



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

February 15, 2023

Terri Harris

[TJHarris@Foxrothschild.com](mailto:TJHarris@Foxrothschild.com)

**Exempt from Review – Replacement Equipment**

**Record #:** 4137  
**Date of Request:** February 14, 2023  
**Facility Name:** Scotland Memorial Hospital  
**FID #:** 933446  
**Business Name:** Scotland Memorial Hospital, Inc.  
**Business #:** 1638  
**Project Description:** Replace existing linear accelerator  
**County:** Scotland

Dear Ms. Harris:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that the above referenced project is exempt from certificate of need review in accordance with G.S. 131E-184(a)(7). Therefore, you may proceed to acquire without a certificate of need the Varian TruBeam fixed linear accelerator to replace the Elekta fixed linear accelerator (Serial # 151789). 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.

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,

Tanya M. Saporito, Project Analyst

Micheala Mitchell, Chief

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

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER



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Suite 1200  
Greensboro, NC 27401  
Tel 336.378.5200 Fax 336.378.5400  
WWW.FOXROTHSCHILD.COM

TERRI HARRIS  
Direct No: 336.378.5383  
Email: TJHarris@Foxrothschild.com

February 14, 2023

Micheala Mitchell, Chief  
[Micheala.mitchell@dhhs.nc.gov](mailto:Micheala.mitchell@dhhs.nc.gov)  
Tanya Saporito, Project Analyst  
[tanya.saporito@dhhs.nc.gov](mailto:tanya.saporito@dhhs.nc.gov)  
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

Via E-mail Only

**Re: Notice of Exemption for Replacement Equipment Pursuant to N.C.G.S. § 131E-184(f)**

Facility: Scotland Memorial Hospital  
Description: Replace Linear Accelerator  
County: Scotland  
FID #: 933446

Dear Micheala and Tanya:

We are writing on behalf of Scotland Memorial Hospital, Inc. (“Scotland”) to give prior written notice pursuant to N.C. Gen. Stat. § 131E-184(f) that Scotland urgently needs to replace its existing linear accelerator. This letter confirms that Scotland’s replacement linear accelerator meets the requirements to be exempt from CON review.

Scotland is located at 500 Lauchwood Drive, Laurinburg, North Carolina. A copy of its 2023 License Renewal Application is attached as Exhibit 1. This location is the main campus for the licensed health service facility where it provides clinical services, including oncology treatment services in its Cancer Center. Gregory C. Wood is the President and Chief Executive Officer, and his office is located on the main campus. His role includes the exercise of administrative and financial control of the Hospital and the grounds and buildings adjacent to the main hospital building.

Scotland plans to replace its existing Elekta linear accelerator with comparable new equipment from Varian pursuant to N.C. Gen. Stat. § 131E-184(f). The existing linear accelerator is located in Scotland’s Cancer Center, which is on the main hospital campus in Laurinburg. See Exhibit 2. Scotland

A Pennsylvania Limited Liability Partnership



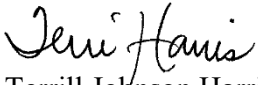
Micheala Mitchell, Chief  
Tanya Saporito, Project Analyst  
February 14, 2023  
Page 2

purchased the existing linear accelerator in 2008 pursuant to the CON attached as Exhibit 3. The existing linear accelerator needs to be replaced due to age, outdated technology, and increasing maintenance challenges. As of this time, Elekta no longer guarantees timely repairs, and the equipment is beyond the industry standard lifespan. The existing linear accelerator at Scotland is an Elekta Linac, and it is currently in use as shown on Exhibit 1, pages 22-24. The existing linear accelerator will be removed and disposed of out of state when the replacement linear accelerator is installed.

The existing linear accelerator will be replaced with a new Varian True Beam linear accelerator. The Varian True Beam linear accelerator is comparable medical equipment pursuant to 10A N.C.A.C. 14C.0303 because it will not be used to provide a new health service that the existing equipment cannot provide. Please refer to Exhibit 4 for the chart comparing the existing linear accelerator with the replacement linear accelerator. A copy of the Varian quote is available for your review upon request.

The preliminary estimate for the replacement linear accelerator is \$3,917,364. In addition, renovations to the existing Cancer Center will be necessary to install and make operational the replacement linear accelerator. The total cost to acquire, install, and make operational the replacement linear accelerator is estimated to be approximately \$6.6 million, but we do not yet have a detailed breakdown of the construction and installation costs to enable us to complete a capital cost estimate form.

Based on this letter and the attached documentation, we look forward to receiving your letter confirming that Scotland's proposed replacement of its existing linear accelerator is exempt from certificate of need review pursuant to N.C. Gen. Stat. § 131E-184(f). Please let me know if you have questions or need any additional information about the replacement linear accelerator.

Sincerely,  
  
Terrill Johnson Harris

TJH:th

Enclosures

cc: William R. Purcell II (w/enclosures)  
Greg Stanley (w/enclosures)

## Exhibit 1



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

### **2023 LICENSE RENEWAL APPLICATION FOR HOSPITAL**

<b>Licensee</b>	Scotland Memorial Hospital, Inc.
<b>Facility Name</b>	Scotland Memorial Hospital
<b>License #</b>	H0107
<b>FID #</b>	933446
<b>Application Status</b>	Approved

### **APPROVED LICENSE DATES**

<b>Effective Date</b>	01/01/2023
<b>Origination Date</b>	01/01/1947
<b>Approved By</b>	Linda Johnson on 01/13/2023

\*\*\*\* All responses should pertain to October 1, 2021 thru September 30, 2022 \*\*\*\*

#### **Introduction**

Welcome to the Division of Health Service Regulation Licensure and Certification website.

This is your online **2023** license application. The deadline to complete and submit the application is **January 15, 2023**. Failure to possess a valid license by **January 16, 2023** may compromise your facility's ability to operate and/or adversely impact its funding sources.

Data on file indicates that your entity is a **Hospital totaling 104 beds**.

Your annual licensure fee, as authorized by **G.S. 131E-77** is **\$2,270.00**. This amount is comprised of a base fee of **\$450.00** plus an additional per bed fee of **\$17.50**.

Following is a list of types of facilities with required fee, including the base fee and the per bed fee.

Facility Type	Number of Beds	Base Fee	Bed Fee
General Acute Hospitals	1-49 Beds	\$250.00	\$17.50
	50-99 Beds	\$350.00	\$17.50
	100-199 Beds	\$450.00	\$17.50
	200-399 Beds	\$550.00	\$17.50
	400-699 Beds	\$750.00	\$17.50
	700+ Beds	\$950.00	\$17.50

### Important Messages

- This application contains pre-populated information from our data systems based on your last renewal application or the most recent information reported to the Division of Health Service Regulation.
- A request for a change of ownership, location, or facility name will not be processed with this application. If these changes apply to your license, please notify the Division of Health Service Regulation.
- If the number of licensed beds is incorrect in your renewal application, please contact the Acute Care Licensure Section to determine next steps (919) 855-4620.
- If you have questions regarding transparency data and what is needed with the submission of your renewal application, please contact the Acute Care Licensure Section (919) 855-4620.

### Questions

Name	Phone	Email
Linda Johnson	(919) 855-4620	linda.m.johnson@dhhs.nc.gov
Azzie Y. Conley	(919) 855-4646	Azzie.Conley@dhhs.nc.gov

### Legal Name and Address

**Legal Identity of the Applicant:** Scotland Memorial Hospital, Inc.

(Full legal name of corporation, partnership, individual, or other legal entity owning the enterprise or service)

#### Doing Business As (DBA)

\* Name(s) under which the facility or services are advertised or presented to the public

Primary: Scotland Memorial Hospital

Other DBA:

**Facility Address**

Facility Mailing Address:

500 Lauchwood Drive  
Laurinburg, NC 28352

Facility Site Address:

500 Lauchwood Drive  
Laurinburg NC 28352  
County: Scotland

Has the Facility Mailing Address  
Changed?

No

**Facility Site Contact Information**

Contact Name: Lucien StOnge

Email: lucien.stonge@scotlandhealth.org

Phone Number: (910) 291-7547

Fax: (910) 291-7029

**Contact Information**

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

**Hospital Director**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_

Has the Director information changed? Yes

- New Director Information:

Name: Gregory Wood Title: President & Chief Executive Officer

Email: greg.wood@scotlandhealth.org

**Director of Planning**

Name: David Pope, COO

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

**Chief Executive Officer**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_

Has the Chief Executive Officer information changed? Yes

**- New Chief Executive Officer Information:**

Name: Gregory Wood Title: President & Chief Executive Officer  
Email: greg.wood@scotlandhealth.org

**Chief Nursing Officer / Vice President of Nursing and Patient Care Services**

Name: Beatrice Holt

**Medical Director**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Email: \_\_\_\_\_

Has the Medical Director information changed? Yes

**- New Medical Director Information:**

Name of Medical Director: Jennifer Isenhour, MD Title: Chief of Staff  
Email: jennifer.isenhour@scotlandhealth.org

**Contact for Questions**

Name of the person to contact for any questions regarding this form/facility.

Name: Lucien St.Onge Title: CFO  
Phone: (910) 291-7547 Email: lucien.stonge@scotlandhealth.org

**Ownership Disclosure**

National Provider Identifier (NPI): 1457345597

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

Additional NPI
1902890742

\* For questions regarding NPI, contact 1-800-465-3203 (NPI Toll-Free) or visit the NPI Web Site.

**Legal Identity of Licensee**

Owner: Scotland Memorial Hospital Inc  
Address: 500 Lauchwood Drive Business Phone: (910) 291-7000  
Laurinburg, NC 28352 Fax: (910) 291-7029  
Email: greg.wood@scotlandhealth.org  
Chief Executive Officer (CEO) : Gregory C. Wood, President & CEO

**Legal Entity**

Legal Entity Is: Not For Profit  
Legal Entity Is: Corporation (CORP)

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

Is the business operated under a management contract? Yes

- If Yes, Name and Address of the Management company.

Name: Atrium Health Phone: (704) 355-2000  
Address: 1000 Blythe Blvd Fax: \_\_\_\_\_  
Charlotte NC 28203 Email: \_\_\_\_\_

**Health System**

- 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

-- Name of Health System: Not Listed

-- Please provide the name of the Health System if it is not listed Scotland Health Care System

-- Name of the CEO: Gregory Wood

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

\* The Operating Room need determination methodology uses the following definition of "health system" that differs from the definition above. (Note that for most facilities, the health system entered here will be the same health system entered above, 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?       No      

**List all Campuses**

\* List all Campuses as defined in NCGS 131E-176(2c) under the hospital license. Include offsite emergency departments.

Name of Campus and Address	Services Offered						Other Services Offered
	Beds	ORs/GI Endoscopy	Imaging	LINAC	Reimb. Source	Lithotripsy	
Scotland Memorial Hospital 500 Lauchwood Drive, Laurinburg, NC 28352	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

**Accreditation**

\* If surveyed within the last twelve (12) months, attach a copy of the accreditation report and grid. If applicable, attach a copy of the plan of correction.

Accredited	Accrediting Organization	Expiration Date	Deemed Letter?
Yes	THE JOINT COMMISSION (TJC)	07/10/2024	----
----	DET NORSKE VERITAS (DNV)	----	----
----	AOA / HFAP Healthcare Facilities Accreditation Program	----	----
----	Improvement in Healthcare Quality (CIHQ)	----	----

**Facility Data**

CMS Certification Number (CCN):                     340008                    

**Reporting Period**

All responses should pertain to October 1, 2021 to September 30, 2022.

**Designation**

- 1. Are you a designated trauma center?           No
- 2. Are you a critical access hospital (CAH)?           No
- 3. Are you a long term care hospital (LTCH)?           No

4. Are you a designated stroke center?	<u>No</u>
5. Does this hospital have licensed nursing facility beds?	<u>No</u>
6. Does this hospital have a swing bed agreement with CMS?	<u>No</u>

**General Information**

1. Admissions to Licensed Acute Care Beds: Exclude normal newborn bassinets, swing beds, and all other types of beds (inpatient rehabilitation, inpatient hospice, substance use disorder, psychiatry).	<u>5667</u>
2. Discharges from Licensed Acute Care Beds: Exclude normal newborn bassinets, swing beds, and all other types of beds (inpatient rehabilitation, inpatient hospice, substance use disorder, psychiatry).	<u>5696</u>
3. Average Daily Census: Exclude normal newborn bassinets, swing beds, and all other types of beds (inpatient rehabilitation, inpatient hospice, substance use disorder, psychiatry).	<u>71</u>
4. Was there a permanent change in the total number of licensed beds during the reporting period?	<u>No</u>
5. Observations: Number of patients in observation status and not admitted as inpatients, excluding Emergency Department patients.	<u>3103</u>
6. Number of unlicensed Observation Beds	<u>0</u>
- Do you have any outstanding plans of correction with the DHSR Construction Section?	<u>No</u>

**Transparency**

\* For questions regarding this Tab, please contact Acute Care at (919) 855-4620.

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.

Please provide the main website address for the facility licensed on this application:

www.scotlandhealth.org

\* In accordance with 131E-214.4(a) DHSR can no longer post a link to websites to demonstrate compliance with this statute.

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

http://www.scotlandhealth.org/patients-and-visitors/financial-assistance-and-standard-charges

\* Please attach a copy of the facility's charity care policy and financial assistance policy.

Do you File Form 990 or Form 990 Schedule H? Yes

- If Yes, enter the data in the table below.

Please provide the following financial assistance data. All responses can be located on Form 990 and/or Form 990 Schedule H.

Contribution, Gifts, Grants and other similar Amounts (Form 990; Part VIII 1(h))	Annual Financial Assistance at Cost (Form 990; Schedule H Part I, 7(a)(c))	Bad Debt Expense (Form 990; Schedule H Part III, Section A(2))	Bad Debt Expense Attributable to Patients eligible under the organization's financial assistance policy (Form 990; Schedule H Part III, Section A(3))
15558290	3974347	12776622	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: Lucien St.Onge Title: CFO Date: 12/20/2022

**Itemized Charges**

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

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

**20 Most Common Outpatient Surgical Cases Table**

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

CPT Code	Description	Cases
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	77
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	25
29881	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	71
42820	Tonsillectomy and adenoidectomy; younger than age 12	72

42830	Adenoidectomy, primary; younger than age 12	42
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)	45
43239	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple	589
43248	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with insertion of guide wire followed by dilation of esophagus over guide wire	0
43249	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with insertion of guide wire followed by dilation of esophagus over guide wireUpper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with balloon dilation of esophagus (less than 30 mm diameter)	23
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)	449
45380	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple	71
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	421
45385	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	88
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	0
64721	Neuroplasty and/or transposition; median nerve at carpal tunnel	61
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	5
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (stage one procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification)	445
69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia	58

20 Most Common Outpatient Imaging Procedures Table

Enter the number of the top 20 most common imaging procedures performed in the ambulatory surgical center in the table below by CPT code. Submit one record for the licensed hospital.

CPT Code	Description	Cases
70450	Computed tomography, head or brain; without contrast material	6627
70486	Computed tomography, facial bone; without contrast material	706
70551	Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material	833
70553	Magnetic resonance(e.g., proton) imaging, brain(including brain stem); without contrast material followed by contrast material(s) and further sequenses.	352
71020	Radiologic examination, chest; two views, frontal and lateral	1584
71250	Computed tomography, thorax; without contrast material(s)	993
71260	Computed tomography, thorax; with contrast material(s)	1645
71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	2695
72100	Radiologic examination, spine, lumbosacral; two or three views	1265
72110	Radiologic examination, spine, lumbosacral; minimum of four views	271
72125	Computed tomography, cervical spine; without contrast material	2267
72141	Magnetic resonance (e.g., proton) imaging, spine cervical without contrast material	294
72148	Magnetic resonance (e.g., proton) imaging, spine lumbar without contrast material	708
73221	Magnetic resonance (e.g., proton) imaging, upper joint (e.g. shoulder, elbow, wrist) extremity without contrast material	134
73630	Radiologic examination, foot; complete, minimum of three views	1566
73721	Magnetic resonance (e.g., proton) imaging, lower joint (e.g. knee, ankle, mid-hind foot, hip) extremity without contrast material	240
74000	Radiologic examination, abdomen; single anteroposterior view	1361
74176	Computed tomography, abdomen and pelvis; without contrast material	3367
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	5637
74178	Computed tomography, abdomen and pelvis; with contrast material(s) followed by contrast material	193

### Services - for Entire Facility

#### Services and Facilities

##### 1. Obstetrics

	Number of Infants
a. Live births (Vaginal Deliveries)	526
b. Live births (Cesarean Section)	305
c. Stillbirths	11

	Number of Rooms
d. Delivery Rooms - Delivery Only (Not Cesarean Section)	0
e. Delivery Rooms - Labor and Delivery, Recovery	4
f. Delivery Rooms – LDRP	0
g. Number of Normal Newborn Bassinets (Level I Neonatal Services).	20

2. Abortion Services

Number of procedures per Year 0

3. Emergency Department Services

a. Total number of ED exam rooms: 34

Of this total, how many are:

1. Trauma Rooms 2

2. Fast Track Rooms 5

3. Urgent Care Rooms 0

b. Total number of ED visits for reporting period: 49092

c. Total number of inpatient admissions from the ED for reporting period: 4223

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

f. Is a physician on duty in your ED 24 hours a day 7 days per week? Yes

4. Medical Air Transport

a. Does the facility operate an air ambulance service? No

5. Pathology and Medical Lab

a. Blood Bank/Transfusion Services Yes

b. Histopathology Laboratory Yes

c. HIV Laboratory Testing Yes

- Number of tests performed during reporting period:

HIV Serology 478  
HIV Culture 0

d. Organ Bank No  
e. Pap Smear Screening No

6. Transplantation Services

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

Do you perform living donor transplants? No

7. Telehealth/Telemedicine

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."

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

Service	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 checked="" type="checkbox"/>
Psychiatric	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Alcohol and/or substance use disorder (other than tobacco cessation) services	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other services	<input type="checkbox"/>	<input checked="" type="checkbox"/>

8. Specialized Cardiac Services

8-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

\* For questions on this section, contact Healthcare Planning at 919-855-3865.

8-b. Cardiac Catheterization and Electrophysiology

1. Does this facility provide cardiac catheterization on fixed units or electrophysiology services? Yes

\* Cardiac Catheterization procedures (as defined in G.S. § 131E-176 (2g))

Number of units of fixed cardiac catheterization equipment with a CON: 1

\* CON Project IDs for fixed equipment:  
N-8097-08

\* Number of units of legacy fixed cardiac catheterization equipment (i.e., equipment obtained before a CON was required): 0

	Diagnostic Cardiac Catheterization**	Interventional Cardiac Catheterization***
Number of Procedures* Performed in Fixed Units on Patients Age 14 and younger:	0	0
Number of procedures* performed in fixed units on patients age 15 and older:	297	46

- Electrophysiology procedures on dedicated electrophysiology equipment  
 \* Number of units of fixed dedicated electrophysiology equipment: 0

2. Does this facility provide cardiac catheterization on mobile equipment? No

\* A procedure is defined as one visit or trip by a patient to a catheterization laboratory for a single or multiple catheterizations. If the visit includes both diagnostic and interventional procedures, count the interventional procedures only. For example, if a patient has both a diagnostic and an interventional procedure in one visit, Count all EP procedures separately.

\*\*\*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 legacy cardiac catheterization equipment owned by hospital (i.e., equipment obtained before a CON was required): 0

CON Project ID numbers for all non-legacy 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 (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):

0

9-a. Does this facility provide any of the following services?

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

- Enter number of dialysis stations

4

9-b. Acute Hospital Care at Home

\* Acute Hospital Care at Home is a delivery model for acute care services in a patient's home as a substitute for traditional inpatient acute hospital care provided in the acute care beds of physical hospitals, regardless of whether care was delivered under a CMS waiver. Please note these services do NOT include those provided under hospice care or home health care.

- This facility provided acute hospital care at home services between October 1, 2021 and September 30, 2022?

9-c. Does this facility have a hospital-based hospice unit with licensed inpatient hospice beds?

No

9-d. Does this facility have a psychiatric unit with licensed psychiatric beds?

No

9-e. Does this facility have a substance use disorder treatment unit with licensed substance use disorder treatment beds?

No

### Services - By Campus

#### Source of Reimbursement for Services

\* For "Inpatient Days," show Acute Inpatient Days only, excluding normal newborns.

**Scotland Memorial Hospital**

Primary Payer Source	Inpatient Days of Care (total should be the same as The Total General Acute Care Days in Beds by Service)	Emergency Visits on this campus. For multi-campus hospitals, the total for the cumulative record should match the number of ED visits in Services and Facilities, Item 3b, from the Services for Entire Facility tab.	Outpatient Visits (excluding Emergency Visits and Surgical Cases, including Imaging services)	Inpatient Surgical Cases (total should be same as Total Surgical Cases-Inpatient Cases by Speciality Area)	Ambulatory Surgical Cases (total should be same Total Surgical Cases-Ambulatory Cases in Surgical Cases by Speciality Area)
Self Pay	1031	5506	8129	62	219
Charity Care	774	1473	4003	46	108
Medicare *	15485	12738	42644	926	1147
Medicaid *	5361	16594	28826	320	776
Insurance *	2759	10072	30396	165	818
Other (Specify)	401	2709	2520	24	67
<b>TOTAL</b>	<b>25811</b>	<b>49092</b>	<b>116518</b>	<b>1543</b>	<b>3135</b>

\* Including any managed care plans.

#### Beds by Service

\* Inpatient Only – do Not Include Observation Beds or Days of Care. Do not include acute inpatient hospital care at home.

#### Scotland Memorial Hospital

\* 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, you will need to complete the Nursing Care Facility/Unit Beds Annual Data Supplement section.

\* NOTE: The licensed beds on record should match the Total General Acute Care Beds/Days. The licensed beds on record should match the licensed beds this includes 2 through 8.

Licensed Acute Care Beds	Licensed Beds as of 9/30/2022	Operational Beds as of 9/30/2022	Inpatient Days of Care
<b>Intensive Care Units</b>			
1. General Acute Care Beds/Days			
a. Burn	0	0	0
b. Cardiac	0	0	0
c. Cardiovascular Surgery	0	0	0
d. Medical/Surgical	8	8	2084
e. Neonatal Beds Level IV (Not Normal Newborn) Neonatal service levels are defined in 10A NCAC 14C. 1401.	0	0	0
f. Pediatric	0	0	0
g. Respiratory Pulmonary	0	0	0

h. Other (List)	0	0	0
Other Units			
i. Gynecology	0	0	0
j. Medical/Surgical (Exclude Skilled Nursing swing-beds)	71	78	21265
k. Neonatal Level III (Not Normal Newborn) Neonatal service levels are defined in 10A NCAC 14C. 1401.	2	2	226
l. Neonatal Level II (Not Normal Newborn) Neonatal service levels are defined in 10A NCAC 14C. 1401.	3	3	876
m. Obstetric (including LDRP)	13	13	1380
n. Oncology	0	0	0
o. Orthopedics	0	0	0
p. Pediatric	0	0	0
q. Other, List:	0	0	0

**Total General Acute Care Beds/Days (a through q)**      **97**      **104**      **25811**

\* Licensed Beds on record = 97

2. Comprehensive In-Patient Rehabilitation * Licensed Beds on record = 7	7	0	0
3. Inpatient Hospice * Licensed Beds on record = 0	0	0	0
4. Substance Use Disorder / Chemical Dependency Treatment * Licensed Beds on record = 0	0	0	0
5. Psychiatry * Licensed Beds on record = 0	0	0	0
6. Nursing Facility * Licensed Beds on record = 0	0	0	0
7. Adult Care Home * Licensed Beds on record = 0	0	0	0
8. Other * Licensed Beds on record = 0	0	0	0

**9. Totals (1 through 8)**      **104**      **104**      **25811**

Is this hospital designated as a swing-bed hospital by the centers for Medicare & Medicaid Services?

No

**Surgical/NonSurgical Rooms/Procedures**

\* Surgical Operating Rooms, Procedure Rooms, Gastrointestinal Endoscopy Rooms, Surgical and Non-Surgical Cases and Procedures

**Scotland Memorial Hospital**

\* NOTE: The Surgical Operating rooms on record should match the Surgical Operating rooms. And the Total Number of Licensed Gastrointestinal Endoscopy Rooms on record should match the Total Number of Licensed Gastrointestinal Endoscopy Rooms across.

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 * Dedicated Open Heart Surgery Operating rooms on record = 0	0
Dedicated C-Section * Dedicated C-Section Operating rooms on record = 1	1
Other Dedicated Inpatient Surgery (Do not include dedicated Open Heart or C-Section rooms) * Other Dedicated Inpatient Surgery Operating rooms on record = 0	0
Dedicated Ambulatory Surgery * Dedicated Ambulatory Surgery Operating rooms on record = 0	0
Shared - Inpatient / Ambulatory Surgery * Shared - Inpatient / Ambulatory Surgery Operating rooms on record = 5	5

Total of Surgical Operating Rooms 6

Of the Total of Surgical Operating Rooms, 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 on record = 2

Total Number of Licensed Gastrointestinal Endoscopy Rooms 2

GI Endoscopies *	Procedures*		Cases**		Total Cases
	Inpatient	Outpatient	Inpatient	Outpatient	
Performed in Licensed GI Endoscopy Rooms	124	2084	121	1965	2086
NOT Performed in Licensed GI Endoscopy Rooms	124	71	120	66	186
<b>TOTAL CASES</b> —For hospitals with multiple campuses, the total number of cases on the cumulative record should match the total number of cases (patients) listed in the Patient Origin Table.					2272

\* 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."

\*\* A GI endoscopy case is defined as a single trip to the GI endoscopy room or other location where one or more procedures are performed.

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 1

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. 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 Room	0	0
NOT Performed in Licensed GI Endoscopy Room	2	39
<b>Other Non-Surgical Cases</b>		
Pain Management	0	0
Cystoscopy	27	27
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. For hospitals with multiple campuses, the total number of surgical cases on the cumulative record should match the total number of cases (patients) listed in the Patient Origin Tables.

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)	0	0
Open Heart Surgery	0	
General Surgery	581	621
Neurosurgery	0	0
Obstetrics and GYN (excluding C-Sections)	107	380
Ophthalmology	0	496
Oral Surgery/Dental	0	0
Orthopedics	394	824
Plastic Surgery	0	0
Podiatry	0	0
Urology	13	83
Vascular	133	443
ENT	6	288
Number of C-Sections Performed in Dedicated C-Section ORs	306	

Number of C-Sections Performed in Other ORs	3
<b>Total Surgical Cases Performed in Licensed ORs</b>	<b>1543</b>
	<b>3135</b>

f. Surgical procedures performed in unlicensed Procedure Rooms

Number of surgical procedures performed in unlicensed Procedure Rooms 0

g. Average Operating Room Availability and Average Case Times

\* Based on **your facility's** experience, please complete the table below by showing the information for all licensed operating rooms in your facility. Healthcare Planning uses this data in the operating room need methodology. 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
8.16	260	86.16	66.2

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

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

\*\* Add up the case times separately for inpatient and ambulatory surgeries for all cases listed in the "Surgical Cases by Specialty Area" table.

\*\*\* **Case Time = Time from Room Set-up Start to Room Clean-up Finish.** Definition 2.4 from the "Procedural Times Glossary" of the American Association of Clinical Directors, as approved by ASA, ACS, and AORN. NOTE: This definition includes all of the time for which a given procedure requires an OR.

**Imaging**

**Scotland Memorial Hospital**

Does this campus have at least one of the following: fixed MRI scanner, mobile MRI scanner, and/or any other fixed or mobile MRI services? Yes

**MRI Procedures**

Indicate the number of procedures performed during the 12-month reporting period at your facility. Healthcare Planning and Certificate of Need may request CPT codes if further clarification is needed.

Procedures	Inpatient Procedures *			Outpatient Procedures *			TOTAL Procedures
	Base**	Complex**	TOTAL Inpatient	Base**	Complex**	TOTAL Outpatient	
Fixed	498	150	648	2085	893	2978	3626
Mobile (performed only at this site)	0	0	0	0	0	0	0
<b>TOTAL***</b>	<b>498</b>	<b>150</b>	<b>648</b>	<b>2085</b>	<b>893</b>	<b>2978</b>	<b>3626</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.

\*\* Base = an MRI scan without contrast or IV sedation.  
Complex = an MRI scan with contrast or IV sedation.

\*\*\* The grand totals of both fixed and mobile procedures on the cumulative record must be greater than or equal to the total in the MRI Patient Origin Table, below.

**Fixed MRI Scanners**

\* Indicate the number of MRI scanners at this facility (even if no procedures were performed) during the 12-month reporting period.

Fixed Scanners	Number
Number of fixed MRI scanners-closed, including open-bore scanners (do not include any Policy AC-3 scanners)	1
Number of fixed MRI scanners-closed, including open-bore scanners (do not include any Policy AC-3 scanners)	0
Number of Policy AC-3 MRI scanners used for general clinical purposes	0
<b>Total Fixed MRI Scanners</b>	<b>1</b>

Number of legacy fixed MRI scanners on this campus 0

CON Project ID numbers for all other fixed MRI scanners on this campus or hospital-owned mobile scanners that serve this campus:

N-7085-07

**Mobile MRI Services**

During the reporting period, did the facility own one or more mobile MRI scanners? No

Did the facility contract for mobile MRI services? No

**Other MRI (Inpatient and Outpatient Procedures)**

\* Patients served on units listed in the next table should not be included in then MRI Patient Origin Table.

Other Scanners	Number	Inpatient Procedures *			Outpatient Procedures *			TOTAL Procedures
		Base**	Complex**	TOTAL Inpatient	Base**	Complex**	TOTAL Outpatient	
Other Human Research MRI scanners	0	0	0	0	0	0	0	0
Intraoperative MRI (IMRI)	0	0	0	0	0	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.

\*\* Base = an MRI scan without contrast or IV sedation.  
Complex = an MRI scan with contrast or IV sedation.

Does this campus own a computed tomography (CT) scanner or contract for mobile CT services? Yes

**Computed Tomography (CT)**

How many fixed CT scanners does the hospital own? 3

Does the hospital contract for mobile CT scanner services? No

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	7342	0
2. Head with contrast	327	0
3. Head without and with contrast	75	0
4. Body without contrast	8567	0
5. Body with contrast	11206	0
6. Body without contrast and with contrast	542	0
7. Biopsy in addition to body scan with or without contrast	83	0
8. Abscess drainage in addition to body scan with or without contrast	1	0
<b>Total</b>	<b>28143</b>	<b>0</b>

Does this campus have at least one of the following: fixed Positron Emission Tomography (PET) scanner, mobile PET scanner, and/or any other fixed or mobile PET services? Yes

**Positron Emission Tomography (PET)**

SCAN TYPE	Number of Units	Number of Procedures*		
		Inpatient	Outpatient	Total
Dedicated Fixed PET Scanner	0	0	0	0
Mobile PET Scanner	1	0	262	262
PET pursuant to Policy AC-3	0	0	0	0
Other PET Scanners used for Human Research only	0	0	0	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. For hospitals with multiple campuses, the total number of PET procedures on the cumulative record should match the total number of patients listed in the Patient Origin Table.

CON Project ID numbers for all non-legacy fixed PET scanners on this campus

N/A

Does the hospital own a mobile PET scanner that performed procedures on this campus?

No

- Name of Mobile PET Provider, if any: Alliance Mobile Imaging

**Other Imaging Equipment**

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Ultrasound equipment	4	1048	8819	9867
Mammography equipment	2	1	8345	8346
Bone density equipment	1		1121	1121
Fixed X-ray equipment (excluding fluoroscopic)	6	3534	31618	35152
Fixed fluoroscopic X-ray equipment	1	167	835	1002
Special procedures/ Angiography equipment (neuro & vascular, but not including cardiac cath.)	0			
Coincidence camera	0			
Mobile coincidence camera	0			
SPECT	1	191	741	932
Mobile SPECT	0			
Gamma camera	1	18	411	429
Mobile gamma camera	0			
Proton therapy equipment	0			

**Linear Accelerator**

**Scotland Memorial Hospital**

a. Procedure by CPT Code

CPT Code	Description	# of Procedures
	<b>Simple Treatment Delivery</b>	
	<b>Intermediate Treatment Delivery</b>	
	<b>Complex Treatment Delivery</b>	
	<b>Other Treatment Delivery Not Included Above</b>	
	<b>Imaging Procedures Not Included Above</b>	
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
77401	Radiation treatment delivery	0
77402	Radiation treatment delivery (<=5 MeV)	0
77403	Radiation treatment delivery (6-10 MeV)	0
77404	Radiation treatment delivery (11-19 MeV)	0
77406	Radiation treatment delivery (>=20 MeV)	0
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
77412	Radiation treatment delivery (<=5 MeV)	871
77413	Radiation treatment delivery (6-10 MeV)	0
77414	Radiation treatment delivery (11-19 MeV)	0
77416	Radiation treatment delivery (>=20 MeV)	0
77417	Additional field check radiographs	0
77418	Intensity modulated radiation treatment (IMRT) delivery and/or CPT codes 77385 and/or 77386 and/or G6015	2120
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
OTHER1	Intraoperative radiation therapy (conducted by bringing the anesthetized patient down to the LINAC)	0
OTHER10		0
OTHER2	Pediatric Patient under anesthesia	0
OTHER3	Limb salvage irradiation	0
OTHER4	Hemibody irradiation	0
OTHER5	Total body irradiation	0
OTHER6		0
OTHER7		0

OTHER8		0
OTHER9		0

Total Procedures – Linear Accelerators 2991

Gamma Knife® Procedures		
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of one session; multisource Cobalt 60 based (Gamma Knife®)	0

**b.Linear Accelerator Treatment Data**

\* 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. For hospitals with multiple campuses, the total number of patients on the cumulative record should match the total number of patients listed in the Patient Origin Table.

Number of Patients:	113
TOTAL number of Linear Accelerator:	1
<b>Of the TOTAL above:</b>	
- Number of Linear Accelerators configured for <b>stereotactic radiosurgery</b>	_____
- Number of <b>CyberKnife®</b> Systems	_____
- Number of <b>other specialized linear accelerators</b>	_____
Number of <b>Gamma Knife®</b> units:	
Number of <b>treatment simulators</b> ("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)))	
Number of legacy Linear Accelerators:	0

CON Project ID numbers for all **non**-legacy Linear Accelerators

N/A

**Lithotripsy**

**Scotland Memorial Hospital**

Mobile Lithotripsy Vendor/Owner: Carolina Lithotripsy

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Fixed	0	0	0	0
Mobile	1	0	77	77

## Patient Origin

### Patient Origin - General Acute Care Inpatient Services

\* Provide the county of residence for each inpatient admission to this hospital, across all campuses (if this hospital is a multi-campus facility). The total must match the number of admissions entered in Admissions to Licensed Acute Care Beds in Facility Data Tab.

County of Residence	No. of Admissions
Alamance	1
Anson	3
Beaufort	1
Bladen	8
Brunswick	3
Cabarrus	2
Catawba	1
Chatham	1
Cleveland	1
Columbus	5
Cumberland	12
Davidson	1
Davie	1
Durham	2
Franklin	1
Gaston	1
Guilford	3
Hoke	69
Iredell	1
Johnston	1
Lincoln	1
Mecklenburg	18
Moore	5
Onslow	1
Richmond	139
Robeson	1788
Rowan	1
Sampson	1

Scotland	2575
Stanly	1
Union	2
Wake	4
Out of State	1013
Total No. of Patients	5667

**Patient Origin - Emergency Department Services**

\* Provide the county of residence for all patients served by your Emergency Department, for all campuses combined (if this hospital is a multi-campus facility). The total must match the number entered in Total Number of ED visits for reporting period from the Services for Entire Facility Tab.

County of Residence	No. of Patients
Alamance	6
Anson	53
Ashe	5
Beaufort	2
Bladen	30
Brunswick	16
Buncombe	4
Burke	1
Cabarrus	18
Carteret	1
Caswell	1
Catawba	8
Chatham	2
Clay	1
Cleveland	7
Columbus	39
Craven	4
Cumberland	213
Davidson	7
Davie	1
Duplin	1
Durham	16
Edgecombe	1
Forsyth	6
Franklin	2
Gaston	10
Gates	1
Graham	1
Guilford	58
Harnett	18

Henderson	1
Hoke	1831
Iredell	4
Johnston	11
Lee	9
Lenoir	6
Lincoln	3
Martin	2
McDowell	2
Mecklenburg	135
Mitchell	2
Montgomery	16
Moore	72
Nash	8
New Hanover	14
Northampton	3
Onslow	4
Orange	4
Pender	3
Perquimans	2
Pitt	4
Randolph	6
Richmond	990
Robeson	15647
Rockingham	2
Rowan	7
Rutherford	1
Sampson	14
Scotland	20505
Stanly	13
Stokes	3
Union	41
Wake	37
Warren	1
Watauga	7
Wayne	1
Wilkes	1
Yadkin	1
Out of State	9146
Total No. of Patients	49092

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

\* Enter the county of residence corresponding to the days of care provided to psychiatric patients from each county. Provide this data for patients admitted to beds licensed under Section 10A NCAC 13B .5200. The total days of care should match the psychiatry days of care entered in 'Beds by Service' on the Services – by Campus tab

**Psychiatric Treatment Days of Care**

Psychiatric Treatment Days of Care					
County of Patient Origin	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total
Total No. of Patients					0

**Substance Use Disorder Treatment Days of Care**

\* The total days of care should match the Substance Abuse / Chemical Dependency Treatment days of care entered in 'Beds by Service' on the Services – by Campus tab (either the cumulative record or the only record for this hospital)

Substance Use Disorder Treatment Days of Care					
County of Patient Origin	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total
Total No. of Patients					0

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

\* Provide the county of residence corresponding to GI Endoscopy cases performed at this hospital. The total from the chart below should match the total GI Endoscopy cases reported on the Gastrointestinal rooms, Procedures and Cases table on the last record, on the Services-by campus tab(either the cumulative record or the only record for this hospital).

County of Residence	No. of Patients
Anson	1
Bladen	3
Brunswick	1
Columbus	3
Cumberland	6
Guilford	1
Halifax	1
Hoke	51
Lenoir	1
Mecklenburg	2
Moore	2
Richmond	61
Robeson	719
Scotland	1143
Out of State	277
Total No. of Patients	2272

**Patient Origin - Inpatient Surgical Cases**

\* 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.

**The Total from this chart should match the Total Inpatient Cases reported on the "Surgical Cases by Specialty Area" on the Services-by campus (either the cumulative record or the only record for this hospital).**

County of Residence	No. of Patients
Anson	1
Beaufort	1
Bladen	1
Carteret	1
Catawba	1
Columbus	2
Cumberland	9
Davidson	1
Guilford	1
Hoke	72
Johnston	2
Mecklenburg	4
Richmond	53
Robeson	585
Sampson	1
Scotland	570
Wake	1
Out of State	237
<b>Total No. of Patients</b>	<b>1543</b>

**Patient Origin - Ambulatory Surgical Cases**

\* Please provide the county of residence for each ambulatory surgery patient served in your facility. Count each ambulatory patient once regardless of the number of procedures performed while the patient was having surgery. However, each admission as an ambulatory surgery case should be reported separately.

**The total should match the Total Ambulatory Surgical cases reported on the 'Surgical cases by Speciality area' table on Services-by campus (either the cumulative record or the only record for this hospital).**

County of Residence	No. of Patients
Alexander	1
Anson	5
Bladen	6
Brunswick	1
Buncombe	1
Cabarrus	2
Camden	1



Columbus	4
Cumberland	25
Guilford	2
Hoke	117
Johnston	1
Mecklenburg	4
Montgomery	1
Moore	13
Nash	1
Onslow	1
Pender	2
Pitt	1
Richmond	167
Robeson	1070
Scotland	1144
Surry	1
Out of State	564
Total No. of Patients	3135

**Patient Origin - MRI Services**

\* Provide the county of residence for each patient served in your facility.

The total number of patients reported here should be equal to or less than the total number of MRI procedures reported in the 'MRI Procedures' table on the Services-by campus tab(either the cumulative record or the only record for this hospital).

County of Residence	No. of Patients
Brunswick	1
Camden	2
Catawba	1
Chatham	1
Columbus	6
Craven	1
Cumberland	7
Durham	1
Franklin	1
Gaston	1
Guilford	3
Harnett	2
Hoke	109
Lee	2
Lenoir	1
Mecklenburg	9

Mitchell	1
Moore	7
New Hanover	1
Randolph	1
Richmond	94
Robeson	1069
Scotland	1645
Stanly	1
Stokes	1
Union	2
Wake	2
Wayne	2
Wilson	1
Out of State	651
Total No. of Patients	3626

**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 the Services-by Campus.**

County of Residence	No. of Patients
Anson	1
Bladen	1
Cumberland	2
Hoke	4
Moore	2
Richmond	24
Robeson	54
Scotland	105
Out of State	69
Total No. of Patients	262

**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 Services-by campus tab.**

County of Residence	No. of Patients
Brunswick	1
Cumberland	1
Richmond	12
Robeson	23
Scotland	50
Out of State	26
Total No. of Patients	113

## Authenticating Signature

---

**Electronic Signature Agreement:** By checking the two boxes below you acknowledge and agree to the following statements:

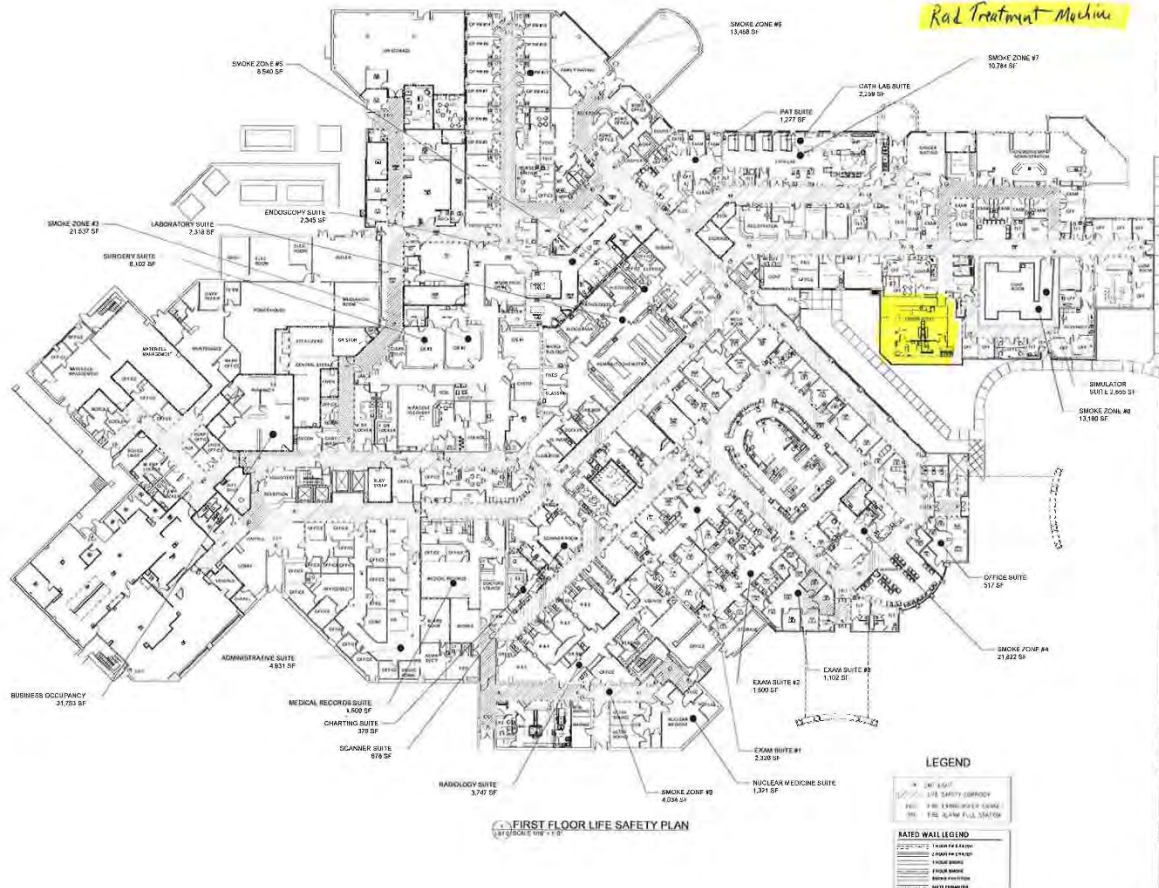
- You agree to sign and submit this application electronically as your name appears in the NCID system.
- You have reviewed the entire application before signing.
- Your electronic signature will have the same legal effect and enforceability as your manual signature.
- No certification authority or other third-party verification is necessary to validate your electronic signature and the lack of such certification or third-party verification will not in any way effect the enforceability of your electronic signature.
- You understand and agree that this electronic application may be used in any way that the paper application is used.
- The undersigned attests that he/she is the owner, officer, or duly authorized representative of the applicant for a Hospital license pursuant to North Carolina General Statute Article 5, Chapter 131E and the information in this application is truthful, accurate, and complete.

**Hospitals** - The undersigned submits this application for 2023 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.

I have read and agree to the **Electronic Signature Agreement**.

Name: Lucien StOnge Date: 01/13/2023

# Exhibit 2



*Rad Treatment Machine*

**GJ WHITE CONSULTING**  
 CONSULTING ARCHITECTS  
 1000 W. 10th St., Suite 100  
 Oklahoma City, Oklahoma 73101  
 Phone: (405) 521-1111

**PRELIMINARY PLAN FOR CONSTRUCTION**

**SCOTLAND MEMORIAL HOSPITAL**  
**LIFE SAFETY PLAN**  
**FULLY SPRINKLED HOSPITAL**

PROJECT NO. 15-011  
 DATE: 05/20/14  
 DRAWN: GJW  
 CHECKED: GJW  
 APPROVED: GJW

**FIRST FLOOR LIFE SAFETY PLAN**

**LS-1.0**

**Exhibit 3**

**STATE OF NORTH CAROLINA**  
*Department of Health and Human Services*  
*Division of Health Service Regulation*

**CERTIFICATE OF NEED**

for

Project Identification Number #N-7872-07

FID# 061346

ISSUED TO: **Scotland Memorial Hospital, Inc.**  
**500 Lauchwood Drive**  
**Laurinburg, NC 28352**

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that law.

**SCOPE:** **Replace existing linear accelerator with a new linear accelerator, upgrade existing simulator, and construct a new vault at the hospital/ Scotland County**

**CONDITIONS:** **See Reverse Side**

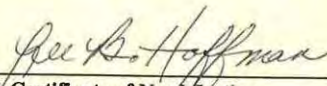
**PHYSICAL LOCATION:** **Scotland Memorial Hospital, Inc.**  
**500 Lauchwood Drive**  
**Laurinburg, NC 28352**

**MAXIMUM CAPITAL EXPENDITURE:** **\$4,937,470**

**TIMETABLE:** **See Reverse Side**

**FIRST PROGRESS REPORT DUE:** **August 15, 2008**

This certificate is effective as of the 22<sup>nd</sup> day of February, 2008.

  
\_\_\_\_\_  
**Chief, Certificate of Need Section**  
**Division of Health Service Regulation**

**CONDITIONS**

1. Scotland Memorial Hospital, Inc. shall materially comply with all representations made in its certificate of need application identified as Project I. D. #N-7872-07, and the supplemental documents provided to the Agency on January 9, 2008. In those instances in which any of these representations conflict, Scotland Memorial Hospital shall materially comply with the last made documents.
2. Scotland Memorial Hospital, Inc. shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section VIII of the application or that would otherwise require a certificate of need.
3. Scotland Memorial Hospital, Inc. shall replace its existing Varian 2100 Cliniac linear accelerator with a new linear accelerator and shall upgrade its existing Nucletron simulator, as described in its certificate of need application.
4. Before offering services on the new liner accelerator, Scotland Memorial Hospital, Inc. shall dispose of the existing linear accelerator and remove it from service in North Carolina.

**TIMETABLE**

Contract Award -----	April 1, 2008
Order Equipment -----	April 1, 2008
25% Completion of construction -----	June 1, 2008
50% Completion of construction -----	July 15, 2008
Completion of construction -----	November 1, 2008
Offering of service(s) -----	January 1, 2009

## Exhibit 4

### EQUIPMENT COMPARISON

	EXISTING EQUIPMENT	REPLACEMENT EQUIPMENT
Type (e.g., Cardiac Catheterization, Gamma Knife®, Heart-lung bypass machine, Linear Accelerator, Lithotripter, MRI, PET, Simulator, CT Scanner, Other Major Medical Equipment)	Radiation Treatment Machine	Radiation Treatment Machine
Manufacturer	Elekta	Varian
Model number	Linac	TruBeam
Other method of identifying the equipment (e.g., Room #, Serial Number, VIN #)	Serial Number 151789	Unavailable at this time
Is the equipment mobile or fixed?	Fixed	Fixed
Date of acquisition	2008	Nov 2023
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>	\$4,937,470	\$6,686,196
Total cost of the equipment	Unavailable at this time	\$3,917,364
Location of the equipment <Attach a separate sheet for mobile equipment if necessary>	Cancer Center	Cancer Center
Document that the existing equipment is currently in use	2023 License Renewal Application	NA
Type of procedures performed on the existing equipment <Attach a separate sheet if necessary>	Delivery of Radiation treatments	NA
Type of procedures the replacement equipment will perform <Attach a separate sheet if necessary>	NA	Delivery of Radiation treatments



**From:** [Mitchell, Micheala L](#)  
**To:** [Stancil, Tiffany C](#)  
**Subject:** FW: [External] Scotland Memorial Hospital - Replacement linear accelerator  
**Date:** Tuesday, February 14, 2023 4:48:32 PM  
**Attachments:** [Scotland LINAC replacement exemption notice letter February 14 2023 \(2\)-C.pdf](#)

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Tiffany-Would you mind logging this as an exemption and assigning to Tanya?

Thanks,

Micheala

**Micheala Mitchell, JD**  
(*she/her/hers*)  
Section Chief, Healthcare Planning and CON Section  
[NC Department of Health and Human Services](#)  
[Division of Health Service Regulation](#)  
809 Ruggles Drive, Edgerton Building  
2704 Mail Service Center  
Raleigh, NC 27699-2704  
Office: 919 855 3879  
[Micheala.Mitchell@dhhs.nc.gov](mailto:Micheala.Mitchell@dhhs.nc.gov)

Help protect your family and neighbors from COVID-19.  
[Know the 3 Ws. Wear. Wait. Wash.](#)  
#StayStrongNC and get the latest at [nc.gov/covid19](https://nc.gov/covid19)

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

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**From:** Harris, Terri <TJHarris@foxrothschild.com>  
**Sent:** Tuesday, February 14, 2023 4:42 PM  
**To:** Mitchell, Micheala L <Micheala.Mitchell@dhhs.nc.gov>; Tanya, Saporito <tanya.saporito@dhhs.nc.gov>  
**Cc:** Bill (William R, II) Purcell (wrp@purcell-law.net) <wrp@purcell-law.net>; MPA-HA CHC J. Greg Stanley MPA-HA, CHC (Greg.Stanley@scotlandhealth.org) <greg.stanley@scotlandhealth.org>  
**Subject:** [External] Scotland Memorial Hospital - Replacement linear accelerator

**CAUTION:** External email. Do not click links or open attachments unless you verify. Send all suspicious email as an attachment to [Report Spam](#).

Hi again Micheala and Tanya - attached is an exemption notice letter regarding a planned replacement linear accelerator for Scotland's Cancer Center on its main campus. Please let me know if you have questions or need any other information.

Kind regards.

**Terri Harris (she/her)**

Partner

**Fox Rothschild LLP**

230 N. Elm St.

Suite 1200

Greensboro, NC 27401

(336) 378-5383 - direct

(336) 378-5400 - fax

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

[www.foxrothschild.com](http://www.foxrothschild.com)

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