



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



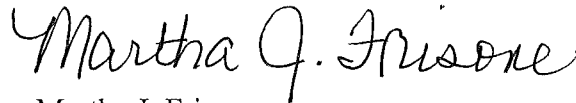
to: (1) increases in the capital cost; (2) acquisition of medical equipment not included in the original cost estimate; (3) modifications in the design of the project; (4) change in location; and (5) any increase in the number of square feet to be constructed.

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

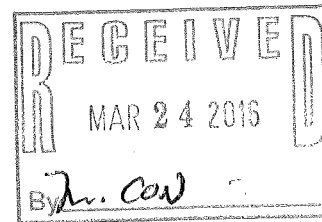


Martha J. Frisone,
Assistant Chief, Certificate of Need

cc: Construction Section, DHSR
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 project 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.

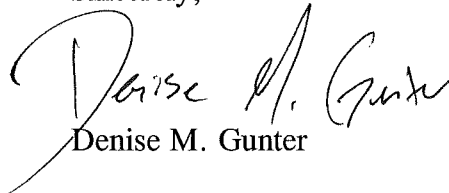
No major medical equipment as defined in N.C. Gen. Stat. § 131E-176(14o) will be purchased as part of this project. No equipment that is specifically regulated by the CON Law (*see* list at N.C. Gen. Stat. § 131E-176(16)f1.) is being acquired as part of this project. The unlicensed rooms themselves are 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.

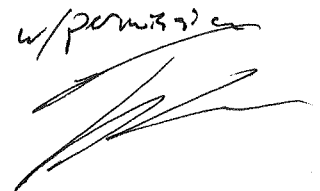
This project is substantially similar to the Johnston Health Clayton proposal in which the CON Section determined that no CON was needed. See Exhibit C.

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

w/permission


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 Fax: (919) 715-3073

For Official Use Only
License # H0019 Medicare # 340023
RID #: 943388
PC _____ Date _____
License Fee: \$2,252.50

2016
HOSPITAL LICENSE
RENEWAL APPLICATION

Legal Identity of Applicant: Fletcher Hospital, Incorporated
(Full legal name of corporation, partnership, individual, or other legal entity owning the enterprise or service.)

Doing Business As
(d/b/a) name(s) under which the facility or services are advertised or presented to the public:

PRIMARY: Park Ridge Health
Other: Park Ridge Hospital
Other: _____

Facility Mailing Address: 100 Hospital Drive
Hendersonville, NC 28792

Facility Site Address: 100 Hospital Drive
Hendersonville, NC 28792
County: Henderson
Telephone: (828)684-8501
Fax: (828)687-0729

Administrator/Director: Jimm Bunch
Title: CEO
(Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility)

Chief Executive Officer: Jimm Bunch Title: President and CEO
(Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility)

Name of the person to contact for any questions regarding this form:
Name: Jimm Bunch Telephone: 828.681.2102
E-Mail: jimm.bunch@ahss.org

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

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 / or Schedule H as a reference.

- 1) Please provide the main website address for the facility:

www.parkridgehealth.org

- 2) In accordance with 131E-214.4(a) DHHS 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 Form 990 and / or Form 990, Schedule H.

Contribution, Gifts, Grants and other similar Amounts <i>(Form 990, Part VIII 1(t))</i>	Annual Financial Assistance at Cost <i>(Form 990, Schedule H Part I, 7(a)(c))</i>	Bad Debt Expense <i>(Schedule H Part III, Section A(2))</i>	Bad Debt Expense Attributable to Patients eligible under the organization's financial assistance policy <i>(Form 990, Schedule H Part III, Section A(3))</i>
	\$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.

Signature:  Date: January 13, 2016

PRINT NAME OF APPROVING OFFICIAL Jimm Bunch

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.

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

Primary National Provider Identifier (NPI) registered at NPPES 1427075027

If facility has more than one "Primary" NPI, please provide _____

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

List Name(s) of facilities:	Address:	Type of Business / Service:
See Attached Listing		

Please attach a separate sheet for additional listings

ITEMIZED CHARGES: Licensure Rule 10 NCAC 3C .0205 requires the Applicant to provide itemized billing. Indicate which method is used:

No a. The facility provides a detailed statement of charges to all patients.

Yes b. Patients are advised that such detailed statements are available upon request.

Type of Health Care Facilities Under Park Ridge Health's Hospital License

Provider Listing	Type of Business/ Services	Office Address
Park Ridge Health	Acute Care Hospital	100 Hospital Drive, Hendersonville, NC 28792
Asheville Hematology and Oncology, a service of Park Ridge Health	Hematology/Oncology and Infusion Services	179 North Buncombe School Road, Suite 102, Weaverville, NC 28787
Asheville Hematology and Oncology, a service of Park Ridge Health	Hematology/Oncology and Infusion Services	20 Medical Park Drive, Suite B, Asheville, NC 28803-2493
Carollinas Center for Advanced Management of Pain, a service of Park Ridge Health	Pain Management Physician Office	50 Hospital Drive, Suite 2-D, Hendersonville, NC 28792
Forgo Mountain Medicine, a service of Park Ridge Health	Family Medicine - Dr. Smith	127 Vance Hill Drive, Mills River, NC 28759
Foundation in Spine Health, Park Ridge Health East Asheville - Loc. #1	Neurology/Spine Services	333 Gashes Creek Road, Suite 111, Asheville, NC 28803
Foundation in Spine Health, Park Ridge Health East Asheville - Loc. #2	Neurology/Spine Services	89 West Mills Street, Columbus, NC 28722
Haywood Infusion Center, a service of Park Ridge Health	Infusion Center	600 Hospital Drive, Suite 10, Clyde, NC 28721
Park Ridge Health Anesthesiology	Anesthesia Services	Park Ridge Health, 100 Hospital Drive, Hendersonville, NC 28792
Park Ridge Health Breast Center	Breast Health Services	50 Hospital Drive, Suite 4-B, Hendersonville, NC 28792
Park Ridge Health Cancer Services	Hematology/Oncology and Infusion Services	50 Hospital Drive, Suite 3-B2, Hendersonville, NC 28792
Park Ridge Health Cardiology	Cardiology Services	50 Hospital Drive, Suite 2-C, Hendersonville, NC 28792
Park Ridge Health Dermatology	Dermatology	2605 Chimney Rock Road, Hendersonville, NC 28792
Park Ridge Health Durable Medical Equipment	DME Services	80 Doctors Drive, Suite 2, Hendersonville, NC 28792
Park Ridge Health Ear, Nose and Throat	Otolaryngology	81 Doctors Drive, Hendersonville, NC 28792
Park Ridge Health Endocrinology	Endocrinology	207 Linda Vista Drive, Mills River, NC 28792
Park Ridge Health Family Medicine	Family Medicine - Dr. Thomas Luqas	125 Vance Hill Drive, Mills River, NC 28759-4996
Park Ridge Health Family Medicine	Family Medicine - Dr. Rebekah Robinson	15 Skyland Inn Drive, Arden, NC 28704
Park Ridge Health Foot and Ankle	Podiatry Services	80 Doctors Drive, Suite 1, Hendersonville, NC 28792
Park Ridge Health Hearing and Balance	Otolaryngology	50 Hospital Drive, Suite 2-B, Hendersonville, NC 28792
Park Ridge Health Infectious Diseases	Infectious Disease	50 Hospital Drive, Suite 1-D, Hendersonville, NC 28792
Park Ridge Health Integrative Medicine	Integrative Medicine	50 Hospital Drive, Suite 2-B, Hendersonville, NC 28792
Park Ridge Health Internal Medicine	Internal Medicine	1881 Pisgah Drive, Bldg. A, Hendersonville, NC 28791
Park Ridge Health Laurel Park	Medical Building with Physician Offices and Radiology Services	50 Doctors Drive, Suite 1, Hendersonville, NC 28792
Park Ridge Health Neurology	Neurology Services	50 Hospital Drive, Suite 4-A, Hendersonville, NC 28792
Park Ridge Health OB/GYN	OB/GYN	50 Hospital Drive, Suite 5-D, Hendersonville, NC 28792
Park Ridge Health Pediatric Services	Pediatric Services	15 Skyland Inn Drive, Arden, NC 28704
Park Ridge Health Plastic Surgery	Plastic & Reconstructive Surgery	50 Hospital Drive, Suite 5-A, Hendersonville, NC 28792
Park Ridge Health Psychiatry	Psychiatry	50 Hospital Drive, Suite 1-C, Hendersonville, NC 28792
Park Ridge Health Pulmonology and Sleep Medicine	Pulmonology, Medicine and Sleep Center	50 Hospital Drive, Suite 2-B, Hendersonville, NC 28792
Park Ridge Health Rheumatology	Rheumatology Services	15 Skyland Inn Drive, Arden, NC 28704
Park Ridge Health South Asheville	Medical Building with Physician Offices, Lab and Radiology Services	80 Doctors Drive, Suite 1, Hendersonville, NC 28792
Park Ridge Health Surgery Specialists	General Surgery	15 Skyland Inn Drive, Arden, NC 28704
Park Ridge Health Urogynecology Center	Urological/Gynecology Services	50 Hospital Drive, Suite 2-A, Hendersonville, NC 28792
Park Ridge Health Urology	Urology Services	50 Hospital Drive, Suite 1-B, Hendersonville, NC 28792
Park Ridge Health Wound Care and Hyperbaric Medicine	Wound Therapy and Podiatry Services	333 Gashes Creek Road, Asheville, NC 28803
Parkway Medical Group (Asheville), a service of Park Ridge Health	Family Medicine	15 Jane Jacobus Road, Black Mountain, NC 28711
Parkway Medical Group (Black Mountain), a service of Park Ridge Health	Family Medicine	100 Hospital Drive, Hendersonville, NC 28792
Sandman Anesthesia, a service of Park Ridge Health	Anesthesia Services	100 Hospital Drive, Hendersonville, NC 28792
Sleepy Time, P.L.L.C., a service of Park Ridge Health	Anesthesia Services	100 Hospital Drive, Hendersonville, NC 28792

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

Ownership Disclosure (Please fill in any blanks and make changes where necessary.)

1. What is the name of the legal entity with ownership responsibility and liability?

Owner: Fletcher Hospital Inc
Street/Box: 100 Hospital Drive
City: Hendersonville State: NC Zip: 28792
Telephone: (828)684-8501 Fax: (828)687-0729
CEO: Jimm Bunch, CEO

Is your facility part of a Health System? [i.e., are there other hospitals, offsite emergency departments, ambulatory surgical facilities, nursing homes, home health agencies, etc. owned by your hospital, a parent company or a related entity?] Yes No

If "Yes", name of Health System*: Adventist Health System

* (please attach a list of NC facilities that are part of your Health System)

If "Yes", name of CEO: Donald Jernigan, PhD

- a. Legal entity is: For Profit Not For Profit
b. Legal entity is: Corporation LLP Partnership
 Proprietorship LLC Government Unit

c. Does the above entity (partnership, corporation, etc.) LEASE the building from which services are offered? Yes No

If "YES", name of building owner:

2. Is the business operated under a management contract? Yes No

If "Yes", name and address of the management company.

Name: _____
Street/Box: _____
City: _____ State: _____ Zip: _____
Telephone: () _____

3. Vice President of Nursing and Patient Care Services:

R. Craig Lindsey, RN, VP Clinical Services/CNO

4. Director of Planning: Jason Wells, VP Physician Services and Patient Experience

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

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 "a - q" on page 6; exclude responses to "2-9" on page 6; 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 X
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.	1,118	

C. Designation and Accreditation

1. Are you a designated trauma center? Yes No
 Designated Level # _____
2. Are you a critical access hospital (CAH)? Yes No
3. Are you a long term care hospital (LTCH)? Yes No
4. Is this facility TIC accredited? Yes No Expiration Date: June 13, 2018
5. Is this facility DNV accredited? Yes No Expiration Date: _____
6. Is this facility AOA accredited? Yes No Expiration Date: 2016
7. Are you a Medicare deemed provider? Yes No

All responses should pertain to October 1, 2014 through September 30, 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(s) for chemical dependency treatment and/or detoxification, please complete the patient origin sheet pertaining to Psychiatric and Substance Abuse Services. If your facility has a Nursing Facility unit and/or Adult Care Bed unit please complete the supplemental packet for Skilled Nursing Facility beds.

<i>Campus</i>	Licensed Acute Care (provide details below)	Licensed Beds as of September 30, 2015	Operational Beds as of September 30, 2015	Annual Census Inpt. Days of Care
	<i>Intensive Care Units</i>			
1.	General Acute Care Beds/Days			
a.	Burn *			*
b.	Cardiac Combined ICU/CCU/Telemetry	14	14	2,518
c.	Cardiovascular Surgery			
d.	Medical/Surgical			
e.	Neonatal Beds Level IV ** (Not Normal Newborn)			**
f.	Pediatric			
g.	Respiratory Pulmonary			
h.	Other (List)			
	<i>Other Units</i>			
i.	Gynecology			
j.	Medical/Surgical ***	40	40	***6,960
k.	Neonatal Level III ** (Not Normal Newborn)			**
l.	Neonatal Level II ** (Not Normal Newborn)			**
m.	Obstetric (including LDRP)	8	8	1,206
n.	Oncology			
o.	Orthopedics			
p.	Pediatric			
q.	Other (List)			
	Total General Acute Care Beds/Days (a through q)	62	62	10,684
2.	Comprehensive In-Patient Rehabilitation	0		
3.	Inpatient Hospice	0		
4.	Detoxification	0		
5.	Substance Abuse / Chemical Dependency Treatment	0		
6.	Psychiatry	41	36	9,053
7.	Nursing Facility	0		
8.	Adult Care Home	0		
9.	Other	0		
10.	Totals (1 through 9)	103	98	19,737

* 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)

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

D. Beds by Service (Inpatient) continued

Number of Swing Beds *	0
Number of Skilled Nursing days in Swing Beds	0
Number of unlicensed observation beds	0

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

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

Primary Payer Source	Inpatient Days of Care (total should be the same as D.1.a - q total on p. 6)	Emergency Visits (total should be the same as F.3.b, on p. 8)	Outpatient Visits (excluding Emergency Visits and Surgical Cases)	Inpatient Surgical Cases (total should be same as F.8.d. Total Surgical Cases-Inpatient Cases on p. 12)	Ambulatory Surgical Cases (total should be same as F.8.d. Total Surgical Cases-Ambulatory Cases on p. 12)
Self Pay/Indigent/Charity	569	5,643	2,479	56	128
Medicare & Medicare Managed Care	5,608	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	0	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	1

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

2. Abortion Services

Number of procedures per Year 0
 (Feel free to footnote the type of abortion procedures reported)

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

3. **Emergency Department Services** (cases equal visits to ED)

- a. Total Number of ED Exam Rooms: 12. Of this total, how many are:
- a.1. # Trauma Rooms 0
 - a.2. # Fast Track Rooms 4
 - a.3. # Urgent Care Rooms 0
- b. Total Number of ED visits for reporting period: 26,787
- c. Total Number of admits from the ED for reporting period: 2,209
- d. Total Number of Urgent Care visits for reporting period: 0
- e. Does your ED provide services 24 hours a day 7 days per week? Yes No
 If no, specify days/hours of operation:
- f. Is a physician on duty in your ED 24 hours a day 7 days per week? Yes No
 If no, specify days/hours physician is on duty:

4. **Medical Air Transport:** Owned or leased air ambulance service:

- a. Does the facility operate an air ambulance service? Yes No
- b. If "Yes", complete the following chart.

Type of Aircraft	Number of Aircraft	Number Owned	Number Leased	Number of Transports
Rotary				
Fixed Wing				

5. **Pathology and Medical Lab** (Check whether or not service is provided)

- a. Blood Bank/Transfusion Services Yes No
- b. Histopathology Laboratory Yes No
- c. HIV Laboratory Testing Yes No
 Number during reporting period
 HIV Serology 21
 HIV Culture 0
- d. Organ Bank Yes No
- e. Pap Smear Screening Yes No

6. **Transplantation Services** - Number of transplants

Type	Number	Type	Number	Type	Number
a. Bone Marrow-Allogeneic	0	f. Kidney/Liver	0	k. Lung	0
b. Bone Marrow-Autologous	0	g. Liver	0	l. Pancreas	0
c. Cornea	9	h. Heart/Liver	0	m. Pancreas/Kidney	0
d. Heart	0	i. Heart/Kidney	0	n. Pancreas/Liver	0
e. Heart/Lung	0	j. Kidney	0	o. Other	0

Do you perform living donor transplants? Yes No

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

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

(a) Cardiac Catheterization Not Applicable	Diagnostic Cardiac Catheterization ICD-9 37.21, 37.22, 37.23, 37.25	Interventional Cardiac Catheterization ICD-9 00.66, 99.10, 36.06, 36.07, 36.09; 35.52, 35.71, 35.96
1. Number of Units of Fixed Equipment		
2. Number of Procedures* Performed in Fixed Units on Patients Age 14 and younger		
3. Number of Procedures* Performed in Fixed Units on Patients Age 15 and older		
4. Number of Procedures* Performed in Mobile Units		
	Electro-physiology ICD-9 37.26, 37.27, 37.34, 37.70, 37.71, 37.72, 37.73, 37.74, 37.75, 37.76, 37.77, 37.79, 37.80, 37.81, 37.82, 37.83, 37.85, 37.86, 37.87, 37.89, 37.94, 37.95, 37.96, 37.97, 37.98, 37.99, 00.50, 00.51, 00.52, 00.53, 00.54	
5. Number of Units of Fixed Equipment:		
6. Number of Procedures on Dedicated EP Equipment		

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

Name of Mobile Vendor: _____

Number of 8-hour days per week the mobile unit is onsite: _____ 8-hour days per week.
 (Examples: Monday through Friday for 8 hours per day is 5 8-hour days per week. Monday, Wednesday, & Friday for 4 hours per day is 1.5 8-hour days per week)

(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	
3. Total Annual Number of Open Heart Surgery Procedures done without utilizing a Heart-Lung Bypass Machine	
4. Total Open Heart Surgery Procedures (2. + 3.)	
Procedures on Patients Age 14 and younger	
5. Of total in #2, Number of Procedures on Patients Age 14 & younger	
6. Of total in #3, Number of Procedures on Patients Age 14 & younger	

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

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

NOTE: If this License includes more than one campus, please copy pages 10 – 18 (through Section 10e) for each site. Submit the Cumulative Totals and submit a duplicate of pages 10 - 18 for each campus.

(Campus – If multiple sites: _____)

a) Surgical Operating Rooms

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

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	0
Dedicated C-Section	1
Other Dedicated Inpatient Surgery	0
Dedicated Ambulatory Surgery	0
Shared - Inpatient / Ambulatory Surgery	6
Total of Surgical Operating Rooms	7

Number of Additional CON approved surgical operating rooms pending development: 0
 CON Project ID Number(s) _____

b) Procedure Rooms (Excluding Operating Rooms and Gastrointestinal Endoscopy Rooms)

Report rooms, which are not equipped for or do not meet all the specifications for an operating room, that are used for performance of surgical procedures other than Gastrointestinal Endoscopy procedures.

Total Number of Procedure Rooms: 1

c) Gastrointestinal Endoscopy Rooms, Cases and Procedures:

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

Total Number of existing Gastrointestinal Endoscopy Rooms: 1

Number of additional CON approved GI Endoscopy Rooms pending development: 0

CON Project ID Number(s) _____

	Number of Cases Performed In GI Endoscopy Rooms		Number of Procedures* Performed in GI Endoscopy Rooms	
	Inpatient	Outpatient	Inpatient	Outpatient
GI Endoscopy	147	501	149	501
Non-GI Endoscopy	3	3	3	3
Totals	150	504	152	504

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

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

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

(Campus – *If multiple sites:* _____)

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.

CPT Code	Description	Cases
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	172
29880	Arthroscopy, 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	131
29881	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	195
42820	Tonsillectomy and adenoidectomy; younger than age 12	66
42830	Adenoidectomy, primary; younger than age 12	27
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)	37
43239	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple	120
43248	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with insertion of guide wire followed by dilation of esophagus over guide wire	0
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)	2
45378	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
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 technique	13
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)	1
64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or computed tomography); lumbar or sacral, single level	0
64721	Neuroplasty and/or transposition; median nerve at carpal tunnel	52
66821	Dissection of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (e.g., YAG laser) (one or more stages)	0
66982	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 used in routine cataract surgery (e.g., iris expansion device, suture support for intraocular lens, or primary posterior capsulorhexis) or performed on patients in the amblyogenic developmental stage	11
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (stage one procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification)	678
69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia	133

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

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

(Campus – If multiple sites: _____)

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.

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	551
Plastic Surgery	13	201
Urology	30	369
Vascular	21	81
Other Surgeries (specify) Podiatry	1	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 endoscopies in GI Endoscopy rooms. Report cases having endoscopies in GI Endoscopy Rooms on page 10.

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Pain Management	0	28
Cystoscopy		
Non-GI Endoscopies (not reported in 8.c)		
GI Endoscopies (not reported in 8.c)		
YAG Laser		
Other (specify) ECT	26	278
Other (specify)		
Other (specify)		
Total Non-Surgical Cases	26	306

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

Imaging Procedures

(Campus – *If multiple sites:* Park Ridge Health Laurel Park)

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.

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 sequences	382
71010	Radiologic examination, chest; single view, frontal	2,666
71020	Radiologic examination, chest; two views, 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	Radiologic 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, unilateral; 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 views	928
74000	Radiologic examination, abdomen; single anteroposterior view	615
74022	Radiologic examination, abdomen; complete acute abdomen series, including 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

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

(Campus – *If multiple sites:* _____)

9. Average Operating Room Availability and Average Case Times:

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

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

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

Average Hours per Day Routinely Scheduled for Use *	Average Number of Days per Year Routinely Scheduled for Use	Average "Case Time" ** in Minutes for Inpatient Cases	Average "Case Time" ** in Minutes for Ambulatory Cases
8.64	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. *NOTE: This definition includes all of the time for which a given procedure requires an OR/PR. It allows for the different duration of Room Set-up and Room Clean-up Times that occur because of the varying supply and equipment needs for a particular procedure.*

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

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

CPT Code	CPT Description	Inpatient Procedures	Outpatient Procedures	Total Number of Procedures
70336	MRI Temporomandibular Joint(s)		2	2
70540	MRI Orbit/Face/Neck w/o		3	3
70542	MRI Orbit/Face/Neck with contrast			
70543	MRI Orbit/Face/Neck w/o & with		22	22
70544	MRA Head w/o	4	29	33
70545	MRA Head with contrast			
70546	MRA Head w/o & with			
70547	MRA Neck w/o		2	2
70548	MRA Neck with contrast			
70549	MRA Neck w/o & with	7	10	17
70551	MRI Brain w/o	84	303	387
70552	MRI Brain with contrast	1		1
70553	MRI Brain w/o & with	34	382	416
70554	MR functional imaging, w/o physician admin			
70555	MR functional imaging, with physician admin			
71550	MRI Chest w/o		3	3
71551	MRI Chest with contrast			
71552	MRI Chest w/o & with	1	2	3
71555	MRA Chest with OR without contrast		1	1
72141	MRI Cervical Spine w/o	5	361	366
72142	MRI Cervical Spine with contrast		1	1
72156	MRI Cervical Spine w/o & with	2	54	56
72146	MRI Thoracic Spine w/o	4	94	98
72147	MRI Thoracic Spine with contrast			
72157	MRI Thoracic Spine w/o & with	1	18	19
72148	MRI Lumbar Spine w/o	4	452	456
72149	MRI Lumbar Spine with contrast		2	2
72158	MRI Lumbar Spine w/o & with	8	99	107
72159	MRA Spinal Canal w/o, OR with contrast			
72195	MRI Pelvis w/o	2	30	32
72196	MRI Pelvis with contrast			
72197	MRI Pelvis w/o & with	2	21	23
72198	MRA Pelvis w/o OR with contrast			
73218	MRI Upper Ext, other than joint w/o		9	9
73219	MRI Upper Ext, other than joint with contrast			
Subtotals for this page		159	1,900	2,059

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

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	6	10	16
73221	MRI Upper Ext, any joint w/o	1	262	263
73222	MRI Upper Ext, any joint with contrast		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 w/o		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			
74181	MRI Abdomen w/o	36	22	58
74182	MRI Abdomen with contrast			
74183	MRI Abdomen w/o & with	5	16	21
74185	MRA Abdomen w/o OR with contrast	1	3	4
75557	MRI Cardiac Morphology w/o			
75561	MRI Cardiac Morphology with contrast			
75565	MRI Cardiac Velocity Flow Mapping			
76125	Cineradiography to complement exam			
76390	MRI Spectroscopy			
77021	MRI Guidance for needle placement			
77022	MRI Guidance for tissue ablation			
77058	MRI Breast, unilateral w/o and/or with contrast			
77059	MRI Breast, bilateral w/o and/or with contrast		30	30
77084	MRI Bone Marrow blood supply			
N/A	Clinical Research Scans			
	Subtotal for this page	79	1,044	1,123
	Total Number of Procedures for all pages*	238	2,944	3,182

*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.

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

Inpatient Procedures*			Outpatient Procedures*			TOTAL** Procedures
With Contrast or Sedation	Without Contrast or Sedation	TOTAL** Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL** Outpatient	
90	148	238	612	2,332	2,944	3,182

* 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.

** 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.

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 (<i>do not include any Policy AC-3 scanners</i>)	1
# of fixed MRI scanners-open (<i>do not include any Policy AC-3 scanners</i>)	
Number of Policy AC-3 MRI scanners used for general clinical purposes	
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 copy the MRI pages and provide separate data for each site/campus. Campus – *if multiple sites:* _____

Mobile Procedures	Inpatient Procedures*			Outpatient Procedures*			TOTAL Procedures
	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	
Scans on mobile MRI performed only at this site							

* 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.

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

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			
70545	MRA Head with contrast			
70546	MRA Head w/o & with			
70547	MRA Neck w/o			
70548	MRA Neck with contrast			
70549	MRA Neck w/o & with			
70551	MRI Brain w/o		3	3
70552	MRI Brain with contrast			
70553	MRI Brain w/o & with		4	4
70554	MR functional imaging, w/o physician admin			
70555	MR functional imaging, with physician admin			
71550	MRI Chest w/o		1	1
71551	MRI Chest with contrast			
71552	MRI Chest w/o & with			
71555	MRA Chest with OR without contrast			
72141	MRI Cervical Spine w/o		32	32
72142	MRI Cervical Spine with contrast			
72156	MRI Cervical Spine w/o & with		1	1
72146	MRI Thoracic Spine w/o		7	7
72147	MRI Thoracic Spine with contrast			
72157	MRI Thoracic Spine w/o & with		3	3
72148	MRI Lumbar Spine w/o		67	67
72149	MRI Lumbar Spine with contrast		2	2
72158	MRI Lumbar Spine w/o & with		9	9
72159	MRA Spinal Canal w/o OR with contrast			
72195	MRI Pelvis w/o		7	7
72196	MRI Pelvis with contrast			
72197	MRI Pelvis w/o & with			
72198	MRA Pelvis w/o OR with contrast			
73218	MRI Upper Ext, other than joint w/o		5	5
73219	MRI Upper Ext, other than joint with contrast			
Subtotals for this page:			141	141

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)

Inpatient Procedures*			Outpatient Procedures*			TOTAL** Procedures
With Contrast or Sedation	Without Contrast or Sedation	TOTAL** Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL** Outpatient	

* 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.

** 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.

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 (<i>do not include any Policy AG-3 scanners</i>)	
# of fixed MRI scanners-open (<i>do not include any Policy AC-3 scanners</i>)	
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:* SESU-Asheville

Mobile Procedures	Inpatient Procedures*			Outpatient Procedures*			TOTAL Procedures
	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	
Scans on mobile MRI performed only at this site			0	18	411	429	429

* 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.

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

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

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			
70545	MRA Head with contrast			
70546	MRA Head w/o & with		1	1
70547	MRA Neck w/o			
70548	MRA Neck with contrast			
70549	MRA Neck w/o & with			
70551	MRI Brain w/o		5	5
70552	MRI Brain with contrast			
70553	MRI Brain w/o & with		17	17
70554	MR functional imaging, w/o physician admin			
70555	MR functional imaging, with physician admin			
71550	MRI Chest w/o			
71551	MRI Chest with contrast			
71552	MRI Chest w/o & with			
71555	MRA Chest with OR without contrast			
72141	MRI Cervical Spine w/o		16	16
72142	MRI Cervical Spine with contrast			
72156	MRI Cervical Spine w/o & with			
72146	MRI Thoracic Spine w/o		4	4
72147	MRI Thoracic Spine with contrast			
72157	MRI Thoracic Spine w/o & with			
72148	MRI Lumbar Spine w/o		29	29
72149	MRI Lumbar Spine with contrast			
72158	MRI Lumbar Spine w/o & with		2	2
72159	MRA Spinal Canal w/o OR with contrast			
72195	MRI Pelvis w/o		1	1
72196	MRI Pelvis with contrast			
72197	MRI Pelvis w/o & with		1	1
72198	MRA Pelvis w/o OR with contrast			
73218	MRI Upper Ext, other than joint w/o		1	1
73219	MRI Upper Ext, other than joint with contrast			
Subtotals for this page			77	77

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)

Inpatient Procedures*			Outpatient Procedures*			TOTAL** Procedures
With Contrast or Sedation	Without Contrast or Sedation	TOTAL** Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL** Outpatient	

* 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.

** 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.

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 (<i>do not include any Policy AC-3 scanners</i>)	
# of fixed MRI scanners-open (<i>do not include any Policy AC-3 scanners</i>)	
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:* PRH Laurel Park

Mobile Procedures	Inpatient Procedures*			Outpatient Procedures*			TOTAL Procedures
	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	
Scans on mobile MRI performed only at this site			0	11	123	134	134

* 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.

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

Name of Mobile Provider: Alliance Imaging

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:* _____

Other Scanners	Units	Inpatient Procedures*			Outpatient Procedures*			TOTAL Procedures
		With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	
Other Human Research MRI scanners								
Intraoperative MRI (iMRI)								

* 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? 2
 Does the hospital contract for mobile CT scanner services? Yes No
 If yes, identify the mobile CT vendor _____

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

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

	Type of CT Scan	# of Scans		Conversion Factor	=	HECT Units
1	Head without contrast	2,945	X	1.00	=	2,945
2	Head with contrast	186	X	1.25	=	232.5
3	Head without and with contrast	199	X	1.75	=	348.25
4	Body without contrast	2,141	X	1.50	=	3,211.5
5	Body with contrast	2,251	X	1.75	=	3,939.25
6	Body without contrast and with contrast	484	X	2.75	=	1,331
7	Biopsy in addition to body scan with or without contrast	40	X	2.75	=	110
8	Abscess drainage in addition to body scan with or without contrast	3	X	4.00	=	12

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)

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast		X	1.00	=	
2	Head with contrast		X	1.25	=	
3	Head without and with contrast		X	1.75	=	
4	Body without contrast		X	1.50	=	
5	Body with contrast		X	1.75	=	
6	Body without contrast and with contrast		X	2.75	=	
7	Biopsy in addition to body scan with or without contrast		X	2.75	=	
8	Abscess drainage in addition to body scan with or without contrast		X	4.00	=	

10g. Other Imaging Equipment

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Dedicated Fixed PET Scanner				
Mobile PET Scanner	1		124	124
PET pursuant to Policy AC-3				
Other Human Research PET Scanner				
Ultrasound equipment	5	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	40,974
Fixed Fluoroscopic X-ray Equipment	2	590	1,377	1,967
Special Procedures/ Angiography Equipment (neuro & vascular, but not including cardiac cath.)				
Coincidence Camera				
Mobile Coincidence Camera				
Vendor:				
SPECT	1	198	367	565
Mobile SPECT				
Vendor:				
Gamma Camera	1	68	460	528
Mobile Gamma Camera				
Vendor:				

* PET procedure means a single discrete study of one patient involving one or more PET scans. PET scan means an image-scanning sequence derived from a single administration of a PET radiopharmaceutical, equated with a single injection of the tracer. One or more PET scans comprise a PET procedure. The number of PET procedures in this table should match the number of patients reported on the PET Patient Origin Table on page 36.

10h. Lithotripsy

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Fixed				
Mobile	1	1	61	62

Lithotripsy Vendor/Owner:
Fayetteville
Lithotripters

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

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

CPT Code	Description	# of Procedures
Simple Treatment Delivery		
77401	Radiation treatment delivery	
77402	Radiation treatment delivery (<=5 MeV)	
77403	Radiation treatment delivery (6-10 MeV)	
77404	Radiation treatment delivery (11-19 MeV)	
77406	Radiation treatment delivery (>=20 MeV)	
Intermediate Treatment Delivery		
77407	Radiation treatment delivery (<=5 MeV)	
77408	Radiation treatment delivery (6-10 MeV)	
77409	Radiation treatment delivery (11-19 MeV)	
77411	Radiation treatment delivery (>=20 MeV)	
Complex Treatment Delivery		
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)	
Other Treatment Delivery Not Included Above		
77418	Intensity modulated radiation treatment (IMRT) delivery	
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator	
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, fractionated treatment, 2nd-5th fraction	
	Intraoperative radiation therapy (conducted by bringing the anesthetized patient down to the linac)	
	Pediatric Patient under anesthesia	
	Neutron and proton radiation therapy	
	Limb salvage irradiation	
	Hemibody irradiation	
	Total body irradiation	
Imaging Procedures Not Included Above		
77417	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®		

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

11. Linear Accelerator Treatment Data *continued*

a. Number of patients who received a course of radiation oncology treatments on linear accelerators (not the Gamma Knife®). Patients shall be counted once if they receive one course of treatment and more if they receive additional courses of treatment. For example, one patient who receives one course of treatment counts as one, and one patient who receives three courses of treatment counts as three. # Patients _____ (This number should match the number of patients reported in the Linear Accelerator Patient Origin Table on page 35.)
b. Linear Accelerators 1. TOTAL number of Linear Accelerator(s) _____ 2. Of the TOTAL number above, number of Linear Accelerators configured for stereotactic radiosurgery _____ 3. Of the TOTAL number above, Number of CyberKnife® Systems: _____ Other specialized linear accelerators _____ Identify Manufacturer of Equipment _____
c. Number of Gamma Knife® units _____
d. Number of treatment simulators ("machine that produces high quality diagnostic radiographs and precisely reproduces the geometric relationships of megavoltage radiation therapy equipment to the patient." (CS 131E-176(24b))) _____

12. Telemedicine

- a. Does your facility utilize telemedicine to have images read at another facility? Yes
- b. Does your facility read telemedicine images? No

13. Additional Services:

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

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

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

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.

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

c) Mental Health and Substance Abuse

1. If psychiatric care has a different name than the hospital, please indicate:

Hope Behavioral Health Unit

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

3. Director of the above services:

Sandra Page, RN, Director, and Dr. Philip Lartey, Medical Director

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

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 Health Facilities	Location of Services	Beds Assigned by Age					
		<6	6-12	13-17	Total 0-17	18 & up	Total Beds
.1100 Partial hospitalization for individuals who are acutely mentally ill.	Park Ridge PHP/IOP						
.1200 Psychosocial rehabilitation facilities for individuals with severe and persistent mental illness	N/A						
.1300 Residential treatment facilities for children and adolescents who are emotionally disturbed or have a mental illness	N/A						
.1400 Day treatment for children and adolescents with emotional or behavioral disturbances	N/A						
.1500 Intensive residential treatment facilities for children & adolescents who are emotionally disturbed or who have a mental illness	N/A						
.5000 Facility Based Crisis Center	N/A						

Rule 10A NCAC 13B Licensure Rules for Hospitals	Location of Services	Beds Assigned by Age					
		<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

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

13. Additional Services: continued

c) Mental Health and Substance Abuse continued

Rule 10A NCAC 27G Licensure Rules for Substance Abuse Facilities	Location of Services	Beds Assigned by Age					
		≤ 6	6-12	13-17	Total 0-17	18 & up	Total Beds
.3100 Nonhospital medical detoxification for individuals who are substance abusers	N/A						
.3200 Social setting detoxification for substance abusers	N/A						
.3300 Outpatient detoxification for substance abusers	N/A						
.3400 Residential treatment/rehabilitation for individuals with substance abuse disorders	N/A						
.3500 Outpatient facilities for individuals with substance abuse disorders	N/A						
.3600 Outpatient narcotic addiction treatment	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 0-17	18 & up	Total Beds
.5200 Dedicated inpatient hospital unit for individuals who have substance abuse disorders (specify type) # of Treatment beds _____ # of Medical Detox beds _____	N/A						

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

Patient Origin - General Acute Care Inpatient Services

Facility County: **Henderson**

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

County	No. of Admissions	County	No. of Admissions	County	No. of Admissions
1. Alamance	1	37. Gates	1	73. Person	
2. Alexander		38. Graham	5	74. Pitt	
3. Alleghany		39. Granville		75. Polk	129
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford	1	77. Richmond	
6. Avery	3	42. Halifax		78. Robeson	
7. Beaufort	2	43. Harnett		79. Rockingham	
8. Bertie		44. Haywood	75	80. Rowan	
9. Bladen		45. Henderson	2,011	81. Rutherford	51
10. Brunswick	2	46. Hertford		82. Sampson	
11. Buncombe	627	47. Hoke		83. Scotland	
12. Burke	17	48. Hyde		84. Stanly	
13. Cabarrus	2	49. Iredell		85. Stokes	
14. Caldwell	3	50. Jackson	15	86. Surry	
15. Camden		51. Johnston		87. Swain	5
16. Carteret		52. Jones		88. Transylvania	130
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	
19. Chatham	1	55. Lincoln		91. Vance	
20. Cherokee	1	56. Macon	10	92. Wake	2
21. Chowan		57. Madison	28	93. Warren	
22. Clay	4	58. Martin		94. Washington	1
23. Cleveland	4	59. McDowell	10	95. Watauga	1
24. Columbus		60. Mecklenburg	4	96. Wayne	
25. Craven		61. Mitchell	6	97. Wilkes	
26. Cumberland	2	62. Montgomery		98. Wilson	1
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	6
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin	1	67. Onslow		102. South Carolina	
32. Durham	1	68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth	2	70. Pasquotank		105. Other States	
35. Franklin		71. Pender		106. Other	94
36. Gaston	1	72. Perquimans		Total No. of Patients	3,260

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

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

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	1	37. Gates		73. Person	
2. Alexander		38. Graham	4	74. Pitt	
3. Alleghany		39. Granville		75. Polk	46
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford	1	77. Richmond	
6. Avery	3	42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood	59	80. Rowan	
9. Bladen		45. Henderson	679	81. Rutherford	25
10. Brunswick	2	46. Hertford		82. Sampson	
11. Buncombe	248	47. Hoke		83. Scotland	
12. Burke	16	48. Hyde		84. Stanly	
13. Cabarrus	2	49. Iredell		85. Stokes	
14. Caldwell	2	50. Jackson	13	86. Surry	
15. Camden		51. Johnston		87. Swain	6
16. Carteret		52. Jones		88. Transylvania	76
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee	1	56. Macon	7	92. Wake	2
21. Chowan		57. Madison	13	93. Warren	
22. Clay	3	58. Martin		94. Washington	
23. Cleveland	2	59. McDowell	8	95. Watauga	1
24. Columbus		60. Mecklenburg	2	96. Wayne	
25. Craven		61. Mitchell	6	97. Wilkes	
26. Cumberland	2	62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	6
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	6
31. Duplin	1	67. Onslow		102. South Carolina	18
32. Durham	1	68. Orange		103. Tennessee	8
33. Edgecombe		69. Pamlico		104. Virginia	1
34. Forsyth	2	70. Pasquotank		105. Other States	22
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		Total No. of Patients	1,295

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

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham	7	74. Pitt	
3. Alleghany	1	39. Granville		75. Polk	185
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford	1	77. Richmond	1
6. Avery	2	42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie	1	44. Haywood	291	80. Rowan	
9. Bladen	1	45. Henderson	2,202	81. Rutherford	61
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe	1,005	47. Hoke		83. Scotland	
12. Burke	32	48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell	1	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		53. Lee		89. Tyrrell	
18. Catawba	3	54. Lenoir		90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee	9	56. Marion	31	92. Wake	1
21. Chowan		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. Wayne	
25. Craven		61. Mitchell	54	97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore	1	99. Yadkin	
28. Dare		64. Nash		100. Yancey	83
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	3
31. Duplin		67. Onslow		102. South Carolina	41
32. Durham		68. Orange		103. Tennessee	9
33. Edgecombe		69. Pamlico		104. Virginia	4
34. Forsyth	4	70. Pasquotank		105. Other States	19
35. Franklin		71. Pender		106. Other	1
36. Gaston	1	72. Perquimans		Total No. of Patients	4,429

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 Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt.	
3. Alleghany		39. Granville		75. Polk	22
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood	11	80. Rowan	
9. Bladen		45. Henderson	392	81. Rutherford	3
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe	181	47. Hoke		83. Scotland	
12. Burke	1	48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson	3	86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	12
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison	4	93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	2	59. McDowell	3	95. Watauga	
24. Columbus		60. Mecklenburg		96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	6
32. Durham		68. Orange		103. Tennessee	2
33. Edgecombe		69. Pamlico		104. Virginia	1
34. Forsyth		70. Pasquotank		105. Other States	5
35. Franklin		71. Perider		106. Other	
36. Gaston		72. Perquimans		Total No. of Patients	648

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

Patient Origin - Psychiatric and Substance Abuse

Facility County: **Henderson**

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

County of Patient Origin	Psychiatric Treatment Days of Care					Substance Abuse Treatment Days of Care				
	Age < 6	Age 6-12	Age 13-17	Age 18+	Total	Age < 6	Age 6-12	Age 13-17	Age 18+	Total
<i>Example: Wake</i>		5	8	30	43			10	2	12
1. Alamance										
2. Alexander										
3. Alleghany										
4. Anson										
5. Ashe										
6. Avery				3	3					
7. Beaufort										
8. Bertie										
9. Bladen										
10. Brunswick				1	1					
11. Buncombe				274	274					
12. Burke				4	4					
13. Cabarrus				1	1					
14. Caldwell				6	6					
15. Camden										
16. Carteret										
17. Caswell										
18. Catawba				6	6					
19. Chatham										
20. Cherokee				10	10					
21. Chowan										
22. Clay				1	1					
23. Cleveland				13	13					
24. Columbus										
25. Craven										
26. Cumberland										
27. Currituck										
28. Dare										
29. Davidson				2	2					
30. Davie										
31. Duplin										
32. Durham										
33. Edgecombe										
34. Forsyth				1	1					
35. Franklin										
36. Gaston				3	3					
37. Gates				1	1					
38. Graham				12	12					
39. Granville										
40. Greene										
41. Guilford				2	2					
42. Halifax										
43. Harnett										

Continued on next page

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.

County of Patient Origin	Psychiatric Treatment Days of Care					Substance Abuse Treatment Days of Care				
	Age < 6	Age 6-12	Age 13-17	Age 18+	Total	Age < 6	Age 6-12	Age 13-17	Age 18+	Total
44. Haywood				43	43					
45. Henderson				347	347					
46. Hertford										
47. Hoke										
48. Hyde										
49. Iredell				1	1					
50. Jackson				18	18					
51. Johnston										
52. Jones										
53. Lee										
54. Lenoir				2	2					
55. Lincoln				1	1					
56. Macon				13	13					
57. Madison				23	23					
58. Martin										
59. McDowell				16	16					
60. Mecklenburg										
61. Mitchell				5	5					
62. Montgomery										
63. Moore										
64. Nash										
65. New Hanover										
66. Northampton										
67. Onslow										
68. Orange										
69. Pamlico										
70. Pasquotank										
71. Perder										
72. Perquimans										
73. Person										
74. Pitt				26	26					
75. Polk										
76. Randolph										
77. Richmond										
78. Robeson										
79. Rockingham										
80. Rowan				2	2					
81. Rutherford				27	27					
82. Sampson										
83. Scotland										
84. Stanly										
85. Stokes										
86. Surry				1	1					
87. Swain				13	13					
88. Transylvania				55	55					
89. Tyrrell										
90. Union										
91. Vance										
92. Wake										

Continued on next page

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

County of Patient Origin	Psychiatric Treatment Days of Care					Substance Abuse Treatment Days of Care				
	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total
93. Warren										
94. Washington				1	1					
95. Watauga				4	4					
96. Wayne				4	4					
97. Wilkes				4	4					
98. Wilson										
99. Yadkin				2	2					
100. Yancey				8	8					
101. Out of State				15	15					
TOTAL					967					

County of Patient Origin	Detoxification Days of Care				
	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total
<i>Example: Wake</i>		5	8	30	43
1. Alamance					
2. Alexander					
3. Alleghany					
4. Anson					
5. Ashe					
6. Avery					
7. Beaufort					
8. Bertie					
9. Bladen					
10. Brunswick					
11. Buncombe					
12. Burke					
13. Cabarrus					
14. Caldwell					
15. Camden					
16. Carteret					
17. Caswell					
18. Catawba					
19. Chatham					
20. Cherokee					
21. Chowan					
22. Clay					
23. Cleveland					
24. Columbus					
25. Craven					
26. Cumberland					
27. Currituck					

Continued on next page

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.

County of Patient Origin	Detoxification Days of Care				Total
	Age < 6	Age 6-12	Age 13-17	Age 18 +	
28. Dare					
29. Davidson					
30. Davie					
31. Duplin					
32. Durham					
33. Edgecombe					
34. Forsyth					
35. Franklin					
36. Gaston					
37. Gates					
38. Graham					
39. Granville					
40. Greene					
41. Guilford					
42. Halifax					
43. Harnett					
44. Haywood					
45. Henderson					
46. Hertford					
47. Hoke					
48. Hyde					
49. Iredell					
50. Jackson					
51. Johnston					
52. Jones					
53. Lee					
54. Lenoir					
55. Lincoln					
56. Macon					
57. Madison					
58. Martin					
59. McDowell					
60. Mecklenburg					
61. Mitchell					
62. Montgomery					
63. Moore					
64. Nash					
65. New Hanover					
66. Northampton					
67. Onslow					
68. Orange					
69. Pamlico					
70. Pasquotank					
71. Pender					
72. Perquimans					
73. Person					
74. Pitt					
75. Polk					
76. Randolph					
77. Richmond					

Continued on next page

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.

County of Patient Origin	Detoxification Days of Care				Total
	Age < 6	Age 6-12	Age 13-17	Age 18+	
78. Robeson					
79. Rockingham					
80. Rowan					
81. Rutherford					
82. Sampson					
83. Scotland					
84. Stanly					
85. Stokes					
86. Surry					
87. Swain					
88. Transylvania					
89. Tyrrell					
90. Union					
91. Vance					
92. Wake					
93. Warren					
94. Washington					
95. Wayne					
96. Wayne					
97. Wilkes					
98. Wilson					
99. Yadkin					
100. Yancey					
101. Out of State					
TOTAL					

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

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.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	4	37. Gates		73. Person	
2. Alexander	2	38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	107
4. Anson		40. Greene		76. Randolph	1
5. Ashe		41. Guilford	11	77. Richmond	
6. Avery	6	42. Halifax		78. Robeson	
7. Beaufort		43. Harnett	3	79. Rockingham	
8. Bertie		44. Haywood	47	80. Rowan	2
9. Bladen		45. Henderson	1,772	81. Rutherford	55
10. Brunswick	3	46. Hertford		82. Sampson	
11. Buncombe	736	47. Hoke	2	83. Scotland	
12. Burke	2	48. Hyde		84. Stanly	4
13. Cabarrus	12	49. Iredell	3	85. Stokes	
14. Caldwell	3	50. Jackson	4	86. Surry	
15. Camden		51. Johnston	2	87. Swain	1
16. Carteret		52. Jones		88. Transylvania	102
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	4	54. Lenoir	3	90. Union	1
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee	2	56. Macon	9	92. Wake	7
21. Chowan		57. Madison	19	93. Warren	
22. Clay	4	58. Martin	2	94. Washington	
23. Cleveland	1	59. McDowell	20	95. Watauga	4
24. Columbus	2	60. Mecklenburg	9	96. Wayne	
25. Craven		61. Mitchell	4	97. Wilkes	
26. Cumberland	7	62. Montgomery		98. Wilson	
27. Currituck		63. Moore	2	99. Yadkin	
28. Dare		64. Nash		100. Yancey	8
29. Davidson	3	65. New Hanover			
30. Davie		66. Northampton		101. Georgia	12
31. Duplin	2	67. Onslow		102. South Carolina	37
32. Durham		68. Orange		103. Tennessee	21
33. Edgecombe		69. Pamlico		104. Virginia	8
34. Forsyth	3	70. Pasquotank		105. Other States	98
35. Franklin	5	71. Pender		106. Other	1
36. Gaston		72. Perquimans		Total No. of Patients	3,182

Are mobile MRI services currently provided at your hospital? Yes No

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

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 county of residence for patients served on linear accelerators in your facility. Report the number of patients who receive radiation oncology treatment on equipment (linear accelerators, CyberKnife®, but not Gamma Knife®) listed in Section 11 of this application. Patients shall be counted once if they receive one course of treatment and more if they receive additional courses of treatment. For example, one patient who receives one course of treatment counts as one, and one patient who receives three courses of treatment counts as three. The number of patients reported here should match the number of patients reported in Section 11.a. on page 21 of this application.

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

All responses should pertain 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 patient served in your facility. This data should only reflect the number of patients, not number of scans and should not include other radiopharmaceutical or supply charge codes. Please count each patient only once. The number of patients in this table should match the number of PET procedures reported in Table 10d on page 19.

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

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

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

County	No. of Visits	County	No. of Visits	County	No. of Visits
1. Alamance	4	37. Gates	1	73. Person	
2. Alexander	2	38. Graham	8	74. Pitt	4
3. Alleghany		39. Granville	1	75. Polk	532
4. Anson		40. Greene	1	76. Randolph	2
5. Ashe	1	41. Guilford	5	77. Richmond	4
6. Avery	7	42. Halifax		78. Robeson	1
7. Beaufort	4	43. Harnett	2	79. Rockingham	
8. Bertie		44. Haywood	226	80. Rowan	5
9. Bladen	1	45. Henderson	15,908	81. Rutherford	133
10. Brunswick	2	46. Hertford		82. Sampson	1
11. Buncombe	7,826	47. Hoke	1	83. Scotland	2
12. Burke	12	48. Hyde		84. Stanly	1
13. Cabarrus	8	49. Iredell	4	85. Stokes	
14. Caldwell	4	50. Jackson	25	86. Surry	
15. Camden		51. Johnston	3	87. Swain	9
16. Carteret		52. Jones	2	88. Transylvania	494
17. Caswell	7	53. Lee	1	89. Tyrrell	
18. Catawba	1	54. Lenoir	1	90. Union	9
19. Chatham	7	55. Lincoln	3	91. Vance	
20. Cherokee		56. Macon	10	92. Wake	15
21. Chowan		57. Madison	281	93. Warren	
22. Clay	2	58. Martin		94. Washington	1
23. Cleveland	13	59. McDowell	56	95. Watauga	3
24. Columbus	3	60. Mecklenburg	36	96. Wayne	1
25. Craven	1	61. Mitchell	9	97. Wilkes	8
26. Cumberland	1	62. Montgomery	2	98. Wilson	1
27. Currituck		63. Moore	1	99. Yadkin	
28. Dare		64. Nash	2	100. Yancey	41
29. Davidson	4	65. New Hanover	4		
30. Davie	1	66. Northampton		101. Georgia	
31. Duplin		67. Onslow	6	102. South Carolina	
32. Durham	3	68. Orange	2	103. Tennessee	
33. Edgecombe	1	69. Pamlico		104. Virginia	
34. Forsyth	9	70. Pasquotank		105. Other States	789
35. Franklin		71. Pender	1	106. Other	195
36. Gaston	10	72. Perquimans		Total No. of Patients	26,787

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 application must be completed and submitted with **ONE COPY** to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation prior to the issuance of a 2016 hospital license.

AUTHENTICATING SIGNATURE: The undersigned submits application for the year 2016 in accordance with Article 5, Chapter 131E of the General Statutes of North Carolina, and subject to the rules and codes adopted thereunder by the North Carolina Medical Care Commission (10A NCAC 13B), and certifies the accuracy of this information.

Signature: _____

Date: January 13, 2016

PRINT NAME
OF APPROVING OFFICIAL: _____

Jimm Bunch

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

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

Exhibit B

PROPOSED CAPITAL COSTS

Project Name: Park Ridge Health - Baby Place OB Expansion
Proponent: Park Ridge

A. <u>Site Costs</u>		
(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		
	Soil Borings	\$ _____
	Clearing-Earthwork	\$ _____
	Fine Grade For Slab	\$ _____
	Roads-Paving	\$ _____
	Concrete Sidewalks	\$ _____
	Water and Sewer	\$ _____
	Footing Excavation	\$ _____
	Footing Backfill	\$ _____
	Termite Treatment	\$ _____
	Other (Specify)	\$ _____
	Sub-Total Site Preparation Costs	\$ _____
(6)	Other (Specify)	\$ _____
(7)	Sub-Total Site Costs	\$ _____
B. <u>Construction Contract</u>		
(8)	Cost of Materials	
	General Requirements	
	Concrete/Masonry	
	Woods/Doors & Windows/Finishes	
	Thermal & Moisture Protection	
	Equipment/Specialty Items	
	Mechanical/Electrical	
	Other (Specify)	
	Sub-Total Cost of Materials	\$ _____
(9)	Cost of Labor	\$ _____
(10)	Other (Specify)	\$ _____
(11)	Sub-Total Construction Contract	\$ _____
C. <u>Miscellaneous Project Costs</u>		
(12)	Building Purchase	\$ _____
(13)	Fixed Equipment Purchase/Lease	\$ _____
(14)	Movable Equipment Purchase/Lease	\$67,700.00
(15)	Furniture	\$23,400.00
(16)	Landscaping	\$ _____
(17)	Consultant Fees	
	Architect and Engineering Fees	\$ _____
	Legal Fees	\$ _____
	Market Analysis	\$ _____
	Other (Specify)	\$ _____
	Sub-Total Consultant Fees	\$ _____
(18)	Financing Costs (e.g. Bond, Loan, etc.)	\$ _____
(19)	Interest During Construction	\$ _____
(20)	Other (Specify) <u>Contingency</u>	\$ 8,900.00
(21)	Sub-Total Miscellaneous	\$ 88,900.00
(22)	Total Capital Cost of Project (Sum A-C above)	\$ 100,000.00

I certify that, to the best of my knowledge, the above construction related costs of the proposed project named above are complete and correct.

(Signature of Licensed Architect or Engineer)

I assure that, to the best of my knowledge, the above capital costs for the proposed project are complete and correct and that it is my intent to carry out the proposed project as described.

(Proponent - signature of officer)

VP - Clinical Services / CNO

(Title of officer)

Exhibit C



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

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

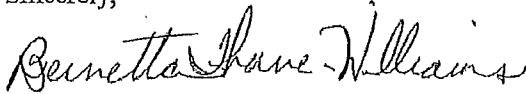


Mr. Elliott
February 10, 2016
Page 2

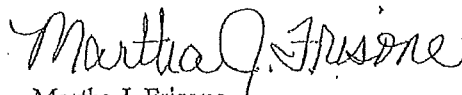
required would need to be made by this office. Changes in a project include, but are not limited to: (1) increases in the capital cost; (2) acquisition of medical equipment not included in the original cost estimate; (3) modifications in the design of the project; (4) change in location; and (5) any 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

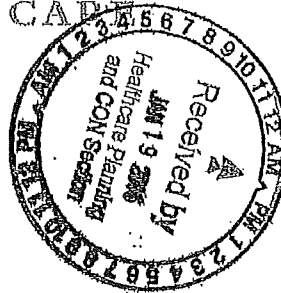
cc: Construction Section, DHSR
Acute and Home Care Licensure and Certification Section, DHSR
Kelli Fisk, Program Assistant, Healthcare Planning, DHSR

JOHNSTON
UNC HEALTH CARE

Review # 1866
Business # 1053

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