

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

Pat McCrory Governor Richard O. Brajer Secretary DHHS

Mark Payne
Assistant Secretary for Audit and
Health Service Regulation

April 1, 2016

Denise M. Gunter 380 Knollwood Street, Suite 530 Winston-Salem, NC 27103

No Review

Record #:

1913

Facility Name:

Park Ridge Health

FID #:

943388

Business Name:

Fletcher Hospital, Inc.

Business #:

745

Project Description:

Convert five medical/surgical beds and two postpartum beds to seven

obstetrics beds for a total of 35 medical/surgical beds, 13 obstetrics beds,

and 14 combined ICU/CCU/Telemetry beds

County:

Henderson

Dear Ms. Gunter:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your letter of March 24, 2016 regarding the above referenced proposal. Based on the CON law in effect on the date of this response to your request, the proposal described in your correspondence is not governed by, and therefore, does not currently require a certificate of need. However, please note that if the CON law is subsequently amended such that the above referenced proposal would require a certificate of need, this determination does not authorize you to proceed to develop the above referenced proposal when the new law becomes effective.

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 in your correspondence. 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 this office. Changes in a project include, but are not limited



### Healthcare Planning and Certificate of Need Section

www.ncdhhs.gov
Telephone: 919-855-3873 • Fax: 919-715-4413
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

Denise M. Gunter April 1, 2016 Page 2

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.

Please contact this office if you have any questions. Also, in all future correspondence you should reference the Facility ID # (FID) if the facility is licensed.

Sincerely,

Julie Halatek Project Analyst Martha J. Frisone,

Assistant Chief, Certificate of Need

Martha (J. Frisone

cc: Construction Section, DHSR

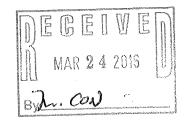
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Acute and Home Care Licensure and Certification Section, DHSR Kelli Fisk, Program Assistant, Healthcare Planning, DHSR

# Nelson Mullins

Nelson Mullins Riley & Scarborough LLP

Attorneys and Counselors at Law 380 Knollwood Street / Suite 530 / Winston-Salem, NC 27103 Tel: 336.774.3300 Fax: 336.774.3372 www.nelsonmullins.com



Denise M. Gunter Tel: 336.774.3322 Fax: 336.774.3372

denise.gunter@nelsonmullins.com

March 24, 2016

### **Hand Delivered**

Martha J. Frisone, Assistant Chief North Carolina Department of Health and Human Services Division of Health Service Regulation Healthcare Planning and Certificate of Need Section 809 Ruggles Drive Raleigh, North Carolina 27603

Re: Fletcher Hospital, Incorporated, Inc. d/b/a Park Ridge Health ("Park Ridge")

County: Henderson

HSA: I

Dear Ms. Frisone:

Park Ridge, located in Hendersonville, North Carolina, is licensed for 62 acute care beds and 41 adult psychiatric beds. Eight of Park Ridge's 62 licensed acute care beds are obstetrics ("OB") beds, all of which are postpartum beds. The OB unit also has 4 unlicensed LDR rooms and 3 observation rooms. Park Ridge currently has no Labor Delivery Recovery and Postpartum ("LDRP") rooms. A copy of Park Ridge's 2016 Hospital License Renewal Application is attached to this letter as **Exhibit A**.

With an active OB program that delivered 586 babies in FFY 2015, Park Ridge has determined that it would be beneficial for patients to have LDRP rooms. LDRP rooms are considered licensed beds. Thus, Park Ridge proposes to change the designation of the 4 unlicensed LDR rooms to LDRP and to change the designation of the 3 observation rooms to LDRP. This makes a total of 7 LDRP rooms. At the same time, 5 of Park Ridge's existing medical surgical beds and 2 of its existing postpartum beds would be taken out of service as licensed beds but will be used for observation patients as needed. Following this change, Park Ridge will operate 35 medical surgical beds, 13 OB beds (6 postpartum and 7 LDRP) and 14 combined ICU/CCU/Telemetry beds for a total of 62 acute care beds.

Martha J. Frisone March 24, 2016 Page 2

Given that this change in designation does not increase the total number of acute care beds at Park Ridge, the change is not a new institutional health service pursuant to N.C. Gen. Stat. § 131E-176(5) (change in bed capacity). Park Ridge has determined that the total capital expenditure for this projected is \$100,000, which is well below the \$2 million threshold set forth in N.C. Gen. Stat. § 131E-176(16)b. See Exhibit B. The capital cost includes purchasing certain furniture such as a couch and equipment such as warmers and fetal monitors. Out of an abundance of caution, Park Ridge has included a contingency of \$8,900 in the \$100,000 capital costs.

No major medical equipment as defined in N.C. Gen. Stat. § 131E-176(140) will be purchased as part of this project. No equipment that is specifically regulated by the CON Law (see list at N.C. Gen. Stat. § 131E-176(16)f1.) is being acquired as part of this project. The unlicensed rooms themselves are all the same size and configuration as the licensed rooms and require no modifications to become LDRP rooms. Thus, there is no provision of the CON Law applicable to this project.

This project is substantially similar to the Johnston Health Clayton proposal in which the CON Section determined that no CON was needed. *See* Exhibit C.

I would appreciate the CON Section's written confirmation that the above-described change in designation does not require a CON.

Please let me know if you have any questions. Thank you for your time and consideration.

Sincerely,

Denise M. Gunter

July John 30 cm

Enclosures

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 Pax: (919) 715-3073

For Official Use Only
License # H0019 Medicare # 340023
FID #1 943388
PC Date
License Fee: \$2,252.5

### 2016 HOSPITAL LICENSE RENEWAL APPLICATION

	RENEWA	L APPLICA	TION	
Legal Identity of Applicant: (Full legal name of corporat	Fletcher Hospital, It ion, partnership, indivi	icorporated dual, or other le	gal entity owning t	ne enterprise or service.)
Doing Business As (d/b/a) name(s) under which	the facility or services	s are advertised (	or presented to the	public:
	lge Health ge Hospital			<del>District to weak to the later to the control of th</del>
Facility Mailing Address:	100 Hospital Drive	a de la companya de	:	
	Hendersonville, NC	28792		
Facility Site Address: County: Telephone: Fax:	100 Hospital Drive Hendersonville, NC Henderson (828)684-8501 (828)687-0729	28792	John Wald (18)	
Administrator/Director: Title: <u>GEO</u> (Designated agent (individual) re	Jimm Bunch sponsible to the governing.	body (owner) for th	e management of the li	cońsed facility)
Chief Executive Officer:	Jimm Bunch	<del></del>		esident and CEO
(Dosignated agent (Individual) rei	sponsible to the governing b	oody (owner) for the	s management of the Re	censed tacility)
Name of the person to conta	ct for any questions rep Jim Bunch	garding this forn	ı. Telephone	828.681 .2102
ReMails	jimm.bunch@ahss.c	org	The state of the s	

<sup>&</sup>quot;The N.C. Department of Health and Human Services does not distriminate on the lists of race; color, national origin, religion, age; or distability in employment of the provision of services."

All responses should penaln to October 1, 2014 through September 30, 2015.

License No: H0019 Facility ID: 943388

### For questions regarding this page, please contact Azzie Conley at (919) 855-4646.

In accordance with Session Law 2013-382 and 10NCAC 13B 3502(e) on an annual basis, on the license renewal application provided by the Division, the facility shall provide to the Division the direct website address to the facility's financial assistance policy. This Rule applies only to facilities required to file a Schedule H. federal form 990. Please use Form 990 Schedule B and for Schedule H as a reference.

1:	Please	provide the	main	website	addres	s for the	facility
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www.parkridgehealth.org

- In accordance with 131B-214.4(a) DHSR can no longer post a link to internet Websites to demonstrate compliance with this statute.
  - A) Please provide the website address and / or link to access the facility's charity care policy and financial
    assistance policy;

www.parkridgehealth.org/financial-assistance

- B). Also, please attach a copy of the facility's charity care policy and financial assistance policy:

  Feel free to email the copy of the facility's charity care policy to:

  DHHS:DHSR:Hospital.CharityCare.Policy@dhhs.nc.gov.
- 3) Please provide the following financial assistance data. All responses can be located on Porm 990 and / or Form

Contribution, Gifts, Grants and other similar Amounts (Form 990; Part VIII 1(h)	Annual Financial Assistance at Cost (Form 990; Schedule H Part I; 7(a)(c)	Bad Debt Expense (Schedule H Part III, Section Ä(2)	Bad Debt Expense Attributable to Patients eligible under the organization's financial assistance policy (Form 990; Schedule H Part III; Section 4(3)
	\$3,483,695	\$11,261,849	\$786,231

AUTHENTICATING SIGNATURE: this attestation statement is to validate compliance with GS 131E-91 as evidenced through 10A NCAC 13B 3502 and all requirements set forth to assure compliance with fair billing and collection practices.

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All responses should pertain to October 1, 2014 through September 30, 2015,

License No: <u>H0019</u> Facility ID: <u>943388</u>

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# be of Health Care Facilities Under Park Ridge Health's Hospital License

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Hospital License	In the second of	7/100/Hospital Drive, Hendersonville, NC 28792	179:North: Buncombe: School: Road; Suite 102, Weaverville; NC 28787	20 Medical Park Drive; Suite B, Asheville; NC:28803-2493	50 Hospital Drive, Suite 2-D; Hendersonville, NC 28792	Colored to 100 mark to 100 mark	127 Vance Hill Drive, Mills, River, NC 28/59	333 Gashes Creek Road Suite 111, Asheville, NC 28803	89 West Mills Street, Columbus, NC, 28722	600 Hospital Drive; Suite 10, Clyde, NC:28721	Park:Ridge, Health; 100, Hospital Drive; Hendersonville; NC, 28792	50 Hospital Drive: Suite: 4-B; Hendersonville, NC 28792.	50 Hospital Drive, Suite 4-B; Hendersonville, NC 28792	1 50 Hospital Drive; Suite 3-82; Hendersonville; NG 287921. 10 10 10 10 10 10 10 10 10 10 10 10 10	50. Hospital Drive, Suite 2-C, Hendersonville, NC:28792;	2605 Chimney Rock Road, Hendersonville, NC: 28792	80:Doctors: Drive, Suite 2, Hendersonville,: NC: 28792	4 841 Doctors Drive, Hendersonville, NG. 28792	207 Linda Vista Drive; Hendersonville, NC 28792	125 Vance Hill Drive Mills River; NC 28759-4996	15 Skyland Inn. Drive, Arden: NC 28704	80:Doctors Drive, Suite 1, Henderschiville, NC 28792.	50, Hospital: Drive; Suite: 2-B., Hendersonville; NC: 28792	50 Hospital Brive, Suite: 1-D, Hendersonville, NC: 28792	50/Hospital Drive; Suite 2-8; Hendersonville; NC: 28792.	.   1884: Pisgah: Drive, Bldg: A., Hendersonville, NC'28791; : : : : : : : : : : : : : : : : : : :	50 Doctors Drive: Suite 1; Hendersonville; NC: 28792;	50. Hospital Drive, Suite 4-A. Hendersonville: NC: 28792	50 Hospital Drive, Suite 5-D, Hendersonville, NC/28792	15/Skyland:Inn.Drive;:Arden, NC: 28704	50 Hospital Drive; Suite 5-A. Hendersonville: NC-28792	50-Hospital Drive; Suite:1-C, Hendersonville; NC:28792.	50 Hospital, Drive; Suite 2-B; Hendersonville; NC: 28792	15 Skyland frm Dirve; Arden, NC: 28704 (1994)	80:Doctors Drive, Suite 1; Hendersonville, NC 28792	15-Skyland Inn Drive, Arden, NC: 28704.	50 Hospital Drive: Suite 2-A Hendersonville: NC 28792.	50 Hospital: Drive, Suite-1-8-Hendersonville, NC 28792	333 Gashes: Creek:Road, Asheville; NC. 28803	15-Jane Jacobs Road, Black, Mountain, NO. 28711.	100 Hospital Drivet Hendersonville NC 28792	100ºHospital Diive, Hendersonville, NC: 28792	
Care Facilities Under Park Ridge Health's Hospital License	Mor of Business / Sarvices	Acute Care Hospital Despitation of the Care Hospital Despitation o	ervices.	Hematology/Oncology and Infusion Services	Pain, Management, Physician, Office;		Family Medicine - Dr. Smith	Neurology/Spine, Services	Neurology/Spine: Services	Influsion Center	Anesthesia Services	Breast Health Services	Hematology/Oncology and Infusion Services.	Cardiology Services:	Dermatology	DME Services	Otolaryngológy	Endocrinology	Family Medicine -: Dr. Thomas Lugus	Family Medicine - Dr. Rebekah Robinson	Podiatry Services	Audiology	Infectious Disease	Integrative Medicine.	Internal Medicine, St. 18 18 18 18 18 18 18 18 18 18 18 18 18	Medical Building with Physician Offices and Radiology Services	Neurology Services	OB/GYN	Pediatric Services:	Plastic & Reconstructive: Surgery	Psychiatry 1 2007 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Pulmonology Medicine and Sleep Center	Rheumatology; Services	Medical Building with Physician Offices , Lab and Radiology Services:	General Stirriery: 1	Urological Gynecology Services	Urdiody:Services: "" = = = ::	Wound Therapy and Podiatry Services	Family Medicine:	Family:Medicine	Anesthesia Services ***	Anesthesia Services: ::	
Type of Health Ca	Pionide Listing		loov a service of Park Ridge Health	Ashaville Hematology and Oncology a service of Park Ridge Health	Carolinas Center for Advanced Management of Pain, a service of Park	Ridge Health	Force Mountain Medicine; a service of Park Ridge: Health	Foundation in Spine Health, Park Ridge Health East Asheville - Loc. #1.	Foundation in Spine Health, Park Ridge Health East Asheville - Loc. #2	Hawwood Infusion Center a service of Park Ridge Health	Park Ridge Health Anesthesiology*	Park Ridge Health Breast Center. 72	Park Ridne Health Cancer Services	14 6	Park Ridge Health Dematology	Park Ridge Health Durable Medical Edutoment	Park Ridge Health Far. Nose and Throat	Park Ridge Health Endocrinology	Park Ridge Health Family Medicine	Park Riche Health/Family Medicine	Park Ridge: Health Foot and Ankle:	Park Ridge Health Hearing and Balance	Park Ridge Health Infectious Diseases	Park Ridge Health Integrative Medicine	Park Ridge Health Internal Medicine	Park Ridge Health Laurel Park	Park Ridge Health Neurology	Park Ridge Health OB/GYN	Park-Ridge Health Pediatrics	Ery	Park Ridge Health Psychiatry	Park Ridge Health Pulmonology and Sleep Medicine	Park Ridge Health: Rheumatology.	Park Ridge Health South Asheville	Dark Ricco Health Suraby Specialists	Davi-Richal Hauth-Unavaneralization	Park Ridge Health (Inclinux	Park Ridos Health Wound Care and Hyperband Medicine	Parkway Medical Group (Asheville), a service of Park Ridge Health	Parkway Medical Group (Black/Mountain), a service of Park Ridge Health		Steepy-Time; PLLC, a service of Park Ridge Health 🖓 🕆 🐃 🚟	The state of the s
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2016 Renewal Application	for Hospital:
Park Ridge Health	
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All responses should pertain to October 1, 2014 through Sentember 30, 2015.

License No. <u>H0019</u> Facility ID: <u>943388</u>

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License No: H0019 Facility ID: 943388

# Facility Data

- A. Reporting Period All responses should pertain to the period October 1, 2014 to September 30, 2015.
- B. General Information (Please fill in any blanks and make changes where necessary.)

a. Admissions to Licensed Acute Care Beds: Include responses to #a = q" on page 6; exclude responses to "2-9" on page 6; and exclude normal newborn bassinets.	3,260
b. Discharges from Licensed Acute Care Beds: include responses to "a - q" on page 6; exclude responses to "2-9" on page 6; and exclude normal newborn bassinets.	3,264
c Average Daily Census: include responses to "n - q" on page 61 exclude responses to "2-9" on page 61 and exclude normal newborn bassinets.	29.3
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?'	
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.	1,418

### C. Designation and Accreditation

1,	Are you a designated trauma center?	Yes X No	• •	
٠ ٠.	Designated Level #			
2.	Are you a critical access hospital (CAH)?	Yes X No		
da.	Are you a long term care hospital (LTCH)?	Yes X No		المراجعة المراجعة الأساء المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المر المراجعة المراجعة ا
4	Is this facility TJC accredited?	X Yes No	Expiration Date:	June 13, 2018
5.	Is this facility DNV accredited?	Yes X No	Expiration Date:	
6.	Is this facility AOA accredited?	X Yes No	Expiration Date:_	2016
7.	Are you a Medicare deemed provider?	X.Yes No		

Revised 10/2015

# D. Beds by Service (Inpatient - Do Not Include Observation Beds or Days of Care) [Please provide a Beds by Service (p. 6) for each 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 of the number of census inpatient 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.

		i jugi sanadi akwasa 287 mili sa a Manda masa kata akwasa 287 mili sa a	3, 4 1
Liconsed Acute Care	Licensed	Operational	Annual
(provide details below)	Beds as of	Beds as of	Census
	September 30,	September 30,	Inpl. Days
Campus	2015	2015	of Care
Inlensive Care Units			
1. General Acute Care Beds/Days			
a. Burn*	The state of the s		*11.12.13
b. Gardiac Combined ICU/CCU/Telemetry	14	14	2,518
c. Gardiovascular Surgery			
d. Medical/Surgical			
e. "Neonatal Beds Level IV ** (Not Normal Newborn)			**
f. Pediatric			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
g. Respiratory Pulmonary			
h. Other (List)			
Other Units			
l. Gynecology			
j. Medical/Surgical ***	40	40	****6,960
K. Neonatal Level III ** (Not Normal Newborn)			A Comment
I. Neonatal Level II ** (Not Normal Newborn)			*#
m. Obstetric (including LDRP)	8	8	1,206
n, Oncology	The state of the s		M karaa
o. Orthopedics		پچان دو مرد از در دار در	THE WORLD
p. Pediatric	1448°		
q. Other (List)	A CONTRACTOR OF THE CONTRACTOR		
Total General Acute Care Beds/Days (a through q)	62	62	10,684
2. Comprehensive in-Patient Rehabilitation	0		
3. Inpatient Hospice	0	Market Company (1) (After the control of the contro	
4. Detoxification	0.	The state of the s	PRECIET
5. Substance Abuse / Chemical Dependency Treatment	0		7 (F7) (F7) (F7) (F7) (F7) (F7) (F7) (F7
6. Psychiatry	41	36	9,053
7. Nursing Facility		PART OF STATE OF STAT	
8; Adult Care Home	0		The supplied of the control of the c
9. Other ?	0.	. La casta S	
10, Totals (1 through 9)	103	98	19,737
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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)

### 2016 Renewal Application for Hospital; Park Ridge Health

All responses should pentaln to October 1, 2014 through September 30, 2015.

License No: <u>H0019</u> Facility ID: <u>943388</u>

D. Beds by Service (Inpatient) continued	
Number of Swing Beds *	
Number of Skilled Nursing days in Swing Beds	0.00
Number of unlicensed observation hads	0.

<sup>\*</sup> 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.)

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	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Emergency	***************************************	Inpatient Surgical	Ambulatory Surgical
	Inpatient Days	Visits	Outpatient	Cases	Cases
	of Care	(total should	Visits	(total should be same	(total should be same as
	(total should be the	be the same	(excluding	as F.8.d. Total Surgical	F.8.d. Total Surgical
Angelegic Center of the Late of the Company of the	same as D.I.a - q total	as F.3.b. on	Emergency Visits	Cases-Inpatient Cases	Cases-Ambulatory Cases on p. 12)
Primary Payer Source	on p. 6)	p. 8).	and Surgical Cases)	on p. 12)	Cases on p. (z)
Self Pay/Indigent/Charity		5,643	2,479		128
Medicare & Medicare	F. 700	A. P.	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -		
Managed Care	5 <b>,</b> 608	6,380	70,917	698	1,994
Medicaid	2,101	7,246	9,140	160	471
Commercial Insurance	158	1,095	2,621	26	70
Managed Care	2,248	6,423	33,825	355	1,766
Other (Specify)	0	0	0	Ö	- 0
TOTAL	10,684	26,787	118,982	1, 295	4,429

### F. Services and Facilities

1. Obstetrics	Enter Number of Infants
a. Live births (Vaginal Deliveries)	399
b. Live births (Cesarean Section)	187
c. Stillbirths	

	mental and the second of the contract of the c	A CALL AND ADDRESS OF THE PARTY
Γ.	d. Delivery Rooms - Delivery Only (not Cesarean Section)	0.
	e. Delivery Rooms - Labor and Delivery, Recovery	4
r	f. Delivery Rooms - LDRP (include Item "D.1,m" on Page 6)	0
	g. Normal newborn bassinets (Level I Neonatal Services)	12
1	Do not include with totals under the section entitled Beds by Service (Inpatient)	1, 1

# 2. Abortion Services Number of procedures per Year O (Feel free to footnote the type of abortion procedures reported)

All tesponses should pertain to October 1, 2014 through September 30, 2015.

<u> </u>	<u> na na taona na sina sikika</u>	oka wa kunji ili	<u> </u>	<u>, 6 - 5 9 34 - 50 - 5</u>	9.4		
3. Emergency Departme	ent Services	(cases equal	visits to F	ED)		i de la companya de La companya de la co	
a. Total Number of El	r akrawana ja	3.5 a det 5 a			otal, hov	v many are:	
a.1.# Trauma F		0			* * * * * * * * * * * * * * * * * * *		
a.2 # Fast Tracl	Rooms	4		*//>	e* *		
a.3 # Urgent Ca	re Rooms	0	۶. ۱۰ <del>ایشن</del> ی	`.	ii.		
b. Total Number of EL	visits for re	porting peri	od:	26,787			
o, Total Number of ad	mits from the	ED for rep	orting peri	iod:2	,209		<u>.</u>
d. Total Number of Ur	gent Care vi	sits for repo	rting perio	d:0			<del></del>
e. Does your ED prov If no, specify days/hou	ide services ? rs of operation	24 hours a d on:	ay 7 days j	per week?	<u> </u>	s <u>1</u>	Νο
f. Is a physician on du If no, specify days/hou	ty in your EI rs physician	D 24 hours a is on duty:	day 7 day	's per wee	k? 🕱	Yes 1	i de la signi No Maria de la significación de Maria de la significación de la
4. Medical Air Transport  a. Does the facility op  b. If "Yes", complete	erate an air a	mbulance se	- 183 ° 6	e service: Yes	X No		
Type of Aircraft N	umber of Airc	raft Numbe	er Owned	Number I	eased ]	Number of Tra	insports
Rotary Fixed Wing	1		***************************************				7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
5. Pathology and Medic	al Lab. (Che	eck whether	or not serv	vice is pro	vided)	78.2	
a Blood Bank/Transfi			X Yes	1	٧o.	i .'	
b. Histopathology Lab		;	X Yes X Yes		Ño Jo		
c, HIV Laboratory Te Number during repo	sting orting period		1.08	الاستدار	Ϋô		
HIV Serology	21	<del></del>					
HIV Culture d. Organ Bank	. 0	<del>'''</del> :	Vás	X N	Jo .		
e. Pap Smear Screeni	ng E.		X Yes	n <del></del>	No.		
6. Transplantation Serv	·-	er of transp	lants			and the second	e see als see see
Type	Number	Туре	N	Yumber		Туре	Number
Bone Marrow-Allogeneic	0.	f. Kidney/I		0	k. Lung		
Bone Marrow-Autologous							
Land Office Stratto May rate 10 Borra	Ö	g. Liver	MANUAL TO THE	0	I. Panc	reas	0

Î	Type	Number	Type Number	Type Number
	a Bone Marrow-Allogeneic	0	f. Kidney/Liver 0	k. Lung
۱	b. Bone Marrow-Autologous	Ö	g. Liver	I. Pancreas
	c. Cornea	q	h. Heart/Liver 0	m. Pancreas/Kidney 0
1	d. Heart	Ö	I. Heart/Kidney 0	n. Pancreas/Liver 0
	e. Heart/Lung	0	j Kidney 0	o. Other

Do you perform living donor transplants?

All responses should pertain to October 1, 2014 through September 30, 2015.

7. Specialized Cardine Services (for questions, call 855-3865 [Healthcare Planning])

<u>, iki (Madatin, Tarwaka belabek, Josefakak k</u>		September Company of the control of
(a) Cardiac Catheterization	Diagnostic Cardiac	Interventional Cardiac
	Catheterization ICD-9.	Catheterization
Not Applicable	37.21, 37.22, 37.23,	ICD-9
	37,25	00.66; 99.10, 36.06, 36.07, 36.09; 35.52, 35.71, 35.96
		35,52,53,71,-35,90
1. Number of Units of Fixed Equipment	l de la companya de	
	Land of the Control o	is a limited to the year of the end of
2. Number of Procedures* Performed in	The second secon	
Fixed Units on Patients Age 14 and		
younger		la fala dan da kacama
3. Number of Procedures* Performed in		
Fixed Units on Patients Age 15 and older	lig 1997 de la composition de la Compositio	The facility of wards and the control of
4. Number of Procedures* Performed in		
Mobile Units		
"Monte offits	Blicker about tour IOD	O TOTAL CONTRACTOR OF THE PROPERTY OF THE PROP
	Electro-physiology ICD-	, 37.71, 37.72, 37.73, 37.74, 37.75, 37.76,
	27,40,01,41,01,04,01,10	, 37.82, 37.83, 37.85, 37.86, 37.87, 37.89,
1. 电类数数 5.	3701 3705 3706 3707	, 37,98, 37,99, 00.50, 00.51, 00.52, 00.53,
	00:54	2 5 15 01 2 15 5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
5. Number of Units of Fixed Equipment	TOTAL	
6. Number of Procedures on Dedicated EP		
Equipment		<u> </u>
1904 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	· · · · · · · · · · · · · · · · · · ·	THE ALL A R. D. AND LIGHTED AND COMP.

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

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	in chart in the way			and the Association of the Assoc
Number of 8 hour days pe	er week the mobile	e unit is onsite!	8∻ho	ur days per week.
HARITING OF DEDORS GRAD DO	or Moore into inficially	o difficio omnico.		
(Examples) Monday throug	ah Findon for & house	nor deni le 5 8-bour de	ive ner week Monday	Wednesday & Friday for 4
(Examples) Monday inrolo	βιί ε έισαλθόι ο πομιδ	her and 19 5 o-tions on	ha bei meeir inguisia.	an a taniha da aktakti tanih ki kidhiki bista i a
. 1978 M. C. A	2 3 4 7 1 2 1 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.5	•	A. 1

ly fill and the large to the control of the control	<u> January A. A. C. L. L. A. Bertstoff, A. C. L.</u>
(b) Open Heart Surgery Not. Applicable	Number of Machines/Procedures
1. Number of Heart-Lung Bypass Machines	
2. Total Annual Number of Open Heart Surgery Procedures	
Utilizing Heart-Lung Bypass Machine	<u></u>
3. Total Annual Number of Open Heart Surgery Procedures done	And the state of the second state of
without utilizing a Heart-Lung Bypass Machine	The second se
4. Total Open Heart Surgery Procedures (2, #3,)	The state of the s
Procedures on Patients Age 14 and younger	
5. Of total in #2, Number of Procedures on Patients Age 14 &	The second secon
% - younger	
6. Of total in #3, Number of Procedures on Patients Age 14 &	Marie and the second se
younger	A MATERIA TANAN B. IS

All responses should perialn to October 1, 2014 through September 30, 2015.

License No: <u>H0019</u> Facility ID: <u>943388</u>

	Non-Surgical	Cases and Procedures	The fair of the same of the sa		
	NOTE: If this each site. Subn	license includes more than one it the Cumulative Totals and s	campus, please copy ibmit a duplicate of p	pages 10 - 18 (thro ages 10 - 18 <u>for eac</u> l	ugh Section 10e) for n campus.
(C	ampus <i>-, If multi</i>	ole sites:		<u> </u>	
a)	Construction Sect	ating Rooms  perating Rooms built to meet the  lon of the Division of Health Serv  e surgical operating rooms includ-	ices Regulation, and wi	nich are fully equipped etrics and surgical suit	to perform surgical
	v i i i i i i i i i i i i i i i i i i i	Type of R	om .	Number of	
		Dedicated Open Heart Surge	Little 1 Line 1	Rooms	· · · · · · · · · · · · · · · · · · ·
	in the second	Tar. 144 (17 May 12 26 74 8 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ry	+	A September 1997
		Other Dedicated Inpatient St			
		Dedicated Ambulatory Surge		0	
·		Shared - Inpatient / Ambula		6	
. 11		Total of Surgical Operating		7	
		Liviai of Surgical, Operatin	ζιχουμιο	فديك خياك	
	CON Project ID	tional CON approved surgical Number(s)	operating rooms pend	<del></del>	
	Procedure Ro Report room performance	tional CON approved surgical	operating rooms pend Rooms and Gastroin anot meet all the specifi Gastrointestinal Endosc	testinal Endoscopy	/Rooms)
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b)	CON Project ID Procedure Ro Report room performance Total Number of Gastrointestin Report the numb	tional CON approved surgical Number(s)  oms (Excluding Operating I which are not equipped for or dof surgical procedures other than Procedure Rooms:  al Endoscopy Rooms, Cas of Gastrolniestinal Endoscopy	operating rooms pend cooms and Gastroin not meet all the specifi dastrointestinal Endosc 1 1 es and Procedures: rooms and the Endosc	testinal Endoscopy leations for an operation opy procedures.	Rooms) g-room, that are used for
b)	CON Project ID  Procedure Ro  Report room  performance  Total Number of  Gastrointestin  Report the numb  only in these roo  Total Number of	tional CON approved surgical Number(s)  oms (Excluding Operating I, which are not equipped for or dof surgical procedures other than Procedure Rooms:  al Endoscopy Rooms, Cas or of Gastrointestinal Endoscopy ms during the reporting period.	operating rooms pend Rooms and Gastroin not meet all the specifi Gastrointestinal Endosc 1 es and Procedures: rooms and the Endosc	testinal Endoscopy leations for an operation opy procedures.  opy cases and surgical	Rooms) g-room, that are used for
b)	CON Project ID  Procedure Ro  Report room performance Total Number of  Gastrointestin Report the numb only in these roo  Total Number of addi	tional CON approved surgical Number(s) oms (Excluding Operating I, which are not equipped for or do f surgical procedures other than Procedure Rooms: al Endoscopy Rooms, Cas of Gastrointestinal Endoscopy is during the reporting period. f existing Gastrointestinal Endoscopy ional CON approved GI Endoscopy ional CON approved GI Endoscopy	operating rooms pend Rooms and Gastroin not meet all the specifi Gastrointestinal Endosc 1 es and Procedures: rooms and the Endosc	testinal Endoscopy leations for an operation opy procedures.  opy cases and surgical	Rooms) g-room, that are used for
b)	CON Project ID  Procedure Ro  Report room  performance  Total Number of  Gastrointestin  Report the numb  only in these roo  Total Number of	tional CON approved surgical Number(s) oms (Excluding Operating I, which are not equipped for or do f surgical procedures other than Procedure Rooms: al Endoscopy Rooms, Cas of Gastrointestinal Endoscopy is during the reporting period. f existing Gastrointestinal Endoscopy ional CON approved GI Endoscopy ional CON approved GI Endoscopy	operating rooms pend Rooms and Gastroin not meet all the specifi Gastrointestinal Endosc 1 es and Procedures: rooms and the Endosc	testinal Endoscopy leations for an operation opy procedures.  opy cases and surgical	Rooms) g-room, that are used for
b)	CON Project ID  Procedure Ro  Report room performance Total Number of  Gastrointestin Report the numb only in these roo  Total Number of addi	tional CON approved surgical Number(s)  oms (Excluding Operating I which are not equipped for or dof surgical procedures other than Procedure Rooms:  al Endoscopy Rooms, Case of Gastroiniestinal Endoscopy ms during the reporting period. Texisting Gastrointestinal Endoscopy ional CON approved GI Endo Number(s)	operating rooms pend Rooms and Gastroin not meet all the specifi Gastrointestinal Endosc 1 es and Procedures: rooms and the Endosc	testinal Endoscopy leations for an operation opy procedures.  opy cases and surgice  1  development:	Rooms) g-room, that are used for

GI Endoscopy 147 501 149 .3 Non-GI Endoscopy 152 150 504 504 Count each patient as one case regardless of the number of procedures performed while the patient was in the OI endoscopy

Outpatient

Inpatient

\*As defined in 10A NCAC 14C 3901 "Gastrointestinal (OI) 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.

Outpatient

Inpatient

License No: <u>H0019</u>
Facility ID: <u>943388</u>

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20 Most Common Outpatient Surgical Cases Table Enter the number of surgical cases performed only in licensed operating rooms and / or licensed endoscopy room by the top 20 most common outpatient surgical cases in the table below by CPT code. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery.

Code  29827 Arthroscopy, shoulder, surgicul; with rolator cuff repair  29828 Arthroscopy, shoulder, surgicul; with rolator cuff repair  29829 Arthroscopy, knee, surgicul; with meniscectomy (medial and lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed  29821 Arthroscopy, knee, surgicul; wills meniscectomy (medial or lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed  42820 Tossillectomy and adenoidectomy; younger than age 12  42820 Tossillectomy and adenoidectomy; younger than age 12  42820 Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum andor jejunum as appropriate; diagnostle, with or without collection of specimen(s) by brushing or washing (separate procedure)  42230 Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum andor jejunum as appropriate; with biopsy, single or multiple  42240 Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum andor jejunum as appropriate; with hiserilon of guide wire followed by dilation of esophagus over guide wire  43249 Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum andor jejunum as appropriate; with billown of guide wire followed by dilation of esophagus over guide wire  43249 Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum andor jejunum as appropriate; with billown of guide wire followed by dilation of esophagus over guide wire  43249 Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum andor jejunum as appropriate; with billown of guide wire followed by dilation of esophagus over guide wire  43249 Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum andor jejunum as appropriate; with billown of guide wire follow	-		<u>这个,我们们是一个人们们就是这样的。一个的</u> 我就是一个人,但是这个人的人,只是这种品质的,也是这个人的。	18 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Arthroscopy, knee, surgical, with meniscectomy (medial and lateral, including any meniscal shaving) including debridement/shaving of articular caritiage (chondroplasty), same or separate compartment(s), when performed (and the property of	. ,		。 [14] 14] 15] [14] [15] [15] [15] [15] [15] [15] [15] [15	Cases
Athroscopy, knee, surgical; with meniscectomy (medial and lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed  28821 Arthroscopy, knee, surgical; with meniscectomy (medial or lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed.  42820 Tonsillectomy and adenoidectomy; younger than age 12  42830 Adenoidectomy, primary; younger than age 12  42830 Imper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple  42839 Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple  43249 Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with hisertion of guide wire followed by dilation of esophagus over guide wire  43249 Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with bisertion of guide wire followed by dilation of esophagus over guide wire  43280 Colonoscopy, fiexible, proximal to splenic flexure; diagnostic, with or without colon decompression (separate procedure)  43380 Colonoscopy, fiexible, proximal to splenic flexure; with tremoval of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery  43385 Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique.  43381 Injection(s), or diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic opioid, steroid, other solution), not including neurolytic substances, including needle or catheter		29827	Arthroscopy, shoulder, surgical, with rotator cuff repair	172
shaving) Including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed and adenoidectomy, younger than age 12			shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	
42830 Adenoidectomy, primary; younger than age 12 43235 Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunium as appropriate; diagnostic, with or without collection of specimen(s) by brushing or parte procedure) 43239 Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunium as appropriate; with biopsy, single or multiple 43248 Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunium as appropriate; with hisertlon of guide wire followed by dilation of esophagus over guide wire 43249 Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunium as appropriate; with hisertlon of guide wire followed by dilation of esophagus over guide wire 43249 Upper gastrointestinal endoscopy including esophagus, (less than 30 mm diameter) 4326 Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without collection of specimen(s) by brushing or washing, with or without collection of specimen(s) by brushing or washing, with or without collection of specimen(s) by brushing or washing, with or without collection of specimen(s) by brushing or washing, with or without collection of specimen(s) by brushing or washing, with or without collection of specimen(s) by brushing or washing, with or without collection of specimen(s) by brushing or washing, with or without collection of specimen(s) by brushing or washing, with or without collection of specimen(s) by brushing or washing, with or without collection of specimen(s) by brushing or washing, with or without collection of specimen(s) by brushing or washing, with or without collection of specimen(s) by brushing or washing, with or without collection of specimen(s) by brushing or poximal to splenic flexure; with removal of tumor(s), polyp(s), or other leston(s) by hot biopsy forceps or bipolar cautery  43385 Colonoscopy, flexi	i nega		shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	1 1 1 1 1 1 1 1 -
43235 Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)  43239 Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple  43248 Upper gastrointestinal endoscopy including esophagus; stomach, and either the duodenum and/or jejunum as appropriate; with hisertion of guide wire followed by dilation of esophagus over guide wire  43249 Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biological stomach, and either the duodenum and/or jejunum as appropriate; with biological stomach, and either the duodenum and/or jejunum as appropriate; with biological stomach, and either the duodenum and/or jejunum as appropriate; with biological stomach, and either the duodenum and/or jejunum as appropriate; with biological stomach, and either the duodenum and/or jejunum as appropriate; with biological stomach, and either the duodenum and/or jejunum as appropriate; with biological stomach, and either the duodenum and/or specimen(s) by brushing or washing, with or without colon decompression (separate procedure)  43348 Colonoscopy, flexible, proximal to splenic flexure; with tremoval of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery  43382 Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery  43383 Lipection(s), polyphagus flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique  43381 Lipection(s), plexible, proximal to splenic flexure; with removal of tumor(s), polypic), or other lesion(s) by snare technique  43382 Lipection(s), plexible, proximal to splenic flexure; with removal of tumor(s), polypic), or other lesion(s) by s		- APP of 1989 (	Control and States of States and Control a	66
and/or jejunum as appropriate; diagnostic, with or without collection of specimen(s) by brushing for washing (separate procedure)  120  13248 Upper gastrointestinal endoscopy including esophagus; stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple  120  13248 Upper gastrointestinal endoscopy including esophagus; stomach, and either the duodenum and/or jejunum as appropriate; with hisertion of guide wire followed by dilation of esophagus over guide wire  13249 Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with hisertion of guide wire followed by dilation of esophagus over guide wire  13378 Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)  157  15380 Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery  15382 Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery  15383 Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by share technique  15383 Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by share technique  1545385 Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) or flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) or flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) or flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) or flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) or flexible, proximal to splenic flexure; with removal of tumo	1	1,1	or percentage and there are all the contract of	27
and/or jejunum as appropriate; with biopsy, single or multiple:  43248 Upper gastrointestinal endoscopy including esophagus; stomach, and either the duodenum and/or jejunum as appropriate; with hisertlon of guide wire followed by dilation of esophagus over guide wire  43249 Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with balloon dilation of esophagus (less than 30 mm diameter)  43349 Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)  45380 Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple  45381 Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery  45382 Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique.  43385 Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique.  52311 Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural, with imaging guidance (fluoroscopy or computed tomography); lumbar or sacral, single level  64721 Neuroplasty and/or transposition; median nerve at carpal tumor.  52 Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally sized in routine cataract surgery (e.g., iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stag		43235	and/or Jejunum as appropriate; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	37
and/or jejunum as appropriate; with hiserilon of guide wire followed by dilation of esophagus over guide wire  43249 Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with balloon dilation of esophagus (less than 30 mm diameter)  45378 Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of speciments) by brushing or washing, with or without colon decompression (separate procedure)  45380 Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple  45381 Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery  45385. Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare feelnique  62311 Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)  64483 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or computed tomography); lumbar or sacral, single level  64721. Neuroplasty and/or transposition; median fierve at carpal tumol  66821 Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (e.g., vAG laser) (one or more stages)  Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or thechanical technique (e.g., irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract regrey (e.g., fris expansion device, suture support for intraocular lens, or primary posterior capsulorrhesis) or performed on patients in the amblyogenic developmental stage  66788 E			and/or jejunum as appropriate; with biopsy, single or multiple	120
43249 Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with balloon dilation of esophagus (less than 30 mm diameter)  45378 Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of speciments) by brushing or washing, with or without colon decompression (separate procedure)  45380 Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot blobys forceps or bipolar cautery  45385 Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by share technique.  62311 Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opicid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal).  64483 Thjection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or computed tomography), lumbar or sacral, single level  64721 Neuroplasty and/or transposition; median nerve at carpal tunnel  6821 Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior flyaloid); laser surgery (e.g., y AG laser) (one or more stages)  Extracapsular cataract removal with insertion of infraocular lens prosthesis (one stage procedure), manual or incelhanical technique (e.g., irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (e.g., iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage  66984 Extracapsular cataract removal with insertion of intraocular lens prosthesis (stage one procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification)		1.77	and/or jejunum as appropriate; with insertion of guide wire followed by dilation of esophagus	0
specimen(s) by brushing or washing, with or without colon decompression (separate procedure)   157     45380   Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple   37     45384   Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery   86     45385   Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare fechnique   13     62311   Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opicid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)     64483   Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or computed tomography); lumbar or sacral, single level (fluoroscopy or computed tomography); lumbar or sacral, single level (fluoroscopy or computed tomography); lumbar or sacral, single level (fluoroscopy or computed tomography); lumbar or sacral, single level (fluoroscopy or computed tomography); lumbar or sacral, single level (fluoroscopy or computed tomography); lumbar or sacral, single level (fluoroscopy or computed tomography); lumbar or sacral, single level (fluoroscopy or computed tomography); lumbar or sacral, single level (fluoroscopy or computed tomography); lumbar or sacral, single level (fluoroscopy or computed tomography); lumbar or sacral, single level (fluoroscopy or computed tomography); lumbar or sacral, single level (fluoroscopy or computed tomography); lumbar or sacral, single level (fluoroscopy or computed tomography); lumbar or sacral, single level (fluoroscopy or computed tomography); lumbar or sacral, single level (fluoroscopy or computed tomography); lumbar or sacral, single level (fluoroscopy or computed tomography); lumbar or sacral, single level (fluor		"二类"	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or leiunum as appropriate; with balloon dilation of esophagus (less than 30 mm diameter)	2
45384   Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot blopsy forceps or bipolar cautery   86     45385   Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare fechnique.   13     62311   Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opicid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)   1     64483   Injection(s); anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or computed tomography); lumbar or sacral, single level   64721   Neuroplasty and/or transposition; median nerve at carpal tunnel   52     66821   Discission of secondary membranous catract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (e.g., YAG leser) (one or more stages)   2     Extracapsular cataract removal with insertion of intracoular lens prosthesis (one stage of procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (e.g., iris expansion device, suture support for intracoular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage   678   procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification)		5. 5.4	specimen(s) by brushing or washing, with or without colon decompression (separate procedure)	THE PROPERTY OF THE PARTY OF TH
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lesion(s) by snare technique		7	lesion(s) by hot blopsy forceps or bipolar cautery	86
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Column   C	. 2		opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar	<b>4</b> **
Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (e.g., YAG laser) (one or more stages)   Discission of stage of the cataract removal with insertion of intraccular lens prosthesis (one stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (e.g., iris expansion device, suture support for intraccular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage   11   66984   Extracapsular cataract removal with insertion of intraccular lens prosthesis (stage one procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification)   678			Injection(s); anesthetic agent and/or steroid, transforantinal epidural, with imaging guidance (fluoroscopy or computed tomography); lumbar or caeral, single level	i i i i i i i i i i i i i i i i i i i
hyalold); laser surgery (e.g., YAG laser) (one or more stages)  Extracapsular cataract removal with insertion of intraccular lens prosthesis (one stage of procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (e.g., iris expansion device, suture support for intraccular lens, or primary posterior capsulor thexis) or performed on patients in the amblyogenic developmental stage  Extracapsular cataract removal with insertion of intraccular lens prosthesis (stage one procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification)	ı	4117 31 24 25	。我们是你在我们的,我们就是一个人的,我们就是我们的人的,我们就是我们的人的人的人,我们就是我们的人的人,我们就会不会的人,我们就会不会不会的人,我们就会不会不	52
66982 procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (e.g., iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage  66984 Extracapsular cataract removal with insertion of intraocular lens prosthesis (stage one procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification)		66821	hyalold), laser surgery (e.g., YAG laser) (one or more stages)	0
posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage  66984 Extracapsular cataget removal with insertion of intraocular lens prosthesis (stage one procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification)  678		66982	procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine	
procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification)			posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage	
69436 Tympanostomy (requiring insertion of ventilating tube), general anesthesia 133		V. vi	procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification)	
		69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia	133

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

	<ul> <li>P. S. Carachardo, No. 4 (1977)</li> </ul>	4		. "		
Total and the section of the Year.	キャスキュモのため シップススターカング	1,11	 1 *			
(Campus - If n	11111111111111111111111111111111111111	C 1 "	 	*	7	

### 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 26 and 27.

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Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)	12.	26
Open Heart Surgery (from 7.(b) 4:)	-	
General Surgery	174	622
Neurosurgery	80	67
Obstetrics and GYN (excluding C-Sections)	128	324
Ophthalmology		816
Oral Surgery	3	43
Orthopedics	634	1,301
Otolaryngology	11	
Plastic Surgery		201
Urology	30	369
Vascular	21	81
Other Surgeries (specify) Podiatry		28
Other Surgeries (specify)		
Number of C-Section's Performed in Dedicated C-Section ORs	188	
Number of C-Section's Performed in Other ORS		
Total Surgical Cases Performed Only in Licensed ORs	1,295	4.429

### 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 endoscoples in GI Endoscopy rooms. Report cases having endoscopies in GI Endoscopy Rooms on page 10.

Non-Surgleal Category		Ambulatory Cases
Pain Management	0	28
Cystoscopy		
Non-GI Endoscopies (not reported in 8, c)	And the meaning of the second	
GI Endoscopies (not reported in 8.c)	manager and the second	
YAG Laser	7.0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Other (specify) ECT	26	278
Other (specify)		The state of the s
Other (specify)	↓ app max = emilies el;	
Total Non-Surgical Cases	26	

All responses should pertain to October 1, 2014 through September 30, 2015.

### Imaging Procedures

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20 Most Common Outpatient Imaging Procedures Table - Enter the number of the top 20 common imaging procedures performed in the ambulatory setting or outpatient department in the table below by CPT code:

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CPT Code	Description	Procedures =
70450	Computed tomography, head or brain; without contrast material	1,888
70553	Magnetic resonance (e.g., proton) imaging, brain (including brain stem);	
	without contrast material followed by contrast material(s) and further	1. Th
a Paraer Bare	sequences	382
71010	Radiologic examination, chest; single view, frontal	2,666
71020	Radiologic examination, chest; two yiews, frontal and lateral	4,130
71260	Computed tomography, thorax; with contrast material(s)	302
71275	Computed tomographic angiography, chest (noncoronary), with contrast	
	material(s), including noncontrast images, if performed, and image	
	postprocessing	323
72100	Radiologic examination, spine, lumbosacral; two or three views	689
72110	Radiologic examination, spine; lumbosacral; minimum of four views	868
72125	Computed tomography, cervical spine; without contrast material	314
73030	Radiclogic examination, shoulder; complete; minimum of two views	822
73110	Radiologic examination, wrist; complete, minimum of three views	450
73130	Radiologic examination, hand; minimum of three views	581
73510	Radiologic examination, hip, unliateral; complete, minimum of two views	604
73564	Radiologic examination, knee; complete, four or more views	1,099
73610	Radiologic examination, ankle; complete, minimum of three views	659
73630	Radiologic examination; foot; complete, minimum of three yiews	928
74000	Radiologic examination, abdoment single anteroposterior view	615
74022	Radiologio examination, abdomen; complete acute abdomen series, including	The second secon
	supine, erect, and/or decubitus views, single view chest	609
74176	Computed tomography, abdomen and pelvis; without contrast material	894
74177	Computed tomography, abdomen and pelvis, with contrast material(s)	1,367
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All responses should portain to October 1, 2014 through September 30, 2015.

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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 Number of	Average	Average
	Average Hours per Day	Days per Year	"Case Time" **	"Case Time" **
	Routinely Scheduled	Routinely Scheduled	in Minutes for	in Minutes for
	for Use *	for Use	Inpatient Cases	Ambulatory Cases
:	grand and a grand and the company of			
1	8.64	261	124.05	71.82

\* 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 ORPR. 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.

### 10a. Magnetic Resonance Imaging (MRI) Procedures by CPT Codes

Indicate 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: Park Ridge Health

Number of
rocedures
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10a. M)	I Procedures by CPT Codes continued			
: .		A.Så:	Outpatient	Total Number of
CPT Code	CPT Description	Inpatient Procedures	Procedures	Procedures
73220	MRI Upper Ext, other than joint w/o & with	6	10	16
73221	MRI Upper Ext, any joint w/o	1	262	263
73222	MRI Upper Ext, any joint with contrast	Control of the Contro	31	31
73223	MRI Upper Ext, any joint w/o & with	2 ,	15	17.
73225	MRA Upper Ext. W/o OR with contrast			
73718	MRI Lower Ext other than joint w/o	8	62	70
73719	MRI Lower Ext other than joint with contrast			
73720	MRI Lower Ext other than joint w/o & with	17	49	66
73721	MRI Lower Ext any joint Wo		518	518
73722	MRI Lower Ext any joint with contrast	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	14	14
73723	MRI Lower Ext any joint w/o & with	3	12	15
73725	MRA Lower Ext w/o OR with contrast			F0.
74181	MRI Abdomen w/o	36	22	58
74182	MRI Abdomen with contrast	30	16	21
74183	MRI Abdomen w/o & with	5	16	
74185	MRA Abdomen Wo OR with contrast	1	<u></u>	4
75557	MRI Cardiao Morphology w/o			
75561	MRI Cardiac Morphology With contrast	· : .:. · · · · · · · · · · · · · · · ·	<u> </u>	
75565	MRI Cardiac Velocity Flow Mapping		<del>4 (                                   </del>	
76125	Clineradiography to complement exam			Service of the servic
76390	MRI Spectroscopy  MRI Guidance for needle placement	<del></del>		
77021	MRI Guidance for tissue ablation	<u> </u>		
77058	MRI Breast, unilateral w/o and/or with contrast			4. 4. 6. 6. 8. 8. 8. 8. 8. 8. 8. 8. 8. 8. 8. 8. 8.
77059	MRI Breast, bilateral w/o and/or with contrast		30	30
77084	MRI Bone Marrow blood supply			1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
N/A	Clinical Research Scans		t gar Andrews and the state of	<u>FIBRATAR</u>
	The state of the s		1 1	(a) (b) (b) (b) (a) (b) (a) (a) (b) (b) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c
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A 144		1 de r		N 77-2 N 12-2-12-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2
	Subtotal for this page	79	1,044	1,123
	Total Number of Procedures for all pages	238	2,944	3,182

<sup>\*</sup>Totals must match totals in summary Table 10b and must be greater than or equal to the totals in the MRI Patient Origin Table on page 34 of this application.

All responses should pertain to October I, 2014 through September 30, 2015.

License No: <u>H0019</u> Facility ID: <u>943388</u>

### 10b, MRI CPT Code Procedure Summary (Summary of CPT Codes in Table 10a)

						1 . 1
İnt	oatient Procedure	es*	Öü	tpatient Procedu	res*.	
 With Contrast or Sedation	Without Contrast or Sedation	TOTAL**	With Contrast or Sedation	Without Contrast or Sedation	TOTAL** Quipatient	TOTAL** Procedures
90	148	238	612	2,332	2,944	3,182

<sup>\*</sup> 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.

### 10c. Fixed MRI

Indicate the number of MRI scanners (units) operated 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:

Fixed Scanners		Number of Units
Number of fixed MRI scanners-closed (do not include	i i conseile i	4
any Policy AC-3 scanners)		
# of fixed MRI scanners-open (do not include any	·	
Policy AC-3 scanners)	<u> </u>	
Number of Policy AC-3 MRI scanners used for general		
clinical purposes		tion of the control o
Total Fixed MRI Scanners		1

### 10d. Mobile MRI

Indicate the number of procedures performed on mobile MRI scanners (units) operated during the 12-month reporting period at your facility. For hospitals that use mobile equipment at multiple sites/campuses, please converte MRI pages and provide separate data for each site/campus. Campus — if multiple sites.

	Inpatient Procedu	res*	Outpatient Procedures*			
Möbile Procedures	With Without Contrast or Sedation Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TÖTAL Outpatient	TOTAL Procedures
Scans on mobile MRI performed only at this site				A series and series are series and series are series ar		

<sup>\*</sup> 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.

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<sup>\*\*</sup> Totals must match totals in Table 10a on page 16 and must be greater than or equal to the totals in the MRI Patient Origin Table on page 34 of this application.

License No: H0019 Facility ID: 943388

### 10a. Magnetic Resonance Imaging (MRI) Procedures by CPT Codes

Indicate 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: SESM-Asheville

CPT Code	CPT Description	Inpatient Procedures	Outpatient Procedures	Total Number of Procedures
70336	MRI Temporomandibular Joint(s)			
70540	MRI Orbit/Face/Neck w/o			
70542	MRI Orbit/Face/Neck with contrast			
70543	MRI Orbit/Face/Neck w/o & with			
70544	MRA Head W/o	1, th.		
70545	MRA Head with contrast			
70546	MRA Head w/o & with		· · · · · · · · · · · · · · · · · · ·	4-4
70547	MRA Neck w/o			
70548	MRA Neck with contrast			
70549	MRA Neck w/o & with		* **	
70551	MRI Brain w/o		3	3
70552	MRÍ Bráin with contrast	4		
70553	MRI Brain w/o & with	, , , , , , , , , , , , , , , , , , ,	4	4
70554	MR functional imaging, w/o physician admin	Y	· · · · · · · · · · · · · · · · · · ·	
70555	MR functional imaging, with physician admin			
71550	MRI Chest w/o		<u></u>	<u> </u>
71551	MRI Chest with contrast	<u> </u>		
71552	MRI Chest w/o & with			
71555	MRA Chest with OR without contrast			
72141	MRI Cervical Spine w/o		32	
72142	MRI Cervical Spine with contrast			<u> </u>
72156	MRI Cervical Spine Wo & with	the state of the table to be a	1	1
72146	MRI Thoraclo Spine w/o.		<u> </u>	7
72147.	MRI Thoracle Spine with contrast			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
72157	MRI Thoracle Spine w/o & with	10% S80 0 0	3	3
72148	MRI Lumbar Spine w/o	i i i i i i i i i i i i i i i i i i i	67	67
72149	MRI Lumbar Spine with contrast		2	2
72158	MRI Lumbar Spine w/o & with	:	. 9	9
72159	MRA Spinal Canal Wo OR with contrast	, j. j	*	
72195	MRI Pelvis w/o		7	7.3
72196	MRI Pēlviš with contrast		#	Jan 11 Strategic Control
72197	MRI Pelyls w/o & with	,		
72198	MRA Pelvis w/o OR with contrast		A CONTRACTOR OF THE STATE OF TH	A CONTRACT OF THE PROPERTY OF
73218	MRI Upper Ext, other than Joint w/o	<del></del>	5	5
73219	MRI Upper Ext, other than Joint with contrast			
<u> </u>	Subtotals for this page		141	141

License No: <u>H0019</u> Facility ID: <u>943388</u>

# 10a. MRI Procedures by CPT Codes continued....

CPT Code	CPT Description	Inpatient Procedures	Outpatient Procedures	Total Number of Procedures
73220	MRI Upper Ext, other than joint w/o & with		1.1.1.5	5
73221	MRI Upper Ext, any joint w/o	1.5. N	93	93
73222	MRI Upper Ext, any joint with contrast			
73223	MRI Upper Ext, any joint w/o & with		3	3
73225	MRA Upper Ext, Wo OR with contrast		* * * * * * * * * * * * * * * * * * *	
73718	MRI Lower Ext other than Joint w/o		12	12
73719	MRI Lower Ext other than joint with contrast			
73720	MRI Lower Ext other than joint w/o & with		1	
73721	MRI Lower Ext any Joint w/o		169	169
73722	MRI Lower Ext any Joint with contrast			
73723	MRI Lower Ext any Joint w/o & with		5	5
73725	MRA Lower Ext Wo OR with contrast	100.0		
74181	MRI Abdomen w/o		· · · · · · · · · · · · · · · · · · ·	
74182	MRI Abdomen with contrast		14 1 1	
74183	MRI Abdomen w/o & with			
74185	MRA Abdomen w/o OR with contrast		_4	
75557	MRI Cardiac Morphology w/o		4. 1	<u> </u>
75561	MRI Cardiac Morphology with contrast			
75565	MRI Cardiac Velocity Plow Mapping			200
76125	Cineradiography to complement exam			
76390	MRI Spectroscopy			
77021	MRI Guldance for needle placement			
77022	MRI Guidance for tissue ablation	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1		/12 / 12 / 12 / 12 / 12 / 12 / 12 / 12
77058	MRI Breast, utiliateral w/o and/or with contrast		<del>, (</del>	
77059	MRI Breast, bilateral w/o and/or with contrast			
77084	MRI Bone Marrow blood supply			
N/A	Clinical Research Soans		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	14
		112	<del></del>	<del>liin aali ji elefi saal</del>
1		<u> </u>		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
			of and	t seed of the seed of
1.4	Subtotal for this page		288	288
	Total Number of Procedures for all pages*		429	429

<sup>\*</sup>Totals must match totals in summary Table 10b and must be greater than or equal to the totals in the MRI Patient Origin Table on page 34 of this application.

All responses should pertain to October 1, 2014 through September 30, 2015.

License No: H0019 Facility ID: 943388

### 10b. MRI CPT Code Procedure Summary (Summary of CPT Codes in Table 10a)

	<u> Sirin</u>	oatient,Procedure			itpatient Procedu	र्वात होने करेकार करण पुरुष के स्टूब्स्टर्स्स इ	
	With Contrast or Sedation	Without Contrast of Sedation	TOTAL**	With Contrast or Sedation	Without Contrast or Sedation	TÖTAL** Outpatient	TOTAL** Procedures
The state of the s		**************************************	V			- Library	Beech with the second s

<sup>\*</sup> 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.

10c. Fixed MRI

Indicate the number of MRI scanners (units) operated 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:

	the state of the s
Fixed Scanners	Number of Units
Number of fixed MRI scanners-closed (do not include	
	and the same of th
# of fixed MRI scanners-open (do not include any	
Policy AC-3 scanners)	
Number of Policy AC-3 MRI scanners used for general	
clinical purposes	
Total Fixed MRI Scanners	

10d. Mobile MRI

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

						از در در درد در میشده و در این ایورون کافر کرد راهور ۱۸۵۸ کو	r ngiri njilago, niningsagaini. Nagagasagan niningsan	
		Inpatie	at Procedu	res*	Outpat	ent Proced	ures	
		With	Without		With	Without	l de la faction de	TOTAL
1	Mobile Procedures	Contrast	Contrast	TOTAL	Contrast	Contrast	TOTAL	Procedures
١		or Sedation	or Sedation	Inpatient	or Sedation	Sedation	Outpatient	
1	Scans on mobile MRI	BOT ATNOTES A	Segation	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Bernesser und St. 1864. Bernesser und St. 1864.	Gedation	Ting's and the same	W. 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100
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- 1	site		i			And the second second	1 1.39 a 1 d 1 d 1	le de la companya de

<sup>\*</sup> An MRI procedure is défined 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.

<sup>\*\*</sup> Totals must match totals in Table 10a on page 16 and must be greater than or equal to the totals in the MRI Patient Origin Table on page 34 of this application.

License No: H0019 Pacility ID: 943388

### 10a, Magnetic Resonance Imaging (MRI) Procedures by CPT Codes

Indicate 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: Park Ridge Health Laurel Park

nin hir bi kalajalian Maria disebilian		<u> </u>		1.26014.21.3612.22.10.22.22.24.
CPT Code	CPT Description	Inpatient Procedures	Outpatient Procedures	Total Number of Procedures
70336	MRI Temporomandibular Joint(s)	Ma		All the second of the second o
70540	MRI Orbit/Fage/Neck W/o	E.A.	to the state of th	
70542	MRI Orbit/Face/Neck with contrast	Tage of the same		
70543	MRI Orbit/Face/Neck w/o & with	10 1g 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		The second secon
70544	MRA Head w/o			
70545	MRA Head with contrast			
70546	MRA Head w/o & with	الاميدان الاميدان		
70547	MRA Neck w/o	y		
70548	MRA Neck with contrast	A		
70549	MRA Neck w/o & with		gen Marie en	
70551	MRI Brain w/o	The state of the s	5	5 4
70552	MRI Brain with contrast	. i jiri i i i i i i i i i i i i i i i i		- 1
70553	MRI Brain w/o & with		17	17
70554	MR functional imaging, w/o physician admin	ar en sur suu proporties de la communication de la communication de la communication de la communication de la La communication de la communicatio	en e	
70555	MR functional imaging, with physician admin			
71550	MRI Chest w/o			
71551	MRI Chest with contrast		and the state of t	
71552	MRI Chest w/o & with	and the second s	Alaca States	
71555	MRA Chest with OR without contrast		ingeriane.	6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
72141	MRI Cervical Spine w/o		16	16
72142	MRI Cervical Spine with contrast	"		
72156	MRI Cervical Spine w/o & with	and the second s	The state of the s	
72146	MRI Thoracte Spine w/o		4	4
72147	MRI Thorsoic Spine with contrast			
72157	MRI Thoracic Spine w/o & with		rational programmer services and the services of the services	Market Company
72148	MRI Lumbar Spine W/o		29	29
72149	MRI Lumbar Spine with contrast	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Commence of the second	10 ( 1864 )
72158	MRI Lumbar Spine w/o & with		2	2
72159	MRA Spinal Canal w/o OR with contrast		( )	St. La Francisco
72195	MRI Pelyis w/o	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>	
72196	MRI Pelvis with contrast		SECTION AND ADDRESS OF THE PARTY OF THE PART	78, 87 2 - 40 2 - 40 3 - 40 4
72197	MRI Pelvis w/o & with			
72198	MRA Pelvis w/o OR with contrast	10. 05		1
73218	MRI Upper Ext, other than Joint w/o		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u>,                                    </u>
73219	MRI Upper Ext, other than joint with contrast			<u> </u>
	Subtotals for this page	15 m	77	77

License No: <u>H0019</u> Facility ID: <u>943388</u>

### 10a, MRI Procedures by CPT Codes continued.

CPT		Inpatient	Outpatient	Total Number of
Code	CPT Description	Procedures	Procedures	Procedures
73220	MRI Upper Ext, other than Joint w/o & with		60.6	Supplied to the supplied of th
73221	MRI Upper Ext, any joint w/o		18	18
73222	MRI Upper Ext, any joint with contrast	territoria	3. <b>1</b>	1
73223	MRI Upper Ext, any joint Wo & with	, 176	2	2
73225	MRA Upper Ext. w/o OR with contrast		2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	
73718	MRI Lower Ext other than Joint w/o	متعقديا فالمالين السناء	.29	29
73719	MRI Lower Ext other than joint with contrast			
73720	MRI Lower Ext other than joint w/o & with	# # # # # # # # # # # # # # # # # # #	2	2
73721	MRI Lower Ext any joint w/o			5
73722	MRI Lower Ext any Joint With contrast			
73723	MRI Lower Ext any Joint Wo & with			
73725	MRA Lower Ext w/o OR with contrast			
74181	MRI Abdomen Wo			<u> </u>
74182	MRI Abdomen with contrast		19127	
74183	MRI Abdomen w/o & with			10 mg 1 mg
74185	MRA Abdomen Wo OR with contrast		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	18 S. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
75557	MRI Cardiac Morphology w/o	<u> </u>		
75561	MRI Cardiac Morphology with contrast			
75565	MRI Cardiac Velocity Flow Mapping			a Pilon — car od in da Turk — tugani — tuga
76125	Cineradiography to complement exam			
76390	MRI Spectroscopy			
77021	MRI Guidance for needle placement		<del>la di banangan</del>	<del></del>
77022	MRI Guidance for tissue ablation  MRI Breast, unilateral W/o and/or with contrast			
77058 77059	MRI Breast, unitateral w/o and/or with contrast  MRI Breast, bilateral w/o and/or with contrast			14 a.a. 14 a.a
77084	MRI Bone Marrow blood supply	<del></del>	<del>विक्रमान वेद्याविक्रिकी</del>	<del>production of the production </del>
N/A:	Clinical Research Scans		<del></del>	
140	Chinom responding to the control of	872 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	The second to th	
- Mania Lang				
77 (1) (1) (1) (6) (2) (4) (4) (4) (4) (4)	White the state of	· · · · · · · · · · · · · · · · · · ·	1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
. 1 33				
in Maria	Grant Control of the			The second secon
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Subtotal for this page		57 134	134
l ''	Total Number of Procedures for all pages*			11、19、19、19、19、19、19、19、19、19、19、19、19、1

<sup>\*</sup>Totals must match totals in summary Table 10b and must be greater than or equal to the fotals in the MRI Patient Origin.

Table on page 34 of this application.

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All responses should pertain to October 1, 2014 through September 30, 2015

### 10b. MRI CPT Code Procedure Summary (Summary of CPT Codes in Table 10a)

٠.	d 40 in hww.rt No.	. 1.755 Markard 1949	<u>់ណ្ឌិស់, សាសសារ រ និក្ស</u>	<u> principal in a super li constant in a su</u>	4131 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	والأطارا الأفارين ويساحين ساويد الماكا ويراد	· · · · · · · · · · · · · · · · · · ·
	Inp	atient Procedure	)\$*	- <u>O</u> ţ	tpatient Procedu	ıres*	
	With Contrast or Sedation	Without Contrast or Sedation	TOTAL** Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL** Outpatient	TOTAL** Procedures
		Sequences 1			S H T . H		

<sup>\*</sup> 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 diagnosts of symptom.

\*\* Totals must match totals in Table 10a on page 16 and must be greater than or equal to the totals in the MRI Patient Origin

### 10c. Fixed MRI

Indicate the number of MRI scanners (units) operated 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:

and the second of the second o	<u> </u>								
Fixed Scanners				N	umber (	of Units		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	1
Number of fixed MRI scanners-closed	(do not include					· (		i fes - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
any Policy AC-3 scanners)	<u> </u>	v. i.	<u> </u>	<del></del>	<del> </del>		<u> </u>	<del></del>	
# of fixed MRI scanners-open (do not	include any		: '					3	
Policy AC-3 scanners)			<u> </u>		<del></del>	<u> </u>	<u> </u>	•	
Number of Policy AC-3 MRI scanners	used for general		· · · · · · · · · · · · · · · · · · ·			,			1.
clinical purposes	<u>."                                    </u>	<u></u>	<u> </u>	<del> </del>	ب ندیو	<del></del>	<del></del>	. 125 Jan	1
Total Fix	ked MRI Scanners	<u>'</u>							

### 10d. Mobile MRI

Indicate the number of procedures performed on mobile MRI scanners (units) operated during the 12-month reporting period at your facility. For hospitals that use mobile equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus. Campus — if multiple sites. PRH Laurel Park

	Inpatier	it Procedu	res*	Outpat	ient Procedi	ires*	
Mobile Procedures	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	TOTAL Procedures
 Scans on mobile MRI performed only at this site		100	0	1 <b>11</b>	123	134	134

<sup>\*</sup>An MRI procedure is defined as a single discrete MRI study of one patient (single CPT means one or more scans relative to a single diagnosis or symptom.

Table on page 34 of this application.

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All responses should pertain to October 1, 2014 through September 30, 2015.

Name of Mobile Provider:	Alliance Imaging	A STATE OF BUILDING STATE OF STATE	<u> </u>	1 19.1
	A Report of the Control of the Contr	to the graphical state of the first survey, the	A STORY OF PROPERTY	
			그러면 이 사람들이	

### 10e. Other MRI

Patients served on units listed in the next table should not be included in the MRI Patient Origin Table on page 34 of this application. 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:

	11 122	Inpati	ent Procedu	res*	Qutpat			
Other Scanners	Units	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	TOTAL Procedures
Other Human	:							
Research MRI	4. :	ŗ						
scanners	4 .:						<u> </u>	
Intraoperative MRI			101100 0 1 1 00	· · · · · · · · · · · · · · · · · · ·	ţ <sup>2</sup>			
(iMRI)	ب السيديدية			Barr System		<u> </u>	3. 16 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.	

<sup>\*</sup> 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.

### 10f. Computed Tomography (CT

How many fixed CT scanners does the hospital have	
Does the hospital contract for mobile CT scanner ser	vices? Yes X 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	,4 - 14 .	HECT Units
100	Head without contrast	2,945	Х	1.00	=	2,945
2	Head with contrast	186	X	1,25	#	232:5
3	Head without and with contrast	199	Χ	1.75	. =	348.25
4	Body without contrast	2,141	Х	1.50	=.	3,211.5
5	Body with contrast	2,251	X	運 。1.75	=	3,939,25
6	Body without contrast and with	45	X	2.75	=	
	contrast	484	A			1,331
7	Biopsy in addition to body scan	n Ned George	X	2.75	告	
7 4 4	with or without contrast	40		<u> </u>	3465 1 1 1 1	110
8	Abscess drainage in addition to		X	4.00	#	46
	body scan with or without contrast	3	. '	the state of the s		) // Z

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All responses should pertain to October 1, 2014 through September 30, 2015.

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

OUD O	f ctiotilied outstionioner positions	1414 1414 1419 11 11 11 11	77 12. 47	and the state of the strategic strat	T. (2)	The state of the s
1	Type of CT Scan	# of Scans		Conversion Factor	Service Company	HECT Units
1	Head without contrast	Post North	Х	1,00 🗸 📑	V.플트	
2	Head with contrast		Χ	1,25	=	
3	Head without and with contrast		X	1.75	() 鲁月	
4.	Body without contrast		· X	1,50		
5	Body with contrast		X	1.75	=	
6	Body without contrast and with		X	2:75	4	
	contrast					
7	Biopsy in addition to body scan	., .	X.	2,75	Ħ	
- A	with or without contrast			<u> </u>		· · · · · · · · · · · · · · · · · · ·
8	Abscess drainage in addition to		Х	4.00	=	
,,,;	body scan with or without contrast	in a			f ::	and the second second

10g. Other Imaging Equipment

ug, Other imaging Equipment	<u>,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	<u> </u>	<u>ئى چىنى دائى و يەسىيە . يىران</u>	
	Number of	Numl	per of Procedure	
Late to the state of the state	Units	Inpatient	Outpatient	Total
Dedicated Pixed PET Scanner				3 12 New
Mobile PET Scanner	1	<u> </u>	124	124
PET pursuant to Policy AC-3		427 14		3147
Other Human Research PET Scanner				
Ultrasound equipment		614	4,511	5,125
Mammography equipment	3		4,232	4,232
Bone Density Equipment	4		1,188	1,188
Fixed X-ray Equipment (excluding fluoroscopic)	. 8	2,741	38,233 🗻	
Fixed Fluoroscopic X-ray Equipment	2	590	1,377	1,967
Special Procedures/ Angiography Equipment				
(neuro & vascular, but not including cardiac cath.)				a de la
Coincidence Camera			100	
Mobile Coincidence Camera		1.05 / 1.0 / 1.0		
Vendor:				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
SPECT	1 .	198	367	565
Mobile SPECT				
Vendor:	h		1 22 3 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Gamma Camera	* . <u></u>	68	460	528
Mobile Gamma Camera				
Vendor	<u>                                     </u>		Land A Robert	Maria de la compansión de

<sup>\*</sup> PET procedure means a single discrete study of one patient involving one of more PET scans. PET scan means an image-scanning sequence derived from a single administration of a PET radiopliarmaceutical, 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 36.

10h. Lithotripsy

٠,	A TYLE WATER COLET STAND	·/ 1/ 1 · 1 2 · //	als or by a sorry and a given		
÷	Nur	nber of	Number of	Procedures	i iii.
		Jults Inp	atlent Outp	atient	Total
	Fixed				
	Mobile	1 7	Ī.	61	62

Lithotripsy V	endor	/Own	er:	
Fayettev.	llle			
Lithotri	oters	L-Maj de	<u> Nyk</u>	

License Nos <u>H0019</u> Facility ID: <u>943388</u>

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

	According to the first that a function of the	<ul> <li>In the second and a graph of the second secon</li></ul>
CPT Code	Description	# of Procedures
	Simple Treatment Delivery	
77401	Radiation treatment delivery	
77402	Radiation treatment delivery (<=5 MeV)	TOP TASKS OF THE CONTROL OF THE CONT
77403	Radiation treatment delivery (6-10 MeV)	
77404	Radiation treatment delivery (11-19 MeV)	
77406	Radiation treatment delivery (>=20 MeV)	t they be not been as the control of
1111	Intermediate Treatment Delivery	
77407.	Radiation treatment delivery (<=5 MeV)	
77408	Radiation treatment delivery (6-10 MeV)	The state of the s
77409	Radiation treatment delivery (11-19 MeV)	a mostria to descri
77411	Radiation treatment delivery (>≒20 MeV)	
	Complex Treatment Delivery	A SHEET OF THE STATE OF THE STA
77412	Radiation treatment delivery (<=5 MeV)	
77413	Radiation treatment delivery (6-10 MeV)	
77414	Radiation treatment delivery (11-19 MeV)	
77416	Radiation treatment delivery (>= 20 MeV)	1
	Other Treatment Delivery Not Included Above	
-77418_	Intensity modulated radiation treatment (IMRT) delivery	ت و با المؤلفية بالمستادة و ا
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course	
	of treatment of cranial lesion(s) consisting of 1 session; linear accelerator	The state of the s
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	
G0340	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery,	
0,000	fractionated treatment, 2nd-5th fraction	
4 1 3	Intraoperative radiation therapy (conducted by bringing the anesthetized	PORTE OF THE
	patient down to the linac)	1 10 10 10
	Pediatric Patient under anesthesia	
	Neutron and proton radiation therapy	P. P. L. 484   9 N   1   1   2
	Limb salvage irradiation	A Maria
The state of	Hemiloody Irradiation	
	Total body irradiation	15 33.9
Imaging Pro	ocedures Not Included Above	
	Additional field check radiographs	
	Total Procedures – Linear Accelerators	
	Gamma Knife® 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®)	
	Total Procedures – Gamma Knife®	
1. 10 11 11 1		

License No: H0019 Facility ID: 943388

All responses should pertain to October 1, 2014 through September 30, 2015.

## 11. Linear Accelerator Treatment Data confinited

。1986年 - 1986年 br>1986年 - 1986年 -
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 (This number should match the number of patients reported in the Linear Accelerator
Patient Origin Table on page 35.)
b. Dinear 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 treatment 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.	Telemedicine	
321	1 CICINCUICINO	:
19 10		

່ລີ. ''	Does vour	facility ut	ilize teleme	dicine to have	images	read at	another	facility	? Yes	
	# : .					1."			1148.04.	
b.:	Does your	facility re	ead telemed	licine images?	No	و عدود کائی		,		
		· · · · · ·			•		72			

### 13. Additional Services:

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

	Check	Check
1. Cardiac Rehab Program	TIEL MY TEST	5. Rehabilitation Outpatient Unit Yes
(Outpatient)	Yes	
2. Chemotherapy	Yes	6. Podiatrič Services Yes
3 Clinical Psychology Services	Yes	7. Genetic Counseling Service
4. Dental Services	No	8. Number of Acute Dialysis Stations 0

All responses should pertain to October 1, 2014 through September 30, 2015.

License No: H0019 Facility ID: 943388

### 13. Additional Services: continued

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.

أواف والأراب والمرازين		. ,	NS Buckley	دومن مدسم	J.,		مُعِمَّ الْمُعَالِينِ وَالْمُعَالِّينِ مِنْ السَّعَالِينِ الْمُعَالِّينِ مِنْ السَّعَالِينِ الْمُعَالِّينِ الْمُعَالِينِ الْمُعَالِّينِ الْمُعَالِينِ الْمُعِلِّينِ الْمُعَالِينِ الْمُعِلِّينِ الْمُعِلِّينِ الْمُعِلِّينِ الْمُعِلِّينِ الْمُعَالِينِ الْمُعَالِينِ الْمُعِلِّينِ الْمُعِلِينِ الْمُعِلِّينِ الْمُعِلِينِ الْمُعِلِّينِ الْمُعِلِّينِ الْمُعِلِينِ الْمُعِلِّينِ الْمُعِلَّيِّ الْمُعِلِّينِ الْمُعِلِّينِ	<u> </u>	
County of Residence	Age Age 0:17 18:40	Age 41-59	Age 60-64	Age 65-74	Age 75-84	Age 85+	Total Patients Served	Total Days of Care	Deaths
	マー・マー・オグ: 	7			1. 1. 1		4	2017/06/2 11:12/25/26 12:07/26/26	ित्री क्षा क्षा जार श्रेतारीमी राजी जिल्लामा
		200 m 200 200 m 200 200 m 200		. 10.			10 10 10 10 10 10 10 10 10 10 10 10 10 1		100 13 20 10 10 17 13 10 10 10 10 10 10 10 10 10 10 10 10 10
available a	10 7 m	2 1;		200 A 1980 A	\$1.5 p. 15 p. 1	1, 2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	en e		
		#1 #4				A + 12"			
Out of State	175 (本)								
Total All Ages		36.							

1.	If psychiatric care has a different name than t	he hospital	, please ir	ndicate:	
	Hope Behavioral Health Unit	·	· · · · · · · · · · · · · · · · · · ·	orining. <u>Januaryahan</u>	1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2.	If address is different than the hospital, please	e indicate:			
	<u> </u>	<del></del>			ila i
3.	Director of the above services.				

All responses should portain to October 1, 2014 through September 30, 2015

License No. <u>H0019</u> Facility ID: <u>943388</u>

Indicate the program/unit location in the Service Categories 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	Location of Services		В	eds Assig	ned by A	ge	
Health Facilities		· · · · · · · · · · · · · · · · · · ·		<del></del>			12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		< 6	6-12	13-17	Total 0-17	18 & up	Total Beds
1100 Partial hospitalization for	Park Ridge						
individuals who are acutely mentally	5H5\ÍO5						
1200 Psychosocial rehabilitation facilities for individuals with severe and persistent mental filness	N/A						
1300 Residential treatment facilities for children and adolescents who are emollonally disturbed or have a mental illness	N/A						
11400 Day treatment for children and adolescents with emotional or behavioral disturbances	n/a						
1500 Intensive residential treatment facilities for children & adolescents who are emotionally disturbed or who have a mental illness	N/A				geografia	Service Control	
.5000 Pacility Based Crisis Center	N/a				77.7%		

Rule 10A NGAC 13B Licensure Rules	Location of		Beds Assigned by A	ge
for Hospitals	Services	< 6 6:12	13-17 Total 0-17	18 & up Total Beds
,5200 Dedicated inpatient unit for individuals who have mental disorders	Main Hospital			36 36

License No. <u>H0019</u> Facility ID: <u>943388</u>

All responses should pertain to October 1; 2014 through September 30, 2015.

# 13. Additional Services: continued

c) Mental Health and Substance Abuse continued

c) Mental Health and	Qunstance White	s conjunue	44 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	· 1 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10 (41, M. <sub>184</sub> )	
Rule 10A NCAC 27G	Location of		77				
Licensure Rules for Substance Abuse Facilities	Services		, <b>, ,</b>	ds Assig	пец бу А	ge	
Substance Abuse Facilities		< 6	6-12	13-17	Total 0- 17	18 & սր։	Total Beds
3100. Nonhospital medical detoxification for individuals who are substance abusers	n/a						
3200 Social setting detoxification for substance abusers	N/A			*412:500 (1)			
3300 Outpatient deloxification for substance abusers	n/a						
3400 Residential freatment/ rehabilitation for individuals with substance abuse disorders	ŊγÄ						
.3500 Outpalient facilities for individuals with substance abuse disorders	n/a						
'agoo Outpatient narcotic	N/A						
3700 Day treatment facilities for individuals with substance abuse disorders	N/A						

Rule 10A NCAC 13B Licensure Rules for Hospitals	Location of Services	Beds Assigned by Age	
		≼6 6-12 13-17 Total 18 & up <	Total Beds
5200 Dedicated inpatient hospital unit for individuals who have substance abuse disorders (specify	n/a		
type] # of Treatment beds			
#of Medical Detox beds			k 6.41. #≥. ()

All responses should pertain to October 1, 2014, through September 30, 2015.

License No: <u>H0019</u> Facility ID: <u>943388</u>

### Patient Origin - General Acute Care Inpatient Services

## Facility County: Henderson

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

	一种 (100mm) (1	IA-1, <u>4, 4, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,</u>	<u> </u>		AMATERIA. A
County	No. of	County		County	No. of
	Admissions		Admissions		Admissions"
1- Alamance	11/1/15/2018/29	37. Gates	1	73, Person	
2. Alexander		38. Graham	5	74, Pitt	
3. Alleghany	11.17.17.17.17.17.17.17.17.17.17.17.17.1	39. Granville		75. Polk	129
4. Anson	77 PA 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	40, Greene		76, Randolph	Value of the second
S Ashe	A CONTRACTOR OF THE	41. Guilford	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	77. Richmond	
6. Ayery,	33	42, Halifax	S	78, Robeson	700 and 12 and 1
7. Beaufort	2	43. Harnett		79, Rockingham	
8. Bertië		44 Haywood	75	80. Rowan	. 1. 12. 100 NX 1
9. Bladen	:	45. Henderson	2,011	81. Rutherford	51_
10. Brunswick	2	46: Heriford		82. Sampson	11.7762522.2
11. Buncombe	627	47. Hoke		83. Scotland	3. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
12. Burke	17	48. Hyde		84. Stanly	. 20 10 32 15
13. Cabarrus	2	49, Iredell	. 5₹	85. Stokes	
14. Caldwell	3	50, Jackson	15	86. Surry	
15 Camden	THE REPORT	51, Johnston		87. Swain	5
16. Carteret		52. Jones		88, Transylvania	130
17 Caswell		53, Liee	and the second s	89. Tyrrell	و المالية
18-Catawba		54, Lenoir		90. Union	PARTER STORY
19. Chatham	1. 1	55, Lincoln		91. Vance	13個別的
20 Cherokee		56. Macon	10	92. Wake	2
21. Chowan	THE STATE	57. Madison	28	93, Warren	
22. Clay	4	58. Martin	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	94. Washington	Marin Balanca
23. Cleveland	4	59, McDowell	10	95,-Watauga	
24. Columbus		60. Mecklenburg	4	96. Wayne	
25 Craven	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	61. Mitchell'	6	97. Wilkes	
26. Cumberland	2	62. Montgomery		98, Wilson	文 2000 <b>1</b> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
27 Currituck		63, Moore	· · · · · · · · · · · · · · · · · · ·	99. Yādkin	
28. Dare		64. Nash	Same and the same	100. Yancey	6
29. Davidson	m i s i sidali.	65. New Hanover			1.1   1.1   1.1   1.1   1.1   1.1   1.1   1.1   1.1   1.1   1.1   1.1   1.1   1.1   1.1   1.1   1.1   1.1
30. Davie	1 11 11	66. Northampton	A Transport	101. Georgia	
31/ Duplin	1.443	67. Onslow	n and Man -	102. South Carolina	
32; Durham		68. Orange	10 (10 (10 (10 (10 (10 (10 (10 (10 (10 (	103. Tennessee	
33. Edgecombe	ta sabala a	69. Pamilco	2 - 2 - 2	104. Virginia	
34. Forsyth	7. 7.	70. Pasquotank	in	105. Other States	
35. Franklin		71 Pender	4	106. Other	94
36. Gaston	1 2.3 12.2 3	72. Perquimans	Act and the	Total No. of Patients	3,260
1 - 2 · 3 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1	1 3 4 9 15 10 15 10 15 1 1 1 1 1 1 1 1 1 1 1 1	<del>Ligari Marikatika di Artika di</del> Presidenti di Presidenti	12 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	A Sparkers of the Control	星中曲中海经济营 跨

License No: <u>H0019</u> Facility ID: <u>943388</u>

#### Patient Origin - Inpatient Surgical Cases

#### Facility County: Henderson

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 Gases reported on the "Surgical Cases by Specialty Area" Table on page 12:

	2007 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>	jin Norman j	1. 1. Ze 19.	24.22
County	No. of Patients		No. of Patients		No. of Patients
J. Alamance		37. Gates		73. Person	42 mil 1815 - 11.
2. Alexander	AR. This is	38. Graham	4	74. Pitt	NEFF, TON (A)
3. Alleghany	144 V V	39. Granville		75. Polk	46
4. Anson		40. Greene		76. Rándolph	
5. Ashē	and the second	41. Guilford		77. Richmond	
6. Avery	31	42. Halifax		78. Robeson	and the first of the second
7. Beaufort		43. Hamett		79. Rockingham	774 - H. L. A. L. A. L. A. L.
8. Bertie	7 1 A7E	44. Haywood	59	80. Rowan	
9. Bladen		45. Henderson	679	81. Rutherford	25 -
10. Brunswick	2	46. Hertford		82. Sampson	20.24vi 175
11. Buncombe	248	47. Hoke		83. Scotland	<b>建、排、工門</b>
12 Burke	16	48. Hyde	1.17	84. Stanly	
13. Cabarrus	2	49. Iredell	The state of the s	85, Stokes 86, Surry	
14. Caldwell	2.2	50. Jackson	TZ_0_313_0	86. Surry	
15. Camden	The contract of the	51, Johnston		87. Swain	6
16. Carteret	A second	52, Jones		88, Transylvania	76
17; Caswell		53. Lee		89, Tyrrell	PRINCE LEASE STATE
18. Catawba	1.00 mm 1.00 m	54. Lenoir		90. Union	
19. Chatham	1 - 41,2 - 51	55. Lincoln		91. Vance	inger i gwydd i glysie yr
20. Cherokee	11	56. Macon	$oldsymbol{\eta}$ .	92. Wake	. 331
21. Chowan	1,54	57. Madison	13	93. Warren	Smith and an artist
22. Clay	3	58, Martin		94. Washington	
23. Cleveland	2	59. McDowell	8	95. Watauga	
24. Columbus		60. Mecklenburg	2	96. Wayne	(F. S. A. ) (A. ) (Fig.)
25; Craven		6). Mi(chell	6	97. Wilkes	man de l'électrics
26 Cumberland	2	62. Montgomery	Ref. 18 Personal	98Wilson	To the Market
27. Currituck	÷	63. Moore		99, Yadkin	te statis
28 Dare	Asian sa isa	64. Nash	* * * * * * * * * * * * * * * * * * *	100. Yancey	6
29. Davidson	42	65. New Hanover			the tile particular
30. Davie		66. Northampton	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	101: Georgia	
31. Duplin		67. Onslow	23 /25 /25 /25 /25 /25 /25 /25 /25 /25 /25	102. South Carolina	the state of the s
32. Durham	1 1	68. Orange		103 Tennessee	8
33, Edgecombe	Harris Harris	69. Pamlico		104/ Virginia	
34, Forsyth	2	70. Pasquotank	Assessment in	105. Other States	22
35. Franklin		71. Pender		106. Other	
36. Gaston		72, Perquimans		Total No. of Patients	1,295
				and the second of the second o	and the state of the second contract of the second

evised 10/2015

#### Patient Origin - Ambulatory Surgical Cases

#### Facility County: Henderson

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 12.

	FL 4725 1: 1 .	iden spend in		Line 100	IN A CAR SECTOR CONT.
County	No. of Patients	County	No. of Patients	Gounty	No. of Patients
1. Alamance		37. Gates	1	73. Person	100 000 m 100 000 000 000 000 000 000 00
2. Alexander		38. Graham	7	742 Pitt	Ald a lake to the
3. Alleghany		39. Granville		75 Polk	185
4. Anson		40. Greene		76. Randolph	.2.200167
5. Ashe		41. Guilford	1 1 1	77. Richmond	₩
6. Avery	2	42. Halifax		78. Robeson	143 M. TO BEAT BY
7. Beaufort		43. Harnett		79. Rockingham	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
8. Bertie	2. No. 1	44. Haywood	291	80. Rowan	120 11 11 11 11 11
9. Bladen	1	45. Henderson	2,202	81. Rutherford	61
10. Brunswick		46. Hertford		82. Sampson	
11 Buncombe	4,005	47. Hoke	Talenta Talenta	83, Scotland	<u> </u>
12. Burke	32	48. Hyde		84: Stanly	1 7
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell	3	50. Jackson	34	86, Surry	
15. Camden		51. Johnston		87. Swain	26
16, Carteret		52. Jones		88. Transylvania	163
17. Caswell	The Control of the sale	53, Lee		89, Tyrrell	
18. Catawba	3	54. Lenoir		90. Union	
19. Chatham	The state of the s	55. Lincoln		91 Vance	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
20. Cherokee	g .	56. Maron	31	92. Wake	
21. Choyan	Take to the said	57. Madison	69	93. Warren	
22. Clay	7	58. Martin		94. Washington	
23: Cleveland	3	59. McDowell	63	95. Watauga	3
24, Columbus		60, Mecklenburg	3	96. Wäyne	
25. Craven		61. Mitchell	54	97. Wilkes	
26. Gumberland	3.	62. Montgomery		98. Wilson	
27 Currituck	is out	63. Moore	1	99. Yadkin	
28 Dare	Tona Aller Table	64. Nash		100. Yancey	83
29. Davidson		65. New Hanover	3. 3.	easers with the first teach	
30. Davie	The state of the s	66. Northampton	mercial of all a	101. Georgia	3
31. Duplin		67_Onslow	. 1 . 1	102. South Carolina	41
32 Durham		68. Orange		103. Tennessee.	9
33. Edgecombe	AL SALES	69, Pamlico		1104, Virginia	4.
34. Porsyth	4	70. Pasquotank	1	105, Other States	19
35: Franklin		71. Pender	Frank History	106. Other	
36. Gáston	1 1 1 1 1 1 1	72. Perquimans		Total No. of Patients	4.429
Lan andrain and a second		Santage and the Contract of th		A graduate state of the original state of th	the same that the same of

All responses should pertain to October 1, 2014 through September 30, 2015,

#### Patient Origin - Gastrointestinal Endoscopy (GI) Cases

#### Facility County: Henderson

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 10, plus the total inpatient and Ambulatory GI Endoscopy cases from the "Non-Surgical Cases by Category" Table on page 12.

County	No. of Patients	County	No. of Patlents	County	No. of Patients
1. Alamance		37. Gates		73. Person	THE POST OF THE STATE OF THE ST
2. Alexander	Tagus vertical as as est. Cales of the engine of the control of th	38, Graham		74. Pitt	
3. Alleghany		39, Granville		75. Polk	22
4. Anson		40. Greene	1	76. Rändolph	What is might be the second of
5; Ashë		41. Guilford		77. Richmond	
6. Avery		42. Halifax	3	78. Robeson	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
7. Beaufort	7 (21) 1 - 2 de-1	43. Harnett		79. Rockingham	17.73
8: Bertie	Majarana Sangara Lagrangan Sangaran	44. Haywood	11	80. Rowan	
9. Bladen		45. Henderson	392	81. Rutherford	3.
10. Brunswick		46. Hertford		82. Sampson	북 · 보 · 보 · 1
11. Buncombe	181	47. Hoke	en e	83. Scotland	25.70
12. Burke	10 A 11 A	48, Hyde	y ike iii.d	84. Stanly	
13. Cabarrus		49, Iredell	And the second s	85. Stokes	
14. Caldwell		50. Jackson	3	86, Surry	
15. Camdén	and a second of the second of	51. Johnston	3	87. Swain	47 . 4. 1 . 7 <b>x</b> . 1
16. Carteret		52. Jones		88. Transylvania	12
17. Caswell		53, Lee .		89, Tyrrell	
18. Catawba		54: Lenoir		90. Union	The state of the s
19 Chatham	n i grand and a second	55. Lincoln		91. Vance	
20. Clierokee		56. Macon		92. Wake	
21 Chowan		57, Madison	4	93. Warren	
22/Clay	Tagangan ar ay a sa ay ay ay ay an an an an an an an an an	58. Martin		94. Washington	
23. Cleveland	2	59. McDowell	3	95. Watauga	
24. Columbus		60. Mecklenburg		96, Wayne	
25. Crayen	TTMETHE	61. Mitchell		97, Wilkes	
26. Cumberland		62. Montgomery	* * * * * * * * * * * * * * * * * * * *	98. Wilson	
27. Currituck	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	63. Moore	·	99. Yadkin	1.50 F 2 7 1.03
28. Dare		64. Nash		100, Yancey	
29, Davidson		65: New Hanover	- " ; «		
30. Dayle		66. Northampton:	1	101. Georgia	A Section 1
31/Duplin		67. Onslow		102. South Carolina	6
32 Durham	Barana Barana Barana Barana Barana Barana	68. Orange		103. Tennessee	2
33. Edgecombe	A COLUMN TO THE STATE OF THE ST	69. Panilico		104. Virginia	
34: Forsyth	Survey of the second	70. Pasquotank		105. Other States	1.38.21.0 <b>5</b> 2.21.1
35, Franklin		71 Pender		106. Other	
36. Gaston		72. Perquimans		Total No. of Patients	648

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All responses should pertain to October 1, 2014 through September 30, 2015.

### Patient Origin - Psychiatric and Substance Abuse

Facility County: <u>Henderson</u>

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

Complete the follow		Psych	iatric Trenti ays of Care	ment	Substânce Abuse Treatment Days of Care					
Patient Origin	Age < 6	Age 6-12	Age 13-17	Age 18+	Total	Age ≤ 6	Age 6-12	Age 13-17	Age 18 4	Total
Example: Wake	Y. 1877.70	5.图(图)	8	30	43-2	<b>数数</b> 数4.40%	<b>交换数据数</b>	10	2	图12题
I. Alamance	3 3 3 3	7. 7. 3.7	7 1						1.71% T-628	Tille:
2. Alexander			7 7 1 7 1			144		eritati Samuel	er a produce	
. 3. Alleghany					1.1	17.59	1.0	-,		7,5-1.
4. Anson		<del></del>	111							· '', \\ ' \. \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
5. Ashe	******				100	4 T T				
6. Avery		<del></del>		3	3	1	The Section of the Se			11.00
7. Beaufort		<del> :</del> ::	#***	· · · · · ·	1 1		S 84 5 5	11.17.15.34.34		
8 Bertie	1.70	11.01			3 17		44,377.13	700 - 1000 mil		W. J W.
9 Bladen	19.17	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		4× 1.7	7	र्क्षेत्रमें विशेष	11 11 11 11	4	.5	
10. Brunswick	# · · · · · · · · · · · · · · · · · · ·			3 .1	1	1	11.	78.8 T (9	11.1	12 SV 5
11 Buncombe	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		(A)	274	274		· · · · · ·		FORT.	
11. Buncombe	2.0 mg/d-mg	*****		4	4.					
13 Cabarrus			- 13 to 1	. 11.4	1		<del>Paralle de la comp</del>	74.4	7.1	111
14. Caldwell	<del>                                     </del>	11.		6	6		1000		VA ZOSE UN AL	
15, Camden	1,7,000			1 THE TOTAL OF THE PARTY OF THE	<del></del>	<del></del>	<del></del>	100	La Africa Contra	1. 5×1.5
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1	1 1 1 2	i	12.		15,45 Wig. 8	N. S. S.
16, Carteret	<del> </del>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							2 109	
17. Caswell			1 11	6	6	<del>                                     </del>	100 m	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CONT.	
18. Catawba	1	100	100	0	- O	<del>,</del>			35.002 cm	1. 4: 4
19, Chatham			1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	74.0	100				5 3/4" ×	X X
20, Cherokee	ļ	44		. 10	-10	<u> </u>	1		Financial a	TO VICE THE
21: Chowan	S. Green	2	78.85-1 1 s			<del> </del>		<del> </del>	************	1 2/2 2 Epoch 12
22 Clay		<u> </u>		1	1	7 10 1	*****	<u> </u>	H. Will	780
23, Cleveland			1. 4	13	13	<u> </u>	Teg (7.1	1		1000
24, Columbus					1	1, 12	1.0	127 T 128 T	Alteria	100 to 100 (2)
25, Craven			,	1	7 1		7			12. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
26. Cumberland							1		7.75, 4.7	12 2
27. Currituck	ļ :		12. Lym	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		3 202			1.45	
28. Dare		.: .: .: .:			7 - 1 - "	<del>                                     </del>	<u> </u>	1	I hadistana	1.25 1.29
29, Davidson			1	-2	2		ļ		1 100	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
30. Davie		1	2				<u> </u>	<u> </u>	The control of the con-	1
31. Duplin			10.00		1 ",",;				(1) (4) (1) (2) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	
32, Durham		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	j					ļ.,	1 ( ) ( ) ( ) ( )	1
33. Edgecombe		1.1. 1.7 1.1.1	<u> </u>					1		<del>                                     </del>
34. Forsyth	. 1			1	§. 1°	1 1 1			1	10. 100.00
35, Franklin	1	1907 TV 1909			T WELL	1. 12	<u> </u>	1.0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	140
36. Gaston		Y25		:'3	3		1:	10.76 . 13 . 13.		<u> </u>
37. Gates	1			1 1	1	<u> </u>	<u> </u>		- 100	
38; Graham	14 11 11 11 11	(10x1) (10x1) (10x1)	3	12	12	1 - 1 - 1 - 1		1 2000	1 : (20 : 1) : 1) : 1) : 1	100000
39. Granville			1980101244	1. 32. 1	11 11 11			· · · · · · · · · · · · · · · · · · ·		/ January National Association
40 Greene		Transition in the	The Table 1	\$10.00			1 3	1	المت في يرسد ا	3 1 21 Atm <u>349</u>
41. Guilford		1:	de la companya	2	2	1.50°		1		1 4 1 1 1
42. Hallfax	1		1 14 14.	1				1		
H 42. Palliax										

Continued on next-page

All responses should perfain to October 1, 2014 through Sentember 30, 2015.

License No: H0019 Facility ID: 943388

County of		Psychiatric Treatment Days of Care				Substance Abuse Treatment Days of Care				
Patient Origin	Age < 6	Age 6-12	Age 13-17	i	Total	Age ≤ 6	Age 6-12	Age 13-17	Age 18+	Total
44, Haywood			AVEL TOUR	43	43	7.50		83. 44.13		-3.
45, Henderson	11.	73.10	17 38 27 1	347	347				11 620 A	320 - 120
46. Hentford		5 5 54	2461 G 7 V				N 10 10		\$ \$V \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
47. Hoke	10.3	777	Budgak		1.1.	***********	. 77%	1	N. C.	7 100
48; Hydo		No bit	You have				. , X P			45. J.M.
49 Iredell	****		The state of the s	13		7 J. 17		da d	3.74.	· · · · · · · · · · · · · · · · · · ·
50. Jackson			14/2	<b>3</b> 18	1.8		7 7 7 1	G 1 1 1 1 1		
51, Johnston	,	V. V.	Professional Control of the Control				( ) · · · · · ·	1 1 1 1		
52, Jones	,:	V. 1565		17.7	·		:	1000	1.00	a range
53. Lee				7		771	7 7 7 7		W.77	1 14,417 7 1 2 7 1
\$4. Lenoir				2	27				2.5	S 164
55. Lincoln	<del></del>	Y 1 1 1 1		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1		3.77	1	11 1 1 1 1	11. 7
56, Macon			300	13	13	· · · · · · · · · · · · ·		Tr. M. 1. 1.	Ray Tin Calif	
57. Madison		·		23	23		V	7.7	7-7-19-7 	
58. Martin								7	3 19 17 18 11 11 31 83 1 21 21	
59, McDowell		**************************************	<del></del>	16	16			and the second		£ ,,
60. Mecklenburg		5 1 5 3 4 5 1 27 4 1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	100		· · ·					
61, Mitchell		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		5	··· 5 :		3.77		10-1-1-1	1 4 5 7 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
62, Montgomery		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7 3.77						1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
63, Moore	· · · · · · · · · · · · · · · · · · ·	7 mg - 9 mg - 1			3000					
64, Nash			ngen er davit			<del>::::: :::</del> :::				
65. New Hanover		1 1 1 1 1 1	7 at			<del></del>			1.1.1.2.2.2.3.3.3.3.3.3.3.3.3.3.3.3.3.3.	
66. Northampton				" .		<del> </del>		3.7.	. 4a. 15 f	- 34
67 Onslow	7,7 x 2 7 x 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		\$ 1 P.S.		<del>12        </del>	*******	· · · · · · · · · · · · · · · · · · ·	T 42 F . 3. 3	14 July 17 T	
68, Orange	1	1			11.77	100 H 100 H	40		7 7	
69. Pamlico		4144			<del>* **</del>	<del></del>	7. 10. (1.)	, :	4 1 1 1	
70. Pasquotank							a a second	· · · · · · · · · · · · · · · · · · ·	3	.6 <sup>15</sup>
71 Pender	122 / 201 - 128	# 1. ±. · · ·	127	<del></del>	****			<del>liinanid d</del>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	14 P. P. P.
72, Perquimans	1.7	Alteriation A		····		***************************************	. *************************************	3 2-0		1.00
73. Person			iv:		<del>```</del>	75:		**************************************		13.7533
74. Pili		7	and the second	26	26		1. 1. 10.11			
75. Polk	1 2 2 2	****	700 1700 170 Call 100 1 1		· · · <u>A</u> U	-				wy zá
76. Randolph	1 1962	<u> </u>	1 H''- h had 1				· · · · · · · · · · · · · · · · · · ·	** ** ** * * * * * * * * * * * * * * *		E 777 417
77. Richmond	<del> </del>	Contracti	740 00 000 1	1.0	- <del>(</del> ( ) ( ) ( )				<del>, , , , , , , , , , , , , , , , , , , </del>	
78. Robeson	<b></b>		<del> </del>	<del>                                      </del>		<b> </b>	r			
79/ Rockingham	+ + +		<del></del>		·					
80. Rowan	11 j	-	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	2	2			in the second state of the		444 10 V 14
81, Rutherford	4 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4 4 7	27	27				7.4	<b>主统公司</b>
82-Sampson						<del></del>	13 1 2 2 W C 12 1	THE PERSON NAMED IN		
83. Scotland	7 10	77 67	<del></del>		<del></del>			<u> </u>	3. 17 1.25	1
84; Signly	<del>                                     </del>	<del>                                     </del>		1 1 1 1 1 1	-			en e		<del></del>
85. Stokes	27 1 7 7 P				<del>7.1. 7</del> .	1 27	**************************************	A garage		
5 86 Surry	all and the fideral	1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	I make a first of the second	10.11	1.15	with which is	in, statis Veterlies			
***>87, Swain	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			13	13	77 7 74 74 75		30 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Appeter to the control of the contro
88; Transylvania	19.000 - 10.00	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NEW GOOD PROPERTY.	55	55		rio Linearites s			Experience
89. Tyrrell	1975 - 1975 12 July 1 - 1975 12 July 1 - 1975		1 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						1777:71	
90. Union					3.4			1,111	87211	
91. Vance			,		# # # # # # # # # # # # # # # # # # #	-8 ;				
92. Wake	100		1		The state of the s		<b>-</b>		ii L.M.	1234 11

Continued on next page

License No: <u>H0019</u> Facility ID: <u>943388</u>

All responses should pertain to October 1, 2014 through September 30, 2015

2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 12 59 16	16,410	a carrage ( a. 10).	vie s. 70vi s	r Chin . ( )	المراجعة والمركد الممين	<u> </u>	<u> </u>	_ + 4,349,347.3	<u>Variana in jaan</u>
	2	Psych	iatric Treat	ment	197 a 1979 1.	1.4		ce Ahuse Tre		ta yy
County of			lays of Care				() 36 8	Days of Care	Taxongadit	
Patient Origin	Age < 6	Age 6-12	Åge 13-17	Age 18+	Total	Age < 6	Age 6-12	Age 13-17	Agc.18+	Total.
1. 93. Warren	75.7 Yes 75.7 Yes	4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1 1 1 1			. (.) .:5		
94. Washington	1.9.0 4.300.0	IBAKUNA	囊化	1	. 1				er i kalangiya da Na kalangiya ng	
95, Walauga	ر ۱۳۵۸ کې د د د د د د د د د د د د د د د د د د	享要0.33300	9 x 10	4	4				19-824-38-35-7 0-74-98-1128-1	1992
96, Wayne		<b>常属于学的</b>			(i. i.)		1.2.2.3		<u>ikanki</u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
97. Wilkes		是於江縣		. 4	4					
98. Wilson		生態效為			·	. 3		Provings.	1 2 2 3 4 5 4 5 4 5 4 5 5 5 5 5 5 5 5 5 5 5 5	
99. Yadkin	11. 4.	1977年 BAN (福祉 2014年 - 1977年 - 1978年	<b>\$1.</b> 555.1	2	2				2.2	
100. Yancey			相关 ( )	8	8					
101. Out of State	11,1100			∴.15	15	15		₩. 		
					967					2
TOTAL					507			Lead of the last		
المناور والمناور والمناور والمناور والمناور والمناور والمناور	的學術語	<b>产组织的</b>	即使認為這是			N. W. S.	德非常遗产	<b>建筑建筑</b>		

312	1. 1. 777. 1. 1.	<del>1</del>			
County of	D	etoxificatio	n Days of C	áre	
Patient Origin	Age < 6	Age 6-12	Age 13-17	Age 18+	Total
Example: Wake	多种的音	<b>亚现为5</b>	·//37/	30	T. 33
1. Alamance	1. 1.11	- 1,5 10,0	Hasi L		
2. Alexander		1.16	Sinks 1		
3, Alleghany				1 2 12	
4 Anson		Alerta (S. Maraje) 1874 - Santa Alerta			ja. : "j
5 Ashe		:.			8.0° (0.0)
6 Avery	211			and the	The second
7, Beaufort	W. T			3	E = 1 = 1   1   1   1   1   1   1   1   1
8. Bertie	\$ - a			mmi a car	72.76.77
9. Bladen	1	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		# 9 H L 9 L S	2, W
10, Brunswick	1577	LESC 1	1		
11, Buncombe		1.787.30	4. 1. 1. 1		
12. Burke			- altiti il		7.0
13. Cabamis		- 1000 SA. 7 V. 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	74 10 275	
14, Caldwell				1.00	reconstruction
15. Camden	7 3 7 3 4 7 7 7 7	- Au	. ** ** * :	1, 1	1 1 2 2 3
16 Conteret	*************				11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
17. Caswell	1-1 mg iii.	Later Albert 2		11,221,27	77.1
18. Cutawba		T5 1143			
19. Chátham	5			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.1
20. Cherokee			s de la companya		
21. Chowan			Leage Lian		رومو قبص دورومون
22. Clay	The state of the s	in a second by	J. J. J. J.		
23. Cleveland	47			**************************************	as not trajo
24 Columbus		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		VA 15 /5 /5 /5 /5 /5 /5 /5 /5 /5 /5 /5 /5 /5	
25/Crayen					ar ar Mari
26 Cumberland			7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
27. Currituck			grafija i darbitete Dirabata i Arijah	1	
7 7 .a. a.				2.17.	

Continued on next page

All responses should pertain to October 1, 2014 through September 30 2015

1 1 2 2 2 2		<u> </u>	· · · · · · · · · · · · · · · · · · ·	All and redu	
County of	Do	toxificațio	n Days of C	are	
Patient Origin	Ago < 6	Age 6-12	Age 13-17	Age 18+	Total
28, Daro	. "	A district	23.77	1.34.1.54	: 121 /4
29. Davidson			and the same of th	\$ 1. 1 m	
75 30, Davie		M. St.		70 to 12	
31. Duplin	7.77		7-17 7-17		47.
32. Durhiim				3	
33. Edgecombo					
34. Forsyth		25 (2)		4 15	
35, Franklin					
36. Gaston		۲		1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	- ·
37. Gates	<del> </del>			·	1
38. Graham			9 \$1		21 1.15 1. july 2.11
39. Granville	7.		प्राप्त के जिल्लाहरू करणा प्रमुख्यालयालया स्थापना विकास	1 m m 2 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1	
40. Greene			V:		4.54
4) Guilford		16.7			
42, Halifax	*			€	See Freeze
43. Harnett	a little in it.				: : ' 
44. Haywood	The W.	7.707 C. 21		1 A OB	
45, Henderson	ا <del>استخداد در استخداد د</del>				>
46. Hertford					
47. Hoke		F			
48, Hyde			9 1 1 1 1		
49. Iredell					
50. Jackson		3 4 4 18		A	
5) Johnston	***********	***	1 - 1	F	
52 Jones	7				31 1
53, Lee			G. St	6	17 19.5
54; Lenoir	3		31.33.72.33	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	7-0010 X 10
55. Lincoln	The second second		N. F. 1	7 Y	13 3.2
56, Macon	· · · · · · ·				
57. Madison				1957 - H. H.	
58, Martin			11		14. V 1. 14. 4*
59, McDowell	1	200	1 1 1 1 1 1 1 1 1	7 A	
60. Mccklenburg	.201		A STORY	7 P	
61 Mitchell	- A	***		,	
62 Montgomery	12.7			المر <u>ائدة بشدرين</u>	******************************
63. Moore		uga jaran kana. Kana marangan di			
64, Nash				1 y 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7
65. New Hanover	,		n de la de La destaca de la gr	¥	·
66; Northampton	) · · · · · · · · · · · · · · · · · · ·	Mari 112	20,000,3	9	
67. Onslow	v 400 44.5.	1	:	: : : : : : : : : : : : : : : : : : :	ا در
68: Orange	No. of the State	202404 197		يلان الراد	and the state of t
69. Punlico	المالية المالي	20072 C C C			10 Taylor (10)
70, Pasquotank	1.0	N	·	7 11.000	
71, Pender	200 - 2014 100 - 2014	interest in the		V4 //	
72. Pergulmans	X2.7 (2.7)		A PART THE SAME	The second of the second	again a barra na a again a a a
73. Person					*
74; Plu	1.00		11.1.3.1.35		
75. Pólk	1 1 1 1 1 1 1	4	1.5	5 may 40 m	
76. Randolph			ege generalist	100 ( 10 10.0) 	7.7
77, Richmond	A ALL Y			A Section 1	11 17 7

License No: <u>H0019</u> Facility ID: <u>943388</u>

County of	Do	toxificatio	n Days of C	are	
Patient Origin	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total
78. Robeson		* 115 (17 ) (17 ) * 12 (17 ) (17 ) (17 )		N	
79 Rockingham					4 4.3
\$0. Rowan	739 St. 99 99	Segaration of district conse			البنا
81, Rutherford	3		<u> </u>	• •	
5 82 Sampson	, , ,	K.,			
83-Scotland			1	,	
84: Stanly		1	F. 1		
85 Stokes	à		11	<u> </u>	9
1 86 Surry	, 2 :	1.5	1	¥.	
87. Swain	1. Tarrest (2. 1)				
88. Transylvania	<u> 2000 - 100 a</u>		1941 7		
89. Tyrrell					
90, Unjon		25.5 11.			
91. Vanco	11.			1	William Control
92. Wako	The Control	S. S. S.	441	1,117, 11,	· · · · · · · · · · · · · · · · · · ·
93. Walten	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	+		· · · · · · · · · · · · · · · · · · ·	
94, Washington	1.11.12	4	<u> </u>		i juli
1 295. Wetauga		E			
96 Wayne		100	8 %.		1 200 7
97. Wilkes		4.	'kr		J W
98. Wilson	1	Winn		-	<u> </u>
99, Yadkin		T	1	4	
100. Yancoy	[ 8第				
1011 Out of State	Locker . Clark	1 2 2 2 3	1	The County of	
TOTAL	200				
	医性原理	1000	1990	造業体制型	<u> </u>

All responses should pertain to October 1, 2014 through September 30, 2015.

License No. <u>H0019</u> Facility ID: <u>943388</u>

#### Patient Origin - MRI Services

#### Facility County: Henderson

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 16:

2. 医风音电影 人名克尔					* 65.4 p. * * * * * * * * * * * * * * * * * *
County &	No. of Patients	County	No. of Patients	County 2	No. of Patients
1. Alamance	4	37. Gates		73. Person	
2. Alexander	2	38 Graham	<u> </u>	74. Pitt	ARMITICAL E
3. Alleghany	Marie Company (Sergers)	39. Granville		75, Polk	107
4. Anson		40 Greene		76. Randolph	
5. Ashe		41. Guilford	11	77. Richmond	Share Proposition and the
6. Avery	6	42. Halifax	est to the	78. Robeson	
7. Beaufort		43.1-larnett	3	79. Rockingham	
8. Bertie		44. Haywood	47	80, Rowan	
9. Bladen	, all 1, 1, 1	45. Henderson	1.772	81. Rutherford	55
10. Brunswick	33	46, Hertford	1. 1. 5. 10 11 11 11 11 11 11 11 11 11 11 11 11	82. Sampson	
11. Buncombe	736	47. Hoke	2	83. Scotland	
12. Burke	2	48. Hyde		84. Stanly	[47] [26] <b>4</b> [4] [5]
13. Cabarnis	12	49. Iredell	3	85. Stokes	
14. Caldwell	3 7 7 2	50. Jackson	4	86. Surry	<u>.</u> \$24
15. Camden		51. Johnston	2	87. Swain	1
16. Carteret	严重"是一点","秦	52. Jones		88. Transylvania	102
17. Caswell		53/Lee		89. Týrrell	走。隨地以外等計
18. Catawba	4	54. Lenoir	3	90. Union	
19. Chatham		55. Lincoln		91. Vance	Lower State and
20. Cherokee	2.2	56. Macon	9	92. Wake	7
21; Chowan		57. Madison	. 19	93, Warren	
22. Clay	4	58. Martin	2	94. Washington	
23, Cleveland		59. McDowell	20	95. Watauga	4
24. Columbus		60. Mecklenburg	9	96. Wayne	
25 Grayen		61. Mitchell	4	97. Wilkes	
26. Cumberland	· 27	62. Montgomery.		98. Wilson	SOLVER STATE
27. Currituck	B ACCUST OF WARRE	63. Moore	2	99. Yadkin	
28. Dare		64. Nash		100. Yancey	8
29. Davidson		65. New Hanover	**		
30. Davie	Ten Dia Ny ao na amin' na kaoaina na amin'	66. Northampton	And the second s	101, Georgia	12
31 Duplin	2	67. Onslow	in the first of th	102. South Carolina	37
32. Durham		68. Orange	The first of the second of	103, Tennessee	21
33. Edgecombe		69. Pamlico		104. Virginia	8
34. Forsyth	. "3"∴.∜	70. Pasquotank		105. Other States	98
35. Franklin	".√ <b>5</b> "	71. Pender	lu i kanana ka	106. Other	
36. Gaston		72. Perquinians	The second secon	Total No. of Patients	3.182
(L					

Are	mobile	MRI services	currently	provided at	your hospital?	Yes X	No	
		4 37			40 17 1 19	* · · · · · · · · · · · · · · · · · · ·		11 11 11 11 11 11 11 11 11 11 11 11 11

All jesponses should portain to October I, 2014 through September 30, 2015

#### License No. H0019 Facility ID: 943388

#### Patient Origin - Linear Accelerator Treatment

Facility County: Henderson

Not Applicable

In an effort to document patterns of utilization of linear accelerators in North Carolina, hospitals are asked to provide the country 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 Gamina 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. on page 21 of this application:

abbucation.		r tall a life and the factor		<u>. Dan Deffe, Brashina e</u>	ું કુંગુંગ, 'ખૂત, ક≘ંગ, કે
County	No. of Patients	County	No. of Patients		No. of Patients
1. Alamance		37, Gates		73. Person	
2. Alexander	re to the year of the control of the	38. Graham		74. Pitt	
3. Alleghany		39. Gránville		75. Polk	13 V 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
4. Anson	, 100 (14) 18 J	40. Greene		76. Randolph	
5. Ashe		41. Gullford		77. Richmond	3,1,3,3,4,5
6. Avery		42. Hallfax		78. Robeson	
7. Beaufort		43. Harnett	in a contract of the contract	79. Rockingham	
8. Bertie		44. Hay wood	i elektrika (w	80. Rowan	MART, LAND
9. Bladen	* 1.55	45. Henderson	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	81. Rutherford	Lary Day
10. Brunswick	The second of th	46. Hertford	1 100	82. Sampson	
11. Buncombe		47. Hoke	- high	83, Scotland	
12. Burke		48. Hyde		84. Stanly	
13. Gabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston	ेख . <u>१९८५ - १९८८ वर्ष</u> - १९८८	87. 8walh	
16. Carteret		52. Jones	7	88. Transylvania	
17. Caswell		53. Lee	at it ba	89. Tyrrell	
18. Calawba	1.2	54. Lenoir		90. Union	2.25.30.30.00.00.00.00.00.00.00.00.00.00.00.
19. Chathain		55, Lincoln		91. Vance	
20. Cherokec		56. Macon	F., 1.	92. Wake	
21, Chowan		57. Madison		93. Warren	Water Towns of the Control of the Co
22. Clay		58. Martin		94, Washington	1000 Part 100 14 hay 2
23. Cleveland		59. McDowell		95, Watauga	The state of the s
24, Columbus		60. Mecklenburg		96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland	· · · · · · · · · · · · · · · · · · ·	62, Montgomery		98, Wilson	
27. Currituck		63; Moore	The state of the state of	99. Yadkin	
28. Dare	1	64. Nash		100. Yancey	148.6 35.46.5.
29, Davidson		65. New Hanover		A CONTRACTOR OF THE PARTY OF TH	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
30. Davie	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	66. Northampton		101. Georgia	4-1-1-1-20 (40-40)
31. Duplin	and the large to the	67. Onslow		102, South Carolina	Description of the said
32. Durham	x 1. 1. 100 (F. 13)	68. Orange		103. Tennessee	
33, Edgecombe		69. Pamlico	Ans J Nove .	104. Virginia	REMOVED TO THE
34. Forsyth		70. Pasquotank		105. Other States	Talidak (San Francisco)
35. Franklin	4 4 4 4	71. Pender		106. Other	S. T. S. V 1401, 1809, .
36. Gaston	1	72. Perquimans		Total No. of Patients	Partition of the product of

All tesponses should pertuin to October 1, 2014 through September 30, 2015.

#### Patient Origin # PET Scanner

Facility County: Henderson
In an effort to document patterns of utilization of PET Scanners in North Carolina, hospitals are asked to provide county of residence for each pattent served in your facility. This data should only reflect the number of pattents, not number of scans and should not include other radiopharmaceutical or supply charge codes. Please count each pattent only once. The number of pattents in this table should match the number of PET procedures reported in Table 10d on page 19.

TOTAL STATE OF THE		37 3 Jr			1.0214 - 62041
County	No. of Patients	County :	No. of Patients.	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany	10 as 2	39. Granville	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	75. Polk	4
4. Anson		40. Greene		76. Randolph	
5r Ashe		41. Gullford		77. Richmond	
6. Avery		42: Halifax		78. Robeson	1350 S.
7. Beaufort		43. Harnett		79. Rockingham	\$17
8. Bertie	A TOP OF BRIDE	44. Haywood	6	80. Rowan	
9 Bladen		45. Henderson	92	81. Rutherford	2
10 Brunswick		46. Hertford		82. Sampson	the second secon
11. Buncombe	10.	47. Höke		83. Scotland	
I2 Bûrkê	TO THE STATE OF TH	48. Hyde		84. Starily	
13, Cabarrus		49. Iredell		85. Stokes	1 1111
14, Caldwell		50. Jackson	1 1	86, Surry	DANS I CEELSHEE
15. Camden		51. Johnston	<u> </u>	87. Swain	
16. Carteret		52 Jones	1 3	88. Transylvania	
17. Caswell		53. Lee		89, Tyrrell	
18. Catawba		547 Lenoir		90, Union	
19 Chatham	11 1 P. M. J. 1. 1	55. Lincoln		91. Vance	a dealer of the second
20. Cherokee	7. W	56. Macon		92. Wake	
21. Chowan	The second second	57. Madison	. 3	93. Warren	
22. Clay	7, 7, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	58. Martin		94; Washington	T
23. Cleveland	Salar Francisco (Salar Salar S	59. McDowell		95. Walauga	N
24. Columbus	T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	60. Mecklenburg		96. Wayne	Sagaran Siraki sa
25. Crayen		61. Mitchell		97: Wilkes	A Jan Karakan
26. Cumberland	*. · · · · · · · · · · · · · · · · · · ·	62. Montgomery	in an and a second of the seco	98. Wilson	
27. Currituck		63. Moore		99. Yadkin	. N W. 1991. (L. 1988) 2
28. Dare	· · · · · · · · · · · · · · · ·	64. Nash	1	100. Yancey	
29. Davidson		65. New Hanover	**************************************	<u> </u>	
30. Davie		66. Northampton	The second secon	101. Georgia	
31, Duplin		67. Onslow		102. South Carolina	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
32. Durham	a service in the service of the serv	68. Orange		103, Tennessee	K. Loskilda, maka J
33, Edgecombe	Territy is the buy?	69. Pamlico	Array series	104. Virginia	
34. Forsyth	The same of the sa	70. Pasquotank		105, Other States	<u>  </u>
35. Franklin	A the provided was a first to the provided of	71. Pender		106. Other	
36. Gaston		72. Perquimans		Total No. of Patients	124.
<b>最高级性性的</b>	450 : · · · · · · · · · · · · · · · · · ·	arrading the second	*		No.

All responses should pertain to October 1, 2014 through September 30, 2015,

License No. <u>H0019</u> Facility ID: <u>943388</u>

## Patient Origin - Emergency Department Services

Facility County: Henderson.
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 Bmergency Department visits provided in Section F.(3)(b): Emergency Department Services, Page 8.

<u> </u>	a visi i i jiliya		t is a state of the		T
County	No. of Visits		No. of Visits	County 73, Person	No. of Visits
1. Alamance	4	37 Gates		73, Person	to the Data to Living
2. Alexander	2**	38. Graham	8	74. Pitt 75. Polk	4
3. Alleghany		39. Granville	1	75. Polk	532
4. Anson		40. Greene	11	76. Randölph	2
5. Aslië	7 3 31 3	41. Guilford	5	77, Richmond	F12" 74. 3
6. Avery	7.	42. Halifax		78. Robeson	1
7. Beaufort	4.	43. Harnett	2	79. Rockingham	722
8. Bertie	E-THE PARTY	44. Haywood	226	80. Rowan	5
9. Bladen		45. Henderson -	15.908	81. Rutherford	24. 2133 · · ·
10. Brunswick	2	46. Hertford	yi.	82. Sampson	1
J. Buncombe	7 826	47. Hoke	1	83. Scotland	2
12. Burke	12_	48. Hyde		84. Stanly	Land Land
13. Cabarrus		49; Iredell	. 4	85. Stokes	12 X 2 1 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
14. Caldwell	4	50, Jackson	25	86. Surry	1000
15. Camden	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	51. Johnston	3	87. Swain	9 242
16, Carteret	10 mm	52. Jones	2	88. Transylvania	494
17. Caswell	7	53: Lee		89 Tyrroll	100 m ( 100 m )
18, Catawba	111	54. Lenoir	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	90. Union	9
19. Chatham		55. Lincoln	3	91. Vance	
20. Cherokee	g.	56. Macon	10	92. Wake	15
21, Chowan	1 7 E	57. Madison	281	93. Warren	
22, Clay	2	58, Martin		94. Washington	
23. Cleyeland	13	59, McDowell	. 56	95. Watauga	3 3
24, Columbus	3	60. Mecklenburg	36	96. Wayne	
25. Craven	1	61. Mitchell	9	97. Wilkes	3.8
26. Cumberland	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	62. Montgomery	2	98; Wilson	
27. Currituck		63, Moore		99. Yadkin	
28, Dare	3 1 1 1 1 1	64, Nash	2	100. Yancey	41
29. Davidson	4	65. New Hanover	4	1	
30, Davie	1	66 Northampton	1 / · · · · · · · · · · · · · · · · · ·	101. Georgia	
31. Duplin		67. Onslow	6	102. South Carolina	
32. Durhain	3	68. Orange	2	103. Tennessee	
33. Edgecombe	1	69. Pamlico	1	104. Virginia	N. J. S.
34. Forsyth	9.	70. Pasquotank	1	105. Other States	789
35, Franklin	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	71. Pender		106) Other	
36) Gaston	10	72. Perquimans		Total No. of Patients	26,787
Ward Sand Sand Street Co. Co.	4			grand start in the deprese to	Terror or the property of the contract of the

## 2016 Renewal Application for Hospital: Park Ridge Health

All responses should pertain to October 1, 2014 through September 30, 2015.

License No: <u>H0019</u> Facility ID: <u>943388</u>

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 2016 hospital license.

AUTHENTICATING SIGNATURE: The undersigned submits application for the year 2016 in accordance with Article 5, Chapter 131B 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.

Sig	nat	ure		-10	M	~ \V	ہیا	ノ	1 4 (C) 1 (C) 1 (C)			Date:	January	13.	÷20	16	
1 3			 *(B 15 )			Sippe"			.7"	7.	48.		Tigo series et al.	- '5.K		(현기 1987) (대한민국)	

PRINT NAME OF APPROVING OFFICIAL Jimm Bürich

<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 10/2015

#### 2016 Renewal Application for Hospital: Park Ridge Health

License No: H0019 Facility ID: 943388

All responses should pertain to October 1, 2014 through September 30, 2015.

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

Federal Tax ID number:

56-0543246

Page 39

#### PROPOSED CAPITAL COSTS

Project Name: Park R Proponent: Park Ridge		- Baby Place OB Expansion	
A.	Sile Costs	•	
	(1)	Full purchase price of land	\$
	(2)	Acres Price per Acre \$	
	(3)	Closing costs	\$
	(4)	Site Inspection and Survey	\$
,	(5)	Legal fees and subsoil investigation.	\$
	• •	Site Preparation Costs	T
		Soil Borings.	\$ .
		Clearing-Batthwork	S
		Fine Grade For Slab	g -
		Roads-Paving	\$.
		Concrete Sidewalks	\$
		Water and Sewer	\$
		Footing Excavation	\$
	•	Footing Backfill	é
•		Termite Treatment	
		Other (Specify)	Ť
		Sub-Total Site Preparation Costs	ф
	(6)	Other (Specify)	<u> </u>
	(6) .(7)	Sub-Total Site Costs	<b>5</b>
В.	. 57) - Elamaturali	Out-Total Site Custs	9
В,		on Contract	•
	(8)	Cost of Materials	
,		General Requirements	
		Concrete/Masonry	
		Woods/Doora & 網indows/Finishes	•
		Thermal & Moisture Protection	
		Equipment/Specialty Items	
,		Mechanical/Electrical	
		Other (Specify)	
		Sub-Total Cost of Materials	\$
	(9)	Cost of Labor	\$
	(10)	Other (Specify)	\$
	άĎ	Sub-Total Construction Contract \$	
e.	Miscellane	ous Project Costs	
	(12)	Building Purchase	
	(13)	Fixed Equipment Purchaso/Loase	
	(14)	Movable Equipment Purchase/Lease	
	(15)	Furniture	
	(16)	Landscaping	
		Consultant Fees	
	ţ,	Architect and Engineering Fees	
		Legal Fees.	
		Market Analysis	
		Other (Specify)	
		Sub-Total Consultant Feès	
	(18)	Financing Costs (e.g. Bond, Loan, etc.)	ę
	(19)	Interest During Construction	\$
	(20)	Other (Specify) Contingency \$ 8,900.00	Ф
	(21)	Cub Tests Miscallanguage # 0.200.00	ድ
		Sub-Total Miscellaneous	\$ \$8,900.00
	(22)	Total Capital Cost of Project (Sum A-C above)	\$ \$100,000.00
I certify that, to the be	st of my kn	owledge, the above construction related costs of the proposed project named above are complete and co	orrect.
			•
/Dia	1 1 1 1 1		
(Signature of Licensed	a Architect	or Engineer)	•
Y		and the death of the second of	1
i assure that, to the be	er of this left	owledge, the above capital costs for the proposed project are complete and correct and that it is my inte	nt to carry but the proposed
professors described.	~ Y1 \		
/ / / /	_ \ \	11 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1	-15/1.0
1200 1000	~ 1 V	My 1141 2/10	11/2/ 61/10
(Proponent - signatur	e of ol(icer)	(Title of officer)	•
	\	· ·	



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

Pat McCrory Governor Richard O. Brajer Secretary DHHS

Mark Payne
Assistant Secretary for Audit and
Health Service Regulation

February 10, 2016

Charles W. Elliott, Jr. Johnston Health 509 N. Bright Leaf Blvd Smithfield, NC 27577

No Review

Record #:

1866

Facility Name:

Johnston Health Clayton

FID #:

061348

Business Name:

Johnston Memorial Hospital Authority

Business #:

1053

Project Description:

Change two medical/surgical beds to two obstetrics beds for a total of 44

medical/surgical beds and six obstetrics beds

County:

Johnston

Dear Mr. Elliott:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your letter of January 13, 2016 regarding the above referenced proposal. Based on the CON law in effect on the date of this response to your request, the proposal described in your correspondence is not governed by, and therefore, does not currently require a certificate of need. However, please note that if the CON law is subsequently amended such that the above referenced proposal would require a certificate of need, this determination does not authorize you to proceed to develop the above referenced proposal when the new law becomes effective.

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 in your correspondence. 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

all s

Healthcare Planning and Certificate of Need Section

www.ncdhhs.gov
Telephone: 919-855-3873 • Fax: 919-715-4413
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

200

Mr. Elliott Rebruary 10, 2016 Page 2

required would need to be made by this office. 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.

Please contact this office if you have any questions. Also, in all future correspondence you should reference the Facility ID # (FID) if the facility is licensed.

Sincerely,

Bernetta Thorne-Williams

Project Analyst

Martha J. Frisone

Assistant Chief, Certificate of Need

cc: Construction Section, DHSR

Acute and Home Care Licensure and Certification Section, DHSR Kelli Fisk, Program Assistant, Healthcare Planning, DHSR

Reviews# 18610 Business# 1053

# @JOHNSTON

UNC HEALTH

January 13, 2016

Ms. Martha Frisone, Assistant Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 2704 Mail Service Center Raleigh, NC 27699-2704

Re: Change in designation of acute care beds at Johnston Health Clayton

County: Johnston FID#: .061348

Dear Ms. Frisone:

As you are aware, Johnston Health Clayton (JHC) was approved to transfer a total of 50 acute care beds from Smithfield to Clayton, per Project ID # J-8848-12. The 50 acute care beds are designated as 46 medical/surgical beds and four obstetrics beds. That project was deemed complete and certified by the CON Section as of January 14, 2015. As of Friday, January 15, 2016, that project will have been complete for more than one year.

Since its opening, JHC has experienced higher than expected utilization of its obstetrics beds. As a result, JHC would like to change the designation of two of its existing medical/surgical beds to obstetrics beds. This will be accomplished by converting two of the LDR rooms (unlicensed beds) to LDRPs (licensed beds), which will leave JHC with two LDRs and six LDRPs. Simultaneously, two of JHC's existing medical/surgical beds will be taken out of service as licensed beds, but will be used for observation patients as needed. Following this change, JHC will operate 44 medical/surgical beds and six obstetrics beds. Given that this change in designation will not alter the total number of acute care beds at JHC, it is my understanding that the project is not reviewable. Further, there will be no capital cost associated with the proposed change in designation, as the existing LDR rooms are the same size and configuration as the other LDRP rooms. We would like to confirm that such a change is not reviewable and that JHC will remain in material compliance with its Certificate of Need, as long as the change in designation takes place after January 14, 2016.

.If you have any questions, please do not hesitate to contact me.

Sincerely,

Charles W. Elliott, Jr. Chief Executive Officer

Johnston Health Services Corporation d/b/a Johnston Health