

Sub-Area 1A

HSA-1 Sub Area Inventory of Hospitals (Macomb, Oakland)

Hospital Name	Facility Number	City	Licensed Beds	Department Inventory*	NOTES
SE Michigan Surgical Hospital	50-0100	Warren	20	20	
Oakland Regional Hospital	63-0013	Southfield	45	45	
Huron Valley-Sinai Hospital	63-0014	Commerce Towns	153	153	
William Beaumont Hospital	63-0030	Royal Oak	1031	1031	
MI Orthopaedic Specialty Hospital	63-0060	Madison Heights	36	36	
Crittenton Hospital	63-0070	Rochester	270	270	
St. John Macomb-Oakland Hospital	63-0080	Madison Heights	154	154	
Doctor's Hospital of Michigan	63-0110	Pontiac	321	306	
Pontiac Osteopathic Hospital	63-0120	Pontiac	308	308	
Providence Hospital & Medical Center	63-0130	Southfield	328	324	
St. Joseph Mercy Oakland	63-0140	Pontiac	395	410	
Select Specialty Hospital	63-0172	Pontiac	30	40	
Straith Hospital for Spec Surgery	63-0150	Southfield	34	34	
William Beaumont Hospital - Troy	63-0160	Troy	361	361	
Henry Ford West Bloomfield Hospital	63-0176	West Bloomfield	191	300	
Providence Medical Center	63-0177	Novi	158	200	
<b>Sub Area TOTAL</b>			3835	3992	
AREA BED NEED				2946	
<b>Unmet Bed Need (Excess)</b>				<b>(1046)</b>	

\* Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

**Pending Applications/Appeals (new beds only)**

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

**Sub-Area 1B**

**HSA-1 Sub Area Inventory of Hospitals (Macomb)**

<b>Hospital Name</b>	<b>Facility Number</b>	<b>City</b>	<b>Licensed Beds</b>	<b>Department Inventory*</b>	<b>NOTES</b>
Henry Ford Bi-County Hospital	50-0020	Warren	203	203	
St. John Macomb Oakland Hospital	50-0070	Warren	348	348	
<b>Sub Area TOTAL</b>			551	551	
AREA BED NEED				480	
<b>Unmet Bed Need (Excess)</b>				<b>(71)</b>	

\* Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

**Pending Applications/Appeals (new beds only)**

<b>Facility Name</b>	<b>Facility No.</b>	<b>App. No.</b>	<b>Req. # Beds</b>	<b>Decision</b>	<b>Appeal</b>
None to date					

## Sub-Area 1C

## HSA-1 Sub Area Inventory of Hospitals (Wayne)

Hospital Name	Facility Number	City	Licensed Beds	Department Inventory	NOTES
Oakwood Annapolis Hospital	82-0010	Wayne	247	235	
Garden City Hospital	82-0070	Garden City	323	323	
Oakwood Hospital and Medical Center	82-0120	Dearborn	632	632	
Vibra of Southeastern Michigan	82-0130	Lincoln Park	220	220	
Riverside Osteopathic Hospital	82-0160	Trenton	50	0	
Oakwood Southshore Medical Center	82-0170	Trenton	193	193	
Henry Ford Wyandotte Hospital	82-0230	Wyandotte	323	373	
Oakwood Heritage Hospital	82-0250	Taylor	125	137	
Select Specialty Hospital-Wyandotte	82-0272	Taylor	40	40	
<b>Sub Area TOTAL</b>			2153	2153	
AREA BED NEED				1481	
<b>Unmet Bed Need (Excess)</b>				<b>(672)</b>	

\* Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

**Pending Applications/Appeals (new beds only)**

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

## Sub-Area 1D

## HSA-1 Sub Area Inventory of Hospitals (City of Detroit, Wayne)

Hospital Name	Facility Number	City	Licensed Beds	Department Inventory*	NOTES
Beaumont Hospital, Grosse Pointe	82-0030	Grosse Pointe	289	289	
Henry Ford Cottage Hospital	82-0040	Grosse Pointe Farms	89	87	
Select Specialty Hosp-Gross Pointe	82-0276	Grosse Pointe	30	30	
Detroit Hope Hospital	83-0390	Detroit	80	80	
Children's Hospital of Michigan	83-0080	Detroit	228	228	
Henry Ford Hospital	83-0190	Detroit	762	653	
Harper University Hospital	83-0220	Detroit	506	506	
Hutzel Women's Hospital	83-0240	Detroit	61	61	
Rehabilitation Institute of Michigan	83-0410	Detroit	94	94	
St. John Hospital & Medical Center	83-0420	Detroit	769	769	
Sinai-Grace Hospital	83-0450	Detroit	383	383	
Detroit Receiving Hosp & Unv Hlth	83-0500	Detroit	273	273	
Karmanos Cancer Center	83-0520	Detroit	123	123	
Triumph Hospital	83-0521	Detroit	65	77	
Select Spec. Hospital-NW Detroit	83-0523	Detroit	36	36	
<b>Sub Area TOTAL</b>			<b>3788</b>	<b>3689</b>	
AREA BED NEED				2979	
<b>Unmet Bed Need (Excess)</b>				<b>(710)</b>	

\* Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

**Pending Applications/Appeals (new beds only)**

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

**Sub-Area 1E**

**HSA-1 Sub Area Inventory of Hospitals (Oakland, Wayne)**

<b>Hospital Name</b>	<b>Facility Number</b>	<b>City</b>	<b>Licensed Beds</b>	<b>Department Inventory</b>	<b>NOTES</b>
Botsford Hospital	63-0050	Farmington Hills	305	305	
St. Mary's Mercy Hospital	82-0190	Livonia	273	273	
<b>Sub Area TOTAL</b>			578	578	
AREA BED NEED				495	
<b>Unmet Bed Need (Excess)</b>				<b>(83)</b>	

\* Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

**Pending Applications/Appeals** (new beds only)

<b>Facility Name</b>	<b>Facility No.</b>	<b>App. No.</b>	<b>Req. # Beds</b>	<b>Decision</b>	<b>Appeal</b>
None to date					

Sub-Area 1F

HSA-1 Sub Area Inventory of Hospitals (Macomb)

Hospital Name	Facility Number	City	Licensed Beds	Department Inventory*	NOTES
St. John North Shores Hospital	50-0030	Harrison Twp	96	58	
Mt. Clemens Regional Medical Center	50-0060	Mt Clemens	288	288	
Henry Ford Macomb Hospital	50-0080	Mt Clemens	1	1	
Henry Ford Macomb Hospital	50-0110	Clinton Twp	349	349	
Select Specialty Hospital - Macomb	50-0111	Mt Clemens	36	36	
<b>Sub Area TOTALS</b>			770	732	
AREA BED NEED				700	
<b>Unmet Bed Need (Excess)</b>				<b>(32)</b>	

\* Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

**Pending Applications/Appeals** (new beds only)

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

**Sub-Area 1G**

**HSA-1 Sub Area Inventory of Hospitals (St. Clair)**

<b>Hospital Name</b>	<b>Facility Number</b>	<b>City</b>	<b>Licensed Beds</b>	<b>Department Inventory*</b>	<b>NOTES</b>
St. Joseph Mercy Port Huron	74-0010	Port Huron	119	119	
Port Huron Hospital	74-0020	Port Huron	163	163	
<b>Sub Area TOTALS</b>			282	282	
AREA BED NEED				267	
<b>Unmet Bed Need (Excess)</b>				<b>(15)</b>	

\* Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

**Pending Applications/Appeals** (new beds only)

<b>Facility Name</b>	<b>Facility No.</b>	<b>App. No.</b>	<b>Req. # Beds</b>	<b>Decision</b>	<b>Appeal</b>
None to date					

## Sub-Area 1H

## HSA-1 Sub Area Inventory of Hospitals (Livingston, Washtenaw)

Hospital Name	Facility Number	City	Licensed Beds	Department Inventory*	NOTES
Brighton Hospital	47-0010	Brighton	41	41	
St. Joseph Mercy Livingston Hospital	47-0020	Howell	136	136	
Forest Health Medical Center	81-0010	Ypsilanti	68	68	
St. Joseph Mercy Hospital	81-0030	Ann Arbor	513	513	
St. Joseph Mercy Saline Hospital	81-0040	Saline	74	74	
Univ of Michigan Health System	81-0060	Ann Arbor	848	848	
Chelsea Community Hospital	81-0080	Chelsea	83	83	
Select Specialty Hospital - Ann Arbor	81-0081	Ypsilanti	36	36	
<b>Sub Area TOTALS</b>			1799	1799	
AREA BED NEED				1648	
<b>Unmet Bed Need (Excess)</b>				<b>(151)</b>	

\* Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

**Pending Applications/Appeals (new beds only)**

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
Univ of Michigan Health System	81-0060	090051	17 high occ.		

Sub-Area 1I

HSA-1 Sub Area Inventory of Hospitals (St. Clair)

Hospital Name	Facility Number	City	Licensed Beds	Department Inventory*	NOTES
St. John River District Hospital	74-0030	East China	68	68	
<b>Sub Area TOTALS</b>			68	68	
AREA BED NEED				53	
<b>Unmet Bed Need (Excess)</b>				<b>(15)</b>	

\* Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

**Pending Applications/Appeals** (new beds only)

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

**Sub-Area 1J**

**HSA-1 Sub Area Inventory of Hospitals (Monroe)**

<b>Hospital Name</b>	<b>Facility Number</b>	<b>City</b>	<b>Licensed Beds</b>	<b>Department Inventory</b>	<b>NOTES</b>
Mercy Memorial Hospital	58-0030	Monroe	217	217	
<b>Sub Area TOTAL</b>			217	217	
<b>AREA BED NEED</b>				177	
<b>Unmet Bed Need (Excess)</b>				<b>(40)</b>	

\* Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

**Pending Applications/Appeals (new beds only)**

<b>Facility Name</b>	<b>Facility No.</b>	<b>App. No.</b>	<b>Req. # Beds</b>	<b>Decision</b>	<b>Appeal</b>
None to date					

## Sub-Area 2A

## HSA-2 Sub Area Inventory of Hospitals (Clinton, Eaton, Ingham)

Hospital Name	Facility Number	City	Licensed Beds	Department Inventory*	NOTES
Clinton Memorial Hospital	19-0010	St Johns	25	25	
Eaton Rapids Medical Center	23-0010	Eaton Rapids	20	20	
Hayes Green Beach Mem Hospital	23-0020	Charlotte	25	25	
Ingham Reg Orthopedic Hospital	33-0010	Lansing	53	53	
Ingham Reg Med Cntr - Greenlawn	33-0020	Lansing	310	310	
Sparrow Hlth Sys - St. Lawrence	33-0050	Lansing	30	31	
Edward W Sparrow Hospital	33-0060	Lansing	587	528	
Sparrow Specialty Hospital	33-0061	Lansing	36	36	
<b>Sub Area TOTALS</b>			1086	1028	
AREA BED NEED				889	
<b>Unmet Bed Need (Excess)</b>				<b>(139)</b>	

\* Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

**Pending Applications/Appeals** (new beds only)

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

**Sub-Area 2B**

**HSA-2 Sub Area Inventory of Hospitals (Jackson)**

<b>Hospital Name</b>	<b>Facility Number</b>	<b>City</b>	<b>Licensed Beds</b>	<b>Department Inventory*</b>	<b>NOTES</b>
Allegiance Health	38-0010	Jackson	325	325	
CareLink of Jackson	38-0030	Jackson	64	64	
<b>Sub Area TOTALS</b>			389	389	
<b>AREA BED NEED</b>				306	
<b>Unmet Bed Need (Excess)</b>				<b>(83)</b>	

\* Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

**Pending Applications/Appeals (new beds only)**

<b>Facility Name</b>	<b>Facility No.</b>	<b>App. No.</b>	<b>Req. # Beds</b>	<b>Decision</b>	<b>Appeal</b>
None to date					

**Sub-Area 2C**

**HSA-2 Sub Area Inventory of Hospitals (Hillsdale)**

<b>Hospital Name</b>	<b>Facility Number</b>	<b>City</b>	<b>Licensed Beds</b>	<b>Department Inventory</b>	<b>NOTES</b>
Hillsdale Community Health Center	30-0010	Hillsdale	65	65	
<b>Sub Area TOTAL</b>			65	65	
<b>AREA BED NEED</b>				59	
<b>Unmet Bed Need (Excess)</b>				<b>(6)</b>	

\* Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

**Pending Applications/Appeals (new beds only)**

<b>Facility Name</b>	<b>Facility No.</b>	<b>App. No.</b>	<b>Req. # Beds</b>	<b>Decision</b>	<b>Appeal</b>
None to date					

Sub-Area 2D

HSA-2 Sub Area Inventory of Hospitals (Lenawee)

Hospital Name	Facility Number	City	Licensed Beds	Department Inventory*	NOTES
Emma L. Bixby Medical Center	46-0020	Adrian	88	88	
Herrick Memorial Hospital	46-0052	Tecumseh	25	25	
<b>Sub Area TOTAL</b>			113	113	
<b>AREA BED NEED</b>				117	
<b>Unmet Bed Need (Excess)</b>				4	

\* Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

**Pending Applications/Appeals** (new beds only)

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

Sub-Area 3A

HSA-3 Hospital Inventory (Allegan, Barry, Kalamazoo, St. Joseph, Van Buren)

Hospital Name	Facility Number	City	Beds	Inventory*	NOTES
			Licensed	Department	
Borgess PIPP Hospital	03-0031	Plainwell	43	43	
Pennock Hospital	08-0010	Hastings	88	88	
Borgess Medical Center	39-0010	Kalamazoo	372	372	
Bronson Methodist Hospital	39-0020	Kalamazoo	380	380	
Bronson Vicksburg Hospital	39-0030	Vicksburg	39	39	
Select Specialty Hospital-Kalamazoo	39-0032	Kalamazoo	25	25	
Sturgis Hospital	75-0010	Sturgis	84	84	
Three Rivers Area Health	75-0020	Three Rivers	60	60	
Bronson LakeView Hospital	80-0030	Paw Paw	25	25	
<b>Sub Area TOTALS</b>			1116	1116	
AREA BED NEED				890	
<b>Unmet Bed Need (Excess)</b>				<b>(226)</b>	

\* Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

**Pending Applications/Appeals** (new beds only)

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

**Sub-Area 3B**

**HSA-3 Sub Area Inventory of Hospitals (Calhoun)**

<b>Hospital Name</b>	<b>Facility Number</b>	<b>City</b>	<b>Licensed Beds</b>	<b>Department Inventory*</b>	<b>NOTES</b>
Battle Creek Health System	13-0031	Battle Crk	204	204	
Oaklawn Hospital	13-0080	Marshall	77	77	
SW Michigan Rehab Hospital	13-0100	Battle Crk	26	26	
<b>Sub Area TOTALS</b>			307	307	
AREA BED NEED				281	
<b>Unmet Bed Need (Excess)</b>				<b>(26)</b>	

\* Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

**Pending Applications/Appeals** (new beds only)

<b>Facility Name</b>	<b>Facility No.</b>	<b>App. No.</b>	<b>Req. # Beds</b>	<b>Decision</b>	<b>Appeal</b>
None to date					

**Sub-Area 3C**

**HSA-3 Sub Area Inventory of Hospitals (Berrien, Van Buren)**

<b>Hospital Name</b>	<b>Facility Number</b>	<b>City</b>	<b>Licensed Beds</b>	<b>Department Inventory*</b>	<b>NOTES</b>
Community Hospital	11-0040	Watervliet	58	58	
Lakeland Hospital, St. Joseph	11-0050	St. Joseph	224	224	
Lakeland Speciality Hospital	11-0080	Berrien Center	55	55	
South Haven Community Hospital	80-0020	South Haven	82	82	
<b>Sub Area TOTALS</b>			419	419	
AREA BED NEED				282	
<b>Unmet Bed Need (Excess)</b>				<b>(137)</b>	

\* Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

**Pending Applications/Appeals (new beds only)**

<b>Facility Name</b>	<b>Facility No.</b>	<b>App. No.</b>	<b>Req. # Beds</b>	<b>Decision</b>	<b>Appeal</b>
None to date					

**Sub-Area 3D**

**HSA-3 Sub Area Inventory of Hospitals (Berrien, Cass)**

<b>Hospital Name</b>	<b>Facility Number</b>	<b>City</b>	<b>Licensed Beds</b>	<b>Department Inventory*</b>	<b>NOTES</b>
Lakeland Hospital, Niles	11-0070	Niles	89	89	
Borgess - Lee Memorial Hospital	14-0010	Dowagiac	25	25	
<b>Sub Area TOTALS</b>			114	114	
<b>AREA BED NEED</b>				89	
<b>Unmet Bed Need (Excess)</b>				<b>(25)</b>	

\* Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

**Pending Applications/Appeals** (new beds only)

<b>Facility Name</b>	<b>Facility No.</b>	<b>App. No.</b>	<b>Req. # Beds</b>	<b>Decision</b>	<b>Appeal</b>
None to date					

**Sub-Area 3E**

**HSA-3 Sub Area Inventory of Hospitals (Branch)**

<b>Hospital Name</b>	<b>Facility Number</b>	<b>City</b>	<b>Licensed Beds</b>	<b>Department Inventory</b>	<b>NOTES</b>
Community Health Cntr of Branch Co	12-0010	Coldwater	102	102	
<b>Sub Area TOTAL</b>			102	102	
<b>AREA BED NEED</b>				71	
<b>Unmet Bed Need (Excess)</b>				<b>(31)</b>	

\* Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

**Pending Applications/Appeals (new beds only)**

<b>Facility Name</b>	<b>Facility No.</b>	<b>App. No.</b>	<b>Req. # Beds</b>	<b>Decision</b>	<b>Appeal</b>
None to date					

**Sub-Area 4A**

**HSA-4 Sub Area Inventory of Hospitals (Mason)**

<b>Hospital Name</b>	<b>Facility Number</b>	<b>City</b>	<b>Licensed Beds</b>	<b>Department Inventory*</b>	<b>NOTES</b>
Memorial Medical Center of West MI	53-0010	Ludington	81	81	
<b>Sub Area TOTALS</b>			81	81	
<b>AREA BED NEED</b>				65	
<b>Unmet Bed Need (Excess)</b>				<b>(16)</b>	

\* Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

**Pending Applications/Appeals (new beds only)**

<b>Facility Name</b>	<b>Facility No.</b>	<b>App. No.</b>	<b>Req. # Beds</b>	<b>Decision</b>	<b>Appeal</b>
None to date					

Sub-Area 4B

HSA-4 Sub Area Inventory of Hospitals (Mecosta, Montcalm)

Hospital Name	Facility Number	City	Licensed Beds	Department Inventory*	NOTES
Mecosta County Medical Center	54-0030	Big Rapids	74	74	
Spectrum Health United Mem. Kelsey	59-0050	Lakeview	25	25	
<b>Sub Area TOTALS</b>			99	99	
AREA BED NEED				52	
<b>Unmet Bed Need (Excess)</b>				<b>(47)</b>	

\* Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

**Pending Applications/Appeals** (new beds only)

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

**Sub-Area 4C**

**HSA-4 Sub Area Inventory of Hospitals (Osecola)**

<b>Hospital Name</b>	<b>Facility Number</b>	<b>City</b>	<b>Licensed Beds</b>	<b>Department Inventory</b>	<b>NOTES</b>
Spectrum Hlth-Reed City Campus	67-0020	Reed City	25	25	
<b>Sub Area TOTAL</b>			25	25	
AREA BED NEED				19	
<b>Unmet Bed Need (Excess)</b>				<b>(6)</b>	

\* Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

**Pending Applications/Appeals** (new beds only)

<b>Facility Name</b>	<b>Facility No.</b>	<b>App. No.</b>	<b>Req. # Beds</b>	<b>Decision</b>	<b>Appeal</b>
None to date					

**Sub-Area 4D**

**HSA-4 Sub Area Inventory of Hospitals (Oceana)**

<b>Hospital Name</b>	<b>Facility Number</b>	<b>City</b>	<b>Licensed Beds</b>	<b>Department Inventory*</b>	<b>NOTES</b>
Mercy Health Partners - Lakeshore	64-0020	Shelby	24	24	
<b>Sub Area TOTALS</b>			24	24	
<b>AREA BED NEED</b>				13	
<b>Unmet Bed Need (Excess)</b>				(11)	

\* Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

**Pending Applications/Appeals (new beds only)**

<b>Facility Name</b>	<b>Facility No.</b>	<b>App. No.</b>	<b>Req. # Beds</b>	<b>Decision</b>	<b>Appeal</b>
None to date					

Sub-Area 4E

HSA-4 Sub Area Inventory of Hospitals (Newaygo)

Hospital Name	Facility Number	City	Licensed Beds	Department Inventory*	NOTES
Gerber Memorial Hospital	62-0010	Fremont	61	61	
<b>Sub Area TOTALS</b>			61	61	
AREA BED NEED				38	
<b>Unmet Bed Need (Excess)</b>				<b>(23)</b>	

\* Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

**Pending Applications/Appeals** (new beds only)

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

Sub-Area 4F

HSA-4 Sub Area Inventory of Hospitals (Gratiot, Montcalm)

Hospital Name	Facility Number	City	Licensed Beds	Department Inventory*	NOTES
Gratiot Medical Center	29-0010	Alma	130	130	
Carson City Hospital	59-0010	Carson City	61	61	
<b>Sub Area TOTALS</b>			191	191	
AREA BED NEED				133	
<b>Unmet Bed Need (Excess)</b>				<b>(58)</b>	

\* Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

**Pending Applications/Appeals** (new beds only)

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

## Sub-Area 4G

## HSA-4 Sub Area Inventory of Hospitals (Muskegon, Ottawa)

Hospital Name	Facility Number	City	Licensed Beds	Department Inventory*	NOTES
Mercy Health Partners - Hackley	61-0010	Muskegon	154	154	
Mercy General Health Partners	61-0020	Muskegon	196	196	
Mercy General Hlth Partners	61-0030	Muskegon	57	57	
Select Specialty Hospital-Western MI	61-0051	Muskegon	31	31	
LifeCare Hospitals of Western Michigan	61-0052	Muskegon	20	20	
North Ottawa Community Hospital	70-0010	Grand Haven	81	81	
<b>Sub Area TOTALS</b>			539	539	
AREA BED NEED				373	
<b>Unmet Bed Need (Excess)</b>				<b>(166)</b>	

\* Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

**Pending Applications/Appeals** (new beds only)

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

## Sub-Area 4H

## HSA-4 Sub Area Inventory of Hospitals (Kent)

Hospital Name	Facility Number	City	Licensed Beds	Department Inventory*	NOTES
Spectrum Hlth-Blodgett Campus	41-0010	Grand Rapids	306	295	
Spectrum Hlth-Butterworth Campus	41-0040	Grand Rapids	755	766	
Metro Health Hospital	41-0060	Grand Rapids	208	208	
Mary Free Bed Hosp & Rehab Center	41-0070	Grand Rapids	80	80	
St. Mary's Health Care	41-0080	Grand Rapids	230	230	
Spectrum Hlth-Kent Comm Campus	41-0090	Grand Rapids	76	146	
<b>Sub Area TOTALS</b>			1655	1725	
AREA BED NEED				1400	
<b>Unmet Bed Need (Excess)</b>				<b>(325)</b>	

\* Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

**Pending Applications/Appeals** (new beds only)

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

**Sub-Area 4I**

**HSA-4 Sub Area Inventory of Hospitals (Montcalm)**

<b>Hospital Name</b>	<b>Facility Number</b>	<b>City</b>	<b>Licensed Beds</b>	<b>Department Inventory*</b>	<b>NOTES</b>
Sheridan Community Hospital	59-0030	Sheridan	22	22	
Spectrum Health United Memorial	59-0060	Greenville	65	65	
<b>Sub Area TOTALS</b>			87	87	
AREA BED NEED				48	
<b>Unmet Bed Need (Excess)</b>				<b>(39)</b>	

\* Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

**Pending Applications/Appeals** (new beds only)

<b>Facility Name</b>	<b>Facility No.</b>	<b>App. No.</b>	<b>Req. # Beds</b>	<b>Decision</b>	<b>Appeal</b>
None to date					

**Sub-Area 4J**

**HSA-4 Sub Area Inventory of Hospitals (Ottawa)**

<b>Hospital Name</b>	<b>Facility Number</b>	<b>City</b>	<b>Licensed Beds</b>	<b>Department Inventory*</b>	<b>NOTES</b>
Holland Community Hospital	70-0020	Holland	193	193	
Zeeland Community Hospital	70-0030	Zeeland	57	57	
<b>Sub Area TOTALS</b>			250	250	
AREA BED NEED				157	
<b>Unmet Bed Need (Excess)</b>				<b>(93)</b>	

\* Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

**Pending Applications/Appeals (new beds only)**

<b>Facility Name</b>	<b>Facility No.</b>	<b>App. No.</b>	<b>Req. # Beds</b>	<b>Decision</b>	<b>Appeal</b>
None to date					

**Sub-Area 4K**

**HSA-4 Sub Area Inventory of Hospitals (Ionia)**

<b>Hospital Name</b>	<b>Facility Number</b>	<b>City</b>	<b>Licensed Beds</b>	<b>Department Inventory*</b>	<b>NOTES</b>
Ionia County Memorial Hospital	34-0021	Ionia	25	25	
<b>Sub Area TOTALS</b>			25	25	
<b>AREA BED NEED</b>				18	
<b>Unmet Bed Need (Excess)</b>				(7)	

\* Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

**Pending Applications/Appeals (new beds only)**

<b>Facility Name</b>	<b>Facility No.</b>	<b>App. No.</b>	<b>Req. # Beds</b>	<b>Decision</b>	<b>Appeal</b>
None to date					

Sub-Area 4L

HSA-4 Sub Area Inventory of Hospitals (Allegan)

Hospital Name	Facility Number	City	Licensed Beds	Department Inventory*	NOTES
Allegan General Hospital	03-0032	Allegan	25	25	
<b>Sub Area TOTALS</b>			25	25	
AREA BED NEED				30	
<b>Unmet Bed Need (Excess)</b>				5	

\* Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

**Pending Applications/Appeals** (new beds only)

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

Sub-Area 5A

HSA-5 Sub Area Inventory of Hospitals (Shiawassee)

Hospital Name	Facility Number	City	Licensed Beds	Department Inventory*	NOTES
Memorial Healthcare	78-0010	Owosso	111	111	
<b>Sub Area TOTALS</b>			111	111	
AREA BED NEED				78	
<b>Unmet Bed Need (Excess)</b>				<b>(33)</b>	

\* Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

**Pending Applications/Appeals** (new beds only)

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

**Sub-Area 5B**

**HSA-5 Sub Area Inventory of Hospitals (Genesee)**

<b>Hospital Name</b>	<b>Facility Number</b>	<b>City</b>	<b>Licensed Beds</b>	<b>Department Inventory*</b>	<b>NOTES</b>
Hurley Medical Center	25-0040	Flint	383	383	
McLaren Regional Medical Center	25-0050	Flint	342	342	
Select Specialty Hospital - McLaren	25-0071	Flint	26	26	
Genesys Reg Med Cntr - Hlth Park	25-0072	Grand Blanc	410	410	
<b>Sub Area TOTALS</b>			1161	1161	
AREA BED NEED				1163	
<b>Unmet Bed Need (Excess)</b>				<b>2</b>	

\* Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

**Pending Applications/Appeals (new beds only)**

<b>Facility Name</b>	<b>Facility No.</b>	<b>App. No.</b>	<b>Req. # Beds</b>	<b>Decision</b>	<b>Appeal</b>
None to date					

Sub-Area 5C

HSA-5 Sub Area Inventory of Hospitals (Lapeer)

Hospital Name	Facility Number	City	Licensed Beds	Department Inventory*	NOTES
Lapeer Regional Medical Center	44-0010	Lapeer	183	183	
<b>Sub Area TOTALS</b>			183	183	
<b>AREA BED NEED</b>				109	
<b>Unmet Bed Need (Excess)</b>				(74)	

\* Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

**Pending Applications/Appeals** (new beds only)

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

**Sub-Area 6A**

**HSA-6 Sub Area Inventory of Hospitals (Iosco, Ogemaw)**

<b>Hospital Name</b>	<b>Facility Number</b>	<b>City</b>	<b>Licensed Beds</b>	<b>Department Inventory*</b>	<b>NOTES</b>
Tawas St Joseph Hospital	35-0010	Tawas City	49	49	
West Branch Regional Medical Center	65-0010	West Branch	88	88	
<b>Sub Area TOTALS</b>			137	137	
AREA BED NEED				96	
<b>Unmet Bed Need (Excess)</b>				<b>(41)</b>	

\* Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

**Pending Applications/Appeals (new beds only)**

<b>Facility Name</b>	<b>Facility No.</b>	<b>App. No.</b>	<b>Req. # Beds</b>	<b>Decision</b>	<b>Appeal</b>
None to date					

**Sub-Area 6B**

**HSA-6 Sub Area Inventory of Hospitals (Isabella)**

<b>Hospital Name</b>	<b>Facility Number</b>	<b>City</b>	<b>Licensed Beds</b>	<b>Department Inventory*</b>	<b>NOTES</b>
Central Michigan Community Hospital	37-0010	Mt Pleasant	118	118	
<b>Sub Area TOTALS</b>			118	118	
AREA BED NEED				62	
<b>Unmet Bed Need (Excess)</b>				<b>(56)</b>	

\* Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

**Pending Applications/Appeals (new beds only)**

<b>Facility Name</b>	<b>Facility No.</b>	<b>App. No.</b>	<b>Req. # Beds</b>	<b>Decision</b>	<b>Appeal</b>
None to date					

**Sub-Area 6C**

**HSA-6 Sub Area Inventory of Hospitals (Clare)**

<b>Hospital Name</b>	<b>Facility Number</b>	<b>City</b>	<b>Licensed Beds</b>	<b>Department Inventory*</b>	<b>NOTES</b>
MidMichigan Medical Center - Clare	18-0010	Clare	64	64	
<b>Sub Area TOTALS</b>			64	64	
<b>AREA BED NEED</b>				42	
<b>Unmet Bed Need (Excess)</b>				<b>(22)</b>	

\* Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

**Pending Applications/Appeals (new beds only)**

<b>Facility Name</b>	<b>Facility No.</b>	<b>App. No.</b>	<b>Req. # Beds</b>	<b>Decision</b>	<b>Appeal</b>
None to date					

Sub-Area 6D

HSA-6 Sub Area Inventory of Hospitals (Gladwin, Midland)

Hospital Name	Facility Number	City	Licensed Beds	Department Inventory*	NOTES
MidMichigan Medical Center-Gladwin	26-0011	Gladwin	25	25	
MidMichigan Medical Center-Midland	56-0020	Midland	230	230	
<b>Sub Area TOTALS</b>			255	255	
AREA BED NEED				181	
<b>Unmet Bed Need (Excess)</b>				<b>(74)</b>	

\* Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

**Pending Applications/Appeals** (new beds only)

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

Sub-Area 6E

HSA-6 Sub Area Inventory of Hospitals (Arenac, Bay)

Hospital Name	Facility Number	City	Licensed Beds	Department Inventory*	NOTES
St. Mary's Standish Community Hosp	06-0020	Standish	25	25	
Bay Special Care Hospital	09-0010	Bay City	31	31	
Bay Regional Medical Center - West	09-0020	Bay City	20	20	
Bay Regional Medical Center	09-0050	Bay City	356	356	
<b>Sub Area TOTALS</b>			432	432	
AREA BED NEED				321	
<b>Unmet Bed Need (Excess)</b>				<b>(111)</b>	

\* Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

**Pending Applications/Appeals** (new beds only)

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

Sub-Area 6F

HSA-6 Sub Area Inventory of Hospitals (Saginaw, Tuscola)

Hospital Name	Facility Number	City	Licensed Beds	Department Inventory*	NOTES
Covenant Medical Cntr - N. Harrison	73-0061	Saginaw	277	277	
Covenant Medical Cntr - N. Michigan	73-0030	Saginaw	56	56	
St. Mary's of Michigan Medical Center	73-0050	Saginaw	268	268	
Healthsource Saginaw	73-0060	Saginaw	65	65	
Covenant Medical Cntr - Cooper	73-0020	Saginaw	290	290	
Select Specialty Hospital - Saginaw	73-0062	Saginaw	32	32	
Caro Community Hospital	79-0010	Caro	25	25	
Hills & Dales General Hospital	79-0030	Cass City	25	25	
<b>Sub Area TOTALS</b>			1038	1038	
AREA BED NEED				820	
<b>Unmet Bed Need (Excess)</b>				<b>(218)</b>	

\* Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

**Pending Applications/Appeals** (new beds only)

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

**Sub-Area 6G**

**HSA-6 Sub Area Inventory of Hospitals (Huron)**

<b>Hospital Name</b>	<b>Facility Number</b>	<b>City</b>	<b>Licensed Beds</b>	<b>Department Inventory*</b>	<b>NOTES</b>
Huron Medical Center	32-0020	Bad Axe	64	64	
Scheurer Hospital	32-0030	Pigeon	25	25	
Harbor Beach Community Hospital	32-0040	Harbor Beach	17	17	
<b>Sub Area TOTALS</b>			106	106	
AREA BED NEED				48	
<b>Unmet Bed Need (Excess)</b>				<b>(58)</b>	

\* Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

**Pending Applications/Appeals** (new beds only)

<b>Facility Name</b>	<b>Facility No.</b>	<b>App. No.</b>	<b>Req. # Beds</b>	<b>Decision</b>	<b>Appeal</b>
None to date					

**Sub-Area 6H**

**HSA-6 Sub Area Inventory of Hospitals (Sanilac)**

<b>Hospital Name</b>	<b>Facility Number</b>	<b>City</b>	<b>Licensed Beds</b>	<b>Department Inventory*</b>	<b>NOTES</b>
Deckerville Com Hospital	76-0010	Deckerville	15	15	
McKenzie Memorial Hospital	76-0030	Sandusky	25	25	
<b>Sub Area TOTALS</b>			40	40	
AREA BED NEED				16	
<b>Unmet Bed Need (Excess)</b>				<b>(24)</b>	

\* Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

**Pending Applications/Appeals** (new beds only)

<b>Facility Name</b>	<b>Facility No.</b>	<b>App. No.</b>	<b>Req. # Beds</b>	<b>Decision</b>	<b>Appeal</b>
None to date					

**Sub-Area 6I**

**HSA-6 Sub Area Inventory of Hospitals (Sanilac)**

<b>Hospital Name</b>	<b>Facility Number</b>	<b>City</b>	<b>Licensed Beds</b>	<b>Department Inventory*</b>	<b>NOTES</b>
Marlette Community Hospital	76-0040	Marlette	25	25	
<b>Sub Area TOTAL</b>			25	35	
<b>AREA BED NEED</b>				22	
<b>Unmet Bed Need (Excess)</b>				<b>(13)</b>	

\* Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

**Pending Applications/Appeals (new beds only)**

<b>Facility Name</b>	<b>Facility No.</b>	<b>App. No.</b>	<b>Req. # Beds</b>	<b>Decision</b>	<b>Appeal</b>
None to date					

**SUB-AREA 7A**

**HSA-7 SUB-AREA Inventory of Hospitals (Cheboygan)**

<b>Hospital Name</b>	<b>Facility Number</b>	<b>City</b>	<b>Licensed Beds</b>	<b>Department Inventory</b>	<b>NOTES</b>
Cheboygan Memorial Hospital	16-0020	Cheboygan	46	46	
<b>SUB-AREA TOTALS</b>			46	46	
<b>AREA BED NEED</b>				38	
<b>Unmet Bed Need (Excess)</b>				<b>(8)</b>	

\* Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

**Pending Applications/Appeals (new beds only)**

<b>Facility Name</b>	<b>Facility No.</b>	<b>App. No.</b>	<b>Req. # Beds</b>	<b>Decision</b>	<b>Appeal</b>
None to date					

**SUB-AREA 7B**

**HSA-7 SUB-AREA Inventory of Hospitals (Charlevoix, Emmet, Mackinac)**

<b>Hospital Name</b>	<b>Facility Number</b>	<b>City</b>	<b>Licensed Beds</b>	<b>Department Inventory</b>	<b>NOTES</b>
Charlevoix Area Hospital	15-0020	Charlevoix	25	25	
Northern Michigan Hospital	24-0030	Petoskey	214	214	
Mackinac Straits Hospital	49-0030	St Ignace	15	15	
<b>SUB-AREA TOTALS</b>			254	254	
AREA BED NEED				200	
<b>Unmet Bed Need (Excess)</b>				<b>(54)</b>	

\* Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

**Pending Applications/Appeals** (new beds only)

<b>Facility Name</b>	<b>Facility No.</b>	<b>App. No.</b>	<b>Req. # Beds</b>	<b>Decision</b>	<b>Appeal</b>
None to date					

**SUB-AREA 7C**

**HSA-7 Sub Area Inventory of Hospitals (Presque Isle)**

<b>Hospital Name</b>	<b>Facility Number</b>	<b>City</b>	<b>Licensed Beds</b>	<b>Department Inventory</b>	<b>NOTES</b>
Rogers City Rehab Hospital	71-0030	Rogers City	36	36	
<b>SUB-AREA TOTALS</b>			36	36	
<b>AREA BED NEED</b>				19	
<b>Unmet Bed Need (Excess)</b>				(17)	

\* Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

**Pending Applications/Appeals (new beds only)**

<b>Facility Name</b>	<b>Facility No.</b>	<b>App. No.</b>	<b>Req. # Beds</b>	<b>Decision</b>	<b>Appeal</b>
None to date					

**SUB-AREA 7D**

**HSA-7 SUB-AREA Inventory of Hospitals (Otsego)**

<b>Hospital Name</b>	<b>Facility Number</b>	<b>City</b>	<b>Licensed Beds</b>	<b>Department Inventory</b>	<b>NOTES</b>
Otsego Memorial Hospital	69-0020	Gaylord	46	46	
<b>SUB-AREA TOTALS</b>			46	46	
<b>AREA BED NEED</b>				35	
<b>Unmet Bed Need (Excess)</b>				(11)	

\* Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

**Pending Applications/Appeals (new beds only)**

<b>Facility Name</b>	<b>Facility No.</b>	<b>App. No.</b>	<b>Req. # Beds</b>	<b>Decision</b>	<b>Appeal</b>
None to date					

**SUB-AREA 7E**

**HSA-7 SUB-AREA Inventory of Hospitals (Alpena)**

<b>Hospital Name</b>	<b>Facility Number</b>	<b>City</b>	<b>Licensed Beds</b>	<b>Department Inventory</b>	<b>NOTES</b>
Alpena General Hospital	04-0010	Alpena	124	124	
<b>SUB-AREA TOTALS</b>			124	124	
<b>AREA BED NEED</b>				102	
<b>Unmet Bed Need (Excess)</b>				(22)	

\* Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

**Pending Applications/Appeals (new beds only)**

<b>Facility Name</b>	<b>Facility No.</b>	<b>App. No.</b>	<b>Req. # Beds</b>	<b>Decision</b>	<b>Appeal</b>
None to date					

**SUB-AREA 7F**

**HSA-7 SUB-AREA Inventory of Hospitals (Benzie, Grand Traverse, Kalkaska)**

<b>Hospital Name</b>	<b>Facility Number</b>	<b>City</b>	<b>Licensed Beds</b>	<b>Department Inventory</b>	<b>NOTES</b>
Paul Oliver Memorial Hospital	10-0020	Frankfort	8	8	
Munson Medical Center	28-0010	Traverse City	377	377	
Kalkaska Memorial Hlth Center	40-0020	Kalkaska	8	8	
<b>SUB-AREA TOTALS</b>			393	393	
AREA BED NEED				392	
<b>Unmet Bed Need (Excess)</b>				<b>(1)</b>	

\* Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

**Pending Applications/Appeals** (new beds only)

<b>Facility Name</b>	<b>Facility No.</b>	<b>App. No.</b>	<b>Req. # Beds</b>	<b>Decision</b>	<b>Appeal</b>
None to date					

**SUB-AREA 7G**

**HSA-7 SUB-AREA Inventory of Hospitals (Wexford)**

<b>Hospital Name</b>	<b>Facility Number</b>	<b>City</b>	<b>Licensed Beds</b>	<b>Department Inventory</b>	<b>NOTES</b>
Mercy Hospital	84-0010	Cadillac	97	97	
<b>SUB-AREA TOTALS</b>			97	97	
<b>AREA BED NEED</b>				64	
<b>Unmet Bed Need (Excess)</b>				<b>(33)</b>	

\* Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

**Pending Applications/Appeals (new beds only)**

<b>Facility Name</b>	<b>Facility No.</b>	<b>App. No.</b>	<b>Req. # Beds</b>	<b>Decision</b>	<b>Appeal</b>
None to date					

**Sub-Area 7H**

**HSA-7 Sub Area Inventory of Hospitals (Crawford)**

<b>Hospital Name</b>	<b>Facility Number</b>	<b>City</b>	<b>Licensed Beds</b>	<b>Department Inventory*</b>	<b>NOTES</b>
Mercy Hospital	20-0020	Grayling	90	90	
<b>Sub Area TOTALS</b>			90	90	
<b>AREA BED NEED</b>				59	
<b>Unmet Bed Need (Excess)</b>				<b>(31)</b>	

\* Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

**Pending Applications/Appeals (new beds only)**

<b>Facility Name</b>	<b>Facility No.</b>	<b>App. No.</b>	<b>Req. # Beds</b>	<b>Decision</b>	<b>Appeal</b>
None to date					

Sub-Area 7I

HSA-7 Sub Area Inventory of Hospitals (Manistee)

Hospital Name	Facility Number	City	Licensed Beds	Department Inventory*	NOTES
West Shore Medical Center	51-0020	Manistee	45	45	
<b>Sub Area TOTALS</b>			45	45	
AREA BED NEED				36	
<b>Unmet Bed Need (Excess)</b>				<b>(9)</b>	

\* Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

**Pending Applications/Appeals** (new beds only)

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

**SUB-AREA 8A**

**HSA-8 Sub Area Inventory of Hospitals (Gogebic)**

<b>Hospital Name</b>	<b>Facility Number</b>	<b>City</b>	<b>Licensed Beds</b>	<b>Department Inventory</b>	<b>NOTES</b>
Grand View Hospital	27-0020	Ironwood	25	25	
<b>SUB-AREA TOTALS</b>			25	25	
<b>AREA BED NEED</b>				30	
<b>Unmet Bed Need (Excess)</b>				5	

\* Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

**Pending Applications/Appeals (new beds only)**

<b>Facility Name</b>	<b>Facility No.</b>	<b>App. No.</b>	<b>Req. # Beds</b>	<b>Decision</b>	<b>Appeal</b>
None to date					

**SUB-AREA 8B**

**HSA-8 SUB-AREA Inventory of Hospitals (Ontonagon)**

<b>Hospital Name</b>	<b>Facility Number</b>	<b>City</b>	<b>Licensed Beds</b>	<b>Department Inventory</b>	<b>NOTES</b>
Aspirus Ontonagon Hospital	66-0020	Ontonagon	25	25	
<b>SUB-AREA TOTALS</b>			25	25	
<b>AREA BED NEED</b>				12	
<b>Unmet Bed Need (Excess)</b>				(13)	

\* Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

**Pending Applications/Appeals (new beds only)**

<b>Facility Name</b>	<b>Facility No.</b>	<b>App. No.</b>	<b>Req. # Beds</b>	<b>Decision</b>	<b>Appeal</b>
None to date					

**SUB-AREA 8C**

**HSA-8 SUB-AREA Inventory of Hospitals (Iron)**

<b>Hospital Name</b>	<b>Facility Number</b>	<b>City</b>	<b>Licensed Beds</b>	<b>Department Inventory</b>	<b>NOTES</b>
Iron County Community Hospital	36-0020	Iron River	25	25	
<b>SUB-AREA TOTALS</b>			25	25	
<b>AREA BED NEED</b>				22	
<b>Unmet Bed Need (Excess)</b>				(3)	

\* Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

**Pending Applications/Appeals (new beds only)**

<b>Facility Name</b>	<b>Facility No.</b>	<b>App. No.</b>	<b>Req. # Beds</b>	<b>Decision</b>	<b>Appeal</b>
None to date					

**SUB-AREA 8D**

**HSA-8 SUB-AREA Inventory of Hospitals (Baraga)**

<b>Hospital Name</b>	<b>Facility Number</b>	<b>City</b>	<b>Licensed Beds</b>	<b>Department Inventory</b>	<b>NOTES</b>
Baraga County Memorial Hospital	07-0020	L'Anse	24	24	
<b>SUB-AREA TOTALS</b>			24	24	
<b>AREA BED NEED</b>				12	
<b>Unmet Bed Need (Excess)</b>				(12)	

\* Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

**Pending Applications/Appeals (new beds only)**

<b>Facility Name</b>	<b>Facility No.</b>	<b>App. No.</b>	<b>Req. # Beds</b>	<b>Decision</b>	<b>Appeal</b>
None to date					

**SUB-AREA 8E**

**HSA-8 SUB-AREA Inventory of Hospitals (Houghton)**

<b>Hospital Name</b>	<b>Facility Number</b>	<b>City</b>	<b>Licensed Beds</b>	<b>Department Inventory</b>	<b>NOTES</b>
Keweenaw Memorial Medical Center	31-0010	Laurium	25	25	
Portage Health Hospital	31-0020	Hancock	36	36	
<b>SUB-AREA TOTALS</b>			61	61	
<b>AREA BED NEED</b>				54	
<b>Unmet Bed Need (Excess)</b>				(7)	

\* Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

**Pending Applications/Appeals (new beds only)**

<b>Facility Name</b>	<b>Facility No.</b>	<b>App. No.</b>	<b>Req. # Beds</b>	<b>Decision</b>	<b>Appeal</b>
None to date					

**SUB-AREA 8F**

**HSA-8 Sub Area Inventory of Hospitals (Dickinson)**

<b>Hospital Name</b>	<b>Facility Number</b>	<b>City</b>	<b>Licensed Beds</b>	<b>Department Inventory</b>	<b>NOTES</b>
Dickinson County Memorial Hospital	22-0020	Iron Mountain	96	96	
<b>SUB-AREA TOTALS</b>			96	96	
<b>AREA BED NEED</b>				93	
<b>Unmet Bed Need (Excess)</b>				<b>(3)</b>	

\* Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

**Pending Applications/Appeals (new beds only)**

<b>Facility Name</b>	<b>Facility No.</b>	<b>App. No.</b>	<b>Req. # Beds</b>	<b>Decision</b>	<b>Appeal</b>
None to date					

**SUB-AREA 8G**

**HSA-8 SUB-AREA Inventory of Hospitals (Marquette)**

<b>Hospital Name</b>	<b>Facility Number</b>	<b>City</b>	<b>Licensed Beds</b>	<b>Department Inventory</b>	<b>NOTES</b>
Bell Memorial Hospital	52-0010	Ishpeming	25	25	
Marquette General Hospital	52-0050	Marquette	264	264	
<b>SUB-AREA TOTALS</b>			289	289	
AREA BED NEED				226	
<b>Unmet Bed Need (Excess)</b>				<b>(63)</b>	

\* Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

**Pending Applications/Appeals** (new beds only)

<b>Facility Name</b>	<b>Facility No.</b>	<b>App. No.</b>	<b>Req. # Beds</b>	<b>Decision</b>	<b>Appeal</b>
None to date					

**SUB-AREA 8H**

**HSA-8 SUB-AREA Inventory of Hospitals (Delta)**

<b>Hospital Name</b>	<b>Facility Number</b>	<b>City</b>	<b>Licensed Beds</b>	<b>Department Inventory</b>	<b>NOTES</b>
St. Francis Hospital	21-0010	Escanaba	98	98	
<b>SUB-AREA TOTALS</b>			98	98	
<b>AREA BED NEED</b>				53	
<b>Unmet Bed Need (Excess)</b>				(45)	

\* Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

**Pending Applications/Appeals** (new beds only)

<b>Facility Name</b>	<b>Facility No.</b>	<b>App. No.</b>	<b>Req. # Beds</b>	<b>Decision</b>	<b>Appeal</b>
None to date					

**SUB-AREA 8I**

**HSA-8 SUB-AREA Inventory of Hospitals (Alger)**

<b>Hospital Name</b>	<b>Facility Number</b>	<b>City</b>	<b>Licensed Beds</b>	<b>Department Inventory</b>	<b>NOTES</b>
Munising Memorial Hospital	02-0010	Munising	11	11	
<b>SUB-AREA TOTALS</b>			11	11	
<b>AREA BED NEED</b>				7	
<b>Unmet Bed Need (Excess)</b>				(4)	

\* Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

**Pending Applications/Appeals (new beds only)**

<b>Facility Name</b>	<b>Facility No.</b>	<b>App. No.</b>	<b>Req. # Beds</b>	<b>Decision</b>	<b>Appeal</b>
None to date					

**SUB-AREA 8J**

**HSA-8 SUB-AREA Inventory of Hospitals (Schoolcraft)**

<b>Hospital Name</b>	<b>Facility Number</b>	<b>City</b>	<b>Licensed Beds</b>	<b>Department Inventory</b>	<b>NOTES</b>
Schoolcraft Memorial Hospital	77-0010	Manistique	25	18	
<b>SUB-AREA TOTALS</b>			25	18	
<b>AREA BED NEED</b>				9	
<b>Unmet Bed Need (Excess)</b>				<b>(9)</b>	

\* Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

**Pending Applications/Appeals (new beds only)**

<b>Facility Name</b>	<b>Facility No.</b>	<b>App. No.</b>	<b>Req. # Beds</b>	<b>Decision</b>	<b>Appeal</b>
None to date					

**SUB-AREA 8K**

**HSA-8 SUB-AREA Inventory of Hospitals (Luce)**

<b>Hospital Name</b>	<b>Facility Number</b>	<b>City</b>	<b>Licensed Beds</b>	<b>Department Inventory</b>	<b>NOTES</b>
Helen Newberry Joy Hospital	48-0020	Newberry	25	25	
<b>SUB-AREA TOTALS</b>			25	25	
<b>AREA BED NEED</b>				11	
<b>Unmet Bed Need (Excess)</b>				(14)	

\* Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

**Pending Applications/Appeals (new beds only)**

<b>Facility Name</b>	<b>Facility No.</b>	<b>App. No.</b>	<b>Req. # Beds</b>	<b>Decision</b>	<b>Appeal</b>
None to date					

**SUB-AREA 8L**

**HSA-8 SUB-AREA Inventory of Hospitals (Chippawa)**

<b>Hospital Name</b>	<b>Facility Number</b>	<b>City</b>	<b>Licensed Beds</b>	<b>Department Inventory</b>	<b>NOTES</b>
Chippewa Co War Memorial Hospital	17-0020	Sault Ste Marie	82	82	
<b>SUB-AREA TOTALS</b>			82	82	
<b>AREA BED NEED</b>				51	
<b>Unmet Bed Need (Excess)</b>				<b>(31)</b>	

\* Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

**Pending Applications/Appeals (new beds only)**

<b>Facility Name</b>	<b>Facility No.</b>	<b>App. No.</b>	<b>Req. # Beds</b>	<b>Decision</b>	<b>Appeal</b>
None to date					

Certificate of Need  
Statewide Hospital Bed Inventory

H S A	Sub Area	Lic Beds	Dept Inv Beds*	Curr Bed Need	Need or (Surpl)	H S A	Sub Area	Lic Beds	Dept Inv Beds	Curr Bed Need	Need or (Surpl)
1	1A	3835	3992	2946	(1046)	6	6A	137	137	96	(41)
1	1B	551	551	480	(71)	6	6B	118	118	62	(56)
1	1C	2153	2153	1481	(672)	6	6C	64	64	42	(22)
1	1D	3788	3689	2979	(710)	6	6D	255	255	181	(74)
1	1E	578	578	495	(83)	6	6E	432	432	321	(111)
1	1F	770	732	700	(32)	6	6F	1038	1038	820	(218)
1	1G	282	282	267	(15)	6	6G	106	106	48	(58)
1	1H	1799	1799	1648	(151)	6	6H	40	40	16	(24)
1	1I	68	68	53	(15)	6	6I	25	35	22	(13)
1	1J	217	217	177	(40)	7	7A	46	46	38	(8)
2	2A	1086	1028	889	(139)	7	7B	254	254	200	(54)
2	2B	389	389	306	(83)	7	7C	36	36	19	(17)
2	2C	65	65	59	(6)	7	7D	46	46	35	(11)
2	2D	113	113	117	4	7	7E	124	124	102	(22)
3	3A	1116	1116	890	(226)	7	7F	393	393	392	(1)
3	3B	307	307	281	(26)	7	7G	97	97	64	(33)
3	3C	419	419	282	(137)	7	7H	90	90	59	(31)
3	3D	114	114	89	(25)	7	7I	45	45	36	(9)
3	3E	102	102	71	(31)	8	8A	25	25	30	5
4	4A	81	81	65	(16)	8	8B	25	25	12	(13)
4	4B	99	99	52	(47)	8	8C	25	25	22	(3)
4	4C	25	25	19	(6)	8	8D	24	24	12	(12)
4	4D	24	24	13	(11)	8	8E	61	61	54	(7)
4	4E	61	61	38	(23)	8	8F	96	96	93	(3)
4	4F	191	191	133	(58)	8	8G	289	289	226	(63)
4	4G	539	539	373	(166)	8	8H	98	98	53	(45)
4	4H	1655	1725	1400	(325)	8	8I	11	11	7	(4)
4	4I	87	87	48	(39)	8	8J	25	18	9	(9)
4	4J	250	250	157	(93)	8	8K	25	25	11	(14)
4	4K	25	25	18	(7)	8	8L	82	82	51	(31)
4	4L	25	25	30	5	<b>TOTAL</b>		<b>26401</b>	<b>26436</b>	<b>21039</b>	<b>(5397)</b>
5	5A	111	111	78	(33)						
5	5B	1161	1161	1163	2						
5	5C	183	183	109	(74)						

Note: This information may not include pending applications, decisions not posted, nor decisions on appeal.

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