

Chapter 1 : St Margarets Hospital in Spring Valley, Illinois (IL) - racedaydvl.com

St. Margaret's Hospital invites boys between the ages of and their Dads (or moms or guardians) to join us for an evening for and about BOYS. Together, boys and parents will discover new ways to prepare physically and emotionally as they become young men.

History[edit] Margaret Cust was born in in Greensburg, Pennsylvania. Margaret married John Shoenberger in the mids, where they lived a gracious life in Pittsburgh. They lived in a beautiful mansion on Penn Avenue. Today, their home is the site of Gateway Center. In , they built a second house in Collinstown, which is now called Lawrenceville. The home was the site of the first Saint Margaret Hospital. Margaret and John Shoenberger lived the ideal life in the nineteenth century; however, their wealth could not buy good health and children. Their great-nephew and great-niece were named after them but they died young. She was diagnosed with breast cancer in the s. She died at her home in Lawrenceville on August 30, He sold his Lawrenceville estate to Allegheny Cemetery. John Shoenberger died in New York on November 12, It shall forever be called and known as St. Margaret family broke ground on November 29, The new building was ready by March Margaret established a Family Medicine residency program. Some of the original physicians graduating from that very first program are teaching and practicing at St. In addition to a medical residency program, St Margaret has a pharmacy program as well. Margaret has stated its dedication to maintain its mission of service to the community. Margaret also runs the St. Margaret School of Nursing, which offers an RN program. Margaret opened the Neil Y. Bariatric surgery weight loss surgery Cancer care.

Chapter 2 : St Margaret Hospital in Hammond, IN with Reviews - racedaydvl.com

Learn more about UPMC St. Margaret, a bed acute medical care and teaching hospital situated on a acre campus near Aspinwall in Pittsburgh, Pa.

Share Gravesend It was around the late nineties when I graduated from Kings College in London and gained my degree in nursing. I had already had some experience of what it was like to work in hospitals from my placement where I worked in the accident and emergency ward at Lewisham hospital which was also in London, so when I was offered a junior nursing role at a hospital in Cornwall I was happy to take it. A few days after accepting the position I was sent a welcome package in the post which included a letter from the director of hospitals in the region, a booklet with some information on the hospital and a small brochure of the housing options available. The letter was fairly basic and just welcomed me to the area and outlined the tasks I would be performing, all very standard. The booklet however was rather more interesting. There was a section about the history of the hospital. I have copied the following passages from the history section: It was once a large hospital operating several wards including a surgery and even a fully operating mental care facility. It was built to cope with the high amount of injuries from the mines at Redruth and the China clay works. During the First World War the hospital was used to treat soldiers returning from France specializing in the treatment of gas burns and shellshock. It was again used for military purposes in the Second World War. It became an NHS hospital at the end of the forties where it returned to being a general hospital. During the seventies many of the wards were closed due to a fire and some returned to be used for storage. Today the hospital caters for minor injuries and radiotherapy in the Redruth and Hayle areas of Cornwall providing quality care for the residents of the district. A week later after packing almost everything I owned and saying goodbye to my parents I traveled down to Cornwall by train. The scenery of the area was wonderful with rolling hills and beautiful coastlines. After what must have been a seven hour journey I arrived at Redruth station and caught a taxi to the hospital. It was a rainy day and it took half an hour through untouched daunting countryside before we approached the hospital which was virtually in the middle of nowhere. My first impression when I saw it was bleak. The main building was a large Victorian building that looked like it could be abandoned. It had large dark windows and spires which were in desperate need of refurbishment. This must have been the original sign from when it was built. The whole place looked like a dump. It was also far away from anywhere the nearest place being a small village with only a post office and a dingy pub. I was met by Sister Morris who was the head nurse on the ward. She was a tall thin woman with sharp features, she seemed quite old fashioned and was very strict. I spent the rest of the day filling out forms and being shown around the hospital grounds. She showed me the two open wards and the one I would be working on which were both in the main building. She also showed me some of the other wards that had closed down including the site where the fire had occurred, but that building had since been demolished and only the scorched stone steps were left. I was then pointed in the direction of the nurses housing block which was a small two story building with a kitchen, recreation room, ablutions and the dorm rooms. The furnishing was cheap and the walls were damp. After the long day of traveling and filling out forms I went to bed but found it hard to sleep. For the next month I worked a ten hour day shift to get used to the hospital and how it was run. Compared to my previous experience in London, It was very boring. The wards were quiet but never empty and although patients arrived every day there was little to do. Despite this Sister Morris seemed to dislike me as she did the other nurses and enforced her strict standards on everyone whenever she could. During this time I saw little of any other part of the hospital and everything seemed to be fairly normal. I was on duty with another nurse, Jane and we had just put all of our seven patients to bed and had made sure they were alright. We went to the staff office and were chatting over coffee. She said that there were several that stood out among other rumours. They were brought to the hospital but all were too badly injured to be saved. When it came to burying them, the families were too poor to afford proper burials and so the hospital buried them all together on the hospital grounds. According to Jane, they had been buried on the site of a ward which they had haunted until it burnt down. Jane then told me another story which had been told to every new nurse to scare them. She said that during the First World War

a young soldier called John Porter, had been brought in to treat severe gas burns he had sustained from an attack. He would constantly shout and scream, fighting off nurses that tried to calm him down so eventually they decided to put him in the basement shackled to his bed. His screams could still be heard on the ward until eventually he stopped. The doctors decided he could be brought back to the ward but when they went down to retrieve him he had died. The cause of his death was never discovered but it was believed that another patient had gone into the basement to shut him up and strangled him to death. The scariest part of the story was that nurses continued to hear screaming on the ward afterwards and when they descended into the basement to investigate it would stop. Although Jane said that the ward was now one of the ones that had been emptied for storage. For the next couple of weeks the night shifts were fairly normal and passed with little incident apart from the occasional patient suffering nightmares or strange noises, but that would be expected in any hospital. One night I was alone on the ward watching television in the staff office trying not to fall asleep when a patient walked past the door that I did not recognize. From what I saw, he was an old man with dark grey hair and a heavily stubbled face. This made me jump and the hairs stood up on the back of my neck but got up to investigate anyway. When I got out into the corridor, there was no sign of anyone, so returned to the office and called the other ward. A nurse called Susan answered and I told her that one of her patients had just walked through my ward and if she was aware of it. She said it was impossible because the office was right next to the door but she checked anyway. She called back moments later to confirm that all her patients were asleep. I thanked her and returned to watching television simply putting it down to tiredness. That evening it was my night off and I visited the pub in the nearby village with a few co-workers. I began speaking to Sarah who worked my ward during the daytime and when I told her what had happened and what the patient had looked like, she gasped and told me that an elderly man fitting the description had died earlier that day from heart failure and that they were unable to resuscitate him. This terrified me and further added to my sleeping problems. It was a few months later when things began to get weird again. I was working a night shift with Mary another new nurse from nearby Exeter who had just started. I was on the ward changing a mans caffita bag when there was a terrifying blood curdling scream from the office which woke the patients and made me drop the bag and its contents on the floor. I rushed to the office to find Mary curled up in the corner hysterically crying, she was in a terrible state. She managed to say between cries that a man had come in and tried to assault her. The police were called and they searched the hospital and its grounds but were unable to find any evidence of anyone being there. It was also before CCTV had been installed. Despite this Mary was too shocked to carry on working and left the following week. From then on I was in a constant state of fear when working night shifts and refused to do them alone, much to the disapproval of Sister Morris. The police had been called several times to investigate possible assault by staff or other patients but no culprits had been found and staff were urged to keep an eye out for any suspicious activity. It was the beginning of February, when the most terrifying event for me occurred. It was the beginning of yet another night shift and there was me, Sister Morris and Jane on duty when an ambulance arrived at the front of the hospital. There had been a car crash on a nearby road due to the terrific weather and a man and a woman had been seriously injured. All available staff were called to the main ward to help. Upon arriving I saw that the man had cut the artery in his leg and was bleeding profusely. Sister Morris took control while the other nurses cared for the woman who had severe spinal injuries. Sister Morris began frantically searching for her pair of Hemostats to clamp the artery but they had gone missing. She shouted at me to fetch some from the medical supplies room which was in the disused radiotherapy ward which had closed around ten years before. I decided to go through the building rather than run outside and made my way to the radiotherapy ward. It was dark and the only lights came from the luminous fire exit signs above the door. The ward was full of old machines from the sixties which had been abandoned as well as boxes of equipment and other junk. I made my way through the dark ward too the supply room and grabbed a packet containing a Hemostat when I heard it. The horrible screams of a man in pain pierced my ears causing me to shout out in alarm and drop the Hemostat. I ran to the stairwell leading to the basement and stopped suddenly when I remembered the story of the soldier John Porter. I have never been so afraid and the fear caused me to wet myself! He kept repeating something like: The next thing I remember is that I was outside in the recovery position being tended to by paramedics. I looked up and saw

the hospital on fire, with high flames and dark smoke pouring out from every window. There were fire engines and ambulances and a Royal Navy helicopter arrived in a nearby field to evacuate the man and woman from the car crash. The rest of the staff were tending to the patients who were wrapped in blankets. By morning most of the hospital was in ruins, with fire damage on every ward. I was taken to Derriford hospital in Plymouth to recover and was treated for shock and smoke inhalation. I was visited By Jane later that day and she told me that the fire had been caused by lightening that had apparently caused a surge in electricity on one of the wards causing an electrical fire in the basement. She said that fortunately no-one had been hurt but the hospital had been so heavily damaged that it was due to close. I quickly recovered and moved back to London, living with my parents until I could find work. I have never been back to Cornwall, and I never intend to.

Chapter 3 : St Margarets Hospital Jobs, Employment | racedaydvl.com

Welcome to St Margarets Hospital Team Reunion Website.

Is the organization described in section c 3 or a 1 other than a private foundation? Yes Yes Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? No No Did the organization engage in lobbying activities, or have a section h election in effect during the tax year? No No Is the organization a section c 4 , c 5 , or c 6 organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure ? No No Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? No No Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? No Did the organization maintain collections of works of art, historical treasures, or other similar assets? No No Did the organization report an amount for escrow or custodial account liability; serve as a custodian or provide credit counseling, debt management, credit repair, or debt negotiation services? No No Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? No Did the organization report an amount for land, buildings, and equipment? No Did the organization report an amount for other liabilities? Yes Did the organization obtain separate, independent audited financial statements for the tax year? Yes Was the organization included in consolidated, independent audited financial statements for the tax year? No Is the organization a school described in section b 1 A ii? No Did the organization maintain an office, employees, or agents outside of the United States? No Did the organization operate one or more hospital facilities? Yes Did the organization attach a copy of its audited financial statements? No Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? No No Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? No No Did the organization engage in an excess benefit transaction with a disqualified person during the year? No No Did the organization report any amount for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? No Was the organization a party to a business transaction with one of the following parties A current or former officer, director, trustee, or key employee? No A family member of a current or former officer, director, trustee, or key employee? Yes Yes An entity of which a current or former officer, director, trustee, or key employee or a family member thereof was an officer, director, trustee, or direct or indirect owner? No No Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? No Did the organization liquidate, terminate, or dissolve and cease operations? No Was the organization related to any tax-exempt or taxable entity? Yes Did the organization have a controlled entity within the meaning of section b 13? No Did the organization make any transfers to an exempt non-charitable related organization?

Chapter 4 : St. Margarets Hospital - Medical Group in Spring Valley Illinois

Official information from NHS about St Margaret's Hospital including contact details, directions, opening hours and service/treatment details.

Chapter 5 : St. Margaret's Hospital | Creepypasta Wiki | FANDOM powered by Wikia

61 St Margarets Hospital jobs available on racedaydvl.com Apply to Nursing Assistant, Patient Care Technician, Surgery Scheduler and more!

Chapter 6 : Welcome to St. Margaret's Center

St Margaret's Hospital was a maternity hospital in Sydney, racedaydvl.com opened in and closed in

Chapter 7 : Contact details, map and directions - St Margaret's Hospital - NHS

I had the most incredible labor and birthing experience at St. Margaret's. I can't say enough about the nurses in the OB department, especially Michele, or about Dr. Nirendhat. I recommend St. Margaret's Center for Family Health, the Hospital, and especially Dr. Nirendhat without reservation!

Chapter 8 : St Margaret Hospital Jobs, Employment | racedaydvl.com

Looking for St Margarets Hospital in Spring Valley, IL? We help you request your medical records, get driving directions, find contact numbers, and read independent reviews.

Chapter 9 : UPMC St. Margaret - Wikipedia

By , St. Margaret's had expanded by building an annex to the west of the original structure. The home on the east side of the hospital is removed and a power plant is constructed to allow for even greater expansion.