



**MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
OFFICE OF HEALTH CARE QUALITY
SPRING GROVE CENTER
BLAND BRYANT BUILDING
55 WADE AVENUE
CATONSVILLE, MARYLAND 21228**

License No. 13-015

Issued to:

Prince Georges Hospital Center
3001 Hospital Drive
Cheverly, MD 20785

Type of Facility: Acute General Hospital

Date Issued: September 10, 2010

Authority to operate in this State is granted to the above entity pursuant to The Health-General Article, Title 19 Section 318 Annotated Code of Maryland, 1982 Edition, and subsequent supplements and is subject to any and all statutory provisions, including all applicable rules and regulations promulgated thereunder. This document is not transferable.

Expiration Date: December 10, 2013

Nancy B. Grimmer

Director

Falsification of a license shall subject the perpetrator to criminal prosecution and the imposition of civil fines.

Prince George's Hospital Center

Cheverly, MD

has been Accredited by



The Joint Commission

Which has surveyed this organization and found it to meet the requirements for the

Hospital Accreditation Program

The evaluation of the long term care services of this organization was substantially based on the results of its most recent federal Medicare/Medicaid certification evaluation.

September 11, 2010

Accreditation is customarily valid for up to 39 months.

Isabel V. Hoverman, MD, MACP
Chair, Board of Commissioners

Organization ID #: 6285
Print/Reprint Date: 11/15/2011

Mark R. Chassin, MD, FACP, MPP, MPH
President

The Joint Commission is an independent, not-for-profit, national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.



This reproduction of the original accreditation certificate has been issued for use in regulatory/payer agency verification of accreditation by The Joint Commission. Please consult Quality Check on The Joint Commission's website to confirm the organization's current accreditation status and for a listing of the organization's locations of care.



STATE OF MARYLAND

DHMH**Maryland Department of Health and Mental Hygiene**

Office of Health Care Quality

Spring Grove Center · Bland Bryant Building

55 Wade Avenue · Catonsville, Maryland 21228-4663

Martin O'Malley, Governor · Anthony G. Brown, Lt. Governor · Joshua M. Sharfstein M.D., Secretary

July 2, 2012

Mr. John O'Brien, Administrator
Prince Georges Hospital Center
3001 Hospital Drive
Cheverly, MD 20785

RE: FY 2013 Licensed Bed Designation

Dear Mr. O'Brien:

Enclosed is the newly adjusted Licensed Bed Designation for your hospital. The License Bed Designation is effective from July 1, 2012 to June 30, 2013. The Licensed Bed Designation is recalculated and adjusted annually on the first of July in accordance with Health General Article §19-307.2. The licensed bed calculation affects the licensed capacity for the acute care beds only. It does not affect the licensed capacity for chronic, rehabilitation and communicable disease hospitals within acute care hospitals.

If necessary to adequately address emergency and non-emergency demands for services, the hospital may exceed its licensed capacity if the following procedures are followed:

(a) Using the attached application, you must notify the Office of Health Care Quality within five (5) business days of the effective dates of each change in capacity. The application may faxed to Renee Webster at the Office of Health Care Quality at (410) 402-8167. This office will verify and approve your request within two working days. **Please note that you must specify the length of time the hospital has/will exceed its capacity, the number of beds required to meet the increased demand, and the reason the increase in capacity is required.** If the capacity of one service is exceeded but the hospital continues to operate within its total licensed beds, the hospital does not need to request an approval to exceed capacity. Additionally, the hospital cannot request approval for an increase in capacity for a period greater than one week on any one application.

Please make additional copies of the application for future use. Additional copies of this form can be obtained by contacting Christine Parent of the Maryland Health Care Commission at (410) 764-3834.

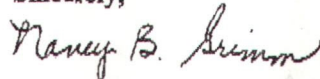
(b) In your monthly reports to the Maryland Health Services Cost Review Commission, the hospital must report the number of days it has exceeded its license bed capacity and the number of beds that were in excess on each of those days. For additional information, please contact Christopher O'Brien at 410-764-3675.

For those hospitals that have been allocated more beds than the hospital's current physical plant can accommodate, the hospital must ensure that all areas used as inpatient rooms meet federal and State regulations. If renovations are required that involve capital expenditures, please contact the Maryland Health Care Commission to determine if a certificate of need is required for those expenditures.

If the hospital requires a change in the designation of beds as indicated on the enclosed approved Licensed Bed Designation form prior to July 1, 2013, a written request must be made to Christine Parent at the Maryland Health Care Commission. The reallocation of beds must be within the major service categories approved for your hospital and may not exceed the total licensed bed capacity for the hospital.

Questions regarding this procedure or your license may be referred to Renee Webster, Assistant Director for Hospitals, Laboratories and Patient Safety at the Office of Health Care Quality at (410) 402-8016.

Sincerely,



Nancy B. Grimm, RN, JD Director
Office Of Health Care Quality

Enclosures: Acute General Hospital Licensed Bed Designation
Application for Temporary Adjustment Acute
General Hospital Licensed Bed Designation

cc: Maryland Health Care Commission
Maryland Health Services Cost Review Commission
Office of Health Services
Medical Care Operations and Eligibility Services
License File

Acute General Hospital Licensed Bed Designation: FY 2013
Office of Health Care Quality and Maryland Health Care Commission

Hospital Name: *Prince George's Hospital Center*

License Number: 16-015

A. LICENSED ACUTE CARE BEDS SUBJECT TO DESIGNATION PROCEDURE

Service Category:	Designation of Beds
MEDICAL/SURGICAL/GYNECOLOGICAL/ADDICTIONS (MSGA)	
Medical-Surgical Acute	118
Gynecologic	0
Addictions	0
Definitive Observation/Stepdown	0
Medical Surgical Intensive Care	24
Medical Cardiac Critical Care	10
Burn Critical Care (HSCRC-designated service only)	0
Shock Trauma (HSCRC-designated service only)	0
Oncology (HSCRC-designated service only)	0
Total Medical/Surgical/Gynecological/Addictions (MSGA)	152
OBSTETRIC	36
PEDIATRIC	
Pediatric Acute	8
Pediatric Intensive Care	0
Total Pediatric	8
PSYCHIATRIC	
Acute Psychiatric-Adult	28
Acute Psychiatric-Child (MHCC-designated service only)	0
Acute Psychiatric-Adolescent (MHCC-designated service only)	0
Acute Psychiatric-Geriatric (MHCC-designated service only)	0
Acute Psychiatric-Intensive Care	0
Total Acute Psychiatric	28
TOTAL: CURRENT LICENSED ACUTE CARE BED CAPACITY	224

B. INVENTORY OF OTHER BEDS

BASSINETS	
Newborn Nursery	40
Premature Nursery (HSCRC-designated service only)	0
Neonatal Intensive Care Unit (NICU)	20
Total Newborn Services (Bassinets)	60
SPECIAL HOSPITAL SERVICES	
Acute Rehabilitation-Comprehensive Inpatient	0
Acute Rehabilitation-Brain Injury	0
Acute Rehabilitation-Spinal Cord Injury	0
Acute Rehabilitation-Stroke Specialty Programs	0
Acute Rehabilitation-Pediatrics	0
Chronic Care	0
Total Special Hospital Services	0
NON ACUTE SERVICES	
Comprehensive Care	0
Comprehensive - Special Care Certified	0
Intermediate Care Facility (ICF)	0
Residential Treatment Center (RTC)	0
Total Non Acute Care Services	0

Approved: *[Signature]*

(DHMH)

Date Issued: *July 1, 2012*

Expiration Date: *June 30, 2013*

cc: Health Services Cost Review Commission

ACHI-5 revised 6/2009

OFFICE OF HEALTH CARE QUALITY**Application for Temporary Adjustment
Acute General Hospital Annual Licensed Bed Designation FY 2013**Hospital Name: Prince George's Hospital Center

Service Category(ies) to be Adjusted:	Current Licensed Bed Designation	Requested Temporary Adjusted Designation
Medical/Surgical/Gynecologic/Addictions	152	
Obstetric	36	
Pediatric	8	
Acute Psychiatric	28	
Total	224	

Effective Dates: _____

(Beginning)

(Ending)

Reason for temporary adjustment: _____

Instructions:

(1) Submit this form only when an increase in the total licensed capacity is necessary. Do not submit this form if the total number of licensed beds will not change.

(2) When a temporary adjustment in total licensed beds is necessary to adequately meet demand for services, write or type in the total number of beds to be temporarily licensed in each service category.

(3) Fill in the effective date(s) of the change. The effective date may be one to seven days as needed. If the conditions requiring the increase last longer than seven days, a new temporary adjustment must be requested.

(4) This form must be submitted to the Office of Health Care Quality within five (5) business days of any change. In addition, the hospital must report to the HSCRC in its monthly statistical report the number of days in the month the hospital exceeded its licensed bed capacity, and the number of beds that were in excess on each of those days.

VERIFICATION OF BED BREAKDOWN BY HOSPITAL CEO/PRESIDENT:

I hereby declare and affirm that the facts stated in this application are true and correct to the best of my knowledge, information and belief.

Signed: _____

(CEO or President)

(Date)

Approved: _____

(DHMH)

(Effective Date)

Send to : Renee Webster, Assistant Director, Office of Health Care Quality, Spring Grove Hospital Center, Bland Bryant Building, 55 Wade Avenue, Baltimore, MD 21228; fax 410-402-8167; phone 410-402-8016.

cc: Health Services Cost Review Commission