



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

June 3, 2020

Maureen Demarest Murray
MMurray@Foxrothschild.com

Exempt from Review – Replacement Equipment

Record #: 3275
Facility Name: Carolinas HealthCare System Blue Ridge
FID #: 943191
Business Name: Blue Ridge Healthcare Hospitals, Inc.
Business #: 2125
Project Description: Replace existing MRI scanner
County: Burke

Dear Ms. Murray:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that based on your letter of May 20, 2020, the above referenced proposal is exempt from certificate of need review in accordance with N.C. Gen. Stat. §131E-184(a)(7). Therefore, you may proceed to acquire without a certificate of need the Siemens 14430206 RS Magnetom Aera System MRI scanner to replace the Siemens 08464690 Magnetom Avanto MRI scanner. This determination is based on your representations that the existing unit will be sold or otherwise disposed of and will not be used again in the State without first obtaining a certificate of need if one is required.

Moreover, 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 the Agency's position is based solely on the facts represented by you and that any change in facts as represented would require further consideration by this office and a separate determination. If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,

[Handwritten signature of Ena Lightbourne]

Ena Lightbourne
Project Analyst

[Handwritten signature of Martha J. Frisone]

Martha J. Frisone
Chief

cc: Construction Section, DHSR
Acute and Home Care Licensure and Certification Section, DHSR

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION
HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603
MAILING ADDRESS: 809 Ruggles Drive, 2704 Mail Service Center, Raleigh, NC 27699-2704
https://info.ncdhhs.gov/dhsr/ • TEL: 919-855-3873

**From:** [Frisone, Martha](#)  
**To:** [Waller, Martha K](#)  
**Subject:** FW: [External] Blue Ridge Morganton MRI Replacement  
**Date:** Wednesday, May 20, 2020 3:46:33 PM  
**Attachments:** [image001.png](#)  
[110662590\\_1\\_Blue\\_Ridge\\_Morganton\\_MRI\\_Exhibit\\_B-C3.PDF](#)  
[110658023\\_1\\_Blue\\_Ridge\\_Morganton\\_MRI\\_Exhibit\\_E-C3.PDF](#)  
[110646791\\_2\\_Blue\\_Ridge\\_Exemption\\_Notice\\_ltr\\_re\\_Morganton\\_replacement\\_MRI\\_project-C3.PDF](#)  
[110658080\\_1\\_Blue\\_Ridge\\_Morganton\\_MRI\\_Exhibit\\_D-C3.PDF](#)  
[110658060\\_1\\_Blue\\_Ridge\\_Morganton\\_MRI\\_Exhibit\\_C-C3.PDF](#)  
[110657567\\_1\\_Blue\\_Ridge\\_Exhibit\\_A-C3.PDF](#)

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Another one.

**Martha J. Frisone**

Chief

[Division of Health Service Regulation](#), Healthcare Planning and Certificate of Need  
[NC Department of Health and Human Services](#)

Office: 919-855-3879

[martha.frisone@dhhs.nc.gov](mailto:martha.frisone@dhhs.nc.gov)

809 Ruggles, Edgerton  
2704 Mail Service Center  
Raleigh, NC 27699-2704

[Twitter](#) | [Facebook](#) | [YouTube](#) | [LinkedIn](#)

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**From:** Murray, Maureen Demarest <MMurray@foxrothschild.com>  
**Sent:** Wednesday, May 20, 2020 3:28 PM  
**To:** Frisone, Martha <martha.frisone@dhhs.nc.gov>; Lightbourne, Ena <ena.lightbourne@dhhs.nc.gov>  
**Cc:** Pearson, Melissa P <MPearson@foxrothschild.com>  
**Subject:** [External] Blue Ridge Morganton MRI Replacement

**CAUTION:** External email. Do not click links or open attachments unless you verify. Send all suspicious email as an attachment to [report.spam@nc.gov](mailto:report.spam@nc.gov)

Dear Martha and Ena,

We hope that you are doing well and managing the new normal in these unusual times.

Attached is our letter providing written notice of exempt replacement of the MRI at the Blue Ridge Morganton campus. The supporting exhibits are also attached.

Please let me or my legal assistant, Melissa Pearson, know if you have any problems with the transmission or any questions.

Kind regards, Maureen

**Maureen Demarest Murray**

Partner and Health Care Co-Practice Leader

**Fox Rothschild LLP**

300 N Greene Street

Suite 1400

Greensboro, NC 27401

(336) 378-5258 - direct

(336) 378-5400 - fax

[MMurray@foxrothschild.com](mailto:MMurray@foxrothschild.com)

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www.foxrothschild.com

MAUREEN DEMAREST MURRAY  
Direct No: 336.378.5258  
Email: MMurray@Foxrothschild.com

May 20, 2020

**VIA E-MAIL**

Martha J. Frisone, Chief  
Healthcare Planning and Certificate of Need Section  
Division of Health Service Regulation  
NC Department of Health and Human Services  
Martha.frisone@dhhs.nc.gov

Ena Lightbourne, Project Analyst  
Healthcare Planning and Certificate of Need Section  
Division of Health Service Regulation  
NC Department of Health and Human Services  
Ena.lightbourne@dhhs.nc.gov

**Re: Carolinas HealthCare System Blue Ridge – Morganton MRI Replacement Project**

Dear Martha and Ena:

We represent Blue Ridge Healthcare Hospitals, Inc. d/b/a Carolinas Healthcare System Blue Ridge (“Blue Ridge”). We are writing to give prior written notice pursuant to N.C. Gen. Stat. § 131E-184 (a)(7) and (f) that Blue Ridge plans to replace with comparable new equipment its existing magnetic resonance imaging (MRI) equipment located on the main hospital campus at 2201 South Sterling Street, Morganton, NC 28655 in Burke County.

The existing MRI machine is located in in room L044 on the Blue Ridge Morganton main hospital campus. As you know, the Blue Ridge Morganton and Valdese campuses are both under one hospital license. Attached as Exhibit A are copies of Blue Ridge’s 2020 license and license

A Pennsylvania Limited Liability Partnership

California Colorado Delaware District of Columbia Florida Georgia Illinois Minnesota  
Nevada New Jersey New York **North Carolina** Pennsylvania South Carolina Texas Washington



Martha J. Frisone, Chief  
Ena Lightbourne, Project Analyst  
May 20, 2020  
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renewal application. Page 17 of the 2020 license renewal application reports the procedures provided on the MRI machine on the Morganton campus. Please note that there is only one MRI located on and reported for the Morganton campus.

The MRI machine now needs to be replaced due to age, outdated technology, and increasing maintenance challenges. The MRI machine currently in use at Blue Ridge is a 08464690 Magnetom Avanto by Siemens that was acquired in 2007. Attached as Exhibit B is a letter from Jon Mercer, Chief Operating Officer of Blue Ridge, confirming that the existing MRI machine was obtained pursuant to a certificate of need, is located on the hospital main campus, is currently in use and will be disposed of out of state by the replacement equipment vendor, Siemens.

The existing MRI machine will be replaced with a new 14430206 RS Magnetom Aera System by Siemens. The replacement MRI machine is comparable medical equipment pursuant to 10A NCAC 14C.0303 because it is functionally similar and used for the same diagnostic MRI imaging purposes as the existing equipment. Both machines are used for MRI imaging and perform the same types of procedures. The replacement MRI machine has expanded capabilities due to technological improvements over the last decade. The replacement MRI machine will not be used to provide a new health service. Furthermore, Blue Ridge does not intend to increase patient charges or per procedure operating expenses within the first 12 months after its acquisition. For further equipment comparison, please refer to Exhibit C, a chart comparing the existing MRI machine with the replacement MRI machine.

Minor construction and renovation will be needed to install the replacement MRI machine. The total cost to acquire, install, and make operational the replacement MRI machine is estimated at \$1,147,205.70, which includes construction costs of \$200,000 and the equipment cost of \$827,300.00. Architect and engineering fees, testing fees, information technology, removal of existing equipment, and a contingency are included in the total capital costs and outlined in the projected capital costs certified by a licensed architect and attached as Exhibit D.

The MRI to be replaced on the Morganton campus was obtained pursuant to a certificate of need issued in 2005. Blue Ridge HealthCare Imaging LLC received a CON on January 18, 2005 for a new MRI, which was assigned FID # 031133. Blue Ridge HealthCare Imaging acquired the MRI and it was certified on August 20, 2007. On November 13, 2007, Blue Ridge Healthcare Hospitals, Inc. d/b/a Carolinas Healthcare System gave notice of exempt acquisition of Blue Ridge HealthCare Imaging, an existing diagnostic center. The CON Section acknowledged the acquisition was exempt on December 20, 2007.



Martha J. Frisone, Chief  
Ena Lightbourne, Project Analyst  
May 20, 2020  
Page 3

As represented in its notice of exempt acquisition, Blue Ridge HealthCare Imaging was absorbed into the Blue Ridge Health System and operated as a hospital department. The MRI acquired as part of the exempt acquisition of Blue Ridge HealthCare Imaging LLC was located at the hospital on the Morganton campus. This is the existing MRI that Blue Ridge is now proposing to replace. Attached as Exhibit E are copies of documentation of the sequence of events and regulatory approvals that show the existing MRI machine was acquired pursuant to a certificate of need. Because the existing MRI was acquired pursuant to a CON and is located on the Blue Ridge main campus, replacement of the MRI qualifies as exempt under both N.C. Gen. Stat. § 131E-184 (a)(7) and (f).

We look forward to receiving your letter confirming that Blue Ridge's replacement of its existing MRI machine on the Morganton campus is exempt from certificate of need review pursuant to N.C. Gen. Stat. § 131E-184(a)(7) and (f) based on the information in this letter and the attached documentation. We request expedited consideration to enable Blue Ridge to order the MRI as early as possible.

If you have any questions or need additional information, please let us know.

With kind regards, I am

Very truly yours,

A handwritten signature in blue ink that reads 'Maureen Demarest Murray'. The signature is written in a cursive style.

Maureen Demarest Murray

MDM/mpp

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

*Effective January 01, 2020, this license is issued to  
Blue Ridge HealthCare Hospitals, Inc.*

*to operate a hospital known as  
Carolinas HealthCare System Blue Ridge  
located in Morganton, North Carolina, Burke County.*

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

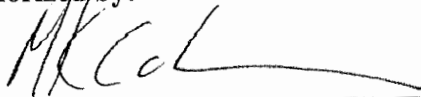
*Facility ID: 943191  
License Number: H0062*

***Bed Capacity: 315***

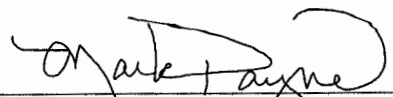
*General Acute 293, Psych 22,*

Dedicated Inpatient Surgical Operating Rooms: 1  
Dedicated Ambulatory Surgical Operating Rooms: 0  
Shared Surgical Operating Rooms: 9  
Dedicated Endoscopy Rooms: 3

Authorized by:



Secretary, N.C. Department of Health and Human Services



Director, Division of Health Service Regulation

North Carolina Department of Health and Human Services  
Division of Health Service Regulation  
Acute and Home Care Licensure and Certification Section  
Regular Mail: 1205 Umstead Drive  
2712 Mail Service Center  
Raleigh, North Carolina 27699-2712  
Overnight UPS and FedEx only: 1205 Umstead Drive  
Raleigh, North Carolina 27603  
Telephone: (919) 855-4620 Fax: (919) 715-3073

**For Official Use Only**

License # H0062 Medicare # 340075  
FID #: 943191  
PC   J   Date 12/17/19

**License Fee:** \$6,062.50

**2020  
HOSPITAL LICENSE  
RENEWAL APPLICATION**

Legal Identity of Applicant: Blue Ridge HealthCare Hospitals, Inc.  
(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: Carolinas HealthCare System Blue Ridge  
Other: CMC-Blue Ridge, Valdese Campus  
Other: \_\_\_\_\_

Facility Mailing Address: 2201 South Sterling St  
Morganton, NC 28655

Facility Site Address: 2201 South Sterling St  
Morganton, NC 28655

County: Burke  
Telephone: (828)580-5000  
Fax: (828)580-5509

**Administrator/Director:** Kathy C Bailey  
**Title:** President/CEO

(Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility)

**Chief Executive Officer:** Kathy C Bailey **Title:** President-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:** Robert Fritts **Telephone:** 828-580-5545

**E-Mail:** robert.fritts@blueridgehealth.org

Application Rec'd Date 12-11-19  
Fee Paid-Ck # 000038487  
Amount \$6,062.50  
Initials [Signature]  
DHSR Acute and Home Care L&C

All responses should pertain to **October 1, 2018 through September 30, 2019.**

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

In accordance with Session Law 2013-382 and 10A NCAC 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.blueridgehealth.org

2) In accordance with 131E-214.4(a) DHSR can no longer post a link to internet Websites to demonstrate compliance with this statute.

A) Please provide the website address and/or link to access the facility's charity care policy and financial assistance policy:

www.blueridgehealth.org

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.

<b>Contribution, Gifts, Grants and other similar Amounts</b> <i>(Form 990; Part VIII 1(h))</i>	<b>Annual Financial Assistance at Cost</b> <i>(Form 990; Schedule H Part I, 7(a)(c))</i>	<b>Bad Debt Expense</b> <i>(Form 990; Schedule H Part III, Section A(2))</i>	<b>Bad Debt Expense Attributable to Patients eligible under the organization's financial assistance policy</b> <i>(Form 990; Schedule H Part III, Section A(3))</i>
1,293,788	19,564,254	29,147,121	0

**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: Kathy C. Bailey

Date: 12-6-19

Print Name of Approving Official: Kathy C. Bailey

All responses should pertain to **October 1, 2018 through September 30, 2019.**

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

Primary National Provider Identifier (NPI) registered at NPPES 1700860491

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

**List all campuses as defined in NCGS 131E-176(2c) under the hospital license. Please include offsite emergency departments**

Name(s) of Campus:	Address:	Services Offered:
Grace Ridge Physical Therapy	500 Lenoir Rd, Morganton, NC	Physical Therapy
321 Pain Clinic	2134 14 <sup>th</sup> Ave. Cade NW Ste B, Hickory, NC	Pain Clinic
Physical Therapy - Rehabilitation	137 W Parker Rd, Morganton, NC	Physical Therapy Rehab

Please attach a separate sheet for additional listings

**ITEMIZED CHARGES:** Licensure Rule 10A NCAC 13B .3110 requires the Applicant to provide itemized billing. Indicate which method is used:

- a. The facility provides a detailed statement of charges to all patients.
- b. Patients are advised that such detailed statements are available upon request.

All responses should pertain to **October 1, 2018 through September 30, 2019.**

**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: Blue Ridge Healthcare Hospitals, Inc  
Street/Box: 2201 South Sterling St  
City: Morganton State: NC Zip: 28655  
Telephone: (828)580-5000 Fax: (828) 580-5509  
CEO: Kathy C. Bailey, President, 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\*: Blue Ridge HealthCare System, Inc

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

If 'Yes', name of CEO: Kathy C. Bailey

- 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: The Charlotte Mecklenburg Hospital Authority

Street/Box: 1000 Blythe Blvd.

City: Charlotte State: NC Zip: 28232

Telephone: (704)355-2000

3. Vice President of Nursing and Patient Care Services:

Barry Nelson, Chief Nurse Executive & VP Nursing

4. Director of Planning: Jon Mercer, COO - SRP Operations

All responses should pertain to **October 1, 2018 through September 30, 2019.**

## Facility Data

- A. Reporting Period.** All responses should pertain to the period **October 1, 2018 to September 30, 2019.**
- B. General Information.** (Please fill in any blanks and make changes where necessary.)

For B and C, submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

1. Admissions to Licensed Acute Care Beds: <b>include only admissions to beds in category D-1 (a – q) on page 6; exclude responses in categories D-2 – D-8 on page 6; exclude normal newborn bassinets; exclude swing bed admissions.</b>	5,810				
2. Discharges from Licensed Acute Care Beds: <b>include only discharges from beds in category D-1 (a – q) on page 6; exclude responses in categories D-2 – D-8 on page 6; exclude normal newborn bassinets; exclude swing bed admissions.</b>	5,816				
3. Average Daily Census: <b>include only admissions to beds in category D-1 (a – q) on page 6; exclude responses in categories D-2-D-8 on page 6; exclude normal newborn bassinets; and exclude swing bed admissions.</b>	58.5				
4. Was there a permanent change in the total number of licensed beds during the reporting period?	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Yes	No				
<input type="checkbox"/>	<input checked="" type="checkbox"/>				
If 'Yes', what was the number of licensed beds at the end of the reporting period?	—				
If 'Yes', please state reason(s) (such as additions, alterations, or conversions) which may have affected the change in bed complement:	—				
5. Observations: Number of patients in observation status and not admitted as inpatients, excluding Emergency Department patients.	5,569				
6. Number of unlicensed Observation Beds	—				

### C. Designation and Accreditation

- |  |   |  |                                   |
|--|---|--|-----------------------------------|
| 1. Are you a designated trauma center?       | ___ Yes                                 | <input checked="" type="checkbox"/> No | Designated Level # _____          |
| 2. Are you a critical access hospital (CAH)? | ___ Yes                                 | <input checked="" type="checkbox"/> No |                                   |
| 3. Are you a long term care hospital (LTCH)? | ___ Yes                                 | <input checked="" type="checkbox"/> No |                                   |
| 4. Is this facility TJC accredited?          | <input checked="" type="checkbox"/> Yes | ___ No                                 | Expiration Date: <u>1/27/2021</u> |
| 5. Is this facility DNV accredited?          | ___ Yes                                 | <input checked="" type="checkbox"/> No | Expiration Date: _____            |
| 6. Is this facility AOA accredited?          | ___ Yes                                 | <input checked="" type="checkbox"/> No | Expiration Date: _____            |
| 7. Are you a Medicare deemed provider?       | <input checked="" type="checkbox"/> Yes | ___ No                                 |                                   |



All responses should pertain to **October 1, 2018 through September 30, 2019.**

**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. If your facility has a Nursing Facility unit and/or Adult Care Bed unit please complete the supplemental packet for Skilled Nursing Facility beds.

Licensed Acute Care Beds	Licensed Beds as of 9/30/2019	Operational Beds as of 9/30/2019	Inpatient Days of Care
<b>Campus – if multiple sites:</b> <i>Morganton</i>			
<i>Intensive Care Units</i>			
1. General Acute Care Beds/Days			
a. Burn (for DRG's 927, 928, 929, 933, 934, and 935 only)			
b. Cardiac			
c. Cardiovascular Surgery			
d. Medical/Surgical	16	16	2,500
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 (Exclude Skilled Nursing swing-beds)	126	98	16,037
k. Neonatal Level III* (Not Normal Newborn)	4	4	860
l. Neonatal Level II* (Not Normal Newborn)			
m. Obstetric (including LDRP)	16	16	1,944
n. Oncology			
o. Orthopedics			
p. Pediatric			
q. Other, List:			
<b>Total General Acute Care Beds/Days (a through q)</b>	<b>162 293</b>	<b>134</b>	<b>21,341</b>
2. Comprehensive In-Patient Rehabilitation	0		
3. Inpatient Hospice	0		
4. Substance Abuse / Chemical Dependency Treatment	0		
5. Psychiatry	22	22	7,291
6. Nursing Facility	0		
7. Adult Care Home	0		
8. Other	0		
<b>9. Totals (1 through 8)</b>	<b>184 315</b>	<b>156</b>	<b>28,632</b>

\*Neonatal service levels are defined in 10A NCAC 14C .1401.

**If this hospital is designated as a swing-bed hospital by Centers for Medicare & Medicaid Services (CMS):**

10. Number of Swing Beds	0
11. Number of Skilled Nursing days in Swing Beds	0

All responses should pertain to **October 1, 2018 through September 30, 2019.**

**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. If your facility has a Nursing Facility unit and/or Adult Care Bed unit please complete the supplemental packet for Skilled Nursing Facility beds.

Licensed Acute Care Beds	Licensed Beds as of 9/30/2019	Operational Beds as of 9/30/2019	Inpatient Days of Care
Campus – if multiple sites: <u>Valdese</u>			
<i>Intensive Care Units</i>			
1. General Acute Care Beds/Days			
a. Burn (for DRG's 927, 928, 929, 933, 934, and 935 only)			
b. Cardiac			
c. Cardiovascular Surgery			
d. Medical/Surgical	4	0	0
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 (Exclude Skilled Nursing swing-beds)	127	0	0
k. Neonatal Level III* (Not Normal Newborn)			
l. Neonatal Level II* (Not Normal Newborn)			
m. Obstetric (including LDRP)			
n. Oncology			
o. Orthopedics			
p. Pediatric			
q. Other, List:			
<b>Total General Acute Care Beds/Days (a through q)</b>	<b>131 295</b>	<b>0</b>	<b>0</b>
2. Comprehensive In-Patient Rehabilitation	0		
3. Inpatient Hospice	0		
4. Substance Abuse / Chemical Dependency Treatment	0		
5. Psychiatry	0 22		
6. Nursing Facility	0		
7. Adult Care Home	0		
8. Other	0		
<b>9. Totals (1 through 8)</b>	<b>131 315</b>	<b>0</b>	<b>0</b>

\*Neonatal service levels are defined in 10A NCAC 14C .1401.

**If this hospital is designated as a swing-bed hospital by Centers for Medicare & Medicaid Services (CMS):**

10. Number of Swing Beds	0
11. Number of Skilled Nursing days in Swing Beds	0

All responses should pertain to **October 1, 2018 through September 30, 2019.**

**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. If your facility has a Nursing Facility unit and/or Adult Care Bed unit please complete the supplemental packet for Skilled Nursing Facility beds.

Licensed Acute Care Beds	Licensed Beds as of 9/30/2019	Operational Beds as of 9/30/2019	Inpatient Days of Care
<b>Campus – if multiple sites:</b> <u>Combined</u>			
<i>Intensive Care Units</i>			
1. General Acute Care Beds/Days			
a. Burn (for DRG's 927, 928, 929, 933, 934, and 935 only)			
b. Cardiac			
c. Cardiovascular Surgery			
d. Medical/Surgical	20	16	2,500
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 (Exclude Skilled Nursing swing-beds)	253	98	16,037
k. Neonatal Level III* (Not Normal Newborn)	4	4	860
l. Neonatal Level II* (Not Normal Newborn)			
m. Obstetric (including LDRP)	16	16	1,944
n. Oncology			
o. Orthopedics			
p. Pediatric			
q. Other, List:			
<b>Total General Acute Care Beds/Days (a through q)</b>	<b>293</b>	<b>134</b>	<b>21,341</b>
2. Comprehensive In-Patient Rehabilitation	0		
3. Inpatient Hospice	0		
4. Substance Abuse / Chemical Dependency Treatment	0		
5. Psychiatry	22	22	7,291
6. Nursing Facility	0		
7. Adult Care Home	0		
8. Other	0		
<b>9. Totals (1 through 8)</b>	<b>315</b>	<b>156</b>	<b>28,632</b>

\*Neonatal service levels are defined in 10A NCAC 14C .1401.

If this hospital is designated as a swing-bed hospital by Centers for Medicare & Medicaid Services (CMS):

10. Number of Swing Beds	0
11. Number of Skilled Nursing days in Swing Beds	0

All responses should pertain to **October 1, 2018 through September 30, 2019.**

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

Campus – if multiple sites: Morganton

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 9.e. Total Surgical Cases-Inpatient Cases on p. 12)	Ambulatory Surgical Cases (total should be same as 9.e. Total Surgical Cases-Ambulatory Cases on p. 12)
Self Pay	1,622	7,321	1,717	88	91
Charity Care	85	389	101	4	4
Medicare*	12,079	8,877	26,005	1,107	805
Medicaid*	3,841	7,160	5,453	239	297
Insurance*	2,903	7,062	15,048	343	803
Other (Specify)	811	1,587	2,171	74	107
<b>TOTAL</b>	<b>21,341</b>	<b>32,396</b>	<b>50,495</b>	<b>1,855</b>	<b>2,101</b>

\* Including any managed care plans.

**F. Services and Facilities**

**1. Obstetrics**

	Number of Infants
a. Live births (Vaginal Deliveries)	610
b. Live births (Cesarean Section)	268
c. Stillbirths	10

	Number of Rooms
d. Delivery Rooms - Delivery Only (not Cesarean Section)	0
e. Delivery Rooms - Labor and Delivery, Recovery	0
f. Delivery Rooms – LDRP (include in Item "D.1.m" on Page 6)	16

g. Number of Normal Newborn Bassinets (Level I Neonatal Services) 24  
 Do not include in section "D. Beds by Service" on Page 6

**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, 2018 through September 30, 2019.**

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

Campus – if multiple sites: Valdese

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 9.e. Total Surgical Cases-Inpatient Cases on p. 12)	Ambulatory Surgical Cases (total should be same as 9.e. Total Surgical Cases-Ambulatory Cases on p. 12)
Self Pay	0	3,941	2,322	0	121
Charity Care	0	209	137	0	6
Medicare*	0	4,779	35,155	9	1,073
Medicaid*	0	3,854	7,372	2	396
Insurance*	0	3,802	20,342	3	1,071
Other (Specify)	0	855	2,935	1	143
<b>TOTAL</b>	<b>0</b>	<b>17,440</b>	<b>68,263</b>	<b>15</b>	<b>2,810</b>

\* Including any managed care plans.

**F. Services and Facilities**

**1. Obstetrics**

	Number of Infants
a. Live births (Vaginal Deliveries)	
b. Live births (Cesarean Section)	
c. Stillbirths	

	Number of Rooms
d. Delivery Rooms - Delivery Only (not Cesarean Section)	
e. Delivery Rooms - Labor and Delivery, Recovery	
f. Delivery Rooms – LDRP (include in Item "D.1.m" on Page 6)	

g. Number of Normal Newborn Bassinets (Level I Neonatal Services) \_\_\_\_\_  
 Do not include in section "D. Beds by Service" on Page 6

**2. Abortion Services**

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

All responses should pertain to **October 1, 2018 through September 30, 2019.**

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

Campus – if multiple sites: Combined

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 9.e. Total Surgical Cases-Inpatient Cases on p. 12)	Ambulatory Surgical Cases (total should be same as 9.e. Total Surgical Cases-Ambulatory Cases on p. 12)
Self Pay	1,622	11,262	4,039	88	212
Charity Care	85	598	238	4	10
Medicare*	12,079	13,656	61,160	1,116	1,878
Medicaid*	3,841	11,014	12,825	241	693
Insurance*	2,903	10,864	35,340	346	1,874
Other (Specify)	811	2,442	5,106	75	250
<b>TOTAL</b>	<b>21,341</b>	<b>49,836</b>	<b>118,758</b>	<b>1,870</b>	<b>4,917</b>

\* Including any managed care plans.

**F. Services and Facilities**

**1. Obstetrics**

	Number of Infants
a. Live births (Vaginal Deliveries)	610
b. Live births (Cesarean Section)	268
c. Stillbirths	10

	Number of Rooms
d. Delivery Rooms - Delivery Only (not Cesarean Section)	0
e. Delivery Rooms - Labor and Delivery, Recovery	0
f. Delivery Rooms – LDRP (include in Item "D.1.m" on Page 6)	16

g. Number of Normal Newborn Bassinets (Level I Neonatal Services) 24  
 Do not include in section "D. Beds by Service" on Page 6

**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, 2018 through September 30, 2019.**

**3. Emergency Department Services**

- a. Total Number of ED Exam Rooms: 38  
 Of this total, how many are:
- a.1. # Trauma Rooms 2
  - a.2. # Fast Track Rooms 0
  - a.3. # Urgent Care Rooms 0
- b. Total Number of ED visits for reporting period: 49,836
- c. Total Number of admits from the ED for reporting period: 7,056
- 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 80  
     HIV Culture N/A
- d. Organ Bank  Yes  No
- e. Pap Smear Screening  Yes  No

All responses should pertain to **October 1, 2018 through September 30, 2019.**

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

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

Do you perform living donor transplants? \_\_\_ Yes  No

**7. Telehealth/Telemedicine\***

Check the appropriate box for each service this facility provides or receives via telehealth/telemedicine. A service may apply to more than one category.

Service	Check all that apply	
	Provide service to other facilities via telemedicine	Receive service from other facilities via telemedicine
Emergency Department	<input type="checkbox"/>	<input type="checkbox"/>
Imaging	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Alcohol and/or substance use disorder (other than tobacco) services	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other services	<input type="checkbox"/>	<input checked="" type="checkbox"/>

\* Telehealth/telemedicine is defined by the U.S. Health Resources & Services administration as “the use of electronic information and telecommunication technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health, and health administration. Technologies include video conferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications.”

**8. Specialized Cardiac Services (for questions, call Healthcare Planning at 919-855-3865)**

**a. Open Heart Surgery**

Open Heart Surgery	Number of Machines/Procedures
1. Number of Heart-Lung Bypass Machines	0
2. Total Annual Number of Open Heart Surgery Procedures Utilizing Heart-Lung Bypass Machine	0
3. Total Annual Number of Open Heart Surgery Procedures done without utilizing a Heart-Lung Bypass Machine	0
4. Total Open Heart Surgery Procedures (2. + 3.)	0



All responses should pertain to **October 1, 2018 through September 30, 2019.**

**8. Specialized Cardiac Services *continued*** (for questions, call Healthcare Planning at 919-855-3865)

**b. Cardiac Catheterization and Electrophysiology**

<b>Cardiac Catheterization, as defined in NCGS 131E-176(2g)</b>	<b>Diagnostic Cardiac Catheterization**</b>	<b>Interventional Cardiac Catheterization***</b>
1. Number of Units of Fixed Equipment	1	
2. Number of Procedures* Performed in Fixed Units on Patients Age 14 and younger	0	0
3. Number of Procedures* Performed in Fixed Units on Patients Age 15 and older	402	134
4. Number of Procedures* Performed in Mobile Units	0	0
<b>Dedicated Electrophysiology (EP) Equipment</b>		
5. Number of Units of Fixed Equipment		0
6. Number of Procedures on Dedicated EP Equipment		0

\*A **procedure** is defined as one visit or trip by a patient to a catheterization laboratory for a single or multiple catheterizations. Count each visit only once, regardless of the number of diagnostic, interventional, and/or EP catheterizations performed during that visit. For example, if a patient has both a diagnostic and an interventional procedure in one visit, count it as one interventional procedure.

\*\* "a cardiac catheterization procedure performed for the purpose of detecting and identifying defects or diseases in the coronary arteries or veins of the heart, or abnormalities in the heart structure, but not the pulmonary artery." 10A NCAC 14C .1601(9)

\*\*\* "a cardiac catheterization procedure performed for the purpose of treating or resolving anatomical or physiological conditions which have been determined to exist in the heart or coronary arteries or veins of the heart, but not the pulmonary artery." 10A NCAC 14C .1601(16)

Number of fixed or mobile units of grandfathered cardiac catheterization equipment owned by hospital (i.e., equipment obtained before a CON was required):

0

For questions, please contact Healthcare Planning and Certificate of Need at 919-855-3873.

CON Project ID numbers for all non-grandfathered fixed or mobile units of cardiac catheterization equipment owned by hospital:

\_\_\_\_\_

\_\_\_\_\_

Name of Mobile Vendor, if not owned by hospital: \_\_\_\_\_

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)

All responses should pertain to **October 1, 2018 through September 30, 2019.**

**9. 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 11-13 (through Section 9-g) for each site. Submit the Cumulative Totals and submit a duplicate of pages 11-13 for each campus.

**Campus – if multiple sites:** Combined

**a) Surgical Operating Rooms**

A Surgical Operating Room is defined as a room “used for the performance of surgical procedures requiring one or more incisions and that is required to comply with all applicable licensure codes and standards for an operating room” (G.S. §131E-146(1c)). These surgical operating rooms include rooms located in both Obstetrics and surgical suites.

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	0
Dedicated C-Section	1
Other Dedicated Inpatient Surgery ( <i>Do not include dedicated Open Heart or C-Section rooms</i> )	0
Dedicated Ambulatory Surgery	0
Shared - Inpatient / Ambulatory Surgery	9
<b>Total of Surgical Operating Rooms</b>	<b>10</b>

Of the <b>Total of Surgical Operating Rooms</b> , above, how many are equipped with advanced medical imaging devices (excluding mobile C-arms) or radiation equipment for the performance of endovascular, cardiovascular, neuro-interventional procedures, and/or intraoperative cancer treatments? Your facility may or may not refer to such rooms as “hybrid ORs.”	0
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**b) Gastrointestinal Endoscopy Rooms, Procedures, and Cases**

Report the number of Gastrointestinal Endoscopy rooms and the Endoscopy cases and procedures performed during the reporting period, **in GI Endoscopy Rooms and in any other location.**

Total Number of Licensed Gastrointestinal Endoscopy Rooms: 3

GI Endoscopies*	PROCEDURES		CASES		TOTAL CASES
	Inpatient	Outpatient	Inpatient	Outpatient	
Performed in Licensed GI Endoscopy Rooms	446	2,589	396	2,004	5,435
NOT Performed in Licensed GI Endoscopy Rooms	—	37	64	—	101
<b>TOTAL CASES –must match total reported on Page 27 (Patient Origin – GI Endoscopy Cases) →</b>					<b>5,536</b>

\*As defined in 10A NCAC 14C .3901 “ ‘Gastrointestinal (GI) endoscopy procedure’ means a single procedure, identified by CPT code or [ICD-10-PCS] procedure code, performed on a patient during a single visit to the facility for diagnostic or therapeutic purposes.”

**c) Procedure Rooms (Excluding Operating Rooms and Gastrointestinal Endoscopy Rooms)**

Report rooms, which are not licensed as operating rooms or GI endoscopy rooms, but that are used for performance of surgical procedures other than Gastrointestinal Endoscopy procedures.

Total Number of Procedure Rooms: 4

All responses should pertain to **October 1, 2018 through September 30, 2019.**

**9. 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 11-13 (through Section 9-g) for each site. Submit the Cumulative Totals and submit a duplicate of pages 11-13 for each campus.

Campus – if multiple sites: Morganton

**a) Surgical Operating Rooms**

A Surgical Operating Room is defined as a room “used for the performance of surgical procedures requiring one or more incisions and that is required to comply with all applicable licensure codes and standards for an operating room” (G.S. §131E-146(1c)). These surgical operating rooms include rooms located in both Obstetrics and surgical suites.

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	0
Dedicated C-Section	1
Other Dedicated Inpatient Surgery ( <i>Do not include dedicated Open Heart or C-Section rooms</i> )	0
Dedicated Ambulatory Surgery	5
Shared - Inpatient / Ambulatory Surgery	1
<b>Total of Surgical Operating Rooms</b>	<b>7</b>

Of the <b>Total of Surgical Operating Rooms</b> , above, how many are equipped with advanced medical imaging devices (excluding mobile C-arms) or radiation equipment for the performance of endovascular, cardiovascular, neuro-interventional procedures, and/or intraoperative cancer treatments? Your facility may or may not refer to such rooms as “hybrid ORs.”	0
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**b) Gastrointestinal Endoscopy Rooms, Procedures, and Cases**

Report the number of Gastrointestinal Endoscopy rooms and the Endoscopy cases and procedures performed during the reporting period, in **GI Endoscopy Rooms and in any other location.**

Total Number of Licensed Gastrointestinal Endoscopy Rooms: 0

GI Endoscopies*	PROCEDURES		CASES		TOTAL CASES
	Inpatient	Outpatient	Inpatient	Outpatient	
Performed in Licensed GI Endoscopy Rooms	446	2,309	396	1,756	2,152
NOT Performed in Licensed GI Endoscopy Rooms	—	31	64	—	64
<b>TOTAL CASES –must match total reported on Page 27 (Patient Origin – GI Endoscopy Cases) →</b>					<b>2,216</b>

\*As defined in 10A NCAC 14C .3901 “ ‘Gastrointestinal (GI) endoscopy procedure’ means a single procedure, identified by CPT code or [ICD-10-PCS] procedure code, performed on a patient during a single visit to the facility for diagnostic or therapeutic purposes.”

**c) Procedure Rooms (Excluding Operating Rooms and Gastrointestinal Endoscopy Rooms)**

Report rooms, which are not licensed as operating rooms or GI endoscopy rooms, but that are used for performance of surgical procedures other than Gastrointestinal Endoscopy procedures.

Total Number of Procedure Rooms: 2

All responses should pertain to **October 1, 2018 through September 30, 2019.**

**9. 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 11-13 (through Section 9-g) for each site. Submit the Cumulative Totals and submit a duplicate of pages 11-13 for each campus.

Campus – if multiple sites: Valdese

**a) Surgical Operating Rooms**

A Surgical Operating Room is defined as a room “used for the performance of surgical procedures requiring one or more incisions and that is required to comply with all applicable licensure codes and standards for an operating room” (G.S. §131E-146(1c)). These surgical operating rooms include rooms located in both Obstetrics and surgical suites.

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	0
Dedicated C-Section	0
Other Dedicated Inpatient Surgery ( <i>Do not include dedicated Open Heart or C-Section rooms</i> )	0
Dedicated Ambulatory Surgery	4
Shared - Inpatient / Ambulatory Surgery	0
<b>Total of Surgical Operating Rooms</b>	<b>4</b>

Of the <b>Total of Surgical Operating Rooms</b> , above, how many are equipped with advanced medical imaging devices (excluding mobile C-arms) or radiation equipment for the performance of endovascular, cardiovascular, neuro-interventional procedures, and/or intraoperative cancer treatments? Your facility may or may not refer to such rooms as “hybrid ORs.”	0
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**b) Gastrointestinal Endoscopy Rooms, Procedures, and Cases**

Report the number of Gastrointestinal Endoscopy rooms and the Endoscopy cases and procedures performed during the reporting period, **in GI Endoscopy Rooms and in any other location.**

Total Number of Licensed Gastrointestinal Endoscopy Rooms: \_\_\_\_\_

GI Endoscopies*	PROCEDURES		CASES		TOTAL CASES
	Inpatient	Outpatient	Inpatient	Outpatient	
Performed in Licensed GI Endoscopy Rooms	0	280	0	248	248
NOT Performed in Licensed GI Endoscopy Rooms	/	6	/	/	
<b>TOTAL CASES –must match total reported on Page 27 (Patient Origin – GI Endoscopy Cases) →</b>					<b>248</b>

\*As defined in 10A NCAC 14C .3901 “ ‘Gastrointestinal (GI) endoscopy procedure’ means a single procedure, identified by CPT code or [ICD-10-PCS] procedure code, performed on a patient during a single visit to the facility for diagnostic or therapeutic purposes.”

**c) Procedure Rooms (Excluding Operating Rooms and Gastrointestinal Endoscopy Rooms)**

Report rooms, which are not licensed as operating rooms or GI endoscopy rooms, but that are used for performance of surgical procedures other than Gastrointestinal Endoscopy procedures.

Total Number of Procedure Rooms: 2

All responses should pertain to **October 1, 2018 through September 30, 2019.**

Campus – if multiple sites: Morganton

**d) Non-Surgical Cases by Category**

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.**

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
<b>Endoscopies OTHER THAN GI Endoscopies</b>	—	—
Performed in Licensed GI Endoscopy Rooms	10	24
NOT Performed in Licensed GI Endoscopy Rooms	15	—
<b>Other Non-Surgical Cases</b>	0	0
Pain Management	0	0
Cystoscopy	4	9
YAG Laser	—	0
Other (specify)	—	—

**e) Surgical Cases by Specialty Area**

Enter the number of surgical cases performed in licensed operating rooms only, by surgical specialty area. 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 28 and 29.**

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)	0	0
Open Heart Surgery (from 8.(a) 4. on page 9)	0	
General Surgery	602	485
Neurosurgery	0	0
Obstetrics and GYN (excluding C-Sections)	142	494
Ophthalmology	3	187
Oral Surgery/Dental	0	52
Orthopedics	723	455
Otolaryngology	45	112
Plastic Surgery	0	0
Podiatry	0	0
Urology	72	242
Vascular	—	—
Other Surgeries (specify)	—	80
Number of C-Sections Performed in Dedicated C-Section ORs	268	
Number of C-Sections Performed in Other ORs	0	
<b>Total Surgical Cases Performed Only in Licensed ORs</b>	<b>1,855</b>	<b>2,101</b>

f) Number of surgical procedures performed in unlicensed Procedure Rooms: 0

All responses should pertain to **October 1, 2018 through September 30, 2019.**

Campus – if multiple sites: Valdese

**d) Non-Surgical Cases by Category**

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.**

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
<b>Endoscopies OTHER THAN GI Endoscopies</b>	0	0
Performed in Licensed GI Endoscopy Rooms	0	17
NOT Performed in Licensed GI Endoscopy Rooms	0	0
<b>Other Non-Surgical Cases</b>	0	0
Pain Management	0	69
Cystoscopy	0	15
YAG Laser	0	0
Other (specify)	0	0

**e) Surgical Cases by Specialty Area**

**Enter the number of surgical cases performed in licensed operating rooms only, by surgical specialty area.** 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 28 and 29.**

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)	0	0
Open Heart Surgery (from 8.(a) 4. on page 9)	0	
General Surgery	7	860
Neurosurgery	0	0
Obstetrics and GYN (excluding C-Sections)	0	57
Ophthalmology	0	0
Oral Surgery/Dental	0	170
Orthopedics	8	1,340
Otolaryngology	0	119
Plastic Surgery	0	0
Podiatry	0	0
Urology	0	157
Vascular	0	0
Other Surgeries (specify)	0	107
Number of C-Sections Performed in Dedicated C-Section ORs	0	
Number of C-Sections Performed in Other ORs	0	
<b>Total Surgical Cases Performed Only in Licensed ORs</b>	<b>15</b>	<b>2,810</b>

f) Number of surgical procedures performed in unlicensed Procedure Rooms: 0

All responses should pertain to **October 1, 2018 through September 30, 2019.**

Campus – if multiple sites: Combined

**d) Non-Surgical Cases by Category**

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.**

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
<b>Endoscopies OTHER THAN GI Endoscopies</b>	0	0
Performed in Licensed GI Endoscopy Rooms	11	41
NOT Performed in Licensed GI Endoscopy Rooms	16	0
<b>Other Non-Surgical Cases</b>	0	0
Pain Management	0	19
Cystoscopy	4	24
YAG Laser	—	—
Other (specify)	—	—

**e) Surgical Cases by Specialty Area**

Enter the number of surgical cases performed in licensed operating rooms only, by surgical specialty area. 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 28 and 29.**

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)	0	0
Open Heart Surgery (from 8.(a) 4. on page 9)	0	
General Surgery	609	1,345
Neurosurgery	0	0
Obstetrics and GYN (excluding C-Sections)	142	551
Ophthalmology	3	187
Oral Surgery/Dental	0	222
Orthopedics	731	1,795
Otolaryngology	45	231
Plastic Surgery	0	0
Podiatry	0	0
Urology	72	399
Vascular	—	—
Other Surgeries (specify)	—	—
Number of C-Sections Performed in Dedicated C-Section ORs	268	
Number of C-Sections Performed in Other ORs	—	
<b>Total Surgical Cases Performed Only in Licensed ORs</b>	<b>1,870</b>	<b>4,917</b>

f) Number of surgical procedures performed in unlicensed Procedure Rooms: 0

All responses should pertain to **October 1, 2018 through September 30, 2019.**

Campus – if multiple sites: Morganton

For questions regarding this page, please contact Healthcare Planning at 919-855-3865.

**g. Average Operating Room Availability and Average Case Times**

Based on **your facility's** experience, please complete the table below by showing the averages for all licensed operating rooms in your facility. Healthcare Planning uses this data in the operating room need methodology. **Average case times should be calculated, not estimated.** When reporting case times, be sure to include set-up and clean-up times.

Average Hours per Day Routinely Scheduled for Use Per Room*	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
10	252	96.2	48.4

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

A facility has 3 ORs: 2 are routinely scheduled for use 8 hours per day, and 1 is routinely scheduled for use 9 hours per day.

2 rooms	x	8 hours	=	16 hours	
1 room	x	9 hours	=	9 hours	
		Total hours per day		25 hours	
					25 hours divided by 3 ORs = <b>8.3 Average Hours per day</b> <b>Routinely Scheduled for Use Per Room</b>

**\*\* 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. 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, 2018 through September 30, 2019.**

Campus – if multiple sites: Valdese

For questions regarding this page, please contact Healthcare Planning at 919-855-3865.

**g. Average Operating Room Availability and Average Case Times**

Based on **your facility's** experience, please complete the table below by showing the averages for all licensed operating rooms in your facility. Healthcare Planning uses this data in the operating room need methodology. **Average case times should be calculated, not estimated.** When reporting case times, be sure to include set-up and clean-up times.

Average Hours per Day Routinely Scheduled for Use Per Room*	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
8.5	252	0	56.9

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

A facility has 3 ORs: 2 are routinely scheduled for use 8 hours per day, and 1 is routinely scheduled for use 9 hours per day.

2 rooms	x	8 hours	=	16 hours	
1 room	x	9 hours	=	9 hours	
Total hours per day				25 hours	
					25 hours divided by 3 ORs = 8.3 Average Hours per day <b>Routinely Scheduled for Use Per Room</b>

**\*\* 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. 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, 2018 through September 30, 2019.**

Campus – if multiple sites: Combined

For questions regarding this page, please contact Healthcare Planning at 919-855-3865.

**g. Average Operating Room Availability and Average Case Times**

Based on **your facility's** experience, please complete the table below by showing the averages for all licensed operating rooms in your facility. Healthcare Planning uses this data in the operating room need methodology. **Average case times should be calculated, not estimated.** When reporting case times, be sure to include set-up and clean-up times.

Average Hours per Day Routinely Scheduled for Use Per Room*	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
9.25	252	96.2	52.1

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

A facility has 3 ORs: 2 are routinely scheduled for use 8 hours per day, and 1 is routinely scheduled for use 9 hours per day.

2 rooms	x	8 hours	=	16 hours	
1 room	x	9 hours	=	9 hours	
Total hours per day				25 hours	
					25 hours divided by 3 ORs = <b>8.3 Average Hours per day</b> <b>Routinely Scheduled for Use Per Room</b>

**\*\* 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. 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, 2018 through September 30, 2019.**

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For questions regarding this page, please contact Healthcare Planning at 919-855-3865.

**h. Definition of Health System for Operating Room Need Determination Methodology**

Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

The Operating Room need determination methodology uses the following definition of "health system" that differs from the definition on page 4 of the License Renewal Application. (Note that for most facilities, the health system entered here will be the same health system entered on page 4, but it may not be. Please read this definition carefully.)

A "health system" includes all licensed health service facilities located in the same county that are owned or leased by:

1. the same legal entity (i.e., the same individual, trust or estate, partnership, corporation, hospital authority, or the State or political subdivision, agency or instrumentality of the State); or
2. the same parent corporation or holding company; or
3. a subsidiary of the same parent corporation or holding company; or
4. a joint venture in which the same parent, holding company, or a subsidiary of the same parent or holding company is a participant and has the authority to propose changes in the location or number of ORs in the health service facility.

A health system consists of one or more health service facilities.

Based on the above definition, is this facility in a health system?  Yes  No

If so, name of health system: Blue Ridge HealthCare System, Inc

All responses should pertain to **October 1, 2018 through September 30, 2019.**

**i. 20 Most Common Outpatient Surgical Cases** - 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. Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

CPT Code	Description	Cases
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	76
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	127
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	178
42820	Tonsillectomy and adenoidectomy; younger than age 12	32
42830	Adenoidectomy, primary; younger than age 12	5
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)	206
43239	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple	1,118
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	10
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)	19
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)	53
45380	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple	745
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	3
45385	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	463
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)	0
64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or computed tomography); lumbar or sacral, single level	218
64721	Neuroplasty and/or transposition; median nerve at carpal tunnel	44
66821	Discission 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 capsulorrhexis) or performed on patients in the amblyogenic developmental stage	0
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (stage one procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification)	0
69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia	67

All responses should pertain to **October 1, 2018 through September 30, 2019.**

**10. Imaging Procedures**

**a. 20 Most Common Outpatient Imaging Procedures**

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. Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

CPT Code	Description	Procedures
70450	Computed tomography, head or brain; without contrast material	4,216
70486	Computed tomography, facial bone; without contrast material	469
70551	Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material	951
70553	Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material followed by contrast material(s) and further sequences	497
71020	Radiologic examination, chest; two views, frontal and lateral	8,031
71250	Computed tomography, thorax; without contrast material(s)	818
71260	Computed tomography, thorax; with contrast material(s)	1,124
71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	1,093
72100	Radiologic examination, spine, lumbosacral; two or three views	1,414
72110	Radiologic examination, spine, lumbosacral; minimum of four views	247
72125	Computed tomography, cervical spine; without contrast material	1,033
72141	Magnetic resonance (e.g., proton) imaging, spine cervical without contrast material	392
72148	Magnetic resonance (e.g., proton) imaging, spine lumbar without contrast material	634
73221	Magnetic resonance (e.g., proton) imaging, upper joint (e.g. shoulder, elbow, wrist) extremity without contrast material	136
73630	Radiologic examination, foot; complete, minimum of three views	1,289
73721	Magnetic resonance (e.g., proton) imaging, lower joint (e.g. knee, ankle, mid-hind foot, hip) extremity without contrast material	231
74000	Radiologic examination, abdomen; single anteroposterior view	2,127
74176	Computed tomography, abdomen and pelvis; without contrast material	2,284
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	3,594
74178	Computed tomography, abdomen and pelvis; with contrast material(s) followed by contrast material	149

All responses should pertain to **October 1, 2018 through September 30, 2019.**

**Instructions for Hospitals with multiple campuses: For MRI Services, (Sections 10b-10e, pp 17-18), do not provide cumulative/combined data for all campuses. Provide data for individual campuses only.**

**b. MRI Procedures**

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

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	
Fixed	271	882	1,153	894	1,502	2,396	3,549
Mobile (performed only at this site)	0	0	0	0	0	0	0
<b>TOTAL**</b>	<b>271</b>	<b>882</b>	<b>1,153</b>	<b>894</b>	<b>1,502</b>	<b>2,396</b>	<b>3,549</b>

\* 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 be greater than or equal to the totals in the MRI Patient Origin Table on page 30 of this application.

Note: Healthcare Planning and Certificate of Need may request CPT codes for MRI procedures if further clarification is needed.

**c. Fixed MRI Scanners**

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:** Morganton

Fixed Scanners	Number of Units
Number of fixed MRI scanners-closed, including open-bore scanners (do not include any Policy AC-3 scanners)	1
Number of fixed MRI scanners-open (do not include any Policy AC-3 scanners)	
Number of Policy AC-3 MRI scanners used for general clinical purposes	
<b>Total Fixed MRI Scanners</b>	<b>1</b>

Number of grandfathered fixed MRI scanners on this campus: \_\_\_\_\_

**For questions, please contact Healthcare Planning and Certificate of Need at 919-855-3873.**

CON Project ID numbers for all other fixed MRI scanners on this campus: \_\_\_\_\_

All responses should pertain to **October 1, 2018 through September 30, 2019.**

**Instructions for Hospitals with multiple campuses: For MRI Services, (Sections 10b-10e, pp 17-18), do not provide cumulative/combined data for all campuses. Provide data for individual campuses only.**

**b. MRI Procedures**

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

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	
Fixed	0	0	0	415	814	1,221	1,221
Mobile (performed only at this site)	0	0	0	0	0	0	0
<b>TOTAL**</b>	0	0	0	415	814	1,221	1,221

\* 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 be greater than or equal to the totals in the MRI Patient Origin Table on page 30 of this application.

Note: Healthcare Planning and Certificate of Need may request CPT codes for MRI procedures if further clarification is needed.

**c. Fixed MRI Scanners**

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:** Valdese

Fixed Scanners	Number of Units
Number of fixed MRI scanners-closed, including open-bore scanners (do not include any Policy AC-3 scanners)	1
Number of fixed MRI scanners-open (do not include any Policy AC-3 scanners)	
Number of Policy AC-3 MRI scanners used for general clinical purposes	
<b>Total Fixed MRI Scanners</b>	<b>1</b>

Number of grandfathered fixed MRI scanners on this campus: \_\_\_\_\_

**For questions, please contact Healthcare Planning and Certificate of Need at 919-855-3873.**

CON Project ID numbers for all other fixed MRI scanners on this campus: \_\_\_\_\_

All responses should pertain to **October 1, 2018 through September 30, 2019.**

**d. Mobile MRI Services** Campus – *if multiple sites:* Morganton  
 During the reporting period,

1. Did the facility own one or more mobile MRI scanners? \_\_\_ Yes  No

If Yes, how many? \_\_\_\_\_ Of these, how many are grandfathered? \_\_\_\_\_  
 CON Project ID numbers for non-grandfathered mobile scanners owned by facility:  
 \_\_\_\_\_

Did the facility contract for mobile MRI services? \_\_\_ Yes  No

If Yes, name of mobile vendor: \_\_\_\_\_

**e. Other MRI**

Patients served on units listed in the next table should not be included in the MRI Patient Origin Table on page 30 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	0	/	/	/	/	/	0	0
Intraoperative MRI (iMRI)	0	/	/	/	/	/	0	0

\* 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.

**f. Computed Tomography (CT).** Campus – *if multiple sites:* Morganton

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 N/A

Complete the following table for fixed and mobile CT scanners.

	Type of CT Scan	FIXED CT Scanner # of Scans	MOBILE CT Scanner # of Scans
1	Head without contrast	3,325	0
2	Head with contrast	18	0
3	Head without and with contrast	96	0
4	Body without contrast	2,201	0
5	Body with contrast	3,085	0
6	Body without contrast and with contrast	821	0
7	Biopsy in addition to body scan with or without contrast	302	0
8	Abscess drainage in addition to body scan with or without contrast	42	0
	Total	9,950	0



All responses should pertain to **October 1, 2018 through September 30, 2019.**

**d. Mobile MRI Services** Campus – if multiple sites: Valdese  
 During the reporting period,

1. Did the facility own one or more mobile MRI scanners? \_\_\_ Yes  No

If Yes, how many? \_\_\_\_\_ Of these, how many are grandfathered? \_\_\_\_\_  
 CON Project ID numbers for non-grandfathered mobile scanners owned by facility:  
N/A

Did the facility contract for mobile MRI services? \_\_\_ Yes  No

If Yes, name of mobile vendor: N/A

**e. Other MRI**

Patients served on units listed in the next table should not be included in the MRI Patient Origin Table on page 30 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: Valdese

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	0	/	/	/	/	/	0	0
Intraoperative MRI (iMRI)	0	/	/	/	/	/	0	0

\* 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.

**f. Computed Tomography (CT).** Campus – if multiple sites: Valdese

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 table for fixed and mobile CT scanners.

	Type of CT Scan	FIXED CT Scanner # of Scans	MOBILE CT Scanner # of Scans
1	Head without contrast	831	0
2	Head with contrast	8	0
3	Head without and with contrast	58	0
4	Body without contrast	944	0
5	Body with contrast	1,401	0
6	Body without contrast and with contrast	241	0
7	Biopsy in addition to body scan with or without contrast	0	0
8	Abscess drainage in addition to body scan with or without contrast	0	0
	Total	3,489	0

All responses should pertain to **October 1, 2018 through September 30, 2019.**

**g. Positron Emission Tomography (PET). Campus – if multiple sites:** Morganton

	Number of Units	Number of Procedures*		
		Inpatient	Outpatient	Total
Dedicated Fixed PET Scanner	0	—	—	—
Mobile PET Scanner	1	2	217	219
PET pursuant to Policy AC-3	0	—	—	—
Other PET Scanners used for Human Research only	0	—	—	—

\* PET **procedure** means a single discrete study of one patient involving one or more PET scans. PET **scan** means an image-scanning sequence derived from a single administration of a PET radiopharmaceutical, equated with a single injection of the tracer. One or more PET scans comprise a PET procedure. **The number of PET procedures in this table should match the number of patients reported on the PET Patient Origin Table on page 31.**

**For questions, please contact Healthcare Planning and Certificate of Need at 919-855-3873.**

CON Project ID numbers for all non-grandfathered fixed PET scanners on this campus: N/A

Does the hospital own a mobile PET scanner that performed procedures on this campus? \_\_\_ Yes  No

If Yes, enter the CON Project ID number(s) for the mobile scanner(s): \_\_\_\_\_

If No, name of Mobile PET Provider, if any: \_\_\_\_\_

**h. Other Imaging Equipment. Campus – if multiple sites:** Morganton

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Ultrasound equipment	5	1,818	8,102	9,920
Mammography equipment	1	14	1,314	1,328
Bone Density Equipment	1	6	441	447
Fixed X-ray Equipment (excluding fluoroscopic)	2	1,182	22,380	24,562
Fixed Fluoroscopic X-ray Equipment	1	532	1,104	1,636
Special Procedures/ Angiography Equipment (neuro & vascular, but not including cardiac cath.)	1	498	1,787	2,285
Coincidence Camera	0	0	0	0
Mobile Coincidence Camera. Vendor:	0	0	0	0
SPECT	3	0	0	0
Mobile SPECT. Vendor:	0	0	0	0
Gamma Camera	4	279	4,962	5,241
Mobile Gamma Camera. Vendor:	0	0	0	0
Proton Therapy equipment	0	0	0	0

**i. Lithotripsy. Campus – if multiple sites:** Morganton

	Number of Units	Number of Procedures			Lithotripsy Vendor/Owner
		Inpatient	Outpatient	Total	
Fixed	1	0	0	0	Predmax Stone
Mobile	1	0	80	80	

All responses should pertain to **October 1, 2018 through September 30, 2019.**

**g. Positron Emission Tomography (PET). Campus – if multiple sites: Valdese**

	Number of Units	Number of Procedures*		
		Inpatient	Outpatient	Total
Dedicated Fixed PET Scanner	0	—	—	—
Mobile PET Scanner	1	0	202	202
PET pursuant to Policy AC-3	0	—	—	—
Other PET Scanners used for Human Research only	0	—	—	—

\* PET **procedure** means a single discrete study of one patient involving one or more PET scans. PET **scan** means an image-scanning sequence derived from a single administration of a PET radiopharmaceutical, equated with a single injection of the tracer. One or more PET scans comprise a PET procedure. **The number of PET procedures in this table should match the number of patients reported on the PET Patient Origin Table on page 31.**

**For questions, please contact Healthcare Planning and Certificate of Need at 919-855-3873.**

CON Project ID numbers for all non-grandfathered fixed PET scanners on this campus: N/A

Does the hospital own a mobile PET scanner that performed procedures on this campus?  Yes  No

If Yes, enter the CON Project ID number(s) for the mobile scanner(s): \_\_\_\_\_

If No, name of Mobile PET Provider, if any: \_\_\_\_\_

**h. Other Imaging Equipment. Campus – if multiple sites: Valdese**

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Ultrasound equipment	2	0	2,816	2,816
Mammography equipment	1	0	1,014	1,014
Bone Density Equipment	1	0	354	354
Fixed X-ray Equipment (excluding fluoroscopic)	2	0	12,362	12,362
Fixed Fluoroscopic X-ray Equipment	1	0	441	441
Special Procedures/ Angiography Equipment (neuro & vascular, but not including cardiac cath.)	0	0	0	0
Coincidence Camera	0	0	0	0
Mobile Coincidence Camera. Vendor:	0	0	0	0
SPECT	2	0	0	0
Mobile SPECT. Vendor:	0	0	0	0
Gamma Camera	2	0	1,103	1,103
Mobile Gamma Camera. Vendor:	0	0	0	0
Proton Therapy equipment	0	0	0	0

**i. Lithotripsy. Campus – if multiple sites: Valdese**

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Fixed	1	0	107	107
Mobile	1	0	107	107

Lithotripsy Vendor/Owner  
Piedmont Stone

All responses should pertain to **October 1, 2018 through September 30, 2019.**

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

**Campus – if multiple sites:** \_\_\_\_\_

CPT Code	Description	# of Procedures
<b>Simple Treatment Delivery</b>		
77401	Radiation treatment delivery	3
77402	Radiation treatment delivery (<=5 MeV)	16
77403	Radiation treatment delivery (6-10 MeV)	0
77404	Radiation treatment delivery (11-19 MeV)	0
77406	Radiation treatment delivery (>=20 MeV)	0
<b>Intermediate Treatment Delivery</b>		
77407	Radiation treatment delivery (<=5 MeV)	0
77408	Radiation treatment delivery (6-10 MeV)	0
77409	Radiation treatment delivery (11-19 MeV)	0
77411	Radiation treatment delivery (>=20 MeV)	0
<b>Complex Treatment Delivery</b>		
77412	Radiation treatment delivery (<=5 MeV)	2,792
77413	Radiation treatment delivery (6-10 MeV)	0
77414	Radiation treatment delivery (11-19 MeV)	0
77416	Radiation treatment delivery (>= 20 MeV)	0
<b>Other Treatment Delivery Not Included Above</b>		
77418	Intensity modulated radiation treatment (IMRT) delivery and/or CPT codes 77385 and/or 77386 and/or G6015	3,492
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator	0
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	0
G0339	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery in one session or first fraction	0
G0340	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery, fractionated treatment, 2nd-5th fraction	0
	Intraoperative radiation therapy (conducted by bringing the anesthetized patient down to the LINAC)	0
	Pediatric Patient under anesthesia	0
	Limb salvage irradiation	0
	Hemibody irradiation	0
	Total body irradiation	0
<b>Imaging Procedures Not Included Above</b>		433
77417	Additional field check radiographs	
<b>Total Procedures – Linear Accelerators</b>		6,786
<b>Gamma Knife® Procedures</b>		
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®)	0
<b>Total Procedures – Gamma Knife®</b>		0

All responses should pertain to **October 1, 2018 through September 30, 2019.**

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**11. Linear Accelerator Treatment Data *continued***

Campus – if multiple sites:           N/A          

- 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

Number of Patients 151  
(This number should match the number of patients reported in the Linear Accelerator Patient Origin Table on page 32.)

- b. TOTAL number of Linear Accelerators:           2            
Of the TOTAL above,
  - Number of Linear Accelerators configured for stereotactic radiosurgery:           0
  - Number of CyberKnife® Systems:           0
  - Number of other specialized linear accelerators:           0
- c. Number of Gamma Knife® units           0
- d. Number of treatment simulators           1            
("machine that produces high quality diagnostic radiographs and precisely reproduces the geometric relationships of megavoltage radiation therapy equipment to the patient."(GS 131E-176(24b)))
- e. Number of grandfathered Linear Accelerators           0

**For questions, please contact Healthcare Planning and Certificate of Need at 919-855-3873.**

f. CON Project ID numbers for all non-grandfathered Linear Accelerators: \_\_\_\_\_  
\_\_\_\_\_

All responses should pertain to **October 1, 2018 through September 30, 2019.**

**12. Additional Services:** Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

**a. Check each Service provided: (for dialysis stations, show number of stations)**

- |                                       |                                     |                                   |                                     |
|---------------------------------------|-------------------------------------|-----------------------------------|-------------------------------------|
| 1. Cardiac Rehab Program (Outpatient) | <input checked="" type="checkbox"/> | 5. Rehabilitation Outpatient Unit | <input type="checkbox"/>            |
| 2. Chemotherapy                       | <input checked="" type="checkbox"/> | 6. Podiatric Services             | <input type="checkbox"/>            |
| 3. Clinical Psychology Services       | <input type="checkbox"/>            | 7. Genetic Counseling Service     | <input checked="" type="checkbox"/> |
| 4. Dental Services                    | <input type="checkbox"/>            | 8. Inpatient Dialysis Services    | <input type="checkbox"/>            |

If number 8 is checked, enter number of dialysis stations: \_\_\_\_\_

**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 Unit. **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
<b>Out of State</b>										
<b>Total All Ages</b>										

**c. Psychiatric and Substance Use Disorder Units**

- If the psychiatric unit has a different name from the hospital, please indicate: \_\_\_\_\_
- If address is different from the hospital, please indicate: \_\_\_\_\_
- Director of the above services.  
Carol Ervin, RN

All responses should pertain to **October 1, 2018 through September 30, 2019.**

Indicate the Location of Services in the **Service Categories** charts below. If it is in the hospital, include the room number(s). 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.

**Psychiatric Services**

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.							
.1200 Psychosocial rehabilitation facilities for individuals with severe and persistent mental illness		/	/	/	/	/	/
.1300 Residential treatment facilities for children and adolescents who are emotionally disturbed or have a mental illness		/	/	/	/		/
.1400 Day treatment for children and adolescents with emotional or behavioral disturbances							
.1500 Intensive residential treatment facilities for children & adolescents who are emotionally disturbed or who have a mental illness		/	/	/	/		/
.5000 Facility Based Crisis Center		/	/	/	/	/	/

Rule 10A NCAC 13B Licensure Rules Mental Health	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		/	/	/	/	22	22

All responses should pertain to **October 1, 2018 through September 30, 2019.**

**Substance Use Disorder Services**

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 use disorders	N/A	/	/	/	/	/	/



All responses should pertain to **October 1, 2018 through September 30, 2019.**

**Patient Origin - General Acute Care Inpatient Services**

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 admission to your facility. Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

**Must match number of admissions on page 5, Section B-1.**

County	No. of Admissions	County	No. of Admissions	County	No. of Admissions
1. Alamance		37. Gates		73. Person	
2. Alexander	13	38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene	1	76. Randolph	
5. Ashe	3	41. Guilford	1	77. Richmond	
6. Avery	13	42. Halifax		78. Robeson	
7. Beaufort		43. Harnett	1	79. Rockingham	
8. Bertie		44. Haywood	3	80. Rowan	
9. Bladen	1	45. Henderson	1	81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe	10	47. Hoke		83. Scotland	
12. Burke	3,920	48. Hyde		84. Stanly	
13. Cabarrus	2	49. Iredell	4	85. Stokes	
14. Caldwell	821	50. Jackson		86. Surry	
15. Camden		51. Johnston	3	87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	212	54. Lenoir		90. Union	
19. Chatham		55. Lincoln	20	91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison	2	93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	48	59. McDowell	428	95. Watauga	
24. Columbus		60. Mecklenburg	7	96. Wayne	
25. Craven		61. Mitchell	61	97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash	1	100. Yancey	
29. Davidson	2	65. New Hanover			
30. Davie	1	66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	
32. Durham		68. Orange	1	103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth	1	70. Pasquotank		105. Other States	
35. Franklin		71. Pender		106. Other	
36. Gaston	8	72. Perquimans		<b>Total No. of Patients</b>	

All responses should pertain to **October 1, 2018 through September 30, 2019.**

**Patient Origin – Emergency Department Services**

In an effort to document patterns of Emergency Department Services in North Carolina hospitals, please provide the county of residence for all patients served in your facility by your Emergency Department.

Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

**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 Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander	92	38. Graham	1	74. Pitt	2
3. Alleghany	1	39. Granville		75. Polk	3
4. Anson	3	40. Greene		76. Randolph	10
5. Ashe	7	41. Guilford	29	77. Richmond	1
6. Avery	60	42. Halifax		78. Robeson	4
7. Beaufort	3	43. Harnett	2	79. Rockingham	2
8. Bertie		44. Haywood	11	80. Rowan	10
9. Bladen	1	45. Henderson	16	81. Rutherford	269
10. Brunswick	6	46. Hertford		82. Sampson	3
11. Buncombe	179	47. Hoke		83. Scotland	2
12. Burke	34,028	48. Hyde		84. Stanly	8
13. Cabarrus	28	49. Iredell	44	85. Stokes	1
14. Caldwell	8,817	50. Jackson	2	86. Surry	3
15. Camden		51. Johnston	6	87. Swain	5
16. Carteret		52. Jones		88. Transylvania	2
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	2,572	54. Lenoir		90. Union	12
19. Chatham	7	55. Lincoln	254	91. Vance	1
20. Cherokee	6	56. Macon	3	92. Wake	25
21. Chowan		57. Madison	4	93. Warren	
22. Clay		58. Martin	2	94. Washington	
23. Cleveland	359	59. McDowell	2,192	95. Watauga	32
24. Columbus	2	60. Mecklenburg	80	96. Wayne	2
25. Craven	2	61. Mitchell	182	97. Wilkes	44
26. Cumberland	13	62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	7
28. Dare		64. Nash	1	100. Yancey	14
29. Davidson	10	65. New Hanover	3		
30. Davie	5	66. Northampton		101. Georgia	32
31. Duplin		67. Onslow	2	102. South Carolina	61
32. Durham	5	68. Orange	8	103. Tennessee	40
33. Edgecombe	1	69. Pamlico		104. Virginia	34
34. Forsyth	12	70. Pasquotank		105. Other States	
35. Franklin		71. Pender	2	106. Other	15
36. Gaston	100	72. Perquimans		<b>Total No. of Patients</b>	<b>49,836</b>

All responses should pertain to **October 1, 2018 through September 30, 2019.**

**Patient Origin – Gastrointestinal Endoscopy (GI) Cases**

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. Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

**The Total from this chart should match the total GI Endoscopy cases reported on the “Gastrointestinal Endoscopy Rooms, Procedures, and Cases” table on page 11.**

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander	18	38. Graham		74. Pitt	
3. Alleghany	2	39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford	2	77. Richmond	
6. Avery	32	42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson	2	81. Rutherford	55
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe	11	47. Hoke		83. Scotland	
12. Burke	3,191	48. Hyde		84. Stanly	2
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell	1,120	50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	304	54. Lenoir		90. Union	5
19. Chatham		55. Lincoln	46	91. Vance	
20. Cherokee	2	56. Macon		92. Wake	2
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	53	59. McDowell	612	95. Watauga	5
24. Columbus		60. Mecklenburg		96. Wayne	
25. Craven		61. Mitchell	62	97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	5
29. Davidson	2	65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	
32. Durham		68. Orange		103. Tennessee	1
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	
35. Franklin		71. Pender		106. Other	
36. Gaston	2	72. Perquimans		<b>Total No. of Patients</b>	<b>5,536</b>

All responses should pertain to **October 1, 2018 through September 30, 2019.**

**Patient Origin – Inpatient Surgical Cases**

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. Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

**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		37. Gates		73. Person	
2. Alexander	1	38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene	1	76. Randolph	
5. Ashe	4	41. Guilford		77. Richmond	
6. Avery	1	42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	13
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe	7	47. Hoke		83. Scotland	
12. Burke	1,086	48. Hyde		84. Stanly	
13. Cabarrus	1	49. Iredell	1	85. Stokes	
14. Caldwell	225	50. Jackson		86. Surry	1
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	68	54. Lenoir		90. Union	1
19. Chatham		55. Lincoln	6	91. Vance	
20. Cherokee		56. Macon		92. Wake	3
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	14	59. McDowell	129	95. Watauga	3
24. Columbus		60. Mecklenburg	4	96. Wayne	
25. Craven		61. Mitchell	24	97. Wilkes	1
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash	1	100. Yancey	
29. Davidson	1	65. New Hanover			
30. Davie		66. Northampton		101. Georgia	1
31. Duplin		67. Onslow		102. South Carolina	2
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	1	72. Perquimans		<b>Total No. of Patients</b>	<b>1,602</b>

All responses should pertain to **October 1, 2018 through September 30, 2019.**

**Patient Origin – Ambulatory Surgical Cases**

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. Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

**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	20	38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe	2	41. Guilford	4	77. Richmond	
6. Avery	34	42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	2
9. Bladen		45. Henderson		81. Rutherford	133
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe	9	47. Hoke		83. Scotland	
12. Burke	3,767	48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell	4	85. Stokes	
14. Caldwell	973	50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee	2	89. Tyrrell	
18. Catawba	325	54. Lenoir		90. Union	4
19. Chatham		55. Lincoln	57	91. Vance	
20. Cherokee	2	56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	136	59. McDowell	835	95. Watauga	4
24. Columbus		60. Mecklenburg	5	96. Wayne	
25. Craven		61. Mitchell	65	97. Wilkes	9
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	7
29. Davidson	2	65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow	2	102. South Carolina	2
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	1
34. Forsyth		70. Pasquotank		105. Other States	7
35. Franklin		71. Pender		106. Other	2
36. Gaston	14	72. Perquimans		<b>Total No. of Patients</b>	<b>6,429</b>

All responses should pertain to **October 1, 2018 through September 30, 2019.**

**Patient Origin - MRI Services**

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. Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

**The total number of patients reported here should be equal to or less than the total number of MRI procedures reported in the "MRI Procedures" table on page 17.**

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	1
3. Alleghany	18	39. Granville		75. Polk	
4. Anson	1	40. Greene		76. Randolph	
5. Ashe	3	41. Guilford	1	77. Richmond	
6. Avery	13	42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood	1	80. Rowan	1
9. Bladen		45. Henderson		81. Rutherford	22
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe	6	47. Hoke		83. Scotland	
12. Burke	3,241	48. Hyde		84. Stanly	
13. Cabarrus	3	49. Iredell	6	85. Stokes	
14. Caldwell	831	50. Jackson		86. Surry	1
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	116	54. Lenoir		90. Union	4
19. Chatham		55. Lincoln	22	91. Vance	
20. Cherokee		56. Macon		92. Wake	3
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	15
23. Cleveland	35	59. McDowell	329	95. Watauga	
24. Columbus		60. Mecklenburg	11	96. Wayne	
25. Craven		61. Mitchell	53	97. Wilkes	9
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	1
28. Dare		64. Nash		100. Yancey	3
29. Davidson	2	65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	4
32. Durham		68. Orange		103. Tennessee	1
33. Edgecombe		69. Pamlico		104. Virginia	2
34. Forsyth		70. Pasquotank		105. Other States	9
35. Franklin		71. Pender		106. Other	
36. Gaston	2	72. Perquimans		<b>Total No. of Patients</b>	<b>4,770</b>

All responses should pertain to **October 1, 2018 through September 30, 2019.**

**Patient Origin – PET Scanner**

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. Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

**Please count each patient only once. The number of patients in this table should match the number of PET procedures reported in the “Positron Emission Tomography (PET)” table on page 19.**

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander	3	38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe	3	41. Guilford		77. Richmond	
6. Avery	3	42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	6
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke	267	48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell	80	50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	20	54. Lenoir		90. Union	
19. Chatham		55. Lincoln	3	91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	2	59. McDowell	27	95. Watauga	2
24. Columbus		60. Mecklenburg		96. Wayne	
25. Craven		61. Mitchell	3	97. Wilkes	2
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		<b>Total No. of Patients</b>	<b>421</b>

All responses should pertain to **October 1, 2018 through September 30, 2019.**

**Patient Origin – Linear Accelerator Treatment**

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. Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

**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	2
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke	105	48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell	25	50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	6	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	1	59. McDowell	12	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		<b>Total No. of Patients</b>	151



All responses should pertain to **October 1, 2018 through September 30, 2019.**

**Patient Origin - Psychiatric and Substance Use Disorder**

Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

Complete the following table below for inpatient Days of Care for beds reported under Section .5200 on pages 23-24. Days of care reported here must match days of care reported on page 6 (D-4 and D-5).

County of Patient Origin	Psychiatric Treatment Days of Care					Substance Use Disorder 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	3					
3. Alleghany										
4. Anson				119	119					
5. Ashe										
6. Avery				19	19					
7. Beaufort										
8. Bertie										
9. Bladen				3	3					
10. Brunswick										
11. Buncombe				66	66					
12. Burke				2,805	2,805					
13. Cabarrus				331	331					
14. Caldwell				495	495					
15. Camden										
16. Carteret										
17. Caswell										
18. Catawba				116	116					
19. Chatham										
20. Cherokee										
21. Chowan										
22. Clay										
23. Cleveland				104	104					
24. Columbus				19	19					
25. Craven										
26. Cumberland				23	23					
27. Currituck										
28. Dare										
29. Davidson										
30. Davie										
31. Duplin										
32. Durham										
33. Edgecombe										
34. Forsyth										
35. Franklin										
36. Gaston				164	164					
37. Gates										
38. Graham										
39. Granville										
40. Greene										
41. Guilford										
42. Halifax										
43. Harnett										

Continued on next page

All responses should pertain to **October 1, 2018 through September 30, 2019.**

County of Patient Origin	Psychiatric Treatment Days of Care					Substance Use Disorder 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										
45. Henderson										
46. Hertford										
47. Hoke				3	3					
48. Hyde										
49. Iredell				89	89					
50. Jackson										
51. Johnston										
52. Jones										
53. Lee										
54. Lenoir				13	13					
55. Lincoln										
56. Macon				149	149					
57. Madison										
58. Martin										
59. McDowell				225	225					
60. Mecklenburg				1,614	1,614					
61. Mitchell				5	5					
62. Montgomery				7	7					
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				4	4					
76. Randolph										
77. Richmond										
78. Robeson										
79. Rockingham										
80. Rowan				26	26					
81. Rutherford				24	24					
82. Sampson										
83. Scotland				3	3					
84. Stanly				67	67					
85. Stokes										
86. Surry				6	6					
87. Swain										
88. Transylvania				24	24					
89. Tyrrell										
90. Union				315	315					
91. Vance										
92. Wake										

Continued on next page

All responses should pertain to October 1, 2018 through September 30, 2019.

County of Patient Origin	Psychiatric Treatment Days of Care					Substance Use Disorder 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				9	9					
95. Watauga				4	4					
96. Wayne										
97. Wilkes				19	19					
98. Wilson										
99. Yadkin				4	4					
100. Yancey										
101. Other States				357	357					
102. Other				57	57					
<b>TOTAL</b>					721					

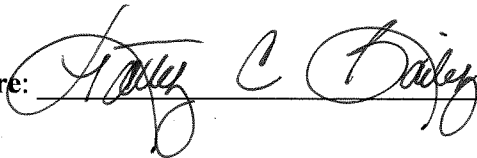
All responses should pertain to **October 1, 2018 through September 30, 2019.**

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**This license renewal application must be completed and submitted to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation prior to the issuance of a 2020 hospital license.**

**AUTHENTICATING SIGNATURE:** The undersigned submits application for the year 2020 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: \_\_\_\_\_

12-6-19

PRINT NAME

OF APPROVING OFFICIAL

Kathy C. Bailey, President & CEO

**Please be advised,** the license fee must accompany the completed license renewal 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.



Carolinus HealthCare System  
*Blue Ridge*

May 20, 2020

Ms. Martha Frisone, Chief  
Ena Lightbourne, Project Analyst  
Healthcare Planning and Certificate of Need Section  
Division of Health Service Regulation  
NC Department of Health and Human Services  
2704 Mail Service Center  
Raleigh, NC 27699-2704

Re: Carolinus HealthCare System\_Blue Ridge –Morganton MRI Replacement

Dear Ms. Frisone and Ms. Lightbourne:

I am the Chief Operating Officer at Blue Ridge Healthcare Hospitals, Inc. d/b/a Carolinus Healthcare System Blue Ridge (“Blue Ridge”). I am familiar with the magnetic resonance imaging (MRI) equipment located in room L044 on the Morganton hospital campus. The 08464690 Magnetom Avanto by Siemens is currently in use on a regular basis.

The 08464690 Magnetom Avanto MRI was obtained pursuant to a certificate of need. The Morganton campus serves as the main location from which Blue Ridge provides clinical patient services and the main office from which senior leadership exercises financial and administrative control over administrative leadership in the Blue Ridge Health System. It functions as the main campus for Blue Ridge.

In connection with Blue Ridge’s planned replacement of its existing MRI with a new MRI on the Morganton campus, we have contracted with Siemens to dispose of the existing MRI that has been in use for approximately 13 years. Siemens will dispose of the equipment out of the State of North Carolina. The cost of disposal is included in the new equipment cost.

Sincerely,

Jon Mercer  
Chief Operating Officer  
Carolinus HealthCare System\_Blue Ridge

**CAROLINAS HEALTHCARE SYSTEM BLUE RIDGE MORGANTON MRI REPLACEMENT EQUIPMENT COMPARISON May 2020**

	<b>EXISTING EQUIPMENT</b>	<b>REPLACEMENT EQUIPMENT</b>
Type (e.g., Cardiac Catheterization, Gamma Knife®, Heart-lung bypass machine, Linear Accelerator, Lithotripter, MRI, PET, Simulator, CT Scanner, Other Major Medical Equipment)	MRI	MRI
Manufacturer	Siemens	Siemens
Model number	08464690 Magnetom Avanto	14430206 RS Magnetom Aera System
Other method of identifying the equipment (e.g., Room #, Serial Number, VIN #)	Room L044	Room L044
Is the equipment mobile or fixed?	Fixed	Fixed
Date of acquisition	2007	TBD
Was the existing equipment new or used when acquired? / Is the replacement equipment new or used?	New	New
Total projected capital cost of the project <Attach a signed Projected Capital Cost form>	2,945,179.50	1,811,156.10
Total cost of the equipment	1,379,034	956,810.00
Location of the equipment <Attach a separate sheet for mobile equipment if necessary>	Room L044	Room L044
Document that the existing equipment is currently in use	Yes	NA
Will the replacement equipment result in any increase in the average charge per procedure?	NA	NO
If so, provide the increase as a percent of the current average charge per procedure	NA	NA
Will the replacement equipment result in any increase in the average operating expense per procedure?	NA	No
If so, provide the increase as a percent of the current average operating expense per procedure	NA	NA
Type of procedures performed on the existing equipment <Attach a separate sheet if necessary>	See Attached	NA
Type of procedures the replacement equipment will perform <Attach a separate sheet if necessary>	NA	Same as existing, see attached

## PROJECTED CAPITAL COSTS

**Project Name: Replacement MRI**

**Proponent: Carolinas HealthCare System Blue Ridge Hospital Morganton Campus**

### Projected Capital Cost Form

Building Purchase Price	
Purchase Price of Land	
Closing Costs	
Site Preparation	
Construction/Renovation Contract(s)	\$586,895
Landscaping	
Architect / Engineering Fees	\$126,500
Medical Equipment	\$956,810
Non-Medical Equipment	
Furniture	
Consultant Fees (specify)	
Financing Costs	
Interest during Construction	
Other (specify) Contingency, Permitting, IT, Misc.	\$140,951.10
<b>Total Capital Cost</b>	<b>\$1,811,156.10</b>

#### CERTIFICATION BY A LICENSED ARCHITECT OR ENGINEER

I certify that, to the best of my knowledge, the projected capital cost for the proposed project is complete and correct.



Signature of Licensed Architect or Engineer

Date Signed: 5/5/20



**CERTIFICATION BY AN OFFICER OR AGENT FOR THE PROPONENT**

I certify that, to the best of my knowledge, the projected total capital cost for the proposed project is complete and correct and that it is our intent to carry out the proposed project as described.

  
\_\_\_\_\_  
Signature of Officer/Agent

Date Signed: 5.15.2020

  
\_\_\_\_\_  
Title of Officer/Agent



# SMITH MOORE LLP

ATTORNEYS AT LAW

November 13, 2007

**VIA U.S. MAIL AND ELECTRONIC MAIL**

Mr. Les Brown, Project Analyst  
Certificate of Need Section  
Division of Health Service Regulation  
North Carolina Department of Health  
and Human Services  
2704 Mail Service Center  
Raleigh, NC 27696-2704

Re: Acquisition of Blue Ridge Healthcare Imaging, LLC by Grace Hospital, Inc.

Dear Mr. Brown:

We represent Grace Hospital, Inc. and Blue Ridge HealthCare System, Inc. This letter is to provide you with prior written notice pursuant to N.C. Gen. Stat. § 131E-184(a) of the exempt acquisition by Grace Hospital, Inc. of Blue Ridge Healthcare Imaging, LLC, including all the equipment owned by Blue Ridge Healthcare Imaging, LLC.

Blue Ridge Healthcare Imaging, LLC is an existing, freestanding diagnostic imaging center located on the campus of Grace Hospital in Morganton that received a certificate of need in 2003. As an existing, freestanding diagnostic center, Blue Ridge Healthcare Imaging, LLC is an existing health service facility. Since issuance of the CON and opening and operation of the diagnostic center, Grace Hospital, Inc. has become the sole shareholder of Blue Ridge Healthcare Imaging, LLC. After the acquisition of Blue Ridge Healthcare Imaging, LLC is complete, Grace Hospital, Inc. intends to operate the facility as a department of Grace Hospital. Blue Ridge Healthcare Imaging, LLC and Grace Hospital, Inc. plan to notify appropriate regulatory ~~entities of the change of ownership. Blue Ridge Healthcare Imaging, LLC and Grace Hospital, Inc.~~ understand that if there is any desire in the future to re-establish a freestanding diagnostic center, a certificate of need application and review and issuance of a new certificate of need may be necessary under the law in effect at that time.

We would appreciate your written confirmation that this acquisition and change in structure to a department of Grace Hospital is exempt pursuant to N.C. Gen. Stat. § 131E-184(a). Should you have any questions, please contact us.

With kindest personal regards, I am

Mr. Les Brown, Project Analyst  
November 13, 2007  
Page 2

Very truly yours,

SMITH MOORE LLP

*Maureen Demarest Murray* w/ permission by  
Maureen Demarest Murray *Allyson Jones Falter*

MDM:tmp

cc: Ms. Kathy C. Bailey, Senior Vice President

---



**North Carolina Department of Health and Human Services  
Division of Health Service Regulation  
Certificate of Need Section**

2704 Mail Service Center ■ Raleigh, North Carolina 27699-2704

Michael F. Easley, Governor  
Dempsey Benton, Secretary

[www.ncdhhs.gov/dhsr](http://www.ncdhhs.gov/dhsr)

Lee Hoffman, Section Chief  
Phone: 919-855-3873  
Fax: 919-733-8139

December 21, 2007

Ms. Maureen Demarest Murray  
Smith Moore LLP  
P.O. Box 21927  
Greensboro, NC 27401

RE: Exempt from Review / Grace Hospital, Inc. / Acquisition of Blue Ridge Healthcare Imaging, LLC / Burke County  
FID # 943191

Dear Ms. Murray:

In response to your letter of November 13, 2007, the above referenced proposal is exempt from certificate of need review in accordance with N.C.G.S 131E-184(a)(8). Therefore, you may proceed to offer, develop or establish the above referenced project without a certificate of need. However, you may need to contact the Acute and Home Care Licensure and Certification Section of the Division of Health Service Regulation to determine if they have any special requirements for the proposed project.

It should be noted that this Agency's position is based solely on the facts represented by you and that any change in facts as represented would require further consideration by this Agency and a separate determination. If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,



Les Brown

Project Analyst



Craig R. Smith, Assistant Chief  
Certificate of Need Section

cc: Acute and Home Care Licensure and Certification Section, DHSR



ued 12-29-07

1/16/08  
CC: Kathy Bailey ✓

copy - Deanne  
Larry P  
File



**North Carolina Department of Health and Human Services**  
**Division of Health Service Regulation**  
**Certificate of Need Section**  
2704 Mail Service Center ■ Raleigh, North Carolina 27699-2704

Michael F. Easley, Governor  
Dempsey Benton, Secretary

[www.ncdhhs.gov/dhsr](http://www.ncdhhs.gov/dhsr)

Lee Hoffman, Section Chief  
Phone: 919-855-3873  
Fax: 919-733-8139

January 11, 2008

John H. Gizdic, VP  
Blue Ridge HealthCare Imaging, LLC  
Administration  
Strategic Services  
2201 South Sterling St.  
Morganton, NC 28655

DATE  
JAN 16 2008

RE: Development Complete/ Project I.D.#E-6961-03/ Blue Ridge HealthCare Imaging, LLC/  
Acquire a fixed Magnetic Resonance Imaging scanner (Area 7)/ Burke County  
FID #031133

Dear Mr. Gizdic:


On January 18, 2005, this Department issued a Certificate of Need pursuant to Chapter 131E, Article 9 of the General Statutes of North Carolina for the above-captioned project. The Certificate of Need Section has hereby determined that the development of the above referenced project is now complete. It was certified on August 20, 2007.

Please note that this determination does not absolve the holder of the certificate from materially complying with representations in the application concerning the operation of the facility. Nor does the determination of completeness absolve the holder of the certificate from complying with any applicable conditions still remaining on the certificate.

If you have any questions concerning this certificate of need, please feel free to contact me.

Please refer to the Project I.D.# and Facility I.D.# (FID) in all correspondence.

Sincerely,

  
Les Brown, Project Analyst  
Certificate of Need Section

LB:rhb

cc: Medical Facilities Planning Section, DHSR

