

County: Racine
 MT CARMEL MEDICAL & REHAB CTR
 677 E STATE ST
 BURLINGTON 53105 Phone:(262) 763-9531
 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): 155
 Total Licensed Bed Capacity (12/31/04): 155
 Number of Residents on 12/31/04: 150

Facility ID: 5780

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Ownership: Corporation
 Highest Level License: Skilled
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 153

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	36.7	
Supp. Home Care-Personal Care	No	Developmental Disabilities	0.0	Under 65	4.7	1 - 4 Years	46.0	
Supp. Home Care-Household Services	No	Mental Illness (Org./Psy)	41.3	65 - 74	6.7	More Than 4 Years	17.3	
Day Services	No	Mental Illness (Other)	8.7	75 - 84	28.7		100.0	
Respite Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	54.0	*****		
Adult Day Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	6.0	Full-Time Equivalent		
Adult Day Health Care	No	Cancer	2.7			Nursing Staff per 100 Residents		
Congregate Meals	No	Fractures	0.7		100.0	(12/31/04)		
Home Delivered Meals	No	Cardiovascular	0.0	65 & Over	95.3	-----		
Other Meals	No	Cerebrovascular	9.3			RNs	10.1	
Transportation	No	Diabetes	14.0	Gender	%	LPNs	8.6	
Referral Service	No	Respiratory	0.0	-----	-----	Nursing Assistants,		
Other Services	Yes	Other Medical Conditions	23.3	Male	27.3	Aides, & Orderlies		
Provide Day Programming for Mentally Ill	No		-----	Female	72.7	37.3		
Provide Day Programming for Developmentally Disabled	No		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	5	4.7	135	0	0.0	0	0	0.0	0	0	0.0	0	5	3.3
Skilled Care	28	100.0	235	100	94.3	116	0	0.0	0	16	100.0	200	0	0.0	144	96.0
Intermediate	---	---	---	1	0.9	97	0	0.0	0	0	0.0	0	0	0.0	1	0.7
Limited Care	---	---	---	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
Residential Care	---	---	---	---	---	---	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
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
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	28	100.0	106	100	100.0	0	0.0	0	16	100.0	0	0	0.0	0	150	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				
		Activities of		% Needing Assistance of		Total
		% Independent		% Totally Dependent		Number of Residents
Percent Admissions from:		Daily Living (ADL)		One Or Two Staff		
Private Home/No Home Health	5.3	Bathing	4.0	50.0	62.0	150
Private Home/With Home Health	2.7	Dressing	11.3	54.0	38.7	150
Other Nursing Homes	88.3	Transferring	22.0	50.7	24.0	150
Acute Care Hospitals	1.1	Toilet Use	26.0	13.3	23.3	150
Psych. Hosp.-MR/DD Facilities	1.1	Eating	72.0		14.7	150
Rehabilitation Hospitals	0.0	*****				
Other Locations	1.6	Continence		Special Treatments		
Total Number of Admissions	188	Indwelling Or External Catheter	1.3	Receiving Respiratory Care		8.0
Percent Discharges To:		Occ/Freq. Incontinent of Bladder	80.0	Receiving Tracheostomy Care		0.0
Private Home/No Home Health	33.0	Occ/Freq. Incontinent of Bowel	80.0	Receiving Suctioning		0.0
Private Home/With Home Health	6.3	Mobility		Receiving Ostomy Care		3.3
Other Nursing Homes	2.1	Physically Restrained	2.0	Receiving Tube Feeding		3.3
Acute Care Hospitals	12.6	Skin Care		Receiving Mechanically Altered Diets		25.3
Psych. Hosp.-MR/DD Facilities	0.0	With Pressure Sores	2.7	Other Resident Characteristics		
Rehabilitation Hospitals	0.5	With Rashes	6.7	Have Advance Directives		91.3
Other Locations	6.8			Medications		
Deaths	38.7			Receiving Psychoactive Drugs		67.3
Total Number of Discharges (Including Deaths)	191					

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

	This Facility %	Ownership: Proprietary 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	98.7	88.5	1.12	90.2	1.09	90.5	1.09	88.8	1.11
Current Residents from In-County	71.3	80.0	0.89	82.9	0.86	82.4	0.87	77.4	0.92
Admissions from In-County, Still Residing	23.4	17.8	1.31	19.7	1.19	20.0	1.17	19.4	1.21
Admissions/Average Daily Census	122.9	184.7	0.67	169.5	0.73	156.2	0.79	146.5	0.84
Discharges/Average Daily Census	124.8	188.6	0.66	170.5	0.73	158.4	0.79	148.0	0.84
Discharges To Private Residence/Average Daily Census	49.0	86.2	0.57	77.4	0.63	72.4	0.68	66.9	0.73
Residents Receiving Skilled Care	99.3	95.3	1.04	95.4	1.04	94.7	1.05	89.9	1.10
Residents Aged 65 and Older	95.3	92.4	1.03	91.4	1.04	91.8	1.04	87.9	1.08
Title 19 (Medicaid) Funded Residents	70.7	62.9	1.12	62.5	1.13	62.7	1.13	66.1	1.07
Private Pay Funded Residents	10.7	20.3	0.53	21.7	0.49	23.3	0.46	20.6	0.52
Developmentally Disabled Residents	0.0	0.9	0.00	0.9	0.00	1.1	0.00	6.0	0.00
Mentally Ill Residents	50.0	31.7	1.58	36.8	1.36	37.3	1.34	33.6	1.49
General Medical Service Residents	23.3	21.2	1.10	19.6	1.19	20.4	1.14	21.1	1.11
Impaired ADL (Mean)	52.9	48.6	1.09	48.8	1.08	48.8	1.08	49.4	1.07
Psychological Problems	67.3	56.4	1.19	57.5	1.17	59.4	1.13	57.7	1.17
Nursing Care Required (Mean)	6.2	6.7	0.92	6.7	0.92	6.9	0.90	7.4	0.83