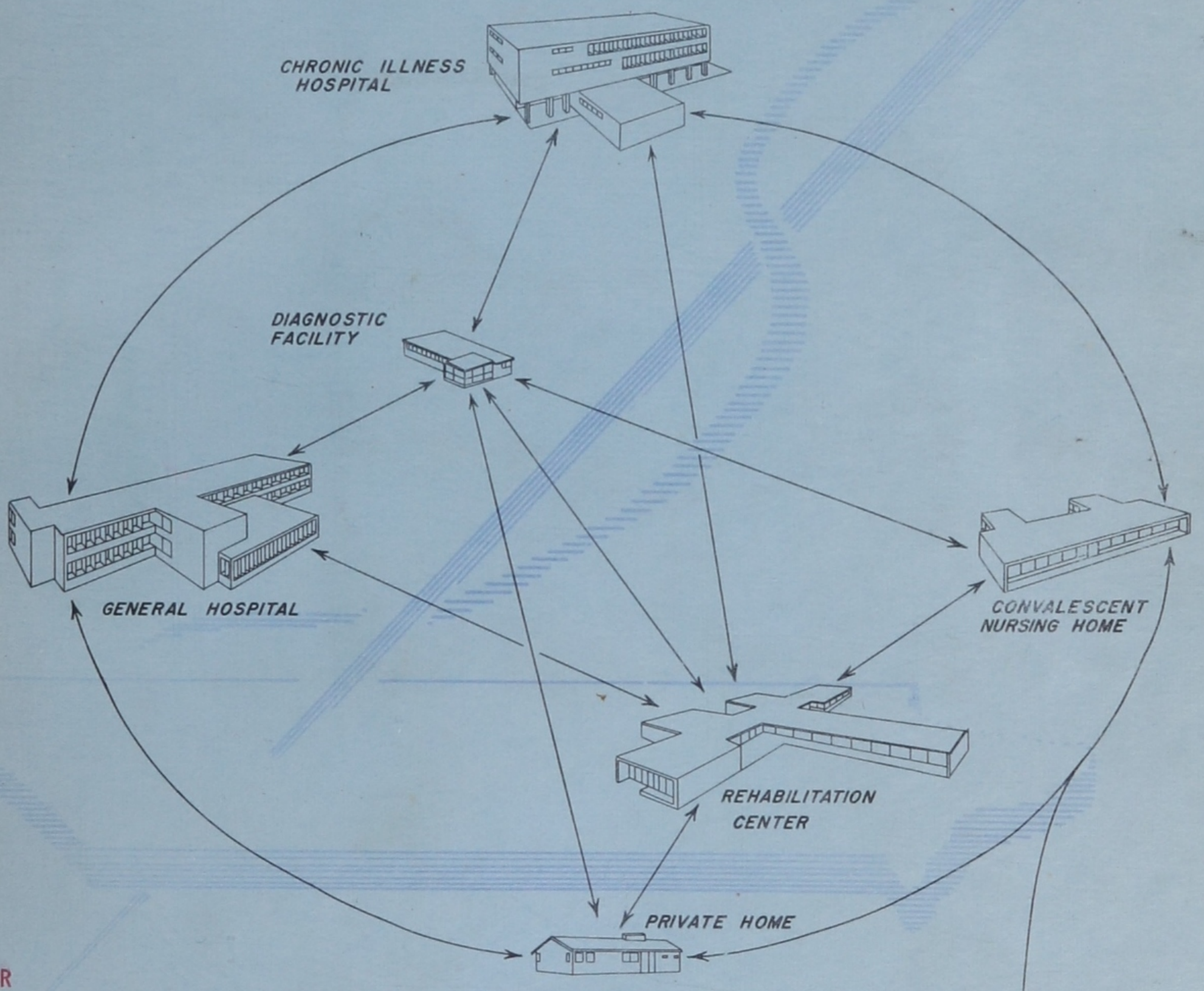
IOWA CONSTRUCTION PROGRAM

EIGHTH REVISION

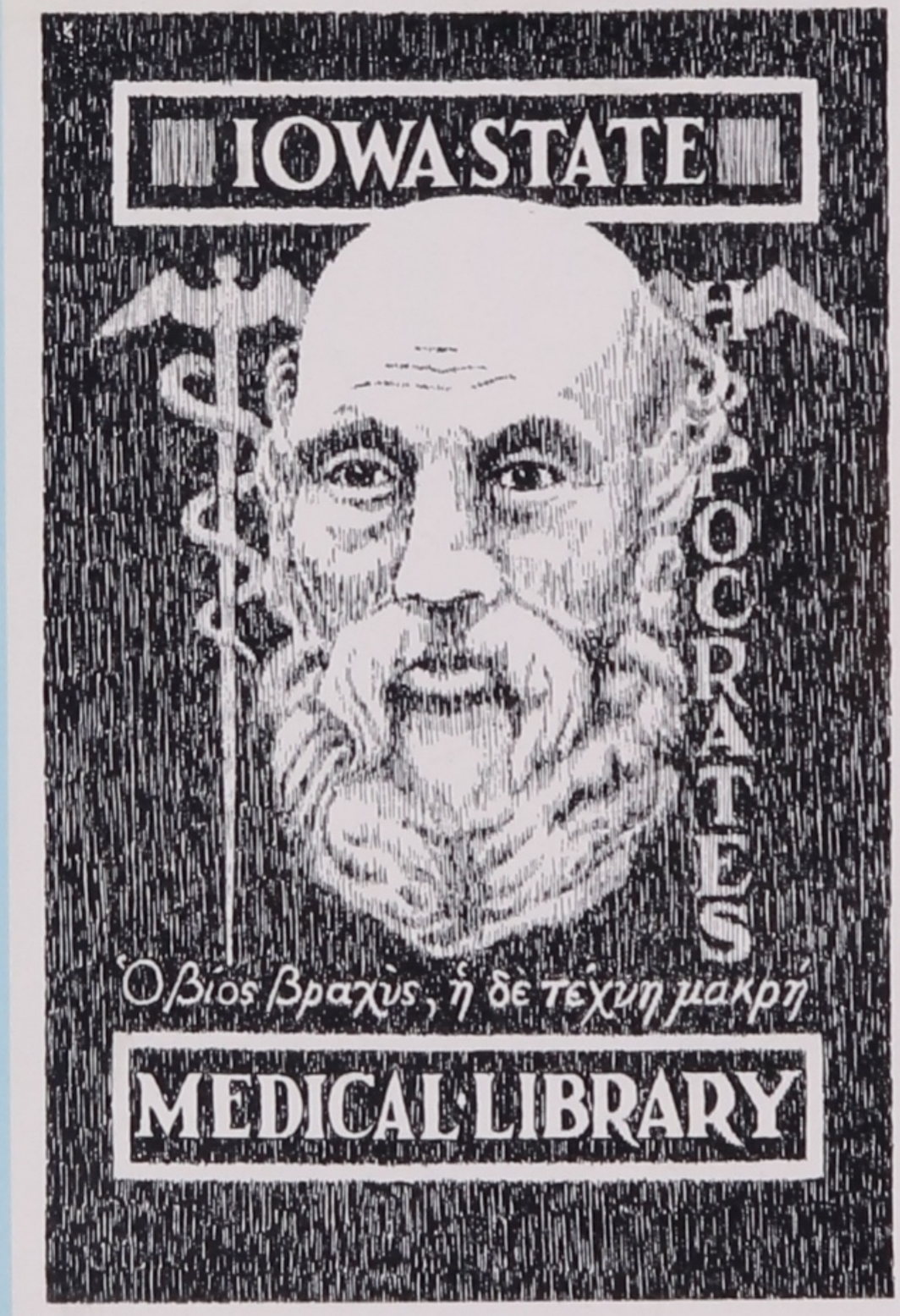


PLAN FOR

HOSPITALS AND RELATED FACILITIES

1 JULY 1955

DIV OF HOSPITAL SERVICES
IOWA STATE DEPT. OF HEALTH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STATE OF IOWA

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Clyde Spry, Secretary of Agriculture	Samuel P. Leinbach, M.D., Belmond

Edmund G. Zimmerer, M.D.
Commissioner of Public Health

STATE DEPARTMENT OF HEALTH

EDMUND G. ZIMMERER, M.D., COMMISSIONER

DIVISION OF HOSPITAL SERVICES

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H. W. Stricker, B.S.	Chief Engineer
W. W. Lane, B.S.	Engineer
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Annetta M. Austin, R.N.,	Consultant Nurse
Myrtle V. Burgert, R.N.,	Consultant Nurse

OFFICES

State Office Building
Des Moines 19, Iowa

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INTRODUCTION

In accordance with the Hospital Survey and Construction Act, Public Laws 725 and 380, 79th Congress, a statewide inventory of existing hospital and public health facilities was completed. This information was presented in the Report of Hospital and Public Health Resources in Iowa, Iowa State Department of Health. The report included statistical data on hospital and public health facilities and services, professional personnel, and related resources.

In 1954, the original Hospital Survey and Construction Act was further amended by Public Law 482, 83rd Congress, known as the Medical Facilities Survey and Construction Program. The scope of the basic program was thereby broadened to meet the needs of the chronically ill and impaired with specific provision for convalescent nursing homes, diagnostic facilities, and rehabilitation centers.

Herewith is presented the eighth annual revision of the Iowa Hospital Plan for construction of hospitals and other health facilities. The proposal is based upon current inventory and survey data, with a view toward providing suitable and adequate hospital and related health facilities, which are reasonably and realistically accessible to all residents of the State.

The plan reflects the survey information from 195 hospitals, 4,256 doctors (of medicine, osteopathy, and dentistry), 40 institutions and industries, and over 900 care institutions.

DEFINITIONS

1. Hospitals.

Hospitals shall include "Public Health Centers and acute general, tuberculosis, mental, chronic disease, and other types of hospitals, and related facilities, such as laboratories, outpatient departments, nurses' home and training facilities, and central service facilities operated in connection with hospitals, but not institutions furnishing primarily domiciliary care. The term 'hospital', except as applied generally to include public health centers, shall be restricted to institutions providing community service for inpatient medical or surgical care of the sick or injured; this includes obstetrics. It shall exclude Federal hospitals, and institutions found to constitute a public hazard."

2. Acute Short-Term General Hospital.

A general hospital is "Any hospital for inpatient medical or surgical care of acute illness or injury and for obstetrics, of which not more than 50 percent of the total patient days during the year are customarily assignable to the following categories of cases: Chronic, convalescent and rest, drug and alcoholic, epileptic, mentally deficient, mental, nervous and mental, tuberculosis."

3. Allied Special Hospitals.

Are "Cardiac, eye-ear-nose-throat, isolation, maternity, children's orthopedic, and skin and caner, as well as other hospitals providing similar specialized types of care commonly given in general hospitals. The term excludes mental, tuberculosis, and chronic illness hospitals."

4. Psychiatric Hospital.

A psychiatric hospital is "A type of mental hospital where patients may receive intensive treatment and where only a minimum of continued treatment facilities will be afforded."

5. Mental Hospital.

A mental hospital is "A hospital for the diagnosis and treatment of nervous and mental illness but excluding institutions for the feeble-minded and epileptic."

6. Tuberculosis Hospital.

A tuberculosis hospital is "A hospital for the diagnosis and treatment of tuberculosis, excluding preventoria."

7. Chronic Illness Hospital.

A chronic illness hospital is "A hospital, the primary purpose of which is medical treatment of chronic illness, including the degenerative diseases, and which furnishes hospital treatment and care, administered by or under the direction of persons licensed to practice medicine in the State. It excludes tuberculosis and mental hospitals, nursing homes and also institutions, the primary purpose of which is domiciliary care."

8. Diagnostic or Treatment Center.

"A facility providing community service for the diagnosis or diagnosis and treatment of ambulatory patients, which is operated in connection with a hospital, or in which patient care is under the professional supervision of persons licensed to practice medicine or surgery in the State, or, in the case of dental diagnosis or treatment, under the professional supervision of persons licensed to practice dentistry in the State. This includes outpatient departments and clinics of public or nonprofit hospitals. The applicant must be either (1) a State, political subdivision, or public agency, or (2) a corporation or an association which owns and operates a nonprofit hospital."

9. Rehabilitation Facility.

"A facility providing community service which is operated for the primary purpose of assisting in the rehabilitation of disabled persons through an integrated program of medical, psychological, social, and vocational evaluation and services under competent professional supervision. The major portion of such evaluation and services must be furnished within the facility; and the facility must be operated either in connection with a hospital or as a facility in which all medical and related health services are prescribed by, or are under the general direction of, persons licensed to practice medicine or surgery in the State."

10. Convalescent Nursing Home.

"A facility which is operated in connection with a hospital, or in which nursing care and medical services are prescribed by or performed under the general direction of persons licensed to practice medicine or surgery in the State, for the accommodation of convalescents or other persons who are not acutely ill and not in need of hospital care, but who do require skilled nursing care and related medical services. The term 'nursing home' shall be restricted to those facilities, the purpose of which is to provide skilled nursing care and related medical services for a period of not less than 24 hours per day to individuals admitted because of illness, disease, or physical or mental infirmity and which provide a community service."

11. Nonprofit Hospital and Other Health Facilities.

"Any hospital" or health facility, "as the case may be, owned and operated by one or more nonprofit corporations or associations, no part of the net earnings of which inures, or may lawfully inure, to the benefit of any private shareholder or individual."

12. Community Service.

"A facility renders a community service when the services provided in the facility are available to the general public in accordance with these regulations."

13. Public Health Center.

A public health center is "A publicly owned facility utilized by a local health department for the provision of public health services, including related facilities, such as laboratories, clinics, and administrative offices operated in connection with public health centers."

14. Disabled Person.

"A disabled person is an individual who has a physical or mental condition which, to a material degree, limits, contributes to limiting, or if not corrected, will probably result in limiting, the individual's performance or activities to the extent of constituting a substantial physical, mental, or vocational handicap."

15. Local Health Department.

"A single county, city, city-county, multi-county, or local district health department as well as State health district unit, where the primary function of the State district unit is the direct provision of public health services to the population under its jurisdiction."

16. Public Health Services.

Public health services are "Full time services provided through organized community effort in the endeavor to prevent disease, prolong life, and maintain a high degree to physical and mental efficiency. In addition to the services which the community already provides as a matter of practice, the term shall include such additional services as the community from time to time may deem it desirable to provide."

17. Area.

An area is a logical service area, taking into account such factors as population distribution, natural geographic boundaries, transportation and trade patterns, all parts of which are reasonably accessible to existing or proposed hospitals and/or other health facilities and which have been designated by the State Department of Health as a base, intermediate, or rural area. Nothing shall preclude the formation of an interstate area upon mutual agreement of the states concerned.

18. Base Area.

A base area is "Any area which is so designated by the State Agency and has the following characteristics: (1) Irrespective of the population of the area, it shall contain a teaching hospital of a medical school; this hospital must be suitable for use as a base hospital in a coordinated hospital system within the State; or (2) The area has a total population of at least 100,000 and contains or will contain on completion of the hospital construction program under the State Plan at least one general hospital which has a complement of 200 or more beds for general use. This hospital must furnish internships and residencies in two or more specialties and must be suitable for use as a base hospital in a coordinated hospital system within the State."

19. Intermediate Area.

An intermediate area is "Any area so designated by the State Department of Health which: (1) Has a total population of at least 25,000 and (2) Contains, or will contain on completion of the hospital construction program under the State Plan at least one general hospital which has a complement of 100 or more beds and which would be suitable for use as a district hospital in a coordinated hospital system within the State."

20. Rural Area.

A rural area is "Any area so designated by the State Department of Health which constitutes a unit, no part of which has been included in a base or intermediate area."

21. Coordinated Hospital System.

A coordinated hospital system is "An interrelated network of general hospitals throughout the State in which one or more base hospitals provide district hospitals and the latter in turn provide rural and other small hospitals with such services relative to diagnosis, treatment, medical research and teaching as cannot be provided by the smaller hospitals individually."

22. Population.

The population data used in this study is that published by the U.S. Department of Commerce, Current Population Reports, Population Estimate as of January 1, 1955, Series P-25, which itemized as follows:

Population in Military Service - Out of State		38,000
	in State	2,000
Civilian Population		2,636,000
Gross State Population		2,676,000

To evaluate county population and area population, the 1950 Census data was modified by (1) The data reported in birth-death studies, (2) Data on school-age population movement, and (3) Prorating appropriate institutional population back to community of origin. Student population remains assigned to the area of the school.

Population density is 46.5 persons per square mile.

23. Public Hazard.

A public hazard as it applies to hospitals shall mean hospital beds housed in non-fire-resistive buildings. One-story buildings shall be constructed of not less than one-hour fire-resistive construction throughout except that the boiler room shall be of three-hour fire-resistive construction. Buildings more than one story in height shall be constructed of incombustible material with a three to four-hour fire resistive rating as established by the National Board of Fire Underwriters.

24. Hospital Bed.

A bed for an adult or child patient. Bassients for the newborn in a nursery, beds in labor rooms and in health centers, and other beds used exclusively for emergency purposes are not included in this definition.

25. Ancillary Services.

Ancillary services are those adjunct facilities normally associated with the fields of inpatient service. The term patient care shall include medicine, surgery, laboratory, X-ray, and others such as obstetrics and physical medicine.

STATE PLAN

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
Des Moines, Iowa

1. DESIGNATION OF STATE AGENCY *(See Section .3 of the instruction).*

A. The name of the State Agency designated as the sole agency to administer or supervise the administration of the State Plan is:

IOWA STATE DEPARTMENT OF HEALTH

B. The name of the organizational unit within the State Agency which is authorized to immediately direct the administration of the State Plan is:

DIVISION OF HOSPITAL SERVICES

C. Attached is one (1) copy of an organization chart which shows the relationship of the organizational unit named in "B" above to the State Agency as a whole. This chart is labeled Exhibit A.

2. AUTHORITY OF STATE AGENCY *(See Section .4 of the instructions)*

A Attached is the material described in Section .4B of the instructions. This material is labeled Exhibit B.

3. DESIGNATION OF STATE ADVISORY COUNCIL *(See Section .5 of the instructions)*

Check one

A. [X] The State Advisory Council has been appointed, and a list of the members is attached which shows their present positions and the interest or profession each represents. *(See instructions regarding identification of members of working executive committees, if any).* This list is labeled Exhibit C.

B. [ ] The State Advisory Council has not been appointed. A State Advisory Council will be appointed prior to the submission of individual construction projects, and it will include members representing the groups or interests required by the Act. The Council will be appointed on or before

_____
(FILL IN DATE)

4. DEVELOPMENT OF HOSPITAL CONSTRUCTION PROGRAM *(See Section .6 and Exhibit 1 of the instructions)*

A. Forms PHS-5(HF); PHS-7(HF); PHS-8(HF) or the optional statement; PHS-10(HF); PHS-11 (HF); and PHS-12(HF) and the maps and other material requested in Exhibit 1 of the instructions are attached. These forms and material are labeled Exhibit D.

5. RELATIVE NEED DETERMINATIONS *(See Section .7 of the instructions.)*

A. Form PHS-13(HF) and the other material called for in section .7D of the instructions are attached, and are labeled Exhibit E.

6. METHODS OF ADMINISTRATION *(See Section .8 of the instructions)*

A. Statements are attached which cover as a minimum each method of administration described in Section .8C to .8I inclusive of the instructions. Each method of administration is described under the same heading used in the instructions. These statements are identified as Exhibit F.

7. MINIMUM STANDARDS FOR MAINTENANCE AND OPERATION OF HOSPITALS WHICH RECEIVE FEDERAL AID UNDER THE HOSPITAL SURVEY AND CONSTRUCTION ACT *(See Section .9 of the instructions)*

A. One copy of the minimum standards which the State Agency has adopted are attached and are labeled Exhibit C

8. FAIR HEARING *(See Section .10 of the instructions)*

A. One copy of the Rules and Regulations governing the fair hearing procedure which the State Agency has adopted are attached and are labeled Exhibit H.

9. SUBMISSION OF REPORTS AND ACCESSIBILITY OF RECORDS *(See Section .11 of the instructions)*

A. The State Agency hereby agrees to make such reports in such form and containing such information as the Surgeon General may from time to time reasonably require, and to give the Surgeon General or his representatives, upon demand, access to the records upon which such information is based.

10. REVISION OF HOSPITAL CONSTRUCTION *(See Section .12 of the instructions.)*

A. The State Agency hereby agrees that it will from time to time as is necessary, but at least annually, review the over-all hospital construction program. The State Agency further agrees that it will on or before May 15 of each year submit to the Surgeon General a report which contains such revision of the over-all hospital construction program as the State Agency considers necessary.

I hereby certify that the above statements and attached statements, charts, maps, and tables are true and correct to the best of my knowledge and belief, and are an accurate presentation of the State Plan adopted by the State Agency.

Signature	*Typed Name and Title*	*Date*
Walter L. Bierring	Walter L. Bierring, M.D. Commissioner	December 10, 1947

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
Des Moines, Iowa

ANNUAL REVISION OF STATE PLAN

A. DESIGNATION OF STATE AGENCY

1. Give the name of the State Agency which is responsible for administering the State Plan.

IOWA STATE DEPARTMENT OF HEALTH

2. Has the organization of the State Agency been changed since the existing State plan was approved?

[Yes] [X No] *(If "yes", attach a chart (identify as Exhibit A) which shows the organization of the State Agency and the relationship of the unit which is immediately responsible for administering the state plan to the other units of the state agency).*

B. AUTHORITY OF THE STATE AGENCY

Has any change been made in the authority of the State Agency to carry out the provisions of the State Plan?

[Yes X] [No] *(If "yes", attach a copy (identify as Exhibit B) of the legislation or Governor's order which accomplished the change.)*

C. DESIGNATION OF STATE ADVISORY COUNCIL

Has any change been made in the membership of the State Advisory Council? [X Yes] [No]
(See Exhibit C)

(If "Yes" attach a statement (identify as Exhibit C) showing the names, present positions, and interests or professions represented by each new member and the names of the members replaced.)

D. DEVELOPMENT OF HOSPITAL CONSTRUCTION PROGRAM

Attach new forms PHS-5 (HF); PHS-7(HF); PHS-10(HF); PHS-11(HF); and PHS-12(HF), (iden. as Fxh. D) to replace the existing forms included in the State Plan. If separate facilities are planned for separate population groups in the State, Form PHS-8(HF) shall be resubmitted, if any changes have occurred which require supplementation or revision. Maps submitted with the current approved plan shall be revised and resubmitted if changes have occurred. As a minimum, consider the factors described in the instructions on the reverse side.

E. RELATIVE NEED DETERMINATIONS

Submit a new Form PHS-13(HF) to replace the form approved in the existing State Plan. (Identify as Exhibit E). As a minimum, take into consideration the factors described in the instructions on the reverse side.

F. METHODS OF ADMINISTRATION

Do the methods of administration included in the approved State Plan reflect accurately the current or projected method of administering the State Plan?

[X Yes] [No]

(If "No", attach revised or additional pages (identify as Exhibit F) to be included in the State Plan.)

I hereby certify that the above statements and attached statements, charts, maps, and tables are true and correct to the best of my knowledge and belief, and are an accurate presentation of the revised State Plan adopted by the State Agency.

SIGNATURE	TYPE NAME AND TITLE	EFFECTIVE DATE OF REVISION
Edmund G. Zimmerer	Edmund G. Zimmerer, M.D. Commissioner	July 1, 1955

CP-3915

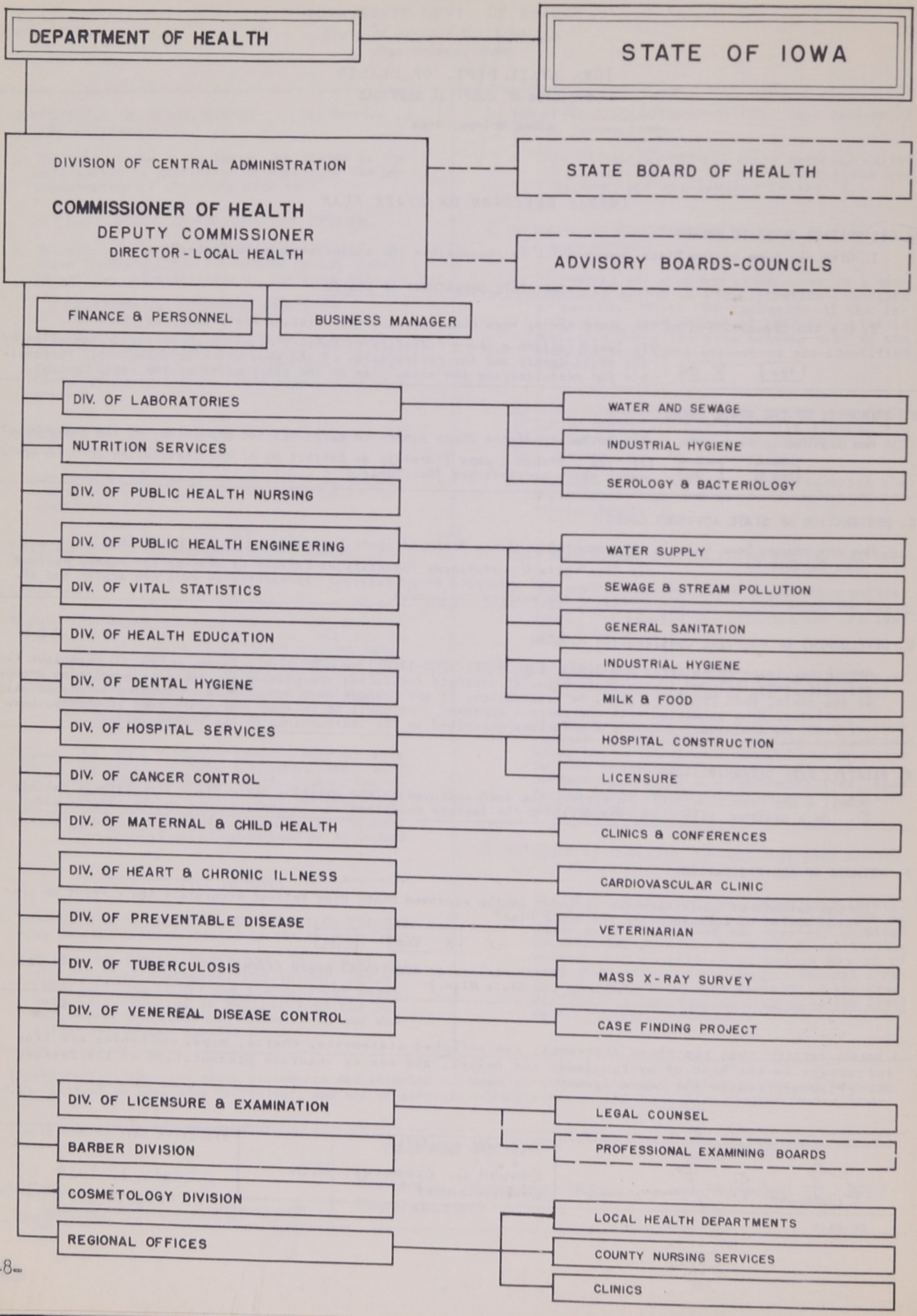

DEPARTMENT OF HEALTH
STATE OF IOWA
DIVISION OF CENTRAL ADMINISTRATION
COMMISSIONER OF HEALTH
DEPUTY COMMISSIONER
DIRECTOR - LOCAL HEALTH
STATE BOARD OF HEALTH
ADVISORY BOARDS-COUNCILS
FINANCE & PERSONNEL
BUSINESS MANAGER
DIV. OF LABORATORIES
WATER AND SEWAGE
INDUSTRIAL HYGIENE
SEROLOGY & BACTERIOLOGY
NUTRITION SERVICES
DIV. OF PUBLIC HEALTH NURSING
DIV. OF PUBLIC HEALTH ENGINEERING
WATER SUPPLY
SEWAGE & STREAM POLLUTION
GENERAL SANITATION
INDUSTRIAL HYGIENE
MILK & FOOD
DIV. OF VITAL STATISTICS
DIV. OF HEALTH EDUCATION
DIV. OF DENTAL HYGIENE
DIV. OF HOSPITAL SERVICES
HOSPITAL CONSTRUCTION
LICENSURE
DIV. OF CANCER CONTROL
DIV. OF MATERNAL & CHILD HEALTH
CLINICS & CONFERENCES
DIV. OF HEART & CHRONIC ILLNESS
CARDIOVASCULAR CLINIC
DIV. OF PREVENTABLE DISEASE
VETERINARIAN
DIV. OF TUBERCULOSIS
MASS X-RAY SURVEY
DIV. OF VENEREAL DISEASE CONTROL
CASE FINDING PROJECT
DIV. OF LICENSURE & EXAMINATION
LEGAL COUNSEL
PROFESSIONAL EXAMINING BOARDS
BARBER DIVISION
COSMETOLOGY DIVISION
REGIONAL OFFICES
LOCAL HEALTH DEPARTMENTS
COUNTY NURSING SERVICES
CLINICS

EXHIBIT B

AUTHORITY*

House File 314, designating the State Department of Health as the sole agency to administer this Plan, and House File 465, requiring the licensure of hospitals, were passed by the 52nd General Assembly of Iowa and approved by Governor Robert D. Blue.

House File 314 became Chapter 90, approved on April 17, 1947, and House File 465 became Chapter 91, approved on April 22, 1947, of the Laws of the 52nd General Assembly of Iowa. Copies of these laws are included in the Report on Hospital and Public Health Resources.

House File 392, enacted by the 56th General Assembly, (not codified) broadens authority to enable this State Agency to survey, plan and administer Medical Facilities Program.

*Certified copies of laws are included in the official copies for the U. S. Public Health Service.

EXHIBIT C

IOWA ADVISORY COUNCIL
for Hospitals and Other Health Facilities

Appointments by Governor Leo A. Hoegh on June 30, 1955

CHAIRMAN EX OFFICIO . . . . Edmund G. Zimmerer, M.D., Commissioner of Public Health

	Appointment Expires
Field of Hospital Administration	
Iowa Hospital Association:	
Louis B. Blair, Superintendent St. Luke's Methodist Hospital, Cedar Rapids	6-30-59
Gerhard Hartman, Ph.D., H.A., Superintendent State University of Iowa Hospitals, Iowa City	6-30-58
B. D. Fickess, R.N., B.A., Administrator Story County Hospital, Nevada	6-30-57
J. A. Anderson, B.A., Administrator Lutheran Hospital, Fort Dodge	6-30-56
Iowa Osteopathic Hospital Association:	
Mrs. Alixe P. Nuzum, Administrator Des Moines General Hospital, Des Moines	6-30-57
Field of Health	
Iowa State Medical Society:	
Robert N. Larimer, M.D., Sioux City	6-30-59
Phillip L. Spencer, M.D., Essex	6-30-58
G. H. Ashline, M.D., Keokuk	6-30-57
C. N. Hyatt, Jr., M.D., Corydon	6-30-56
Iowa Society of Osteopathic Physicians and Surgeons:	
H. B. Willard, D.O., Manchester	6-30-59
Iowa State Dental Society:	
F. W. Pillars, D.D.S., Des Moines	6-30-59
Iowa State Nurses Association:	
Miss Marjorie Perrine, R.N., B.S., Director of Nurses Jennie Edmundson Memorial Hospital, Council Bluffs	6-30-58
Field of Rehabilitation	
H. L. Benshoof, Director, Vocational Rehabilitation Division Department of Public Instruction, Des Moines	6-30-56
Representing Civic and Consumer Interests	
Mrs. James Henderson, Waterloo	6-30-59
Mr. H. L. Peyton, Logan	6-30-58
Miss Lois Emanuel, Marion	6-30-57
Mrs. Jay S. Tone, Jr., Des Moines	6-30-56

EXHIBIT D

DEVELOPMENT OF HOSPITAL AND MEDICAL FACILITIES PROGRAM

In considering the availability and need for hospital facilities, the general public immediately thinks of the community hospital serving the acute general hospital need. The average person relies upon this hospital to meet his need, and seldom considers the over-all medical care program and the need for special services provided by tuberculosis, mental, and chronic illness hospitals.

Because of the acute nature of accidents, illness, and obstetrical care, and the necessity for immediate care, the provision of acute general hospital facilities readily accessible to the general public is considered of prime importance. For the purpose of this Plan, we consider first the adequacy and distribution of hospitals and discuss in subsequent parts the special facilities.

Hospitals in General

A thorough and exhaustive survey of existing hospital facilities and public health measures was made, reported, and discussed in detail in Report of Hospitals and Public Health Resources prior to the development of the first Iowa Hospital Plan. Included in the study were:

1. Determination of hospital needs
2. Need for coordinated hospital system
3. Factors pertinent to hospital service areas

In accordance with the Federal Act, this information is maintained current through an annual inventory of facilities recognizing new construction both with and without Federal assistance, alteration and changes in existing facilities, and the loss through the closing of facilities.

The development of the proposed hospital service area and hospital region maps was discussed in detail in the above-mentioned report. The maps include the location of existing or proposed hospitals, the boundaries, population, and identification of each service area, regional hospital area boundaries, and proposed relationship between hospitals. The factors used in delineating these areas are re-evaluated annually and the areas adjusted accordingly.

Medical Facilities

Upon expanding the scope of the Hill-Burton Program to include medical facilities, survey activity has been extended to determine the availability and adequacy of the related health facilities. Note that chronic illness hospitals are included in the expanded program as are convalescent nursing homes, diagnostic facilities, and rehabilitation centers.

ACCEPTABLE AND NON-ACCEPTABLE HOSPITAL REPORTS

The annual inventory of general and allied special hospitals in the State is presented in tabular form in the Acceptable and Non-Acceptable Hospital Reports. Military and prison hospitals and institutions furnishing primarily domiciliary care, or which do not provide a community service, are not included.

It will be noted that the hospital beds are divided into acceptable and non-acceptable beds in this report. A hospital bed is considered non-acceptable if it

constitutes a public hazard as defined in this Plan. Data on whether the building is considered fire-resistive was secured from surveys by Division personnel and further checked by the records of the Iowa Insurance Service. This information was further substantiated by conferences with designing architects, hospital administrators, and the State Fire Marshal.

The bed capacities reported in this inventory represent the normal designed capacity of the facility. The normal designed capacity is determined by a review of architectural plans whenever available. In hospitals where plans are not available, the normal designed capacity of the building is determined by Division personnel surveying the building using the space requirements of 100 sq. ft. for single rooms, 80 sq. ft. per bed in multiple rooms or wards, 40 sq. ft. per bed for pediatric beds or cribs, and 20 sq. ft. per bassinet in full-term nurseries as established by the State Hospital Licensing Law.

The normal designed capacity may, and frequently does, disagree with the bed complement reported by the hospital administrator. This condition results from the hospital necessarily providing additional beds (to satisfy demand for hospital services) than the hospital was originally designed to accommodate. The per cent of occupancy has been adjusted to agree with the normal designed capacity.

Suitability Report

Medical facilities are classified as suitable or unsuitable in terms of whether or not they constitute a public hazard. However, some establishments in fire-resistant structures are declared replaceable if one or more of the following conditions exist:

1. The facility is not reasonably accessible.

2. The structure, because of obsolescense, original design, or general arrangement, cannot economically or reasonably be corrected.

3. Admission policies are restrictive.

4. By viture of admission policies, the care rendered classifies the institution as a domiciliary unit.

It is pointed out that a number of replaceable units do render an appreciable service in their communities. If these institutions expand their skilled care program and/or modify their admission policies, they will be reclassified as suitable facilities.

Legislative Intent

In keeping with expanded Federal legislation, Iowa's 56th General Assembly provided enabling legislation permitting Iowa to participate in the program. In modifying the term "hospital" to "hospitals and other health facilities", the intent of the Act is induced into this construction program and all of its elements.

HOSPITAL ADVISORY COUNCIL RESOLUTIONS

Since the inauguration of the Hill-Burton Program in Iowa, the Iowa Hospital Advisory Council has presented to this Agency the following resolutions as guidance in administering its duties:

1. Fire Safety Resolution, adopted May 23, 1949

"Resolved that we recommend to the State Department of Health that no hospital, construction of which is now proposed or which may be proposed in the future, be approved for licensure unless fireproof in construction, and further, that in case of fireproof additions to existing non-fireproof hospital buildings, the Department require the elimination of fire hazards in the existing building to the fullest reasonable extent."

2. Bed Need Resolution, adopted July 10, 1952

"Resolved that the total bed need for each of the hospital categories and the total beds programmed by this Plan for each of the hospital areas or individual hospitals constitute the maximum number of beds which may be built with Federal Grants-in-Aid and do not necessarily represent the accurate and exact hospital bed need for the respective hospital or area."

SUMMARY OF PROGRAM TO DATE

REMARKS	CATEGORIES OF HOSPITALS			
	General	T.B.	Mental	Chronic
Construction of Hospital Beds with assistance in 1948	253			
1949	444		26	
1950	794			
1951	204		138	
1952	201		33	74
1953	158			
Reclassification of University of Iowa Hospital in terms of usage	(-681)			(+681)
1954	141			58
Total beds built with aid	2,195	0	197	132
Acceptable beds available in 1947	6,689	672	3,113	0
(Adjustment in Tabulaton)	(-681)	(-76)		
Beds built without aid	1,359		34	
Total beds available 1 July 1955	9,562	596	3,344	813
Beds proposed to meet Iowa's present needs	1,753	-	9,836	3,353
Proposed beds set forth in current Iowa Plan	11,315	596	13,180	4,166
Per cent of Unmet Need	15.5%		74.6%	80.5%

TEACHING FACILITIES

In several categories of specialized hospitals, the need is so great as to make it improbable to expect fulfillment within the next few years. One determent in the thinking of communities is that it would be difficult to staff a apecialized unit if it did become available in the near future. To compensate for this factor, emphasis is placed on teaching facilities.

A survey was made of all authorized programs for resident and intern training in the doctor group. To emphasize preference in these areas, five pool beds were alloted for each year of postgraduate training authorized. It is not unreasonable to assume that nurse training will parallel this ratio, thereby placing emphasis on all phases of professional staffing.

The results of this survey are summarized by regions as follows:

REGION		Postgraduate Year Authorized	Pool Beds Allocated
Symbol	Center		
C-1	Sioux City	8	40
C-5	Waterloo	6	30
C-7	Cedar Rapids	16	80
C-8	Iowa City	168	840
C-9	Davenport	8	40
C-12	Des Moines	94	470
C-13	Council Bluffs	6	30
	State Total	306	1,530

These findings were applied to psychiatric, as well as chronic illness units, and are identified as "teaching" beds hereafter.

EXHIBIT D

PART 1. ACUTE GENERAL HOSPITAL BEDS

To determine the acute general hospital bed need and the number of facilities, an extensive survey of the entire State was made. The survey included information on the existing hospitals and related facilities, population distribution, road systems, trade patterns, financial resources, geographical factors, community patterns, industrialization, political sub-divisions, etc.

Based upon a careful evaluation of these many factors, including the location of present hospital facilities and the needed facilities, the State was divided into hospital service areas as shown on Hospital Service Area Map (Page 18). The integration of these facilities and services into a desirable coordinated hospital system is shown on the Hospital System Map (Page 19).

From the survey schedule, definite information was obtained regarding the present hospitals and their use. This information includes the acceptable and total number of beds, the percent of occupancy, and the average daily census as shown on Acceptable and Non-Acceptable Hospitals Report (Pages 20 through 33).

The State average bed-birth, bed-death ratio of 3.4 beds per thousand population as developed in the Report on Hospital and Public Health Resources in Iowa, was the basis for determining the occupied bed need of the several hospital service areas. When the occupied bed need based on the population and bed-birth, bed-death ratio indicated a bed need between 0 and 74 occupied beds, 0.5 of the need was allocated to the area. Similarly, between 75 and 149 occupied beds, 0.6; between 150 and 224, 0.7; between 225 and 300, 0.8; all over 300, 1.0. The remaining occupied beds not allotted by this criterion were allotted to the intermediate and base area hospitals. The area occupied bed needs were converted to a total bed need for each facility by the following formulae: $4\sqrt{ADC} + ADC$ (low level occupancy--under 100 beds) and $3\sqrt{ADC} + ADC$ (high level occupancy--over 100 beds).

The bed birth-death ratio is not applicable in computing the occupied bed needs in certain area, particularly the larger cities, because these areas now receive a large number of hospital patients from population outside their immediate areas. In fact, many hospital centers now have occupied beds in excess of the number which would be indicated by applying the bed birth-death ratio to their respective areas. In these areas, the present average daily census of the existing facilities was used as on indication of their need, and coverted to total beds needed by use of the above-mentioned high level/low level occupancy formulae. This recognizes the crowded conditions in the present hospitals and expands them to permit a normal occupancy.

The needs were further adjusted as indicated by local conditions such as financial resources, industrialization, location of hospitals with respect to state lines or the proximity of other hospitals, etc.

The University Hospital, State University of Iowa, Iowa City, provides state-wide comprehensive hospital and medical care for indigent, clinical pay and private patients, in cooperation with Colleges of Medicine, Dentistry, Pharmacy, School of Nursing, and Hospital Administration.

The University Hospital admits patients from all sections of the State. As provided by law, the county quota of patients is based on population and eliminates the possibility of an inequitable distribution of hospital services to the indigent.

The Plan provides that the University Hospital shall treat during the fiscal year the number of committed indigent patients from each county which shall bear the same relation to the total number of committed indigent patients admitted during the year from all counties as the population of such county shall bear to the total population of the State, according to the last preceding official census.

Recognizing this statewide service to the entire population, the total bed need of each area was reduced by its proportionate share of the University of Iowa Hospital service as beds. This proportionate share was determined on the basis of the pattern of admission of indigent patients during the period July 1, 1946 to June 30, 1947. This pattern of the use of the University Hospital over the entire State is believed to be quite representative of the total admission to this hospital.

The occupied beds remaining after allocating 0.5, 0.6, 0.7, and 0.8 to each area were practically balanced by the needs in the larger areas.

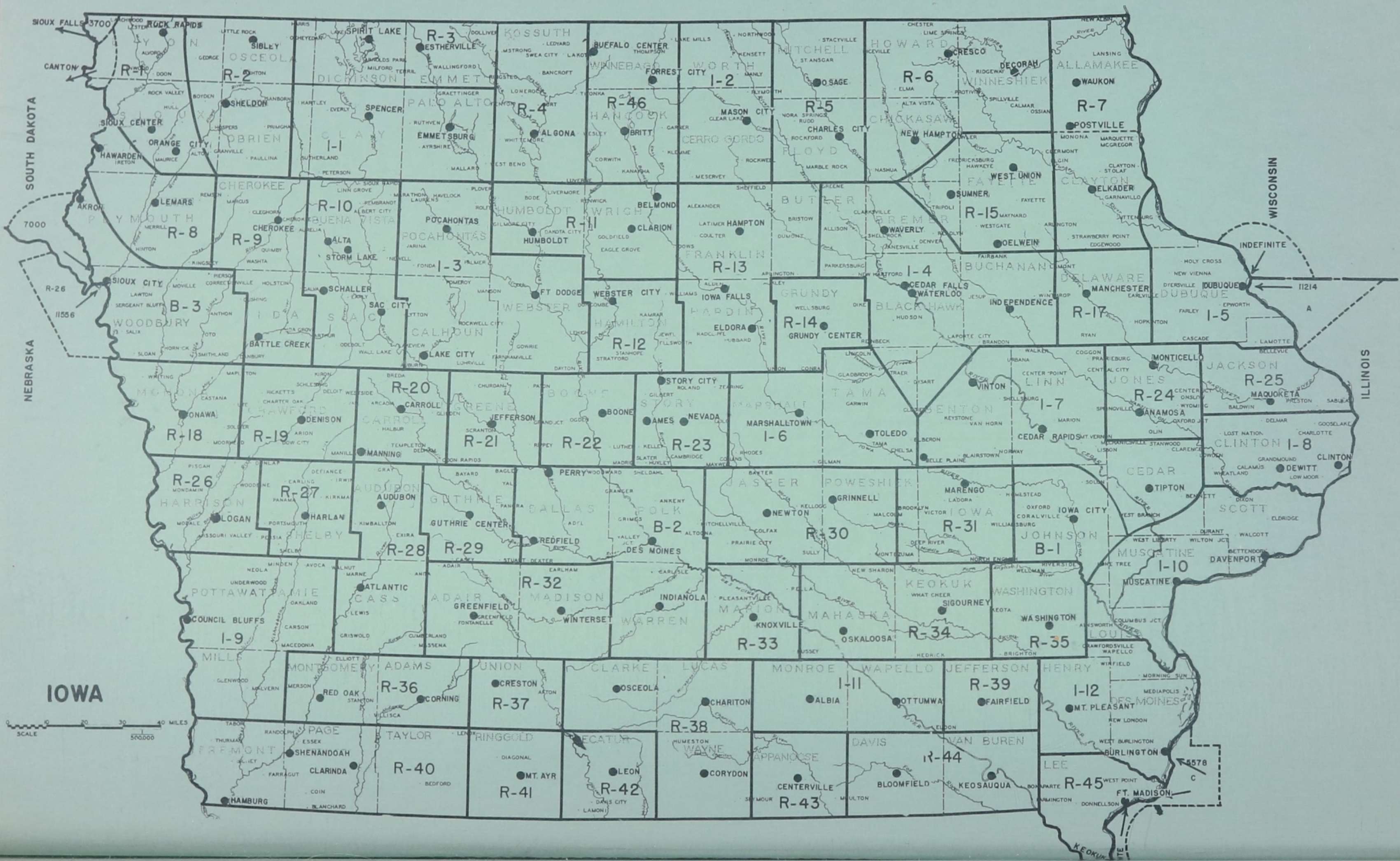
A previous revision of the Iowa State Plan permitted the construction of general hospital beds (Total Beds Needed, General Bed Distribution Report) in excess of the State ratio (General Bed Distribution Report) on the basis that the State population had increased over the population used in the development of the Plan. Recent population figures based upon the 1950 census of population indicate that this assumption was correct. The 1950 census of population was used in this revision and certain adjustment of pool beds was deemed necessary to prevent the over-building of acute general hospital beds in the State of Iowa. The previously submitted work sheet, allocation of beds, and number of facilities apply in general to this revision. Only changes or differences resulting from small changes in population, total bed count in existing facilities, and new facilities constructed both with and without Grants-in-Aid were made. The new allocation will be found in the General Hospital Summary.

The Division of Hospital Services of the Iowa State Department of Health made a study of the out-of-state population together with the state agencies of the several surrounding states. The State of Iowa is unique in that in excess of 50 percent of its larger cities are located on the border of the State with a normal trade area extending into the border states. The state agencies of the border states were, generally, willing to concede that a portion of their state population patronized Iowa hospitals. However, except in a few rare instances, the states were unwilling to assign definite population groups in this category. Existing regulations provide that the maximum number of general hospital beds which may be constructed must be based upon the state population and if a state gains population in one area it must lose a corresponding population in another area to compensate. In view of the fact that Iowa gains population in a large number of areas and loses population in a relatively small number of areas, it is reasonable to assume that the hospitals of Iowa are normally serving a population in excess of the population shown by the State census.

The excess existing general hospital beds in certain areas are due to out-of-state population. Since it is impossible to justify the existence of these beds without acquiring additional out-of-state population, a pool bed adjustment is necessary to eliminate this excess and prevent the over-building of general hospital beds for the State. In effect, this pool bed adjustment is the number of beds needed in Iowa to serve the out-of-state population seeking hospital service in Iowa.

Special problems will develop because of normal obsolescense, unique developments in a particular community, or transition in population characteristics. Where ancillary services are demanded, but are inadequate to meet immediate local needs or the referral load which results from integration of medical services,

special consideration is available even though it may be beyond the needs indicated by the relative priority based on beds. The Iowa Hospital Advisory Council will recognize a sponsor's presentation of such special problems provided a complete and factual statement is made before a formal meeting of the Council and provided specific facts and studies are available for review. Special studies may be called for to clarify details of the program to the satisfaction of the Council and the State Agency. In the light of the facts presented orally and by written report, the merits of the program will be weighed and the Council will determine the relative priority to be assigned the proposal in the annual allotment of Federal funds.


SIOUX FALLS 3700
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ILLINOIS
WISCONSIN
IOWA
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INDEFINITE
ROCK RAPIDS
CANTON
SIBLEY
SPIRIT LAKE
ESTHERVILLE
BUFFALO CENTER
FORREST CITY
OSAGE
CRESCO
DECORAH
WAUKON
POSTVILLE
SHELDON
SIOUX CENTER
ORANGE CITY
HAWARDEN
SPENCER
EMMETSBURG
ALGONA
BRITT
MASON CITY
CHARLES CITY
NEW HAMPTON
WEST UNION
ELKADER
AKRON
LEMARS
CHEROKEE
POCAHONTAS
HUMBOLDT
BELMOND
CLARION
HAMPTON
WAVERLY
SUMNER
OELWEIN
ALTA
STORM LAKE
SIOUX CITY
SCHALLER
SAC CITY
FT DODGE
WEBSTER CITY
IOWA FALLS
ELDORA
GRUNDY CENTER
CEDAR FALLS
WATERLOO
INDEPENDENCE
MANCHESTER
DUBUQUE
BATTLE CREEK
LAKE CITY
STORY CITY
AMES
NEVADA
MARSHALLTOWN
TOLEDO
VINTON
CEDAR RAPIDS
MONTICELLO
MAQUOKETA
ONAWA
DENISON
CARROLL
JEFFERSON
BOONE
MANNING
PERRY
GRINNELL
NEWTON
MARENGO
IOWA CITY
TIPTON
DEWITT
CLINTON
LOGAN
HARLAN
AUDUBON
GUTHRIE CENTER
REDFIELD
DES MOINES
DAVENPORT
MUSCATINE
ATLANTIC
GREENFIELD
WINTERSET
INDIANOLA
KNOXVILLE
OSKALOOSA
SIGOURNEY
WASHINGTON
COUNCIL BLUFFS
RED OAK
CORNING
CRESTON
OSCEOLA
CHARITON
ALBIA
OTTUMWA
FAIRFIELD
MT. PLEASANT
SHENANDOAH
CLARINDA
HAMBURG
LEON
MT. AYR
CORYDON
CENTERVILLE
BLOOMFIELD
KEOSAUQUA
BURLINGTON
FT. MADISON
KEOKUK
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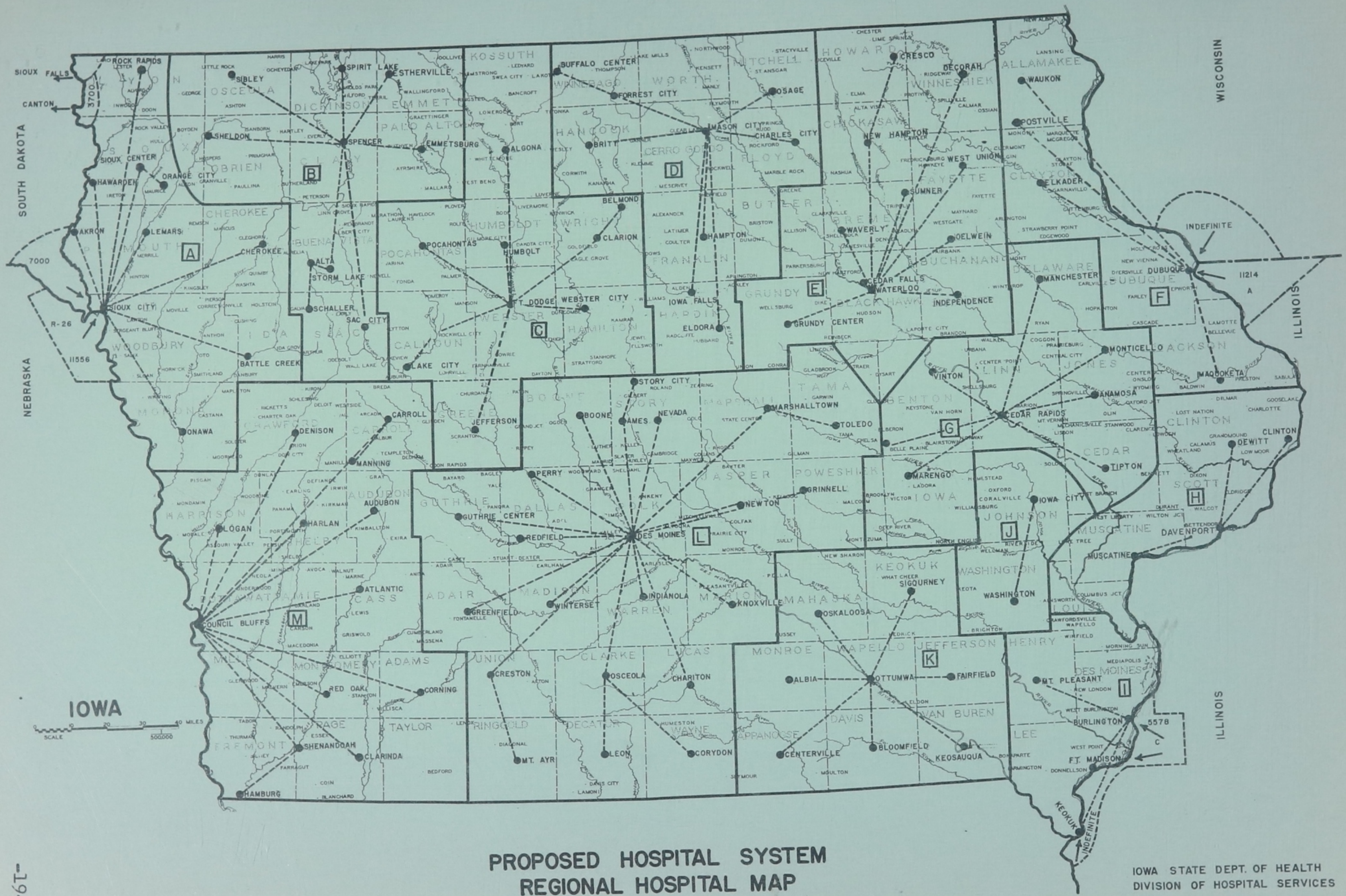

PROPOSED HOSPITAL SYSTEM
REGIONAL HOSPITAL MAP
INTEGRATED PLAN FOR IOWA

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES

IOWA

SIOUX FALLS 3700 · ROCK RAPIDS · SPIRIT LAKE · R-3 ESTHERVILLE · BUFFALO CENTER · CRESCO · DECORAH · WAUKON · R-7 · POSTVILLE · R-6 · R-2 · R-1 · SIBLEY · CANTON · SHELDON · SPENCER · EMMETSBURG · ALGONA · FORREST CITY · I-2 · MASON CITY · R-15 · CHARLES CITY · NEW HAMPTON · SIOUX CENTER · ORANGE CITY · HAWARDEN · I-1 · R-46 · BRITT · WEST UNION · ELKADER · SUMNER · R-15 · LEMARS · AKRON · R-10 · R-8 · R-9 · CHEROKEE · POCAHONTAS · ALTA · STORM LAKE · HUMBOLDT · R-11 · BELMOND · CLARION · HAMPTON · WAVERLY · OELWEIN · INDEFINITE · 11214 · SOUTH DAKOTA · WISCONSIN · 7000 · R-26 · 11556 · SIOUX CITY · B-3 · SCHALLER · SAC CITY · I-3 · FT DODGE · WEBSTER CITY · IOWA FALLS · R-13 · CEDAR FALLS · WATERLOO · I-4 · INDEPENDENCE · MANCHESTER · DUBUQUE · I-5 · R-17 · R-14 · GRUNDY CENTER · BATTLE CREEK · LAKE CITY · R-12 · ELDORA · NEBRASKA · ILLINOIS · MONTICELLO · JACKSON · R-25 · MAQUOKETA · R-24 · JANAMOSA · I-7 · VINTON · CEDAR RAPIDS · TOLEDO · MARSHALLTOWN · I-6 · STORY CITY · AMES · NEVADA · BOONE · R-22 · R-23 · JEFFERSON · R-21 · R-20 · CARROLL · DENISON · R-19 · MANNING · R-18 · ONAWA · CLINTON · I-8 · DEWITT · TIPTON · MARENGO · GRINNELL · NEWTON · R-30 · R-31 · IOWA CITY · JOHNSON · B-1 · SCOTT · DAVENPORT · MUSCATINE · I-10 · PERRY · R-26 · R-27 · HARLAN · AUDUBON · LOGAN · GUTHRIE CENTER · REDFIELD · DES MOINES · B-2 · R-28 · R-29 · ATLANTIC · R-32 · GREENFIELD · WINTERSET · INDIANOLA · KNOXVILLE · OSKALOOSA · R-33 · R-34 · SIGOURNEY · WASHINGTON · R-35 · COUNCIL BLUFFS · I-9 · CRESTON · R-37 · RED OAK · CORNING · R-36 · OSCEOLA · CHARITON · R-38 · ALBIA · OTTUMWA · R-39 · FAIRFIELD · I-11 · I-12 · MT. PLEASANT · BURLINGTON · 5578 · C · SHENANDOAH · CLARINDA · R-40 · HAMBURG · MT. AYR · R-41 · LEON · R-42 · CORYDON · CENTERVILLE · R-43 · BLOOMFIELD · KEOSAUQUA · R-44 · LEE · R-45 · WEST POINT · FT. MADISON · KEOKUK

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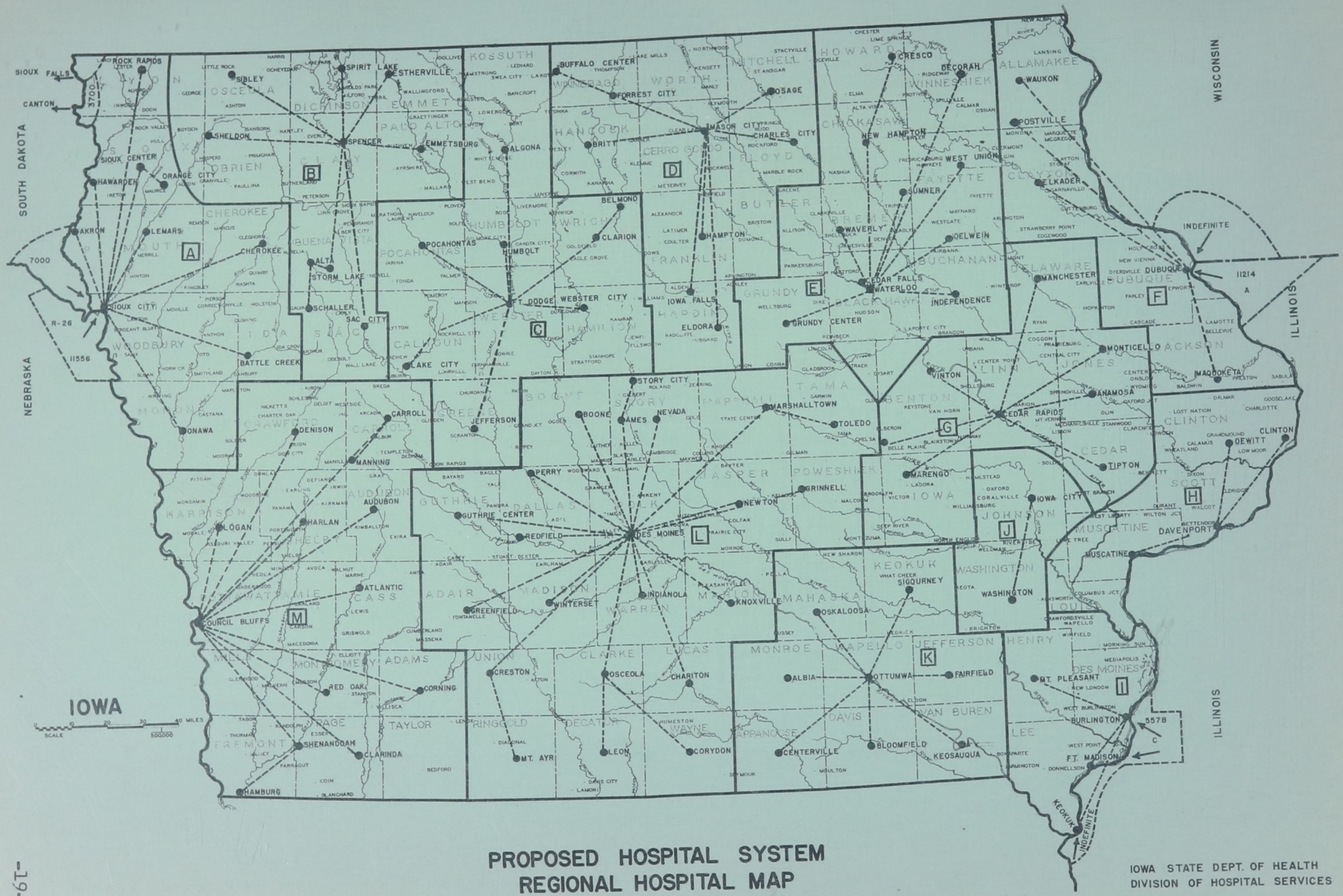

PROPOSED HOSPITAL SYSTEM
REGIONAL HOSPITAL MAP
INTEGRATED PLAN FOR IOWA

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
DES MOINES, IOWA

ACCEPTABLE AND NON-ACCEPTABLE HOSPITALS REPORT

1. PAGE 1 OF 14
2. DATE July 1, 1955
3. STATE Iowa
4. REGION "A" Sioux City

5. LIST OF ACCEPTABLE AND NON ACCEPTABLE General HOSPITAL FACILITIES AND HOSPITAL BEDS

AREA	NAME OF FACILITY	LOCATION		OWNER-SHIP OR CONTROL	MEDICAL TYPE	BED CAPACITY		NUMBER OF BASSINETS	% OCCUPANCY	NUMBER OF	
		COUNTY	CITY OR TOWN			ACCEPTABLE	NON-ACCEPTABLE			PATIENT DAYS	PATIENTS ADMITTED
R-1	Grossman	Sioux	Orange City	IND	GEN	10	5	5	89.4	4,895	558
R-1	Sioux Center Community	Sioux	Sioux Center	NPA	GEN	26	0	9	32.2	3,060	684
R-1	Rock Rapids	Lyon	Rock Rapids	IND	GEN	0	17	5	61.0	3,786	510
R-8	Sacred Heart	Plymouth	Le Mars	CH	GEN	68	0	16	57.8	14,338	1815
R-8	Hawarden Community	Sioux	Hawarden	CITY	GEN	14	0	6	75.5	3,860	683
R-9	Ida Grove	Ida	Ida Grove	CITY	GEN	0	18	6	55.8	3,671	517
R-9	Battle Creek	Ida	Battle Creek	IND	GEN	15	0	8	32.1	1,758	181
R-9	Sioux Valley	Cherokee	Cherokee	NPA	GEN	77	0	15	51.9	14,600	2894
R-18	Onawa Hospital, Inc.	Monona	Onawa	IND	GEN	0	22	5	78.0	6,260	968
B-3	Akron Community	Plymouth	Akron	NPA	GEN	21	0	8	25.6	1,963	252
B-3	Lutheran	Woodbury	Sioux City	CH	GEN	138	21	15	59.2	34,380	4155
B-3	Methodist	Woodbury	Sioux City	CH	GEN	141	0	15	67.9	34,954	4920*
B-3	St. Joseph Mercy	Woodbury	Sioux City	CH	GEN	307	57	44	64.3	85,389	9723*
B-3	St. Vincent's	Woodbury	Sioux City	CH	GEN	140	0	13	89.4	45,693	6301
B-3	Sioux City Osteopathic	Woodbury	Sioux City	NPA	GEN	25	0	6	51.8	4,730	933
	REGIONAL TOTAL					982	140	176	xxx	263,337	35,094
	STATE TOTAL								xxx		

* Exclusive of Psychiatric Data

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
DES MOINES, IOWA

1. PAGE 2 OF 14
2. DATE July 1, 1955
3. STATE Iowa
4. REGION "B" Spencer

ACCEPTABLE AND NON-ACCEPTABLE HOSPITALS REPORT

5. LIST OF ACCEPTABLE AND NON ACCEPTABLE General HOSPITAL FACILITIES AND HOSPITAL BEDS

AREA	NAME OF FACILITY	LOCATION		OWNERSHIP OR CONTROL	MEDICAL TYPE	BED CAPACITY		NUMBER OF BASSINETS	% OCCUPANCY	NUMBER OF	
		COUNTY	CITY OR TOWN			ACCEPTABLE	NON-ACCEPTABLE			PATIENT DAYS	PATIENTS ADMITTED
R-2	Community Memorial	O'Brien	Sheldon	NPA	GEN	24	0	8	58.1	5,086	872
R-2	Ward Memorial	O'Brien	Primghar	CITY	GEN	0	9	5	41.2	1,354	334
R-2	Osceola Hospital, Inc.	Osceola	Sibley	IND	GEN	0	35	9	30.0	3,838	805
R-3	Holy Family	Emmet	Estherville	CH	GEN	55	0	18	87.0	17,467	3,053
R-3	Marcus Snyder Memorial	Dickinson	Spirit Lake	PART	GEN	0	22	6	75.2	6,041	827
R-10	Loring	Sac	Sac City	CITY	GEN	32	0	8	56.5	6,604	813
R-10	Alta Memorial	B.Vista	Alta	NPA	GEN	19	0	7	40.7	2,822	187
R-10	Schaller	B.Vista	Schaller	IND	GEN	7	0	4	73.4	1,875	325
R-10	Sioux Rapids	B.Vista	Sioux Rapids	IND	GEN	0	10	3	119.1	4,347	151
R-10	Buena Vista County	B.Vista	Storm Lake	CO	GEN	50	0	12	61.2	11,168	1,770
R-10	Swallum	B.Vista	Storm Lake	IND	GEN	Closed	During	1954	35.6	7,545	113
I-1	Palo Alto Memorial	P. Alto	Emmetsburg	NPA	GEN	18	24	9	54.6	8,374	1,429
I-1	Hand	O'Brien	Hartley	IND	GEN	0	12	5	59.6	2,611	379
I-1	Spencer Municipal	Clay	Spencer	CITY	GEN	72	0	12	48.1	12,631	2,178
	REGIONAL TOTAL					277	112	106	xxx	91,763	13,236
	STATE TOTAL								xxx		

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IOWA STATE DEPT. OF HEALTH

DIVISION OF HOSPITAL SERVICES

DES MOINES, IOWA

ACCEPTABLE AND NON-ACCEPTABLE HOSPITALS REPORT

1. PAGE 3 OF 14
2. DATE July 1, 1955
3. STATE Iowa
4. REGION "C" Fort Dodge

5. LIST OF ACCEPTABLE AND NON ACCEPTABLE General HOSPITAL FACILITIES AND HOSPITAL BEDS

AREA	NAME OF FACILITY	LOCATION		OWNERSHIP OR CONTROL	MEDICAL TYPE	BED CAPACITY		NUMBER OF BASSINETS	% OCCUPANCY	NUMBER OF	
		COUNTY	CITY OR TOWN			ACCEPTABLE	NON-ACCEPTABLE			PATIENT DAYS	PATIENTS ADMITTED
R-4	St. Ann	Kossuth	Algona	CH	GEN	61	0	12	28.7	6,391	1,213
R-4	Algona Osteopathic Clinic	Kossuth	Algona	IND	GEN	0	1	1	24.7	90	90
R-11	Community Memorial	Wright	Clarion	CITY	GEN	28	0	6	43.0	4,391	685
R-11	Belmond Community	Wright	Belmond	CITY	GEN	26	0	8	59.3	5,625	888
R-12	Hamilton County Public	Hamilton	Webster City	CO	GEN	78	0	11	50.5	14,374	1,984
I-3	St. Joseph Mercy	Webster	Fort Dodge	CH	GEN	151	0	25	83.0	45,726	5,593
I-3	Lutheran Hosp. of Fort Dodge	Webster	Fort Dodge	CH	GEN	272	0	24	64.1	50,756	6,921*
I-3	McCrary-Rost	Calhoun	Lake City	IND	GEN	0	15	5	94.0	5,145	928
I-3	McVay Memorial	Calhoun	Lake City	PART	GEN	12	2	5	88.6	4,526	633
	REGIONAL TOTAL					628	18	97	xxx	137,024	18,935
	STATE TOTAL								xxx		

* Construction Program. Occupancy Based on Available 182 Beds.

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
DES MOINES, IOWA

1. PAGE 4 OF 14
2. DATE July 1, 1955
3. STATE Iowa
4. REGION "D" Mason City

ACCEPTABLE AND NON-ACCEPTABLE HOSPITALS REPORT

5. LIST OF ACCEPTABLE AND NON ACCEPTABLE General HOSPITAL FACILITIES AND HOSPITAL BEDS

AREA	NAME OF FACILITY	LOCATION		OWNER-SHIP OR CONTROL	MEDICAL TYPE	BED CAPACITY		NUMBER OF BASSINETS	% OCCUPANCY	NUMBER OF	
		COUNTY	CITY OR TOWN			ACCEPTABLE	NON-ACCEPTABLE			PATIENT DAYS	PATIENTS ADMITTED
R-5	Mitchell County Memorial	Mitchell	Osage	CO	GEN	32	0	8	55.9	6,534	1,390
R-5	Cedar Valley	Floyd	Charles City	CITY	GEN	72	0	20	70.3	14,361	2,633**
R-13	Eldora Memorial	Hardin	Eldora	CITY	GEN	36	0	8	55.1	7,240	1,066
R-13	Ellsworth Municipal	Hardin	Iowa Falls	CITY	GEN	33	0	12	49.0	5,902	977
R-13	Lutheran	Franklin	Hampton	CH	GEN	48	0	13	46.9	8,221	1,496
R-46	Hancock County Memorial	Hancock	Britt	CO	GEN	32	0	10	27.1	3,161	559
R-46	Forest City Municipal	Winnebago	Forest City	CITY	GEN	25	0	8	32.2	2,941	561
R-46	Buffalo Center Hosp. and Clinic	Winnebago	Buffalo Ctr.	IND	GEN	14	0	9	67.7	3,459	735
I-2	Park	C. Gordo	Mason City	PART	GEN	56	0	12	73.2	14,960	2,088
I-2	St. Joseph Mercy	C.Gordo	Mason City	CH	GEN	306	48	56	74.2	54,176	7,448*
	REGIONAL TOTAL					654	48	156	xxx	120,955	18,953
	STATE TOTAL								xxx		

* Construction Program. Occupancy Based on Existing 200 Beds.
** Construction Program. Occupancy Based on 56 Beds.

ACCEPTABLE AND NON-ACCEPTABLE HOSPITALS REPORT

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
DES MOINES, IOWA

1. PAGE 5 OF 14
2. DATE July 1, 1955
3. STATE Iowa
4. REGION "E" Waterloo

5. LIST OF ACCEPTABLE AND NON ACCEPTABLE General HOSPITAL FACILITIES AND HOSPITAL BEDS

AREA	NAME OF FACILITY	LOCATION		OWNER-SHIP OR CONTROL	MEDICAL TYPE	BED CAPACITY		NUMBER OF BASSINETS	% OCCUPANCY	NUMBER OF	
		COUNTY	CITY OR TOWN			ACCEPTABLE	NON-ACCEPTABLE			PATIENT DAYS	PATIENTS ADMITTED
R-6	Riceville	Mitchell	Riceville	CITY	GEN	0	9		Partial	1,008	190
R-6	St. Joseph Mercy	Howard	Cresco	CH	GEN	0	26	8	59.7	5,666	916
R-6	Decorah Lutheran	Winnesh'k	Decorah	NPA	GEN	45	0	10	59.7	9,807	1,205
R-6	St. Joseph's	Chicksaw	New Hampton	CH	GEN	52	0	12	62.6	11,883	1,754
R-14	Grundy County Memorial	Grundy	Grundy Center	CO	GEN	40	0	8	48.4	7,061	1,048
R-15	Palmer Memorial	Fayette	West Union	CITY	GEN	22	0	8	64.4	5,174	665
R-15	Mercy	Fayette	Oelwein	CH	GEN	55	0	15	55.3	11,099	1,969
R-15	Community Memorial	Bremer	Sumner	NPA	GEN	30	0	9	68.1	7,454	674
I-4	Peoples	Buchanan	Independence	CITY	GEN	49	0	10		10,164	1,358
I-4	St. Joseph Mercy	Bremer	Waverly	CH	GEN	0	46	10	75.1	12,616	1,225
I-4	Allen Memorial	Blackhawk	Waterloo	NPA	GEN	161	0	25	88.1	35,704	5,348*
I-4	Schoitz Memorial	Blackhawk	Waterloo	NPA	GEN	134	0	26	80.8	39,534	6,391
I-4	St. Francis	Blackhawk	Waterloo	CH	GEN	124	0	26	71.9	32,567	5,593
I-4	Sartori Memorial	Blackhawk	Cedar Falls	CITY	GEN	74	0	10	89.6	11,456	1,787**
	REGIONAL TOTAL					786	81	177	xxx	201,193	30,123
	STATE TOTAL								xxx		

* Remodel Program. Occupancy on 111 Beds.
** Remodel Program. Occupancy Based on 35 Beds.

STATE TOTAL | | | | xxx | | |

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
DES MOINES, IOWA

ACCEPTABLE AND NON-ACCEPTABLE HOSPITALS REPORT

1. PAGE 6 OF 14
2. DATE July 1, 1955
3. STATE Iowa
4. REGION "F" Dubuque

5. LIST OF ACCEPTABLE AND NON ACCEPTABLE General HOSPITAL FACILITIES AND HOSPITAL BEDS

AREA	NAME OF FACILITY	LOCATION		OWNER-SHIP OR CONTROL	MEDICAL TYPE	BED CAPACITY		NUMBER OF BASSINETS	% OCCUPANCY	NUMBER OF	
		COUNTY	CITY OR TOWN			ACCEPTABLE	NON-ACCEPTABLE			PATIENT DAYS	PATIENTS ADMITTED
R-7	Veterans' Memorial	Allamakee	Waukon	CITY	GEN	22	0	8	60.6	4,867	754
R-7	Postville Community	Allamakee	Postville	CITY	GEN	0	18	6	136.9	8,996	590
I-5	Riverview	Clayton	Guttenberg	IND	GEN	0	12	5	31.8	1,394	256
I-5	Finley	Dubuque	Dubuque	NPA	GEN	57	56	18	71.5	29,487	3,365
I-5	St. Joseph Mercy	Dubuque	Dubuque	CH	GEN	350	58	35	21.8	32,430	4,573
I-5	Xavier	Dubuque	Dubuque	CH	GEN	100	0	22	98.2	35,834	5,000
I-5	Brady	Dubuque	Cascade	IND	GEN	0	7	4	14.0	357	71
I-5	Bellevue	Jackson	Bellevue	NPA	GEN	0	20	6	41.1	2,998	346
	REGIONAL TOTAL					529	171	104	xxx	116,363	14,955
	STATE TOTAL								xxx		

IOWA STATE DEPT. OF HEALTH

DIVISION OF HOSPITAL SERVICES

DES MOINES, IOWA

ACCEPTABLE AND NON-ACCEPTABLE HOSPITALS REPORT

1. PAGE 5 OF 14
2. DATE July 1, 1955
3. STATE Iowa
4. REGION "E" Waterloo

5. LIST OF ACCEPTABLE AND NON ACCEPTABLE General HOSPITAL FACILITIES AND HOSPITAL BEDS

AREA	NAME OF FACILITY	LOCATION		OWNER-SHIP OR CONTROL	MEDICAL TYPE	BED CAPACITY		NUMBER OF BASSINETS	% OCCUPANCY	NUMBER OF	
		COUNTY	CITY OR TOWN			ACCEPTABLE	NON-ACCEPTABLE			PATIENT DAYS	PATIENTS ADMITTED
R-6	Riceville	Mitchell	Riceville	CITY	GEN	0	9		Partial	1,008	190
R-6	St. Joseph Mercy	Howard	Cresco	CH	GEN	0	26	8	59.7	5,666	916
R-6	Decorah Lutheran	Winnesh'k	Decorah	NPA	GEN	45	0	10	59.7	9,807	1,205
R-6	St. Joseph's	Chicksaw	New Hampton	CH	GEN	52	0	12	62.6	11,883	1,754
R-14	Grundy County Memorial	Grundy	Grundy Center	CO	GEN	40	0	8	48.4	7,061	1,048
R-15	Palmer Memorial	Fayette	West Union	CITY	GEN	22	0	8	64.4	5,174	665
R-15	Mercy	Fayette	Oelwein	CH	GEN	55	0	15	55.3	11,099	1,969
R-15	Community Memorial	Bremer	Sumner	NPA	GEN	30	0	9	68.1	7,454	674
I-4	Peoples	Buchanan	Independence	CITY	GEN	49	0	10		10,164	1,358
I-4	St. Joseph Mercy	Bremer	Waverly	CH	GEN	0	46	10	75.1	12,616	1,225
I-4	Allen Memorial	Blackhawk	Waterloo	NPA	GEN	161	0	25	88.1	35,704	5,348*
I-4	Schoitz Memorial	Blackhawk	Waterloo	NPA	GEN	134	0	26	80.8	39,534	6,391
I-4	St. Francis	Blackhawk	Waterloo	CH	GEN	124	0	26	71.9	32,567	5,593
I-4	Sartori Memorial	Blackhawk	Cedar Falls	CITY	GEN	74	0	10	89.6	11,456	1,787**
	REGIONAL TOTAL					786	81	177	xxx	201,193	30,123
	STATE TOTAL								xxx		

* Remodel Program. Occupancy on 111 Beds.

** Remodel Program. Occupancy Based on 35 Beds.

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
DES MOINES, IOWA

ACCEPTABLE AND NON-ACCEPTABLE HOSPITALS REPORT

1. PAGE 6 OF 14
2. DATE July 1, 1955
3. STATE Iowa
4. REGION "F" Dubuque

5. LIST OF ACCEPTABLE AND NON ACCEPTABLE General HOSPITAL FACILITIES AND HOSPITAL BEDS

AREA	NAME OF FACILITY	LOCATION		OWNERSHIP OR CONTROL	MEDICAL TYPE	BED CAPACITY		NUMBER OF BASSINETS	% OCCUPANCY	NUMBER OF	
		COUNTY	CITY OR TOWN			ACCEPTABLE	NON-ACCEPTABLE			PATIENT DAYS	PATIENTS ADMITTED
R-7	Veterans' Memorial	Allamakee	Waukon	CITY	GEN	22	0	8	60.6	4,867	754
R-7	Postville Community	Allamakee	Postville	CITY	GEN	0	18	6	136.9	8,996	590
I-5	Riverview	Clayton	Guttenberg	IND	GEN	0	12	5	31.8	1,394	256
I-5	Finley	Dubuque	Dubuque	NPA	GEN	57	56	18	71.5	29,487	3,365
I-5	St. Joseph Mercy	Dubuque	Dubuque	CH	GEN	350	58	35	21.8	32,430	4,573
I-5	Xavier	Dubuque	Dubuque	CH	GEN	100	0	22	98.2	35,834	5,000
I-5	Brady	Dubuque	Cascade	IND	GEN	0	7	4	14.0	357	71
I-5	Bellevue	Jackson	Bellevue	NPA	GEN	0	20	6	41.1	2,998	346
	REGIONAL TOTAL					529	171	104	xxx	116,363	14,955
	STATE TOTAL								xxx		

ACCEPTABLE AND NON-ACCEPTABLE
HOSPITALS REPORT

IOWA STATE DEPT. OF HEALTH

DIVISION OF HOSPITAL SERVICES

DES MOINES, IOWA

1. PAGE 2 OF 4
2. DATE July 1, 1955
3. STATE Iowa
4. REGION #8 Cedar Rapids

5. LIST OF ACCEPTABLE AND NON ACCEPTABLE General HOSPITAL FACILITIES AND HOSPITAL BEDS

AREA	NAME OF FACILITY	LOCATION		OWNER-SHIP OR CONTROL	MEDICAL TYPE	BED CAPACITY		NUMBER OF BASSINETS	% OCCUPANCY	NUMBER OF	
		COUNTY	CITY OR TOWN			ACCEPTABLE	NON-ACCEPTABLE			PATIENT DAYS	PATIENTS ADMITTED
R-17	Delaware County Memorial	Delaware	Manchester	CO	GEN	43	0	10	67.6	10,637	1,721
R-17	Willard General	Delaware	Manchester	IND	GEN	8	17	8	25.8	2,356	452
R-24	John Mc Donald	Jones	Monticello	NPA	GEN	35	0	10	81.6	10,423	1,503
R-24	Mercy	Jones	Anamosa	CH	GEN	0	23	9	82.3	6,907	1,141
R-31	Watts	Iowa	Marengo	IND	GEN	Will Close During 1955				(1,800)	(340)
R-31	Marengo Memorial	Iowa	Marengo	CITY	GEN	28	0	10	---	--	-- *
R-31	Miller	Iowa	Williamsburg	IND	GEN	0	8	4	60.2	1,759	290
I-7	Virginia Gay	Benton	Vinton	CITY	GEN	36	0	10	44.1	5,801	947
I-7	Mercy	Linn	Cedar Rapids	CH	GEN	120	79	32	74.5	54,126	8,001
I-7	St. Luke's Methodist	Linn	Cedar Rapids	CH	GEN	319	0	46	64.9	75,538	11,265*
I-7	Corn Belt	Benton	Belle Plaine	IND	GEN	0	7	4	55.9	1,429	222
I-7	Martinek	Benton	Belle Plaine	IND	GEN	4	0	4	13.6	198	35
					REGIONAL TOTAL	593	134	147	xxx	170,974	25,917
					STATE TOTAL				xxx		

* 28 Beds built but not equipped for hospital operation.
** Exclusive of psychiatric beds.

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
DES MOINES, IOWA

ACCEPTABLE AND NON-ACCEPTABLE HOSPITALS REPORT

1. PAGE 8 OF 14
2. DATE July 1, 1955
3. STATE Iowa
4. REGION "H" Davenport

5. LIST OF ACCEPTABLE AND NON ACCEPTABLE General HOSPITAL FACILITIES AND HOSPITAL BEDS

AREA	NAME OF FACILITY	LOCATION		OWNER-SHIP OR CONTROL	MEDICAL TYPE	BED CAPACITY		NUMBER OF BASSINETS	% OCCUPANCY	NUMBER OF	
		COUNTY	CITY OR TOWN			ACCEPTABLE	NON-ACCEPTABLE			PATIENT DAYS	PATIENTS ADMITTED
R-25	Jackson County Public	Jackson	Maquoketa	CO	GEN	38	0	10	63.2	8,761	2,007
I-8	Jane Lamb Memorial	Clinton	Clinton	NPA	GEN	89	69	24	33.0	18,991	3,353
I-8	St. Joseph Mercy	Clinton	Clinton	CH	GEN	55	27	25	90.3	27,032	3,371
I-8	De Witt Community	Clinton	De Witt	NPA	GEN	32	0	8	64.4	7,522	989
I-10	Muscatine County	Muscatine	Muscatine	CO	GEN	139	0	24	24.6	9,910	2,090*
I-10	Bellevue	Muscatine	Muscatine	NPA	GEN	17	31	10	72.7	12,736	1,529
I-10	Mercy	Scott	Davenport	CH	GEN	158	0	56	104.9	60,485	7,838
I-10	St. Luke's	Scott	Davenport	CH	GEN	142	0	22	83.3	43,173	5,906
I-10	Davenport Osteopathic	Scott	Davenport	NPA	GEN	35	0	12	63.7	8,137	1,293
I-10	Isolation	Scott	Davenport	CO	CONTAG	26	0	0	25.1	2,386	358
	REGIONAL TOTAL					731	127	191	xxx	199,133	28,734
	STATE TOTAL								xxx		

* New Facility. Occupancy based on 290 days.

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
DES MOINES, IOWA

ACCEPTABLE AND NON-ACCEPTABLE HOSPITALS REPORT

1. PAGE 9 OF 14
2. DATE July 1, 1955
3. STATE Iowa
4. REGION "I" Burlington

5. LIST OF ACCEPTABLE AND NON ACCEPTABLE General HOSPITAL FACILITIES AND HOSPITAL BEDS

AREA	NAME OF FACILITY	LOCATION		OWNER-SHIP OR CONTROL	MEDICAL TYPE	BED CAPACITY		NUMBER OF BASSINETS	% OCCUPANCY	NUMBER OF	
		COUNTY	CITY OR TOWN			ACCEPTABLE	NON-ACCEPTABLE			PATIENT DAYS	PATIENTS ADMITTED
R-45	(Irregular Facility)									5,818	519
R-45	Sacred Heart	Lee	Ft. Madison	CH	GEN	121	0	24	74.6	21,522	2,749**
R-45	Graham	Lee	Keokuk	NPA	GEN	76	18	15	69.8	23,933	2,847
R-45	St. Joseph	Lee	Keokuk	CH	GEN	72	64	31	58.1	28,844	3,205
I-12	Henry County Memorial	Henry	Mt. Pleasant	CO	GEN	56	0	20	80.4	9,686	1,531*
I-12	Burlington	D.Moines	Burlington	NPA	GEN	147	37	20	--	(32,000)	(3,870)
I-12	Mercy	D.Moines	Burlington	CH	GEN	125	0	25	79.4	36,208	3,989
I-12	St. Francis	D.Moines	Burlington	CH	GEN	59	25	15	54.1	14,673	1,313
	REGIONAL TOTAL					656	144	150	xxx	172,684	20,023
	STATE TOTAL								xxx		

* Construction Program. Occupancy Based on 33 Beds.
** Construction Program. Occupancy Based on 79 Beds.

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
DES MOINES, IOWA

ACCEPTABLE AND NON-ACCEPTABLE HOSPITALS REPORT

1. PAGE 10 OF 14
2. DATE July 1, 1955
3. STATE Iowa
4. REGION "J" Iowa City

5. LIST OF ACCEPTABLE AND NON ACCEPTABLE General HOSPITAL FACILITIES AND HOSPITAL BEDS

AREA	NAME OF FACILITY	LOCATION		OWNER-SHIP OR CONTROL	MEDICAL TYPE	BED CAPACITY		NUMBER OF BASSINETS	% OCCUPANCY	NUMBER OF	
		COUNTY	CITY OR TOWN			ACCEPTABLE	NON-ACCEPTABLE			PATIENT DAYS	PATIENTS ADMITTED
R-35	Washington County	Wash'ton	Washington	CO	GEN	54	0	12	47.6	9,373	1,219
B-1	Mercy	Johnson	Iowa City	CH	GEN	222	0	34	62.3	50,518	5,997
B-1	State University of Iowa	Johnson	Iowa City	ST	Gen	219	0	54		(65,122)	(7,916)
B-1	(Irregular Facility)									2,787	815
	REGIONAL TOTAL					495	0	100	xxx	127,800	15,947
	STATE TOTAL								xxx		

ACCEPTABLE AND NON-ACCEPTABLE
HOSPITALS REPORT

IOWA STATE DEPT. OF HEALTH

DIVISION OF HOSPITAL SERVICES

DES MOINES, IOWA

2. DATE July 1, 1955

3. STATE Iowa

4. REGION "K" Ottumwa

5. LIST OF ACCEPTABLE AND NON ACCEPTABLE General HOSPITAL FACILITIES AND HOSPITAL BEDS

AREA	NAME OF FACILITY	LOCATION		OWNER-SHIP OR CONTROL	MEDICAL TYPE	BED CAPACITY		NUMBER OF BASSINETS	% OCCUPANCY	NUMBER OF	
		COUNTY	CITY OR TOWN			ACCEPTABLE	NON-ACCEPTABLE			PATIENT DAYS	PATIENTS ADMITTED
R-34	Mahaska County	Mahaska	Oskaloosa	CO	GEN	60	0	15	61.2	13,411	2,539
R-34	Mercy	Mahaska	Oskaloosa	PART	GEN	28	7	7	64.1	8,185	1,260
R-34	Keokuk County	Keokuk	Sigourney	CO	GEN	34	0	10	25.7	1,309	224*
R-34	Sigourney	Keokuk	Sigourney	IND	GEN	Closed in 1954		--		(980)	(198)
R-39	Jefferson County	Jefferson	Fairfield	CO	GEN	46	0	11	62.6	10,508	1,530
R-43	St. Joseph's Mercy	Appanoose	Centerville	CH	GEN	82	0	11	77.0	12,922	2,234*
R-44	Davis County	Davis	Bloomfield	CO	GEN	34	0	12	101.5	12,592	1,699
R-44	Van Buren County Memorial	V.Buren	Keosauqua	CO	GEN	23	0	7	60.1	5,045	605
I-11	Ottumwa	Wapello	Ottumwa	NPA	GEN	139	0	28	69.1	35,042	4,837
I-11	St. Joseph	Wapello	Ottumwa	CH	GEN	100	0	20	88.5	32,333	4,025
I-11	Monroe County	Monroe	Albia	CO	GEN	14	0	7		810	178
I-11	Smith	Monroe	Albia	IND	GEN	0	26	5	25.6	2,427	506
	REGIONAL TOTAL					560	33	133	xxx	135,564	19,835
	STATE TOTAL								xxx		

* Remodel Program. Occupancy on 46 available beds.
** Completed 8/1/54. Occupancy based on 150 days.

CCEPTABLE AND NON-ACCEPTABLE
OSPITALS REPORT

IOWA STATE DEPT. OF HEALTH

DIVISION OF HOSPITAL SERVICES

DES MOINES, IOWA

1. PAGE 12 OF 14
2. DATE July 1, 1955
3. STATE Iowa
4. REGION "L" Des Moines

LIST OF ACCEPTABLE AND NON ACCEPTABLE General HOSPITAL FACILITIES AND HOSPITAL BEDS

AREA	NAME OF FACILITY	LOCATION		OWNER-SHIP OR CONTROL	MEDICAL TYPE	BED CAPACITY		NUMBER OF BASSINETS	% OCCUPANCY	NUMBER OF	
		COUNTY	CITY OR TOWN			ACCEPTABLE	NON-ACCEPTABLE			PATIENT DAYS	PATIENTS ADMITTED
R-21	Greene County	Greene	Jefferson	CO	GEN	57	0	14	64.3	13,379	1,952
R-21	Kings Daughters	Dallas	Perry	NPA	GEN	Closed	8/8/54	--	--	(5,360)	(655)
R-22	Boone County	Boone	Boone	CO	GEN	100	0	20	81.5	20,821	2,650*
R-23	Story County	Story	Nevada	CO	GEN	50	0	12	39.8	7,257	905
R-23	Story City Memorial	Story	Story City	CITY	GEN	16	0	4	41.0	2,394	493
R-23	Mary Greeley Memorial (Irregular Facility)	Story	Ames	CITY	GEN	75	0	20	68.3	18,709	3,141
										2,516	801
R-29	Guthrie County	Guthrie	Guthrie Ctr.	CO	GEN	38	0	10	26.9	3,733	443
R-30	Mary Frances Skiff Memorial	Jasper	Newton	CITY	GEN	94	0	10	91.7	14,719	2,421***
R-30	Grinnell Community	Poweshiek	Grinnell	NPA	GEN	41	0	15	51.5	7,710	972
R-30	St. Francis	Poweshiek	Grinnell	CH	GEN	37	0	10	76.7	10,355	1,439
R-32	Adair County Memorial	Adair	Greenfield	CO	GEN	29	0	8	48.7	5,155	851
R-32	Madison County Memorial	Madison	Winterset	CO	GEN	39	0	8	50.6	7,203	938
R-33	Collins Memorial	Marion	Knoxville	IND	GEN	30	0	6	62.3	6,818	1,154
R-37	Greater Community	Union	Creston	CO	GEN	31	19	14	58.3	10,650	2,062
R-38	Yocom	Lucas	Chariton	IND	GEN	21	0	7	65.8	5,042	708
R-38	Clarke County Public	Clarke	Osceola	CO	GEN	32	0	9	39.3	4,592	1,077
R-38	Wayne County	Wayne	Corydon	CO	GEN	34	0	8	Opened January,		1955
R-38	Corydon	Wayne	Corydon	IND	GEN	0	17	5	16.6	1,030	61
R-41	Ringgold County	Ringgold	Mount Ayr	CO	GEN	30	0	8	51.4	5,623	709
R-42	Decatur County	Decatur	Leon	CO	GEN	30	0	5	83.0	6,665	1,098**
	(Continued on Page 13 of 14)										
	REGIONAL TOTAL								xxx		
	STATE TOTAL								xxx		

* Construction Program. Occupancy based on 70 available beds.
** Construction Program. Occupancy based on 22 available beds.
*** Construction Program. Occupancy based on 44 available beds.

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
DES MOINES, IOWA

ACCEPTABLE AND NON-ACCEPTABLE
HOSPITALS REPORT

1. PAGE 13 OF 14
2. DATE July 1, 1955
3. STATE Iowa
4. REGION "B" Des Moines (Cont.)

5. LIST OF ACCEPTABLE AND NON ACCEPTABLE General HOSPITAL FACILITIES AND HOSPITAL BEDS

AREA	NAME OF FACILITY	LOCATION		OWNERSHIP OR CONTROL	MEDICAL TYPE	BED CAPACITY		NUMBER OF BASSINETS	% OCCUPANCY	NUMBER OF	
		COUNTY	CITY OR TOWN			ACCEPTABLE	NON-ACCEPTABLE			PATIENT DAYS	PATIENTS ADMITTED
I-6	St. Thomas Mercy	Marshall	Marshalltown	CH	GEN	55	31	11	61.1	19,185	2,171 ØØ
I-6	Evangelical	Marshall	Marshalltown	CH	GEN	142	8	20	70.1	38,777	4,103
B-2	Dallas County	Dallas	Perry	CO	GEN	38	0	12	46.0	2,536	444 Ø
B-2	Clinic	Dallas	Dexter	PART	GEN	0	16	3	87.8	5,126	613
B-2	Broadlawns Polk County	Polk	Des Moines	CO	GEN	147	8	24		50,626	4,591
B-2	Iowa Lutheran	Polk	Des Moines	CH	GEN	215	0	33	75.2	59,033	7,547
B-2	Iowa Methodist & Blank Memorial	Polk	Des Moines	CH	GEN	365	0	25	83.9	111,822	14,512 Ø**
B-2	Mercy	Polk	Des Moines	CH	GEN	75	92	30	1123	66,445	10,017
B-2	Wilden Osteopathic	Polk	Des Moines	CORP	GEN	35	11	8	71.0	11,926	2,313
B-2	Still Osteopathic	Polk	Des Moines	CORP	GEN	99	0	20	49.8	18,012	3,481
B-2	Des Moines General	Polk	Des Moines	CORP	GEN	70	33	10	98.1	11,817	2,084 Ø*
B-2	Redfield Hospital and Clinic	Dallas	Redfield	IND	GEN	8	0	3	56.7	1,656	258
					REGIONAL TOTAL	2033	235	392	xxx	558,692	76,664
					STATE TOTAL				xxx		

Ø Newly opened August 8, 1955. Occupancy based on 145 days.
ØØ Available area re-arranged.
Ø* Construction Program. Occupancy based on 33 existing beds.
Ø** Exclusive of estimated psychiatric

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
DES MOINES, IOWA

ACCEPTABLE AND NON-ACCEPTABLE HOSPITALS REPORT

1. PAGE 14 OF 14
2. DATE July 1, 1955
3. STATE Iowa
4. REGION "M" Council Bluffs

5. LIST OF ACCEPTABLE AND NON ACCEPTABLE General HOSPITAL FACILITIES AND HOSPITAL BEDS

AREA	NAME OF FACILITY	LOCATION		OWNER-SHIP OR CONTROL	MEDICAL TYPE	BED CAPACITY		NUMBER OF BASSINETS	% OCCUPANCY	NUMBER OF	
		COUNTY	CITY OR TOWN			ACCEPTABLE	NON-ACCEPTABLE			PATIENT DAYS	PATIENTS ADMITTED
R-19	Crawford County Memorial	Crawford	Denison	CO	GEN	50	0	12	46.2	8,430	1,757
R-20	St. Anthony	Carroll	Carroll	CH	GEN	13	96	32	62.1	24,495	3,917
R-20	Manning General	Carroll	Manning	IND	GEN	15	0	6	49.0	2,684	497
R-26	No existing facilities										
R-27	Myrtue Memorial	Shelby	Harlan	CO	GEN	47	0	20	44.3	2,913	614**
R-27	Bisgard	Shelby	Harlan		Closed During 1954					(1,400)	(355)
R-28	Atlantic Memorial	Cass	Atlantic	NPA	GEN	60	0	12	100.2	10,976	1,652*
R-28	Audubon County Memorial	Audubon	Audubon	CO	GEN	30	0	10	34.9	3,817	637
R-36	Rosary	Adams	Corning	CH	GEN	41	0	8	44.1	6,603	1,062
R-36	Murphy Memorial	Montgom.	Red Oak	CITY	GEN	43	0	12	54.8	8,614	1,407
R-40	Community Hospital, Inc.	Fremont	Hamburg	NPA	GEN	0	25	10	57.5	5,250	700
R-40	Clarinda Municipal	Page	Clarinda	CITY	GEN	52	0	13	60.1	11,414	1,982
R-40	Hand Community	Page	Shenandoah	NPA	GEN	56	0	17	38.1	7,795	1,523
I-9	Jennie Edmundson Memorial	Pottawat.	Council Bluff	NPA	GEN	192	0	20	56.0	39,247	6,319
I-9	Mercy	Pottawat.	Council Bluff	CH	GEN	39	146	26	77.8	52,551	7,063
	REGIONAL TOTAL					638	267	198	xxx	186,189	29,485
	STATE TOTAL					9562	1510	2127	xxx	2,481,671	347,901

* Construction Program. Occupancy based on 30 designed beds. Remainder available 15 December 1954.
** New Hospital. Occupancy based on 140 days.

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IOWA STATE DEPT. OF HEALTH

DIVISION OF HOSPITAL SERVICES

DES MOINES, IOWA

BED DISTRIBUTION PROGRAM
GENERAL HOSPITALS

2. DATE July 1, 1955

3. STATE Iowa

AREA AND REGION	CIVILIAN POPULATION	BED ALLOWANCES BASED ON		EXISTING ACCEPTABLE BEDS	DETERMINATION OF POOL BEDS			EXCESS BEDS OVER STATE RATIO	DISTRIBUTION PROGRAM			
		STATE RATIO	AREA RATIO		TOTAL	IN AREA	CREDIT TO STATE POOL		BEDS ALLOCATED TO AREA FROM POOL	TOTAL BEDS ALLOWED UNDER P.L.725	ADD'L. BEDS TO BE CONSTRUCTED IN AREA	PERCENT OF NEED MET
Region A												
R-1	22,122	100	55	36	64	19	45		16	71	35	50.7042
OSA	(3,700)								(9)			
R-8	21,518	97	54	82	15	0	15		0	82	0	100.00
R-9	26,706	120	67	92	28	0	28		0	92	0	100.00
R-18	15,314	69	38	0	69	38	31		0	38	38	0.00
B-3	110,058	495	495	772	0	0	0	277	0	772	0	100.00
Region B												
R-2	31,400	141	78	24	117	54	63		0	78	54	30.7692
R-3	29,684	134	74	55	79	19	60		41	115	60	47.8260
R-10	39,011	176	98	108	68	0	68		0	108	0	100.00
I-1	37,364	168	150	90	78	60	18		0	150	60	60.00
Region C												
R-4	25,822	116	65	61	55	4	51		0	65	4	93.8461
R-11	32,116	145	80	54	91	26	65		9	89	35	60.6741
R-12	19,360	87	48	78	9	0	9		0	78	0	100.00
I-3	76,991	346	308	435	0	0	0	89	70	505	70	86.1386
R-21	14,871	67	37	57	10	0	10		0	57	0	100.00

17. EXCESS BEDS FROM ORIGINAL STATE PLAN _____.

18. EXCESS BEDS TO BE DEDUCTED FROM STATE POOL _____.

19. ADJUSTED STATE POOL _____.

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
DES MOINES, IOWA

1. PAGE 2 OF 5
2. DATE July 1, 1955
3. STATE Iowa

BED DISTRIBUTION PROGRAM
GENERAL HOSPITALS

AREA AND REGION	CIVILIAN POPULATION	BED ALLOWANCES BASED ON		EXISTING ACCEPTABLE BEDS	DETERMINATION OF POOL BEDS			EXCESS BEDS OVER STATE RATIO	DISTRIBUTION PROGRAM			
		STATE RATIO	AREA RATIO		TOTAL	IN AREA	CREDIT TO STATE POOL		BEDS ALLOCATED TO AREA FROM POOL	TOTAL BEDS ALLOWED UNDER P.L.725	ADD'L. BEDS TO BE CONSTRUCTED IN AREA	PERCENT OF NEED MET
Region D												
R-5	34,975	157	87	104	53	0	53		0	104	0	100.00
R-13	46,531	209	116	117	92	0	92		0	117	0	100.00
R-46	27,850	125	70	71	54	0	54		0	71	0	100.00
I-2	57,894	261	232	362	0	0	0	101	0	362	0	100.00
Region E												
R-6	47,255	213	118	97	116	21	95		14	132	35	73.4848
R-14	13,742	62	34	40	22	0	22		0	40	0	100.00
R-15	35,338	159	88	107	52	0	52		0	107	0	100.00
I-4	160,616	723	642	542	181	100	81		0	642	100	84.4237
Region F												
R-7	34,591	156	86	22	134	64	70		0	86	64	25.5814
I-5	81,874	368	328	507	0	0	0	139	0	507	0	100.00
R-25	14,885	67	37	38	29	0	29		0	38	0	100.00
Region G												
R-17	17,146	77	43	51	26	0	26		20	71	20	71.8310
R-24	17,426	78	44	35	43	9	34		41	85	50	41.1765
R-31	17,938	81	45	28	53	17	36		0	45	17	62.2222
I-7	145,953	657	584	479	178	105	73		0	584	105	82.0205

17. EXCESS BEDS FROM ORIGINAL STATE PLAN _____. 18. EXCESS BEDS TO BE DEDUCTED FROM STATE POOL _____. 19. ADJUSTED STATE POOL _____.

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AREA AND REGION	CIVILIAN POPULATION	BED ALLOWANCES BASED ON		EXISTING ACCEPTABLE BEDS	DETERMINATION OF POOL BEDS			EXCESS BEDS OVER STATE RATIO	DISTRIBUTION PROGRAM			
		STATE RATIO	AREA RATIO		TOTAL	IN AREA	CREDIT TO STATE POOL		BEDS ALLOCATED TO AREA FROM POOL	TOTAL BEDS ALLOWED UNDER P.L.725	ADD'L. BEDS TO BE CONSTRUCTED IN AREA	PERCENT OF NEED MET
BASIC DATA									**DISTRIBUTION PROGRAM**			
Region H												
I-8	52,585	237	210	176	61	34	27		26	236	60	74.5763
I-10	148,663	669	595	517	152	78	74		0	595	78	86.8908
Region I												
ISO	(3,700)	17	9		(17)	9	8		(9)			
R-45	42,143	190	105	269	0	0	0	79	51	329	60	81.7629
I-12	67,345	303	269	387	0	0	0	84	30	417	30	92.8058
Region J												
R-35	19,130	86	48	54	32	0	32		0	54	0	100.00
R-1	53,201	239	239	441	0	0	0	202	0	441	0	100.00
Region K												
R-34	39,267	177	98	122	55	0	55		0	122	0	100.00
R-39	15,533	70	39	46	24	0	24		0	46	0	100.00
R-43	17,817	80	45	82	0	0	0	2	0	82	0	100.00
R-44	19,604	88	49	57	31	0	31		20	77	20	74.0260
I-11	59,476	268	238	253	15	0	15		50	303	50	83.4983

17. EXCESS BEDS FROM ORIGINAL STATE PLAN _____. 18. EXCESS BEDS TO BE DEDUCTED FROM STATE POOL _____. 19. ADJUSTED STATE POOL _____.

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AREA AND REGION	CIVILIAN POPULATION	BED ALLOWANCES BASED ON		EXISTING ACCEPTABLE BEDS	DETERMINATION OF POOL BEDS			EXCESS BEDS OVER STATE RATIO	DISTRIBUTION PROGRAM			
		STATE RATIO	AREA RATIO		TOTAL	IN AREA	CREDIT TO STATE POOL		BEDS ALLOCATED TO AREA FROM POOL	TOTAL BEDS ALLOWED UNDER P.L.725	ADD'L. BEDS TO BE CONSTRUCTED IN AREA	PERCENT OF NEED MET
Region L												
R-22	24,335	109	61	100	9	0	9		0	100	0	100.00
R-23	46,477	209	116	141	68	0	68		0	141	0	100.00
R-29	14,285	64	37	38	26	0	26		0	38	0	100.00
R-30	49,170	221	123	172	49	0	49		20	192	20	89.5833
R-32	24,124	109	60	68	41	0	41		0	68	0	100.00
R-33	25,125	113	63	30	83	33	50		0	63	33	47.6190
R-37	15,188	68	38	31	37	7	30		13	51	20	60.7843
R-38	31,008	139	78	87	52	0	52		0	87	0	100.00
R-41	8,876	40	22	30	10	0	10		0	30	0	100.00
R-42	11,982	54	30	30	24	0	24		0	30	0	100.00
I-6	51,266	231	205	197	34	8	26		52	257	60	76.6537
B-2	284,378	1279	1279	1052	227	227	0		37	1316	264	79.9392

17. EXCESS BEDS FROM ORIGINAL STATE PLAN _____. 18. EXCESS BEDS TO BE DEDUCTED FROM STATE POOL _____. 19. ADJUSTED STATE POOL _____.

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AREA AND REGION	CIVILIAN POPULATION	BED ALLOWANCES BASED ON		EXISTING ACCEPTABLE BEDS	DETERMINATION OF POOL BEDS			EXCESS BEDS OVER STATE RATIO	DISTRIBUTION PROGRAM			
		STATE RATIO	AREA RATIO		TOTAL	IN AREA	CREDIT TO STATE POOL		BEDS ALLOCATED TO AREA FROM POOL	TOTAL BEDS ALLOWED UNDER P.L.725	ADD'L. BEDS TO BE CONSTRUCTED IN AREA	PERCENT OF NEED MET
Region H												
I-8	52,585	237	210	176	61	34	27		26	236	60	74.5763
I-10	148,663	669	595	517	152	78	74		0	595	78	86.8908
Region I												
ISO	(3,700)	17	9		(17)	9	8		(9)			
R-45	42,143	190	105	269	0	0	0	79	51	329	60	81.7629
I-12	67,345	303	269	387	0	0	0	84	30	417	30	92.8058
Region J												
R-35	19,130	86	48	54	32	0	32		0	54	0	100.00
R-1	53,201	239	239	441	0	0	0	202	0	441	0	100.00
Region K												
R-34	39,267	177	98	122	55	0	55		0	122	0	100.00
R-39	15,533	70	39	46	24	0	24		0	46	0	100.00
R-43	17,817	80	45	82	0	0	0	2	0	82	0	100.00
R-44	19,604	88	49	57	31	0	31		20	77	20	74.0260
I-11	59,476	268	238	253	15	0	15		50	303	50	83.4983

17. EXCESS BEDS FROM ORIGINAL STATE PLAN _____.
18. EXCESS BEDS TO BE DEDUCTED FROM STATE POOL _____.
19. ADJUSTED STATE POOL _____.

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BED DISTRIBUTION PROGRAM
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AREA AND REGION	BASIC DATA: CIVILIAN POPULATION	BED ALLOWANCES BASED ON: STATE RATIO	BED ALLOWANCES BASED ON: AREA RATIO	EXISTING ACCEPTABLE BEDS	DETERMINATION OF POOL BEDS: TOTAL	DETERMINATION OF POOL BEDS: IN AREA	DETERMINATION OF POOL BEDS: CREDIT TO STATE POOL	EXCESS BEDS OVER STATE RATIO	DISTRIBUTION PROGRAM: BEDS ALLOCATED TO AREA FROM POOL	DISTRIBUTION PROGRAM: TOTAL BEDS ALLOWED UNDER P.L.725	DISTRIBUTION PROGRAM: ADD'L. BEDS TO BE CONSTRUCTED IN AREA	DISTRIBUTION PROGRAM: PERCENT OF NEED MET
Region L												
R-22	24,335	109	61	100	9	0	9		0	100	0	100.00
R-23	46,477	209	116	141	68	0	68		0	141	0	100.00
R-29	14,285	64	37	38	26	0	26		0	38	0	100.00
R-30	49,170	221	123	172	49	0	49		20	192	20	89.5833
R-32	24,124	109	60	68	41	0	41		0	68	0	100.00
R-33	25,125	113	63	30	83	33	50		0	63	33	47.6190
R-37	15,188	68	38	31	37	7	30		13	51	20	60.7843
R-38	31,008	139	78	87	52	0	52		0	87	0	100.00
R-41	8,876	40	22	30	10	0	10		0	30	0	100.00
R-42	11,982	54	30	30	24	0	24		0	30	0	100.00
I-6	51,266	231	205	197	34	8	26		52	257	60	76.6537
B-2	284,378	1279	1279	1052	227	227	0		37	1316	264	79.9392

17. EXCESS BEDS FROM ORIGINAL STATE PLAN _____. 18. EXCESS BEDS TO BE DEDUCTED FROM STATE POOL _____. 19. ADJUSTED STATE POOL _____.

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AREA AND REGION	CIVILIAN POPULATION	BED ALLOWANCES BASED ON		EXISTING ACCEPTABLE BEDS	DETERMINATION OF POOL BEDS			EXCESS BEDS OVER STATE RATIO	DISTRIBUTION PROGRAM			
		STATE RATIO	AREA RATIO		TOTAL	IN AREA	CREDIT TO STATE POOL		BEDS ALLOCATED TO AREA FROM POOL	TOTAL BEDS ALLOWED UNDER P.L.725	ADD'L. BEDS TO BE CONSTRUCTED IN AREA	PERCENT OF NEED MET
Region M												
R-19	19,161	86	48	50	36	0	36		0	50	0	100.00
R-20	23,052	104	58	28	76	30	46		66	124	96	22.5806
R-26	17,904	81	45	0	81	45	36		0	45	45	0.00
R-27	15,407	69	39	47	22	0	22		0	47	0	100.00
R-28	29,684	134	74	90	44	0	44		0	90	0	100.00
R-36	23,612	106	59	84	22	0	22		0	84	0	100.00
R-40	44,196	199	110	108	91	2	89		28	138	30	78.2609
I-9	81,955	369	328	231	138	97	41		43	371	140	62.2641
Total State of Iowa:	2,636,000	11,862	9,018	9,562	3,273	1,106	2,167	973	647	11,315	1,753	
State Pool Beds:									547	547	547	
Total									1,194	11,862	2,300	

(a) 3,700 residents of region "A", Area R-1, (Rock Rapids Vicinity) conceded to out-of-state facilities, and the equivalent beds are utilized in region "I" (Burlington/Fort Madison)

(b) Indefineable elements have entered into the plan pattern since the earliest presentations. VA installations have available influence; University Hospitals are being evaluated by current criteria; unique geographic circumstances continue. Therefore, in keeping with previous revisions, footnote (c) and the alternate determinations are established for items 17, 18, and 19.

(c) Alternate (17) 0 Alternate (18) = (11-13) = 973 Alternate (19) = 11 - (18) = 1,194

17. EXCESS BEDS FROM ORIGINAL STATE PLAN 1057. 18. EXCESS BEDS TO BE DEDUCTED FROM STATE POOL 0. 19. ADJUSTED STATE POOL 2167.

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1. PAGE 1 OF 14
2. DATE July 1, 1955
3. STATE Iowa
4. REGION "A" Sioux City

AREA AND COMMUNITY IN WHICH EXISTING ACCEPTABLE OR PROPOSED FACILITY IS OR WILL BE LOCATED	EXISTING ACCEPTABLE BEDS	NET ADDITIONAL BEDS WHICH MAY BE CONSTRUCTED	TOTAL BEDS NEEDED	NUMBER OF FACILITIES
Region "A" - Sioux City				
R-1	36	35	71	3
Sioux Center	26	0	26	
Orange City	10	0	10	
Rock Rapids	0	35	35	
R-8	82	0	82	2
Le Mars	68	0	68	
Hawarden	14	0	14	
R-9	92	0	92	2
Battle Creek	15	0	15	
Cherokee	77	0	77	
R-18	0	38	38	1
Onawa	0	38	38	
B-3	772	0	772	6
Akron	21	0	21	
Sioux City				
Lutheran	138	0	138	
Methodist	141	0	141	
St. Vincent's	140	0	140	
St. Joseph	307	0	307	
Sioux City Osteopathic	25	0	25	
Sub-Total "A"	982	73	1055	14
TOTAL				

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1. PAGE 2 OF 14
2. DATE July 1, 1955
3. STATE Iowa
4. REGION "B" Spencer

AREA AND COMMUNITY IN WHICH EXISTING ACCEPTABLE OR PROPOSED FACILITY IS OR WILL BE LOCATED	EXISTING ACCEPTABLE BEDS	NET ADDITIONAL BEDS WHICH MAY BE CONSTRUCTED	TOTAL BEDS NEEDED	NUMBER OF FACILITIES
Region "B" - Spencer				
R-2	24	54	78	2
Sheldon	24	20	44	
Sibley	0	34	34	
R-3	55	60	115	2
Estherville	55	25	80	
Spirit Lake	0	35	35	
R-10	108	0	108	4
Sac City	32	0	32	
Alta	19	0	19	
Schaller	7	0	7	
Storm Lake	50	0	50	
I-1	90	60	150	2
Emmetsburg	18	30	48	
Spencer	72	30	102	
Sub-Total "B"	277	174	451	10
TOTAL				

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1. PAGE 3 OF 14
2. DATE July 1, 1955
3. STATE Iowa
4. REGION "C" Fort Dodge

AREA AND COMMUNITY IN WHICH EXISTING ACCEPTABLE OR PROPOSED FACILITY IS OR WILL BE LOCATED	EXISTING ACCEPTABLE BEDS	NET ADDITIONAL BEDS WHICH MAY BE CONSTRUCTED	TOTAL BEDS NEEDED	NUMBER OF FACILITIES
Region "C" - Fort Dodge				
R-4	61	4	65	1
Algona	61	4	65	
R-11	54	35	89	2
Clarion	28	0	28	
Belmond	26	0	26	
Humboldt	0	35	35	
R-12	78	0	78	1
Webster City	78	0	78	
I-3	435	70	505	5
Lake City				
Mc Vay Memorial	12	0	12	
County	0	40	40	
Pocahontas	0	30	30	
Fort Dodge				
Lutheran Hosp. of Ft. Dodge	272	0	272	
St. Joseph	151	0	151	
Sub-Total "C"	628	109	737	9
TOTAL				

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1. PAGE 4 OF 14
2. DATE July 1, 1955
3. STATE Iowa
4. REGION "D" Mason City

AREA AND COMMUNITY IN WHICH EXISTING ACCEPTABLE OR PROPOSED FACILITY IS OR WILL BE LOCATED	EXISTING ACCEPTABLE BEDS	NET ADDITIONAL BEDS WHICH MAY BE CONSTRUCTED	TOTAL BEDS NEEDED	NUMBER OF FACILITIES
Region "D" - Mason City				
R-5	104	0	104	2
Osage	32	0	32	
Charles City	72	0	72	
R-13	117	0	117	3
Eldora	36	0	36	
Iowa Falls	33	0	33	
Hampton	48	0	48	
R-46	71	0	71	3
Britt	32	0	32	
Forest City	25	0	25	
Buffalo Center	14	0	14	
I-2	362	0	362	2
Mason City				
Park	56	0	56	
St. Joseph	306	0	306	
Sub-Total "D"	654	0	654	10
TOTAL				

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1. PAGE 5 OF 14
2. DATE July 1, 1955
3. STATE Iowa
4. REGION "E" Waterloo

AREA AND COMMUNITY IN WHICH EXISTING ACCEPTABLE OR PROPOSED FACILITY IS OR WILL BE LOCATED	EXISTING ACCEPTABLE BEDS	NET ADDITIONAL BEDS WHICH MAY BE CONSTRUCTED	TOTAL BEDS NEEDED	NUMBER OF FACILITIES
Region "E" - Waterloo				
R-6	97	35	132	3
Cresco	0	35	35	
Decorah	45	0	45	
New Hampton	52	0	52	
R-14	40	0	40	1
Grundy Center	40	0	40	
R-15	107	0	107	3
West Union	22	0	22	
Oelwein	55	0	55	
Sumner	30	0	30	
I-4	542	100	642	6
Independence	49	0	49	
Waverly	0	60	60	
Waterloo				
Allen Memorial	161	0	161	
Schoitz Memorial	134	0	134	
St. Francis	124	0	124	
Cedar Falls	74	0	74	
Unassigned	0	40	40	
Sub-Total "E"	786	135	921	13
TOTAL				

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2. DATE July 1, 1955
3. STATE Iowa
4. REGION "F" Dubuque

AREA AND COMMUNITY IN WHICH EXISTING ACCEPTABLE OR PROPOSED FACILITY IS OR WILL BE LOCATED	EXISTING ACCEPTABLE BEDS	NET ADDITIONAL BEDS WHICH MAY BE CONSTRUCTED	TOTAL BEDS NEEDED	NUMBER OF FACILITIES
Region "F" - Dubuque				
R-7	22	64	86	3
Waukon	22	0	22	
Postville	0	44	44	
Elkader	0	20	20	
I-5	507	0	507	3
Dubuque				
Finley	57	0	57	
St. Joseph Mercy	350	0	350	
Xavier	100	0	100	
Sub-Total "F"	529	64	593	6
TOTAL				

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1. PAGE 7 OF 14
2. DATE July 1, 1955
3. STATE Iowa
4. REGION "G" Cedar Rapids

AREA AND COMMUNITY IN WHICH EXISTING ACCEPTABLE OR PROPOSED FACILITY IS OR WILL BE LOCATED	EXISTING ACCEPTABLE BEDS	NET ADDITIONAL BEDS WHICH MAY BE CONSTRUCTED	TOTAL BEDS NEEDED	NUMBER OF FACILITIES
Region "G" - Cedar Rapids				
R-17	51	20	71	2
Manchester				
Delaware County Memorial	43	20	63	
Willard General	8	0	8	
R-24	35	50	85	2
Monticello	35	15	50	
Anamosa	0	35	35	
R-31	28	17	45	1
Marengo	28	17	45	
I-7	479	105	584	5
Vinton	36	0	36	
Cedar Rapids				
Mercy	120	70	190	
St. Luke's Methodist	319	0	319	
Belle Plaine	4	0	4	
Tipton	0	35	35	
Sub-Total "G"	593	192	785	10
TOTAL				

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1. PAGE 8 OF 14
2. DATE July 1, 1955
3. STATE Iowa
4. REGION "H" Davenport

AREA AND COMMUNITY IN WHICH EXISTING ACCEPTABLE OR PROPOSED FACILITY IS OR WILL BE LOCATED	EXISTING ACCEPTABLE BEDS	NET ADDITIONAL BEDS WHICH MAY BE CONSTRUCTED	TOTAL BEDS NEEDED	NUMBER OF FACILITIES
Region "H" - Davenport				
R-25	38	0	38	1
Maquoketa	38	0	38	
I-8	176	60	236	3
DeWitt	32	0	32	
Clinton				
Jane Lamb	89	0	89	
St. Joseph Mercy	55	60	115	
I-10	517	78	595	6
Unassigned Pool Beds	0	78	78	
Muscatine				
Muscatine County	139	0	139	
Bellevue	17	0	17	
Davenport				
Mercy	158	0	158	
St. Luke's	142	0	142	
Davenport Osteopathic	35	0	35	
Isolation	26	0	26	
Sub-Total "H"	731	138	869	10
TOTAL				

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3. STATE Iowa
4. REGION "I" Burlington

AREA AND COMMUNITY IN WHICH EXISTING ACCEPTABLE OR PROPOSED FACILITY IS OR WILL BE LOCATED	EXISTING ACCEPTABLE BEDS	NET ADDITIONAL BEDS WHICH MAY BE CONSTRUCTED	TOTAL BEDS NEEDED	NUMBER OF FACILITIES
Region "I" - Burlington				
R-45	269	60	329	3
Fort Madison	121	0	121	
Keokuk	76	25	101	
Graham	72	35	107	
St. Joseph				
I-12	387	30	417	4
Mt. Pleasant	56	0	56	
Burlington	147	30	177	
Burlington	125	0	125	
Mercy	59	0	59	
St. Francis				
Sub-Total "I"	656	90	746	7
TOTAL				

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2. DATE July 1, 1955
3. STATE Iowa
4. REGION "J" Iowa City

AREA AND COMMUNITY IN WHICH EXISTING ACCEPTABLE OR PROPOSED FACILITY IS OR WILL BE LOCATED	EXISTING ACCEPTABLE BEDS	NET ADDITIONAL BEDS WHICH MAY BE CONSTRUCTED	TOTAL BEDS NEEDED	NUMBER OF FACILITIES
Region "J" - Iowa City				
R-35	54	0	54	1
Washington	54	0	54	
B-1	441	0	441	2
Iowa City				
Mercy	222	0	222	
University of Iowa	219	0	219	
Sub-Total "J"	495	0	495	3
TOTAL				

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2. DATE July 1, 1955
3. STATE Iowa
4. REGION "K" Ottumwa

AREA AND COMMUNITY IN WHICH EXISTING ACCEPTABLE OR PROPOSED FACILITY IS OR WILL BE LOCATED	EXISTING ACCEPTABLE BEDS	NET ADDITIONAL BEDS WHICH MAY BE CONSTRUCTED	TOTAL BEDS NEEDED	NUMBER OF FACILITIES
Region "K" - Ottumwa				
R-34	122	0	122	3
Oskaloosa				
Mahaska County	60	0	60	
Mercy	28	0	28	
Sigourney	34	0	34	
R-39	46	0	46	1
Fairfield	46	0	46	
R-43	82	0	82	1
Centerville	82	0	82	
R-44	57	20	77	2
Bloomfield	34	20	54	
Keosauqua	23	0	23	
I-11	253	50	303	3
Albia	14	20	34	
Ottumwa				
Ottumwa	139	0	139	
St. Joseph	100	30	130	
Sub-Total "K"	560	70	630	10
TOTAL				

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
DES MOINES, IOWA

GENERAL HOSPITALS SUMMARY

1. PAGE 12 OF 14
2. DATE July 1, 1955
3. STATE Iowa
4. REGION "L" Des Moines

AREA AND COMMUNITY IN WHICH EXISTING ACCEPTABLE OR PROPOSED FACILITY IS OR WILL BE LOCATED	EXISTING ACCEPTABLE BEDS	NET ADDITIONAL BEDS WHICH MAY BE CONSTRUCTED	TOTAL BEDS NEEDED	NUMBER OF FACILITIES
Region "L" - Des Moines				
R-21	57	0	57	1
Jefferson	57	0	57	
R-22	100	0	100	1
Boone	100	0	100	
R-23	141	0	141	3
Nevada	50	0	50	
Story City	16	0	16	
Ames	75	0	75	
R-29	38	0	38	1
Guthrie Center	38	0	38	
R-30	172	20	192	3
Newton	94	0	94	
Grinnell				
Grinnell Community	41	0	41	
St. Francis	37	20	57	
R-32	68	0	68	2
Greenfield	29	0	29	
Winterset	39	0	39	
R-33	30	33	63	1
Knoxville	30	33	63	
R-37	31	20	51	1
Creston	31	20	51	
(Continued on page 13)				
TOTAL				

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
DES MOINES, IOWA

GENERAL HOSPITALS SUMMARY

1. PAGE 13 OF 14
2. DATE July 1, 1955
3. STATE Iowa
4. REGION "L" Des Moines (Continued)

AREA AND COMMUNITY IN WHICH EXISTING ACCEPTABLE OR PROPOSED FACILITY IS OR WILL BE LOCATED	EXISTING ACCEPTABLE BEDS	NET ADDITIONAL BEDS WHICH MAY BE CONSTRUCTED	TOTAL BEDS NEEDED	NUMBER OF FACILITIES
Region "L" - Des Moines (Continued)				
R-38	87	0	87	3
Chariton	21	0	21	
Osceola	32	0	32	
Corydon	34	0	34	
R-41	30	0	30	1
Mount Ayr	30	0	30	
R-42	30	0	30	1
Leon	30	0	30	
I-6	197	60	257	3
Marshalltown	142	0	142	
Evangelical	55	30	85	
St. Thomas Mercy	0	30	30	
Toledo				
B-2	1052	264	1316	10
Des Moines				
Unassigned Pool Beds	0	30	30	
Broadlawns Polk County	147	30	177	
Iowa Lutheran	215	0	215	
Iowa Methodist and Blank Memorial	365	0	365	
Mercy	75	179	254	
Wilden Osteopathic	35	0	35	
Still Osteopathic	99	0	99	
Des Moines General	70	0	70	
Redfield	8	0	8	
Indianola	0	25	25	
Perry	38	0	38	
Sub-Total "L"	2033	397	2430	31
TOTAL				

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
DES MOINES, IOWA

GENERAL HOSPITALS SUMMARY

1. PAGE 14 OF 14
2. DATE July 1, 1955
3. STATE Iowa
4. REGION "M" Council Bluffs

AREA AND COMMUNITY IN WHICH EXISTING ACCEPTABLE OR PROPOSED FACILITY IS OR WILL BE LOCATED	EXISTING ACCEPTABLE BEDS	NET ADDITIONAL BEDS WHICH MAY BE CONSTRUCTED	TOTAL BEDS NEEDED	NUMBER OF FACILITIES
Region "M" - Council Bluffs				
R-19	50	0	50	1
Denison	50	0	50	
R-20	28	96	124	2
Carroll	13	96	109	
Manning	15	0	15	
R-26	0	45	45	1
Logan	0	45	45	
R-27	47	0	47	1
Harlan	47	0	47	
R-28	90	0	90	2
Atlantic	60	0	60	
Audubon	30	0	30	
R-36	84	0	84	2
Corning	41	0	41	
Red Oak	43	0	43	
R-40	108	30	138	3
Hamburg	0	30	30	
Clarinda	52	0	52	
Shenandoah	56	0	56	
I-9	231	140	371	2
Council Bluffs				
Jennie Edmundson Memorial	192	0	192	
Mercy	39	140	179	
Sub-Total "M"	638	311	949	14
TOTAL	9562	1753	11315	147

IOWA STATE DEPT. OF HEALTH

DIVISION OF HOSPITAL SERVICES

FORM HSF - 13

1. Page 1 of 1

2. Date July 1, 1955

3. State Iowa

4. Category General

RELATIVE NEED REPORT

PRIORITY	AREA	PRIORITY FACTOR	PERCENTAGE OF NEED MET
A	R-26 Logan	(2.7972) 0	
A	R-18 Onawa	(2.6870) 0	
B	R-20 Carroll		22.5806
B	R-7 Waukon		25.5814
B	R-2 Sibley		30.7692
B	R-24 Anamosa		41.1765
C	R-33 Knoxville		47.6190
C	R-3 Estherville		47.8260
C	R-1 Rock Rapids		50.7042
D	I-1 Emmetsburg		60.00
D	R-11 Humboldt		60.6741
D	R-37 Creston		60.7843
D	R-31 Marengo		62.2222
D	I-9 Council Bluffs		62.2641
D	R-17 Manchester		71.8310
D	R-6 Cresco		73.4848
D	R-44 Bloomfield		74.0260
D	I-8 Clinton		74.5763
D	I-6 Marshalltown		76.6537
D	R-40 Hamburg		78.2609
D	B-2 Des Moines		79.9392
D	R-45 Fort Madison		81.7629
D	I-7 Cedar Rapids		82.0205
D	I-11 Ottumwa		83.4983
D	I-4 Independence		84.4237
D	I-3 Lake City		86.1386
D	I-10 Davenport		86.8908
D	R-30 Newton		89.5833
D	I-12 Burlington		92.8058
D	R-4 Algona		93.8461
	All other areas		100.00

CP-3915

EXHIBIT D

PART II TUBERCULOSIS HOSPITALS

The care of tuberculosis patients in Iowa is accomplished by several county and privately-owned hospitals located at the principal centers of population, and one State-owned hospital operated as a part of the State University of Iowa Hospital and located at Oakdale, Iowa.

A statewide tuberculosis case-finding program has been very successful in locating and bringing under treatment new cases of tuberculosis. This program has enabled the Department to accurately estimate the total number of cases in the State and determine related statistics. The following extract indicates the trend in the tuberculosis care program.

YEAR	DEATHS
1947	299
1948	252
1949	262
1950	209
1951	186

1,208 Five-Year Total

$$\text{Five-Year Average} \frac{1208}{5} = 241.6 \text{ year}$$

(241.6) 2.5 beds/death) = 604 beds

The existing beds in the State total 596 acceptable beds, or 8 beds less than the prescribed basis for administering this program. In the meantime, the total number of deaths from tuberculosis decreases while the total population increases, thus accelerating the decrease in the incidence rate to a new low recording.

In the light of the above, construction in the field of tuberculosis hospitals is placed in the lowest category of preference.

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
DES MOINES, IOWA

TUBERCULOSIS, MENTAL,
CHRONIC DISEASE SUMMARY

1. PAGE 1 OF 1
2. DATE 1 July 1955
3. STATE Iowa
4. AREA Statewide

DESCRIPTION OF Tuberculosis FACILITIES
TUBERCULOSIS, MENTAL, CHRONIC DISEASE

4. POPULATION	6. ANNUAL AVERAGE NO. OF T.B. DEATHS IN STATE	7. TOTAL BEDS ALLOWED BY STATE RATIO
2,636,000	1947-1951 incl. 241.6	604
8. TOTAL EXISTING ACCEPTABLE BEDS	**9. NET ADDITIONAL BEDS NEEDED**	
596	0	

10. ADDITIONAL FACILITIES PROPOSED FOR STATE

COMMUNITY	IDENTIFICATION OF FACILITY	NET ADDITIONAL NUMBER OF BEDS
(D) TOTAL ADDITIONAL NUMBER OF BEDS		

11. COMMENTS(*Attach Additional Sheets if Required*)

No additional facilities scheduled per discussion (Page 55).

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
DES MOINES, IOWA

ACCEPTABLE AND NON-ACCEPTABLE HOSPITALS REPORT

1. PAGE 1 OF
2. DATE July 1, 1955
3. STATE Iowa
4. REGION Statewide

5. LIST OF ACCEPTABLE AND NON ACCEPTABLE Tuberculosis HOSPITAL FACILITIES AND HOSPITAL BEDS

AREA	NAME OF FACILITY	LOCATION		OWNERSHIP OR CONTROL	MEDICAL TYPE	BED CAPACITY		NUMBER OF BASSINETS	% OCCUPANCY	NUMBER OF	
		COUNTY	CITY OR TOWN			ACCEPTABLE	NON-ACCEPTABLE			PATIENT DAYS	PATIENTS ADMITTED
	Pine Knoll Tuberculosis Hosp.	Scott	Davenport	CO	TB	50	20		53.7	13,714	44
	State Sanatorium	Johnson	Oakdale	ST	TB	343	98		81.8	131,603	329
	Sunny Crest Sanatorium	Dubuque	Dubuque	CO	TB	70	0		32.8	8,369	29
	Broadlawns Polk County Hospital	Polk	Des Moines	CO	TB	45	0			(2,900)	(33)
	River Heights Sanatorium	Woodbury	Sioux City	CO	TB	25	14		48.8	6,949	24
	Sunnyslope Sanatorium	Wapello	Ottumwa	CO	TB	63	0		90.1	20,716	67
	REGIONAL TOTAL								xxx		
	State Total					596	132			184,251	526
	STATE TOTAL								xxx		

EXHIBIT D

PART III NERVIOUS AND MENTAL HOSPITALS

Mental Hospitals are defined as hospitals for the diagnosis and treatment of nervous and mental illness, but excluding institutions for the feeble-minded and epileptic. More specifically, a psychiatric hospital is defined as "a type of mental hospital where patients may receive intensive treatment, and where only a minimum of continued treatment facilities will be afforded".

In reviewing the history of mental illness, you will find a wide range of attention being given to this field in Iowa. During the earliest years of statehood, the legislative body agressively met the problem with the best thinking available. For guidance, two nationally eminent physicians in mental illness were retained as consultants. Upon the recommendations of Dr. Bell and Dr. Kirkbride, sufficient moneys were appropriated to establish a hospital which conformed with the best principals known. Their motivating force, even at that time, was "- - - that the custody and <u>treatment</u> of the insane are now recognized as among the highest duties which the State owes to its citizens". It was under circumstances subsequent to the establishment of an institution of the highest standards that "many of the most distinguished and experienced physicians of the country were ready to accept this most difficult post". Even at that early date, it was recognized that "it is of the utmost consequence that the superintendent should have the means of classifying them (patients) according to the kinds and degrees of their insanity. Indeed, this classification of the patients is one of the great modern improvements in the remedial treatment of insanity".

The original provision for governing policy and operation of the mental institutions was a Board of Trustees for each institution. However, in 1898, these were displaced by a Board of Control, appointive by the Governor. Such is the control today. During the next 40 years, a total of four mental institutions were established while continually expanding existing institutions, in an attempt to keep up with the cumulative patient load. There is evidence available which would indicate that the institutions may be further sustained or upgraded in keeping with "know-how" by a closer cooperation between the answerable agencies or divisions.

In 1937, after the legislature failed to fulfill the requests of civic groups for aggressive steps to improve mental care, the Governor appointed a Mental Hospital Survey Committee of 14 doctors who, with the finest national authorities and agencies in the psychiatric field, again studied Iowa's mental illness situation.

The findings of this group, commonly known as the "Barrett Report", were published as the Survey of State Mental Hospitals of Iowa, 1937. This body repeated the quotations mentioned earlier regarding the need for treatment and appropriate means for classification. Also, "boards of trustees were unfortunately abolished from her (mental) institutions" in 1898 and "replaced by a Board of Control - - -".

In comparing this State with others, it was pointed out that the normal generation of facilities for mental illness is that counties undertake the obligations and that eventually the state assumes the responsibility, thus permitting counties to discard their facilities. However, "Iowa is one of the <u>very few</u> states in which county care of the mentally sick has continued to have official recognition".

Apparently little progress resulted directly from the study implemented by the Governor in 1937. Impetus was added to the evaluations of mental illness facilities by the very responsible and representative Committee on Health of the Iowa State Planning Board. Their intent was to present the current (1939) picture

to the Governor and legislature as guidance for legislation. Again the crux of the situation was inadequacy of professional staff and outmoded physical plants which were not consistant with the needs of a proper staff. This study proceeded to advise the legislative body on what sort of appropriations would be needed for corrective action.

The war years intervened and interrupted any good intentions that may have existed. However, the study phase was renewed by the 1945 legislative session through a jointly appointed commission collaborating with the facilities of the U. S. Public Health Service.

The report of this study reiterated substantially the findings of previous studies as indicated by the following extracts.

1. Regarding salary scales "- - - a State that is careful not to overpay its executive".

2. Regarding chain of command in institutional administration, "The Governor was given power to appoint a business manager at any institution. - - - these officers have entire authority (in) - - - hiring and dismissing all employees except physicians and nurses. - - - but neither superintendent nor board can enforce its opinion except by appeal to the Governor; - - -". "That a subordinate should be thus elevated administratively - - - indicated misunderstanding in important quarters as to what are good administrative principals."

3. Of treatment for patients the group stated: "There is a mistaken tendency to think that care is all that is required in any mental sickenss. Any physician - - - knows that this is far from truth. - - - Any hospital - - - that presumes to serve a district by receiving - - - mental (patients) - - - should be equipped to give the best of <u>treatment</u> for the mental illness and - - - subsidiary and intercurrent conditions - - -."

4. Regarding existing facilities, "- - - all (instituions) need some or much improvement".

5. Generally, "- - - Progress in - - - eight years - - - has been marked by - - - regression due to loss of personnel; - - -".

6. Regarding patient day costs, "- - - the average expenditure for the United States in 1943 was one third again as much as in Iowa - - -."

7. Regarding expansion, "- - - A hospital of some fifteen hundred beds should be <u>carefully planned</u> and located in the <u>vicinity of Des Moines</u> - - - should - - - be the finest of its size and type in the country. - - - only one story in height - - - should not be filled up by transfers from other hospitals; - - - not having to struggle with the failures of other institutions".

8. Regarding county institutions, the following points were made: "- - - County institutions have been authorized to have branches for the care of such patients as have had a residence of five years in the state hospitals and seem likely to continue to be mentally ill. - - - the superintendent of the county home is usually chosen with the expectations that he will be a competent managing farmer and will make the county farm pay. Whoever is his wife becomes the matron of the home."

"One can envision an arrangement under which <u>some</u> of these local institutions <u>might</u> be valuable in treatment. - - - But let no one imagine that his fine imaginary system exists at present. - - - The contrast between the $25.00 per month that the state hospitals spend, and the - - - $8.00 a day spent by other kinds of hospitals

is pathetic. County institutions - - - (have) a still lower rate - - -. - - - The (county home) superintendent assumes principal responsibility for the male patients and his wife the female. - - - everyone who creates a disturbance which is not cured by locking up for a few days, is sent back to the state hospital."

"Those prominent in county affairs often feel sure that if the county taxes are low, money is somehow being saved, although the same taxpayer pays both county and state taxes".

Provision for mental illness set forth in this state plan conforms with the initial intent of the earliest legislation, in that the state has educated the taxpayers to believe the state will take care of the mentally ill. To meet this obligation most humanely and economically, intensive treatment must be provided through adequate professional staff performing in facilities comparable to the best design available. The cost of new facilities, realistically located, with sufficient budget to attract qualified staff will, over the years, be less than the present program and its minimal results.

The total need of the state is tremendous. Because of the demand existing, nonprofit institutions are attempting to partially meet the needs of their community. Such psychiatric units have been extremely successful, and are a worthy illustration to the state on what can be done for the mentally ill. For this reason, these units are given preference over state institutions inasmuch as they offer a facility nearer to segments of the consuming population. The geographic distribution is guided by the priority for Federal funds.

Greatest preference in psychiatric facilities is available to those teaching facilities which have authorized programs for interns and residents. Beds are allocated at the rate of five beds per authorized postgraduate-year per year in addition to the beds indicated by the population ratio.

In keeping with the findings of previous studies, a new state institution is proposed in Polk County to provide proper service to the half-million residents of the central Iowa region. The existing state institutions are already burdened beyond the point where they can render an acceptable service. To meet part of the existing need, it is proposed that a new facility be constructed near Des Moines in keeping with the most up-to-date theory on intensive treatment methods, and conforming with the opinion of previous studies. Ultimately, this unit should be properly staffed with qualified doctors and nurses and receive only new admissions. Emphasis shall be on intensive treatment with only a minimum of long-term facilities available. Approximately 1,000 beds are proposed as a maximum to permit effective treatment without degenerating to the level of the existing state hospitals.

It is conceded that the present patient load in the state mental institutions cannot be reduced immediately, but by perserverance in reducing commitments through treatment, the load should contract gradually to a stable point where the number of public charges will be at a minimum rather than constantly increasing.

The plan for the entire State was based upon a study of the population pattern and with a view toward psychiatric facilities at the larger existing general hospitals (over 100 beds). These units would serve as diagnostic and treatment centers, and, when necessary, would be a referral point serving the State institution of the district. In order to conserve highly specialized personnel and to provide acceptable teaching facilities, it is proposed that the psychiatric unit in connection with a general hospital be not less than 25 beds.

The basis for distribution, as specified by Appendix A, Federal Register, is five beds per thousand population which in turn has been pro-rated into several classifications, i.e.

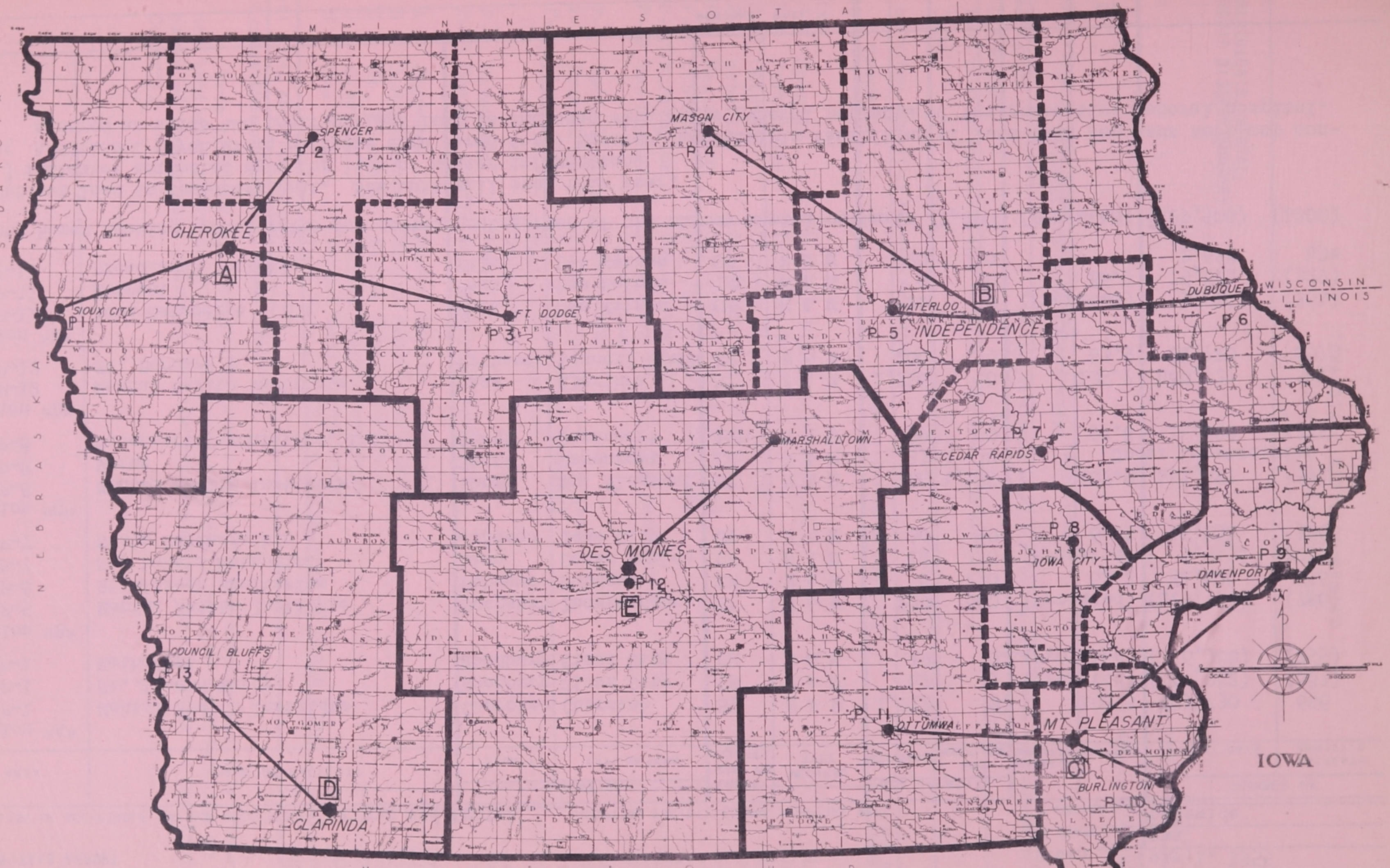
Diagnostic and intensive treatment beds	=	1.00 beds/1000 population
Long-term treatment facilities	=	3.00 beds/1000 population
Teaching beds (5/postgraduate year/year) plus pool beds reserved for adjusting State Plan as contingency/trends may dictate	=	1.00 beds/1000 population
Total mental beds proposed		5.00 beds/1000 population

Acceptable long-term treatment beds are needed to replace and supplement the existing non-acceptable beds in the four state institutions, thereby accommodating the existing occupancy. It is hoped that eventually, if/when the occupancy is reduced by more aggressive and intense early treatment, some of these beds can be converted to intensive treatment beds.

This Agency does recognize the existence of some 1,600 psychiatric beds within the State controlled by the Veterans' Administration. However, the information afforded this office is so scant that it cannot be realistically induced into the overall picture.

The table of relative need proposes units at the thirteen dominant population centers of the State and compares the centers on the basis of the area's unmet need. The ratio of existing facilities (in beds) over total beds proposed (1/1000 population) becomes the per cent of need met. To differentiate between centers with 0.0% need met, the areas were compared on the basis of per capita income and degree of rurality. The most rural area with lowest per capita income was given greatest preference.

In no instance will program funds be made available for long-term domiciliary facilities. Unless the proposal positively provides the means for a well qualified staff to aggressively administer intensive treatment in accord with the best standards available today, the moneys will be diverted to other categories. The qualifications of each proposal will be indicated in a presentation by the sponsors. The application must be supplemented by the detailed program being planned for the proposed facility. This principal shall govern in the case of proposed replacement of structures which are presently declared unacceptable. Outright replacement would merely insure continuance of the grossly inadequate and uneconomical care which currently dominates the mental illness program in Iowa.



PROPOSED PSYCHIATRIC AND MENTAL HOSPITAL SYSTEM

STATE OF IOWA

● PSYCHIATRIC UNITS
⬢ STATE MENTAL HOSPITALS WITH INTENSIVE AND LONG TERM

IOWA STATE DEPT OF HEAL
DIVISION OF HOSPITAL SERVIC

IOWA STATE DEPT. OF HEALTH

DIVISION OF HOSPITAL SERVICES

DES MOINES, IOWA

ACCEPTABLE AND NON-ACCEPTABLE HOSPITALS REPORT

1. PAGE 1 OF 1
2. DATE July 1, 1955
3. STATE Iowa
4. REGION Statewide

5. LIST OF ACCEPTABLE AND NON ACCEPTABLE Nervous and Mental HOSPITAL FACILITIES AND HOSPITAL BEDS

AREA	NAME OF FACILITY	LOCATION		OWNER-SHIP OR CONTROL	MEDICAL TYPE	BED CAPACITY		NUMBER OF BASSINETS	% OCCUPANCY	NUMBER OF	
		COUNTY	CITY OR TOWN			ACCEPTABLE	NON-ACCEPTABLE			PATIENT DAYS	PATIENTS ADMITTED
Region "A"											
P-1	Mental Health Institute	Cherokee	Cherokee	ST	N & M	1,272	0		108.5	503,730	656
P-1	St. Joseph Mercy	Woodbury	Sioux City	CH	N & M	47	5	(Prorated)		(17,082)	(683)
P-1	Methodist	Woodbury	Sioux City	CH	N & M	19	0	(Prorated)		(6,380)	(255)
Region "B"											
P-5	Mental Health Institute	Buchanan	Independence	ST	N & M	220	860	(Prorated)		(425,736)	(756)
P-6	St. Joseph Sanitarium	Dubuque	Dubuque	CH	N & M	0	230		61.2	51,408	656
P-7	St. Luke's Methodist	Linn	Cedar Rapids	CH	N & M	18	0	(Prorated)		(5,913)	(237)
P-7	State Psychopathic	Johnson	Iowa City	ST	N & M	60	0		69.5	15,231	306
Region "C"											
P-8	Mental Health Institute	Henry	Mt. Pleasant	ST	N & M	124	1,135		107.0	491,497	391
P-8	Mercy	Scott	Davenport	CH	N & M	33	0		Under Construction		
P-8	Davenport Psychiatric, Inc.	Scott	Davenport	IND	N & M	59	0		67.8	14,600	345
Region "D"											
P-12	Mental Health Institute	Page	Clarinda	ST	N & M	1,246	0		105.7	480,727	345
P-12	St. Bernard's	Pottawat.	Council Bluffs	CH	N & M	200	0		83.9	61,720	667
Region "E"											
P-11	Iowa Methodist	Polk	Des Moines	CH	N & M	26	0	(Prorated)		(9,016)	(361)
P-11	Retreat	Polk	Des Moines	IND	N & M	0	50		86.7	15,824	(329)
P-11	Broadlawns Polk Co.	Polk	Des Moines	CO	N & M	20	0			2,628	43*
County Homes housing mental wards for certain categories of the states mental patients						(2,800)		(Prorated)		(829,500)	(1200)
REGIONAL TOTAL									xxx		
State Total						3,344	5,080			2,930,992	7,230
STATE TOTAL									xxx		

* Patient load in temporary unit. New unit will open this year.

( ) indicates estimated rate for lack of better information.

Note: Additional psychiatric patients were cared for. However, psychiatric facilities of less than ten beds were not considered as units and their patient load is included with acute general patients of the respective general hospital.

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
DES MOINES, IOWA

TUBERCULOSIS, MENTAL,
CHRONIC DISEASE SUMMARY

1. PAGE 1 OF 1
2. DATE July 1, 1955
3. STATE Iowa
4. AREA Statewide

DESCRIPTION OF Nervous and Mental FACILITIES
TUBERCULOSIS, MENTAL, CHRONIC DISEASE

4. POPULATION	6. ANNUAL AVERAGE NO. OF T.B. DEATHS IN STATE	7. TOTAL BEDS ALLOWED BY STATE RATIO
2,636,000	X	13,180
8. TOTAL EXISTING ACCEPTABLE BEDS	**9. NET ADDITIONAL BEDS NEEDED**	
3,344	9,836	

10. ADDITIONAL FACILITIES PROPOSED FOR STATE

COMMUNITY	IDENTIFICATION OF FACILITY	NET ADDITIONAL NUMBER OF BEDS
Area		
P-2 Spencer	Spencer Municipal Hospital	138
P-3 Fort Dodge	Lutheran Hospital	169
P-11 Ottumwa	Ottumwa General Hospital	152
P-5 Waterloo	Allen Memorial Hospital	287
P-4 Mason City	St. Joseph Mercy Hospital	167
P-6 Dubuque	St. Joseph Mercy Hospital	131
P-10 Burlington	Burlington Hospital	110
P-12 Des Moines	Broadlawns Polk County Hospital	300
	Unassigned	710
P-7 Cedar Rapids	Unassigned	261
P-3 Iowa City	State Psychopathic Hospital	852
P-1 Sioux City	St. Joseph Mercy Hospital	60
	Methodist Hospital	60
	Unassigned	53
P-9 Davenport	Mercy	149
P-13 Council Bluffs	St. Bernard's Hospital	85
A Cherokee	Mental Health Institute	246
B Independence	Mental Health Institute	2259
C Mt. Pleasant	Mental Health Institute	1263
D Clarinda	Mental Health Institute	254
E Des Moines	Mental Health Institute	1024
	Pool Beds for future adjustment of State Plan	1106
		9836

(D) TOTAL ADDITIONAL NUMBER OF BEDS

11. COMMENTS (*Attach Additional Sheets if Required*)

Area priority will determine preference. In the event a facility other than one indicated above proposes a project, they shall receive consideration on the basis of that area's priority and the program which they propose to the Advisory Council.

RELATIVE NEED REPORT

NERVOUS AND MENTAL

AND PSYCHIATRIC HOSPITAL BED SUMMARY

IOWA HOSPITAL PLAN
8TH REVISION
1 JULY 55

SERVICE AREA DATA			BED INVENTORY					PRIORITY ANALYSIS			
SYMBOL	LOCATION	POPULATION	EXIST'G ACCEPT.	TO BE TREAT.	ADDED TEACH(B)	TOTAL PROP.	% NEED MET	RURALITY FACTOR	INCOME FACTOR	PRIOR. FACTOR	PRIOR. RANK
	Intensive Treatment										
P-2	Spencer	137,459	0	138	0	138	0	1.4986	0.9731	2.4720	1
P-3	Fort Dodge	169,160	0	169	0	169	0	1.3881	0.9960	2.3841	2
P-11	Ottumwa	151,697	0	152	0	152	0	1.0844	1.1929	2.2773	3
P-5	Waterloo	256,951	0	257	30	287	0	1.1707	1.0327	2.2034	4
P-4	Mason City	167,250	0	167	0	167	0	1.0772	0.9987	2.0759	5
P-6	Dubuque	131,350	0	131	0	131	0	1.0058	1.0630	2.0688	6
P-10	Burlington	109,488	0	110	0	110	0	0.7451	1.0068	1.7519	7
P-12	Des Moines Ia. Meth Polk Co.	586,214	46 (26) (20)	540	470	1056	4.36				8
P-7	Cedar Rapids	198,463	18	181	80	279	6.45				9
P-8	Iowa City	72,331	60	12	840	912	6.58				10
P-1	Sioux City St.Jo Mercy Methodist	199,418	66 (47) (19)	133	40	239	27.62				11
P-9	Davenport Mercy Dav. Psych.	201,248	92 (33) (59)	109	40	241	38.17				12
P-13	Council Bluffs	254,971	200	55	30	285	70.18				13
	Intensive Treatment Sub Total		**482**	**2154**	**1530**	**4166**	11.67				
	Long Term Facilities										
A	Cherokee	506,037	1272	246	0	1518	83.79				
B	Independence	826,345	220	2259	0	2479	8.87				
C	Mt. Pleasant	462,433	124	1263	0	1387	8.94				14
D	Clarinda	254,971	1246	254	0	1500	83.07	(a)			
E	Des Moines	586,214	0	1024	0	1024	0				
	Long Term Mental Sub Total		**2862**	**5046**	**0**	**7908**	36.19				
	CONTINGENCY RESERVE Unique existing circumstances in mental health field plus tremendous needs in facilities presage drastic adjustments To permit realistic adjustment in state plans, this reserve held for later assignment in keeping with needs			**1106**	**0**	**1106**					
	MENTAL GRAND TOTAL	2,636,000	**3344**	**8306**	**1530**	**13180**	25.37				

(a) Maximum of 1500 beds is set, the added overage in capacity to accommodate the residual from former area "E" population. The new area "E" shall not receive patient load from existing institutions. Proposed size reduced for "E" to reflect existing patients in "D".

(b) Former pool beds diverted to teaching facilities at rate of 5 beds / post graduate-year authorized for residents or interns for doctor group.

EXHIBIT D

PART IV PUBLIC HEALTH CENTERS

The definite need for adequate public health facilities in each state is recognized in the Federal Act as a part of the coordinated hospital system.

In addition to providing hospital and medical care for those who are ill, considerable effort and funds should be expended in improving and protecting the health of the people.

Health centers are buildings furnishing office space for the local health officer and other personnel, laboratories, and other facilities required to carry on a proper public health program. The health center building must be publicly owned.

In order to provide adequate local public health services to all people of the State, the State Department of Health has proposed the establishment of 27 county or multi-county health departments, and a public health center is recommended for each of these departments, as shown on the following Public Health Centers Report. (Pages 70 through 76).

The one acceptable public helath center at Burlington, Iowa, is indicated by the letters EPHC. All others are proposed public health centers. These facilities were discussed in detail in the "Report on Hospital and Public Health Resources", dated December 8, 1947.

Existing State laws do not permit political subdivisions to levy specific taxes for the support of health activities. Further, the present law does not permit cities and counties and contiguous counties to pool resources in order to maintain jointly a full-time health service. Anticipating the remedying of this situation in the next legislature, a definite program for the construction of public health centers is established.

Priority will be given to public health centers upon application after the city, city-county, or multi-county health department presents evidence that it will maintain an adequately staffed and full-time health department in accordance with criteria established by the Iowa State Department of Health.

The public health centers proposed for Iowa fall into two categories based upon the principal problems confronting the unit, namely:

1. County health departments dealing with the problems resulting from a rapidly growing urban community, and

2. Multi-county health departments dealing with the health problems of a fairly stable or even slightly decreasing rural population.

In view of the fact that only one public health center exists in this State, all proposed health centers were evaluated and priorities were based upon factors affecting public health.

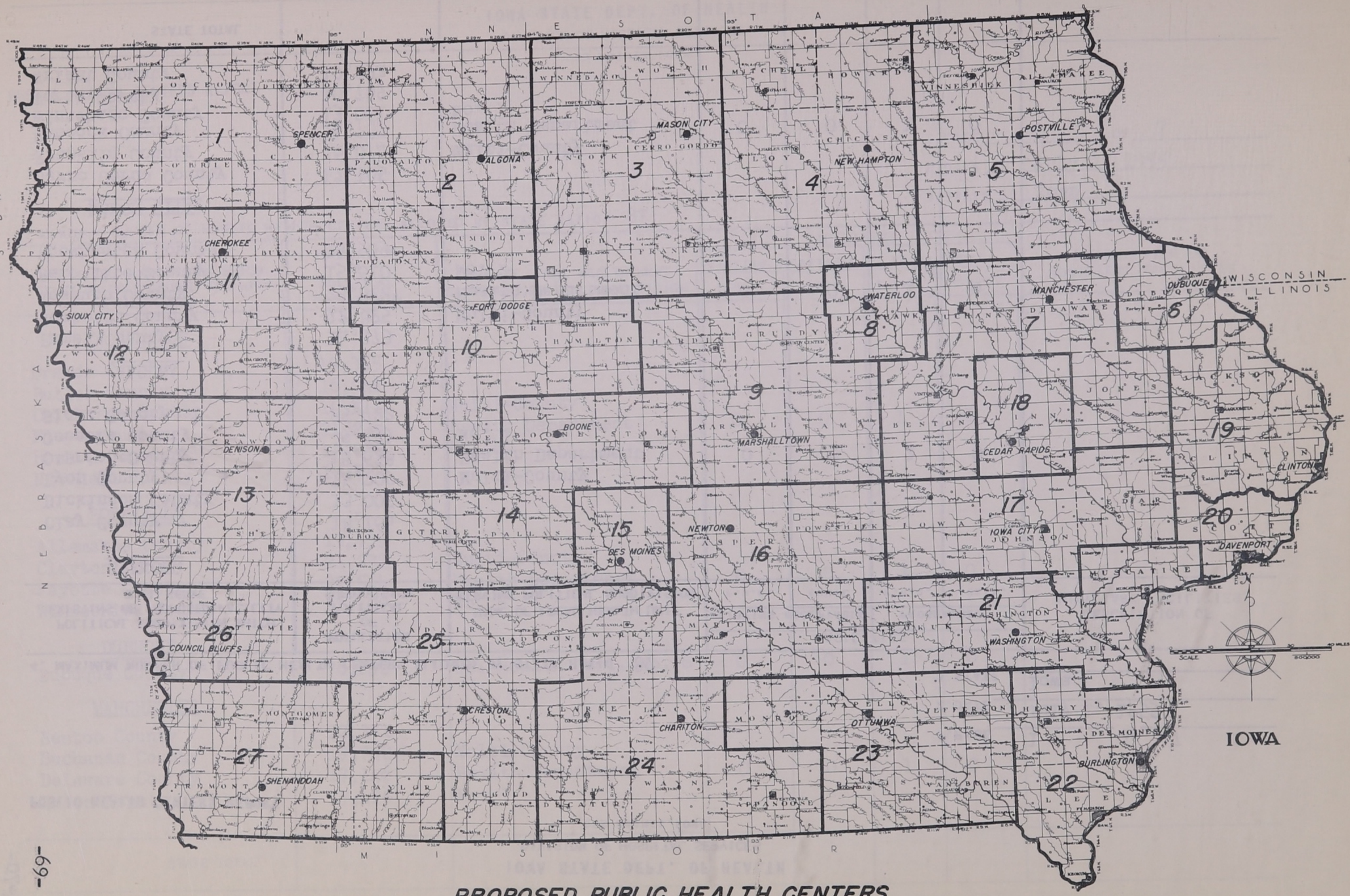
The public health problems of a densely populated and growing urban community are intensified over those of a rural area. This fact is demonstrated by the existence of several part-time health departments in counties with a rapidly growing city. It is felt that the experience gained by counties with part-time health services and recognition of the possibilities offered by a full-time health service will cause these counties to organize a full-time county health service first.

In an effort to accomplish the greatest good for the greatest population with the limited funds available, the county health departments are given preference in programming. The priority within the county-unit category is based upon population growth, population density, and the taxable property factor. The area with the greatest rate of population increase, greatest pipulation density, and least per capita taxable property value receives the highest priority. These factors were weighed equally and are relative to the State average.

The results and relative priorities are tabulated in the Relative Need Report on Page 77. The manner of computation is defined in Exhibit E.

The organization of multi-county health departments will be influenced by the degree of rurality, per capita wealth and per capita income. Public health problems will be greatest in the low income and low per capita property value areas. Solution of these problems will be most difficult and time consuming in the most rural areas; therefore, the area with the highest priority would be the most rural area with the lowest per capita wealth and income. These three factors were given equal weight. Relative priority of the 20 multi-county health units programmed is tabulated in Relative Need Report on Page 77. The formula for computing these priorities is shown in Exhibit E.

It is impossible to anticipate the location of future industries in the State and the impact such industries may have upon the public health problems of the community. Rather than make erroneous decisions at this time, it is proposed that these situations be handled as they develop while reserving the right to correct the public health center priorities accordingly.



PROPOSED PUBLIC HEALTH CENTERS

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
DES MOINES, IOWA

PUBLIC HEALTH CENTERS REPORT

1. PAGE 1 OF 7
2. DATE July 1, 1955
3. STATE Iowa

4. MAXIMUM NUMBER OF PUBLIC HEALTH CENTERS ALLOWED BY STATE RATIO 87

POLITICAL SUBDIVISION WHICH EXISTING OR PROPOSED FACILITY WILL SERVE	POPULATION OF POLITICAL SUBDIVISION	NAME OF LOCAL HEALTH UNIT SERVING POLITICAL SUBDIVISION	FACILITIES				DESCRIPTION OF AUXILIARY FACILITIES
			EXISTING ACCEPTABLE		PROGRAMMED		
			P.H.C.	AUXIL.	P.H.C.	AUXIL.	
SPENCER							
Clay County	18,164						
Dickinson County	13,005						
Lyon County	14,209	Multi-County					
O'Brien County	18,638	Health Department	0	0	1	0	
Osceola County	9,859	No. 1					
Sioux County	25,722						
ALGONA							
Emmet County	14,373						
Humboldt County	12,825	Multi-County					
Kossuth County	25,822	Health Department	0	0	1	0	
Palo Alto County	15,610	No. 2					
Pocahontas County	14,963						
MASON CITY							
Cerro Gordo County	47,105						
Franklin County	16,074	Multi-County					
Hancock County	14,787	Health Department	0	0	1	0	
Winnebago County	13,061	No. 3					
Worth County	10,789						
Wright County	19,291						
STATE TOTAL							

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
DES MOINES, IOWA

PUBLIC HEALTH CENTERS REPORT

1. PAGE 2 OF 7
2. DATE July 1, 1955
3. STATE Iowa

4. MAXIMUM NUMBER OF PUBLIC HEALTH CENTERS ALLOWED BY STATE RATIO 87

POLITICAL SUBDIVISION WHICH EXISTING OR PROPOSED FACILITY WILL SERVE	POPULATION OF POLITICAL SUBDIVISION	NAME OF LOCAL HEALTH UNIT SERVING POLITICAL SUBDIVISION	FACILITIES				DESCRIPTION OF AUXILIARY FACILITIES
			EXISTING ACCEPTABLE		PROGRAMMED		
			P.H.C.	AUXIL.	P.H.C.	AUXIL.	
NEW HAMPTON							
Bremer County	19,355						
Butler County	16,942						
Chickasaw County	15,111	Multi-County					
Floyd County	21,238	Health Department	0	0	1	0	
Howard County	12,785	No. 4					
Mitchell County	13,737						
POSTVILLE							
Allamakee County	15,735						
Clayton County	21,237	Multi-County					
Fayette County	27,584	Health Department	0	0	1	0	
Winneshiek County	21,109	No. 5					
DUBUQUE							
Dubuque County	76,292	Co. Health Dept. No. 6	0	0	1	0	
MANCHESTER							
Benton County	22,351						
Buchanan County	19,742	Multi-County					
Delaware County	17,146	Health Department	0	0	1	0	
Jones County	17,426	No. 7					
STATE TOTAL							

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
DES MOINES, IOWA

PUBLIC HEALTH CENTERS REPORT

1. PAGE 3 OF 7
2. DATE July 1, 1955
3. STATE Iowa

4. MAXIMUM NUMBER OF PUBLIC HEALTH CENTERS ALLOWED BY STATE RATIO 87

POLITICAL SUBDIVISION WHICH EXISTING OR PROPOSED FACILITY WILL SERVE	POPULATION OF POLITICAL SUBDIVISION	NAME OF LOCAL HEALTH UNIT SERVING POLITICAL SUBDIVISION	FACILITIES				DESCRIPTION OF AUXILIARY FACILITIES
			EXISTING ACCEPTABLE		PROGRAMMED		
			P.H.C.	AUXIL.	P.H.C.	AUXIL.	
WATERLOO							
Blackhawk County	112,590	Co. Health Dept. No. 8	0	0	1	0	
MARSHALLTOWN							
Grundy County	13,742						
Hardin County	21,595	Multi-County					
Marshall County	34,808	Health Department	0	0	1	0	
Tama County	20,809	No. 9					
FORT DODGE							
Calhoun County	16,362						
Greene County	14,871	Multi-County					
Hamilton County	19,360	Health Department	0	0	1	0	
Webster County	45,666	No. 10					
CHEROKEE							
Buena Vista County	21,704						
Cherokee County	16,293	Multi-County					
Ida County	10,413	Health Department	0	0	1	0	
Plymouth County	22,928	No. 11					
Sac County	17,307						
STATE TOTAL							

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
DES MOINES, IOWA

PUBLIC HEALTH CENTERS REPORT

1. PAGE 4 OF 7
2. DATE July 1, 1955
3. STATE Iowa

4. MAXIMUM NUMBER OF PUBLIC HEALTH CENTERS ALLOWED BY STATE RATIO 87

POLITICAL SUBDIVISION WHICH EXISTING OR PROPOSED FACILITY WILL SERVE	POPULATION OF POLITICAL SUBDIVISION	NAME OF LOCAL HEALTH UNIT SERVING POLITICAL SUBDIVISION	FACILITIES				DESCRIPTION OF AUXILIARY FACILITIES
			EXISTING ACCEPTABLE		PROGRAMMED		
			P.H.C.	AUXIL.	P.H.C.	AUXIL.	
SIOUX CITY							
Woodbury County	103,338	Co. Health Dept. No.12	0	0	1	0	
DENISON							
Audubon County	11,369						
Carroll County	23,053						
Crawford County	19,161	Multi-County					
Harrison County	17,904	Health Department	0	0	1	0	
Monona County	15,314	No. 13					
Shelby County	15,407						
BOONE							
Boone County	24,335						
Dallas County	22,943	Multi-County					
Guthrie County	14,289	Health Department	0	0	1	0	
Story County	46,477	No. 14					
DES MOINES							
Polk County	243,678	Co. Health Dept. No.15	0	0	1	0	
NEWTON							
Jasper County	32,608						
Mahaska County	23,366	Multi-County					
Marion County	25,125	Health Department	0	0	1	0	
Poweshiek County	19,511	No. 16					
STATE TOTAL							

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
DES MOINES, IOWA

PUBLIC HEALTH CENTERS REPORT

1. PAGE 5 OF 7
2. DATE July 1, 1955
3. STATE Iowa

4. MAXIMUM NUMBER OF PUBLIC HEALTH CENTERS ALLOWED BY STATE RATIO 87

POLITICAL SUBDIVISION WHICH EXISTING OR PROPOSED FACILITY WILL SERVE	POPULATION OF POLITICAL SUBDIVISION	NAME OF LOCAL HEALTH UNIT SERVING POLITICAL SUBDIVISION	FACILITIES				DESCRIPTION OF AUXILIARY FACILITIES
			EXISTING ACCEPTABLE		PROGRAMMED		
			P.H.C.	AUXIL.	P.H.C.	AUXIL.	
IOWA CITY							
Cedar County	16,783	Multi-County					
Johnson County	49,343	Health Department	0	0	1	0	
Iowa County	14,989	No. 17					
CEDAR RAPIDS							
Linn County	114,064	Co. Health Dept. No.18	0	0	1	0	
CLINTON							
Clinton County	52,585	Multi-County Health	0	0	1	0	
Jackson County	18,088	Department No. 19					
DAVENPORT							
Scott County	109,984	Co. Health Dept. No.20	0	0	1	0	
WASHINGTON							
Keokuk County	15,901						
Louisa County	10,860	Multi-County					
Muscatine County	32,418	Health Department	0	0	1	0	
Washington County	19,130	No. 21					
STATE TOTAL							

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
DES MOINES, IOWA

PUBLIC HEALTH CENTERS REPORT

1. PAGE 6 OF 7
2. DATE July 1, 1955
3. STATE Iowa

4. MAXIMUM NUMBER OF PUBLIC HEALTH CENTERS ALLOWED BY STATE RATIO 87

POLITICAL SUBDIVISION WHICH EXISTING OR PROPOSED FACILITY WILL SERVE	POPULATION OF POLITICAL SUBDIVISION	NAME OF LOCAL HEALTH UNIT SERVING POLITICAL SUBDIVISION	FACILITIES				DESCRIPTION OF AUXILIARY FACILITIES
			EXISTING ACCEPTABLE		PROGRAMMED		
			P.H.C.	AUXIL.	P.H.C.	AUXIL.	
BURLINGTON							
Des Moines County	45,056	Multi-County					
Henry County	16,900	Health Department	1	0	0	0	
Lee County	42,143	No. 22					
OTTUMWA							
Davis County	9,360						
Jefferson County	15,533	Multi-County					
Monroe County	10,694	Health Department	0	0	1	0	
Van Buren County	10,244	No. 23					
Wapello County	48,782						
CHARITON							
Appanoose County	17,817						
Clarke County	8,996	Multi-County					
Decatur County	11,982	Health Department	0	0	1	0	
Lucas County	11,054	No. 24					
Warren County	17,657						
Wayne County	10,958						
STATE TOTAL							

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
DES MOINES, IOWA

PUBLIC HEALTH CENTERS REPORT

1. PAGE 7 OF 7
2. DATE July 1, 1955
3. STATE Iowa

4. MAXIMUM NUMBER OF PUBLIC HEALTH CENTERS ALLOWED BY STATE RATIO 87

POLITICAL SUBDIVISION WHICH EXISTING OR PROPOSED FACILITY WILL SERVE	POPULATION OF POLITICAL SUBDIVISION	NAME OF LOCAL HEALTH UNIT SERVING POLITICAL SUBDIVISION	FACILITIES				DESCRIPTION OF AUXILIARY FACILITIES
			EXISTING ACCEPTABLE		PROGRAMMED		
			P.H.C.	AUXIL.	P.H.C.	AUXIL.	
CRESTON							
Adair County	11,780						
Adams County	8,055	Multi-County					
Cass County	18,315	Health Department	0	0	1	0	
Madison County	12,344	No. 25					
Ringgold County	8,876						
Union County	15,188						
COUNCIL BLUFFS							
Pottawattamie County	71,160	Co. Health Dept. No.26					
SHENANDOAH							
Fremont County	11,381						
Mills County	10,795	Multi-County					
Montgomery County	15,557	Health Department	0	0	1	0	
Page County	21,298	No. 27					
Taylor County	11,517						
STATE TOTAL							

IOWA STATE DEPARTMENT OF HEALTH

DIVISION OF HOSPITAL SERVICES

1. Page 1 of 1

2. Date 1 July 1955

3. State Iowa

RELATIVE NEED REPORT

PUBLIC HEALTH CENTERS

Eighth Revision

CITY-COUNTY UNITS		TAXABLE PROPERTY FACTOR	POPULATION INCREASE FACTOR	POPULATION DENSITY FACTOR	PRIORITY FACTOR
NO.	LOCATION				
15	Polk	1.2362	1.0103	2.3453	4.5918
20	Scott	1.2213	1.0235	1.3882	3.6330
8	Blackhawk	1.1786	1.0503	1.1355	3.3644
6	Dubuque	1.3698	1.0021	.7176	3.0895
18	Linn	1.1108	1.0250	.9148	3.0506
12	Woodbury	1.2477	.9318	.6821	2.8616
26	Pottawattamie	1.3012	.9569	.4300	2.6881

MULTI-COUNTY UNITS		RURALITY FACTOR	PER CAPITA INCOME FACTOR	TAXABLE PROPERTY FACTOR	PRIORITY FACTOR
NO.	LOCATION				
24	Chariton	1.4294	.7385	1.2533	3.4212
5	Postville	1.5521	.8113	.9798	3.3432
17	Iowa City	1.1668	1.0162	1.1461	3.3291
2	Algona	1.4868	1.0135	.7651	3.2654
1	Spencer	1.5534	.9609	.7374	3.2517
13	Denison	1.4779	.8753	.8963	3.2495
4	New Hampton	1.4266	.8450	.9563	3.2279
21	Washington	1.3107	.8908	1.0119	3.2134
11	Cherokee	1.4329	1.0330	.7410	3.2069
25	Creston	1.4639	.8336	.8912	3.1887
14	Boone	1.1426	.9818	1.0534	3.1778
23	Ottumwa	.9326	.8679	1.3326	3.1331
9	Marshalltown	1.2901	1.0040	.8350	3.1291
7	Manchester	1.3815	.8275	.8831	3.0921
27	Shenandoah	1.3577	.8261	.8791	3.0629
16	Newton	1.1411	.9030	1.0143	3.0584
3	Mason City	1.1615	1.0357	.8435	3.0407
10	Fort Dodge	1.1739	.9805	.8044	2.9588
19	Clinton	.8583	.9865	.9875	2.8323
22	Burlington	.6580	1.0020	1.4070	Existing

EXHIBIT D

PART V HOSPITALS FOR CHRONICALLY ILL AND IMPAIRED

The term chronic illness has in the past been recognized by authorities in rather general terms. However, the transition in age group trends of our country is rapidly bringing a crucial problem into sharp focus. Because our more productive age groups, when expressed in terms of per cent of total population, are shrinking alarmingly, the National Congress and administration have placed great emphasis on stimulating corrective action. The Hill-Burton Program was amended in 1954 to provide additional incentive in this direction. Previous legislation and appropriations permitted grants-in-aid for long term care facilities, but the public was not receptive. There has been an inclination to associate such facilities with the existing quasi-social "commercial homes" and comparable care-and-keep establishments for indigents. The crux of the matter is that many persons with an appreciable life span remaining are indigent because their expended individual resources were not sufficient to complete a pattern of treatment which would have permitted sufficient curative results and partial productivity or total self-sufficiency.

Preliminary observations during the course of the program's operation made the possibilities in the field of chronic illness and impairment increasingly evident to both State and Federal agencies. At this point, chronic illness hospitals are emphasized in both Public Law 725 and 482.

The impact of chronic illness has already been felt in our national economic pattern. The problem in Iowa is even more acute in that we have verged from a "young" state to the union's oldest, in terms of age groups. This aspect is even more serious when we review the trends in the State's economy. Physical impairment is increasing alarmingly, along with older age groups, as a result of increased development and the mechanical revolution of the past few years in agriculture. At this point, accident rates have caused qualified observers to consider farming more hazardous than industrial vocations.

In an effort to program realistically in terms of qualified professional personnel and available economic resources, a plan is set forth to provide specialized chronic illness units in population centers appropriately located geographically and in proportion with population of the regions being served. The pattern is correlated directly with the acute general hospital pattern already existing.

Relative priority for funds under both appropriations is based on degree of rurality and per capita resource, the most rural region with the lowest per capita income being given the greatest preference. Basis for each factor is defined in Exhibit E (Determination of Priority Factors).

EXHIBIT D

PART V HOSPITALS FOR CHRONICALLY ILL AND IMPAIRED

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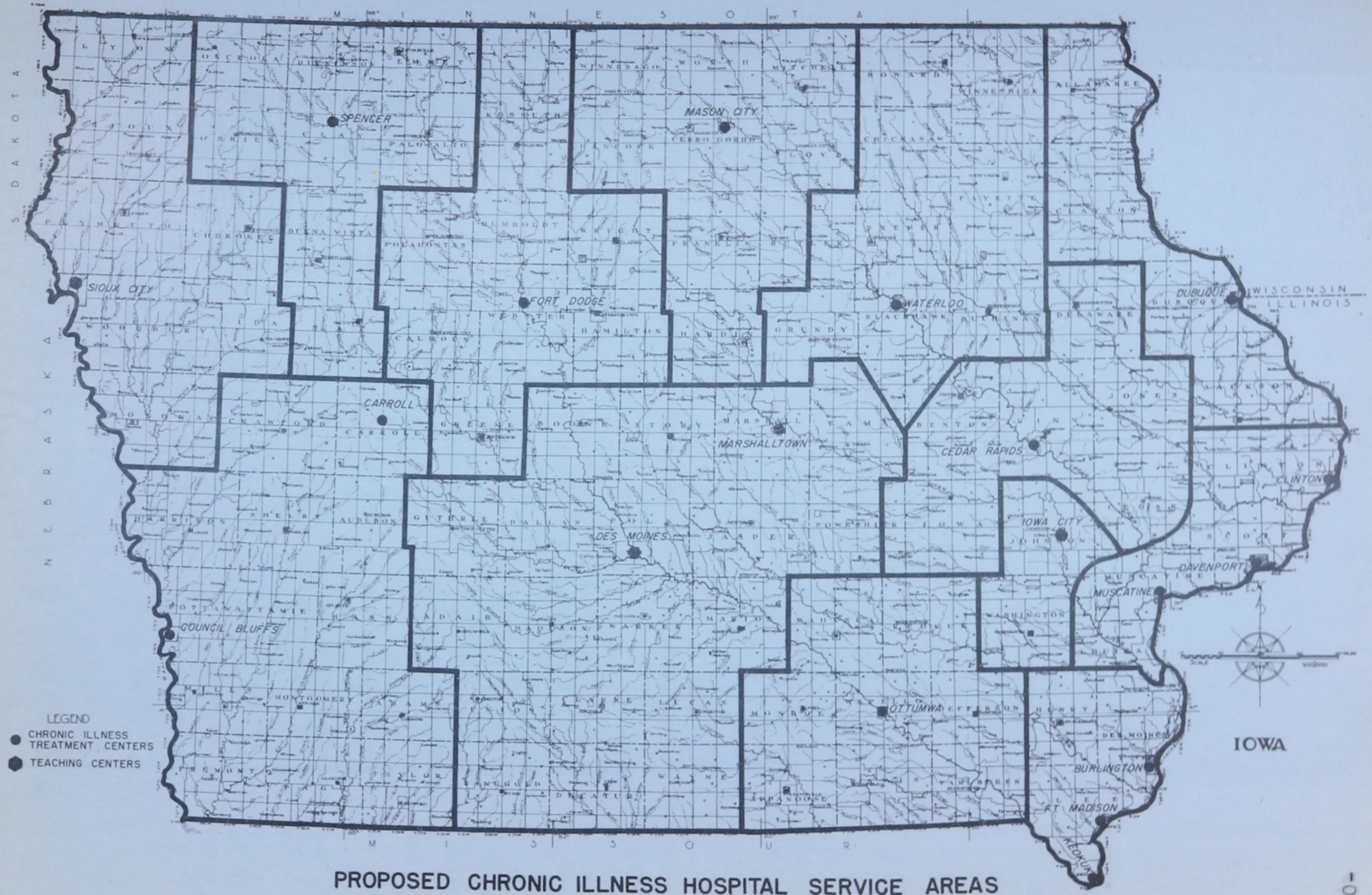


LEGEND

- CHRONIC ILLNESS TREATMENT CENTERS
- TEACHING CENTERS

IOWA

PROPOSED CHRONIC ILLNESS HOSPITAL SERVICE AREAS

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES

1-60

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
DES MOINES, IOWA

ACCEPTABLE AND NON-ACCEPTABLE HOSPITALS REPORT

1. PAGE 1 OF 1
2. DATE July 1, 1955
3. STATE Iowa
4. REGION Statewide

5. LIST OF ACCEPTABLE AND NON ACCEPTABLE Chronic HOSPITAL FACILITIES AND HOSPITAL BEDS

AREA	NAME OF FACILITY	LOCATION		OWNERSHIP OR CONTROL	MEDICAL TYPE	BED CAPACITY		NUMBER OF BASSINETS	% OCCUPANCY	NUMBER OF	
		COUNTY	CITY OR TOWN			ACCEPTABLE	NON-ACCEPTABLE			PATIENT DAYS	PATIENTS ADMITTED
C-8	State University of Iowa Hospital	Johnson	Iowa City	ST	CHRONIC	731	0			203,645	(12,839)
C-9	Mercy Hospital	Scott	Davenport	CH	CHRONIC	74	0		Under Construction		
	All other areas have no facilities existing.										
	REGIONAL TOTAL								xxx		
	STATE TOTAL					805	0		xxx	203,645	(12,839)

IOWA STATE DEPT OF HEALTH

Division of Hospital Services

1. Page 1 of 1
2. Date 1 July 1955
3. State Iowa

RELATIVE NEED REPORT

CHRONIC ILLNESS FACILITIES

Eighth Revision

BASIC REGIONAL DATA - 1955				CHRONIC BED ANALYSIS				ZERO AREA ANALYSIS		
SYMBOL	CENTER	POPULATION	EXIST'G ACCEPT.	TO BE BUILT TREAT.	TO BE BUILT TEACH.	PROPOSED TOTAL	% BED NEED MET	INCOME FACTOR	RURALITY FACTOR	PRIORITY FACTOR
C-2	Spencer	137,459	0	138	0	138	0	0.9731	1.4989	2.4720
C-3	Fort Dodge	169,160	0	169	0	169	0	0.9960	1.3881	2.3841
C-13	Council Bluffs	254,971	0	255	30	285	0	1.1124	1.2140	2.3264
C-11	Ottumwa	151,697	0	152	0	152	0	1.1929	1.0844	2.2773
C-5	Waterloo	256,951	0	257	30	287	0	1.0327	1.1707	2.2034
C-4	Mason City	167,250	0	167	0	167	0	0.9987	1.0772	2.0759
C-6	Dubuque	131,350	0	131	0	131	0	1.0630	1.0058	2.0688
C-7	Cedar Rapids	198,463	0	199	80	279	0	0.9513	0.9333	1.8846
C-1	Sioux City	199,418	0	199	40	239	0	0.9718	0.8740	1.8458
C-12	Des Moines	586,214	0	586	470	1056	0	0.9568	0.8362	1.7930
C-10	Burlington	109,488	0	110	0	110	0	1.0068	0.7451	1.7519
C-9	Davenport	201,248	74	127	40	241	30.71	Not applicable		
C-8	Iowa City	72,331	731	0	181	912	80.15			
STATE TOTAL		2,636,000	805	2490	871	4166	19.32			

SUMMARY OF CHRONIC ILLNESS AND MEDICAL FACILITY BEDS

CATEGORIES AND AREA RATIO BASES	EXISTING BEDS WITHIN AREA RATIO	EXISTING BEDS BEYOND AREA RATIO	PROPOSED BEDS TO BE BUILT	STATE TOTAL BEDS PROPOSED
CHRONIC HOSPITAL - Treatment Beds 1 bed/1000	146	0	2490	2636
- Teaching 5 beds/Post Grad-Yr.	659	0	871	1530
CONV. NURSING HOME BEDS 3 beds/1000	1709	305	6199	8213
Pool Beds 1 bed/1000 Total 2636				
Less Con. Nrsg. H. over area ratio - 305				
Less Teach'g Beds - exist'g 659				
-to be built 871				
Net Teaching-5/Post Grad-Yr -1530				
Net Pool Beds Remaining-Reserve 801			801	801
STATE TOTAL - 5 beds/1000 Population	2514	305	10361	13180

Determining factor in evaluating application for grants-in-aid will be relative priority of the area and the completeness of the construction program presented, so long as total beds conform to the beds assigned to area.

EXHIBIT D

MEDICAL FACILITIES

Previous paragraphs have discussed resources and needs in terms of hospital facilities, both acute general and specialized, as we find them today. Permit us to review the development in medical care during the past 100 years, and how such developments were guided.

Initially, the frontier home was an all-purpose institution which, because of necessity, adapted itself to all contingencies. Expedient answers were utilized for almost all things, because no other means were available. The child was born, illness was cared for in whatver manner was possible, the duties of elders were taken over by children, and care for the infirm was administered by the younger generations.

Because the demand for the doctor's services and time became excessive, he provided a central point to accumulate his patients for increased personal attention and better usage of his professional talents. This "home away from home" grew into our present acute general hospital. The State, generally speaking, has been provided quite admirably in this regard, while removing this activity from the home.

The next phase of care to demand attention was care for the mentally ill. The earliest legislative bodies of Iowa gave due consideration to this subject and the impact it had on family and home life. The State, thereupon, assumed responsibility in this field and, upon advice of the best consultants, provided means and funds for psychiatric treatment. Unfortunately for Iowa, the established responsibilities have been neglected and the goal confused since 1870. The basic pattern does exist and the home no longer attempts to provide an expedient in this sphere.

This same transition has been brought about for the tuberculosis patient. To preclude exposure of other members of the family, a separate facility has come into being. Iowa is extremely fortunate, in terms of tuberculosis beds, for its total needs are cared for. Only a few facets of the complete program (in terms of rehabilitation) remain to be provided.

A previous section touched upon chronic illness and physical impairment and what current trends are indicating to us. Industrialization, mechanization, and population age are major contributions to the impending problem. Its importance is demonstrated through recent action taken by the Federal agencies and bodies. Our entire economic and social pattern demands that immediate consideration be given to the problem by industry, all echelons of government, and by leaders of various population groups. The National government is extremely concerned with the develepes of the country as a whole. This state is faced with circumstances and trends which are even more calamitous than that of the nation.

A corrective plan must consider effort in several directions:

1. Inauguration of preventive steps which will maintain the able bodied to a maximum extent.

2. Treat and cure ailments in their earliest stages.

3. Reconsider (and probably extend) age of retirement to permit producers to continue to the extent of their ability, so that their self-sufficiency and productivity are prolonged.

4. Treat and rehabilitate chronically ill and impaired to the extent that their capabilities will permit.

5. Utilize individual resource for treatment to its maximum extent, and thereafter provide a public means for completing the program to ultimate success.

Such a program must utilize facilities and personnel resources to a maximum. Much of our present problem is attributable to expedient provisions of the past which, though outmoded, have been carried into the present and are accepted without question. The domiciliary type of institution has accumulated a tremendous number of persons classed as indigent. No effort has been made to provide treatment and care which might re-establish these persons as productive members of their communities, partially or wholly self-sufficient, as well as taxpayers.

Considerable emphasis has been placed on economy in administering all echelons of government. This inclination has resulted in eliminating treatment and providing minimal accommodations in the care and keep type of institution serving idigents. A more realistic and economical pattern would be to utilize the individual's resources to the extent possible, and for governmental agencies to provide continued treatment which would ultimately rehabilitate the individual. He could then be re-established in his community as a producer and taxpayer, rather than a ward of the public. The cost to the taxpayer would be materially reduced. Our labor pool would be enhanced in terms of productive ability, and our tax base would be broadened.

There are other major elements necessary to complete the care pattern. The diagnostic and treatment facility, the convalescent nursing home, and the rehabilitation center are elaborated upon in later sections. Each of these plays an enormous role in terms of economical application of professional talent and the facilities which will most reasonably serve the purpose. They must be considered in terms of availability of monitary resources and professional talent.

For similar reasons, the chronic illness unit has come forward with means outside the scope of the acute general hospital. Maximum acute treatment facilities and extensive skilled nursing care are displaced by modified care and a range of therapy facilities, arranged to economize on personnel and the individual's resource while realizing maximum curative results. Location is near population centers to permit maximum availability of outpatient facilities. The goal is re-restablishing individuals to a productive role. The mission of the hospital for the chronically ill and impaired is to provide long-term treatment economically, and thereby extend effectiveness of individual resources toward ultimate rehabilitation. (See discussion in Part V).

EXHIBIT D

PART VI CONVALESCENT NURSING HOMES

A convalescent nursing home is defined as "A facility which is operated in connection with a hospital or in which nursing care and medical services are prescribed by or performed under the general direction of persons licensed to practice medicine or surgery within the State, for the accommodation of convalescents or other persons who are not acutely ill and not in need of hospital care, but who do require skilled nursing care and related medical services. The term (convalescent) 'nursing home' shall be restricted to those facilities, the purpose of which is to provide skilled nursing care and related medical services for a period of not less than 24 hours per day to individuals admitted because of illness, disease, or physical or mental infirmity and which provide community service."

The terminology "convalescent nursing home" should not be confused with the classification "nursing home" as defined by Iowa statutes and regulations for the purpose of issuing license, inasmuch as there is a notable difference in the standards for facilities, staff, and services. While existing statutes have provided criteria toward a realistic standard for physical facilities, the standards for nursing care are marginal, and standards for medical care are non-existent.

In evaluating other aspects of an institution to determine whether it qualifies as a convalescent nursing home, consideration must also be given to such features as their admission policy. For instance, quite a number of establishments deliberately seek to admit residents on the basis of providing a domiciliary service. County institutions are a deliberate means of providing a residence for indigent persons who have no other means of housing or living. Quite similarly, many proprietary institutions have been created with a view toward receiving estates while providing the care requirements of the individual during their remaining senior years. It becomes apparent neither of these forms of home are designed to treat, care, and rehabilitate individuals, thereby re-establishing them in a productive capacity as a community element.

In developing a plan for the State of Iowa, an inventory was made of those known facilities which presently accommodate persons who probably are in need of services such as would be rendered by convalescent nursing homes. Consideration was given to the fire-resistant qualities of the physical plant. Lack of standards in the State have not demanded services of the calibre indicated by the definition of the convalescent nursing home. Records maintained by the nursing homes and related insititutions do not conform to any standard. As a result, existing records do not realistically offer a direct means of determining the actual patient days involved. To realize a representative total, the patients on hand at the time of survey were projected toward a probable total of each institution's patient days for the year. It is not considered unrealistic to assume that such errors as may occur in individual homes surveyed will tend to compensate each other, and that the State total of patient days is indicative and representative of the total need within the State for this service.

The evolution of the "nursing home" as defined by Iowa law goes back a number of years. Initially, a similar facility was created by county administrators to provide care for indigents. Ultimately, during periods of expansion by our State Mental Institutions, an expedient means of relieving the crowdedness of the state institutions was to authorize counties to receive non-violent mental patients, who had been released by the State Mental Institution after five years of residence, if they were declared "incurable". The homes provided no treatment that might permit improvement. County administrations were quite willing to utilize their

county homes for housing returnees, inasmuch as a monitary allowance was granted in return for this "accommodation" or custodial care without any treatment facilities.

Public conscience sought an alternative for afflicted members, either physical or mental. As a result, private citizens were induced to provide homes which offered improved custodial care. Because there were no minimum standards existent for such establishments, "nursing homes" soon became a popular field of enterprise. In time, not all nursing homes rendered services that were admirable and humane. The profit motive, at times, was the dominate consideration. This became a point of official record in 1946. While reporting their findings during a study of mental facilities in Iowa, a Study Committee of the 51st General Assembly proposed a system of licensure because "- - - the particular conditions that exist in some (nursing) homes would require that all submit to certain standards and inspections by the proper authorities to see that the aged are properly cared for and the element of personal profit is not over emphasized." One misleading assumption is apparent above, in that the legislative committee suggested that all residents of custodial and nursing homes were aged persons. To better evaluate aspects of the situation, consultants of this agency did analyze the age of occupants in county institutions and nursing homes several years ago, and found that the number of residents of the lower age groups was amazingly high.

During the course of this current survey, pertinent to convalescent nursing homes, it has become evident that there are a number of establishments other than licensed nursing homes which offer domiciliary accommodations for persons who can reasonably be classed as victoms of chronic illness or impairment. This is not a failure in enforcing existing regulations, but does indicate that area just outside the zone of licensing activities. The primary difference lies in whether residents are ambulatory rather than bedridden. For this reason, the largest of these domiciliary institutions (over ten beds and caring for recipients of public assistance) were incorporated in the study to indicate the extent to which treatment and care facilities are needed. This also includes the county homes which are still actively in the picture in Iowa, in spite of the progress which as been realized in the nation as a whole. More specific information as to the adequacy of county institutions has already been given through quotations from, and extracts of, reports by qualified technical committees during previous years (see Nervous and Mental Section, Part III).

By way of summary, we offer the following points. The combined total of existing beds pertinent to convalescent nursing homes is 16,359; of which 14,345 beds (87.7%) are housed in non-fire-resistant structures. As for the usage of these beds, 83% of their maximum capacity during the entire year was necessary to meet the actual patient days of accommodation within the State. In other words, of the total 13,578 patients (the daily average throughout the year) 11,906 patients were being cared for in wood-framed structures which are only partially staffed during the most dangerous hours of the night. You will note thatnone of the facilities were classed "Suitable" on the basis of service rendered. This is not to be construed as a criticism of the nursing home field. The point is that a standard has not been established by statute or regulation to indicate the minimum requirements for facilities, staff or services for convalescent nursing homes. It is gratifying to note that much interest is being displayed by a number of existing representative nursing homes regarding standards. It would appear that the interest is directed toward up-grading their plant and services and that they recognize the need and the possibilities in this field.

The funds which are being made available at this point through the Federal Program are quite limited when compared with the overall need. The one accomplishment which can be realized in this field with this limited resource would be that a few representative establishments will be created to illustrate the tremendous possibilities of the convalescent nursing home in meeting the demands of the State.

At first glance, the most obvious point of application is the possibility of creating convalescent nursing homes in conjunction with existing hospitals in rural areas. In time, these institutions could receive a great many of the patients presently residing in county homes, who, after the appropriate diagnosis, acute treatment and the eventual long-term convalescence indicated, could probably be re-established as individual citizens capable of being wholly or partially self-sufficient. While their earning ability might not be a maximum, they will be capable of a degree of production and thus be able to enjoy some individualism. This is not a dreamy myth! It is a proven point which has not been exploited to any degree in this State. The field is tremendous. The rapid aging of this State's population is an obvious point worthy of some very profound thought at both state and local levels.

As for preference among the areas of this State. The following pages reflect the relative need for convalescent nursing homes, based on current population data and the unmet need. Because approximately 2/3 of this State's service areas have no existing suitable or replaceable facilities (0.0% need met) the zero areas were further analyzed on the basis of per capita income and the degree of rurality. Thus the most rural community with the lowest income is given the greatest preference toward receiving Grants-in-Aid assistance.

Specific locations for nursing homes have not been indicated in the following tabulations, inasmuch as the field is virtually untouched and there is little indication as to what category of service groups in an individual community will motivate development of a project. Therefore, a maximum consideration will be given to that convalescent nursing home which is proposed as an adjunct to an existing acceptable hospital within that area. Next consideration will be given to a proposed convalescent nursing home not an adjunct to the acceptable hospital, but located in the same town and with a program of operation directly correlated with the existing hospital. Final consideration for proposals from the ranking area will be for the home not in the same town, but near, which will program in a manner that will appropriately relate to the available hospital services. Should there be two proposals with comparable circumstances and programs, the sponsors shall submit details and data to the Advisory Council for their consideration and evaluation for determining maximum effectiveness in terms of community service. In any event, a proposed convalescent unit must present a complete program and give indication of a workable relationship and referal program with an existing hospital with suitable services and adequate staff. Appropriate statewide publicity will be given to announce a schedule for this program at a given point. All applications received will be reviewed to determine whether or not they are approvable. Ultimately, applications will be evaluated in terms of its area's relative need to determine the order of preference in allocating grants-in-aid assistance.

The goal is again maximum utilization of individual resource toward appropriate treatment, rehabilitation, and return to a productive position in the community. The mission of the nursing home is to provide the required skilled nursing care required for long-term convalescence--thus extending the individual's resources toward realizing ultimate re-establishment as a producer.

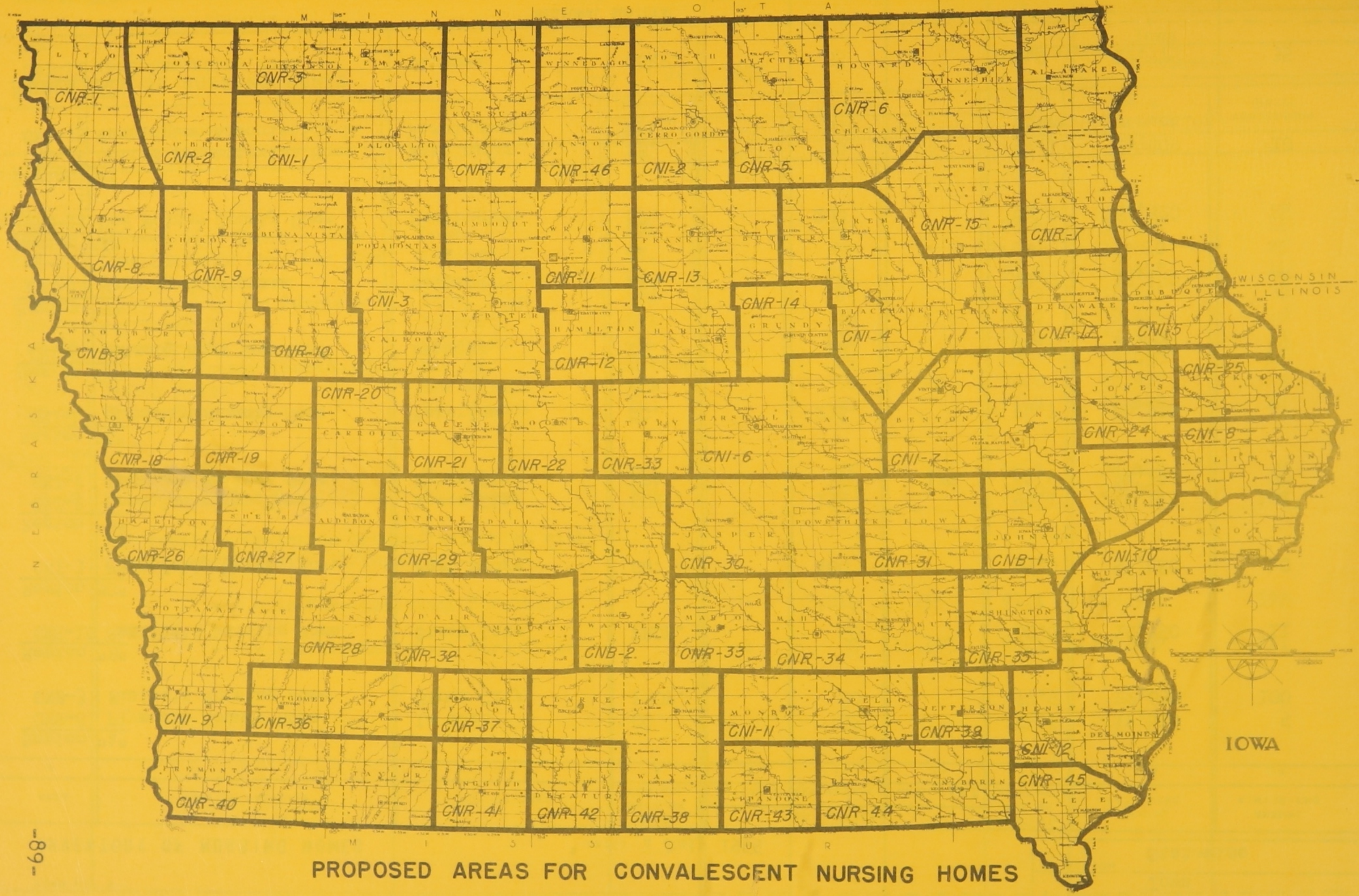
In evaluating the convalescent nursing home demand of the State, it was concluded that those tabulated as "replaceable" fall into three general categories.

1. The proprietary licensed nursing home complies with minimum requirements, is housed in a fire-resistant structure, and could qualify as a convalescent nursing home if admission procedures, degree of skilled nursing care, and medical supervision were established/up-graded to conform with the standards of the Federal register. The structures themselves are readily adaptable and acceptable as convalescent nursing homes.

2. The licensed nursing homes operated by charitable or non-profit organizations are housed in fire-resistive structures which conforms with convalescent home needs. If admission procedures, care policies, degree of skilled nursing care, and medical supervision are modified and up-graded, these can be classified as convalescent nursing home.

3. The County Home housed in a fire-resistant structure cannot be interpreted as being readily modified to the convalescent nursing home. Location is away from town and a hospital. While the structure is partitioned to provide wards, these concievably could be subdivided to provide appropriate rooms. Medical supervision and skilled nursing care are sufficient for the domiciliary intent and do not resemble treatment.

For the above reasons, replacement, up-grading, expansion and/or relocation are in order for the "replaceable" units reflected in the inventory, before care and treatment can be considered adequate to render approvable community service.



PROPOSED AREAS FOR CONVALESCENT NURSING HOMES

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
FORM HSF 5-1

2. DATE: 1 July 1955
3. STATE: Iowa
4. REGION: Statewide

INVENTORY OF NURSING HOMES

5. DATED 1 July 1955

AREA	NAME OF FACILITY	CITY OR TOWN	OWNER-SHIP OR CONTROL	BED CAPACITY			PERCENT-AGE OF OCCUPANCY	ANNUAL PAT. DAYS	ANNUAL ADMISSIONS
				SUITABLE	REPLACEABLE	UNSUITABLE			
6	7	8	9	10	11	12	13	13A	14
Region "A"									
CNR-8	Plymouth County Home	Le Mars	CO.		62		54.8	12,410	5
CNB-3	Elaine's Nursing Home	Sioux City	PROP.		80		77.5	22,630	100
Region "B"									
CNR-10	Swallum's Nursing Home	Storm Lake	PROP.		50		60.0	10,950	11
Region "C"									
CNI-3	Friendship Haven, Inc.	Fort Dodge	CH.		160		95.0	55,480	40
Region "D"									
CNI-2	Good Samaritan Home	Mason City	CORP.		154		98.1	55,115	108
CNI-2	Iowa Odd Fellows Orph. H.	Mason City	NPA		15	135	62.5	30,797	20
Region "E"									
CNI-4	Blackhawk County Home	Waterloo	CO.		238		74.7	64,970	27
Region "F"									
CNI-5	Bethany Home for Aged	Dubuque	CH.		60		81.7	17,885	7
Region "H"									
CNI-10	Masonic Sanitarium	Bettendorf	NPA		50		72.0	13,140	16
Region "I"									
CNI-12	Des Moines County Home	Burlington	CO.		200		84.0	61,320	24
Region "J"									
CNR-35	United Presbyterian Home	Washington	CH.		70		97.1	24,809	10
CNR-35	Washington Association H.	Washington	NPA		30		Under	Construction	
Region "K"									
CNI-11	Good Samaritan Home	Ottumwa	CORP.		35		100.0	12,775	35
			REGIONAL SUBTOTAL						
			STATE TOTAL						

CP-3916

IOWA STATE DEPT. OF HEALTH

DIVISION OF HOSPITAL SERVICES

FORM HSF 5-1

2. DATE 1 July 1955

3. STATE Iowa

4. REGION Statewide

INVENTORY OF NURSING HOMES

5. DATED 1 July 1955

AREA	NAME OF FACILITY	CITY OR TOWN	OWNERSHIP OR CONTROL	BED CAPACITY			PERCENTAGE OF OCCUPANCY	ANNUAL PAT. DAYS	ANNUAL ADMISSIONS
				SUITABLE	REPLACEABLE	UNSUITABLE			
6	7	8	9	10	11	12	13	13A	14
Region "L"									
CNR-22	Eastern Star Masonic Home	Boone	NPA		90		98.8	32,485	12
CNR-22	Iowa Lutheran Home for Aged	Madrid	CH.		85		110.6	34,310	25
CNR-23	Story County Home	Nevada	CO.		100		96.0	35,040	14
CNR-23	Story County Old People's H.	Story City	NPA		85		100.0	31,025	24
CNR-30	Mayflower Home	Grinnell	NPA		30		88.4	9,125	10
CNR-38	Lucas County Home	Chariton	CO.		100		96.0	35,040	13
CNR-41	Ringgold County (Horton) H.	Mt. Ayr	CO/PROP		45		48.9	8,030	17
CNB-2	Wesley Acres	Des Moines	NPA		50	20	90.0	22,995	9
CNB-2	Bishop Drum Home	Des Moines	CH.		90		97.8	32,120	12
Region "M"									
CNR-27	Baptist Memorial Home	Harlan	CH.		75		97.3	26,645	9
CNR-27	Salem Luth. Old People's H.	Elk Horn	NPA		60		95.0	20,805	44
	Sub Totals - Opulation Groups/Facilities with notable chronically ill/impaired - - - -								
	- - - in Fire-Resistant Structures			0	2,014	155	91.1	669,901	592
	- - - Nonfire-Resistant Structures			0	0	14,491	80.1	4,238,462	5,721
			REGIONAL SUBTOTAL						
			STATE TOTAL	0	2,014	14,646	80.7	4,908,363	6,313

CP-3916

IOWA STATE DEPT. OF HEALTH
Division of Hospital Services

Date 1 July 1955

Statewide - Iowa

CONVALESCENT NURSING HOME SUMMARY

RELATIVE NEED REPORT

BASIC AREA DATA AND IDENTIFICATION			BED SUMMARY AND STATUS				PRIORITY ANALYSIS		
SYMBOL	CENTER	POPULATION	EXISTING ACC. +REPL.	TO BE ADDED	TOTAL PROPOSED	% NEED NET	RURALITY FACTOR	INCOME FACTOR	PRIORITY FACTOR
CNR-42	Leon	11,982	0	36	36	0.00	1.9130	1.4679	3.3809
CNR-29	Guthrie Center	14,285	0	43	43	0.00	1.9130	1.3652	3.2782
CNR-7	Waukon	34,591	0	104	104	0.00	1.7577	1.3191	3.0768
CNR-44	Bloomfield	19,604	0	59	59	0.00	1.6676	1.3779	3.0455
CNR-31	Marengo	17,938	0	54	54	0.00	1.9130	1.0738	2.9868
CNR-14	Grundy Center	13,742	0	41	41	0.00	1.9130	1.0284	2.9414
CNR-32	Winterset	24,124	0	72	72	0.00	1.6448	1.2523	2.8971
CNR-1	Sioux Center	25,822	0	77	77	0.00	1.6670	1.1722	2.8392
CNR-26	Missouri Valley	17,904	0	54	54	0.00	1.5667	1.2305	2.7972
CNR-46	Britt	27,850	0	84	84	0.00	1.7272	1.0327	2.7599
CNR-25	Maquoketa	14,885	0	45	45	0.00	1.4711	1.2630	2.7341
CNR-3	Estherville	29,684	0	89	89	0.00	1.7471	0.9562	2.7033
CNR-18	Onawa	15,314	0	46	46	0.00	1.5017	1.1853	2.6870
CNR-40	Shenandoah	44,196	0	133	133	0.00	1.4401	1.2254	2.6655
CNR-6	Decorah	47,255	0	142	142	0.00	1.3844	1.2793	2.6637
CNR-43	Centerville	17,817	0	53	53	0.00	1.1727	1.4900	2.6627
CNR-17	Manchester	17,146	0	51	51	0.00	1.4826	1.1549	2.6375
CNR-34	Oskaloosa	39,267	0	118	118	0.00	1.4020	1.1929	2.5949
CNR-19	Denison	19,161	0	57	57	0.00	1.4711	1.1183	2.5894
CNR-36	Red Oak	23,612	0	71	71	0.00	1.4022	1.1354	2.5376
CNR-21	Jefferson	14,871	0	45	45	0.00	1.3812	1.1380	2.5192
CNR-15	Oelwein	35,338	0	106	106	0.00	1.3812	1.1091	2.4903
CNR-12	Webster City	19,360	0	58	58	0.00	1.5227	0.9525	2.4752
CNR-4	Algona	25,822	0	77	77	0.00	1.5189	0.9519	2.4708
CNR-28	Atlantic	29,684	0	89	89	0.00	1.3221	1.1277	2.4498
CNR-24	Anamosa	17,426	0	52	52	0.00	1.2435	1.2045	2.4480
CNR-2	Sheldon	31,400	0	94	94	0.00	1.4826	0.9543	2.4369
CNR-13	Iowa Falls	46,531	0	140	140	0.00	1.4093	0.9966	2.4059
CNR-9	Cherokee	26,706	0	80	80	0.00	1.4180	0.9476	2.3656
CNR-20	Carroll	23,052	0	69	69	0.00	1.3965	0.9618	2.3583
CNI-1	Spencer	37,364	0	112	112	0.00	1.2926	1.0451	2.3377
CNR-33	Knoxville	25,125	0	75	75	0.00	1.0235	1.2938	2.3173
CNR-5	Charles City	34,975	0	105	105	0.00	1.1828	1.0896	2.2724
CNR-11	Clarion	32,116	0	96	96	0.00	1.2974	0.9712	2.2686
CNR-39	Fairfield	15,533	0	47	47	0.00	0.8895	1.2377	2.1272
CNI-6	Marshalltown	51,266	0	154	154	0.00	1.1241	1.0000	2.1241

IOWA STATE DEPT. OF HEALTH

Division of Hospital Services

Date 1 July 1955

Statewide - Iowa

CONVALESCENT NURSING HOME SUMMARY

RELATIVE NEED REPORT

BASIC AREA DATA AND IDENTIFICATION			BED SUMMARY AND STATUS				PRIORITY ANALYSIS		
SYMBOL	CENTER	POPULATION	EXISTING ACC -REPL.	TO BE ADDED	TOTAL PROPOSED	% NEED MET	RURALITY FACTOR	INCOME FACTOR	PRIORITY FACTOR
CNR-37	Creston	15,188	0	46	46	0.00	0.8972	1.1750	2.0722
CNI-9	Council Bluffs	81,955	0	246	246	0.00	0.7158	1.0451	1.7609
CNB-1	Iowa City	53,201	0	160	160	0.00	0.7748	0.9452	1.7200
CNI-7	Cedar Rapids	145,953	0	438	438	0.00	0.6940	0.8978	1.5918
CNI-8	Clinton	52,585	0	158	158	0.00	0.6409	0.9488	1.5897
CNR-45	Fort Madison	42,143	0	126	126	0.00	0.5337	1.0495	1.5832
CNI-10	Davenport	148,663	50	396	446	11.21			
CNB-2	Des Moines	284,378	140	713	853	16.41			
CNI-11	Ottumwa	59,476	35	143	178	19.66			
CNR-30	Newton	49,170	30	117	147	20.41			
CNB-3	Sioux City	110,058	80	250	330	24.24			
CNI-5	Dubuque	81,874	60	186	246	24.39			
CNR-10	Storm Lake	39,011	50	67	117	42.74			
CNI-4	Waterloo	160,616	238	244	482	49.38			
CNI-3	Fort Dodge	76,991	160	71	231	69.26			
CNR-8	LeMars	21,518	62	3	65	95.38			
CNI-2	Mason City	57,894	169	5	174	97.13			
CNI-12	Burlington	67,345	200	2	202	99.01			
CNR-35	Washington	19,130	100	(-43) 0	100	100.00			
CNR-23	Ames	46,477	185	(-46) 0	185	100.00			
CNR-22	Boone	24,335	175	(-102) 0	175	100.00			
CNR-38	Chariton	31,008	100	(-7) 0	100	100.00			
CNR-41	Mount Ayr	8,876	45	(-18) 0	45	100.00			
CNR-27	Harlan	15,407	135	(-89) 0	135	100.00			
	Totals - State of Iowa	2,636,000	2,014	6,199 (-305)	8,213	24.52			
	Less beds beyond area ratios assigned from pool beds				305				
	Total beds per area ration - State - (3 x 2,636)				7,908				

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
FORM HSF 5-1

1. Page 1 of 29
2. DATE 1 July 1955
3. STATE Iowa
4. REGION "A" Sioux City

INVENTORY OF NURSING HOMES

5. DATED 1 July 1955

AREA	NAME OF FACILITY	CITY OR TOWN	OWNER-SHIP OR CONTROL	BED CAPACITY			PERCENT-AGE OF OCCUPANCY	ANNUAL PAT. DAYS	ANNUAL ADMISSIONS
				SUITABLE	REPLACEABLE	UNSUITABLE			
6	7	8	9	10	11	12	13	13A	14
CNR-1	Winters Nursing Home	Rock Rapids	PROP.			11	72.7	2,919	4
	Sioux County Home	Orange City	CO.			60	50.0	10,950	5
	Kleinhesselink Nursing Home	Orange City	PROP.			7	71.4	1,825	2
	Panska Nursing Home	Hawarden	PROP.			40	95.0	13,870	12
	Gladstone Hotel	Hawarden	PROP.			12	75.0	3,285	2
	Jacobs Boarding Home	Hawarden	PROP.			18	88.9	5,840	3
	Warren Home	Rock Valley	PROP.			10	70.0	2,555	1
CNR-8	Plymouth County Home	Le Mars	CO		62		54.8	12,410	5
	Weidenfeller Nursing Home	Le Mars	PROP.			15	80.0	4,380	2
CNR-9	Todd Nursing Home	Holstein	PROP.			11	81.8	3,285	12
	Aman Nursing Home	Cherokee	PROP.			9	100.0	3,285	6
	Dill Nursing Home	Marcus	PROP.			9	88.9	2,920	9
	Russell Nursing Home	Cherokee	PROP.			4	100.0	1,460	1
	Smith Nursing Home	Cherokee	PROP.			6	83.3	1,825	6
	Cherokee County Home	Cherokee	CO.			10	100.0	3,650	2
CNR-18	Moss Nursing Home	Onawa	PROP.			5	60.0	1,095	2
	Raymond's Nursing Home	Onawa	PROP.			11	100.0	4,015	9
CNB-3	Woodbury County Home	Sioux City	CO.			136	77.9	38,690	14
	Cherry Lawn Nursing Home	Sioux City	PROP.			17	94.1	5,840	10
	Court Street Nursing Home	Sioux City	PROP.			16	93.8	5,475	6
	Cummins Nursing Home	Sioux City	PROP.			52	100.0	18,980	60
	Rest View Nursing Home	Sioux City	PROP.			17	100.0	6,205	7
	Anderson Nursing Home	Sioux City	PROP.			11	81.8	3,285	8
	Duncan Nursing Home	Sioux City	PROP.			6	100.0	2,190	2
	Falline Nursing Home	Sioux City	PROP.			16	93.8	5,475	8
	Graham Nursing Home	Sioux City	PROP.			9	88.9	2,920	4
	Elaine's Nursing Home	Sioux City	PROP.		80		77.5	22,630	100
			REGIONAL SUBTOTAL						

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2. DATE 1 July 1955

3. STATE Iowa

4. REGION "A" Sioux City (Cont.

INVENTORY OF NURSING HOMES

5. DATED 1 July 1955

AREA	NAME OF FACILITY	CITY OR TOWN	OWNERSHIP OR CONTROL	BED CAPACITY			PERCENTAGE OF OCCUPANCY	ANNUAL PAT. DAYS	ANNUAL ADMISSIONS
				SUITABLE	REPLACEABLE	UNSUITABLE			
6	7	8	9	10	11	12	13	13A	14
CNB-3	(Continued)								
	Peters Nursing Home	Sioux City	PROP.			11	90.9	3,650	1
	Costello Nursing Home	Sioux City	PROP.			16	56.2	3,285	5
	Winters Nursing Home	Sioux City	PROP.			20	80.0	5,840	12
	Ingleside Nursing Home	Sioux City	PROP.			75	84.0	22,995	60
	Julia's Nursing Home	Sioux City	PROP.			11	90.9	3,650	2
	St. Anthony's Home	Sioux City	NPA			111	94.6	38,325	15
	Breslin Home for Aged	Sioux City	PROP.			10	80.6	2,920	1
	Comstock Boarding Home	Sioux City	PROP.			12	83.3	3,650	2
	REGIONAL SUBTOTAL			0	142	784		275,574	400
	STATE TOTAL								

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2. DATE	1 July 1955
3. STATE	Iowa
4. REGION	"B" Spencer

INVENTORY OF NURSING HOMES

5. DATED 1 July 1955

AREA	NAME OF FACILITY	CITY OR TOWN	OWNERSHIP OR CONTROL	BED CAPACITY			PERCENTAGE OF OCCUPANCY	ANNUAL PAT. DAYS	ANNUAL ADMISSIONS
				SUITABLE	REPLACEABLE	UNSUITABLE			
6	7	8	9	10	11	12	13	13A	14
CNR-2	O'Brien County Home	Primghar	CO.			50	86.0	15,695	6
	Beeson Nursing Home	Sheldon	PROP.			13	69.2	3,285	5
	Brundage Nursing Home	Primghar	PROP.			7	57.1	1,460	1
	Myrl's Nusring Home	Primghar	PROP.			20	100.0	7,300	14
	Mc Granahan Nursing Home	Ocheydon	PROP.			11	100.0	4,015	3
	Verdoorn Nursing Home	Ocheydon	PROP.			5	100.0	1,825	4
	Wagner Home	Hartley	PROP.			5	80.0	1,460	1
	Fonkert Rest Home	Sheldon	PROP.			6	83.3	1,825	1
	Reid Nursing Home	Ashton	PROP.			21	85.7	6,570	3
CNR-3	Emmet County Home	Estherville	CO.			11	81.8	3,285	1
	Balmer's Rest Home	Estherville	PROP.			22	95.4	7,665	7
	Simpson Home	Estherville	PROP.			10	110.0	4,015	4
	Tupper Nursing Home	Estherville	PROP.			7	114.2	2,920	7
	Dickinson County Home	Spirit Lake	Co.			25	89.0	8,030	3
	Edwards' Nursing Home	Spirit Lake	PROP.			11	36.4	2,555	7
	Fillebrown Cottage	Spirit Lake	PROP.			4	100.0	1,460	2
	Milford Nursing Home	Milford	PROP.			10	20.0	730	2
CNR-10	Sac County Home	Sac City	CO.			8	75.0	490	1
	East Lawn Nursing Home	Odeboldt	PROP.			11	81.8	3,285	2
	Irish Nursing Home	Lake View	PROP.			11	36.4	1,460	1
	Van Horn Nursing Home	Sac City	PROP.			6	100.0	2,190	1
	Buena Vista County Home	Storm Lake	CO.			27	92.6	9,125	4
	Bappe Nursing Home	Sioux Rapids	PROP.			5	40.0	730	1
	Christine's Nursing Home	Alta	PROP.			7	142.8	3,650	6
	Shephard Home	Storm Lake	PROP.			11	81.8	3,285	2
	Swallum's Nursing Home	Storm Lake	PROP.		50		60.0	10,950	11
CNI-1	Palo Alto County Home	Emmetsburg	CO.			11	100.0	4,015	2
	Emmetsburg Nursing Home	Emmetsburg	PROP.			11	72.7	2,920	8
	Clay County Home	Spencer	CO.			20	70.0	5,110	2
			REGIONAL SUBTOTAL						
			STATE TOTAL						

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IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
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2. DATE 1 July 1955
3. STATE Iowa
4. REGION "B" Spencer

INVENTORY OF NURSING HOMES

5. DATED 1 July 1955

AREA	NAME OF FACILITY	CITY OR TOWN	OWNER-SHIP OR CONTROL	BED CAPACITY			PERCENT-AGE OF OCCUPANCY	ANNUAL PAT. DAYS	ANNUAL ADMISSIONS
				SUITABLE	REPLACEABLE	UNSUITABLE			
6	7	8	9	10	11	12	13	13A	14
CNI-1	(Continued)								
	Delaney Nursing Home	Spencer	PROP.			42	71.4	10,950	18
	Dykstra Nursing Home	Hartley	PROP.			5	60.0	1,095	3
	Salser Nursing Home	Hartley	PROP.			11	54.5	2,190	4
	Millie's Rest Home	Sutherland	PROP.			11	27.3	1,095	2
	Cooper's Nursing Home	Sutherland	PROP.			11	81.8	3,285	2
	McCrosky Nursing Home	Hartley	PROP.			9	77.8	2,555	8
	REGIONAL SUBTOTAL			0	50	455		142,475	149
	STATE TOTAL								

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5. DATED 1 July 1955

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2. DATE 1 July 1955
3. STATE Iowa
4. REGION "C" Fort Dodge

AREA	NAME OF FACILITY	CITY OR TOWN	OWNERSHIP OR CONTROL	BED CAPACITY			PERCENTAGE OF OCCUPANCY	ANNUAL PAT. DAYS	ANNUAL ADMISSIONS
				SUITABLE	REPLACEABLE	UNSUITABLE			
6	7	8	9	10	11	12	13	13A	14
CNR-4	Kossuth County Home	Algona	CO.			95	47.4	16,425	8
	Curtis Nursing Home	Burt	PROP.			7	85.7	2,190	3
	Wilfair Haven	Burt	PROP.			11	45.4	1,825	5
	Maple Leaf Nursing Home	Burt	PROP.			11	27.3	1,095	3
	Roberts Nursing Home	Algona	PROP.			50	60.0	10,950	12
CNR-11	Kane Rest Home	Humboldt	PROP.			20	85.0	6,205	3
	Moen Nursing Home	Humboldt	PROP.			13	100.0	4,745	3
	Sisson Nursing Home	Humboldt	PROP.			20	65.0	4,745	18
	Skaustead Conv. Home	Humboldt	PROP.			11	81.8	3,285	12
	Wilcox Nursing Home	Humboldt	PROP.			11	90.9	3,650	18
	Wright County Home	Eagle Grove	CO.			15	80.0	4,380	2
	Askvig & Crickmore NursingH.	Eagle Grove	PROP.			9	77.8	2,555	4
	Brook's Nursing Home	Eagle Grove	PROP.			5	60.0	1,095	9
	Clawson Nursing Home	Eagle Grove	PROP.			9	100.0	3,285	3
	Jordan Nursing Home	Eagle Grove	PROP.			12	66.7	2,920	0
	Armour's Nursing Home	Clarion	PROP.			10	100.0	3,650	3
	Lauen Nursing Home	Belmond	PROP.			4	75.0	1,095	1
	Minor Nursing Home	Eagle Grove	PROP.			11	45.4	1,825	4
	Packard & Nelson Conv. Home	Belmond	PROP.			5	80.0	1,460	2
	Van Sickle Nursing Home	Eagle Grove	PROP.			5	100.0	1,825	0
CNR-12	Hamilton County Home	Webster City	CO.			42	95.2	14,600	6
	Hillcrest Nursing Home	Webster City	PROP.			11	63.6	2,555	17
	Hubbard Nursing Home	Webster City	PROP.			15	73.3	4,015	4
CNR-21	Green County Home	Jefferson	CO.			26	69.2	6,570	3
	Ebersole Nursing Home	Jefferson	PROP.			6	83.3	1,825	2
	Ellis Nursing Home	Jefferson	PROP.			5	40.0	730	1
	Helm's Nursing Home	Jefferson	PROP.			8	100.0	2,920	2
			REGIONAL SUBTOTAL						
			STATE TOTAL						

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IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
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1. Page 6 of 29
2. DATE 1 July 1955
3. STATE Iowa
4. REGION "C" Fort Dodge (Cont.)

INVENTORY OF NURSING HOMES

5. DATED 1 July 1955

AREA	NAME OF FACILITY	CITY OR TOWN	OWNER-SHIP OR CONTROL	BED CAPACITY			PERCENT-AGE OF OCCUPANCY	ANNUAL PAT. DAYS	ANNUAL ADMISSIONS
				SUITABLE	REPLACEABLE	UNSUITABLE			
6	7	8	9	10	11	12	13	13A	14
CNI-3	Webster County Home	Fort Dodge	CO.			105	93.3	35,770	13
	Friendship Haven, Inc.	Fort Dodge	CH.		160		95.0	55,480	40
	Johnson Nursing Home	Fort Dodge	PROP.			64	79.7	18,615	50
	McCaffery Nursing Home	Fort Dodge	PROP.			8	37.5	1,095	2
	Sherman Nursing Home	Fort Dodge	PROP.			7	100.0	2,555	10
	Trushcheff Nursing Home	Fort Dodge	PROP.			18	116.7	7,665	11
	Todo Nursing Home	Callender	PROP.			7	57.1	1,460	5
	Anderson Nursing Home	Fort Dodge	PROP.			11	81.8	3,285	13
	Pringle Boarding Home	Fort Dodge	PROP.			16	81.2	4,745	2
	Calhoun County Home	Rockwell City	CO.			40	72.5	10,585	5
	Overton Nursing Home	Lake City	PROP.			8	87.5	2,555	5
	Painter Nursing Home	Lake City	PROP.			10	60.0	2,190	6
	Pierce Nursing Home	Lake City	PROP.			8	100.0	2,920	1
	Purdy Nursing Home	Rockwell City	PROP.			11	72.7	2,920	4
	Rose Conv. Home	Rockwell City	PROP.			11	109.1	4,380	11
	Tryon Nursing Home	Lake City	PROP.			19	78.9	5,475	8
	Zear Nursing Home	Manson	PROP.			6	16.7	365	2
	Pocahontas County Home	Pocahontas	CO.			32	68.7	8,030	4
	Good Samariton Home	Laurens	CORP.			18	88.9	5,840	17
	Good Samariton Home	Pocahontas	CORP.			11	90.9	3,650	12
			REGIONAL SUBTOTAL	0	160	857		292,000	369
			STATE TOTAL						

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INVENTORY OF NURSING HOMES

5. DATED 1 July 1955

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2. DATE 1 July 1955
3. STATE Iowa
4. REGION "D" Mason City

AREA	NAME OF FACILITY	CITY OR TOWN	OWNERSHIP OR CONTROL	BED CAPACITY			PERCENTAGE OF OCCUPANCY	ANNUAL PAT. DAYS	ANNUAL ADMISSIONS
				SUITABLE	REPLACEABLE	UNSUITABLE			
6	7	8	9	10	11	12	13	13A	14
CNR-5	Mitchell County Home	Osage	CO.			20	115.0	8,395	4
	Garrison Nursing Home	Osage	PROP.			9	44.4	1,459	2
	Falk Nursing Home	Stacyville	PROP.			10	110.0	4,015	4
	Floyd County Home	Floyd	CO.			56	91.1	18,615	7
	Charles City Rest Home	Charles City	PROP.			15	120.0	6,570	32
	Rockford Conv. Home	Rockford	PROP.			20	100.0	7,301	18
	Pringle Nursing Home	Nora Springs	PROP.			11	63.6	2,555	4
	Stratton Nursing Home	Charles City	PROP.			8	74.6	2,190	6
CNR-13	Ahrens Nursing Home	Hampton	PROP.			14	100.0	5,110	4
	Long's Nursing Home	Hampton	PROP.			11	100.0	4,015	5
	Coulter Nursing Home	Coulter	PROP.			11	100.0	4,015	4
	Christenson Nursing Home	Sheffield	PROP.			19	94.7	6,570	12
	Lutheran Home for Aged	Hampton	NPA			17	23.5	1,460	4
	Hardin County Home	Eldora	CO.			40	62.5	9,125	4
	Burke Nursing Home	Union	PROP.			10	50.0	1,825	6
	Deal's Nursing Home	Iowa Falls	PROP.			11	81.8	3,285	11
	Long's Nursing Home	Iowa Falls	PROP.			20	90.0	6,570	10
	Rainsbarger Conv. Home #1	Eldora	PROP.			18	66.7	4,380	7
	#2	Eldora	PROP.			10	60.0	2,190	1
	#3	Eldora	PROP.			7	85.7	2,190	6
	Schneider Rest Home	Eldora	PROP.			11	90.9	3,650	4
	Presbyterian Home	Ackley	CH.			25	90.2	8,230	3
	Reiner's Conv. Home	Dumont	PROP.			15	106.6	5,840	6
CNR-46	Winnebago County Home	Lake Mills	CO.			40	86.9	14,600	5
	Leegaard Nursing Home	Lake Mills	PROP.			11	100.0	3,650	2
	Hancock County Home	Garner	CO.			54	103.7	20,440	8
	Aged Rest Home	Britt	PROP.			9	100.0	3,265	9
			REGIONAL SUBTOTAL						
			STATE TOTAL						

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IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
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INVENTORY OF NURSING HOMES

5. DATED 1 July 1955

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2. DATE 1 July 1955
3. STATE Iowa
4. REGION "D" Mason City (Cont.)

AREA	NAME OF FACILITY	CITY OR TOWN	OWNERSHIP OR CONTROL	BED CAPACITY			PERCENTAGE OF OCCUPANCY	ANNUAL PAT. DAYS	ANNUAL ADMISSIONS
				SUITABLE	REPLACEABLE	UNSUITABLE			
6	7	8	9	10	11	12	13	13A	14
CNI-2	Cerro Gordo County Home	Mason City	CO.			140	63.6	32,485	11
	Bethany Nursing Home	Clear Lake	PROP.			18	100.0	6,570	12
	Burke Nursing Home	Mason City	PROP.			9	100.0	3,265	8
	Good Samaritan Home	Mason City	CORP.		154		98.1	55,115	108
	Iowa O.F. Orphan Home	Mason City	NPA		15	135	62.5	30,797	20
	Norris Nursing Home	Mason City	PROP.			24	100.0	8,760	5
	Pool's Nursing Home	Mason City	PROP.			13	100.0	4,745	11
	Rest Haven Nursing Home	Mason City	PROP.			32	68.7	8,030	19
	Rockwell Nursing Home	Rockwell	PROP.			29	96.5	10,220	40
	Southside Conv. Home	Mason City	PROP.			20	95.0	6,935	12
	Wass Conv. Home #1	Mason City	PROP.			37	78.3	10,585	19
	#2	Mason City	PROP.			21	90.5	6,935	13
	Schiff Rest Home	Mason City	PROP.			11	90.9	3,650	5
	REGIONAL SUBTOTAL			0	169	991		349,602	471
	STATE TOTAL								

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DIVISION OF HOSPITAL SERVICES
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2. DATE 1 July 1955
3. STATE Iowa
4. REGION "E" Waterloo

INVENTORY OF NURSING HOMES

5. DATED 1 July 1955

AREA	NAME OF FACILITY	CITY OR TOWN	OWNERSHIP OR CONTROL	BED CAPACITY			PERCENTAGE OF OCCUPANCY	ANNUAL PAT. DAYS	ANNUAL ADMISSIONS
				SUITABLE	REPLACEABLE	UNSUITABLE			
6	7	8	9	10	11	12	13	13A	14
CNR-6	Howard County Home	Cresco	CO.			26	100.0	9,490	4
	Birtwistle Rest Home	Cresco	PROP.			11	90.9	3,650	6
	Good Samaritan Home	Cresco	CORP.			17	94.1	5,840	18
	Sorenson Rest Home	Cresco	PROP.			11	81.8	3,285	6
	Swanson Rest Home	Cresco	PROP.			14	64.3	3,285	1
	Elma Nursing Home	Elma	PROP.			5	80.0	1,460	3
	Chickasaw County Home	New Hampton	CO.			48	45.8	8,030	4
	Chickasaw County Conv. H.	New Hampton	CO.			8	87.5	2,555	4
	Jordan Nursing Home	Nashua	PROP.			11	118.2	4,745	10
	Kruse Nursing Home	New Hampton	PROP.			5	60.0	1,095	4
	Winneshiek County Home	Decorah	CO.			77	93.5	2,628	11
	Aswegan Nursing Home	Decorah	PROP.			5	100.0	1,825	5
	Aase Haugen Home	Decorah	CORP.			50	94.0	17,155	7
	Sunset Home	Calmar	CORP.			12	83.3	3,650	2
CNR-14	Maple Lodge Nursing Home	Grundy Center	PROP.			10	80.0	2,920	6
CNR-15	Fayette County Home	West Union	CO.			174	67.8	43,070	16
	Shepherds Nursing Home	Oelwein	PROP.			22	72.7	5,840	10
	Driscoll Nursing Home	Oelwein	PROP.			10	110.0	4,015	6
	Manson Nursing Home	Sumner	PROP.			8	25.0	730	2
CNI-4	Butler County Home	Allison	CO.			23	78.2	6,570	3
	Osweiler Nursing Home	Shell Rock	PROP.			11	100.0	4,015	16
	Perrin Nursing Home	New Hartford	PROP.			7	85.7	2,190	1
	Pitcher Conv. Home	Clarksville	PROP.			5	40.0	730	1
	Riverview Rest Home	Greene	PROP.			15	60.0	3,285	9
	Bremer Conv. Home	Waverly	CO.			66	81.8	19,710	8
	Bartels Lutheran Home	Waverly	NPA			11	45.4	1,825	5
	Waverly Conv. Home	Waverly	PROP.			18	50.0	3,285	9
	Lutheran Children's Home	Waverly	NPA			80	96.2	28,105	11
			REGIONAL SUBTOTAL						
			STATE TOTAL						

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IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
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2. DATE 1 July 1955

3. STATE Iowa

4. REGION "E" Waterloo (Cont.)

INVENTORY OF NURSING HOMES

5. DATED 1 July 1955

AREA	NAME OF FACILITY	CITY OR TOWN	OWNER-SHIP OR CONTROL	BED CAPACITY			PERCENT-AGE OF OCCUPANCY	ANNUAL PAT. DAYS	ANNUAL ADMISSIONS
				SUITABLE	REPLACEABLE	UNSUITABLE			
6	7	8	9	10	11	12	13	13A	14
CNI-4	(Continued)								
	Blackhawk County Home	Waterloo	CO.		238		74.7	64,970	27
	Allen Memorial Conv. Home	Waterloo	NPA			22	104.5	8,395	23
	Augustine Nursing Home	Waterloo	PROP.			9	88.9	2,920	7
	Bonorden Nursing Home	Waterloo	PROP.			11	100.0	4,015	11
	Carr Nursing Home	Waterloo	PROP.			5	100.0	1,825	8
	Christie Conv. Home #1	Cedar Falls	PROP.			48	95.8	16,790	41
	#2	Cedar Falls	PROP.			13	76.9	3,650	0
	Christopher Rest Home	LaPorte City	PROP.			9	77.8	2,555	9
	Mc Cready Rest Home	Waterloo	PROP.			6	83.8	1,825	4
	Miller Rest Home	Waterloo	PROP.			17	64.7	4,015	7
	Myers Nursing Home	Waterloo	PROP.			8	75.0	2,190	1
	Ramus Conv. Home	LaPorte City	PROP.			17	82.4	5,110	20
	Scott Nursing Home	Waterloo	PROP.			6	100.0	2,190	8
	Western Old People's Home	Cedar Falls	NPA			116	101.7	43,070	7
	Woodlawn Conv. Home	Waterloo	CORP.			120	97.5	42,705	124
	East First Street NursingH.	Waterloo	PROP.			20	65.0	4,745	13
	Barton Conv. Home	Waterloo	PROP.			15	66.7	3,650	10
	Buchanan County Home	Independence	CO.			64	60.9	14,235	6
	L.M.Nursing Home for Aged	Hazelton	PROP.			11	45.4	1,825	8
	Walton Nursing Home	Independence	PROP.			11	36.3	1,460	4
	REGIONAL SUBTOTAL			0	238	1288		427,133	526
	STATE TOTAL								

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5. DATED 1 July 1955

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2. DATE 1 July 1955
3. STATE Iowa
4. REGION "F" Dubuque

AREA	NAME OF FACILITY	CITY OR TOWN	OWNERSHIP OR CONTROL	BED CAPACITY			PERCENTAGE OF OCCUPANCY	ANNUAL PAT. DAYS	ANNUAL ADMISSIONS
				SUITABLE	REPLACEABLE	UNSUITABLE			
6	7	8	9	10	11	12	13	13A	14
CNR-7	Allamakee County Home	Waukon	CO.			66	83.3	20,075	8
	Good Samariton Home	Waukon	CORP.			18	111.1	7,300	12
	Clayton County Home	St. Olaf	CO.			50	86.0	15,695	6
	Larson's Nursing Home	St. Olaf	PROP.			9	88.8	2,920	3
	Davis Nursing Home	Strawberry Point	PROP.			7	71.4	1,825	4
	Moser Nursing Home	Strawberry Point	PROP.			12	91.6	4,015	2
	Smith Nursing Home	Edgewood	PROP.			7	71.4	1,825	10
CNR-25	Jackson County Home	Maquoketa	CO.			51	64.7	12,045	5
	Maquoketa Nursing Home	Maquoketa	PROP.			22	77.3	6,205	5
	Rorah Nursing Home	Maquoketa	PROP.			11	90.9	3,650	10
	Taylor Nursing Home	Maquoketa	PROP.			9	144.4	4,745	13
	Wendel Nursing Home	Maquoketa	PROP.			7	57.1	1,460	6
	Becker Nursing Home	Maquoketa	PROP.			11	109.1	4,380	1
	Flagel Nursing Home	Maquoketa	PROP.			18	100.0	6,570	16
	Flagel Nursing Home	Maquoketa	PROP.			6	109.1	1,825	7
	Gilmore Nursing Home	Maquoketa	PROP.			24	70.1	6,205	4
	Bellevue Memorial NursingH.	Bellevue	NPA			11	45.4	1,825	6
	Dutton's Nursing Home	Maquoketa	PROP.			8	50.0	1,460	4
CNI-5	Dubuque County Home	Dubuque	CO.			55	100.0	20,075	8
	Bethany Home for Aged	Dubuque	CH.		60		81.7	17,885	7
	Frommelt Schaefers Conv. H.	Dubuque	PROP.			36	102.7	13,505	24
	St. Anthony's Home for Aged	Dubuque	CH.			160	89.4	52,195	37
	St. Francis Home for Aged	Dubuque	CH.			104	100.9	38,325	22
	Short's Boarding Home	Dubuque	PROP.			15	100.0	5,475	2
	Price's Nursing Home	Dubuque	PROP.			8	100.0	2,920	8
	Gregory's Boarding Home	Dubuque	PROP.			8	100.0	2,920	8
	Mary of the Angels	Dubuque	CH.			120	97.5	42,705	35
	Jamison Boarding Home	Dubuque	PROP.			10	70.0	2,555	2
	Mt. Pleasant Home	Dubuque	NPA			25	88.0	8,030	9
	St. Mary's Home	Dubuque	CH.			85	96.4	29,930	12
	Lady of Lord's Conv. Home	Dubuque	CORP.			115	72.1	30,295	83
			REGIONAL SUBTOTAL	0	60	1,088		370,840	379
			STATE TOTAL						

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IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
FORM HSF 5-1

2. DATE 1 July 1955
3. STATE Iowa
4. REGION "G" Cedar Rapids

INVENTORY OF NURSING HOMES

5. DATED 1 July 1955

AREA	NAME OF FACILITY	CITY OR TOWN	OWNERSHIP OR CONTROL	BED CAPACITY			PERCENTAGE OF OCCUPANCY	ANNUAL PAT. DAYS	ANNUAL ADMISSIONS
				SUITABLE	REPLACEABLE	UNSUITABLE			
6	7	8	9	10	11	12	13	13A	14
CNR-17	Delaware County Home	Delhi	CO.			56	66.1	13,505	5
	Bolin Nursing Home	Manchester	PROP.			24	70.8	6,205	7
	Dehn's Nursing Home	Manchester	PROP.			11	81.8	3,285	6
	Fairview Nursing Home	Manchester	PROP.			16	100.0	5,840	30
	Fuller's Nursing Home	Manchester	PROP.			11	100.0	4,015	10
	June Nursing Home	Manchester	PROP.			11	72.7	2,920	2
	Oneida Old People's Home	Onedia	PROP.			21	85.7	6,570	13
	Wilkin's Nursing Home	Manchester	PROP.			13	123.1	5,840	17
CNR-24	Jones County Home	Scotch Grove	CO.			81	61.7	18,250	7
	Brundt Nursing Home	Wyoming	PROP.			11	90.9	3,650	2
	Hillside Rest Home	Monticello	PROP.			11	63.9	2,555	15
	Kleineck Nursing Home	Onslow	PROP.			11	81.8	3,285	10
	Wolfe's Nursing Home	Oxford Jct.	PROP.			11	100.0	4,015	13
CNR-31	Iowa County Home	Marengo	CO.			64	76.6	17,885	7
	Collingwood Nursing Home	Williamsburg	PROP.			5	60.0	1,095	1
	Lacock Nursing Home	North English	PROP.			11	81.8	3,285	17
	Peshek Nursing Home	Marengo	PROP.			5	40.0	730	2
CNI-7	Benton County Home	Vinton	CO.			48	112.5	19,710	8
	Lutheran Home for Aged	Vinton	NPA			41	95.1	14,235	18
	Shuey Nursing Home	Belle Plaine	PROP.			10	60.0	2,190	2
	Stahl Nursing Home	Belle Plaine	PROP.			10	80.0	2,920	2
	Vinton Nursing Home	Vinton	PROP.			32	46.9	5,475	16
	Linn County Home	Marion	CO.			200	86.0	62,780	25
	Boldt Nursing Home	Cedar Rapids	PROP.			11	81.8	3,285	9
	Cedar Rapids Nursing Home	Cedar Rapids	PROP.			18	100.0	6,570	34
	Center Point Nursing Home	Center Point	PROP.			24	100.0	8,760	17
	Fegley Nursing Home	Cedar Rapids	PROP.			7	100.0	2,555	1
	Friendly Nursing Home	Cedar Rapids	PROP.			27	74.1	7,300	5
	Gerrans Nursing Home	Marion	PROP.			6	100.0	2,190	1
			REGIONAL SUBTOTAL						
			STATE TOTAL						

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IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
FORM HSF 5-1

2. DATE 1 July 1955
3. STATE Iowa
4. REGION WGW Cedar Rapids (Con

INVENTORY OF NURSING HOMES

5. DATED 1 July 1955

AREA	NAME OF FACILITY	CITY OR TOWN	OWNER-SHIP OR CONTROL	BED CAPACITY			PERCENT-AGE OF OCCUPANCY	ANNUAL PAT. DAYS	ANNUAL ADMISSIONS
				SUITABLE	REPLACEABLE	UNSUITABLE			
6	7	8	9	10	11	12	13	13A	14
CNI-7	(Continued)								
	Good Samariton Home	Cedar Rapids	CORP.			8	137.5	4,015	13
	Green Square Rest Home	Cedar Rapids	CORP.			41	41.5	6,205	14
	Happy Nursing Home	Cedar Rapids	PROP.			24	75.0	6,570	16
	Hillcrest Nursing Home	Cedar Rapids	PROP.			9	88.9	2,920	7
	Maplelawn Home for Aged	Marion	PROP.			18	72.2	4,745	7
	Margaret Lake Weber Home	Cedar Rapids	PROP.			11	81.8	3,285	9
	Martinson Nursing Home	Cedar Rapids	PROP.			11	100.0	4,015	5
	Miller's Home for Aged	Cedar Rapids	PROP.			7	28.6	730	2
	Sallach's Home	Cedar Rapids	PROP.			6	83.3	1,825	1
	Cain's Nursing Home	Cedar Rapids	PROP.			15	80.0	4,380	14
	Struchen's Nursing Home	Marion	PROP.			11	54.5	2,190	2
	Ziesman Nursing Home	Cedar Rapids	PROP.			40	100.0	14,600	52
	Megan Nursing Home	Cedar Rapids	PROP.			11	109.1	4,380	12
	Dodd's Nursing Home	Cedar Rapids	PROP.			9	100.0	3,285	9
	Snodgrass Nursing Home	Coggon	PROP.			24	58.3	5,110	14
	Cedar County Home	Tipton	CO.			50	74.0	13,505	5
	O.K. Nursing Home	Tipton	PROP.			5	40.0	730	4
	Ralston Nursing Home	Tipton	PROP.			19	84.2	5,840	9
	Thurston Nursing Home	Tipton	PROP.			8	100.0	2,920	2
	Woode Nursing Home	Tipton	PROP.			4	150.0	2,190	2
			REGIONAL SUBTOTAL	0	0	1,138		334,340	501
			STATE TOTAL						

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IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
FORM HSF 5-1

2. DATE 1 July 1955
3. STATE Iowa
4. REGION "H" Davenport

INVENTORY OF NURSING HOMES

5. DATED 1 July 1955

AREA	NAME OF FACILITY	CITY OR TOWN	OWNERSHIP OR CONTROL	BED CAPACITY			PERCENTAGE OF OCCUPANCY	ANNUAL PAT. DAYS	ANNUAL ADMISSIONS
				SUITABLE	REPLACEABLE	UNSUITABLE			
6	7	8	9	10	11	12	13	13A	14
CNI-8	Clinton County Home	Charlotte	CO.			160	84.9	49,275	19
	Calamus Rest Home	Calamus	PROP.			10	50.0	1,825	5
	DeWitt Community Home	DeWitt	NPA			11	36.3	1,460	4
	Gest Nursing Home	Ground Mound	PROP.			13	107.6	5,110	4
	Mount Alverno	Clinton	CH.			56	91.1	18,615	9
CNI-10	Muscatine County Home	Muscatine	CO.			70	45.7	11,680	5
	B. Hershey Nursing Home	Muscatine	NPA			30	83.3	9,125	25
	Burns Nursing Home	West Liberty	PROP.			9	100.0	3,285	9
	Foster Nursing Home	Muscatine	PROP.			8	75.0	2,190	1
	Grigg's Nursing Home	Muscatine	PROP.			20	95.0	6,935	7
	Haven of Rest	West Liberty	PROP.			10	70.0	2,555	9
	Jones Nursing Home	Muscatine	PROP.			11	90.1	3,650	7
	Lippelgoes Nursing Home	Muscatine	PROP.			11	100.0	4,015	11
	Wilton Nursing Home	Wilton Jct.	PROP.			18	61.1	4,015	17
	Scott County Home	Davenport	CO.			141	80.8	41,610	16
	Blue Cross Home for Aged	Davenport	PROP.			10	20.0	730	10
	Clearview Sanitarium	Davenport	PROP.			65	96.9	22,995	72
	Riverdale Lodge	Bettendorf	PROP.			45	22.2	3,650	2
	Stark Nursing Home	Davenport	PROP.			9	88.8	2,920	1
	Fejervary Home for Aged	Davenport	NPA			30	93.3	10,220	4
	Elvidge Nursing Home	Davenport	PROP.			11	90.1	3,650	2
	Morning Star Nursing Home	Davenport	PROP.			11	27.3	1,095	3
	Forest Park Nursing Home	Davenport	CORP.			80	82.5	24,090	21
	Grandview Nursing Home	Bettendorf	PROP.			11	72.7	2,920	13
	Kahl Home for Aged	Davenport	CH.			21	23.8	1,825	5
	Lantz Conv. Home	Davenport	PROP.			11	109.1	4,380	9
	Snyder Nursing Home	Davenport	PROP.			8	12.5	365	1
	Stalder Nursing Home	Davenport	PROP.			9	100.0	3,285	2
	Dee's Rest Home	Davenport	PROP.			11	90.1	3,650	2
	Salbrig Nursing Home	Davenport	PROP.			11	100.0	4,380	2
			REGIONAL SUBTOTAL						
			STATE TOTAL						

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IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
FORM HSF 5-1

1. Page 15 of 29
2. DATE 1 July 1955
3. STATE Iowa
4. REGION "H" Davenport (Cont.)

INVENTORY OF NURSING HOMES

5. DATED 1 July 1955

AREA	NAME OF FACILITY	CITY OR TOWN	OWNERSHIP OR CONTROL	BED CAPACITY			PERCENTAGE OF OCCUPANCY	ANNUAL PAT. DAYS	ANNUAL ADMISSIONS
				SUITABLE	REPLACEABLE	UNSUITABLE			
6	7	8	9	10	11	12	13	13A	14
CNI-10	(Continued)								
	Marquette Heights NursingH.	Davenport	PROP.			28	92.8	9,490	27
	Marion's Rest Home	Davenport	PROP.			18	94.4	6,205	7
	Sunnyside Nursing Home	Davenport	PROP.			22	77.2	6,205	5
	Masonic Sanitarium	Bettendorf	NPA		50		72.0	13,140	16
	Royal Neighbors Home	Davenport	NPA			70	97.1	24,820	10
	REGIONAL SUBTOTAL			0	50	1059		315,360	362
	STATE TOTAL								

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IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
FORM HSF 5-1

2. DATE 1 July 1955

3. STATE IOWA

4. REGION "IW Burlington

INVENTORY OF NURSING HOMES

5. DATED 1 July 1955

AREA	NAME OF FACILITY	CITY OR TOWN	OWNER-SHIP OR CONTROL	BED CAPACITY			PERCENT-AGE OF OCCUPANCY	ANNUAL PAT. DAYS	ANNUAL ADMISSIONS
				SUITABLE	REPLACEABLE	UNSUITABLE			
6	7	8	9	10	11	12	13	13A	14
CNR-45	Lee County Home	Keokuk	CO.			140	82.8	42,340	16
	Bliss Nursing Home	Ft. Madison	PROP.			10	110.0	4,015	12
	Clark Nursing Home	Keokuk	PROP.			11	90.9	3,650	18
	Luke Nursing Home	Keokuk	PROP.			20	90.0	6,570	18
	Hospitality House	Ft. Madison	PROP.			11	27.3	1,095	3
	Hocker Rest Home	Keokuk	PROP.			11	81.8	3,285	9
	Kings Daughters Home	Ft. Madison	NPA			20	50.0	3,650	2
	Benevolent Union Home	Keokuk	NPA			20	55.0	4,015	2
CNI-12	Henry County Home	Mt. Pleasant	CO.			83	65.1	19,710	8
	Johnson Nursing Home	Mt. Pleasant	PROP.			8	25.0	730	2
	Kennedy Nursing Home	Mt. Pleasant	PROP.			14	100.0	5,110	12
	Mills Nursing Home	Mt. Pleasant	PROP.			11	81.8	3,285	7
	Pete's Nursing Home	Mt. Pleasant	PROP.			11	90.9	3,650	4
	Holland Nursing Home	Mt. Pleasant	PROP.			11	109.1	4,380	16
	Rest Haven Nursing Home	Mt. Pleasant	PROP.			48	95.8	16,790	46
	Sizemore Nursing Home	New London	PROP.			8	102.5	3,285	9
	Beauchamp Nursing Home	Winfield	PROP.			9	55.5	1,825	5
	De Vol Nursing Home	Mt. Pleasant	PROP.			12	133.3	5,840	5
	Des Moines County Home	W. Burlington	CO.		200		84.0	61,320	24
	Barnes Nursing Home	Burlington	PROP.			8	112.5	3,285	3
	Davis Nursing Home	Burlington	PROP.			5	80.0	1,460	8
	Dawson Nursing Home	Burlington	PROP.			4	100.0	1,460	2
	North Hill Nursing Home	Burlington	PROP.			25	52.0	4,745	34
	Sumner Street Rest Home	Burlington	PROP.			10	90.0	3,285	16
	Ritter Home for Aged	Burlington	CH.			8	62.5	1,825	1
	Drinkall Home	Burlington	PROP.			10	100.0	3,650	3
	Hobs Boarding Home	Burlington	PROP.			16	93.7	5,475	4
	Louisa County Home	Wapello	CO.			28	75.0	7,665	4
			REGIONAL SUBTOTAL	0	200	572		227,395	293
			STATE TOTAL						

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IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
FORM HSF 5-1

2. DATE 1 July 1955

3. STATE IOWA

4. REGION "I" Burlington

INVENTORY OF NURSING HOMES

5. DATED 1 July 1955

AREA	NAME OF FACILITY	CITY OR TOWN	OWNER-SHIP OR CONTROL	BED CAPACITY			PERCENT-AGE OF OCCUPANCY	ANNUAL PAT. DAYS	ANNUAL ADMISSIONS
				SUITABLE	REPLACEABLE	UNSUITABLE			
6	7	8	9	10	11	12	13	13A	14
CNR-45	Lee County Home	Keokuk	CO.			140	82.8	42,340	16
	Bliss Nursing Home	Ft. Madison	PROP.			10	110.0	4,015	12
	Clark Nursing Home	Keokuk	PROP.			11	90.9	3,650	18
	Luke Nursing Home	Keokuk	PROP.			20	90.0	6,570	18
	Hospitality House	Ft. Madison	PROP.			11	27.3	1,095	3
	Hocker Rest Home	Keokuk	PROP.			11	81.8	3,285	9
	Kings Daughters Home	Ft. Madison	NPA			20	50.0	3,650	2
	Benevolent Union Home	Keokuk	NPA			20	55.0	4,015	2
CNI-12	Henry County Home	Mt. Pleasant	CO.			83	65.1	19,710	8
	Johnson Nursing Home	Mt. Pleasant	PROP.			8	25.0	730	2
	Kennedy Nursing Home	Mt. Pleasant	PROP.			14	100.0	5,110	12
	Mills Nursing Home	Mt. Pleasant	PROP.			11	81.8	3,285	7
	Pete's Nursing Home	Mt. Pleasant	PROP.			11	90.9	3,650	4
	Holland Nursing Home	Mt. Pleasant	PROP.			11	109.1	4,380	16
	Rest Haven Nursing Home	Mt. Pleasant	PROP.			48	95.8	16,790	46
	Sizemore Nursing Home	New London	PROP.			8	102.5	3,285	9
	Beauchamp Nursing Home	Winfield	PROP.			9	55.5	1,825	5
	De Vol Nursing Home	Mt. Pleasant	PROP.			12	133.3	5,840	5
	Des Moines County Home	W. Burlington	CO.		200		84.0	61,320	24
	Barnes Nursing Home	Burlington	PROP.			8	112.5	3,285	3
	Davis Nursing Home	Burlington	PROP.			5	80.0	1,460	8
	Dawson Nursing Home	Burlington	PROP.			4	100.0	1,460	2
	North Hill Nursing Home	Burlington	PROP.			25	52.0	4,745	34
	Sumner Street Rest Home	Burlington	PROP.			10	90.0	3,285	16
	Ritter Home for Aged	Burlington	CH.			8	62.5	1,825	1
	Drinkall Home	Burlington	PROP.			10	100.0	3,650	3
	Hobs Boarding Home	Burlington	PROP.			16	93.7	5,475	4
	Louisa County Home	Wapello	CO.			28	75.0	7,665	4
			REGIONAL SUBTOTAL	0	200	572		227,395	293
			STATE TOTAL						

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IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
FORM HSF 5-1

2. DATE 1 July 1955
3. STATE Iowa
4. REGION "J" Iowa City

INVENTORY OF NURSING HOMES

5. DATED 1 July 1955

AREA	NAME OF FACILITY	CITY OR TOWN	OWNERSHIP OR CONTROL	BED CAPACITY			PERCENTAGE OF OCCUPANCY	ANNUAL PAT. DAYS	ANNUAL ADMISSIONS
				SUITABLE	REPLACEABLE	UNSUITABLE			
6	7	8	9	10	11	12	13	13A	14
CNR-35	Washington County Home	Washington	CO.			94	84.0	28,835	12
	Adams Home	Washington	PROP.			4	100.0	1,460	3
	Bolar Nursing Home	Washington	PROP.			11	27.2	5,110	12
	Brown Nursing Home	Wellman	PROP.			10	80.0	2,920	3
	Pines Rest Home	Washington	PROP.			16	81.2	4,745	8
	United Presbyterian Home	Washington	CH.		70		97.1	24,809	10
	Shenk Nursing Home	Wellman	PROP.			6	66.7	1,460	4
	Washington Assn. Home	Washington	NPA		30	Under Construction			
CNB-1	Johnson County Home	Iowa City	CO.			71	76.0	19,710	7
	Clausen Nursing Home	Iowa City	PROP.			16	100.0	5,840	22
	Gibson Nursing Home	Iowa City	PROP.			12	33.3	1,460	7
	Myrtle Ave. Conv. Home	Iowa City	PROP.			4	50.0	730	1
	Novy's Nursing Home	Iowa City	PROP.			4	100.0	1,460	2
	Rest Haven	Iowa City	PROP.			16	93.7	5,475	6
	Wyjack Nursing Home	Iowa City	PROP.			4	100.0	1,460	7
	Lindley Nursing Home	Iowa City	PROP.			15	73.3	4,015	15
			REGIONAL SUBTOTAL	0	100	283		109,489	119
			STATE TOTAL						

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IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
FORM HSF 5-1

2. DATE 1 July 1955
3. STATE Iowa
4. REGION "K" Ottumwa

INVENTORY OF NURSING HOMES

5. DATED 1 July 1955

AREA	NAME OF FACILITY	CITY OR TOWN	OWNER-SHIP OR CONTROL	BED CAPACITY			PERCENT-AGE OF OCCUPANCY	ANNUAL PAT. DAYS	ANNUAL ADMISSIONS
				SUITABLE	REPLACEABLE	UNSUITABLE			
6	7	8	9	10	11	12	13	13A	14
CNR-34	Mahaska County Home	Oskaloosa	CO.			90	96.7	31,755	13
	Denney Nursing Home	University Park	PROP.			9	122.2	4,015	10
	Dykstra Nursing Home	Oskaloosa	PROP.			4	75.0	1,095	2
	Glenn Nursing Home	Oskaloosa	PROP.			10	80.0	2,920	8
	Goode Nursing Home	Oskaloosa	PROP.			10	100.0	3,650	5
	Hill Nursing Home	Oskaloosa	PROP.			11	81.8	3,285	4
	Hillcrest Nursing Home	Oskaloosa	PROP.			16	56.3	3,285	8
	Jones Nursing Home	Oskaloosa	PROP.			7	100.0	2,555	4
	Martin Nursing Home	Oskaloosa	PROP.			4	100.0	1,460	9
	Stafford Nursing Home	Oskaloosa	PROP.			5	40.0	730	11
	Walker Nursing Home	Oskaloosa	PROP.			8	87.5	2,555	4
	Tower Park Nursing Home	Oskaloosa	PROP.			30	60.0	6,570	21
	Warder Nursing Home	Oskaloosa	PROP.			7	85.7	2,190	2
	Keokuk County Home	Sigourney	CO.			46	80.4	13,505	6
	Allum Nursing Home	Sigourney	PROP.			7	85.7	2,190	8
	Gries Nursing Home	Sigourney	PROP.			9	66.7	2,190	10
	Hadley Rest Home	Richland	PROP.			7	57.1	1,460	1
	Hubbell Nursing Home	Sigourney	PROP.			4	50.5	730	1
	Kensler Nursing Home	Sigourney	PROP.			11	90.9	3,650	0
	Oswalt Nursing Home	Richland	PROP.			6	100.0	2,190	4
	Rest Haven Nursing Home	Sigourney	PROP.			11	100.0	4,015	2
CNR-39	Jefferson County Home	Fairfield	CO.			60	78.3	17,155	8
	Crawford Nursing Home	Fairfield	PROP.			36	100.0	13,140	34
	Curtis Nursing Home	Fairfield	PROP.			23	82.6	6,935	21
CNR-43	Appanoose County Home	Centerville	CO.			26	100.0	9,490	4
	Barnes Rest Home	Centerville	PROP.			8	50.0	1,460	6
	Bonnell Nursing Home	Centerville	PROP.			6	100.0	2,190	1
	Climie's Nursing Home	Centerville	PROP.			4	75.0	1,095	1
	Guinn Nursing Home	Centerville	PROP.			11	90.9	4,015	1
			REGIONAL SUBTOTAL						
			STATE TOTAL						

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IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
FORM HSF 5-1

2. DATE 1 July 1955
3. STATE Iowa
4. REGION "K" Ottumwa (Cont.)

INVENTORY OF NURSING HOMES

5. DATED 1 July 1955

AREA	NAME OF FACILITY	CITY OR TOWN	OWNER-SHIP OR CONTROL	BED CAPACITY			PERCENT-AGE OF OCCUPANCY	ANNUAL PAT. DAYS	ANNUAL ADMISSIONS
				SUITABLE	REPLACEABLE	UNSUITABLE			
6	7	8	9	10	11	12	13	13A	14
CNR-43	(Continued)								
	Livengood Nursing Home	Centerville	PROP.			8	37.5	1,095	2
	Luse Nursing Home	Centerville	PROP.			20	100.0	7,300	19
	Stanton Nursing Home	Numa	PROP.			8	87.5	2,555	1
	Williams Nursing Home	Cincinnati	PROP.			10	90.0	3,285	3
	Evergreen Home	Centerville	PROP.			25	76.0	6,935	4
CNR-44	Davis County Home	Bloomfield	CO.			34	105.5	13,140	6
	Bingaman Nursing Home	Bloomfield	PROP.			10	100.0	3,650	1
	Cameron Nursing Home	Bloomfield	PROP.			11	100.0	4,015	1
	Van Buren County Home	Keosauqua	CO.			64	84.3	19,710	8
	Harlan Nursing Home	Bonaparte	PROP.			11	100.0	4,015	11
	Hillcrest Nursing Home	Bonaparte	PROP.			10	70.0	2,555	6
	Moore Nursing Home	Stockport	PROP.			15	46.6	2,555	7
	Riverview Nursing Home	Farmington	PROP.			11	118.2	4,745	13
	Watts Nursing Home	Milton	PROP.			7	100.0	2,555	5
	Chaminado Blackford Home	Bonaparte	PROP.			9	77.7	2,555	1
CNI-11	Wapello County Home	Ottumwa	CO.			130	84.6	30,660	12
	Alma's Nursing Home	Ottumwa	PROP.			10	70.0	6,205	5
	Anderson Nursing Home	Ottumwa	PROP.			6	66.7	1,460	3
	Brunt Nursing Home	Eddyville	PROP.			6	83.3	1,825	4
	Chatfield Nursing Home #1	Ottumwa	PROP.			25	76.0	6,935	25
	#2	Ottumwa	PROP.			45	44.4	7,300	20
	Collins Nursing Home	Ottumwa	PROP.			5	100.0	1,825	1
	Elsie's Nursing Home	Ottumwa	PROP.			15	86.6	4,745	12
	Good Samaritan Home	Ottumwa	CORP.		35		100.0	12,775	35
	Margaret's Guest Home	Ottumwa	PROP.			20	85.0	6,205	25
	Rest Haven #1	Ottumwa	PROP.			30	43.3	4,745	14
	#2	Ottumwa	PROP.			15	26.7	1,460	1
	Shahan Nursing Home	Eddyville	PROP.			10	50.0	1,825	1
			REGIONAL SUBTOTAL						
			STATE TOTAL						

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IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
FORM HSF 5-1

2. DATE 1 July 1955
3. STATE Iowa
4. REGION "K" Ottumwa (Cont.)

INVENTORY OF NURSING HOMES

5. DATED 1 July 1955

AREA	NAME OF FACILITY	CITY OR TOWN	OWNER-SHIP OR CONTROL	BED CAPACITY			PERCENT-AGE OF OCCUPANCY	ANNUAL PAT. DAYS	ANNUAL ADMISSIONS
				SUITABLE	REPLACEABLE	UNSUITABLE			
6	7	8	9	10	11	12	13	13A	14
CNI-11	(Continued)								
	Traul Nursing Home	Ottumwa	PROP.			6	66.7	1,460	1
	Anderson Home	Ottumwa	PROP.			10	60.0	2,190	2
	Monroe County Home	Albia	CO.			57	54.4	11,315	5
	Bagley Nursing Home	Albia	PROP.			9	88.8	2,920	5
	Christie Nursing Home	Albia	PROP.			8	50.0	1,460	2
	Dale's Nursing Home	Albia	PROP.			11	63.6	2,555	4
	Walker's Restopia	Albia	PROP.			8	25.0	730	2
	REGIONAL SUBTOTAL			0	35	1,165		342,735	476
	STATE TOTAL								

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2. DATE 1 July 1955
3. STATE Iowa
4. REGION "L" Des Moines

INVENTORY OF NURSING HOMES

5. DATED 1 July 1955

AREA	NAME OF FACILITY	CITY OR TOWN	OWNERSHIP OR CONTROL	BED CAPACITY			PERCENTAGE OF OCCUPANCY	ANNUAL PAT. DAYS	ANNUAL ADMISSIONS
				SUITABLE	REPLACEABLE	UNSUITABLE			
6	7	8	9	10	11	12	13	13A	14
CNR-22	Boone County Home	Boone	CO.			82	84.1	25,185	10
	Berggren Nursing Home	Boone	PROP.			4	100.0	1,460	2
	Eastern Star Masonic Home	Boone	NPA		90		98.8	32,485	12
	Evangelical Free Church H.	Boone	CH.			48	85.4	14,965	8
	Iowa Lutheran H. for Aged	Madrid	CH.		85		110.6	34,310	25
	Jone's Rest Home	Boone	PROP.			5	80.0	1,460	2
	Tryon Nursing Home #1	Boone	PROP.			30	93.3	10,220	15
	#2	Boone	PROP.			22	86.4	6,935	11
	Boone Biblical College	Boone	NPA			39	128.2	13,250	10
CNR-23	Story County Home	Nevada	CO.		100		96.0	35,040	14
	Haven of Rest	Ames	PROP.			13	76.9	3,650	16
	Mellor Nursing Home	Ames	PROP.			18	55.5	3,650	18
	Shady Lawn Nursing Home	Ames	PROP.			15	93.3	5,110	5
	Story City Old People's H.	Story City	NPA		85		100.0	31,025	24
	Young's Rest Home	Ames	PROP.			10	100.0	3,650	6
	Gilmore Nursing Home	Nevada	PROP.			11	100.0	4,015	7
CNR-29	Guthrie County Home	Panora	CO.			62	61.3	13,870	6
	Farwell Nursing Home	Panora	PROP.			9	100.0	3,285	4
	France Nursing Home	Guthrie Center	PROP.			11	90.9	3,650	13
	Hawley Nursing Home	Panora	PROP.			14	21.4	1,095	3
	Nagle Nursing Home	Casey	PROP.			5	120.0	2,190	10
	Walter's Nursing Home	Panora	PROP.			14	71.4	3,650	14
CNR-30	Jasper County Home	Newton	CO.			112	79.4	32,485	16
	Neal's Nursing Home	Newton	PROP.			10	80.0	2,920	4
	Nelson's Nursing Home	Newton	PROP.			17	70.5	4,380	5
	Grant Nursing Home	Newton	PROP.			8	100.0	2,920	8
	Roush Nursing Home	Newton	PROP.			12	75.0	2,920	5
	Alice Jones Nursing Home	Newton	PROP.			8	100.0	2,920	2
	Johnson Nursing Home	Newton	PROP.			8	75.0	2,190	3
			REGIONAL SUBTOTAL						
			STATE TOTAL						

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IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
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2. DATE 1 July 1955
3. STATE Iowa
4. REGION WLW Des Moines (Con

INVENTORY OF NURSING HOMES

5. DATED 1 July 1955

AREA	NAME OF FACILITY	CITY OR TOWN	OWNER-SHIP OR CONTROL	BED CAPACITY			PERCENT-AGE OF OCCUPANCY	ANNUAL PAT. DAYS	ANNUAL ADMISSIONS
				SUITABLE	REPLACEABLE	UNSUITABLE			
6	7	8	9	10	11	12	13	13A	14
CNR-30	(Continued)								
	Poweshiek County Home	Montezuma	CO.			41	109.7	16,425	7
	Goeke Nursing Home	Montezuma	PROP.			5	140.0	2,555	11
	Groenenboom Nursing Home	Montezuma	PROP.			10	100.0	3,650	3
	Peterson Nursing Home	Montezuma	PROP.			11	45.4	1,825	1
	Richman Nursing Home	Montezuma	PROP.			5	80.0	1,460	2
	Huff Nursing Home	Grinnell	PROP.			8	75.0	2,190	6
	Lone Elm Rest Home	Grinnell	PROP.			28	107.1	10,950	10
	Talbott Nursing Home	Grinnell	PROP.			11	100.0	3,650	6
	Wood Rest Home	Grinnell	PROP.			9	44.4	1,460	6
	Mayflower Home	Grinnell	NPA		30	0	88.4	9,125	10
CNR-32	Adair County Home	Greenfield	CO.			18	55.5	3,650	2
	Adair Nursing Home	Adair	PROP.			8	12.5	365	1
	Barnes Nursing Home	Greenfield	PROP.			6	66.7	1,460	1
	Brown Nursing Home	Greenfield	PROP.			11	81.8	3,285	1
	Case Nursing Home	Orient	PROP.			7	28.6	730	1
	Greenfield Rest Home	Greenfield	PROP.			11	90.9	3,650	7
	Whitaker Nursing Home	Stuart	PROP.			8	125.0	3,650	3
	Horton (Madison County) H.	Winterset	CO/PR.			60	105.0	22,995	28
	Carter Nursing Home	Winterset	PROP.			6	83.3	1,825	1
	Peterson's Nursing Home	Winterset	PROP.			19	78.9	5,475	18
	Strable's Nursing Home	St. Charles	PROP.			8	87.5	2,555	16
	Wilkinson Nursing Home	Winterset	PROP.			8	100.0	2,920	9
	Park View Nursing Home	Earlham	PROP.			8	62.5	1,825	6
CNR-33	Marion County Home	Knoxville	CO.			49	81.6	14,600	6
	Knoxville Rest Home	Knoxville	PROP.			18	77.7	5,110	10
	Pella Rest Home	Pella	PROP.			11	45.4	1,825	3
	Snyder's Nursing Home	Knoxville	PROP.			10	90.0	3,285	22
	Home for the Aged	Pella	NPA			72	95.8	25,185	10
	Ofield Nursing Home	Knoxville	PROP.			11	100.0	4,015	11
	Arnold Nursing Home	Knoxville	PROP.			5	140.0	2,555	6
			REGIONAL SUBTOTAL						
			STATE TOTAL						

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2. DATE 1 July 1955
3. STATE Iowa
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INVENTORY OF NURSING HOMES

5. DATED 1 July 1955

AREA	NAME OF FACILITY	CITY OR TOWN	OWNERSHIP OR CONTROL	BED CAPACITY			PERCENTAGE OF OCCUPANCY	ANNUAL PAT. DAYS	ANNUAL ADMISSIONS
				SUITABLE	REPLACEABLE	UNSUITABLE			
6	7	8	9	10	11	12	13	13A	14
CNR-37	Union County Home	Creston	CO.			40	97.5	14,235	6
	Cochran Nursing Home	Creston	PROP.			11	63.6	2,555	15
	Dory Conv. Home	Creston	PROP.			10	30.0	1,095	7
	Eblen Nursing Home	Creston	PROP.			6	100.0	2,190	6
	Eblen Nursing Home	Afton	PROP.			20	80.0	5,840	4
	Fitzgerald Nursing Home	Creston	PROP.			18	88.9	5,840	13
	Hayworth Nursing Home	Creston	PROP.			7	42.8	1,095	1
	Jones Conv. Home	Creston	PROP.			6	66.7	1,460	3
	Olson's Nursing Home	Creston	PROP.			10	70.0	2,555	3
	Robison Nursing Home	Creston	PROP.			11	27.3	1,095	3
	Cunningham Nursing Home	Creston	PROP.			9	44.4	1,460	4
CNR-38	Lucas County Home	Chariton	CO.		100		96.0	35,040	13
	Anderson Nursing Home	Chariton	PROP.			12	58.3	2,555	4
	Baker's Nursing Home	Chariton	PROP.			40	97.5	14,235	25
	Bell's Nursing Home	Chariton	PROP.			7	100.0	2,555	1
	Dice Nursing Home	Chariton	PROP.			7	57.1	1,460	4
	Enslow Nursing Home	Chariton	PROP.			10	70.0	2,555	7
	Gardner Nursing Home	Chariton	PROP.			12	108.3	4,745	7
	Harmon Nursing Home	Chariton	PROP.			5	80.0	1,460	1
	O'Donnell Nursing Home	Russell	PROP.			24	62.5	5,475	15
	White Nursing Home	Chariton	PROP.			8	50.0	1,460	1
	Johnson Nursing Home	Murray	PROP.			6	83.3	1,825	1
	Neff Nursing Home	Osceola	PROP.			6	83.3	1,825	10
	Osceola Nursing Home	Osceola	PROP.			21	76.2	5,840	27
	Wayne County Home	Corydon	CO.			30	90.0	9,855	4
	Ingram Nursing Home	Allerton	PROP.			11	90.9	3,650	6
	Wilson's Nursing Home	Corydon	PROP.			10	90.0	3,285	1
	Walker's Nursing Home	Corydon	PROP.			10	70.0	2,555	3
	Patterson Nursing Home	Corydon	PROP.			7	57.1	1,460	4
			REGIONAL SUBTOTAL						
			STATE TOTAL						

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DIVISION OF HOSPITAL SERVICES
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INVENTORY OF NURSING HOMES

5. DATED 1 July 1955

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2. DATE 1 July 1955
3. STATE Iowa
4. REGION "L" Des Moines (Cont.

AREA	NAME OF FACILITY	CITY OR TOWN	OWNER-SHIP OR CONTROL	BED CAPACITY			PERCENT-AGE OF OCCUPANCY	ANNUAL PAT. DAYS	ANNUAL ADMISSIONS
				SUITABLE	REPLACEABLE	UNSUITABLE			
6	7	8	9	10	11	12	13	13A	14
CNR-41	Ringgold County (Horton) H.	Mount Ayr	CO/PR.		45		48.9	8,030	17
	Croy Rest Home	Mount Ayr	PROP.			4	100.0	1,460	1
	Turner Nursing Home	Kellerton	PROP.			4	50.0	730	1
	Wion Nursing Home	Mount Ayr	PROP.			9	100.0	3,285	6
CNR-42	Decatur County Home	Leon	CO.			46	86.9	14,600	6
	Frost Nursing Home	Leon	PROP.			32	87.5	10,220	16
	Mc Dowell Nursing Home	Decatur City	PROP.			5	60.0	1,095	3
	Marie's Nursing Home	Weldon	PROP.			5	60.0	1,095	3
	Poush Nursing Home	Leon	PROP.			5	40.0	730	2
	Tripp Nursing Home	Leon	PROP.			29	96.5	10,220	9
CNI-6	Marshall County Home	Marshalltown	CO.			126	92.8	47,705	16
	Brand's Nursing Home	Rhodes	PROP.			7	85.7	2,190	10
	Clemens Nursing Home	Marshalltown	PROP.			10	100.0	3,650	9
	Harvey Nursing Home	Marshalltown	PROP.			5	100.0	1,825	3
	Speer Nursing Home	Marshalltown	PROP.			6	66.7	1,460	3
	Iowa Soldiers' Home	Marshalltown	ST.			175	67.4	43,070	252
	Old Folks Home	Marshalltown	CH.			15	60.0	4,380	3
	Tama County Home	Toledo	CO.			55	67.2	13,505	6
	Fritsch Conv. Home	Toledo	PROP.			11	34.5	2,190	1
	Henkle Conv. Home	Traer	PROP.			27	77.7	7,665	11
	Hines Conv. Home	Tama	PROP.			11	100.0	4,015	6
	Kriegel Nursing Home	Tama	PROP.			20	75.0	5,475	14
	Sunset Manor Restorium	Traer	PROP.			12	75.0	3,285	9
	Tama Conv. Home	Tama	PROP.			20	100.0	7,300	20
	Toledo Conv. Home	Toledo	PROP.			11	81.4	3,285	4
	Wilson Nursing Home	Toledo	PROP.			11	100.0	4,015	1
CNB-2	Polk County Home	Des Moines	CO.			392	81.6	116,800	22
	Anderson Nursing Home	Altoona	PROP.			27	77.7	7,665	36
	Avenue Nursing Home	Des Moines	PROP.			20	90.0	6,570	16
			REGIONAL SUBTOTAL						
			STATE TOTAL						

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IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
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INVENTORY OF NURSING HOMES

5. DATED 1 July 1955

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2. DATE 1 July 1955
3. STATE Iowa
4. REGION "L" Des Moines (Cont.)

AREA	NAME OF FACILITY	CITY OR TOWN	OWNERSHIP OR CONTROL	BED CAPACITY			PERCENTAGE OF OCCUPANCY	ANNUAL PAT. DAYS	ANNUAL ADMISSIONS
				SUITABLE	REPLACEABLE	UNSUITABLE			
6	7	8	9	10	11	12	13	13A	14
CNB-2	(Continued)								
	Brown Nursing Home	Des Moines	PROP.			32	100.0	11,680	19
	Clearview Nursing Home	Des Moines	PROP.			18	94.4	6,205	14
	Elmcrest Nursing Home	Des Moines	PROP.			40	90.0	13,140	25
	K. O. Faust Nursing Home	Des Moines	PROP.			20	90.0	6,570	12
	Goodwin Nursing Home	Des Moines	PROP.			11	90.9	3,650	30
	Grayson Nursing Home #1	Des Moines	PROP.			28	89.2	9,125	7
	#2	Des Moines	PROP.			8	112.5	3,285	7
	Highland Park Nursing Home	Des Moines	PROP.			24	79.1	6,935	15
	Home for the Aged	Des Moines	CORP.			60	96.7	21,170	3
	Iowa Home for Sightless Wo.	Des Moines	ST.			16	81.2	4,745	1
	Johnson Nursing Home	Des Moines	PROP.			18	155.5	10,220	25
	Kenyon Nursing Home	Des Moines	PROP.			25	92.0	8,395	20
	Link Nursing Home	Des Moines	PROP.			11	63.6	2,555	13
	Mingus Nursing Home	Des Moines	PROP.			25	88.0	8,030	10
	Nelson Nursing Home	Des Moines	PROP.			11	154.5	6,205	7
	Restorium	West Des Moines	PROP.			40	100.0	14,600	35
	Rest View Nursing Home	Des Moines	PROP.			22	127.2	10,220	31
	Rowe Nursing Home	Des Moines	PROP.			9	88.9	2,920	7
	Stones Nursing Home	Des Moines	PROP.			14	100.0	5,110	10
	Stuart Nursing Home #1	Altoona	PROP.			11	100.0	4,015	7
	#2	Altoona	PROP.			17	88.2	5,475	6
	Stuart Rest Home	Des Moines	PROP.			17	100.0	6,205	30
	Thompson Nursing Home	Des Moines	PROP.			16	68.8	4,015	12
	Danish Old Peoples Home	Des Moines	CH.			16	112.5	6,570	13
	Wesley Acres	Des Moines	NPA		50	20	90.0	22,995	9
	Wickwire Nursing Home	Des Moines	PROP.			16	75.6	4,380	9
	Hamilton Nursing Home	Des Moines	PROP.			11	100.0	4,015	11
	New Haven Rest Home	Des Moines	PROP.			43	79.1	12,410	34
	Alperman Boarding Home	Des Moines	PROP.			11	90.9	3,650	2
	Eulaie Beeman Boarding H.	Des Moines	PROP.			14	97.8	4,745	2
			REGIONAL SUBTOTAL						
			STATE TOTAL						

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IOWA STATE DEPT. OF HEALTH
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INVENTORY OF NURSING HOMES

5. DATED 1 July 1955

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3. STATE Iowa
4. REGION "L" Des Moines (Cont

AREA	NAME OF FACILITY	CITY OR TOWN	OWNERSHIP OR CONTROL	BED CAPACITY			PERCENTAGE OF OCCUPANCY	ANNUAL PAT. DAYS	ANNUAL ADMISSIONS
				SUITABLE	REPLACEABLE	UNSUITABLE			
6	7	8	9	10	11	12	13	13A	14
CNB=2	(Continued)								
	Bishop Drumm Home	Des Moines	CH. *		90		97.8	32,120	12
	Collins Boarding Home	Des Moines	PROP.			12	91.7	4,015	1
	Conn Boarding Home	Des Moines	PROP.			12	91.7	4,015	2
	Geigley Boarding Home	Des Moines	PROP.			18	94.4	6,205	3
	Wallen Boarding Home	Des Moines	PROP.			11	90.9	3,650	1
	Conv. Home for Children	Des Moines	NPA			18	94.4	6,205	2
	Dallas County Home	Adel	CO.			67	102.9	25,185	10
	Garwood Nursing Home	Dexter	PROP.			18	88.9	5,840	20
	Lawless Nursing Home	Perry	PROP.			19	89.5	6,205	19
	Burton Rest Home	Indianola	PROP.			49	75.5	13,505	12
	Chambers Nursing Home	Indianola	PROP.			11	90.9	3,650	11
	Davey Nursing Home	Indianola	PROP.			10	70.0	2,555	6
	Godwin Nursing Home	Indianola	PROP.			12	66.7	2,920	10
	Porter Nursing Home	Indianola	PROP.			5	100.0	1,825	5
	Guest House	Indianola	PROP.			11	63.6	2,555	7
			REGIONAL SUBTOTAL	0	675	3,440		1,301,590	1,754
			STATE TOTAL						

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IOWA STATE DEPT. OF HEALTH
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2. DATE 1 July 1955
3. STATE Iowa
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INVENTORY OF NURSING HOMES

5. DATED 1 July 1955

AREA	NAME OF FACILITY	CITY OR TOWN	OWNER-SHIP OR CONTROL	BED CAPACITY			PERCENT-AGE OF OCCUPANCY	ANNUAL PAT. DAYS	ANNUAL ADMISSIONS
				SUITABLE	REPLACEABLE	UNSUITABLE			
6	7	8	9	10	11	12	13	13A	14
CNR-19	Crawford County Home	Denison	CO.			28	85.7	10,220	4
	Saunders Rest Home	Denison	PROP.			37	100.0	13,505	36
CNR-20	Carroll County Home	Carroll	CO.			35	77.1	9,855	4
	Carroll Nursing Home	Carroll	PROP.			15	86.7	4,745	10
	Coon Rapids Nursing Home	Coon Rapids	PROP.			11	54.5	2,190	7
	Knute Nursing Home	Glidden	PROP.			9	77.8	2,555	6
	Pfoltner Nursing Home	Manning	PROP.			6	66.7	1,460	5
	Redding Nursing Home	Glidden	PROP.			8	50.0	1,460	7
	Spieker Nursing Home	Carroll	PROP.			9	88.9	2,920	1
	Tryon Nursing Home #1	Carroll	PROP.			28	89.2	9,125	9
	#2	Carroll	PROP.			11	100.0	4,015	4
	#3	Carroll	PROP.			11	100.0	4,015	4
	Tryon Nursing Home	Coon Rapids	PROP.			11	72.7	2,920	4
CNR-26	Daugherty Nursing Home	Logan	PROP.			40	45.0	6,570	5
	Adams Nursing Home	Woodbine	PROP.			5	100.0	1,825	5
	Gillette Nursing Home	Missouri Valley	PROP.			8	37.5	1,095	1
	Perrin Nursing Home	Logan	PROP.			11	100.0	4,015	4
CNR-27	Shelby County Home	Harlan	CO.			18	66.7	4,380	2
	Baptist Memorial Home	Harlan	CH.		75		97.3	26,645	9
	Manson Nursing Home	Erwin	PROP.			6	100.0	2,190	1
	Salem Lutheran Old PeoplesH.	Elk Horn	NPA		60		95.0	20,805	44
	Annex	Elk Horn	NPA			10	70.0	2,555	6
CNR-28	Cass County Home	Atlantic	CO.			25	84.0	7,665	3
	Berry Nursing Home	Atlantic	PROP.			18	105.5	6,935	10
	Dennis Conv. Home	Atlantic	PROP.			14	85.1	4,380	9
	Garnsey Nursing Home	Atlantic	PROP.			11	109.0	4,380	10
	Miller Nursing Home	Atlantic	PROP.			16	87.5	5,110	7
	Neighbor's Nursing Home	Griswold	PROP.			21	106.0	7,665	5
			REGIONAL SUBTOTAL						
			STATE TOTAL						

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2. DATE 1 July 1955
3. STATE Iowa
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INVENTORY OF NURSING HOMES

5. DATED 1 July 1955

AREA	NAME OF FACILITY	CITY OR TOWN	OWNER-SHIP OR CONTROL	BED CAPACITY			PERCENT-AGE OF OCCUPANCY	ANNUAL PAT. DAYS	ANNUAL ADMISSIONS
				SUITABLE	REPLACEABLE	UNSUITABLE			
6	7	8	9	10	11	12	13	13A	14
CNR-28	(Continued)								
	Potter's Nursing Home	Anita	PROP.			10	90.0	3,285	8
	Shady Lawn Nursing Home	Atlantic	PROP.			16	75.0	4,380	2
	Audubon County Home	Audubon	CO.			20	75.0	5,475	2
CNR-36	Adams County Home	Corning	CO.			11	90.9	3,650	2
	Corning Rest Home	Corning	PROP.			11	100.0	4,015	1
	Krouth Nursing Home	Corning	PROP.			11	9.0	365	2
	Montgomery County Home	Red Oak	CO.			45	115.5	18,980	8
	Laurel Manor	Red Oak	PROP.			21	100.0	7,665	4
	Shady Lawn Nursing Home	Villisca	PROP.			5	100.0	1,825	5
	Montgomery Manor	Villisca	PROP.			11	81.8	3,285	9
CNR-40	Fremont County Home	Sidney	CO.			28	87.5	8,760	4
	Foster Nursing Home	Sidney	PROP.			9	77.8	2,555	1
	Farragut Nursing Home	Farragut	PROP.			8	75.0	2,190	16
	Good Samaritan Home	Tabor	CORP.			60	85.0	18,615	24
	Melton Rest Home	Hamburg	PROP.			11	81.8	3,285	13
	Page County Home	Clarinda	CO.			35	100.0	12,775	5
	Hopkins Rest Home	Shenandoah	PROP.			11	90.9	3,650	1
	Simon's Nursing Home	Shenandoah	PROP.			18	77.8	5,110	3
	White Nursing Home	Clarinda	PROP.			5	40.0	730	2
	Young Rest Home	Clarinda	PROP.			48	75.0	13,140	31
	Pottorft Nursing Home	Clarinda	PROP.			11	90.9	3,650	20
	Clarinda Nursing Home	Clarinda	PROP.			11	18.2	730	2
	Taylor County Home	Conway	CO.			53	52.8	10,220	7
	Armstrong Nursing Home	Bedford	PROP.			23	60.9	5,110	11
	Lenox Nursing Home	Lenox	PROP.			17	94.1	5,840	5
	O'Dell Rest Home	Bedford	PROP.			7	71.4	1,825	3
CNI-9	Pottawattamie Count Home	Council Bluffs	CO.			36	91.6	12,045	5
	Barton Nursing Home	Council Bluffs	PROP.			8	75.0	2,190	1
			REGIONAL SUBTOTAL						
			STATE TOTAL						

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IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
FORM HSF 5-1

INVENTORY OF NURSING HOMES

5. DATED 1 July 1955

1. Page 29 of 29
2. DATE 1 July 1955
3. STATE Iowa
4. REGION #Mn Council Bluffs (Cont

AREA	NAME OF FACILITY	CITY OR TOWN	OWNERSHIP OR CONTROL	BED CAPACITY			PERCENTAGE OF OCCUPANCY	ANNUAL PAT. DAYS	ANNUAL ADMISSIONS
				SUITABLE	REPLACEABLE	UNSUITABLE			
6	7	8	9	10	11	12	13	13A	14
CNI-9	(Continued)								
	Council Bluffs Conv. Home	Council Bluffs	PROP.			36	100.0	13,140	10
	Jackson Conv. Home	Council Bluffs	PROP.			13	100.0	4,745	1
	Pleasant Home Annex	Council Bluffs	PROP.			8	75.0	2,190	1
	Pleasant Home Clinic	Council Bluffs	PROP.			7	71.4	1,825	4
	Rest Haven Nursing Home	Council Bluffs	PROP.			10	80.0	2,920	8
	Sorenson Conv. Home	Council Bluffs	PROP.			10	100.0	3,650	1
	Watson Rest Home	Council Bluffs	PROP.			16	93.8	8,475	6
	Young Nursing Home	Council Bluffs	PROP.			70	64.2	16,425	25
	Gilmore Rest Home	Council Bluffs	PROP.			28	107.1	10,950	12
	Horton Rest Home	Glenwood	PROP.			46	89.1	14,965	27
			REGIONAL SUBTOTAL	0	135	1,226		419,830	514
			STATE TOTAL	0	2,014	14,346		4,908,363	6,313

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EXHIBIT D

PART VII DIAGNOSTIC AND DIAGNOSTIC AND TREATMENT CENTERS

Section 53.1(s) of the Federal Regulations defines a diagnostic or treatment center as a facility providing community service for the diagnosis or diagnosis and treatment of ambulatory patients, which is operated in connection with a hospital, or in which patient care is under the professional supervision of persons licensed to practice medicine or surgery in the State, or, in the case of dental diagnosis or treatment, under the professional supervision of persons licensed to practice dentistry in the State. The definition includes outpatient departments of public or nonprofit hospitals.

In accordance with State statutes, the State Agency did meet with the subcommittee of the Hospital and Medical Facilities Advisory Council for the purpose of evaluating the inventory of existing diagnostic and diagnostic and treatment centers and determining the need for additional centers.

Before the existing centers could be properly evaluated, it was necessary to further define the facility. For the purpose of this study, it was determined that a diagnostic and diagnostic and treatment center will vary from the normal diagnostic and treatment aids found in the offices of practicing medical doctors, doctors of osteopathy and dentists, to the most complex diagnostic and treatment facilities found in the State University Hospitals at Iowa City. Accordingly, it was decided that the inventory should take cognizance of existing offices of medical doctors, doctors of osteopathy, and dentists.

The State Agency conducted a survey of all hospitals, public and nonprofit clinics, public health centers, laboratories and dispensaries in the State. With the cooperation of the respective professional societies a survey, but not an inventory, was made of the offices of practicing medical doctors, doctors of osteopathy, and dentists. The information obtained from this survey is shown on form PHS 5-2 "Inventory of Diagnostic and Diagnostic and Treatment Centers". Hospital service areas were used to identify and locate the facilities inventoried. Needs were determined on a statewide basis and proposed projects programmed on this basis.

In an effort to give full consideration to the services rendered by many of the marginal facilities, hospitals without organized outpatient departments, industrial clinics and dispensaries limited to employees and dispensaries of schools and colleges limited to students, were incorporated in the inventory. These facilities were not classified as suitable, replaceable, or unsuitable, but were used together with the services rendered by the offices of doctors and dentists in determining the need for additional facilities.

Facilities which clearly meet the definition of a diagnostic and diagnostic and treatment center, as set forth by Federal regulations, were classified as suitable, replaceable, or unsuitable. It must be made quite clear that the structure was evaluated in determining suitability, not the quality of service rendered by the facility. In accordance with the criteria established by the State Agency, all facilities classified as unsuitable were housed in nonfire-resistant buildings which were deemed as constituting a public hazard.

Based upon the inventory the following conclusions were drawn:

(1) All of the facilities surveyed play a significant part in rendering diagnostic and treatment service to the people of Iowa.

(2) The geographic distribution of the various facilities generally allows the concentration of population, but at the same time the services are disseminated throughout the entire State so as to be quite readily available to all of the people of the State. To further demonstrate this fact, the map on page 98 was prepared to show the geographic distribution of the offices of 2,210 practicing medical doctors, 470 doctors of osteopathy, 1,576 dentists, and 181 hospitals.

(3) The existing facilities (offices of doctors and dentists, hospitals rendering a significant community service without an organized outpatient service, and clinics and dispensaries restricted to specific population groups) are presently rendering the degree of diagnostic and treatment service necessary to meet most of the needs of all of the people of Iowa. Any further enlargement of the diagnostic and diagnostic and treatment facilities at the local level could not be economically justified at this time.

(4) The study indicated a need for additional diagnostic and treatment services in four instances. Accordingly, four projects were proposed. Specifically, these projects are:

(1) The State University Hospital at Iowa City is presently in the process of constructing a clinical laboratory building to house diagnostic laboratories which have developed and grown during the last 27 years of operation of this hospital. These laboratories are presently housed in the outpatient department of the hospital and their growth has resulted in a crowding of the outpatient services. As the laboratories are moved out, the area evacuated must be renovated back to an efficient outpatient service.

(2) The development of a mental diagnostic and treatment center for emotionally disturbed children to be located at Iowa City and operated as part of the University hospital group.

(3) The expansion of the dental clinic operated in conjunction with the University Dental College at Iowa City.

(4) The expansion of diagnostic services in Sioux City to include cardiovascular service not presently available in the northwest section of the State.

These four projects will render a statewide service and are, therefore, programmed on a statewide basis. The projects are assigned to relative priority based upon a relative need for the services. The priority of the projects are as follows:

(1) At present the State has no facility available for the diagnosis of emotionally disturbed children. Since this service represents the greatest unmet need in the State, the project is given the highest priority.

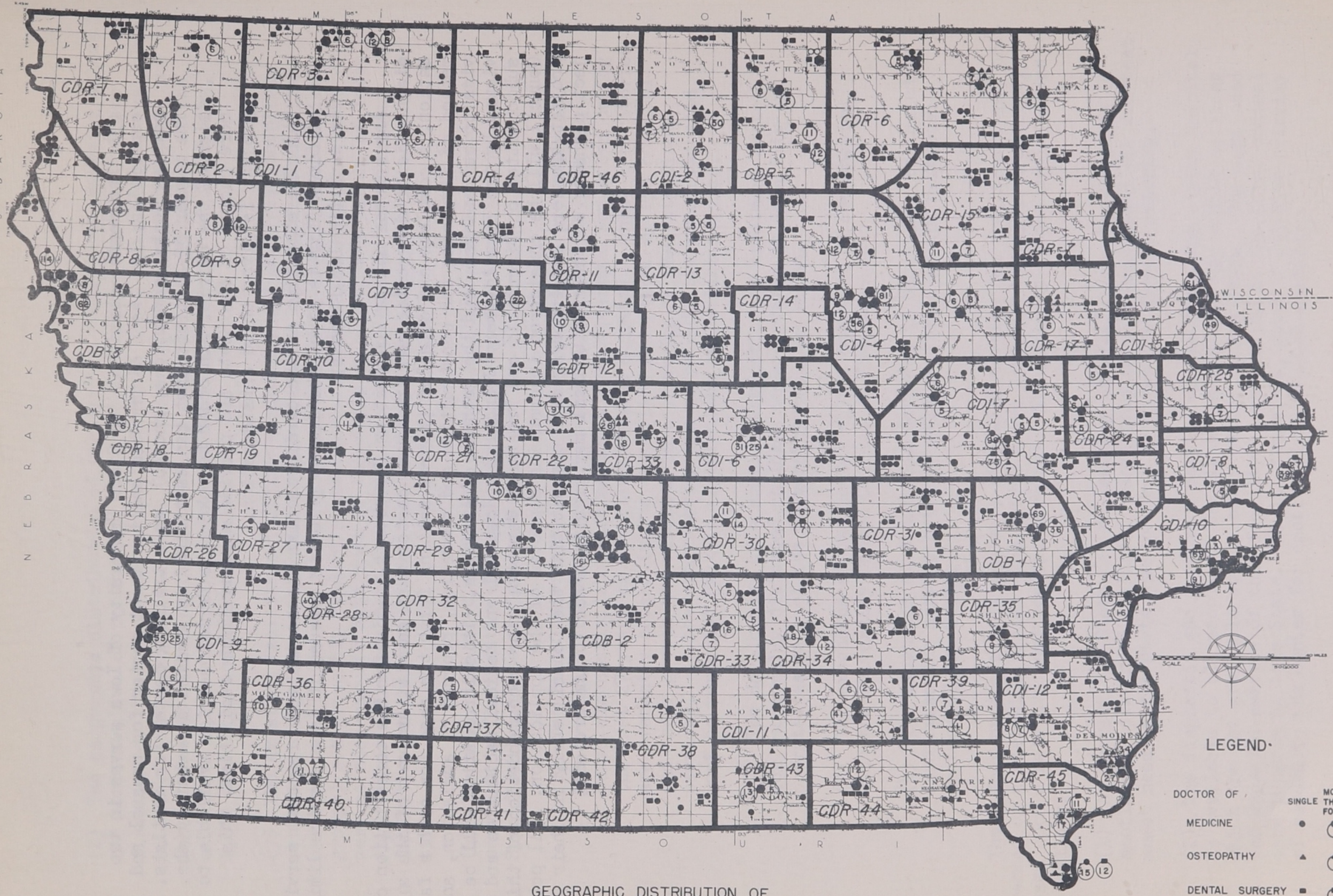
(2) The diagnostic and treatment service of the State University Hospital is available to all people of the State and performs diagnostic services which are not available at any other center in the State. The continued and expanded service of this facility is very vital to the total medical care program in this State. It is, therefore, given a relative priority of second to the center for emotionally disturbed children.

(3) The dental clinic at the State University of Iowa serves in two capacities; (a) as a diagnostic and treatment center for unusual and complex dental conditions, and (b) as a training center for dentists. The number of dentists that can be trained is limited somewhat by the size of the clinic. In order to make this dental service available to more people of the State and provide more training facilities, this project is given third consideration.

(4) The expansion of the cardiovascular diagnostic and treatment service at Sioux City is given the lowest priority because it is a service limited to a particular illness.

Any sponsor making application for grants-in-aid for the construction of a diagnostic or diagnostic and treatment center must submit, as part of the application, a complete and detailed program setting forth the need for such a facility, method of financing the construction and operation, program of admission, and service to be rendered, and the methods of staffing. This information will be reviewed by the Iowa Advisory Council for Hospital and Medical Facilities and its subcommittee on Diagnostic and Treatment Centers. The recommendation of this Council will be considered in granting approval of the application. All potential project sponsors are encouraged to consult with the Council early in their project planning so that the Council may give guidance to the project.

IOWA



GEOGRAPHIC DISTRIBUTION OF
PROFESSIONAL PERSONNEL AND MEDICAL FACILITIES

LEGEND·

	SINGLE	MORE THEN FOUR
DOCTOR OF MEDICINE	●	◯
OSTEOPATHY	▲	◯
DENTAL SURGERY	■	◯
HOSPITAL	⬢	

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IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES

FORM HSF 5-2

1. Page 1 of 11
2. DATE 1 July 1955
3. STATE Iowa
4. REGION Statewide

INVENTORY OF DIAGNOSTIC AND TREATMENT CENTERS

4. DATED 1 July 1955

AREA	NAME OF FACILITY	CITY OR TOWN	OWNERSHIP OR CONTROL	VISITS DURING YEAR	SERVICES: GENERAL	SERVICES: SPECIAL: CANCER	SERVICES: SPECIAL: DENTAL	SERVICES: SPECIAL: MENTAL HYGIENE	SERVICES: SPECIAL: ORTHOPEDIC	SERVICES: SPECIAL: T.B.	SERVICES: SPECIAL: OTHER	DIAGNOSTIC SERVICES: X-RAY	DIAGNOSTIC SERVICES: CLINICAL LABORATORY	HOSPITAL O.P.D.	CLASSIFICATION: SUITABLE	CLASSIFICATION: REPLACEABLE	CLASSIFICATION: UNSUITABLE
6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
Diagnostic Facilities which cannot be tabulated specifically, but which pertain directly to all community service in Iowa																	
	Iowa Tuberculosis & Heart Association (Statewide-case finding)		NPA			X				X							
	M.D. Practitioners	2,210 in State			X	X		X	X	X	X	X	X				
	D.O. Practitioners	470 in State			X	X		X	X	X	X	X	X				
	D.D.S. Practitoners	1,576 in State					X					X	X				
	Note: The above professional people are located in some 550 towns/cities of Iowa.																
	Other Facilities are tabulated on the following pages,																
		REGION		SUB TOTALS													
														STATE TOTALS			

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IOWA STATE DEPT. OF HEALTH
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1. Page 2 of 11
2. DATE 1 July 1955
3. STATE Iowa
4. REGION Statewide

INVENTORY OF DIAGNOSTIC AND TREATMENT CENTERS

4. DATED 1 July 1955

AREA	NAME OF FACILITY	CITY OR TOWN	OWNERSHIP OR CONTROL	VISITS DURING YEAR	SERVICES: GENERAL	SERVICES: SPECIAL: CANCER	SERVICES: SPECIAL: DENTAL	SERVICES: SPECIAL: MENTAL HYGIENE	SERVICES: SPECIAL: ORTHOPEDIC	SERVICES: SPECIAL: T.B.	SERVICES: SPECIAL: OTHER	DIAGNOSTIC SERVICES: X-RAY	DIAGNOSTIC SERVICES: CLINICAL LABORATORY	HOSPITAL O.P.D.	CLASSIFICATION: SUITABLE	CLASSIFICATION: REPLACEABLE	CLASSIFICATION: UNSUITABLE
6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
CDR-1	Grosman Hospital	Orange City	IND.	1,200	X							X	X				
	Sioux Center Com. Hos.	Sioux Center	NPA	284	X							X	X				
	Rock Rapids Hospital	Rock Rapids	IND	*								X	X				
CDR-8	Sacred Heart Hospital	LeMars	CH.	780	X							X	X	X	X		
	Hawarden Com. Hospital	Hawarden	CITY	26	X							X	X				
CDR-9	Ida Grove Hospital	Ida Grove	CITY	51	X							X	X				
	Battle Creek Hospital	Battle Creek	PART.	11,236	X							X	X	X	X		
	Sioux Valley Hospital	Cherokee	NPA	4,400	X				X			X	X	X	X		
	Mental Health Institute	Cherokee	STATE	172	X		X	X	X	X		X	X	X	X		
CDR-18	Onawa Hospital, Inc.	Onawa	IND.	730	X							X	X	*			X
CDB-3	Akron Com. Hospital	Akron	NPA	170	X							X	X				
	Lutheran Hospital	Sioux City	CH.	3,524	X	X			X			X	X	X	X		
	Methodist Hospital	Sioux City	CH.	4,500	X			X	X			X	X	X	X		
	St. Joseph's Mercy Hosp.	Sioux City	CH.	48,076	X	X	X					X	X	X	X		
	St. Vincent's Hospital	Sioux City	CH.	7,471	X	X		X	X			X	X	X	X		
	Sioux City Osteopathic H.	Sioux City	NPA	9,855	X							X	X	X	X		
	Woodbury County Clinic	Sioux City	CO.								V		X	X	X		
	Morningside College Disp.	Sioux City	CH.		X												
	Briarcliff College Clinic	Sioux City	NPA		X												
	REGION		SUB TOTALS														

* - Doctor Office
V - VD Clinic

IOWA STATE DEPT. OF HEALTH
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2. DATE 1 July 1955
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INVENTORY OF DIAGNOSTIC AND TREATMENT CENTERS

4. DATED 1 July 1955

AREA	NAME OF FACILITY	CITY OR TOWN	OWNERSHIP OR CONTROL	VISITS DURING YEAR	SERVICES: GENERAL	SERVICES: SPECIAL: CANCER	SERVICES: SPECIAL: DENTAL	SERVICES: SPECIAL: MENTAL HYGIENE	SERVICES: SPECIAL: ORTHOPEDIC	SERVICES: SPECIAL: T.B.	SERVICES: SPECIAL: OTHER	DIAGNOSTIC SERVICES: X-RAY	DIAGNOSTIC SERVICES: CLINICAL LABORATORY	DIAGNOSTIC SERVICES: HOSPITAL O.P.D.	CLASSIFICATION: SUITABLE	CLASSIFICATION: REPLACEABLE	CLASSIFICATION: UNSUITABLE
6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
CDR-2	Community Memorial Hosp.	Sheldon	NPA	232	X							X	X				
	Ward Memorial Hospital	Primghar	CITY	6	X							X	X				
	Osceola Hospital, Inc.	Sibley	IND.	*	X				X	X		X	X	*			X
CDR-3	Holy Family Hospital	Estherville	CH.	7,000	X				X			X	X	X	X		
	Marcus Snyder Mem. Hosp.	Spirit Lake	PART.	*	X							X	X	*			X
CDR-10	Loring Hospital	Sac City	CITY	442	X		X					X	X	X	X		
	Alta Memorial Hospital	Alta	NPA	8	X							X	X				
	Schaller Hospital	Schaller	IND.	7,000	X							X	X	*	X		
	Sioux Rapids Hospital	Sioux Rapids	IND.	No Data	X							X	X				
	Buena Vista County Hosp.	Storm Lake	CO.	676	X							X	X	X	X		
	Buena Vista College Disp.	Storm Lake	NPA	No Data	X												
CDI-1	Palo Alto Memorial Hosp.	Emmetsburg	NPA	300	X							X	X				
	Hand Hospital	Hartley	IND.	10,000	X							X	X	*			X
	Spencer Municipal Hosp.	Spencer	CITY	1,173	X				X			X	X	X	X		
CDR-4	St. Ann's Hospital	Algona	CH.	1,097	X							X	X	X	X		
	Algona Osteopathic Clinic	Algona	IND.	2,900	X							X	X	*			X
CDR-11	Community Memorial Hosp.	Clarion	CITY	506	X							X	X				
	Belmond Community Hosp.	Belmond	CITY	1,080	X							X	X				
CDR-12	Hamilton Co. Public Hosp.	Webster City	CO.	2,230	X							X	X	X	X		

* Doctor Offices

REGION — SUB TOTALS

STATE TOTALS

-TOT-

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IOWA STATE DEPT. OF HEALTH
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INVENTORY OF DIAGNOSTIC AND TREATMENT CENTERS

4. DATED 1 July 1955

1. Page	4 of 11
2. DATE	1 July 1955
3. STATE	Iowa
4. REGION	Statewide

AREA	NAME OF FACILITY	CITY OR TOWN	OWNERSHIP OR CONTROL	VISITS DURING YEAR	SERVICES: GENERAL	SERVICES: SPECIAL: CANCER	SERVICES: SPECIAL: DENTAL	SERVICES: SPECIAL: MENTAL HYGIENE	SERVICES: SPECIAL: ORTHOPEDIC	SERVICES: SPECIAL: T.B.	SERVICES: SPECIAL: OTHER	DIAGNOSTIC SERVICES: X-RAY	DIAGNOSTIC SERVICES: CLINICAL LABORATORY	HOSPITAL O.P.D.	CLASSIFICATION: SUITABLE	CLASSIFICATION: REPLACEABLE	CLASSIFICATION: UNSUITABLE
6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
CDI-3	St. Joseph Mercy Hosp.	Fort Dodge	CH.	7,000	X	X						X	X	X	X		
	Lutheran Hospital	Fort Dodge	CH.	8,500	X	X			X			X	X	X	X		
	Mc Crary-Rost Hospital	Lake City	IND.	27,000	X							X	X	X			X
	McVay Memorial Hospital	Lake City	PART.	*	X				X			X	X	*	X		
	Webster Co. Relief Com.	Fort Dodge	NPA	No Data	X						V				X		
CDR-5	Mitchell Co. Memorial H.	Osage	CO.	931	X							X	X				
	Cedar Valley Hospital	Charles City	CITY	4,156	X	X			X			X	X	X	X		
CDR-13	Eldora Memorial Hospital	Eldora	CITY	1,001	X							X	X	X	X		
	Ellsworth Municipal Hosp.	Iowa Falls	CITY	1,451	X							X	X	X	X		
	Lutheran Hospital	Hampton	CH.	No Data	X							X	X	X	X		
CDR-46	Buffalo Center Hospital	Buffalo Center	PART.	*	X							X	X	*	X		
	Forest City Municipal H.	Forest City	CITY	588	X							X	X	X	X		
	Hancock Co. Memorial H.	Britt	CO.	509	X					X		X	X				
CDI-2	St. Joseph Mercy Hosp.	Mason City	CH.	1,925	X	X			X			X	X	X	X		
	Park Hospital	Mason City	PART.	41,980	X							X	X	*	X		
CDR-6	St. Joseph Mercy Hosp.	Cresco	CH.	497	X	X				X		X	X				
	Decorah Lutheran Hosp.	Decorah	NPA	1,067	X					X		X	X	X	X		
	Luther College Inf.	Decorah	NPA	6,235	X		X					X					
	St. Joseph Mercy Hospital	New Hampton	CH.	1,299	X	X						X	X	X			X
CDR-14	Grundy County Mem. Hosp.	Grundy Center	CO.	1,235	X							X	X	X	X		
	V = VD Clinic																
		REGION	SUB TOTALS														
														STATE TOTALS			

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IOWA STATE DEPT. OF HEALTH
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INVENTORY OF DIAGNOSTIC AND TREATMENT CENTERS

4. DATED 1 July 1955

1. Page 5 of 11
2. DATE 1 July 1955
3. STATE Iowa
4. REGION Statewide

AREA	NAME OF FACILITY	CITY OR TOWN	OWNERSHIP OR CONTROL	VISITS DURING YEAR	SERVICES: GENERAL	SERVICES: SPECIAL: CANCER	SERVICES: SPECIAL: DENTAL	SERVICES: SPECIAL: MENTAL HYGIENE	SERVICES: SPECIAL: ORTHOPEDIC	SERVICES: SPECIAL: T.B.	SERVICES: SPECIAL: OTHER	DIAGNOSTIC SERVICES: X-RAY	DIAGNOSTIC SERVICES: CLINICAL LABORATORY	HOSPITAL O.P.D.	CLASSIFICATION: SUITABLE	CLASSIFICATION: REPLACEABLE	CLASSIFICATION: UNSUITABLE
6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
CDR-15	Palmer Memorial Hospital	West Union	CITY	234	X							X	X				
	Community Memorial Hosp.	Sumner	NPA	600	X							X	X				
	Mercy Hospital	Oelwein	CH.	1,423	X							X	X	X	X		
CDI-4	People's Hospital	Independence	CITY	1,186	X							X	X	X	X		
	Mental Health Institute	Independence	ST.	181			X	X		X		X	X	X	X		
	St. Joseph Mercy Hospital	Waverly	CH.	140	X			X		X		X	X				
	Allen Memorial Hospital	Waterloo	NPA	2,167	X		X	X				X	X	X	X		
	Schoitz Memorial Hospital	Waterloo	NPA	4,728	X		X		X	X		X	X	X	X		
	St. Francis Hospital	Waterloo	CH.	3,104	X	X			X			X	X	X	X		
	Blackhawk County Clinic	Waterloo	CO.								V						X
	Sartori Hospital	Cedar Falls	CITY	2,556	X							X	X	X	X		
	State Teachers Col. Inf.	Cedar Falls	ST.	12,640	X							X	X				
	Blackhawk County M.H.Ctr.	Waterloo	NPA	3,286				X									X
	Bremer Co. Ch. Guild Ctr.	Waverly	NPA	1,117				X									X
CDR-7	Veteran's Memorial Hosp.	Naukon	CITY	640	X							X	X	X	X		
	Postville Com. Hospital	Postville	CITY	89	X							X	X				
CDR-25	Jackson County Hospital	Maquoketa	CO.	3,116	X							X	X	X	X		
CDI-5	Finley Hospital	Dubuque	NPA	No Data	X	X						X	X	X	X		
	St. Joserh Mercy Hospital	Dubuque	CH.	2,950	X	X	X		X			X	X	X	X		
	Xavier Hospital	Dubuque	CH.	2,957	X	X			X			X	X	X	X		
	St. Joserh Sanitarium	Dubuque	CH.	333			X	X						X			X
	Sunny Crest Sanitarium	Dubuque	CO.	660			X			X		X	X	X	X		
	Bellevue Memorial Hosp.	Bellevue	NPA	424	X							X	X	X			X
	Dubuque County V.D. Clinic	Dubuque	CO.								V						X
	Morgan Lab.	Dubuque	IND.										X		X		
			REGION	SUB TOTALS													
				STATE TOTALS													

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IOWA STATE DEPT. OF HEALTH
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INVENTORY OF DIAGNOSTIC AND TREATMENT CENTERS

4. DATED 1 July 1955

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2. DATE	1 July 1955
3. STATE	Iowa
4. REGION	Statewide

AREA	NAME OF FACILITY	CITY OR TOWN	OWNERSHIP OR CONTROL	VISITS DURING YEAR	SERVICES: GENERAL	SERVICES: SPECIAL: CANCER	SERVICES: SPECIAL: DENTAL	SERVICES: SPECIAL: MENTAL HYGIENE	SERVICES: SPECIAL: ORTHOPEDIC	SERVICES: SPECIAL: T.B.	SERVICES: SPECIAL: OTHER	DIAGNOSTIC SERVICES: X-RAY	DIAGNOSTIC SERVICES: CLINICAL LABORATORY	HOSPITAL O.P.D.	CLASSIFICATION: SUITABLE	CLASSIFICATION: REPLACEABLE	CLASSIFICATION: UNSUITABLE
6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
CDR-17	Delaware County Mem. H.	Manchester	CO.	1,589	X							X	X	X	X		
	Willard General Hospital	Manchester	IND.	*	X							X	X	*	X		
CDR-24	John Mc Donald Hospital	Monticello	NPA	1,196	X							X	X	X	X		
	Mercy Hospital	Anamosa	CH.	876	X							X	X				
CDR-31	Marengo Memorial Hospital	Marengo	CITY	No Data	X							X	X	X	X		
	Miller Hospital	Williamsburg	IND.	*	X							X	X	*			X
CDI-7	Virginia Gay Hospital	Vinton	CITY	180	X							X	X	X	X		
	Mercy Hospital	Cedar Rapids	CH.	12,622	X	X				X		X	X	X	X		
	St. Luke's Methodist H.	Cedar Rapids	CH.	16,309	X	X	X	X	X	X		X	X	X	X		
	Linn Co. Medical Relief	Cedar Rapids	CO.								V						X
	Cornell Col. Inf.	Mt. Vernon	NPA		X							X	X				
	Linn County M.H. Center	Cedar Rapids	NPA	2,357				X									X
CDI-8	Jane Lamb Mem. Hospital	Clinton	NPA	3,557	X	X						X	X	X	X		
	St. Joseph Mercy Hosp.	Clinton	CH.	3,294	X	X		X				X	X	X			X
	De Witt Com. Hospital	DeWitt	NPA	538	X	X						X	X	X	X		
	Clinton Co. V.D. Clinic	Clinton	CO.								V						X
CDI-10	Muscatine Co. Hospital	Muscatine	CO.	1,140	X		X	X		X	X	X	X	X	X		
	Bellevue Hospital	Muscatine	NPA	1,578	X							X	X	X			X
	Mercy Hospital	Davenport	CH.	4,931	X	X		X	X			X	X	X	X		
	St. Luke's Hospital	Davenport	CH.	5,380	X	X			X			X	X	X	X		
	Davenport Osteopathic H.	Davenport	NPA	2,478	X	X						X	X	X	X		
	Pine Knolls Sanitarium	Davenport	CO.				X			X				X			X
	St. Ambrose Col. Disp.	Davenport	CH.	150													
	V- VD Clinic																
			REGION	SUB TOTALS													

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IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES

FORM HSF 5-2

INVENTORY OF DIAGNOSTIC AND TREATMENT CENTERS

4. DATED 1 July 1955

1. Page 7 of 11
2. DATE 1 July 1955
3. STATE Iowa
4. REGION Statewide

AREA	NAME OF FACILITY	CITY OR TOWN	OWNERSHIP OR CONTROL	VISITS DURING YEAR	SERVICES: GENERAL	SERVICES: SPECIAL: CANCER	SERVICES: SPECIAL: DENTAL	SERVICES: SPECIAL: MENTAL HYGIENE	SERVICES: SPECIAL: ORTHOPEDIC	SERVICES: SPECIAL: T.B.	SERVICES: SPECIAL: OTHER	DIAGNOSTIC SERVICES: X-RAY	DIAGNOSTIC SERVICES: CLINICAL LABORATORY	HOSPITAL O.P.D.	CLASSIFICATION: SUITABLE	CLASSIFICATION: REPLACEABLE	CLASSIFICATION: UNSUITABLE	
6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	
CDI-10	(Continued)																	
	Mary Crest Col. Disp.	Davenport	CH.	300														
	J. I. Case Co.	Davenport	CORP	5,000	X					X		X	X				X	
	Muscatine County Clinic	Muscatine	CO.								V						X	
	Scott Co. M.H. Center	Davenport	NPA	2,008				X									X	
CDR-45	Sacred Heart Hospital	Ft. Madison	CH.	2,728	X	X						X	X	X	X			
	State Penitentiary Hsp.	Ft. Madison	ST.	22,811	X		X			X		X	X	X				
	Graham Hospital	Keokuk	NPA	3,543	X							X	X	X	X			
	St. Joseph Hospital	Keokuk	CH.	3,649	X				X			X	X	X			X	
	Lee County M.H. Center	Keokuk	NPA	382				X									X	
CDI-12	Henry County Mem. Hosp.	Mt. Pleasant	CO.	2,436	X		X		X			X	X	X	X			
	Mental Health Institute	Mt. Pleasant	ST.	52			X	X		X		X	X	X	X			
	Burlington Hospital	Burlington	NPA	2,706	X	X						X	X	X	X			
	Mercy Hospital	Burlington	CH.	2,766	X				X			X	X	X	X			
	St. Francis Hospital	Burlington	CH.	453	X							X	X					
	Des Moines Co. P.H. Ctr.	Burlington	C-CO.	1,037				X			V				X			
	Burlington Ord. Pl. Disp.	Burlington	CORP.		X													
CDR-35	Washington County Hosp.	Washington	CO.	586	X	X						X	X	X	X			
CDB-1	Mercy Hospital	Iowa City	CH.	15,612	X	X			X	X		X	X	X	X			
	State Psychopathic Hosp.	Iowa City	ST.	2,757				X						X	X			
	University Hospitals	Iowa City	ST.	30,000	X	X	X	X	X	X	RH	X	X	X	X			**
	State Tuberculosis Hosp.	Oakdale	ST.	2,899			X		X	X		X	X	X	X			
	University of Iowa Dental Col. Clinic	Iowa City	ST.	49,514			X					X	X	X	X			
	R - Radioactive Isotopes																	
	H - Cardivascular																	
	** Diagnostic center in conjunction with Iowa's only Medical School which provides complete range of procedures. At this point, at least 120 diagnostic procedures are available, only in this center.																	
			REGION	SUB TOTALS														
				STATE TOTALS														

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DIVISION OF HOSPITAL SERVICES

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INVENTORY OF DIAGNOSTIC AND TREATMENT CENTERS

4. DATED 1 July 1955

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2. DATE 1 July 1955
3. STATE Iowa
4. REGION Statewide

AREA	NAME OF FACILITY	CITY OR TOWN	OWNERSHIP OR CONTROL	VISITS DURING YEAR	SERVICES: GENERAL	SERVICES: SPECIAL: CANCER	SERVICES: SPECIAL: DENTAL	SERVICES: SPECIAL: MENTAL HYGIENE	SERVICES: SPECIAL: ORTHOPEDIC	SERVICES: SPECIAL: T.B.	SERVICES: SPECIAL: OTHER	DIAGNOSTIC SERVICES: X-RAY	DIAGNOSTIC SERVICES: CLINICAL LABORATORY	HOSPITAL O.P.D.	CLASSIFICATION: SUITABLE	CLASSIFICATION: REPLACEABLE	CLASSIFICATION: UNSUITABLE
6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
CDR-34	Mahaska County Hospital	Oskaloosa	CO.	3,310	X							X	X	X	X		
	Mercy Hospital	Oskaloosa	PART.	*	X							X	X	*	X		
	Keokuk County Hospital	Sigourney	CO.	145	X							X	X				
CDR-35	Jefferson County Hospital	Fairfield	CO.	1,401	X							X	X	X	X		
CDR-43	St. Joseph's Mercy Hosp.	Centerville	CH.	2,750	X					X		X	X	X	X		
CDR-44	Davis County Hospital	Bloomfield	CO.	459	X							X	X	X	X		
	Van Buren County Hosp.	Keosauqua	CO.	466	X							X	X				
CDI-11	Ottumwa Hospital	Ottumwa	NPA	2,685	X	X			X			X	X	X	X		
	Physicians Clinic Lab.	Ottumwa	PROP.	*									X		X		
	Wapello County Clinic	Ottumwa	CO.	*							V				X		
	St. Joseph Hospital	Ottumwa	CH.	1,684	X				X			X	X	X	X		
	Monroe County Hospital	Albia	CO.	37	X							X	X				
	Smith Hospital	Albia	IND.	*	X							X	X	*			X
	Sunnyslope Sanitarium	Ottumwa	CO.	600			X			X		X	X	X	X		
CDR-21	Greene County Hospital	Jefferson	CO.	2,035	X							X	X	X	X		
CDR-22	Boone County Hospital	Boone	CO.	5,188	X	X	X		X			X	X	X	X		
CDR-23	Story County Hospital	Nevada	CO.	623	X							X	X				
	Story City Memorial Hosp.	Story City	CITY	120	X							X	X				
	Mary Greeley Mem. Hosp.	Ames	CITY	1,022	X							X	X	X	X		
	Iowa State Col. Hospital	Ames	ST.	30,998	X		X		X	X		X	X	X			
CDR-29	Guthrie Co. Hospital	Guthrie Ctr.	CO.	388	X							X	X				
			REGION	SUB TOTALS													
				STATE TOTALS													

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AREA	NAME OF FACILITY	CITY OR TOWN	OWNERSHIP OR CONTROL	VISITS DURING YEAR	SERVICES: GENERAL	SERVICES: SPECIAL: CANCER	SERVICES: SPECIAL: DENTAL	SERVICES: SPECIAL: MENTAL HYGIENE	SERVICES: SPECIAL: ORTHOPEDIC	SERVICES: SPECIAL: T.B.	SERVICES: SPECIAL: OTHER	DIAGNOSTIC SERVICES: X-RAY	DIAGNOSTIC SERVICES: CLINICAL LABORATORY	HOSPITAL O.P.D.	CLASSIFICATION: SUITABLE	CLASSIFICATION: REPLACEABLE	CLASSIFICATION: UNSUITABLE
6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
CDR-30	M. Francis Skiff Mem. H.	Newton	CITY	1,715	X							X	X	X	X		
	Grinnell Com. Hospital	Grinnell	NPA	874	X							X	X				
	St. Francis Hospital	Grinnell	CH.	881	X							X	X				
CDR-32	Adair County Hospital	Greenfield	CO.	941	X							X	X				
	Madison County Hospital	Winterset	CO.	626	X							X	X				
CDR-33	Collins Memorial Hospital	Knoxville	CITY	No Data	X							X	X				
CDR-37	Greater Com. Hospital	Creston	CO.	746	X	X						X	X				
CDR-38	Yocom Hospital	Chariton	IND.	*	X	X						X	X	*	X		
	Clarke County Public Hsp.	Osceola	CO.	No Data	X							X	X				
	Wayne County Hospital	Corydon	CO.	No Data	X							X	X				
CDR-41	Ringgold County Hospital	Mt. Ayr	CO.	601	X							X	X				
CDR-42	Decatur County Hospital	Leon	CO.	365	X							X	X	X	X		
CDI-6	St. Thomas Mercy Hosp.	Marshalltown	CH.	755	X							X	X	X			X
	Evangelical Hospital	Marshalltown	CH.	2,052	X							X	X	X	X		
	Iowa Soldiers' Home	Marshalltown	STATE		X							V	X				
CDB-2	Clinic	Dexter	IND	*	X							X	X	*			X
	Dallas County Hospital	Perry	CO.	500	X							X	X				
	Clinic	Redfield	IND.	5,862	X							X	X	*	X		
	Broadlawns Polk County H.	Des Moines	CO.	31,135	X	X	X	X	X	X		X	X	X	X		
	Iowa Lutheran Hospital	Des Moines	CH.	5,331	X				X			X	X	X	X		
	Iowa Methodist Hospital	Des Moines	CH.	12,372	X	X		X	X	X	H	X	X	X	X		
			REGION	SUB TOTALS													
														STATE TOTALS			

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DIVISION OF HOSPITAL SERVICES

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INVENTORY OF DIAGNOSTIC AND TREATMENT CENTERS

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6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
CDB-2	(Continued)																
	Mercy Hospital	Des Moines	CH.	15,254	X	X			X			X	X	X	X		
	Wilden Osteopathic Hsp.	Des Moines	CORP.	35,000	X	X			X			X	X	X	X		
	Still Osteopathic Hosp.	Des Moines	CORP.	42,060	X	X			X			X	X	X	X		
	Des Moines General Hsp.	Des Moines	CORP.	10,309	X	X			X			X	X	X			X
	The Retreat Hospital	Des Moines	IND.	186	X			X				X	X	X			X
	Glomset Laboratory	Des Moines	IND.	*									X		X		
	Medical Laboratory	Des Moines	IND.	*									X		X		
	Bankers Life Ins. Co.	Des Moines	CORP.	5,200	X		X						X				
	John Deere Co.	Des Moines	CORP.	17,500	X								X				
	Firestone Tire & Rubber	Des Moines	CORP.	10,500	X								X				
	Iowa Packing Company	Des Moines	CORP.	15,700	X								X				
	N. W. Bell Telephone Co.	Des Moines	CORP.	2,280	X								X				
	Woods Bros., Inc.	Des Moines	CORP.	9,760	X								X				
	Register & Tribune	Des Moines	CORP.	10,400	X								X				
	Solar Aircraft Corp.	Des Moines	CORP.	38,400	X							X	X				
	Meredith Publishing Co.	Des Moines	CORP.	30,000	X								X				
	Des Moines Child Guid.C.	Des Moines	NPA	2,566				X									
	Conv. H. for Children	Des Moines	NPA						X						X		
CDR-19	Crawford Co. Hospital	Denison	CO.	958	X							X	X	X	X		
CDR-20	St. Anthony Hospital	Carroll	CH.	3,855	X	X			X			X	X	X			X
	Manning General Hosp.	Manning	IND.	900	X							X	X	*	X		
CDR-27	Myrtue Memorial Hosp.	Harlan	CO.	423	X		X					X	X	X	X		
			REGION	SUB TOTALS													
															STATE TOTALS		

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4. DATED 1 July 1955

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AREA	NAME OF FACILITY	CITY OR TOWN	OWNERSHIP OR CONTROL	VISITS DURING YEAR	SERVICES: GENERAL	SERVICES: SPECIAL: CANCER	SERVICES: SPECIAL: DENTAL	SERVICES: SPECIAL: MENTAL HYGIENE	SERVICES: SPECIAL: ORTHOPEDIC	SERVICES: SPECIAL: T.B.	SERVICES: SPECIAL: OTHER	DIAGNOSTIC SERVICES: X-RAY	DIAGNOSTIC SERVICES: CLINICAL LABORATORY	DIAGNOSTIC SERVICES: HOSPITAL O.P.D.	CLASSIFICATION: SUITABLE	CLASSIFICATION: REPLACEABLE	CLASSIFICATION: UNSUITABLE
6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
CDR-28	Atlantic Memorial Hosp.	Atlantic	CITY	589	X					X		X	X	X	X		
	Audubon County Hospital	Audubon	CO.	3,600	X							X	X	X	X		
CDR-36	Rosary Hospital	Corning	CH.	1,400	X				X			X	X	X	X		
	Murrhy Memorial Hospital	Red Oak	CITY	730	X							X	X				
CDR-40	Community Hospital	Hamburg	CITY	509	X							X	X				
	Clarinda Hospital	Clarinda	CITY	781	X	X				X		X	X	X	X		
	Hand Memorial Hospital	Shenandoah	NPA	837	X		X			X		X	X	X	X		
	Mental Health Institute	Clarinda	ST.	165	X		X	X		X		X	X	X	X		
CDI-9	Jennie Edmundson Mem. H.	Council Bluffs	NPA	5,850	X	X						X	X	X	X		
	Mercy Hospital	Council Bluffs	CH.	6,635	X	X			X	X		X	X	X	X		
	St. Bernard's Hospital	Council Bluffs	CH.	161				X		X		X	X	X	X		
	Glenwood State School	Glenwood	ST.	150			X			X		X	X				
			REGION	SUB TOTALS													
				STATE TOTALS													

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DIAGNOSTIC AND DIAGNOSTIC AND TREATMENT CENTERS SUMMARY

1. Page 1 of 4
2. DATE 1 July 1955
3. STATE Iowa
4. REGION Statewide

5. POPULATION	6. TOTAL CENTERS ALLOWED BY STATE RATIO	7. TOTAL EXISTING CENTERS	8. NET ADDITIONAL CENTERS ALLOWED
2,636,000	264	110	154

AREA	COMMUNITY	NUMBER OF EXISTING CENTERS	DIAGNOSTIC SERVICES		DIAGNOSTIC OR DIAGNOSTIC AND TREATMENT SERVICES						
			X-RAY	CLINICAL LABORATORY	GENERAL	CANCER	DENTAL	MENTAL HYGIENE	ORTHO-PEDIC	T.B.	OTHER
9	10	11	12	13	14	15	16	17	18	19	20
CDR-8	Le Mars	1	E	E	E						
CDR-9	Battle Creek	1	E	E	E						
	Cherokee	2	E	E	E		E	E	E	E	
CDB-3	Sioux City	6	E	E	E	E	E	E	E		V (P)
CDR-3	Estherville	1	E	E	E				E		
CDR-10	Sac City	1	E	E	E		E				
	Schaller	1	E	E	E						
	Storm Lake	1	E	E	E						
CDI-1	Spencer	1	E	E	E				E		
CDR-4	Algona	1	E	E	E						
CDR-12	Webster City	1	E	E	E						
CDI-3	Fort Dodge	3	E	E	E	E			E		V
	Lake City	1	E	E	E				E		
CDR-5	Charles City	1	E	E	E				E		
CDR-13	Eldora	1	E	E	E						
	Iowa Falls	1	E	E	E						
	Hampton	1	E	E	E						
CDR-46	Buffalo Center	1	E	E	E						
	Forest City	1	E	E	E						
	REGIONAL SUB TOTAL										
	STATE TOTAL										

E = Existing
P = Proposed

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DIVISION OF HOSPITAL SERVICES
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DIAGNOSTIC AND DIAGNOSTIC AND TREATMENT CENTERS SUMMARY

2. DATE 1 July 1955
3. STATE Iowa
4. REGION Statewide

5. POPULATION	6. TOTAL CENTERS ALLOWED BY STATE RATIO	7. TOTAL EXISTING CENTERS	8. NET ADDITIONAL CENTERS ALLOWED
2,636,000	264	110	154

AREA	COMMUNITY	NUMBER OF EXISTING CENTERS	DIAGNOSTIC SERVICES		DIAGNOSTIC OR DIAGNOSTIC AND TREATMENT SERVICES						
			X-RAY	CLINICAL LABORATORY	GENERAL	CANCER	DENTAL	MENTAL HYGIENE	ORTHO-PEDIC	T.B.	OTHER
9	10	11	12	13	14	15	16	17	18	19	20
CDI-2	Mason City	2	E	E	E	E			E		
CDR-6	Decorah	1	E	E	E					E	
CDR-14	Grundy Center	1	E	E	E						
CDR-15	Oelwein	1	E	E	E						
CDI-4	Independence	2	E	E	E		E	E		E	
	Waterloo	3	E	E	E	E	E	E	E	E	
	Cedar Falls	1	E	E	E						
CDR-7	Waukon	1	E	E	E						
CDR-25	Maquoketa	1	E	E	E						
CDI-5	Dubuque	5	E	E	E	E	E		E	E	V
CDR-17	Manchester	2	E	E	E						
CDR-24	Monticello	1	E	E	E						
CDR-31	Marengo	1	E	E	E						
CDI-7	Vinton	1	E	E	E						
	Cedar Rapids	2	E	E	E	E	E	E	E	E	
CDI-8	Clinton	1	E	E	E			E			
	De Witt	1	E	E	E						
	REGIONAL SUB TOTAL										
	STATE TOTAL										

E = Existing
P = Proposed

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DIAGNOSTIC AND DIAGNOSTIC AND TREATMENT CENTERS SUMMARY

1. Page 3 of 4
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5. POPULATION	6. TOTAL CENTERS ALLOWED BY STATE RATIO	7. TOTAL EXISTING CENTERS	8. NET ADDITIONAL CENTERS ALLOWED
2,636,000	264	110	154

AREA	COMMUNITY	NUMBER OF EXISTING CENTERS	DIAGNOSTIC SERVICES		DIAGNOSTIC OR DIAGNOSTIC AND TREATMENT SERVICES						
			X-RAY	CLINICAL LABORATORY	GENERAL	CANCER	DENTAL	MENTAL HYGIENE	ORTHO-PEDIC	T.B.	OTHER
9	10	11	12	13	14	15	16	17	18	19	20
CDI-10	Muscatine	1	E	E	E	E	E		E	E	
	Davenport	3	E	E	E	E		E	E		
CDR-45	Ft. Madison	1	E	E	E	E					
	Keokuk	1	E	E	E						
CDI-12	Mt. Pleasant	2	E	E	E		E	E	E	E	
	Burlington	3	E	E	E	E		E	E		V
CDR-35	Washington	1	E	E	E	E					
CDB-1	Iowa City	4	E	E	E-P	E	E-P	E-P	E	E	RH
	Oakdale	1	E	E			E		E	E	
CDR-34	Oskaloosa	2	E	E	E						
CDR-35	Fairfield	1	E	E	E						
CDR-43	Centerville	1	E	E	E					E	
CDR-44	Bloomfield	1	E	E	E						
CDI-11	Ottumwa	5	E	E	E	E	E		E	E	V
CDR-21	Jefferson	1	E	E	E						
CDR-22	Boone	1	E	E	E	E	E		E		
CDR-23	Ames	1	E	E	E						
	REGIONAL SUB TOTAL										
	STATE TOTAL										

E = Existing
P = Proposed

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2,636,000	264	110	154

AREA	COMMUNITY	NUMBER OF EXISTING CENTERS	DIAGNOSTIC SERVICES		DIAGNOSTIC OR DIAGNOSTIC AND TREATMENT SERVICES						
			X-RAY	CLINICAL LABORATORY	GENERAL	CANCER	DENTAL	MENTAL HYGIENE	ORTHO-PEDIC	T.B.	OTHER
9	10	11	12	13	14	15	16	17	18	19	20
CDR-30	Newton	1	E	E	E						
CDR-38	Chariton	1	E	E	E	E					
CDR-42	Leon	1	E	E	E						
CDI-6	Marshalltown	1	E	E	E						
CDB-2	Redfield	1	E	E	E						
	Des Moines	9	E	E	E	E	E	E	E	E	H
CDR-19	Denison	1	E	E	E						
CDR-20	Manning	1	E	E	E						
CDR-27	Harlan	1	E	E	E		E				
CDR-28	Atlantic	1	E	E	E					E	
	Audubon	1	E	E	E						
CDR-36	Corning	1	E	E	E				E		
CDR-40	Clarinda	2	E	E	E	E	E	E		E	
	Shenandoah	1	E	E	E		E			E	
CDI-9	Council Bluffs	3	E	E	E	E		E	E	E	
	REGIONAL SUB TOTAL										
	STATE TOTAL	110									

E = Existing
P = Proposed

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EXHIBIT D

PART VIII REHABILITATION CENTERS

Section 53.1(5) of the Regulations defines a rehabilitation facility as: "(1) A facility providing community service which is operated for the primary purpose of assisting in the rehabilitation of disabled persons through an integrated program of medical, psychological, social, and vocational evaluation and services under competent professional supervision. The major portion of such evaluation and services must be furnished within the facility; and the facility must be operated either in connection with a hospital or as a facility in which all medical and related health services are prescribed by, or under the general direction of, persons licensed to practice medicine or surgery in the State. "(2) An integrated program brings together as a team specialized personnel from the medical, psychological, social, and vocational areas for the purpose of pooling information, interpretations and opinions for the development of a rehabilitation plan of services in which the disabled individual is viewed as a whole. When members of the team contribute to the diagnosis and treatment of illness, their contributions must be coordinated under medical responsibility. These integrated services may be provided in a facility to care for many types of disabilities or a single type of disability. "(3) A disabled person is an individual who has a physical or mental condition which, to a material degree, limits, contributes to limiting, or if not corrected, will probably result in limiting, the individual's performance or activities to the extent of constituting a substantial physical, mental, or vocational hnadicap."

Rehabilitation is the process of assisting an individual with a disability to realize his potentialities and goals physically, mentally, socially, and vocationally. Facilities contemplated by this program would be available to disabled persons of all ages, including those who are capable of becoming able to care for themselves, as well as those who are being rehabilitated for employment. The evaluation and services offered by the facilities cannot be solely medical, social, psychological, or vocational; nor can there be a combination of services from only two or three of these areas. Provision must be made within the facility for a rehabilitation program in which each of the four basic areas assumes its significant role, depending on the fundamental needs of the individual served.

Services available to the State in this field are extremely inadequate, when measured in terms of total need. This generalization became quite evident when basic survey data was reviewed. While a number of organizations have attempted to serve the needs of the disabled, very few are able to provide the essential elements in the the four areas of service or a coordinated program, let alone meet their total need. These splinter operations are usually limited by restrictive budget available for either both facilities and/or staff. In only a few instances are the four areas of service completely provided.

In setting forth the available resources, certain ground rules were established to permit a pattern of inventory. As a result, only those facilities with adequate elements in each of the four areas of rehabilitation were classified as being suitable, replaceable, or unsuitable. Marginal operations which to administer an appreciable amount of service in three or four of the areas of rehabilitation were listed to reflect the service rendered and the existing demand. These, in turn, represent certain special talents which might readily be adapted to and expanded to provide a sound and complete program if the financial means were to become available.

The source of basic data was quite complete and represents the close association of field personnel in the Division of Vocational Rehabilitation with the varied efforts put forth by charitable and nonprofit organizations. The interpretation

placed upon the basic data shall not be construed as criticism of those organizations who are active in rehabilitation. More realistically, it represents the capitulation of public reluctance to recognize the needs in this field and has illustrated the impact this failing is having on tax dollars. When the public realizes how many individuals, without sufficient resource and who must rely on political subdivisions for care, could be re-established as producers and taxpayers, we may look forward to concerted programs realistically financed. The splinter operations of today are accomplishing an educational mission which will eventually bring about a recognition by the public of the spectacular results which could be realized, if pursued.

The proposed program is on a statewide basis. Teaching centers and population centers were indicated as sites for proposed rehabilitation centers so that maximum opportunity will be available for providing staff while making these resources available to a maximum number of people. The grants-in-aid available for rehabilitation are extemely inadequate. Because the foreseeable moneys for this category are limited, the proposed program was restricted for the present. When more indication exists on what the source of funds will be, the program will be elaborated upon. In any event, several potential contingencies can give major guidance to future programming. Educational facilities, for instance, could readily influence the pattern of service which would best meet needs. The rates of disabling accidents are changing quite rapidly. The mechanization of agriculture is an influence in the origin of the rehabilitatable groups. Obviously, the influence of disability causes, the existing backlog, the extreme lack of existing facilities, and the absence of a positive source of financial support are reasons for proposing a moderate program at this time with a view toward refining a statewide plan at a later date when better information will offer more guidance. The present lack of facilities virtually makes it impossible to overbuild if duplication is avoided.

Priority of projects is dependent upon several basic conditions. Primary consideration will be given to a multiple disability center in conjunction with the medical college. Next consideration will be for a proposal which will offer a statewide service. Thereafter, projects proposed for population centers will be considered in terms of fields of disability to be served, favoring multiple disability units over single disability units.

The entire program will be correlated at all times with the planning and long range projects which are being developed by the Division of Vocational Rehabilitation, Department of Public Instruction.

IOWA STATE DEPT. OF HEALTH
DIVISION OF HOSPITAL SERVICES
FORM HSF 5-3

INVENTORY OF REHABILITATION FACILITIES

4. DATED 1 July 1955

1. Page 1 of 1
2. DATE 1 July 1955
3. STATE Iowa

NAME OF FACILITY	LOCATION (city or town)	CLASSIFICATION[1] (code)	OWNERSHIP OR CONTROL (code)	AVERAGE DAILY CASELOAD: INPATIENT	AVERAGE DAILY CASELOAD: OUTPATIENT	NUMBER OF INDIVIDUALS SERVED DURING YEAR	AGE GROUPS SERVED (check): UNDER 16	AGE GROUPS SERVED (check): OVER 16	DISABILITY GROUPS SERVED (check): DEAF	BLIND	TUBERCULOSIS	CARDIAC	ORTHOPEDIC	NEUROLOGICAL	OTHER	SERVICES[2] (code): MEDICAL	PSYCHOLOGICAL	SOCIAL	VOCATIONAL
5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Iowa Vocational Rehabilitation Ctr.	Des Moines	U	STATE		20	178		X	X		X	X	X	X		ABCDEFG HLM	N	OPQR	STUY
Iowa Soc. for Crippled Children & Adults	Des Moines	S	NPA		18	220	X	X	X	X		X	X	X		ABCDEFH M	N	OPQR	STUVWY
State University Hosp.	Iowa City	S	STATE	25		278	X	X	X	X		X	X	X	X	ABCDEFG HJKLM	N	OPQR	STV
Childrens Hospital	Iowa City	S	STATE	48	12	480							X	X		ABCDEGH IJKLM	N	OPQR	STUV
Iowa Braille & Sight Saving School	Vinton	U	STATE	172		172	X	X		X						ABDFGHJ KLM	N	OPQR	STVWZ
Oakdale Sanatorium	Oakdale	U	STATE	80		180	X	X			X					ABDJILM	N	OPQR	STUVW
United Cerebral Palsy Ctr.	Cedar Rapids		NPA		28	60	X	X						X		ABCDELM	N	OPR	S
Linn Co. Soc. for Crippled Children	Cedar Rapids		NPA			60	X	X					X			ABCLM		R	ST
Sunny Slope Sanatorium	Ottumwa		CO.	63		63	X	X			X					ABDJLM		OPQR	STVW
Iowa School for Deaf	Council Bluffs	S	STATE	350		350	X	X	X							ABEFGHI KLM	N	OPQR	STUVWY

[1] CLASSIFICATION CODE
S - Suitable
R - Replaceable
U - Unsuitable

[2] CODE FOR COLUMNS 21 THROUGH 24

MEDICAL
A-Phys. and Med. Eval.
B-Medical Supervision
C-Physical Therapy
D-Occupational Therapy
E-Speech Therapy
F-Audio-ser.incl.lip reading
G-Prosthetics Brace Fit.
H-Psychiatric
I-Dental
J-Nursing
K-Physical Education
L-Medical Consult.
M-Recreational Ther.

PSYCHOLOGICAL
N-Evaluation

SOCIAL
O-Evaluation
P-Social Casework
Q-Social Groupwork
R-Recreation(Non-Med.)

VOCATIONAL
S-Evaluation
T-Vocational Counsel
U-Pre-voc- Exp.
V-Special Educ.
W-Voc. Tr.
Y-Sheltered Emp.
Z-Travel Training for Blind

CP-9916

IOWA STATE DEPT. OF HEALTH

DIVISION OF HOSPITAL SERVICES

FORM HSF 11-3

1. Page 1 of 1

2. DATE 1 July 1955

3. STATE Iowa

REHABILITATION FACILITIES SUMMARY.

4. POPULATION	5. TOTAL FACILITIES ALLOWED BY THE STATE RATIO
2,636,000	(9)(6 Disabilities) = 54 Disability Services

6. ADDITIONAL FACILITIES PROPOSED

42 Disability Services

COMMUNITY A.	DESCRIPTION OF FACILITIES AND SERVICES TO BE PROVIDED B.
Location of proposed are established for readily accessible	rehabilitation services will be at points that statewide service, or at population centers to an appreciable segment of population.
DES MOINES	Facilities will vary in keeping with available talent, resources, and demonstrated community support. Preference will be given to multiple disability units and the program proposed. Evaluation will be based on degree of service attainable with the approvable proposal.
IOWA CITY, IOWA	

EXHIBIT E

DETERMINATION OF RELATIVE NEED

Priority of Categories

The program at this point follows two correlated patterns. The basic hospital program is in keeping with precedents of previous plans and revisions, while the related health facility phase conforms with the intent of the Congress in providing the complementing facilities not provided for earlier. The two parts of the program will be considered separately.

Priority of Hospital Categories (Public Law 725)

The early years of the program sought to stimulate preference in the specialized categories by giving such projects the first opportunity at participation in grants-in-aid. In spite of the incentive, few communities were moved to develop a project in a specialized category. This reluctance has been attributable to several factions in the communities. Hospital personnel were reluctant to approach long-term treatment programs, such as psychiatric or chronic illness, because normally individual resources were insufficient for complete care, and these hospital costs would have to be spread on to the costs for acute care. The citizens of communities were equally reluctant to encourage such projects and to provide funds for such construction because the care of such patients has been considered as the responsibility of the State. In addition, the need for these services has not been brought to the attention of the taxpayers in terms of long-range tax burden or in terms of population trends and their effect in the productive abilities of communities.

As a result, the unbalance of hospital categories has been accentuated. When no application was made by specialized projects, the lower priority, acute general hospitals, applied for, and were granted, the available funds. During the last two years, interest in chronic and psychiatric units has developed in isolated areas, with very favorable results. Educational effort continues and it is foreseeable that the balance will be improved. In the meantime, impressive advances are being made in treatment procedures in specialized fields, which will, in their turn, further guide the public in the need for and possibilities of these special facilities.

In evaluating the categories, the facilities are considered in terms of beds and the classification with the greatest unmet need will receive greatest consideration. Within the categories, the area or region with greatest unmet need will be given preference. The following table gives the basis and determination of priority among categories.

CATEGORY	EXISTING ACCEPT. BEDS	PROPOSED TO BE ADDED	TOTAL BEDS PROPOSED	% NEED MET
Chronic	813	3,353	4,166	19.5
Mental	3,344	9,836	13,180	25.4
General	9,562	1,753	11,315	84.5
Tuberculosis	596	0	596	100.0

Public health centers are evaluated in terms of numbers of establishments. Of a total programmed need for 27 centers, only one (3.704%) exists. The preventive phases in safeguarding public health can be accomplished through this category. Unfortunately, however, existing state statutes preclude construction in this field by virtue of legislation which prohibits tax levies for direct health purposes. Further, no more than 10% of an annual appropriation may be made available for Public Health Centers.

Relative priority of hospital categories within the scope of Public Law 725 will be as follows:

I Public Health Centers (up to 10% of Iowa's annual appropriation).
II Hospitals for chronically ill or impaired.
III Psychiatric Hospitals.
IV Acute General Hospitals.
V Tuberculosis Hospitals.

Federal Grants-in-Aid funds will be offered to projects in the highest priority category first. Priority within the category will be determined by the Relative Need Report for the respective classification (Exhibit D, Parts 1 through V). It is conceivable that a project will entail several categories of service within a single construction program. The project may not combine a low priority category with a high priority category in order to gain full Federal participation in the project, unless the priority of the lowest category is reached in the respective allotment. In the event the low priority category/categories is/are not reached in the area, only that portion of the project comprising the special service, and the adjunct facilities essential to the proper operation of the service, will be eligible for participation. Such a project will be considered for fractional participation. The rate of participation will be determined on the basis of full cost of the special service, its adjunct facilities pertinent only to the special service, plus a fractional cost of the adjunct facilities utilized by other services in the hospital. The fraction used to determine participable costs of the adjunct facilities common to all services will be based upon the number of beds in the special service divided by the total number of beds in the hospital under completion.

Projects in a lower priority category will not be considered until all applications in the higher priority groups have been exhausted.

In an effort to improve the present non-acceptable facilities, as well as enlarge those facilities, it will be the policy of the Department that additions to existing non-acceptable facilities will not be approved except when the non-acceptable facilities are not essential to the operation of the hospital as a whole, and their destruction or loss will not endanger life or render the whole unit inoperative.

Priority of Related Health Facility Categories (Public Law 482)

While the same general principals are followed within categories concerned with the appropriation for Public Law 482, the moneys are identified as being specifically for chronic illness hospitals, convalescent nursing homes, and diagnostic and treatment centers. Only after pointed effort to develop an appropriate project can application be made for transferring unutilized funds from one category to another. The grant for rehabilitation cannot, under any circumstance, be transferred to another category. The only permissible transfer of rehabilitation moneys would be from one State to another in a joint program properly qualified.

The funds for chronic illness hospitals will be guided by the priority table set forth in Part V. Funds established for convalescent nursing homes will be granted in keeping with priority table in Part VI. Greatest unmet need is the primary consideration. In areas with no need met, greatest rurality and lowest per capita income give preference. Both diagnostic centers and rehabilitation centers are planned on a statewide basis and with the guidance of the Iowa Advisory Council. A project is restricted to one or the other of the appropriations. In no case can a single project be spread to acquire participation from appropriations established for both Public Law 725 and Public Law 482.

Intent of Project Sponsors

It has already been indicated that the Advisory Council will evaluate projects on the basis of information submitted by prospective sponsors. Such information will be presented at the time of application in the form of an interview, by written presentation of the proposed program, and by such supplemental data as may be requested to clarify and interpret the intent and the ability of the sponsors to execute the proposed program.

By way of general information, it is pointed out that the basic legislation makes a specific provision for recourse in the event the sponsors, after having received grants-in-aid, dispose of the property improperly or fail to utilize a facility as programmed, during the succeeding 20 years. The recourse provides a means for recovering the Federal share of the "then-value" which is reimbursable to the Treasury of the United States.

Service Area Priority

In service areas with existing acceptable beds, the per cent of bed need met is computed by dividing the number of existing acceptable beds in the area by the total computed bed need of the area. The service areas were then ranked in the order of the per cent of need met as shown on the Relative Need Reports. The priority applies to the entire area rather than individual projects within the area (so long as the total bed need is not exceeded). The list of general hospital service areas was further divided into four groups on the basis of patient need met. They are as follows: Group A - 0.0% to 9.9%; B - 10% to 44.9%; C - 45% to 59.9%; D - 60% to 100%.

In service areas without existing acceptable beds or facilities, formulae were developed to establish a priority on rural and income factors which are elaborated upon in the following paragraphs.

In determining relative need within each category, the factors applied were given equal weight. In each case, only those factors which directly apply were utilized. The elements of each factor were those of the entire area or population involved, making the application as reasonable and justifiable as was possible. The specific formulae are outlined below:

Determination of Priority Factors

Rurality Factor:

$$\frac{\text{Area Rural Population}}{\text{Area Total Population}} = \text{Percent Area Rural Population}$$

$$\frac{\text{State Rural Population}}{\text{State Total Population}} = \text{Percent State Rural Population}$$

$$\frac{\text{Area \% Rural Population}}{\text{State \% Rural Population}} = \underline{\text{Rurality Factor}}$$

Per Capita Income Factor:

$$\frac{\text{State Average Per Capita Income}}{\text{Area Average Per Capita Income}} = \underline{\text{Per Capita Income Factor}}$$

Population Density Factor:

$$\frac{\text{Area Total Population}}{\text{Area Total Square Miles}} = \text{Area Average Density}$$

$$\frac{\text{State Total Population}}{\text{State Total Square Miles}} = \text{State Average Density}$$

$$\frac{\text{Area Average Density}}{\text{State Average Density}} = \underline{\text{Population Density Factor}}$$

Population Increase Factor:

$$(100)\frac{\text{1950 Area Population}}{\text{1940 Area Population}} = \%\text{ Area Population Increase} \div 100$$

$$(100)\frac{\text{1950 State Population}}{\text{1940 State Population}} = \%\text{ State Population Increase} \div 100$$

$$\frac{\%\text{ Area Population Increase} \div 100}{\%\text{ State Population Increase} \div 100} = \underline{\text{Population Increase Factor}}$$

Per Capita Taxable Property Factor:

Taxable Value of all Property ÷ Actual Value of Moneys, Credits, Bank Stocks = Taxable Property Value

$$\frac{\text{Area Taxable Property Value}}{\text{Area Population}} = \text{Per Capita Taxable Property Value}$$

$$\frac{\text{State Total Taxable Property Value}}{\text{State Total Population}} = \text{State Per Capita Taxable Property Value}$$

$$\frac{\text{State Per Capita Taxable Prop. Value}}{\text{Area Per Capita Taxable Prop. Value}} = \underline{\text{Per Capita Taxable Property Value Factor}}$$

Source of Basic Factor Data:

Area and population data taken from 1950 census as published by the U. S. Department of Commerce, appropriately modified by births, deaths, migration, and trends in school experience.

Per capita income data is from monthly publication, "Sales Management", dated May 10, 1955.

Taxable property value as published by the State Tax Commission in the Annual Report, 1950.

METHODS OF ADMINISTRATION

Publication of the State Plan

1. A general description of the proposed State Plan was publicized in the Des Moines Sunday Register on December 21, 1947, and a public hearing on the Plan was held on December 29, 1947, in the State House at Des Moines, Iowa.

2. After approval of the eighth revision of the State Plan by the Iowa Advisory Council for Hospital and Other Health Facilities, the Iowa State Department of Health did take steps to insure publication of a general description of the State Plan in the Des Moines Sunday Register (cir. 535,000) on 21 August 1955. In addition, societies, organizations, and associations were urged to cooperate in bringing the essential portions and provisions of the State Plan to the attention of interested and affected parties, persons, organizations and associations.

3. One approved copy of the State Plan will be available at all times in the offices of the Iowa State Department of Health, Des Moines, Iowa, for public examination.

4. In keeping with State statutes, copies of plan will be disseminated to persons and organizations with a legitimate interest.

Federal Share Determination

In accordance with the amended Hospital Survey and Construction Act (Section 631(k)(2)); Public Law 725, Public Law 380, and Public Law 482, the "Federal Share" as defined in the above-mentioned Acts has been determined as 33 1/3 per centum for all projects proposed to be constructed under these Acts in the State of Iowa during the fiscal year commencing July 1, 1955.

Non-Discrimination Statement

No application for Grants-in-Aid toward hospital or related health facilities will be approved under this Plan unless the applicant includes therein the following statement:

"The applicant hereby assures the State Department of Health that no person in the area will be denied admission as a patient to the facility on account of race, creed, or color."

Project Construction Schedule

After approvable of the State Plan by the U. S. Public Health Service, the Department will develop Project Construction Schedules which will list the projects for which construction can be commenced immediately. The schedules will be developed by soliciting applications from sponsoring agencies in areas of the greatest unfilled need and in the order of the area priorities shown. The number of projects included on the Project Construction Schedules will depend upon the amount of the Federal funds allotted annually to the State for each program.

Changes in Area Priority

When a Part 1 of Project Construction Application for the construction of a project in any area is approved by the Regional Office of the U. S. Public Health

Service, the per cent of need met in the respective area shall immediately be adjusted by adding to the existing acceptable beds in the area the number of beds in the project and recomputing the new per cent of need met. Further, when construction contracts are let for a project proceeding without Federal Grants-in-Aid, the area per cent of bed need met will be immediately adjusted to reflect the acceptable beds in the rpoject. Projects constructed without Federal assistance will be considered as existing acceptable beds during construction. If construction of the project is terminated short of completion for one reason or another, the beds will be considered nonexistent and bed count adjusted accordingly.

The total acceptable beds existing in an area together with the acceptable beds under construction, both with and without Grants-in-Aid, will be used to determine the priority of the area each year.

Factors Determining Project Construction Schedule

Projects will be selected for the Project Construction Schedule after consideration of the following factors:

1. The priority of the project as determined in accordance with the principles outlined in this Plan for determination of relative need.

2. The intent of sponsoring agencies to begin construction within a reasonable length of time.

3. The ability of the sponsoring agency to meet the financial requirements for construction, maintenance, and operation of the proposed facility.

4. The maintenance of an appropriate balance in the construction of the various types of facilities. This balance of facilities need not be reflected in each Project Construction Schedule.

5. The sponsoring agency shall assure the Department that no person in the area will be denied admission as a patient to the facility on account of race, creed, or color.

6. Evaluation by the State Agency of the program, staffing, and operational policies which the sponsors present in the form of interview, written presentation, and such supplemental data as may be requested to clarify and substantiate the intent of the program presented.

7. The Project Construction Schedule pertinent to allotment under (a) Public Law 725 will recognize approvable applications in the order of priority of hospital categories, and thereafter in the order of priority within a category. (b) Public Law 482 will include approvable applications for projects within each category and within the limits of funds allotted for the specific category. If funds for convalescent nursing homes, diagnostic and treatment centers, or chronic illness facilities are not applied for, in whole or in part, the funds not applicable to applications will be available for transfer to one or both remaining categories. These transferable funds will be held a minimum of 30 days pending recommendations of the Iowa Advisory Council.

The Project Construction Schedules will be submitted to the U. S. Public Health Service, District Office, no sooner than one month after approval of the Revised State Plan. This one-month period is provided to enable higher priority projects to develop construction interest and furnish essential financial and other assurances.

Project Applications

Applications for Federal assistance will be submitted on the Project Construction Application (Parts 1 through 4) which is prescribed by the U. S. Public Health Service.

If a project is in the highest priority group, Part 1 of the Project Construction Application may be approved and forwarded prior to approval of the State's Project Construction Schedule. If the project is not in the highest priority group, Part 1 of the Project Construction Application will be submitted with the Schedule.

To preclude possible abuse of high priority status, a project on a Construction Schedule which fails to complete all elements of the Construction Application within the prescribed time will automatically be disqualified from priority consideration the following year.

To facilitate proper functioning and consistent procedure while fairly considering all applications for funds, the following outline will govern the handling of applications:

1. All high priority areas will receive approximately 30 days notice of the availability of funds, thus allowing prospective sponsors adequate time for preparation of a written presentation of intent.

2. The prospective sponsors will, before the end of the established 30 day period, submit a letter of intent to this Department. Such letter shall, with its evidence of ability, state specifically:

    a. Name or organization sponsoring project with a complete list of officers and board members.

    b. Statement of funds available and plans to procure additional funds if required.

    c. Statement that there will be no discrimination between patients because of race, creed or color.

    d. Name of architect or engineer retained.

    e. A short description of the project including the type and size of facility proposed, the population planned for, the program of treatment proposed, and other descriptive data outlining the desires and intent of the applicant.

3. This Department, knowing which communities have partially qualified, will, before the end of the 30-day period, forward the necessary Part 1, Project Construction Application forms to all appropriate sponsors and their architects/engineers.

4. The sponsor or his agents will then prepare and complete the Part 1 Application forms and submit same in an approvable manner to this Department before the end of the 30-day period.

5. This Department, upon the expiration of the 30-day period, will compare all approvable Construction Applications and determine their relative position in the table of priority.

a. Projects will be given preference in the order set forth in earlier pages. (See Priority of Hospital Categories for order of hospital categories and area priority within the specific categories.)

b. In the event the presented approvable Part 1 Applications are insufficient to utilize available funds, this office will further publicize the availability of funds to those areas which are next highest in priority and thus go through the priority tables until funds are utilized.

6. This Department, upon determining the approvable Part 1 Applications falling within the scope of allotted funds, will present to the U.S. Public Health Service Project Construction Schedules and the listed approvable Part 1 Applications for the subject year. Said Project Construction Schedules will be modified during the course of the administrative year for reasons such as:

a. Minor adjustments when individual budgets, after bidding, vary from estimates set forth in the Part 1.

b. Sponsors fail to comply with previous agreements such as:

(1) Giving evidence of adequate funds.

(2) Failing to comply with design standards or regulations, either State or Federal.

(3) Failing to bid the work within nine months from the date of Part 1 approval by the Federal Agency.

c. Voluntary withdrawal from program.

d. In the event (a) (b) and (c) derive sufficient uncommitted funds, the next approvable and qualified Part 1 Application may be incorporated into the current modified Project Construction Schedule for participation in the available funds.

Transfer of Funds to Adjacent States

Funds allotted under Public Law 482, may conceivably best serve the purposes of certain Iowa population groups if utilized in and out-of-state facility serving areas of both States. Upon the recommendations of the Advisory Council, after evaluating considerations presented, the Federal Agency would be requested in writing to approve transfer of funds in accordance with such a coordinated plan. In such event, the plans for both States would be modified to reflect the contemplated transfer.

Standards of Construction and Equipment

Construction and equipping of projects assisted under this program shall comply with the general standards of construction and equipment as outlined in Appendix A (Revised 5 January 1955) of the Regulations promulgated under Public Law 725 and Public Law 482.

Copies of such standards are available for inspection at the State Department of Health, Division of Hospital Services.

Inspection and Certification by the State Department of Health

Upon written request for payment of an installment by a sponsor, the Department shall make an inspection of the project to determine that services have been rendered, work has been performed, wage rates and records are in order, and purchases have been made as claimed by the applicant and in accordance with the approved project applications. In addition, the Department may make such additional inspections as the State Department of Health deems necessary. Reports of each inspection will be retained in the files of the Department. Before a certification for payment is made the inspection report shall show that:

1. The amount claimed covers payment only for work performed, materials and equipment delivered, and services rendered.

2. Such work, materials, equipment and services are necessary for the carrying out of the project as approved.

3. The cost of work, materials, equipment and services are allowable costs that may be participated in by the Federal Government.

4. Work in place has been performed satisfactorily, is in accordance with the approved plans and specifications, and has a value on which the claim for payment is based.

5. Wages paid and records established are in accord with Federal regulations.

Certification for Payments

Requests for payments under the construction contracts shall be submitted by applicants to this Department at the times prescribed by Section 53.78(a) of the Regulations, and which, in general, are as follows:

1. The first installment when no less than 25 per cent of the work of construction of the building has been completed,

2. The second installment when the mechanical work has been substantially roughed in, and

3. The third installment when work under the construction contract is completed and final inspection made.

Requests for payment of the Federal share of other allowable costs such as architect's fees, inspection cost, and cost of equipment shall be included in requests for payments made at the stages indicated above.

Consideration will be given to the payment of an additional installment prior to payment of the final installment, provided the Department finds there are unusual circumstances. Payments prior to final payment shall total less than 95 per cent of the Federal share of the project. Final payment will be authorized only after verification of all claims by an appropriate Federal agency audit.

Federal funds shall be deposited with the Iowa State Treasurer in the Hospital Construction Fund in accordance with the State Law, Chapter 135A, 1954 Code of Iowa as amended by House File 392, 56th General Assembly.

The State will promptly remit or credit all payments of Federal funds received by the State for payment to applicants for approved construction projects.

a. Projects will be given preference in the order set forth in earlier pages. (See Priority of Hospital Categories for order of hospital categories and area priority within the specific categories.)

b. In the event the presented approvable Part 1 Applications are insufficient to utilize available funds, this office will further publicize the availability of funds to those areas which are next highest in priority and thus go through the priority tables until funds are utilized.

6. This Department, upon determining the approvable Part 1 Applications falling within the scope of allotted funds, will present to the U.S. Public Health Service Project Construction Schedules and the listed approvable Part 1 Applications for the subject year. Said Project Construction Schedules will be modified during the course of the administrative year for reasons such as:

a. Minor adjustments when individual budgets, after bidding, vary from estimates set forth in the Part 1.

b. Sponsors fail to comply with previous agreements such as:

(1) Giving evidence of adequate funds.

(2) Failing to comply with design standards or regulations, either State or Federal.

(3) Failing to bid the work within nine months from the date of Part 1 approval by the Federal Agency.

c. Voluntary withdrawal from program.

d. In the event (a) (b) and (c) derive sufficient uncommitted funds, the next approvable and qualified Part 1 Application may be incorporated into the current modified Project Construction Schedule for participation in the available funds.

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Funds allotted under Public Law 482, may conceivably best serve the purposes of certain Iowa population groups if utilized in and out-of-state facility serving areas of both States. Upon the recommendations of the Advisory Council, after evaluating considerations presented, the Federal Agency would be requested in writing to approve transfer of funds in accordance with such a coordinated plan. In such event, the plans for both States would be modified to reflect the contemplated transfer.

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Construction and equipping of projects assisted under this program shall comply with the general standards of construction and equipment as outlined in Appendix A (Revised 5 January 1955) of the Regulations promulgated under Public Law 725 and Public Law 482.

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Upon written request for payment of ar installment by a sponsor, the Department shall make an inspection of the project to determine that services have been rendered, work has been performed, wage rates and records are in order, and purchases have been made as claimed by the applicant and in accordance with the approved project applications. In addition, the Department may make such additional inspections as the State Department of Health deems necessary. Reports of each inspection will be retained in the files of the Department. Before a certification for payment is made the inspection report shall show that:

1. The amount claimed covers payment only for work performed, materials and equipment delivered, and services rendered.

2. Such work, materials, equipment and services are necessary for the carrying out of the project as approved.

3. The cost of work, materials, equipment and services are allowable costs that may be participated in by the Federal Government.

4. Work in place has been performed satisfactorily, is in accordance with the approved plans and specifications, and has a value on which the claim for payment is based.

5. Wages paid and records established are in accord with Federal regulations.

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Requests for payments under the construction contracts shall be submitted by applicants to this Department at the times prescribed by Section 53.78(a) of the Regulations, and which, in general, are as follows:

1. The first installment when no less than 25 per cent of the work of construction of the building has been completed,

2. The second installment when the mechanical work has been substantially roughed in, and

3. The third installment when work under the construction contract is completed and final inspection made.

Requests for payment of the Federal share of other allowable costs such as architect's fees, inspection cost, and cost of equipment shall be included in requests for payments made at the stages indicated above.

Consideration will be given to the payment of an additional installment prior to payment of the final installment, provided the Department finds there are unusual circumstances. Payments prior to final payment shall total less than 95 per cent of the Federal share of the project. Final payment will be authorized only after verification of all claims by an appropriate Federal agency audit.

Federal funds shall be deposited with the Iowa State Treasurer in the Hospital Construction Fund in accordance with the State Law, Chapter 135A, 1954 Code of Iowa as amended by House File 392, 56th General Assembly.

The State will promptly remit or credit all payments of Federal funds received by the State for payment to applicants for approved construction projects.

Accounting System and Records, Construction Allotments

The Department shall be responsible for establishing and maintaining accounts and fiscal controls of all Federal funds allotted for construction projects. The fiscal records shall be so designed as to show at any given time the Federal funds allotted, encumbered, and unencumbered balances.

The Department will comply with the provisions of Section 53.129 of the regulations by maintaining the necessary accounting records and controls, and requiring applicants for Federal funds to maintain adequate fiscal records and controls.

The Department agrees that it will retain on file all documents coming into its possession which relate to any expenditure under Public Law 725 and Public Law 482. In addition, the State Department of Health will require steps as are necessary and possible to assure that applicants (1) retain all relevant and supporting documents, and (2) establish suitable property inventory records covering all equipment of more than nominal value.

The Department further agrees that it will require a statement from the applicant agreeing that it will:

1. Prepare accounting records, controls and documents described in the above for a period of at least one year beyond its participation in the program.

2. Take such steps as are necessary and possible to assure that applicants retain the fiscal records, controls, and documents described in the above for a period of at least two years after the final payment of Federal funds.

3. Retain affidavits, wage rolls, and records pertaining to wages, for a minimum period of three years after final payment.

Annual Revisions of the Over-all Hospital Construction Program

The Department hereby agrees that it will from time to time as is necessary, but at least annually, review the over-all hospital construction program. The State Department of Health further agrees that it will, on or about May 15th of each year, submit to the Surgeon General a report which contains such revision of the overa-all hospital construction program as the Department considers necessary.

Personnel Standards

All personnel employed in administering the State Plan will be appointed under and subject to the merit system maintained by the Iowa Merit System Council in compliance with the Act, Section 623 (a)(6). The Iowa Merit System Council will furnish the U. S. Public Health Service with such data and information as is necessary to determine compliance with the Act and regulations.

EXHIBIT G

MINIMUM STANDARDS FOR MAINTENANCE AND OPERATION

The Department has adopted, in accordance with Section 53.127(c) of the Federal regulations and Chapter 135B and 135C, Code of Iowa (1954), the attached regulations which prescribe minimum standards of maintenance and operation for all hospitals and nursing homes aided under the Hospital and Medical Facilities Survey and Construction Act. The minimum standards are published separately under the titles "Rules and Regulations for Hospitals and Related Institutions", and "Rules, Regulations and Minimum Standards Governing Nursing Homes". The State has not developed standards of operation for "Diagnostic and Diagnostic and Treatment Centers" and "Rehabilitation Centers". (Copies of the established standards will be made available upon request).

EXHIBIT H

FAIR HEARING PROCEDURE

Rules and Regulations of the State Department of Health Governing Hearings to be Provided Applicants.

The Department will provide an opportunity for a fair and public hearing to any applicant who has requested Federal Aid in hospital construction and which appeals for a hearing to clear any misunderstanding or dissatisfaction with any action or ruling by the State Department of Health. The applicant shall be entitled to a hearing on any one of the following:

1. Denial of opportunity to make application,

2. Rejection or disapproval of application, and

3. Refusal to reconsider application.

Appeals from any action or decision of the State Department of Health must be made by the applicant in writing within 15 days from date of adverse decision or action by the Department.

The appellant will be notified in writing of the time and place of the hearing, as determined by the State Department of Health.

The appellant may, if so desiring, be represented by friends or counsel or both, and shall have full opportunity to examine all records pertaining to the subject, question witnesses, and present any evidence pertinent to the discussion.

The hearings will be presided over by the Commissioner of Health or his representative.

The decision shall be based on evidence presented at the hearing and shall be made in writing within 30 days of date of said hearing. A stenographic record of the hearings shall be made and transcriptions of such records will be available upon request and payment of cost of transcribing.

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