

**Sub-Area 1A**

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

<b>Hospital Name</b>	<b>Facility Number</b>	<b>City</b>	<b>Licensed Beds</b>	<b>Department Inventory*</b>	<b>NOTES</b>
North Oakland Medical Center	63-0110	Pontiac	336	336	
Pontiac Osteopathic Hospital	63-0120	Pontiac	308	308	
St. Joesph Mercy Oakland	63-0140	Pontiac	395	395	
Select Specialty Hospital - Pontiac	63-0172	Pontiac	30	30	
Crittenton Hospital	63-0070	Rochester	270	270	
Huron Valley-Sinai Hospital	63-0014	Commerce Towns	153	153	
Henry Ford West Bloomfield Hospital	63-0176	West Bloomfield	7	300	
SE Michigan Surgical Hospital	50-0100	Warren	20	20	
William Beaumont Hospital	63-0030	Royal Oak	1031	1031	
William Beaumont Hospital - Troy	63-0160	Troy	254	296	
MI Orthopaedic Specialty Hospital	63-0060	Madison Heights	36	36	
St. John Oakland Hospital	63-0080	Madison Heights	154	180	
Providence Hospital & Medical Center	63-0130	Southfield	428	311	
Providence Medical Center	63-0177	Providence Park	6	200	
Great Lakes Rehab Hospital	63-0013	Southfield	45	45	
Straith Hospital for Spec Surg	63-0150	Southfield	34	34	
<b>Sub Area TOTAL</b>			3507	3945	
AREA BED NEED				2693	
<b>Unmet Bed Need (Excess)</b>				<b>(1252)</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 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	178	
St. John Macomb Hospital	50-0070	Warren	348	348	
Select Speciality Hosp-Macomb	50-0112	Warren	0	25	
<b>Sub Area TOTAL</b>			551	551	
AREA BED NEED				415	
<b>Unmet Bed Need (Excess)</b>				<b>(136)</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)**

<b>Hospital Name</b>	<b>Facility Number</b>	<b>City</b>	<b>Licensed Beds</b>	<b>Department Inventory</b>	<b>NOTES</b>
Oakwood Annapolis Hospital	82-0010	Wayne	259	259	
Garden City Hospital	82-0070	Garden City	323	323	
Oakwood Heritage Hospital	82-0250	Taylor	163	138	
Oakwood Hospital and Medical Ctr	82-0120	Dearborn	632	632	
Kindred Hospital-Detroit	82-0130	Lincoln Park	220	220	
Riverside Osteopathic Hospital	82-0160	Trenton	142	50	
Oakwood Southshore Medical Ctr	82-0170	Trenton	183	168	
Henry Ford Wyandotte Hosp	82-0230	Wyandotte	288	323	
Select Specialty Hospital-Downriver	82-0279	Taylor	0	40	
Select Speciality Hospital-Wyandotte	82-0272	Wyandotte	35	0	
<b>Sub Area TOTAL</b>			2245	2153	
AREA BED NEED				1372	
<b>Unmet Bed Need (Excess)</b>				<b>(781)</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 1D

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

Hospital Name	Facility Number	City	Licensed Beds	Department Inventory*	NOTES
St. John Hospital & Medical Cntr	83-0420	Detroit	650	709	
St. John Northeast Campus	83-0230	Detroit	229	69	
Select Spec. Hospital-NW Detroit	83-0523	Detroit	36	36	
Sinai-Grace Hospital	83-0450	Detroit	383	383	
Bon Secours Hospital	82-0030	Grosse Pointe	290	260	
Select Specialty Hosp-Gross Pointe	82-0276	Grosse Pointe	30	30	
Cottage Hospital	82-0040	Grosse Pointe Farms	89	87	
SCCI Hospital - Detroit	83-0521	Detroit	53	53	
Children's Hospital of Michigan	83-0080	Detroit	228	228	
Detroit Receiving Hosp & Unv Hlth	83-0500	Detroit	273	273	
Harper University Hospital	83-0220	Detroit	539	624	
Henry Ford Hospital	83-0190	Detroit	903	653	
Hutzel Women's Hospital	83-0240	Detroit	146	0	
Select Specoialty hospial-Northwest	83-0527	Detroit	0	60	
DMC Central hospital North	83-0240	Detroit	0	1	
Rehabilitation Institute of Michigan	83-0410	Detroit	94	94	
Detroit Hope Hospital	82-0278	Detroit	80	80	
LTAC Hospital Detroit	83-0526	Detroit	20	20	
Select Spec. Hospital-Central Detroit	83-0524	Detroit	0	60	
Triumph Hospital Detroit	82-0275	Detroit	53	53	
St. John Detroit Riverview Hospital	83-0034	Detroit	230	230	
Greater Detroit Hosp-Medical Cntr	83-0350	Detroit	162	162	
United Community Hospital	83-0490	Detroit	80	80	
Karmanos Cancer Center	83-0520 A	Detroit	123	123	
<b>Sub Area TOTAL</b>			4691	4368	
AREA BED NEED				3098	
<b>Unmet Bed Need (Excess)</b>				<b>(1270)</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 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 General 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				451	
<b>Unmet Bed Need (Excess)</b>				<b>(127)</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)**

<b>Hospital Name</b>	<b>Facility Number</b>	<b>City</b>	<b>Licensed Beds</b>	<b>Department Inventory*</b>	<b>NOTES</b>
St. Joesph's Specialty Hospital	50-0080	Mt Clemens	31	1	
St. Joseph's Medical Center	50-0110	Clinton Twp	319	349	
St. John North Shores Hospital	50-0070	Harrison Twp	96	96	
Select Specialty Hosp - Macomb	50-0111	Mt Clemens	36	36	
Mt. Clemens General Hospital	50-0060	Mt Clemens	288	288	
<b>Sub Area TOTALS</b>			770	770	
AREA BED NEED				636	
<b>Unmet Bed Need (Excess)</b>				<b>(134)</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 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>
Mercy Hospital	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				275	
<b>Unmet Bed Need (Excess)</b>				<b>(7)</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	63	41	
St. Joseph Mercy Livingston Hosp	47-0020	Howell	136	136	
Forest Health Medical Center	81-0010	Ypsilanti	68	68	
Chelsea Community Hospital	81-0080	Chelsea	83	83	
St. Joseph Mercy Saline Hospital	81-0040	Saline	82	82	
St. Joseph Mercy Hospital	81-0030	Ann Arbor	505	505	
Univ of Michigan Health Sys	81-0060	Ann Arbor	800	800	
Select Specialty Hospital - Ann Arbor	81-0081	Ypsilanti	36	36	
<b>Sub Area TOTALS</b>			1773	1751	
AREA BED NEED				1431	
<b>Unmet Bed Need (Excess)</b>				<b>(320)</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 1I**

**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. John River District Hospital	74-0030	East China	68	68	
<b>Sub Area TOTALS</b>			68	68	
AREA BED NEED				50	
<b>Unmet Bed Need (Excess)</b>				<b>(18)</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 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	
AREA BED NEED				149	
<b>Unmet Bed Need (Excess)</b>				<b>(68)</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)**

<b>Hospital Name</b>	<b>Facility Number</b>	<b>City</b>	<b>Licensed Beds</b>	<b>Department Inventory*</b>	<b>NOTES</b>
Clinton Memorial Hospital	19-0011	St Johns	25	25	1
Eaton Rapids Medical Center	23-0021	Eaton Rapids	20	20	1
Hayes Green Beach Mem Hosp	23-0022	Charlotte	25	25	1
Ingham Reg Med Cntr - Greenlawn	33-0020	Lansing	310	249	
Ingham Reg Med Cntr - Penn	33-0010	Lansing	53	114	
Edward W Sparrow Hospital	33-0060	Lansing	528	552	
Sparrow Hlth Sys - St. Lawrence	33-0050	Lansing	89	65	
Sparrow Specialty Hospital	330061	Lansing	36	36	
<b>Sub Area TOTALS</b>			1086	1016	
AREA BED NEED				866	
<b>Unmet Bed Need (Excess)</b>				<b>(150)</b>	

1. In accordance with Section 11, hospitals that have CAH designation are excluded from the sub area totals.

\* 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 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>
W A Foote Memorial Hospital	38-0010	Jackson	325	325	
CareLink of Jackson	38-0030	Jackson	64	64	
<b>Sub Area TOTALS</b>			389	389	
AREA BED NEED				293	
<b>Unmet Bed Need (Excess)</b>				<b>(96)</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	
AREA BED NEED				48	
<b>Unmet Bed Need (Excess)</b>				<b>(17)</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)**

<b>Hospital Name</b>	<b>Facility Number</b>	<b>City</b>	<b>Licensed Beds</b>	<b>Department Inventory*</b>	<b>NOTES</b>
Emma L. Bixby Medical Center	46-0020	Adrian	88	115	
Herrick Memorial Hospital	46-0052	Tecumseh	32	32	1
<b>Sub Area TOTAL</b>			120	115	
<b>AREA BED NEED</b>				98	
<b>Unmet Bed Need (Excess)</b>				<b>(17)</b>	

1. In accordance with Section 11, hospitals that have CAH designation are excluded from the sub area totals.

\* 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 3A**

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

Hospital Name	Facility Number	City	Inventory*		NOTES
			Licensed	Department	
Lakeview Community Hospital	80-0041	Paw Paw	25	25	1
Borgess - PIPP Health Center	03-0031	Plainwell	43	43	
Borgess Medical Center	39-0010	Kalamazoo	372	372	
Bronson Methodist Hospital	39-0020	Kalamazoo	343	343	
Bronson Vicksburg Hospital	39-0030	Vicksburg	29	29	
Select Specialty Hospital-Kalamazoo	39-0032	Kalamazoo	25	25	
Sturgis Hospital	75-0010	Sturgis	94	94	
Pennock Hospital	08-0010	Hastings	89	89	
Three Rivers Area Health	75-0020	Three Rivers	60	60	
<b>Sub Area TOTALS</b>			1080	1055	
AREA BED NEED				763	
<b>Unmet Bed Need (Excess)</b>				<b>(292)</b>	

1. In accordance with Section 11, hospitals that have CAH designation are excluded from the sub area totals.

\* 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>
Fieldstone Cntr of Battle Crk Health	13-0030	Battle Crk	30	0	
Battle Creek Health System	13-0031	Battle Crk	172	202	
Oaklawn Hospital	13-0080	Marshall	77	77	
Select Specialty Hospital - Battle Crk	13-0111	Battle Crk	32	32	
SW Michigan Rehab Hospital	13-0100	Battle Crk	26	26	
<b>Sub Area TOTALS</b>			337	337	
AREA BED NEED				282	
<b>Unmet Bed Need (Excess)</b>				<b>(55)</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>
South Haven Community Hospital	82-0020	South Haven	82	82	
Lakeland Hospital, St. Joseph	11-0050	St. Joseph	224	224	
Lakeland Speciality Hospital	11-0080	Berrien Center	55	55	
Community Hospital	11-0040	Watervliet	58	58	
<b>Sub Area TOTALS</b>			419	419	
AREA BED NEED				261	
<b>Unmet Bed Need (Excess)</b>				<b>(158)</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	64	
Lee Memorial Hospital	14-0010	Dowagiac	25	25	1
<b>Sub Area TOTALS</b>			114	64	
<b>AREA BED NEED</b>				85	
<b>Unmet Bed Need (Excess)</b>				<b>21</b>	

1. In accordance with Section 11, hospitals that have CAH designation are excluded from the sub area totals.

\* 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 Hlth Cntr of Branch Co	12-0010	Coldwater	102	102	
<b>Sub Area TOTAL</b>			102	102	
AREA BED NEED				59	
<b>Unmet Bed Need (Excess)</b>				<b>(43)</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 Ctr of West MI	53-0010	Ludington	81	81	
<b>Sub Area TOTALS</b>			81	81	
<b>AREA BED NEED</b>				57	
<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 4B**

**HSA-4 Sub Area Inventory of Hospitals**

<b>Hospital Name</b>	<b>Facility Number</b>	<b>City</b>	<b>Licensed Beds</b>	<b>Department Inventory*</b>	<b>NOTES</b>
Kelsey Memorial Hospital	59-0201	Lakeview	25	25	1
Mecosta County Medical Center	54-0030	Big Rapids	74	74	
<b>Sub Area TOTALS</b>			99	74	
AREA BED NEED				63	
<b>Unmet Bed Need (Excess)</b>				<b>(11)</b>	

1. In accordance with Section 11, hospitals that have CAH designation are excluded from the sub area totals.

\* 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 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				17	
<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 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>
Lakeshore Community Hospital	64-0020	Shelby	24	24	1
<b>Sub Area TOTALS</b>			24	0	
<b>AREA BED NEED</b>				11	
<b>Unmet Bed Need (Excess)</b>				11	

1. In accordance with Section 11, hospitals that have CAH designation are excluded from the sub area totals.

\* 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)**

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

<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 4F**

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

<b>Hospital Name</b>	<b>Facility Number</b>	<b>City</b>	<b>Licensed Beds</b>	<b>Department Inventory*</b>	<b>NOTES</b>
Carson City Hospital	59-0010	Carson City	61	61	
Gratiot Medical Center	29-0010	Alma	130	130	
<b>Sub Area TOTALS</b>			191	191	
AREA BED NEED				136	
<b>Unmet Bed Need (Excess)</b>				<b>(55)</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 4G**

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

<b>Hospital Name</b>	<b>Facility Number</b>	<b>City</b>	<b>Licensed Beds</b>	<b>Department Inventory*</b>	<b>NOTES</b>
Hackley Hospital	61-0010	Muskegon	154	154	
Mercy Gen Hlth Partners-Sherman	61-0020	Muskegon	175	175	
Mercy Gen Hlth Partners-Oak	61-0030	Muskegon	107	99	
LifeCare Hospitals of Western Michigan	61-0052	Muskegon	20	28	
North Ottawa Community Hospital	70-0010	Grand Haven	81	81	
Select Specialty Hospital-Western MI	61-0051	Muskegon	31	31	
<b>Sub Area TOTALS</b>			568	568	
AREA BED NEED				391	
<b>Unmet Bed Need (Excess)</b>				<b>(177)</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 4H**

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

<b>Hospital Name</b>	<b>Facility Number</b>	<b>City</b>	<b>Licensed Beds</b>	<b>Department Inventory*</b>	<b>NOTES</b>
Mary Free Bed Hosp & Rehab Cntr	41-0070	Grand Rapids	80	80	
Metro Health Hospital	41-0060	Grand Rapids	238	238	
Spectrum Hlth-Butterworth Campus	41-0040	Grand Rapids	755	649	
Spectrum Hlth-Blodgett Campus	41-0010	Grand Rapids	306	395	
Spectrum Hlth-Kent Comm Campus	41-0090	Grand Rapids	76	146	
St. Mary's Health Care	41-0080	Grand Rapids	230	230	
<b>Sub Area TOTALS</b>			1685	1738	
AREA BED NEED				1240	
<b>Unmet Bed Need (Excess)</b>				<b>(498)</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 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	25	25	1
United Memorial Health Center	59-0060	Greenville	65	65	
<b>Sub Area TOTALS</b>			90	65	
AREA BED NEED				47	
<b>Unmet Bed Need (Excess)</b>				<b>(18)</b>	

1. In accordance with Section 11, hospitals that have CAH designation are excluded from the sub area totals.

\* 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				153	
<b>Unmet Bed Need (Excess)</b>				<b>(97)</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	1
<b>Sub Area TOTALS</b>			25	0	
<b>AREA BED NEED</b>				21	
<b>Unmet Bed Need (Excess)</b>				<b>21</b>	

1. In accordance with Section 11, hospitals that have CAH designation are excluded from the sub area totals.

\* 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	1
<b>Sub Area TOTALS</b>			25	0	
AREA BED NEED				24	
<b>Unmet Bed Need (Excess)</b>				<b>24</b>	

1. In accordance with Section 11, hospitals that have CAH designation are excluded from the sub area totals.

\* 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)**

<b>Hospital Name</b>	<b>Facility Number</b>	<b>City</b>	<b>Licensed Beds</b>	<b>Department Inventory*</b>	<b>NOTES</b>
Memorial Healthcare	78-0010	Owosso	115	115	
<b>Sub Area TOTALS</b>			115	115	
AREA BED NEED				79	
<b>Unmet Bed Need (Excess)</b>				<b>(36)</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 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>
Genesys Reg Med Cntr - Hlth Park	25-0072	Grand Blanc	410	458	
Hurley Medical Center	25-0040	Flint	383	383	
McLaren Regional Medical Center	25-0050	Flint	368	353	
Select Specialty Hospital - Flint	25-0071	Flint	32	32	
<b>Sub Area TOTALS</b>			1193	1226	
AREA BED NEED				1120	
<b>Unmet Bed Need (Excess)</b>				<b>(106)</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)**

<b>Hospital Name</b>	<b>Facility Number</b>	<b>City</b>	<b>Licensed Beds</b>	<b>Department Inventory*</b>	<b>NOTES</b>
Lapeer Regional Medical Center	44-0010	Lapeer	183	195	
<b>Sub Area TOTALS</b>			183	195	
AREA BED NEED				119	
<b>Unmet Bed Need (Excess)</b>				<b>(76)</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 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>
West Branch Regional Medical Center	65-0010	West Branch	88	88	
Tawas St Joseph Hospital	35-0010	Tawas City	60	60	
<b>Sub Area TOTALS</b>			148	148	
AREA BED NEED				99	
<b>Unmet Bed Need (Excess)</b>				<b>(49)</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				55	
<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 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 Cntr - Clare	18-0010	Clare	64	64	
<b>Sub Area TOTALS</b>			64	64	
AREA BED NEED				47	
<b>Unmet Bed Need (Excess)</b>				<b>(17)</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)**

<b>Hospital Name</b>	<b>Facility Number</b>	<b>City</b>	<b>Licensed Beds</b>	<b>Department Inventory*</b>	<b>NOTES</b>
MidMichigan Medical Ctr-Gladwin	26-0011	Gladwin	25	25	1
MidMichigan Medical Cntr - Midland	56-0020	Midland	230	230	
<b>Sub Area TOTALS</b>			255	230	
AREA BED NEED				216	
<b>Unmet Bed Need (Excess)</b>				<b>(14)</b>	

1. In accordance with Section 11, hospitals that have CAH designation are excluded from the sub area totals.

\* 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 6E**

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

<b>Hospital Name</b>	<b>Facility Number</b>	<b>City</b>	<b>Licensed Beds</b>	<b>Department Inventory*</b>	<b>NOTES</b>
St. Mary's Standish Community Hospital	06-0020	Standish	25	25	1
Bay Regional Medical Center	09-0050	Bay City	341	356	
Bay Regional Medical Cntr - West	09-0020	Bay City	20	20	
Samaritan Health Center	09-0051	Bay City	26	0	
Bay Special Care	09-0010	Bay City	31	42	
<b>Sub Area TOTALS</b>			443	418	
AREA BED NEED				299	
<b>Unmet Bed Need (Excess)</b>				<b>(119)</b>	

1. In accordance with Section 11, hospitals that have CAH designation are excluded from the sub area totals.

\* 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 6F**

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

<b>Hospital Name</b>	<b>Facility Number</b>	<b>City</b>	<b>Licensed Beds</b>	<b>Department Inventory*</b>	<b>NOTES</b>
Caro Community Hospital	79-0032	Caro	25	25	1
Hills & Dales General Hospital	79-0030	Cass City	25	25	1
Healthsource Saginaw	73-0060	Saginaw	65	65	
Covenant Medical Centers, Inc.	73-0061	Saginaw	290	275	
Covenant Medical Cntr - N. Michigan	73-0030	Saginaw	56	77	
Covenant Medical Cntr - N. Harrison	73-0020	Saginaw	277	277	
St. Mary's of Michigan Medical Center	73-0050	Saginaw	268	268	
Select Specialty Hospital-Saginaw	73-0062	Saginaw	32	32	
<b>Sub Area TOTALS</b>			1038	994	
AREA BED NEED				765	
<b>Unmet Bed Need (Excess)</b>				<b>(229)</b>	

1. In accordance with Section 11, hospitals that have CAH designation are excluded from the sub area totals.

\* 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 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>
Harbor Beach Community Hospital	32-0040	Harbor Beach	25	25	1
Scheurer Hospital	32-0030	Pigeon	25	25	1
Huron Medical Center	32-0020	Bad Axe	64	64	
<b>Sub Area TOTALS</b>			114	64	
AREA BED NEED				43	
<b>Unmet Bed Need (Excess)</b>				<b>(21)</b>	

1. In accordance with Section 11, hospitals that have CAH designation are excluded from the sub area totals.

\* 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 Hosp	76-0010	Deckerville	15	15	1
McKenzie Memorial Hospital	76-0030	Sandusky	25	25	1
<b>Sub Area TOTALS</b>			40	0	
AREA BED NEED				13	
<b>Unmet Bed Need (Excess)</b>				<b>13</b>	

1. In accordance with Section 11, hospitals that have CAH designation are excluded from the sub area totals.

\* 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	76-0041	Marlette	35	35	1
<b>Sub Area TOTAL</b>			35	0	
<b>AREA BED NEED</b>				24	
<b>Unmet Bed Need (Excess)</b>				<b>24</b>	

1. In accordance with Section 11, hospitals that have CAH designation are excluded from the sub area totals.

\* 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>				43	
<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 7B**

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

Hospital Name	Facility Number	City	Licensed Beds	Department Inventory	NOTES
Charlevoix Area Hospital	15-0021	Charlevoix	25	25	1
Mackinac Straits Hospital	49-0030	St Ignace	15	15	1
Northern Michigan Hospital	24-0030	Petoskey	229	229	
<b>SUB-AREA TOTALS</b>			269	229	
AREA BED NEED				203	
<b>Unmet Bed Need (Excess)</b>				<b>(26)</b>	

1. In accordance with Section 11, hospitals that have CAH designation are excluded from the sub area totals.

\* 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 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>				0	
<b>Unmet Bed Need (Excess)</b>				<b>(36)</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 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	53	53	
<b>SUB-AREA TOTALS</b>			53	53	
<b>AREA BED NEED</b>				27	
<b>Unmet Bed Need (Excess)</b>				(26)	

\* 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	
			124	124	
AREA BED NEED				99	
<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 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	1
Kalkaska Memorial Hlth Cntr	40-0020	Kalkaska	8	8	1
Leelanau Memorial Hlth Cntr	45-0020	Northport	23	0	
Munson Medical Center	28-0010	Traverse City	354	377	
<b>SUB-AREA TOTALS</b>			377	377	
AREA BED NEED				349	
<b>Unmet Bed Need (Excess)</b>				<b>(28)</b>	

1. In accordance with Section 11, hospitals that have CAH designation are excluded from the sub area totals.

\* 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 - Cadillac	84-0010	Cadillac	97	97	
<b>SUB-AREA TOTALS</b>			97	194	
<b>AREA BED NEED</b>				62	
<b>Unmet Bed Need (Excess)</b>				(132)	

\* 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 - Grayling	20-0020	Grayling	90	90	
<b>Sub Area TOTALS</b>			90	90	
AREA BED NEED				53	
<b>Unmet Bed Need (Excess)</b>				<b>(37)</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)**

<b>Hospital Name</b>	<b>Facility Number</b>	<b>City</b>	<b>Licensed Beds</b>	<b>Department Inventory*</b>	<b>NOTES</b>
West Shore Medical Center	51-0020	Manistee	75	75	
<b>Sub Area TOTALS</b>			75	75	
AREA BED NEED				40	
<b>Unmet Bed Need (Excess)</b>				<b>(35)</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 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	27-0022	Ironwood	25	25	1
<b>SUB-AREA TOTALS</b>			25	0	
<b>AREA BED NEED</b>				24	
<b>Unmet Bed Need (Excess)</b>				<b>24</b>	

1. In accordance with Section 11, hospitals that have CAH designation are excluded from the sub area totals.

\* 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>
Ontonagon Memorial Hospital	66-0020	Ontonagon	25	25	1
<b>SUB-AREA TOTALS</b>			25	0	
<b>AREA BED NEED</b>				7	
<b>Unmet Bed Need (Excess)</b>				7	

1. In accordance with Section 11, hospitals that have CAH designation are excluded from the sub area totals.

\* 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	36-0021	Iron River	25	25	1
<b>SUB-AREA TOTALS</b>			25	0	
<b>AREA BED NEED</b>				21	
<b>Unmet Bed Need (Excess)</b>				<b>21</b>	

1. In accordance with Section 11, hospitals that have CAH designation are excluded from the sub area totals.

\* 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	1
<b>SUB-AREA TOTALS</b>			24	0	
AREA BED NEED				11	
<b>Unmet Bed Need (Excess)</b>				<b>11</b>	

1. In accordance with Section 11, hospitals that have CAH designation are excluded from the sub area totals.

\* 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 Med Ctr	31-0021	Laurium	25	25	1
Portage Health System	31-0020	Hancock	36	36	
<b>SUB-AREA TOTALS</b>			61	36	
<b>AREA BED NEED</b>				50	
<b>Unmet Bed Need (Excess)</b>				14	

1. In accordance with Section 11, hospitals that have CAH designation are excluded from the sub area totals.

\* 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 Hosp	22-0020	Iron Mountain	96	96	
<b>SUB-AREA TOTALS</b>			96	192	
<b>AREA BED NEED</b>				88	
<b>Unmet Bed Need (Excess)</b>				<b>(104)</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	52-0051	Ishpeming	25	25	1
Marquette General Hospital	52-0050	Marquette	289	289	
<b>SUB-AREA TOTALS</b>			314	289	
<b>AREA BED NEED</b>				228	
<b>Unmet Bed Need (Excess)</b>				<b>(61)</b>	

1. In accordance with Section 11, hospitals that have CAH designation are excluded from the sub area totals.

\* 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	110	110	
<b>SUB-AREA TOTALS</b>			110	110	
<b>AREA BED NEED</b>				57	
<b>Unmet Bed Need (Excess)</b>				<b>(53)</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 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	25	11	1
<b>SUB-AREA TOTALS</b>			25	0	
<b>AREA BED NEED</b>				4	
<b>Unmet Bed Need (Excess)</b>				4	

1. In accordance with Section 11, hospitals that have CAH designation are excluded from the sub area totals.

\* 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	25	1
<b>SUB-AREA TOTALS</b>			25	25	
<b>AREA BED NEED</b>				7	
<b>Unmet Bed Need (Excess)</b>				<b>(18)</b>	

1. In accordance with Section 11, hospitals that have CAH designation are excluded from the sub area totals.

\* 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	1
<b>SUB-AREA TOTALS</b>			25	0	
<b>AREA BED NEED</b>				9	
<b>Unmet Bed Need (Excess)</b>				<b>9</b>	

1. In accordance with Section 11, hospitals that have CAH designation are excluded from the sub area totals.

\* 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 Hosp	17-0020	Sault Ste Marie	82	82	
<b>SUB-AREA TOTALS</b>			82	164	
<b>AREA BED NEED</b>				52	
<b>Unmet Bed Need (Excess)</b>				(112)	

\* 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					

CON Statewide Summary for Hospital Beds

H			Dept	Curr	Need	H			Dept	Curr	Need
S	Sub	Lic	Inv	Bed	or	S	Sub	Lic	Inv	Bed	or
A	Area	Beds	Beds*	Need	(Surpl)	A	Area	Beds	Beds	Need	(Surpl)
1	1A	3507	3945	2693	(1252)	6	6A	148	148	99	(49)
1	1B	551	551	415	(136)	6	6B	118	118	55	(63)
1	1C	2245	2153	1372	(781)	6	6C	64	64	47	(17)
1	1D	4691	4368	3098	(1270)	6	6D	255	230	216	(14)
1	1E	578	578	451	(127)	6	6E	443	418	299	(119)
1	1F	770	770	636	(134)	6	6F	1038	994	765	(229)
1	1G	282	282	275	(7)	6	6G	114	64	43	(21)
1	1H	1773	1751	1431	(320)	6	6H	40	0	13	13
1	1I	68	68	50	(18)	6	6I	35	0	24	24
1	1J	217	217	149	(68)	7	7A	46	46	43	(3)
2	2A	1086	1016	866	(150)	7	7B	269	229	203	(26)
2	2B	389	389	293	(96)	7	7C	36	36	0	(36)
2	2C	65	65	48	(17)	7	7D	53	53	27	(26)
2	2D	120	115	98	(17)	7	7E	124	124	99	(25)
3	3A	1080	1055	763	(292)	7	7F	377	377	349	(28)
3	3B	337	337	282	(55)	7	7G	97	194	62	(132)
3	3C	419	419	261	(158)	7	7H	90	90	53	(37)
3	3D	114	64	85	21	7	7I	75	75	40	(35)
3	3E	102	102	59	(43)	8	8A	25	0	24	24
4	4A	81	81	57	(24)	8	8B	25	0	7	7
4	4B	99	74	63	(11)	8	8C	25	0	21	21
4	4C	25	25	17	(8)	8	8D	24	0	11	11
4	4D	24	0	11	11	8	8E	61	36	50	14
4	4E	61	61	38	(23)	8	8F	96	192	88	(104)
4	4F	191	191	136	(55)	8	8G	314	289	228	(61)
4	4G	568	568	391	(177)	8	8H	110	110	57	(53)
4	4H	1685	1738	1240	(498)	8	8I	25	0	4	4
4	4I	90	65	47	(18)	8	8J	25	25	7	(18)
4	4J	250	250	153	(97)	8	8K	25	0	9	9
4	4K	25	0	21	21	8	8L	82	164	52	(112)
4	4L	25	0	24	24		<b>TOTAL</b>	<b>27268</b>	<b>26910</b>	<b>19836</b>	<b>(7074)</b>
5	5A	115	115	79	(36)						
5	5B	1193	1226	1120	(106)						
5	5C	183	195	119	(76)						

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