## Determination of Reviewability

<table>
<thead>
<tr>
<th>Facility/Service Type</th>
<th>Project Description</th>
<th>Date Application Received</th>
<th>Deadline to Notify Applicant (5 business days After Receipt of Request)</th>
<th>Date Notification to Applicant Sent</th>
<th>Statutory Deadline to Complete (45 days from Receipt of Application)</th>
<th>Additional Info Requested (Y/N)</th>
<th>Date Additional Info Received</th>
<th>Date DR Completed &amp; Mailed</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESRD</td>
<td>Lakeland Home Program d/b/a Fresenius Kidney Care Rankin County Expansion of Stations at Existing ESRD Facility Capital Expenditure: $0.00</td>
<td>2/25/2020</td>
<td>3/2/2020</td>
<td>2/27/2020</td>
<td>4/10/2020</td>
<td>N</td>
<td>N/A</td>
<td>3/10/20</td>
</tr>
<tr>
<td>ESRD</td>
<td>Fresenius Medical Care d/b/a Fresenius Kidney Care Dogwood Expansion of Stations at Existing ESRD Facility Capital Expenditure: $0.00</td>
<td>3/10/2020</td>
<td>3/17/2020</td>
<td>4/24/2020</td>
<td>N</td>
<td>N/A</td>
<td>4/2/20</td>
<td></td>
</tr>
</tbody>
</table>

### 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 4/03/20  
Note: Projects remain on Report for 30 days after completion.
## Notice of Intent (NOI) to Apply for a CON

<table>
<thead>
<tr>
<th>Project Name and Description</th>
<th>Date Received</th>
<th>Earliest Date CON Application May Be Filed (15 days from date NOI Received)</th>
<th>Date NOI Expires (6 months from date NOI Received)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brentwood Acquisition, Inc. d/b/a Brentwood Behavioral Healthcare Conversion of Adult Psychiatric Beds to Adult Chemical Dependency Unit Beds</td>
<td>12/12/2019</td>
<td>12/27/2019</td>
<td>6/12/2020</td>
</tr>
</tbody>
</table>

**Legend**

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As of Week Ending 4/03/20
Note: Projects remain on Report for 30 days after completion
| Facility/Service Type | Project Description | Origin Application Requested | Date Application Submission Initiated (X days before level of application) | Date Deemed Complete | Date of Public Notice of Recommendation Review | Additional Info Requested | If any Additional Info Received | Staff Analysis Submitted Date (X Days From Date Application Submitted) | Staff Analysis Published Date | Application Recommended for Approval/Disapproval | Hearing Request Date (X Days from Staff Analysis Published Date) | Reconsideration Requested (X Days From Staff Analysis Published Date) | Hearing Date (X Days from Staff Analysis Published Date) | Reconsidered Requested (X Days From Hearing Date) | Reconsidered Published Date | Final Disposition Date | Correcting Order Final Due Date | Application Withheld (X Y) |
|-----------------------|---------------------|-----------------------------|-------------------------------------------------|-------------------|---------------------------------------------|--------------------------|------------------------------|-----------------------------------------------|-----------------------------|-----------------------------------------------|-------------------------------|-------------------------------------------------|-------------------------------|-----------------------------|---------------------|-----------------------------|-----------------------------|
| CPC | ESR Review Number: 19-014-05-1010 | Medical Image Management, LLC | 11/13/19 | 12/13/19 | 12/13/19 | N/A | N/A | 12/15/19 | 12/15/19 | N/A | 12/15/19 | N/A | 12/15/19 | N/A | 12/15/19 | Y | 12/15/19 |
| MLT | ESR Review Number: 19-014-05-1013 | Medical Imaging Center, LLC | 12/17/19 | 1/2/19 | 1/17/18 | N/A | 1/17/18 | 1/22/19 | 1/22/19 | N/A | 1/22/19 | N/A | 1/22/19 | N/A | 1/22/19 | Y | 1/17/18 |
| ACC | ESR Review Number: 19-014-05-1043 | Advocate St. John Medical and Orthopedic Center Hospital, LLC | 12/15/19 | 1/2/19 | 12/15/19 | N/A | 12/15/19 | 1/22/19 | 1/22/19 | N/A | 1/22/19 | N/A | 1/22/19 | N/A | 1/22/19 | Y | 1/17/18 |
| FD | ESR Review Number: 19-014-05-1000 | Advocate St. John Medical and Orthopedic Center | 12/15/19 | 1/2/19 | 12/15/19 | N/A | 12/15/19 | 1/22/19 | 1/22/19 | N/A | 1/22/19 | N/A | 1/22/19 | N/A | 1/22/19 | Y | 1/17/18 |
| Hospital | ESR Review Number: 19-014-05-1022 | Jackson Medical Reference Inc. | 1/3/19 | 1/3/19 | 1/3/19 | N/A | 1/3/19 | 1/22/19 | 1/22/19 | N/A | 1/22/19 | N/A | 1/22/19 | N/A | 1/22/19 |
| Hospital | ESR Review Number: 19-014-05-1023 | Jackson Medical Reference Inc. | 1/3/19 | 1/3/19 | 1/3/19 | N/A | 1/3/19 | 1/22/19 | 1/22/19 | N/A | 1/22/19 | N/A | 1/22/19 | N/A | 1/22/19 | Y | 1/3/19 |
## Emergency Request

<table>
<thead>
<tr>
<th>Date Received</th>
<th>Facility</th>
<th>Project</th>
<th>Contact</th>
<th>CON/Planning Staff Assigned</th>
<th>Date Completed</th>
</tr>
</thead>
</table>
| 3/19/2020     | RCG of Mississippi, Inc. d/b/a Fresenius Kidney Care Belzoni | Temporary Approval - Addition of Three (3) ESRD Stations  
Isolation/Seperation Facility for ESRD Patients affected by COVID-19  
Capital Expenditure: $50,000.00 (Chairs/Stations)  
Location: Belzoni, Humphreys County, Mississippi | Allison Simpson | Christin B. Williams | 3/20/2020 |
| 3/19/2020     | Fresenius Medical Care Dogwood, LLC d/b/a Fresenius Kidney Care Dogwood | Temporary Approval - Addition of Fourteen (14) ESRD Stations  
Isolation/Seperation Facility for ESRD Patients affected by COVID-19  
Capital Expenditure: $224,000.00 (Chairs/Stations)  
Location: Flowood, Rankin County, Mississippi | Allison Simpson | Christin B. Williams | 3/20/2020 |
| 3/19/2020     | Renal Care Group Tupelo, LLC d/b/a RCG of Tupelo (Lee County Dialysis) | Temporary Approval - Addition of Seven (7) ESRD Stations  
Isolation/Seperation Facility for ESRD Patients affected by COVID-19  
Capital Expenditure: $112,000.00 (Chairs/Stations)  
Location: Tupelo, Lee County, Mississippi | Allison Simpson | Christin B. Williams | 3/20/2020 |
<p>| 3/31/2020     | University of Mississippi Medical Center            | Temporary Approval - Temporary Lease/Utilize Additional Beds and Capacity to Provide Acute Care Inpatient Services at Methodist Rehabilitation Center for patients affected by COVID-19 | Stephanie Jones | Christin B. Williams | 4/1/2020 |</p>
<table>
<thead>
<tr>
<th>Type of Hearing</th>
<th>Project Description</th>
<th>Hearing Request Deadline</th>
<th>Hearing Request Date</th>
<th>Hearing Requestor</th>
<th>Date Notice of Hearing Requested to Parties</th>
<th>Deadline to Schedule Hearing (60 days from Receipt of Request, Unless Both Parties Request Waiver)</th>
<th>Agreement to Waive Time Period for Review (Y/N)</th>
<th>Hearing Date and Location</th>
<th>CON Legal Notice Publication Deadline</th>
<th>CON Legal Notice Publication Date</th>
<th>Hearing Withdrawal Deadline (Y/N) &amp; Date</th>
<th>Hearing Closed Date</th>
<th>Hearing Officer Decision Deadline (45 days from Date Hearing Closed)</th>
<th>Hearing Officer Recommendation and Date</th>
<th>Chancery Court Appeal Filed (Y/N) &amp; Date</th>
<th>Court of Appeals/S. Ct. Appeal (Y/N) &amp; Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearing During the Course of Review</td>
<td>CON Review Number: 1S-NIS-0216-002 Oxford Pre-Op &amp; Imaging Center, LLC 6/4/20 Oxford Pre-op &amp; Imaging Center Acquisition or Otherwise Control of Magnetic Resonance Imaging (MRI) and Offering of MRI Services Capital Expenditure: $1,931,417.00 Location: Oxford, Lafayette County, Mississippi</td>
<td>6/6/16</td>
<td>6/3/16</td>
<td>Requestor(s): Baptist Memorial Hospital-North Mississippi, Inc. 6/2/20/20 Baptist Memorial Hospital - North Mississippi BMRI North Mississippi Imaging Services, LLC 6/4/20 Oxford Diagnostic Center</td>
<td>8/2/16</td>
<td>Y</td>
<td>10/24/16 / 10/28/16 through 10/28/16 Licenseure</td>
<td>10/14/16</td>
<td>6/9/16</td>
<td>N</td>
<td>1/27/17</td>
<td>1/27/17</td>
<td>3/17/17</td>
<td>Recommended Approval 3/17/17</td>
<td>Y</td>
<td>4/16/17</td>
</tr>
<tr>
<td>Hearing During the Course of Review</td>
<td>CON Review Number: HG-NIS-1018-013 Memorial Hospital at Gulfport Acquisition of Mobile MRI Unit &amp; Offering of Mobile MRI Services Capital Expenditure: $95,000.00 Location: Gulfport, Harrison County, Mississippi</td>
<td>12/3/16</td>
<td>11/29/18</td>
<td>Singing River Health System Jochrist Donnell PLC 1/1/20/20 Brand J Ryan</td>
<td>12/12/18</td>
<td>Y</td>
<td>Hearing Scheduled Revised 4/7/19 - 4/14/19 through 4/14/19 Location: 1/20/19</td>
<td>1/20/19</td>
<td>1/30/19</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Y</td>
<td>4/14/19</td>
</tr>
</tbody>
</table>

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<th>Hearing Request Deadline</th>
<th>Hearing Requestor</th>
<th>Date Notice of Hearing Request Sent to Parties</th>
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<th>Hearing Date and Location</th>
<th>CON Legal Notice Publication Deadline</th>
<th>CON Legal Notice Publication Date</th>
<th>Hearing Withdrawn (Y/N) &amp; Date</th>
<th>Date Briefs Filed</th>
<th>Date Hearing Closed</th>
<th>Hearing Officer Decision Deadline (45 days from Date Hearing Closed)</th>
<th>Hearing Officer Recommendation and Date</th>
<th>Chancery Court Appeal Filed (Y/N) &amp; Date</th>
<th>Court of Appeals/S.Ct. Appeal (Y/N) &amp; Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearing During the Course of Review</td>
<td>CON Review Number: HG-RHS-0120-002 D'Onofrio Medical Center-Hancock, LLC D'Onofrio Medical Center-Hancock Restitution of MRI Equipment and Services at D'Onofrio Health Center-Outpatient Imaging Location: Bay St. Louis, Hancock County, Mississippi Capital Expenditure: $0.00</td>
<td>3/20/2021</td>
<td>Memorial Hospital at Gulfport</td>
<td>Allison Simpson</td>
<td>3/23/2020</td>
<td>5/13/2020</td>
<td>Y Received: 4/22/20</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Six Month Extensions/Progress Reports (SME/Prog. Rep.)

<table>
<thead>
<tr>
<th>Facility/Service Type</th>
<th>Project Description</th>
<th>Date Received</th>
<th>Additional Info Requested</th>
<th>Additional Info Received</th>
<th>Date Completed</th>
<th>Granted/Denied/Project Closed</th>
</tr>
</thead>
</table>
| Nursing Home          | CON Review Number: NH-RLS-0304-003  
CON Number: R-0643  
Bedford Care Center - Warren Hall, LLC d/b/a  
Bedford Care Center - Picayune  
120 Ned Nursing Home Replacement Facility  
Authorized Capital Expenditure: $14,167,748.00  
Capital Expenditure Made to Date: $6,019,203.48 | 2/5/20        | N                          | N/A                      | 3/3/20        | 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 Facility  
Capital Expenditure: $3,160,416.25  
Capital Expenditure Made to Date: $150,000.00 | 2/7/20        | N                          | N/A                      | 3/9/20        | Granted                     |

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<th>Additional Info Requested</th>
<th>Additional Info Received</th>
<th>Date Completed</th>
<th>Granted/Denied/Project Closed</th>
</tr>
</thead>
</table>
| Hospital              | CON Review Number: HG-CRF-1203-035  
|                       | CON Number: R-0636  
|                       | Alliance HealthCare System, Inc, Construction of a Replacement Hospital  
|                       | Authorized Capital Expenditure: $30,807,769.00  
|                       | Capital Expenditure Made to Date: $1,159,085.96 | 2/11/20 | N | N/A | 3/12/20 | Granted |
| Hospital              | CON Review Number: HG-NIS-1218-015  
|                       | CON Number: R-0951  
|                       | River Oaks Hospital, LLC d/b/a Merit Health  
|                       | River Oaks  
|                       | Offering of Percutaneous Coronary Intervention (PCI) Services in a Hospital without On-Site Cardiac Surgery  
|                       | Capital Expenditure: $98,751.00  
|                       | Capital Expenditure Made to Date: $39,590.00  
|                       | Location: Flowood, Rankin County, Mississippi | 2/12/2020 | N | N/A | 3/3/20 | Closed |

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<th>Additional Info Requested</th>
<th>Additional Info Received</th>
<th>Date Completed</th>
<th>Granted/Denied/Project Closed</th>
</tr>
</thead>
</table>
| 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: $20,186,024.18 | 2/12/2020     | N                         | N/A                      | 3/10/20       | Granted                       |
| 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: $12,723,369.22 | 2/25/2020     | N                         | N/A                      | 3/17/20       | Granted                       |
| 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: $8,052,920.00 | 2/25/2020     | N                         | N/A                      | 3/17/20       | Granted                       |

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<th>Additional Info Received</th>
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<th>Granted/Denied/Project Closed</th>
</tr>
</thead>
</table>
| Hospital              | CON Review Number: HG-RC-0616-011  
CON Number: R-0915  
South Central Regional Medical Center  
South Central Regional Medical Expansion  
MOB Project  
Authorized Capital Expenditure: $35,000,000.00  
Capital Expenditure Made to Date: $42,416,954.30 | 2/26/20 | N | N/A | 3/17/20 | Granted |
| Skilled Nursing Facility | CON Review Number: NH-A-0119-001  
CON Number: R-0953-A  
Amendment to: CON R-0786  
(CON Review Number: NH-CRF-0908-039)  
Six-Month Extension Progress Report on CON No. R-0953-A  
Community Place  
Construction/Replacement of Community Place Nursing Home from Hinds to Rankin County  
Authorized Capital Expenditure: $8,375,502.00  
Capital Expenditure Made to Date: $3,894,115.30 | 2/27/2020 | N | N/A | 3/12/20 | Filed |

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<th>Date Completed</th>
<th>Granted/Denied/ Project Closed</th>
</tr>
</thead>
</table>
| Skilled Nursing Facility | CON Review Number: NH-A-0119-001  
CON Number: R-0953-A  
Amendment to: CON R-0786  
(CON Review Number: NH-CRF-0908-039)  
Community Place  
Construction/Replacement of Community Place Nursing Home from Hinds to Rankin County | 3/2/20 | N | N/A | 3/17/20 | Granted |
| Medical Center | CON Review Number: HG-NIS-0119-003  
CON Number: R-0954  
Garden Park Medical Center  
Provision of Cardiac Catheterization and Percutaneous Intervention (PCI) Services without On-site Open Heart Surgery;  
Provision of Peripheral Vascular Catheterization Services, and Acquisition of Equipment to Provide Cardiac Catheterization, PCI and Peripheral Vascular Catheterization Services; and Renovation Angiography  
Location: Gulfport, Harrison, Mississippi  
Capital Expenditure: $2,231,927  
Capital Expenditure Made to Date: $52,494.20 | 3/10/2020 | N | N/A |  |  |  |

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# Change of Ownership (CHOW) Applications

<table>
<thead>
<tr>
<th>Facility/Service Type</th>
<th>Project Description</th>
<th>Date Received</th>
<th>Deadline to Complete (30 days from Receipt of Application)</th>
<th>Date Notice Sent to DOM</th>
<th>Date Letter Received from DOM</th>
<th>Additional Info Requested</th>
<th>Additional Info Received</th>
<th>Application Approved/Rejected/Returned/Withdrawn</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular Institute</td>
<td>Regional Cardiology Center</td>
<td>2/18/20</td>
<td>3/19/20</td>
<td>2/21/20</td>
<td>Not Received</td>
<td>N</td>
<td>N/A</td>
<td>3/10/20</td>
</tr>
<tr>
<td>Imaging Center</td>
<td>Baptist Outpatient Imaging, LLC</td>
<td>2/28/20</td>
<td>3/29/20 (Sunday) 3/30/20 (Monday)</td>
<td>3/4/20</td>
<td>Not Received</td>
<td>N</td>
<td>N/A</td>
<td>3/23/20</td>
</tr>
<tr>
<td>Imaging Center</td>
<td>Madison Radiological Group, LLC</td>
<td>2/28/20</td>
<td>3/29/20 (Sunday) 3/30/20 (Monday)</td>
<td>3/4/20</td>
<td>Not Received</td>
<td>N</td>
<td>N/A</td>
<td>3/23/20</td>
</tr>
</tbody>
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