

**OHIO DEPARTMENT OF HEALTH  
ANNUAL HOSPITAL REGISTRATION AND PLANNING REPORT  
STATISTICAL INFORMATION  
JANUARY 1, 2021 - DECEMBER 31, 2021**

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, 2022**

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
Access Hospital Dayton, LLC	1499
Medicare Name (if different from registration)	National Provider Identifier
	1063737765
Hospital Address/Location: (street name and number, city and zip code)	Medicare Provider Number
2611 Wayne Avenue, Dayton, OH 45420	364050

Telephone Number: (937)256-7801

County:

**MONTGOMERY**

Mailing address: (if different from above):

Hospital E-Mail Address: rebecca.sherman@accesshospital.net

---

Name of Chief Executive Officer	Title	
Mr. John Johnson	CEO	
Name of person submitting report	Title	Telephone Number:
Rebecca Sherman	Billing Manager	(937)256-7801

---

Accreditation/certification status: (Check One)

Joint Commission (JC)

Date of last accreditation survey: 12/5/2017

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**

---

---

**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:

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			
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	983	5583	54
Special skilled nursing			
Swing Beds			
<b>TOTAL HOSPITAL (Total of all Bed Categories)</b>	983	5583	54

**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	960
	<hr/>
Home with referral to Home care	<hr/>
Home with referral to Hospice Care Program	<hr/>
To Inpatient Service of a Hospice Care Program	<hr/>
Transfers to Other Hospitals	35
	<hr/>
Transfers to A Nursing Home	<hr/>
Expired	<hr/>

<b>TOTAL DISCHARGES</b>	<b>995</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	1	0.50
Certified Nurse-Midwife		
Certified RN Anesthetists(CRNA)		
Clinical Nurse Specialist		
Contracted physicians		
Dentists/Dental residents		
Dietetic technicians		
Dietitians (registered, eligible)		
Interns		
Licensed practical nurses	3	2.50
Medical social workers (exclude psych.)		
Medical Technician		
Medical technologists		
Nursing assistants		
Occupational therapists		
Other licensed/certified laboratory personnel		
Other licensed/certified radiological personnel		
Pharmacists, licensed	3	2.00
Pharmacy technicians	2	1.50
Physical therapists		
Physician assistants		
Psychiatric social workers	1	1.00
Psychologists		
Radiological Personnel		
Radiological Technologist - technicians		
Registered nurses	9	9.00
Residents		
Respiratory therapists		
Salaried physicians		
Speech/audiology therapists		
<b>TOTALS:</b>	<b>19</b>	<b>16.50</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					
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	3	2			
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					
<b>TOTAL:</b>	3	2	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 36	VINTON
ALLEN 5	GREENE 32	MONROE	WARREN 19
ASHLAND	GUERNSEY	MONTGOMERY 522	WASHINGTON
ASHTABULA	HAMILTON 29	MORGAN	WAYNE
ATHENS	HANCOCK	MORROW 1	WILLIAMS
AUGLAIZE 1	HARDIN 1	MUSKINGUM 1	WOOD
BELMONT 1	HARRISON	NOBLE 1	WYANDOT
BROWN 1	HENRY	OTTAWA	OTHER STATES
BUTLER 39	HIGHLAND	PAULDING 1	INDIANA
CARROLL	HOCKING	PERRY 2	KENTUCKY
CHAMPAIGN 2	HOLMES	PICKAWAY	MICHIGAN
CLARK 59	HURON	PIKE 1	PENNSYLVANIA
CLERMONT 5	JACKSON	PORTAGE	WEST VIRGINIA
CLINTON 15	JEFFERSON	PREBLE 13	OTHER STATE
COLUMBIANA	KNOX	PUTNAM	
COSHOCTON	LAKE	RICHLAND	
CRAWFORD 1	LAWRENCE 1	ROSS 6	
CUYAHOGA	LICKING 4	SANDUSKY	
DARKE 24	LOGAN 4	SCIOTO 3	
DEFIANCE	LORAIN	SENECA	
DELAWARE 6	LUCAS 3	SHELBY 19	
ERIE	MADISON	STARK	
FAIRFIELD 3	MAHONING	SUMMIT	
FAYETTE 1	MARION	TRUMBULL	
FRANKLIN 118	MEDINA 1	TUSCARAWAS	
FULTON	MEIGS	UNION 1	
GALLIA	MERCER 1	VAN WERT	

**AFFIDAVIT**

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

Report period FROM: 1/1/2021 TO 12/31/2021 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)

Rebecca Sherman

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

Billing Manager

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

(937)256-7801

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

3/18/2022

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