

County: Barron
 CUMBERLAND MEMORIAL HOSPITAL ECU
 1110 7TH AVE
 CUMBERLAND 54829 Phone: (715) 822-6113

Facility ID: 2460

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Operated from 1/1 To 12/31 Days of Operation: 366
 Operate in Conjunction with Hospital? Yes
 Number of Beds Set Up and Staffed (12/31/04): 50
 Total Licensed Bed Capacity (12/31/04): 50
 Number of Residents on 12/31/04: 48

Ownership: Non-Profit Corporation
 Highest Level License: Skilled
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? No
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 48

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	37.5	
Supp. Home Care-Personal Care	No	-----		-----		1 - 4 Years	39.6	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	2.1	More Than 4 Years	22.9	
Day Services	No	Mental Illness (Org./Psy)	43.8	65 - 74	4.2	-----	-----	
Respite Care	No	Mental Illness (Other)	2.1	75 - 84	27.1	-----	100.0	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	52.1	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	10.4	95 & Over	14.6	Full-Time Equivalent		
Congregate Meals	No	Cancer	2.1	-----	-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0	100.0	-----	(12/31/04)		
Other Meals	No	Cardiovascular	14.6	65 & Over	97.9	-----		
Transportation	No	Cerebrovascular	8.3	-----	-----	RNs	17.4	
Referral Service	No	Diabetes	4.2	Gender	%	LPNs	1.9	
Other Services	No	Respiratory	4.2	-----	-----	Nursing Assistants,		
Provide Day Programming for Mentally Ill	No	Other Medical Conditions	10.4	Male	22.9	Aides, & Orderlies		
Provide Day Programming for Developmentally Disabled	No	-----	-----	Female	77.1	53.3		
		100.0	-----	-----	-----	-----		
				100.0	100.0	-----		

Method of Reimbursement

Level of Care	Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care		Per Diem (\$)	Total Resi-dents	% Of All
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%			
Int. Skilled Care	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0.0
Skilled Care	0	0.0	28	96.6	129	0	0.0	0	19	100.0	138	0	0	47	97.9
Intermediate	---	---	1	3.4	105	0	0.0	0	0	0.0	0	0	0	1	2.1
Limited Care	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0	0	0.0
Personal Care	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0	0	0.0
Residential Care	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0	0	0.0
Dev. Disabled	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0	0	0	0.0
Total	0	0.0	29	100.0	0	0	0.0	19	100.0	0	0	0.0	0	48	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				
		% Needing Assistance of			% Totally	Total
Percent Admissions from:		Activities of	% Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	2.9	Daily Living (ADL)	4.2	66.7	29.2	48
Private Home/With Home Health	2.9	Bathing	4.2	66.7	29.2	48
Other Nursing Homes	14.7	Dressing	31.3	43.8	25.0	48
Acute Care Hospitals	67.6	Transferring	29.2	45.8	25.0	48
Psych. Hosp.-MR/DD Facilities	8.8	Toilet Use	77.1	12.5	10.4	48
Rehabilitation Hospitals	0.0	Eating	*****			
Other Locations	2.9					
Total Number of Admissions	34	Continence	% Special Treatments		%	
Percent Discharges To:		Indwelling Or External Catheter	2.1	Receiving Respiratory Care	0.0	
Private Home/No Home Health	8.3	Occ/Freq. Incontinent of Bladder	45.8	Receiving Tracheostomy Care	0.0	
Private Home/With Home Health	2.8	Occ/Freq. Incontinent of Bowel	33.3	Receiving Suctioning	0.0	
Other Nursing Homes	5.6			Receiving Ostomy Care	0.0	
Acute Care Hospitals	2.8	Mobility			0.0	
Psych. Hosp.-MR/DD Facilities	2.8	Physically Restrained	0.0	Receiving Mechanically Altered Diets	39.6	
Rehabilitation Hospitals	0.0					
Other Locations	0.0	Skin Care				
Deaths	77.8	With Pressure Sores	8.3	Other Resident Characteristics		
Total Number of Discharges (Including Deaths)	36	With Rashes	6.3	Have Advance Directives	97.9	
				Medications		
				Receiving Psychoactive Drugs	68.8	

 Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities

	This Facility	Other Hospital-Based Facilities		All Facilities	
	%	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	96.0	91.7	1.05	88.8	1.08
Current Residents from In-County	93.8	85.3	1.10	77.4	1.21
Admissions from In-County, Still Residing	50.0	14.1	3.55	19.4	2.58
Admissions/Average Daily Census	70.8	213.7	0.33	146.5	0.48
Discharges/Average Daily Census	75.0	214.9	0.35	148.0	0.51
Discharges To Private Residence/Average Daily Census	8.3	119.8	0.07	66.9	0.12
Residents Receiving Skilled Care	97.9	96.2	1.02	89.9	1.09
Residents Aged 65 and Older	97.9	90.7	1.08	87.9	1.11
Title 19 (Medicaid) Funded Residents	60.4	66.8	0.90	66.1	0.91
Private Pay Funded Residents	39.6	22.6	1.75	20.6	1.93
Developmentally Disabled Residents	0.0	1.4	0.00	6.0	0.00
Mentally Ill Residents	45.8	32.7	1.40	33.6	1.36
General Medical Service Residents	10.4	22.0	0.47	21.1	0.49
Impaired ADL (Mean)*	47.5	49.1	0.97	49.4	0.96
Psychological Problems	68.8	53.5	1.28	57.7	1.19
Nursing Care Required (Mean)*	6.8	7.4	0.91	7.4	0.91