Certificate of Need Activity Report Decisions - June 2005

Decision Date	CON ID	Facility ID	Facility Name	City	County	Project Description	Decision	Regional Review Agency Recommendation	Project Cost
06/08/2005	040240	416838	WALKER SURGICAL CENTER, L. L.	WALKER	KENT	NEW FSOF 3 ORS	APPROVED	AH ENDORSED 3/17/05	$9,654,826
06/08/2005	040370	090050	BAY REGIONAL MC	BAY CITY	BAY	NEW ADDITION, ADD 4 OR, RELOCATE 15 BEDS	CONDITIONAL-AP		$50,085,844
06/08/2005	040450	190010	CLINTON MEMORIAL HOSPITAL	ST. JOHNS	CLINTON	REPLACE FIXED CT SCANNER	CONDITIONAL-AP		$960,988
06/08/2005	040497	396833	KALAMAZOO ENDO CENTER	PORTAGE	KALAMAZOO	NEW FSOF WITH 3 OR	APPROVED		$1,907,763
06/08/2005	050050	630030	WILLIAM BEAUMONT HOSPITAL	ROYAL OAK	OAKLAND	REPLACE 1 MPSRR	APPROVED		$1,149,990
06/08/2005	050051	824480	TAYLOR TOTAL LIVING CENTER	TAYLOR	WAYNE	REPLACE 42 NH BEDS W/N FACILITY	APPROVED		$1,500
06/08/2005	050089	820190	ST. MARY MERCY HOSPITAL	LIVONIA	WAYNE	REPLACE 1 MPSRR	APPROVED		$5,970,000
06/13/2005	050214	230020	HGB MEMORIAL HOSPITAL	CHARLOTTE	EATON	MRI NETWORK #105	WAIVED/NOT REV		$0
06/21/2005	040461	506857	ST. JOHN N. MACOMB CAMPUS	MACOMB TWP.	MACOMB	NEW FSOF WITH 3 OR	APPROVED		$9,564,225
06/21/2005	040473	060020	STANDISH COMM HOSPITAL	STANDISH	ARENAC	MRI NETWORK #117	APPROVED		$284,256
06/21/2005	040514	39C004	HEART CENTER - EXCELLENCE	KALAMAZOO	KALAMAZOO	INITIATE FIXED CT	APPROVED		$2,101,963
06/21/2005	040520	350010	TAWAS ST. JOSEPH HOSPITAL	TAWAS CITY	IOSCO	INITIATE CARD CATH LAB	CONDITIONAL-AP		$2,369,918
06/21/2005	050006	410060	METROPOLITAN HOSPITAL	GRAND RAPIDS	KENT	REPLACE 1 CATH LAB	APPROVED	AH ENDORSED 6/6/05	$1,885,922
06/21/2005	050036	410080	SAINT MARY'S MERCY MC	GRAND RAPIDS	KENT	ADD 1 OR (TOTAL 16)	APPROVED	AH ENDORSED 3/17/05	$0
06/21/2005	050088	330010	INGHAM REGIONAL MCENTER	LANSING	INGHAM	LITH NETWORK #103	APPROVED		$6,432
06/21/2005	050113	410040	SPECTRUM HLTH - BUTTERWORTH	GRAND RAPIDS	KENT	ACQ HELICOPTER FROM BUTTERWORTH AEROMED	APPROVED	AH ENDORSED 4/21/05	$0
06/21/2005	050163	63C693	TROY INTERNAL MEDICINE, P C	TROY	OAKLAND	REPLACE CT SCANNER	CONDITIONAL-AP		$887,784
06/24/2005	**050009**	**240030**	**NORTHERN MICHIGAN HOSPITAL**	**PETOSKEY**	**EMMET**	**ADD 1 CARDIAC CATH LAB**	**APPROVED**		**$983,570**
No. of June Decisions		**18**				**Total June Project Costs**			**$87,814,981**
YTD Decisions		**148**				**YTD Total Project Costs**			**$655,174,938**