mi |
| | 4. Turn LEFT onto THORNDALE AVE/CR-26. | 1.1 mi |
| | 5. Turn RIGHT onto N YORK RD/CR-8. Continue to follow N YORK RD. | 2.0 mi |
| | 6. Turn LEFT onto E WASHINGTON ST. | 0.0 mi |
| | 7. 111 E WASHINGTON ST is on the LEFT. | |

★ 111 E Washington St Edit
Bensenville, IL 60106-2674

Total Travel Estimate: 24 minutes / 11.80 miles Fuel Cost: [Calculate](#)

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BRIDGEWAY CHR VLG REHAB & SNF		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
111 EAST WASHINGTON BENSENVILLE, IL. 60106		Aggressive/Anti-Social	1	DIAGNOSIS		
Reference Numbers	Facility ID 6000353	Chronic Alcoholism	1	Neoplasms	3	
Health Service Area 007	Planning Service Area 703	Developmentally Disabled	1	Endocrine/Metabolic	2	
Administrator		Drug Addiction	1	Blood Disorders	3	
John J. Hurley		Medicaid Recipient	0	*Nervous System Non Alzheimer	4	
Contact Person and Telephone		Medicare Recipient	0	Alzheimer Disease	1	
Susan McGee		Mental Illness	0	Mental Illness	0	
1 (217) 732-9651		Non-Ambulatory	0	Developmental Disability	0	
Registered Agent Information	Date Completed	Non-Mobile	0	Circulatory System	28	
Dr Tim Phillippee	5/7/2010	Public Aid Recipient	0	Respiratory System	16	
200 N. Postville Rd		Under 65 Years Old	0	Digestive System	6	
Lincoln, IL 62656		Unable to Self-Medicare	0	Genitourinary System Disorders	10	
FACILITY OWNERSHIP		Ventilator Dependent	1	Skin Disorders	7	
NON-PROF CORPORATION		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	8	
CONTINUING CARE COMMUNITY	Yes	Other Restrictions	0	Injuries and Poisonings	0	
LIFE CARE FACILITY	Yes	No Restrictions	0	Other Medical Conditions	61	
		<i>Note: Reported restrictions denoted by '1'</i>			Non-Medical Conditions	0
					TOTALS	149
					Total Residents Diagnosed as Mentally Ill	0

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2009	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	222	206	171	198	149	73	222	137	Total Admissions 2009	156
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2009	243
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2009	250
Sheltered Care	0	0	0	0	0	0		0	Identified Offenders	149
TOTAL BEDS	222	206	171	198	149	73	222	137		0

FACILITY UTILIZATION - 2009											
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 Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	15766	19.5%	28346	56.7%	2641	284	11639	10	58686	72.4%	78.1%
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	0	0	0.0%	0.0%
TOTALS	15766	19.5%	28346	56.7%	2641	284	11639	10	58686	72.4%	78.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009											
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	3	2	0	0	0	0	0	0	3	2	5
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	4	11	0	0	0	0	0	0	4	11	15
75 to 84	12	26	0	0	0	0	0	0	12	26	38
85+	10	79	0	0	0	0	0	0	10	79	89
TOTALS	31	118	0	0	0	0	0	0	31	118	149

BRIDGEWAY CHR VLG REHAB & SNF

111 EAST WASHINGTON
BENSENVILLE, IL. 60106Reference Numbers Facility ID 6000353
Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Other			Private Insurance	Private Pay	Charity Care	TOTALS
	Medicare	Medicaid	Public				
Nursing Care	36	81	0	5	27	0	149
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	36	81	0	5	27	0	149

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	266	266
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	142	0	0	0	142
Race Unknown	4	0	0	0	4
Total	149	0	0	0	149

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	145	0	0	0	145
Ethnicity Unknown	0	0	0	0	0
Total	149	0	0	0	149

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	3.00
Registered Nurses	27.00
LPN's	21.00
Certified Aides	56.00
Other Health Staff	0.00
Non-Health Staff	49.00
Totals	157.00

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
49.0%	24.9%	1.7%	3.1%	21.3%	100.0%		0.3%
7,180,466	3,654,892	248,295	452,328	3,131,317	14,667,299	47,524	

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

There's a new MapQuest - come try it out!



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★ Starting Location

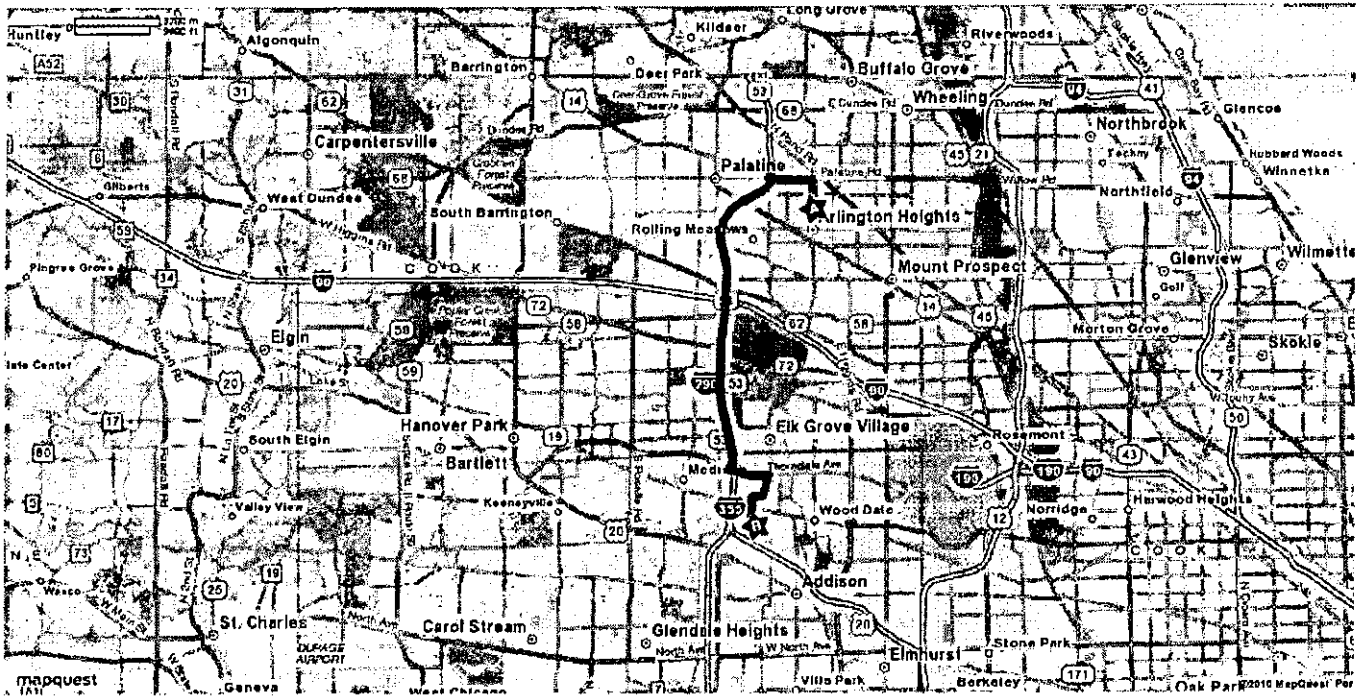
1200 N Arlington Heights Rd
Arlington Heights, IL 60004-4741

★ Ending Location

535 S Elm St
Itasca, IL 60143-2187

Total Travel Estimate: 24 minutes / 14.69 miles Fuel Cost: [Calculate](#)

Arbor of Itasca



★ 1200 N Arlington Heights Rd Edit
Arlington Heights, IL 60004-4741

- | | | |
|--|---|--------|
| | 1. Start out going NORTH on N ARLINGTON HEIGHTS RD toward E OLIVE ST. | 0.9 mi |
| | 2. Turn LEFT onto E PALATINE RD. | 1.2 mi |
| | 3. Merge onto IL-53 S. | 8.1 mi |
| | 4. IL-53 S becomes I-290 E. | 1.1 mi |
| | 5. Take the THORNDALE AVE exit, EXIT 5, toward ELGIN O'HARE EXPY. | 0.4 mi |
| | 6. Turn LEFT onto THORNDALE AVE/CR-26 E. | 1.2 mi |
| | 7. Turn RIGHT onto N ARLINGTON HEIGHTS RD. | 0.6 mi |
| | 8. Stay STRAIGHT to go onto E DIVISION ST. | 0.3 mi |
| | 9. Turn LEFT onto N WALNUT AVE. | 0.8 mi |
| | 10. Turn LEFT onto E GEORGE ST. | 0.1 mi |
| | 11. Turn RIGHT onto S ELM ST. | 0.1 mi |
| | 12. 535 S ELM ST is on the LEFT. | |

★ 535 S Elm St Edit

ARBOR OF ITASCA, INC		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
535 SOUTH ELM ITASCA, IL. 60143		Aggressive/Anti-Social	0	DIAGNOSIS	
Reference Numbers Facility ID 6000483		Chronic Alcoholism	1	Neoplasms	2
Health Service Area 007 Planning Service Area 703		Developmentally Disabled	1	Endocrine/Metabolic	7
Administrator		Drug Addiction	1	Blood Disorders	0
JOHN FLORINA		Medicaid Recipient	0	*Nervous System Non Alzheimer	7
Contact Person and Telephone		Medicare Recipient	0	Alzheimer Disease	3
JOHN FLORINA		Mental Illness	0	Mental Illness	0
630-773-9416		Non-Ambulatory	0	Developmental Disability	0
Registered Agent Information		Non-Mobile	0	Circulatory System	17
JOHN C. FLORINA JR.		Public Aid Recipient	0	Respiratory System	4
535 S. ELM STREET		Under 65 Years Old	0	Digestive System	2
ITASCA, IL 60143		Unable to Self-Medicate	0	Genitourinary System Disorders	0
FACILITY OWNERSHIP		Ventilator Dependent	0	Skin Disorders	0
FOR-PROF CORPORATION		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	10
CONTINUING CARE COMMUNITY		Other Restrictions	0	Injuries and Poisonings	1
LIFE CARE FACILITY		No Restrictions	0	Other Medical Conditions	30
		<i>Note: Reported restrictions denoted by '1'</i>		Non-Medical Conditions	0
				TOTALS	83
				Total Residents Diagnosed as Mentally Ill	6

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS							ADMISSIONS AND DISCHARGES - 2009		
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	144	141	108	141	83	61	14	144	102	Total Admissions 2009
Skilled Under 22	0	0	0	0	0	0	0	0	60	Total Discharges 2009
Intermediate DD	0	0	0	0	0	0	0	0	83	Residents on 12/31/2009
Sheltered Care	0	0	0	0	0	0	0	0	0	Identified Offenders
TOTAL BEDS	144	141	108	141	83	61	14	144		

FACILITY UTILIZATION - 2009											
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	2400	47.0%	24042	45.7%	0	0	6937	0	33379	63.5%	64.9%
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	0	0	0.0%	0.0%
TOTALS	2400	47.0%	24042	45.7%	0	0	6937	0	33379	63.5%	64.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009											
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	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	6	6	0	0	0	0	0	0	6	6	12
75 to 84	8	17	0	0	0	0	0	0	8	17	25
85+	6	40	0	0	0	0	0	0	6	40	46
TOTALS	20	63	0	0	0	0	0	0	20	63	83

ARBOR OF ITASCA, INC

535 SOUTH ELM
ITASCA, IL. 60143

Reference Numbers Facility ID 6000483

Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Other			Private Insurance	Private Pay	Charity Care	TOTALS
	Medicare	Medicaid	Public				
Nursing Care	8	59	0	0	16	0	83
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	59	0	0	16	0	83

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	227	204
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	80	0	0	0	80
Race Unknown	0	0	0	0	0
Total	83	0	0	0	83

ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	82	0	0	0	82
Ethnicity Unknown	0	0	0	0	0
Total	83	0	0	0	83

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.50
LPN's	8.75
Certified Aides	31.75
Other Health Staff	2.00
Non-Health Staff	20.75
Totals	69.75

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
21.1%	47.6%	0.0%	0.0%	31.3%	100.0%		0.0%
1,103,874	2,485,943	0	0	1,638,070	5,227,887	0	

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

There's a new MapQuest - come try it out!



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Starting Location

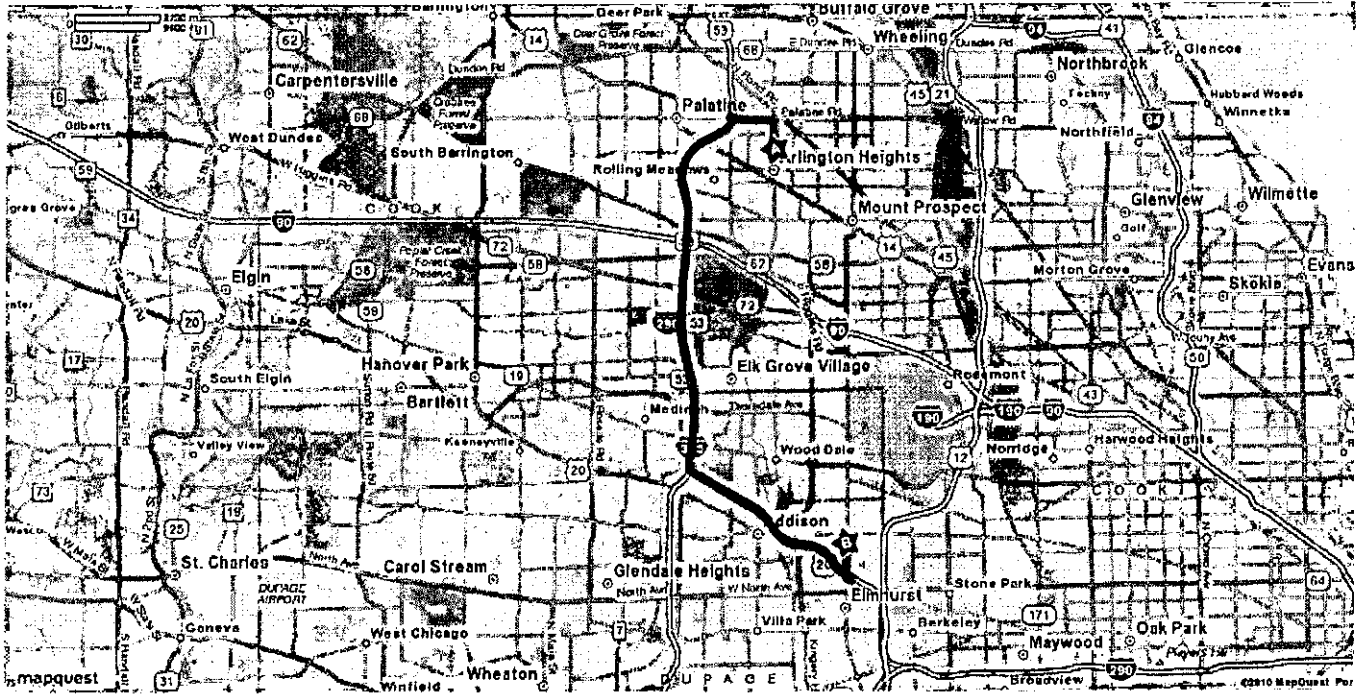
1200 N Arlington Heights Rd
Arlington Heights, IL 60004-4741

Ending Location


127 W Diversey Ave
Elmhurst, IL 60126-1101


Total Travel Estimate: 28 minutes / 20.59 miles Fuel Cost: [Calculate](#)


Elm Brook Healthcare





1200 N Arlington Heights Rd Edit
Arlington Heights, IL 60004-4741


-  Start out going NORTH on N ARLINGTON HEIGHTS RD toward E OLIVE ST. 0.9 mi


-  Turn LEFT onto E PALATINE RD. 1.2 mi


-  Merge onto IL-53 S. 8.1 mi

-  IL-53 S becomes I-290 E. 9.0 mi

-  Take the YORK RD exit, EXIT 12. 0.3 mi

-  Turn RIGHT onto YORK RD/N YORK ST. 1.1 mi

-  Turn LEFT onto W DIVERSEY AVE. 0.1 mi

-  127 W DIVERSEY AVE is on the RIGHT.

127 W Diversey Ave Edit
Elmhurst, IL 60126-1101

Total Travel Estimate: 28 minutes / 20.59 miles Fuel Cost: [Calculate](#)

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ELM BROOK HLTH C & REHAB CTRE

127 WEST DIVERSEY AVENUE
ELMHURST, IL. 60126Reference Numbers Facility ID 6010144
Health Service Area 007 Planning Service Area 703Administrator
Connie Sherman RN MSContact Person and Telephone
CONNIE SHERMAN
630-530-5225

Registered Agent Information

Date
Completed
4/23/2010

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	10
Blood Disorders	0
*Nervous System Non Alzheimer	50
Alzheimer Disease	13
Mental Illness	0
Developmental Disability	4
Circulatory System	16
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	46
Non-Medical Conditions	0
TOTALS	160

FACILITY OWNERSHIP

LIMITED LIABILITY CO

CONTINUING CARE COMMUNITY

No

LIFE CARE FACILITY

No

Total Residents Diagnosed as Mentally Ill 0

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

ADMISSIONS AND DISCHARGES - 2009

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2009	
									Residents on 1/1/2009	
Nursing Care	180	180	160	180	160	20	117	180	Residents on 1/1/2009	165
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2009	372
Intermediate DD	0	0	0	0	0	0	0	0	Total Discharges 2009	377
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2009	160
TOTAL BEDS	180	180	160	180	160	20	117	180	Identified Offenders	0

FACILITY UTILIZATION - 2009

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 Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.							
Nursing Care	6483	15.2%	45749	69.6%	757	538	4380	0	57907	88.1%	88.1%
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	0	0	0.0%	0.0%
TOTALS	6483	15.2%	45749	69.6%	757	538	4380	0	57907	88.1%	88.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009

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	1	1	0	0	0	0	0	0	1	1	2
45 to 59	3	8	0	0	0	0	0	0	3	8	11
60 to 64	4	5	0	0	0	0	0	0	4	5	9
65 to 74	18	10	0	0	0	0	0	0	18	10	28
75 to 84	19	32	0	0	0	0	0	0	19	32	51
85+	15	44	0	0	0	0	0	0	15	44	59
TOTALS	60	100	0	0	0	0	0	0	60	100	160

ELM BROOK HLTH C & REHAB CTRE

127 WEST DIVERSEY AVENUE

ELMHURST, IL. 60126

Reference Numbers Facility ID 6010144

Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	19	102	28	0	11	0	160
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	19	102	28	0	11	0	160

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	255	232
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SKIUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Amer. Indian	2	0	0	0	2
Black	10	0	0	0	10
Hawaiian/Pac. Isl.	0	0	0	0	0
White	145	0	0	0	145
Race Unknown	0	0	0	0	0
Total	160	0	0	0	160

ETHNICITY	Nursing	SKIUnd22	ICF/DD	Shelter	Totals
Hispanic	17	0	0	0	17
Non-Hispanic	143	0	0	0	143
Ethnicity Unknown	0	0	0	0	0
Total	160	0	0	0	160

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	19.00
LPN's	2.00
Certified Aides	58.00
Other Health Staff	13.00
Non-Health Staff	56.00
Totals	150.00

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
29.2%	60.9%	1.2%	1.7%	7.0%	100.0%	0	0.0%
3,088,672	6,434,999	128,770	180,198	736,555	10,569,194		

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

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Starting Location

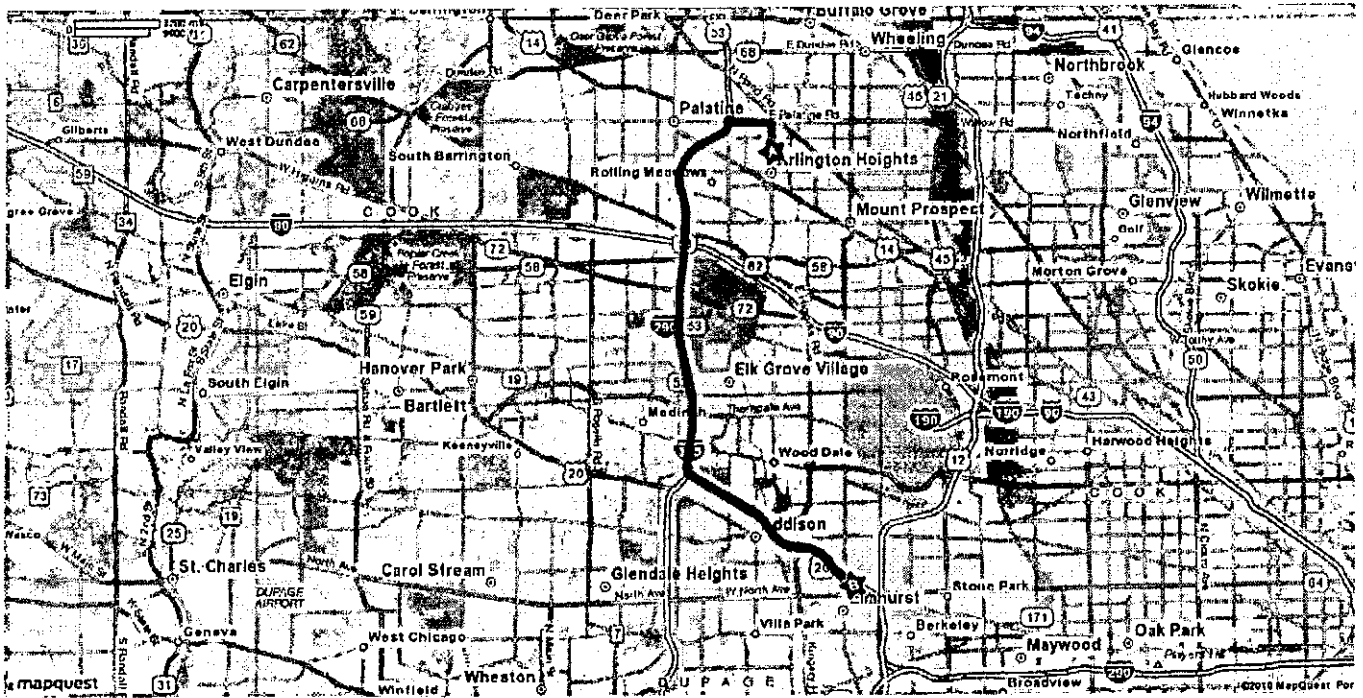
1200 N Arlington Heights Rd
Arlington Heights, IL 60004-4741

Ending Location

200 E Lake St
Elmhurst, IL 60126-2013

Total Travel Estimate: 26 minutes / 19.75 miles Fuel Cost: [Calculate](#)

Elmhurst Extended Care Center



Starting Location
1200 N Arlington Heights Rd
Arlington Heights, IL 60004-4741

- Start out going NORTH on M ARLINGTON HEIGHTS RD toward E OLIVE ST. 0.9 mi
- Turn LEFT onto E PALATINE RD. 1.2 mi
- Merge onto IL-53 S. 8.1 mi
- IL-53 S becomes I-290 E. 9.0 mi
- Take the YORK RD exit, EXIT 12. 0.3 mi
- Go onto E LAKE ST. 0.3 mi
- 200 E LAKE ST is on the LEFT.

Ending Location
200 E Lake St
Elmhurst, IL 60126-2013

Total Travel Estimate: 26 minutes / 19.75 miles Fuel Cost: [Calculate](#)

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ELMHURST EXTENDED CARE CENTER		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
200 EAST LAKE STREET ELMHURST, IL. 60126		Aggressive/Anti-Social	1	DIAGNOSIS	
Reference Numbers	Facility ID 6002828	Chronic Alcoholism	1	Neoplasms	1
Health Service Area 007	Planning Service Area 703	Developmentally Disabled	1	Endocrine/Metabolic	8
Administrator		Drug Addiction	1	Blood Disorders	0
John Massard		Medicaid Recipient	0	*Nervous System Non Alzheimer	1
Contact Person and Telephone		Medicare Recipient	0	Alzheimer Disease	4
KAREN MOOREFIELD		Mental Illness	1	Mental Illness	0
630-516-5000		Non-Ambulatory	0	Developmental Disability	0
Registered Agent Information	Date Completed	Non-Mobile	0	Circulatory System	22
Keith Goldberg, Attorney at Law	5/4/2010	Public Aid Recipient	0	Respiratory System	8
1701 E. Lake Ave. #255		Under 65 Years Old	0	Digestive System	2
Glenview, IL 60025		Unable to Self-Medicate	0	Genitourinary System Disorders	3
FACILITY OWNERSHIP		Ventilator Dependent	1	Skin Disorders	0
FOR-PROF CORPORATION		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	3
CONTINUING CARE COMMUNITY	No	Other Restrictions	0	Injuries and Poisonings	2
LIFE CARE FACILITY	No	No Restrictions	0	Other Medical Conditions	16
		<i>Note: Reported restrictions denoted by '1'</i>		Non-Medical Conditions	1
				TOTALS	71
				Total Residents Diagnosed as Mentally Ill	23

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS						ADMISSIONS AND DISCHARGES - 2009			
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	112	108	87	104	71	41	39	39	79	Total Admissions 2009
Skilled Under 22	0	0	0	0	0	0	0	0	255	Total Discharges 2009
Intermediate DD	0	0	0	0	0	0	0	0	263	Residents on 12/31/2009
Sheltered Care	0	0	0	0	0	0	0	0	71	Identified Offenders
TOTAL BEDS	112	108	87	104	71	41	39	39	0	

FACILITY UTILIZATION - 2009											
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 Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6101	42.9%	4340	30.5%	0	571	16382	0	27394	67.0%	69.5%
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	0	0	0.0%	0.0%
TOTALS	6101	42.9%	4340	30.5%	0	571	16382	0	27394	67.0%	69.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009											
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	2	0	0	0	0	0	0	0	2	2
75 to 84	4	17	0	0	0	0	0	0	4	17	21
85+	7	41	0	0	0	0	0	0	7	41	48
TOTALS	11	60	0	0	0	0	0	0	11	60	71

ELMHURST EXTENDED CARE CENTER

200 EAST LAKE STREET
ELMHURST, IL. 60126

Reference Numbers Facility ID 6002828

Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	10	0	0	44	0	71
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	17	10	0	0	44	0	71

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	203	179
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	71	0	0	0	71
Race Unknown	0	0	0	0	0
Total	71	0	0	0	71

ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	69	0	0	0	69
Ethnicity Unknown	0	0	0	0	0
Total	71	0	0	0	71

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	8.00
Certified Aides	38.00
Other Health Staff	5.00
Non-Health Staff	25.00
Totals	88.00

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
35.7%	9.9%	0.0%	2.2%	52.2%	100.0%	0	0.0%
2,068,529	571,734	0	127,108	3,022,603	5,789,974	0	

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

There's a new MapQuest - come try it out!



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Starting Location
1200 N Arlington Heights Rd
Arlington Heights, IL 60004-4741



Ending Location
Find a Business (optional)

Address, City, State and/or ZIP

Cancel

Total Travel Estimate: 28 minutes / 21.29 miles Fuel Cost: [Calculate](#)

Elmhurst Memorial Hospital



1200 N Arlington Heights Rd
Arlington Heights, IL 60004-4741

1. Start out going **NORTH** on **N ARLINGTON HEIGHTS RD** toward **E OLIVE ST.** 0.9 mi
2. Turn **LEFT** onto **E PALATINE RD.** 1.2 mi
3. Merge onto **IL-53 S.** 8.1 mi
4. **IL-53 S** becomes **I-290 E.** 9.6 mi
5. Merge onto **E NORTH AVE/IL-64 E** via **EXIT 13A** toward **US-20 E/LAKE STA-294 N/MILWAUKEE.** 0.6 mi
6. Make a **U-TURN** at **NORTHWEST AVE** onto **IL-64 W/W NORTH AVE.** 0.6 mi
7. Turn **SLIGHT LEFT** onto **N BERTEAU AVE.** 0.3 mi
8. **200 N BERTEAU AVE** is on the **RIGHT.**

200 N Berteau Ave
Elmhurst, IL 60126-2966

Total Travel Estimate: 29 minutes / 21.29 miles Fuel Cost: [Calculate](#)

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ELMHURST MEMORIAL HOSPITAL		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
200 BERTEAU AVENUE		Aggressive/Anti-Social 1		DIAGNOSIS	
ELMHURST, IL. 60126		Chronic Alcoholism 1		Neoplasms 0	
Reference Numbers	Facility ID 6014310	Developmentally Disabled 1		Endocrine/Metabolic 1	
Health Service Area 007 Planning Service Area 703		Drug Addiction 1		Blood Disorders 0	
Administrator		Medicaid Recipient 0		*Nervous System Non Alzheimer 0	
Peggy Nelson		Medicare Recipient 0		Alzheimer Disease 0	
Contact Person and Telephone		Mental Illness 1		Mental Illness 0	
SUZANNE MORENCY		Non-Ambulatory 1		Developmental Disability 0	
630-833-1400 x44719		Non-Mobile 0		Circulatory System 8	
Registered Agent Information	Date Completed	Public Aid Recipient 0		Respiratory System 3	
	6/22/2010	Under 65 Years Old 0		Digestive System 4	
FACILITY OWNERSHIP		Unable to Self-Medicate 0		Genitourinary System Disorders 1	
OTHER NON-PROFIT		Ventilator Dependent 1		Skin Disorders 0	
CONTINUING CARE COMMUNITY		Infectious Disease w/ Isolation 0		Musculo-skeletal Disorders 15	
LIFE CARE FACILITY		Other Restrictions 0		Injuries and Poisonings 0	
		No Restrictions 0		Other Medical Conditions 0	
		<i>Note: Reported restrictions denoted by '1'</i>		Non-Medical Conditions 0	
				TOTALS 32	
				Total Residents Diagnosed as Mentally Ill 0	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS						ADMISSIONS AND DISCHARGES - 2009		Residents on 1/1/2009	33
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED			Total Admissions 2009	Total Discharges 2009
Nursing Care	38	38	38	38	32	6	38	38	857	858
Skilled Under 22	0	0	0	0	0	0	0	0	Residents on 12/31/2009	32
Intermediate DD	0	0	0	0	0	0	0	0	Identified Offenders 0	
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	38	38	38	38	32	6	38	38		

LEVEL OF CARE	FACILITY UTILIZATION - 2009										Licensed Beds	Peak Set Up		
	BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE												TOTAL	Occ. Pct.
	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	Pat. days	Occ. Pct.				
Nursing Care	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days			Pat. days	Pat. days	12829	92.5%	92.5%
Skilled Under 22			0	0.0%	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%	0.0%	
Sheltered Care					0	0	0	0	0	0	0	0.0%	0.0%	
TOTALS	11257	81.2%	138	1.0%	0	1430	4	0	0	12829	92.5%	92.5%		

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009											GRAND TOTAL
	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	0
18 to 44	0	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	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1	1
65 to 74	1	1	0	0	0	0	0	0	1	1	2	2
75 to 84	6	8	0	0	0	0	0	0	6	8	14	14
85+	5	10	0	0	0	0	0	0	5	10	15	15
TOTALS	12	20	0	0	0	0	0	0	12	20	32	32

ELMHURST MEMORIAL HOSPITAL

200 BERTEAU AVENUE

ELMHURST, IL. 60126

Reference Numbers Facility ID 6014310

Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Other				Private Pay	Charity Care	TOTALS
	Medicare	Medicaid	Public Insurance	Public Insurance			
Nursing Care	31	0	0	1	0	0	32
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	31	0	0	1	0	0	32

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	1179	1179
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	31	0	0	0	31
Race Unknown	0	0	0	0	0
Total	32	0	0	0	32

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	32	0	0	0	32
Ethnicity Unknown	0	0	0	0	0
Total	32	0	0	0	32

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	16.00
LPN's	2.00
Certified Aides	15.00
Other Health Staff	2.00
Non-Health Staff	4.00
Totals	42.00

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
100.0%	0.0%	0.0%	0.0%	0.0%	100.0%		0.0%
1	0	0	0	0	1	0	

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

There's a new MapQuest - come try it out!



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Starting Location

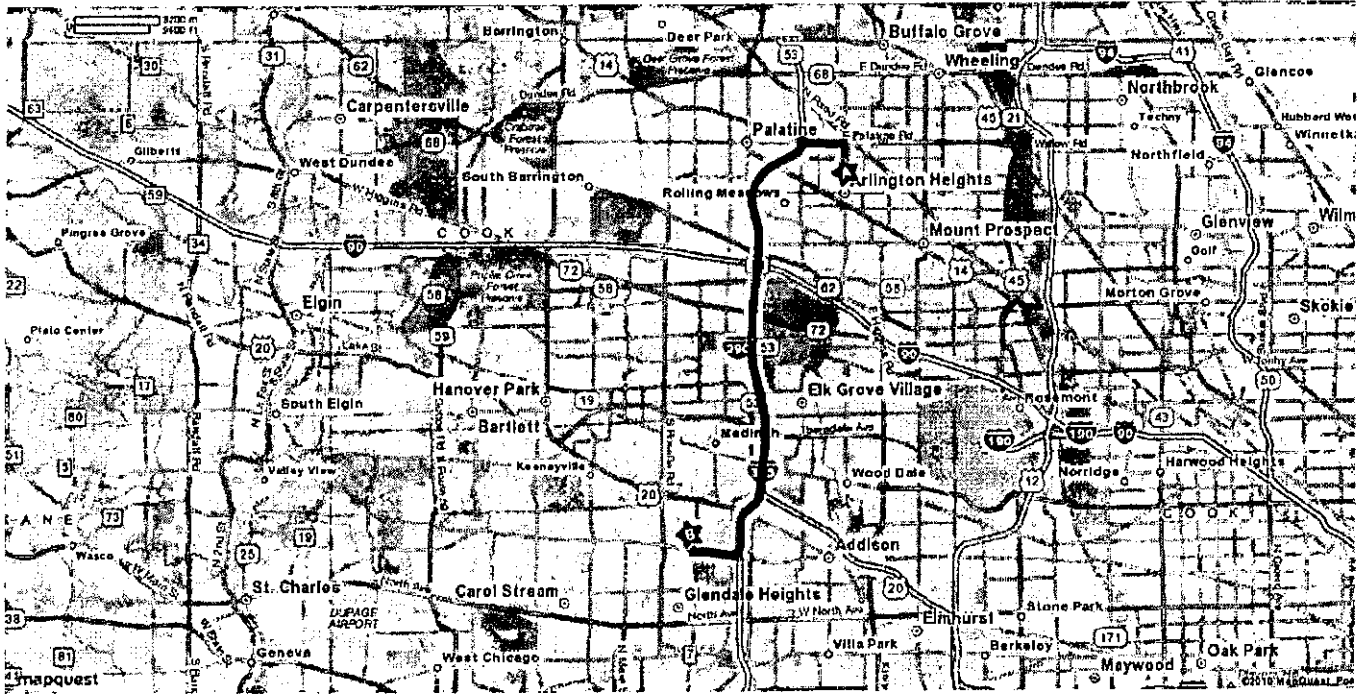
1200 N Arlington Heights Rd
Arlington Heights, IL 60004-4741

Ending Location

311 Edgewater Dr
Bloomington, IL 60108-1979

Total Travel Estimate: 25 minutes / 17.38 miles Fuel Cost: [Calculate](#)

West Suburban Care Center



Starting Location
1200 N Arlington Heights Rd
Arlington Heights, IL 60004-4741

1. Start out going NORTH on N ARLINGTON HEIGHTS RD toward E OLIVE ST. 0.9 mi
2. Turn LEFT onto E PALATINE RD. 1.2 mi
3. Merge onto IL-53 S. 8.1 mi
4. IL-53 S becomes I-290 E. 2.5 mi
5. Keep LEFT to take I-355 S via EXIT 7 toward JOLIET. 2.5 mi
6. Take the ARMY TRAIL RD exit. 0.4 mi
7. Merge onto ARMY TRAIL RD/CR-11 W toward BLOOMINGDALE/GLENDALE HTS. 1.3 mi
8. Turn RIGHT onto GLEN ELLYN RD. 0.4 mi
9. Turn LEFT onto EDGEWATER DR. 0.2 mi
10. 311 EDGEWATER DR is on the RIGHT.

Ending Location
311 Edgewater Dr
Bloomington, IL 60108-1979

Total Travel Estimate: 25 minutes / 17.38 miles Fuel Cost: [Calculate](#)

WEST SUBURBAN NURSING & REHAB CENTER		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
311 EDGEWATER DRIVE		Aggressive/Anti-Social	1	DIAGNOSIS		
BLOOMINGDALE, IL. 60108		Chronic Alcoholism	1	Neoplasms	2	
Reference Numbers	Facility ID 6001002	Developmentally Disabled	0	Endocrine/Metabolic	31	
Health Service Area 007	Planning Service Area 703	Drug Addiction	1	Blood Disorders	4	
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	27	
Michael A. Pettinati		Medicare Recipient	0	Alzheimer Disease	26	
Contact Person and Telephone		Mental Illness	1	Mental Illness	0	
Michael A. Pettinati		Non-Ambulatory	0	Developmental Disability	3	
630-894-7400		Non-Mobile	0	Circulatory System	31	
Registered Agent Information	Date Completed	Public Aid Recipient	0	Respiratory System	19	
Abraham Gutnicki	5/7/2010	Under 65 Years Old	0	Digestive System	7	
8320 Skokie Blvd		Unable to Self-Medicate	0	Genitourinary System Disorders	5	
Skokie, IL 60077		Ventilator Dependent	0	Skin Disorders	0	
FACILITY OWNERSHIP		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	6	
LIMITED LIABILITY CO		Other Restrictions	0	Injuries and Poisonings	1	
CONTINUING CARE COMMUNITY	No	No Restrictions	0	Other Medical Conditions	0	
LIFE CARE FACILITY	No	<i>Note: Reported restrictions denoted by '1'</i>			Non-Medical Conditions	0
				TOTALS	162	
				Total Residents Diagnosed as Mentally Ill	2	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS						ADMISSIONS AND DISCHARGES - 2009			
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	259	259	209	259	162	97	30	259	191	Total Admissions 2009
Skilled Under 22	0	0	0	0	0	0		0	235	Total Discharges 2009
Intermediate DD	0	0	0	0	0	0		0	264	Residents on 12/31/2009
Sheltered Care	0	0	0	0	0	0			162	Identified Offenders
TOTAL BEDS	259	259	209	259	162	97	30	259	2	

FACILITY UTILIZATION - 2009											
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 Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	9207	84.1%	52070	55.1%	0	959	4523	0	66759	70.6%	70.6%
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	0	0	0.0%	0.0%
TOTALS	9207	84.1%	52070	55.1%	0	959	4523	0	66759	70.6%	70.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009												
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	5	0	0	0	0	0	0	0	5	0	5	
45 to 59	10	12	0	0	0	0	0	0	10	12	22	
60 to 64	10	7	0	0	0	0	0	0	10	7	17	
65 to 74	15	18	0	0	0	0	0	0	15	18	33	
75 to 84	11	24	0	0	0	0	0	0	11	24	35	
85+	12	38	0	0	0	0	0	0	12	38	50	
TOTALS	63	99	0	0	0	0	0	0	63	99	162	

WEST SUBURBAN NURSING & REHAB CENTER

311 EDGEWATER DRIVE
BLOOMINGDALE, IL. 60108

Reference Numbers Facility ID 6001002

Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Other			Private Insurance	Private Pay	Charity Care	TOTALS
	Medicare	Medicaid	Public				
Nursing Care	16	135	0	1	10	0	162
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	135	0	1	10	0	162

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	215	200
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	35	0	0	0	35
Amer. Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pac. Isl.	0	0	0	0	0
White	118	0	0	0	118
Race Unknown	0	0	0	0	0
Total	162	0	0	0	162

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	159	0	0	0	159
Ethnicity Unknown	0	0	0	0	0
Total	162	0	0	0	162

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	30.00
LPN's	20.00
Certified Aides	84.00
Other Health Staff	18.00
Non-Health Staff	59.00
Totals	213.00

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
34.2%	54.9%	0.0%	1.9%	9.0%	100.0%		0.0%
4,221,928	6,787,798	0	236,502	1,107,507	12,353,735	0	

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

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★ Starting Location

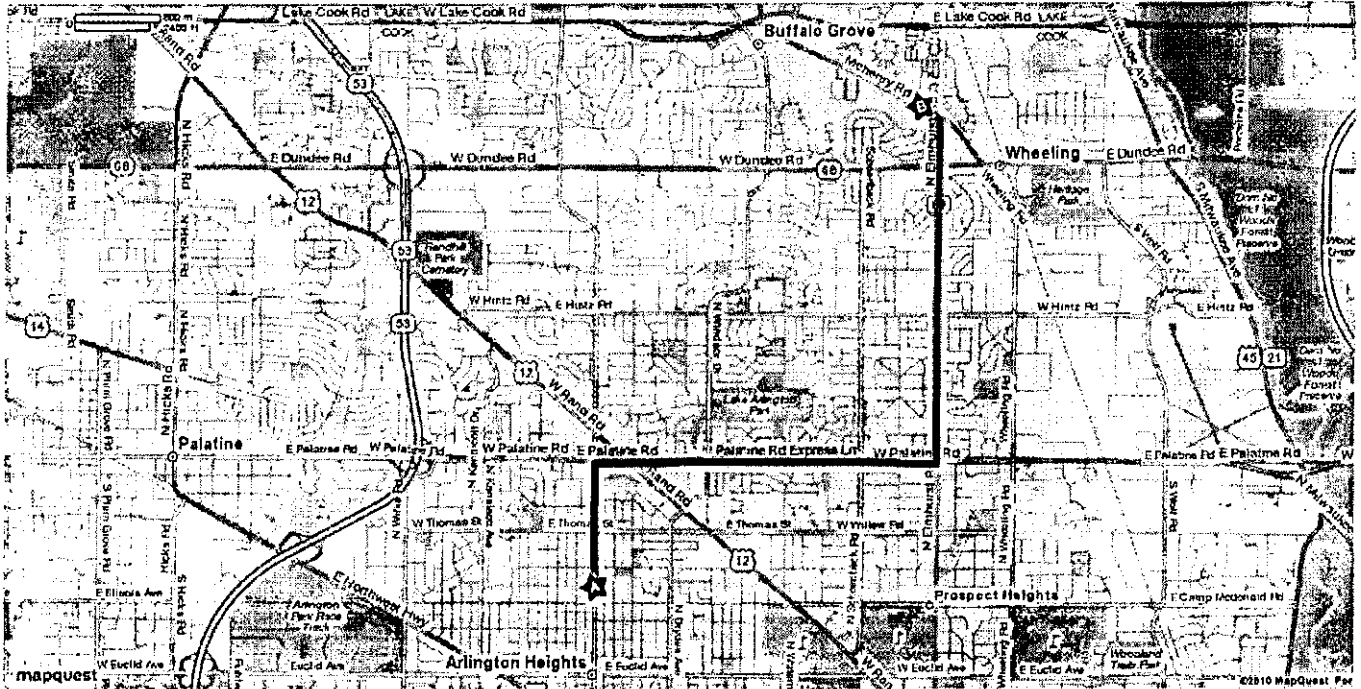
1200 N Arlington Heights Rd
Arlington Heights, IL 60004-4741

★ Ending Location

555 McHenry Rd
Wheeling, IL 60090-3856

Total Travel Estimate: 12 minutes / 5.64 miles Fuel Cost: [Calculate](#)

Addolorata Villa



★ 1200 N Arlington Heights Rd [Edit](#)
Arlington Heights, IL 60004-4741

1. Start out going NORTH on N ARLINGTON HEIGHTS RD toward E OLIVE ST. 0.9 mi
2. Turn RIGHT onto E PALATINE RD. 0.4 mi
3. Stay STRAIGHT to go onto PALATINE RD EXPRESS LN. 1.5 mi
4. Turn SLIGHT RIGHT toward ELMHURST RD/IL-83. 0.1 mi
5. Stay STRAIGHT to go onto W PALATINE RD. 0.2 mi
6. Turn LEFT onto IL-83/N ELMHURST RD. 2.4 mi
7. Turn LEFT onto MCHENRY RD/IL-83. 0.2 mi
8. 555 MCHENRY RD is on the RIGHT.

★ 555 McHenry Rd [Edit](#)
Wheeling, IL 60090-3856

Total Travel Estimate: 12 minutes / 5.64 miles Fuel Cost: [Calculate](#)

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ADDOLORATA VILLA		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
555 MCHENRY ROAD		Aggressive/Anti-Social	1	DIAGNOSIS		
WHEELING, IL. 60090		Chronic Alcoholism	1	Neoplasms	2	
Reference Numbers	Facility ID 6000046	Developmentally Disabled	1	Endocrine/Metabolic	7	
Health Service Area 007	Planning Service Area 701	Drug Addiction	1	Blood Disorders	4	
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	10	
Tiffany Barton		Medicare Recipient	0	Alzheimer Disease	0	
		Mental Illness	0	Mental Illness	0	
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	0	
Tiffany Barton		Non-Mobile	0	Circulatory System	37	
847-403-5567		Public Aid Recipient	0	Respiratory System	11	
Registered Agent Information	Date Completed 4/30/2010	Under 65 Years Old	0	Digestive System	3	
CT Corporation		Unable to Self-Medicare	0	Genitourinary System Disorders	5	
208 S. LaSalle Street		Ventilator Dependent	1	Skin Disorders	0	
Chicago, IL 60604		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	42	
FACILITY OWNERSHIP		Other Restrictions	0	Injuries and Poisonings	2	
NON-PROF CORPORATION		No Restrictions	0	Other Medical Conditions	1	
CONTINUING CARE COMMUNITY	Yes	<i>Note: Reported restrictions denoted by 'I'</i>			Non-Medical Conditions	0
LIFE CARE FACILITY	No				TOTALS	124
					Total Residents Diagnosed as Mentally Ill	2

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2009	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	98	98	95	98	95	3	88	30	Total Admissions 2009	119
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2009	183
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2009	178
Sheltered Care	43	31	29	31	29	14			Identified Offenders	124
TOTAL BEDS	141	129	124	129	124	17	88	30		0

FACILITY UTILIZATION - 2009											
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 Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days		Pat. days	Occ. Pct.
Nursing Care	5542	17.3%	5060	46.2%	0	98	22189	0	32889	91.9%	91.9%
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	9137	126	9263	59.0%	81.9%
TOTALS	5542	17.3%	5060	46.2%	0	98	31326	126	42152	81.9%	89.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009											
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	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	2	0	0	0	0	0	0	0	2	2
75 to 84	6	13	0	0	0	0	2	5	8	18	26
85+	14	60	0	0	0	0	3	19	17	79	96
TOTALS	20	75	0	0	0	0	5	24	25	99	124

ADDOLORATA VILLA
555 MCHENRY ROAD
WHEELING, IL. 60090

Reference Numbers Facility ID 6000046
Health Service Area 007 Planning Service Area 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	20	17	0	0	58	0	95
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	29	0	29
TOTALS	20	17	0	0	87	0	124

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	284	256
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	135	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	95	0	0	29	124
Race Unknown	0	0	0	0	0
Total	95	0	0	29	124

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	95	0	0	29	124
Ethnicity Unknown	0	0	0	0	0
Total	95	0	0	29	124

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	3.00
Physicians	0.20
Director of Nursing	1.00
Registered Nurses	18.50
LPN's	8.20
Certified Aides	53.50
Other Health Staff	19.40
Non-Health Staff	81.80
Totals	185.60

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
29.8%	6.4%	0.0%	0.7%	63.2%	100.0%		0.3%
2,553,590	546,120	0	61,716	5,418,769	8,580,195	29,601	

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

There's a new MapQuest - come try it out!



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Starting Location

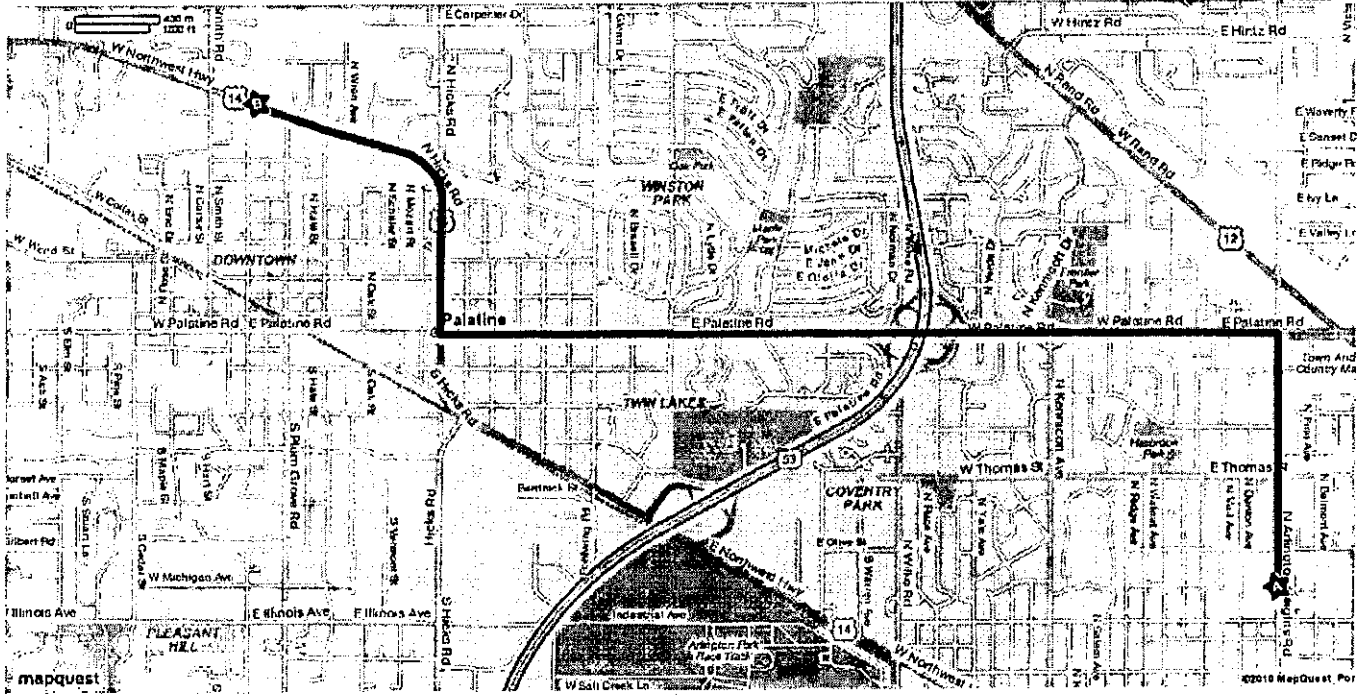
1200 N Arlington Heights Rd
Arlington Heights, IL 60004-4741

Ending Location

80 W Northwest Hwy
Palatine, IL 60067-3582

Total Travel Estimate: 10 minutes / 4.82 miles Fuel Cost: [Calculate](#)

St Josephs Home for Elderly



1200 N Arlington Heights Rd [Edit](#)
Arlington Heights, IL 60004-4741

1. Start out going NORTH on N ARLINGTON HEIGHTS RD toward E OLIVE ST. 0.9 mi
2. Turn LEFT onto E PALATINE RD. 2.8 mi
3. Turn RIGHT onto N HICKS RD/N NORTHWEST HWY/US-14 W. Continue to follow N NORTHWEST HWY/US-14 W. 1.2 mi
4. 80 W NORTHWEST HWY is on the RIGHT.

80 W Northwest Hwy [Edit](#)
Palatine, IL 60067-3582

Total Travel Estimate: 10 minutes / 4.82 miles Fuel Cost: [Calculate](#)

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ST. JOSEPH'S HOME FOR ELDERLY			ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
80 WEST NORTHWEST HIGHWAY			Aggressive/Anti-Social	1	DIAGNOSIS		
PALATINE, IL. 60067			Chronic Alcoholism	1	Neoplasms	1	
Reference Numbers	Facility ID	6009005	Developmentally Disabled	0	Endocrine/Metabolic	3	
Health Service Area	007	Planning Service Area	701	Drug Addiction	Blood Disorders	0	
Administrator			Medicaid Recipient	0	*Nervous System Non Alzheimer	18	
Sr. Marguerite McCarthy			Medicare Recipient	0	Alzheimer Disease	3	
Contact Person and Telephone			Mental Illness	1	Mental Illness	2	
SR. MARGUERITE MCCARTHY			Non-Ambulatory	0	Developmental Disability	0	
847-358-5700			Non-Mobile	0	Circulatory System	20	
Registered Agent Information	Date Completed	5/7/2010	Public Aid Recipient	0	Respiratory System	4	
			Under 65 Years Old	0	Digestive System	1	
			Unable to Self-Medicat	0	Genitourinary System Disorders	0	
			Ventilator Dependent	0	Skin Disorders	0	
			Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	12	
			Other Restrictions	1	Injuries and Poisonings	0	
			No Restrictions	0	Other Medical Conditions	0	
			<i>Note: Reported restrictions denoted by 'I'</i>			Non-Medical Conditions	0
FACILITY OWNERSHIP					TOTALS	64	
NON-PROF CORPORATION					Total Residents Diagnosed as Mentally Ill	3	
CONTINUING CARE COMMUNITY	No						
LIFE CARE FACILITY	No						

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS						ADMISSIONS AND DISCHARGES - 2009		Residents on 1/1/2009	49
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED			Total Admissions 2009	Total Discharges 2009
Nursing Care	60	60	57	60	57	3	0	51	32	17
Skilled Under 22	0	0	0	0	0	0	0	0	64	
Intermediate DD	0	0	0	0	0	0	0	0		
Sheltered Care	7	7	7	7	7	0	0	0		0
TOTAL BEDS	67	67	64	67	64	3	0	51		
									Identified Offenders	0

FACILITY UTILIZATION - 2009											
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 Set Up
	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%	17783	95.5%	0	0	2247	0	20030	91.5%	91.5%
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	0	0	0.0%	0.0%
TOTALS	0	0.0%	17783	95.5%	0	0	2247	0	20030	81.9%	81.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009											
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	1	1	0	0	0	0	0	0	1	1	2
75 to 84	3	7	0	0	0	0	0	3	3	10	13
85+	8	37	0	0	0	0	0	4	8	41	49
TOTALS	12	45	0	0	0	0	0	7	12	52	64

ST. JOSEPH'S HOME FOR ELDERLY

80 WEST NORTHWEST HIGHWAY

PALATINE, IL. 60067

Reference Numbers Facility ID 6009005

Health Service Area 007 Planning Service Area 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS	
Nursing Care	0	49	0	0	6	0	55
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	7	0	7
TOTALS	0	49	0	0	13	0	62

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	120	0
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	45	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	1	0	0	0	1
White	52	0	0	7	59
Race Unknown	0	0	0	0	0
Total	55	0	0	7	62

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	51	0	0	7	58
Ethnicity Unknown	0	0	0	0	0
Total	55	0	0	7	62

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	8.43
LPN's	4.20
Certified Aides	25.50
Other Health Staff	3.30
Non-Health Staff	32.53
Totals	73.96

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%	89.2%	0.0%	0.0%	10.8%	100.0%		0.0%
0	2,198,908	0	0	267,190	2,466,098	0	

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

There's a new MapQuest - come try it out!



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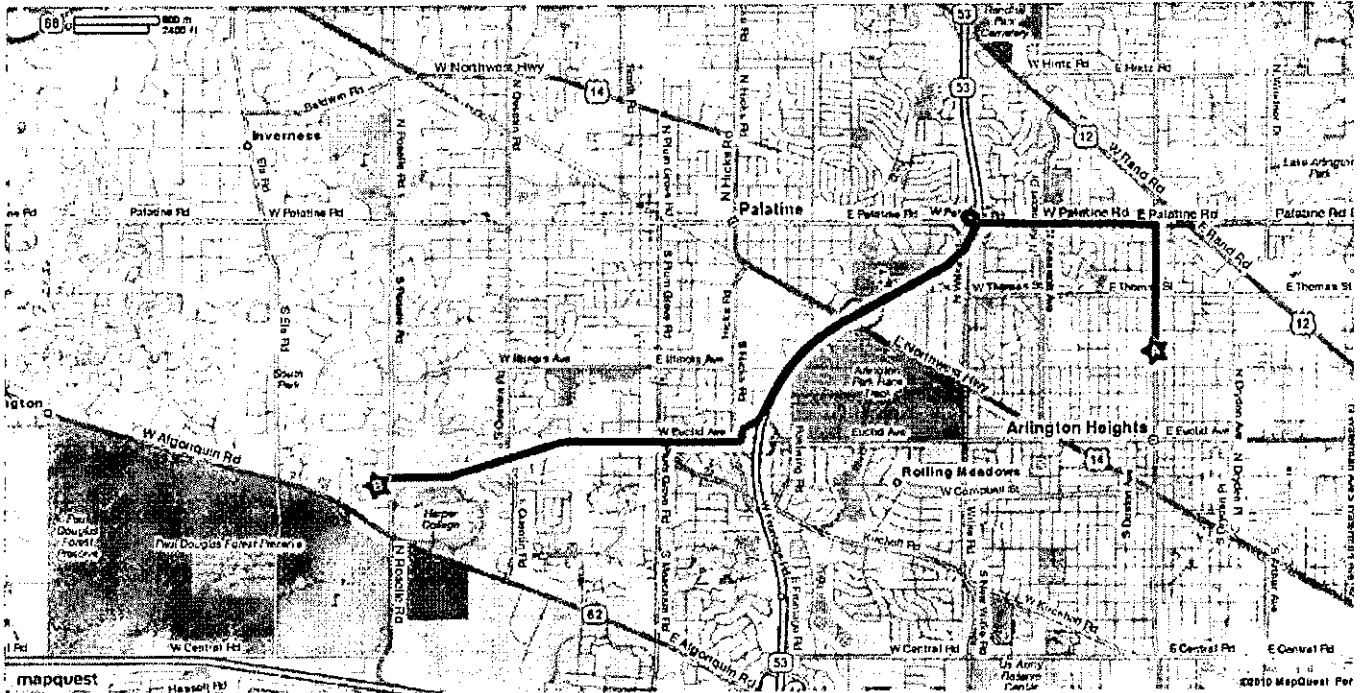
1200 N Arlington Heights Rd
Arlington Heights, IL 60004-4741



1800 W Colonial Pkwy
Inverness, IL 60067-1216

Total Travel Estimate: 12 minutes / 6.97 miles Fuel Cost: [Calculate](#)

Rosewood Care Center
Inverness



1200 N Arlington Heights Rd [Edit](#)
Arlington Heights, IL 60004-4741

- Start out going **NORTH** on **N ARLINGTON HEIGHTS RD** toward **E OLIVE ST.** 0.9 mi
- 2. Turn **LEFT** onto **E PALATINE RD.** 1.2 mi
- 3. Merge onto **IL-53 S.** 2.2 mi
- 4. Merge onto **W EUCLID AVE.** 2.7 mi
- 5. **W EUCLID AVE** becomes **W COLONIAL PKWY.** 0.1 mi
- 6. **1800 W COLONIAL PKWY** is on the **RIGHT.**

1800 W Colonial Pkwy [Edit](#)
Inverness, IL 60067-1216

Total Travel Estimate: 12 minutes / 6.97 miles Fuel Cost: [Calculate](#)

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ROSEWOOD CARE CENTER		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
3401 HENNEPIN DRIVE		Aggressive/Anti-Social 0		DIAGNOSIS	
JOLIET, IL. 60431		Chronic Alcoholism 0		Neoplasms 0	
Reference Numbers	Facility ID 6012835	Developmentally Disabled 0		Endocrine/Metabolic 2	
Health Service Area 009	Planning Service Area 197	Drug Addiction 1		Blood Disorders 0	
Administrator		Medicaid Recipient 0		*Nervous System Non Alzheimer 0	
William Matjasich		Medicare Recipient 0		Alzheimer Disease 5	
Contact Person and Telephone		Mental Illness 0		Mental Illness 0	
JAN POELKER		Non-Ambulatory 0		Developmental Disability 0	
314-994-9070x3025		Non-Mobile 0		Circulatory System 18	
Registered Agent Information	Date Completed	Public Aid Recipient 0		Respiratory System 13	
Dan Maher	4/22/2010	Under 65 Years Old 0		Digestive System 6	
412 E. Lawrence		Unable to Self-Medicate 0		Genitourinary System Disorders 6	
Springfield, IL 62703		Ventilator Dependent 1		Skin Disorders 3	
FACILITY OWNERSHIP		Infectious Disease w/ Isolation 0		Musculo-skeletal Disorders 14	
FOR-PROF CORPORATION		Other Restrictions 0		Injuries and Poisonings 17	
CONTINUING CARE COMMUNITY	No	No Restrictions 0		Other Medical Conditions 0	
LIFE CARE FACILITY	No	<i>Note: Reported restrictions denoted by '1'</i>		Non-Medical Conditions 0	
				TOTALS 84	
				Total Residents Diagnosed as Mentally Ill 0	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS						ADMISSIONS AND DISCHARGES - 2009		Residents on 1/1/2009	72
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED			Total Admissions 2009	Total Discharges 2009
Nursing Care	120	120	116	120	84	36	68	20	602	590
Skilled Under 22	0	0	0	0	0	0	0	0	84	
Intermediate DD	0	0	0	0	0	0	0	0		
Sheltered Care	0	0	0	0	0	0	0	0	Identified Offenders	0
TOTAL BEDS	120	120	116	120	84	36	68	20		

FACILITY UTILIZATION - 2009											
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 Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	13159	53.0%	4611	63.2%	0	976	13138	0	31884	72.8%	72.8%
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	0	0	0.0%	0.0%
TOTALS	13159	53.0%	4611	63.2%	0	976	13138	0	31884	72.8%	72.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009											
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	1	0	0	0	0	0	0	1	1	2
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	3	5	0	0	0	0	0	0	3	5	8
75 to 84	6	12	0	0	0	0	0	0	6	12	18
85+	9	46	0	0	0	0	0	0	9	46	55
TOTALS	19	65	0	0	0	0	0	0	19	65	84

ROSEWOOD CARE CENTER

3401 HENNEPIN DRIVE
JOLIET, IL. 60431

Reference Numbers Facility ID 6012835
Health Service Area 009 Planning Service Area 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Other				Private Pay	Charity Care	TOTALS
	Medicare	Medicaid	Public Insurance				
Nursing Care	34	16	0	1	33	0	84
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	34	16	0	1	33	0	84

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	199	170
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkilUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	82	0	0	0	82
Race Unknown	0	0	0	0	0
Total	84	0	0	0	84

ETHNICITY	Nursing	SkilUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	83	0	0	0	83
Ethnicity Unknown	0	0	0	0	0
Total	84	0	0	0	84

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	11.00
Certified Aides	39.00
Other Health Staff	11.00
Non-Health Staff	40.00
Totals	117.00

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
67.1%	4.7%	0.0%	3.1%	25.1%	100.0%	0	0.0%
6,086,038	430,249	0	281,173	2,277,821	9,075,281	0	

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

There's a new MapQuest - come try it out!



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Starting Location

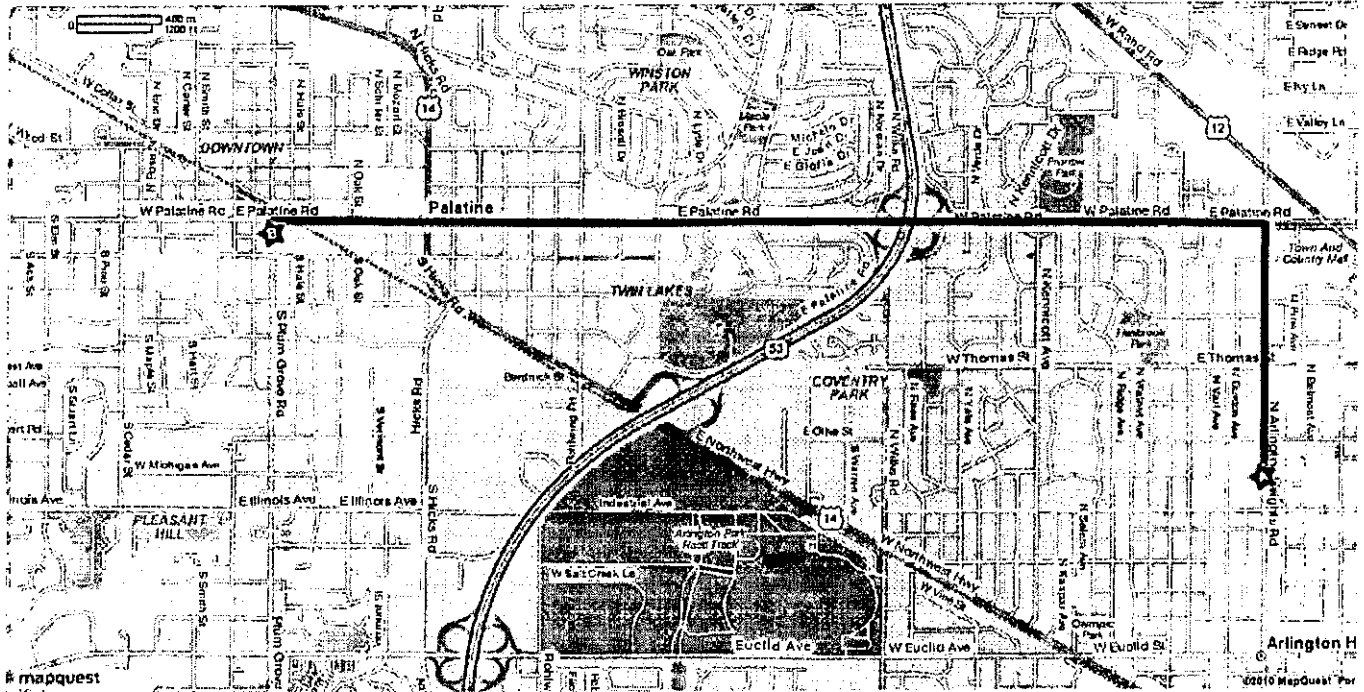
1200 N Arlington Heights Rd
Arlington Heights, IL 60004-4741

Ending Location

24 S Plum Grove Rd
Palatine, IL 60067-6243

Total Travel Estimate: 9 minutes / 4.17 miles Fuel Cost: Calculate

Plum Grove of Palatine



1200 N Arlington Heights Rd Ed
Arlington Heights, IL 60004-4741

1. Start out going NORTH on N ARLINGTON HEIGHTS RD toward E OLIVE ST. 0.9 mi
2. Turn LEFT onto E PALATINE RD. 3.3 mi
3. Turn LEFT onto S PLUM GROVE RD. 0.0 mi
4. 24 S PLUM GROVE RD is on the RIGHT.

24 S Plum Grove Rd Ed
Palatine, IL 60067-6243

Total Travel Estimate: 9 minutes / 4.17 miles Fuel Cost: Calculate

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PLUM GROVE NURSING AND REHAB CENTER			ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
24 SOUTH PLUM GROVE ROAD PALATINE, IL. 60067			Aggressive/Anti-Social	1	DIAGNOSIS	
Reference Numbers Facility ID 6007520			Chronic Alcoholism	0	Neoplasms	0
Health Service Area 007 Planning Service Area 701			Developmentally Disabled	0	Endocrine/Metabolic	1
Administrator			Drug Addiction	1	Blood Disorders	0
LISA ULBERT			Medicaid Recipient	0	*Nervous System Non Alzheimer	4
Contact Person and Telephone			Medicare Recipient	0	Alzheimer Disease	20
LISA ULBERT			Mental Illness	0	Mental Illness	0
847-358-0311			Non-Ambulatory	0	Developmental Disability	0
Registered Agent Information			Non-Mobile	0	Circulatory System	8
Date Completed			Public Aid Recipient	0	Respiratory System	12
4/29/2010			Under 65 Years Old	0	Digestive System	0
FACILITY OWNERSHIP			Unable to Self-Medicate	0	Genitourinary System Disorders	0
LIMITED LIABILITY CO			Ventilator Dependent	1	Skin Disorders	0
CONTINUING CARE COMMUNITY			Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	5
LIFE CARE FACILITY			Other Restrictions	0	Injuries and Poisonings	0
No			No Restrictions	0	Other Medical Conditions	3
No			<i>Note: Reported restrictions denoted by 'I'</i>		Non-Medical Conditions	0
					TOTALS	53
					Total Residents Diagnosed as Mentally Ill	7

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS						ADMISSIONS AND DISCHARGES - 2009			
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	69	69	58	69	53	16	5	69	Total Admissions 2009	50
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2009	33
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2009	30
Sheltered Care	0	0	0	0	0	0	0	0	Identified Offenders	53
TOTAL BEDS	69	69	58	69	53	16	5	69		0

FACILITY UTILIZATION - 2009											
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 Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2301	126.1%	7137	28.3%	176	399	9098	0	19111	75.9%	75.9%
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	0	0	0.0%	0.0%
TOTALS	2301	126.1%	7137	28.3%	176	399	9098	0	19111	75.9%	75.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009											
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	2	2	0	0	0	0	0	0	2	2	4
60 to 64	0	3	0	0	0	0	0	0	0	3	3
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	4	12	0	0	0	0	0	0	4	12	16
85+	5	25	0	0	0	0	0	0	5	25	30
TOTALS	11	42	0	0	0	0	0	0	11	42	53

PLUM GROVE NURSING AND REHAB CENTER
 24 SOUTH PLUM GROVE ROAD
 PALATINE, IL. 60067

Reference Numbers Facility ID 6007520
 Health Service Area 007 Planning Service Area 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS	
Nursing Care	6	21	0	0	26	0	53
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	21	0	0	26	0	53

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	170
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	50	0	0	0	50
Race Unknown	0	0	0	0	0
Total	53	0	0	0	53

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	53	0	0	0	53
Ethnicity Unknown	0	0	0	0	0
Total	53	0	0	0	53

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	5.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	4.00
Certified Aides	15.00
Other Health Staff	15.00
Non-Health Staff	0.00
Totals	45.00

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
11.7%	32.7%	0.0%	0.8%	54.7%	100.0%	0	0.0%
278,286	774,944	0	20,126	1,297,158	2,370,514		

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

FACILITY NOTES

Name Change 8/5/2009 Name changed from The Plum Grove of Palatine.
 Own. Change 8/5/2009 change of ownership occurred

There's a new MapQuest - come try it out!



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Starting Location

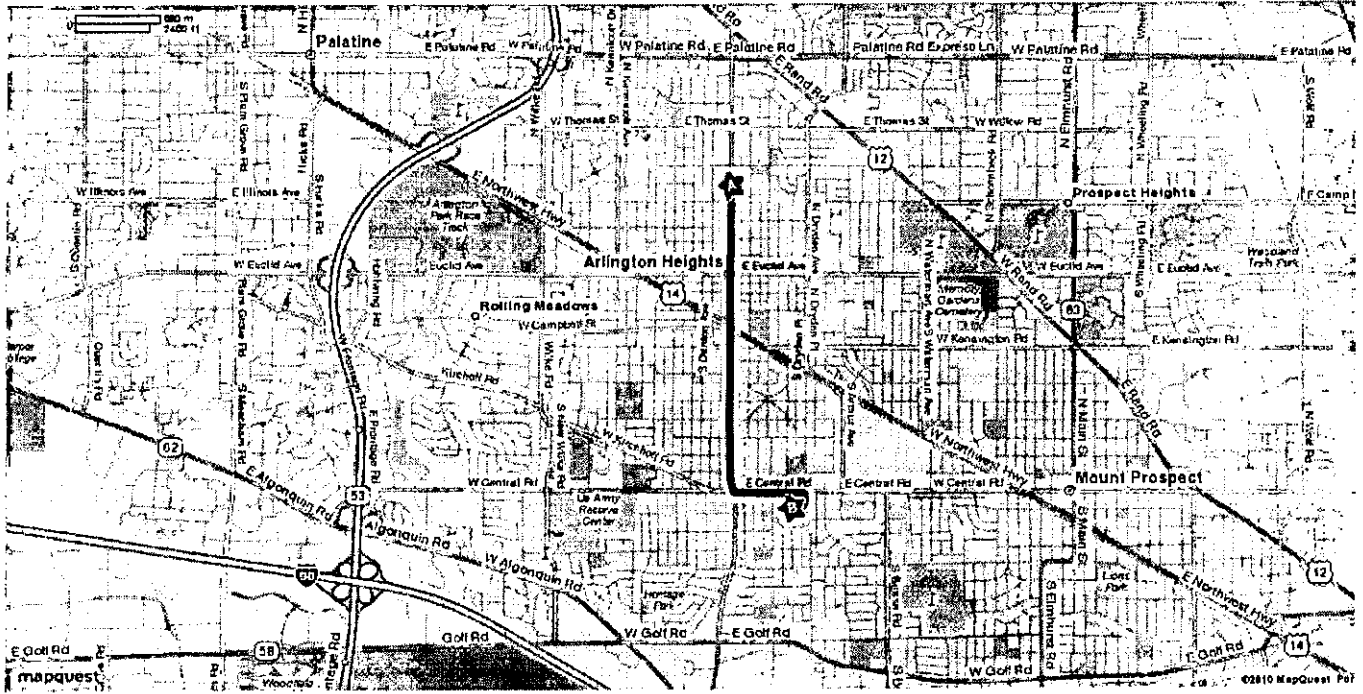
1200 N Arlington Heights Rd
Arlington Heights, IL 60004-4741

Ending Location

761 E Old Barn Ln
Arlington Heights, IL 60005-3272

Total Travel Estimate: 8 minutes / 2.79 miles Fuel Cost: [Calculate](#)

Moorings Health Center



1200 N Arlington Heights Rd Ed
Arlington Heights, IL 60004-4741

- Start out going SOUTH on N ARLINGTON HEIGHTS RD toward E OAKTON ST. 2.1 mi
- Turn LEFT onto E CENTRAL RD. 0.5 mi
- Turn RIGHT onto ENTRANCE DR. 0.1 mi
- Turn RIGHT onto E OLD BARN LN. 0.1 mi
- 761 E OLD BARN LN is on the LEFT.

761 E Old Barn Ln Ed
Arlington Heights, IL 60005-3272

Total Travel Estimate: 8 minutes / 2.79 miles Fuel Cost: [Calculate](#)

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THE MOORINGS HEALTH CENTER

761 OLD BARN LANE
 ARLINGTON HEIGHTS, IL. 60005
 Reference Numbers Facility ID 6005698
 Health Service Area 007 Planning Service Area 701

Administrator
 John Denkert

Contact Person and Telephone
 MONIQUE SCHROEDER
 847-718-1182

Registered Agent Information

Date Completed
 5/5/2010

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
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	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by 'I'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	2
*Nervous System Non Alzheimer	5
Alzheimer Disease	15
Mental Illness	4
Developmental Disability	0
Circulatory System	19
Respiratory System	5
Digestive System	7
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	22
Injuries and Poisonings	15
Other Medical Conditions	32
Non-Medical Conditions	0
TOTALS	132

Total Residents Diagnosed as Mentally Ill 4

FACILITY OWNERSHIP
 NON-PROF CORPORATION

CONTINUING CARE COMMUNITY
 LIFE CARE FACILITY

Yes
 No

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

ADMISSIONS AND DISCHARGES - 2009

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2009	
									Residents on 1/1/2009	130
Nursing Care	116	114	108	95	94	22	0	9	Total Admissions 2009	609
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2009	607
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2009	132
Sheltered Care	67	44	38	39	38	29			Identified Offenders	0
TOTAL BEDS	183	158	146	134	132	51	0	9		

FACILITY UTILIZATION - 2009

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 Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	7660	0.0%	1460	44.4%	0	201	27671	0	36992	87.4%	88.9%
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	12258	0	12258	50.1%	76.3%
TOTALS	7660	0.0%	1460	44.4%	0	201	39929	0	49250	73.7%	85.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009

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	3	2	0	0	0	0	0	0	3	2	5
75 to 84	4	12	0	0	0	0	0	7	4	19	23
85+	11	62	0	0	0	0	9	22	20	84	104
TOTALS	18	76	0	0	0	0	9	29	27	105	132

THE MOORINGS HEALTH CENTER

761 OLD BARN LANE

ARLINGTON HEIGHTS, IL. 60005

Reference Numbers Facility ID 6005698

Health Service Area 007 Planning Service Area 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS	
Nursing Care	20	4	0	1	65	4	94
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	37	1	38
TOTALS	20	4	0	1	102	5	132

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	342	237
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	179	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	94	0	0	38	132
Race Unknown	0	0	0	0	0
Total	94	0	0	38	132

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	94	0	0	38	132
Ethnicity Unknown	0	0	0	0	0
Total	94	0	0	38	132

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.00
LPN's	4.00
Certified Aides	46.00
Other Health Staff	7.00
Non-Health Staff	40.00
Totals	116.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

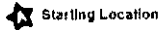
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
9.3%	0.9%	0.0%	0.0%	89.8%	100.0%		2.3%
1,988,313	192,501	0	0	19,219,908	21,400,723	493,000	

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

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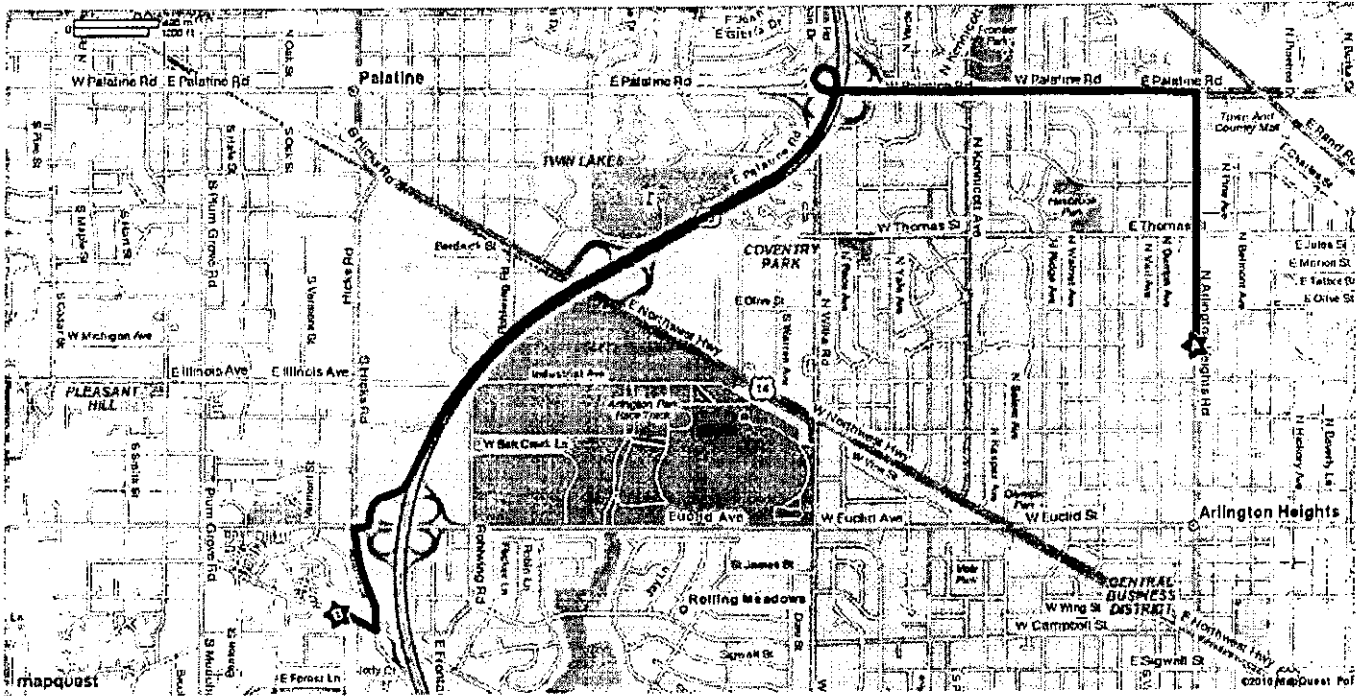
1200 N Arlington Heights Rd
Arlington Heights, IL 60004-4741



4225 Kirchoff Rd
Rolling Meadows, IL 60008-2005

Total Travel Estimate: 9 minutes / 5.10 miles Fuel Cost: [Calculate](#)

Manor Care - Rolling Meadows



1200 N Arlington Heights Rd Edit
Arlington Heights, IL 60004-4741

- Start out going NORTH on N ARLINGTON HEIGHTS RD toward E OLIVE ST. 0.9 mi

- Turn LEFT onto E PALATINE RD. 1.2 mi

- Merge onto IL-53 S. 2.2 mi

- Merge onto W EUCLID AVE. 0.4 mi

- Turn LEFT onto HICKS RD. 0.4 mi

- Turn RIGHT onto KIRCHOFF RD. 0.1 mi

- 4225 KIRCHOFF RD is on the LEFT.

4225 Kirchoff Rd Edit
Rolling Meadows, IL 60008-2005

Total Travel Estimate: 9 minutes / 5.10 miles Fuel Cost: [Calculate](#)

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MANOR CARE OF ROLLING MEADOWS			ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
4225 KIRCHOFF ROAD			Aggressive/Anti-Social	0	DIAGNOSIS	
ROLLING MEADOWS, IL. 60008			Chronic Alcoholism	0	Neoplasms	4
Reference Numbers	Facility ID	6000327	Developmentally Disabled	0	Endocrine/Metabolic	3
Health Service Area	007	Planning Service Area	Drug Addiction	1	Blood Disorders	0
Administrator			Medicaid Recipient	0	*Nervous System Non Alzheimer	11
Barbara Beake			Medicare Recipient	0	Alzheimer Disease	30
Contact Person and Telephone			Mental Illness	0	Mental Illness	0
Barbara Beake			Non-Ambulatory	0	Developmental Disability	0
847-397-2400			Non-Mobile	0	Circulatory System	23
Registered Agent Information			Public Aid Recipient	0	Respiratory System	14
C.T. Corporation Systems			Under 65 Years Old	0	Digestive System	5
2008 S. Lasalle			Unable to Self-Medicate	0	Genitourinary System Disorders	2
Chicago, IL 60604			Ventilator Dependent	1	Skin Disorders	3
FACILITY OWNERSHIP			Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	3
LIMITED LIABILITY CO			Other Restrictions	0	Injuries and Poisonings	13
CONTINUING CARE COMMUNITY			No Restrictions	0	Other Medical Conditions	0
LIFE CARE FACILITY			<i>Note: Reported restrictions denoted by '1'</i>		Non-Medical Conditions	0
					TOTALS	111
					Total Residents Diagnosed as Mentally Ill	0

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS						ADMISSIONS AND DISCHARGES - 2009			
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	155	145	128	133	111	44	155	112	Total Admissions 2009	476
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2009	473
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2009	111
Sheltered Care	0	0	0	0	0	0			Identified Offenders	0
TOTAL BEDS	155	145	128	133	111	44	155	112		

FACILITY UTILIZATION - 2009											
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	9520	16.8%	20803	50.9%	0	3328	8426	0	42077	74.4%	79.5%
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	0	0	0.0%	0.0%
TOTALS	9520	16.8%	20803	50.9%	0	3328	8426	0	42077	74.4%	79.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009											
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	1	0	0	0	0	0	0	0	1	1
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	3	0	0	0	0	0	0	2	3	5
60 to 64	0	3	0	0	0	0	0	0	0	3	3
65 to 74	4	10	0	0	0	0	0	0	4	10	14
75 to 84	8	23	0	0	0	0	0	0	8	23	31
85+	9	48	0	0	0	0	0	0	9	48	57
TOTALS	23	88	0	0	0	0	0	0	23	88	111

MANOR CARE OF ROLLING MEADOWS

4225 KIRCHOFF ROAD
ROLLING MEADOWS, IL. 60008

Reference Numbers Facility ID 6000327

Health Service Area 007 Planning Service Area 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS	
Nursing Care	24	62	0	3	22	0	111
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	24	62	0	3	22	0	111

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	207
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	107	0	0	0	107
Race Unknown	0	0	0	0	0
Total	111	0	0	0	111

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	109	0	0	0	109
Ethnicity Unknown	0	0	0	0	0
Total	111	0	0	0	111

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	21.00
LPN's	9.00
Certified Aides	40.00
Other Health Staff	9.00
Non-Health Staff	41.00
Totals	122.00

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
53.0%	23.1%	3.3%	3.5%	17.1%	100.0%	0	0.0%
5,745,251	2,498,666	358,652	376,437	1,858,276	10,837,282		

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

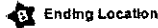
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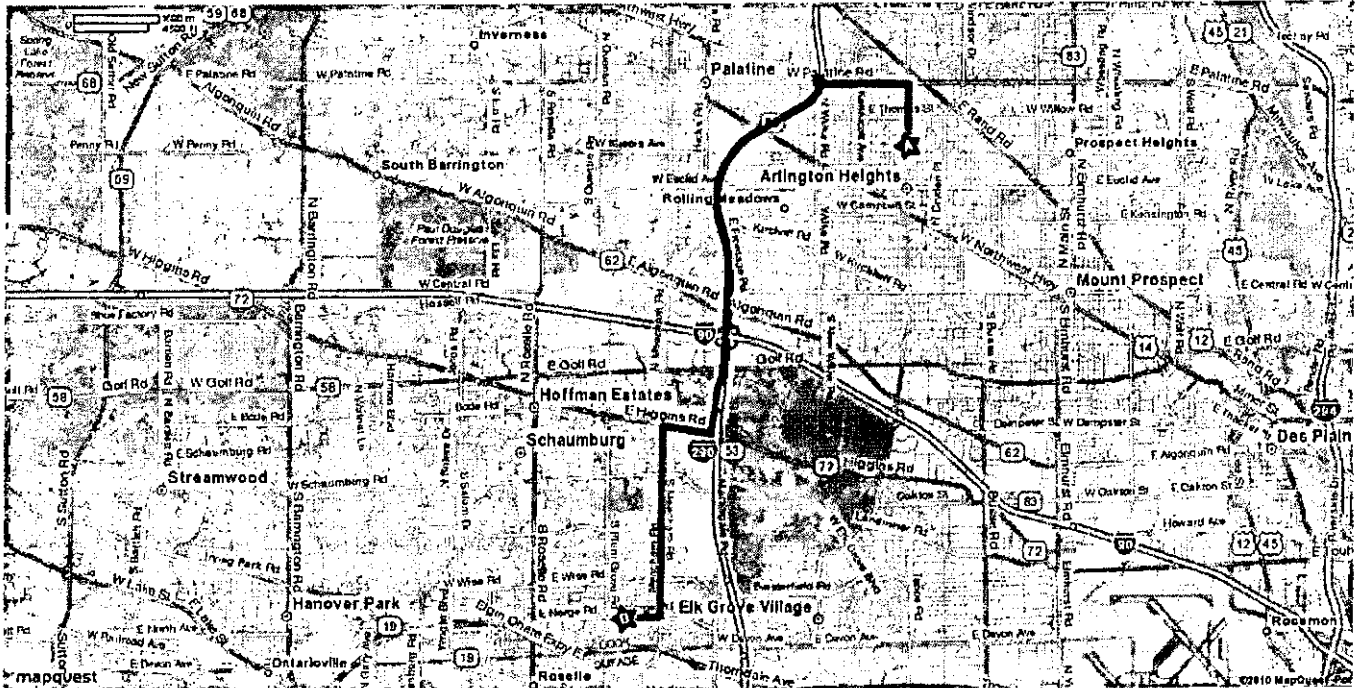
1200 N Arlington Heights Rd
Arlington Heights, IL 60004-4741



1920 Nerge Rd
Elk Grove Village, IL 60007-2972

Total Travel Estimate: 18 minutes / 12.01 miles Fuel Cost: [Calculate](#)

Manor Care - Elk Grove Village



1200 N Arlington Heights Rd Edit
Arlington Heights, IL 60004-4741

1. Start out going NORTH on N ARLINGTON HEIGHTS RD toward E OLIVE ST. 0.9 mi
2. Turn LEFT onto E PALATINE RD. 1.2 mi
3. Merge onto IL-53 S. 3.5 mi
4. Take the I-90 exit toward ROCKFORD/CHICAGO. 1.6 mi
5. Take EXIT 1A toward WOODFIELD RD/IL-58/GOLF RD. 0.2 mi
6. Merge onto W FRONTAGE RD. 0.7 mi
7. Turn RIGHT onto E HIGGINS RD/IL-72 W. 0.7 mi
8. Turn LEFT onto N MEACHAM RD. 2.8 mi
9. Turn RIGHT onto NERGE RD. 0.5 mi
10. 1920 NERGE RD is on the LEFT.

1920 Nerge Rd Edit
Elk Grove Village, IL 60007-2972

Total Travel Estimate: 19 minutes / 12.01 miles Fuel Cost: [Calculate](#)

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MANOR CARE - ELK GROVE VILLAGE			ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
1920 NERGE ROAD			Aggressive/Anti-Social	1	DIAGNOSIS		
ELK GROVE VILLAGE, IL. 60007			Chronic Alcoholism	0	Neoplasms	5	
Reference Numbers	Facility ID	6012686	Developmentally Disabled	0	Endocrine/Metabolic	1	
Health Service Area	007	Planning Service Area	Drug Addiction	0	Blood Disorders	4	
Administrator			Medicaid Recipient	0	*Nervous System Non Alzheimer	7	
BRIAN GROSS			Medicare Recipient	0	Alzheimer Disease	8	
Contact Person and Telephone			Mental Illness	0	Mental Illness	0	
BRIAN GROSS			Non-Ambulatory	0	Developmental Disability	1	
847-301-0550			Non-Mobile	0	Circulatory System	29	
Registered Agent Information	Date Completed		Public Aid Recipient	0	Respiratory System	15	
CT Corp Systems	5/6/2010		Under 65 Years Old	0	Digestive System	7	
208 South Lasalle Street			Unable to Self-Medicate	0	Genitourinary System Disorders	14	
Chicago, IL 60604			Ventilator Dependent	1	Skin Disorders	10	
FACILITY OWNERSHIP			Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	17	
LIMITED LIABILITY CO			Other Restrictions	0	Injuries and Poisonings	26	
CONTINUING CARE COMMUNITY	No		No Restrictions	0	Other Medical Conditions	25	
LIFE CARE FACILITY	No		<i>Note: Reported restrictions denoted by '1'</i>			Non-Medical Conditions	0
					TOTALS	169	
					Total Residents Diagnosed as Mentally Ill	0	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2009	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	190	188	188	188	169	21	190	105	Total Admissions 2009	1165
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2009	1169
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2009	169
Sheltered Care	0	0	0	0	0	0	0	0	Identified Offenders	1
TOTAL BEDS	190	188	188	188	169	21	190	105		

LEVEL OF CARE	FACILITY UTILIZATION - 2009									Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.				
	BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE						TOTAL Pat. days	TOTAL Pat. days	TOTAL Pat. days						
	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Other Public Occ. Pct.						Private Insurance Pat. days	Private Insurance Occ. Pct.	Private Pay Pat. days	Private Pay Occ. Pct.	Charity Care Pat. days	Charity Care Occ. Pct.
Nursing Care	28006	40.4%	21124	55.1%	0	0.0%	4847	12.5%	9694	25.1%	181	0.5%	63852	92.1%	93.1%
Skilled Under 22			0	0.0%	0	0.0%	0	0.0%	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%	0	0.0%	0	0.0%	0.0%
Sheltered Care			0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
TOTALS	28006	40.4%	21124	55.1%	0	0.0%	4847	12.5%	9694	25.1%	181	0.5%	63852	92.1%	93.1%

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009										
	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	8	5	0	0	0	0	0	0	8	5	13
60 to 64	1	6	0	0	0	0	0	0	1	6	7
65 to 74	9	13	0	0	0	0	0	0	9	13	22
75 to 84	16	42	0	0	0	0	0	0	16	42	58
85+	8	61	0	0	0	0	0	0	8	61	69
TOTALS	42	127	0	0	0	0	0	0	42	127	169

MANOR CARE - ELK GROVE VILLAGE

1920 NERGE ROAD

ELK GROVE VILLAGE, IL. 60007

Reference Numbers Facility ID 6012686

Health Service Area 007 Planning Service Area 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS	
Nursing Care	67	60	0	13	27	2	169
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	67	60	0	13	27	2	169

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	300	280
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	165	0	0	0	165
Race Unknown	0	0	0	0	0
Total	169	0	0	0	169

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	160	0	0	0	160
Ethnicity Unknown	0	0	0	0	0
Total	169	0	0	0	169

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	36.00
LPN's	7.00
Certified Aides	57.00
Other Health Staff	28.00
Non-Health Staff	44.00
Totals	174.00

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
68.0%	10.9%	0.6%	8.0%	12.4%	100.0%		0.1%
14,713,815	2,365,622	136,347	1,738,120	2,671,278	21,625,182	11,642	

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

There's a new MapQuest - come try it out!



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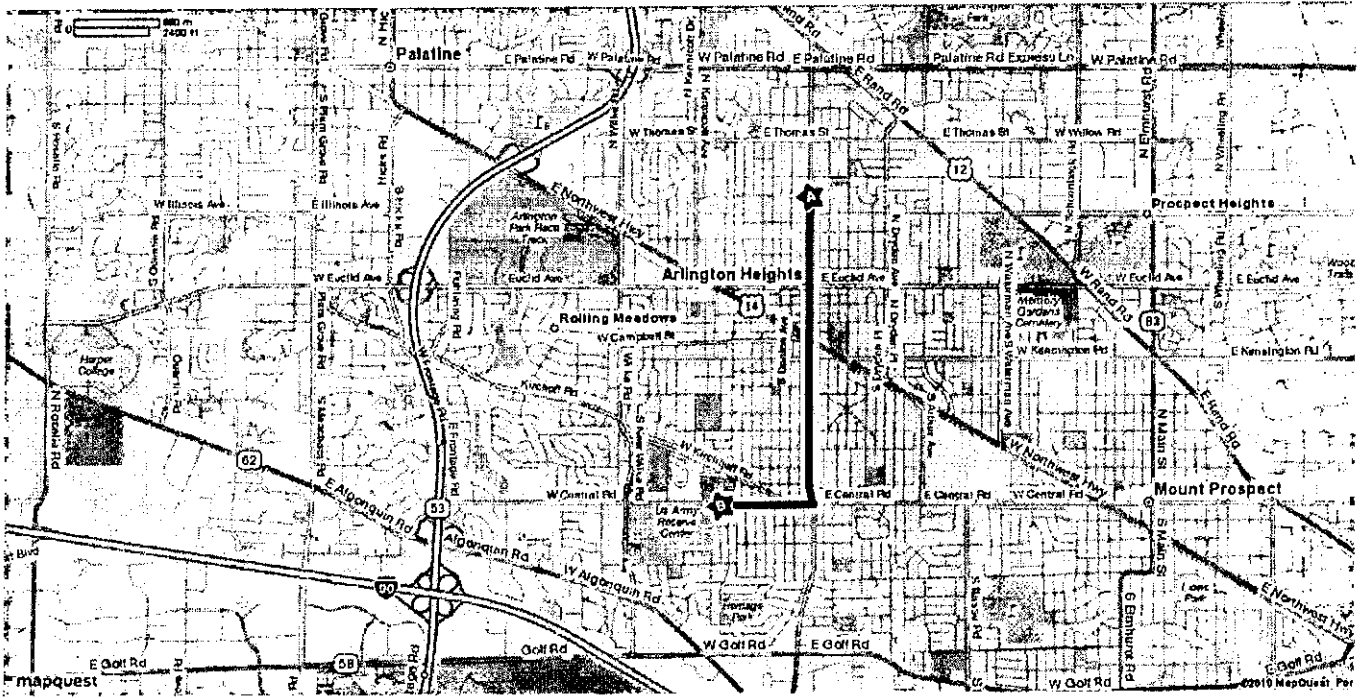
Starting Location
1200 N Arlington Heights Rd
 Arlington Heights, IL 60004-4741



Ending Location
715 W Central Rd
 Arlington Heights, IL 60005-2348

Total Travel Estimate: 8 minutes / 2.75 miles Fuel Cost: [Calculate](#)

Manor Care - Arlington Heights



1200 N Arlington Heights Rd Edit
 Arlington Heights, IL 60004-4741

- Start out going SOUTH on N ARLINGTON HEIGHTS RD toward E OAKTON ST. 2.1 mi
- 2. Turn RIGHT onto E CENTRAL RD. 0.6 mi
- 3. 715 W CENTRAL RD is on the LEFT.

715 W Central Rd Edit
 Arlington Heights, IL 60005-2348

Total Travel Estimate: 8 minutes / 2.75 miles Fuel Cost: [Calculate](#)

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MANOR CARE AT ARLINGTON HEIGHTS			ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
715 WEST CENTRAL ROAD ARLINGTON HEIGHTS, IL. 60005			Aggressive/Anti-Social	1	DIAGNOSIS		
Reference Numbers	Facility ID	6000228	Chronic Alcoholism	0	Neoplasms	7	
Health Service Area	007	Planning Service Area	Developmentally Disabled	1	Endocrine/Metabolic	2	
		701	Drug Addiction	1	Blood Disorders	0	
Administrator	theresa smelser		Medicaid Recipient	0	*Nervous System Non Alzheimer	2	
			Medicare Recipient	0	Alzheimer Disease	0	
Contact Person and Telephone	THERESA SMELSER 847-392-2020		Mental Illness	1	Mental Illness	0	
			Non-Ambulatory	0	Developmental Disability	0	
Registered Agent Information	Date Completed	5/7/2010	Non-Mobile	0	Circulatory System	19	
CT Corporation			Public Aid Recipient	0	Respiratory System	11	
2008 South Lasalle Street			Under 65 Years Old	0	Digestive System	9	
Chicago, IL 60604			Unable to Self-Medicat	0	Genitourinary System Disorders	12	
FACILITY OWNERSHIP			Ventilator Dependent	1	Skin Disorders	4	
LIMITED LIABILITY CO			Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	11	
			Other Restrictions	0	Injuries and Poisonings	21	
CONTINUING CARE COMMUNITY	No		No Restrictions	0	Other Medical Conditions	25	
LIFE CARE FACILITY	No		<i>Note: Reported restrictions denoted by '1'</i>			Non-Medical Conditions	0
					TOTALS	123	
					Total Residents Diagnosed as Mentally Ill	0	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2009	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	120
Nursing Care	151	146	141	146	123	28	151	36	Total Admissions 2009	1092
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2009	1089
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2009	123
Sheltered Care	0	0	0	0	0	0	0	0	Identified Offenders	0
TOTAL BEDS	151	146	141	146	123	28	151	36		

FACILITY UTILIZATION - 2009 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 Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	22324	40.5%	10158	77.3%	484	5269	6405	251	44891	81.4%	84.2%	
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	0	0	0.0%	0.0%	
TOTALS	22324	40.5%	10158	77.3%	484	5269	6405	251	44891	81.4%	84.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009												
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	1	2	0	0	0	0	0	0	1	2	3	
45 to 59	6	5	0	0	0	0	0	0	6	5	11	
60 to 64	2	2	0	0	0	0	0	0	2	2	4	
65 to 74	11	15	0	0	0	0	0	0	11	15	26	
75 to 84	15	27	0	0	0	0	0	0	15	27	42	
85+	16	21	0	0	0	0	0	0	16	21	37	
TOTALS	51	72	0	0	0	0	0	0	51	72	123	

MANOR CARE AT ARLINGTON HEIGHTS

715 WEST CENTRAL ROAD
ARLINGTON HEIGHTS, IL. 60005

Reference Numbers Facility ID 6000228

Health Service Area 007 Planning Service Area 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS	
Nursing Care	64	27	2	18	12	0	123
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	64	27	2	18	12	0	123

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	271	228
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	121	0	0	0	121
Race Unknown	0	0	0	0	0
Total	123	0	0	0	123

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	119	0	0	0	119
Ethnicity Unknown	0	0	0	0	0
Total	123	0	0	0	123

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	29.00
LPN's	9.00
Certified Aides	47.00
Other Health Staff	27.00
Non-Health Staff	44.00
Totals	158.00

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
70.3%	7.2%	0.5%	12.9%	9.2%	100.0%		0.2%
11,585,694	1,179,147	74,169	2,121,930	1,515,461	16,476,401	34,186	

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

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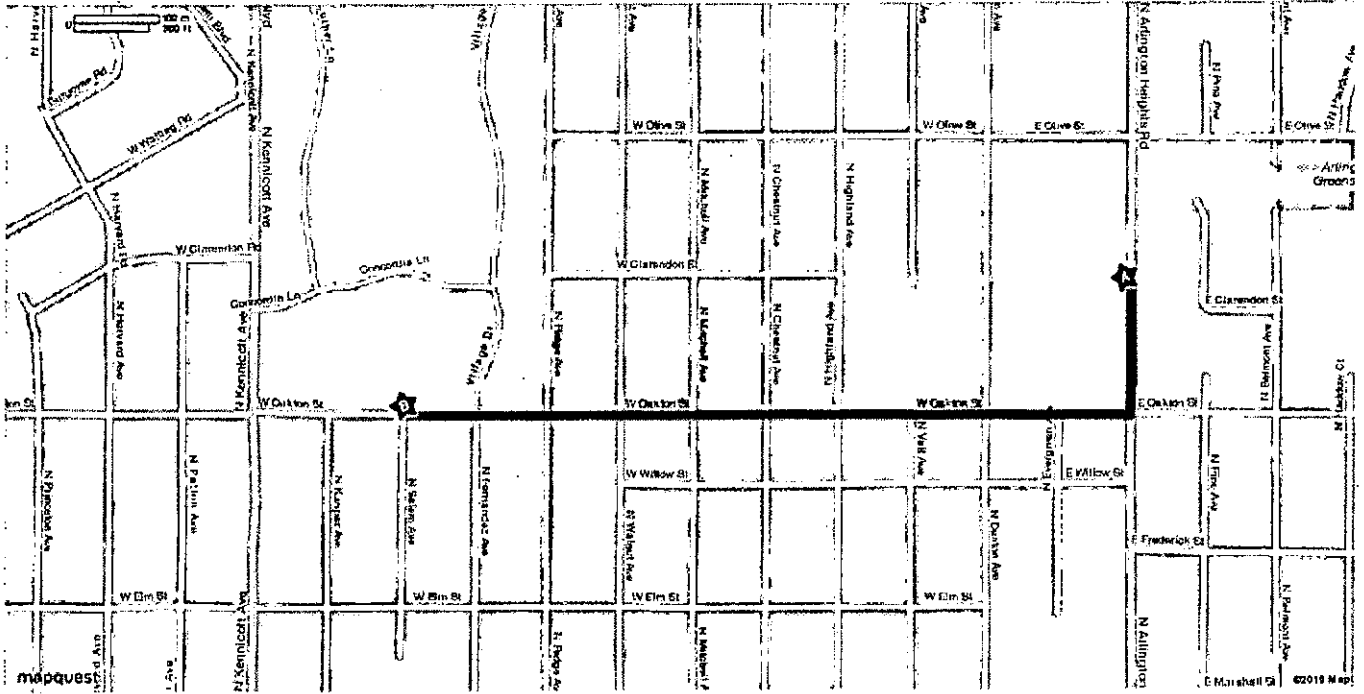
Starting Location
1200 N Arlington Heights Rd
Arlington Heights, IL 60004-4741



Ending Location
800 W Oakton St
Arlington Heights, IL 60004-4602

Total Travel Estimate: 2 minutes / 0.75 miles Fuel Cost: [Calculate](#)

Lutheran Home for Aged



1200 N Arlington Heights Rd Edit
Arlington Heights, IL 60004-4741

- Start out going SOUTH on N ARLINGTON HEIGHTS RD toward E OAKTON ST. 0.1 mi
- Turn RIGHT onto E OAKTON ST. 0.6 mi
- 800 W OAKTON ST is on the RIGHT.

800 W Oakton St Edit
Arlington Heights, IL 60004-4602

Total Travel Estimate: 2 minutes / 0.75 miles Fuel Cost: [Calculate](#)

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LUTHERAN HOME FOR AGED			ADMISSION RESTRICTIONS			RESIDENTS BY PRIMARY DIAGNOSIS		
800 WEST OAKTON STREET			Aggressive/Anti-Social			DIAGNOSIS		
ARLINGTON HEIGHTS, IL. 60004			Chronic Alcoholism			Neoplasms		
Reference Numbers	Facility ID	6005607	Developmentally Disabled			Endocrine/Metabolic		
Health Service Area	007	Planning Service Area	Drug Addiction			Blood Disorders		
Administrator	Phil Hemmer		Medicaid Recipient			*Nervous System Non Alzheimer		
Contact Person and Telephone	Sarah Kurth		Medicare Recipient			Alzheimer Disease		
	847-253-3710		Mental Illness			Mental Illness		
Registered Agent Information	Date Completed		Non-Ambulatory			Developmental Disability		
	5/7/2010		Non-Mobile			Circulatory System		
Roger Paulsberg			Public Aid Recipient			Respiratory System		
800 W. Oakton Street			Under 65 Years Old			Digestive System		
Arlington Heights, IL 60004			Unable to Self-Medicate			Genitourinary System Disorders		
FACILITY OWNERSHIP			Ventilator Dependent			Skin Disorders		
NON-PROF CORPORATION			Infectious Disease w/ Isolation			Musculo-skeletal Disorders		
CONTINUING CARE COMMUNITY	Yes		Other Restrictions			Injuries and Poisonings		
LIFE CARE FACILITY	No		No Restrictions			Other Medical Conditions		
			<i>Note: Reported restrictions denoted by '1'</i>			Non-Medical Conditions		
						TOTALS		
						Total Residents Diagnosed as Mentally Ill		
						2		

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS							ADMISSIONS AND DISCHARGES - 2009		
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	322	322	314	322	299	23	264	237	366	770
Skilled Under 22	0	0	0	0	0	0	0	0		786
Intermediate DD	0	0	0	0	0	0	0	0		350
Sheltered Care	70	70	66	70	51	19			Identified Offenders	0
TOTAL BEDS	392	392	380	392	350	42	264	237		

FACILITY UTILIZATION - 2009											
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	22298	23.1%	31177	36.0%	0	1314	55720	502	111011	94.5%	94.5%
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	20624	855	21479	84.1%	84.1%
TOTALS	22298	23.1%	31177	36.0%	0	1314	76344	1357	132490	92.6%	92.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009											
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	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	3	0	0	0	0	0	1	0	4	4
65 to 74	7	2	0	0	0	0	1	1	8	3	11
75 to 84	20	62	0	0	0	0	4	4	24	66	90
85+	35	170	0	0	0	0	5	35	40	205	245
TOTALS	62	237	0	0	0	0	10	41	72	278	350

LUTHERAN HOME FOR AGED
800 WEST OAKTON STREET
ARLINGTON HEIGHTS, IL. 60004

Reference Numbers Facility ID 6005607
Health Service Area 007 Planning Service Area 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS	
Nursing Care	59	77	0	3	157	3	299
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	51	0	51
TOTALS	59	77	0	3	208	3	350

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	318	308
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	233	223

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	1	2
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	1	0	0	0	1
White	296	0	0	50	346
Race Unknown	0	0	0	0	0
Total	299	0	0	51	350

ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	299	0	0	51	350
Ethnicity Unknown	0	0	0	0	0
Total	299	0	0	51	350

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	41.18
LPN's	18.69
Certified Aides	176.51
Other Health Staff	34.58
Non-Health Staff	120.78
Totals	393.74

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
24.2%	9.6%	0.0%	0.0%	66.2%	100.0%		0.9%
8,543,846	3,399,011	0	0	23,336,877	35,281,734	334,388	

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

There's a new MapQuest - come try it out!



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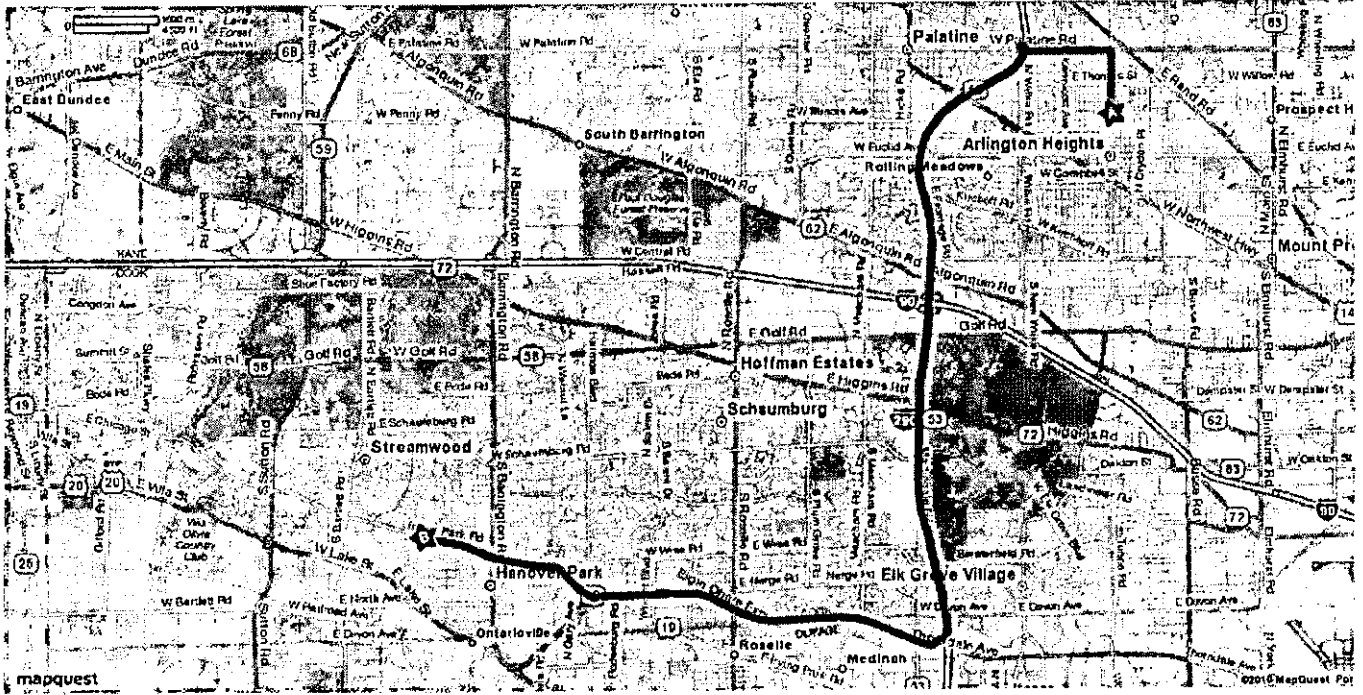
Starting Location
1200 N Arlington Heights Rd
Arlington Heights, IL 60004-4741



Ending Location
815 E Irving Park Rd
Streamwood, IL 60107-3073

Total Travel Estimate: 28 minutes / 19.09 miles Fuel Cost: [Calculate](#)

Lexington of Streamwood



1200 N Arlington Heights Rd Edit
Arlington Heights, IL 60004-4741

1. Start out going NORTH on N ARLINGTON HEIGHTS RD toward E OLIVE ST. 0.9 mi
2. Turn LEFT onto E PALATINE RD. 1.2 mi
3. Merge onto IL-53 S. 8.1 mi
4. IL-53 S becomes I-290 E. 1.1 mi
5. Take the THORNDALE AVE exit, EXIT 5, toward ELGIN O'HARE EXPY. 0.3 mi
6. Merge onto THORNDALE AVE/CR-26 W toward ELGIN O'HARE EXPRESSWAY. 0.3 mi
7. Stay STRAIGHT to go onto ELGIN O'HARE EXPY W. 4.2 mi
8. Take the IRVING PARK RD/IL-19 ramp toward SPRINGSGUTH RD. 0.4 mi
9. Turn RIGHT onto W IRVING PARK RD/IL-19. 2.6 mi
10. 815 E IRVING PARK RD is on the LEFT.

815 E Irving Park Rd Edit
Streamwood, IL 60107-3073

Total Travel Estimate: 28 minutes / 19.09 miles Fuel Cost: [Calculate](#)

LEXINGTON OF STREAMWOOD		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
815 EAST IRVING PARK ROAD STREAMWOOD, IL. 60107		Aggressive/Anti-Social	1	DIAGNOSIS	
Reference Numbers Facility ID 6012975		Chronic Alcoholism	1	Neoplasms	0
Health Service Area 007 Planning Service Area 701		Developmentally Disabled	1	Endocrine/Metabolic	4
Administrator		Drug Addiction	1	Blood Disorders	0
Gina McCarthy		Medicaid Recipient	0	*Nervous System Non Alzheimer	10
Contact Person and Telephone		Medicare Recipient	0	Alzheimer Disease	5
Bridgett Rummel		Mental Illness	1	Mental Illness	5
630-458-4635		Non-Ambulatory	0	Developmental Disability	0
Registered Agent Information		Non-Mobile	0	Circulatory System	28
	Date Completed	Public Aid Recipient	0	Respiratory System	15
	4/19/2010	Under 65 Years Old	0	Digestive System	3
		Unable to Self-Medicare	0	Genitourinary System Disorders	7
		Ventilator Dependent	1	Skin Disorders	2
		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	23
		Other Restrictions	0	Injuries and Poisonings	8
		No Restrictions	0	Other Medical Conditions	77
		<i>Note: Reported restrictions denoted by 'I'</i>		Non-Medical Conditions	0
				TOTALS	187
				Total Residents Diagnosed as Mentally Ill	5

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2009	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	214	214	192	214	187	27	214	214	181	Total Admissions 2009
Skilled Under 22	0	0	0	0	0	0		0	301	Total Discharges 2009
Intermediate DD	0	0	0	0	0	0		0	295	Residents on 12/31/2009
Sheltered Care	0	0	0	0	0	0		0	187	Identified Offenders
TOTAL BEDS	214	214	192	214	187	27	214	214	0	

FACILITY UTILIZATION - 2009												
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 Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	9803	12.6%	43681	55.9%	0	4532	4550	0	62566	80.1%	80.1%	
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	0	0	0.0%	0.0%	
TOTALS	9803	12.6%	43681	55.9%	0	4532	4550	0	62566	80.1%	80.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009												
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	3	3	0	0	0	0	0	0	3	3	6	
60 to 64	2	5	0	0	0	0	0	0	2	5	7	
65 to 74	9	19	0	0	0	0	0	0	9	19	28	
75 to 84	18	46	0	0	0	0	0	0	18	46	64	
85+	9	73	0	0	0	0	0	0	9	73	82	
TOTALS	41	146	0	0	0	0	0	0	41	146	187	

LEXINGTON OF STREAMWOOD

815 EAST IRVING PARK ROAD
STREAMWOOD, IL. 60107

Reference Numbers Facility ID 6012975

Health Service Area 007 Planning Service Area 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Other				Private Pay	Charity Care	TOTALS
	Medicare	Medicaid	Public	Insurance			
Nursing Care	44	131	0	1	11	0	187
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	44	131	0	1	11	0	187

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	345	198
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	6	0	0	0	6
Amer. Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pac. Isl.	0	0	0	0	0
White	176	0	0	0	176
Race Unknown	0	0	0	0	0
Total	187	0	0	0	187

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	179	0	0	0	179
Ethnicity Unknown	0	0	0	0	0
Total	187	0	0	0	187

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.00
LPN's	17.00
Certified Aides	62.00
Other Health Staff	6.00
Non-Health Staff	65.00
Totals	169.00

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
45.6%	49.0%	0.0%	2.6%	2.8%	100.0%		0.0%
5,478,620	5,894,358	0	308,711	336,884	12,018,573	0	

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

There's a new MapQuest - come try it out!



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★ Starting Location

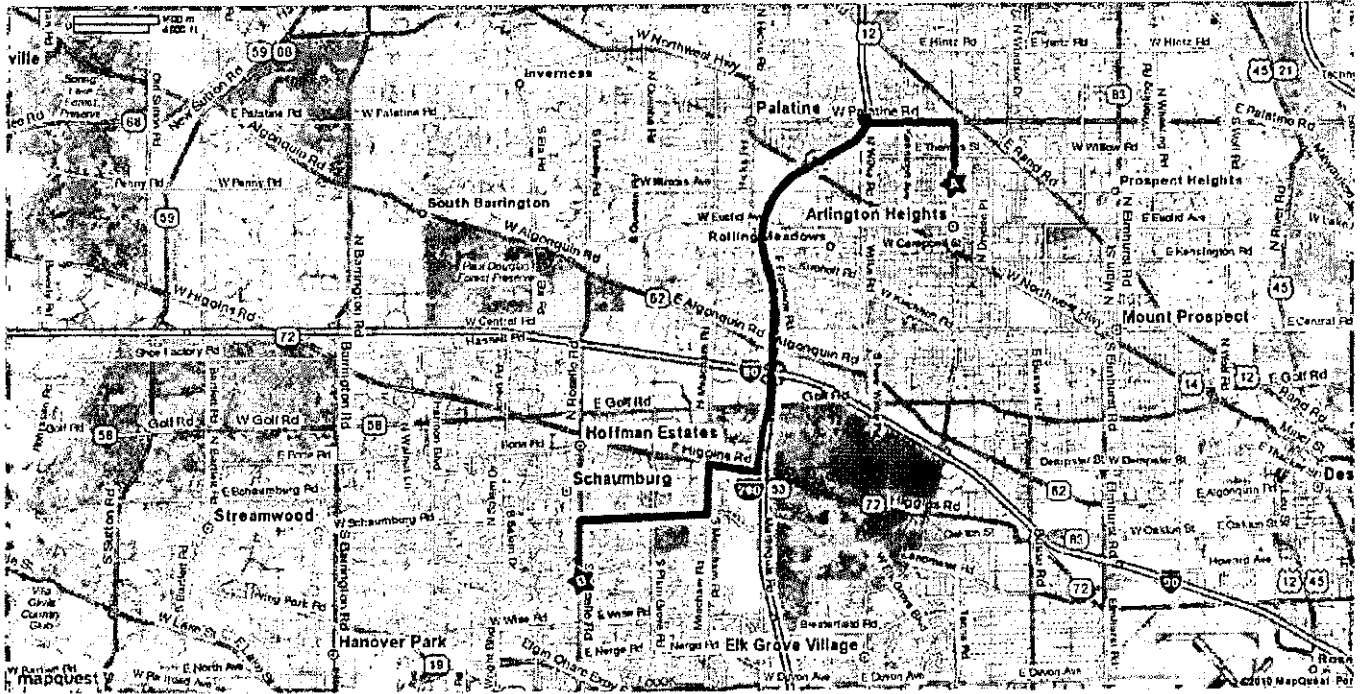
1200 N Arlington Heights Rd
Arlington Heights, IL 60004-4741

★ Ending Location

675 S Roselle Rd
Schaumburg, IL 60193-3100

Total Travel Estimate: 20 minutes / 12.10 miles Fuel Cost: [Calculate](#)

Lexington of Schaumburg



★ 1200 N Arlington Heights Rd Edit
Arlington Heights, IL 60004-4741

1. Start out going NORTH on N ARLINGTON HEIGHTS RD toward E OLIVE ST. 0.9 mi
2. Turn LEFT onto E PALATINE RD. 1.2 mi
3. Merge onto IL-53 S. 3.5 mi
4. Take the I-90 exit toward ROCKFORD/CHICAGO. 1.6 mi
5. Take EXIT 1A toward WOODFIELD RD/IL-58/GOLF RD. 0.2 mi
6. Merge onto W FRONTAGE RD. 0.7 mi
7. Turn RIGHT onto E HIGGINS RD/IL-72 W. 0.7 mi
8. Turn LEFT onto N MEACHAM RD. 0.7 mi
9. Turn RIGHT onto E SCHAUMBURG RD. 1.8 mi
10. Turn LEFT onto S ROSELLE RD. 0.9 mi
11. 675 S ROSELLE RD is on the LEFT.

★ 675 S Roselle Rd Edit
Schaumburg, IL 60193-3100

Total Travel Estimate: 20 minutes / 12.10 miles Fuel Cost: [Calculate](#)

LEXINGTON OF SCHAUMBURG			ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
675 SOUTH ROSELLE ROAD			Aggressive/Anti-Social	1	DIAGNOSIS		
SCHAUMBURG, IL. 60193			Chronic Alcoholism	1	Neoplasms	2	
Reference Numbers	Facility ID	6012553	Developmentally Disabled	1	Endocrine/Metabolic	3	
Health Service Area	007	Planning Service Area	701	Drug Addiction	Blood Disorders	0	
Administrator			Medicaid Recipient	0	*Nervous System Non Alzheimer	4	
Terri Bowen			Medicare Recipient	0	Alzheimer Disease	3	
Contact Person and Telephone			Mental Illness	0	Mental Illness	14	
Bridgett Rummel			Non-Ambulatory	0	Developmental Disability	0	
630-458-4635			Non-Mobile	0	Circulatory System	25	
Registered Agent Information	Date Completed	4/19/2010	Public Aid Recipient	0	Respiratory System	7	
			Under 65 Years Old	0	Digestive System	2	
			Unable to Self-Medicare	0	Genitourinary System Disorders	4	
			Ventilator Dependent	1	Skin Disorders	1	
			Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	47	
			Other Restrictions	0	Injuries and Poisonings	5	
			No Restrictions	0	Other Medical Conditions	77	
			<i>Note: Reported restrictions denoted by 'I'</i>			Non-Medical Conditions	0
FACILITY OWNERSHIP					TOTALS	194	
FOR-PROF CORPORATION					Total Residents Diagnosed as Mentally Ill	14	
CONTINUING CARE COMMUNITY	No						
LIFE CARE FACILITY	No						

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2009	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	191
Nursing Care	214	214	200	214	194	20	224	224	Total Admissions 2009	451
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2009	448
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2009	194
Sheltered Care	0	0	0	0	0	0	0	0	Identified Offenders	2
TOTAL BEDS	214	214	200	214	194	20	224	224		

FACILITY UTILIZATION - 2009												
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	12805	15.7%	46486	56.9%	0	5281	3890	0	68462	87.6%	87.6%	
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	0	0	0.0%	0.0%	
TOTALS	12805	15.7%	46486	56.9%	0	5281	3890	0	68462	87.6%	87.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009											
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	6	5	0	0	0	0	0	0	6	5	11
60 to 64	2	5	0	0	0	0	0	0	2	5	7
65 to 74	8	11	0	0	0	0	0	0	8	11	19
75 to 84	17	51	0	0	0	0	0	0	17	51	68
85+	18	71	0	0	0	0	0	0	18	71	89
TOTALS	51	143	0	0	0	0	0	0	51	143	194

LEXINGTON OF SCHAUMBURG

675 SOUTH ROSELLE ROAD

SCHAUMBURG, IL. 60193

Reference Numbers Facility ID 6012553

Health Service Area 007 Planning Service Area 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Other				Private Pay	Charity Care	TOTALS
	Medicare	Medicaid	Public Insurance	Insurance			
Nursing Care	53	131	0	4	6	0	194
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	53	131	0	4	6	0	194

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	256	232
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Asian	5	0	0	0	5
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	149	0	0	0	149
Race Unknown	38	0	0	0	38
Total	194	0	0	0	194

ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	150	0	0	0	150
Ethnicity Unknown	38	0	0	0	38
Total	194	0	0	0	194

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	22.00
LPN's	10.00
Certified Aides	69.00
Other Health Staff	5.00
Non-Health Staff	66.00
Totals	174.00

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
48.5%	43.9%	0.0%	2.7%	4.9%	100.0%	0	0.0%
7,251,956	6,569,867	0	402,836	725,624	14,950,283		

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

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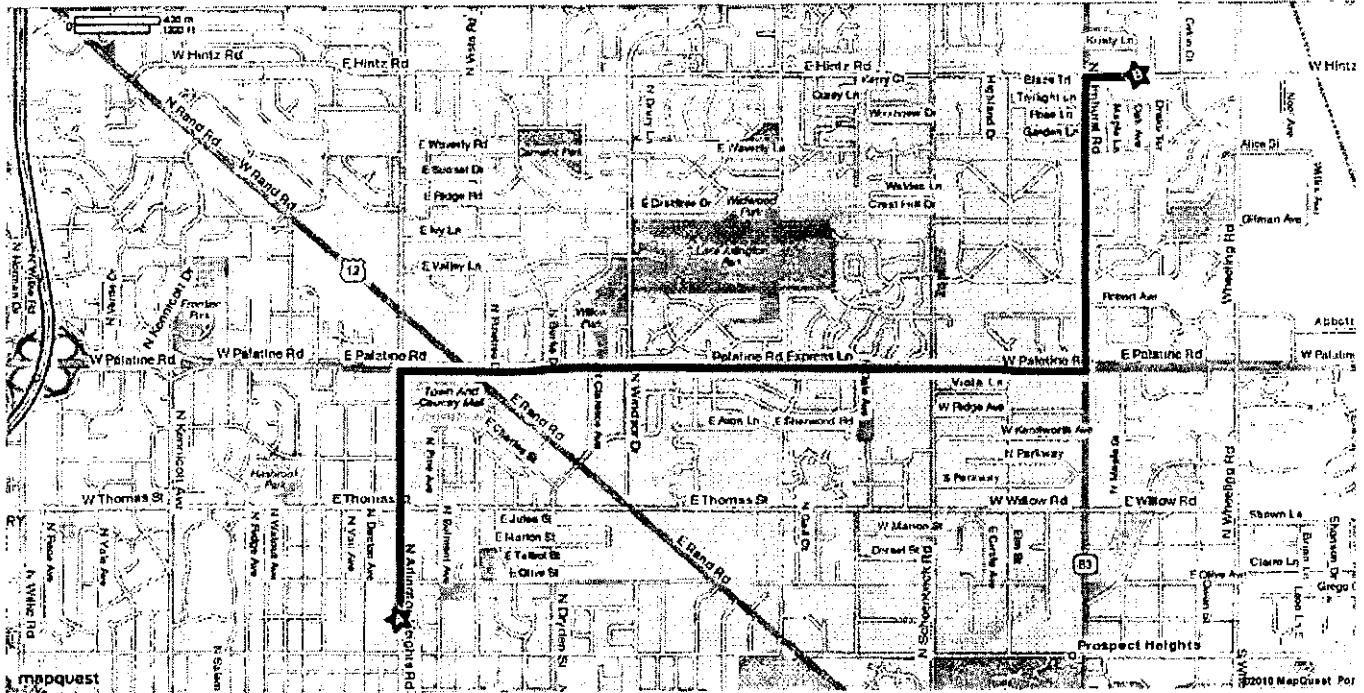
Starting Location
1200 N Arlington Heights Rd
 Arlington Heights, IL 60004-4741



Ending Location
730 W Hintz Rd
 Wheeling, IL 60090-5501

Total Travel Estimate: 9 minutes / 4.28 miles Fuel Cost: [Calculate](#)

Lexington Healthcare Wheeling



1200 N Arlington Heights Rd Edit
 Arlington Heights, IL 60004-4741

- Start out going NORTH on N ARLINGTON HEIGHTS RD toward E OLIVE ST. 0.9 mi
- 2. Turn RIGHT onto E PALATINE RD. 0.4 mi
- 3. Stay STRAIGHT to go onto PALATINE RD EXPRESS LN. 1.5 mi
- 4. Turn SLIGHT RIGHT toward ELMHURST RD/IL-83. 0.1 mi
- 5. Stay STRAIGHT to go onto W PALATINE RD. 0.2 mi
- 6. Turn LEFT onto IL-83/N ELMHURST RD. 1.0 mi
- 7. Turn RIGHT onto W HINTZ RD. 0.2 mi
- 8. 730 W HINTZ RD is on the LEFT.

730 W Hintz Rd Edit
 Wheeling, IL 60090-5501

Total Travel Estimate: 9 minutes / 4.28 miles Fuel Cost: [Calculate](#)

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LEXINGTON HEALTH CARE-WHEELING			ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
730 WEST HINTZ ROAD			Aggressive/Anti-Social	1	DIAGNOSIS		
WHEELING, IL. 60090			Chronic Alcoholism	1	Neoplasms	1	
Reference Numbers	Facility ID	6014369	Developmentally Disabled	1	Endocrine/Metabolic	7	
Health Service Area	007	Planning Service Area	701	Drug Addiction	Blood Disorders	0	
Administrator			Medicaid Recipient	0	*Nervous System Non Alzheimer	7	
Deji Adegoye			Medicare Recipient	0	Alzheimer Disease	6	
Contact Person and Telephone			Mental Illness	0	Mental Illness	13	
Bridgett Rummel			Non-Ambulatory	0	Developmental Disability	0	
630-458-4635			Non-Mobile	0	Circulatory System	8	
Registered Agent Information	Date Completed	4/19/2010	Public Aid Recipient	0	Respiratory System	5	
			Under 65 Years Old	0	Digestive System	2	
			Unable to Self-Medicat	0	Genitourinary System Disorders	6	
			Ventilator Dependent	1	Skin Disorders	2	
			Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	56	
			Other Restrictions	0	Injuries and Poisonings	6	
FACILITY OWNERSHIP			No Restrictions	0	Other Medical Conditions	67	
FOR-PROF CORPORATION			<i>Note: Reported restrictions denoted by 'I'</i>			Non-Medical Conditions	0
CONTINUING CARE COMMUNITY	No					TOTALS	186
LIFE CARE FACILITY	No					Total Residents Diagnosed as Mentally Ill	13

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2009	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	176
Nursing Care	215	215	192	215	186	29	215	215	Total Admissions 2009	234
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2009	224
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2009	186
Sheltered Care	0	0	0	0	0	0	0	0	Identified Offenders	0
TOTAL BEDS	215	215	192	215	186	29	215	215		

FACILITY UTILIZATION - 2009												
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	7856	10.0%	48172	61.4%	0	4657	5787	0	66472	84.7%	84.7%	
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	0	0	0.0%	0.0%	
TOTALS	7856	10.0%	48172	61.4%	0	4657	5787	0	66472	84.7%	84.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009												
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	1	0	0	0	0	0	0	0	1	1	
45 to 59	0	1	0	0	0	0	0	0	0	1	1	
60 to 64	2	3	0	0	0	0	0	0	2	3	5	
65 to 74	10	10	0	0	0	0	0	0	10	10	20	
75 to 84	17	46	0	0	0	0	0	0	17	46	63	
85+	14	82	0	0	0	0	0	0	14	82	96	
TOTALS	43	143	0	0	0	0	0	0	43	143	186	

LEXINGTON HEALTH CARE-WHEELING

730 WEST HINTZ ROAD
WHEELING, IL. 60090

Reference Numbers Facility ID 6014369

Health Service Area 007 Planning Service Area 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS	
Nursing Care	25	144	0	2	15	0	186
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	25	144	0	2	15	0	186

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	198	181
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	6	0	0	0	6
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	127	0	0	0	127
Race Unknown	52	0	0	0	52
Total	186	0	0	0	186

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	134	0	0	0	134
Ethnicity Unknown	52	0	0	0	52
Total	186	0	0	0	186

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	11.00
Certified Aides	68.00
Other Health Staff	5.00
Non-Health Staff	61.00
Totals	161.00

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
37.6%	50.9%	0.0%	1.4%	10.1%	100.0%	0	0.0%
4,738,523	6,413,650	0	180,990	1,272,661	12,805,824	0	

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

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★ Starting Location

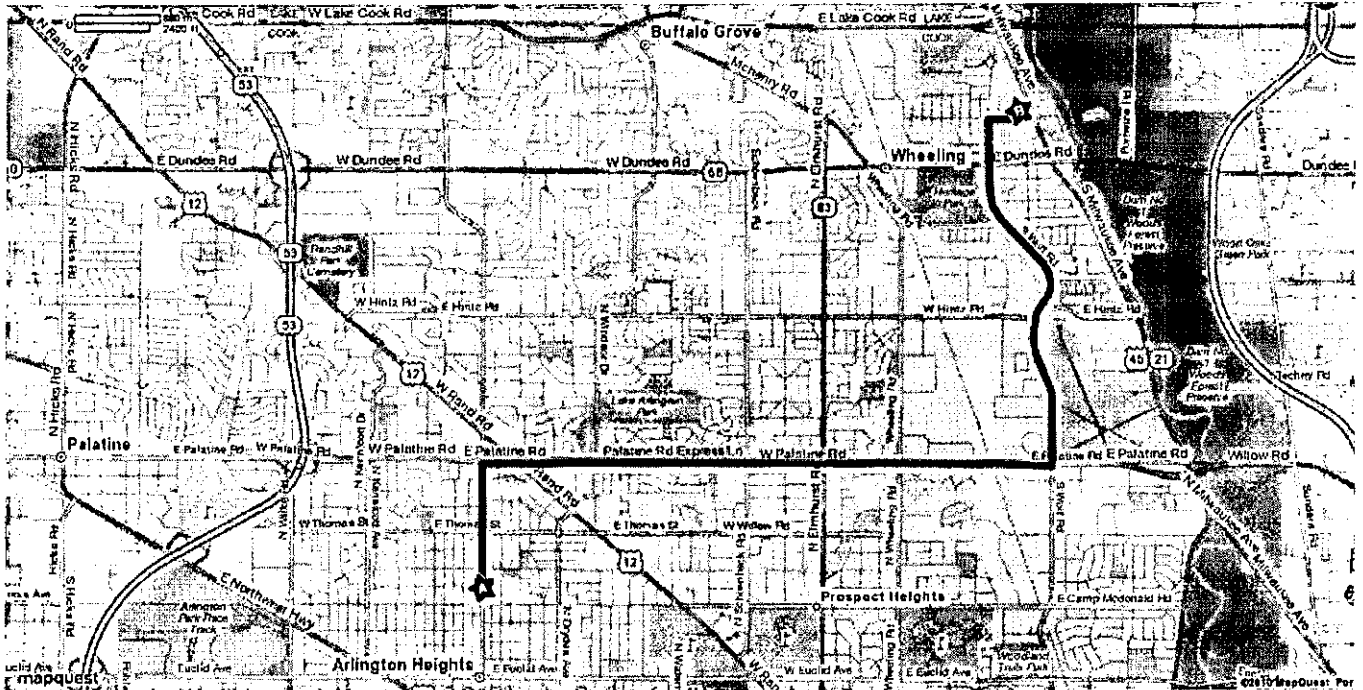
1200 N Arlington Heights Rd
Arlington Heights, IL 60004-4741

★ Ending Location

[200-399] 1st St
Wheeling, IL 60090

Total Travel Estimate: 14 minutes / 7.43 miles Fuel Cost: [Calculate](#)

Greek American Rehab



★ **1200 N Arlington Heights Rd Edt**
Arlington Heights, IL 60004-4741

1. Start out going **NORTH** on **N ARLINGTON HEIGHTS RD** toward **E OLIVE ST.** 0.9 mi
2. Turn **RIGHT** onto **E PALATINE RD.** 0.4 mi
3. Stay **STRAIGHT** to go onto **PALATINE RD EXPRESS LN.** 3.1 mi
4. Take the ramp toward **WOLF RD.** 0.1 mi
5. Stay **STRAIGHT** to go onto **E PALATINE RD.** 0.2 mi
6. Turn **LEFT** onto **S WOLF RD.** 2.6 mi
7. Turn **RIGHT** onto **E STRONG ST.** 0.2 mi
8. Turn **LEFT** onto **1ST ST.** 0.1 mi
9. **[200-399] 1ST ST.**

★ **[200-399] 1st St Edt**
Wheeling, IL 60090

Total Travel Estimate: 14 minutes / 7.43 miles Fuel Cost: [Calculate](#)

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GREEK AMERICAN REHAB & CARE CENTRE			ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
220 NORTH 1ST STREET WHEELING, IL. 60090			Aggressive/Anti-Social	1	DIAGNOSIS		
Reference Numbers	Facility ID	6015499	Chronic Alcoholism	1	Neoplasms	2	
Health Service Area	007	Planning Service Area	Developmentally Disabled	1	Endocrine/Metabolic	25	
		701	Drug Addiction	1	Blood Disorders	3	
Administrator			Medicaid Recipient	0	*Nervous System Non Alzheimer	3	
HELEN IFANTIS			Medicare Recipient	0	Alzheimer Disease	38	
			Mental Illness	1	Mental Illness	0	
Contact Person and Telephone			Non-Ambulatory	0	Developmental Disability	0	
HELEN IFANTIS			Non-Mobile	0	Circulatory System	40	
847-459-8700			Public Aid Recipient	0	Respiratory System	12	
Registered Agent Information	Date Completed	5/10/2010	Under 65 Years Old	0	Digestive System	15	
Peter G. Karahalios			Unable to Self-Medicat	0	Genitourinary System Disorders	12	
23 Polo Drive			Ventilator Dependent	1	Skin Disorders	0	
South Barrington, IL 60010			Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	3	
FACILITY OWNERSHIP			Other Restrictions	0	Injuries and Poisonings	4	
NON-PROF CORPORATION			No Restrictions	0	Other Medical Conditions	0	
CONTINUING CARE COMMUNITY	No			<i>Note: Reported restrictions denoted by 'I'</i>		Non-Medical Conditions	0
LIFE CARE FACILITY	No					TOTALS	157
						Total Residents Diagnosed as Mentally Ill	0

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS						ADMISSIONS AND DISCHARGES - 2009			
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	163
Nursing Care	204	204	204	204	157	47	198	198	Total Admissions 2009	195
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2009	201
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2009	157
Sheltered Care	0	0	0	0	0	0	0	0	Identified Offenders	0
TOTAL BEDS	204	204	204	204	157	47	198	198		

FACILITY UTILIZATION - 2009											
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 Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	8185	11.3%	39967	55.3%	0	396	10854	285	59687	80.2%	80.2%
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	0	0	0.0%	0.0%
TOTALS	8185	11.3%	39967	55.3%	0	396	10854	285	59687	80.2%	80.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009											
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	1	2	0	0	0	0	0	0	1	2	3
65 to 74	5	10	0	0	0	0	0	0	5	10	15
75 to 84	24	38	0	0	0	0	0	0	24	38	62
85+	10	66	0	0	0	0	0	0	10	66	76
TOTALS	41	116	0	0	0	0	0	0	41	116	157

GREEK AMERICAN REHAB & CARE CENTRE
 220 NORTH 1ST STREET
 WHEELING, IL. 60090

Reference Numbers Facility ID 6015499
 Health Service Area 007 Planning Service Area 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS	
Nursing Care	15	94	9	0	39	0	157
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	94	9	0	39	0	157

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	225	205
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkilUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	156	0	0	0	156
Race Unknown	0	0	0	0	0
Total	157	0	0	0	157

ETHNICITY	Nursing	SkilUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	156	0	0	0	156
Ethnicity Unknown	0	0	0	0	0
Total	157	0	0	0	157

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	19.00
LPN's	14.00
Certified Aides	67.00
Other Health Staff	7.00
Non-Health Staff	60.00
Totals	169.00

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
33.7%	44.1%	0.0%	0.5%	21.6%	100.0%		0.5%
4,062,647	5,316,875	0	66,080	2,602,289	12,047,891	58,536	

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

There's a new MapQuest - come try it out!

MAPQUEST.

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★ Starting Location

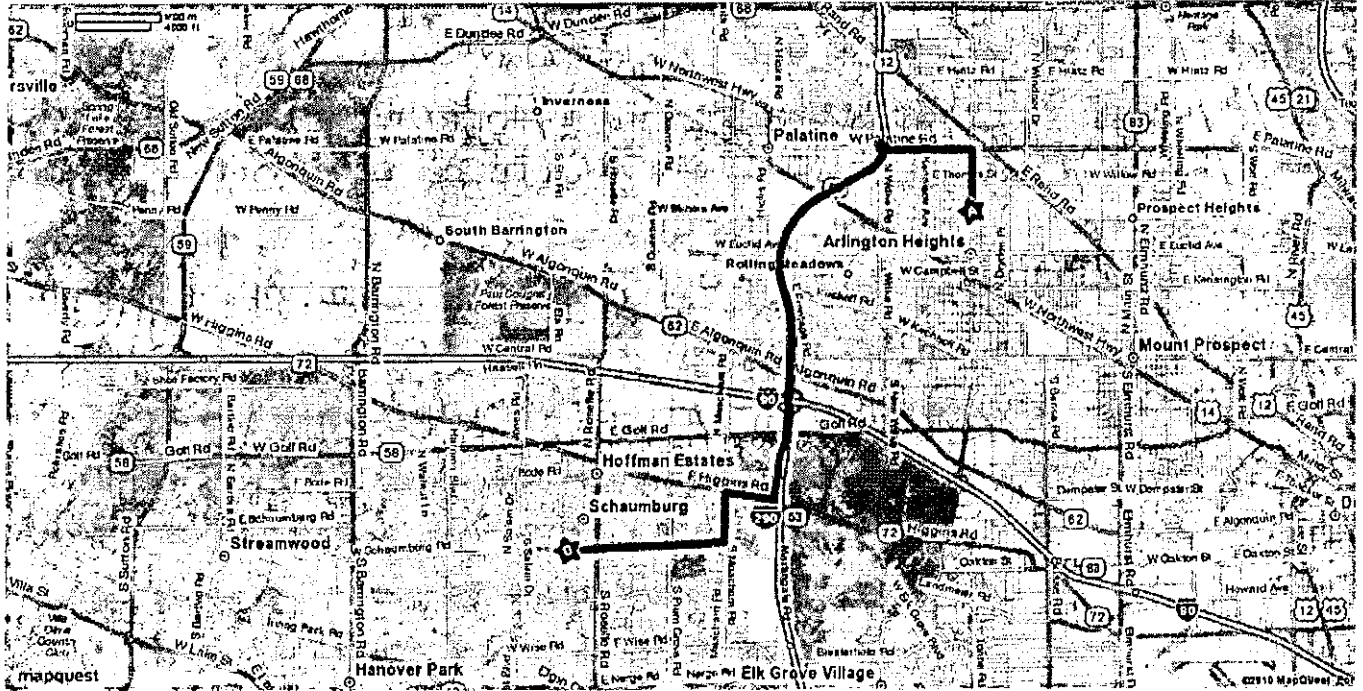
1200 N Arlington Heights Rd
Arlington Heights, IL 60004-4741

✪ Ending Location

350 W Schaumburg Rd
Schaumburg, IL 60194-3464

Total Travel Estimate: 18 minutes / 11.65 miles Fuel Cost: [Calculate](#)

Friendship Village Schaumburg



★ 1200 N Arlington Heights Rd Edg
Arlington Heights, IL 60004-4741

1. Start out going NORTH on N ARLINGTON HEIGHTS RD toward E OLIVE ST. 0.9 mi
2. Turn LEFT onto E PALATINE RD. 1.2 mi
3. Merge onto IL-53 S. 3.5 mi
4. Take the I-90 exit toward ROCKFORD/CHICAGO. 1.6 mi
5. Take EXIT 1A toward WOODFIELD RD/IL-58/GOLF RD. 0.2 mi
6. Merge onto W FRONTAGE RD. 0.7 mi
7. Turn RIGHT onto E HIGGINS RD/IL-72 W. 0.7 mi
8. Turn LEFT onto N MEACHAM RD. 0.7 mi
9. Turn RIGHT onto E SCHAUMBURG RD. 2.2 mi
10. 350 W SCHAUMBURG RD.

✪ 350 W Schaumburg Rd Edg
Schaumburg, IL 60194-3464

Total Travel Estimate: 18 minutes / 11.65 miles Fuel Cost: [Calculate](#)

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FRIENDSHIP VILLAGE SCHAUMBURG		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
350 WEST SCHAUMBURG ROAD SCHAUMBURG, IL. 60194		Aggressive/Anti-Social	1	DIAGNOSIS	
Reference Numbers	Facility ID 6003404	Chronic Alcoholism	0	Neoplasms	7
Health Service Area 007	Planning Service Area 701	Developmentally Disabled	1	Endocrine/Metabolic	3
Administrator		Drug Addiction	1	Blood Disorders	0
judy pitzele		Medicaid Recipient	0	*Nervous System Non Alzheimer	9
Contact Person and Telephone		Medicare Recipient	0	Alzheimer Disease	80
FRED A. SAVIANO		Mental Illness	0	Mental Illness	0
847-843-4259		Non-Ambulatory	0	Developmental Disability	0
Registered Agent Information	Date Completed	Non-Mobile	0	Circulatory System	56
steve yenchek	5/18/2010	Public Aid Recipient	0	Respiratory System	32
350 w schaumburg rd		Under 65 Years Old	0	Digestive System	0
schuamburg, IL 60194		Unable to Self-Medicat	0	Genitourinary System Disorders	2
FACILITY OWNERSHIP		Ventilator Dependent	1	Skin Disorders	1
NON-PROF CORPORATION		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	20
CONTINUING CARE COMMUNITY	Yes	Other Restrictions	0	Injuries and Poisonings	7
LIFE CARE FACILITY	Yes	No Restrictions	0	Other Medical Conditions	4
		<i>Note: Reported restrictions denoted by '1'</i>		Non-Medical Conditions	0
				TOTALS	221
				Total Residents Diagnosed as Mentally Ill	36

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS						ADMISSIONS AND DISCHARGES - 2009		Residents on 1/1/2009	211
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED			Total Admissions 2009	Total Discharges 2009
Nursing Care	250	250	241	250	221	29	250	190	688	678
Skilled Under 22	0	0	0	0	0	0	0	0	221	221
Intermediate DD	0	0	0	0	0	0	0	0		
Sheltered Care	0	0	0	0	0	0	0	0	Identified Offenders	0
TOTAL BEDS	250	250	241	250	221	29	250	190		

FACILITY UTILIZATION - 2009												
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 Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	14319	15.7%	23279	33.6%	0	1793	40671	730	80792	88.5%	88.5%	
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	0	0	0.0%	0.0%	
TOTALS	14319	15.7%	23279	33.6%	0	1793	40671	730	80792	88.5%	88.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009												
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	4	12	0	0	0	0	0	0	4	12	16	
75 to 84	17	41	0	0	0	0	0	0	17	41	58	
85+	25	122	0	0	0	0	0	0	25	122	147	
TOTALS	46	175	0	0	0	0	0	0	46	175	221	

FRIENDSHIP VILLAGE SCHAUMBURG

350 WEST SCHAUMBURG ROAD

SCHAUMBURG, IL. 60194

Reference Numbers Facility ID 6003404

Health Service Area 007 Planning Service Area 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS	
Nursing Care	32	60	0	0	129	0	221
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	32	60	0	0	129	0	221

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	328	272
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	182	0	0	0	182
Race Unknown	39	0	0	0	39
Total	221	0	0	0	221

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	221	0	0	0	221
Ethnicity Unknown	0	0	0	0	0
Total	221	0	0	0	221

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	35.40
LPN's	15.00
Certified Aides	100.80
Other Health Staff	11.10
Non-Health Staff	11.90
Totals	176.20

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
39.7%	16.4%	0.0%	0.2%	43.7%	100.0%		30.2%
7,369,911	3,034,262	0	45,723	8,105,036	18,554,932	5,599,264	

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

There's a new MapQuest - come try it out!



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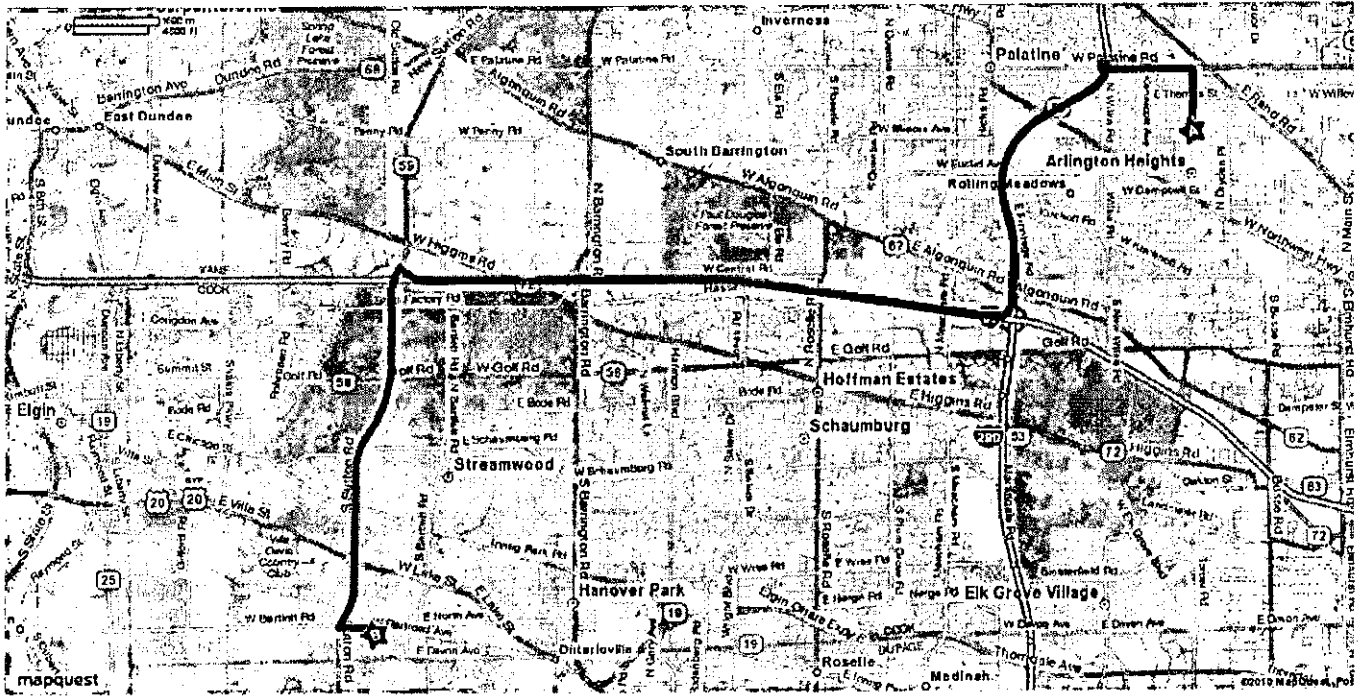
Starting Location
1200 N Arlington Heights Rd
 Arlington Heights, IL 60004-4741



Ending Location
825 Carillon Dr
 Bartlett, IL 60103-4581

Total Travel Estimate: 31 minutes / 20.89 miles Fuel Cost: [Calculate](#)

Clare Oaks



1200 N Arlington Heights Rd
 Arlington Heights, IL 60004-4741

1. Start out going NORTH on N ARLINGTON HEIGHTS RD toward E OLIVE ST. 0.9 mi
2. Turn LEFT onto E PALATINE RD. 1.2 mi
3. Merge onto IL-53 S. 3.5 mi
4. Take the I-90-TOLLWAY W exit toward ROCKFORD. 1.5 mi
5. Merge onto I-90 WJANE ADDAMS MEMORIAL TOLLWAY (Portions toll). 7.4 mi
6. Take the IL-59 exit. 0.4 mi
7. Turn LEFT onto IL-59 S/SUTTON RD/NEW SUTTON RD. Continue to follow IL-59 S/SUTTON RD. 5.3 mi
8. Turn LEFT onto W BARTLETT RD. 0.5 mi
9. Turn RIGHT onto CARILLON DR. 0.1 mi
10. 825 CARILLON DR.

825 Carillon Dr
 Bartlett, IL 60103-4581

Total Travel Estimate: 31 minutes / 20.89 miles Fuel Cost: [Calculate](#)

ASSISI HCC AT CLARE OAKS		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
829 CARILLON DRIVE		Aggressive/Anti-Social	1	DIAGNOSIS	
BARTLETT, IL. 60103		Chronic Alcoholism	0	Neoplasms	3
Reference Numbers	Facility ID 6016273	Developmentally Disabled	1	Endocrine/Metabolic	2
Health Service Area 007	Planning Service Area 701	Drug Addiction	1	Blood Disorders	0
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	5
Michelle Hart-Carlson		Medicare Recipient	0	Alzheimer Disease	3
		Mental Illness	1	Mental Illness	2
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	0
Michelle Hart-Carlson		Non-Mobile	0	Circulatory System	14
630-483-4742		Public Aid Recipient	0	Respiratory System	2
Registered Agent Information	Date Completed 6/18/2010	Under 65 Years Old	0	Digestive System	1
Lexis Nexis Doc. Solutions		Unable to Self-Medicare	0	Genitourinary System Disorders	7
801 Adali Stevenson Drive		Ventilator Dependent	1	Skin Disorders	2
Springfield, IL 62703		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	17
FACILITY OWNERSHIP		Other Restrictions	0	Injuries and Poisonings	5
NON-PROF CORPORATION		No Restrictions	0	Other Medical Conditions	19
CONTINUING CARE COMMUNITY	Yes	<i>Note: Reported restrictions denoted by '1'</i>		Non-Medical Conditions	0
LIFE CARE FACILITY	Yes			TOTALS	82
				Total Residents Diagnosed as Mentally Ill	2

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS						ADMISSIONS AND DISCHARGES - 2009		
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	120	120	99	120	82	38	0	72	Total Admissions 2009 580
Skilled Under 22	0	0	0	0	0	0	0	570	Total Discharges 2009 570
Intermediate DD	0	0	0	0	0	0	0	82	Residents on 12/31/2009 82
Sheltered Care	33	0	0	0	0	33	0	0	Identified Offenders 0
TOTAL BEDS	153	120	99	120	82	71	0		

FACILITY UTILIZATION - 2009											
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	10640	0.0%	5664	0.0%	0	1924	3438	0	21666	49.5%	49.5%
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	0	0	0.0%	0.0%
TOTALS	10640	0.0%	5664	0.0%	0	1924	3438	0	21666	38.8%	49.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009											
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	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	4	0	0	0	0	0	0	0	4	4
65 to 74	5	7	0	0	0	0	0	0	5	7	12
75 to 84	8	15	0	0	0	0	0	0	8	15	23
85+	11	32	0	0	0	0	0	0	11	32	43
TOTALS	24	58	0	0	0	0	0	0	24	58	82

ASSISI HCC AT CLARE OAKS

829 CARILLON DRIVE
BARTLETT, IL. 60103

Reference Numbers Facility ID 6016273

Health Service Area 007 Planning Service Area 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Other				Private Pay	Charity Care	TOTALS
	Medicare	Medicaid	Public Insurance				
Nursing Care	50	11	2	1	18	0	82
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	50	11	2	1	18	0	82

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	283	270
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SKIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	1	0	0	0	1
White	81	0	0	0	81
Race Unknown	0	0	0	0	0
Total	82	0	0	0	82

ETHNICITY	Nursing	SKIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	82	0	0	0	82
Ethnicity Unknown	0	0	0	0	0
Total	82	0	0	0	82

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.50
LPN's	5.40
Certified Aldes	32.50
Other Health Staff	0.00
Non-Health Staff	22.60
Totals	76.00

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
73.3%	2.5%	0.0%	5.9%	18.3%	100.0%		4.6%
4,344,993	150,749	0	347,026	1,083,126	5,925,894	271,320	

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

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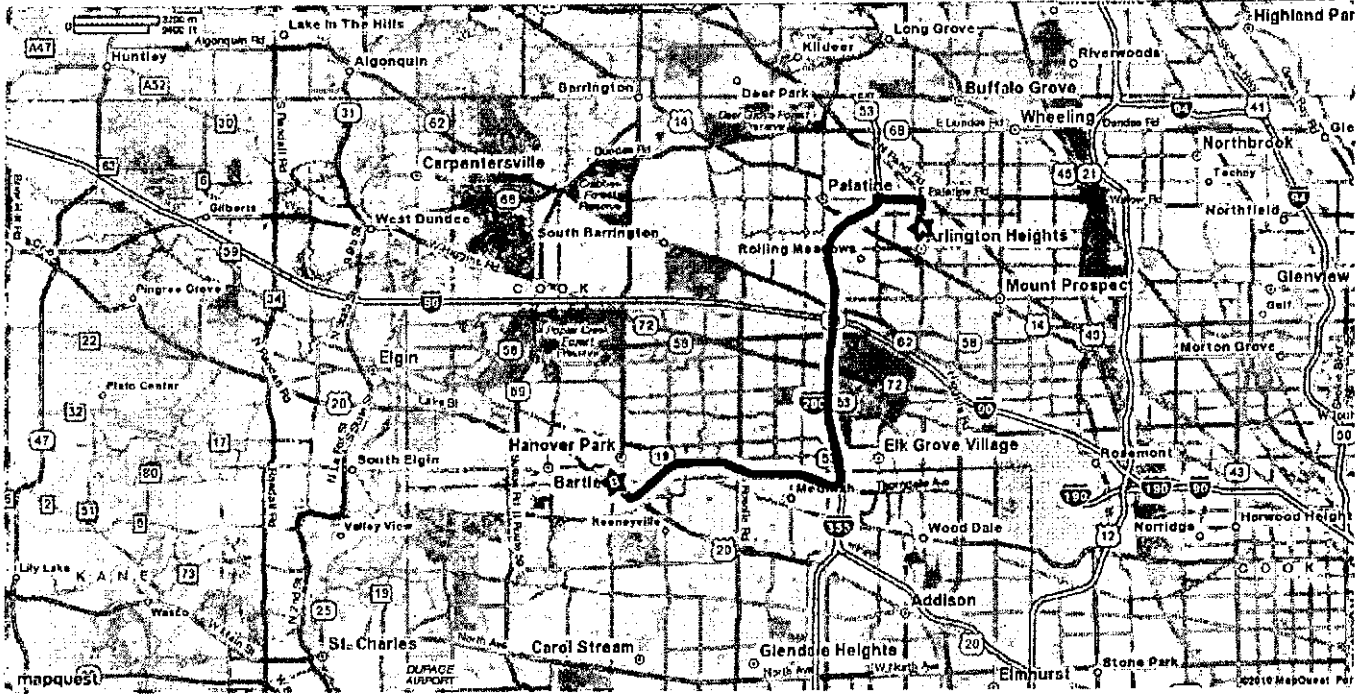
1200 N Arlington Heights Rd
Arlington Heights, IL 60004-4741



2000 W Lake St
Hanover Park, IL 60133-4302

Total Travel Estimate: 26 minutes / 18.79 miles Fuel Cost: [Calculate](#)

Church Street Station - NOT YET OPEN



1200 N Arlington Heights Rd Edit
Arlington Heights, IL 60004-4741

1. Start out going NORTH on N ARLINGTON HEIGHTS RD toward E OLIVE ST. 0.9 mi
2. Turn LEFT onto E PALATINE RD. 1.2 mi
3. Merge onto IL-53 S. 8.1 mi
4. IL-53 S becomes I-290 E. 1.1 mi
5. Take the THORNDALE AVE exit. EXIT 5. toward ELGIN O'HARE EXPY. 0.3 mi
6. Merge onto THORNDALE AVE/CR-26 W toward ELGIN-O'HARE EXPRESSWAY. 0.3 mi
7. Stay STRAIGHT to go onto ELGIN OHARE EXPY W. 6.0 mi
8. Take the LAKE ST/US-20 ramp. 0.1 mi
9. Turn RIGHT onto LAKE ST/ULYSSES S GRANT MEMORIAL HWY/US-20 W. 0.8 mi
10. 2000 W LAKE ST is on the RIGHT.

2000 W Lake St Edit
Hanover Park, IL 60133-4302

Total Travel Estimate: 26 minutes / 18.79 miles Fuel Cost: [Calculate](#)

There's a new MapQuest - come try it out!



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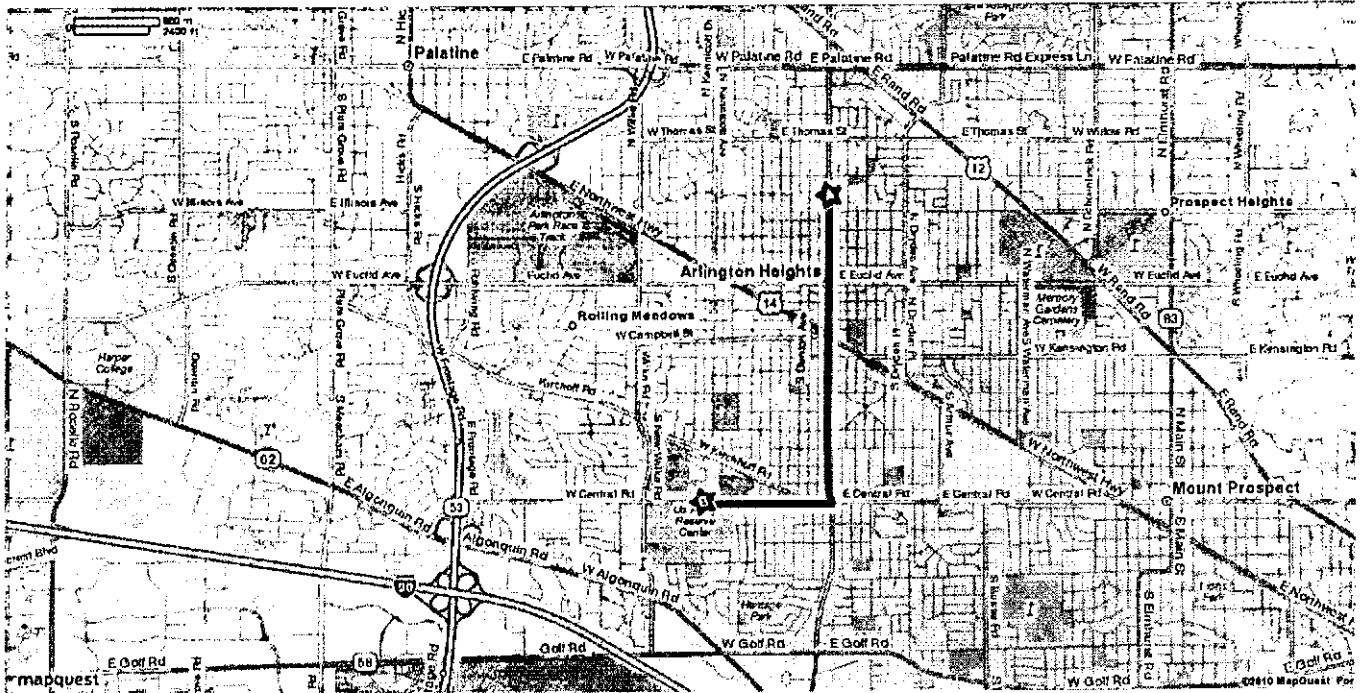
1200 N Arlington Heights Rd
Arlington Heights, IL 60004-4741



1250 W Central Rd
Arlington Heights, IL 60005-2489

Total Travel Estimate: 8 minutes / 2.98 miles Fuel Cost: [Calculate](#)

Church Creek



1200 N Arlington Heights Rd Edit
Arlington Heights, IL 60004-4741

- Start out going SOUTH on N ARLINGTON HEIGHTS RD toward E OAKTON ST. 2.1 mi
- 2. Turn RIGHT onto E CENTRAL RD. 0.8 mi
- 3. 1250 W CENTRAL RD is on the RIGHT.

1250 W Central Rd Edit
Arlington Heights, IL 60005-2489

Total Travel Estimate: 8 minutes / 2.98 miles Fuel Cost: [Calculate](#)

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CHURCH CREEK		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
1200 WEST CENTRAL ROAD		Aggressive/Anti-Social		DIAGNOSIS	
ARLINGTON HEIGHTS, IL. 60005		Chronic Alcoholism		Neoplasms	
Reference Numbers	Facility ID 6001754	Developmentally Disabled		Endocrine/Metabolic	
Health Service Area 007	Planning Service Area 701	Drug Addiction		Blood Disorders	
Administrator		Medicaid Recipient		*Nervous System Non Alzheimer	
Linda Houlihan		Medicare Recipient		Alzheimer Disease	
Contact Person and Telephone		Mental Illness		Mental Illness	
DINA S KELLY		Non-Ambulatory		Developmental Disability	
847-506-3417		Non-Mobile		Circulatory System	
Registered Agent Information	Date Completed	Public Aid Recipient		Respiratory System	
CTS Corporation	4/26/2010	Under 65 Years Old		Digestive System	
208 S. LaSalle		Unable to Self-Medicat		Genitourinary System Disorders	
Chicago, IL 60604		Ventilator Dependent		Skin Disorders	
FACILITY OWNERSHIP		Infectious Disease w/ Isolation		Musculo-skeletal Disorders	
LIMITED LIABILITY CO		Other Restrictions		Injuries and Poisonings	
CONTINUING CARE COMMUNITY	Yes	No Restrictions		Other Medical Conditions	
LIFE CARE FACILITY	Yes	<i>Note: Reported restrictions denoted by 'I'</i>		Non-Medical Conditions	
				TOTALS	
				Total Residents Diagnosed as Mentally Ill	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS							ADMISSIONS AND DISCHARGES - 2009		
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	56	56	43	56	36	20	118	0	51	Total Admissions 2009
Skilled Under 22	0	0	0	0	0	0	0	0	511	Total Discharges 2009
Intermediate DD	0	0	0	0	0	0	0	0	526	Residents on 12/31/2009
Sheltered Care	0	0	0	0	0	0	0	0	36	Identified Offenders
TOTAL BEDS	56	56	43	56	36	20	118	0	0	

LEVEL OF CARE	FACILITY UTILIZATION - 2009									TOTAL	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.	
	Medicare			Medicaid		Other Public		Private Insurance	Private Pay				Charity Care
	Pat. days	Occ. Pct.		Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days				Pat. days
Nursing Care	12081	28.0%		0	0.0%	0	3015	0	0	15096	73.9%	73.9%	
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	0	0	0.0%	0.0%	
TOTALS	12081	28.0%		0	0.0%	0	3015	0	0	15096	73.9%	73.9%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009										GRAND TOTAL	
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL			
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female		
Under 18	0	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	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0	0
60 to 64	3	5	0	0	0	0	0	0	3	5	8	8
65 to 74	5	9	0	0	0	0	0	0	5	9	14	14
75 to 84	7	7	0	0	0	0	0	0	7	7	14	14
85+	0	0	0	0	0	0	0	0	0	0	0	0
TOTALS	15	21	0	0	0	0	0	0	15	21	36	36

CHURCH CREEK

1200 WEST CENTRAL ROAD
ARLINGTON HEIGHTS, IL. 60005

Reference Numbers Facility ID 6001754

Health Service Area 007 Planning Service Area 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	27	0	0	2	7	0	36
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	27	0	0	2	7	0	36

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	277	226
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkilUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	35	0	0	0	35
Race Unknown	0	0	0	0	0
Total	36	0	0	0	36

ETHNICITY	Nursing	SkilUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	36	0	0	0	36
Ethnicity Unknown	0	0	0	0	0
Total	36	0	0	0	36

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	8.00
Certified Aides	25.00
Other Health Staff	0.00
Non-Health Staff	14.00
Totals	62.00

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
74.5%	0.0%	0.0%	16.3%	9.2%	100.0%		0.0%
2,291,052	0	0	501,346	282,006	3,074,404	0	

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

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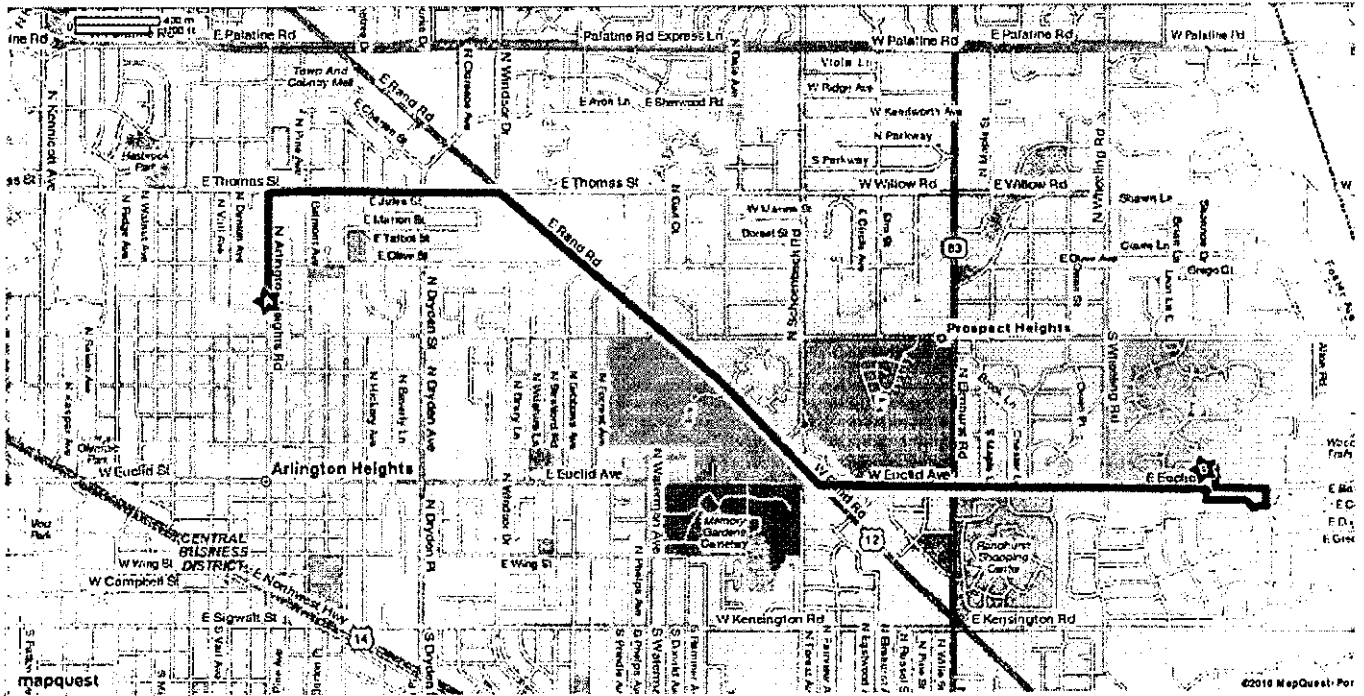
Starting Location
1200 N Arlington Heights Rd
Arlington Heights, IL 60004-4741



Ending Location
[600-672] Mulberry Dr
Prospect Heights, IL 60070

Total Travel Estimate: 11 minutes / 4.48 miles Fuel Cost: [Calculate](#)

Brighton Gardens



1200 N Arlington Heights Rd Edg
Arlington Heights, IL 60004-4741

1. Start out going NORTH on N ARLINGTON HEIGHTS RD toward E OLIVE ST. 0.4 mi
2. Turn RIGHT onto E THOMAS ST. 0.8 mi
3. Turn SLIGHT RIGHT onto US-12/E RAND RD. 1.5 mi
4. Turn SLIGHT LEFT onto W EUCLID AVE. 1.3 mi
5. Turn RIGHT onto N HEMLOCK LN. 0.0 mi
6. Turn LEFT onto E ALDER LN. 0.2 mi
7. Turn LEFT onto E BARBERRY LN. 0.0 mi
8. Turn LEFT onto N WESTGATE RD. 0.1 mi
9. Turn LEFT onto E EUCLID AVE. 0.2 mi
10. Turn RIGHT onto MULBERRY DR. 0.1 mi
11. [600-672] MULBERRY DR.

[600-672] Mulberry Dr Edg
Prospect Heights, IL 60070

Total Travel Estimate: 11 minutes / 4.46 miles Fuel Cost: [Calculate](#)

BRIGHTON GARDENS OF PROSPECT HEIGHTS		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
700 EAST EUCLID AVENUE		Aggressive/Anti-Social 1		DIAGNOSIS	
PROSPECT HEIGHTS, IL. 60070		Chronic Alcoholism 0		Neoplasms 0	
Reference Numbers	Facility ID 6014328	Developmentally Disabled 0		Endocrine/Metabolic 8	
Health Service Area 007	Planning Service Area 701	Drug Addiction 0		Blood Disorders 1	
Administrator		Medicaid Recipient 1		*Nervous System Non Alzheimer 5	
Scott Steinmetz		Medicare Recipient 0		Alzheimer Disease 3	
Contact Person and Telephone		Mental Illness 0		Mental Illness 18	
SCOTT STEINMETZ		Non-Ambulatory 0		Developmental Disability 0	
847-797-2700		Non-Mobile 0		Circulatory System 14	
Registered Agent Information	Date Completed 4/29/2010	Public Aid Recipient 0		Respiratory System 3	
		Under 65 Years Old 0		Digestive System 1	
		Unable to Self-Medicate 0		Genitourinary System Disorders 10	
		Ventilator Dependent 1		Skin Disorders 0	
		Infectious Disease w/ Isolation 0		Musculo-skeletal Disorders 10	
FACILITY OWNERSHIP		Other Restrictions 0		Injuries and Poisonings 1	
FOR-PROF CORPORATION		No Restrictions 0		Other Medical Conditions 32	
CONTINUING CARE COMMUNITY	No	<i>Note: Reported restrictions denoted by '1'</i>		Non-Medical Conditions 0	
LIFE CARE FACILITY	No			TOTALS 106	
				Total Residents Diagnosed as Mentally Ill 18	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS							ADMISSIONS AND DISCHARGES - 2009		
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	30	30	28	27	19	11	30	0	115	207
Skilled Under 22	0	0	0	0	0	0	0	0		216
Intermediate DD	0	0	0	0	0	0	0	0		106
Sheltered Care	128	104	90	104	87	41			Identified Offenders	0
TOTAL BEDS	158	134	118	131	106	52	30	0		

FACILITY UTILIZATION - 2009											
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 Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4393	40.1%	0	0.0%	0	39	2565	0	6997	63.9%	63.9%
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	31284	0	31284	67.0%	82.4%
TOTALS	4393	40.1%	0	0.0%	0	39	33849	0	38281	66.4%	78.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009											
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	1	0	0	0	0	0	2	4	3	4	7
75 to 84	2	0	0	0	0	0	8	14	10	14	24
85+	4	12	0	0	0	0	20	39	24	51	75
TOTALS	7	12	0	0	0	0	30	57	37	69	106

BRIGHTON GARDENS OF PROSPECT HEIGHTS

700 EAST EUCLID AVENUE
 PROSPECT HEIGHTS, IL. 60070

Reference Numbers Facility ID 6014328
 Health Service Area 007 Planning Service Area 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	0	0	0	9	19
Skilled Under 22	0	0	0	0	0	0
ICF/DD		0	0	0	0	0
Sheltered Care			0	0	87	87
TOTALS	10	0	0	0	96	106

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	252	211
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	122	99

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	1	1
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	19	0	0	86	105
Race Unknown	0	0	0	0	0
Total	19	0	0	87	106

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	19	0	0	87	106
Ethnicity Unknown	0	0	0	0	0
Total	19	0	0	87	106

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	6.00
Certified Aides	9.00
Other Health Staff	3.00
Non-Health Staff	65.00
Totals	89.00

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
24.3%	0.0%	0.0%	0.0%	75.7%	100.0%	0	0.0%
2,095,101	0	0	0	6,530,242	8,625,343		

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

There's a new MapQuest - come try it out!



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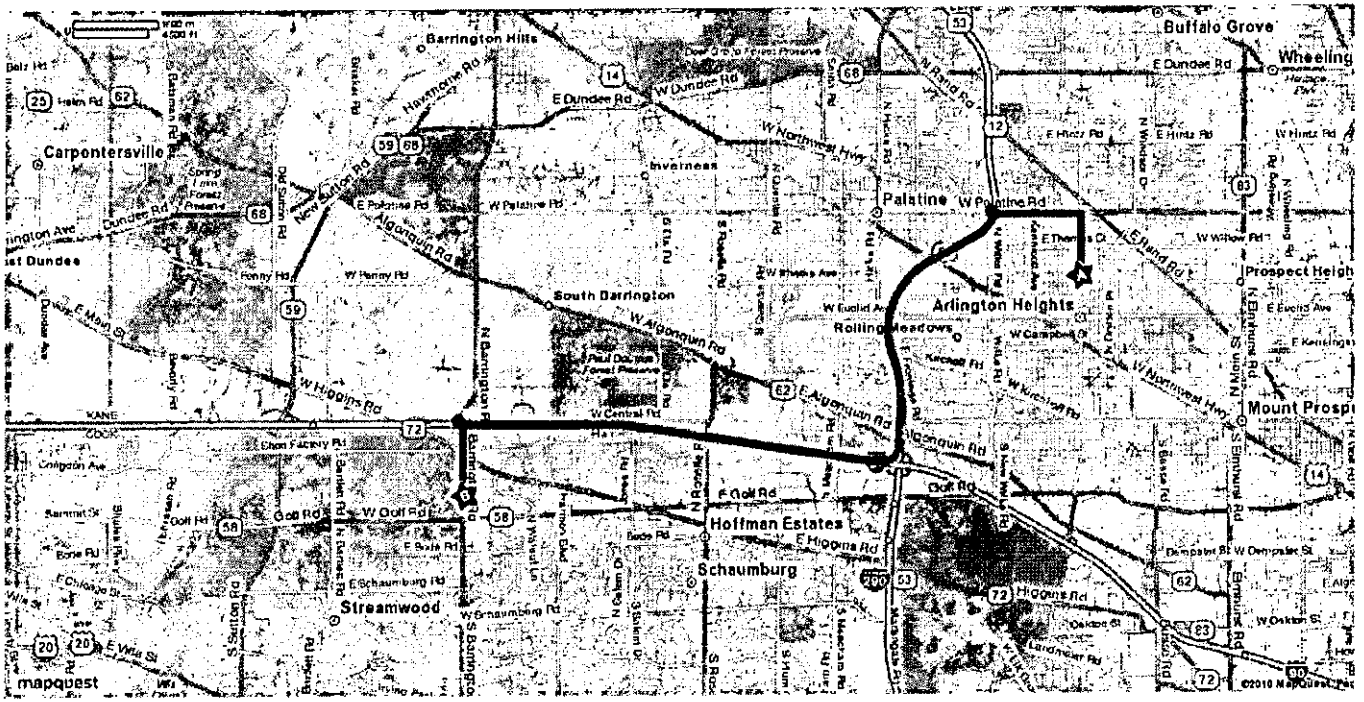
1200 N Arlington Heights Rd
Arlington Heights, IL 60004-4741



1545 Barrington Rd
Hoffman Estates, IL 60169-1018

Total Travel Estimate: 21 minutes / 13.89 miles Fuel Cost: [Calculate](#)

Alden - Poplar Creek Rehab



1200 N Arlington Heights Rd
Arlington Heights, IL 60004-4741

1. Start out going NORTH on N ARLINGTON HEIGHTS RD toward E OLIVE ST. 0.9 mi
2. Turn LEFT onto E PALATINE RD. 1.2 mi
3. Merge onto IL-53 S. 3.5 mi
4. Take the I-90-TOLLWAY W exit toward ROCKFORD. 1.5 mi
5. Merge onto I-90 W/JANE ADDAMS MEMORIAL TOLLWAY (Portions toll). 4.8 mi
6. Take the BARRINGTON RD exit. 0.3 mi
7. Take the BARRINGTON RD SOUTH ramp. 0.5 mi
8. Merge onto BARRINGTON RD. 1.1 mi
9. 1545 BARRINGTON RD is on the LEFT.

1545 Barrington Rd
Hoffman Estates, IL 60169-1018

Total Travel Estimate: 21 minutes / 13.89 miles Fuel Cost: [Calculate](#)

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ALDEN-POPLAR CREEK REHAB & CARE

1545 BARRINGTON ROAD
HOFFMAN ESTATES, IL. 60194
Reference Numbers Facility ID 6001366
Health Service Area 007 Planning Service Area 701

Administrator
Jeff Russell

Contact Person and Telephone
CHRIS REINHOFER
773-286-3883

Registered Agent Information

Ken Fisch
4200 W Peterson Ave, Suite 140
Chicago, IL 60646

FACILITY OWNERSHIP

FOR-PROF CORPORATION

CONTINUING CARE COMMUNITY

LIFE CARE FACILITY

Date
Completed
5/7/2010

No
No

ADMISSION RESTRICTIONS

Aggressive/Anti-Social 0
Chronic Alcoholism 0
Developmentally Disabled 0
Drug Addiction 0
Medicaid Recipient 0
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 0
Other Restrictions 0
No Restrictions 0

Note: Reported restrictions denoted by 'I'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS
Neoplasms 1
Endocrine/Metabolic 4
Blood Disorders 1
*Nervous System Non Alzheimer 20
Alzheimer Disease 22
Mental Illness 7
Developmental Disability 3
Circulatory System 17
Respiratory System 6
Digestive System 1
Genitourinary System Disorders 7
Skin Disorders 0
Musculo-skeletal Disorders 58
Injuries and Poisonings 16
Other Medical Conditions 0
Non-Medical Conditions 0

TOTALS 163
Total Residents Diagnosed as Mentally Ill 12

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

ADMISSIONS AND DISCHARGES - 2009

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2009	
									Residents on 1/1/2009	171
Nursing Care	217	196	176	196	163	54	217	217	Total Admissions 2009	617
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2009	625
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2009	163
Sheltered Care	0	0	0	0	0	0	0	0	Identified Offenders	0
TOTAL BEDS	217	196	176	196	163	54	217	217		

FACILITY UTILIZATION - 2009

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 Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.							
Nursing Care	11902	15.0%	42778	54.0%	0	1418	5024	0	61122	77.2%	85.4%
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	0	0	0.0%	0.0%
TOTALS	11902	15.0%	42778	54.0%	0	1418	5024	0	61122	77.2%	85.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009

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	1	0	0	0	0	0	0	0	1	1
45 to 59	5	6	0	0	0	0	0	0	5	6	11
60 to 64	2	4	0	0	0	0	0	0	2	4	6
65 to 74	10	12	0	0	0	0	0	0	10	12	22
75 to 84	9	47	0	0	0	0	0	0	9	47	56
85+	13	54	0	0	0	0	0	0	13	54	67
TOTALS	39	124	0	0	0	0	0	0	39	124	163

ALDEN-POPLAR CREEK REHAB & CARE

1545 BARRINGTON ROAD
HOFFMAN ESTATES, IL. 60194

Reference Numbers Facility ID 6001366

Health Service Area 007 Planning Service Area 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS	
Nursing Care	30	121	0	2	10	0	163
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	30	121	0	2	10	0	163

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	285	280
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkilUnd22	ICF/DD	Shelter	Totals
Asian	5	0	0	0	5
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	153	0	0	0	153
Race Unknown	2	0	0	0	2
Total	163	0	0	0	163

ETHNICITY	Nursing	SkilUnd22	ICF/DD	Shelter	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	155	0	0	0	155
Ethnicity Unknown	2	0	0	0	2
Total	163	0	0	0	163

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.83
LPN's	5.69
Certified Aldes	31.70
Other Health Staff	9.66
Non-Health Staff	32.59
Totals	93.47

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
43.5%	38.4%	3.6%	4.6%	9.9%	100.0%	0	0.0%
5,884,150	5,186,670	491,393	615,388	1,343,471	13,521,072		

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

There's a new MapQuest - come try it out!



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★ Starting Location

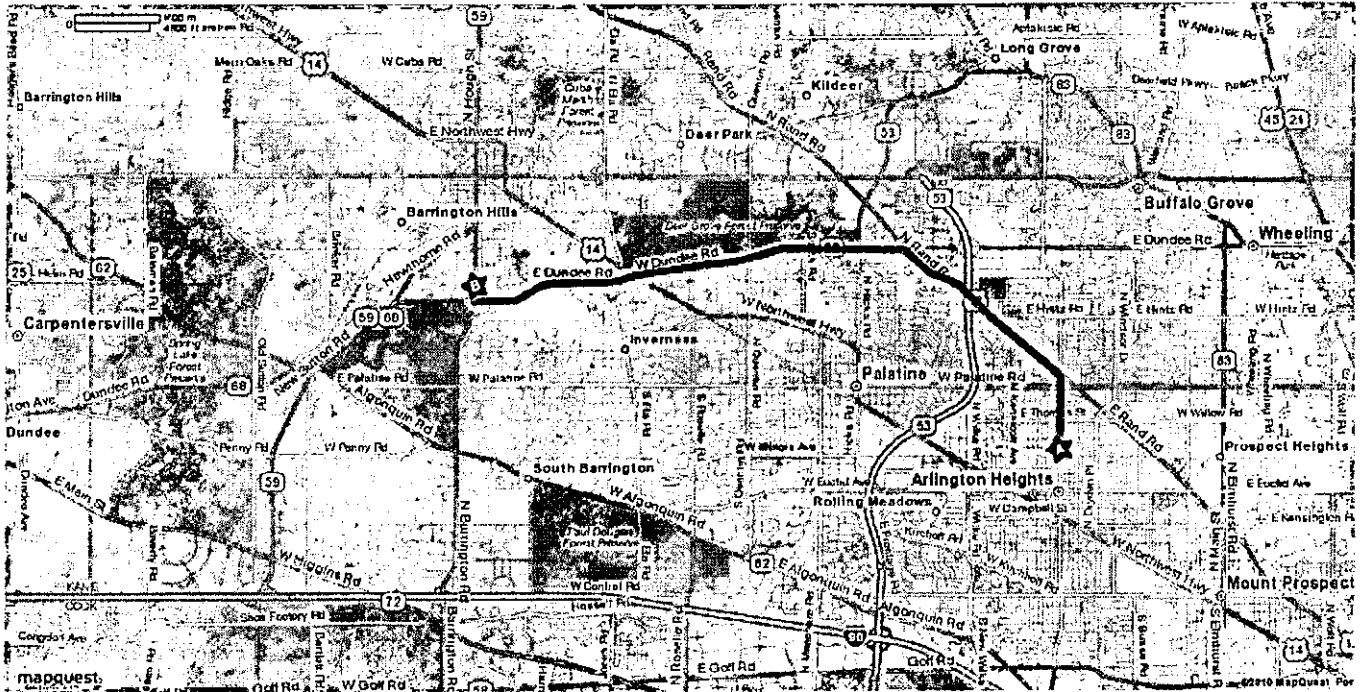
1200 N Arlington Heights Rd
Arlington Heights, IL 60004-4741

★ Ending Location

1420 S Barrington Rd
Barrington, IL 60010-5206

Total Travel Estimate: 18 minutes / 10.13 miles Fuel Cost: [Calculate](#)

Alden Estates of Barrington



★ 1200 N Arlington Heights Rd Edit
Arlington Heights, IL 60004-4741

- | | | |
|--|--|--------|
| | Start out going NORTH on N ARLINGTON HEIGHTS RD toward E OLIVE ST. | 1.1 mi |
| | 2. Turn SLIGHT LEFT onto E RAND RD/US-12. | 2.8 mi |
| | 3. Turn SLIGHT LEFT onto E DUNDEE RD/IL-68. | 6.0 mi |
| | 4. Turn RIGHT onto S BARRINGTON RD. | 0.2 mi |
| | 5. 1420 S BARRINGTON RD is on the LEFT. | |

★ 1420 S Barrington Rd Edit
Barrington, IL 60010-5206

Total Travel Estimate: 18 minutes / 10.13 miles Fuel Cost: [Calculate](#)

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ALDEN ESTATES OF BARRINGTON, INC.

1420 SOUTH BARRINGTON ROAD
BARRINGTON, IL. 60010

Reference Numbers Facility ID 6003735
Health Service Area 007 Planning Service Area 701

Administrator
GREGORY K. NIENABER

Contact Person and Telephone
CHRIS REINHOFER
773-286-3883

Registered Agent Information
KEN FISCH
4200 W. PETERSON AVENUE SUITE 140
CHICAGO, IL 60646

FACILITY OWNERSHIP
FOR-PROF CORPORATION

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	15
Alzheimer Disease	0
Mental Illness	7
Developmental Disability	3
Circulatory System	2
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	79
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	117
Total Residents Diagnosed as Mentally Ill 7	

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

ADMISSIONS AND DISCHARGES - 2009

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2009	
									Residents on 1/1/2009	108
Nursing Care	150	150	138	150	117	33	134	94	Total Admissions 2009	881
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2009	872
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2009	117
Sheltered Care	0	0	0	0	0	0	0	0	Identified Offenders	0
TOTAL BEDS	150	150	138	150	117	33	134	94		

FACILITY UTILIZATION - 2009

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 Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	16381	33.5%	20560	59.9%	0	3053	3511	0	43505	79.5%	79.5%
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	0	0	0.0%	0.0%
TOTALS	16381	33.5%	20560	59.9%	0	3053	3511	0	43505	79.5%	79.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009

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	6	1	0	0	0	0	0	0	6	1	7
45 to 59	4	6	0	0	0	0	0	0	4	6	10
60 to 64	3	4	0	0	0	0	0	0	3	4	7
65 to 74	10	7	0	0	0	0	0	0	10	7	17
75 to 84	12	26	0	0	0	0	0	0	12	26	38
85+	8	30	0	0	0	0	0	0	8	30	38
TOTALS	43	74	0	0	0	0	0	0	43	74	117

ALDEN ESTATES OF BARRINGTON, INC.

1420 SOUTH BARRINGTON ROAD
BARRINGTON, IL. 60010

Reference Numbers Facility ID 6003735

Health Service Area 007 Planning Service Area 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Other			Private Insurance	Private Pay	Charity Care	TOTALS
	Medicare	Medicaid	Public				
Nursing Care	43	56	0	7	11	0	117
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	43	56	0	7	11	0	117

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	362	300
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	113	0	0	0	113
Race Unknown	0	0	0	0	0
Total	117	0	0	0	117

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	113	0	0	0	113
Ethnicity Unknown	0	0	0	0	0
Total	117	0	0	0	117

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.58
LPN's	11.45
Certified Aides	39.75
Other Health Staff	6.83
Non-Health Staff	50.69
Totals	129.30

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
55.4%	27.0%	1.5%	10.5%	5.6%	100.0%	0	0.0%
8,303,142	4,053,210	226,015	1,576,299	841,210	14,999,876		

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

There's a new MapQuest - come try it out!



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Starting Location

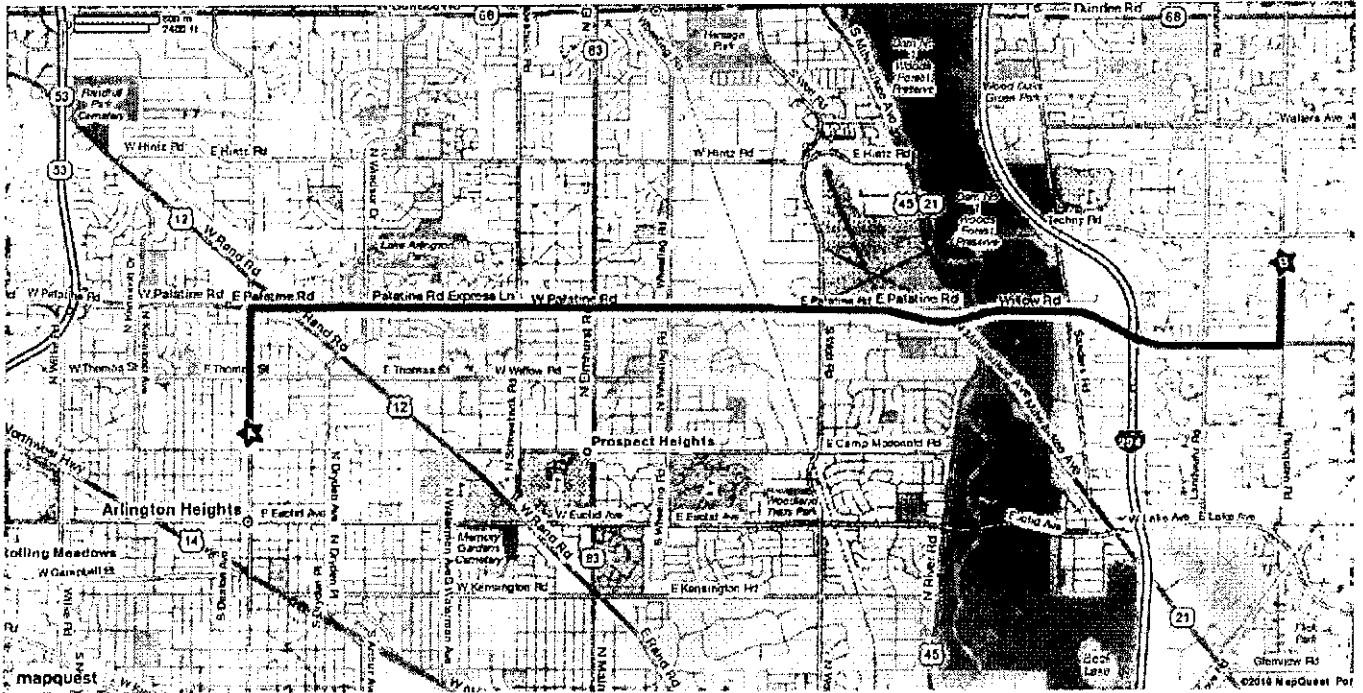
1200 N Arlington Heights Rd
Arlington Heights, IL 60004-4741

Ending Location

2155 Pflingsten Rd
Northbrook, IL 60062-6427

Total Travel Estimate: 13 minutes / 8.25 miles Fuel Cost: [Calculate](#)

Covenant Health Care Center



1200 N Arlington Heights Rd Edt
Arlington Heights, IL 60004-4741

1. Start out going NORTH on N ARLINGTON HEIGHTS RD toward E OLIVE ST. 0.9 mi
2. Turn RIGHT onto E PALATINE RD. 0.4 mi
3. Stay STRAIGHT to go onto PALATINE RD EXPRESS LN. 4.5 mi
4. PALATINE RD EXPRESS LN becomes WILLOW RD. 1.9 mi
5. Turn LEFT onto PFLINGSTEN RD. 0.6 mi
6. 2155 PFLINGSTEN RD is on the RIGHT.

2155 Pflingsten Rd Edt
Northbrook, IL 60062-6427

Total Travel Estimate: 13 minutes / 8.25 miles Fuel Cost: [Calculate](#)

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ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 COVENANT HEALTH CARE CENTER-NORTHBROO NORTHBROOK

COVENANT HEALTH CARE CENTER-NORTHBROO			ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
2155 PFINGSTEN ROAD			Aggressive/Anti-Social	1	DIAGNOSIS		
NORTHBROOK, IL. 60062			Chronic Alcoholism	1	Neoplasms	1	
Reference Numbers	Facility ID	6001093	Developmentally Disabled	1	Endocrine/Metabolic	2	
Health Service Area	007	Planning Service Area	702	Drug Addiction	Blood Disorders	0	
Administrator			Medicaid Recipient	0	*Nervous System Non Alzheimer	0	
Jonathan Kaspar			Medicare Recipient	0	Alzheimer Disease	7	
Contact Person and Telephone			Mental Illness	1	Mental Illness	33	
JONATHAN KASPAR			Non-Ambulatory	0	Developmental Disability	0	
847-480-6350			Non-Mobile	0	Circulatory System	14	
Registered Agent Information	Date Completed	4/23/2009	Public Aid Recipient	0	Respiratory System	1	
none			Under 65 Years Old	0	Digestive System	1	
			Unable to Self-Medicare	0	Genitourinary System Disorders	0	
			Ventilator Dependent	1	Skin Disorders	1	
			Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	8	
			Other Restrictions	0	Injuries and Poisonings	0	
			No Restrictions	0	Other Medical Conditions	8	
FACILITY OWNERSHIP			<i>Note: Reported restrictions denoted by '1'</i>			Non-Medical Conditions	12
NON-PROF CORPORATION						TOTALS	88
CONTINUING CARE COMMUNITY			Yes				
LIFE CARE FACILITY			Yes			Total Residents Diagnosed as Mentally Ill	33

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS						ADMISSIONS AND DISCHARGES - 2009		Residents on 1/1/2009	85
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED			Total Admissions 2009	Total Discharges 2009
Nursing Care	102	102	94	102	88	14	102	102	185	185
Skilled Under 22	0	0	0	0	0	0		0	Residents on 12/31/2009	88
Intermediate DD	0	0	0	0	0	0		0	Identified Offenders	0
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	102	102	94	102	88	14	102	102		

FACILITY UTILIZATION - 2009
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 Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2954	7.9%	7297	19.6%	0	0	21469	24	31744	85.3%	85.3%
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	0	0	0	0.0%	0.0%
TOTALS	2954	7.9%	7297	19.6%	0	0	21469	24	31744	85.3%	85.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009

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	2	0	0	0	0	0	0	0	2	2
75 to 84	5	9	0	0	0	0	0	0	5	9	14
85+	8	64	0	0	0	0	0	0	8	64	72
TOTALS	13	75	0	0	0	0	0	0	13	75	88

COVENANT HEALTH CARE CENTER-NORTHBROO

2155 PFINGSTEN ROAD
NORTHBROOK, IL. 60062

Reference Numbers Facility ID 6001093
Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	15	0	0	64	88
Skilled Under 22	0	0	0	0	0	0
ICF/DD		0	0	0	0	0
Sheltered Care			0	0	0	0
TOTALS	9	15	0	0	64	88

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	405	239
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	85	0	0	0	85
Race Unknown	1	0	0	0	1
Total	88	0	0	0	88

ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	87	0	0	0	87
Ethnicity Unknown	1	0	0	0	1
Total	88	0	0	0	88

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.00
LPN's	3.00
Certified Aides	38.00
Other Health Staff	3.00
Non-Health Staff	33.00
Totals	94.00

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
9.7%	9.7%	0.0%	0.0%	80.6%	100.0%		3.4%
722,808	723,760	0	0	6,017,941	7,464,509	257,485	

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

FACILITY NOTES

Bed Change 3/5/2009 Discontinued 64 bed sheltered care service; facility now has 102 nursing care beds.

There's a new MapQuest - come try it out!



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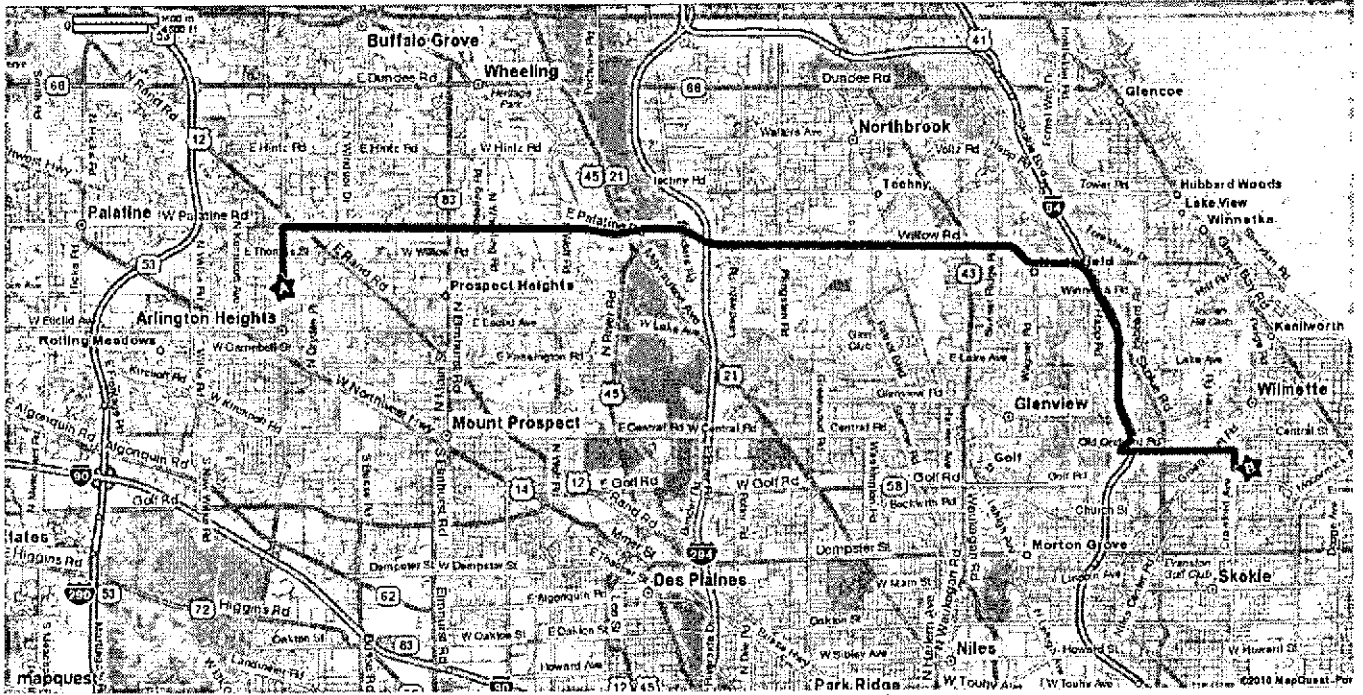
Starting Location
1200 N Arlington Heights Rd
 Arlington Heights, IL 60004-4741



Ending Location
3200 Grant St
 Evanston, IL 60201-1903

Total Travel Estimate: 30 minutes / 16.81 miles Fuel Cost: [Calculate](#)

Westminster Place



1200 N Arlington Heights Rd Eds
 Arlington Heights, IL 60004-4741

1. Start out going NORTH on N ARLINGTON HEIGHTS RD toward E OLIVE ST. 0.9 mi
2. Turn RIGHT onto E PALATINE RD. 0.4 mi
3. Stay STRAIGHT to go onto PALATINE RD EXPRESS LN. 4.5 mi
4. PALATINE RD EXPRESS LN becomes WILLOW RD. 6.1 mi
5. Merge onto I-94 E/EDENS EXPY E toward CHICAGO. 2.6 mi
6. Take the OLD ORCHARD RD exit, EXIT 35. 0.3 mi
7. Turn LEFT onto OLD ORCHARD RD. 1.6 mi
8. Turn RIGHT onto CRAWFORD AVE. 0.2 mi
9. Turn LEFT onto GRANT ST. 0.2 mi
10. 3200 GRANT ST is on the RIGHT.

3200 Grant St Eds
 Evanston, IL 60201-1903

Total Travel Estimate: 30 minutes / 16.81 miles Fuel Cost: [Calculate](#)

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WESTMINSTER PLACE		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
3200 GRANT STREET		Aggressive/Anti-Social		DIAGNOSIS	
EVANSTON, IL 60201		Chronic Alcoholism		Neoplasms 3	
Reference Numbers	Facility ID 6007603	Developmentally Disabled		Endocrine/Metabolic 8	
Health Service Area 007	Planning Service Area 702	Drug Addiction		Blood Disorders 0	
Administrator		Medicaid Recipient		*Nervous System Non Alzheimer 28	
Linda Dotson		Medicare Recipient		Alzheimer Disease 27	
Contact Person and Telephone		Mental Illness		Mental Illness 0	
LINDA DOTSON		Non-Ambulatory		Developmental Disability 0	
847-866-1650		Non-Mobile		Circulatory System 37	
Registered Agent Information	Date Completed	Public Aid Recipient		Respiratory System 10	
Robert Landsman	5/4/2010	Under 65 Years Old		Digestive System 1	
3200 Grant		Unable to Self-Medicare		Genitourinary System Disorders 1	
Evanston, IL 60201		Ventilator Dependent		Skin Disorders 0	
FACILITY OWNERSHIP		Infectious Disease w/ Isolation		Musculo-skeletal Disorders 54	
NON-PROF CORPORATION		Other Restrictions		Injuries and Poisonings 0	
CONTINUING CARE COMMUNITY	Yes	No Restrictions		Other Medical Conditions 8	
LIFE CARE FACILITY	Yes	<i>Note: Reported restrictions denoted by '1'</i>		Non-Medical Conditions 0	
				TOTALS 177	
				Total Residents Diagnosed as Mentally Ill 0	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS							ADMISSIONS AND DISCHARGES - 2009		
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	204	197	188	197	176	28	111	0	185	Total Admissions 2009 773
Skilled Under 22	0	0	0	0	0	0	0	0	781	Total Discharges 2009 781
Intermediate DD	0	0	0	0	0	0	0	0	177	Residents on 12/31/2009 177
Sheltered Care	51	51	1	51	1	50			0	Identified Offenders 0
TOTAL BEDS	255	248	189	248	177	78	111	0		

FACILITY UTILIZATION - 2009											
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 Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6644	16.4%	0	0.0%	0	0	55609	2190	64443	86.5%	89.6%
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	365	0	365	2.0%	2.0%
TOTALS	6644	16.4%	0	0.0%	0	0	55974	2190	64808	69.6%	71.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009											
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	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	2	3	0	0	0	0	0	0	2	3	5
75 to 84	12	34	0	0	0	0	0	0	12	34	46
85+	27	98	0	0	0	0	0	1	27	99	126
TOTALS	41	135	0	0	0	0	0	1	41	136	177

WESTMINSTER PLACE
3200 GRANT STREET
EVANSTON, IL. 60201

Reference Numbers Facility ID 6007603
Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	0	0	152	6	176
Skilled Under 22	0	0	0	0	0	0
ICF/DD		0	0	0	0	0
Sheltered Care			0	1	0	1
TOTALS	18	0	0	153	6	177

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	323	252
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	245	220

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	1	2
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	173	0	0	0	173
Race Unknown	0	0	0	0	0
Total	176	0	0	1	177

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	175	0	0	1	176
Ethnicity Unknown	0	0	0	0	0
Total	176	0	0	1	177

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	2.20
Director of Nursing	1.00
Registered Nurses	36.90
LPN's	5.10
Certified Aides	86.70
Other Health Staff	33.30
Non-Health Staff	9.00
Totals	175.20

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
34.9%	0.0%	0.0%	0.0%	65.1%	100.0%		7.7%
2,483,146	0	0	0	4,628,621	7,111,767	545,004	

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

FACILITY NOTES

Bed Change 4/13/2009 Discontinued 6 nursing care beds; facility now has 204 nursing care and 51 sheltered care beds.

There's a new MapQuest - come try it out!



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★ Starting Location

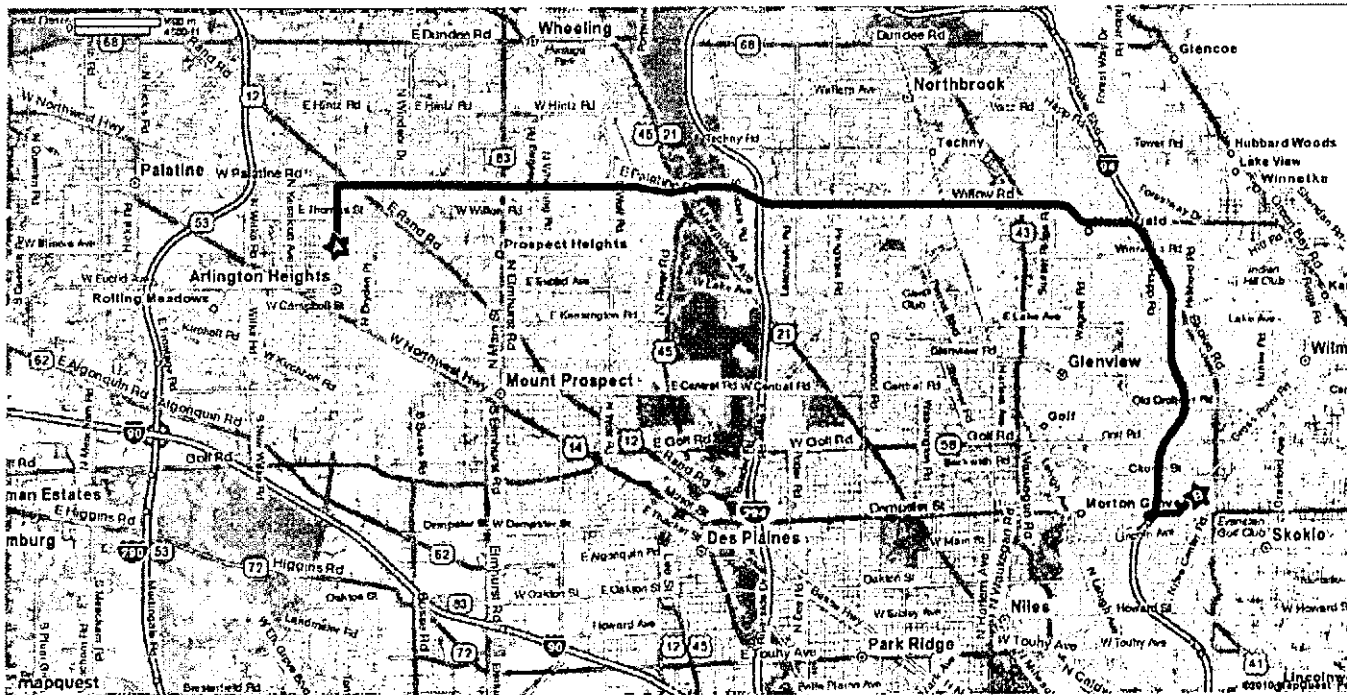
1200 N Arlington Heights Rd
Arlington Heights, IL 60004-4741

★ Ending Location

9000 Lavergne Ave
Skokie, IL 60077-1618

Total Travel Estimate: 29 minutes / 17.45 miles Fuel Cost: [Calculate](#)

Village Nursing Home - Grove
North Living and Rehab



★ 1200 N Arlington Heights Rd Edit
Arlington Heights, IL 60004-4741

1. Start out going NORTH on N ARLINGTON HEIGHTS RD toward E OLIVE ST. 0.9 mi
2. Turn RIGHT onto E PALATINE RD. 0.4 mi
3. Stay STRAIGHT to go onto PALATINE RD EXPRESS LN. 4.5 mi
4. PALATINE RD EXPRESS LN becomes WILLOW RD. 6.1 mi
5. Merge onto I-94 E/EDENS EXPY E toward CHICAGO. 4.5 mi
6. Merge onto IL-58 E/DEMPSTER ST via EXIT 37B. 0.6 mi
7. Turn LEFT onto GROSS POINT RD. 0.4 mi
8. Turn SHARP RIGHT onto LAVERGNE AVE. 0.1 mi
9. 9000 LAVERGNE AVE is on the RIGHT.

★ 9000 Lavergne Ave Edit
Skokie, IL 60077-1618

Total Travel Estimate: 29 minutes / 17.45 miles Fuel Cost: [Calculate](#)

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GROVE NORTH LIVING AND REHAB CENTER			ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
9000 N LAVERGNE AVENUE			Aggressive/Anti-Social	0	DIAGNOSIS		
SKOKIE, IL. 60077			Chronic Alcoholism	0	Neoplasms	6	
Reference Numbers	Facility ID	6009625	Developmentally Disabled	0	Endocrine/Metabolic	23	
Health Service Area	007	Planning Service Area	Drug Addiction	0	Blood Disorders	6	
		702	Medicaid Recipient	0	*Nervous System Non Alzheimer	13	
Administrator			Medicare Recipient	0	Alzheimer Disease	2	
Chaim Dubovick			Mental Illness	0	Mental Illness	7	
Contact Person and Telephone			Non-Ambulatory	0	Developmental Disability	3	
CHAIM 'MARK' DUBOVICK			Non-Mobile	0	Circulatory System	36	
847-679-2322			Public Aid Recipient	0	Respiratory System	18	
Registered Agent Information	Date Completed	5/7/2010	Under 65 Years Old	0	Digestive System	5	
			Unable to Self-Medicat	0	Genitourinary System Disorders	9	
			Ventilator Dependent	1	Skin Disorders	0	
			Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	8	
			Other Restrictions	0	Injuries and Poisonings	0	
FACILITY OWNERSHIP			No Restrictions	0	Other Medical Conditions	0	
LIMITED LIABILITY CO			<i>Note: Reported restrictions denoted by 'I'</i>			Non-Medical Conditions	0
CONTINUING CARE COMMUNITY	No					TOTALS	136
LIFE CARE FACILITY	No					Total Residents Diagnosed as Mentally Ill	15

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2009	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	149	149	137	149	136	13	98	149	103	146
Skilled Under 22	0	0	0	0	0	0	0	0		113
Intermediate DD	0	0	0	0	0	0	0	0		
Sheltered Care	0	0	0	0	0	0	0	0		1
TOTAL BEDS	149	149	137	149	136	13	98	149		

FACILITY UTILIZATION - 2009												
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 Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	5545	15.5%	36381	66.9%	518	0	2829	0	45273	83.2%	83.2%	
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	0	0	0.0%	0.0%	
TOTALS	5545	15.5%	36381	66.9%	518	0	2829	0	45273	83.2%	83.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009												
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	1	0	0	0	0	0	0	0	1	1	
45 to 59	7	7	0	0	0	0	0	0	7	7	14	
60 to 64	10	5	0	0	0	0	0	0	10	5	15	
65 to 74	13	16	0	0	0	0	0	0	13	16	29	
75 to 84	12	26	0	0	0	0	0	0	12	26	38	
85+	15	24	0	0	0	0	0	0	15	24	39	
TOTALS	57	79	0	0	0	0	0	0	57	79	136	

GROVE NORTH LIVING AND REHAB CENTER
 9000 N LAVERGNE AVENUE
 SKOKIE, IL. 60077

Reference Numbers Facility ID 6009625
 Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	20	107	0	0	9	136
Skilled Under 22	0	0	0	0	0	0
ICF/DD		0	0	0	0	0
Sheltered Care			0	0	0	0
TOTALS	20	107	0	0	9	136

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	140
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	26	0	0	0	26
Amer. Indian	0	0	0	0	0
Black	14	0	0	0	14
Hawaiian/Pac. Isl.	0	0	0	0	0
White	96	0	0	0	96
Race Unknown	0	0	0	0	0
Total	136	0	0	0	136

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	135	0	0	0	135
Ethnicity Unknown	0	0	0	0	0
Total	136	0	0	0	136

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	2.00
Certified Aides	32.00
Other Health Staff	6.00
Non-Health Staff	31.00
Totals	85.00

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
33.6%	60.9%	0.8%	0.0%	4.6%	100.0%	0	0.0%
2,587,340	4,697,310	65,489	0	358,387	7,708,526		

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

There's a new MapQuest - come try it out!



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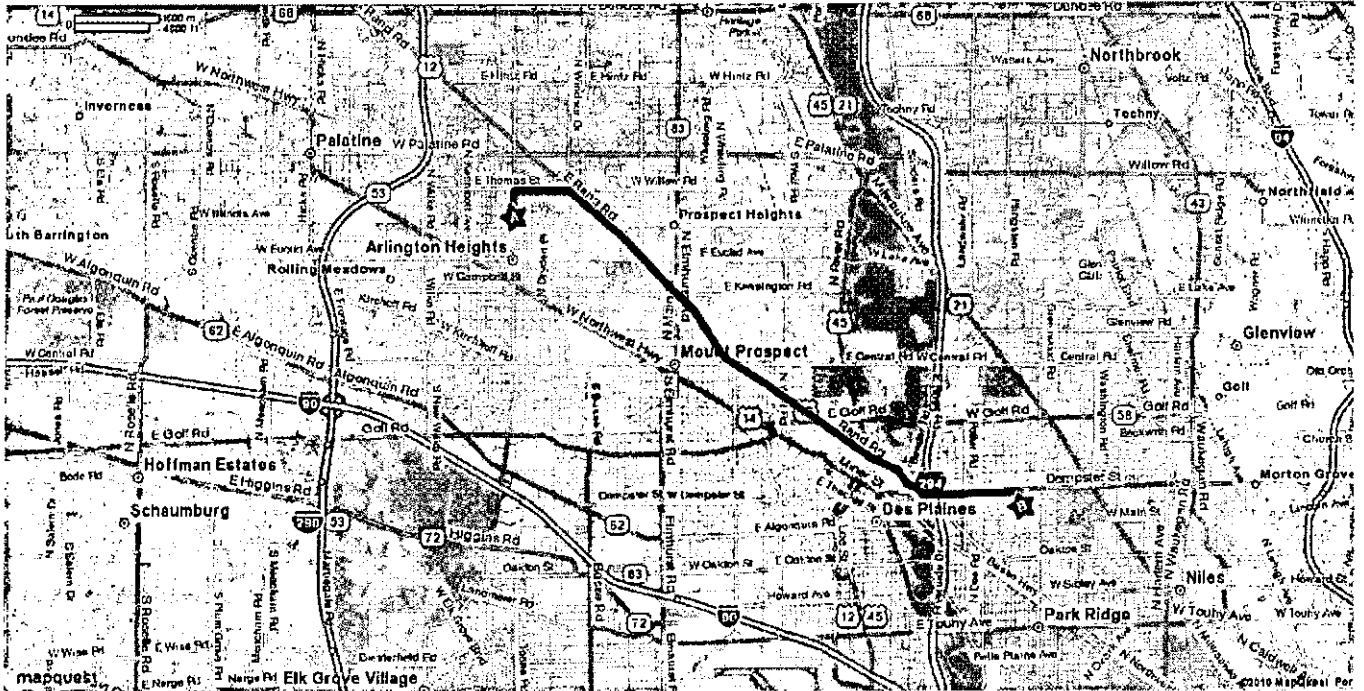
Starting Location
 1200 N Arlington Heights Rd
 Arlington Heights, IL 60004-4741



Ending Location
 1601 N Western Ave
 Park Ridge, IL 60068-1233

Total Travel Estimate: 21 minutes / 9.32 miles Fuel Cost: [Calculate](#)

St. Matthew Center for Health



1200 N Arlington Heights Rd Ed:
 Arlington Heights, IL 60004-4741

1. Start out going NORTH on N ARLINGTON HEIGHTS RD toward E OLIVE ST. 0.4 mi
2. Turn RIGHT onto E THOMAS ST. 0.8 mi
3. Turn SLIGHT RIGHT onto US-12/E RAND RD. Continue to follow E RAND RD. 6.7 mi
4. Turn LEFT onto US-14/DEMPSTER ST. 1.3 mi
5. Turn RIGHT onto N WESTERN AVE. 0.2 mi
6. 1601 N WESTERN AVE is on the LEFT.

1601 N Western Ave Ed:
 Park Ridge, IL 60068-1233

Total Travel Estimate: 21 minutes / 9.32 miles Fuel Cost: [Calculate](#)

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ST. MATTHEW CENTER FOR HEALTH

1601 NORTH WESTERN AVENUE
 PARK RIDGE, IL. 60068
 Reference Numbers Facility ID 6009096
 Health Service Area 007 Planning Service Area 702

Administrator
 Steven St. Louis

Contact Person and Telephone
 Steven St. Louis
 847-825-5531

Registered Agent Information
 Craig P. Colmar
 1001 E. Touhy Avenue, Suite 50
 Des Plaines, IL 60018

FACILITY OWNERSHIP
 NON-PROF CORPORATION

CONTINUING CARE COMMUNITY No
 LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	11
Blood Disorders	6
*Nervous System Non Alzheimer	5
Alzheimer Disease	10
Mental Illness	7
Developmental Disability	0
Circulatory System	23
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	5
Skin Disorders	5
Musculo-skeletal Disorders	9
Injuries and Poisonings	3
Other Medical Conditions	20
Non-Medical Conditions	0
TOTALS	113
Total Residents Diagnosed as Mentally Ill 7	

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2009	
		SET-UP	USED					Residents on 1/1/2009	
Nursing Care	140	140	126	140	113	27	43	44	111
Skilled Under 22	0	0	0	0	0	0	0	0	321
Intermediate DD	0	0	0	0	0	0	0	0	319
Sheltered Care	0	0	0	0	0	0	0	0	113
TOTAL BEDS	140	140	126	140	113	27	43	44	Identified Offenders 0

FACILITY UTILIZATION - 2009

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	7842	50.0%	14675	91.4%	0	69	18652	0	41238	80.7%	80.7%
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	0	0	0.0%	0.0%
TOTALS	7842	50.0%	14675	91.4%	0	69	18652	0	41238	80.7%	80.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009

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	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	3	4	0	0	0	0	0	0	3	4	7
75 to 84	8	16	0	0	0	0	0	0	8	16	24
85+	16	65	0	0	0	0	0	0	16	65	81
TOTALS	27	86	0	0	0	0	0	0	27	86	113

ST. MATTHEW CENTER FOR HEALTH

1601 NORTH WESTERN AVENUE

PARK RIDGE, IL. 60068

Reference Numbers Facility ID 6009096

Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Other				Private Pay	Charity Care	TOTALS
	Medicare	Medicaid	Public Insurance				
Nursing Care	26	37	0	0	50	0	113
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	26	37	0	0	50	0	113

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	228	218
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	111	0	0	0	111
Race Unknown	0	0	0	0	0
Total	113	0	0	0	113

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	113	0	0	0	113
Ethnicity Unknown	0	0	0	0	0
Total	113	0	0	0	113

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	33.00
LPN's	5.50
Certified Aides	57.00
Other Health Staff	10.00
Non-Health Staff	63.17
Totals	171.67

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
32.6%	14.6%	0.0%	0.0%	52.8%	100.0%	0	0.0%
3,414,930	1,526,854	0	0	5,524,516	10,466,300		

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

There's a new MapQuest - come try it out!



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★ Starting Location

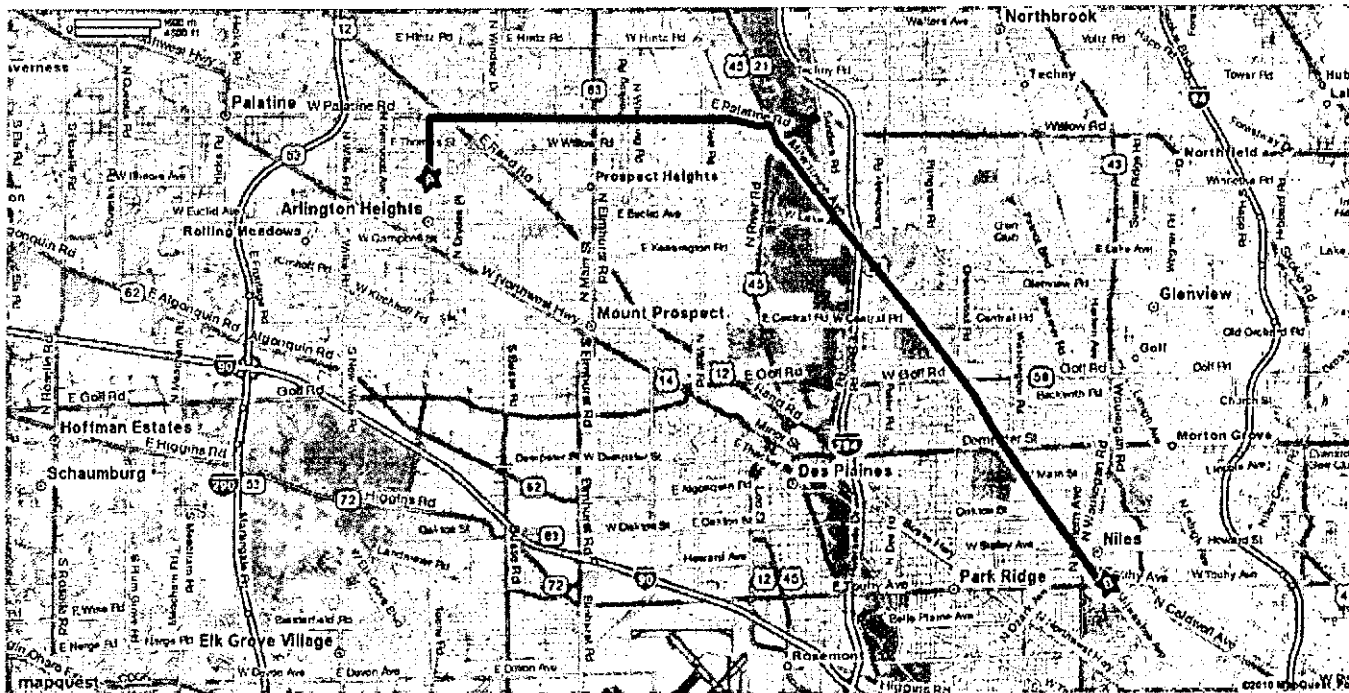
1200 N Arlington Heights Rd
Arlington Heights, IL 60004-4741

✪ Ending Location

6930 W Touhy Ave
Niles, IL 60714-4522

Total Travel Estimate: 26 minutes / 13.68 miles Fuel Cost: [Calculate](#)

St. Benedict Nursing



★ 1200 N Arlington Heights Rd Edit
Arlington Heights, IL 60004-4741

1. Start out going NORTH on N ARLINGTON HEIGHTS RD toward E OLIVE ST. 0.9 mi
2. Turn RIGHT onto E PALATINE RD. 0.4 mi
3. Stay STRAIGHT to go onto PALATINE RD EXPRESS LN. 3.6 mi
4. Take the ramp toward IL-21/MILWAUKEE AVE/US-45. 0.1 mi
5. Stay STRAIGHT to go onto E PALATINE RD. 0.6 mi
6. Turn RIGHT onto N MILWAUKEE AVE/US-45/IL-21. Continue to follow N MILWAUKEE AVE. 8.1 mi
7. Turn LEFT onto W TOUHY AVE. 0.1 mi
8. 6930 W TOUHY AVE is on the LEFT.

✪ 6930 W Touhy Ave Edit
Niles, IL 60714-4522

Total Travel Estimate: 26 minutes / 13.68 miles Fuel Cost: [Calculate](#)

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ST. BENEDICT NURSING & REHAB		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
6930 WEST TOUHY AVENUE		Aggressive/Anti-Social 1		DIAGNOSIS	
NILES, IL. 60714		Chronic Alcoholism 1		Neoplasms 3	
Reference Numbers Facility ID 6008874		Developmentally Disabled 1		Endocrine/Metabolic 5	
Health Service Area 007 Planning Service Area 702		Drug Addiction 1		Blood Disorders 0	
Administrator		Medicaid Recipient 0		*Nervous System Non Alzheimer 8	
Peter Goschy		Medicare Recipient 0		Alzheimer Disease 0	
Contact Person and Telephone		Mental Illness 1		Mental Illness 0	
BRENDA DAVIS		Non-Ambulatory 0		Developmental Disability 0	
847-813-3712		Non-Mobile 0		Circulatory System 26	
Registered Agent Information		Public Aid Recipient 0		Respiratory System 28	
Sandra Bruce		Under 65 Years Old 0		Digestive System 10	
7435 West Talcott		Unable to Self-Medicat 0		Genitourinary System Disorders 4	
Chicago, IL 60631		Ventilator Dependent 1		Skin Disorders 0	
FACILITY OWNERSHIP		Infectious Disease w/ Isolation 0		Musculo-skeletal Disorders 0	
NON-PROF CORPORATION		Other Restrictions 0		Injuries and Poisonings 0	
CONTINUING CARE COMMUNITY		No Restrictions 0		Other Medical Conditions 12	
LIFE CARE FACILITY		No		Non-Medical Conditions 0	
		Date Completed 5/6/2010		TOTALS 96	
		Note: Reported restrictions denoted by 'I'		Total Residents Diagnosed as Mentally Ill 0	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS						ADMISSIONS AND DISCHARGES - 2009		Residents on 1/1/2009	96
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED			Total Admissions 2009	Total Discharges 2009
Nursing Care	99	99	99	99	96	3	99	99	150	150
Skilled Under 22	0	0	0	0	0	0		0	96	96
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	99	99	99	99	96	3	99	99		
									Identified Offenders	0

FACILITY UTILIZATION - 2009											
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 Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	7889	21.8%	5350	14.8%	0	0	21399	0	34638	95.9%	95.9%
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	0	0	0.0%	0.0%
TOTALS	7889	21.8%	5350	14.8%	0	0	21399	0	34638	95.9%	95.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009												
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	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	2	1	0	0	0	0	0	0	2	1	3	
75 to 84	9	18	0	0	0	0	0	0	9	18	27	
85+	10	56	0	0	0	0	0	0	10	56	66	
TOTALS	21	75	0	0	0	0	0	0	21	75	96	

ST. BENEDICT NURSING & REHAB

6930 WEST TOUHY AVENUE

NILES, IL. 60714

Reference Numbers Facility ID 6008874

Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS	
Nursing Care	22	16	0	0	58	0	96
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	22	16	0	0	58	0	96

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	261	233
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

STAFFING

RACE	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	96	0	0	0	96
Race Unknown	0	0	0	0	0
Total	96	0	0	0	96

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.68
LPN's	5.52
Certified Aides	40.61
Other Health Staff	43.00
Non-Health Staff	11.00
Totals	110.81

ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	96	0	0	0	96
Ethnicity Unknown	0	0	0	0	0
Total	96	0	0	0	96

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
39.8%	7.4%	0.0%	0.0%	52.7%	100.0%	0	0.0%
3,792,372	707,936	0	0	5,021,073	9,521,381	0	

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

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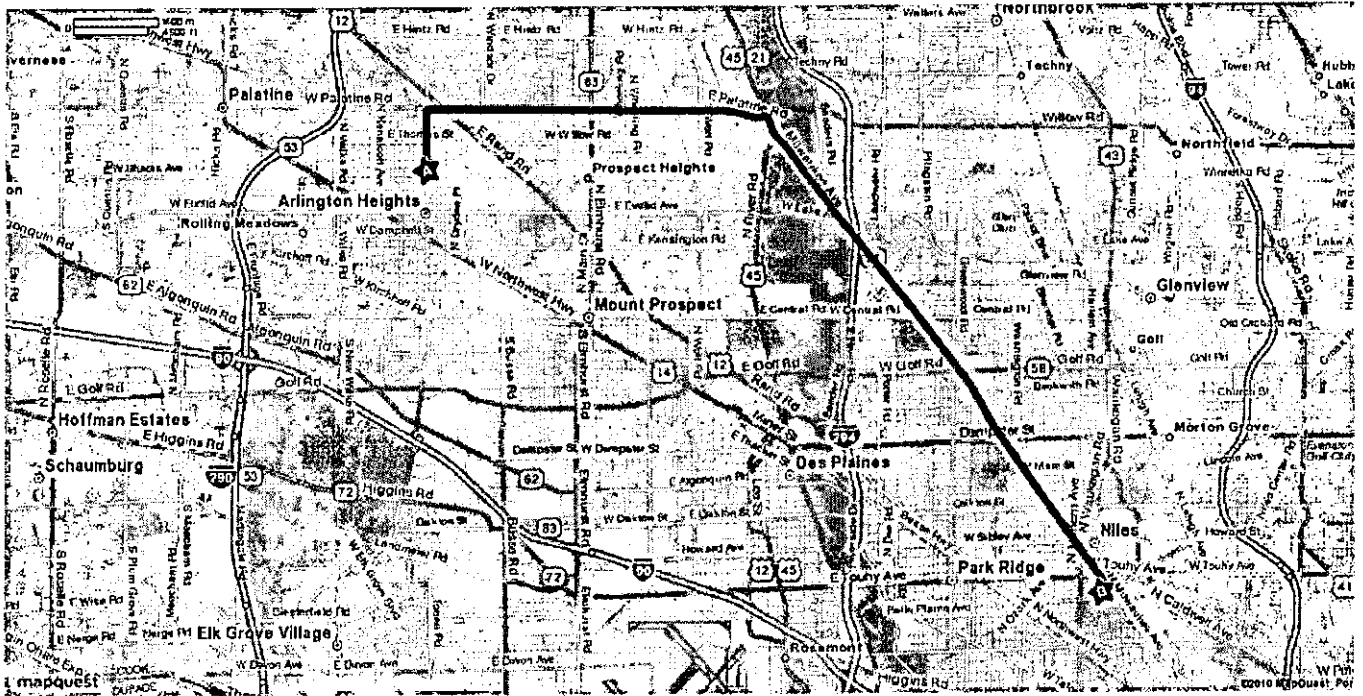
Starting Location
 1200 N Arlington Heights Rd
 Arlington Heights, IL 60004-4741



Ending Location
 7000 N Newark Ave
 Niles, IL 60714-4577

Total Travel Estimate: 27 minutes / 13.93 miles Fuel Cost: [Calculate](#)

St. Andrew Life Center



1200 N Arlington Heights Rd Edit
 Arlington Heights, IL 60004-4741

1. Start out going **NORTH** on **N ARLINGTON HEIGHTS RD** toward **E OLIVE ST.** 0.9 mi
2. Turn **RIGHT** onto **E PALATINE RD.** 0.4 mi
3. Stay **STRAIGHT** to go onto **PALATINE RD EXPRESS LN.** 3.6 mi
4. Take the ramp toward **IL-21/MILWAUKEE AVE/US-45.** 0.1 mi
5. Stay **STRAIGHT** to go onto **E PALATINE RD.** 0.6 mi
6. Turn **RIGHT** onto **N MILWAUKEE AVE/US-45/IL-21.** Continue to follow **N MILWAUKEE AVE.** 8.2 mi
7. Turn **RIGHT** onto **N NEWARK AVE.** 0.1 mi
8. Turn **LEFT** to stay on **N NEWARK AVE.** 0.1 mi
9. **7000 N NEWARK AVE.**

7000 N Newark Ave Edit
 Niles, IL 60714-4577

Total Travel Estimate: 27 minutes / 13.93 miles Fuel Cost: [Calculate](#)

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ST. ANDREW LIFE CENTER		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
7000 NORTH NEWARK		Aggressive/Anti-Social 0		DIAGNOSIS	
NILES, IL. 60714		Chronic Alcoholism 0		Neoplasms 0	
Reference Numbers	Facility ID 6008833	Developmentally Disabled 1		Endocrine/Metabolic 7	
Health Service Area 007	Planning Service Area 702	Drug Addiction 1		Blood Disorders 1	
Administrator		Medicaid Recipient 0		*Nervous System Non Alzheimer 0	
Anne Berg		Medicare Recipient 0		Alzheimer Disease 5	
Contact Person and Telephone		Mental Illness 0		Mental Illness 4	
BRENDA DAVIS		Non-Ambulatory 0		Developmental Disability 0	
847-813-3712		Non-Mobile 0		Circulatory System 12	
Registered Agent Information	Date Completed	Public Aid Recipient 0		Respiratory System 4	
Sandra Bruce	5/6/2010	Under 65 Years Old 0		Digestive System 3	
7435 West Talcott		Unable to Self-Medicare 0		Genitourinary System Disorders 1	
Chicago, IL 60631		Ventilator Dependent 1		Skin Disorders 3	
FACILITY OWNERSHIP		Infectious Disease w/ Isolation 0		Musculo-skeletal Disorders 3	
NON-PROF CORPORATION		Other Restrictions 0		Injuries and Poisonings 0	
CONTINUING CARE COMMUNITY	No	No Restrictions 0		Other Medical Conditions 3	
LIFE CARE FACILITY	No	<i>Note: Reported restrictions denoted by '1'</i>		Non-Medical Conditions 0	
				TOTALS 46	
				Total Residents Diagnosed as Mentally Ill 4	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS							ADMISSIONS AND DISCHARGES - 2009		
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	55	55	53	55	46	9	0	55	Total Admissions 2009	53
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2009	11
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2009	18
Sheltered Care	0	0	0	0	0	0	0	0	Identified Offenders	46
TOTAL BEDS	55	55	53	55	46	9	0	55		0

FACILITY UTILIZATION - 2009											
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 Set Up
	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%	7209	35.9%	0	0	11844	0	19053	94.9%	94.9%
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	0	0	0.0%	0.0%
TOTALS	0	0.0%	7209	35.9%	0	0	11844	0	19053	94.9%	94.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009											
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	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	1	0	0	0	0	0	0	0	1	0	1
75 to 84	3	5	0	0	0	0	0	0	3	5	8
85+	2	34	0	0	0	0	0	0	2	34	36
TOTALS	7	39	0	0	0	0	0	0	7	39	46

ST. ANDREW LIFE CENTER

7000 NORTH NEWARK

NILES, IL. 60714

Reference Numbers Facility ID 6008833

Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS	
Nursing Care	0	19	0	0	27	0	46
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	19	0	0	27	0	46

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	242	201
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	46	0	0	0	46
Race Unknown	0	0	0	0	0
Total	46	0	0	0	46

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	45	0	0	0	45
Ethnicity Unknown	0	0	0	0	0
Total	46	0	0	0	46

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	4.00
Certified Aides	15.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	24.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

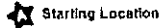
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
2.4%	24.2%	0.0%	0.0%	73.4%	100.0%		0.0%
89,265	906,510	0	0	2,749,568	3,745,343	0	

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

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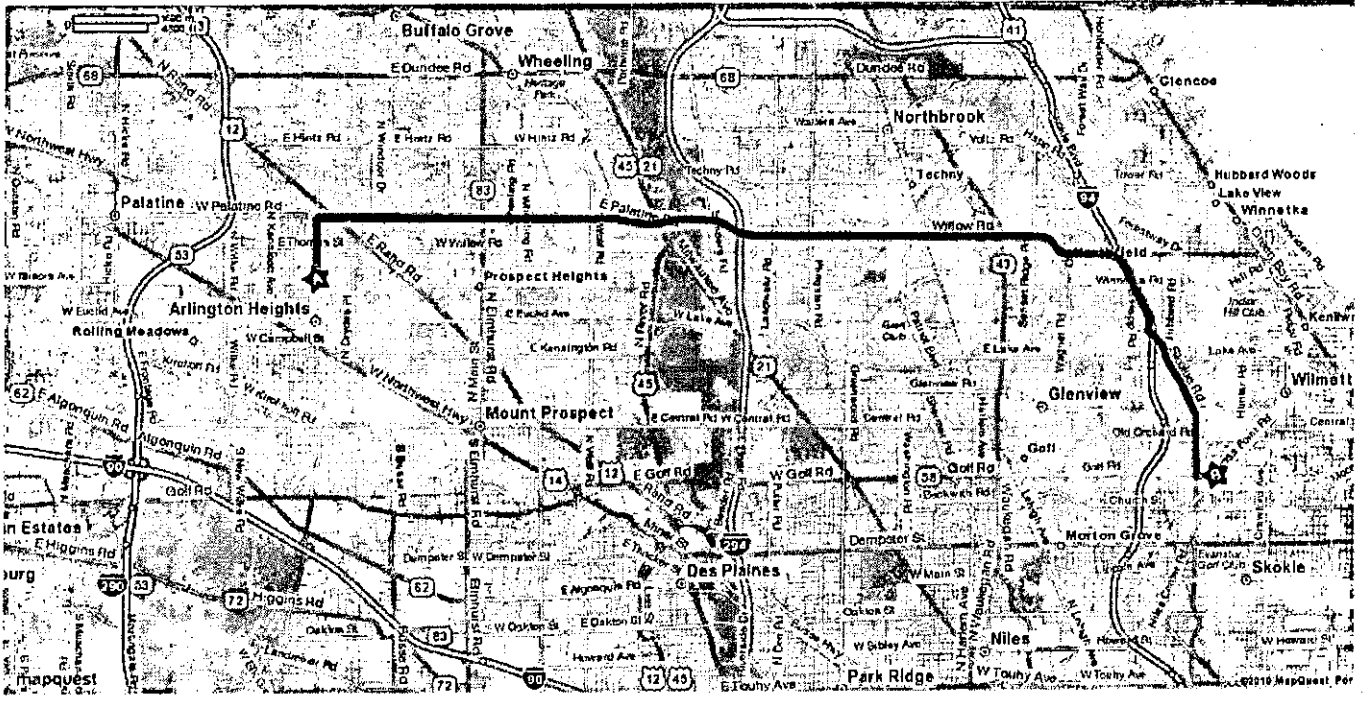
Starting Location
1200 N Arlington Heights Rd
Arlington Heights, IL 60004-4741



Ending Location
4600 Golf Rd
Skokie, IL 60076-1210

Total Travel Estimate: 28 minutes / 15.65 miles Fuel Cost: [Calculate](#)

Skokie Meadows II



1200 N Arlington Heights Rd Ed
Arlington Heights, IL 60004-4741

1. Start out going NORTH on N ARLINGTON HEIGHTS RD toward E OLIVE ST. 0.9 mi
2. Turn RIGHT onto E PALATINE RD. 0.4 mi
3. Stay STRAIGHT to go onto PALATINE RD EXPRESS LN. 4.5 mi
4. PALATINE RD EXPRESS LN becomes WILLOW RD. 6.1 mi
5. Merge onto I-94 E/EDENS EXPY E/US-41 S toward CHICAGO. 1.1 mi
6. Take the US-41 S/SKOKIE RD exit, EXIT 34A. 0.4 mi
7. Turn SLIGHT RIGHT onto US-41/SKOKIE RD. Continue to follow US-41. 2.0 mi
8. Turn LEFT onto GOLF RD. 0.3 mi
9. Make a U-TURN onto GOLF RD. 0.0 mi
10. 4600 GOLF RD is on the RIGHT.

4600 Golf Rd Ed
Skokie, IL 60076-1210

Total Travel Estimate: 28 minutes / 15.65 miles Fuel Cost: [Calculate](#)

SKOKIE MEADOWS NURSING CTR. II			ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
4600 WEST GOLF ROAD			Aggressive/Anti-Social	0	DIAGNOSIS		
SKOKIE, IL. 60076			Chronic Alcoholism	0	Neoplasms	0	
Reference Numbers	Facility ID	6008643	Developmentally Disabled	1	Endocrine/Metabolic	0	
Health Service Area	007	Planning Service Area	Drug Addiction	0	Blood Disorders	0	
702			Medicaid Recipient	0	*Nervous System Non Alzheimer	0	
Administrator			Medicare Recipient	0	Alzheimer Disease	0	
JOAN WILLEY			Mental Illness	0	Mental Illness	101	
Contact Person and Telephone			Non-Ambulatory	1	Developmental Disability	0	
MARK APPEL			Non-Mobile	1	Circulatory System	0	
847-679-1157			Public Aid Recipient	0	Respiratory System	0	
Registered Agent Information	Date Completed		Under 65 Years Old	0	Digestive System	0	
MARK APPEL	5/4/2010		Unable to Self-Medicate	0	Genitourinary System Disorders	0	
9615 N KNOX AVE			Ventilator Dependent	1	Skin Disorders	0	
SKOKIE, IL 60076			Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	0	
FACILITY OWNERSHIP			Other Restrictions	0	Injuries and Poisonings	0	
LIMITED LIABILITY CO			No Restrictions	0	Other Medical Conditions	0	
CONTINUING CARE COMMUNITY	No		<i>Note: Reported restrictions denoted by '1'</i>			TOTALS	101
LIFE CARE FACILITY	No					Total Residents Diagnosed as Mentally Ill	101

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2009	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	111	111	111	111	101	10	0	111	Total Admissions 2009	38
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2009	41
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2009	101
Sheltered Care	0	0	0	0	0	0	0	0	Identified Offenders	8
TOTAL BEDS	111	111	111	111	101	10	0	111		

FACILITY UTILIZATION - 2009												
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 Set Up	
	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%	26958	66.5%	10108	0	802	0	37868	93.5%	93.5%	
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	0	0	0.0%	0.0%	
TOTALS	0	0.0%	26958	66.5%	10108	0	802	0	37868	93.5%	93.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009												
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	12	1	0	0	0	0	0	0	12	1	13	
45 to 59	49	5	0	0	0	0	0	0	49	5	54	
60 to 64	20	2	0	0	0	0	0	0	20	2	22	
65 to 74	9	1	0	0	0	0	0	0	9	1	10	
75 to 84	2	0	0	0	0	0	0	0	2	0	2	
85+	0	0	0	0	0	0	0	0	0	0	0	
TOTALS	92	9	0	0	0	0	0	0	92	9	101	

SKOKIE MEADOWS NURSING CTR. II

4600 WEST GOLF ROAD
SKOKIE, IL. 60076

Reference Numbers Facility ID 6008643

Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS	
Nursing Care	0	70	29	0	2	0	101
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	70	29	0	2	0	101

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	132	132
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	8	0	0	0	8
Amer. Indian	0	0	0	0	0
Black	31	0	0	0	31
Hawaiian/Pac. Isl.	0	0	0	0	0
White	62	0	0	0	62
Race Unknown	0	0	0	0	0
Total	101	0	0	0	101

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	95	0	0	0	95
Ethnicity Unknown	0	0	0	0	0
Total	101	0	0	0	101

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	1.00
Certified Aides	16.00
Other Health Staff	0.00
Non-Health Staff	28.00
Totals	58.00

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%	66.6%	31.2%	0.0%	2.2%	100.0%		0.0%
0	3,279,063	1,534,006	0	107,048	4,920,117	0	

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

There's a new MapQuest - come try it out!



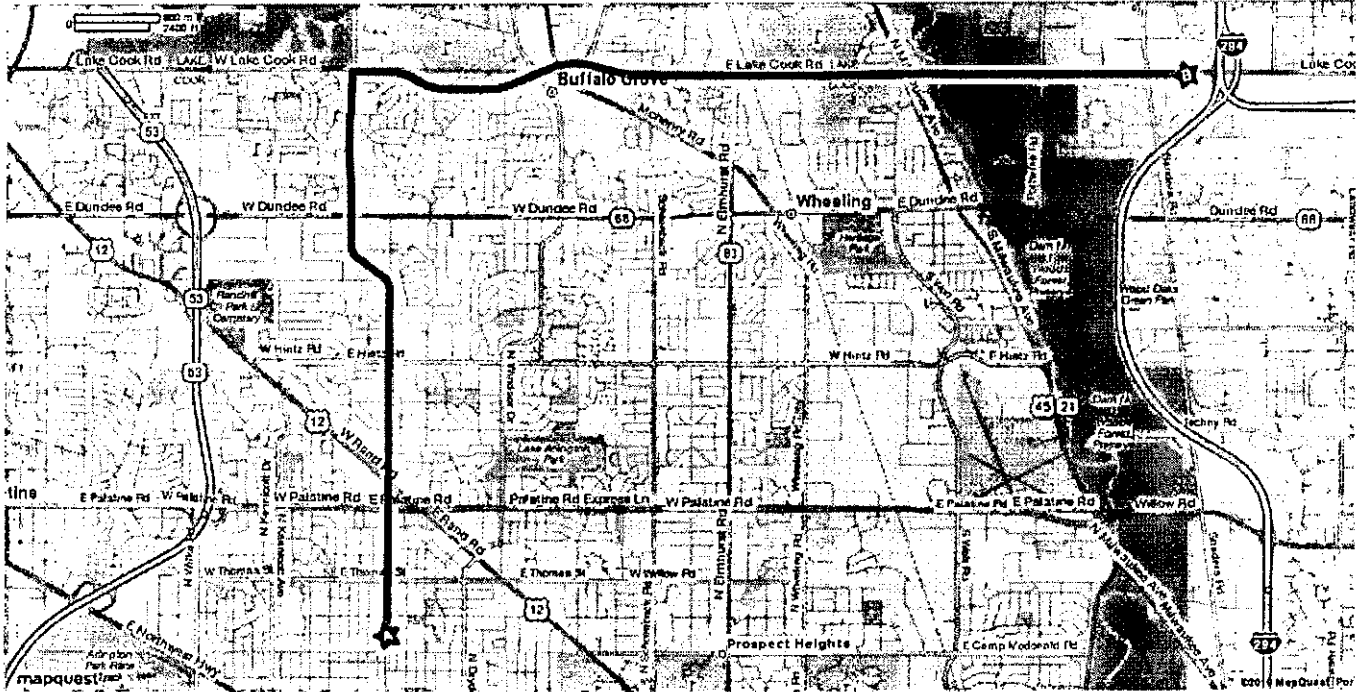
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Starting Location
 1200 N Arlington Heights Rd
 Arlington Heights, IL 60004-4741

Ending Location
 4101 Lake Cook Rd
 Northbrook, IL 60062-1112

Total Travel Estimate: 16 minutes / 9.52 miles Fuel Cost: [Calculate](#)

Rosewood Care Center



1200 N Arlington Heights Rd Eds
 Arlington Heights, IL 60004-4741

- Start out going NORTH on N ARLINGTON HEIGHTS RD toward E OLIVE ST. 4.0 mi
- Turn RIGHT onto W LAKE COOK RD. 5.5 mi
- 4101 LAKE COOK RD is on the RIGHT.

4101 Lake Cook Rd Eds
 Northbrook, IL 60062-1112

Total Travel Estimate: 16 minutes / 9.52 miles Fuel Cost: [Calculate](#)

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ROSEWOOD CARE CTR-NORTHBROOK			ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
4101 LAKE COOK ROAD			Aggressive/Anti-Social	0	DIAGNOSIS		
NORTHBROOK, IL. 60062			Chronic Alcoholism	0	Neoplasms	19	
Reference Numbers	Facility ID	6019723	Developmentally Disabled	0	Endocrine/Metabolic	11	
Health Service Area	007	Planning Service Area	702	Drug Addiction	1	Blood Disorders	0
Administrator			Medicaid Recipient	0	*Nervous System Non Alzheimer	14	
Amy Saltzman			Medicare Recipient	0	Alzheimer Disease	9	
Contact Person and Telephone			Mental Illness	0	Mental Illness	0	
JAN POELKER			Non-Ambulatory	0	Developmental Disability	0	
314-994-9070, ext. 3025			Non-Mobile	0	Circulatory System	7	
Registered Agent Information	Date Completed	5/3/2010	Public Aid Recipient	0	Respiratory System	12	
Daniel Maher			Under 65 Years Old	0	Digestive System	0	
412 E. Lawrence			Unable to Self-Medicare	0	Genitourinary System Disorders	1	
Springfield, IL 62703			Ventilator Dependent	1	Skin Disorders	0	
FACILITY OWNERSHIP			Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	14	
FOR-PROF CORPORATION			Other Restrictions	0	Injuries and Poisonings	0	
CONTINUING CARE COMMUNITY	No	Note: Reported restrictions denoted by 'I'		No Restrictions	0	Other Medical Conditions	34
LIFE CARE FACILITY	No				0	Non-Medical Conditions	0
					TOTALS	121	
					Total Residents Diagnosed as Mentally Ill	10	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS							ADMISSIONS AND DISCHARGES - 2009		
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	128
Nursing Care	147	147	132	147	121	26	147	112	Total Admissions 2009	247
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2009	254
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2009	121
Sheltered Care	0	0	0	0	0	0			Identified Offenders	0
TOTAL BEDS	147	147	132	147	121	26	147	112		

FACILITY UTILIZATION - 2009
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	5210	9.7%	34658	84.8%	0	146	6251	0	46265	86.2%	86.2%
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	0	0	0.0%	0.0%
TOTALS	5210	9.7%	34658	84.8%	0	146	6251	0	46265	86.2%	86.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009

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	4	0	0	0	0	0	0	0	4	4
65 to 74	0	2	0	0	0	0	0	0	0	2	2
75 to 84	3	4	0	0	0	0	0	0	3	4	7
85+	21	87	0	0	0	0	0	0	21	87	108
TOTALS	24	97	0	0	0	0	0	0	24	97	121

ROSEWOOD CARE CTR-NORTHBROOK

4101 LAKE COOK ROAD
NORTHBROOK, IL. 60062

Reference Numbers Facility ID 6019723

Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS	
Nursing Care	11	93	0	0	17	0	121
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	93	0	0	17	0	121

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	184	139
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SKUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	118	0	0	0	118
Race Unknown	0	0	0	0	0
Total	121	0	0	0	121

ETHNICITY	Nursing	SKUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	117	0	0	0	117
Ethnicity Unknown	0	0	0	0	0
Total	121	0	0	0	121

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	23.00
LPN's	7.00
Certified Aides	46.00
Other Health Staff	7.00
Non-Health Staff	43.00
Totals	128.00

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
36.6%	48.8%	0.0%	0.7%	13.9%	100.0%	0	0.0%
1,645,423	2,197,654	0	33,470	624,766	4,501,313		

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

FACILITY NOTES

Owner Chang 1/1/2009 Change of ownership occurred.

There's a new MapQuest - come try it out!



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★ Starting Location

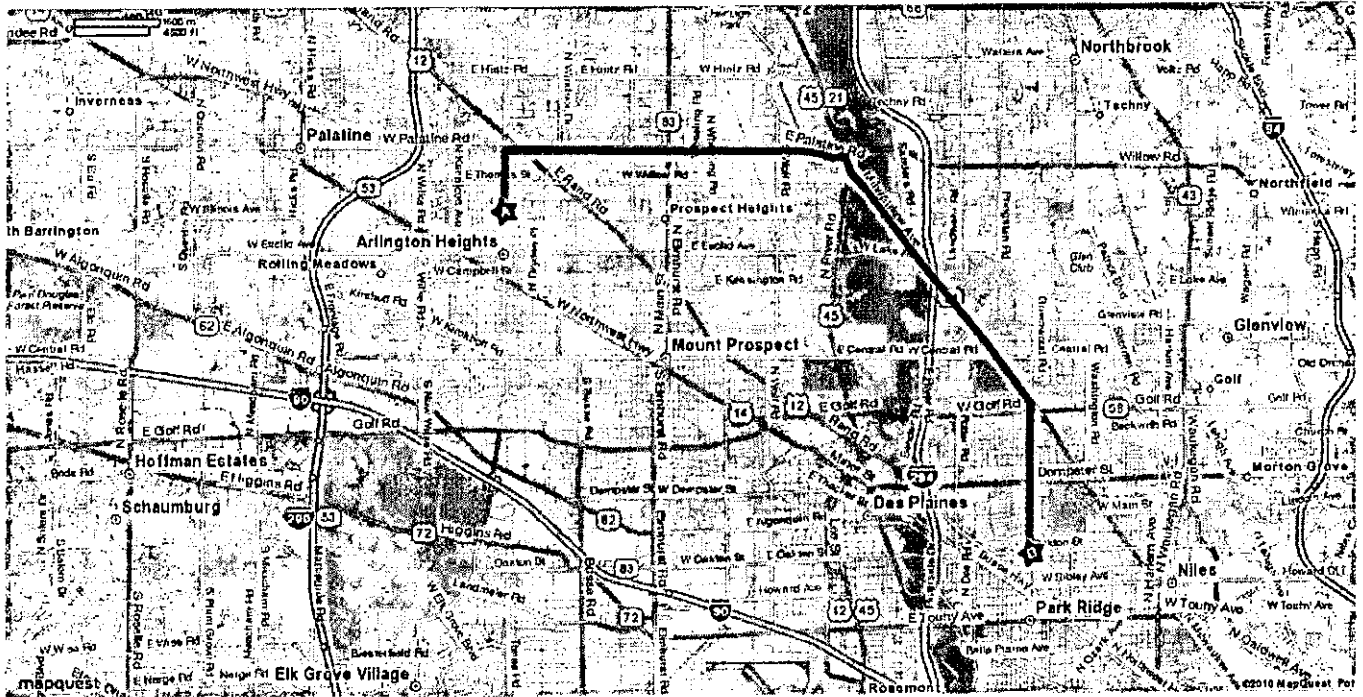
1200 N Arlington Heights Rd
Arlington Heights, IL 60004-4741

★ Ending Location

1001 N Greenwood Ave
Park Ridge, IL 60068-2054

Total Travel Estimate: 22 minutes / 12.07 miles Fuel Cost: [Calculate](#)

Resurrection Nursing



★ 1200 N Arlington Heights Rd Eds
Arlington Heights, IL 60004-4741

- | | | |
|-------|--|--------|
| START | Start out going NORTH on N ARLINGTON HEIGHTS RD toward E OLIVE ST. | 0.9 mi |
| ➡ | Turn RIGHT onto E PALATINE RD. | 0.4 mi |
| ➡ | Stay STRAIGHT to go onto PALATINE RD EXPRESS LN. | 3.6 mi |
| ⬇ | Take the ramp toward IL-21/MILWAUKEE AVE/US-45. | 0.1 mi |
| ➡ | Stay STRAIGHT to go onto E PALATINE RD. | 0.6 mi |
| ➡ 21 | Turn RIGHT onto N MILWAUKEE AVE/US-45/IL-21. Continue to follow N MILWAUKEE AVE/IL-21. | 4.4 mi |
| ➡ | Turn SLIGHT RIGHT onto N GREENWOOD AVE. | 2.2 mi |
| END | 1001 N GREENWOOD AVE is on the LEFT. | |

★ 1001 N Greenwood Ave Eds
Park Ridge, IL 60068-2054

Total Travel Estimate: 22 minutes / 12.07 miles Fuel Cost: [Calculate](#)

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RESURRECTION NSG & REHAB CTR		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
1001 NORTH GREENWOOD AVENUE		Aggressive/Anti-Social 1		DIAGNOSIS	
PARK RIDGE, IL. 60068		Chronic Alcoholism 1		Neoplasms 31	
Reference Numbers	Facility ID 6007892	Developmentally Disabled 1		Endocrine/Metabolic 0	
Health Service Area 007	Planning Service Area 702	Drug Addiction 1		Blood Disorders 0	
Administrator		Medicaid Recipient 0		*Nervous System Non Alzheimer 58	
James Farlee		Medicare Recipient 0		Alzheimer Disease 26	
Contact Person and Telephone		Mental Illness 1		Mental Illness 0	
BRENDA DAVIS		Non-Ambulatory 0		Developmental Disability 0	
847-813-3712		Non-Mobile 0		Circulatory System 69	
Registered Agent Information	Date Completed	Public Aid Recipient 0		Respiratory System 41	
Sandra Bruce	5/6/2010	Under 65 Years Old 0		Digestive System 0	
7435 West Talcott		Unable to Self-Medicare 0		Genitourinary System Disorders 12	
Chicago, IL 60631		Ventilator Dependent 1		Skin Disorders 0	
FACILITY OWNERSHIP		Infectious Disease w/ Isolation 0		Musculo-skeletal Disorders 25	
NON-PROF CORPORATION		Other Restrictions 0		Injuries and Poisonings 0	
CONTINUING CARE COMMUNITY	No	No Restrictions 0		Other Medical Conditions 0	
LIFE CARE FACILITY	No	<i>Note: Reported restrictions denoted by 'I'</i>		Non-Medical Conditions 0	
				TOTALS 262	
				Total Residents Diagnosed as Mentally Ill 0	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS							ADMISSIONS AND DISCHARGES - 2009		
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	298	285	262	262	262	36	298	298	243	Total Admissions 2009 603
Skilled Under 22	0	0	0	0	0	0		0		Total Discharges 2009 584
Intermediate DD	0	0	0	0	0	0		0		Residents on 12/31/2009 262
Sheltered Care	0	0	0	0	0	0				Identified Offenders 1
TOTAL BEDS	298	285	262	262	262	36	298	298		

FACILITY UTILIZATION - 2009											
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 Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	20742	19.1%	41546	38.2%	0	2026	21347	1068	86729	79.7%	83.4%
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	0	0	0.0%	0.0%
TOTALS	20742	19.1%	41546	38.2%	0	2026	21347	1068	86729	79.7%	83.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009											
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	5	3	0	0	0	0	0	0	5	3	8
60 to 64	5	9	0	0	0	0	0	0	5	9	14
65 to 74	16	21	0	0	0	0	0	0	16	21	37
75 to 84	20	49	0	0	0	0	0	0	20	49	69
85+	22	112	0	0	0	0	0	0	22	112	134
TOTALS	68	194	0	0	0	0	0	0	68	194	262

RESURRECTION NSG & REHAB CTR
 1001 NORTH GREENWOOD AVENUE
 PARK RIDGE, IL. 60068

Reference Numbers Facility ID 6007892
 Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS	
Nursing Care	52	136	0	8	62	4	262
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	52	136	0	8	62	4	262

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	261	220
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

STAFFING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	4	0	0	0	4
Amer. Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	254	0	0	0	254
Race Unknown	0	0	0	0	0
Total	262	0	0	0	262

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	59.50
LPN's	3.00
Certified Aides	92.00
Other Health Staff	10.00
Non-Health Staff	89.00
Totals	255.50

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	260	0	0	0	260
Ethnicity Unknown	0	0	0	0	0
Total	262	0	0	0	262

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
48.2%	25.9%	0.0%	0.0%	25.9%	100.0%		0.1%
9,977,713	5,363,092	0	0	5,373,527	20,714,332	26,938	

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

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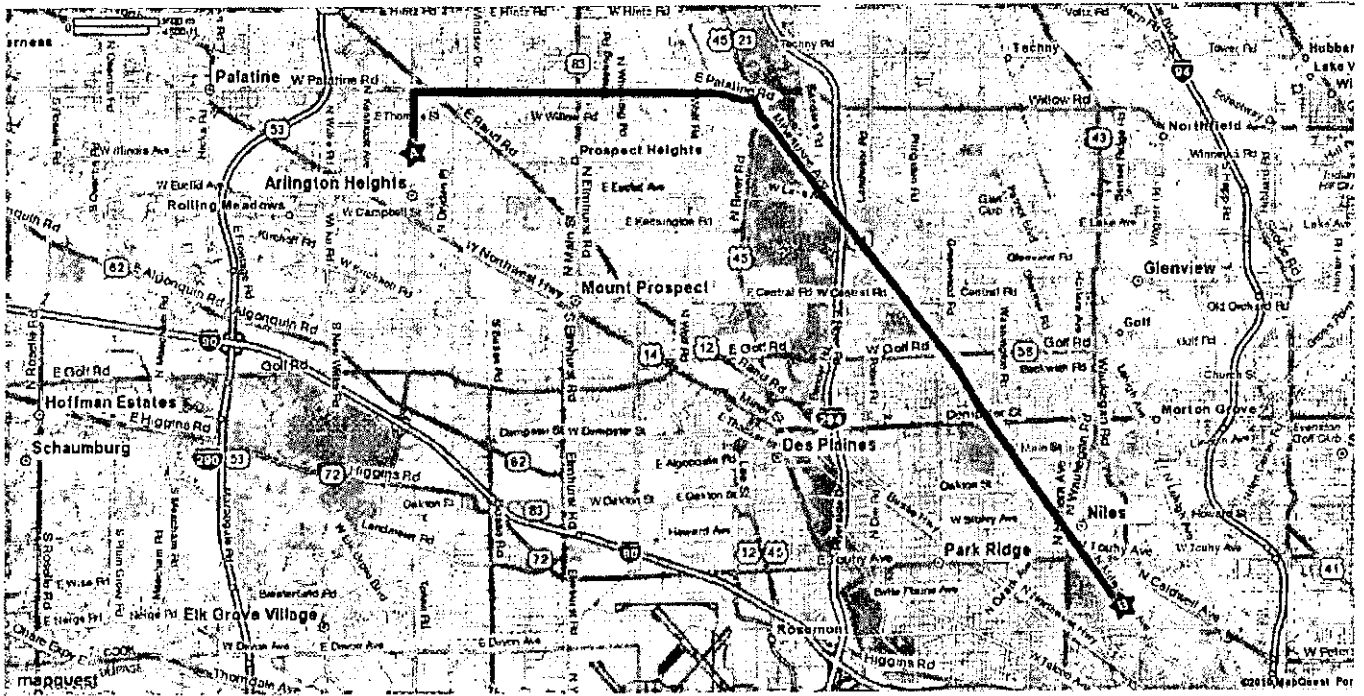
1200 N Arlington Heights Rd
Arlington Heights, IL 60004-4741



6631 N Milwaukee Ave
Niles, IL 60714-4416

Total Travel Estimate: 27 minutes / 14.43 miles Fuel Cost: [Calculate](#)

Regency Healthcare



1200 N Arlington Heights Rd Ed
Arlington Heights, IL 60004-4741

1. Start out going NORTH on N ARLINGTON HEIGHTS RD toward E OLIVE ST. 0.9 mi
2. Turn RIGHT onto E PALATINE RD. 0.4 mi
3. Stay STRAIGHT to go onto PALATINE RD EXPRESS LN. 3.6 mi
4. Take the ramp toward IL-21/MILWAUKEE AVE/US-45. 0.1 mi
5. Stay STRAIGHT to go onto E PALATINE RD. 0.6 mi
6. Turn RIGHT onto N MILWAUKEE AVE/US-45/IL-21. Continue to follow N MILWAUKEE AVE. 8.9 mi
7. 6631 N MILWAUKEE AVE is on the LEFT.

6631 N Milwaukee Ave Ed
Niles, IL 60714-4416

Total Travel Estimate: 27 minutes / 14.43 miles Fuel Cost: [Calculate](#)

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REGENCY REHABILITATION CENTER		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
6631 MILWAUKEE AVENUE		Aggressive/Anti-Social 1		DIAGNOSIS	
NILES, IL. 60714		Chronic Alcoholism 1		Neoplasms 2	
Reference Numbers	Facility ID 6007793	Developmentally Disabled 0		Endocrine/Metabolic 10	
Health Service Area 007	Planning Service Area 702	Drug Addiction 1		Blood Disorders 5	
Administrator		Medicaid Recipient 0		*Nervous System Non Alzheimer 24	
Lori Barrish		Medicare Recipient 0		Alzheimer Disease 85	
Contact Person and Telephone		Mental Illness 0		Mental Illness 7	
Lori Barrish		Non-Ambulatory 0		Developmental Disability 0	
847-647-7444		Non-Mobile 0		Circulatory System 12	
Registered Agent Information		Public Aid Recipient 0		Respiratory System 23	
Steve Sher		Under 65 Years Old 0		Digestive System 11	
5750 Old Orchard Road Suite 450		Unable to Self-Medicare 0		Genitourinary System Disorders 6	
Skokie, IL 60077		Ventilator Dependent 1		Skin Disorders 0	
FACILITY OWNERSHIP		Infectious Disease w/ Isolation 0		Musculo-skeletal Disorders 18	
LIMITED LIABILITY CO		Other Restrictions 0		Injuries and Poisonings 2	
CONTINUING CARE COMMUNITY		No Restrictions 0		Other Medical Conditions 28	
LIFE CARE FACILITY		No		Non-Medical Conditions 0	
		No		TOTALS 233	
				Total Residents Diagnosed as Mentally Ill 43	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2009	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	300	300	241	300	233	67	300	300	244	387
Skilled Under 22	0	0	0	0	0	0	0	0		398
Intermediate DD	0	0	0	0	0	0	0	0		233
Sheltered Care	0	0	0	0	0	0	0	0	Identified Offenders	0
TOTAL BEDS	300	300	241	300	233	67	300	300		

FACILITY UTILIZATION - 2009												
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	12557	11.5%	57341	52.4%	1795	834	15268	0	87795	80.2%	80.2%	
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	0	0	0.0%	0.0%	
TOTALS	12557	11.5%	57341	52.4%	1795	834	15268	0	87795	80.2%	80.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009												
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	2	2	0	0	0	0	0	0	2	2	4	
45 to 59	9	12	0	0	0	0	0	0	9	12	21	
60 to 64	12	4	0	0	0	0	0	0	12	4	16	
65 to 74	22	20	0	0	0	0	0	0	22	20	42	
75 to 84	24	39	0	0	0	0	0	0	24	39	63	
85+	20	67	0	0	0	0	0	0	20	67	87	
TOTALS	89	144	0	0	0	0	0	0	89	144	233	

REGENCY REHABILITATION CENTER

6631 MILWAUKEE AVENUE
NILES, IL. 60714

Reference Numbers Facility ID 6007793

Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS	
Nursing Care	24	169	5	3	32	0	233
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	24	169	5	3	32	0	233

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	225	190
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	5	0	0	0	5
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	11	0	0	0	11
White	214	0	0	0	214
Race Unknown	0	0	0	0	0
Total	233	0	0	0	233

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	16	0	0	0	16
Non-Hispanic	217	0	0	0	217
Ethnicity Unknown	0	0	0	0	0
Total	233	0	0	0	233

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	21.00
LPN's	13.00
Certified Aides	73.00
Other Health Staff	6.00
Non-Health Staff	65.00
Totals	181.00

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
33.4%	36.7%	1.4%	2.2%	26.2%	100.0%	0	0.0%
5,547,581	6,098,505	231,980	371,470	4,345,094	16,594,630		

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

There's a new MapQuest - come try it out!



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★ Starting Location

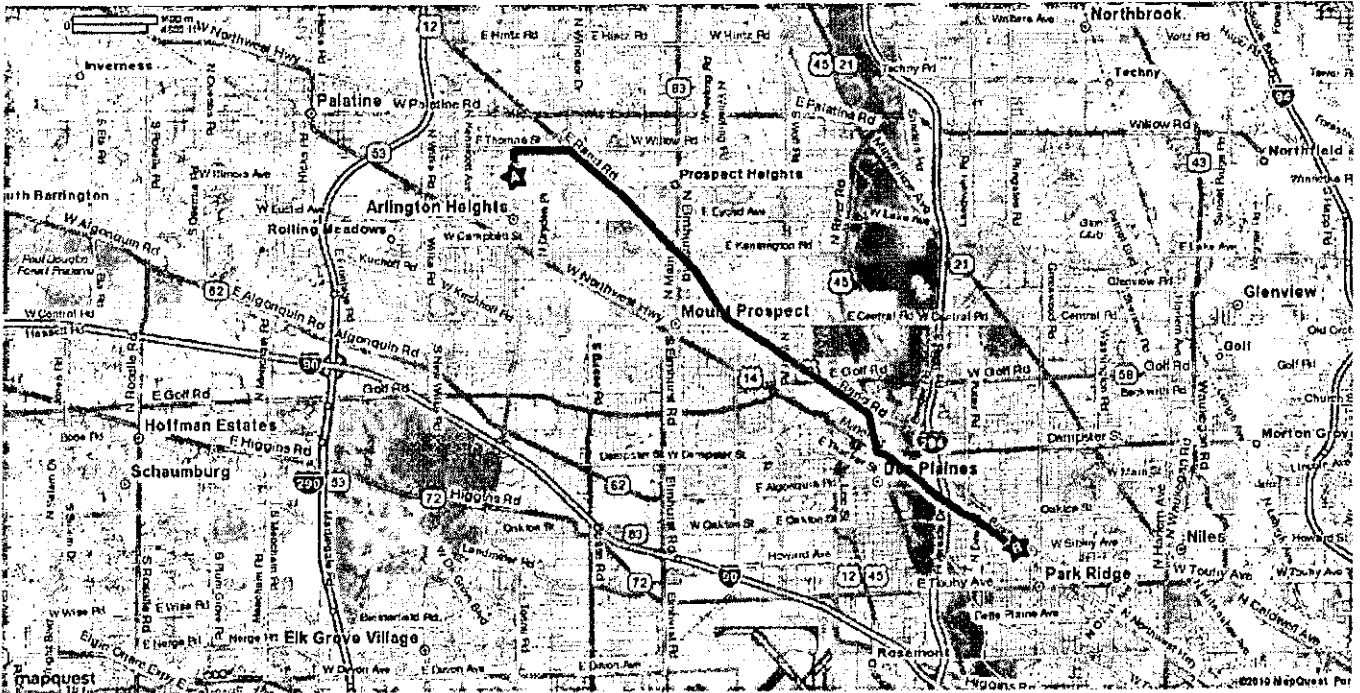
1200 N Arlington Heights Rd
Arlington Heights, IL 60004-4741

★ Ending Location

665 Busse Hwy
Park Ridge, IL 60068-2523

Total Travel Estimate: 22 minutes / 9.72 miles Fuel Cost [Calculate](#)

Park Ridge Care Center



★ 1200 N Arlington Heights Rd Edit
Arlington Heights, IL 60004-4741

1. Start out going NORTH on N ARLINGTON HEIGHTS RD toward E OLIVE ST. 0.4 mi
2. Turn RIGHT onto E THOMAS ST. 0.8 mi
3. Turn SLIGHT RIGHT onto US-12/E RAND RD. 5.7 mi
4. Turn SLIGHT RIGHT onto US-12/US-45/S DES PLAINES RIVER RD/S RIVER RD. Continue to follow S DES PLAINES RIVER RD. 0.6 mi
5. Turn SLIGHT LEFT onto US-14/MINER ST/E NORTHWEST HWY. 0.1 mi
6. Turn RIGHT onto BUSSE HWY. 2.3 mi
7. 665 BUSSE HWY is on the LEFT.

★ 665 Busse Hwy Edit
Park Ridge, IL 60068-2523

Total Travel Estimate: 22 minutes / 9.72 miles Fuel Cost [Calculate](#)

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PARK RIDGE CARE CENTER		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
665 BUSSE HIGHWAY		Aggressive/Anti-Social 1		DIAGNOSIS	
PARK RIDGE, IL. 60068		Chronic Alcoholism 1		Neoplasms 0	
Reference Numbers	Facility ID 6007157	Developmentally Disabled 0		Endocrine/Metabolic 4	
Health Service Area 007	Planning Service Area 702	Drug Addiction 1		Blood Disorders 0	
Administrator		Medicaid Recipient 0		*Nervous System Non Alzheimer 2	
rob weisz		Medicare Recipient 0		Alzheimer Disease 18	
Contact Person and Telephone		Mental Illness 0		Mental Illness 0	
ROB WEISZ		Non-Ambulatory 0		Developmental Disability 0	
847-825-5517		Non-Mobile 0		Circulatory System 0	
Registered Agent Information	Date Completed 5/10/2010	Public Aid Recipient 0		Respiratory System 2	
		Under 65 Years Old 0		Digestive System 0	
		Unable to Self-Medicat 0		Genitourinary System Disorders 0	
		Ventilator Dependent 1		Skin Disorders 0	
		Infectious Disease w/ Isolation 0		Musculo-skeletal Disorders 0	
FACILITY OWNERSHIP		Other Restrictions 0		Injuries and Poisonings 6	
FOR-PROF CORPORATION		No Restrictions 0		Other Medical Conditions 9	
CONTINUING CARE COMMUNITY	No	<i>Note: Reported restrictions denoted by 'I'</i>		Non-Medical Conditions 0	
LIFE CARE FACILITY	No			TOTALS 41	
				Total Residents Diagnosed as Mentally Ill 3	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS						ADMISSIONS AND DISCHARGES - 2009			
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	46	46	42	46	41	5	46	46	Total Admissions 2009	38
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2009	45
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2009	42
Sheltered Care	0	0	0	0	0	0	0	0	Identified Offenders	41
TOTAL BEDS	46	46	42	46	41	5	46	46		0

FACILITY UTILIZATION - 2009											
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 Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1332	7.9%	11750	70.0%	0	362	485	0	13929	83.0%	83.0%
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	0	0	0.0%	0.0%
TOTALS	1332	7.9%	11750	70.0%	0	362	485	0	13929	83.0%	83.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009											
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	2	0	0	0	0	0	0	0	2	0	2
45 to 59	2	5	0	0	0	0	0	0	2	5	7
60 to 64	3	8	0	0	0	0	0	0	3	8	11
65 to 74	4	6	0	0	0	0	0	0	4	6	10
75 to 84	3	4	0	0	0	0	0	0	3	4	7
85+	2	2	0	0	0	0	0	0	2	2	4
TOTALS	16	25	0	0	0	0	0	0	16	25	41

PARK RIDGE CARE CENTER

665 BUSSE HIGHWAY

PARK RIDGE, IL. 60068

Reference Numbers Facility ID 6007157

Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS	
Nursing Care	3	36	0	1	1	0	41
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	36	0	1	1	0	41

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	145
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	40	0	0	0	40
Race Unknown	0	0	0	0	0
Total	41	0	0	0	41

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	39	0	0	0	39
Ethnicity Unknown	0	0	0	0	0
Total	41	0	0	0	41

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	1.00
Certified Aldes	15.00
Other Health Staff	0.00
Non-Health Staff	18.00
Totals	42.00

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
9.8%	85.7%	0.0%	0.0%	4.4%	100.0%		0.0%
173,309	1,511,823	0	0	78,305	1,763,437	0	

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

There's a new MapQuest - come try it out!



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★ Starting Location

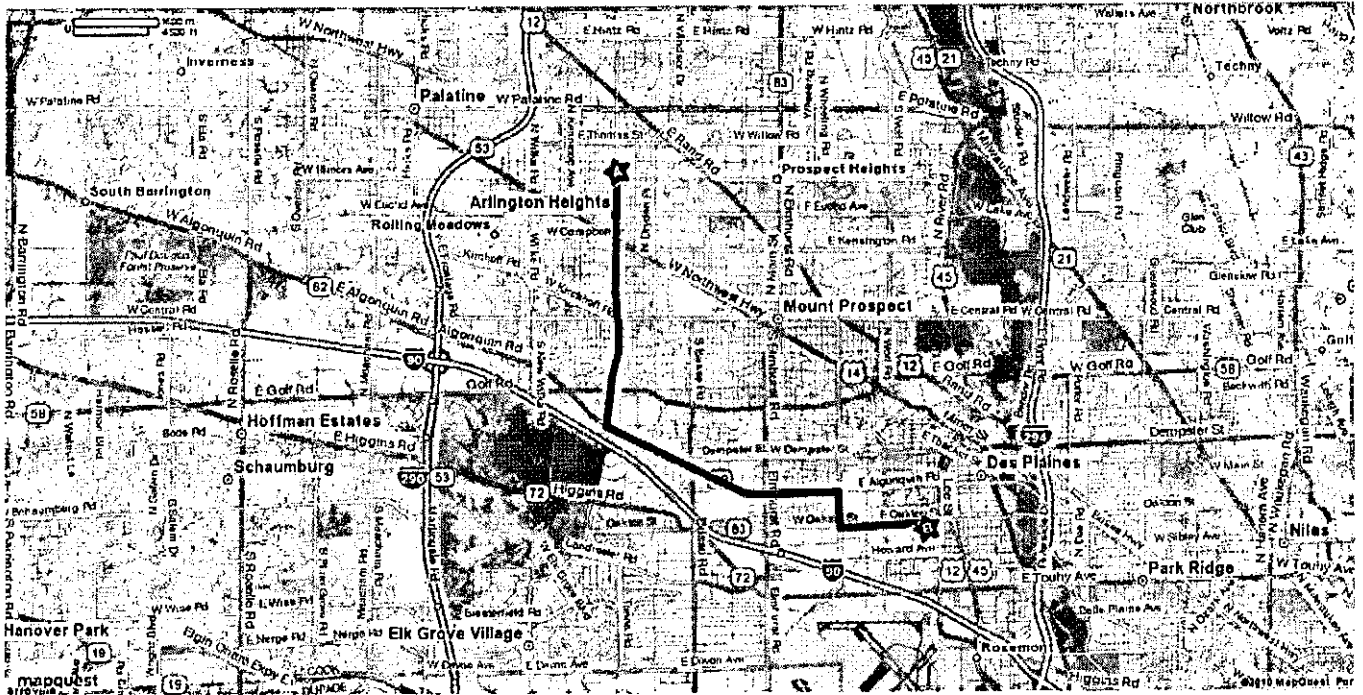
1200 N Arlington Heights Rd
Arlington Heights, IL 60004-4741

★ Ending Location

1660 Oakton Pl
Des Plaines, IL 60018-2045

Total Travel Estimate: 20 minutes / 8.91 miles Fuel Cost [Calculate](#)

Oakton Pavilion



★ 1200 N Arlington Heights Rd Edt
Arlington Heights, IL 60004-4741

- | | | |
|--|---|--------|
| | Start out going SOUTH on N ARLINGTON HEIGHTS RD toward E OAKTON ST. | 3.7 mi |
| | Turn LEFT onto E ALGONQUIN RD/IL-62. Continue to follow E ALGONQUIN RD. | 3.4 mi |
| | Turn RIGHT onto S MT PROSPECT RD. | 0.5 mi |
| | Turn LEFT onto E OAKTON ST. | 1.2 mi |
| | Turn RIGHT onto OAKTON PL. | 0.1 mi |
| | 1660 OAKTON PL is on the RIGHT. | |

★ 1660 Oakton Pl Edt
Des Plaines, IL 60018-2045

Total Travel Estimate: 20 minutes / 8.91 miles Fuel Cost [Calculate](#)

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OAKTON PAVILION		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
1660 OAKTON PLACE		Aggressive/Anti-Social 1		DIAGNOSIS	
DES PLAINES, IL. 60018		Chronic Alcoholism 1		Neoplasms 4	
Reference Numbers	Facility ID 6006837	Developmentally Disabled 1		Endocrine/Metabolic 6	
Health Service Area 007	Planning Service Area 702	Drug Addiction 1		Blood Disorders 1	
Administrator		Medicaid Recipient 0		*Nervous System Non Alzheimer 12	
Jay Lewkowitz		Medicare Recipient 0		Alzheimer Disease 0	
		Mental Illness 1		Mental Illness 4	
Contact Person and Telephone		Non-Ambulatory 0		Developmental Disability 3	
JAY LEWKOWITZ		Non-Mobile 0		Circulatory System 42	
847-299-5588		Public Aid Recipient 0		Respiratory System 10	
Registered Agent Information	Date Completed 4/12/2010	Under 65 Years Old 0		Digestive System 10	
Fred Weiss		Unable to Self-Medicare 0		Genitourinary System Disorders 23	
1745 W. Fulton St.		Ventilator Dependent 1		Skin Disorders 4	
Chicago, IL 60612		Infectious Disease w/ Isolation 0		Musculo-skeletal Disorders 6	
FACILITY OWNERSHIP		Other Restrictions 0		Injuries and Poisonings 15	
FOR-PROF CORPORATION		No Restrictions 0		Other Medical Conditions 26	
CONTINUING CARE COMMUNITY	No	<i>Note: Reported restrictions denoted by '1'</i>		Non-Medical Conditions 0	
LIFE CARE FACILITY	No			TOTALS 166	
				Total Residents Diagnosed as Mentally Ill 4	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS							ADMISSIONS AND DISCHARGES - 2009		
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	294	294	206	294	166	128	294	294	206	317
Skilled Under 22	0	0	0	0	0	0		0		357
Intermediate DD	0	0	0	0	0	0		0		166
Sheltered Care	0	0	0	0	0	0			Identified Offenders	0
TOTAL BEDS	294	294	206	294	166	128	294	294		

FACILITY UTILIZATION - 2009												
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE												
LEVEL OF CARE	Medicare		Medicaid		Other Public		Private Insurance	Private Pay	Charity Care	TOTAL Pat. days	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	6069	5.7%	34120	31.8%	3566	0	26353	0	70108	65.3%	65.3%	
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	0.0%	0	0	0	0	0	0.0%	0.0%	
TOTALS	6069	5.7%	34120	31.8%	3566	0	26353	0	70108	65.3%	65.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009											
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	1	0	0	0	0	0	0	0	1	1
65 to 74	7	8	0	0	0	0	0	0	7	8	15
75 to 84	12	28	0	0	0	0	0	0	12	28	40
85+	20	89	0	0	0	0	0	0	20	89	109
TOTALS	40	126	0	0	0	0	0	0	40	126	166

OAKTON PAVILION
 1660 OAKTON PLACE
 DES PLAINES, IL. 60018

Reference Numbers Facility ID 6006837
 Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS	
Nursing Care	16	90	2	0	58	0	166
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	90	2	0	58	0	166

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	230	193
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

STAFFING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	159	0	0	0	159
Race Unknown	3	0	0	0	3
Total	166	0	0	0	166

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	27.00
LPN's	6.00
Certified Aides	83.00
Other Health Staff	4.00
Non-Health Staff	74.00
Totals	197.00

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	165	0	0	0	165
Ethnicity Unknown	0	0	0	0	0
Total	166	0	0	0	166

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
16.1%	41.5%	0.2%	0.0%	42.2%	100.0%	0	0.0%
1,567,626	4,030,734	22,074	0	4,096,071	9,716,505		

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

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Starting Location

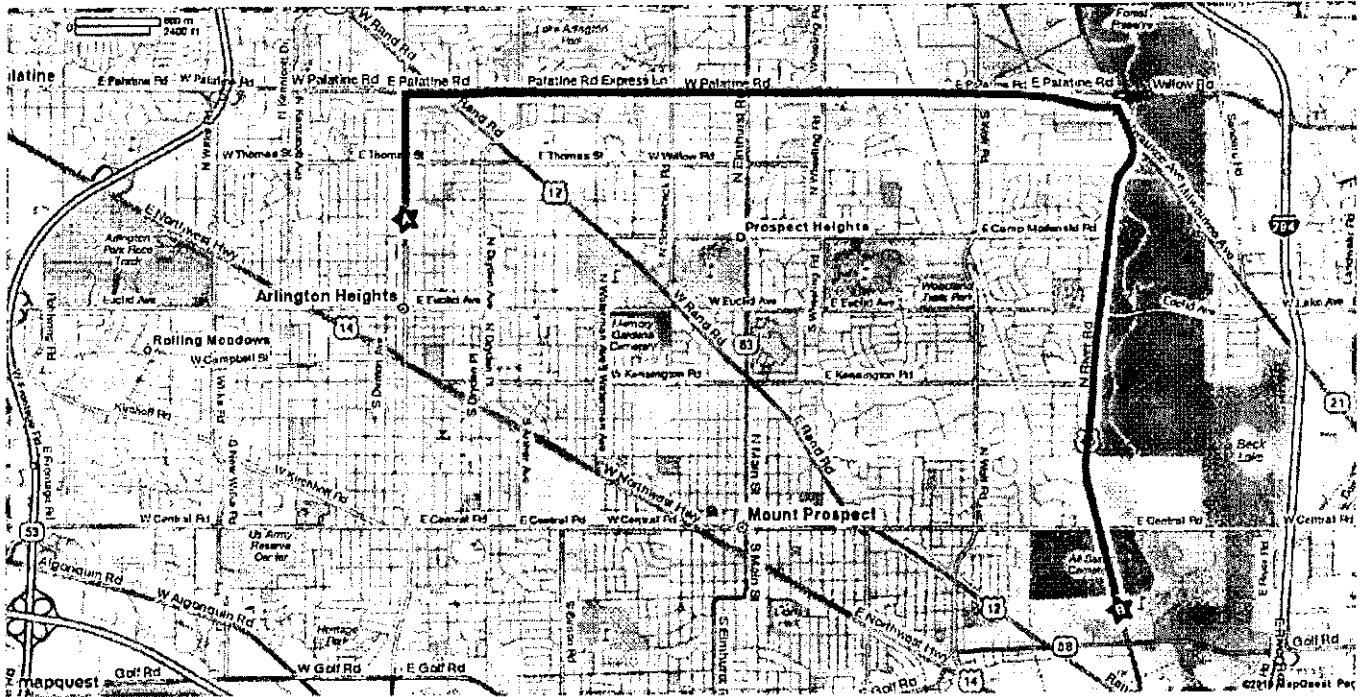
1200 N Arlington Heights Rd
Arlington Heights, IL 60004-4741

Ending Location

300 N River Rd
Des Plaines, IL 60016-1211

Total Travel Estimate: 14 minutes / 9.09 miles Fuel Cost: [Calculate](#)

Nazarethville



Starting Location
1200 N Arlington Heights Rd
Arlington Heights, IL 60004-4741

1. Start out going NORTH on N ARLINGTON HEIGHTS RD toward E OLIVE ST. 0.9 mi
2. Turn RIGHT onto E PALATINE RD. 0.4 mi
3. Stay STRAIGHT to go onto PALATINE RD EXPRESS LN. 3.6 mi
4. Take the ramp toward IL-21/MILWAUKEE AVE/US-45. 0.1 mi
5. Stay STRAIGHT to go onto E PALATINE RD. 0.6 mi
6. Turn RIGHT onto N MILWAUKEE AVE/US-45/IL-21. Continue to follow US-45. 3.6 mi
7. 300 N RIVER RD.

Ending Location
300 N River Rd
Des Plaines, IL 60016-1211

Total Travel Estimate: 14 minutes / 9.09 miles Fuel Cost: [Calculate](#)

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NAZARETHVILLE			ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
300 NORTH RIVER ROAD			Aggressive/Anti-Social	0	DIAGNOSIS	
DES PLAINES, IL. 60016			Chronic Alcoholism	0	Neoplasms	2
Reference Numbers	Facility ID	6006506	Developmentally Disabled	1	Endocrine/Metabolic	7
Health Service Area	007	Planning Service Area	Drug Addiction	1	Blood Disorders	1
Administrator			Medicaid Recipient	0	*Nervous System Non Alzheimer	3
Sister M. Lucille Madura			Medicare Recipient	0	Alzheimer Disease	18
Contact Person and Telephone			Mental Illness	0	Mental Illness	0
SISTER M. LUCILLE MADURA			Non-Ambulatory	0	Developmental Disability	0
847-297-5900 x 222			Non-Mobile	0	Circulatory System	21
Registered Agent Information			Public Aid Recipient	0	Respiratory System	4
Sister Sally Marie Kiepura			Under 65 Years Old	0	Digestive System	3
310 North River Road			Unable to Self-Medicare	0	Genitourinary System Disorders	1
Des Plaines, IL 60016			Ventilator Dependent	0	Skin Disorders	0
FACILITY OWNERSHIP			Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	4
NON-PROF CORPORATION			Other Restrictions	1	Injuries and Poisonings	0
CONTINUING CARE COMMUNITY			No Restrictions	0	Other Medical Conditions	14
LIFE CARE FACILITY			<i>Note: Reported restrictions denoted by 'I'</i>		Non-Medical Conditions	0
					TOTALS	78
					Total Residents Diagnosed as Mentally Ill	14

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS						ADMISSIONS AND DISCHARGES - 2009			
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	78
Nursing Care	68	68	68	68	68	0	0	68	Total Admissions 2009	9
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2009	9
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2009	78
Sheltered Care	15	15	15	15	10	5			Identified Offenders	0
TOTAL BEDS	83	83	83	83	78	5	0	68		

FACILITY UTILIZATION - 2009												
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 Set Up	
	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%	13585	54.7%	0	0	10794	0	24379	98.2%	98.2%	
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	4192	0	4192	76.6%	76.6%	
TOTALS	0	0.0%	13585	54.7%	0	0	14986	0	28571	94.3%	94.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009												
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	4	0	0	0	0	0	1	0	5	5	
75 to 84	2	11	0	0	0	0	0	3	2	14	16	
85+	7	44	0	0	0	0	0	6	7	50	57	
TOTALS	9	59	0	0	0	0	0	10	9	69	78	

NAZARETHVILLE

300 NORTH RIVER ROAD
DES PLAINES, IL. 60016

Reference Numbers Facility ID 6006506

Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	41	0	0	27	68
Skilled Under 22	0	0	0	0	0	0
ICF/DD		0	0	0	0	0
Sheltered Care			0	0	10	10
TOTALS	0	41	0	0	37	78

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	186	0
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	153	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	67	0	0	10	77
Race Unknown	0	0	0	0	0
Total	68	0	0	10	78

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	68	0	0	10	78
Ethnicity Unknown	0	0	0	0	0
Total	68	0	0	10	78

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	0.80
Certified Aides	31.00
Other Health Staff	0.00
Non-Health Staff	17.10
Totals	61.90

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%	27.6%	0.0%	0.0%	72.4%	100.0%		0.0%
0	1,186,328	0	0	3,104,335	4,290,663	0	

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

There's a new MapQuest - come try it out!



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★ Starting Location

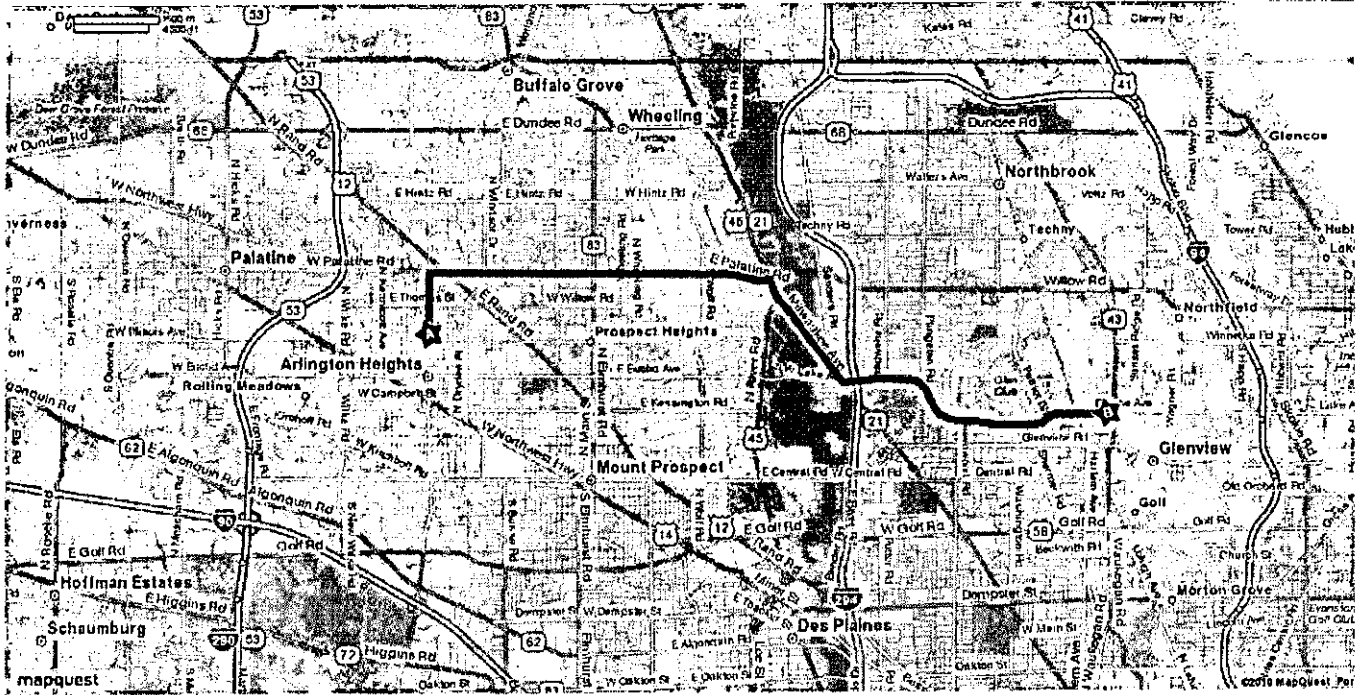
1200 N Arlington Heights Rd
Arlington Heights, IL 60004-4741

★ Ending Location

1700 E Lake Ave
Glenview, IL 60025-2003

Total Travel Estimate: 19 minutes / 11.28 miles Fuel Cost: [Calculate](#)

Maryhaven Nursing



★ **1200 N Arlington Heights Rd Edt**
Arlington Heights, IL 60004-4741

1. Start out going **NORTH** on **N ARLINGTON HEIGHTS RD** toward **E OLIVE ST.** 0.9 mi
2. Turn **RIGHT** onto **E PALATINE RD.** 0.4 mi
3. Stay **STRAIGHT** to go onto **PALATINE RD EXPRESS LN.** 3.6 mi
4. Take the ramp toward **IL-21/MILWAUKEE AVE/US-45.** 0.1 mi
5. Stay **STRAIGHT** to go onto **E PALATINE RD.** 0.6 mi
6. Turn **RIGHT** onto **N MILWAUKEE AVE/US-45/IL-21.** Continue to follow **N MILWAUKEE AVE/IL-21.** 1.8 mi
7. Turn **LEFT** onto **W LAKE AVE/EUCLID AVE.** Continue to follow **W LAKE AVE.** 4.0 mi
8. **1700 E LAKE AVE** is on the **LEFT.**

★ **1700 E Lake Ave Edt**
Glenview, IL 60025-2003

Total Travel Estimate: 19 minutes / 11.28 miles Fuel Cost: [Calculate](#)

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MARYHAVEN NSG. & REHAB. CTR.		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
1700 EAST LAKE AVENUE		Aggressive/Anti-Social 0		DIAGNOSIS	
GLENVIEW, IL. 60025		Chronic Alcoholism 0		Neoplasms 3	
Reference Numbers	Facility ID 6005854	Developmentally Disabled 1		Endocrine/Metabolic 4	
Health Service Area 007	Planning Service Area 702	Drug Addiction 1		Blood Disorders 0	
Administrator		Medicaid Recipient 0		*Nervous System Non Alzheimer 5	
Sara Szumski		Medicare Recipient 0		Alzheimer Disease 38	
Contact Person and Telephone		Mental Illness 0		Mental Illness 0	
BRENDA DAVIS		Non-Ambulatory 0		Developmental Disability 1	
847-813-3712		Non-Mobile 0		Circulatory System 22	
Registered Agent Information	Date Completed	Public Aid Recipient 0		Respiratory System 3	
Sandra Bruce	5/6/2010	Under 65 Years Old 0		Digestive System 1	
7435 West Talcott		Unable to Self-Medicate 0		Genitourinary System Disorders 1	
Chicago, IL 60631		Ventilator Dependent 1		Skin Disorders 0	
FACILITY OWNERSHIP		Infectious Disease w/ Isolation 0		Musculo-skeletal Disorders 33	
NON-PROF CORPORATION		Other Restrictions 0		Injuries and Poisonings 0	
CONTINUING CARE COMMUNITY	No	No Restrictions 0		Other Medical Conditions 4	
LIFE CARE FACILITY	No	<i>Note: Reported restrictions denoted by 'I'</i>		Non-Medical Conditions 0	
				TOTALS 115	
				Total Residents Diagnosed as Mentally Ill 6	

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS									ADMISSIONS AND DISCHARGES - 2009	
LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	Total Admissions 2009	Total Discharges 2009
Nursing Care	135	135	122	135	115	20	135	135	110	157
Skilled Under 22	0	0	0	0	0	0	0	0	152	152
Intermediate DD	0	0	0	0	0	0	0	0	115	115
Sheltered Care	0	0	0	0	0	0	0	0	0	0
TOTAL BEDS	135	135	122	135	115	20	135	135	Identified Offenders	0

FACILITY UTILIZATION - 2009												
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 Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	5974	12.1%	21182	43.0%	0	0	15550	0	42706	86.7%	86.7%	
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%	0	0	0	0	0	0.0%	0.0%	
TOTALS	5974	12.1%	21182	43.0%	0	0	15550	0	42706	86.7%	86.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009											
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	2	0	0	0	0	0	0	0	2	2
60 to 64	1	3	0	0	0	0	0	0	1	3	4
65 to 74	3	3	0	0	0	0	0	0	3	3	6
75 to 84	8	20	0	0	0	0	0	0	8	20	28
85+	15	60	0	0	0	0	0	0	15	60	75
TOTALS	27	88	0	0	0	0	0	0	27	88	115

MARYHAVEN NSG. & REHAB. CTR.

1700 EAST LAKE AVENUE

GLENVIEW, IL. 60025

Reference Numbers Facility ID 6005854

Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS	
Nursing Care	9	45	0	1	60	0	115
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	45	0	1	60	0	115

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	224	201
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	114	0	0	0	114
Race Unknown	0	0	0	0	0
Total	115	0	0	0	115

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	115	0	0	0	115
Ethnicity Unknown	0	0	0	0	0
Total	115	0	0	0	115

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.21
LPN's	5.11
Certified Aides	38.34
Other Health Staff	3.73
Non-Health Staff	39.86
Totals	106.25

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
33.8%	29.7%	0.0%	0.0%	36.5%	100.0%	0	0.0%
3,019,283	2,645,099	0	0	3,256,278	8,920,660	0	

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

There's a new MapQuest - come try it out!



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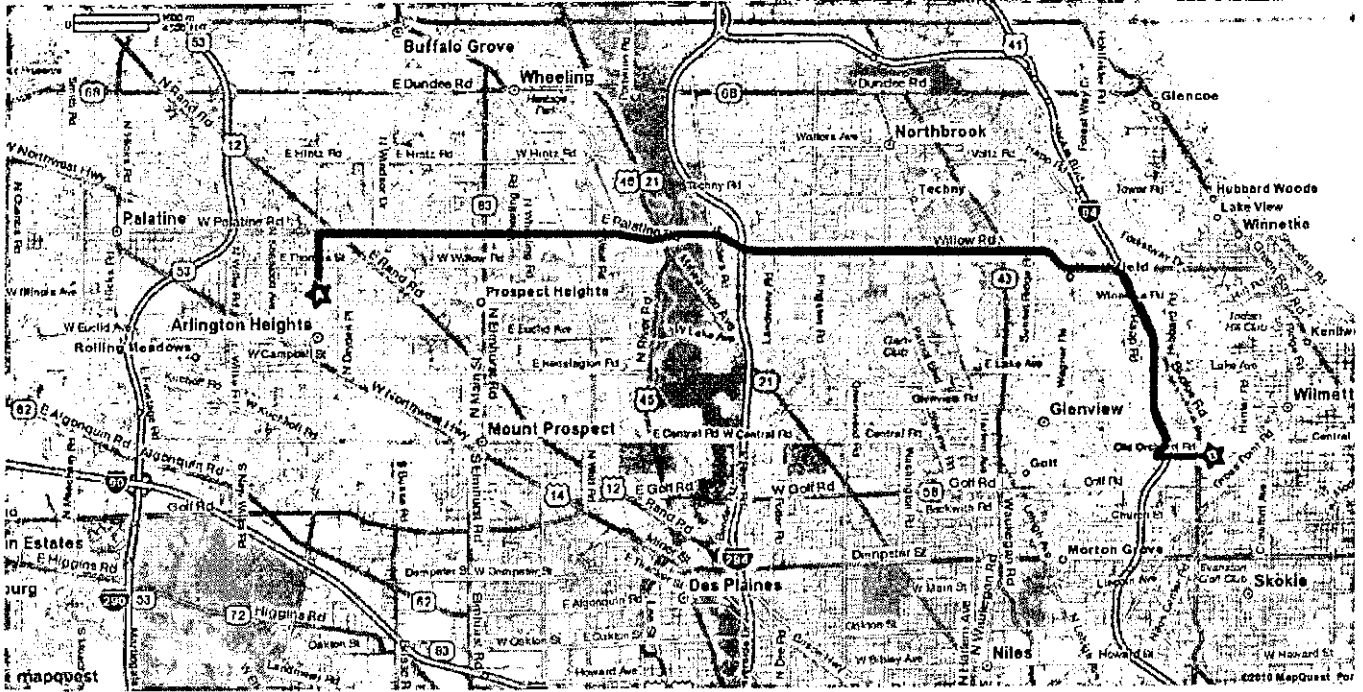
1200 N Arlington Heights Rd
Arlington Heights, IL 60004-4741



4660 Old Orchard Rd
Skokie, IL 60076-1009

Total Travel Estimate: 27 minutes / 15.81 miles Fuel Cost: [Calculate](#)

Manor Care Skokie



1200 N Arlington Heights Rd Eds
Arlington Heights, IL 60004-4741

1. Start out going NORTH on M ARLINGTON HEIGHTS RD toward E OLIVE ST. 0.9 mi
2. Turn RIGHT onto E PALATINE RD. 0.4 mi
3. Stay STRAIGHT to go onto PALATINE RD EXPRESS LN. 4.5 mi
4. PALATINE RD EXPRESS LN becomes WILLOW RD. 6.1 mi
5. Merge onto I-94 E/EDENS EXPY E toward CHICAGO. 2.6 mi
6. Take the OLD ORCHARD RD exit, EXIT 35. 0.3 mi
7. Turn LEFT onto OLD ORCHARD RD. 0.8 mi
8. Make a U-TURN onto OLD ORCHARD RD. 0.0 mi
9. 4660 OLD ORCHARD RD is on the RIGHT.

4660 Old Orchard Rd Edll
Skokie, IL 60076-1009

Total Travel Estimate: 27 minutes / 15.81 miles Fuel Cost: [Calculate](#)

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ALDEN ESTATES OF SKOKIE		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
4660 OLD ORCHARD ROAD SKOKIE, IL. 60076		Aggressive/Anti-Social 1		DIAGNOSIS	
Reference Numbers Facility ID 6006886		Chronic Alcoholism 0		Neoplasms 1	
Health Service Area 007 Planning Service Area 702		Developmentally Disabled 0		Endocrine/Metabolic 0	
Administrator		Drug Addiction 1		Blood Disorders 0	
Dr. Michael Gottesman		Medicaid Recipient 0		*Nervous System Non Alzheimer 3	
Contact Person and Telephone		Medicare Recipient 0		Alzheimer Disease 6	
CHRIS REINHOFER		Mental Illness 1		Mental Illness 0	
847-676-4800		Non-Ambulatory 0		Developmental Disability 0	
Registered Agent Information		Non-Mobile 0		Circulatory System 9	
Ken Fisch		Public Aid Recipient 0		Respiratory System 1	
4200 W. Peterson		Under 65 Years Old 0		Digestive System 1	
Chicago, IL 60646		Unable to Self-Medicat 0		Genitounary System Disorders 2	
FACILITY OWNERSHIP		Ventilator Dependent 1		Skin Disorders 2	
FOR-PROF CORPORATION		Infectious Disease w/ Isolation 0		Musculo-skeletal Disorders 1	
CONTINUING CARE COMMUNITY		Other Restrictions 0		Injuries and Poisonings 6	
LIFE CARE FACILITY		No Restrictions 0		Other Medical Conditions 4	
		<i>Note: Reported restrictions denoted by 'I'</i>		Non-Medical Conditions 0	
				TOTALS 36	
				Total Residents Diagnosed as Mentally Ill 0	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS						ADMISSIONS AND DISCHARGES - 2009			
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	56	56	36	56	36	20	56	56	Total Admissions 2009	219
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2009	200
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2009	36
Sheltered Care	0	0	0	0	0	0	0	0	Identified Offenders	0
TOTAL BEDS	56	56	36	56	36	20	56	56		

FACILITY UTILIZATION - 2009											
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 Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3952	19.3%	4814	23.6%	0	860	1243	0	10869	53.2%	53.2%
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	0	0	0.0%	0.0%
TOTALS	3952	19.3%	4814	23.6%	0	860	1243	0	10869	53.2%	53.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009											
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	1	0	0	0	0	0	0	0	1	0	1
45 to 59	0	2	0	0	0	0	0	0	0	2	2
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	3	3	0	0	0	0	0	0	3	3	6
75 to 84	4	9	0	0	0	0	0	0	4	9	13
85+	4	8	0	0	0	0	0	0	4	8	12
TOTALS	14	22	0	0	0	0	0	0	14	22	36

ALDEN ESTATES OF SKOKIE

4660 OLD ORCHARD ROAD

SKOKIE, IL. 60076

Reference Numbers Facility ID 6006886

Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS	
Nursing Care	13	19	0	2	2	0	36
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	19	0	2	2	0	36

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	412	206
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pac. Isl.	0	0	0	0	0
White	28	0	0	0	28
Race Unknown	1	0	0	0	1
Total	36	0	0	0	36

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	32	0	0	0	32
Ethnicity Unknown	1	0	0	0	1
Total	36	0	0	0	36

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	3.00
Certified Aides	12.00
Other Health Staff	1.00
Non-Health Staff	24.00
Totals	49.00

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
63.2%	17.3%	0.6%	11.2%	7.7%	100.0%		0.0%
2,085,411	569,368	19,537	370,552	253,392	3,298,260	0	

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

FACILITY NOTES

Name Change	1/9/2009	Name Changed from Manor Care of Skokie.
CHOW	1/8/2009	Change of Ownership of the facility.

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Starting Location

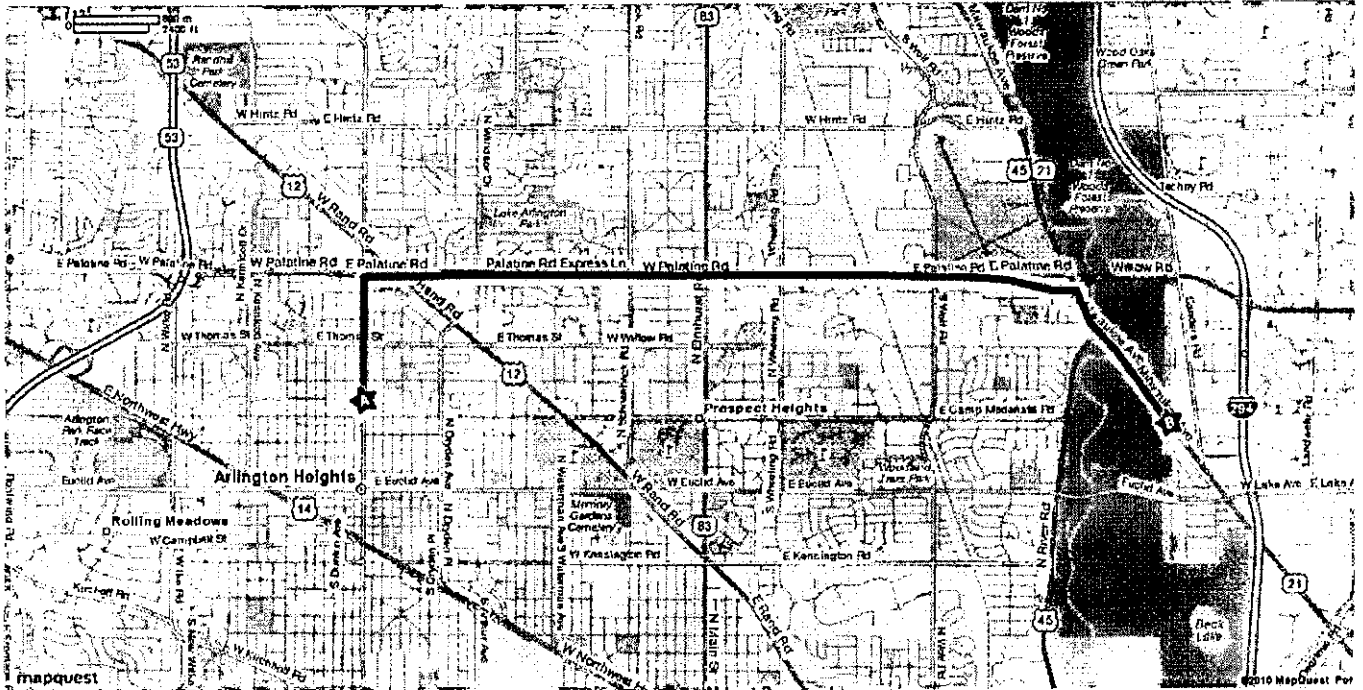
1200 N Arlington Heights Rd
Arlington Heights, IL 60004-4741

Ending Location

3300 Milwaukee Ave
Northbrook, IL 60062-7126

Total Travel Estimate: 11 minutes / 6.85 miles Fuel Cost: [Calculate](#)

Manor Care Northbrook



1200 N Arlington Heights Rd Edit
Arlington Heights, IL 60004-4741

1. Start out going NORTH on N ARLINGTON HEIGHTS RD toward E OLIVE ST. 0.9 mi
2. Turn RIGHT onto E PALATINE RD. 0.4 mi
3. Stay STRAIGHT to go onto PALATINE RD EXPRESS LN. 3.6 mi
4. Take the ramp toward IL-21/MILWAUKEE AVE/US-45. 0.1 mi
5. Stay STRAIGHT to go onto E PALATINE RD. 0.6 mi
6. Turn RIGHT onto N MILWAUKEE AVE/US-45/IL-21. Continue to follow N MILWAUKEE AVE/IL-21. 1.1 mi
7. 3300 MILWAUKEE AVE is on the LEFT.

3300 Milwaukee Ave Edit
Northbrook, IL 60062-7126

Total Travel Estimate: 11 minutes / 6.85 miles Fuel Cost: [Calculate](#)

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MANOR CARE OF NORTHBROOK		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
3300 MILWAUKEE AVENUE		Aggressive/Anti-Social	0	DIAGNOSIS		
NORTHBROOK, IL. 60062		Chronic Alcoholism	1	Neoplasms	3	
Reference Numbers	Facility ID 6015168	Developmentally Disabled	0	Endocrine/Metabolic	6	
Health Service Area 007	Planning Service Area 702	Drug Addiction	1	Blood Disorders	1	
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	12	
Lynette M rugg		Medicare Recipient	0	Alzheimer Disease	38	
Contact Person and Telephone		Mental Illness	0	Mental Illness	0	
LYNETTE M RUGG		Non-Ambulatory	0	Developmental Disability	0	
847-795-9700		Non-Mobile	0	Circulatory System	25	
Registered Agent Information	Date Completed 4/30/2010	Public Aid Recipient	0	Respiratory System	32	
Lynette M Rugg		Under 65 Years Old	0	Digestive System	0	
3300 N Milwaukee Ave.,		Unable to Self-Medicat	0	Genitourinary System Disorders	0	
Northbrook, IL 60062		Ventilator Dependent	1	Skin Disorders	0	
FACILITY OWNERSHIP		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	8	
LIMITED LIABILITY CO		Other Restrictions	0	Injuries and Poisonings	0	
CONTINUING CARE COMMUNITY	No	No Restrictions	0	Other Medical Conditions	3	
LIFE CARE FACILITY	No	<i>Note: Reported restrictions denoted by 'I'</i>			Non-Medical Conditions	0
					TOTALS	128
					Total Residents Diagnosed as Mentally Ill	0

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS							ADMISSIONS AND DISCHARGES - 2009		
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	158	143	141	143	128	30	158	83	Total Admissions 2009	126
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2009	693
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2009	691
Sheltered Care	0	0	0	0	0	0			Identified Offenders	128
TOTAL BEDS	158	143	141	143	128	30	158	83		0

FACILITY UTILIZATION - 2009											
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 Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	13127	22.8%	23611	77.9%	0	2250	8422	6	47416	82.2%	90.8%
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	0	0	0.0%	0.0%
TOTALS	13127	22.8%	23611	77.9%	0	2250	8422	6	47416	82.2%	90.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009											
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	2	5	0	0	0	0	0	0	2	5	7
60 to 64	5	8	0	0	0	0	0	0	5	8	13
65 to 74	14	18	0	0	0	0	0	0	14	18	32
75 to 84	11	25	0	0	0	0	0	0	11	25	36
85+	11	29	0	0	0	0	0	0	11	29	40
TOTALS	43	85	0	0	0	0	0	0	43	85	128

MANOR CARE OF NORTHBROOK

3300 MILWAUKEE AVENUE

NORTHBROOK, IL. 60062

Reference Numbers Facility ID 6015168

Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS	
Nursing Care	32	66	0	5	25	0	128
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	32	66	0	5	25	0	128

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	285	263
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkilUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Amer. Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pac. Isl.	0	0	0	0	0
White	120	0	0	0	120
Race Unknown	0	0	0	0	0
Total	128	0	0	0	128

ETHNICITY	Nursing	SkilUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	125	0	0	0	125
Ethnicity Unknown	0	0	0	0	0
Total	128	0	0	0	128

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	21.00
LPN's	0.00
Certified Aides	35.00
Other Health Staff	22.00
Non-Health Staff	29.00
Totals	109.00

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
57.7%	18.8%	1.5%	6.4%	15.6%	100.0%		0.0%
7,257,083	2,368,594	193,416	799,314	1,962,766	12,581,173	2,400	

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

There's a new MapQuest - come try it out!



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★ Starting Location

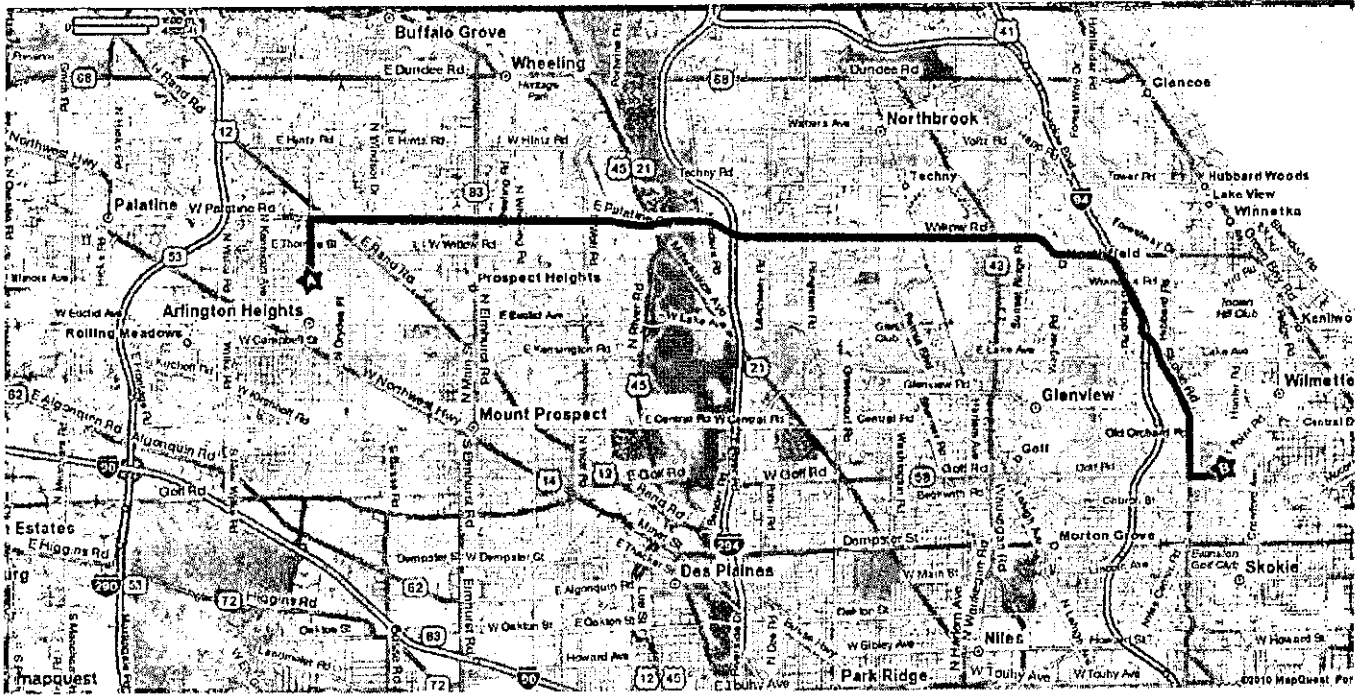
1200 N Arlington Heights Rd
Arlington Heights, IL 60004-4741

✪ Ending Location

9700 Gross Point Rd
Skokie, IL 60076-1175

Total Travel Estimate: 28 minutes / 15.90 miles Fuel Cost: Calculate

Lieberman Geriatric Health Ctr



★ 1200 N Arlington Heights Rd Edit
Arlington Heights, IL 60004-4741

1. Start out going NORTH on N ARLINGTON HEIGHTS RD toward E OLIVE ST. 0.9 mi
2. Turn RIGHT onto E PALATINE RD. 0.4 mi
3. Stay STRAIGHT to go onto PALATINE RD EXPRESS LN. 4.5 mi
4. PALATINE RD EXPRESS LN becomes WILLOW RD. 6.1 mi
5. Merge onto I-94 E/EDENS EXPY E/US-41 S toward CHICAGO. 1.1 mi
6. Take the US-41 S/SKOKIE RD exit, EXIT 34A. 0.4 mi
7. Turn SLIGHT RIGHT onto US-41/SKOKIE RD. Continue to follow US-41. 2.0 mi
8. Turn LEFT onto GOLF RD. 0.4 mi
9. Turn LEFT onto GROSS POINT RD. 0.1 mi
10. 9700 GROSS POINT RD is on the LEFT.

✪ 9700 Gross Point Rd Edit
Skokie, IL 60076-1175

Total Travel Estimate: 29 minutes / 15.90 miles Fuel Cost: Calculate

LIEBERMAN CENTER FOR HEALTH AND REHAB		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
9700 GROSS POINT ROAD		Aggressive/Anti-Social	0	DIAGNOSIS		
SKOKIE, IL. 60076		Chronic Alcoholism	1	Neoplasms	3	
Reference Numbers	Facility ID 6005375	Developmentally Disabled	1	Endocrine/Metabolic	8	
Health Service Area 007	Planning Service Area 702	Drug Addiction	0	Blood Disorders	5	
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	9	
Ron Benner		Medicare Recipient	0	Alzheimer Disease	72	
Contact Person and Telephone		Mental Illness	1	Mental Illness	0	
Lori Ann Powrozek		Non-Ambulatory	0	Developmental Disability	0	
847-929-3022		Non-Mobile	0	Circulatory System	39	
Registered Agent Information	Date Completed 5/7/2010	Public Aid Recipient	0	Respiratory System	16	
Joe Atkin, CFO, CJE SeniorLife		Under 65 Years Old	0	Digestive System	5	
3003 W. Touhy Ave.		Unable to Self-Medicare	0	Genitourinary System Disorders	5	
Chicago, IL 60645		Ventilator Dependent	1	Skin Disorders	0	
FACILITY OWNERSHIP		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	45	
NON-PROF CORPORATION		Other Restrictions	0	Injuries and Poisonings	0	
CONTINUING CARE COMMUNITY	No	No Restrictions	0	Other Medical Conditions	0	
LIFE CARE FACILITY	No	<i>Note: Reported restrictions denoted by '1'</i>			Non-Medical Conditions	0
				TOTALS	207	
				Total Residents Diagnosed as Mentally Ill	0	

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS									ADMISSIONS AND DISCHARGES - 2009	
LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	224
Nursing Care	240	240	236	240	207	33	240	216	Total Admissions 2009	894
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2009	911
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2009	207
Sheltered Care	0	0	0	0	0	0	0	0	Identified Offenders	0
TOTAL BEDS	240	240	236	240	207	33	240	216		

FACILITY UTILIZATION - 2009											
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 Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	12860	14.7%	47504	60.3%	0	265	19244	0	79873	91.2%	91.2%
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	0	0	0.0%	0.0%
TOTALS	12860	14.7%	47504	60.3%	0	265	19244	0	79873	91.2%	91.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009											
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	6	5	0	0	0	0	0	0	6	5	11
75 to 84	8	22	0	0	0	0	0	0	8	22	30
85+	28	138	0	0	0	0	0	0	28	138	166
TOTALS	42	165	0	0	0	0	0	0	42	165	207

LIEBERMAN CENTER FOR HEALTH AND REHAB

9700 GROSS POINT ROAD
SKOKIE, IL. 60076

Reference Numbers Facility ID 6005375
Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS	
Nursing Care	29	126	0	1	51	0	207
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	29	126	0	1	51	0	207

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	290	0
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	207	0	0	0	207
Race Unknown	0	0	0	0	0
Total	207	0	0	0	207

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	207	0	0	0	207
Ethnicity Unknown	0	0	0	0	0
Total	207	0	0	0	207

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	36.00
LPN's	15.00
Certified Aides	117.80
Other Health Staff	14.00
Non-Health Staff	75.10
Totals	260.90

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
35.3%	31.0%	0.0%	0.0%	33.7%	100.0%	0	0.0%
7,201,437	6,330,117	0	0	6,878,590	20,410,144		

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

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★ Starting Location

1200 N Arlington Heights Rd
Arlington Heights, IL 60004-4741

★ Ending Location

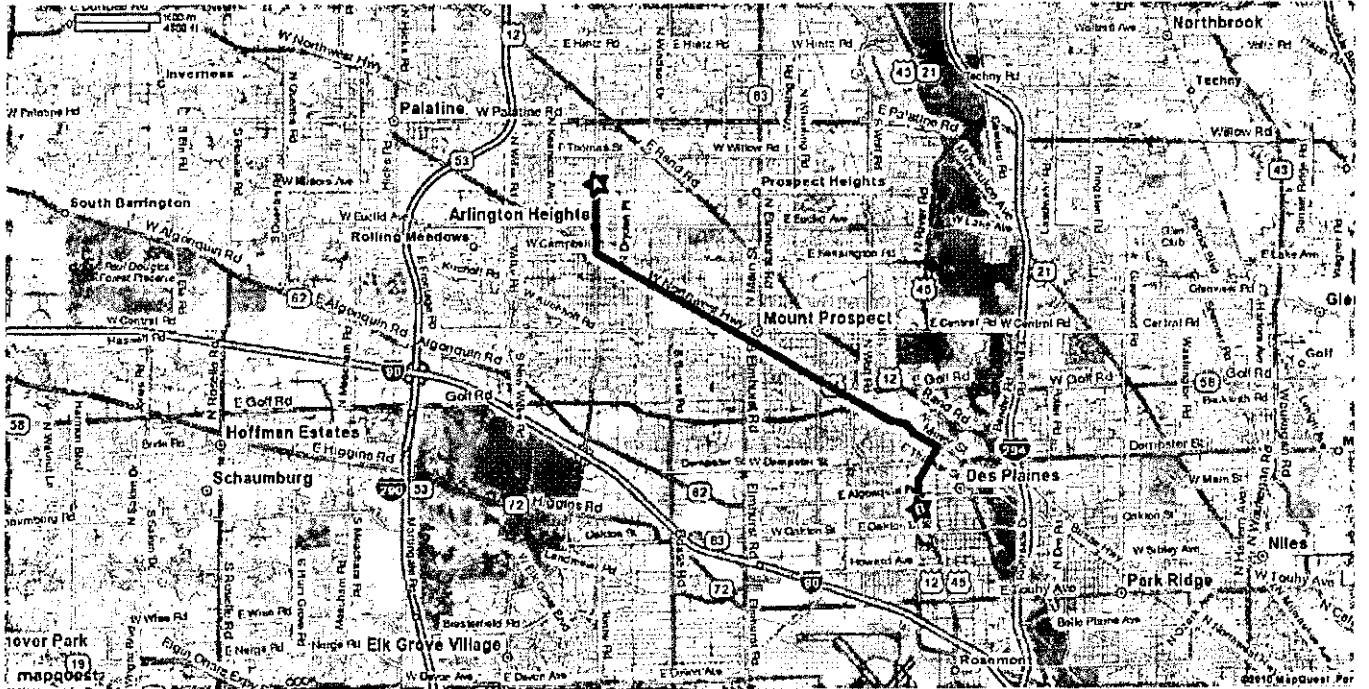
Find a Business (optional)

Address, City, State and/or ZIP

Cancel

Total Travel Estimate: 20 minutes / 7.47 miles Fuel Cost [Calculate](#)

Lee Manor



★ 1200 N Arlington Heights Rd [Edit](#)
Arlington Heights, IL 60004-4741

- 1. Start out going SOUTH on N ARLINGTON HEIGHTS RD toward E OAKTON ST. 1.0 mi
- 2. Turn LEFT onto E NORTHWEST HWY/US-14. 5.5 mi
- 3. Turn RIGHT onto US-12 E/US-45 S/GRACELAND AVE. Continue to follow US-12 E/US-45 S. 1.0 mi
- 4. 1301 LEE ST is on the LEFT.

★ 1301 Lee St [Edit](#)
Des Plaines, IL 60018-1514

Total Travel Estimate: 20 minutes / 7.47 miles Fuel Cost [Calculate](#)

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LEE MANOR		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
1301 LEE STREET		Aggressive/Anti-Social		DIAGNOSIS	
DES PLAINES, IL. 60018		Chronic Alcoholism		Neoplasms	
Reference Numbers	Facility ID 6005284	Developmentally Disabled		Endocrine/Metabolic	
Health Service Area 007	Planning Service Area 702	Drug Addiction		Blood Disorders	
Administrator		Medicaid Recipient		*Nervous System Non Alzheimer	
WILLIAM MCNIFF		Medicare Recipient		Alzheimer Disease	
Contact Person and Telephone		Mental Illness		Mental Illness	
ZENY A. ENGRACIA		Non-Ambulatory		Developmental Disability	
847-635-6047		Non-Mobile		Circulatory System	
Registered Agent Information	Date Completed	Public Aid Recipient		Respiratory System	
	5/7/2010	Under 65 Years Old		Digestive System	
		Unable to Self-Medicat		Genitourinary System Disorders	
		Ventilator Dependent		Skin Disorders	
		Infectious Disease w/ Isolation		Musculo-skeletal Disorders	
FACILITY OWNERSHIP		Other Restrictions		Injuries and Poisonings	
FOR-PROF CORPORATION		No Restrictions		Other Medical Conditions	
CONTINUING CARE COMMUNITY	No	<i>Note: Reported restrictions denoted by '1'</i>		Non-Medical Conditions	
LIFE CARE FACILITY	No			TOTALS	
				Total Residents Diagnosed as Mentally Ill	

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS									ADMISSIONS AND DISCHARGES - 2009	
LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	262	262	239	262	237	25	260	260	218	218
Skilled Under 22	0	0	0	0	0	0	0	0	272	272
Intermediate DD	0	0	0	0	0	0	0	0	253	253
Sheltered Care	0	0	0	0	0	0	0	0	237	237
TOTAL BEDS	262	262	239	262	237	25	260	260	Identified Offenders	0

FACILITY UTILIZATION - 2009											
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 Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	7401	7.8%	55500	58.5%	0	1002	18752	0	82655	86.4%	86.4%
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	0	0	0.0%	0.0%
TOTALS	7401	7.8%	55500	58.5%	0	1002	18752	0	82655	86.4%	86.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009											
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	2	3	0	0	0	0	0	0	2	3	5
45 to 59	13	8	0	0	0	0	0	0	13	8	21
60 to 64	3	7	0	0	0	0	0	0	3	7	10
65 to 74	13	26	0	0	0	0	0	0	13	26	39
75 to 84	19	43	0	0	0	0	0	0	19	43	62
85+	17	83	0	0	0	0	0	0	17	83	100
TOTALS	67	170	0	0	0	0	0	0	67	170	237

LEE MANOR

1301 LEE STREET

DES PLAINES, IL. 60018

Reference Numbers Facility ID 6005284

Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	20	156	0	4	57	237
Skilled Under 22	0	0	0	0	0	0
ICF/DD		0	0	0	0	0
Sheltered Care			0	0	0	0
TOTALS	20	156	0	4	57	237

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	189
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Asian	4	0	0	0	4
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	230	0	0	0	230
Race Unknown	0	0	0	0	0
Total	237	0	0	0	237

ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	232	0	0	0	232
Ethnicity Unknown	0	0	0	0	0
Total	237	0	0	0	237

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	46.00
LPN's	9.00
Certified Aides	91.00
Other Health Staff	16.00
Non-Health Staff	85.00
Totals	249.00

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
26.3%	60.5%	0.0%	2.1%	11.0%	100.0%	0	0.0%
3,735,112	8,581,576	0	300,402	1,560,321	14,177,411		

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

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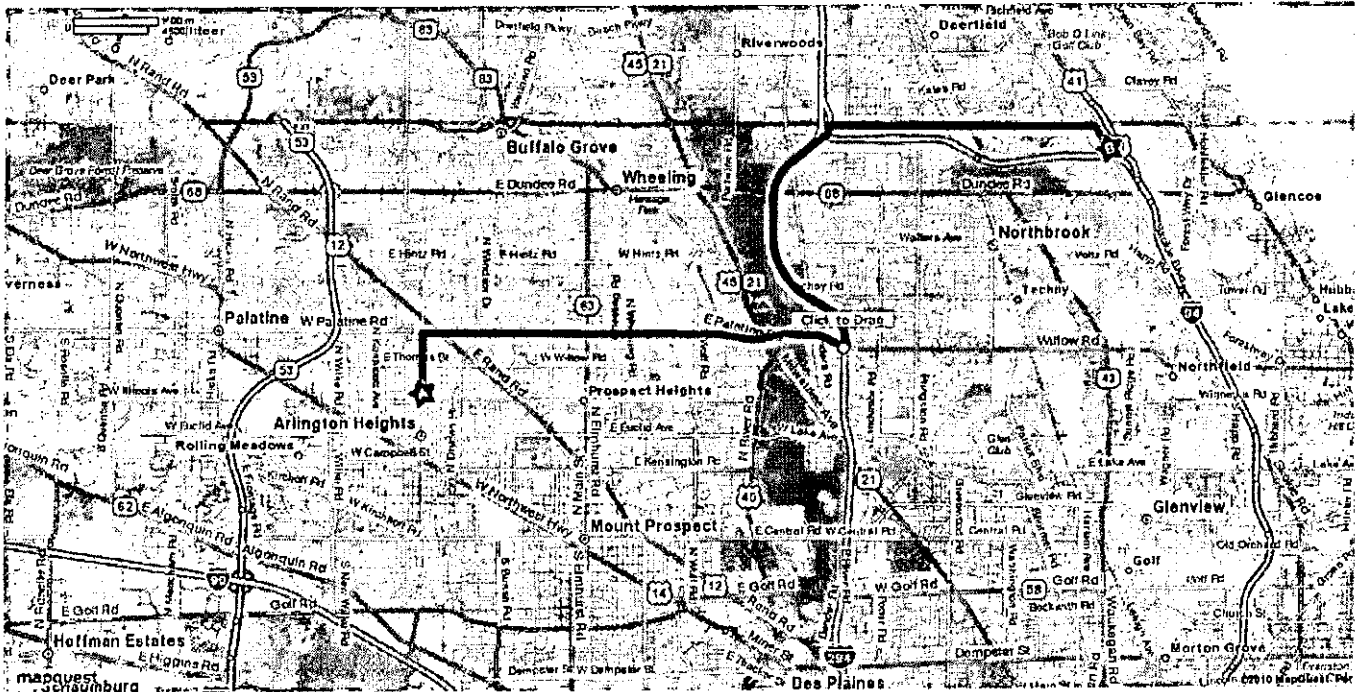
Starting Location
1200 N Arlington Heights Rd
Arlington Heights, IL 60004-4741



Ending Location
263 Skokie Blvd
Northbrook, IL 60062-1611

Total Travel Estimate: 23 minutes / 14.64 miles Fuel Cost: [Calculate](#)

Lake Cook Terrace



1200 N Arlington Heights Rd Eds
Arlington Heights, IL 60004-4741

1. Start out going NORTH on N ARLINGTON HEIGHTS RD toward E OLIVE ST. 0.9 mi
2. Turn RIGHT onto E PALATINE RD. 0.4 mi
3. Stay STRAIGHT to go onto PALATINE RD EXPRESS LN. 4.5 mi
4. PALATINE RD EXPRESS LN becomes WILLOW RD. 0.9 mi
5. Merge onto I-294 N via the ramp on the LEFT (Portions toll). 3.6 mi
6. Take the LAKE-COOK ROAD exit. 0.4 mi
7. Turn RIGHT onto LAKE COOK RD. 3.6 mi
8. Turn RIGHT onto SKOKIE BLVD. 0.4 mi
9. 263 SKOKIE BLVD is on the LEFT.

263 Skokie Blvd Eds
Northbrook, IL 60062-1611

Total Travel Estimate: 23 minutes / 14.64 miles Fuel Cost: [Calculate](#)

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LAKE COOK TERRACE NURSING CTR		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
263 SKOKIE BOULEVARD		Aggressive/Anti-Social 1		DIAGNOSIS	
NORTHBROOK, IL. 60062		Chronic Alcoholism 1		Neoplasms 3	
Reference Numbers	Facility ID 6003412	Developmentally Disabled 1		Endocrine/Metabolic 18	
Health Service Area 007	Planning Service Area 702	Drug Addiction 1		Blood Disorders 0	
Administrator		Medicaid Recipient 0		*Nervous System Non Alzheimer 25	
Shelley Martinez		Medicare Recipient 0		Alzheimer Disease 13	
Contact Person and Telephone		Mental Illness 0		Mental Illness 16	
Rick Duros		Non-Ambulatory 0		Developmental Disability 3	
847-564-0505		Non-Mobile 0		Circulatory System 26	
Registered Agent Information	Date Completed	Public Aid Recipient 0		Respiratory System 6	
Gary A. Weintraub	5/3/2010	Under 65 Years Old 0		Digestive System 3	
465 Central Ave Suite 100		Unable to Self-Medicare 0		Genitourinary System Disorders 3	
Northfield, IL 60093		Ventilator Dependent 1		Skin Disorders 0	
FACILITY OWNERSHIP		Infectious Disease w/ Isolation 0		Musculo-skeletal Disorders 9	
FOR-PROF CORPORATION		Other Restrictions 0		Injuries and Poisonings 0	
CONTINUING CARE COMMUNITY	No	No Restrictions 0		Other Medical Conditions 0	
LIFE CARE FACILITY	No	<i>Note: Reported restrictions denoted by 'I'</i>		Non-Medical Conditions 0	
				TOTALS 125	
				Total Residents Diagnosed as Mentally Ill 52	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS						ADMISSIONS AND DISCHARGES - 2009			
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	134	134	134	134	125	9	83	134	125	404
Skilled Under 22	0	0	0	0	0	0	0	0		404
Intermediate DD	0	0	0	0	0	0	0	0		125
Sheltered Care	0	0	0	0	0	0	0	0	Identified Offenders	1
TOTAL BEDS	134	134	134	134	125	9	83	134		

FACILITY UTILIZATION - 2009											
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 Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3889	12.8%	38641	79.0%	606	140	2955	0	46231	94.5%	94.5%
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	0	0	0.0%	0.0%
TOTALS	3889	12.8%	38641	79.0%	606	140	2955	0	46231	94.5%	94.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009											
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	1	3	0	0	0	0	0	0	1	3	4
45 to 59	22	15	0	0	0	0	0	0	22	15	37
60 to 64	8	11	0	0	0	0	0	0	8	11	19
65 to 74	11	17	0	0	0	0	0	0	11	17	28
75 to 84	10	14	0	0	0	0	0	0	10	14	24
85+	2	11	0	0	0	0	0	0	2	11	13
TOTALS	54	71	0	0	0	0	0	0	54	71	125

LAKE COOK TERRACE NURSING CTR

263 SKOKIE BOULEVARD
NORTHBROOK, IL. 60062

Reference Numbers Facility ID 6003412

Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	106	2	0	9	125
Skilled Under 22	0	0	0	0	0	0
ICF/DD		0	0	0	0	0
Sheltered Care			0	0	0	0
TOTALS	8	106	2	0	9	125

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	220	160
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pac. Isl.	0	0	0	0	0
White	118	0	0	0	118
Race Unknown	0	0	0	0	0
Total	125	0	0	0	125

ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	118	0	0	0	118
Ethnicity Unknown	0	0	0	0	0
Total	125	0	0	0	125

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	7.00
Certified Aides	43.00
Other Health Staff	14.00
Non-Health Staff	37.00
Totals	111.00

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
21.5%	69.9%	0.9%	0.0%	7.7%	100.0%		0.0%
1,548,751	5,042,341	61,732	0	556,932	7,209,756	0	

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

There's a new MapQuest - come try it out!



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★ Starting Location

1200 N Arlington Heights Rd
Arlington Heights, IL 60004-4741

★ Ending Location

2380 E Dempster St
Des Plaines, IL 60016-4839

Total Travel Estimate: 18 minutes / 8.11 miles Fuel Cost: [Calculate](#)

Holy Family Nursing



★ **1200 N Arlington Heights Rd** Edit
Arlington Heights, IL 60004-4741

1. Start out going NORTH on N ARLINGTON HEIGHTS RD toward E OLIVE ST. 0.4 mi
2. Turn RIGHT onto E THOMAS ST. 0.8 mi
3. Turn SLIGHT RIGHT onto US-12/E RAND RD. Continue to follow E RAND RD. 6.7 mi
4. Turn LEFT onto US-14/DEMPSTER ST. 0.3 mi
5. Make a U-TURN onto DEMPSTER STUS-14. 0.0 mi
6. 2380 E DEMPSTER ST is on the RIGHT.

★ **2380 E Dempster St** Edit
Des Plaines, IL 60016-4839

Total Travel Estimate: 18 minutes / 8.11 miles Fuel Cost: [Calculate](#)

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HOLY FAMILY NURSING & REHABILITA CENTER		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
2380 DEMPSTER STREET		Aggressive/Anti-Social 1		DIAGNOSIS	
DES PLAINES, IL. 60016		Chronic Alcoholism 0		Neoplasms 0	
Reference Numbers	Facility ID 6004543	Developmentally Disabled 0		Endocrine/Metabolic 11	
Health Service Area 007	Planning Service Area 702	Drug Addiction 1		Blood Disorders 4	
Administrator		Medicaid Recipient 0		*Nervous System Non Alzheimer 17	
Tony Madl		Medicare Recipient 0		Alzheimer Disease 3	
Contact Person and Telephone		Mental Illness 1		Mental Illness 10	
BRENDA DAVIS		Non-Ambulatory 0		Developmental Disability 0	
847-813-3712		Non-Mobile 0		Circulatory System 26	
Registered Agent Information	Date Completed	Public Aid Recipient 0		Respiratory System 24	
Sandra Bruce	5/6/2010	Under 65 Years Old 0		Digestive System 1	
7435 West Talcott Avenue		Unable to Self-Medicate 0		Genitourinary System Disorders 5	
Chicago, IL 60631		Ventilator Dependent 0		Skin Disorders 8	
FACILITY OWNERSHIP		Infectious Disease w/ Isolation 0		Musculo-skeletal Disorders 14	
NON-PROF CORPORATION		Other Restrictions 0		Injuries and Poisonings 13	
CONTINUING CARE COMMUNITY	No	No Restrictions 0		Other Medical Conditions 24	
LIFE CARE FACILITY	No	<i>Note: Reported restrictions denoted by '1'</i>		Non-Medical Conditions 0	
				TOTALS 160	
				Total Residents Diagnosed as Mentally Ill 10	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS							ADMISSIONS AND DISCHARGES - 2009		
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	251	231	170	231	160	91	149	247	153	580
Skilled Under 22	0	0	0	0	0	0	0	0		573
Intermediate DD	0	0	0	0	0	0	0	0		160
Sheltered Care	0	0	0	0	0	0	0	0	Identified Offenders	0
TOTAL BEDS	251	231	170	231	160	91	149	247		

LEVEL OF CARE	FACILITY UTILIZATION - 2009										Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL			
Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	8617	15.8%	34052	37.8%	0	0	10734	1382	54785	59.8%	65.0%	
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	0	0	0.0%	0.0%	
TOTALS	8617	15.8%	34052	37.8%	0	0	10734	1382	54785	59.8%	65.0%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009										GRAND TOTAL
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		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	2	2	0	0	0	0	0	0	2	2	4
45 to 59	9	8	0	0	0	0	0	0	9	8	17
60 to 64	5	7	0	0	0	0	0	0	5	7	12
65 to 74	9	13	0	0	0	0	0	0	9	13	22
75 to 84	5	31	0	0	0	0	0	0	5	31	36
85+	7	62	0	0	0	0	0	0	7	62	69
TOTALS	37	123	0	0	0	0	0	0	37	123	160

HOLY FAMILY NURSING & REHABILITA CENTER
 2380 DEMPSTER STREET
 DES PLAINES, IL. 60016

Reference Numbers Facility ID 6004543
 Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	27	99	0	6	22	160
Skilled Under 22	0	0	0	0	0	0
ICF/DD		0	0	0	0	0
Sheltered Care			0	0	0	0
TOTALS	27	99	0	6	22	160

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	261	220
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	5	0	0	0	5
Amer. Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pac. Isl.	0	0	0	0	0
White	150	0	0	0	150
Race Unknown	0	0	0	0	0
Total	160	0	0	0	160

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	11	0	0	0	11
Non-Hispanic	149	0	0	0	149
Ethnicity Unknown	0	0	0	0	0
Total	160	0	0	0	160

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	28.40
LPN's	3.20
Certified Aides	51.02
Other Health Staff	14.60
Non-Health Staff	48.50
Totals	147.72

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
34.7%	41.4%	0.0%	0.0%	23.9%	100.0%		1.7%
3,796,733	4,533,430	0	0	2,623,018	10,953,181	181,416	

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

There's a new MapQuest - come try it out!



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Starting Location

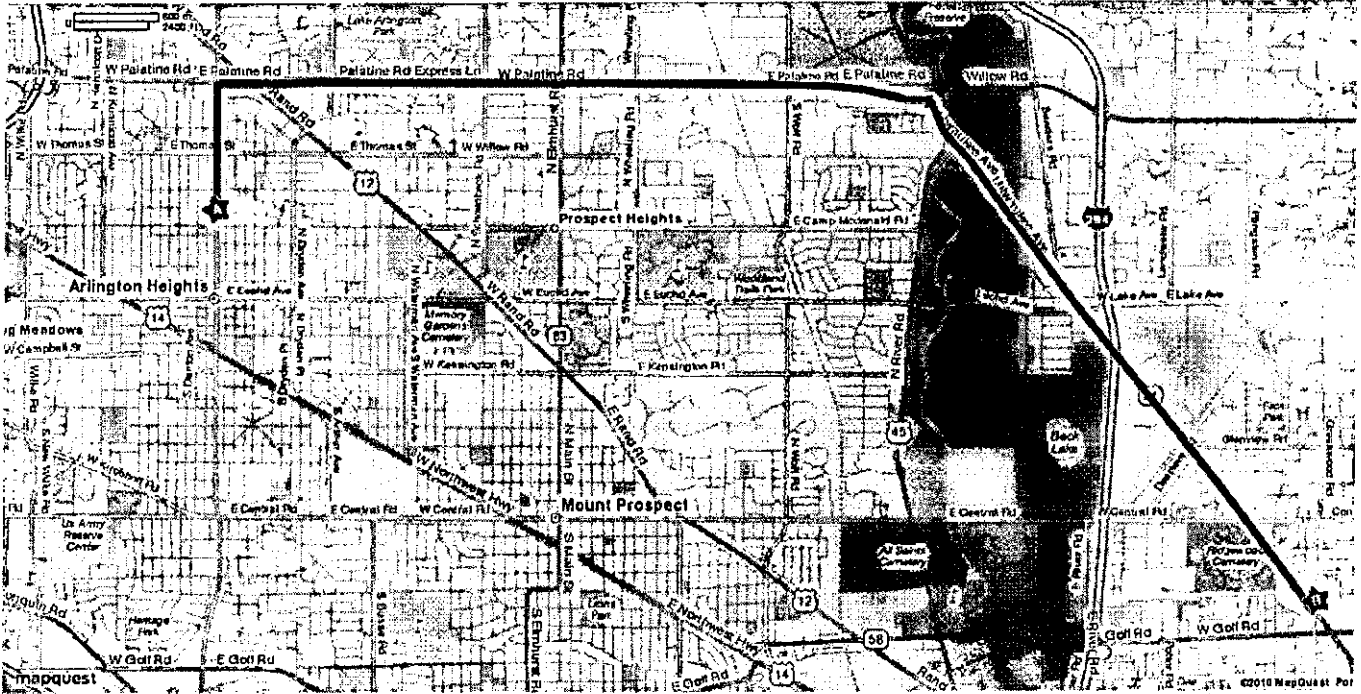
1200 N Arlington Heights Rd
Arlington Heights, IL 60004-4741

Ending Location

9777 N Greenwood Ave
Niles, IL 60714-1002

Total Travel Estimate: 17 minutes / 9.99 miles Fuel Cost: [Calculate](#)

Hampton Plaza



1200 N Arlington Heights Rd Edit
Arlington Heights, IL 60004-4741

1. Start out going **NORTH** on **N ARLINGTON HEIGHTS RD** toward **E OLIVE ST.** 0.9 mi
2. Turn **RIGHT** onto **E PALATINE RD.** 0.4 mi
3. Stay **STRAIGHT** to go onto **PALATINE RD EXPRESS LN.** 3.6 mi
4. Take the ramp toward **IL-21/MILWAUKEE AVE/US-45.** 0.1 mi
5. Stay **STRAIGHT** to go onto **E PALATINE RD.** 0.6 mi
6. Turn **RIGHT** onto **N MILWAUKEE AVE/US-45/IL-21.** Continue to follow **N MILWAUKEE AVE/IL-21.** 4.4 mi
7. Turn **SHARP LEFT** onto **N GREENWOOD AVE.** 0.1 mi
8. **9777 N GREENWOOD AVE** is on the **RIGHT.**

9777 N Greenwood Ave Edit
Niles, IL 60714-1002

Total Travel Estimate: 17 minutes / 9.99 miles Fuel Cost: [Calculate](#)

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NILES NURSING & REHAB CENTER		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
9777 GREENWOOD		Aggressive/Anti-Social	1	DIAGNOSIS	
NILES, IL. 60714		Chronic Alcoholism	1	Neoplasms	1
Reference Numbers	Facility ID 6003644	Developmentally Disabled	0	Endocrine/Metabolic	35
Health Service Area 007	Planning Service Area 702	Drug Addiction	1	Blood Disorders	2
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	29
Michael Perl		Medicare Recipient	0	Alzheimer Disease	15
Contact Person and Telephone		Mental Illness	0	Mental Illness	58
MICHAEL PERL		Non-Ambulatory	0	Developmental Disability	3
847-967-7000		Non-Mobile	0	Circulatory System	39
Registered Agent Information:	Date Completed	Public Aid Recipient	0	Respiratory System	21
Edward J. Green	5/7/2010	Under 65 Years Old	0	Digestive System	2
321 N. Clark St. Suite 2800		Unable to Self-Medicate	0	Genitourinary System Disorders	5
Chicago, IL 60610		Ventilator Dependent	1	Skin Disorders	2
FACILITY OWNERSHIP		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	20
LIMITED LIABILITY CO		Other Restrictions	0	Injuries and Poisonings	0
CONTINUING CARE COMMUNITY	No	Other Restrictions	0	Other Medical Conditions	6
LIFE CARE FACILITY	No	<i>Note: Reported restrictions denoted by '1'</i>		Non-Medical Conditions	1
				TOTALS	239
				Total Residents Diagnosed as Mentally Ill	58

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS						ADMISSIONS AND DISCHARGES - 2009			
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	304	304	240	304	239	65	152	304	220	Total Admissions 2009
Skilled Under 22	0	0	0	0	0	0	0	0	145	Total Discharges 2009
Intermediate DD	0	0	0	0	0	0	0	0	126	Residents on 12/31/2009
Sheltered Care	0	0	0	0	0	0	0	0	239	Identified Offenders
TOTAL BEDS	304	304	240	304	239	65	152	304	6	

FACILITY UTILIZATION - 2009											
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	5152	9.3%	70695	63.7%	1265	1825	802	0	79739	71.9%	71.9%
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	0	0	0.0%	0.0%
TOTALS	5152	9.3%	70695	63.7%	1265	1825	802	0	79739	71.9%	71.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009											
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	6	9	0	0	0	0	0	0	6	9	15
45 to 59	19	21	0	0	0	0	0	0	19	21	40
60 to 64	7	7	0	0	0	0	0	0	7	7	14
65 to 74	20	19	0	0	0	0	0	0	20	19	39
75 to 84	13	41	0	0	0	0	0	0	13	41	54
85+	8	69	0	0	0	0	0	0	8	69	77
TOTALS	73	166	0	0	0	0	0	0	73	166	239

NILES NURSING & REHAB CENTER

9777 GREENWOOD

NILES, IL. 60714

Reference Numbers Facility ID 6003644

Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Other			Private Insurance	Private Pay	Charity Care	TOTALS
	Medicare	Medicaid	Public				
Nursing Care	13	208	4	9	5	0	239
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	208	4	9	5	0	239

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	160
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	110	0	0	0	110
Amer. Indian	0	0	0	0	0
Black	34	0	0	0	34
Hawaiian/Pac. Isl.	0	0	0	0	0
White	93	0	0	0	93
Race Unknown	2	0	0	0	2
Total	239	0	0	0	239

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	236	0	0	0	236
Ethnicity Unknown	0	0	0	0	0
Total	239	0	0	0	239

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	27.00
LPN's	16.00
Certified Aides	76.00
Other Health Staff	22.00
Non-Health Staff	32.00
Totals	175.00

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
21.8%	76.4%	0.0%	1.4%	0.4%	100.0%		0.0%
2,629,574	9,228,876	0	172,200	46,020	12,076,670	0	

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

FACILITY NOTES

Own. Change 3/6/2009 Change of ownership occurred.

There's a new MapQuest - come try it out!



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★ Starting Location

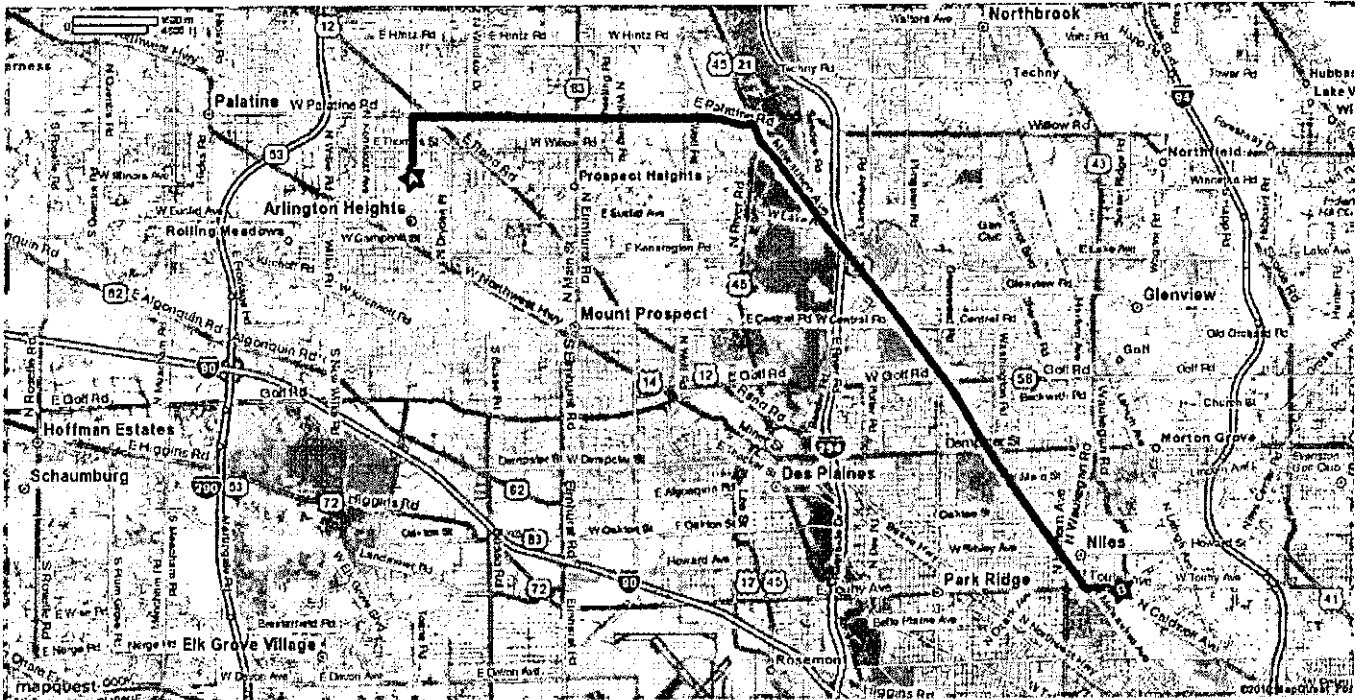
1200 N Arlington Heights Rd
Arlington Heights, IL 60004-4741

★ Ending Location









6601 W Touhy Ave
Niles, IL 60714-4515

Total Travel Estimate: 27 minutes / 14.08 miles Fuel Cost: [Calculate](#)

Gross Pointe Manor



★ 1200 N Arlington Heights Rd Edit
Arlington Heights, IL 60004-4741

-  Start out going **NORTH** on **N ARLINGTON HEIGHTS RD** toward **E OLIVE ST.** 0.9 mi
-  2. Turn **RIGHT** onto **E PALATINE RD.** 0.4 mi
-  3. Stay **STRAIGHT** to go onto **PALATINE RD EXPRESS LN.** 3.6 mi
-  4. Take the ramp toward **IL-21/MILWAUKEE AVE/US-45.** 0.1 mi
-  5. Stay **STRAIGHT** to go onto **E PALATINE RD.** 0.6 mi
-  6. Turn **RIGHT** onto **N MILWAUKEE AVE/US-45/IL-21.** Continue to follow **N MILWAUKEE AVE.** 8.1 mi
-  7. Turn **LEFT** onto **W TOUHY AVE.** 0.5 mi
-  8. **6601 W TOUHY AVE** is on the **RIGHT.**

★ 6601 W Touhy Ave Edit
Niles, IL 60714-4515

Total Travel Estimate: 27 minutes / 14.08 miles Fuel Cost: [Calculate](#)

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GROSSE POINTE MANOR		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
6601 WEST TOUHY AVENUE		Aggressive/Anti-Social 1		DIAGNOSIS	
NILES, IL. 60714		Chronic Alcoholism 1		Neoplasms 0	
Reference Numbers	Facility ID 6003511	Developmentally Disabled 1		Endocrine/Metabolic 5	
Health Service Area 007	Planning Service Area 702	Drug Addiction 1		Blood Disorders 7	
Administrator		Medicaid Recipient 0		*Nervous System Non Alzheimer 0	
DOVIE MAUER		Medicare Recipient 0		Alzheimer Disease 37	
Contact Person and Telephone		Mental Illness 0		Mental Illness 0	
DOVIE MAUER		Non-Ambulatory 0		Developmental Disability 0	
847-647-9875		Non-Mobile 0		Circulatory System 10	
Registered Agent Information	Date Completed	Public Aid Recipient 0		Respiratory System 16	
ABRAHAM STERN	5/4/2010	Under 65 Years Old 0		Digestive System 4	
191 North Wacker Drive, Suite 1800		Unable to Self-Medicate 0		Genitourinary System Disorders 0	
Chicago, IL 60606		Ventilator Dependent 0		Skin Disorders 0	
FACILITY OWNERSHIP		Infectious Disease w/ Isolation 0		Musculo-skeletal Disorders 9	
LIMITED LIABILITY CO		Other Restrictions 0		Injuries and Poisonings 0	
CONTINUING CARE COMMUNITY	No	No Restrictions 0		Other Medical Conditions 0	
LIFE CARE FACILITY	No	<i>Note: Reported restrictions denoted by '1'</i>		Non-Medical Conditions 0	
				TOTALS 88	
				Total Residents Diagnosed as Mentally Ill 0	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS							ADMISSIONS AND DISCHARGES - 2009		
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	99	99	99	99	88	11	99	99	87	Total Admissions 2009 55
Skilled Under 22	0	0	0	0	0	0		0		Total Discharges 2009 54
Intermediate DD	0	0	0	0	0	0		0		Residents on 12/31/2009 88
Sheltered Care	0	0	0	0	0	0		0		Identified Offenders 0
TOTAL BEDS	99	99	99	99	88	11	99	99		

FACILITY UTILIZATION - 2009												
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
Nursing Care	5428	15.0%	23196	64.2%	539	591	2812	0	32566	90.1%	90.1%	
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	0	0	0.0%	0.0%	
TOTALS	5428	15.0%	23196	64.2%	539	591	2812	0	32566	90.1%	90.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009												
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	0	0	0	0	0	0	0	0	0	0	0	
60 to 64	0	1	0	0	0	0	0	0	0	1	1	
65 to 74	4	2	0	0	0	0	0	0	4	2	6	
75 to 84	5	22	0	0	0	0	0	0	5	22	27	
85+	16	38	0	0	0	0	0	0	16	38	54	
TOTALS	25	63	0	0	0	0	0	0	25	63	88	

GROSSE POINTE MANOR
6601 WEST TOUHY AVENUE
NILES, IL. 60714

Reference Numbers Facility ID 6003511
Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	64	2	2	8	88
Skilled Under 22	0	0	0	0	0	0
ICF/DD		0	0	0	0	0
Sheltered Care			0	0	0	0
TOTALS	12	64	2	2	8	88

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	201	151
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	37	0	0	0	37
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	49	0	0	0	49
Race Unknown	0	0	0	0	0
Total	88	0	0	0	88

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	83	0	0	0	83
Ethnicity Unknown	0	0	0	0	0
Total	88	0	0	0	88

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	8.00
Certified Aides	30.00
Other Health Staff	2.00
Non-Health Staff	29.00
Totals	75.00

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
9.2%	81.3%	0.0%	0.0%	9.5%	100.0%		0.0%
401,515	3,542,878	0	0	414,318	4,358,711	0	

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

There's a new MapQuest - come try it out!



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Starting Location

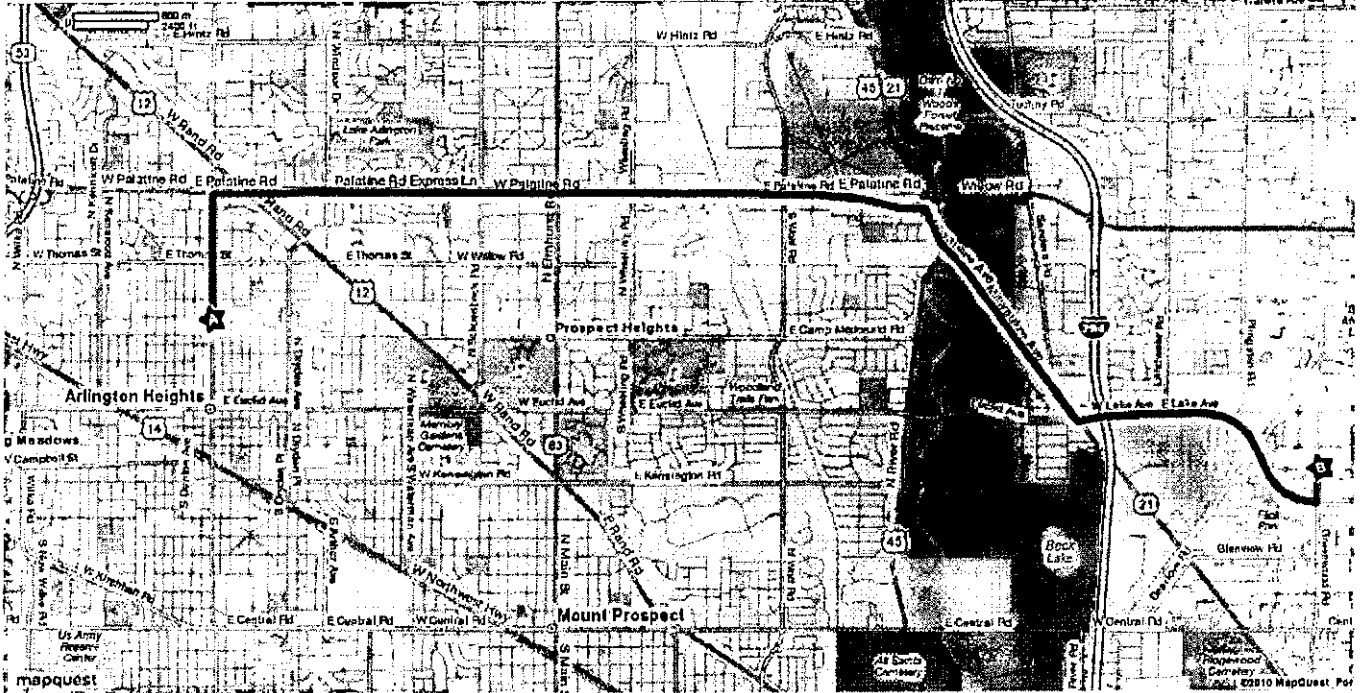
1200 N Arlington Heights Rd
Arlington Heights, IL 60004-4741

Ending Location

1511 Greenwood Rd
Glenview, IL 60026-1513

Total Travel Estimate: 16 minutes / 9.44 miles Fuel Cost [Calculate](#)

Glenview Terrace Nursing



1200 N Arlington Heights Rd Edit
Arlington Heights, IL 60004-4741

- Start out going NORTH on N ARLINGTON HEIGHTS RD toward E OLIVE ST. 0.9 mi
- 2. Turn RIGHT onto E PALATINE RD. 0.4 mi
- 3. Stay STRAIGHT to go onto PALATINE RD EXPRESS LN. 3.6 mi
- 4. Take the ramp toward IL-21/MILWAUKEE AVE/US-45. 0.1 mi
- 5. Stay STRAIGHT to go onto E PALATINE RD. 0.6 mi
- 6. Turn RIGHT onto N MILWAUKEE AVE/US-45/L-21. Continue to follow N MILWAUKEE AVE/L-21. 1.8 mi
- 7. Turn LEFT onto W LAKE AVE/EUCLID AVE. Continue to follow W LAKE AVE. 1.9 mi
- 8. Turn LEFT onto GREENWOOD RD. 0.2 mi
- 9. 1511 GREENWOOD RD is on the RIGHT.

1511 Greenwood Rd Edit
Glenview, IL 60026-1513

Total Travel Estimate: 16 minutes / 9.44 miles Fuel Cost [Calculate](#)

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GLENVIEW TERRACE NURSING CTR			ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS			
1511 GREENWOOD ROAD			Aggressive/Anti-Social	1	DIAGNOSIS			
GLENVIEW, IL. 60026			Chronic Alcoholism	1	Neoplasms	7		
Reference Numbers	Facility ID	6003610	Developmentally Disabled	1	Endocrine/Metabolic	4		
Health Service Area	007	Planning Service Area	Drug Addiction	1	Blood Disorders	0		
Administrator			Medicaid Recipient	0	*Nervous System Non Alzheimer	3		
Ian Crook			Medicare Recipient	0	Alzheimer Disease	68		
Contact Person and Telephone			Mental Illness	1	Mental Illness	0		
IAN CROOK			Non-Ambulatory	0	Developmental Disability	0		
847-729-9090			Non-Mobile	0	Circulatory System	18		
Registered Agent Information	Date Completed	5/3/2010	Public Aid Recipient	0	Respiratory System	16		
			Under 65 Years Old	0	Digestive System	1		
			Unable to Self-Medicare	0	Genitourinary System Disorders	3		
			Ventilator Dependent	1	Skin Disorders	2		
			Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	13		
			Other Restrictions	0	Injuries and Poisonings	2		
			No Restrictions	0	Other Medical Conditions	138		
FACILITY OWNERSHIP			<i>Note: Reported restrictions denoted by '1'</i>			Non-Medical Conditions	0	
GENERAL PARTNERSHIP						TOTALS	275	
CONTINUING CARE COMMUNITY	No						Total Residents Diagnosed as Mentally Ill	0
LIFE CARE FACILITY	No							

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2009	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	314	309	295	309	275	39	314	314	266	2221
Skilled Under 22	0	0	0	0	0	0		0		2212
Intermediate DD	0	0	0	0	0	0		0		275
Sheltered Care	0	0	0	0	0	0				0
TOTAL BEDS	314	309	295	309	275	39	314	314		Identified Offenders

LEVEL OF CARE	FACILITY UTILIZATION - 2009										Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE					Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	TOTAL Pat. days		
	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days							
Nursing Care	24849	21.7%	47346	41.3%	136	5580	25200	0	103111	90.0%	91.4%	
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	0	0	0.0%	0.0%	
TOTALS	24849	21.7%	47346	41.3%	136	5580	25200	0	103111	90.0%	91.4%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009										
	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	3	5	0	0	0	0	0	0	3	5	8
60 to 64	3	4	0	0	0	0	0	0	3	4	7
65 to 74	12	11	0	0	0	0	0	0	12	11	23
75 to 84	17	59	0	0	0	0	0	0	17	59	76
85+	38	123	0	0	0	0	0	0	38	123	161
TOTALS	73	202	0	0	0	0	0	0	73	202	275

GLENVIEW TERRACE NURSING CTR

1511 GREENWOOD ROAD

GLENVIEW, IL. 60026

Reference Numbers Facility ID 6003610

Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Other					Private Pay	Charity Care	TOTALS
	Medicare	Medicaid	Public	Insurance				
Nursing Care	63	131	1	14	66	0	275	
Skilled Under 22	0	0	0	0	0	0	0	
ICF/DD		0	0	0	0	0	0	
Sheltered Care			0	0	0	0	0	
TOTALS	63	131	1	14	66	0	275	

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	220	185
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Asian	13	0	0	0	13
Amer. Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pac. Isl.	1	0	0	0	1
White	247	0	0	0	247
Race Unknown	8	0	0	0	8
Total	275	0	0	0	275

ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	267	0	0	0	267
Ethnicity Unknown	0	0	0	0	0
Total	275	0	0	0	275

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	48.00
LPN's	19.00
Certified Aides	112.00
Other Health Staff	21.00
Non-Health Staff	109.00
Totals	311.00

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
39.0%	29.7%	0.1%	9.7%	21.5%	100.0%		0.0%
8,668,824	6,601,442	20,251	2,158,902	4,792,747	22,242,166	0	

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

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Starting Location

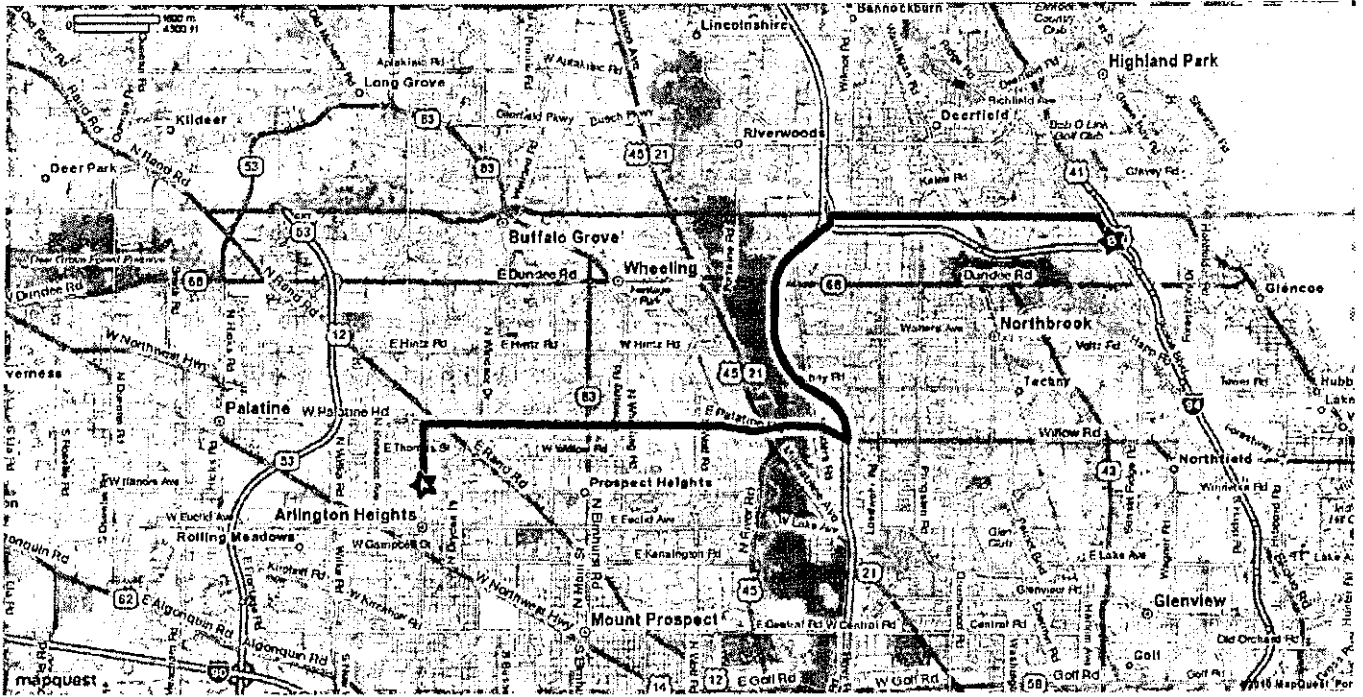
1200 N Arlington Heights Rd
Arlington Heights, IL 60004-4741

Ending Location

270 Skokie Blvd
Northbrook, IL 60062-1612

Total Travel Estimate: 23 minutes / 14.85 miles Fuel Cost: [Calculate](#)

Glen Oaks Nursing



1200 N Arlington Heights Rd Edit
Arlington Heights, IL 60004-4741

1. Start out going NORTH on N ARLINGTON HEIGHTS RD toward E OLIVE ST. 0.9 mi
2. Turn RIGHT onto E PALATINE RD. 0.4 mi
3. Stay STRAIGHT to go onto PALATINE RD EXPRESS LN. 4.5 mi
4. PALATINE RD EXPRESS LN becomes WILLOW RD. 0.8 mi
5. Merge onto I-294 N via the ramp on the LEFT (Portions toll). 3.6 mi
6. Take the LAKE-COOK ROAD exit. 0.4 mi
7. Turn RIGHT onto LAKE COOK RD. 3.6 mi
8. Turn RIGHT onto SKOKIE BLVD. 0.4 mi
9. 270 SKOKIE BLVD is on the RIGHT.

270 Skokie Blvd Edit
Northbrook, IL 60062-1612

Total Travel Estimate: 23 minutes / 14.85 miles Fuel Cost: [Calculate](#)

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GLEN OAKS NURSING & REHAB			ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS			
270 SKOKIE HIGHWAY			Aggressive/Anti-Social	0	DIAGNOSIS			
NORTHBROOK, IL. 60062			Chronic Alcoholism	1	Neoplasms	3		
Reference Numbers	Facility ID	6003586	Developmentally Disabled	0	Endocrine/Metabolic	65		
Health Service Area	007	Planning Service Area	702	Drug Addiction	1	Blood Disorders	0	
Administrator	Sim Dachs		Medicaid Recipient	0	*Nervous System Non Alzheimer	34		
Contact Person and Telephone	SIM DACHS		Medicare Recipient	0	Alzheimer Disease	10		
847-498-9320			Mental Illness	0	Mental Illness	121		
Registered Agent Information	Date Completed	4/27/2010	Non-Ambulatory	0	Developmental Disability	0		
Abraham Stern (c/o Much Shelist)			Non-Mobile	0	Circulatory System	33		
191 North Wacker Drive suite 1800			Public Aid Recipient	0	Respiratory System	19		
Chicago, IL 60606			Under 65 Years Old	0	Digestive System	0		
FACILITY OWNERSHIP			Unable to Self-Medicate	0	Genitourinary System Disorders	0		
FOR-PROF CORPORATION			Ventilator Dependent	0	Skin Disorders	0		
CONTINUING CARE COMMUNITY	No	Note: Reported restrictions denoted by '1'		Other Restrictions	1	Musculo-skeletal Disorders	3	
LIFE CARE FACILITY	No			No Restrictions	0	Injuries and Poisonings	0	
					Non-Medical Conditions	0	TOTALS	288
					Total Residents Diagnosed as Mentally Ill		277	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2009	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	298	298	294	298	288	10	150	298	284	263
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2009	259
Intermediate DD	0	0	0	0	0	0	0	0	Total Discharges 2009	288
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2009	288
TOTAL BEDS	298	298	294	298	288	10	150	298	Identified Offenders	22

FACILITY UTILIZATION - 2009												
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 Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	1944	3.6%	101480	93.3%	985	84	1411	0	105904	97.4%	97.4%	
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	0	0	0.0%	0.0%	
TOTALS	1944	3.6%	101480	93.3%	985	84	1411	0	105904	97.4%	97.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009												
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	22	20	0	0	0	0	0	0	22	20	42	
45 to 59	56	61	0	0	0	0	0	0	56	61	117	
60 to 64	24	16	0	0	0	0	0	0	24	16	40	
65 to 74	26	23	0	0	0	0	0	0	26	23	49	
75 to 84	11	16	0	0	0	0	0	0	11	16	27	
85+	4	9	0	0	0	0	0	0	4	9	13	
TOTALS	143	145	0	0	0	0	0	0	143	145	288	

GLEN OAKS NURSING & REHAB

270 SKOKIE HIGHWAY
NORTHBROOK, IL. 60062

Reference Numbers Facility ID 6003586

Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS	
Nursing Care	4	272	2	1	9	0	288
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	272	2	1	9	0	288

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	190	155
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	22	0	0	0	22
Amer. Indian	0	0	0	0	0
Black	34	0	0	0	34
Hawaiian/Pac. Isl.	0	0	0	0	0
White	232	0	0	0	232
Race Unknown	0	0	0	0	0
Total	288	0	0	0	288

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	279	0	0	0	279
Ethnicity Unknown	0	0	0	0	0
Total	288	0	0	0	288

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	28.00
LPN's	0.00
Certified Aides	61.00
Other Health Staff	22.00
Non-Health Staff	46.00
Totals	159.00

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
5.0%	92.2%	1.1%	0.2%	1.6%	100.0%		0.0%
733,762	13,580,741	162,966	29,400	230,740	14,737,609	0	

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

There's a new MapQuest - come try it out!



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Starting Location

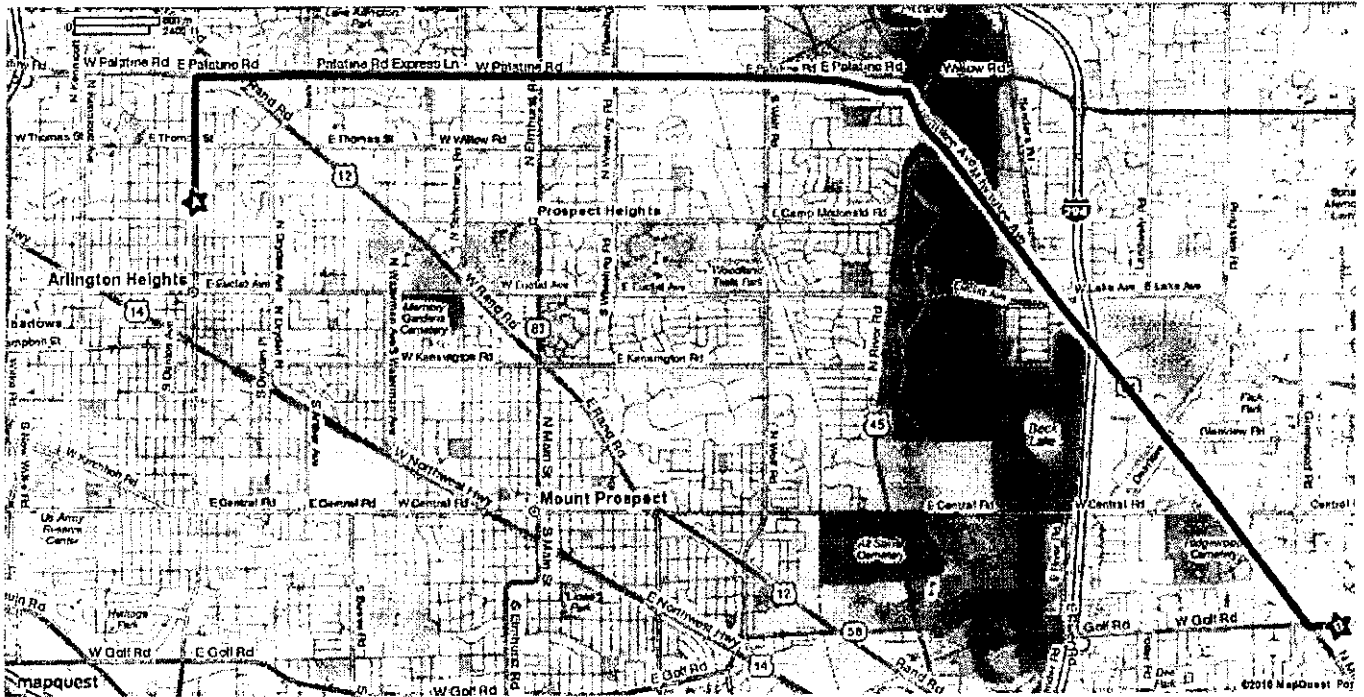
1200 N Arlington Heights Rd
Arlington Heights, IL 60004-4741

Ending Location

8333 W Golf Rd
Niles, IL 60714-1113

Total Travel Estimate: 18 minutes / 10.28 miles Fuel Cost: [Calculate](#)

Glen Bridge Nursing & Rehab Center



1200 N Arlington Heights Rd Edit
Arlington Heights, IL 60004-4741

1. Start out going NORTH on N ARLINGTON HEIGHTS RD toward E OLIVE ST. 0.9 mi
2. Turn RIGHT onto E PALATINE RD. 0.4 mi
3. Stay STRAIGHT to go onto PALATINE RD EXPRESS LN. 3.6 mi
4. Take the ramp toward IL-21/MILWAUKEE AVE/US-45. 0.1 mi
5. Stay STRAIGHT to go onto E PALATINE RD. 0.6 mi
6. Turn RIGHT onto N MILWAUKEE AVE/US-45/IL-21. Continue to follow N MILWAUKEE AVE/IL-21. 4.6 mi
7. Turn LEFT onto W GOLF RD/IL-58. 0.2 mi
8. 8333 W GOLF RD is on the RIGHT.

8333 W Golf Rd Edit
Niles, IL 60714-1113

Total Travel Estimate: 18 minutes / 10.28 miles Fuel Cost: [Calculate](#)

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GLENBRIDGE NURSING CENTRE		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
8333 WEST GOLF ROAD		Aggressive/Anti-Social		DIAGNOSIS	
NILES, IL. 60714		Chronic Alcoholism		Neoplasms	
Reference Numbers	Facility ID 6006191	Developmentally Disabled		Endocrine/Metabolic	
Health Service Area 007	Planning Service Area 702	Drug Addiction		Blood Disorders	
Administrator		Medicaid Recipient		*Nervous System Non Alzheimer	
John Marc Sianghio		Medicare Recipient		Alzheimer Disease	
Contact Person and Telephone		Mental Illness		Mental Illness	
John Marc Sianghio		Non-Ambulatory		Developmental Disability	
847-966-9190 ext. 102		Non-Mobile		Circulatory System	
Registered Agent Information	Date Completed 4/27/2010	Public Aid Recipient		Respiratory System	
		Under 65 Years Old		Digestive System	
		Unable to Self-Medicate		Genitourinary System Disorders	
		Ventilator Dependent		Skin Disorders	
		Infectious Disease w/ Isolation		Musculo-skeletal Disorders	
FACILITY OWNERSHIP		Other Restrictions		Injuries and Poisonings	
FOR-PROF CORPORATION		No Restrictions		Other Medical Conditions	
CONTINUING CARE COMMUNITY	No	<i>Note: Reported restrictions denoted by '1'</i>		Non-Medical Conditions	
LIFE CARE FACILITY	No			TOTALS	
				Total Residents Diagnosed as Mentally Ill	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS							ADMISSIONS AND DISCHARGES - 2009		
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	302	302	276	302	251	51	94	302	253	Total Admissions 2009 750
Skilled Under 22	0	0	0	0	0	0	0	0		Total Discharges 2009 752
Intermediate DD	0	0	0	0	0	0	0	0		Residents on 12/31/2009 251
Sheltered Care	0	0	0	0	0	0	0	0		Identified Offenders 0
TOTAL BEDS	302	302	276	302	251	51	94	302		

LEVEL OF CARE	FACILITY UTILIZATION - 2009									Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.	
	Medicare			Medicaid		Other Public	Private Insurance	Private Pay	Charity Care			TOTAL
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days			Pat. days
Nursing Care	7666	22.3%	80758	73.3%	411	746	3087	0	92668	84.1%	84.1%	
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	0	0	0.0%	0.0%	
TOTALS	7666	22.3%	80758	73.3%	411	746	3087	0	92668	84.1%	84.1%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009										GRAND TOTAL
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		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	3	2	0	0	0	0	0	0	3	2	5
45 to 59	21	18	0	0	0	0	0	0	21	18	39
60 to 64	19	15	0	0	0	0	0	0	19	15	34
65 to 74	21	23	0	0	0	0	0	0	21	23	44
75 to 84	23	34	0	0	0	0	0	0	23	34	57
85+	18	54	0	0	0	0	0	0	18	54	72
TOTALS	105	146	0	0	0	0	0	0	105	146	251

GLENBRIDGE NURSING CENTRE

8333 WEST GOLF ROAD
NILES, IL. 60714

Reference Numbers Facility ID 6006191

Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS	
Nursing Care	20	224	0	2	5	0	251
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	20	224	0	2	5	0	251

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	145
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	50	0	0	0	50
Amer. Indian	0	0	0	0	0
Black	10	0	0	0	10
Hawaiian/Pac. Isl.	4	0	0	0	4
White	179	0	0	0	179
Race Unknown	8	0	0	0	8
Total	251	0	0	0	251

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	246	0	0	0	246
Ethnicity Unknown	0	0	0	0	0
Total	251	0	0	0	251

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	29.00
LPN's	10.00
Certified Aides	72.00
Other Health Staff	38.50
Non-Health Staff	40.00
Totals	191.50

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
22.8%	72.0%	0.5%	1.5%	3.2%	100.0%	0	0.0%
3,480,906	11,011,190	69,641	233,831	491,045	15,286,613		

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

There's a new MapQuest - come try it out!



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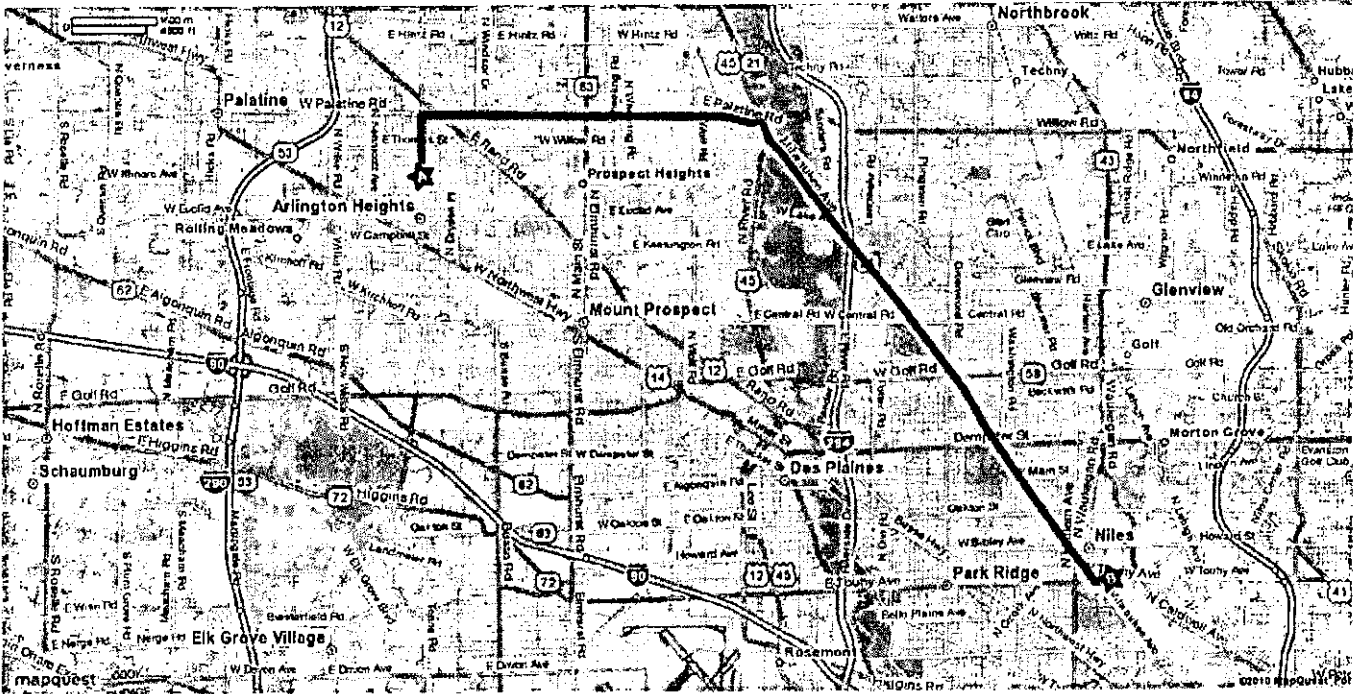
1200 N Arlington Heights Rd
Arlington Heights, IL 60004-4741



6840 W Touhy Ave
Niles, IL 60714-4520

Total Travel Estimate: 26 minutes / 13.81 miles Fuel Cost: [Calculate](#)

Forest Villa Nursing & Rehab Center



1200 N Arlington Heights Rd Edit
Arlington Heights, IL 60004-4741

1. Start out going NORTH on N ARLINGTON HEIGHTS RD toward E OLIVE ST. 0.9 mi
2. Turn RIGHT onto E PALATINE RD. 0.4 mi
3. Stay STRAIGHT to go onto PALATINE RD EXPRESS LN. 3.6 mi
4. Take the ramp toward IL-21/MILWAUKEE AVE/US-45. 0.1 mi
5. Stay STRAIGHT to go onto E PALATINE RD. 0.6 mi
6. Turn RIGHT onto N MILWAUKEE AVE/US-45/IL-21. Continue to follow N MILWAUKEE AVE. 8.1 mi
7. Turn LEFT onto W TOUHY AVE. 0.2 mi
8. 6840 W TOUHY AVE is on the LEFT.

6840 W Touhy Ave Edit
Niles, IL 60714-4520

Total Travel Estimate: 26 minutes / 13.81 miles Fuel Cost: [Calculate](#)

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FOREST VILLA NURSING & REHAB		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
6840 WEST TOUHY AVENUE		Aggressive/Anti-Social	0	DIAGNOSIS		
NILES, IL. 60714		Chronic Alcoholism	1	Neoplasms	4	
Reference Numbers	Facility ID 6003214	Developmentally Disabled	0	Endocrine/Metabolic	30	
Health Service Area 007	Planning Service Area 702	Drug Addiction	1	Blood Disorders	16	
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	51	
Margo Marasa		Medicare Recipient	0	Alzheimer Disease	17	
Contact Person and Telephone		Mental Illness	1	Mental Illness	0	
MARGO MARASA		Non-Ambulatory	0	Developmental Disability	5	
847-647-6400		Non-Mobile	0	Circulatory System	13	
Registered Agent Information	Date Completed 5/6/2010	Public Aid Recipient	0	Respiratory System	10	
		Under 65 Years Old	0	Digestive System	0	
		Unable to Self-Medicate	0	Genitourinary System Disorders	4	
		Ventilator Dependent	1	Skin Disorders	0	
		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	5	
FACILITY OWNERSHIP		Other Restrictions	0	Injuries and Poisonings	1	
LIMITED LIABILITY CO		No Restrictions	0	Other Medical Conditions	0	
CONTINUING CARE COMMUNITY	No	<i>Note: Reported restrictions denoted by 'I'</i>			Non-Medical Conditions	0
LIFE CARE FACILITY	No				TOTALS	156
					Total Residents Diagnosed as Mentally Ill	0

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2009	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	212	190	178	190	156	56	212	212	Total Admissions 2009	504
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2009	506
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2009	156
Sheltered Care	0	0	0	0	0	0			Identified Offenders	0
TOTAL BEDS	212	190	178	190	156	56	212	212		

FACILITY UTILIZATION - 2009												
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 Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	9070	11.7%	40627	52.5%	0	1761	8910	0	60368	78.0%	87.0%	
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	0	0	0.0%	0.0%	
TOTALS	9070	11.7%	40627	52.5%	0	1761	8910	0	60368	78.0%	87.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009												
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	1	1	0	0	0	0	0	0	1	1	2	
45 to 59	5	7	0	0	0	0	0	0	5	7	12	
60 to 64	4	7	0	0	0	0	0	0	4	7	11	
65 to 74	11	12	0	0	0	0	0	0	11	12	23	
75 to 84	16	28	0	0	0	0	0	0	16	28	44	
85+	16	48	0	0	0	0	0	0	16	48	64	
TOTALS	53	103	0	0	0	0	0	0	53	103	156	

FOREST VILLA NURSING & REHAB

6840 WEST TOUHY AVENUE

NILES, IL. 60714

Reference Numbers Facility ID 6003214

Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS	
Nursing Care	25	99	5	3	24	0	156
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	25	99	5	3	24	0	156

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	265	224
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	5	0	0	0	5
Amer. Indian	0	0	0	0	0
Black	11	0	0	0	11
Hawaiian/Pac. Isl.	0	0	0	0	0
White	140	0	0	0	140
Race Unknown	0	0	0	0	0
Total	156	0	0	0	156

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	11	0	0	0	11
Non-Hispanic	145	0	0	0	145
Ethnicity Unknown	0	0	0	0	0
Total	156	0	0	0	156

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	11.00
Certified Aides	53.00
Other Health Staff	12.00
Non-Health Staff	49.00
Totals	145.00

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
15.9%	58.5%	0.0%	6.6%	19.0%	100.0%		0.0%
1,571,790	5,778,779	0	654,453	1,873,221	9,878,243	0	

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

There's a new MapQuest - come try it out!



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★ Starting Location

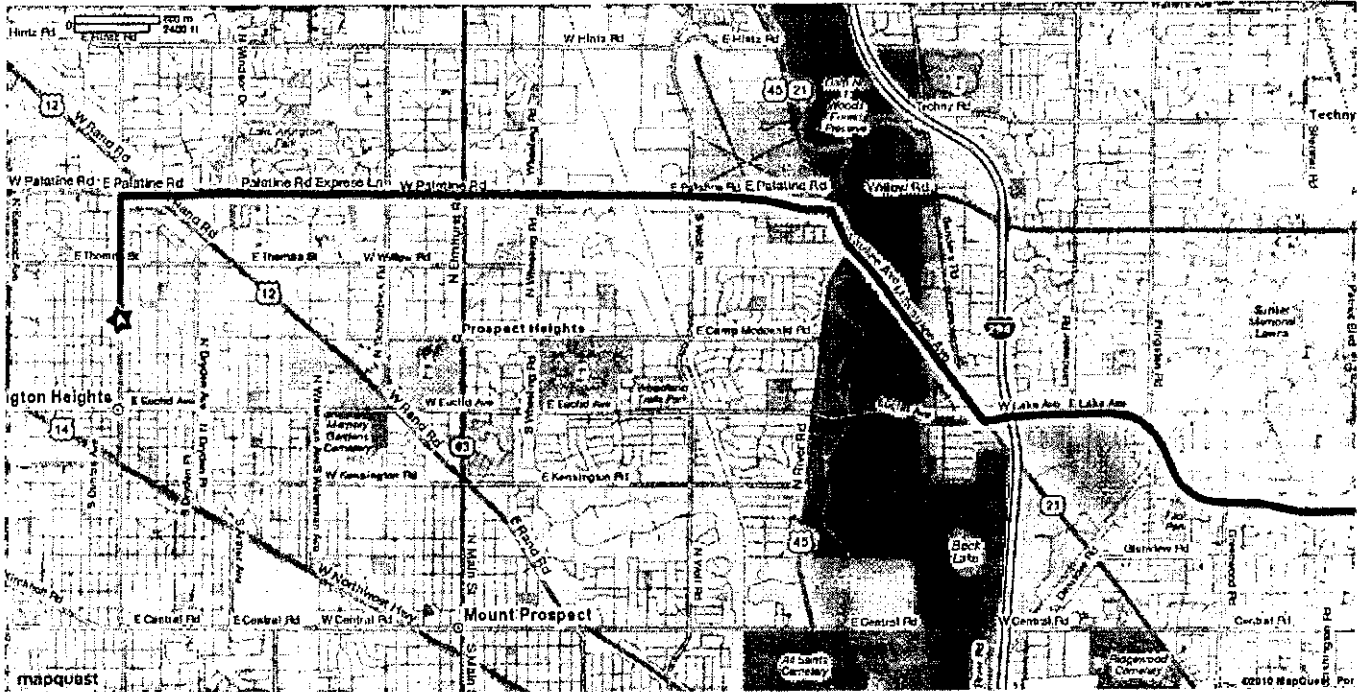
1200 N Arlington Heights Rd
Arlington Heights, IL 60004-4741

★ Ending Location

2401 Indigo Ln
Glenview, IL 60026-1299

Total Travel Estimate: 16 minutes / 10.80 miles Fuel Cost: [Calculate](#)

Classic Residences Care Center



★ **1200 N Arlington Heights Rd** Edit
Arlington Heights, IL 60004-4741

1. Start out going **NORTH** on N ARLINGTON HEIGHTS RD toward E OLIVE ST. 0.9 mi
2. Turn **RIGHT** onto E PALATINE RD. 0.4 mi
3. Stay **STRAIGHT** to go onto PALATINE RD EXPRESS LN. 3.6 mi
4. Take the ramp toward IL-21/MILWAUKEE AVE/US-45. 0.1 mi
5. Stay **STRAIGHT** to go onto E PALATINE RD. 0.6 mi
6. Turn **RIGHT** onto N MILWAUKEE AVE/US-45/IL-21. Continue to follow N MILWAUKEE AVE/IL-21. 1.8 mi
7. Turn **LEFT** onto W LAKE AVE/EUCLID AVE. Continue to follow W LAKE AVE. 3.1 mi
8. Turn **LEFT** onto PATRIOT BLVD. 0.1 mi
9. Turn **RIGHT** onto INDIGO LN. 0.0 mi
10. Turn **RIGHT** to stay on INDIGO LN. 0.2 mi
11. 2401 INDIGO LN is on the **RIGHT**.

★ **2401 Indigo Ln** Edit
Glenview, IL 60026-1299

CLASSIC RESIDENCE CARE CENTER		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
2401 INDIGO LANE		Aggressive/Anti-Social 0		DIAGNOSIS	
GLENVIEW, IL. 60026		Chronic Alcoholism 0		Neoplasms 2	
Reference Numbers	Facility ID 6015689	Developmentally Disabled 1		Endocrine/Metabolic 1	
Health Service Area 007	Planning Service Area 702	Drug Addiction 0		Blood Disorders 0	
Administrator		Medicaid Recipient 1		*Nervous System Non Alzheimer 9	
Cherie Getlin		Medicare Recipient 0		Alzheimer Disease 15	
Contact Person and Telephone		Mental Illness 0		Mental Illness 0	
CHERIE GETLIN		Non-Ambulatory 0		Developmental Disability 0	
847-904-4710		Non-Mobile 0		Circulatory System 3	
Registered Agent Information	Date Completed 4/23/2010	Public Aid Recipient 0		Respiratory System 0	
		Under 65 Years Old 0		Digestive System 0	
		Unable to Self-Medicate 0		Genitourinary System Disorders 2	
		Ventilator Dependent 1		Skin Disorders 0	
		Infectious Disease w/ Isolation 0		Musculo-skeletal Disorders 5	
		Other Restrictions 0		Injuries and Poisonings 0	
		No Restrictions 0		Other Medical Conditions 0	
				Non-Medical Conditions 0	
				TOTALS 37	
				Total Residents Diagnosed as Mentally Ill 0	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS						ADMISSIONS AND DISCHARGES - 2009		Residents on 1/1/2009	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED			Total Admissions 2009	Total Discharges 2009
Nursing Care	38	38	38	38	37	1	38	0	79	79
Skilled Under 22	0	0	0	0	0	0	0	0	37	37
Intermediate DD	0	0	0	0	0	0	0	0		
Sheltered Care	0	0	0	0	0	0	0	0	Identified Offenders	0
TOTAL BEDS	38	38	38	38	37	1	38	0		

FACILITY UTILIZATION - 2009											
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 Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1625	11.7%	0	0.0%	0	67	11163	0	12855	92.7%	92.7%
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	0	0	0.0%	0.0%
TOTALS	1625	11.7%	0	0.0%	0	67	11163	0	12855	92.7%	92.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009											
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	1	2	0	0	0	0	0	0	1	2	3
85+	14	20	0	0	0	0	0	0	14	20	34
TOTALS	15	22	0	0	0	0	0	0	15	22	37

CLASSIC RESIDENCE CARE CENTER

2401 INDIGO LANE
GLENVIEW, IL. 60026

Reference Numbers Facility ID 6015689

Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS	
Nursing Care	4	0	0	0	33	0	37
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	0	0	0	33	0	37

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	309	0
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	37	0	0	0	37
Race Unknown	0	0	0	0	0
Total	37	0	0	0	37

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	37	0	0	0	37
Ethnicity Unknown	0	0	0	0	0
Total	37	0	0	0	37

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.10
Director of Nursing	1.00
Registered Nurses	7.50
LPN's	1.00
Certified Aides	16.80
Other Health Staff	0.00
Non-Health Staff	16.00
Totals	43.40

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
32.7%	0.0%	0.0%	1.1%	66.2%	100.0%		0.0%
771,825	0	0	25,071	1,563,593	2,360,489	0	

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

There's a new MapQuest - come try it out!



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★ Starting Location

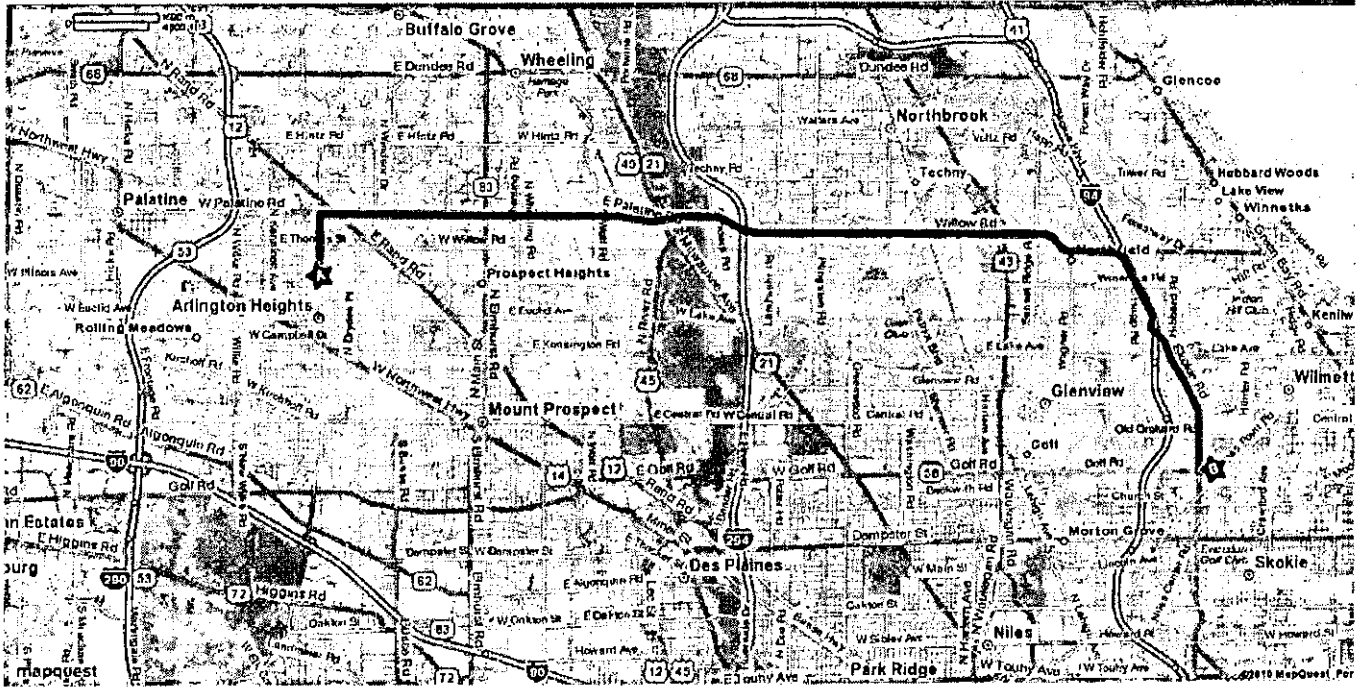
1200 N Arlington Heights Rd
Arlington Heights, IL 60004-4741

★ Ending Location

9615 Knox Ave
Skokie, IL 60076-1219

Total Travel Estimate: 28 minutes / 15.64 miles Fuel Cost: [Calculate](#)

Cambridge Nursing



★ 1200 N Arlington Heights Rd Edit
Arlington Heights, IL 60004-4741

1. Start out going NORTH on N ARLINGTON HEIGHTS RD toward E OLIVE ST. 0.9 mi
2. Turn RIGHT onto E PALATINE RD. 0.4 mi
3. Stay STRAIGHT to go onto PALATINE RD EXPRESS LN. 4.5 mi
4. PALATINE RD EXPRESS LN becomes WILLOW RD. 6.1 mi
5. Merge onto I-94 E/EDENS EXPY E/US-41 S toward CHICAGO. 1.1 mi
6. Take the US-41 S/SKOKIE RD exit, EXIT 34A. 0.4 mi
7. Turn SLIGHT RIGHT onto US-41/SKOKIE RD. Continue to follow US-41. 2.0 mi
8. Turn LEFT onto GOLF RD. 0.2 mi
9. Turn LEFT onto KNOX AVE. 0.1 mi
10. 9615 KNOX AVE is on the RIGHT.

★ 9615 Knox Ave Edit
Skokie, IL 60076-1219

Total Travel Estimate: 28 minutes / 15.64 miles Fuel Cost: [Calculate](#)

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or traffic. Application Page 382

CAMBRIDGE NRSG. & REHAB CENTER		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
9615 NORTH KNOX AVENUE		Aggressive/Anti-Social 0		DIAGNOSIS	
SKOKIE, IL. 60076		Chronic Alcoholism 0		Neoplasms 4	
Reference Numbers	Facility ID 6008635	Developmentally Disabled 0		Endocrine/Metabolic 18	
Health Service Area 007	Planning Service Area 702	Drug Addiction 0		Blood Disorders 7	
Administrator		Medicaid Recipient 0		*Nervous System Non Alzheimer 16	
MARGARET O'BRIEN		Medicare Recipient 0		Alzheimer Disease 0	
Contact Person and Telephone		Mental Illness 0		Mental Illness 22	
MARK APPEL		Non-Ambulatory 0		Developmental Disability 1	
847-679-4161		Non-Mobile 0		Circulatory System 0	
Registered Agent Information	Date Completed	Public Aid Recipient 0		Respiratory System 9	
MARK APPEL	5/4/2010	Under 65 Years Old 0		Digestive System 4	
9615 N KNOX AVE		Unable to Self-Medicare 0		Genitourinary System Disorders 7	
SKOKIE, IL 60076		Ventilator Dependent 0		Skin Disorders 5	
FACILITY OWNERSHIP		Infectious Disease w/ Isolation 0		Musculo-skeletal Disorders 0	
LIMITED LIABILITY CO		Other Restrictions 0		Injuries and Poisonings 3	
CONTINUING CARE COMMUNITY	No	No Restrictions 1		Other Medical Conditions 0	
LIFE CARE FACILITY	No	<i>Note: Reported restrictions denoted by '1'</i>		Non-Medical Conditions 0	
				TOTALS 96	
				Total Residents Diagnosed as Mentally Ill 22	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS							ADMISSIONS AND DISCHARGES - 2009		
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	113	109	106	109	96	17	113	113	100	Total Admissions 2009 84
Skilled Under 22	0	0	0	0	0	0	0	0	88	Total Discharges 2009 88
Intermediate DD	0	0	0	0	0	0	0	0	96	Residents on 12/31/2009 96
Sheltered Care	0	0	0	0	0	0	0	0	0	Identified Offenders 0
TOTAL BEDS	113	109	106	109	96	17	113	113		

FACILITY UTILIZATION - 2009											
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	4070	9.9%	26002	63.0%	3533	0	2726	0	36331	88.1%	91.3%
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	0	0	0	0.0%	0.0%
TOTALS	4070	9.9%	26002	63.0%	3533	0	2726	0	36331	88.1%	91.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009											
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	1	0	0	0	0	0	0	0	1	1
45 to 59	9	12	0	0	0	0	0	0	9	12	21
60 to 64	6	5	0	0	0	0	0	0	6	5	11
65 to 74	15	4	0	0	0	0	0	0	15	4	19
75 to 84	13	17	0	0	0	0	0	0	13	17	30
85+	6	8	0	0	0	0	0	0	6	8	14
TOTALS	49	47	0	0	0	0	0	0	49	47	96

CAMBRIDGE NRSNG. & REHAB CENTER

9615 NORTH KNOX AVENUE
SKOKIE, IL. 60076

Reference Numbers Facility ID 6008635

Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	71	6	0	8	96
Skilled Under 22	0	0	0	0	0	0
ICF/DD		0	0	0	0	0
Sheltered Care			0	0	0	0
TOTALS	11	71	6	0	8	96

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	148	148
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SKIUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Amer. Indian	0	0	0	0	0
Black	15	0	0	0	15
Hawaiian/Pac. Isl.	0	0	0	0	0
White	75	0	0	0	75
Race Unknown	3	0	0	0	3
Total	96	0	0	0	96

ETHNICITY	Nursing	SKIUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	90	0	0	0	90
Ethnicity Unknown	3	0	0	0	3
Total	96	0	0	0	96

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.00
LPN's	4.00
Certified Aides	35.00
Other Health Staff	4.00
Non-Health Staff	40.00
Totals	101.00

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
27.8%	57.4%	8.3%	0.0%	6.5%	100.0%	0	0.0%
1,707,028	3,518,207	512,017	0	395,589	6,132,841	0	

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

There's a new MapQuest - come try it out!



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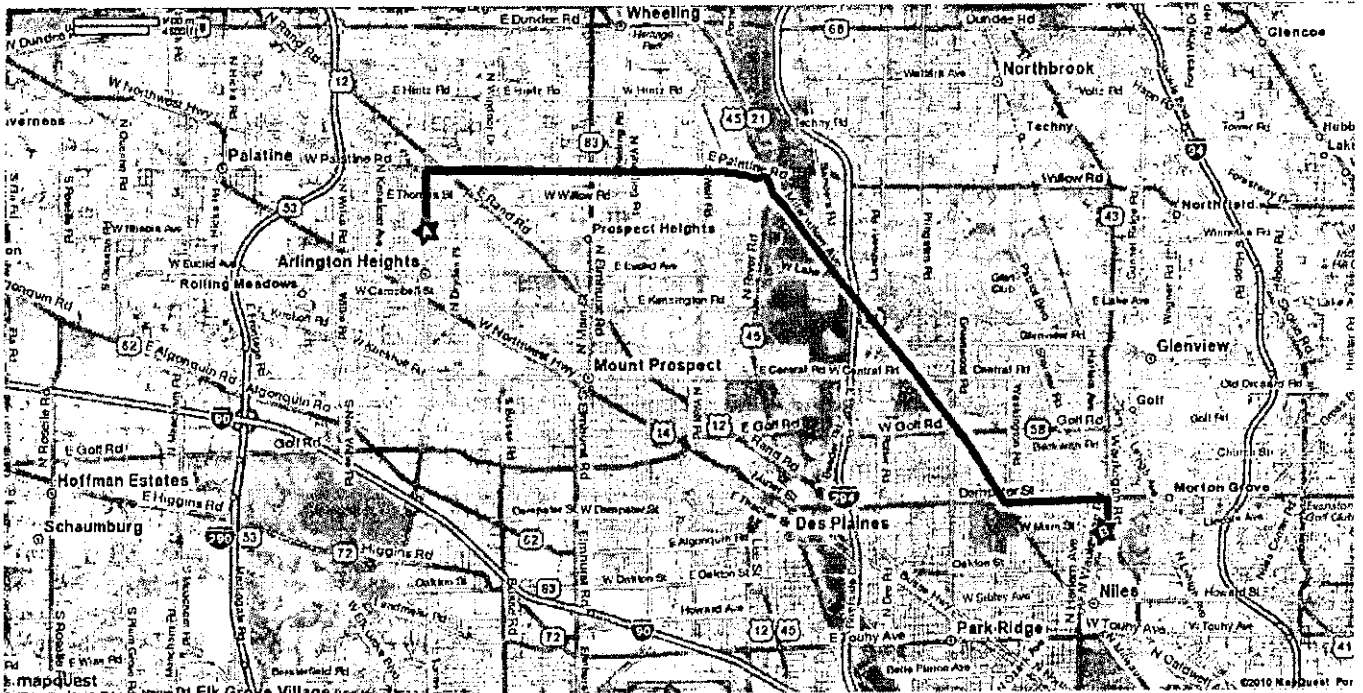
Starting Location
1200 N Arlington Heights Rd
Arlington Heights, IL 60004-4741



Ending Location
8425 Waukegan Rd
Morton Grove, IL 60053-2202

Total Travel Estimate: 24 minutes / 13.16 miles Fuel Cost: [Calculate](#)

Bethany Terrace Nursing Center



1200 N Arlington Heights Rd
Arlington Heights, IL 60004-4741

1. Start out going NORTH on N ARLINGTON HEIGHTS RD toward E OLIVE ST. 0.9 mi
2. Turn RIGHT onto E PALATINE RD. 0.4 mi
3. Stay STRAIGHT to go onto PALATINE RD EXPRESS LN. 3.6 mi
4. Take the ramp toward IL-21/MILWAUKEE AVE/US-45. 0.1 mi
5. Stay STRAIGHT to go onto E PALATINE RD. 0.6 mi
6. Turn RIGHT onto N MILWAUKEE AVE/US-45/IL-21. Continue to follow N MILWAUKEE AVE/IL-21. 5.7 mi
7. Turn LEFT onto DEMPSTER ST/W DEMPSTER ST. 0.1 mi
8. Stay STRAIGHT to go onto DEMPSTER ST/W DEMPSTER ST. Continue to follow DEMPSTER ST. 1.3 mi
9. Turn RIGHT onto WAUKEGAN RD/US-14/IL-43. 0.3 mi
10. Turn SLIGHT RIGHT onto WAUKEGAN RD/IL-43. 0.2 mi
11. 8425 WAUKEGAN RD is on the LEFT.

8425 Waukegan Rd
Morton Grove, IL 60053-2202

BETHANY TERRACE NURSING CENTRE		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
8425 WAUKEGAN ROAD		Aggressive/Anti-Social		DIAGNOSIS	
MORTON GROVE, IL. 60053		Chronic Alcoholism		Neoplasms	
Reference Numbers	Facility ID 6000889	Developmentally Disabled		Endocrine/Metabolic	
Health Service Area 007	Planning Service Area 702	Drug Addiction		Blood Disorders	
Administrator		Medicaid Recipient		*Nervous System Non Alzheimer	
Marya T. Jordan		Medicare Recipient		Alzheimer Disease	
Contact Person and Telephone		Mental Illness		Mental Illness	
Marya T. Jordan		Non-Ambulatory		Developmental Disability	
847-965-8100		Non-Mobile		Circulatory System	
Registered Agent Information	Date Completed	Public Aid Recipient		Respiratory System	
	5/7/2010	Under 65 Years Old		Digestive System	
		Unable to Self-Medicare		Genitourinary System Disorders	
		Ventilator Dependent		Skin Disorders	
		Infectious Disease w/ Isolation		Musculo-skeletal Disorders	
		Other Restrictions		Injuries and Poisonings	
FACILITY OWNERSHIP		No Restrictions		Other Medical Conditions	
NON-PROF CORPORATION				Non-Medical Conditions	
CONTINUING CARE COMMUNITY	No	<i>Note: Reported restrictions denoted by '1'</i>		TOTALS	
LIFE CARE FACILITY	No			Total Residents Diagnosed as Mentally Ill	
				121	
				0	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS							ADMISSIONS AND DISCHARGES - 2009		
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	273	171	144	171	120	153	103	89	139	323
Skilled Under 22	0	0	0	0	0	0	0	0		341
Intermediate DD	0	0	0	0	0	0	0	0		121
Sheltered Care	2	1	1	1	1	1			Identified Offenders	0
TOTAL BEDS	275	172	145	172	121	154	103	89		

FACILITY UTILIZATION - 2009											
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 Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	7084	18.8%	21664	66.7%	0	487	18859	350	48444	48.6%	77.6%
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	365	0	365	50.0%	100.0%
TOTALS	7084	18.8%	21664	66.7%	0	487	19224	350	48809	48.6%	77.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009											
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	2	0	0	0	0	0	0	0	2	0	2
45 to 59	0	2	0	0	0	0	0	0	0	2	2
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	2	1	0	0	0	0	0	0	2	1	3
75 to 84	9	23	0	0	0	0	0	0	9	23	32
85+	27	53	0	0	0	0	0	1	27	54	81
TOTALS	40	80	0	0	0	0	0	1	40	81	121

BETHANY TERRACE NURSING CENTRE

8425 WAUKEGAN ROAD
MORTON GROVE, IL. 60053

Reference Numbers Facility ID 6000889

Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS	
Nursing Care	13	55	0	1	50	1	120
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	1	0	1
TOTALS	13	55	0	1	51	1	121

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	292	233
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	292	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkilUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	1	0	0	0	1
White	114	0	0	1	115
Race Unknown	0	0	0	0	0
Total	120	0	0	1	121

ETHNICITY	Nursing	SkilUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	116	0	0	1	117
Ethnicity Unknown	0	0	0	0	0
Total	120	0	0	1	121

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.00
LPN's	10.00
Certified Aides	59.00
Other Health Staff	16.00
Non-Health Staff	46.00
Totals	151.00

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
29.4%	25.9%	0.0%	2.4%	42.2%	100.0%		0.3%
3,184,079	2,807,524	0	259,834	4,570,119	10,821,556	30,867	

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

There's a new MapQuest - come try it out!



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★ Starting Location

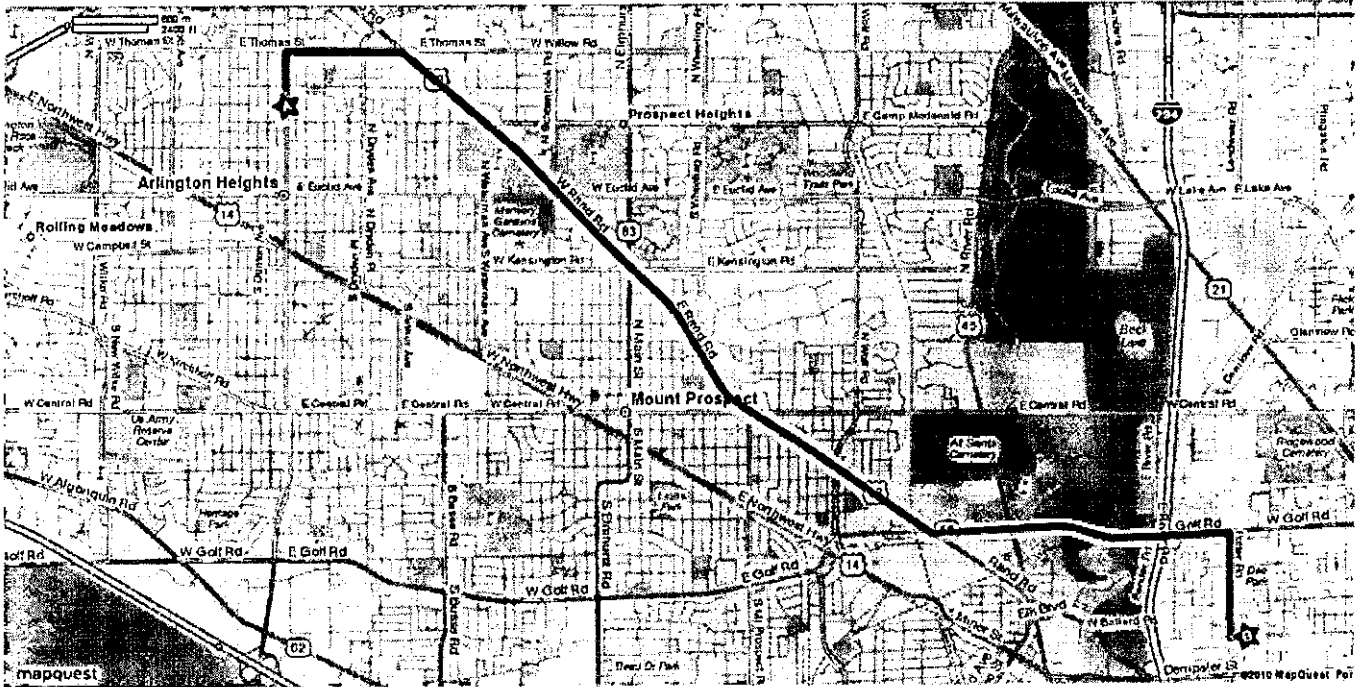
1200 N Arlington Heights Rd
Arlington Heights, IL 60004-4741

★ Ending Location


9300 W Ballard Rd
Des Plaines, IL 60016-4904


Total Travel Estimate: 19 minutes / 8.83 miles Fuel Cost: [Calculate](#)


Ballard Nursing Center





★ 1200 N Arlington Heights Rd Edit
Arlington Heights, IL 60004-4741


-  Start out going NORTH on N ARLINGTON HEIGHTS RD toward E OLIVE ST. 0.4 mi


-  2. Turn RIGHT onto E THOMAS ST. 0.6 mi

-  3. Turn SLIGHT RIGHT onto US-12/E RAND RD. 4.9 mi

-  4. Turn SLIGHT LEFT onto E GOLF RD/IL-58. 2.0 mi

-  5. Turn RIGHT onto POTTER RD. 0.7 mi

-  6. Turn LEFT onto W BALLARD RD. 0.1 mi

-  7. 9300 W BALLARD RD is on the LEFT.

★ 9300 W Ballard Rd Edit
Des Plaines, IL 60016-4904

Total Travel Estimate: 19 minutes / 8.83 miles Fuel Cost: [Calculate](#)

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BALLARD NURSING CENTER		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
9300 BALLARD ROAD		Aggressive/Anti-Social 1		DIAGNOSIS	
DES PLAINES, IL. 60016		Chronic Alcoholism 0		Neoplasms 4	
Reference Numbers	Facility ID 6000640	Developmentally Disabled 0		Endocrine/Metabolic 25	
Health Service Area 007	Planning Service Area 702	Drug Addiction 1		Blood Disorders 0	
Administrator		Medicaid Recipient 0		*Nervous System Non Alzheimer 0	
Eli Pick		Medicare Recipient 0		Alzheimer Disease 0	
Contact Person and Telephone		Mental Illness 1		Mental Illness 0	
ELI PICK		Non-Ambulatory 0		Developmental Disability 0	
847-294-2300		Non-Mobile 0		Circulatory System 14	
Registered Agent Information	Date Completed	Public Aid Recipient 0		Respiratory System 41	
Eli Pick	5/7/2010	Under 65 Years Old 0		Digestive System 6	
9300 Ballard Road		Unable to Self-Medicare 0		Genitourinary System Disorders 2	
Des Plaines, IL 60016		Ventilator Dependent 0		Skin Disorders 2	
FACILITY OWNERSHIP		Infectious Disease w/ Isolation 0		Musculo-skeletal Disorders 31	
FOR-PROF CORPORATION		Other Restrictions 0		Injuries and Poisonings 0	
CONTINUING CARE COMMUNITY	No	No Restrictions 0		Other Medical Conditions 0	
LIFE CARE FACILITY	No	<i>Note: Reported restrictions denoted by '1'</i>		Non-Medical Conditions 0	
				TOTALS 125	
				Total Residents Diagnosed as Mentally Ill 0	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS							ADMISSIONS AND DISCHARGES - 2009		
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	231	191	156	191	125	106	231	86	125	1047
Skilled Under 22	0	0	0	0	0	0		0		1047
Intermediate DD	0	0	0	0	0	0		0		125
Sheltered Care	0	0	0	0	0	0				0
TOTAL BEDS	231	191	156	191	125	106	231	86		
									Total Admissions 2009	1047
									Total Discharges 2009	1047
									Residents on 12/31/2009	125
									Identified Offenders	0

FACILITY UTILIZATION - 2009											
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	14691	17.4%	20453	65.2%	0	9165	3873	247	48429	57.4%	69.5%
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	0	0	0.0%	0.0%
TOTALS	14691	17.4%	20453	65.2%	0	9165	3873	247	48429	57.4%	69.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009											
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	1	0	0	0	0	0	0	0	1	0	1
45 to 59	13	8	0	0	0	0	0	0	13	8	21
60 to 64	7	3	0	0	0	0	0	0	7	3	10
65 to 74	11	19	0	0	0	0	0	0	11	19	30
75 to 84	10	26	0	0	0	0	0	0	10	26	36
85+	10	17	0	0	0	0	0	0	10	17	27
TOTALS	52	73	0	0	0	0	0	0	52	73	125

BALLARD NURSING CENTER

9300 BALLARD ROAD
DES PLAINES, IL. 60016

Reference Numbers Facility ID 6000640

Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS	
Nursing Care	36	57	0	19	13	0	125
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	36	57	0	19	13	0	125

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	300	215
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pac. Isl.	3	0	0	0	3
White	113	0	0	0	113
Race Unknown	0	0	0	0	0
Total	125	0	0	0	125

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	115	0	0	0	115
Ethnicity Unknown	0	0	0	0	0
Total	125	0	0	0	125

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.75
Director of Nursing	1.00
Registered Nurses	38.00
LPN's	8.00
Certified Aides	44.00
Other Health Staff	53.00
Non-Health Staff	54.00
Totals	200.75

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
43.3%	21.8%	0.0%	23.3%	11.6%	100.0%		0.6%
7,703,527	3,883,850	0	4,144,491	2,061,173	17,793,041	111,150	

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

There's a new MapQuest - come try it out!



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Starting Location
1200 N Arlington Heights Rd
Arlington Heights, IL 60004-4741



Ending Location
5050 Touhy Ave
Skokie, IL 60077-3542

Total Travel Estimate: 29 minutes / 18.84 miles Fuel Cost: [Calculate](#)

Alden North Shore Rehab



1200 N Arlington Heights Rd Edit
Arlington Heights, IL 60004-4741

- Start out going NORTH on N ARLINGTON HEIGHTS RD toward E OLIVE ST. 0.9 mi

- Turn RIGHT onto E PALATINE RD. 0.4 mi

- Stay STRAIGHT to go onto PALATINE RD EXPRESS LN. 4.5 mi

- PALATINE RD EXPRESS LN becomes WILLOW RD. 6.1 mi

- Merge onto I-94 E/EDENS EXPY E toward CHICAGO. 6.8 mi

- Take the WEST TOUHY AVE exit, EXIT 39A. 0.2 mi

- Turn SLIGHT RIGHT onto TOUHY AVE. 0.0 mi

- 5050 TOUHY AVE is on the RIGHT.

5050 Touhy Ave Edit
Skokie, IL 60077-3542

Total Travel Estimate: 29 minutes / 18.84 miles Fuel Cost: [Calculate](#)

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ALDEN NORTH SHORE REHAB & HC		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
5050 WEST TOUHY		Aggressive/Anti-Social 0		DIAGNOSIS	
SKOKIE, IL. 60077		Chronic Alcoholism 0		Neoplasms 0	
Reference Numbers	Facility ID 6014765	Developmentally Disabled 1		Endocrine/Metabolic 0	
Health Service Area 007	Planning Service Area 702	Drug Addiction 1		Blood Disorders 1	
Administrator		Medicaid Recipient 0		*Nervous System Non Alzheimer 0	
Jennifer Illarde		Medicare Recipient 0		Alzheimer Disease 0	
Contact Person and Telephone		Mental Illness 1		Mental Illness 0	
CHRISTINE REINHOFER		Non-Ambulatory 0		Developmental Disability 0	
773-286-3883		Non-Mobile 0		Circulatory System 1	
Registered Agent Information	Date Completed 5/7/2010	Public Aid Recipient 0		Respiratory System 0	
Ken Fisch		Under 65 Years Old 0		Digestive System 0	
4200 W. Peterson Avenue, Suite 140		Unable to Self-Medicate 0		Genitourinary System Disorders 1	
Chicago, IL 60646		Ventilator Dependent 1		Skin Disorders 0	
FACILITY OWNERSHIP		Infectious Disease w/ Isolation 0		Musculo-skeletal Disorders 0	
FOR-PROF CORPORATION		Other Restrictions 0		Injuries and Poisonings 0	
CONTINUING CARE COMMUNITY	No	No Restrictions 0		Other Medical Conditions 53	
LIFE CARE FACILITY	No	<i>Note: Reported restrictions denoted by '1'</i>		Non-Medical Conditions 0	
				TOTALS 56	
				Total Residents Diagnosed as Mentally Ill 0	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS						ADMISSIONS AND DISCHARGES - 2009			
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	93	80	80	80	56	37	93	10	68	Total Admissions 2009 1046
Skilled Under 22	0	0	0	0	0	0	0	0	56	Total Discharges 2009 1058
Intermediate DD	0	0	0	0	0	0	0	0		Residents on 12/31/2009 56
Sheltered Care	0	0	0	0	0	0	0	0		Identified Offenders 0
TOTAL BEDS	93	80	80	80	56	37	93	10		

FACILITY UTILIZATION - 2009											
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 Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	18227	53.7%	1019	27.9%	0	2782	1881	0	23909	70.4%	81.9%
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%	0	0	0	0	0	0.0%	0.0%
TOTALS	18227	53.7%	1019	27.9%	0	2782	1881	0	23909	70.4%	81.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009											
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	1	0	0	0	0	0	0	1	1	2
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	4	5	0	0	0	0	0	0	4	5	9
75 to 84	8	11	0	0	0	0	0	0	8	11	19
85+	3	22	0	0	0	0	0	0	3	22	25
TOTALS	17	39	0	0	0	0	0	0	17	39	56

ALDEN NORTH SHORE REHAB & HC

5050 WEST TOUHY
SKOKIE, IL. 60077

Reference Numbers Facility ID 6014765

Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Other				Private Pay	Charity Care	TOTALS
	Medicare	Medicaid	Public Insurance	Public			
Nursing Care	44	3	0	5	4	0	56
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	44	3	0	5	4	0	56

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	350	310
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	54	0	0	0	54
Race Unknown	0	0	0	0	0
Total	56	0	0	0	56

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	55	0	0	0	55
Ethnicity Unknown	0	0	0	0	0
Total	56	0	0	0	56

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.52
LPN's	2.13
Certified Aides	19.46
Other Health Staff	2.00
Non-Health Staff	32.16
Totals	67.27

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
84.1%	1.2%	0.0%	10.0%	4.7%	100.0%		0.0%
9,897,962	144,016	2,801	1,178,622	549,287	11,772,688	0	

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

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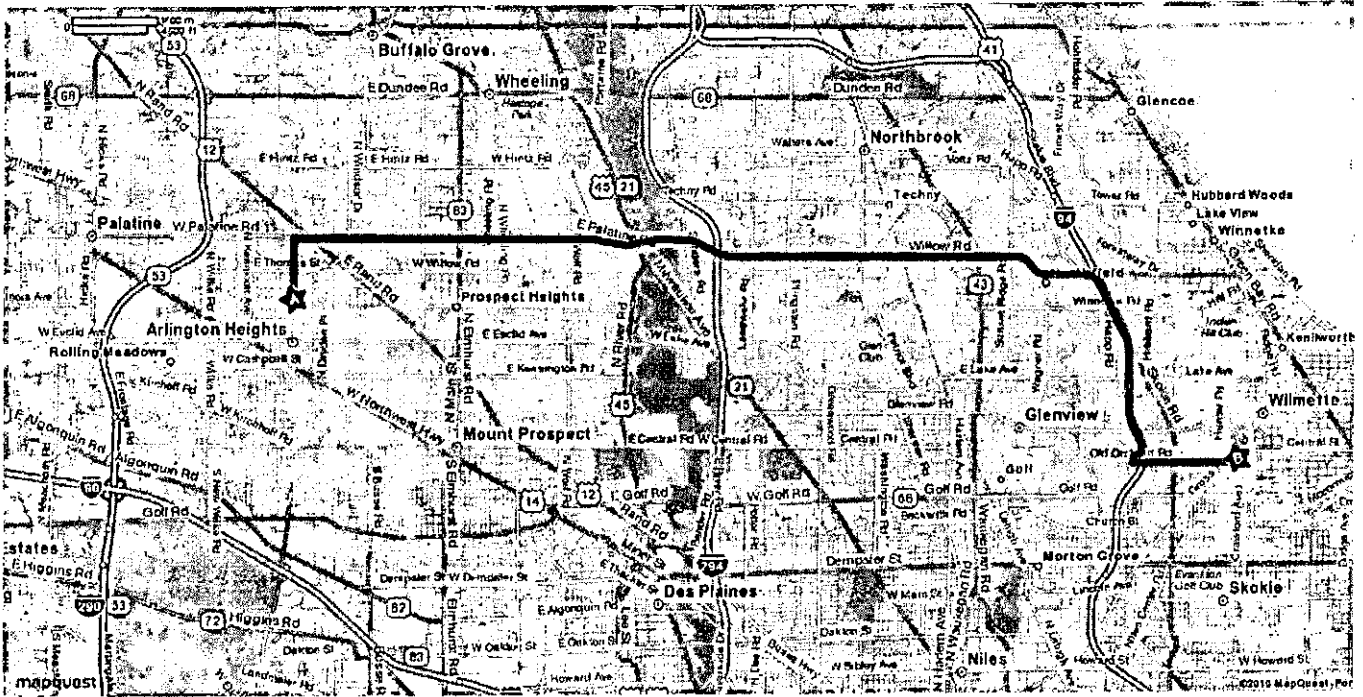
Starting Location
 1200 N Arlington Heights Rd
 Arlington Heights, IL 60004-4741



Ending Location
 2620 Gross Point Rd
 Evanston, IL 60201-4929

Total Travel Estimate: 28 minutes / 16.28 miles Fuel Cost: [Calculate](#)

Alden Estates Evanston



1200 N Arlington Heights Rd Edit
 Arlington Heights, IL 60004-4741

1. Start out going NORTH on N ARLINGTON HEIGHTS RD toward E OLIVE ST. 0.9 mi
2. Turn RIGHT onto E PALATINE RD. 0.4 mi
3. Stay STRAIGHT to go onto PALATINE RD EXPRESS LN. 4.5 mi
4. PALATINE RD EXPRESS LN becomes WILLOW RD. 6.1 mi
5. Merge onto I-94 E/EDENS EXPY E toward CHICAGO. 2.6 mi
6. Take the OLD ORCHARD RD exit, EXIT 35. 0.3 mi
7. Turn LEFT onto OLD ORCHARD RD. 1.4 mi
8. Turn SLIGHT LEFT onto GROSS POINT RD. 0.1 mi
9. 2620 GROSS POINT RD is on the LEFT.

2620 Gross Point Rd Edit
 Evanston, IL 60201-4929

Total Travel Estimate: 28 minutes / 16.28 miles Fuel Cost: [Calculate](#)

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ALDEN ESTATES OF EVANSTON		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
2520 GROSS POINTE ROAD		Aggressive/Anti-Social		DIAGNOSIS	
EVANSTON, IL. 60201		Chronic Alcoholism		Neoplasms	
Reference Numbers	Facility ID 6013429	Developmentally Disabled		Endocrine/Metabolic	
Health Service Area 007	Planning Service Area 702	Drug Addiction		Blood Disorders	
Administrator		Medicaid Recipient		*Nervous System Non Alzheimer	
Colleen Rodney		Medicare Recipient		Alzheimer Disease	
Contact Person and Telephone		Mental Illness		Mental Illness	
CHRIS REINHOFER		Non-Ambulatory		Developmental Disability	
773-286-3883		Non-Mobile		Circulatory System	
Registered Agent Information	Date Completed	Public Aid Recipient		Respiratory System	
Ken Fisch	5/7/2010	Under 65 Years Old		Digestive System	
4200 West Peterson Avenue Suite 140		Unable to Self-Medicare		Genitourinary System Disorders	
Chicago, IL 60646		Ventilator Dependent		Skin Disorders	
FACILITY OWNERSHIP		Infectious Disease w/ Isolation		Musculo-skeletal Disorders	
FOR-PROF CORPORATION		Other Restrictions		Injuries and Poisonings	
CONTINUING CARE COMMUNITY	No	No Restrictions		Other Medical Conditions	
LIFE CARE FACILITY	No	<i>Note: Reported restrictions denoted by '1'</i>		Non-Medical Conditions	
				TOTALS	
				Total Residents Diagnosed as Mentally Ill	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS						ADMISSIONS AND DISCHARGES - 2009			
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	52	52	49	52	35	17	52	52	66	Total Admissions 2009
Skilled Under 22	0	0	0	0	0	0	0	0	387	Total Discharges 2009
Intermediate DD	0	0	0	0	0	0	0	0	395	Residents on 12/31/2009
Sheltered Care	47	47	27	47	23	24			58	Identified Offenders
TOTAL BEDS	99	99	76	99	58	41	52	52	0	

FACILITY UTILIZATION - 2009											
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 Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	8089	42.6%	1431	7.5%	0	1101	3924	0	14545	76.6%	76.6%
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	9380	0	9380	54.7%	54.7%
TOTALS	8089	42.6%	1431	7.5%	0	1101	13304	0	23925	66.2%	66.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009											
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	2	0	0	0	0	0	0	1	2	1	3
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	2	3	0	0	0	0	0	1	2	4	6
75 to 84	2	6	0	0	0	0	1	3	3	9	12
85+	9	10	0	0	0	0	4	13	13	23	36
TOTALS	15	20	0	0	0	0	5	18	20	38	58

ALDEN ESTATES OF EVANSTON

2520 GROSS POINTE ROAD
EVANSTON, IL. 60201

Reference Numbers Facility ID 6013429

Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	3	0	5	10	0	35
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	23	0	23
TOTALS	17	3	0	5	33	0	58

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	435	250
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	195	130

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	1	2
Amer. Indian	0	0	0	0	0
Black	5	0	0	1	6
Hawaiian/Pac. Isl.	0	0	0	0	0
White	29	0	0	21	50
Race Unknown	0	0	0	0	0
Total	35	0	0	23	58

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	35	0	0	23	58
Ethnicity Unknown	0	0	0	0	0
Total	35	0	0	23	58

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.10
LPN's	5.08
Certified Aides	12.35
Other Health Staff	1.00
Non-Health Staff	35.10
Totals	61.63

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
60.4%	2.7%	0.0%	6.4%	30.4%	100.0%		0.0%
4,185,656	189,836	773	440,706	2,107,991	6,924,962	0	

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

FACILITY NOTES

Bed Change 11/6/2009 Facility added 10 Nursing Care beds and discontinued 19 Sheltered Care beds. Facility now has 52 Nursing Care and 47 Sheltered Care beds.

There's a new MapQuest - come try it out!



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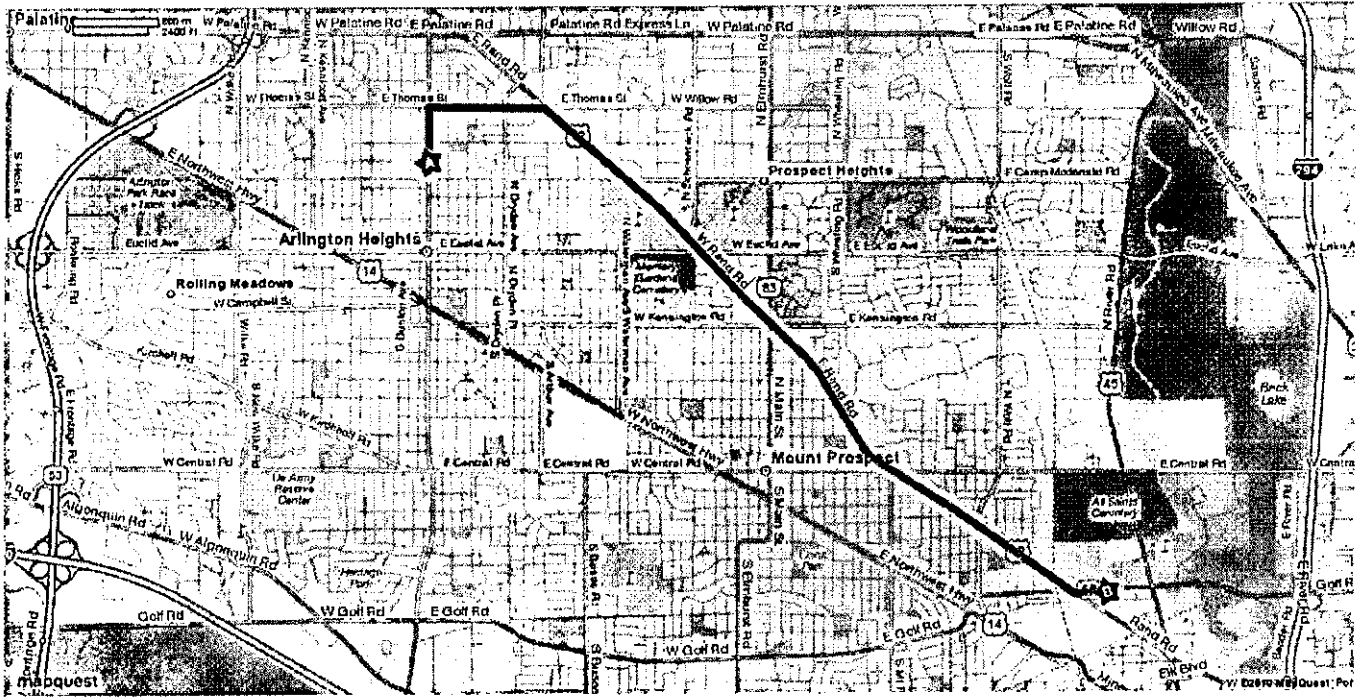
Starting Location
1200 N Arlington Heights Rd
 Arlington Heights, IL 60004-4741



Ending Location
1221 E Golf Rd
 Des Plaines, IL 60016-1213

Total Travel Estimate: 14 minutes / 6.23 miles Fuel Cost: [Calculate](#)

Alden Des Plaines Rehab



1200 N Arlington Heights Rd EdB
 Arlington Heights, IL 60004-4741

1. Start out going NORTH on N ARLINGTON HEIGHTS RD toward E OLIVE ST. 0.4 mi
2. Turn RIGHT onto E THOMAS ST. 0.8 mi
3. Turn SLIGHT RIGHT onto US-12/E RAND RD. 4.9 mi
4. Turn SLIGHT LEFT onto E GOLF RD/IL-58. 0.2 mi
5. 1221 E GOLF RD is on the RIGHT.

1221 E Golf Rd EdB
 Des Plaines, IL 60016-1213

Total Travel Estimate: 14 minutes / 6.23 miles Fuel Cost: [Calculate](#)

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ALDEN - DES PLAINES REHAB/HCC		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
1221 EAST GOLF ROAD		Aggressive/Anti-Social 1		DIAGNOSIS	
DES PLAINES, IL. 60016		Chronic Alcoholism 1		Neoplasms 0	
Reference Numbers	Facility ID 6014757	Developmentally Disabled 1		Endocrine/Metabolic 0	
Health Service Area 007	Planning Service Area 702	Drug Addiction 1		Blood Disorders 0	
Administrator		Medicaid Recipient 0		*Nervous System Non Alzheimer 0	
Rosalinda Tolentino		Medicare Recipient 0		Alzheimer Disease 1	
Contact Person and Telephone		Mental Illness 1		Mental Illness 0	
CHRIS REINHOFER		Non-Ambulatory 0		Developmental Disability 0	
773-286-3883		Non-Mobile 0		Circulatory System 0	
Registered Agent Information		Public Aid Recipient 0		Respiratory System 0	
Ken Fisch		Under 65 Years Old 0		Digestive System 0	
4200 W Peterson ste 140		Unable to Self-Medicare 0		Genitourinary System Disorders 0	
Chicago, IL 60646		Ventilator Dependent 1		Skin Disorders 0	
FACILITY OWNERSHIP		Infectious Disease w/ Isolation 0		Musculo-skeletal Disorders 0	
FOR-PROF CORPORATION		Other Restrictions 0		Injuries and Poisonings 0	
CONTINUING CARE COMMUNITY		No Restrictions 0		Other Medical Conditions 56	
LIFE CARE FACILITY		No		Non-Medical Conditions 0	
		Date Completed 4/29/2010		TOTALS 57	
		Note: Reported restrictions denoted by '1'		Total Residents Diagnosed as Mentally Ill 0	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS							ADMISSIONS AND DISCHARGES - 2009		
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	110	95	81	95	57	53	110	22	58	854
Skilled Under 22	0	0	0	0	0	0		0		855
Intermediate DD	0	0	0	0	0	0		0		57
Sheltered Care	0	0	0	0	0	0			0	0
TOTAL BEDS	110	95	81	95	57	53	110	22		

FACILITY UTILIZATION - 2009													
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 Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.		Pat. days	Pat. days	Pat. days	Pat. days					Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	16830	41.9%	2557	31.8%	0	2542	2032	0	23961	59.7%	69.1%		
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	0	0	0.0%	0.0%		
TOTALS	16830	41.9%	2557	31.8%	0	2542	2032	0	23961	59.7%	69.1%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009											
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	2	1	0	0	0	0	0	0	2	1	3
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	3	3	0	0	0	0	0	0	3	3	6
75 to 84	6	15	0	0	0	0	0	0	6	15	21
85+	5	20	0	0	0	0	0	0	5	20	25
TOTALS	18	39	0	0	0	0	0	0	18	39	57

ALDEN - DES PLAINES REHAB/HCC

1221 EAST GOLF ROAD
DES PLAINES, IL. 60016

Reference Numbers Facility ID 6014757

Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Other			Private Insurance	Private Pay	Charity Care	TOTALS
	Medicare	Medicaid	Public				
Nursing Care	34	8	0	5	10	0	57
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	34	8	0	5	10	0	57

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	300	270
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	54	0	0	0	54
Race Unknown	0	0	0	0	0
Total	57	0	0	0	57

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	57	0	0	0	57
Ethnicity Unknown	0	0	0	0	0
Total	57	0	0	0	57

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	5.00
Certified Aides	19.00
Other Health Staff	20.00
Non-Health Staff	20.00
Totals	75.00

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
81.8%	3.4%	0.1%	9.2%	5.4%	100.0%	0	0.0%
8,889,034	373,912	11,493	999,072	589,593	10,863,104		

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

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★ Starting Location

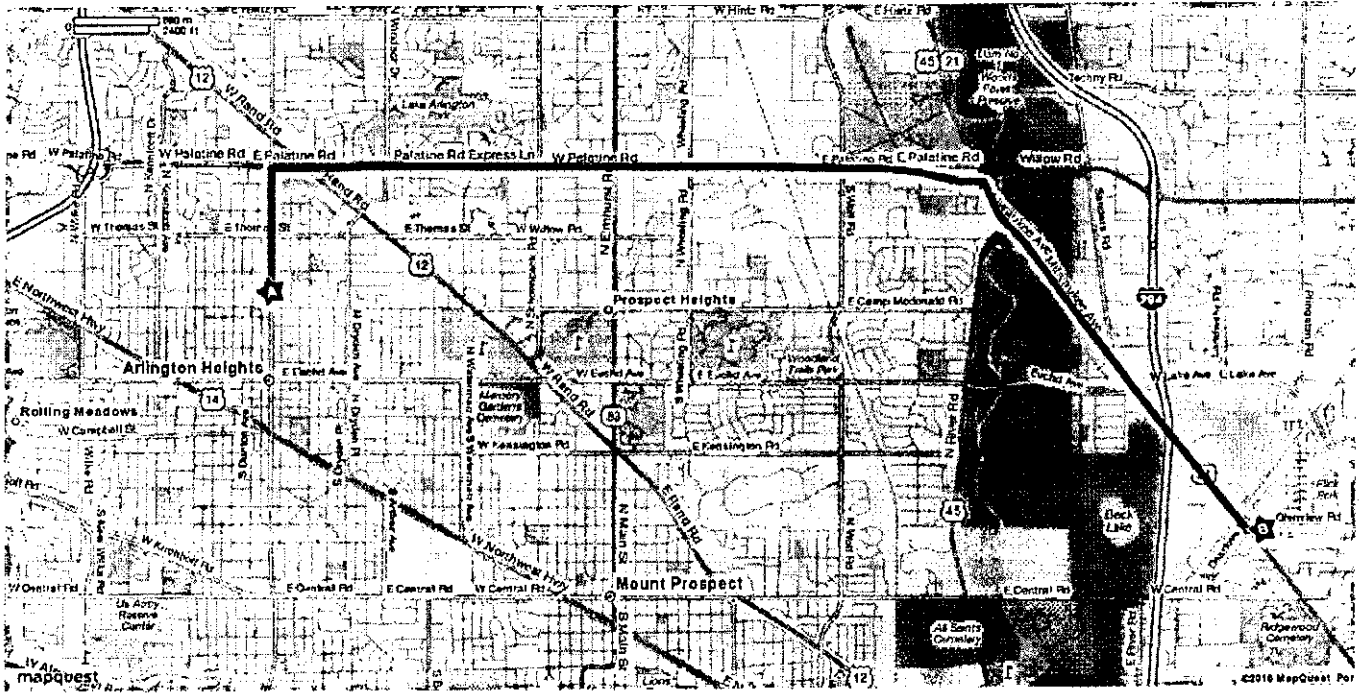
1200 N Arlington Heights Rd
Arlington Heights, IL 60004-4741

★ Ending Location

3901 Glenview Rd
Glenview, IL 60025-2467

Total Travel Estimate: 14 minutes / 8.64 miles Fuel Cost: [Calculate](#)

Abington of Glenview



★ 1200 N Arlington Heights Rd Edit
Arlington Heights, IL 60004-4741

1. Start out going NORTH on N ARLINGTON HEIGHTS RD toward E OLIVE ST. 0.9 mi
2. Turn RIGHT onto E PALATINE RD. 0.4 mi
3. Stay STRAIGHT to go onto PALATINE RD EXPRESS LN. 3.6 mi
4. Take the ramp toward IL-21/MILWAUKEE AVE/US-45. 0.1 mi
5. Stay STRAIGHT to go onto E PALATINE RD. 0.6 mi
6. Turn RIGHT onto N MILWAUKEE AVE/US-45/IL-21. Continue to follow N MILWAUKEE AVE/IL-21. 3.0 mi
7. Turn LEFT onto GLENVIEW RD. 0.1 mi
8. 3901 GLENVIEW RD is on the RIGHT.

★ 3901 Glenview Rd Edit
Glenview, IL 60025-2467

Total Travel Estimate: 14 minutes / 8.64 miles Fuel Cost: [Calculate](#)

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ABINGTON OF GLENVIEW		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
3901 GLENVIEW ROAD GLENVIEW, IL. 60025		Aggressive/Anti-Social 0		DIAGNOSIS	
Reference Numbers Facility ID 6012595		Chronic Alcoholism 0		Neoplasms 1	
Health Service Area 007 Planning Service Area 702		Developmentally Disabled 1		Endocrine/Metabolic 24	
Administrator		Drug Addiction 0		Blood Disorders 0	
Marilyn Novak		Medicaid Recipient 1		*Nervous System Non Alzheimer 0	
Contact Person and Telephone		Medicare Recipient 0		Alzheimer Disease 10	
Barbara Dabrowski		Mental Illness 1		Mental Illness 0	
847-729-0000		Non-Ambulatory 0		Developmental Disability 0	
Registered Agent Information		Non-Mobile 0		Circulatory System 5	
Date Completed 5/4/2010		Public Aid Recipient 0		Respiratory System 11	
		Under 65 Years Old 0		Digestive System 9	
		Unable to Self-Medicate 0		Genitourinary System Disorders 3	
		Ventilator Dependent 1		Skin Disorders 0	
		Infectious Disease w/ Isolation 0		Musculo-skeletal Disorders 53	
FACILITY OWNERSHIP		Other Restrictions 0		Injuries and Poisonings 0	
LIMITED PARTNERSHIP		No Restrictions 0		Other Medical Conditions 0	
CONTINUING CARE COMMUNITY		No		Non-Medical Conditions 0	
LIFE CARE FACILITY		No		TOTALS 116	
				Total Residents Diagnosed as Mentally Ill 0	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS							ADMISSIONS AND DISCHARGES - 2009		
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	196	175	142	175	116	80	100	0	119	1004
Skilled Under 22	0	0	0	0	0	0	0	0		1007
Intermediate DD	0	0	0	0	0	0	0	0		116
Sheltered Care	0	0	0	0	0	0	0	0	Identified Offenders	0
TOTAL BEDS	196	175	142	175	116	80	100	0		

FACILITY UTILIZATION - 2009											
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 Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.							
Nursing Care	20772	56.9%	0	0.0%	0	1988	24363	0	47123	65.9%	73.8%
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%	0	0	0	0	0	0.0%	0.0%
TOTALS	20772	56.9%	0	0.0%	0	1988	24363	0	47123	65.9%	73.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009											
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	2	0	0	0	0	0	0	1	2	3
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	3	5	0	0	0	0	0	0	3	5	8
75 to 84	8	24	0	0	0	0	0	0	8	24	32
85+	20	51	0	0	0	0	0	0	20	51	71
TOTALS	33	83	0	0	0	0	0	0	33	83	116

ABINGTON OF GLENVIEW
 3901 GLENVIEW ROAD
 GLENVIEW, IL. 60025

Reference Numbers Facility ID 6012595
 Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS	
Nursing Care	50	0	0	3	63	0	116
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	50	0	0	3	63	0	116

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	290
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	115	0	0	0	115
Race Unknown	0	0	0	0	0
Total	116	0	0	0	116

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	115	0	0	0	115
Total	116	0	0	0	116

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	3.00
Certified Aides	33.00
Other Health Staff	4.00
Non-Health Staff	58.00
Totals	113.00

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
55.9%	0.0%	0.0%	4.2%	39.8%	100.0%	0	0.0%
6,769,680	0	0	513,245	4,823,288	12,106,213		

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

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MAPQUEST.

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★ Starting Location

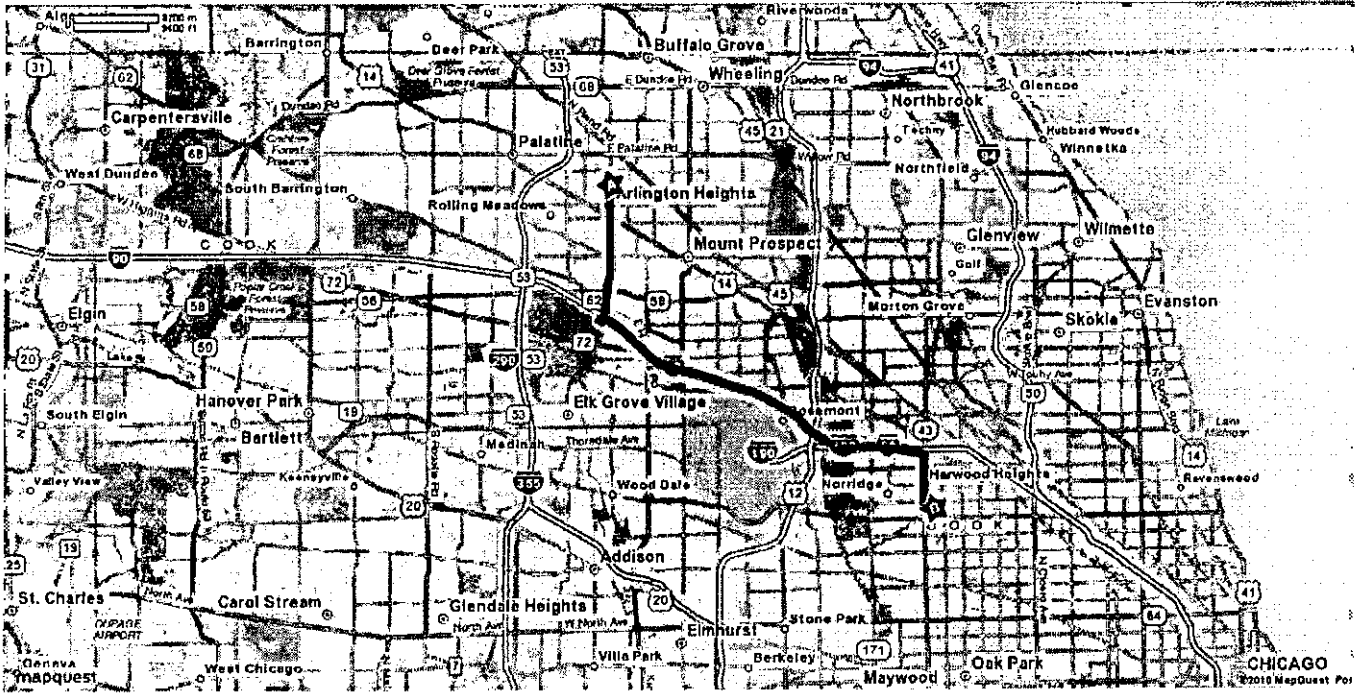
1200 N Arlington Heights Rd
Arlington Heights, IL 60004-4741

★ Ending Location

7001 W Cullom Ave
Norridge, IL 60706-7100

Total Travel Estimate: 30 minutes / 16.50 miles Fuel Cost: [Calculate](#)

Norrige Healthcare



★ **1200 N Arlington Heights Rd** Edit
Arlington Heights, IL 60004-4741

- | | | |
|--|---|--------|
| | 1. Start out going SOUTH on N ARLINGTON HEIGHTS RD toward E OAKTON ST. | 4.0 mi |
| | 2. Merge onto I-90 E/JANE ADDAMS MEMORIAL TOLLWAY toward CHICAGO (Portions toll). | 7.6 mi |
| | 3. Keep RIGHT at the fork to go on I-90 E (Portions toll). | 2.7 mi |
| | 4. Take EXIT 81A toward IL-43/HARLEM AVE. | 0.2 mi |
| | 5. Stay STRAIGHT to go onto W HIGGINS AVE/IL-72 E. | 0.2 mi |
| | 6. Turn RIGHT onto N HARLEM AVE/IL-43. | 1.6 mi |
| | 7. Turn LEFT onto W CULLOM AVE. | 0.1 mi |
| | 8. Turn RIGHT onto N NOTTINGHAM AVE. | 0.0 mi |
| | 9. N NOTTINGHAM AVE becomes W CULLOM AVE. | 0.1 mi |
| | 10. 7001 W CULLOM AVE is on the RIGHT. | |

★ **7001 W Cullom Ave** Edit
Norridge, IL 60706-7100

Total Travel Estimate: 30 minutes / 16.50 miles Fuel Cost: [Calculate](#)

Directions and maps are informational only. We make no warranties on the accuracy of their content, nor on the use of the Application Page 403

NORRIDGE HLTHCR & REHAB CENTRE			ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
7001 WEST CULLOM NORRIDGE, IL. 60706			Aggressive/Anti-Social	1	DIAGNOSIS		
Reference Numbers Facility ID 6006571			Chronic Alcoholism	1	Neoplasms	2	
Health Service Area 007 Planning Service Area 704			Developmentally Disabled	1	Endocrine/Metabolic	40	
Administrator			Drug Addiction	1	Blood Disorders	9	
Safet Keljalic			Medicaid Recipient	0	*Nervous System Non Alzheimer	41	
Contact Person and Telephone			Medicare Recipient	0	Alzheimer Disease	32	
Jina Lebert-Davies			Mental Illness	0	Mental Illness	0	
708-457-0700			Non-Ambulatory	0	Developmental Disability	0	
Registered Agent Information			Non-Mobile	0	Circulatory System	65	
Date Completed			Public Aid Recipient	0	Respiratory System	13	
5/6/2010			Under 65 Years Old	0	Digestive System	14	
FACILITY OWNERSHIP			Unable to Self-Medicate	0	Genitourinary System Disorders	8	
FOR-PROF CORPORATION			Ventilator Dependent	1	Skin Disorders	4	
CONTINUING CARE COMMUNITY			Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	23	
LIFE CARE FACILITY			Other Restrictions	0	Injuries and Poisonings	0	
No			No Restrictions	0	Other Medical Conditions	0	
No			<i>Note: Reported restrictions denoted by 'I'</i>			Non-Medical Conditions	0
						TOTALS	251
						Total Residents Diagnosed as Mentally Ill	32

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2009	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	292	292	279	292	251	41	292	292	Total Admissions 2009	368
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2009	373
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2009	251
Sheltered Care	0	0	0	0	0	0			Identified Offenders	0
TOTAL BEDS	292	292	279	292	251	41	292	292		

FACILITY UTILIZATION - 2009											
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 Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.							
Nursing Care	19230	18.0%	62552	58.7%	0	1525	12565	0	95872	90.0%	90.0%
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	0	0	0.0%	0.0%
TOTALS	19230	18.0%	62552	58.7%	0	1525	12565	0	95872	90.0%	90.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009											
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	1	0	0	0	0	0	0	0	1	0	1
45 to 59	6	2	0	0	0	0	0	0	6	2	8
60 to 64	4	5	0	0	0	0	0	0	4	5	9
65 to 74	13	20	0	0	0	0	0	0	13	20	33
75 to 84	29	51	0	0	0	0	0	0	29	51	80
85+	26	94	0	0	0	0	0	0	26	94	120
TOTALS	79	172	0	0	0	0	0	0	79	172	251

NORRIDGE HLTHCR & REHAB CENTRE

7001 WEST CULLOM
NORRIDGE, IL. 60706

Reference Numbers Facility ID 6006571

Health Service Area 007 Planning Service Area 704

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	44	172	0	6	29	0	251
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	44	172	0	6	29	0	251

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	257	209
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	13	0	0	0	13
Hawaiian/Pac. Isl.	2	0	0	0	2
White	234	0	0	0	234
Race Unknown	0	0	0	0	0
Total	251	0	0	0	251

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	30	0	0	0	30
Non-Hispanic	221	0	0	0	221
Ethnicity Unknown	0	0	0	0	0
Total	251	0	0	0	251

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	46.00
LPN's	10.00
Certified Aides	114.00
Other Health Staff	13.00
Non-Health Staff	93.00
Totals	278.00

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
42.5%	42.0%	0.0%	2.6%	13.0%	100.0%		0.0%
8,823,113	8,718,477	0	532,851	2,692,414	20,766,855	0	

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

FACILITY NOTES

Bed Change 1/23/2009 Discontinued 11 nursing care beds; facility now has 292 nursing care beds.

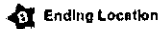
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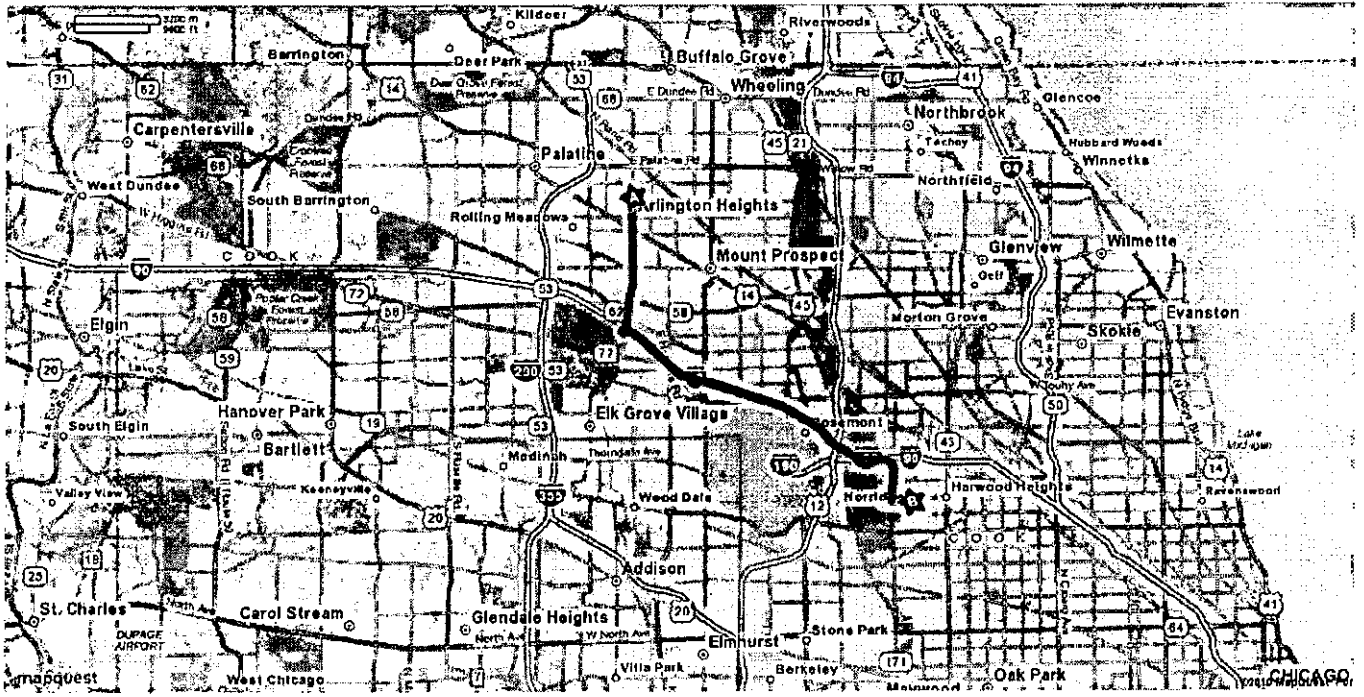
Starting Location
1200 N Arlington Heights Rd
Arlington Heights, IL 60004-4741



Ending Location
4747 N Canfield Ave
Norridge, IL 60706-4480

Total Travel Estimate: 27 minutes / 14.76 miles Fuel Cost: [Calculate](#)

Central Baptist Village



1200 N Arlington Heights Rd Edit
Arlington Heights, IL 60004-4741

1. Start out going SOUTH on N ARLINGTON HEIGHTS RD toward E OAKTON ST. 4.0 mi
2. Merge onto I-90 E/JANE ADDAMS MEMORIAL TOLLWAY toward CHICAGO (Portions toll). 7.6 mi
3. Keep RIGHT at the fork to go on I-90 E (Portions toll). 1.2 mi
4. Merge onto N CUMBERLAND AVE/IL-171 S via EXIT 79A. 1.4 mi
5. Turn LEFT onto W LAWRENCE AVE. 0.5 mi
6. Turn RIGHT onto N CANFIELD AVE. 0.1 mi
7. 4747 N CANFIELD AVE is on the LEFT.

4747 N Canfield Ave Edit
Norridge, IL 60706-4480

Total Travel Estimate: 27 minutes / 14.76 miles Fuel Cost: [Calculate](#)

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CENTRAL BAPTIST VILLAGE		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
4747 NORTH CANFIELD AVENUE		Aggressive/Anti-Social 0		DIAGNOSIS	
NORRIDGE, IL. 60706		Chronic Alcoholism 1		Neoplasms 6	
Reference Numbers	Facility ID 6001564	Developmentally Disabled 1		Endocrine/Metabolic 6	
Health Service Area 007	Planning Service Area 704	Drug Addiction 1		Blood Disorders 0	
Administrator		Medicaid Recipient 0		*Nervous System Non Alzheimer 7	
Charles G. Newton		Medicare Recipient 0		Alzheimer Disease 70	
Contact Person and Telephone		Mental Illness 1		Mental Illness 0	
Sandy K. Hamzo		Non-Ambulatory 0		Developmental Disability 0	
708-583-8539		Non-Mobile 0		Circulatory System 25	
Registered Agent Information	Date Completed	Public Aid Recipient 0		Respiratory System 5	
Charles G. Newton	5/5/2010	Under 65 Years Old 0		Digestive System 0	
4747 N. Canfield Avenue		Unable to Self-Medicare 0		Genitourinary System Disorders 0	
NorrIDGE, IL 60706		Ventilator Dependent 1		Skin Disorders 0	
FACILITY OWNERSHIP		Infectious Disease w/ Isolation 0		Musculo-skeletal Disorders 13	
NON-PROF CORPORATION		Other Restrictions 0		Injuries and Poisonings 0	
CONTINUING CARE COMMUNITY	Yes	No Restrictions 0		Other Medical Conditions 0	
LIFE CARE FACILITY	No	<i>Note: Reported restrictions denoted by 'I'</i>		Non-Medical Conditions 0	
				TOTALS 132	
				Total Residents Diagnosed as Mentally Ill 0	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2009	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	120	120	115	120	107	13	68	120	Total Admissions 2009	143
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2009	68
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2009	132
Sheltered Care	30	30	30	30	25	5			Identified Offenders	0
TOTAL BEDS	150	150	145	150	132	18	68	120		

LEVEL OF CARE	FACILITY UTILIZATION - 2009										Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL			
Nursing Care	Pat. days 3118	Occ. Pct. 12.6%	Pat. days 11330	Occ. Pct. 25.9%	Pat. days 0	Pat. days 0	Pat. days 24982	Pat. days 0	Pat. days 39430	90.0%	90.0%	
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	10197	0	10197	93.1%	93.1%	
TOTALS	3118	12.6%	11330	25.9%	0	0	35179	0	49627	90.6%	90.6%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009										
	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	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	1	0	0	0	0	0	0	0	1	0	1
75 to 84	6	18	0	0	0	0	2	7	8	25	33
85+	9	72	0	0	0	0	4	12	13	84	97
TOTALS	17	90	0	0	0	0	6	19	23	109	132

CENTRAL BAPTIST VILLAGE
4747 NORTH CANFIELD AVENUE
NORRIDGE, IL. 60706

Reference Numbers Facility ID 6001564
Health Service Area 007 Planning Service Area 704

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS	
Nursing Care	9	26	0	0	72	0	107
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	25	0	25
TOTALS	9	26	0	0	97	0	132

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	265	235
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	152	152

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SKUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	98	0	0	25	123
Race Unknown	8	0	0	0	8
Total	107	0	0	25	132

ETHNICITY	Nursing	SKUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	99	0	0	25	124
Ethnicity Unknown	6	0	0	0	6
Total	107	0	0	25	132

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	10.00
Certified Aides	56.00
Other Health Staff	2.00
Non-Health Staff	92.00
Totals	175.00

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
7.0%	12.8%	0.0%	0.0%	80.2%	100.0%		0.6%
839,789	1,545,744	0	0	9,680,689	12,066,222	74,346	

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

There's a new MapQuest - come try it out!



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★ Starting Location

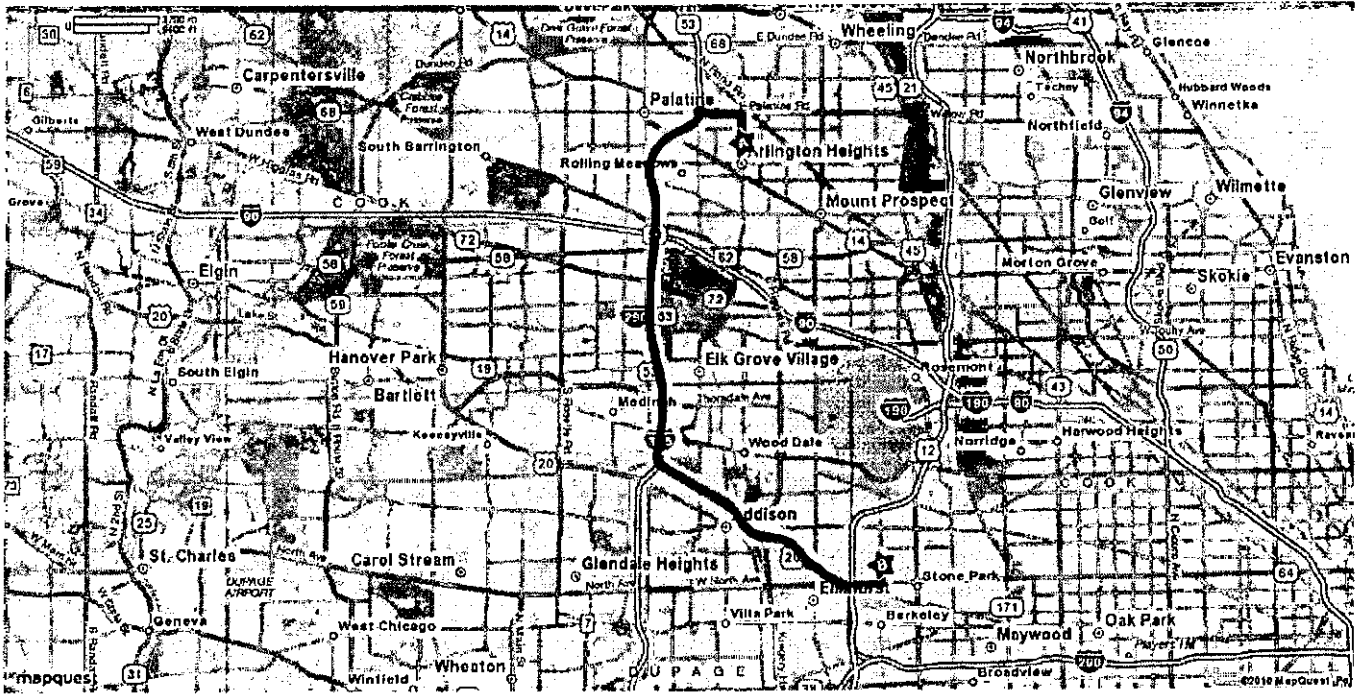
1200 N Arlington Heights Rd
Arlington Heights, IL 60004-4741

★ Ending Location

480 N Wolf Rd
Northlake, IL 60164-1650

Total Travel Estimate: 30 minutes / 21.78 miles Fuel Cost: [Calculate](#)

Villa Scalabrini Nursing



★ **1200 N Arlington Heights Rd Edit**
Arlington Heights, IL 60004-4741

1. Start out going NORTH on N ARLINGTON HEIGHTS RD toward E OLIVE ST. 0.9 mi
2. Turn LEFT onto E PALATINE RD. 1.2 mi
3. Merge onto IL-53 S. 8.1 mi
4. IL-53 S becomes I-290 E. 9.6 mi
5. Merge onto E NORTH AVE/IL-64 E via EXIT 13A toward US-20 E/LAKE STA-294 N/MILWAUKEE. 1.4 mi
6. Turn LEFT onto N WOLF RD. 0.5 mi
7. 480 N WOLF RD is on the LEFT.

★ **480 N Wolf Rd Edit**
Northlake, IL 60164-1650

Total Travel Estimate: 30 minutes / 21.78 miles Fuel Cost: [Calculate](#)

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VILLA SCALABRINI NSG & REHAB		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
480 NORTH WOLF ROAD		Aggressive/Anti-Social 0		DIAGNOSIS	
NORTHLAKE, IL. 60164		Chronic Alcoholism 1		Neoplasms 6	
Reference Numbers	Facility ID 6009591	Developmentally Disabled 1		Endocrine/Metabolic 26	
Health Service Area 007	Planning Service Area 704	Drug Addiction 1		Blood Disorders 10	
Administrator		Medicaid Recipient 0		*Nervous System Non Alzheimer 28	
Jim Kouzious		Medicare Recipient 0		Alzheimer Disease 28	
Contact Person and Telephone		Mental Illness 1		Mental Illness 0	
BRENDA DAVIS		Non-Ambulatory 0		Developmental Disability 3	
847-813-3712		Non-Mobile 0		Circulatory System 43	
Registered Agent Information	Date Completed	Public Aid Recipient 0		Respiratory System 18	
Sandra Bruce	5/6/2010	Under 65 Years Old 0		Digestive System 5	
7435 West Talcott		Unable to Self-Medicare 0		Genitourinary System Disorders 7	
Chicago, IL 60631		Ventilator Dependent 0		Skin Disorders 2	
FACILITY OWNERSHIP		Infectious Disease w/ Isolation 0		Musculo-skeletal Disorders 48	
NON-PROF CORPORATION		Other Restrictions 0		Injuries and Poisonings 0	
CONTINUING CARE COMMUNITY	No	No Restrictions 0		Other Medical Conditions 0	
LIFE CARE FACILITY	No	<i>Note: Reported restrictions denoted by '1'</i>		Non-Medical Conditions 0	
				TOTALS 224	
				Total Residents Diagnosed as Mentally Ill 14	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS						ADMISSIONS AND DISCHARGES - 2009			
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	246	253	230	253	224	22	171	202	230	414
Skilled Under 22	0	0	0	0	0	0	0	0		420
Intermediate DD	0	0	0	0	0	0	0	0		224
Sheltered Care	7	0	0	0	0	7			Identified Offenders	0
TOTAL BEDS	253	253	230	253	224	29	171	202		

FACILITY UTILIZATION - 2009											
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 Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	17447	28.0%	45709	62.0%	0	1267	18792	433	83648	93.2%	90.6%
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	0	0	0.0%	0.0%
TOTALS	17447	28.0%	45709	62.0%	0	1267	18792	433	83648	90.6%	90.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009											
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	1	1	0	0	0	0	0	0	1	1	2
45 to 59	4	2	0	0	0	0	0	0	4	2	6
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	5	13	0	0	0	0	0	0	5	13	18
75 to 84	14	50	0	0	0	0	0	0	14	50	64
85+	25	107	0	0	0	0	0	0	25	107	132
TOTALS	51	173	0	0	0	0	0	0	51	173	224

VILLA SCALABRINI NSG & REHAB

480 NORTH WOLF ROAD
NORTHLAKE, IL. 60164

Reference Numbers Facility ID 6009591

Health Service Area 007 Planning Service Area 704

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Other				Private Pay	Charity Care	TOTALS
	Medicare	Medicaid	Public Insurance				
Nursing Care	44	126	0	6	47	1	224
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	44	126	0	6	47	1	224

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	252	212
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SKUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	18	0	0	0	18
Hawaiian/Pac. Isl.	0	0	0	0	0
White	197	0	0	0	197
Race Unknown	9	0	0	0	9
Total	224	0	0	0	224

ETHNICITY	Nursing	SKUnd22	ICF/DD	Shelter	Totals
Hispanic	16	0	0	0	16
Non-Hispanic	208	0	0	0	208
Ethnicity Unknown	0	0	0	0	0
Total	224	0	0	0	224

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	34.61
LPN's	7.05
Certified Aides	75.20
Other Health Staff	13.30
Non-Health Staff	64.89
Totals	197.05

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
41.3%	31.6%	0.0%	0.0%	27.2%	100.0%		0.5%
7,596,699	5,807,508	0	0	4,996,309	18,400,516	89,396	

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

There's a new MapQuest - come try it out!



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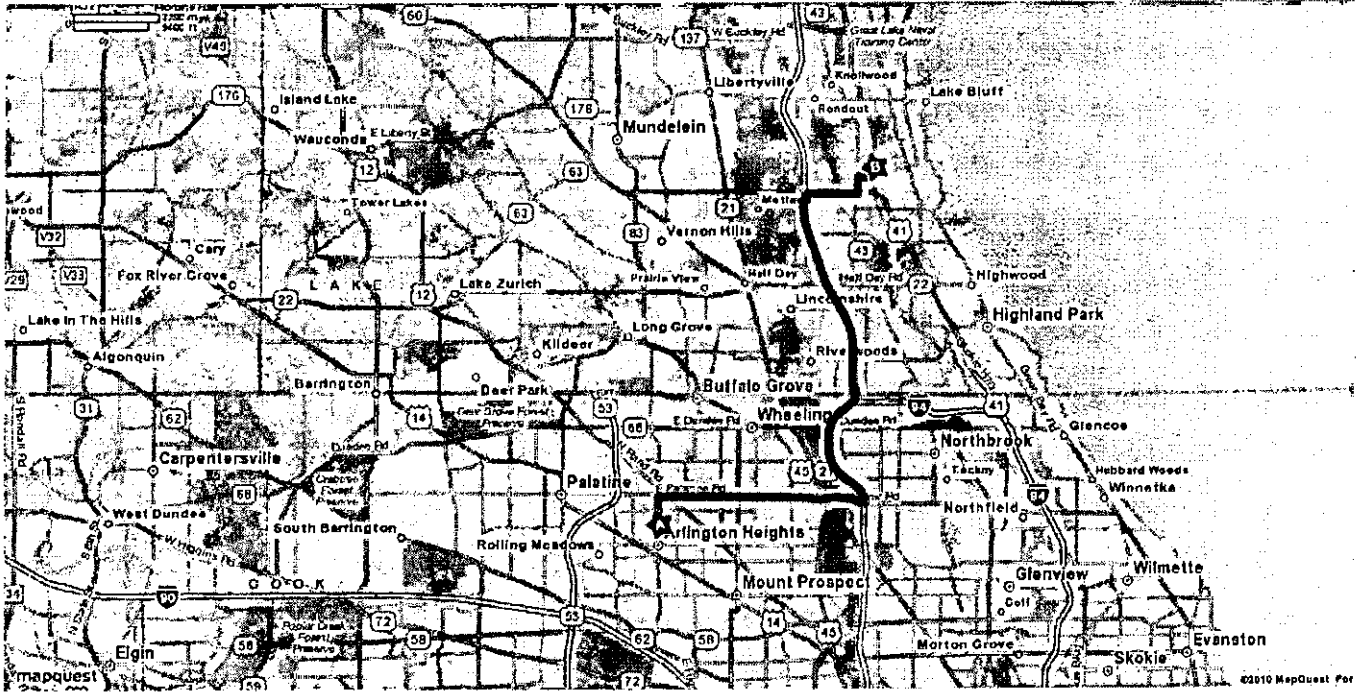
1200 N Arlington Heights Rd
Arlington Heights, IL 60004-4741



660 N Westmoreland Rd
Lake Forest, IL 60045-1659

Total Travel Estimate: 26 minutes / 19.63 miles Fuel Cost: Calculate

Lake Forest Hospital



1200 N Arlington Heights Rd Edit
Arlington Heights, IL 60004-4741

1. Start out going NORTH on N ARLINGTON HEIGHTS RD toward E OLIVE ST. 0.9 mi
2. Turn RIGHT onto E PALATINE RD. 0.4 mi
3. Stay STRAIGHT to go onto PALATINE RD EXPRESS LN. 4.5 mi
4. PALATINE RD EXPRESS LN becomes WILLOW RD. 0.9 mi
5. Merge onto I-294 N via the ramp on the LEFT (Portions toll). 4.5 mi
6. I-294 N becomes I-94 W (Portions toll). 5.5 mi
7. Take the IL-60/TOWN LINE RD exit. 0.3 mi
8. Turn RIGHT onto IL-60 E/W KENNEDY RD/TOWNLIN RD. 1.4 mi
9. Turn LEFT onto N WAUKEGAN RD/IL-43. 0.5 mi
10. Turn RIGHT onto W DEERPATH RD. 0.3 mi
11. Turn LEFT onto N WESTMORELAND RD. 0.4 mi
12. 660 N WESTMORELAND RD is on the LEFT.

660 N Westmoreland Rd Edit
Lake Forest, IL 60045-1659

LAKE FOREST HOSP-WESTMORELAND

660 NORTH WESTMORELAND ROAD
LAKE FOREST, IL. 60045Reference Numbers Facility ID 6005151
Health Service Area 008 Planning Service Area 097Administrator
Thomas McAfeeContact Person and Telephone
KAREN FORCHETTE
847-535-6746

Registered Agent Information

Date
Completed
5/7/2010

FACILITY OWNERSHIP

NON-PROF CORPORATION

CONTINUING CARE COMMUNITY

No

LIFE CARE FACILITY

No

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
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	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	12
Mental Illness	0
Developmental Disability	0
Circulatory System	10
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	5
Other Medical Conditions	2
Non-Medical Conditions	3
TOTALS	56
Total Residents Diagnosed as Mentally Ill	
	0

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

ADMISSIONS AND DISCHARGES - 2009

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2009	
									Residents on 1/1/2009	
Nursing Care	88	76	66	76	56	32	12	0	63	656
Skilled Under 22	0	0	0	0	0	0	0	0		663
Intermediate DD	0	0	0	0	0	0	0	0		56
Sheltered Care	0	0	0	0	0	0	0	0		0
TOTAL BEDS	88	76	66	76	56	32	12	0	Identified Offenders	0

FACILITY UTILIZATION - 2009

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 Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.							
Nursing Care	6233	142.3%	0	0.0%	0	616	15312	16	22177	69.0%	79.9%
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	0	0	0.0%	0.0%
TOTALS	6233	142.3%	0	0.0%	0	616	15312	16	22177	69.0%	79.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009

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	1	0	0	0	0	0	0	0	1	0	1
65 to 74	2	2	0	0	0	0	0	0	2	2	4
75 to 84	8	10	0	0	0	0	0	0	8	10	18
85+	7	25	0	0	0	0	0	0	7	25	32
TOTALS	19	37	0	0	0	0	0	0	19	37	56

LAKE FOREST HOSP-WESTMORELAND

660 NORTH WESTMORELAND ROAD

LAKE FOREST, IL. 60045

Reference Numbers Facility ID 6005151

Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	0	1	6	36	0	56
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	0	1	6	36	0	56

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	302	234
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	53	0	0	0	53
Race Unknown	0	0	0	0	0
Total	56	0	0	0	56

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	56	0	0	0	56
Ethnicity Unknown	0	0	0	0	0
Total	56	0	0	0	56

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.80
LPN's	0.50
Certified Aides	23.90
Other Health Staff	6.17
Non-Health Staff	1.55
Totals	48.92

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
23.0%	0.0%	0.0%	6.5%	70.5%	100.0%		0.3%
1,369,694	0	0	390,474	4,202,426	5,962,594	15,195	

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

FACILITY NOTES

Board Order 4/22/2009 10 General Nursing bed discontinued by Board Order; facility now authorized for 86 General Nursing beds.

There's a new MapQuest - come try it out!



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★ Starting Location

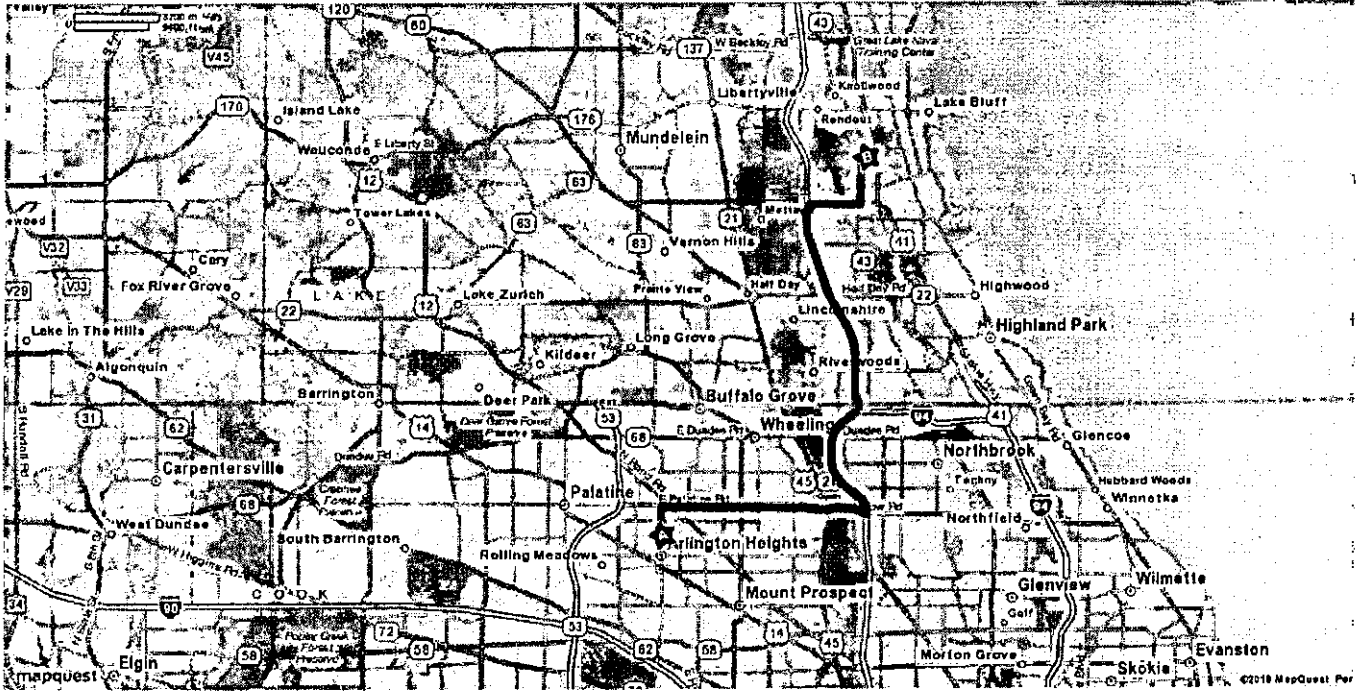
1200 N Arlington Heights Rd
Arlington Heights, IL 60004-4741

★ Ending Location

1100 Pembridge Dr
Lake Forest, IL 60045-4228

Total Travel Estimate: 28 minutes / 19.92 miles Fuel Cost: Calculate

Lake Forest Place



★ 1200 N Arlington Heights Rd Edit
Arlington Heights, IL 60004-4741

1. Start out going NORTH on N ARLINGTON HEIGHTS RD toward E OLIVE ST. 0.9 mi
2. Turn RIGHT onto E PALATINE RD. 0.4 mi
3. Stay STRAIGHT to go onto PALATINE RD EXPRESS LN. 4.5 mi
4. PALATINE RD EXPRESS LN becomes WILLOW RD. 0.9 mi
5. Merge onto I-294 N via the ramp on the LEFT (Portions toll). 4.5 mi
6. I-294 N becomes I-94 W (Portions toll). 5.5 mi
7. Take the IL-60/TOWN LINE RD exit. 0.3 mi
8. Turn RIGHT onto IL-60 E/W KENNEDY RD/TOWNLIN RD. 1.4 mi
9. Turn LEFT onto N WAUKEGAN RD/IL-43. 1.3 mi
10. Turn RIGHT onto N WESTMORELAND RD. 0.2 mi
11. Turn LEFT onto PEMBRIDGE DR. 0.1 mi
12. 1100 PEMBRIDGE DR is on the RIGHT.

★ 1100 Pembridge Dr Edit
Lake Forest, IL 60045-4228

LAKE FOREST PLACE		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
1100 PEMBRIDGE DRIVE		Aggressive/Anti-Social		DIAGNOSIS	
LAKE FOREST, IL. 60045		Chronic Alcoholism		Neoplasms	
Reference Numbers	Facility ID 6015457	Developmentally Disabled		Endocrine/Metabolic	
Health Service Area 008	Planning Service Area 097	Drug Addiction		Blood Disorders	
Administrator		Medicaid Recipient		*Nervous System Non Alzheimer	
Kathleen T. Young		Medicare Recipient		Alzheimer Disease	
Contact Person and Telephone		Mental Illness		Mental Illness	
KATHLEEN T. YOUNG		Non-Ambulatory		Developmental Disability	
847-604-6701		Non-Mobile		Circulatory System	
Registered Agent Information	Date Completed	Public Aid Recipient		Respiratory System	
Robert E. Landsman	5/4/2010	Under 65 Years Old		Digestive System	
3200 Grant Street		Unable to Self-Medicare		Genitourinary System Disorders	
Evanston, IL 60201		Ventilator Dependent		Skin Disorders	
FACILITY OWNERSHIP		Infectious Disease w/ Isolation		Musculo-skeletal Disorders	
NON-PROF CORPORATION		Other Restrictions		Injuries and Poisonings	
CONTINUING CARE COMMUNITY	Yes	No Restrictions		Other Medical Conditions	
LIFE CARE FACILITY	Yes	<i>Note: Reported restrictions denoted by '1'</i>		Non-Medical Conditions	
				TOTALS	
				Total Residents Diagnosed as Mentally Ill	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS						ADMISSIONS AND DISCHARGES - 2009		Residents on 1/1/2009	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED			Total Admissions 2009	Total Discharges 2009
Nursing Care	63	63	63	63	52	11	63	63	56	418
Skilled Under 22	0	0	0	0	0	0	0	0		422
Intermediate DD	0	0	0	0	0	0	0	0		52
Sheltered Care	0	0	0	0	0	0	0	0	Identified Offenders	0
TOTAL BEDS	63	63	63	63	52	11	63	63		

FACILITY UTILIZATION - 2009											
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 Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5431	23.6%	0	0.0%	0	0	15666	0	21097	91.7%	91.7%
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	0	0	0.0%	0.0%
TOTALS	5431	23.6%	0	0.0%	0	0	15666	0	21097	91.7%	91.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009											
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	3	0	0	0	0	0	0	0	3	3
75 to 84	2	11	0	0	0	0	0	0	2	11	13
85+	6	29	0	0	0	0	0	0	6	29	35
TOTALS	9	43	0	0	0	0	0	0	9	43	52

LAKE FOREST PLACE
1100 PEMBRIDGE DRIVE
LAKE FOREST, IL. 60045

Reference Numbers Facility ID 6015457
Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS	
Nursing Care	11	0	0	0	41	0	52
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	0	0	0	41	0	52

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	367	0
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkilUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	1	0	0	0	1
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	51	0	0	0	51
Race Unknown	0	0	0	0	0
Total	52	0	0	0	52

ETHNICITY	Nursing	SkilUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	51	0	0	0	51
Ethnicity Unknown	0	0	0	0	0
Total	52	0	0	0	52

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.40
Director of Nursing	1.00
Registered Nurses	19.40
LPN's	1.10
Certified Aides	30.80
Other Health Staff	4.20
Non-Health Staff	5.60
Totals	63.50

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
10.2%	0.0%	0.0%	0.0%	89.8%	100.0%	0	0.0%
1,805,569	0	0	0	15,941,581	17,747,151	0	

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

There's a new MapQuest - come try it out!



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★ Starting Location

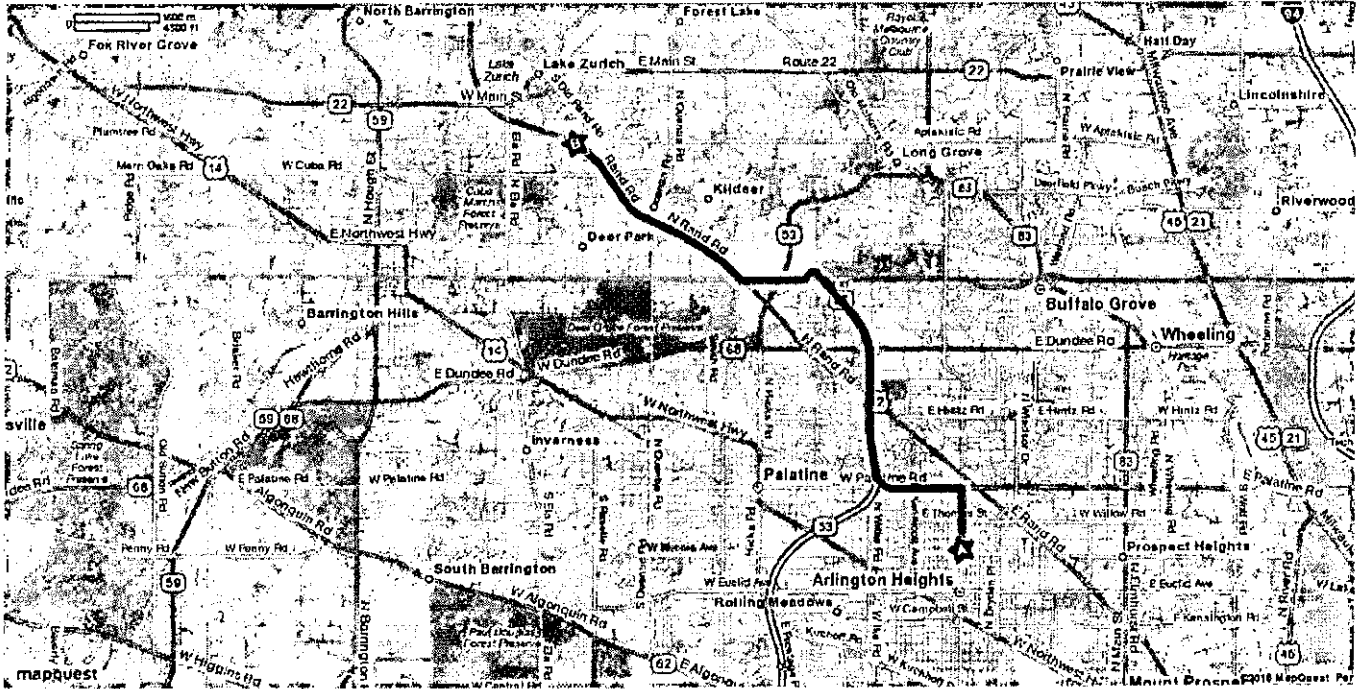
1200 N Arlington Heights Rd
Arlington Heights, IL 60004-4741

★ Ending Location

[900-858] Rand Rd
Lake Zurich, IL 60047

Total Travel Estimate: 14 minutes / 9.48 miles Fuel Cost: [Calculate](#)

Lexington of Lake Zurich



★ 1200 N Arlington Heights Rd Edit
Arlington Heights, IL 60004-4741

- 1. Start out going NORTH on N ARLINGTON HEIGHTS RD toward E OLIVE ST. 0.9 mi
- 2. Turn LEFT onto E PALATINE RD. 0.9 mi
- 3. Merge onto IL-53 N. 1.8 mi
- 4. Merge onto IL-53-EXT N. 2.0 mi
- 5. Turn SLIGHT RIGHT onto LAKE COOK RD. 0.8 mi
- 6. Turn SLIGHT RIGHT onto N RAND RD/US-12 W. 3.1 mi
- 7. [900-858] RAND RD.

★ [900-858] Rand Rd Edit
Lake Zurich, IL 60047

Total Travel Estimate: 14 minutes / 9.48 miles Fuel Cost: [Calculate](#)

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LEXINGTON OF LAKE ZURICH		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
900 SOUTH RAND ROAD		Aggressive/Anti-Social 1		DIAGNOSIS	
LAKE ZURICH, IL. 60047		Chronic Alcoholism 1		Neoplasms 1	
Reference Numbers	Facility ID 6014138	Developmentally Disabled 1		Endocrine/Metabolic 4	
Health Service Area 008	Planning Service Area 097	Drug Addiction 1		Blood Disorders 3	
Administrator		Medicaid Recipient 0		*Nervous System Non Alzheimer 16	
Todd Tedrow		Medicare Recipient 0		Alzheimer Disease 11	
Contact Person and Telephone		Mental Illness 1		Mental Illness 22	
Bridgett Rummel		Non-Ambulatory 0		Developmental Disability 0	
630-458-4635		Non-Mobile 0		Circulatory System 41	
Registered Agent Information	Date Completed 4/21/2010	Public Aid Recipient 0		Respiratory System 11	
		Under 65 Years Old 0		Digestive System 1	
		Unable to Self-Medicare 0		Genitourinary System Disorders 1	
		Ventilator Dependent 1		Skin Disorders 0	
		Infectious Disease w/ Isolation 0		Musculo-skeletal Disorders 15	
FACILITY OWNERSHIP		Other Restrictions 0		Injuries and Poisonings 1	
FOR-PROF CORPORATION		No Restrictions 0		Other Medical Conditions 57	
CONTINUING CARE COMMUNITY	No	<i>Note: Reported restrictions denoted by 'I'</i>		Non-Medical Conditions 0	
LIFE CARE FACILITY	No			TOTALS 184	
				Total Residents Diagnosed as Mentally Ill 22	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2009	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	198	198	193	198	184	14	198	198	176	546
Skilled Under 22	0	0	0	0	0	0	0	0		538
Intermediate DD	0	0	0	0	0	0	0	0		184
Sheltered Care	0	0	0	0	0	0	0	0	Identified Offenders	0
TOTAL BEDS	198	198	193	198	184	14	198	198		

FACILITY UTILIZATION - 2009											
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 Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.							
Nursing Care	12636	17.5%	42898	59.4%	0	3468	6754	0	65756	91.0%	91.0%
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%	0	0	0	0	0	0.0%	0.0%
TOTALS	12636	17.5%	42898	59.4%	0	3468	6754	0	65756	91.0%	91.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009											
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	1	0	0	0	0	0	0	0	1	1
45 to 59	1	4	0	0	0	0	0	0	1	4	5
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	8	13	0	0	0	0	0	0	8	13	21
75 to 84	15	40	0	0	0	0	0	0	15	40	55
85+	18	82	0	0	0	0	0	0	18	82	100
TOTALS	42	142	0	0	0	0	0	0	42	142	184

LEXINGTON OF LAKE ZURICH

900 SOUTH RAND ROAD
LAKE ZURICH, IL. 60047

Reference Numbers Facility ID 6014138

Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS	
Nursing Care	33	128	0	5	18	0	184
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	33	128	0	5	18	0	184

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	352	197
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	166	0	0	0	166
Race Unknown	15	0	0	0	15
Total	184	0	0	0	184

ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	163	0	0	0	163
Ethnicity Unknown	15	0	0	0	15
Total	184	0	0	0	184

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	19.00
LPN's	13.00
Certified Aides	65.00
Other Health Staff	5.00
Non-Health Staff	66.00
Totals	170.00

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
48.4%	38.8%	0.0%	3.4%	9.3%	100.0%		0.0%
6,850,024	5,495,625	0	484,217	1,319,124	14,148,990	0	

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

FACILITY NOTES

Bed Change 9/2/2009 Discontinued 11 Nursing Care beds. Facility now has 198 Nursing Care beds.

There's a new MapQuest - come try it out!



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★ Starting Location

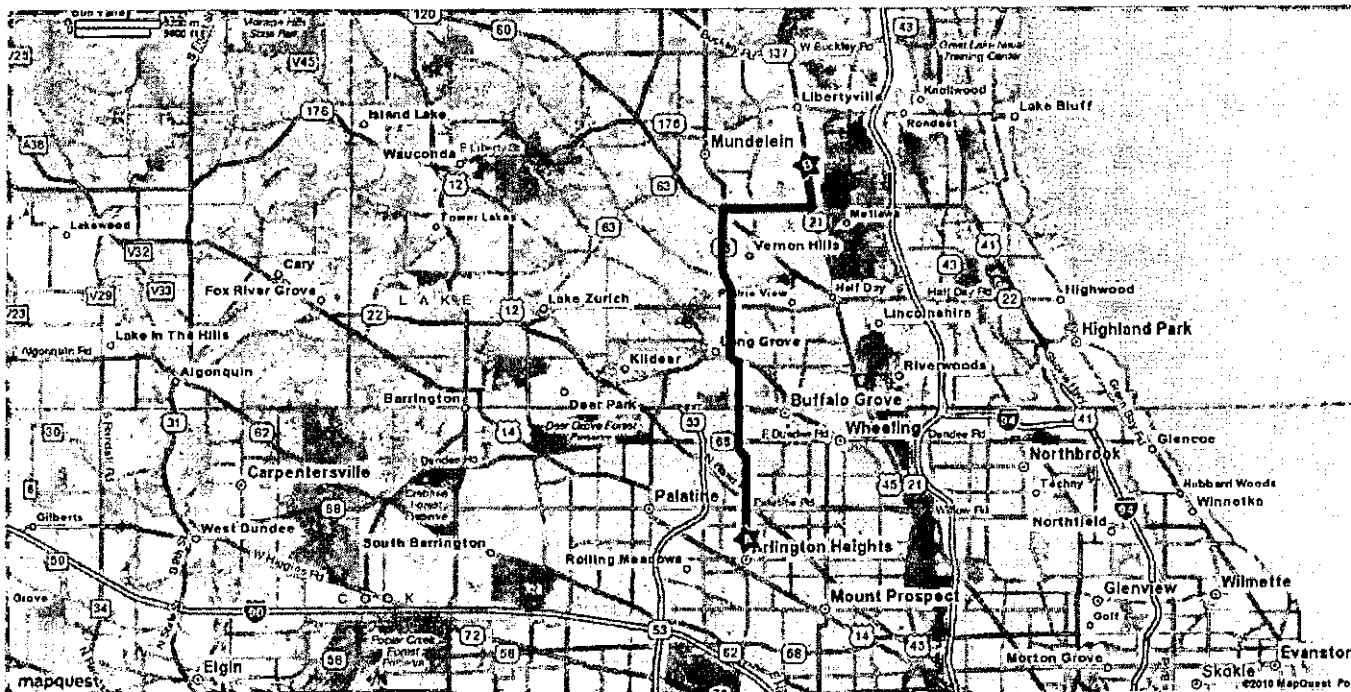
1200 N Arlington Heights Rd
Arlington Heights, IL 60004-4741

★ Ending Location

1500 S Milwaukee Ave
Libertyville, IL 60048-3723

Total Travel Estimate: 25 minutes / 14.02 miles Fuel Cost: [Calculate](#)

Manor Care Libertyville



★ **1200 N Arlington Heights Rd** Edit
Arlington Heights, IL 60004-4741

- | | | |
|--|--|--------|
| | Start out going NORTH on N ARLINGTON HEIGHTS RD toward E OLIVE ST. | 5.4 mi |
| | 2. Turn LEFT onto IL-83 N/MCHENRY RD. Continue to follow IL-83 N. | 4.5 mi |
| | 3. Stay STRAIGHT to go onto S LAKE ST/US-45. | 0.3 mi |
| | 4. Turn RIGHT onto TOWNLINE RD/IL-60. | 2.5 mi |
| | 5. Turn LEFT onto N MILWAUKEE AVE/IL-21. | 1.3 mi |
| | 6. 1500 S MILWAUKEE AVE. | |

★ **1500 S Milwaukee Ave** Edit
Libertyville, IL 60048-3723

Total Travel Estimate: 25 minutes / 14.02 miles Fuel Cost: [Calculate](#)

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MANOR CARE OF LIBERTYVILLE			ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
1500 SOUTH MILWAUKEE AVENUE LIBERTYVILLE, IL. 60048			Aggressive/Anti-Social	1	DIAGNOSIS		
Reference Numbers	Facility ID	6010482	Chronic Alcoholism	1	Neoplasms	12	
Health Service Area	008	Planning Service Area	Developmentally Disabled	1	Endocrine/Metabolic	4	
			Drug Addiction	1	Blood Disorders	3	
Administrator			Medicaid Recipient	0	*Nervous System Non Alzheimer	5	
Pamela Lamb			Medicare Recipient	0	Alzheimer Disease	3	
Contact Person and Telephone			Mental Illness	1	Mental Illness	0	
PAMELA LAMB			Non-Ambulatory	0	Developmental Disability	0	
847-816-3200			Non-Mobile	0	Circulatory System	26	
Registered Agent Information	Date Completed	5/7/2010	Public Aid Recipient	0	Respiratory System	14	
			Under 65 Years Old	0	Digestive System	7	
			Unable to Self-Medicate	0	Genitourinary System Disorders	8	
			Ventilator Dependent	1	Skin Disorders	6	
			Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	30	
FACILITY OWNERSHIP			Other Restrictions	0	Injuries and Poisonings	6	
LIMITED LIABILITY CO			No Restrictions	0	Other Medical Conditions	0	
CONTINUING CARE COMMUNITY	No		<i>Note: Reported restrictions denoted by '1'</i>			Non-Medical Conditions	0
LIFE CARE FACILITY	No					TOTALS	124
						Total Residents Diagnosed as Mentally Ill	0

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS							ADMISSIONS AND DISCHARGES - 2009		
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	150	144	132	144	124	26	150	66	Total Admissions 2009	800
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2009	796
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2009	124
Sheltered Care	0	0	0	0	0	0			Identified Offenders	0
TOTAL BEDS	150	144	132	144	124	26	150	66		

FACILITY UTILIZATION - 2009											
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 Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	17194	31.4%	17898	74.3%	0	4398	3323	0	42813	78.2%	81.5%
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	0	0	0.0%	0.0%
TOTALS	17194	31.4%	17898	74.3%	0	4398	3323	0	42813	78.2%	81.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009											
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	1	0	0	0	0	0	0	0	1	0	1
45 to 59	2	7	0	0	0	0	0	0	2	7	9
60 to 64	5	3	0	0	0	0	0	0	5	3	8
65 to 74	7	12	0	0	0	0	0	0	7	12	19
75 to 84	16	31	0	0	0	0	0	0	16	31	47
85+	9	31	0	0	0	0	0	0	9	31	40
TOTALS	40	84	0	0	0	0	0	0	40	84	124

MANOR CARE OF LIBERTYVILLE

1500 SOUTH MILWAUKEE AVENUE
LIBERTYVILLE, IL. 60048

Reference Numbers Facility ID 6010482

Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS	
Nursing Care	57	47	0	9	11	0	124
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	57	47	0	9	11	0	124

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	287	241
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	119	0	0	0	119
Race Unknown	0	0	0	0	0
Total	124	0	0	0	124

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	121	0	0	0	121
Ethnicity Unknown	0	0	0	0	0
Total	124	0	0	0	124

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	28.00
LPN's	10.00
Certified Aides	52.00
Other Health Staff	40.00
Non-Health Staff	40.00
Totals	172.00

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
65.5%	16.9%	0.5%	10.7%	6.4%	100.0%		0.0%
8,774,378	2,261,072	65,351	1,426,016	860,422	13,387,239	0	

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

There's a new MapQuest - come try it out!



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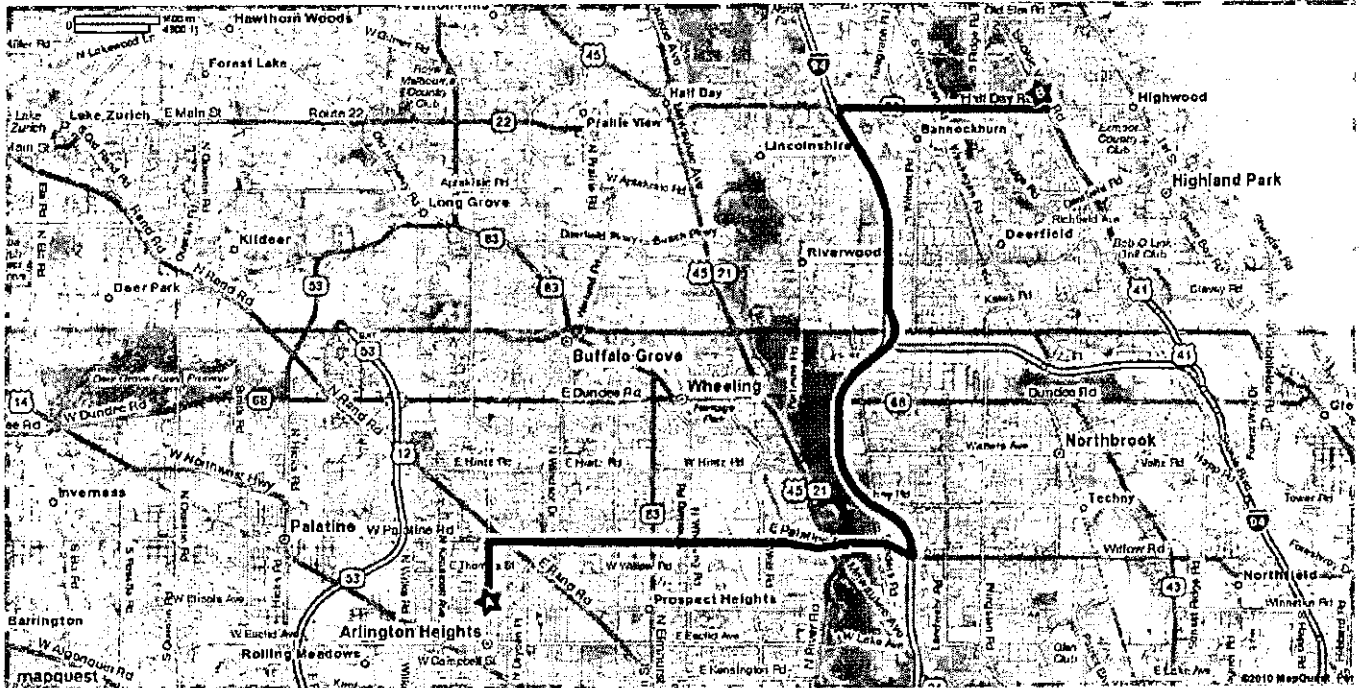
Starting Location
1200 N Arlington Heights Rd
Arlington Heights, IL 60004-4741



Ending Location
2773 Skokie Valley Rd
Highland Park, IL 60035-1042

Total Travel Estimate: 27 minutes / 17.12 miles Fuel Cost: [Calculate](#)

Manor Care Highland Park



1200 N Arlington Heights Rd Edit
Arlington Heights, IL 60004-4741

1. Start out going NORTH on N ARLINGTON HEIGHTS RD toward E OLIVE ST. 0.9 mi
2. Turn RIGHT onto E PALATINE RD. 0.4 mi
3. Stay STRAIGHT to go onto PALATINE RD EXPRESS LN. 4.5 mi
4. PALATINE RD EXPRESS LN becomes WILLOW RD. 0.9 mi
5. Merge onto I-294 N via the ramp on the LEFT (Portions toll). 4.5 mi
6. I-294 N becomes I-94 W (Portions toll). 2.6 mi
7. Take the IL-22/HALF DAY ROAD exit. 0.3 mi
8. Turn RIGHT onto HALF DAY RD/IL-22. 2.8 mi
9. Turn LEFT onto SKOKIE VALLEY RD/US-41 N/SKOKIE HWY. 0.2 mi
10. 2773 SKOKIE VALLEY RD is on the RIGHT.

2773 Skokie Valley Rd Edit
Highland Park, IL 60035-1042

Total Travel Estimate: 27 minutes / 17.12 miles Fuel Cost: [Calculate](#)

Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route.

MANOR CARE OF HIGHLAND PARK			ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
2773 SKOKIE VALLEY ROAD			Aggressive/Anti-Social	0	DIAGNOSIS		
HIGHLAND PARK, IL. 60035			Chronic Alcoholism	0	Neoplasms	1	
Reference Numbers	Facility ID	6014963	Developmentally Disabled	0	Endocrine/Metabolic	2	
Health Service Area	008	Planning Service Area	Drug Addiction	0	Blood Disorders	1	
Administrator			Medicaid Recipient	0	*Nervous System Non Alzheimer	2	
Brandon Davidson			Medicare Recipient	0	Alzheimer Disease	14	
Contact Person and Telephone			Mental Illness	0	Mental Illness	9	
BRANDON DAVIDSON			Non-Ambulatory	0	Developmental Disability	0	
847-266-9266			Non-Mobile	0	Circulatory System	4	
Registered Agent Information			Public Aid Recipient	0	Respiratory System	4	
Date Completed			Under 65 Years Old	0	Digestive System	3	
5/7/2010			Unable to Self-Medicate	0	Genitourinary System Disorders	3	
			Ventilator Dependent	1	Skin Disorders	0	
			Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	27	
FACILITY OWNERSHIP			Other Restrictions	0	Injuries and Poisonings	5	
LIMITED LIABILITY CO			No Restrictions	0	Other Medical Conditions	8	
CONTINUING CARE COMMUNITY			<i>Note: Reported restrictions denoted by 'I'</i>			Non-Medical Conditions	0
LIFE CARE FACILITY						TOTALS	83
						Total Residents Diagnosed as Mentally Ill	9

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS									ADMISSIONS AND DISCHARGES - 2009	
LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	215	110	106	105	83	132	191	95	Total Admissions 2009	89
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2009	423
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2009	429
Sheltered Care	0	0	0	0	0	0	0	0	Identified Offenders	83
TOTAL BEDS	215	110	106	105	83	132	191	95		0

FACILITY UTILIZATION - 2009												
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	10553	15.1%	17050	49.2%	0	1325	5093	0	34021	43.4%	84.7%	
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	0	0	0.0%	0.0%	
TOTALS	10553	15.1%	17050	49.2%	0	1325	5093	0	34021	43.4%	84.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009											
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	3	5	0	0	0	0	0	0	3	5	8
60 to 64	0	3	0	0	0	0	0	0	0	3	3
65 to 74	4	5	0	0	0	0	0	0	4	5	9
75 to 84	4	22	0	0	0	0	0	0	4	22	26
85+	7	30	0	0	0	0	0	0	7	30	37
TOTALS	18	65	0	0	0	0	0	0	18	65	83

MANOR CARE OF HIGHLAND PARK

2773 SKOKIE VALLEY ROAD
HIGHLAND PARK, IL. 60035

Reference Numbers Facility ID 6014963

Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Other				Private Pay	Charity Care	TOTALS
	Medicare	Medicaid	Public Insurance				
Nursing Care	19	49	0	3	12	0	83
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	19	49	0	3	12	0	83

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	320	236
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	14	0	0	0	14
Hawaiian/Pac. Isl.	2	0	0	0	2
White	63	0	0	0	63
Race Unknown	3	0	0	0	3
Total	83	0	0	0	83

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	80	0	0	0	80
Ethnicity Unknown	0	0	0	0	0
Total	83	0	0	0	83

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.00
LPN's	4.00
Certified Aides	30.00
Other Health Staff	16.00
Non-Health Staff	28.00
Totals	97.00

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
58.3%	19.7%	3.1%	5.9%	13.0%	100.0%	0	0.0%
5,693,516	1,929,321	299,961	576,712	1,270,259	9,769,769		

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

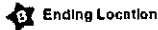
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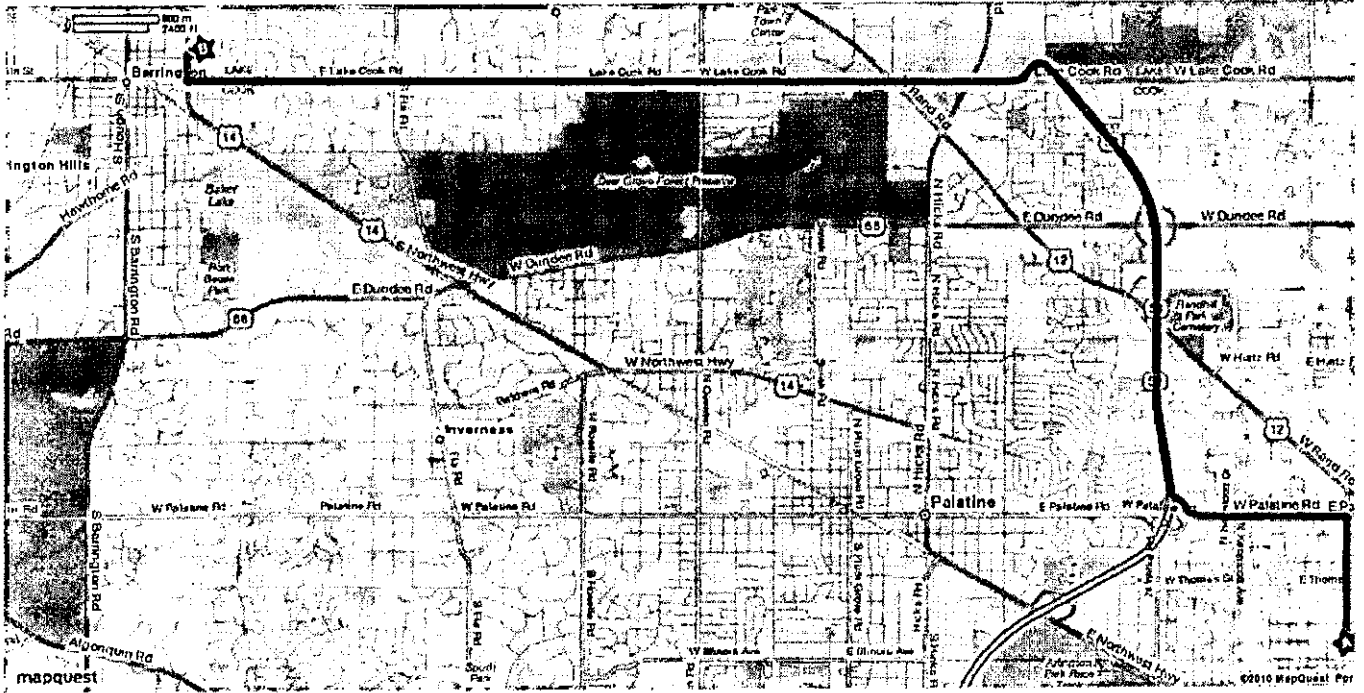
Starting Location
 1200 N Arlington Heights Rd
 Arlington Heights, IL 60004-4741



Ending Location
 1000 Garlands Ln
 Barrington, IL 60010-3336

Total Travel Estimate: 19 minutes / 11.28 miles Fuel Cost: [Calculate](#)

Garlands Barrington



1200 N Arlington Heights Rd [Edit](#)
 Arlington Heights, IL 60004-4741

1. Start out going NORTH on N ARLINGTON HEIGHTS RD toward E OLIVE ST. 0.9 mi
2. Turn LEFT onto E PALATINE RD. 0.9 mi
3. Merge onto IL-53 N. 1.8 mi
4. Merge onto IL-53-EXT N. 2.0 mi
5. Turn SLIGHT RIGHT onto LAKE COOK RD. 5.4 mi
6. Turn RIGHT onto N NORTHWEST HWY/US-14. 0.2 mi
7. Turn RIGHT. 0.1 mi
8. Turn LEFT onto GARLANDS LN. 0.0 mi
9. 1000 GARLANDS LN is on the RIGHT.

1000 Garlands Ln [Edit](#)
 Barrington, IL 60010-3336

Total Travel Estimate: 19 minutes / 11.28 miles Fuel Cost: [Calculate](#)

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PRAIRIEVIEW AT THE GARLANDS			ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
6000 GARLANDS LANE			Aggressive/Anti-Social	0	DIAGNOSIS		
BARRINGTON, IL. 60010			Chronic Alcoholism	0	Neoplasms	0	
Reference Numbers	Facility ID	6016158	Developmentally Disabled	1	Endocrine/Metabolic	0	
Health Service Area	008	Planning Service Area	Drug Addiction	0	Blood Disorders	0	
097			Medicaid Recipient	0	*Nervous System Non Alzheimer	3	
Administrator			Medicare Recipient	0	Alzheimer Disease	4	
Lynn Laystrom			Mental Illness	1	Mental Illness	0	
Contact Person and Telephone			Non-Ambulatory	0	Developmental Disability	0	
LYNN LAYSTROM			Non-Mobile	0	Circulatory System	2	
847-852-3500			Public Aid Recipient	0	Respiratory System	1	
Registered Agent Information	Date Completed	4/6/2010	Under 65 Years Old	0	Digestive System	0	
			Unable to Self-Medicate	0	Genitourinary System Disorders	0	
			Ventilator Dependent	1	Skin Disorders	0	
			Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	4	
FACILITY OWNERSHIP			Other Restrictions	0	Injuries and Poisonings	0	
LIMITED LIABILITY CO			No Restrictions	0	Other Medical Conditions	0	
CONTINUING CARE COMMUNITY	Yes		<i>Note: Reported restrictions denoted by '1'</i>			Non-Medical Conditions	0
LIFE CARE FACILITY	No					TOTALS	14
						Total Residents Diagnosed as Mentally Ill	0

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS						ADMISSIONS AND DISCHARGES - 2009		Residents on 1/1/2009	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED			Total Admissions 2009	Total Discharges 2009
Nursing Care	20	20	15	20	14	6	0	0	66	65
Skilled Under 22	0	0	0	0	0	0	0	0	14	
Intermediate DD	0	0	0	0	0	0	0	0		
Sheltered Care	0	0	0	0	0	0	0	0	Identified Offenders	0
TOTAL BEDS	20	20	15	20	14	6	0	0		

FACILITY UTILIZATION - 2009											
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 Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	955	0.0%	0	0.0%	0	0	3654	0	4609	63.1%	63.1%
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	0	0	0.0%	0.0%
TOTALS	955	0.0%	0	0.0%	0	0	3654	0	4609	63.1%	63.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009											
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	2	0	0	0	0	0	0	0	2	2
75 to 84	0	5	0	0	0	0	0	0	0	5	5
85+	1	6	0	0	0	0	0	0	1	6	7
TOTALS	1	13	0	0	0	0	0	0	1	13	14

PRAIRIEVIEW AT THE GARLANDS

6000 GARLANDS LANE
BARRINGTON, IL. 60010

Reference Numbers Facility ID 6016158

Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS	
Nursing Care	4	0	0	0	10	0	14
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	0	0	0	10	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	300	285
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	14	0	0	0	14
Race Unknown	0	0	0	0	0
Total	14	0	0	0	14

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	13	0	0	0	13
Total	14	0	0	0	14

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	0.00
Certified Aides	8.00
Other Health Staff	0.00
Non-Health Staff	8.00
Totals	23.00

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
30.5%	0.0%	0.0%	0.0%	69.5%	100.0%		0.0%
428,635	0	0	0	976,349	1,404,984	0	

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

There's a new MapQuest - come try it out!



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★ Starting Location

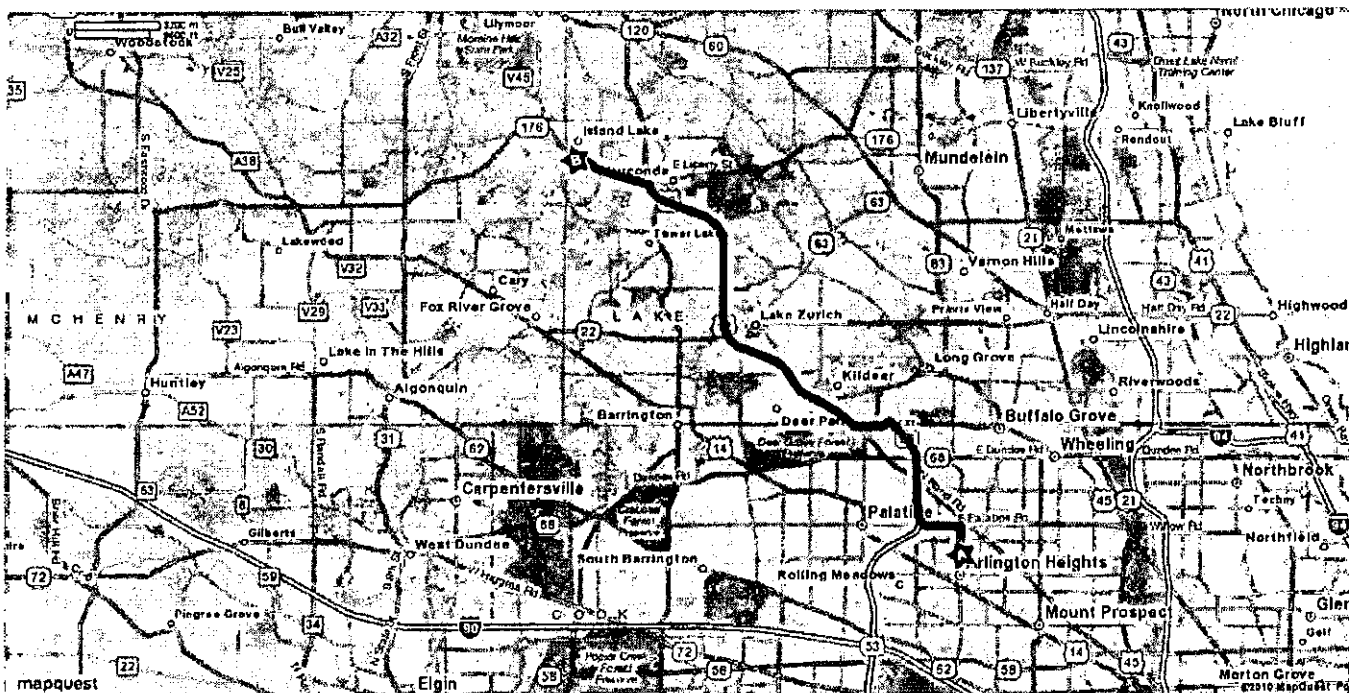
1200 N Arlington Heights Rd
Arlington Heights, IL 60004-4741

★ Ending Location

27888 N Beech St
Island Lake, IL 60042-8402

Total Travel Estimate: 28 minutes / 19.21 miles Fuel Cost: [Calculate](#)

Sheltering Oak



★ 1200 N Arlington Heights Rd Ed
Arlington Heights, IL 60004-4741

1. Start out going NORTH on N ARLINGTON HEIGHTS RD toward E OLIVE ST. 0.9 mi
2. Turn LEFT onto E PALATINE RD. 0.9 mi
3. Merge onto IL-53 N. 1.8 mi
4. Merge onto IL-53-EXT N. 2.0 mi
5. Turn SLIGHT RIGHT onto LAKE COOK RD. 0.8 mi
6. Turn SLIGHT RIGHT onto N RAND RD/US-12 W. 10.2 mi
7. Take the IL-176/LIBERTY ST ramp. 0.1 mi
8. Turn LEFT onto IL-176/W LIBERTY ST. Continue to follow IL-176. 2.3 mi
9. Turn LEFT onto BEECH ST. 0.2 mi
10. 27888 N BEECH ST is on the RIGHT.

★ 27888 N Beech St Ed
Island Lake, IL 60042-8402

Total Travel Estimate: 28 minutes / 19.21 miles Fuel Cost: [Calculate](#)

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SHELTERING OAK		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
P.O. BOX 367		Aggressive/Anti-Social	0	DIAGNOSIS		
ISLAND LAKE, IL. 60042		Chronic Alcoholism	0	Neoplasms	0	
Reference Numbers	Facility ID 6008585	Developmentally Disabled	1	Endocrine/Metabolic	0	
Health Service Area 008	Planning Service Area 097	Drug Addiction	0	Blood Disorders	0	
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	0	
Joseph Agnello		Medicare Recipient	1	Alzheimer Disease	0	
Contact Person and Telephone		Mental Illness	0	Mental Illness	68	
Joe Agnello		Non-Ambulatory	1	Developmental Disability	1	
847-526-3636		Non-Mobile	1	Circulatory System	0	
Registered Agent Information	Date Completed	Public Aid Recipient	0	Respiratory System	0	
John Verchota	5/6/2010	Under 65 Years Old	0	Digestive System	0	
444 N. Route 31, St. 104		Unable to Self-Medicate	0	Genitourinary System Disorders	0	
Crystal Lake, IL 60012		Ventilator Dependent	0	Skin Disorders	0	
FACILITY OWNERSHIP		Infectious Disease w/ Isolation	1	Musculo-skeletal Disorders	0	
FOR-PROF CORPORATION		Other Restrictions	0	Injuries and Poisonings	0	
CONTINUING CARE COMMUNITY	No	No Restrictions	0	Other Medical Conditions	0	
LIFE CARE FACILITY	No	<i>Note: Reported restrictions denoted by '1'</i>			Non-Medical Conditions	0
					TOTALS	69
					Total Residents Diagnosed as Mentally Ill	68

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS									ADMISSIONS AND DISCHARGES - 2009	
LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	70	70	69	70	69	1	0	70	Total Admissions 2009	63
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2009	23
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2009	17
Sheltered Care	0	0	0	0	0	0	0	0	Identified Offenders	69
TOTAL BEDS	70	70	69	70	69	1	0	70		2

FACILITY UTILIZATION - 2009											
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 Set Up
	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%	22265	87.1%	0	0	1825	0	24090	94.3%	94.3%
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	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	22265	87.1%	0	0	1825	0	24090	94.3%	94.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009											
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	6	0	0	0	0	0	0	0	6	0	6
45 to 59	17	9	0	0	0	0	0	0	17	9	26
60 to 64	4	3	0	0	0	0	0	0	4	3	7
65 to 74	6	12	0	0	0	0	0	0	6	12	18
75 to 84	5	6	0	0	0	0	0	0	5	6	11
85+	1	0	0	0	0	0	0	0	1	0	1
TOTALS	39	30	0	0	0	0	0	0	39	30	69

SHELTERING OAK

P.O. BOX 367

ISLAND LAKE, IL. 60042

Reference Numbers Facility ID 6008585

Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS	
Nursing Care	0	61	0	0	8	0	69
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	61	0	0	8	0	69

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	105	100
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	1	0	0	0	1
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	68	0	0	0	68
Race Unknown	0	0	0	0	0
Total	69	0	0	0	69

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	67	0	0	0	67
Ethnicity Unknown	0	0	0	0	0
Total	69	0	0	0	69

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.60
LPN's	2.60
Certified Aides	11.20
Other Health Staff	6.00
Non-Health Staff	10.50
Totals	36.90

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%	73.1%	0.0%	0.0%	26.9%	100.0%		0.0%
0	1,607,519	0	0	591,831	2,199,350	0	

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

There's a new MapQuest - come try it out!

MAPQUEST.

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★ Starting Location

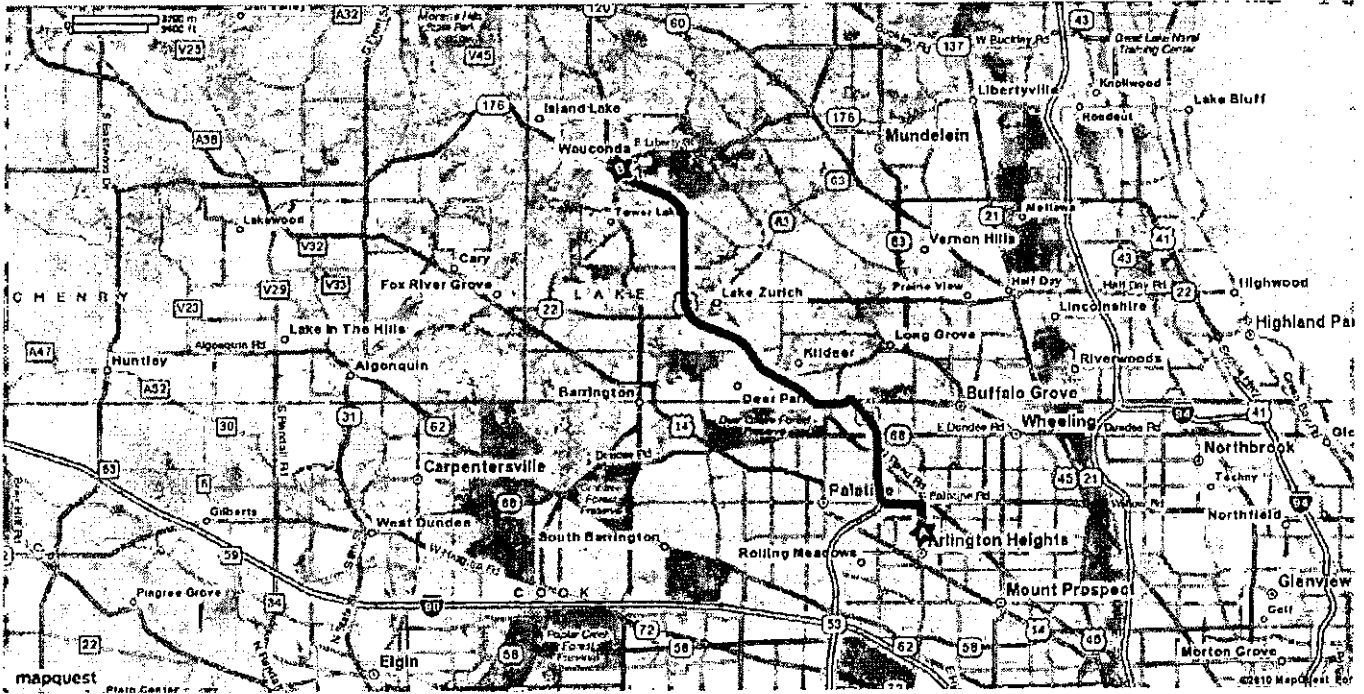
1200 N Arlington Heights Rd
Arlington Heights, IL 60004-4741

✦ Ending Location

176 Thomas Ct
Wauconda, IL 60084-2451

Total Travel Estimate: 24 minutes / 17.05 miles Fuel Cost: [Calculate](#)

Wauconda Healthcare



★ 1200 N Arlington Heights Rd [Edit](#)
Arlington Heights, IL 60004-4741

1. Start out going NORTH on N ARLINGTON HEIGHTS RD toward E OLIVE ST. 0.9 mi
2. Turn LEFT onto E PALATINE RD. 0.9 mi
3. Merge onto IL-53 N. 1.8 mi
4. Merge onto IL-53-EXT N. 2.0 mi
5. Turn SLIGHT RIGHT onto LAKE COOK RD. 0.6 mi
6. Turn SLIGHT RIGHT onto N RAND RD/US-12 W. 10.2 mi
7. Take the IL-176/LIBERTY ST ramp. 0.1 mi
8. Turn RIGHT onto W LIBERTY ST/IL-176. 0.2 mi
9. Turn RIGHT onto THOMAS CT. 0.1 mi
10. 176 THOMAS CT is on the LEFT.

✦ 176 Thomas Ct [Edit](#)
Wauconda, IL 60084-2451

Total Travel Estimate: 24 minutes / 17.05 miles Fuel Cost: [Calculate](#)

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WAUCONDA HEALTHCARE & REHAB		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
176 THOMAS COURT WAUCONDA, IL. 60084		Aggressive/Anti-Social 1		DIAGNOSIS	
Reference Numbers Facility ID 6009435		Chronic Alcoholism 1		Neoplasms 3	
Health Service Area 008 Planning Service Area 097		Developmentally Disabled 1		Endocrine/Metabolic 6	
Administrator		Drug Addiction 1		Blood Disorders 6	
Kathy Berg		Medicaid Recipient 0		*Nervous System Non Alzheimer 8	
Contact Person and Telephone		Medicare Recipient 0		Alzheimer Disease 3	
KATHY BERG		Mental Illness 1		Mental Illness 5	
847-526-5551		Non-Ambulatory 0		Developmental Disability 0	
Registered Agent Information		Non-Mobile 0		Circulatory System 30	
Date Completed 4/15/2010		Public Aid Recipient 0		Respiratory System 13	
		Under 65 Years Old 0		Digestive System 5	
		Unable to Self-Medicate 0		Genitourinary System Disorders 9	
		Ventilator Dependent 1		Skin Disorders 1	
		Infectious Disease w/ Isolation 0		Musculo-skeletal Disorders 5	
FACILITY OWNERSHIP		Other Restrictions 0		Injuries and Poisonings 23	
LIMITED LIABILITY CO		No Restrictions 0		Other Medical Conditions 0	
CONTINUING CARE COMMUNITY		No		Non-Medical Conditions 1	
LIFE CARE FACILITY		No		TOTALS 118	
				Total Residents Diagnosed as Mentally Ill 5	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS							ADMISSIONS AND DISCHARGES - 2009		
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	135	135	135	135	118	17	135	79	Total Admissions 2009	464
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2009	450
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2009	118
Sheltered Care	0	0	0	0	0	0	0	0	Identified Offenders	0
TOTAL BEDS	135	135	135	135	118	17	135	79		

FACILITY UTILIZATION - 2009											
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 Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	9207	18.7%	17316	60.1%	13	810	13327	0	40673	82.5%	82.5%
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	0	0	0.0%	0.0%
TOTALS	9207	18.7%	17316	60.1%	13	810	13327	0	40673	82.5%	82.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009											
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	1	3	0	0	0	0	0	0	1	3	4
65 to 74	6	9	0	0	0	0	0	0	6	9	15
75 to 84	8	22	0	0	0	0	0	0	8	22	30
85+	12	56	0	0	0	0	0	0	12	56	68
TOTALS	28	90	0	0	0	0	0	0	28	90	118

WAUCONDA HEALTHCARE & REHAB

176 THOMAS COURT
WAUCONDA, IL. 60084Reference Numbers Facility ID 6009435
Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	24	47	0	3	44	0	118
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	24	47	0	3	44	0	118

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	248	232
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	118	0	0	0	118
Race Unknown	0	0	0	0	0
Total	118	0	0	0	118

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	118	0	0	0	118
Ethnicity Unknown	0	0	0	0	0
Total	118	0	0	0	118

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	23.00
LPN's	4.00
Certified Aides	54.00
Other Health Staff	22.00
Non-Health Staff	54.00
Totals	159.00

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
42.8%	24.2%	0.0%	3.3%	29.7%	100.0%	0	0.0%
4,320,920	2,438,763	2,304	332,782	2,991,087	10,085,856		

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

FACILITY NOTES

Bed Change 12/29/2009 Added 10 nursing care beds; facility now has 135 nursing care beds.