

<b>DOCKET NO:</b> A- 29	<b>BOARD MEETING:</b> June 12-13, 2007	<b>PROJECT NO:</b> 07-073	<b>PROJECT COST:</b> Original: \$6,637,106
<b>FACILITY NAME:</b> Shawnee Christian Nursing Center		<b>CITY:</b> Herrin	Current:
<b>TYPE OF PROJECT:</b> Non-Substantive			<b>HSA: V</b>

**PROJECT DESCRIPTION:** The applicants propose a change of ownership of Shawnee Christian Nursing Center, a 159-bed nursing care facility located in Herrin. The change of ownership will result in the issuance of a license to an entity different than the current licensee. The cost of the project is \$6,637,106.

## **STATE AGENCY REPORT**

Christian Home, Inc.  
Shawnee Christian Nursing Center, LLC  
Shawnee Christian Nursing Center  
Herrin, Illinois  
#07-073

### **I. The Proposed Project**

The applicants propose a change of ownership of Shawnee Christian Nursing Center, a 159-bed nursing care facility located in Herrin. The change of ownership will result in the issuance of a license to an entity different than the current licensee. The cost of the project is \$6,637,106.

### **II. Summary of Findings**

- A. The State Agency finds the proposed project appears to be in conformance with the provisions of Part 1110.
- B. The State Agency finds the proposed project does **not** appear to be in conformance with the provisions of Part 1120.

### **III. General Information**

The applicants are Shawnee Christian Nursing Center, LLC an Illinois limited liability company, and Christian Home, Inc an Illinois domestic corporation. Shawnee Christian Nursing Center is located in HSA V and in the Williamson County Long-term Care Planning Area. The State Board's May 15, 2007 update to its Inventory of Healthcare Facilities and Services and Need Determination ("Inventory) indicates a need for seven additional long-term care beds in the planning area.

This is a non substantive Category B project, which is subject to both a Part 1110 and Part 1120 review. An opportunity for public hearing was offered, but one was not requested. Project obligation is contingent upon permit issuance. The anticipated project completion date is upon approval of the Illinois Health Facilities Planning Board.

Table One outlines the bed capacity and utilization for Shawnee Christian Nursing Center for January 1, 2006 through December 31, 2006, including average daily census (“ADC”), average length of stay (“ALOS”) and occupancy. This information was provided by the applicants. For informational purposes, the State Agency also includes the facility’s 2005 profile from IDPH’s Annual Long-term Care Questionnaire.

TABLE ONE Bed Capacity and Utilization					
Shawnee Christian Nursing Center - 2006 Data					
Service	Authorized Beds	Proposed Beds	ADC	ALOS	Occupancy
Nursing Care	159	159	140	312	88.05%
Facility Utilization Data from IDPH’s 2005 Long-term Care Questionnaire					
Service	Authorized Beds	Proposed Beds	ADC	ALOS	Occupancy
Nursing Care	159	159	141	312	88.7%

**IV. The Proposed Project - Details**

Christian Home Inc., the current owner of the real property and licensee, is proposing a change of ownership by transferring title of the real estate and responsibility of the licensee to Shawnee Christian Nursing Center, LLC. Christian Home, Inc. is the sole corporate member of Shawnee Christian Nursing Center, LLC. This is being done to allow Christian Home, Inc. to refinance its existing debt through a U.S. Department of Housing and Urban Development (“HUD”) insured mortgage. The applicants is before the State Board because under current State Board rules, a change in the current licensee requires a change of ownership subject to the requirements of 77 IAC 1110.230(b) and 77 IAC 1120 and subject to the approval of the State Board.

The proposed transaction will result in the issuance of a license to an entity different than the current licensee. There will be no change in gross square footage, services, or day to day operations of the facility as a result of this transaction.

**V. Project Costs and Sources of Funds**

The project is being funded with cash and a mortgage of \$6,634,900. The cash is being used to pay incidental expenses related to the refinancing of the debt. Table Two displays the project’s cost information

TABLE TWO Project Cost Information	
Project Costs	
Building (Contributed by Christian Homes, Inc.)	\$6,637,106
Total	\$6,637,106
Sources of Funds	
Cash	\$2,206
Mortgage	\$6,634,900
Total	\$6,637,106

**VI. General Review Criteria**

A. Criterion 1110.230(b) - Background of Applicants

The criterion states:

“1) The applicants shall demonstrate that it is fit, willing and able, and has the qualifications, background and character to adequately provide a proper standard of health care service for the community [20 ILCS 3960/6]. In evaluating the fitness of the applicants, the State Board shall consider whether adverse action has been taken against the applicants, or against any health care facility owned or operated by the applicants, directly or indirectly, within three years preceding the filing of the application.”

The applicants provided licensure and certification information as required for all facilities currently owned by Christian Village, Inc. The applicants certified they have not had any adverse actions within the past three years. It appears the applicants are fit, willing and able and have the qualifications, background and character to adequately provide a proper standard of healthcare service for the community (see pages 25-36 of the information submitted to the State Board).

THE STATE AGENCY NOTES IT APPEARS THE APPLICANTS MEET THE REQUIREMENTS OF THE BACKGROUND OF APPLICANTS CRITERION (77 IAC 1110.230(b)).

**VII. Changes of Ownership, Mergers and Consolidations**

A. Criterion 1110.240(b) - Impact Statement

The criterion states:

“The applicants must submit an impact statement which details any proposed changes in the beds or services currently offered, who the anticipated operating entity will be, the reason for the transaction, any anticipated additions or reductions in employees, and a cost/benefit analysis of the transaction. The statement must reflect at least a two-year period following the date of the change of ownership, merger or consolidation.”

The applicants provided an impact statement (page 37 of the application), which detailed there would be no change in the beds or services offered, no addition or reduction in employees, no cost or benefit associated with the transaction, now or in the next two years as a result of the change of ownership. It appears the applicants have met the requirements of this criterion.

THE STATE AGENCY NOTES IT APPEARS THE APPLICANTS MEET THE REQUIREMENTS OF THE IMPACT STATEMENT CRITERION (77 IAC 1110.240(b)).

B. Criterion 1110.240(c) - Access

The criterion states:

“The applicants must document any changes which may result in the restriction of patient admissions and document that no reductions in access to care will result from the transaction. Documentation shall consist of a written certification that the admission policies of the facilities involved will not become more restrictive and the submission of both the current formal admission policies of all institutions involved and the anticipated policy following completion of the project.”

The applicants’ state there will be no change in the admission policies or a reduction in access to care currently in effect at the facility. A copy of the admission policies was provided as required (pages 38-40 of the application).

THE STATE AGENCY NOTES IT APPEARS THE APPLICANTS MEET THE REQUIREMENTS OF THE ACCESS CRITERION (77 IAC 1110.240(c)).

C. Criterion 1110.240(d) - Health Care System

The criterion states:

- "1) The applicants must document that:
  - A) the applicant's care system will not restrict the use of other area care providers; or
  - B) the project improves access to services previously unavailable in the community because of the structure of the applicant's care system.
- 2) Documentation must detail the current and proposed relationship with those health care or health related organizations which are to be owned (in whole or in part), affiliated, operated, or under management contract with the applicants and provide the following:
  - A) all care system service providers and services offered including location, types of services, number of beds, and utilization levels for provided services over the last 12-month period; and
  - B) the proposed relationship of the project to the care system. Data should include where referrals for categories of service not available at the proposed project will be made, how duplication of services will be resolved, time and travel factors involving referrals within the care system and any organization policies concerning the use of care system providers over other area providers."

The applicants state they are not part of a health care system. The applicants provided assurance that the proposed transaction will not have an adverse impact on any area provider, or result in a duplication of services, or make available any services not currently available in the planning area (page 41 of the application).

THE STATE AGENCY NOTES IT APPEARS THE APPLICANTS MEET THE REQUIREMENTS OF THE HEALTH CARE SYSTEM CRITERION (77 IAC 1110.240(d)).

### **VIII. Financial Feasibility Review Criteria**

#### **A. Criterion 1120.210(a) - Financial Viability**

The criterion states:

- "1) Viability Ratios

Applicants (including co-applicants) must document compliance with viability ratio standards detailed in Appendix A of this Part or address a variance. Applicants must document compliance for the most recent three years for which audited financial statements are available. For Category B applications, the applicants also must document compliance through the first full fiscal year after project completion or for the first full fiscal year when the project achieves or exceeds target utilization pursuant to 77 Ill. Adm. Code 1100, whichever is later, or address a variance.

- 2) Variance for Applications Not Meeting Ratios  
 Applicants not in compliance with any of the viability ratios must document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicants default.”

Table Three and Four display the applicants’ ratio information.

<b>TABLE TWO</b>					
<b>Applicants’ Financial Ratio Information</b>					
<b>Shawnee Christian Nursing Center</b>					
<b>Ratio</b>	<b>State Standard</b>	<b>Historical</b>			<b>Projected</b>
		<b>2006</b>	<b>2005</b>	<b>2004</b>	
Current Ratio	>=1.5	3.06	3.79	3.63	*
Net Margin Percentage	>=2.5%	5.17%	8.28%	6.99%	*
Percent Debt to Total Capitalization	<=80%	68.37%	67.22%	65.79%	*
Projected Debt Service Coverage	>=1.50	1.60	1.97	1.40	*
Days Cash on Hand	>=75	18.13	35.75	67.91	*
Cushion Ratio	>=3	.52	.97	1.35	*

<b>TABLE THREE</b>					
<b>Applicants’ Financial Ratio Information</b>					
<b>Christian Village, Inc</b>					
<b>Ratio</b>	<b>State Standard</b>	<b>Historical</b>			<b>Projected</b>
		<b>2006</b>	<b>2005</b>	<b>2004</b>	
Current Ratio	>=1.5	1.06	1.17	.73	*
Net Margin Percentage	>=2.5%	7.96%	4.76%	3.17%	*
Percent Debt to Total Capitalization	<=80%	95.85%	105.81%	113.10%	*
Projected Debt Service Coverage	>=1.50	.67	.68	.41	*
Days Cash on Hand	>=75	126.41	132.96	134.68	*
Cushion Ratio	>=3	1.17	1.43	.86	*

Shawnee Christian Nursing Center, LLC is a new entity. Thus, no historic financial information is available. However financial information was provided

for Shawnee Christian Nursing Center. The applicants provided three years financial information for Shawnee Christian Nursing Center. Based on the information in Table Three, the applicants do not meet the Days Cash on Hand and Cushion Ratios for all years presented.

Christian Homes, Inc does not meet the Current, Percent Debt to Total Capitalization, Projected Debt Service Coverage, and Cushion Ratios for all years presented. Projected ratio information was not provided because project completion is occurring on the date of permit approval.

1. Current Ratio - is an indication that an entity has the ability to meet its current obligations by measuring if a business has enough assets to cover its liabilities.
2. Net Margin Percentage - is an indication of the percentage of profit based on every dollar of net revenue.
3. Percent Debt to Total Capitalization - measures the amount of a company's assets that are financed by long-term debt.
4. Projected Debt Service Coverage Ratio - calculates the amount of cash available to meet debt obligations.
5. Days of Cash on Hand - is an indication of the number of days the facility could operate if no future revenue is provided.
6. Cushion Ratio - is an indication of the amount of cash, short-term investment and unrestricted long-term investments remaining after paying all fixed debt expenses (annual principal and interest payments)

The applicants state Christian Village, Inc. will guarantee the debt for Shawnee Christian Nursing Center, LLC. However Christian Village, Inc. does not meet the requirements of 1120.210 (a). As a result, the applicants do not meet the requirements of this criterion.

THE STATE AGENCY NOTES IT APPEARS THE APPLICANTS HAVE **NOT** MET THE REQUIREMENTS OF FINANCIAL VIABILITY CRITERION (77 IAC 1120.210(a)).

- B. Criterion 1120.210(b) - Availability of Funds



The criterion states:

"The applicants must document that financial resources shall be available and be equal to or exceed the estimated total project cost and any related cost."

A review of the balance sheet indicates that sufficient resources are available to fund the cash portion of the project.

THE STATE AGENCY NOTES IT APPEARS THE APPLICANTS HAVE MET THE REQUIREMENTS OF THE AVAILABILITY OF FUNDS CRITERION (77 IAC 1120.210(b)).

C. Criterion 1120.210(c) - Operating Start-up Costs

The criterion states:

"The applicants must document that financial resources shall be available and be equal to or exceed any start-up expenses and any initial operating deficit."

There are no operating start-up costs related to this project. Thus, this criterion is not applicable.

THE STATE AGENCY NOTES THAT THE CRITERION OPERATING START-UP COSTS (1120.210(c)) IS NOT APPLICABLE TO THE PROJECT.

**IX. Economic Feasibility Review Criteria**

A. Criterion 1120.310(a) - Reasonableness of Financing Arrangements

The criterion states:

"This criterion is not applicable if the applicant has documented a bond rating of "A" or better pursuant to Section 1120.210. An applicant that has not documented a bond rating of "A" or better must document that the project and related costs will be:

- 1) funded in total with cash and equivalents including investment securities, unrestricted funds, and funded depreciation as currently defined by the Medicare regulations (42 USC 1395); or
- 2) 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 that the current ratio does not fall below 2.0 times; 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. The applicants must submit a notarized statement signed by two authorized representatives of the applicants entity (in the case of a corporation, one must be a member of the board of directors) that attests to compliance with this requirement.

The applicants propose to refinance Shawnee Christian Nursing Center’s existing debt through a HUD insured mortgage. To accomplish this, the applicants are reorganizing the facility ownership and operations into a single asset entity. The applicants have certified that all of cash and equivalents must be retained in the balance sheet asset account in order that the current ratio does not fall below 2.0. A letter from Ziegler Financing Corporation stating that the applicants have a firm commitment from HUD to insure the mortgage was also provided (page 136 of the information forwarded to the State Board). Table Five provides a complete breakdown of the refinancing costs.

<b>TABLE FIVE Refinancing of Indebtedness</b>	
Existing Indebtedness	\$ 6,185,299
Repairs	\$ 45,290
Initial Deposit - Realty	\$ 50,000
Initial Deposit - Non-Realty	\$ 60,000
Legal Fees	\$ 54,951
Title and Recording	\$ 20,000
Inspection Fee	\$ 453
Financing Fee	\$ 66,349
Mortgage Insurance Premium	\$ 66,349
Exam Fee	\$ 19,905
Placement Fee	\$ 66,349
Repairs Escrow	\$ 2,161
<b>Total</b>	<b>\$ 6,637,106</b>

THE STATE AGENCY NOTES IT APPEARS THE APPLICANTS HAVE MET THE REQUIREMENTS OF THE REASONABLENESS OF FINANCING CRITERION (77 IAC 1120.210(b)).

B. Criterion 1120.310 (b) Conditions of Debt Financing

The criterion states:

“The applicants must certify that the selected form of debt financing the project will be at the lowest net cost available or if a more costly form of financing is selected, that form is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs, and other factors. In addition, if all or part of the project involves the leasing of equipment or facilities, the applicants must certify that the expenses incurred with leasing a facility and/or equipment are less costly than constructing a new facility or purchasing new equipment. Certification of compliance with the requirements of this criterion must be in the form of a notarized statement signed by two authorized representative (in the case of a corporation, one must be a member of the board of directors) of the applicants entity.”

The applicants certified that the refinancing of the existing debt is less costly than constructing a new facility (page 136 of the information submitted to the State Board).

THE STATE AGENCY NOTES IT APPEARS THE APPLICANTS HAVE MET THE REQUIREMENTS OF CONDITIONS OF DEBT FINANCING (77 IAC 1120.310(b)).

C. Criterion 1120.310(c) - Reasonableness of Project and Related Costs

Building - These cost total \$6,637,106. The State Agency does not have standards for these costs.

THE STATE AGENCY NOTES IT APPEARS THE APPLICANTS HAVE MET THE REQUIREMENTS OF REASONABLENESS OF PROJECT AND RELATED COSTS (77 IAC 1120.310(c)).

D. Criterion 1120.310(d) - Projected Operating Cost

The criterion states:

“The applicants must provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year after project completion or the first full fiscal year when the project achieves or exceeds target utilization pursuant to 77 Ill. Adm. Code 1100, whichever is later. Direct costs mean the fully allocated costs of salaries, benefits, and supplies for the service.”

The applicants project \$138.70 per equivalent patient day. The State Agency does not have a standard for this cost.

THE STATE AGENCY NOTES IT APPEARS THE APPLICANTS HAVE MET THE REQUIREMENTS OF PROJECTED OPERATING COSTS (77 IAC 1120.310(d)).

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

The criterion states:

“The applicants must provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year after project completion or the first full fiscal year when the project achieves or exceeds target utilization pursuant to 77 Ill. Adm. Code 1100, whichever is later.”

The applicants are refinancing existing debt; therefore, there will be no effect on capital costs.

THE STATE AGENCY NOTES IT APPEARS THE APPLICANTS HAVE MET THE REQUIREMENTS OF TOTAL EFFECT OF THE PROJECT ON CAPITAL COSTS (77 IAC 1120.310(e)).

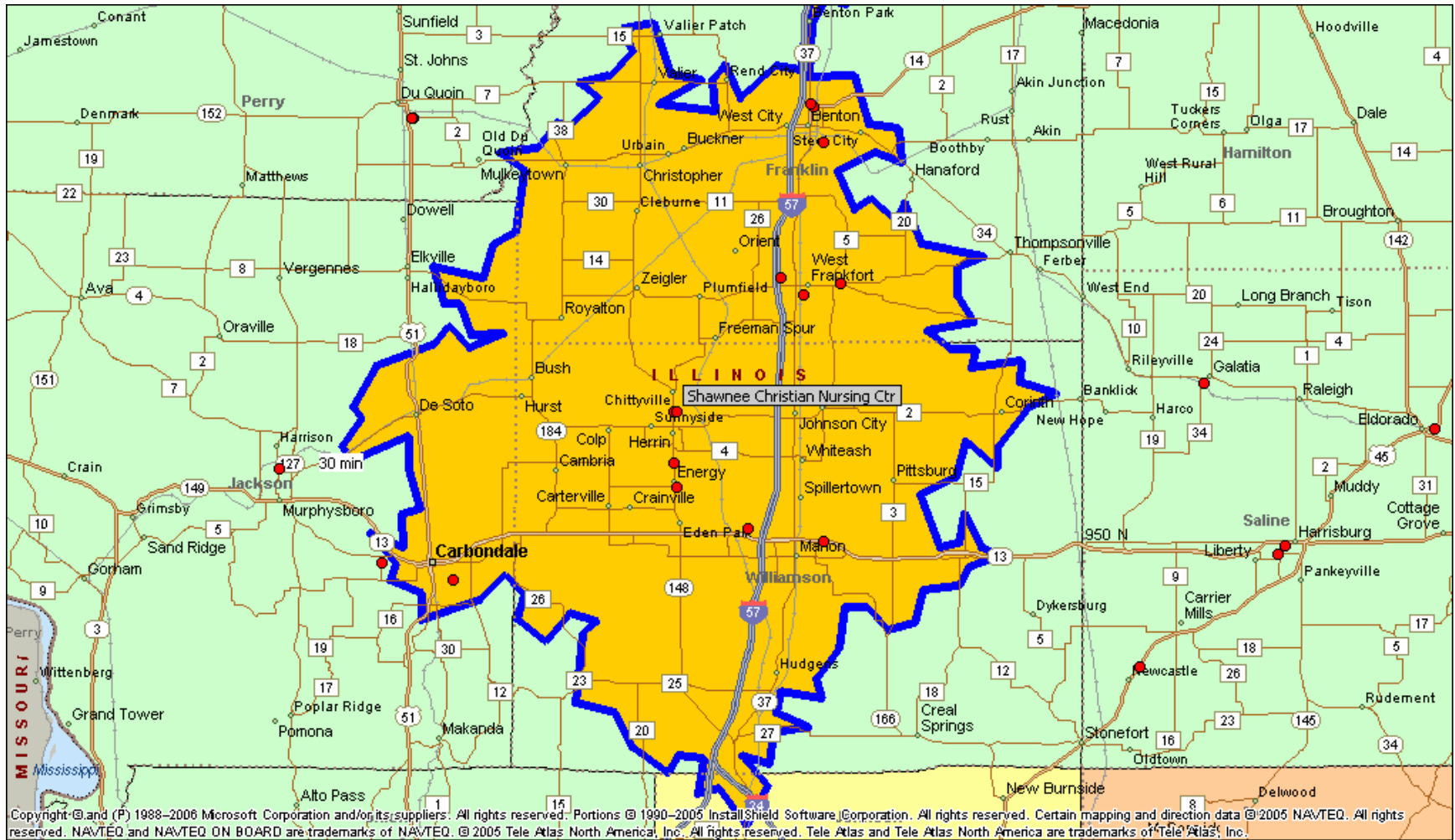
F. Criterion 1120.310 (f) Non-patient Related Services

The criterion states:

“The applicants must document that projects involving non-patient related services (medical office buildings) will be self-supporting and not result in increased charges to patients or that increased charges to patients are justified based upon such factors as, but not limited to, a cost benefit or other analysis which demonstrates that the project will improve the applicant’s financial viability.”

This criterion is not applicable to this project.

THE STATE AGENCY NOTES NON-PATIENT RELATED SERVICES (1120.310(f) IS NOT APPLICABLE TO THE PROJECT.



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30 Minute Drive Time

<b>FACNAME</b>	<b>ADDRESS</b>	<b>CITY</b>	<b>ZIP</b>
Helia Healthcare of Carbondale	500 South Lewis Lane	Carbondale	62901-0000
Helia Healthcare of Energy	210 East College	Energy	62933-0000
Park Avenue Health Care Home	1701 S. Park Ave	Herrin	62948-0000
Parkway Manor	3116 Williamson County Parkway	Marion	62959-0000
Friendship Care Center	1900 North Park Street	Herrin	62948-0000
Shawnee Christian Nursing Ctr	1901 13th Street	Herrin	62948-0000
Fountain's The	1301 East Deyoung	Marion	62959-0000
PARKVIEW CARE CENTER	301 EAST GARLAND	West Frankfort	62896
Westside Care Center	601 North Columbia	West Frankfort	62896-0000
Frankfort Hlthcare & Rehab Ctr	2500 East St Louis Street	West Frankfort	62896-0000
Severin Intermediate Care Home	902 South Mcleansboro	Benton	62812-0000
Franklin Hospital Nursing Ctr	201 Bailey Lane	Benton	62812-0000
Benton Healthcare Center	1409 North Main	Benton	62812-0000

<b>Reference Numbers</b> 005 199 199 6008528	<b>ADMISSION RESTRICTIONS</b>	<b>RESIDENTS BY PRIMARY DIAGNOSIS</b>
SHAWNEE CHRISTIAN NURSING CTR	Aggressive/Anti-Social	0 DIAGNOSIS
1901 13TH STREET	Chronic Alcoholism	0 Neoplasms 3
HERRIN, IL. 62948	Developmentally Disabled	1 Endocrine/Metabolic 4
<b>Administrator</b>	Drug Addiction	0 Blood Disorders 2
Dan Boatright	Medicaid Recipient	0 *Nervous System 1
<b>Contact Person and Telephone</b>	Medicare Recipient	0 Alzheimer Disease 6
Dan Boatright	Mental Illness	0 Mental Illness 0
618-942-7391	Non-Ambulatory	0 Developmental Disability 1
<b>Registered Agent Information</b>	Non-Mobile	0 Circulatory System 24
PHILLIPPE,TIMOTHY F	Public Aid Recipient	0 Respiratory System 8
200 NORTH POSTVILLE DRIVE	Under 65 Years Old	0 Digestive System 4
LINCOLN , IL 62948	Unable to Self-Medicat	0 Genitourinary System Disorders 4
<b>FACILITY OWNERSHIP</b>	Other Restrictions	0 Skin Disorders 0
NON-PROF CORPORATION	No Restrictions	0 Musculo-skeletal Disorders 3
		Injuries and Poisonings 9
		Other Medical Conditions 73
		Non-Medical Conditions 0
		<b>TOTALS 142</b>

Note: 1 equals restrictions used by facility

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

	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	159	159	149	159	142	83	159
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0		
<b>TOTAL BEDS</b>	<b>159</b>	<b>159</b>	<b>149</b>	<b>159</b>	<b>142</b>	<b>83</b>	<b>159</b>

**RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2005**

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	1	1	0	0	0	0	0	0	1	1	2
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 ro 74	6	7	0	0	0	0	0	0	6	7	13
75 to 84	4	50	0	0	0	0	0	0	4	50	54
85 _Over	11	59	0	0	0	0	0	0	11	59	70
<b>TOTALS</b>	<b>24</b>	<b>118</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>24</b>	<b>118</b>	<b>142</b>

**PATIENT DAYS OF CARE - 2005**

**BY LEVEL OF CARE AND PATIENT TYPE**

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	8526	33114	9663	51303	88.4	88.4
SkiUnd22	0	0	0	0	0.0	0.0
ICF/DD		0	0	0	0.0	0.0
Shelter			0	0	0.0	0.0
<b>TOTALS</b>	<b>8526</b>	<b>33114</b>	<b>9663</b>	<b>51303</b>	<b>88.4</b>	<b>88.4</b>

**PATIENT DAYS BY PAYMENT SOURCE**

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.
Nursing	8526	28.1	33114	57.1
SkiUnd22			0	0.0
ICF/DD			0	0.0
<b>TOTALS</b>	<b>8526</b>	<b>28.1</b>	<b>33114</b>	<b>57.1</b>

**SHAWNEE CHRISTIAN NURSING CTR                    005                    6008528**

**ADMISSIONS AND DISCHARGES - 2005**

A. Residents on January 1, 2005	144
B. Total Admissions 2005	184
C. Total Discharges 2005	186
D. Residents on December 31, 2005	142

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

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	26	95	0	0	21	0	142
SkUnd22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Shelter			0	0	0	0	0
<b>TOTALS</b>	<b>26</b>	<b>95</b>	<b>0</b>	<b>0</b>	<b>21</b>	<b>0</b>	<b>142</b>

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiiin or Pacific Islander	0	0	0	0	0
White	140	0	0	0	140
Unknown	0	0	0	0	0
<b>Total</b>	<b>142</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>142</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	147	122
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

**ETHNICITY**

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Not Hispanic	0	0	0	0	0
Unknown	142	0	0	0	142
<b>Total</b>	<b>142</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>142</b>

**RESIDENTS BY AGE GROUP, SEX AND PAYMENT SOURCE- DECEMBER 31, 2005**

AGE GROUPS	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	0	0	0	0	1	0	1
45 to 59	1	0	0	1	0	0	0	0	0	0	0	0	1	1	2
60 to 64	0	0	1	1	0	0	0	0	0	0	0	0	1	1	2
65 to 74	3	0	2	7	0	0	0	0	1	0	0	0	6	7	13
75 to 84	0	11	3	34	0	0	0	0	1	5	0	0	4	50	54
85_Over	3	7	6	40	0	0	0	0	2	12	0	0	11	59	70
<b>TOTALS</b>	<b>8</b>	<b>18</b>	<b>12</b>	<b>83</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>17</b>	<b>0</b>	<b>0</b>	<b>24</b>	<b>118</b>	<b>142</b>

**STAFFING**

**EMPLOYMENT CATEGORY FULL-TIME EQUIVALENT**

Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	14.00
Certified Aides	66.00
Other Health Staff	5.00
Non-Health Staff	47.00
<b>Totals</b>	<b>140.00</b>

Source: Health Systems Development  
 Illinois Department of Public Health  
 525 West Jefferson  
 Springfield, Illinois Phone: 217/782-3516

Note: Numbers preceding each section refer to the number of the question in the survey.  
 \*Does not include Alzheimer diagnoses.