

North Carolina Department of Health and Human Services Division of Health Service Regulation

Pat McCrory Governor

Aldona Z. Wos, M.D. Ambassador (Ret.) Secretary DHHS

> Drexdal Pratt Division Director

March 4, 2015

Deanne S. Avery 2201 South Sterling Street Morganton, NC 28655

Exempt from Review

Facility:

Carolinas HealthCare System Blue Ridge

Project Description:

Renovate, redesign, and expand the OR suite

County:

Burke

FID #:

943191

Dear Ms. Avery:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that based on your letters of September 29, 2014; January 15, 2015; and February 13, 2015, the above referenced proposal is exempt from certificate of need review in accordance with G.S 131E-184(g). Therefore, you may proceed to offer, develop, or establish the above referenced project without a certificate of need.

However, you need to contact the Agency's Construction and Acute and Home Care Licensure and Certification Sections to determine if they have any requirements for development of the proposed project.

It should be noted that this determination is binding only for the facts represented by you. Consequently, if changes are made in the project or in the facts provided in your correspondence referenced above, a new determination as to whether a certificate of need is required would need to be made by the Agency. Changes in a project include, but are not limited to: (1) increases in the capital cost; (2) acquisition of medical equipment not included in the original cost estimate; (3) modifications in the design of the project; (4) change in location; and (5) any increase in the number of square feet to be constructed.

If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,

Project Analyst

(Please sie reverse into 35/2005 Martha J. Frisone, Assistant Chief

Certificate of Need

cc:

Construction Section, DHSR

Acute and Home Care Licensure and Certification Section, DHSR

Assistant Chief, Healthcare Planning

Healthcare Planning and Certificate of Need Section

www.ncdhhs.gov

Telephone: 919-855-3873 • Fax: 919-733-8139

Location: Edgerton Building • 809 Ruggles Drive • Raleigh, NC 27603 Mailing Address: 2704 Mail Service Center • Raleigh, NC 27699-2704

An Equal Opportunity/ Affirmative Action Employer

Please note: Additional clesign plans submitted. As of 3/5/2015, located in storage closet on East Hall, on higher shelf on the left, with below label.

Burke
Carolinas HealthCare System
Blue Ridge 943191 Exemption 03.04.15



Carolinas HealthCare System

Blue Ridge

February 13, 2015

Piecewed by Piecewed by 2015

Julie Halatek, Project Analyst Certificate of Need Section Division of Health Service Regulation NC Department of Health and Human Services 2704 Mail Service Center Raleigh, NC 27699-2704

Re: Information Request Related to Notice of Exemption Pursuant to G.S. 131E-184(g)

Facility:

Carolinas HealthCare System Blue Ridge

Project Description:

Renovate, redesign, and expand the OR suite

County:

Burke

FID#:

943191

Dear Ms. Halatek:

We have received your letter dated February 6, 2015 requesting additional information related to Blue Ridge HealthCare Hospitals, Inc. dba Carolinas HealthCare System Blue Ridge's ("CHS Blue Ridge")'s notice of exemption for its renovation and expansion project on its main campus in Morganton, North Carolina. I am writing to re-confirm the assurances you have requested:

- 1. The proposed project will not result in the offering of any new institutional health services that are not currently provided. CHS Blue Ridge plans to provide in the renovated space the same range of health services that it is currently providing, and the project does not involve the development or offering of any new institutional health services for which a certificate of need is required.
- 2. The proposed project does not involve the acquisition of additional units of major medical equipment. Existing units of major medical equipment may be moved, but we are not planning with this project to add any new major medical equipment. If we identify through further planning that replacement equipment is needed, we will send a separate notice regarding such replacement equipment.

- 3. The proposed project will not result in any increase in the number of operating rooms, or gastrointestinal endoscopy rooms. We are renovating and relocating space for operating rooms, but we are not adding any new operating rooms.
- 4. The proposed project does not involve an increase the number of beds.

To supplement the site plan for the project attached as Attachment 3 to our September 29, 2014 exemption notice and the more detailed site plan and design schematics submitted January 15, 2015, I have enclosed a site plan scaled to fit 11 inch by 7 inch paper as requested.

Please let us know if you need any additional information. We look forward to receiving as soon as possible the CON Section's response to our September 29, 2014 exemption notice as supplemented by this letter.

Sincerely,

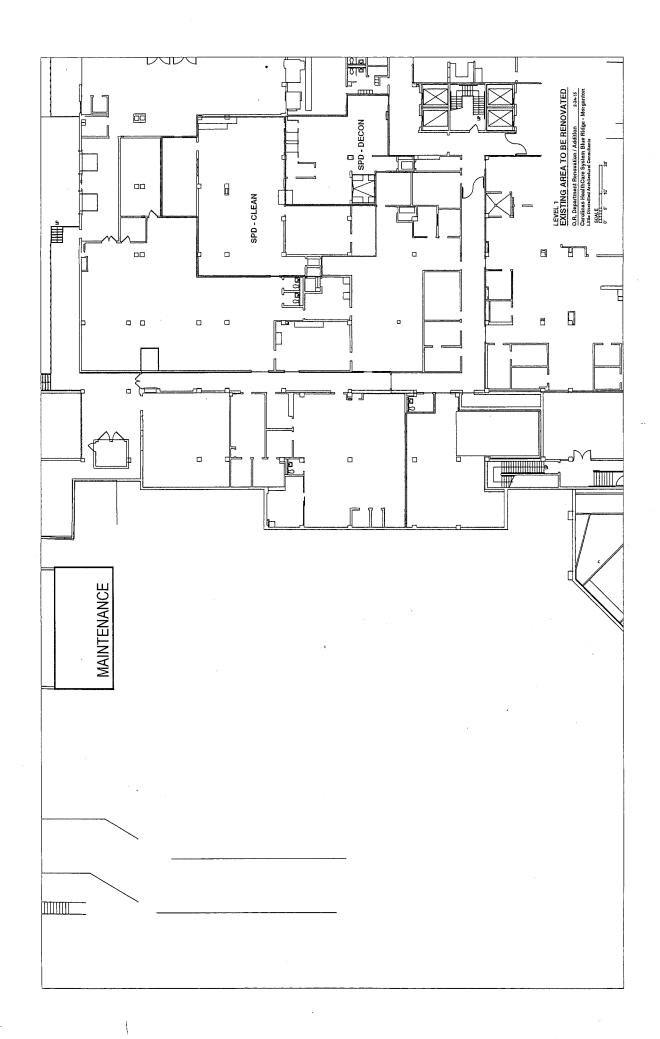
Deanne S. Avery

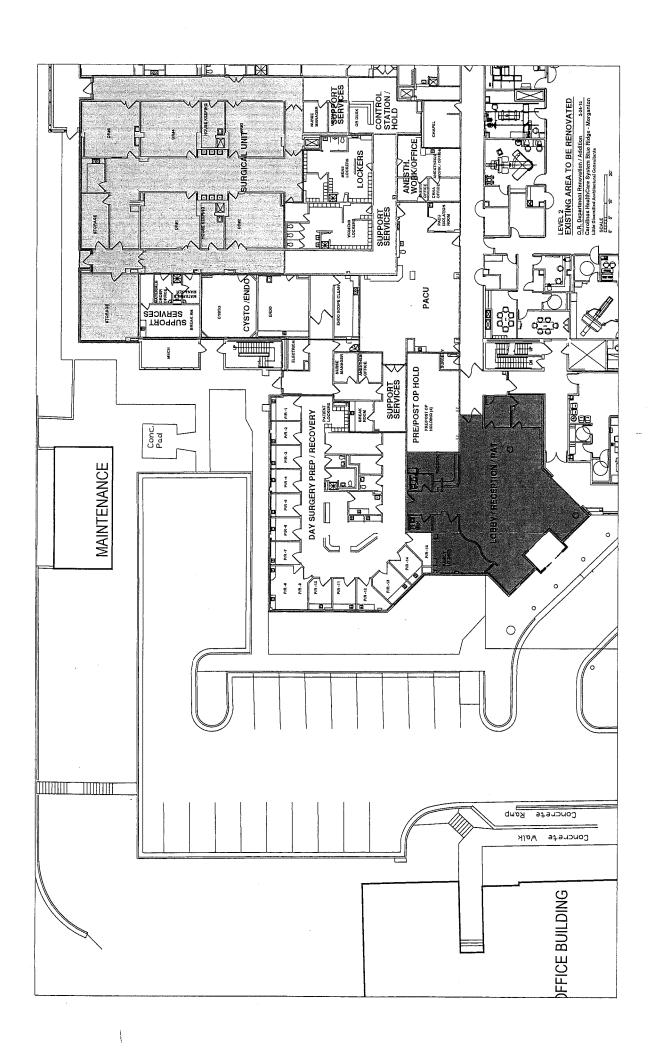
Director of Capital Projects

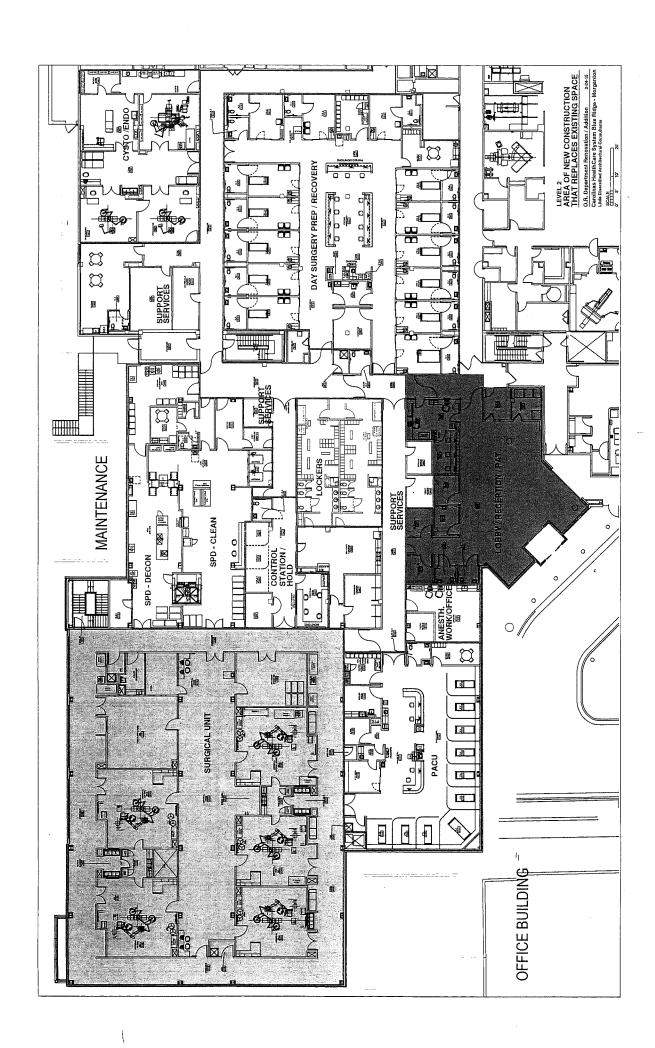
Enclosure

cc: Thomas Eure











North Carolina Department of Health and Human Services Division of Health Service Regulation

Pat McCrory Governor Aldona Z. Wos, M.D. Ambassador (Ret.) Secretary DHHS

> Drexdal Pratt Division Director

February 6, 2015

Deanne Smith 2201 South Sterling Street Morganton, NC 28655

Information Request for Exemption Pursuant to G.S. 131E-184(g)

Facility:

Carolinas HealthCare System Blue Ridge

Project Description:

Renovate, redesign, and expand the OR suite

County:

Burke

FID#:

943191

Dear Ms. Smith:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your letters dated September 29, 2014, and January 15, 2015, regarding the above reference proposal. However, additional information is needed to determine if the project is exempt from review pursuant to G.S. 131E-184(g).

Provide the following information:

1. A site plan drawn to scale identifying the main building and the site of the proposed renovations or construction. Please limit the size of any documents submitted to no larger than an 11 inch by 17 inch piece of paper.

If you have any questions concerning this request, please do not hesitate to call this office.

Sincerely,

Julie Halatek

Project Analyst, Certificate of Need

Julie Halatek

dhhs

Healthcare Planning and Certificate of Need Section

www.ncdhhs.gov Telephone: 919-855-3873 • Fax: 919-733-8139 Location: Edgerton Building • 809 Ruggles Drive • Raleigh, NC 27603

Mailing Address: 2704 Mail Service Center •Raleigh, NC 27699-2704

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* E



Carolinas HealthCare System

Blue Ridge

January 15, 2015

CONSTRUCTION SECTION

JAN 20 2015

RECEIVED

Julie Halatek, Project Analyst
Certificate of Need Section
Division of Health Service Regulation
NC Department of Health and Human Services
2704 Mail Service Center
Raleigh, NC 27699-2704

Re: Information Request Related to Notice of Exemption Pursuant to G.S. 131E-184(g)

Facility:

Carolinas HealthCare System Blue Ridge

Project Description:

Renovate, redesign, and expand the OR suite

County:

Burke

FID#:

943191

Dear Ms. Halatek:

We have received your letter dated November 24, 2014 requesting additional information related to Blue Ridge HealthCare Hospitals, Inc. dba Carolinas HealthCare System Blue Ridge's ("CHS Blue Ridge")'s notice of exemption for its renovation and expansion project on its main campus in Morganton. North Carolina. I am writing to re-confirm the assurances you have requested:

- 1. The proposed project will not result in the offering of any new institutional health services that are not currently provided. CHS Blue Ridge plans to provide in the renovated space the same range of health services that it is currently providing, and the project does not involve the development or offering of any new incititutional health services for which a certificate of need is required.
- 2. The proposed project does not involve the acquisition of additional units of major medical equipment. Existing units of major medical equipment may be moved, but we are not planning with this project to add any new major medical equipment. If we identify through further planning that replacement equipment is needed, we will send a separate notice regarding such replacement equipment.

- 3. The proposed project will not result in any increase in the number of operating rooms, or gastrointestinal endoscopy rooms. We are renovating and relocating space for operating rooms, but we are not adding any new operating rooms.
- 4. The proposed project does not involve an increase the number of beds.

In addition, please note the following:

- 1. The offices of the Chief Executive Officer and President of CHS Blue Ridge and the Chief Financial Officer of CHS Blue Ridge are both located on CHS Blue Ridge's main campus in Morganton, North Carolina, which is the site of the proposed project.
- 2. The financial operations of CHS Blue Ridge as a whole are lead from offices on CHS Blue Ridge's main campus in Morganton, North Carolina, the site of the proposed project.
- 3. The administration of CHS Blue Ridge as a whole is lead from offices on CHS Blue Ridge's main campus in Morganton, North Carolina, the site of the proposed project.

I have enclosed a copy of CHS Blue Ridge's license as requested. To supplement the site plan for the project attached as Attachment 3 to our September 29, 2014 exemption notice, I have enclosed a more detailed site plan and design schematics.

Please let us know if you need any additional information. We look forward to receiving as soon as possible the CON Section's response to our September 29, 2014 exemption notice as supplemented by this letter.

Sincerely,

Deanne S. Avery

Director of Capital Projects

Enclosure

cc: Thomas Eure

State of Aurth Carolina Department of Health and Human Services Division of Health Service Regulation

Effective January 01, 2014, this license is issued to Blue Ridge HealthCare Hospitals, Inc.

to operate a hospital known as

Carolinas HealthCare System Blue Ridge
located in Morganton, North Carolina, Burke County.

This license is issued subject to the statutes of the State of North Carolina, is not transferable and shall remain in effect until amended by the issuing agency.

Facility ID: 943191
License Number: H0062

Bed Capacity: 315
General Acute 293, Psych 22,

Dedicated Inpatient Surgical Operating Rooms: 1

Dedicated Ambulatory Surgical Operating Rooms: Shared Surgical Operating Rooms: 9

Dedicated Endoscopy Rooms: 3

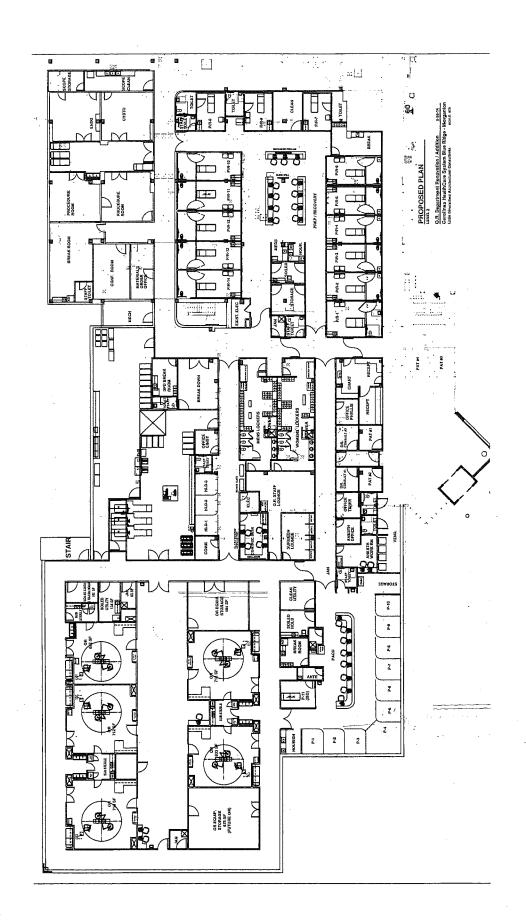
Authorized by:

Secretary, N.C. Department of Health and

Human Services



Director, Division of Health Service Regulation





North Carolina Department of Health and Human Services Division of Health Service Regulation

Pat McCrory Governor Aldona Z. Wos, M.D. Ambassador (Ret.) Secretary DHHS

Drexdal Pratt Division Director

November 24, 2014

Deanne Smith 2201 South Sterling Street Morganton, NC 28655

Information Request for Exemption Pursuant to G.S. 131E-184(g)

Facility:

Carolinas HealthCare System Blue Ridge

Project Description:

Renovate, redesign, and expand the OR suite

County:

Burke

FID #:

943191

Dear Ms. Smith:

The Certificate of Need Section (CON Section) has received your letter dated September 29, 2014 regarding the above reference proposal. However, additional information is needed to determine if the project is exempt from review pursuant to G.S. 131E-184(g).

Provide a written response to each of the following.

- 1. A copy of the health service facility's current license.
- 2. A site plan drawn to scale identifying the main building and the site of the proposed renovations or construction.
- 3. Design schematics drawn to scale showing:
 - a. each area to be renovated; and
 - b. each area of new construction that replaces existing space.
- 4. Documentation that <u>financial control of the entire licensed health service facility</u> is exercised at the site of the proposed renovations or construction.
- 5. Documentation that <u>administrative control of the entire licensed health service facility</u> is exercised at the site of the proposed renovations or construction.



Deanne Smith November 24, 2014 Page 2

If you have any questions concerning this request, please do not hesitate to call me.

Sincerely,

Julie Halatek, Project Analyst Certificate of Need Section





Blue Ridge

September 29, 2014

Ms. Martha Frisone, Interim Chief Certificate of Need Section Division of Health Service Regulation NC Department of Health and Human Services 2704 Mail Service Center Raleigh, North Carolina 27699-2704

Re: Renovation, redesign, and expansion of the OR suite on the Blue Ridge

'HealthCare Hospitals, Inc.'s main hospital campus, Carolinas HealthCare System

Blue Ridge – Morganton Campus

Dear Ms. Frisone:

This letter provides prior written notice of Blue Ridge HealthCare Hospitals, Inc. dba Carolinas HealthCare System Blue Ridge's ("CHS Blue Ridge") intention to pursue a renovation and expansion project on its main campus in Morganton under the exemption provisions in N.C. Gen. Stat. § 131E-184(g). The sole purpose of CHS Blue Ridge's project is to renovate and expand its existing health service facility that is located on the main campus. The project does <u>not</u> include any change in bed capacity, the addition of a health service facility, or any other new institutional health service other than a capital expenditure in excess of \$2 million. If, in the future, CHS Blue Ridge should consider developing any new institutional health service, it will do so as a separate project and pursue appropriate approvals from the Certificate of Need Section.

CHS Blue Ridge is proposing to expand the existing facility on the Morganton main campus with physically connected space to develop a new operating room suite and to renovate the existing operating room suite that will be vacated to be used for hospital support space. Specifically, CHS Blue Ridge plans to build an addition onto the surgery center building where its existing operating rooms and Post Anesthesia Care Unit ("PACU"), along with the accompanying surgical prep and recovery areas and support space are located. Once the addition is built, CHS Blue Ridge will relocate its existing operating rooms to the addition. Then, in the old section of the building where the operating rooms and PACU are currently located, CHS Blue Ridge will reconfigure and renovate the space to house the PACU, surgical prep and recovery areas, the sterile

processing department, and related support space. As a result of the renovation and expansion, the size of the operating room suite on the CHS Blue Ridge - Morganton Campus will increase from 17,847 square feet to 39,522 square feet.

The reason for this major renovation and expansion is that the surgery center building on the CHS Blue Ridge - Morganton Campus is approximately 45 years old and not configured in accordance with current clinical practice. The building is simply too small for CHS Blue Ridge's needs. Many clinical spaces are not well suited to today's current health care equipment and treatment modalities. The operating rooms are small and not configured in accordance with current thinking on appropriate operating room space for delivery of patient care. It is also difficult to make ongoing technological improvements to the operating rooms in the existing space for surgical servics on the CHS Blue Ridge Morganton Campus due to the need for certain ceiling clearances, floor supports and space size to accommodate new technology. The support service spaces are also too small. Many "offices" are currently located in spaces designed to be closets or sleep rooms. CHS Blue Ridge could not renovate and reconfigure the existing building to provide for all the needed improvements without building the addition because the existing building simply is not big enough or structured appropriately.

The Morganton Campus, formerly known as Grace Hospital, is the main campus of Carolinas HealthCare System Blue Ridge. The primary administrative, human resources and financial functions are located on the Morganton Campus, which is the principal site at which patient clinical services are offered. The Morganton Campus meets the definition of main campus in the CON Act. "Main campus" is defined as:

- a. The site of the main building from which a licensed health service facility provides clinical patient services and exercises financial and administrative control over the entire facility, including the buildings and grounds adjacent to that main building.
- b. Other areas and structures that are not strictly contiguous to the main building but are located within 250 yards of the main building.

The following table outlines the details of this request along with the associated references. Pertinent supporting documentation is attached.

Proposal	Criteria/Law	Supporting Documentation
Relocate, renovate, and expand the existing shared operating rooms without changing the number of operating rooms so that CHS Blue Ridge's main campus will have no more than 5 shared operating	 Renovate on the same main campus. N.C. Gen. Stat. § 131E- 184(g). This proposal does not result in the addition of a new institutional 	 CHS Blue Ridge 2014 License Renewal Application [ATTACHMENT 1] Grace Hospital 2013 License Renewal

rooms and 1 dedicated C-Section operating room upon completion.	health service within the meaning of N.C. Gen. Stat. §§ 131E-176(16)(u) and (v).	Application [ATTACHMENT 2] 3. Site plan and line drawings showing the location of the project on CHS Blue Ridge's main campus. [ATTACHMENT 3]
Renovate and expand the PACU unit.	 Renovate on the same main campus. N.C. Gen. Stat. § 131E-184(g). Capital expenditure does not result in the addition of new institutional health services. N.C. Gen. Stat. §§ 131E-176(16) and 184(g). 	Site plan and line drawings showing the location of the project on CHS Blue Ridge's main campus. [ATTACHMENT 3]
Renovate and expand the existing surgical prep and recovery areas.	 Renovate on the same main campus. N.C. Gen. Stat. § 131E-184(g). Capital expenditure does not result in the addition of new institutional health services. N.C. Gen. Stat. §§ 131E-176(16) and 184(g). 	Site plan and line drawings showing the location of the project on CHS Blue Ridge's main campus. [ATTACHMENT 3]
Renovate, relocate, and expand the existing sterile processing department.	 Renovate on the same main campus. N.C. Gen. Stat. § 131E-184(g). Capital expenditure does not result in the addition of new institutional health services. N.C. Gen. Stat. §§ 131E-176(16) and 184(g). 	Site plan and line drawings showing the location of the project on CHS Blue Ridge's main campus. [ATTACHMENT 3]
Renovate and expand existing support space.	1. Renovate on the same main campus. N.C. Gen. Stat. § 131E-184(g).	Site plan and line drawings showing the location of the project on CHS Blue Ridge's

	2. Capital expenditure does not result in the addition of new institutional health services. N.C. Gen. Stat. §§ 131E-176(16) and 184(g).	main campus. [ATTACHMENT 3]
Develop approximately 21,675 square feet of new space in an addition built on the surgery center, expanding the CMC-Blue Ridge main campus.	Expansion of an existing health service on the main hospital campus and exempt from CON review pursuant to N.C. Gen. Stat. § 131E-184(g).	N/A because not proposing to develop a new institutional health service.
Reconfigure existing space in the surgery center on the CHS Blue Ridge main campus.	 Renovate on the same main campus. N.C. Gen. Stat. § 131E-184(g). Capital expenditure does not result in the addition of new institutional health services. N.C. Gen. Stat. §§ 131E-176(16) and 184(g). 	 Site plan and line drawings showing the location of the project on CHS Blue Ridge's main campus. [ATTACHMENT 3] N/A because not proposing to develop a new institutional health service.
Renovate space at the main campus of CHS Blue Ridge.	 Renovate on the same site within the meaning of N.C. Gen. Stat. § 131E-184(g). Capital expenditure does not result in the addition of new institutional health services within the meaning of G.S. 131E-184(g) 	 Site plan and line drawings showing the location of the project on CHS Blue Ridge's main campus. [ATTACHMENT 3] N/A because not proposing to develop a new institutional health service.

If CHS Blue Ridge identifies the need to replace any existing major medical equipment, it will submit in the future separate notices to address why such replacement equipment is exempt. This proposal and notice includes any replacement needed of operating suite equipment that either is not major medical equipment under the CON law or is non-health care equipment.

Based on the information in this letter and the attached documentation, we look forward to receiving your letter confirming that CHS Blue Ridge's renovation project is exempt from certificate of need review pursuant to N.C. Gen. Stat. § 131E-184(g). Please let us know if you

have any questions or need additional information. We look forward to hearing from you in the near future.

Sincerely,

Deanne Smith

Director of Capital Projects

Enclosures

cc: Thomas Eure



North Carolina Department of Health and Human Services Division of Health Service Regulation

Pat McCrory Governor

Aldona Z. Wos, M.D. Ambassador (Ret.) Secretary DHHS

> Drexdal Pratt Division Director

MEMORANDUM

TO:

CMC-Blue Ridge - Morganton

FROM:

Azzie Y. Conley, RN, Section Chief

SUBJECT:

2014 Hospital License Renewal Application

PLEASE READ CAREFULLY

Enclosed is your 2014 License Renewal Application. Please complete this application and return the <u>original</u> (plus ONE COPY) no later than December 1, 2013 to the address below.

Acute and Home Care

Licensure and Certification Section

or Overnight mail address

Acute and Home Care

Licensure and Certification Section

1205 Umstead Drive Raleigh, N C 27603

2712 Mail Service Center Raleigh, N C 27699-2712

Data on file with the Division indicates that your facility/entity is a <u>Hospital</u> with <u>315</u> beds. Your annual licensure fee, as authorized by G.S. 131E-77, is <u>\$6,062.50</u>. This amount is comprised of a base fee of <u>\$550.00</u> plus an additional per bed fee of <u>\$17.50</u>.

Payment should be in the form of check, money order or certified check and must be payable to "NC - DHSR." Payment should include the facility's license number and be submitted with your license renewal application. A separate check is required for each licensed entity.

Your completed renewal application <u>and</u> the annual licensure fee must be received by December 1, 2013 to ensure your license remains valid. Failure to possess a valid license may compromise your facility's ability to operate and/or adversely impact its funding sources.

A portion of this application (pp. 1-2) contains **preprinted** information from our data systems, based on your last hospital license renewal application or the most recent information that has been reported to this office. If any of this preprinted information has changed, **mark through the incorrect information with a** *RED* **pen and write in the correct information.** Prior to amending the D/B/A or legal entity, please contact this **office for further instructions.** Please review the "ownership disclosure" section carefully to verify its accuracy. Complete all areas of this application and return by the date specified above, along with the annual **licensure fee.** PLEASE, DO NOT RETYPE THE APPLICATION, and be sure to retain a second copy of the application for your records. If you have any questions about the **preprinted** information, please feel free to call our staff at (919) 855-4620.

--- continued



Acute and Home Care Licensure and Certification Section

http://www.ncdhhs.gov/dhsr/

Phone: (919) 855-4620 Fax: (919) 715-3073

Mailing Address: 2712 Mail Service Center • Raleigh, North Carolina 27699-2712

Location: 1205 Umstead Drive (Lineberger Building) ■ Dorothea Dix Hospital Campus ■ Raleigh, N.C. 27603

An Equal Opportunity / Affirmative Action Employer



North Carolina Department of Health and Human Services Division of Health Service Regulation Acute and Home Care Licensure and Certification Section 1205 Umstead Drive, 2712 Mail Service Center Raleigh, North Carolina 27699-2712 Telephone: (919) 855-4620 Fax: (919) 715-3073

License # H0062 Medicare # 340075 Computer: 943191 PC______ Date

License Fee:

For Official Use Only

\$6,062.50

2014 HOSPITAL LICENSE RENEWAL APPLICATION

Legal Identity of Applicant (Full legal name of corpora	: Blue Ridge HealthCare Hospitals, Inc. tion, partnership, individual, or other legal entity owning the enterprise or service.)
Doing Business As (d/b/a) name(s) under which	n the facility or services are advertised or presented to the public:
	l <mark>ue Ridge</mark> ue Ridge, Valdese Campus
Facility Mailing Address:	2201 South Sterling St Morganton, NC 28655
Facility Site Address: County: Telephone: Fax: Administrator/Director:	2201 South Sterling St Morganton, NC 28655 Burke (828)580-5000 (828)580-5509 Kenneth W Wood KAHY C. Bally
	esponsible to the governing body (owner) for the management of the licensed facility)
	Sathuf C. Bailey Title: President and CEC sponsible to the governing body (owner) for the management of the licensed facility)
	ict for any questions regarding this form:
Name: Robert 7	
E-Mail: Cobutt	rutsoblueridghalth.org
Primary National Provide	r Identifier (NPI) registered at NPPES 1700860491
If facility has more than or	ne "Primary" NPI, please provide
For questions regarding NPI	Contact Azzie Conley at (919) 855-4646

"The N.C. Department of Health and Human Services does not discriminate on the basis of race, color, national origin, religion, age, or disability in employment or the provision of services."

License No: <u>H0062</u> Facility ID: <u>943191</u>

Type of Health Care Facilities under the Hospital License (please include offsite emergency departments) Type of

List Name(s) of facilities:	Address:	Business / Service
1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		
Please attach a separate sheet for ac	lditional listings	
Ownership Disclosure (Please fill in	any blanks and make changes w	here necessary)
Street/Box: 2201 Sc. City: Morgan Telephone: (828)58 CEO: Kennet! Is your facility part of a Health Sc. ambulatory surgical facilities, nun company or a related entity?] If 'Yes', name of Health System* * (please attach a list of NC facility If 'Yes', name of CEO:	lospital Incounth Sterling St ton State: NC Zip: 28 0-5000 Fax: (828)580-5 W. Wood Kather hospitalising homes, home health agencies agencies that are part of your Health Systems of the state of the st	S655 S09 Lals, offsite entergency departments, es, etc. owned by your hospital, a parent of the control of the
b. Legal entity is: X Соп		Pront Partnership Government Unit
c. Does the above entity (partner are offered? Yes X	ership, corporation, etc.) LEASE 1	
If "YES", name of building own	PT: 1	
2. Is the business operated under a n	nanagement contract? X Yes	No
If 'Yes', name and address of the Name: <u>Carolinas Health</u> Street/Box: 1000 Blythe Bly	management company. Care System/Blue Ridge Health(

Revised 08/2013

All responses should pertain to October 1, 2012 through September 30, 2013.

License No: <u>H0062</u> Facility ID: <u>943191</u>

Page 3

Ownership Disclosure continued	
3. Vice President of Nursing and Patient Care Services: Susan Brown (bul) Nurse Executive & \	PNursum
4. Director of Planning: And Muser, VP Support O	rations
Facility Data	
A. Reporting Period All responses should pertain to the period October 1, 2 2013.	012 to September 30,
B. <u>General Information</u> (Please fill in any blanks and make changes where	necessary.)
a. Admissions to Licensed Acute Care Beds: include responses to "a - q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.	7,187
b. Discharges from Licensed Acute Care Beds: include responses to "a - q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.	7,196
c. Average Daily Census: include responses to "a - q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.	714
d. Was there a permanent change in the total number of licensed beds during the reporting period?	Yes No
If 'Yes', what is the current number of licensed beds? NIMAL S VOLUME GLAVAL HOSALA WITH Yes', please state reason(s) (such as additions, alterations, or conversions) which may have affected the change in bed complement:	315 n and unto ce Hospital
e. Observations: Number of patients in observation status and not admitted as inpatients, excluding Emergency Department patients.	3,082
C. Designation and Accreditation	
Are you a designated trauma center? Yes (Designated Level	l#) <u>/</u> No
2. Are you a critical access hospital (CAH)? Yes No	
3. Are you a long term care hospital (LTCH)? Yes No	
4. Is this facility TJC accredited? Yes No Expiration	Date: 3/9/15
5. Is this facility DNV accredited? Yes No Expiration	Date:
6. Is this facility AOA accredited? Yes No Expiration	Date:
7. Are you a Medicare deemed provider? Yes No	

License No: <u>H0062</u> Facility ID: <u>943191</u>

D. <u>Beds by Service (Inpatient - Do Not Include Observation Beds or Days of Care)</u> [Please provide a <u>Beds by Service (p. 4)</u> for <u>each</u> hospital campus (see G.S. 131E-176(2c))]

Please indicate below the number of beds usually assigned (set up and staffed for use) to each of the following services and the number of census inpatient days of care rendered in each unit. NOTE: If your facility has a designated unit(s) for chemical dependency treatment and/or detoxification, please complete the patient origin sheet pertaining to Psychiatric and Substance Abuse Services. If your facility has a Nursing Facility unit and/or Adult Care Bed unit please complete the supplemental packet for Skilled Nursing Facility beds.

Licensed Acute Care (provide details below) Campus	Licensed Beds as of September 30, 2013	Staffed Beds as of September 30, 2013	Annual Census Inpt. Days of Care
Intensive Care Units		2013	
1. General Acute Care Beds/Days			
a. Burn *			*
b. Cardiac			
c. Cardiovascular Surgery			
d. Medical/Surgical	20	16	3.639
e. Neonatal Beds Level IV ** (Not Normal Newborn)	200		**
f, Pediatric		=5.5	
g, Respiratory Pulmonary			
h. Other (List)		and the same of th	
Other Units			
i. Gynecology			
j. Medical/Surgical ***	253	117	***19.878
k. Neonatal Level III ** (Not Normal Newborn)			**
1. Neonatal Level II ** (Not Normal Newborn)	4	- 4	** 131
m. Obstetric (including LDRP)	16	16	1.928
n. Oncology		(, , , ,
o. Orthopedics			
p. Pediatric			
q. Other (List)			
Total General Acute Care Beds/Days (a through q)	293	153	26076
2. Comprehensive In-Patient Rehabilitation	0		2
3. Inpatient Hospice	0		
4. Detoxification	0	en e	
5. Substance Abuse / Chemical Dependency Treatment	0		
6. Psychiatry	22	22	7016
7. Nursing Facility	0)
8. Adult Care Home	0		
9. Other	0		
10. Totals (1 through 9)	315	175	33.092

* Please report only Census Days of Care of DRG's 927, 928, 929, 933, 934 and 935.

** Per C.O.N. rule definition. Refer to Section 1400 entitled Neonatal Services. (10A NCAC 14C)

*** Exclude Skilled Nursing swing-bed days. (See swing-bed information next page)

License No: <u>H0062</u> Facility ID; <u>943191</u>

D. Beds by Service (Inpatient) continued

Number of	Swing Beds *	\cap
Number of	Skilled Nursing days in Swing Beds	7
	inlicensed observation beds	ñ

^{*} means a hospital designated as a swing-bed hospital by CMS (Centers for Medicare & Medicaid Services)

E. Reimbursement Source (For "Inpatient Days," show Acute Inpatient Days only, excluding normal newborns.)

Primary Payer Source	Inpatient Days of Care (total should be the same as D.l.a - q total on p. 4)	Emergency Visits (total should be the same as F.3.b. on p. 6)	Outpatient Visits (excluding Emergency Visits and Surgical Cases)	Inpatient Surgical Cases (total should be same as F.8.d. Total Surgical Cases-Inpatient Cases on p. 9)	Ambulatory Surgical Cases (total should be same as F.8.d. Total Surgical Cases-Ambulatory Cases on p. 9)
Self Pay/Indigent/Charity	2.040	16,975	4192	70	162
Medicare & Medicare Managed Care	14.871	15.159	51,324	778	1477
Medicaid	4992	15504	9113	218	539
Commercial Insurance	3550	544	1437	12	56
Managed Care	3 588	10406	26 797	354	1553
Other (Specify)	35	3.124	1/380	31	207
TOTAL	26.076	61713	94.242	1502	3 LAH

F. Services and Facilities

1. Obstetrics	Enter Number of Infants
a. Live births (Vaginal Deliveries)	557
b. Live births (Cesarean Section)	338
c. Stillbirths	A CONTRACTOR OF THE CONTRACTOR

d. Delivery Rooms - Delivery Only (not Cesarean Section)		0
e. Delivery Rooms - Labor and Delivery, Recovery		<u> </u>
f. Delivery Rooms - LDRP (include Item "D.1.m" on Page 4)	1	12
g. Normal newborn bassinets (Level I Neonatal Services) Do not include with totals under the section entitled Beds by Service (Inpatient)		6

		<u>ices</u>			oer o)	

Emergency Depa	trinent Services (cas	on odam Maria to	LL)	
a. Total Number	of ED Exam Rooms:	<u> 32 </u>	. Of this total, h	ow many are:
a.1. # Trau	ıma Rooms	<u>, </u>		
a.2 # Fast '	Track Rooms	<u>1</u>		
a.3 # Urge	nt Care Rooms	<u> </u>		
b. Total Number	of ED visits for report	ing period:(0.835	
	of admits from the ED			<u>5</u>
	of Urgent Care visits			03
e. Does your ED If no, specify days	provide services 24 hos/hours of operation:	ours a day 7 days	per week?	Yes No
f. Is a physician o	on duty in your ED 24	hours a day 7 da	ys per week? 🗸	√Yes No
if no, specify days	s/hours physician is or	ı duty:		
	s/hours physician is or usport: Owned or lea	ı duty:		
Medical Air Tran	s/hours physician is or	n duty: ased air ambuland lance service?	e service:	
Medical Air Tran a. Does the facilit b. If "Yes", comp Type of Aircraft	s/hours physician is or <u>sport:</u> Owned or learly y operate an air ambu	n duty: ased air ambuland lance service?	e service:	Number of Transports
Medical Air Tran a. Does the facilit b. If "Yes", comp Type of Aircraft Rotary	shours physician is or a sport: Owned or leasy operate an air amburlete the following characters.	n duty: ased air ambuland lance service? urt.	e service: Yes ✓No	
Medical Air Tran a. Does the facilit b. If "Yes", comp Type of Aircraft Rotary Fixed Wing	s/hours physician is or isport: Owned or lead y operate an air ambustlete the following cha	ased air ambuland lance service? art. Number Owned	e service: Yes No Number Leased	Number of Transports
a. Does the facilit b. If "Yes", comp Type of Aircraft Rotary Fixed Wing Pathology and Mo	s/hours physician is or isport: Owned or lead y operate an air ambustlete the following chat Number of Aircraft	ased air ambuland lance service? art. Number Owned whether or not ser	e service: Yes No Number Leased vice is provided)	Number of Transports
Medical Air Tran a. Does the facilit b. If "Yes", comp Type of Aircraft Rotary Fixed Wing Pathology and Mo a. Blood Bank/Tra	isport: Owned or leady operate an air ambulete the following change of Aircraft Number of Aircraft	n duty; ased air ambulance lance service? art. Number Owned whether or not ser	Pe service: Yes No Number Leased vice is provided) No	Number of Transports
a. Does the facilit b. If "Yes", comp Type of Aircraft Rotary Fixed Wing Pathology and Moa. Blood Bank/Trab. Histopathology	s/hours physician is or isport: Owned or lead by operate an air amburlete the following characters Number of Aircraft edical Lab (Check was fusion Services of Laboratory)	ased air ambuland lance service? urt. Number Owned whether or not ser	vice is provided) Number Leased Vice is provided) No. No.	Number of Transports
a. Does the facilit b. If "Yes", comp Type of Aircraft Rotary Fixed Wing Pathology and Mo a. Blood Bank/Trab. Histopathology c. HIV Laboratory	s/hours physician is or isport: Owned or lead y operate an air ambuilete the following chat Number of Aircraft edical Lab (Check was fusion Services Laboratory y Testing	n duty; ased air ambulance lance service? art. Number Owned whether or not ser	vice is provided) Number Leased Vice is provided) No No	Number of Transports
a. Does the facilit b. If "Yes", comp Type of Aircraft Rotary Fixed Wing Pathology and Mo a. Blood Bank/Trab. Histopathology c. HIV Laboratory	nsport: Owned or lead by operate an air amburelete the following character of Aircraft Number of Aircraft	ased air ambuland lance service? urt. Number Owned whether or not ser	vice is provided) Number Leased Vice is provided) No. No.	Number of Transports
a. Does the facilit b. If "Yes", comp Type of Aircraft Rotary Fixed Wing Pathology and Market Arrow a. Blood Bank/Trib. Histopathology c. HIV Laboratory Number during HIV Serol HIV Culture	shours physician is or isport: Owned or lead y operate an air ambuilete the following characters Number of Aircraft edical Lab (Check was fusion Services of Laboratory of Testing reporting period logy	n duty: ased air ambulance. lance service? art. Number Owned whether or not ser Ye. Ye. Ye. Ye.	vice is provided) Number Leased Vice is provided) No No No	Number of Transports
a. Does the facilit b. If "Yes", comp Type of Aircraft Rotary Fixed Wing Pathology and Mo a. Blood Bank/Tra b. Histopathology c. HIV Laboratory Number during HIV Serol HIV Cultu d. Organ Bank	nsport: Owned or lead of the sport: Owned or lead of the sport of the	n duty: ased air ambulance. lance service? art. Number Owned whether or not ser Ye. Ye. Ye. Ye.	vice is provided) Number Leased Vice is provided) No No No	Number of Transports
a. Does the facilit b. If "Yes", comp Type of Aircraft Rotary Fixed Wing Pathology and Mana. Blood Bank/Trab. Histopathology c. HIV Laboratory Number during HIV Serol HIV Cultu d. Organ Bank e. Pap Smear Screen	nsport: Owned or leady operate an air amburdete the following character of Aircraft Number of Aircraft edical Lab (Check wasfusion Services Laboratory of Testing creporting period logy are	ased air ambuland lance service? urt. Number Owned vhether or not ser Ye. Ye. Ye. Ye.	vice is provided) Number Leased Vice is provided) No No No	Number of Transports
a. Does the facilit b. If "Yes", comp Type of Aircraft Rotary Fixed Wing Pathology and Mana. Blood Bank/Trab. Histopathology c. HIV Laboratory Number during HIV Serol HIV Cultu d. Organ Bank e. Pap Smear Screen	nsport: Owned or lead of the sport: Owned or lead of the sport of the	ased air ambuland lance service? urt. Number Owned vhether or not ser Ye. Ye. Ye. Ye.	vice is provided) Number Leased Vice is provided) No No No	Number of Transports

Туре	Number	Type	Number	Type	Number
a. Bone Marrow-Allogeneic		f. Kidney/Liver	,	k, Lung	
b. Bone Marrow-Autologous		g. Liver		I. Pancreas	
c. Cornea		h. Heart/Liver		m. Pancreas/Kidney	1-/
d. Heart		i. Heart/Kidney	1/	n, Pancreas/Liver	1
e. Heart/Lung		j. Kidney	/	o. Other	/

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7. <u>Specialized Cardiac Services</u> (for questions, call 855-3865 [Medical Facilities Planning])

(a) Cardiac Catheterization	Diagnostic Cardiac Catheterization ICD-9 37.21, 37.22, 37.23, 37.25	Interventional Cardiac Catheterization ICD-9 00.66, 99.10, 36.06, 36.07, 36.09; 35.52, 35.71, 35.96
1. Number of Units of Fixed Equipment		
Number of Procedures* Performed in Fixed Units on Patients Age 14 and younger	Ø	
3. Number of Procedures* Performed in Fixed Units on Patients Age 15 and older	325	73
4. Number of Procedures* Performed in Mobile Units	Ø	Ø
	37.77, 37.79, 37.80, 37.8	0, 37.71, 37.72, 37.73, 37.74, 37.75, 37.76, 1, 37.82, 37.83, 37.85, 37.86, 37.87, 37.89, 7, 37.98, 37.99, 00.50, 00.51, 00.52, 00.53,
5. Number of Units of Fixed Equipment		
6. Number of Procedures on Dedicated EP Equipment		

"A procedure is defined to be one visit or trip by a patient to a catheterization laboratory for a single or multiple catheterizations. Count each visit once, regardless of the number of diagnostic, interventional, and/or EP catheterizations performed within that visit.

Name of Mobile Ven	idor: 🔥 🔥	J/A		
Number of 8-hour da	ivs per week the moh	ile unit is onsite:	8-hour days per	week
	through Friday for 8 hou		ndav. Wednesdav. c	& Friday for 4
hours per day is 1.5	8-hour days per week)			

(b	Open Heart Surgery	Number of Machines/Procedures
1.	Number of Heart-Lung Bypass Machines	人们人 人们人
2.	Total Annual Number of Open Heart Surgery Procedures Utilizing Heart-Lung Bypass Machine	NA
3.	Total Annual Number of Open Heart Surgery Procedures done without utilizing a Heart-Lung Bypass Machine	NIA
4.	Total Open Heart Surgery Procedures (2. + 3.)	NIA
	Procedures on Patients Age 14 and younger	
5.	Of total in #2, Number of Procedures on Patients Age 14 & younger	N/A
6.	Of total in #3, Number of Procedures on Patients Age 14 & younger	NA

License No: <u>H0062</u> Facility ID: <u>943191</u>

8. Surgical Operating Rooms, Procedure Rooms, Gastrointestinal Endoscopy Rooms, Surgical and Non-Surgical Cases and Procedures

NOTE: If this License includes more than one campus, please copy pages 8 and 9 for each site. Submit the Cumulative Totals and submit a duplicate of pages 8 and 9 for each campus.

		:				

a) Surgical Operating Rooms

Report <u>Surgical Operating Rooms</u> built to meet the specifications and standards for operating rooms required by the Construction Section of the Division of Health Services Regulation, and which are fully equipped to perform surgical procedures. These surgical operating rooms include rooms located in Obstetrics and surgical suites.

Type of Room	Number of
Dedicated Open Heart Surgery	Rooms
Dedicated C-Section	
Other Dedicated Inpatient Surgery	
Dedicated Ambulatory Surgery	
Shared - Inpatient / Ambulatory Surgery	P
Total of Surgical Operating Rooms	10

X1	CONT			
number of additional	CUN approved a	urgical operating	roome pending dev	relonment:
Number of additional		angroun operating	rooms pending acy	CIOPINGIIL,
				t Carrier Carrier Communication (Carrier Communication (Carrier Communication (Carrier Carrier
CON Project TO N	lumber(a)	75 52 0 30 0 30 0 30 0 30 0 30 0 30 0 30		
CON Project ID N	AUTHOCK(2)	************************************		

L\ D	ua aaduua Da	oman (Tarala di							
א נט	roceaure Ko	oms (Excludi	ig Operating I	cooms and C	Jastrointestina	il Endoscopy	Rooms)		
- 20	Report rooms	s, which are not e	quipped for or de	o not meet all t	he specifications	for an operation	ig room th	at are used	fo
	performance	of procedures otl	er than Gastroin	testinal Endosc	ony procedures		.6	at are used.	Ĭ,
T	- 4 - 1 'NT 1	CDLCD	io man Gasa om	Carmar Endosc	ohy brocedures:				Ů,
1.0	otal Number o	f Procedure Ro	oms:						

c) Gastrointestinal Endoscopy Rooms, Cases and Procedures:

Report the number of Gastrointestinal Endoscopy rooms and the Endoscopy cases and procedures performed only in these rooms during the reporting period.

Total Number of existing Gastrointestinal Endoscopy Rooms:

Number of additional CON approved GI Endoscopy Rooms pending development:

CON Project ID Number(s)

		ases Performed scopy Rooms	Number of Procedures* Performed in GI Endoscopy Rooms				
	Inpatient	Outpatient	Inpatient	Outpatient			
GI Endoscopy**	342	2.084	401	2.748			
Non-GI Endoscopy				3) 140			
Totals	342	2084	401	2768			

Count each patient as one case regardless of the number of procedures performed while the patient was in the GI endoscopy room.

^{*}As defined in 10A NCAC 14C .3901 "Gastrointestinal (GI) endoscopy procedure" means a single procedure, identified by CPT code or ICD-9-CM procedure code, performed on a patient during a single visit to the facility for diagnostic or therapeutic purposes.

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8. Surgical Operating Rooms, Procedure Rooms, Gastrointestinal Endoscopy Rooms, Surgical and Non-Surgical Cases and Procedures (continued)

			mui												

d) Surgical Cases by Specialty Area Table

Enter the number of surgical cases performed only in licensed operating rooms by surgical specialty area in the table below. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery. Categorize each case into one specialty area – the total number of surgical cases is an unduplicated count of surgical cases. Count all surgical cases performed only in licensed operating rooms. The total number of surgical cases should match the total number of patients listed in the Patient Origin Tables on pages 20 and 21.

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)	1.31	la
Open Heart Surgery (from 7.(b) 4.)	6	
General Surgery	398	1114
Neurosurgery	6	70
Obstetrics and GYN (excluding C-Sections)	115	528
Ophthalmology		125
Oral Surgery	8	7.3
Orthopedics '	516	167
Otolaryngology	50	377
Plastic Surgery		
Urology	13	90
Vascular	29	39
Other Surgeries (specify)	0	4
Other Surgeries (specify)	26	15
Number of C-Section's Performed in Dedicated C-Section ORs	331	Commence of the Commence of th
Number of C-Section's Performed in Other ORs	T T	
Total Surgical Cases Performed Only in Licensed ORs	1519	3551

e) Non-Surgical Cases by Category Table

Enter the number of non-surgical cases by category in the table below. Count each patient undergoing a procedure or procedures as one case regardless of the number of non-surgical procedures performed. Categorize each case into one non-surgical category – the total number of non-surgical cases is an unduplicated count of non-surgical cases. Count all non-surgical cases, including cases receiving services in operating rooms or in any other location, except do not count cases having endoscopies in GI Endoscopy rooms. Report cases having endoscopies in GI Endoscopy Rooms on page 8.

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Pain Management	13	33
Cystoscopy	29	146
Non-GI Endoscopies (not reported in 8. c)		
GI Endoscopies (not reported in 8. c)	25	44.
YAG Laser	The state of the s	
Other (specify)	5	- वन
Other (specify)		
Other (specify)		
Total Non-Surgical Cases	160	215

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9. Average Operating Room Availability and Average Case Times:

The Operating Room Methodology assumes that the average operating room is staffed 9 hours a day, for 260 days per year, and utilized at least 80% of the available time. This results in 1,872 hours per operating room per year.

The Operating Room Methodology also assumes an average of 3 hours for each Inpatient Surgery and an average of 1.5 hours for each Outpatient Surgery.

Based on your hospital's experience, please complete the table below by showing the assumptions for the average operating room in your hospital.

Average Hours per Day Routinely Scheduled for Use *	Average Number of Days per Year Routinely Scheduled for Use	Average "Case Time" ** in Minutes for Inpatient Cases	Average "Case Time" ** in Minutes for Ambulatory Cases
8,	252	120	85

* Use only Hours per Day routinely scheduled when determining the answer.

Example for determining average hours per day routinely scheduled for use:

A hospital has two operating rooms routinely scheduled for use for 8 hours per day, and two other operating rooms routinely scheduled for use for 10 hours per day.

2 rooms X 8 hours = 16 hours per day

plus

2 rooms X 10 hours = 20 hours per day

equals 36 hours per day total

The average hours per day for the four operating rooms is calculated by dividing the total hours per day for all operating rooms by the total number of operating rooms. In this example, 36 hours divided by four operating rooms is 9 average hours per day for an operating room.

** "Case Time" = Time from Room Set-up Start to Room Clean-up Finish. Definition 2.4 from the "Procedural Times Glossary" of the AACD, as approved by ASA, ACS, and AORN. <u>NOTE</u>: This definition includes all of the time for which a given procedure requires an OR/PR. It allows for the different duration of Room Set-up and Room Clean-up Times that occur because of the varying supply and equipment needs for a particular procedure.

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10a. Magnetic Resonance Imaging (MRI)

Indicate the number of MRI scanners (units) and the number of procedures performed during the 12-month reporting period at your facility. For hospitals that operate medical equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus. Campus – *if multiple sites*:

Number of fixed MRI scanners-closed (do not	# Units							
include any Policy AC-3 scanners)	2	Inpat	ient Proced	ures#	Outpa	atient Proce	dures*	
# of fixed MRI scanners- open (do not include any Policy AC-3 scanners)	0	With	Without		With	Without		
Number of Policy AC-3 MRI scanners used for general clinical purposes	N	Contrast or Sedation	Contrast or Sedation	TOTAL Inpatient	Contrast or Sedation	Contrast or Sedation	TOTAL Outpatient	TOTAL Procedures
Total Fixed MRI Scanners/Procedures	l	121	652	773	1359	1879	3038	4011
Procedures performed o MRI scanners only at		0	\circ		\cap	\mathcal{O}	70)- ', 'A
Name(s) of Mobile MRI Pr	rovider(s):			-				
The total number of proced	ures perfo	rmed on the	MRI scann	iers listed al	bove should	be equal to	or more tha	n the total
number of patients reported listed in the next row should	i on the M	RI Patient (Origin Table	e on page 25	of this ann	lication Par	lients served	on units
Other Human Research MRI scanners	NIA	NIA	N/A	AL JAL	A1/4	AVA.	AL/A	ALIA

^{*} An MRI procedure is defined as a single discrete MRI study of one patient (single CPT coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom.

10b. MRI Procedures by CPT Codes

CPT Code	CPT Description	Number of Procedures
70336	MRI Temporomandibular Joint(s)	1
70540	MRI Orbit/Face/Neck w/o	1
70542	MRI Orbit/Face/Neck with contrast	0
7.0543	MRI Orbit/Face/Neck w/o & with	<u> </u>
70544	MRA Head w/o	211
70545	MRA Head with contrast	0
70546	MRA Head w/o & with	6
70547	MRA Neck w/o	To the second
70548	MRA Neck with contrast	33
70549	MRA Neck w/o & with	0
70551	MRI Brain w/o	1083
70552	MRI Brain with contrast	9
	Subtotal for this page	1352

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10b. MRI Procedures by CPT Codes continued. . . .

CPT Code	CPT Description	Number of Procedures
70553	MRI Brain w/o & with	465
7055A	IAC Screening	Ñ
71550	MRI Chest w/o	~~~~
71551	MRI Chest with contrast	7)
71552	MRI Chest w/o & with	7 0
71555	MRA Chest with OR without contrast	ي څ
72126	Cervical Spine Infusion only	δ
72141	MRI Cervical Spine w/o	.28.4
72142	MRI Cervical Spine with contrast	1
72156	MRI Cervical Spine w/o & with	122
72146	MRI Thoracic Spine w/o	42
72147	MRI Thoracic Spine with contrast	6
72157	MRI Thoracic Spine w/o & with	2K
72148	MRI Lumbar Spine w/o	403
72149	MRI Lumbar Spine with contrast	\overline{O}
72158	MRI Lumbar Spine w/o & with	163
72159	MRA Spinal Canal w/o OR with contrast	i o
72195	MRI Pelvis w/o	25
72196	MRI Pelvis with contrast	\sim
72197	MRI Pelvis w/o & with	QŘ
72198	MRA Pelvis w/o OR with Contrast	n in
73218	MRI Upper Ext, other than joint w/o	23
73219	MRI Upper Ext, other than joint with contrast	6
73220	MRI Upper Ext, other than joint w/o & with	a là
73221	MRI Upper Ext, any joint w/o	92
73222	MRI Upper Ext, any joint with contrast	40
73223	MRI Upper Ext, any joint w/o & with	4
73225	MRA Upper Ext, w/o OR with contrast	Ö
73718	MRI Lower Ext other than joint w/o	ეష
73719	MRI Lower Ext other than joint with contrast	n
73720	MRI Lower Ext other than joint w/o & with	50
73721	MRI Lower Ext any joint w/o	102
73722	MRI Lower Ext any joint with contrast	
73723	MRI Lower Ext any joint w/o & with	\sim
73725	MRA Lower Ext w/o OR with contrast	<u>-40</u>
74181	MRI Abdomen w/o	<u> </u>
74182	MRI Abdomen with contrast	<u> </u>
7.1.04	Subtotal for this page	20116

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10b. MRI Procedures by CPT Codes continued....

CPT Code	CPT Description	Number of Procedures
74183	MRI Abdomen w/o & with	261
74185	MRA Abdomen w/o OR with contrast	5
75557	MRI Cardiac Morphology w/o	<u> </u>
75561	MRI Cardiac Morphology with contrast	ň
75554	MRI Cardiac Function Complete	ñ
75555	MRI Cardiac Function Limited	Ŏ
75556	MRI Cardiac Velocity Flow Mapping	Ó
77055	MRI Breast, unilateral w/o and/or with contrast	Ō
77056	MRI Breast, bilateral w/o and/or with contrast	39
76125	Cineradiography to complement exam	Ô
76390	MRI Spectroscopy	Ď
76393	MRI Guidance for needle placement	- 6
76394	MRI Guidance for tissue ablation	Ó
76400	MRI Bone Marrow blood supply	Ō
7649A	MR functional imaging	Ö
7649D	MRI infant spine comp w/ & w/o contrast	- A
7649E	Spine (infants) w/o infusion	Ŏ
7649H	MR functional imaging	$\tilde{\rho}$
N/A	Clinical Research Scans	Ó
	Subtotal for this page	311
	Total Number of Procedures for all pages	4.011

10c. Computed	Lomography	(CT)			
A CONTRACTOR OF STREET	5 ()			\mathcal{A}	
How many	∤ fixed CT scam	iers does the l	nocnital have?	\sim	
2.0 17.77.	Tined Or bound	iora doca ino i	nospital nave;	<u> </u>	<u> تر</u>
Does the h	ospital contract	for makila C	т		Yes V No
DOOS INC II	iospilai collitact	TOT THOUSE CO	i scanner serv	ICES/	Yes w No

If yes, identify the mobile CT vendor

Complete the following tables (one for fixed CT scanners; one for mobile CT scanners).

Scans Performed on Fixed CT Scanners (Multiply # scans by Conversion Factor to get HECT Units)

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast	5.868	Χ	1,00	=	5.868
2	Head with contrast	118	X	1.25	İΞΞ	147.5
3	Head without and with contrast	89	X	1.75	la L a	155.75
4	Body without contrast	4737	Х	1.50	(i) = 1	7.105,5
5	Body with contrast	5.055	X	1.75	=	8246.25
6	Body without contrast and with contrast	1,375	Х	2.75	=	3,506,25
7	Biopsy in addition to body scan with or without contrast	130	Х	2.75	=	357,5
8	Abscess drainage in addition to body scan with or without contrast	17	X	4.00	-	US.

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Scans Performed on Mobile CT Scanners (Multiply # scans by Conversion Factor to get HECT Units)

	Type of CT Scan	# of Scans		Conversion Factor	l	HECT Units
1	Head without contrast	NIA	X	1.00	=	NIA
2	Head with contrast	MIA	Х	1,25	=	NIA
3	Head without and with contrast	NA	Х	1.75	=	NIA
4	Body without contrast	NA	X	1,50	=	N/A
5	Body with contrast	NIA	Х	1,75	=	NIA
6	Body without contrast and with contrast	NIA	Х	2.75	=	N/A
7	Biopsy in addition to body scan with or without contrast	NIE	Х	2.75	=	MA
8	Abscess drainage in addition to body scan with or without contrast	NIA	Х	4,00	=	NIA

10d, Other Imaging Equipment

The state of the s	Number of	Number of Procedures		
	Units	Inpatient	Outpatient	Total
Dedicated Fixed PET Scanner	l 0	0	0	(h)
Mobile PET Scanner		0	233	232
PET pursuant to Policy AC-3	6	0	D.	n
Other Human Research PET Scanner	6	n h	1 6	No.
Ultrasound equipment	7	2001	2317	16318
Mammography equipment	タ	9	0'993	8999
Bone Density Equipment	5	ے ک	7/297	7,50
Fixed X-ray Equipment (excluding fluoroscopic)	13	10.076	31.700	45.170
Fixed Fluoroscopic X-ray Equipment	4	2517	498	415
Special Procedures/ Angiography Equipment (neuro & vascular, but not including cardiac cath.)	1	عادات ا	رالاد	417
Coincidence Camera	n	n	6	6
Mobile Coincidence Camera			Garage Sales	
Vendor:	0		0	
SPECT	δ	Ď	6	<u> </u>
Mobile SPECT	100			
Vendor:	NIL	$\mid \cap \mid$	$\mid \rho \mid$	l n
Gamma Camera	2	559	2944	3502
Mobile Gamma Camera			- C	- V
Vendor:	NIA	l 0		

^{*} PET procedure means a single discrete study of one patient involving one or more PET scans. PET scan means an image-scanning sequence derived from a single administration of a PET radiopharmaceutical, equated with a single injection of the tracer. One or more PET scans comprise a PET procedure. The number of PET procedures in this table should match the number of patients reported on the PET Patient Origin Table on page 27.

10e. Lithotripsy

Number of	Number of Procedures
Units	Inpatient Outpatient Total
Fixed	
Mobile	

Lithotripsy Vendor/Owner:

License No: <u>H0062</u> Facility ID: <u>943191</u>

11. Linear Accelerator Treatment Data (including Cyberknife® & Similar Equipment)

CPT Code	Description	# of Procedures
Simple Tre	atment Delivery	
77401	Radiation treatment delivery	237
77402	Radiation treatment delivery (<=5 MeV)	<u> </u>
77403	Radiation treatment delivery (6-10 MeV)	- $ -$
77404	Radiation treatment delivery (11-19 MeV)	h
77406	Radiation treatment delivery (>=20 MeV)	
Intermediat	e Treatment Delivery	
77407	Radiation treatment delivery (<=5 MeV)	n -
77408	Radiation treatment delivery (6-10 MeV)	0
77409	Radiation treatment delivery (11-19 MeV)	0
77411	Radiation treatment delivery (>=20 MeV)	み
Complex T	reatment Delivery	
77412	Radiation treatment delivery (<=5 MeV)	1210
77413	Radiation treatment delivery (6-10 MeV)	
77414	Radiation treatment delivery (11-19 MeV)	- 1, 11, 3 -
77416	Radiation treatment delivery (>= 20 MeV)	<u> </u>
Other Treat	ment Delivery Not Included Above	7.0
77418	Intensity modulated radiation treatment (IMRT) delivery	10/0
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course	1,760
	of treatment of cranial lesion(s) consisting of 1 session; linear accelerator	\cap
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	
G0339	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery in one session or first fraction	6
G0340	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery, fractionated treatment, 2nd-5th fraction	
	Intraoperative radiation therapy (conducted by bringing the anesthetized patient down to the linac)	<u> </u>
	Pediatric Patient under anesthesia	- 6
	Neutron and proton radiation therapy	- 6
	Limb salvage irradiation	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	Hemibody irradiation	o
	Total body irradiation	
Imaging Pro	cedures Not Included Above	n
77417	Additional field check radiographs	- 6
	Total Procedures – Linear Accelerators	E HOO
Gamma Kni	fe® Procedures	- 항, 101
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of one session; multisource Cobalt 60 based (Gamma Knife®)	
	Total Procedures – Gamma Knife®	
	rotari roccures — Garnina Killew	()

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11. Linear Accelerator Treatment Data continued

a. Number of patients who received a course of radiation oncology treatments on linear accelerators (not the Gamma Knife®). Patients shall be counted once if they receive one course of treatment and more if they receive additional courses of treatment. For example, one patient who receives one course of treatment counts as one, and one patient who receives three courses of treatment counts as three. # Patients 199 (This number should match the number of patients reported in the Linear Accelerator
Patient Origin Table on page 26.)
b. Linear Accelerators 1. TOTAL number of Linear Accelerator(s) 2. Of the TOTAL number above, number of Linear Accelerators configured for stereotactic radiosurgery 3. Of the TOTAL number above, Number of CyberKnife® Systems: Other specialized linear accelerators Identify Manufacturer of Equipment
c. Number of Gamma Knife® units
d. Number of <u>treatment</u> simulators ("machine that produces high quality diagnostic radiographs and precisely reproduces the geometric relationships of megavoltage radiation therapy equipment to the patient." (GS 131E-176(24b)))
12 Telemediaine

a. Does your facility utilize telemedicine to have images read at another facility? \(\sqrt{0\Delta} \)

b. Does your facility read telemedicine images?

13. Additional Services:

a) Check if Service(s) is provided: (for dialysis stations, show number of stations)

	Check		Check
Cardiac Rehab Program (Outpatient)	-	5. Rehabilitation Outpatient Unit	
2. Chemotherapy		6. Podiatric Services	Y
3. Clinical Psychology Services		7. Genetic Counseling Service	
4. Dental Services	S-1	8. Number of Acute Dialysis Stations	Tà

b) Hospice Inpatient Unit Data:

Hospital-based hospice units with licensed hospice beds. List each county served and report all patients by county of residence. Use each patient's age on the admission day to the Licensed Hospice Inpatient Facility. For age categories count each inpatient client only once.

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County of Residence	Age 0-17	Age 18-40	Age 41-59	Age 60-64	Age 65-74	Age 75-84	Age 85+	Total Patients Served	Total Days of Care	Deaths
	1									
								\vdash		
	3,000									3 330
								The state of the s	7. SCC.	
Out of State										
Total All Ages					5.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1					

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13. Additional Services: continued

- c) Mental Health and Substance Abuse
 - 1. If psychiatric care has a different name than the hospital, please indicate:

Grace Center For Behavioral Health

- 2. If address is different than the hospital, please indicate:
- 3. Director of the above services.

 Carol Etwa RN

Indicate the program/unit location in the <u>Service Categories</u> chart below. If it is in the hospital, include the room number. If it is located at another site, include the building name, program/unit name and address.

<u>Service Categories:</u> All applicants must complete the following table for all mental health services which are to be provided by the facility. If the service is not offered, leave the spaces blank.

Rule 10A NCAC 27G Licensure Rules For Mental Health Facilities	Location of Services	Beds Assigned by Age					
		0-12	13-17	Subtotal 0-17	18 & up	Total Beds	
.1100 Partial hospitalization for individuals who are acutely mentally ill.	N/A						
.1200 Psychosocial rehabilitation facilities for individuals with severe and persistent mental illness	NIA						
.1300 Residential treatment facilities for children and adolescents who are emotionally disturbed or have a mental illness	N/A						
.1400 Day treatment for children and adolescents with emotional or behavioral disturbances	NA						
.1500 Intensive residential treatment facilities for children & adolescents who are emotionally disturbed or who have a mental illness	N/A			100 100 100 100 100 100 100 100 100 100			
.5000 Facility Based Crisis Center	N/A						

Rule 10A NCAC 13B Licensure Rules	Location of	Ве	ds Assig	gned by .	Age	
For Hospitals	Services	0-12	13-17	Subtotal 0-17	18 & up	Total Beds
.5200 Dedicated inpatient unit for individuals who have mental disorders	Grave Hosp H+10 Floor					22

License No: <u>H0062</u> Facility ID: <u>943191</u>

13. Additional Services: continued

c) Mental Health and Substance Abuse continued

Rule 10A NCAC 27G Licensure Rules for Substance Abuse Facilities	Location of Services	Beds Assigned by Age				
		0-12	13-17	Subtotal 0-17	18 & up	Total Beds
.3100 Nonhospital medical detoxification for individuals who are substance abusers	NIA				And I was a second	
.3200 Social setting detoxification for substance abusers	NA					
.3300 Outpatient detoxification for substance abusers	MA					
.3400 Residential treatment/ rehabilitation for individuals with substance abuse disorders	NIA					
.3500 Outpatient facilities for individuals with substance abuse disorders	NA		100 P			
.3600 Outpatient narcotic addiction treatment	NA					
3700 Day treatment facilities for individuals with substance abuse disorders	NA					
Rule 10A NCAC 13B Licensure Rules	Location of	Ве	ds Assig	gned by .	Age	
For Hospitals	Services	0-12	13-17	Subtotal 0-17	18 & up	Total Bed
.5200 Dedicated inpatient hospital unit for individuals who have substance abuse disorders (specify type)						

Rule 10A NCAC 13B Licensure Rules	Location of	Be	Beds Assigned by Age					
For Hospitals	Services	0-12	13-17	Subtotal 0-17	18 & up	Total Beds		
.5200 Dedicated inpatient hospital unit for individuals who have substance abuse disorders (specify type) # of Treatment beds								
# of Medical Detox beds	#3C							

License No: <u>H0062</u> Facility ID: <u>943191</u>

Patient Origin - General Acute Care Inpatient Services

Facility County: Burke

In an effort to document patterns of utilization of General Acute Care Inpatient Services in North Carolina hospitals, please provide the county of residence for each patient admitted to your facility.

County	No. of Admissions	County	No. of Admissions	County	No. of Admissions
1. Alamance		37. Gates		73. Person	
2. Alexander	19	38, Graham		74. Pitt	1
3. Alleghany		39. Granville	la l	75. Polk	
4. Anson	2	40. Greene		76. Randolph	
5. Ashe	5	41. Guilford		77. Richmond	
6. Avery		42. Halifax	1	78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie	100	44. Haywood	11/0	80. Rowan	5
9. Bladen		45. Henderson	1 5	81. Rutherford	54
10. Brunswick	4	46. Hertford		82. Sampson	7
11. Buncombe	31	47. Hoke		83. Scotland	
12. Burke	4912	48. Hyde		84. Stanly	
13. Cabarrus	1 '6	49. Iredell	11	85. Stokes	
14. Caldwell	994	50. Jackson	2	86. Surry	a
15. Camden		51. Johnston		87. Swain	
l 6. Carteret		52. Jones		88. Transylvania	3
17. Caswell		53. Lee	and the	89. Tyrrell	
18. Catawba	295	54. Lenoir	1	90. Union	<u> </u>
19. Chatham	150	55. Lincoln	34	91. Vance	
20. Cherokee		56. Macon	1 1	92. Wake	1
21. Chowan		57. Madison	4	93. Warren	
22, Clay	2	58. Martin		94. Washington	
23. Cleveland	47	59. McDowell	530	95. Watauga	Ħ
24. Columbus		60. Mecklenburg	28	96. Wayne	2.24
25. Craven		61. Mitchell	42	97. Wilkes	30
26. Cumberland		62. Montgomery		98. Wilson	<u> </u>
27, Currituck	il com	63. Moore		99. Yadkin	1
28. Dare		64. Nash		100. Yancey	マ
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	IO
32. Durham		68. Orange		103. Tennessee	A (L.)
33. Edgecombe		69. Pamlico		104, Virginia	
34. Forsyth		70. Pasquotank		105. Other States	<u> </u>
35. Franklin		71. Pender		106. Other	-74C-
36. Gaston	15	72. Perquimans		Total No. of Patients	नीहिन

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Patient Origin - Inpatient Surgical Cases

Facility County: Burke

In an effort to document patterns of Inpatient utilization of Surgical Services in North Carolina hospitals, please provide the county of residence for each inpatient surgical patient served in your facility. Count each inpatient surgical patient once regardless of the number of surgical procedures performed while the patient was having surgery. However, each admission as an inpatient surgical case should be reported separately.

The Total from this chart should match the Total Inpatient Cases reported on the "Surgical Cases by Specialty Area" Table on page 9.

County	No. of Patients		No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander	6	38. Graham		74. Pitt	1
3. Alleghany	33	39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42, Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	1
9. Bladen		45. Henderson		81. Rutherford	13
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83, Scotland	2200
12. Burke	1.035	48. Hyde		84. Stanly	
13. Cabarrus	- / I	49. Iredell	1	85. Stokes	
14. Caldwell	196	50. Jackson	1 1	86. Surry	39.2
15. Camden		51. Johnston		87. Swain	
16. Carteret		52, Jones		88. Transylvania	le l
17. Caswell		53. Lee		89, Tyrrell	
18. Catawba	0	54. Lenoir		90. Union	To The state of th
19. Chatham		55. Lincoln	R	91. Vance	
20. Cherokee		56. Macon		92. Wake	#41455 E
21. Chowan		57. Madison		93. Warren	Land Control of the C
22, Clay		58. Martin		94. Washington	20.00
23. Cleveland	9	59. McDowell	149	95. Watauga	7
24, Columbus		60. Mecklenburg	4	96. Wayne	1
25. Craven		61, Mitchell	10	97. Wilkes	4
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	7 P. 37 13
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101, Georgia	
31. Duplin		67. Onslow		102. South Carolina	
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	13
35. Franklin		71. Pender		106. Other	얼
36. Gaston		72. Perquimans		Total No. of Patients	1519

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Patient Origin - Ambulatory Surgical Cases

Facility County: Burke

In an effort to document patterns of Ambulatory utilization of Surgical Services in North Carolina hospitals, please provide the county of residence for each ambulatory surgery patient served in your facility. Count each ambulatory patient once regardless of the number of procedures performed while the patient was having surgery. However, each admission as an ambulatory surgery case should be reported separately.

The Total from this chart should match the Total Ambulatory Surgical Cases reported on the "Surgical Cases by Specialty Area" Table on page 9.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander	13	38. Graham		74. Pitt	The state of the s
3. Alleghany		39. Granville		75. Polk	
4. Anson	2004	40. Greene		76. Randolph	-
5. Ashe	13	41, Guilford		77. Richmond	
6. Avery	3	42. Halifax		78. Robeson	2
7. Beaufort		43. Harnett		79. Rockingham	<u> </u>
8. Bertie		44. Haywood		80, Rowan	
9. Bladen		45. Henderson		81. Rutherford	44
10. Brunswick		46. Hertford	7.	82, Sampson	And London
11. Buncombe	1	47. Hoke		83. Scotland	
12. Burke	2192	48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell	1 4	85. Stokes	
14. Caldwell	542	50. Jackson	200	86. Surry	10.00
15, Camden	1 2 16	51, Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell	22.75	53. Lee		89. Tyrrell	
18. Catawba	177	54. Lenoir		90. Union	de la companya de la
19. Chatham		55. Lincoln	16	91. Vance	Landa de la Paris de la Carta
20. Cherokee		56. Macon	14-14-	92. Wake	2
21, Chowan		57. Madison	200	93. Warren	<u> </u>
22. Clay		58. Martin		94. Washington	
23. Cleveland	28	59. McDowell	454	95. Watauga	3
24. Columbus		60. Mecklenburg	1 454		3
25. Craven		61. Mitchell	+ - 18	96. Wayne	03
26. Cumberland		62. Montgomery	 	97. Wilkes	R
27. Currituck		63. Moore		98. Wilson	
28, Dare		64. Nash		99. Yadkin	
29. Davidson		65. New Hanover	Caterial Cart	100. Yancey	<i>&</i> _
30. Davie		66. Northampton		101 0	
31. Duplin		67. Onslow	200	101. Georgia	
32. Durham		68. Orange		102. South Carolina	
33. Edgecombe	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	69. Pamlico		103. Tennessee	
34. Forsyth	e l	The state of the s		104. Virginia	
35. Franklin		70. Pasquotank		105. Other States	14
36. Gaston		71. Pender		106, Other	â
JO. CHISION		72. Perquimans		Total No. of Patients	3.55

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Patient Origin - Gastrointestinal Endoscopy (GI) Cases

Facility County: Burke

In an effort to document patterns of utilization of Gastrointestinal Endoscopy Services in North Carolina hospitals, please provide the county of residence for each GI Endoscopy patient served in your facility. Count each patient once regardless of the number of procedures performed while the patient was receiving GI Endoscopy Services. However, each admission for GI Endoscopy services should be reported separately.

The Total from this chart should match the Total GI Endoscopy cases reported on the "Gastrointestinal Endoscopy Rooms, Cases and Procedures" Table on page 8 plus the total Inpatient and Ambulatory GI Endoscopy cases from the "Non-Surgical Cases by Category" Table on page 9.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford	1	77. Richmond	
6. Avery	2	42. Halifax		78. Robeson	1
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	80. Rowan	
9. Bladen		45. Henderson	5 55	81. Rutherford	19
10. Brunswick		46, Hertford		82. Sampson	
11. Buncombe	14	47. Hoke		83. Scotland	and the same of th
12. Burke	1.629	48. Hyde		84. Stanly	
13. Cabarrus	7777	49. Iredell	1 2	85. Stokes	
14. Caldwell	400	50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	94999
16. Carteret		52, Jones		88, Transylvania	1.02
17, Caswell	(E) (April 10) (E) (E)	53. Lee		89. Tyrrell	25.000
18. Catawba	1 91	54. Lenoir		90. Union	
19. Chatham		55. Lincoln		91, Vance	
20. Cherokee	1 P =	56. Macon		92. Wake	ď
21. Chowan	E-1	57. Madison		93. Warren	
22. Clay		58. Martin		94, Washington	1
23. Cleveland	10	59. McDowell	319	95. Watauga	1
24. Columbus	The state of the s	60. Mecklenburg	3	96. Wayne	
25, Craven		61. Mitchell	1 73	97. Wilkes	- 6
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64, Nash		100: Yancey	
29. Davidson	4	65. New Hanover		Acor 2 diverge	
30. Davie		66. Northampton		101. Georgia	and the second second
31. Duplin		67. Onslow		102. South Carolina	
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	the State of the S
34. Forsyth		70. Pasquotank		105, Other States	
35. Franklin		71. Pender		106. Other	— न
36. Gaston		72. Perquimans		Total No. of Patients	2545

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Patient Origin - Psychiatric and Substance Abuse Alamance through Johnston

Facility County: Burke

Complete the following table below for inpatient Days of Care reported under Section .5200.

Age 0-17 Age 18+ Totals Age 0-17 Age 18+ Totals Algeaner Alexander 31 33 Aleghany 19 19 19 Alexander Alexander 32 33 Aleghany 19 19 19 Alexander A	Complete the for County of Patient Origin	Psyc	chiatric Treatme Days of Care	ent		nce Abuse Trea Days of Care		Det	oxification - ys of Care	
Alexander		Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals			Totals
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Asion Ashe Ashe Ashe Ashe Ashe Ashe Ashe Ashe			131	<u> </u>				1		
Asie			19	119						
Avery										
Bearing Bertie Bilden Brushwick Blucombe 1440 1440 Brushwick Blucombe 1440 1440 Bluce 1440 1440 1440 Bluce 1440 1440 Bluce 1440 Blu				_39_						- 1
Bertie Bladern Brunswick			<u> </u>							7
Bladen Brunawick Brunawi							I = I			1 7
Buisewick Buisembe Charles C	with the board of the second o		Land							1
Burombe										7
Burke 3 33 3 33 Cabarus 77 9 178 778 178 778 178 778 178 778 178 778 178 778 7			L		Annual Company					1./
Cabarus			1240	LAHO						
Caiden Camden Carteret Caswell Catawhen Cherokee Chatham Cherokee Clay Clay Clay Clay Clay Cloveland Columbus Craven Camberland Currituck Dare Dare Dare Davidson Dav			<u> </u>	13,223						1
Carteret Catsvell Catawba Chanham Cherokee Chowan Cliy Cloy Cloy Cloy Cloy Cloy Cloy Cloy Clo				178						
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Castavba			1							A-14.150 4.24
Catawba			1							
Cherokee Cherokee Cherokee Chowan Clay Clay Clay Cloveland Columbus Craven Caumberland Currituck Dare Davise Duplin Durham Edgecombe Forsyth Franklin Gaston Grabam Graham Graham Granville Greene Gruilford Halifax Hamset Haywood Henderson Hertford Hoke Hyde Iradell Irade										1255
Cherokee	The state of the s		155	155	Marie Company					
Clowel Clay Clowel Clo	The second secon								1	50000
Cleveland 1448 14			14	lat			335		1	
Columbus			1	•					-	7,050,007
Columbus Craven Cumberland Currituck Dare Davidson Cumberland Currituck Davidson Cumberland Currituck Davidson Cumberland						1			1	
Craven Cumberland Cumberl			148	148		I				
Curnivek Dare Dare Davidson Davidson Davidson Duylin Durham Edgecombe Forsyth Franklin Gaston Gates Graham Granville Greene Gruifford Halifax Hamett Haywood Henderson Hertford Hoke Hyde Iricalell Jackson A Davie Duylin Durham										
Currituck Davie Davidson Davie Davidson Davie Davie Duylin		anno sa come e e e e e e e e e e e e e e e e e e				1			1	Market
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Davie Duplin Du			16	ا عال						
Durham Edgecombe Forsyth Franklin Gaston Gites Graham Granville Greene Guilford Halifax Harmett Haywood Henderson Hertford Hebke Hyde iredell Jackson			1.2			1		Barting of the		
Edgecombe										
Forsyth Franklin Gaston Gaston Gites Graham Granville Granville Greene Guilford Halifax Hamett Haywood Hertford Hertford Hoke Hyde Iredell Jackson			 		-				1	7.0
Franklin Gaston			4.1							
Gaston Gates Graham Granville Greene Guilford Halifax Harmett Haywood Henderson Hertford Hioke Hyde Iredell Jackson	rorsyth	0.0000000000000000000000000000000000000	L LI							
Gates Graham Granville Greene Guilford Halifax Harnett Haywood Henderson Hertford Hioke Hyde Iredell Jackson			1,444	7:25		<i></i>			ESSENTED FOR	
Graham 2 3 4 6 7 <td></td> <td></td> <td>150</td> <td>130</td> <td></td> <td>1</td> <td></td> <td>150 - 16/</td> <td></td> <td></td>			150	130		1		150 - 16/		
Granville Greene Guilford Halifax Hamett Haywood Guilford Halifax Hamett Haywood Halifax Handerson Halifax Harderson Halifax			 	 		1		//_		
Greene Guilford Halifax Hamett Haywood Guilford Halifax Hamett Haywood Guilford Halifax Hamett Haywood Henderson Hertford Hoke Hyde Hy						<i>/</i>		/_		1
Guilford Halifax Hamett Haywood Henderson Hertford Hoke Hyde Iredell Jackson								/		
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Hertford Hoke Hyde Iredell Jackson Hyd Hyde Iredell Jackson			 	274				/	100000000000000000000000000000000000000	Estation
Hoke Hyde Iredell Jackson		Sign Control	41	<u> </u>	/					E2650-3
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Jackson 4 4 4			1/40	110	/			1/		1005.55
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Johnston Carlos	Jackson Johnston		<u> </u>		<i>[</i>					

** Note: See counties: <u>Jones</u> through <u>Yancey</u> (including Out-of-State) on next page.

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Patient Origin - Psychiatric and Substance Abuse Jones through Yancey (including Out-of-State)

Facility County: Burke

County of Patient Origin	Psyc	hiatric Treatn Days of Care	ient		nce Abuse Treat	ment	Detoxification			
	Age 0-17	Age 18+	Totals	Age 0-17	Days of Care Age 18+	Totals	Age 0-17	Days of Care Age 18+	Totals	
Jones				- B		1 014.78	AME 0:17	Age 101	1 OTHIR	
Lee			10 No. 10 Per 10							
Lenoir							7			
Lincoln		44	44				7			
Macon		44	44	-			/		1	
Madison		<u> 40 </u>	40			/				
Martin		E be wet								
McDowell Mecklenburg		555	555 339							
Mitchell		3.79 3.1				/_				
Montgomery		<u> </u>	31	P5					/	
Moore,				lu para		I /				
Nash		•								
New Hanover		1000000				1				
Northampton									1	
Onslow				-		H		1		
Orange						1		/	co-scription (CA)	
Pamlico								/-		
Pasquotank				30000		1		/	No second	
Pender								/		
Perquimans		100						/		
Person								/ /		
Pitt		78			1			1	おまきょ)	
Polk		19	- 19		1	200		(E)		
Randolph										
Richmond								1 4		
Robeson Rockingham		386						/		
Rowan	84 4	70						/		
Rutherford		70 78	20 H8		/			<u>/</u>	15 (A. 14	
Sampson	era era	<u> </u>			1		7			
Scotland		100000000000000000000000000000000000000		Contractors and a	-+		/		Section 1	
Stanly		37	37		100000000000000000000000000000000000000		l			
Stokes					7	erore—sa sa s	 			
Surry		156	ا ما 15		1	7	F/			
Swain		24	34		1		1	H-11102-1110-111		
Fransylvania 💮 💮		13	13				7			
Fyrrell .							1		Long to Tip	
Union		اللاي	الد							
Vance				I			14			
Wake		33	32	1					Market Mil	
Warren	<u> </u>							100		
Washington		- 783		1						
Watauga		لكافيا	68							
Wayne Wilkes		118		1			1			
Wilson			118				I/			
Yadkin		73	23		PERSONAL TRANSPORT		1			
Yancey		23 73	-43-1	/						
Dut of State		निव	119	7	1000	5.00				
TOTALS			7016					4		

^{**} Note: See counties: Alamance through Johnston on previous page.

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License No: H0062 Facility ID: 943191

Patient Origin - MRI Services

Facility County: Burke

In an effort to document patterns of utilization of MRI Services in North Carolina, hospitals are asked to provide county of residence for each patient served in your facility. The total number of patients reported here should be equal to or less than the total number of MRI procedures reported in Table 10a. on page 11.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander	5	38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	-
4. Anson		40. Greene		76. Randolph	
5. Ashe	5	41. Guilford		77. Richmond	
6. Avery	6	42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	10.000
8. Bertie		44, Haywood	1	80. Rowan	
9. Bladen		45. Henderson	1 る	81. Rutherford	- 2Ja
10. Brunswick		46. Hertford	1.3	82. Sampson	- (XV)
11. Buncombe	15	47. Hoke		83. Scotland	
12, Burke	2.729	48. Hyde		84. Stanly	1
13. Cabarrus		49. Iredell	5	85. Stokes	
14. Caldwell	558	50: Jackson		86. Surry	3 7 7 7
15. Camden		51. Johnston		87. Swain	
16. Carteret		52, Jones		88. Transylvania	
17. Caswell		53. Lee	100000000000000000000000000000000000000	89. Tyrrell	
18. Catawba	139	54. Lenoir		90. Union	
19. Chatham		55. Lincoln	19	91. Vance	200
20. Cherokee		56. Macon		92. Wake	1
21. Chowan		57. Madison	1	93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	222	59. McDowell	391	95. Watauga	
24. Columbus		60. Mecklenburg	9	96. Wayne	
25. Craven		61. Mitchell	33	97. Wilkes	サーフィー イン・アン・アン・アン・アン・アン・アン・アン・アン・アン・アン・アン・アン・アン
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck	78 July 1997	63. Moore	4600	99. Yadkin	
28. Dare		64. Nash		100. Yancey	5
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	
32. Durham	1865 V 1914 V	68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	
35. Franklin		71. Pender		106. Other	14
36. Gaston		72. Perquimans		Total No. of Patients	4011

	mobi											\checkmark	

License No: <u>H0062</u> Facility ID: <u>943191</u>

Patient Origin - Linear Accelerator Treatment

Facility County: Burke

In an effort to document patterns of utilization of linear accelerators in North Carolina, hospitals are asked to provide the county of residence for patients served on linear accelerators in your facility. Report the number of patients who receive radiation oncology treatment on equipment (linear accelerators, CyberKnife®, but not Gamma Knife®) listed in Section 11 of this application. Patients shall be counted once if they receive one course of treatment and more if they receive additional courses of treatment. For example, one patient who receives one course of treatment counts as one, and one patient who receives three courses of treatment counts as three. The number of patients reported here should match the number of patients reported in Section 11.a. of this application.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates	100	73. Person	TOT OF EMPLOY
2. Alexander		38. Graham		74. Pitt	777
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood	-	80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	1
10. Brunswick		46. Hertford		82. Sampson	The same of the sa
11. Buncombe		47. Hoke		83, Scotland	2000 AND TO SERVE TO
12. Burke	124	48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell	Contract Con	85. Stokes	
14. Caldwell	47	50, Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	7	54, Lenoir		90. Union	5
19. Chatham	100	55. Lincoln	1	91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	2.20.72 20.91
22. Clay		58. Martin		94. Washington	
23. Cleveland	1 a	59. McDowell	16	95. Watauga	
24. Columbus		60. Mecklenburg	14	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100 Yancey	
29. Davidson		65. New Hanover		July Tallocy	
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans	Control of the Contro	Total No. of Patients	199

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License No: <u>H0062</u> Facility ID: <u>943191</u>

Patient Origin - PET Scanner

Facility County: Burke

In an effort to document patterns of utilization of PET Scanners in North Carolina, hospitals are asked to provide county of residence for each patient served in your facility. This data should <u>only</u> reflect the number of <u>patients</u>, not number of scans and should not include other radiopharmaceutical or supply charge codes. Please count each patient only once. The number of patients in this table should match the number of PET procedures reported in Table 10d on page 14.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73, Person	
2. Alexander		38. Graham		74. Pitt	BASE OF THE PROPERTY OF THE PARTY OF THE PAR
3. Alleghany		39. Granville		75. Polk	
4. Anson		40, Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	The second
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick		46, Hertford		82. Sampson	1.00
11. Buncombe		47. Hoke		83. Scotland	
12. Burke	148	48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell	1	85. Stokes	120
14. Caldwell	578	50. Jackson	A TEMPORAL CONTRACTOR	86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	2222
17. Caswell		53. Lee		89. Tyrrell	9.500.00
18. Catawba	9	54. Lenoir		90. Union	
19. Chatham		55, Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	-
21, Chowan		57. Madison		93. Warren	
22, Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell	14	95. Watauga	
24. Columbus		60. Mecklenburg		96. Wayne	D-12
25. Craven		61. Mitchell	7	97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27, Currituck	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29, Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow	Fair Carlo	102. South Carolina	
32. Durham		68. Orange		103: Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		Total No. of Patients	232

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License No: <u>H0062</u> Facility ID: <u>943191</u>

Patient Origin - Emergency Department Services

Facility County: Burke

In an effort to document the patterns of utilization of Emergency Department Services in North Carolina hospitals, please provide the county of residence for all patients served by your Emergency Department. The total number of patients from this chart must match the number of Emergency Department visits provided in Section F.(3)(b): Emergency Department Services, Page 6.

Соилту	No. of Visits	County	No. of Visits	County	No. of Visits
1. Alamance	6	37. Gates		73. Person	110.01 146418
2. Alexander	104	38. Graham		74. Pitt	3
3. Alleghany	3	39. Granville	3	75. Polk	7
4. Anson	6	40. Greene	1 1	76. Randolph	4
5. Ashe	19	41. Guilford	1 24	77. Richmond	1
6. Avery	41	42. Halifax	3	78. Robeson	
7. Beaufort		43. Harnett	ス	79. Rockingham	5
8. Bertie		44. Haywood	19	80. Rowan	
9. Bladen		45. Henderson	1 11	81. Rutherford	505
10. Brunswick	\perp \sim	46. Hertford		82. Sampson	-2
11. Buncombe	127	47. Hoke		83. Scotland	- 3
12, Burke	46892	48. Hyde		84. Stanly	73
13. Cabarrus	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	49. Iredell	37	85. Stokes	<u> </u>
14. Caldwell	10.941	50. Jackson	1 in	86. Surry	Tá T
15. Camden	1 71	51. Johnston	1 7	87. Swain	72
16. Carteret	4	52. Jones		88. Transylvania	Sa.
17. Caswell		53. Lee	2	89. Tyrrell	
18. Catawba	3,224	54. Lenoir		90. Union	ラル
19. Chatham	(F) 47%	55. Lincoln	341	91. Vance	
20. Cherokee	3	56. Macon	2	92. Wake	· ,2(a
21. Chowan		57. Madison		93. Warren	74.0
22. Clay		58. Martin	777	94. Washington	
23. Cleveland	431	59. McDowell	3139	95. Watauga	34
24. Columbus		60. Mecklenburg	155	96. Wayne	7
25. Craven	3	61. Mitchell	80	97. Wilkes	58
26. Cumberland	15	62. Montgomery	141,	98. Wilson	
27. Currituck		63. Moore	.2	99. Yadkin	Q
28. Dare		64. Nash	- 4	100. Yancey	70
29. Davidson	6	65. New Hanover	4		
30. Davie	l a	66. Northampton		101. Georgia	1
31. Duplin	<u> </u> 2	67. Onslow	l w	102. South Carolina	70
32. Durham		68. Orange	1	103. Tennessee	
33, Edgecombe		69. Pamlico		104. Virginia	13
34. Forsyth	23	70. Pasquotank	-52	105. Other States	49
35. Franklin	l a	71. Pender	2	106. Other	507
36. Gaston	172	72. Perquimans		Total No. of Patients	60 835

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License No: H0062 Facility ID: 943191

This application must be completed and submitted with ONE COPY to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation prior to the issuance of a 2014 hospital license.

AUTHENTICATING SIGNATURE: The undersigned submits application for the year 2014 in accordance with Article 5, Chapter 131E of the General Statutes of North Carolina, and subject to the rules and codes adopted thereunder by the North Carolina Medical Care Commission (10A NCAC 13B), and certifies the accuracy of this information.

PRINT NAME

OF APPROVING OFFICIAL &ATHY

Please be advised, the license fee must accompany the completed application and be submitted to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation, prior to the issuance of a hospital license.

2014 Renewal Application for Hospital; CMC-Blue Ridge

All responses should pertain to October 1, 2012 through September 30, 2013.

License No: <u>H0062</u> Facility ID: <u>943191</u>

This page will be separated and kept in a confidential file.

Federal Tax ID number:

56-0529976





North Carolina Department of Health and Human Services Division of Health Service Regulation Acute and Home Care Licensure and Certification Section

2712 Mail Service Center • Raleigh, North Carolina 27699-2712 http://www.ncdhhs.gov/dhsr/

Beverly Eaves Perdue, Governor Albert A. Delia, Acting Secretary

Drexdal Pratt, Director

Azzie Y. Conley, Chief Phone: 919-855-4620

·Fax: 919-715-8476

<u>Memorandum</u>

TO:

Grace Hospital, Inc. -- Morganton

FROM:

Azzie Y. Conley, RN, Section Chief

SUBJECT:

2013 Hospital License Renewal Application

PLEASE READ CAREFULLY

Enclosed is your 2013 License Renewal Application. Please complete this application and return the original (plus ONE COPY) no later than December 1, 2012 to the address below.

Acute and Home Care Licensure and Certification Section 2712 Mail Service Center

Raleigh, N C 27699-2712

or Overnight mail address

Acute and Home Care Licensure and Certification Section 1205 Umstead Drive

Raleigh, NC 27603

Data on file with the Division indicates that your facility/entity is a Hospital with 184 beds. Your annual licensure fee, as authorized by G.S. 131E-77, is \$_\$3,670.00. This amount is comprised of a base fee of \$450.00 plus an additional per bed fee of \$17.50.

Payment should be in the form of check, money order or certified check and must be payable to "NC - DHSR." Payment should include the facility's license number and be submitted with your license renewal application. A separate check is required for each licensed entity.

Your completed renewal application and the annual licensure fee must be received by December 1, 2012 to ensure your license remains valid. Failure to possess a valid license may compromise your facility's ability to operate and/or adversely impact its funding sources.

A portion of this application (pp. 1-2) contains preprinted information from our data systems, based on your last hospital license renewal application or the most recent information that has been reported to this office. If any of this preprinted information has changed, mark through the incorrect information with a RED pen and write in the correct information. Prior to amending the D/B/A or legal entity, please contact this office for further instructions. Please review the "ownership disclosure" section carefully to verify its accuracy. Complete all areas of this application and return by the date specified above, along with the annual licensure fee. PLEASE, DO NOT RETYPE THE APPLICATION, and be sure to retain a second copy of the application for your records. If you have any questions about the preprinted information, please feel free to call our staff at (919) 855-4620.

--- continued



North Carolina Department of Health and Human Services Division of Health Service Regulation Acute and Home Care Licensure and Certification Section 1205 Umstead Drive, 2712 Mail Service Center Raleigh, North Carolina 27699-2712 Telephone: (919) 855-4620 Fax: (919) 715-3073

For Official Use Only License # H0062 Medicare # 340075 Computer: 943191 PC___ Date

License Fee:

\$3,670.00

2013

	HOSPITAL LICENSE RENEWAL APPLICATION COPY
Legal Identity of Appl (Full legal name of co	icant: Grace Hospital, Inc. poration, partnership, individual, or other legal entity owning the enterprise or service.)
Doing Business As	which the facility or services are advertised or presented to the public:
Other: <u>Gra</u>	nce Hospital, Inc. ce Ridge, Phifer Wellness Ctr., HH.; ce Heights, Behavioral Health
Facility Mailing Addre	ess: 2201 South Sterling St Morganton, NC 28655
Facility Site Address: County: Telephone: Fax:	2201 South Sterling St Morganton, NC 28655 Burke (828)580-5000 (828)580-5509
Administrator/Direct Title: President/CEO (Designated agent (individ	or: <u>Kenneth W Wood</u> ual) responsible to the governing body (owner) for the management of the licensed facility)
Chief Executive Offic (Designated agent (individu	er: Klynlth W. Wood Title: President and CEO pal) responsible to the governing body (owner) for the management of the licensed facility)
Name of the person to	contact for any questions regarding this form: LFVUS Telephone: 828-580-5545
and the first of the control of the	t. fritts a blueridgehealth.org
Primary National Pro	vider Identifier (NPI) registered at NPPES 1700860491
If facility has more th	an one "Primary" NPI, please provide

For questions regarding NPI contact Azzie Conley at (919) 855-4646.

[&]quot;The N.C. Department of Health and Human Services does not discriminate on the basis of race, color, national origin, religion, age, or disability in employment or the provision of services."



License No: <u>H0062</u> Facility ID: <u>943191</u>

Type of Health Care Facilities under the Hospital License (please include offsite emergency departments)

List Name(s) of facilities:	Address:	Type of Business / Service:
Please attach a separate sheet for addi	itional listings	
	with ownership responsibility and li	
City: Morganton Telephone: (828)580- CEO: Kenneth V Is your facility part of a Health Syst ambulatory surgical facilities, nursing	m State: NC Zip: 28655 5000 Fax: (828)580-5509 W. Wood tem? [i.e., are there other hospitals, or the species, etc., and the species of the sp	ffsite emergency departments, owned by your hospital, a parent
company or a related entity?] If 'Yes', name of Health System*: * (please attach a list of NC facilities If 'Yes', name of CEO:	Yes No No Bul Rydd Halth that are part of your Health System)	<u>care Inc.</u>
a. Legal entity is: For Probability is: X Corpor Propries		Partnership Government Unit
c. Does the above entity (partners are offered?Yes _X_No If "YES", name of building owner:		ilding from which services
Street/Box: 1000 Blythe Blvd.		



License No: H0062 Facility ID: 943191

Ownership Disclosure continued. . . . 3. Vice President of Nursing and Patient Care Services: Susan Brown, CNO 4. Director of Planning: Kathy Bailey, FACHE, EVP, COO **Facility Data** Reporting Period All responses should pertain to the period October 1, 2011 to September 30, A. 2012. General Information (Please fill in any blanks and make changes where necessary.) В. Admissions to Licensed Acute Care Beds: include responses to "a - q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets. b. Discharges from Licensed Acute Care Beds: Include responses to "a - q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets. c. Average Daily Census: include responses to "a - q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets. d. Was there a permanent change in the total number of licensed beds during the reporting period? If 'Yes', what is the current number of licensed beds? If 'Yes', please state reason(s) (such as additions, alterations, or conversions) which may have affected the change in bed complement: e. Observations: Number of patients in observation status and not admitted as inpatients, excluding Emergency Department patients. C. Designation and Accreditation Are you a designated trauma center? ____ Yes (____ Designated Level #) 2. Are you a critical access hospital (CAH)? Yes X No 3. Are you a long term care hospital (LTCH)? Yes X No 4. Is this facility TJC accredited? X Yes No Expiration Date: 3/9/2015 5. Is this facility DNV accredited? Yes No Expiration Date:

6. Is this facility AOA accredited? Yes X No

7. Are you a Medicare deemed provider? Yes

Expiration Date:



License No: H0062 Facility ID: 943191

D. <u>Beds by Service (Inpatient - Do Not Include Observation Beds or Days of Care)</u>
[Please provide a <u>Beds by Service (p. 4)</u> for <u>each</u> hospital campus (see G.S. 131E-176(2c))]

Please indicate below the number of beds usually assigned (set up and staffed for use) to each of the following services and the number of census inpatient days of care rendered in each unit. NOTE: If your facility has a designated unit(s) for chemical dependency treatment and/or detoxification, please complete the patient origin sheet pertaining to Psychiatric and Substance Abuse Services. If your facility has a Nursing Facility unit and/or Adult Care Bed unit please complete the supplemental packet for Skilled Nursing Facility beds.

Licensed Acute Care (provide details below) Campus	Licensed Beds as of September 30, 2012	Staffed Beds as of September 30,	Annual Census Inpt. Days
Intensive Care Units	2012	2012	of Care
1. General Acute Care Beds/Days			
a. Bum *			*
b., Cardiac			19.5
c. Cardiovascular Surgery	equ.		
d. Medical/Surgical	11/	10	107
e. Neonatal Beds Level IV ** (Not Normal Newborn)	II Z		++
f. Pediatric			
g, Respiratory Pulmonary		335	
h. Other (List)			
Other Units			
i. Gynecology			
j. Medical/Surgical ***	132	20	***12004
k. Neonatal Level III ** (Not Normal Newborn)	190	<u> </u>	**
I. Neonatal Level II ** (Not Normal Newborn)	1 4	4	** 947
m. Obstetric (including LDRP)	16	1/2	300
n. Oncology	1 1 2		$-\omega\omega_J$
o. Orthopedics			
p. Pediatric			
q. Other (List)			
Total General Acute Care Beds/Days (a through q)	162	110	17799
2. Comprehensive In-Patient Rehabilitation	0		
3. Inpatient Hospice	(0		
4. Detoxification	0		
5. Substance Abuse / Chemical Dependency Treatment	0		
6. Psychiatry	22	$\mathcal{A}\mathcal{A}$	7 2120
7. Nursing Facility	0		-1,540
8. Adult Care Home	0		
9. Other	0		workers (Cross - Cross
10. Totals (1 through 9)	184	120	25159

* Please report only Census Days of Care of DRG's 927, 928, 929, 939, 934 and 935.

** Per C.O.N. rule definition. Refer to Section ,1400 entitled Neonatal Services. (10A NCAC 14C)

*** Exclude Skilled Nursing swing-bed days. (See swing-bed information next page)

COPY

License No: <u>H0062</u> Facility ID: <u>943191</u>

All responses should pertain to October 1, 2011 through September 30, 2012.

D. Beds by Service (Inpatient) continued

COMMENTS IN COLUMN TO THE PARTY OF THE PARTY		
Number of Swin	ig Beds *	()
Number of Skill	ed Nursing days in Swing Beds	7)
Number of unlic	ensed observation beds	0

E. Reimbursement Source (For "Inpatient Days," show Acute Inpatient Days only, excluding normal newborns.)

Primary Payer Source	Inpatient Days of Care (total should be the same as D.1.a - q total on p. 4)	Visits (total should be the same as F,3,b, on p. 6)	Outpatient Visits (excluding Emergency Visits and Surgical Cases)	Inpatient Surgical Cases (total should be same as F.8.d, Total Surgical Cases-Inpatient Cases on p. 9)	Ambulatory Surgical Cases (total should be same as F.8.d. Total Surgical Cases-Ambulatory Cases on p. 9)
Self Pay/Indigent/Charity	1916	9309	2506	极	88
Medicare & Medicare Managed Care	8093	9534	19.770	485	906
Medicaid	4623	10,252	4772	219	477
Commercial Insurance	2190	384	678	8	34
Managed Care	971	6592	12441	als	913
Other (Specify)	6	1596	7638	10	43
TOTAL	17.799	341107	40.805	482	2.461

enter productive and the second		20 Page 10 Pag
**************************************	ices and Fa	GORDAN AND A SCHOOL
Bullion by the many		
BY. JAPEN	16'6'% SOUBLE MY S	(*************************************
A	**************************************	

1. Obstetrics	Enter Number of Infants
a. Live births (Vaginal Deliveries)	60
b. Live births (Cesarean Section)	3/9
c. Stillbirths	
d. Delivery Rooms - Delivery Only (not Cesarean Section)	0
e. Delivery Rooms - Labor and Delivery, Recovery	
f. Delivery Rooms - LDRP (include Item "D.1.m" on Page 4)	16
g. Normal newborn bassinets (Level I Neonatal Services) Do not include with totals under the section entitled Beds by Service (Inpatient)	16
Do not include with totals under the section entitled Beds by Service (Inpatient) 2. Abortion Services Number of procedures per Year	16 0

^{*} means a hospital designated as a swing-bed hospital by CMS (Centers for Medicare & Medicaid Services)

License No: <u>H0062</u> Facility ID: <u>943191</u>

All responses should pertain to October 1, 2011 through September 30, 2012.

3.	Emergency Depai	rtment Services (cas	res equal vibits to	,		
	a. Total Number o	of ED Exam Rooms:	20	Of this total, h	ow many are	•
	a,1. # Traur	ma Rooms 🔝 💆	<u>3</u>			
	a.2 # Fast T	rack Rooms	<u>3</u>			
	a.3 # Urgen	it Care Rooms	<u> </u>			
	b. Total Number o	f ED visits for report	ting period:	37, <i>66</i> 7		
	c. Total Number o	${f f}$ admits from the ED			8	
	d. Total Number o	f Urgent Care visits	for reporting peri	od:	-	
	e. Does your ED p If no, specify days/	provide services 24 he hours of operation;	ours a day 7 days	per week? X	<u>Y</u> es	No.
	f. Is a physician or If no, specify days/	n duty in your ED 24 hours physician is or	hours a day 7 da n duty:	ys per week?	<u>(Y</u> es	_No
PARAMETER.		CONTROL PROGRAMMENT AND A CONTROL OF THE PROPERTY OF THE PROPE	SANGERSON CONTRACTOR C			
4.	Medical Air Trans	sport: Owned or lea	ased air ambuland	ce service;		
4.	a. Does the facility	sport: Owned or lear operate an air ambu ete the following cha	llance service?			
4.	a. Does the facility b. If "Yes", comple Type of Aircraft	operate an air ambu	llance service? art,	_Yes \(\sum_No	Number of T	ransports
4.	a. Does the facility b. If "Yes", comple	operate an air ambu ete the following cha	llance service? art,	Yes _XNo	Number of T	ransports
4. 5.	a. Does the facility b. If "Yes", comple Type of Aircraft Rotary Fixed Wing	operate an air ambuete the following cha	alance service? art. Number Owned	Yes No		ransports
	a. Does the facility b. If "Yes", comple Type of Aircraft Rotary Fixed Wing Pathology and Me a. Blood Bank/Tran	operate an air ambuete the following change of Aircraft Number of Aircraft dical Lab (Check ynsfusion Services	alance service? art. Number Owned whether or not ser	Yes No Number Leased Tvice is provided)		ransports
	a. Does the facility b. If "Yes", comple Type of Aircraft Rotary Fixed Wing Pathology and Me a. Blood Bank/Tran b. Histopathology	operate an air ambuete the following change of Aircraft dical Lab (Check wasfusion Services Laboratory	Number Owned whether or not ser	Yes No Number Leased rvice is provided) s No s No		ransports
	a. Does the facility b. If "Yes", comple Type of Aircraft Rotary Fixed Wing Pathology and Me a. Blood Bank/Tran b. Histopathology c. HIV Laboratory Number during a HIV Serology	voperate an air ambuete the following character of Aircraft dical Lab (Check was fusion Services Laboratory Testing reporting period ogy 19	Ilance service? art, Number Owned whether or not ser	Yes No Number Leased rvice is provided) s No s No		ransports
	a. Does the facility b. If "Yes", comple Type of Aircraft Rotary Fixed Wing Pathology and Me a. Blood Bank/Tranb. Histopathology is c. HIV Laboratory Number during in HIV Serolog HIV Culture d. Organ Bank	voperate an air amburete the following character the following character the following character than t	vhether or not ser	Yes No Number Leased Tvice is provided) S No S No S No		ransports
5.	a. Does the facility b. If "Yes", comple Type of Aircraft Rotary Fixed Wing Pathology and Me a. Blood Bank/Traib. Histopathology is c. HIV Laboratory Number during is HIV Serolo HIV Cultur d. Organ Bank e. Pap Smear Screen	operate an air amburete the following character of Aircraft Number of Aircraft Discrete o	vhether or not ser	Yes No Number Leased Tvice is provided) S No S No S No		ransports
	a. Does the facility b. If "Yes", comple Type of Aircraft Rotary Fixed Wing Pathology and Me a. Blood Bank/Traib. Histopathology is c. HIV Laboratory Number during is HIV Serolo HIV Cultur d. Organ Bank e. Pap Smear Screen	voperate an air amburete the following character the following character the following character than t	vhether or not ser	Yes No Number Leased Tvice is provided) S No S No S No		ransports
5.	a. Does the facility b. If "Yes", comple Type of Aircraft Rotary Fixed Wing Pathology and Me a. Blood Bank/Traib. Histopathology of the HIV Laboratory Number during of HIV Serology HIV Culture d. Organ Bank e. Pap Smear Screet Transplantation Serology Type	voperate an air ambuete the following character of Aircraft dical Lab (Check vonsfusion Services Laboratory Testing reporting periodory Te Management of the Mumber of Number	vhether or not ser Yes Yes Yes Yes Type	Yes No Number Leased Tvice is provided) S No S No S No		ransports
5. 6.	a. Does the facility b. If "Yes", comple Type of Aircraft Rotary Fixed Wing Pathology and Me a. Blood Bank/Trai b. Histopathology of the complex of the c	voperate an air ambuete the following character the fo	Alance service? Ant. Number Owned Whether or not ser X Ye. X Ye. Ye. Ye. Ye. Ye. Ye. Ye.	Yes No Number Leased rvice is provided) S _ No S _ No S _ No S _ No N	Type	

Number	Type	Number	Type	Number
	f. Kidney/Liver		Clare and the control of the control	
	g. Liver	1		/
	h. Heart/Liver			/
1/	The state of the s	†//	A TO COME AND THE SECOND SECON	/ / / /
/	i. Kidney	1/		/
		f. Kidney/Liver g. Liver h. Heart/Liver i. Heart/Kidney	f. Kidney/Liver g. Liver h. Heart/Liver i. Heart/Kidney	f. Kidney/Liver k. Lung g. Liver l. Pancreas h. Heart/Liver m. Pancreas/Kidney i. Heart/Kidney n. Pancreas/Liver



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7. <u>Specialized Cardiac Services</u> (for questions, call 855-3865 [Medical Facilities Planning])

	Catheterization	Diagnostic Cardiac Catheterization ICD-9 37.21, 37.22, 37.23, 37.25	Interventional Cardiac Catheterization ICD-9 00.66, 99.10, 36.06, 36.07, 36.09; 35.52, 35.71, 35.96		
1. Number of	f Units of Fixed Equipment				
	Procedures* Performed in s on Patients Age 14 and				
	Procedures* Performed in s on Patients Age 15 and older	433	110		
	Procedures* Performed in				
		37.77, 37.79, 37.80, 37.81	9 0, 37.71, 37.72, 37.73, 37.74, 37.75, 37.76, 1, 37.82, 37.83, 37.85, 37.86, 37.87, 37.89, 7, 37.98, 37.99, 00.50, 00.51, 00.52, 00.53,		
5. Number of	Units of Fixed Equipment				
6. Number of Equipment	Procedures on Dedicated EP				

catheterizations. Count each visit once, regardless of the number of diagnostic, interventional, and/or EP catheterizations performed within that visit.

Name of Mobile Vendor			
300 - 100 -	The second secon		
(Examples: Monday thro	per week the mobile unit is on	isite: 8	hour days per week.
hours per day is 1.5 8-ho	nigh Friday for 8 hours per day is 5 our days per week)	8-nour days per week, Mond	ay, Wednesday, & Friday for 4

(b)	Open Heart Surgery	Number of Machines/Procedures
1,	Number of Heart-Lung Bypass Machines	AIN
	Total Annual Number of Open Heart Surgery Procedures Utilizing Heart-Lung Bypass Machine	N/A
3.	Total Annual Number of Open Heart Surgery Procedures done without utilizing a Heart-Lung Bypass Machine	N)A
4.	Total Open Heart Surgery Procedures (2. + 3.)	NA
	Procedures on Patients Age 14 and younger	
	Of total in #2, Number of Procedures on Patients Age 14 & younger	N/A
6.	Of total in #3, Number of Procedures on Patients Age 14 & younger	NIA



License No: <u>H0062</u> Facility ID: <u>943191</u>

8. <u>Surgical Operating Rooms, Procedure Rooms, Gastrointestinal Endoscopy Rooms, Surgical and Non-Surgical Cases and Procedures</u>

	- If multiple sites:		
Report Constru	cal Operating Rooms <u>Surgical Operating Rooms</u> built to meet the specifications and stated that the specification is and stated to section of the Division of Health Services Regulation, and was a These surgical operating rooms include rooms located in Observations.	which are fully equipped to morfo	red by the rm surgical
	Type of Room	Number of Rooms	
	Dedicated Open Heart Surgery		
	Dedicated C-Section		
	Other Dedicated Inpatient Surgery		
	Dedicated Ambulatory Surgery	0	
	Shared - Inpatient / Ambulatory Surgery	5	
	Total of Surgical Operating Rooms	6	
Numbe	r of additional CON approved surgical operating rooms pen	ding development:)
	N Project ID Number(s)	And the second s	17000
rej per	dure Rooms (Excluding Operating Rooms and Gastroin for rooms, which are not equipped for or do not meet all the speciformance of procedures other than Gastrointestinal Endoscopy profumber of Procedure Rooms:	fications for an operating room	s) that are used fo
Report	pintestinal Endoscopy Rooms, Cases and Procedures the number of Gastrointestinal Endoscopy rooms and the Endoscops during the reporting period.	s: copy cases and procedures per	formed <u>only</u> i
Total N	umber of existing Gastrointestinal Endoscopy Rooms:		
	r of additional CON approved GI Endoscopy Rooms pendin	or development:	7.5
	N Project ID Number(s)	as development,	
U U			_
14	Number of Cases Performe	ed Number of Prod	cedures*
1. 6. 77 / 6. 14 / 12	In GI Endoscopy Rooms		

	Number of Cases Performed In GI Endoscopy Rooms		Number of Procedures* Performed in GI Endoscop Rooms		
The control of the second	Inpatient	Outpatient	Inpatient	Outpatient	
GI Endoscopy**	191	(Hr)	ที่สา	10/2	
Non-GI Endoscopy	1878 A. S.	Y	$-\alpha \omega$	1000	
Totals	191	IHO	273	1023	

Count each patient as one case regardless of the number of procedures performed while the patient was in the GI endoscopy room.

*As defined in 10A NCAC 14C .3901 "Gastrointestinal (GI) endoscopy procedure" means a single procedure, identified by CPT code or ICD-9-CM procedure code, performed on a patient during a single visit to the facility for diagnostic or therapeutic purposes.

Revised 08/2012

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All responses should pertain to October 1, 2011 through September 30, 2012.

Surgical Operating	Rooms, Procee	dure Rooms.	Gastroint	estinal Fnd	necony D	nome Su	regionla.
Non-Surgical Case	s and Procedur	es (continued)	DOULINI ADUK	OSCOPY IX	Julia, Du	II KICAI AI
p-s Ay minimple 3.	, p. 13 s			A-Participant			

ases by Specialty Area Table

Enter the number of surgical cases performed only in licensed operating rooms by surgical specialty area in the table below. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery. Categorize each case into one specialty area - the total number of surgical cases is an unduplicated count of surgical cases. Count all surgical cases performed only in licensed operating rooms. The total number of surgical cases should match the total number of patients listed in the Patient Origin Tables on pages 20 and 21.

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)	20	2,
Open Heart Surgery (from 7.(b) 4.)	$\tilde{\Lambda}$	
General Surgery	251	750
Neurosurgery	6	17
Obstetrics and GYN (excluding C-Sections)	90	161
Ophthalmology	Ĭ	194
Oral Surgery	2	18
Orthopedics	259	163
Otolaryngology	TE	205
Plastic Surgery	6	6
Urology	I II	73
Vascular	4	27
Other Surgeries (specify)	14	23
Other Surgeries (specify)	9	84
Number of C-Section's Performed in Dedicated C-Section ORs	224	
Number of C-Section's Performed in Other ORs	- 25	
Total Surgical Cases Performed Only in Licensed ORs	982	246

e) Non-Surgical Cases by Category Table

Enter the number of non-surgical cases by category in the table below. Count each patient undergoing a procedure or procedures as one case regardless of the number of non-surgical procedures performed. Categorize each case into one non-surgical category - the total number of non-surgical cases is an unduplicated count of non-surgical cases. Count all non-surgical cases, including cases receiving services in operating rooms or in any other location, except do not count cases having endoscopies in GI Endoscopy rooms. Report cases having endoscopies in GI Endoscopy Rooms on page 8.

Non-Sungical Category	Inpatient Cases	Ambulatory Cases
Pain Management		12 Cases
Cystoscopy	16	<u> 182 </u>
Non-GI Endoscopies (not reported in 8, c)		
GI Endoscopies (not reported in 8. c)	20	- 152
YAG Laser		
Other (specify)		
Other (specify)	4 2 2 2	
Other (specify)		
Total Non-Sungical Cases		102



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9. Average Operating Room Availability and Average Case Times:

The Operating Room Methodology assumes that the average operating room is staffed 9 hours a day, for 260 days per year, and utilized at least 80% of the available time. This results in 1,872 hours per operating room per year.

The Operating Room Methodology also assumes an average of 3 hours for each Inpatient Surgery and an average of 1.5 hours for each Outpatient Surgery.

Based on your hospital's experience, please complete the table below by showing the assumptions for the average operating room in your hospital.

Average Hours per Day Routinely Scheduled for Use *	Average Number of Days per Year Routinely Scheduled for Use	Average "Case Time" ** in Minutes for Inpatient Cases	Average "Case Time" ** in Minutes for Ambulatory Cases
8	253	120	45

* Use only Hours per Day routinely scheduled when determining the answer.

Example for determining average hours per day routinely scheduled for use:

A hospital has two operating rooms routinely scheduled for use for 8 hours per day, and two other operating rooms routinely scheduled for use for 10 hours per day.

2 rooms X 8 hours = 16 hours per day

plus

2 rooms X 10 hours = 20 hours per day

equals

36 hours per day total

The average hours per day for the four operating rooms is calculated by dividing the total hours per day for all operating rooms by the total number of operating rooms. In this example, 36 hours divided by four operating rooms is 9 average hours per day for an operating room.

** "Case Time" = Time from Room Set-up Start to Room Clean-up Finish. Definition 2.4 from the "Procedural Times Glossary" of the AACD, as approved by ASA, ACS, and AORN. <u>NOTE</u>: This definition includes all of the time for which a given procedure requires an OR/PR. It allows for the different duration of Room Set-up and Room Clean-up Times that occur because of the varying supply and equipment needs for a particular procedure.



License No: H0062 Facility ID: 943191

10a. Magnetic Resonance Imaging (MRI)

Indicate the number of MRI scanners (units) and the number of procedures performed during the 12-month reporting period at your facility. For hospitals that operate medical equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus. Campus – if multiple sites:

Number of fixed MRI	# Units			St. British or a second				
scanners-closed (do not include any Policy AC-3 scanners)		Inpat	ient Proced	ures*	Outp	atient Proce	edures*	
# of fixed MRI scanners- open (do not include any Policy AC-3 scanners)		With	Without		With	Without		
Number of Policy AC-3 MRI scanners used for general clinical purposes		Contrast or Sedation	Contrast or Sedation	TOTAL Inpatient	Contrast or Sedation	Contrast or Sedation	TOTAL Outpatient	TOTAL Procedures
Total Fixed MRI Scanners/Procedures		104	595	699	(H2)	922	154	227.3
Procedures performed o MRI scanners only at			1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		200	1	156	
Name(s) of Mobile MRI P	rovider(s);		owi Section 1		l .		<u> </u>	
The total number of proced number of patients reported listed in the part row should	d on the M	RI Patient (Origin Tabl	e on page 2	5 of this ann	lication. Pa	tients served	n the total on units
Other Human Research MRI scanners	i not be ill	ranea III (N	e iviki Pali	ent Origin 1	able on pag	e 25 01 this	application.	

^{*} An MRI procedure is defined as a single discrete MRI study of one patient (single CPT coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom.

10b. MRI Procedures by CPT Codes

CPT Code	CPT Description	Number of Procedures
70336	MRI Temporomandibular Joint(s)	
70540	MRI Orbit/Face/Neck w/o	3
70542	MRI Orbit/Face/Neck with contrast	
70543	MRI Orbit/Face/Neck w/o & with	19
70544	MRA Head w/o	232
70545	MRA Head with contrast	
70546	MRA Head w/o & with	
70547	MRA Neck w/o	2
70548	MRA Neck with contrast	22
70549	MRA Neck w/o & with	
70551	MRI Brain w/o	302
70552	MRI Brain with contrast	2
	Subtotal for this page	541



License No: <u>H0062</u> Facility ID: <u>943191</u>

10b. MRI Procedures by CPT Codes continued....

CPT Code	CPT Description	Number of Procedures
70559	MRI Brain w/o & with	402
7055A	IAC Screening	
71550	MRI Chest w/o	
71551	MRI Chest with contrast	
71552	MRI Chest w/o & with	<u>'</u>
71555	MRA Chest with OR without contrast	
72126	Cervical Spine Infusion only	
72141	MRI Cervical Spine w/o	ll D
72142	MRI Cervical Spine with contrast	4
72156	MRI Cervical Spine w/o & with	24
7/2146	MRI Thoracic Spine w/o	42
72147	MRI Thoracic Spine with contrast	
72157	MRI Thoracic Spine w/o & with	15
7/2148	MRI Lumbar Spine w/o	302
72149	MRI Lumbar Spine with contrast	
72158	MRI Lumbar Spine w/o & with	27
72159	MRA Spinal Canal w/o OR with contrast	
72195	MRI Pelvis w/o	10
72196	MRI Pelvis with contrast	
72197	MRI Pelvis w/o & with	4
72198	MRA Pelvis w/o OR with Contrast	
73218	MRI Upper Ext, other than joint w/o	4
73219	MRI Upper Ext, other than joint with contrast	
73220	MRI Upper Ext, other than joint w/o & with	10
73221	MRI Upper Ext, any joint w/o	K8
73222	MRI Upper Ext, any joint with contrast	74
73223	MRI Upper Ext, any joint w/o & with	1/2
73225	MRA Upper Ext, w/o OR with contrast	Y
73718	MRI Lower Ext other than joint w/o	10.
73719	MRI Lower Ext other than joint with contrast	
73720	MRI Lower Ext other than joint w/o & with	呼
73721	MRI Lower Ext any joint w/o	101
73722	MRI Lower Ext any joint with contrast	<u> </u>
73723	MRI Lower Ext any joint w/o & with	R
73725	MRA Lower Ext w/o OR with contrast	18
74181	MRI Abdomen w/o	
74182	MRI Abdomen with contrast	<u> </u>
(3.10Z)		11/51
	Subtotal for this page	<u> </u>



License No: H0062 Facility ID: 943191

10b. MRI Procedures by CPT Codes continued. . . .

CPT Code	CPT Description	Number of Procedures
74183	MRI Abdomen w/e & with	1102
74185	MRA Abdomen w/o OR with contrast	10
75557	MRI Cardiac Morphology w/o	ान
75561	MRI Cardiac Morphology with contrast	
75554	MRI Cardiac Function Complete	•
75555	MRI Cardiac Function Limited	
75556	MRI Cardiac Velocity Flow Mapping	
77055	MRI Breast, unilateral w/o and/or with contrast	20
77056	MRI Breast, bilateral w/o and/or with contrast	24
76125	Cineradiography to complement exam	
7.6390	MRI Spectroscopy	
76393	MRI Guidance for needle placement	
7.6894	MRI Guidance for tissue ablation	
76400	MRI Bone Marrow blood supply	
7,649 A	MR functional imaging	
7649D	MRI infant spine comp w/ & w/o contrast	
7649E	Spine (infants) w/o infusion	
7649H	MR functional imaging	
N/A	Clinical Research Scans	
1000	Subtotal for this page	a51
	Total Number of Procedures for all pages	22/23

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	TOWING THE STATE OF THE STATE O			
TT	C 1 CO			
HOW man	V TIYER L'Ecanne	ere does the hor	mital harra	
	y fixed CT scanne	as adopt the time	DILAI HAVE	/X
	hospital contract f			
I loeg the l	happital contract t	Or mobile OT -	To the state of th	· · · · · · · · · · · · · · · · · · ·
	mospital collider I		Canner services	Yes <u>X</u> No
				100 110
				AND CONTRACTOR OF THE PARTY OF
aht payti	ntify the mobile (177		
11 309, 100	MINTA MIC INCOME (or vendor		
	t vila digitali tir € 2 isalga arara 2 isalah gerapi pagagatan (1931 bira disepua	CONTROL OF THE PARTY OF THE PAR		

Complete the following tables (one for fixed CT scanners; one for mobile CT scanners).

Scans Performed on Fixed CT Scanners (Multiply # scans by Conversion Factor to get HECT Units)

442 0000	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast	3/02	Х	1.00	=	こつにこ
2	Head with contrast	300	Х	1,25	=	LIZE
3	Head without and with contrast	13	X	1.75	l =	1 1 a
4	Body without contrast	2403	Х	1,50	=	3604
5	Body with contrast	3195	Х	1.75	=	5586
6	Body without contrast and with contrast	167	Х	2.75	-	45925
7	Biopsy in addition to body scan with or without contrast	91	Х	2.75	=	250.25
8.	Abscess drainage in addition to body scan with or without contrast	22	Х	4.00	=	22

License No: <u>H0062</u> Facility ID: <u>943191</u>

All responses should pertain to October 1, 2011 through September 30, 2012.

Scans Performed on Mobile CT Scanners (Multiply # scans by Conversion Factor to get HECT Units)

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast		Х	1.00	=	
2	Head with contrast		Х	1,25	=	
3	Head without and with contrast		Х	1.75		
4	Body without contrast		Х	1.50	=	
5	Body with contrast		Х	1.75		
6	Body without contrast and with contrast		Х	2,75	П	
7	Biopsy in addition to body scan with or without contrast		Х	2,75	=	
8	Abscess drainage in addition to body scan with or without contrast		X	4.00	=	

10d. Other Imaging Equipment

	Number of	Numl	er of Procedur	es
	Units	Inpatient	Outpatient	Total
Dedicated Fixed PET Scanner				
Mobile PET Scanner	en la		93	93
PET pursuant to Policy AC-3			i de la companya della companya della companya de la companya della companya dell	<u></u>
Other Human Research PET Scanner				
Ultrasound equipment	4 1	141,4	4100	6114
Mammography equipment		114	4102	4.601
Bone Density Equipment			401	400
Fixed X-ray Equipment (excluding fluoroscopic)	9	5927	1954	25
Fixed Fluoroscopic X-ray Equipment	2	7,65	205	357
Special Procedures/ Angiography Equipment (neuro & vascular, but not including cardiac cath.)		27.1	105	386
Coincidence Camera	•	(XQ)		
Mobile Coincidence Camera Vendor:				2 2 2
SPECT	3			
Mobile SPECT	-		The state of the s	
Vendor:	450			
Gamma Camera		ТИШ	1588	20ED
Mobile Gamma Camera			1000	1
Vendor:	8 - 1 - 1			

^{*}PET procedure means a single discrete study of one patient involving one or more PET scans. PET scan means an image-scanning sequence derived from a single administration of a PET radiopharmaceutical, equated with a single injection of the tracer. One or more PET scans comprise a PET procedure. The number of PET procedures in this table should match the number of patients reported on the PET Patient Origin Table on page 27.

10e. Lithotripsy

1/2			
		Number of	Number of Procedures
		1 Turrice Of	TARITIDEL OF FLOORINGS
		Units	Inpatient Outpatient Total
		CIME	Inpatient Outpatient Total
	NO. 2 1		
	Fixed		
	Mobile		1 Q 1 QU 1
- 1		Contract of the Contract of th	

Lithotripsy Vendor/Owner:

Catawba Hospital Page 14

Revised 08/2012



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11. Linear Accelerator Treatment Data (including Cyberknife® & Similar Equipment)

CPT Cod	e Description	# of Procedures
Simple Tr	eatment Delivery	CENTRAL CONTROL
77401	Radiation treatment delivery	**************************************
77402	Radiation treatment delivery (<=5 MeV)	- 2 -
77403	Radiation treatment delivery (6-10 MeV)	
77404	Radiation treatment delivery (11-19 MeV)	8
77406	Radiation treatment delivery (>=20 MeV)	
Intermedia	ate Treatment Delivery	
77407	Radiation treatment delivery (<=5 MeV)	A Company of the Comp
77408	Radiation treatment delivery (6-10 MeV)	X
77409	Radiation treatment delivery (11-19 MeV)	X
77411	Radiation treatment delivery (>=20 MeV)	B
Complex '	Freatment Delivery	
77412	Radiation treatment delivery (<=5 MeV)	
77413	Radiation treatment delivery (6-10 MeV)	<u> </u>
77414	Radiation treatment delivery (11-19 MeV)	β
77416	Radiation treatment delivery (>= 20 MeV)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Other Trea	atment Delivery Not Included Above	
77418	Intensity modulated radiation treatment (IMRT) delivery	<u>orbusta en ellegit en sama</u>
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator	0
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	<u> </u>
G0339	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery in one session or first fraction	
G0340	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery, fractionated treatment, 2nd-5th fraction	Ô
	Intraoperative radiation therapy (conducted by bringing the anesthetized patient down to the linac)	0
	Pediatric Patient under anesthesia	<u> </u>
7.7	Neutron and proton radiation therapy	- K
	Limb salvage irradiation	N A
	Hemibody irradiation	$\overline{\Lambda}$
1	Total body irradiation	し り
Imaging Pr	ocedures Not Included Above	n .
77417	Additional field check radiographs	ŏ
	Total Procedures – Linear Accelerators	$\tilde{\rho}$
Gamma Kı	nife® Procedures	
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of one session; multisource Cobalt 60 based (Gamma Knife®)	\cap
	Total Procedures – Gamma Knife®	



License No: H0062 Facility ID: 943191

11. Linear Accelerator Treatment Data continued

additional courses of treatment. For exone patient who receives three course	ounted once i xample, one p s of treatmen	diation oncology treatments on linear accelerate f they receive one course of treatment and more patient who receives one course of treatment cot counts as three the number of patients reported in the Linear	if they receive unts as one, and
Other specialized linear acceler c. Number of Gamma Knife® units	number of L Number of C rators	Identify Manufacturer of Equipment	0
reproduces the geometric relationships 176(24b))) 12. Telemedicine	s of megavol	produces high quality diagnostic radiographs at tage radiation therapy equipment to the patient.	nd precisely '(GS 131E-
Control of the Contro	emedicine to	have images read at another facility?	<u>us</u>
13. Additional Services:		(ialysis stations, show number of stations)	
	Check		Check
Cardiac Rehab Program (Outpatient)		5. Rehabilitation Outpatient Unit	
2. Chemotherapy		6. Podiatric Services	
3. Clinical Psychology Services	-	7. Genetic Counseling Service	
4. Dental Services		8 Number of Acute Dialysis Stations	1-5

b) Hospice Inpatient Unit Data:

Hospital-based hospice units with licensed hospice beds. List each county served and report all patients by county of residence. Use each patient's age on the admission day to the Licensed Hospice Inpatient Facility. For age categories count each inpatient client only once.

8. Number of Acute Dialysis Stations

2013 Renewal Application for Hospital; Grace Hospital, Inc.



License No: <u>H0062</u> Facility ID: <u>943191</u>

All responses should pertain to October 1, 2011 through September 30, 2012,

County of Residence	Age 0-17	Age 18-40	Age 41-59	Age 60-64	Age 65-74	Age 75-84	Age 85+	Total Patients Served	Total Days of Care	Deaths
-	10-									
7. F. T. T.			- 10							
									-	
Out of State		لر								
Fotal All Ages										



License No: H0062 Facility ID: 943191

All responses should pertain to October 1, 2011 through September 30, 2012.

13. Additional Services: continued

- c) Mental Health and Substance Abuse
 - 1. If psychiatric care has a different name than the hospital, please indicate:

Grace Center for Behavioral Health

2. If address is different than the hospital, please indicate:

	833230	-		-	*****	000000073	A	- 2 y 17 65 W	3000 0 CE	Antonia, a	Service Control				45.234.53				33333			0.5690	33.34.3		1000000	300
25		30.00	1000	0.00	F	223	12.0	2000	30000000	000000000000000000000000000000000000000	2000000	*************	antibiotica 6	************				*04.3:0100000	2200000000	010000000000000000000000000000000000000	SA KASSONIA S	2000,000,000	1000000000	30.5 (2000)		200
87	4,000	22 D	170	nte	**			17			2012000	3010/2010			2.30			SERVICE SERVICE	P1000000		Transfer of	2000000	000000000000000000000000000000000000000	1.000	170 2 2 2 2 3	300
30	2.0			uu	ルし	J 1 3	いいて	, ac	LO VA		SI V	ices	\$200,000		(1) NO. 100			322-33	101200	9884441					37.00	
			96.18		100	2000	•	2000	Section 2		(m)	1700s on 1400s	É	2.35%					48.55		350000	33.00		THE PARTY		3 100
		25,700	100		1800	330 A	(1)	2000		100				7 A		(0.033)	:53330X		O459 E-4							2018
20	2833			90g W	100		14.			10 A 30	10.23			**************************************							(A					
	533333	10000	-	~		~	1000	10.0	12 15 15	200		W.	AC 317 22		9835		:5000 BC		300000	Acceptance of the	Man Huse		1000		to other	
30			19971380	(35/2002)	950000000		3.600 en 20a	INCOME.	***				100000	250	49.1000	- CONTRACT	F 4 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	0.000				30.00				320

Indicate the program/unit location in the <u>Service Categories</u> chart below. If it is in the hospital, include the room number. If it is located at another site, include the building name, program/unit name and address.

Service Categories: All applicants must complete the following table for all mental health services which are to be provided by the facility. If the service is not offered, leave the spaces blank.

Rule 10A NCAC 27G Licensure Rules For Mental Health Facilities	Location of Services	Ве	Beds Assigned by Age							
		0-12	13-17	Subtotal 0-17	18 & up	Total Bed				
.1100 Partial hospitalization for individuals who are acutely mentally ill.				(P)(1)						
1200 Psychosocial rehabilitation facilities for individuals with severe and persistent mental illness					100 A					
.1300 Residential treatment facilities for children and adolescents who are emotionally disturbed or have a mental illness		e de la companya de l								
.1400 Day treatment for children and adolescents with emotional or behavioral disturbances										
.1500 Intensive residential treatment facilities for children & adolescents who are emotionally disturbed or who have a mental illness										
.5000 Facility Based Crisis Center			120	1						

Rule 10A NCAC 13B Licensure Rules	Location of	Be	ds Assig	med by a	Age	
For Hospitals	Services	0-12	13-17	Subtotal 0-17	18 & up	Total Beds
.5200 Dedicated inpatient unit for individuals who have mental disorders	Grace Hosp HTM Floo	tal			22	22

COPY

License No: <u>H0062</u> Facility ID: <u>943191</u>

All responses should pertain to October 1, 2011 through September 30, 2012.

13. Additional Services: continued

c) Mental Health and Substance Abuse continued

.3100 Nonhospital medical detoxification for individuals who are substance abusers .3200 Social setting detoxification for substance abusers .3300 Outpatient detoxification for substance abusers .3400 Residential treatment/ rehabilitation for individuals with substance abuse disorders .3500 Outpatient facilities for individuals with substance abuse disorders .3600 Outpatient narcotic addiction treatment .3700 Day treatment facilities for individuals with	Rule 10A NCAC 27G Licensure Rules for Substance Abuse Facilities	Location of Services	Be	Beds Assigned by Age						
.3100 Nonhospital medical detoxification for individuals who are substance abusers .3200 Social setting detoxification for substance abusers .3300 Outpatient detoxification for substance abusers .3400 Residential treatment/ rehabilitation for individuals with substance abuse disorders .3500 Outpatient facilities for individuals with substance abuse disorders .3600 Outpatient narcotic addiction treatment .3700 Day treatment facilities for individuals with			0-12	13-17		18 & up	Total Beds			
abusers .3300 Outpatient detoxification for substance abusers .3400 Residential treatment/ rehabilitation for individuals with substance abuse disorders .3500 Outpatient facilities for individuals with substance abuse disorders .3600 Outpatient narcotic addiction treatment .3700 Day treatment facilities for individuals with	.3100 Nonhospital medical detoxification for individuals who are substance abusers									
abusers 3400 Residential treatment/ rehabilitation for individuals with substance abuse disorders 3500 Outpatient facilities for individuals with substance abuse disorders 3600 Outpatient narcotic addiction treatment 3700 Day treatment facilities for individuals with										
individuals with substance abuse disorders .3500 Outpatient facilities for individuals with substance abuse disorders .3600 Outpatient narcotic addiction treatment .3700 Day treatment facilities for individuals with										
3500 Outpatient facilities for individuals with substance abuse disorders 3600 Outpatient narcotic addiction treatment 3700 Day treatment facilities for individuals with						F-10-70 - 10-10-10-10-10-10-10-10-10-10-10-10-10-1				
3700 Day treatment facilities for individuals with	.3500 Outpatient facilities for individuals with									
3700 Day treatment facilities for individuals with	3600 Outpatient narcotic addiction treatment									
Substance abuse disorders	.3700 Day treatment facilities for individuals with substance abuse disorders									
	Rule 10A NCAC 13B Licensure Rules	Location of	Be	ds Assig	ned by A	\ge				
Rule 10A NCAC 13B Licensure Rules Location of Beds Assigned by Age	For Hospitals	Services	0-12	13-17	Subtotal	18 & up	Total Be			

Rule 10A NCAC 13B Licensure Rules	Location of	Ве	Beds Assigned by Age							
For Hospitals	Services	0-12	13-17	Subtotal 0-17	18 & up	Total Beds				
.5200 Dedicated inpatient hospital unit for individuals who have substance abuse disorders (specify type) # of Treatment beds				U-1/						
# of Medical Detox beds				12.5						

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License No: <u>H0062</u> Facility ID: <u>943191</u>

All responses should pertain to October 1, 2011 through September 30, 2012.

Patient Origin - General Acute Care Inpatient Services

Facility County: Burke

In an effort to document patterns of utilization of General Acute Care Inpatient Services in North Carolina hospitals, please provide the county of residence for each patient admitted to your facility.

County	No. of Admissions	County	No. of Admissions	County	No. of Admissions
1. Alamance		37. Gates	T	73. Person	Additionion
2. Alexander		38. Graham	1 3	74. Pitt	
3. Alleghany		39. Granville		75. Polk	ス
4. Anson	1.2.1	40. Greene		76. Randolph	
5. Ashe	5	41. Guilford		77. Richmond	
6. Avery	4	42. Halifax		78. Robeson	The second second
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood	6	80, Rowan	T ·
9. Bladen		45. Henderson	1 4	81. Rutherford	46
10. Brunswick		46. Hertford		82. Sampson	$-\pi \omega$
11. Buncombe	29	47. Hoke		83. Scotland	
12. Burke	3744	48. Hyde		84. Stanly	5
13. Cabarrus	7/0	49. Iredell	19	85. Stokes	3
14. Caldwell	332	50: Jackson	1 /2	86. Surry	3
15. Camden		51. Johnston	-	87. Swain	<u> </u>
6. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee	7.5	89. Tyrrell	
18, Catawba	146	54. Lenoir		90. Union	
9. Chatham		55. Lincoln	70	91. Vance	- 1
20. Cherokee	5	56. Macon	+ 8 <u>2</u>	92, Wake	1
21. Chowan		57. Madison	3	93. Warren	1000
22. Clay	3	58. Martin	 	94. Washington	200 (1975) 200 (1975)
23. Cleveland	40	59. McDowell	501	95. Watauga	H
4. Columbus		60. Mecklenburg	16	96. Wayne	
5, Craven	1	61. Mitchell	12	97. Wilkes	724
6. Cumberland		62. Montgomery	 	98. Wilson	
7. Gurrituck	1	63. Moore	3	99, Yadkin	<u>_</u>
8. Dare		64. Nash	 2		<u> </u>
9. Davidson	1 3	65. New Hanover	 	100. Yancey	<u> </u>
0. Davie		66. Northampton	 	101 Goordia	
1. Duplin		67. Onslow		101. Georgia 102. South Carolina	
2. Durham		68. Orange			<u> </u>
3. Edgecombe		69. Pamlico		103. Tennessee	
4. Forsyth	1 4	70. Pasquotank		104. Virginia	
5. Franklin		71. Pender	La Calcal	105. Other States	<u>4</u>
6. Gaston	14	71. Pender 72. Perquimans		106. Other	Photos =
· · · · · · · · · · · · · · · · · · ·	<u> </u>	Liz. Folgumans		Total No. of Patients	<u> </u>



License No: <u>H0062</u> Facility ID: <u>943191</u>

Patient Origin - Inpatient Surgical Cases

Facility County: Burke

In an effort to document patterns of Inpatient utilization of Surgical Services in North Carolina hospitals, please provide the county of residence for each inpatient surgical patient served in your facility. Count each inpatient surgical patient once regardless of the number of surgical procedures performed while the patient was having surgery. However, each admission as an inpatient surgical case should be reported separately.

The Total from this chart should match the Total Inpatient Cases reported on the "Surgical Cases by Specialty Area" Table on page 9.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	110. UL L'ALIEIRE
2. Alexander	3	38. Graham		74. Pitt	
3. Alleghany	100	39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	1.2
5. Ashe		41. Guilford	T. Control	77. Richmond	
6. Avery		42. Halifax	100	78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80, Rowan	100
9. Bladen		45. Henderson	700 E 2	81. Rutherford	8
10. Brunswick		46. Hertford	el estados	82. Sampson	
11. Buncombe		47, Hoke		83. Scotland	
12. Burke	1526	48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell	1 2	85. Stokes	
14. Caldwell	120	50. Jackson	200	86. Surry	
15. Camden		51. Johnston	44	87. Swain	7 2 2
16. Carteret		52. Jones	12.	88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	58	54. Lenoir	2.2	90. Union	
19. Chatham		55. Lincoln	H	91. Vance	1000
20. Cherokee		56. Macon		92. Wake	
21. Chowan	10.00	57. Madison		98. Warren	
22. Clay		58. Martin		94. Washington	250
23, Cleveland	174	59, McDowell	1217	95. Watauga	200
24. Columbus	- Control of the Cont	60. Mecklenburg	1 21	96. Wayne	
25, Craven		61. Mitchell	1 4	97. Wilkes	
26. Cumberland	The state of the s	62. Montgomery		98. Wilson	Total Constitution of the
27. Currituck		63. Moore	200	99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover		100. Talley	
30. Davie	The second secon	66. Northampton	77. 7	101. Georgia	190 280-04-05 C 200 200 200 200 200
31. Duplin		67. Onslow		101. Georgia 102. South Carolina	
32. Durham		68. Orange		102. South Carolina 103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	1
34. Forsyth	The state of the s	70. Pasquotank		105. Other States	
35. Franklin		71. Pender		106. Other	11
36. Gaston	The second secon	72. Perquimans	J sign	Total No. of Patients	982



License No: <u>H0062</u> Facility ID: <u>943191</u>

Patient Origin - Ambulatory Surgical Cases

Facility County: Burke

In an effort to document patterns of Ambulatory utilization of Surgical Services in North Carolina hospitals, please provide the county of residence for each ambulatory surgery patient served in your facility. Count each ambulatory patient once regardless of the number of procedures performed while the patient was having surgery. However, each admission as an ambulatory surgery case should be reported separately.

The Total from this chart should match the Total Ambulatory Surgical Cases reported on the "Surgical Cases by Specialty Area" Table on page 9.

County	No. of Patients	County	No. of Patients	County	No, of Patients
1. Alamance		37. Gates		73. Person	190, OI LAHEIRA
2. Alexander	3	38, Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	1
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery	Я	42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	1273
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson	1	81, Rutherford	53
10. Brunswick		46. Hertford		82, Sampson	-SØ
11. Buncombe	3	47. Hoke		83. Scotland	
12. Burke	1569	48. Hyde		84. Stanly	
13. Cabarrus	73	49. Iredell		85. Stokes	200000
14. Caldwell	244	50. Jackson		86. Surry	
15. Camden	211	51. Johnston		87. Swain	
16. Carteret		52. Jones	200	88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	94	54. Lenoir		90. Union	
19, Chatham		55. Lincoln	8	91. Vance	1
20. Cherokee		56. Macon	+-8	92. Wake	1
21. Chowan		57. Madison		98. Warren	
22. Clay		58. Martin		94, Washington	la constant de la con
23. Cleveland	42	59. McDowell	378	95. Watauga	
24. Columbus		60. Mecklenburg	+ 3/8-	96. Wayne	Programme and the second
25. Craven		61. Mitchell	 2	97. Wilkes	~
26, Cumberland		62. Montgomery	 	98. Wilson	<u> </u>
27. Currituck		63. Moore		99. Yadkin	1 () () () () () () () () () (
28. Dare		64. Nash			
29. Davidson		65. New Hanover		100. Yancey	a
30. Davie	4. 2. 2.	66. Northampton		101 C	
31. Duplin	- L	67. Onslow		101. Georgia 102. South Carolina	1
32. Durham	- F	68. Orange			
33. Edgecombe		69. Pamlico		103. Tennessee	
34. Forsyth		70. Pasquotank		104. Virginia	
35, Franklin		70. Pasquotank 71. Pender		105. Other States	4
36. Gaston	8	and the section of th		106. Other	<u> </u>
or owner		72. Perquimans		Total No. of Patients	2461

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License No: <u>H0062</u> Facility ID: <u>943191</u>

All responses should pertain to October 1, 2011 through September 30, 2012.

Patient Origin - Gastrointestinal Endoscopy (GI) Cases

Facility County: Burke

In an effort to document patterns of utilization of Gastrointestinal Endoscopy Services in North Carolina hospitals, please provide the county of residence for each GI Endoscopy patient served in your facility. Count each patient once regardless of the number of procedures performed while the patient was receiving GI Endoscopy Services. However, each admission for GI Endoscopy services should be reported separately.

The Total from this chart should match the Total GI Endoscopy cases reported on the "Gastrointestinal Endoscopy Rooms, Cases and Procedures" Table on page 8 plus the total Inpatient and Ambulatory GI Endoscopy cases from the "Non-Surgical Cases by Category" Table on page 9,

County	No. of Patients	County	No. of Patients	County	No. of Patients
l. Alamance		37. Gates	- 10. 02.210.0210	73. Person	110.01 L'Attelle
2. Alexander	1 4	38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	-
4. Anson	Anson			76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery	a 2	42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	18
10. Brunswick	, , , , , , , , , , , , , , , , , , , ,	46. Hertford	 	82. Sampson	10
11. Buncombe		47. Hoke		83. Scotland	
12. Burke	550	48. Hyde	100	84. Stanly	100000000000000000000000000000000000000
13: Cabarrus	3	49. Iredell		85. Stokes	
14. Caldwell	73	50. Jackson	l l	86. Surry	
15. Camden	100	51. Johnston		87. Swain	
16. Carteret	1 1 1 1 E	52. Jones	1020	88. Transylvania	
17. Caswell		53, Lee	2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	89, Tyrrell	12120000
18. Catawba	24	54. Lenoir	400	90. Union	The same of the sa
19. Chatham		55. Lincoln	4	91. Vance	E. (1965) 91.
20. Cherokee	1000	56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	9	59. McDowell	132	95. Watauga	
24. Columbus		60. Mecklenburg	72	96. Wayne	
25. Craven		61. Mitchell	T +	97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27, Currituck		63. Moore		99. Yadkin	
28. Dare	5	64. Nash		100. Yancey	
29. Davidson		65. New Hanover		AUG. 1 miles	
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	7
32. Durham	and the second second	68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	la de la la companya de la companya
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		Total No. of Patients	831



License No: <u>H0062</u> Facility ID: <u>943191</u>

All responses should pertain to October 1, 2011 through September 30, 2012.

Patient Origin - Psychiatric and Substance Abuse Alamance through Johnston

Facility County: Burke

Complete the for County of Patient Origin	Payo	chiatric Treatm Days of Gare	ent	Substa	nce Abuse Tres Days of Gare	itment	Det	oxification	
	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals
Alamance									1
Alexander		4	141				7		
Alleghany		16	160						
Anson Ashe			Section (Control Section)						
Avery		 45	35						
Beaufort	-	111	17	4.4					
Bertie		 					100		
Bladen	-					<u> </u>			
Brunswick		71	171					1384 F	1
Buncombe		54	56						1
Burke		2/47	3149						
Cabarrus		3/12	203						
Caldwell		656	656		200	 			
Camden		100-4	WASH.			 		-	
Carterel	-	31-							
Caswell	4.00								
Catawba		295	265						
Chatham .									
Cherokee		60	60						
Ohowan	1000			100			1.7		
Clay							***	1000	
Cleveland		149	149						
Columbus		Ιρ	10		1000				
Graven		-	``			100		100	
Cumberland									
Gürritück Dare			-91						
Davidson		30	—	1,000					
Davie Davie		20	79						
Duplin		15	15		467				
Durham			2.5						
Edgecombe									
Rorsyth		177	ान ।		200				
Franklin	1 2 2	12	12	100					
Gaston		410	418	10					
Gates		11.13	1 11/2				en en		
Graham		4	U.						
Granville		47	苗						II.
Greene									1 1
Guilford	225								
Halifax	(Branch's								
-larnett									
laywood		43	23						155
lenderson		42	42 1		100 E				Page 3
lertford									
loke					D. Charles				Baltima (
lyde									
redell		<u> </u>	18		97.5		52		
ackson		41	4						Galletia.
ohnston * Note: See cou		ough Yancev (in		45.5					

** Note: See countles: <u>Jones</u> through <u>Yancey</u> (including Out-of: State) on next page.

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License No: <u>H0062</u> Facility ID: <u>943191</u>

All responses should pertain to October 1, 2011 through September 30, 2012.

Patient Origin - Psychiatric and Substance Abuse Jones through Yancey (including Out-of-State)

Facility County: Burke

County of Psychiatric Treatment Patient Origin Days of Gare				Substa	nce Abuse Trea	tment		Detoxification	fication .		
1 attent Origin	Age 0-17	Age 184	Totals	Age 0-17	Days of Care	1		Days of Care			
Jones		Auge ID.	1 UIAIN	Age:U-1/	Age 184	Totals	Age 0-17	Age 18+	Totals		
Lee											
Lenoir								+	-		
Lincoln	44	48	492 61				10000		+		
Macon		10	6			1					
Madison							7.981				
Martin McDowell		1273	-								
Mecklenburg		505 461	505 He				Name of the second				
Mitchell			Hal								
Montgomery	-	10	4								
Moore		- Le -	-6-								
Nash:											
New Hanover		ナス	13			100					
Northampton											
Onslow	- 1					-					
Orange											
Pamilico											
Pasquotank			200								
Pender											
erquimans					100						
erson,				_	725						
Plitt Põlk		79	-	100			-0.00427 -0.00427				
Randolph		8	8	Section 2		1300		L. Carlo	(
Richmond		-a	-a				1992		575		
Robeson							100				
Rockingham		28									
Rowan	100000	43	48						See a series		
Rutherford		372	37		4		200	1			
Sampson		- 74	-310			200	l.				
cotland							100				
Itaniy		ماد	26				Carlos Ca				
tokes		16	70								
uny		163	163								
Wain		54	<i>34</i>								
ransylvania		8	- 名								
yrrell		75									
nion ance		32	32	7	Service.						
Vake											
/arren		-31	21				Part in the second		1000		
Vashington					-		The state of the s		10000		
Vatauga		63	63								
/ayne		<u> - 0 2 </u>	ر دها								
Vilkes		122	152								
/ilson		U.A.					200		<u> </u>		
adkin		100						200			
ancey			77		35 (1)						
ut of State		100	100		- 1						
TOTALS			73100					acceptation - 2016 - 1016			

^{**} Note: See countles: <u>Alamance</u> through <u>Johnston</u> on previous page.



License No: H0062 Facility ID: 943191

Patient Origin - MRI Services

Facility County: Burke

In an effort to document patterns of utilization of MRI Services in North Carolina, hospitals are asked to provide county of residence for each patient served in your facility. The total number of patients reported here should be equal to or less than the total number of MRI procedures reported in Table 10a, on page 11.

13. Cabarrus 14. Caldwell 15. Camden 16. Garteret 17. Caswell 18. Catawba 19. Chatham 20. Cherokee 21. Chowan 22. Clay 23. Cleveland 24. Columbus 25. Craven 26. Cumberland 27. Currituck 28. Dare 29. Davidson 30. Davie 31. Duplin 32. Durham	of Patients	County.	No. of Patients	County	No. of Patients
3. Alleghany 4. Anson 5. Ashe 6. Avery 7. Beaufort 8. Bertie 9. Bladen 10. Brunswick 11. Buncombe 12. Burke 13. Cabarrus 14. Caldwell 15. Camden 16. Carteret 17. Caswell 18. Catawba 19. Chatham 20. Cherokee 21. Chowan 22. Clay 23. Cleveland 24. Columbus 25. Craven 26. Cumberland 27. Currituck 28. Dare 29. Davidson 30. Davie 31. Duplin 32. Durham		37. Gates	1, or or 2 milentes	73. Person	110. UI FALIERIUS
4. Anson 5. Ashe 6. Avery 7. Beaufort 8. Bertie 9. Bladen 10. Brunswick 11. Buncombe 12. Burke 13. Cabarrus 14. Caldwell 15. Camden 16. Carteret 17. Caswell 18. Catawba 19. Chatham 20. Cherokee 20. Cherokee 20. Clay 22. Clay 23. Cleveland 24. Columbus 25. Craven 26. Cumberland 27. Currituck 28. Dare 29. Davidson 30. Davie 31. Duplin 32. Durham		38. Graham		74. Pitt	
5. Ashe 6. Avery 7. Beaufort 8. Bertie 9. Bladen 10. Brunswick 11. Buncombe 12. Burke 13. Cabarrus 14. Caldwell 15. Camden 16. Garteret 17. Caswell 18. Catawba 19. Chatham 20. Cherokee 21. Chowan 22. Clay 23. Cleveland 24. Columbus 25. Craven 26. Cumberland 27. Currituck 28. Dare 29. Davidson 30. Davie 31. Duplin 32. Durham		39. Granville		75. Polk	
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28. Dare 29. Davidson 30. Davie 31. Duplin 32. Durham	100	62. Montgomery		98. Wilson	
29. Davidson 30. Davie 31. Duplin 32. Durham		68. Moore		99. Yadkin	
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31. Duplin 32. Durham		65. New Hanover	127	Too: Tancey	<u> </u>
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32. Durham		67. Onslow		102, South Carolina	3
		68. Orange		102, South Carolina 103, Tennessee	
B. Edgecombe		- 100 - 100		4. 20	
34, Forsyth		70. Pasquotank		104. Virginia 105. Other States	
35. Franklin		71. Pender		105. Other States 1	- 4
36, Gaston	#	72. Perquimans	28.5 82.5	Total No. of Patients	4 2323

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License No: <u>H0062</u> Facility ID: <u>943191</u>

Patient Origin - Linear Accelerator Treatment

Facility County: Burke

In an effort to document patterns of utilization of linear accelerators in North Carolina, hospitals are asked to provide the county of residence for patients served on linear accelerators in your facility. Report the number of patients who receive radiation encology treatment on equipment (linear accelerators, CyberKnife®, but not Gamma Knife®) listed in Section 1.1 of this application. Patients shall be counted once if they receive one course of treatment and more if they receive additional courses of treatment. For example, one patient who receives one course of treatment counts as one, and one patient who receives three courses of treatment counts as three. The number of patients reported here should match the number of patients reported in Section 11.a. of this application.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	140. OF PRICEILLS
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene	The same	76. Randolph	1000
5. Ashe		41. Guilford		77. Richmond	100000000000000000000000000000000000000
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bentie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	200
14, Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret	20.	52. Jones		88. Transylvania	
17. Caswell	7 F E	53. Lee		89. Tyrrell	E Control
18. Catawba		54. Lenoir		90. Union	100
19. Chatham		55. Lincoln		91, Vance	
20. Cherokee		56. Macon		92. Wake	3,55
21. Chowan		57. Madison		99. Warren	
22, Clay		58, Mantin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	20.20
24. Columbus		60. Mecklenburg		96. Wayne	
25. Crayen		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	64. Nash		100. Yancey	
29. Davidson		65. New Hanover		ioo, Rancey	
30. Davie		66. Northampton		l01, Georgia	
31. Duplin		67. Onslow		102, South Carolina	
32. Durham		68, Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		04. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	
35. Franklin		71. Pender		106. Other	
36, Gaston		72. Perquimans		Total No. of Patients	

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License No: <u>H0062</u> Facility ID: <u>943191</u>

Patient Origin - PET Scanner

Facility County: Burke

In an effort to document patterns of utilization of PET Scanners in North Carolina, hospitals are asked to provide county of residence for each patient served in your facility. This data should only reflect the number of patients, not number of scans and should not include other radiopharmaceutical or supply charge codes. Please count each patient only once. The number of patients in this table should match the number of PET procedures reported in Table 10d on page 14.

County	No. of Patients	County	No. of Patients County	No. of Patients
1. Alamance		37. Gates	73. Person	1 (0) Of 2 determes
2. Alexander		38. Graham	74. Pitt	
3. Alleghany		39. Granville	75. Polk	
4. Anson		40. Greene	76. Randolph	1000
5. Ashe		41. Guilford	77. Richmond	
6. Avery		42. Halifax	78. Robeson	
7. Beaufort		43. Harnett	79. Rockingham	and the same
8. Bertie	-	44. Haywood	80, Rowan	
9. Bladen		45. Henderson	81. Rutherford	1
10. Brunswick		46. Hertford	82, Sampson	
11. Buncombe		47. Hoke	83. Scotland	
12. Burke	67	48. Hyde	84. Stanly	-
13. Cabarrus		49, Iredell	85. Stokes	
14. Caldwell	13	50. Jackson	86; Surry	
15. Camden		51. Johnston	87. Swain	100 PE
16. Carteret		52. Jones	88. Transylvania	
17. Caswell		53. Lee	89, Tyrrell	
18. Catawba	5	54. Lenoir	90. Union	
19. Chatham		55. Lincoln	91, Vance	Signatur Signatur
20. Cherokee		56. Macon	92. Wake	
21. Chowan		57. Madison	93. Warren	20 20 20 20 20 20 20 20 20 20 20 20 20 2
22. Clay		58. Martin	94. Washington	
23. Cleveland	100	59. McDowell	95. Watauga	
24. Columbus		60. Mecklenburg	96. Wayne	
25. Crayen		61. Mitchell	97. Wilkes	Extraperor about
26. Cumberland		62. Montgomery	98, Wilson	
27. Currituck		63. Moore	99, Yadkin	
28. Dare		64. Nash	100: Yancey	The state of the s
29. Davidson		65. New Hanover	Jeo, Fairce	
30. Davie		66. Northampton	101. Georgia	
31. Duplin		67. Onslow	102. South Carolina	
32. Durham		68. Orange	103. Tennessee	
38. Edgecombe		69. Pamlico	104. Virginia	
34, Forsyth	F	70. Pasquotank	105. Other States	ere ere
35. Franklin		71. Pender	106. Other	
36. Gaston		72. Perquimans	Total No. of Patients	92

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2013 Renewal Application for Hospital: Grace Hospital, Inc.



License No: H0062
Facility ID: 943191

All responses should pertain to October 1, 2011 through September 30, 2012.

This application must be completed and submitted with <u>ONE COPY</u> to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation prior to the issuance of a 2013 hospital license.

<u>AUTHENTICATING SIGNATURE:</u> The undersigned submits application for the year 2013 in accordance with Article 5, Chapter 131E of the General Statutes of North Carolina, and subject to the rules and codes adopted thereunder by the North Carolina Medical Care Commission (10A NCAC 13B), and certifies the accuracy of this information.

<u>Please be advised</u>, the license fee <u>must</u> accompany the completed application and be submitted to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation, <u>prior</u> to the issuance of a hospital license.

Revised 08/2012



SPECIALTY INTERIORS

David A Pennell

Owner

Tel: (828) 489-3262 Fax: (828) 265-0108

Cell: (828) 964-8426 david@pencarellc.com

Deanne Smith

Carolinas Healthcare System - Blue Ridge

Morganton 5th Floor Cubicles

QUOTE

Pencare Specialty Interiors PO Box 245 Warrensville, NC 28693

Quote Number: CHBR-92514-5TH

Date:

9/25/2014

Qty	Mfg	Tag	Part Num	Sell	Ext Sell
10	FRI	5TH FLOOR	Q1F2FAPA.6736N	\$149.00	\$1,490.00
			Fabric Covered Panel Non-Electrical, 67"H x 36"W		
6	FRI	5TH FLOOR	Q1F2FAPA.6724N	\$109.00	\$654.00
			Fabric Covered Panel Non-Electrical, 67"H x 24"W		
					i.
3	FRI	5TH FLOOR	Q1FSECCWS.2436L	\$89.00	\$267.00
			Square Edge Curved Corner Worksurface, 36"W x 24"D		
			27 U .		•
6	FRI	5TH FLOOR	Q1FSERWS.2436L	\$59.00	\$354.00
		·		\$33.00	\$35 1 .00
			Square Edge Rectangular Worksurface, 36"W x 24"D	•	
					•
3	FRI	5TH FLOOR	Q1FPEDSQP.BBF-MET	\$159.00	\$477.00
			Box/Box/File Pedestal, Aluminum Pulls	Ψ105100	\$ 177100
			boy boy inc i cucstal, Aluminum i uns		•
4					
3	FRI	5TH FLOOR	Q1FPEDSQP.FF-MET	\$159.00	\$477.00
, .			File/File Pedestal, Aluminum Pulls		
2	CDI	ETLÍ ELOOD	015005111.10051	+440 00	+257.00
3	FKI	5TH FLOOR	Q1F2PFLU.1336L	\$119.00	\$357.00
			B Style Locking Painted Flipper Unit,15.5"H x		
			36"W x 12.5"D	Are	
3	FRI	5TH FLOOR	Q1F2HSH.1336	\$49.00	\$147.00
J				ייייייייייייייייייייייייייייייייייייייי	φ1π7.00
			B style Shelf Half height,7.5"H x 36"W x 12.5"D		•

Qty	Mfg	Tag	Part Num	Sell	Ext Sell
5	FRI	5TH FLOOR	Q1F22W.67	\$49.00	\$245.00
			2-Way 90 DEG. Connector Post Hard Surface, 67"H		
5	FRI	5TH FLOOR	Q1FDR.62	\$8.00	\$40.00
		*	Draw Rod, 62"H	φο.οο	φ-т0.00
			2.3		
2	FRI	5TH FLOOR	Q1F23W.67	\$59.00	\$118.00
			3-Way 90 DEG. Connector Post Hard Surface, 67"H		a
6	FRI	5TH FLOOR	Q1F2FE.67	\$19.00	\$114.00
			Finished End, 67"H	415.00	Ψ11 1100
1	FRI		FREIGHT Manufacture Freight	\$525.00	\$525.00
				Sub-Total:	\$5,265.00
	PTI		PTINSTALL	\$650.00	\$650.00
			Delivery & Installation	÷	•
	NO			4	
	NC		SALES TAX	\$319.95	\$319.95
			6.75% NC SALES TAX	· · · · · · · · · · · · · · · · · · ·	
				Total	\$6,234.95
Approv	red By:	Name	Date:		
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Thank you for your business!!

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