

County: Winnebago
 OAKRIDGE GARDENS NURSING CENTER
 1700 MIDWAY RD
 MENASHA 54952 Phone:(920) 739-0111

Facility ID: 6620

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Ownership: Corporation
 Highest Level License: Skilled
 Operate in Conjunction with Hospital? No
 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	38.5		
Supp. Home Care-Personal Care	No	Developmental Disabilities	0.0	Under 65	2.8	1 - 4 Years	37.6		
Supp. Home Care-Household Services	No	Mental Illness (Org./Psy)	18.3	65 - 74	6.4	More Than 4 Years	23.9		
Day Services	No	Mental Illness (Other)	3.7	75 - 84	34.9		100.0		
Respite Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	45.9	*****			
Adult Day Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	10.1	Full-Time Equivalent			
Adult Day Health Care	No	Cancer	1.8			Nursing Staff per 100 Residents			
Congregate Meals	No	Fractures	6.4		100.0	(12/31/04)			
Home Delivered Meals	No	Cardiovascular	19.3	65 & Over	97.2	-----			
Other Meals	No	Cerebrovascular	16.5			RNs	8.9		
Transportation	No	Diabetes	8.3	Gender	%	LPNs	9.7		
Referral Service	No	Respiratory	6.4			Nursing Assistants,			
Other Services	Yes	Other Medical Conditions	19.3	Male	18.3	Aides, & Orderlies			
Provide Day Programming for Mentally Ill	No		-----	Female	81.7	41.9			
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	7	11.1	0	0.0	0	0.0	0	0.0	0	0.0	0	7	6.4
Skilled Care	12	100.0	56	88.9	0	0.0	21	63.6	0	0.0	1	100.0	335	90	82.6
Intermediate	---	---	0	0.0	0	0.0	12	36.4	0	0.0	0	0.0	0	12	11.0
Limited Care	---	---	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
Residential Care	---	---	---	---	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
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	12	100.0	63	100.0	0	0.0	33	100.0	0	0.0	1	100.0		109	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
		%		% Totally		Number of
Percent Admissions from:		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/No Home Health	5.2	Bathing	2.8	72.5	24.8	109
Private Home/With Home Health	0.0	Dressing	11.9	68.8	19.3	109
Other Nursing Homes	1.0	Transferring	22.9	56.0	21.1	109
Acute Care Hospitals	87.1	Toilet Use	23.9	55.0	21.1	109
Psych. Hosp.-MR/DD Facilities	0.0	Eating	76.1	11.9	11.9	109
Rehabilitation Hospitals	1.0	*****				
Other Locations	5.7	Continence		% Special Treatments		%
Total Number of Admissions	210	Indwelling Or External Catheter	8.3	Receiving Respiratory Care		8.3
Percent Discharges To:		Occ/Freq. Incontinent of Bladder	29.4	Receiving Tracheostomy Care		0.0
Private Home/No Home Health	48.0	Occ/Freq. Incontinent of Bowel	14.7	Receiving Suctioning		0.0
Private Home/With Home Health	1.0	Mobility		Receiving Ostomy Care		1.8
Other Nursing Homes	1.5	Physically Restrained	1.8	Receiving Tube Feeding		0.0
Acute Care Hospitals	10.8	Skin Care		Receiving Mechanically Altered Diets		15.6
Psych. Hosp.-MR/DD Facilities	0.0	With Pressure Sores	3.7	Other Resident Characteristics		
Rehabilitation Hospitals	0.0	With Rashes	4.6	Have Advance Directives		91.7
Other Locations	21.6	Medications		Receiving Psychoactive Drugs		47.7
Deaths	17.2					
Total Number of Discharges (Including Deaths)	204					

 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	94.6	88.5	1.07	90.2	1.05	90.5	1.05	88.8	1.07
Current Residents from In-County	0.0	80.0	0.00	82.9	0.00	82.4	0.00	77.4	0.00
Admissions from In-County, Still Residing	0.0	17.8	0.00	19.7	0.00	20.0	0.00	19.4	0.00
Admissions/Average Daily Census	200.0	184.7	1.08	169.5	1.18	156.2	1.28	146.5	1.37
Discharges/Average Daily Census	194.3	188.6	1.03	170.5	1.14	158.4	1.23	148.0	1.31
Discharges To Private Residence/Average Daily Census	95.2	86.2	1.10	77.4	1.23	72.4	1.31	66.9	1.42
Residents Receiving Skilled Care	89.0	95.3	0.93	95.4	0.93	94.7	0.94	89.9	0.99
Residents Aged 65 and Older	97.2	92.4	1.05	91.4	1.06	91.8	1.06	87.9	1.11
Title 19 (Medicaid) Funded Residents	57.8	62.9	0.92	62.5	0.93	62.7	0.92	66.1	0.87
Private Pay Funded Residents	30.3	20.3	1.49	21.7	1.40	23.3	1.30	20.6	1.47
Developmentally Disabled Residents	0.0	0.9	0.00	0.9	0.00	1.1	0.00	6.0	0.00
Mentally Ill Residents	22.0	31.7	0.70	36.8	0.60	37.3	0.59	33.6	0.66
General Medical Service Residents	19.3	21.2	0.91	19.6	0.98	20.4	0.94	21.1	0.91
Impaired ADL (Mean)	46.4	48.6	0.95	48.8	0.95	48.8	0.95	49.4	0.94
Psychological Problems	47.7	56.4	0.85	57.5	0.83	59.4	0.80	57.7	0.83
Nursing Care Required (Mean)	4.2	6.7	0.63	6.7	0.63	6.9	0.62	7.4	0.57