

County: Monroe  
 MORROW MEMORIAL HOME FOR THE AGED  
 331 S WATER ST  
 SPARTA

Facility ID: 5750

Page 1

54656 Phone:(608) 269-3168  
 Operated from 1/1 To 12/31 Days of Operation: 366  
 Operate in Conjunction with Hospital? No  
 Number of Beds Set Up and Staffed (12/31/04): 111  
 Total Licensed Bed Capacity (12/31/04): 111  
 Number of Residents on 12/31/04: 101

Ownership: Nonprofit Church/Corporation  
 Highest Level License: Skilled  
 Operate in Conjunction with CBRF? No  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Average Daily Census: 105

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	39.6	
Supp. Home Care-Personal Care	No	-----		-----		1 - 4 Years	47.5	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3.0	More Than 4 Years	12.9	
Day Services	No	Mental Illness (Org./Psy)	22.8	65 - 74	8.9	-----	-----	
Respite Care	No	Mental Illness (Other)	2.0	75 - 84	30.7	-----	100.0	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	47.5	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	9.9	Full-Time Equivalent		
Congregate Meals	No	Cancer	1.0	-----	-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	9.9	-----	100.0	(12/31/04)		
Other Meals	No	Cardiovascular	27.7	65 & Over	97.0	-----		
Transportation	Yes	Cerebrovascular	6.9	-----	-----	RNs	12.3	
Referral Service	Yes	Diabetes	3.0	Gender	%	LPNs	7.8	
Other Services	Yes	Respiratory	5.9	-----	-----	Nursing Assistants,		
Provide Day Programming for	-----	Other Medical Conditions	20.8	Male	26.7	Aides, & Orderlies		
Mentally Ill	No	-----	-----	Female	73.3	52.1		
Provide Day Programming for	-----	-----	100.0	-----	-----	-----		
Developmentally Disabled	No	-----	-----	-----	100.0	-----		

Method of Reimbursement

Level of Care	Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total Residents	% Of All	
	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)			
Int. Skilled Care	0	0.0	0	1	1.5	140	0	0.0	0	1	3.7	178	0	0.0	0	0	0.0	0	0	2	2.0
Skilled Care	8	100.0	334	60	90.9	120	0	0.0	0	25	92.6	168	0	0.0	0	0	0.0	0	0	93	92.1
Intermediate	---	---	---	5	7.6	100	0	0.0	0	1	3.7	158	0	0.0	0	0	0.0	0	0	6	5.9
Limited Care	---	---	---	0	0.0	0	0	0.0	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	0.0	0	0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	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	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	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	0	0.0	0	0	0	0.0
Total	8	100.0	---	66	100.0	---	0	0.0	---	27	100.0	---	0	0.0	---	0	0.0	---	---	101	100.0

\*\*\*\*\*

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				
		Percent		% Needing Assistance of		Total
Percent Admissions from:		Activities of	% Independent	One Or Two Staff	% Totally Dependent	Number of Residents
Private Home/No Home Health	11.1	Daily Living (ADL)	4.0	78.2	17.8	101
Private Home/With Home Health	6.1	Bathing	22.8	64.4	12.9	101
Other Nursing Homes	5.1	Dressing	31.7	50.5	17.8	101
Acute Care Hospitals	66.7	Transferring	31.7	49.5	18.8	101
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	76.2	15.8	7.9	101
Rehabilitation Hospitals	0.0	Eating	*****			
Other Locations	11.1	Continence		%	Special Treatments	
Total Number of Admissions	99	Indwelling Or External Catheter	4.0	Receiving Respiratory Care		13.9
Percent Discharges To:		Occ/Freq. Incontinent of Bladder	39.6	Receiving Tracheostomy Care		0.0
Private Home/No Home Health	28.7	Occ/Freq. Incontinent of Bowel	10.9	Receiving Suctioning		0.0
Private Home/With Home Health	7.4	Mobility		Receiving Ostomy Care		2.0
Other Nursing Homes	2.8	Physically Restrained	0.0	Receiving Tube Feeding		0.0
Acute Care Hospitals	2.8	Skin Care		Receiving Mechanically Altered Diets		23.8
Psych. Hosp.-MR/DD Facilities	0.0	With Pressure Sores	5.9	Other Resident Characteristics		
Rehabilitation Hospitals	0.0	With Rashes	5.0	Have Advance Directives		99.0
Other Locations	6.5			Medications		
Deaths	51.9			Receiving Psychoactive Drugs		75.2
Total Number of Discharges (Including Deaths)	108					

\*\*\*\*\*

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

\*\*\*\*\*

	This Facility %	Ownership: Nonprofit Peer Group		Bed Size: 100-199 Peer Group		Licensure: Skilled Peer Group		All Facilities	
		%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	94.6	87.4	1.08	86.1	1.10	85.9	1.10	88.8	1.07
Current Residents from In-County	86.1	76.6	1.12	80.1	1.08	75.1	1.15	77.4	1.11
Admissions from In-County, Still Residing	36.4	21.5	1.69	19.9	1.83	20.5	1.78	19.4	1.87
Admissions/Average Daily Census	94.3	125.9	0.75	143.3	0.66	132.0	0.71	146.5	0.64
Discharges/Average Daily Census	102.9	124.5	0.83	144.8	0.71	131.4	0.78	148.0	0.70
Discharges To Private Residence/Average Daily Census	37.1	51.0	0.73	69.4	0.53	61.0	0.61	66.9	0.55
Residents Receiving Skilled Care	94.1	95.2	0.99	95.9	0.98	95.8	0.98	89.9	1.05
Residents Aged 65 and Older	97.0	96.2	1.01	93.5	1.04	93.2	1.04	87.9	1.10
Title 19 (Medicaid) Funded Residents	65.3	69.6	0.94	71.5	0.91	70.0	0.93	66.1	0.99
Private Pay Funded Residents	26.7	21.4	1.25	16.3	1.64	18.5	1.45	20.6	1.30
Developmentally Disabled Residents	0.0	0.4	0.00	0.7	0.00	0.6	0.00	6.0	0.00
Mentally Ill Residents	24.8	40.3	0.61	32.1	0.77	36.6	0.68	33.6	0.74
General Medical Service Residents	20.8	17.9	1.16	21.4	0.97	19.7	1.06	21.1	0.99
Impaired ADL (Mean)	41.2	47.6	0.87	48.7	0.85	47.6	0.87	49.4	0.83
Psychological Problems	75.2	57.1	1.32	55.2	1.36	57.1	1.32	57.7	1.30
Nursing Care Required (Mean)	6.3	7.3	0.87	7.9	0.80	7.3	0.86	7.4	0.85

\*\*\*\*\*