

**OHIO DEPARTMENT OF HEALTH  
ANNUAL HOSPITAL REGISTRATION AND PLANNING REPORT  
STATISTICAL INFORMATION  
JANUARY 1, 2019 - DECEMBER 31, 2019**

Please Return to: Ohio Department of Health  
OHAL/LICENSURE  
246 N. High St - 3rd Floor  
Columbus, OH. 43215-2412

This report must be returned by **March 1, 2020**

Completion of this report is required pursuant to section 3701.07 of the Ohio Revised Code.

**SCHEDULE A. IDENTIFICATION**

Name of Hospital	Hospital Registration Number
Advanced Specialty Hospital of Toledo	1477
Medicare Name (if different from registration)	National Provider Identifier
Garden II Leasing Co., LLC	1215110994
Hospital Address/Location: (street name and number, city and zip code)	Medicare Provider Number
1015 Garden Lake Parkway, Toledo, OH 43614	362038

Telephone Number: (419)381-0037

County:  
**LUCAS**

Mailing address: (if different from above):

Hospital E-Mail Address: tchildress@chs-corp.com

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Name of Chief Executive Officer	Title	
Ms. Denise M. Wayne	Chief Executive Officer	
Name of person submitting report	Title	Telephone Number:
Doug Morris	Chief Financial Officer	(419)381-0037

Accreditation/certification status: (Check One)

Joint Commission (JC)  
Date of last accreditation survey: 6/24/2017

Healthcare Facilities Accreditation Program (HFAP)  
Date of last accreditation survey: \_\_\_\_\_

Det Norske Veritas (DNV)  
Date of last accreditation survey: \_\_\_\_\_

Medicare Certification (if not accredited by other entities prior)  
Date of last certification survey: \_\_\_\_\_

**Satellite Units:**

Indicate name, address, county and zip code of each satellite unit owned and operated by the hospital (i.e. Emergency Medical Center, Surgery Center, Ambulatory Care Center, Hospice) which is a separate and distinct entity but is not independently registered. (satellite unit is defined in OAC 3701-59-01 (OO))

**Additional information required:**

**types of services provided and total number of patients treated (on an outpatient basis) for each type of service.**

**Name of Satellite Unit:**

**County:**

**Address (street address, city, state)**

**Zip Code:**

**TYPES OF SERVICES PROVIDED:**

**TOTAL PATIENTS TREATED FOR EACH SERVICE TYPE**

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**SCHEDULE B. CLASSIFICATION**

1. Indicate the type of organization responsible for establishing policy concerning overall operation of your hospital.

**CHECK ONLY ONE**

Government  
Non-Federal

Non-Government  
Not-For-Profit

Investor-Owned  
For-Profit

- State
- County
- City
- City-County
- Hospital District or Authority

- Church-Operated
- Other Not-For Profit

- Individual
- Partnership
- Corporation

2. Is this hospital part of a multi-hospital system?  Yes  No

Name of System:

3. Medicare Hospital Classification:

- Short-term acute care
- Rehabilitation
- Long-term acute care
- Psychiatric
- Critical Access
- Children's

4. Hospital's primary or specialty classification (if different from Medicare):

- General
- Alcohol and drug
- Burn Care
- Cancer
- Heart
- Children's
- Rehabilitation
- Psychiatric
- Other: Long term acute care

5. Business name and Medicare certification number or state licensure number, if entities below are contained within hospital:

Distinct-part psychiatric unit \_\_\_\_\_

Distinct-part rehabilitation unit \_\_\_\_\_

Transplant center \_\_\_\_\_

Maternity unit \_\_\_\_\_

**SCHEDULE C. FACILITIES AND SERVICES**

**Hospital Service** **Inpatient**      **Outpatient**

Not Available	In House	Contracted	Shared
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Surgical Services**

Number of Surgical Cases	<u>0</u>	<u>0</u>
Number of Surgical Operating Rooms	<u>0</u>	<u>0</u>
Dual-Purpose Operating Rooms		
(Total Number of Inpatient + Outpatient)	<u>0</u>	
Total Operating Rooms Onsite	<u>0</u>	
Total Operating Rooms Offsite	<u>0</u>	

**Emergency Services**

Number of Patients:	
Treated and admitted to hospital	<u>0</u>
Treated in ER and released	<u>0</u>

**CARDIAC SERVICES**

Number of cardiac catheterizations performed:	
Pediatric	<u>0</u>
Adult	<u>0</u>
Number of adult open-heart surgical procedures:	<u>0</u>
Number of pediatric cardiovascular surgery procedures:	<u>0</u>

**OBSTETRIC AND NEWBORN DESIGNATION**

Level designation of obstetric services	<b>0</b>
Level designation of newborn	<b>0</b>

**TRAUMA LEVEL DESIGNATION  
(As verified by American College of Surgeons)**

Adult Trauma Level Designation	<b>Not available</b>
Pediatric Trauma Level Designation	<b>Not available</b>

## SCHEDULE D. BEDS AND UTILIZATION

## 1. Inpatient Services

Bed Category	Number of Admissions (including Transfers)	Patients Days of Care	Beds in Use
Adult medical/surgical			
Adult special care (ICU/CCU)			
Alcohol/chemical dependency			
Burn			
Hospice			
Long Term Care			
LTAC-LTA less than 30 days stay	318	7859	40
Newborn care– level I			
Newborn care– level II			
Newborn care– level III			
Obstetrics - level I			
Obstetrics - level II			
Obstetrics - level III			
Pediatric general			
Pediatric Intensive (PICU)			
Physical rehabilitation			
Psychiatric			
Special skilled nursing			
Swing Beds			
<b>TOTAL HOSPITAL (Total of all Bed Categories)</b>	318	7859	40

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**SCHEDULE D. BEDS AND UTILIZATION (continued)****2. Inpatient Discharges (indicate the number of inpatients discharged by category)**

Home without referral to Home care or Hospice Service	19
Home with referral to Home care	40
Home with referral to Hospice Care Program	
To Inpatient Service of a Hospice Care Program	14
Transfers to Other Hospitals	94
Transfers to A Nursing Home	131
Expired	10
<b>TOTAL DISCHARGES</b>	<b>308</b>

## SCHEDULE E. HOSPITAL PERSONNEL

### 1. Licensed or Certified Professional Employees

Total Number of Employees      Total F.T.E.'s  
(Includes part-time & full-time staff)

All other licensed professional/tech staff		
Certified Nurse Practitioner		
Certified Nurse-Midwife		
Certified RN Anesthetists(CRNA)		
Clinical Nurse Specialist		
Contracted physicians		
Dentists/Dental residents		
Dietetic technicians		
Dietitians (registered, eligible)		
Interns		
Licensed practical nurses		
Medical social workers (exclude psych.)		
Medical Technician		
Medical technologists		
Nursing assistants	18	11.10
Occupational therapists		
Other licensed/certified laboratory personnel		
Other licensed/certified radiological personnel		
Pharmacists, licensed		
Pharmacy technicians	2	1.00
Physical therapists		
Physician assistants		
Psychiatric social workers		
Psychologists		
Radiological Personnel		
Radiological Technologist - technicians		
Registered nurses	46	27.00
Residents		
Respiratory therapists	21	10.60
Salaried physicians		
Speech/audiology therapists		
<b>TOTALS:</b>	<b>87</b>	<b>49.70</b>

## SCHEDULE E. HOSPITAL PERSONNEL (CONTINUED)

2. Medical Staff (Count specialization only once)	Number of Active/Associate Medical Staff	Number of Board Certified Active/Associate Medical Staff	Number of House Staff	Number of House Staff in ACGME or AOA approved training positions	Number of House Staff in ADA approved training positions
Allergy / immunology					
Anesthesiology					
Cardiology					
Dentistry					
Dermatology					
Emergency medicine					
Family Medicine					
Family practice					
Gastroenterology					
General internal medicine	10	10			
General medicine rotation program					
General practice					
Hematology	1	1			
Neonatology					
Neurology					
Nuclear medicine					
Obstetrics and gynecology					
Oncology					
Ophthalmology	1	1			
Other medical specialties	45	45			
Otorhinolaryngology					
Pathology	1	1			
Pediatrics					
Physical medicine	3	3			
Podiatry	1	1			
Psychiatry	1	1			
Radiology	23	23			
Rheumatology					
Surgery: cardiovascular vascular					
Surgery: colon and rectal					
Surgery: general	6	6			
Surgery: neurological					
Surgery: orthopedic					
Surgery: other surgery specialties					
Surgery: plastic					
Surgery: rotation program					
Surgery: thoracic					
Urology					
<b>TOTAL:</b>	92	92	0	0	0



PATIENT'S COUNTY (OR STATE IF OTHER THAN OHIO) OF RESIDENCE AT TIME OF ADMISSION  
(REPORTED IN THE AGGREGATE)

ADAMS	GEAUGA	MIAMI	VINTON
ALLEN	GREENE	MONROE	WARREN
ASHLAND 1	GUERNSEY	MONTGOMERY	WASHINGTON
ASHTABULA	HAMILTON	MORGAN	WAYNE
ATHENS	HANCOCK 2	MORROW	WILLIAMS 6
AUGLAIZE	HARDIN	MUSKINGUM	WOOD 27
BELMONT	HARRISON	NOBLE	WYANDOT 3
BROWN	HENRY 13	OTTAWA 8	OTHER STATES
BUTLER	HIGHLAND	PAULDING	INDIANA
CARROLL	HOCKING	PERRY	KENTUCKY
CHAMPAIGN	HOLMES	PICKAWAY	MICHIGAN 12
CLARK	HURON 5	PIKE	PENNSYLVANIA
CLERMONT	JACKSON	PORTAGE	WEST VIRGINIA
CLINTON	JEFFERSON	PREBLE	OTHER STATE 3
COLUMBIANA	KNOX	PUTNAM 1	
COSHOCTON	LAKE	RICHLAND	
CRAWFORD	LAWRENCE	ROSS	
CUYAHOGA	LICKING	SANDUSKY 12	
DARKE	LOGAN	SCIOTO	
DEFIANCE 8	LORAIN	SENECA 11	
DELAWARE	LUCAS 198	SHELBY	
ERIE 1	MADISON	STARK	
FAIRFIELD	MAHONING	SUMMIT	
FAYETTE	MARION	TRUMBULL	
FRANKLIN	MEDINA	TUSCARAWAS	
FULTON 7	MEIGS	UNION	
GALLIA	MERCER	VAN WERT	

**AFFIDAVIT**

**CERTIFICATION BY THE CHIEF EXECUTIVE OFFICER OF THE HOSPITAL**

Report period FROM: 1/1/2019 TO 12/31/2019 INCLUSIVE

I hereby certify that the statements made in the foregoing report are true to the best of my knowledge and belief.

(AHR Online Submission)

\_\_\_\_\_  
(Signature)

Doug Morris

\_\_\_\_\_  
(Name)

Chief Financial Officer

\_\_\_\_\_  
(Title)

(419)381-0037

\_\_\_\_\_  
(Phone)

3/3/2020

\_\_\_\_\_  
(Date Report Signed)