

Table 5B: Acute Care Bed Need Determination

(Proposed for Certificate of Need Review Commencing in 2015)

It is determined that the Acute Care Bed Service Areas listed in the table below need additional acute care beds as specified.

Service Area	Acute Care Bed Need Determination*	Certificate of Need Application Due Date**	Certificate of Need Beginning Review Date
Cumberland	80	To be determined	To be determined
New Hanover	29	To be determined	To be determined
Stokes	28	To be determined	To be determined
Vance	11	To be determined	To be determined
It is determined that there is no need for additional acute care beds anywhere else in the state and no other reviews are scheduled.			

* Need determination shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (see Chapter 4).

** Application due dates are absolute deadlines. The filing deadline is 5:30 p.m. on the application due date. The filing deadline is absolute (see Chapter 3).

Table 5C: Long-Term Care Hospital (LTCH) Bed Inventory

License #	Facility Name	County	Licensed LTCH Beds	Adjustments for Certificates of Need and Previous Need
H0279	Asheville Specialty Hospital	Buncombe	34	0
H0278	Carolinas Specialty Hospital	Mecklenburg	40	0
H0236	Crawley Memorial Hospital	Cleveland	41	-13
H0275	Highsmith-Rainey Memorial Hospital	Cumberland	66	0
H0073	Kindred Hospital-Greensboro	Guilford	101	0
H0242	New LifeCare Hospital of North Carolina	Nash	50	0
H0280	Select Specialty Hospital - Durham	Durham	30	0
H0284	Select Specialty Hospital - Greensboro	Guilford	30	0
H0277	Select Specialty Hospital - Winston-Salem	Forsyth	42	0