## **ALTER BED CAPACITY REPORT**

## Fiscal Year 2019/2020

**T.C.A. §68-11-1607(g)** "...no more frequently than one (1) time every three (3) years, a hospital, rehabilitation facility, or mental health hospital may increase its total number of licensed beds in any bed category by ten percent (10%) or less of its licensed capacity at any one (1) campus over any period of one (1) year for any services or purposes it is licensed to perform without obtaining a certificate of need. The hospital, rehabilitation facility, or mental health hospital shall provide written notice of the increase in beds to the agency on forms provided by the agency prior to the request for licensing by the board for licensing healthcare facilities or the department of mental health and substance abuse services, whichever is appropriate."

| <b>Total General Hospital Beds APPROVED</b> | 53 |
|---|----|
| Acute Beds Approved                         | 40 |
| NICU Beds Approved                          | 0  |
| Rehabilitation Beds Approved                | 13 |
| Child/Adolescent Psych Beds Approved        | 0  |
| Adult/Geri Psych Beds Approved              | 0  |
| Mental Health Hospital Beds APPROVED        | 31 |
| Child/Adolescent Psych Beds Approved        | 7  |
| Adult/Geri Psych Beds Approved              | 24 |
| Total Beds APPROVED                         | 84 |

| <u>COUNTY</u> | FACILITY                                    | <u>FACILITY</u><br><u>TYPE</u> | REQUESTED<br>DATE | TOTAL<br>LICENSED<br>BED COUNT<br>(Before Add) | <u>BED TYPE</u><br><u>BEING</u><br><u>ADDED</u> | <u>ORIGINAL</u><br><u>BED</u><br><u>COUNT –</u><br>FOR TYPE | <u>NUMBER OF</u><br><u>BEDS BEING</u><br><u>ADDED –</u><br><u>FOR TYPE</u> | <u>NEW</u><br><u>TOTAL</u><br><u>NUMBER</u><br><u>OF BEDS –</u><br><u>FOR TYPE</u> | TOTAL<br>LICENSE<br>D BED<br>COUNT<br>(After Add) |
|---------------|---|--------------------------------|-------------------|--|---|---|--|--|---|
| Shelby        | UHS of Lakeside, LLC                        | MH                             | 8/8/2019          | 287  | Adult/Geriatric<br>Psych                        | 226   | 22   | 248  | 315   |
| Shelby        | UHS of Lakeside, LLC                        | MH                             | 8/8/2019          | 287  | Child/Adolescent<br>Psych                       | 61  | 6  | 67   | 315   |
| Davidson      | TriStar Skyline Medical<br>Center           | GH                             | 9/17/2019         | 264  | Acute   | 223   | 22   | 245  | 286   |
| Shelby        | Baptist Memorial<br>Rehabilitation Hospital | GH                             | 12/19/2019        | 49   | Rehab   | 49  | 4  | 53   | 53  |
| Williamson    | Williamson Medical Center                   | GH                             | 5/21/2020         | 185  | Acute   | 185   | 18   | 203  | 203   |

| <u>COUNTY</u> | FACILITY                                 | FACILITY<br>TYPE | REQUESTED<br>DATE | <u>TOTAL</u><br><u>LICENSED</u><br><u>BED COUNT</u><br>(Before Add) | <u>BED TYPE<br/>BEING</u><br>ADDED | <u>ORIGINAL</u><br><u>BED</u><br><u>COUNT –</u><br>FOR TYPE | <u>NUMBER OF</u><br><u>BEDS BEING</u><br><u>ADDED –</u><br><u>FOR TYPE</u> | <u>NEW</u><br><u>TOTAL</u><br><u>NUMBER</u><br><u>OF BEDS –</u><br><u>FOR TYPE</u> | TOTAL<br>LICENSE<br>D BED<br>COUNT<br>(After Add) |
|---------------|--|------------------|-------------------|---|------------------------------------|---|--|--|---|
| Davidson      | TriStar Summit Medical<br>Center         | GH               | 5/21/2020         | 218   | Rehabilitation                     | 20  | 2  | 22   | 220   |
| Dickson       | TriStar Horizon Medical<br>Center        | GH               | 5/21/2020         | 157   | Rehabilitation                     | 12  | 1  | 13   | 158   |
| Davidson      | TriStar Skyline Medical<br>Center        | GH               | 5/26/2020         | 286   | Rehabilitation                     | 41  | 4  | 45   | 290   |
| Davidson      | TriStar Southern Hills<br>Medical Center | GH               | 5/26/2020         | 126   | Rehabilitation                     | 16  | 1  | 17   | 127   |
| Hamilton      | Parkridge Medical Center                 | GH               | 5/26/2020         | 275   | Rehabilitation                     | 12  | 1  | 13   | 276   |
| Hamilton      | Erlanger Behavioral Health               | MH               | 6/19/2020         | 88  | Adult/Geriatric<br>Psych           | 70  | 2  | 72   | 91  |
| Hamilton      | Erlanger Behavioral Health               | MH               | 6/19/2020         | 88  | Child/Adolescent<br>Psych          | 18  | 1  | 19   | 91  |

## Pending/Expecting Refiling

| Hospital Beds Pending                             | 0 |
|---|---|
| Mental Health Hospital/Psych Beds Pending         | 0 |
| Total Beds Pending                                | 0 |
|   |   |
| Hospital Beds Awaiting Refile                     | 0 |
| Mental Health Hospital/Psych Beds Awaiting Refile | 0 |
| Total Beds Awaiting Refile                        | 0 |

|               |          |                 |                  |                 |              |                 | NUMBER         | <u>NEW</u>       | TOTAL           |
|---------------|----------|-----------------|------------------|-----------------|--------------|-----------------|----------------|------------------|-----------------|
|               |          |                 |                  | <b>TOTAL</b>    |              | <b>ORIGINAL</b> | OF BEDS        | TOTAL            | <b>LICENSED</b> |
|               |          |                 |                  | <b>LICENSED</b> | BED TYPE     | <b>BED</b>      | <b>BEING</b>   | <b>NUMBER</b>    | BED             |
|               |          | <b>FACILITY</b> | <b>REQUESTED</b> | BED COUNT       | <b>BEING</b> | <u>COUNT –</u>  | <u>ADDED –</u> | <u>OF BEDS –</u> | <u>COUNT</u>    |
| <u>COUNTY</u> | FACILITY | TYPE            | DATE             | (Before Add)    | ADDED        | FOR TYPE        | FOR TYPE       | FOR TYPE         | (After Add)     |
|               |          |                 |                  |                 |              |                 |                |                  |                 |

\*Number of beds not consistent with Public Chapter 1043.