

Ownership, Management and General Information

ADMINISTRATOR NAME: Cindy Smith
ADMINSTRATOR PHONE 815.895.2144
OWNERSHIP: Ventas
OPERATOR: THC Chicago, Inc dba Kindred Hospital Sycamore
MANAGEMENT: For Profit Corporation
CERTIFICATION: LongTerm Acute Care Hospital (LTACH)
FACILITY DESIGNATION: General Hospital
ADDRESS 225 Edwards Street

Patients by Race

White 83.7%
 Black 12.3%
 American Indian 0.2%
 Asian 1.2%
 Hawaiian/ Pacific 0.0%
 Unknown 2.6%

Patients by Ethnicity

Hispanic or Latino: 4.2%
 Not Hispanic or Latino: 93.2%
 Unknown: 2.6%

 IDPH Number: 4945
 HPA B-04
 HSA 1

CITY: Sycamore **COUNTY:** DeKalb County

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2012	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed 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	0	0	0	0	0	0	0.0	0.0	0.0	0.0
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	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	69	69	69	497	13820	0	27.8	37.9	54.9	54.9
Dedicated Observation	0					0				
Facility Utilization	69			497	13,820	0	27.8	37.9	54.9	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	54.1%	21.3%	0.0%	24.5%	0.0%	0.0%	
	269	106	0	122	0	0	497
Outpatients	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!	0
	0	0	0	0	0	0	0

Financial Year Reported: 1/1/2012 to 12/31/2012

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense	Total Charity Care as % of Net Revenue
Inpatient Revenue (\$)	54.4%	24.0%	0.0%	21.6%	0.0%	100.0%	0	
	13,613,322	6,014,840	0	5,398,699	0	25,026,861	0	0.0%
Outpatient Revenue (\$)	#Num!	#Num!	#Num!	#Num!	#Num!	#Error	0	0.0%
	0	0	0	0	0	0	0	0.0%

Birthing Data

Number of Total Births: 0
 Number of Live Births: 0
 Birthing Rooms: 0
 Labor Rooms: 0
 Delivery Rooms: 0
 Labor-Delivery-Recovery Rooms: 0
 Labor-Delivery-Recovery-Postpartum Rooms: 0
 C-Section Rooms: 0
 CSections Performed: 0

Newborn Nursery Utilization

Level 1 Patient Days: 0
 Level 2 Patient Days: 0
 Level 2+ Patient Day: 0
 Total Nursery Patientdays: 0
 Inpatient Studies: 60,787
 Outpatient Studies: 0
 Studies Performed Under Contract: 29,968

Organ Transplantation

Kidney: 0
 Heart: 0
 Lung: 0
 Heart/Lung: 0
 Pancreas: 0
 Liver: 0
 Total: 0

Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	0	0	0	0	0	0	0	0.0	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	0	0	0	0	0	0	0	0.0	0.0
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	0	0	0	0	0	0.0	0.0
OB/Gynecology	0	0	0	0	0	0	0	0	0	0.0	0.0
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	0	0	0	0	0	0	0	0.0	0.0
Orthopedic	0	0	0	0	0	0	0	0	0	0.0	0.0
Otolaryngology	0	0	0	0	0	0	0	0	0	0.0	0.0
Plastic Surgery	0	0	0	0	0	0	0	0	0	0.0	0.0
Podiatry	0	0	0	0	0	0	0	0	0	0.0	0.0
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	0	0	0	0	0	0	0	0.0	0.0
Totals	0	0	0	0	0	0	0	0	0	0.0	0.0

SURGICAL RECOVERY STATIONS

Stage 1 Recovery Stations

0

Stage 2 Recovery Stations

0

Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	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	0.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0

Multipurpose Non-Dedicated Rooms

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	0.0	0.0

Emergency/Trauma Care

Certified Trauma Center	No
Level of Trauma Service	Level 1
	(Not Answered)
Operating Rooms Dedicated for Trauma Care	0
Number of Trauma Visits:	0
Patients Admitted from Trauma	0
Emergency Service Type:	Stand-By
Number of Emergency Room Stations	0
Persons Treated by Emergency Services:	0
Patients Admitted from Emergency:	0
Total ED Visits (Emergency+Trauma):	0

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	0
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	0
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	0
EP Catheterizations (15+)	0

Cardiac Surgery Data

Total Cardiac Surgery Cases:	0
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	0
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	0

Outpatient Service Data

Total Outpatient Visits	0
Outpatient Visits at the Hospital/ Campus:	0
Outpatient Visits Offsite/off campus	0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	0
Cath Labs used for Angiography procedures	0
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	0

Diagnostic/Interventional

Equipment	Examinations					Radiation Equipment				Therapies/ Treatments
	Owned	Contract	Inpatient	Outpt	Contract	Owned	Contract	Owned	Contract	
General Radiography/Fluoroscopy	1	0	1,401	0	0	Lithotripsy	0	0	0	0
Nuclear Medicine	0	1	0	0	1	Linear Accelerator	0	0	0	0
Mammography	0	0	0	0	0	Image Guided Rad Therapy	0	0	0	0
Ultrasound	0	1	0	0	330	Intensity Modulated Rad Thrp	0	0	0	0
Angiography	0	0				High Dose Brachytherapy	0	0	0	0
Diagnostic Angiography			0	0	0	Proton Beam Therapy	0	0	0	0
Interventional Angiography			0	0	0	Gamma Knife	0	0	0	0
Positron Emission Tomography (PET)	0	0	0	0	0	Cyber knife	0	0	0	0
Computerized Axial Tomography (CAT)	0	1	0	0	236					
Magnetic Resonance Imaging	0	1	0	0	3					