

EXHIBIT 270
Rev. 9, 08/05/2005

Resident Level Quality Measure/Indicator Report: Chronic Care Sample

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Facility Name LISA01
City/State SACRAMENTO,CA
Provider Number 855134
Login/Internal ID LISA01/1234

Run Date 05/21/05 10:06:04
Report Period 09/01/04 - 02/28/05
Report Version Number 1.07

Resident Int Id	Resident Name	A49a	Accid		Behavioral		Clin	Cog	Elim/Incont			Infct	Nutrit/Eat			Pain	Phys Functioning			Psych Drug Use		Qual Life		Skin Care		Count							
			New Fract	Falls	Depression	Problem Behavior			Dprs No Tx	9+ Meds	Cog Impair		Bw/Blad Incont	Cath Insert	Incont No TP		Fecal Impct	UTI's	Wt Loss	Tube Feed	Dhyd	Mod/Sevr Pain	ADL Help Inctrs	Most Time Chair	Move Ability Wrse		Decln ROM	Anti-psy w/o Psychotic Condition	Anti-anx/Hpnat	Hpnat 2x Week	Phys Rstrn	Little Activ	Pressure Ulcers
					Hi	Lo							Lo															Hi	Lo				
Active Residents																																	
999999	DOE, JANE	05					X	X	X	X															X			5					
999999	DOE, JANE	01	X				X					X			X													4					
999999	DOE, JOHN	05						X																				1					
999999	DOE, JANE	05					X						X									X			X			4					
999999	DOE, JOHN	01	X				X			X					X							X				X		6					
999999	DOE, JANE	01	X									X			X		X											4					
999999	DOE, JANE	01					X		X	X					X											X		5					
999999	DOE, JOHN	05					X		X																X	X		4					
999999	DOE, JANE	05			X		X								X					X					X			5					
999999	DOE, JANE	05	X	X			X			X														X		X		6					
999999	DOE, JOHN	01			X		X		X			X	X					X						X	X		X	9					
999999	DOE, JANE	05					X																		X			3					
999999	DOE, JOHN	05						X		X																		5					
999999	DOE, JANE	01					X	X				X										X	X		X			6					
999999	DOE, JOHN	02						X											X						X			3					
999999	DOE, JANE	01	X				X		X						X		X						X	X				7					
999999	DOE, JOHN	01																										0					
999999	DOE, JANE	02					X			X												X						3					
999999	DOE, JOHN	05			X		X							X				X								X		5					
999999	DOE, JOHN	05								X									X				X	X		X		5					
999999	DOE, JANE	05												X					X						X			3					
999999	DOE, JOHN	05					X							X					X						X	X		5					
999999	DOE, JOHN	05											X									X			X			3					

Note: X=triggered, blank=not triggered or excluded.

EXHIBIT 270 (Cont.)

Resident Level Quality Measure/Indicator Report: Post Acute Care Sample Page 1 of 1

Facility Name LISA01
City/State SACRAMENTO, CA
Provider Number 855134
Login/Internal ID LISA01/1234

Run Date 05/09/05 16:18:49
Report Period 09/01/04 - 02/28/05
Report Version Number 1.07

Resident Int Id	Resident Name	Delim	Mod/Sevr Pain	Press Ulcer	Count
Active Residents					
999999	DOE, JANE				0
999999	DOE, JANE				0
999999	DOE, JANE				0
999999	DOE, JOHN				0
Discharged Residents					
999999	DOE, JANE				0
999999	DOE, JANE				0
999999	DOE, JOHN	X			1
999999	DOE, JANE			X	1
999999	DOE, JOHN				0
999999	DOE, JOHN				0
999999	DOE, JOHN				0
999999	DOE, JANE				0
999999	DOE, JANE				0
999999	DOE, JANE				0
999999	DOE, JANE		X		1
999999	DOE, JANE				0
999999	DOE, JANE				0
999999	DOE, JOHN				0
999999	DOE, JANE	X			1
999999	DOE, JANE		X		1
999999	DOE, JOHN		X		1

Note: X=triggered, blank=not triggered or excluded.