

**Certificate of Need  
Activity Report - Decisions 4/1/2015 to 4/30/2015**

| Final Decision Date | CON ID  | Facility ID | Facility Name                  | City          | County     | Project Description          | Decision              | Project Cost |
|---------------------|---------|-------------|--------------------------------|---------------|------------|------------------------------|-----------------------|--------------|
| 04/01/2015          | 14-0167 | 33-C011     | CHARLES E. HAGAN, DDS          | EAST LANSING  | INGHAM     | INITIATE DENTAL CT SCANNER   | APPROVED              | \$99,458     |
| 04/01/2015          | 14-0200 | 70-C019     | DR. MARK L. M. POWELL          | JENISON       | OTTAWA     | INITIATE DENTAL CT SCANNER   | APPROVED              | \$123,984    |
| 04/01/2015          | 14-0133 | 63-C069     | ORAL & MAXILLOFACIAL SURGERY   | FARMINGTON    | OAKLAND    | INITIATE DENTAL CT SCANNER   | APPROVED              | \$125,000    |
| 04/03/2015          | 15-0081 | 06-0020     | SAINT MARY'S STANDISH          | STANDISH      | ARENAC     | MRI NETWORK NO. 96 [NOTICE]  | APPROVED              | \$0          |
| 04/03/2015          | 15-0080 | 80-0041     | BRONSON LAKEVIEW HOSPITAL      | PAW PAW       | VAN BUREN  | MRI NETWORK NO. 34 [NOTICE]  | APPROVED              | \$0          |
| 04/03/2015          | 15-0077 | 73-6811     | ST MARY'S OF MICHIGAN TOWNE    | SAGINAW       | SAGINAW    | MRI NETWORK NO. 34 [NOTICE]  | APPROVED              | \$0          |
| 04/03/2015          | 15-0082 | 75-0010     | STURGIS HOSPITAL               | STURGIS       | ST JOSEPH  | MRI NETWORK NO. 96 [NOTICE]  | APPROVED              | \$0          |
| 04/06/2015          | 15-0013 | 78-0010     | MEMORIAL HEALTHCARE            | OWOSSO        | SHIAWASSEE | PET NETWORK NO. 118 [NOTICE] | APPROVED              | \$0          |
| 04/08/2015          | 14-0307 | 83-0420     | ST JOHN HOSPITAL AND MEDICAL   | DETROIT       | WAYNE      | REPLACE CARD CATH LAB        | APPROVED              | \$1,186,442  |
| 04/08/2015          | 14-0355 | 79-0031     | HILLS & DALES GENERAL HOSPITAL | CASS CITY     | TUSCOLA    | REPLACE FIXED CT SCANNER     | APPROVED              | \$665,000    |
| 04/08/2015          | 15-0032 | 28-0010     | MUNSON MEDICAL CENTER          | TRAVERSE CITY | GRAND      | REPLACE 1 FIXED MRI UNIT     | APPROVED              | \$3,951,435  |
| 04/08/2015          | 15-0039 | 41-6835     | SPECTRUM HEALTH LAKE DRIVE     | KENTWOOD      | KENT       | RELOCATE 4 ORS FR SPECTRUM   | CONDITIONAL-AP        | \$615,193    |
| 04/13/2015          | 15-0118 | 61-6817     | MUSKEGON SURGERY CENTER LLC    | MUSKEGON      | MUSKEGON   | RENOVATE EXISTING SPACE AND  | WAIVED/NOT REVIEWABLE | \$2,153,426  |
| 04/15/2015          | 15-0070 | 41-0060     | METRO HEALTH HOSPITAL          | WYOMING       | KENT       | REPLACE 1 FIXED MRI UNIT     | CONDITIONAL-AP        | \$2,099,989  |
| 04/15/2015          | 14-0273 | 70-4120     | ALLENDALE NURSING AND          | ALLENDALE     | OTTAWA     | REPLACE 31 NH BEDS INTO NEW  | APPROVED              | \$2,074,378  |
| 04/16/2015          | 14-0149 | 50-6004     | INTERVENTIONAL PAIN CENTER,    | WARREN        | MACOMB     | NEW FSOFF WITH 1 OR          | CONDITIONAL-AP        | \$3,970,000  |
| 04/23/2015          | 14-0283 | 50-C628     | MICHIGAN RESONANCE             | MT CLEMENS    | MACOMB     | MRI NETWORK NO. 106          | APPROVED              | \$28,800     |
| 04/23/2015          | 14-0022 | 25-4001     | GENESYS CONVALESCENT CENTER    | GRAND BLANC   | GENESEE    | ACQ 12-BED NH BY GENESYS     | APPROVED              | \$1          |
| 04/23/2015          | 14-0297 | 81-0030     | ST JOSEPH MERCY HOSPITAL       | ANN ARBOR     | WASHTENAW  | ADD 4TH FIXED CT SCANNER     | APPROVED              | \$448,160    |
| 04/29/2015          | 15-0022 | 50-0070     | ST JOHN MACOMB-OAKLAND         | WARREN        | MACOMB     | REPLACE MRT UNIT             | APPROVED              | \$3,796,744  |

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| <b>Final Decision Date</b>            | <b>CON ID</b> | <b>Facility ID</b> | <b>Facility Name</b>        | <b>City</b> | <b>County</b> | <b>Project Description</b>        | <b>Decision</b>    | <b>Project Cost</b>  |
|---------------------------------------|---------------|--------------------|-----------------------------|-------------|---------------|-----------------------------------|--------------------|----------------------|
| 04/29/2015                            | 14-0025       | 63-4380            | HOLLY CONVALESCENT CENTER   | HOLLY       | OAKLAND       | REPLACE BEDS INTO NEW             | CONDITIONAL-<br>AP | \$5,750,000          |
| 04/29/2015                            | 15-0025       | 82-C705            | MICHIGAN MOBILE PET IMAGING | DEARBORN    | WAYNE         | REPLACE PET NETWORK NO.<br>137    | APPROVED           | \$1,533,000          |
| 04/29/2015                            | 14-0326       | 50-4256            | WELLBRIDGE OF ROMEO         | ROMEO       | MACOMB        | ADD 33 NH BEDS FR ROMEO           | APPROVED           | \$2,400,000          |
| 04/29/2015                            | 14-0327       | 50-4140            | ROMEO CONTINUING CARE       | ROMEO       | MACOMB        | RELOCATE 33 NH BEDS TO            | CONDITIONAL-<br>AP | \$0                  |
| <b>4/1/2015 - 4/30/2015 Decisions</b> |               | <b>24</b>          |                             |             |               | <b>4/1/2015 - 4/30/2015 Costs</b> |                    | <b>\$31,021,010</b>  |
| <b>YTD Decisions</b>                  |               | <b>90</b>          |                             |             |               | <b>YTD Costs</b>                  |                    | <b>\$527,337,833</b> |