| Facility/Service | Project Description | Date | Deadline to | Date | Statutory | Additional Info | Date Additional | Date DR |
|--------------------|---------------------------------|-------------|------------------|----------------|--------------|-----------------|-----------------|-------------|
| Туре | | Application | Notify Applicant | 1 1 | Deadline to | Requested | Info Received | Completed & |
| | | Received | (5 business days | Applicant Sent | Complete (45 | (Y/N) | | Mailed |
| | | | After Receipt of | | days from | \ ' ' ' | | |
| | | | Request) | | Receipt of | | | |
| | | | | | Application) | | | |
| | RCG Mississippi, Inc. d/b/a | 7/16/19 | 7/22/2019 | 7/18/2019 | 8/30/19 | Y | 7/22/2019 & | 8/15/19 |
| | Renal Care Group of Greenville | | | 1 | | | 8/02/2019 | |
| | Espansion of Stations at | | | | | | | |
| | Existing ESRD Facility | | | | | | | |
| | Capital Expenditure: | | | | | | | |
| === | \$13,747.80 | | | | | | | |
| ESRD | | | | | | | | |
| | Memorial Hospital at Gulfport | 7/16/19 | 7/22/2019 | 7/18/2019 | 8/30/19 | N | N/A | 8/15/19 |
| | Addition of MRI at Hospital | | | | | | | |
| | Capital Expenditure: | | | | | | l' | |
| Hospital | \$180,000.00 | | | | | | | |
| ноѕрітаі | Monogram Health, Inc. | 7/22/40 | 7/20/2010 | 7/24/40 | 0/= /+0 | | | |
| | Chronic Kidney Disease and | 7/22/19 | 7/30/2019 | 7/31/19 | 9/5/19 | N | N/A | 8/23/19 |
| | End Stage Renal Disease | | | | | | | |
| | Management Program | | | | | | | |
| Management | Capital Expenditure: \$2,500.00 | | | | | | | |
| Program | Capital Experiordie. \$2,300.00 | | | | | | ľ | |
| | | 8/13/19 | 8/20/2019 | 8/20/2019 | 9/27/19 | | | |
| | Mississippi Sports Medicine | 0, 13, 13 | 0/20/2013 | 8/20/2013 | 3/2//13 | | | |
| | and Orthopaedic Center, PLLC | | | | | (1 | | |
| | d/b/a Mississippi Sports | | | | ll l | | | |
| | Medicine and Orthopaedic | | | | | | | |
| | Center (Flowood Clinic) | - | | | | | | |
| | Offering of MRI Services at | | | 1 | ĺ | | | |
| | Mississippi Sports Medicine | | | | | | | |
| | and Orthopaedic | | | | | | | |
| | Center(Flowood Clinic) | | | | | | | |
| MRI Services | Capital Expenditure: | | | 1 | | | | |
| (Entity Extension) | \$645,000.00 | | | | | | | |
| | | 8/19/19 | 8/26/2019 | 8/23/2019 | 10/3/19 | N | N/A | |
| | Starkville Surgery Center, LLC | | | | | | | |
| 1 | Single Specialty - Ambulatory | | | | | | | |
| | Surgery Center | | | | | | | |
| | Specialty - Ophthalmology | | | | | | | |
| | Capital Expenditure: | J | | | | | | |
| | \$2,185,000.00 | | | | | | | |
| | Fresenius Kidney Care | 8/30/19 | 9/9/2019 | | 10/14/19 | | | _ |
| | Hazlehurst | - 1 | | | | - 1 | 1 | |
| | Relocation of Existing ESRD | - 1 | | | | 1 | | |
| | Facility | - 1 | | | | | | |
| ESRD | Capiral Expenditure: | | | | | | | |

Columns in Red = Deadlines set by statute or policy

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

Determination of Reviewability

| Facility/Service Type | Project Description | Date Application Received | Deadline to Notify Applicant (5 business days After Receipt of Request) | 1 | | Additional Info Requested (Y/N) | Date Additional Info Received | Date DR Completed & Mailed |
|--------------------------|--|---------------------------------|---|---|--|---------------------------------------|----------------------------------|----------------------------------|
| Nursing Facility | The Nichols Center Addition of Patient Rooms (Building Addition) Capital Expenditure: \$4,165,200.00 | 9/4/19 | 9/10/2019 | | 10/19/19 (Saturday) 10/21/19 (Monday) | | | |

Legend

Columns in Red = Deadlines set by statute or policy

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

As of Week Ending 9/6/19 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) |
|---|---------------|---|--|
| Forrest County General Hospital Addition to Existing CMR Bed Licenses | 2/21/19 | 3/8/19 | 8/21/19 |
| University of Mississippi Medical Center - Grenada Offering of Swing Bed Services | 3/14/2019 | 3/29/19 | 9/14/19 |
| Modern Vascular of Southaven, LLC in-office Invasive Digital Angiography Services to Southaven, MS | 3/15/2019 | 3/30/19 | 9/15/19 |
| Alliance Health Center, Inc. d/b/a Alliance Health Center Conversion for Expansion of Psychiatric Beds | 3/25/2019 | 4/9/19 | 9/25/19 |
| Bio-Medical Applications of Mississippi, Inc. d/b/a Fresenius Kidney Care - North Jackson Establishment of a Satellite Facility | 4/5/2019 | 4/20/19 | 10/5/19 |
| Encompass Health Rehabilitation Hospital of Gulfport, LLC d/b/a Encompass Health Rehabilitation Hospital, a partner of Memorial Hospital of Gulfport Expansion and Renovation Project for Encompass Health Rehabilitation Hospital of Gulfport, LLC | 6/28/2019 | 6/13/19 (Saturday) 6/15/19 (Monday) | 12/28/19 |
| Madison Physician Surgery enter, LLC d/b/a Mississippi Sports Medicine and Orthopaedic Center (Flowood Clinic) Offering of MRI Services | 7/12/2019 | 7/27/19 (Saturday) 7/29/19 (Monday) | 1/12/20 |

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 9/6/19 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) |
|---|---------------|---|--|
| Capital Orthopaedic Clinic, PLLC | | | |
| Offering of MRI Services and Acquisition | | | |
| of MRI Equipment | 7/17/2019 | 8/1/2019 | 1/17/2020 |
| REVISED: NOI (Original Submitted July 12, 2019) | | | |
| Mississippi Sports Medicine and | | | |
| Orthopaedic Center, PLLC d/b/a | | | |
| Mississippi Sports Medicine and | | | |
| Orthopaedic Center (Flowood Clinic) | | | |
| Offering of MRI Services at Mississippi | | | |
| Sports Medicine and Orthopaedic Center | | | |
| (Flowood Clinic) | | | |
| | 8/13/2019 | 8/28/2019 | 2/13/2020 |
| Jefferson County Hospital | | | |
| Addition of a Swing Bed Hospital at | | | |
| Jefferson County Hospital | 8/26/2019 | 9/10/2019 | 2/26/2020 |

Legend

| | | | | | | | | | | | | | | | _ | | | | |
|-------------------------|---|---------------------------------|--|---|---|---------------------------------------|-------------------------------------|--|------------------------------------|--|---|-------------------------------|--|--|--|---|--|---|--|
| Facility/Service Type | Project Description | Date Application Received | Deadline for Notifying Applicant that Application is Deemed Complete Add into 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 | Staff Analysis Publication Date | Application Recommended for Approvel/ Disapprovel | Hearing Request Deadline (10 days from Staff Analysis Publication Date) | Hearing Requested (Y/N) | Deadline for Add'l Info on Negative Staff Analysis (15 days from Staff Analysis Publication Date) | Add" Info Received on Negative Staff Analysis | Date Final Order Notice Published | Deadline to issue Final Order (90 days from date application received OR 45 days from Hearing Officer Recommendation | Final Order issued/ Effective Date | Chancery Court Appeal Filed (Y/N) | Application Withdrawn (Y/N) & Date |
| FS MRI Facility | CON Review Number: F5-NIS-0216-002 Oxford Pre-Op & Imaging Center, LLC d/b/a Oxford Pre-op a & Imaging Center Acquisition of Otherwise Control of Magnetic Resonance Imaging (MRI) and Offering of MRI services Capital Expenditure: \$1,935,457.00 Location: Oxford, Lafayette County, Missksippi | 2/26/16 | N/A | 3/27/16 Deemed Complete | 4/1/16 | N | N/A | N/A | 5/16/16 | Approval | 6/6/16 | * | N/A | N/A | 3/17/17 | 4/27/17 | 4/10/17 | Α. | N |
| Climit | CON Review Number: C-NIS 0616-010 Wound Care Management, LUC d/J/3 MedC-ent) Provision of Digital Subtraction Angiography (DSA) Services (Limb Salvinge Program) Capital Expenditure: 5317,487,00 Icacation: Vickburg, Warren County, | 5/27/16 | 6/11/36 | 7/1/16 Deerned Complete | 7/1/16 | N | N/A | 7/11/16 | 8/15/16 | Approval | 8/25/16 | Y | 8/30/16 | N/A | B/18/17 | 8/25/16 Revisied 9/28/17 | 9/28/17 | Y | |
| MRI | Matchologi CON Review Number; HG NIS-1018-013 Memorial Brogada a Gullport Acquistion of Mobile MRI Unit & Offering of Mobile MRI Services Capital Expenditure: \$595,00.00 Location: Gullport, Harrison County, | 10/8/18 | 10/23/18 | 10/23/18 | 10/23/18 | ж | 11/19/18 | 11/22/18 | 11/20/18 | Approval | 12/2/18 (Sunday) 12/3/1B (Monday) | (¥) | 12/8/18 | N/A | Hearing Scheduled Revised: 4/2/19 4/4/19 and 4/11/19-4/12/19 | Revised: 4/2/19 | | | |
| Medical Office Building | Mississpoi COR Review Number: MOB-NIS-0419 005 Modern Vascular of Southaven, LLC Invasive Digital Anguage of Conference Capital Expenditure: \$1,040,605 Location: Southaven, DeSoto, Mississippi | 4/22/19 | 5/7/19 | 4/25/19 | 4/25/19 | N | N/A | 6/6/19 | 6/6/19 | Approved | 6/16/2019 (Sunday) 6/17/19 (Monday) | Y | 6/21/19 | N/A | Hearing Requested - 6/17/19 Withdrawn 8/16/19 | 7/21/19 (Sunday) 7/22/19 (Monday) | 9/6/19 | | |
| Hospital | CON Review Number: HG-AB-0619-008 Forrest County General Hospital Addition of Two (2) Level I Comprehensive Medical fleshabilist attom Reds Capital Expenditure: 50.00 Location: Hattlesburg, Forrest, Missksippi | 6/3/19 | 6/18/19 | 6/18/19 | 6/18/19 | Y (6/6/19) | 6/18/19 | 7/18/19 | 7/18/19 | Approved | 7/28/19 (Sunday) 7/29/19 (Monday) | N | 8/3/19 | N/A | 8/6/19 | 9/1/19 (Sunday) 9/2/19 (Monday) | | | |
| Hospital | CON Review flumber; IR-RB 0R19-0X9 Encompass Health Rehabilitation Hospital of Colliport, ILC 40½-Encompass Health Rehabilitation Hospital, a partner of Memorial Hospital of Colliport Expansion and Renovation Project for Encompass Health Rehabilitation Hospital of Colliport, ILC Capital Expenditure; \$5,822,056.00 Cocalion: Colliport, Harrison County, Mississippi | 8/2/19 | 8/17/19 (Saturday) 8/19/19 | 8/19/19 | 8/19/19 | , | N/A | 9/16/19 | | | 9/26/19 | | 10/1/19 | | | 10/31/19 | | | |
| ASC | CON Review Number: ASC-NIS 0819 010 Capital Orthopaedic Clinic, PLLC Olfering of MRI Services and Acquisition of MRI Equipment Capital Expenditure: \$1,460,800.00 Location: Flowaod, Rankin County, Misshsippl | 8/1/19 | 8/16/19 | 8/23/2019 - complete | 8/23/19 | | | 9/15/19 (Sunday) 9/16/19 (Monday) | | | 9/26/19 | | 10/1/19 | | | 10/30/19 | | | |
| | | | | | | | | | | | | | | _ | | | _ | _ | |
| | | | | | | | | | | | | | | | | | | | |

Hearings

| | | | | | | | | | | | - | | | | | | |
|--|---|--------------------------------|-------------------------|---|---|---|---|---|--|--|---|-------------------------|---------------------------|--|---|---|---|
| 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 Withdraw n (Y/N) & Date | Date Briefs Flied | 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 Hospitial-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 8/8/17 | Y 9/8/17 |
| | 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 | B/24/16 | Vicksburg Healthcare, LLC d/b/a Merit Health River Region | 8/30/16 | 10/23/16 | ٧ | 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 B/14/17 | Y 10/11/17 Opinion Upholding MSDH Decision 7/5/18 | Y 7/23/18 |
| Hearing During the Course of Review | CON Review Number:HG-NIS- 1018-013 Memorial Hospital at Gulfport Acquisition of Mobile MRI Unit & Offering of Mobile MRI Services Capital Expenditure: \$595,000.00 Location: Gulfport, Harrison County, Mississippi | 12/9/18 | 11/29/18 | Singing River Health System Gilchrist Donnell PLLC Brant J. Ryan | 12/12/18 | 1/28/19 | Y | Hearing Scheduled Revised: 4/2/19-4/4/19 and 4/26/19 Location: LeFleur's Square (Licensure & Certification) | | | | | | | | | |
| Hearing During the Course of Review | CON Review Number: MOB-NIS- 0419-005 Modern Vascular of Southaven, LLC Invasive Digital Angiography Capital Expenditure: \$1,040,605 Location: Southaven, DeSoto, Mississippi | 6/17/2019 | | Baptist Memorial Desoto Barry Cockrell | 6/17/19 | 8/16/2019 | N | Hearing Request - Withdrawn 8/16/19 | | | | | | | | | |

Legend

| 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-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 | | | | |
| Nursing Facility | CON Review Number: NH-CNF-0618-007 CON Number: R-0944 The Mississippi Center for Medically Fragile Children, Inc. Construction of Pediatric Skilled Nursing Facility and Establishment of Pediatric Skilled Nursing Services and Limited Waiver for Treatment of Individuals Over Age 21 Capital Expenditure: \$12,844,340.00 Capital Expenditure Made to Date: \$58,554.00 | 7/18/2019 | N __ | N/A | 8/16/19 | Granted |
| ESRD | CON Review Number: ESRD-REN-0618-006 CON Number: R-0943 Bio-Applications of Mississippi, Inc. Establishment of a Six (6) Station ESRD Facility in Tallahatchie County Authorized Capital Expenditure: \$254,085.00 Capital Expenditure Made to Date: \$0.00 | 7/29/2019 | N | N/A | 8/28/19 | Granted |

| Facility/Service Type | Project Description | Date Received | Additional Info Requested | Additional Info Received | Date Completed | Granted/Denied/ Project Closed |
|--------------------------|--|---------------|------------------------------|-----------------------------|----------------|-----------------------------------|
| 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 Capital Expenditure: \$6,530,500.00 Additional Capital Expenditure: \$7,637,248.00 Revised Capital Expenditure: \$14,167,748.00 Capital Expenditure Made to Date: Phase I- \$5,857,646 Phase I - \$23,775 | 8/6/2019 | N | N/A | 9/3/19 | 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: \$130,000.00 | 8/7/2019 | N | N/A | 9/5/19 | Granted |
| Nursing Home | CON Review: NH-RLS-1118-014 2ND Generation Healthcare, LLC d/b/a The Grove Six-Month Extension on CON No. R-0950 Relocation and Addition of Nursing Home Beds Approved Capital Expenditure: \$410,000.00 | 8/13/2019 | N | N/A | 8/30/19 | Filed |
| 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: \$11,275,406.25 | 8/14/2019 | N | N/A | 9/3/19 | Granted |

Legend

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| Facility/Service Type | Project Description | Date Received | Additional Info Requested | Additional Info Received | Date Completed | Granted/Denied/ Project Closed |
|--------------------------|---|---------------|------------------------------|-----------------------------|----------------|-----------------------------------|
| ASC | CON Review Number: ASC-CO-0119-002 CON Number: R-0952-A Columbus Orthopaedic Outpatient Center, LLC Amendment/Costoverrun to CON Review Number: ASC-NIS-0816-019; R-0940 Conversion of an Existing Single-Specialty Ambulatory Surgery Center to a Multi- Specialty ASC Original Capital Expenditure: \$855,961.77 Additonal Capital Expenditure: \$370,497.00 Total Capital Expenditure: \$1,226,459.00 Capital Expenditure Made to Date: \$1,108,759.00 Location: Columbus, Lowndes County, Mississippi | 8/16/2019 | | | | |
| Nursing Home | CON Review Number: NH-RLS-0818-009 CON Number: R-0949 Belhaven Senior Care, LLC Relocation of Belhaven Senior Care to New Building in Madison County Capital Expenditure: \$12,593,624 Capital Expenditure Made to Date: \$1,066,779.00 Location: Jackson, Hinds County, Mississippi | 8/19/2019 | | | | |
| Hosptial | CON Review Number: HG-CRF-1203-035 CON Number: R-0636 Alliance HealthCare System, Inc. d/b/a Alliance HealthCare System Construction of a Replacement Hospital Authorized Capital Expenditure: \$30,807,769.00 Capital Expenditure Made to Date: | 8/20/2019 | | | | |
| 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: \$628,779.01 | 8/29/2019 | | | | |

Columns in Red = Deadlines set by statute or policy

| Facility/Service Type | Project Description | Date Received | Additional Info Requested | Additional Info Received | Date Completed | Granted/Denied/ Project Closed |
|--------------------------|---|---------------|------------------------------|-----------------------------|----------------|-----------------------------------|
| | | | | | | |
| Hospital | 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: \$1,740,298.05 | 8/29/2019 | | | | |
| ESRD | 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: \$ | 8/30/2019 | | | | |
| Hospital | CON Review Number: HG-R-0914-012 CON Number: R-0885 George County Hospital Hospital Renovation and Expansion Authorized Capital Expenditure: \$12,584,553.00 Capital Expenditure Made to Date: \$7,590,697 | 9/4/2019 | | | | |

As of Week Ending 9/6/19
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 |
|--------------------------|---|------------------|--|----------------------------|-------------------------------------|---------------------------------|-----------------------------|---|
| | Renal Care Group | 7/16/19 | 8/15/2019 | 7/19/2019 | Never | Υ | 7/18/19 | Approved |
| ESRD | Senatobia | | | | Received | | | 8/15/2019 |
| | Meridian Community | 7/22/19 | 8/21/2019 | 7/26/2019 | Never | N | N/A | Approved |
| Nursing Home | Living Center | | | | Received | | | 8/21/2019 |
| | Stone County Nursing and | 8/2/19 | 9/1/19 (Sunday) 9/2/19 (Holiday) 9/3/19 | 8/7/2019 | | Y 8/7/19 & 8/23/19 | 8/27/19 | Approved 9/3/19 |
| Nursing Home | Rehabilitation Center, Inc. | | (Tuesday) | | | | | |
| Nursing Home | Woodlands Village Nursing Center | 8/2/19 | 9/1/19 (Sunday) 9/2/19 (Holiday) 9/3/19 (Tuesday) | 8/7/2019 | | Y 8/7/19 | 8/27/19 | Approved 9/3/19 |
| Hospital | Stone County Hospital | 8/2/19 | 9/1/19 (Sunday) 9/2/19 (Holiday) 9/3/19 (Tuesday) | 8/8/2019 | 8/12/19 | Y 8/8/19 | 8/27/19 | Approved 9/3/19 |
| | Cedar Lake Surgery | 8/2/19 | 9/1/19 (Sunday) 9/2/19 (Holiday) 9/3/19 | 8/8/2019 | | Y 8/8/19 & 8/23/19 | | |
| ASC | Center | 0/40/40 | (Tuesday) | 0/24/40 | | | | |
| Nursing Facility | The Mississippi Center for Medically Fragile Children, Inc. | 8/19/19 | 9/18/2019 | 8/21/19 | | | | |