

Resident Payer Types

Note: Within the Facility Data row, CareScout provides a comparative color indicator device:

- Red Facility Data is greater than the State Average by more than 20%
- Green Facility Data is less than the State Average by less than 20%
- Yellow Facility Data is within 20% above and below the State Average (i.e, is within the average zone)

	Number of Residents	Percent of Residents Paying with Medicare	Percent of Residents Paying with Medicaid	Percent of Residents Paying with other funding sources (e.g. Private Pay)
National Average	89	15.66%	60.01%	24.33%
State Average	128	20.26%	56.76%	22.98%
Facility Data	174	7.47%	85.63%	6.90%

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The CMS 5-star rating system can be viewed at: http://www.cms.hhs.gov/certificationandcompliance/13_fsqs.asp.

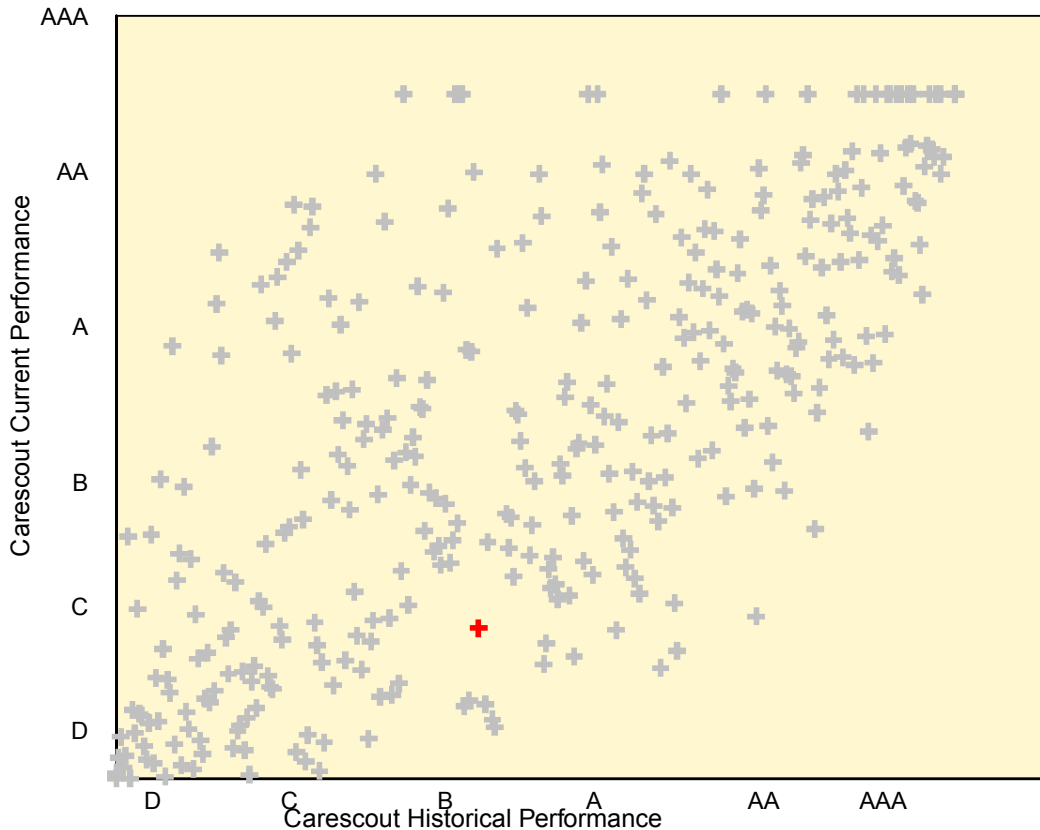
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CareScout Quality Ratings						CareScout Ratings® Trends & Indicators			Facility & State Census			
Current County Rank	Current State Rank	Current State Rating	Historical State Rating	National Rating	Fire Safety Rating	CareScout Trends & Indicators			Medicaid & Medicare Information			
11	280	C	B	A	A	Quality of Care Trend: Negative			Facility	Fac. Hist. Avg.	State Avg.	
out of 15	out of 359	out of AAA - D	out of AAA - D	out of AAA - D	out of AA - D	Bed Availability:	Less Likely	97%	Census:	174	177	128
						Medicaid Population:	Above Average	86%	Medicaid%:	86%	87%	62%
						Heavy Care Indicator:	Below Average	7%	Medicare%:	7%	7%	18%
						Facility Size:	Larger					

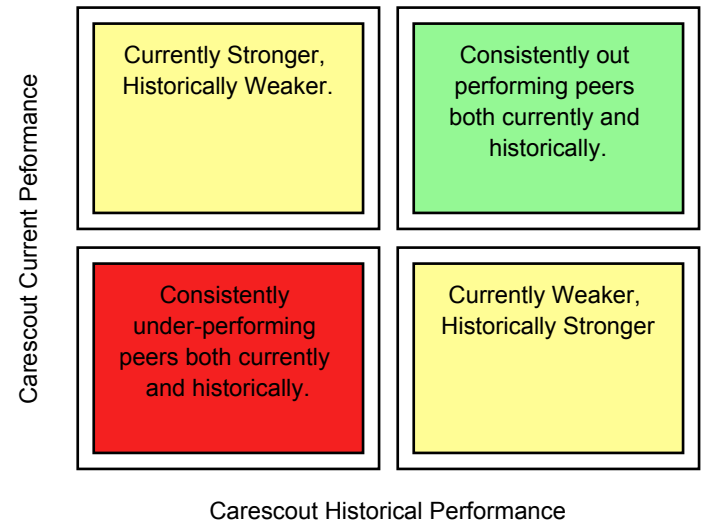
The Center for Medicare & Medicaid Services may apply its [5-star Rating System](#) to this facility *.

Survey Performance Comparison Chart

Based on CareScout Rating Methodology



Understanding the "Comparison Chart"



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CareScout Standard Deviation Analysis: Minimum Data Set (MDS) Quality Measures

Long-Stay Residents are people in an extended or permanent nursing home stay	Facility	State Avg.	State StdDev.	Facility Variance vs. State
Percent of long-stay residents whose need for help with daily activities has increased	7.00%	10.94%	5.02%	-3.94%
Percent of long-stay residents who have moderate to severe pain	0.00%	1.90%	2.01%	-1.90%
Percent of high-risk long-stay residents who have pressure sores	12.00%	15.19%	6.36%	-3.19%
Percent of long-stay residents who were physically restrained	1.00%	3.03%	4.18%	-2.03%
Percent of long-stay residents who are more depressed or anxious	6.00%	8.69%	4.93%	-2.69%
Percent of low-risk long-stay residents who lose control of their bowels or bladder	30.00%	45.14%	14.10%	-15.14%
Percent of long-stay residents who spend most of their time in bed or in a chair	2.00%	2.93%	3.06%	-0.93%
Percent of long-stay residents whose ability to move about in and around their room got worse	4.00%	9.19%	4.62%	-5.19%
Percent of long-stay residents who had a urinary tract infection	1.00%	6.90%	3.82%	-5.90%
Percent of long-stay residents who lose too much weight	8.00%	8.38%	3.23%	-0.38%
Percent of long-stay residents given influenza vaccination during the flu season	90.00%	86.47%	10.58%	3.53%
Percent of long-stay residents who have/had a catheter inserted and left in their bladder	2.00%	4.01%	3.49%	-2.01%
Percent of long-stay residents who were assessed and given pneumococcal vaccination	90.00%	86.12%	10.21%	3.88%
Percent of low-risk long-stay residents who have pressure sores	1.00%	2.16%	2.16%	-1.16%
Short-Stay Residents are people needing short-term skilled nursing care or rehabilitation services following a hospital stay, who are expected to return home	Facility	State Avg.	State StdDev.	Facility Variance vs. State
Percent of short-stay residents who have pressure sores	18.00%	17.84%	7.61%	0.16%
Percent of short-stay residents who have delirium	2.00%	0.70%	1.51%	1.30%
Percent of short-stay residents who had moderate to severe pain	11.00%	13.45%	10.86%	-2.45%
Percent of short-stay residents given influenza vaccination during the flu season	76.00%	82.46%	14.02%	-6.46%
Percent of short-stay residents who were assessed and given pneumococcal vaccination	72.00%	83.15%	13.88%	-11.15%

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CareScout Standard Deviation Analysis: Resident Census & Conditions of Residents (CMS Form 672)

Note: Within the Facility Variance vs. State column, CareScout provides a comparative color indicator device:

- Red Current Facility % is greater than the State Average by more than one standard deviation
- Green Current Facility % is less than the State Average by more than one standard deviation
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ADL Bathing	Current Facility %	State Average %	State Std. Dev. %	Facility Variance vs. State Avg.
F79: Can bathe independently	12	5	9.36	7%
F80: Can bathe with assistance of one or two staff	55	57	18.33	-2%
F81: Dependent in bathing	33	38	17.78	-5%
ADL Dressing	Current Facility %	State Average %	State Std. Dev. %	Facility Variance vs. State Avg.
F82: Can dress independently	28	10	10.10	18%
F83: Can dress with assistance of one or two staff	51	58	19.09	-6%
F84: Dependent in dressing	21	32	16.75	-11%
ADL Eating	Current Facility %	State Average %	State Std. Dev. %	Facility Variance vs. State Avg.
F91: Can eat independently	69	51	21.20	18%
F92: Can eat with assistance of one or two staff	19	32	19.74	-13%
F93: Dependent in eating	12	17	11.04	-5%
ADL Toileting	Current Facility %	State Average %	State Std. Dev. %	Facility Variance vs. State Avg.
F88: Can toilet independently	34	17	12.03	16%
F89: Can toilet with assistance of one or two staff	33	50	18.33	-17%
F90: Dependent in toileting	33	32	15.42	0%
ADL Transferring	Current Facility %	State Average %	State Std. Dev. %	Facility Variance vs. State Avg.
F85: Can transfer independently	35	20	13.07	15%

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F86: Can transfer with assistance of one or two staff	44	54	17.65	-9%
F87: Dependent in transferring	21	26	13.67	-5%
Bowel/Bladder Status	Current Facility %	State Average %	State Std. Dev. %	Facility Variance vs. State Avg.
F94: Indwelling or external catheter	3	5	4.84	-2%
F95: Catheters present on admission	2	4	4.41	-2%
F96: Occasionally or frequently incontinent of bladder	16	52	18.30	-37%
F97: Occasionally or frequently incontinent of bowel	15	44	17.26	-29%
F98: Individually written bladder training program	3	6	9.68	-3%
F99: Individually written bowel training program	3	4	7.57	-1%
Medications	Current Facility %	State Average %	State Std. Dev. %	Facility Variance vs. State Avg.
F133: Receiving any psychoactive medication	60	57	14.16	3%
F134: Receiving antipsychotic medications	17	22	11.51	-4%
F135: Receiving anti-anxiety medications	12	17	9.22	-5%
F136: Receiving antidepressant medications	27	39	13.01	-12%
F137: Receiving hypnotic medications	3	8	7.36	-5%
F138: Receiving antibiotics	5	7	8.65	-2%
F139: On pain management program	8	30	18.89	-22%
Mental Status	Current Facility %	State Average %	State Std. Dev. %	Facility Variance vs. State Avg.
F108: Mental retardation	5	3	7.60	2%
F109: Documented signs and signals of depression	10	35	17.97	-25%
F110: Documented psychiatric diagnosis	18	19	13.65	-1%
F111: Dementia: multi-infarct, senile, Alzheimer's, or other	51	44	18.00	7%
F112: Behavioral symptoms	20	22	13.21	-2%
F113: Resident with behavioral symptoms receiving behavior mgmt program	2	11	13.18	-9%
F114: Health rehabilitative services for MI/MR	0	2	8.54	-2%
Mobility	Current Facility %	State Average %	State Std. Dev. %	Facility Variance vs. State Avg.
F100: Bedfast all or most of the time	3	3	3.71	0%
F101: In chair all or most of time	53	62	20.54	-8%
F102: Independently ambulatory	24	11	8.38	13%

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F103: Ambulation with assistance or assistive device	20	28	21.03	-8%
F104: Physically restrained	1	3	4.60	-2%
F105: Restraints at time of admission	1	1	1.81	0%
F106: With contractures	10	16	16.03	-6%
F107: Contractures on admission	10	12	13.30	-2%
Other				
	Current Facility %	State Average %	State Std. Dev. %	Facility Variance vs. State Avg.
F140: With unplanned significant weight loss/gain	2	5	4.89	-3%
F141: Do not communicate in the facility's dominant language	7	6	10.05	2%
F142: Use non-oral communication devices	5	3	4.51	2%
F143: With advance directives	39	43	24.05	-4%
F144: Received influenza immunizations	0	0	0.00	0%
F145: Received pneumococcal vaccine	0	0	0.00	0%
Skin Integrity				
	Current Facility %	State Average %	State Std. Dev. %	Facility Variance vs. State Avg.
F115: Pressure sores	10	8	5.65	2%
F116: Pressure sores on admission	5	5	5.67	0%
Inhouse Acquired Pressure Sores	5	3		2%
F117: Receiving preventive skin care	3	71	30.12	-67%
F118: Rashes	2	4	5.19	-2%
Special Care				
	Current Facility %	State Average %	State Std. Dev. %	Facility Variance vs. State Avg.
F119: Receiving hospice care benefit	6	4	3.64	2%
F120: Receiving radiation therapy	0	0	0.68	0%
F121: Receiving chemotherapy	0	0	0.78	0%
F122: Receiving dialysis	1	2	2.24	-1%
F123: Receiving IV therapy, parenteral nutrition, and/or blood transfusion	1	2	6.75	-1%
F124: Receiving respiratory treatment	6	13	10.10	-6%
F125: Receiving tracheotomy treatment	1	1	7.34	0%
F126: Receiving ostomy care	1	5	5.42	-4%
F127: Receiving suctioning	1	2	7.74	-1%
F128: Receiving injections (excluding vitamin B12)	19	20	11.52	-1%
F129: Receiving tube feeding	5	7	9.70	-2%
F130: Receiving mechanically altered diets	39	34	12.79	4%
F131: Receiving specialized rehabilitative services	7	23	20.69	-16%

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F132: Assistive devices while eating	3	4	6.68	-1%
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CareScout Standard Deviation Analysis: Nursing Staff Hours Per Resident Per Day

Note: Within the Facility Variance row, CareScout provides a comparative color indicator device:

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	Number of Residents	Licensed RN Hours per Resident per Day	Licensed LPN/LVN Hours per Resident per Day	Total Number of Licensed Nurse Staff Hours per Resident per day	CNA Hours per Resident per Day
Facility Data	174	25 minutes	25 minutes	50 minutes	110 minutes
State Average	128	43 minutes	45 minutes	88 minutes	131 minutes
State Std. Dev.	74.96	37 minutes	21 minutes	43 minutes	29 minutes
Facility Variance vs. State Avg.	46	-18 minutes	-20 minutes	-38 minutes	-21 minutes

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CareScout Standard Deviation Analysis: Resident Payer Types

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	Number of Residents	Percent of Residents Paying with Medicare	Percent of Residents Paying with Medicaid	Percent of Residents Paying with other funding sources (e.g. Private Pay)
Facility Data	174	7.47%	85.63%	6.90%
State Average	128	20.26%	56.76%	22.98%
State Std. Dev.	74.96	17.37%	25.79%	18.39%
Facility Variance vs. State Avg.	46	-12.79%	28.87%	-16.08%

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APPENDIX: Reader's Guide**CARESCOUT'S NURSING HOME QUALITY
OF CARE RATINGS & INDICATORS**

Most nursing home residents in America are elderly, frail, and unable to remain completely independent. Federal laws and regulations set minimum standards for nursing home care and conduct to help protect residents nationwide. Certified facilities must undergo regular unannounced inspection surveys that follow procedures enforced by the Department of Health and Human Services to assess a facility's compliance with laws and regulations. Since 1996, CareScout has been interpreting and processing this and other data to produce our proprietary, federally copyrighted Nursing Home Reports. CareScout is proud to have been the first company to create and publish ratings and rankings for every certified nursing home and home care agency in America. Today more than 50% of the long-term care insurance company industry relies on CareScout for accessing information on senior care providers across the country.

Standard Deviation Formula

A "Standard Deviation" is a measure of the variability or dispersion of scores within a sample of data. Where the report shows a calculated Standard Deviation, CareScout used the following formula:

$$\sqrt{\frac{\sum (x - \bar{x})^2}{n}}$$

where x-bar is the sample mean (AVERAGE(score1, score2, ...)) and n is the sample size.

Use of Standard Deviation Analysis Results

A standard deviation analysis is intended to show how close or distant a facility's performance or metrics are to the performance or metrics of the typical facility in its state. Depending upon your view of the particular factor or metric being analyzed, the result of this deviation analysis may be considered positive, negative, or neutral.

CareScout Quality Performance Ratings**CareScout Current County Rank**

Current County Rank ranks nursing homes within their county based upon each facility's most recent survey performance (taking into consideration the importance, scope and severity of violations and other factors). It reflects a facility's short-term quality of care performance county-wide. Facilities achieving a "AAA" ranking had no nursing home violations (i.e., no health deficiencies) during their most recent survey: they did the 'best' they could do on their most recent survey. Ties do occur, so do not be surprised to see several "AAA" facilities within a county or facilities tied within the numbered rankings.

CareScout Current State Rank

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Current State Rank ranks nursing homes within their state based upon each facility's single most recent survey performance on record. It reflects a facility's short-term quality of care performance state-wide. Facilities achieving a "AAA" ranking had no nursing home violations during their most recent survey. The Current State Rank methodology parallels the methodology used to determine Current County Rank as shown above. However, instead of grouping and comparing the scores of facilities by county, Current State Rank groups and compares facilities by state.

CareScout Current State Rating

Current State Rating indicates whether a nursing home has out-performed or under-performed its peers on its most recent quality of care survey inspection. It reflects a facility's short term quality of care performance state-wide. The Current State Rating rates nursing homes by comparing facilities in a manner paralleling that used to determine Current State Rankings, but using up to four of each facility's most recent survey performances instead of just one.

Historical Nursing Home Performance Groupings of facilities based upon CareScout scoring methodology	CareScout Current State Rating
No Health Deficiencies	AAA
Top 15 % * in the state	AA
Next best 20 % *	A
Next best 30 % *	B
Next best 20 % *	C
Worst 15 % * in the state	D
* Excluding "AAA" rated facilities	

CareScout Historical State Rating

Historical State Rating, perhaps the best indicator of a facility's quality of care, indicates whether a nursing home has out-performed or under-performed its peers on quality of care survey inspections over a historical period. It reflects a facility's long term quality of care performance state-wide. The Historical State Rating rates nursing homes by comparing facilities in a manner paralleling that used to determine Current State Rankings, but using up to four of each facility's most recent survey performances instead of just one.

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Historical Nursing Home Performance Groupings of facilities based upon CareScout scoring methodology	CareScout Historical State Rating
No Health Deficiencies	AAA
Top 15 % * in the state	AA
Next best 20 % *	A
Next best 30 % *	B
Next best 20 % *	C
Worst 15 % * in the state	D
* Excluding "AAA" rated facilities	

CareScout National Rating

National Rating indicates how a nursing home's historical survey performance compares to every certified nursing home in the nation. The National Rating indicator rates nursing homes by comparing facilities within the United States using up to four of each facility's most recent survey performances. Instead of grouping and comparing facilities by state, the National Rating groups and compares facilities across America.

Historical Nursing Home Performance Groupings of facilities based upon CareScout scoring methodology	CareScout National Rating
No Health Deficiencies	AAA
Top 15 % * in the nation	AA
Next best 20 % *	A
Next best 30 % *	B
Next best 20 % *	C
Worst 15 % * in the nation	D
* Excluding "AAA" rated facilities	

CareScout Fire Safety Rating

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The Fire Safety Rating indicator reflects the fire and life safety status of a facility's physical plant. The life safety code (LSC) survey, conducted during the annual inspection survey, assesses a facility's compliance with the National Fire Protection Association's Life Safety Code. The Fire Safety Rating score is based on the recent amount of fire and life safety code deficiencies existing in a facility's physical plant taking into account a facility's size. Facilities are rated accordingly:

Life Safety Code (LSC) Performance	CareScout Fire Safety Rating
Zero LSC Deficiencies	AA
Top 25%	A
Next best 25%	B
Next best 25%	C
Worst 25%	D

Trends & Indicators

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CareScout Bed Availability Indicator

The Bed Availability Indicator demonstrates the likelihood of getting into the facility sooner rather than later. The three indicators are: Very Likely (to find an available bed right away), Somewhat Likely, and Less Likely.

CareScout Quality of Care Trend Indicator

The CareScout Quality of Care Trend does not compare the facility to others; rather it demonstrates whether, within this facility alone, the facility is generally performing better, worse, or remaining stable over its historical period. Hence, the three trend indicators are: positive, negative, and stable.

Heavy Care Indicator

The Heavy Care Indicator reflects whether a facility's staff cares for a high percentage of residents who have recently arrived from a hospital to address a more acute rather than chronic problem.

Medicare, primarily available to persons age 65 and over, will only pay for all or part of a nursing home resident's care and services if the resident is admitted to the nursing home within 30 days of a 3 day hospital stay and is receiving skilled nursing services. The Heavy Care Indicator compares a facility's current Medicare percentage to the state's average Medicare percentage. The indicators are: *Above*

Bed Types

The Facility Size Indicator demonstrates whether a facility is Larger, Average, or Smaller than the state average. Facility size does not reflect on a facility's census or quality of care.

Note: Just because a facility may not have a designated number of specially designated care beds, for example, Alzheimer's beds, does not mean the facility does not care for residents with Alzheimer's -- to see the percentage of the facility's population with dementia (including Alzheimer's Disease) or the percentage receiving rehabilitation see the Resident Information category of the Detail Report.

CareScout Medicaid Population Indicator










The Medicaid Population Indicator shows readers the percentage of residents within the facility who relied upon Medicaid to pay for all or part of their nursing home costs and expenses as of the date of the facility's most recent inspection. Medicaid, a shared state and federal program, may pay all or part of a person's nursing home costs for people who cannot afford to pay and who qualify for state Medicaid benefits. A facility with a low Medicaid Population percentage reflects a population whose nursing home costs are primarily paid for with private funds or alternative resources. Conversely, a facility with a high Medicaid Population percentage reflects a population whose nursing home costs are primarily paid for with Medicaid resources. The Medicaid Population Indicator does not reflect


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
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**Scope & Severity
ASSESSMENT FACTORS USED TO DETERMINE THE SERIOUSNESS OF DEFICIENCIES MATRIX**

Immediate jeopardy to resident health or safety	 J PoC Required: Cat. 3 Optional: Cat. 1 Optional: Cat. 2	 K PoC Required: Cat. 3 Optional: Cat. 1 Optional: Cat. 2	 L PoC Required: Cat. 3 Optional: Cat. 2 Optional: Cat. 1
Actual harm that is not immediate	G PoC Required* Cat. 2 Optional: Cat. 1	 H PoC Required* Cat. 2 Optional: Cat. 1	 I PoC Required* Cat. 2 Optional: Cat. 1 Optional: Temporary Mgmt.
No actual harm with potential for more than minimal harm that is not immediate jeopardy	D PoC Required* Cat. 1 Optional: Cat. 2	E PoC Required* Cat. 1 Optional: Cat. 2	 F PoC Required* Cat. 2 Optional: Cat. 1
No actual harm with potential for minimal harm	 A No PoC No remedies Commitment to Correct Not on CMS-52567	 B PoC	 C PoC
	Isolated	Pattern	Widespread

 Substandard quality of care is any deficiency in 42 CFR 483.13, Resident Behavior and Facility Practices, 42 CFR 483.15 Quality of Life, or 42 CFR 483.25, Quality of Care, that constitutes immediate jeopardy to resident health or safety; or a pattern of or widespread actual harm that is not immediate jeopardy; or a widespread potential for more than minimal harm that is not immediate jeopardy, with no actual harm.

 Substantial compliance

REMEDY CATEGORIES

Category 1 (Cat.1)	Category 2 (Cat.2)	Category 3 (Cat.3)
Directed Plan of Correction State Monitor; and/or Directed In-Service Training	Denial of Payment for New Admissions Denial of Payment for All Individuals imposed by CMS; and/or Civil money penalties: \$50 - \$3,000/day \$1,000 - \$10,000/instance	Temp. Mgmt. Termination Optional: Civil money penalties 3,050-\$10,000/day \$1,000 - \$10,000/instance

Thank you for selecting CareScout as your eldercare information specialist.

DISCLAIMER

CareScout has relied, in part, on the public records maintained and made available by government agencies and private entities pursuant to information requested by CareScout, and therefore disclaims any errors made by such entities. Previous quality of care performance and specific population characteristics of a facility as reflected in the Reports does not guarantee future performance by a facility. It is understood by users that the information contained in a Nursing Home Report is intended to serve as a guide and basis for general comparisons and evaluations, but not as the sole basis upon which conduct is to be recommended or undertaken. CareScout Nursing Home Reports, including quality performance ratings for facilities, are the protected property of National Eldercare Referral Systems, LLC, (CareScout.) The marks "CareScout" and "CareScout Ratings" are registered trademarks of National Eldercare Referral Systems, LLC.

* QIS stands for Quality Indicator Survey. To determine if this is a Special Focus Facility (SFF), visit the CMS website at: http://www.cms.hhs.gov/certificationandcompliance/12_NHs.asp.

The CMS 5-star rating system can be viewed at: http://www.cms.hhs.gov/certificationandcompliance/13_fsqs.asp.

Previous performance by a facility does not guarantee future performance. It is understood by users of CareScout's services that the information contained herein is intended to serve as a guide and basis for general comparisons and evaluations, but not as the sole basis upon which any material conduct is to be recommended.