

**OHIO DEPARTMENT OF HEALTH
ANNUAL HOSPITAL REGISTRATION AND PLANNING REPORT
STATISTICAL INFORMATION
JANUARY 1, 2020 - DECEMBER 31, 2020**

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, 2021**

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
Arrowhead Behavioral Health	1543
Medicare Name (if different from registration)	National Provider Identifier
Arrowhead Behavioral Health, LLC	1336370196
Hospital Address/Location: (street name and number, city and zip code)	Medicare Provider Number
1725 Timberline Road, Maumee, OH 43537	364036

Telephone Number: (419)891-9333

County:
LUCAS

Mailing address: (if different from above):
1725 Timberline Road, Maumee, OH 43537

Hospital E-Mail Address: Theresa.Contreras@uhsinc.com

Name of Chief Executive Officer	Title	
Mrs. Theresa Contreras	CEO/Managing Director	
Name of person submitting report	Title	Telephone Number:
Cheryl Wortham	Director of Risk Management/PI/Compliance	419-740-6815

Accreditation/certification status: (Check One)

Joint Commission (JC)
Date of last accreditation survey: 10/16/2020

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

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: Universal Health Services, Inc

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:

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	0	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

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	1251	8566	34
Burn			
Hospice			
Long Term Care			
LTAC-LTA less than 30 days stay			
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	198	1879	14
Special skilled nursing			
Swing Beds			
TOTAL HOSPITAL (Total of all Bed Categories)	1449	10445	48

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	1886
Home with referral to Home care	
Home with referral to Hospice Care Program	
To Inpatient Service of a Hospice Care Program	
Transfers to Other Hospitals	
Transfers to A Nursing Home	
Expired	

TOTAL DISCHARGES	1886
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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	9	3.00
Certified Nurse Practitioner		
Certified Nurse-Midwife		
Certified RN Anesthetists(CRNA)		
Clinical Nurse Specialist		
Contracted physicians	7	3.60
Dentists/Dental residents		
Dietetic technicians		
Dietitians (registered, eligible)	3	0.30
Interns	4	2.00
Licensed practical nurses	4	4.00
Medical social workers (exclude psych.)		
Medical Technician		
Medical technologists		
Nursing assistants		
Occupational therapists		
Other licensed/certified laboratory personnel		
Other licensed/certified radiological personnel	8	0.80
Pharmacists, licensed	4	2.00
Pharmacy technicians		
Physical therapists		
Physician assistants		
Psychiatric social workers	19	11.20
Psychologists	1	0.60
Radiological Personnel		
Radiological Technologist - technicians		
Registered nurses	32	27.05
Residents		
Respiratory therapists		
Salaried physicians		
Speech/audiology therapists		
TOTALS:	91	54.55

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	2	2			
Gastroenterology					
General internal medicine					
General medicine rotation program					
General practice					
Hematology					
Neonatology					
Neurology					
Nuclear medicine					
Obstetrics and gynecology					
Oncology					
Ophthalmology					
Other medical specialties					
Otorhinolaryngology					
Pathology					
Pediatrics					
Physical medicine					
Podiatry					
Psychiatry	5	5			
Radiology					
Rheumatology					
Surgery: cardiovascular vascular					
Surgery: colon and rectal					
Surgery: general					
Surgery: neurological					
Surgery: orthopedic					
Surgery: other surgery specialties					
Surgery: plastic					
Surgery: rotation program					
Surgery: thoracic					
Urology					
TOTAL:	7	7	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 1	VINTON
ALLEN 11	GREENE	MONROE	WARREN
ASHLAND 1	GUERNSEY	MONTGOMERY 3	WASHINGTON
ASHTABULA	HAMILTON	MORGAN	WAYNE
ATHENS	HANCOCK 38	MORROW 1	WILLIAMS 51
AUGLAIZE 5	HARDIN 10	MUSKINGUM	WOOD 133
BELMONT	HARRISON	NOBLE	WYANDOT 11
BROWN	HENRY 37	OTTAWA 42	OTHER STATES
BUTLER 2	HIGHLAND	PAULDING 3	INDIANA 1
CARROLL	HOCKING	PERRY	KENTUCKY 1
CHAMPAIGN	HOLMES 1	PICKAWAY	MICHIGAN 91
CLARK	HURON 40	PIKE	PENNSYLVANIA 7
CLERMONT	JACKSON	PORTAGE 2	WEST VIRGINIA 1
CLINTON	JEFFERSON	PREBLE	OTHER STATE 13
COLUMBIANA	KNOX	PUTNAM 6	
COSHOCTON	LAKE	RICHLAND 10	
CRAWFORD 2	LAWRENCE	ROSS	
CUYAHOGA 6	LICKING 2	SANDUSKY 46	
DARKE	LOGAN 4	SCIOTO	
DEFIANCE 52	LORAIN 37	SENECA 54	
DELAWARE	LUCAS 1017	SHELBY 2	
ERIE 56	MADISON	STARK 2	
FAIRFIELD	MAHONING	SUMMIT	
FAYETTE	MARION	TRUMBULL 1	
FRANKLIN 4	MEDINA 1	TUSCARAWAS 1	
FULTON 69	MEIGS	UNION	
GALLIA	MERCER 4	VAN WERT 4	

AFFIDAVIT

CERTIFICATION BY THE CHIEF EXECUTIVE OFFICER OF THE HOSPITAL

Report period FROM: 1/1/2020 TO 12/31/2020 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)

Cheryl Wortham

(Name)

Director of Risk
Management/PI/Compliance

(Title)

419-740-6815

(Phone)

1/21/2021

(Date Report Signed)