

EXHIBIT 18

TABLE A. PHYSICAL BED CAPACITY BEFORE AND AFTER PROJECT

INSTRUCTION: Identify the location of each nursing unit (add or delete rows if necessary) and specify the room and bed count before and after the project in accordance with the definition of physical capacity noted below. Applicants should add columns and recalculate formulas to address rooms with 3 and 4 bed capacity. See additional instruction in the column to the right of the table.

NOTE: Physical capacity is the total number of beds that could be physically set up in space without significant renovations. This should be the maximum operating capacity under normal, non-emergency circumstances and is a physical count of bed capacity, rather than a measure of staffing capacity. A room with two headwalls and two sets of gasses should be counted as having capacity for two beds, even if it is typically set up and operated with only one bed. A room with one headwall and one set of gasses is counted as a private room, even if it is large enough from a square footage perspective to be used as a semi-private room, since renovation/construction would be required to convert it to semi-private use. If the hospital operates patient rooms that contain no headwalls or a single headwall, but are normally used to accommodate one or more than one patient (e.g., for psychiatric patients), the physical capacity of such rooms should be counted as they are currently used.

Before the Project							After Project Completion							Additional Instruction
Hospital Service	Location (Floor/Wing)*	Licensed Beds: July 1, 2014	Based on Physical Capacity				Hospital Service	Location (Floor/Wing)*	Based on Physical Capacity					
			Room Count			Bed Count			Room Count			Bed Count		
			Private	Semi-Private	Total Rooms	Physical Capacity			Private	Semi-Private	Total Rooms	Physical Capacity		
ACUTE CARE							ACUTE CARE							
General Medical/Surgical*					0	0	General Medical/Surgical*				0	0	Calculate the sum of all General Medical/Surgical rows	
					0	0					0	0		
					0	0					0	0		
					0	0					0	0		
					0	0					0	0		
SUBTOTAL Gen. Med/Surg*							SUBTOTAL Gen. Med/Surg*						Calculate the sum of Med/Surg Subtotal, ICU/CCU, and other physical capacity	
ICU/CCU					0	0	ICU/CCU				0	0		
Other (Specify/add rows as needed)					0	0					0	0		
TOTAL MSGA							TOTAL MSGA							
Obstetrics					0	0	Obstetrics				0	0		
Pediatrics					0	0	Pediatrics				0	0	Ensure that Total includes Total MSGA and Obstetrics, Pediatrics, and Psych rows	
Psychiatric		92	0	39	39	78	Psychiatric		88	6	94	100		
General Adult				10	10	20	General Adult	Floor 1	15	1	16	17		
Co-occurring				9	9	18	Co-occurring	Floor 2	15	1	16	17		
Fenton				9	9	18	Fenton Unit	Floor 1	15	1	16	17		
Adolescent				11	11	22	Adolescent	Ground Floor	15	1	16	17		
						78	Geriatric Unit	Floor 3	13	1	14	15		
							Young Adult Unit	Floor 2	15	1	16	17		
TOTAL ACUTE		92	0	39	39	78	TOTAL ACUTE		88	6	94	100		
NON-ACUTE CARE							NON-ACUTE CARE							
Dedicated Observation**					0	0	Dedicated Observation**				0	0	Calculate the sum of all Non-Acute Care rows	
Rehabilitation					0	0	Rehabilitation				0	0		
Comprehensive Care					0	0	Comprehensive Care				0	0		
Other (Specify/add rows as needed)					0	0	Other (Specify/add rows as needed)				0	0		
TOTAL NON-ACUTE							TOTAL NON-ACUTE							
HOSPITAL TOTAL		92	0	39	39	78	HOSPITAL TOTAL		88	6	94	100	Ensure that Hospital Total includes Total Acute and Total Non-acute rows	

* Include beds dedicated to gynecology and addictions, if unit(s) is separate for acute psychiatric unit

** Include services included in the reporting of the "Observation Center". Service furnished by the hospital on the hospital's promise, including use of a bed and periodic monitoring by the hospital's nursing or other staff, which are reasonable and necessary to determine the need for a possible admission to the hospital as an inpatient; Must be ordered and documented in writing, given by a medical practitioner.