

County: Sheboygan
 ST NICHOLAS HOSP TRANS CARE UNIT
 1601 TAYLOR DR
 SHEBOYGAN 53081 Phone:(920) 459-8300
 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): 15
 Total Licensed Bed Capacity (12/31/04): 15
 Number of Residents on 12/31/04: 7

Facility ID: P260

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Ownership: Non-Profit Corporation
 Highest Level License: Skilled
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? No
 Average Daily Census: 8

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	100.0	
Supp. Home Care-Personal Care	No	-----		-----		1 - 4 Years	0.0	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years	0.0	
Day Services	No	Mental Illness (Org./Psy)	0.0	65 - 74	14.3	-----	-----	
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	57.1	-----	100.0	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	28.6	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	0.0	Full-Time Equivalent		
Congregate Meals	No	Cancer	28.6	-----	-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0	100.0	-----	(12/31/04)		
Other Meals	No	Cardiovascular	28.6	65 & Over	100.0	-----		
Transportation	No	Cerebrovascular	0.0	-----	-----	RNs	105.7	
Referral Service	No	Diabetes	0.0	Gender	%	LPNs	21.3	
Other Services	No	Respiratory	28.6	-----	-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	14.3	Male	0.0	Aides, & Orderlies		
Mentally Ill	No	-----	-----	Female	100.0	49.1		
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		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	7	100.0	302	0	0.0	0	0.0	0	0	0.0	0	0.0	0	7	100.0
Intermediate	---	---	---	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0
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	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0
Total	7	100.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	7	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	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Percent Admissions from:						
Private Home/No Home Health	0.0	Bathing	0.0	100.0	0.0	7
Private Home/With Home Health	0.0	Dressing	0.0	100.0	0.0	7
Other Nursing Homes	0.0	Transferring	0.0	100.0	0.0	7
Acute Care Hospitals	100.0	Toilet Use	0.0	100.0	0.0	7
Psych. Hosp.-MR/DD Facilities	0.0	Eating	100.0	0.0	0.0	7
Rehabilitation Hospitals	0.0	*****				
Other Locations	0.0					
Total Number of Admissions	343	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	0.0		Receiving Respiratory Care	14.3
Private Home/No Home Health	44.3	Occ/Freq. Incontinent of Bladder	0.0		Receiving Tracheostomy Care	0.0
Private Home/With Home Health	25.1	Occ/Freq. Incontinent of Bowel	0.0		Receiving Suctioning	0.0
Other Nursing Homes	10.9				Receiving Ostomy Care	0.0
Acute Care Hospitals	5.4	Mobility			Receiving Tube Feeding	0.0
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	0.0		Receiving Mechanically Altered Diets	0.0
Rehabilitation Hospitals	0.0					
Other Locations	11.4	Skin Care			Other Resident Characteristics	
Deaths	2.9	With Pressure Sores	0.0		Have Advance Directives	100.0
Total Number of Discharges (Including Deaths)	350	With Rashes	14.3		Medications	
					Receiving Psychoactive Drugs	28.6

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	53.3	91.7	0.58	88.8	0.60
Current Residents from In-County	100.0	85.3	1.17	77.4	1.29
Admissions from In-County, Still Residing	2.0	14.1	0.15	19.4	0.11
Admissions/Average Daily Census	4287.5	213.7	20.07	146.5	29.28
Discharges/Average Daily Census	4375.0	214.9	20.36	148.0	29.56
Discharges To Private Residence/Average Daily Census	3037.5	119.8	25.36	66.9	45.38
Residents Receiving Skilled Care	100.0	96.2	1.04	89.9	1.11
Residents Aged 65 and Older	100.0	90.7	1.10	87.9	1.14
Title 19 (Medicaid) Funded Residents	0.0	66.8	0.00	66.1	0.00
Private Pay Funded Residents	0.0	22.6	0.00	20.6	0.00
Developmentally Disabled Residents	0.0	1.4	0.00	6.0	0.00
Mentally Ill Residents	0.0	32.7	0.00	33.6	0.00
General Medical Service Residents	14.3	22.0	0.65	21.1	0.68
Impaired ADL (Mean)*	45.7	49.1	0.93	49.4	0.93
Psychological Problems	28.6	53.5	0.53	57.7	0.50
Nursing Care Required (Mean)*	3.6	7.4	0.48	7.4	0.48