

## **Table 11C: Adult Care Home Bed Need Determination Draft – 5/06/2014**

*(Proposed for Certificate of Need Review Commencing in 2015)*

It is determined that the counties listed in the table below need additional adult care home beds as specified.

<b>COUNTY</b>	<b>HSA</b>	<b>ADULT CARE HOME BED NEED DETERMINATION*</b>	<b>CERTIFICATE OF NEED APPLICATION DUE DATE**</b>	<b>CERTIFICATE OF NEED BEGINNING REVIEW DATE</b>
Jones	VI	20	To be determined	To be determined
Pamlico	VI	30	To be determined	To be determined
Washington	VI	10	To be determined	To be determined
It is determined that there is no need for additional adult care home beds anywhere else in the state and no other reviews are scheduled.				

\* Need determinations 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).