Hospital Profile - C	CY 2012	Marianjo	y Rehabilitat	ion Cente	er		Whea	ton		Page 1
	anagement and					Patients by	Race		Patients by E	
ADMINISTRATOR NA	ME: Kathleer	Kathleen C. Yosko				hite	87	7.0% H	ispanic or Latin	o: 3.3%
ADMINSTRATOR PHO	ONE (630) 90	9-7500		Black			3	3.8% N	ot Hispanic or l	_atino: 90.2%
OWNERSHIP:	Our Lad	y of the Angels			An	nerican Indian	(	).2% U	nknown:	6.5%
OPERATOR:	Marianjo				As	sian	2	2.5% —		
MANAGEMENT:		•	n (Not Church-R			awaiian/ Pacific		0.0%	IDPH Numbe	
CERTIFICATION:	(Not Ans	,			Ur	nknown	(	6.5%	HPA	A-05
FACILITY DESIGNATI ADDRESS		litation Hospital 171 Roosevelt	Bood CIT	Y: Wheaton		COUNTY:	DuBog	County	HSA	7
ADDRESS	20 West	17 1 Rooseveit					Durage	County		
	Authorize	d Peak Beds	Facility Utilizat	ilon Data by	Category	/ of Service	Average	Average	CON	Staffed Bed
Clinical Service	CON Beds 12/31/201	Setup and	Peak Census	Admissions	Inpatient Days	Observation Days	Length of Stay	Daily Census	Occupancy Rate %	Occupancy Rate %
Medical/Surgical	0	0	0	0	0	0	0.0	0.0	0.0	0.0
0-14 Years				0	0					
15-44 Years				0	0					
45-64 Years				0	0					
65-74 Years				0	0					
75 Years +				0	0					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Direct Admission				0	0					
Transfers				0	0					
Obstetric/Gynecology	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Maternity				0	0					
Clean Gynecology				0	0					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	20	20	20	406	7,046	0	17.4	19.3	96.5	96.5
Swing Beds				0	0		0.0	0.0		
Acute Mental Illness	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Rehabilitation	108	108	108	2,436	32,404	0	13.3	88.8	82.2	82.2
Long-Term Acute Care	<b>e</b> 0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedcated Observation	0					0				
Facility Utilization	128			2,842	39,450	0	13.9	108.1	84.4	
			(Includes ICU E	Direct Admiss	sions Only	<i>(</i> )				
			<u>Inpatien</u>	ts and Outp	atients So	erved by Payor	Source			
	Medicare	Medicaid	Other Public	Private Ins	surance	Private Pay		Cha	arity Care	Totals
lunationta	67.3%	3.3%	0.0%		26.8%	0.6%			2.0%	
Inpatients	1912	94	0		762	17			57	2,842
	44.8%	10.7%	0.0%		33.1%	1.9%			9.4%	
Outpatients	2144	514	1		1586	91			449	4,785
Financial Year Reporte	<u>ed:</u> 7/1/2011	to 6/30/201	2 <u>Inpatier</u>	nt and Outpa	atient Net	Revenue by P	ayor Soul	<u>ce</u>	Charity	Total Charity
	Medicare	Medicaid	Other Public	Private Ins	surance	Private Pay		Totals	Care	Care Expense
Inpatient	65.0%	2.9%	0.0%		32.0%	0.1%	1	00.0%	Expense	947,709
Revenue (\$)	35,710,443	1,589,501	0	17 4	556,461	58,238		14,643	606,356	Total Charity
				17,0		-	,	,	000,330	Care as % of
Outpatient	27.4%	10.2%	0.0%		61.8%	0.6%		00.0%		Net Revenue
Revenue ( \$)	2,078,272	774,504	0	4,6	92,283	45,401	7,59	90,460	341,353	1.5%
Birthing Data				ery Utilization			Organ Transp	lantation		
Number of Total Birth	s:		0 Leve	el 1 Patient I	Days		0	Kid	ney:	0
Number of Live Births	:			el 2 Patient I				Hea	art:	0
Birthing Rooms:				el 2+ Patient	-		0	Lur	•	0
Labor Rooms:				l Nursery Pa	tientdays		0		art/Lung:	0
Delivery Rooms:	_		0		-b	. Ctdia -			ncreas:	0
Labor-Delivery-Recov	-	D	0		aboratory	<u>stuales</u>	-	Live	er:	0
Labor-Delivery-Recov	ery-Postpartum	Kooms:	•	tient Studies			0	Tot	al:	0
C-Section Rooms: CSections Performed				oatient Studie lies Performe		Contract	0 13,490			
COCCIONS FENOMINEO	•		0 3100	iico i EllOllIII	ca Onaer (	Johnath	13,490			

Magnetic Resonance Imaging

Hospital Profile -	CY 2012	Maria	njoy Reh	nabilitati	on Cen	ter		Wheaton			Page 2
				urgery and	l Operatir	ng Room Ut	tilization				
Surgical Specialty		ing Room			Surgical Cases		Su	rgical Hours	Hours per Case		
	Inpatient Outpatie	ent Combi	ned Tota	l Inp	oatient C	Outpatient	Inpatient	Outpatient Total H	lours	•	Outpatient
Cardiovascular		)	0	0	0	0	0	0	0	0.0	0.0
Dermatology		)		0	0	0	0	0	0	0.0	0.0
General		0	-	0	0	0	0	0	0	0.0	0.0
Gastroenterology		)	-	0	0	0	0	0	0	0.0	0.0
Neurology		0		0	0	0	0	0	0	0.0	0.0
OB/Gynecology		)	-	0	0	0	0	0	0	0.0	0.0
Oral/Maxillofacial		) )		0	0	0	0	0	0 0	0.0	0.0
Ophthalmology Orthopodia		)	-	0 0	0 0	0 0	0	0	0	0.0	0.0 0.0
Orthopedic	_	)	-	0	0	0	0	0	0	0.0	0.0
Otolaryngology Plastic Surgery		)	-	0	0	0	0	0	0	0.0	0.0
Podiatry		)	-	0	0	0	0	0	0	0.0	0.0
Thoracic		)	-	0	0	0	0	0	0	0.0	0.0
Urology		)	-	0	0	0	0	0	0	0.0	0.0
Olology		-					0				0.0
Totals	0 (	0	0	0	0	0	0	0	0	0.0	0.0
SURGICAL RECOV	ERY STATIONS		Stage 1 Re	ecovery Sta	ations	0	Stag	e 2 Recovery Station	ons	0	
			Dedicated	and Non-I	Dedicated	Procedure	Room Utilza	tion_			
		Procedure	Rooms		<u>Surgi</u>	cal Cases	<u>;</u>	Surgical Hours		<u>Hours</u>	per Case
Procedure Type	Inpatient (	Outpatient	Combined	Total	Inpatient	Outpatier	nt Inpatient	Outpatient Total	Hours	Inpatient	Outpatient
Gastrointestinal	0	0	0	0	0	0	0	0	0	0.0	0.0
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	0	0	0	0		0	0	0.0	0.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
			<u>M</u>	lultipurpo	se Non-D	edicated Re	<u>ooms</u>				
	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	0	0	0	0	0	0	0	0.0	0.0
<u>Er</u>	mergency/Trauma	<u>Care</u>					<u>Car</u>	liac Catheterizatio	n Utiliz	ation_	
Certified Trauma		Level 1 I (Not Answered) Not A			Tota	Total Cardiac Cath Procedures: Diagnostic Catheterizations (0-14)					
Level of Trauma Service											
	•				Diagnostic Catheterizations (15+)					0 0	
Operating Rooms	uma Care					Interventional Catheterizations (0-14):					
Number of Traum				0		Interventional Catheterization (15+) EP Catheterizations (15+)					
Patients Admitted					0	E	P Catheteriza	, ,			0
Emergency Servi			Stan	•		<u>Cardiac Surgery Data</u> Total Cardiac Surgery Cases:					
Number of Emerg				0		,	<b>0</b> 0				
Persons Treated Patients Admitted	vices:			0 0		Pediatric (0 - 14 Years): Adult (15 Years and Older):					
	Emergency+Trauma	۵)٠			· and Older). · Bypass Grafts (CA	ARGe)		0			
TOTAL ED VISITS (E	-mergency+rrauma	۵).			0			of total Cardiac Ca			0
C	Outpatient Service	Data						Cardiac Catheter	ization	Labs	Ü
Total Outpatient \				<b>52</b> .	127	Tota	al Cath Labs ([	Dedicated+Nondedic			0
•	its at the Hospital/	Campus:			973		•	sed for Angiograph		,	0
Outpatient Vis	its Offsite/off camp	us .		22,	22,154			iagnostic Catheteri			0
							Dedicated Ir	terventional Cathet	erizatio	n Labs	0
							Dedicated E	P Catheterization L	abs		0
<u>Diagnostic/Interventional</u>				Ex	caminatio	ns	Radiation	Therapies/			
<u>Equipme</u>		Owned	Contract	Inpatient	t Outpt	Contract		O	wned	Contract	<u>Treatments</u>
General Radiograph	y/Fluoroscopy	0	0	0	0	0	Lithotripsy		0	0	0
Nuclear Medicine		0	0	0	0	0	Linear Acc		0	0	0
Mammography		0	0	0	0	0	_	uided Rad Therapy		0	0
Ultrasound		0	0	0	0	0	-	Modulated Rad Th	rp 0	0	0
Angiography		0	0				-	Brachytherapy	0		0
Diagnostic Angiog				0	0	0		m Therapy	0		0
Interventional Ang	•			0	0	0	Gamma Kr		0	0	0
Positron Emission To		0	0	0	0	0	Cyber knife	•	0	0	0
Computerized Axial			0	0	0	0					
Magnetic Resonance	e imaging	0	0	0	0	0					

Source: 2012 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

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