

**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
Acuity Specialty Hospital - Ohio Valley at Belmont	1490
Medicare Name (if different from registration)	National Provider Identifier
	1285862136
Hospital Address/Location: (street name and number, city and zip code)	Medicare Provider Number
4697 Harrison Street, Bellaire, OH 43906	36203500

Telephone Number: (704)887-7283

County:

**BELMONT**

Mailing address: (if different from above):

Hospital E-Mail Address: Debra.Walsh@odh.ohio.gov

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Name of Chief Executive Officer	Title	
Mrs. Judy Weaver	Chief Executive Officer	
Name of person submitting report	Title	Telephone Number:
Stephen Clayton	VP Revenue Cycle	(704)887-7283

Accreditation/certification status: (Check One)

Joint Commission (JC)

Date of last accreditation survey: 5/13/2017

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

Church-Operated

Individual

County

Other Not-For Profit

Partnership

City

Corporation

City-County

Hospital District or Authority

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

Name of System: Acuity Healthcare, LP

3. Medicare Hospital Classification:

Short-term acute care

Psychiatric

Rehabilitation

Critical Access

Long-term acute care

Children's

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

General

Heart

Alcohol and drug

Children's

Burn Care

Rehabilitation

Cancer

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		

**Surgical Services**

Number of Surgical Cases	40	0
Number of Surgical Operating Rooms	0	0
Dual-Purpose Operating Rooms (Total Number of Inpatient + Outpatient)		0
Total Operating Rooms Onsite		0
Total Operating Rooms Offsite		0

**Emergency Services**

Number of Patients:	
Treated and admitted to hospital	0
Treated in ER and released	0

**CARDIAC SERVICES**

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

**OBSTETRIC AND NEWBORN DESIGNATION**

Level designation of obstetric services	0
Level designation of newborn	0

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

Adult Trauma Level Designation	Not available
Pediatric Trauma Level Designation	Not available

**SCHEDULE D. BEDS AND UTILIZATION**

**1. Inpatient Services**

<b>Bed Category</b>	<b>Number of Admissions (including Transfers)</b>	<b>Patients Days of Care</b>	<b>Beds in Use</b>
Adult medical/surgical			
Adult special care (ICU/CCU)			
Alcohol/chemical dependency			
Burn			
Hospice			
Long Term Care			
LTAC-LTA less than 30 days stay	125	4039	19
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>	125	4039	19

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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	14
Home with referral to Home care	26
Home with referral to Hospice Care Program	3
To Inpatient Service of a Hospice Care Program	3
Transfers to Other Hospitals	33
Transfers to A Nursing Home	36
Expired	19

**TOTAL DISCHARGES**

**134**

**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	1	1.00
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.)	1	1.00
Medical Technician		
Medical technologists		
Nursing assistants	13	10.00
Occupational therapists		
Other licensed/certified laboratory personnel		
Other licensed/certified radiological personnel		
Pharmacists, licensed		
Pharmacy technicians		
Physical therapists		
Physician assistants		
Psychiatric social workers		
Psychologists		
Radiological Personnel		
Radiological Technologist - technicians		
Registered nurses	30	19.00
Residents		
Respiratory therapists	11	6.00
Salaried physicians		
Speech/audiology therapists		
<b>TOTALS:</b>	<b>56</b>	<b>37.00</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	6	5			
Cardiology	8	7			
Dentistry					
Dermatology					
Emergency medicine					
Family Medicine	1	1			
Family practice	5	2			
Gastroenterology	5	2			
General internal medicine	19	5			
General medicine rotation program					
General practice					
Hematology	1				
Neonatology					
Neurology					
Nuclear medicine					
Obstetrics and gynecology	1	1			
Oncology	1	1			
Ophthalmology					
Other medical specialties	25	16			
Otorhinolaryngology	3	3			
Pathology					
Pediatrics					
Physical medicine	1	1			
Podiatry	2	1			
Psychiatry	4	4			
Radiology					
Rheumatology					
Surgery: cardiovascular vascular	3	3			
Surgery: colon and rectal					
Surgery: general	4	3			
Surgery: neurological					
Surgery: orthopedic	5	5			
Surgery: other surgery specialties					
Surgery: plastic	3	2			
Surgery: rotation program					
Surgery: thoracic					
Urology	1	1			
<b>TOTAL:</b>	<b>98</b>	<b>63</b>	<b>0</b>	<b>0</b>	<b>0</b>



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 3	WARREN
ASHLAND	GUERNSEY	MONTGOMERY	WASHINGTON 2
ASHTABULA	HAMILTON	MORGAN	WAYNE
ATHENS	HANCOCK 2	MORROW	WILLIAMS
AUGLAIZE	HARDIN	MUSKINGUM	WOOD
BELMONT 53	HARRISON 6	NOBLE	WYANDOT
BROWN	HENRY	OTTAWA	OTHER STATES
BUTLER	HIGHLAND	PAULDING	INDIANA
CARROLL	HOCKING	PERRY	KENTUCKY
CHAMPAIGN	HOLMES	PICKAWAY	MICHIGAN
CLARK	HURON	PIKE	PENNSYLVANIA
CLERMONT	JACKSON	PORTAGE	WEST VIRGINIA 47
CLINTON	JEFFERSON 12	PREBLE	OTHER STATE
COLUMBIANA	KNOX	PUTNAM	
COSHOCTON	LAKE	RICHLAND	
CRAWFORD	LAWRENCE	ROSS	
CUYAHOGA	LICKING	SANDUSKY	
DARKE	LOGAN	SCIOTO	
DEFIANCE	LORAIN	SENECA	
DELAWARE	LUCAS	SHELBY	
ERIE	MADISON	STARK	
FAIRFIELD	MAHONING	SUMMIT	
FAYETTE	MARION	TRUMBULL	
FRANKLIN	MEDINA	TUSCARAWAS	
FULTON	MEIGS	UNION	
GALLIA	MERCER	VAN WERT	

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**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)

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(Signature)

Stephen Clayton

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(Name)

VP Revenue Cycle

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(Title)

(704)887-7283

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(Phone)

2/28/2020

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(Date Report Signed)