



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 8, 2020

Maureen Demarest Murray
MMurray@Foxrothschild.com

Exempt from Review – Replacement Equipment

Record #: 3277
Facility Name: Carolinas HealthCare System Blue Ridge
FID #: 943191
Business Name: Blue Ridge HealthCare Hospitals, Inc.
Business #: 2125
Project Description: Replace existing CT 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 Somatom Definition Edge 14450081 CT scanner to replace the Siemens Somatom Emotion 16 CT 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, Acute and Home Care Licensure and Certification, and Radiation Protection 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
Radiation Protection 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

# 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



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><br><i>(Form 990; Part VIII 1(h))</i> | <b>Annual Financial Assistance at Cost</b><br><i>(Form 990; Schedule H Part I, 7(a)(c))</i> | <b>Bad Debt Expense</b><br><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><br><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 14th 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?   | Yes   | No<br>✓ |
| 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       No      Designated Level # \_\_\_\_\_
2. Are you a critical access hospital (CAH)?      \_\_\_ Yes       No
3. Are you a long term care hospital (LTCH)?      \_\_\_ Yes       No
4. Is this facility TJC accredited?       Yes      \_\_\_ No      Expiration Date: 1/27/2021
5. Is this facility DNV accredited?      \_\_\_ Yes       No      Expiration Date: \_\_\_\_\_
6. Is this facility AOA accredited?      \_\_\_ Yes       No      Expiration Date: \_\_\_\_\_
7. Are you a Medicare deemed provider?       Yes      \_\_\_ No

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>        |                               |                                  |                        |
| <b>Intensive Care Units</b>                               |                               |                                  |                        |
| 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)   |                               |                                  |                        |
| <b>Other Units</b>  |                               |                                  |                        |
| 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<br>(total should be the same as D.1.a – q total on p. 6) | Emergency Visits<br>(total should be the same as F.3.b. on p. 8) | Outpatient Visits<br>(excluding Emergency Visits and Surgical Cases) | Inpatient Surgical Cases<br>(total should be same as 9.e. Total Surgical Cases-Inpatient Cases on p. 12) | Ambulatory Surgical Cases<br>(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<br>(total should be the same as D.1.a – q total on p. 6) | Emergency Visits<br>(total should be the same as F.3.b. on p. 8) | Outpatient Visits<br>(excluding Emergency Visits and Surgical Cases) | Inpatient Surgical Cases<br>(total should be same as 9.e. Total Surgical Cases-Inpatient Cases on p. 12) | Ambulatory Surgical Cases<br>(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>18,263</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<br>(total should be the same as D.1.a – q total on p. 6) | Emergency Visits<br>(total should be the same as F.3.b. on p. 8) | Outpatient Visits<br>(excluding Emergency Visits and Surgical Cases) | Inpatient Surgical Cases<br>(total should be same as 9.e. Total Surgical Cases-Inpatient Cases on p. 12) | Ambulatory Surgical Cases<br>(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 |
|--|---|

**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 |
|--|---|

**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 |
|--|---|

**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<br>= <b>8.3 Average Hours per day</b><br><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<br>= <b>8.3 Average Hours per day</b><br><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     | 23,562 |
| 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 |            |       | Lithotripsy Vendor/Owner |
|--------|-----------------|----------------------|------------|-------|--------------------------|
|        |                 | Inpatient            | Outpatient | Total |                          |
| Fixed  | 1               | 0                    | 107        | 107   | Piedmont Stone           |
| Mobile | 1               | 0                    | 107        | 107   |                          |

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**

1. If the psychiatric unit has a different name from the hospital, please indicate:

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

3. 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<br>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<br>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<br>Licensure Rules for<br>Substance Abuse Facilities                    | Location of<br>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<br>Licensure Rules<br>for Hospitals                                    | Location of<br>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   |   |          |           |          |       |

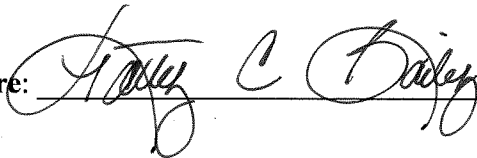
All responses should pertain to **October 1, 2018 through September 30, 2019.**

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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.



Carolinah HealthCare System  
*Blue Ridge*

May 14, 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: Carolinah HealthCare System\_Blue Ridge –Morganton Replacement CT

Dear Ms. Frisone and Ms. Lightbourne:

I am the Chief Operating Officer at Blue Ridge Healthcare Hospitals, Inc. d/b/a Carolinah Healthcare System Blue Ridge ("Blue Ridge"). I am familiar with the fixed computed tomography (CT) equipment located on the Morganton hospital campus. The Somatom Emotion 16 by Siemens is one of two CT machines on our Morganton hospital campus. It is currently in use on a regular basis.

In connection with Blue Ridge's planned replacement of its existing CT machine on the Morganton campus, we have contracted with Siemens Medical Solutions USA, Inc. to dispose of the existing CT machine that has been in use for approximately 10 years. Siemens Medical Solutions USA, Inc. 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  
Carolinah HealthCare System\_Blue Ridge

**CAROLINAS HEALTHCARE SYSTEM BLUE RIDGE MORGANTON CT 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) | CT Scanner                            | CT Scanner                            |
| Manufacturer  | Siemens                               | Siemens                               |
| Model number  | Somatom Emotion 16                    | Somatom Definition Edge 14450081      |
| Other method of identifying the equipment (e.g., Room #, Serial Number, VIN #)  | CT Scan Room 2D4                      | CT Scan Room 2D4                      |
| Is the equipment mobile or fixed?   | Fixed                                 | Fixed                                 |
| Date of acquisition   | 2010                                  | 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>   | \$446,866                             | \$1,147,205.70                        |
| Total cost of the equipment   | \$375,000                             | \$827,300.00                          |
| Location of the equipment <Attach a separate sheet for mobile equipment if necessary>   | CT Scan Room 2D4/Radiology Department | CT Scan Room 2D4/Radiology Department |
| Document that the existing equipment is currently in use  | Yes <sup>1</sup>                      | NA                                    |
| Will the replacement equipment result in any increase in the <b>average charge per procedure</b> ?  | 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 <b>average operating expense per procedure</b> ?   | 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        |

<sup>1</sup> See attached Notice of Registration with Radiation Compliance Branch.



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**  
Division of Health Service Regulation

ROY COOPER · Governor  
MANDY COHEN, MD, MPH · Secretary  
MARK PAYNE · Director

**REF: ENCLOSED NOTICE OF REGISTRATION NUMBER: : 012-M00027**

Your facility Notice of Registration is issued to this facility pursuant to the provisions of the North Carolina Regulations for Protection Against Radiation 10A NCAC 15. Please carefully review your Notice of Registration for accuracy and completeness. You must report any errors or omissions to us immediately.

According to 10A NCAC 15 .0209; any registrant shall notify the agency in writing when any change will render the information contained in this application for registration or the Notice of Registration no longer accurate.

NOTICE TO THE AGENCY IS REQUIRED IF YOUR LOCATION, OWNERSHIP, EQUIPMENT OR SERVICES CHANGE. Facility; according to 10A NCAC 15 .0201; (b) means the location at which one or more radiation machines are installed or located within one building, vehicle, or under one roof and are under the same administrative control. (c) In addition to the requirements of this Section, all registrants are subject to the provisions of the other sections of this Chapter.

PRIOR NOTICE TO THE AGENCY OF TRANSFER OF AN X-RAY MACHINE IS REQUIRED: 10A NCAC 15 .0208 (a) Persons registered pursuant to Rule .0203 of this Section shall notify the agency in writing prior to transfer of a registered radiation machine to another person required to be registered pursuant to Rule .0203(a) of this Section. This Rule does not prohibit transfer without prior Notice to sales and service companies registered pursuant to Rule .0205 of this Section. (b) The Notice shall include: (1) the name and address of the transferee, and (2) the manufacturer, model number and serial number of the radiation machine to be transferred.

RECORDS OF RECEIPT, TRANSFER AND DISPOSAL ARE REQUIRED TO BE MAINTAINED by each registrant of all sources of radiation according to 10A NCAC 15 .0115.

COMPLIANCE WITH OTHER LAWS: Nothing in these Rules shall relieve any person of responsibility for complying with other pertinent North Carolina laws and rules, according to 10A NCAC 15 .0102. Please refer to those local, state or federal agencies or licensing boards for their assistance.

X-ray producing devices listed on the Registration shall not be used outside their intended parameters.

Except as specifically provided otherwise in this Notice of Registration, the registrant shall conduct its radiation safety program in accordance with statements, representation, and procedures contained in the documents, including any enclosures listed below. Chapter 104E - North Carolina Radiation Protection Act of the North Carolina Administrative Code, shall govern unless the statements, representation and procedures in the registrant's application and correspondence are more restrictive than the rules.

---

Jenny Rollins, Manager  
Radiology Compliance Branch

## NOTICE OF REGISTRATION (NOR) for X-ray Units

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Your Notice of Registration, (NOR) has been issued or updated pursuant to the provisions of 10A NCAC 15, North Carolina Regulations for Protection Against Radiation. You are required to maintain a copy of your notice of registration for your records. **Upon receipt, please review for accuracy this Notice of Registration.**

- If you **identify any inaccuracy or typographical error; please notify the agency at once with the issue.** Corrections identified must be in writing, with an authorized legal owner signature and the date of submission below.
- If your **Notice of Registration is accurate upon receipt, no action is required** on your part.

### **Registration Fee; Billing and Invoicing**

- Annual registration fees are automatically billed on July 1 of each calendar year. Fees are based on facility type and the number of X-ray tubes registered. X-ray Equipment Designated 'Not in Use' will continue to be billed in accordance with 10A NCAC 15 .1105 until proper disposal or removal occurs and the agency has been notified. The current fee chart with rates is located at <http://www.ncradiation.net/Xray/documents/feechart.pdf>.

**When and How Do I Make Future Changes to my Registration?** The agency must be notified whenever changes occur to any information that would render information in your application or Notice of Registration no longer accurate; 10A NCAC 15 .0209.

### **New Owner, Change of Ownership, Moving to Another Location, Opening an Additional Site**

Must submit a new business application with equipment forms.

[http://www.ncradiation.net/Xray/documents/RegForm\\_BusApp.pdf](http://www.ncradiation.net/Xray/documents/RegForm_BusApp.pdf)

### **Selling or Closing a Facility**

- Current registration owner: Registrations will remain active and billed until practice owner notifies the agency of the change in the facility status
- Send an email to [NORS@dhhs.nc.gov](mailto:NORS@dhhs.nc.gov). Include your registration number, the date the existing practice will close, the disposition of each piece of X-ray equipment using the delete X-ray equipment form, and the name of the new practice owner when selling the practice.

### **Adding or Deleting X-ray Equipment**

- To add or remove X-ray equipment, submit the Equipment Form(s).  
<http://www.ncradiation.net/Xray/applc.htm>

### **Change of a Facility Name or Physical Address**

Must Complete a new Business Application Form.

### **Contact Changes**

- New Financial Owner: must complete a new Business Application Form with X-ray Equipment Forms.
- Business Manager, Radiation Safety Officer or Invoice Contact can be completed on a new Business Application; or can be corrected on the existing Notice of Registration.

Please visit our website [ncradiation.net](http://www.ncradiation.net) for resources on how to prepare for your inspections, printable required postings, facility reference guides, inspection checklists and other resources. **Please sign up on X-ray list serve** to receive our newsletters and updates on regulations.



# NOTICE OF REGISTRATION (NOR) for X-ray Units

**Facility Name:** BLUE RIDGE HEALTHCARE HOSPITALS CMC MORGANTON  
CAMPUS

Registration #: 012-M000027  
Effective Date: June 04, 2019  
Superseded Date: March 27, 2019

**Physical**

**Address:** 2201 S STERLING ST  
MORGANTON, NC 28655-4044  
(828) 580-6900  
Email:

**Changes to facility name and physical address  
are to be made on the Business Application.  
<http://ncradiation.net/xray/applic.htm>**

**Most Responsible Person:**  
*(physician, CEO, Financial Owner or Corporate Officer)*

**Business Manager:**  
*(individual responsible for on-site general operations)*

**Please provide this information if blank.**

Contact name, mailing address, phone, email address,  
Corporate name (if applicable)

**Please provide this information if blank.**

Contact name, mailing address, phone, email address,  
Corporate name (if applicable)

**RSO:**  
*(radiation safety officer and address)*

**Invoice Contact:**  
*(annual invoice will be mailed to this person and address)*

**Please provide this information if blank.**

Contact name, mailing address, phone, email address,  
Corporate name (if applicable)

BLUE RIDGE HEALTHCARE  
TERESA TREADWAY ACCTS PAYABLE  
2201 S STERLING ST  
MORGANTON, NC 28655-4044  
(828) 580-5165

**Preferred Mailing Address:**  
*(address that all correspondence will be mailed to)*

IVAN VINUEZA DIRECTOR RADIOLOGY SVCS  
2201 S STERLING ST  
MORGANTON, NC 28655-4044  
(828) 580-6900  
Email: [ivinueza@blueridgehealth.org](mailto:ivinueza@blueridgehealth.org)

### Retain this Document for Your Record

Upon initial receipt of your NOR; please review for accuracy. If you find typographical corrections, make those changes on this document.

Send email to [XrayNORS@dhhs.nc.gov](mailto:XrayNORS@dhhs.nc.gov) with your name, contact information and attach document.

OR

If mailing document for typographical corrections after initial review; sign, date and mail to RPS.

Name Print \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

*THE OWNER OR AUTHORIZED DESIGNEE AUTHORIZES THESE CORRECTIONS*

Preferred: X-Ray facility registrations and updates email to [XrayNORS@dhhs.nc.gov](mailto:XrayNORS@dhhs.nc.gov)  
Billing and Invoicing Questions email to [RPSPayments@dhhs.nc.gov](mailto:RPSPayments@dhhs.nc.gov) or leave voice message at 919-814-2274

Or Mail to: Radiation Protection, 5505 Creedmoor Road, 1645 MSC, Raleigh, NC 27699-1600  
We do not accept fax transmissions.



NORTH CAROLINA



RADIATION PROTECTION

## NOTICE OF REGISTRATION (NOR) for X-ray Units

EFFECTIVE DATE: June 04, 2019

SUPERSEDES THE PREVIOUS NOTICE DATED: 03/27/2019

A signature is required to authorize our agency to update or amend a Notice of Registration. Unsigned forms will delay the registration process. Refer to the second page of this NOR for detailed instructions to amend your registration. Changes to contact information can be made on the third page of this NOR.

**Units listed below are Registered**

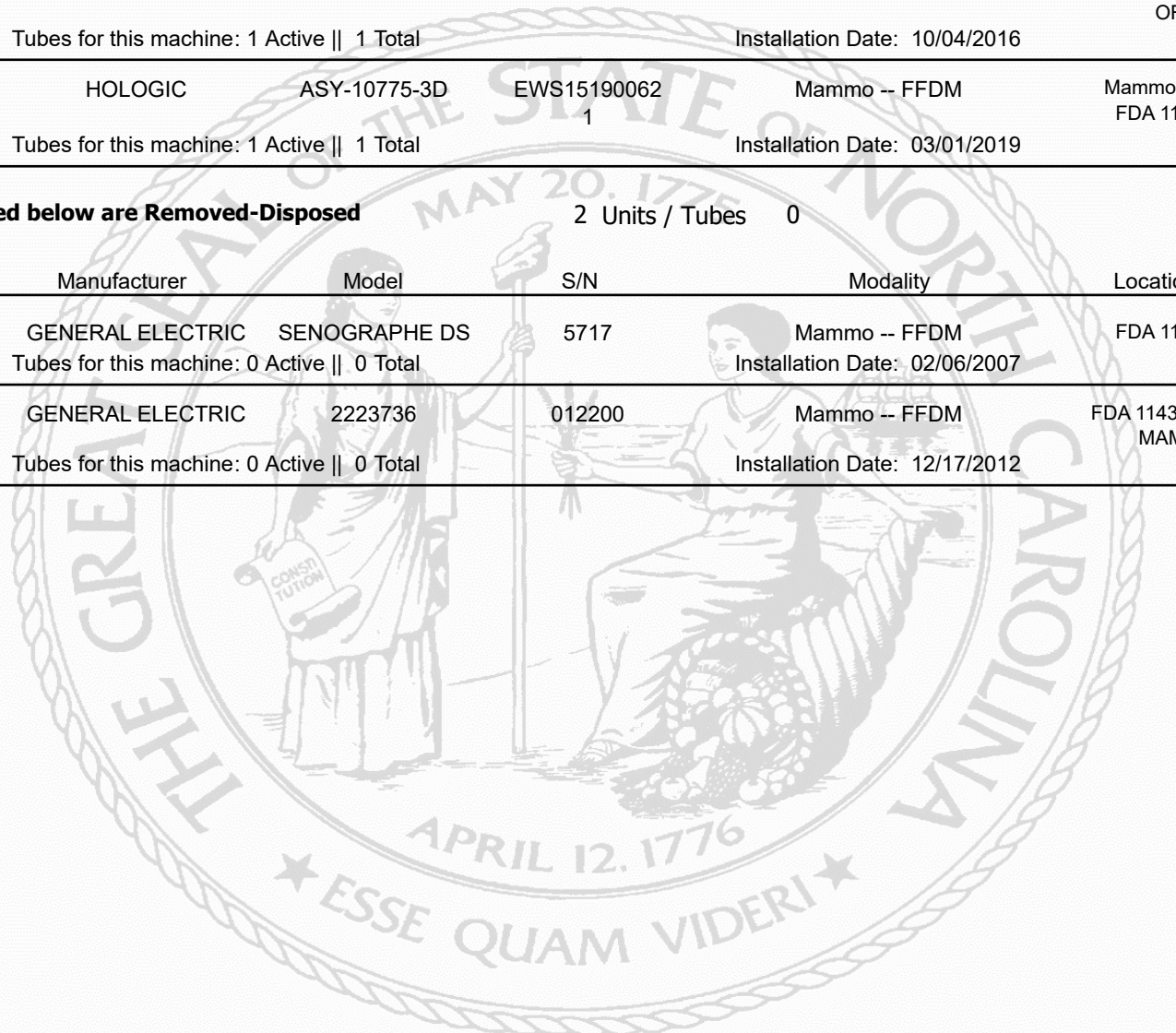
19 Units / Tubes 20

| Unit #                                      | Manufacturer     | Model                        | S/N          | Modality                                | Location                     |
|---|------------------|------------------------------|--------------|---|------------------------------|
| 40110                                       | SIEMENS          | 5658377                      | 01165501     | Radiographic                            | MED DIAG - E.R.              |
| Tubes for this machine: 1 Active    1 Total |                  |                              |              | Installation Date: 05/02/2002           |                              |
| 40111                                       | GE-OEC           | 9800 PLUS                    | 82-1777      | C-Arm                                   | MED DIAG - MOBILE            |
| Tubes for this machine: 1 Active    1 Total |                  |                              |              | Installation Date: 06/20/2002           |                              |
| 40113                                       | GENERAL ELECTRIC | AMX-4 PLUS<br>2275938-7      | 981435WK1    | Radiographic                            | MED DIAG - MOBILE            |
| Tubes for this machine: 1 Active    1 Total |                  |                              |              | Installation Date: 09/30/2003           |                              |
| 40114                                       | SIEMENS          | 5658377                      | 01165 S01    | Radiographic                            | MED DIAG - RAD TOMO          |
| Tubes for this machine: 1 Active    1 Total |                  |                              |              | Installation Date: 11/30/2003           |                              |
| 40118                                       | LORAD            | MULTICARE ASY<br>00072       | 31702070888  | Stereotactic                            | FDA 114389                   |
| Tubes for this machine: 1 Active    1 Total |                  |                              |              | Installation Date: 03/05/2007           |                              |
| 40120                                       | GENERAL ELECTRIC | PRODIGY<br>ADVANCE 41170     | 090601811626 | DEXA (dual energy x-ray absorptiometry) | MED DIAG                     |
| Tubes for this machine: 1 Active    1 Total |                  |                              |              | Installation Date: 01/26/2007           |                              |
| 40121                                       | SIEMENS          | ARISTROS MX<br>7130441-G911U | 3210         | Radiographic                            | MED DIAG                     |
| Tubes for this machine: 1 Active    1 Total |                  |                              |              | Installation Date: 07/02/2007           |                              |
| 40122                                       | SIEMENS          | LUMINOS SD<br>10093399       | 1274         | Radiographic                            | MED DIAG                     |
| Tubes for this machine: 2 Active    2 Total |                  |                              |              | Installation Date: 06/15/2007           |                              |
| 40123                                       | SIEMENS          | SOMATOM<br>SENSATION 64      | 4918         | CT                                      | MED DIAG                     |
| Tubes for this machine: 1 Active    1 Total |                  |                              |              | Installation Date: 08/15/2007           |                              |
| 44360                                       | GENERAL ELECTRIC | 2335129-4                    | 576988BU0    | C-Arm                                   | MED DIAG - CATH<br>1         |
| Tubes for this machine: 1 Active    1 Total |                  |                              |              | Installation Date: 09/03/2009           |                              |
| 46016                                       | SIEMENS          | ARTIS                        | 7386         | C-Arm                                   | MED DIAG - IR 1              |
| Tubes for this machine: 1 Active    1 Total |                  |                              |              | Installation Date: 10/16/2007           |                              |
| 46017                                       | SIEMENS          | SOMATOM 16                   | 1909         | CT                                      | MED DIAG - CT1               |
| Tubes for this machine: 1 Active    1 Total |                  |                              |              | Installation Date: 06/07/2010           |                              |
| 48594                                       | GE-OEC           | 680000882391-01              | 86-0685      | C-Arm                                   | MED DIAG - RM<br>OR 1        |
| Tubes for this machine: 1 Active    1 Total |                  |                              |              | Installation Date: 10/28/2011           |                              |
| 50153                                       | GE-OEC           | 881190-01                    | E2-2687      | C-Arm                                   | MED DIAG - RM<br>OR - PORT C |

|   |                      |              |                  |               |                             |                               |
|---|----------------------|--------------|------------------|---------------|-----------------------------|-------------------------------|
| Tubes for this machine: 1 Active    1 Total |                      |              |                  |               |                             | Installation Date: 07/16/2012 |
| 52221                                       | MEDTRONIC NAVIGATION | BI-700-00020 | 00678            | O-Arm         | MED DIAG - MOBILE - OR      |                               |
| Tubes for this machine: 1 Active    1 Total |                      |              |                  |               |                             | Installation Date: 05/28/2013 |
| 55255                                       | GE-OEC               | 888169-01    | E2-4428          | C-Arm         | MED DIAG - RM OR            |                               |
| Tubes for this machine: 1 Active    1 Total |                      |              |                  |               |                             | Installation Date: 11/19/2014 |
| 58501                                       | GE HEALTHCARE        | 2275938-7    | 96140WK1         | Radiographic  | MED DIAG - MOBILE - PORT2   |                               |
| Tubes for this machine: 1 Active    1 Total |                      |              |                  |               |                             | Installation Date: 01/29/2016 |
| 60016                                       | GENERAL ELECTRIC     | AMX 200      | 1011464WK3       | Radiographic  | MED DIAG - MOBILE - PORT OR |                               |
| Tubes for this machine: 1 Active    1 Total |                      |              |                  |               |                             | Installation Date: 10/04/2016 |
| 65702                                       | HOLOGIC              | ASY-10775-3D | EWS15190062<br>1 | Mammo -- FFDM | Mammo RM 1- FDA 114389      |                               |
| Tubes for this machine: 1 Active    1 Total |                      |              |                  |               |                             | Installation Date: 03/01/2019 |

**Units listed below are Removed-Disposed** 2 Units / Tubes 0

| Unit #                                      | Manufacturer     | Model         | S/N    | Modality      | Location              |
|---|------------------|---------------|--------|---------------|-----------------------|
| 40119                                       | GENERAL ELECTRIC | SENOGRAPHE DS | 5717   | Mammo -- FFDM | FDA 114389            |
| Tubes for this machine: 0 Active    0 Total |                  |               |        |               |                       |
| 51163                                       | GENERAL ELECTRIC | 2223736       | 012200 | Mammo -- FFDM | FDA 114389 - RM MAM 2 |
| Tubes for this machine: 0 Active    0 Total |                  |               |        |               |                       |



|   |             |                                   |                                   |
|---|-------------|-----------------------------------|-----------------------------------|
| For Official Use Only<br>Verified by Inspector: _____ | Date: _____ | <input type="checkbox"/> Accepted | <input type="checkbox"/> Rejected |
|---|-------------|-----------------------------------|-----------------------------------|

## Instructions for Corrections to NOR, to Register or Close a Facility and Report Requirements for Out of State Mobile X-Ray Facilities

Upon initial receipt of your NOR; please review for accuracy. Upon receipt, If you find typographical corrections, make those changes on this NOR document. Send email to [XrayNORS@dhhs.nc.gov](mailto:XrayNORS@dhhs.nc.gov) with your name, contact information and attach document. Please enter your registration number and facility name in the subject line of the email.

Billing and Invoicing Questions send to [RSPPayments@dhhs.nc.gov](mailto:RSPPayments@dhhs.nc.gov) or leave voice message at 919-814-2274.

|   |  |
|---|--|
| <b>Update a Notice of Registration</b>  |  |
| <ul style="list-style-type: none"> <li>· Submit email to <a href="mailto:XrayNORS@dhhs.nc.gov">XrayNORS@dhhs.nc.gov</a> with facility name and registration number in the subject line of email. Attach Form(s) needed to make information on NOR accurate.</li> <li>· <b>Complete, Sign and Date Form(s) needed to make changes to the following Information.</b></li> </ul>   |  |
| <p><b>Use the Business Application Form to:</b></p> <ul style="list-style-type: none"> <li>· Business Information</li> <li>· Business Name</li> <li>· Business Location</li> <li>· Business Contact Information</li> <li>· Business Hours / Days</li> </ul>   | <p><b>Use the Equipment Information Form to:</b></p> <ul style="list-style-type: none"> <li>· Add X-ray Equipment</li> <li>· Change Equipment Information                             <ul style="list-style-type: none"> <li>○ Manufacture/Model</li> <li>○ Control Serial Number</li> <li>○ Unit Location</li> <li>○ Installation Date</li> <li>○ Classification of Equipment</li> </ul> </li> </ul> <p><b>Use the Delete Equipment Form to:</b></p> <ul style="list-style-type: none"> <li>· Remove X-ray Equipment</li> <li>· Disposal of X-ray Equipment</li> <li>· Transfer X-ray Equipment to Another Owner</li> <li>· Transfer X-ray Equipment to Storage or Another</li> </ul> |
| <b>Register a Facility or Close a Facility</b>  |  |
| <p><b>Initial Registration (new) Facility, Change of Owner:</b><br/> <b>Complete, sign &amp; date the Following Forms:</b></p> <ul style="list-style-type: none"> <li>· Business Application</li> <li>· Equipment Information Form</li> <li>· Submit Email to <a href="mailto:XrayNORS@dhhs.nc.gov">XrayNORS@dhhs.nc.gov</a> with facility name. Attach Business Application and Equipment Form(s)</li> </ul>   | <p><b>Close a Facility</b></p> <ul style="list-style-type: none"> <li>· Complete Delete Equipment Forms with signature and date.</li> <li>· Submit email to <a href="mailto:XrayNORS@dhhs.nc.gov">XrayNORS@dhhs.nc.gov</a> with facility name and registration number in the subject line of email. Attach Delete Equipment Form(s).</li> </ul>  |
| <b>(Out of State) Mobiles -- (In / Out of State) Leasing Company -<br/>                 (In / Out of State) Mobile Demonstration &amp; Training Mobiles</b>   |  |
| <p><b>Additional Reporting Requirement:</b></p> <ul style="list-style-type: none"> <li>· <b>Complete, sign &amp; date X-ray Equipment Location Report.</b></li> <li>· Submit email to <a href="mailto:XrayService@dhhs.nc.gov">XrayService@dhhs.nc.gov</a> with registrant's facility name and registration number in the subject line of email who is processing request. Attach the X-ray Equipment Location Form.</li> <li>· <b>X-ray Equipment Location Report must be received by agency five days before sending equipment into North Carolina for work.</b></li> </ul> |  |

**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

Director of Capital Projects  
Title of Officer/Agent



300 N. Greene Street  
Suite 1400  
Greensboro, NC 27401  
Tel (336) 378-5200 Fax (336) 378-5400  
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 CT 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) that Blue Ridge plans to replace with comparable new equipment its existing computed tomography (CT) machine on its main Morganton campus, which is located at 2201 South Sterling Street, Morganton, NC 28655 in Burke County.

The existing computed tomography machine is located in the CT scan room, #2D4, on the Blue Ridge Morganton hospital campus. As you know, the Blue Ridge Morganton and Valdese campuses are both under one hospital license. Attached as Exhibit A is a copy of Blue Ridge’s

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  
Page 2

2020 license and license renewal application, which shows data reported for procedures provided on the CT machine on the Morganton campus.

Blue Ridge acquired and installed the existing fixed CT machine in 2010. The CT machine now needs to be replaced due to age, outdated technology and increasing maintenance challenges. The CT machine currently in use at Blue Ridge is a Somatom Emotion 16 by Siemens. Attached as Exhibit B is a letter from Jon Mercer, Chief Operating Officer of Blue Ridge, confirming that the existing CT machine is currently in use and will be disposed of out of state by the replacement equipment vendor, Siemens.

The existing CT machine will be replaced with a new Somatom Definition Edge 14450081 by Siemens. The replacement CT machine is comparable medical equipment pursuant to 10A NCAC 14C.0303 because it is functionally similar and used for the same diagnostic and CT purpose as the existing equipment. Both are used for CT imaging and perform the same types of procedures. The replacement CT machine has expanded capabilities due to technological improvements over the last decade. The replacement CT 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 CT machine with the replacement CT machine.

Minor construction and renovation will be needed to install the replacement CT machine. The total cost to acquire, install and make operational the replacement CT 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.

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



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

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 with a large initial 'M'.

Maureen Demarest Murray

MDM/mpp



**From:** [Frisone, Martha](#)  
**To:** [Waller, Martha K](#)  
**Subject:** Fwd: [External] Blue Ridge Morganton CT Replacement  
**Date:** Wednesday, May 20, 2020 3:04:32 PM  
**Attachments:** [image001.png](#)  
[110655947 1 Blue Ridge Exemption Notice ltr re Morganton replacement CT project-C3.PDF](#)  
[110657853 1 Blue Ridge Morganton CT Exhibit C-C3.PDF](#)  
[110657888 1 Blue Ridge Morganton CT Exhibit D-C3.PDF](#)  
[110657796 1 Blue Ridge Morganton CT Exhibit B-C3.PDF](#)  
[110657567 1 Blue Ridge Exhibit A-C3.PDF](#)

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**From:** Murray, Maureen Demarest <MMurray@foxrothschild.com>  
**Sent:** Wednesday, May 20, 2020 3:00:02 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 CT 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 in these unusual times.

Attached is our letter providing written notice of exempt replacement of a CT at the Blue Ridge Morganton main hospital 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

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