Determination of Reviewability

As of Week Ending 4/13/18 Note: Projects remain on Report for 30 days after completion.

| Facility/Service Type | Project Description | Date Application Received | Deadline to Notify Applicant (5 business days After Receipt of Request) | Date Notification to Applicant Sent | Statutory Deadline to Complete (45 days from Receipt of Application) | Additional Info Requested (Y/N) | Date Additional Info Received | Date DR Completed & Mailed |
|---|---|---------------------------------|---|---|--|---------------------------------------|----------------------------------|--------------------------------------|
| DSA/Single Specialty Ambulatory Surgery Center | Wound Care Management, LLC d/b/a MedCentris Wound Care Medical Clinic | 2/5/18 | 2/12/18 | 2/7/18 via Phone | 3/22/18 | N | N/A | Withdrawn by Applicant 3/21/18 |
| Single Specialty Ambulatory Surgery Center | Bienville Surgery Center, LLC, Establishment of Single Specialty ASC Orthopaedic Surgery | 2/20/18 | 2/25/18 | 2/23/18 | 4/6/18 | N | N/A | 3/19/18 |
| Senior Living Independent Home | The Landmark at Gloster Creek | 2/26/18 | 3/5/18 | 3/1/18 | 4/12/18 | N | N/A | 4/5/18 |
| Hospital | Magee General Hospital Emergency Department Renovation | 2/27/18 | 3/6/18 | 3/1/18 | 4/13/18 | N | N/A | 4/5/18 |
| Rehabilitation | Quitman County Health and Rehab, LLC Kitchen Addition for Quitman County Health and Rehab, LLC in Marks, MS | 2/28/18 | 3/7/18 | 3/1/18 | 4/14/18 | N | N/a | 4/5/18 |
| Healthcare Facility | Methodist Le Bonheur Healthcare Medical Office Building | 3/1/18 | 3/6/18 | 3/6/18 | 4/15/18 (Sunday) 4/16/18 (Monday) | | | |
| ESRD | Richton Dialysis Unit | 3/20/18 | 3/27/18 | 4/3/18 | 5/4/18 | | | |
| Single Specialty Ambulatory Surgery Center | Starkville Surgery Center, LLC Single Specialty Opthamology | 3/21/18 | 3/28/18 | 4/3/18 | 5/5/18 | | | |

Notice of Intent(NOI) to Apply for a CON

As of Week Ending 4/13/18 Note: Projects remain on Report for 30 days after completion

| Project Name and Description | Date Received | Earliest Date CON Application May Be Filed (15 days from date NOI Received) | Date NOI Expires (6 months from date NOI Received) |
|--|---------------|---|--|
| Calvary Pediatric Facilities Pediatric Skilled Nursing Facility | 10/30/17 | 11/14/17 | 4/30/18 |
| Singing River Health System Conversion of Eight (8) Level II CMR Beds | 11/1/17 | 11/16/17 | 5/1/18 |
| Bio-Medical Applications of Mississippi, Inc. d/b/a Fresenius Medical Care Dialysis Services of Rankin County - Brandon Expansion of ESRD Stations | 11/13/17 | 11/28/17 | 5/13/18 |
| Garden Park Medical center Provision of Cardiac Catherization and Percutaneous Intervention (PCI) Services without On-site Open Heart Surgery; Provision of Peripheral Vascular Catheterization Services, and Acquisition of Equipment to Provide Cardiac Catherization, PCI, and Peripheral Vascular Catherization Services | 1/19/18 | 1/24/18 | 6/9/18 |
| Forrest County General Hospital Addition of Linear Accelerator | 2/2/18 | 2/17/18 | 7/2/18 |
| Gulfport Behavioral Health System - Transfer of Beds | 2/6/18 | 2/21/18 | 7/6/18 |
| Jefferson County Hospital Changing Geri-Psychiatric Beds to Behavioral Health | 2/18/18 | 3/15/18 | 7/28/18 |
| Bio-Medical Applications of Mississippi, Inc. d/b/a Fresenius Kidney Care Hanging Moss Establishment of Satellite ESRD Facility | 3/1/18 | 3/16/18 | 8/1/18 |

Legend

Columns in Red = Deadlines set by statute or policy

Items in Bold and Italics = New information added since last Weekly Report.

Notice of Intent(NOI) to Apply for a CON

As of Week Ending 4/13/18 Note: Projects remain on Report for 30 days after completion

| Project Name and Description | Date Received | Earliest Date CON Application May Be Filed (15 days from date NOI Received) | Date NOI Expires (6 months from date NOI Received) |
|------------------------------------|---------------|---|--|
| Jefferson County Hospital | 3/5/18 | 3/20/18 | 8/5/18 |
| County Hospital Swing Bed Program | | | |
| Orange Grove Urgent Care | 3/9/18 | 3/24/18 | 8/9/18 |
| Adding a CT Machine to Urgent Care | | | |

CON Applications

| Facility/Service Type | Project Cost-Aption | Date Application Received | Deadline for Notifying Applicant that Application is Deemed Complete/Add info is Needed (15 days from receipt of application) | Date Deemed Complete/ Incomplete Notice Sent | Date of Public Notice of Application into Review | Additional info Requested (Y/N) | Date Additional Info Received | Staff Analysis Due Date (45 days from date application filed) | Staff Analysis Publication Gate | Application Recommended for Approval Disapproval | Deadline (10 days from Staff Analysis Publication Date) | Hearing Requested (Y/H) | Deadline for Add'l Info on Negative Staff Analysis (15 days from Staff Analysis Publication Date) | Add i info Received on Negative Staff Analysis | Date Final Order Notice Published | Deadline to issue Final Order (90 days from date eye ation received OR 45 days from Hearing Officer | Final Order Issued/ Effective Date | Changery Court Appeal Filed (V/N) | Application Withdrawn (Y/N) & Date |
|--|--|---------------------------------|--|---|---|---------------------------------------|-------------------------------------|--|------------------------------------|---|---|-------------------------------|--|---|--------------------------------------|---|---|---|--|
| S MRI FACILLY | COM Review Number: 95-NIS-0316-002 Onford Pre-Op-8 Imaging Center, LLG Mylys Garford Pro 9 & Imaging Center Acquisition or Olberwise Control of Magnetic Resonance Imaging (MRI) and Offering of MRI Services Capital Espendiuse: 51,935,457.00 location: Oxford, Lafayette County, Mississippi | 3/34/16 | N/A | 3/27/16 Deemed Complete | 4/1/16 | н | N/A | N/A | SHEHE | Approval | 6/6/16 | Ť. | N/A | N/A | 3/17/17 | 4/27/17 | 4/10/17 | * | |
| Clinic : | CON Review Number: C-NIS 0616-010 Wound Care Management, LLC MyJA MedCentifi Provision of Digital Subtraction Angiography [DSA] Services [Umb Salvage Program] Capital Epsendium C-S112/A81-00 [ocation: Vickburg, Warren County, Makassapp | same | etime | 7/1/16 Deemed Complete | 7/1/16 | N | N/A | 7/13/16 | 8/15/16 | Approvel | 8/25/16 | * | 8/30/16 | M/A | 8/18/17 | Revisled 9/28/17 | 9/28/17 | ¥ | |
| Multi Specialty Ambulatory Surgery C enter | CON Review Number: ASC NIS-ORIA 019 Columbus Ontropaedo Outpatient Center, LLC Conversion of an issiling Single-Spicially Ambulatory Surgary Center to a Multi- Spicially ASC Capital Expenditure: \$855,961.77 Location: Columbus, Lowndes County, Mississippi | 8/23/16 | 9/7/16 | 9/7/16 Deemed Complete | 9/7/16 | * | 8/75/16 | 10/7/18 | 10/7/16 | Approval | 10/17/16 | * | 10/22/16 | N/A | | 11/21/2016 Revised | | | |
| Mobile MRI Services | COS Paview frumber: HG NIS-0127-013 Baptist Medical Center, LLC d/b/a BMC Attala Establishment of Moleie MMI Services Capital Expenditure: \$1,250.00 Location: Kosciusko, Attala County, Mississippi | 9/29/17 | 10/14/17 (Saturday) 10/16/17 (Monday) | 10/16/17 Deemed Complete | 10/14/17 | * | 11/12/17 | 11/13/17 | 11/13/17 | Approval | Wistu | Y | 11/28/17 | N/A | | 12/28/17 Revised | | | |
| PET | CON Review Number: C-A-1317 015 Amendment In Cardiovascular Institute of the South, Professional Medical Corporation Establishment of Cardiac Only Positron Ensiston Tomography (PET) and Acquisition of Related Equipment Capital Expenditure: \$12,750 00 iocations/Meridian, Lauderdale County, Missassion | 11/13/17 | 11/28/17 | 11/28/17 Deemed Complete | 11/28/17 | N | N/A | 12/28/2017 | 12/28/17 | Approval | 177/Z018 (Sunday) 1/8/Z018 (Monday) | * | 1/12/18 | N/A | 1/11/18 | 2/11/18 (Sunday) 2/12/18 (Monday) | 2/13/18 | Ж | N/A |
| ISRO Fazility | Missaspin CON Review Number: ESRD ES 0218-016 Renal Care Group Tupelo, Lic dr/o/a RCG of Central New Albary Expansion of Stations at Enisting ESRD Facility Expansion of Stations at Enisting ESRD Facility Expansion of Stations at Enisting ESRD Facility Expansion of Stations at Missaspin Stations of Expansion of E | 2/1/18 | 2/16/18 | 2/16/18 Deemed Complete | 2/10/38 | н | N/A | 3/18/18 (Sunday) 3/19/18 (Monday) | 3/19/18 | Approval | 3/28/18 | #C | 4/2/18 | N/A | 4/3/18 | 572/18 | | | |
| Husp Naf | COM Review Number: HP-COB-318-012 Alliance Health Center, Inc. dRyla Alliance Health Center Conversion for Expansion of Psychiatric Beds Capital Expenditure: 50.00 Incellion: Mercilians, Jaudeedale County, Mossishipi | 2/2/18 | 2/17/18 | 2/16/18 Deerned Complete | 2/16/18 | 20 | MA | 3/19/18 | 3/19/18 | Approval | 3/29/18 | N. | A/3/28 | N/A | 4/3/18 | 5/3/18 | | | |
| Behavioral Idealth Center | CON Review Number: HP-O-0218 003 Gullport Behavioral Health System Transfer of Breds Capital SpendState: 52.00 Location: Gullport, Itarrison County, | 2/26/18 | 3/13/18 | 3/13/18 Deemed Complete | 3/14/18 | * | 3/16/38 | 4/12/18 | 4/12/18 | Appraval | 4/22/18 | | 4/27/18 | | | 5/27/18 (Sunday) 5/28/18 (Monday) | | | |
| Major Medical (quipment | CON Review Number Orange Grove Urgent Care Addition of CT Scanner | 4/3/18 | 4/18/18 | | | | | 5/18/18 | | | 5/28/18 | | 6/2/18 | | | 7/2/38 | | | |

CON Applications

| | | | | | | | | | | | | - | | | | | |
|---|--|--------------------------------|----------------------------|--|---|---|---|--|--|--|---|-------------------------|---------------------------|--|---|--|---|
| Type of Hearing | Project Description | Hearing Request Deadline | Hearing Request Date | Hearing Requestor | Date Notice of Hearing Request Sent to Parties | Deadline to Schedule Hearing (60 days from Receipt of Request, Unless Both Parties Request Walver) | Agreement to Waive Time Period for Review (Y/N) | Hearing Date and Location | CON Legal Notice Publication Deadline | CON Legal Notice Publication Date | Hearing Withdrawn (Y/N) & Date | Date Briefs Filed | Date Hearing Closed | Hearing Officer Decision Deadline (45 days from Date Hearing Closed) | Hearing Officer Recommendation and Date | Chancery Court Appeal Filed (Y/N) & Date | Court of Appeals/S. Ct. Appeal (Y/N) & Date |
| Hearing During the Course of Review | CON Review Number: FS-NIS-0216- 002 Oxford Pre-Op & Imaging Center, LLC d/b/a Oxford Pre-op & Imaging Center Acquisition or Otherwise Control of Magnetic Resonance Imaging (MRI) and Offering of MRI Services Capital Expenditure: \$1,935,457.00 Location: Oxford, Lafayette County, Mississippi | 6/6/16 | 6/3/16 | Requestor(s): Baptist Memorial Hospital-North Mississippi, Inc. d/b/a Baptist Memorial Hospital-North Mississippi BMH North Mississippi Imaging Services, LLC d/b/a Oxford Diagnostic Center | | 8/2/16 | Y | 10/24/16 through 10/26/16 Licensure | 10/14/16 | 9/9/16 | N | 1/27/17 | 1/27/17 | 3/13/17 | Recommended Approval 3/13/17 | Y 4/26/17 Opinion Upholding MSDH Decision B/B/17 | Y 9/8/17 |
| the Course of | CON Review Number: C-NIS-0616- 010 Wound Care Management, LLC d/b/a MedCentris Provision of Digital Subtraction Angiography (DSA) Services (Limb Salvage Program) Capital Expenditure: \$317,487.00 Location: Vicksburg, Warren County, Mississippi | 8/25/16 | 8/24/15 | Vicksburg Healthcare, LLC d/b/a Merit Health River Region | 8/30/16 | 10/23/16 | Y | 3/6/17 through 3/9/17 Licensure 4/11/17 through 4/12/17 Underwood | 2/24/17 | 2/15/17 | N | 6/30/17 | 6/30/17 | 8/14/17 | Recommended Approval 8/14/17 | Y 10/11/17 | |
| Hearing During the Course of Review | CON Review Number: ASC-NIS-0816 019 Columbus Orthopaedic Outpatient Center, LLC Conversion of an Existing Single- Specialty Ambulatory Surgery Center to a Multi-Specialty ASC Capital Expenditure: \$855,961.77 Location: Columbus, Lowndes County, Mississippi | 10/17/16 | 10/17/16 | OCH Regional Medical Center (Betty Toon Collins, Wise Carter) Baptist Memorial Hospital-Golden Triangle, Inc. d/b/a Baptist Memorial Golden Triangle (Barry Cockrell, Baker Donelson) | 10/28/16 | 12/16/16 | Y | 2/14/17 through 2/16/17 Underwood Postponed 2/10/17 | 2/4/17 | 1/25/17 | | | | | | | |
| the Course of | CON Review Number: HG-NIS-0917- 013 Baptist Medical Center Attala, LLC d/b/a BMC-Attala Establishment of Mobile MRI Services Capital Expenditure: \$1250.00 Location: Kosciusko, Attala County, Mississippi | 11/23/17 | 11/20/17 | Premier Medical Group of Mississippi, LLC d/b/a Kosciusko Medical Group | 12/4/17 | 1/27/18 | Y | | | | | | | ÷ | | | |

<u>Legend</u>

| Facility/Service Type | Project Description | Date Received | Additional Info Requested | Additional Info Received | Date Completed | Granted/Denied/ Project Closed |
|----------------------------|--|---------------|------------------------------|-----------------------------|----------------|-----------------------------------|
| Hospital | CON Review Number: HG-R-0415-007 CON Number: R-0895 PHC-Cleveland, Inc. d/b/a Bolivar Medical Center Cosmetic Upgrades and Renovations for Bolivar Medical Center Authorized Capital Expenditure: \$4,381,308.00 Capital Expenditure Made to Date: \$4,381,308.00 | 8/1/16 | Y | 4/6/17 | | |
| Hospital | CON Review Number: HG-CB-0909-023 CON Number: R-0817 Methodist Healthcare -Olive Branch Hospital Construction of a 100-Bed Acute Care Hospital, MRI, Therapeautic Cardiac Catherization, Open Heart Surgery Equipment and Services and Obstetrics Authorized Capital Expenditure Made to Date: \$97,135,596.00 | 11/15/17 | | | | |
| Medical Office Building | CON Review Number: MOB-C-0316-005 CON Number: R-0911 Methodist Le Bonheur Healthcare Construction of Medical Office Building Capital Expenditure: \$ 6,568,860.00 Capital Expenditure Made to Date: \$0.00 | 11/20/17 | N | N/A | 3/13/18 | Granted |
| Hospital | CON Review Number: HG-NIS-1111-022 CON Number: R-0861 Harrison HMA, LLC d/b/a Gulf Coast Medical Center Construction/Relocation and Replacement Gulf Coast Medical Center Authorized Capital Expenditure: \$133,322,098.00 Capital Expenditure Made to Date: \$9,200.00 | 1/26/18 | N | N/A | 3/12/18 | Granted |

Legend

Columns in Red = Deadlines set by statute or policy

Items in Bold and Italics = New information added since last Weekly Report.

| Facility/Service Type | Project Description | Date Received | Additional Info Requested | Additional Info Received | Date Completed | Granted/Denied/ Project Closed |
|--------------------------|---|---------------|------------------------------|-----------------------------|----------------|-----------------------------------|
| Hospital | CON Review Number: LTAC-RLS-1115-024 CON Number: R-0902 Promise Hospital of Vicksburg Relocation of Promise Hospital of Vicksburg to Merit Health Vicksburg f/k/a River Regional Medical Center Authorized Capital Expenditure: \$397,000.00 Capital Expenditure Made to Date: \$334,999.00 | 2/2/18 | N | N/A | 3/12/18 | Granted |
| Nursing Home | CON Review Number: NH-RC-1216-024 CON Number: R-0922 St. Catherine's Village, Inc. Construction of an Addition and Renovation of a Skilled Nursing Home (Siena Center) Authorized Capital Expenditure: \$26,267,140.26 Capital Expenditure Made to Date: \$1,129,322.56 | 2/9/18 | N | N/A | 3/12/18 | Granted |
| Hospital | CON Review Number: HG-R-0914-012 CON Number: R-0885 George County Hospital Hospital Renovation and Expansion Authorized Captial Expenditure: \$12,584,553.00 Captial Expenditure Made to Date: \$2,469,626 | 2/20/18 | N | N/A | 3/12/18 | Granted |
| Hospital | CON Review Number: HG-CRF-1203-035 CON Number: R-0636 Alliance HealthCare System, Inc, Construction of a Replacement Hospital Authorized Captial Expenditure: \$30,807,769.00 Capital Expenditure Made to Date: \$1,159,085.96 | 2/21/18 | N | N/A | 3/12/18 | Granted |
| Hospital | CON Review Number: HG-R-0615-013 CON Number: R-0896 Singing River Hospital Exterior Harding Window Replacement Authorized Capital Expenditure: \$14,859,227.00 Capital Expenditure Made to Date: \$13,944,635 | 2/23/18 | N | N/A | 4/12/18 | Granted |

Legen

Columns in Red = Deadlines set by statute or policy
Items in Bold and Italics = New information added since last Weekly Report.

| Facility/Service Type | Project Description | Date Received | Additional Info Requested | Additional Info Received | Date Completed | Granted/Denied/ Project Closed |
|------------------------------|--|---------------|------------------------------|-----------------------------|----------------|-----------------------------------|
| Hospital | CON Review Number: HG-RC-0515-008 CON Number: R-0907 St. Dominic Jackson Memorial Hospital Renovation and Expansion of Emergency Department Authorized Capital Expenditure: \$40,071,029.00 Capital Expenditure Made to Date: \$2.531,726.53 | 2/26/18 | N | N/A | 4/12/18 | Granted |
| PRTF | CON Review Number: HP-CNF-1214-015 CON Number: R-0866 Brentwood Acquisition, Inc. d/b/a Brentwood Behavioral Healthcare of Mississippi Establishment of a 36-Bed Psychiatric Residential Treatment Facility Authorized Captial Expenditure: \$5,641,228.00 Capital Expenditure Made to Date: \$4,079,371 | 2/26/18 | N | N/A | 4/9/18 | Closed |
| ESRD | CON Review Number: ESRD-NIS-0616-013 CON Number: R-0917 Renal Care Group Tupelo, LLC d/b/a RCG of Tupelo Establishment of Satellite ESRD Facility (Lee County Dialysis) Authorized Capital Expenditure: \$1,810,565.90 Capital Expenditure Made to Date: \$67,000.00 | 2/27/18 | | | | ^ |
| Freestanding MRI Facility | CON Review Number: FSF-FE-1015-023 CON Number: R-0905 Cedar Lake Open MRI, LLC Offering of MRI Services and Acquisition of MRI Equipment Authorized Captial Expenditure: \$1,295,000.00 Captial Expenditure Made to Date: \$0.00 | 2/27/18 | N | N/A | 4/12/18 | Granted |

| Facility/Service Type | Project Description | Date Received | Additional Info Requested | Additional Info Received | Date Completed | Granted/Denied/ Project Closed |
|--------------------------|---|---------------|------------------------------|-----------------------------|----------------|-----------------------------------|
| Hospital | CON Review Number: HG-CB-1211-027 CON Number: R-0848 Singing River Hosptial Addition of Level II Comprehensive Medical Rehabilitation Beds Authorized Capital Expenditure: \$690,000.00 Capital Expenditure Made to Date: \$690,000 | 2/28/18 | N | N/A | 3/26/18 | Granted |
| ESRD | CON Review Number: ESRD-ES-0117-001 CON Number: R-0923 Renal Care Group Tupelo, LLC d/b/a RCG Sardis Expansion of Stations at Existing ESRD Facility Authorized Captial Expenditure: \$761,103.60 Captial Expenditure Made to Date: \$0.00 | 2/28/18 | N | N/A | 4/12/18 | Granted |
| ESRD | CON Review Number: ESRD-NIS-0617-008 CON Number: R-0929 RCG Southaven, LLC d/b/a Renal Care Group Senatobia Establishment of Satellite ESRD Faility Capital Expenditure: \$3,160,416.25 Capital Expenditure Made to Date: \$0.00 | 3/6/18 | N | N/A | 3/13/18 | Filed |
| Nursing Home | CON Review Number: NH-A-0617-006 CON Number: R-0643-A Bedford Care Center - Warren Hall, LLC, d/b/b Bedford Care Center-Picayune 120-Bed Nursing Home Replacement Facility in Picayune, Mississippi Amendment and Cost Overrun to CON Review No. NH-RLS-0304-003; CON No. R- 0643 Original Captial Expenditure: \$6,530,500.00 Additional Capital Expenditure: \$7,637,248.00 Revised Capital Expenditure: \$14,167,748.00 Captital Expenditure Made to Date: \$5,857,646 | 3/6/18 | N | N/A | 4/9/18 | Filed |

| Facility/Service Type | Project Description | Date Received | Additional Info Requested | Additional Info Received | Date Completed | Granted/Denied/ Project Closed |
|-----------------------------|---|---------------|------------------------------|-----------------------------|----------------|-----------------------------------|
| ESRD | CON Review: ESRD-ES-0617-007 CON Number: R-0928 RCG Mississippi, Inc. d/b/a RCG Meridian Expansion of Satations at Existing ESRD Facility Capital Expenditure: \$36,508.23 Capital Expenditure Made to Date: \$To be Submitted | 3/7/18 | y | 3/12/18 | 3/19/18 | Closed |
| ESRD | CON Review Number: ESRD-ES-0617-010 CON Number: R-0930 Bio-Medical Applications of Mississippi, Inc. d/b/a Fresenius Medical Care - BMA of Southwest Jackson Expansion of Stations at Existing ESRD Facility Capital Expenditure: \$16,496.76 Capital Expenditure Made to Date: \$To be Submitted | 3/7/18 | N | 3/12/18 | 4/9/18 | Closed |
| LTAC | CON Review Number: LTAC-BANK R-03 2015- 001 CON Number: R-0629 Mississippi LTAC Holdings, LLC Conversion of 35 Acute Care Beds to 25 Long- Term Care Beds Authorized Capital Expenditure: \$416,000.00 Capital Expenditure Made to Date: \$0.00 | 3/15/18 | | | | |
| Skilled Nursing Facility | CON Review Number: NH-CRF-0908-039 CON Number: R-0786 Community Place Relocation Authorized Capital Expenditure: \$9,870,000.00 Capital Expenditure Made to Date: \$537,439.11 | 3/28/18 | N | N/A | 4/12/18 | Granted |

As of Week Ending 4/13/18

Note: Projects remain on Report for
30 days after completion

| Facility/Service Type | Project Description | Date Received | Additional Info Requested | Additional Info Received | Date Completed | Granted/Denied/ Project Closed |
|--------------------------|---|---------------|------------------------------|-----------------------------|----------------|-----------------------------------|
| Skilled Nursing | CON Review Number: NH-CB-0602-036 | 4/12/18 | | | | |
| Facility | CON Number: R-0668 | | | | | |
| | George Regional Hosptial f/k/a George | | | | | |
| | County Hospital | | | | | |
| | Establishment/Construction of a 60-Bed | | | | | |
| | Skilled Nursing Facility | | | | | |
| | Authorized Capital Expenditure: | | | | | |
| | \$676,585.00 | | | | | |
| | Capital Expenditure Made to Date: \$672,050.00 | | | | | |
| Hospital | CON Review Number: HG-CB-BANK R-04 | 4/13/18 | | | | |
| | 2015-002 | | | | | |
| | CON Number: R-0419 | | | | | |
| | Mississippi Alzheimer's Holdings, LLC | | | | | |
| | Establishment of a 20-Bed Alzheimer's | | | | | |
| | Dementia Special Care Unit | | | | | |
| | Authorized Capital Expenditure: \$0.00 | 1 | | | | |
| | Captial Expenditure Made to Date: \$0.00 | | | | | |

Change of Ownership (CHOW) Applications

As of Week Ending 4/13/18 Note: Projects remain on Report for 30 days after completion

| Facility/Service Type | Project Description | Date Received | Deadline to Complete (30 days from Receipt of Application) | Date Notice Sent to DOM | Date Letter Received from DOM | Additional Info Requested | Additional Info Received | Application Approved/Rejected/ Returned/Withdrawn |
|--------------------------|---|------------------|--|----------------------------|-------------------------------------|---------------------------------|-----------------------------|---|
| Hospital | Hancock County Medical Center | 2/9/18 | 3/11/18 | 2/20/18 | 2/22/18 | N | N/A | Approved 3/19/18 |
| Home Health Agency | Camellia Home Health & Hospice - Hattiesburg | 3/12/18 | 4/11/18 | 3/12/18 | 4/3/18 | N | N/A | Approved 4/9/18 |
| Home Health | Camellia Home Health & Hospice - Vicksburg | 3/12/18 | 4/11/18 | 3/12/18 | 4/3/18 | N | N/A | Approved 4/9/18 |
| Home Health Agency | Camellia Home Health & Hospice - Gulfport | 3/12/18 | 4/11/18 | 3/12/18 | 4/3/18 | N | N/A | Approved 4/9/18 |
| Home Health Agency | Cottage Grove Nursing Home, L.P. | 3/19/18 | 4/18/18 | 4/10/18 | | | | |