## Determination of Reviewability

<table>
<thead>
<tr>
<th>Facility/Service Type</th>
<th>Project Description</th>
<th>Date Application Received</th>
<th>Deadline to Notify Applicant (5 business days After Receipt of Request)</th>
<th>Date Notification to Applicant Sent</th>
<th>Statutory Deadline to Complete (45 days from Receipt of Application)</th>
<th>Additional Info Requested (Y/N)</th>
<th>Date Additional Info Received</th>
<th>Date DR Completed &amp; Mailed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Specialty Ambulatory Surgery Center</td>
<td>InSight Health Corp Addition of Clinical Facility</td>
<td>10/18/17</td>
<td>10/24/17</td>
<td>10/24/17</td>
<td>12/24/17</td>
<td>Y</td>
<td>11/10/17</td>
<td>11/14/17</td>
</tr>
<tr>
<td>ESRD</td>
<td>Bio-Medical Applications of Mississippi, Inc. d/b/a BMA Forest Relocation of ESRD Facility Within One Mile and Allowed Expansion of Stations at ESRD Facility</td>
<td>10/24/17</td>
<td>10/30/17</td>
<td>10/30/17</td>
<td>12/8/17</td>
<td>N</td>
<td>N/A</td>
<td>11/3/17</td>
</tr>
<tr>
<td>ESRD</td>
<td>Renex Dialysis Facilities, Inc. d/b/a Fresenius Medical Care Port Gibson Relocation of ESRD Facility Within One Mile and Allowed Expansion of Stations at ESRD Facility</td>
<td>10/24/17</td>
<td>10/30/17</td>
<td>10/30/17</td>
<td>12/8/17</td>
<td>N</td>
<td>N/A</td>
<td>11/27/17</td>
</tr>
<tr>
<td>Medical Center</td>
<td>Garden Park Medical Center Geriatric Psychiatric Distinct Part Unit</td>
<td>10/31/17</td>
<td>N</td>
<td>N/A</td>
<td>12/15/17</td>
<td>N</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Imaging Center</td>
<td>Medical Imaging Center, LLC</td>
<td>11/13/17</td>
<td>11/17/17</td>
<td>11/14/17</td>
<td>12/28/17</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ESRD</td>
<td>Fresenius Medical Care - Mid Mississippi Expansion of Existing Satellite ESRD Facility</td>
<td>11/29/17</td>
<td>12/4/17</td>
<td></td>
<td>1/13/18</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Legend**
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# Notice of Intent (NOI) to Apply for a CON

<table>
<thead>
<tr>
<th>Project Name and Description</th>
<th>Date Received</th>
<th>Earliest Date CON Application May Be Filed (15 days from date NOI Received)</th>
<th>Date NOI Expires (6 months from date NOI Received)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renal Care Group Tupelo, LLC d/b/a Renal Care Group Oxford Relocation within One Mile and Expansion of ESRD Facility</td>
<td>7/31/17</td>
<td>8/15/17</td>
<td>1/31/18</td>
</tr>
<tr>
<td>Forrest County General Hospital Linear Accelerator Addition</td>
<td>8/3/17</td>
<td>8/18/17</td>
<td>2/3/18</td>
</tr>
<tr>
<td>Forrest County General Hospital Electrophysiology Laboratory Construction</td>
<td>8/3/17</td>
<td>8/18/17</td>
<td>2/3/18</td>
</tr>
<tr>
<td>Memorial Hospital at Gulfport Cost Overrun on Patient Tower Expansion and Renovation</td>
<td>9/14/17</td>
<td>9/29/17</td>
<td>3/14/18</td>
</tr>
<tr>
<td>The Cardiovascular Institute of the South, Professional Medical Corporation Establishment of Cardiac Only Positron Emission Tomography (PET) and Acquisition of Related Equipment CON Amendment</td>
<td>10/9/17</td>
<td>10/24/17</td>
<td>4/9/18</td>
</tr>
<tr>
<td>Alliance Health Center, Inc. d/b/a Alliance Health Center Conversion for Expansion of Psychiatric Beds</td>
<td>10/9/17</td>
<td>10/24/17</td>
<td>4/9/18</td>
</tr>
<tr>
<td>Calvary Pediatric Facilities Pediatric Skilled Nursing Facility</td>
<td>10/30/17</td>
<td>11/14/17</td>
<td>4/30/18</td>
</tr>
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## Notice of Intent (NOI) to Apply for a CON

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<tbody>
<tr>
<td>Singing River Health System Conversion of Eight (8) Level II CMR Beds</td>
<td>11/1/17</td>
<td>11/16/17</td>
<td>5/1/18</td>
</tr>
<tr>
<td>Bio-Medical Applications of Mississippi, Inc. d/b/a Fresenius Medical Care Dialysis Services of Rankin County - Brandon Expansion of ESRD Stations</td>
<td>11/13/17</td>
<td>11/28/17</td>
<td>5/13/18</td>
</tr>
<tr>
<td>Renal Care Group Tupelo, LLC d/b/a RCG Central New Albany Expansion of Stations at Existing ESRD Facility</td>
<td>11/13/17</td>
<td>11/28/17</td>
<td>5/13/18</td>
</tr>
</tbody>
</table>

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## CON Applications

| Facility/Service Type | Project Description                                                                 | Date Application Received | Deadline for Notifying Applicant that Application is Deemed Complete/Add/Info is Needed (15 days from receipt of application) | Date Deemed Complete/Incomplete Notice Issued | Date of Public Notice of Application for Review | Additional Info Requested (Y/N) | Date Additional Info Received | Staff Analysis Due Date (45 days from date application filed) | Staff Analysis Publication Date | Application Recommended for Approved/Disapproved (Y/N) | Hearing Request Deadline (30 days from Staff Analysis Publication Date) | Hearing Requested (Y/N) | Application Received on Negative Staff Analysis (Y/N) | Date Final Order Published | Deadline to Issue Final Order (90 days from date application received) | Final Order Issued/Effective Date | Chaney Court File No. | Application Withdrawn (Y/N) & Date |
|----------------------|------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------|-----------------------------------|-------------------------------|---------------------------------------------------------------|---------------------------------|-----------------------------------------------|--------------------------------------------------------------------------|------------------------|-----------------------------------|-------------------------------|---------------------------------------------------------------------------|-------------------------------|------------------------|
| 7MHI Facility        | CON Review Number: 7M-HS-2285-001 Oxford Pre-op & Imaging Center; Offering of MRI Services | 2/24/19                  | Y/A                                                                    | 9/2/19 (Deemed Complete)                      | 9/2/19                                        | N/A                               | N/A                           | Y/N (30 days from Staff Analysis Publication Date)              | 1/3/20                           | Approval                       | 1/3/20                                                              | Y/A                                   | N/A                               | 1/3/20                                         | 1/3/20                                     | Y                                | 1/3/20                           |
| LKHC                 | CON Review Number: C-NS-08-02013 Wound Care Management, LLC                        | 11/2/16                  | 7/2/16                                                                | 9/12/16 (Deemed Complete)                     | 9/12/16                                      | N/A                               | N/A                           | Y/N (30 days from Staff Analysis Publication Date)              | 9/30/16                          | Approval                       | 9/30/16                                                             | Y/A                                   | N/A                               | 9/30/16                                         | 9/30/16                                     | Y                                | 9/30/16                           |
| Multi Specialty Ortho | CON Review Number: ASC-MS-08-025-005 Orthopaedic Outpatient Center, LLC            | 6/21/16                  | 8/12/16                                                               | 8/22/16 (Deemed Complete)                     | 8/22/16                                      | N/A                               | 8/22/16                      | Y/N (30 days from Staff Analysis Publication Date)              | 8/30/16                          | Approval                       | 8/30/16                                                             | Y/A                                   | N/A                               | 8/30/16                                         | 8/30/16                                     | Y                                | 8/30/16                           |
| ERD Facility         | CON Review Number: E-854-9-08-07-011 - Bio-Medical Applications of Mississippi, Inc | 8/1/17                   | 10/17                                                                | 9/5/17 (Deemed Complete)                      | 9/5/17                                       | N/A                               | N/A                           | Y/N (30 days from Staff Analysis Publication Date)              | 10/2/17                          | Approval                       | 10/2/17                                                             | Y/A                                   | N/A                               | 10/2/17                                         | 10/2/17                                     | Y                                | 10/2/17                           |
| ERD Facility         | CON Review Number: E-854-9-08-07-011 - Bio-Medical Applications of Mississippi, Inc | 8/1/17                   | 10/17                                                                | 9/5/17 (Deemed Complete)                      | 9/5/17                                       | N/A                               | N/A                           | Y/N (30 days from Staff Analysis Publication Date)              | 10/2/17                          | Approval                       | 10/2/17                                                             | Y/A                                   | N/A                               | 10/2/17                                         | 10/2/17                                     | Y                                | 10/2/17                           |
| Mobile MRI Services  | CON Review Number: MD-RS-09-07-03-05 Baptist Medical Center, LLC                   | 9/29/17                  | 11/17                                                                | 10/17 (Y/N)                                  | 10/17                                        | Y/A                               | 10/17                        | Y/N (30 days from Staff Analysis Publication Date)              | 11/24/17                         | Approval                       | 11/24/17                                                             | Y/A                                   | N/A                               | 11/24/17                                        | 11/24/17                                     | Y                                | 11/24/17                          |
## CON Applications

| Facility/Service Type | Project Description | Date Application Received | Deadline for Notifying Applicant that Application is Ceased | Complete/Incomplete Notice Sent | Date of Public Notice of Application Info Received | Additional Info Requested (Y/N) | Date Additional Info Received | Staff Analysis Due Date (45 days from date application filed) | Staff Analysis Publication Date | Application Recommended for Approval/Disapproval | Hearing Request Deadline (10 days from Staff Analysis Publication Date) | Hearing Requested (Y/N) | Dead Line for Add'l Info on Negative Staff Analysis (30 days from Staff Analysis Publication Date) | Add'l Info Received on Negative Staff Analysis | Date Final Order Notice Published | Deadline to Issue Final Order (60 days from date application received or 60 days from Hearing if Appeal - Non-Environmental) | Final Order Issued/Effective Date | Chemaney Court Appeal Filed (Y/N) | Application Withdrawn (Y/N) & Date |
|-----------------------|---------------------|---------------------------|----------------------------------------------------------|---------------------------------|--------------------------------------------------|---------------------------------|-----------------------------|-------------------------------------------------|--------------------------------|------------------------------------------|-------------------------------------------------|-----------------------------|-----------------------------------------------------------------|---------------------------------|-----------------------------|----------------------------------------------------------|-------------------------------------------------|-----------------------------|
| Mobile MRI Services   | INC Review Number: 10A-135-023-024  | 10/16/17                  | 11/2/17                                                  | 11/13/17                        | 11/13/17                                        | Y                              | 11/13/17                    | 12/22/2017 (Saturday)                                    | 12/22/17 (Saturday)                                  | Approval                                  | 12/22/17 (Saturday)                                    | 12/22/17 (Saturday) | 12/22/17 (Saturday)                                    | N/A                                        | 12/22/17 (Saturday)                                    | 12/22/17 (Saturday)                                  | N/A                                        | 12/22/17 (Saturday)                                      | 12/22/17 (Saturday)                                      |

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<table>
<thead>
<tr>
<th>Type of Hearing</th>
<th>Project Description</th>
<th>Hearing Request Deadline</th>
<th>Hearing Request Date</th>
<th>Hearing Requestor</th>
<th>Date Notice of Hearing Request Sent to Parties</th>
<th>Deadline to Schedule Hearing (60 days from receipt of Request)</th>
<th>Agreement to Waive Time Period for Review (Y/N)</th>
<th>Hearing Date and Location</th>
<th>CON Legal Notice Publication Deadline</th>
<th>CON Legal Notice Publication Date</th>
<th>Hearing Withheld (Y/N) &amp; Date</th>
<th>Date Briefs Filed</th>
<th>Date Hearing Closed</th>
<th>Hearing Officer Decision Deadline (45 days from Date Hearing Closed)</th>
<th>Hearing Officer Recommendation and Date</th>
<th>Chancery Court Appeal Filed (Y/N) &amp; Date</th>
<th>Court of Appeals Filing Date (Y/N) &amp; Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearing During the Course of Review</td>
<td>CON Review Number: F-NS-0316-002 Oxford Pre-Op &amp; Imaging Center, LLC d/b/a Oxford Pre-Op &amp; Imaging Center Acquisition or Otherwise Control of Magnetic Resonance Imaging (MRI) and Offering of MRI Services Capital Expenditure: $1,935,457.00 Location: Oxford, Lafayette County, Mississippi</td>
<td>6/6/16</td>
<td>6/20/16</td>
<td>Requestor(s): Baptist Memorial Hospital-North Mississippi, Inc. d/b/a Baptist Memorial Hospital-North Mississippi BMH North Mississippi Imaging Services, LLC d/b/a Oxford Diagnostic Center</td>
<td>8/2/16</td>
<td>Y</td>
<td>10/24/16 through 10/26/16 Licensure</td>
<td>10/31/16</td>
<td>9/30/16</td>
<td>N</td>
<td>2/27/17</td>
<td>3/2/17</td>
<td>3/2/17</td>
<td>Recommended Approval 1/31/17</td>
<td>Y 4/26/17 Opinion Upholding MSBH Decision 8/8/17</td>
<td>9/9/17</td>
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<tr>
<td>Hearing During the Course of Review</td>
<td>CON Review Number: ASC-NS-0816-019 Columbus Orthopaedic Outpatient Center, LLC Convention of an Existing Single-Specialty Ambulatory Surgery Center to a Multi-Specialty ASC Capital Expenditure: $855,961.77 Location: Columbus, Lowndes County, Mississippi</td>
<td>10/17/16</td>
<td>10/17/16</td>
<td>OCH Regional Medical Center (Betty Toon Collins, Wise Center) Baptist Memorial Hospital Golden Triangle, Inc. d/b/a Baptist Memorial Golden Triangle (Barry Cockrell, Baxer Donelson)</td>
<td>10/28/16</td>
<td>12/16/16</td>
<td>Y</td>
<td>2/14/17 through 2/16/17 Underwood Postponed 2/20/17</td>
<td>2/4/17</td>
<td>2/4/17</td>
<td>2/15/17</td>
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<tr>
<td>Hearing During the Course of Review</td>
<td>CON Review Number: HIG-RHS-0917-013 Baptist Medical Center Attala, LLC d/b/a BMIC-Attala Establishment of Mobile MRI Services Capital Expenditure: $1,250.00 Location: Kosciusko, Attala County, Mississippi</td>
<td>11/23/17</td>
<td>11/30/17</td>
<td>Premier Medical Group of Mississippi, LLC d/b/a Kosciusko Medical Group</td>
<td>12/6/17</td>
<td>1/27/18</td>
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## Six Month Extensions/Progress Reports (SME/Prog. Rep.)

<table>
<thead>
<tr>
<th>Facility/Service Type</th>
<th>Project Description</th>
<th>Date Received</th>
<th>Additional Info Requested</th>
<th>Additional Info Received</th>
<th>Date Completed</th>
<th>Granted/Denied/Project Closed</th>
</tr>
</thead>
</table>
| Hospital              | CON Review Number: HG-R-0415-007  
CON Number: R-0895  
PHC-Cleveland, Inc. d/b/a Bolivar Medical Center  
Cosmetic Upgrades and Renovations for Bolivar Medical Center  
Authorized Capital Expenditure: $4,381,308.00  
Capital Expenditure Made to Date: $4,381,308.00 | 8/1/16        | Y                         |                          | 4/6/17        |                |
| Nursing Home          | CON Review Number: NH-CRF-0512-011  
CON Number: R-0884  
Hinds County Nursing & Rehabilitation Center, LLC  
Construction/Relocation and Replacement of 119 Nursing Home Beds/Services  
Authorized Capital Expenditure: | 2/15/17       |                            |                          |               |                |
| Hospital              | CON Review Number: HG-SB-0312-008  
CON Number: R-0857  
South Sunflower County Hospital Renovation/Cost Overrun Project  
Authorized Capital Expenditure: $9,479,670.00  
Capital Expenditure Made to Date: $8,097,485.31 | 3/28/17       |                            |                          |               |                |
| Medical Office Building | CON Review Number: MOB-C-0316-005  
CON Number: R-0911  
Methodist Le Bonheur Healthcare  
Construction of Medical Office Building  
Authorized Capital Expenditure: $ 6,568,860.00 | 5/30/17       | N                         | N/A                       | 11/10/17      | Granted        |

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### Six Month Extensions/Progress Reports (SME/Prog. Rep.)

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</tr>
</thead>
</table>
| Hospital              | CON Review Number: HG-C-0613-010  
CON Number: R-0670  
Mississippi Methodist Hospital and Rehabilitation Center, Inc. d/b/a Methodist Outpatient Rehabilitation Center  
Construction of Consolidated Outpatient Therapy Facility  
Authorized Capital Expenditure: $5,872,945.00  
Capital Expenditure Made to Date: TBS | 8/25/17        | Y                          |                          | 9/14/17        |                 |
| LTAC                  | CON Review Number: LTAC-BANK R-03 2015-003  
CON Number: R-0629  
Mississippi LTAC Holdings, LLC  
Conversion of 35 Acute Care Beds to 25 Long-Term Care Beds  
Authorized Capital Expenditure: $416,000.00  
Capital Expenditure Made to Date: $0.00 | 9/14/17        | N                          |                          | N/A           |                 |
| Nursing Home          | CON Review NF-CRF-0512-0211;  
CON Number: R-0884  
Hinds County Nursing & Rehabilitation Center, LLC  
Construction/Relocation and Replacement of 119 Nursing Home Beds/Services  
Authorized Capital Expenditure: $11,449,285  
Capital Expenditure Made to Date: $8,163,692.71 | 9/19/17        | N                          |                          | N/A           |                 |
| Hospital              | CON Review Number: HG-SB-0312-008  
CON Number: R-0857  
South Sunflower County Hospital Renovation/Cost Overrun Project  
Authorized Capital Expenditure: $9,479,670.00  
Capital Expenditure Made to Date: $9,248,482.38 | 9/26/17        | N                          |                          | N/A           |                 |

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As of Week Ending 12/1/17  
Note: Projects remain on Report for 30 days after completion
## Six Month Extensions/Progress Reports (SME/Prog. Rep.)

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</table>
| Nursing Home          | CON Review Number: NH-CRF-0908-039  
                       CON Number: R-0786  
                       Community Place Relocation  
                       Authorized Capital Expenditure: $9,870,000.00  
                       Capital Expenditure Made to Date: $537,439.11 | 9/26/17 | N | N/A | 10/17/17 | Granted |
| ESRD                  | CON Review Number: ESRD-ES-0117-001  
                       CON Number: R-0523  
                       Renal Care Group Tupelo, LLC d/b/a RCG Sardis  
                       Authorized Capital Expenditure: $761,103.60  
                       Capital Expenditure Made to Date: $0.00 | 10/3/17 | N | N/A | 10/3/17 | Filed |
| Hospital              | CON Review Number: NH-A-0816-018  
                       CON Number: R-0658  
                       George Regional Hospital d/b/a George Regional Health & Rehab  
                       Establishment/Construction of a 60-Bed Skilled Nursing Facility  
                       Authorized Capital Expenditure: $676,585  
                       Capital Expenditure Made to Date: $672,050 | 10/9/17 | | | | |
| Hospital              | CON Review Number: HG-CB-BANK R-04  
                       2015-002  
                       CON Number: R-0419  
                       Mississippi Alzheimer's Holdings, LLC  
                       Establishment of a 20-Bed Alzheimer's Dementia Special Care Unit  
                       Authorized Capital Expenditure: $416,000.00  
                       Capital Expenditure Made to Date: $0.00 | 10/13/17 | N | N/A | 11/1/17 | Granted |
| Hospital              | CON Review Number: HG-RC-0611-012  
                       CON Number: R-0838  
                       Memorial Hospital at Gulfport  
                       Patient Tower Expansion and Renovation  
                       Authorized Capital Expenditure: $58,785,711  
                       Capital Expenditure Made to Date: $9,530,387.09 | 10/17/17 | | | | |

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| ESRD                | CON Review Number: ESRD-NIS-0915-017  
CON Number: R-0908  
Fresenius Medical Care - Mid Mississippi Establishment of Satellite ESRD Facility Authorized Capital Expenditure: $4,688,732.00  
Capital Expenditure Made to Date: $3,341,449.99 | 10/26/17 | | | | |
| Hospital            | CON Review Number: HG-NIS-0816-015  
CON Number: R-0920  
Choctaw Regional Medical Center Mobile Magnetic Resonance Imaging (MRI) Project Authorized Capital Expenditure: $0.00  
Capital Expenditure Made to Date: $0.00 | 10/30/17 | | | | |
| Hospital            | CON Review Number: HG-CRF-0612-015  
CON Number: R-0860  
Baptist Memorial Hospital - North Mississippi Construction/Relocation and Replacement of 217 Bed Hospital/Services Authorized Capital Expenditure: $313,508,083.00  
Capital Expenditure Made to Date: | 10/30/17 | | | | |
| Hospital            | CON Review Number: HG-CB-0909-023  
CON Number: R-0817  
Methodist Healthcare - Olive Branch Hospital Construction of a 100-bed Acute Care Hospital, MRI, Therapeutic Cardiac Catheterization, Open Heart Surgery Equipment and Services and Obstetrics Authorized Capital Expenditure Made to Date: $97,135,596.00 | 11/15/17 | | | | |
| Hospital            | CON Review HG-RC-0314-003  
CON Number: R-0882  
Baptist Memorial Hospital - Golden Triangle, Inc. Pharmacy Relocation and Surgical Suite Expansion Authorized Capital Expenditure: $8,966,311  
Capital Expenditure Made to Date: $6,667,456 | 11/17/17 | | | | |

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| Medical Office Building | **CON Review Number:** MOB-C-0316-005  
**CON Number:** R-0911  
Methodist Le Bonheur Healthcare  
Construction of Medical Office Building  
Capital Expenditure: $6,568,850.00  
Capital Expenditure Made to Date: $0.00 | 11/20/17 | | | | |
| ESRD                  | **CON Review Number:** ESRD-NIS-0316-006  
**CON Number:** R-0912  
RCG Mississippi, Inc. d/b/a RCG  
Philadelphia d/b/a Neshoba County Dialysis  
Establishment of Satellite ESRD Facility  
Capital Expenditure: $4,114,560.85  
Capital Expenditure Made to Date: $3,614,531 | 11/30/17 | | | | |
| ESRD                  | **CON Review Number:** ESRD-NIS-0316-006  
**CON Number:** R-0910  
RCG Mississippi, Inc. d/b/a RCG of Meridian  
D/b/a Lauderdale County Dialysis  
Establishment of Satellite ESRD Facility  
Capital Expenditure: $3,717,896.96  
Capital Expenditure Made to Date: $3,340,082 | 11/30/17 | | | | |
| Hospital              | **CON Review Number:** HG-RG-0316-003  
**CON Number:** R-0909  
Baptist Memorial Hospital - DeSoto, Inc.  
Emergency Department Addition  
Capital Expenditure: $19,204,530  
Capital Expenditure Made to Date: $3,092,124.34 | 11/30/17 | | | | |
## Change of Ownership (CHOW) Applications

<table>
<thead>
<tr>
<th>Facility/Service Type</th>
<th>Project Description</th>
<th>Date Received</th>
<th>Deadline to Complete (30 days from Receipt of Application)</th>
<th>Date Notice Sent to DOM</th>
<th>Date Letter Received from DOM</th>
<th>Additional Info Requested</th>
<th>Additional Info Received</th>
<th>Application Approved/Rejected/Returned/Withdrawn</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rehabilitation Facility</td>
<td>Shady Lawn Health and Rehabilitation</td>
<td>11/1/2017</td>
<td>12/1/2017</td>
<td>11/2/2017</td>
<td>N</td>
<td>N/A</td>
<td>Approved</td>
<td>12/1/17</td>
</tr>
<tr>
<td>Hospital</td>
<td>Memorial Hospital at Gulfport Behavioral Health Campus, Assets and Services</td>
<td>11/30/17</td>
<td>12/30/17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Legend**

Columns in Red = Deadlines set by statute or policy

*Items in Bold and Italicics* = New information added since last Weekly Report.