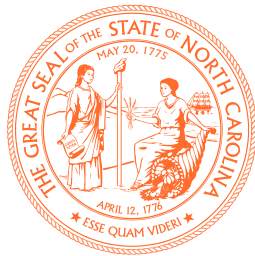


2024

STATE MEDICAL FACILITIES PLAN



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

NORTH CAROLINA 2024 STATE MEDICAL FACILITIES PLAN

Effective January 1, 2024

Prepared by the

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

Under the direction of the

North Carolina State Health Coordinating Council

For information contact the

North Carolina Division of Health Service Regulation
2704 Mail Service Center
Raleigh, North Carolina 27699-2704

[NC DHSR: State Medical Facilities Plan \(ncdhhs.gov\)](https://www.ncdhhs.gov)

(919) 855 - 3865

NOTE: Data used in the North Carolina 2024 State Medical Facilities Plan was last updated on October 6, 2023.

The North Carolina Department of Health and Human Services is an equal opportunity employer and provider.



STATE OF NORTH CAROLINA
OFFICE OF THE GOVERNOR

ROY COOPER
GOVERNOR

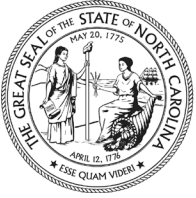
I hereby approve the Amended North Carolina 2024 State Medical Facilities Plan (SMFP or the "Plan") as recommended to me by the North Carolina State Health Coordinating Council. This amendment is required because the Department of Health and Human Services, Division of Health Service Regulation (the "Agency") did not receive certificate of need applications for need determinations for adult care home beds in Anson and Swain counties, or for cardiac catheterization equipment in Wayne County, all of which were identified in the 2023 SMFP. The Agency's removal of the 2023 need determinations from their respective inventories and its recalculation of the need methodologies yielded an increased need determination of fifty (50), rather than twenty (20), adult care home beds in Swain County, and one (1) unit of cardiac catheterization equipment in Wayne County in the 2024 Plan. The Amended 2024 State Medical Facilities Plan does not otherwise reduce or eliminate any previously identified need determinations from the 2024 State Medical Facilities Plan that I approved on December 22, 2023.

A handwritten signature in black ink that reads "Roy Cooper".

Roy Cooper, Governor

June 26, 2024

Date



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

October 27, 2023

The Honorable Roy Cooper, Governor
State of North Carolina
20301 Mail Service Center
Raleigh, NC 27699-0301

Dear Governor Cooper:

On behalf of the North Carolina State Health Coordinating Council, I am pleased to forward our recommendations for the North Carolina 2024 State Medical Facilities Plan. This Plan is the culmination of a year's work by the Council, its committees and Healthcare Planning staff.

The Council has devoted a significant amount of time to the review and discussion of a variety of issues prior to making its recommendations for the upcoming year. The Proposed Plan was disseminated broadly and examined in six public hearings held in July, and any petitions and comments received during this year-long process were duly considered.

The State Medical Facilities Plan represents the Council's recommendations regarding health care needs to be addressed in the 2024 certificate of need reviews.

Sincerely,

A handwritten signature in cursive script that reads 'Sandra B. Greene'.

Sandra B. Greene, DrPH, Chair
NC State Health Coordinating Council

Enclosure

cc: Kody H. Kinsley, Secretary, DHHS
Mark Payne, Director, DHSR

NORTH CAROLINA STATE HEALTH COORDINATING COUNCIL

WWW.NCDHHS.GOV

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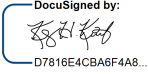


NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
KODY H. KINSLEY • Secretary

MEMORANDUM

TO: Governor Roy Cooper

FROM: Kody H. Kinsley  D7818E4CBA6F4A8...

SUBJECT: North Carolina 2024 State Medical Facilities Plan

DATE: November 7, 2023

I am forwarding for your review and approval the North Carolina 2024 State Medical Facilities Plan (SMFP) as recommended by the North Carolina State Health Coordinating Council (SHCC). Also attached is a summary of the need determinations and summer petitions from the 2023 planning cycle and minutes from all SHCC and Committee meetings held during the year.

I support the SHCC and the implementation of the 2024 SMFP.

Additional background information is available on all areas, if desired. It would greatly facilitate the publication and distribution of the SMFP if you could approve or request changes before the end of November.

Attachments: 2024 State Medical Facilities Plan
Summary of Need Determinations and Summer Petitions
Minutes from SHCC and Committee Meetings

WWW.NCDHHS.GOV

TEL 919-855-4900 • FAX 919-715-0991

LOCATION: 101 BLAIR DRIVE • ADAMS BUILDING • RALEIGH, NC 27603

MAILING ADDRESS: 2001 MAIL SERVICE CENTER • RALEIGH, NC 27699-2001



STATE OF NORTH CAROLINA
OFFICE OF THE GOVERNOR

ROY COOPER
GOVERNOR

MEMORANDUM

TO: Sandra B. Greene, Chair
NC State Health Coordinating Council

FROM: Governor Roy Cooper

SUBJECT: 2024 State Medical Facilities Plan

DATE: December 21, 2023

I am approving the **2024 State Medical Facilities Plan** as recommended to me by the NC State Health Coordinating Council. I thank the Council for their work in drafting this year's Plan and ensuring that the public had opportunities to offer input before it was submitted to me. I also thank you for your leadership in this important effort.

As you know, I believe that healthy people and healthy communities are the foundation for a thriving, prosperous state and a core part of the work of state government is improving health. To achieve progress for all North Carolinians, we must reduce health disparities and improve access to health care – two related objectives which intersect well with the work and guiding principles of the NC State Health Coordinating Council.

Applicants for new institutional health services subject to a Certificate of Need (CON) can and should play an important role in improving the health of NC residents and communities. Their CON applications should also specify how they will meet the needs of underserved communities.

As such, I am directing the Council to develop, for inclusion in the **2025 State Medical Facilities Plan**, with public input and comment, a new general policy to address how CON applicants will provide culturally competent healthcare that also integrates principles which increase equitable access to healthcare services and reduce health disparities in underserved communities.

cc: Secretary Kody Kinsley
Mark T. Benton
S. Mark Payne



**STATE OF NORTH CAROLINA
OFFICE OF THE GOVERNOR**

**ROY COOPER
GOVERNOR**

I hereby approve the *2024 State Medical Facilities Plan* (the "Plan") as recommended to me by the North Carolina State Health Coordinating Council ("SHCC"), effective January 1, 2024. In addition, I am directing the SHCC to develop, for inclusion in the *2025 State Medical Facilities Plan*, a general policy to address how certificate of need ("CON") applicants will provide culturally competent healthcare that integrates principles to increase health equity and reduce health disparities in underserved communities.

A handwritten signature in black ink that reads "Roy Cooper".

Roy Cooper, Governor

December 22, 2023

Date

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Chapter 1:

Overview of the North Carolina State Medical Facilities Plan

CHAPTER 1

OVERVIEW OF THE NORTH CAROLINA 2024 STATE MEDICAL FACILITIES PLAN

Purpose

The North Carolina 2024 State Medical Facilities Plan (SMFP) was developed by the North Carolina Department of Health and Human Services, Division of Health Service Regulation (DHSR), under the direction of the North Carolina State Health Coordinating Council (SHCC), pursuant to G.S.¹ §131E-177. The major objective of the SMFP is to provide individuals, institutions, state and local government agencies, and community leadership with policies and projections of need to guide local planning for specific health care facilities and services. The SMFP provides projections of need for the following facilities and services:

- acute care hospitals
- adult care homes
- end-stage renal disease dialysis facilities
- hospice home care and hospice inpatient beds
- inpatient rehabilitation facilities
- Medicare-certified home health agencies
- nursing home facilities
- operating rooms
- other acute care services
- technology and equipment services

Chapters dealing with specific facility/service categories contain summaries of the supply and the utilization of each type of facility or service, a description of any changes in the projection method and policies from the previous planning year, a description of the projection method, and other data relevant to projections of need.

Projections of need for the various facilities and services are used in conjunction with other statutes and rules in reviewing certificate of need (CON) applications for establishment, expansion, or conversion of health care facilities and services. All parties interested in health care facility and health services planning should consider the SMFP a key resource.

¹ General Statutes (North Carolina General Statutes).

Basic Principles Governing the Development of the SMFP

1. Safety and Quality Basic Principle

The State of North Carolina recognizes the importance of systematic and ongoing improvement in the quality of health services. Citizens of North Carolina rightfully expect health services to be safe and efficient. To warrant public trust in the regulation of health services, monitoring of safety and quality using established and independently verifiable metrics will be an integral part of the formulation and application of the SMFP.

Scientific quantification of quality and safety is rapidly evolving. Emerging measures of quality address both favorable clinical outcomes and patient satisfaction, while safety measures focus on the elimination of practices that contribute to avoidable injury or death and the adoption of practices that promote and ensure safety. The SHCC recognizes that while safety, clinical outcomes, and satisfaction may be conceptually separable, they are often interconnected in practice. The SMFP should maximize all three elements. Where practicalities require balancing of these elements, priority should be given to safety, followed by clinical outcomes, followed by satisfaction.

The appropriate measures for quality and safety should be specific to the type of facility or service regulated. Clinical outcome and safety measures should be evidence-based and objective. Patient satisfaction measures should be quantifiable. In all cases, metrics should be standardized and widely reported, and preference should be given to those metrics reported on a national level. The SHCC recognizes that metrics meeting these criteria are currently better established for some services than for others. Furthermore, experience and research as well as regulation at the federal level will continue to identify new measures that may be incorporated into the standards applicable to quality and safety. As experience with the application of quality and safety metrics grows, the SHCC should regularly review policies and need methodologies and revise them as needed to address any persistent and significant deficiencies in safety and quality in a particular service area.

2. Access Basic Principle

Equitable access to timely, clinically appropriate and high-quality health care for all the people of North Carolina is a foundational principle for the formulation and application of the SMFP. Barriers to access include, but are not limited to: geography, low income, limited or no insurance coverage, disability, age, race, ethnicity, culture, language, education and health literacy. Individuals whose access to needed health services is impeded by any of these barriers are medically underserved. The formulation and implementation of the SMFP seeks to reduce all of these types of barriers to timely and appropriate access. The first priority is to ameliorate economic barriers and the second priority is to mitigate time and distance barriers.

The impact of economic barriers is twofold. First, individuals without insurance, with insufficient insurance, or without sufficient funds to purchase their own health care will often require public funding to support access to regulated services. Second, the preferential selection by providers of well-funded patients may undermine the advantages that can accrue to the public from market competition in health care. A competitive marketplace should favor providers that deliver the highest quality and best value care, but only in the circumstances where all competitors deliver like services to similar populations.

The SHCC assigns the highest priority to a need methodology that favors providers delivering services to a patient population representative of all payer types in need of those services in the service area. Comparisons of value and quality are most likely to be valid when services are provided to like populations. Incentives for quality and process improvement, resource maximization, and innovation are most effective when providers deliver services to a similar and representative mixture of patients.

Access barriers of time and distance are especially critical to rural areas and small communities. However, urban populations can experience similar access barriers. The SHCC recognizes that some essential, but unprofitable, medical services may require support by revenues gained from profitable services or other sources. The SHCC also recognizes a trend to the delivery of some services in more accessible, less complex, and less costly settings. Whenever verifiable data for outcome, satisfaction, safety, and costs for the delivery of such services to representative patient populations justify, the SHCC will balance the advantages of such ambulatory facilities with the needs for financial support of medically necessary but unprofitable care.

The needs of rural and small communities that are distant from comprehensive urban medical facilities merit special consideration. In rural and small communities, selective competition that disproportionately captures profitable services may threaten the viability of sole providers of comprehensive care and emergency services. For this reason, methodologies that balance value, quality, and access in urban and rural areas may differ quantitatively. The SHCC planning process will promote access to an appropriate spectrum of health services at a local level, whenever feasible, under prevailing quality and value standards.

3. Value Basic Principle

The SHCC defines health care value as the maximum health care benefit per dollar expended. Disparity between demand growth and funding constraints for health care services increases the need for affordability and value in health services. Maximizing the health benefit for the entire population of North Carolina that is achieved by expenditures for services regulated by the SMFP will be a key principle in the formulation and implementation of SHCC recommendations for the SMFP.

Measurement of the cost component of the value equation is often easier than measurement of benefit. Cost per unit of service is an appropriate metric when comparing providers of like services for like populations. The cost basis for some providers may be inflated by disproportionate care to indigent and underfunded patients. In such cases the SHCC encourages the adjustment of cost measures to reflect such disparity, but only to the extent such expenditures can be measured according to an established, state-wide standard that is uniformly reported and verifiable. Measurement of benefit is more challenging. Standardized safety and quality measures, when available, can be important factors in achieving improved value in the provision of health services. Prevention, early detection and early intervention are important means for increasing the total population benefit for health expenditures. Development of new technology has the potential to add value by improving outcome and enhancing early detection. Capital costs of such new technology may be greater but justified by the added population benefit. At the same time, overutilization of more costly and/or highly specialized, low-volume services without evidence-based medical indications may contribute to escalating health costs without commensurate population-based health benefit. The SHCC favors methodologies which encourage technological advances for proven and affordable benefit and appropriate utilization for evidence-based indications when available. The SHCC also recognizes the importance of primary care and health education in promoting affordable health care and best utilization of scarce and expensive health resources. Unfortunately, technologically sophisticated and costly services that benefit small numbers of patients may be more readily pursued than simple and less costly detection and prevention measures that benefit the broader population. In the pursuit of maximum population-based health care value, the SHCC recognizes the potential adverse impact for growth of regulated services to supplant services of broad benefit to the larger population.

Long-term enhancement of health care value will result from an SMFP that promotes a balance of competition and collaboration and encourages innovation in health care delivery. The SHCC encourages the development of value-driven health care by promoting collaborative efforts to create common resources such as shared health databases, purchasing cooperatives, and shared information management, and by promoting coordinated services that reduce duplicative and conflicting care. The SHCC also recognizes the

importance of balanced competition and market advantage to encourage innovation, insofar as those innovations improve safety, quality, access, and value in health care delivery.

NOTE

Determinations of need for services and facilities in the SMFP do not imply an intent on the part of the North Carolina Department of Health and Human Services, Division of Health Benefits to participate in the reimbursement of the cost of care of patients using services and facilities developed in response to these needs.

North Carolina State Health Coordinating Council Members

<u>Member:</u>	<u>Representing:</u>	<u>From:</u>
Sandra Greene, DrPH, Chair	At-Large	Chapel Hill
Kelli A. Collins	Business and Industry (Large)	Summerfield
Representative Carla Cunningham	NC House of Representatives	Wake
Stephen L. DeBiasi, FACHE, CMPE	At-Large	Wilmington
Vanessa Ervin	At-Large	Hubert
William Brian Floyd	Academic Medical Centers	Greenville
Senator Michael Garrett	NC Senate	Greensboro
Charul G. Haugan, MD	Physicians	Raleigh
Jeffery E. Heck, MD	At-Large	Mills River
Valarie Jarvis BSN, RN, DNS-CT	Business and Industry (Small)	Durham
Lyndon K. Jordan, III, MD	At-Large	Raleigh
J. Cooper Linton	Hospice	Chapel Hill
James L. Martin, Jr.	Nursing Homes	Hickory
Satish Mathan, MD	At-Large	Raleigh
Robert B. McBride, Jr., MD	At-Large	Charlotte
Commissioner Barbara McKoy	County Government (Rural)	Lillington
Denise Mihal	At-Large	Sunset Beach
Sachin B. Patel, MD	At-Large	Chapel Hill
Pamela A. Oliver, MD, Vice Chair	At-Large	Lewisville
Timothy R. Rogers	Home Care Facilities	Raleigh
Quintana C. Stewart	Public Health Director	Hillsborough
Jessie L. Tucker, III, PhD, FACHE	Hospitals	Goldsboro
Mark Werner	Health Insurance Industry	Apex
John E. Young	At-Large	Wilmington

Committees and Staff Members

Acute Care Services Committee

Planning for acute care beds, operating rooms, open heart surgery services, burn intensive care services, transplantation services (bone marrow transplants and solid organ transplants), end-stage renal disease dialysis facilities, and inpatient rehabilitation services:

John E. Young (Chair); Steve DeBiasi; Brian Floyd; Charul G. Haugan, MD (Vice Chair); Robert B. McBride, Jr., MD; Denise Mihal; Sachin Patel, MD; Jessie L. Tucker, PhD

Staffed by: Elizabeth Brown and Andrea Emanuel, PhD

Long-Term and Behavioral Health Committee

Planning for nursing home facilities, adult care homes, home health services, hospice services, and intermediate care facilities for individuals with intellectual disabilities:

Valarie Jarvis (Chair); Representative Carla Cunningham; Vanessa Ervin; Senator Michael Garrett; Jeffery E. Heck, MD; J. Cooper Linton (Vice Chair); James L. Martin, Jr.; Timothy R. Rogers; Quintana C. Stewart

Staffed by: Elizabeth Brown and Andrea Emanuel, PhD

Technology and Equipment Committee

Planning for cardiac catheterization equipment, gamma knives, linear accelerators, lithotriptors, magnetic resonance imaging scanners, and positron emission tomography scanners:

Lyndon K. Jordan, III, MD (Chair); Kelli A. Collins; Satish Mathan (Vice Chair), MD; Commissioner Barbara McKoy; Pamela A. Oliver, MD; Mark Werner

Staffed by: Bradford James, PhD and Andrea Emanuel, PhD

Healthcare Planning Staff

Micheala Mitchell, Chief, Healthcare Planning and Certificate of Need

Andrea Emanuel, PhD, Assistant Chief, Healthcare Planning

Elizabeth Brown, Planner

Bradford James, Planner

Denise Lee, Interim Database Manager

Anthony Schiro, Interim Database Manager

Kimberly Torres, Administrative Assistant

Division of Health Service Regulation

Mark Payne, Director

Chapter 2:

State Medical Facilities Plan: Process and Adjustments

CHAPTER 2

STATE MEDICAL FACILITIES PLAN: PROCESS AND ADJUSTMENTS

Overview of the State Health Planning Process

Development of the North Carolina State Medical Facilities Plan (SMFP) is a continuous process. It includes meetings of the State Health Coordinating Council (SHCC) and its committees, public hearings and other opportunities for public comment, two opportunities for people to file petitions, data compilation and analysis, preparation of a Proposed SMFP, and preparation of a final SMFP to present to the Governor for review and approval. In the current calendar year, the Department of Health and Human Services, Division of Health Service Regulation (Agency) and the SHCC work on the SMFP for the next calendar year. For example, work on the 2025 SMFP begins in January of 2024, and will include need determinations that may be applied for during calendar year 2025 consistent with the assigned review period for each need determination. With the Governor's approval, the SMFP becomes the official document for health facility and health service planning in North Carolina for the specified calendar year.

The following discussion describes the process followed each year to prepare the subsequent year's SMFP.

First Quarter

From January through March, the Healthcare Planning staff receives and compiles data about utilization of the various facilities, services and equipment contained in the SMFP. Healthcare Planning staff uses this data to calculate need determinations using the methodologies approved by the SHCC.

First SHCC meeting and public hearing. Near the beginning of March, the SHCC holds its first meeting of the year. A public hearing follows immediately. At this hearing, people may make oral remarks regarding petitions they wish to file or any other matter relevant to the development of the Proposed SMFP for the following year.

Spring petitions and proposals. Spring petitions involve requests for changes to the SMFP that have the potential for a statewide effect, such as the addition, deletion or revision of policies or need determination methodologies. That is, the requested changes would apply to all health services or facilities that are the subject of the petitions, not just the services and facilities in a specific service area. (See below for information regarding requirements for writing and submitting petitions.) In addition to petitions from members of the public, the Agency can propose changes to policies and methodologies in the SMFP. The SHCC may also propose any changes it deems appropriate.

These types of changes are considered early in the calendar year to allow time for potential inclusion in the Proposed SMFP for the following year. Petitioners are encouraged to consult with Healthcare Planning staff as early as possible if they wish to discuss these petitions before submitting them. The deadline for these petitions is 5:00 p.m. on the date of the first SHCC meeting of the year. Petitions are normally posted on the Healthcare Planning website within 48 hours after the deadline. A two-week public comment period follows the petition deadline. After the comment period ends, comments are posted to the Healthcare Planning website.

Upon receipt of petitions and proposals and after review of public comments that have been submitted in relation to a petition or proposal, Healthcare Planning staff prepares a report that includes the Agency's recommendation regarding whether to approve, deny or alter the request. The Agency report goes to the

committee that covers the health service involved in the petition or proposal for discussion at its first meeting of the year.

Second Quarter

The SHCC and its three committees hold meetings during the second quarter. Each committee is responsible for a set of chapters in the SMFP (see Chapter 1). The first committee meeting typically occurs in April and the second meeting typically occurs in May. The second SHCC meeting occurs near the beginning of June. In addition, Healthcare Planning staff prepares the Proposed SMFP during this time.

First and second committee meetings. Each committee discusses the Agency report(s) at the first meeting of the year, normally held in April. Petitioners will receive written notification of times and places of meetings at which their petitions will be discussed. At that time, the committee votes to approve, deny, or alter the Agency's recommendation. All committee votes are in the form of recommendations to the SHCC. Alternately, the committee may table the matter and call for further study and consideration before making a recommendation to the SHCC. The SHCC considers all committee recommendations at its second meeting of the year (see below).

At the second set of committee meetings, Healthcare Planning staff presents draft need determinations, based on the data obtained and compiled during the first quarter. These meetings are normally held in May. If a committee voted to alter any methodologies at its first meeting, the draft need determinations presented at the second meeting would reflect the proposed changes. In addition, the Agency and the committees may recommend changes to the draft need determinations, as deemed appropriate. The committee votes and forwards its recommendations regarding the need determinations to the SHCC.

Second SHCC meeting. At the second SHCC meeting, committee chairs present reports of their committees' activities and recommendations from the first two meetings of the year. The SHCC discusses and votes on the recommendations of all committees. It may accept the recommendations in whole or in part or reject them. Taken together, the committee recommendations form the body of the Proposed SMFP for the following year. The final act of the SHCC during this meeting is to adopt the Proposed SMFP.

Third Quarter

On or about July 1, the Agency posts the Proposed SMFP for the following year on the Healthcare Planning website. During July, the SHCC holds at least six public hearings to receive comments on petitions intended to be submitted in the summer, or any issue related to the Proposed SMFP for the following year. The SHCC committees hold their third and final meeting of the year during this quarter, usually in September.

Summer petitions and proposals. Summer petitions involve requests for adjustments to need determinations in the Proposed SMFP. Petitioners may submit a written petition requesting an adjustment to the need determination in the Proposed SMFP if they believe that special attributes of a service area or institution give rise to resource requirements that differ from those provided by the standard methodologies and policies. The Agency may also seek adjusted need determinations during this time. (See below for information regarding requirements for writing and submitting petitions.) Petitioners are encouraged to consult with Healthcare Planning staff as early as possible if they wish to discuss these petitions before submitting them. Summer petitions are due no later than 5:00 p.m. on the date of the last public hearing in July. Petitions are normally posted on the Healthcare Planning website within 48 hours after the deadline. A two-week public comment period follows the petition deadline. After the comment period ends, comments are posted to the Healthcare Planning website. Petitioners will receive written notification of times and places of SHCC committee meetings at which their petitions will be discussed.

Upon the receipt of summer petitions or Agency proposals, the process that follows is the same as for spring petitions. The Healthcare Planning staff prepares a report that includes the Agency's recommendation

regarding whether to approve, deny or alter the need determination adjustment(s) requested. The Agency report goes to the committee that covers the health service involved in the request.

Third committee meeting. Each committee discusses the Agency report(s) at its third meeting of the year. At that time, it votes to approve, deny, or alter the Agency's recommendation. It may instead table the matter and call for further study and consideration before making a recommendation.

Each committee also makes recommendations regarding the entirety of the chapters that it covers, such as updates to need determinations based on edits and updates to data. The committees forward all recommendations to the SHCC for consideration at its final meeting of the year, which normally occurs near the beginning of the fourth quarter.

Fourth Quarter

SHCC activities culminate in the fourth quarter. The SHCC recommends the following year's SMFP to the Governor. After gubernatorial approval, the Agency posts the approved SMFP on the Healthcare Planning website.

Final SHCC meeting. The final SHCC meeting of the year is usually held at the beginning of the fourth quarter. At this meeting, the SHCC receives reports from all committees. These reports summarize their recommendations regarding summer petitions, proposals and need determinations. Information provided to the SHCC also includes any other updates to data that may affect need determinations. The SHCC discusses all recommendations and data adjustments. At the end of the discussion, the SHCC will have a complete SMFP for the following year to recommend to the Governor for approval. Disposition of all petitions for changes to the following year's SMFP will be made no later than the meeting at which the SHCC makes its final recommendation to the Governor.

The final SMFP. The final SMFP for the following year contains the need determinations that delineate the number of additional facilities, operating rooms, equipment, or services that may be applied for and approved for a certificate of need (CON) during the year. Chapter 3 describes the review categories and review schedule for CON applications.

Near the end of October, Healthcare Planning staff meets with the Department of Health and Human Services leadership and the Governor's representatives to submit the recommended final SMFP for the following year. The Governor may approve the SMFP as submitted or make any adjustments or amendments deemed appropriate by the Governor. The deadline for the Governor to approve an SMFP is December 31.

The Agency normally posts the approved SMFP for the coming year on the Healthcare Planning website during December, but it will be posted no later than January 1 of the year in which the SMFP becomes effective. The date of posting is dependent upon the date that the Agency receives the Governor's approval; this date is not known in advance. After the SMFP is posted, the Agency arranges for production of printed and bound copies that the public may purchase. Copies of the SMFP are generally available by early February each year, but the exact date is not known in advance. The Agency will notify the public when copies are available.

Instructions for Writing and Submitting Spring and Summer Petitions

At a minimum, each written petition must contain all the following:

1. name, address, email address and phone number of the petitioner(s);
2. a statement of the requested change, citing the policy or methodology (spring), need determination (summer), or other aspect of the SMFP for which the change is proposed;
3. reasons for the proposed change, including: a statement of the adverse effects on the providers or consumers of health services that are likely to ensue if the change is not made; and a statement of alternatives to the proposed change that were considered and found not feasible;
4. evidence that the proposed change would not result in unnecessary duplication of health resources in the area; and
5. evidence that the requested change is consistent with the three Basic Principles governing the development of the SMFP: safety and quality, access, and value (see Chapter 1).

For summer petitions, petitioners should use the same service area definitions in the relevant chapter(s) of the Proposed SMFP.

Petitioners should be aware that Healthcare Planning staff may request additional information and opinions from the petitioner or any other people and organizations who may be affected by the proposed change.

Each written petition must be clearly labeled “Petition” and the North Carolina Division of Health Service Regulation, Healthcare Planning must receive one copy no later than 5:00 p.m. on the deadline date (see below).

Petitions and comments must be submitted by e-mail, US mail, a delivery service, or hand delivery. The Agency cannot accept faxed petitions or comments.

E-Mail: DHSR.SMFP.Petitions-Comments@dhhs.nc.gov

Mail: North Carolina Division of Health Service Regulation
Healthcare Planning
2704 Mail Service Center
Raleigh, North Carolina 27699-2704

The office location and address for hand delivery and use of delivery services is:

809 Ruggles Drive
Raleigh, North Carolina 27603

Workgroups and Interested Parties

As needed, the SHCC Chairperson may appoint a workgroup to address a specific issue of interest. Workgroups are most commonly formed to address revisions to need determination methodologies. The Chairperson will develop a specific charge to outline the workgroup’s tasks. Workgroups generally consist of fewer than 10 people and include SHCC members and members of the public knowledgeable of the issue under study. After one or more meetings, the workgroup votes on a recommendation to the assigned

committee or the full SHCC regarding the subject of its charge. The meetings are public, but only the workgroup members participate in the discussion, unless a member requests additional input.

The SHCC Chairperson may also authorize Interested Parties meetings to discuss specific topics of interest. Unlike workgroups, there is no specific charge and no formal recommendation to the SHCC. Rather, everyone in attendance is invited to participate in the discussion.

A public hearing or written public comment period may be part of the activities surrounding workgroups and Interested Parties meetings. The SHCC Chairperson has the discretion to authorize a public hearing or comment period. All written comments received are posted on the Healthcare Planning website. Workgroup and Interested Parties meetings often occur late in the year and into the spring of the following year because they typically involve issues surrounding policies and methodologies. However, their activities may occur at any time of the year.

Contact Information

Healthcare Planning staff may be reached at the mailing address listed above, or by calling (919) 855-3865.

Scheduled State Health Coordinating Council Meetings and Committee Meetings

Unless otherwise announced, meetings are scheduled from 10:00 a.m. until noon in Room 104 of the Brown Building on the Dorothea Dix Campus, 801 Biggs Drive, Raleigh, NC. Directions to the Brown Building can be found at:

<https://info.ncdhhs.gov/dhsr/brown.html>

Any additional changes to Council, committee, workgroup, and Interested Parties meeting dates, times, and locations will be posted on the meeting information web page at:

<https://info.ncdhhs.gov/dhsr/mfp/meetings.html>

North Carolina State Health Coordinating Council Meetings for 2024
(meets on Wednesdays)

March 6

June 5

October 2

The Council will conduct a public hearing on statewide issues related to development of the Proposed 2025 SMFP immediately following the business meeting on March 6.

<https://info.ncdhhs.gov/dhsr/mfp/meetings.html>

2024 Spring Public Hearing Date and Deadlines for Spring Petitions and Comments

March 6	The Council will conduct a public hearing on statewide issues related to the development of the Proposed 2025 SMFP immediately following the business meeting. Electronic media may not be used in presentations at the public hearing.
March 6 5:00 p.m.	Deadline for receipt by Healthcare Planning of petitions on statewide issues.
March 20 5:00 p.m.	Deadline for receipt by Healthcare Planning of all written comments regarding petitions submitted by the March 6 deadline and all other comments related to development of the North Carolina Proposed 2025 SMFP.

Committee Meetings for 2024

Acute Care Services Committee (meets on Tuesdays)

April 9

May 7

September 10

Long-Term and Behavioral Health Committee (meets on Thursdays)

April 11

May 9

September 12

Technology and Equipment Committee (meets on Wednesdays)

April 3

May 15

September 4

2024 Schedule of Summer Public Hearings on the NC Proposed 2025 SMFP

(All hearings begin at 1:30 p.m.)

All summer public hearings will be held via virtually. Instructions for joining the public hearings will be posted on the web page below at least two weeks before the first public hearing. Information will also be emailed to the Interested Parties list.

<https://info.ncdhhs.gov/dhsr/mfp/publichearing.html>

Monday, July 8
Wednesday, July 10
Tuesday, July 16
Thursday, July 18
Monday, July 22
Wednesday, July 24

Electronic media may not be used in presentations at any public hearings.

2024 Deadlines for Summer Petitions and Comments

July 24 5:00 p.m.	Deadline for receipt by Healthcare Planning of petitions for adjustments to need determinations and comments regarding other issues related to the Proposed 2025 SMFP.
August 7 5:00 p.m.	Deadline for receipt by Healthcare Planning of any written comments on petitions submitted by the July 24 deadline and all comments regarding other issues related to the Proposed 2025 SMFP.

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Chapter 3:

Certificate of Need Review Categories and Schedule

CHAPTER 3

CERTIFICATE OF NEED

REVIEW CATEGORIES AND SCHEDULE

A certificate of need (CON) is required prior to the development of a new institutional health service. Pursuant to 10A NCAC¹ 14C .0203, Certificate of Need shall determine the appropriate review category or categories in which an application shall be submitted. For proposals which fall into more than one category, an applicant must contact Certificate of Need prior to submittal of the application for a determination regarding the appropriate review category or categories and the applicable review period or periods in which the proposal must be submitted.

The categories are as follows:

Category A: Acute Care Services

- new acute care hospitals;
- new or additional campus of an existing acute care hospital;
- new or additional acute care beds;
- relocation of existing or approved acute care beds within the same service area;
- relocation of existing acute care hospital within the same service area;
- new or additional intensive care services, including but not limited to burn and neonatal;
- new or expanded satellite emergency department;
- offering inpatient dialysis services;
- new transplantation services;
- new open heart surgery services;
- new long-term care hospitals or beds, including conversion of acute care beds to long-term care hospital beds; and
- Policy AC-3 projects.

Category B: Nursing and Adult Care Services

Category B.1

- new nursing home facilities or beds pursuant to a need determination;
- relocation of existing or approved nursing home facility beds within the same service area;
- transfer of nursing home facility beds from state psychiatric hospitals pursuant to Policy NH-5;
- new adult care home facilities or beds pursuant to a need determination;
- relocation of existing or approved adult care home beds within the same service area; and
- new or existing continuing care retirement communities applying pursuant to Policy NH-2 or Policy LTC-1.

Category B.2 (Relocation of Existing Beds to Another Service Area)

- relocation of existing nursing home facility beds to another service area pursuant to Policy NH-6; and
- relocation of existing adult care home beds to a another service area pursuant to Policy LTC-2.

¹ North Carolina Administrative Code

Category C: Intellectual Disability Services

- new intermediate care facilities or beds for individuals with intellectual disabilities (ICF/IID);
- relocation of existing or approved ICF/IID beds within the same service area; and
- transfer of ICF/IID beds from state developmental centers pursuant to Policy ICF/IID-5.

Category D: Dialysis Services

Category D.1 (County or Facility Need)

- new certified dialysis stations pursuant to the facility need methodology; and
- new kidney disease treatment centers or certified dialysis stations pursuant to the county need methodology.

Category D.2 (Relocation to a Contiguous County)

- relocation of existing kidney disease treatment centers or existing certified dialysis stations to a contiguous county pursuant to Policy ESRD-2.

Category D.3 (All Other Proposals)

- relocation of existing kidney disease treatment centers or existing certified dialysis stations within the same service area;
- new kidney disease treatment centers for home hemodialysis or peritoneal dialysis services;
- development of or expansion of a kidney disease treatment center on a hospital campus pursuant to Policy ESRD-3; and
- all other proposals involving dialysis services that do not fit into Category D.1 or D.2.

Category E: Surgical Services

- new licensed ambulatory surgical facilities;
- new operating rooms;
- relocation of existing or approved operating rooms within the same service area; and
- relocation of existing ambulatory surgical facilities within the same service area.

Category F: Home Health and Hospice Services

- new Medicare-certified home health agencies or offices;
- new hospices or hospice offices;
- new hospice inpatient facility beds;
- relocation of existing or approved hospice inpatient facility beds within the same service area;
- new hospice residential care facility beds; and
- relocation of existing or approved hospice residential care facility beds within the same service area.

Category G: Inpatient Rehabilitation Services

- new inpatient rehabilitation facilities or beds; and
- relocation of existing or approved inpatient rehabilitation beds within the same service area.

Category H: Medical Equipment

- cardiac catheterization equipment or new cardiac catheterization services;
- heart-lung bypass machines;
- gamma knives;
- lithotripters;
- magnetic resonance imaging scanners;
- positron emission tomography scanners;
- linear accelerators;
- simulators;
- major medical equipment as defined in G.S. § 131E-176(14o);
- diagnostic centers as defined in G.S. § 131E-176(7a);
- replacement equipment that does not result in an increase in the inventory of the equipment;
- conversion of an existing or approved fixed PET scanner to mobile pursuant to Policy TE-1 (July 1st Review Cycle only);
- intraoperative magnetic resonance imaging scanners acquired pursuant to Policy TE-2; and
- fixed magnetic resonance imaging scanners acquired pursuant to Policy TE-3.

Category I: Gastrointestinal Endoscopy Services

- new or additional gastrointestinal endoscopy rooms as defined in G.S. § 131E-176(7d); and
- relocation of existing or approved gastrointestinal endoscopy rooms within the same service area.

Category J: Miscellaneous

- changes of scope and cost overruns;
- reallocation of beds or services pursuant to Policy GEN-1; and
- projects not included in Categories A through I.

Review Dates

Table 3A shows the review schedule, by category, for CON applications requiring review. However, except for proposals involving new dialysis stations pursuant to the facility need methodology, a service, facility, or equipment for which a need determination is identified in the North Carolina State Medical Facilities Plan (SMFP) will have only one scheduled review date and one corresponding application deadline in the calendar year, even though the table shows multiple review dates for the broad category. In order to determine the designated application deadline for a specific need determination in the SMFP, an applicant must refer to the applicable need determination table for that service in the related chapter in the SMFP. Applications for CONs for new institutional health services not specified in other chapters of the SMFP shall be reviewed pursuant to the following review schedule, with the exception that no reviews are scheduled if there is no need determination.

In order to give Certificate of Need staff sufficient time to provide public notice of review and public notice of public hearings as required by G.S. § 131E-185, pursuant to 10A NCAC 14C.0203(b), the deadline for filing CON applications is **5:00 p.m.** on the 15th day of the month preceding the “CON Beginning Review Date.” In instances when the 15th day of the month falls on a weekend or holiday, the application deadline is **5:00 p.m.** on the next business day. **The application deadline is absolute and applications received after the deadline shall not be reviewed in that review period.** Applicants are strongly encouraged to complete all materials at least one day prior to the application deadline and to submit material early on the application deadline.

Table 3A: 2024 CON Application Review Schedule

CON Beginning Review Date	Category (All HSAs)									
February 1, 2024			C	D.3						
March 1, 2024	A	B.1			E	F	G	H	I	J
April 1, 2024			C	D.1						
May 1, 2024	A	B.2			E	F	G	H		J
June 1, 2024			C	D.2					I	
July 1, 2024	A				E	F	G	H		J
August 1, 2024		B.1	C	D.1						
September 1, 2024	A		C		E			H	I	J
October 1, 2024				D.3			G	H		
November 1, 2024	A	B.1			E	F		H		J
December 1, 2024				D.1					I	

For further information about specific schedules, timetables, and CON application forms, contact:

**North Carolina Division of Health Service Regulation
 Certificate of Need
 2704 Mail Service Center
 Raleigh, North Carolina 27699-2704**

Phone: (919) 855-3873

Chapter 4:

Statement of Policies:

- Acute Care Facilities and Services
 - Acute Care Hospitals
 - End-Stage Renal Disease Dialysis Facilities
- Long-Term Care Facilities and Services
 - Nursing Home Facilities
 - Adult Care Homes
 - Developmental Disabilities Facilities
 - Intermediate Care Facilities for Individuals with Intellectual Disabilities
- Technology and Equipment
- All Health Services

CHAPTER 4

STATEMENT OF POLICIES

Summary of Policy Changes for 2024

Policy MH-1 (Linkages between Treatment Settings) has been revised, and Policy PSY-1 (Transfer of Beds from State Psychiatric to Community Facilities) has been removed. Both changes are pursuant to Session Law 2023-7/House Bill 76, which removed Psychiatric Inpatient Services and Substance Use Disorder Services from the purview of CON.

POLICIES APPLICABLE TO ACUTE CARE FACILITIES AND SERVICES

Acute Care Hospitals (AC)

Policy AC-1: Use of Licensed Bed Capacity Data for Planning Purposes

For planning purposes, the number of licensed beds shall be determined by the Division of Health Service Regulation in accordance with standards found in 10A NCAC 13B - Section .6200 and Section .3102(d).

The licensed bed capacity of each hospital is used for planning purposes. It is the hospital's responsibility to notify the Division of Health Service Regulation promptly when any of the space allocated to its licensed bed capacity is converted to another use, including purposes not directly related to health care.

Policy AC-3: Exemption from Plan Provisions for Certain Academic Medical Center Teaching Hospital Projects

Projects for which certificates of need are sought by academic medical center teaching hospitals (Appendix F) may qualify for exemption from the need determinations of this document. The Healthcare Planning and Certificate of Need Section shall designate as an academic medical center teaching hospital any facility whose application for such designation demonstrates the following characteristics of the hospital:

1. serves as a primary teaching site for a school of medicine and at least one other health professional school, providing undergraduate, graduate and postgraduate education;
2. houses extensive basic medical science and clinical research programs, patients and equipment; and
3. serves the treatment needs of patients from a broad geographic area through multiple medical specialties.

Exemption from the provisions of need determinations of the North Carolina State Medical Facilities Plan shall be granted to projects submitted by academic medical center teaching hospitals designated prior to January 1, 1990 provided the projects are necessary to meet one of the following unique academic medical needs:

1. necessary to complement a specified and approved expansion of the number or types of students, residents or faculty that are specifically required for an expansion of students or residents, as

certified by the head of the relevant associated professional school; the applicant shall provide documentation that the project is consistent with any relevant standards, recommendations or guidance from specialty education accrediting bodies; or

2. with respect to the acquisition of equipment, is necessary to accommodate the recruitment or retention of a full-time faculty member who will devote a majority of their time to the combined activities of teaching (including teaching within the clinical setting), research, administrative or other academic responsibilities within the academic medical center teaching hospital or medical school; or
3. necessary to accommodate patients, staff or equipment for a specified and approved expansion of research activities, as certified by the head of the entity sponsoring the research; and including, to the extent applicable, documentation pertaining to grants, funding, accrediting or other requirements, and any proposed clinical application of the asset; or
4. necessary to accommodate changes in requirements of specialty education accrediting bodies, as evidenced by copies of documents issued by such bodies.

A project submitted by an academic medical center teaching hospital under this policy that meets one of the above conditions shall demonstrate that the academic medical center teaching hospital's teaching or research need for the proposed project cannot be achieved effectively at any non-academic medical center teaching hospital provider which currently offers and has capacity within the service for which the exemption is requested and which is within 20 miles of the academic medical center teaching hospital.

The academic medical center teaching hospital shall include in its application an analysis of the cost, benefits and feasibility of engaging that provider in a collaborative effort that achieves the academic goals of the project as compared with the certificate of need application proposal. The academic medical center teaching hospital shall also provide a summary of a discussion or documentation of its attempt to engage the provider in discussion regarding its analysis and conclusions.

The academic medical center teaching hospital shall include in its application a discussion of any similar assets within 20 miles that are under the control of the applicant or the associated professional school and the feasibility of using those assets to meet the unique teaching or research needs of the academic medical center teaching hospital.

For each of the first five years of operation the approved applicant shall submit to Certificate of Need a detailed description of how the project achieves the academic requirements of the appropriate section(s) of Policy AC-3, paragraph 2 (items 1 through 4) as proposed in the certificate of need application.

Applicants who are approved for Policy AC-3 projects after January 1, 2012 shall report those Policy AC-3 assets (including beds, operating rooms and equipment) on the appropriate annual license renewal application or registration form for the asset. The information to be reported for the Policy AC-3 assets shall include: (a) inventory or number of units of Policy AC-3 Certificate of Need-approved assets (including all beds, operating rooms and equipment); (b) the annual volume of days, cases or procedures performed for the reporting year on the Policy AC-3 approved asset; and (c) the patient origin by county. Except for operating rooms, neither the assets under (a) above nor the utilization from (b) above shall be used in the annual State Medical Facilities Plan need determination formulas, but both the assets and the utilization will be available for informational purposes to users of the State Medical Facilities Plan. Operating rooms approved under Policy AC-3 and their utilization shall be reported on the license renewal application and included in the inventory, regardless of the date of Certificate of Need approval.

This policy does not apply to a proposed project or the portion thereof that is based solely upon the inability of the State Medical Facilities Plan methodology to accurately project need for the proposed service(s), due to documented differences in patient treatment times that are attributed to education or research components in the delivery of patient care or to differences in patient acuity or case mix that are related to the applicant’s academic mission. However, the applicant may submit a petition pursuant to the State Medical Facilities Plan Petitions for Adjustments to Need Determinations process to meet that need or portion thereof (see Chapter 2).

Policy AC-3 projects are required to materially comply with representations made in the certificate of need application regarding academic based need. If an asset originally developed or acquired pursuant to Policy AC-3 is no longer used for research and/or teaching, the academic medical center teaching hospital shall surrender the certificate of need.

Policy AC-4: Reconversion to Acute Care

Facilities that have redistributed beds from acute care bed capacity to psychiatric, rehabilitation, nursing home, or long-term care hospital use, shall obtain a certificate of need to convert this capacity back to acute care. Applicants proposing to reconvert psychiatric, rehabilitation, nursing home, or long-term care hospital beds back to acute care beds shall demonstrate that the hospital’s average annual utilization of licensed acute care beds as calculated using the most recent days of care provided to Healthcare Planning by The Cecil G. Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill is equal to or greater than the target occupancies shown below, but shall not be evaluated against the acute care bed need determinations shown in Chapter 5 of the North Carolina State Medical Facilities Plan. In determining utilization rates and average daily census, only acute care bed days of care are counted.

Facility Average Daily Census	Target Occupancy of Licensed Acute Care Beds
1 – 99	66.7%
100 – 200	71.4%
Greater than 200	75.2%

Policy AC-6: Heart-Lung Bypass Machines for Emergency Coverage

To protect cardiac surgery patients, who may require emergency procedures while scheduled procedures are underway, any hospital with an open-heart surgery program that has only one heart-lung bypass machine may submit a certificate of need application for a second machine. The additional machine is to be used to assure appropriate coverage for emergencies and in no instance shall this machine be scheduled for use at the same time as the machine used to support scheduled open-heart surgery procedures. A certificate of need application for a machine acquired in accordance with this provision shall be exempt from compliance with the performance standards set forth in 10A NCAC 14C .1703.

End-Stage Renal Disease Dialysis Facilities (ESRD)

Policy ESRD-2: Relocation of Dialysis Stations

Relocations of existing dialysis stations to contiguous counties are allowed. Certificate of need applicants proposing to relocate dialysis stations to a contiguous county shall:

1. demonstrate that the facility losing dialysis stations or moving to a contiguous county is currently serving residents of that contiguous county; and
2. demonstrate that the proposal shall not result in a deficit or increase an existing deficit in the number of dialysis stations in the county that would be losing stations as a result of the proposed project, as reflected in the most recent North Carolina State Medical Facilities Plan; and
3. demonstrate that the proposal shall not result in a surplus or increase an existing surplus of dialysis stations in the county that would gain stations as a result of the proposed project, as reflected in the most recent North Carolina State Medical Facilities Plan.

Policy ESRD-3: Development or Expansion of a Kidney Disease Treatment Center on a Hospital Campus

Licensed acute care hospitals (see stipulations in G.S. § 131E-77(e1)) may apply for a certificate of need to develop or expand an existing Medicare-certified kidney disease treatment center (outpatient dialysis facility) without regard to a county or facility need determination if all the following are true:

1. The hospital proposes to develop or expand the facility on any campus on its license where general acute beds are located.
2. The hospital must own the outpatient dialysis facility, but the hospital may contract with another legal entity to operate the facility.
3. The hospital must document that the patients it proposes to serve in an outpatient dialysis facility developed or expanded pursuant to this policy are inappropriate for treatment in an outpatient dialysis facility not located on a hospital campus.
4. The hospital must establish a relationship with a community-based outpatient dialysis facility to assist in the transition of patients from the hospital outpatient dialysis facility to a community-based facility wherever possible.

The hospital shall propose to develop at least the minimum number of stations allowed for Medicare certification by the Centers for Medicare & Medicaid Services (CMS). Certificate of Need will impose a condition requiring the hospital to document that it has applied for Medicare certification no later than three (3) years from the effective date on the certificate of need.

The performance standards in 10A NCAC 14C .2203 do not apply to a proposal submitted by a hospital pursuant to this policy.

Dialysis stations developed pursuant to this policy are excluded from the inventory in the State Medical Facilities Plan and excluded from the facility and county need methodologies. Certified outpatient dialysis stations that existed in hospitals as of the date of implementation of this policy will be removed from the

inventory and methodologies; these facilities will be treated as though the stations were developed pursuant to this policy.

Outpatient dialysis facilities developed or expanded pursuant to this policy shall report utilization to the Agency in the same manner as other facilities with outpatient dialysis stations.

POLICIES APPLICABLE TO LONG-TERM CARE FACILITIES AND SERVICES

Nursing Home Facilities (NH)

Policy NH-2: Plan Exemption for Continuing Care Retirement Communities

Qualified continuing care retirement communities (CCRC) may include from the outset or add or convert bed capacity for nursing care without regard to the nursing home bed need shown in Chapter 10: Nursing Home Facilities. To qualify for such exemption, the applicant shall document that the proposal meets all the following requirements:

1. will only be developed concurrently with or subsequent to construction on the same site of facilities for both of the following levels of care:
 - a. independent living accommodations (apartments and homes) for people who are able to carry out normal activities of daily living without assistance; such accommodations may be in the form of apartments, flats, houses, cottages and rooms;
 - b. licensed adult care home beds for use by people who, because of age or disability, require some personal services, incidental medical services and room and board to assure their safety and comfort.
2. will be used exclusively to meet the needs of people with whom the facility has continuing care contracts (in compliance with the North Carolina Department of Insurance statutes and rules) who have lived in a non-nursing unit of the continuing care retirement community for a period of at least 30 days. Exceptions shall be allowed when one spouse or sibling is admitted to the nursing unit at the time the other spouse or sibling moves into a non-nursing unit, or when the medical condition requiring nursing care was not known to exist or be imminent when the individual became a party to the continuing care contract.
3. reflects the number of nursing home facility beds required to meet the current or projected needs of residents with whom the facility has an agreement to provide continuing care after making use of all feasible alternatives to institutional nursing care.
4. will not be certified for participation in the Medicaid program.

One hundred percent of the nursing home facility beds developed under this exemption shall be excluded from the inventory and the occupancy rate used to project nursing home bed need for the general population. Certificates of need issued under policies analogous to this policy in the North Carolina State Medical Facilities Plans subsequent to the 1985 State Medical Facilities Plan are automatically amended to conform to the provisions of this policy at the effective date of this policy. Certificates of need awarded pursuant to the provisions of Chapter 920, Session Laws 1983 or Chapter 445, Session Laws 1985 shall not be amended.

Policy NH-5: Transfer of Nursing Home Facility Beds from State Psychiatric Hospital Nursing Facilities to Community Facilities

Beds in state psychiatric hospitals that are certified as nursing home facility beds may be relocated to licensed nursing home facilities. However, before nursing home facility beds are transferred out of the state psychiatric hospitals, services shall be available in the community. State psychiatric hospital nursing home facility beds that are relocated to licensed nursing home facilities shall be closed within 90 days following the date the transferred beds become operational in the community.

Licensed nursing home facilities proposing to operate transferred nursing home facility beds shall commit to serve the type of residents who are normally placed in nursing home facility beds at the state psychiatric hospitals. To help ensure that relocated nursing home facility beds will serve those people who would have been served by state psychiatric hospitals in nursing home facility beds, a certificate of need application to transfer nursing home facility beds from a state hospital shall include a written memorandum of agreement between the director of the applicable state psychiatric hospital, the director of the North Carolina Division of State Operated Healthcare Facilities, the secretary of the North Carolina Department of Health and Human Services, and the person submitting the proposal.

This policy does not allow the development of new nursing home facility beds. Nursing home facility beds transferred from state psychiatric hospitals to the community pursuant to Policy NH-5 shall be excluded from the inventory.

Policy NH-6: Relocation of Nursing Home Facility Beds

Relocations of existing licensed nursing home facility beds to another service area are allowed. Certificate of need applicants proposing to relocate licensed nursing home facility beds to another service area shall:

1. demonstrate that the proposal shall not result in a deficit, or increase an existing deficit in the number of licensed nursing home facility beds in the county that would be losing nursing home facility beds as a result of the proposed project, as reflected in the North Carolina State Medical Facilities Plan in effect at the time the certificate of need review begins; and
2. demonstrate that the proposal shall not result in a surplus or increase an existing surplus of licensed nursing home facility beds in the county that would gain nursing home facility beds as a result of the proposed project, as reflected in the North Carolina State Medical Facilities Plan in effect at the time the certificate of need review begins.

Policy NH-8: Innovations in Nursing Home Facility Design

Certificate of need applicants proposing new nursing home facilities and replacement nursing home facilities shall pursue innovative approaches in environmental design that address quality of care and quality of life needs of the residents. These plans could include innovative design elements that encourage less institutional, more home-like settings, privacy, autonomy and resident choice, among others.

Adult Care Homes (LTC)

Policy LTC-1: Plan Exemption for Continuing Care Retirement Communities – Adult Care Home Beds

Qualified continuing care retirement communities may include from the outset or add or convert bed capacity for adult care without regard to the adult care home bed need shown in Chapter 11: Adult Care Homes. To qualify for such exemption, the applicant shall document that the proposal meets all the following requirements:

1. will only be developed concurrently with, or subsequent to, construction on the same site of independent living accommodations (apartments and homes) for people who are able to carry out normal activities of daily living without assistance; such accommodations may be in the form of apartments, flats, houses, cottages, and rooms.
2. will provide for the provision of nursing services, medical services or other health related services as required for licensure by the North Carolina Department of Insurance.
3. will be used exclusively to meet the needs of people with whom the facility has continuing care contracts (in compliance with the North Carolina Department of Insurance statutes and rules) who have lived in a non-nursing or adult care unit of the continuing care retirement community for a period of at least 30 days. Exceptions shall be allowed when one spouse or sibling is admitted to the adult care home unit at the time the other spouse or sibling moves into a non-nursing or adult care unit, or when the medical condition requiring nursing or adult care home care was not known to exist or be imminent when the individual became a party to the continuing care contract.
4. reflects the number of adult care home beds required to meet the current or projected needs of residents with whom the facility has an agreement to provide continuing care after making use of all feasible alternatives to institutional adult care home care.
5. will not participate in the Medicaid program or serve State-County Special Assistance recipients.

One hundred percent of the adult care home beds developed under this exemption shall be excluded from the inventory used to project adult care home bed need for the general population. Certificates of need issued under policies analogous to this policy in the North Carolina State Medical Facilities Plans subsequent to the North Carolina 2002 State Medical Facilities Plan are automatically amended to conform with the provisions of this policy at the effective date of this policy.

Policy LTC-2: Relocation of Adult Care Home Beds

Relocations of existing licensed adult care home beds to another service area are allowed. Certificate of need applicants proposing to relocate licensed adult care home beds to another service area shall:

1. demonstrate that the proposal shall not result in a deficit, or increase an existing deficit in the number of licensed adult care home beds in the county that would be losing adult care home beds as a result of the proposed project, as reflected in the North Carolina State Medical Facilities Plan in effect at the time the certificate of need review begins; and
2. demonstrate that the proposal shall not result in a surplus or increase an existing surplus of licensed adult care home beds in the county that would gain adult care home beds as a result of

the proposed project, as reflected in the North Carolina State Medical Facilities Plan in effect at the time the certificate of need review begins.

Policy LTC-3: Certification of Beds for Special Assistance

Certificate of need applicants proposing to develop new adult care home beds pursuant to a need determination shall demonstrate that the proposed beds will be certified for special assistance and that at least 5% of the projected days of care in the third full fiscal year of operation shall be provided to residents receiving State-County Special Assistance.

Developmental Disabilities Facilities (MH)

Policy MH-1: Linkages between Treatment Settings

An applicant for a certificate of need for intermediate care facilities for individuals with intellectual disabilities (ICF/IID) beds shall document that the affected local management entity-managed care organization has been contacted and invited to comment on the proposed services.

Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)

Policy ICF/IID-5: Transfer of ICF/IID Beds from State Operated Developmental Centers to Community-Based Facilities

Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) beds in state operated developmental centers may be relocated to existing community-based facilities through the certificate of need process. This policy covers the relocation of beds only and does not provide for or preclude transfer of residents with the beds. State operated developmental center ICF/IID beds that are relocated to a community-based facility shall be closed upon licensure of the transferred beds.

Applicants proposing to relocate beds from a state operated developmental center shall be required to submit a certificate of need application. The application shall include a written agreement signed by all the following:

1. director of the local management entity/managed care organization serving the county where the community-based facility is or will be located;
2. director of the state operated developmental center transferring the beds;
3. director of the North Carolina Division of State Operated Healthcare Facilities;
4. secretary of the North Carolina Department of Health and Human Services; and
5. operator of the community-based facility.

The maximum number of beds in the facility upon project completion shall not exceed 15 beds.

The project shall not result in more than three facilities housing a combined total of 18 people being developed on contiguous pieces of property.

POLICIES APPLICABLE TO TECHNOLOGY AND EQUIPMENT (TE)

Policy TE-1: Conversion of Fixed PET Scanners to Mobile PET Scanners

Facilities with an existing or approved fixed PET scanner may apply for a Certificate of Need (CON) to convert the existing or approved fixed PET scanner to a mobile PET scanner if the applicant(s) demonstrates in the CON application that the converted mobile PET scanner:

1. shall continue to operate as a mobile PET scanner at the facility, including satellite campuses, where the fixed PET scanner is located or was approved to be located;
2. shall be moved at least weekly to provide services at two or more host facilities; and
3. shall not serve any mobile host site that is not owned by the PET certificate holder or an entity related to the PET certificate holder such as a parent or subsidiary that is located in the county where any existing or approved fixed PET scanner is located, except as required by subpart (1).

There will be one certificate of need application filing opportunity each calendar year.

Policy TE-2: Intraoperative Magnetic Resonance Imaging Scanners

The applicant proposing to acquire an intraoperative Magnetic Resonance Imaging Scanner (iMRI) to be used in an operating room suite shall demonstrate in its certificate of need application that it is a licensed acute care hospital which:

1. performed at least 500 inpatient neurosurgical cases during the 12 months immediately preceding the submission of the application; and
2. has at least two neurosurgeons that perform intracranial surgeries currently on its Active Medical Staff; and
3. is located in a metropolitan statistical area as defined by the US Census Bureau with at least 350,000 residents.

The iMRI scanner shall not be used for outpatients and may not be replaced with a conventional MRI scanner.

The performance standards in 10A NCAC 14C .2703 would not be applicable.

Intraoperative procedures and inpatient procedures performed on the iMRI shall be reported separately on the Hospital License Renewal Application.

These scanners shall not be counted in the inventory of fixed MRI scanners; the procedures performed on the iMRI will not be used in calculating the need methodology and will be reported in a separate table in Chapter 17.

Policy TE-3: Plan Exemption for Fixed Magnetic Resonance Imaging Scanners

The applicant proposing to acquire a fixed magnetic resonance imaging (MRI) scanner shall demonstrate in its certificate of need (CON) application that it is a licensed North Carolina acute care hospital or a hospital campus:

1. that has licensed acute care beds; and
2. that provides emergency care coverage 24 hours a day, seven days a week.

The applicant shall demonstrate that the proposed fixed MRI scanner will perform at least 850 weighted MRI procedures during the third full operating year.

The performance standards in 10A NCAC 14C .2703 would not be applicable.

The proposed fixed MRI scanner:

1. must be located on the main campus of the hospital as defined in G.S. § 131E-176(14n); or
2. must be located at another acute care hospital on a campus that operates under the main hospital's license.

The proposed fixed MRI scanner cannot be located at a site where the inventory in the SMFP reflects that there is an existing or approved fixed MRI scanner in the five years immediately preceding the filing of the CON application.

The proposed scanner may operate as part of the hospital, a diagnostic center, or an independent diagnostic testing facility (IDTF) location that does not currently provide fixed MRI services.

POLICIES APPLICABLE TO ALL HEALTH SERVICES (GEN)

Policy GEN-1 applies to all health services except end-stage renal disease dialysis services. Policies GEN-3 and GEN-4 apply to all health services.

Policy GEN-1: Reallocations

In this policy, the term *reallocated* means that the need determination will be scheduled for review in the following year. Furthermore, the terms *this Plan*, or *the Proposed Plan* mean the State Medical Facilities Plan (SMFP) or Proposed SMFP, respectively, in effect at the time the policy is to be applied.

1. Need determinations in this Plan, except for need determinations for dialysis stations, may be reallocated in the following year if either 1.a or 1.b is true:
 - a. The review period for the need determination was scheduled to begin on October 1, November 1, or December 1 of the current year, and
 - i. no applications were received for the need determination, or
 - ii. applications were received but not all the beds, operating rooms, services or equipment that were available were applied for.

- b. Resolution of litigation between August 16 and December 15 of the current year would have resulted in a need determination if the litigation had been resolved on or before August 15. Resolution of litigation means that all contested case petitions have been withdrawn with prejudice and all certificates of need, if any, have been issued.
2. The need determination may be reallocated in the following year if Healthcare Planning determines that a need still exists:
 - a. based on the inventory in the Proposed Plan in effect at the time of the reallocation, and
 - b. application of the need methodology in the Proposed Plan in effect at the time of reallocation results in a need determination.
3. Any reallocated need determination shall be limited to the number of beds, operating rooms, services or equipment needed based on application of the need methodology in the Proposed Plan.
4. CON will schedule the review for a reallocated need determination no sooner than the second review period in the year after the policy is applied for the review category as determined by Certificate of Need (CON).
5. CON will notify people on the CON Interested Parties List and the State Medical Facilities Plan-Interested Parties List of the reallocated need determination no less than 60 days prior to the application deadline.

Illustrative Examples:

- 1.a. Need determination for 20 adult care home beds in the 2019 SMFP
Review is scheduled to begin November 1, 2019 and applications are due October 15, 2019. No applications are received. CON notifies Healthcare Planning. Healthcare Planning removes the placeholder for the need determination from the Proposed 2020 SMFP and recalculates the need based on the need methodology in the Proposed 2020 SMFP. If there is a need, CON schedules a review in 2020.
- 1.b. Need determination for two operating rooms in the 2018 SMFP
Two applications are received, each proposing to develop the two operating rooms. The denied applicant appeals. The litigation is finally resolved on November 15, 2019. CON notifies Healthcare Planning. Healthcare Planning removes the placeholder for the need determination in the Proposed 2020 SMFP, adjusts the inventory, and recalculates the need based on the need methodology in the Proposed 2020 SMFP. If there is a need, CON schedules a review in 2020.

Policy GEN-3: Basic Principles

A certificate of need applicant applying to develop or offer a new institutional health service for which there is a need determination in the North Carolina State Medical Facilities Plan shall demonstrate how the project will promote safety and quality in the delivery of health care services while promoting equitable access and maximizing healthcare value for resources expended. A certificate of need applicant shall document its plans for providing access to services for patients with limited financial resources and demonstrate the availability of capacity to provide these services. A certificate of need applicant shall also document how its projected volumes incorporate these concepts in meeting the need identified in the State Medical Facilities Plan as well as addressing the needs of all residents in the proposed service area.

Policy GEN-4: Energy Efficiency and Sustainability for Health Service Facilities

Any person proposing a capital expenditure greater than \$4 million to develop, replace, renovate or add to a health service facility pursuant to G.S. § 131E-178 shall include in its certificate of need application a written statement describing the project's plan to assure improved energy efficiency and water conservation.

In approving a certificate of need proposing an expenditure greater than \$5 million to develop, replace, renovate or add to a health service facility pursuant to G.S. § 131E-178, Certificate of Need shall impose a condition requiring the applicant to develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes. The plan must be consistent with the applicant's representation in the written statement as described in paragraph one of Policy GEN-4.

Any person awarded a certificate of need for a project or an exemption from review pursuant to G.S. § 131E-184 is required to submit a plan for energy efficiency and water conservation that conforms to the rules, codes and standards implemented by the Construction Section of the Division of Health Service Regulation. The plan must be consistent with the applicant's representation in the written statement as described in paragraph one of Policy GEN-4. The plan shall not adversely affect patient or resident health, safety or infection control.

Chapter 5:

Acute Care Hospital Beds

CHAPTER 5

ACUTE CARE HOSPITAL BEDS

Introduction

G.S. § 131E-176(13) defines a hospital as “a public or private institution which is primarily engaged in providing to inpatients, by or under supervision of physicians, diagnostic services and therapeutic services for medical diagnosis, treatment, and care of injured, disabled, or sick persons, or rehabilitation services for the rehabilitation of injured, disabled, or sick persons. The term includes all facilities licensed pursuant to G.S. § 131E-77, except long-term care hospitals (LTCHs).”

There are 108 licensed acute care hospitals in the state. The occupancy rate for acute care beds is 63.5%. Table 5A shows that certificates of need (CONs) have been issued to develop a total of 1,536 new beds.

Definitions

An acute care hospital bed’s service area is the single or multicounty grouping shown in Figure 5.1. See below for an explanation of how services areas are determined.

The *reporting year* is October 1 through September 30. The *current* reporting year is October 1, 2021 through September 30, 2022.

The methodology projects bed need four years beyond the current reporting year. The *current projection year* is 2026.

The *planning inventory* is the number of beds used in need determination calculations. It is the number of licensed beds as of the last day of the reporting year, plus the number of CON-approved beds that are under development, plus the number of beds available pursuant to need determinations pending review or appeal, minus any exclusions described below under Application of the Methodology.

A *hospital under common ownership* is a hospital that is owned by the same or a related legal entity as at least one other acute care hospital in the same service area. All other hospitals are *single* hospitals.

Changes from the Previous Plan

As reflected in the previous SMFP, the State Health Coordinating Council (SHCC) decided to adjust the calculations for determining acute care bed need in response to the sustained impacts of the COVID-19 pandemic. The adjustment has been reapplied to the acute care bed need calculations for the 2024 SMFP, and it is described below under Application of the Methodology.

Basic Principles

1. Acute care hospitals are the providers of essential health care services, one of the state’s largest employers, the largest single investment of public funds in many communities, magnets for physicians deciding where to practice, and building blocks in the economic development of their communities. North Carolina must safeguard the future of its hospitals.

Even so, it is not the policy of the state to guarantee the survival and continued operation of all the state’s hospitals, or even any one of them. In a dynamic, fast-changing environment, which is moving away from inpatient hospital services, the survival and future activities of hospitals will be a function of many factors beyond the realm of state policy.

The state can, however, facilitate the survival of its hospitals and promote the development of needed health care services, acute and non-acute, by encouraging hospitals to convert unused acute care inpatient facilities to new purposes, to collaborate with other health care providers, and to develop health care delivery networks.

2. The North Carolina Department of Health and Human Services supports the use of swing beds in providing long-term nursing care services in rural acute care hospitals. Section 1883 of the Social Security Act provides that certain small rural hospitals may use their inpatient facilities to furnish skilled nursing facility services to Medicare and Medicaid beneficiaries and intermediate care facility services to Medicaid beneficiaries.

Data Sources

The inventory of acute care beds comes from the Hospital License Renewal Applications for the reporting year, as submitted to the North Carolina Department of Health and Human Services, Division of Health Service Regulation (Agency).

Annual acute days of care (DOC) come from the Hospital Industry Data Institute (HIDI), a collector of hospital patient discharge information. Hospitals report to HIDI using the UB04 form. Patient records that have been categorized as an “acute care/general discharge” are used to identify discharges relevant to this chapter. HIDI provides general acute care DOC by facility and data on patients’ county of residence to the Cecil G. Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill. The Sheps Center provides the Agency with aggregate data from the patient records.

Assumptions of the Methodology

1. Target occupancies of hospitals should encourage efficiency of operation and are based on the midnight average daily census (ADC).
2. In determining utilization rates and ADC, the methodology counts only acute care bed DOC.
3. When a hospital receives a CON to increase or decrease acute care bed capacity, the planning inventory includes this change regardless of the licensure status of the beds.
4. Beginning with the 2011 SMFP, the Agency updates service areas every three years. The updates use DOC by county of residence and county of service to delineate service areas. To update service areas, the Agency uses data on DOC by county of residence and county of service from the three most recent years of data available from the Sheps Center.

Delineation of Service Areas

The SMFP contains two types of acute care bed service areas: single county and multicounty. Counties with at least one licensed acute care hospital that are not grouped with another county are single county service areas. A multicounty service area is created under two conditions: 1) counties without a licensed acute care hospital are grouped with the single county where the largest proportion of its patients received inpatient acute care services; 2) if two counties with at least one licensed acute care hospital each provided inpatient acute care services to at least 35% of the residents of a county without a licensed acute care hospital, then the county without a licensed acute care hospital is grouped with both of the counties with a licensed acute care hospital.

If an entity has a CON to develop an acute care hospital in a county without an acute care hospital, the planning inventory in Table 5A will include these beds upon licensure. Before licensure, the beds remain

under development in the multicounty service area. Upon licensure of the beds, the county where they are licensed becomes a single county service area.

Application of the Methodology (Table 5A)

Step 1: Determine the number of acute care beds in the planning inventory by totaling:

- a. the number of licensed acute care beds at each hospital (*Column D*) exclusive of beds licensed or approved at academic medical center teaching hospitals (listed in Appendix F) pursuant to Policy AC-3, and exclusive of beds that provide Level II, III and IV NICU services; and
- b. the number of acute care beds for which CONs have been issued, but for which changes in the license were not made by the end of the reporting year (i.e., additions and relocations) (*Column E*); and
- c. the number of acute care beds pursuant to need determinations in the SMFP pending review or appeal (*Column E*); and
- d. the number of beds delicensed after the end of the reporting year (*Column E*).

Step 2: Enter the total number of DOC provided by each hospital for the reporting year, exclusive of DOC provided in Level II, III and IV NICU services (*Column F*).

Step 3: Calculate the projected DOC for each service area for the projection year as follows:

- a. Determine the total number of DOC during each of the reporting years between 2015 and 2019.
- b. Calculate the difference in the number of DOC provided from year to year.
- c. For DOC for 2016-2019, determine the percentage change from the previous reporting year by dividing the calculated difference in DOC by the total number of DOC provided during the previous reporting year [$\{\text{DOC for the current reporting year} - \text{DOC for the previous reporting year}\} / \text{DOC for the previous reporting year}$].

Step 4: Determine each service area's Growth Rate Multiplier (GRM; *Column G*). For each service area, total the annual percentages of change and divide by four to determine the average annual change rate. For positive change, add 1 to obtain the GRM.

Step 5: Determine the Projected DOC (*Column H*). If the GRM is negative, carry forward the DOC for the reporting year unchanged to Column H. If the GRM is positive, calculate the compounded growth factor projected for the next four reporting years by using the GRM (from Step 4) in the first year and compound the change each year thereafter at the same rate [$\text{DOC} \times (\text{GRM})^4$].

Step 6: Calculate the projected ADC for each hospital for the projection year by dividing the projected DOC provided at the hospital (from Step 5) by 365.25 days (*Column I*).

Step 7: Multiply each hospital's projected ADC from Step 6 by the appropriate target occupancy factor below and enter in Column J:

ADC	Target Occupancy Percentage	Occupancy Factor
ADC less than 100	66.7%	1.50
ADC 100-200	71.4%	1.40
ADC greater than 200 and <=400	75.2%	1.33
ADC greater than 400	78.0%	1.28

Step 8: Determine the surplus or deficit of beds for each licensed hospital by subtracting the planning inventory of beds (*Column D plus Column E*) from the number of beds generated in Step 7 (*Column J*). Deficits are positive numbers and surpluses are negative numbers (*Column K*).

Step 9: Calculate the projected acute care bed surplus or deficit in a service area as follows:

- a. If a service area has hospitals under common ownership, total the surpluses and deficits of beds (from Step 8) for each of those hospitals to determine the surplus or deficit of beds for each group of hospitals under common ownership.
- b. The threshold for a need determination for consideration of additional acute care beds is a projected deficit that equals or exceeds 20 beds or 10% of the planning inventory for a single hospital or a group of hospitals under common ownership.
- c. When any single hospital or group of hospitals under common ownership reaches the threshold in Step 9b, sum the deficits of all single hospitals and groups of hospitals under common ownership in the service area. Then subtract from that number any beds for prior year need determinations for which a CON has not yet been issued.

Step 10: If the difference resulting from Step 9c equals or exceeds (a) 20 beds or (b) 10% of the inventory of the single hospital with the fewest acute care beds in its planning inventory or (c) 10% of the inventory of the group of hospitals under common ownership with the fewest acute care beds in its planning inventory, then the need is equal to the difference. Otherwise, the need is zero (*Column L*).

Unless otherwise specified by the methodology, calculations do not use rounded values. However, fractional values are rounded automatically when displayed.

Applying for Acute Care Beds

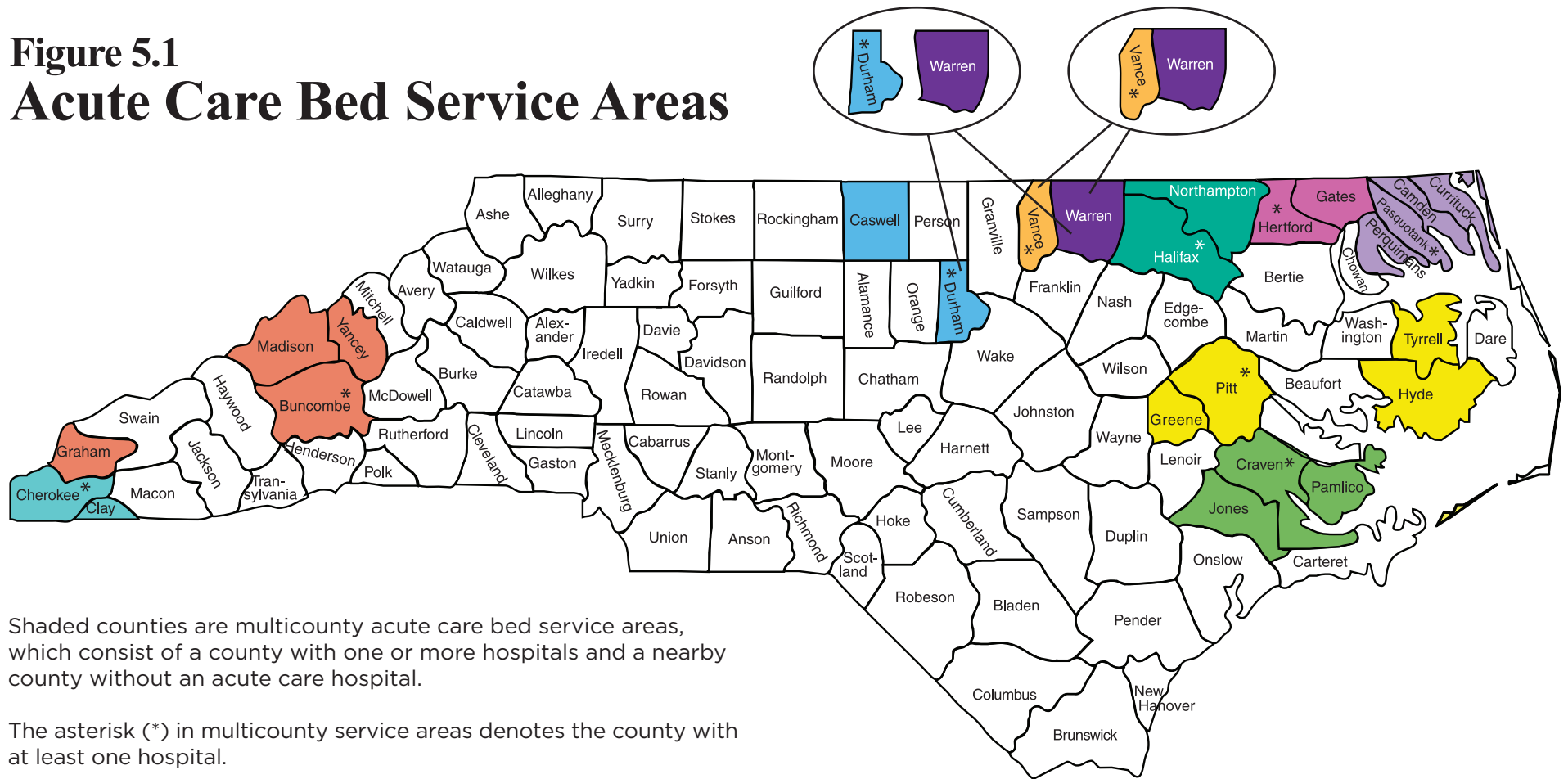
A person who proposes to operate additional acute care beds in a hospital must show that the hospital will provide:

1. a 24-hour emergency services department; and
2. inpatient medical services to both surgical and non-surgical patients; and
3. if proposing a new licensed hospital, medical and surgical services on a daily basis within at least five of the following major diagnostic categories (MDC) recognized by the Centers for Medicare & Medicaid Services listed below:

- MDC 1: Diseases and disorders of the nervous system
- MDC 2: Diseases and disorders of the eye
- MDC 3: Diseases and disorders of the ear, nose, mouth and throat
- MDC 4: Diseases and disorders of the respiratory system

- MDC 5: Diseases and disorders of the circulatory system
- MDC 6: Diseases and disorders of the digestive system
- MDC 7: Diseases and disorders of the hepatobiliary system and pancreas
- MDC 8: Diseases and disorders of the musculoskeletal system and connective tissue
- MDC 9: Diseases and disorders of the skin, subcutaneous tissue and breast
- MDC 10: Endocrine, nutritional and metabolic diseases and disorders
- MDC 11: Diseases and disorders of the kidney and urinary tract
- MDC 12: Diseases and disorders of the male reproductive system
- MDC 13: Diseases and disorders of the female reproductive system
- MDC 14: Pregnancy, childbirth and the puerperium
- MDC 15: Newborns/other neonates with conditions originating in the perinatal period
- MDC 16: Diseases and disorders of the blood and blood-forming organs and immunological disorders
- MDC 17: Myeloproliferative diseases and disorders and poorly differentiated neoplasms
- MDC 18: Infectious and parasitic diseases
- MDC 19: Mental diseases and disorders
- MDC 20: Alcohol/drug use and alcohol/drug-induced organic mental disorders
- MDC 21: Injury, poisoning and toxic effects of drugs
- MDC 22: Burns
- MDC 23: Factors influencing health status and other contacts with health services
- MDC 24: Multiple significant trauma
- MDC 25: Human immunodeficiency virus infections

Figure 5.1 Acute Care Bed Service Areas



Shaded counties are multicounty acute care bed service areas, which consist of a county with one or more hospitals and a nearby county without an acute care hospital.

The asterisk (*) in multicounty service areas denotes the county with at least one hospital.

Hospitals	Multicounty Service Area	Color Code
CarolinaEast Medical Center	Craven, Jones, Pamlico	
Duke Regional Hospital, Duke University Hospital, North Carolina Specialty Hospital	Durham, Caswell, Warren	
Erlanger Murphy Medical Center	Cherokee, Clay	
Halifax Regional Medical Center	Halifax, Northampton	
Maria Parham Health	Vance, Warren	
Mission Hospital	Buncombe, Graham, Madison, Yancey	
Sentara Albemarle Medical Center	Pasquotank, Camden, Currituck, Perquimans	
Vidant Medical Center	Pitt, Greene, Hyde, Tyrrell	
Vidant Roanoke-Chowan Hospital	Hertford, Gates	

Table 5A: Acute Care Bed Need Projections

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	License Number	Facility Name	Licensed Acute Care Beds	Adjustments for CONs/ Previous Need	Inpatient Days of Care	Growth Rate Multiplier (GRM)	Projected Days of Care	2026 Projected Average Daily Census (ADC)	2026 Beds Adjusted for Target Occupancy	Projected 2026 Deficit or Surplus (surplus shows as a "-")	2026 Need Determination
Alamance	H0272	Alamance Regional Medical Center**	170	0	45,443	-1.0104	45,443	124	174	4	
Alamance Total			170	0							0
Alexander	H0274	Alexander Hospital (closed)*	25	-25		0.0000	0	0	0	0	
Alexander Total			25	-25							0
Alleghany	H0108	Alleghany Memorial Hospital	3	0	831	-1.1922	831	2	3	0	
Alleghany Total			3	0							0
Anson	H0082	Atrium Health Anson	15	0	2,088	1.2993	5,950	16	24	9	
Anson Total			15	0							9
Ashe	H0099	Ashe Memorial Hospital	76	0	3,718	1.0014	3,739	10	15	-61	
Ashe Total			76	0							0
Avery	H0037	Charles A. Cannon, Jr. Memorial Hospital**/^^	13	0	1,113	-1.1491	1,113	3	5	-8	
Avery Total			13	0							0
Beaufort	H0188	Vidant Beaufort Hospital, A campus of Vidant Medical Center	120	0	14,458	1.0658	18,655	51	77	-43	
Beaufort Total			120	0							0
Bertie	H0268	Vidant Bertie Hospital	6	0	1,090	-1.0014	1,090	3	4	-2	
Bertie Total			6	0							0
Bladen	H0154	Cape Fear Valley-Bladen County Hospital**	48	0	5,549	-1.0066	5,549	15	23	-25	
Bladen Total			48	0							0
Brunswick	H0150	J. Arthur Doshier Memorial Hospital	25	0	1,847	-1.0307	1,847	5	8	-17	
Brunswick	H0250	Novant Health Brunswick Medical Center	74	0	17,585	-1.0307	17,585	48	72	-2	
Brunswick Total			99	0							0
Buncombe		2022 Acute Care Bed Need Determination	0	67		1.0157	0	0	0	-67	
Buncombe	H0036	Mission Hospital	682	0	207,746	1.0157	221,132	605	775	93	
Buncombe/Graham/Madison/Yancey Total			682	67							26
Burke	H0062	UNC Health Blue Ridge	289	0	24,660	-1.0345	24,660	68	101	-188	
Burke Total			289	0							0
Cabarrus		2023 Acute Care Bed Need Determination	0	65		1.0343	0	0	0	-65	
Cabarrus	H0031	Atrium Health Cabarrus	427	-2	135,945	1.0343	155,578	426	545	120	
Cabarrus		Atrium Health Harrisburg	0	24		1.0343	0	0	0	-24	
		Atrium Health	427	22	135,945		155,578	426	545	96	
Cabarrus Total			427	87							31

Table 5A: Acute Care Bed Need Projections

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	License Number	Facility Name	Licensed Acute Care Beds	Adjustments for CONS/ Previous Need	Inpatient Days of Care	Growth Rate Multiplier (GRM)	Projected Days of Care	2026 Projected Average Daily Census (ADC)	2026 Beds Adjusted for Target Occupancy	Projected 2026 Deficit or Surplus (surplus shows as a "-")	2026 Need Determination
Caldwell	H0061	Caldwell UNC Health Care	110	0	22,720	1.0287	25,439	70	104	-6	
Caldwell Total			110	0							0
Carteret	H0222	Carteret General Hospital	132	0	23,225	-1.0007	23,225	64	95	-37	
Carteret Total			132	0							0
Catawba	H0223	Catawba Valley Medical Center**	180	0	33,983	1.0113	35,540	97	146	-34	
Catawba	H0053	Frye Regional Medical Center	203	0	37,632	1.0113	39,356	108	151	-52	
Catawba Total			383	0							0
Chatham	H0007	Chatham Hospital	25	0	2,861	-1.0075	2,861	8	12	-13	
Chatham Total			25	0							0
Cherokee	H0239	Erlanger Murphy Medical Center	57	0	4,855	-1.0321	4,855	13	20	-37	
Cherokee/Clay Total			57	0							0
Chowan	H0063	Vidant Chowan Hospital	47	0	5,749	1.0088	5,953	16	24	-23	
Chowan Total			47	0							0
Cleveland	H0024	Atrium Health Cleveland	280	0	60,079	1.0633	76,794	210	280	0	
Cleveland Total			280	0							0
Columbus	H0045	Columbus Regional Healthcare System**	154	0	24,243	-1.1178	24,243	66	100	-54	
Columbus Total			154	0							0
Craven	H0201	CarolinaEast Medical Center	307	0	57,786	1.0717	76,235	209	278	-29	
Craven/Jones/Pamlico Total			307	0							0
Cumberland	H0213	Cape Fear Valley Medical Center	500	92	156,391	1.0162	166,780	457	584	-8	
Cumberland Total			500	92							0
Dare	H0273	The Outer Banks Hospital	20	0	2,538	-1.0324	2,538	7	10	-10	
Dare Total			20	0							0
Davidson	H0027	Lexington Medical Center	94	0	14,247	1.0534	17,545	48	72	-22	
Davidson	H0112	Novant Health Thomasville Medical Center	101	0	12,795	1.0534	15,757	43	65	-36	
Davidson Total			195	0							0
Davie	H0171	Davie Medical Center	50	0	5,108	1.1932	10,353	28	43	-7	
Davie Total			50	0							0
Duplin	H0166	Vidant Duplin Hospital	56	0	10,871	1.0737	14,449	40	59	3	
Duplin Total			56	0							0
Durham		2021 Acute Care Bed Need Determination	0	40		1.0216	0	0	0	-40	
Durham		2022 Acute Care Bed Need Determination	0	68		1.0216	0	0	0	-68	

Table 5A: Acute Care Bed Need Projections

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	License Number	Facility Name	Licensed Acute Care Beds	Adjustments for CONS/ Previous Need	Inpatient Days of Care	Growth Rate Multiplier (GRM)	Projected Days of Care	2026 Projected Average Daily Census (ADC)	2026 Beds Adjusted for Target Occupancy	Projected 2026 Deficit or Surplus (surplus shows as a "-")	2026 Need Determination
Durham	H0233	Duke Regional Hospital	298	0	71,607	1.0216	77,998	214	284	-14	
Durham	H0015	Duke University Hospital***	981	0	298,846	1.0216	325,520	891	1,141	160	
Duke University Health System			1,279	0	370,453		403,518	1,105	1,425	146	
Durham	H0075	North Carolina Specialty Hospital	18	6	1,707	1.0216	1,859	5	8	-16	
Durham/Caswell/Warren Total			1,297	114							38
Edgecombe	H0258	Vidant Edgecombe Hospital	91	0	12,117	-1.0134	12,117	33	50	-41	
Edgecombe Total			91	0							0
Forsyth	H0209	Novant Health Forsyth Medical Center	809	20	198,076	1.0127	208,306	570	730	-99	
Forsyth	H0229	Novant Health Medical Park Hospital	22	0	1,971	1.0127	2,073	6	9	-13	
Novant Health			831	20	200,047		210,379	576	739	-112	
Forsyth	H0011	Atrium Health Wake Forest Baptist	722	52	199,211	1.0127	209,500	574	734	-40	
Forsyth Total			1,553	72							0
Franklin	H0267-B	Maria Parham-Franklin	70	0		0.0000	0	0	0	-70	
Franklin Total			70	0							0
Gaston		2023 Acute Care Bed Need Determination	0	48		1.0587	0	0	0	-48	
Gaston	H0105	CaroMont Regional Medical Center	356	43	110,622	1.0587	138,973	380	506	107	
Gaston		CaroMont Regional Medical Center - Belmont	0	54		1.0587	0	0	0	-54	
CaroMont Health			356	97	110,622		138,973	380	506	53	
Gaston Total			356	145							0
Granville	H0098	Granville Health System	62	0	6,567	-1.0575	6,567	18	27	-35	
Granville Total			62	0							0
Guilford	H0159	Cone Health	709	0	175,407	1.0107	183,047	501	641	-68	
Guilford	H0052	High Point Regional Health	301	0	56,586	1.0107	59,051	162	226	-75	
Guilford Total			1,010	0							0
Halifax	H0230	Vidant North Hospital	184	0	20,778	-1.0089	20,778	57	85	-99	
Halifax/Northampton Total			184	0							0
Harnett	H0224	Cape Fear Valley Betsy Johnson Hospital	126	0	23,888	-1.0804	23,888	65	98	-28	
Harnett Total			126	0							0
Haywood	H0025	Haywood Regional Medical Center**	120	0	20,011	1.0533	24,632	67	101	-19	
Haywood Total			120	0							0
Henderson	H0019	AdventHealth Hendersonville**	62	0	13,725	1.0204	14,882	41	61	-1	
Henderson	H0161	Margaret R. Pardee Memorial Hospital	201	0	24,626	1.0204	26,702	73	110	-91	

Table 5A: Acute Care Bed Need Projections

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	License Number	Facility Name	Licensed Acute Care Beds	Adjustments for CONS/ Previous Need	Inpatient Days of Care	Growth Rate Multiplier (GRM)	Projected Days of Care	2026 Projected Average Daily Census (ADC)	2026 Beds Adjusted for Target Occupancy	Projected 2026 Deficit or Surplus (surplus shows as a "-")	2026 Need Determination
Henderson Total			263	0							0
Hertford	H0001	Vidant Roanoke-Chowan Hospital	86	0	14,571	1.0085	15,073	41	62	-24	
Hertford/Gates Total			86	0							0
Hoke	H0288	Cape Fear Valley Hoke Hospital	41	0	5,448	1.4045	21,196	58	87	46	
Hoke	H0287	FirstHealth Moore Regional Hospital - Hoke Campus**	8	28	1,585	1.4045	6,167	17	25	-11	
Hoke Total ****			49	28							46
Iredell	H0248	Davis Regional Medical Center**	102	0	5,808	-1.0223	5,808	16	24	-78	
Iredell	H0259	Lake Norman Regional Medical Center	115	0	13,323	-1.0223	13,323	36	55	-60	
Community Health Systems			217	0	19,131		19,131	52	79	-138	
Iredell	H0164	Iredell Memorial Hospital	199	0	36,685	-1.0223	36,685	100	141	-58	
Iredell Total			416	0							0
Jackson	H0087	Harris Regional Hospital**	82	0	14,492	1.0119	15,195	42	62	-20	
Jackson Total			82	0							0
Johnston	H0151	UNC Health Johnston	176	0	41,937	1.0062	42,982	118	165	-11	
Johnston Total			176	0							0
Lee	H0243	Central Carolina Hospital**	126	0	16,120	-1.0503	16,120	44	66	-60	
Lee Total			126	0							0
Lenoir	H0043	UNC Lenoir Health Care	182	0	25,044	-1.0130	25,044	69	103	-79	
Lenoir Total			182	0							0
Lincoln	H0225	Atrium Health Lincoln	97	0	22,981	1.0245	25,322	69	104	7	
Lincoln Total			97	0							0
Macon	H0034	Angel Medical Center	30	0	5,679	1.0715	7,487	20	31	1	
Macon	H0193	Highlands-Cashiers Hospital	24	0	799	1.0715	1,053	3	4	-20	
Macon Total			54	0							0
Martin	H0078	Martin General Hospital**	49	0	3,347	1.0218	3,649	10	15	-34	
Martin Total			49	0							0
McDowell	H0097	Mission Hospital McDowell	65	0	6,411	1.0241	7,051	19	29	-36	
McDowell Total			65	0							0
Mecklenburg		2023 Acute Care Bed Need Determination	0	164		1.0325	0	0	0	-164	
Mecklenburg		Atrium Health Lake Norman	0	30		1.0325	0	0	0	-30	
Mecklenburg	H0042	Atrium Health Pineville	268	30	92,066	1.0325	104,643	286	381	83	
Mecklenburg	H0255	Atrium Health University City	95	16	37,380	1.0325	42,486	116	163	52	

Table 5A: Acute Care Bed Need Projections

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	License Number	Facility Name	Licensed Acute Care Beds	Adjustments for CONS/ Previous Need	Inpatient Days of Care	Growth Rate Multiplier (GRM)	Projected Days of Care	2026 Projected Average Daily Census (ADC)	2026 Beds Adjusted for Target Occupancy	Projected 2026 Deficit or Surplus (surplus shows as a "-")	2026 Need Determination
Mecklenburg	H0071	Carolinas Medical Center/Center for Mental Health	979	191	328,618	1.0325	373,509	1,023	1,309	139	
Atrium Health			1,342	267	458,064		520,638	1,425	1,853	244	
Mecklenburg		Novant Health Ballantyne Medical Center	0	36		1.0325	0	0	0	-36	
Mecklenburg	H0282	Novant Health Huntersville Medical Center	135	12	30,175	1.0325	34,297	94	141	-6	
Mecklenburg	H0270	Novant Health Matthews Medical Center	146	20	44,195	1.0325	50,232	138	193	27	
Mecklenburg	H0290	Novant Health Mint Hill Medical Center	36	0	11,078	1.0325	12,591	34	52	16	
Mecklenburg	H0010	Novant Health Presbyterian Medical Center**	469	7	129,926	1.0325	147,674	404	518	42	
Mecklenburg		Novant Health Steele Creek Medical Center	0	32		1.0325	0	0	0	-32	
Novant Health			786	107	215,374		244,795	670	903	10	
Mecklenburg Total			2,128	538							89
Mitchell	H0169	Blue Ridge Regional Hospital**	46	0	4,526	1.1439	7,750	21	32	-14	
Mitchell Total			46	0							0
Montgomery	H0003	FirstHealth Montgomery Memorial Hospital**	37	0	729	1.0207	791	2	3	-34	
Montgomery Total			37	0							0
Moore	H0100	FirstHealth Moore Regional Hospital and Pinehurst Treatment Cntr.	324	47	90,570	1.0230	99,197	272	361	-10	
Moore Total			324	47							0
Nash	H0228	Nash General Hospital	250	0	44,750	-1.0133	44,750	123	172	-78	
Nash Total			250	0							0
New Hanover	H0221	New Hanover Regional Medical Center	633	96	181,525	1.0260	201,129	551	705	-24	
New Hanover Total			633	96							0
Onslow	H0048	Onslow Memorial Hospital	144	0	28,248	-1.0068	28,248	77	116	-28	
Onslow Total			144	0							0
Orange	H0157	University of North Carolina Hospitals	785	74	233,101	1.0202	252,540	691	885	26	
Orange Total			785	74							26
Pasquotank	H0054	Sentara Albemarle Medical Center	182	0	21,886	-1.0147	21,886	60	90	-92	
Pasquotank/Camden/Currituck/Perquimans Total			182	0							0
Pender	H0115	Pender Memorial Hospital**	43	0	4,214	-1.0945	4,214	12	17	-26	
Pender Total			43	0							0
Person	H0066	Person Memorial Hospital	38	0	2,748	-1.0417	2,748	8	11	-27	
Person Total			38	0							0
Pitt	H0104	ECU Health Medical Center**	776	85	212,186	1.0309	239,654	656	840	-21	

Table 5A: Acute Care Bed Need Projections

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	License Number	Facility Name	Licensed Acute Care Beds	Adjustments for CONS/ Previous Need	Inpatient Days of Care	Growth Rate Multiplier (GRM)	Projected Days of Care	2026 Projected Average Daily Census (ADC)	2026 Beds Adjusted for Target Occupancy	Projected 2026 Deficit or Surplus (surplus shows as a "-")	2026 Need Determination
Pitt/Greene/Hyde/Tyrrell Total			776	85							0
Polk	H0079	St. Luke's Hospital	25	0	3,619	1.0339	4,135	11	17	-8	
Polk Total			25	0							0
Randolph	H0013	Randolph Hospital	145	0	19,198	-1.0596	19,198	53	79	-66	
Randolph Total			145	0							0
Richmond	H0158	FirstHealth Moore Regional Hospital - Richmond**	99	0	6,445	-1.0805	6,445	18	26	-73	
Richmond Total			99	0							0
Robeson	H0064	Southeastern Regional Medical Center	285	0	46,136	-1.0439	46,136	126	177	-108	
Robeson Total			285	0							0
Rockingham	H0023	Annie Penn Hospital**	110	0	13,061	-1.0006	13,061	36	54	-56	
Rockingham	H0072	UNC Rockingham Hospital	108	0	8,968	-1.0006	8,968	25	37	-71	
Rockingham Total			218	0							0
Rowan	H0040	Novant Health Rowan Medical Center	198	0	39,843	-1.0071	39,843	109	153	-45	
Rowan Total			198	0							0
Rutherford	H0039	Rutherford Regional Medical Center	129	0	10,555	-1.0538	10,555	29	43	-86	
Rutherford Total			129	0							0
Sampson	H0067	Sampson Regional Medical Center	116	0	9,196	-1.0292	9,196	25	38	-78	
Sampson Total			116	0							0
Scotland	H0107	Scotland Memorial Hospital	92	0	25,776	1.0278	28,761	79	118	26	
Scotland Total			92	0							26
Stanly	H0008	Atrium Health Stanly	97	0	16,186	1.0361	18,653	51	77	-20	
Stanly Total			97	0							0
Stokes	H0165	LifeBrite Community Hospital of Stokes**	53	0	1,927	-1.1623	1,927	5	8	-45	
Stokes Total			53	0							0
Surry	H0049	Hugh Chatham Memorial Hospital	81	0	12,417	-1.0164	12,417	34	51	-30	
Surry	H0184	Northern Regional Hospital*	100	-17	18,317	-1.0164	18,317	50	75	-8	
Surry Total			181	-17							0
Swain	H0069	Swain Community Hospital	48	0	141	-1.1331	141	0	1	-47	
Swain Total			48	0							0
Transylvania	H0111	Transylvania Regional Hospital	42	0	5,978	-1.0018	5,978	16	25	-17	
Transylvania Total			42	0							0
Union		2023 Acute Care Bed Need Determination	0	21		1.0432	0	0	0	-21	

Table 5A: Acute Care Bed Need Projections

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	License Number	Facility Name	Licensed Acute Care Beds	Adjustments for CONS/ Previous Need	Inpatient Days of Care	Growth Rate Multiplier (GRM)	Projected Days of Care	2026 Projected Average Daily Census (ADC)	2026 Beds Adjusted for Target Occupancy	Projected 2026 Deficit or Surplus (surplus shows as a "-")	2026 Need Determination
Union	H0050	Atrium Health Union	178	0	53,903	1.0432	63,826	175	245	67	
Union Total			178	21							46
Vance	H0267-A	Maria Parham Health**	88	0	21,075	-1.0521	21,075	58	87	-1	
Vance/Warren Total			88	0							0
Wake		2023 Acute Care Bed Need Determination	0	44		1.0119	0	0	0	-44	
Wake		Duke Green Level Hospital	0	40		1.0119	0	0	0	-40	
Wake	H0238	Duke Raleigh Hospital	186	-22	56,467	1.0119	59,207	162	227	63	
Duke University Health System			186	18	56,467		59,207	162	227	23	
Wake	H0199	WakeMed	574	14	176,997	1.0119	185,587	508	650	62	
Wake	H0276	WakeMed Cary Hospital	200	0	56,655	1.0119	59,405	163	228	28	
Wake		WakeMed Garner Hospital	0	31		1.0119	0	0	0	-31	
WakeMed Health & Hospitals			774	45	233,652		244,992	671	878	59	
Wake	H0065	Rex Hospital	468	18	135,783	1.0119	142,373	390	518	32	
Wake Total			1,428	125							70
Washington	H0006	Washington Regional Medical Center^^^	25	-13	263	-1.2469	263	1	1	-11	
Washington Total			25	-13							0
Watauga	H0077	Watauga Medical Center	113	0	19,059	1.0174	20,423	56	84	-29	
Watauga Total			113	0							0
Wayne	H0257	Wayne UNC Health Care	251	0	45,933	1.0044	46,741	128	179	-72	
Wayne Total			251	0							0
Wilkes	H0153	Wilkes Medical Center	120	0	14,576	-1.0592	14,576	40	60	-60	
Wilkes Total			120	0							0
Wilson	H0210	Wilson Medical Center	267	0	26,338	-1.0454	26,338	72	108	-159	
Wilson Total			267	0							0
Yadkin	H0155	Yadkin Valley Community Hospital (closed)^	22	0		0.0000	0	0	0	-22	
Yadkin Total			22	0							0

Table 5A: Acute Care Bed Need Projections

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	License Number	Facility Name	Licensed Acute Care Beds	Adjustments for CONs/Previous Need	Inpatient Days of Care	Growth Rate Multiplier (GRM)	Projected Days of Care	2026 Projected Average Daily Census (ADC)	2026 Beds Adjusted for Target Occupancy	Projected 2026 Deficit or Surplus (surplus shows as "-")	2026 Need Determination
Grand Total All Hospitals			20,409	1,536	4,729,864		5,175,028				407

* Acute care beds in the "Adjustments for CONs/Previous Need" column are to be converted to inpatient psychiatric beds. This conversion is exempt from certificate of need review, pursuant to G.S. § 131E-184(c).

** HIDI acute inpatient days of care data and the Division of Health Service Regulation Hospital License Renewal Application days of care data have a greater than ± 5% discrepancy between the two data sources.

*** Duke University Hospital is licensed for 14 Level IV neonatal beds under Policy AC-3. The 14 beds are not counted when determining acute care bed need.

**** The State Health Coordinating Council voted to remove the need determination for 46 beds in Hoke County.

^ Yadkin Valley Community Hospital has received a CON exemption to reopen no later than January 18, 2025.

^^ Charles A. Cannon, Jr. Memorial Hospital received a grant from the Dorothea Dix Hospital Property Fund to convert 27 acute care beds to adult psychiatric beds. This project is exempt from certificate of need review. Seventeen acute care beds have been converted to adult psychiatric beds, and these beds are accounted for in Table 5A.

^^^ Washington Regional Medical Center was unable to report their 2022 acute bed days of care to HIDI. Therefore, the need methodology calculation uses the days of care reported on the facility's 2023 LRA.

Note: The decimal part of a number resulting from a calculation is not displayed, but it is used in subsequent calculations. Therefore, calculated totals may not be identical to displayed totals.

Table 5B: Acute Care Bed Need Determination*

Service Area	Acute Care Bed Need Determination	Certificate of Need Application Deadline**	Certificate of Need Beginning Review Date
Alleghany ***	3	February 16, 2024	March 1, 2024
Anson	9	April 15, 2024	May 1, 2024
Buncombe/Graham/Madison/Yancey	26	June 17, 2024	July 1, 2024
Cabarrus	31	April 15, 2024	May 1, 2024
Durham/Caswell/Warren	38	April 15, 2024	May 1, 2024
Johnston ****	24	February 16, 2024	March 1, 2024
Mecklenburg	89	October 15, 2024	November 1, 2014
Orange	26	June 17, 2024	July 1, 2024
Scotland	26	August 15, 2024	September 1, 2024
Union	46	October 15, 2024	November 1, 2014
Wake	70	August 15, 2024	September 1, 2024
It is determined that there is no need anywhere else in the state and no other reviews are scheduled.			

* Any person can apply for a CON to meet the need, not just the health service facility or facilities that generated the need.

** Application deadlines are absolute, pursuant to 10A NCAC 14C.0202(2). The filing deadline is 5:00 p.m. on the application deadline date.

*** In response to a petition, the State Health Coordinating Council approved an adjusted need determination for three acute care beds in the Alleghany County service area.

**** In response to a petition, the State Health Coordinating Council approved an adjusted need determination for 24 acute care beds in the Johnston County service area.

Long-Term Care Hospitals

As a result of the August 2005 change in the CON statute, which made LTCH beds a separate category of health service facility beds, the bed days associated with LTCHs have been removed from the acute care bed need determinations. Table 5C shows LTCH inventory data and DOC for the current reporting year.

Table 5C: Long-Term Care Hospital Bed Inventory and Days of Care

License Number	Facility Name	County	Licensed LTCH Beds	DOC	Adjustments for Certificates of Need
H0279	Asheville Specialty Hospital	Buncombe	34	9,602	0
H0275	Highsmith-Rainey Specialty Hospital	Cumberland	66	19,192	0
H0280	Select Specialty Hospital –Durham	Durham	30	0	0
H0073	Kindred Hospital-Greensboro	Guilford	101	19,137	0
H0284	Select Specialty Hospital –Greensboro	Guilford	30	10,616	0
H0278	Carolinas ContinueCare Hospital at Pineville	Mecklenburg	40	11,746	0
H0289	Carolinas ContinueCare Hospital at University*	Mecklenburg	0	17	0
H0242	PAM Specialty Hospital of Rocky Mount (formerly LifeCare Hospitals of North Carolina)	Nash	50	14,180	0

*Carolinas ContinueCare Hospital at University closed on 3/15/22.

Chapter 6:

Operating Rooms

CHAPTER 6

OPERATING ROOMS

Introduction

G.S. § 131E-76(18c) defines an *operating room* (OR) 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.”

Across all hospitals and ambulatory surgical facilities, 76.5% of surgical cases were ambulatory (outpatient) and 23.5% were inpatient (*Table 6B*).

Definitions

An OR’s service area is the single or multicounty grouping shown in Figure 6.1. See below for the delineation of service areas.

The *reporting year* is October 1 through September 30. The *current* reporting year is October 1, 2021 through September 30, 2022.

The methodology projects OR need four years beyond the current reporting year. The *current projection year* is 2026.

The *planning inventory* is the number of ORs used in need determination calculations. It is the number of ORs licensed as of the last day of the reporting year, plus the number of Certificate of Need (CON)-approved ORs that are under development, plus the number of ORs available pursuant to need determinations pending review or appeal, minus any exclusions described below under Application of the Methodology.

For the purposes of the OR methodology, a *health system* includes all licensed health service facilities with ORs located in the same service area 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. If the relocation or transfer of ORs to a different health system generates a need, the need determination will not appear until the relocated or transferred ORs are licensed in their new location.

Changes from the Previous Plan

This chapter contains no substantive changes from the previous State Medical Facilities Plan (SMFP).

Data Sources

The number of cases and procedures come from the Hospital License Renewal Applications (LRAs) and the Ambulatory Surgical Facility LRAs for the reporting year, as submitted to the North Carolina Department of Health and Human Services, Division of Health Service Regulation (Agency).

The inventory of ORs comes from LRAs submitted to the Agency's Acute and Home Care Licensure and Certification Section and approved CONs issued by the Agency.

Population data by county for the reporting year and the projection year come from the North Carolina Office of State Budget and Management.

Assumptions of the Methodology

1. In the current SMFP, for the methodology to determine an OR need for a service area, the minimum deficit must be two, after rounding.
2. The planning inventory and need determination calculations exclude one OR for each Level I and Level II trauma center, and one OR for each designated burn intensive care unit.
3. Beginning with the 2011 SMFP, the Agency updates service areas every three years. The updates use inpatient and ambulatory surgical procedures by county of residence and county of service to delineate service areas as reported on the LRAs (see below).
4. For purposes of these need projections, the number of surgical hours is anticipated to change in direct proportion to the change in the general population of the OR service area.

Delineation of Service Areas

The SMFP contains two types of OR service areas: single county and multicounty. Counties with at least one facility having a licensed OR that are not grouped with another county are single county service areas. A multicounty service area is created under two conditions: 1) counties without a facility with a licensed OR are grouped with the single county where the largest proportion of its patients received surgery; 2) if two counties with at least one facility having a licensed OR each provided surgical services to at least 35 percent of the residents of a county without at least one facility with a licensed OR, then the county without at least one facility with a licensed OR is grouped with both of the counties with facilities that have at least one OR.

If an entity has a CON to develop a facility with a licensed OR in a county without a facility with a licensed OR, the planning inventory in Table 6B will include these ORs upon licensure. Before licensure, the ORs remain under development in the multicounty service area. Upon licensure of new ORs, the county where they are licensed becomes a single county service area.

In response to a petition, the State Health Coordinating Council (SHCC) created the Avery-Watauga multicounty OR service area. There are ORs in both Avery and Watauga counties.

Application of the Methodology

Step 1: Inventory of ORs (*Table 6A, Columns D through J*)

- a. In each OR service area, list the number of ORs by type, and sum them for each health system by summing the following for all licensed hospitals and ambulatory surgical facilities:
 - (1) Number of Inpatient ORs (*Column D*)
 - (2) Number of Ambulatory ORs (*Column E*)

- (3) Number of Shared ORs (*Column F*)
- b. For each facility:
 - (1) Exclude the number of dedicated Cesarean Section (C-Section) ORs from the Hospital LRA (*Column G*).
 - (2) Exclude one OR for each Level I and Level II Trauma Center and one additional OR for each designated Burn Intensive Care Unit (*Column H*).
 - (3) List the number of ORs (*Column I*) and C-Section ORs (*Column J*) for which CONs have been issued but not licensed as of the end of the reporting year.
- c. Enter placeholders for ORs for which a need determination in the SMFP is pending review or appeal (*Columns I and Column J*).

Step 2: Determine Each Facility's Adjusted Case Times

- a. For each facility, compare the Average Case Time in Minutes for inpatient and ambulatory cases reported on the annual LRA to its Final Case Time used in the methodology in the previous year's SMFP.
 - (1) If either the inpatient or ambulatory reported average case time is more than 10% longer than the previous year's Final Case Time, then the Adjusted Case Time is the previous year's Final Case Time plus 10%.
 - (2) If either the inpatient or ambulatory reported average case time is more than 20% shorter than the previous year's Final Case Time, then the Adjusted Case Time is the previous year's Final Case Time minus 20%.
 - (3) If neither of the above situations occurs, then the Adjusted Case Time is the average case time(s) reported on the LRA.

Step 3: Group Facilities (*Table 6A, Columns K through M*)

- a. For each hospital, multiply the total number of inpatient surgical cases (excluding C-sections performed in dedicated C-Section ORs) reported in the Surgical Cases by Specialty Area table on the annual Hospital LRA by the inpatient average case time from Step 2. Then divide by 60 to obtain the total inpatient surgical hours.
- b. For each facility, multiply the total ambulatory cases reported in the Surgical Cases by Specialty Area table on the annual LRA by the ambulatory average case time from Step 2. Then divide by 60 to obtain the total ambulatory surgical hours.
- c. Add the total inpatient and ambulatory surgical hours together to obtain each facility's Total Surgical Hours for Grouping (*Column K*).

- d. Assign each facility to a group based on the following criteria (*Column L*):

Group	Facility Type
1	Academic Medical Center Teaching Hospitals
2	Hospitals reporting more than 40,000 surgical hours
3	Hospitals reporting 15,000 to 40,000 surgical hours
4	Hospitals reporting less than 15,000 surgical hours
5	Separately licensed ambulatory surgical facilities that perform at least 50% of their procedures in either ophthalmology or otolaryngology, or a combination of the two specialties.
6	All separately licensed ambulatory surgical facilities not in Group 5.

- e. For purposes of the SMFP, the average OR is anticipated to be staffed based on its group membership and utilized at least 75% of the available time. Assumptions regarding hours per day and days per year of availability are shown in the table below. Multiply the Hours per Day by the Days Per Year. Then multiply by 75% to obtain the Standard Hours per OR per Year (*Column M*).

Group	Hours per Day	Days per Year	Standard Hours per OR per Year
1	10	260	1,950
2	10	260	1,950
3	9	260	1,755
4	8	250	1,500
5	7	250	1,312
6	7	250	1,312

Step 4: Project Future OR Requirements Based on Growth of OR Hours (*Table 6B, Columns D through K*)

- a. For Groups 2 through 6, use the Adjusted Case Time from Step 2 to calculate the average (mean) inpatient and ambulatory case times for each group. If the Adjusted Case Time exceeds one standard deviation above the mean case time for its group, substitute the value equivalent to the mean plus one standard deviation of the Adjusted Case Time to obtain the Final Inpatient Case Time (*Column E*) and Final Ambulatory Case Time (*Column G*), as applicable. Otherwise use the Adjusted Case Time from Step 2 as the final case times. The Average Final Inpatient and Ambulatory Case Times for each group are as follows for the current plan:

Group	Average Final Inpatient Case Time		Average Final Ambulatory Case Time	
	in Minutes	in Hours	in Minutes	in Hours
1	228.1	3.80	135.0	2.25
2	197.2	3.28	117.0	1.95
3	176.2	2.94	114.0	1.90
4	106.9	1.78	71.1	1.19
5	--	--	40.1	0.67
6	--	--	72.3	1.21

- b. For each facility, multiply the inpatient surgical cases reported on the LRA (*Column D*) by the Final Inpatient Case Time in minutes (*Column E*), and multiply the ambulatory surgical cases reported on the LRA (*Column F*) by the Final Ambulatory Case Time in minutes (*Column G*). Sum these

amounts for each facility and divide by 60 to obtain the Total Adjusted Estimated Surgical Hours (*Column H*).

- c. For each service area with a projected population increase, calculate the Growth Factor based on each service area's projected population change between the reporting year and the projection year [*Column I: Growth Factor = (projection year service area population - reporting year service area population) / reporting year service area population.*]. If the calculated population growth is negative, the Growth Factor is zero.
- d. Multiply each facility's Total Adjusted Estimated Surgical Hours (*Column H*) for the most recent reporting year by each service area's Growth Factor (*Column I*). Then add the product to the Total Adjusted Estimated Surgical Hours to determine the Projected Surgical Hours for the projection year [$((\text{Column H} \times \text{Column I}) / 100) + \text{Column H} = \text{Column J}$].
- e. Divide each facility's Projected Surgical Hours for the projection year by the Standard Hours per OR per Year (based on group assignment) to determine the Projected Surgical ORs Required in the projection year (*Table 6B, Column J / Table 6A, Column M = Table 6B, Column K*).

Step 5: Determination of Health System Deficit/Surplus (*Table 6B, Columns L - M*)

- a. Sum the ORs, adjustments, and exclusions (*Table 6A, Columns D through J*) for each facility to obtain the Adjusted Planning Inventory (*Table 6B, Column L*).
- b. Subtract the Adjusted Planning Inventory from the Projected Surgical ORs Required to obtain the surpluses and deficits for each facility (*Column M*). (*Note: In Column M, projected deficits appear as positive numbers indicating that the methodology projects that more ORs will be needed in the projection year than are in the current inventory.*) Then for each health system, sum the deficits and surpluses of each facility to arrive at the Projected OR Deficit/Surplus for the health system ($\text{Column K} - \text{Column L} = \text{Column M}$).

Step 6: Determination of Service Area OR Need (*Table 6B, Column N*)

- a. Round the health system deficits according to the rounding rules, below:

If a health system located in an OR service area with more than 10 ORs in the Adjusted Planning Inventory has a projected fractional deficit of 0.50 or greater, round the deficit to the next highest whole number. For each health system in an OR service area with more than 10 ORs and a projected deficit less than 0.50 or in which there is a projected surplus, there is no need.

If a health system located in an OR service area with six to 10 ORs in the Adjusted Planning Inventory has a projected fractional deficit of 0.30 or greater, round the deficit to the next highest whole number. For each health system in an OR service area with six to 10 ORs and a projected deficit less than 0.30 or in which there is a projected surplus, there is no need.

If a health system located in an OR service area with five or fewer ORs in the Adjusted Planning Inventory has a projected fractional deficit of 0.20 or greater, round the deficit to the next highest whole number. For each health system in an OR service area with five or fewer ORs and a projected deficit less than 0.20 or in which there is a projected surplus, there is no need.

- b. Add all rounded health systems deficits. Then adjust for any placeholders for need determinations in previous SMFPs to calculate the Service Area Need (*Column N*).

- c. For the current plan, the Service Area Need must be at least two to show an OR Need Determination in Table 6C.

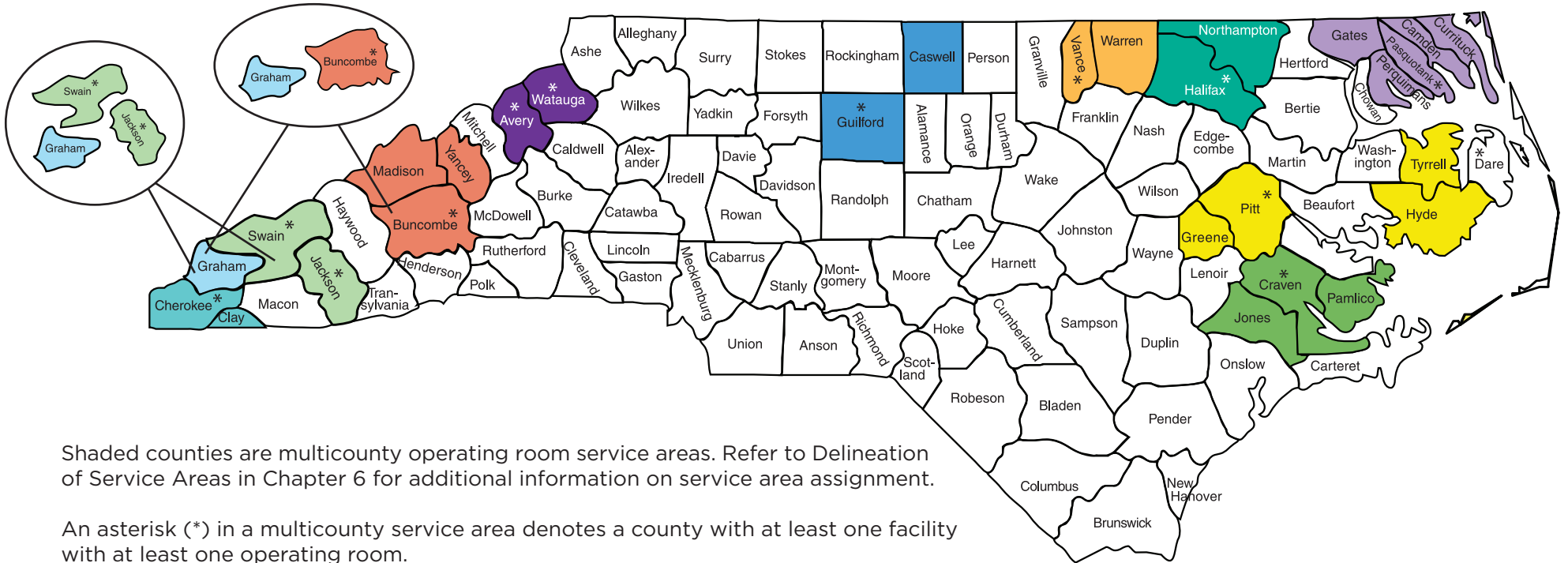
Unless otherwise specified by the methodology, calculations do not use rounded values. However, fractional values are rounded automatically when displayed.

NOTE: The need methodology excludes Dedicated C-Section ORs and associated cases from the calculation of need determinations.

A dedicated C-section OR shall only be used to perform C-sections and other procedures performed on the patient in the same visit to the C-section operating room, such that a patient receiving another procedure at the same time as the C-section would not need to be moved to a different OR for the second procedure.

Hospitals proposing to add a new OR for use as a dedicated C-section OR must obtain a CON but may apply for a CON without regard to the need determinations in this chapter.

Figure 6.1 Operating Room Service Areas



Shaded counties are multicounty operating room service areas. Refer to Delineation of Service Areas in Chapter 6 for additional information on service area assignment.

An asterisk (*) in a multicounty service area denotes a county with at least one facility with at least one operating room.

Hospitals	Multicounty Service Area	Color Code
CarolinaEast Medical Center	Craven, Jones, Pamlico	
Cone Health, High Point Regional Health, and Kindred Hospital - Greensboro	Guilford, Caswell	
Erlanger Murphy Medical Center	Cherokee, Clay	
Halifax Regional Medical Center	Halifax, Northampton	
Harris Regional Hospital and Swain Community Hospital	Jackson, Graham, Swain	
Maria Parham Health	Vance, Warren	
Mission Hospital	Buncombe, Graham, Madison, Yancey	
Sentara Albemarle Medical Center	Pasquotank, Camden, Currituck, Gates, Perquimans	
Vidant Medical Center	Pitt, Greene, Hyde, Tyrrell	
Watauga Medical Center and Charles A. Cannon Jr. Memorial Hospital	Watauga, Avery	

Table 6A: Operating Room Inventory and Grouping (Combined Data for Hospitals and Ambulatory Surgical Facilities)

Case data for 10/1/2021 through 9/30/2022 as reported on the 2023 Hospital and Ambulatory Surgical Facility License Renewal Applications

<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>	<i>G</i>	<i>H</i>	<i>I</i>	<i>J</i>	<i>K</i>	<i>L</i>	<i>M</i>
Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
Alamance	H0272	Alamance Regional Medical Center	2	3	9	-2	0	0	0	16,665.2	3	1,755
Alamance Total			2	3	9	-2	0	0	0			
Alexander	H0274	Alexander Hospital (closed)	0	0	2	0	0	0	0	0.0		
Alexander Total			0	0	2	0	0	0	0			
Alleghany	H0108	Alleghany Memorial Hospital	0	0	2	0	0	0	0	164.2	4	1,500
Alleghany Total			0	0	2	0	0	0	0			
Anson	H0082	Atrium Health Anson	0	0	1	0	0	0	0	49.5	4	1,500
Anson Total			0	0	1	0	0	0	0			
Ashe	H0099	Ashe Memorial Hospital	0	0	2	0	0	0	0	1,297.5	4	1,500
Ashe Total			0	0	2	0	0	0	0			
Avery	H0037	Charles A. Cannon, Jr. Memorial Hospital	0	0	2	0	0	0	0	332.6	4	1,500
Watauga	H0077	Watauga Medical Center	1	0	6	-1	0	0	0	6,940.9	4	1,500
Appalachian Regional Healthcare System Total			1	0	8	-1	0	0	0			
Avery/Watauga Total			1	0	8	-1	0	0	0			
Beaufort	H0188	Vidant Beaufort Hospital, A campus of Vidant Medical Center	1	0	5	-1	0	0	0	3,991.8	4	1,500
Beaufort Total			1	0	5	-1	0	0	0			
Bertie	H0268	Vidant Bertie Hospital	0	0	2	0	0	0	0	186.8	4	1,500
Bertie Total			0	0	2	0	0	0	0			
Bladen	H0154	Cape Fear Valley-Bladen County Hospital	0	0	2	0	0	0	0	276.0	4	1,500
Bladen Total			0	0	2	0	0	0	0			
Brunswick		Novant Health Leland ASC	0	0	0	0	0	2	0	0.0		
Brunswick	H0250	Novant Health Brunswick Medical Center	1	0	4	-1	0	0	0	8,909.0	4	1,500
Novant Health Total			1	0	4	-1	0	2	0			
Brunswick	AS0170	Brunswick Surgery Center	0	1	0	0	0	0	0	1,175.4	6	1,312
Brunswick	H0150	J. Arthur Doshier Memorial Hospital	0	0	2	0	0	0	0	2,999.2	4	1,500
Brunswick Total			1	1	6	-1	0	2	0			
Buncombe	AS0038	Outpatient Surgery Center of Asheville	0	5	0	0	0	0	0	3,702.8	6	1,312
Buncombe	AS0065	Asheville Eye Surgery Center	0	1	0	0	0	0	0	1,325.4	5	1,312

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<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>	<i>G</i>	<i>H</i>	<i>I</i>	<i>J</i>	<i>K</i>	<i>L</i>	<i>M</i>
Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
Buncombe	H0036	Mission Hospital	8	9	30	-2	-1	0	0	53,583.0	2	1,950
Buncombe/Graham/Madison/Yancey			8	15	30	-2	-1	0	0			
Burke		Blue Ridge Surgery Center	0	0	0	0	0	4	0	0.0		
Burke	AS0040	Surgery Center of Morganton Eye Physicians	0	2	0	0	0	0	0	1,311.0	5	1,312
Burke	H0062	UNC Health Blue Ridge	1	0	9	-1	0	-4	0	6,331.5	4	1,500
Burke Total			1	2	9	-1	0	0	0			
Cabarrus		Atrium Health Harrisburg	0	0	0	0	0	1	0	0.0		
Cabarrus	AS0070	Gateway Surgery Center	0	6	0	0	0	0	0	4,625.0	6	1,312
Cabarrus	H0031	Atrium Health Cabarrus	4	0	15	-2	0	-1	0	28,451.6	3	1,755
Atrium Health Total			4	6	15	-2	0	0	0			
Cabarrus	AS0019	Eye Surgery and Laser Clinic, Inc	0	2	0	0	0	0	0	2,395.8	5	1,312
Cabarrus Total			4	8	15	-2	0	0	0			
Caldwell	AS0168	Prime Surgical Suites	0	3	0	0	0	0	0	1,436.5	6	1,312
Caldwell	H0061	Caldwell UNC Health Care	1	0	4	-1	0	0	0	3,812.4	4	1,500
UNC Health Total			1	3	4	-1	0	0	0			
Caldwell Total			1	3	4	-1	0	0	0			
Carteret	AS0061	The Surgical Center of Morehead City	0	2	0	0	0	0	0	1,846.8	6	1,312
Carteret	H0222	Carteret General Hospital	1	0	5	-1	0	0	0	5,781.2	4	1,500
Carteret Total			1	2	5	-1	0	0	0			
Catawba	AS0036	Graystone Eye Surgery Center	0	3	0	0	0	0	0	5,180.6	5	1,312
Catawba	AS0101	Viewmont Surgery Center	0	3	0	0	0	0	0	3,538.2	5	1,312
Catawba	H0053	Frye Regional Medical Center	2	4	15	0	0	0	0	9,945.5	4	1,500
Catawba	H0223	Catawba Valley Medical Center	1	0	12	-1	0	0	0	14,997.2	4	1,500
Catawba Total			3	10	27	-1	0	0	0			
Chatham	H0007	Chatham Hospital	0	0	2	0	0	0	0	1,345.7	4	1,500
Chatham Total			0	0	2	0	0	0	0			
Cherokee	H0239	Erlanger Murphy Medical Center	0	0	4	0	0	0	0	3,343.9	4	1,500
Cherokee/Clay Total			0	0	4	0	0	0	0			

Table 6A: Operating Room Inventory and Grouping (Combined Data for Hospitals and Ambulatory Surgical Facilities)

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<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>	<i>G</i>	<i>H</i>	<i>I</i>	<i>J</i>	<i>K</i>	<i>L</i>	<i>M</i>
Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
Chowan	H0063	Vidant Chowan Hospital	0	0	3	0	0	0	0	713.2	4	1,500
Chowan Total			0	0	3	0	0	0	0			
Cleveland	AS0062	Atrium Health Surgery Center Shelby	0	4	0	0	0	0	0	1,162.3	5	1,312
Cleveland	H0024	Atrium Health Cleveland	1	0	8	-1	0	0	0	8,700.8	4	1,500
Atrium Health Total			1	4	8	-1	0	0	0			
Cleveland	AS0049	Eye Surgery Center of Shelby	0	2	0	0	0	0	0	1,408.8	5	1,312
Cleveland Total			1	6	8	-1	0	0	0			
Columbus	H0045	Columbus Regional Healthcare System	1	0	5	-1	0	0	0	3,513.1	4	1,500
Columbus Total			1	0	5	-1	0	0	0			
Craven	H0201	CarolinaEast Medical Center	3	6	9	-1	0	0	0	13,750.9	4	1,500
Craven/Jones/Pamlico Total			3	6	9	-1	0	0	0			
Cumberland	H0213	Cape Fear Valley Medical Center	5	0	14	-3	0	1	0	27,485.9	3	1,755
Cumberland	H0275	Highsmith-Rainey Specialty Hospital	0	0	3	0	0	-1	0	2,695.4	4	1,500
Cape Fear Valley Health System Total			5	0	17	-3	0	0	0			
Cumberland	AS0006	Fayetteville Ambulatory Surgery Center	0	11	0	0	0	0	0	8,238.9	5	1,312
Cumberland	AS0159	Valleygate Dental Surgery Center	0	2	0	0	0	-1	0	3,558.8	6	1,312
Cumberland		Valleygate Dental Surgery Center Coast	0	0	0	0	0	1	0	0.0		
Cumberland Total			5	13	17	-3	0	0	0			
Dare	H0273	The Outer Banks Hospital	1	0	3	-1	0	0	0	965.2	4	1,500
Dare Total			1	0	3	-1	0	0	0			
Davidson	H0027	Lexington Medical Center	0	0	4	0	0	0	0	4,887.7	4	1,500
Davidson	H0112	Novant Health Thomasville Medical Center	1	0	5	-1	0	0	0	4,720.4	4	1,500
Davidson Total			1	0	9	-1	0	0	0			
Davie	H0171	Davie Medical Center	0	0	3	0	0	0	0	3,498.1	4	1,500
Davie Total			0	0	3	0	0	0	0			
Duplin	H0166	Vidant Duplin Hospital	0	0	3	0	0	0	0	1,500.1	4	1,500
Duplin Total			0	0	3	0	0	0	0			
Durham	AS0041	James E. Davis Ambulatory Surgical Center	0	4	0	0	0	0	0	4,080.0	6	1,312

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A	B	C	D	E	F	G	H	I	J	K	L	M
Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/ Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
Durham	AS0172	Duke Ambulatory Surgery Center Arrington	0	4	0	0	0	2	0	4,198.7	6	1,312
Durham	H0015	Duke University Hospital*	6	9	50	0	-1	2	0	127,069.3	1	1,950
Durham	H0233	Duke Regional Hospital	2	0	13	-2	0	0	0	21,812.7	3	1,755
Duke University Health System Total			8	17	63	-2	-1	4	0			
Durham		Southpoint Surgery Center	0	0	0	0	0	2	0	0.0		
Durham	H0075	North Carolina Specialty Hospital	0	0	4	0	0	0	0	8,511.1	4	1,500
NC Specialty Hospital Total			0	0	4	0	0	2	0			
Durham		2021 SMFP Need Determination	0	0	0	0	0	2	0	0.0		
Durham Total			8	17	67	-2	-1	8	0			
Edgecombe	H0258	Vidant Edgecombe Hospital	1	0	5	-1	0	0	0	1,756.7	4	1,500
Edgecombe Total			1	0	5	-1	0	0	0			
Forsyth	AS0021	Wake Forest Baptist Health Outpatient Surgery Center - Clemmons	0	3	0	0	0	0	0	3,405.5	6	1,312
Forsyth	H0011	Atrium Health Wake Forest Baptist*	4	0	36	0	-2	11	0	87,162.1	1	1,950
Atrium Health Total			4	3	36	0	-2	11	0			
Forsyth	AS0149	Novant Health Kernersville Outpatient Surgery	0	2	0	0	0	0	0	1,728.9	5	1,312
Forsyth	AS0167	Novant Health Clemmons Outpatient Surgery	0	2	0	0	0	0	0	4,530.3	6	1,312
Forsyth	H0209	Novant Health Forsyth Medical Center	5	4	26	-2	0	0	0	44,610.5	2	1,950
Forsyth	H0229	Novant Health Medical Park Hospital	0	0	10	0	0	0	0	16,709.2	3	1,755
Novant Health Total			5	8	36	-2	0	0	0			
Forsyth	AS0173	Kimel Park Surgery Center	0	2	0	0	0	0	0	2,030.9	6	1,312
Forsyth	AS0134	Piedmont Outpatient Surgery Center	0	2	0	0	0	0	0	1,979.5	5	1,312
Forsyth		Triad Surgery Center	0	0	0	0	0	2	0	0.0		
Forsyth Total			9	15	72	-2	-2	13	0			
Franklin	H0267-B	Maria Parham-Franklin	0	0	3	0	0	-1	0	0.0		
Franklin		Same Day Surgery Center	0	0	0	0	0	2	0	0.0		
Franklin Total			0	0	3	0	0	1	0			

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Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/ Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
Gaston		CaroMont ASC-Belmont	0	0	0	0	0	2	0	0.0		
Gaston		CaroMont Regional Medical Center - Belmont	0	0	0	0	0	2	1	0.0		
Gaston	AS0037	CaroMont Specialty Surgery	0	6	0	0	0	-3	0	1,647.9	5	1,312
Gaston	H0105	CaroMont Regional Medical Center	5	0	17	-4	0	-1	-1	20,605.2	3	1,755
CaroMont Health Total			5	6	17	-4	0	0	0			
Gaston Total			5	6	17	-4	0	0	0			
Granville	H0098	Granville Health System	0	0	3	0	0	0	0	1,378.2	4	1,500
Granville Total			0	0	3	0	0	0	0			
Guilford		Atrium Health Wake Forest Baptist Ambulatory Surgical Center-Greensboro	0	0	0	0	0	3	0	0.0		
Guilford	AS0047	High Point Surgery Center	0	6	0	0	0	-2	0	3,963.0	6	1,312
Guilford	AS0152	Premier Surgery Center	0	2	0	0	0	-1	0	1,732.0	6	1,312
Guilford	H0052	High Point Regional Health	3	0	8	-1	0	0	0	11,246.6	4	1,500
Atrium Health Total			3	8	8	-1	0	0	0			
Guilford		North Elam Ambulatory Surgery Center	0	0	0	0	0	5	0	0.0		
Guilford	H0159	Cone Health	4	13	29	0	-1	-5	0	67,040.4	2	1,950
Moses H. Cone Memorial Hospital System Total			4	13	29	0	-1	0	0			
Guilford	AS0009	Greensboro Specialty Surgical Center	0	3	0	0	0	0	0	1,183.0	6	1,312
Guilford	AS0018	Surgical Center of Greensboro	0	13	0	0	0	0	0	12,173.2	6	1,312
Surgical Care Affiliates Total			0	16	0	0	0	0	0			
Guilford		CK Vascular Center	0	0	0	0	0	1	0	0.0		
Guilford	AS0161	Valleygate Dental Surgery Center of the Triad	0	2	0	0	0	0	0	3,097.8	6	1,312
Guilford	AS0033	Surgical Eye Center	0	4	0	0	0	0	0	1,141.9	5	1,312
Guilford	AS0063	Piedmont Surgical Center	0	2	0	0	0	0	0	0.0		
Guilford	H0073	Kindred Hospital - Greensboro	0	0	1	0	0	0	0	153.5	4	1,500
Guilford/Caswell Total			7	45	38	-1	-1	1	0			
Halifax	H0230	Vidant North Hospital	0	0	6	0	0	0	0	2,581.5	4	1,500

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Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/ Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
Halifax/Northampton Total			0	0	6	0	0	0	0			
Harnett	H0224	Cape Fear Valley Betsy Johnson Hospital	0	0	7	0	0	0	0	4,375.6	4	1,500
Harnett Total			0	0	7	0	0	0	0			
Haywood	H0025	Haywood Regional Medical Center	0	0	7	0	0	0	0	6,630.4	4	1,500
Haywood Total			0	0	7	0	0	0	0			
Henderson	H0019	AdventHealth Hendersonville	1	0	5	-1	0	0	0	6,779.4	4	1,500
Henderson		Pardee Partners ASC	0	0	0	0	0	2	0	0.0		
Henderson	H0161	Margaret R. Pardee Memorial Hospital	0	0	10	0	0	-2	1	11,981.3	4	1,500
UNC Health Total			0	0	10	0	0	0	1			
Henderson	AS0177	Western Carolina Surgery Center	0	1	0	0	0	0	0	386.1	6	1,312
Henderson Total			1	1	15	-1	0	0	1			
Hertford	H0001	Vidant Roanoke-Chowan Hospital	1	0	5	-1	0	0	0	953.4	4	1,500
Hertford Total			1	0	5	-1	0	0	0			
Hoke	H0288	Cape Fear Valley Hoke Hospital	1	0	2	-1	0	0	0	1,876.8	4	1,500
Hoke	H0287	FirstHealth Moore Regional Hospital - Hoke Campus	0	0	1	0	0	1	0	323.2	4	1,500
Hoke Total			1	0	3	-1	0	1	0			
Iredell		Statesville Orthopedic Surgery Center	0	0	0	0	0	1	0	0.0		
Iredell	H0248	Davis Regional Medical Center	1	0	5	-1	0	-1	0	3,679.5	4	1,500
Iredell	H0259	Lake Norman Regional Medical Center	1	2	7	-1	0	0	0	4,954.3	4	1,500
Community Health Systems Total			2	2	12	-2	0	0	0			
Iredell	AS0042	Iredell Ambulatory Surgery Center	0	1	0	0	0	0	0	591.0	5	1,312
Iredell	AS0050	Iredell Surgical Center	0	4	0	0	0	0	0	550.8	5	1,312
Iredell	AS0175	Iredell Surgery at Mooresville	0	1	0	0	0	0	0	538.4	6	1,312
Iredell	H0164	Iredell Memorial Hospital	1	0	9	-1	0	0	0	9,800.8	4	1,500
Iredell Health System Total			1	6	9	-1	0	0	0			
Iredell Total			3	8	21	-3	0	0	0			
Swain	H0069	Swain Community Hospital	0	0	1	0	0	0	0	0.0		
Jackson	H0087	Harris Regional Hospital	1	0	6	-1	0	0	0	5,791.5	4	1,500

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Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
Duke LifePoint Total			1	0	7	-1	0	0	0			
Jackson/Graham/Swain Total			1	0	7	-1	0	0	0			
Johnston	H0151	UNC Health Johnston	2	0	8	-2	0	0	0	8,594.9	4	1,500
Johnston Total			2	0	8	-2	0	0	0			
Lee	H0243	Central Carolina Hospital	1	0	6	-1	0	0	0	2,107.3	4	1,500
Lee Total			1	0	6	-1	0	0	0			
Lenoir	H0043	UNC Lenoir Health Care	1	0	9	-1	0	0	0	4,657.1	4	1,500
Lenoir Total			1	0	9	-1	0	0	0			
Lincoln	H0225	Atrium Health Lincoln	1	1	3	-1	0	0	0	4,046.0	4	1,500
Lincoln Total			1	1	3	-1	0	0	0			
Macon	H0034	Angel Medical Center	0	0	3	0	0	0	0	640.6	4	1,500
Macon	H0193	Highlands-Cashiers Hospital	0	0	2	0	0	0	0	6.2	4	1,500
Mission Health Total			0	0	5	0	0	0	0			
Macon Total			0	0	5	0	0	0	0			
Martin	H0078	Martin General Hospital	0	0	2	0	0	0	0	626.3	4	1,500
Martin Total			0	0	2	0	0	0	0			
McDowell	H0097	Mission Hospital McDowell	1	0	3	-1	0	0	0	1,561.3	4	1,500
McDowell Total			1	0	3	-1	0	0	0			
Mecklenburg		Atrium Health Lake Norman	0	0	0	0	0	2	1	0.0		
Mecklenburg		Huntersville Surgery Center	0	0	0	0	0	1	0	0.0		
Mecklenburg	AS0058	Carolina Center for Specialty Surgery	0	3	0	0	0	0	0	1,699.6	6	1,312
Mecklenburg	H0042	Atrium Health Pineville	3	0	10	-2	0	2	1	22,147.4	3	1,755
Mecklenburg	H0071	Carolinas Medical Center/Center for Mental Health	9	11	43	-4	-1	11	0	116,850.2	1	1,950
Mecklenburg	H0255	Atrium Health University City	1	1	7	-1	0	-2	0	7,588.0	4	1,500
Atrium Health Total			13	15	60	-7	-1	14	2			
Mecklenburg		Novant Health Ballantyne Medical Center	0	0	0	0	0	2	1	0.0		
Mecklenburg		Novant Health Steele Creek Medical Center	0	0	0	0	0	2	1	0.0		
Mecklenburg	AS0068	SouthPark Surgery Center	0	6	0	0	0	0	0	7,354.9	5	1,312

Table 6A: Operating Room Inventory and Grouping (Combined Data for Hospitals and Ambulatory Surgical Facilities)

Case data for 10/1/2021 through 9/30/2022 as reported on the 2023 Hospital and Ambulatory Surgical Facility License Renewal Applications

<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>	<i>G</i>	<i>H</i>	<i>I</i>	<i>J</i>	<i>K</i>	<i>L</i>	<i>M</i>
Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
Mecklenburg	AS0098	Novant Health Ballantyne Outpatient Surgery	0	2	0	0	0	0	0	2,251.5	6	1,312
Mecklenburg	AS0124	Novant Health Huntersville Outpatient Surgery	0	2	0	0	0	0	0	1,905.8	6	1,312
Mecklenburg	AS0136	Matthews Surgery Center	0	2	0	0	0	0	0	2,334.7	6	1,312
Mecklenburg	H0010	Novant Health Presbyterian Medical Center	6	6	28	-3	0	-2	0	59,214.4	2	1,950
Mecklenburg	H0270	Novant Health Matthews Medical Center	2	0	6	-2	0	1	0	10,527.6	4	1,500
Mecklenburg	H0282	Novant Health Huntersville Medical Center	2	0	6	-2	0	1	0	10,675.0	4	1,500
Mecklenburg	H0290	Novant Health Mint Hill Medical Center	1	0	3	-1	0	0	0	2,792.8	4	1,500
Novant Health Total			11	18	43	-8	0	4	2			
Mecklenburg	AS0026	Charlotte Surgery Center-Museum Campus	0	6	0	0	0	0	0	5,344.4	6	1,312
Mecklenburg	AS0166	Charlotte Surgery Center-Wendover Campus	0	6	0	0	0	0	0	18,136.0	6	1,312
Surgical Care Affiliates Total			0	12	0	0	0	0	0			
Mecklenburg		Valleygate Dental Surgery Center of South Charlotte	0	0	0	0	0	1	0	0.0		
Mecklenburg	AS0164	Valleygate Dental Surgery Center Charlotte, LLC	0	2	0	0	0	-1	0	3,427.2	6	1,312
Valleygate Dental Surgery Center of Charlotte Total			0	2	0	0	0	0	0			
Mecklenburg	AS0148	Mallard Creek Surgery Center	0	2	0	0	0	0	0	2,076.0	6	1,312
Mecklenburg	AS0180	Metrolina Vascular Access Care	0	1	0	0	0	0	0	260.0	6	1,312
Mecklenburg Total			24	50	103	-15	-1	18	4			
Mitchell	H0169	Blue Ridge Regional Hospital	0	0	3	0	0	0	0	732.7	4	1,500
Mitchell Total			0	0	3	0	0	0	0			
Montgomery	H0003	FirstHealth Montgomery Memorial Hospital	0	0	2	0	0	0	0	139.8	4	1,500
Montgomery Total			0	0	2	0	0	0	0			
Moore	AS0022	The Eye Surgery Center of the Carolinas	0	3	0	0	0	0	0	1,505.8	5	1,312
Moore	AS0069	Surgery Center of Pinehurst	0	6	0	0	0	0	0	8,255.0	6	1,312
Moore	H0100	FirstHealth Moore Regional Hospital and Pinehurst Treatment Cntr.	2	0	15	0	0	0	1	24,073.6	3	1,755
Moore Total			2	9	15	0	0	0	1			

Table 6A: Operating Room Inventory and Grouping (Combined Data for Hospitals and Ambulatory Surgical Facilities)

Case data for 10/1/2021 through 9/30/2022 as reported on the 2023 Hospital and Ambulatory Surgical Facility License Renewal Applications

<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>	<i>G</i>	<i>H</i>	<i>I</i>	<i>J</i>	<i>K</i>	<i>L</i>	<i>M</i>
Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
Nash	H0228	Nash General Hospital	1	0	13	-1	0	0	0	13,650.3	4	1,500
Nash Total			1	0	13	-1	0	0	0			
New Hanover	H0221	New Hanover Regional Medical Center	5	4	29	-3	-1	4	0	50,410.4	2	1,950
New Hanover		Wilmington ASC	0	0	0	0	0	1	0	0.0		
New Hanover	AS0176	Wilmington Eye Surgery Center	0	2	0	0	0	0	0	840.0	5	1,312
New Hanover	AS0045	Wilmington Health	0	0	0	0	0	-1	0	70.5	6	1,312
New Hanover	AS0055	Wilmington SurgCare	0	7	0	0	0	3	0	5,900.3	5	1,312
New Hanover Total			5	13	29	-3	-1	7	0			
Onslow	H0048	Onslow Memorial Hospital	1	4	5	-1	0	0	0	6,438.9	4	1,500
Onslow Total			1	4	5	-1	0	0	0			
Orange		North Chapel Hill Surgery Center	0	0	0	0	0	2	0	0.0		
Orange	H0157	University of North Carolina Hospitals	3	6	37	-3	-2	11	0	79,262.5	1	1,950
UNC Health Total			3	6	37	-3	-2	13	0			
Orange		Duke Health Orange Ambulatory Surgical Center	0	0	0	0	0	2	0	0.0		
Orange Total			3	6	37	-3	-2	15	0			
Pasquotank	H0054	Sentara Albemarle Medical Center	2	0	8	-2	0	0	0	5,705.4	4	1,500
Pasq-Cam-Cur-Gates-Perq Total			2	0	8	-2	0	0	0			
Pender	H0115	Pender Memorial Hospital	0	0	2	0	0	0	0	1,794.0	4	1,500
Pender Total			0	0	2	0	0	0	0			
Person	H0066	Person Memorial Hospital	1	0	4	-1	0	0	0	410.9	4	1,500
Person Total			1	0	4	-1	0	0	0			
Pitt	AS0012	Vidant SurgiCenter	0	10	0	0	0	0	0	15,800.4	6	1,312
Pitt	H0104	ECU Health Medical Center	7	0	26	-4	-1	1	0	58,013.4	1	1,950
Vidant Health Total			7	10	26	-4	-1	1	0			
Pitt		2023 SMFP Need Determination	0	0	0	0	0	3	0	0.0		
Pitt/Greene/Hyde/Tyrrell Total			7	10	26	-4	-1	4	0			
Polk	H0079	St. Luke's Hospital	0	0	3	0	0	0	0	712.0	4	1,500
Polk Total			0	0	3	0	0	0	0			

Table 6A: Operating Room Inventory and Grouping (Combined Data for Hospitals and Ambulatory Surgical Facilities)

Case data for 10/1/2021 through 9/30/2022 as reported on the 2023 Hospital and Ambulatory Surgical Facility License Renewal Applications

<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>	<i>G</i>	<i>H</i>	<i>I</i>	<i>J</i>	<i>K</i>	<i>L</i>	<i>M</i>
Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/ Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
Randolph	H0013	Randolph Hospital	1	2	5	-1	0	0	0	4,686.1	4	1,500
Randolph Total			1	2	5	-1	0	0	0			
Richmond	H0158	FirstHealth Moore Regional Hospital - Richmond	1	0	3	-1	0	0	0	2,250.3	4	1,500
Richmond Total			1	0	3	-1	0	0	0			
Robeson	AS0150	The Surgery Center at Southeastern Health Park	0	4	0	0	0	0	0	1,033.2	5	1,312
Robeson	H0064	Southeastern Regional Medical Center	2	0	5	-1	0	0	0	6,110.7	4	1,500
UNC Health Total			2	4	5	-1	0	0	0			
Robeson Total			2	4	5	-1	0	0	0			
Rockingham	H0072	UNC Rockingham Hospital	1	0	5	-1	0	0	0	1,086.9	4	1,500
Rockingham	H0023	Annie Penn Hospital	0	0	4	0	0	0	0	2,783.9	4	1,500
Rockingham Total			1	0	9	-1	0	0	0			
Rowan	H0040	Novant Health Rowan Medical Center	2	3	8	-2	0	0	0	15,250.7	3	1,755
Rowan Total			2	3	8	-2	0	0	0			
Rutherford	H0039	Rutherford Regional Medical Center	0	0	5	0	0	0	0	2,595.0	4	1,500
Rutherford Total			0	0	5	0	0	0	0			
Sampson	H0067	Sampson Regional Medical Center	0	0	8	0	0	0	0	2,053.0	4	1,500
Sampson Total			0	0	8	0	0	0	0			
Scotland	H0107	Scotland Memorial Hospital	1	0	5	-1	0	0	0	5,235.3	4	1,500
Scotland Total			1	0	5	-1	0	0	0			
Stanly	H0008	Atrium Health Stanly	1	0	5	-1	0	0	0	2,822.0	4	1,500
Stanly Total			1	0	5	-1	0	0	0			
Stokes	H0165	LifeBrite Community Hospital of Stokes	0	2	2	0	0	0	0	174.8	4	1,500
Stokes Total			0	2	2	0	0	0	0			
Surry	H0049	Hugh Chatham Memorial Hospital	1	0	5	-1	0	0	0	4,763.8	4	1,500
Surry	H0184	Northern Regional Hospital	1	0	4	-1	0	0	0	2,819.9	4	1,500
Surry Total			2	0	9	-2	0	0	0			
Transylvania	H0111	Transylvania Regional Hospital	0	0	4	0	0	0	0	927.7	4	1,500

Table 6A: Operating Room Inventory and Grouping (Combined Data for Hospitals and Ambulatory Surgical Facilities)

Case data for 10/1/2021 through 9/30/2022 as reported on the 2023 Hospital and Ambulatory Surgical Facility License Renewal Applications

<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>	<i>G</i>	<i>H</i>	<i>I</i>	<i>J</i>	<i>K</i>	<i>L</i>	<i>M</i>
Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
Transylvania Total			0	0	4	0	0	0	0			
Union	AS0132	Atrium Health Surgery Center Indian Trail	0	2	0	0	0	0	0	1,206.4	5	1,312
Union	H0050	Atrium Health Union	2	0	7	-2	0	0	0	8,459.6	4	1,500
Atrium Health Total			2	2	7	-2	0	0	0			
Union	AS0120	Presbyterian SameDay Surgery Center-Monroe	0	1	0	0	0	0	0	0.0		
Union Total			2	3	7	-2	0	0	0			
Vance	H0267-A	Maria Parham Health	0	0	5	0	0	0	0	3,757.7	4	1,500
Vance/Warren Total			0	0	5	0	0	0	0			
Wake		Duke Green Level Hospital	0	0	0	0	0	2	0	0.0		
Wake		Duke Health Garner Ambulatory Surgical Center	0	0	0	0	0	1	0	0.0		
Wake		Duke Health Green Level Ambulatory Surgery Center	0	0	0	0	0	1	0	0.0		
Wake		Duke Health Raleigh Ambulatory Surgical Center	0	0	0	0	0	1	0	0.0		
Wake	H0238	Duke Raleigh Hospital	0	0	15	0	0	-3	0	29,565.2	3	1,755
Duke University Health System Total			0	0	15	0	0	2	0			
Wake		Orthopaedic Surgery Center of Garner	0	0	0	0	0	1	0	0.0		
Wake	AS0129	Rex Surgery Center of Cary	0	4	0	0	0	0	0	2,771.3	6	1,312
Wake	AS0143	Raleigh Orthopaedic Surgery Center	0	3	0	0	0	1	0	3,158.6	6	1,312
Wake	AS0160	Rex Surgery Center of Wakefield	0	2	0	0	0	0	0	1,462.8	6	1,312
Wake	AS0171	Raleigh Orthopaedic Surgery Center-West Cary	0	1	0	0	0	0	0	479.3	6	1,312
Wake	H0065	Rex Hospital	4	0	27	-4	0	1	1	54,155.9	2	1,950
UNC Health Total			4	10	27	-4	0	3	1			
Wake		WakeMed Garner Hospital	0	0	0	0	0	2	0	0.0		
Wake		WakeMed Surgery Center-Cary	0	0	0	0	0	1	0	0.0		
Wake		WakeMed Surgery Center-North Raleigh	0	0	0	0	0	1	0	0.0		
Wake	AS0137	Capital City Surgery Center	0	7	0	0	0	-1	0	7,169.3	6	1,312

Table 6A: Operating Room Inventory and Grouping (Combined Data for Hospitals and Ambulatory Surgical Facilities)

Case data for 10/1/2021 through 9/30/2022 as reported on the 2023 Hospital and Ambulatory Surgical Facility License Renewal Applications

<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>	<i>G</i>	<i>H</i>	<i>I</i>	<i>J</i>	<i>K</i>	<i>L</i>	<i>M</i>
Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/ Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
Wake	H0199	WakeMed	8	0	20	-4	-1	0	0	59,726.5	2	1,950
Wake	H0276	WakeMed Cary Hospital	2	0	9	-2	0	1	0	12,163.6	4	1,500
WakeMed Health & Hospitals Total			10	7	29	-6	-1	4	0			
Wake	AS0179	OrthoNC ASC	0	1	0	0	0	0	0	87.3	6	1,312
Wake	AS0174	RAC Surgery Center LLC	0	1	0	0	0	0	0	2,126.0	6	1,312
Wake		Raleigh Endoscopy Center - Holly Springs	0	0	0	0	0	0	0	0.0		
Wake	AS0178	Raleigh Neurosurgical and Spine Surgery Center	0	1	0	0	0	0	0	447.3	6	1,312
Wake	AS0162	Surgical Center for Dental Professionals of NC LLC	0	2	0	0	0	0	0	1,348.8	6	1,312
Wake	AS0029	Blue Ridge Surgery Center	0	6	0	0	0	0	0	6,538.2	5	1,312
Wake	AS0034	Raleigh Plastic Surgery Center	0	1	0	0	0	0	0	1,885.5	6	1,312
Wake		Valleygate Surgery Center	0	0	0	0	0	1	0	0.0		
Wake	AS0142	Triangle Surgery Center	0	3	0	0	0	1	0	4,769.9	6	1,312
Wake	AS0155	Holly Springs Surgery Center	0	3	0	0	0	0	0	1,943.1	6	1,312
Wake Total			14	35	71	-10	-1	11	1			
Washington	H0006	Washington Regional Medical Center	0	0	2	0	0	0	0	0.0		
Washington Total			0	0	2	0	0	0	0			
Wayne	H0257	Wayne UNC Health Care	1	2	11	-1	0	0	0	9,620.4	4	1,500
Wayne Total			1	2	11	-1	0	0	0			
Wilkes	H0153	Wilkes Medical Center	1	1	4	-1	0	0	0	3,160.7	4	1,500
Wilkes Total			1	1	4	-1	0	0	0			
Wilson		Wilson Surgery Center	0	0	0	0	0	4	0	0.0		
Wilson	AS0005	Wilson Medical Center	0	4	0	0	0	-4	0	0.0		
Wilson	H0210	Wilson Medical Center	1	0	9	-1	0	0	0	3,846.5	4	1,500
Duke LifePoint Total			1	4	9	-1	0	0	0			
Wilson	AS0007	Wilson OB-GYN	0	1	0	0	0	0	0	37.0	6	1,312
Wilson Total			1	5	9	-1	0	0	0			

Table 6A: Operating Room Inventory and Grouping (Combined Data for Hospitals and Ambulatory Surgical Facilities)

Case data for 10/1/2021 through 9/30/2022 as reported on the 2023 Hospital and Ambulatory Surgical Facility License Renewal Applications

<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>	<i>G</i>	<i>H</i>	<i>I</i>	<i>J</i>	<i>K</i>	<i>L</i>	<i>M</i>
Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
Yadkin	H0155	Yadkin Valley Community Hospital (closed)**	0	0	2	0	0	0	0	0.0		
Yadkin Total			0	0	2	0	0	0	0			
Grand Total			154	311	936	-99	-11	81	7			

* Duke University Hospital has 16 licensed operating rooms (ORs) approved under Policy AC-3 (J-008030-07). North Carolina Baptist Hospital has certificates of need (G-008460-10 & G-011519-18) for 11 ORs approved under Policy AC-3. These 27 ORs are counted when determining OR need.

** Yadkin Valley Community Hospital has received a CON exemption to reopen no later than January 18, 2025.

Table 6B: Projected Operating Room Need for 2026

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2026	Projected Surgical ORs Required in 2026	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Alamance	H0272	Alamance Regional Medical Center	1,857	165.0	7,224	96.0	16,665	4.48	17,411	9.92	12	-2.08	
Alamance Total													0
Alexander	H0274	Alexander Hospital (closed)	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Alexander Total													0
Alleghany	H0108	Alleghany Memorial Hospital	0	0.0	111	88.7	164	0.40	165	0.11	2	-1.89	
Alleghany Total													0
Anson	H0082	Atrium Health Anson†††/^^	0	0.0	29	92.3	45	-1.00	45	0.03	1	-0.97	
Anson Total													0
Ashe	H0099	Ashe Memorial Hospital^	129	134.4	650	90.0	1,264	0.15	1,266	0.84	2	-1.16	
Ashe Total													0
Avery	H0037	Charles A. Cannon, Jr. Memorial Hospital	26	78.2	284	63.1	333	1.02	336	0.22	2	-1.78	
Watauga	H0077	Watauga Medical Center	907	91.8	4,949	67.3	6,941	1.02	7,012	4.67	6	-1.33	
Appalachian Regional Healthcare System Total										4.90	8	-3.10	
Avery/Watauga Total													0
Beaufort	H0188	Vidant Beaufort Hospital, A campus of Vidant Medical Center	405	109.0	2,442	80.0	3,992	-1.38	3,992	2.66	5	-2.34	
Beaufort Total													0
Bertie	H0268	Vidant Bertie Hospital	3	65.0	367	30.0	187	-4.83	187	0.12	2	-1.88	
Bertie Total													0
Bladen	H0154	Cape Fear Valley-Bladen County Hospital	15	122.0	261	56.4	276	-1.24	276	0.18	2	-1.82	
Bladen Total													0
Brunswick		Novant Health Leland ASC	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Brunswick	H0250	Novant Health Brunswick Medical Center	935	130.0	4,089	92.3	8,316	14.99	9,562	6.37	4	2.37	
Novant Health Total										6.37	6	0.37	
Brunswick	AS0170	Brunswick Surgery Center†††	0	0.0	953	42.9	681	14.99	784	0.60	1	-0.40	
Brunswick	H0150	J. Arthur Doshier Memorial Hospital	114	108.0	2,794	60.0	2,999	14.99	3,449	2.30	2	0.30	
Brunswick Total													0
Buncombe	AS0038	Outpatient Surgery Center of Asheville††††	0	0.0	4,937	68.4	5,628	4.10	5,859	4.47	5	-0.53	

Table 6B: Projected Operating Room Need for 2026

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2026	Projected Surgical ORs Required in 2026	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Buncombe	AS0065	Asheville Eye Surgery Center	0	0.0	3,181	25.0	1,325	4.10	1,380	1.05	1	0.05	
Buncombe	H0036	Mission Hospital††††	11,500	158.0	19,203	72.8	53,583	4.10	55,781	28.61	44	-15.39	
Buncombe/Graham/Madison/Yancey Total													0
Burke		Blue Ridge Surgery Center	0	0.0	0	0.0	0		0	0.00	4	-4.00	
Burke	AS0040	Surgery Center of Morganton Eye Physicians	0	0.0	2,622	30.0	1,311	0.38	1,316	1.00	2	-1.00	
Burke	H0062	UNC Health Blue Ridge†/†††	1,333	99.6	4,178	59.2	6,332	0.38	6,356	4.24	5	-0.76	
Burke Total													0
Cabarrus		Atrium Health Harrisburg	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Cabarrus	AS0070	Gateway Surgery Center	0	0.0	7,500	37.0	4,625	8.40	5,014	3.82	6	-2.18	
Cabarrus	H0031	Atrium Health Cabarrus^	4,924	203.6	5,896	119.5	28,452	8.40	30,843	17.57	16	1.57	
Atrium Health Total										21.40	23	-1.60	
Cabarrus	AS0019	Eye Surgery and Laser Clinic, Inc	0	0.0	3,267	44.0	2,396	8.40	2,597	1.98	2	-0.02	
Cabarrus Total													0
Caldwell	AS0168	Prime Surgical Suites	0	0.0	1,091	79.0	1,436	0.29	1,441	1.10	3	-1.90	
Caldwell	H0061	Caldwell UNC Health Care††	899	74.7	2,549	63.4	3,812	0.29	3,823	2.55	4	-1.45	
UNC Health Total										3.65	7	-3.35	
Caldwell Total													0
Carteret	AS0061	The Surgical Center of Morehead City††††	0	0.0	1,539	53.9	1,383	2.60	1,418	1.08	2	-0.92	
Carteret	H0222	Carteret General Hospital^^	1,104	110.0	2,424	92.3	5,753	2.60	5,902	3.93	5	-1.07	
Carteret Total													0
Catawba	AS0036	Graystone Eye Surgery Center	0	0.0	8,881	35.0	5,181	2.59	5,315	4.05	3	1.05	
Catawba	AS0101	Viewmont Surgery Center†††/^^	0	0.0	3,266	52.9	2,882	2.59	2,956	2.25	3	-0.75	
Catawba	H0053	Frye Regional Medical Center†/†††/^^/^^	1,816	134.4	3,126	92.3	8,876	2.59	9,106	6.07	21	-14.93	
Catawba	H0223	Catawba Valley Medical Center†/†††/^^	1,732	134.4	6,209	92.3	13,431	2.59	13,778	9.19	12	-2.81	
Catawba Total													0
Chatham	H0007	Chatham Hospital^^	43	120.0	741	92.3	1,226	7.43	1,317	0.88	2	-1.12	
Chatham Total													0

Table 6B: Projected Operating Room Need for 2026

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2026	Projected Surgical ORs Required in 2026	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Cherokee	H0239	Erlanger Murphy Medical Center†/^^	132	134.4	1,770	92.3	3,018	3.30	3,118	2.08	4	-1.92	
Cherokee/Clay Total													0
Chowan	H0063	Vidant Chowan Hospital	265	60.0	747	36.0	713	0.37	716	0.48	3	-2.52	
Chowan Total													0
Cleveland	AS0062	Atrium Health Surgery Center Shelby†††	0	0.0	1,516	40.7	1,028	2.55	1,055	0.80	4	-3.20	
Cleveland	H0024	Atrium Health Cleveland†††/^^	1,283	128.5	3,486	92.3	8,110	2.55	8,317	5.54	8	-2.46	
Atrium Health Total										6.35	12	-5.65	
Cleveland	AS0049	Eye Surgery Center of Shelby	0	0.0	2,415	35.0	1,409	2.55	1,445	1.10	2	-0.90	
Cleveland Total													0
Columbus	H0045	Columbus Regional Healthcare System	840	91.4	2,519	53.2	3,513	-1.81	3,513	2.34	5	-2.66	
Columbus Total													0
Craven	H0201	CarolinaEast Medical Center	2,512	114.0	11,486	46.9	13,751	0.15	13,772	9.18	17	-7.82	
Craven/Jones/Pamlico Total													0
Cumberland	H0213	Cape Fear Valley Medical Center	5,622	167.0	5,919	120.0	27,486	1.31	27,845	15.87	17	-1.13	
Cumberland	H0275	Highsmith-Rainey Specialty Hospital	17	106.0	1,999	80.0	2,695	1.31	2,731	1.82	2	-0.18	
Cape Fear Valley Health System Total										17.69	19	-1.31	
Cumberland	AS0006	Fayetteville Ambulatory Surgery Center†††	0	0.0	8,523	50.8	7,219	1.31	7,313	5.57	11	-5.43	
Cumberland	AS0159	Valleygate Dental Surgery Center^^	0	0.0	1,825	96.4	2,932	1.31	2,970	2.26	1	1.26	
Cumberland		Valleygate Dental Surgery Center Coast	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Cumberland Total													0
Dare	H0273	The Outer Banks Hospital††/†††	128	79.2	1,170	40.8	965	4.81	1,012	0.67	3	-2.33	
Dare Total													0
Davidson	H0027	Lexington Medical Center†††	622	114.4	2,476	89.7	4,888	3.58	5,063	3.38	4	-0.62	
Davidson	H0112	Novant Health Thomasville Medical Center	442	105.0	3,244	73.0	4,720	3.58	4,890	3.26	5	-1.74	
Davidson Total													0
Davie	H0171	Davie Medical Center†††/^^	137	134.4	3,050	62.1	3,462	4.27	3,610	2.41	3	-0.59	
Davie Total													0
Duplin	H0166	Vidant Duplin Hospital	357	64.7	1,397	47.9	1,500	0.05	1,501	1.00	3	-2.00	

Table 6B: Projected Operating Room Need for 2026

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2026	Projected Surgical ORs Required in 2026	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Duplin Total													0
Durham	AS0041	James E. Davis Ambulatory Surgical Center†††	0	0.0	3,600	55.4	3,321	5.56	3,506	2.67	4	-1.33	
Durham	AS0172	Duke Ambulatory Surgery Center Arringdon	0	0.0	2,680	94.0	4,199	5.56	4,432	3.38	6	-2.62	
Durham	H0015	Duke University Hospital*	16,184	275.6	22,163	142.8	127,069	5.56	134,130	68.78	66	2.78	
Durham	H0233	Duke Regional Hospital†††/^	2,966	210.0	4,362	138.2	20,431	5.56	21,566	12.29	13	-0.71	
Duke University Health System Total										87.12	89	-1.88	
Durham		Southpoint Surgery Center	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Durham	H0075	North Carolina Specialty Hospital†/††/^/^^	595	134.4	4,100	92.3	7,640	5.56	8,064	5.38	4	1.38	
NC Specialty Hospital Total										5.38	6	-0.62	
Durham		2021 SMFP Need Determination	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Durham Total													0
Edgecombe	H0258	Vidant Edgecombe Hospital	389	98.0	1,160	58.0	1,757	-4.88	1,757	1.17	5	-3.83	
Edgecombe Total													0
Forsyth	AS0021	Wake Forest Baptist Health Outpatient Surgery Center - Clemmons	0	0.0	2,799	73.0	3,405	2.75	3,499	2.67	3	-0.33	
Forsyth	H0011	Atrium Health Wake Forest Baptist*	12,775	236.0	16,779	132.0	87,162	2.75	89,555	45.93	49	-3.07	
Atrium Health Total										48.59	52	-3.41	
Forsyth	AS0149	Novant Health Kernersville Outpatient Surgery^^	0	0.0	1,921	52.9	1,695	2.75	1,742	1.33	2	-0.67	
Forsyth	AS0167	Novant Health Clemmons Outpatient Surgery†††	0	0.0	2,228	83.7	3,107	2.75	3,193	2.43	2	0.43	
Forsyth	H0209	Novant Health Forsyth Medical Center†††	7,791	156.9	17,186	84.6	44,611	2.75	45,835	23.51	33	-9.49	
Forsyth	H0229	Novant Health Medical Park Hospital	589	190.1	8,613	103.4	16,709	2.75	17,168	9.78	10	-0.22	
Novant Health Total										37.05	47	-9.95	
Forsyth	AS0173	Kimel Park Surgery Center	0	0.0	1,792	68.0	2,031	2.75	2,087	1.59	2	-0.41	
Forsyth	AS0134	Piedmont Outpatient Surgery Center	0	0.0	2,284	52.0	1,979	2.75	2,034	1.55	2	-0.45	
Forsyth		Triad Surgery Center	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Forsyth Total													0

Table 6B: Projected Operating Room Need for 2026

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2026	Projected Surgical ORs Required in 2026	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Franklin	H0267-B	Maria Parham-Franklin	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Franklin		Same Day Surgery Center	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Franklin Total													0
Gaston		CaroMont ASC-Belmont	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Gaston		CaroMont Regional Medical Center - Belmont	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Gaston	AS0037	CaroMont Specialty Surgery	0	0.0	3,662	27.0	1,648	3.74	1,710	1.30	3	-1.70	
Gaston	H0105	CaroMont Regional Medical Center	4,040	108.0	9,756	82.0	20,605	3.74	21,375	12.18	17	-4.82	
CaroMont Health Total										13.48	24	-10.52	
Gaston Total													0
Granville	H0098	Granville Health System†/†††	400	59.9	2,043	28.7	1,378	4.69	1,443	0.96	3	-2.04	
Granville Total													0
Guilford		Atrium Health Wake Forest Baptist Ambulatory Surgical Center-Greensboro	0	0.0	0	0.0	0		0	0.00	3	-3.00	
Guilford	AS0047	High Point Surgery Center	0	0.0	3,963	60.0	3,963	2.37	4,057	3.09	4	-0.91	
Guilford	AS0152	Premier Surgery Center	0	0.0	1,732	60.0	1,732	2.37	1,773	1.35	1	0.35	
Guilford	H0052	High Point Regional Health†††/^^	2,105	121.0	4,100	92.3	10,552	2.37	10,802	7.20	10	-2.80	
Atrium Health Total										11.65	18	-6.35	
Guilford		North Elam Ambulatory Surgery Center	0	0.0	0	0.0	0		0	0.00	5	-5.00	
Guilford	H0159	Cone Health†	10,154	181.5	17,270	126.2	67,040	2.37	68,629	35.19	40	-4.81	
Moses H. Cone Memorial Hospital System Total										35.19	45	-9.81	
Guilford	AS0009	Greensboro Specialty Surgical Center	0	0.0	1,365	52.0	1,183	2.37	1,211	0.92	3	-2.08	
Guilford	AS0018	Surgical Center of Greensboro	0	0.0	14,046	52.0	12,173	2.37	12,462	9.50	13	-3.50	
Surgical Care Affiliates Total										10.42	16	-5.58	
Guilford		CK Vascular Center	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Guilford	AS0161	Valleygate Dental Surgery Center of the Triad	0	0.0	1,721	96.4	2,765	2.37	2,830	2.16	2	0.16	
Guilford	AS0033	Surgical Eye Center	0	0.0	3,606	19.0	1,142	2.37	1,169	0.89	4	-3.11	
Guilford	AS0063	Piedmont Surgical Center	0	0.0	0	0.0	0		0	0.00	2	-2.00	

Table 6B: Projected Operating Room Need for 2026

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2026	Projected Surgical ORs Required in 2026	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Guilford	H0073	Kindred Hospital - Greensboro†††	136	59.0	21	56.4	153	2.37	157	0.10	1	-0.90	
Guilford/Caswell Total													0
Halifax	H0230	Vidant North Hospital††††	846	78.4	1,908	46.4	2,582	-3.65	2,582	1.72	6	-4.28	
Halifax/Northampton Total													0
Harnett	H0224	Cape Fear Valley Betsy Johnson Hospital	878	101.4	2,294	75.6	4,376	7.66	4,711	3.14	7	-3.86	
Harnett Total													0
Haywood	H0025	Haywood Regional Medical Center†††	863	123.4	3,762	77.4	6,630	2.51	6,797	4.53	7	-2.47	
Haywood Total													0
Henderson	H0019	AdventHealth Hendersonville†††	569	100.0	5,055	69.2	6,779	3.26	7,001	4.67	5	-0.33	
Henderson		Pardee Partners ASC	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Henderson	H0161	Margaret R. Pardee Memorial Hospital	1,883	115.0	6,126	82.0	11,981	3.26	12,372	8.25	8	0.25	
UNC Health Total										8.25	10	-1.75	
Henderson	AS0177	Western Carolina Surgery Center	0	0.0	286	81.0	386	3.26	399	0.30	1	-0.70	
Henderson Total													0
Hertford	H0001	Vidant Roanoke-Chowan Hospital†††/††††	376	57.6	966	36.8	953	-2.93	953	0.64	5	-4.36	
Hertford Total													0
Hoke	H0288	Cape Fear Valley Hoke Hospital†††/^^	90	106.0	1,077	92.3	1,816	8.32	1,967	1.31	2	-0.69	
Hoke	H0287	FirstHealth Moore Regional Hospital - Hoke Campus	1	0.0	451	43.0	323	8.32	350	0.23	2	-1.77	
Hoke Total													0
Iredell		Statesville Orthopedic Surgery Center	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Iredell	H0248	Davis Regional Medical Center	736	105.0	1,559	92.0	3,680	9.01	4,011	2.67	4	-1.33	
Iredell	H0259	Lake Norman Regional Medical Center†	1,105	83.6	5,122	40.0	4,954	9.01	5,401	3.60	9	-5.40	
Community Health Systems Total										6.27	14	-7.73	
Iredell	AS0042	Iredell Ambulatory Surgery Center†††/^^	0	0.0	394	52.9	348	9.01	379	0.29	1	-0.71	
Iredell	AS0050	Iredell Surgical Center	0	0.0	1,224	27.0	551	9.01	600	0.46	4	-3.54	
Iredell	AS0175	Iredell Surgery at Mooresville	0	0.0	355	91.0	538	9.01	587	0.45	1	-0.55	
Iredell	H0164	Iredell Memorial Hospital	1,407	130.6	4,483	90.2	9,801	9.01	10,684	7.12	9	-1.88	

Table 6B: Projected Operating Room Need for 2026

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2026	Projected Surgical ORs Required in 2026	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
<i>Iredell Health System Total</i>										8.32	15	-6.68	
Iredell Total													0
Swain	H0069	Swain Community Hospital	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Jackson	H0087	Harris Regional Hospital	867	99.3	3,919	66.7	5,792	0.71	5,832	3.89	6	-2.11	
<i>Duke LifePoint Total</i>										3.89	7	-3.11	
Jackson/Graham/Swain Total													0
Johnston	H0151	UNC Health Johnston	1,214	99.7	6,265	63.0	8,595	12.25	9,647	6.43	8	-1.57	
Johnston Total													0
Lee	H0243	Central Carolina Hospital	363	93.7	1,542	59.9	2,107	4.72	2,207	1.47	6	-4.53	
Lee Total													0
Lenoir	H0043	UNC Lenoir Health Care	859	111.8	3,234	56.7	4,657	-2.03	4,657	3.10	9	-5.90	
Lenoir Total													0
Lincoln	H0225	Atrium Health Lincoln†††/^^	434	131.8	1,811	92.3	3,739	6.06	3,966	2.64	4	-1.36	
Lincoln Total													0
Macon	H0034	Angel Medical Center	74	116.4	545	54.7	641	3.22	661	0.44	3	-2.56	
Macon	H0193	Highlands-Cashiers Hospital	0	0.0	5	74.0	6	3.22	6	0.00	2	-2.00	
<i>Mission Health Total</i>										0.45	5	-4.55	
Macon Total													0
Martin	H0078	Martin General Hospital†††††	52	110.7	427	74.5	626	-3.46	626	0.42	2	-1.58	
Martin Total													0
McDowell	H0097	Mission Hospital McDowell†††††	215	104.7	955	74.5	1,561	0.75	1,573	1.05	3	-1.95	
McDowell Total													0
Mecklenburg		Atrium Health Lake Norman	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Mecklenburg		Huntersville Surgery Center	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Mecklenburg	AS0058	Carolina Center for Specialty Surgery†††††	0	0.0	1,821	58.1	1,763	7.86	1,901	1.45	3	-1.55	
Mecklenburg	H0042	Atrium Health Pineville	3,100	199.3	5,350	132.9	22,147	7.86	23,889	13.61	13	0.61	
Mecklenburg	H0071	Carolinas Medical Center/Center for Mental Health	15,460	241.0	22,048	149.0	116,850	7.86	126,039	64.64	69	-4.36	

Table 6B: Projected Operating Room Need for 2026

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Mecklenburg	H0255	Atrium Health University City†/^	1,021	134.4	3,702	81.0	7,284	7.86	7,857	5.24	6	-0.76	
Atrium Health Total										84.93	94	-9.07	
Mecklenburg		Novant Health Ballantyne Medical Center	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Mecklenburg		Novant Health Steele Creek Medical Center	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Mecklenburg	AS0068	SouthPark Surgery Center	0	0.0	9,006	49.0	7,355	7.86	7,933	6.05	6	0.05	
Mecklenburg	AS0098	Novant Health Ballantyne Outpatient Surgery	0	0.0	1,501	90.0	2,252	7.86	2,429	1.85	2	-0.15	
Mecklenburg	AS0124	Novant Health Huntersville Outpatient Surgery	0	0.0	2,199	52.0	1,906	7.86	2,056	1.57	2	-0.43	
Mecklenburg	AS0136	Matthews Surgery Center	0	0.0	1,751	80.0	2,335	7.86	2,518	1.92	2	-0.08	
Mecklenburg	H0010	Novant Health Presbyterian Medical Center	6,797	187.0	23,769	96.0	59,214	7.86	63,871	32.75	35	-2.25	
Mecklenburg	H0270	Novant Health Matthews Medical Center†††/^/^^	1,207	134.4	4,538	92.3	9,684	7.86	10,446	6.96	7	-0.04	
Mecklenburg	H0282	Novant Health Huntersville Medical Center†††	1,070	131.2	4,881	92.3	9,848	7.86	10,623	7.08	7	0.08	
Mecklenburg	H0290	Novant Health Mint Hill Medical Center†††/^	172	131.9	1,414	92.3	2,553	7.86	2,754	1.84	3	-1.16	
Novant Health Total										60.02	68	-7.98	
Mecklenburg	AS0026	Charlotte Surgery Center-Museum Campus	0	0.0	6,389	50.2	5,344	7.86	5,765	4.39	6	-1.61	
Mecklenburg	AS0166	Charlotte Surgery Center-Wendover Campus†††	0	0.0	4,534	93.2	7,041	7.86	7,594	5.79	6	-0.21	
Surgical Care Affiliates Total										10.18	12	-1.82	
Mecklenburg		Valleygate Dental Surgery Center of South Charlotte	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Mecklenburg	AS0164	Valleygate Dental Surgery Center Charlotte, LLC	0	0.0	1,904	96.4	3,059	7.86	3,299	2.51	1	1.51	
Valleygate Dental Surgery Center of Charlotte Total										2.51	2	0.51	
Mecklenburg	AS0148	Mallard Creek Surgery Center	0	0.0	2,076	60.0	2,076	7.86	2,239	1.71	2	-0.29	
Mecklenburg	AS0180	Metrolina Vascular Access Care	0	0.0	260	60.0	260	7.86	280	0.21	1	-0.79	
Mecklenburg Total													0
Mitchell	H0169	Blue Ridge Regional Hospital††/††††	20	98.1	575	73.0	733	-1.07	733	0.49	3	-2.51	

Table 6B: Projected Operating Room Need for 2026

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2026	Projected Surgical ORs Required in 2026	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Mitchell Total													0
Montgomery	H0003	FirstHealth Montgomery Memorial Hospital	0	0.0	161	52.1	140	-0.07	140	0.09	2	-1.91	
Montgomery Total													0
Moore	AS0022	The Eye Surgery Center of the Carolinas††††	0	0.0	6,950	16.0	1,853	9.02	2,020	1.54	3	-1.46	
Moore	AS0069	Surgery Center of Pinehurst††††	0	0.0	6,604	66.0	7,264	9.02	7,919	6.04	6	0.04	
Moore	H0100	FirstHealth Moore Regional Hospital and Pinehurst Treatment Cntr.	4,701	132.5	8,749	93.9	24,074	9.02	26,244	14.95	17	-2.05	
Moore Total													0
Nash	H0228	Nash General Hospital†/††††/^	1,565	134.4	6,857	84.7	13,185	-0.06	13,185	8.79	13	-4.21	
Nash Total													0
New Hanover	H0221	New Hanover Regional Medical Center	9,490	137.0	20,360	84.7	50,410	5.09	52,979	27.17	38	-10.83	
New Hanover		Wilmington ASC	0	0.0	0	0.0	0		0	0.00	1	-1.00	
New Hanover	AS0176	Wilmington Eye Surgery Center	0	0.0	840	52.9	741	5.09	779	0.59	2	-1.41	
New Hanover	AS0045	Wilmington Health	0	0.0	47	90.0	71	5.09	74	0.06	-1	1.06	
New Hanover	AS0055	Wilmington SurgCare††††	0	0.0	7,867	44.0	5,765	5.09	6,059	4.62	10	-5.38	
New Hanover Total													0
Onslow	H0048	Onslow Memorial Hospital	594	90.0	5,326	62.5	6,439	4.69	6,741	4.49	9	-4.51	
Onslow Total													0
Orange		North Chapel Hill Surgery Center	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Orange	H0157	University of North Carolina Hospitals	13,695	202.0	16,578	120.0	79,263	3.89	82,349	42.23	52	-9.77	
UNC Health Total										42.23	54	-11.77	
Orange		Duke Health Orange Ambulatory Surgical Center	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Orange Total													0
Pasquotank	H0054	Sentara Albemarle Medical Center††††	918	128.0	3,254	69.1	5,705	6.25	6,062	4.04	8	-3.96	
Pasq-Cam-Cur-Gates-Perq Total													0
Pender	H0115	Pender Memorial Hospital†††††	0	24.0	3,650	29.5	1,794	8.45	1,946	1.30	2	-0.70	
Pender Total													0

Table 6B: Projected Operating Room Need for 2026

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2026	Projected Surgical ORs Required in 2026	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Person	H0066	Person Memorial Hospital†	51	120.0	545	34.0	411	0.84	414	0.28	4	-3.72	
Person Total													0
Pitt	AS0012	Vidant SurgiCenter	0	0.0	11,422	83.0	15,800	0.39	15,862	12.09	10	2.09	
Pitt	H0104	ECU Health Medical Center	10,592	186.0	11,532	131.0	58,013	0.39	58,238	29.87	29	0.87	
Vidant Health Total										41.96	39	2.96	
Pitt		2023 SMFP Need Determination	0	0.0	0	0.0	0		0	0.00	3	-3.00	
Pitt/Greene/Hyde/Tyrrell Total													0
Polk	H0079	St. Luke's Hospital†	74	80.5	614	59.9	712	0.21	714	0.48	3	-2.52	
Polk Total													0
Randolph	H0013	Randolph Hospital	554	119.9	2,916	73.7	4,686	1.85	4,773	3.18	7	-3.82	
Randolph Total													0
Richmond	H0158	FirstHealth Moore Regional Hospital - Richmond	132	75.0	1,986	63.0	2,250	-1.82	2,250	1.50	3	-1.50	
Richmond Total													0
Robeson	AS0150	The Surgery Center at Southeastern Health Park†††	0	0.0	1,512	35.3	890	1.23	901	0.69	4	-3.31	
Robeson	H0064	Southeastern Regional Medical Center††/^^	1,488	104.8	2,150	92.3	5,906	1.23	5,979	3.99	6	-2.01	
UNC Health Total										4.67	10	-5.33	
Robeson Total													0
Rockingham	H0072	UNC Rockingham Hospital	254	84.0	618	71.0	1,087	0.14	1,088	0.73	5	-4.27	
Rockingham	H0023	Annie Penn Hospital†††	341	131.0	1,545	79.2	2,784	0.14	2,788	1.86	4	-2.14	
Rockingham Total													0
Rowan	H0040	Novant Health Rowan Medical Center†/†††	1,528	152.2	7,214	94.6	15,251	2.57	15,643	8.91	11	-2.09	
Rowan Total													0
Rutherford	H0039	Rutherford Regional Medical Center	689	100.0	1,258	69.0	2,595	1.06	2,623	1.75	5	-3.25	
Rutherford Total													0
Sampson	H0067	Sampson Regional Medical Center	355	96.0	1,100	81.0	2,053	-0.14	2,053	1.37	8	-6.63	
Sampson Total													0
Scotland	H0107	Scotland Memorial Hospital	1,237	86.2	3,135	66.2	5,235	-1.46	5,235	3.49	5	-1.51	

Table 6B: Projected Operating Room Need for 2026

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2026	Projected Surgical ORs Required in 2026	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Scotland Total													0
Stanly	H0008	Atrium Health Stanly†/†††	404	123.5	1,545	77.3	2,822	0.99	2,850	1.90	5	-3.10	
Stanly Total													0
Stokes	H0165	LifeBrite Community Hospital of Stokes	0	0.0	230	45.6	175	1.09	177	0.12	4	-3.88	
Stokes Total													0
Surry	H0049	Hugh Chatham Memorial Hospital	832	120.0	2,657	70.0	4,764	-0.26	4,764	3.18	5	-1.82	
Surry	H0184	Northern Regional Hospital†††/†††††	587	76.5	2,378	52.3	2,820	-0.26	2,820	1.88	4	-2.12	
Surry Total													0
Transylvania	H0111	Transylvania Regional Hospital†	99	93.7	1,105	42.0	928	1.80	944	0.63	4	-3.37	
Transylvania Total													0
Union	AS0132	Atrium Health Surgery Center Indian Trail†††	0	0.0	1,131	36.3	684	8.64	743	0.57	2	-1.43	
Union	H0050	Atrium Health Union†/†††/^^	1,117	134.4	3,296	92.3	7,572	8.64	8,226	5.48	7	-1.52	
Atrium Health Total										6.05	9	-2.95	
Union	AS0120	Presbyterian SameDay Surgery Center-Monroe	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Union Total													0
Vance	H0267-A	Maria Parham Health†/†††	528	119.9	1,866	86.9	3,758	-0.81	3,758	2.51	5	-2.49	
Vance/Warren Total													0
Wake		Duke Green Level Hospital	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Wake		Duke Health Garner Ambulatory Surgical Center	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Wake		Duke Health Green Level Ambulatory Surgery Center	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Wake		Duke Health Raleigh Ambulatory Surgical Center	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Wake	H0238	Duke Raleigh Hospital^^	2,644	214.6	8,193	138.2	28,334	8.04	30,612	17.44	12	5.44	
Duke University Health System Total										17.44	17	0.44	
Wake		Orthopaedic Surgery Center of Garner	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Wake	AS0129	Rex Surgery Center of Cary†††††	0	0.0	3,695	53.6	3,301	8.04	3,566	2.72	4	-1.28	

Table 6B: Projected Operating Room Need for 2026

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2026	Projected Surgical ORs Required in 2026	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Wake	AS0143	Raleigh Orthopaedic Surgery Center	0	0.0	2,787	68.0	3,159	8.04	3,413	2.60	4	-1.40	
Wake	AS0160	Rex Surgery Center of Wakefield	0	0.0	1,908	46.0	1,463	8.04	1,580	1.20	2	-0.80	
Wake	AS0171	Raleigh Orthopaedic Surgery Center-West Cary	0	0.0	355	81.0	479	8.04	518	0.39	1	-0.61	
Wake	H0065	Rex Hospital	6,635	217.7	14,143	127.6	54,156	8.04	58,509	30.00	28	2.00	
UNC Health Total										36.92	40	-3.08	
Wake		WakeMed Garner Hospital	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Wake		WakeMed Surgery Center-Cary	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Wake		WakeMed Surgery Center-North Raleigh	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Wake	AS0137	Capital City Surgery Center	0	0.0	6,938	62.0	7,169	8.04	7,746	5.90	6	-0.10	
Wake	H0199	WakeMed	8,712	187.2	14,194	137.6	59,726	8.04	64,528	33.09	23	10.09	
Wake	H0276	WakeMed Cary Hospital†	2,643	134.4	4,500	74.1	11,473	8.04	12,396	8.26	10	-1.74	
WakeMed Health & Hospitals Total										47.26	43	4.26	
Wake	AS0179	OrthoNC ASC^^	0	0.0	40	96.4	64	8.04	69	0.05	1	-0.95	
Wake	AS0174	RAC Surgery Center LLC†††	0	0.0	2,126	33.0	1,169	8.04	1,263	0.96	1	-0.04	
Wake		Raleigh Endoscopy Center - Holly Springs	0	0.0	0	0.0	0		0	0.00	0	0.00	
Wake	AS0178	Raleigh Neurosurgical and Spine Surgery Center^^	0	0.0	213	96.4	342	8.04	370	0.28	1	-0.72	
Wake	AS0162	Surgical Center for Dental Professionals of NC LLC	0	0.0	1,079	75.0	1,349	8.04	1,457	1.11	2	-0.89	
Wake	AS0029	Blue Ridge Surgery Center†††	0	0.0	6,431	51.6	5,526	8.04	5,970	4.55	6	-1.45	
Wake	AS0034	Raleigh Plastic Surgery Center†††	0	0.0	419	94.0	657	8.04	710	0.54	1	-0.46	
Wake		Valleygate Surgery Center	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Wake	AS0142	Triangle Surgery Center	0	0.0	3,145	91.0	4,770	8.04	5,153	3.93	4	-0.07	
Wake	AS0155	Holly Springs Surgery Center	0	0.0	2,242	52.0	1,943	8.04	2,099	1.60	3	-1.40	
Wake Total												4.70	4
Washington	H0006	Washington Regional Medical Center	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Washington Total													0
Wayne	H0257	Wayne UNC Health Care†††	1,514	91.8	6,965	62.9	9,620	-0.26	9,620	6.41	13	-6.59	

Table 6B: Projected Operating Room Need for 2026

<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>	<i>G</i>	<i>H</i>	<i>I</i>	<i>J</i>	<i>K</i>	<i>L</i>	<i>M</i>	<i>N</i>
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2026	Projected Surgical ORs Required in 2026	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Wayne Total													0
Wilkes	H0153	Wilkes Medical Center	445	85.0	2,711	56.0	3,161	-0.59	3,161	2.11	5	-2.89	
Wilkes Total													0
Wilson		Wilson Surgery Center	0	0.0	0	0.0	0		0	0.00	4	-4.00	
Wilson	AS0005	Wilson Medical Center	0	0.0	0	0.0	0		0	0.00	0	0.00	
Wilson	H0210	Wilson Medical Center	525	90.0	3,059	60.0	3,847	-2.13	3,847	2.56	9	-6.44	
Duke LifePoint Total										2.56	13	-10.44	
Wilson	AS0007	Wilson OB-GYN	0	0.0	74	30.0	37	-2.13	37	0.03	1	-0.97	
Wilson Total													0
Yadkin	H0155	Yadkin Valley Community Hospital (closed)**	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Yadkin Total													0

Table 6B: Projected Operating Room Need for 2026

<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>	<i>G</i>	<i>H</i>	<i>I</i>	<i>J</i>	<i>K</i>	<i>L</i>	<i>M</i>	<i>N</i>
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2026	Projected Surgical ORs Required in 2026	Adjusted Planning Inventory	Projected OR Deficit/Surplus (Surplus shows as a "-")	Service Area Need
Grand Total			214,845		698,955								4

- * Duke University Hospital has 16 licensed operating rooms (ORs) approved under Policy AC-3 (J-008030-07). North Carolina Baptist Hospital has certificates of need (G-008460-10 & G-011519-18) for 11 ORs approved under Policy AC-3. These 27 ORs are counted when determining OR need.
- ** Yadkin Valley Community Hospital has received a CON exemption to reopen no later than January 18, 2025.
- ^ Inpatient case time substitution: Current year's reported case time is greater than 1 standard deviation (SD) above group average. Substituted average inpatient case time plus 1 SD for group (see Step 4a of the Methodology).
- ^^ Ambulatory case time substitution: Current year's reported case time is greater than 1 SD above group average. Substituted average ambulatory case time plus 1 SD for group (see Step 4a of the Methodology).
- † Inpatient case time substitution: Current year's reported case time is greater than 110% of previous year. Substituted previous year's average inpatient case time plus 10% (see Step 2a.1. of the Methodology).
- †† Inpatient case time substitution: Current year's reported case time is less than 80% of previous year. Substituted previous year's average inpatient case time minus 20% (see Step 2a.2. of the Methodology).
- ††† Ambulatory case time substitution: Current year's reported case time is greater than 110% of previous year. Substituted previous year's average ambulatory case time plus 10% (see Step 2a.1. of the Methodology).
- †††† Ambulatory case time substitution: Current year's reported case time is less than 80% of previous year. Substituted previous year's average ambulatory case time minus 20% (see Step 2a.2. of the Methodology).

Table 6C: Operating Room Need Determination*

Service Area	Operating Room Need Determination	Certificate of Need Application Deadline**	Certificate of Need Beginning Review Date
Catawba ***	1	April 15, 2024	May 1, 2024
Cumberland ****	1	June 17, 2024	July 1, 2024
Wake	4	August 15, 2024	September 1, 2024
It is determined that there is no need anywhere else in the state and no other reviews are scheduled.			

* Any person can apply for a CON to meet the need, not just the health service facility or facilities that generated the need.

** Application deadlines are absolute, pursuant to 10A NCAC 14C.0202(2). The filing deadline is 5:00 p.m. on the application deadline date.

*** In response to a petition, the State Health Coordinating Council approved an adjusted need determination for one operating room in the Catawba County service area.

**** In response to a petition, the State Health Coordinating Council approved an adjusted need determination for one operating room for the purpose of training surgical residents in the Cumberland County service area.

Inventory of Endoscopy Rooms in Licensed Facilities

Endoscopy procedure rooms are not ORs. For information purposes only, Table 6D provides a listing of licensed endoscopy procedure rooms and their associated procedures for the current reporting year.

Table 6D: Endoscopy Room Inventory

Case and Procedure Data for 10/01/2021 - 9/30/2022 as reported on 2023 Hospital and Ambulatory Surgical Facility License Renewal Applications

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
H0272	Alamance Regional Medical Center	Alamance	4	0	4,976	6,115
AS0128	Pioneer Ambulatory Surgery Center	Alamance	1	0	1,590	1,839
		Alamance Total	5	0	6,566	7,954
H0274	Alexander Hospital (closed)	Alexander	1	0	0	0
		Alexander Total	1	0	0	0
H0099	Ashe Memorial Hospital	Ashe	1	0	775	1,045
		Ashe Total	1	0	775	1,045
H0037	Charles A. Cannon, Jr. Memorial Hospital	Avery	1	0	353	578
		Avery Total	1	0	353	578
H0188	Vidant Beaufort Hospital, A campus of Vidant Medical Center	Beaufort	1	0	1,705	1,948
		Beaufort Total	1	0	1,705	1,948
	McLeod Health Brunswick ASC *	Brunswick	0	1	0	0
H0150	J. Arthur Doshier Memorial Hospital	Brunswick	2	0	1,014	1,166
AS0158	Novant Health Brunswick Endoscopy	Brunswick	2	0	2,936	2,938
H0250	Novant Health Brunswick Medical Center	Brunswick	1	0	1,970	2,018
		Brunswick Total	5	1	5,920	6,122
H0036	Mission Hospital	Buncombe	6	0	5,105	6,705
AS0051	The Endoscopy Center	Buncombe	5	0	15,730	18,375
		Buncombe Total	11	0	20,835	25,080
	Blue Ridge Surgery Center *	Burke	0	2	0	0
AS0145	Carolina Digestive Care	Burke	2	0	3,763	5,935
H0062	UNC Health Blue Ridge	Burke	3	-2	830	1,049
		Burke Total	5	0	4,593	6,984
	Northeast Digestive Health Center – Poplar Tent *	Cabarrus	0	1	0	0
H0031	Atrium Health Cabarrus	Cabarrus	6	0	3,200	4,700
AS0070	Gateway Surgery Center	Cabarrus	2	0	4,360	6,634

Table 6D: Endoscopy Room Inventory

Case and Procedure Data for 10/01/2021 - 9/30/2022 as reported on 2023 Hospital and Ambulatory Surgical Facility License Renewal Applications

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
AS0104	Northeast Digestive Health Center	Cabarrus	3	-1	5,493	7,518
		Cabarrus Total	11	0	13,053	18,852
H0061	Caldwell UNC Health Care	Caldwell	2	0	622	724
		Caldwell Total	2	0	622	724
H0222	Carteret General Hospital	Carteret	2	0	558	566
AS0061	The Surgical Center of Morehead City	Carteret	1	0	0	0
		Carteret Total	3	0	558	566
H0223	Catawba Valley Medical Center	Catawba	2	0	2,521	2,987
H0053	Frye Regional Medical Center	Catawba	2	0	1,391	0
AS0077	Gastroenterology Associates, Hickory	Catawba	3	2	6,926	7,975
		Catawba Total	7	2	10,838	10,962
H0007	Chatham Hospital	Chatham	1	0	475	525
		Chatham Total	1	0	475	525
H0239	Erlanger Murphy Medical Center	Cherokee	2	0	1,495	1,558
		Cherokee Total	2	0	1,495	1,558
H0063	Vidant Chowan Hospital	Chowan	1	0	464	568
		Chowan Total	1	0	464	568
H0024	Atrium Health Cleveland	Cleveland	5	0	2,826	4,206
AS0062	Atrium Health Surgery Center Shelby	Cleveland	4	0	1,418	1,930
		Cleveland Total	9	0	4,244	6,136
H0045	Columbus Regional Healthcare System	Columbus	3	0	2,030	2,640
		Columbus Total	3	0	2,030	2,640
AS0096	CarolinaEast Internal Medicine	Craven	3	0	2,495	2,500
H0201	CarolinaEast Medical Center	Craven	2	0	2,098	3,145
AS0078	CCHC Endoscopy Center	Craven	3	1	5,853	8,709
		Craven Total	8	1	10,446	14,354

Table 6D: Endoscopy Room Inventory

Case and Procedure Data for 10/01/2021 - 9/30/2022 as reported on 2023 Hospital and Ambulatory Surgical Facility License Renewal Applications

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
H0213	Cape Fear Valley Medical Center	Cumberland	4	0	3,259	5,993
AS0123	Digestive Health Endoscopy Center	Cumberland	2	0	5,442	6,099
AS0006	Fayetteville Ambulatory Surgery Center	Cumberland	3	0	0	0
AS0071	Fayetteville Gastroenterology Endoscopy Center	Cumberland	4	0	11,152	11,437
H0275	Highsmith-Rainey Specialty Hospital	Cumberland	3	0	0	0
		Cumberland Total	16	0	19,853	23,529
H0273	The Outer Banks Hospital	Dare	2	0	1,057	1,057
		Dare Total	2	0	1,057	1,057
AS0146	Digestive Health Specialists	Davidson	2	0	2,447	2,763
H0027	Lexington Medical Center	Davidson	2	0	1,487	1,690
H0112	Novant Health Thomasville Medical Center	Davidson	1	0	542	560
		Davidson Total	5	0	4,476	5,013
H0171	Davie Medical Center	Davie	1	0	1,235	1,367
AS0139	Digestive Health Specialists	Davie	1	0	1,959	2,219
		Davie Total	2	0	3,194	3,586
	Duke GI at North Durham *	Durham	0	4	0	0
H0233	Duke Regional Hospital	Durham	4	0	4,215	5,457
H0015	Duke University Hospital	Durham	11	0	12,376	18,174
AS0085	Triangle Endoscopy Center	Durham	4	0	4,830	4,982
		Durham Total	19	4	21,421	28,613
H0258	Vidant Edgecombe Hospital	Edgecombe	2	0	241	242
AS0127	Vidant Endoscopy Center	Edgecombe	1	0	980	1,038
		Edgecombe Total	3	0	1,221	1,280
	Triad Surgery Center *	Forsyth	0	1	0	0
AS0144	Digestive Health Endoscopy Center of Kernersville	Forsyth	2	0	3,209	3,519

Table 6D: Endoscopy Room Inventory

Case and Procedure Data for 10/01/2021 - 9/30/2022 as reported on 2023 Hospital and Ambulatory Surgical Facility License Renewal Applications

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
AS0099	Digestive Health Specialists	Forsyth	2	1	6,377	7,208
AS0074	Gastroenterology Associates of the Piedmont	Forsyth	4	0	10,596	11,912
AS0044	Gastroenterology Associates of the Piedmont	Forsyth	4	-2	4,752	5,411
AS0181	Kernersville Endoscopy Center	Forsyth	2	0	431	493
H0011	Atrium Health Wake Forest Baptist	Forsyth	10	0	10,979	12,827
H0209	Novant Health Forsyth Medical Center	Forsyth	4	0	2,283	2,561
AS0125	Wake Forest Baptist Health Outpatient Endoscopy	Forsyth	2	0	2,292	2,587
		Forsyth Total	30	0	40,919	46,518
	CaroMont Regional Medical Center - Belmont *	Gaston	0	1	0	0
AS0135	CaroMont Endoscopy Center	Gaston	2	0	4,570	5,798
H0105	CaroMont Regional Medical Center	Gaston	6	1	4,761	6,805
AS0151	Greater Gaston Endoscopy Center	Gaston	2	-2	0	0
		Gaston Total	10	0	9,331	12,603
	Granville Health System *	Granville	0	2	0	0
H0098	Granville Health System	Granville	1	0	1,456	1,879
		Granville Total	1	2	1,456	1,879
AS0076	Peters Endoscopy Center	Guilford	2	0	3,485	3,485
H0159	Cone Health	Guilford	6	0	4,894	14,289
AS0075	Eagle Endoscopy Center	Guilford	4	0	5,753	5,753
AS0009	Greensboro Specialty Surgical Center	Guilford	2	0	435	521
AS0113	Guilford Endoscopy Center	Guilford	2	0	2,446	2,973
AS0059	Wake Forest Baptist Health Outpatient Endoscopy-Quaker Lane	Guilford	3	0	5,066	6,993
H0052	High Point Regional Health	Guilford	2	0	2,156	2,818
AS0052	LeBauer Endoscopy Center	Guilford	5	0	12,419	17,412
		Guilford Total	26	0	36,654	54,244

Table 6D: Endoscopy Room Inventory

Case and Procedure Data for 10/01/2021 - 9/30/2022 as reported on 2023 Hospital and Ambulatory Surgical Facility License Renewal Applications

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
AS0141	Halifax Gastroenterology	Halifax	2	0	1,773	1,774
H0230	Vidant North Hospital	Halifax	1	0	515	520
		Halifax Total	3	0	2,288	2,294
H0224	Cape Fear Valley Betsy Johnson Hospital	Harnett	2	0	0	0
		Harnett Total	2	0	0	0
H0025	Haywood Regional Medical Center	Haywood	3	0	3,025	3,831
		Haywood Total	3	0	3,025	3,831
AS0106	Carolina Mountain Gastroenterology Endoscopy Center	Henderson	2	1	6,032	7,307
H0161	Margaret R. Pardee Memorial Hospital	Henderson	3	0	2,401	3,773
H0019	AdventHealth Hendersonville	Henderson	1	0	665	665
		Henderson Total	6	1	9,098	11,745
H0001	Vidant Roanoke-Chowan Hospital	Hertford	1	0	1,109	1,229
		Hertford Total	1	0	1,109	1,229
H0248	Davis Regional Medical Center	Iredell	2	0	388	467
H0164	Iredell Memorial Hospital	Iredell	3	0	2,882	3,457
H0259	Lake Norman Regional Medical Center	Iredell	2	0	1,950	2,133
AS0169	Langtree Endoscopy Center	Iredell	1	1	3,064	3,627
AS0126	Piedmont HealthCare Endoscopy Center	Iredell	3	0	4,452	6,337
		Iredell Total	11	1	12,736	16,021
H0087	Harris Regional Hospital	Jackson	1	0	1,401	2,303
		Jackson Total	1	0	1,401	2,303
	Johnston Endoscopy Center *	Johnston	0	2	0	0
AS0153	Clayton Endoscopy Center	Johnston	2	0	2,981	3,547
H0151	UNC Health Johnston	Johnston	3	-1	4,360	5,375
		Johnston Total	5	1	7,341	8,922
H0243	Central Carolina Hospital	Lee	1	0	440	440

Table 6D: Endoscopy Room Inventory

Case and Procedure Data for 10/01/2021 - 9/30/2022 as reported on 2023 Hospital and Ambulatory Surgical Facility License Renewal Applications

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
AS0094	Mid Carolina Endoscopy Center	Lee	2	0	3,433	5,183
		Lee Total	3	0	3,873	5,623
AS0156	AMG Endoscopy Center	Lenoir	2	0	3,018	3,018
AS0122	Vidant Endoscopy Center-Kinston	Lenoir	2	0	1,305	1,408
H0043	UNC Lenoir Health Care	Lenoir	2	0	0	0
AS0121	UNC Lenoir Endoscopy	Lenoir	2	0	0	0
		Lenoir Total	8	0	4,323	4,426
H0225	Atrium Health Lincoln	Lincoln	2	0	1,974	2,674
		Lincoln Total	2	0	1,974	2,674
H0034	Angel Medical Center	Macon	1	0	239	317
H0193	Highlands-Cashiers Hospital	Macon	2	0	25	26
AS0097	Western Carolina Endoscopy Center	Macon	2	0	2,827	3,465
		Macon Total	5	0	3,091	3,808
H0078	Martin General Hospital	Martin	1	0	92	92
		Martin Total	1	0	92	92
H0097	Mission Hospital McDowell	McDowell	1	0	529	531
		McDowell Total	1	0	529	531
	Novant Health Ballantyne Medical Center *	Mecklenburg	0	1	0	0
AS0092	Carolina Digestive Endoscopy Center	Mecklenburg	2	0	8,753	10,213
AS0108	Carolina Endoscopy Center-Huntersville	Mecklenburg	2	0	4,475	5,928
AS0088	Carolina Endoscopy Center-Pineville	Mecklenburg	2	0	3,184	4,504
AS0089	Carolina Endoscopy Center-University	Mecklenburg	2	0	3,103	4,390
AS0081	Atrium Health Endoscopy Center Ballantyne	Mecklenburg	4	0	9,481	13,445
AS0080	Atrium Health Endoscopy Center Kenilworth	Mecklenburg	3	0	4,972	6,525
H0042	Atrium Health Pineville	Mecklenburg	2	0	3,137	4,682

Table 6D: Endoscopy Room Inventory

Case and Procedure Data for 10/01/2021 - 9/30/2022 as reported on 2023 Hospital and Ambulatory Surgical Facility License Renewal Applications

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
H0255	Atrium Health University City	Mecklenburg	1	0	1,237	1,912
H0071	Carolinas Medical Center/Center for Mental Health	Mecklenburg	12	0	9,823	14,250
AS0110	Charlotte Gastroenterology & Hepatology - Rea Farms	Mecklenburg	2	3	5,944	6,973
AS0109	Charlotte Gastroenterology & Hepatology, PLLC-Endo Div	Mecklenburg	4	0	6,616	7,837
AS0084	Endoscopy Center of Lake Norman	Mecklenburg	2	0	4,149	4,918
AS0098	Novant Health Ballantyne Outpatient Surgery	Mecklenburg	1	0	689	689
H0282	Novant Health Huntersville Medical Center	Mecklenburg	3	0	2,118	2,180
H0270	Novant Health Matthews Medical Center	Mecklenburg	3	0	1,427	1,482
H0290	Novant Health Mint Hill Medical Center	Mecklenburg	1	0	266	276
H0010	Novant Health Presbyterian Medical Center	Mecklenburg	9	-1	2,540	2,625
AS0165	Tryon Endoscopy Center	Mecklenburg	4	0	9,537	11,016
Mecklenburg Total			59	3	81,451	103,845
H0169	Blue Ridge Regional Hospital	Mitchell	1	0	502	502
Mitchell Total			1	0	502	502
H0100	FirstHealth Moore Regional Hospital and Pinehurst Treatment Cntr.	Moore	2	0	2,958	2,958
AS0073	Pinehurst Medical Clinic Endoscopy Center	Moore	5	0	9,795	13,091
Moore Total			7	0	12,753	16,049
AS0105	Boice-Willis Clinic Endoscopy Center	Nash	2	0	3,609	4,621
H0228	Nash General Hospital	Nash	4	0	1,823	2,322
Nash Total			6	0	5,432	6,943
	Wilmington Health on Silver Stream Lane *	New Hanover	0	4	0	0
	Wilmington ASC *	New Hanover	0	4	0	0
AS0100	Novant Health Wilmington Endoscopy Center, LLC	New Hanover	3	0	5,492	7,645
H0221	New Hanover Regional Medical Center	New Hanover	4	0	8,655	10,072
AS0091	Wilmington Gastroenterology	New Hanover	4	0	13,767	15,997

Table 6D: Endoscopy Room Inventory

Case and Procedure Data for 10/01/2021 - 9/30/2022 as reported on 2023 Hospital and Ambulatory Surgical Facility License Renewal Applications

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
AS0045	Wilmington Health	New Hanover	3	-3	0	0
AS0055	Wilmington SurgCare	New Hanover	3	0	0	0
		New Hanover Total	17	5	27,914	33,714
AS0079	East Carolina Gastroenterology Endoscopy Center	Onslow	1	0	2,502	2,520
H0048	Onslow Memorial Hospital	Onslow	3	0	1,219	1,600
		Onslow Total	4	0	3,721	4,120
H0157	University of North Carolina Hospitals	Orange	9	0	14,309	16,391
		Orange Total	9	0	14,309	16,391
H0054	Sentara Albemarle Medical Center	Pasquotank	3	0	0	0
		Pasquotank Total	3	0	0	0
H0115	Pender Memorial Hospital	Pender	1	0	114	122
		Pender Total	1	0	114	122
AS0086	Atlantic Gastroenterology Endoscopy Center	Pitt	2	0	4,016	4,365
AS0118	Carolina Digestive Diseases	Pitt	2	0	4,126	4,262
AS0117	Carolinas Endoscopy Center	Pitt	3	1	10,112	10,112
AS0119	East Carolina Endoscopy Center	Pitt	2	0	2,116	2,723
AS0060	Quadrangle Endoscopy Center	Pitt	6	0	5,096	5,378
H0104	ECU Health Medical Center	Pitt	4	2	6,608	9,658
		Pitt Total	19	3	32,074	36,498
AS0054	Randolph Health Endoscopy Center	Randolph	1	0	1,015	1,206
H0013	Randolph Hospital	Randolph	2	0	1,521	2,103
		Randolph Total	3	0	2,536	3,309
H0158	FirstHealth Moore Regional Hospital - Richmond	Richmond	2	0	1,447	1,447
		Richmond Total	2	0	1,447	1,447
AS0147	Robeson Digestive Diseases	Robeson	1	0	1,773	1,856
AS0107	Southeastern Gastroenterology Endoscopy Center	Robeson	1	0	150	157

Table 6D: Endoscopy Room Inventory

Case and Procedure Data for 10/01/2021 - 9/30/2022 as reported on 2023 Hospital and Ambulatory Surgical Facility License Renewal Applications

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
H0064	Southeastern Regional Medical Center	Robeson	1	0	1,893	1,957
AS0150	The Surgery Center at Southeastern Health Park	Robeson	2	0	565	584
		Robeson Total	5	0	4,381	4,554
H0023	Annie Penn Hospital	Rockingham	3	0	3,500	7,587
H0072	UNC Rockingham Hospital	Rockingham	2	0	471	502
		Rockingham Total	5	0	3,971	8,089
H0040	Novant Health Rowan Medical Center	Rowan	4	0	0	0
AS0182	Rowan Endoscopy Center	Rowan	2	0	0	0
		Rowan Total	6	0	0	0
H0039	Rutherford Regional Medical Center	Rutherford	2	0	2,179	2,795
		Rutherford Total	2	0	2,179	2,795
H0107	Scotland Memorial Hospital	Scotland	2	0	2,086	2,208
		Scotland Total	2	0	2,086	2,208
H0008	Atrium Health Stanly	Stanly	2	0	0	0
		Stanly Total	2	0	0	0
AS0163	Digestive Health Specialists	Stokes	1	0	2,082	2,419
H0165	LifeBrite Community Hospital of Stokes	Stokes	1	0	0	0
		Stokes Total	2	0	2,082	2,419
H0049	Hugh Chatham Memorial Hospital	Surry	4	0	1,763	2,260
H0184	Northern Regional Hospital	Surry	2	0	2,471	2,867
AS0154	Rockford Digestive Health Endoscopy Center (closed)	Surry	1	0	0	0
		Surry Total	7	0	4,234	5,127
H0069	Swain Community Hospital	Swain	1	0	0	0
		Swain Total	1	0	0	0
H0111	Transylvania Regional Hospital	Transylvania	2	0	302	307
		Transylvania Total	2	0	302	307

Table 6D: Endoscopy Room Inventory

Case and Procedure Data for 10/01/2021 - 9/30/2022 as reported on 2023 Hospital and Ambulatory Surgical Facility License Renewal Applications

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
AS0090	Carolina Endoscopy Center-Monroe	Union	2	0	4,555	5,402
H0050	Atrium Health Union	Union	2	0	1,621	2,339
		Union Total	4	0	6,176	7,741
H0267-A	Maria Parham Health	Vance	3	0	1,462	2,199
		Vance Total	3	0	1,462	2,199
	Wake Endoscopy Center - Cary *	Wake	0	3	0	0
	Duke Gastroenterology of Raleigh *	Wake	0	4	0	0
	Duke GI at Green Level *	Wake	0	4	0	0
	Wake Endoscopy Center - Holly Springs *	Wake	0	2	0	0
	Raleigh Endoscopy Center - Holly Springs *	Wake	0	3	0	0
AS0072	Center for Digestive Diseases & Cary Endoscopy CTR, PC	Wake	3	0	2,044	2,044
AS0115	Duke GI at Brier Creek	Wake	4	0	6,695	8,092
H0238	Duke Raleigh Hospital	Wake	3	0	4,033	5,546
AS0116	GastroIntestinal Healthcare	Wake	2	0	1,652	1,789
AS0138	Kurt Vernon, MD	Wake	1	0	2,863	3,450
AS0056	Raleigh Endoscopy Center	Wake	4	2	9,766	14,141
AS0102	Raleigh Endoscopy Center-Cary	Wake	4	0	10,524	14,324
AS0082	Raleigh Endoscopy Center-North	Wake	3	0	6,922	10,365
H0065	Rex Hospital	Wake	4	0	7,293	11,903
AS0093	Triangle Gastroenterology	Wake	2	0	3,962	3,962
AS0131	W. F. Endoscopy Center	Wake	2	1	4,904	5,720
AS0111	Wake Endoscopy Center, LLC	Wake	4	0	11,051	11,652
H0199	WakeMed	Wake	6	0	8,857	10,043
H0276	WakeMed Cary Hospital	Wake	4	0	3,703	4,141
		Wake Total	46	19	84,269	107,172

Table 6D: Endoscopy Room Inventory

Case and Procedure Data for 10/01/2021 - 9/30/2022 as reported on 2023 Hospital and Ambulatory Surgical Facility License Renewal Applications

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
AS0095	Appalachian Gastroenterology	Watauga	2	0	1,233	1,980
H0077	Watauga Medical Center	Watauga	2	0	2,600	2,632
		Watauga Total	4	0	3,833	4,612
AS0057	Goldsboro Endoscopy Center	Wayne	4	0	3,149	3,527
H0257	Wayne UNC Health Care	Wayne	3	0	1,585	1,977
		Wayne Total	7	0	4,734	5,504
H0153	Wilkes Medical Center	Wilkes	2	0	1,755	2,239
		Wilkes Total	2	0	1,755	2,239
AS0112	CGS Endoscopy Center	Wilson	2	0	1,017	1,017
AS0130	Wilson Digestive Diseases Center	Wilson	2	0	1,531	1,914
H0210	Wilson Medical Center	Wilson	5	0	1,634	2,005
		Wilson Total	9	0	4,182	4,936
H0155	Yadkin Valley Community Hospital (closed)	Yadkin	1	0	0	0
		Yadkin Total	1	0	0	0
Grand Total			484	43	583,333	731,259

* Certificate of Need approved facility that was under development and not licensed as of 9/30/2022.

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Chapter 7:

Other Acute Care Services

- A. Burn Intensive Care Services
- B. Open Heart Surgery Services
- C. Transplantation Services

CHAPTER 7

OTHER ACUTE CARE SERVICES

Introduction

This chapter covers three acute care services: burn intensive care, open-heart surgery, and transplantation services (bone marrow and solid organ).

Definitions

The *reporting year* is October 1 through September 30. The *current* reporting year is October 1, 2021 through September 30, 2022.

An *academic medical center teaching hospital* is one of the five hospitals listed in Appendix F of the State Medical Facilities Plan (SMFP).

Changes from the Previous Plan

This chapter contains no substantive changes from the previous SMFP.

A. BURN INTENSIVE CARE SERVICES

Introduction

G.S. § 131E-176(2b) defines *burn intensive care services* as “services provided in a unit designed to care for patients who have been severely burned.”

North Carolina has two designated burn intensive care services: a 21-bed unit at University of North Carolina Hospitals in Chapel Hill and an eight-bed unit at North Carolina Baptist Hospital in Winston Salem. Each hospital received a certificate of need (CON) in 2012 to develop four new burn intensive care services beds.

Definitions

The methodology projects bed need one year beyond the current reporting year. The current *projection year* is 2023.

The *planning inventory* is the number of beds used in need determination calculations. It is the number of beds licensed as of the last day of the reporting year, plus the number of CON-approved beds that are under development, plus the number of beds available pursuant to need determinations pending review or appeal, minus any beds delicensed.

Data Sources

The inventory of burn intensive care beds and the burn intensive care days of care (DOC) come from the Hospital License Renewal Applications (LRAs) for the reporting year, as submitted to the North Carolina Department of Health and Human Services, Division of Health Service Regulation (Agency).

Application of the Methodology

The SMFP shows a need for new burn intensive care services beds when each of the existing services reported an average annual occupancy rate of at least 80% during the last two reporting years.

Step 1: Determine whether to calculate a need determination.

- a. Sum the actual DOC reported across all facilities for each of the last two reporting years (*Table 7A-1*).
- b. For each of the last two reporting years, multiply the total number of beds in the planning inventory across all facilities (*Table 7A-1*) by 365.25.
- c. Divide the result of Step 1.a. by the result of Step 1.b. for each year [DOC ÷ possible bed days] (*Table 7A-2*).

Step 2: If Step 1.c. yields at least 80% utilization for both of the last two reporting years, calculate the overall number of beds needed as follows:

- a. Calculate the state's total four-year average annual change rate (AACR) in DOC across all facilities using the five most recent reporting years (*Table 7A-1*).
- b. Calculate the projected DOC for the projection year by adding 1 to the four-year AACR calculated in Step 2.a. Then multiply the result by the reporting year's total DOC across all facilities.
- c. Use the following formula to calculate the number of beds needed such that the utilization rate for the sum of the state's total licensed and approved burn intensive care beds is 80%. Round fractions of 0.5 or greater to the next highest whole number:

$$[(\text{Projected DOC} \div 365.25) \div 0.8] - [\text{Total Beds}] = \text{Additional Beds Needed}$$

Unless otherwise specified by the methodology, calculations do not use rounded values. However, fractional values are rounded automatically when displayed.

Table 7A-1: Days of Care, Burn Intensive Care Services

Facility	Licensed Beds	Adjustments for CONs	Total Beds	Total Days of Care				
				2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
UNC Hospitals	21	0	21	7,415	8,077	6,085	5,970	6,366
North Carolina Baptist Hospital	8	4	12	1,774	1,821	1,845	1,921	2,145
TOTAL	29	4	33	9,189	9,898	7,930	7,891	8,511

Table 7A-2: Utilization, Burn Intensive Care Services

Facility	Licensed Beds	Adjustments for CONs	Total Beds	Utilization				
				2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
UNC Hospitals	21	0	21	81.2%	88.5%	66.6%	65.4%	83.0%
North Carolina Baptist Hospital	8	4	12	40.5%	41.5%	42.1%	43.8%	48.9%
TOTAL	29	4	33	68.0%	73.2%	58.7%	58.4%	70.6%

Figure 7A: Percentage Utilization, Burn Intensive Care Services Last Five Reporting Years

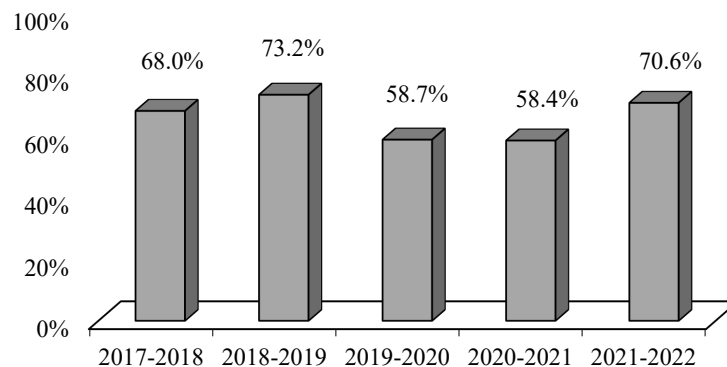


Table 7A-3: Burn Intensive Care Services Bed Need Determination

Service Area	Burn Intensive Care Services Bed Need Determination	Certificate of Need Application Deadline	Certificate of Need Beginning Review Date
It is determined that there is no need anywhere in the state and no reviews are scheduled.			

B. OPEN-HEART SURGERY SERVICES

Introduction

G.S. § 131E-176(18b) defines *open-heart surgery services* as “the provision of surgical procedures that utilize a heart-lung bypass machine during surgery to correct cardiac and coronary artery disease or defects.”

Table 7B lists the open-heart surgery procedures performed during the reporting year that used heart-lung bypass machines. This data shows a 0.8% decrease in open-heart surgeries from the previous reporting year. Table 7B and Figure 7B show reported numbers of open-heart surgery performed using heart-lung bypass machines for the last 14 reporting years.

The SMFP does not have a methodology to project need for new open-heart surgery services. A summer petition is required to place a need for a new service in the upcoming SMFP. If the need determination is approved, any person may apply for a CON to obtain the new service.

The SMFP also does not have a methodology to project need for additional heart-lung bypass machines. Facilities that would like to acquire machines other than a second one for emergency coverage as set forth in Policy AC-6 must submit a summer petition. If the need determination is approved, CON applications submitted for these machines will be subject to the performance standards established in 10A NCAC 14C .1703.

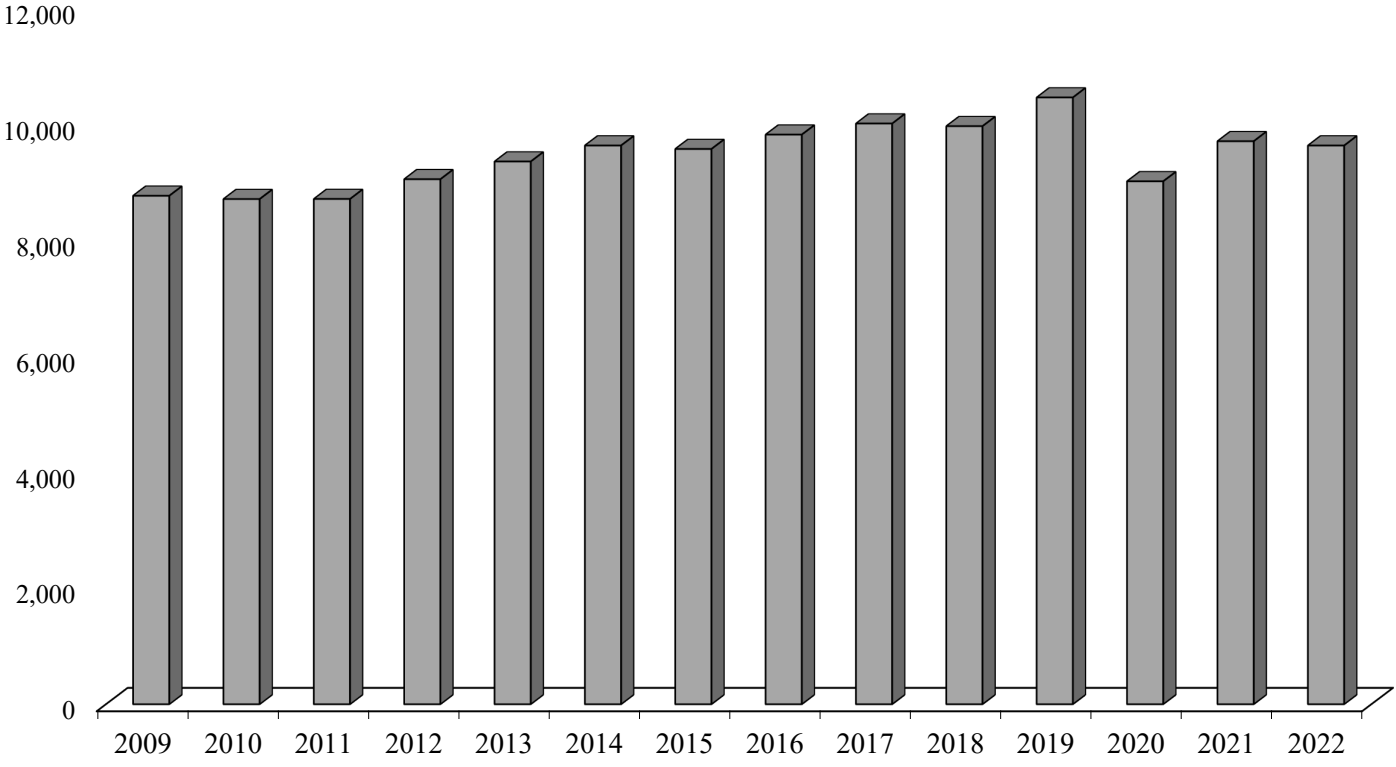
Data Sources

The number of open-heart surgical procedures comes from the Hospital LRAs for the reporting year, as submitted to the Agency.

**Table 7B: Open-Heart Surgery Procedures
(Procedures Utilizing Heart-Lung Bypass Machines)**

Lic #	Facility	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
H0031	Atrium Health Cabarrus	227	211	214	233	237	245	218	253	235	273	194	239	183	195
H0042	Atrium Health Pineville	59	30	0	132	201	245	186	207	252	225	234	158	159	270
H0213	Cape Fear Valley Medical Center	270	234	233	202	220	218	277	262	292	238	195	162	152	124
H0201	CarolinaEast Medical Center	244	210	227	236	202	169	208	221	248	256	331	219	224	222
H0071	Carolinas Medical Center	471	512	675	704	820	715	788	818	869	682	751	580	729	777
H0105	CaroMont Regional Medical Center	175	171	128	207	230	265	249	260	230	278	240	275	308	268
H0159	Cone Health	510	492	472	471	544	541	485	440	547	627	673	574	405	601
H0233	Duke Regional Hospital	80	55	66	60	75	82	92	124	98	148	151	107	119	97
H0015	Duke University Hospital	955	957	1,013	1,062	1,047	1,066	1,161	1,180	1,095	1,130	1,175	1,090	1,203	1,259
H0100	FirstHealth Moore Regional Hospital	413	333	293	261	271	329	395	341	351	288	276	235	246	234
H0053	Frye Regional Medical Center	232	181	196	253	246	194	205	239	232	222	172	126	117	177
H0052	High Point Regional Health System	178	178	184	191	150	137	111	111	129	112	123	176	53	19
H0036	Mission Hospital	774	866	798	813	848	988	874	950	962	939	1,198	1,051	1,421	1,099
H0221	New Hanover Regional Medical Center	508	509	464	473	538	487	486	494	482	480	466	395	378	433
H0011	North Carolina Baptist Hospital	468	520	621	612	609	692	696	678	689	758	942	789	866	840
H0209	Novant Health Forsyth Medical Center	566	611	568	514	587	691	626	652	580	635	506	380	442	436
H0010	Novant Health Presbyterian Medical Center	377	433	378	381	355	360	391	391	397	406	413	339	434	360
H0065	Rex Hospital	299	257	203	346	347	369	460	536	612	602	558	553	567	520
H0064	Southeastern Regional Medical Center	53	52	54	52	42	34	44	42	39	44	78	81	56	53
H0157	UNC Hospitals	228	108	350	391	441	390	407	384	445	430	465	332	354	351
H0104	Vidant Medical Center	858	924	814	900	842	853	601	677	654	675	767	626	787	805
H0199	WakeMed	817	861	756	553	499	557	607	554	567	512	546	524	498	487
Total Procedures		8,762	8,705	8,707	9,047	9,351	9,627	9,567	9,814	10,005	9,960	10,454	9,011	9,701	9,627

**Figure 7B: Open-Heart Surgery Procedures
(Procedures Utilizing Heart-Lung Bypass Machines)**



C. TRANSPLANTATION SERVICES

Bone Marrow Transplantation Services

Introduction

G.S. § 131E-176(2a) defines *bone marrow transplantation services* as “the process of infusing bone marrow into people with diseases to stimulate the production of blood cells.”

Bone marrow transplants may be autologous (using a patient’s own marrow, drawn early in the course of the disease), syngeneic (using marrow from an identical twin), or allogeneic (using marrow from an unrelated individual or from a relative other than an identical twin). For allogeneic bone marrow transplants, the transplant service must have the ability to ascertain that a donor’s human leucocyte antigens correspond to those of the transplant patient. It is also more difficult to manage allogeneic transplant patients postoperatively than patients receiving other types of bone marrow transplants.

Table 7C-1 shows the number of bone marrow transplants performed for the last four reporting years.

Data Sources

The number of bone marrow transplants comes from the Hospital LRAs for the reporting year, as submitted to the Agency.

Application of the Methodology

North Carolina needs a new bone marrow transplantation service when each of the existing services has performed at least 20 allogeneic transplants during the current reporting year. Allogeneic bone marrow transplants shall be provided only in facilities having the capability of doing HLA matching and of management of patients having solid organ transplants. Allogeneic bone marrow transplantation services shall be limited to academic medical center teaching hospitals.

Table 7C-1: Bone Marrow Transplantation Services

Allogeneic Bone Marrow Transplants

License	Facility	2018-2019	2019-2020	2020-2021	2021-2022
H0071	Carolinas Medical Center	55	62	92	53
H0015	Duke University Hospital	92	93	112	85
H0011	North Carolina Baptist Hospital	31	31	22	46
H0157	UNC Hospitals	58	43	64	50
H0104	Vidant Medical Center	0	0	0	0
Total		236	229	290	234

Autologous Bone Marrow Transplants

License	Facility	2018-2019	2019-2020	2020-2021	2021-2022
H0071	Carolinas Medical Center	109	96	118	119
H0015	Duke University Hospital	182	186	165	192
H0011	North Carolina Baptist Hospital	66	72	55	44
H0157	UNC Hospitals	100	112	102	95
H0104	Vidant Medical Center	0	0	0	1
Total		457	466	440	451

Total Bone Marrow Transplants

License	Facility	2018-2019	2019-2020	2020-2021	2021-2022
H0071	Carolinas Medical Center	164	158	210	172
H0015	Duke University Hospital	274	279	277	277
H0011	North Carolina Baptist Hospital	97	103	77	90
H0157	UNC Hospitals	158	155	166	145
H0104	Vidant Medical Center	0	0	0	1
Total		693	695	730	685

Figure 7C-1: Total Bone Marrow Transplants, Last Four Reporting Years

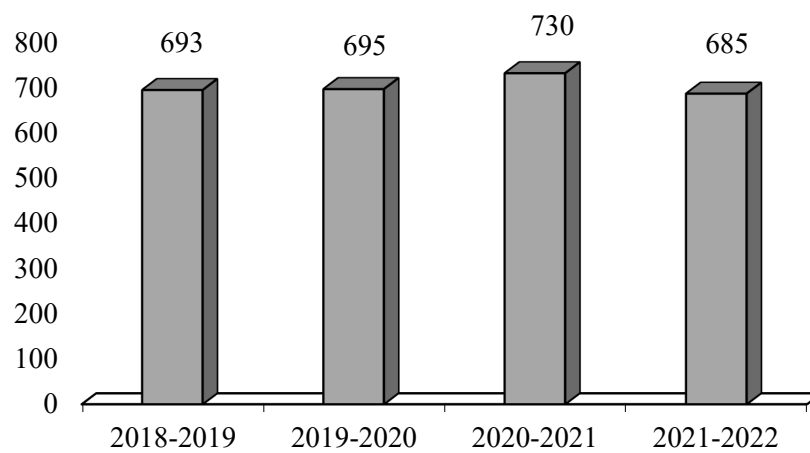


Table 7C-2: Bone Marrow Transplantation Services Need Determination

Service Area	Bone Marrow Transplantation Services Need Determination	Certificate of Need Application Deadline	Certificate of Need Beginning Review Date
It is determined that there is no need anywhere in the state and no reviews are scheduled.			

Solid Organ Transplantation Services

Introduction

G.S. § 131E-176(24d) defines *solid organ transplantation services* as “the provision of surgical procedures and the interrelated medical services that accompany the surgery to remove an organ from a patient and surgically implant an organ from a donor.”

Table 7C-3 shows the number of solid organ transplants performed during the reporting year.

Data Sources

The number of solid organ transplants comes from the Hospital LRAs for the reporting year, as submitted to the Agency.

Basic Principles and Application of the Methodology

The offering of a solid organ transplant service is an organized, interrelated medical, diagnostic, therapeutic and/or rehabilitative activity that is integral to the prevention of disease or to the clinical management of a sick, injured, or disabled person.

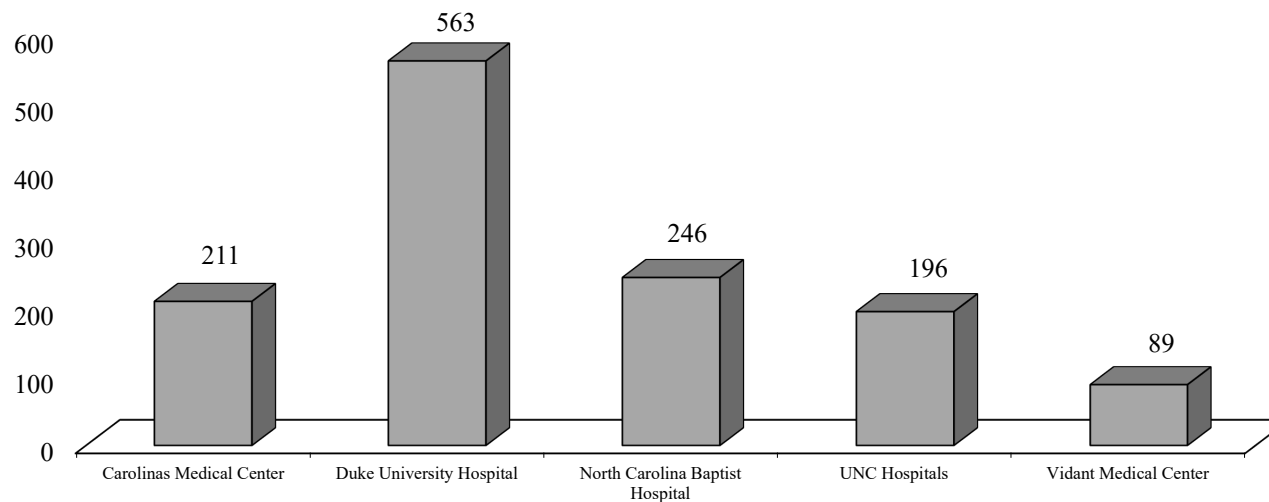
Solid organ transplant services shall be limited to academic medical center teaching hospitals. The introduction of a new solid organ transplantation program in a facility that already is performing other types of solid organ transplantation is not considered a new institutional health service.

The SMFP does not have a methodology to project need for additional solid organ transplantation services. A summer petition is required to place a need in the upcoming SMFP. If the need determination is approved, any person may apply for a CON to obtain the new service.

Table 7C-3: Solid Organ Transplantation Services

	Carolinas Medical Center	Duke University Hospital	North Carolina Baptist Hospital	UNC Hospitals	Vidant Medical Center	Total
Heart Transplants	45	121	6	16	0	188
Heart/Lung Transplants	0	4	0	0	0	4
Kidney/Liver Transplants	7	11	0	3	0	21
Liver Transplants	70	109	0	26	0	205
Heart/Liver Transplants	0	2	0	0	0	2
Kidney Transplants	79	177	224	139	68	687
Heart/Kidney Transplants	6	11	0	1	0	18
Lung Transplants	0	111	0	8	0	119
Pancreas Transplants	0	3	3	0	0	6
Pancreas/Kidney Transplants	4	12	13	3	21	53
Pancreas/Liver Transplants	0	0	0	0	0	0
Other	0	2	0	0	0	2
Total	211	563	246	196	89	1,305

Figure 7C-2: Solid Organ Transplants by Facility, Current Reporting Year



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Chapter 8:

Inpatient Rehabilitation Services

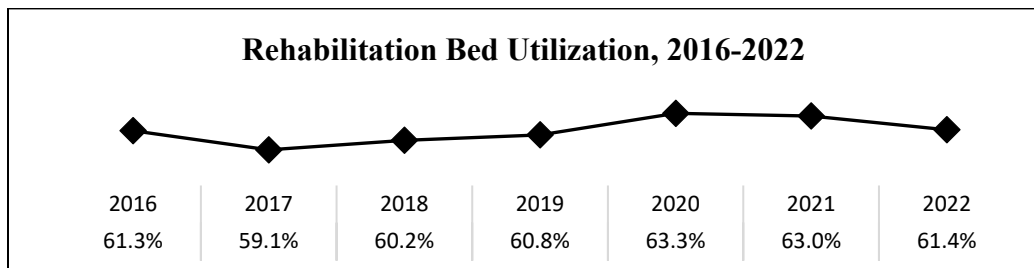
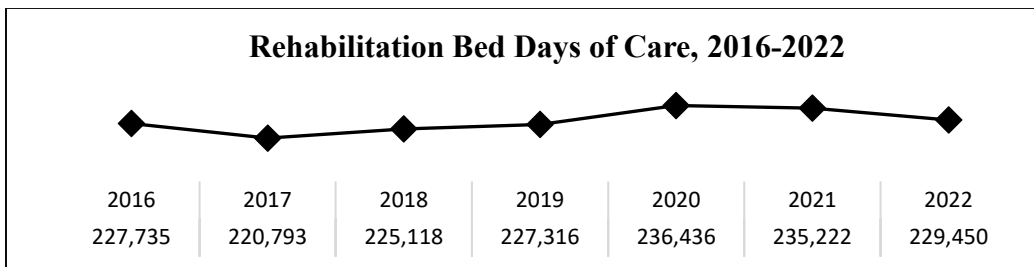
CHAPTER 8

INPATIENT REHABILITATION SERVICES

Introduction

G.S. § 113E-176(22) defines a *rehabilitation facility* as a “public or private inpatient facility which is operated for the primary purpose of assisting in the rehabilitation of individuals with disabilities through an integrated program of medical and other services which are provided under competent, professional supervision.”

The charts below summarize the rehabilitation bed days of care (DOC) and utilization for the past seven years.



Definitions

A rehabilitation bed’s service area is the Health Service Area (HSA) in which the beds are located. Appendix A contains a map showing the six HSAs in the state.

The *reporting year* is October 1 through September 30. The *current* reporting year is October 1, 2021 through September 30, 2022.

The methodology projects bed need for the State Medical Facilities Plan (SMFP) publication one year beyond the current reporting year. The *projection year* is 2023.

The *planning inventory* is the number of beds used in need determination calculations. It is the number of licensed beds as of the last day of the reporting year, plus the number of certificate of need (CON)-approved beds that are under development, plus the number of beds available pursuant to need determinations pending review or appeal, minus any beds delicensed after the end of the reporting year.

Changes from Previous Plans

This chapter contains no substantive changes from the previous SMFP.

Basic Principles

1. The scope of services covered is limited to rehabilitation services provided to people who are physically disabled. Physical rehabilitation services exclude mental health and substance use disorder services but include those mental health services needed by individuals primarily suffering from physical injury or disease, and rehabilitation services provided to people who are cognitively disabled as a result of physical injury or disease.
2. The combination of component services required to meet the needs of the individual is provided using an interdisciplinary approach and continues as long as, within a reasonable period of time, significant and observable improvement toward established goals is taking place. Where necessary, these services are provided through a spectrum of care using a system of case management.
3. Inpatient rehabilitation facility beds are located in general acute care or rehabilitation hospitals to ensure that there is available medical back-up for medical emergencies.

Assumptions of the Methodology

1. The HSA is the planning area for inpatient rehabilitation beds even though many patients enter rehabilitation facilities outside the region in which they reside.
2. The bed need determination methodology is based on rehabilitation bed utilization for the last two reporting years.

Data Sources

The inventory of inpatient rehabilitation beds and the numbers of DOC come from the Hospital License Renewal Applications for the reporting year, as submitted to the North Carolina Department of Health and Human Services, Division of Health Service Regulation.

Application of the Methodology

The SMFP shows a need for additional inpatient rehabilitation beds when the total number of existing and CON-approved inpatient rehabilitation beds in an HSA report an overall average annual occupancy rate of 80% or higher for the last two reporting years.

Step 1: Determine whether to calculate a need determination.

- a. Sum the DOC reported by all facilities in each HSA for each of the last two reporting years (*Table 8A, Columns J and K*).
- b. For each of the last two reporting years, multiply the total number of beds in the planning inventory across all facilities in each HSA by 365.25 to obtain the possible DOC. *Table 8A (Column G)* contains the planning inventory for the current reporting year. Adjust the calculation if the planning inventory for the previous reporting year is different.
- c. Divide the result of Step 1.a. by the result of Step 1.b. for each year and each HSA [DOC ÷ possible DOC] (*Table 8A, Columns L and M*).

Step 2: If Step 1.b. yields at least 0.8 (80% utilization) for both reporting years, calculate each HSA's three-year average annual change rate (AACR) in DOC using the four most recent reporting years as follows:

- a. Determine the total number of DOC during each of the last four reporting years. Next, calculate the difference in the number of DOC provided from year to year. Then determine the percent change from the previous reporting year by dividing the calculated difference in DOC by the total number of DOC provided during the previous reporting year [(current reporting year DOC – previous reporting year DOC) / previous reporting year DOC]. Finally, total the annual percent change and divide by three to determine the AACR.
- b. Calculate the projected DOC for the HSA by adding 1 to the three-year AACR. Then multiply the result by the reporting year’s DOC for the HSA.
- c. Use the following formula to calculate the number of beds needed in the HSA such that the utilization rate for the sum of the HSA’s total licensed and approved beds is 0.8 (80%). Round resulting fractions greater than or equal to 0.5 to the next highest whole number:

$$[(\text{Projected DOC} \div 365.25) \div 0.8] - [\text{Total Beds}] = \text{Additional Beds Needed}$$

Unless otherwise specified by the methodology, calculations do not use rounded values. However, fractional values are rounded automatically when displayed.

Table 8A: Inventory and Utilization of Inpatient Rehabilitation Beds

A	B	C	D	E	F	G	H	I	J	K	L	M
Lic #	HSA	Facility	Inventory				Days of Care				Average Annual Utilization Rate	
			Current	CON Issued / Pending Development	Pending Review or Appeal	Total Planning Inventory	2019	2020	2021	2022	2021	2022
H0081	I	CarePartners Rehabilitation Hospital	80	0	0	80	20,834	22,637	22,426	21,569	76.7%	73.8%
H0223	I	Catawba Valley Medical Center	20	0	0	20	1,104	1,423	1,309	1,294	17.9%	17.7%
H0053	I	Frye Regional Medical Center	29	0	0	29	2,657	2,143	2,115	2,943	20.0%	27.8%
I Total			129	0	0	129	24,595	26,203	25,850	25,806	54.9%	54.8%
H0159	II	Cone Health	49	0	0	49	10,919	12,152	13,476	14,753	75.3%	82.4%
H0052	II	High Point Regional Health	16	0	0	16	3,903	4,170	3,980	2,975	68.1%	50.9%
H0049	II	Hugh Chatham Memorial Hospital	12	0	0	12	-	-	-	-	0.0%	0.0%
H0011	II	North Carolina Baptist Hospital	39	0	0	39	7,534	7,776	7,819	8,630	54.9%	60.6%
H0291	II	Novant Health Rehabilitation Hospital	68	0	0	68	13,164	17,628	15,353	15,074	61.8%	60.7%
II Total			184	0	0	184	35,520	41,726	40,628	41,432	60.5%	61.6%
H0042	III	Atrium Health Pineville	29	0	0	29	9,270	9,309	9,331	9,576	88.1%	90.4%
H0071	III	Carolinas Medical Center (Levine Children's Hospital)	13	0	0	13	4,361	3,802	4,069	4,113	85.7%	86.6%
H0071-C	III	Carolinas Rehabilitation	72	0	0	72	21,802	20,421	19,236	19,340	73.1%	73.5%
H0283	III	Carolinas Rehabilitation - Mount Holly	40	0	0	40	11,230	10,941	10,896	10,966	74.6%	75.1%
H0286	III	Carolinas Rehabilitation - NorthEast	38	0	0	38	9,183	10,428	10,901	10,749	78.5%	77.4%
H0010	III	Novant Health Presbyterian Medical Center	0	10	0	10	-	-	-	-	0.0%	0.0%
H0040	III	Novant Health Rowan Medical Center	10	-2	0	8	2,617	2,945	3,024	2,874	103.5%	98.4%
III Total			202	8	0	210	58,463	57,846	57,457	57,618	74.9%	75.1%
H0238	IV	Duke Raleigh Hospital*	0	0	0	0	-	-	-	-	0.0%	0.0%
H0233	IV	Duke Regional Hospital	30	-7	0	23	7,704	8,935	8,815	8,302	104.9%	98.8%
H0267	IV	Maria Parham Health	11	0	0	11	1,901	2,133	3,039	2,715	75.6%	67.6%
H0157	IV	University of North Carolina Hospitals**	30	0	0	30	9,373	10,041	9,502	9,454	86.7%	86.3%
H0199	IV	WakeMed ***	98	-25	0	73	27,065	27,977	28,530	27,269	107.0%	102.3%
	IV	Wake County Rehabilitation Hospital	0	52	0	52	-	-	-	-	0.0%	0.0%
IV Total			169	20	0	189	46,043	49,086	49,886	47,740	72.3%	69.2%
H0100	V	FirstHealth Moore Regional Hospital and Pinehurst Treatment	15	0	0	15	3,631	3,717	4,273	2,964	78.0%	54.1%
H0221	V	New Hanover Regional Medical Center	60	0	0	60	12,500	12,357	12,711	11,344	58.0%	51.8%
H0107	V	Scotland Memorial Hospital	7	0	0	7	1,209	1,081	-	-	0.0%	0.0%
H0213	V	Southeastern Regional Rehabilitation Center	78	0	0	78	16,450	15,193	13,957	11,793	49.0%	41.4%
V Total			160	0	0	160	33,790	32,348	30,941	26,101	52.9%	44.7%
H0201	VI	CarolinaEast Medical Center	20	0	0	20	2,968	3,315	3,477	3,490	47.6%	47.8%
H0043	VI	UNC Lenoir Health Care	17	0	0	17	1,030	786	2,023	2,192	32.6%	35.3%
H0228	VI	Nash General Hospital	23	0	0	23	6,840	6,339	6,335	6,180	75.4%	73.6%
H0104	VI	Rehabilitation Center at Vidant Medical Center	75	0	0	75	17,489	18,787	18,625	18,891	68.0%	69.0%
H0258	VI	Vidant Edgecombe Hospital	16	0	0	16	578	-	-	-	0.0%	0.0%
VI Total			151	0	0	151	28,905	29,227	30,460	30,753	55.2%	55.8%
Grand Total			995	28	0	1,023	227,316	236,436	235,222	229,450	63.0%	61.4%

* Twelve beds that were originally to be developed at Duke Raleigh Hospital will be developed at Wake County Rehabilitation Hospital instead.

** University of North Carolina Hospitals has CON approval to develop 10 inpatient rehabilitation beds under Policy AC-3. The 10 beds are not counted when determining inpatient rehabilitation bed need.

***Eight beds that were originally to be developed at WakeMed will be developed at Wake County Rehabilitation Hospital instead.

Table 8B: Inpatient Rehabilitation Bed Need Determination

Service Area	Inpatient Rehabilitation Bed Need Determination	Certificate of Need Application Deadline	Certificate of Need Beginning Review Date
It is determined that there is no need anywhere in the state and no reviews are scheduled.			

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Chapter 9:

End-Stage Renal Disease Dialysis Facilities

CHAPTER 9

END-STAGE RENAL DISEASE DIALYSIS FACILITIES

Introduction

End-stage renal disease (ESRD) dialysis facilities (also known as kidney disease treatment centers) provide dialysis services, defined in 10A NCAC 14C .2201(1) as “the artificially aided process of transferring body wastes from a person’s blood to a dialysis fluid to permit discharge of the wastes from the body.” There are two types of dialysis: hemodialysis and peritoneal dialysis. Hemodialysis is the form of dialysis in which the blood is circulated outside the body through an apparatus which permits the transfer of waste through synthetic membranes. Peritoneal dialysis is the form of dialysis in which a dialysis fluid is introduced into the person’s peritoneal cavity and is subsequently withdrawn. Peritoneal dialysis is performed in the patient’s home. Hemodialysis can be performed in the patient’s home (home hemodialysis) or in an ESRD facility (in-center hemodialysis).

Definitions

The **service area** is the county in which the dialysis station is located. Each county comprises a service area except for two multicounty service areas: Cherokee, Clay, and Graham counties and Avery, Mitchell, and Yancey counties.

A **dialysis station** is an individual patient treatment area that provides sufficient space to accommodate the dialysis equipment and supplies needed for routine care and any emergency care indicated. There must be sufficient separation from other dialysis stations to afford protection from cross-contamination with blood-borne pathogens.

An **in-center** patient receives dialysis services at the ESRD facility only.

A **home** patient receives hemodialysis or peritoneal dialysis in the patient’s home, except for training that is provided in an ESRD facility.

A **home training** facility is an ESRD facility dedicated exclusively to the training of hemodialysis or peritoneal dialysis patients to dialyze at home or at a location other than a kidney disease treatment center that provides in-center dialysis, as defined in G.S. § 131E-176(14e). A home training facility must be physically separate (i.e., may not have the same Facility Identification number) from a kidney disease treatment center.

The **planning inventory** is the number of dialysis stations used in need determination calculations. It is the number of certified dialysis stations as of the last day of the reporting year, plus the number of CON-approved dialysis stations that are under development, plus the number of dialysis stations available pursuant to need determinations pending review or appeal, minus any exclusions described below under Application of Methodology.

The **reporting date** for ESRD utilization data is December 31 of each year. The **current** reporting date for this State Medical Facilities Plan (SMFP) is December 31, 2022. Providers report the number of patients served during December.

The **projection date** is one year beyond the current reporting date. The projection date for this SMFP is December 31, 2023.

The *past five years reporting dates* are December 31 in 2018, 2019, 2020, 2021 and 2022.

The *data cut-off date* is the last date on which the North Carolina Department of Health and Human Services, Division of Health Service Regulation (Agency) updates data before publication of the SMFP. Data received after this date, regardless of the effective date of the data itself, will not be included in the SMFP. This date is listed on the Title Page of the SMFP.

New facilities are those facilities certified and in operation at least nine but fewer than 21 months as of the data cut-off date for the current SMFP. The number of days in a month is calculated as $365.25/12$.

Small facilities are those facilities with fewer than a total of 13 certified stations, CON-approved stations, and stations applied for as of the data cut-off date for the current SMFP.

Changes from the Previous Plan

This chapter contains no substantive changes from the previous SMFP. However, the chapter now includes definitions for “*dialysis station*” and “*planning inventory*”.

Basic Principles

1. New facilities must have a projected need for at least 10 stations to be cost effective and to assure quality of care.
2. As a means of making ESRD services more accessible to patients, one goal is to minimize patient travel time to and from the facility. Therefore, end-stage renal disease treatment should be available within 30 miles from the patients’ homes. In areas where it is apparent that patients currently travel more than 30 miles for in-center dialysis, proposed new facilities that would serve patients who are farthest away from operational or approved facilities should receive favorable consideration.
3. The State Health Coordinating Council encourages applicants for dialysis stations to provide or arrange for: home training and backup for facility-based patients suitable for home dialysis or in a facility that is a reasonable distance from the patient’s residence; ESRD dialysis service availability at times that do not interfere with ESRD patients’ work schedules; and services in rural areas.

Data Sources

The number of dialysis facilities and stations comes from certification letters from the Agency’s Acute and Home Care Licensure and Certification Section, certificates of need (CON) approved by the Agency, and CON applications under review by the Agency. The number of dialysis patients comes from reports submitted to the Agency by ESRD providers that operate certified dialysis facilities.

Assumptions of the Methodology

1. Home patients are not included in the determination of need for new stations. Home patients include those that receive hemodialysis or peritoneal dialysis in their home.
2. In-center facilities may have been approved to use at least one dialysis station for dedicated training of home dialysis patients. If so, these stations are included in the planning inventory.
3. The county and facility need methodologies assume that 100% utilization is four patients per station per week. The utilization rate is calculated by dividing the number of in-center patients reported in December of each year by the number of certified stations and then dividing the result by four.
4. Under the facility need methodology, any facility at 75% utilization or greater as of the current reporting date may apply to add dialysis stations.

5. Facilities that are eligible to add stations based on the facility need methodology may add the number of stations calculated by the methodology, up to a maximum of 20 stations in a single calendar year.
6. Facilities certified and in operation at least nine but fewer than 21 months do not have a need determination in the SMFP. Rather, they may apply to add stations based on Condition 1 in the Facility Need Methodology.
7. Facilities that meet both the definition of “small” under Condition 1.a. in the Facility Need Determination Methodology and have been in operation for at least 21 months may apply for additional stations either under Condition 1.b. or 2. “Small” facilities may not apply under both Condition 1.b. and Condition 2 in the same year.
8. When a CON application has been received to relocate stations to a home training facility, the stations to be relocated are included in both the county and facility need determination calculations. When the home training stations are certified, then they are excluded from both the county and facility need determination calculations.
9. The methodology uses patient origin data aggregated to the county level. Detailed patient origin data is available at

<https://info.ncdhhs.gov/dhsr/ncsmfp/index.html> and
<https://info.ncdhhs.gov/dhsr/mfp/publications.html#por>

Application of the Methodologies

ESRD services have two methodologies: the county need methodology projects need for the county and the facility need methodology projects need for a specific facility. When a county need determination exists, any current provider may apply to add stations in an existing facility, and anyone may apply to develop a new facility. When a facility need determination exists, only the facility that generated the need may apply to add stations.

County Need Determination Methodology (Table 9B)

- Step 1: Multiply the average annual change in the total number of dialysis patients residing in each county for the past five reporting dates (*Columns B through F*) by the county’s total number of patients for the current reporting date (*Column F*). First, determine the total number of patients reported on each of the last five reporting dates. Next, calculate the difference in the number of total patients from year to year. Then determine the percent change from the previous reporting date by dividing the calculated difference in patients by the number of patients on the previous reporting date [(number of total patients as of the current reporting date – number of total patients as of the previous reporting date) / number of total patients as of the previous reporting date]. Finally, total the annual percent change and divide by four to determine the Average Annual Change Rate (AACR) (*Column G*).
- Step 2: Add the result of Step 1 to the county’s total number of patients for the current reporting date (*Column F*). The sum is the county's projected total number of patients (*Column H*).
- Step 3: Multiply the percentage of each county's total patients who were home dialysis patients (*Column I*) on the current reporting date (*Column J*) by the county's projected total patients as of the

projection date (*Column H*). Subtract the product (*Column K*) from the county's projected total patients. The remainder is the county's projected in-center dialysis patients (*Column L*).

- Step 4: Divide the result of Step 3 by 3.2. The quotient is the projected number of in-center dialysis stations needed in the county (*Column M*).
- Step 5: Subtract from the result of Step 4 (*Column M*) the county's number of stations certified for Medicare, stations that are CON-approved and awaiting certification, stations awaiting resolution of CON appeals, and stations for which a need determination in the SMFP is pending review or appeal (*Column N*). The remainder is the county's projected station surplus or deficit (*Column O*).
- Step 6: If the result of Step 5 is 10 or greater and the SMFP shows that utilization of each dialysis facility in the county is 80% or greater, the county station need determination is the same as the projected station deficit rounded to the nearest whole number (round fractions of 0.5 or greater to the next highest whole number) (*Column P*). If a county's projected station deficit is less than 10 or if the utilization of any dialysis facility in the county is less than 80%, the county has no need for additional stations. When a county has a need determination, applicants may apply for any number of stations up to and including the number of stations in the need determination.

Unless otherwise specified by the methodology, calculations do not use rounded values. However, fractional values are rounded automatically when displayed.

Facility Need Determination Methodology

A dialysis facility located in a county that has no county need determination in the current SMFP may apply for additional stations under one of the two following conditions.

- Condition 1: This condition pertains to new facilities, small facilities, and facilities that are both new and small (identified in Table 9A).
- a. The facility's current reported utilization must be at least 3.0 patients per station per week. For purposes of Condition 1 only, "current" means in-center utilization as of a reporting date no more than 90 days before the date the CON application is submitted.
 - b. If the facility is new or both new and small under Condition 1.a., it must use the following definitions and calculations to determine the number of stations needed. If the facility is small under Condition 1.a., it may use either the following definitions and calculations or Condition 2 to determine the number of additional stations needed:
 - i. Use the current and previous reporting dates to calculate the facility's growth in utilization. For purposes of Condition 1 only, "previous" means in-center utilization as of a reporting date six months before the current reporting date.
 - ii. Subtract the facility's number of in-center dialysis patients on the previous reporting date from the facility's number of in-center dialysis patients on the current reporting date. The difference is the net in-center change for six months.
 - iii. Divide the result of Condition 1.b.ii by the number of in-center patients from the previous reporting date. Then multiply that result by 2 to determine the projected annual growth rate.

- iv. Multiply the result from Condition 1.b.iii by the facility's number of in-center patients as of the current reporting date.
 - v. Add the result from Condition 1.b.iv to the number of in-center patients as of the current reporting date.
 - vi. Divide the result of Condition 1.b.v by 2.8.
 - vii. Subtract the sum of the facility's number of stations as of the current reporting date and the number of pending new stations for which a CON application has been approved or is under review from the result of Condition 1.b.vi. The remainder is the number of stations needed. Round fractions of 0.5 or greater to the next highest whole number.
- c. The facility may apply for any number of stations up to the number calculated in Condition 1.b.vii, up to a maximum of 10 stations.
 - d. New facilities and small facilities may be eligible to apply to add stations in one Category D.1 CON review cycle. That is, a new facility may apply to add stations in any Category D.1 review cycle, but it can apply only once during the period that it is defined as a new facility (see Chapter 3). A small facility may apply to add stations in any Category D.1 review cycle, but it can apply only once during a calendar year.

Condition 2: This condition pertains to facilities certified and in operation at least 21 months as of the data cut-off date for the current SMFP (*Table 9A*).

- a. A facility may add stations if its utilization rate reported in the current SMFP is at least 75%, or 3.0 patients per station per week or greater [$((\text{Column L}/\text{Column K})/4) = \text{Column M}$].
- b. If the facility's utilization rate reported in the current SMFP meets Condition 2.a, use the following calculations to determine the number of stations needed:
 - i. Subtract the facility's number of in-center dialysis patients reported in the previous SMFP from the number of in-center dialysis patients reported in the current SMFP (*Column L*). The difference is the net in-center change for one year.
 - ii. Divide the result of Condition 2.b.i by the number of in-center patients from the previous SMFP to determine the projected annual growth rate.
 - iii. Multiply the result from Condition 2.b.ii by the facility's number of in-center patients reported in the current SMFP (*Column L*).
 - iv. Add the result of Condition 2.b.iii to the number of in-center patients reported in the current SMFP.
 - v. Divide the result of Condition 2.b.iv by 2.8.
 - vi. Subtract the sum of the facility's number of stations as of the current reporting date (*Column J*) and the number of pending new stations for which a CON application has been approved or is under review from the result of Condition 2.b.v. The

remainder is the number of stations needed (*Column N*). Round fractions of 0.5 or greater to the next highest whole number.

- c. The facility may apply to add stations to meet the need calculated in Condition 2.b.vi, up to a maximum of 20 stations. When a facility has a need determination, applicants may apply to add any number of stations up to and including the number of stations in the need determination. However, applicants must demonstrate the need for the number of stations applied for in the CON application. When a facility has a need determination, the applicant may apply to add stations up to three times per calendar year, but the total stations applied for in a single calendar year cannot exceed the total number of stations in the facility's need determination, as calculated in Condition 2.b.vi.

Unless otherwise specified by the methodology, calculations do not use rounded values. However, fractional values are rounded automatically when displayed.

Table 9A: Inventory of Dialysis Stations and Calculation of Utilization Rates

A	B	C	D	E	F	G	H	I	J	K	L	M	N
County	Facility Identification Number	Provider Number	Facility	City	Certified	CON Issued/ Not Certified	Decision Rendered (Conditional Approval)	Decision Pending	Total	Certified Stations 12/31/2022	Number* In-Center Patients 12/31/2022	Utilization Rate 12/31/2022	Facility Station Need Determination
Alamance	140092	34-2709	Alamance County Dialysis	Graham	16	0	0	0	16	16	38	59.38%	0
Alamance	955786	34-2533	BMA of Burlington	Burlington	43	-10	0	0	33	43	85	49.42%	0
Alamance	956036	34-2567	Burlington Dialysis	Burlington	20	0	0	0	20	20	58	72.50%	0
Alamance	100545	34-2691	Carolina Dialysis of Mebane	Mebane	27	0	0	0	27	27	75	69.44%	0
Alamance	160341	34-2726	Glen Raven Dialysis	Burlington	14	0	0	0	14	14	22	39.29%	0
Alamance	170018	34-2739	Mebane Dialysis	Mebane	18	0	0	0	18	16	34	53.13%	0
Alamance	100785	34-2686	North Burlington Dialysis	Burlington	18	0	0	0	18	18	50	69.44%	0
Alexander	090725	34-2687	Fresenius Medical Care of Alexander County	Taylorsville	13	5	0	0	18	13	45	86.54%	0
Alleghany													
Anson	955840	34-2560	Dialysis Care of Anson County	Wadesboro	15	0	0	0	15	15	31	51.67%	0
Anson	061094	34-2673	Fresenius Medical Care Anson	Wadesboro	18	0	0	0	18	18	42	58.33%	0
Ashe													
Avery			(Mitchell-Avery-Yancey Planning Area)										
Beaufort	230038	Proposed new site consisting of existing stations	Beaufort County Home	Washington	0	2	0	0	2	0	0	0.00%	0
Beaufort	955789	34-2561	FMC Pamlico	Washington	31	-2	0	0	29	31	97	78.23%	10
Bertie	956109	34-2547	Windsor Dialysis Unit	Windsor	20	0	0	0	20	20	52	65.00%	0
Bladen	160065	34-2759	Bladenboro Dialysis	Bladenboro	14	0	0	0	14	14	18	32.14%	0
Bladen	955448	34-2578	Southeastern Dialysis Center - Elizabethtown	Elizabethtown	24	0	0	0	24	24	50	52.08%	0
Brunswick	070678	34-2689	FMC Brunswick County^^	Supply	10	0	0	0	10	10	36	90.00%	11
Brunswick	140237	34-2716	Leland Dialysis	Leland	16	7	0	0	23	16	60	93.75%	1
Brunswick	960145	34-2582	Southeastern Dialysis Center - Shallotte	Shallotte	15	0	0	0	15	15	39	65.00%	0
Brunswick	070474	34-2669	Southport Dialysis Center^^	Southport	11	0	0	0	11	11	36	81.82%	6
Buncombe	150248	34-2756	Arden Dialysis	Arden	14	0	0	0	14	14	37	66.07%	0
Buncombe	955773	34-2506	Asheville Kidney Center	Asheville	52	0	0	-4	48	52	129	62.02%	0
Buncombe	120484	34-2695	Biltmore Home Training^^	Asheville	0	0	0	4	4	0	0	0.00%	0

Table 9A: Inventory of Dialysis Stations and Calculation of Utilization Rates

A	B	C	D	E	F	G	H	I	J	K	L	M	N
County	Facility Identification Number	Provider Number	Facility	City	Certified	CON Issued/ Not Certified	Decision Rendered (Conditional Approval)	Decision Pending	Total	Certified Stations 12/31/2022	Number* In-Center Patients 12/31/2022	Utilization Rate 12/31/2022	Facility Station Need Determination
Buncombe	000318	34-2604	Weaverville Dialysis	Weaverville	20	0	0	0	20	20	54	67.50%	0
Burke	150154	34-2563	BMA of Burke County	Morganton	42	0	0	0	42	36	104	72.22%	0
Cabarrus	180049	34-2760	Cannon Dialysis^^	Kannapolis	11	0	0	0	11	11	20	45.45%	0
Cabarrus	010799	34-2631	Copperfield Dialysis	Concord	27	0	0	0	27	27	75	69.44%	0
Cabarrus	070392	34-2670	Harrisburg Dialysis Center	Concord	28	0	0	0	28	28	81	72.32%	0
Cabarrus	160494	34-2747	Hickory Ridge Dialysis	Charlotte	15	0	0	0	15	15	18	30.00%	0
Caldwell	170328	34-2509	BMA Lenoir	Lenoir	50	4	0	0	54	50	142	71.00%	0
Camden													
Carteret	970506	34-2588	Crystal Coast Dialysis Unit	Morehead City	21	0	0	0	21	21	51	60.71%	0
Carteret	120486	34-2702	FMC Sea Spray^^	Cedar Point	11	0	0	0	11	11	29	65.91%	0
Caswell	960925	34-2597	Renal Care Group - Caswell	Yanceyville	17	0	0	0	17	17	34	50.00%	0
Catawba	160450	34-2729	Catawba County Dialysis	Hickory	21	0	0	0	21	21	44	52.38%	0
Catawba	955790	34-2516	FMC Dialysis Services of Hickory	Hickory	33	-4	0	0	29	33	99	75.00%	8
Catawba	010648	34-2635	FMC of Catawba Valley	Conover	25	0	0	0	25	25	75	75.00%	0
Catawba	160340	34-2743	Fresenius Kidney Care Newton	Newton	15	2	0	0	17	15	50	83.33%	2
Catawba	220064	Proposed new site consisting of existing stations	Fresenius Kidney Care North Catawba	Hickory	0	12	0	0	12	0	0	0.00%	0
Chatham	981038	34-2617	Carolina Dialysis Pittsboro^^	Pittsboro	13	0	-1	0	12	13	33	63.46%	0
Chatham	955802	34-2621	Carolina Dialysis Siler City	Siler City	26	0	-2	0	24	26	59	56.73%	0
Cherokee (Cherokee-Clay-Graham Multicounty Planning Area)	050254	34-2649	Smoky Mountain Dialysis Center	Murphy	13	0	0	0	13	13	35	67.31%	0
Chowan	955811	34-2541	Edenton Dialysis	Edenton	20	0	0	0	20	20	57	71.25%	0
Clay			(Cherokee-Clay-Graham Planning Area)										
Cleveland	070223	34-2676	DCI South	Shelby	14	0	0	0	14	14	46	82.14%	1
Cleveland	001291	34-2611	Dialysis Clinic - Kings Mountain	Kings Mountain	15	0	0	0	15	15	46	76.67%	1

Table 9A: Inventory of Dialysis Stations and Calculation of Utilization Rates

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County	Facility Identification Number	Provider Number	Facility	City	Certified	CON Issued/ Not Certified	Decision Rendered (Conditional Approval)	Decision Pending	Total	Certified Stations 12/31/2022	Number* In-Center Patients 12/31/2022	Utilization Rate 12/31/2022	Facility Station Need Determination
Cleveland	955845	34-2529	Dialysis Clinic - Shelby	Shelby	33	0	0	0	33	33	89	67.42%	0
Cleveland	080370	34-2661	Dialysis Clinic, Inc	Shelby	15	0	0	0	15	15	20	33.33%	0
Columbus	020281	34-2628	Chadbourne Dialysis Center	Chadbourne	17	0	0	0	17	17	21	30.88%	0
Columbus	956057	34-2521	Southeastern Dialysis Center - Whiteville	Whiteville	24	0	0	0	24	24	55	57.29%	0
Craven	960995	34-2585	FMC Craven County	New Bern	31	0	0	0	31	28	72	64.29%	0
Craven	955965	34-2534	New Bern Dialysis	New Bern	40	0	0	0	40	37	109	73.65%	0
Cumberland	140236	34-2510	Fayetteville Kidney Center	Fayetteville	57	0	0	0	57	57	152	66.67%	0
Cumberland	960411	34-2593	FMC Dialysis Services North Ramsey	Fayetteville	40	14	0	0	54	40	115	71.88%	0
Cumberland	970530	34-2601	FMC Dialysis Services South Ramsey	Fayetteville	56	0	0	0	56	56	154	68.75%	0
Cumberland	011019	34-2643	FMC Services of West Fayetteville	Fayetteville	40	4	0	0	44	40	146	91.25%	4
Cumberland	170235	Proposed new site consisting of existing stations	Fresenius Kidney Care Hope Mills	Hope Mills	0	20	0	0	20	0	0	0.00%	0
Cumberland	170017	34-2751	Fresenius Kidney Care Rockfish	Fayetteville	25	0	0	0	25	25	81	81.00%	13
Currituck													
Dare	970980	34-2598	Dare County Dialysis Center^^	Manteo	9	0	0	0	9	9	24	66.67%	0
Davidson	944660	34-2553	Lexington Dialysis Center of Wake Forest University	Lexington	49	0	0	0	49	49	127	64.80%	0
Davidson	200036	34-2767	North Davidson Dialysis Center of Wake Forest University^	Winston Salem	19	0	0	0	19	19	0	0.00%	0
Davidson	020758	34-2639	Thomasville Dialysis Center of Wake Forest University	Thomasville	36	0	0	0	36	36	111	77.08%	2
Davie	080689	34-2677	Davie Kidney Center of Wake Forest University	Mocksville	24	0	0	0	24	24	52	54.17%	0
Duplin	945251	34-2535	Southeastern Dialysis Center - Kenansville	Kenansville	24	0	0	0	24	24	63	65.63%	0
Duplin	060249	34-2659	Wallace Dialysis	Wallace	20	0	0	0	20	20	66	82.50%	5
Durham	180047	34-2732	Bull City Dialysis	Durham	20	0	0	0	20	20	67	83.75%	9
Durham	160556	34-2741	Downtown Durham Dialysis^^	Durham	10	0	0	0	10	10	19	47.50%	0
Durham	955621	34-2550	Durham Dialysis	Durham	29	0	0	0	29	29	89	76.72%	2
Durham	160396	34-2734	Durham Regional Dialysis	Durham	10	0	11	0	21	10	27	67.50%	0

Table 9A: Inventory of Dialysis Stations and Calculation of Utilization Rates

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County	Facility Identification Number	Provider Number	Facility	City	Certified	CON Issued/ Not Certified	Decision Rendered (Conditional Approval)	Decision Pending	Total	Certified Stations 12/31/2022	Number* In-Center Patients 12/31/2022	Utilization Rate 12/31/2022	Facility Station Need Determination
Durham	010285	34-2616	Durham West Dialysis	Durham	27	0	0	0	27	27	73	67.59%	0
Durham	990969	34-2615	FMC Dialysis Services of Briggs Avenue	Durham	29	0	0	0	29	29	92	79.31%	1
Durham	956837	34-2590	FMC Dialysis Services West Pettigrew	Durham	24	0	-2	0	22	24	52	54.17%	0
Durham	955622	34-2538	Freedom Lake Dialysis Center	Durham	26	0	0	0	26	26	49	47.12%	0
Durham	170324	34-2762	Fresenius Kidney Care Eno River	Durham	19	0	0	0	19	14	46	82.14%	2
Durham	080098	34-2680	Fresenius Medical Care South Durham Dialysis	Durham	20	0	0	0	20	20	75	93.75%	12
Durham	180368	34-2758	Hope Valley Dialysis^^	Durham	10	0	0	0	10	10	20	50.00%	0
Durham	140143	34-2718	Research Triangle Park Dialysis^^	Durham	10	0	0	0	10	10	18	45.00%	0
Durham	090117	34-2683	Southpoint Dialysis	Durham	16	0	0	0	16	16	62	96.88%	8
Edgecombe	970528	34-2603	BMA East Rocky Mount	Rocky Mount	30	0	0	0	30	30	109	90.83%	6
Edgecombe	955841	34-2577	Dialysis Care of Edgecombe County	Tarboro	35	0	0	0	35	35	47	33.57%	0
Edgecombe	170325	34-2761	Fresenius Kidney Care Boice-Willis	Rocky Mount	16	0	0	0	16	16	42	65.63%	0
Edgecombe	150155	34-2722	Fresenius Medical Clinic Tarboro	Tarboro	15	4	0	0	19	14	56	100.00%	1
Forsyth	210744	Proposed new site consisting of existing stations	Kernersville Dialysis Center of Wake Forest University	Kernersville	0	24	0	0	24	0	0	0.00%	0
Forsyth	070671	34-2667	Miller Street Dialysis Center of Wake Forest University	Winston Salem	50	0	0	0	50	50	173	86.50%	9
Forsyth	000193	34-2612	Northside Dialysis Center of Wake Forest University	Winston Salem	48	0	0	0	48	48	149	77.60%	2
Forsyth	944661	34-2505	Piedmont Dialysis Center of Wake Forest University	Winston Salem	64	0	0	0	64	64	182	71.09%	0
Forsyth	944758	34-2569	Salem Kidney Center of Wake Forest University	Winston Salem	59	6	0	0	65	59	167	70.76%	0
Franklin	955842	34-2571	Dialysis Care of Franklin County	Louisburg	27	0	0	0	27	27	41	37.96%	0
Franklin	130122	34-2715	Fresenius Medical Care Tar River	Louisburg	20	0	0	0	20	20	55	68.75%	0
Gaston	150476	34-2595	BMA Kings Mountain	Kings Mountain	26	0	0	0	26	22	62	70.45%	0
Gaston	160496	34-2745	Fresenius Kidney Care North Gaston	Dallas	16	0	0	1	17	16	59	92.19%	11
Gaston	050039	34-2652	Fresenius Medical Care Belmont	Belmont	19	9	0	0	28	19	72	94.74%	0
Gaston	955615	34-2513	Fresenius Medical Care Gastonia	Gastonia	39	0	0	0	39	39	103	66.03%	0

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Gaston	070531	34-2671	Fresenius Medical Care South Gaston	Gastonia	28	0	0	0	28	28	78	69.64%	0
Gates													
Graham			(Cherokee-Clay-Graham Planning Area)										
Granville	170422	34-2520	FMC Dialysis Services Neuse River	Oxford	27	0	0	0	27	25	76	76.00%	1
Granville	041025	34-2647	FMC Dialysis Services of Oxford	Oxford	25	0	0	0	25	25	74	74.00%	0
Greene	020974	34-2650	Greene County Dialysis Center	Snow Hill	21	0	0	0	21	21	45	53.57%	0
Guilford	955872	34-2504	BMA of Greensboro	Greensboro	54	2	0	0	56	54	147	68.06%	0
Guilford	980838	34-2537	BMA of South Greensboro	Greensboro	44	14	0	0	58	44	171	97.16%	4
Guilford	980472	34-2600	BMA of Southwest Greensboro	Jamestown	33	2	0	0	35	33	111	84.09%	4
Guilford	190319	Proposed new site consisting of existing stations	Central Greensboro Dialysis	Greensboro	0	10	0	0	10	0	0	0.00%	0
Guilford	001324	34-2634	FMC of East Greensboro	Greensboro	51	0	0	0	51	51	116	56.86%	0
Guilford	170123	34-2742	Fresenius Kidney Care Garber-Olin	Greensboro	28	0	0	0	28	28	81	72.32%	0
Guilford	210743	Proposed new site consisting of existing stations	Fresenius Kidney Care Sandy Ridge	Greensboro	0	16	0	0	16	0	0	0.00%	0
Guilford	150332	34-2720	Fresenius Medical Care High Point	High Point	14	0	0	0	14	14	54	96.43%	6
Guilford	945262	34-2514	High Point Kidney Center of Wake Forest University	High Point	50	0	0	0	50	50	126	63.00%	0
Guilford	990214	34-2613	Northwest Greensboro Kidney Center	Greensboro	37	0	0	0	37	37	77	52.03%	0
Guilford	980262	34-2599	Triad Dialysis Center of Wake Forest University	High Point	40	0	0	0	40	40	109	68.13%	0
Halifax	956044	34-2542	BMA of Roanoke Rapids	Roanoke Rapids	50	0	0	0	50	50	141	70.50%	0
Halifax	981041	34-2619	FMC Dialysis Services of Halifax	Scotland Neck	19	0	0	0	19	19	54	71.05%	0
Harnett	944644	34-2557	Dunn Kidney Center	Dunn	35	0	0	0	35	35	106	75.71%	5
Harnett	110803	34-2701	FMC Anderson Creek	Cameron	16	0	0	0	16	16	54	84.38%	3
Harnett	100969	34-2694	Fresenius Medical Care Angier Dialysis^^	Angier	12	0	0	0	12	12	19	39.58%	0

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Harnett	050131	34-2648	Fresenius Medical Care of Lillington	Lillington	16	0	0	0	16	16	60	93.75%	7
Haywood	010800	34-2629	Waynesville Dialysis Center	Waynesville	27	0	0	0	27	27	66	61.11%	0
Henderson	140094	34-2564	Hendersonville Dialysis Center	Hendersonville	33	0	0	0	33	33	76	57.58%	0
Hertford	945189	34-2570	Ahoskie Dialysis	Ahoskie	25	0	0	0	25	25	76	76.00%	12
Hertford	170240	34-2740	Roanoke-Chowan Dialysis	Murfreesboro	15	0	0	0	15	15	0	0.00%	0
Hoke	945165	34-2579	Dialysis Care of Hoke County	Raeford	25	1	0	3	29	25	77	77.00%	0
Hoke	160286	34-2727	Fayetteville Road Dialysis	Raeford	19	11	0	0	30	19	67	88.16%	0
Hoke	110715	34-2698	Lumbree River Dialysis	Red Springs	15	0	0	0	15	15	27	45.00%	0
Hyde													
Iredell	990439	34-2606	Lake Norman Dialysis Center of Wake Forest University	Mooreville	31	0	0	0	31	31	81	65.32%	0
Iredell	6668	34-2527	Statesville Dialysis Center of Wake Forest University	Statesville	27	0	0	0	27	27	81	75.00%	1
Iredell	020759	34-2636	West Iredell Dialysis Center of Wake Forest University	Statesville	24	0	0	0	24	24	69	71.88%	0
Jackson	230039	Proposed new site consisting of existing stations	Balsam Home Training	Sylva	0	2	0	0	2	0	0	0.00%	0
Jackson	944474	34-2556	Sylva Dialysis Center	Sylva	16	-2	0	0	14	16	21	32.81%	0
Johnston	170420	Proposed new site consisting of existing stations	Clayton Dialysis	Clayton	0	10	0	0	10	0	0	0.00%	0
Johnston	956062	34-2545	FMC Four Oaks	Four Oaks	25	0	0	0	25	25	52	52.00%	0
Johnston	170323	34-2757	Fresenius Kidney Care East Johnston	Selma	17	0	0	0	17	14	47	83.93%	6
Johnston	170520	34-2763	Fresenius Kidney Care West Johnston	Garner	12	0	3	0	15	10	37	92.50%	11
Johnston	030941	34-2678	Fresenius Medical Care Stallings Station	Clayton	30	0	0	0	30	30	68	56.67%	0
Johnston	944566	34-2572	Johnston Dialysis Center	Smithfield	33	4	0	0	37	33	91	68.94%	0
Jones	001653	34-2625	FMC Dialysis Services of Jones County^^	Trenton	10	0	0	0	10	10	25	62.50%	0
Lee	110959	34-2697	Carolina Dialysis Lee County	Sanford	20	0	0	0	20	20	52	65.00%	0

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Lee	955801	34-2620	Carolina Dialysis Sanford	Sanford	39	0	0	0	39	39	105	67.31%	0
Lenoir	955898	34-2518	FMC of Kinston Dialysis Unit	Kinston	42	0	0	0	42	42	103	61.31%	0
Lenoir	010207	34-2609	FMC Vernon Dialysis	Kinston	27	0	0	0	27	27	74	68.52%	0
Lincoln	944237	34-2568	FMC Lincolnton Dialysis	Lincolnton	30	0	0	0	30	30	63	52.50%	0
Macon	120162	34-2696	Franklin Township Dialysis^^	Franklin	12	0	0	0	12	12	30	62.50%	0
Madison													
Martin	960043	34-2584	Dialysis Care of Martin County	Williamston	15	0	0	8	23	15	41	68.33%	0
Martin	170330	34-2746	Robersonville Dialysis^^	Robersonville	13	0	0	-8	5	10	27	67.50%	0
McDowell	040266	34-2645	McDowell Dialysis Center	Marion	20	0	0	0	20	20	46	57.50%	0
Mecklenburg	960156	34-2581	BMA Beatties Ford	Charlotte	43	0	0	0	43	41	90	54.88%	0
Mecklenburg	970826	34-2594	BMA Nations Ford	Charlotte	28	0	0	0	28	28	90	80.36%	3
Mecklenburg	970301	34-2605	BMA of East Charlotte	Charlotte	32	0	0	0	32	32	105	82.03%	18
Mecklenburg	955792	34-2554	BMA West Charlotte	Charlotte	29	0	0	2	31	29	87	75.00%	0
Mecklenburg	150477	34-2731	Brookshire Dialysis	Charlotte	20	0	0	0	20	11	40	90.91%	0
Mecklenburg	955930	34-2548	Charlotte Dialysis	Charlotte	33	-10	0	0	23	33	79	59.85%	0
Mecklenburg	001554	34-2627	Charlotte East Dialysis	Charlotte	34	0	0	0	34	34	102	75.00%	0
Mecklenburg	944671	34-2552	DSI Charlotte Latrobe Dialysis	Charlotte	24	0	0	0	24	24	70	72.92%	0
Mecklenburg	955380	34-2591	DSI Glenwater Dialysis	Charlotte	42	0	0	0	42	42	88	52.38%	0
Mecklenburg	955947	34-2503	FMC Charlotte	Charlotte	48	-48	0	0	0	48	88	45.83%	0
Mecklenburg	955947	Proposed new site consisting of existing stations	FMC Charlotte	Charlotte	0	46	0	0	46	0	0	0.00%	0
Mecklenburg	080137	34-2681	FMC Matthews	Matthews	21	0	0	0	21	21	80	95.24%	6
Mecklenburg	955788	34-2549	FMC of North Charlotte	Charlotte	40	0	0	0	40	40	136	85.00%	6
Mecklenburg	170326	34-2766	Fresenius Kidney Care Mallard Creek^^	Charlotte	12	0	0	0	12	12	20	41.67%	0
Mecklenburg	150024	34-2719	Fresenius Kidney Care Regal Oaks	Charlotte	17	4	0	0	21	17	56	82.35%	0
Mecklenburg	160337	34-2750	Fresenius Kidney Care Southeast Mecklenburg	Pineville	17	0	0	0	17	17	49	72.06%	0
Mecklenburg	150435	34-2738	Fresenius Medical Care Aldersgate	Charlotte	16	0	0	0	16	16	51	79.69%	4

Table 9A: Inventory of Dialysis Stations and Calculation of Utilization Rates

A	B	C	D	E	F	G	H	I	J	K	L	M	N
County	Facility Identification Number	Provider Number	Facility	City	Certified	CON Issued/ Not Certified	Decision Rendered (Conditional Approval)	Decision Pending	Total	Certified Stations 12/31/2022	Number* In-Center Patients 12/31/2022	Utilization Rate 12/31/2022	Facility Station Need Determination
Mecklenburg	120485	34-2713	Fresenius Medical Care Southwest Charlotte	Charlotte	26	0	0	0	26	26	67	64.42%	0
Mecklenburg	130490	34-2707	Huntersville Dialysis	Huntersville	27	0	0	0	27	27	65	60.19%	0
Mecklenburg	070499	34-2655	INS Charlotte (to be replaced with INS Victory Home)	Charlotte	0	-2	0	0	-2	2			0
Mecklenburg	070499	Proposed new site consisting of existing stations	INS Victory Home (replacement facility for INS Charlotte)	Charlotte	0	7	0	0	7	0	0	0.00%	0
Mecklenburg	070389	34-2692	Mint Hill Dialysis	Mint Hill	21	0	0	0	21	21	56	66.67%	0
Mecklenburg	060083	34-2663	North Charlotte Dialysis Center	Charlotte	33	-10	0	0	23	33	94	71.21%	0
Mecklenburg	170127	34-2523	South Charlotte Dialysis	Charlotte	27	0	0	0	27	27	72	66.67%	0
Mecklenburg	150478	34-2736	Sugar Creek Dialysis	Charlotte	21	0	0	0	21	21	39	46.43%	0
Mitchell (Mitchell-Avery-Yancey Multicounty Planning Area)	060380	34-2660	Mayland Dialysis Center^^	Spruce Pine	9	0	0	0	9	9	21	58.33%	0
Montgomery	925156	34-2583	Dialysis Care of Montgomery County	Biscoe	20	0	0	0	20	20	48	60.00%	0
Moore	080621	34-2679	Carthage Dialysis	Carthage	14	0	0	0	14	14	40	71.43%	0
Moore	944674	34-2555	Dialysis Care of Moore County	Pinehurst	25	0	0	0	25	25	56	56.00%	0
Moore	020648	34-2638	Southern Pines Dialysis Center	Southern Pines	18	0	0	0	18	18	61	84.72%	6
Nash	020870	34-2644	FMC of Spring Hope	Spring Hope	16	0	0	0	16	16	45	70.31%	0
Nash	130370	34-2710	Fresenius Medical Care South Rocky Mount	Rocky Mount	19	0	0	0	19	19	67	88.16%	5
Nash	130459	34-2728	Nash County Dialysis^^	Rocky Mount	12	0	0	0	12	12	25	52.08%	0
Nash	944658	34-2517	Rocky Mount Kidney Center	Rocky Mount	40	11	0	0	51	40	155	96.88%	6
New Hanover	080819	34-2685	Cape Fear Dialysis	Wilmington	32	0	0	0	32	32	95	74.22%	0
New Hanover	140333	34-2717	New Hanover Dialysis	Wilmington	18	0	0	0	18	18	35	48.61%	0

Table 9A: Inventory of Dialysis Stations and Calculation of Utilization Rates

A	B	C	D	E	F	G	H	I	J	K	L	M	N
County	Facility Identification Number	Provider Number	Facility	City	Certified	CON Issued/ Not Certified	Decision Rendered (Conditional Approval)	Decision Pending	Total	Certified Stations 12/31/2022	Number* In-Center Patients 12/31/2022	Utilization Rate 12/31/2022	Facility Station Need Determination
New Hanover	220065	Proposed new site consisting of existing stations	Ogden Park Home Training	Wilmington	0	2	0	0	2	0	0	0.00%	0
New Hanover	956055	34-2511	Southeastern Dialysis Center - Wilmington	Wilmington	32	-2	0	0	30	32	97	75.78%	8
Northampton	970120	34-2586	FMC East Northampton County	Conway	21	0	0	0	21	21	56	66.67%	0
Onslow	130178	34-2700	New River Dialysis	Jacksonville	25	2	0	0	27	25	78	78.00%	0
Onslow	190217	Proposed new site consisting of existing stations	Richlands Dialysis	Richlands	0	10	0	0	10	0	0	0.00%	0
Onslow	956056	34-2532	Southeastern Dialysis Center - Jacksonville	Jacksonville	38	-2	0	0	36	38	92	60.53%	0
Orange	956088	34-2622	Carolina Dialysis Carrboro	Carrboro	41	0	5	0	46	41	102	62.20%	0
Orange	200890	Underdevelopment	Carolina Dialysis Orange County Home Dialysis^^	Hillsborough	0	2	0	0	2	0	0	0.00%	0
Pamlico													
Pasquotank	130368	34-2708	Albemarle Dialysis	Elizabeth City	15	0	0	0	15	14	50	89.29%	6
Pasquotank	955812	34-2515	Elizabeth City Dialysis	Elizabeth City	29	0	0	0	29	29	72	62.07%	0
Pender	945252	34-2558	Southeastern Dialysis Center - Burgaw	Burgaw	17	0	0	0	17	17	55	80.88%	5
Pender	130180	34-2703	Surf City Dialysis	Hampstead	14	0	0	0	14	14	22	39.29%	0
Perquimans	140091	34-2749	Perquimans Dialysis^^	Hertford	10	0	0	0	10	10	20	50.00%	0
Person	120225	34-2562	Roxboro Dialysis	Roxboro	38	0	0	0	38	38	103	67.76%	0
Pitt	011155	34-2632	FMC Care of Ayden	Ayden	16	0	0	0	16	16	32	50.00%	0
Pitt	960406	34-2596	FMC Dialysis Services East Carolina	Greenville	41	-41	0	0	0	41	134	81.71%	0
Pitt	800010	Proposed new site consisting of existing stations	FMC Dialysis Services East Carolina University	Greenville	0	47	0	0	47	0	0	0.00%	0
Pitt	140329	34-2706	FMC Farmville	Farmville	14	0	0	0	14	14	45	80.36%	1
Pitt	170125	34-2748	Fresenius Kidney Care Captains Cove^^	Winterville	12	0	0	0	12	12	29	60.42%	0

Table 9A: Inventory of Dialysis Stations and Calculation of Utilization Rates

A	B	C	D	E	F	G	H	I	J	K	L	M	N
County	Facility Identification Number	Provider Number	Facility	City	Certified	CON Issued/ Not Certified	Decision Rendered (Conditional Approval)	Decision Pending	Total	Certified Stations 12/31/2022	Number* In-Center Patients 12/31/2022	Utilization Rate 12/31/2022	Facility Station Need Determination
Pitt	944657	34-2502	Greenville Dialysis Center	Greenville	51	0	0	0	51	51	156	76.47%	7
Polk													
Randolph	955777	34-2524	BMA of Asheboro	Asheboro	45	0	0	0	45	45	113	62.78%	0
Randolph	140089	34-2714	North Randolph Dialysis Center of Wake Forest University^^	Archdale	10	0	0	0	10	10	30	75.00%	0
Richmond	955843	34-2539	Dialysis Care of Richmond County	Hamlet	33	0	0	0	33	33	80	60.61%	0
Richmond	090624	34-2690	Sandhills Dialysis	Rockingham	25	0	0	0	25	25	63	63.00%	0
Robeson	955445	34-2528	BMA Lumberton	Lumberton	24	0	0	0	24	24	89	92.71%	12
Robeson	980754	34-2607	BMA of Red Springs	Red Springs	19	0	0	0	19	19	57	75.00%	0
Robeson	991061	34-2623	FMC Dialysis Services of Robeson County	Fairmont	23	0	0	0	23	23	58	63.04%	0
Robeson	180042	34-2764	Fresenius Kidney Care East Lumberton	Lumberton	20	0	0	0	20	20	52	65.00%	0
Robeson	971335	34-2682	Fresenius Medical Care Pembroke	Pembroke	19	0	0	0	19	19	56	73.68%	0
Robeson	140334	34-2651	Maxton Dialysis Center	Maxton	14	3	0	0	17	14	50	89.29%	4
Rockingham	955844	34-2536	Dialysis Care of Rockingham County	Eden	25	0	0	0	25	25	83	83.00%	9
Rockingham	030453	34-2640	Reidsville Dialysis	Reidsville	27	-7	0	0	20	27	56	51.85%	0
Rockingham	001548	34-2641	Rockingham Kidney Center	Reidsville	25	0	0	0	25	19	65	85.53%	0
Rowan	980409	34-2592	Dialysis Care of Kannapolis	Kannapolis	31	0	0	0	31	31	85	68.55%	0
Rowan	944673	34-2546	Dialysis Care of Rowan County	Salisbury	34	0	0	0	34	34	94	69.12%	0
Rowan	160495	34-2730	Spencer Dialysis	Spencer	19	0	0	0	19	19	34	44.74%	0
Rutherford	955824	34-2566	Dialysis Care of Rutherford County	Forest City	31	0	0	0	31	30	88	73.33%	0
Sampson	955787	34-2559	BMA of Clinton	Clinton	36	0	0	0	36	36	92	63.89%	0
Sampson	080822	34-2688	Fresenius Medical Care of Roseboro	Roseboro	13	5	0	0	18	13	50	96.15%	0
Scotland	924648	34-2540	BMA of Laurinburg	Laurinburg	30	0	0	0	30	30	79	65.83%	0
Stanly	955784	34-2565	BMA Albemarle	Albemarle	29	0	0	0	29	29	74	63.79%	0
Stokes	020980	34-2633	King Dialysis Center of Wake Forest University	King	24	0	0	0	24	24	60	62.50%	0
Surry	001558	34-2614	Elkin Dialysis Center of Wake Forest University	Elkin	19	0	0	0	19	19	47	61.84%	0
Surry	944348	34-2551	Mt Airy Dialysis Center of Wake Forest University	Mt Airy	32	0	0	0	32	32	90	70.31%	0

Table 9A: Inventory of Dialysis Stations and Calculation of Utilization Rates

A	B	C	D	E	F	G	H	I	J	K	L	M	N
County	Facility Identification Number	Provider Number	Facility	City	Certified	CON Issued/ Not Certified	Decision Rendered (Conditional Approval)	Decision Pending	Total	Certified Stations 12/31/2022	Number* In-Center Patients 12/31/2022	Utilization Rate 12/31/2022	Facility Station Need Determination
Swain	000047	34-2602	Cherokee Dialysis Center	Cherokee	20	-20	0	0	0	20	47	58.75%	0
Swain	900000	Proposed new site consisting of existing stations	Cherokee Dialysis Center	Cherokee	0	20	0	0	20	0	0	0.00%	0
Transylvania	080169	34-2693	Brevard Dialysis Center	Brevard	14	0	0	0	14	14	27	48.21%	0
Tyrrell													
Union	060374	34-2666	Crooked Creek Dialysis^	Indian Trail	16	0	0	0	16	16	10	15.63%	0
Union	160339	34-2737	Fresenius Kidney Care Indian Trail	Indian Trail	16	0	0	0	16	16	37	57.81%	0
Union	955949	34-2525	Metrolina Kidney Center	Monroe	28	0	0	0	28	28	87	77.68%	8
Union	955953	34-2526	Union County Dialysis	Monroe	37	0	0	0	37	37	87	58.78%	0
Vance	130179	34-2704	Kerr Lake Dialysis	Henderson	17	0	0	0	17	17	57	83.82%	7
Vance	944655	34-2543	Vance County Dialysis	Henderson	47	0	0	0	47	42	108	64.29%	0
Wake	980755	34-2608	BMA of Fuquay Varina Kidney Center	Fuquay Varina	29	0	0	0	29	29	104	89.66%	10
Wake	956008	34-2512	BMA of Raleigh Dialysis	Raleigh	50	0	0	0	50	50	129	64.50%	0
Wake	180166	34-2544	Cary Kidney Center	Cary	29	0	0	0	29	29	79	68.10%	0
Wake	190643	Proposed new site consisting of existing stations	Downtown Raleigh Dialysis	Raleigh	10	0	0	0	10	0	0	0.00%	0
Wake	061335	34-2672	FMC Eastern Wake	Rolesville	15	0	0	0	15	15	47	78.33%	3
Wake	160069	34-2733	FMC Morrisville	Cary	13	0	0	0	13	13	45	86.54%	3
Wake	020868	34-2646	FMC New Hope Dialysis	Raleigh	36	0	0	0	36	36	113	78.47%	6
Wake	130278	34-2705	FMC Northern Wake	Wake Forest	20	0	0	0	20	18	60	83.33%	3
Wake	956094	34-2522	FMC Wake Dialysis Clinic	Raleigh	50	0	0	0	50	50	182	91.00%	16
Wake	180261	34-2755	Fresenius Kidney Care Holly Springs^^	Holly Springs	10	0	0	0	10	10	0	0.00%	0
Wake	210745	Proposed new site consisting of existing stations	Fresenius Kidney Care Knightdale	Knightdale	0	16	0	0	16	0	0	0.00%	0

Table 9A: Inventory of Dialysis Stations and Calculation of Utilization Rates

A	B	C	D	E	F	G	H	I	J	K	L	M	N
County	Facility Identification Number	Provider Number	Facility	City	Certified	CON Issued/ Not Certified	Decision Rendered (Conditional Approval)	Decision Pending	Total	Certified Stations 12/31/2022	Number* In-Center Patients 12/31/2022	Utilization Rate 12/31/2022	Facility Station Need Determination
Wake	041023	34-2658	Fresenius Medical Care Apex	Apex	20	0	0	0	20	20	66	82.50%	8
Wake	080823	34-2684	Fresenius Medical Care Central Raleigh	Raleigh	19	0	0	0	19	19	50	65.79%	0
Wake	041024	34-2653	Fresenius Medical Care Millbrook	Raleigh	17	0	0	0	17	17	59	86.76%	5
Wake	160555	Proposed new site consisting of existing stations	Fresenius Medical Care Rock Quarry	Raleigh	0	10	0	0	10	0	0	0.00%	0
Wake	160405	34-2735	Fresenius Medical Care White Oak	Garner	20	0	0	0	20	20	71	88.75%	10
Wake	160068	34-2744	Oak City Dialysis	Raleigh	20	0	0	0	20	20	60	75.00%	12
Wake	990968	34-2642	Southwest Wake County Dialysis	Raleigh	30	2	0	0	32	30	113	94.17%	12
Wake	041181	34-2675	Wake Forest Dialysis Center	Raleigh	21	2	0	0	23	21	72	85.71%	3
Wake	970505	34-2589	Zebulon Kidney Center	Zebulon	30	0	0	0	30	30	74	61.67%	0
Warren	991065	34-2610	FMC Dialysis Services of Warren Hills	Warrenton	25	0	0	0	25	25	59	59.00%	0
Washington	001549	34-2618	FMC Dialysis Services Plymouth	Plymouth	16	0	0	0	16	16	46	71.88%	0
Watauga	150300	34-2674	Fresenius Medical Care Watauga County	Boone	20	0	0	0	20	20	39	48.75%	0
Wayne	140466	34-2723	Coastal Plains Dialysis	Goldsboro	16	0	0	0	16	16	18	28.13%	0
Wayne	944654	34-2531	Goldsboro Dialysis	Goldsboro	25	0	0	0	25	25	94	94.00%	11
Wayne	970275	34-2587	Goldsboro South Dialysis	Goldsboro	25	0	0	0	25	25	60	60.00%	0
Wayne	000304	34-2573	Mt Olive Dialysis	Mt Olive	20	0	0	0	20	20	45	56.25%	0
Wayne	170236	34-2576	RAI Care Centers - Goldsboro	Goldsboro	21	0	0	0	21	21	66	78.57%	9
Wayne	180046	34-2752	Rosewood Dialysis^^	Goldsboro	10	0	0	0	10	10	26	65.00%	0
Wilkes	956103	34-2724	Wilkes Dialysis Center of Wake Forest University	North Wilkesboro	24	0	0	0	24	24	68	70.83%	0
Wilson	020166	34-2637	Forest Hills Dialysis	Wilson	35	0	0	0	35	35	98	70.00%	0
Wilson	170521	34-2753	Kenly Dialysis^^	Kenly	10	0	0	0	10	10	20	50.00%	0
Wilson	160066	34-2725	Sharpsburg Dialysis^^	Sharpsburg	10	0	0	0	10	10	0	0.00%	0
Wilson	971340	34-2507	Wilson Dialysis	Wilson	44	-7	0	0	37	44	117	66.48%	0

Table 9A: Inventory of Dialysis Stations and Calculation of Utilization Rates

A	B	C	D	E	F	G	H	I	J	K	L	M	N
County	Facility Identification Number	Provider Number	Facility	City	Certified	CON Issued/ Not Certified	Decision Rendered (Conditional Approval)	Decision Pending	Total	Certified Stations 12/31/2022	Number* In-Center Patients 12/31/2022	Utilization Rate 12/31/2022	Facility Station Need Determination
Wilson	220670	Proposed new site consisting of existing stations	Wooten Boulevard Home Training	Wilson	0	2	0	0	2	0	0	0.00%	0
Yadkin	060383	34-2665	Yadkin Dialysis Center of Wake Forest University	Yadkinville	13	0	0	0	13	13	36	69.23%	0
Yancey			(Mitchell-Avery-Yancey Planning Area)										
Totals					6,124	209	14	6	6,353	6,056	16,486		419

* Number In-Center Patients 12/31/2022 includes both in-state and out-of-state patients.

^ Designated as a new facility.

^^ Designated as a small facility.

Table 9B: ESRD Dialysis Station Need Determinations by Planning Area

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
County/ Multi- County Planning Area	12/31/18 Total Patients	12/31/19 Total Patients	12/31/20 Total Patients	12/31/21 Total Patients	12/31/22 Total Patients	Average Annual Change Rate for Past Five Years	Projected 12/31/23 Total Patients	12/31/22 Home Patients	12/31/22 Percent Home Patients	Projected 12/31/23 Home Patients	Projected 12/31/23 In-Center Patients	Projected 12/31/23 In-Center Station Utilization	Projected Total Available Stations	Projected Station Deficit or Surplus	County Station Need Determi- nation
Alamance	346	358	354	344	350	0.003	351.1	69	19.7%	69.2	281.9	88	146	Surplus of 58	0
Alexander	47	51	53	65	59	0.065	62.8	15	25.4%	16.0	46.8	15	18	Surplus of 3	0
Alleghany	10	7	10	9	10	0.035	10.3	2	20.0%	2.1	8.3	3	0	3	0
Anson	101	98	95	84	87	-0.035	83.9	11	12.6%	10.6	73.3	23	33	Surplus of 10	0
Ashe	26	23	18	25	17	-0.066	15.9	3	17.6%	2.8	13.1	4	0	4	0
Beaufort	136	126	126	119	125	-0.020	122.5	28	22.4%	27.4	95.1	30	31	Surplus of 1	0
Bertie	72	79	85	81	75	0.013	76.0	8	10.7%	8.1	67.9	21	20	1	0
Bladen	116	113	104	95	93	-0.053	88.0	16	17.2%	15.1	72.9	23	38	Surplus of 15	0
Brunswick	156	158	154	166	187	0.048	196.0	33	17.6%	34.6	161.4	50	59	Surplus of 9	0
Buncombe	272	284	284	268	267	-0.004	265.9	62	23.2%	61.8	204.2	64	86	Surplus of 22	0
Burke	127	144	150	147	144	0.034	148.9	30	20.8%	31.0	117.9	37	42	Surplus of 5	0
Cabarrus	238	252	269	278	292	0.053	307.3	66	22.6%	69.5	237.9	74	81	Surplus of 7	0
Caldwell	156	151	163	172	173	0.027	177.7	19	11.0%	19.5	158.2	49	54	Surplus of 5	0
Camden	11	11	7	5	8	-0.012	7.9	2	25.0%	2.0	5.9	2	0	2	0
Carteret	83	89	74	82	70	-0.034	67.6	12	17.1%	11.6	56.0	18	32	Surplus of 14	0
Caswell	63	75	69	67	51	-0.039	49.0	1	2.0%	1.0	48.0	15	17	Surplus of 2	0
Catawba	292	310	311	297	281	-0.009	278.6	31	11.0%	30.7	247.9	77	104	Surplus of 27	0
Chatham	119	128	133	117	120	0.005	120.6	19	15.8%	19.1	101.5	32	36	Surplus of 4	0
Cherokee	26	24	27	34	40	0.121	44.8	15	37.5%	16.8	28.0	9	13	Surplus of 4	
Clay	8	7	7	6	7	-0.025	6.8	2	28.6%	1.9	4.9	2	0	2	
Graham	17	17	13	10	8	-0.167	6.7	3	37.5%	2.5	4.2	1	0	1	
Cherokee-Clay-Graham Planning Area Total														Surplus of 1	0
Chowan	50	48	55	51	50	0.003	50.2	10	20.0%	10.0	40.1	13	20	Surplus of 7	0
Cleveland	242	261	262	273	272	0.030	280.2	23	8.5%	23.7	256.5	80	77	3	0
Columbus	112	124	121	104	99	-0.026	96.4	11	11.1%	10.7	85.7	27	41	Surplus of 14	0
Craven	193	212	238	223	232	0.050	243.5	47	20.3%	49.3	194.2	61	71	Surplus of 10	0
Cumberland	734	794	832	772	770	0.014	780.6	106	13.8%	107.5	673.1	210	256	Surplus of 46	0
Currituck	13	15	15	13	21	0.159	24.3	4	19.0%	4.6	19.7	6	0	6	0

Table 9B: ESRD Dialysis Station Need Determinations by Planning Area

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
County/ Multi- County Planning Area	12/31/18 Total Patients	12/31/19 Total Patients	12/31/20 Total Patients	12/31/21 Total Patients	12/31/22 Total Patients	Average Annual Change Rate for Past Five Years	Projected 12/31/23 Total Patients	12/31/22 Home Patients	12/31/22 Percent Home Patients	Projected 12/31/23 Home Patients	Projected 12/31/23 In-Center Patients	Projected 12/31/23 In-Center Station Utilization	Projected Total Available Stations	Projected Station Deficit or Surplus	County Station Need Determi- nation
Dare	24	24	22	30	29	0.062	30.8	7	24.1%	7.4	23.4	7	9	Surplus of 2	0
Davidson	291	308	303	316	311	0.017	316.4	50	16.1%	50.9	265.5	83	104	Surplus of 21	0
Davie	62	70	73	65	59	-0.008	58.6	9	15.3%	8.9	49.6	16	24	Surplus of 8	0
Duplin	153	155	143	152	147	-0.009	145.7	17	11.6%	16.9	128.9	40	44	Surplus of 4	0
Durham	670	668	687	640	640	-0.011	633.1	53	8.3%	52.4	580.7	181	259	Surplus of 78	0
Edgecombe	247	247	264	279	305	0.055	321.7	29	9.5%	30.6	291.1	91	100	Surplus of 9	0
Forsyth	720	747	776	802	768	0.017	780.9	105	13.7%	106.8	674.2	211	251	Surplus of 40	0
Franklin	142	136	155	153	141	0.002	141.2	13	9.2%	13.0	128.2	40	47	Surplus of 7	0
Gaston	383	392	383	395	386	0.002	386.9	61	15.8%	61.1	325.7	102	138	Surplus of 36	0
Gates	10	17	15	12	10	0.054	10.5	0	0.0%	0.0	10.5	3	0	3	0
Granville	151	156	166	149	146	-0.006	145.1	12	8.2%	11.9	133.2	42	52	Surplus of 10	0
Greene	50	50	64	59	52	0.021	53.1	5	9.6%	5.1	48.0	15	21	Surplus of 6	0
Guilford	1094	1116	1130	1154	1104	0.003	1,106.9	119	10.8%	119.3	987.6	309	395	Surplus of 86	0
Halifax	237	253	259	242	237	0.001	237.3	30	12.7%	30.0	207.3	65	69	Surplus of 4	0
Harnett	266	259	271	247	233	-0.031	225.7	26	11.2%	25.2	200.5	63	79	Surplus of 16	0
Haywood	76	68	71	70	64	-0.040	61.4	15	23.4%	14.4	47.0	15	27	Surplus of 12	0
Henderson	112	118	128	117	125	0.030	128.8	34	27.2%	35.0	93.7	29	33	Surplus of 4	0
Hertford	93	88	89	74	74	-0.053	70.1	10	13.5%	9.5	60.6	19	40	Surplus of 21	0
Hoke	163	164	176	165	162	0.000	161.9	25	15.4%	25.0	137.0	43	74	Surplus of 31	0
Hyde	7	9	8	7	8	0.048	8.4	6	75.0%	6.3	2.1	1	0	1	0
Iredell	238	253	250	248	247	0.010	249.4	47	19.0%	47.5	202.0	63	82	Surplus of 19	0
Jackson	32	45	49	36	34	0.044	35.5	11	32.4%	11.5	24.0	8	16	Surplus of 8	0
Johnston	348	379	420	412	420	0.049	440.8	74	17.6%	77.7	363.1	113	134	Surplus of 21	0
Jones	42	36	38	38	34	-0.048	32.4	5	14.7%	4.8	27.6	9	10	Surplus of 1	0
Lee	151	157	152	156	152	0.002	152.3	11	7.2%	11.0	141.3	44	59	Surplus of 15	0
Lenoir	230	241	224	219	209	-0.023	204.3	32	15.3%	31.3	173.0	54	69	Surplus of 15	0
Lincoln	94	104	97	99	108	0.038	112.1	17	15.7%	17.6	94.4	30	30	0	0
Macon	36	35	36	35	38	0.015	38.6	11	28.9%	11.2	27.4	9	12	Surplus of 3	0

Table 9B: ESRD Dialysis Station Need Determinations by Planning Area

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
County/ Multi- County Planning Area	12/31/18 Total Patients	12/31/19 Total Patients	12/31/20 Total Patients	12/31/21 Total Patients	12/31/22 Total Patients	Average Annual Change Rate for Past Five Years	Projected 12/31/23 Total Patients	12/31/22 Home Patients	12/31/22 Percent Home Patients	Projected 12/31/23 Home Patients	Projected 12/31/23 In-Center Patients	Projected 12/31/23 In-Center Station Utilization	Projected Total Available Stations	Projected Station Deficit or Surplus	County Station Need Determi- nation
Madison	18	12	8	6	8	-0.146	6.8	3	37.5%	2.6	4.3	1	0	1	0
Martin	89	92	77	83	75	-0.037	72.2	9	12.0%	8.7	63.6	20	28	Surplus of 8	0
McDowell	70	71	60	55	61	-0.029	59.2	16	26.2%	15.5	43.7	14	20	Surplus of 6	0
Mecklenburg	1792	1819	1878	1871	1872	0.011	1,892.7	276	14.7%	279.1	1,613.7	504	600	Surplus of 96	0
Avery	7	4	9	8	6	0.115	6.7	0	0.0%	0.0	6.7	2	0	2	
Mitchell	15	19	19	18	15	0.012	15.2	1	6.7%	1.0	14.2	4	9	Surplus of 5	
Yancey	19	17	17	17	19	0.003	19.1	12	63.2%	12.0	7.0	2	0	2	
Mitchell-Avery-Yancey Planning Area Total														Surplus of 1	0
Montgomery	55	60	66	69	62	0.034	64.1	10	16.1%	10.3	53.8	17	20	Surplus of 3	0
Moore	172	155	162	161	180	0.015	182.6	29	16.1%	29.4	153.2	48	57	Surplus of 9	0
Nash	273	293	303	303	290	0.016	294.7	46	15.9%	46.7	247.9	77	98	Surplus of 21	0
New Hanover	281	267	262	256	264	-0.015	260.0	49	18.6%	48.3	211.8	66	82	Surplus of 16	0
Northampton	103	98	94	98	96	-0.017	94.4	10	10.4%	9.8	84.6	26	21	5	0
Onslow	245	234	229	224	217	-0.030	210.5	34	15.7%	33.0	177.5	55	73	Surplus of 18	0
Orange	156	169	179	174	172	0.026	176.4	12	7.0%	12.3	164.1	51	48	3	0
Pamlico	25	21	23	23	17	-0.081	15.6	5	29.4%	4.6	11.0	3	0	3	0
Pasquotank	108	108	115	115	108	0.001	108.1	19	17.6%	19.0	89.1	28	44	Surplus of 16	0
Pender	91	99	102	100	96	0.015	97.4	16	16.7%	16.2	81.2	25	31	Surplus of 6	0
Perquimans	25	37	36	34	37	0.121	41.5	11	29.7%	12.3	29.2	9	10	Surplus of 1	0
Person	98	93	93	98	88	-0.025	85.8	3	3.4%	2.9	82.9	26	38	Surplus of 12	0
Pitt	432	443	459	457	452	0.012	457.2	83	18.4%	84.0	373.3	117	140	Surplus of 23	0
Polk	7	18	16	16	9	0.256	11.3	3	33.3%	3.8	7.5	2	0	2	0
Randolph	179	185	179	193	179	0.002	179.3	20	11.2%	20.0	159.3	50	55	Surplus of 5	0
Richmond	177	181	162	165	157	-0.028	152.6	20	12.7%	19.4	133.2	42	58	Surplus of 16	0
Robeson	429	442	438	449	434	0.003	435.4	59	13.6%	59.2	376.2	118	122	Surplus of 4	0
Rockingham	203	218	213	217	201	-0.001	200.8	15	7.5%	15.0	185.8	58	70	Surplus of 12	0
Rowan	237	258	256	262	247	0.012	249.9	56	22.7%	56.7	193.2	60	84	Surplus of 24	0
Rutherford	115	114	106	113	112	-0.005	111.4	28	25.0%	27.8	83.5	26	31	Surplus of 5	0

Table 9B: ESRD Dialysis Station Need Determinations by Planning Area

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
County/ Multi- County Planning Area	12/31/18 Total Patients	12/31/19 Total Patients	12/31/20 Total Patients	12/31/21 Total Patients	12/31/22 Total Patients	Average Annual Change Rate for Past Five Years	Projected 12/31/23 Total Patients	12/31/22 Home Patients	12/31/22 Percent Home Patients	Projected 12/31/23 Home Patients	Projected 12/31/23 In-Center Patients	Projected 12/31/23 In-Center Station Utilization	Projected Total Available Stations	Projected Station Deficit or Surplus	County Station Need Determi- nation
Sampson	168	192	190	198	191	0.035	197.6	19	9.9%	19.7	178.0	56	54	2	0
Scotland	106	116	100	114	110	0.015	111.7	13	11.8%	13.2	98.5	31	30	1	0
Stanly	84	87	92	93	94	0.029	96.7	23	24.5%	23.7	73.0	23	29	Surplus of 6	0
Stokes	77	67	68	70	64	-0.043	61.3	4	6.3%	3.8	57.4	18	24	Surplus of 6	0
Surry	113	105	112	111	107	-0.012	105.7	8	7.5%	7.9	97.8	31	51	Surplus of 20	0
Swain	66	52	51	59	50	-0.057	47.2	14	28.0%	13.2	34.0	11	20	Surplus of 9	0
Transylvania	40	34	30	31	33	-0.042	31.6	6	18.2%	5.7	25.9	8	14	Surplus of 6	0
Tyrrell	10	6	8	6	6	-0.079	5.5	1	16.7%	0.9	4.6	1	0	1	0
Union	274	282	284	280	267	-0.006	265.4	36	13.5%	35.8	229.6	72	97	Surplus of 25	0
Vance	184	186	202	191	183	0.000	183.0	10	5.5%	10.0	173.0	54	64	Surplus of 10	0
Wake	1388	1439	1434	1414	1456	0.012	1,473.8	202	13.9%	204.5	1,269.4	397	469	Surplus of 72	0
Warren	73	76	83	72	73	0.004	73.3	2	2.7%	2.0	71.3	22	25	Surplus of 3	0
Washington	57	68	56	59	57	0.009	57.5	9	15.8%	9.1	48.4	15	16	Surplus of 1	0
Watauga	34	32	32	28	26	-0.064	24.3	6	23.1%	5.6	18.7	6	20	Surplus of 14	0
Wayne	326	315	313	304	321	-0.003	320.0	46	14.3%	45.9	274.1	86	117	Surplus of 31	0
Wilkes	100	92	81	93	91	-0.018	89.3	16	17.6%	15.7	73.6	23	24	Surplus of 1	0
Wilson	285	316	314	261	284	0.005	285.5	66	23.2%	66.4	219.2	68	94	Surplus of 26	0
Yadkin	38	42	58	55	52	0.095	56.9	5	9.6%	5.5	51.5	16	13	3	0
State Totals	18,732	19,288	19,547	19,302	19,090			2,813				5,125	6,353		0

**Table 9C: Dialysis Station Need Determination
County Need Determination Methodology**

County Service Area	Dialysis Station Need Determination	Certificate of Need Application Deadline	Certificate of Need Beginning Review Date
It is determined that there is no need anywhere in the state and no reviews are scheduled.			

Table 9D: Dialysis Station Need Determination by Facility*

A	B	C	D	E
County	Facility Identification Number	Provider Number	Facility	Facility Station Need Determination
Beaufort	955789	34-2561	FMC Pamlico	10
Brunswick	070678	34-2689	FMC Brunswick County	11
Brunswick	140237	34-2716	Leland Dialysis	1
Brunswick	070474	34-2669	Southport Dialysis Center	6
Catawba	955790	34-2516	FMC Dialysis Services of Hickory	8
Catawba	160340	34-2743	Fresenius Kidney Care Newton	2
Cleveland	070223	34-2676	DCI South	1
Cleveland	001291	34-2611	Dialysis Clinic - Kings Mountain	1
Cumberland	011019	34-2643	FMC Services of West Fayetteville	4
Cumberland	170017	34-2751	Fresenius Kidney Care Rockfish	13
Davidson	020758	34-2639	Thomasville Dialysis Center of Wake Forest University	2
Duplin	060249	34-2659	Wallace Dialysis	5
Durham	180047	34-2732	Bull City Dialysis	9
Durham	955621	34-2550	Durham Dialysis	2
Durham	990969	34-2615	FMC Dialysis Services of Briggs Avenue	1
Durham	170324	34-2762	Fresenius Kidney Care Eno River	2
Durham	080098	34-2680	Fresenius Medical Care South Durham Dialysis	12
Durham	090117	34-2683	Southpoint Dialysis	8
Edgecombe	970528	34-2603	BMA East Rocky Mount	6
Edgecombe	150155	34-2722	Fresenius Medical Clinic Tarboro	1
Forsyth	070671	34-2667	Miller Street Dialysis Center of Wake Forest University	9
Forsyth	000193	34-2612	Northside Dialysis Center of Wake Forest University	2
Gaston	160496	34-2745	Fresenius Kidney Care North Gaston	11
Granville	170422	34-2520	FMC Dialysis Services Neuse River	1
Guilford	980838	34-2537	BMA of South Greensboro	4
Guilford	980472	34-2600	BMA of Southwest Greensboro	4
Guilford	150332	34-2720	Fresenius Medical Care High Point	6
Harnett	944644	34-2557	Dunn Kidney Center	5
Harnett	110803	34-2701	FMC Anderson Creek	3
Harnett	050131	34-2648	Fresenius Medical Care of Lillington	7
Hertford	945189	34-2570	Ahoskie Dialysis	12
Iredell	6668	34-2527	Statesville Dialysis Center of Wake Forest University	1
Johnston	170323	34-2757	Fresenius Kidney Care East Johnston	6
Johnston	170520	34-2763	Fresenius Kidney Care West Johnston	11
Mecklenburg	970826	34-2594	BMA Nations Ford	3
Mecklenburg	970301	34-2605	BMA of East Charlotte	18
Mecklenburg	080137	34-2681	FMC Matthews	6
Mecklenburg	955788	34-2549	FMC of North Charlotte	6
Mecklenburg	150435	34-2738	Fresenius Medical Care Aldersgate	4
Moore	020648	34-2638	Southern Pines Dialysis Center	6
Nash	130370	34-2710	Fresenius Medical Care South Rocky Mount	5
Nash	944658	34-2517	Rocky Mount Kidney Center	6
New Hanover	956055	34-2511	Southeastern Dialysis Center - Wilmington	8

Table 9D: Dialysis Station Need Determination by Facility*

A	B	C	D	E
County	Facility Identification Number	Provider Number	Facility	Facility Station Need Determination
Pasquotank	130368	34-2708	Albemarle Dialysis	6
Pender	945252	34-2558	Southeastern Dialysis Center - Burgaw	5
Pitt	140329	34-2706	FMC Farmville	1
Pitt	944657	34-2502	Greenville Dialysis Center	7
Robeson	955445	34-2528	BMA Lumberton	12
Robeson	140334	34-2651	Maxton Dialysis Center	4
Rockingham	955844	34-2536	Dialysis Care of Rockingham County	9
Union	955949	34-2525	Metrolina Kidney Center	8
Vance	130179	34-2704	Kerr Lake Dialysis	7
Wake	980755	34-2608	BMA of Fuquay Varina Kidney Center	10
Wake	061335	34-2672	FMC Eastern Wake	3
Wake	160069	34-2733	FMC Morrisville	3
Wake	020868	34-2646	FMC New Hope Dialysis	6
Wake	130278	34-2705	FMC Northern Wake	3
Wake	956094	34-2522	FMC Wake Dialysis Clinic	16
Wake	041023	34-2658	Fresenius Medical Care Apex	8
Wake	041024	34-2653	Fresenius Medical Care Millbrook	5
Wake	160405	34-2735	Fresenius Medical Care White Oak	10
Wake	160068	34-2744	Oak City Dialysis	12
Wake	990968	34-2642	Southwest Wake County Dialysis	12
Wake	041181	34-2675	Wake Forest Dialysis Center	3
Wayne	944654	34-2531	Goldsboro Dialysis	11
Wayne	170236	34-2576	RAI Care Centers - Goldsboro	9
Totals			66 Facilities	419

* CON applications for additional stations are Category D.1. Refer to Table 3A for the D.1 review cycles. CON application deadlines are absolute, pursuant to 10A NCAC 14C.0202(2). The filing deadline is 5:00 p.m. on the CON application deadline date.

Table 9E: Inventory of Dialysis Home Training Facilities

A	B	C	D	E	F	G	H	I
County	Facility Identification Number	Provider Number	Facility	City	CON* Total	Certified Home Training Stations	Home Hemodialysis Patients 12/31/2022	Peritoneal Patients 12/31/2022
Beaufort	230038	Proposed New Site	Beaufort County Home	Washington	2	0	0	0
Buncombe	120484	34-2695	Biltmore Home Training	Asheville	4	0	0	71
Catawba	110873	34-2699	FMC Hickory Home Program	Hickory	0	5	13	18
Chowan	200027	34-2765	Chowan Home Dialysis**	Edenton	0	0	0	15
Edgecombe	150397	34-2721	Edgecombe Home Dialysis	Tarboro	0	1	6	24
Forsyth	200885	34-2768	Highland Oaks Dialysis Center of Wake Forest University**	Winston Salem	0	0	0	0
Franklin	130122	34-2715	Fresenius Medical Care Tar River	Louisburg	0	0	4	3
Iredell	070519	34-2657	INS Statesville**	Statesville	0	0	0	15
Jackson	230039	Proposed New Site	Balsam Home Training	Sylva	2	0	0	0
Mecklenburg	070257	34-2654	INS Freedom Dialysis	Charlotte	0	5	23	50
Mecklenburg	070499	Proposed New Site	INS Victory Home (replacement facility for INS Charlotte)	Charlotte	7	0	0	0
Mecklenburg	070499	34-2655	INS Charlotte (to be replaced with INS Victory Home)	Charlotte	-2	2	27	53
Moore	180570	34-2754	Pinehurst Home Training**	Pinehurst	0	0	0	54
New Hanover	220065	Proposed New Site	Ogden Park Home Training	Wilmington	2	0	0	0
Orange	200890	Proposed New Site	Carolina Dialysis Orange County Home Dialysis	Hillsborough	2	0	0	0
Sampson	130060	34-2712	Sampson County Home Training**	Clinton	0	0	0	0
Wayne	200899	Proposed New Site	Wayne County Home Training**	Goldsboro	0	0	0	0
Wilson	200032	Proposed New Site	Wilson Home Dialysis**	Wilson	0	0	0	0
Wilson	220670	Proposed New Site	Wooten Boulevard Home Training	Wilson	2	0	0	0

Table 9E: Inventory of Dialysis Home Training Facilities

A	B	C	D	E	F	G	H	I
County	Facility Identification Number	Provider Number	Facility	City	CON* Total	Certified Home Training Stations	Home Hemodialysis Patients 12/31/2022	Peritoneal Patients 12/31/2022
Totals			18 Facilities		19	13	73	303

* Includes CON issued/not certified, CON decision rendered (conditional approval), and CON decision pending.

** This facility shows no stations because it currently serves or will serve peritoneal patients only.

Chapter 10:

Nursing Home Facilities

CHAPTER 10

NURSING HOME FACILITIES

Introduction

G.S. 131E-176(17b) defines a *nursing home facility* as “a health service facility whose bed complement of health service facility beds is composed principally of nursing home facility beds.”

Definitions

A nursing home facility’s service area is the county in which the bed is located. Each of the 100 counties in the state is a separate service area.

The *reporting year* is October 1 through September 30. The current reporting year is October 1, 2021 through September 30, 2022.

The methodology projects bed need determination five years beyond the current reporting year. The *current projection year* is 2027.

The *planning inventory* is the number of beds used in need determination calculations. It is the number of licensed beds plus the number of Certificate of Need (CON)-approved new beds, plus the number of beds available pursuant to need determinations pending review or appeal, minus any exclusions (see below), minus any beds to be relocated out of the county, plus any beds to be relocated into the county.

Changes from the Previous Plan

This chapter contains no substantive changes from the previous State Medical Facilities Plan (SMFP).

Basic Principles

1. The methodology should project need determination five years beyond the current reporting year because at least that amount of time is required to bring a new or expanded facility into service.
2. Any advantages to patients that may arise from competition will be fostered by policies which lead to the establishment of new provider institutions. Consequently, whenever feasible, need determinations should be for at least 90 beds. However, such allocations do not always result in new entities.
3. Counties whose deficits represent at least 10% of their total needs (deficit index) and who report an occupancy rate of licensed beds in the county of at least 90%, excluding continuing care retirement communities, should receive need determinations even though such increments may be too small to encourage establishment of new facilities.
4. A goal of the planning process is a reasonable level of parity among individuals in their geographic access to nursing home facilities.

Data Sources

The North Carolina Office of State Budget and Management provides estimates of North Carolina residents for the current reporting year and projection year by county.

Estimates of active-duty military personnel come from the category of “Employment Status – Armed Forces” from the most recent American Community Survey 5-Year Estimates.

Utilization data comes from License Renewal Application (LRA) to Operate a Nursing Home and the Nursing Care Facility/Unit Beds: Annual Data Supplement to Hospital License Renewal Applications, as submitted to the North Carolina Department of Health and Human Services, Division of Health Service Regulation.

Assumptions of the Methodology

1. Planning inventory and need determination calculations exclude all beds and days of care (DOC) for:
 - a. nursing home facility beds converted to care for head injury or ventilator-dependent patients;
 - b. nursing home facility beds developed pursuant to Policy NH-2; and
 - c. nursing home facility beds transferred from state psychiatric hospitals to the community pursuant to Policy NH-5.
2. The inventory excludes beds, and the occupancy rate calculation excludes DOC for patients from the contiguous counties served by facilities operated by religious or fraternal organizations.
3. The methodology excludes the estimated active-duty military population from the county's population for any county with more than 500 active-duty military personnel.
4. The methodology uses the county bed use rate as the utilization measure in determining needs. Bed use rates are calculated per 1,000 population per county. Each county's bed use rate is calculated using a five-year average annual change rate (AACR) to project forward five years beyond the current reporting year. Any county with an AACR that is at least one-half of one standard deviation above or below the statewide AACR will receive a rate equal to the statewide rate.
5. The projected utilization is multiplied by three to account for future increases in utilization.
6. The methodology uses the higher of two different occupancy rate calculations to obtain the need determination. The adjusted occupancy rate for each county is calculated using the higher of: (1) the median of all facilities' occupancy rates in a county; or (2) a countywide occupancy.

Application of the Methodology

Table 10A shows the inventory data and Table 10B shows the patient, population and bed use data that form the basis for the calculations discussed in the following steps. Table 10C shows projected bed utilization, bed surpluses/deficits and occupancy rates used to determine bed needs.

Step 1: Calculate the planning inventory for each facility and county (*Table 10A*).

- a. Add the number of licensed beds in each nursing home facility (*Column C*) and hospital (*Column D*).
- b. Adjust this result by adding or subtracting, as appropriate, CON-approved beds and beds to be relocated (*Columns F-H*). Then adjust this result by the number of beds available pursuant to need determinations in the SMFP pending review or appeal (*Column I*).
- c. Subtract: (1) beds that have been converted to care for head injury or ventilator-dependent patients; (2) beds that have been developed pursuant to Policy NH-2; (3) beds that have been relocated from

state psychiatric hospitals to the community pursuant to Policy NH-5; and (4) beds operated by religious or fraternal organizations that have been used to serve patients from non-contiguous counties for that facility (*Column K*).

- d. Sum each of these calculations across all facilities in a county to obtain county totals (*Column L*).

Step 2: Calculate the projected county bed use rates (*Table 10B*).

- a. For each of the five most recent reporting years and for each county, divide the number of patients (*Column B*) by the population (*Column C*).
- b. Multiply the result by 1,000 to calculate the bed use rate per 1,000 population (*Column D*).
- c. Calculate the average annual change rate (AACR) in bed use for the five most recent reporting years for each county (*Column E*).
- d. If the result of Step 2.c is at least 0.5 standard deviations above or below the statewide AACR, then use the statewide AACR; otherwise, use the result of Step 2.c as the Selected Change Rate (*Column F*).
- e. Multiply the result of Step 2.d by the bed use rate for the reporting year (*Column D*, last sub-column) and then multiply by three; add the product to the bed use rate for the reporting year to get the Bed Rate per 1,000 (*Column G*).

Step 3: Multiply the Bed Rate per 1,000 (*Table 10B, Column G* and *Table 10C, Column B*) by each county's corresponding projected civilian population in thousands for the projection year (*Table 10C, Column C*) to calculate the projected bed utilization (*Table 10C, Column D*).

Step 4: For each county, divide the projected bed utilization (*Table 10C, Column D*) by a 95% vacancy factor to calculate the projected bed utilization with vacancy factor (*Table 10C, Column E*).

Step 5: Calculate the county's bed surplus or deficit (*Table 10C*).

- a. Obtain the planning inventory for each county (*Column H*). Transfer the county totals from Columns J-L in Table 10A into Columns F-H of Table 10C, respectively.
- b. Subtract the projected bed utilization with vacancy factor (*Column E*) from the total inventory (*Column H*) to obtain the county's projected surplus or deficit of beds (*Column I*). Positive numbers are surpluses and negative numbers are deficits.

Step 6: Calculate the deficit index and occupancy rate (*Table 10C*).

- a. For all counties with a deficit, divide Column I by Column E to calculate the deficit index (*Column J*). The resulting deficit index is rounded for display purposes; internal calculations are not rounded.
- b. For all counties, calculate the occupancy rate by dividing the total days of care for all facilities in the county by the possible days of care (the number of beds in the planning inventory multiplied by 365.25). In the same manner, calculate the occupancy rate for each facility in the county. Then calculate the median facility occupancy rate for the county. Select the higher of the two calculations as the county occupancy rate (*Column K*).

Step 7: Calculate need determination for each county (*Table 10C*).

- a. For a county with a deficit of 71 to 90 beds, if the adjusted occupancy of licensed beds in the county is 90% or greater based on utilization data reported for the current reporting year (*Column K*), the need determination is 90 beds (*Column L*).
- b. For a county with a deficit of 91 or more beds, if the adjusted occupancy of licensed beds in the county is 90% or greater based on utilization data reported for the current reporting year (*Column K*), the need determination is the amount of the deficit rounded to 10. The maximum need determination for each county is 150 beds (*Column L*).
- c. If any county's deficit index (*Column J*) is 10% or more of its projected utilization and the adjusted occupancy of licensed beds in the county is 90% or greater for the current reporting year (*Column K*), the need determination is the amount of the deficit rounded to 10. The maximum need determination for each county is 150 beds.
- d. For purposes of rounding need determinations, numbers greater than 10 and ending in one to four rounds to the next lower number divisible by 10. Numbers ending in five to nine rounds to the next higher number divisible by 10.

Unless otherwise specified by the methodology, calculations do not use rounded values. However, fractional values are rounded automatically when displayed.

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

A County	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Nursing Care Beds in Hospitals	F Total Licensed Beds	G CON Approved/License Pending			J Available in SMFP	K Total Available Beds	L Sum of Exclusions	M Total Planning Inventory
						Nursing Home	Hospital	CON Bed Transfer				
Alamance	NH0529	Alamance Health Care Center	180	0	180	0	0	0	0	180	0	180
Alamance	NH0364	Compass Healthcare and Rehab Hawfields	117	0	117	0	0	0	0	117	7	110
Alamance	NH0596	Edgewood Place at the Village at Brookwood**	51	0	51	0	0	0	0	51	24	27
Alamance	NH0588	Liberty Commons Nursing & Rehabilitation Center of Alamance County (Transfer 8 beds to Liberty Commons in Durham County. Transfer 3 beds to Pisgah Manor in Buncombe County)	122	0	122	0	0	-11	0	111	0	111
Alamance	NH0429	Peak Resources - Alamance	142	0	142	0	0	0	0	142	0	142
Alamance	NH0351	Twin Lakes Community (Relocate no more than 8 NF beds from Twin Lakes Memory Care)	104	0	104	0	0	8	0	112	35	77
Alamance	NH0621	Twin Lakes Community Memory Care (Facility closed. Transfer 8 beds to Twin Lakes Community)**	8	0	8	0	0	-8	0	0	0	0
Alamance	NH0397	White Oak Manor-Burlington	160	0	160	0	0	0	0	160	0	160
Alamance Totals			884	0	884	0	0	-11	0	873	66	807
Alexander	NH0381	Valley Nursing Center	183	0	183	0	0	0	0	183	49	134
Alexander Totals			183	0	183	0	0	0	0	183	49	134
Alleghany	NH0413	Alleghany Center	90	0	90	0	0	0	0	90	0	90
Alleghany Totals			90	0	90	0	0	0	0	90	0	90
Anson	NH0642	Anson Health and Rehabilitation	95	0	95	0	0	0	0	95	0	95
Anson	NH0090	Wadesboro Health & Rehab Center	66	0	66	0	0	0	0	66	0	66
Anson Totals			161	0	161	0	0	0	0	161	0	161
Ashe	NH0459	Margate Health and Rehab Center	210	0	210	0	0	0	0	210	0	210
Ashe Totals			210	0	210	0	0	0	0	210	0	210
Avery	H0037	Charles A. Cannon, Jr. Memorial Hospital**	0	10	10	0	0	0	0	10	0	10
Avery	NH0362	Life Care Center of Banner Elk	118	0	118	0	0	0	0	118	0	118
Avery Totals			118	10	128	0	0	0	0	128	0	128
Beaufort	NH0387	Ridgewood Living & Rehabilitation Center	128	0	128	0	0	0	0	128	0	128
Beaufort	NH0345	River Trace Nursing and Rehabilitation Center	140	0	140	0	0	0	0	140	0	140

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						Nursing Home	Hospital	CON Bed Transfer				
Beaufort Totals			268	0	268	0	0	0	0	268	0	268
Bertie	NH0522	Three Rivers Health and Rehabilitation Center	60	0	60	0	0	0	0	60	0	60
Bertie	NH0491	Windsor Rehabilitation and Healthcare Center	82	0	82	0	0	0	0	82	0	82
Bertie Totals			142	0	142	0	0	0	0	142	0	142
Bladen	NH0420	Bladen East Health and Rehab	90	0	90	0	0	0	0	90	0	90
Bladen	H0154	Cape Fear Valley-Bladen County Hospital**	0	10	10	0	0	0	0	10	0	10
Bladen	NH0328	Elizabethtown Healthcare & Rehabilitation Center	94	0	94	0	0	0	0	94	0	94
Bladen Totals			184	10	194	0	0	0	0	194	0	194
Brunswick	NH0456	Autumn Care of Shallotte	100	0	100	0	0	0	0	100	0	100
Brunswick	NH0478	Brunswick Cove Nursing Center	175	0	175	0	0	0	0	175	0	175
Brunswick	NH0655	Brunswick Health & Rehab Center	100	0	100	0	0	0	0	100	0	100
Brunswick	NH0322	Liberty Commons Nursing & Rehab Center of Southport	99	0	99	0	0	0	0	99	0	99
Brunswick		Liberty Commons of Brunswick County (Transfer 64 beds from Southport Nursing Center)	0	0	0	0	0	64	0	64	0	64
Brunswick	NH0650	Southport Nursing Center (Facility closed. Transfer 64 beds to Liberty Commons of Brunswick County)	0	0	0	64	0	-64	0	0	0	0
Brunswick	NH0626	Universal Health Care - Brunswick	90	0	90	0	0	0	0	90	0	90
Brunswick Totals			564	0	564	64	0	0	0	628	0	628
Buncombe	NH0262	Aston Park Health Care Center Inc	120	0	120	0	0	0	0	120	0	120
Buncombe	NH0321	Bear Mountain Health and Rehabilitation	77	0	77	0	0	0	0	77	0	77
Buncombe		Black Mountain Neuro-Medical Treatment Center*	165	0	165	0	0	0	0	165	165	0
Buncombe	NH0107	Brooks - Howell Home	58	0	58	0	0	0	0	58	0	58
Buncombe	NH0087	Deerfield Episcopal Retirement Community	62	0	62	0	0	0	0	62	31	31
Buncombe	NH0233	Elevate Health and Rehabilitation	120	0	120	0	0	0	0	120	0	120
Buncombe	NH0551	Emerald Ridge Rehabilitation and Care Center	100	0	100	0	0	0	0	100	0	100
Buncombe	NH0517	Flesher's Fairview Health Care Center	106	0	106	0	0	0	0	106	0	106
Buncombe	NH0484	Givens Health Center	70	0	70	0	0	0	0	70	12	58
Buncombe	NH0147	Givens Highland Farms	60	0	60	0	0	0	0	60	0	60

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

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						Nursing Home	Hospital	CON Bed Transfer				
Buncombe	NH0235	Mountain Ridge Health and Rehab**	97	0	97	0	0	0	0	97	0	97
Buncombe	NH0631	NC State Veterans Home - Black Mountain*	100	0	100	0	0	0	0	100	100	0
Buncombe	NH0184	Pisgah Manor Health Care Center (Transfer 3 beds from Liberty Commons in Alamance County, 22 beds from Cross Creek in Hyde County, and 25 beds from Mary Gran Nursing in Sampson County)	118	0	118	0	0	50	0	168	0	168
Buncombe	NH0541	River Bend Health and Rehabilitation	100	0	100	0	0	0	0	100	6	94
Buncombe	NH0291	StoneCreek Health and Rehabilitation	120	0	120	0	0	0	0	120	0	120
Buncombe	NH0528	Swannanoa Valley Health and Rehabilitation	106	0	106	0	0	0	0	106	0	106
Buncombe	NH0532	The Greens at Weaverville	122	0	122	0	0	0	0	122	0	122
Buncombe	NH0463	The Laurels of GreenTree Ridge (Transfer 8 beds to The Laurels of Summit Ridge)	98	0	98	0	0	-8	0	90	0	90
Buncombe	NH0540	The Laurels of Summit Ridge (Transfer 8 beds from The Laurels of GreenTree Ridge)	60	0	60	0	0	8	0	68	0	68
Buncombe	NH0575	The Oaks at Sweeten Creek	100	0	100	0	0	0	0	100	0	100
Buncombe Totals			1,959	0	1,959	0	0	50	0	2,009	314	1,695
Burke	NH0347	Autumn Care of Drexel	100	0	100	0	0	0	0	100	0	100
Burke	NH0610	Carolina Rehab Center of Burke	90	0	90	0	0	0	0	90	0	90
Burke	NH0553	College Pines Health and Rehabilitation	100	0	100	0	0	0	0	100	0	100
Burke	NH0408	Grace Heights Health and Rehabilitation	120	0	120	0	0	0	0	120	0	120
Burke	NH0476	Grace Ridge	25	0	25	0	0	0	0	25	25	0
Burke	NH0343	Magnolia Lane Nursing and Rehabilitation Center (Transfer 30 beds to Western Mecklenburg Health & Rehabilitation Center in Mecklenburg County)	121	0	121	0	0	-30	0	91	0	91
Burke Totals			556	0	556	0	0	-30	0	526	25	501
Cabarrus	NH0179	Concord Rehabilitation and Nursing Center	120	0	120	0	0	0	0	120	0	120
Cabarrus	NH0027	Five Oaks Rehabilitation and Care Center	160	0	160	0	0	0	0	160	0	160
Cabarrus	NH0604	PruittHealth - Town Center**	70	0	70	36	0	0	0	106	0	106

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

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						Nursing Home	Hospital	CON Bed Transfer				
Cabarrus	NH0607	The Gardens of Taylor Glen Retirement Community	24	0	24	0	0	0	0	24	24	0
Cabarrus	NH0498	The Greens at Cabarrus	90	0	90	0	0	0	0	90	0	90
Cabarrus	NH0453	Transitional Health Services of Kannapolis	107	0	107	0	0	0	0	107	0	107
Cabarrus	NH0247	Universal Health Care and Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Cabarrus Totals			691	0	691	36	0	0	0	727	24	703
Caldwell	NH0485	Gateway Rehabilitation and Healthcare	100	0	100	0	0	0	0	100	0	100
Caldwell	NH0380	Hickory Falls Health and Rehabilitation	120	0	120	0	0	0	0	120	0	120
Caldwell	NH0407	Lenoir Healthcare Center	120	0	120	0	0	0	0	120	0	120
Caldwell	NH0578	Shaire Nursing Center	80	0	80	0	0	0	0	80	0	80
Caldwell Totals			420	0	420	0	0	0	0	420	0	420
Carteret	NH0583	Croatan Ridge Nursing and Rehabilitation Center	64	0	64	0	0	0	0	64	0	64
Carteret	NH0227	Crystal Bluffs Rehabilitation and Health Care Center	92	0	92	0	0	0	0	92	0	92
Carteret	NH0255	Harborview Health Care Center (Facility closed. Transfer 122 beds to Liberty Commons of Carteret County)**	122	0	122	0	0	-122	0	0	0	0
Carteret		Liberty Commons of Carteret County (Transfer 122 beds from Harborview Health Care Center)	0	0	0	0	0	122	0	122	0	122
Carteret		PruittHealth - Sea Level (Replacement facility)	0	0	0	0	0	104	0	104	0	104
Carteret	NH0600	PruittHealth-Sea Level (Former facility)	104	0	104	0	0	-104	0	0	0	0
Carteret	NH0202	Snug Harbor on Nelson Bay (Facility closed. Transfer 42 beds to The Embassy at Morehead City)	0	0	0	42	0	-42	0	0	0	0
Carteret		The Embassy at Morehead City (Replacement facility; Transfer 42 beds from Snug Harbor on Nelson Bay)	0	0	0	0	0	42	0	42	0	42
Carteret Totals			382	0	382	42	0	0	0	424	0	424
Caswell	NH0434	Yanceyville Rehabilitation and Healthcare Center	157	0	157	0	0	0	0	157	0	157
Caswell Totals			157	0	157	0	0	0	0	157	0	157
Catawba	NH0191	Abernethy Laurels	174	0	174	0	0	0	0	174	51	123
Catawba	NH0603	Conover Nursing and Rehabilitation Center	90	0	90	0	0	0	0	90	0	90

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

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						Nursing Home	Hospital	CON Bed Transfer				
Catawba	H0053	Frye Regional Medical Center**	0	17	17	0	0	0	0	17	0	17
Catawba	NH0337	The Greens at Hickory	150	0	150	0	0	0	0	150	0	150
Catawba	NH0409	The Greens at Viewmont	104	0	104	0	0	0	0	104	0	104
Catawba	NH0162	Trinity Ridge	120	0	120	0	0	0	0	120	6	114
Catawba	NH0068	Trinity Village	104	0	104	0	0	0	0	104	3	101
Catawba Totals			742	17	759	0	0	0	0	759	60	699
Chatham	NH0490	Carolina Meadows Health Center	90	0	90	0	0	0	0	90	90	0
Chatham		Chatham County Rehabilitation Center (Transfer 15 beds from Parkview Health and Rehabilitation Center (Orange County))	0	0	0	90	0	15	0	105	0	105
Chatham	NH0395	Siler City Center	150	0	150	0	0	0	0	150	0	150
Chatham	NH0619	The Arbor	40	0	40	0	0	0	0	40	40	0
Chatham	NH0523	The Laurels of Chatham	140	0	140	0	0	0	0	140	0	140
Chatham Totals			420	0	420	90	0	15	0	525	130	395
Cherokee		Murphy Rehabilitation & Nursing (Replacement facility)	0	0	0	0	0	134	0	134	0	134
Cherokee	NH0652	Murphy Rehabilitation & Nursing (Transfer 134 beds to replacement facility)	134	0	134	0	0	-134	0	0	0	0
Cherokee	NH0535	Valley View Care and Rehabilitation Center	76	0	76	0	0	0	0	76	0	76
Cherokee Totals			210	0	210	0	0	0	0	210	0	210
Chowan	NH0369	Chowan River Nursing and Rehabilitation Center (Transfer 20 beds to Rowan County Health & Rehabilitation Center in Rowan County)	130	0	130	0	0	-20	0	110	0	110
Chowan Totals			130	0	130	0	0	-20	0	110	0	110
Clay	NH0542	Clay County Care Center	90	0	90	0	0	0	0	90	0	90
Clay Totals			90	0	90	0	0	0	0	90	0	90
Cleveland	NH0524	Cleveland Pines	120	0	120	0	0	0	0	120	0	120
Cleveland	NH0405	Peak Resources-Shelby	100	0	100	0	0	0	0	100	0	100
Cleveland	NH0396	White Oak Manor - Kings Mountain	154	0	154	0	0	0	0	154	0	154
Cleveland	NH0398	White Oak Manor - Shelby**	160	0	160	0	0	0	0	160	0	160
Cleveland Totals			534	0	534	0	0	0	0	534	0	534

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

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						Nursing Home	Hospital	CON Bed Transfer				
Columbus	NH0283	Liberty Commons Nursing and Rehabilitation Center of County (Transfer 7 beds to Liberty Commons Nursing and Rehabilitation Center of Mint Hill in Mecklenburg County)	107	0	107	0	0	-7	0	100	0	100
Columbus	NH0246	Premier Living and Rehab Center	127	0	127	0	0	0	0	127	0	127
Columbus	NH0510	Shoreland Health Care and Retirement Center (Transfer 9 beds to Liberty Commons Nursing and Rehabilitation Center of Mint Hill in Mecklenburg County)	89	0	89	0	0	-9	0	80	0	80
Columbus Totals			323	0	323	0	0	-16	0	307	0	307
Craven	NH0567	Bayview Nursing & Rehabilitation Center	60	0	60	0	0	0	0	60	0	60
Craven	NH0579	Cherry Point Bay Nursing and Rehabilitation Center	70	0	70	0	0	0	0	70	0	70
Craven	NH0496	PruittHealth - Neuse**	110	0	110	0	0	0	0	110	0	110
Craven	NH0311	PruittHealth - Trent	116	0	116	0	0	0	0	116	0	116
Craven	NH0344	Riverpoint Crest Nursing and Rehabilitation Center	114	0	114	0	0	0	0	114	0	114
Craven Totals			470	0	470	0	0	0	0	470	0	470
Cumberland	NH0629	Autumn Care of Fayetteville	90	0	90	0	0	0	0	90	0	90
Cumberland	NH0254	Bethesda Health Care Facility	85	0	85	0	0	0	0	85	0	85
Cumberland	NH0593	Carolina Rehab Center of Cumberland	136	0	136	0	0	0	0	136	0	136
Cumberland		Cumberland County Rehabilitation Center (Replacement facility)	0	0	0	0	0	58	0	58	0	58
Cumberland	NH0454	Haymount Rehabilitation & Nursing Center Inc	98	0	98	0	0	0	0	98	0	98
Cumberland	NH0117	Highland House Rehabilitation and Healthcare	106	0	106	0	0	0	0	106	0	106
Cumberland	NH0076	Liberty Healthcare Services of Golden Years Nursing Center (Transfer 58 beds to Cumberland County Rehabilitation Center)	58	0	58	0	0	-58	0	0	0	0
Cumberland	NH0585	NC State Veterans Home - Fayetteville*	150	0	150	0	0	0	0	150	150	0
Cumberland	NH0501	The Carrolton of Fayetteville**	120	0	120	0	0	0	0	120	0	120
Cumberland	NH0502	Village Green Health and Rehabilitation	170	0	170	0	0	0	0	170	0	170
Cumberland	NH0001	Whispering Pines Nursing & Rehabilitation Center	86	0	86	0	0	0	0	86	0	86

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						Nursing Home	Hospital	CON Bed Transfer				
Cumberland	NH0577	Woodlands Nursing and Rehabilitation Center	80	0	80	0	0	0	0	80	0	80
Cumberland Totals			1,179	0	1,179	0	0	0	0	1,179	150	1,029
Currituck	NH0445	Currituck Health & Rehab Center	100	0	100	0	0	0	0	100	0	100
Currituck Totals			100	0	100	0	0	0	0	100	0	100
Dare	NH0372	Peak Resources - Outer Banks	126	0	126	0	0	0	0	126	0	126
Dare Totals			126	0	126	0	0	0	0	126	0	126
Davidson	NH0099	Abbotts Creek Center	64	0	64	0	0	0	0	64	0	64
Davidson	NH0094	Davidson Health & Rehab Center	100	0	100	0	0	0	0	100	0	100
Davidson	NH0527	Lexington Health Care Center (Transfer 10 beds from Piedmont Crossing)	90	0	90	0	0	10	0	100	0	100
Davidson	NH0292	Magnolia Gardens Center for Nursing and Rehabilitation	120	0	120	0	0	0	0	120	0	120
Davidson	NH0259	Mountain Vista Health Park	60	0	60	0	0	0	0	60	0	60
Davidson	NH0390	Piedmont Crossing (Transfer 10 beds to Lexington Health Care Center)	114	0	114	0	0	-10	0	104	46	58
Davidson	NH0010	Pine Acres Center for Nursing and Rehabilitation	106	0	106	0	0	0	0	106	0	106
Davidson	NH0187	Pine Ridge Health and Rehabilitation Center (Transfer 12 beds to Triangle Health and Rehabilitation (Wake county))	140	0	140	0	0	-12	0	128	0	128
Davidson Totals			794	0	794	0	0	-12	0	782	46	736
Davie	NH0560	Bermuda Commons Nursing and Rehabilitation Center (Transfer 22 beds to Liberty Commons of Mecklenburg Health and Rehabilitation Center (Mecklenburg County))	117	0	117	0	0	-22	0	95	0	95
Davie	NH0519	Bermuda Village Retirement Center	36	0	36	0	0	0	0	36	0	36
Davie	NH0221	Davie Nursing and Rehabilitation Center	96	0	96	0	0	0	0	96	0	96
Davie Totals			249	0	249	0	0	-22	0	227	0	227
Duplin	NH0308	Kenansville Rehabilitation and Healthcare Center	92	0	92	0	0	0	0	92	0	92
Duplin	NH0481	Wallace Rehabilitation and Healthcare Center	80	0	80	0	0	0	0	80	0	80
Duplin	NH0418	Warsaw Nursing and Rehab Center	100	0	100	0	0	0	0	100	0	100
Duplin Totals			272	0	272	0	0	0	0	272	0	272
Durham	NH0152	Accordius Health at Rose Manor	111	0	111	0	0	0	0	111	0	111

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						Nursing Home	Hospital	CON Bed Transfer				
Durham	NH0543	Carver Living Center	232	0	232	0	0	0	0	232	0	232
Durham	NH0587	Croasdaile Village	104	0	104	0	0	0	0	104	74	30
Durham	NH0136	Durham Nursing & Rehabilitation Center	126	0	126	0	0	0	0	126	0	126
Durham	NH0038	Hillcrest Convalescent Center	120	0	120	0	0	0	0	120	0	120
Durham		Liberty Commons of Durham County (Transfer 49 beds from Liberty Commons Silas Creek in Forsyth County. Transfer 8 beds from Liberty Commons Alamance County in Alamance County.)	0	0	0	0	0	57	0	57	0	57
Durham	NH0119	Pettigrew Rehabilitation Center	96	0	96	0	0	0	0	96	0	96
Durham	NH0093-B	PruittHealth - Carolina Point (Portions of facility in Durham and Orange Counties)	18	0	18	0	0	0	0	18	0	18
Durham	NH0412	PruittHealth-Durham	125	0	125	0	0	0	0	125	0	125
Durham	NH0514	Southpoint Rehabilitation and Healthcare Center	140	0	140	0	0	0	0	140	0	140
Durham	NH0615	The Cedars of Chapel Hill	74	0	74	0	0	0	0	74	74	0
Durham	NH0536	The Forest at Duke	58	0	58	0	0	0	0	58	58	0
Durham	NH0562	Treyburn Rehabilitation Center	132	0	132	0	0	0	0	132	0	132
Durham Totals			1,336	0	1,336	0	0	57	0	1,393	206	1,187
Edgecombe	NH0288	Edgecombe Health Center by Harborview	159	0	159	0	0	0	0	159	0	159
Edgecombe	NH0327	Prodigy Transitional Rehab**	118	0	118	0	0	0	0	118	0	118
Edgecombe	NH0352	The Fountains at The Albemarle	30	0	30	0	0	0	0	30	0	30
Edgecombe Totals			307	0	307	0	0	0	0	307	0	307
Forsyth	NH0378	Arbor Acres United Methodist Retirement Community	83	0	83	0	0	0	0	83	83	0
Forsyth	NH0067	Brookridge Retirement Community	77	0	77	0	0	0	0	77	10	67
Forsyth	NH0404	Cedar Hills Center for Nursing and Rehabilitation	94	0	94	0	0	0	0	94	0	94
Forsyth	NH0633	Homestead Hills	40	0	40	0	0	0	0	40	1	39
Forsyth		Liberty Commons Nursing and Rehab of Springwood (Facility closed. Transfer 100 beds to Liberty Commons Nursing and Rehab Center of Silas Creek)	0	0	0	100	0	-100	0	0	0	0

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

A County	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Nursing Care Beds in Hospitals	F Total Licensed Beds	G CON Approved/License Pending			J Available in SMFP	K Total Available Beds	L Sum of Exclusions	M Total Planning Inventory
						Nursing Home	Hospital	CON Bed Transfer				
Forsyth		Liberty Commons Nursing and Rehabilitation Center of Silas Creek (Replacement facility. Transfer 100 beds from Liberty Commons Nursing and Rehab of Springwood. Relocate 49 beds to Liberty Commons of Durham County in Durham County, 18 beds to Summerstone Health & Rehab Center, 33 beds to The Oaks)	0	0	0	100	0	-100	0	0	0	0
Forsyth	NH0266	Mill Creek Center for Nursing and Rehabilitation	66	0	66	0	0	0	0	66	0	66
Forsyth	NH0548	Oak Forest Health and Rehabilitation	170	0	170	0	0	0	0	170	18	152
Forsyth	NH0256	Piney Grove Nursing and Rehabilitation Center	92	0	92	0	0	0	0	92	0	92
Forsyth	NH0021	PruittHealth - Winston Salem**	100	0	100	0	0	0	0	100	0	100
Forsyth	NH0154	Salemtowne	100	0	100	0	0	0	0	100	100	0
Forsyth	NH0203	Silas Creek Rehabilitation Center	90	0	90	0	0	0	0	90	0	90
Forsyth	NH0423	Summerstone Health and Rehab Center (Transfer 18 beds from Liberty Commons Nursing and Rehabilitation of Silas Creek)	120	0	120	0	0	18	0	138	0	138
Forsyth	NH0439	The Oaks (Transfer 13 beds to Liberty Commons of Mecklenburg Health and Rehabilitation Center in Mecklenburg County. Transfer 33 beds from Liberty Commons Nursing and Rehabilitation of Silas Creek)	131	0	131	0	0	20	0	151	0	151
Forsyth	NH0641	Trinity Elms	100	0	100	0	0	0	0	100	5	95
Forsyth	NH0058	Trinity Glen	117	0	117	0	0	0	0	117	1	116
Forsyth	NH0125	Willow Valley Center for Nursing and Rehabilitation	230	0	230	0	0	0	0	230	0	230
Forsyth Totals			1,610	0	1,610	200	0	-162	0	1,648	218	1,430
Franklin	NH0486	Franklin Oaks Nursing and Rehabilitation Center	166	0	166	0	0	0	0	166	0	166
Franklin	NH0264	Louisburg Healthcare & Rehabilitation Center	92	0	92	0	0	0	0	92	0	92
Franklin Totals			258	0	258	0	0	0	0	258	0	258
Gaston	NH0305	Accordius Health at Gastonia	118	0	118	0	0	0	0	118	0	118
Gaston	NH0561	Belaire Health Care Center	80	0	80	0	0	0	0	80	0	80
Gaston	NH0287	Carolina Care Health and Rehabilitation	107	0	107	0	0	0	0	107	0	107

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						Nursing Home	Hospital	CON Bed Transfer				
Gaston	NH0494	Courtland Terrace	77	0	77	0	0	0	0	77	0	77
Gaston	NH0332	Covenant Village Inc	38	0	38	0	0	0	0	38	38	0
Gaston	NH0547	Gastonia Health & Rehab Center	60	0	60	0	0	0	0	60	0	60
Gaston	NH0403	Peak Resources - Cherryville	70	0	70	0	0	0	0	70	0	70
Gaston	NH0402	Peak Resources - Gastonia	104	0	104	0	0	0	0	104	0	104
Gaston	NH0386	Stanley Total Living Center	106	0	106	12	0	0	0	118	12	106
Gaston	NH0228	The Greens at Gastonia	162	0	162	0	0	0	0	162	0	162
Gaston	NH0468	The Ivy at Gastonia	50	0	50	0	0	0	0	50	0	50
Gaston Totals			972	0	972	12	0	0	0	984	50	934
Gates	NH0513	Gates Health and Rehabilitation Center	70	0	70	0	0	0	0	70	0	70
Gates Totals			70	0	70	0	0	0	0	70	0	70
Graham	NH0495	Graham Healthcare and Rehabilitation Center	80	0	80	0	0	0	0	80	0	80
Graham Totals			80	0	80	0	0	0	0	80	0	80
Granville	H0098	Granville Health System**	0	80	80	0	0	0	0	80	0	80
Granville	NH0447	Universal Health Care - Oxford (Transfer 20 beds to Universal Health Care-Wake Forest in Wake County)	160	0	160	0	0	-20	0	140	0	140
Granville Totals			160	80	240	0	0	-20	0	220	0	220
Greene	NH0373	Greendale Forest Nursing and Rehabilitation Center	115	0	115	0	0	0	0	115	0	115
Greene Totals			115	0	115	0	0	0	0	115	0	115
Guilford	NH0581	Adams Farm Living & Rehabilitation	120	0	120	0	0	0	0	120	0	120
Guilford	NH0625	Ashton Health and Rehabilitation	134	0	134	0	0	0	0	134	0	134
Guilford	NH0135	Blumenthal Nursing & Rehabilitation Center	134	0	134	0	0	0	0	134	3	131
Guilford	NH0624	Camden Health and Rehabilitation	135	0	135	0	0	0	0	135	0	135
Guilford	NH0017	Clapps Nursing Center	118	0	118	0	0	0	0	118	0	118
Guilford	NH0226	Countryside	60	0	60	0	0	0	0	60	0	60
Guilford	NH0190	Friends Homes at Guilford	69	0	69	0	0	0	0	69	10	59
Guilford	NH0554	Friends Homes West	40	0	40	0	0	0	0	40	30	10
Guilford	NH0368	Greenhaven Health and Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Guilford	NH0564	Guilford Health Care Center**	110	0	110	0	0	0	0	110	0	110
Guilford	NH0601	Heartland Living & Rehab	107	0	107	0	0	0	0	107	0	107
Guilford	H0073	Kindred Hospital - Greensboro	0	23	23	0	0	0	0	23	23	0

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						Nursing Home	Hospital	CON Bed Transfer				
Guilford	NH0275	Linden Place Center for Nursing and Rehabilitation**	105	0	105	0	0	0	0	105	0	105
Guilford	NH0552	Maple Grove Health and Rehabilitation Center (Transfer 10 beds to Triangle Health and Rehabilitation (Wake County))	210	0	210	0	0	-10	0	200	0	200
Guilford	NH0005	Maryfield Nursing Home	125	0	125	0	0	0	0	125	26	99
Guilford	NH0389	Meridian Center	199	0	199	0	0	0	0	199	0	199
Guilford	NH0274	Piedmont Hills Center for Nursing and Rehabilitation	126	0	126	0	0	0	0	126	0	126
Guilford	NH0612	River Landing at Sandy Ridge	60	0	60	0	0	0	0	60	32	28
Guilford	NH0627	The Shannon Gray Rehabilitation & Recovery Center	150	0	150	0	0	0	0	150	0	150
Guilford	NH0546	Well-Spring	70	0	70	0	0	0	0	70	70	0
Guilford	NH0155	Westchester Manor at Providence Place	129	0	129	0	0	0	0	129	0	129
Guilford	NH0141	WhiteStone: A Masonic and Eastern Star Community	88	0	88	0	0	0	0	88	7	81
Guilford Totals			2,409	23	2,432	0	0	-10	0	2,422	201	2,221
Halifax	NH0656	Bryan Health and Rehab	60	0	60	0	0	0	0	60	0	60
Halifax	NH0037	Enfield Oaks Nursing and Rehabilitation Center (Transfer 3 beds to Wilson Pines Nursing & Rehabilitation Center in Wilson County; transfer 5 beds to Triangle Health and Rehabilitation (Wake County))**	63	0	63	0	0	-8	0	55	0	55
Halifax	NH0469	Liberty Commons Nursing and Rehabilitation Center of Halifax County	50	0	50	0	0	0	0	50	0	50
Halifax	NH0314	Scotland Manor Health and Rehabilitation Center**	62	0	62	0	0	0	0	62	0	62
Halifax	NH0312	Signature Healthcare of Roanoke Rapids	108	0	108	0	0	0	0	108	0	108
Halifax Totals			343	0	343	0	0	-8	0	335	0	335
Harnett	NH0144	Emerald Health & Rehab Center	96	0	96	0	0	0	0	96	0	96
Harnett	NH0576	Harnett Woods Nursing and Rehabilitation Center	100	0	100	0	0	0	0	100	0	100
Harnett	NH0482	The Carrolton of Dunn	100	0	100	0	0	0	0	100	0	100
Harnett	NH0444	Universal Health Care - Lillington	129	0	129	0	0	0	0	129	0	129
Harnett Totals			425	0	425	0	0	0	0	425	0	425
Haywood	NH0366	Autumn Care of Waynesville	90	0	90	0	0	0	0	90	0	90

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						Nursing Home	Hospital	CON Bed Transfer				
Haywood	NH0081	Maggie Valley Nursing and Rehab	114	0	114	0	0	0	0	114	0	114
Haywood	NH0458	Silver Bluff	131	0	131	0	0	0	0	131	0	131
Haywood	NH0520	Skyland Terrace and Rehabilitation	90	0	90	0	0	0	0	90	0	90
Haywood	NH0342	Smoky Mountain Health and Rehabilitation Center	50	0	50	0	0	0	0	50	0	50
Haywood Totals			475	0	475	0	0	0	0	475	0	475
Henderson	NH0174	Carolina Village	58	0	58	0	0	0	0	58	0	58
Henderson	NH0586	Hendersonville Health and Rehabilitation	130	0	130	0	0	0	0	130	0	130
Henderson	NH0565	Life Care Center of Hendersonville	80	0	80	0	0	0	0	80	0	80
Henderson	NH0382	Orchard Valley Health and Rehabilitation	134	0	134	0	0	0	0	134	0	134
Henderson	NH0470	The Greens at Hendersonville	120	0	120	0	0	0	0	120	0	120
Henderson	NH0480	The Laurels of Hendersonville	100	0	100	0	0	0	0	100	0	100
Henderson	NH0394	The Lodge at Mills River	50	0	50	0	0	0	0	50	0	50
Henderson	NH0608	Universal Health Care - Fletcher	90	0	90	0	0	0	0	90	0	90
Henderson	NH0273	Valley Hill Health & Rehab Center**	150	0	150	0	0	0	0	150	0	150
Henderson Totals			912	0	912	0	0	0	0	912	0	912
Hertford	NH0299	AhoskieHealth and Rehabilitation Center	151	0	151	0	0	0	0	151	0	151
Hertford Totals			151	0	151	0	0	0	0	151	0	151
Hoke	NH0438	Autumn Care of Raeford	132	0	132	0	0	0	0	132	0	132
Hoke Totals			132	0	132	0	0	0	0	132	0	132
Hyde	NH0515	Cross Creek Health Care (Transfer 22 beds to Pisgah Manor in Buncombe County and transfer 30 beds to Liberty Commons of Mecklenburg Health & Rehabilitation Center)**	50	0	50	30	0	-52	0	28	0	28
Hyde Totals			50	0	50	30	0	-52	0	28	0	28
Iredell	NH0176	Accordius Health at Statesville**	147	0	147	0	0	0	0	147	0	147
Iredell	NH0599	Autumn Care of Statesville	103	0	103	0	0	0	0	103	0	103
Iredell	NH0435	Glenwood Rehabilitation and Nursing Center	130	0	130	0	0	0	0	130	0	130
Iredell	H0164	Iredell Memorial Hospital	0	48	48	0	0	0	0	48	0	48
Iredell	NH0238	Mooresville Rehabilitation and Nursing Center	131	0	131	0	0	0	0	131	0	131
Iredell	NH0488	The Greens at Maple Leaf	94	0	94	0	0	0	0	94	0	94
Iredell Totals			605	48	653	0	0	0	0	653	0	653

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						Nursing Home	Hospital	CON Bed Transfer				
Jackson	NH0168	Skyland Care Center	94	0	94	0	0	0	0	94	0	94
Jackson	NH0623	Vero Health & Rehab of Sylva	106	0	106	0	0	0	0	106	0	106
Jackson Totals			200	0	200	0	0	0	0	200	0	200
Johnston	NH0371	Barbour Court Nursing and Rehabilitation Center	165	0	165	0	0	0	0	165	0	165
Johnston	NH0475	Clayton Rehabilitation Healthcare Center	90	0	90	0	0	0	0	90	0	90
Johnston	NH0606	Liberty Commons Nursing and Rehabilitation Center of Johnston County	100	0	100	0	0	0	0	100	0	100
Johnston	NH0182	Smithfield Manor Nursing and Rehab	160	0	160	0	0	0	0	160	0	160
Johnston	NH0646	Springbrook Nursing and Rehabilitation Center	100	0	100	0	0	0	0	100	0	100
Johnston Totals			615	0	615	0	0	0	0	615	0	615
Jones	NH0508	Brook Stone Living Center	80	0	80	0	0	0	0	80	0	80
Jones Totals			80	0	80	0	0	0	0	80	0	80
Lee	NH0613	Liberty Commons Nursing and Rehabilitation Center of Lee County	80	0	80	0	0	0	0	80	0	80
Lee	NH0286	Sanford Health & Rehabilitation Co	131	0	131	0	0	0	0	131	0	131
Lee	NH0285	Westfield Rehabilitation and Health Center	83	0	83	0	0	0	0	83	0	83
Lee Totals			294	0	294	0	0	0	0	294	0	294
Lenoir	NH0355	Harmony Hall Nursing and Rehabilitation Center (Transfer 9 beds to Triangle Health and Rehabilitation (Wake County))	175	0	175	0	0	-9	0	166	0	166
Lenoir	NH0634	NC State Veterans Home - Kinston*	100	0	100	0	0	0	0	100	100	0
Lenoir	NH0309	Signature Healthcare of Kinston	106	0	106	0	0	0	0	106	0	106
Lenoir Totals			381	0	381	0	0	-9	0	372	100	272
Lincoln	NH0504	Cardinal Healthcare and Rehabilitation Center	63	0	63	0	0	0	0	63	0	63
Lincoln	NH0406	Lincolnton Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Lincoln	NH0385	The Greens at Lincolnton	117	0	117	0	0	0	0	117	0	117
Lincoln Totals			300	0	300	0	0	0	0	300	0	300
Macon	NH0647	Eckerd Living Center	80	0	80	0	0	0	0	80	0	80

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						Nursing Home	Hospital	CON Bed Transfer				
Macon	NH0417	Macon Valley Nursing and Rehabilitation Center (Transfer 80 beds to Western Mecklenburg Health & Rehabilitation Center in Mecklenburg County)	200	0	200	0	0	-80	0	120	0	120
Macon Totals			280	0	280	0	0	-80	0	200	0	200
Madison	NH0479	Elderberry Health Care	80	0	80	0	0	0	0	80	0	80
Madison	NH0290	Madison Health and Rehabilitation	100	0	100	0	0	0	0	100	0	100
Madison Totals			180	0	180	0	0	0	0	180	0	180
Martin	NH0270	The Carrolton of Williamston	154	0	154	0	0	0	0	154	0	154
Martin Totals			154	0	154	0	0	0	0	154	0	154
McDowell	NH0346	Autumn Care of Marion	110	0	110	0	0	0	0	110	0	110
McDowell	NH0326	Deer Park Health and Rehabilitation	140	0	140	0	0	0	0	140	0	140
McDowell Totals			250	0	250	0	0	0	0	250	0	250
Mecklenburg	NH0363	Accordius Health at Charlotte	120	0	120	0	0	0	0	120	0	120
Mecklenburg	NH0465	Accordius Health at Midwood	100	0	100	0	0	0	0	100	0	100
Mecklenburg	NH0573	Asbury Health and Rehabilitation Center	120	0	120	0	0	0	0	120	25	95
Mecklenburg	NH0643	Autumn Care of Cornelius	102	0	102	0	0	0	0	102	0	102
Mecklenburg	NH0659	Briar Creek Health Center^	22	0	22	0	0	0	0	22	0	22
Mecklenburg	NH0574	Brookdale Carriage Club Providence	42	0	42	0	0	0	0	42	42	0
Mecklenburg	NH0512	Charlotte Health & Rehabilitation Center	90	0	90	0	0	0	0	90	0	90
Mecklenburg	NH0635	Clear Creek Nursing & Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Mecklenburg	NH0503	Hunter Woods Nursing and Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Mecklenburg	NH0648	Huntersville Health & Rehabilitation Center**	90	0	90	0	0	0	0	90	0	90
Mecklenburg	NH0377	Huntersville Oaks	168	0	168	0	0	0	0	168	0	168
Mecklenburg	NH0620	Lakeside Health & Rehab Center	114	0	114	0	0	0	0	114	0	114
Mecklenburg		Liberty Commons Nursing and Rehabilitation Center of Mint Hill (Transfer 67 beds from Mary Gran (Sampson County), 7 beds from Liberty Commons of Columbus (Columbus County), and 9 beds from Shoreland (Columbus County), 9 beds from Royal Park Rehab & Hlth Ctr and 8 beds from Pavilion Hlth Ctr at Brightmore)	0	0	0	0	0	100	0	100	0	100

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Mecklenburg		Liberty Commons of Mecklenburg Health & Rehabilitation (Transfer 13 beds from The Oaks (Forsyth County), 25 beds from Warren Hills (Warren County), 30 beds from Cross Creek (Hyde County), 22 beds from Bermuda Commons (Davie County), and 10 beds from Parkview (Orange County))	0	0	0	0	0	100	0	100	0	100
Mecklenburg	NH0060	Matthews Health & Rehab Center	166	0	166	0	0	0	0	166	0	166
Mecklenburg	NH0570	Mecklenburg Health & Rehabilitation	100	0	100	0	0	0	0	100	0	100
Mecklenburg	H0010	Novant Health Presbyterian Medical Center**	0	16	16	0	0	0	0	16	0	16
Mecklenburg	NH0639	Pavilion Health Center at Brightmore (Relocate 8 beds to Liberty Commons Nursing and Rehabilitation Center of Mint Hill)	108	0	108	0	0	-8	0	100	0	100
Mecklenburg	NH0426	Peak Resources - Charlotte	142	0	142	0	0	0	0	142	0	142
Mecklenburg	NH0279	Pelican Health at Charlotte	120	0	120	0	0	0	0	120	0	120
Mecklenburg	NH0267	Pelican Health Randolph LLC	100	0	100	0	0	0	0	100	0	100
Mecklenburg	NH0521	Pineville Rehabilitation and Living Center	106	0	106	0	0	0	0	106	0	106
Mecklenburg	NH0063	Royal Park Rehabilitation & Health Center (Relocate 9 beds to Liberty Commons Nursing and Rehabilitation Center of Mint Hill)	159	0	159	0	0	-9	0	150	0	150
Mecklenburg	NH0483	Sardis Oaks	124	0	124	0	0	0	0	124	0	124
Mecklenburg	NH0557	Saturn Nursing and Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Mecklenburg	NH0121	Sharon Towers	96	0	96	0	0	0	0	96	34	62
Mecklenburg	NH0414	Southminster	60	0	60	0	0	0	0	60	60	0
Mecklenburg	NH0319	The Citadel at Myers Park	133	0	133	0	0	0	0	133	0	133
Mecklenburg	NH0443	The Pines at Davidson	82	0	82	0	0	0	0	82	51	31
Mecklenburg	NH0584	The Stewart Health Center	65	0	65	0	0	0	0	65	65	0
Mecklenburg	NH0016	University Place Nursing and Rehabilitation Center (Transfer 20 beds to Triangle Health and Rehabilitation (Wake County))	207	0	207	0	0	-20	0	187	0	187

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						Nursing Home	Hospital	CON Bed Transfer				
Mecklenburg		Western Mecklenburg Health & Rehabilitation Center (Transfer 80 beds from Macon Valley Nursing & Rehabilitation in Macon County, and 30 beds from Magnolia Lane Nursing & Rehabilitation Center in Burke County)	0	0	0	0	0	110	0	110	0	110
Mecklenburg	NH0350	White Oak Manor - Charlotte	180	0	180	0	0	0	0	180	0	180
Mecklenburg	NH0466	WillowBrooke Court SC Ctr at Matthews Glen	90	0	90	0	0	0	0	90	90	0
Mecklenburg	NH0572	Wilora Lake Healthcare Center	70	0	70	0	0	0	0	70	0	70
Mecklenburg	NH0660	Windsor Run	36	0	36	0	0	0	0	36	0	36
Mecklenburg Totals			3,472	16	3,488	0	0	273	0	3,761	367	3,394
Mitchell	NH0433	The Greens at Spruce Pines	127	0	127	0	0	0	0	127	0	127
Mitchell Totals			127	0	127	0	0	0	0	127	0	127
Montgomery	NH0411	Autumn Care of Biscoe	141	0	141	0	0	0	0	141	0	141
Montgomery Totals			141	0	141	0	0	0	0	141	0	141
Moore	NH0597	Accordius Health at Aberdeen	90	0	90	0	0	0	0	90	0	90
Moore	NH0605	Inn at Quail Haven Village	60	0	60	0	0	0	0	60	25	35
Moore	NH0539	Peak Resources - Pinelake	90	0	90	0	0	0	0	90	0	90
Moore	NH0127	Penick Village	50	0	50	0	0	0	0	50	0	50
Moore	NH0294	Pinehurst Healthcare & Rehabilitation Center**	144	0	144	0	0	0	0	144	0	144
Moore	NH0589	St Joseph of The Pines Health Center	176	0	176	0	0	0	0	176	0	176
Moore	NH0230	The Greens at Pinehurst Rehabilitation & Living Center	120	0	120	0	0	0	0	120	0	120
Moore Totals			730	0	730	0	0	0	0	730	25	705
Nash	NH0602	Autumn Care of Nash	60	0	60	0	0	0	0	60	0	60
Nash	NH0313	Rocky Mount Rehabilitation Center	117	0	117	0	0	0	0	117	0	117
Nash	NH0437	The Carrolton of Nash	141	0	141	0	0	0	0	141	0	141
Nash	NH0122	The Lodge at Rocky Mount	100	0	100	0	0	0	0	100	0	100
Nash	NH0500	Universal Health Care - Nashville (Facility closed. Transfer 9 beds to Universal Health Care - Wake Forest in Wake County)****	0	0	0	9	0	-9	0	0	0	0
Nash Totals			418	0	418	9	0	-9	0	418	0	418
New Hanover	NH0392	August Healthcare at Wilmington	120	0	120	0	0	0	0	120	0	120
New Hanover	NH0595	Autumn Care of Myrtle Grove	90	0	90	0	0	0	0	90	0	90

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New Hanover	NH0632	Azalea Health & Rehab Center	80	0	80	0	0	0	0	80	0	80
New Hanover	NH0649	Bradley Creek Health Center	30	0	30	0	0	0	0	30	12	18
New Hanover	NH0205	Cypress Pointe Rehabilitation Center	90	0	90	0	0	0	0	90	0	90
New Hanover	NH0645	Davis Health and Wellness Center at Cambridge Village	20	0	20	0	0	0	0	20	0	20
New Hanover	NH0097	Davis Health Care Center	179	0	179	0	0	0	0	179	0	179
New Hanover	NH0569	Liberty Commons Rehabilitation Center	82	0	82	0	0	0	0	82	0	82
New Hanover	NH0436	NorthChase Nursing and Rehabilitation Center	140	0	140	0	0	0	0	140	0	140
New Hanover	NH0617	Peak Resources - Wilmington	110	0	110	0	0	0	0	110	0	110
New Hanover	NH0630	Trinity Grove	100	0	100	0	0	0	0	100	4	96
New Hanover Totals			1,041	0	1,041	0	0	0	0	1,041	16	1,025
Northampton	NH0537	Northampton Nursing and Rehabilitation Center	80	0	80	0	0	0	0	80	0	80
Northampton	NH0045	Rich Square Nursing & Rehabilitation Center	69	0	69	0	0	0	0	69	0	69
Northampton Totals			149	0	149	0	0	0	0	149	0	149
Onslow	NH0370	Carolina Rivers Nursing and Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Onslow	NH0229	Premier Nursing and Rehabilitation Center (Transfer 49 beds to Rowan County Health & Rehabilitation Center in Rowan County)	239	0	239	0	0	-49	0	190	0	190
Onslow Totals			359	0	359	0	0	-49	0	310	0	310
Orange	NH0258	Carol Woods	30	0	30	0	0	0	0	30	30	0
Orange	NH0239	Parkview Health and Rehabilitation Center (Transfer 15 beds to Chatham County Rehabilitation Center (Chatham County) and transfer 10 beds to Liberty Commons of Mecklenburg Health & Rehabilitation (Mecklenburg County))	108	0	108	0	0	-25	0	83	0	83
Orange	NH0545	Peak Resources - Brookshire, Inc.	80	0	80	0	0	0	0	80	0	80
Orange	NH0093-A	Pruitt Health - Carolina Point (Portions of facility in Durham and Orange County)	120	0	120	0	0	0	0	120	0	120
Orange	NH0329	Signature HealthCARE of Chapel Hill	108	0	108	0	0	0	0	108	0	108
Orange Totals			446	0	446	0	0	-25	0	421	30	391

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

A County	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Nursing Care Beds in Hospitals	F Total Licensed Beds	G CON Approved/License Pending			J Available in SMFP	K Total Available Beds	L Sum of Exclusions	M Total Planning Inventory
						Nursing Home	Hospital	CON Bed Transfer				
Pamlico	NH0450	Grantsbrook Nursing and Rehabilitation Center	96	0	96	0	0	0	0	96	0	96
Pamlico Totals			96	0	96	0	0	0	0	96	0	96
Pasquotank	NH0040	Elizabeth City Health and Rehabilitation	170	0	170	0	0	0	0	170	36	134
Pasquotank	NH0302	Laurel Park Rehabilitation and Healthcare Center	108	0	108	0	0	0	0	108	0	108
Pasquotank Totals			278	0	278	0	0	0	0	278	36	242
Pender	H0115	Pender Memorial Hospital	0	43	43	0	0	0	0	43	0	43
Pender	NH0461	The Laurels of Pender	98	0	98	0	0	0	0	98	0	98
Pender	NH0300	Woodbury Wellness Center	112	0	112	0	0	0	0	112	0	112
Pender Totals			210	43	253	0	0	0	0	253	0	253
Perquimans	NH0432	Hertford Rehabilitation and Healthcare Center	78	0	78	0	0	0	0	78	0	78
Perquimans Totals			78	0	78	0	0	0	0	78	0	78
Person	H0066	Person Memorial Hospital	0	60	60	0	0	0	0	60	0	60
Person	NH0265	Roxboro Healthcare & Rehabilitation Center	140	0	140	0	0	0	0	140	0	140
Person Totals			140	60	200	0	0	0	0	200	0	200
Pitt	NH0582	Ayden Court Nursing and Rehabilitation Center	82	0	82	0	0	0	0	82	0	82
Pitt	NH0473	Cypress Glen Retirement Community	30	0	30	0	0	0	0	30	30	0
Pitt	NH0505	East Carolina Rehab and Wellness	130	0	130	0	0	0	0	130	0	130
Pitt	NH0271	Macgregor Downs Health Center by Harboview	152	0	152	0	0	0	0	152	0	152
Pitt	NH0304	PruittHealth - Farmville**	56	0	56	0	0	0	0	56	0	56
Pitt	NH0446	Universal Health Care - Greenville	120	0	120	0	0	0	0	120	0	120
Pitt Totals			570	0	570	0	0	0	0	570	30	540
Polk	NH0367	Autumn Care of Saluda	99	0	99	0	0	0	0	99	0	99
Polk	NH0399	White Oak Manor - Tryon	70	0	70	0	0	0	0	70	0	70
Polk	NH0559	WillowBrooke Court SC Center at Tryon Estates**	52	0	52	0	0	0	0	52	52	0
Polk Totals			221	0	221	0	0	0	0	221	52	169
Randolph	NH0335	Alpine Health and Rehabilitation of Asheboro	238	0	238	0	0	0	0	238	0	238
Randolph	NH0448	Asheboro Rehabilitation and Healthcare Center	100	0	100	0	0	0	0	100	0	100

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

A County	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Nursing Care Beds in Hospitals	F Total Licensed Beds	G CON Approved/License Pending			J Available in SMFP	K Total Available Beds	L Sum of Exclusions	M Total Planning Inventory
						Nursing Home	Hospital	CON Bed Transfer				
Randolph	NH0020	Clapp's Convalescent Nursing Home	96	0	96	0	0	0	0	96	0	96
Randolph	NH0489	The Graybrier Nursing And Retirement Center	128	0	128	0	0	0	0	128	0	128
Randolph	NH0609	Universal Health Care - Ramseur	90	0	90	0	0	0	0	90	0	90
Randolph	NH0556	Westwood Health and Rehabilitation Center	68	0	68	0	0	0	0	68	0	68
Randolph Totals			720	0	720	0	0	0	0	720	0	720
Richmond	NH0427	PruittHealth - Rockingham	120	0	120	0	0	0	0	120	0	120
Richmond	NH0455	Richmond Pines Healthcare and Rehabilitation Center (Transfer 5 beds to Wilson Pines Nursing & Rehabilitation in Wilson County)	105	0	105	0	0	-5	0	100	0	100
Richmond Totals			225	0	225	0	0	-5	0	220	0	220
Robeson	NH0533	GlenFlora	52	0	52	0	0	0	0	52	0	52
Robeson	NH0289	Harborview Lumberton	122	0	122	0	0	0	0	122	0	122
Robeson	NH0518	Pembroke Center	84	0	84	0	0	0	0	84	0	84
Robeson	H0064	Southeastern Regional Medical Center	0	115	115	0	0	0	0	115	0	115
Robeson	NH0472	The Carrolton of Lumberton**	90	0	90	0	0	0	0	90	0	90
Robeson	NH0240	Wesley Pines Retirement Community	62	0	62	0	0	0	0	62	1	61
Robeson Totals			410	115	525	0	0	0	0	525	1	524
Rockingham	NH0293	Cypress Valley Center for Nursing and Rehabilitation	110	0	110	0	0	0	0	110	0	110
Rockingham	NH0361	Eden Rehabilitation and Healthcare Center	112	0	112	0	0	0	0	112	0	112
Rockingham	NH0092	Jacob's Creek Nursing and Rehabilitation Center (Transfer 20 beds to Rowan County Health & Rehabilitation Center in Rowan County)	170	0	170	0	0	-20	0	150	0	150
Rockingham	NH0614	Penn Nursing Center	82	0	82	0	0	0	0	82	0	82
Rockingham	H0072	UNC Rockingham Hospital	0	121	121	0	0	0	0	121	0	121
Rockingham Totals			474	121	595	0	0	-20	0	575	0	575
Rowan	NH0424	Autumn Care of Salisbury	97	0	97	0	0	0	0	97	0	97
Rowan	NH0471	Big Elm Retirement and Nursing Centers	50	0	50	0	0	0	0	50	0	50
Rowan	NH0442	Compass Healthcare and Rehab Rowan	70	0	70	0	0	0	0	70	0	70
Rowan	NH0591	Liberty Commons Nursing and Rehabilitation Centerr of Rowan County	90	0	90	0	0	0	0	90	0	90
Rowan	NH0616	NC State Veterans Home - Salisbury*	99	0	99	0	0	0	0	99	99	0

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

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						Nursing Home	Hospital	CON Bed Transfer				
Rowan	NH0050	Piedmont Health & Rehab Center	58	0	58	0	0	0	0	58	0	58
Rowan		Rowan County Health & Rehabilitation Center (Transfer 49 beds from Premier Nursing & Rehabilitation Center (Onslow County), 20 beds from Jacob's Creek Nursing & Rehabilitation Center (Rockingham County) and 20 beds from Chowan River Nursing & Rehabilitation Center (Chowan County))	0	0	0	0	0	89	0	89	0	89
Rowan	NH0449	Salisbury Rehabilitation and Nursing Center	185	0	185	0	0	0	0	185	0	185
Rowan	NH0441	The Citadel Salisbury**	160	0	160	0	0	0	0	160	0	160
Rowan	NH0538	The Laurels of Salisbury	60	0	60	0	0	0	0	60	0	60
Rowan	NH0197	Trinity Oaks	115	0	115	0	0	0	0	115	64	51
Rowan Totals			984	0	984	0	0	89	0	1,073	163	910
Rutherford	NH0531	Fair Haven Home	30	0	30	0	0	0	0	30	0	30
Rutherford	NH0474	Fair Haven of Forest City	100	0	100	0	0	0	0	100	0	100
Rutherford	NH0153	Hilltop Health and Rehabilitation	80	0	80	0	0	0	0	80	0	80
Rutherford	NH0566	Oak Grove Healthcare Center	60	0	60	0	0	0	0	60	0	60
Rutherford	NH0590	Willow Ridge Rehabilitation and Living Center	136	0	136	0	0	0	0	136	0	136
Rutherford Totals			406	0	406	0	0	0	0	406	0	406
Sampson	NH0089	Mary Gran Nursing Center (Transfer 67 beds to Liberty Commons Nursing and Rehabilitation Center of Mint Hill in Mecklenburg County and transfer 25 beds to Pisgah Manor in Buncombe County)	212	0	212	0	0	-92	0	120	0	120
Sampson	H0067	Sampson Regional Medical Center**	0	30	30	0	0	0	0	30	0	30
Sampson	NH0571	Southwood Nursing and Retirement Center	100	0	100	0	0	0	0	100	0	100
Sampson Totals			312	30	342	0	0	-92	0	250	0	250
Scotland	NH0457	Scotia Village	58	0	58	0	0	0	0	58	44	14
Scotland	NH0340	Scottish Pines Rehabilitation and Nursing Center	149	0	149	0	0	0	0	149	0	149
Scotland Totals			207	0	207	0	0	0	0	207	44	163

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

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						Nursing Home	Hospital	CON Bed Transfer				
Stanly	NH0462	Bethany Woods Nursing and Rehabilitation Center (Transfer 30 beds to Triangle Health and Rehabilitation (Wake County))	180	0	180	0	0	-30	0	150	0	150
Stanly	NH0550	Forrest Oakes Healthcare Center	60	0	60	0	0	0	0	60	0	60
Stanly	NH0464	Stanly Manor	90	0	90	0	0	0	0	90	0	90
Stanly	NH0140	Trinity Place	76	0	76	0	0	0	0	76	3	73
Stanly Totals			406	0	406	0	0	-30	0	376	3	373
Stokes	H0165	LifeBrite Community Hospital of Stokes	0	40	40	0	0	0	0	40	0	40
Stokes	NH0555	Universal Health Care - King	96	0	96	0	0	0	0	96	0	96
Stokes	NH0507	Village Care of King	96	0	96	0	0	0	0	96	0	96
Stokes	NH0316	Walnut Cove Health and Rehabilitation Center	90	0	90	0	0	0	0	90	0	90
Stokes Totals			282	40	322	0	0	0	0	322	0	322
Surry	NH0516	Central Continuing Care	120	0	120	0	0	0	0	120	0	120
Surry	NH0640	Chatham Nursing & Rehabilitation	99	0	99	0	0	0	0	99	0	99
Surry	H0184	Northern Regional Hospital	0	33	33	0	0	0	0	33	0	33
Surry	NH0303	PruittHealth - Elkin	100	0	100	0	0	0	0	100	0	100
Surry	NH0276	Surry Community Health Center by Harborview	120	0	120	0	0	0	0	120	0	120
Surry Totals			439	33	472	0	0	0	0	472	0	472
Swain	NH0251	Mountain View Manor Nursing Center	120	0	120	0	0	0	0	120	0	120
Swain Totals			120	0	120	0	0	0	0	120	0	120
Transylvania	NH0277	Sapphire Ridge health and Rehabilitation	147	0	147	0	0	0	0	147	0	147
Transylvania	NH0563	The Oaks - Brevard	110	0	110	0	0	0	0	110	0	110
Transylvania	H0111	Transylvania Regional Hospital	0	10	10	0	0	0	0	10	0	10
Transylvania Totals			257	10	267	0	0	0	0	267	0	267
Union	NH0493	Accordius Health at Monroe	60	0	60	0	0	0	0	60	0	60
Union	NH0421	Autumn Care of Marshville	110	0	110	0	0	0	0	110	0	110
Union	NH0657	Jesse Helms Nursing Center	0	70	70	0	0	0	0	70	0	70
Union	NH0592	Lake Park Nursing and Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Union	NH0310	Monroe Rehabilitation Center	147	0	147	0	0	0	0	147	0	147
Union	NH0644	PruittHealth - Union Pointe	90	0	90	0	0	0	0	90	0	90
Union	NH0628	White Oak of Waxhaw	100	0	100	0	0	0	0	100	0	100
Union Totals			627	70	697	0	0	0	0	697	0	697

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

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						Nursing Home	Hospital	CON Bed Transfer				
Vance	NH0307	Camellia Gardens Center for Nursing and Rehabilitation	78	0	78	0	0	0	0	78	0	78
Vance	NH0353	Kerr Lake Nursing and Rehabilitation Center	92	0	92	0	0	0	0	92	0	92
Vance	NH0477	Senior Citizen's Home	60	0	60	0	0	0	0	60	0	60
Vance Totals			230	0	230	0	0	0	0	230	0	230
Wake	NH0654	BellaRose Nursing and Rehab	100	0	100	0	0	0	0	100	0	100
Wake		Bloomsbury Health Center (Transfer 22 beds from Capital Nursing and Rehabilitation Center)	0	0	0	9	0	22	0	31	9	22
Wake	NH0636	Brittany Place	25	0	25	0	0	0	0	25	49	-24
Wake		Britthaven of Holly Springs (Transfer 90 beds from Tower Nursing and Rehabilitation Center)	0	0	0	0	0	90	0	90	0	90
Wake	NH0268	Capital Nursing and Rehabilitation Center (Transfer 22 beds to Bloomsbury Health Center)	125	0	125	0	0	-22	0	103	0	103
Wake	NH0511	Cary Health and Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Wake	NH0383	Dan E & Mary Louise Stewart Health Center of Springmoor	173	0	173	0	0	0	0	173	173	0
Wake	NH0549	Glenaire	71	0	71	0	0	0	0	71	51	20
Wake	NH0428	Hillcrest Raleigh at Crabtree Valley	134	0	134	0	0	0	0	134	0	134
Wake	NH0525	Hillside Nursing Center of Wake Forest	130	0	130	0	0	0	0	130	0	130
Wake	NH0558	Litchford Falls Healthcare and Rehabilitation Center (Transfer 90 to Universal Health Care - Wake Forest)	90	0	90	0	0	-90	0	0	0	0
Wake	NH0618	PruittHealth - Raleigh***	150	0	150	0	0	18	0	168	0	168
Wake	NH0115	Raleigh Rehabilitation Center	157	0	157	0	0	0	0	157	0	157
Wake	H0065	Rex Hospital	0	120	120	0	0	0	0	120	0	120
Wake	NH0146	Sunnybrook Rehabilitation Center	95	0	95	0	0	0	0	95	0	95
Wake	NH0658	Swift Creek Health Center^^	28	0	28	0	0	0	0	28	0	28
Wake	NH0653	The Cardinal at North Hills	15	0	15	10	0	0	0	25	15	10
Wake	NH0506	The Laurels of Forest Glenn	120	0	120	0	0	0	0	120	0	120
Wake	NH0007	The Oaks at Whitaker Glen - Mayview**	139	0	139	0	0	0	0	139	0	139
Wake	NH0622	The Rosewood Health Center	57	0	57	0	0	0	0	57	57	0

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						Nursing Home	Hospital	CON Bed Transfer				
Wake	NH0354	Tower Nursing and Rehabilitation Center (Transfer 90 to Britthaven of Holly Springs)	180	0	180	0	0	-90	0	90	0	90
Wake		Triangle Health and Rehabilitation Center (Transfer 30 beds from Bethany Woods Nursing and Rehabilitation (Stanly County), 5 beds from Enfield Oaks Nursing and Rehabilitation Center (Halifax County), 9 beds from Harmony Hall Nursing and Rehabilitation Center (Lenoir County), 10 beds from Maple Grove Health and Rehabilitation Center (Guilford County), 12 beds from Pine Ridge Health and Rehabilitation Center in (Davidson County), 20 beds from University Place Nursing and Rehabilitation Center (Mecklenburg County), 20 beds from Westwood Hills Nursing and Rehabilitation center (Wilkes County), and 14 beds from Willow Creek Nursing and Rehabilitation Center (Wayne County))	0	0	0	0	0	120	0	120	0	120
Wake	NH0594	UNC Rex Rehabilitation and Nursing Care Center of Apex	107	0	107	0	0	0	0	107	0	107
Wake	NH0637	Universal Health Care - Fuquay-Varina	100	0	100	0	0	0	0	100	0	100
Wake	NH0611	Universal Health Care - North Raleigh	132	0	132	0	0	0	0	132	0	132
Wake		Universal Health Care - Wake Forest (Transfer 90 beds from Litchford Falls, 9 beds from Universal Health Care - Nashville in Nash County, 20 beds from Universal Healthcare - Oxford in Granville County)	0	0	0	0	0	119	0	119	0	119
Wake		Wake County Health and Rehabilitation Center	0	0	0	95	0	0	0	95	0	95
Wake	H0199	WakeMed** ***	0	13	13	0	0	0	0	13	0	13
Wake	H0276	WakeMed Cary Hospital** ***	0	23	23	0	0	0	0	23	0	23
Wake	NH0544	Wellington Rehabilitation and Healthcare	80	0	80	0	0	0	0	80	0	80
Wake	NH0580	Windsor Point Continuing Care Retirement Community	45	0	45	0	0	0	0	45	45	0
Wake	NH0317	Zebulon Rehabilitation Center	60	0	60	0	0	0	0	60	0	60
Wake Totals			2,433	156	2,589	114	0	167	0	2,870	399	2,471

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						Nursing Home	Hospital	CON Bed Transfer				
Warren	NH0360	Warren Hills Nursing Center (Transfer 25 beds to Liberty Commons of Mecklenburg Health and Rehabilitation Center in Mecklenburg County)	140	0	140	0	0	-25	0	115	0	115
Warren Totals			140	0	140	0	0	-25	0	115	0	115
Washington	NH0419	The Carrolton of Plymouth	114	0	114	0	0	0	0	114	0	114
Washington Totals			114	0	114	0	0	0	0	114	0	114
Watauga	NH0400	Glenbridge Health and Rehabilitation	134	0	134	0	0	0	0	134	0	134
Watauga	NH0638	The Foley Center at Chestnut Ridge	92	0	92	0	0	0	0	92	0	92
Watauga Totals			226	0	226	0	0	0	0	226	0	226
Wayne	NH0492	Goldsboro Rehabilitation and Healthcare Center	130	0	130	0	0	0	0	130	0	130
Wayne	NH0401	Mount Olive Center	150	0	150	0	0	0	0	150	0	150
Wayne		O'Berry Center**	96	0	96	0	0	0	0	96	96	0
Wayne	NH0379	Willow Creek Nursing and Rehabilitation Center (Transfer 14 beds to Triangle Health and Rehabilitation (Wake County))	200	0	200	0	0	-14	0	186	0	186
Wayne Totals			576	0	576	0	0	-14	0	562	96	466
Wilkes	NH0451	Ridge Valley Center for Nursing and Rehabilitation	120	0	120	0	0	0	0	120	0	120
Wilkes	NH0295	Westwood Hills Nursing and Rehabilitation Center (Transfer 5 beds to Wilson Pines Nursing & Rehabilitation Center in Wilson County; transfer 20 beds to Triangle Health and Rehabilitation (Wake County))	176	0	176	0	0	-25	0	151	0	151
Wilkes	H0153	Wilkes Medical Center	0	10	10	0	0	0	0	10	0	10
Wilkes	NH0509	Wilkesboro Health and Rehabilitation	111	0	111	0	0	0	0	111	0	111
Wilkes Totals			407	10	417	0	0	-25	0	392	0	392
Wilson	NH0272	Harmony Park at Wilson	110	0	110	0	0	0	0	110	0	110
Wilson		Longleaf Neuro-Medical Treatment Center**	231	0	231	0	0	0	0	231	231	0
Wilson	NH0487	Wilson Healthcare and Rehabilitation Center	99	0	99	0	0	0	0	99	0	99

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						Nursing Home	Hospital	CON Bed Transfer				
Wilson	NH0218	Wilson Pines Nursing and Rehabilitation Center (Transfer 5 beds from Richmond Pines Nursing & Rehabilitation Center in Richmond County, 5 beds from Westwood Hills Nursing & Rehabilitation Center in Wilkes County, and 3 beds from Enfield Oaks Nursing & Rehabilitation Center in Halifax County)	95	0	95	0	0	13	0	108	0	108
Wilson	NH0530	Wilson Rehabilitation and Nursing Center	90	0	90	0	0	0	0	90	0	90
Wilson Totals			625	0	625	0	0	13	0	638	231	407
Yadkin	NH0568	Willowbrook Rehabilitation and Care Center	76	0	76	0	0	0	0	76	0	76
Yadkin	NH0224	Yadkin Nursing Care Center	147	0	147	0	0	0	0	147	0	147
Yadkin Totals			223	0	223	0	0	0	0	223	0	223
Yancey	NH0467	Smoky Ridge Health and Rehabilitation	140	0	140	0	0	0	0	140	0	140
Yancey Totals			140	0	140	0	0	0	0	140	0	140

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

A	B	C	D	E	F	G			J	K	L	M
County	License Number	Facility Name	Licensed Beds in Nursing Homes	Licensed Nursing Care Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
						Nursing Home	Hospital	CON Bed Transfer				
Grand Totals			45,211	892	46,103	597	0	-82	0	46,618	3,132	43,486

* State or federal facility that is excluded from the planning inventory and from occupancy calculations.

** Facilities that have licensed beds but reported zero occupancy due to renovations, development of a replacement facility, or a decision to not delicense beds.

*** Pursuant to Policy AC-4, a total of 37 beds from two WakeMed nursing home facilities were approved for reconversion to acute care beds at WakeMed Raleigh (24 beds from WakeMed Cary Hospital’s Fuquay-Varina Outpatient and Skilled Nursing Facility and 13 beds from WakeMed Zebulon/Wendell Outpatient and Skilled Nursing Facility). In addition, PruittHealth-Raleigh (formerly UniHealth Post-Acute Care) received approval to relocate 18 beds to its facility from these two WakeMed nursing care facilities (12 beds from WakeMed Cary/Fuquay-Varina and six beds from WakeMed Zebulon/Wendell). After these reconversions and transfers are complete, no beds will remain at WakeMed Cary/Fuquay-Varina (36) and WakeMed Zebulon/Wendell (19) nursing care facilities. 51 of 60 beds have been transferred (31 beds transferred to Universal Healthcare/Fuquay-Varina and 20 beds transferred to Universal Healthcare/North Raleigh).

^ Briar Creek Health Center is licensed for 22 nursing facility beds that were relocated from Pavilion Health Center and from Royal Park Rehabilitation and Health Center in 2018. In the 2023 SMFP, these beds were erroneously listed twice - once as beds licensed to Briar Creek Health Center and again as beds pending for relocation from the Pavilion Health Center and from Royal Park Rehabilitation Health Center to The Barclay at SouthPark. The entry for the relocation to The Barclay at SouthPark has been removed from the current table. This correction has no impact on the need determination for the Mecklenburg County service area.

^^ During the 2022 data reporting year, Brightmore Healthcare Center of Cary was relicensed as Swift Creek Health Center. The facility is licensed for 28 beds. In the 2023 SMFP, these beds were erroneously listed twice - once as beds licensed to Brightmore Healthcare Center of Cary and again as beds licensed to Swift Creek Health Center. The entry for Brightmore Healthcare Center of Cary has been removed from the current table. This correction has no impact on the need determination for the Wake County service area.

Table 10B: County Rate Calculations for Nursing Care Bed Need Determination

A County	B Patients					C Populations					D Rates					E Actual Average Change Rate	F Selected Change Rate (County or State)	G Bed Rate per 1,000
	2018	2019	2020	2021	2022	2018	2019	2020	2021	2022	2018	2019	2020	2021	2022			
	Alamance	761	742	600	597	675	165,749	170,483	170,698	173,384	177,141	4.5913	4.3523	3.5150	3.4432			
Alexander	104	99	84	63	76	38,390	38,530	38,524	36,145	36,429	2.7090	2.5694	2.1805	1.7430	2.0862	-0.0517	-0.0246	1.9324
Alleghany	67	62	73	76	81	11,466	11,466	11,558	10,829	11,132	5.8434	5.4073	6.3160	7.0182	7.2763	0.0603	-0.0246	6.7396
Anson	149	151	131	130	135	25,460	25,290	23,889	21,904	21,502	5.8523	5.9707	5.4837	5.9350	6.2785	0.0197	-0.0246	5.8153
Ashe	117	125	94	111	113	27,551	27,861	28,020	26,444	26,653	4.2467	4.4866	3.3547	4.1975	4.2397	0.0164	-0.0246	3.9269
Avery	79	74	73	69	62	17,913	18,022	18,182	17,775	17,951	4.4102	4.1061	4.0150	3.8819	3.4538	-0.0586	-0.0246	3.1991
Beaufort	245	252	157	213	234	47,438	47,480	47,400	44,120	44,395	5.1646	5.3075	3.3122	4.8277	5.2709	0.0503	-0.0246	4.8820
Bertie	105	100	104	96	89	19,732	19,636	19,496	17,598	16,933	5.3213	5.0927	5.3344	5.4552	5.2560	-0.0023	-0.0023	5.2191
Bladen	146	143	123	133	128	34,298	34,497	34,421	28,771	29,195	4.2568	4.1453	3.5734	4.6227	4.3843	0.0195	-0.0246	4.0609
Brunswick	386	446	378	412	438	136,126	142,088	147,644	140,411	150,848	2.8356	3.1389	2.5602	2.9342	2.9036	0.0146	-0.0246	2.6894
Buncombe	1,443	1,527	1,407	1,401	1,389	262,483	264,056	264,408	272,880	274,361	5.4975	5.7829	5.3213	5.1341	5.0627	-0.0192	-0.0192	4.7703
Burke	406	413	378	430	414	91,555	91,810	91,708	86,783	87,412	4.4345	4.4984	4.1218	4.9549	4.7362	0.0222	-0.0246	4.3868
Cabarrus	591	636	510	489	528	209,303	212,917	216,841	232,083	235,654	2.8237	2.9871	2.3520	2.1070	2.2406	-0.0489	-0.0246	2.0753
Caldwell	341	337	341	327	322	83,597	83,417	84,230	80,171	80,975	4.0791	4.0399	4.0484	4.0788	3.9765	-0.0063	-0.0063	3.9018
Camden *	0	0	0	0	0	10,414	10,611	10,575	10,469	10,915	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Carteret	259	244	192	177	188	70,619	71,163	71,352	67,311	68,813	3.6676	3.4287	2.6909	2.6296	2.7320	-0.0660	-0.0246	2.5305
Caswell	113	114	122	110	99	23,309	23,664	23,462	22,582	22,339	4.8479	4.8174	5.1999	4.8711	4.4317	-0.0201	-0.0201	4.1647
Catawba	647	650	601	613	612	157,978	159,494	160,732	161,909	162,790	4.0955	4.0754	3.7391	3.7861	3.7594	-0.0205	-0.0205	3.5285
Chatham	339	347	318	326	364	74,491	75,994	77,061	77,747	78,450	4.5509	4.5661	4.1266	4.1931	4.6399	0.0074	0.0074	4.7435
Cherokee	158	150	111	138	161	29,288	29,630	29,610	28,873	29,177	5.3947	5.0624	3.7487	4.7796	5.5180	0.0271	-0.0246	5.1110
Chowan	91	89	86	81	67	14,123	14,114	14,114	13,640	13,677	6.4434	6.3058	6.0932	5.9384	4.8987	-0.0639	-0.0246	4.5374
Clay	86	77	76	72	67	11,646	11,860	11,759	11,066	11,415	7.3845	6.4924	6.4631	6.5064	5.8695	-0.0541	-0.0246	5.4365
Cleveland	457	443	324	359	405	98,717	99,776	100,814	100,541	101,874	4.6294	4.4399	3.2138	3.5707	3.9755	-0.0232	-0.0232	3.6992
Columbus	256	179	177	188	209	56,505	56,290	56,002	49,307	50,043	4.5306	3.1800	3.1606	3.8128	4.1764	-0.0006	-0.0006	4.1686
Craven	401	390	337	356	303	103,569	103,779	103,016	100,128	102,032	3.8718	3.7580	3.2713	3.5554	2.9697	-0.0592	-0.0246	2.7506
Cumberland	984	921	791	800	820	329,079	332,455	333,531	334,660	343,588	2.9902	2.7703	2.3716	2.3905	2.3866	-0.0528	-0.0246	2.2105
Currituck	59	51	55	55	75	27,321	27,526	28,048	29,305	30,904	2.1595	1.8528	1.9609	1.8768	2.4269	0.0416	-0.0246	2.2478
Dare	91	86	68	78	65	37,197	37,290	38,027	37,342	37,937	2.4464	2.3062	1.7882	2.0888	1.7134	-0.0734	-0.0246	1.5870
Davidson	689	667	606	601	600	167,762	169,468	170,370	170,044	172,093	4.1070	3.9358	3.5570	3.5344	3.4865	-0.0395	-0.0246	3.2293
Davie	158	195	203	210	215	43,193	43,430	43,746	43,283	43,754	3.6580	4.4900	4.6404	4.8518	4.9138	0.0798	-0.0246	4.5514
Duplin	232	192	201	194	195	59,629	59,736	60,177	47,043	48,747	3.8907	3.2141	3.3401	4.1239	4.0002	0.0175	-0.0246	3.7052
Durham	1,107	1,104	918	905	1,027	311,649	315,741	321,261	329,973	332,576	3.5521	3.4965	2.8575	2.7426	3.0880	-0.0282	-0.0282	2.8271
Edgecombe	277	262	192	220	246	53,001	52,586	52,024	48,104	47,707	5.2263	4.9823	3.6906	4.5734	5.1565	0.0152	-0.0246	4.7761
Forsyth	1,329	1,344	1,134	1,176	1,192	377,523	379,693	380,964	385,489	386,047	3.5203	3.5397	2.9767	3.0507	3.0877	-0.0291	-0.0246	2.8599
Franklin	187	205	167	194	202	67,723	69,112	71,196	70,436	73,371	2.7612	2.9662	2.3456	2.7543	2.7531	0.0097	-0.0246	2.5500

Table 10B: County Rate Calculations for Nursing Care Bed Need Determination

A County	B Patients					C Populations					D Rates					E Actual Average Change Rate	F Selected Change Rate (County or State)	G Bed Rate per 1,000
	2018	2019	2020	2021	2022	2018	2019	2020	2021	2022	2018	2019	2020	2021	2022			
	Gaston	826	810	751	737	757	221,607	222,744	224,168	230,378	237,542	3.7273	3.6365	3.3502	3.1991			
Gates	51	58	52	47	52	12,079	12,132	11,908	10,166	10,312	4.2222	4.7807	4.3668	4.6233	5.0427	0.0488	-0.0246	4.6707
Graham	66	70	43	51	49	8,775	8,687	8,642	7,967	8,052	7.5214	8.0580	4.9757	6.4014	6.0854	-0.0185	-0.0185	5.7477
Granville	194	197	152	175	180	61,241	61,406	61,628	61,410	62,050	3.1678	3.2082	2.4664	2.8497	2.9009	-0.0113	-0.0113	2.8028
Greene	83	97	97	102	102	21,301	21,050	20,951	20,372	20,119	3.8965	4.6081	4.6299	5.0069	5.0698	0.0703	-0.0246	4.6958
Guilford	1,985	2,007	1,867	1,799	1,899	533,213	539,666	538,431	547,379	544,278	3.7227	3.7190	3.4675	3.2866	3.4890	-0.0148	-0.0148	3.3341
Halifax	257	181	212	214	189	51,704	51,194	50,898	47,873	47,787	4.9706	3.5356	4.1652	4.4702	3.9551	-0.0382	-0.0246	3.6633
Harnett	388	391	351	335	382	133,869	135,239	136,705	134,847	139,562	2.8984	2.8912	2.5676	2.4843	2.7371	-0.0113	-0.0113	2.6446
Haywood	392	416	341	367	359	62,959	63,328	63,481	62,403	62,888	6.2263	6.5690	5.3717	5.8811	5.7086	-0.0154	-0.0154	5.4443
Henderson	714	669	599	613	635	117,312	118,312	118,563	117,408	117,274	6.0863	5.6545	5.0522	5.2211	5.4147	-0.0267	-0.0267	4.9803
Hertford	131	133	83	106	120	24,031	24,037	23,720	19,871	19,507	5.4513	5.5331	3.4992	5.3344	6.1516	0.0813	-0.0246	5.6978
Hoke	108	112	92	101	107	54,923	54,842	54,682	52,331	55,151	1.9664	2.0422	1.6825	1.9300	1.9401	0.0037	0.0037	1.9616
Hyde	40	37	32	0	0	5,449	5,181	5,119	4,482	4,549	7.3408	7.1415	6.2512	0.0000	0.0000	0.0000	0.0000	0.0000
Iredell	481	486	413	441	684	179,330	181,380	183,309	191,180	196,170	2.6822	2.6795	2.2530	2.3067	3.4868	0.0938	-0.0246	3.2296
Jackson	163	168	178	173	167	44,272	44,335	44,354	43,147	42,972	3.6818	3.7893	4.0132	4.0095	3.8863	0.0142	-0.0246	3.5996
Johnston	527	525	506	503	515	199,768	205,951	211,626	223,975	233,435	2.6381	2.5492	2.3910	2.2458	2.2062	-0.0435	-0.0246	2.0434
Jones	52	56	39	33	41	10,100	10,196	10,067	8,947	9,199	5.1485	5.4923	3.8740	3.6884	4.4570	-0.0168	-0.0168	4.2317
Lee	244	251	227	208	196	60,097	61,690	61,663	64,278	64,907	4.0601	4.0687	3.6813	3.2359	3.0197	-0.0702	-0.0246	2.7969
Lenoir	305	318	286	268	239	57,232	56,372	56,876	54,783	54,572	5.3292	5.6411	5.0285	4.8920	4.3795	-0.0455	-0.0246	4.0565
Lincoln	268	249	236	244	249	84,608	86,453	88,699	88,298	91,171	3.1675	2.8802	2.6607	2.7634	2.7311	-0.0350	-0.0246	2.5297
Macon	147	137	126	129	103	36,117	36,498	37,014	37,430	37,653	4.0701	3.7536	3.4041	3.4464	2.7355	-0.0912	-0.0246	2.5337
Madison	163	173	171	167	161	22,523	22,602	22,500	21,205	21,522	7.2370	7.6542	7.6000	7.8755	7.4807	0.0092	0.0092	7.6865
Martin	102	105	100	86	87	23,290	23,150	22,904	21,713	21,476	4.3796	4.5356	4.3660	3.9608	4.0510	-0.0179	-0.0179	3.8329
McDowell	193	213	173	183	180	46,358	46,684	46,530	44,350	44,443	4.1633	4.5626	3.7180	4.1263	4.0501	0.0005	0.0005	4.0567
Mecklenburg	2,765	2,816	2,278	2,409	2,600	1,093,708	1,108,107	1,118,775	1,133,504	1,135,873	2.5281	2.5413	2.0362	2.1253	2.2890	-0.0182	-0.0182	2.1641
Mitchell	88	97	86	73	78	15,234	15,239	15,112	14,836	14,895	5.7766	6.3652	5.6908	4.9205	5.2367	-0.0188	-0.0188	4.9415
Montgomery	96	99	80	77	86	27,926	27,666	27,753	25,705	25,757	3.4377	3.5784	2.8826	2.9955	3.3389	0.0001	0.0001	3.3397
Moore	559	550	512	451	479	99,310	101,180	102,814	101,649	104,758	5.6288	5.4359	4.9799	4.4368	4.5724	-0.0492	-0.0246	4.2351
Nash	381	388	335	332	355	95,072	95,647	96,669	95,116	95,446	4.0075	4.0566	3.4654	3.4905	3.7194	-0.0152	-0.0152	3.5501
New Hanover	937	901	825	846	851	233,595	235,560	235,231	227,782	235,245	4.0112	3.8249	3.5072	3.7141	3.6175	-0.0241	-0.0241	3.3556
Northampton	104	136	130	140	138	20,711	20,527	20,054	16,796	17,036	5.0215	6.6254	6.4825	8.3353	8.1005	0.1389	-0.0246	7.5029
Onslow	227	235	204	215	222	198,783	201,548	210,056	206,718	209,491	1.1419	1.1660	0.9712	1.0401	1.0597	-0.0141	-0.0141	1.0150
Orange	299	348	319	358	343	144,372	147,093	147,907	150,258	149,665	2.0710	2.3659	2.1568	2.3826	2.2918	0.0301	-0.0246	2.1227
Pamlico	74	79	68	70	68	13,273	13,266	13,277	12,140	12,299	5.5752	5.9551	5.1216	5.7661	5.5289	0.0032	0.0032	5.5823
Pasquotank	227	202	203	177	209	39,826	39,731	39,952	40,743	40,763	5.6998	5.0842	5.0811	4.3443	5.1272	-0.0184	-0.0184	4.8449

Table 10B: County Rate Calculations for Nursing Care Bed Need Determination

A County	B Patients					C Populations					D Rates					E Actual Average Change Rate	F Selected Change Rate (County or State)	G Bed Rate per 1,000
	2018	2019	2020	2021	2022	2018	2019	2020	2021	2022	2018	2019	2020	2021	2022			
	Pender	217	234	218	213	220	62,359	63,406	63,949	61,105	65,282	3.4799	3.6905	3.4090	3.4858			
Perquimans	49	52	54	56	63	13,729	13,639	13,807	12,847	13,445	3.5691	3.8126	3.9111	4.3590	4.6858	0.0709	-0.0246	4.3401
Person	163	162	147	133	132	40,014	40,370	40,450	39,044	39,586	4.0736	4.0129	3.6341	3.4064	3.3345	-0.0483	-0.0246	3.0885
Pitt	473	471	417	433	433	179,388	179,731	183,285	170,276	172,231	2.6367	2.6206	2.2751	2.5429	2.5141	-0.0079	-0.0079	2.4545
Polk	173	168	147	147	162	21,468	21,696	21,923	18,957	19,571	8.0585	7.7434	6.7053	7.7544	8.2776	0.0127	-0.0246	7.6669
Randolph	570	534	475	507	521	143,907	144,914	145,246	144,818	145,796	3.9609	3.6849	3.2703	3.5009	3.5735	-0.0227	-0.0227	3.3297
Richmond	159	170	168	139	107	45,032	45,079	45,014	42,475	42,330	3.5308	3.7712	3.7322	3.2725	2.5278	-0.0733	-0.0246	2.3413
Robeson	446	388	345	318	362	131,303	131,056	131,238	113,699	116,951	3.3967	2.9606	2.6288	2.7969	3.0953	-0.0175	-0.0175	2.9332
Rockingham	524	534	409	452	449	91,273	91,788	91,915	91,113	91,912	5.7410	5.8178	4.4498	4.9609	4.8851	-0.0305	-0.0246	4.5247
Rowan	807	810	690	695	666	142,342	142,643	143,274	147,817	148,765	5.6694	5.6785	4.8159	4.7018	4.4769	-0.0555	-0.0246	4.1466
Rutherford	347	369	321	314	339	68,772	68,908	69,049	64,178	64,184	5.0457	5.3550	4.6489	4.8926	5.2817	0.0153	-0.0246	4.8921
Sampson	198	205	156	140	169	64,019	64,284	64,053	58,309	58,987	3.0928	3.1890	2.4355	2.4010	2.8650	-0.0065	-0.0065	2.8090
Scotland	172	182	147	157	150	35,802	35,732	35,724	33,682	33,079	4.8042	5.0935	4.1149	4.6612	4.5346	-0.0066	-0.0066	4.4451
Stanly	334	341	229	273	249	63,465	63,727	64,691	62,220	62,883	5.2627	5.3510	3.5399	4.3877	3.9597	-0.0449	-0.0246	3.6676
Stokes	290	292	294	278	275	46,604	46,420	46,684	44,344	45,039	6.2226	6.2904	6.2977	6.2692	6.1058	-0.0046	-0.0046	6.0209
Surry	424	416	351	360	378	73,117	73,232	73,548	71,195	71,329	5.7989	5.6806	4.7724	5.0565	5.2994	-0.0182	-0.0182	5.0104
Swain	96	90	72	62	73	14,862	14,275	14,489	14,059	14,316	6.4594	6.3047	4.9693	4.4100	5.0992	-0.0480	-0.0246	4.7230
Transylvania	166	148	123	136	138	35,034	35,484	35,511	32,785	33,498	4.7383	4.1709	3.4637	4.1482	4.1196	-0.0246	-0.0246	3.8151
Tyrrell *	0	0	0	0	0	4,309	4,259	3,767	3,101	3,193	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Union	559	501	545	533	525	232,814	237,287	238,740	242,651	247,301	2.4011	2.1114	2.2828	2.1966	2.1229	-0.0277	-0.0277	1.9466
Vance	218	211	161	174	162	45,157	45,969	45,435	42,096	42,014	4.8276	4.5900	3.5435	4.1334	3.8559	-0.0445	-0.0246	3.5714
Wake	2,002	2,017	1,741	2,643	1,853	1,073,993	1,089,579	1,102,782	1,156,274	1,169,294	1.8641	1.8512	1.5787	2.2858	1.5847	-0.0032	-0.0032	1.5693
Warren	105	96	75	83	78	20,174	20,022	19,767	18,319	18,873	5.2047	4.7947	3.7942	4.5308	4.1329	-0.0453	-0.0246	3.8280
Washington	103	104	89	76	84	12,239	12,071	12,039	10,818	10,607	8.4157	8.6157	7.3926	7.0253	7.9193	-0.0102	-0.0102	7.6780
Watauga	171	161	129	140	145	57,646	57,899	57,011	53,639	54,068	2.9664	2.7807	2.2627	2.6100	2.6818	-0.0170	-0.0170	2.5453
Wayne	382	399	310	366	377	124,658	125,825	126,339	116,094	117,544	3.0644	3.1711	2.4537	3.1526	3.2073	0.0277	-0.0246	2.9707
Wilkes	339	315	294	305	328	69,907	70,200	70,263	65,378	65,698	4.8493	4.4872	4.1843	4.6652	4.9925	0.0107	-0.0246	4.6243
Wilson	333	315	264	221	284	81,968	82,282	83,495	78,284	77,877	4.0626	3.8283	3.1619	2.8231	3.6468	-0.0118	-0.0118	3.5179
Yadkin	175	176	165	166	158	38,477	38,196	38,145	37,081	37,117	4.5482	4.6078	4.3256	4.4767	4.2568	-0.0156	-0.0156	4.0578
Yancey	81	92	81	77	77	18,363	18,623	18,909	18,557	18,455	4.4110	4.9401	4.2837	4.1494	4.1723	-0.0097	-0.0097	4.0510
State Total	36,573	36,480	31,916	33,227	33,635	10,401,960	10,508,254	10,587,440	10,535,205	10,667,874	3.5160	3.4716	3.0145	3.1539	3.1529	-0.0246		

* Camden and Tyrrell counties have no Nursing Care Beds.

Table 10C: Nursing Care Bed Need Projections for 2027

A	B	C	D	E	F	G	H	I	J	K	L
County	Bed Rate per 1,000	Projected 2027 Population (Civilian)	Projected Bed Utilization	Projected Bed Utilization with Vacancy Factor*	Licensed Plus Previous Allocations	Exclusions**	Total Inventory	Surplus/ - Deficit	Deficit Index	Occupancy Rate***	Bed Need
Alamance	3.5294	186,974	660	695	873	66	807	112		69.0	0
Alexander	1.9324	36,718	71	75	183	49	134	59		34.9	0
Alleghany	6.7396	11,188	75	79	90	0	90	11		72.5	0
Anson	5.8153	21,254	124	130	161	0	161	31		77.1	0
Ashe	3.9269	26,701	105	110	210	0	210	100		52.4	0
Avery	3.1991	17,951	57	60	128	0	128	68		51.3	0
Beaufort	4.8820	43,627	213	224	268	0	268	44		80.6	0
Bertie	5.2191	15,928	83	88	142	0	142	54		69.6	0
Bladen	4.0609	28,786	117	123	194	0	194	71		64.3	0
Brunswick	2.6894	178,038	479	504	628	0	628	124		80.5	0
Buncombe	4.7703	288,887	1,378	1,451	2,009	314	1,695	244		76.6	0
Burke	4.3868	87,823	385	406	526	25	501	95		85.6	0
Cabarrus	2.0753	260,243	540	569	727	24	703	134		72.5	0
Caldwell	3.9018	81,227	317	334	420	0	420	86		76.2	0
Carteret	2.5305	70,281	178	187	424	0	424	237		66.4	0
Caswell	4.1647	21,859	91	96	157	0	157	61		67.9	0
Catawba	3.5285	168,060	593	624	759	60	699	75		79.5	0
Chatham	4.7435	85,618	406	428	525	130	395	-33	-7.60%	87.1	0
Cherokee	5.1110	30,234	155	163	210	0	210	47		67.4	0
Chowan	4.5374	13,729	62	66	110	0	110	44		55.7	0
Clay	5.4365	12,029	65	69	90	0	90	21		72.6	0
Cleveland	3.6992	104,910	388	409	534	0	534	125		65.8	0
Columbus	4.1686	48,906	204	215	307	0	307	92		65.4	0
Craven	2.7506	96,630	266	280	470	0	470	190		73.1	0
Cumberland	2.2105	318,392	704	741	1,179	150	1,029	288		76.8	0
Currituck	2.2478	37,422	84	89	100	0	100	11		61.0	0
Dare	1.5870	40,216	64	67	126	0	126	59		59.7	0
Davidson	3.2293	179,724	580	611	782	46	736	125		85.6	0

Table 10C: Nursing Care Bed Need Projections for 2027

A	B	C	D	E	F	G	H	I	J	K	L
County	Bed Rate per 1,000	Projected 2027 Population (Civilian)	Projected Bed Utilization	Projected Bed Utilization with Vacancy Factor*	Licensed Plus Previous Allocations	Exclusions**	Total Inventory	Surplus/ - Deficit	Deficit Index	Occupancy Rate***	Bed Need
Davie	4.5514	46,093	210	221	227	0	227	6		89.5	0
Duplin	3.7052	48,777	181	190	272	0	272	82		70.2	0
Durham	2.8271	355,675	1,006	1,058	1,393	206	1,187	129		76.0	0
Edgecombe	4.7761	44,799	214	225	307	0	307	82		67.5	0
Forsyth	2.8599	398,967	1,141	1,201	1,648	218	1,430	229		65.7	0
Franklin	2.5500	85,005	217	228	258	0	258	30		75.5	0
Gaston	2.9517	247,944	732	770	984	50	934	164		78.7	0
Gates	4.6707	10,093	47	50	70	0	70	20		74.6	0
Graham	5.7477	8,095	47	49	80	0	80	31		63.5	0
Granville	2.8028	65,690	184	194	220	0	220	26		46.6	0
Greene	4.6958	20,121	94	99	115	0	115	16		88.3	0
Guilford	3.3341	561,946	1,874	1,972	2,422	201	2,221	249		75.6	0
Halifax	3.6633	45,655	167	176	335	0	335	159		63.8	0
Harnett	2.6446	147,979	391	412	425	0	425	13		84.0	0
Haywood	5.4443	64,860	353	372	475	0	475	103		78.6	0
Henderson	4.9803	122,266	609	641	912	0	912	271		77.1	0
Hertford	5.6978	18,794	107	113	151	0	151	38		37.0	0
Hoke	1.9616	58,363	114	121	132	0	132	11		80.5	0
Hyde	0.0000	4,278	0	0	28	0	28	28		0.0	0
Iredell	3.2296	218,268	705	742	653	0	653	-89	-12.00%	64.1	0
Jackson	3.5996	44,765	161	170	200	0	200	30		85.6	0
Johnston	2.0434	267,278	546	575	615	0	615	40		80.4	0
Jones	4.2317	9,195	39	41	80	0	80	39		47.7	0
Lee	2.7969	68,707	192	202	294	0	294	92		74.3	0
Lenoir	4.0565	53,187	216	227	372	100	272	45		67.5	0
Lincoln	2.5297	97,840	248	261	300	0	300	39		80.5	0
Macon	2.5337	39,171	99	104	200	0	200	96		44.8	0
Madison	7.6865	21,900	168	177	180	0	180	3		90.7	0

Table 10C: Nursing Care Bed Need Projections for 2027

A	B	C	D	E	F	G	H	I	J	K	L
County	Bed Rate per 1,000	Projected 2027 Population (Civilian)	Projected Bed Utilization	Projected Bed Utilization with Vacancy Factor*	Licensed Plus Previous Allocations	Exclusions**	Total Inventory	Surplus/ - Deficit	Deficit Index	Occupancy Rate***	Bed Need
Martin	3.8329	20,548	79	83	154	0	154	71		57.6	0
McDowell	4.0567	44,775	182	191	250	0	250	59		73.6	0
Mecklenburg	2.1641	1,241,976	2,688	2,829	3,761	367	3,394	565		68.3	0
Mitchell	4.9415	14,698	73	76	127	0	127	51		57.9	0
Montgomery	3.3397	25,736	86	90	141	0	141	51		55.0	0
Moore	4.2351	113,123	479	504	730	25	705	201		66.9	0
Nash	3.5501	95,381	339	356	418	0	418	62		82.6	0
New Hanover	3.3556	249,579	837	882	1,041	16	1,025	143		81.0	0
Northampton	7.5029	16,216	122	128	149	0	149	21		89.0	0
Onslow	1.0150	182,689	185	195	310	0	310	115		82.3	0
Orange	2.1227	156,943	333	351	421	30	391	40		75.7	0
Pamlico	5.5823	12,121	68	71	96	0	96	25		71.4	0
Pasquotank	4.8449	40,432	196	206	278	36	242	36		68.6	0
Pender	3.3032	71,821	237	250	253	0	253	3		91.0	0
Perquimans	4.3401	13,948	61	64	78	0	78	14		72.5	0
Person	3.0885	39,986	123	130	200	0	200	70		75.7	0
Pitt	2.4545	174,311	428	450	570	30	540	90		80.1	0
Polk	7.6669	19,620	150	158	221	52	169	11		72.9	0
Randolph	3.3297	149,168	497	523	720	0	720	197		77.0	0
Richmond	2.3413	41,371	97	102	220	0	220	118		58.3	0
Robeson	2.9332	118,667	348	366	525	1	524	158		82.2	0
Rockingham	4.5247	92,039	416	438	575	0	575	137		81.3	0
Rowan	4.1466	153,211	635	669	1,073	163	910	241		83.1	0
Rutherford	4.8921	65,042	318	335	406	0	406	71		83.1	0
Sampson	2.8090	58,891	165	174	250	0	250	76		45.6	0
Scotland	4.4451	32,477	144	152	207	44	163	11		70.9	0
Stanly	3.6676	63,696	234	246	376	3	373	127		69.3	0
Stokes	6.0209	45,596	275	289	322	0	322	33		93.1	0

Table 10C: Nursing Care Bed Need Projections for 2027

A	B	C	D	E	F	G	H	I	J	K	L
County	Bed Rate per 1,000	Projected 2027 Population (Civilian)	Projected Bed Utilization	Projected Bed Utilization with Vacancy Factor*	Licensed Plus Previous Allocations	Exclusions**	Total Inventory	Surplus/ - Deficit	Deficit Index	Occupancy Rate***	Bed Need
Surry	5.0104	71,099	356	375	472	0	472	97		77.5	0
Swain	4.7230	14,544	69	72	120	0	120	48		51.6	0
Transylvania	3.8151	34,265	131	138	267	0	267	129		49.5	0
Union	1.9466	274,517	534	562	697	0	697	135		73.0	0
Vance	3.5714	41,388	148	156	230	0	230	74		71.2	0
Wake	1.5693	1,288,028	2,021	2,128	2,870	399	2,471	343		76.3	0
Warren	3.8280	18,949	73	76	115	0	115	39		59.0	0
Washington	7.6780	9,768	75	79	114	0	114	35		68.5	0
Watauga	2.5453	55,178	140	148	226	0	226	78		59.1	0
Wayne	2.9707	114,081	339	357	562	96	466	109		78.4	0
Wilkes	4.6243	65,225	302	317	392	0	392	75		64.2	0
Wilson	3.5179	76,012	267	281	638	231	407	126		67.3	0
Yadkin	4.0578	37,016	150	158	223	0	223	65		75.3	0
Yancey	4.0510	18,375	74	78	140	0	140	62		53.8	0
State Total		11,161,572	32,981	34,717	46,618	3,132	43,486				0

* Projected Bed Utilization with Vacancy Factor is calculated by dividing Projected Bed Utilization by 95%.

** NH-2 beds are 100% excluded.

*** Calculated using higher of the median or weighted mean.

Table 10D: Nursing Care Bed Need Determination

Service Area	HSA	Nursing Care Bed Need Determination	Certificate of Need Application Deadline	Certificate of Need Beginning Review Date
It is determined that there is no need anywhere in the state and no reviews are scheduled.				

Chapter 11:

Adult Care Homes

CHAPTER 11

ADULT CARE HOMES

Amendment to Chapter 11, Effective June 26, 2024

The State Health Coordinating Council, at its March 6th, 2024 meeting, voted to recommend amendments to the North Carolina 2024 State Medical Facilities Plan to correct tables and revise a need determination in Chapter 11. These amendments increase the number of adult care home beds in the existing Swain County service area need determination. Corrected Tables 11A and 11C and amended Table 11D are included in this chapter.

Introduction

G.S. § 131E-176(1) defines an *adult care home* as “a facility with seven or more beds licensed under Part 1 of Article 1 of Chapter 131D of the General Statutes or under this Chapter that provides residential care for aged individuals or individuals with disabilities whose principal need is a home which provides the supervision and personal care appropriate to their age and disability and for whom medical care is only occasional or incidental.”

Before enactment of Senate Bill 937 in 2001 to regulate the development of adult care homes under the Certificate of Need law, legislation ratified in 1997 (S. L. 1997-443) placed a statewide moratorium on the development of new adult care home beds. However, the 1997 legislation allowed for the development of additional adult care home beds under defined circumstances. Some of these beds remain eligible to be developed pursuant to settlements of contested cases. These *settlement* beds are also subject to conditions set out in the terms of the controlling settlement agreements. The planning inventory of adult care home beds included in the current North Carolina State Medical Facilities Plan (SMFP) is subject to change based on whether conditions have been met to allow for development of the settlement beds. In addition, litigation may result in changes to the inventory.

Definitions

An adult care home bed’s service area is the county in which the adult care home bed is located. Each of the 100 counties is a separate service area.

The *reporting year* is August 1 through July 31. The *current* reporting year is August 1, 2021 through July 31, 2022.

The methodology projects bed need determination five years beyond the current reporting year. The current *projection year* is 2027.

The *planning inventory* is the number of beds used in need determination calculations. It is the number of licensed beds, plus the number of Certificate of Need (CON)-approved beds, plus the number of beds available pursuant to need determinations pending review or appeal, minus any beds delicensed, minus any exclusions (see below), minus beds to be relocated out of the county, plus any beds to be relocated into the county.

Changes from the Previous Plan

This chapter contains no substantive changes from the previous SMFP.

Basic Principles

1. The methodology should project need determination five years beyond the current reporting year because at least that amount of time is required to bring a new or expanded facility into service.
2. A goal of the planning process is a reasonable level of parity among individuals in their geographic access to adult care home facilities.

Data Sources

The North Carolina Office of State Budget and Management provides estimates of North Carolina residents for the current reporting year and projection year, by county.

Estimates of the active-duty military population come from the category of “Employment Status - Armed Forces” from the most recent American Community Survey 5-Year Estimates.

The methodology combines utilization data for the current and four immediately previous reporting years, as submitted to the North Carolina Department of Health and Human Services, Division of Health Service Regulation (Agency) from License Renewal Applications (LRA) for nursing homes, for Adult Care Homes, and from the Nursing Care Facility/Unit Beds Annual Data Supplement to Hospital LRAs.

Assumptions of the Methodology

1. The inventory excludes 100% of the beds developed as part of a qualified continuing care retirement community (CCRC) (*Table 11E*), including those developed before enactment of Policy LTC-1; the occupancy rate calculation excludes their associated days of care (DOC).
2. The methodology excludes the estimated active-duty military population under the age of 35 from the county’s population for any county with more than 500 active-duty military personnel.
3. The methodology uses the county bed use rate as the utilization measure in determining needs. Bed use rates are calculated per 1,000 population per county. Each county’s bed use rate is calculated using a five-year average annual change rate (AACR) to project forward five years beyond the reporting year. Any county with an AACR that is at least one-half of one standard deviation above the statewide AACR will receive a rate equal to the average plus one half of one standard deviation above the statewide AACR.
4. The projected utilization is multiplied by three to account for future increases in utilization.
5. The methodology uses the highest of four occupancy rate calculations such that the need determination in each service area reflects the highest of the average or the median of all facilities’ occupancy rates based on a one-day census in a county, or the average or median of all the facilities’ occupancy rates based on annual DOC in a county.

Application of the Methodology

Table 11A shows the inventory data and Table 11B shows the patient, population, and bed use data that form the basis for the calculations discussed in the following steps. Table 11C shows projected bed utilization, bed surpluses/deficits, and occupancy rates that are used to determine bed needs.

Step 1: Calculate the planning inventory for each facility and county (*Table 11A*).

- a. Add the number of licensed beds in each nursing home facility (*Column D*), hospital (*Column E*) and adult care home (*Column F*) to calculate the total number of licensed beds (*Column G*).

- b. Adjust this result by adding or subtracting, as appropriate, any CON-approved beds and beds with a CON to be relocated (*Columns H and I*). Then adjust this result by the number of beds available from need determinations in the SMFP pending review or appeal (*Column J*) to calculate the total planning inventory (*Column K*).
- c. Sum each of these calculations across all facilities in a county to obtain county totals (*Column K*).

Step 2: Calculate the projected county bed use rates (*Table 11B*).

- a. For each of the five most recent reporting years and for each county, divide the number of patients (*Column B*) by the population (*Column C*).
- b. Multiply the result by 1,000 to calculate the bed use rate per 1,000 population (*Column D*).
- c. Calculate the AACR in bed use for the five most recent reporting years for each county (*Column E*).
- d. If the result of Step 2.c is at least 0.5 standard deviations above the statewide AACR, then enter 0.5 standard deviations above the statewide AACR; otherwise, enter the result of Step 2.c into Column F, the Selected Change Rate.
- e. Multiply the result of Step 2.d by the bed use rate for the reporting year (*Column D, last sub-column*) and then multiply by three; add the product to the bed use rate for the reporting year to get the Bed Rate per 1,000 (*Column G*).

Step 3: Multiply the county bed use rates (*Table 11B, Column G* and *Table 11C, Column B*) by each county's corresponding projected civilian population in thousands for the projection year (*Table 11C, Column C*) to calculate the projected bed utilization (*Column D*).

Step 4: For each county, divide the projected bed utilization by a 95% vacancy factor (*Table 11C, Column E*).

Step 5: For each county, calculate the planning inventory (*Table 11A, Column K*) by adjusting the number of licensed beds (*Table 11A, Column G*) for: license pending beds (*total of Table 11A, Columns H and I*); and beds available in the SMFP pending review or appeal (*Table 11A, Column J*).

Step 6: For each county, subtract the projected bed utilization derived in Step 2 (*Column E*) from the planning inventory derived in Step 5 (*Table 11A, Column K* and *Table 11C, Column F*). The result is the service area's surplus or deficit (*Table 11C, Column G*). Positive numbers are surpluses and negative numbers are deficits.

Step 7: Calculate each county's bed occupancy rate (*Column I*) by calculating occupancy according to the following four methods and then select the highest of the four rates:

- a. compute the average occupancy rate using the one-day census for all facilities in the service area;
- b. compute the median occupancy rate using the one-day census for all facilities in the service area;
- c. compute the average occupancy rate using the annual days of care for all facilities in the service area; and

- d. compute the median occupancy rate using the annual days of care for all facilities in the service area.

Step 8: Calculate need determination for each county (*Table 11C*).

- a. For any county with a deficit, calculate the county's deficit index by dividing the deficit (*Column G*) by the result of Step 4 (*Column E*).
- b. If any county's deficit index (*Column H*) is from 10% up to, but not including, 50%, and the adjusted occupancy of licensed beds in the county (*Column I*) is 80% or greater, the need determination is the amount of the deficit rounded to the nearest 10 (*Column J*).
- c. If any county's deficit index is 50% or more, the need determination is the amount of the deficit rounded to the nearest 10 (*Column J*).
- d. For purposes of rounding need determinations, numbers greater than 10 and ending in one to four, round to the next lower number divisible by 10, and numbers ending in five to nine, round to the next higher number divisible by 10.

For reference, Table 11E lists adult care beds developed as part of a qualified CCRC. Also, for reference, Table 11F lists the nursing homes with six or fewer adult care home beds.

Unless otherwise specified by the methodology, calculations do not use rounded values. However, fractional values are rounded automatically when displayed.

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A County	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H CON Approved/ License Pending		J Available in SMFP	K Total Planning Inventory
							CON	CON Bed Transfer		
Alamance	HAL-001-103	A Vision Come True	0	0	12	12	0	0	0	12
Alamance	HAL-001-148	Alamance House	0	0	94	94	0	0	0	94
Alamance	HAL-001-023	Blakey Hall Assisted Living	0	0	72	72	0	0	0	72
Alamance	HAL-001-028	Brookdale Burlington	0	0	52	52	0	0	0	52
Alamance	HAL-001-024	Brookdale Burlington AL	0	0	84	84	0	0	0	84
Alamance	HAL-001-002	Burlington Care Center	0	0	12	12	0	0	0	12
Alamance	HAL-001-026	Golden Years Assisted Living	0	0	12	12	0	0	0	12
Alamance	HAL-001-099	Golden Years Assisted Living II	0	0	12	12	0	0	0	12
Alamance	HAL-001-141	Homeplace of Burlington	0	0	67	67	0	0	0	67
Alamance	NH0588	Liberty Commons Nursing & Rehabilitation Center of Alamance County	48	0	0	48	0	0	0	48
Alamance	HAL-001-166	Mebane Ridge Assisted Living	0	0	100	100	0	0	0	100
Alamance	HAL-001-008	Pleasant Grove Retirement Home	0	0	12	12	0	0	0	12
Alamance	HAL-001-161	Springview - Brock Building	0	0	12	12	0	0	0	12
Alamance	HAL-001-128	SpringView -Cook Building	0	0	12	12	0	0	0	12
Alamance	HAL-001-162	Springview - Crouse Building	0	0	12	12	0	0	0	12
Alamance	HAL-001-164	Springview - Ross Building	0	0	12	12	0	0	0	12
Alamance	HAL-001-163	Springview - Stewart Building	0	0	12	12	0	0	0	12
Alamance	HAL-001-134	The Oaks of Alamance	0	0	69	69	0	0	0	69
Alamance	HAL-001-165	Twin Lakes Memory Care	0	0	32	32	0	0	0	32
Alamance Totals			48	0	690	738	0	0	0	738
Alexander	HAL-002-008	Faith Assisted Living Facility	0	0	30	30	0	0	0	30
Alexander	HAL-002-009	Heritage Care Home of Taylorsville	0	0	34	34	0	0	0	34
Alexander	HAL-002-003	Taylorsville House	0	0	60	60	0	0	0	60
Alexander Totals			0	0	124	124	0	0	0	124
Alleghany	HAL-003-005	The Landings of Chestnut Grove	0	0	40	40	0	0	0	40
Alleghany Totals			0	0	40	40	0	0	0	40
Anson	HAL-004-003	Meadowview Terrace of Wadesboro	0	0	60	60	0	0	0	60
Anson Totals			0	0	60	60	0	0	0	60
Ashe	HAL-005-016	Forest Ridge Assisted Living	0	0	60	60	0	0	0	60
Ashe	HAL-005-013	Generations Assisted Living and Memory Care	0	0	55	55	0	0	0	55
Ashe Totals			0	0	115	115	0	0	0	115
Avery	HAL-006-007	Cranberry House	0	0	60	60	0	0	0	60
Avery	HAL-006-005	The Heritage of Sugar Mountain	0	0	40	40	0	0	0	40
Avery Totals			0	0	100	100	0	0	0	100
Beaufort		AG Dunston Manor (Transfer 50 beds to The Beaufort Community)	0	0	0	0	50	-50	0	0
Beaufort	HAL-007-026	Autumnfield of Belhaven	0	0	64	64	0	0	0	64

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A County	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H CON Approved/ License Pending		J Available in SMFP	K Total Planning Inventory
							CON	CON Bed Transfer		
Beaufort	HAL-007-014	Clara Manor	0	0	20	20	0	0	0	20
Beaufort	HAL-007-015	Pantego Rest Home	0	0	30	30	0	0	0	30
Beaufort	NH0345	River Trace Nursing and Rehabilitation Center	10	0	0	10	0	0	0	10
Beaufort		The Beaufort Community (Transfer 50 beds from AG Dunston Manor and 34 beds from Willow Manor)	0	0	0	0	0	84	0	84
Beaufort	HAL-007-019	Washington Manor	0	0	9	9	0	0	0	9
Beaufort	HAL-007-023	Willow Manor (Transfer 34 beds to The Beaufort Community)	0	0	34	34	0	-34	0	0
Beaufort Totals			10	0	157	167	50	0	0	217
Bertie	NH0522	Three Rivers Health and Rehabilitation Center	20	0	0	20	0	0	0	20
Bertie	HAL-008-034	Windsor House	0	0	60	60	0	0	0	60
Bertie	HAL-008-042	Winston Gardens	0	0	25	25	0	0	0	25
Bertie Totals			20	0	85	105	0	0	0	105
Bladen	NH0420	Bladen East Health and Rehab	30	0	0	30	0	0	0	30
Bladen	HAL-009-029	Bladen Manor Assisted Living	0	0	60	60	0	0	0	60
Bladen	HAL-009-025	West Bladen Assisted Living	0	0	60	60	0	0	0	60
Bladen Totals			30	0	120	150	0	0	0	150
Brunswick		Arbor Landing at Compass Pointe (Transfer 20 beds from Ocean Isle Operations)	0	0	0	0	0	20	0	20
Brunswick	NH0456	Autumn Care of Shallotte	10	0	0	10	0	0	0	10
Brunswick	NH0478	Brunswick Cove Nursing Center	40	0	0	40	0	0	0	40
Brunswick	NH0322	Liberty Commons Nursing & Rehab Center of Southport	17	0	0	17	0	0	0	17
Brunswick		Liberty Commons of Brunswick County	0	0	0	0	110	0	0	110
Brunswick	HAL-010-011	Ocean Isle Operations (Transfer 20 beds to Arbor Landing at Compass Pointe)	0	0	40	40	0	-20	0	20
Brunswick	HAL-010-010	TerraBella Southport	0	0	96	96	0	0	0	96
Brunswick	HAL-010-007	The Bluefields	0	0	78	78	0	0	0	78
Brunswick	HAL-010-012	The Brunswick Community (formerly Costal Pointe)	0	0	110	110	0	0	0	110
Brunswick	HAL-010-013	The Landings of Oak Island	0	0	80	80	0	0	0	80
Brunswick Totals			67	0	404	471	110	0	0	581
Buncombe		Arbor Ridge at Asheville (Transfer 14 beds from The Oaks at Sweeten Creek and 14 beds from Emerald Ridge Rehabilitation and Care Center)	0	0	0	0	0	28	0	28
Buncombe	HAL-011-338	Arbor Terrace of Asheville	0	0	70	70	0	0	0	70
Buncombe	NH0262	Aston Park Health Care Center Inc	19	0	0	19	0	0	0	19
Buncombe	HAL-011-002	Becky's Rest Home #1	0	0	15	15	0	0	0	15
Buncombe	HAL-011-003	Becky's Rest Home #2	0	0	15	15	0	0	0	15
Buncombe	HAL-011-036	Brookdale Asheville Overlook	0	0	79	79	0	0	0	79
Buncombe	HAL-011-035	Brookdale Asheville Walden Ridge	0	0	38	38	0	0	0	38

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A County	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H CON Approved/ License Pending		I Available in SMFP	J Total Planning Inventory
							CON	CON Bed Transfer		
Buncombe		Buncombe Senior Living (Replacement facility. Transfer 24 beds from Nana's Assisted Living and 29 beds from The Laurels of Summit Ridge)	0	0	0	0	0	53	0	53
Buncombe	HAL-011-369	Candler Living Center	0	0	29	29	0	0	0	29
Buncombe	HAL-011-262	Chunn's Cove Assisted Living	0	0	67	67	0	0	0	67
Buncombe	NH0551	Emerald Ridge Rehabilitation and Care Center (Transfer 14 ACH beds to Arbor Ridge at Asheville)	0	0	0	0	14	-14	0	0
Buncombe	NH0517	Flesher's Fairview Health Care Center	14	0	0	14	0	0	0	14
Buncombe	HAL-011-005	Flesher's Fairview Rest Home	0	0	64	64	0	0	0	64
Buncombe	HAL-011-361	Harmony at Reynolds Mountain	0	0	99	99	0	0	0	99
Buncombe	HAL-011-370	Hominy Valley Retirement Center	0	0	30	30	0	0	0	30
Buncombe	HAL-011-011	Marjorie McCune Memorial Center	0	0	64	64	0	0	0	64
Buncombe	HAL-011-331	Nana's Assisted Living Facility (Facility closed. Transfer 24 beds to Buncombe Senior Living)	0	0	0	0	24	-24	0	0
Buncombe	HAL-011-130	Richard A. Wood, Jr. Assisted Living Center	0	0	56	56	0	0	0	56
Buncombe	HAL-011-376	Richmond Hill Assisted Living #1	0	0	12	12	0	0	0	12
Buncombe	HAL-011-375	Richmond Hill Assisted Living #2	0	0	12	12	0	0	0	12
Buncombe	HAL-011-374	Richmond Hill Assisted Living #3	0	0	12	12	0	0	0	12
Buncombe	HAL-011-373	Richmond Hill Assisted Living #4	0	0	12	12	0	0	0	12
Buncombe	HAL-011-372	Richmond Hill Assisted Living #5	0	0	12	12	0	0	0	12
Buncombe	NH0541	River Bend Health and Rehabilitation	50	0	0	50	0	0	0	50
Buncombe	NH0532	The Greens at Weaverville	10	0	0	10	0	0	0	10
Buncombe	NH0540	The Laurels of Summit Ridge (Transfer 29 beds to Buncombe Senior Living)	52	0	0	52	0	-29	0	23
Buncombe	NH0575	The Oaks at Sweeten Creek (Transfer 14 ACH beds to Arbor Ridge at Asheville)	0	0	0	0	14	-14	0	0
Buncombe	HAL-011-022	Trinity View	0	0	24	24	0	0	0	24
Buncombe	HAL-011-377	Wilham Ridge	0	0	54	54	0	0	0	54
Buncombe	HAL-011-296	Windwood Assisted Living	0	0	12	12	0	0	0	12
Buncombe Totals			145	0	776	921	52	0	0	973
Burke	NH0347	Autumn Care of Drexel	20	0	0	20	0	0	0	20
Burke	HAL-012-045	Burke Long Term Care	0	0	24	24	0	0	0	24
Burke	HAL-012-044	Cambridge House	0	0	60	60	0	0	0	60
Burke	HAL-012-040	Jonas Ridge Adult Care	0	0	57	57	0	0	0	57
Burke	HAL-012-041	McAlpine Adult Care	0	0	60	60	0	0	0	60
Burke	HAL-012-007	Morganton Long Term Care, Southview Facility	0	0	64	64	0	0	0	64
Burke	HAL-012-043	The Berkeley	0	0	63	63	0	0	0	63
Burke Totals			20	0	328	348	0	0	0	348
Cabarrus	HAL-013-019	Brookdale Concord Parkway	0	0	112	112	0	0	0	112

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A County	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H CON Approved/ License Pending		J Available in SMFP	K Total Planning Inventory
							CON	CON Bed Transfer		
Cabarrus	HAL-013-007	Caremoor Retirement Center	0	0	30	30	0	0	0	30
Cabarrus	HAL-013-045	Concord Place	0	0	60	60	0	0	0	60
Cabarrus	NH0027	Five Oaks Rehabilitation and Care Center	24	0	0	24	0	0	0	24
Cabarrus	HAL-013-047	Morningside of Concord	0	0	105	105	0	0	0	105
Cabarrus	HAL-013-041	Mt. Pleasant House	0	0	74	74	0	0	0	74
Cabarrus	HAL-013-006	St. Andrews Living Center	0	0	56	56	0	0	0	56
Cabarrus	HAL-013-048	TerraBella Harrisburg	0	0	96	96	0	0	0	96
Cabarrus	HAL-013-050	The Country Home	0	0	40	40	0	0	0	40
Cabarrus	HAL-013-049	The Drake	0	0	66	66	0	0	0	66
Cabarrus	HAL-013-046	The Landings of Cabarrus	0	0	67	67	0	0	0	67
Cabarrus	HAL-013-044	The Living Center of Concord	0	0	180	180	0	0	0	180
Cabarrus Totals			24	0	886	910	0	0	0	910
Caldwell	HAL-014-014	Brockford Inn	0	0	67	67	0	0	0	67
Caldwell	HAL-014-010	Brookdale Lenoir	0	0	82	82	0	0	0	82
Caldwell	HAL-014-017	Grace Village Assisted Living & Memory Care	0	0	78	78	0	0	0	78
Caldwell	HAL-014-015	Grandview Villa Assisted Living	0	0	40	40	0	0	0	40
Caldwell	HAL-014-004	The Shaire Center	0	0	82	82	0	0	0	82
Caldwell Totals			0	0	349	349	0	0	0	349
Camden	HAL-015-002	Needham Adult Care Home	0	0	24	24	0	0	0	24
Camden Totals			0	0	24	24	0	0	0	24
Carteret	HAL-016-006	Brookdale Morehead City	0	0	72	72	0	0	0	72
Carteret	HAL-016-018	Carteret House	0	0	64	64	0	0	0	64
Carteret	HAL-016-022	Carteret Landing	0	0	110	110	0	0	0	110
Carteret	NH0202	Snug Harbor on Nelson Bay (Facility closed. Transfer 50 beds to The Embassy at Morehead City)	0	0	0	0	50	-50	0	0
Carteret		The Embassy at Morehead City (Transfer 50 beds from Snug Harbor on Nelson Bay)	0	0	0	0	0	50	0	50
Carteret Totals			0	0	246	246	50	0	0	296
Caswell	HAL-017-054	Caswell House	0	0	100	100	0	0	0	100
Caswell		Dan River Manor (Replacement facility. Transfer 40 beds from Dogwood - Blackwell Rest Home; 12 beds from Dogwood Forest #2; and 12 from Dogwood Ronald David Home)	0	0	0	0	0	64	0	64
Caswell		Dogwood - Blackwell Rest Home	0	0	0	0	40	-40	0	0
Caswell		Dogwood - Forest #2	0	0	0	0	12	-12	0	0
Caswell		Dogwood - Ronald David Home	0	0	0	0	12	-12	0	0
Caswell	HAL-017-040	G. Anthony Rucker Rest Home	0	0	12	12	0	0	0	12
Caswell	HAL-017-058	Jefferson Care Home	0	0	12	12	0	0	0	12

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A County	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H CON Approved/ License Pending		J Available in SMFP	K Total Planning Inventory
							CON	CON Bed Transfer		
Caswell Totals			0	0	124	124	64	0	0	188
Catawba	HAL-018-023	Austin Adult Care	0	0	29	29	0	0	0	29
Catawba	HAL-018-011	Brookdale Falling Creek	0	0	60	60	0	0	0	60
Catawba	HAL-018-016	Brookdale Hickory Northeast	0	0	88	88	0	0	0	88
Catawba	HAL-018-024	Catawba Valley Living At Rock Barn	0	0	80	80	0	0	0	80
Catawba	HAL-018-018	Heritage Care of Conover	0	0	60	60	0	0	0	60
Catawba	HAL-018-038	Heritage Place II	0	0	21	21	0	0	0	21
Catawba	HAL-018-039	Hickory Village	0	0	56	56	0	0	0	56
Catawba	HAL-018-037	Piedmont Village at Newton	0	0	40	40	0	0	0	40
Catawba	HAL-018-032	Springs of Catawba	0	0	66	66	0	0	0	66
Catawba	HAL-018-036	TerraBella Newton	0	0	96	96	0	0	0	96
Catawba	NH0337	The Greens at Hickory	20	0	0	20	0	0	0	20
Catawba	NH0068	Trinity Village	90	0	0	90	0	0	0	90
Catawba Totals			110	0	596	706	0	0	0	706
Chatham	HAL-019-019	Cambridge Hills of Pittsboro	0	0	90	90	0	0	0	90
Chatham	HAL-019-020	Carolina Meadows Fairways	0	0	95	95	0	0	0	95
Chatham		Chatham County Rehabilitation Center (Transfer 6 beds from Liberty Commons Nursing and Rehabilitation Center of Halifax and 30 beds from Cross Creek Health Care of Hyde County)	0	0	0	0	0	36	0	36
Chatham	HAL-019-023	Chatham Ridge Assisted Living	0	0	91	91	0	0	0	91
Chatham	HAL-019-022	Coventry House Of Siler City	0	0	86	86	0	0	0	86
Chatham		The Landings of Chatham Park (Transfer 57 beds from The Landings of Tarboro in Edgecombe County)	0	0	0	0	0	57	0	57
Chatham Totals			0	0	362	362	0	93	0	455
Cherokee	HAL-020-001	Carolina Care Home #1 (Facility closed)	0	0	0	0	12	0	0	12
Cherokee	HAL-020-002	Carolina Care Home #2 (Facility closed)	0	0	0	0	12	0	0	12
Cherokee		Peachtree Manor	0	0	0	0	80	0	0	80
Cherokee Totals			0	0	0	0	104	0	0	104
Chowan	HAL-021-009	Edenton House	0	0	60	60	0	0	0	60
Chowan	HAL-021-008	Edenton Prime Time Retirement Village	0	0	60	60	0	0	0	60
Chowan Totals			0	0	120	120	0	0	0	120
Clay	HAL-022-005	Hayesville House	0	0	60	60	0	0	0	60
Clay Totals			0	0	60	60	0	0	0	60
Cleveland	HAL-023-011	Brookdale Shelby	0	0	60	60	0	0	0	60
Cleveland	HAL-023-045	Cleveland House	0	0	72	72	0	0	0	72
Cleveland	HAL-023-041	Golden Years Rest Home	0	0	12	12	0	0	0	12
Cleveland	HAL-023-031	Kings Mountain Care Center	0	0	20	20	0	0	0	20

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A County	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H CON Approved/ License Pending		J Available in SMFP	K Total Planning Inventory
							CON	CON Bed Transfer		
Cleveland	HAL-023-047	Openview Retirement Center	0	0	24	24	0	0	0	24
Cleveland	HAL-023-046	Shelby Manor	0	0	74	74	0	0	0	74
Cleveland	HAL-023-042	Summit Place of Kings Mountain	0	0	65	65	0	0	0	65
Cleveland	HAL-023-048	TerraBella Shelby	0	0	96	96	0	0	0	96
Cleveland Totals			0	0	423	423	0	0	0	423
Columbus	NH0283	Liberty Commons Nursing and Rehabilitation Center of County	40	0	0	40	0	0	0	40
Columbus	NH0246	Premier Living and Rehab Center	15	0	0	15	0	0	0	15
Columbus	NH0510	Shoreland Health Care and Retirement Center	10	0	0	10	0	0	0	10
Columbus	HAL-024-015	Tabor Commons	0	0	80	80	0	0	0	80
Columbus	HAL-024-016	Waccamaw Village Rest Home	0	0	80	80	0	0	0	80
Columbus Totals			65	0	160	225	0	0	0	225
Craven	NH0567	Bayview Nursing & Rehabilitation Center	12	0	0	12	0	0	0	12
Craven	HAL-025-012	Brookdale New Bern	0	0	60	60	0	0	0	60
Craven	HAL-025-037	Croatan Village	0	0	72	72	0	0	0	72
Craven	HAL-025-043	Golden Heights Assisted Living	0	0	54	54	0	0	0	54
Craven	HAL-025-039	Homeplace of New Bern	0	0	60	60	0	0	0	60
Craven	NH0344	Riverpoint Crest Nursing and Rehabilitation Center	9	0	0	9	0	0	0	9
Craven	HAL-025-026	Riverstone	0	0	64	64	0	0	0	64
Craven	HAL-025-035	The Gardens of Trent	0	0	60	60	0	0	0	60
Craven	HAL-025-042	The Oaks of New Bern (Facility closed.)	0	0	0	0	83	0	0	83
Craven	HAL-025-044	The Viridian	0	0	48	48	0	0	0	48
Craven	HAL-025-041	Truewood by Merrill New Bern	0	0	55	55	0	0	0	55
Craven	HAL-025-040	Truewood by Merrill New Bern Memory Care	0	0	25	25	0	0	0	25
Craven Totals			21	0	498	519	83	0	0	602
Cumberland	HAL-026-069	Cardinal Care of Hope Mills	0	0	29	29	0	0	0	29
Cumberland	HAL-026-017	Carolina Inn at Village Green	0	0	100	100	0	0	0	100
Cumberland		Cumberland County Rehabilitation Center (Replacement facility. Transfer 36 beds from Mann Street Residential Care)	0	0	0	0	0	36	0	36
Cumberland	HAL-026-062	Cumberland Village Assisted Living	0	0	163	163	0	0	0	163
Cumberland	HAL-026-054	Fayetteville Manor	0	0	60	60	0	0	0	60
Cumberland	HAL-026-065	Harmony at Hope Mills	0	0	100	100	0	0	0	100
Cumberland	NH0454	Haymount Rehabilitation & Nursing Center Inc	14	0	0	14	0	0	0	14
Cumberland	HAL-026-064	Heritage Suites	0	0	62	62	0	0	0	62
Cumberland	NH0117	Highland House Rehabilitation and Healthcare	53	0	0	53	0	0	0	53
Cumberland	HAL-026-070	Hope Mills Retirement Center	0	0	64	64	0	0	0	64
Cumberland	HAL-026-053	Mann Street Residential Care Facility (Facility closed. Transfer 36 beds to Cumberland County Rehabilitation Center)	0	0	0	0	36	-36	0	0
Cumberland	HAL-026-066	Morning Star Special Care Unit	0	0	44	44	0	0	0	44

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A County	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H CON Approved/ License Pending		J Available in SMFP	K Total Planning Inventory
							CON	CON Bed Transfer		
Cumberland	HAL-026-048	Pine Valley Adult Care Home	0	0	40	40	0	0	0	40
Cumberland	HAL-026-068	The Addison of Fayetteville (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	96
Cumberland	HAL-026-052	Valley Pines Adult Care	0	0	23	23	0	0	0	23
Cumberland	NH0577	Woodlands Nursing and Rehabilitation Center	20	0	0	20	0	0	0	20
Cumberland Totals			87	0	781	868	36	0	0	904
Currituck	HAL-027-003	Currituck House	0	0	90	90	0	0	0	90
Currituck Totals			0	0	90	90	0	0	0	90
Dare	HAL-028-002	Spring Arbor of the Outer Banks	0	0	102	102	0	0	0	102
Dare Totals			0	0	102	102	0	0	0	102
Davidson	HAL-029-006	Brookdale Lexington	0	0	76	76	0	0	0	76
Davidson	HAL-029-001	Brookstone Retirement Center	0	0	115	115	0	0	0	115
Davidson	HAL-029-013	Brookstone Terrace of Thomasville	0	0	62	62	0	0	0	62
Davidson	HAL-029-010	Grayson Creek of Welcome	0	0	75	75	0	0	0	75
Davidson	HAL-029-002	Hilltop Living Center	0	0	65	65	0	0	0	65
Davidson	NH0527	Lexington Health Care Center	10	0	0	10	0	0	0	10
Davidson	HAL-029-011	Mallard Ridge Assisted Living	0	0	100	100	0	0	0	100
Davidson	NH0259	Mountain Vista Health Park	60	0	0	60	0	0	0	60
Davidson	NH0187	Pine Ridge Health and Rehabilitation Center	14	0	0	14	0	0	0	14
Davidson Totals			84	0	493	577	0	0	0	577
Davie	NH0560	Bermuda Commons Nursing and Rehabilitation Center	10	0	0	10	0	0	0	10
Davie	NH0519	Bermuda Village Retirement Center	21	0	0	21	0	0	0	21
Davie	NH0221	Davie Nursing and Rehabilitation Center	12	0	0	12	0	0	0	12
Davie	HAL-030-009	Mocksville Senior Living and Memory Care	0	0	69	69	0	0	0	69
Davie	HAL-030-010	PS Senior Living of Mocksville	0	0	40	40	0	0	0	40
Davie	HAL-030-008	Somerset Court of Mocksville	0	0	60	60	0	0	0	60
Davie Totals			43	0	169	212	0	0	0	212
Duplin	HAL-031-018	Autumn Village	0	0	88	88	0	0	0	88
Duplin	HAL-031-022	DaySpring of Wallace	0	0	80	80	0	0	0	80
Duplin	HAL-031-003	Golden Care Rest Facilities	0	0	30	30	0	0	0	30
Duplin	HAL-031-019	The Gardens of Rose Hill	0	0	45	45	0	0	0	45
Duplin	HAL-031-016	Wallace Gardens	0	0	64	64	0	0	0	64
Duplin	HAL-031-020	Wellington Park	0	0	80	80	0	0	0	80
Duplin Totals			0	0	387	387	0	0	0	387
Durham	HAL-032-131	Atria Southpoint Walk	0	0	20	20	0	0	0	20
Durham	HAL-032-019	Brookdale Chapel Hill	0	0	38	38	0	0	0	38
Durham	HAL-032-016	Brookdale Chapel Hill AL	0	0	70	70	0	0	0	70

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A County	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H I CON Approved/ License Pending		J Available in SMFP	K Total Planning Inventory
							CON	CON Bed Transfer		
Durham	HAL-032-065	Brookdale Durham	0	0	119	119	0	0	0	119
Durham	HAL-032-134	Calyx Living of Durham	0	0	84	84	0	0	0	84
Durham	HAL-032-071	Camellia Gardens	0	0	81	81	0	0	0	81
Durham	HAL-032-132	Carolina Reserve of Durham	0	0	60	60	0	0	0	60
Durham	NH0543	Carver Living Center (Transfer 20 beds to Liberty Assisted Living of Durham)	20	0	0	20	0	-20	0	0
Durham	HAL-032-091	Durham Ridge Assisted Living	0	0	142	142	0	0	0	142
Durham	HAL-032-073	Eden Spring Living Center	0	0	19	19	0	0	0	19
Durham	HAL-032-002	Ellison's Rest Home #1 (Facility closed. Transfer 29 beds to Liberty Assisted Living of Durham)	0	0	0	0	29	-29	0	0
Durham	HAL-032-001	Eno Pointe Assisted Living	0	0	147	147	0	0	0	147
Durham	NH0038	Hillcrest Convalescent Center	34	0	0	34	0	0	0	34
Durham		Liberty Assisted Living of Durham (Transfer 29 beds from Ellison's Rest Home and 20 beds from Carver Living Center)	0	0	0	0	0	49	0	49
Durham	HAL-032-109	Seasons @ Southpoint	0	0	51	51	0	0	0	51
Durham	HAL-032-133	The Addison of Durham (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	96
Durham Totals			54	0	927	981	29	0	0	1,010
Edgecombe	HAL-033-005	Heritage Care of Rocky Mount	0	0	126	126	0	0	0	126
Edgecombe	HAL-033-006	The Bridges of Hendricks Creek	0	0	73	73	0	0	0	73
Edgecombe	NH0352	The Fountains at The Albemarle	56	0	0	56	0	0	0	56
Edgecombe		The Landings of Tarboro (Transfer 57 beds to The Landings of Chatham Park in Chatham County)	0	0	0	0	66	-57	0	9
Edgecombe Totals			56	0	199	255	66	-57	0	264
Forsyth	HAL-034-026	Brighton Gardens of Winston-Salem	0	0	115	115	0	0	0	115
Forsyth	HAL-034-035	Brookdale Reynolda Road	0	0	72	72	0	0	0	72
Forsyth	HAL-034-027	Brookdale Winston-Salem	0	0	38	38	0	0	0	38
Forsyth	HAL-034-102	Brookstone of Clemmons	0	0	40	40	0	0	0	40
Forsyth	HAL-034-106	Cadence at Clemmons (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	96
Forsyth	HAL-034-090	Clemmons Village I	0	0	60	60	0	0	0	60
Forsyth	HAL-034-062	Clemmons Village II	0	0	66	66	0	0	0	66
Forsyth	HAL-034-060	Creekside Manor	0	0	60	60	0	0	0	60
Forsyth	HAL-034-087	Forest Heights Senior Living Community	0	0	125	125	0	0	0	125
Forsyth	HAL-034-019	Golden Lamb Rest Home	0	0	40	40	0	0	0	40
Forsyth	HAL-034-112	Harmony at Brookberry Farm	0	0	121	121	0	0	0	121
Forsyth	HAL-034-023	Homestead Hills Assisted Living	0	0	66	66	0	0	0	66
Forsyth	HAL-034-115	Kerner Ridge Assisted Living	0	0	66	66	0	0	0	66
Forsyth	HAL-034-097	Magnolia Creek Assisted Living	0	0	117	117	0	0	0	117

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A County	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H CON Approved/ License Pending		J Available in SMFP	K Total Planning Inventory
							CON	CON Bed Transfer		
Forsyth	HAL-034-068	Memory Care of the Triad	0	0	42	42	0	0	0	42
Forsyth	NH0266	Mill Creek Center for Nursing and Rehabilitation	14	0	0	14	0	0	0	14
Forsyth	HAL-034-116	Salem Terrace Assisted Living and Memory Care	0	0	142	142	0	0	0	142
Forsyth	HAL-034-111	Shuler Health Care - Crane Villa	0	0	12	12	0	0	0	12
Forsyth	HAL-034-110	Shuler Health Care - Phillips Villa	0	0	12	12	0	0	0	12
Forsyth	HAL-034-109	Shuler Health Care - Pierce Villa	0	0	12	12	0	0	0	12
Forsyth	HAL-034-108	Shuler Health Care - Record Villa	0	0	12	12	0	0	0	12
Forsyth	HAL-034-107	Shuler Health Care - Storey Villa	0	0	12	12	0	0	0	12
Forsyth	HAL-034-100	Somerset Court at University Place	0	0	60	60	0	0	0	60
Forsyth	HAL-034-114	Southfork	0	0	78	78	0	0	0	78
Forsyth	HAL-034-069	The Bradford Village of Kernersville - West	0	0	62	62	0	0	0	62
Forsyth	HAL-034-117	The Ivy at Clemmons	0	0	90	90	0	0	0	90
Forsyth	HAL-034-093	The Southwood	0	0	100	100	0	0	0	100
Forsyth	HAL-034-104	Tranquility Care	0	0	60	60	0	0	0	60
Forsyth	HAL-034-085	Trinity Elms	0	0	104	104	0	0	0	104
Forsyth	HAL-034-003	Verra Spring at Heritage Woods	0	0	29	29	0	0	0	29
Forsyth	HAL-034-016	Vienna Village	0	0	90	90	0	0	0	90
Forsyth Totals			14	0	1,999	2,013	0	0	0	2,013
Franklin	HAL-035-024	Franklin Manor Assisted Living Center	0	0	54	54	0	0	0	54
Franklin	NH0486	Franklin Oaks Nursing and Rehabilitation Center	10	0	0	10	0	0	0	10
Franklin	HAL-035-032	Liberty Commons Assisted Living of Franklin County	0	0	60	60	0	0	0	60
Franklin	NH0264	Louisburg Healthcare & Rehabilitation Center	60	0	0	60	0	0	0	60
Franklin	HAL-035-031	Southern Living for Seniors of Louisburg	0	0	60	60	0	0	0	60
Franklin Totals			70	0	174	244	0	0	0	244
Gaston	HAL-036-013	Brookdale New Hope	0	0	86	86	0	0	0	86
Gaston	HAL-036-015	Brookdale Robinwood	0	0	89	89	0	0	0	89
Gaston	HAL-036-012	Brookdale Union	0	0	78	78	0	0	0	78
Gaston	NH0287	Carolina Care Health and Rehabilitation	12	0	0	12	0	0	0	12
Gaston	HAL-036-018	Country Time Inn	0	0	59	59	0	0	0	59
Gaston	NH0494	Courtland Terrace	19	0	0	19	0	0	0	19
Gaston	NH0547	Gastonia Health & Rehab Center	40	0	0	40	0	0	0	40
Gaston	HAL-036-036	Magnolia Gardens (Facility closed)	0	0	0	0	86	0	0	86
Gaston	HAL-036-037	Morningside of Gastonia	0	0	105	105	0	0	0	105
Gaston	NH0403	Peak Resources - Cherryville	57	0	0	57	0	0	0	57
Gaston	HAL-036-004	Rosewood Assisted Living	0	0	48	48	0	0	0	48
Gaston	HAL-036-034	Somerset Court of Cherryville	0	0	60	60	0	0	0	60
Gaston	HAL-036-039	TerraBella Cramer Mountain	0	0	128	128	0	0	0	128
Gaston	HAL-036-023	Terrace Ridge Assisted Living	0	0	74	74	0	0	0	74

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A County	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H CON Approved/ License Pending		J Available in SMFP	K Total Planning Inventory
							CON	CON Bed Transfer		
Gaston	HAL-036-031	Wellington House	0	0	48	48	0	0	0	48
Gaston	HAL-036-006	Woodlawn Haven	0	0	80	80	0	0	0	80
Gaston Totals			128	0	855	983	86	0	0	1,069
Gates	NH0513	Gates Health and Rehabilitation Center	10	0	0	10	0	0	0	10
Gates	HAL-037-001	Gates House	0	0	70	70	0	0	0	70
Gates Totals			10	0	70	80	0	0	0	80
Graham	NH0495	Graham Healthcare and Rehabilitation Center	23	0	0	23	0	0	0	23
Graham Totals			23	0	0	23	0	0	0	23
Granville	HAL-039-016	Granville House	0	0	60	60	0	0	0	60
Granville	HAL-039-015	Heritage Meadows Long Term Care	0	0	80	80	0	0	0	80
Granville	HAL-039-017	Toney Rest Home	0	0	60	60	0	0	0	60
Granville	HAL-039-018	Tre' More Manor ALF	0	0	31	31	0	0	0	31
Granville	NH0447	Universal Health Care - Oxford	20	0	0	20	0	0	0	20
Granville Totals			20	0	231	251	0	0	0	251
Greene	NH0373	Greendale Forest Nursing and Rehabilitation Center	17	0	0	17	0	0	0	17
Greene	HAL-040-009	Snow Hill Assisted Living	0	0	40	40	0	0	0	40
Greene Totals			17	0	40	57	0	0	0	57
Guilford	HAL-041-060	Abbotswood at Irving Park Assisted Living	0	0	28	28	0	0	0	28
Guilford	HAL-041-082	Alpha Concord of Greensboro	0	0	64	64	0	0	0	64
Guilford	NH0135	Blumenthal Nursing & Rehabilitation Center	20	0	0	20	0	0	0	20
Guilford	HAL-041-087	Brighton Gardens of Greensboro	0	0	125	125	0	0	0	125
Guilford	HAL-041-030	Brookdale High Point	0	0	82	82	0	0	0	82
Guilford	HAL-041-033	Brookdale High Point North	0	0	65	65	0	0	0	65
Guilford	HAL-041-039	Brookdale High Point North AL	0	0	102	102	0	0	0	102
Guilford	HAL-041-062	Brookdale Lawndale Park	0	0	118	118	0	0	0	118
Guilford	HAL-041-031	Brookdale Northwest Greensboro	0	0	81	81	0	0	0	81
Guilford	HAL-041-029	Brookdale Skeet Club	0	0	79	79	0	0	0	79
Guilford	HAL-041-065	Carriage House Senior Living Community	0	0	108	108	0	0	0	108
Guilford	HAL-041-054	Clapp's Assisted Living	0	0	30	30	0	0	0	30
Guilford	NH0226	Countryside	16	0	0	16	0	0	0	16
Guilford	HAL-041-077	Guilford House (Relocate 29 beds to The Waverly at Oak Hollow)	0	0	60	60	0	-29	0	31
Guilford	HAL-041-086	Harmony at Greensboro	0	0	92	92	0	0	0	92
Guilford	NH0601	Heartland Living & Rehab	37	0	0	37	0	0	0	37
Guilford	HAL-041-080	Holden Heights (Transfer 60 beds to The Stanbridge and 36 beds to the Waverly at Oak Hollow)	0	0	96	96	0	-96	0	0
Guilford	HAL-041-015	Lawson's Adult Enrichment Center	0	0	18	18	0	0	0	18
Guilford	NH0552	Maple Grove Health and Rehabilitation Center	40	0	0	40	0	0	0	40

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A County	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H CON Approved/ License Pending		J Available in SMFP	K Total Planning Inventory
							CON	CON Bed Transfer		
Guilford	HAL-041-052	Morningview at Irving Park	0	0	105	105	0	0	0	105
Guilford	HAL-041-010	Piedmont Christian Home	0	0	93	93	0	0	0	93
Guilford	HAL-041-081	Richland Place	0	0	70	70	0	0	0	70
Guilford	HAL-041-088	Spring Arbor of Greensboro	0	0	100	100	0	0	0	100
Guilford	HAL-041-023	St. Gales Estates	0	0	60	60	0	0	0	60
Guilford	HAL-041-078	The Arboretum at Heritage Greens	0	0	66	66	0	0	0	66
Guilford	HAL-041-085	The Elms at Abbotswood	0	0	48	48	0	0	0	48
Guilford		The Stanbridge (Transfer 60 beds from Holden Heights)	0	0	0	0	0	60	0	60
Guilford		The Waverly at Oak Hollow (Transfer 29 beds from Guilford House and 36 beds from Holden Heights)	0	0	0	0	0	65	0	65
Guilford	HAL-041-079	Verra Springs at Heritage Greens	0	0	45	45	0	0	0	45
Guilford	HAL-041-072	Wellington Oaks	0	0	85	85	0	0	0	85
Guilford	HAL-041-073	Westchester Harbour	0	0	90	90	0	0	0	90
Guilford Totals			113	0	1,910	2,023	0	0	0	2,023
Halifax	NH0656	Bryan Health and Rehab	20	0	0	20	0	0	0	20
Halifax	HAL-042-005	Carolina Rest Home	0	0	40	40	0	0	0	40
Halifax	NH0469	Liberty Commons Nursing and Rehabilitation Center of Halifax County (Transfer 6 beds to Chatham County Rehabilitation Center in Chatham County)	25	0	0	25	0	-6	0	19
Halifax	HAL-042-006	Scotland House	0	0	60	60	0	0	0	60
Halifax	HAL-042-007	The Landings of Lake Gaston	0	0	60	60	0	0	0	60
Halifax Totals			45	0	160	205	0	-6	0	199
Harnett	HAL-043-029	Absolute Care Assisted Living	0	0	12	12	0	0	0	12
Harnett	HAL-043-031	Absolute Care Assisted Living II	0	0	12	12	0	0	0	12
Harnett	HAL-043-034	Cardinal Care of Dunn	0	0	36	36	0	0	0	36
Harnett	HAL-043-027	Green Leaf Care Center	0	0	105	105	0	0	0	105
Harnett	HAL-043-035	Johnson Better Care Facility	0	0	50	50	0	0	0	50
Harnett	HAL-043-015	Oak Hill Living Center	0	0	122	122	0	0	0	122
Harnett	HAL-043-022	Pinecrest Gardens	0	0	60	60	0	0	0	60
Harnett	HAL-043-006	Senior Citizens Village	0	0	65	65	0	0	0	65
Harnett	HAL-043-024	Senter's Rest Home	0	0	50	50	0	0	0	50
Harnett	NH0482	The Carrolton of Dunn	8	0	0	8	0	0	0	8
Harnett	NH0444	Universal Health Care - Lillington	106	0	0	106	0	0	0	106
Harnett Totals			114	0	512	626	0	0	0	626
Haywood	NH0366	Autumn Care of Waynesville	10	0	0	10	0	0	0	10
Haywood	HAL-044-002	Chestnut Park Rest Home #1 (Facility closed.Transfer 9 to Spicewood Cottage Meadows)	0	0	0	0	9	-9	0	0
Haywood	HAL-044-022	Chestnut Park Retirement Center	0	0	20	20	0	0	0	20

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A County	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H CON Approved/ License Pending		J Available in SMFP	K Total Planning Inventory
							CON	CON Bed Transfer		
Haywood	HAL-044-044	Creekside Villas	0	0	20	20	0	0	0	20
Haywood	HAL-044-042	Haywood House	0	0	60	60	0	0	0	60
Haywood	HAL-044-009	Haywood Lodge and Retirement Center	0	0	72	72	0	0	0	72
Haywood	HAL-044-049	McCracken Rest Home	0	0	22	22	0	0	0	22
Haywood	HAL-044-012	Pigeon Valley Rest Home	0	0	29	29	0	0	0	29
Haywood	HAL-044-045	Richland Community Care #2 (Facility closed)	0	0	0	0	11	0	0	11
Haywood	NH0458	Silver Bluff	13	0	0	13	0	0	0	13
Haywood		Spicewood Cottage Meadows (Transfer 9 beds from Chestnut Park Rest Home #1.)	0	0	0	0	0	9	0	9
Haywood	HAL-044-039	Spicewood Cottages Elms	0	0	17	17	0	0	0	17
Haywood	HAL-044-040	Spicewood Cottages Oaks	0	0	20	20	0	0	0	20
Haywood	HAL-044-041	Spicewood Cottages Willows	0	0	20	20	0	0	0	20
Haywood Totals			23	0	280	303	20	0	0	323
Henderson	HAL-045-125	Carolina Reserve of Hendersonville	0	0	61	61	0	0	0	61
Henderson	HAL-045-126	Carolina Reserve of Laurel Park	0	0	48	48	0	0	0	48
Henderson	HAL-045-115	Cherry Springs Village	0	0	60	60	0	0	0	60
Henderson	HAL-045-012	Country Meadow Rest Home (Facility closed. Transfer 15 beds to Stonecroft (formerly The Landings of Hendersonville))	0	0	0	0	15	-15	0	0
Henderson	HAL-045-113	Henderson's Assisted Living	0	0	26	26	0	0	0	26
Henderson	HAL-045-123	Heritage Hills A Pacifica Senior Living Community	0	0	24	24	0	0	0	24
Henderson	HAL-045-005	McCullough's Rest Home	0	0	13	13	0	0	0	13
Henderson	HAL-045-112	Mountain View Assisted Living	0	0	27	27	0	0	0	27
Henderson		Stonecroft (Transfer 15 beds from Country Meadows Rest Home and 43 beds from The Gardens of the Blue Ridge)	0	0	0	0	0	58	0	58
Henderson	HAL-045-130	TerraBella Hendersonville	0	0	96	96	0	0	0	96
Henderson	HAL-045-129	The Gardens of Hendersonville	0	0	60	60	0	0	0	60
Henderson	HAL-045-128	The Gardens of the Blue Ridge (Facility closed. Transfer 43 beds to Stonecroft (formerly The Landings of Hendersonville))	0	0	0	0	45	-43	0	2
Henderson	HAL-045-127	The Landings of Mills River	0	0	65	65	0	0	0	65
Henderson	NH0480	The Laurels of Hendersonville	20	0	0	20	0	0	0	20
Henderson Totals			20	0	480	500	60	0	0	560
Hertford	HAL-046-020	Ahoskie Assisted Living	0	0	92	92	0	0	0	92
Hertford	HAL-046-004	Ahoskie House	0	0	60	60	0	0	0	60
Hertford Totals			0	0	152	152	0	0	0	152
Hoke	NH0438	Autumn Care of Raeford	8	0	0	8	0	0	0	8
Hoke	HAL-047-014	Open Arms Retirement Center	0	0	90	90	0	0	0	90
Hoke	HAL-047-015	Wickshire Creeks Crossing	0	0	75	75	0	0	0	75
Hoke Totals			8	0	165	173	0	0	0	173

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A County	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H CON Approved/ License Pending		J Available in SMFP	K Total Planning Inventory
							CON	CON Bed Transfer		
Hyde	NH0515	Cross Creek Health Care (Transfer 30 beds to Chatham County Rehabilitation Center)	30	0	0	30	0	-30	0	0
Hyde Totals			30	0	0	30	0	-30	0	0
Iredell	NH0599	Autumn Care of Statesville	10	0	0	10	0	0	0	10
Iredell	HAL-049-019	Brookdale East Broad	0	0	58	58	0	0	0	58
Iredell	HAL-049-020	Brookdale Peachtree AL	0	0	87	87	0	0	0	87
Iredell	HAL-049-021	Brookdale Peachtree MC	0	0	40	40	0	0	0	40
Iredell	HAL-049-034	Cadence Mooresville (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	96
Iredell	HAL-049-010	Crown Colony	0	0	60	60	0	0	0	60
Iredell	NH0435	Glenwood Rehabilitation and Nursing Center	30	0	0	30	0	0	0	30
Iredell	HAL-049-036	Heritage Place	0	0	40	40	0	0	0	40
Iredell	HAL-049-015	Journey's Assisted Living	0	0	60	60	0	0	0	60
Iredell	HAL-049-033	Mill Creek Manor	0	0	80	80	0	0	0	80
Iredell	HAL-049-016	Olin Village	0	0	64	64	0	0	0	64
Iredell	HAL-049-004	Rosewood Assisted Living	0	0	54	54	0	0	0	54
Iredell	HAL-049-030	Summit Place of Mooresville	0	0	60	60	0	0	0	60
Iredell	HAL-049-032	Terrabella Lake Norman	0	0	120	120	0	0	0	120
Iredell	HAL-049-023	The Gardens of Statesville	0	0	67	67	0	0	0	67
Iredell	NH0488	The Greens at Maple Leaf	8	0	0	8	0	0	0	8
Iredell Totals			48	0	886	934	0	0	0	934
Jackson	HAL-050-016	Morningstar Assisted Living	0	0	55	55	0	0	0	55
Jackson	HAL-050-017	The Hermitage	0	0	90	90	0	0	0	90
Jackson Totals			0	0	145	145	0	0	0	145
Johnston	HAL-051-002	Autumn Home Care of Johnston County I	0	0	12	12	0	0	0	12
Johnston	HAL-051-003	Autumn Home Care of Johnston County II	0	0	12	12	0	0	0	12
Johnston	HAL-051-001	Autumn Home Care of Johnston County III	0	0	12	12	0	0	0	12
Johnston	HAL-051-024	Brookdale Smithfield	0	0	74	74	0	0	0	74
Johnston	HAL-051-062	Classic Care Homes #1	0	0	12	12	0	0	0	12
Johnston	HAL-051-064	Classic Care Homes #2	0	0	12	12	0	0	0	12
Johnston	HAL-051-063	Classic Care Homes #3	0	0	12	12	0	0	0	12
Johnston	HAL-051-041	Clayton House	0	0	60	60	0	0	0	60
Johnston	HAL-051-060	Four Oaks Senior Living	0	0	96	96	0	0	0	96
Johnston	HAL-051-048	Gabriel Manor Assisted Living Center	0	0	77	77	0	0	0	77
Johnston	NH0606	Liberty Commons Nursing and Rehabilitation Center of Johnston County	60	0	0	60	0	0	0	60
Johnston	HAL-051-069	McLamb's Rest Home	0	0	12	12	0	0	0	12
Johnston	HAL-051-068	McLamb's Rest Home #2	0	0	12	12	0	0	0	12

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A County	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H CON Approved/ License Pending		J Available in SMFP	K Total Planning Inventory
							CON	CON Bed Transfer		
Johnston	HAL-051-047	Meadowview Assisted Living Center	0	0	60	60	0	0	0	60
Johnston	HAL-051-052	Progressive Care of Princeton	0	0	12	12	0	0	0	12
Johnston	HAL-051-061	Providence Assisted Living	0	0	20	20	0	0	0	20
Johnston	HAL-051-042	Smithfield House West (Facility closed. Transfer 60 to The Kensington (formerly Johnston Manor))	0	0	0	0	60	-60	0	0
Johnston	NH0182	Smithfield Manor Nursing and Rehab	20	0	0	20	0	0	0	20
Johnston		The Kensington (Replacement facility; relocate 60 beds from Smithfield House West and 6 beds from The Villas @ Benson I)	0	0	0	0	0	66	0	66
Johnston	HAL-051-065	The Landings of Smithfield	0	0	66	66	0	0	0	66
Johnston	FCL-051-056	The Villas @ Benson I (formerly Cardinal Care Assisted Living Village #1) (Facility closed. Transfer 6 beds to The Kenningston)	0	0	0	0	6	-6	0	0
Johnston Totals			80	0	561	641	66	0	0	707
Jones	NH0508	Brook Stone Living Center	20	0	0	20	0	0	0	20
Jones Totals			20	0	0	20	0	0	0	20
Lee	HAL-053-023	A Step from Home Residential Care Facility (Facility closed. Transfer 20 beds to Westfield Rehabilitation and Health Center)	0	0	0	0	20	-20	0	0
Lee	HAL-053-001	Oakhaven Home	0	0	40	40	0	0	0	40
Lee	HAL-053-002	Oakhaven II	0	0	12	12	0	0	0	12
Lee	HAL-053-004	Parkview Retirement Center	0	0	116	116	0	0	0	116
Lee	HAL-053-030	Sanford Manor	0	0	85	85	0	0	0	85
Lee	HAL-053-031	Sanford Senior Living	0	0	50	50	0	0	0	50
Lee	NH0285	Westfield Rehabilitation and Health Center (Transfer 20 beds from A Step from Home Residential Care Facility)	0	0	0	0	0	20	0	20
Lee Totals			0	0	303	303	20	0	0	323
Lenoir	HAL-054-070	Legacy Memory Care at Kinston	0	0	24	24	0	0	0	24
Lenoir	HAL-054-068	Lenoir Assisted Living	0	0	94	94	0	0	0	94
Lenoir	HAL-054-069	Rose Vista Assisted Living	0	0	60	60	0	0	0	60
Lenoir	HAL-054-071	Spring Arbor of Kinston	0	0	86	86	0	0	0	86
Lenoir	HAL-054-067	The Village of Kinston	0	0	63	63	0	0	0	63
Lenoir Totals			0	0	327	327	0	0	0	327
Lincoln	HAL-055-001	Amazing Grace Rest Home	0	0	10	10	0	0	0	10
Lincoln	HAL-055-002	Boger City Rest Home	0	0	52	52	0	0	0	52
Lincoln	HAL-055-013	Heath House	0	0	60	60	0	0	0	60
Lincoln	HAL-055-003	Lakewood Care Center	0	0	60	60	0	0	0	60
Lincoln	HAL-055-004	North Brook Rest Home	0	0	12	12	0	0	0	12

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A County	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H CON Approved/ License Pending		J Available in SMFP	K Total Planning Inventory
							CON	CON Bed Transfer		
Lincoln	HAL-055-009	The Addison of Lincolnton (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	96
Lincoln	NH0385	The Greens at Lincolnton	11	0	0	11	0	0	0	11
Lincoln	HAL-055-012	Wexford House	0	0	80	80	0	0	0	80
Lincoln Totals			11	0	370	381	0	0	0	381
Macon	HAL-056-005	Chestnut Hill of Highlands	0	0	26	26	0	0	0	26
Macon	HAL-056-006	Franklin House	0	0	70	70	0	0	0	70
Macon	HAL-056-001	Grandview Manor Care Center	0	0	82	82	0	0	0	82
Macon Totals			0	0	178	178	0	0	0	178
Madison	NH0479	Elderberry Health Care	20	0	0	20	0	0	0	20
Madison	HAL-057-011	Mars Hill Retirement Community	0	0	69	69	0	0	0	69
Madison Totals			20	0	69	89	0	0	0	89
Martin	HAL-058-010	Vintage Inn Retirement Community	0	0	122	122	0	0	0	122
Martin	HAL-058-011	Williamston House	0	0	60	60	0	0	0	60
Martin Totals			0	0	182	182	0	0	0	182
McDowell	NH0346	Autumn Care of Marion	15	0	0	15	0	0	0	15
McDowell	HAL-059-021	Cedarbrook Residential Center	0	0	80	80	0	0	0	80
McDowell	HAL-059-033	Houston House	0	0	29	29	0	0	0	29
McDowell	HAL-059-032	Lake James Lodge Assisted Living	0	0	60	60	0	0	0	60
McDowell	HAL-059-017	McDowell Assisted Living	0	0	54	54	0	0	0	54
McDowell	HAL-059-034	McDowell House	0	0	25	25	0	0	0	25
McDowell	HAL-059-027	Rose Hill Retirement Community	0	0	87	87	0	0	0	87
McDowell Totals			15	0	335	350	0	0	0	350
Mecklenburg	HAL-060-170	Arbor Ridge at Huntersville	0	0	40	40	0	0	0	40
Mecklenburg	HAL-060-019	Brighton Gardens of Charlotte	0	0	125	125	0	0	0	125
Mecklenburg	HAL-060-049	Brookdale Carriage Club Providence II	0	0	34	34	0	0	0	34
Mecklenburg	HAL-060-060	Brookdale Charlotte East	0	0	50	50	0	0	0	50
Mecklenburg	HAL-060-101	Brookdale South Charlotte	0	0	82	82	0	0	0	82
Mecklenburg	HAL-060-085	Brookdale South Park	0	0	56	56	0	0	0	56
Mecklenburg	HAL-060-042	Brookdale Weddington Park	0	0	83	83	0	0	0	83
Mecklenburg	HAL-060-160	Cadence Huntersville	0	0	96	96	0	0	0	96
Mecklenburg	HAL-060-159	Cadence Senior Living at Mint Hill	0	0	84	84	0	0	0	84
Mecklenburg	HAL-060-171	Charter Senior Living of Charlotte	0	0	104	104	0	0	0	104
Mecklenburg	HAL-060-149	East Towne	0	0	120	120	0	0	0	120
Mecklenburg	HAL-060-014	Hunter Village	0	0	68	68	0	0	0	68
Mecklenburg	HAL-060-152	Legacy Heights Senior Living Community	0	0	122	122	0	0	0	122
Mecklenburg	NH0060	Matthews Health & Rehab Center	10	0	0	10	0	0	0	10

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A County	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H CON Approved/ License Pending		J Available in SMFP	K Total Planning Inventory
							CON	CON Bed Transfer		
Mecklenburg	HAL-060-155	MerryWood on Park	0	0	20	20	0	0	0	20
Mecklenburg	HAL-060-136	Mint Hill Senior Living	0	0	82	82	0	0	0	82
Mecklenburg	HAL-060-150	Northlake House	0	0	48	48	0	0	0	48
Mecklenburg	HAL-060-167	Oakbridge Terrace @ Matthews Glen	0	0	60	60	0	0	0	60
Mecklenburg	HAL-060-054	Parker Terrace	0	0	53	53	0	0	0	53
Mecklenburg	NH0521	Pineville Rehabilitation and Living Center	10	0	0	10	0	0	0	10
Mecklenburg	HAL-060-169	Preston House	0	0	40	40	0	0	0	40
Mecklenburg	HAL-060-126	Queen City Assisted Living (Facility closed)	0	0	120	120	0	0	0	120
Mecklenburg	HAL-060-147	Ranson Ridge at the Villages of Mecklenburg	0	0	100	100	0	0	0	100
Mecklenburg	NH0557	Saturn Nursing and Rehabilitation Center	20	0	0	20	0	0	0	20
Mecklenburg	HAL-060-116	Summit Place of Southpark	0	0	120	120	0	0	0	120
Mecklenburg	HAL-060-165	Sunrise on Providence	0	0	95	95	0	0	0	95
Mecklenburg	HAL-060-156	TerraBella Little Avenue	0	0	62	62	0	0	0	62
Mecklenburg	HAL-060-158	The Charlotte Assisted Living	0	0	119	119	0	0	0	119
Mecklenburg	HAL-060-162	The Haven in Highland Creek	0	0	60	60	0	0	0	60
Mecklenburg	HAL-060-163	The Haven in the Village at Carolina Place	0	0	60	60	0	0	0	60
Mecklenburg	HAL-060-161	The Laurels in Highland Creek	0	0	105	105	0	0	0	105
Mecklenburg	HAL-060-164	The Laurels in the Village at Carolina Place	0	0	104	104	0	0	0	104
Mecklenburg	HAL-060-109	The Little Flower Assisted Living	0	0	49	49	0	0	0	49
Mecklenburg	HAL-060-125	The Parc at Sharon Amity	0	0	64	64	0	0	0	64
Mecklenburg	HAL-060-168	The Pines On Carmel Senior Living	0	0	125	125	0	0	0	125
Mecklenburg	HAL-060-157	The Terrace at Brightmore of South Charlotte	0	0	34	34	0	0	0	34
Mecklenburg	NH0016	University Place Nursing and Rehabilitation Center	10	0	0	10	0	0	0	10
Mecklenburg	HAL-060-138	Waltonwood at Providence	0	0	80	80	0	0	0	80
Mecklenburg	HAL-060-148	Waltonwood Cotswold (85 beds added per settlement agreement)	0	0	125	125	0	0	0	125
Mecklenburg	HAL-060-166	Wickshire Steele Creek	0	0	90	90	0	0	0	90
Mecklenburg	HAL-060-111	Willow Ridge Assisted Living	0	0	52	52	0	0	0	52
Mecklenburg Totals			50	0	2,931	2,981	0	0	0	2,981
Mitchell	HAL-061-011	Mitchell House	0	0	80	80	0	0	0	80
Mitchell Totals			0	0	80	80	0	0	0	80
Montgomery	NH0411	Autumn Care of Biscoe	10	0	0	10	0	0	0	10
Montgomery	HAL-062-016	Montgomery Senior Living	0	0	54	54	0	0	0	54
Montgomery	HAL-062-015	Poplar Springs Assisted Living	0	0	12	12	0	0	0	12
Montgomery	HAL-062-009	Sandy Ridge Assisted Living	0	0	120	120	0	0	0	120
Montgomery Totals			10	0	186	196	0	0	0	196
Moore	NH0597	Accordius Health at Aberdeen	10	0	0	10	0	0	0	10
Moore	HAL-063-024	Brookdale Pinehurst	0	0	76	76	0	0	0	76

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A County	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H CON Approved/ License Pending		J Available in SMFP	K Total Planning Inventory
							CON	CON Bed Transfer		
Moore	HAL-063-022	Fox Hollow Senior Living Community	0	0	85	85	0	0	0	85
Moore	HAL-063-007	Magnolia Gardens	0	0	110	110	0	0	0	110
Moore	NH0539	Peak Resources - Pinelake	20	0	0	20	0	0	0	20
Moore	HAL-063-023	Seven Lakes Assisted Living (Transfer 20 beds to The Landings of Pinehurst)	0	0	60	60	0	-20	0	40
Moore	HAL-063-011	Tara Plantation of Carthage	0	0	80	80	0	0	0	80
Moore	HAL-063-025	TerraBella Southern Pines	0	0	94	94	0	0	0	94
Moore		The Landings of Pinehurst (Transfer total of 44 beds from The Oaks at Pleasant Hill (Northampton County); and 20 beds from Seven Lakes Assisted Living)	0	0	0	0	0	64	0	64
Moore Totals			30	0	505	535	0	44	0	579
Nash	NH0602	Autumn Care of Nash	20	0	0	20	0	0	0	20
Nash	HAL-064-004	Brekenridge Retirement Center	0	0	64	64	0	0	0	64
Nash	HAL-064-008	Brookdale Rocky Mount	0	0	60	60	0	0	0	60
Nash	HAL-064-032	Hunter Hill Senior Living	0	0	64	64	0	0	0	64
Nash	HAL-064-029	Somerset Court of Rocky Mount	0	0	60	60	0	0	0	60
Nash	HAL-064-033	Spring Arbor of Rocky Mount	0	0	84	84	0	0	0	84
Nash	NH0437	The Carrolton of Nash	9	0	0	9	0	0	0	9
Nash	HAL-064-031	The Gardens of Nashville	0	0	62	62	0	0	0	62
Nash	HAL-064-034	The Landings of Rocky Mount Mills	0	0	60	60	0	0	0	60
Nash	NH0122	The Lodge at Rocky Mount	15	0	0	15	0	0	0	15
Nash	HAL-064-014	Trinity Retirement Villas #1 (Facility closed)	0	0	0	0	12	0	0	12
Nash	HAL-064-013	Trinity Retirement Villas #2 (Facility closed)	0	0	0	0	12	0	0	12
Nash Totals			44	0	454	498	24	0	0	522
New Hanover	NH0595	Autumn Care of Myrtle Grove	20	0	0	20	0	0	0	20
New Hanover	HAL-065-019	Brookdale Wilmington	0	0	38	38	0	0	0	38
New Hanover	HAL-065-034	Castle Creek Memory Care (Transfer 20 beds to The Luminance at Riverlights)	0	0	84	84	0	-20	0	64
New Hanover	HAL-065-035	Cedar Cove Assisted Living	0	0	64	64	0	0	0	64
New Hanover	HAL-065-020	Champions Assisted Living	0	0	148	148	0	0	0	148
New Hanover	HAL-065-004	Fannie Norwood Memorial Home (Facility closed. Transfer 16 beds to Tidewater at Carolina Bay)	0	0	0	0	16	-16	0	0
New Hanover	NH0569	Liberty Commons Rehabilitation Center	40	0	0	40	0	0	0	40
New Hanover	HAL-065-045	Morningside of Wilmington	0	0	101	101	0	0	0	101
New Hanover	HAL-065-036	New Hanover House (Transfer 40 beds to The Luminance at Riverlights)	0	0	61	61	0	0	0	61
New Hanover	HAL-065-031	Port South Village/Carmen D. Villa (Facility closed. Transfer 12 bed to Tidewater at Carolina Bay)	0	0	0	0	12	-12	0	0
New Hanover	HAL-065-043	Port South Village/Catherine S. Villa (Facility closed. Transfer 12 beds to Tidewater at Carolina Bay)	0	0	0	0	12	-12	0	0

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A County	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H CON Approved/ License Pending		J Available in SMFP	K Total Planning Inventory
							CON	CON Bed Transfer		
New Hanover	HAL-065-042	Port South Village/Crystal L. Villa (Facility closed. Transfer 12 beds to Tidewater at Carolina Bay)	0	0	0	0	12	-12	0	0
New Hanover	HAL-065-027	Port South Village/Lorraine B. Villa (Facility closed. Transfer 12 beds to Tidewater at Carolina Bay.)	0	0	0	0	12	-12	0	0
New Hanover	HAL-065-025	Port South Village/Tara L. Villa (Facility closed. Transfer of 12 beds to Tidewater at Carolina Bay)	0	0	0	0	12	-12	0	0
New Hanover	HAL-065-040	Port South Village/Teresa C. Villa (Facility closed. Transfer 12 beds to Tidewater at Carolina Bay)	0	0	0	0	12	-12	0	0
New Hanover	HAL-065-011	Sherwood Manor Rest Home (Transfer of 40 beds to The Luminance at Riverlights)	0	0	40	40	0	-40	0	0
New Hanover	HAL-065-046	Spring Arbor of Wilmington	0	0	66	66	0	0	0	66
New Hanover	HAL-065-002	The Commons at Brightmore	0	0	201	201	0	0	0	201
New Hanover	HAL-065-023	The Kempton at Brightmore	0	0	84	84	0	0	0	84
New Hanover		The Luminance at Riverlights (Transfer 40 beds from New Hanover House and transfer 20 beds from Castle Creek Memory Care)	0	0	0	0	0	60	0	60
New Hanover		Tidewater at Carolina Bay (Transferred 16 beds from Fannie Norwood Memorial Home and transfer 72 beds from multiple Port South Village facilities)	0	0	0	0	0	88	0	88
New Hanover Totals			60	0	887	947	88	0	0	1,035
Northampton	HAL-066-012	Hampton Manor	0	0	82	82	0	0	0	82
Northampton	HAL-066-001	Pine Forest Rest Home	0	0	24	24	0	0	0	24
Northampton	HAL-066-011	Rich Square Manor	0	0	32	32	0	0	0	32
Northampton	HAL-066-010	Rich Square Villa (Transfer 22 beds from The Oaks at Pleasant Hill)	0	0	38	38	0	22	0	60
Northampton	HAL-066-018	The Oaks at Pleasant Hill (Facility closed. Transfer 44 beds to The Landings of Pinehurst in Moore County and transfer 22 beds to Rich Square Villa)	0	0	0	0	66	-66	0	0
Northampton Totals			0	0	176	176	66	-44	0	198
Onslow	HAL-067-008	Kempton of Jacksonville	0	0	79	79	0	0	0	79
Onslow	HAL-067-013	Lighthouse Village	0	0	80	80	0	0	0	80
Onslow	HAL-067-023	Onslow House	0	0	120	120	0	0	0	120
Onslow	NH0229	Premier Nursing and Rehabilitation Center	7	0	0	7	0	0	0	7
Onslow	HAL-067-004	The Cardinal Care of Jacksonville	0	0	32	32	0	0	0	32
Onslow	HAL-067-016	The Heritage of Richlands	0	0	40	40	0	0	0	40
Onslow	HAL-067-025	The Landings of Swansboro	0	0	80	80	0	0	0	80
Onslow Totals			7	0	431	438	0	0	0	438
Orange	HAL-068-034	Adorable Senior Living	0	0	17	17	0	0	0	17
Orange	HAL-068-008	Brookdale Meadowmont	0	0	64	64	0	0	0	64
Orange	HAL-068-036	Carlisle At Carrboro	0	0	120	120	0	0	0	120

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A County	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H CON Approved/ License Pending		J Available in SMFP	K Total Planning Inventory
							CON	CON Bed Transfer		
Orange	NH0239	Parkview Health and Rehabilitation Center	7	0	0	7	0	0	0	7
Orange	NH0545	Peak Resources - Brookshire, Inc.	20	0	0	20	0	0	0	20
Orange	HAL-068-035	TerraBella Hillsborough	0	0	96	96	0	0	0	96
Orange	HAL-068-025	The Stratford	0	0	77	77	0	0	0	77
Orange Totals			27	0	374	401	0	0	0	401
Pamlico	NH0450	Grantsbrook Nursing and Rehabilitation Center	8	0	0	8	0	0	0	8
Pamlico	HAL-069-002	The Gardens of Pamlico	0	0	70	70	0	0	0	70
Pamlico Totals			8	0	70	78	0	0	0	78
Pasquotank	HAL-070-005	Brookdale Elizabeth City	0	0	76	76	0	0	0	76
Pasquotank	HAL-070-006	Heritage Care of Elizabeth City	0	0	60	60	0	0	0	60
Pasquotank	HAL-070-008	Waterbrooke of Elizabeth City	0	0	130	130	0	0	0	130
Pasquotank Totals			0	0	266	266	0	0	0	266
Pender	HAL-071-016	Arbor Landing at Hampstead	0	0	19	19	0	0	0	19
Pender	HAL-071-017	Poplar Grove	0	0	60	60	0	0	0	60
Pender	NH0300	Woodbury Wellness Center	100	0	0	100	0	0	0	100
Pender Totals			100	0	79	179	0	0	0	179
Perquimans	HAL-072-015	Hertford Manor	0	0	24	24	0	0	0	24
Perquimans	HAL-072-014	The Landings of Albemarle	0	0	50	50	0	0	0	50
Perquimans Totals			0	0	74	74	0	0	0	74
Person	HAL-073-010	Maple Heights Assisted Living	0	0	34	34	0	0	0	34
Person	HAL-073-019	Roxboro Assisted Living OPCP	0	0	120	120	0	0	0	120
Person	HAL-073-018	The Canterbury House	0	0	60	60	0	0	0	60
Person Totals			0	0	214	214	0	0	0	214
Pitt	HAL-074-046	Alpha Care One Assisted Living	0	0	120	120	0	0	0	120
Pitt	HAL-074-011	Brookdale Dickinson Avenue	0	0	76	76	0	0	0	76
Pitt	HAL-074-012	Brookdale W. Arlington Boulevard	0	0	60	60	0	0	0	60
Pitt	NH0505	East Carolina Rehab and Wellness	20	0	0	20	0	0	0	20
Pitt	HAL-074-036	Oak Haven Assisted Living	0	0	54	54	0	0	0	54
Pitt	HAL-074-037	Red Oak Assisted Living	0	0	62	62	0	0	0	62
Pitt		Rising Phoenix (Transfer 29 beds from Winterville Manor)	0	0	0	0	0	29	0	29
Pitt	HAL-074-043	River Oak Assisted Living	0	0	80	80	0	0	0	80
Pitt	HAL-074-045	Spring Arbor of Greenville	0	0	66	66	0	0	0	66
Pitt	HAL-074-026	Winterville Manor (Facility closed. Transfer 29 beds to Rising Phoenix)	0	0	0	0	29	-29	0	0
Pitt Totals			20	0	518	538	29	0	0	567
Polk	HAL-075-010	Laurelwoods	0	0	60	60	0	0	0	60
Polk	HAL-075-011	Ridge Rest Assisted Living	0	0	12	12	0	0	0	12

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A County	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H CON Approved/ License Pending		J Available in SMFP	K Total Planning Inventory
							CON	CON Bed Transfer		
Polk		The Gardens of Columbus	0	0	0	0	50	0	0	50
Polk Totals			0	0	72	72	50	0	0	122
Randolph	HAL-076-007	Brookdale Asheboro	0	0	76	76	0	0	0	76
Randolph	HAL-076-034	Brookstone Haven	0	0	120	120	0	0	0	120
Randolph	HAL-076-003	Cross Road Retirement Community	0	0	152	152	0	0	0	152
Randolph	HAL-076-027	North Pointe	0	0	67	67	0	0	0	67
Randolph	HAL-076-032	North Pointe Assisted Living of Archdale	0	0	56	56	0	0	0	56
Randolph	HAL-076-035	TerraBella Asheboro	0	0	96	96	0	0	0	96
Randolph Totals			0	0	567	567	0	0	0	567
Richmond	HAL-077-010	Hamlet House	0	0	60	60	0	0	0	60
Richmond	HAL-077-012	Hermitage Retirement Center	0	0	114	114	0	0	0	114
Richmond	NH0455	Richmond Pines Healthcare and Rehabilitation Center	10	0	0	10	0	0	0	10
Richmond Totals			10	0	174	184	0	0	0	184
Robeson	HAL-078-038	Covenant Care	0	0	30	30	0	0	0	30
Robeson	HAL-078-082	Cromartie Spring Village Rest Home	0	0	11	11	0	0	0	11
Robeson	NH0533	GlenFlora	20	0	0	20	0	0	0	20
Robeson	HAL-078-112	Greenbrier of Fairmont	0	0	100	100	0	0	0	100
Robeson	HAL-078-100	Hope Springs	0	0	63	63	0	0	0	63
Robeson	HAL-078-064	Morning Star AL # 2	0	0	12	12	0	0	0	12
Robeson	HAL-078-065	Morning Star AL # 3	0	0	12	12	0	0	0	12
Robeson	HAL-078-067	Morning Star AL # 4	0	0	12	12	0	0	0	12
Robeson	HAL-078-083	Red Springs Assisted Living	0	0	81	81	0	0	0	81
Robeson	HAL-078-111	Rivers Edge of Lumberton	0	0	104	104	0	0	0	104
Robeson Totals			20	0	425	445	0	0	0	445
Rockingham	HAL-079-009	Brookdale Eden	0	0	82	82	0	0	0	82
Rockingham	HAL-079-007	Brookdale Reidsville	0	0	76	76	0	0	0	76
Rockingham	HAL-079-002	Highgrove Long Term Care Center	0	0	62	62	0	0	0	62
Rockingham	HAL-079-105	Moyer's Agape Assisted Living	0	0	18	18	0	0	0	18
Rockingham	HAL-079-053	North Pointe of Mayodan	0	0	70	70	0	0	0	70
Rockingham	NH0614	Penn Nursing Center	10	0	0	10	0	0	0	10
Rockingham	HAL-079-079	Pine Forrest Home for the Aged	0	0	58	58	0	0	0	58
Rockingham	HAL-079-106	The Landings of Rockingham	0	0	43	43	0	0	0	43
Rockingham Totals			10	0	409	419	0	0	0	419
Rowan	HAL-080-027	Alpha Concord Plantation	0	0	29	29	0	0	0	29
Rowan	HAL-080-029	Angels at Heart Assisted Living	0	0	28	28	0	0	0	28
Rowan	HAL-080-019	Best Of Care Assisted Living	0	0	25	25	0	0	0	25
Rowan	HAL-080-032	Bethamy Retirement Center	0	0	43	43	0	0	0	43

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A County	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H CON Approved/ License Pending		J Available in SMFP	K Total Planning Inventory
							CON	CON Bed Transfer		
Rowan	NH0471	Big Elm Retirement and Nursing Centers	96	0	0	96	0	0	0	96
Rowan	HAL-080-014	Brookdale Salisbury	0	0	88	88	0	0	0	88
Rowan	HAL-080-028	Compass Assisted Living Rowan	0	0	89	89	0	0	0	89
Rowan	HAL-080-031	Deal Care Inn	0	0	21	21	0	0	0	21
Rowan	HAL-080-003	Kannon Creek Assisted Living (Facility closed. Transfer 106 beds to The Landings of Salisbury)	0	0	106	106	0	-106	0	0
Rowan	NH0050	Piedmont Health & Rehab Center	43	0	0	43	0	0	0	43
Rowan	HAL-080-030	TerraBella Salisbury	0	0	128	128	0	0	0	128
Rowan	NH0441	The Citadel Salisbury	20	0	0	20	0	0	0	20
Rowan		The Landings of Salisbury (Replacement facility. Transfer 106 beds from Kannon Creek Assisted Living)	0	0	0	0	0	106	0	106
Rowan	NH0538	The Laurels of Salisbury	20	0	0	20	0	0	0	20
Rowan	HAL-080-026	The Meadows of Rockwell Retirement Center	0	0	120	120	0	0	0	120
Rowan Totals			179	0	677	856	0	0	0	856
Rutherford	HAL-081-014	Brookdale Forest City	0	0	76	76	0	0	0	76
Rutherford	HAL-081-051	Cedar Creek Living (Previously Nana's Assisted Living #2)	0	0	44	44	0	0	0	44
Rutherford	HAL-081-001	Colonial Manor Rest Home	0	0	34	34	0	0	0	34
Rutherford	NH0531	Fair Haven Home	37	0	0	37	0	0	0	37
Rutherford	NH0474	Fair Haven of Forest City	28	0	0	28	0	0	0	28
Rutherford	HAL-081-050	Haven-N-Hills Living Center (Facility closed. Transfer 46 beds to Lake Lure)	0	0	0	0	46	-46	0	0
Rutherford	HAL-081-010	Henderson Care Center	0	0	86	86	0	0	0	86
Rutherford	HAL-081-005	Holly Springs Senior Citizens Home	0	0	32	32	0	0	0	32
Rutherford		Lake Lure (Transfer 16 ACH beds from Oak Grove Healthcare Center and 46 beds from Haven-N-Hills Living Center)	0	0	0	0	0	62	0	62
Rutherford	NH0566	Oak Grove Healthcare Center (Transfer 16 beds to Lake Lure Assisted Living)	16	0	0	16	0	-16	0	0
Rutherford	HAL-081-013	Oakland Living Center	0	0	40	40	0	0	0	40
Rutherford	HAL-081-007	Restwell Home	0	0	20	20	0	0	0	20
Rutherford	HAL-081-008	Southern Manor Rest Home	0	0	25	25	0	0	0	25
Rutherford	HAL-081-042	Sunnyside Retirement Home	0	0	34	34	0	0	0	34
Rutherford Totals			81	0	391	472	46	0	0	518
Sampson	HAL-082-029	Clinton Village Senior Center (Facility closed)	0	0	0	0	60	0	0	60
Sampson	NH0089	Mary Gran Nursing Center	30	0	0	30	0	0	0	30
Sampson	HAL-082-030	Rolling Ridge Assisted Living	0	0	61	61	0	0	0	61
Sampson	HAL-082-028	The Gardens of Roseboro	0	0	40	40	0	0	0	40
Sampson	HAL-082-022	The Magnolia	0	0	91	91	0	0	0	91
Sampson Totals			30	0	192	222	60	0	0	282
Scotland	HAL-083-021	Prestwick Village	0	0	100	100	0	0	0	100

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A County	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H CON Approved/ License Pending		J Available in SMFP	K Total Planning Inventory
							CON	CON Bed Transfer		
Scotland Totals			0	0	100	100	0	0	0	100
Stanly	NH0462	Bethany Woods Nursing and Rehabilitation Center	10	0	0	10	0	0	0	10
Stanly	HAL-084-010	Spring Arbor of Albemarle	0	0	78	78	0	0	0	78
Stanly	NH0464	Stanly Manor	10	0	0	10	0	0	0	10
Stanly	HAL-084-001	The Taylor House	0	0	30	30	0	0	0	30
Stanly	NH0140	Trinity Place	27	0	0	27	0	0	0	27
Stanly	HAL-084-009	Woodhaven Court	0	0	76	76	0	0	0	76
Stanly Totals			47	0	184	231	0	0	0	231
Stokes	HAL-085-012	Graceland Living Center I	0	0	12	12	0	0	0	12
Stokes	HAL-085-013	Graceland Living Center II	0	0	11	11	0	0	0	11
Stokes	HAL-085-003	Mountain Valley Living Center	0	0	26	26	0	0	0	26
Stokes	HAL-085-014	Priddy Manor Assisted Living	0	0	79	79	0	0	0	79
Stokes	HAL-085-008	Rose Tara Senior Living	0	0	65	65	0	0	0	65
Stokes	NH0555	Universal Health Care - King	24	0	0	24	0	0	0	24
Stokes	NH0507	Village Care of King	20	0	0	20	0	0	0	20
Stokes	HAL-085-015	Walnut Ridge Assisted Living	0	0	63	63	0	0	0	63
Stokes Totals			44	0	256	300	0	0	0	300
Surry	HAL-086-001	Central Care	0	0	53	53	0	0	0	53
Surry	NH0640	Chatham Nursing & Rehabilitation	28	0	0	28	0	0	0	28
Surry	HAL-086-002	Colonial Long Term Care Facility	0	0	54	54	0	0	0	54
Surry	HAL-086-006	Dunmore Plantation	0	0	60	60	0	0	0	60
Surry	HAL-086-010	Ridge Crest Retirement	0	0	28	28	0	0	0	28
Surry	HAL-086-014	Riverwood Assisted Living Facility	0	0	65	65	0	0	0	65
Surry	HAL-086-016	Twelve Oaks	0	0	112	112	0	0	0	112
Surry	HAL-086-015	Yadkin Valley Senior Living	0	0	60	60	0	0	0	60
Surry Totals			28	0	432	460	0	0	0	460
Swain	HAL-087-009	Bryson Senior Living	0	0	50	50	0	0	0	50
Swain Totals			0	0	50	50	0	0	0	50
Transylvania	HAL-088-014	Cedar Mountain House	0	0	64	64	0	0	0	64
Transylvania	HAL-088-015	Kingsbridge House	0	0	60	60	0	0	0	60
Transylvania	NH0563	The Oaks - Brevard	10	0	0	10	0	0	0	10
Transylvania Totals			10	0	124	134	0	0	0	134
Tyrrell	HAL-089-002	Tyrrell House	0	0	50	50	0	0	0	50
Tyrrell Totals			0	0	50	50	0	0	0	50
Union	NH0493	Accordius Health at Monroe	12	0	0	12	0	0	0	12
Union	NH0421	Autumn Care of Marshville	10	0	0	10	0	0	0	10
Union	HAL-090-024	Brookdale Monroe Square 1	0	0	102	102	0	0	0	102

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A County	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H CON Approved/ License Pending		I Available in SMFP	J Total Planning Inventory
							CON	CON Bed Transfer		
Union	HAL-090-022	Brookdale Monroe Square 2	0	0	65	65	0	0	0	65
Union	HAL-090-007	Brookdale Union Park	0	0	87	87	0	0	0	87
Union	HAL-090-001	Elizabethan Gardens	0	0	100	100	0	0	0	100
Union	HAL-090-004	Hillcrest Church Rest Home	0	0	20	20	0	0	0	20
Union	HAL-090-034	Monroe Manor Assisted Living Building I	0	0	12	12	0	0	0	12
Union	HAL-090-033	Monroe Manor Assisted Living Building II	0	0	12	12	0	0	0	12
Union	HAL-090-035	The Addison of Indian Trail (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	96
Union	HAL-090-036	Woodridge Assisted Living Facility	0	0	80	80	0	0	0	80
Union Totals			22	0	574	596	0	0	0	596
Vance	HAL-091-011	Green-Bullock Assisted Living Center (Facility closed. Transfer 129 beds to The Bridges on Parkview)	0	0	0	0	129	-129	0	0
Vance	NH0353	Kerr Lake Nursing and Rehabilitation Center	23	0	0	23	0	0	0	23
Vance	NH0477	Senior Citizen's Home	54	0	0	54	0	0	0	54
Vance		The Bridges on Parkview (Transfer 129 beds from Green-Bullock Assisted Living)	0	0	0	0	0	129	0	129
Vance Totals			77	0	0	77	129	0	0	206
Wake	HAL-092-024	Brighton Gardens of Raleigh	0	0	115	115	0	0	0	115
Wake	HAL-092-023	Brookdale Cary	0	0	50	50	0	0	0	50
Wake	HAL-092-027	Brookdale MacArthur Park	0	0	80	80	0	0	0	80
Wake	HAL-092-032	Brookdale Wake Forest	0	0	70	70	0	0	0	70
Wake	HAL-092-146	Brookridge Assisted Living (Facility closed. Transfer 55 beds to Mayview Assisted Living Center)	0	0	0	0	55	-55	0	0
Wake	HAL-092-213	Cadence at Wake Forest (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	96
Wake	HAL-092-215	Cadence Garner (Beds awarded per settlement agreement from 2000 & 2007)	0	0	84	84	0	0	0	84
Wake	HAL-092-214	Cadence North Raleigh (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	96
Wake	HAL-092-203	Chatham Commons	0	0	80	80	0	0	0	80
Wake	HAL-092-212	Coventry House of Zebulon	0	0	60	60	0	0	0	60
Wake	HAL-092-141	Falls River Court Memory Care Community	0	0	38	38	0	0	0	38
Wake	HAL-092-142	Falls River Village Assisted Living Community	0	0	60	60	0	0	0	60
Wake	HAL-092-186	Foundation Senior Living	0	0	126	126	0	0	0	126
Wake	HAL-092-216	HeartFields at Cary	0	0	97	97	0	0	0	97
Wake	NH0525	Hillside Nursing Center of Wake Forest	20	0	0	20	0	0	0	20
Wake	HAL-092-017	Lawndale Manor	0	0	62	62	0	0	0	62
Wake	HAL-092-009	Lee's Long Term Care Facility (Transferred 65 beds to Waltonwood Silverton)	0	0	65	65	0	-65	0	0

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A County	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H CON Approved/ License Pending		I Available in SMFP	J Total Planning Inventory
							CON	CON Bed Transfer		
Wake	NH0558	Litchford Falls Healthcare and Rehabilitation Center (Transfer 31 beds from Universal Health Care - Fuquay-Varina and 20 beds from Universal Health Care - North Raleigh)	24	0	0	24	0	51	0	75
Wake	HAL-092-180	Magnolia Glen	0	0	56	56	0	0	0	56
Wake		Mayview Assisted Living Center (Transfer 20 beds from Wellington Rehabilitation and Healthcare (NH0544) and 55 beds from Brookridge Assisted Living)	0	0	0	0	0	75	0	75
Wake	HAL-092-217	Morningside of Raleigh	0	0	110	110	0	0	0	110
Wake	HAL-092-182	Oliver House (Facility closed)	0	0	100	100	0	0	0	100
Wake	HAL-092-131	Phoenix Assisted Care	0	0	120	120	0	0	0	120
Wake	HAL-092-223	Spring Arbor of Apex	0	0	76	76	0	0	0	76
Wake	HAL-092-225	Spring Arbor of Cary	0	0	80	80	0	0	0	80
Wake	HAL-092-224	Spring Arbor of Raleigh	0	0	80	80	0	0	0	80
Wake	HAL-092-218	Sunrise at North Hills	0	0	160	160	0	0	0	160
Wake	HAL-092-209	Sunrise of Cary	0	0	85	85	0	0	0	85
Wake	HAL-092-211	Sunrise of Raleigh	0	0	100	100	0	0	0	100
Wake	HAL-092-207	TerraBella Northridge	0	0	161	161	0	0	0	161
Wake	HAL-092-219	The Addison of Fuquay-Varina (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	96
Wake	HAL-092-220	The Addison of Knightdale (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	96
Wake	HAL-092-181	The Covington	0	0	120	120	0	0	0	120
Wake	NH0506	The Laurels of Forest Glenn	20	0	0	20	0	0	0	20
Wake	HAL-092-221	The Reserve at Mills Farm	0	0	35	35	0	0	0	35
Wake	NH0637	Universal Health Care - Fuquay-Varina (Transfer 31 beds to Litchford Falls)	31	0	0	31	0	-31	0	0
Wake	NH0611	Universal Health Care - North Raleigh (Transfer 20 beds to Litchford Falls)	20	0	0	20	0	-20	0	0
Wake	HAL-092-144	Wake Assisted Living	0	0	60	60	0	0	0	60
Wake	HAL-092-161	Waltonwood Cary Parkway (Transfer 9 beds to Waltonwood Silverton)	0	0	85	85	0	-9	0	76
Wake	HAL-092-210	Waltonwood Lake Boone	0	0	68	68	0	0	0	68
Wake		Waltonwood Silverton (Transfer 65 beds from Lee's Long Term Care Facility and 9 beds from Waltonwood Cary Parkway)	0	0	0	0	0	74	0	74
Wake	NH0544	Wellington Rehabilitation and Healthcare (Transfer 20 beds to Mayview Assisted Living)	20	0	0	20	0	-20	0	0
Wake	HAL-092-206	Woodland Terrace	0	0	84	84	0	0	0	84
Wake	HAL-092-143	Zebulon House	0	0	60	60	0	0	0	60
Wake Totals			135	0	3,011	3,146	55	0	0	3,201
Warren	HAL-093-010	Alpha Magnolia Garden	0	0	86	86	0	0	0	86

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A County	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H CON Approved/ License Pending		J Available in SMFP	K Total Planning Inventory
							CON	CON Bed Transfer		
Warren	HAL-093-001	Boyd's Rest Home #2	0	0	10	10	0	0	0	10
Warren	NH0360	Warren Hills Nursing Center	20	0	0	20	0	0	0	20
Warren Totals			20	0	96	116	0	0	0	116
Washington	HAL-094-007	Cypress Manor	0	0	40	40	0	0	0	40
Washington	NH0419	The Carrolton of Plymouth	9	0	0	9	0	0	0	9
Washington Totals			9	0	40	49	0	0	0	49
Watauga	HAL-095-009	Deerfield Ridge Assisted Living	0	0	96	96	0	0	0	96
Watauga	HAL-095-002	Mountain Care Facilities (Transfer 60 beds to Watauga Assisted Living.)	0	0	60	60	0	-60	0	0
Watauga	NH0638	The Foley Center at Chestnut Ridge	20	0	0	20	0	0	0	20
Watauga		Watauga Assisted Living (Replacement facility; transfer 60 beds from Mountain Care Facilities)	0	0	0	0	0	60	0	60
Watauga Totals			20	0	156	176	0	0	0	176
Wayne	HAL-096-014	Brookdale Berkeley Boulevard	0	0	60	60	0	0	0	60
Wayne	HAL-096-026	Brookdale Country Day Road	0	0	104	104	0	0	0	104
Wayne	HAL-096-049	Countryside Village	0	0	40	40	0	0	0	40
Wayne	HAL-096-051	Eagle's Pointe	0	0	104	104	0	0	0	104
Wayne	HAL-096-024	Fremont Rest Center	0	0	50	50	0	0	0	50
Wayne	HAL-096-031	Goldsboro Assisted Living & Alzheimer's Care	0	0	56	56	0	0	0	56
Wayne	HAL-096-052	Helping Hands Assisted Living	0	0	73	73	0	0	0	73
Wayne	HAL-096-001	LaGrange Gardens Assisted Living	0	0	37	37	0	0	0	37
Wayne	HAL-096-047	Somerset Court of Goldsboro	0	0	60	60	0	0	0	60
Wayne	HAL-096-029	Sutton's Retirement Center	0	0	40	40	0	0	0	40
Wayne	HAL-096-003	Wayne County Rest Villa No. 1	0	0	12	12	0	0	0	12
Wayne	HAL-096-004	Wayne County Rest Villa No. 2	0	0	12	12	0	0	0	12
Wayne	HAL-096-009	Woodard's Retirement Village	0	0	60	60	0	0	0	60
Wayne Totals			0	0	708	708	0	0	0	708
Wilkes	HAL-097-015	Rose Glen Manor	0	0	60	60	0	0	0	60
Wilkes		The Gardens of Wilkesboro (Transfer 99 beds from Wilkes County Adult Care)	0	0	0	0	0	99	0	99
Wilkes	NH0295	Westwood Hills Nursing and Rehabilitation Center	10	0	0	10	0	0	0	10
Wilkes	HAL-097-014	Wilkes County Adult Care (Transfer 99 beds to The Gardens of Wilkesboro)	0	0	99	99	0	-99	0	0
Wilkes	HAL-097-016	Wilkesboro Assisted Living Center	0	0	102	102	0	0	0	102
Wilkes	NH0509	Wilkesboro Health and Rehabilitation	19	0	0	19	0	0	0	19
Wilkes Totals			29	0	261	290	0	0	0	290
Wilson	HAL-098-031	Morning Star Assisted Living #5	0	0	58	58	0	0	0	58
Wilson	HAL-098-030	Parkwood Village	0	0	70	70	0	0	0	70

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A County	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H CON Approved/ License Pending		J Available in SMFP	K Total Planning Inventory
							CON	CON Bed Transfer		
Wilson	HAL-098-032	Spring Arbor of Wilson	0	0	72	72	0	0	0	72
Wilson	HAL-098-027	Wilson Assisted Living	0	0	88	88	0	0	0	88
Wilson	HAL-098-023	Wilson House	0	0	136	136	0	0	0	136
Wilson	NH0218	Wilson Pines Nursing and Rehabilitation Center	30	0	0	30	0	0	0	30
Wilson Totals			30	0	424	454	0	0	0	454
Yadkin	HAL-099-018	Patriot Living of Yadkinville	0	0	50	50	0	0	0	50
Yadkin	HAL-099-017	Pinebrook Residential Center I	0	0	54	54	0	0	0	54
Yadkin	HAL-099-016	Pinebrook Residential Center II	0	0	65	65	0	0	0	65
Yadkin	NH0224	Yadkin Nursing Care Center	20	0	0	20	0	0	0	20
Yadkin Totals			20	0	169	189	0	0	0	189
Yancey	HAL-100-006	Southern Living for Seniors of Burnsville	0	0	29	29	0	0	0	29
Yancey	HAL-100-005	Yancey House	0	0	70	70	0	0	0	70
Yancey Totals			0	0	99	99	0	0	0	99
Grand Totals			2,890	0	37,265	40,155	1,443	0	0	41,598

Table 11B: County Rate Calculations for Adult Care Home (Assisted Living) Bed Need Determination

A County	B Patients					C Populations					D Rates					E Actual Average Annual Change Rate	F Selected Change Rate (County or Adjusted County)	G Bed Rate per 1,000
	2018	2019	2020	2021	2022	2018	2019	2020	2021	2022	2018	2019	2020	2021	2022			
Alamance	559	595	514	409	478	165,749	170,483	170,698	173,384	177,141	3.3726	3.4901	3.0112	2.3589	2.6984	-0.0438	-0.0438	2.3441
Alexander	82	83	52	60	70	38,390	38,530	38,524	36,145	36,429	2.1360	2.1542	1.3498	1.6600	1.9215	0.0056	0.0056	1.9539
Alleghany	0	0	0	0	22	11,466	11,466	11,558	10,829	11,132	2.8239	2.6395	2.5021	2.3279	1.9763	-0.0845	-0.0845	1.4753
Anson	55	59	55	60	0	25,460	25,290	23,889	21,904	21,502	2.1603	2.3329	2.3023	2.7392	2.3926	0.0325	0.0325	0.0000
Ashe	99	97	99	35	34	27,551	27,861	28,020	26,444	26,653	3.5933	3.4816	3.5332	1.3236	1.2757	-0.1695	-0.1695	0.6271
Avery	81	92	90	76	84	17,913	18,022	18,182	17,775	17,951	4.5219	5.1049	4.9500	4.2757	4.6794	0.0142	0.0142	4.8787
Beaufort	91	91	84	88	52	47,438	47,480	47,400	44,120	44,395	1.9183	1.9166	1.7722	1.9946	1.1713	-0.0909	-0.0909	0.8520
Bertie	86	85	73	59	38	19,732	19,636	19,496	17,598	16,933	4.3584	4.3288	3.7444	3.3527	2.2441	-0.1443	-0.1443	1.2729
Bladen	73	74	69	65	64	34,298	34,497	34,421	28,771	29,195	2.1284	2.1451	2.0046	2.2592	2.1922	0.0099	0.0099	2.2574
Brunswick	251	225	127	217	225	136,126	142,088	147,644	140,411	150,848	1.8439	1.5835	0.8602	1.5455	1.4916	0.0410	0.0410	1.6748
Buncombe	813	826	728	676	725	262,483	264,056	264,408	272,880	274,361	3.0973	3.1281	2.7533	2.4773	2.6425	-0.0359	-0.0359	2.3582
Burke	268	310	294	235	276	91,555	91,810	91,708	86,783	87,412	2.9272	3.3765	3.2058	2.7079	3.1575	0.0284	0.0284	3.4266
Cabarrus	620	456	532	546	579	209,303	212,917	216,841	232,083	235,654	2.9622	2.1417	2.4534	2.3526	2.4570	-0.0320	-0.0320	2.2208
Caldwell	180	188	101	182	176	83,597	83,417	84,230	80,171	80,975	2.1532	2.2537	1.1991	2.2701	2.1735	0.1073	0.1073	2.8735
Camden	11	11	12	11	11	10,414	10,611	10,575	10,469	10,915	1.0563	1.0367	1.1348	1.0507	1.0078	-0.0097	-0.0097	0.9784
Carteret	191	149	157	152	149	70,619	71,163	71,352	67,311	68,813	2.7047	2.0938	2.2004	2.2582	2.1653	-0.0475	-0.0475	1.8570
Caswell	113	87	85	72	89	23,309	23,664	23,462	22,582	22,339	4.8479	3.6765	3.6229	3.1884	3.9841	-0.0316	-0.0316	3.6058
Catawba	521	499	501	424	457	157,978	159,494	160,732	161,909	162,790	3.2979	3.1286	3.1170	2.6188	2.8073	-0.0357	-0.0357	2.5064
Chatham	310	353	245	243	288	74,491	75,994	77,061	77,747	78,450	4.1616	4.6451	3.1793	3.1255	3.6711	-0.0104	-0.0104	3.5563
Cherokee	19	19	17	0	0	29,288	29,630	29,610	28,873	29,177	0.6487	0.6412	0.5741	2.3279	2.3926	0.7416	0.4637	0.0000
Chowan	106	94	85	71	75	14,123	14,114	14,114	13,640	13,677	7.5055	6.6601	6.0224	5.2053	5.4837	-0.0726	-0.0726	4.2886
Clay	50	50	48	43	40	11,646	11,860	11,759	11,066	11,415	4.2933	4.2159	4.0820	3.8858	3.5042	-0.0490	-0.0490	2.9889
Cleveland	301	293	315	300	300	98,717	99,776	100,814	100,541	101,874	3.0491	2.9366	3.1246	2.9839	2.9448	-0.0078	-0.0078	2.8763
Columbus	72	84	73	67	68	56,505	56,290	56,002	49,307	50,043	1.2742	1.4923	1.3035	1.3588	1.3588	0.0218	0.0218	1.4476
Craven	383	320	345	317	326	103,569	103,779	103,016	100,128	102,032	3.6980	3.0835	3.3490	3.1659	3.1951	-0.0314	-0.0314	2.8943
Cumberland	534	492	573	555	541	329,079	332,455	333,531	334,660	343,588	1.6227	1.4799	1.7180	1.6584	1.5746	-0.0031	-0.0031	1.5600
Currituck	66	72	53	42	45	27,321	27,526	28,048	29,305	30,904	2.4157	2.6157	1.8896	1.4332	1.4561	-0.1051	-0.1051	0.9971
Dare	73	68	67	67	60	37,197	37,290	38,027	37,342	37,937	1.9625	1.8235	1.7619	1.7942	1.5816	-0.0512	-0.0512	1.3386
Davidson	484	415	432	329	339	167,762	169,468	170,370	170,044	172,093	2.8850	2.4488	2.5357	1.9348	1.9699	-0.0836	-0.0836	1.4756
Davie	146	142	114	99	109	43,193	43,430	43,746	43,283	43,754	3.3802	3.2696	2.6060	2.2873	2.4912	-0.0672	-0.0672	1.9889
Duplin	296	315	278	188	206	59,629	59,736	60,177	47,043	48,747	4.9640	5.2732	4.6197	3.9963	4.2259	-0.0348	-0.0348	3.7849
Durham	751	760	663	685	668	311,649	315,741	321,261	329,973	332,576	2.4098	2.4070	2.0637	2.0759	2.0086	-0.0426	-0.0426	1.7520
Edgecombe	148	144	129	100	167	53,001	52,586	52,024	48,104	47,707	2.7924	2.7384	2.4796	2.0788	3.5005	0.1021	0.1021	4.5728
Forsyth	1,692	1,527	1,354	1,434	1,352	377,523	379,693	380,964	385,489	386,047	4.4818	4.0217	3.5541	3.7200	3.5022	-0.0577	-0.0577	2.8959
Franklin	124	153	112	98	172	67,723	69,112	71,196	70,436	73,371	1.8310	2.2138	1.5731	1.3913	2.3443	0.1223	0.1223	3.2040
Gaston	784	706	768	731	783	221,607	222,744	224,168	230,378	237,542	3.5378	3.1696	3.4260	3.1730	3.2963	-0.0145	-0.0145	3.1524
Gates	58	68	2	55	50	12,079	12,132	11,908	10,166	10,312	4.8017	5.6050	0.1680	5.4102	4.8487	7.5764	0.4637	11.5937

Table 11B: County Rate Calculations for Adult Care Home (Assisted Living) Bed Need Determination

A County	B Patients					C Populations					D Rates					E Actual Average Annual Change Rate	F Selected Change Rate (County or Adjusted County)	G Bed Rate per 1,000
	2018	2019	2020	2021	2022	2018	2019	2020	2021	2022	2018	2019	2020	2021	2022			
Graham	8	7	0	0	0	8,775	8,687	8,642	7,967	8,052	0.9117	0.8058	2.5021	2.3279	2.3926	0.4868	0.4637	0.0000
Granville	113	74	105	100	129	61,241	61,406	61,628	61,410	62,050	1.8452	1.2051	1.7038	1.6284	2.0790	0.0748	0.0748	2.5458
Greene	49	41	40	34	38	21,301	21,050	20,951	20,372	20,119	2.3004	1.9477	1.9092	1.6690	1.8888	-0.0418	-0.0418	1.6519
Guilford	1,551	1,587	1,375	1,318	1,384	533,213	539,666	538,431	547,379	544,278	2.9088	2.9407	2.5537	2.4078	2.5428	-0.0304	-0.0304	2.3107
Halifax	63	111	91	105	114	51,704	51,194	50,898	47,873	47,787	1.2185	2.1682	1.7879	2.1933	2.3856	0.2296	0.2296	4.0289
Harnett	482	452	448	397	372	133,869	135,239	136,705	134,847	139,562	3.6005	3.3422	3.2771	2.9441	2.6655	-0.0719	-0.0719	2.0908
Haywood	234	221	209	193	219	62,959	63,328	63,481	62,403	62,888	3.7167	3.4898	3.2923	3.0928	3.4824	-0.0131	-0.0131	3.3458
Henderson	328	404	385	396	334	117,312	118,312	118,563	117,408	117,274	2.7960	3.4147	3.2472	3.3729	2.8480	0.0138	0.0138	2.9662
Hertford	129	134	116	115	121	24,031	24,037	23,720	19,871	19,507	5.3681	5.5747	4.8904	5.7873	6.2029	0.0427	0.0427	6.9982
Hoke	74	144	125	129	153	54,923	54,842	54,682	52,331	55,151	1.3473	2.6257	2.2859	2.4651	2.7742	0.2558	0.2558	4.9031
Hyde*	0	0	0	0	0	5,449	5,181	5,119	4,482	4,549	2.8239	2.6395	2.5021	2.3279	2.3926	-0.0398	-0.0398	0.0000
Iredell	672	643	674	658	624	179,330	181,380	183,309	191,180	196,170	3.7473	3.5450	3.6769	3.4418	3.1809	-0.0391	-0.0391	2.8075
Jackson	101	107	97	93	94	44,272	44,335	44,354	43,147	42,972	2.2814	2.4134	2.1870	2.1554	2.1875	-0.0089	-0.0089	2.1292
Johnston	411	378	323	369	376	199,768	205,951	211,626	223,975	233,435	2.0574	1.8354	1.5263	1.6475	1.6107	-0.0548	-0.0548	1.3459
Jones	13	11	11	13	10	10,100	10,196	10,067	8,947	9,199	1.2871	1.0789	1.0927	1.4530	1.0871	-0.0178	-0.0178	1.0291
Lee	183	171	163	165	148	60,097	61,690	61,663	64,278	64,907	3.0451	2.7719	2.6434	2.5670	2.2802	-0.0692	-0.0692	1.8070
Lenoir	224	251	214	230	246	57,232	56,372	56,876	54,783	54,572	3.9139	4.4526	3.7626	4.1984	4.5078	0.0430	0.0430	5.0900
Lincoln	282	280	262	156	250	84,608	86,453	88,699	88,298	91,171	3.3330	3.2388	2.9538	1.7667	2.7421	0.0085	0.0085	2.8119
Macon	150	152	140	126	134	36,117	36,498	37,014	37,430	37,653	4.1532	4.1646	3.7824	3.3663	3.5588	-0.0355	-0.0355	3.1802
Madison	66	66	59	65	65	22,523	22,602	22,500	21,205	21,522	2.9303	2.9201	2.6222	3.0653	3.0202	0.0122	0.0122	3.1306
Martin	139	64	109	88	93	23,290	23,150	22,904	21,713	21,476	5.9682	2.7646	4.7590	4.0529	4.3304	0.0262	0.0262	4.6706
McDowell	296	292	261	259	273	46,358	46,684	46,530	44,350	44,443	6.3851	6.2548	5.6093	5.8399	6.1427	-0.0077	-0.0077	6.0015
Mecklenburg	2,370	1,892	2,208	1,946	2,181	1,093,708	1,108,107	1,118,775	1,133,504	1,135,873	2.1669	1.7074	1.9736	1.7168	1.9201	-0.0170	-0.0170	1.8224
Mitchell	73	78	70	68	70	15,234	15,239	15,112	14,836	14,895	4.7919	5.1184	4.6321	4.5834	4.6996	-0.0030	-0.0030	4.6571
Montgomery	140	138	135	108	112	27,926	27,666	27,753	25,705	25,757	5.0132	4.9881	4.8643	4.2015	4.3483	-0.0328	-0.0328	3.9206
Moore	502	499	423	383	403	99,310	101,180	102,814	101,649	104,758	5.0549	4.9318	4.1142	3.7679	3.8470	-0.0633	-0.0633	3.1161
Nash	303	303	274	237	236	95,072	95,647	96,669	95,116	95,446	3.1871	3.1679	2.8344	2.4917	2.4726	-0.0600	-0.0600	2.0278
New Hanover	681	684	641	594	582	233,595	235,560	235,231	227,782	235,245	2.9153	2.9037	2.7250	2.6078	2.4740	-0.0400	-0.0400	2.1774
Northampton	159	159	137	116	111	20,711	20,527	20,054	16,796	17,036	7.6771	7.7459	6.8316	6.9064	6.5156	-0.0387	-0.0387	5.7596
Onslow	264	164	161	184	208	198,783	201,548	210,056	206,718	209,491	1.3281	0.8137	0.7665	0.8901	0.9929	-0.0421	-0.0421	0.8673
Orange	361	362	322	329	340	144,372	147,093	147,907	150,258	149,665	2.5005	2.4610	2.1770	2.1896	2.2717	-0.0220	-0.0220	2.1220
Pamlico	52	67	42	39	40	13,273	13,266	13,277	12,140	12,299	3.9177	5.0505	3.1634	3.2125	3.2523	-0.0141	-0.0141	3.1143
Pasquotank	181	187	169	155	149	39,826	39,731	39,952	40,743	40,763	4.5448	4.7067	4.2301	3.8043	3.6553	-0.0514	-0.0514	3.0920
Pender	122	117	103	86	102	62,359	63,406	63,949	61,105	65,282	1.9564	1.8453	1.6107	1.4074	1.5625	-0.0500	-0.0500	1.3281
Perquimans	24	22	22	67	38	13,729	13,639	13,807	12,847	13,445	1.7481	1.6130	1.5934	5.2152	2.8263	0.4314	0.4314	6.4840
Person	156	151	153	70	80	40,014	40,370	40,450	39,044	39,586	3.8986	3.7404	3.7824	1.7928	2.0209	-0.1070	-0.1070	1.3720
Pitt	469	453	418	419	366	179,388	179,731	183,285	170,276	172,231	2.6144	2.5204	2.2806	2.4607	2.1251	-0.0471	-0.0471	1.8246

Table 11B: County Rate Calculations for Adult Care Home (Assisted Living) Bed Need Determination

A County	B Patients					C Populations					D Rates					E Actual Average Annual Change Rate	F Selected Change Rate (County or Adjusted County)	G Bed Rate per 1,000
	2018	2019	2020	2021	2022	2018	2019	2020	2021	2022	2018	2019	2020	2021	2022			
	Polk	104	103	109	100	98	21,468	21,696	21,923	18,957	19,571	4.8444	4.7474	4.9719	5.2751			
Randolph	400	341	352	327	326	143,907	144,914	145,246	144,818	145,796	2.7796	2.3531	2.4235	2.2580	2.2360	-0.0504	-0.0504	1.8980
Richmond	146	146	136	111	139	45,032	45,079	45,014	42,475	42,330	3.2421	3.2388	3.0213	2.6133	3.2837	0.0133	0.0133	3.4150
Robeson	385	363	349	249	322	131,303	131,056	131,238	113,699	116,951	2.9321	2.7698	2.6593	2.1900	2.7533	-0.0036	-0.0036	2.7233
Rockingham	278	252	247	239	245	91,273	91,788	91,915	91,113	91,912	3.0458	2.7455	2.6873	2.6231	2.6656	-0.0319	-0.0319	2.4107
Rowan	443	442	412	381	408	142,342	142,643	143,274	147,817	148,765	3.1122	3.0986	2.8756	2.5775	2.7426	-0.0290	-0.0290	2.5041
Rutherford	320	322	293	291	293	68,772	68,908	69,049	64,178	64,184	4.6531	4.6729	4.2434	4.5343	4.5650	-0.0031	-0.0031	4.5228
Sampson	186	190	161	105	136	64,019	64,284	64,053	58,309	58,987	2.9054	2.9556	2.5135	1.8008	2.3056	-0.0339	-0.0339	2.0713
Scotland	95	101	75	19	75	35,802	35,732	35,724	33,682	33,079	2.6535	2.8266	2.0994	0.5641	2.2673	0.5240	0.4637	5.4213
Stanly	173	182	150	159	137	63,465	63,727	64,691	62,220	62,883	2.7259	2.8559	2.3187	2.5554	2.1786	-0.0464	-0.0464	1.8751
Stokes	220	221	207	118	121	46,604	46,420	46,684	44,344	45,039	4.7206	4.7609	4.4341	2.6610	2.6866	-0.1126	-0.1126	1.7791
Surry	387	336	348	231	302	73,117	73,232	73,548	71,195	71,329	5.2929	4.5882	4.7316	3.2446	4.2339	-0.0278	-0.0278	3.8806
Swain	21	43	47	47	50	14,862	14,275	14,489	14,059	14,316	1.4130	3.0123	3.2438	3.3431	3.4926	0.3210	0.3210	6.8560
Transylvania	98	96	81	86	81	35,034	35,484	35,511	32,785	33,498	2.7973	2.7054	2.2810	2.6232	2.4181	-0.0295	-0.0295	2.2042
Tyrrell**	49	42	40	36	38	4,309	4,259	3,767	3,101	3,193	11.3715	9.8615	10.6185	11.6092	11.9010	0.0156	0.0156	12.4581
Union	416	400	363	313	364	232,814	237,287	238,740	242,651	247,301	1.7868	1.6857	1.5205	1.2899	1.4719	-0.0413	-0.0413	1.2895
Vance	45	42	37	27	20	45,157	45,969	45,435	42,096	42,014	0.9965	0.9137	0.8144	0.6414	0.4760	-0.1655	-0.1655	0.2397
Wake	2,219	1,823	2,114	1,970	1,997	1,073,993	1,089,579	1,102,782	1,156,274	1,169,294	2.0661	1.6731	1.9170	1.7037	1.7079	-0.0383	-0.0383	1.5115
Warren	73	78	66	22	22	20,174	20,022	19,767	18,319	18,873	3.6185	3.8957	3.3389	1.2009	1.1657	-0.1840	-0.1840	0.5222
Washington	41	45	41	39	39	12,239	12,071	12,039	10,818	10,607	3.3499	3.7279	3.4056	3.6051	3.6768	0.0262	0.0262	3.9659
Watauga	105	101	87	93	34	57,646	57,899	57,011	53,639	54,068	1.8215	1.7444	1.5260	1.7338	0.6288	-0.1672	-0.1672	0.3135
Wayne	511	529	460	409	365	124,658	125,825	126,339	116,094	117,544	4.0992	4.2043	3.6410	3.5230	3.1052	-0.0648	-0.0648	2.5012
Wilkes	179	183	153	150	165	69,907	70,200	70,263	65,378	65,698	2.5605	2.6068	2.1775	2.2943	2.5115	0.0004	0.0004	2.5147
Wilson	374	293	236	241	245	81,968	82,282	83,495	78,284	77,877	4.5628	3.5609	2.8265	3.0785	3.1460	-0.0787	-0.0787	2.4034
Yadkin	113	115	108	101	103	38,477	38,196	38,145	37,081	37,117	2.9368	3.0108	2.8313	2.7238	2.7750	-0.0134	-0.0134	2.6635
Yancey	77	80	88	60	86	18,363	18,623	18,909	18,557	18,455	4.1932	4.2958	4.6539	3.2333	4.6600	0.0610	0.0610	5.5121
State Total	29,374	27,737	26,491	24,525	25,524	10,401,960	10,508,254	10,587,440	10,535,205	10,667,874	2.8239	2.6395	2.5021	2.3279	2.3926	-0.0398		

Table 11C: Adult Care Home Bed Need Projections for 2027

A	B	C	D	E	F	G	H	I	J
County	Bed Rate per 1,000	Projected 2027 Population (Civilian)	Projected Bed Utilization	Projected Bed Utilization with Vacancy Factor	Licensed Plus Previous Allocations (Total Planning Inventory)	Surplus/Deficit "-"	Deficit Index	Adjusted Occupancy Rate	Bed Need
Alamance	2.3441	186,974	438	461	738	277		75.00%	0
Alexander	1.9539	36,718	72	76	124	48		68.33%	0
Alleghany	1.4753	11,188	17	17	40	23		55.00%	0
Anson	0.0000	21,254	0	0	60	60		60.77%	0
Ashe	0.6271	26,701	17	18	115	97		32.26%	0
Avery	4.8787	17,951	88	92	100	8		84.83%	0
Beaufort	0.8520	43,627	37	39	217	178		31.14%	0
Bertie	1.2729	15,928	20	21	105	84		47.57%	0
Bladen	2.2574	28,786	65	68	150	82		66.67%	0
Brunswick	1.6748	178,038	298	314	581	267		60.28%	0
Buncombe	2.3582	288,887	681	717	973	256		71.43%	0
Burke	3.4266	87,823	301	317	348	31		75.00%	0
Cabarrus	2.2208	260,243	578	608	910	302		68.10%	0
Caldwell	2.8735	81,227	233	246	349	103		59.92%	0
Camden	0.9784	11,866	12	12	24	12		58.29%	0
Carteret	1.8570	71,020	132	139	296	157		62.99%	0
Caswell	3.6058	21,859	79	83	188	105		83.33%	0
Catawba	2.5064	168,060	421	443	706	263		62.32%	0
Chatham	3.5563	85,618	304	321	455	134		65.37%	0
Cherokee	0.0000	30,234	0	0	104	104		0.00%	0
Chowan	4.2886	13,729	59	62	120	58		64.26%	0
Clay	2.9889	12,029	36	38	60	22		69.49%	0
Cleveland	2.8763	104,910	302	318	423	105		80.48%	0
Columbus	1.4476	48,906	71	75	225	150		30.22%	0
Craven	2.8943	97,311	282	296	602	306		73.68%	0
Cumberland	1.5600	323,595	505	531	904	373		76.61%	0
Currituck	0.9971	37,422	37	39	90	51		50.00%	0

Table 11C: Adult Care Home Bed Need Projections for 2027

A	B	C	D	E	F	G	H	I	J
County	Bed Rate per 1,000	Projected 2027 Population (Civilian)	Projected Bed Utilization	Projected Bed Utilization with Vacancy Factor	Licensed Plus Previous Allocations (Total Planning Inventory)	Surplus/Deficit "-"	Deficit Index	Adjusted Occupancy Rate	Bed Need
Dare	1.3386	40,216	54	57	102	45		72.46%	0
Davidson	1.4756	179,724	265	279	577	298		68.42%	0
Davie	1.9889	46,093	92	97	212	115		51.42%	0
Duplin	3.7849	48,777	185	194	387	193		69.06%	0
Durham	1.7520	355,675	623	656	1,010	354		67.69%	0
Edgecombe	4.5728	44,799	205	216	264	48		69.64%	0
Forsyth	2.8959	399,693	1,157	1,218	2,013	795		75.81%	0
Franklin	3.2040	85,005	272	287	244	-43	-14.89%	72.73%	0
Gaston	3.1524	247,944	782	823	1,069	246		71.91%	0
Gates	11.5937	10,093	117	123	80	-43	-35.05%	70.74%	0
Graham	0.0000	8,095	0	0	23	23		0.00%	0
Granville	2.5458	65,690	167	176	251	75		58.06%	0
Greene	1.6519	20,121	33	35	57	22		66.67%	0
Guilford	2.3107	562,482	1,300	1,368	2,023	655		66.15%	0
Halifax	4.0289	45,655	184	194	199	5		55.61%	0
Harnett	2.0908	149,918	313	330	626	296		60.12%	0
Haywood	3.3458	64,860	217	228	323	95		81.94%	0
Henderson	2.9662	122,266	363	382	560	178		70.37%	0
Hertford	6.9982	18,794	132	138	152	14		82.86%	0
Hoke	4.9031	59,267	291	306	173	-133	-43.44%	98.67%	130
Hyde	0.0000	4,278	0	0	0	0		0.00%	0
Iredell	2.8075	218,268	613	645	934	289		66.81%	0
Jackson	2.1292	44,765	95	100	145	45		67.47%	0
Johnston	1.3459	267,278	360	379	707	328		70.35%	0
Jones	1.0291	9,195	9	10	20	10		55.88%	0
Lee	1.8070	68,707	124	131	323	192		48.84%	0
Lenoir	5.0900	53,187	271	285	327	42		87.50%	0

Table 11C: Adult Care Home Bed Need Projections for 2027

A	B	C	D	E	F	G	H	I	J
County	Bed Rate per 1,000	Projected 2027 Population (Civilian)	Projected Bed Utilization	Projected Bed Utilization with Vacancy Factor	Licensed Plus Previous Allocations (Total Planning Inventory)	Surplus/Deficit "-"	Deficit Index	Adjusted Occupancy Rate	Bed Need
Lincoln	2.8119	97,840	275	290	381	91		71.36%	0
Macon	3.1802	39,171	125	131	178	47		75.61%	0
Madison	3.1306	21,900	69	72	89	17		73.73%	0
Martin	4.6706	20,548	96	101	182	81		59.39%	0
McDowell	6.0015	44,775	269	283	350	67		86.67%	0
Mecklenburg	1.8224	1,242,346	2,264	2,383	2,981	598		68.33%	0
Mitchell	4.6571	14,698	68	72	80	8		95.25%	0
Montgomery	3.9206	25,736	101	106	196	90		61.11%	0
Moore	3.1161	114,826	358	377	579	202		61.12%	0
Nash	2.0278	95,381	193	204	522	318		58.91%	0
New Hanover	2.1774	250,226	545	574	1,035	461		68.26%	0
Northampton	5.7596	16,216	93	98	198	100		66.24%	0
Onslow	0.8673	186,525	162	170	438	268		59.49%	0
Orange	2.1220	156,943	333	351	401	50		70.00%	0
Pamlico	3.1143	12,121	38	40	78	38		58.29%	0
Pasquotank	3.0920	41,202	127	134	266	132		56.34%	0
Pender	1.3281	71,821	95	100	179	79		56.98%	0
Perquimans	6.4840	13,948	90	95	74	-21	-22.27%	51.35%	0
Person	1.3720	39,986	55	58	214	156		70.59%	0
Pitt	1.8246	174,311	318	335	567	232		78.15%	0
Polk	5.1482	19,620	101	106	122	16		81.67%	0
Randolph	1.8980	149,168	283	298	567	269		59.32%	0
Richmond	3.4150	41,371	141	149	184	35		78.07%	0
Robeson	2.7233	118,667	323	340	445	105		64.36%	0
Rockingham	2.4107	92,039	222	234	419	185		58.47%	0
Rowan	2.5041	153,211	384	404	856	452		50.29%	0
Rutherford	4.5228	65,042	294	310	518	208		66.54%	0

Table 11C: Adult Care Home Bed Need Projections for 2027

A	B	C	D	E	F	G	H	I	J
County	Bed Rate per 1,000	Projected 2027 Population (Civilian)	Projected Bed Utilization	Projected Bed Utilization with Vacancy Factor	Licensed Plus Previous Allocations (Total Planning Inventory)	Surplus/Deficit "-"	Deficit Index	Adjusted Occupancy Rate	Bed Need
Sampson	2.0713	58,891	122	128	282	154		65.83%	0
Scotland	5.4213	32,477	176	185	100	-85	-46.04%	52.00%	0
Stanly	1.8751	63,696	119	126	231	105		67.81%	0
Stokes	1.7791	45,596	81	85	300	215		44.71%	0
Surry	3.8806	71,099	276	290	460	170		65.65%	0
Swain	6.8560	14,544	100	105	50	-55	-52.36%	100.00%	50
Transylvania	2.2042	34,265	76	80	134	54		60.45%	0
Tyrrell	12.4581	3,034	38	40	50	10		76.00%	0
Union	1.2895	274,517	354	373	596	223		67.65%	0
Vance	0.2397	41,388	10	10	206	196		29.37%	0
Wake	1.5115	1,288,402	1,947	2,050	3,201	1,151		64.52%	0
Warren	0.5222	18,949	10	10	116	106		60.67%	0
Washington	3.9659	9,768	39	41	49	8		79.59%	0
Watauga	0.3135	55,178	17	18	176	158		29.30%	0
Wayne	2.5012	114,611	287	302	708	406		61.64%	0
Wilkes	2.5147	65,225	164	173	290	117		81.86%	0
Wilson	2.4034	76,012	183	192	454	262		61.59%	0
Yadkin	2.6635	37,016	99	104	189	85		70.61%	0
Yancey	5.5121	18,375	101	107	99	-8	-7.14%	86.87%	0
State Total		11,195,430	24,928	26,240	41,598				180

Table 11D: Adult Care Home Bed Need Determination*

Service Area	HSA	Adult Care Home Bed Need Determination	Certificate of Need Application Deadline**	Certificate of Need Beginning Review Date
Hoke	V	130	February 15, 2024	March 1, 2024
Swain	I	50	July 15, 2024	August 1, 2024
It is determined that there is no need anywhere else in the state and no other reviews are scheduled.				

* Any person can apply for a CON to meet the need, not just the health service facility or facilities that generated the need.

** Application deadlines are absolute, pursuant to 10A NCAC 14C.0202(2). The filing deadline is 5:00 p.m. on the application deadline date.

**Table 11E: Inventory of Adult Care Home Beds in
Continuing Care Retirement Communities**

County	License Number	Name	Adult Care Home Beds
Alamance	NH0596	Edgewood Place at the Village at Brookwood	24
Buncombe	NH0087	Deerfield Episcopal Retirement Community	62
Buncombe	HAL-011-371	Heather Glen At Ardenwoods	60
Burke	NH0476	Grace Ridge	47
Cabarrus	NH0607	The Gardens of Taylor Glen Retirement Community	24
Catawba	NH0191	Abernethy Laurels	18
Chatham	HAL-019-006	Pittsboro Christian Village	40
Chatham	NH0619	The Arbor	51
Davidson	NH0390	Piedmont Crossing	20
Durham	HAL-032-020	Croasdaile Village	64
Durham	NH0536	The Forest at Duke	34
Forsyth	NH0067	Brookridge Retirement Community	36
Forsyth	NH0378	Arbor Acres United Methodist Retirement Community	106
Forsyth	HAL-034-103	Salemtowne	46
Forsyth	NH0154	Salemtowne	20
Gaston	NH0386	Stanley Total Living Center	40
Gaston	NH0332	Covenant Village Inc	42
Guilford	NH0546	Well-Spring	72
Guilford	NH0190	Friends Homes at Guilford	60
Guilford	NH0141	WhiteStone: A Masonic and Eastern Star Community	12
Guilford	NH0554	Friends Homes West	40
Guilford	NH0005	Maryfield Nursing Home	36
Guilford	NH0612	River Landing at Sandy Ridge	58
Henderson	HAL-045-067	Carolina Village	60
Mecklenburg		St. Margaret's of Trevi Village	0
Mecklenburg	HAL-060-059	Cuthbertson Village at Aldersgate	61
Mecklenburg	HAL-060-016	Brookdale Carriage Club Providence I	77
Mecklenburg	HAL-060-001	Carmel Hills	38
Mecklenburg	NH0659	Briar Creek Health Center	108
Mecklenburg	NH0443	The Pines at Davidson	30
Mecklenburg	NH0660	Windsor Run	10
Mecklenburg	NH0584	The Stewart Health Center	14

**Table 11E: Inventory of Adult Care Home Beds in
Continuing Care Retirement Communities**

County	License Number	Name	Adult Care Home Beds
Mecklenburg	NH0414	Southminster	25
Mecklenburg	NH0121	Sharon Towers	40
Moore	NH0127	Penick Village	42
Moore	HAL-063-016	The Coventry	60
New Hanover	NH0649	Bradley Creek Health Center	78
Orange	NH0258	Carol Woods	65
Orange	HAL-068-021	Carol Woods Retirement Community - Building 7	12
Orange	HAL-068-020	The Carol Woods Retirement Community - Building 6	12
Pitt	NH0473	Cypress Glen Retirement Community	30
Pitt	HAL-074-042	Cypress Glen Retirement Community Memory Care Cottage	12
Polk	NH0559	WillowBrooke Court SC Center at Tryon Estates	44
Polk	NH0399	White Oak Manor - Tryon	18
Robeson	NH0240	Wesley Pines Retirement Community	42
Rowan	NH0197	Trinity Oaks	12
Rowan	HAL-080-010	Trinity Oaks Continuing Care Retirement Community	38
Scotland	NH0457	Scotia Village	32
Wake	NH0549	Glenaire	9
Wake	NH0383	Dan E & Mary Louise Stewart Health Center of Springmoor	18
Wake	NH0580	Windsor Point Continuing Care Retirement Community	55
Wake	NH0653	The Cardinal at North Hills	55
Wake	NH0636	Brittany Place	14
Wake	NH0658	Swift Creek Health Center	82

Table 11F: Inventory of Nursing Homes With Six or Fewer Adult Care Home Beds

County	License Number	Name	Adult Care Home Beds
Buncombe	NH0235	Mountain Ridge Health and Rehab	3
Buncombe	NH0463	The Laurels of GreenTree Ridge	2
Burke	NH0553	College Pines Health and Rehabilitation	4
Cumberland	NH0001	Whispering Pines Nursing & Rehabilitation Center	2
Durham	NH0615	The Cedars of Chapel Hill	4
Haywood	NH0520	Skyland Terrace and Rehabilitation	5
Mecklenburg	NH0573	Asbury Health and Rehabilitation Center	5
Mecklenburg	NH0574	Brookdale Carriage Club Providence	2
Mitchell	NH0433	The Greens at Spruce Pines	6
Orange	NH0093-A	Pruitt Health - Carolina Point	2
Person	NH0265	Roxboro Healthcare & Rehabilitation Center	5
Robeson	NH0472	The Carrolton of Lumberton	5
Rowan	NH0424	Autumn Care of Salisbury	3
Union	NH0310	Monroe Rehabilitation Center	5
Wake	NH0354	Tower Nursing and Rehabilitation Center	6
Wake	NH0622	The Rosewood Health Center	4

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Chapter 12:

Home Health Services

CHAPTER 12

HOME HEALTH SERVICES

Introduction

G.S. § 131E-176(12) defines a *home health agency* as “a private organization or public agency, whether owned or operated by one or more persons or legal entities, which furnishes or offers to furnish home health services.” Home health services are outpatient services that patients may receive in their own home or in a health care facility. G.S. § 131E-176(12a) specifies the activities that comprise home health services, including part-time or intermittent nursing care; physical, occupational, or speech therapy; medical social services, home health aide services; other therapeutic services; and medical supplies and appliances.

Definitions

A *home health agency* or *office* is an agency or office that meets the definition in G.S. § 131E-176(12), as quoted above.

An agency or office’s service area is the county in which the agency or office is located. Each of the 100 counties in the state is a separate service area.

A *Medicare-certified home health agency or office* is an agency or office that has been approved by the Centers for Medicare and Medicaid Services to receive reimbursement from Medicare for providing nursing care, therapy, medical social services, and home health aide services.

The *reporting year* for a home health agency or office is either July 1 through June 30 or October 1 through September 30; facilities may choose their reporting year. The *current* reporting year is either July 1, 2021 through June 30, 2022, or October 1, 2021 through September 30, 2022.

The methodology projects need three years beyond the current reporting year. The current *projection year* is 2025.

The *planning inventory* is the number of licensed agencies or offices, plus the number of certificate of need (CON)-approved agencies or offices that are under development, plus the number of agencies or offices available pursuant to need determinations pending review or appeal.

Changes from the Previous Plan

This chapter contains substantive changes from the previous State Medical Facilities Plan (SMFP). The basic principles and need determination methodology sections have been revised such that the principle and criteria for determining need that included the location of Medicare-certified home health agencies or offices have been removed. No other substantive changes have been incorporated into this chapter.

Basic Principle

The North Carolina State Health Coordinating Council encourages applicants to: provide an expanded scope of services (including nursing, physical therapy, speech therapy, and home health aide services); provide the widest range of treatments within a given service; offer services seven days per week as required to meet patient needs; and address special needs populations.

Data Sources

Patient origin and utilization data for the three previous reporting years comes from License Renewal Applications for each reporting year, as submitted to the North Carolina Department of Health and Human Services, Division of Health Service Regulation.

The North Carolina Office of State Budget and Management provides county population projections for the reporting and projection years (*Table 12B*).

Estimates of active-duty military personnel come from the category of “Employment Status – Armed Forces” from the most recent American Community Survey 5-year Estimates.

Assumptions of the Methodology

1. The projection year is three years beyond the current reporting year to allow time for completion of the CON review cycles and for staffing of new agencies or offices.
2. The methodology excludes the estimated active-duty military population in the 18-64 age group for any county with more than 500 active-duty military personnel.
3. When the methodology determines a need for additional agencies or offices, the three annual State Medical Facilities Plans (SMFPs) following certification of the agencies or offices developed based on that need, count the greater of 325 patients or the actual number of patients served as part of the total patients served by the new agency or office.
4. Data aggregation and projections use four age groups (under 18, 18-64, 65-74, and 75 and over) to allow a more definitive examination of trends in services to children and to senior adults using current age-specific use rates as the basis for projection of future need.
5. The methodology calculates the average annual change in use rate (AACR) per 1,000 population over the previous three reporting years for each age group in each Councils of Governments (COG) region. The calculations apply this result to the current use rates per 1,000 population for each county within each COG region to calculate changes in the number of patients projected to need home health services by the projection year.
6. A county needs a new home health agency or office if the projected unmet need in a single county is 325 patients or more.
7. The methodology uses patient origin data, aggregated to the county level. Detailed patient origin data is available at
<https://info.ncdhhs.gov/dhsr/ncsmfp/index.html> and
<https://info.ncdhhs.gov/dhsr/mfp/publications.html#por>.

Application of the Methodology

Step 1: For each COG region and each age group, calculate the AACR in Number of Patients (*Table 12B, Columns B, E, and H*) over the three previous reporting years. To do so, first determine the total number of patients during each of the last three reporting years. Next, calculate the difference in the number of patients served from year to year. Then determine the percent change from the previous reporting year by dividing the calculated difference in patients by the number of patients provided services during the previous reporting year [(number of patients in the current reporting year – number of patients in the previous reporting year) / number of patients in the previous reporting year]. Finally, total the annual percent change and divide by two to determine the AACR (*Table 12B, Column K*).

- Step 2: For each COG region and each age group, calculate the AACR in Use Rates per 1,000 Population (*Table 12B, Columns D, G, and J*) over the three previous reporting years. To do so, first determine the use rates during each of the last three reporting years. Next, calculate the difference in the use rates from year to year. Then determine the percent change from the previous reporting year by dividing the calculated difference in the use rate by the total overall use rate during the previous reporting year [(use rate for age group in the current reporting year – use rate for age group in the previous reporting year) / use rate for age group in the previous reporting year]. Finally, total the annual percent change and divide by two to determine the AACR (*Table 12B, Column L*).
- Step 3: For each county, for each age group, total the number of patients served during the reporting year (*Table 12C, Column B*).
- Step 4: For each county, multiply the COG’s AACR in Number of Patients for each age group from the affiliated COG region by the number of patients for each age group from Step 3 (*Table 12C, Column C*).
- Step 5: Multiply the product from Step 4 by three and add that product to the results of Step 3 for each age group. The result is the projected number of patients in each age group during the projection year (*Table 12C, Column D*).
- Step 6: For each county and age group, divide the number of patients served during the reporting year (*Table 12C, Column B*) by the county population in thousands for each age group to obtain county use rates per 1,000 population (*Table 12C, Column E*).
- Step 7: Multiply the COG’s AARC in Use Rate per 1,000 Population (*Table 12C, Column F*) for each age group from the affiliated COG region by the county use rates per 1,000 population for each age group from Step 6 (*Table 12C, Column E*).
- Step 8: Multiply the product from Step 7 by three and add that product to the results from Step 6 for each age group. The result is the projected use rate per 1,000 population in the projection year for each age group (*Table 12C, Column G*).
- Step 9: For the projection year for each age group, multiply the projected use rate per 1,000 population (*Table 12C, Column G*) by the projected population (*Table 12C, Column H*). The result is the projected number of patients during the projection year (*Table 12C, Column I*).
- Step 10: In counties that have a need determination for additional agencies or offices, the three annual SMFPs following certification of the agencies or offices developed based on that need count is the greater of 325 patients or the actual number of patients served as part of the total patients served by the new agency or office (*Table 12D, Column B*).
- Step 11: For each county, sum the projected number of patients in the projection year (from Step 5) across all four age groups and the adjustment placeholder (from Step 10), if applicable. The result is an Adjusted Projected Total Patients for each county for the projection year (*Table 12D, Column C*).
- Step 12: For each county, sum the projected number of patients in the projection year (from Step 9) across all four age groups. The result is the Projected Utilization in the projection year (*Table 12D, Column D*).

- Step 13: For each county, subtract the Projected Utilization in the projection (*Table 12D, Column D*) from the Adjusted Total Projected Patients (*Table 12D, Column C*). The remainder is the projected additional number of patients who will need home health services in the projection year (*Table 12D, Column E*). A deficit shows as a negative number of patients. A remainder of 0.50 or greater rounds to the next highest whole number. A remainder of less than 0.50 rounds to the next lowest whole number.
- Step 14: For each county, each projected deficit of 325 patients satisfies Criterion 3 and results in a need determination for one new agency or office (*Table 12D, Column F*).

Unless otherwise specified by the methodology, calculations do not use rounded values. However, fractional values are rounded automatically when displayed.

Table 12A: Inventory of Licensed Medicare Certified Home Health Agencies or Offices

A	B	C	D	E	F
County	License Number	Name	In-County Patients	Out-of-County Patients	Total Patients
Alamance	HC0134	Amedisys Home Health	472	680	1,152
Alamance	HC0249	Adoration Home Health	890	146	1,036
Alamance	HC0361	AuthoraCare Collective**	0	0	0
Alexander	HC0476	Medi Home Health Agency	195	1,039	1,234
Alleghany	HC0478	Medi Home Health and Hospice	198	153	351
Anson	HC0264	Liberty Home Care	72	196	268
Ashe	HC0479	Medi Home Health and Hospice	563	14	577
Avery	HC0317	PruittHealth @ Home - Avery	89	5	94
Beaufort	HC0329	CenterWell Home Health	894	1,468	2,362
Beaufort	HC1634	Vidant Home Health and Hospice	581	184	765
Bertie	HC0480	Albemarle Home Care and Hospice	31	80	111
Bertie	HC1052	Vidant Home Health and Hospice	231	292	523
Bladen	HC0309	Liberty Home Care	175	47	222
Bladen	HC0481	Adoration Home Health	95	518	613
Brunswick	HC0288	Liberty Home Care	1,213	6	1,219
Brunswick	HC1500	AssistedCare Home Health	188	295	483
Brunswick	HC4816	PruittHealth @ Home - Brunswick	49	92	141
Buncombe	HC0114	CarePartners Home Health Services	3,487	1,460	4,947
Buncombe	HC2114	CenterWell Home Health	2,086	3,520	5,606
Burke	HC0105	Atrium Health At Home Blue Ridge	1,009	675	1,684
Cabarrus	HC0281	Adoration Home Health	511	772	1,283
Cabarrus	HC0486	BAYADA Home Health Care, Inc.	475	249	724
Caldwell	HC0487	Adoration Home Health	330	240	570
Camden	HC0473	Albemarle Home Care and Hospice	77	1	78
Carteret	HC0073	CenterWell Home Health	927	741	1,668
Carteret	HC0488	Carteret Healthcare Home Health & Hospice	974	0	974
Carteret	HC1353	Liberty Home Care	168	69	237
Caswell	HC0489	HealthView Home Health & Hospice	118	78	196
Catawba	HC0057	Guardian Home Health	493	833	1,326
Catawba	HC0227	CenterWell Home Health	2,173	1,718	3,891
Catawba	HC0272	CenterWell Home Health	319	817	1,136
Catawba	HC0490	CenterWell Home Health	42	2	44
Catawba	HC1902	Interim Healthcare of the Triad, Inc.	152	44	196
Chatham	HC0528	Liberty Home Care	380	165	545
Chatham	HC2803	UNC Home Health Pittsboro	354	21	375
Cherokee	HC0275	Mountain Home Health**	0	0	0
Chowan	HC0474	Albemarle Home Care and Hospice	108	4	112
Clay	HC0104	Mountain Home Health Services	278	868	1,146
Clay	HC0318	Mountain Home Health	0	18	18
Cleveland	HC0042	Atrium Health At Home Cleveland	728	388	1,116
Cleveland	HC0221	CenterWell Home Health	1,961	924	2,885
Columbus	HC0320	Liberty Home Care	632	24	656
Columbus	HC0492	CenterWell Home Health	196	893	1,089

Table 12A: Inventory of Licensed Medicare Certified Home Health Agencies or Offices

A	B	C	D	E	F
County	License Number	Name	In-County Patients	Out-of-County Patients	Total Patients
Craven	HC0165	CarolinaEast Home Care	505	119	624
Craven	HC0493	PruittHealth @ Home - New Bern	205	152	357
Cumberland	HC0274	Liberty Home Care	91	6	97
Cumberland	HC0283	Cape Fear Valley Home Health	1,035	237	1,272
Cumberland	HC0292	Amedisys Home Health of Fayetteville	1,227	534	1,761
Cumberland	HC0359	HealthKeeperz	521	529	1,050
Cumberland	HC3421	Aveanna Home Health	312	139	451
Currituck	HC0475	Albemarle Home Care and Hospice	278	192	470
Dare	HC0494	Adoration Home Health and Hospice	352	0	352
Davidson	HC0124	Liberty Home Care	27	273	300
Davidson	HC0358	BAYADA Home Health Care, Inc.	753	481	1,234
Davidson	HC0495	Amedisys Home Health Care	376	767	1,143
Davidson	HC0521	Medi Home Health Agency	481	1,758	2,239
Davidson	HC1104	Enhabit Home Health	181	781	962
Davie	HC0496	Well Care Home Health of the Triad, Inc.	329	3,434	3,763
Duplin	HC0053	Vidant Home Health and Hospice	410	237	647
Durham	HC0145	Amedisys Home Health	1,077	641	1,718
Durham	HC0327	SunCrest Home Health	168	782	950
Durham	HC0360	Duke Home Health	2,156	2,245	4,401
Durham	HC1176	Liberty Home Care	139	237	376
Durham	HC2111	CenterWell Home Health	60	9	69
Forsyth	HC0005	BAYADA Home Health Care, Inc.	1,403	716	2,119
Forsyth	HC0231	CenterWell Home Health	599	227	826
Forsyth	HC0409	Wake Forest Baptist Health Care at Home, LLC	1,236	473	1,709
Forsyth	HC0499	Adoration Home Health	1,444	930	2,374
Forsyth	HC0567	CenterWell Home Health	1,232	477	1,709
Forsyth	HC1131	CenterWell Home Health	21	11	32
Forsyth	HC1210	CenterWell Home Health	13	11	24
Forsyth	HC1304	Amedisys Home Health of Winston-Salem	630	188	818
Forsyth	HC1886	Interim HealthCare of the Triad, Inc.	369	482	851
Forsyth	HC4901	PruittHealth @ Home - Forsyth	78	136	214
Franklin	HC0078	Amedisys Home Health	173	1,361	1,534
Franklin	HC0215	CenterWell Home Health	269	555	824
Franklin	HC0500	Franklin County Home Health Agency	144	27	171
Gaston	HC0268	CenterWell Home Health	2,535	40	2,575
Gaston	HC0353	Amedisys Home Health Care	472	994	1,466
Gaston	HC0356	BAYADA Home Health Care, Inc.	326	496	822
Gaston	HC0906	Adoration Home Health	2,396	940	3,336
Gaston	HC1903	Interim HealthCare of the Triad, Inc.	924	618	1,542
Greene	HC0168	Amedisys Home Health	31	324	355
Guilford	HC0297	Adoration Home Health	1,515	294	1,809
Guilford	HC0303	Enhabit Home Health	904	673	1,577
Guilford	HC0374	AuthoraCare Collective**	0	0	0

Table 12A: Inventory of Licensed Medicare Certified Home Health Agencies or Offices

A	B	C	D	E	F
County	License Number	Name	In-County Patients	Out-of-County Patients	Total Patients
Guilford	HC0395	SunCrest Home Health	729	368	1,097
Guilford	HC0952	CenterWell Home Health	2,106	1,792	3,898
Guilford	HC1177	Liberty Home Care	5	4	9
Guilford	HC1286	BAYADA Home Health Care, Inc.	1,694	643	2,337
Guilford	HC1885	Interim HealthCare of the Triad, Inc.	456	357	813
Halifax	HC0765	Liberty Home Care VI, LLC	218	84	302
Harnett	HC0125	Liberty Home Care	519	1,150	1,669
Harnett	HC0503	CenterWell Home Health	350	355	705
Haywood	HC0109	Home Care Services of Haywood Regional Medical Center	1,118	63	1,181
Haywood	HC0279	CarePartners Home Health Services	941	672	1,613
Henderson	HC0201	Pardee Home Care	825	139	964
Henderson	HC0440	CarePartners Home Health Services	726	1,039	1,765
Henderson	HC0911	AdventHealth Home Care Western North Carolina	741	595	1,336
Hertford	HC0504	Liberty Home Care VII, LLC	25	63	88
Hoke	HC0277	Liberty Home Care	17	2	19
Hyde	HC0379	Liberty Home Care VII, LLC	52	36	88
Iredell	HC0159	CenterWell Home Health	1,825	266	2,091
Iredell	HC0515	Iredell Home Health	1,301	254	1,555
Iredell	HC1325	Lake Norman Home Health	411	284	695
Jackson	HC0157	Harris Home Health	503	463	966
Johnston	HC0383	UNC Health Johnston Home Care and Hospice	1,719	158	1,877
Johnston	HC0507	3HC	563	549	1,112
Jones	HC0431	CenterWell Home Health	149	1,909	2,058
Jones	HC0506	3HC	65	569	634
Lee	HC0426	Liberty Home Care	450	91	541
Lenoir	HC0195	3HC	622	17	639
Lenoir	HC0428	CenterWell Home Health	946	263	1,209
Lenoir	HC1565	CenterWell Home Health	128	590	718
Lincoln	HC0135	Atrium Health At Home Lincoln	344	228	572
Lincoln	HC0391	CenterWell Home Health	1,071	124	1,195
Macon	HC0324	CarePartners Home Care & Hospice	966	8	974
Madison	HC0419	Madison Home Care & Hospice	217	44	261
Martin	HC0525	Roanoke Home Care & Hospice	236	6	242
McDowell	HC0435	Enhabit Home Health	357	1,370	1,727
Mecklenburg	HC0097	CenterWell Home Health	1,844	3	1,847
Mecklenburg	HC0138	CenterWell Home Health	32	0	32
Mecklenburg	HC0171	Adoration Home Health	1,572	492	2,064
Mecklenburg	HC0355	BAYADA Home Health Care, Inc.	2,181	756	2,937
Mecklenburg	HC0369	SunCrest Home Health	378	448	826
Mecklenburg	HC0787	CenterWell Home Health	2,239	4	2,243
Mecklenburg	HC1038	Atrium Health At Home Charlotte	2,509	116	2,625
Mecklenburg	HC1152	Amedisys Home Health Care	207	3	210
Mecklenburg	HC1901	Interim HealthCare of the Triad, Inc.	2,915	1,155	4,070

Table 12A: Inventory of Licensed Medicare Certified Home Health Agencies or Offices

A	B	C	D	E	F
County	License Number	Name	In-County Patients	Out-of-County Patients	Total Patients
Mecklenburg	HC3694	Liberty Home Care and Hospice	184	36	220
Mecklenburg	HC3966	PHC Home Health	471	221	692
Mecklenburg	HC4677	Atrium Health At Home University City	575	1,208	1,783
Mecklenburg	HC4783	Maxim Healthcare Services, Inc.***	0	0	0
Mecklenburg	HC5130	Well Care Home Health of the Piedmont, Inc.	477	284	761
Mecklenburg	HC6558	PruittHealth @ Home - Charlotte***	0	0	0
Mitchell	HC0319	PruittHealth @ Home - Mitchell**	0	0	0
Moore	HC0002	Liberty Home Care	389	360	749
Moore	HC0332	FirstHealth Home Care	1,153	499	1,652
Nash	HC0497	CenterWell Home Health	828	1,530	2,358
Nash	HC0520	HealthView Home Health & Hospice	465	474	939
New Hanover	HC0196	Liberty Home Care	714	31	745
New Hanover	HC1231	Well Care Home Health, Inc.	2,163	6,325	8,488
Northampton	HC0530	Northampton County Home Health Agency	329	10	339
Onslow	HC0316	Liberty Home Care	280	60	340
Onslow	HC0531	Lower Cape Fear Lifecare	41	0	41
Onslow	HC1209	Cardinal Hospice Care**	0	0	0
Orange	HC0030	UNC Home Health	684	735	1,419
Orange	HC0166	Amedisys Home Health of Chapel Hill	535	936	1,471
Pasquotank	HC0471	Albemarle Home Care and Hospice	325	10	335
Pasquotank	HC1071	Sentara Home Care Services	570	513	1,083
Pender	HC0532	Novant Health Home Care	561	2,459	3,020
Pender	HC1241	Liberty Home Care	121	73	194
Perquimans	HC0472	Albemarle Home Care and Hospice	228	166	394
Person	HC0354	BAYADA Home Health Care, Inc.	238	557	795
Person	HC0533	Medi Home Health Agency	144	322	466
Pitt	HC0328	CenterWell Home Health	1,923	857	2,780
Pitt	HC0509	3HC	546	182	728
Pitt	HC1443	Vidant Home Health and Hospice	1,099	335	1,434
Polk	HC0436	Enhabit Home Health	310	354	664
Randolph	HC0397	Amedisys Home Health Care	79	138	217
Randolph	HC0522	Home Health of Randolph Hospital	1,174	67	1,241
Randolph	HC0929	Enhabit Home Health	223	449	672
Richmond	HC0423	FirstHealth Home Care-Richmond	634	332	966
Robeson	HC0235	Southeastern Home Health**	0	0	0
Robeson	HC0352	Liberty Home Care	325	112	437
Robeson	HC0526	Robeson County Home Health Agency	422	13	435
Robeson	HC1178	Liberty Home Care	325	9	334
Robeson	HC1185	CenterWell Home Health	292	760	1,052
Rockingham	HC0217	Adoration Home Health	914	269	1,183
Rowan	HC0265	CenterWell Home Health	1,673	21	1,694
Rowan	HC0270	CenterWell Home Health	212	2,236	2,448
Rowan	HC0357	BAYADA Home Health Care, Inc.	486	1,037	1,523

Table 12A: Inventory of Licensed Medicare Certified Home Health Agencies or Offices

A	B	C	D	E	F
County	License Number	Name	In-County Patients	Out-of-County Patients	Total Patients
Rowan	HC0399	Adoration Home Health	954	391	1,345
Rutherford	HC0186	Carolina Home Care	1,136	302	1,438
Rutherford	HC0445	Enhabit Home Health	318	210	528
Sampson	HC0255	3HC	537	1,460	1,997
Scotland	HC0403	Healthkeeperz	314	674	988
Stanly	HC0308	Atrium Health At Home Stanly	624	324	948
Stanly	HC0514	Adoration Home Health	160	25	185
Stokes	HC0517	CenterWell Home Health	28	3	31
Stokes	HC1699	CenterWell Home Health	639	609	1,248
Surry	HC0296	PruittHealth @ Home - Pilot Mountain	58	148	206
Surry	HC0420	Liberty Home Care V, LLC	317	76	393
Transylvania	HC0067	CarePartners Home Care & Hospice	1,067	90	1,157
Tyrrell	HC0524	Roanoke Home Care & Hospice	65	14	79
Union	HC1238	Atrium Health at Home Union	865	246	1,111
Union	HC2057	CenterWell Home Health	1,537	399	1,936
Vance	HC0501	3HC	146	526	672
Vance	HC0823	Maria Parham Regional Home Health**	0	0	0
Wake	HC0031	Transitions LifeCare	515	232	747
Wake	HC0074	Well Care Home Health of the Triangle, Inc.	2,235	5,699	7,934
Wake	HC0299	CenterWell Home Health	1,800	688	2,488
Wake	HC0339	Intrepid USA Healthcare Services	54	14	68
Wake	HC0422	UNC Home Health Raleigh	2,309	60	2,369
Wake	HC0828	Aveanna Healthcare	95	75	170
Wake	HC1028	Amedisys Home Health Care	455	71	526
Wake	HC1293	WakeMed Home Health	3,812	422	4,234
Wake	HC1437	SunCrest Home Health**	0	0	0
Wake	HC2112	Medi Home Health Agency	1,331	658	1,989
Wake	HC2562	Liberty Home Care	453	169	622
Wake	HC3820	BAYADA Home Health Care, Inc.	2,043	887	2,930
Wake	HC4331	PHC Home Health***	0	0	0
Wake	HC4538	PruittHealth @ Home - Wake	401	385	786
Wake	HC5229	Well Care Home Health of the Southern Triangle	2	15	17
Wake	HC5814	PHC Home Health	25	18	43
Warren	HC0341	Warren County Home Health Agency	128	4	132
Washington	HC0523	Roanoke Home Care	121	15	136
Watauga	HC0477	Medi Home Health and Hospice	373	444	817
Watauga	HC1544	CenterWell Home Health	594	881	1,475
Wayne	HC0228	3HC	1,069	10	1,079
Wayne	HC1299	CenterWell Home Health	1,300	292	1,592
Wilkes	HC0252	CenterWell Home Health	32	28	60
Wilkes	HC0430	Atrium Health Wake Forest Baptist	1,086	138	1,224
Wilson	HC0343	Home Health of Wilson	465	253	718
Wilson	HC0508	3HC	379	502	881

Table 12A: Inventory of Licensed Medicare Certified Home Health Agencies or Offices

A	B	C	D	E	F
County	License Number	Name	In-County Patients	Out-of-County Patients	Total Patients
Yadkin	HC0346	Yadkin Valley Home Health	702	3,103	3,805
Yancey	HC0323	PruittHealth @ Home - Yancey	194	22	216
Totals*		217 Agencies or Offices	140,433	105,359	245,792

* Totals include both in-state and out-of-state patients.

** Agency reported zero patients on their License Renewal Application (LRA) for the current reporting year.

*** Agency is licensed, but not Medicare certified.

Table 12B: Average Annual Rates of Change in Patients and Use Rates per 1,000 Population

Under Age 18											
A	B	C	D	E	F	G	H	I	J	K	L
County	Home Health Patients in 2020	Estimated 2020 Population	Use Rate for 2020	Home Health Patients in 2021	Estimated 2021 Population	Use Rate for 2021	Home Health Patients in 2022	Estimated 2022 Population	Use Rate for 2022	Average Annual Rate of Change in Number of Patients	Average Annual Rate of Change in Use Rates per 1,000
Cherokee	0	4,943	0.00	0	4,614	0.00	0	4,630	0.00	0.0000%	0.0000%
Clay	0	1,973	0.00	0	1,793	0.00	0	1,828	0.00	0.0000%	0.0000%
Graham	0	1,714	0.00	0	1,694	0.00	0	1,719	0.00	0.0000%	0.0000%
Haywood	65	11,211	5.80	33	10,870	3.04	33	10,862	3.04	-24.6154%	-23.7822%
Jackson	15	7,404	2.03	6	7,075	0.85	9	7,052	1.28	-5.0000%	-3.8254%
Macon	2	6,657	0.30	0	6,556	0.00	1	6,533	0.15	-50.0000%	-50.0000%
Swain	3	3,346	0.90	1	3,262	0.31	1	3,362	0.30	-33.3333%	-34.3914%
Region A Totals	85	37,248	2.28	40	35,864	1.12	44	35,986	1.22	-21.4706%	-20.7490%
Buncombe	178	49,116	3.62	110	48,120	2.29	171	47,670	3.59	8.6261%	9.9994%
Henderson	64	21,666	2.95	29	20,917	1.39	41	20,502	2.00	-6.6541%	-4.4119%
Madison	10	3,872	2.58	12	3,596	3.34	9	3,594	2.50	-2.5000%	2.1260%
Transylvania	22	5,575	3.95	14	5,216	2.68	9	5,239	1.72	-36.0390%	-33.9901%
Region B Totals	274	80,229	3.42	165	77,849	2.12	230	77,005	2.99	-0.1935%	1.4909%
Cleveland	1	21,158	0.05	0	21,158	0.00	17	21,269	0.80	-50.0000%	-50.0000%
McDowell	28	8,931	3.14	30	8,528	3.52	21	8,468	2.48	-11.4286%	-8.6490%
Polk	0	3,380	0.00	5	2,881	1.74	0	2,957	0.00	-50.0000%	-50.0000%
Rutherford	0	13,574	0.00	0	12,748	0.00	0	12,666	0.00	0.0000%	0.0000%
Region C Totals	29	47,043	0.62	35	45,315	0.77	38	45,360	0.84	14.6305%	16.8778%
Alleghany	0	1,920	0.00	0	1,873	0.00	0	1,909	0.00	0.0000%	0.0000%
Ashe	0	4,850	0.00	0	4,556	0.00	0	4,548	0.00	0.0000%	0.0000%
Avery	0	2,688	0.00	0	2,697	0.00	0	2,696	0.00	0.0000%	0.0000%
Mitchell	13	2,691	4.83	9	2,700	3.33	12	2,687	4.47	1.2821%	1.4892%
Watauga	0	6,809	0.00	0	6,572	0.00	0	6,539	0.00	0.0000%	0.0000%
Wilkes	2	13,692	0.15	0	12,718	0.00	2	12,735	0.16	-50.0000%	-50.0000%
Yancey	9	3,364	2.68	8	3,343	2.39	5	3,293	1.52	-24.3056%	-23.5519%
Region D Totals	24	36,014	0.67	17	34,459	0.49	19	34,407	0.55	-8.7010%	-7.0183%
Alexander	1	7,447	0.13	1	6,791	0.15	0	6,841	0.00	-50.0000%	-45.1701%
Burke	1	17,806	0.06	0	17,007	0.00	0	16,952	0.00	-50.0000%	-50.0000%
Caldwell	0	16,256	0.00	0	15,316	0.00	0	15,309	0.00	0.0000%	0.0000%
Catawba	6	34,275	0.18	2	33,408	0.06	1	33,160	0.03	-58.3333%	-57.7138%
Region E Totals	8	75,784	0.11	3	72,522	0.04	1	72,262	0.01	-64.5833%	-63.6800%
Anson	0	4,842	0.00	0	4,632	0.00	0	4,592	0.00	0.0000%	0.0000%
Cabarrus	85	51,470	1.65	62	53,185	1.17	50	52,873	0.95	-23.2068%	-24.1449%
Gaston	113	49,457	2.28	131	49,484	2.65	25	50,678	0.49	-32.4934%	-32.7499%
Iredell	14	38,501	0.36	16	38,678	0.41	9	39,094	0.23	-14.7321%	-15.2929%
Lincoln	15	17,539	0.86	22	17,116	1.29	35	17,420	2.01	52.8788%	53.3030%
Mecklenburg	444	262,456	1.69	368	259,776	1.42	363	257,572	1.41	-9.2379%	-8.3883%
Rowan	8	31,404	0.25	1	31,753	0.03	0	31,798	0.00	-93.7500%	-93.8187%
Stanly	32	13,264	2.41	0	12,679	0.00	0	12,772	0.00	-50.0000%	-50.0000%
Union	37	54,824	0.67	35	53,196	0.66	28	52,565	0.53	-12.7027%	-10.7751%
Region F Totals	748	523,757	1.43	635	520,499	1.22	510	519,364	0.98	-17.3960%	-17.0425%
Alamance	18	36,656	0.49	6	36,836	0.16	4	36,995	0.11	-50.0000%	-50.2247%
Caswell	2	4,115	0.49	0	3,864	0.00	0	3,753	0.00	-50.0000%	-50.0000%
Davidson	12	35,572	0.34	25	34,831	0.72	4	34,873	0.11	12.1667%	14.3731%
Guilford	92	115,226	0.80	90	113,361	0.79	51	111,853	0.46	-22.7536%	-21.5669%
Montgomery	0	5,788	0.00	0	5,560	0.00	0	5,439	0.00	0.0000%	0.0000%
Randolph	8	31,091	0.26	5	30,552	0.16	4	30,284	0.13	-28.7500%	-27.8447%
Rockingham	6	17,915	0.33	3	17,427	0.17	2	17,366	0.12	-41.6667%	-40.8495%
Region G Totals	138	246,363	0.56	129	242,431	0.53	65	240,563	0.27	-28.0671%	-27.1134%

Table 12B: Average Annual Rates of Change in Patients and Use Rates per 1,000 Population

Under Age 18											
A	B	C	D	E	F	G	H	I	J	K	L
County	Home Health Patients in 2020	Estimated 2020 Population	Use Rate for 2020	Home Health Patients in 2021	Estimated 2021 Population	Use Rate for 2021	Home Health Patients in 2022	Estimated 2022 Population	Use Rate for 2022	Average Annual Rate of Change in Number of Patients	Average Annual Rate of Change in Use Rates per 1,000
Davie	3	8,349	0.36	11	8,091	1.36	8	8,091	0.99	119.6970%	125.5430%
Forsyth	30	86,698	0.35	87	85,163	1.02	66	83,936	0.79	82.9310%	86.0990%
Stokes	0	8,312	0.00	3	7,686	0.39	11	7,815	1.41	133.3333%	130.3071%
Surry	2	15,080	0.13	7	14,587	0.48	9	14,487	0.62	139.2857%	145.6440%
Yadkin	2	7,632	0.26	4	7,389	0.54	0	7,290	0.00	0.0000%	3.2887%
Region I Totals	37	126,071	0.29	112	122,916	0.91	94	121,619	0.77	93.3156%	97.6480%
Chatham	0	13,866	0.00	0	13,448	0.00	0	13,209	0.00	0.0000%	0.0000%
Durham	16	75,401	0.21	11	74,987	0.15	59	75,166	0.78	202.5568%	202.1080%
Johnston	20	50,400	0.40	4	51,551	0.08	23	52,753	0.44	197.5000%	190.7259%
Lee	0	15,117	0.00	0	15,013	0.00	0	14,938	0.00	0.0000%	0.0000%
Moore	3	20,865	0.14	2	20,509	0.10	0	21,038	0.00	-66.6667%	-66.0881%
Orange	7	25,990	0.27	1	25,329	0.04	0	24,337	0.00	-92.8571%	-92.6707%
Wake	85	253,221	0.34	59	253,688	0.23	104	250,325	0.42	22.8415%	23.9616%
Region J Totals	131	454,860	0.29	77	454,525	0.17	186	451,766	0.41	50.1685%	50.9278%
Franklin	11	15,039	0.73	13	14,677	0.89	8	15,168	0.53	-10.1399%	-9.6784%
Granville	3	11,764	0.26	0	11,419	0.00	2	11,449	0.17	-50.0000%	-50.0000%
Person	3	8,181	0.37	4	7,841	0.51	0	7,993	0.00	-33.3333%	-30.4425%
Vance	2	10,388	0.19	4	9,682	0.41	2	9,716	0.21	25.0000%	32.2044%
Warren	0	3,534	0.00	0	3,300	0.00	1	3,367	0.30	0.0000%	0.0000%
Region K Totals	19	48,906	0.39	21	46,919	0.45	13	47,693	0.27	-13.7845%	-11.9464%
Edgecombe	2	11,746	0.17	1	11,197	0.09	2	11,081	0.18	25.0000%	27.2726%
Halifax	0	10,583	0.00	0	10,027	0.00	0	9,977	0.00	0.0000%	0.0000%
Nash	9	20,055	0.45	6	19,472	0.31	1	19,479	0.05	-58.3333%	-57.3383%
Northampton	0	3,621	0.00	0	3,304	0.00	0	3,295	0.00	0.0000%	0.0000%
Wilson	6	18,714	0.32	2	17,664	0.11	2	17,481	0.11	-33.3333%	-31.8192%
Region L Totals	17	64,719	0.26	9	61,664	0.15	5	61,313	0.08	-45.7516%	-44.2812%
Cumberland	12	89,574	0.13	9	86,753	0.10	10	90,616	0.11	-6.9444%	-8.0934%
Harnett	1	36,343	0.03	1	34,847	0.03	0	35,882	0.00	-50.0000%	-47.8535%
Sampson	7	15,331	0.46	3	14,185	0.21	1	14,285	0.07	-61.9048%	-60.2902%
Region M Totals	20	141,248	0.14	13	135,785	0.10	11	140,783	0.08	-25.1923%	-25.3867%
Bladen	11	6,981	1.58	8	6,550	1.22	8	6,594	1.21	-13.6364%	-11.5772%
Hoke	1	16,725	0.06	1	16,161	0.06	2	16,771	0.12	50.0000%	48.1077%
Richmond	1	10,111	0.10	1	9,516	0.11	0	9,513	0.00	-50.0000%	-46.8737%
Robeson	89	30,719	2.90	71	24,451	2.90	49	26,227	1.87	-25.6053%	-17.7168%
Scotland	1	8,285	0.12	0	7,756	0.00	2	7,585	0.26	-50.0000%	-50.0000%
Region N Totals	103	72,821	1.41	81	64,434	1.26	61	66,690	0.91	-23.0253%	-19.1810%
Brunswick	19	23,124	0.82	10	21,428	0.47	2	22,294	0.09	-63.6842%	-61.9898%
Columbus	5	11,414	0.44	0	10,246	0.00	0	10,435	0.00	-50.0000%	-50.0000%
New Hanover	60	42,803	1.40	30	41,263	0.73	4	41,645	0.10	-68.3333%	-67.4614%
Pender	33	12,798	2.58	22	12,049	1.83	6	12,872	0.47	-53.0303%	-51.8301%
Region O Totals	117	90,139	1.30	62	84,986	0.73	12	87,246	0.14	-63.8269%	-62.4710%
Carteret	2	11,844	0.17	1	11,012	0.09	2	11,088	0.18	25.0000%	26.2034%
Craven	14	26,439	0.53	2	25,399	0.08	0	25,574	0.00	-92.8571%	-92.5647%
Duplin	15	13,985	1.07	10	12,790	0.78	6	12,895	0.47	-36.6667%	-33.7965%
Greene	0	4,278	0.00	0	4,159	0.00	1	4,051	0.25	0.0000%	0.0000%
Jones	0	1,938	0.00	5	1,764	2.83	0	1,792	0.00	-50.0000%	-50.0000%
Lenoir	4	12,248	0.33	2	11,926	0.17	3	11,892	0.25	0.0000%	0.8894%
Onslow	61	64,223	0.95	37	63,582	0.58	23	65,640	0.35	-38.5911%	-39.2598%
Pamlico	0	1,934	0.00	0	1,802	0.00	0	1,804	0.00	0.0000%	0.0000%
Wayne	6	30,509	0.20	2	28,785	0.07	2	29,076	0.07	-33.3333%	-32.8355%
Region P Totals	102	167,398	0.61	59	161,219	0.37	37	163,812	0.23	-39.7225%	-39.1104%

Table 12B: Average Annual Rates of Change in Patients and Use Rates per 1,000 Population

Under Age 18											
A	B	C	D	E	F	G	H	I	J	K	L
County	Home Health Patients in 2020	Estimated 2020 Population	Use Rate for 2020	Home Health Patients in 2021	Estimated 2021 Population	Use Rate for 2021	Home Health Patients in 2022	Estimated 2022 Population	Use Rate for 2022	Average Annual Rate of Change in Number of Patients	Average Annual Rate of Change in Use Rates per 1,000
Beaufort	0	9,156	0.00	0	8,640	0.00	1	8,608	0.12	0.0000%	0.0000%
Bertie	0	3,607	0.00	0	3,456	0.00	0	3,381	0.00	0.0000%	0.0000%
Hertford	0	4,535	0.00	0	4,091	0.00	0	3,975	0.00	0.0000%	0.0000%
Martin	1	4,518	0.22	1	4,361	0.23	1	4,286	0.23	0.0000%	2.6750%
Pitt	2	39,207	0.05	0	37,930	0.00	2	38,207	0.05	-50.0000%	-50.0000%
Region Q Totals	3	61,023	0.05	1	58,478	0.02	4	58,457	0.07	116.6667%	117.4639%
Camden	0	2,038	0.00	0	1,932	0.00	0	2,019	0.00	0.0000%	0.0000%
Chowan	0	2,780	0.00	0	2,745	0.00	0	2,753	0.00	0.0000%	0.0000%
Currituck	0	5,514	0.00	0	5,650	0.00	0	5,987	0.00	0.0000%	0.0000%
Dare	4	6,899	0.58	0	6,645	0.00	0	6,570	0.00	-50.0000%	-50.0000%
Gates	0	2,195	0.00	0	1,764	0.00	0	1,816	0.00	0.0000%	0.0000%
Hyde	0	840	0.00	0	759	0.00	0	779	0.00	0.0000%	0.0000%
Pasquotank	0	9,151	0.00	0	9,066	0.00	0	9,094	0.00	0.0000%	0.0000%
Perquimans	0	2,490	0.00	0	2,319	0.00	0	2,401	0.00	0.0000%	0.0000%
Tyrrell	0	689	0.00	0	584	0.00	0	614	0.00	0.0000%	0.0000%
Washington	0	2,547	0.00	0	2,344	0.00	0	2,282	0.00	0.0000%	0.0000%
Region R Totals	4	35,143	0.11	0	33,808	0.00	0	34,315	0.00	0.0000%	0.0000%
Grand Totals	1,859	2,308,766	0.81	1,459	2,253,673	0.65	1,330	2,258,641	0.59	-15.1793%	-14.3203%

Table 12B: Average Annual Rates of Change in Patients and Use Rates per 1,000 Population

Ages 18-64											
A	B	C	D	E	F	G	H	I	J	K	L
County	Home Health Patients in 2020	Estimated 2020 Population	Use Rate for 2020	Home Health Patients in 2021	Estimated 2021 Population	Use Rate for 2021	Home Health Patients in 2022	Estimated 2022 Population	Use Rate for 2022	Average Annual Rate of Change in Number of Patients	Average Annual Rate of Change in Use Rates per 1,000
Cherokee	121	15,618	7.75	132	15,188	8.69	103	15,232	6.76	-6.4394%	-5.0078%
Clay	42	6,159	6.82	53	5,751	9.22	45	5,904	7.62	5.5481%	8.9242%
Graham	48	4,739	10.13	25	4,243	5.89	25	4,293	5.82	-23.9583%	-21.4964%
Haywood	457	35,759	12.78	446	35,049	12.73	537	35,200	15.26	8.9983%	9.7285%
Jackson	142	28,010	5.07	114	27,048	4.21	124	26,702	4.64	-5.4732%	-3.3408%
Macon	230	19,527	11.78	205	19,684	10.41	230	19,737	11.65	0.6628%	0.1567%
Swain	82	8,165	10.04	66	7,975	8.28	45	8,088	5.56	-25.6652%	-25.1827%
Region A Totals	1,122	117,977	9.51	1,041	114,938	9.06	1,109	115,156	9.63	-0.3435%	0.7822%
Buncombe	1,879	160,245	11.73	1,644	166,315	9.88	1,785	166,635	10.71	-1.9650%	-3.6659%
Henderson	796	64,329	12.37	835	63,660	13.12	804	63,409	12.68	0.5935%	1.3352%
Madison	147	13,311	11.04	130	12,465	10.43	116	12,626	9.19	-11.1669%	-8.7348%
Transylvania	256	18,436	13.89	218	16,948	12.86	260	17,256	15.07	2.2112%	4.8850%
Region B Totals	3,078	256,321	12.01	2,827	259,388	10.90	2,965	259,926	11.41	-1.6366%	-2.2881%
Cleveland	1,005	60,378	16.65	972	60,099	16.17	959	60,621	15.82	-2.3105%	-2.5108%
McDowell	583	27,574	21.14	519	26,175	19.83	502	26,152	19.20	-7.1266%	-4.7051%
Polk	135	11,893	11.35	144	10,311	13.97	123	10,614	11.59	-3.9583%	3.0053%
Rutherford	732	40,369	18.13	715	37,599	19.02	667	37,506	17.78	-4.5178%	-0.8041%
Region C Totals	2,455	140,214	17.51	2,350	134,184	17.51	2,251	134,893	16.69	-4.2449%	-2.3458%
Alleghany	88	6,617	13.30	138	6,060	22.77	65	6,233	10.43	1.9598%	8.5131%
Ashe	180	15,878	11.34	184	14,889	12.36	172	14,953	11.50	-2.1498%	1.0452%
Avery	125	11,436	10.93	225	11,115	20.24	125	11,162	11.20	17.7778%	20.2600%
Mitchell	124	8,764	14.15	134	8,527	15.71	106	8,537	12.42	-6.4155%	-4.9601%
Watauga	187	40,486	4.62	286	37,428	7.64	181	37,618	4.81	8.1139%	14.2020%
Wilkes	514	41,029	12.53	520	38,352	13.56	410	38,360	10.69	-9.9933%	-6.4707%
Yancey	134	10,774	12.44	128	10,495	12.20	136	10,401	13.08	0.8862%	2.6360%
Region D Totals	1,352	134,984	10.02	1,615	126,866	12.73	1,195	127,264	9.39	-3.2768%	0.4293%
Alexander	213	23,092	9.22	186	21,790	8.54	178	21,876	8.14	-8.4886%	-6.0678%
Burke	706	54,746	12.90	605	51,249	11.81	582	51,441	11.31	-9.0538%	-6.3096%
Caldwell	633	50,995	12.41	551	48,370	11.39	586	48,813	12.00	-3.3010%	-1.4217%
Catawba	1,173	96,900	12.11	1,061	97,656	10.86	923	97,898	9.43	-11.2774%	-11.7350%
Region E Totals	2,725	225,733	12.07	2,403	219,065	10.97	2,269	220,028	10.31	-8.6964%	-7.5610%
Anson	185	14,579	12.69	181	13,071	13.85	128	12,690	10.09	-15.7220%	-9.0166%
Cabarrus	1,298	135,302	9.59	1,074	146,696	7.32	825	149,263	5.53	-20.2208%	-24.0947%
Gaston	2,018	137,405	14.69	2,018	141,967	14.21	2,067	146,393	14.12	1.2141%	-1.9410%
Iredell	1,019	114,636	8.89	1,092	120,266	9.08	1,036	123,408	8.39	1.0178%	-2.6982%
Lincoln	653	54,918	11.89	643	54,544	11.79	683	56,311	12.13	2.3447%	1.0157%
Mecklenburg *	4,279	721,678	5.93	4,626	734,170	6.30	4,067	732,464	5.55	-1.9873%	-2.8046%
Rowan	1,080	86,192	12.53	973	88,437	11.00	904	88,621	10.20	-8.4994%	-9.7394%
Stanly	398	38,574	10.32	358	37,049	9.66	332	37,327	8.89	-8.6564%	-7.1505%
Union	881	151,800	5.80	800	155,849	5.13	729	159,457	4.57	-9.0345%	-11.2451%
Region F Totals	11,811	1,455,084	8.12	11,765	1,492,049	7.89	10,771	1,505,934	7.15	-4.4191%	-6.0751%
Alamance	1,204	103,718	11.61	1,105	105,388	10.49	954	107,455	8.88	-10.9439%	-12.5014%
Caswell	200	14,196	14.09	67	13,601	4.93	111	13,362	8.31	-0.4142%	1.8002%
Davidson	988	103,632	9.53	1,102	103,334	10.66	822	104,373	7.88	-6.9349%	-7.1454%
Guilford *	3,099	337,592	9.18	2,869	344,621	8.33	2,340	340,936	6.86	-12.9301%	-13.4335%
Montgomery	152	16,057	9.47	145	14,516	9.99	130	14,579	8.92	-7.4750%	-2.6053%
Randolph	807	87,803	9.19	869	87,444	9.94	649	87,854	7.39	-8.8168%	-8.7701%
Rockingham	759	54,876	13.83	585	54,260	10.78	489	54,611	8.95	-19.6676%	-19.4987%
Region G Totals	7,209	717,874	10.04	6,742	723,164	9.32	5,495	723,170	7.60	-12.4870%	-12.8294%

Table 12B: Average Annual Rates of Change in Patients and Use Rates per 1,000 Population

Ages 18-64											
A	B	C	D	E	F	G	H	I	J	K	L
County	Home Health Patients in 2020	Estimated 2020 Population	Use Rate for 2020	Home Health Patients in 2021	Estimated 2021 Population	Use Rate for 2021	Home Health Patients in 2022	Estimated 2022 Population	Use Rate for 2022	Average Annual Rate of Change in Number of Patients	Average Annual Rate of Change in Use Rates per 1,000
Davie	303	26,128	11.60	287	25,820	11.12	178	25,955	6.86	-21.6298%	-21.2262%
Forsyth *	2,158	231,955	9.30	2,167	235,391	9.21	1,871	235,366	7.95	-6.6212%	-7.3495%
Stokes	334	28,410	11.76	316	27,235	11.60	253	27,352	9.25	-12.6630%	-10.7933%
Surry	619	43,706	14.16	605	42,287	14.31	529	42,322	12.50	-7.4118%	-5.8081%
Yadkin	306	22,788	13.43	248	22,128	11.21	245	22,114	11.08	-10.0820%	-8.8420%
Region I Totals	3,720	352,987	10.54	3,623	352,861	10.27	3,076	353,109	8.71	-8.8528%	-8.8652%
Chatham	267	42,554	6.27	290	42,808	6.77	250	42,988	5.82	-2.5894%	-3.0921%
Durham	1,423	203,344	7.00	1,615	211,956	7.62	1,571	212,753	7.38	5.3841%	2.8962%
Johnston	1,064	132,006	8.06	1,038	140,965	7.36	965	147,469	6.54	-4.7382%	-9.8884%
Lee	256	36,067	7.10	296	37,836	7.82	278	38,189	7.28	4.7720%	1.6349%
Moore *	392	51,614	7.59	392	50,522	7.76	349	51,483	6.78	-5.4847%	-5.2349%
Orange	555	99,403	5.58	509	101,247	5.03	474	100,589	4.71	-7.5823%	-8.1128%
Wake *	4,123	712,624	5.79	4,763	755,986	6.30	4,182	764,814	5.47	1.6622%	-2.1576%
Region J Totals	8,080	1,277,612	6.32	8,903	1,341,320	6.64	8,069	1,358,285	5.94	0.4090%	-2.7737%
Franklin	475	43,450	10.93	442	42,896	10.30	364	44,513	8.18	-12.2972%	-13.1921%
Granville	358	39,086	9.16	436	38,865	11.22	249	39,045	6.38	-10.5511%	-10.3365%
Person	218	24,163	9.02	260	23,184	11.21	239	23,256	10.28	5.5946%	7.9704%
Vance	371	26,508	14.00	350	24,424	14.33	248	24,216	10.24	-17.4016%	-13.0725%
Warren	91	11,300	8.05	100	10,444	9.57	122	10,818	11.28	15.9451%	18.3395%
Region K Totals	1,513	144,507	10.47	1,588	139,813	11.36	1,222	141,848	8.61	-9.0454%	-7.8355%
Edgecombe	451	29,425	15.33	455	25,991	17.51	410	25,491	16.08	-4.5016%	3.0469%
Halifax	272	29,475	9.23	356	26,906	13.23	223	26,696	8.35	-3.2386%	3.2561%
Nash	630	57,795	10.90	733	56,638	12.94	614	56,471	10.87	0.0573%	1.3695%
Northampton	114	11,592	9.83	110	9,977	11.03	124	10,142	12.23	4.6093%	11.5019%
Wilson	650	49,321	13.18	625	46,324	13.49	554	45,969	12.05	-7.6031%	-4.1504%
Region L Totals	2,117	177,608	11.92	2,279	165,836	13.74	1,925	164,769	11.68	-3.9404%	0.1540%
Cumberland *	1,826	170,491	10.71	1,918	171,335	11.19	1,617	174,163	9.28	-5.3275%	-6.2707%
Harnett *	498	77,815	6.40	553	77,170	7.17	548	79,755	6.87	5.0700%	3.9281%
Sampson	472	37,083	12.73	359	33,016	10.87	341	33,320	10.23	-14.4773%	-10.2260%
Region M Totals	2,796	285,389	9.80	2,830	281,521	10.05	2,506	287,238	8.72	-5.1164%	-5.3023%
Bladen	317	20,145	15.74	301	16,512	18.23	259	16,828	15.39	-9.5004%	0.1375%
Hoke *	238	29,794	7.99	228	27,901	8.17	233	29,872	7.80	-1.0043%	-1.1260%
Richmond	318	26,721	11.90	293	24,950	11.74	322	24,700	13.04	1.0180%	4.8442%
Robeson	1,168	79,921	14.61	1,044	69,410	15.04	908	70,455	12.89	-11.8216%	-5.6988%
Scotland	295	20,661	14.28	231	19,173	12.05	215	18,693	11.50	-14.3107%	-10.0771%
Region N Totals	2,336	177,242	13.18	2,097	157,946	13.28	1,937	160,548	12.06	-8.9306%	-4.1956%
Brunswick	721	78,912	9.14	824	74,298	11.09	742	80,413	9.23	2.1671%	2.2919%
Columbus	607	33,569	18.08	540	28,982	18.63	495	29,316	16.88	-9.6856%	-3.1678%
New Hanover *	1,872	149,199	12.55	1,729	143,890	12.02	1,043	149,200	6.99	-23.6575%	-23.0271%
Pender	466	39,046	11.93	404	36,979	10.93	379	39,698	9.55	-9.7464%	-10.5361%
Region O Totals	3,666	300,726	12.19	3,497	284,149	12.31	2,659	298,627	8.90	-14.2867%	-13.3474%
Carteret *	356	40,482	8.79	366	37,651	9.72	435	38,393	11.33	10.8307%	13.5474%
Craven *	566	52,105	10.86	555	50,061	11.09	593	51,615	11.49	2.4517%	2.8451%
Duplin	530	35,066	15.11	472	27,168	17.37	490	28,345	17.29	-3.5649%	7.2245%
Greene	121	13,053	9.27	131	12,543	10.44	107	12,305	8.70	-5.0281%	-2.0371%
Jones	73	5,867	12.44	85	5,037	16.88	77	5,214	14.77	3.5133%	11.5691%
Lenoir	561	32,961	17.02	506	31,216	16.21	498	30,860	16.14	-5.6925%	-2.6038%
Onslow *	1,060	88,501	11.98	885	83,895	10.55	823	83,356	9.87	-11.7575%	-9.1650%
Pamlico	40	7,410	5.40	57	6,681	8.53	56	6,751	8.30	20.3728%	27.6379%
Wayne *	849	71,850	11.82	846	64,470	13.12	789	65,062	12.13	-3.5455%	1.7336%
Region P Totals	4,156	347,295	11.97	3,903	318,722	12.25	3,868	321,901	12.02	-3.4922%	0.2280%

Table 12B: Average Annual Rates of Change in Patients and Use Rates per 1,000 Population

Ages 18-64											
A	B	C	D	E	F	G	H	I	J	K	L
County	Home Health Patients in 2020	Estimated 2020 Population	Use Rate for 2020	Home Health Patients in 2021	Estimated 2021 Population	Use Rate for 2021	Home Health Patients in 2022	Estimated 2022 Population	Use Rate for 2022	Average Annual Rate of Change in Number of Patients	Average Annual Rate of Change in Use Rates per 1,000
Beaufort	374	26,149	14.30	362	24,090	15.03	368	24,169	15.23	-0.7755%	3.1947%
Bertie	237	11,800	20.08	143	10,517	13.60	148	10,048	14.73	-18.0830%	-11.9872%
Hertford	148	14,437	10.25	158	11,654	13.56	144	11,315	12.73	-1.0520%	13.0601%
Martin	214	12,937	16.54	203	11,826	17.17	227	11,590	19.59	3.3412%	8.9356%
Pitt	1,168	119,006	9.81	1,092	107,549	10.15	1,146	108,935	10.52	-0.7809%	3.5313%
Region Q Totals	2,141	184,329	11.62	1,958	165,636	11.82	2,033	166,057	12.24	-2.3585%	2.6704%
Camden	60	6,715	8.94	45	6,660	6.76	44	6,918	6.36	-13.6111%	-15.1247%
Chowan	100	7,811	12.80	97	7,468	12.99	83	7,458	11.13	-8.7165%	-6.4316%
Currituck	154	17,731	8.69	74	18,571	3.98	108	19,536	5.53	-3.0011%	-7.6924%
Dare	216	22,637	9.54	64	21,958	2.91	83	22,264	3.73	-20.3414%	-20.7745%
Gates	87	7,249	12.00	51	6,146	8.30	40	6,180	6.47	-31.4740%	-26.4295%
Hyde	19	3,158	6.02	19	2,696	7.05	8	2,695	2.97	-28.9474%	-20.3713%
Pasquotank *	313	23,701	13.21	217	24,239	8.95	226	23,997	9.42	-13.2617%	-13.5060%
Perquimans	100	7,451	13.42	45	6,918	6.50	57	7,227	7.89	-14.1667%	-15.1410%
Tyrrell	17	2,259	7.53	15	1,785	8.40	17	1,830	9.29	0.7843%	11.1061%
Washington	94	6,459	14.55	103	5,538	18.60	69	5,373	12.84	-11.7176%	-1.5776%
Region R Totals	1,160	105,171	11.03	730	101,979	7.16	735	103,478	7.10	-18.1920%	-17.9364%
Grand Totals	61,437	6,401,053	9.60	60,151	6,379,437	9.43	54,085	6,442,231	8.40	-6.0889%	-6.3613%

Table 12B: Average Annual Rates of Change in Patients and Use Rates per 1,000 Population

Ages 65-74											
A	B	C	D	E	F	G	H	I	J	K	L
County	Home Health Patients in 2020	Estimated 2020 Population	Use Rate for 2020	Home Health Patients in 2021	Estimated 2021 Population	Use Rate for 2021	Home Health Patients in 2022	Estimated 2022 Population	Use Rate for 2022	Average Annual Rate of Change in Number of Patients	Average Annual Rate of Change in Use Rates per 1,000
Cherokee	208	4,960	41.94	244	4,841	50.40	216	4,822	44.79	2.9161%	4.5324%
Clay	101	2,023	49.93	99	1,872	52.88	87	1,893	45.96	-7.0507%	-3.5849%
Graham	50	1,132	44.17	51	1,016	50.20	32	990	32.32	-17.6275%	-10.9807%
Haywood	517	8,925	57.93	579	8,780	65.95	712	8,811	80.81	17.4815%	18.1899%
Jackson	181	5,092	35.55	160	5,031	31.80	163	4,915	33.16	-4.8636%	-3.1255%
Macon	266	5,707	46.61	314	5,831	53.85	310	5,769	53.74	8.3856%	7.6610%
Swain	100	1,671	59.84	82	1,543	53.14	80	1,553	51.51	-10.2195%	-7.1325%
Region A Totals	1,423	29,510	48.22	1,529	28,914	52.88	1,600	28,753	55.65	6.0463%	7.4467%
Buncombe	1,944	32,070	60.62	2,179	33,959	64.17	2,360	34,109	69.19	10.1975%	6.8419%
Henderson	1,132	16,926	66.88	1,128	16,858	66.91	1,121	16,627	67.42	-0.4870%	0.4044%
Madison	187	3,147	59.42	206	2,973	69.29	218	2,986	73.01	7.9928%	10.9861%
Transylvania	316	5,574	56.69	328	4,825	67.98	444	4,875	91.08	19.5817%	26.9439%
Region B Totals	3,579	57,717	62.01	3,841	58,615	65.53	4,143	58,597	70.70	7.5915%	6.7860%
Cleveland	963	11,629	82.81	1,092	11,625	93.94	1,144	11,823	96.76	9.0788%	8.2211%
McDowell	459	5,787	79.32	502	5,455	92.03	512	5,478	93.46	5.6801%	8.7942%
Polk	185	3,500	52.86	218	2,940	74.15	199	2,998	66.38	4.5611%	14.9008%
Rutherford	682	8,664	78.72	653	7,746	84.30	722	7,661	94.24	3.1572%	9.4443%
Region C Totals	2,289	29,580	77.38	2,465	27,766	88.78	2,577	27,960	92.17	6.1163%	9.2713%
Alleghany	109	1,608	67.79	222	1,491	148.89	103	1,502	68.58	25.0331%	32.8542%
Ashe	228	4,047	56.34	257	3,793	67.76	236	3,784	62.37	2.2740%	6.1574%
Avery	211	2,264	93.20	323	2,157	149.75	235	2,183	107.65	12.9180%	16.2816%
Mitchell	144	1,929	74.65	192	1,891	101.53	144	1,899	75.83	4.1667%	5.3484%
Watauga	236	5,526	42.71	370	5,395	68.58	257	5,431	47.32	13.1196%	14.7928%
Wilkes	577	8,738	66.03	665	7,887	84.32	638	7,908	80.68	5.5956%	11.6859%
Yancey	177	2,596	68.18	213	2,515	84.69	201	2,479	81.08	7.3526%	9.9756%
Region D Totals	1,682	26,708	62.98	2,242	25,129	89.22	1,814	25,186	72.02	7.1018%	11.1980%
Alexander	230	4,598	50.02	237	4,319	54.87	265	4,309	61.50	7.4289%	10.8869%
Burke	690	10,891	63.36	741	10,520	70.44	787	10,600	74.25	6.7996%	8.2924%
Caldwell	757	9,945	76.12	724	9,531	75.96	793	9,626	82.38	2.5855%	4.1222%
Catawba	1,269	17,765	71.43	1,400	18,424	75.99	1,254	18,627	67.32	-0.0527%	-2.5139%
Region E Totals	2,946	43,199	68.20	3,102	42,794	72.49	3,099	43,162	71.80	2.5993%	2.6717%
Anson	165	2,584	63.85	186	2,423	76.76	151	2,424	62.29	-3.0450%	0.6835%
Cabarrus	1,271	18,165	69.97	1,140	19,490	58.49	1,026	19,988	51.33	-10.1534%	-14.3234%
Gaston	1,833	22,785	80.45	1,993	23,717	84.03	2,050	24,197	84.72	5.7944%	2.6379%
Iredell	1,176	18,168	64.73	1,258	19,402	64.84	1,242	19,913	62.37	2.8505%	-1.8181%
Lincoln	635	10,103	62.85	662	10,306	64.23	676	10,552	64.06	3.1834%	0.9663%
Mecklenburg	4,192	84,215	49.78	4,597	86,608	53.08	3,963	89,108	44.47	-2.0652%	-4.7895%
Rowan	1,066	15,336	69.51	1,120	16,615	67.41	1,151	16,768	68.64	3.9168%	-0.5960%
Stanly	443	7,602	58.27	496	7,315	67.81	478	7,389	64.69	4.1674%	5.8813%
Union	922	19,794	46.58	983	20,639	47.63	1,039	21,331	48.71	6.1564%	2.2595%
Region F Totals	11,703	198,752	58.88	12,435	206,515	60.21	11,776	211,670	55.63	0.4776%	-2.6726%
Alamance	1,258	17,187	73.19	1,329	17,815	74.60	1,348	18,415	73.20	3.5368%	0.0223%
Caswell	154	3,065	50.24	93	3,022	30.77	117	3,046	38.41	-6.9020%	-6.9680%
Davidson	1,098	18,498	59.36	1,213	18,878	64.25	1,041	19,087	54.54	-1.8531%	-3.4348%
Guilford	3,387	50,972	66.45	3,360	52,494	64.01	3,023	53,037	57.00	-5.4135%	-7.3122%
Montgomery	200	3,429	58.33	200	3,208	62.34	184	3,158	58.26	-4.0000%	0.1728%
Randolph	866	15,439	56.09	1,134	15,686	72.29	891	15,899	56.04	4.7592%	3.2019%
Rockingham	748	11,087	67.47	672	11,301	59.46	680	11,500	59.13	-4.4850%	-6.2111%
Region G Totals	7,711	119,677	64.43	8,001	122,404	65.37	7,284	124,142	58.67	-2.6003%	-4.3934%

Table 12B: Average Annual Rates of Change in Patients and Use Rates per 1,000 Population

Ages 65-74											
A	B	C	D	E	F	G	H	I	J	K	L
County	Home Health Patients in 2020	Estimated 2020 Population	Use Rate for 2020	Home Health Patients in 2021	Estimated 2021 Population	Use Rate for 2021	Home Health Patients in 2022	Estimated 2022 Population	Use Rate for 2022	Average Annual Rate of Change in Number of Patients	Average Annual Rate of Change in Use Rates per 1,000
Davie	349	5,312	65.70	322	5,356	60.12	310	5,434	57.05	-5.7315%	-6.8015%
Forsyth	2,602	36,993	70.34	2,645	37,838	69.90	2,854	38,275	74.57	4.7771%	3.0261%
Stokes	408	5,745	71.02	413	5,552	74.39	407	5,684	71.60	-0.1136%	0.5015%
Surry	736	8,483	86.76	757	8,265	91.59	783	8,227	95.17	3.1439%	4.7393%
Yadkin	325	4,376	74.27	332	4,275	77.66	293	4,298	68.17	-4.7966%	-3.8260%
Region I Totals	4,420	60,909	72.57	4,469	61,286	72.92	4,647	61,918	75.05	2.5458%	1.7041%
Chatham	318	11,444	27.79	342	11,721	29.18	313	11,794	26.54	-0.4662%	-2.0202%
Durham	1,413	26,694	52.93	1,572	26,658	58.97	1,605	27,173	59.07	6.6759%	5.7835%
Johnston	1,053	18,474	57.00	1,077	19,811	54.36	1,164	20,614	56.47	5.1786%	-0.3777%
Lee	349	6,015	58.02	389	6,593	59.00	396	6,713	58.99	6.6304%	0.8347%
Moore	527	14,318	36.81	501	14,097	35.54	512	14,467	35.39	-1.3690%	-1.9307%
Orange	587	14,371	40.85	664	14,976	44.34	671	15,307	43.84	7.0859%	3.7084%
Wake	4,268	85,812	49.74	4,626	90,884	50.90	4,539	94,122	48.22	3.2537%	-1.4585%
Region J Totals	8,515	177,128	48.07	9,171	184,740	49.64	9,200	190,190	48.37	4.0101%	0.3539%
Franklin	400	7,778	51.43	419	7,879	53.18	416	8,264	50.34	2.0170%	-0.9671%
Granville	347	6,618	52.43	451	6,818	66.15	320	6,996	45.74	0.4623%	-2.3466%
Person	289	4,791	60.32	257	4,730	54.33	280	4,858	57.64	-1.0616%	-1.9235%
Vance	368	4,998	73.63	408	4,652	87.70	324	4,635	69.90	-4.8593%	-0.5907%
Warren	94	2,594	36.24	135	2,264	59.63	131	2,316	56.56	20.3270%	29.7045%
Region K Totals	1,498	26,779	55.94	1,670	26,343	63.39	1,471	27,069	54.34	-0.2171%	-0.4758%
Edgecombe	456	6,552	69.60	494	6,609	74.75	436	6,624	65.82	-1.7038%	-2.2709%
Halifax	335	6,326	52.96	415	6,483	64.01	408	6,480	62.96	11.0969%	9.6197%
Nash	795	11,570	68.71	891	11,664	76.39	807	11,714	68.89	1.3239%	0.6790%
Northampton	162	2,464	65.75	157	1,539	102.01	169	1,597	105.82	2.2784%	29.4482%
Wilson	622	9,190	67.68	643	8,477	75.85	616	8,465	72.77	-0.4114%	4.0040%
Region L Totals	2,370	36,102	65.65	2,600	34,772	74.77	2,436	34,880	69.84	1.6985%	3.6515%
Cumberland	1,649	27,205	60.61	1,927	28,534	67.53	1,686	29,586	56.99	2.1761%	-2.1008%
Harnett	534	10,914	48.93	656	11,150	58.83	654	11,494	56.90	11.2708%	8.4788%
Sampson	481	6,736	71.41	404	6,515	62.01	463	6,606	70.09	-0.7022%	-0.0670%
Region M Totals	2,664	44,855	59.39	2,987	46,199	64.66	2,803	47,686	58.78	2.9823%	-0.1118%
Bladen	307	4,254	72.17	354	3,170	111.67	310	3,170	97.79	1.4400%	21.1554%
Hoke	172	3,686	46.66	218	3,777	57.72	212	3,982	53.24	11.9959%	7.9659%
Richmond	324	5,014	64.62	271	4,964	54.59	318	4,908	64.79	0.4926%	1.5833%
Robeson	845	12,811	65.96	820	12,536	65.41	732	12,522	58.46	-6.8451%	-5.7309%
Scotland	235	4,123	57.00	200	4,120	48.54	213	4,093	52.04	-4.1968%	-3.8146%
Region N Totals	1,883	29,888	63.00	1,863	28,567	65.22	1,785	28,675	62.25	-2.6245%	-0.5173%
Brunswick	1,315	28,386	46.33	1,419	26,716	53.11	1,340	28,290	47.37	1.1707%	1.9164%
Columbus	598	6,366	93.94	534	5,784	92.32	557	5,761	96.68	-3.1976%	1.5033%
New Hanover	1,359	24,778	54.85	1,411	24,196	58.32	1,321	24,604	53.69	-1.2761%	-0.8036%
Pender	478	7,313	65.36	430	7,150	60.14	432	7,464	57.88	-4.7884%	-5.8762%
Region O Totals	3,750	66,843	56.10	3,794	63,846	59.42	3,650	66,119	55.20	-1.3111%	-0.5901%
Carteret	502	10,573	47.48	567	10,024	56.56	628	10,144	61.91	11.8533%	14.2912%
Craven	751	9,516	78.92	710	9,787	72.55	862	10,151	84.92	7.9745%	4.4889%
Duplin	525	6,234	84.22	487	3,636	133.94	506	3,866	130.88	-1.6683%	28.3812%
Greene	137	2,212	61.93	125	2,241	55.78	130	2,277	57.09	-2.3796%	-3.7921%
Jones	86	1,341	64.13	84	1,267	66.30	95	1,279	74.28	5.3848%	7.7067%
Lenoir	522	6,851	76.19	506	6,879	73.56	562	6,904	81.40	4.0010%	3.6027%
Onslow	954	12,440	76.69	889	12,629	70.39	875	12,828	68.21	-4.1941%	-5.6548%
Pamlico	84	2,154	39.00	99	1,888	52.44	100	1,870	53.48	9.4336%	18.2222%
Wayne	848	12,162	69.73	866	11,598	74.67	860	11,782	72.99	0.7149%	2.4225%
Region P Totals	4,409	63,483	69.45	4,333	59,949	72.28	4,618	61,101	75.58	2.4268%	4.3188%

Table 12B: Average Annual Rates of Change in Patients and Use Rates per 1,000 Population

Ages 65-74											
A	B	C	D	E	F	G	H	I	J	K	L
County	Home Health Patients in 2020	Estimated 2020 Population	Use Rate for 2020	Home Health Patients in 2021	Estimated 2021 Population	Use Rate for 2021	Home Health Patients in 2022	Estimated 2022 Population	Use Rate for 2022	Average Annual Rate of Change in Number of Patients	Average Annual Rate of Change in Use Rates per 1,000
Beaufort	383	6,987	54.82	448	6,328	70.80	428	6,246	68.52	6.2535%	12.9713%
Bertie	197	2,305	85.47	179	2,085	85.85	171	1,999	85.54	-6.8032%	0.0455%
Hertford	135	2,791	48.37	170	2,429	69.99	163	2,497	65.28	10.9041%	18.9821%
Martin	258	3,210	80.37	262	3,265	80.25	252	3,260	77.30	-1.1332%	-1.9148%
Pitt	1,102	15,375	71.67	1,145	15,125	75.70	1,081	15,416	70.12	-0.8438%	-0.8761%
Region Q Totals	2,075	30,668	67.66	2,204	29,232	75.40	2,095	29,418	71.21	0.6357%	2.9441%
Camden	47	1,062	44.26	43	1,094	39.31	51	1,144	44.58	5.0470%	1.1171%
Chowan	122	1,900	64.21	101	1,812	55.74	116	1,782	65.10	-1.1808%	1.7962%
Currituck	175	3,015	58.04	141	3,214	43.87	179	3,362	53.24	3.7609%	-1.5277%
Dare	243	5,223	46.52	99	5,293	18.70	212	5,340	39.70	27.4411%	26.2293%
Gates	85	1,399	60.76	64	1,236	51.78	61	1,250	48.80	-14.6967%	-10.2657%
Hyde	30	684	43.86	33	624	52.88	27	639	42.25	-4.0909%	0.2372%
Pasquotank	291	3,775	77.09	292	3,999	73.02	290	4,057	71.48	-0.1706%	-3.6909%
Perquimans	108	1,995	54.14	93	1,754	53.02	85	1,859	45.72	-11.2455%	-7.9108%
Tyrrell	21	408	51.47	19	342	55.56	20	342	58.48	-2.1303%	6.5998%
Washington	101	1,723	58.62	117	1,665	70.27	114	1,645	69.30	6.6387%	9.2487%
Region R Totals	1,223	21,184	57.73	1,002	21,033	47.64	1,155	21,420	53.92	-1.4004%	-2.1476%
Grand Totals	64,140	1,062,982	60.34	67,708	1,068,104	63.39	66,153	1,087,946	60.81	1.6331%	0.4890%

Table 12B: Average Annual Rates of Change in Patients and Use Rates per 1,000 Population

Ages 75 and Over											
A	B	C	D	E	F	G	H	I	J	K	L
County	Home Health Patients in 2020	Estimated 2020 Population	Use Rate for 2020	Home Health Patients in 2021	Estimated 2021 Population	Use Rate for 2021	Home Health Patients in 2022	Estimated 2022 Population	Use Rate for 2022	Average Annual Rate of Change in Number of Patients	Average Annual Rate of Change in Use Rates per 1,000
Cherokee	427	4,089	104.43	403	4,230	95.27	348	4,493	77.45	-9.6341%	-13.7345%
Clay	174	1,604	108.48	168	1,650	101.82	146	1,790	81.56	-8.2718%	-13.0161%
Graham	103	1,057	97.45	77	1,014	75.94	71	1,050	67.62	-16.5175%	-16.5131%
Haywood	1,016	7,586	133.93	1,168	7,704	151.61	1,316	8,015	164.19	13.8159%	10.7496%
Jackson	296	3,848	76.92	261	3,993	65.36	318	4,303	73.90	5.0074%	-0.9824%
Macon	616	5,123	120.24	644	5,359	120.17	732	5,614	130.39	9.1050%	4.2216%
Swain	126	1,307	96.40	107	1,279	83.66	123	1,313	93.68	-0.0630%	-0.6219%
Region A Totals	2,758	24,614	112.05	2,828	25,229	112.09	3,054	26,578	114.91	5.2648%	1.2744%
Buncombe	3,559	22,977	154.89	3,938	24,486	160.83	4,275	25,947	164.76	9.6034%	3.1376%
Henderson	2,078	15,642	132.85	2,376	15,973	148.75	2,375	16,736	141.91	7.1493%	3.6860%
Madison	302	2,170	139.17	351	2,171	161.68	354	2,316	152.85	8.5399%	5.3560%
Transylvania	725	5,926	122.34	751	5,796	129.57	903	6,128	147.36	11.9129%	9.8175%
Region B Totals	6,664	46,715	142.65	7,416	48,426	153.14	7,907	51,127	154.65	8.9527%	4.1704%
Cleveland	1,690	7,649	220.94	1,251	7,659	163.34	1,827	8,161	223.87	10.0334%	5.4934%
McDowell	767	4,238	180.98	822	4,192	196.09	775	4,345	178.37	0.7265%	-0.3455%
Polk	459	3,150	145.71	364	2,825	128.85	475	3,002	158.23	4.8987%	5.6133%
Rutherford	1,035	6,442	160.66	1,178	6,085	193.59	1,154	6,351	181.70	5.8895%	7.1768%
Region C Totals	3,951	21,479	183.95	3,615	20,761	174.12	4,231	21,859	193.56	4.2680%	2.9106%
Alleghany	228	1,413	161.36	342	1,405	243.42	230	1,488	154.57	8.6257%	7.1771%
Ashe	496	3,245	152.85	531	3,206	165.63	495	3,368	146.97	0.1384%	-1.4524%
Avery	327	1,794	182.27	512	1,806	283.50	402	1,910	210.47	17.5453%	14.8875%
Mitchell	299	1,728	173.03	396	1,718	230.50	249	1,772	140.52	-2.3399%	-2.9125%
Watauga	487	4,190	116.23	685	4,244	161.40	540	4,480	120.54	9.7446%	6.7734%
Wilkes	1,011	6,804	148.59	1,135	6,421	176.76	1,148	6,695	171.47	6.7052%	7.9837%
Yancey	341	2,175	156.78	401	2,204	181.94	374	2,282	163.89	5.4311%	3.0635%
Region D Totals	3,189	21,349	149.37	4,002	21,004	190.54	3,438	21,995	156.31	5.7005%	4.7958%
Alexander	432	3,387	127.55	434	3,245	133.74	397	3,403	116.66	-4.0312%	-3.9566%
Burke	1,165	8,265	140.96	1,270	8,007	158.61	1,356	8,419	161.06	7.8923%	7.0360%
Caldwell	1,249	7,034	177.57	1,156	6,954	166.24	1,398	7,227	193.44	6.7441%	4.9924%
Catawba	2,354	11,792	199.63	2,474	12,421	199.18	2,444	13,105	186.49	1.9425%	-3.2966%
Region E Totals	5,200	30,478	170.61	5,334	30,627	174.16	5,595	32,154	174.01	3.7350%	0.9948%
Anson	265	1,884	140.66	328	1,778	184.48	252	1,796	140.31	0.3014%	3.6060%
Cabarrus	2,274	11,904	191.03	2,380	12,712	187.22	2,130	13,530	157.43	-2.9214%	-8.9530%
Gaston	2,977	14,521	205.01	2,973	15,210	195.46	3,449	16,274	211.93	7.9382%	1.8839%
Iredell	2,339	12,004	194.85	2,542	12,834	198.07	2,585	13,755	187.93	5.1853%	-1.7335%
Lincoln	1,125	6,139	183.25	1,175	6,332	185.57	1,242	6,888	180.31	5.0733%	-0.7846%
Mecklenburg	8,063	50,426	159.90	8,152	52,212	156.13	9,242	55,539	166.41	7.2374%	2.1125%
Rowan	1,736	10,342	167.86	1,673	11,012	151.93	1,820	11,578	157.19	2.5788%	-3.0120%
Stanly	805	5,251	153.30	824	5,177	159.17	904	5,395	167.56	6.0345%	4.5495%
Union	1,897	12,322	153.95	2,056	12,967	158.56	2,221	13,948	159.23	8.2035%	1.7091%
Region F Totals	21,481	124,793	172.13	22,103	130,234	169.72	23,845	138,703	171.91	5.3884%	-0.0545%
Alamance	2,525	13,137	192.21	2,289	13,345	171.52	2,494	14,276	174.70	-0.1953%	-4.4546%
Caswell	299	2,086	143.34	159	2,095	75.89	233	2,178	106.98	-0.1409%	-3.0474%
Davidson	1,887	12,668	148.96	2,704	13,001	207.98	2,022	13,760	146.95	9.0372%	5.1396%
Guilford	6,234	34,641	179.96	5,961	36,402	163.75	6,179	37,916	162.97	-0.3611%	-4.7435%
Montgomery	331	2,479	133.52	310	2,421	128.05	261	2,581	101.12	-11.0754%	-12.5632%
Randolph	1,526	10,913	139.83	1,534	11,136	137.75	1,682	11,759	143.04	5.0861%	1.1750%
Rockingham	1,420	8,037	176.68	1,182	8,125	145.48	1,308	8,435	155.07	-3.0503%	-5.5346%
Region G Totals	14,222	83,961	169.39	14,139	86,525	163.41	14,179	90,905	155.98	-0.1503%	-4.0393%

Table 12B: Average Annual Rates of Change in Patients and Use Rates per 1,000 Population

Ages 75 and Over											
A	B	C	D	E	F	G	H	I	J	K	L
County	Home Health Patients in 2020	Estimated 2020 Population	Use Rate for 2020	Home Health Patients in 2021	Estimated 2021 Population	Use Rate for 2021	Home Health Patients in 2022	Estimated 2022 Population	Use Rate for 2022	Average Annual Rate of Change in Number of Patients	Average Annual Rate of Change in Use Rates per 1,000
Davie	736	3,957	186.00	602	4,016	149.90	656	4,274	153.49	-4.6182%	-8.5080%
Forsyth	5,290	25,318	208.94	5,061	26,395	191.74	5,631	27,744	202.96	3.4668%	-1.1900%
Stokes	776	4,217	184.02	863	3,871	222.94	867	4,188	207.02	5.8374%	7.0054%
Surry	1,413	6,279	225.04	1,525	6,056	251.82	1,431	6,293	227.40	0.8812%	1.1013%
Yadkin	620	3,349	185.13	573	3,289	174.22	676	3,415	197.95	5.1975%	3.8640%
Region I Totals	8,835	43,120	204.89	8,624	43,627	197.68	9,261	45,914	201.70	2.4991%	-0.7426%
Chatham	671	9,197	72.96	870	9,770	89.05	855	10,459	81.75	13.9665%	6.9274%
Durham	2,459	15,822	155.42	2,483	16,372	151.66	2,756	17,484	157.63	5.9854%	0.7596%
Johnston	1,674	10,746	155.78	1,798	11,648	154.36	2,059	12,599	163.43	10.9618%	2.4811%
Lee	623	4,464	139.56	677	4,836	139.99	693	5,067	136.77	5.5156%	-0.9973%
Moore	1,327	13,393	99.08	1,258	13,579	92.64	1,304	14,333	90.98	-0.7716%	-4.1473%
Orange	1,208	8,143	148.35	1,311	8,706	150.59	1,392	9,432	147.58	7.3525%	-0.2430%
Wake	9,199	50,257	183.04	9,771	54,644	178.81	10,072	59,081	170.48	4.6493%	-3.4852%
Region J Totals	17,161	112,022	153.19	18,168	119,555	151.96	19,131	128,455	148.93	5.5842%	-1.3989%
Franklin	655	4,929	132.89	678	4,984	136.04	692	5,426	127.53	2.7882%	-1.9401%
Granville	627	4,160	150.72	730	4,308	169.45	667	4,560	146.27	3.8986%	-0.6260%
Person	458	3,315	138.16	455	3,289	138.34	505	3,479	145.16	5.1670%	2.5289%
Vance	481	3,541	135.84	517	3,338	154.88	464	3,447	134.61	-1.3835%	0.4658%
Warren	177	2,339	75.67	199	2,311	86.11	205	2,372	86.42	7.7222%	7.0787%
Region K Totals	2,398	18,284	131.15	2,579	18,230	141.47	2,533	19,284	131.35	2.8822%	0.3574%
Edgecombe	565	4,301	131.36	595	4,307	138.15	545	4,511	120.82	-1.5468%	-3.6913%
Halifax	577	4,514	127.82	637	4,457	142.92	625	4,634	134.87	4.2574%	3.0895%
Nash	1,212	7,249	167.20	1,289	7,342	175.57	1,222	7,782	157.03	0.5777%	-2.7760%
Northampton	284	2,377	119.48	278	1,976	140.69	278	2,002	138.86	-1.0563%	8.2267%
Wilson	1,049	6,270	167.30	1,073	5,819	184.40	993	5,962	166.55	-2.5839%	0.2701%
Region L Totals	3,687	24,711	149.20	3,872	23,901	162.00	3,663	24,891	147.16	-0.1900%	-0.2919%
Cumberland	2,581	17,368	148.61	2,988	17,942	166.54	2,866	19,028	150.62	5.8430%	1.2540%
Harnett	955	7,208	132.49	1,062	7,459	142.38	1,036	7,931	130.63	4.3780%	-0.3959%
Sampson	895	4,903	182.54	682	4,593	148.49	815	4,776	170.64	-2.1487%	-1.8666%
Region M Totals	4,431	29,479	150.31	4,732	29,994	157.76	4,717	31,735	148.64	3.2380%	-0.4131%
Bladen	485	3,041	159.49	377	2,539	148.48	371	2,603	142.53	-11.9298%	-5.4552%
Hoke	270	1,937	139.39	327	1,962	166.67	342	2,107	162.32	12.8491%	8.4788%
Richmond	379	3,168	119.63	359	3,045	117.90	378	3,209	117.79	0.0077%	-0.7697%
Robeson	1,244	7,787	159.75	1,201	7,302	164.48	1,139	7,747	147.02	-4.3095%	-3.8271%
Scotland	354	2,655	133.33	303	2,633	115.08	293	2,708	108.20	-8.8536%	-9.8351%
Region N Totals	2,732	18,588	146.98	2,567	17,481	146.85	2,523	18,374	137.31	-3.8768%	-3.2901%
Brunswick	2,202	17,222	127.86	2,327	17,969	129.50	2,336	19,851	117.68	3.0317%	-3.9235%
Columbus	981	4,653	210.83	877	4,295	204.19	856	4,531	188.92	-6.4980%	-5.3141%
New Hanover	3,094	17,779	174.03	3,046	17,883	170.33	2,728	19,149	142.46	-5.9957%	-9.2425%
Pender	770	4,792	160.68	773	4,927	156.89	743	5,248	141.58	-1.7457%	-6.0606%
Region O Totals	7,047	44,446	158.55	7,023	45,074	155.81	6,663	48,779	136.60	-2.7333%	-7.0306%
Carteret	954	7,737	123.30	1,059	7,975	132.79	1,258	8,449	148.89	14.8988%	9.9102%
Craven	1,198	8,460	141.61	1,252	8,579	145.94	1,454	8,906	163.26	10.3208%	7.4640%
Duplin	954	4,892	195.01	760	3,449	220.35	854	3,641	234.55	-3.9835%	9.7189%
Greene	182	1,408	129.26	162	1,429	113.37	142	1,486	95.56	-11.6673%	-14.0025%
Jones	127	921	137.89	140	879	159.27	117	914	128.01	-3.0962%	-2.0627%
Lenoir	884	4,816	183.55	954	4,762	200.34	897	4,916	182.47	0.9719%	0.1110%
Onslow	1,449	8,083	179.27	1,289	8,236	156.51	1,296	8,633	150.12	-5.2495%	-8.3876%
Pamlico	151	1,779	84.88	164	1,769	92.71	155	1,874	82.71	1.5607%	-0.7800%
Wayne	1,514	8,883	170.44	1,475	8,218	179.48	1,392	8,509	163.59	-4.1015%	-1.7735%
Region P Totals	7,413	46,979	157.79	7,255	45,296	160.17	7,565	47,328	159.84	1.0708%	0.6505%

Table 12B: Average Annual Rates of Change in Patients and Use Rates per 1,000 Population

Ages 75 and Over											
A	B	C	D	E	F	G	H	I	J	K	L
County	Home Health Patients in 2020	Estimated 2020 Population	Use Rate for 2020	Home Health Patients in 2021	Estimated 2021 Population	Use Rate for 2021	Home Health Patients in 2022	Estimated 2022 Population	Use Rate for 2022	Average Annual Rate of Change in Number of Patients	Average Annual Rate of Change in Use Rates per 1,000
Beaufort	651	5,108	127.45	649	5,062	128.21	778	5,372	144.83	9.7848%	6.7789%
Bertie	279	1,784	156.39	254	1,540	164.94	277	1,505	184.05	0.0473%	8.5276%
Hertford	227	1,957	115.99	220	1,697	129.64	227	1,720	131.98	0.0491%	6.7835%
Martin	373	2,239	166.59	369	2,261	163.20	431	2,340	184.19	7.8649%	5.4119%
Pitt	1,611	9,697	166.13	1,659	9,113	182.05	1,538	9,673	159.00	-2.1570%	-1.5409%
Region Q Totals	3,141	20,785	151.12	3,151	19,673	160.17	3,251	20,610	157.74	1.7460%	2.2359%
Camden	101	760	132.89	69	783	88.12	76	834	91.13	-10.7691%	-15.1402%
Chowan	198	1,623	122.00	184	1,615	113.93	197	1,684	116.98	-0.0027%	-1.9660%
Currituck	202	1,788	112.98	158	1,870	84.49	216	2,019	106.98	7.4633%	0.7039%
Dare	367	3,268	112.30	140	3,446	40.63	315	3,763	83.71	31.5736%	21.1112%
Gates	145	1,065	136.15	117	1,020	114.71	106	1,066	99.44	-14.3560%	-14.5309%
Hyde	28	437	64.07	33	403	81.89	30	436	68.81	4.3831%	5.9144%
Pasquotank	420	2,670	157.30	420	2,754	152.51	385	2,845	135.33	-4.1667%	-7.1577%
Perquimans	170	1,871	90.86	138	1,856	74.35	188	1,958	96.02	8.7042%	5.4838%
Tyrrell	44	411	107.06	24	390	61.54	29	407	71.25	-12.3106%	-13.3656%
Washington	152	1,310	116.03	122	1,271	95.99	150	1,307	114.77	1.6070%	1.1451%
Region R Totals	1,827	15,203	120.17	1,405	15,408	91.19	1,692	16,319	103.68	-1.3355%	-5.2084%
Grand Totals	116,137	727,006	159.75	118,813	741,045	160.33	123,248	785,010	157.00	3.0185%	-0.8554%

* Adjustments for active-duty military personnel have been applied to the Ages 18-64 population.

Table 12C: 2025 Need Projections for Medicare Certified Home Health Agencies or Offices

Under Age 18								
A	B	C	D	E	F	G	H	I
County	Home Health Patients in 2022	COG's Average Annual Rate of Change in Number of Patients	Projected Number of Patients Receiving Services in 2025	Geographic Unit's Use Rate per 1,000 in 2022	COG's Average Annual Rate of Change in Use Rate	Projected Use Rate per 1,000 in 2025	Projected 2025 Population	Projected Home Health Patients in 2025
Cherokee	0	-21.4706%	0.00	0.0000	-20.7490%	0.0000	4,648	0.00
Clay	0	-21.4706%	0.00	0.0000	-20.7490%	0.0000	1,893	0.00
Graham	0	-21.4706%	0.00	0.0000	-20.7490%	0.0000	1,680	0.00
Haywood	33	-21.4706%	11.74	3.0381	-20.7490%	1.1470	10,956	12.57
Jackson	9	-21.4706%	3.20	1.2762	-20.7490%	0.4818	6,904	3.33
Macon	1	-21.4706%	0.36	0.1531	-20.7490%	0.0578	6,583	0.38
Swain	1	-21.4706%	0.36	0.2974	-20.7490%	0.1123	3,398	0.38
Region A Totals	44	-21.4706%	15.66	1.2227	-20.7490%	0.4616	36,062	16.65
Buncombe	171	-0.1935%	170.01	3.5872	1.4909%	3.7476	46,934	175.89
Henderson	41	-0.1935%	40.76	1.9998	1.4909%	2.0892	20,266	42.34
Madison	9	-0.1935%	8.95	2.5042	1.4909%	2.6162	3,650	9.55
Transylvania	9	-0.1935%	8.95	1.7179	1.4909%	1.7947	5,265	9.45
Region B Totals	230	-0.1935%	228.66	2.9868	1.4909%	3.1204	76,115	237.23
Cleveland	17	14.6305%	24.46	0.7993	16.8778%	1.2040	21,444	25.82
McDowell	21	14.6305%	30.22	2.4799	16.8778%	3.7356	8,286	30.95
Polk	0	14.6305%	0.00	0.0000	16.8778%	0.0000	2,919	0.00
Rutherford	0	14.6305%	0.00	0.0000	16.8778%	0.0000	12,638	0.00
Region C Totals	38	14.6305%	54.68	0.8377	16.8778%	1.2619	45,287	56.77
Alleghany	0	-8.7010%	0.00	0.0000	-7.0183%	0.0000	1,886	0.00
Ashe	0	-8.7010%	0.00	0.0000	-7.0183%	0.0000	4,425	0.00
Avery	0	-8.7010%	0.00	0.0000	-7.0183%	0.0000	2,683	0.00
Mitchell	12	-8.7010%	8.87	4.4659	-7.0183%	3.5256	2,676	9.43
Watauga	0	-8.7010%	0.00	0.0000	-7.0183%	0.0000	6,273	0.00
Wilkes	2	-8.7010%	1.48	0.1570	-7.0183%	0.1240	12,589	1.56
Yancey	5	-8.7010%	3.69	1.5184	-7.0183%	1.1987	3,290	3.94
Region D Totals	19	-8.7010%	14.04	0.5522	-7.0183%	0.4359	33,822	14.94
Alexander	0	-64.5833%	0.00	0.0000	-63.6800%	0.0000	6,758	0.00
Burke	0	-64.5833%	0.00	0.0000	-63.6800%	0.0000	16,776	0.00
Caldwell	0	-64.5833%	0.00	0.0000	-63.6800%	0.0000	15,054	0.00
Catawba	1	-64.5833%	-0.94	0.0302	-63.6800%	-0.0275	32,671	-0.90
Region E Totals	1	-64.5833%	-0.94	0.0138	-63.6800%	-0.0126	71,259	-0.90
Anson	0	-17.3960%	0.00	0.0000	-17.0425%	0.0000	4,513	0.00
Cabarrus	50	-17.3960%	23.91	0.9457	-17.0425%	0.4622	54,012	24.96
Gaston	25	-17.3960%	11.95	0.4933	-17.0425%	0.2411	50,864	12.26
Iredell	9	-17.3960%	4.30	0.2302	-17.0425%	0.1125	40,366	4.54
Lincoln	35	-17.3960%	16.73	2.0092	-17.0425%	0.9819	17,683	17.36
Mecklenburg	363	-17.3960%	173.56	1.4093	-17.0425%	0.6888	261,863	180.36
Rowan	0	-17.3960%	0.00	0.0000	-17.0425%	0.0000	31,635	0.00
Stanly	0	-17.3960%	0.00	0.0000	-17.0425%	0.0000	12,618	0.00
Union	28	-17.3960%	13.39	0.5327	-17.0425%	0.2603	53,112	13.83
Region F Totals	510	-17.3960%	243.84	0.9820	-17.0425%	0.4799	526,666	253.32
Alamance	4	-28.0671%	0.63	0.1081	-27.1134%	0.0202	37,314	0.75
Caswell	0	-28.0671%	0.00	0.0000	-27.1134%	0.0000	3,651	0.00
Davidson	4	-28.0671%	0.63	0.1147	-27.1134%	0.0214	35,179	0.75
Guilford	51	-28.0671%	8.06	0.4560	-27.1134%	0.0851	111,332	9.47
Montgomery	0	-28.0671%	0.00	0.0000	-27.1134%	0.0000	5,273	0.00
Randolph	4	-28.0671%	0.63	0.1321	-27.1134%	0.0246	30,073	0.74
Rockingham	2	-28.0671%	0.32	0.1152	-27.1134%	0.0215	17,096	0.37
Region G Totals	65	-28.0671%	10.27	0.2702	-27.1134%	0.0504	239,918	12.09

Table 12C: 2025 Need Projections for Medicare Certified Home Health Agencies or Offices

Under Age 18								
A	B	C	D	E	F	G	H	I
County	Home Health Patients in 2022	COG's Average Annual Rate of Change in Number of Patients	Projected Number of Patients Receiving Services in 2025	Geographic Unit's Use Rate per 1,000 in 2022	COG's Average Annual Rate of Change in Use Rate	Projected Use Rate per 1,000 in 2025	Projected 2025 Population	Projected Home Health Patients in 2025
Davie	8	93.3156%	30.40	0.9888	97.6480%	3.8852	8,163	31.72
Forsyth	66	93.3156%	250.76	0.7863	97.6480%	3.0898	83,127	256.84
Stokes	11	93.3156%	41.79	1.4075	97.6480%	5.5309	7,832	43.32
Surry	9	93.3156%	34.20	0.6212	97.6480%	2.4412	14,235	34.75
Yadkin	0	93.3156%	0.00	0.0000	97.6480%	0.0000	7,116	0.00
Region I Totals	94	93.3156%	357.15	0.7729	97.6480%	3.0371	120,473	366.63
Chatham	0	50.1685%	0.00	0.0000	50.9278%	0.0000	12,985	0.00
Durham	59	50.1685%	147.80	0.7849	50.9278%	1.9842	76,645	152.08
Johnston	23	50.1685%	57.62	0.4360	50.9278%	1.1021	55,480	61.15
Lee	0	50.1685%	0.00	0.0000	50.9278%	0.0000	14,961	0.00
Moore	0	50.1685%	0.00	0.0000	50.9278%	0.0000	22,418	0.00
Orange	0	50.1685%	0.00	0.0000	50.9278%	0.0000	23,848	0.00
Wake	104	50.1685%	260.53	0.4155	50.9278%	1.0502	251,113	263.72
Region J Totals	186	50.1685%	465.94	0.4117	50.9278%	1.0408	457,450	476.94
Franklin	8	-13.7845%	4.69	0.5274	-11.9464%	0.3384	16,136	5.46
Granville	2	-13.7845%	1.17	0.1747	-11.9464%	0.1121	11,456	1.28
Person	0	-13.7845%	0.00	0.0000	-11.9464%	0.0000	7,999	0.00
Vance	2	-13.7845%	1.17	0.2058	-11.9464%	0.1321	9,583	1.27
Warren	1	-13.7845%	0.59	0.2970	-11.9464%	0.1906	3,233	0.62
Region K Totals	13	-13.7845%	7.62	0.2726	-11.9464%	0.1749	48,407	8.63
Edgecombe	2	-45.7516%	-0.75	0.1805	-44.2812%	-0.0593	10,543	-0.62
Halifax	0	-45.7516%	0.00	0.0000	-44.2812%	0.0000	9,717	0.00
Nash	1	-45.7516%	-0.37	0.0513	-44.2812%	-0.0169	19,314	-0.33
Northampton	0	-45.7516%	0.00	0.0000	-44.2812%	0.0000	3,137	0.00
Wilson	2	-45.7516%	-0.75	0.1144	-44.2812%	-0.0376	17,001	-0.64
Region L Totals	5	-45.7516%	-1.86	0.0815	-44.2812%	-0.0268	59,712	-1.59
Cumberland	10	-25.1923%	2.44	0.1104	-25.3867%	0.0263	91,300	2.40
Harnett	0	-25.1923%	0.00	0.0000	-25.3867%	0.0000	37,166	0.00
Sampson	1	-25.1923%	0.24	0.0700	-25.3867%	0.0167	14,185	0.24
Region M Totals	11	-25.1923%	2.69	0.0781	-25.3867%	0.0186	142,651	2.64
Bladen	8	-23.0253%	2.47	1.2132	-19.1810%	0.5151	6,366	3.28
Hoke	2	-23.0253%	0.62	0.1193	-19.1810%	0.0506	17,113	0.87
Richmond	0	-23.0253%	0.00	0.0000	-19.1810%	0.0000	9,396	0.00
Robeson	49	-23.0253%	15.15	1.8683	-19.1810%	0.7932	26,547	21.06
Scotland	2	-23.0253%	0.62	0.2637	-19.1810%	0.1120	7,445	0.83
Region N Totals	61	-23.0253%	18.86	0.9147	-19.1810%	0.3883	66,867	26.04
Brunswick	2	-63.8269%	-1.83	0.0897	-62.4710%	-0.0784	23,081	-1.81
Columbus	0	-63.8269%	0.00	0.0000	-62.4710%	0.0000	10,283	0.00
New Hanover	4	-63.8269%	-3.66	0.0960	-62.4710%	-0.0840	41,575	-3.49
Pender	6	-63.8269%	-5.49	0.4661	-62.4710%	-0.4075	13,461	-5.48
Region O Totals	12	-63.8269%	-10.98	0.1375	-62.4710%	-0.1202	88,400	-10.79

Table 12C: 2025 Need Projections for Medicare Certified Home Health Agencies or Offices

Under Age 18								
A	B	C	D	E	F	G	H	I
County	Home Health Patients in 2022	COG's Average Annual Rate of Change in Number of Patients	Projected Number of Patients Receiving Services in 2025	Geographic Unit's Use Rate per 1,000 in 2022	COG's Average Annual Rate of Change in Use Rate	Projected Use Rate per 1,000 in 2025	Projected 2025 Population	Projected Home Health Patients in 2025
Carteret	2	-39.7225%	-0.38	0.1804	-39.1104%	-0.0313	10,815	-0.34
Craven	0	-39.7225%	0.00	0.0000	-39.1104%	0.0000	25,324	0.00
Duplin	6	-39.7225%	-1.15	0.4653	-39.1104%	-0.0806	12,555	-1.01
Greene	1	-39.7225%	-0.19	0.2469	-39.1104%	-0.0428	3,874	-0.17
Jones	0	-39.7225%	0.00	0.0000	-39.1104%	0.0000	1,751	0.00
Lenoir	3	-39.7225%	-0.58	0.2523	-39.1104%	-0.0437	11,565	-0.51
Onslow	23	-39.7225%	-4.41	0.3504	-39.1104%	-0.0607	68,751	-4.18
Pamlico	0	-39.7225%	0.00	0.0000	-39.1104%	0.0000	1,727	0.00
Wayne	2	-39.7225%	-0.38	0.0688	-39.1104%	-0.0119	28,561	-0.34
Region P Totals	37	-39.7225%	-7.09	0.2259	-39.1104%	-0.0391	164,923	-6.54
Beaufort	1	116.6667%	4.50	0.1162	117.4639%	0.5255	8,271	4.35
Bertie	0	116.6667%	0.00	0.0000	117.4639%	0.0000	3,215	0.00
Hertford	0	116.6667%	0.00	0.0000	117.4639%	0.0000	3,730	0.00
Martin	1	116.6667%	4.50	0.2333	117.4639%	1.0555	4,187	4.42
Pitt	2	116.6667%	9.00	0.0523	117.4639%	0.2368	37,636	8.91
Region Q Totals	4	116.6667%	18.00	0.0684	117.4639%	0.3096	57,039	17.68
Camden	0	0.0000%	0.00	0.0000	0.0000%	0.0000	2,080	0.00
Chowan	0	0.0000%	0.00	0.0000	0.0000%	0.0000	2,713	0.00
Currituck	0	0.0000%	0.00	0.0000	0.0000%	0.0000	6,591	0.00
Dare	0	0.0000%	0.00	0.0000	0.0000%	0.0000	6,509	0.00
Gates	0	0.0000%	0.00	0.0000	0.0000%	0.0000	1,751	0.00
Hyde	0	0.0000%	0.00	0.0000	0.0000%	0.0000	728	0.00
Pasquotank	0	0.0000%	0.00	0.0000	0.0000%	0.0000	8,939	0.00
Perquimans	0	0.0000%	0.00	0.0000	0.0000%	0.0000	2,375	0.00
Tyrrell	0	0.0000%	0.00	0.0000	0.0000%	0.0000	604	0.00
Washington	0	0.0000%	0.00	0.0000	0.0000%	0.0000	2,214	0.00
Region R Totals	0	0.0000%	0.00	0.0000	0.0000%	0.0000	34,504	0.00
Grand Totals	1,330	-15.1793%	1,416.55	0.5888	-14.3203%	0.3359	2,269,555	1,469.74

Table 12C: 2025 Need Projections for Medicare Certified Home Health Agencies or Offices

Ages 18-64								
A	B	C	D	E	F	G	H	I
County	Home Health Patients in 2022	COG's Average Annual Rate of Change in Number of Patients	Projected Number of Patients Receiving Services in 2025	Geographic Unit's Use Rate per 1,000 in 2022	COG's Average Annual Rate of Change in Use Rate	Projected Use Rate per 1,000 in 2025	Projected 2025 Population	Projected Home Health Patients in 2025
Cherokee	103	-0.3435%	101.94	6.7621	0.7822%	6.9208	15,390	106.51
Clay	45	-0.3435%	44.54	7.6220	0.7822%	7.8008	6,010	46.88
Graham	25	-0.3435%	24.74	5.8234	0.7822%	5.9601	4,342	25.88
Haywood	537	-0.3435%	531.47	15.2557	0.7822%	15.6137	35,509	554.43
Jackson	124	-0.3435%	122.72	4.6438	0.7822%	4.7528	27,528	130.84
Macon	230	-0.3435%	227.63	11.6532	0.7822%	11.9267	20,022	238.80
Swain	45	-0.3435%	44.54	5.5638	0.7822%	5.6944	8,155	46.44
Region A Totals	1,109	-0.3435%	1,097.57	9.6304	0.7822%	9.8564	116,956	1,149.77
Buncombe	1,785	-1.6366%	1,697.36	10.7120	-2.2881%	9.9767	171,140	1,707.42
Henderson	804	-1.6366%	764.53	12.6796	-2.2881%	11.8092	64,470	761.34
Madison	116	-1.6366%	110.30	9.1874	-2.2881%	8.5567	12,512	107.06
Transylvania	260	-1.6366%	247.23	15.0672	-2.2881%	14.0330	17,326	243.14
Region B Totals	2,965	-1.6366%	2,819.43	11.4071	-2.2881%	10.6241	265,448	2,818.95
Cleveland	959	-4.2449%	836.87	15.8196	-2.3458%	14.7063	61,268	901.03
McDowell	502	-4.2449%	438.07	19.1955	-2.3458%	17.8446	26,149	466.62
Polk	123	-4.2449%	107.34	11.5885	-2.3458%	10.7729	10,475	112.85
Rutherford	667	-4.2449%	582.06	17.7838	-2.3458%	16.5323	37,529	620.44
Region C Totals	2,251	-4.2449%	1,964.34	16.6873	-2.3458%	15.5130	135,421	2,100.93
Alleghany	65	-3.2768%	58.61	10.4284	0.4293%	10.5627	6,219	65.69
Ashe	172	-3.2768%	155.09	11.5027	0.4293%	11.6509	14,876	173.32
Avery	125	-3.2768%	112.71	11.1987	0.4293%	11.3430	10,963	124.35
Mitchell	106	-3.2768%	95.58	12.4165	0.4293%	12.5765	8,429	106.01
Watauga	181	-3.2768%	163.21	4.8115	0.4293%	4.8735	37,336	181.96
Wilkes	410	-3.2768%	369.70	10.6882	0.4293%	10.8259	37,725	408.41
Yancey	136	-3.2768%	122.63	13.0757	0.4293%	13.2441	10,286	136.23
Region D Totals	1,195	-3.2768%	1,077.53	9.3899	0.4293%	9.5109	125,834	1,195.96
Alexander	178	-8.6964%	131.56	8.1368	-7.5610%	6.2911	21,828	137.32
Burke	582	-8.6964%	430.16	11.3139	-7.5610%	8.7476	51,050	446.56
Caldwell	586	-8.6964%	433.12	12.0050	-7.5610%	9.2819	48,474	449.93
Catawba	923	-8.6964%	682.20	9.4282	-7.5610%	7.2896	98,828	720.42
Region E Totals	2,269	-8.6964%	1,677.03	10.3123	-7.5610%	7.9732	220,180	1,754.23
Anson	128	-4.4191%	111.03	10.0867	-6.0751%	8.2484	12,553	103.54
Cabarrus	825	-4.4191%	715.63	5.5272	-6.0751%	4.5198	158,452	716.17
Gaston	2,067	-4.4191%	1,792.97	14.1195	-6.0751%	11.5462	150,616	1,739.04
Iredell	1,036	-4.4191%	898.65	8.3949	-6.0751%	6.8649	130,685	897.14
Lincoln	683	-4.4191%	592.45	12.1291	-6.0751%	9.9185	58,418	579.42
Mecklenburg *	4,067	-4.4191%	3,527.82	5.5525	-6.0751%	4.5405	777,743	3,531.37
Rowan	904	-4.4191%	784.15	10.2007	-6.0751%	8.3416	89,605	747.45
Stanly	332	-4.4191%	287.99	8.8944	-6.0751%	7.2733	37,186	270.47
Union	729	-4.4191%	632.35	4.5718	-6.0751%	3.7385	168,765	630.94
Region F Totals	10,771	-4.4191%	9,343.05	7.1524	-6.0751%	5.8488	1,584,023	9,215.54
Alamance	954	-12.4870%	596.62	8.8781	-12.8294%	5.4611	110,347	602.62
Caswell	111	-12.4870%	69.42	8.3071	-12.8294%	5.1099	12,969	66.27
Davidson	822	-12.4870%	514.07	7.8756	-12.8294%	4.8444	106,125	514.11
Guilford *	2,340	-12.4870%	1,463.41	6.8635	-12.8294%	4.2218	343,341	1,449.53
Montgomery	130	-12.4870%	81.30	8.9169	-12.8294%	5.4850	14,545	79.78
Randolph	649	-12.4870%	405.88	7.3873	-12.8294%	4.5440	88,282	401.16
Rockingham	489	-12.4870%	305.82	8.9542	-12.8294%	5.5079	53,982	297.33
Region G Totals	5,495	-12.4870%	3,436.52	7.5985	-12.8294%	4.6740	729,591	3,410.79

Table 12C: 2025 Need Projections for Medicare Certified Home Health Agencies or Offices

Ages 18-64								
A	B	C	D	E	F	G	H	I
County	Home Health Patients in 2022	COG's Average Annual Rate of Change in Number of Patients	Projected Number of Patients Receiving Services in 2025	Geographic Unit's Use Rate per 1,000 in 2022	COG's Average Annual Rate of Change in Use Rate	Projected Use Rate per 1,000 in 2025	Projected 2025 Population	Projected Home Health Patients in 2025
Davie	178	-8.8528%	130.73	6.8580	-8.8652%	5.0341	26,404	132.92
Forsyth *	1,871	-8.8528%	1,374.09	7.9493	-8.8652%	5.8352	238,477	1,391.55
Stokes	253	-8.8528%	185.81	9.2498	-8.8652%	6.7898	26,934	182.88
Surry	529	-8.8528%	388.51	12.4994	-8.8652%	9.1751	41,913	384.56
Yadkin	245	-8.8528%	179.93	11.0790	-8.8652%	8.1324	21,858	177.76
Region I Totals	3,076	-8.8528%	2,259.07	8.7112	-8.8652%	6.3944	355,586	2,269.66
Chatham	250	0.4090%	253.07	5.8156	-2.7737%	5.3317	44,809	238.91
Durham	1,571	0.4090%	1,590.28	7.3841	-2.7737%	6.7697	220,709	1,494.13
Johnston	965	0.4090%	976.84	6.5437	-2.7737%	5.9992	162,267	973.48
Lee	278	0.4090%	281.41	7.2796	-2.7737%	6.6738	39,579	264.14
Moore *	349	0.4090%	353.28	6.7789	-2.7737%	6.2149	54,340	337.72
Orange	474	0.4090%	479.82	4.7122	-2.7737%	4.3201	102,272	441.83
Wake *	4,182	0.4090%	4,233.31	5.4680	-2.7737%	5.0130	806,475	4,042.86
Region J Totals	8,069	0.4090%	8,168.01	5.9406	-2.7737%	5.4463	1,430,451	7,793.06
Franklin	364	-9.0454%	265.22	8.1774	-7.8355%	6.2552	48,241	301.76
Granville	249	-9.0454%	181.43	6.3773	-7.8355%	4.8782	39,802	194.16
Person	239	-9.0454%	174.14	10.2769	-7.8355%	7.8612	22,935	180.30
Vance	248	-9.0454%	180.70	10.2412	-7.8355%	7.8338	23,789	186.36
Warren	122	-9.0454%	88.89	11.2775	-7.8355%	8.6265	10,896	93.99
Region K Totals	1,222	-9.0454%	890.40	8.6149	-7.8355%	6.5898	145,663	956.57
Edgecombe	410	-3.9404%	361.53	16.0841	0.1540%	16.1584	23,905	386.27
Halifax	223	-3.9404%	196.64	8.3533	0.1540%	8.3919	25,295	212.27
Nash	614	-3.9404%	541.42	10.8728	0.1540%	10.9231	55,541	606.68
Northampton	124	-3.9404%	109.34	12.2264	0.1540%	12.2829	9,915	121.78
Wilson	554	-3.9404%	488.51	12.0516	0.1540%	12.1073	44,896	543.57
Region L Totals	1,925	-3.9404%	1,697.44	11.6830	0.1540%	11.7370	159,552	1,870.57
Cumberland *	1,617	-5.1164%	1,368.80	9.2844	-5.3023%	7.8076	173,044	1,351.05
Harnett *	548	-5.1164%	463.89	6.8710	-5.3023%	5.7781	84,872	490.40
Sampson	341	-5.1164%	288.66	10.2341	-5.3023%	8.6062	32,922	283.33
Region M Totals	2,506	-5.1164%	2,121.35	8.7245	-5.3023%	7.3367	290,838	2,124.78
Bladen	259	-8.9306%	189.61	15.3910	-4.1956%	13.4538	16,850	226.70
Hoke *	233	-8.9306%	170.58	7.7999	-4.1956%	6.8182	32,244	219.85
Richmond	322	-8.9306%	235.73	13.0364	-4.1956%	11.3956	23,967	273.12
Robeson	908	-8.9306%	664.73	12.8877	-4.1956%	11.2655	70,324	792.24
Scotland	215	-8.9306%	157.40	11.5016	-4.1956%	10.0539	18,308	184.07
Region N Totals	1,937	-8.9306%	1,418.05	12.0649	-4.1956%	10.5463	161,693	1,695.96
Brunswick	742	-14.2867%	423.98	9.2274	-13.3474%	5.5325	89,620	495.83
Columbus	495	-14.2867%	282.84	16.8850	-13.3474%	10.1239	28,638	289.93
New Hanover *	1,043	-14.2867%	595.97	6.9906	-13.3474%	4.1914	154,662	648.25
Pender	379	-14.2867%	216.56	9.5471	-13.3474%	5.7242	42,144	241.24
Region O Totals	2,659	-14.2867%	1,519.35	8.9041	-13.3474%	5.3387	315,064	1,675.25

Table 12C: 2025 Need Projections for Medicare Certified Home Health Agencies or Offices

Ages 18-64								
A	B	C	D	E	F	G	H	I
County	Home Health Patients in 2022	COG's Average Annual Rate of Change in Number of Patients	Projected Number of Patients Receiving Services in 2025	Geographic Unit's Use Rate per 1,000 in 2022	COG's Average Annual Rate of Change in Use Rate	Projected Use Rate per 1,000 in 2025	Projected 2025 Population	Projected Home Health Patients in 2025
Carteret *	435	-3.4922%	389.43	11.3302	0.2280%	11.4077	38,843	443.11
Craven *	593	-3.4922%	530.87	11.4889	0.2280%	11.5675	51,319	593.63
Duplin	490	-3.4922%	438.67	17.2870	0.2280%	17.4053	28,536	496.68
Greene	107	-3.4922%	95.79	8.6957	0.2280%	8.7551	12,187	106.70
Jones	77	-3.4922%	68.93	14.7679	0.2280%	14.8690	5,187	77.13
Lenoir	498	-3.4922%	445.83	16.1374	0.2280%	16.2478	29,946	486.56
Onslow *	823	-3.4922%	736.78	9.8733	0.2280%	9.9409	85,936	854.28
Pamlico	56	-3.4922%	50.13	8.2951	0.2280%	8.3518	6,590	55.04
Wayne *	789	-3.4922%	706.34	12.1269	0.2280%	12.2099	64,397	786.28
Region P Totals	3,868	-3.4922%	3,462.77	12.0161	0.2280%	12.0983	322,941	3,899.39
Beaufort	368	-2.3585%	341.96	15.2261	2.6704%	16.4459	23,711	389.95
Bertie	148	-2.3585%	137.53	14.7293	2.6704%	15.9093	9,585	152.49
Hertford	144	-2.3585%	133.81	12.7265	2.6704%	13.7460	11,081	152.32
Martin	227	-2.3585%	210.94	19.5858	2.6704%	21.1549	10,988	232.45
Pitt	1,146	-2.3585%	1,064.92	10.5200	2.6704%	11.3628	108,067	1,227.94
Region Q Totals	2,033	-2.3585%	1,889.16	12.2428	2.6704%	13.2236	163,432	2,155.15
Camden	44	-18.1920%	19.99	6.3602	-17.9364%	2.9378	7,232	21.25
Chowan	83	-18.1920%	37.70	11.1290	-17.9364%	5.1406	7,512	38.62
Currituck	108	-18.1920%	49.06	5.5283	-17.9364%	2.5535	21,771	55.59
Dare	83	-18.1920%	37.70	3.7280	-17.9364%	1.7220	22,860	39.36
Gates	40	-18.1920%	18.17	6.4725	-17.9364%	2.9897	5,971	17.85
Hyde	8	-18.1920%	3.63	2.9685	-17.9364%	1.3712	2,564	3.52
Pasquotank *	226	-18.1920%	102.66	9.4178	-17.9364%	4.3502	23,999	104.40
Perquimans	57	-18.1920%	25.89	7.8871	-17.9364%	3.6431	7,383	26.90
Tyrrell	17	-18.1920%	7.72	9.2896	-17.9364%	4.2909	1,714	7.35
Washington	69	-18.1920%	31.34	12.8420	-17.9364%	5.9318	4,966	29.46
Region R Totals	735	-18.1920%	333.87	7.1030	-17.9364%	3.2809	105,972	344.30
Grand Totals	54,085	-6.0889%	45,174.92	8.3954	-6.3613%	6.7932	6,628,645	46,430.88

Table 12C: 2025 Need Projections for Medicare Certified Home Health Agencies or Offices

Ages 65-74								
A	B	C	D	E	F	G	H	I
County	Home Health Patients in 2022	COG's Average Annual Rate of Change in Number of Patients	Projected Number of Patients Receiving Services in 2025	Geographic Unit's Use Rate per 1,000 in 2022	COG's Average Annual Rate of Change in Use Rate	Projected Use Rate per 1,000 in 2025	Projected 2025 Population	Projected Home Health Patients in 2025
Cherokee	216	6.0463%	255.18	44.7947	7.4467%	54.8019	4,820	264.14
Clay	87	6.0463%	102.78	45.9588	7.4467%	56.2260	1,899	106.77
Graham	32	6.0463%	37.80	32.3232	7.4467%	39.5443	958	37.88
Haywood	712	6.0463%	841.15	80.8081	7.4467%	98.8607	8,995	889.25
Jackson	163	6.0463%	192.57	33.1638	7.4467%	40.5726	4,837	196.25
Macon	310	6.0463%	366.23	53.7355	7.4467%	65.7400	5,901	387.93
Swain	80	6.0463%	94.51	51.5132	7.4467%	63.0213	1,572	99.07
Region A Totals	1,600	6.0463%	1,890.22	55.6464	7.4467%	68.0778	28,982	1,981.30
Buncombe	2,360	7.5915%	2,897.48	69.1899	6.7860%	83.2756	35,347	2,943.54
Henderson	1,121	7.5915%	1,376.30	67.4205	6.7860%	81.1459	16,930	1,373.80
Madison	218	7.5915%	267.65	73.0074	6.7860%	87.8702	3,040	267.13
Transylvania	444	7.5915%	545.12	91.0769	6.7860%	109.6183	4,946	542.17
Region B Totals	4,143	7.5915%	5,086.55	70.7033	6.7860%	85.0970	60,263	5,126.64
Cleveland	1,144	6.1163%	1,353.91	96.7606	9.2713%	123.6736	12,232	1,512.77
McDowell	512	6.1163%	605.95	93.4648	9.2713%	119.4611	5,658	675.91
Polk	199	6.1163%	235.51	66.3776	9.2713%	84.8399	3,018	256.05
Rutherford	722	6.1163%	854.48	94.2436	9.2713%	120.4565	7,811	940.89
Region C Totals	2,577	6.1163%	3,049.85	92.1674	9.2713%	117.8028	28,719	3,385.62
Alleghany	103	7.1018%	124.94	68.5752	11.1980%	91.6125	1,486	136.14
Ashe	236	7.1018%	286.28	62.3679	11.1980%	83.3198	3,754	312.78
Avery	235	7.1018%	285.07	107.6500	11.1980%	143.8141	2,254	324.16
Mitchell	144	7.1018%	174.68	75.8294	11.1980%	101.3036	1,926	195.11
Watauga	257	7.1018%	311.75	47.3209	11.1980%	63.2180	5,308	335.56
Wilkes	638	7.1018%	773.93	80.6778	11.1980%	107.7808	8,095	872.49
Yancey	201	7.1018%	243.82	81.0811	11.1980%	108.3196	2,395	259.43
Region D Totals	1,814	7.1018%	2,200.48	72.0241	11.1980%	96.2200	25,218	2,435.66
Alexander	265	2.5993%	285.66	61.4992	2.6717%	66.4283	4,392	291.75
Burke	787	2.5993%	848.37	74.2453	2.6717%	80.1960	10,822	867.88
Caldwell	793	2.5993%	854.84	82.3811	2.6717%	88.9839	9,873	878.54
Catawba	1,254	2.5993%	1,351.79	67.3216	2.6717%	72.7175	19,656	1,429.33
Region E Totals	3,099	2.5993%	3,340.66	71.7993	2.6717%	77.5540	44,743	3,467.51
Anson	151	0.4776%	153.16	62.2937	-2.6726%	57.2991	2,327	133.33
Cabarrus	1,026	0.4776%	1,040.70	51.3308	-2.6726%	47.2152	22,286	1,052.24
Gaston	2,050	0.4776%	2,079.37	84.7212	-2.6726%	77.9284	25,418	1,980.78
Iredell	1,242	0.4776%	1,259.80	62.3713	-2.6726%	57.3705	22,330	1,281.08
Lincoln	676	0.4776%	685.69	64.0637	-2.6726%	58.9271	11,647	686.32
Mecklenburg	3,963	0.4776%	4,019.78	44.4741	-2.6726%	40.9082	98,480	4,028.64
Rowan	1,151	0.4776%	1,167.49	68.6427	-2.6726%	63.1390	17,913	1,131.01
Stanly	478	0.4776%	484.85	64.6908	-2.6726%	59.5039	7,581	451.10
Union	1,039	0.4776%	1,053.89	48.7085	-2.6726%	44.8031	24,349	1,090.91
Region F Totals	11,776	0.4776%	11,944.74	55.6338	-2.6726%	51.1731	232,331	11,835.42
Alamance	1,348	-2.6003%	1,242.85	73.2012	-4.3934%	63.5532	19,707	1,252.44
Caswell	117	-2.6003%	107.87	38.4110	-4.3934%	33.3484	3,022	100.78
Davidson	1,041	-2.6003%	959.79	54.5397	-4.3934%	47.3514	20,302	961.33
Guilford	3,023	-2.6003%	2,787.18	56.9979	-4.3934%	49.4856	55,779	2,760.26
Montgomery	184	-2.6003%	169.65	58.2647	-4.3934%	50.5854	3,143	158.99
Randolph	891	-2.6003%	821.50	56.0413	-4.3934%	48.6550	16,644	809.81
Rockingham	680	-2.6003%	626.95	59.1304	-4.3934%	51.3370	11,963	614.14
Region G Totals	7,284	-2.6003%	6,715.79	58.6747	-4.3934%	50.9414	130,560	6,657.75

Table 12C: 2025 Need Projections for Medicare Certified Home Health Agencies or Offices

Ages 65-74								
A	B	C	D	E	F	G	H	I
County	Home Health Patients in 2022	COG's Average Annual Rate of Change in Number of Patients	Projected Number of Patients Receiving Services in 2025	Geographic Unit's Use Rate per 1,000 in 2022	COG's Average Annual Rate of Change in Use Rate	Projected Use Rate per 1,000 in 2025	Projected 2025 Population	Projected Home Health Patients in 2025
Davie	310	2.5458%	333.68	57.0482	1.7041%	59.9647	5,790	347.20
Forsyth	2,854	2.5458%	3,071.97	74.5656	1.7041%	78.3777	40,309	3,159.33
Stokes	407	2.5458%	438.08	71.6045	1.7041%	75.2652	6,064	456.41
Surry	783	2.5458%	842.80	95.1744	1.7041%	100.0401	8,392	839.54
Yadkin	293	2.5458%	315.38	68.1712	1.7041%	71.6564	4,390	314.57
Region I Totals	4,647	2.5458%	5,001.91	75.0509	1.7041%	78.8878	64,945	5,117.04
Chatham	313	4.0101%	350.66	26.5389	0.3539%	26.8207	12,603	338.02
Durham	1,605	4.0101%	1,798.09	59.0660	0.3539%	59.6931	28,463	1,699.05
Johnston	1,164	4.0101%	1,304.03	56.4665	0.3539%	57.0660	23,541	1,343.39
Lee	396	4.0101%	443.64	58.9900	0.3539%	59.6163	7,094	422.92
Moore	512	4.0101%	573.60	35.3909	0.3539%	35.7666	15,747	563.22
Orange	671	4.0101%	751.72	43.8362	0.3539%	44.3016	16,346	724.15
Wake	4,539	4.0101%	5,085.06	48.2246	0.3539%	48.7367	106,809	5,205.51
Region J Totals	9,200	4.0101%	10,306.80	48.3727	0.3539%	48.8863	210,603	10,296.26
Franklin	416	-0.2171%	413.29	50.3388	-0.4758%	49.6204	9,429	467.87
Granville	320	-0.2171%	317.92	45.7404	-0.4758%	45.0876	7,688	346.63
Person	280	-0.2171%	278.18	57.6369	-0.4758%	56.8143	5,078	288.50
Vance	324	-0.2171%	321.89	69.9029	-0.4758%	68.9052	4,536	312.55
Warren	131	-0.2171%	130.15	56.5630	-0.4758%	55.7557	2,384	132.92
Region K Totals	1,471	-0.2171%	1,461.42	54.3426	-0.4758%	53.5670	29,115	1,548.48
Edgecombe	436	1.6985%	458.22	65.8213	3.6515%	73.0316	6,634	484.49
Halifax	408	1.6985%	428.79	62.9630	3.6515%	69.8602	6,531	456.26
Nash	807	1.6985%	848.12	68.8919	3.6515%	76.4386	11,743	897.62
Northampton	169	1.6985%	177.61	105.8234	3.6515%	117.4158	1,635	191.97
Wilson	616	1.6985%	647.39	72.7702	3.6515%	80.7418	8,279	668.46
Region L Totals	2,436	1.6985%	2,560.12	69.8394	3.6515%	77.4900	34,822	2,698.80
Cumberland	1,686	2.9823%	1,836.84	56.9864	-0.1118%	56.7954	31,575	1,793.31
Harnett	654	2.9823%	712.51	56.8993	-0.1118%	56.7085	12,773	724.34
Sampson	463	2.9823%	504.42	70.0878	-0.1118%	69.8528	6,671	465.99
Region M Totals	2,803	2.9823%	3,053.78	58.7804	-0.1118%	58.5833	51,019	2,983.64
Bladen	310	-2.6245%	285.59	97.7918	-0.5173%	96.2740	3,033	292.00
Hoke	212	-2.6245%	195.31	53.2396	-0.5173%	52.4133	4,409	231.09
Richmond	318	-2.6245%	292.96	64.7922	-0.5173%	63.7866	4,918	313.70
Robeson	732	-2.6245%	674.37	58.4571	-0.5173%	57.5498	12,576	723.75
Scotland	213	-2.6245%	196.23	52.0401	-0.5173%	51.2324	3,952	202.47
Region N Totals	1,785	-2.6245%	1,644.46	62.2493	-0.5173%	61.2832	28,888	1,763.01
Brunswick	1,340	-1.3111%	1,287.30	47.3666	-0.5901%	46.5280	31,898	1,484.15
Columbus	557	-1.3111%	535.09	96.6846	-0.5901%	94.9730	5,729	544.10
New Hanover	1,321	-1.3111%	1,269.04	53.6905	-0.5901%	52.7400	25,720	1,356.47
Pender	432	-1.3111%	415.01	57.8778	-0.5901%	56.8532	8,240	468.47
Region O Totals	3,650	-1.3111%	3,506.44	55.2035	-0.5901%	54.2262	71,587	3,853.19

Table 12C: 2025 Need Projections for Medicare Certified Home Health Agencies or Offices

Ages 65-74								
A	B	C	D	E	F	G	H	I
County	Home Health Patients in 2022	COG's Average Annual Rate of Change in Number of Patients	Projected Number of Patients Receiving Services in 2025	Geographic Unit's Use Rate per 1,000 in 2022	COG's Average Annual Rate of Change in Use Rate	Projected Use Rate per 1,000 in 2025	Projected 2025 Population	Projected Home Health Patients in 2025
Carteret	628	2.4268%	673.72	61.9085	4.3188%	69.9297	10,533	736.57
Craven	862	2.4268%	924.76	84.9177	4.3188%	95.9201	10,643	1,020.88
Duplin	506	2.4268%	542.84	130.8846	4.3188%	147.8427	4,058	599.95
Greene	130	2.4268%	139.46	57.0927	4.3188%	64.4899	2,417	155.87
Jones	95	2.4268%	101.92	74.2768	4.3188%	83.9004	1,287	107.98
Lenoir	562	2.4268%	602.92	81.4021	4.3188%	91.9489	6,993	643.00
Onslow	875	2.4268%	938.70	68.2102	4.3188%	77.0478	13,794	1,062.80
Pamlico	100	2.4268%	107.28	53.4759	4.3188%	60.4045	1,848	111.63
Wayne	860	2.4268%	922.61	72.9927	4.3188%	82.4500	12,265	1,011.25
Region P Totals	4,618	2.4268%	4,954.21	75.5798	4.3188%	85.3723	63,838	5,449.92
Beaufort	428	0.6357%	436.16	68.5239	2.9441%	74.5760	6,119	456.33
Bertie	171	0.6357%	174.26	85.5428	2.9441%	93.0981	1,995	185.73
Hertford	163	0.6357%	166.11	65.2783	2.9441%	71.0439	2,468	175.34
Martin	252	0.6357%	256.81	77.3006	2.9441%	84.1280	3,209	269.97
Pitt	1,081	0.6357%	1,101.61	70.1220	2.9441%	76.3153	15,843	1,209.06
Region Q Totals	2,095	0.6357%	2,134.95	71.2149	2.9441%	77.5048	29,634	2,296.43
Camden	51	-1.4004%	48.86	44.5804	-2.1476%	41.7081	1,302	54.30
Chowan	116	-1.4004%	111.13	65.0954	-2.1476%	60.9014	1,765	107.49
Currituck	179	-1.4004%	171.48	53.2421	-2.1476%	49.8118	4,075	202.98
Dare	212	-1.4004%	203.09	39.7004	-2.1476%	37.1425	5,672	210.67
Gates	61	-1.4004%	58.44	48.8000	-2.1476%	45.6559	1,322	60.36
Hyde	27	-1.4004%	25.87	42.2535	-2.1476%	39.5312	630	24.90
Pasquotank	290	-1.4004%	277.82	71.4814	-2.1476%	66.8759	4,287	286.70
Perquimans	85	-1.4004%	81.43	45.7235	-2.1476%	42.7776	1,967	84.14
Tyrrell	20	-1.4004%	19.16	58.4795	-2.1476%	54.7118	371	20.30
Washington	114	-1.4004%	109.21	69.3009	-2.1476%	64.8359	1,548	100.37
Region R Totals	1,155	-1.4004%	1,106.48	53.9216	-2.1476%	50.4475	22,939	1,152.22
Grand Totals	66,153	1.6331%	69,958.85	60.8054	0.4890%	61.6975	1,158,206	72,048.90

Table 12C: 2025 Need Projections for Medicare Certified Home Health Agencies or Offices

Ages 75 and Over								
A	B	C	D	E	F	G	H	I
County	Home Health Patients in 2022	COG's Average Annual Rate of Change in Number of Patients	Projected Number of Patients Receiving Services in 2025	Geographic Unit's Use Rate per 1,000 in 2022	COG's Average Annual Rate of Change in Use Rate	Projected Use Rate per 1,000 in 2025	Projected 2025 Population	Projected Home Health Patients in 2025
Cherokee	348	5.2648%	402.96	77.4538	1.2744%	80.4150	4,952	398.22
Clay	146	5.2648%	169.06	81.5642	1.2744%	84.6826	1,995	168.94
Graham	71	5.2648%	82.21	67.6190	1.2744%	70.2043	1,103	77.44
Haywood	1,316	5.2648%	1,523.85	164.1921	1.2744%	170.4695	8,613	1,468.25
Jackson	318	5.2648%	368.23	73.9019	1.2744%	76.7273	4,781	366.83
Macon	732	5.2648%	847.61	130.3883	1.2744%	135.3733	6,058	820.09
Swain	123	5.2648%	142.43	93.6786	1.2744%	97.2601	1,340	130.33
Region A Totals	3,054	5.2648%	3,536.36	114.9071	1.2744%	119.3002	28,842	3,430.10
Buncombe	4,275	8.9527%	5,423.18	164.7589	4.1704%	185.3720	29,658	5,497.76
Henderson	2,375	8.9527%	3,012.88	141.9097	4.1704%	159.6641	18,328	2,926.32
Madison	354	8.9527%	449.08	152.8497	4.1704%	171.9729	2,548	438.19
Transylvania	903	8.9527%	1,145.53	147.3564	4.1704%	165.7922	6,399	1,060.90
Region B Totals	7,907	8.9527%	10,030.66	154.6541	4.1704%	174.0030	56,933	9,923.18
Cleveland	1,827	4.2680%	2,060.93	223.8696	2.9106%	243.4174	9,020	2,195.63
McDowell	775	4.2680%	874.23	178.3659	2.9106%	193.9405	4,679	907.45
Polk	475	4.2680%	535.82	158.2278	2.9106%	172.0440	3,193	549.34
Rutherford	1,154	4.2680%	1,301.76	181.7037	2.9106%	197.5696	6,719	1,327.47
Region C Totals	4,231	4.2680%	4,772.73	193.5587	2.9106%	210.4598	23,611	4,979.88
Alleghany	230	5.7005%	269.33	154.5699	4.7958%	176.8085	1,574	278.30
Ashe	495	5.7005%	579.65	146.9715	4.7958%	168.1169	3,635	611.11
Avery	402	5.7005%	470.75	210.4712	4.7958%	240.7526	2,050	493.54
Mitchell	249	5.7005%	291.58	140.5192	4.7958%	160.7363	1,744	280.32
Watauga	540	5.7005%	632.35	120.5357	4.7958%	137.8777	5,087	701.38
Wilkes	1,148	5.7005%	1,344.32	171.4712	4.7958%	196.1416	6,999	1,372.79
Yancey	374	5.7005%	437.96	163.8913	4.7958%	187.4711	2,435	456.49
Region D Totals	3,438	5.7005%	4,025.95	156.3083	4.7958%	178.7970	23,524	4,193.94
Alexander	397	3.7350%	441.48	116.6618	0.9948%	120.1435	3,737	448.98
Burke	1,356	3.7350%	1,507.94	161.0643	0.9948%	165.8711	9,192	1,524.69
Caldwell	1,398	3.7350%	1,554.65	193.4413	0.9948%	199.2144	7,782	1,550.29
Catawba	2,444	3.7350%	2,717.85	186.4937	0.9948%	192.0595	14,797	2,841.90
Region E Totals	5,595	3.7350%	6,221.92	174.0063	0.9948%	179.1995	35,508	6,365.85
Anson	252	5.3884%	292.74	140.3118	-0.0545%	140.0823	1,933	270.78
Cabarrus	2,130	5.3884%	2,474.32	157.4279	-0.0545%	157.1704	15,772	2,478.89
Gaston	3,449	5.3884%	4,006.54	211.9331	-0.0545%	211.5865	18,169	3,844.31
Iredell	2,585	5.3884%	3,002.87	187.9317	-0.0545%	187.6243	16,049	3,011.18
Lincoln	1,242	5.3884%	1,442.77	180.3136	-0.0545%	180.0187	8,003	1,440.69
Mecklenburg	9,242	5.3884%	10,736.00	166.4056	-0.0545%	166.1334	67,482	11,211.01
Rowan	1,820	5.3884%	2,114.21	157.1947	-0.0545%	156.9376	12,863	2,018.69
Stanly	904	5.3884%	1,050.13	167.5626	-0.0545%	167.2885	5,961	997.21
Union	2,221	5.3884%	2,580.03	159.2343	-0.0545%	158.9738	16,754	2,663.45
Region F Totals	23,845	5.3884%	27,699.62	171.9141	-0.0545%	171.6329	162,986	27,936.21
Alamance	2,494	-0.1503%	2,482.75	174.6988	-4.0393%	153.5291	15,804	2,426.37
Caswell	233	-0.1503%	231.95	106.9789	-4.0393%	94.0154	2,409	226.48
Davidson	2,022	-0.1503%	2,012.88	146.9477	-4.0393%	129.1408	15,194	1,962.17
Guilford	6,179	-0.1503%	6,151.13	162.9655	-4.0393%	143.2176	42,986	6,156.35
Montgomery	261	-0.1503%	259.82	101.1236	-4.0393%	88.8696	2,777	246.79
Randolph	1,682	-0.1503%	1,674.41	143.0394	-4.0393%	125.7061	12,821	1,611.68
Rockingham	1,308	-0.1503%	1,302.10	155.0682	-4.0393%	136.2773	8,992	1,225.41
Region G Totals	14,179	-0.1503%	14,115.05	155.9760	-4.0393%	137.0751	100,983	13,855.25

Table 12C: 2025 Need Projections for Medicare Certified Home Health Agencies or Offices

Ages 75 and Over								
A	B	C	D	E	F	G	H	I
County	Home Health Patients in 2022	COG's Average Annual Rate of Change in Number of Patients	Projected Number of Patients Receiving Services in 2025	Geographic Unit's Use Rate per 1,000 in 2022	COG's Average Annual Rate of Change in Use Rate	Projected Use Rate per 1,000 in 2025	Projected 2025 Population	Projected Home Health Patients in 2025
Davie	656	2.4991%	705.18	153.4862	-0.7426%	150.0668	4,801	720.47
Forsyth	5,631	2.4991%	6,053.17	202.9628	-0.7426%	198.4412	31,078	6,167.16
Stokes	867	2.4991%	932.00	207.0201	-0.7426%	202.4080	4,614	933.91
Surry	1,431	2.4991%	1,538.28	227.3955	-0.7426%	222.3296	6,651	1,478.71
Yadkin	676	2.4991%	726.68	197.9502	-0.7426%	193.5403	3,676	711.45
Region I Totals	9,261	2.4991%	9,955.32	201.7032	-0.7426%	197.2096	50,820	10,011.70
Chatham	855	5.5842%	998.24	81.7478	-1.3989%	78.3170	12,377	969.33
Durham	2,756	5.5842%	3,217.71	157.6298	-1.3989%	151.0144	20,619	3,113.77
Johnston	2,059	5.5842%	2,403.94	163.4257	-1.3989%	156.5670	15,164	2,374.18
Lee	693	5.5842%	809.10	136.7673	-1.3989%	131.0275	5,595	733.10
Moore	1,304	5.5842%	1,522.46	90.9789	-1.3989%	87.1607	15,906	1,386.38
Orange	1,392	5.5842%	1,625.20	147.5827	-1.3989%	141.3890	11,574	1,636.44
Wake	10,072	5.5842%	11,759.33	170.4778	-1.3989%	163.3232	72,541	11,847.63
Region J Totals	19,131	5.5842%	22,335.96	148.9315	-1.3989%	142.6812	153,776	22,060.82
Franklin	692	2.8822%	751.83	127.5341	0.3574%	128.9013	6,546	843.79
Granville	667	2.8822%	724.67	146.2719	0.3574%	147.8401	5,287	781.63
Person	505	2.8822%	548.66	145.1567	0.3574%	146.7128	3,834	562.50
Vance	464	2.8822%	504.12	134.6098	0.3574%	136.0529	3,636	494.69
Warren	205	2.8822%	222.73	86.4250	0.3574%	87.3515	2,412	210.69
Region K Totals	2,533	2.8822%	2,752.02	131.3524	0.3574%	132.7606	21,715	2,893.30
Edgecombe	545	-0.1900%	541.89	120.8158	-0.2919%	119.7579	4,881	584.54
Halifax	625	-0.1900%	621.44	134.8727	-0.2919%	133.6917	4,965	663.78
Nash	1,222	-0.1900%	1,215.03	157.0290	-0.2919%	155.6541	8,801	1,369.91
Northampton	278	-0.1900%	276.41	138.8611	-0.2919%	137.6453	1,846	254.09
Wilson	993	-0.1900%	987.34	166.5548	-0.2919%	165.0965	6,319	1,043.24
Region L Totals	3,663	-0.1900%	3,642.12	147.1616	-0.2919%	145.8731	26,812	3,915.57
Cumberland	2,866	3.2380%	3,144.41	150.6201	-0.4131%	148.7534	21,287	3,166.51
Harnett *	1,036	3.2380%	1,136.64	130.6267	-0.4131%	129.0077	8,939	1,153.20
Sampson	815	3.2380%	894.17	170.6449	-0.4131%	168.5299	5,141	866.41
Region M Totals	4,717	3.2380%	5,175.21	148.6372	-0.4131%	146.7950	35,367	5,186.13
Bladen	371	-3.8768%	327.85	142.5279	-3.2901%	128.4597	2,648	340.16
Hoke	342	-3.8768%	302.22	162.3161	-3.2901%	146.2948	2,493	364.71
Richmond	378	-3.8768%	334.04	117.7937	-3.2901%	106.1670	3,473	368.72
Robeson	1,139	-3.8768%	1,006.53	147.0247	-3.2901%	132.5127	8,642	1,145.17
Scotland	293	-3.8768%	258.92	108.1979	-3.2901%	97.5183	3,033	295.77
Region N Totals	2,523	-3.8768%	2,229.57	137.3136	-3.2901%	123.7602	20,289	2,514.54
Brunswick	2,336	-2.7333%	2,144.45	117.6767	-7.0306%	92.8565	24,051	2,233.29
Columbus	856	-2.7333%	785.81	188.9208	-7.0306%	149.0739	4,725	704.37
New Hanover	2,728	-2.7333%	2,504.31	142.4617	-7.0306%	112.4139	21,629	2,431.40
Pender	743	-2.7333%	682.07	141.5777	-7.0306%	111.7164	5,929	662.37
Region O Totals	6,663	-2.7333%	6,116.64	136.5957	-7.0306%	107.7851	56,334	6,031.43

Table 12C: 2025 Need Projections for Medicare Certified Home Health Agencies or Offices

Ages 75 and Over								
A	B	C	D	E	F	G	H	I
County	Home Health Patients in 2022	COG's Average Annual Rate of Change in Number of Patients	Projected Number of Patients Receiving Services in 2025	Geographic Unit's Use Rate per 1,000 in 2022	COG's Average Annual Rate of Change in Use Rate	Projected Use Rate per 1,000 in 2025	Projected 2025 Population	Projected Home Health Patients in 2025
Carteret	1,258	1.0708%	1,298.41	148.8934	0.6505%	151.7990	9,252	1,404.44
Craven	1,454	1.0708%	1,500.71	163.2607	0.6505%	166.4467	9,235	1,537.14
Duplin	854	1.0708%	881.43	234.5509	0.6505%	239.1282	3,618	865.17
Greene	142	1.0708%	146.56	95.5585	0.6505%	97.4234	1,642	159.97
Jones	117	1.0708%	120.76	128.0088	0.6505%	130.5068	971	126.72
Lenoir	897	1.0708%	925.81	182.4654	0.6505%	186.0262	5,237	974.22
Onslow	1,296	1.0708%	1,337.63	150.1216	0.6505%	153.0512	9,382	1,435.93
Pamlico	155	1.0708%	159.98	82.7108	0.6505%	84.3249	2,026	170.84
Wayne	1,392	1.0708%	1,436.72	163.5915	0.6505%	166.7840	8,963	1,494.88
Region P Totals	7,565	1.0708%	7,808.01	159.8420	0.6505%	162.9613	50,326	8,169.31
Beaufort	778	1.7460%	818.75	144.8250	2.2359%	154.5394	5,835	901.74
Bertie	277	1.7460%	291.51	184.0532	2.2359%	196.3988	1,498	294.21
Hertford	227	1.7460%	238.89	131.9767	2.2359%	140.8293	1,800	253.49
Martin	431	1.7460%	453.58	184.1880	2.2359%	196.5427	2,535	498.24
Pitt	1,538	1.7460%	1,618.56	158.9993	2.2359%	169.6644	11,069	1,878.01
Region Q Totals	3,251	1.7460%	3,421.29	157.7390	2.2359%	168.3195	22,737	3,825.69
Camden	76	-1.3355%	72.96	91.1271	-5.2084%	76.8882	926	71.20
Chowan	197	-1.3355%	189.11	116.9834	-5.2084%	98.7044	1,736	171.35
Currituck	216	-1.3355%	207.35	106.9837	-5.2084%	90.2671	2,380	214.84
Dare	315	-1.3355%	302.38	83.7098	-5.2084%	70.6299	4,262	301.02
Gates	106	-1.3355%	101.75	99.4371	-5.2084%	83.8998	1,109	93.04
Hyde	30	-1.3355%	28.80	68.8073	-5.2084%	58.0560	463	26.88
Pasquotank	385	-1.3355%	369.58	135.3251	-5.2084%	114.1802	3,080	351.67
Perquimans	188	-1.3355%	180.47	96.0163	-5.2084%	81.0135	2,090	169.32
Tyrrell	29	-1.3355%	27.84	71.2531	-5.2084%	60.1196	408	24.53
Washington	150	-1.3355%	143.99	114.7666	-5.2084%	96.8340	1,357	131.40
Region R Totals	1,692	-1.3355%	1,624.21	103.6828	-5.2084%	87.4821	17,811	1,555.26
Grand Totals	123,248	3.0185%	135,462.63	157.0018	-0.8554%	152.9728	888,374	136,848.16

* Adjustments for active-duty military personnel have been applied to the Ages 18-64 population.

Table 12D: 2025 Need Projections for Medicare-certified Home Health Agencies or Offices

Need Projections

A	B	C	D	E	F
County	Placeholder Adjustments for Agencies under Development	Adjusted Projected Total Patients to be Served 2025	Projected Utilization in 2025	Surplus or Deficit ("-" = Deficit)	Need for New Agencies or Offices
Cherokee	0	760.08	768.87	-8.79	0
Clay	0	316.38	322.60	-6.22	0
Graham	0	144.76	141.20	3.56	0
Haywood	0	2,908.21	2,924.50	-16.29	0
Jackson	0	686.72	697.25	-10.53	0
Macon	0	1,441.83	1,447.20	-5.37	0
Swain	0	281.83	276.22	5.61	0
Region A Totals	0	6,539.81	6,577.83	-38.01	
Buncombe	0	10,188.03	10,324.61	-136.59	0
Henderson	0	5,194.47	5,103.80	90.66	0
Madison	0	835.98	821.92	14.06	0
Transylvania	0	1,946.83	1,855.66	91.17	0
Region B Totals	0	18,165.30	18,106.00	59.30	
Cleveland	0	4,276.17	4,635.25	-359.07	1
McDowell	0	1,948.47	2,080.93	-132.46	0
Polk	0	878.67	918.23	-39.56	0
Rutherford	0	2,738.30	2,888.80	-150.50	0
Region C Totals	0	9,841.60	10,523.20	-681.60	
Alleghany	0	452.89	480.12	-27.23	0
Ashe	0	1,021.02	1,097.21	-76.18	0
Avery	0	868.53	942.05	-73.53	0
Mitchell	0	570.71	590.88	-20.17	0
Watauga	0	1,107.31	1,218.90	-111.59	0
Wilkes	0	2,489.43	2,655.25	-165.82	0
Yancey	0	808.11	856.09	-47.98	0
Region D Totals	0	7,317.99	7,840.50	-522.50	
Alexander	0	858.71	878.05	-19.34	0
Burke	0	2,786.47	2,839.13	-52.66	0
Caldwell	0	2,842.60	2,878.76	-36.15	0
Catawba	0	4,750.90	4,990.76	-239.86	0
Region E Totals	0	11,238.68	11,586.70	-348.02	
Anson	0	556.93	507.66	49.28	0
Cabarrus	0	4,254.55	4,272.27	-17.71	0
Gaston	0	7,890.84	7,576.40	314.43	0
Iredell	0	5,165.63	5,193.95	-28.32	0
Lincoln	0	2,737.65	2,723.80	13.85	0
Mecklenburg	325	18,782.16	18,951.39	-169.23	0
Rowan	0	4,065.85	3,897.15	168.71	0
Stanly	0	1,822.97	1,718.77	104.20	0
Union	0	4,279.66	4,399.12	-119.46	0
Region F Totals	325	49,556.24	49,240.50	315.74	

Table 12D: 2025 Need Projections for Medicare-certified Home Health Agencies or Offices

Need Projections

A	B	C	D	E	F
County	Placeholder Adjustments for Agencies under Development	Adjusted Projected Total Patients to be Served 2025	Projected Utilization in 2025	Surplus or Deficit ("-" = Deficit)	Need for New Agencies or Offices
Alamance	0	4,322.85	4,282.19	40.66	0
Caswell	0	409.24	393.53	15.71	0
Davidson	0	3,487.38	3,438.36	49.02	0
Guilford	0	10,409.78	10,375.61	34.17	0
Montgomery	0	510.77	485.56	25.21	0
Randolph	0	2,902.42	2,823.39	79.03	0
Rockingham	0	2,235.19	2,137.25	97.94	0
Region G Totals	0	24,277.62	23,935.88	341.74	
Davie	0	1,199.98	1,232.30	-32.32	0
Forsyth	325	11,075.00	10,974.88	100.12	0
Stokes	0	1,597.69	1,616.51	-18.83	0
Surry	0	2,803.79	2,737.56	66.23	0
Yadkin	0	1,221.99	1,203.78	18.21	0
Region I Totals	325	17,898.44	17,765.03	133.41	
Chatham	0	1,601.96	1,546.26	55.70	0
Durham	0	6,753.87	6,459.02	294.84	0
Johnston	0	4,742.43	4,752.20	-9.77	0
Lee	0	1,534.15	1,420.16	113.99	0
Moore	0	2,449.33	2,287.31	162.02	0
Orange	0	2,856.74	2,802.42	54.32	0
Wake	650	21,988.23	21,359.72	628.51	0
Region J Totals	650	41,926.71	40,627.09	1,299.62	
Franklin	0	1,435.04	1,618.87	-183.83	0
Granville	0	1,225.19	1,323.71	-98.52	0
Person	0	1,000.99	1,031.30	-30.31	0
Vance	0	1,007.88	994.87	13.02	0
Warren	0	442.35	438.22	4.13	0
Region K Totals	0	5,111.45	5,406.97	-295.52	
Edgecombe	0	1,360.90	1,454.67	-93.78	0
Halifax	0	1,246.86	1,332.31	-85.44	0
Nash	0	2,604.20	2,873.88	-269.68	0
Northampton	0	563.37	567.85	-4.48	0
Wilson	0	2,122.49	2,254.64	-132.14	0
Region L Totals	0	7,897.82	8,483.35	-585.53	
Cumberland	0	6,352.50	6,313.28	39.22	0
Harnett	0	2,313.04	2,367.93	-54.90	0
Sampson	0	1,687.50	1,615.97	71.53	0
Region M Totals	0	10,353.03	10,297.18	55.85	
Bladen	0	805.53	862.14	-56.61	0
Hoke	0	668.73	816.51	-147.79	0
Richmond	0	862.73	955.54	-92.81	0
Robeson	0	2,360.78	2,682.21	-321.43	0
Scotland	0	613.17	683.14	-69.98	0
Region N Totals	0	5,310.93	5,999.55	-688.61	

Table 12D: 2025 Need Projections for Medicare-certified Home Health Agencies or Offices

Need Projections

A	B	C	D	E	F
County	Placeholder Adjustments for Agencies under Development	Adjusted Projected Total Patients to be Served 2025	Projected Utilization in 2025	Surplus or Deficit ("-" = Deficit)	Need for New Agencies or Offices
Brunswick	325	4,178.90	4,211.46	-32.56	0
Columbus	0	1,603.74	1,538.40	65.34	0
New Hanover	325	4,690.66	4,432.64	258.02	0
Pender	0	1,308.16	1,366.59	-58.44	0
Region O Totals	650	11,781.46	11,549.09	232.37	
Carteret	0	2,361.18	2,583.79	-222.61	0
Craven	0	2,956.34	3,151.65	-195.31	0
Duplin	0	1,861.79	1,960.78	-98.99	0
Greene	0	381.62	422.37	-40.75	0
Jones	0	291.61	311.83	-20.22	0
Lenoir	0	1,973.98	2,103.27	-129.29	0
Onslow	325	3,333.71	3,348.83	-15.12	0
Pamlico	0	317.39	337.51	-20.12	0
Wayne	0	3,065.28	3,292.07	-226.79	0
Region P Totals	325	16,542.90	17,512.08	-969.18	
Beaufort	0	1,601.38	1,752.36	-150.99	0
Bertie	0	603.30	632.43	-29.13	0
Hertford	0	538.81	581.15	-42.34	0
Martin	0	925.82	1,005.07	-79.25	0
Pitt	325	4,119.09	4,323.94	-204.85	0
Region Q Totals	325	7,788.39	8,294.95	-506.55	
Camden	0	141.80	146.75	-4.95	0
Chowan	0	337.94	317.46	20.48	0
Currituck	0	427.88	473.41	-45.53	0
Dare	0	543.18	551.06	-7.89	0
Gates	0	178.36	171.25	7.11	0
Hyde	0	58.30	55.30	3.00	0
Pasquotank	0	750.05	742.77	7.28	0
Perquimans	0	287.79	280.36	7.43	0
Tyrrell	0	54.72	52.18	2.54	0
Washington	0	284.54	261.23	23.32	0
Region R Totals	0	3,064.55	3,051.77	12.78	
Grand Totals	2,600	254,612.95	256,797.68	-2,184.73	1

**Table 12E: Medicare-certified Home Health Agency or Office
Need Determination***

County Service Area	Home Health Agency/Office Need Determination	Certificate of Need Application Deadline**	Certificate of Need Beginning Review Date
Cleveland	1	February 15, 2024	March 1, 2024
It is determined that there is no need anywhere else in the state and no other reviews are scheduled.			

* Any person can apply for a CON to meet the need, not just the health service facility or facilities that generated the need.

** Application deadlines are absolute, pursuant to 10A NCAC 14C.0202(2). The filing deadline is 5:00 p.m. on the application deadline date.

Chapter 13:

Hospice Services

CHAPTER 13

HOSPICE SERVICES

Introduction

G.S. § 131E-176(13a) defines *hospice* as “any coordinated program of home care with provision for inpatient care for terminally ill patients and their families.” G.S. § 131E-176(13b) defines a *hospice inpatient facility* as “a freestanding licensed hospice facility or a designated inpatient unit in an existing health service facility which provides palliative and supportive medical and other health services to meet the physical, psychological, social, spiritual, and special needs of terminally ill patients and their families in an inpatient setting”. G.S. § 131E-176(13c) defines a *hospice residential care facility* as “a freestanding licensed hospice facility which provides” the same services as an inpatient facility but in a “group residential setting”.

Definitions

A hospice office service area is the county in which the hospice office is located. Each of the 100 counties in the state is a separate hospice office service area.

A hospice inpatient facility bed service area is the county in which the bed is located. Each of the 100 counties in the state is a separate hospice inpatient facility bed service area.

The *planning inventory* for hospice home care agencies is the number of licensed agencies used in need determination calculations for hospice home care. It is the number of licensed agencies as of the last day of the reporting year, plus the number of CON-approved agencies that are under development, plus the number of agencies available pursuant to need determinations pending review or appeal.

The *planning inventory* for hospice inpatient beds is the number of licensed inpatient beds used in need determination calculations for hospice inpatient beds. It is the number of licensed inpatient beds as of the last day of the reporting year, plus the number of CON-approved inpatient beds that are under development, plus the number of inpatient beds available pursuant to need determinations pending review or appeal.

The *reporting year* for hospice facilities and offices is either July 1 through June 30 or October 1 through September 30; facilities may choose their reporting period. The *current* reporting year is either July 1, 2021 through June 30, 2022, or October 1, 2021 through September 30, 2022.

The hospice home care office methodology projects need three years beyond the current reporting year. The *projection year* for hospice home care offices is 2025.

The hospice inpatient bed methodology projects need five years beyond the current reporting year. The *projection year* for hospice inpatient beds is 2027.

The State Medical Facilities Plan (SMFP) uses county death rates for the most recent five calendar years available. The current SMFP uses data from 2017, 2018, 2019, 2020 and 2021.

The hospice home care methodology bases many calculations on the *three most recent years* of deaths served. The hospice inpatient bed methodology bases several calculations on the *three most recent years* of admissions. For the current SMFP, these years are 2020, 2021 and 2022.

Changes from the Previous Plan

This chapter contains no substantive changes from the previous SMFP. However, the chapter includes technical edits which add the definitions for the planning inventory used in the hospice home care and inpatient bed methodologies.

Data Sources

Patient origin and utilization data for the current reporting year come from the License Renewal Application for the reporting year, as submitted to the North Carolina Department of Health and Human Services, Division of Health Service Regulation.

The North Carolina Office of State Budget and Management provides county population estimates and projections.

Estimates of the active-duty military population come from the category of “Employment Status-Armed Forces” in the most recent American Community Survey 5-year Estimates.

The number of deaths and crude (unadjusted) death rates per 1,000 population come from *North Carolina Vital Statistics, Vol. 1* published by the North Carolina Department of Health and Human Services, State Center for Health Statistics.

Assumptions of the Methodologies

1. The methodologies exclude the active-duty military population for any county with more than 500 estimated active-duty military personnel.
2. Hospice Home Care Offices
 - a. The methodology uses county mortality (death) rates for the most recent five years as the basis for hospice patient need projection. The five-year death rate is an indicator of deaths from all sites in each county.
 - b. Because previous years’ data forms the basis for projections, the methodology calculates a two-year trailing average growth rate in statewide number of deaths served and applies it to the current reported number of deaths served to project changes in the capacity of existing agencies to serve deaths from each county by the projection year. Projected hospice deaths served will not exceed 60% of total deaths.
 - c. To calculate the median projected hospice deaths, the methodology applies a projected statewide median percentage of deaths served by hospice to projected deaths in each county. The methodology calculates the projected statewide median percentage of deaths served by applying the two-year trailing average growth rate in the statewide median percentage of deaths served over the most recent three years to the current statewide median percentage of deaths served.
 - d. A need for an additional hospice home care office exists if the county’s deficit is 90 patients or more and the number of licensed hospice home care offices located in the county is three or fewer per 100,000 population.
3. Hospice Inpatient Beds
 - a. The methodology calculates the two-year trailing average growth rate in statewide hospice admissions over the three most recent reporting years and applies it to the current reported number of hospice admissions to project total hospice admissions.

- b. Choose the lower of the statewide median average length of stay per admission or each county’s average length of stay per admission to form the basis for projecting inpatient days for each county.
 - c. A two-year trailing average statewide inpatient utilization rate of the total estimated days of care in each county forms the basis for projecting days of care in licensed hospice inpatient facility beds.
4. The hospice home care and hospice inpatient bed methodologies use patient origin data, aggregated to the county level. Detailed patient origin data is available at
- <https://info.ncdhhs.gov/dhsr/ncsmfp/index.html> and
<https://info.ncdhhs.gov/dhsr/mfp/publications.html#por>
5. Hospice Residential Beds
 This category of beds does not have a methodology to project need. A certificate of need (CON) is required.

Application of the Methodologies

Hospice Home Care Offices:

- Step 1: Enter the five-year mortality rate per 1,000 population for each county (*Table 13B, Column B*).
- Step 2: Enter the estimated population of each county for the projection year, with adjustments for the counties with more than 500 active duty military personnel (*Table 13B, Column C*).
- Step 3: Calculate the projected deaths for the projection year for each county by multiplying the county death rate (Step 1) by the estimated population in the projection year (Step 2) divided by 1,000 (*Table 13B, Column D*).
- Step 4: Enter the total number of reported hospice patient deaths, by county of patient residence, for the reporting year (*Table 13B, Column E*).
- Step 5: Calculate the two-year trailing average growth rate in the statewide number of deaths served for the three most recent reporting years. To do so, first determine the statewide number of deaths served during each of the three most recent reporting years. Next, calculate the difference in the number of deaths served from year to year. Then determine the percent change from the previous reporting year by dividing the calculated difference in deaths served by the number of deaths served during the previous reporting year [(number of deaths for the current reporting year – the number of deaths for the previous reporting year) / number of deaths for the previous reporting year]. Finally, total the annual percent change and divide by two.

Year	Statewide Number Deaths Served	Growth
2020	46,982	
2021	49,660	5.7%
2022	50,148	1.0%
Two-Year Trailing Average Growth Rate		3.3%

- Step 6: Determine the number of hospice deaths served for the projection year:
- a. Calculate the projected number of hospice deaths served for the projection year using the two-year trailing average growth rate by multiplying the number of reported hospice deaths

(Step 4) by the statewide two-year trailing average growth rate for deaths served for three years (Step 5) (*Table 13B, Column F*).

- b. Calculate the allowable number of hospice deaths served for the projection year by multiplying the projected deaths for each county (Step 2) by 60% (*Table 13B, Column G*).
- c. Enter the number of hospice deaths served for the projection year (*Table 13B, Column H*). This number is the lower of:
 - 1) the number of hospice deaths served for the projection year using the two-year trailing average growth rate (Step 6a), or
 - 2) the number of hospice deaths served for the projection year, limited to 60% (Step 6b).

Step 7: Calculate the two-year trailing average growth rate in statewide median percentage of deaths served over the most recent three years. To do so, first determine the statewide growth rate in median percentage of deaths served during each of the three most recent reporting years. Next, calculate the difference in the median percentage of number of deaths served from year to year. Then determine the percent change from the previous reporting year by dividing the calculated difference in the median percentage of deaths served by the percentage of deaths served during the previous reporting year [(percentage of deaths for the current reporting year – percentage of deaths for the previous reporting year) / percentage of deaths for the previous reporting year]. Finally, total the annual percent change and divide by two.

Year	Median Percent of Deaths Served	Growth
2020	43.30%	
2021	40.14%	-7.3%
2022	37.28%	-7.1%
Two Year Trailing Average Growth Rate		-7.2%

Step 8: Calculate the projected median statewide percentage of deaths served for the projection year by multiplying the current statewide median percentage of deaths served by the statewide two-year trailing average growth rate for median percentage of deaths served (Step 7) for the three most recent reporting years.

Step 9: Calculate the median hospice deaths for the projection year by multiplying deaths for the projection year (Step 3) by the statewide median percentage of deaths served for the projection year (Step 8) (*Table 13B, Column I*).

Step 10: In counties with a need determination in a previous SMFP for at least one additional hospice home care office, assign and adjust placeholders as follows (*Table 13B, column J*):

- a. Before a CON is issued, enter a placeholder of 90 hospice patient deaths for each need determination in the county.
- b. When the CON is issued to a new office, reassign the placeholder of 90 hospice patient deaths to that office.
- c. Once a new office first reports more than 90 hospice patient deaths of residents of the county in which the office is located, do not adjust the placeholder of 90 hospice patient deaths in the current and subsequent years.

- d. Does the applicant have an existing hospice home care office in the county?
- 1) If yes, do the following:
 - a. If the third SMFP following issuance of the CON has not yet been published, adjust the placeholder to equal 90 minus the number of hospice deaths served.
 - b. If three SMFPs have been published since the CON was issued, do not adjust the placeholder.
 - 2) If no, do the following:
 - a. If the third SMFP following issuance of the license has not yet been published, adjust the placeholder to equal 90 minus the number of hospice deaths served.
 - b. If three SMFPs have been published since the license was issued, do not adjust the placeholder.

Step 11: Calculate the deficit or surplus of patients by subtracting the median projected hospice deaths for the projection year (Step 9) for each county from the projected number of hospice deaths served for the projection year (Step 6c) plus any adjustment (Step 10) (*Table 13B, Column K*).

Step 12: Enter the number of licensed hospice home care offices located in each county (*Table 13B, Column L*).

Step 13: Calculate the number of licensed hospice home care offices per 100,000 population for each county by dividing the number of licensed hospice offices (Step 12) by the estimated population for the projection year (Step 2). Then multiply the result by 100,000 (*Table 13B, Column M*).

Step 14: The county has a need determination if both of the following are true (*Table 13B, Column N*):

- a. the county's deficit (Step 11) is 90 or more, and
- b. the county's number of licensed hospice home care offices per 100,000 population (Step 13) is three or fewer.

Unless otherwise specified by the methodology, calculations do not use rounded values. However, fractional values are rounded automatically when displayed.

Hospice Inpatient Beds:

Step 1: Enter the total number of reported hospice admissions by county of patient residence (*Table 13C, Column B*).

Step 2: Enter the total number of days of care (DOC) by county of patient residence (*Table 13C, Column C*).

Step 3: Calculate the average length of stay (ALOS) per admission by dividing total DOC (Step 2) by total admissions (Step 1) (*Table 13C, Column D*).

Step 4: Calculate the two-year trailing average growth rate in the statewide number of admissions over the previous three reporting years. To do so, first determine the statewide number of admissions

during each of the three most recent reporting years. Next, calculate the difference in the number of admissions from year to year. Then determine the percent change from the previous reporting year by dividing the calculated difference in admissions by the number of admissions during the previous reporting year [(number of admissions for the current reporting year – number of admissions for the previous reporting year) / number of admissions for the previous reporting year]. Finally, total the annual percent change and divide by two.

Year	Statewide Hospice Admissions	Growth
2020	53,981	
2021	56,164	4.0%
2022	55,914	-0.4%
Two-Year Trailing Average Growth Rate		1.8%

Step 5: Calculate total admissions for each county for the projection year by multiplying the total admissions (Step 1) by the statewide two-year trailing average growth rate for hospice admissions (Step 4) for five years [total admissions x (1 + two-year trailing average growth rate)⁵] (Table 13C, Column E).

Step 6:

- a. Calculate the total county DOC at the county ALOS for the projection year by multiplying the total admissions (Step 5) by the ALOS per admission for each county (Step 3) (Table 13C, Column F).
- b. Calculate the total county DOC at the state ALOS for the projection year by multiplying the total admissions (Step 5) by the statewide median ALOS per admission (Table 13C, Column G).
- c. The projected days of care for inpatient hospice beds for the projection year is the lower of (Table 13C, Column H):
 - 1) DOC for the projection year, based on the county ALOS (Step 6a), or
 - 2) DOC for the projection year, based on the statewide ALOS (Step 6b).

Step 7: Calculate the projected DOC for each county for the projection year by multiplying the DOC for the projection year for inpatient estimates (Step 6c) by the two-year trailing average statewide inpatient utilization rate (Table 13C, Column I).

Year	General Inpatient Days of Care	Statewide Total Days of Care	Two Year Trailing Average Statewide Inpatient Utilization Rate
2021	93,797	4,200,481	
2022	95,488	4,333,535	
Totals	189,285	8,534,016	2.22%

Step 8: Calculate the projected inpatient hospice beds by dividing inpatient DOC for the projection year (Step 7) by 365.25 days. Then divide by 0.85 to adjust for the targeted 85% occupancy (Table 13C, Column J).

- Step 9: Adjust the projected hospice inpatient beds (Step 8) for the projection year by the number of licensed hospice beds in each county (*Table 13C, Column K*), the number of CON-approved beds, and the number of beds available pursuant to need determinations pending review or appeal (*Table 13C, Column L*).
- Step 10: Calculate occupancy rates of existing hospice inpatient facilities for the reporting year (*Table 13C, Column N*).
- Step 11: Adjust projected beds in Step 9 for occupancy rates of existing facilities in counties (Step 10) that are not at 85% occupancy. For such counties, enter either zero or the deficit indicated in Step 9, whichever is greater.
- Step 12: A need exists for single counties with a projected deficit of six or more hospice inpatient beds. The single county deficit is the number of beds needed.

Unless otherwise specified by the methodology, calculations do not use rounded values. However, fractional values are rounded automatically when displayed.

Table 13A: Inventory of Licensed Hospice Agencies

A	B	C	D	E	F
County	License Number	Name	Admissions	Days of Care	Deaths
Alamance	HC0361	Hospice and Palliative Care Center of Alamance Caswell	988	80,334	896
Alamance	HOS1136	Hospice and Palliative Care of Alamance Caswell^	0	0	0
Alamance	HOS3049	Liberty Home Care and Hospice	52	3,900	42
Alamance	HOS3063	Community Home Care and Hospice	159	15,998	121
Alamance	HOS3823	Amedisys Hospice	505	51,359	366
Alexander	HOS5039	Alexander Hospice	50	3,971	50
Alleghany	HOS1123	Medi Home Health and Hospice	313	30,451	232
Anson	HC1869	Anson Community Hospice, Inc.	22	2,242	20
Anson	HOS1898	Hospice of Anson County	50	3,428	62
Anson	HOS3064	Liberty Home Care and Hospice	80	7,805	69
Ashe	HOS1124	Medi Home Health and Hospice	143	14,860	125
Avery	HOS0363	Medi Home Hospice	305	45,009	169
Beaufort	HOS2516	Community Home Care and Hospice	243	23,726	200
Beaufort	HOS3258	Cardinal Hospice Care^^^	0	0	0
Bladen	HOS0415	Lower Cape Fear and LifeCare	78	7,440	67
Bladen	HOS1945	Community Home Care and Hospice^^^	0	0	0
Bladen	HOS2003	Liberty Home Care and Hospice	46	1,844	32
Brunswick	HOS0414	Lower Cape Fear LifeCare	835	43,725	797
Brunswick	HOS2006	Liberty Home Care and Hospice	117	8,723	92
Brunswick	HOS3010	Community Home Care and Hospice	110	14,947	69
Brunswick	HOS4018	Amedisys Hospice Care	124	18,083	108
Buncombe	HOS0113	CarePartners Hospice & Palliative Care Services	1,312	53,212	1,189
Burke	HOS0364	Amorem	488	39,649	452
Burke	HOS1670	Amorem^	0	0	0
Cabarrus	HOS0365	Hospice and Palliative Care of Cabarrus County	545	64,861	603
Cabarrus	HOS3389	Hospice & Palliative Care of Cabarrus County	231	5,252	270
Caldwell	HOS0185	Amorem	836	78,799	746
Caldwell	HOS4155	Amorem^	0	0	0
Carteret	HOS0613	Carteret Health Care Home Health & Hospice	92	3,869	83
Carteret	HOS2998	Community Home Care and Hospice^^^	0	0	0
Carteret	HOS3048	Liberty Home Care and Hospice***	0	0	0
Carteret	HOS3239	Cardinal Hospice Care^^^	0	0	0
Carteret	HOS4623	SECU Crystal Coast Hospice House	232	3,402	199
Catawba	HOS0367	Carolina Caring, Inc.	1,511	165,863	1,278
Catawba	HOS3144	Catawba Valley Hospice House^	0	0	0
Catawba	HOS4445	Sherrills Ford Hospice House^	0	0	0
Chatham	HOS0370	UNC Hospice	258	16,735	220
Chatham	HOS3135	Transitions LifeCare	49	5,557	45
Chatham	HOS3149	Liberty Home Care and Hospice	83	6,962	69
Chatham	HOS4907	SECU Jim & Betsy Bryan Hospice Home of UNC Health Care	272	2,829	343
Cherokee	HOS5092	Hospice of North Carolina	48	4,309	30
Chowan	HOS3319	Cardinal Hospice Care^^^	0	0	0
Clay	HOS5091	Hospice of North Carolina	76	6,500	48

Table 13A: Inventory of Licensed Hospice Agencies

A	B	C	D	E	F
County	License Number	Name	Admissions	Days of Care	Deaths
Cleveland	HOS0371	Hospice Cleveland County	780	55,309	703
Cleveland	HOS1413	Wendover Hospice House^	0	0	0
Cleveland	HOS4089	Testa Family Hospice House^	0	0	0
Columbus	HC4028	Community Home Care and Hospice^^	0	0	0
Columbus	HOS0417	Lower Cape Fear LifeCare	229	14,986	195
Columbus	HOS2007	Liberty Home Care and Hospice	94	16,300	83
Columbus	HOS3011	Community Home Care and Hospice	153	46,653	79
Craven	HOS2302	Community Hospice, LLC	201	27,848	167
Craven	HOS3238	Cardinal Hospice Care	49	4,224	33
Craven	HOS3347	PruittHealth Hospice - New Bern	88	5,686	68
Craven	HOS4682	Craven County Hospice	158	10,960	142
Cumberland	HC1331	Community Home Care and Hospice	270	23,099	205
Cumberland	HOS2004	Liberty Home Care and Hospice	92	6,853	85
Cumberland	HOS3272	Cardinal Hospice Care^^	0	0	0
Cumberland	HOS4746	PruittHealth Hospice - Fayetteville	140	28,995	107
Cumberland	HOS4799	Cape Fear Valley Hospice and Palliative Care	410	25,774	341
Cumberland	HOS5147	3HC	119	10,098	61
Cumberland	HOS5285	BAYADA Hospice	49	6,558	29
Cumberland	HOS6836	HealthKeeperz	256	27,424	164
Dare	HC0494	Adoration Home Health and Hospice**	51	2,466	34
Davidson	HOS0372	Hospice of Davidson County, Inc.	726	44,645	680
Davidson	HOS3051	Liberty Home Care and Hospice	147	15,644	117
Davidson	HOS3784	Hospice of Davidson County	183	1,923	267
Davie	HOS3084	Trellis Supportive Care	402	23,603	362
Davie	HOS4966	Well Care Hospice, Inc.	136	13,558	107
Duplin	HC0053	Vidant Home Health and Hospice	101	4,827	83
Duplin	HOS3303	Liberty Home Care and Hospice	1	0	0
Durham	HOS0021	Duke Hospice	559	36,902	522
Durham	HOS2958	Community Home Care and Hospice^^	0	0	0
Durham	HOS3126	Transitions LifeCare	122	15,326	111
Durham	HOS3304	Liberty Home Care and Hospice	92	6,356	79
Durham	HOS3793	Duke Hospice	450	3,563	438
Durham	HOS4029	Community Home Care and Hospice^^	0	0	0
Edgecombe	HOS2985	Community Home Care and Hospice^^	0	0	0
Edgecombe	HOS4887	Kindred Hospice	177	16,882	154
Forsyth	HOS1603	Kate B. Reynolds Hospice Home	458	7,275	769
Forsyth	HOS4614	Trellis Supportive Care	1,040	84,986	934
Franklin	HOS3005	Community Home Care and Hospice^^	0	0	0
Franklin	HOS3125	Transitions LifeCare	52	3,618	62
Franklin	HOS3250	Cardinal Hospice Care^^	0	0	0
Franklin	HOS3826	Amedisys Hospice	405	34,626	354
Gaston	HC0812	Hospice of Gaston County, Inc.	757	43,376	734
Gaston	HOS3717	Robin Johnson House - Gaston Hospice	127	2,886	196

Table 13A: Inventory of Licensed Hospice Agencies

A	B	C	D	E	F
County	License Number	Name	Admissions	Days of Care	Deaths
Graham	HOS3325	Cardinal Hospice Care^^^	0	0	0
Granville	HOS3133	Transitions LifeCare	18	2,033	18
Granville	HOS4791	Kindred Hospice	169	22,781	161
Greene	HOS3310	Cardinal Hospice Care^^^	0	0	0
Guilford	HC0374	Hospice and Palliative Care of Greensboro	994	71,749	950
Guilford	HOS1416	Hospice and Palliative Care of Greensboro-Beacon Place^	0	0	0
Guilford	HOS1581	Hospice of the Piedmont, Inc.	836	46,379	782
Guilford	HOS3148	Hospice and Palliative Care of Greensboro	469	73,918	422
Guilford	HOS3522	Hospice Home at High Point^	0	0	0
Halifax	HOS3009	Community Home Care and Hospice	332	29,422	289
Halifax	HOS3256	Cardinal Hospice Care^^^	0	0	0
Halifax	HOS5184	Liberty Home Care VI, LLC	83	3,902	73
Harnett	HC4032	Community Home Care and Hospice^^^	0	0	0
Harnett	HOS0375	Transitions LifeCare	54	3,522	51
Harnett	HOS2048	Community Home Care and Hospice	116	17,864	108
Harnett	HOS3067	Liberty Home Care and Hospice	154	12,300	121
Harnett	HOS3306	Cardinal Hospice Care^^^	0	0	0
Haywood	HOS3825	Haywood Hospice & Palliative Care	236	8,927	211
Henderson	HOS0386	Four Seasons Compassion for Life	1,752	132,965	1,418
Henderson	HOS2143	Four Seasons Compassion for Life	471	3,143	484
Hertford	HOS0425	Vidant Home Health and Hospice	69	2,676	62
Hoke	HC0277	Liberty Home Care***	0	0	0
Hoke	HOS2290	Liberty Home Care and Hospice	61	7,058	44
Hyde	HOS6244	Liberty Home Care and Hospice†	6	694	2
Iredell	HOS0387	Hospice of Iredell County, Inc.	395	54,272	273
Iredell	HOS1338	Hospice of Iredell County, Inc.	257	22,247	184
Iredell	HOS3181	Gordon Hospice House	284	4,136	359
Iredell	HOS3273	Community Home Care and Hospice	88	11,404	57
Iredell	HOS6247	Hospice and Palliative Care of Iredell County†	128	1,946	161
Johnston	HC0383	Johnston Health Home Care and Hospice	75	3,023	62
Johnston	HC0507	3HC	231	20,886	134
Johnston	HC3440	Community Home Care and Hospice***	0	0	0
Johnston	HOS2135	Community Home Care and Hospice	135	16,251	89
Johnston	HOS3069	Liberty Home Care and Hospice	75	6,098	58
Johnston	HOS3124	Transitions LifeCare	70	5,845	77
Johnston	HOS3252	Cardinal Hospice Care	74	5,856	49
Johnston	HOS4088	SECU Hospice House of Johnston Health	227	6,140	217
Jones	HC0506	3HC	294	23,386	193
Lee	HOS2034	Community Home Care and Hospice	93	15,025	98
Lee	HOS3086	Liberty Home Care and Hospice	101	8,446	91
Lenoir	HC0195	3HC	89	6,168	68
Lenoir	HOS2984	Community Home Care and Hospice	181	23,761	169
Lenoir	HOS3261	Cardinal Hospice Care	54	4,890	44

Table 13A: Inventory of Licensed Hospice Agencies

A	B	C	D	E	F
County	License Number	Name	Admissions	Days of Care	Deaths
Lincoln	HOS0389	Hospice & Palliative Care Lincoln County	664	63,186	559
Macon	HC0324	CarePartners Home Care & Hospice	81	6,965	71
Macon	HOS0390	Four Seasons Compassion for Life	485	28,409	544
Macon	HOS3312	Cardinal Hospice Care^^^	0	0	0
Madison	HC0419	Madison Home Care & Hospice	29	2,351	30
Martin	HOS3008	Community Home Care & Hospice	244	19,271	216
Martin	HOS3317	Cardinal Hospice Care^^^	0	0	0
McDowell	HOS1153	CarePartners Hospice & Palliative Care McDowell	189	19,535	167
Mecklenburg	H0010	Novant Health Presbyterian Medical Center	681	2,356	587
Mecklenburg	H0270	Novant Health Matthews Medical Center	260	1,036	217
Mecklenburg	HOS1445	Novant Health Hospice	1,769	54,062	1,718
Mecklenburg	HOS1702	Hospice & Palliative Care Lake Norman	453	44,953	402
Mecklenburg	HOS3132	Hospice & Palliative Care Charlotte Region	1,897	201,425	1,717
Mecklenburg	HOS3727	Levine & Dickson Hospice House^	0	0	0
Mecklenburg	HOS4436	Hospice & Palliative Care Charlotte Region	442	5,385	419
Mecklenburg	HOS4588	Levine & Dickson Hospice House at Southminster^	0	0	0
Mecklenburg	HOS4933	East Mecklenburg Inpatient Unit at Aldersgate^	0	0	0
Mitchell	HOS0832	Hospice & Palliative Care of the Blue Ridge, Inc.	242	36,997	190
Montgomery	HOS3199	Community Home Care and Hospice	155	22,568	148
Moore	HC0427	FirstHealth Hospice & Palliative Care	609	74,871	473
Moore	HC2351	Community Home Care and Hospice^^^	0	0	0
Moore	HOS3050	Liberty Home Care and Hospice	108	11,771	82
Moore	HOS4477	FirstHealth Hospice House	338	2,780	421
Nash	HC0393	Hospice and Palliative Care of Nash General Hospital	253	15,122	213
Nash	HOS2424	Community Home Care and Hospice	118	10,757	100
Nash	HOS3269	PruittHealth Hospice - Rocky Mount	113	7,485	89
Nash	HOS3309	Cardinal Hospice Care^^^	0	0	0
New Hanover	HOS0416	Lower Cape Fear and LifeCare	1,161	59,152	1,068
New Hanover	HOS1557	Lower Cape Fear LifeCare^	0	0	0
New Hanover	HOS2008	Liberty Home Care and Hospice	71	13,390	55
New Hanover	HOS3322	Cardinal Hospice Care^^^	0	0	0
Northampton	HOS3259	Cardinal Hospice Care^^^	0	0	0
Onslow	HC1209	Cardinal Hospice Care	63	6,962	52
Onslow	HOS2005	Liberty Home Care and Hospice***	0	0	0
Onslow	HOS3006	Community Home Care and Hospice	328	36,404	305
Onslow	HOS5831	Lower Cape Fear Lifecare	215	11,845	204
Orange	HOS1388	Duke Hospice at the Meadowlands***	0	0	0
Orange	HOS2997	Community Home Care and Hospice^^^	0	0	0
Orange	HOS3293	UNC Hospice, Chapel Hill	209	12,852	167
Pamlico	HOS0394	Hospice of Pamlico County, Inc.	59	3,831	29
Pamlico	HOS3308	Cardinal Hospice Care^^^	0	0	0
Pasquotank	HOS1677	Albemarle Home Care and Hospice	357	18,577	290
Pasquotank	HOS3301	Community Home Care and Hospice	191	12,285	171

Table 13A: Inventory of Licensed Hospice Agencies

A	B	C	D	E	F
County	License Number	Name	Admissions	Days of Care	Deaths
Pender	HOS3052	Lower Cape Fear and LifeCare	287	14,440	265
Pender	HOS3059	Liberty Home Care and Hospice	18	1,843	18
Pender	HOS3242	Cardinal Hospice Care^^^	0	0	0
Person	HOS5439	Medi Home Health & Hospice	168	12,765	119
Pitt	HC0509	3HC	109	10,405	81
Pitt	HOS0331	Amedisys Hospice	234	14,910	206
Pitt	HOS1711	Vidant Home Health and Hospice	180	7,511	148
Pitt	HOS2996	Community Home Care and Hospice	241	30,541	217
Pitt	HOS3249	Cardinal Hospice Care^^^	0	0	0
Pitt	HOS3345	PruittHealth Hospice - Eastern Carolina	67	4,507	61
Pitt	HOS3749	Vidant Home Health and Hospice	355	1,526	338
Pitt	HOS4010	Community Home Care and Hospice^^^	0	0	0
Polk	HOS0396	Hospice of the Carolina Foothills	107	8,766	70
Randolph	HOS3075	Community Home Care and Hospice	131	19,298	99
Randolph	HOS4307	The Randolph Hospice House^	0	0	0
Randolph	HOS4736	Hospice of Randolph	733	43,849	724
Richmond	HC0424	Richmond County Hospice, Inc.	224	25,028	119
Richmond	HOS2138	Hospice Haven of Richmond County	296	1,961	186
Richmond	HOS3007	Community Home Care and Hospice	101	24,972	83
Richmond	HOS3324	Cardinal Hospice Care^^^	0	0	0
Robeson	H0064	Southeastern Regional Medical Center	140	793	101
Robeson	HC4027	Amedisys Hospice Care	253	38,263	203
Robeson	HOS1599	Southeastern Hospice	116	2,205	112
Robeson	HOS2060	Community Home Care and Hospice	184	35,986	146
Robeson	HOS2861	Medi Home Hospice	91	15,970	49
Robeson	HOS3066	Liberty Home Care and Hospice	114	10,259	74
Robeson	HOS3270	Cardinal Hospice Care^^^	0	0	0
Rockingham	HOS0398	Hospice of Rockingham County	580	33,936	521
Rowan	HOS2425	Trellis Supportive Care	153	11,896	129
Rowan	HOS3323	Continuum Home Care & Hospice of Rowan County^^^	0	0	0
Rowan	HOS3918	Novant Health Hospice^^	0	0	0
Rowan	HOS4599	Novant Health Hospice	914	20,652	858
Rowan	HOS6813	BAYADA Hospice†	0	0	0
Rutherford	HOS0400	Hospice of the Carolina Foothills	428	47,532	332
Rutherford	HOS2891	Hospice of the Carolina Foothills^	0	0	0
Sampson	HC0255	3HC	152	12,505	106
Sampson	HC1844	Community Home Care and Hospice	137	15,681	112
Sampson	HC4030	Community Home Care and Hospice^^^	0	0	0
Sampson	HOS3054	Liberty Home Care and Hospice	79	5,757	65
Scotland	HC0401	Scotland Regional Hospice^^	0	0	0
Scotland	HOS3031	Scotland Regional Hospice	291	19,018	278
Stanly	HOS0402	Hospice of Stanly County, Inc.	273	26,866	257
Stanly	HOS3311	Cardinal Hospice Care^^^	0	0	0

Table 13A: Inventory of Licensed Hospice Agencies

A	B	C	D	E	F
County	License Number	Name	Admissions	Days of Care	Deaths
Stokes	HOS3295	Trellis Supportive Care	315	25,666	304
Surry	HOS0404	Mountain Valley Hospice and Palliative Care	348	32,720	345
Surry	HOS1001	Mountain Valley Hospice and Palliative Care	335	24,850	309
Surry	HOS1303	Mountain Valley Hospice and Palliative Care	372	28,370	374
Surry	HOS3796	Mountain Valley Hospice and Palliative Care	206	4,198	188
Transylvania	HC0067	CarePartners Home Care & Hospice	175	8,813	160
Union	HOS0405	Hospice of Union County	437	38,415	585
Union	HOS3116	Community Home Care and Hospice	297	46,045	211
Union	HOS3321	Cardinal Hospice Care^^^	0	0	0
Vance	HOS2561	Community Home Care and Hospice	221	14,975	219
Vance	HOS3314	Cardinal Hospice Care^^^	0	0	0
Wake	HOS1595	Transitions LifeCare	2,017	152,985	2,026
Wake	HOS2125	Duke Hospice	168	9,934	150
Wake	HOS2223	Community Home Care & Hospice	33	7,631	23
Wake	HOS2281	Promedica Hospice - Raleigh	984	139,114	792
Wake	HOS3058	Liberty Home Care and Hospice	78	7,397	65
Wake	HOS3147	Amedisys Hospice	577	55,057	441
Wake	HOS3305	Cardinal Hospice Care^^^	0	0	0
Washington	HOS3260	Cardinal Hospice Care^^^	0	0	0
Washington	HOS4596	Amedisys Hospice Care	197	19,534	197
Watauga	HOS1122	Medi Home Health and Hospice	145	26,580	111
Wayne	HC0228	3HC	697	22,755	604
Wayne	HC2361	Community Home Care and Hospice	264	36,629	222
Wayne	HOS1324	3HC/Kitty Askins Hospice Center^	0	0	0
Wayne	HOS3307	Cardinal Hospice Care^^^	0	0	0
Wilkes	HOS0407	Wake Forest Baptist Health Care at Home, Hospice-Wilkes	186	17,697	169
Wilkes	HOS3257	Cardinal Hospice Care^^^	0	0	0
Wilkes	HOS4413	PruittHealth Hospice - Wilkes	104	16,050	86
Wilson	HC0508	3HC	142	11,659	82
Wilson	HOS0408	Hospice of Wilson Medical Center	179	8,393	135
Wilson	HOS2241	Community Home Care and Hospice	207	23,340	178
Wilson	HOS3271	Cardinal Hospice Care^^^	0	0	0
Yadkin	HC1498	Mountain Valley Hospice and Palliative Care	239	17,261	234
Yadkin	HOS4909	Mountain Valley Hospice and Palliative Care	75	1,451	75
Yancey	HOS1027	Compassionate Care Western North Carolina	154	25,083	127

Table 13A: Inventory of Licensed Hospice Agencies

A	B	C	D	E	F
County	License Number	Name	Admissions	Days of Care	Deaths
Grand Totals*		250 Agencies	56,090	4,336,812	50,329

* Grand Totals for Admissions, Days of Care, and Deaths include both in-state and out-of-state patients. Tables 13B and 13C do not include out-of-state patients.

** Agency underwent a change of ownership and utilization data was not reported.

*** Agency reported zero patients on their License Renewal Application (LRA) for the current reporting year.

^ Inpatient/residential facility; patient data reported on the agency's hospice home care LRA.

^^ Agency uses another license to serve patients and reports data on that LRA.

^^^ Legacy agency, maintains license for future development; currently serves no patients.

† Newly licensed agency; no data reported.

Table13B: Year 2025 Hospice Home Care Office Need Projections

A	B	C	D	E	F	G	H	I	J	K	L	M	N
County	2017-2021 Death Rate/1000 Population	2025 Population (excluding military)	Projected 2025 Deaths	2022 Reported Number of Hospice Patient Deaths	2025 Number of Hospice Deaths Served at Two Year Trailing Average Growth Rate	2025 Number of Hospice Deaths Served Limited to 60%	Projected 2025 Number of Hospice Deaths Served	Median Projected 2025 Hospice Deaths	Place-holders for New Hospice Office	Projected Number of Additional Patients in Need Surplus (Deficit)	Licensed Hospice Offices in County	Licensed Home Care Offices in County per 100,000	Additional Hospice Office Need
Source or Formula =>	Deaths - N.C. Vital Statistics	N.C. Office of State Budget and Management	Col. B x (Col. C/1,000)	2022 License Renewal Applications	Col. E x 3 Years Growth at 3.3% annually	Col. D x 60%	Lower Number of Deaths between Col. F and Col. G	Col. D x Projected Statewide Median Percent Deaths Served (29.8%)		Col. H + Col. J - Col. I	Table 13A: Inventory of Licensed Hospice Agencies	Col. L / (Col. C / 100,000)	If Col. M <=3 and Col. K <= -90
Alamance	11.0	183,172	2,017	936	1,033	1,210	1,033	601	0	432	5	2.7	0
Alexander	12.8	36,715	471	191	211	283	211	140	0	70	1	2.7	0
Alleghany	14.1	11,165	157	90	99	94	94	47	0	47	1	9.0	0
Anson	14.3	21,326	305	91	100	183	100	91	0	10	3	14.1	0
Ashe	13.9	26,690	372	166	183	223	183	111	0	72	1	3.7	0
Avery	13.2	17,950	237	96	106	142	106	71	0	35	1	5.6	0
Beaufort	13.8	43,936	608	281	310	365	310	181	0	129	2	4.6	0
Bertie	14.9	16,293	243	96	106	146	106	72	0	33	0	0.0	0
Bladen	14.8	28,897	427	173	191	256	191	127	0	64	3	10.4	0
Brunswick	12.2	168,650	2,066	1,006	1,110	1,239	1,110	615	0	495	4	2.4	0
Buncombe	10.9	283,079	3,075	1,855	2,047	1,845	1,845	916	0	929	1	0.4	0
Burke	12.8	87,840	1,122	516	569	673	569	334	0	235	2	2.3	0
Cabarrus	8.0	250,522	1,999	988	1,090	1,200	1,090	596	0	495	2	0.8	0
Caldwell	13.5	81,183	1,094	606	669	656	656	326	0	330	2	2.5	0
Camden	9.1	11,540	105	44	49	63	49	31	0	17	0	0.0	0
Carteret *	13.3	69,443	925	470	519	555	519	276	0	243	5	7.2	0
Caswell	13.7	22,051	302	83	92	181	92	90	0	2	0	0.0	0
Catawba	11.9	165,952	1,980	1,016	1,121	1,188	1,121	590	0	532	3	1.8	0
Chatham	10.5	82,774	867	394	435	520	435	258	0	176	4	4.8	0
Cherokee	15.5	29,810	461	140	155	277	155	137	0	17	1	3.4	0
Chowan	15.5	13,726	212	85	94	127	94	63	0	31	1	7.3	0
Clay	14.9	11,797	176	64	71	105	71	52	0	18	1	8.5	0
Cleveland	13.7	103,964	1,420	583	643	852	643	423	0	221	3	2.9	0
Columbus	14.8	49,375	732	313	345	439	345	218	0	127	4	8.1	0
Craven *	11.9	96,521	1,152	427	471	691	471	343	0	128	4	4.1	0

Table13B: Year 2025 Hospice Home Care Office Need Projections

A	B	C	D	E	F	G	H	I	J	K	L	M	N
County	2017-2021 Death Rate/1000 Population	2025 Population (excluding military)	Projected 2025 Deaths	2022 Reported Number of Hospice Patient Deaths	2025 Number of Hospice Deaths Served at Two Year Trailing Average Growth Rate	2025 Number of Hospice Deaths Served Limited to 60%	Projected 2025 Number of Hospice Deaths Served	Median Projected 2025 Hospice Deaths	Place-holders for New Hospice Office	Projected Number of Additional Patients in Need Surplus (Deficit)	Licensed Hospice Offices in County	Licensed Home Care Offices in County per 100,000	Additional Hospice Office Need
Source or Formula =>	Deaths - N.C. Vital Statistics	N.C. Office of State Budget and Management	Col. B x (Col. C/1,000)	2022 License Renewal Applications	Col. E x 3 Years Growth at 3.3% annually	Col. D x 60%	Lower Number of Deaths between Col. F and Col. G	Col. D x Projected Statewide Median Percent Deaths Served (29.8%)		Col. H + Col. J - Col. I	Table 13A: Inventory of Licensed Hospice Agencies	Col. L / (Col. C / 100,000)	If Col. M <=3 and Col. K <= -90
Cumberland *	8.8	317,206	2,792	915	1,010	1,675	1,010	832	90	268	8	2.5	0
Currituck	9.6	34,817	334	108	119	200	119	99	0	20	0	0.0	0
Dare	10.4	39,303	408	91	100	245	100	121	0	-21	1	2.5	0
Davidson	12.2	176,800	2,157	1,186	1,309	1,294	1,294	643	0	652	3	1.7	0
Davie	11.8	45,158	534	382	422	320	320	159	0	161	2	4.4	0
Duplin	11.3	48,767	549	204	225	329	225	164	0	62	2	4.1	0
Durham	7.0	346,436	2,418	1,308	1,444	1,451	1,444	720	0	723	6	1.7	0
Edgecombe	14.4	45,963	664	227	251	398	251	198	0	53	2	4.4	0
Forsyth *	9.9	392,991	3,886	2,381	2,628	2,331	2,331	1,157	0	1,174	2	0.5	0
Franklin	9.9	80,352	798	204	225	479	225	238	0	-13	4	5.0	0
Gaston	11.7	245,067	2,865	1,440	1,589	1,719	1,589	854	0	736	2	0.8	0
Gates	13.0	10,153	132	45	50	79	50	39	0	10	0	0.0	0
Graham	14.5	8,083	117	30	33	70	33	35	0	-2	1	12.4	0
Granville	10.4	64,233	668	192	212	401	212	199	0	13	2	3.1	0
Greene	11.0	20,120	222	88	97	133	97	66	0	31	1	5.0	0
Guilford *	9.3	553,438	5,149	2,312	2,552	3,089	2,552	1,534	0	1,018	5	0.9	0
Halifax	15.1	46,508	704	246	271	423	271	210	0	62	3	6.5	0
Harnett *	8.7	143,750	1,250	406	448	750	448	372	0	76	5	3.5	0
Haywood	14.4	64,073	923	362	400	554	400	275	0	125	1	1.6	0
Henderson	12.9	119,994	1,547	1,065	1,175	928	928	461	0	467	2	1.7	0
Hertford	13.4	19,079	255	102	113	153	113	76	0	37	1	5.2	0
Hoke *	7.9	56,259	443	151	167	266	167	132	0	35	2	3.6	0
Hyde	12.9	4,385	57	11	12	34	12	17	0	-5	1	22.8	0
Iredell	9.6	209,430	2,014	976	1,077	1,209	1,077	600	0	477	5	2.4	0
Jackson	9.8	44,050	433	88	97	260	97	129	0	-32	0	0.0	0

Table13B: Year 2025 Hospice Home Care Office Need Projections

A	B	C	D	E	F	G	H	I	J	K	L	M	N
County	2017-2021 Death Rate/1000 Population	2025 Population (excluding military)	Projected 2025 Deaths	2022 Reported Number of Hospice Patient Deaths	2025 Number of Hospice Deaths Served at Two Year Trailing Average Growth Rate	2025 Number of Hospice Deaths Served Limited to 60%	Projected 2025 Number of Hospice Deaths Served	Median Projected 2025 Hospice Deaths	Place-holders for New Hospice Office	Projected Number of Additional Patients in Need Surplus (Deficit)	Licensed Hospice Offices in County	Licensed Home Care Offices in County per 100,000	Additional Hospice Office Need
Source or Formula =>	Deaths - N.C. Vital Statistics	N.C. Office of State Budget and Management	Col. B x (Col. C/1,000)	2022 License Renewal Applications	Col. E x 3 Years Growth at 3.3% annually	Col. D x 60%	Lower Number of Deaths between Col. F and Col. G	Col. D x Projected Statewide Median Percent Deaths Served (29.8%)		Col. H + Col. J - Col. I	Table 13A: Inventory of Licensed Hospice Agencies	Col. L / (Col. C / 100,000)	If Col. M <=3 and Col. K <= -90
Johnston	8.2	256,452	2,094	647	714	1,256	714	624	0	90	8	3.1	0
Jones	15.3	9,196	141	47	52	85	52	42	0	10	1	10.9	0
Lee	11.0	67,229	738	296	327	443	327	220	0	107	2	3.0	0
Lenoir	14.7	53,741	789	260	287	474	287	235	0	52	3	5.6	0
Lincoln	10.7	95,751	1,021	399	440	613	440	304	0	136	1	1.0	0
Macon	14.5	38,564	559	260	287	335	287	166	0	121	3	7.8	0
Madison	12.9	21,750	282	82	90	169	90	84	0	7	1	4.6	0
Martin	15.7	20,919	329	124	137	198	137	98	0	39	2	9.6	0
Mcdowell	13.0	44,772	583	228	252	350	252	174	0	78	1	2.2	0
Mecklenburg *	6.3	1,205,568	7,569	4,282	4,726	4,541	4,541	2,255	0	2,286	9	0.7	0
Mitchell	16.3	14,775	241	160	177	145	145	72	0	73	1	6.8	0
Montgomery	13.2	25,738	339	135	149	203	149	101	0	48	1	3.9	0
Moore *	12.4	108,411	1,340	757	835	804	804	399	0	405	4	3.7	0
Nash	12.4	95,399	1,186	416	459	711	459	353	0	106	4	4.2	0
New Hanover *	9.4	243,586	2,286	1,159	1,279	1,371	1,279	681	0	598	4	1.6	0
Northampton	15.6	16,533	258	135	149	155	149	77	0	72	1	6.0	0
Onslow *	6.9	177,863	1,219	513	566	731	566	363	0	203	4	2.2	0
Orange	5.9	154,040	910	476	525	546	525	271	0	254	3	1.9	0
Pamlico	15.0	12,191	183	46	51	110	51	54	0	-4	2	16.4	0
Pasquotank *	11.9	40,305	478	200	221	287	221	142	0	78	2	5.0	0
Pender	10.6	69,774	739	316	349	443	349	220	0	129	3	4.3	0
Perquimans	13.8	13,815	190	76	84	114	84	57	0	27	0	0.0	0
Person	12.6	39,846	503	169	187	302	187	150	0	37	1	2.5	0
Pitt	8.4	172,615	1,442	700	773	865	773	430	0	343	8	4.6	0
Polk	16.0	19,605	313	115	127	188	127	93	0	34	1	5.1	0

Table13B: Year 2025 Hospice Home Care Office Need Projections

A	B	C	D	E	F	G	H	I	J	K	L	M	N
County	2017-2021 Death Rate/1000 Population	2025 Population (excluding military)	Projected 2025 Deaths	2022 Reported Number of Hospice Patient Deaths	2025 Number of Hospice Deaths Served at Two Year Trailing Average Growth Rate	2025 Number of Hospice Deaths Served Limited to 60%	Projected 2025 Number of Hospice Deaths Served	Median Projected 2025 Hospice Deaths	Place-holders for New Hospice Office	Projected Number of Additional Patients in Need Surplus (Deficit)	Licensed Hospice Offices in County	Licensed Home Care Offices in County per 100,000	Additional Hospice Office Need
Source or Formula =>	Deaths - N.C. Vital Statistics	N.C. Office of State Budget and Management	Col. B x (Col. C/1,000)	2022 License Renewal Applications	Col. E x 3 Years Growth at 3.3% annually	Col. D x 60%	Lower Number of Deaths between Col. F and Col. G	Col. D x Projected Statewide Median Percent Deaths Served (29.8%)		Col. H + Col. J - Col. I	Table 13A: Inventory of Licensed Hospice Agencies	Col. L / (Col. C / 100,000)	If Col. M <=3 and Col. K <= -90
Randolph	12.2	147,820	1,800	818	903	1,080	903	536	0	366	3	2.0	0
Richmond	14.2	41,754	591	357	394	355	355	176	0	179	4	9.6	0
Robeson	12.8	118,089	1,516	665	734	909	734	452	0	282	7	5.9	0
Rockingham	14.4	92,033	1,322	599	661	793	661	394	0	267	1	1.1	0
Rowan	12.7	152,016	1,931	893	986	1,159	986	575	90	500	5	3.3	0
Rutherford	14.5	64,697	940	268	296	564	296	280	0	16	2	3.1	0
Sampson	12.3	58,919	723	240	265	434	265	215	0	49	4	6.8	0
Scotland	13.6	32,738	447	225	248	268	248	133	0	115	2	6.1	0
Stanly	12.8	63,346	809	417	460	485	460	241	0	219	2	3.2	0
Stokes	13.7	45,444	621	400	441	372	372	185	0	188	1	2.2	0
Surry	14.4	71,191	1,025	705	778	615	615	305	0	310	4	5.6	0
Swain	16.1	14,465	233	111	123	140	123	69	0	53	0	0.0	0
Transylvania	13.3	33,936	453	217	239	272	239	135	0	105	1	2.9	0
Tyrrell	12.6	3,097	39	19	21	23	21	12	0	9	0	0.0	0
Union	6.9	262,980	1,821	1,136	1,254	1,093	1,093	542	0	550	3	1.1	0
Vance	13.4	41,544	557	179	198	334	198	166	0	32	2	4.8	0
Wake *	5.6	1,236,938	6,983	3,364	3,713	4,190	3,713	2,080	0	1,633	7	0.6	0
Warren	14.4	18,925	272	89	98	163	98	81	0	17	0	0.0	0
Washington	16.0	10,085	161	49	54	97	54	48	0	6	2	19.8	0
Watauga	7.3	54,004	396	214	236	238	236	118	0	118	1	1.9	0
Wayne *	11.7	114,186	1,339	783	864	803	803	399	0	405	4	3.5	0
Wilkes	13.6	65,408	890	390	430	534	430	265	0	165	3	4.6	0
Wilson	12.8	76,495	981	383	423	588	423	292	0	131	4	5.2	0
Yadkin	12.9	37,040	477	278	307	286	286	142	0	144	2	5.4	0
Yancey	14.3	18,406	263	121	134	158	134	78	0	55	1	5.4	0

Table13B: Year 2025 Hospice Home Care Office Need Projections

A	B	C	D	E	F	G	H	I	J	K	L	M	N
County	2017-2021 Death Rate/1000 Population	2025 Population (excluding military)	Projected 2025 Deaths	2022 Reported Number of Hospice Patient Deaths	2025 Number of Hospice Deaths Served at Two Year Trailing Average Growth Rate	2025 Number of Hospice Deaths Served Limited to 60%	Projected 2025 Number of Hospice Deaths Served	Median Projected 2025 Hospice Deaths	Place-holders for New Hospice Office	Projected Number of Additional Patients in Need Surplus (Deficit)	Licensed Hospice Offices in County	Licensed Home Care Offices in County per 100,000	Additional Hospice Office Need
Source or Formula =>	Deaths - N.C. Vital Statistics	N.C. Office of State Budget and Management	Col. B x (Col. C/1,000)	2022 License Renewal Applications	Col. E x 3 Years Growth at 3.3% annually	Col. D x 60%	Lower Number of Deaths between Col. F and Col. G	Col. D x Projected Statewide Median Percent Deaths Served (29.8%)		Col. H + Col. J - Col. I	Table 13A: Inventory of Licensed Hospice Agencies	Col. L / (Col. C / 100,000)	If Col. M <=3 and Col. K <= -90
Grand Totals**	9.8	10,944,780	107,226	50,148	55,345	64,336	55,345	31,942	180	23,583	250	2.3	0

* Population projections were adjusted to exclude active duty military personnel.

** Tables 13B and 13C do not include out-of-state patients.

Table 13C: Year 2027 Hospice Inpatient Bed Need Projections

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
County	Total Admissions (2022 Data)	Total Days of Care (2022 Data)	ALOS per Admission	Total 2027 Admissions	2027 Days of Care at County ALOS	2027 Days of Care at Statewide ALOS	Projected 2027 Days of Care for Inpatient Estimates	Projected Inpatient Days	Projected Total Inpatient Beds	Currently Licensed Beds	CON Approved/ License Pending/ Previous Need Determination	Surplus (-) Deficit (+)	Occupancy Rate	Inpatient Bed Need
Source or Formula =>	2023 License Renewal Applications	2023 License Renewal Applications	Col. C / Col. B	Col. B x 5 Years Growth at 1.8% annually	Col. D x Col. E	Col E. x Statewide Median ALOS per Admission (78.6)	Lower # of Days of Care between Col. F and Col. G	Col. H x 2.22%*	(Col. I / 365.25) / 85%	Licensure Inventory		Col. J - (Col. K + Col. L)	2023 License Renewal Applications	If Col. M >= 6 and Col. N >= 85 or blank
Alamance	1,041	85,788	82.41	1,138	93,789	89,407	89,407	1,983	6	14	0	-7.61	16.52%	0
Alexander	219	21,360	97.53	239	23,352	18,809	18,809	417	1		0	1.34		0
Alleghany	103	10,826	105.11	113	11,836	8,846	8,846	196	1		0	0.63		0
Anson	103	13,499	131.06	113	14,758	8,846	8,846	196	1		0	0.63		0
Ashe	185	18,248	98.64	202	19,950	15,889	15,889	352	1		0	1.14		0
Avery	135	20,131	149.12	148	22,009	11,595	11,595	257	1		0	0.83		0
Beaufort	333	26,914	80.82	364	29,424	28,600	28,600	634	2		0	2.04		0
Bertie	111	7,017	63.22	121	7,671	9,533	7,671	170	1		0	0.55		0
Bladen	264	31,172	118.08	289	34,079	22,674	22,674	503	2		0	1.62		0
Brunswick	1,106	71,384	64.54	1,209	78,042	94,989	78,042	1,731	6	7	0	-1.42	10.33%	0
Buncombe	2,114	122,423	57.91	2,311	133,841	181,562	133,841	2,969	10	25	0	-15.44	44.22%	0
Burke	596	57,126	95.85	652	62,454	51,188	51,188	1,135	4	11	0	-7.34	14.55%	0
Cabarrus	963	84,393	87.64	1,053	92,264	82,708	82,708	1,834	6	14	0	-8.09	18.71%	0
Caldwell	684	69,064	100.97	748	75,506	58,746	58,746	1,303	4	12	0	-7.80	49.50%	0
Camden	49	2,567	52.39	54	2,806	4,208	2,806	62	0		0	0.20		0
Carteret	550	32,843	59.71	601	35,906	47,237	35,906	796	3	6	0	-3.43	73.84%	0
Caswell	106	9,041	85.29	116	9,884	9,104	9,104	202	1		0	0.65		0
Catawba	1,157	114,724	99.16	1,265	125,424	99,369	99,369	2,204	7	17	0	-9.90	45.96%	0
Chatham	410	31,852	77.69	448	34,823	35,213	34,823	772	2	6	0	-3.51	62.65%	0
Cherokee	147	10,203	69.41	161	11,155	12,625	11,155	247	1		0	0.80		0
Chowan	89	7,564	84.99	97	8,269	7,644	7,644	170	1		0	0.55		0
Clay	70	5,628	80.40	77	6,153	6,012	6,012	133	0		0	0.43		0
Cleveland	612	47,391	77.44	669	51,811	52,562	51,811	1,149	4	10	0	-6.30	41.78%	0
Columbus	427	59,160	138.55	467	64,678	36,673	36,673	813	3	6	0	-3.38	40.64%	0
Craven	542	48,825	90.08	593	53,379	46,550	46,550	1,032	3		0	3.33		0
Cumberland	1,157	106,928	92.42	1,265	116,901	99,369	99,369	2,204	7	0	8	-0.90		0

Table 13C: Year 2027 Hospice Inpatient Bed Need Projections

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	
County	Total Admissions (2022 Data)	Total Days of Care (2022 Data)	ALOS per Admission	Total 2027 Admissions	2027 Days of Care at County ALOS	2027 Days of Care at Statewide ALOS	Projected 2027 Days of Care for Inpatient Estimates	Projected Inpatient Days	Projected Total Inpatient Beds	Currently Licensed Beds	CON Approved/ License Pending/ Previous Need Determination	Surplus (-) Deficit (+)	Occupancy Rate	Inpatient Bed Need	
Source or Formula =>	2023 License Renewal Applications	2023 License Renewal Applications	Col. C / Col. B	Col. B x 5 Years Growth at 1.8% annually	Col. D x Col. E	Col E. x Statewide Median ALOS per Admission (78.6)	Lower # of Days of Care between Col. F and Col. G	Col. H x 2.22%*	(Col. I / 365.25) / 85%	Licensure Inventory		Col. J - (Col. K + Col. L)	2023 License Renewal Applications	If Col. M >= 6 and Col. N >= 85 or blank	
Currituck	116	10,150	87.50	127	11,097	9,963	9,963	221	1			0	0.71	0	
Dare	122	6,011	49.27	133	6,572	10,478	6,572	146	0			0	0.47	0	
Davidson	1,187	63,433	53.44	1,298	69,349	101,946	69,349	1,538	5	8		0	-3.05	57.64%	0
Davie	384	22,839	59.48	420	24,969	32,980	24,969	554	2			0	1.78	0	
Duplin	234	19,539	83.50	256	21,361	20,097	20,097	446	1			0	1.44	0	
Durham	1,459	88,877	60.92	1,595	97,166	125,307	97,166	2,155	7	12		0	-5.06	64.59%	0
Edgecombe	265	20,219	76.30	290	22,105	22,760	22,105	490	2			0	1.58	0	
Forsyth	2,385	167,032	70.03	2,607	182,611	204,837	182,611	4,050	13	30		0	-16.95	36.72%	0
Franklin	225	16,971	75.43	246	18,554	19,324	18,554	412	1			0	1.33	0	
Gaston	1,468	96,739	65.90	1,605	105,762	126,080	105,762	2,346	8	13		0	-5.44	17.45%	0
Gates	57	4,450	78.07	62	4,865	4,895	4,865	108	0			0	0.35	0	
Graham	26	1,237	47.58	28	1,352	2,233	1,352	30	0			0	0.10	0	
Granville	200	17,551	87.76	219	19,188	17,177	17,177	381	1			0	1.23	0	
Greene	87	8,434	96.94	95	9,221	7,472	7,472	166	1			0	0.53	0	
Guilford	2,529	218,852	86.54	2,765	239,264	217,204	217,204	4,818	16	26		0	-10.48	38.29%	0
Halifax	298	23,039	77.31	326	25,188	25,594	25,188	559	2			0	1.80	0	
Harnett	497	47,250	95.07	543	51,657	42,685	42,685	947	3			0	3.05	0	
Haywood	426	23,371	54.86	466	25,551	36,587	25,551	567	2			0	1.83	0	
Henderson	1,196	50,556	42.27	1,308	55,271	102,719	55,271	1,226	4	19		0	-15.05	28.70%	0
Hertford	105	6,855	65.29	115	7,494	9,018	7,494	166	1			0	0.54	0	
Hoke	178	17,133	96.25	195	18,731	15,288	15,288	339	1			0	1.09	0	
Hyde	18	2,104	116.89	20	2,300	1,546	1,546	34	0	0		0	0.11	0	
Iredell	1,068	81,704	76.50	1,168	89,324	91,726	89,324	1,981	6	15		0	-8.62	61.99%	0
Jackson	114	4,886	42.86	125	5,342	9,791	5,342	118	0			0	0.38	0	
Johnston	811	59,173	72.96	887	64,692	69,653	64,692	1,435	5	12		0	-7.38	9.09%	0
Jones	57	3,406	59.75	62	3,724	4,895	3,724	83	0			0	0.27	0	

Table 13C: Year 2027 Hospice Inpatient Bed Need Projections

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
County	Total Admissions (2022 Data)	Total Days of Care (2022 Data)	ALOS per Admission	Total 2027 Admissions	2027 Days of Care at County ALOS	2027 Days of Care at Statewide ALOS	Projected 2027 Days of Care for Inpatient Estimates	Projected Inpatient Days	Projected Total Inpatient Beds	Currently Licensed Beds	CON Approved/ License Pending/ Previous Need Determination	Surplus (-) Deficit (+)	Occupancy Rate	Inpatient Bed Need
Source or Formula =>	2023 License Renewal Applications	2023 License Renewal Applications	Col. C / Col. B	Col. B x 5 Years Growth at 1.8% annually	Col. D x Col. E	Col E. x Statewide Median ALOS per Admission (78.6)	Lower # of Days of Care between Col. F and Col. G	Col. H x 2.22%*	(Col. I / 365.25) / 85%	Licensure Inventory		Col. J - (Col. K + Col. L)	2023 License Renewal Applications	If Col. M >= 6 and Col. N >= 85 or blank
Lee	338	29,411	87.01	370	32,154	29,029	29,029	644	2			0	2.07	0
Lenoir	312	25,619	82.11	341	28,008	26,796	26,796	594	2			0	1.91	0
Lincoln	504	40,488	80.33	551	44,264	43,286	43,286	960	3			0	3.09	0
Macon	251	18,401	73.31	274	20,117	21,557	20,117	446	1	0		6	-4.56	0
Madison	92	9,352	101.65	101	10,224	7,901	7,901	175	1			0	0.56	0
Martin	148	8,414	56.85	162	9,199	12,711	9,199	204	1			0	0.66	0
Mcdowell	277	28,636	103.38	303	31,307	23,790	23,790	528	2			0	1.70	0
Mecklenburg	4,681	308,335	65.87	5,118	337,093	402,030	337,093	7,477	24	49		0	-24.92	40.64%
Mitchell	208	29,932	143.90	227	32,724	17,864	17,864	396	1			0	1.28	0
Montgomery	160	13,867	86.67	175	15,160	13,742	13,742	305	1			0	0.98	0
Moore	874	83,472	95.51	956	91,257	75,064	75,064	1,665	5	11		0	-5.64	58.73%
Nash	503	32,245	64.11	550	35,252	43,200	35,252	782	3			0	2.52	0
New Hanover	1,277	79,476	62.24	1,396	86,889	109,676	86,889	1,927	6	18		0	-11.79	59.98%
Northampton	142	13,101	92.26	155	14,323	12,196	12,196	271	1			0	0.87	0
Onslow	572	45,534	79.60	625	49,781	49,126	49,126	1,090	4	0		0	3.51	0
Orange	541	46,111	85.23	591	50,412	46,464	46,464	1,031	3	6		0	-2.68	0
Pamlico	81	8,300	102.47	89	9,074	6,957	6,957	154	0			0	0.50	0
Pasquotank	224	11,722	52.33	245	12,815	19,238	12,815	284	1			0	0.92	0
Pender	344	21,244	61.76	376	23,225	29,545	23,225	515	2			0	1.66	0
Perquimans	93	4,770	51.29	102	5,215	7,987	5,215	116	0			0	0.37	0
Person	186	14,315	76.96	203	15,650	15,975	15,650	347	1			0	1.12	0
Pitt	800	57,744	72.18	875	63,130	68,708	63,130	1,400	5	8		0	-3.49	0
Polk	161	12,248	76.07	176	13,390	13,828	13,390	297	1			0	0.96	0
Randolph	871	59,828	68.69	952	65,408	74,806	65,408	1,451	5	12		0	-7.33	40.02%
Richmond	562	38,176	67.93	614	41,737	48,268	41,737	926	3	6		0	-3.02	63.42%
Robeson	839	93,925	111.95	917	102,685	72,058	72,058	1,598	5	12		0	-6.85	18.11%

Table 13C: Year 2027 Hospice Inpatient Bed Need Projections

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
County	Total Admissions (2022 Data)	Total Days of Care (2022 Data)	ALOS per Admission	Total 2027 Admissions	2027 Days of Care at County ALOS	2027 Days of Care at Statewide ALOS	Projected 2027 Days of Care for Inpatient Estimates	Projected Inpatient Days	Projected Total Inpatient Beds	Currently Licensed Beds	CON Approved/ License Pending/ Previous Need Determination	Surplus (-) Deficit (+)	Occupancy Rate	Inpatient Bed Need
Source or Formula =>	2023 License Renewal Applications	2023 License Renewal Applications	Col. C / Col. B	Col. B x 5 Years Growth at 1.8% annually	Col. D x Col. E	Col E. x Statewide Median ALOS per Admission (78.6)	Lower # of Days of Care between Col. F and Col. G	Col. H x 2.22%*	(Col. I / 365.25) / 85%	Licensure Inventory		Col. J - (Col. K + Col. L)	2023 License Renewal Applications	If Col. M >= 6 and Col. N >= 85 or blank
Rockingham	667	41,800	62.67	729	45,699	57,286	45,699	1,014	3	5	0	-1.74	25.53%	0
Rowan	964	50,894	52.79	1,054	55,641	82,794	55,641	1,234	4	7	0	-3.02	33.50%	0
Rutherford	364	39,891	109.59	398	43,612	31,262	31,262	693	2	10	0	-7.77	54.71%	0
Sampson	313	29,223	93.36	342	31,949	26,882	26,882	596	2		0	1.92		0
Scotland	257	20,510	79.81	281	22,423	22,073	22,073	490	2	6	0	-4.42	50.09%	0
Stanly	422	46,377	109.90	461	50,703	36,244	36,244	804	3		0	2.59		0
Stokes	394	29,376	74.56	431	32,116	33,839	32,116	712	2		0	2.29		0
Surry	739	53,289	72.11	808	58,259	63,469	58,259	1,292	4	16	0	-11.84	48.01%	0
Swain	87	5,869	67.46	95	6,416	7,472	6,416	142	0		0	0.46		0
Transylvania	253	15,059	59.52	277	16,464	21,729	16,464	365	1		0	1.18		0
Tyrrell	21	1,993	94.90	23	2,179	1,804	1,804	40	0		0	0.13		0
Union	1,055	76,399	72.42	1,153	83,525	90,609	83,525	1,853	6	6	0	-0.03	55.25%	0
Vance	179	13,401	74.87	196	14,651	15,374	14,651	325	1		0	1.05		0
Wake	3,669	349,609	95.29	4,011	382,217	315,114	315,114	6,989	23	30	0	-7.49	38.84%	0
Warren	92	6,120	66.52	101	6,691	7,901	6,691	148	0		0	0.48		0
Washington	59	4,784	81.08	65	5,230	5,067	5,067	112	0		0	0.36		0
Watauga	263	36,386	138.35	288	39,780	22,588	22,588	501	2	0	6	-4.39		0
Wayne	917	59,953	65.38	1,003	65,545	78,757	65,545	1,454	5	12	0	-7.32	67.10%	0
Wilkes	436	37,969	87.08	477	41,510	37,446	37,446	831	3		0	2.68		0
Wilson	493	38,970	79.05	539	42,605	42,342	42,342	939	3		0	3.02		0
Yadkin	279	15,137	54.25	305	16,549	23,962	16,549	367	1	4	0	-2.82	61.03%	0
Yancey	165	27,978	169.56	180	30,587	14,171	14,171	314	1		0	1.01		0
Grand Totals**	55,914	4,333,535		61,129	4,737,720	4,802,201	4,309,349	95,582	308	481	20			0

* Patients originating from out of state were not included in the calculation of the two-year trailing average statewide hospice inpatient utilization rate (2.22%).

** Tables 13B and 13C do not include out-of-state patients.

Table 13D: Hospice Inpatient Facilities

County	License Number	Facility	Number of Licensed Beds	Number of Beds CON Approved/ License Pending
Alamance	HOS1136	Hospice and Palliative Care of Alamance Caswell	14	0
Brunswick	HOS0414	Lower Cape Fear LifeCare	7	0
Buncombe	HOS0113	CarePartners Hospice & Palliative Care Services	25	0
Burke	HOS1670	Amorem	11	0
Cabarrus	HOS3389	Hospice & Palliative Care of Cabarrus County	14	0
Caldwell	HOS4155	Amorem	8	0
Caldwell	HOS0185	Amorem	4	0
Carteret	HOS4623	SECU Crystal Coast Hospice House	6	0
Catawba	HOS3144	Catawba Valley Hospice House	11	0
Catawba	HOS4445	Sherrills Ford Hospice House	6	0
Chatham	HOS4907	SECU Jim & Betsy Bryan Hospice Home of UNC Health Care	6	0
Cleveland	HOS1413	Wendover Hospice House	6	0
Cleveland	HOS4089	Testa Family Hospice House	4	0
Columbus	HOS0417	Lower Cape Fear LifeCare	6	0
Davidson	HOS3784	Hospice of Davidson County	8	0
Durham	HOS3793	Duke Hospice	12	0
Forsyth	HOS1603	Kate B. Reynolds Hospice Home	30	0
Gaston	HOS3717	Robin Johnson House - Gaston Hospice	13	0
Guilford	HOS3522	Hospice Home at High Point	15	0
Guilford	HOS1416	Hospice and Palliative Care of Greensboro-Beacon Place	11	0
Henderson	HOS2143	Four Seasons Compassion for Life	19	0
Iredell	HOS3181	Gordon Hospice House	9	0
Iredell	HOS6247	Hospice and Palliative Care of Iredell County	6	0
Johnston	HOS4088	SECU Hospice House of Johnston Health	12	0
Macon		Hospice House of Western North Carolina	0	6
Mecklenburg	HOS3727	Levine & Dickson Hospice House	16	0
Mecklenburg	H0010	Novant Health Presbyterian Medical Center	14	0
Mecklenburg	HOS4588	Levine & Dickson Hospice House at Southminster	10	0
Mecklenburg	HOS4933	East Mecklenburg Inpatient Unit at Aldersgate	6	0
Mecklenburg	H0270	Novant Health Matthews Medical Center	3	0
Moore	HOS4477	FirstHealth Hospice House	11	0
New Hanover	HOS1557	Lower Cape Fear LifeCare	18	0
Orange	HOS1388	Duke Hospice at the Meadowlands	6	0
Pitt	HOS3749	Vidant Home Health and Hospice	8	0
Randolph	HOS4307	The Randolph Hospice House	12	0
Richmond	HOS2138	Hospice Haven of Richmond County	6	0
Robeson	H0064	Southeastern Regional Medical Center	12	0
Rockingham	HOS0398	Hospice of Rockingham County	5	0
Rowan	HOS4599	Novant Health Hospice	7	0
Rutherford	HOS2891	Hospice of the Carolina Foothills	10	0
Scotland	HOS3031	Scotland Regional Hospice	6	0
Surry	HOS3796	Mountain Valley Hospice and Palliative Care	16	0
Union	HOS0405	Hospice of Union County	6	0
Wake	HOS1595	Transitions LifeCare	30	0
Watauga		Caldwell Hospice Patient Care Unit	0	6
Wayne	HOS1324	3HC/Kitty Askins Hospice Center	12	0
Yadkin	HOS4909	Mountain Valley Hospice and Palliative Care	4	0
Grand Totals			481	12

Table 13E: Hospice Inpatient Facilities Occupancy Rate for FY2022

County	Facility	Number of Licensed Beds 10/1/2021	Number of Beds Added during FY2022	Number of Licensed Beds 9/30/2022	Days of Care per 2023 License Renewal Applications	Occupancy Rate for Reporting Period
Alamance	Hospice and Palliative Care of Alamance Caswell	14	0	14	844	16.52%
Brunswick	Lower Cape Fear LifeCare	7	0	7	264	10.33%
Buncombe	CarePartners Hospice & Palliative Care Services	25	0	25	4,035	44.22%
Burke	Amorem	11	0	11	584	14.55%
Cabarrus	Hospice & Palliative Care of Cabarrus County	14	0	14	956	18.71%
Caldwell	Amorem	8	0	8	1,872	64.11%
Caldwell	Amorem	4	0	4	296	20.27%
Carteret	SECU Crystal Coast Hospice House	6	0	6	1,617	73.84%
Catawba	Catawba Valley Hospice House	11	0	11	2,619	65.23%
Catawba	Sherrills Ford Hospice House	6	0	6	233	10.64%
Chatham	SECU Jim & Betsy Bryan Hospice Home of UNC Health Care	6	0	6	1,372	62.65%
Cleveland	Wendover Hospice House	6	0	6	1,109	50.64%
Cleveland	Testa Family Hospice House	4	0	4	416	28.49%
Columbus	Lower Cape Fear LifeCare	6	0	6	890	40.64%
Davidson	Hospice of Davidson County	8	0	8	1,683	57.64%
Durham	Duke Hospice	12	0	12	2,829	64.59%
Forsyth	Kate B. Reynolds Hospice Home	30	0	30	4,021	36.72%
Gaston	Robin Johnson House - Gaston Hospice	13	0	13	828	17.45%
Guilford	Hospice Home at High Point	15	0	15	2,745	50.14%
Guilford	Hospice and Palliative Care of Greensboro-Beacon Place	11	0	11	889	22.14%
Henderson	Four Seasons Compassion for Life	19	0	19	1,990	28.70%
Iredell	Gordon Hospice House	9	0	9	2,270	69.10%
Iredell	Hospice and Palliative Care of Iredell County	6	0	6	1,124	51.32%
Johnston	SECU Hospice House of Johnston Health	12	0	12	398	9.09%
Mecklenburg	Levine & Dickson Hospice House	16	0	16	1,491	25.53%
Mecklenburg	Novant Health Presbyterian Medical Center	14	0	14	2,356	46.11%
Mecklenburg	Levine & Dickson Hospice House at Southminster	10	0	10	1,717	47.04%
Mecklenburg	East Mecklenburg Inpatient Unit at Aldersgate	6	0	6	669	30.55%
Mecklenburg	Novant Health Matthews Medical Center	3	0	3	1,036	94.61%
Moore	FirstHealth Hospice House	11	0	11	2,358	58.73%
New Hanover	Lower Cape Fear LifeCare	18	0	18	3,941	59.98%
Randolph	The Randolph Hospice House	12	0	12	1,753	40.02%
Richmond	Hospice Haven of Richmond County	6	0	6	1,389	63.42%
Robeson	Southeastern Regional Medical Center	12	0	12	793	18.11%
Rockingham	Hospice of Rockingham County	5	0	5	466	25.53%
Rowan	Novant Health Hospice	7	0	7	856	33.50%
Rutherford	Hospice of the Carolina Foothills	10	0	10	1,997	54.71%
Scotland	Scotland Regional Hospice	6	0	6	1,097	50.09%
Surry	Mountain Valley Hospice and Palliative Care	16	0	16	2,804	48.01%
Union	Hospice of Union County	6	0	6	1,210	55.25%
Wake	Transitions LifeCare	30	0	30	4,253	38.84%
Wayne	3HC/Kitty Askins Hospice Center	12	0	12	2,939	67.10%
Yadkin	Mountain Valley Hospice and Palliative Care	4	0	4	891	61.03%
Grand Totals		467	0	467	69,900	

Table 13F: Hospice Residential Facilities

County	License Number	Facility	Number of Licensed Beds	Number of Beds CON Approved/ License Pending
Alamance	HOS1136	Hospice and Palliative Care of Alamance Caswell	8	0
Buncombe	HOS0113	CarePartners Hospice & Palliative Care Services	2	0
Burke	HOS1670	Amorem	3	0
Cabarrus	HOS3389	Hospice & Palliative Care of Cabarrus County	10	0
Caldwell	HOS4155	Amorem	4	0
Caldwell	HOS0185	Amorem	2	0
Carteret	HOS4623	SECU Crystal Coast Hospice House	4	0
Catawba	HOS3144	Catawba Valley Hospice House	10	0
Chatham	HOS4907	SECU Jim & Betsy Bryan Hospice Home of UNC Health Care	4	0
Cleveland	HOS1413	Wendover Hospice House	10	0
Cleveland	HOS4089	Testa Family Hospice House	4	0
Davidson	HOS3784	Hospice of Davidson County	4	0
Forsyth	HOS1603	Kate B. Reynolds Hospice Home	10	0
Gaston	HOS3717	Robin Johnson House - Gaston Hospice	6	0
Guilford	HOS1416	Hospice and Palliative Care of Greensboro-Beacon Place	3	0
Guilford	HOS3522	Hospice Home at High Point	3	0
Iredell	HOS3181	Gordon Hospice House	6	0
Iredell	HOS6247	Hospice and Palliative Care of Iredell County	4	0
Johnston	HOS4088	SECU Hospice House of Johnston Health	6	0
Randolph	HOS4307	The Randolph Hospice House	4	0
Rockingham	HOS0398	Hospice of Rockingham County	3	0
Rowan	HOS4599	Novant Health Hospice	7	0
Rutherford	HOS2891	Hospice of the Carolina Foothills	8	0
Scotland	HOS3031	Scotland Regional Hospice	6	0
Surry	HOS3796	Mountain Valley Hospice and Palliative Care	4	0
Union	HOS0405	Hospice of Union County	20	0
Watauga		Caldwell Hospice Patient Care Unit	0	1
Wayne	HOS1324	3HC/Kitty Askins Hospice Center	12	0
Yadkin	HOS4909	Mountain Valley Hospice and Palliative Care	2	0
Grand Totals			169	1

Table 13G: Hospice Home Care Office Need Determination

County Service Area	Hospice Home Care Office Need Determination	Certificate of Need Application Deadline	Certificate of Need Beginning Review Date
It is determined that there is no need anywhere in the state and no reviews are scheduled.			

Table 13H: Hospice Inpatient Bed Need Determination

County Service Area	Hospice Inpatient Bed Need Determination	Certificate of Need Application Deadline	Certificate of Need Beginning Review Date
It is determined that there is no need anywhere in the state and no reviews are scheduled.			

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Chapter 14:

Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)

CHAPTER 14

INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES

Background Information

Intermediate Care Facilities for Individuals with Intellectual Disabilities or developmental disabilities (ICF/IID) is a category of group home care designated by the federal-state Medicaid program. Under G.S. § 122C-117(a)(2), area mental health, developmental disability and substance use disorder authorities – the Local Management Entity-Managed Care Organizations (LME-MCOs) – have a responsibility to ensure provision of services to people in need within their catchment areas.

The North Carolina Department of Health and Human Services (DHHS) is committed to the integration of people with intellectual and developmental disabilities into community living to the fullest extent possible. One way DHHS encourages community-based alternatives is through the transfer of ICF/IID beds from state developmental centers.

The LME-MCOs serve as the portals of entry and exit for the admission and discharge of clients in ICF/IID facilities (G.S. § 122C-115.4) within the applicable Mental Health, Developmental Disabilities, and Substance Abuse Services (MH/DD/SAS) catchment areas. This involvement is essential to ensure that only clients in need of the intensive array of services provided in an ICF/IID program are admitted and served as close as possible to their own homes, and to ensure coordination with services outside the facility.

Definitions

The *current reporting time point* reflects the inventory of ICF/IID beds as of January 2023.

Changes from the Previous Plan

This chapter contains no substantive changes from the previous State Medical Facilities Plan (SMFP).

Basic Principles

1. People with conditions other than an intellectual disability (such as autism, cerebral palsy, epilepsy or related conditions) may be appropriate for placement in an ICF/IID setting if they are in need of the services the program is certified to provide. In the development of services for this population, potential providers should explore the full continuum of services to determine the most appropriate level of care for their needs.
2. Services for people with a developmental disability should provide a continuum of care. For most individuals, admission to a community-based facility is preferable to admission to a state operated facility because community-based treatment provides greater potential for reintegration into the community. The role of state facilities is to complement and supplement the community mental health system. State facilities should be the setting of last resort and should provide services that cannot be economically provided in the community. Development of community programs may be accomplished through establishing appropriate treatment programs and support services in the community to avoid institutionalization, and by relocating people from state facilities to community programs to the extent appropriate services exist in the community.
3. The ICF/IID bed inventory excludes beds located in state developmental centers because such facilities are not subject to the state's certificate of need (CON) law.

Data Sources

Healthcare Planning obtains the inventory of ICF/IID beds for the current reporting time point from the North Carolina Department of Health and Human Services, Division of Health Service Regulation's (Agency) Mental Health Licensure and Certification Section, and CONs issued by the Agency.

The number of beds in state developmental centers comes from the Division of State Operated Healthcare Facilities (*Table 14B*).

Data on CONs comes from the Division of Health Service Regulation, Healthcare Planning and Certificate of Need Section.

The SMFP does not have a methodology to project the need for additional ICF/IID beds. A need determination is not required to transfer beds from state developmental centers. However, it is necessary to obtain a CON pursuant to Policy ICF/IID-5 in Chapter 4 of the SMFP to transfer beds from a state developmental center.

Table 14A: Inventory of ICF/IID Facilities and Beds

County	Provider Name	CON Approved		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
		Child Beds	Adult Beds			
Alamance	Poplar Street Group Home	0	0		6	6
Alamance	Ralph Scott Lifeservices, Inc.	0	0		6	6
Alamance	Ralph Scott Lifeservices, inc.-Laramie Drive Group Home	0	0		6	6
Alamance	Ralph Scott Lifeservices, Inc./Veterans Drive	0	0		6	6
Alamance	Ralph Scott Lifeservices, Inc./Rosemont Street	0	0		6	6
Alexander	Little River Group Home	0	0		6	6
Alexander	VOCA-Second Avenue Group Home	0	0		6	6
Alexander	Ellendale Group Home	0	0		6	6
Alleghany	New River Cottage, Inc.	0	0		5	5
Anson	Ansonville Group Home	0	0		6	6
Ashe	Ridgecrest II	0	0		6	6
Ashe	Ridgecrest I	0	0		6	6
Ashe	Thomas Street Home	0	0		6	6
Beaufort	Life, Inc./Edgewood Group Home	0	0		6	6
Beaufort	LIFE, Inc./Dixon Road Group Home	0	0		6	6
Beaufort	Life, Inc./Slatestone Road Group Home	0	0		6	6
Beaufort	LIFE, Inc./Beaufort Heights Group Home	0	0		6	6
Beaufort	LIFE, Inc./Minute Man Group Home	0	0		6	6
Bladen	Northridge Residential	0	0		6	6
Bladen	Midlake Residential	0	0		6	6
Brunswick	Life, Inc./Folly Street Group Home	0	0		6	6
Brunswick	Life, Inc./Lockwood Street Group Home	0	0		6	6
Buncombe	BlueWest Opportunities-Swannanoa Residential	0	0		32	32
Buncombe	BlueWest Opportunities-Ora House	0	0		6	6
Buncombe	IWC-Rose Street Home	0	0		12	12
Buncombe	Chiles Avenue Group Home	0	0		6	6
Buncombe	Irene Wortham Residential Center-Azalea	0	0		6	6
Buncombe	BlueWest Opportunities-Pisgah House	0	0		6	6
Buncombe	BlueWest Opportunities-Kenmore House	0	0		6	6
Buncombe	BlueWest Opportunities-Montford House	0	0		5	5

Table 14A: Inventory of ICF/IID Facilities and Beds

County	Provider Name	CON Approved		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
		Child Beds	Adult Beds			
Buncombe	IWRC-Dogwood	0	0		6	6
Buncombe	BlueWest Opportunities-New Stock House	0	0		6	6
Buncombe	Emory Road Home	0	0		6	6
Burke	Hartland Group Home	0	0		6	6
Burke	Chesterfield Group Home	0	0		6	6
Burke	SCI-Burke ICF/MR Group Home	0	0		5	5
Cabarrus	Michigan Street Home	0	0		5	5
Cabarrus	Bost Children's Center	0	0		10	10
Cabarrus	Clear Creek	0	0		120	120
Cabarrus	Christy Woods Group Home	0	0		5	5
Cabarrus	Wilhelm Place Home	0	0		5	5
Caldwell	Creekside Group Home	0	0		6	6
Caldwell	VOCA-Laurel Group Home	0	0		6	6
Caldwell	Playmore Group Home	0	0		6	6
Caldwell	Lower Creek Group Home	0	0		6	6
Carteret	LIFE, Inc./Grey Fox Run Group Home	0	0		6	6
Carteret	LIFE, Inc./Nine Foot Road Group Home	0	0		6	6
Catawba	Penny Lane #1	0	0		6	6
Catawba	23rd Street Home	0	0		6	6
Catawba	Penny Lane II	0	0		6	6
Catawba	Shannonbrook Home	0	0		6	6
Catawba	Wendover Home	0	0		6	6
Chatham	CLLC(Carolina Living & Learning Center)	0	0		15	15
Chowan	Luke Street	0	0		6	6
Chowan	LIFE, Inc./Albemarle Group Home	0	0		6	6
Chowan	LIFE, Inc./Chowan Group Home	0	0		6	6
Chowan	LIFE, Inc./Coke Avenue Group Home	0	0		6	6
Cleveland	VOCA-Young Group Home	0	0		6	6
Cleveland	Wooding Place Group Home	0	0		6	6
Columbus	Strawberry House	0	0		6	6

Table 14A: Inventory of ICF/IID Facilities and Beds

County	Provider Name	CON Approved		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
		Child Beds	Adult Beds			
Columbus	Riverside Residential	0	0		6	6
Craven	Life, Inc./Cherry Lane	0	0		6	6
Craven	Brices Creek Road Home	0	0		6	6
Craven	Dogwood House	0	0		5	5
Craven	Riverbend	0	0		125	125
Craven	Life, Inc./Oakdale Home	0	0		6	6
Craven	Life, Inc./Lavenham Group Home	0	0		6	6
Craven	Kimberly Road	0	0		6	6
Cumberland	Hope Mills Home	0	0		6	6
Cumberland	Southern Avenue Home	0	0		6	6
Cumberland	Wilmington Road Group Home	0	0		6	6
Cumberland	Strickland Bridge Homes A & B	0	0		12	12
Cumberland	No Place Like Home	0	0		5	5
Cumberland	Northside Group Home	0	0		6	6
Cumberland	Holliday's Place Group Home	0	0		6	6
Cumberland	Extra Special Care	0	0		6	6
Cumberland	The Carter Clinic Residential Home	0	0		6	6
Cumberland	My Place	0	0		6	6
Cumberland	Thomas S. Decatur Home	0	0		6	6
Davidson	Scotthurst I & II	0	0		12	12
Davie	Twinbrooks	0	0		6	6
Davie	Boxwood Acres	0	0		6	6
Davie	Pleasant Acres	0	0		6	6
Duplin	Skill Creations of Kenansville	0	0		15	15
Duplin	SCI-Duplin House	0	0		6	6
Durham	Seven Oaks Road-Durham	0	0		5	5
Durham	Chandler Road	0	0		6	6
Durham	Keywest Center	0	0		6	6
Durham	Mineral Springs I	0	0		6	6
Durham	Mineral Springs II	0	0		6	6

Table 14A: Inventory of ICF/IID Facilities and Beds

County	Provider Name	CON Approved		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
		Child Beds	Adult Beds			
Durham	Lynn Road	0	0		6	6
Durham	Holloway Street Home	0	0		6	6
Durham	Voca-Otis Street Home	0	0		6	6
Durham	VOCA-Obie	0	0		6	6
Durham	SCI-Triangle House II	0	0		6	6
Durham	SCI-Triangle House I	0	0		6	6
Durham	VOCA-Gentry	0	0		6	6
Durham	Kenwood Drive Home	0	0		6	6
Edgecombe	Skill Creations of Tarboro	0	0		15	15
Forsyth	Pineview	0	0		5	5
Forsyth	The Atrium/The Respite Center #1	0	-2		30	28
Forsyth	The Atrium/The Respite Center #2	0	6		0	6
Forsyth	The Atrium/The Respite Center #3	0	6		0	6
Forsyth	Forsyth Group Home #1	0	0		6	6
Forsyth	Forsyth Group Home #2	0	0		6	6
Forsyth	Wilson Smith Cottage	0	0		6	6
Forsyth	The Arches-Horizons Residential Care Center	0	-10		10	0
Forsyth	Konnoak Group Home	0	0		6	6
Gaston	Meek Road Group Home	0	0		6	6
Gaston	Belmont Group Home	0	0		5	5
Gaston	Cherryville Group Home	0	0		5	5
Gaston	Mountain Ridge Group Home	0	0		6	6
Gaston	Holy Angels Services-McAuley Residences	0	0		48	48
Gaston	Franklin Group Home	0	0		5	5
Gaston	Springdale Lane Group Home	0	0		5	5
Granville	Dove Road Home	0	0		6	6
Granville	Stem Road Home	0	0		6	6
Granville	Park Avenue Home	0	0		6	6
Granville	Granville ICF/MR Group Home	0	0		5	5
Guilford	Northbay Group Home	0	0		5	5

Table 14A: Inventory of ICF/IID Facilities and Beds

County	Provider Name	CON Approved		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
		Child Beds	Adult Beds			
Guilford	VOCA-Meadowood Drive Group Home	0	0		6	6
Guilford	Watson's Group Home	0	0		6	6
Guilford	Gatewood	0	0		15	15
Guilford	Friendway Group Home	0	0		6	6
Guilford	Summerlyn	0	0		6	6
Guilford	West Friendly	0	0		6	6
Guilford	Westridge	0	0		6	6
Guilford	Guilford #1	0	0		6	6
Guilford	Guilford #2	0	0		6	6
Guilford	Guilford #3	0	0		6	6
Guilford	Rollingwood	0	0		6	6
Guilford	Southridge Road	0	0		5	5
Guilford	Westminister	0	0		6	6
Guilford	Guilford IV	0	0		6	6
Guilford	Ridgely Oak	0	0		6	6
Guilford	Holden Group Home	0	0		6	6
Halifax	Idlewood Group Home	0	0		6	6
Halifax	LIFE, Inc./ Lakeview	0	0		6	6
Halifax	SCI-Roanoke House	0	0		12	12
Halifax	McFarland Road	0	0		6	6
Halifax	Life Inc./King Street Group Home	0	0		6	6
Harnett	Lillington Group Home	0	0		6	6
Harnett	Erwin Avenue Home	0	0		6	6
Harnett	Erwin #2 Group Home	0	0		6	6
Haywood	Haywood County Group Home #3	0	0		5	5
Henderson	Rayside A	0	0		4	4
Henderson	Rayside B	0	0		4	4
Henderson	Pinebrook Group Home	0	0		6	6
Henderson	Country Cove Group Home	0	0		6	6
Hertford	Roanoke Place	0	0		6	6

Table 14A: Inventory of ICF/IID Facilities and Beds

County	Provider Name	CON Approved		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
		Child Beds	Adult Beds			
Hoke	Old Farm Road	0	0		6	6
Hoke	Ashley Heights Home	0	0		6	6
Iredell	Oakdale Group Home	0	0		6	6
Iredell	Fanjoy Home #1	0	0		6	6
Iredell	Bonnie Lane Group Home	0	0		6	6
Iredell	Dal-Wan Heights Group Home	0	0		6	6
Iredell	Fanjoy Home #2	0	0		6	6
Iredell	Hollingswood Group Home	0	0		6	6
Iredell	Pinewood Group Home	0	0		6	6
Jackson	Smoky ICF/MR Group Home	0	0		6	6
Jackson	Webster Group Home	0	0		6	6
Johnston	Country Manor Group Home	0	0		6	6
Johnston	Heath Avenue Home	0	0		6	6
Johnston	Canterbury Road Home	0	0		6	6
Johnston	VOCA-Greenwood Group Home	0	0		6	6
Johnston	VOCA-Laurelwood	0	0		6	6
Lee	Skill Creations of Sanford	0	0		15	15
Lee	T.L.C. Home, Inc.	0	0		10	10
Lee	Hickory II Group Home	0	0		6	6
Lee	VOCA-Sixth Street Group Home	0	0		6	6
Lee	Pine Ridge Group Home	0	0		6	6
Lenoir	Bear Creek	0	0		113	113
Lenoir	Roseanne Group Home	0	0		5	5
Lenoir	Skill Creations of Kinston	0	0		15	15
Lenoir	LaGrange Home	0	0		6	6
Lenoir	Washington Street East Group Home	0	0		6	6
Lenoir	Fox Run Group Home	0	0		6	6
Lenoir	Robin's Nest Group Home	0	0		6	6
Lincoln	Riverview Home	0	0		6	6
Lincoln	Sunny Hill Group Home #1	0	0		6	6

Table 14A: Inventory of ICF/IID Facilities and Beds

County	Provider Name	CON Approved		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
		Child Beds	Adult Beds			
Lincoln	Brookwood Home	0	0		6	6
Lincoln	Sunny Hill II	0	0		6	6
Lincoln	Linoak Group Home	0	0		6	6
Macon	Macon County Group Home	0	0		6	6
Macon	Iotla Street Group Home	0	0		6	6
Madison	BlueWest Opportunities-Mars Hills Residential Services	0	0		32	32
Martin	Life, Inc./Twin Acres Group Home	0	0		6	6
Mcdowell	Laurelwood Group Home	0	0		6	6
Mecklenburg	Oak Street Group Home-St. Mark	0	0		6	6
Mecklenburg	VOCA-Denbur Drive Group Home	0	0		6	6
Mecklenburg	VOCA-Norwich Road Group Home	0	0		6	6
Mecklenburg	VOCA-Mallard Drive	0	0		6	6
Mecklenburg	VOCA-Woodbridge Road Group Home	0	0		6	6
Mecklenburg	Dalmoor Drive Group Home	0	0		6	6
Mecklenburg	Bon Rea Drive Group Home	0	0		6	6
Mecklenburg	VOCA-Simpson Group Home	0	0		6	6
Mecklenburg	Starnes Group Home	0	0		6	6
Mecklenburg	VOCA-Freedom Group Home	0	0		6	6
Mecklenburg	Enoch Drive	0	0		6	6
Mecklenburg	VOCA-Harrisburg Road Group Home	0	0		6	6
Mecklenburg	VOCA-St. John's Church Road Group Home	0	0		6	6
Mecklenburg	VOCA-Oak Drive Group Home	0	0		6	6
Mecklenburg	VOCA-Purser Group Home	0	0		6	6
Mecklenburg	VOCA-Wilson Avenue Group Home	0	0		6	6
Mecklenburg	Tuckaseegee Group Home	0	0		6	6
Mecklenburg	Flowe Drive Group Home	0	0		6	6
Mecklenburg	Mantle Court Group Home	0	0		6	6
Mecklenburg	VOCA-Sandburg Group Home	0	0		6	6
Mecklenburg	VOCA-Oakhaven Drive Group Home	0	0		6	6
Mecklenburg	VOCA-Toddville Road Group Home	0	0		6	6

Table 14A: Inventory of ICF/IID Facilities and Beds

County	Provider Name	CON Approved		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
		Child Beds	Adult Beds			
Mecklenburg	Monroe Road	0	0		6	6
Mecklenburg	Heathcroft	0	0		6	6
Mecklenburg	Burtonwood Circle Home	0	0		6	6
Mecklenburg	Ravendale Drive Group Home	0	0		6	6
Mecklenburg	Leaves	0	0		6	6
Mecklenburg	Lakeview	0	0		6	6
Mecklenburg	Browne Group Home	0	0		6	6
Mecklenburg	Shelburne Place	0	0		6	6
Mecklenburg	Gail B. Hanks Group Home	0	0		6	6
Montgomery	Myrtlewood Group Home	0	0		6	6
Montgomery	Mt. Gilead Children's Home	0	0		6	6
Moore	Sherwood Park Home	0	0		15	15
Moore	Magnolia Group Home	0	0		6	6
Moore	Crest Road Group Home	0	0		6	6
Moore	Moore County Home For Autistic Adults	0	0		6	6
Nash	SCI-Nash House I	0	0		6	6
Nash	SCI-Nash House II	0	0		6	6
Nash	LIFE, Inc/ Green Tee Lane	0	0		6	6
New Hanover	Lifetime Resources, Inc. Echo Farms Group Home	0	0		6	6
New Hanover	Greenville Loop Group Home	0	0		6	6
New Hanover	Myrtle Grove Group Home	0	0		6	6
New Hanover	SCI-Coastal House I and II	0	0		12	12
New Hanover	The Pine Valley Home	0	0		6	6
New Hanover	Robin Hood Group Home	0	0		6	6
New Hanover	LIFE, Inc./Cherokee Trail Group Home	0	0		6	6
Onslow	Queen's Pond	0	0		14	14
Onslow	Sandridge	0	0		24	24
Onslow	Countryview Residential	0	0		6	6
Orange	Residential Services, Inc. Retirement Center	0	0		15	15
Orange	Silo Drive Facility-Chapel Hill	0	0		6	6

Table 14A: Inventory of ICF/IID Facilities and Beds

County	Provider Name	CON Approved		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
		Child Beds	Adult Beds			
Orange	West Main Street Facility-Carrboro	0	0		6	6
Orange	Shadylawn	0	0		6	6
Orange	Christopher Road	0	0		6	6
Orange	Quail Roost Group Home (ICF/MR)	0	0		6	6
Person	Cates Street ICF/MR	0	0		6	6
Person	Frank Street ICF/MR	0	0		6	6
Pitt	Skill Creations of Greenville	0	0		15	15
Pitt	Tar River	0	0		30	30
Pitt	SCI-East	0	0		12	12
Pitt	King George Group Home	0	0		6	6
Pitt	Forest Hills Group Home	0	0		6	6
Pitt	Curry House	0	0		6	6
Pitt	Pitt County Group Home #1	0	0		6	6
Pitt	Pitt County Group Home #2	0	0		6	6
Pitt	Pitt County Group Home #3	0	0		6	6
Randolph	Brookwood	0	0		6	6
Randolph	Timberlea Group Home	0	0		6	6
Richmond	Mallard Lane Center	0	0		5	5
Richmond	Hoffman Group Home	0	0		6	6
Richmond	Pence Place	0	0		9	9
Robeson	Eastbrook	0	0		6	6
Robeson	Wakulla I & II	0	0		12	12
Robeson	Westside Residential	0	0		6	6
Robeson	Corbel Residential	0	0		6	6
Rockingham	Rouse's Group Homes	0	0		30	30
Rockingham	Rouse's Group Home #6	0	0		5	5
Rowan	Rockwell 1 & 2	0	0		12	12
Rowan	Myron Place	0	0		6	6
Rowan	Laura Springs Road Home	0	0		6	6
Rowan	Smith Street Home	0	0		6	6

Table 14A: Inventory of ICF/IID Facilities and Beds

County	Provider Name	CON Approved		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
		Child Beds	Adult Beds			
Rowan	Stoneridge	0	0		6	6
Rutherford	VOCA-Woodland	0	0		6	6
Rutherford	VOCA-Rollins Group Home	0	0		6	6
Sampson	Skill Creations of Clinton	0	0		15	15
Scotland	Lee Forest Home	0	0		6	6
Scotland	Scotland Forest Home	0	0		6	6
Scotland	College Park	0	0		6	6
Stanly	Marie G. Smith Group Home	0	0		6	6
Stanly	Moss I Group Home	0	0		5	5
Stanly	Robert W. Thompson Group Home	0	0		6	6
Stanly	A. Jack Wall Group Home	0	0		6	6
Stanly	Carolina Farms Group Home #1	0	0		6	6
Stanly	Carolina Farms Group Home #2	0	0		6	6
Stanly	Carolina Farms Group Home #3	0	0		6	6
Stanly	Moss II Group Home	0	0		6	6
Stanly	Morrow Valley Farmstead	0	0		10	10
Stokes	Pilotview	0	0		5	5
Surry	Sydnor Street Group Home	0	0		6	6
Surry	Park Drive Group Home	0	0		6	6
Transylvania	Forest Bend Group Home	0	0		6	6
Union	Meadowview Home	0	0		6	6
Union	Karen Lane Home	0	0		6	6
Union	Ridgefield Home	0	0		6	6
Wake	Hilltop Home	0	0		22	22
Wake	Tammy Lynn Center for Developmental Disabilities	0	0		30	30
Wake	Dartmouth Road Group Home	0	0		6	6
Wake	Georgia Court	0	0		6	6
Wake	Forest Creek Group Home	0	0		6	6
Wake	Rolling Meadows	0	0		6	6
Wake	Blanche Drive	0	0		6	6

Table 14A: Inventory of ICF/IID Facilities and Beds

County	Provider Name	CON Approved		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
		Child Beds	Adult Beds			
Wake	Jade Tree	0	0		6	6
Wake	Hickory Avenue Home	0	0		6	6
Wake	Country Lane	0	0		6	6
Wake	VOCA-Creekway	0	0		6	6
Wake	Dickens Drive Home	0	0		6	6
Wake	Helmsdale Group Home	0	0		6	6
Wake	Lockley Road	0	0		6	6
Wake	VOCA Olive Home	0	0		6	6
Wake	Mason Street	0	0		6	6
Wake	Avent Ferry Home	0	0		6	6
Wake	Trotters Bluff	0	0		6	6
Wake	Stonegate	0	0		6	6
Wake	Rockwood	0	0		6	6
Wake	Huntleigh	0	0		6	6
Wake	Bass Lake	0	0		6	6
Washington	Life, Inc./Old Roper Road Group Home	0	0		6	6
Washington	Life, Inc/ Wilson Street Group Home	0	0		6	6
Watauga	Wildcat Group Home	0	0		15	15
Wayne	LIFE, Inc./Walnut Street Group Home	0	0		6	6
Wayne	Life, Inc./William Street Home	0	0		6	6
Wayne	Skill Creations	0	0		15	15
Wayne	Walnut Creek	0	0		37	37
Wayne	Highway 117 Group Home	0	0		6	6
Wayne	Airport Road Group Home	0	0		6	6
Wayne	Daughtry Field Road Group Home	0	0		6	6
Wayne	Norwood Avenue Home	0	0		6	6
Wayne	Holly Street Home	0	0		6	6
Wayne	North Drive Group Home	0	0		6	6
Wilkes	Lewis Fork Homes I & II	0	0		12	12
Wilkes	VOCA-Welborn Ave.	0	0		6	6
Wilkes	Lakewood	0	0		6	6

Table 14A: Inventory of ICF/IID Facilities and Beds

County	Provider Name	CON Approved		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
		Child Beds	Adult Beds			
Wilkes	VOCA-Apple Valley	0	0		6	6
Wilkes	VOCA-College Street	0	0		6	6
Wilkes	VOCA-Blairfield	0	0		6	6
Wilkes	VOCA-Kimsey	0	0		6	6
Wilson	Skill Creations of Wilson	0	0		15	15
Wilson	Life/Raven Ridge Group Home	0	0		6	6
Wilson	McKeel Loop Road Home	0	0		6	6
Yadkin	Yadkin I	0	0		6	6
Yadkin	Yadkin II & III	0	0		12	12
Totals		0	0		2,800	2,800

Table 14B: State Facility Beds Excluded from ICF/IID Inventory by County

County	Facility Name	Number of Certified ICF/IID Beds
Granville	Murdoch Developmental Center	640
Lenoir	Caswell Developmental Center	807
Wayne	O’Berry Neuro-Medical Treatment Center*	338
Burke	J. Iverson Riddle Developmental Center	481
Total		2,266

* This facility operates nursing home beds in addition to the 338 ICF/IID beds.

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Chapter 15:

Technology and Equipment

- A. Cardiac Catheterization Equipment
- B. Gamma Knives
- C. Linear Accelerators
- D. Lithotriptors
- E. Magnetic Resonance Imaging Scanners
- F. Positron Emission Tomography Scanners

CHAPTER 15

TECHNOLOGY AND EQUIPMENT

Introduction

This chapter covers six types of medical equipment subject to the Certificate of Need (CON) Law: cardiac catheterization equipment, gamma knives, linear accelerators (LINAC), lithotriptors, magnetic resonance imaging (MRI) scanners, and positron emission tomography scanners (PET).

Definitions

The reporting year for all types of equipment is October 1 through September 30. The *current* reporting year is October 1, 2021 through September 30, 2022.

The *planning inventory* is the number of units of equipment used in need determination calculations. It is the number of units of equipment in operation, plus the number of CON-approved units of equipment that are under development, plus the number of units of equipment available pursuant to need determinations pending review or appeal.

Changes from the Previous Plan

No substantive changes have been incorporated into this chapter.

Data Sources

Inventory and utilization data come from the Hospital License Renewal Application (LRA) for equipment on a hospital campus or at a facility on a hospital license. Data for equipment in freestanding facilities and mobile units comes from the Registration and Inventory of Medical Equipment form for each type of equipment.

A. CARDIAC CATHETERIZATION EQUIPMENT

Amendment to Chapter 11, Effective June 26, 2024

The State Health Coordinating Council (SHCC), at its March 6th, 2024 meeting, voted to recommend an amendment to the North Carolina 2024 State Medical Facilities Plan to include a need determination for one unit of cardiac catheterization equipment in the Wayne County service area to the Governor. Corrected Table 15A-3 and an amended Table 15A-4 are included in this section.

Introduction

G.S. § 131E-176(2f) defines *cardiac catheterization equipment* as “equipment used to provide cardiac catheterization services.” G.S. § 131E-176(2g) defines *cardiac catheterization services* as “those procedures, excluding pulmonary angiography procedures, in which a catheter is introduced into a vein or artery and threaded through the circulatory system into the heart specifically to diagnose abnormalities in the motion, contraction, and blood flow of the moving heart or to perform surgical therapeutic interventions to restore, repair, or reconstruct the coronary blood vessels of the heart.” Tables 15A-1 and 15A-2 show the number of cardiac catheterization procedures performed during the reporting year.

Changes from the Previous Plan

This section contains no substantive changes from the previous State Medical Facilities Plan (SMFP).

Assumptions of the Methodology

1. Cardiac catheterization equipment service areas are the Acute Care Bed Service Areas defined in Chapter 5 and shown in Figure 5.1.
2. The capacity of a unit of cardiac catheterization equipment is defined as 1,500 diagnostic-equivalent procedures per year, with the trigger of need at 80% of capacity. One interventional cardiac catheterization procedure is valued at 1.75 diagnostic-equivalent procedures. One cardiac catheterization procedure performed on a patient ages 14 or younger is valued at two diagnostic-equivalent procedures. All other procedures are valued at one diagnostic-equivalent procedure.
3. Cardiac catheterization equipment and services shall only be approved for development on hospital sites (i.e., in facilities that are on a hospital’s license) or in a licensed ambulatory surgical facility (excluding endoscopy-only facilities).

Application of the Methodology

Fixed Equipment

Methodology 1 (Table 15A-3)

The need determination methodology in service areas with at least one unit of equipment in the current inventory is as follows:

- Step 1: For each facility with fixed cardiac catheterization equipment, sum the total units of equipment in operation (*Column C*), CON-approved equipment under development (*Column D*), and equipment available pursuant to need determinations pending review or appeal (*Column E*) to determine the planning inventory (*Column F*).
- Step 2: Determine the number of adult and pediatric diagnostic and interventional procedures performed at each facility during the current reporting year (*Table 15A-1*). If mobile procedures are provided in a county that is part of more than one service area, divide the procedures equally between the service areas.

- Step 3: Calculate the total weighted (diagnostic-equivalent) cardiac catheterization procedures for each facility by multiplying adult diagnostic procedures by 1.00, interventional procedures by 1.75, and pediatric procedures performed on patients ages 14 or younger by 2.00 (*Column H*).
- Step 4: For each facility, determine the number of units of fixed cardiac catheterization equipment required for the number of procedures performed by dividing the number of weighted (diagnostic-equivalent) cardiac catheterization procedures performed at each facility by 1,200 procedures (i.e., 80% of the 1,500-procedure capacity). Round the result to the nearest hundredth (*Column I*).
- Step 5: Sum the number of units of fixed cardiac catheterization equipment required for all facilities in the same service area as calculated in Step 4. Round up to the nearest whole number (*Column I*).
- Step 6: In each service area, subtract the total planning inventory (*Column F*) from the number of units of fixed cardiac catheterization equipment required (*Column I*). The difference is the number of additional units of fixed cardiac catheterization equipment needed (*Column J*).

Unless otherwise specified by the methodology, calculations do not use rounded values. However, fractional values are rounded automatically when displayed.

Methodology 2 (Table 15A-2)

For cardiac catheterization equipment in a service area that does not have a unit of fixed cardiac catheterization equipment, a need determination exists for one unit of shared fixed cardiac catheterization equipment (i.e., fixed equipment that is used to perform both cardiac catheterization procedures and angiography procedures) when:

1. The number of cardiac catheterization procedures as defined in 10A NCAC 14C .1601(5) performed at any mobile site in the service area exceeds 240 procedures (80% of 300 procedures) for each eight hours per week the mobile equipment is operated at that site during the current reporting year (*Table 15A-2*); and
2. No other fixed or mobile cardiac catheterization service is provided in the same service area.

Unless otherwise specified by the methodology, calculations do not use rounded values. However, fractional values are rounded automatically when displayed.

Mobile Equipment

The SMFP does not have a methodology to project need for additional mobile cardiac catheterization equipment. A summer petition is required to place a need in the upcoming SMFP. If the need determination is approved, any person may apply for a CON to acquire the mobile cardiac catheterization equipment.

Table 15A-1: Fixed Cardiac Catheterization Procedures by Facility and Type, 2022

County	Hospital	Diagnostic				Interventional				Total
		Adult		Pediatric		Adult		Pediatric		
		Fixed	Mobile	Fixed	Mobile	Fixed	Mobile	Fixed	Mobile	
Alamance	Alamance Regional Medical Center	734	-	-	-	179	-	-	-	913
Buncombe	Mission Hospital	3,614	-	-	-	1,192	-	-	-	4,806
Burke	UNC Health Blue Ridge	373	-	-	-	129	-	-	-	502
Cabarrus	Atrium Health Cabarrus	1,813	-	-	-	1,347	-	-	-	3,160
Caldwell	Caldwell UNC Health Care	-	-	-	-	979	-	-	-	979
Carteret	Carteret General Hospital	489	-	-	-	159	-	-	-	648
Catawba	Catawba Valley Medical Center	666	-	-	-	274	-	-	-	940
Catawba	Frye Regional Medical Center	1,862	-	-	-	990	-	-	-	2,852
Cleveland	Atrium Health Cleveland	3	-	-	-	-	-	-	-	3
Craven	CarolinaEast Medical Center	1,014	-	-	-	826	-	-	-	1,840
Cumberland	Cape Fear Valley Medical Center	806	-	-	-	1,666	-	-	-	2,472
Durham	Duke Regional Hospital	730	-	-	-	320	-	-	-	1,050
Durham	Duke University Hospital	4,087	-	274	-	1,490	-	230	-	6,081
Forsyth	Atrium Health Wake Forest Baptist	2,306	-	3	-	1,303	-	8	-	3,620
Forsyth	Novant Health Forsyth Medical Center	2,924	-	-	-	1,393	-	-	-	4,317
Gaston	CaroMont Regional Medical Center	1,946	-	-	-	601	-	-	-	2,547
Guilford	Cone Health	2,910	-	-	-	1,156	-	-	-	4,066
Guilford	High Point Regional Health	1,322	-	-	-	695	-	-	-	2,017
Halifax	Vidant North Hospital	69	-	-	-	9	-	-	-	78
Harnett	Cape Fear Valley Betsy Johnson Hospital	240	-	-	-	108	-	-	-	348
Haywood	Haywood Regional Medical Center	590	-	-	-	167	-	-	-	757
Henderson	Margaret R. Pardee Memorial Hospital	851	-	-	-	253	-	-	-	1,104
Iredell	Davis Regional Medical Center	111	-	-	-	48	-	-	-	159
Iredell	Iredell Memorial Hospital	797	-	-	-	244	-	-	-	1,041
Iredell	Lake Norman Regional Medical Center	248	-	-	-	138	-	-	-	386
Jackson	Harris Regional Hospital	87	-	-	-	2	-	-	-	89
Johnston	UNC Health Johnston	956	-	-	-	404	-	-	-	1,360

Table 15A-1: Fixed Cardiac Catheterization Procedures by Facility and Type, 2022

County	Hospital	Diagnostic				Interventional				Total
		Adult		Pediatric		Adult		Pediatric		
		Fixed	Mobile	Fixed	Mobile	Fixed	Mobile	Fixed	Mobile	
Lee	Central Carolina Hospital	190	-	-	-	34	-	-	-	224
Lenoir	UNC Lenoir Health Care	236	-	-	-	-	-	-	-	236
Mecklenburg	Atrium Health Pineville	1,129	-	-	-	809	-	-	-	1,938
Mecklenburg	Carolinas Medical Center	2,557	-	345	-	1,286	-	162	-	4,350
Mecklenburg	Novant Health Huntersville Medical Center	553	-	-	-	301	-	-	-	854
Mecklenburg	Novant Health Matthews Medical Center	1,022	-	-	-	552	-	-	-	1,574
Mecklenburg	Novant Health Presbyterian Medical Center	1,146	-	-	-	1,002	-	-	-	2,148
Moore	First Health Moore Regional Hospital	2,693	-	-	-	1,056	-	-	-	3,749
Nash	Nash General Hospital	892	-	-	-	559	-	-	-	1,451
New Hanover	New Hanover Regional Medical Center	3,372	-	-	-	2,198	-	-	-	5,570
Onslow	Onslow Memorial Hospital	-	-	-	-	-	-	-	-	-
Orange	University of North Carolina Hospitals	2,088	-	31	-	1,074	-	106	-	3,299
Pasquotank	Sentara Albemarle Medical Center	685	-	-	-	-	-	-	-	685
Pitt	Vidant Medical Center	2,904	-	3	-	964	-	15	-	3,886
Randolph	Randolph Hospital	-	-	-	-	-	-	-	-	-
Robeson	Southeastern Regional Medical Center	626	-	-	-	505	-	-	-	1,131
Rowan	Novant Health Rowan Medical Center	479	-	-	-	313	-	-	-	792
Rutherford	Rutherford Regional Medical Center	54	-	-	-	-	-	-	-	54
Scotland	Scotland Memorial Hospital	297	-	-	-	46	-	-	-	343
Stanly	Atrium Health Stanly	-	-	-	-	-	-	-	-	-
Union	Atrium Health Union	357	-	-	-	13	-	-	-	370
Vance	Maria Parham Health	154	-	-	-	62	-	-	-	216
Wake	Duke Raleigh Hospital	576	-	-	-	155	-	-	-	731
Wake	Rex Hospital	2,628	-	-	-	2,776	-	-	-	5,404
Wake	WakeMed	2,159	-	-	-	1,680	-	-	-	3,839
Wake	WakeMed Cary Hospital	407	-	-	-	124	-	-	-	531
Watauga	Watauga Medical Center	336	-	-	-	154	-	-	-	490

Table 15A-1: Fixed Cardiac Catheterization Procedures by Facility and Type, 2022

County	Hospital	Diagnostic				Interventional				Total
		Adult		Pediatric		Adult		Pediatric		
		Fixed	Mobile	Fixed	Mobile	Fixed	Mobile	Fixed	Mobile	
Wayne	Wayne UNC Health Care	1,044	-	-	-	221	-	-	-	1,265
Wilkes	Wilkes Regional Medical Center	-	-	-	-	-	-	-	-	-
Wilson	Wilson Medical Center	101	-	-	-	16	-	-	-	117
Total		60,233	-	656	-	31,972	-	521	-	93,382

Table 15A-2: Mobile Cardiac Catheterization Capacity and Volume

County	Service Site	Days/Week On Site	Procedure Capacity	Procedures Reported in 2022
Columbus	Columbus Regional Healthcare System	1.00	300	3
Davidson	Novant Health Thomasville Medical Center	1.00	300	97
Jackson	Harris Regional Hospital	1.00	300	177
Brunswick	Novant Health Brunswick Medical Center	1.00	300	25
Total		4.00	1,200	302

Table 15A-3: Fixed Cardiac Catheterization Equipment, Capacity and Volume

A	B	C	D	E	F	G	H	I	J	K
Cardiac Catheterization Equipment Service Areas	Facility	Current Inventory	CON Issued/ Pending Development	Pending Review or Appeal	Total Planning Inventory	F o r e c a s t i n g	2022 Procedures (Weighted Totals)	Machines Required Based on 80% Utilization	Number of Additional Machines Required by Facility	Number of Additional Machines Needed by Service Area
Alamance	Alamance Regional Medical Center	1			1	b	1,047	0.87	0	
	TOTAL				1			1		0
Brunswick	2023 Need Determination			1	1					
	TOTAL				1					
Buncombe/Graham/Madison/Yancey	Mission Hospital	5			5	b	5,700	4.75	0	
	TOTAL				5			5		0
Burke	UNC Health Blue Ridge	1			1	b	599	0.50	0	
	2023 Need Determination			1	1					
	TOTAL				2			1		0
Cabarrus	Atrium Health Cabarrus	2	1		3	b	4,170	3.48	0	
	TOTAL				3			4		1
Caldwell	Caldwell Memorial Hospital	1			1	d	1,713	1.43	0	
	TOTAL				1			2		1
Carteret	Carteret General Hospital	1			1	b	767	0.64	0	
	TOTAL				1			1		0
Catawba	Catawba Valley Medical Center	1			1	b	1,146	0.95	0	
	Frye Regional Medical Center	4			4	b	3,595	3.00	0	
	TOTAL				5			4		0
Cleveland	Atrium Health Cleveland	1			1	c	3	0.00	0	
	TOTAL				1			1		0
Craven/Jones/ Pamlico	CarolinaEast Medical Center	3			3	b	2,460	2.05	0	
	TOTAL				3			3		0
Cumberland	Cape Fear Valley Medical Center	4			4	b	3,722	3.10	0	
	TOTAL				4			4		0
Durham/ Caswell/Warren	Duke Regional Hospital	2			2	b	1,290	1.08	0	
	Duke University Hospital	7			7	a	7,703	6.42	0	
	TOTAL				9			8		0
Forsyth	Atrium Health Wake Forest Baptist	5			5	a	4,608	3.84	0	
	Novant Health Forsyth Medical Center	8			8	b	5,362	4.47	0	
	TOTAL				13			9		0
Gaston	CaroMont Regional Medical Center	3			3	b	2,998	2.50	0	
	TOTAL				3			3		0
Guilford	Cone Health	7			7	b	4,933	4.11	0	
	High Point Regional Medical Center	4			4	b	2,538	2.12	0	
	TOTAL				11			7		0
Halifax/ Northampton	Vidant North Hospital	1			1	b	85	0.07	0	
	TOTAL				1			1		0
Harnett	Cape Fear Valley Betsy Johnson Hospital	1			1	b	429	0.36	0	
	TOTAL				1			1		0
Haywood	Haywood Regional Hospital	1			1	b	882	0.74	0	
	TOTAL				1			1		0

Table 15A-3: Fixed Cardiac Catheterization Equipment, Capacity and Volume

A	B	C	D	E	F	G	H	I	J	K
Cardiac Catheterization Equipment Service Areas	Facility	Current Inventory	CON Issued/ Pending Development	Pending Review or Appeal	Total Planning Inventory	F o r n o t e	2022 Procedures (Weighted Totals)	Machines Required Based on 80% Utilization	Number of Additional Machines Required by Facility	Number of Additional Machines Needed by Service Area
Henderson	Margaret R. Pardee Memorial Hospital	1	1		2	b	1,294	1.08	0	
	TOTAL				2			2		0
Iredell	Davis Regional Medical Center	1			1	b	195	0.16	0	
	Iredell Memorial Hospital	1	1		2	b	1,224	1.02	0	
	Lake Norman Regional Medical Center	1			1	b	490	0.41	0	
	TOTAL				4			2		0
Jackson	Harris Regional Hospital	1			1	b	91	0.08	0	
	TOTAL				1			1		0
Johnston	UNC Health Johnston	1			1	b	1,663	1.39	0	
	2023 Need Determination			1	1					
	TOTAL				2			2		0
Lee	Central Carolina Hospital	1			1	b	250	0.21	0	
	TOTAL				1			1		0
Lenoir	UNC Lenoir Health Care	1			1	c	236	0.20	0	
	TOTAL				1			1		0
Mecklenburg	Atrium Health Pineville	3			3	b	2,545	2.12	0	
	Carolinas Medical Center	9			9	a	5,822	4.85	0	
	Novant Health Huntersville Medical Center	1			1	b	1,080	0.90	0	
	Novant Health Matthews Medical Center	1	1		2	b	1,988	1.66	0	
	Novant Health Presbyterian Medical Center	2			2	b	2,900	2.42	0	
	TOTAL				17			12		0
Moore	FirstHealth Moore Regional Hospital	6			6	b	4,541	3.78	0	
	TOTAL				6			4		0
Nash	Nash General Hospital	2			2	b	1,870	1.56	0	
	TOTAL				2			2		0
New Hanover	New Hanover Regional Medical Center	5	1		6	b	7,219	6.02	0	
	2023 Need Determination			1	1					
	TOTAL				7			7		0
Onslow	Onslow Memorial Hospital	1			1		0	0.00	0	
	TOTAL				1			0		0
Orange	UNC Hospitals	4	1		5	a	4,242	3.53	0	
	TOTAL				5			4		0
Pasquotank/ Camden/ Currituck/ Perquimans	Sentara Albemarle Medical Center	1			1	c	685	0.57	0	
	TOTAL				1			1		0
Pitt/Greene/ Hyde/Tyrell	Vidant Medical Center	7			7	a	4,627	3.86	0	
	TOTAL				7			4		0
Randolph	Randolph Hospital	1			1		0	0.00	0	
	TOTAL				1			0		0

Table 15A-3: Fixed Cardiac Catheterization Equipment, Capacity and Volume

A	B	C	D	E	F	G	H	I	J	K
Cardiac Catheterization Equipment Service Areas	Facility	Current Inventory	CON Issued/ Pending Development	Pending Review or Appeal	Total Planning Inventory	F o o t o n o t e	2022 Procedures (Weighted Totals)	Machines Required Based on 80% Utilization	Number of Additional Machines Required by Facility	Number of Additional Machines Needed by Service Area
Robeson	Southeastern Regional Medical Center	2			2	b	1,510	1.26	0	
	TOTAL				2			2		0
Rowan	Novant Health Rowan Medical Center	1			1	b	1,027	0.86	0	
	TOTAL				1			1		0
Rutherford	Rutherford Regional Medical Center	1			1	c	54	0.05	0	
	TOTAL				1			1		0
Scotland	Scotland Memorial Hospital	1			1	b	378	0.31	0	
	TOTAL				1			1		0
Stanly	Atrium Health Stanly	1			1		0	0.00	0	
	TOTAL				1			0		0
Union	Atruim Health Union	1			1	b	380	0.32	0	
	TOTAL				1			1		0
Vance/Warren	Maria Parham Medical Center	1			1	b	263	0.22	0	
	TOTAL				1			1		0
Wake	Duke Raleigh Hospital	3			3	b	847	0.71	0	
	Rex Hospital	6			6	b	7,486	6.24	0	
	WakeMed	9			9	b	5,099	4.25	0	
	WakeMed Cary Hospital	1			1	b	624	0.52	0	
	TOTAL				19			12		0
Watauga	Watauga Medical Center	1			1	b	606	0.50	0	
	TOTAL				1			1		0
Wayne	Wayne UNC Health Care	1			1	b	1,431	1.19	0	
	TOTAL				1			2		1
Wilkes	Wilkes Regional Medical Center	1			1		0	0.00	0	
	TOTAL				1			0		0
Wilson	Wilson Medical Center	1			1	b	129	0.11	0	
	TOTAL				1			1		0
NORTH CAROLINA TOTALS		145	6	4	155		118,538	121		3

^a Adult diagnostic procedures plus adult interventional procedures x 1.75 plus pediatric procedures x 2

^b Adult diagnostic procedures plus adult procedures interventional x 1.75

^c Adult diagnostic procedures

^d Adult interventional procedures x 1.75

**Table 15A-4: Fixed Cardiac Catheterization Equipment
Need Determination***

Service Area	Fixed Cardiac Catheterization Equipment Need Determination	Certificate of Need Application Deadline**	Certificate of Need Beginning Review Date
Cabarrus	1	February 15, 2024	March 1, 2024
Caldwell	1	June 17, 2024	July 1, 2024
Wayne	1	October 15, 2024	November 1, 2024
It is determined that there is no need anywhere else in the state and no other reviews are scheduled.			

* Any person can apply for a CON to meet the need, not just the health service facility or facilities that generated the need.

** Application deadlines are absolute, pursuant to 10A NCAC 14C.0202(2). The filing deadline is 5:00 p.m. on the application deadline date.

**Table 15A-5: Shared Fixed Cardiac Catheterization Equipment
Need Determination**

Service Area	Shared Fixed Cardiac Catheterization Equipment Need Determination	Certificate of Need Application Deadline	Certificate of Need Beginning Review Date
It is determined that there is no need anywhere in the state and no reviews are scheduled.			

B. GAMMA KNIVES

Introduction

Gamma knife, as defined in G.S. § 131E-176(7c), means “equipment which emits photon beams from a stationary radioactive cobalt source to treat lesions deep within the brain and is one type of stereotactic radiosurgery.” Two types of equipment, both using photon beams, perform this kind of radiosurgery. In one type, beams from a linear accelerator are focused from a device that rotates around the patient. The other type of equipment, gamma knife, emits 201 beams from stationary radioactive cobalt sources.

North Carolina has two gamma knife planning regions (service areas) - the western region (Health Service Areas [HSA] I, II, and III) and the eastern region (HSAs IV, V, and VI). Appendix A identifies the multicounty groupings that comprise the HSAs. The gamma knife at Atrium Health Wake Forest Baptist Hospital in Forsyth County (HSA II) serves the western region. This facility performed 504 procedures during the reporting year. The gamma knife at ECU Health Medical Center in Pitt County (HSA VI) serves the eastern region. This facility performed 179 procedures during the reporting year. Pursuant to the 2020 adjusted need determination, Carolinas Medical Center received a CON (F-011898-20) to acquire a gamma knife in Mecklenburg County (HSA III).

The SMFP does not have a methodology to project need for additional gamma knives. A summer petition is required to place a need in the SMFP. If the need determination is approved, any person may apply for a CON to acquire the gamma knife.

C. LINEAR ACCELERATORS

Introduction

G.S. § 131E-176 (14g) defines a *linear accelerator* as “a machine used to produce ionizing radiation in excess of 1,000,000 electron volts in the form of a beam of electrons or photons to treat cancer patients.”

Table 15C-1 lists the facilities that have linear accelerators. Table 15C-2 lists the facilities that also provide stereotactic radiosurgery treatment using appropriately equipped linear accelerators.

Changes from the Previous Plan

This section contains no substantive changes from the previous State Medical Facilities Plan (SMFP).

Data Sources

In addition to the data sources listed in the introduction to this chapter, this methodology also obtains the July 1 estimated county population for 2023 provided by the North Carolina Office of State Budget and Management.

Definition

A linear accelerator’s *service area* is one of the 28 multicounty groupings described in the Assumptions of the Methodology.

Assumptions of the Methodology

1. The methodology incorporates: (a) a geographic accessibility criterion, which is a population base of 120,000 as suggested by the Inter-Society Council for Radiation Oncology; (b) a criterion aimed at assuring efficient use of megavoltage radiation facilities (when Equivalent Simple Treatment Visit [ESTV] procedures divided by 6,750 minus the number of present linear accelerators equals ≥ 0.25); and (c) a patient origin criterion (when a service area has 45% or more of the patients coming from outside the service area). A need determination exists when two of the three criteria are met within a service area.
2. The American College of Radiology recommends use of ESTVs because radiation treatments vary in complexity. In addition, when developing the original methodology, ESTVs were recommended as part of the comments received during public hearings. Providers report procedures by Current Procedural Terminology (CPT) codes, which are converted to ESTVs (*Table 15C-3*).
3. Patient origin data from the current reporting year forms the basis for defining service areas (*Table 15C-4*). Counties are the basic units for the formation of linear accelerator service areas, based on proximity, utilization patterns, and patient origin data. A small percentage of the population lives some distance from a linear accelerator, but the sparsity of population in and around these areas does not provide the population required to support a linear accelerator. In these cases, two exceptions apply:
 - a. Where patient origin data indicates a county's residents primarily use a linear accelerator that is outside their home county, the county is aligned with the county where at least 45% of its residents go for linear accelerator services.
 - b. When a county with a linear accelerator has a population less than 120,000, that county is combined with an adjacent county to which the largest percentage of patients go for linear accelerator services, based on patient origin data.

4. Three principal questions must be addressed when determining whether a service area needs an additional linear accelerator:
 - a. Do the linear accelerators in the service area perform more than 6,750 procedures (ESTVs) per accelerator per year?
 - b. Is the population of the service area greater than 120,000 per accelerator?
 - c. Does the patient origin data show that more than 45% of the patients come from outside the service area?

Application of the Methodology

The standard methodology for determining need for linear accelerators is calculated as follows:

Criterion 1:

- Step 1: Sum the population estimates for the counties that comprise each linear accelerator service area to determine the population for the service areas (*Table 15C-4*).
- Step 2: For each linear accelerator service area, sum the number of existing linear accelerators, the number of CON-approved linear accelerators under development, and the number of linear accelerators available pursuant to need determinations pending review or appeal (*Table 15C-1*).
- Step 3: Divide the service area population by the result of Step 2 to determine the population residing in the service area per linear accelerator. If the result is greater than or equal to 120,000 per linear accelerator, Criterion 1 is satisfied (*Table 15C-5*).

Criterion 2:

- Step 4: For each service area, use current patient origin data for the reporting year to count the number of patients served on linear accelerators located in the service area, and who reside in a county outside the service area.
- Step 5: For each service area, divide the results of Step 4 by the total number of patients served on linear accelerators located in the service area. If more than 45% of total patients served on linear accelerators located in a service area reside outside the service area, then Criterion 2 is satisfied (*Table 15C-5*).

Criterion 3:

- Step 6: For each linear accelerator service area, sum the number of reported ESTV procedures performed on the linear accelerators located in the service area.
- Step 7: Divide the results of Step 6 by the number of linear accelerators in the service area which are counted in Step 2 to determine the average number of ESTV procedures performed per linear accelerator in each linear accelerator service area.
- Step 8: Divide the results of Step 7 by 6,750 ESTV procedures.
- Step 9: Subtract the number of linear accelerators in the service area counted in Step 2 from the results of Step 8. If the difference is greater than or equal to positive 0.25, Criterion 3 is satisfied (*Table 15C-5*).

If any two of the above three criteria are satisfied in a linear accelerator service area, the service area has a need determination for one additional linear accelerator (*Table 15C-5*).

Criterion 4:

Regardless of the results of Steps 1-9 above, if a county has a population of 120,000 or more and there is not a linear accelerator counted in Step 2 for that county, a need is determined for one linear accelerator in that county. As a result, the county becomes a separate, new linear accelerator service area.

Unless otherwise specified by the methodology, calculations do not use rounded values. However, fractional values are rounded automatically when displayed.

Table 15C-1: Hospital and Free-Standing Linear Accelerators and Radiation Oncology Procedures

Facility Name	Service Area Number	County	Number of Linear Accelerators	Number of Procedures (ESTVs) 10/1/2021-9/30/2022	Average Number of Procedures per Unit
Harris Regional Hospital	1	Jackson	1	1,355	1,355
North Carolina Radiation Therapy Management Services - Franklin	1	Macon	1	1,984	1,984
Mission Hospital	2	Buncombe	3	15,170	5,057
North Carolina Radiation Therapy Management Services - Asheville	2	Buncombe	1	7,828	7,828
North Carolina Radiation Therapy Management Services - Asheville	2	Buncombe	1	0	0
North Carolina Radiation Therapy Management Services - Weaverville	2	Buncombe	1	2,915	2,915
North Carolina Radiation Therapy Management Services - Clyde	2	Haywood	1	4,308	4,308
North Carolina Radiation Therapy Management Services - Marion	2	McDowell	1	2,872	2,872
Watauga Medical Center	3	Watauga	1	2,336	2,336
Margaret R. Pardee Memorial Hospital	4	Henderson	1	6,194	6,194
North Carolina Radiation Therapy Management Services - Hendersonville	4	Henderson	1	3,536	3,536
North Carolina Radiation Therapy Management - Brevard	4	Transylvania	1	1,521	1,521
UNC Health Blue Ridge - Valdese Campus	5	Burke	2	5,506	2,753
Caldwell UNC Health Care	5	Caldwell	1	0	0
Catawba Valley Medical Center	5	Catawba	2	13,250	6,625
Frye Regional Medical Center - Main Campus	5	Catawba	1	2,737	2,737
Atrium Health Cleveland	6	Cleveland	1	6,561	6,561
CaroMont Regional Medical Center *	6	Gaston	3	21,210	7,070
North Carolina Radiation Therapy Management Services - Forest City	6	Rutherford	1	3,642	3,642
Atrium Health Carolinas Medical Center	7	Mecklenburg	3	19,496	6,499
Atrium Health Pineville	7	Mecklenburg	2	13,016	6,508
Atrium Health University City	7	Mecklenburg	1	7,918	7,918
Matthews Radiation Oncology Center	7	Mecklenburg	2	11,087	5,544
Novant Health Huntersville Medical Center	7	Mecklenburg	1	4,263	4,263
Novant Health Presbyterian Medical Center	7	Mecklenburg	2	12,699	6,350
Atrium Health Union	7	Union	1	8,279	8,279
Iredell Memorial Hospital, Inc.	8	Iredell	2	6,307	3,154
Lake Norman Radiation Oncology	8	Iredell	1	7,994	7,994
Novant Health Cancer Institute-Rowan	8	Rowan	1	6,041	6,041
Atrium Health Cabarrus	9	Cabarrus	3	12,954	4,318
Atrium Health Stanly	9	Stanly	1	3,661	3,661
Novant Health Forsyth Medical Center	10	Forsyth	5	10,631	2,126
Wake Forest Baptist Medical Center	10	Forsyth	4	23,199	5,800
Hugh Chatham Memorial Hospital	10	Surry	1	0	0

Table 15C-1: Hospital and Free-Standing Linear Accelerators and Radiation Oncology Procedures

Facility Name	Service Area Number	County	Number of Linear Accelerators	Number of Procedures (ESTVs) 10/1/2021-9/30/2022	Average Number of Procedures per Unit
Lexington Medical Center	11	Davidson	1	3,181	3,181
Cone Health	12	Guilford	4	30,468	7,617
High Point Medical Center	12	Guilford	2	9,977	4,988
UNC Rockingham Hospital	12	Rockingham	1	2,505	2,505
Randolph Health	13	Randolph	1	3,884	3,884
University of North Carolina Hospitals at Chapel Hill, DBA UNC Hospitals	14	Orange	6	39,067	6,511
Alamance Regional Medical Center	15	Alamance	2	9,630	4,815
Duke Regional Hospital	16	Durham	1	3,497	3,497
Duke University Hospital Main Campus	16	Durham	8	40,503	5,063
Maria Parham Health	16	Vance	1	6,203	6,203
FH Moore Regional Hospital	17	Moore	2	17,364	8,682
Scotland Memorial Hospital	17	Scotland	1	2,991	2,991
Cape Fear Valley Medical Center	18	Cumberland	5	19,399	3,880
Southeastern Regional Medical Center	18	Robeson	2	6,525	3,262
North Carolina Radiation Therapy Management Services - Clinton	18	Sampson	1	3,473	3,473
New Hanover Regional Medical Center **	19	New Hanover	5	34,506	6,901
Franklin County Cancer Center	20	Franklin	1	0	0
2023 Need Determination	20	Wake	1	0	0
Duke Raleigh Hospital	20	Wake	4	23,733	5,933
Rex Hospital	20	Wake	4	21,356	5,339
UNC Hospital Radiation Oncology -Holly Springs	20	Wake	1	0	0
UNC Rex Cancer Center of East Raleigh	20	Wake	1	4,240	4,240
Central Harnett Hospital	21	Harnett	1	0	0
Johnston Health Clayton Professional Plaza	22	Johnston	1	6,319	6,319
Smithfield Radiation Oncology	22	Johnston	1	5,239	5,239
Main Campus	23	Lenoir	1	7,653	7,653
North Carolina Radiation Therapy Management Services - Goldsboro	23	Wayne	1	6,017	6,017
Carteret Health Care	24	Carteret	2	6,980	3,490
CarolinaEast Medical Center	24	Craven	2	9,746	4,873
Onslow Radiation Oncology, LLC	25	Onslow	1	2,694	2,694
North Carolina Radiation Therapy Management Services - Roanoke Rapids	26	Halifax	1	2,484	2,484
Nash Hospitals Inc.	26	Nash	2	7,706	3,853
Wilson Radiation Oncology	26	Wilson	1	1,377	1,377
ECU Health Beaufort Hospital	27	Beaufort	1	4,354	4,354
Vidant Radiation Oncology	27	Hertford	1	2,026	2,026
Vidant Radiation Oncology	27	Pitt	3	14,375	4,792
Vidant Radiation Oncology	27	Pitt	1	6,604	6,604

Table 15C-1: Hospital and Free-Standing Linear Accelerators and Radiation Oncology Procedures

Facility Name	Service Area Number	County	Number of Linear Accelerators	Number of Procedures (ESTVs) 10/1/2021-9/30/2022	Average Number of Procedures per Unit
Outer Banks Health Hospital	28	Dare	1	3,029	3,029
Sentara Albemarle Medical Center	28	Pasquotank	1	5,584	5,584
Totals (73 Facilities)			132	625,148	4,736

* CaroMont Regional Medical Center has two linear accelerators in Gaston County and one linear accelerator in Lincoln County

** New Hanover Regional Medical Center has four linear accelerators in New Hanover County and one linear accelerator in Brunswick County.

Table 15C-2: Stereotactic Radiosurgery Procedures

County	Facility	Number of Procedures
Alamance	Alamance Regional Medical Center	272
Buncombe	Mission Hospital	772
Buncombe	North Carolina Radiation Therapy Management Services - Asheville	264
Buncombe	North Carolina Radiation Therapy Management Services - Weaverville	68
Cabarrus	Atrium Health Cabarrus	498
Carteret	Carteret General Hospital	310
Catawba	Catawba Valley Medical Center	369
Catawba	Frye Regional Medical Center	101
Cleveland	Atrium Health Cleveland	140
Craven	CarolinaEast Medical Center	361
Cumberland	Cape Fear Valley Medical Center	274
Durham	Duke Regional Hospital	19
Durham	Duke University Hospital	2609
Forsyth	Atrium Health Wake Forest Baptist	686
Forsyth	Novant Health Forsyth Medical Center	555
Franklin	North Carolina Radiation Therapy Management Services - Franklin	4
Gaston	CaroMont Regional Medical Center	254
Guilford	Cone Health	868
Guilford	High Point Regional Health	223
Haywood	North Carolina Radiation Therapy Management Services - Clyde	85
Henderson	North Carolina Radiation Therapy Management Services - Hendersonville	13
Henderson	Margaret R. Pardee Memorial Hospital	17
Iredell	Iredell Memorial Hospital	125
Jackson	Harris Regional Hospital	75
Johnston	Smithfield Radiation Oncology	22
Lenoir	UNC Lenoir Health Care	212
McDowell	North Carolina Radiation Therapy Management Services - Marion	66
Mecklenburg	Atrium Health University City	50
Mecklenburg	Carolinas Medical Center/Center for Mental Health	910
Mecklenburg	Novant Health Huntersville Medical Center	95
Mecklenburg	Atrium Health Pineville	96
Mecklenburg	Novant Health Presbyterian Medical Center	632
Mecklenburg	University Radiation Therapy Center	50
Mecklenburg	Matthews Radiation Oncology Center	13
Moore	FirstHealth Moore Regional Hospital and Pinehurst Treatment Cntr.	538
New Hanover	New Hanover Regional Medical Center	1368
Orange	University of North Carolina Hospitals	1353
Robeson	Southeastern Regional Medical Center	82
Rockingham	UNC Rockingham Hospital	5
Rowan	Novant Health Rowan Medical Center	137
Rutherford	North Carolina Radiation Therapy Management Services - Forest City	67
Scotland	Scotland Memorial Hospital	0
Rutherford	North Carolina Radiation Therapy Management Services - Brevard	0
Surry	Hugh Chatham Memorial Hospital	0
Union	Atrium Health Union	70
Wake	Duke Raleigh Hospital	607
Wake	Rex Hospital	564
Wayne	North Carolina Radiation Therapy Management Services - Goldsboro	17
Watauga	Watauga Medical Center	73
Wilson	Wilson Medical Center	42
Total		16,031

Table 15C-3: Linear Accelerator Treatment Data - Hospital and Free-Standing

CPT Code	Description	ESTVs/ Procedures Under ACR
<i>Simple Treatment Delivery</i>		
77401	Radiation treatment delivery	1.00
77402	Radiation treatment delivery (<=5 MeV)	1.00
77403	Radiation treatment delivery (6-10 MeV)	1.00
77404	Radiation treatment delivery (11-19 MeV)	1.00
77406	Radiation treatment delivery (>=20 MeV)	1.00
<i>Intermediate Treatment Delivery</i>		
77407	Radiation treatment delivery (<=5 MeV)	1.00
77408	Radiation treatment delivery (6-10 MeV)	1.00
77409	Radiation treatment delivery (11-19 MeV)	1.00
77411	Radiation treatment delivery (>=20 MeV)	1.00
<i>Complex Treatment Delivery</i>		
77412	Radiation treatment delivery (<=5 MeV)	1.00
77413	Radiation treatment delivery (6-10 MeV)	1.00
77414	Radiation treatment delivery (11-19 MeV)	1.00
77416	Radiation treatment delivery (>= 20 MeV)	1.00
<i>Other CPT Codes</i>		
77417	Additional field check radiographs	.50
77418	Intensity modulated radiation treatment (IMRT) delivery	1.00
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multisource Cobalt 60 based (Gamma Knife)	3.00
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator	3.00
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	3.00
G0339	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery in one session or first fraction	3.00
G0340	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery, fractionated treatment, 2nd-5th fraction	3.00
	Total body irradiation	2.50
	Hemibody irradiation	2.00
	Intraoperative radiation therapy (conducted by bringing the anesthetized patient down to the linear accelerator)	10.00
	Neutron and proton radiation therapy	2.00
	Limb salvage irradiation	1.00
	Pediatric patient under anesthesia	1.50

Table 15C-4: Linear Accelerator Service Areas

Area	County	2023 Total Population
1	Cherokee	29,387
1	Clay	11,573
1	Graham	8,067
1	Jackson	43,331
1	Macon	37,957
1	Swain	14,370
	Total	144,685
2	Buncombe	277,266
2	Haywood	63,282
2	Madison	21,598
2	McDowell	44,773
2	Mitchell	14,854
2	Yancey	18,439
	Total	440,212
3	Ashe	26,685
3	Avery	17,951
3	Watauga	53,561
	Total	98,197
4	Henderson	118,043
4	Polk	19,585
4	Transylvania	33,609
	Total	171,237
5	Alexander	36,560
5	Burke	87,923
5	Caldwell	81,075
5	Catawba	163,845
	Total	369,403
6	Cleveland	102,680
6	Gaston	241,175
6	Lincoln	93,144
6	Rutherford	64,350
	Total	501,349
7	Anson	21,433
7	Mecklenburg	1,159,791
7	Union	252,232
	Total	1,433,456
8	Iredell	200,590
8	Rowan	150,169
	Total	350,759
9	Cabarrus	240,512
9	Stanly	63,008
	Total	303,520
10	Alleghany	11,142
10	Davie	44,223
10	Forsyth	388,365
10	Stokes	45,205
10	Surry	71,283
10	Wilkes	65,600
10	Yadkin	37,082
	Total	662,900

Table 15C-4: Linear Accelerator Service Areas

Area	County	2023 Total Population
11	Davidson	173,876
	Total	173,876
12	Guilford	546,934
12	Rockingham	91,991
	Total	638,925
13	Randolph	146,470
	Total	146,470
14	Chatham	79,708
14	Orange	151,126
	Total	230,834
15	Alamance	178,943
15	Caswell	22,245
	Total	201,188
16	Durham	337,195
16	Granville	62,776
16	Person	39,681
16	Vance	41,815
16	Warren	18,892
	Total	500,359
17	Hoke	56,404
17	Lee	65,751
17	Montgomery	25,745
17	Moore	107,122
17	Richmond	42,137
17	Scotland	33,005
	Total	330,164
18	Bladen	29,077
18	Cumberland	345,250
18	Robeson	117,372
18	Sampson	58,961
	Total	550,660
19	Brunswick	157,537
19	Columbus	49,851
19	New Hanover	238,240
19	Pender	67,729
	Total	513,357
20	Franklin	75,698
20	Wake	1,189,705
	Total	1,265,403
21	Harnett	143,081
	Total	143,081
22	Johnston	242,959
	Total	242,959
23	Duplin	48,754
23	Lenoir	54,299
23	Wayne	117,447
	Total	220,500

Table 15C-4: Linear Accelerator Service Areas

Area	County	2023 Total Population
24	Carteret	69,296
24	Craven	102,142
24	Jones	9,195
24	Pamlico	12,265
	Total	192,898
25	Onslow	212,036
	Total	212,036
26	Edgecombe	47,122
26	Halifax	47,359
26	Nash	95,428
26	Northampton	16,854
26	Wilson	77,313
	Total	284,076
27	Beaufort	44,244
27	Bertie	16,655
27	Greene	20,120
27	Hertford	19,365
27	Hyde	4,495
27	Martin	21,291
27	Pitt	172,005
27	Washington	10,425
	Total	308,600
28	Camden	11,144
28	Chowan	13,722
28	Currituck	32,208
28	Dare	38,392
28	Gates	10,247
28	Pasquotank	40,887
28	Perquimans	13,598
28	Tyrrell	3,161
	Total	163,359

Table 15C-5: Linear Accelerator Service Areas and Calculations

Service Area	2023 Population	Accelerators	Population within Service Area Per Accelerator	Percentage of Patients from Outside the Service Area	2021-2022 ESTV Procedures	Procedures Per Accelerator	ESTV Procedures Divided by 6,750 Minus # of Accelerators	Need Determinations
Area 1	144,685	2	72,343	15.69%	3,339	1,670	-1.51	
Area 2	440,212	8	55,027	27.38%	33,093	4,137	-3.10	
Area 3	98,197	1	98,197	14.06%	2,336	2,336	-0.65	
Area 4	171,237	3	57,079	11.25%	11,251	3,750	-1.33	
Area 5	369,403	6	61,567	17.67%	21,492	3,582	-2.82	
Area 6	501,349	5	100,270	10.10%	31,413	6,283	-0.35	
Area 7	1,433,456	12	119,455	22.00%	76,757	6,396	-0.63	
Area 8	350,759	4	87,690	28.57%	20,341	5,085	-0.99	
Area 9	303,520	4	75,880	25.30%	16,615	4,154	-1.54	
Area 10	662,900	10	66,290	36.73%	33,830	3,383	-4.99	
Area 11*	173,876	1	173,876	20.57%	3,181	3,181	-0.53	
Area 12	638,925	7	91,275	20.23%	42,949	6,136	-0.64	
Area 13*	146,470	1	146,470	13.70%	3,884	3,884	-0.42	
Area 14**	230,834	6	38,472	74.69%	39,067	6,511	-0.21	
Area 15	201,188	2	100,594	17.91%	9,630	4,815	-0.57	
Area 16**	500,359	10	50,036	62.40%	50,202	5,020	-2.56	
Area 17	330,164	3	110,055	21.88%	20,355	6,785	0.02	
Area 18	550,660	8	68,833	13.45%	29,397	3,675	-3.64	
Area 19	513,357	5	102,671	11.58%	34,506	6,901	0.11	
Area 20	1,265,403	12	105,450	10.01%	49,329	4,111	-4.69	
Area 21*	143,081	1	143,081		0	0	-1.00	
Area 22*	242,959	2	121,480	43.45%	11,557	5,779	-0.29	
Area 23	220,500	2	110,250	13.79%	13,670	6,835	0.03	
Area 24	192,898	4	48,225	17.17%	16,726	4,182	-1.52	
Area 25*	212,036	1	212,036	17.75%	2,694	2,694	-0.60	
Area 26	284,076	4	71,019	4.97%	11,567	2,892	-2.29	
Area 27	308,600	6	51,433	28.90%	27,359	4,560	-1.95	
Area 28	163,359	2	81,680	4.41%	8,613	4,307	-0.72	
Totals	10,794,463	132	81,776		625,148	4,736	-39.39	

* Service Area has at least 120,000 base population per accelerator.

** Area has more than 45% of its patients coming from outside the service areas.

Table 15C-6: Linear Accelerators Need Determination*

Service Area	Linear Accelerator Need Determination	Certificate of Need Application Deadline**	Certificate of Need Beginning Review Date
Service Area 17***	1	April 15, 2024	May 1, 2024
It is determined that there is no need anywhere else in the state and no other reviews are scheduled.			

- * Any person can apply for a CON to meet the need, not just the health service facility or facilities that generated the need.
- ** Application deadlines are absolute, pursuant to 10A NCAC 14C.0202(2). The filing deadline is 5:00 p.m. on the application deadline date.
- *** In response to a petition, the State Health Coordinating Council approved an adjusted need determination for one linear accelerator that can only be approved for a cancer center in Service Area 17.

D. LITHOTRIPTORS

Introduction

A *lithotripter*, according to G.S. § 131E-176(14i), means “extra-corporeal shockwave technology used to treat persons with kidney stones and gallstones.” Lithotripsy is defined as the pulverization of urinary stones by means of a lithotripter. A technician places an emitter in contact with the patient's abdomen to focus the shock waves on the stone. The shock waves then shatter the stone, which can be expelled in the urine. Extracorporeal shock wave lithotripsy (ESWL) is the non-invasive procedure to which this section pertains.

Changes from the Previous Plan

This chapter contains no substantive changes from the previous State Medical Facilities Plan (SMFP).

Data Sources

In addition to the standard data sources listed in the introduction to this chapter, this methodology also obtains the July 1 projected population data from the North Carolina Office of State Budget and Management for the current SMFP publication year, which is two years beyond the current reporting year.

Definition

A lithotripter's service area is statewide. A *statewide* service area is defined as a planning area that encompasses the entire state when determining need. For mobile equipment, the definition does not imply that a CON applicant is required to project that it will provide mobile services in a certain number of counties, health service areas (HSA), or regions. Similarly, once developed, the equipment does not have to serve a certain number of counties, HSAs, or regions.

Assumptions of the Methodology

1. The incidence of urinary stone disease forms the basis of the methodology. The annual incidence of urinary stone disease is approximately 16 per 10,000 population. Lithotripsy is not an appropriate treatment for all cases of urinary stone disease. It has been estimated that lithotripsy is appropriate for 85% to 90% of kidney stone patients, when surgery is indicated.¹ Therefore, the need determination methodology assumes that lithotripsy is appropriate in 90% of cases of urinary stone disease.
2. The annual treatment capacity of a lithotripter is 1,500 cases. The methodology considers 67% (or 1,000 cases) to be full utilization for purposes of projecting need.

Application of the Methodology

- Step 1: Divide the July 1 estimated state population by 10,000 and multiply the result by 16, which yields the estimated incidence of urinary stone disease per 10,000 population.
- Step 2: Multiply the result from Step 1 by 90% to calculate the number of patients in the state who have the potential to be treated by lithotripsy in one year.
- Step 3: Divide the result of Step 2 by 1,000 and round to the nearest whole number to calculate the low range of the annual treatment capacity of a lithotripter. A remainder of 0.50 or greater rounds to the next highest whole number; a remainder of less than 0.50 rounds to the next lowest whole number.

¹ Pahiri, J.J. & Razack, A.A. (2001) “Chapter 9: Nephrolithiasis.” In *Clinical Manual of Urology*, 3rd edition, by Philip M. Hanno, Alan J. Wein, & S. Bruce Malkowicz. New York: McGraw-Hill.

- Step 4: Sum the number of existing lithotriptors in the state (*Table 15D-1*), the number of CON-approved lithotriptors under development, and the number of lithotriptors available pursuant to need determinations pending review or appeal.
- Step 5: Subtract the result of Step 4 from the result of Step 3 to calculate the number of additional lithotriptors needed in the state (*Table 15D-2*).

Unless otherwise specified by the methodology, calculations do not use rounded values. However, fractional values are rounded automatically when displayed.

Table 15D-1: Mobile and Fixed Lithotripsy Providers and Locations Served

MOBILE LITHOTRIPSY

Provider	Machines	Area Generally Served	Facility	Location	State	Number of Procedures
Carolina Lithotripsy	2	Eastern NC	Carolina East Medical Center	New Bern	NC	85
			Carteret General Hospital	Morehead City	NC	31
			Duke Raleigh Hospital	Raleigh	NC	8
			FirstHealth Moore Regional Hospital	Pinehurst	NC	201
			Halifax Regional Medical Center	Roanoke Rapids	NC	22
			Highsmith Rainey Specialty Hospital	Fayetteville	NC	32
			Johnston Medical Center	Smithfield	NC	40
			Lenoir Memorial Hospital	Kinston	NC	16
			New Hanover Regional Med Center	Wilmington	NC	80
			Novant Health (Brunswick Medical Center)	Bolivia	NC	35
			Rex Surgery Center of Cary	Cary	NC	82
			Scotland Memorial Hospital	Laurinburg	NC	76
			Vidant (Beaufort Hospital)	Washington	NC	4
			Vidant (Pitt Medical Center)	Greenville	NC	177
			WakeMed (Raleigh Campus)	Raleigh	NC	70
Wayne Memorial Hospital	Goldsboro	NC	47			
Wilson Medical Center	Wilson	NC	10			
Total Procedures						1,016
Average Procedures per Lithotripter						508
Catawba Valley Medical Center	1	Western and Central NC	Catawba Valley Medical Center	Hickory	NC	194
Total Procedures						194
Average Procedures per Lithotripter						194

MOBILE LITHOTRIPSY						
Provider	Machines	Area Generally Served	Facility	Location	State	Number of Procedures
Fayetteville Lithotriptors - SC II	1	Western NC	Advent Healthcare (Park Ridge Hospital)	Hendersonville	NC	78
			Frye Regional Medical Center	Hickory	NC	19
			Harris Regional Medical Center	Sylva	NC	23
			Haywood Regional Medical Center	Clyde	NC	61
			Margaret Pardee Hospital	Hendersonville	NC	69
			Mission Hospital McDowell	Marion	NC	1
			Rutherford Regional Medical Center	Rutherfordton	NC	28
			St. Luke's Hospital	Columbus	NC	11
Total Procedures						290
Average Procedures per Lithotripter						290
Fayetteville Lithotriptors - VA I	1	Eastern NC	The Outer Banks Hospital	Nags Head	NC	1
			Vidant Chowan Hospital	Edenton	NC	18
		Other Locations	Bon Secours Mercy Petersburg	Petersburg	VA	21
			Mary Immaculate Hospital	Newport News	VA	53
			Mary Washington Hospital	Fredericksburg	VA	198
			Riverside Doctors Surgical	Williamsburg	VA	3
			Southside Community Hospital	Farmville	VA	22
			Spotsylvania Regional Medical Center	Fredericksburg	VA	3
	Stafford Regional Hospital	Stafford	VA	13		
Total Procedures						332
Average Procedures per Lithotripter						332

MOBILE LITHOTRIPSY						
Provider	Machines	Area Generally Served	Facility	Location	State	Number of Procedures
Piedmont Stone Center	5	Western and Central NC	Appalachain Regional Healthcare System (Watauga Medical Center)	Boone	NC	133
			Ashe Memorial Hospital	Jefferson	NC	3
			Atrium Health Wake Forest Baptist (High Point Medical Center)	High Point	NC	344
			Atrium Health Wake Forest Baptist (Lexington Medical Center)	Lexington	NC	133
			Atrium Health Wake Forest Baptist (Wilkes Medical Center)	North Wilkesboro	NC	59
			Caldwell UNC Health Care	Lenoir	NC	72
			Cone Health (Alamance Regional Medical Center)	Burlington	NC	122
			Cone Health (Annie Penn Hospital)	Reidsville	NC	65
			Cone Health (Wesley Long Hospital)	Greensboro	NC	308
			Davis Regional Medical Center	Statesville	NC	20
			Hugh Chatham Memorial Hospital	Elkin	NC	122
			Iredell Memorial Hospital	Statesville	NC	125
			Maria Parham Health	Henderson	NC	25
			Northern Regional Hospital	Mount Airy	NC	24
			Novant Health (Forsyth Medical Center)	Winston-Salem	NC	100
			Novant Health (Rowan Medical Center)	Salisbury	NC	107
			Novant Health (Thomasville Medical Center)	Thomasville	NC	21
			Piedmont Stone Center, PLLC	Winston-Salem	NC	726
			Randolph Hospital	Asheboro	NC	81
			Salisbury VA Health Care System	Salisbury	NC	34
		UNC Health (Blue Ridge Healthcare Hospital-Valdese)	Valdese	NC	119	
		UNC Health (Blue Ridge-Morganton)	Morganton	NC	49	
		Wake Forest Baptist Medical Center	Winston-Salem	NC	20	
		Carilion New River Valley Medical Center	Christiansburg	VA	110	
		Centra Health Lynchburg General Hospital	Lynchburg	VA	227	
		Piedmont Day Surgery Center	Danville	VA	32	
		Sentara Martha Jefferson Hospital	Charlottesville	VA	218	
		Sovah Health-Martinsville	Lynchburg	VA	220	
		Twin County Regional Healthcare	Galax	VA	68	
Total Procedures						3,687
Average Procedures per Lithotripter						737

MOBILE LITHOTRIPSY						
Provider	Machines	Area Generally Served	Facility	Location	State	Number of Procedures
Stone Institute of the Carolinas	2	Western and Central NC	Atrium Health (Cabarrus)	Concord	NC	149
			Atrium Health (Carolinas Medical Center)	Charlotte	NC	21
			Atrium Health (Huntersville)	Huntersville	NC	108
			Atrium Health (Matthews Medical Center)	Charlotte	NC	131
			Atrium Health (Mercy)	Charlotte	NC	41
			Atrium Health (Mint Hill Medical Center)	Mint Hill	NC	20
			Atrium Health (Pineville)	Charlotte	NC	142
			Atrium Health (Union)	Monroe	NC	162
			Atrium Health (University)	Charlotte	NC	119
			Cleveland Regional Medical Center	Shelby	NC	139
			Gaston Memorial Hospital	Gastonia	NC	294
			Lake Norman Regional Medical Center	Mooresville	NC	195
			Lincoln Medical Center	Lincolnton	NC	2
Novant Health Presbyterian Medical Center	Charlotte	NC	96			
Total Procedures						1,619
Average Procedures per Lithotripter						810
Provider	Machines	Area Generally Served	Facility	Location	State	Number of Procedures
Triangle Lithotripsy Corporation	1	East Central NC	Durham Ambulatory Surgery Center	Durham	NC	53
			Nash Day	Rocky Mount	NC	18
			North Carolina Specialty Hospital	Durham	NC	62
			Rex Hospital	Raleigh	NC	285
			Sampson Regional	Sampson	NC	4
			Wake Medical	Raleigh	NC	201
			Wayne Memorial Hospital	Goldsboro	NC	46
Total Procedures						669
Average Procedures per Lithotripter						669

FIXED LITHOTRIPSY

Provider	Machines	Area Generally Served	Facility	Location	State	Number of Procedures
Mission Hospital	1		Mission Hospital	Asheville	NC	119
Total Procedures						119
Average Procedures per Lithotripter						119

Table 15D-2: Mobile and Fixed Lithotripsy

Total Procedures Reported	Units Reported	Average Procedures Per Unit
7,926	14	566

Table 15D-3: Lithotripter Need Determination*

Service Area	Lithotripter Need Determination	Certificate of Need Application Deadline**	Certificate of Need Beginning Review Date
Statewide	2	September 16, 2024	October 1, 2024
It is determined that there is no need anywhere else in the state and no other reviews are scheduled.			

* Any person can apply for a CON to meet the need, not just the health service facility or facilities that generated the need.

** Application deadlines are absolute, pursuant to 10A NCAC 14C.0202(2). The filing deadline is 5:00 p.m. on the application deadline date.

E. MAGNETIC RESONANCE IMAGING SCANNERS

Introduction

G.S. § 131E-176(14m) defines a *magnetic resonance imaging (MRI) scanner* as “medical imaging equipment that uses nuclear magnetic resonance.” The methodology designates MRI scanners as either fixed or mobile. A *mobile* MRI scanner means an MRI scanner and transporting equipment that is moved at least weekly to provide services at two or more host facilities. A *fixed* MRI scanner means an MRI scanner that is not a mobile MRI scanner.

Changes from the Previous Plan

This chapter contains no substantive changes from the previous State Medical Facilities Plan (SMFP).

Definitions

A *base outpatient* scan is a scan performed on an outpatient and does not use contrast or intravenous (IV) sedation.

A *complex outpatient* scan is a scan performed on an outpatient and uses contrast or IV sedation.

A *base inpatient* scan is a scan performed on an inpatient and does not use contrast or IV sedation.

A *complex inpatient* scan is a scan performed on an inpatient and uses contrast or IV sedation.

The *projection year* is three years beyond the current reporting year. The current *projection year* is 2025.

Data Sources

In addition to the standard data sources listed in the introduction to this chapter, this methodology also obtains the July 1 estimated population data from the North Carolina Office of State Budget and Management.

Assumptions of the Methodology

1. An MRI procedure is a single procedure performed on one patient on one defined body part during one visit. Each MRI procedure must be directly linked to a single billable Current Procedural Terminology (CPT) code associated with the MRI procedure. For example, an MRI brain scan with and without contrast performed in one visit is a single procedure with a single CPT code.
2. A fixed MRI scanner’s *service area* is the same as an Acute Care Bed Service Area as defined in Chapter 5 and shown in Figure 5.1.
3. A placeholder of one MRI scanner appears in the inventory in Table 15E-1 for each new fixed MRI scanner for which a certificate of need (CON) has been issued.
4. The inventory shall exclude MRI scanners used for research only, non-clinical MRI scanners, and MRI scanners awarded based on need determinations for a dedicated purpose or demonstration project (*Table 15E-3*).
5. Intraoperative Magnetic Resonance Imaging Scanners (iMRI), approved through Policy TE-2, shall not be counted in the inventory of fixed MRI scanners and the procedures performed on an iMRI will not be used in calculating the need methodology. Hospitals shall report intraoperative procedures and inpatient procedures performed on an iMRI separately (*Table 15E-3*). An iMRI scanner shall not be used for outpatients and may not be replaced with a conventional MRI scanner.

6. Need thresholds are arranged in tiers based on the number of scanners, weighting of procedures based on complexity, and a component addressing MRI service areas that have no fixed MRIs but have mobile MRI scanners serving the area. The complexity of an MRI procedure is weighted based on whether the procedure is inpatient or outpatient and whether the procedure includes contrast or IV sedation. The methodology for determining need is based on fixed and mobile procedures performed at hospitals, fixed procedures performed at freestanding facilities, and procedures performed on mobile MRI scanners at mobile sites.

The weighted tiers are based on the assumption that the time necessary to complete one base outpatient MRI procedure is 33 minutes. Capacity of a single MRI scanner is defined as that of an MRI scanner being available and staffed for use at least 66 hours per week for 52 weeks per year, which equals 6,240 procedures annually, at 33 minutes per procedure ($66 \times 52 \times (60/33) = 6,240$). This definition of capacity represents 100% of the procedure volume the equipment can complete under ideal conditions.

7. The need determination for any one service area shall not exceed two MRI scanners per year, unless the SMFP includes an adjusted need determination for a specific MRI service area.
8. In general, projection of need three years beyond the current reporting year allows sufficient time to place a new MRI scanner into operation.
9. A facility that offers MRI services on a full-time basis pursuant to a service agreement with an MRI provider is not precluded from applying for a need determination to replace the existing contracted service with a fixed MRI scanner under the applicant’s ownership and control. It is consistent with the purposes of the CON law and the SMFP for a facility to acquire and operate an MRI scanner to replace such a contracted service, if the acquisition and operation of the facility’s own MRI scanner will allow the facility to reduce the cost of providing the MRI service at that facility.

Application of the Methodology

Use the following table to obtain the Adjusted Threshold, based on the number of fixed scanners in the service area. Multiply 6,240 by the Planning Threshold to obtain the Inpatient and Contrast Adjusted Threshold corresponding to the number of fixed scanners in the service area (e.g., for facilities with two or more MRIs, multiply 6,240 by 80% to obtain the Adjusted Threshold of 4,992).

Number of Fixed Scanners in Service Area	Planning Threshold	Adjusted Thresholds
2 or more	80.0%	4,992
1	70.0%	4,368
0	30.0%	1,872

The following table shows the calculations for the weighting values to be assigned based on the complexity of the procedure type. For example, a base outpatient scan is not weighted; in other words, its weight is “1.” To calculate the weight for a complex outpatient scan, divide its procedure time (40) by the procedure time for a base outpatient scan (33).

Procedure Type	Procedure Time in Minutes	Weight
Base Outpatient	33	1.0
Complex Outpatient	40	40/33
Base Inpatient	60	60/33
Complex Inpatient	70	70/33

The standard methodology used to determine need for fixed MRI scanners is as follows:

Calculation of Total Adjusted Procedures (Table 15E-1)

- Step 1: For each MRI service area, sum the number of clinical fixed and mobile MRI scanners in operation, CON-approved fixed or mobile MRI scanners under development, and scanners available pursuant to need determinations pending review or appeal. The total is the number of fixed magnets in each service area (*Column E*).
- Step 2: Convert the number of fixed and mobile MRI scanners to fixed equivalent magnets as follows (*Column F*):
- a. For each existing fixed MRI scanner, assign a value of one fixed equivalent magnet;
 - b. For each approved fixed MRI scanner, assign a value of one fixed equivalent magnet, even though the site may be receiving mobile services temporarily until the fixed scanner is operational. Table 15E-1 does not list mobile services separately from the approved fixed MRI scanner if the mobile unit will no longer be used when the fixed MRI scanner is operational.
 - c. For each existing mobile MRI scanner site, calculate the fixed equivalent for each mobile site by dividing the number of MRI scans performed at each site by the threshold for the MRI service area, with the exception that the fixed equivalent shall be no greater than one.
- Step 3: Sum the number of fixed equivalent magnets for each MRI service area (*Column F*).
- Step 4: Determine the total number of MRI scans performed at each site regardless of whether the MRI scanner is fixed or mobile. If procedures are provided in a county that is part of more than one MRI service area, divide the procedures equally between the service areas (*Column G*).
- Step 5: Of the total number of procedures performed, determine the number performed by type (i.e., base or complex, inpatient or outpatient; *Columns H-K*).
- Step 6: For each site, multiply the number of complex outpatient procedures by $(40 \div 33)$, the number of base inpatient scans by $(60 \div 33)$, and the number of complex inpatient scans by $(70 \div 33)$ to calculate the number of adjusted scans of each type.
- Step 7: For each site, sum the total from Step 6 to calculate the Adjusted Total MRI procedures for each site (*Column L*).
- Step 8: For each service area, sum the number of adjusted total procedures for all sites in the service area (*Column L*).

Calculate MRI Needs (Table 15E-2)

- Step 9: Enter the number of Adjusted Scans for the service area from the three most recent reporting years. The scans have been adjusted by using the weights described above. The Proposed 2024 SMFP includes scans from the 2019, 2021, and 2022 reporting years. Calculations exclude scans from the 2020 reporting year due to the impact of the COVID-19 pandemic on utilization (*Column B*).
- Step 10: Calculate the Average Annual Change Rate (AACR) in the number of Adjusted Scans for the three most recent reporting years. To do so, first determine the total number of adjusted scans during each of the last four reporting years. Next, calculate the difference in the number of adjusted scans provided from year to year. Then determine the percent change from the previous reporting year by dividing the calculated difference in adjusted scans by the total number of adjusted scans provided during the previous reporting year [(scans in current reporting year – scans in previous reporting year) / scans in previous reporting year]. Finally, total the annual percent change and divide by three to determine the AACR (*Column C*).
- Step 11: Multiply the number of Adjusted Scans from the reporting year by the AACR (*Column C*) and add the number of Adjusted Scans from the reporting year to obtain the projected scans as per AACR (*Column D, AACR Projected Scans*).
- Step 12: Calculate the population growth as [(projection year population – reporting year population)/reporting year population] (*Column E*). If the population is projected to decline during that period, the Population Growth Used is zero; otherwise, the Population Growth Used (*Column F*) is the same as the calculated Population Growth (*Column E*).
- Step 13: Calculate the number of Population Projected Scans based on population growth by multiplying the value in Column D by the value in Column F and adding the value in Column D (*Column G*).
- Step 14: Transfer the number of Fixed Equivalent scanners from Table 15E-1 (*Column F*) and enter it into Column H.
- Step 15: Divide the number of Population Projected Scans in Column G by the number of Fixed Equivalent scanners in Column H to calculate the Average Scans per scanner (*Column I*).
- Step 16: Divide the Average Scans per scanner (*Column I*) by the Planning Threshold (*Column J*) to calculate the MRI Need. If the result is greater than or equal to 1, but less than 2, enter a “1” in Column K. If the result is greater than or equal to 2, enter a “2” in Column K.

Unless otherwise specified by the methodology, calculations do not use rounded values. However, fractional values are rounded automatically when displayed.

The SMFP does not have a methodology to project need for additional mobile MRI scanners. A summer petition is required to place a need in the upcoming SMFP. If the need determination is approved, any person may apply for a CON to acquire the mobile MRI scanner.

Table 15E-1: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Base Outpatient	Complex Outpatient	Base Inpatient	Complex Inpatient	Adjusted Total
Alamance	Hospital Fixed	G-006214-00	Alamance Regional Medical Center	2	2.00	8,562	4,415	2,426	1,107	614	10,671
Alamance	Freestanding Fixed	G-011999-20	DRI Burlington (Diagnostic Radiology & Imaging)	1	1.00	0	0	0	0	0	0
Alamance	Mobile	J-008453-09	Emergeortho-Burlington (EmergeOrtho)	0	0.29	1,448	1,373	75	0	0	1,464
Alamance	Mobile	G-7038-04	UNC Burlington (Alliance HealthCare Services)	0	0.11	526	294	232	0	0	575
Alamance				3	3.40	10,536					12,710
			No Service Site								
Alexander											
			No Service Site								
Alleghany											
Anson	Mobile	F-007040-04	Atrium Health Anson (Carolinas Imaging Services)	0	0.10	184	127	57	0	0	196
Anson				0	0.10	184					196
Ashe	Hospital Fixed	D-008162-08	Ashe Memorial Hospital	1	1.00	1,003	543	273	153	34	1,224
Ashe				1	1.00	1,003					1,224
			No Service Site								
Avery											
Beaufort	Hospital Fixed	Q-005992-99	ECU Health Beaufort Hospital	1	1.00	2,309	646	1,215	221	227	3,002
Beaufort				1	1.00	2,309					3,002
			No Service Site								
Bertie											
Bladen	Mobile	M-006605-02	Bladen Healthcare (Mobile Imaging of North Carolina)	0	0.20	375	273	102	0	0	397
Bladen				0	0.20	375					397
Brunswick	Hospital Fixed	O-011125-16	J. Arthur Doshier Memorial Hospital	1	1.00	1,763	1,144	592	7	20	1,917
Brunswick	Hospital Fixed	O-006658-02	Novant Health Brunswick Medical Center (NHBMC)	2	2.00	4,825	1,629	2,696	201	299	5,897
Brunswick	Mobile	Legacy	EmergeOrtho Shallotte (Rayus Radiology)	0	0.29	1,435	1,358	77	0	0	1,451
Brunswick	Mobile	Legacy	Emergeortho-Leland (Rayus Radiology)	0	0.38	1,880	1,738	142	0	0	1,910
Brunswick	Mobile	O-007001-04	New Hanover Regional-Brunswick (Alliance HealthCare Services)	0	0.17	866	432	434	0	0	958
Brunswick	Mobile	O-006434-01	Novant Health Imaging South Brunswick (Cape Fear Diagnostic Imaging)	0	0.13	655	653	2	0	0	655
Brunswick				3	3.97	11,424					12,788
Buncombe	Hospital Fixed	B-006215-00	Mission Children's Hospital	1	1.00	1,311	629	682	0	0	1,456
Buncombe	Hospital Fixed	B-006869-03; B-008459-10	Mission Hospital	3	3.00	8,640	1,242	1,913	2,894	2,591	14,319

Table 15E-1: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Base Outpatient	Complex Outpatient	Base Inpatient	Complex Inpatient	Adjusted Total
Buncombe	Hospital Fixed		Mission Hospital - Carolina Spine & Neurosurgery	1	1.00	597	280	317	0	0	664
Buncombe	Freestanding Fixed		EmergeOrtho-Blue Ridge Division (Rayus Radiology)	1	1.00	3,704	3,639	65	0	0	3,718
Buncombe	Freestanding Fixed	B-006646-01	Mission Imaging Services (MH Mission Imaging)	1	1.00	5,229	2,347	2,882	0	0	5,840
Buncombe	Freestanding Fixed	B-004178-90	Mission Imaging Services (MMH Mission Imaging)	1	1.00	6,085	2,558	3,527	0	0	6,833
Buncombe	Freestanding Fixed	B-012035-21	Mission Imaging Services Asheville	1	1.00	0	0	0	0	0	0
Buncombe	Freestanding Fixed	B-005492-96	Open MRI of Asheville (Asheville Open MRI)	1	1.00	5,845	4,285	1,560	0	0	6,176
Buncombe	Freestanding Fixed	B-006440-01	Open MRI of Asheville (Asheville Open MRI)	1	1.00	6,780	4,284	2,496	0	0	7,309
Buncombe	Mobile		Margaret Pardee Hospital (Alliance HealthCare Services)	0	0.05	254	254	0	0	0	254
Buncombe	Mobile	Legacy	Open MRI of Asheville (Novant Health-Norfolk, LLC)	0	0.28	1,394	1,392	2	0	0	1,394
Buncombe/Graham/Madison/Yancey				11	11.33	39,839					47,964
Burke	Hospital Fixed	E-006961-03; E-007203-05	UNC Health Blue Ridge - Morganton Campus	1	1.00	3,929	2,447	1,199	161	122	4,452
Burke	Hospital Fixed		UNC Health Blue Ridge - Valdese Campus	1	1.00	1,610	1,088	522	0	0	1,721
Burke	Mobile	E-7066-04	BR Healthcare Medical Group/NC- Hickory (Blue Ridge Healthcare Medical Group)	0	0.40	1,998	1,394	604	0	0	2,126
Burke	Mobile	E-008230-80	EmergeOrtho-Morganton (EmergeOrtho, PA)	0	0.31	1,538	1,472	66	0	0	1,552
Burke				2	2.71	9,075					9,851
Cabarrus	Hospital Fixed		Arium Health Cabarrus	1	1.00	503	334	169	0	0	539
Cabarrus	Hospital Fixed		Atrium Health Cabarrus Imaging (Copperfield)	2	2.00	5,322	2,911	2,411	0	0	5,833
Cabarrus	Hospital Fixed	F-005933-98; F-006629-02; F-007086-04	Atrium Health Cabarrus -Main	2	2.00	9,931	2,578	1,638	3,935	1,780	15,494
Cabarrus	Freestanding Fixed	F-007859-07	Atrium Health Imaging-Kannapolis (Union Medical Services)	1	1.00	1,314	1,017	297	0	0	1,377
Cabarrus	Freestanding Fixed	F-005916-98	Novant Health Imaging Cabarrus (Novant Health Imaging Cabarrus formerly Cabarrus Diagnostic Imaging)	1	1.00	2,439	1,939	500	0	0	2,545
Cabarrus	Mobile	Legacy	Carolina Neurosurgery & Spine Assoc. (Alliance HealthCare Services)	0	0.21	1,065	956	109	0	0	1,088
Cabarrus	Mobile	Legacy	OrthoCarolina, PA (Alliance Healthcare Services)	0	0.58	2,902	2,784	118	0	0	2,927
Cabarrus				7	7.79	23,476					29,803
Caldwell	Hospital Fixed	E-007222-05	Caldwell Memorial Hospital Inc	1	1.00	2,797	878	1,374	142	403	3,656

Table 15E-1: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Base Outpatient	Complex Outpatient	Base Inpatient	Complex Inpatient	Adjusted Total
Caldwell	Freestanding Fixed		2023 Need Determination	1	1.00	0	0	0	0	0	0
Caldwell	Mobile	E-008230-80	EmergeOrtho-Lenoir (EmergeOrtho, PA)	0	0.28	1,387	1,337	50	0	0	1,398
Caldwell				2	2.28	4,184					5,054
Carteret	Hospital Fixed	P-005282-95	Carteret Health Care	1	1.00	4,621	2,515	1,522	348	236	5,493
Carteret	Freestanding Fixed	P-008049-03	Seashore Imaging	1	1.00	3,454	2,525	929	0	0	3,651
Carteret	Mobile	O-006434-01	Carolina Center for Surgery (Cape Fear Diagnostic Imaging)	0	0.12	615	615	0	0	0	615
Carteret				2	2.12	8,690					9,759
Catawba	Hospital Fixed		Catawba Valley Imaging Center	1	1.00	2,327	893	1,434	0	0	2,631
Catawba	Hospital Fixed		Catawba Valley Medical Center	1	1.00	3,785	896	1,280	1,045	564	5,544
Catawba	Hospital Fixed		Frye Regional Medical Center - FryeCare Imaging	1	1.00	3,193	2,224	969	0	0	3,399
Catawba	Hospital Fixed		Frye Regional Medical Center - Main Campus	1	1.00	4,059	1,634	1,172	741	512	5,488
Catawba	Mobile	E-008230-80	EmergeOrtho-Hickory (EmergeOrtho, PA)	0	0.39	1,963	1,735	228	0	0	2,011
Catawba	Mobile	E-008230-80	EmergeOrtho-Newton (EmergeOrtho, PA)	0	0.08	391	366	25	0	0	396
Catawba	Mobile		Frye Regional Medical Center	0	0.34	1,721	1,013	708	0	0	1,871
Catawba	Mobile		Frye Regional Medical Center - FryeCare Imaging	0	0.34	1,686	991	695	0	0	1,833
Catawba				4	5.15	19,125					23,174
Chatham	Mobile		Chatham Hospital (Alliance HealthCare Services)	0	0.16	294	152	112	6	24	350
Chatham	Mobile	G-7038-04	Chatham Hospital (Alliance HealthCare Services)	0	0.35	658	348	241	28	41	778
Chatham				0	0.51	952					1,128
Cherokee	Hospital Fixed	A-006767-03	Erlanger Murphy Medical Center	1	1.00	2,249	469	1,653	23	104	2,735
Cherokee/Clay				1	1.00	2,249					2,735
Chowan	Hospital Fixed	R-008168-08	Vidant Chowan Hospital	1	1.00	1,999	537	1,320	60	82	2,420
Chowan				1	1.00	1,999					2,420
Cleveland	Hospital Fixed	C-005725-97	Atrium Health Cleveland	1	1.00	5,406	1,922	1,264	1,638	582	7,667
Cleveland	Hospital Fixed		Atrium Health Kings Mountain	1	1.00	1,774	803	662	243	66	2,187
Cleveland	Freestanding Fixed		2023 Need Determination	1	1.00	0	0	0	0	0	0
Cleveland	Mobile	G-006271-00	OrthoCarolina Shelby (Miller Orthopedic-Shelby) (Alliance HealthCare Services)	0	0.37	1,830	1,671	159	0	0	1,864

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A	B	C	D	E	F	G	H	I	J	K	L
Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Base Outpatient	Complex Outpatient	Base Inpatient	Complex Inpatient	Adjusted Total
Cleveland	Mobile		OrthoCarolina Shelby (Miller Orthopedic-Shelby) (Alliance HealthCare Services)	0	0.09	448	448	0	0	0	448
Cleveland				3	3.46	9,458					12,166
Columbus	Hospital Fixed	O-006426-01	Columbus Regional Healthcare System	1	1.00	2,426	1,195	673	363	195	3,084
Columbus				1	1.00	2,426					3,084
Craven	Hospital Fixed		CarolinaEast Medical Center	2	2.00	7,619	3,298	2,190	1,593	538	9,990
Craven	Freestanding Fixed	P-006764-03	CCHC Imaging Center (Coastal Carolina Health Care, PA)	1	1.00	3,352	2,944	408	0	0	3,439
Craven	Freestanding Fixed	P-008108-08	CCHC Imaging Center (Coastal Carolina Health Care, PA)	1	1.00	3,707	2,579	1,128	0	0	3,946
Craven/Jones/Pamlico				4	4.00	14,678					17,375
Cumberland	Hospital Fixed		Cape Fear Valley Medical Center	3	3.00	9,539	3,018	1,736	3,449	1,336	14,227
Cumberland	Freestanding Fixed	M-005899-98	Carolina Imaging of Fayetteville	1	1.00	4,740	3,869	871	0	0	4,925
Cumberland	Freestanding Fixed	M-007924-07	Carolina Imaging of Fayetteville	1	1.00	3,324	2,527	797	0	0	3,493
Cumberland	Freestanding Fixed	M-007924-07	Carolina Imaging of Fayetteville	0	0.23	1,154	893	261	0	0	1,209
Cumberland	Freestanding Fixed		Valley Regional Imaging (Medical Imaging Center)	1	1.00	6,351	5,339	1,012	0	0	6,566
Cumberland	Freestanding Fixed		Valley Regional Imaging (Medical Imaging Center)	1	1.00	4,232	3,410	822	0	0	4,406
Cumberland	Mobile	O-006434-01	Cape Fear Orthopedic (Cape Fear Diagnostic Imaging)	0	0.06	311	294	17	0	0	315
Cumberland				7	7.29	29,651					35,141
Dare	Hospital Fixed	R-007329-05	Outer Banks Health Hospital	1	1.00	2,375	866	1,407	41	61	2,775
Dare				1	1.00	2,375					2,775
Davidson	Hospital Fixed	G-006443-01	Lexington Medical Center	1	1.00	3,404	2,101	929	244	130	3,946
Davidson	Hospital Fixed	G-006826-03	Novant Health Thomasville Medical Center	1	1.00	3,262	2,283	608	264	107	3,727
Davidson				2	2.00	6,666					7,673
Davie	Hospital Fixed		Davie Medical Center	1	1.00	3,373	1,892	1,306	100	75	3,816
Davie				1	1.00	3,373					3,816
Duplin	Freestanding Fixed		Vidant Duplin Hospital	1	1.00	0	0	0	0	0	0
Duplin	Mobile	Q-006884-03	Vidant Duplin Hospital (Alliance HealthCare Services)	0	0.36	1,561	600	394	293	274	2,192
Duplin				1	1.36	1,561					2,192

Table 15E-1: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Base Outpatient	Complex Outpatient	Base Inpatient	Complex Inpatient	Adjusted Total
Durham	Hospital Fixed	Legacy; J-006207-00	Duke Regional Hospital	2	2.00	10,165	3,098	4,761	724	1,582	13,541
Durham	Hospital Fixed		Duke University Hospital	10	10.00	46,895	14,674	22,743	4,066	5,412	61,114
Durham	Freestanding Fixed		2023 Need Determination	1	1.00	0	0	0	0	0	0
Durham	Freestanding Fixed	J-011913-20	Duke Imaging Arrington (Duke University Health System)	1	1.00	3,954	2,889	1,065	0	0	4,180
Durham	Freestanding Fixed	J-006760-03	Durham-Independence Park (Durham Diagnostic Imaging (Independence Park))	1	1.00	732	443	289	0	0	793
Durham	Freestanding Fixed	J-008107-08	EmergeOrtho- Southpoint (EmergeOrtho)	1	1.00	3,027	2,932	95	0	0	3,047
Durham	Freestanding Fixed	J-007031-04	EmergeOrtho-William Penn Plaza (EmergeOrtho)	1	1.00	4,396	4,052	344	0	0	4,469
Durham	Mobile	Legacy	Duke Regional Hospital (Alliance HealthCare Services, Inc.)	0	0.67	3,337	1,825	1,505	4	3	3,663
Durham	Mobile	Legacy; J-006207-00	Duke Regional Hospital	0	0.66	3,301	1,352	1,945	3	1	3,717
Durham	Mobile		Duke University Hospital Medical Plaza at Page Road (Riverburch)	0	0.00	6	6	0	0	0	6
Durham	Mobile	J-006665-02	Durham Diagnostic Imaging-Durham SouthPoint (Cape Fear Mobile Imaging)	0	0.09	425	299	126	0	0	452
Durham	Mobile	M-006605-02	Durham Diagnostic-SouthPark- Triangle (Mobile Imaging of North Carolina)	0	0.12	615	438	177	0	0	653
Durham	Mobile	Legacy	Raleigh Neurology Imaging variable (Alliance HealthCare Services)	0	0.06	289	112	177	0	0	327
Durham/Caswell/Warren				17	18.60	77,142					95,961
Edgecombe	Hospital Fixed	L-008327-09	ECU Health Edgecombe Hospital	1	1.00	2,193	492	1,320	154	227	2,854
Edgecombe				1	1.00	2,193					2,854
Forsyth	Hospital Fixed	G-007083-04; G-008372-09	Atrium Health Wake Forest Baptist	6	6.00	23,847	5,621	11,775	2,413	4,038	32,846
Forsyth	Hospital Fixed		Novant Health Forsyth Medical Center	8	8.00	25,838	12,066	7,536	4,001	2,235	33,216
Forsyth	Freestanding Fixed	G-012208-22	Novant Health Breast Clinic/Novant Health Imaging Piedmont	1	1.00	0	0	0	0	0	0
Forsyth	Freestanding Fixed	Legacy	Piedmont Imaging	1	1.00	0	0	0	0	0	0
Forsyth	Freestanding Fixed	G-006893-03	Piedmont Imaging	1	1.00	0	0	0	0	0	0
Forsyth	Freestanding Fixed	G-007780-07	Wake Forest Baptist Imaging	1	1.00	6,835	4,512	2,323	0	0	7,328
Forsyth	Freestanding Fixed	G-11798-19	Wake Forest Baptist Imaging Kernersville (Wake Forest Baptist)	1	1.00	3,548	2,618	930	0	0	3,745
Forsyth	Mobile	G-007723-06	OrthoCarolina Clemmons (OrthoCarolina, PA)	0	0.07	365	365	0	0	0	365

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A	B	C	D	E	F	G	H	I	J	K	L
Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Base Outpatient	Complex Outpatient	Base Inpatient	Complex Inpatient	Adjusted Total
Forsyth	Mobile	G-007723-06	OrthoCarolina Kernersville (OrthoCarolina, PA)	0	0.06	283	283	0	0	0	283
Forsyth	Mobile	G-007723-06	OrthoCarolina Winston (OrthoCarolina, PA)	0	0.97	4,838	4,588	250	0	0	4,891
Forsyth	Mobile	G-007065-04	Piedmont Imaging (Forsyth Medical Hospital, Forsyth Mobile)	0	0.32	1,605	1,367	238	0	0	1,655
Forsyth				19	20.42	67,159					84,330
Franklin	Hospital Fixed		Maria Parham Health Franklin	1	1.00	0	0	0	0	0	0
Franklin				1	1.00	0					0
Gaston	Hospital Fixed	F-006622-02	CaroMont Imaging Services - Belmont	1	1.00	2,702	1,177	1,525	0	0	3,025
Gaston	Hospital Fixed		CaroMont Imaging Services - Summit	1	1.00	1,829	726	1,103	0	0	2,063
Gaston	Hospital Fixed	F-006620-02	CaroMont Regional Medical Center	1	1.00	0	0	0	0	0	0
Gaston	Hospital Fixed	F-005577-97	CaroMont Regional Medical Center- Imaging Center	1	1.00	6,640	1,818	2,050	1,211	1,561	9,816
Gaston	Freestanding Fixed	F-008793-12	Novant Health Imaging Gastonia (Meckelenburg Diagnostic Imaging)	1	1.00	2,057	1,497	560	0	0	2,176
Gaston	Mobile	F-5723-97	Carolina Ortho & Sports Medicine (Rayus Radiology)	0	0.53	2,625	2,448	177	0	0	2,663
Gaston	Mobile	F-008000-07	MRI Specialists of the Carolinas	0	0.43	2,145	1,444	701	0	0	2,294
Gaston	Mobile	Legacy	OrthoCarolina (Alliance Healthcare Services)	0	0.39	1,959	1,736	223	0	0	2,006
Gaston				5	6.35	19,957					24,043
Granville	Hospital Fixed	K-010064-12	Granville Medical Center	1	1.00	1,165	590	238	272	65	1,511
Granville	Mobile	J-008453-09	EmergeOrtho-Oxford (EmergeOrtho)	0	0.15	644	638	6	0	0	645
Granville				1	1.15	1,809					2,156
Guilford	Hospital Fixed		Cone Health Wesley Long Hospital	1	1.00	2,401	1,124	0	644	633	3,638
Guilford	Hospital Fixed	G-005924-98	High Point Medical Center	2	2.00	4,578	1,130	1,547	684	1,217	6,830
Guilford	Hospital Fixed		Moses H. Cone Memorial Hospital	3	3.00	11,004	3,376	2,041	3,757	1,830	16,563
Guilford	Freestanding Fixed	G-008347-09	EmergeOrtho-Triad Region (EmergeOrtho, P.A)	1	1.00	6,282	6,064	218	0	0	6,328
Guilford	Freestanding Fixed		Greensboro Imaging (Diagnostic Radiology & Imaging)	1	1.00	5,321	2,923	2,398	0	0	5,830
Guilford	Freestanding Fixed		Greensboro Imaging (Diagnostic Radiology & Imaging)	1	1.00	5,454	3,222	2,232	0	0	5,927
Guilford	Freestanding Fixed	G-006952-03	Greensboro Imaging (Diagnostic Radiology & Imaging)	1	1.00	6,038	3,737	2,301	0	0	6,526
Guilford	Freestanding Fixed	G-011986-20	Southeastern Orthopaedic Specialist	1	1.00	0	0	0	0	0	0

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Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Base Outpatient	Complex Outpatient	Base Inpatient	Complex Inpatient	Adjusted Total
Guilford	Freestanding Fixed		Triad Imaging (Novant Health Imaging Triad (Triad Imaging))	1	1.00	3,656	3,037	619	0	0	3,787
Guilford	Freestanding Fixed	G-007269-05	Westchester Imaging (Atrium Health - Wake Forest Baptist Health Network)	1	1.00	0	0	0	0	0	0
Guilford	Mobile	Legacy	Carolina Neurosurgery & Spine Assoc. (Alliance HealthCare Services)	0	0.30	1,489	1,114	375	0	0	1,569
Guilford	Mobile		Cone Health MedCenter High Point	0	0.09	431	279	152	0	0	463
Guilford	Mobile	Legacy	Guilford Neurologic Associates (GNA) (Novant Health-Norfolk, LLC)	0	0.14	717	213	504	0	0	824
Guilford	Mobile	Legacy	MedCenter High Point variable (Alliance HealthCare Services)	0	0.09	434	280	154	0	0	467
Guilford				13	13.62	47,805					58,752
Halifax	Hospital Fixed	L-007257-05	ECU Health North Hospital	1	1.00	1,924	313	1,188	62	361	2,631
Halifax/Northampton				1	1.00	1,924					2,631
Harnett	Hospital Fixed	M-006712-02	Betsy Johnson Hospital	1	1.00	1,778	466	912	191	209	2,362
Harnett	Hospital Fixed	M-008287-09	Central Harnett	1	1.00	1,023	197	533	109	184	1,432
Harnett	Mobile	M-006605-02	Carolina Regional Radiology (CPR-Angier) (Mobile Imaging of North Carolina)	0	0.19	959	710	249	0	0	1,012
Harnett				2	2.19	3,760					4,805
Haywood	Hospital Fixed	A-005060-94; A-007807-07	Haywood Regional Medical Center	2	2.00	4,584	2,951	1,215	318	100	5,214
Haywood				2	2.00	4,584					5,214
Henderson	Hospital Fixed	B-006012-99; B-007384-05	AdventHealth Hendersonville	1	1.00	2,717	1,251	1,022	328	116	3,332
Henderson	Hospital Fixed	B-006004-99	Margaret R. Pardee Memorial Hospital	2	2.00	6,403	3,689	2,092	368	254	7,433
Henderson				3	3.00	9,120					10,765
Hertford	Hospital Fixed	Q-007213-05	ECU Health Roanoke-Chowan Hospital	1	1.00	1,906	374	1,156	136	240	2,532
Hertford/Gates				1	1.00	1,906					2,532
Hoke	Hospital Fixed		Cape Fear Valley Hoke - Health Pavilion	1	1.00	690	685	5	0	0	691
Hoke	Hospital Fixed	N-011284-17	FirstHealth Moore Regional Hospital - Hoke Campus	0	0.00	0	0	0	0	0	0
Hoke	Mobile	H-061004-99	FirstHealth Moore Regional Hospital-Hoke (First Health of The Carolinas, Inc)	1	1.00	2,306	1,779	491	29	7	2,442
Hoke				2	2.00	2,996					3,133
Iredell	Hospital Fixed	F-006728-02	Davis Regional Medical Center	1	1.00	2,840	1,897	826	92	25	3,119

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Iredell	Hospital Fixed	F-005340-96	Iredell Memorial Hospital, Inc.	1	1.00	3,557	1,199	1,392	520	446	4,778
Iredell	Hospital Fixed	F-005815-98; F-006591-02	Lake Norman Regional Medical Center	2	2.00	3,211	1,000	1,412	290	509	4,318
Iredell	Freestanding Fixed	F-006957-03	Piedmont HealthCare, PA (Alliance Healthcare Services)	1	1.00	3,421	2,288	1,133	0	0	3,661
Iredell	Mobile	F-007164-04	Mooresville Diagnostic Imaging (Presbyterian Mobile Imaging)	0	0.31	1,566	1,333	233	0	0	1,615
Iredell	Mobile	F-006626-02	Novant Health Imaging - Mooresville (Jacksonville Diagnostic Imaging)	0	0.16	779	508	271	0	0	836
Iredell	Mobile	G-007065-04	Novant Health Imaging Mooresville (Forsyth Medical Hospital, Forsyth Mobile)	0	0.28	1,379	1,003	376	0	0	1,459
Iredell	Mobile	Legacy	Ortho Carolina, P.A. (Alliance Healthcare Services)	0	0.37	1,847	1,847	0	0	0	1,847
Iredell	Mobile		Piedmont Healthcare (Alliance HealthCare Services)	0	0.47	2,337	1,426	911	0	0	2,530
Iredell				5	6.58	20,937					24,164
Jackson	Hospital Fixed	A-006797-03; A-008195-08	Harris Regional Hospital	2	2.00	2,987	2,025	736	121	105	3,360
Jackson				2	2.00	2,987					3,360
Johnston	Hospital Fixed	J-006807-03	Johnston Health - Smithfield	1	1.00	3,556	1,671	1,123	490	272	4,500
Johnston	Hospital Fixed	J-007900-07	Johnston Health Clayton	1	1.00	2,399	1,166	839	226	168	2,950
Johnston	Mobile	J-082608-08	Cardinal Points Imaging of the Carolinas Clayton (Pinnacle Health Service of North Carolina)	0	0.57	2,855	2,219	636	0	0	2,990
Johnston	Mobile	J-008453-09	Emergeortho-Clayton (EmergeOrtho)	0	0.01	56	54	2	0	0	56
Johnston	Mobile	J-008453-09	Emergeortho-Smithfield (EmergeOrtho)	0	0.41	2,069	1,972	97	0	0	2,090
Johnston	Mobile		Raleigh Radiology Clayton (Alliance HealthCare Services)	0	0.28	1,403	980	423	0	0	1,493
Johnston				2	3.28	12,338					14,079
Lee	Hospital Fixed	J-005901-98	Central Carolina Hospital	1	1.00	1,301	707	175	353	66	1,701
Lee	Mobile	O-006434-01	First Health Lee Campus (Cape Fear Diagnostic Imaging)	0	0.05	197	188	9	0	0	199
Lee	Mobile	J-007008-04	First Health Lee Campus (Foundation Health Mobile Imaging)	0	0.28	1,209	950	259	0	0	1,264
Lee				1	1.32	2,707					3,164
Lenoir	Hospital Fixed		UNC Lenoir Health Care	1	1.00	3,126	958	1,515	241	412	4,106
Lenoir				1	1.00	3,126					4,106
Lincoln	Hospital Fixed	F-008081-08; F011440-17	Atrium Health Lincoln	2	2.00	5,686	2,429	1,844	663	750	7,461
Lincoln	Hospital Fixed	F-012064-21	Carolinas Imaging Services – Denver (Carolinas Imaging Services)	1	1.00	0	0	0	0	0	0
Lincoln				3	3.00	5,686					7,461

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Macon	Hospital Fixed	A-006828-03	Angel Medical Center	1	1.00	1,610	902	543	123	42	1,873
Macon	Hospital Fixed	A-007197-05	Highlands-Cashiers Hospital	1	1.00	515	364	138	6	7	557
Macon				2	2.00	2,125					2,430
Martin	Mobile		Martin General Hospital (Alliance HealthCare Services)	0	0.24	446	330	60	11	45	518
Martin	Mobile	Q-006884-03	Martin General Hospital (Alliance HealthCare Services)	0	0.00	8	8	0	0	0	8
Martin				0	0.24	454					526
McDowell	Hospital Fixed	C-007304-05	Mission Health McDowell	1	1.00	1,949	1,065	727	68	89	2,259
McDowell	Mobile	E-7066-04	BR Healthcare Medical Group- McDowell (Blue Ridge Healthcare Medical Group)	0	0.19	844	665	179	0	0	882
McDowell				1	1.19	2,793					3,141
Mecklenburg	Hospital Fixed		Atrium Health Carolinas Medical Center	4	4.00	15,346	3,215	5,695	3,189	3,247	22,804
Mecklenburg	Hospital Fixed		Atrium Health Mercy	1	1.00	4,741	1,273	1,216	1,257	995	7,143
Mecklenburg	Hospital Fixed	F-006830-03; F-011425-17	Atrium Health Pineville	2	2.00	10,016	3,537	2,702	2,404	1,373	14,095
Mecklenburg	Hospital Fixed	F-005919-98	Atrium Health University City	1	1.00	6,901	2,502	2,571	1,192	636	9,135
Mecklenburg	Hospital Fixed		Levine Children's Hospital	1	1.00	2,934	552	1,487	373	522	4,140
Mecklenburg	Hospital Fixed		Novant Health Charlotte Orthopedic Hospital	1	1.00	3,151	2,015	1,097	23	16	3,420
Mecklenburg	Hospital Fixed	F-005580-97; F-008237-08/F-001184-16	Novant Health Huntersville Medical Center	2	2.00	9,868	4,943	4,090	564	271	11,501
Mecklenburg	Hospital Fixed	F-006379-01; F-008688-11	Novant Health Matthews Medical Center	2	2.00	6,842	2,935	2,661	827	419	8,553
Mecklenburg	Hospital Fixed		Novant Health Mint Hill Medical Center	1	1.00	3,428	1,926	1,128	269	105	4,005
Mecklenburg	Hospital Fixed	F-002332-85	Novant Health Presbyterian Medical Center	3	3.00	13,309	3,899	5,311	2,299	1,800	18,335
Mecklenburg	Hospital Fixed		Novant Health Presbyterian Medical Center - Imaging Museum	1	1.00	3,047	1,696	1,351	0	0	3,334
Mecklenburg	Freestanding Fixed		2023 Need Determination	1	1.00	0	0	0	0	0	0
Mecklenburg	Freestanding Fixed	F-0011760-19	Atrium Health Imaging-Kenilworth (Carolinas Physicians Network)	1	1.00	4,734	1,871	2,863	0	0	5,341
Mecklenburg	Freestanding Fixed	F-008106-08	Carolina Neurosurgery & Spine Associates-Charlotte (Carolina Neurosurgery & Spine Associates)	1	1.00	404	0	404	0	0	490

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Mecklenburg	Freestanding Fixed	F-011182-16	Carolinas Imaging Services Huntersville (Carolinas Imaging Services)	1	1.00	5,240	3,204	1,786	206	44	5,837
Mecklenburg	Freestanding Fixed	F-050755-18	Carolinas Imaging Services-Ballantyne (Carolinas Imaging Services)	1	1.00	5,031	3,133	1,898	0	0	5,434
Mecklenburg	Freestanding Fixed	F-005918-98	Carolinas Imaging Services-Southpark (Carolinas Imaging Services)	1	1.00	5,486	3,090	2,396	0	0	5,994
Mecklenburg	Freestanding Fixed	F-005748-97	Novant Health Imaging Ballantyne (Presbyterian Ambulatory Holdings)	1	1.00	3,672	2,701	971	0	0	3,878
Mecklenburg	Freestanding Fixed	F-011946-20	Novant Health Imaging Southpark (Novant Health)	1	1.00	0	0	0	0	0	0
Mecklenburg	Freestanding Fixed	F-007068-04	Novant Health Imaging- SouthPark (Mecklenburg Diagnostic Imaging)	1	1.00	5,066	3,922	1,144	0	0	5,309
Mecklenburg	Freestanding Fixed	F-010287-14	OrthoCarolina Ballantyne (OrthoCarolina, PA)	1	1.00	8,305	7,840	465	0	0	8,404
Mecklenburg	Freestanding Fixed	F-006698-02	OrthoCarolina Spine Center (OrthoCarolina, PA)	1	1.00	9,098	7,739	1,359	0	0	9,386
Mecklenburg	Mobile	Legacy	Carolina Neurosurgery & Spine (Alliance HealthCare Services)	0	0.22	1,095	958	137	0	0	1,124
Mecklenburg	Mobile	F-006734-03	Carolina Neurosurgery & Spine Associates - Ballantyne (Carolina Neurosurgery & Spine Associates)	0	0.32	1,588	1,318	270	0	0	1,645
Mecklenburg	Mobile	F-006734-03	Carolina Neurosurgery & Spine Associates - Charlotte (Carolina Neurosurgery & Spine Associates)	0	1.00	8,074	7,164	910	0	0	8,267
Mecklenburg	Mobile	G-7038-04	Charlotte Eye, Ear, Nose & Throat (Alliance HealthCare Services)	0	0.22	1,099	183	916	0	0	1,293
Mecklenburg	Mobile	Legacy	Novant Health Imaging Steele Creek (Novant Health-Norfolk, LLC)	0	0.13	638	506	132	0	0	666
Mecklenburg	Mobile	Legacy	Novant Health Imaging Steele Creek (Novant Health-Norfolk, LLC)	0	0.15	770	577	193	0	0	811
Mecklenburg	Mobile	Legacy	Novant Health Imaging University (Novant Health-Norfolk, LLC)	0	0.14	682	519	163	0	0	717
Mecklenburg	Mobile	Legacy	Novant Health Imaging University (Novant Health-Norfolk, LLC)	0	0.22	1,112	786	326	0	0	1,181
Mecklenburg	Mobile	F-007164-04	Novant Health Imaging-Ballantyne (Presbyterian Mobile Imaging)	0	0.04	224	128	96	0	0	244
Mecklenburg	Mobile	F-007164-04	Novant Health Imaging-Steele Creek (Presbyterian Mobile Imaging)	0	0.05	227	139	88	0	0	246
Mecklenburg	Mobile	F-007164-04	Novant Health Imaging-University (Presbyterian Mobile Imaging)	0	0.04	194	116	78	0	0	211
Mecklenburg	Mobile	G-007065-04	Novant Health Matthews Medical Center (Forsyth Medical Hospital, Forsyth Mobile)	0	0.04	191	109	82	0	0	208
Mecklenburg	Mobile	Legacy	Novant Health Mint Hill Medical Center (Novant Health-Norfolk, LLC)	0	0.07	331	194	137	0	0	360
Mecklenburg	Mobile	F-007987-07	OrthoCarolina Matthews (OrthoCarolina, PA)	0	0.49	2,430	2,407	23	0	0	2,435
Mecklenburg	Mobile		Southern Imaging Serv-Charlotte (Alliance HealthCare Services)	0	0.01	28	28	0	0	0	28
Mecklenburg	Mobile	G-7038-04	Southern Imaging Services-Charlotte Subject to Change (Alliance HealthCare Services)	0	0.11	557	557	0	0	0	557

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Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Base Outpatient	Complex Outpatient	Base Inpatient	Complex Inpatient	Adjusted Total
Mecklenburg				30	33.24	145,859					176,530
Mitchell	Hospital Fixed	D-006866-03	Blue Ridge Regional Hospital	1	1.00	1,345	854	421	34	36	1,502
Mitchell				1	1.00	1,345					1,502
Montgomery	Mobile	J-007008-04	First Health Montgomery (Troy) Memorial Hospital (Foundation Health Mobile Imaging)	0	0.20	368	295	73	0	0	383
Montgomery				0	0.20	368					383
Moore	Hospital Fixed	H-005602-97; H-006846-03; H-007097-04	FH Moore Regional Hospital	3	3.00	12,449	9,335	1,626	1,234	254	14,088
Moore	Freestanding Fixed	H-008365-09	First Health Southern Pines (Firsthealth of the Carolinas)	1	1.00	1,241	942	299	0	0	1,304
Moore	Freestanding Fixed	H-006845-03	Pinehurst Surgical Clinic PA	1	1.00	5,359	4,862	497	0	0	5,464
Moore				5	5.00	19,049					20,857
Nash	Hospital Fixed	L-005908-98	Nash Hospitals Inc.	2	2.00	6,260	3,272	1,283	1,391	314	8,022
Nash	Mobile	Legacy	Boice Willis Clinic (Insight Imaging)	0	0.09	429	244	185	0	0	468
Nash				2	2.09	6,689					8,491
New Hanover	Hospital Fixed		No Service Site	1	1.00	0	0	0	0	0	0
New Hanover	Hospital Fixed	O-006212-00	New Hanover Regional Medical Center - Main Campus	2	2.00	8,726	1,885	1,807	2,843	2,191	13,892
New Hanover	Hospital Fixed		NHNHRMC Health & Diagnostics - Medical Mall	1	1.00	2,117	1,048	1,069	0	0	2,344
New Hanover	Hospital Fixed		Novant Health New Hanover Orthopedic Hospital	1	1.00	5,726	2,490	3,094	94	48	6,513
New Hanover	Freestanding Fixed		2023 Need Determination	1	1.00	0	0	0	0	0	0
New Hanover	Freestanding Fixed	O-007259-05	EmergeOrtho (EmergeOrtho P.A.)	1	1.00	4,886	4,393	493	0	0	4,991
New Hanover	Freestanding Fixed	O-011063-15	Wilmington Health, PLLC (Wilmington Health)	1	1.00	4,195	2,531	1,664	0	0	4,548
New Hanover	Mobile		No Service Site	0	0.00	0	0	0	0	0	0
New Hanover	Mobile	Legacy	Delaney Radiologists (Insight Imaging)	0	0.54	2,714	1,977	737	0	0	2,870
New Hanover	Mobile	O-007254-05	Delaney Radiologists (Porter's Neck Imaging)	0	0.71	3,546	1,145	2,401	0	0	4,055
New Hanover	Mobile	O-007254-05	Delaney Radiologists (Porter's Neck Imaging)	0	0.14	683	683	0	0	0	683
New Hanover	Mobile	Legacy	EmergeOrtho-Wilmington Porters Neck (Rayus Radiology)	0	0.38	1,880	1,738	142	0	0	1,910
New Hanover	Mobile	Legacy	New Hanover Regional (Alliance HealthCare Services)	0	0.03	142	63	79	0	0	159
New Hanover	Mobile	O-007001-04	New Hanover Regional-Scotts Hill (Alliance HealthCare Services)	0	0.47	2,337	1,124	1,213	0	0	2,594
New Hanover	Mobile		NHNHRMC Health & Diagnostics - Brunswick Forest	0	0.21	1,073	544	529	0	0	1,185

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New Hanover	Mobile		Novant Health Scotts Hill	0	0.56	2,788	1,314	1,474	0	0	3,101
New Hanover				8	11.04	40,813					48,845
Onslow	Hospital Fixed		Onslow Memorial Hospital, Inc.	1	1.00	3,624	1,000	2,196	108	320	4,537
Onslow	Freestanding Fixed	P-008326-09	Coastal Diagnostic Imaging (Jacksonville Diagnostic Imaging)	1	1.00	3,812	3,094	718	0	0	3,964
Onslow	Freestanding Fixed	P-007324-05	Coastal Diagnostic Imaging (Jacksonville Diagnostic Imaging)	1	1.00	3,297	2,610	687	0	0	3,443
Onslow	Mobile	Legacy	Diagnostic Imaging Partners (Insight Imaging)	0	0.21	1,071	755	316	0	0	1,138
Onslow				3	3.21	11,804					13,082
Orange	Hospital Fixed		University of North Carolina Hospitals at Chapel Hill, DBA UNC Hospitals	9	9.00	36,216	18,392	10,310	4,833	2,681	45,363
Orange	Freestanding Fixed	J-12141-21	Raleigh Radiology Chapel Hill	1	1.00	0	0	0	0	0	0
Orange	Freestanding Fixed		Wake Radiology (Chapel Hill Diagnostic Imaging)	1	1.00	2,476	1,272	1,204	0	0	2,731
Orange	Mobile		UNC Eastowne Medical Office (Alliance HealthCare Services)	0	0.17	864	288	576	0	0	986
Orange	Mobile	Legacy	UNC Hospital- Hillsborough Campus (Alliance HealthCare Services)	0	0.55	2,740	1,379	1,361	0	0	3,029
Orange	Mobile		UNC Hospital Imaging & Spine Center (Alliance HealthCare Services)	0	0.29	1,454	650	804	0	0	1,625
Orange	Mobile		University of North Carolina Hospitals at Chapel Hill, DBA UNC Hospitals	0	0.99	4,929	3,048	1,649	6	226	5,537
Orange				11	13.00	48,679					59,271
Pasquotank	Hospital Fixed	R-007623-06	Sentara Albemarle Medical Center	1	1.00	4,395	2,643	1,003	512	237	5,292
Pasquotank	Mobile	R-007623-06	Sentara Albemarle Medical Center	0	0.40	1,972	1,492	439	30	11	2,102
Pasquotank			2022 Need Determination	1	1.00	0	0	0	0	0	0
Pasquotank/Camden/Currituck/Perquimans				2	2.40	6,367					7,394
Pender	Mobile	Q-006884-03	Pender Memorial Hospital (Alliance HealthCare Services)	0	0.01	25	12	13	0	0	28
Pender	Mobile	O-007001-04	Pender Memorial Hospital (Alliance HealthCare Services)	0	0.41	767	432	329	2	4	843
Pender				0	0.42	792					871
Person	Hospital Fixed		Person Memorial Hospital - Reginald Harris Annex	1	1.00	288	22	241	2	23	367
Person				1	1.00	288					367
Pitt	Hospital Fixed	Q-005898-98; Q-006709-02; Q-007658-06; Q-008671-11	ECU Medical Center	4	4.00	13,946	3,645	2,429	3,593	4,279	22,199
Pitt	Freestanding Fixed		2023 Need Determination	1	1.00	0	0	0	0	0	0
Pitt	Freestanding Fixed		ECU Physicians MRI (Brody School of Medicine at East Carolina University)	1	1.00	4,279	2,880	1,399	0	0	4,576

Table 15E-1: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Base Outpatient	Complex Outpatient	Base Inpatient	Complex Inpatient	Adjusted Total
Pitt	Freestanding Fixed		Greenville MRI	1	1.00	5,057	3,062	1,995	0	0	5,480
Pitt	Freestanding Fixed		Greenville MRI	1	1.00	5,153	3,210	1,943	0	0	5,565
Pitt	Freestanding Fixed	Q-12286-22	Orthopaedics East and Sports Medicine Center (Orthopaedics East and Sports Medicine, Inc. Orthopaedics East Properties)	1	1.00	0	0	0	0	0	0
Pitt	Freestanding Fixed		Physicians East P.A. (King's Medical Group)	1	1.00	4,391	3,334	1,057	0	0	4,615
Pitt	Mobile	Legacy	Orthopaedics East (Alliance Healthcare Services)	0	0.57	2,837	2,771	66	0	0	2,851
Pitt/Greene/Hyde/Tyrrell				10	10.57	35,663					45,286
Polk	Mobile	F-007040-04	St. Luke's Hospital (Carolinas Imaging Services)	0	0.38	706	464	207	34	1	779
Polk				0	0.38	706					779
Randolph	Hospital Fixed	G-006817-03; G-008342-09	Randolph Health	1	1.00	1,293	328	136	509	320	2,097
Randolph	Freestanding Fixed	G-010355-14	Randolph MRI Center (American Healthcare Systems)	1	1.00	3,120	2,402	718	0	0	3,272
Randolph				2	2.00	4,413					5,369
Richmond	Hospital Fixed	H-011629-18	FirstHealth Moore Regional - Richmond	1	1.00	0	0	0	0	0	0
Richmond	Mobile	H-061004-99	FirstHealth Moore Regional Hospital-Richmond (First Health of The Carolinas, Inc)	0	0.00	0	0	0	0	0	0
Richmond				1	1.00	0					0
Robeson	Hospital Fixed		Southeastern Regional Medical Center	2	2.00	5,982	3,353	1,086	985	558	7,644
Robeson				2	2.00	5,982					7,644
Rockingham	Hospital Fixed	G-006691-02	Annie Penn Hospital	1	1.00	3,333	1,875	790	511	157	4,095
Rockingham	Hospital Fixed	G-006297-00	UNC Rockingham Hospital	1	1.00	1,559	1,052	331	122	54	1,790
Rockingham				2	2.00	4,892					5,884
Rowan	Hospital Fixed		Novant Health Imaging	2	2.00	3,416	2,580	835	0	1	3,594
Rowan	Hospital Fixed	F-005829-98;F-006919-03;F-008314-09	Novant Health Rowan Medical Center	2	2.00	6,471	3,699	1,457	945	370	7,968
Rowan				4	4.00	9,887					11,562
Rutherford	Hospital Fixed	C-006229-00; C-007298-05; C-008313-09	Rutherford Regional Medical Center	1	1.00	2,073	1,250	513	177	133	2,476
Rutherford				1	1.00	2,073					2,476
Sampson	Hospital Fixed	M-007218-05	Sampson Regional Medical Center	1	1.00	1,363	1,020	285	3	55	1,488
Sampson				1	1.00	1,363					1,488

Table 15E-1: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Base Outpatient	Complex Outpatient	Base Inpatient	Complex Inpatient	Adjusted Total
Scotland	Hospital Fixed	N-007805-07	Scotland Memorial Hospital	1	1.00	3,626	2,085	893	498	150	4,391
Scotland				1	1.00	3,626					4,391
Stanly	Hospital Fixed	F-007461-06	Atrium Health Stanly	1	1.00	4,008	1,952	1,236	586	234	5,012
Stanly	Freestanding Fixed		West Stanly Imaging	1	1.00	0	0	0	0	0	0
Stanly	Mobile	F-007040-04	Atrium Health – West Stanly Imaging (Carolinas Imaging Services)	0	0.09	446	335	111	0	0	470
Stanly				2	2.09	4,454					5,482
			No Service Site								
Stokes											
Surry	Hospital Fixed	G-006792-03	Hugh Chatham Memorial Hospital	1	1.00	2,869	1,926	591	258	94	3,311
Surry	Hospital Fixed	G-006569-02; G-008115-08	Northern Regional Hospital	1	1.00	3,089	684	1,776	126	503	4,133
Surry				2	2.00	5,958					7,444
			No Service Site								
Swain											
Transylvania	Hospital Fixed	B-007019-04	Transylvania Regional Hospital	1	1.00	1,699	1,109	440	102	48	1,930
Transylvania				1	1.00	1,699					1,930
Union	Hospital Fixed	F-005920-98; F-011536-18	Atrium Health Union	1	1.00	5,300	1,936	990	1,870	504	7,605
Union	Hospital Fixed		Atrium Health Union West	1	1.00	2,431	931	1,025	288	187	3,094
Union	Freestanding Fixed	F-006972-03	Atrium Union Imaging Services Indian Trail (Union Medical Services)	1	1.00	1,373	1,081	292	0	0	1,435
Union	Mobile	F-006626-02	Novant Health Imaging - Monroe (Jacksonville Diagnostic Imaging)	0	0.27	1,347	924	423	0	0	1,437
Union	Mobile	F-007164-04	Novant Health Imaging-Monroe (Presbyterian Mobile Imaging)	0	0.12	620	467	153	0	0	652
Union	Mobile	G-006271-00	OrthoCarolina PA (Alliance HealthCare Services)	0	0.12	604	604	0	0	0	604
Union	Mobile		OrthoCarolina, PA (Alliance HealthCare Services)	0	0.03	153	148	5	0	0	154
Union				3	3.55	11,828					14,981
Vance	Hospital Fixed	K-006527-01; K-007839-07	Maria Parham Health	2	2.00	2,185	887	658	413	227	2,917
Vance/Warren				2	2.00	2,185					2,917
Wake	Hospital Fixed	Legacy; J-008529-10	Duke Raleigh Hospital	2	2.00	10,572	4,178	4,266	1,225	903	13,492
Wake	Hospital Fixed		UNC Health Rex	2	2.00	7,797	3,570	750	2,740	737	11,024

Table 15E-1: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Base Outpatient	Complex Outpatient	Base Inpatient	Complex Inpatient	Adjusted Total
Wake	Hospital Fixed		UNC Rex Health Care of Cary	1	1.00	0	0	0	0	0	0
Wake	Hospital Fixed		WakeMed Cary Hospital	1	1.00	4,630	2,109	1,122	789	610	6,197
Wake	Hospital Fixed		WakeMed Raleigh Campus	2	2.00	10,839	3,760	2,797	2,401	1,881	15,506
Wake	Freestanding Fixed		2023 Need Determination	1	1.00	0	0	0	0	0	0
Wake	Freestanding Fixed	J-007289-05	Cardinal Points Imaging of the Carolinas Midtown (Pinnacle Health Services of North Carolina)	1	1.00	4,097	2,477	1,620	0	0	4,441
Wake	Freestanding Fixed	J-011167-16	Duke Imaging Holly Springs (Duke University Health Systems)	1	1.00	2,579	1,575	1,004	0	0	2,792
Wake	Freestanding Fixed		EmergeOrtho Duraleigh (Alliance HealthCare Services)	1	1.00	3,938	3,515	423	0	0	4,028
Wake	Freestanding Fixed		Raleigh Neurology Associates, P.A.	1	1.00	4,614	2,664	1,950	0	0	5,028
Wake	Freestanding Fixed	Legacy	Raleigh Neurology Imaging (Alliance Healthcare Services)	1	1.00	4,932	2,600	2,332	0	0	5,427
Wake	Freestanding Fixed	Legacy	Raleigh Radiology Blue Ridge (Alliance Healthcare Services)	1	1.00	6,308	4,312	1,996	0	0	6,731
Wake	Freestanding Fixed	Legacy	Raleigh Radiology Cary (Alliance Healthcare Services, Inc.)	1	1.00	6,243	4,015	2,228	0	0	6,716
Wake	Freestanding Fixed	J-007605-06	The Bone and Joint Surgery Clinic	1	1.00	2,274	2,008	266	0	0	2,330
Wake	Freestanding Fixed		Wake Radiology (WR Imaging)	1	1.00	3,766	2,089	1,677	0	0	4,122
Wake	Freestanding Fixed		Wake Radiology (WR Imaging (formerly Raleigh MRI Center))	1	1.00	4,294	2,690	1,604	0	0	4,634
Wake	Freestanding Fixed	Legacy	Wake Radiology Cary (Alliance Healthcare Services)	1	1.00	5,023	2,962	2,061	0	0	5,460
Wake	Freestanding Fixed	Legacy	Wake Radiology Garner (Alliance Healthcare Services)	1	1.00	3,799	2,037	1,762	0	0	4,173
Wake	Mobile		Cardinal Points Brier Creek (Foundation Health Mobile Imaging (MQ23))	0	0.21	1,043	732	311	0	0	1,109
Wake	Mobile	J-082608-08	Cardinal Points Imaging of the Carolinas Wake Forest (Pinnacle Health Service of North Carolina)	0	0.31	1,564	1,217	347	0	0	1,638
Wake	Mobile		Cardinal Points Imaging-Cary (Foundation Health Mobile Imaging (MQ23))	0	0.04	185	120	65	0	0	199
Wake	Mobile		Cardinal Points Imaging-Midtown (Foundation Health Mobile Imaging (MQ23))	0	0.09	469	276	193	0	0	510
Wake	Mobile		Duke Health Raleigh (Alliance HealthCare Services)	0	0.11	535	418	117	0	0	560
Wake	Mobile	Legacy	Duke Health Raleigh Hospital (Alliance HealthCare Services)	0	0.63	3,133	1,185	1,948	0	0	3,546
Wake	Mobile		Duke Medical Raleigh Hospital (Alliance HealthCare Services)	0	0.14	676	501	175	0	0	713

Table 15E-1: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Base Outpatient	Complex Outpatient	Base Inpatient	Complex Inpatient	Adjusted Total
Wake	Mobile	Legacy	Duke Raleigh Hospital-Cary (Alliance HealthCare Services)	0	0.59	2,925	1,601	1,324	0	0	3,206
Wake	Mobile	Legacy	EmergeOrtho, P.A. (Alliance HealthCare Services)	0	0.12	597	585	12	0	0	600
Wake	Mobile	J-008453-09	Emergeortho-Apex (EmergeOrtho)	0	0.13	657	657	0	0	0	657
Wake	Mobile	J-006665-02	Orthopaedic Specialists of NC (Cape Fear Mobile Imaging)	0	0.40	1,984	1,836	148	0	0	2,015
Wake	Mobile		Raleigh Neurosurgical Clinic (Foundation Health Mobile Imaging (MQ23))	0	0.07	362	242	120	0	0	387
Wake	Mobile		Raleigh Orthopaedic Clinic (Alliance HealthCare Services)	0	0.01	26	26	0	0	0	26
Wake	Mobile		Raleigh Orthopaedic Clinic (Alliance HealthCare Services)	0	0.08	383	383	0	0	0	383
Wake	Mobile	J-007756-06	Raleigh Orthopaedic Clinic, PA	0	0.23	1,152	1,152	0	0	0	1,152
Wake	Mobile	J-007756-06	Raleigh Orthopaedic Clinic, PA	0	0.79	3,939	3,935	4	0	0	3,940
Wake	Mobile	Legacy	Raleigh Orthopedic (Alliance HealthCare Services)	0	0.15	744	744	0	0	0	744
Wake	Mobile		Raleigh Radiology (Alliance HealthCare Services)	0	0.13	635	486	149	0	0	667
Wake	Mobile		Raleigh Radiology Knightdale (Alliance HealthCare Services)	0	0.40	1,973	1,526	447	0	0	2,068
Wake	Mobile		Raleigh Radiology Oberlin (Alliance HealthCare Services)	0	0.00	8	5	3	0	0	9
Wake	Mobile		Raleigh Radiology Wake Forest (Alliance HealthCare Services)	0	0.00	15	13	2	0	0	15
Wake	Mobile		Raleigh Radiology Wake Forest (Alliance HealthCare Services)	0	0.30	1,493	1,112	381	0	0	1,574
Wake	Mobile	Legacy	Raleigh Radiology-Fuquay Varina (Alliance HealthCare Services)	0	0.40	1,997	1,421	576	0	0	2,119
Wake	Mobile		Raleigh Radiology-Oberlin (Alliance HealthCare Services)	0	0.18	921	603	318	0	0	988
Wake	Mobile		Southern Imaging Serv-Raleigh (Alliance HealthCare Services)	0	0.09	470	470	0	0	0	470
Wake	Mobile		UNC Health Rex Holly Springs	0	0.14	684	467	87	102	28	817
Wake	Mobile		UNC Rex Health Care of Cary	0	0.00	0	0	0	0	0	0
Wake	Mobile	J-006665-02	UNC-Cary Ortho (Cape Fear Mobile Imaging)	0	0.26	1,274	1,242	32	0	0	1,281
Wake	Mobile		UNC-Cary Orthopaedics (Cary Ortho) (Foundation Health Mobile Imaging (MQ23))	0	0.17	833	798	35	0	0	840
Wake	Mobile	J-007012-04	Wake Forest Fuquay Varina (Wake Radiology Imaging)	0	0.10	501	206	295	0	0	564
Wake	Mobile	J-011291-17	Wake Radiology Holly Springs (WR Imaging Mobile MRI 2)	0	0.10	512	512	0	0	0	512
Wake	Mobile	J-011291-17	Wake Radiology Panther Creek (WR Imaging Mobile MRI 2)	0	0.09	438	199	239	0	0	489
Wake	Mobile	J-007012-04	Wake Radiology Wake Forest (Wake Radiology Imaging)	0	0.34	1,691	802	889	0	0	1,880
Wake	Mobile		WakeMed Apex Healthplex	0	0.05	261	146	115	0	0	285
Wake	Mobile	Legacy	WakeMed Garner variable (Alliance HealthCare Services)	0	0.76	3,799	2,036	1,763	0	0	4,173
Wake	Mobile		WakeMed Garner Healthplex	0	0.04	203	115	88	0	0	222
Wake	Mobile		WakeMed North Hospital	0	0.41	2,033	1,142	498	229	164	2,510
Wake	Mobile		WakeMed Raleigh Medical Park	0	0.11	564	347	217	0	0	610
Wake	Mobile	Legacy	WakeMed-Apex Healthplex (Alliance HealthCare Services)	0	0.05	265	149	116	0	0	290
Wake	Mobile	Legacy	WakeMed-Raleigh Medical Park Variable (Alliance HealthCare Services)	0	0.11	560	345	215	0	0	606
Wake			2019 Need Determination (under appeal)	1	1.00	0	0	0	0	0	0
Wake			2021 Need Determination (under appeal)	1	1.00	0	0	0	0	0	0

Table 15E-1: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Base Outpatient	Complex Outpatient	Base Inpatient	Complex Inpatient	Adjusted Total
Wake				23	31.31	127,209					146,472
			No Service Site								
Washington											
Watauga	Hospital Fixed	D-006652-02	Watauga Medical Center	1	1.00	4,506	1,361	2,744	157	244	5,490
Watauga	Freestanding Fixed	D-011899-20	AppMedical Services (Appalachian Regional Medical Associates, Inc.)	1	1.00	0	0	0	0	0	0
Watauga				2	2.00	4,506					5,490
Wayne	Hospital Fixed	P-006889-03; P-007447-05	Wayne UNC Health Care	2	2.00	7,320	4,930	1,446	580	364	8,509
Wayne				2	2.00	7,320					8,509
Wilkes	Hospital Fixed	D-005911-98	Wilkes Regional Medical Center	1	1.00	3,287	2,220	737	230	100	3,744
Wilkes				1	1.00	3,287					3,744
Wilson	Hospital Fixed		Wilson Medical Center	1	1.00	2,323	524	925	233	641	3,429
Wilson	Hospital Fixed		Wilson Outpatient Imaging Center	1	1.00	1,179	745	434	0	0	1,271
Wilson	Freestanding Fixed		EmergeOrtho	1	1.00	0	0	0	0	0	0
Wilson	Mobile	Q-006884-03	Vidant Health Plex (Alliance HealthCare Services)	0	0.06	276	203	73	0	0	291
Wilson				3	3.06	3,778					4,991
			No Service Site								
Yadkin											
Total				271	306.15	1,021,998					

Threshold 2+ Fixed Scanners = 4,992
1 Fixed Scanner = 4,368
0 Fixed Scanners = 1,872

Table 15E-2: MRI Need Determinations by Service Area

A Service Area	B Adjusted Scans			C Average Annual Change Rates	D AACR Projected Scans	E Population Growth	F Population Growth Used	G Population Projected Scans	H Fixed Equip	I Average Scans	J Threshold	K MRI Need
	2019	2021	2022									
	Alamance	11,226.3	12,239.0	12,709.9	0.0643	13,527.6	0.0340	0.0340	13,988.2	3.40	4,119.7	4992
Alexander	0.0	0.0	0.0	0.0000	0.0	0.0079	0.0079	0.0	0.00	0.0	1872	0
Alleghany	19.6	0.0	0.0	-0.5000	0.0	0.0030	0.0030	0.0	0.00	0.0	1872	0
Anson	114.6	106.0	196.1	0.3875	272.1	-0.0082	0.0000	272.1	0.00	0.0	1872	0
Ashe	903.4	779.6	1,224.2	0.2166	1,489.4	0.0014	0.0014	1,491.5	1.00	1,491.5	4368	0
Avery	203.0	0.0	0.0	-0.5000	0.0	-0.0001	0.0000	0.0	0.00	0.0	1872	0
Beaufort	2,437.8	2,820.8	3,002.1	0.1107	3,334.3	-0.0103	0.0000	3,334.3	1.00	3,334.3	4368	0
Bertie	0.0	0.0	0.0	0.0000	0.0	-0.0378	0.0000	0.0	0.00	0.0	1872	0
Bladen	711.3	316.6	396.6	-0.1511	336.7	-0.0102	0.0000	336.7	0.00	0.0	1872	0
Brunswick	8,233.6	12,139.3	12,788.2	0.2639	16,163.2	0.1180	0.1180	18,070.7	3.97	4,553.2	4992	0
Buncombe/Graham/Madison/Yancey	49,273.3	47,045.8	47,963.6	-0.0128	47,347.4	0.0277	0.0277	48,658.6	11.33	4,294.6	4992	0
Burke	9,644.0	9,066.7	9,850.7	0.0133	9,981.8	0.0049	0.0049	10,030.6	2.71	3,703.6	4992	0
Cabarrus	31,247.5	29,832.9	29,803.2	-0.0231	29,113.8	0.0631	0.0631	30,950.7	7.79	3,970.8	4992	0
Caldwell	4,135.3	4,802.0	5,054.1	0.1069	5,594.1	0.0026	0.0026	5,608.5	2.28	2,462.2	4992	0
Carteret	5,601.8	8,157.7	9,759.2	0.3263	12,943.7	0.0199	0.0199	13,201.2	2.12	6,217.6	4992	1
Catawba	20,815.0	21,201.5	23,173.8	0.0558	24,466.8	0.0194	0.0194	24,942.1	5.15	4,839.3	4992	0
Chatham	909.4	878.9	1,127.6	0.1247	1,268.2	0.0551	0.0551	1,338.1	0.51	1,338.1	1872	0
Cherokee/Clay	2,011.3	2,287.6	2,735.1	0.1665	3,190.4	0.0250	0.0250	3,270.2	1.00	3,270.2	4368	0
Chowan	2,111.8	2,138.8	2,420.0	0.0721	2,594.6	0.0036	0.0036	2,603.9	1.00	2,603.9	4368	0
Cleveland	8,798.0	10,357.5	12,165.8	0.1759	14,306.0	0.0205	0.0205	14,599.5	3.46	4,224.0	4992	0
Columbus	3,123.0	3,212.3	3,084.4	-0.0056	3,067.1	-0.0133	0.0000	3,067.1	1.00	3,067.1	4368	0
Craven/Jones/Pamlico	14,265.0	16,809.6	17,374.9	0.1060	19,216.8	0.0013	0.0013	19,242.3	4.00	4,810.6	4992	0
Cumberland	29,389.2	33,507.4	35,140.9	0.0944	38,459.6	0.0111	0.0111	38,886.4	7.29	5,331.7	4992	1
Dare	2,541.1	2,529.9	2,775.4	0.0463	2,903.9	0.0360	0.0360	3,008.5	1.00	3,008.5	4368	0
Davidson	6,702.2	7,437.1	7,673.4	0.0707	8,216.0	0.0274	0.0274	8,440.7	2.00	4,220.3	4992	0
Davie	2,471.2	3,062.2	3,815.9	0.2427	4,741.9	0.0321	0.0321	4,894.1	1.00	4,894.1	4368	1
Duplin	1,733.1	1,846.4	2,191.5	0.1261	2,467.9	0.0004	0.0004	2,469.0	1.36	1,818.9	4368	0
Durham/Caswell/Warren	83,142.0	86,748.0	95,961.2	0.0748	103,138.1	0.0382	0.0382	107,082.1	18.60	5,758.0	4992	1
Edgecombe	2,864.2	2,502.4	2,853.5	0.0070	2,873.5	-0.0366	0.0000	2,873.5	1.00	2,873.5	4368	0
Forsyth	93,662.7	92,123.9	84,330.0	-0.0505	80,070.0	0.0199	0.0199	81,660.8	20.42	3,999.0	4992	0
Franklin	0.0	40.3	0.0	-0.5000	0.0	0.0951	0.0951	0.0	1.00	0.0	4368	0

Table 15E-2: MRI Need Determinations by Service Area

A Service Area	B Adjusted Scans			C Average Annual Change Rates	D AACR Projected Scans	E Population Growth	F Population Growth Used	G Population Projected Scans	H Fixed Equiv	I Average Scans	J Threshold	K MRI Need
	2019	2021	2022									
	Gaston	23,009.0	23,458.0									
Granville	1,741.4	2,004.6	2,156.2	0.1134	2,400.6	0.0352	0.0352	2,485.1	1.15	2,165.8	4368	0
Guilford	64,803.5	71,001.8	58,751.7	-0.0384	56,493.2	0.0178	0.0178	57,499.6	13.62	4,223.2	4992	0
Halifax/Northampton	2,503.8	2,243.1	2,631.5	0.0345	2,722.3	-0.0275	0.0000	2,722.3	1.00	2,722.3	4368	0
Harnett	4,160.8	4,474.9	4,805.4	0.0747	5,164.3	0.0623	0.0623	5,485.8	2.19	2,502.5	4992	0
Haywood	5,166.2	4,845.7	5,214.0	0.0070	5,250.4	0.0188	0.0188	5,349.4	2.00	2,674.7	4992	0
Henderson	9,264.5	10,939.5	10,764.8	0.0824	11,652.1	0.0232	0.0232	11,922.3	3.00	3,974.1	4992	0
Hertford/Gates	2,495.2	2,182.9	2,531.6	0.0173	2,575.3	-0.0197	0.0000	2,575.3	1.00	2,575.3	4368	0
Hoke	1,540.2	2,017.6	3,132.8	0.4313	4,484.1	0.0640	0.0640	4,770.9	2.00	2,385.4	4992	0
Iredell	19,731.8	20,337.1	24,164.0	0.1094	26,808.2	0.0676	0.0676	28,620.3	6.58	4,346.9	4992	0
Jackson	3,686.3	3,274.0	3,359.8	-0.0428	3,216.0	0.0251	0.0251	3,296.7	2.00	1,648.3	4992	0
Johnston	11,718.4	11,628.5	14,079.0	0.1015	15,508.4	0.0986	0.0986	17,037.6	3.28	5,196.5	4992	1
Lee	2,268.7	2,740.6	3,163.8	0.1812	3,737.1	0.0358	0.0358	3,870.8	1.32	2,928.2	4368	0
Lenoir	3,607.5	3,796.6	4,106.5	0.0670	4,381.7	-0.0152	0.0000	4,381.7	1.00	4,381.7	4368	1
Lincoln	6,141.3	6,754.6	7,460.5	0.1022	8,222.9	0.0502	0.0502	8,636.0	3.00	2,878.7	4992	0
Macon	3,140.3	2,503.9	2,429.9	-0.1161	2,147.8	0.0242	0.0242	2,199.8	2.00	1,099.9	4992	0
Martin	477.5	516.3	526.2	0.0502	552.6	-0.0259	0.0000	552.6	0.00	0.0	1872	0
McDowell	3,102.5	2,992.8	3,140.6	0.0070	3,162.7	0.0074	0.0074	3,186.1	1.19	2,670.1	4368	0
Mecklenburg	156,962.5	161,373.5	176,529.9	0.0610	187,300.2	0.0624	0.0624	198,988.8	33.24	5,987.0	4992	1
Mitchell	1,705.2	1,539.9	1,502.5	-0.0606	1,411.4	-0.0081	0.0000	1,411.4	1.00	1,411.4	4368	0
Montgomery	373.3	450.6	383.5	0.0291	394.6	-0.0007	0.0000	394.6	0.00	0.0	1872	0
Moore	24,499.0	20,895.8	20,857.2	-0.0745	19,304.1	0.0677	0.0677	20,610.6	5.00	4,122.1	4992	0
Nash	7,244.2	7,201.8	8,490.5	0.0865	9,225.4	-0.0005	0.0000	9,225.4	2.09	4,422.6	4992	0
New Hanover	48,158.8	42,486.5	48,845.0	0.0159	49,623.5	0.0382	0.0382	51,519.4	11.04	4,667.7	4992	0
Onslow	9,411.5	10,394.3	13,082.0	0.1815	15,456.5	0.0354	0.0354	16,002.9	3.21	4,978.3	4992	0
Orange	52,070.9	51,565.7	59,271.1	0.0699	63,412.0	0.0292	0.0292	65,265.6	13.00	5,020.2	4992	1
Pasquotank/Camden/Currituck/Perquimans	5,559.9	5,680.7	7,394.4	0.1617	8,590.0	0.0544	0.0544	9,057.0	2.40	3,781.6	4992	0
Pender	618.4	18.5	870.7	22.5658	20,517.9	0.0688	0.0688	21,929.7	0.00	0.0	1872	0
Person	639.8	469.5	366.5	-0.2428	277.6	0.0066	0.0066	279.4	1.00	279.4	4368	0
Pitt/Greene/Hyde/Tyrrell	31,247.5	45,889.1	45,285.9	0.2277	55,598.1	0.0006	0.0006	55,632.8	10.57	5,264.1	4992	1
Polk	744.4	812.8	778.8	0.0250	798.3	0.0017	0.0017	799.7	0.00	0.0	1872	0

Table 15E-2: MRI Need Determinations by Service Area

A	B			C	D	E	F	G	H	I	J	K
Service Area	Adjusted Scans			Average Annual Change Rates	AACR Projected Scans	Population Growth	Population Growth Used	Population Projected Scans	Fixed Equip	Average Scans	Threshold	MRI Need
	2019	2021	2022									
Randolph	5,257.2	5,147.7	5,369.4	0.0111	5,429.1	0.0139	0.0139	5,504.5	2.00	2,752.2	4992	0
Richmond	2,444.0	3,039.9	0.0	-0.3781	0.0	-0.0136	0.0000	0.0	1.00	0.0	4368	0
Robeson	7,664.3	7,740.8	7,643.9	-0.0013	7,634.2	0.0097	0.0097	7,708.5	2.00	3,854.2	4992	0
Rockingham	5,515.5	4,972.6	5,884.3	0.0424	6,134.1	0.0013	0.0013	6,142.1	2.00	3,071.1	4992	0
Rowan	11,308.1	11,513.9	11,562.3	0.0112	11,691.9	0.0219	0.0219	11,947.4	4.00	2,986.8	4992	0
Rutherford	2,780.2	2,365.2	2,475.8	-0.0513	2,348.8	0.0080	0.0080	2,367.6	1.00	2,367.6	4368	0
Sampson	1,627.8	1,426.4	1,487.6	-0.0404	1,427.5	-0.0012	0.0000	1,427.5	1.00	1,427.5	4368	0
Scotland	4,855.7	5,095.5	4,391.1	-0.0444	4,196.0	-0.0103	0.0000	4,196.0	1.00	4,196.0	4368	0
Stanly	4,349.7	4,937.7	5,481.5	0.1227	6,153.9	0.0074	0.0074	6,199.3	2.09	2,967.1	4992	0
Stokes	0.0	0.0	0.0	0.0000	0.0	0.0090	0.0090	0.0	0.00	0.0	1872	0
Surry	6,977.8	7,052.6	7,443.6	0.0331	7,689.9	-0.0019	0.0000	7,689.9	2.00	3,845.0	4992	0
Swain	0.0	0.0	0.0	0.0000	0.0	0.0104	0.0104	0.0	0.00	0.0	1872	0
Transylvania	1,968.8	1,916.1	1,929.6	-0.0099	1,910.6	0.0131	0.0131	1,935.5	1.00	1,935.5	4368	0
Union	12,098.1	14,130.7	14,981.0	0.1141	16,690.2	0.0634	0.0634	17,748.4	3.55	5,005.6	4992	1
Vance/Warren	3,328.7	3,266.6	2,917.0	-0.0628	2,733.7	-0.0069	0.0000	2,733.7	2.00	1,366.9	4992	0
Wake	126,278.7	136,920.9	146,472.1	0.0770	157,752.8	0.0587	0.0587	167,007.3	31.31	5,333.3	4992	1
Washington	0.0	0.0	0.0	0.0000	0.0	-0.0492	0.0000	0.0	0.00	0.0	1872	0
Watauga	4,348.3	5,286.3	5,490.1	0.1271	6,188.1	-0.0012	0.0000	6,188.1	2.00	3,094.0	4992	0
Wayne	7,814.2	7,946.5	8,509.4	0.0439	8,882.8	-0.0021	0.0000	8,882.8	2.00	4,441.4	4992	0
Wilkes	3,327.1	3,338.6	3,743.6	0.0624	3,977.2	-0.0044	0.0000	3,977.2	1.00	3,977.2	4368	0
Wilson	7,606.6	7,583.1	4,991.1	-0.1725	4,130.4	-0.0177	0.0000	4,130.4	3.06	1,351.9	4992	0
Yadkin	0.0	0.0	0.0	0.0000	0.0	-0.0021	0.0000	0.0	0.00	0.0	1872	0
Totals	1,125,636.2	1,174,162.4	1,230,464.2		1,321,022.3			1,371,172.3	304.61			11

**Table 15E-3: Existing and Approved Specialized MRI Scanners,
Excluded from Inventory**

Scanner Use*	County	Provider	CON Project ID	Number of Scanners
Cardiovascular Clinical Use (Policy AC-3)	Durham	Duke University Hospital	J-006511-01	3
Radiation Oncology	Durham	Duke University Hospital	J-006295-00	1
Use in Operating Room Suite (Policy AC-3)	Durham	Duke University Hospital	J-008030-07	1
Radiation Oncology	Forsyth	North Carolina Baptist Hospital	G-006816-03	1
Dedicated Breast Scanning	Mecklenburg	Charlotte Radiology Breast Center	F-006725-02	1
Dedicated Pediatric Use	Mecklenburg	Carolinas Medical Center (Levine Children's Hospital)	F-007219-05	1
Intraoperative MRI (iMRI)	Mecklenburg	Carolinas Medical Center	F-011210-16	1
Use in Operating Room Suite (Policy AC-3)	Orange	University of North Carolina Medical Center	J-12340-21	1

* These scanners shall be used only for the purposes indicated above. They shall not be used for general clinical purposes.

Table 15E-4: Fixed MRI Scanner Need Determination*

Service Area	Fixed MRI Scanner Need Determination	Certificate of Need Application Deadline**	Certificate of Need Beginning Review Date
Carteret	1	February 15, 2024	March 1, 2024
Cumberland	1	February 15, 2024	March 1, 2024
Davie	1	April 15, 2024	May 1, 2024
Durham/Caswell/Warren	1	October 15, 2024	November 1, 2024
Johnston	1	April 15, 2024	May 1, 2024
Lenoir	1	June 17, 2024	July 1, 2024
Mecklenburg	1	September 16, 2024	October 1, 2024
Orange	1	August 15, 2024	September 1, 2024
Pitt/Greene/Hyde/Tyrell	1	August 15, 2024	September 1, 2024
Union	1	October 15, 2024	November 1, 2024
Wake	1	June 17, 2024	July 1, 2024
It is determined that there is no need anywhere else in the state and no other reviews are scheduled.			

* Any person can apply for a CON to meet the need, not just the health service facility or facilities that generated the need.

** Application deadlines are absolute, pursuant to 10A NCAC 14C.0202(2). The filing deadline is 5:00 p.m. on the application deadline date.

Table 15E-5: Mobile MRI Scanner Need Determination*

Service Area	Mobile MRI Scanner Need Determination	Certificate of Need Application Deadline**	Certificate of Need Beginning Review Date
Ashe/Avery/Watauga ***	1	September 16, 2024	October 1, 2024
It is determined that there is no need anywhere else in the state and no other reviews are scheduled.			

* Any person can apply for a CON to meet the need, not just the health service facility or facilities that generated the need.

** Application deadlines are absolute, pursuant to 10A NCAC 14C.0202(2). The filing deadline is 5:00 p.m. on the application deadline date.

*** In response to a petition, the State Health Coordinating Council approved the conversion of an existing fixed MRI scanner to a mobile MRI scanner that will only serve sites in Ashe, Avery and Watauga Counties.

F. POSITRON EMISSION TOMOGRAPHY SCANNERS

Introduction

A *positron emission tomography (PET) scanner*, as defined in G.S. § 131E-176(19a), means “equipment that utilizes a computerized radiographic technique that employs radioactive substances to examine the metabolic activity of various body structures.”

The first PET scanners were dedicated machines performing only that service, supported by cyclotrons on-site. However, PET scanners now include hybrid machines, performing a variety of nuclear medicine studies and supported by new tracer production facilities housing cyclotrons in stand-alone facilities. Many PET scanners are configured with a single gantry to accommodate computed tomography (CT) to acquire sequential PET and CT images during the same exam. All these machines are PET scanners as defined in G.S. § 131E-176(19a), but they vary widely in their capabilities.

Changes from Previous Plan

This section contains no substantive changes from the previous State Medical Facilities Plan (SMFP).

Definitions

Dedicated PET scanners can be fixed or mobile. *Mobile* PET scanner means a dedicated PET scanner and its transporting equipment that is moved, at least weekly, to provide services at two or more host facilities. A *fixed* PET scanner is one that is not mobile.

A fixed PET scanner’s *service area* is the HSA in which it is located (*Table 15F-1*). Appendix A identifies the multicounty groupings that comprise the HSAs. A mobile PET scanner’s service area is statewide. A *statewide service area* is defined as a planning area that encompasses the entire state when determining need. For mobile equipment, the definition does not imply that a CON applicant is required to project that it will provide mobile services in a certain number of counties, HSAs, or regions. Similarly, once developed, the equipment does not have to serve a certain number of counties, HSAs, or regions.

Assumptions of the Methodology

1. The methodology concerns dedicated fixed PET scanners only. Dedicated scanners do not perform other nuclear medicine procedures.
2. The facility has a deficit when its overall utilization of dedicated fixed PET scanners is at or above 80% of capacity during the current reporting year. For the purpose of need determination calculations, the annual capacity of a dedicated fixed PET scanner is 3,000 procedures; 80% capacity is 2,400 procedures.

Application of the Methodology

Part 1 (*Table 15F-1*):

Determine the planning inventory of all fixed PET scanners in the state by summing the number of existing fixed PET scanners in operation, the number of CON-approved fixed PET scanners under development, and the number of fixed PET scanners available pursuant to need determinations pending review or appeal (*Column C*).

Step 1: For each facility that operates a PET scanner, determine the total number of procedures performed on all fixed PET scanners located at the facility for the current reporting year (*Column D*).

- Step 2: Multiply the number of fixed PET scanners at each facility by 3,000 procedures to determine the PET scanner capacity at each facility.
- Step 3: Divide the total number of PET scanner procedures performed at each facility, as determined in Step 1, by the capacity calculated in Step 2. Multiply the results by 100 to convert the numbers to a utilization percentage (*Column E*). A facility has a deficit if its total utilization is 80% or greater (*Column F*).
- Step 4: To calculate the need determination for the service area, add all facility deficits (*Column F*) and adjust the sum by the number of placeholders for need determinations in previous SMFPs. The total is the need determination for an additional fixed PET scanner except as provided in Step 7 for both parts of the methodology combined (*Column G*).

Part 2:

- Step 5: Identify each major cancer treatment facility, program, or provider in the state, defined as providers that operate two linear accelerators that performed over 12,500 ESTV procedures during the current reporting year (*Table 15C-5*).
- Step 6: A service area has a need determination for one additional fixed PET scanner if a major cancer treatment facility, program, or provider identified in Step 5 is hospital-based (i.e., on a hospital's license) and does not own or operate a dedicated fixed PET scanner, except as provided in Step 7 for both parts of the methodology combined.
- Step 7: The maximum need determination for a single HSA in any one year will be no more than two additional fixed PET scanners regardless of the numbers generated individually by each part of the methodology (*Table 15F-1, Column F*).

Unless otherwise specified by the methodology, calculations do not use rounded values. However, fractional values are rounded automatically when displayed.

The SMFP does not have a methodology to project need for additional mobile PET scanners. A summer petition is required to place a need determination in the upcoming SMFP. If the need determination is approved, any person may apply for a CON to acquire the mobile PET scanner.

Table 15F-1: Utilization of Existing Dedicated Fixed PET Scanners

A	B	C	D	E	F	G
HSA	Facility	Planning Inventory	2021-2022 Procedures	Facility Utilization Rate	Facility Deficit	Need Determination
I	Catawba Valley Medical Center / Frye Regional Medical Center	1	1,382	46.07%	0	
	Mission Hospital	1	2,919	97.30%	1	
	Messino Cancer Center*	1	0	0.00%	0	
	2023 SMFP Need Determination	1				
	HSA I Totals	4	4,301		1	0
II	Alamance Regional Medical Center	1	809	26.97%	0	
	Cone Health	1	1,991	66.37%	0	
	High Point Regional Health	1	1,223	40.77%	0	
	Atrium Health Wake Forest Baptist	2	3,367	56.12%	0	
	Novant Health Forsyth Medical Center	1	2,500	83.33%	1	
	2023 SMFP Need Determination	1				
HSA II Totals	7	9,890		1	0	
III	Atrium Health Cabarrus	1	1,189	39.63%	0	
	Atrium Health Union	1	680	22.67%	0	
	Carolinas Medical Center	2	5,119	85.32%	1	
	CaroMont Regional Medical Center	1	918	30.60%	0	
	Iredell Memorial Hospital	1	628	20.93%	0	
	Novant Health Presbyterian Medical Center	1	2,085	69.50%	0	
	HSA III Totals	7	10,619		1	1
IV	Duke Raleigh Hospital	1	1,771	59.03%	0	
	Duke University Hospital	3	6,623	73.59%	0	
	Rex Hospital	2	4,333	72.22%	0	
	University of North Carolina Hospitals	2	4,320	72.00%	0	
	Wake PET Services, Wake Radiology Oncology, Wake Radiology	1	1,174	39.13%	0	
	HSA IV Totals	9	18,221		0	0
V	Cape Fear Valley Medical Center	1	1,295	43.17%	0	
	First Imaging of the Carolinas	1	1,658	55.27%	0	
	New Hanover Regional Medical Center**	2	3,413	56.88%	0	
	Southeastern Regional Medical Center	1	791	26.37%	0	
	HSA V Totals	5	7,157		0	0
VI	CarolinaEast Medical Center	1	1,149	38.30%	0	
	Nash General Hospital	1	526	17.53%	0	
	Vidant Medical Center***	2	3,284	54.73%	0	
	HSA VI Totals	4	4,959		0	0
TOTAL		36	55,147	54.07%	3	1

* CON issued for new PET February 2, 2022. CON Project ID: B-012059-21

** CON issued for new PET April 28, 2022. CON Project ID: O-012143-21

*** CON issued for new PET January 15, 2022. CON Project ID: Q-012138-21

Table 15F-2: PET Scanner Provider of Mobile Dedicated Scanners

Mobile Provider	Procedures	Utilization Rate
		Year 2021-2022 Procedures, 2,600
Alliance Imaging I	4,519	174%
Alliance Imaging II	3,314	127%
Alliance Imaging III*	0	0%
Insight Health Corp.	0	0%
Novant Health Forsyth Medical Center (NHFMC)	2,376	91%
TOTAL	10,209	

* CON issued for new mobile PET April 12, 2022. CON Project ID: G-012156-21

Table 15F-3: PET Scanner Sites and Utilization of Existing Mobile Dedicated Scanners

Mobile Site	Mobile Provider	Number of Sites	Procedures
			2021-2022
AdventHealth Hendersonville	Alliance I	1	241
Atrium Health Lincoln	Alliance I	1	310
Atrium Health Stanley	Alliance I	1	237
Caldwell Memorial Hospital	Alliance I	1	282
Carteret General Hospital	Alliance II	1	419
Cleveland Regional Medical Center	Alliance I	1	808
Columbus Regional Healthcare System	Alliance II	1	138
Cone Health Annie Penn Hospital	Alliance I	1	144
Haywood Regional Medical Center	Alliance I	1	182
Johnston Health	Alliance II	1	312
Lake Norman Regional Medical Center	Alliance I	1	47
Lexington Medical Center	Alliance I	1	124
Margaret R. Pardee Memorial Hospital	Alliance I	1	562
Maria Parham Medical Center	Alliance II	1	103
Northern Hospital of Surry County	Alliance I	1	210
Novant Health Huntersville Medical Center	NHFMC	1	806
Novant Health Kernersville Medical Center	NHFMC	1	421
Novant Health Matthews Medical Center	NHFMC	1	632
Novant Health Mint Hill Medical Center	NHFMC	1	163
Novant Health Rowan Medical Center - Julian Road	NHFMC	1	354
Onslow Memorial Hospital	Alliance II	1	367
Randolph Hospital	Alliance I	1	88
Rutherford Regional Medical Center	Alliance I	1	149
Scotland Memorial Hospital	Alliance II	1	258
Sentara Albemarle Medical Center	Alliance II	1	404
Southeastern Regional Medical Center	Alliance II	1	9
The Outer Banks Hospital	Alliance II	1	139
UNC Health Blue Ridge - Morganton	Alliance I	1	13
UNC Health Blue Ridge - Valdese	Alliance I	1	288
UNC Lenoir Healthcare	Alliance II	1	235
Vidant Chowan Hospital	Alliance II	1	108
Vidant Duplin Hospital	Alliance II	1	39
Watauga Medical Center	Alliance I	1	219
Wayne Memorial Hospital	Alliance II	1	359
WestCare Health System	Alliance I	1	346
Wilkes Regional Medical Center	Alliance I	1	269
Wilson Medical Center	Alliance II	1	424
TOTAL		37	10,209

Table 15F-4: Dedicated Fixed PET Scanner Need Determination*

Service Area	Dedicated Fixed PET Scanner Need Determination	Certificate of Need Application Deadline**	Certificate of Need Beginning Review Date
HSA III	1	September 16, 2024	October 1, 2024
It is determined that there is no need anywhere else in the state and no other reviews are scheduled.			

* Any person can apply for a CON to meet the need, not just the health service facility or facilities that generated the need.

** Application deadlines are absolute, pursuant to 10A NCAC 14C.0202(2). The filing deadline is 5:00 p.m. on the application deadline date.

Appendix A:

North Carolina Health Service Areas

Appendix B:

List of Contiguous Counties

Appendix C:

Executive Orders 46 and 187

Appendix D:

North Carolina Certificate of Need Statute

Appendix E:

Certificate of Need Regulations

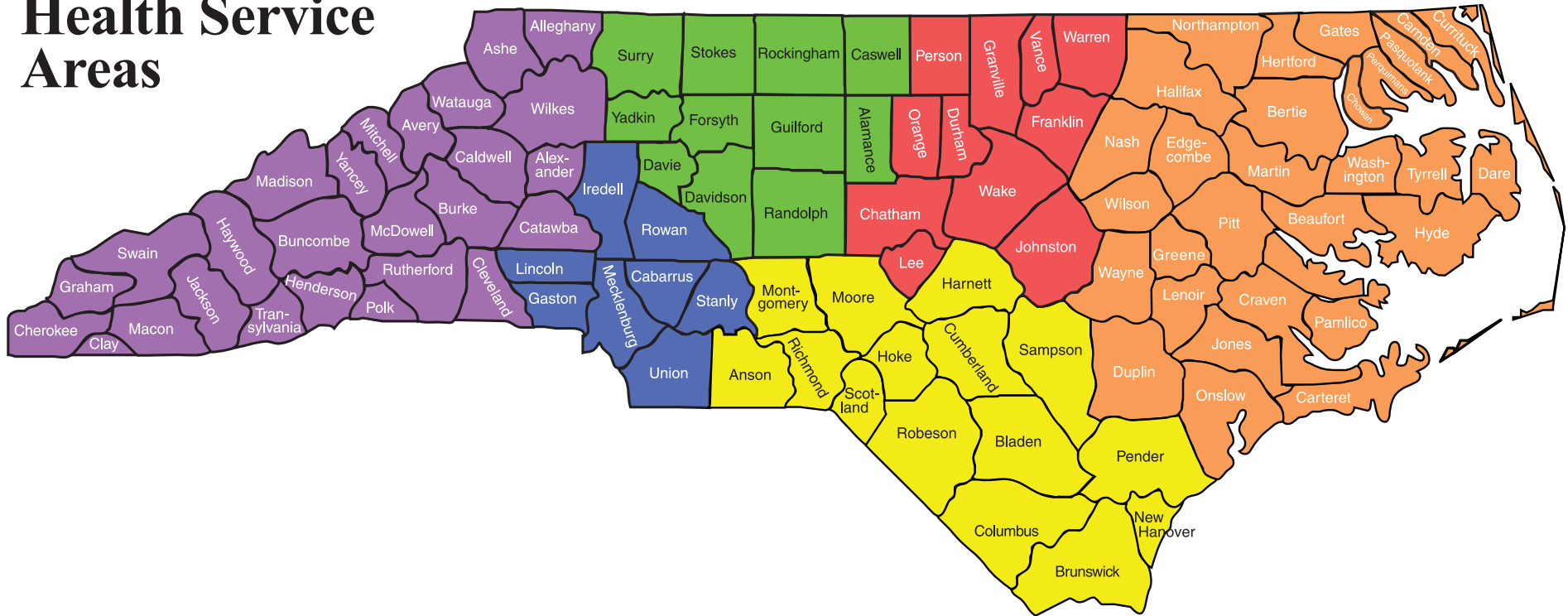
Appendix F:

Academic Medical Center Teaching Hospitals

Appendix G:

Critical Access Hospitals

Appendix A: North Carolina Health Service Areas



Health Service Areas	Counties	Color Code
HSA I	Alexander, Alleghany, Ashe, Avery, Buncombe, Burke, Caldwell, Catawba, Cherokee, Clay, Cleveland, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Watauga, Wilkes, Yancey	
HSA II	Alamance, Caswell, Davidson, Davie, Forsyth, Guilford, Randolph, Rockingham, Stokes, Surry, Yadkin	
HSA III	Cabarrus, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, Stanly, Union	
HSA IV	Chatham, Durham, Franklin, Granville, Johnston, Lee, Orange, Person, Vance, Wake, Warren	
HSA V	Anson, Bladen, Brunswick, Columbus, Cumberland, Harnett, Hoke, Montgomery, Moore, New Hanover, Pender, Richmond, Robeson, Sampson, Scotland	
HSA VI	Beaufort, Bertie, Camden, Carteret, Chowan, Craven, Currituck, Dare, Duplin, Edgecombe, Gates, Greene, Halifax, Hertford, Hyde, Jones, Lenoir, Martin, Nash, Northampton, Onslow, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington, Wayne, Wilson	

APPENDIX B

LIST OF CONTIGUOUS COUNTIES

For purposes of the State Medical Facilities Plan, Healthcare Planning defines contiguous groupings in relation to a base county and includes any North Carolina county that touches that base county.

ALAMANCE	ALEXANDER	ALLEGHANY	ANSON	ASHE	AVERY
Caswell	Caldwell	Ashe	Montgomery	Alleghany	Burke
Chatham	Catawba	Surry	Richmond	Watauga	Caldwell
Guilford	Iredell	Wilkes	Stanly	Wilkes	McDowell
Orange	Wilkes		Union		Mitchell
Randolph					Watauga
Rockingham					

BEAUFORT	BERTIE	BLADEN	BRUNSWICK	BUNCOMBE	BURKE
Craven	Chowan	Columbus	Columbus	Haywood	Avery
Hyde	Halifax	Cumberland	New Hanover	Henderson	Caldwell
Martin	Hertford	Pender	Pender	Madison	Catawba
Pamlico	Martin	Robeson		McDowell	Cleveland
Pitt	Northampton	Sampson		Rutherford	Lincoln
Washington	Washington			Yancey	McDowell
					Rutherford

CABARRUS	CALDWELL	CAMDEN	CARTERET	CASWELL	CATAWBA
Iredell	Alexander	Currituck	Craven	Alamance	Alexander
Mecklenburg	Avery	Gates	Jones	Orange	Burke
Rowan	Burke	Pasquotank	Onslow	Person	Caldwell
Stanly	Catawba			Rockingham	Cleveland
Union	Watauga				Iredell
	Wilkes				Lincoln

CHATHAM	CHEROKEE	CHOWAN	CLAY	CLEVELAND	COLUMBUS
Alamance	Clay	Bertie	Cherokee	Burke	Bladen
Durham	Graham	Gates	Macon	Catawba	Brunswick
Harnett	Macon	Hertford		Gaston	Pender
Lee		Perquimans		Lincoln	Robeson
Moore				Rutherford	
Orange					
Randolph					
Wake					

CRAVEN	CUMBERLAND	CURRITUCK	DARE	DAVIDSON	DAVIE
Beaufort	Bladen	Camden	Currituck	Davie	Davidson
Carteret	Harnett	Dare	Hyde	Forsyth	Forsyth
Jones	Hoke		Tyrrell	Guilford	Iredell
Lenoir	Moore			Montgomery	Rowan
Pamlico	Robeson			Randolph	Yadkin
Pitt	Sampson			Rowan	
				Stanly	

DUPLIN	DURHAM	EDGECOMBE	FORSYTH	FRANKLIN	GASTON
Jones	Chatham	Halifax	Davidson	Granville	Cleveland
Lenoir	Granville	Martin	Davie	Halifax	Lincoln
Onslow	Orange	Nash	Guilford	Johnston	Mecklenburg
Pender	Person	Pitt	Rockingham	Nash	
Sampson	Wake	Wilson	Stokes	Vance	
Wayne			Surry	Wake	
			Yadkin	Warren	

GATES	GRAHAM	GRANVILLE	GREENE	GUILFORD	HALIFAX
Camden	Cherokee	Durham	Lenoir	Alamance	Bertie
Chowan	Macon	Franklin	Pitt	Davidson	Edgecombe
Hertford	Swain	Person	Wayne	Forsyth	Franklin
Pasquotank		Vance	Wilson	Randolph	Martin
Perquimans		Wake		Rockingham	Nash
				Stokes	Northampton
					Warren

HARNETT	HAYWOOD	HENDERSON	HERTFORD	HOKE	HYDE
Chatham	Buncombe	Buncombe	Bertie	Cumberland	Beaufort
Cumberland	Henderson	Haywood	Chowan	Moore	Dare
Johnston	Jackson	Polk	Gates	Richmond	Tyrrell
Lee	Madison	Rutherford	Northampton	Robeson	Washington
Moore	Swain	Transylvania		Scotland	
Sampson	Transylvania				
Wake					

IREDELL	JACKSON	JOHNSTON	JONES	LEE	LENOIR
Alexander	Haywood	Franklin	Carteret	Chatham	Craven
Cabarrus	Macon	Harnett	Craven	Harnett	Duplin
Catawba	Swain	Nash	Duplin	Moore	Greene
Davie	Transylvania	Sampson	Lenoir		Jones
Lincoln		Wake	Onslow		Pitt
Mecklenburg		Wayne			Wayne
Rowan		Wilson			
Wilkes					
Yadkin					

LINCOLN	MACON	MADISON	MARTIN	McDOWELL	MECKLENBURG
Burke	Cherokee	Buncombe	Beaufort	Avery	Cabarrus
Catawba	Clay	Haywood	Bertie	Buncombe	Gaston
Cleveland	Graham	Yancey	Edgecombe	Burke	Lincoln
Gaston	Jackson		Halifax	Mitchell	Iredell
Iredell	Swain		Pitt	Rutherford	Union
Mecklenburg			Washington	Yancey	

MITCHELL	MONTGOMERY	MOORE	NASH	NEW HANOVER	NORTHAMPTON
Avery	Anson	Chatham	Edgecombe	Brunswick	Bertie
McDowell	Davidson	Cumberland	Franklin	Pender	Halifax
Yancey	Moore	Harnett	Halifax		Hertford
	Randolph	Hoke	Johnston		Warren
	Richmond	Lee	Wake		
	Rowan	Montgomery	Warren		
	Stanly	Randolph	Wilson		
		Richmond			
		Scotland			

ONslow	ORANGE	PAMLICO	PASQUOTANK	PENDER	PERQUIMANS
Carteret	Alamance	Beaufort	Camden	Bladen	Chowan
Duplin	Caswell	Craven	Gates	Brunswick	Gates
Jones	Chatham		Perquimans	Columbus	Pasquotank
Pender	Durham			Duplin	
	Person			New Hanover	
				Onslow	
				Sampson	

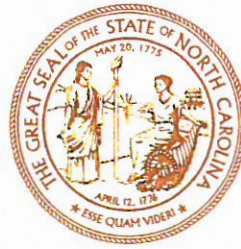
PERSON	PITT	POLK	RANDOLPH	RICHMOND	ROBESON
Caswell	Beaufort	Henderson	Alamance	Anson	Bladen
Durham	Craven	Rutherford	Chatham	Hoke	Columbus
Granville	Edgecombe		Davidson	Montgomery	Cumberland
Orange	Greene		Guilford	Moore	Hoke
	Lenoir		Montgomery	Scotland	Scotland
	Martin		Moore	Stanly	
	Wilson				

ROCKINGHAM	ROWAN	RUTHERFORD	SAMPSON	SCOTLAND	STANLY
Alamance	Cabarrus	Buncombe	Bladen	Hoke	Anson
Caswell	Davidson	Burke	Cumberland	Moore	Cabarrus
Forsyth	Davie	Cleveland	Duplin	Richmond	Davidson
Guilford	Iredell	Henderson	Harnett	Robeson	Montgomery
Stokes	Montgomery	McDowell	Johnston		Richmond
	Stanly	Polk	Pender		Rowan
			Wayne		Union

STOKES	SURRY	SWAIN	TRANSYLVANIA	TYRRELL	UNION
Forsyth	Alleghany	Graham	Haywood	Dare	Anson
Guilford	Forsyth	Haywood	Henderson	Hyde	Cabarrus
Rockingham	Stokes	Jackson	Jackson	Washington	Mecklenburg
Surry	Wilkes	Macon			Stanly
Yadkin	Yadkin				

VANCE	WAKE	WARREN	WASHINGTON	WATAUGA	WAYNE
Franklin	Chatham	Franklin	Beaufort	Ashe	Duplin
Granville	Durham	Halifax	Bertie	Avery	Greene
Warren	Franklin	Nash	Hyde	Caldwell	Johnston
	Granville	Northampton	Martin	Wilkes	Lenoir
	Harnett	Vance	Tyrrell		Sampson
	Johnston				Wilson
	Nash				

WILKES	WILSON	YADKIN	YANCEY
Alexander	Edgecombe	Davie	Buncombe
Alleghany	Greene	Forsyth	Madison
Ashe	Johnston	Iredell	McDowell
Caldwell	Nash	Stokes	Mitchell
Iredell	Pitt	Surry	
Surry	Wayne	Wilkes	
Watauga			
Yadkin			



State of North Carolina

PAT McCRORY
GOVERNOR

March 4, 2014

EXECUTIVE ORDER NO. 46

REAUTHORIZING THE STATE HEALTH COORDINATING COUNCIL

WHEREAS, the State Health Coordinating Council is a public advisory body established by Executive Order No. 139 on March 3, 2008; and

WHEREAS, the State Health Coordinating Council plays an important role in working with the Department of Health and Human Services to prepare the State Medical Facilities Plan approved annually by the Governor; and

WHEREAS, the success of the State Health Coordinating Council depends on the membership of persons knowledgeable about healthcare services, facilities, and technology including physicians, representatives of business and industry, medical educators and members of professional associations; and

WHEREAS, the State Health Coordinating Council has only advisory authority and therefore is not a covered board under the State Ethics Act; and

WHEREAS, it is important that the State Health Coordinating Council exercise its advisory authority in a transparent manner so that the Governor and citizens have full knowledge of the professional and economic interests of members of the State Health Coordinating Council represent; and

By the power vested in me as Governor by the Constitution and laws of the State of North Carolina, **IT IS ORDERED:**

Section 1. Establishment

The North Carolina State Health Coordinating Council (hereinafter "NCSHCC") is hereby reestablished.

Section 2. Membership

The NCSHCC shall have the following duties and functions:

- a) Serve as a forum for hearing regional concerns and recommendations related to health planning;
- b) Compile a list of state health needs and advise the Department of Health and Human Services;
- c) Advise the Department of Human Resources on issues related to state health needs, giving attention to local, regional, and statewide needs;

- d) Review and comment on contents of documents related to health planning and make recommendations concerning them to the Secretary of Human and Human Services and the Governor;
- e) Advise the Department of Health and Human Services on cost-effective mechanisms for achieving health needs;
- f) Prepare the Annual State Medical Facilities Plan and present the plan to the Governor.

Section 3. Membership

The NCSHCC shall consist of 25 members who shall be appointed by the Governor as follows:

- a) One member from an academic medical center;
- b) Two members from business and industry (at least one individual representing small business and one representing large business);
- c) One member from the health insurance industry;
- d) Two members from county government (one representing a rural county and one representing an urban county);
- e) One member representing nursing homes;
- f) One members representing hospitals;
- g) One member representing home care facilities;
- h) One member representing hospice;
- i) One local health director;
- j) One licensed physician;
- k) One member from the North Carolina House of Representatives;
- l) One member from the North Carolina Senate;
- m) Eleven at-large members to represent other health professionals, business, industry and to ensure regional representation.

Section 4. Terms of Membership

The terms of membership of the NCSHCC shall be staggered so that the terms of approximately one-third of the members shall expire in a single calendar year. All members shall be appointed for a term of three years. Terms shall expire on December 31, and new terms shall begin on January 1. Members of the NCSHCC shall serve at the pleasure of the Governor.

Members currently serving on February 28, 2014 shall continue to serve at the pleasure of the Governor until their successors are appointed or otherwise noticed by the Office of the Governor.

Section 5. Vacancies

A vacancy occurring during a term of appointment is filled in the same manner as the original appointment and for the balance of the unexpired terms.

Section 6. Travel Expenses

Members of the NCSHCC shall receive necessary travel and subsistence expenses in accordance with the provision of G.S. § 138-5.

Section 7. Chairman

The Chairman and Vice Chairman of the NCSHCC shall be appointed by the Governor. The Chairman and Vice Chairman shall serve at the pleasure of the Governor. The NCSHCC may elect other such officers as it deems necessary.

Section 8. Meetings

The NCSHCC shall meet quarterly and at other times at the call of the Chairman or upon written request of at least ten (10) of its members. All business meetings of the NCSHCC, its committees and subcommittees, or special task forces shall be open to the public.

Section 9. Staff Assistance

The Department of Health and Human Services shall provide clerical support and other services required by the NCSHCC.

Section 10. Ethical Standards

1. The members of the NCSHCC shall always act in the best interests of the public and shall bring their particular knowledge and experience to the NCSHCC to serve the public interest as identified in the Certificate of Needs Law, Chapter 131E, Article 9 of the General Statutes.
2. The following process shall be observed for all meetings of the NCSHCC and NCSHCC subcommittees at which the NCSHCC or NCSHCC subcommittee takes any action:
 - a. At the beginning of each meeting, the Chair shall remind all members of their duty to act always in the best interest of the public without regard for their own professional, institutional or financial interests and that members should recuse themselves from voting on any matter on which they cannot meet this standard.
 - b. Prior to conducting any business, each member shall disclose any professional or institutional interest he or she may have in any matter coming before the NCSHCC or NCSHCC subcommittee for action at that meeting. The Chair will determine if the member needs to recuse himself or herself from voting on the matter in order to ensure the integrity of the actions of the NCSHCC or NCSHCC subcommittee.
 - c. Prior to conducting any business, each member shall also disclose any financial benefit he or she may derive from any matter coming before the NCSHCC or NCSHCC subcommittee for action at that meeting. A member derives a financial benefit from a matter under consideration if the person or his/her spouse (i) has an ownership interest in an entity that is a party to the matter under consideration; (ii) will derive any income or commission as a direct result of action on the matter under consideration; or (iii) will acquire property as a direct result of action on the matter under consideration. When any member indicates that he or she will derive a financial benefit from a matter coming before the NCSHCC or any subcommittee, the member shall recuse himself or herself from voting on the matter.
 - d. A member who has recused himself or herself from voting is not prohibited from deliberating on the matter unless the Chair determines, after review, that participation by the member in deliberations would impair the integrity of the actions of the NCSHCC or NCSHCC subcommittee.
 - e. The minutes of the NCSHCC and its subcommittees will reflect all disclosures and recusals made pursuant to this section, and such minutes will be provided to the Governor for review with the SMFP.
 - f. A challenge to a member's participation in a vote on issues under this Executive Order may be raised only by a member of the NCSHCC or an employee of the

Division of Health Services Regulation of DHHS. In such case where a challenge is made, the Chair, in consultation with the DHHS legal counsel, shall determine whether the challenge is valid and the action that should be taken.

- g. For the purposes of this Executive Order, the term "Chair" means the Chair of the NCSHCC or the Chair of any NCSHCC subcommittee. In the absence of the Chair or if the professional, institutional, or financial interests of the Chair must be reviewed pursuant to this section, then the Vice-Chair of the NCSHCC or NCSHCC subcommittee shall make the determinations required by this section.
3. Members of the NCSHCC are expected to and should confer with DHHS on any matters that come before them in the development of the SMFP. No member of the NCSHCC, however, may confer with any DHHS employee regarding any proposed provision of the SMFP or any proposed or pending certificate of need application in which the member has a direct, conflicting professional, institutional or financial interest, except in public meetings conducted by DHHS or the NCSHCC.
4. This Executive Order is for the Governor's purposes in reviewing and approving or amending the proposed SMFP submitted by the NCSHCC and DHHS. This Order does not and shall not be construed to create any rights, nor create claims, under the Certificate of Need Law, State Government Ethics Act, or otherwise.

This Executive Order is retroactive to March 1, 2014 and shall remain in effect until December 31, 2016, pursuant to N.C. Gen. Stat. § 147-16.2(b), or until earlier rescinded. This order supersedes and replaces all other executive orders on this subject and specifically rescinds Executive Order No. 139 issued on March 3, 2008, Executive Order No. 10 issued on March 3, 2009, Executive Order No. 52 issued on March 2, 2010, and Executive Order No. 67 issued on October 4, 2010.

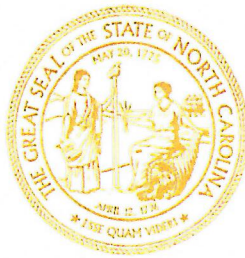
IN WITNESS WHEREOF, I have hereunto signed my name and affixed the Great Seal of the State of North Carolina at the Capitol in the City of Raleigh, this 4th day of March in the year of our Lord two thousand fourteen, and of the Independence of the United States of America the two hundred and thirty-eight.


Pat McCrory
Governor

ATTEST:


Elaine F. Marshall
Secretary of State





State of North Carolina

ROY COOPER
GOVERNOR

December 31, 2020

EXECUTIVE ORDER NO. 187

EXTENDING THE STATE HEALTH COORDINATING COUNCIL

WHEREAS, the State Health Coordinating Council (“NCSHCC”) is a public body reestablished by Executive Order No. 46 entitled *Reauthorizing The State Health Coordinating Council* on March 4, 2014; and

WHEREAS, Executive Order No. 122 entitled *Extending The State Health Coordinating Council*, on December 29, 2016 extended the State Health Coordinating Council; and

WHEREAS, the Executive Order extending the State Health Coordinating Council expires on December 31, 2020; and

WHEREAS, the State Health Coordinating Council plays an important role in working with the North Carolina Department of Health and Human Services to prepare the State Medical Facilities Plan approved annually by the undersigned; and

WHEREAS, it is appropriate to update the schedule for meetings of the State Health Coordinating Council.

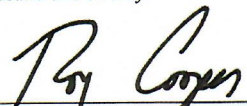
NOW THEREFORE, by the power vested in me as Governor by the Constitution and laws of the State of North Carolina, **IT IS ORDERED**:

Section 8. Meetings in Executive Order No. 46, *Reauthorizing The State Health Coordinating Council*, signed on March 4, 2014, is hereby amended and restated to read:

The NCSHCC shall meet at least three (3) times each calendar year and at other times at the call of the Chairperson or upon written request of at least ten (10) of its members. All business meetings of the NCSHCC, its committees and subcommittees, or special task forces shall be open to the public.

Executive Order No. 122, *Extending The State Health Coordinating Council*, signed on December 29, 2016, reestablished pursuant to Executive Order No. 46, *Reauthorizing The State Health Coordinating Council*, signed on March 4, 2014, is hereby extended except as amended above to December 31, 2024 pursuant to N.C. Gen. Stat. § 147-16.2(b), or until earlier rescinded.

IN WITNESS WHEREOF, I have hereunto signed my name and affixed the Great Seal of the State of North Carolina at the Capitol in the City of Raleigh, this 31st day of December in the year of our Lord two thousand and twenty.



Roy Cooper
Governor

ATTEST:



Elaine F. Marshall
Secretary of State



APPENDIX D

NORTH CAROLINA CERTIFICATE OF NEED STATUTES

Article 9 Certificate of Need

§ 131E-175. Findings of fact.

The General Assembly of North Carolina makes the following findings:

- (1) That the financing of health care, particularly the reimbursement of health services rendered by health service facilities, limits the effect of free market competition and government regulation is therefore necessary to control costs, utilization, and distribution of new health service facilities and the bed complements of these health service facilities.
- (2) That the increasing cost of health care services offered through health service facilities threatens the health and welfare of the citizens of this State in that citizens need assurance of economical and readily available health care.
- (3) That, if left to the market place to allocate health service facilities and health care services, geographical maldistribution of these facilities and services would occur and, further, less than equal access to all population groups, especially those that have traditionally been medically underserved, would result.
- (3a) That access to health care services and health care facilities is critical to the welfare of rural North Carolinians, and to the continued viability of rural communities, and that the needs of rural North Carolinians should be considered in the certificate of need review process.
- (4) That the proliferation of unnecessary health service facilities results in costly duplication and underuse of facilities, with the availability of excess capacity leading to unnecessary use of expensive resources and overutilization of health care services.
- (5) Repealed.
- (6) That excess capacity of health service facilities places an enormous economic burden on the public who pay for the construction and operation of these facilities as patients, health insurance subscribers, health plan contributors, and taxpayers.
- (7) That the general welfare and protection of lives, health, and property of the people of this State require that new institutional health services to be offered within this State be subject to review and evaluation as to need, cost of service, accessibility to services, quality of care, feasibility, and other criteria as determined by provisions of this Article or by the North Carolina Department of Health and Human Services pursuant to provisions of this Article prior to such services being offered or developed in order that only appropriate and needed institutional health services are made available in the area to be served.
- (8) That because persons who have received exemptions under Section 11.9(a) of S.L. 2000-67, as amended, and under Section 11.69(b) of S.L. 1997-443, as amended by Section 12.16C(a) of S.L. 1998-212, and as amended by Section 1 of S.L. 1999-135, have had sufficient time to complete development plans and initiate construction of beds in adult care homes.
- (9) That because with the enactment of this legislation, beds allowed under the exemptions noted above and pending development will count in the inventory of adult care home beds available to provide care to residents in the State Medical Facilities Plan.
- (10) That because State and county expenditures provide support for nearly three-quarters of the residents in adult care homes through the State County Special Assistance program, and excess bed capacity increases costs per resident day, it is in the public interest to promote efficiencies in

delivering care in those facilities by controlling and directing their growth in an effort to prevent underutilization and higher costs and provide appropriate geographical distribution.

- (11) That physicians providing gastrointestinal endoscopy services in unlicensed settings should be given an opportunity to obtain a license to provide those services to ensure the safety of patients and the provision of quality care.
- (12) That demand for gastrointestinal endoscopy services is increasing at a substantially faster rate than the general population given the procedure is recognized as a highly effective means to diagnose and prevent cancer.

§ 131E-176. Definitions.

The following definitions apply in this Article:

- (1) Adult care home. – A facility with seven or more beds licensed under Part 1 of Article 1 of Chapter 131D of the General Statutes or under this Chapter that provides residential care for aged individuals or individuals with disabilities whose principal need is a home which provides the supervision and personal care appropriate to their age and disability and for whom medical care is only occasional or incidental.
- (1a) Air ambulance. – Aircraft used to provide air transport of sick or injured persons between destinations within the State.
- (1b) Ambulatory surgical facility. – A facility designed for the provision of a specialty ambulatory surgical program or a multispecialty ambulatory surgical program. An ambulatory surgical facility serves patients who require local, regional, or general anesthesia and a period of post-operative observation. An ambulatory surgical facility may only admit patients for a period of less than 24 hours and must provide at least one designated operating room or gastrointestinal endoscopy room and at least one designated recovery room, have available the necessary equipment and trained personnel to handle emergencies, provide adequate quality assurance and assessment by an evaluation and review committee, and maintain adequate medical records for each patient. An ambulatory surgical facility may be operated as a part of a physician or dentist's office, provided the facility is licensed under Part 4 of Article 6 of this Chapter, but the performance of incidental, limited ambulatory surgical procedures which do not constitute an ambulatory surgical program and which are performed in a physician's or dentist's office does not make that office an ambulatory surgical facility.
- (1c) Ambulatory surgical program. – A formal program for providing on a same-day basis those surgical procedures which require local, regional, or general anesthesia and a period of post-operative observation to patients whose admission for more than 24 hours is determined, prior to surgery or gastrointestinal endoscopy, to be medically unnecessary.
- (2) Bed capacity. – Space used exclusively for inpatient care, including space designed or remodeled for licensed inpatient beds even though temporarily not used for such purposes. The number of beds to be counted in any patient room shall be the maximum number for which adequate square footage is provided as established by rules of the Department except that single beds in single rooms are counted even if the room contains inadequate square footage. The term "bed capacity" also refers to the number of dialysis stations in kidney disease treatment centers, including freestanding dialysis units.
- (2a) Bone marrow transplantation services. – The process of infusing bone marrow into persons with diseases to stimulate the production of blood cells.
- (2b) Burn intensive care services. – Services provided in a unit designed to care for patients who have been severely burned.
- (2c) Campus. – The adjacent grounds and buildings, or grounds and buildings not separated by more than a public right-of-way, of a health service facility and related health care entities.
- (2d) Capital expenditure. – An expenditure for a project, including but not limited to the cost of construction, engineering, and equipment which under generally accepted accounting principles is

- not properly chargeable as an expense of operation and maintenance. Capital expenditure includes, in addition, the fair market value of an acquisition made by donation, lease, or comparable arrangement by which a person obtains equipment, the expenditure for which would have been considered a capital expenditure under this Article if the person had acquired it by purchase.
- (2e) Repealed by Session Laws 2005-325, s. 1, effective for hospices and hospice offices December 31, 2005.
 - (2f) Cardiac catheterization equipment. – The equipment used to provide cardiac catheterization services.
 - (2g) Cardiac catheterization services. – Those procedures, excluding pulmonary angiography procedures, in which a catheter is introduced into a vein or artery and threaded through the circulatory system into the heart specifically to diagnose abnormalities in the motion, contraction, and blood flow of the moving heart or to perform surgical therapeutic interventions to restore, repair, or reconstruct the coronary blood vessels of the heart.
 - (3) Certificate of need. – A written order which affords the person so designated as the legal proponent of the proposed project the opportunity to proceed with the development of such project.
 - (4) Repealed by Session Laws 1993, c. 7, s. 2.
 - (5) Change in bed capacity. – Any of the following:
 - a. Any relocation of health service facility beds, or dialysis stations from one licensed facility or campus to another.
 - b. Any redistribution of health service facility bed capacity among the categories of health service facility bed.
 - c. Any increase in the number of health service facility beds, or dialysis stations in kidney disease treatment centers, including freestanding dialysis units.
 - (5a) Chemical dependency treatment facility. – A public or private facility, or unit in a facility, which is engaged in providing 24-hour a day treatment for chemical dependency or a substance use disorder. This treatment may include detoxification, administration of a therapeutic regimen for the treatment of individuals with chemical dependence or substance use disorders, and related services. The facility or unit may be any of the following:
 - a. A unit within a general hospital or an attached or freestanding unit of a general hospital licensed under Article 5 of this Chapter.
 - b. A unit within a psychiatric hospital or an attached or freestanding unit of a psychiatric hospital licensed under Article 1A of former Chapter 122 of the General Statutes or Article 2 of Chapter 122C of the General Statutes.
 - c. A freestanding facility specializing in treatment of individuals with chemical dependence or substance use disorders that is licensed under Article 1A of former Chapter 122 of the General Statutes or Article 2 of Chapter 122C of the General Statutes. The facility may be identified as "chemical dependency, substance abuse, alcoholism, or drug abuse treatment units," "residential chemical dependency, substance use disorder, alcoholism or drug abuse facilities," or by other names if the purpose is to provide treatment of individuals with chemical dependence or substance use disorders. The term, however, does not include social setting detoxification facilities, medical detoxification facilities, halfway houses, or recovery farms.
 - (5b) Chemical dependency treatment beds. – Beds that are licensed for the inpatient treatment of chemical dependency. Residential treatment beds for the treatment of chemical dependency or substance use disorder are chemical dependency treatment beds. Chemical dependency treatment beds do not include beds licensed for detoxification.
 - (6) Department. – The North Carolina Department of Health and Human Services.
 - (7) Develop. – When used in connection with health services, means to undertake those activities which will result in the offering of institutional health service or the incurring of a financial obligation in relation to the offering of such a service.

- (7a) Diagnostic center. – A freestanding facility, program, or provider, including but not limited to, physicians' offices, clinical laboratories, radiology centers, and mobile diagnostic programs, in which the total cost of all the medical diagnostic equipment utilized by the facility which cost ten thousand dollars (\$10,000) or more exceeds three million dollars (\$3,000,000). In determining whether the medical diagnostic equipment in a diagnostic center costs more than three million dollars (\$3,000,000), the costs of the equipment, studies, surveys, designs, plans, working drawings, specifications, construction, installation, and other activities essential to acquiring and making operational the equipment shall be included. The capital expenditure for the equipment shall be deemed to be the fair market value of the equipment or the cost of the equipment, whichever is greater. Beginning September 30, 2022, and on September 30 each year thereafter, the cost threshold amount in this subdivision shall be adjusted using the Medical Care Index component of the Consumer Price Index published by the U.S. Department of Labor for the 12-month period preceding the previous September 1.
- (7b) Expedited review. – The status given to an application's review process when the applicant petitions for the review and the Department approves the request based on findings that all of the following are met:
- a. The review is not competitive.
 - b. The proposed capital expenditure is less than five million dollars (\$5,000,000).
 - c. A request for a public hearing is not received within the time frame defined in G.S. 131E-185.
 - d. The agency has not determined that a public hearing is in the public interest.
- (7c) Gamma knife. – Equipment which emits photon beams from a stationary radioactive cobalt source to treat lesions deep within the brain and is one type of stereotactic radiosurgery.
- (7d) Gastrointestinal endoscopy room. – A room used for the performance of procedures that require the insertion of a flexible endoscope into a gastrointestinal orifice to visualize the gastrointestinal lining and adjacent organs for diagnostic or therapeutic purposes.
- (8),(9) Repealed by Session Laws 1987, c. 511, s. 1.
- (9a) Health service. – An organized, interrelated activity that is medical, diagnostic, therapeutic, rehabilitative, or a combination thereof and that is integral to the prevention of disease or the clinical management of an individual who is sick or injured or who has a disability. "Health service" does not include administrative and other activities that are not integral to clinical management.
- (9b) Health service facility. – A hospital; long-term care hospital; rehabilitation facility; nursing home facility; adult care home; kidney disease treatment center, including freestanding hemodialysis units; intermediate care facility for individuals with intellectual disabilities; home health agency office; diagnostic center; hospice office, hospice inpatient facility, hospice residential care facility; and ambulatory surgical facility.
- (9c) Health service facility bed. – A bed licensed for use in a health service facility in the categories of (i) acute care beds; (iii) rehabilitation beds; (iv) nursing home beds; (v) intermediate care beds for individuals with intellectual disabilities; (vii) hospice inpatient facility beds; (viii) hospice residential care facility beds; (ix) adult care home beds; and (x) long-term care hospital beds.
- (10) Health maintenance organization (HMO). – A public or private organization which has received its certificate of authority under Article 67 of Chapter 58 of the General Statutes and which either is a qualified health maintenance organization under Section 1310(d) of the Public Health Service Act or satisfies all of the following:
- a. Provides or otherwise makes available to enrolled participants health care services, including at least the following basic health care services: usual physician services, hospitalization, laboratory, X ray, emergency and preventive services, and out-of-area coverage.
 - b. Is compensated, except for copayments, for the provision of the basic health care services listed in sub-subdivision a. of this subdivision to enrolled participants by a payment which is paid on a periodic basis without regard to the date the health care services are provided

- and which is fixed without regard to the frequency, extent, or kind of health service actually provided.
- c. Provides physicians' services primarily (i) directly through physicians who are either employees or partners of such organizations, or (ii) through arrangements with individual physicians or one or more groups of physicians organized on a group practice or individual practice basis.
- (10a) Heart-lung bypass machine. – The equipment used to perform extra-corporeal circulation and oxygenation during surgical procedures.
- (11) Repealed by Session Laws 1991, c. 692, s. 1.
- (12) Home health agency. – A private organization or public agency, whether owned or operated by one or more persons or legal entities, which furnishes or offers to furnish home health services.
- (12a) Home health services. – Items and services furnished to an individual by a home health agency, or by others under arrangements with such others made by the agency, on a visiting basis, and except for sub-subdivision e. of this subdivision, in a place of temporary or permanent residence used as the individual's home as follows:
- a. Part-time or intermittent nursing care provided by or under the supervision of a registered nurse.
 - b. Physical, occupational, or speech therapy.
 - c. Medical social services, home health aid [sic] services, and other therapeutic services.
 - d. Medical supplies, other than drugs and biologicals and the use of medical appliances.
 - e. Any of the items and services listed in this subdivision which are provided on an outpatient basis under arrangements made by the home health agency at a hospital or nursing home facility or rehabilitation center and the furnishing of which involves the use of equipment of such a nature that the items and services cannot readily be made available to the individual at home, or which are furnished at the facility while the individual is there to receive any such item or service, but not including transportation of the individual in connection with any such item or service.
- (13) Hospital. – A public or private institution which is primarily engaged in providing to inpatients, by or under supervision of physicians, diagnostic services and therapeutic services for medical diagnosis, treatment, and care of injured, disabled, or sick persons, or rehabilitation services for the rehabilitation of injured, disabled, or sick persons. The term includes all facilities licensed pursuant to G.S. 131E-77, except long-term care hospitals.
- (13a) Hospice. – Any coordinated program of home care with provision for inpatient care for terminally ill patients and their families. This care is provided by a medically directed interdisciplinary team, directly or through an agreement under the direction of an identifiable hospice administration. A hospice program of care provides palliative and supportive medical and other health services to meet the physical, psychological, social, spiritual, and special needs of patients and their families, which are experienced during the final stages of terminal illness and during dying and bereavement.
- (13b) Hospice inpatient facility. – A freestanding licensed hospice facility or a designated inpatient unit in an existing health service facility which provides palliative and supportive medical and other health services to meet the physical, psychological, social, spiritual, and special needs of terminally ill patients and their families in an inpatient setting. For purposes of this Article only, a hospital which has a contractual agreement with a licensed hospice to provide inpatient services to a hospice patient as defined in G.S. 131E-201(4) and provides those services in a licensed acute care bed is not a hospice inpatient facility and is not subject to the requirements in sub-subdivision (5)b. of this section for hospice inpatient beds.
- (13c) Hospice residential care facility. – A freestanding licensed hospice facility which provides palliative and supportive medical and other health services to meet the physical, psychological, social, spiritual, and special needs of terminally ill patients and their families in a group residential setting.
- (14) Repealed by Session Laws 1987, c. 511, s. 1.

- (14a) Intermediate care facility for individuals with intellectual disabilities. – Facilities licensed pursuant to Article 2 of Chapter 122C of the General Statutes for the purpose of providing health and habilitative services based on the developmental model and principles of normalization for individuals with intellectual disabilities, autism, cerebral palsy, epilepsy or related conditions.
- (14b) Repealed by Session Laws 1991, c. 692, s. 1.
- (14c) Reserved for future codification.
- (14d) Repealed by Session Laws 2001-234, s. 2, effective January 1, 2002.
- (14e) Kidney disease treatment center. – A facility that is certified as an end-stage renal disease facility by the Centers for Medicare and Medicaid Services, Department of Health and Human Services, pursuant to 42 C.F.R. § 405.
- (14f) “Legacy Medical Care Facility” means a facility that meets all of the following requirements:
 - a. Is not presently operating.
 - b. Has not continuously operated for at least the past six months.
 - c. Within the last 24 months:
 - 1. Was operated by a person holding a license under G.S. 131E-77; and
 - 2. Was primarily engaged in providing to inpatients or outpatients, by or under supervision of physicians, (i) diagnostic services and therapeutic services for medical diagnosis, treatment, and care of injured, disabled, or sick persons or (ii) rehabilitation services for the rehabilitation of injured, disabled, or sick persons.
- (14g) Linear accelerator. – A machine used to produce ionizing radiation in excess of 1,000,000 electron volts in the form of a beam of electrons or photons to treat cancer patients.
- (14h) Reserved for future codification.
- (14i) Lithotripter. – Extra-corporeal shock wave technology used to treat persons with kidney stones and gallstones.
- (14j) Reserved for future codification.
- (14k) Long-term care hospital. – A hospital that has been classified and designated as a long-term care hospital by the Centers for Medicare and Medicaid Services, Department of Health and Human Services, pursuant to 42 C.F.R. § 412.
- (14l) Reserved for future codification.
- (14m) Magnetic resonance imaging scanner. – Medical imaging equipment that uses nuclear magnetic resonance.
- (14n) Main campus. – All of the following for the purposes of G.S. 131E-184(f) and (g) only:
 - a. The site of the main building from which a licensed health service facility provides clinical patient services and exercises financial and administrative control over the entire facility, including the buildings and grounds adjacent to that main building.
 - b. Other areas and structures that are not strictly contiguous to the main building but are located within 250 yards of the main building.
- (14o) Major medical equipment. – A single unit or single system of components with related functions which is used to provide medical and other health services and which costs more than two million dollars (\$2,000,000). In determining whether the major medical equipment costs more than two million dollars (\$2,000,000), the costs of the equipment, studies, surveys, designs, plans, working drawings, specifications, construction, installation, and other activities essential to acquiring and making operational the major medical equipment shall be included. The capital expenditure for the equipment shall be deemed to be the fair market value of the equipment or the cost of the equipment, whichever is greater. Major medical equipment does not include replacement equipment. Beginning September 30, 2022, and on September 30 each year thereafter, the cost threshold amount in this subdivision shall be adjusted using the Medical Care Index component of the Consumer Price Index published by the U.S. Department of Labor for the 12-month period preceding the previous September 1.
- (15) Repealed by Session Laws 1987, c. 511, s. 1.

- (15a) Multispecialty ambulatory surgical program. – A formal program for providing on a same-day basis surgical procedures for at least three of the following specialty areas: gynecology, otolaryngology, plastic surgery, general surgery, ophthalmology, orthopedic, or oral surgery.
- (15b) Neonatal intensive care services. – Those services provided by a health service facility to high-risk newborn infants who require constant nursing care, including but not limited to continuous cardiopulmonary and other supportive care.
- (16) New institutional health services. – Any of the following:
 - a. The construction, development, or other establishment of a new health service facility.
 - b. Except as otherwise provided in G.S. 131E-184(e), the obligation by any person of a capital expenditure exceeding four million dollars (\$4,000,000) to develop or expand a health service or a health service facility, or which relates to the provision of a health service. The cost of any studies, surveys, designs, plans, working drawings, specifications, and other activities, including staff effort and consulting and other services, essential to the acquisition, improvement, expansion, or replacement of any plant or equipment with respect to which an expenditure is made shall be included in determining if the expenditure exceeds four million dollars (\$4,000,000). Beginning September 30, 2022, and on September 30 each year thereafter, the cost threshold amount in this subdivision shall be adjusted using the Medical Care Index component of the Consumer Price Index published by the U.S. Department of Labor for the 12-month period preceding the previous September 1.
 - c. Any change in bed capacity.
 - d. The offering of dialysis services or home health services by or on behalf of a health service facility if those services were not offered within the previous 12 months by or on behalf of the facility.
 - e. A change in a project that was subject to certificate of need review and for which a certificate of need was issued, if the change is proposed during the development of the project or within one year after the project was completed. For purposes of this subdivision, a change in a project is a change of more than fifteen percent (15%) of the approved capital expenditure amount or the addition of a health service that is to be located in the facility, or portion thereof, that was constructed or developed in the project.
 - f. The development or offering of a health service as listed in this subdivision by or on behalf of any person:
 - 1. Bone marrow transplantation services.
 - 2. Burn intensive care services.
 - 2a. Cardiac catheterization services, except cardiac catheterization services provided on equipment furnished by a person authorized to operate the equipment in North Carolina pursuant to either a certificate of need issued for mobile cardiac catheterization equipment or a settlement agreement executed by the Department for provision of cardiac catheterization services.
 - 3. Neonatal intensive care services.
 - 4. Open-heart surgery services.
 - 5. Solid organ transplantation services.
 - fl. The acquisition by purchase, donation, lease, transfer, or comparable arrangement of any of the following equipment by or on behalf of any person:
 - 1. Air ambulance.¹
 - 2. Repealed.
 - 3. Cardiac catheterization equipment.

¹ Pursuant to an Order of Permanent Injunction issued by the United States District Court for the Eastern District of North Carolina Western Division on October 15, 2008, the North Carolina Department of Health and Human Services is prohibited from requiring that any person obtain a certificate of need before acquiring an air ambulance.

4. Gamma knife.
 5. Heart-lung bypass machine.
 - 5a. Linear accelerator.
 6. Lithotripter.
 7. Magnetic resonance imaging scanner.
 8. Positron emission tomography scanner.
 9. Simulator.
- g. to k. Repealed.
- l. The purchase, lease, or acquisition of any health service facility, or portion thereof, or a controlling interest in the health service facility or portion thereof, if the health service facility was developed under a certificate of need issued pursuant to G.S. 131E-180.
 - m. Any conversion of nonhealth service facility beds to health service facility beds.
 - n. The construction, development or other establishment of a hospice, hospice inpatient facility, or hospice residential care facility.
 - o. The opening of an additional office by an existing home health agency **or** hospice within its service area as defined by rules adopted by the Department; or the opening of any office by an existing home health agency or hospice outside its service area as defined by rules adopted by the Department.
 - p. The acquisition by purchase, donation, lease, transfer, or comparable arrangement by any person of major medical equipment.
 - q. The relocation of a health service facility from one service area to another.
 - r. The conversion of a specialty ambulatory surgical program to a multispecialty ambulatory surgical program or the addition of a specialty to a specialty ambulatory surgical program.
 - s. The furnishing of mobile medical equipment to any person to provide health services in North Carolina, which was not in use in North Carolina prior to the adoption of this provision, if the equipment would otherwise be subject to review in accordance with sub-subdivision fl. of this subdivision or sub-subdivision p. of this subdivision if it had been acquired in North Carolina.
 - t. Repealed.
 - u. The construction, development, establishment, increase in the number, or relocation of an operating room or gastrointestinal endoscopy room in a licensed health service facility, other than the relocation of an operating room or gastrointestinal endoscopy room within the same building or on the same grounds or to grounds not separated by more than a public right-of-way adjacent to the grounds where the operating room is or gastrointestinal endoscopy room is currently located.
 - v. The change in designation, in a licensed health service facility, of an operating room to a gastrointestinal endoscopy room or change in designation of a gastrointestinal endoscopy room to an operating room that results in a different number of each type of room than is reflected on the health service facility's license in effect as of January 1, 2005.
- (17) North Carolina State Health Coordinating Council. – The Council that prepares, with the Department of Health and Human Services, the State Medical Facilities Plan.
- (17a) Nursing care. – Any of the following:
- a. Skilled nursing care and related services for residents who require medical or nursing care.
 - b. Rehabilitation services for the rehabilitation of individuals who are injured or sick or who have disabilities.
 - c. Health-related care and services provided on a regular basis to individuals who because of their mental or physical condition require care and services above the level of room and board, which can be made available to them only through institutional facilities.
- These are services which are not primarily for the care and treatment of mental diseases.
- (17b) Nursing home facility. – A health service facility whose bed complement of health service facility beds is composed principally of nursing home facility beds.

- (18) Offer. – In connection with health services, the act by a person of holding out as capable of providing, or as having the means to provide, specified health services.
- (18a) Repealed by Session Laws 2005-325, s. 1, effective for hospices and hospice offices December 31, 2005.
- (18b) Open-heart surgery services. – The provision of surgical procedures that utilize a heart-lung bypass machine during surgery to correct cardiac and coronary artery disease or defects.
- (18c) Operating room. – 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.
- (19) Person. – An individual; a trust or estate; a partnership; a corporation, including associations, joint stock companies, and insurance companies; the State; or a political subdivision or agency or instrumentality of the State.
- (19a) Positron emission tomography scanner. – Equipment that utilizes a computerized radiographic technique that employs radioactive substances to examine the metabolic activity of various body structures.
- (20) Project or capital expenditure project. – A proposal to undertake a capital expenditure that results in the offering of a new institutional health service. A project, or capital expenditure project, or proposed project may refer to the project from its earliest planning stages up through the point at which the specified new institutional health service may be offered. In the case of facility construction, the point at which the new institutional health service may be offered must take place after the facility is capable of being fully licensed and operated for its intended use, and at that time it shall be considered a health service facility.
- (21) Psychiatric facility. – A public or private facility licensed pursuant to Article 2 of Chapter 122C of the General Statutes and which is primarily engaged in providing to inpatients, by or under the supervision of a physician, psychiatric services for the diagnosis and treatment of individuals with mental illness.
- (22) Rehabilitation facility. – A public or private inpatient facility which is operated for the primary purpose of assisting in the rehabilitation of individuals with disabilities through an integrated program of medical and other services which are provided under competent, professional supervision.
- (22a) Replacement equipment. – Equipment that costs less than three million dollars (\$3,000,000) and is purchased for the sole purpose of replacing comparable medical equipment currently in use which will be sold or otherwise disposed of when replaced. In determining whether the replacement equipment costs less than three million dollars (\$3,000,000), the costs of equipment, studies, surveys, designs, plans, working drawings, specifications, construction, installation, and other activities essential to acquiring and making operational the replacement equipment shall be included. The capital expenditure for the equipment shall be deemed to be the fair market value of the equipment or the cost of the equipment, whichever is greater. Beginning September 30, 2023, and on September 30 each year thereafter, the cost threshold amount in this subdivision shall be adjusted using the Medical Care Index component of the Consumer Price Index published by the U.S. Department of Labor for the 12-month period preceding the previous September 1.
- (23) Repealed by Session Laws 1991, c. 692, s. 1.
- (24) Repealed by Session Laws 1993, c. 7, s. 2.
- (24a) Service area. – The area of the State, as defined in the State Medical Facilities Plan or in rules adopted by the Department, which receives services from a health service facility.
- (24b) Simulator. – A machine that produces high quality diagnostic radiographs and precisely reproduces the geometric relationships of megavoltage radiation therapy equipment to the patient.
- (24c) Reserved for future codification.
- (24d) Solid organ transplantation services. – The provision of surgical procedures and the interrelated medical services that accompany the surgery to remove an organ from a patient and surgically implant an organ from a donor.

- (24e) Reserved for future codification.
- (24f) Specialty ambulatory surgical program. – A formal program for providing on a same-day basis surgical procedures for only the specialty areas identified on the ambulatory surgical facility's 1993 Application for Licensure as an Ambulatory Surgical Center and authorized by its certificate of need.
- (25) State Medical Facilities Plan. – The plan prepared by the Department of Health and Human Services and the North Carolina State Health Coordinating Council, and approved by the Governor. In preparing the Plan, the Department and the State Health Coordinating Council shall maintain a mailing list of persons who have requested notice of public hearings regarding the Plan. Not less than 15 days prior to a scheduled public hearing, the Department shall notify persons on its mailing list of the date, time, and location of the hearing. The Department shall hold at least one public hearing prior to the adoption of the proposed Plan and at least six public hearings after the adoption of the proposed Plan by the State Health Coordinating Council. The Council shall accept oral and written comments from the public concerning the Plan.
- (26) Repealed by Session Laws 1983 (Regular Session, 1984), c. 1002, s. 9.
- (27) Repealed by Session Laws 1987, c. 511, s.1.

§ 131E-177. Department of Health and Human Services is designated State Health Planning and Development Agency; powers and duties.

The Department of Health and Human Services is designated as the State Health Planning and Development Agency for the State of North Carolina, and is empowered to exercise the following powers and duties:

- (1) To establish standards and criteria or plans required to carry out the provisions and purposes of this Article and to adopt rules pursuant to Chapter 150B of the General Statutes, to carry out the purposes and provisions of this Article;
- (2) Adopt, amend, and repeal such rules and regulations, consistent with the laws of this State, as may be required by the federal government for grants-in-aid for health service facilities and health planning which may be made available by the federal government. This section shall be liberally construed in order that the State and its citizens may benefit from such grants-in-aid;
- (3) Define, by rule, procedures for submission of periodic reports by persons or health service facilities subject to agency review under this Article;
- (4) Develop policy, criteria, and standards for health service facilities planning; shall conduct statewide registration and inventories of and make determinations of need for health service facilities, health services as specified in G.S. 131E-176(16)f., and equipment as specified in G.S. 131E-176(16)f1., which shall include consideration of adequate geographic location of equipment and services; and develop a State Medical Facilities Plan;
- (5) Implement, by rule, criteria for project review;
- (6) Have the power to grant, deny, or withdraw a certificate of need and to impose such sanctions as are provided for by this Article;
- (7) Solicit, accept, hold and administer on behalf of the State any grants or bequests of money, securities or property to the Department for use by the Department in the administration of this Article; and
- (8) Repealed.
- (9) Collect fees for submitting applications for certificates of need.
- (10) The authority to review all records in any recording medium of any person or health service facility subject to agency review under this Article which pertain to construction and acquisition activities, staffing or costs and charges for patient care, including but not limited to, construction contracts, architectural contracts, consultant contracts, purchase orders, cancelled checks, accounting and financial records, debt instruments, loan and

security agreements, staffing records, utilization statistics and any other records the Department deems to be reasonably necessary to determine compliance with this Article.

The Secretary of Health and Human Services shall have final decision-making authority with regard to all functions described in this section.

§ 131E-178. Activities requiring certificate of need.

- (a) No person shall offer or develop a new institutional health service without first obtaining a certificate of need from the Department; provided, however, no person who provides gastrointestinal endoscopy procedures in one or more gastrointestinal endoscopy rooms located in a nonlicensed setting, shall be required to obtain a certificate of need to license that setting as an ambulatory surgical facility with the existing number of gastrointestinal endoscopy rooms, provided that:
- (1) The license application is postmarked for delivery to the Division of Health Service Regulation by December 31, 2006;
 - (2) The applicant verifies, by affidavit submitted to the Division of Health Service Regulation within 60 days of the effective date of this act, that the facility is in operation as of the effective date of this act or that the completed application for the building permit for the facility was submitted by the effective date of this act;
 - (3) The facility has been accredited by The Accreditation Association for Ambulatory Health Care, The Joint Commission on Accreditation of Healthcare Organizations, or The American Association for Accreditation of Ambulatory Surgical Facilities by the time the license application is postmarked for delivery to the Division of Health Service Regulation of the Department; and
 - (4) The license application includes a commitment and plan for serving indigent and medically underserved populations.

All other persons proposing to obtain a license to establish an ambulatory surgical facility for the provision of gastrointestinal endoscopy procedures shall be required to obtain a certificate of need. The annual State Medical Facilities Plan shall not include policies or need determinations that limit the number of gastrointestinal endoscopy rooms that may be approved.

- (b) No person shall make an acquisition by donation, lease, transfer, or comparable arrangement without first obtaining a certificate of need from the Department, if the acquisition would have been a new institutional health service if it had been made by purchase. In determining whether an acquisition would have been a new institutional health service, the capital expenditure for the asset shall be deemed to be the fair market value of the asset or the cost of the asset, whichever is greater.
- (c) No person shall incur an obligation for a capital expenditure which is a new institutional health service without first obtaining a certificate of need from the Department. An obligation for a capital expenditure is incurred when:
- (1) An enforceable contract, excepting contracts which are expressly contingent upon issuance of a certificate of need, is entered into by a person for the construction, acquisition, lease or financing of a capital asset;
 - (2) A person takes formal action to commit funds for a construction project undertaken as his own contractor; or
 - (3) In the case of donated property, the date on which the gift is completed.
- (d) Where the estimated cost of a proposed capital expenditure, including the fair market value of equipment acquired by purchase, lease, transfer, or other comparable arrangement, is certified by a licensed architect or engineer to be equal to or less than the expenditure minimum for capital expenditure for new institutional health services, such expenditure shall be deemed not to exceed the amount for new institutional health services regardless of the actual amount expended, provided that the following conditions are met:

- (1) The certified estimated cost is prepared in writing 60 days or more before the obligation for the capital expenditure is incurred. Certified cost estimates shall be available for inspection at the facility and sent to the Department upon its request.
- (2) The facility on whose behalf the expenditure was made notifies the Department in writing within 30 days of the date on which such expenditure is made if the expenditure exceeds the expenditure minimum for capital expenditures. The notice shall include a copy of the certified cost estimate.
- (e) The Department may grant certificates of need which permit capital expenditures only for predevelopment activities. Predevelopment activities include the preparation of architectural designs, plans, working drawings, or specifications, the preparation of studies and surveys, and the acquisition of a potential site.

§ 131E-179. Research activities.

- (a) Notwithstanding any other provisions of this Article, a health service facility may offer new institutional health services to be used solely for research, or incur the obligation of a capital expenditure solely for research, without a certificate of need, if the Department grants an exemption. The Department shall grant an exemption if the health service facility files a notice of intent with the Department in accordance with rules promulgated by the Department and if the Department finds that the offering or obligation will not:
 - (1) Affect the charges of the health service facility for the provision of medical or other patient care services other than services which are included in the research;
 - (2) Substantially change the bed capacity of the facility; or
 - (3) Substantially change the medical or other patient care services of the facility.
- (b) After a health service facility has received an exemption pursuant to subsection (a) of this section, it shall not offer the new institutional health services, or use a facility acquired through the capital expenditure, in a manner which affects the charges of the facility for the provision of medical or other patient care services, other than the services which are included in the research and shall not charge patients for the use of the service for which an exemption has been granted, without first obtaining a certificate of need from the Department; provided, however, that any facility or service acquired or developed under the exemption provided by this section shall not be subject to the foregoing restrictions on its use if the facility or service could otherwise be offered or developed without a certificate of need.
- (c) Any of the activities described in subsection (a) of this section shall be deemed to be solely for research even if they include patient care provided on an occasional and irregular basis and not as a part of the research program.

§ 131E-180. Repealed. 8-26-05

§ 131E-181. Nature of certificate of need.

- (a) A certificate of need shall be valid only for the defined scope, physical location, and person named in the application. A certificate of need shall not be transferred or assigned except as provided in G.S. 131E-189(c).
- (b) A recipient of a certificate of need, or any person who may subsequently acquire, in any manner whatsoever permitted by law, the service for which that certificate of need was issued, is required to materially comply with the representations made in its application for that certificate of need. The Department shall require any recipient of a certificate of need, or its successor, whose service is in operation to submit to the Department evidence that the recipient, or its successor, is in material compliance with the representations made in its application for the certificate of need which granted the recipient the right to operate that service. In determining whether the recipient of a certificate

of need, or its successor, is operating a service which materially differs from the representations made in its application for that certificate of need, the Department shall consider cost increases to the recipient, or its successor, including, but not limited to, the following:

- (1) Any increase in the consumer price index;
 - (2) Any increased cost incurred because of Government requirements, including federal, State, or any political subdivision thereof; and
 - (3) Any increase in cost due to professional fees or the purchase of services and supplies.
- (c) Whenever a certificate of need is issued more than 12 months after the application for the certificate of need began review, the Department shall adjust the capital expenditure amount proposed by increasing it to reflect any inflation in the Department of Commerce's Construction Cost Index that has occurred since the date when the application began review; and the Department shall use this recalculated capital expenditure amount in the certificate of need issued for the project.
- (d) A project authorized by a certificate of need is complete when the health service or the health service facility for which the certificate of need was issued is licensed and certified and is in material compliance with the representations made in the certificate of need application.

§ 131E-182. Application.

- (a) The Department in its rules shall establish schedules for submission and review of completed applications. The schedules shall provide that applications for similar proposals in the same service area will be reviewed together. However, there shall not be a review schedule prior to February 1, 2006, for submission and review of certificate of need applications that propose an increase in the number of licensed gastrointestinal endoscopy rooms. An applicant for a certificate of need to establish a licensed gastrointestinal endoscopy room shall show that it is performing or reasonably projects to perform at least 1,500 gastrointestinal endoscopy procedures per gastrointestinal endoscopy room per year.
- (b) An application for a certificate of need shall be made on forms provided by the Department. The application forms, which may vary according to the type of proposal, shall require such information as the Department, by its rules deems necessary to conduct the review. An applicant shall be required to furnish only that information necessary to determine whether the proposed new institutional health service is consistent with the review criteria implemented under G.S. 131E-183 and with duly adopted standards, plans and criteria.
- (c) An application fee is imposed on an applicant for a certificate of need. An applicant must submit the fee with the application. The fee is not refundable, regardless of whether a certificate of need is issued. Fees collected under this section shall be credited to the General Fund as nontax revenue. The application fee is five thousand dollars (\$5,000) plus an amount equal to three-tenths of one percent (.3%) of the amount of the capital expenditure proposed in the application that exceeds one million dollars (\$1,000,000). In no event may the fee exceed fifty thousand dollars (\$50,000).

§ 131E-183. Review criteria.

- (a) The Department shall review all applications utilizing the criteria outlined in this subsection and shall determine that an application is either consistent with or not in conflict with these criteria before a certificate of need for the proposed project shall be issued.
- (1) The proposed project shall be consistent with applicable policies and need determinations in the State Medical Facilities Plan, the need determination of which constitutes a determinative limitation on the provision of any health service, health service facility, health service facility beds, dialysis stations, operating rooms, or home health offices that may be approved.
 - (2) Repealed.

- (3) The applicant shall identify the population to be served by the proposed project, and shall demonstrate the need that this population has for the services proposed, and the extent to which all residents of the area, and, in particular, low income persons, racial and ethnic minorities, women, handicapped persons, the elderly, and other underserved groups are likely to have access to the services proposed.
- (3a) In the case of a reduction or elimination of a service, including the relocation of a facility or a service, the applicant shall demonstrate that the needs of the population presently served will be met adequately by the proposed relocation or by alternative arrangements, and the effect of the reduction, elimination or relocation of the service on the ability of low income persons, racial and ethnic minorities, women, handicapped persons, and other underserved groups and the elderly to obtain needed health care.
- (4) Where alternative methods of meeting the needs for the proposed project exist, the applicant shall demonstrate that the least costly or most effective alternative has been proposed.
- (5) Financial and operational projections for the project shall demonstrate the availability of funds for capital and operating needs as well as the immediate and long-term financial feasibility of the proposal, based upon reasonable projections of the costs of and charges for providing health services by the person proposing the service.
- (6) The applicant shall demonstrate that the proposed project will not result in unnecessary duplication of existing or approved health service capabilities or facilities.
- (7) The applicant shall show evidence of the availability of resources, including health manpower and management personnel, for the provision of the services proposed to be provided.
- (8) The applicant shall demonstrate that the provider of the proposed services will make available, or otherwise make arrangements for, the provision of the necessary ancillary and support services. The applicant shall also demonstrate that the proposed service will be coordinated with the existing health care system.
- (9) An applicant proposing to provide a substantial portion of the project's services to individuals not residing in the health service area in which the project is located, or in adjacent health service areas, shall document the special needs and circumstances that warrant service to these individuals.
- (10) When applicable, the applicant shall show that the special needs of health maintenance organizations will be fulfilled by the project. Specifically, the applicant shall show that the project accommodates:
 - a. The needs of enrolled members and reasonably anticipated new members of the HMO for the health service to be provided by the organization; and
 - b. The availability of new health services from non-HMO providers or other HMOs in a reasonable and cost-effective manner which is consistent with the basic method of operation of the HMO. In assessing the availability of these health services from these providers, the applicant shall consider only whether the services from these providers:
 1. Would be available under a contract of at least five years' duration;
 2. Would be available and conveniently accessible through physicians and other health professionals associated with the HMO;
 3. Would cost no more than if the services were provided by the HMO; and
 4. Would be available in a manner which is administratively feasible to the HMO.
- (11) Repealed
- (12) Applications involving construction shall demonstrate that the cost, design, and means of construction proposed represent the most reasonable alternative, and that the construction project will not unduly increase the costs of providing health services by the person

- proposing the construction project or the costs and charges to the public of providing health services by other persons, and that applicable energy saving features have been incorporated into the construction plans.
- (13) The applicant shall demonstrate the contribution of the proposed service in meeting the health-related needs of the elderly and of members of medically underserved groups, such as medically indigent or low income persons, Medicaid and Medicare recipients, racial and ethnic minorities, women, and handicapped persons, which have traditionally experienced difficulties in obtaining equal access to the proposed services, particularly those needs identified in the State Health Plan as deserving of priority. For the purpose of determining the extent to which the proposed service will be accessible, the applicant shall show:
- a. The extent to which medically underserved populations currently use the applicant's existing services in comparison to the percentage of the population in the applicant's service area which is medically underserved;
 - b. Its past performance in meeting its obligation, if any, under any applicable regulations requiring provision of uncompensated care, community service, or access by minorities and handicapped persons to programs receiving federal assistance, including the existence of any civil rights access complaints against the applicant;
 - c. That the elderly and the medically underserved groups identified in this subdivision will be served by the applicant's proposed services and the extent to which each of these groups is expected to utilize the proposed services; and
 - d. That the applicant offers a range of means by which a person will have access to its services. Examples of a range of means are outpatient services, admission by house staff, and admission by personal physicians.
- (14) The applicant shall demonstrate that the proposed health services accommodate the clinical needs of health professional training programs in the area, as applicable.
- (15) through (18) Repealed.
- (18a) The applicant shall demonstrate the expected effects of the proposed services on competition in the proposed service area, including how any enhanced competition will have a positive impact upon the cost effectiveness, quality, and access to the services proposed; and in the case of applications for services where competition between providers will not have a favorable impact on cost effectiveness, quality, and access to the services proposed, the applicant shall demonstrate that its application is for a service on which competition will not have a favorable impact.
- (19) Repealed.
- (20) An applicant already involved in the provision of health services shall provide evidence that quality care has been provided in the past.
- (21) Repealed.
- (b) The Department is authorized to adopt rules for the review of particular types of applications that will be used in addition to those criteria outlined in subsection (a) of this section and may vary according to the purpose for which a particular review is being conducted or the type of health service reviewed. No such rule adopted by the Department shall require an academic medical center teaching hospital, as defined by the State Medical Facilities Plan, to demonstrate that any facility or service at another hospital is being appropriately utilized in order for that academic medical center teaching hospital to be approved for the issuance of a certificate of need to develop any similar facility or service.
- (c) Repealed.

§ 131E-184. Exemptions from review.

- (a) Except as provided in subsection (b) of this section, the Department shall exempt from certificate of need review a new institutional health service if it receives prior written notice from the entity proposing the new institutional health service, which notice includes an explanation of why the new institutional health service is required, for any of the following:
 - (1) To eliminate or prevent imminent safety hazards as defined in federal, State, or local fire, building, or life safety codes or regulations.
 - (1a) To comply with State licensure standards.
 - (1b) To comply with accreditation or certification standards which must be met to receive reimbursement under Title XVIII of the Social Security Act or payments under a State plan for medical assistance approved under Title XIX of that act.
 - (2) Repealed.
 - (3) To provide data processing equipment.
 - (4) To provide parking, heating or cooling systems, elevators, or other basic plant or mechanical improvements, unless these activities are integral portions of a project that involves the construction of a new health service facility or portion thereof and that is subject to certificate of need review.
 - (5) To replace or repair facilities destroyed or damaged by accident or natural disaster.
 - (6) To provide any nonhealth service facility or service.
 - (7) To provide replacement equipment.
 - (8) To acquire an existing health service facility, including equipment owned by the health service facility at the time of acquisition. A facility not currently licensed as an adult care home that was licensed as an adult care home within the preceding 12 months is considered an existing health service facility for the purposes of this subdivision.
 - (9) To develop or acquire a physician office building regardless of cost, unless a new institutional health service other than defined in G.S. 131E-176(16)b. is offered or developed in the building.
 - (10) To allow a licensed home care agency, as defined in G.S. 131E-136, to provide Early and Periodic Screening, Diagnosis, and Treatment Services to children up to 21 years of age, in compliance with federal Medicaid requirements under 42 U.S.C. §1396d. This exemption applies to all home care agencies licensed under Article 6 of this Chapter, whether or not they are Medicare-certified.
- (b) Those portions of a proposed project which are not proposed for one or more of the purposes under subsection (a) of this section are subject to certificate of need review, if these non-exempt portions of the project are new institutional health services under G.S. 131E-176(16).
- (c) The Department shall exempt from certificate of need review a capital expenditure that exceeds the monetary threshold set forth in G.S. 131E-176(16)b. if all of the following conditions are met:
 - (1) The proposed capital expenditure would meet all of the following requirements:
 - a. Be used solely for the purpose of renovating, replacing on the same site, or expanding any of the following existing facilities:
 - 1. Nursing home facility.
 - 2. Adult care home facility.
 - 3. Intermediate care facility for individuals with intellectual disabilities.
 - b. Not result in a change in bed capacity, as defined in G.S. 131E-176(5), or the addition of a health service facility or any other new institutional health service other than that allowed in G.S. 131E-176(16)b.
 - (2) The entity proposing to incur the capital expenditure provides prior written notice to the Department, which notice includes documentation that demonstrates that the proposed capital expenditure would be used for one or more of the following purposes:
 - a. Conversion of semiprivate resident rooms to private rooms.

- b. Providing innovative, homelike residential dining spaces, such as cafes, kitchenettes, or private dining areas to accommodate residents and their families or visitors.
 - c. Renovating, replacing, or expanding residential living or common areas to improve the quality of life of residents.
- (f) The Department shall exempt from certificate of need review the purchase of any replacement equipment that exceeds the monetary threshold set forth in G.S. 131E-176(22a) if all of the following conditions are met:
 - (1) The equipment being replaced is located on the main campus.
 - (2) The Department has previously issued a certificate of need for the equipment being replaced. This subdivision does not apply if a certificate of need was not required at the time the equipment being replaced was initially purchased by the licensed health service facility.
 - (3) The licensed health service facility proposing to purchase the replacement equipment shall provide prior written notice to the Department, along with supporting documentation to demonstrate that it meets the exemption criteria of this subsection.
- (g) The Department shall exempt from certificate of need review any capital expenditure that exceeds the monetary threshold set forth in G.S. 131E-176(16)b. if all of the following conditions are met:
 - (1) The sole purpose of the capital expenditure is to renovate, replace on the same site, or expand the entirety or a portion of an existing health service facility that is located on the main campus.
 - (2) The capital expenditure does not result in (i) a change in bed capacity as defined in G.S. 131E-176(5) or (ii) the addition of a health service facility or any other new institutional health service other than that allowed in G.S. 131E-176(16)b.
 - (3) The licensed health service facility proposing to incur the capital expenditure shall provide prior written notice to the Department, along with supporting documentation to demonstrate that it meets the exemption criteria of this subsection.
- (h) The Department must exempt from certificate of need review the acquisition or reopening of a Legacy Medical Care Facility. The person seeking to operate a Legacy Medical Care Facility shall give the Department written notice of all of the following:
 - (1) Its intention to acquire or reopen a Legacy Medical Care Facility within the same county and the same service area as the facility that ceased continuous operations. If the Legacy Medical Care Facility will become operational in a new location within the same county and the same service area as the facility that ceased continuous operations, then the person responsible for giving the written notice required by this section shall notify the Department, as soon as reasonably practicable and prior to becoming operational, of the new location of the Legacy Medical Care Facility. For purposes of this subdivision, "service area" means the service area identified in the North Carolina State Medical Facilities Plan in effect at the time the written notice required by this section is given to the Department.
 - (2) That the facility will be operational within 36 months of the notice.

The Department shall extend the time by which a facility must be operational in order to be exempt from certificate of need review under this subsection by one additional 36-month period if the person seeking to reopen or acquire the Legacy Medical Care Facility gives the Department written notice of extension within 36 months of the original notice of intent to acquire or reopen the Legacy Medical Care Facility. The written notice of extension must notify the Department

 - (i) that the person has undertaken all reasonable efforts to make the facility operational within 36 months of the notice of intent,
 - (ii) that, despite these reasonable efforts, the person does not anticipate the facility will be operational within that time, and

- (iii) of its intention that the facility will be operational within 36 months of the notice of extension.

§ 131E-185. Review process.

- (a) Repealed.
- (a1) Except as provided in subsection (c) of this section, there shall be a time limit of 90 days for review of the applications, beginning on the day established by rule as the day on which applications for the particular service in the service area shall begin review.
 - (1) Any person may file written comments and exhibits concerning a proposal under review with the Department, not later than 30 days after the date on which the application begins review. These written comments may include:
 - a. Facts relating to the service area proposed in the application;
 - b. Facts relating to the representations made by the applicant in its application, and its ability to perform or fulfill the representations made;
 - c. Discussion and argument regarding whether, in light of the material contained in the application and other relevant factual material, the application complies with relevant review criteria, plans, and standards.
 - (2) No more than 20 days from the conclusion of the written comment period, the Department shall ensure that a public hearing is conducted at a place within the appropriate service area if one or more of the following circumstances apply; the review to be conducted is competitive; the proponent proposes to spend five million dollars (\$5,000,000) or more; a written request for a public hearing is received before the end of the written comment period from an affected party as defined in G.S. 131E-188(c); or the agency determines that a hearing is in the public interest. At such public hearing oral arguments may be made regarding the application or applications under review; and this public hearing shall include the following:
 - a. An opportunity for the proponent of each application under review to respond to the written comments submitted to the Department about its application;
 - b. An opportunity for any person, except one of the proponents, to comment on the applications under review;
 - c. An opportunity for a representative of the Department, or such other person or persons who are designated by the Department to conduct the hearing, to question each proponent of applications under review with regard to the contents of the application;The Department shall maintain a recording of any required public hearing on an application until such time as the Department's final decision is issued, or until a final agency decision is issued pursuant to a contested case hearing, whichever is later; and any person may submit a written synopsis or verbatim statement that contains the oral presentation made at the hearing.
 - (3) The Department may contract or make arrangements with a person or persons located within each service area for the conduct of such public hearings as may be necessary. The Department shall publish, in each service area, notice of the contracts that it executes for the conduct of those hearings.
 - (4) Within 15 days from the beginning of the review of an application or applications proposing the same service within the same service area, the Department shall publish notice of the deadline for receipt of written comments, of the time and place scheduled for the public hearing regarding the application or applications under review, and of the name and address of the person or agency that will preside.
 - (5) The Department shall maintain all written comments submitted to it during the written comment stage and any written submissions received at the public hearing as part of the

Department's file respecting each application or group of applications under review by it. The application, written comments, and public hearing comments, together with all documents that the Department used in arriving at its decision, from whatever source, and any documents that reflect or set out the Department's final analysis of the application or applications under review, shall constitute the Department's record for the application or applications under review.

- (a2) When an expedited review has been approved by the Department, no public hearing shall be held. The Department may contact the applicant and request additional or clarifying information, amendments to, or substitutions for portions of the application. The Department may negotiate conditions to be imposed on the certificate of need with the applicant.
- (b) Repealed.
- (c) The Department may extend the review period for a period not to exceed 60 days and provide notice of such extension to all applicants. For expedited reviews, the Department may extend the review period only if it has requested additional substantive information from the applicant.

§ 131E-186. Decision.

- (a) Within the prescribed time limits in G.S. 131E-185, the Department shall issue a decision to "approve," "approve with conditions," or "deny," an application for a new institutional health service. Approvals involving new or expanded bed capacity for nursing care or intermediate care for individuals with intellectual disabilities shall include a condition that specifies the earliest possible date the new institutional health service may be certified for participation in the Medicaid program. The date shall be set far enough in advance to allow the Department to identify funds to pay for care in the new or expanded facility in its existing Medicaid budget or to include these funds in its State Medicaid budget request for the year in which Medicaid certification is expected.
- (b) Within five business days after it makes a decision on an application, the Department shall provide written notice of all the findings and conclusions upon which it based its decision, including the criteria used by the Department in making its decision, to the applicant.

§ 131E-187. Issuance of a certificate of need.

- (a) Deleted. See Session Law 2009-373; SB 804.
- (b) Deleted. See Session Law 2009-373; SB 804.
- (c) The Department shall issue a certificate of need in accordance with the time line requirements of this section but only after all applicable conditions of approval that can be satisfied before issuance of the certificate of need have been met. The Department shall issue a certificate of need within:
 - (1) Thirty-five days of the date of the decision referenced in G.S. 131E-186, when no request for a contested case hearing has been filed in accordance with G.S. 131E-188.
 - (2) Five business days after it receives a file-stamped copy of the notice of voluntary dismissal, unless the voluntary dismissal is a stipulation of dismissal without prejudice.
 - (3) Thirty-five days of the date of the written notice of the final agency decision affirming or approving the issuance, unless a notice of appeal to the North Carolina Court of Appeals is timely filed.
 - (4) Twenty days after a mandate is issued by the North Carolina Court of Appeals affirming the issuance of a certificate of need, unless a notice of appeal or petition for discretionary review to the North Carolina Supreme Court is timely filed.
 - (5) Five business days after the North Carolina Supreme Court issues a mandate affirming the issuance of a certificate of need or an order declining to certify the case for discretionary review if the order declining to certify the case disposes of the appeal in its entirety.

§ 131E-188. Administrative and judicial review.

- (a) After a decision of the Department to issue, deny or withdraw a certificate of need or exemption or to issue a certificate of need pursuant to a settlement agreement with an applicant to the extent permitted by law, any affected person, as defined in subsection (c) of this section, shall be entitled to a contested case hearing under Article 3 of Chapter 150B of the General Statutes. A petition for a contested case shall be filed within 30 days after the Department makes its decision. When a petition is filed, the Department shall send notification of the petition to the proponent of each application that was reviewed with the application for a certificate of need that is the subject of the petition. Any affected person shall be entitled to intervene in a contested case.

A contested case shall be conducted in accordance with the following timetable:

- (1) An administrative law judge or a hearing officer, as appropriate, shall be assigned within 15 days after a petition is filed.
- (2) The parties shall complete discovery within 90 days after the assignment of the administrative law judge or hearing officer.
- (3) The hearing at which sworn testimony is taken and evidence is presented shall be held within 45 days after the end of the discovery period.
- (4) The administrative law judge or hearing officer shall make a final decision within 75 days after the hearing.

The administrative law judge or hearing officer assigned to a case may extend the deadlines in subdivisions (2) through (4) so long as the administrative law judge or hearing officer makes a final decision in the case within 270 days after the petition is filed.

- (a1) On or before the date of filing a petition for a contested case hearing on the approval of an applicant for a certificate of need, the petitioner shall deposit a bond with the clerk of superior court where the new institutional health service that is the subject of the petition is proposed to be located. The bond shall be secured by cash or its equivalent in an amount equal to five percent (5%) of the cost of the proposed new institutional health service that is the subject of the petition, but may not be less than five thousand dollars (\$5,000) and may not exceed fifty thousand dollars (\$50,000). A petitioner who received approval for a certificate of need and is contesting only a condition in the certificate is not required to file a bond under this subsection.

The applicant who received approval for the new institutional health service that is the subject of the petition may bring an action against a bond filed under this subsection in the superior court of the county where the bond was filed. Upon finding that the petition for a contested case was frivolous or filed to delay the applicant, the court may award the applicant part or all of the bond filed under this subsection. At the conclusion of the contested case, if the court does not find that the petition for a contested case was frivolous or filed to delay the applicant, the petitioner shall be entitled to the return of the bond deposited with the superior court upon demonstrating to the clerk of superior court where the bond was filed that the contested case hearing is concluded.

- (b) Any affected person who was a party in a contested case hearing shall be entitled to judicial review of all or any portion of any final decision in the following manner. The appeal shall be to the Court of Appeals as provided in G.S. 7A-29(a). The procedure for the appeal shall be as provided by the rules of appellate procedure. The appeal of the final decision shall be taken within 30 days of the receipt of the written notice of final decision, and notice of appeal shall be filed with Office of Administrative Hearings and served on the Department and all other affected persons who were parties to the contested hearing.

- (b1) Before filing an appeal of a final decision granting a certificate of need, the affected person shall deposit a bond with the Clerk of the Court of Appeals. The bond requirements of this subsection shall not apply to any appeal filed by the Department.

- (1) The bond shall be secured by cash or its equivalent in an amount equal to five percent (5%) of the cost of the proposed new institutional health service that is the subject of the appeal, but may not be less than five thousand dollars (\$5,000) and may not exceed fifty thousand

dollars (\$50,000); provided that the applicant who received approval of the certificate of need may petition the Court of Appeals for a higher bond amount for the payment of such costs and damages as may be awarded pursuant to subdivision (2) of this subsection. This amount shall be determined by the Court in its discretion, not to exceed three hundred thousand dollars (\$300,000). A holder of a certificate of need who is appealing only a condition in the certificate is not required to file a bond under this subsection.

- (2) If the Court of Appeals finds that the appeal was frivolous or filed to delay the applicant, the court shall remand the case to the superior court of the county where a bond was filed for the contested case hearing on the certificate of need. The superior court may award the holder of the certificate of need part or all of the bond. The court shall award the holder of the certificate of need reasonable attorney fees and costs incurred in the appeal to the Court of Appeals. If the Court of Appeals does not find that the appeal was frivolous or filed to delay the applicant and does not remand the case to superior court for a possible award of all or part of the bond to the holder of the certificate of need, the person originally filing the bond shall be entitled to a return of the bond.
- (c) The term "affected persons" includes: the applicant; any individual residing within the service area or the geographic area served or to be served by the applicant; any individual who regularly uses health service facilities within that geographic area or the service area; any person who provides services, similar to the services under review, to individuals residing within the service area or the geographic area proposed to be served by the applicant; any person who, prior to receipt by the agency of the proposal being reviewed, has provided written notice to the agency of an intention to provide similar services in the future to individuals residing within the service area or the geographic area to be served by the applicant; third party payers who reimburse health service facilities for services in the service area in which the project is proposed to be located; and any agency which establishes rates for health service facilities or HMOs located in the service area in which the project is proposed to be located.

§ 131E-189. Withdrawal of a certificate of need.

- (a) The Department shall specify in each certificate of need the time the holder has to make the service or equipment available or to complete the project and the timetable to be followed. The timetable shall be the one proposed by the holder of the certificate of need unless the Department specifies a different timetable in its decision letter. The holder of the certificate shall submit such periodic reports on his progress in meeting the timetable as may be required by the Department. If no progress report is provided or, after reviewing the progress, the Department determines that the holder of the certificate is not meeting the timetable and the holder cannot demonstrate that it is making good faith efforts to meet the timetable, the Department may withdraw the certificate. If the Department determines that the holder of the certificate is making a good faith effort to meet the timetable, the Department may, at the request of the holder, extend the timetable for a specified period.
- (b) The Department may withdraw any certificate of need, if the holder of the certificate fails to develop the service in a manner consistent with the representations made in the application or with any condition or conditions the Department placed on the certificate of need.
- (c) The Department may immediately withdraw any certificate of need if the holder of the certificate, before completion of the project or operation of the facility, transfers ownership or control of the facility, the project, or the certificate of need. Any transfer after that time will be subject to the requirement that the service be provided consistent with the representations made in the application and any applicable conditions the Department placed on the certificate of need. Transfers resulting from death or personal illness or other good cause, as determined by the Department, shall not result in withdrawal if the Department receives prior written notice of the transfer and finds good cause. Transfers resulting from death shall not result in withdrawal.

- (d) Notwithstanding subsections (a), (b), or (c) of this section, a certificate of need issued by the Department for the construction of a health service facility on or after October 1, 2021, expires if the holder of the certificate of need fails to execute or commit to a contract for design services for the project authorized by the certificate of need within the following time frames:
 - (1) For a project that costs over fifty million dollars (\$50,000,000), the holder of the certificate of need shall execute or commit to a contract for design services for the project authorized by the certificate of need within four years after the date the Department's decision to approve the certificate of need for that project becomes final.
 - (2) For a project that costs fifty million dollars (\$50,000,000) or less, the holder of the certificate of need shall execute or commit to a contract for design services for the project authorized by the certificate of need within two years after the date the Department's decision to approve the certificate of need for that project becomes final.
- (e) Notwithstanding subsections (a), (b), or (c) of this section, a certificate of need issued by the Department for the construction of a health service facility prior to October 1, 2021, expires if the holder of the certificate of need fails to execute or commit to a contract for design services for the project authorized by the certificate of need within the following time frames:
 - (1) For a project that costs over fifty million dollars (\$50,000,000), the holder of the certificate of need shall execute or commit to a contract for design services for the project authorized by the certificate of need by October 1, 2025.
 - (2) For a project that costs fifty million dollars (\$50,000,000) or less, the holder of the certificate of need shall execute or commit to a contract for design services for the project authorized by the certificate of need by October 1, 2023.
- (f) Notwithstanding subsections (d) and (e) of this section, certificates of need that (i) are issued for the construction of a health service facility prior to October 1, 2021, and (ii) have a specific deadline to execute or commit to a contract for design services for the project authorized by the certificate of need will not expire unless the holder fails to execute or commit to a contract for design services by the deadline specified in the certificate of need.
- (g) In the event the holder of a certificate of need is unable to execute or commit to a contract for design services for the project due to developments beyond the control of the holder of the certificate of need or for other good cause, the time for performance shall be extended by a period equal to the period during which performance of the obligation has been delayed or failed to be performed.

§ 131E-190. Enforcement and sanctions.

- (a) Only those new institutional health services which are found by the Department to be needed as provided in this Article and granted certificates of need shall be offered or developed within the State.
- (b) No formal commitments made for financing, construction, or acquisition regarding the offering or development of a new institutional health service shall be made by any person unless a certificate of need for such service or activities has been granted.
- (c) Repealed.
- (d) If any person proceeds to offer or develop a new institutional health service without having first obtained a certificate of need for such services, the penalty for such violation of this Article and rules hereunder may include the withholding of federal and State funds under Titles V, XVIII, and XIX of the Social Security Act for reimbursement of capital and operating expenses related to the provision of the new institutional health service.
- (e) The Department may revoke or suspend the license of any person who proceeds to offer or develop a new institutional health service without having first obtained a certificate of need for such services.

- (f) The Department may assess a civil penalty of not more than twenty thousand dollars (\$20,000) against any person who knowingly offers or develops any new institutional health service within the meaning of this Article without a certificate of need issued under this Article and the rules pertaining thereto, or in violation of the terms or conditions of such a certificate, whenever it determines a violation has occurred and each time the service is provided in violation of this provision. In determining the amount of the penalty the Department shall consider the degree and extent of harm caused by the violation and the cost of rectifying the damage. A person who is assessed a penalty shall be notified of the penalty by registered or certified mail. The notice shall state the reasons for the penalty. If a person fails to pay a penalty, the Department shall refer the matter to the Attorney General for collection. For the purpose of this subsection, the word "person" shall not include an individual in his capacity as an officer, director, or employee of a person as otherwise defined in this Article. The clear proceeds of penalties provided for in this subsection shall be remitted to the Civil Penalty and Forfeiture Fund in accordance with G.S. 115C-457.2.
- (g) No agency of the State or any of its political subdivisions may appropriate or grant funds or financially assist in any way a person, applicant, or facility which is or whose project is in violation of this Article.
- (h) If any person proceeds to offer or develop a new institutional health service without having first obtained a certificate of need for such services, the Secretary of Health and Human Services or any person aggrieved, as defined by G.S. 150B-2(6), may bring a civil action for injunctive relief, temporary or permanent, against the person offering, developing or operating any new institutional health service. The action may be brought in the superior court of any county in which the health service facility is located or in the superior court of Wake County.
- (i) If the Department determines that the recipient of a certificate of need, or its successor, is operating a service which materially differs from the representations made in its application for that certificate of need, the Department may bring an action in Wake County Superior Court or the superior court of any county in which the certificate of need is to be utilized for injunctive relief, temporary or permanent, requiring the recipient, or its successor, to materially comply with the representations in its application. The Department may also bring an action in Wake County Superior Court or the superior court of any county in which the certificate of need is to be utilized to enforce the provisions of this subsection and G.S. 131E-181(b) and the rules adopted in accordance with this subsection and G.S. 131E-181(b).

APPENDIX E

CERTIFICATE OF NEED REGULATIONS

Changes from the Previous Plan

It is anticipated that the following rules will be readopted with substantive changes effective January 1, 2024:

10A NCAC 14C .1401 DEFINITIONS (NEONATAL BEDS)
10A NCAC 14C .1403 PERFORMANCE STANDARDS (NEONATAL BEDS)

It is anticipated that the following temporary rule will be amended to a permanent rule, effective January 1, 2024:

10A NCAC 14C .2703 PERFORMANCE STANDARDS (MRI)

10A NCAC 14C .0102 LOCATION OF THE AGENCY

As used in this Subchapter, the agency is the Certificate of Need Section in the Division of Health Service Regulation, North Carolina Department of Health and Human Services. The location of the agency is 809 Ruggles Drive, Raleigh, North Carolina, 27603. The mailing address of the agency is Certificate of Need Section, Division of Health Service Regulation, 2704 Mail Service Center, Raleigh, NC 27699-2704. The telephone number of the agency is 919-855-3873.

10A NCAC 14C .0202 DEFINITIONS

The following definitions shall apply throughout this Subchapter:

- (1) “Applicant” means each person identified in Section A of the application forms listed in 10A NCAC 14C .0203(a).
- (2) “Application deadline” means no later than 5:00 p.m. on the 15th day of the month preceding the month that the review period begins. If the 15th day of the month falls on a weekend or a State holiday as set forth in 25 NCAC 01E .0901, which is hereby incorporated by reference including subsequent amendments, the application deadline is the next business day.
- (3) “Competitive review” means two or more applications submitted to begin review in the same review period proposing the same new institutional health service in the same service area and the CON Section determines that approval of one application may require denial of another application included in the same review period.
- (4) “CON Section” means the Healthcare Planning and Certificate of Need Section of the Division of Health Service Regulation.
- (5) “Full fiscal year” means the 12-month period used by the applicant to track and report revenues and operating expenses for the services proposed in the application.
- (6) “Health service” shall have the same meaning as defined in G.S. 131E-176(9a).
- (7) “New institutional health service” shall have same meaning as defined in G.S. 131E-176(16).
- (8) “Person” shall have the same meaning as defined in G.S. 131E-176(19).
- (9) “Proposal” means a new institutional health service that requires a certificate of need.
- (10) “Related entity” means a person that:
 - (a) shares the same parent corporation or holding company with the applicant;

- (b) is a subsidiary of the same parent corporation or holding company as the applicant; or
 - (c) participates with the applicant in a joint venture that provides the same type of health services proposed in the application.
- (11) “Review category” means the categories described in Chapter 3 of the annual State Medical Facilities Plan.
 - (12) “Review period” means the 90 to 150 days that the CON Section has to review a certificate of need application and issue a decision pursuant to G.S. 131E-185 and G.S. 131E-186. There are eleven review periods each calendar year. Each review period starts on the first day of the month and the first review period starts on February 1. There is no review period beginning January 1.
 - (13) “State Medical Facilities Plan” shall have the same meaning as defined in G.S. 131E-176(25). For purposes of this Subchapter, the annual State Medical Facilities Plan is hereby incorporated by reference, including subsequent amendments and editions. This document is available at no cost at <https://info.ncdhhs.gov/dhsr/ncsmfp/index.html>.
 - (14) “USB flash drive” means a device used for data storage that includes a flash memory and an integrated universal serial bus interface.

10A NCAC 14C .0203 FILING APPLICATIONS

- (a) “Application form” refers to one of the following:
 - (1) the Certificate of Need Application form; or
 - (2) the Dialysis or End Stage Renal Disease Services Application form.
- (b) An application form may be obtained from the CON Section by:
 - (1) sending an email to DHSR.CON.Applications@dhhs.nc.gov; or
 - (2) calling (919) 855-3873.
- (c) An email request for an application form shall:
 - (1) describe the proposal;
 - (2) identify the city or county where the proposal would be located; and
 - (3) include the estimated capital cost for the proposal.
- (d) For each proposal, the CON Section shall determine based on Chapter 3 of the annual State Medical Facilities Plan in effect at the time the review begins the:
 - (1) review category; and
 - (2) review period.
- (e) An application is complete for inclusion in the review period if the CON Section determines that all of the following are true:
 - (1) the original application is printed, placed between a front and back cover, and bound using metal paper fasteners;
 - (2) the original and one copy of the application were received by the CON Section on or before the application deadline for the review period;
 - (3) the entire application fee required by G.S. 131E-182(c) was received by the CON Section; and
 - (4) each applicant identified in Section A of the application form signed the certification page that asks the applicant to certify that the information in the application is correct and they intend to develop and offer the project as described in the application.
- (f) The copy of the application shall be printed and bound consistent with Subparagraph (e)(1) of this Rule or in an electronic format saved on a USB flash drive. The files on the USB flash drive shall not be encrypted or password protected.
- (g) No later than the fifth business day following the application deadline, the CON Section shall notify the contact individual identified in Section A of the application if the application is complete.
- (h) If the application is not complete pursuant to Paragraph (e) of this Rule, the CON Section shall notify the contact individual identified in Section A of the application of what is missing or

incorrect. The applicant shall only provide the items listed below in order to complete the application after the application deadline:

- (1) a signed certification page; or
 - (2) the copy of the application.
- (i) Signed certification pages or the copy of the application shall be received by the CON Section no later than 5:00 p.m. on the last business day of the month preceding the first day of the review period.
- (j) The CON Section shall not include the application in the review period if it is not complete pursuant to Paragraph (e) of this Rule by 5:00 p.m. on the last business day of the month preceding the first day of the review period.

10A NCAC 14C .0204 AMENDMENTS TO APPLICATIONS

An applicant may not amend an application. Responding to a request for additional information made by the agency after the review has commenced is not an amendment.

10A NCAC 14C .0205 EXTENSION OF REVIEW PERIOD

- (a) If the review is not expedited, the review may be extended for the following reasons:
- (1) the total number of applications, including those in other review periods, prevents the CON Section from completing the review in 90 days;
 - (2) the applicant has not submitted a response to a request from the CON Section for clarifying information; or
 - (3) the CON Section received clarifying information from the applicant but is not able to complete the review in 90 days.
- (b) The CON Section shall notify the contact individual identified in Section A of the application if the review period is extended. Failure to receive such notice prior to the last day of the review period does not entitle the applicant to a certificate of need nor authorize the applicant to proceed with the proposal in the application without a certificate of need.

10A NCAC 14C .0303 REPLACEMENT EQUIPMENT

- (a) This Rule defines the terms used in the definition of “replacement equipment” set forth in G.S. 131E-176(22a).
- (b) “Currently in use” means that the equipment to be replaced has been used by the person requesting the exemption at least 10 times to provide a health service during the 12 months prior to the date the written notice required by G.S. 131E-184(a) is submitted to the CON Section.
- (c) Replacement equipment is not “comparable” if:
- (1) the replacement equipment to be acquired is capable of providing a health service that the equipment to be replaced cannot provide; or
 - (2) the equipment to be replaced was acquired less than 12 months prior to the date the written notice required by G.S. 131E-184(a) is submitted to the CON Section and it was refurbished or reconditioned when it was acquired by the person requesting the exemption.

10A NCAC 14C .0402 ISSUES

The correctness, adequacy, or appropriateness of criteria, plans, and standards shall not be an issue in a contested case hearing.

SECTION .1100 – CRITERIA AND STANDARDS FOR NURSING FACILITY OR ADULT CARE HOME SERVICES

10A NCAC 14C .1102 PERFORMANCE STANDARDS

- (a) For the purposes of this Rule the following definitions shall apply:

- (1) “Approved beds” means nursing home or adult care home beds that were issued a certificate of need but are not being used to provide services as of the application deadline for the review period.
 - (2) “Existing beds” means nursing home or adult care home beds that are being used to provide services as of the application deadline for the review period.
 - (3) “Maximum capacity” means the total number of existing, approved, and proposed nursing home or adult care home beds times 365 days.
 - (4) “Occupancy rate” means the total number of patient days of care provided in the nursing home or adult care home beds during a full fiscal year of operation divided by maximum capacity expressed as a percentage.
 - (5) “Proposed beds” means the nursing home or adult care home beds proposed in the application under review.
- (b) An applicant proposing to develop nursing home beds pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:
- (1) provide projected utilization of the existing, approved, and proposed beds during each of the first three full fiscal years of operation following completion of the project;
 - (2) project an occupancy rate for the existing, approved, and proposed beds of at least 90 percent of maximum capacity during the third full fiscal year of operation following completion of the project; and
 - (3) provide the assumptions and methodology used to project the utilization and occupancy rate required by Subparagraphs (1) and (2) of this Paragraph.
- (c) An applicant proposing to develop adult care home beds pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:
- (1) provide projected utilization of the existing, approved, and proposed beds during each of the first three full fiscal years of operation following completion of the project;
 - (2) project an occupancy rate for the existing, approved, and proposed beds of at least 85 percent of maximum capacity during the third full fiscal year of operation following completion of the project; and
 - (3) provide the assumptions and methodology used to project the utilization and occupancy rate required by Subparagraphs (1) and (2) of this Paragraph.

SECTION .1400 – CRITERIA AND STANDARDS FOR NEONATAL SERVICES

10A NCAC 14C .1401 DEFINITIONS

The following definitions shall apply to all rules in this Section:

- (1) “Approved neonatal intensive care unit (NICU) beds” means acute care beds in a hospital that were issued a certificate of need to provide Level IV neonatal intensive care services but are not providing those services as of the application deadline for the review period.
- (2) “Average daily census (ADC)” means the total number of NICU days of care provided during a full fiscal year of operation divided by 365 days.
- (3) “Existing NICU beds” means acute care beds in a hospital that are providing Level IV neonatal intensive care services as of the application deadline for the review period.
- (4) “Level IV neonatal intensive care services” means services provided to high-risk medically unstable or critically ill neonates less than 32 weeks of gestational age, or infants requiring constant nursing care or supervision in NICU beds.
- (5) “Occupancy rate” means the ADC divided by the total number of existing, approved, and proposed NICU beds expressed as a percentage.
- (6) “Proposed NICU beds” means the acute care beds proposed to be developed a hospital in the application under review.

10A NCAC 14C .1403 PERFORMANCE STANDARDS

(a) An applicant proposing to develop a new neonatal intensive care service without increasing the total number of acute care beds on the hospital license shall:

- (1) provide projected utilization of the proposed NICU beds during each of the first three full fiscal years of operation following completion of the project;
- (2) document that the occupancy rate for the proposed NICU beds shall be at least 65 percent during the third full fiscal year of operation following completion of the project; and
- (3) provide the assumptions and methodology used for the projected utilization and occupancy rate required by Subparagraphs (1) and (2) of this Paragraph.

(b) An applicant proposing to develop a new neonatal intensive care service or increase the number of NICU beds on the hospital license shall:

- (1) provide projected utilization of all existing, approved, and proposed NICU beds on the hospital license during each of the first three full fiscal years of operation following completion of the project;
- (2) document that the occupancy rate for all existing, approved, and proposed NICU beds on the hospital license shall be at least 65 percent during the third full fiscal year of operation following completion of the project; and
- (3) provide the assumptions and methodology used for the projected utilization and occupancy rate required by Subparagraphs (1) and (2) of this Paragraph.

SECTION .1600 – CRITERIA AND STANDARDS FOR CARDIAC CATHETERIZATION EQUIPMENT AND CARDIAC ANGIOPLASTY EQUIPMENT

10A NCAC 14C .1601 DEFINITIONS

The following definitions shall apply to all rules in this Section:

- (1) "Angiography procedures" means procedures performed using cardiac catheterization equipment that are not cardiac catheterization services.
- (2) "Approved cardiac catheterization equipment" means cardiac catheterization equipment that was issued a certificate of need but is not being used to provide cardiac catheterization services as of the application deadline for the review period.
- (3) "Cardiac catheterization equipment" shall have the same meaning as defined in G.S. 131E-176(2f).
- (4) "Cardiac catheterization services" shall have the same meaning as defined in G.S. 131E-176(2g).
- (5) "Diagnostic-equivalent cardiac catheterization procedures" shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.
- (6) "Existing cardiac catheterization equipment" means cardiac catheterization equipment that is being used to offer cardiac catheterization services as of the application deadline for the review period.
- (7) "Fixed cardiac catheterization equipment" means cardiac catheterization equipment that is not mobile or shared fixed cardiac catheterization equipment.
- (8) "Fixed cardiac catheterization equipment service area" shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.
- (9) "Host site" means the location where the mobile cardiac catheterization equipment provides cardiac catheterization services.
- (10) "Mobile cardiac catheterization equipment" means cardiac catheterization equipment that is moved weekly to provide cardiac catheterization services at two or more host sites.

- (11) "Mobile cardiac catheterization equipment service area" shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.
- (12) "Proposed cardiac catheterization equipment" means the cardiac catheterization equipment proposed in the certificate of need application.
- (13) "Shared fixed cardiac catheterization equipment" means fixed cardiac catheterization equipment that is used to perform cardiac catheterization procedures and angiography procedures.

10A NCAC 14C .1603 PERFORMANCE STANDARDS

(a) An applicant proposing to acquire fixed cardiac catheterization equipment pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:

- (1) identify the existing fixed cardiac catheterization equipment owned or operated by the applicant or a related entity and located in the proposed fixed cardiac catheterization equipment service area;
- (2) identify the approved fixed cardiac catheterization equipment owned or operated by the applicant or a related entity and located in the proposed fixed cardiac catheterization equipment service area;
- (3) provide projected utilization of the cardiac catheterization equipment identified in Subparagraphs (1) and (2) of this Paragraph and the proposed fixed cardiac catheterization equipment during each of the first three full fiscal years of operation following completion of the project;
- (4) provide the assumptions and methodology used to project the utilization required by Subparagraph (3) of this Paragraph; and
- (5) project that the cardiac catheterization equipment identified in Subparagraphs (1) and (2) of this Paragraph and the proposed fixed cardiac catheterization equipment shall perform 900 or more diagnostic-equivalent cardiac catheterization procedures per unit of cardiac catheterization equipment during the third full fiscal year of operation following completion of the project.

(b) An applicant proposing to acquire shared fixed cardiac catheterization equipment pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:

- (1) provide projected utilization of the proposed shared fixed cardiac catheterization equipment during each of the first three full fiscal years of operation following completion of the project;
- (2) provide the assumptions and methodology used to project the utilization required by Subparagraph (1) of this Paragraph; and
- (3) project that the proposed shared fixed cardiac catheterization equipment shall perform 225 or more diagnostic-equivalent cardiac catheterization and angiography procedures during the third full fiscal year of operation following completion of the project.

(c) An applicant proposing to acquire mobile cardiac catheterization equipment pursuant to a need determination in the State Medical Facilities Plan in effect as of the first day of the review period shall:

- (1) identify the existing mobile cardiac catheterization equipment owned or operated by the applicant or a related entity that provides cardiac catheterization services at host sites located in the proposed mobile cardiac catheterization equipment service area;
- (2) identify the approved mobile cardiac catheterization equipment owned or operated by the applicant or a related entity that will provide cardiac catheterization services at host sites located in the proposed mobile cardiac catheterization equipment service area;
- (3) provide projected utilization of the cardiac catheterization equipment identified in Subparagraphs (1) and (2) of this Paragraph and the proposed mobile cardiac

- catheterization equipment during each of the first three full fiscal years of operation following completion of the project;
- (4) provide the assumptions and methodology used to project the utilization required by Subparagraph (3) of this Paragraph; and
 - (5) project that the cardiac catheterization equipment identified in Subparagraphs (1) and (2) of this Paragraph and the proposed mobile cardiac catheterization equipment shall perform 225 or more diagnostic-equivalent cardiac catheterization procedures per unit of cardiac catheterization equipment during the third full fiscal year of operation following completion of the project.

SECTION .1700 - CRITERIA AND STANDARDS FOR OPEN-HEART SURGERY SERVICES AND HEART-LUNG BYPASS MACHINES

10A NCAC 14C .1701 DEFINITIONS

The following definitions apply to all rules in this Section:

- (1) "Approved heart-lung bypass machine" means a heart-lung bypass machine that was issued a certificate of need but is not being used as of the application deadline for the review period.
- (2) "Existing heart-lung bypass machine" means a heart-lung bypass machine that is being used as of the application deadline for the review period.
- (3) "Health service facility" shall have the same meaning as defined in G.S. 131E-176(9b).
- (4) "Heart-lung bypass machine" shall have the same meaning as defined in G.S. 131E-176(10a).
- (5) "Open-heart surgical procedure" means one visit by a patient to an operating room for open heart surgery services.
- (6) "Open-heart surgery services" shall have the same meaning as defined in G.S. 131E-176(18b).
- (7) "Proposed heart-lung bypass machine" means the heart-lung bypass machine proposed in the application under review.

10A NCAC 14C .1703 PERFORMANCE STANDARDS

- (a) A health service facility that proposes to develop a new open-heart surgery service shall:
 - (1) provide the projected number of open-heart surgical procedures to be performed during each of the first three full fiscal years of operation following completion of the project;
 - (2) provide the assumptions and methodology used to project the utilization required by Subparagraph (a)(1) of this Paragraph; and
 - (3) project to perform 150 or more open-heart surgical procedures in the third full fiscal year of operation following completion of the project.
- (b) A health service facility that proposes to acquire a heart-lung bypass machine, excluding a heart-lung bypass machine proposed to be acquired pursuant to Policy AC-6 in the annual State Medical Facilities Plan in effect as of the first day of the review period, shall:
 - (1) provide the number of existing heart-lung bypass machines owned or operated by the health service facility;
 - (2) provide the number of approved heart-lung bypass machines that will be owned or operated by the health service facility;
 - (3) provide projected utilization of the existing and approved heart-lung bypass machines identified in Subparagraphs (b)(1) and (b)(2) of this Paragraph and the proposed heart-lung bypass machine during each of the first three full fiscal years of operation following completion of the project;

- (4) provide the assumptions and methodology used to project the utilization required by Subparagraph (b)(3) of this Paragraph; and
- (5) project that the existing and approved heart-lung bypass machines identified in Subparagraphs (b)(1) and (b)(2) of this Paragraph and the proposed heart-lung bypass machine will be used during the third full fiscal year of operation following completion of the project:
 - (A) to perform 200 or more open-heart surgical procedures per heart-lung bypass machine; or
 - (B) for 900 hours or more per heart-lung bypass machine, including time in use and time spent on standby, for all types of procedures.

SECTION .1900 – CRITERIA AND STANDARDS FOR RADIATION THERAPY EQUIPMENT

10A NCAC 14C .1901 DEFINITIONS

The following definitions shall apply to all rules in this Section:

- (1) "Approved LINAC" means a linear accelerator (LINAC) that was issued a certificate of need but is not being used to provide services as of the application deadline for the review period.
- (2) "Equivalent Simple Treatment Visit (ESTV)" shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.
- (3) "Existing LINAC" means a LINAC that is being used to provide services as of the application deadline for the review period.
- (4) "LINAC service area" shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.
- (5) "Linear accelerator (LINAC)" shall have the same meaning as defined in G.S. 131E-176(14g).
- (6) "Proposed LINAC" means the LINAC proposed in the application under review.

10A NCAC 14C .1903 PERFORMANCE STANDARDS

An applicant proposing to acquire a LINAC pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:

- (1) identify the existing LINACs owned or operated by the applicant or a related entity and located in the proposed LINAC service area;
- (2) identify the approved LINACs owned or operated by the applicant or a related entity and located in the proposed LINAC service area;
- (3) provide projected utilization of the LINACs identified in Items (1) and (2) of this Rule and the proposed LINAC during each of the first three full fiscal years of operation following completion of the project;
- (4) provide the assumptions and methodology used for the projected utilization required by Item (3) of this Rule;
- (5) project that the LINACs identified in Items (1) and (2) of this Rule and the proposed LINAC shall perform during the third full fiscal year of operation following completion of the project either:
 - (a) 6,750 or more ESTVs per LINAC; or
 - (b) serve 250 or more patients per LINAC.

SECTION .2000 – CRITERIA AND STANDARDS FOR HOME HEALTH SERVICES

10A NCAC 14C .2001 DEFINITIONS

The following definitions shall apply to this Section:

- (1) “Home health agency” shall have the same meaning as defined in G.S. 131E-176(12).
- (2) “Service area” shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.

10A NCAC 14C .2003 PERFORMANCE STANDARDS

An applicant proposing to develop a new Medicare-certified home health agency pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:

- (1) provide projected utilization for each of the first three full fiscal years of operation following completion of the project;
- (2) project to serve at least 325 residents of the proposed service area during the third full fiscal year of operation following completion of the project; and
- (3) provide the assumptions and methodology used to provide the projected utilization required in Item (1) of this Rule.

SECTION .2100 – CRITERIA AND STANDARDS FOR SURGICAL SERVICES AND OPERATING ROOMS

10A NCAC 14C .2101 DEFINITIONS

The following definitions apply to all rules in this Section:

- (1) "Approved operating rooms" means those operating rooms that were approved for a certificate of need by the CON Section prior to the date on which the applicant's proposed project was submitted to the CON Section, but that have not been licensed.
- (2) "Dedicated C-section operating room" means an operating room as defined in Chapter 6 in the annual State Medical Facilities Plan.
- (3) "Existing operating rooms" means those operating rooms in ambulatory surgical facilities and hospitals that were reported in the Ambulatory Surgical Facility License Renewal Application Form or in the Hospital License Renewal Application Form submitted to the Acute and Home Care Licensure and Certification Section of the Division of Health Service Regulation, and that were licensed prior to the beginning of the review period.
- (4) "Health System" shall have the same meaning as defined in Chapter 6 in the annual State Medical Facilities Plan.
- (5) "Operating room" means a room as defined in G.S. 131E-176(18c).
- (6) "Operating Room Need Methodology" means the Methodology for Projecting Operating Room Need in Chapter 6 in the annual State Medical Facilities Plan.
- (7) "Service area" means the Operating Room Service Area as defined in Chapter 6 in the annual State Medical Facilities Plan.

10A NCAC 14C .2103 PERFORMANCE STANDARDS

- (a) An applicant proposing to increase the number of operating rooms, excluding dedicated C-section operating rooms, in a service area shall demonstrate the need for the number of proposed operating rooms in addition to the existing and approved operating rooms in the applicant's health system in the applicant's third full fiscal year following completion of the proposed project based on the Operating Room Need Methodology set forth in the annual State Medical Facilities Plan. The applicant is not required to use the population growth factor.

- (b) The applicant shall provide the assumptions and methodology used for the projected utilization required by this Rule.

SECTION .2200 – CRITERIA AND STANDARDS FOR END-STAGE RENAL DISEASE SERVICES

10A NCAC 14C .2201 DEFINITIONS

The following definitions shall apply to this Section:

- (1) “Dialysis” means the artificially aided process of transferring body wastes from a person's blood to a dialysis fluid to permit discharge of the wastes from the body.
- (2) “Dialysis facility” means a kidney disease treatment center as defined in G.S. 131E-176(14e).
- (3) “Dialysis station” means the treatment area in a dialysis facility used to accommodate the equipment and supplies needed to perform hemodialysis on a single patient.
- (4) “Hemodialysis” means the form of dialysis in which the blood is circulated outside the body through equipment that permits transfer of waste through synthetic membranes.
- (5) “Home hemodialysis” means hemodialysis performed in a location other than a dialysis facility by the patient after the patient is trained in a dialysis facility to perform the hemodialysis.
- (6) “In-center hemodialysis” means hemodialysis performed in a dialysis facility.
- (7) “Peritoneal dialysis” means the form of dialysis in which a dialysis fluid is introduced into the person's peritoneal cavity and is subsequently withdrawn. This form of dialysis is performed in a location other than a dialysis facility by the patient after the patient is trained in a dialysis facility to perform the peritoneal dialysis.

10A NCAC 14C .2203 PERFORMANCE STANDARDS

- (a) An applicant proposing to establish a new dialysis facility for in-center hemodialysis services shall document the need for at least 10 dialysis stations based on utilization of 2.8 in-center patients per station per week as of the end of the first full fiscal year of operation following certification of the facility. An applicant may document the need for fewer than 10 stations if the application is submitted in response to an adjusted need determination in the State Medical Facilities Plan for fewer than 10 stations.
- (b) An applicant proposing to increase the number of in-center dialysis stations in:
 - (1) an existing dialysis facility; or
 - (2) a dialysis facility that is not operational as of the date the certificate of need application is submitted but has been issued a certificate of needshall document the need for the total number of dialysis stations in the facility based on 2.8 in-center patients per station per week as of the end of the first full fiscal year of operation following certification of the additional stations.
- (c) An applicant proposing to establish a new dialysis facility dedicated to home hemodialysis or peritoneal dialysis training shall document the need for the total number of home hemodialysis stations in the facility based on training six home hemodialysis patients per station per year as of the end of the first full fiscal year of operation following certification of the facility.
- (d) An applicant proposing to increase the number of home hemodialysis stations in a dialysis facility dedicated to home hemodialysis or peritoneal dialysis training shall document the need for the total number of home hemodialysis stations in the facility based on training six home hemodialysis patients per station per year as of the end of the first full fiscal year of operation following certification of the additional stations.
- (e) The applicant shall provide the assumptions and methodology used for the projected utilization required by this Rule.

SECTION .2400 – CRITERIA AND STANDARDS FOR INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES

10A NCAC 14C .2401 DEFINITIONS

The following definitions shall apply to all rules in this Section:

- (1) "Catchment area" means as defined in G.S. 122C-3(4).
- (2) "Intermediate care facility for individuals with intellectual disabilities" means as defined in G.S. 131E-176(14a).

10A NCAC 14C .2403 PERFORMANCE STANDARDS

- (a) An applicant proposing to add intermediate care facility for individuals with intellectual disabilities (ICF/IID) beds to an existing facility shall not be approved unless the average occupancy, over the six months immediately preceding the submittal of the application, of the total number of ICF/IID beds within the facility in which the new beds are to be operated was at least 90 percent.
- (b) An applicant proposing to establish new ICF/IID beds shall not be approved unless occupancy is projected to be at least 90 percent for the total number of ICF/IID beds proposed to be operated in the entire facility, no later than one year following the completion of the proposed project.
- (c) An applicant proposing to establish new ICF/IID beds shall comply with one of the following models:
 - (1) a residential community based freestanding facility with six beds or less, i.e., group home model; or
 - (2) a community-based facility with 7 to 15 beds if documentation is provided that a facility of this size is necessary because adequate residential community based freestanding facilities are not available in the Area Authority catchment area to meet the needs of the population to be served.
- (d) No more than three ICF/IID facilities housing a combined total of 18 persons shall be developed on contiguous pieces of property.

SECTION .2700 - CRITERIA AND STANDARDS FOR MAGNETIC RESONANCE IMAGING SCANNER

10A NCAC 14C .2701 DEFINITIONS

The following definitions shall apply to all rules in this Section:

- (1) "Adjusted MRI procedure" shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.
- (2) "Approved MRI scanner" means a magnetic resonance imaging (MRI) scanner that was issued a certificate of need but is not being used to provide services as of the application deadline for the review period.
- (3) "Existing MRI scanner" means an MRI scanner that is being used to provide services as of the application deadline for the review period.
- (4) "Fixed MRI scanner" means an MRI scanner that is not a mobile MRI scanner.
- (5) "Fixed MRI scanner service area" shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.
- (6) "Host site" means the location where the mobile MRI scanner provides services.
- (7) "Magnetic resonance imaging (MRI) scanner" shall have the same meaning as defined in G.S. 131E-176(14m).
- (8) "Mobile MRI scanner" means an MRI scanner that is moved weekly to provide services at two or more host sites.

- (9) "Mobile MRI scanner service area" shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.
- (10) "Proposed MRI scanner" means the MRI scanner proposed in the application under review.

10A NCAC 14C .2703 PERFORMANCE STANDARDS

(a) An applicant proposing to acquire a **fixed MRI** scanner pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:

- (1) identify the existing fixed MRI scanners owned or operated by the applicant or a related entity and located in the proposed fixed MRI scanner service area;
- (2) identify the approved fixed MRI scanners owned or operated by the applicant or a related entity and located in the proposed fixed MRI scanner service area;
- (3) identify the existing mobile MRI scanners owned or operated by the applicant or a related entity that provided mobile MRI services at host sites located in the proposed fixed MRI scanner service area during the 12 months before the application deadline for the review period;
- (4) identify the approved mobile MRI scanners owned or operated by the applicant or a related entity that will provide mobile MRI services at host sites located in the proposed fixed MRI scanner service area;
- (5) provide projected utilization of the MRI scanners identified in Subparagraphs (1) through (4) of this Paragraph and the proposed fixed MRI scanner during each of the first three full fiscal years of operation following completion of the project;
- (6) provide the assumptions and methodology used to project the utilization required by Subparagraph (5) of this Paragraph;
- (7) project that the fixed MRI scanners identified in Subparagraphs (1) and (2) of this Paragraph and the proposed fixed MRI scanner shall perform during the third full fiscal year of operation following completion of the project:
 - (A) 3,494 or more adjusted MRI procedures per fixed MRI scanner if there are two or more fixed MRI scanners in the fixed MRI scanner service area;
 - (B) 3,058 or more adjusted MRI procedures per fixed MRI scanner if there is one fixed MRI scanner in the fixed MRI scanner service area; or
 - (C) 1,310 or more adjusted MRI procedures per MRI scanner if there are no existing fixed MRI scanners in the fixed MRI scanner service area; and
- (8) project that the mobile MRI scanners identified in Subparagraphs (3) and (4) of this Paragraph shall perform 3,120 or more adjusted MRI procedures per mobile MRI scanner during the third full fiscal year of operations following completion of the project.

(b) An applicant proposing to acquire a **mobile MRI** scanner pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:

- (1) identify the existing mobile MRI scanners owned or operated by the applicant or a related entity that provided mobile MRI services at host sites located in the proposed mobile MRI scanner service area during the 12 months before the application deadline for the review period;
- (2) identify the approved mobile MRI scanners owned or operated by the applicant or a related entity that will provide mobile MRI services at host sites located in the proposed mobile MRI scanner service area;
- (3) identify the existing fixed MRI scanners owned or operated by the applicant or a related entity that are located in the proposed mobile MRI scanner service area;
- (4) identify the approved fixed MRI scanners owned or operated by the applicant or a related entity that will be located in the proposed mobile MRI scanner service area;
- (5) identify the existing and proposed host sites for each mobile MRI scanner identified in Subparagraphs (1) and (2) of this Paragraph and the proposed mobile MRI scanner;

- (6) provide projected utilization of the MRI scanners identified in Subparagraphs (1) through (4) of this Paragraph and the proposed mobile MRI scanner during each of the first three full fiscal years of operation following completion of the project;
- (7) provide the assumptions and methodology used to project the utilization required by Subparagraph (6) of this Paragraph;
- (8) project that the mobile MRI scanners identified in Subparagraphs (1) and (2) of this Paragraph and the proposed mobile MRI scanner shall perform 3,120 or more adjusted MRI procedures per MRI scanner during the third full fiscal year of operations following completion of the project; and
- (9) project that the fixed MRI scanners identified in Subparagraphs (3) and (4) of this Paragraph shall perform during the third full fiscal year of operations following completion of the project:
 - (A) 3,494 or more adjusted MRI procedures per fixed MRI scanner if there are two or more fixed MRI scanners in the fixed MRI scanner service area;
 - (B) 3,058 or more adjusted MRI procedures per fixed MRI scanner if there is one fixed MRI scanner in the fixed MRI scanner service area; or
 - (C) 1,310 or more adjusted MRI procedures per MRI scanner if there are no fixed MRI scanners in the fixed MRI scanner service area.

SECTION .2800 - CRITERIA AND STANDARDS FOR REHABILITATION SERVICES

10A NCAC 14C .2801 DEFINITIONS

The following definitions shall apply to this Section:

- (1) “Approved rehabilitation (rehab) beds” means rehab beds that were issued a certificate of need but are not licensed as rehab beds as of the application deadline for the review period.
- (2) “Average daily census (ADC)” means the total number of inpatient rehab days of care provided during a full fiscal year of operation divided by 365 days.
- (3) “Existing rehab beds” means rehab beds that are licensed as rehab beds as of the application deadline for the review period.
- (4) “Occupancy rate” means the ADC divided by the total number of existing, approved, and proposed rehab beds expressed as a percentage.
- (5) “Proposed rehab beds” means the rehab beds proposed in the application under review.

10A NCAC 14C .2803 PERFORMANCE STANDARDS

An applicant proposing to develop rehab beds pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:

- (1) provide projected utilization of all existing, approved, and proposed rehab beds on the hospital license during each of the first three full fiscal years of operation following completion of the project;
- (2) document that the occupancy rate for all existing, approved, and proposed rehab beds on the hospital license shall be at least 70 percent during the third full fiscal year of operation following completion of the project; and
- (3) provide the assumptions and methodology used to provide the projected utilization and occupancy rate required in Items (1) and (2) of this Rule.

SECTION .3700 - CRITERIA AND STANDARDS FOR POSITRON EMISSION TOMOGRAPHY SCANNER

10A NCAC 14C .3701 DEFINITIONS

The following definitions shall apply to all rules in this Section:

- (1) "Approved PET scanner" means a positron emission tomography (PET) scanner that was issued a certificate of need but is not being used to provide services as of the application deadline for the review period.
- (2) "Existing PET scanner" means a PET scanner that is being used to provide services as of the application deadline for the review period.
- (3) "Fixed PET scanner" means a PET scanner that is not mobile.
- (4) "Fixed PET scanner service area" shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.
- (5) "Host site" means the location where the mobile PET scanner provides services.
- (6) "Mobile PET scanner" means a PET scanner that is moved weekly to provide services at two or more host sites.
- (7) "Mobile PET scanner service area" shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.
- (8) "Positron emission tomography scanner" shall have the same meaning as defined in G.S. 131E-176(19a).
- (9) "Proposed PET scanner" means the PET scanner proposed in the application under review.

10A NCAC 14C .3703 PERFORMANCE STANDARDS

- (a) An applicant proposing to acquire a fixed PET scanner pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:
 - (1) identify the existing fixed PET scanners owned or operated by the applicant or a related entity and located in the proposed fixed PET scanner service area;
 - (2) identify the approved fixed PET scanners owned or operated by the applicant or a related entity and located in the proposed fixed PET scanner service area;
 - (3) identify the existing mobile PET scanners owned or operated by the applicant or a related entity that provided services at host sites located in the proposed fixed PET scanner service area during the 12 months before the application deadline for the review period;
 - (4) identify the approved mobile PET scanners owned or operated by the applicant or a related entity that will provide services at host sites located in the proposed fixed PET scanner service area;
 - (5) provide projected utilization of the PET scanners identified in Subparagraphs (1) through (4) of this Paragraph and the proposed fixed PET scanner during each of the first three full fiscal years of operation following completion of the project;
 - (6) provide the assumptions and methodology used to project the utilization required by Subparagraph (5) of this Paragraph; and
 - (7) project that the PET scanners identified in Subparagraphs (1) through (4) of this Paragraph and the proposed fixed PET scanner shall perform 2,080 or more procedures per PET scanner during the third full fiscal year of operation following completion of the project.
- (b) An applicant proposing to acquire a mobile PET scanner pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:
 - (1) identify the existing mobile PET scanners owned or operated by the applicant or a related entity that provided services at host sites located in the proposed mobile PET scanner service area during the 12 months before the application deadline for the review period;
 - (2) identify the approved mobile PET scanners owned or operated by the applicant or a related entity that will provide services at host sites located in the proposed mobile PET scanner service area during the first three full fiscal years following completion of the project;
 - (3) identify the existing fixed PET scanners owned or operated by the applicant or a related entity and located in the proposed mobile PET scanner service area;

- (4) identify the approved fixed PET scanners owned and operated by the applicant or a related entity and located in the proposed mobile PET scanner service area;
- (5) identify the existing and proposed host sites for each mobile PET scanner identified in Subparagraphs (1) and (2) of this Paragraph and the proposed mobile PET scanner;
- (6) provide projected utilization of the PET scanners identified in Subparagraphs (1) through (4) of this Paragraph and the proposed mobile PET scanner during each of the first three full fiscal years of operation following completion of the project;
- (7) provide the assumptions and methodology used to project the utilization required by Subparagraph (6) of this Paragraph; and
- (8) project that the PET scanners identified in Subparagraphs (1) through (4) of this Paragraph and the proposed mobile PET scanner shall perform 2,080 or more procedures per PET scanner during the third full fiscal year of operation following completion of the project.

SECTION .3800 - CRITERIA AND STANDARDS FOR ACUTE CARE BEDS

10A NCAC 14C .3801 DEFINITIONS

The following definitions shall apply to this Section:

- (1) “Applicant hospital” means the hospital where the applicant proposes to develop the new acute care beds and includes all campuses on one license.
- (2) “Approved beds” means acute care beds in a hospital that were issued a certificate of need but are not licensed as of the application deadline for the review period.
- (3) “Average daily census (ADC)” means the total number of acute care days of care provided during a full fiscal year of operation divided by 365 days.
- (4) “Existing beds” means acute care beds in a hospital that are licensed as of the application deadline for the review period.
- (5) “Hospital system” means all hospitals in the proposed service area owned or operated by the applicant or a related entity.
- (6) “Occupancy rate” means the ADC divided by the total number of existing, approved and proposed acute care hospital beds.
- (7) “Proposed beds” means the acute care beds proposed to be developed in a hospital in the application under review.
- (8) “Qualified applicant” shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.
- (9) “Service area” shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.
- (10) “Target occupancy percentage” means:
 - (a) 66.7 percent if the ADC is less than 100;
 - (b) 71.4 percent if the ADC is 100 to 200;
 - (c) 75.2 percent if the ADC is 201 to 399; or
 - (d) 78.0 percent if the ADC is greater than 400.

10A NCAC 14C .3803 PERFORMANCE STANDARDS

An applicant proposing to develop new acute care beds in a hospital pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:

- (1) document that it is a qualified applicant;
- (2) provide projected utilization of the existing, approved, and proposed acute care beds for the applicant hospital during each of the first three full fiscal years of operation following completion of the project;

- (3) project an occupancy rate of the existing, approved, and proposed acute care beds for the applicant hospital during the third full fiscal year of operation following completion of the project that equals or exceeds the target occupancy percentage;
- (4) provide projected utilization of the existing, approved, and proposed acute care beds for the hospital system during each of the first three full fiscal years of operation following completion of the project;
- (5) project an average occupancy rate of the existing, approved, and proposed acute care beds for the hospital system during the third full fiscal year of operation following completion of the project that equals or exceeds the target occupancy percentage; and
- (6) provide the assumptions and methodology used to project the utilization and occupancy rates required in Items (2), (3), (4), and (5) of this Rule.

SECTION .3900 - CRITERIA AND STANDARDS FOR GASTROINTESTINAL ENDOSCOPY PROCEDURE ROOMS IN LICENSED HEALTH SERVICE FACILITIES

10A NCAC 14C .3901 DEFINITIONS

The following definitions shall apply to all rules in this Section:

- (1) “Approved gastrointestinal (GI) endoscopy rooms” means GI endoscopy rooms that were approved for a certificate of need by the CON Section prior to the date the application was submitted but that are not licensed as of the date the application is submitted.
- (2) “Existing GI endoscopy rooms” means GI endoscopy rooms that were licensed prior to the beginning of the review period.
- (3) “GI endoscopy procedure” means each upper endoscopy, esophagoscopy, or colonoscopy procedure performed on a patient during a single visit to the licensed health service facility.
- (4) “Licensed health service facility” means either a hospital as defined in G.S. 131E-176(13) or an ambulatory surgical facility as defined in G.S. 131E-176(1b).
- (5) “New GI endoscopy room” means a GI endoscopy room that is not included in the inventory of GI endoscopy rooms in the State Medical Facilities Plan as of the date the application is submitted.
- (6) “Service area” means the county where the proposed GI endoscopy room will be developed.

10A NCAC 14C .3903 PERFORMANCE STANDARDS

An applicant proposing to develop a new GI endoscopy room in a licensed health service facility shall:

- (1) identify the proposed service area;
- (2) identify all existing and approved GI endoscopy rooms owned or operated by the applicant or a related entity located in the proposed service area;
- (3) provide projected utilization for each of the first three full fiscal years of operation following completion of the project for all GI endoscopy rooms identified in Item (2) of this Rule;
- (4) project to perform an average of at least 1,500 GI endoscopy procedures per GI endoscopy room during the third full fiscal year of operation following completion of the project in the GI endoscopy rooms identified in Item (2) of this Rule; and
- (5) provide the assumptions and methodology used to project the utilization required by this Rule.

SECTION .4000 - CRITERIA AND STANDARDS FOR HOSPICE INPATIENT FACILITIES AND HOSPICE RESIDENTIAL CARE FACILITIES

10A NCAC 14C .4001 DEFINITIONS

The following definitions shall apply to this Section:

- (1) "Approved beds" means HI or HR beds that were issued a certificate of need but are not licensed as of the application deadline for the review period.
- (2) "Average daily census (ADC)" means the total number of days of care provided in the HI or HR beds during a full fiscal year of operation divided by 365 days.
- (3) "Existing beds" means HI or HR beds that are licensed as of the application deadline for the review period.
- (4) "Hospice inpatient facility (HI) beds" means HI beds licensed to provide palliative and supportive medical and other health services to meet the physical, psychological, social, spiritual, and special needs of terminally ill patients in an inpatient setting.
- (5) "Hospice residential facility (HR) beds" means HR beds licensed to provide palliative and supportive medical and other health services to meet the physical, psychological, social, spiritual, and special needs of terminally ill patients in a group residential setting.
- (6) "Occupancy rate" means the ADC divided by the total number of existing, approved, and proposed HI or HR beds expressed as a percentage.
- (7) "Proposed beds" means the HI or HR beds proposed in the application under review.

10A NCAC 14C .4003 PERFORMANCE STANDARDS

(a) An applicant proposing to develop new HI beds pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:

- (1) provide projected utilization of all existing approved, and proposed HI beds on the license during each of the first three full fiscal years of operation following completion of the project;
- (2) document that the occupancy rate for all existing, approved, and proposed HI beds on the license shall be at least 65 percent during the third full fiscal year of operation following completion of the project; and
- (3) provide the assumptions and methodology used to provide the projected utilization and occupancy rate required by Subparagraphs (1) and (2) of this Paragraph.

(b) An applicant proposing to develop new HR beds shall:

- (1) provide projected utilization of all existing, approved, and proposed HR beds on the license during each of the first three full fiscal years of operation following completion of the project;
- (2) document that the occupancy rate for all existing, approved, and proposed HR beds on the license shall be at least 65 percent during the third full fiscal year of operation following completion of the project; and
- (3) provide the assumptions and methodology used to provide the projected utilization and occupancy rate required by Subparagraphs (1) and (2) of this Paragraph.

APPENDIX F

ACADEMIC MEDICAL CENTER TEACHING HOSPITALS

Academic Medical Center Teaching Hospital	Medical School Affiliation	Date Designated
Atrium Health Wake Forest Baptist Medical Center Boulevard Winston-Salem, North Carolina 27157 Telephone: (336) 716-2011	Wake Forest University School of Medicine	February 16, 1983
Duke University Health System d/b/a Duke University Hospital 2301 Erwin Road Durham, North Carolina 27710 Telephone: (919) 684-8111	Duke University School of Medicine	July 21, 1983
University of North Carolina Hospitals 101 Manning Drive Chapel Hill, North Carolina 27514 Telephone: (984) 974-1000	University of North Carolina at Chapel Hill School of Medicine	August 8, 1983
Vidant Medical Center 2100 Stantonsburg Road Greenville, North Carolina 27834 Telephone: (252) 847-4100	Brody School of Medicine at East Carolina University	August 8, 1983
Carolinas Medical Center/Center for Mental Health 1000 Blythe Boulevard Charlotte, North Carolina 28203 Telephone: (704) 355-2000		After January 1, 1990

APPENDIX G

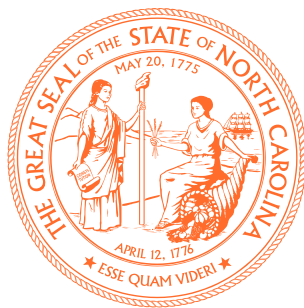
CRITICAL ACCESS HOSPITALS

<u>County</u>	<u>Facility Name, Address and Telephone Number</u>
Alexander	Alexander Hospital (closed) 326 Third Street, SW Taylorsville, North Carolina 28681
Alleghany	Alleghany Memorial Hospital 233 Doctors Street Sparta, North Carolina 28675 (336) 372-5511
Ashe	Ashe Memorial Hospital 200 Hospital Avenue Jefferson, North Carolina 28640 (336) 846-7101
Avery	Charles A. Cannon, Jr. Memorial Hospital 434 Hospital Drive Linville, North Carolina 28646 (828) 737-7000
Bertie	Vidant Bertie Hospital 1403 South King Street Windsor, North Carolina 27983 (252) 794-6600
Bladen	Cape Fear Valley-Bladen County Hospital 501 South Poplar Street Elizabethtown, North Carolina 28337 (910) 862-5179
Brunswick	J. Arthur Doshier Memorial Hospital 924 North Howe Street Southport, North Carolina 28461 (910) 457-3800
Chatham	Chatham Hospital 475 Progress Boulevard Siler City, North Carolina 27344 (919) 799-4000

County	Facility Name, Address and Telephone Number
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Cherokee	Erlanger Murphy Medical Center 3990 East US Hwy 64 ALT Murphy, North Carolina 28906 (828) 837-8161
Chowan	Vidant Chowan Hospital 211 Virginia Road Edenton, North Carolina 27932 (252) 482-8451
Dare	The Outer Banks Hospital 4800 South Croatan Highway Nags Head, North Carolina 27959 (252) 449-4500
Macon	Angel Medical Center 120 Riverview Street Franklin, North Carolina 28734 (828) 524-8411
Macon	Highlands-Cashiers Hospital 190 Hospital Drive Highlands, North Carolina 28741 (828) 526-1200
Mitchell	Blue Ridge Regional Hospital 125 Hospital Drive Spruce Pine, North Carolina 28777 (828) 765-4201
Montgomery	FirstHealth Montgomery Memorial Hospital 520 Allen Street Troy, North Carolina 27371 (910) 571-5000
Pender	Pender Memorial Hospital. 507 E Fremont Street Burgaw, North Carolina 28425 (910) 259-5451
Polk	St. Luke's Hospital 101 Hospital Drive Columbus, North Carolina 28722 (828) 894-3311

County	Facility Name, Address and Telephone Number
Stokes	LifeBrite Community Hospital of Stokes 1570 NC 8 & 89 Hwy N Danbury, North Carolina 27016 (336) 593-2831
Swain	Swain Community Hospital 45 Plateau Street Bryson City, North Carolina 28713 (828) 488-2155
Transylvania	Transylvania Regional Hospital 260 Hospital Drive Brevard, North Carolina 28712 (828) 884-9111
Washington	Washington County Hospital 958 US Hwy 64 East Plymouth, North Carolina 27962 (252) 793-4135
Yadkin	Yadkin Valley Community Hospital (closed) 624 West Main Street Yadkinville, North Carolina 27055



NC DEPARTMENT OF
HEALTH AND HUMAN SERVICES

Division of Health
Service Regulation

State Medical Facilities Plan