NC DEPARTMENT OF
HEALTH AND HUMAN SERVICES

JOSH STEIN • Governor
DEVDUTTA SANGVAI • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

September 29, 2025

Denise Gunter
denise.gunter@nelsonmullins.com

Exempt from Review

Record #:	**4943**
Date of Request:	September 23, 2025
Facility Name:	FirstHealth Montgomery Memorial Hospital
FID #:	923355
Business Name:	Montgomery Memorial Hospital, Incorporated
Business #:	1246
Project Description:	Build a replacement hospital on the same site as the existing hospital
County:	Montgomery

Dear Ms. Gunter:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that the above referenced proposal is exempt from certificate of need review in accordance with G.S. 131E-184(g). Therefore, you may proceed to offer, develop or establish the above referenced project without a certificate of need.

It should be noted that this determination is binding only for the facts represented by you. Consequently, if changes are made in the project or in the facts provided in your correspondence referenced above, a new determination as to whether a certificate of need is required would need to be made by the Agency. Changes in a project include but are not limited to: (1) increases in the capital cost; (2) acquisition of medical equipment not included in the original cost estimate; (3) modifications in the design of the project; (4) change in location; and (5) any increase in the number of square feet to be constructed.

If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,

Cynthia Bradford
Project Analyst

Micheala Mitchell

Micheala Mitchell
Chief

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

NELSON MULLINS

Denise M. Gunter
Attorney
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Suite 530
Winston-Salem, NC 27103
T: (336) 774-3300 F: (336) 774-3299
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September 23, 2025

Via E-mail

Micheala Mitchell, Chief
Health Care Planning and Certificate of Need Section
North Carolina Department of Health and Human Services
Division of Health Service Regulation
1915 Health Services Way
Raleigh, NC 27607

RE: Exemption Letter for FirstHealth Montgomery Memorial Hospital
Business Name: Montgomery Memorial Hospital, Incorporated
Health Service Area V
Montgomery County
License # H0003
FID # 923355
Business # 1246

Dear Ms. Mitchell:

On behalf of FirstHealth Montgomery Memorial Hospital ("FHMMH") and pursuant to N.C. Gen. Stat. § 131E-184(g), I am writing to request an exemption from the CON law for the following project (the "Project") in which FHMMH proposes to build a replacement hospital (the "Replacement Hospital") on the same site and at the same address as the existing hospital (the "Existing Hospital").

FHMMH is a critical access hospital ("CAH") located at 520 Allen Street in Troy, North Carolina. It is licensed for 37 acute care beds; however, as a CAH, it cannot operate more than 25 beds. As reflected in the Table 5A of the Draft 2026 SMFP, FHMMH's projected average daily census in 2028 is three patients and its 2028 beds adjusted for target occupancy is four.

FHMMH began serving the community in 1950. While the Existing Hospital has been well maintained, hospital leadership has determined that the time has come to build

a Replacement Hospital in order to provide state-of-the-art care to residents of Montgomery County. FHMMH therefore proposes to build a two-story Replacement Hospital with a 24/7 emergency department, radiology services, lab, pharmacy, a mobile MRI pad, nine acute care beds, one procedure room for the provision of surgical services, and related ancillary and support services.

The estimated cost of the Replacement Hospital is $43.2 million. To keep costs in line, FHMMH plans to reuse as much of the Existing Hospital's equipment as possible. FHMMH does not plan to purchase any CON-regulated equipment, *see* N.C. Gen. Stat. § 131E-176(16)f1.1-9, or any major medical equipment as that term is defined in N.C. Gen. Stat. § 131E-176(14o). The Replacement Hospital is scheduled to open in the Spring of 2027, and the building housing the Existing Hospital will be torn down.

A copy of the floor plan for the Replacement Hospital is attached hereto as **Exhibit A**. A map showing the location of the Existing Hospital in relation to the replacement hospital is attached as **Exhibit B**. As the map shows, the Replacement Hospital is on the same site as the Existing Hospital. The approximate distance between the Existing Hospital and the Replacement Hospital is 200 yards. The address of the Replacement Hospital will be the same as the address of the Existing Hospital, 520 Allen Street in Troy. The Replacement Hospital will use the same parking lot and driveway used by the Existing Hospital. The Existing Hospital is on the "main campus" pursuant to N.C. Gen. Stat. § 131E-176(14n) because it is 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.

Pursuant to N.C. Gen. Stat. § 131E-184(g), the Project is exempt from CON review because:

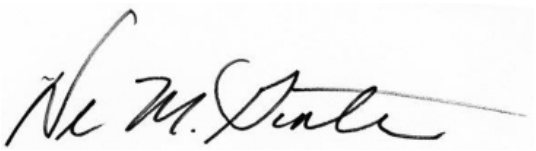
(1) The sole purpose of the capital expenditure is to replace on the same site the entirety of an existing health service facility that is located on the main campus;
(2) The capital expenditure does not result in a change in bed capacity as defined in G.S. 131E-176(5) or the addition of a health service facility or any other new institutional health service other than that allowed by G.S. 131E-176(16)b.; and
(3) This letter constitutes the required prior written notice and the supporting documentation demonstrating that the exemption criteria are met.

Accordingly, FHMMH respectfully asks the Agency to provide its written confirmation that the Project is exempt from CON review. As reflected in **Exhibits C-E** hereto, the Agency has issued exemptions for similar replacement facilities. The same result should apply here.

Please let me know if you have any questions or need additional information. Thank you for your time and consideration.

With best personal regards.

Sincerely,



Denise M. Gunter

Attachments

1 / SD.101.5 SD - 11x17 1st Floor Plan - Option 1C.1 - Procedures

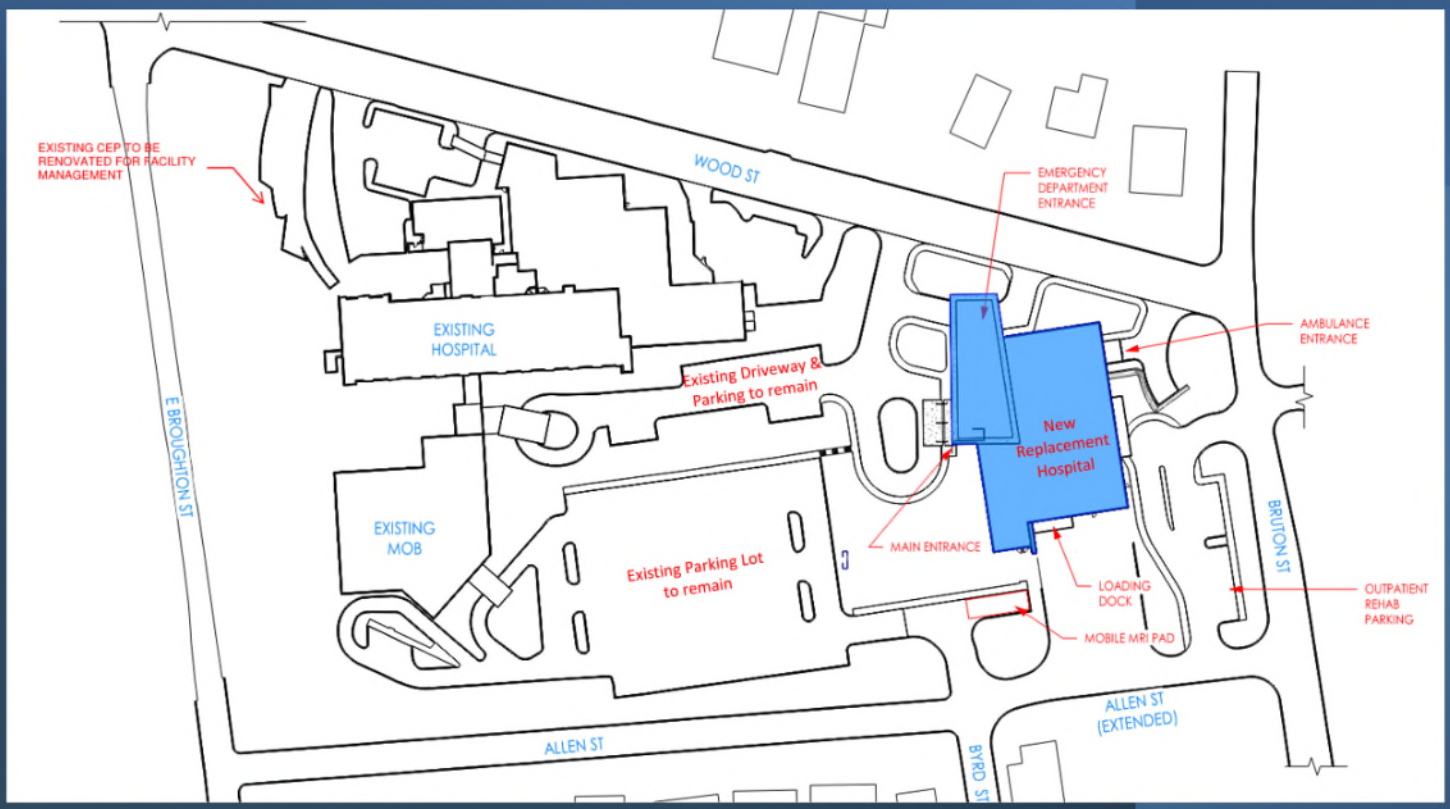
SCALE: 1/16" = 1'-0"

1 / SD.102.4 SD - 11x17 2nd Floor Plan - Option 2C

SCALE: 1/16" = 1'-0"

Exhibit B

CAMPUS OVERVIEW – NEW LOCATION



NC DEPARTMENT OF
HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

October 3, 2024

Jason Brand
Jason.brand@unchealth.unc.edu

Exempt from Review

Record #:	**4594**
Date of Request:	October 2, 2024
Facility Name:	Nash General Hospital
FID #:	933368
Business Name:	Nash Hospitals, Inc.
Business #:	1289
Project Description:	Replace the current bed tower on the main campus
County:	Nash

Dear Mr. Brand:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that the above referenced proposal is exempt from certificate of need review in accordance with G.S. 131E-184(g). Therefore, you may proceed to offer, develop or establish the above referenced project without a certificate of need.

It should be noted that this determination is binding only for the facts represented by you. Consequently, if changes are made in the project or in the facts provided in your correspondence referenced above, a new determination as to whether a certificate of need is required would need to be made by the Agency. Changes in a project include but are not limited to: (1) increases in the capital cost; (2) acquisition of medical equipment not included in the original cost estimate; (3) modifications in the design of the project; (4) change in location; and (5) any increase in the number of square feet to be constructed.

If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,

Gregory F. Yakaboski
Project Analyst

Micheala Mitchell
Chief

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

UNC HEALTH
Nash

2460 Curtis Ellis Drive, Rocky Mount, NC 27804
252 962-8000 / www.unchealthnash.org

October 1, 2024

VIA ELECTRONIC MAIL
Ms. Micheala Mitchell, Chief
Mr. Greg Yakaboski, Project Analyst
Healthcare Planning and Certificate of Need Section
Division of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704
Micheala.Mitchell@dhhs.nc.gov
Greg.Yakaboski@dhhs.nc.gov

RE:	**Bed Tower Main Campus Exemption Request**
Facility:	Nash General Hospital
FID #:	933368
County:	Nash

Dear Ms. Mitchell and Mr. Yakaboski:

Please accept this letter as notification of Nash Hospitals, Inc. d/b/a UNC Health Nash (hereinafter referred to as UNC Health Nash) intent to replace the current bed tower on the main campus of UNC Health Nash at 2460 Curtis Ellis Drive, Rocky Mount, NC for a total cost greater than $4,000,000 pursuant to N.C. Gen. Stat. § 131E-184(g).

Under N.C. Gen. Stat. § 131E-184(g), the CON law provides that an applicant's proposal for the "construction, development, or establishment of a new health service facility" that exceeds the $4 million threshold set forth under N.C. Gen. Stat. § 131E-176(16)b is exempt from Certificate of Need review 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 N.C. Gen. Stat. § 131E-176(5) or (ii) the addition of a health service facility or any other new institutional health service other than that allowed in N.C. Gen. Stat. § 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.

Main campus for purposes of N.C. Gen. Stat. § 131E-184(f) and (g) only is defined under N.C. Gen. Stat. § 131E-176(14n), as:

1) 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 the main building.
2) Other areas and structures that are not strictly contiguous to the main building but are located within 250 yards of the main building.

As shown in Attachment 1, the planned replacement bed tower (New Tower) will be adjacent to the current main campus hospital building located at 2460 Curtis Ellis Drive, Rocky Mount, NC, the same address, and physical site of the main building of UNC Health Nash, a licensed acute care hospital (License Number H0228) where clinical patient services are provided, and financial and administrative control are exercised over the entire facility. While the New Tower will have a street address of 2440 Curtis Ellis Drive, Rocky Mount NC, slightly different from the main campus hospital building, it will connect to and be part of the main campus building in several locations including the Ground Floor and Main Level with additional connections on Patient Floors 2 through 6.

This project meets all criteria outlined above for a main campus exemption under § 131E-184(g). Specifically, the sole purpose of the capital expenditure is to replace the existing UNC Health Nash bed tower located on the main campus such that updated and appropriate space for the provision of medical and surgical inpatient care is consistent with the most recently published Facility Guidelines Institute (FGI) guidelines published in 2022. Expected to open in 2027, the New Tower will be constructed at a cost of approximately $160 million and will be comprised of 160,442 square feet of space throughout seven floors, a basement and penthouse. The basement (Ground Floor) will contain space for electrical, storage, mechanical and information technology rooms. The first floor will consist of a vestibule, security and waiting areas along with a café area and food service. Floors two through six will be dedicated to patient care and contain replacement acute care beds. The final floor is designated as shelled space to accommodate future needs for the intensive care services. The capital expenditure will not result in any change to bed capacity or add any new institutional health service other than those currently provided at UNC Health Nash. Upon opening of the New Tower, the acute care beds being replaced by those in the New Tower will be delicensed and no longer utilized as acute care beds. UNC Health Nash will continue to operate the same number of licensed acute care beds, which are 262.

Finally, this correspondence serves as prior written notice of UNC Health Nash's intention to incur the capital expenditure for the New Tower. As outlined above and illustrated in the Attachment, the proposed New Tower is exempt from CON review pursuant to regulatory and statutory definitions found in N.C. Gen. Stat. § 131E-176(14n). As such, the proposed project is exempt from Certificate of Need review pursuant to N.C. Gen. Stat. § 131E-184(g).

If you could, please confirm that you agree with our understanding that the proposed New Tower is exempt from Certificate of Need review. Please do not hesitate to contact me if any additional information is needed. Thank you for your prompt consideration of this matter.

Sincerely,

Jason Brand, M.Ed., MHA
Vice President of Support Services
UNC Health Nash
Jason.brand@unchealth.unc.edu
252-962-8823

Attachment 1-New Tower Line Drawings

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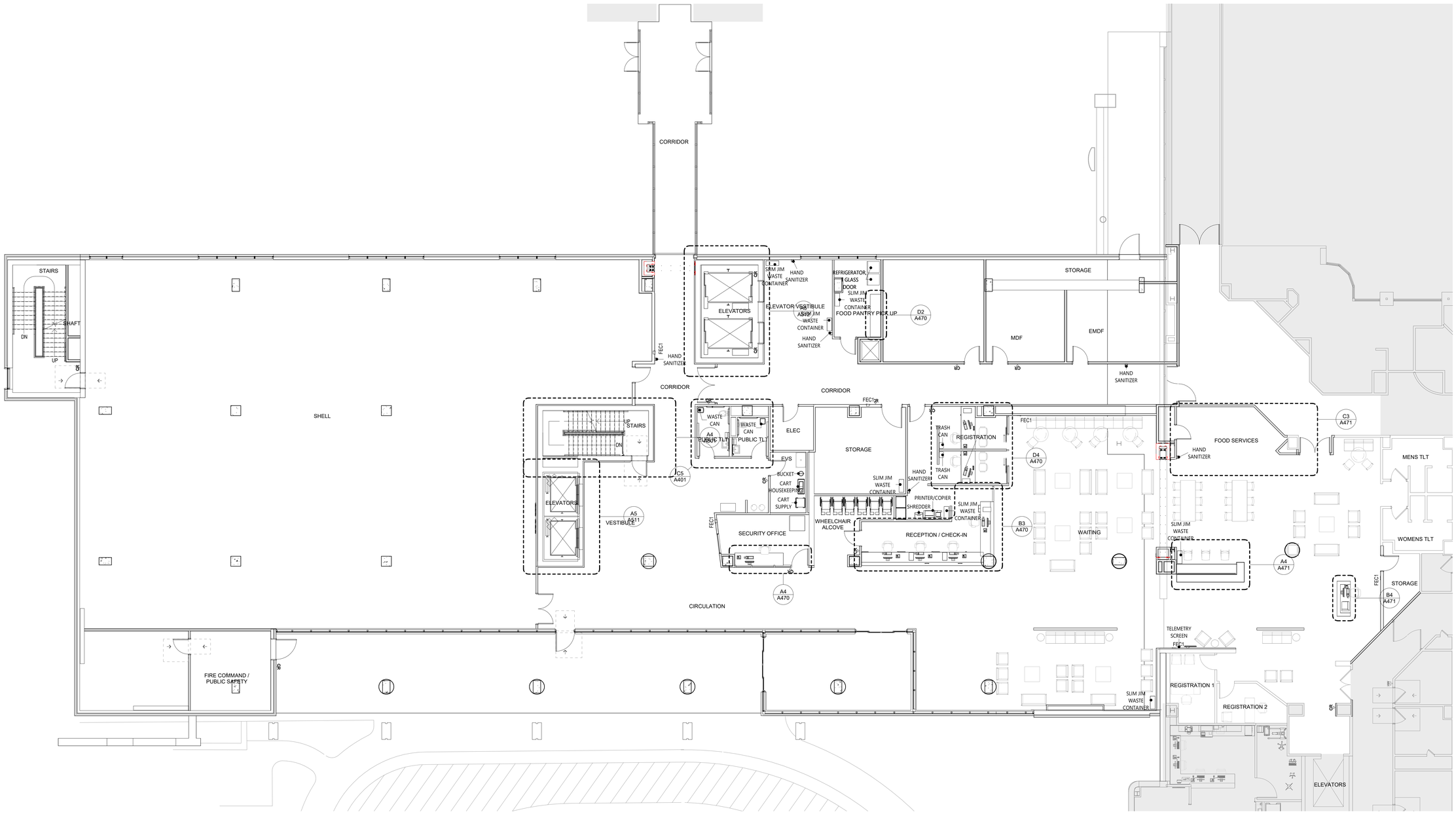


B1 01 FIRST LEVEL EQUIPMENT PLAN
A116 1/8" = 1'-0"

WALL LEGEND

- NON-RATED SMOKE PARTITION
- NON-RATED HC SUITE
- 1 HOUR FIRE BARRIER
- 1 HOUR SMOKE BARRIER
- 2 HOUR FIRE BARRIER
- 2 HOUR SMOKE BARRIER
- 2 HOUR SMOKE BARRIER SYMBOL
- TO CEILING +6"
- TO DECK ABOVE
- SHEER WALL SYMBOL
- (ACOUSTIC / INSULATED) TO CEILING +6"
- (ACOUSTIC / INSULATED) TO DECK ABOVE
- LOW WALL
- EXISTING WALL TO REMAIN
- WALL TO BE DEMOLISHED

*SEE G300 FOR WALL TYPE INFORMATION

KEYNOTES - NEW WORK

#	DESCRIPTION

SCOPE OF WORK BOUNDARIES

NOTE:
WORK MAY BE REQUIRED OUTSIDE OF INDICATED AREA OF RENOVATION FOR INFRASTRUCTURE CONNECTIONS TO THE MAIN BUILDING SYSTEMS. SUB-SYSTEMS MAY INCLUDE BUT ARE NOT LIMITED TO MECHANICAL, ELECTRICAL, PLUMBING, TELECOMMUNICATION, FIRE PROTECTION, AND STRUCTURAL

GENERAL LEGEND

- NEW WALL AND WALL TYPE TAG - SEE WALL TYPES SHEET G210
- EXISTING WALL
- LINE OF OBJECT ABOVE
- NEW DOOR - SEE A601
- EXISTING DOOR
- FEC — FIRE EXTINGUISHER CABINET
- FE — FIRE EXTINGUISHER - WALL MOUNTED
- NEW PLUMBING FIXTURES - SEE PLUMBING
- EXISTING PLUMBING FIXTURES - SEE PLUMBING
- NEW UPPER CASEWORK
- NEW CASEWORK

FURNITURE & EQUIPMENT NOTES

A. CONTRACTOR TO PROVIDE CONTINUOUS IN-WALL BLOCKING FOR ANY CABINETS, EQUIPMENT, TOILET ACCESSORIES OR WHERE REQUIRED OTHERWISE.

B. EQUIPMENT AND FURNITURE LIST IS OVERALL FOR ENTIRE PROJECT. NOT ALL FURNITURE OR EQUIPMENT LISTED WILL BE SHOWN ON EACH SHEET.

C. CONTRACTOR TO VERIFY EQUIPMENT QUANTITIES SHOWN ON SCHEDULE WITH PLAN AND NOTIFY ARCHITECT/OWNER OF ANY DISCREPANCIES PRIOR TO PLACING EQUIPMENT ORDER.

D. CONTRACTOR TO COORDINATE AN EQUIPMENT MEETING WITH OWNER/ ARCHITECT BEFORE INSTALLATION.

E. NEW CEILING AND SOFFIT HEIGHTS NOTED ON RCP.

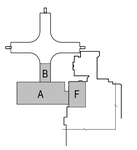
F. REFER TO A400-SERIES FOR TYPICAL ENLARGED PLANS AND TOILET ROOMS ACCESSORIES.

G. CONTRACTOR TO COORDINATE VENDOR EQUIPMENT INSTALLATION. PROVIDE MEP / STRUCTURAL INFRASTRUCTURE AS NEEDED FOR EQUIPMENT. COORDINATE WITH MEP / STRUCTURAL DRAWINGS.

H. REFER TO MEP DRAWINGS IN CONJUNCTION WITH THIS SHEET. WHERE CONFLICTS @ LIGHT & AIR DEVICE LOCATIONS EXIST BETWEEN MEP AND ARCHITECTURAL, NOTIFY ARCHITECT.

I. CONTRACTOR TO COORDINATE EQUIPMENT INSTALLATION REQUIREMENTS WITH SITE SPECIFIC VENDOR DRAWINGS PROVIDED BY THE OWNER.

KEY PLAN



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www.novusarchitects.com

ARRAY architects

NOT FOR CONSTRUCTION

UNC HEALTH Nash

UNC NASH NEW PATIENT TOWER
2460 CURTIS ELLIS DRIVE
ROCKY MOUNT, NC 27804
DHSR PROJECT NO. HL-13076

FIRST FLOOR - EQUIPMENT & FURNITURE PLAN

REVISIONS:

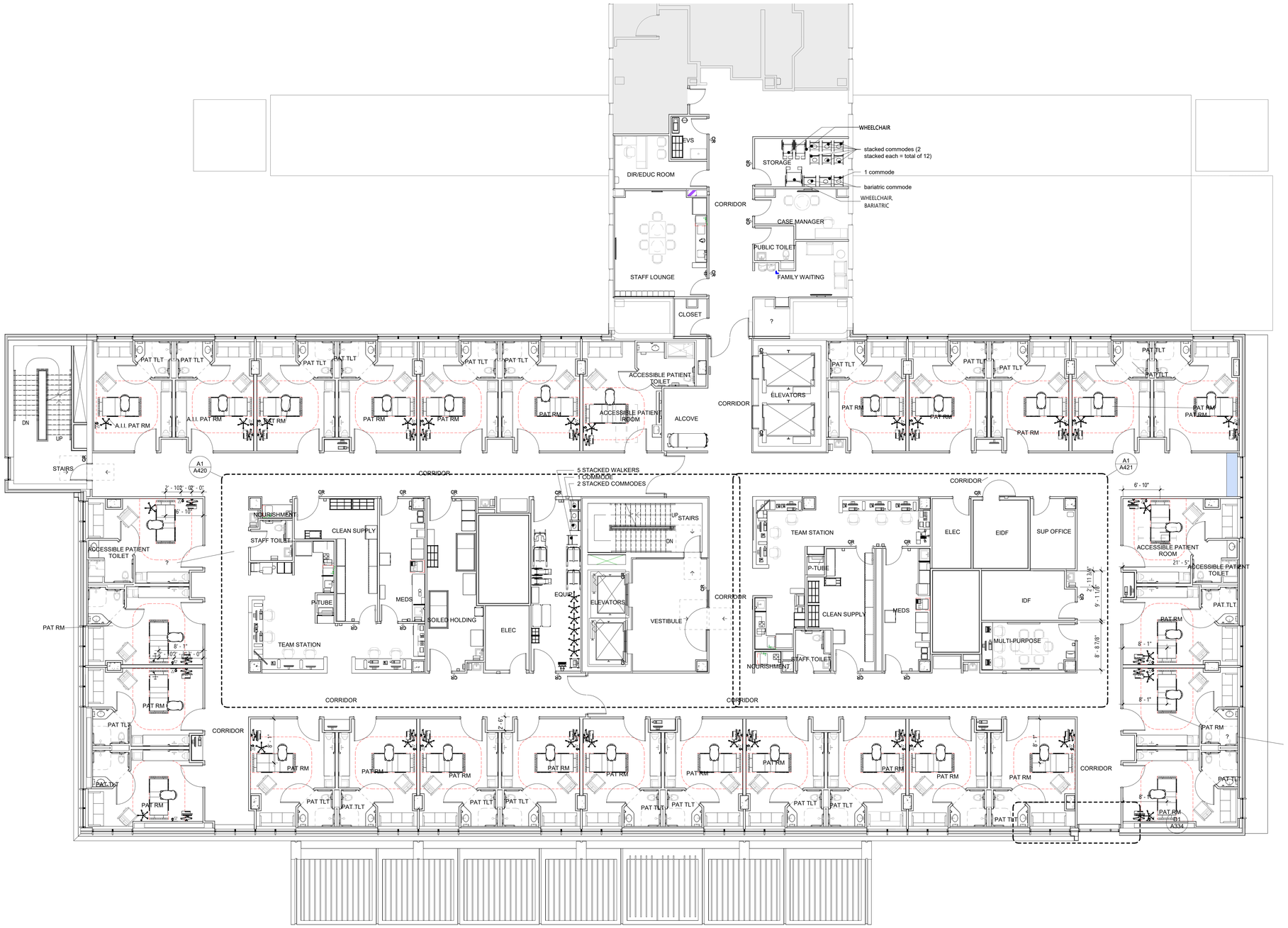
No.	Description	Date

DRAWN BY: Author
CHECKED BY: Checker
DATE: 2024 08 19

NOVUS JOB NUMBER
2019-3107.18

SHEET NUMBER
A116

DHSR HL-13076: DESIGN DEVELOPMENT



B1 02 SECOND LEVEL EQUIPMENT PLAN

A126 1/8" = 1'-0"

WALL LEGEND

- NON-RATED SMOKE PARTITION
- NON-RATED HC SUITE
- 1 HOUR FIRE BARRIER
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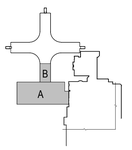

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SECOND FLOOR - EQUIPMENT & FURNITURE PLAN

REVISIONS:

No.	Description	Date

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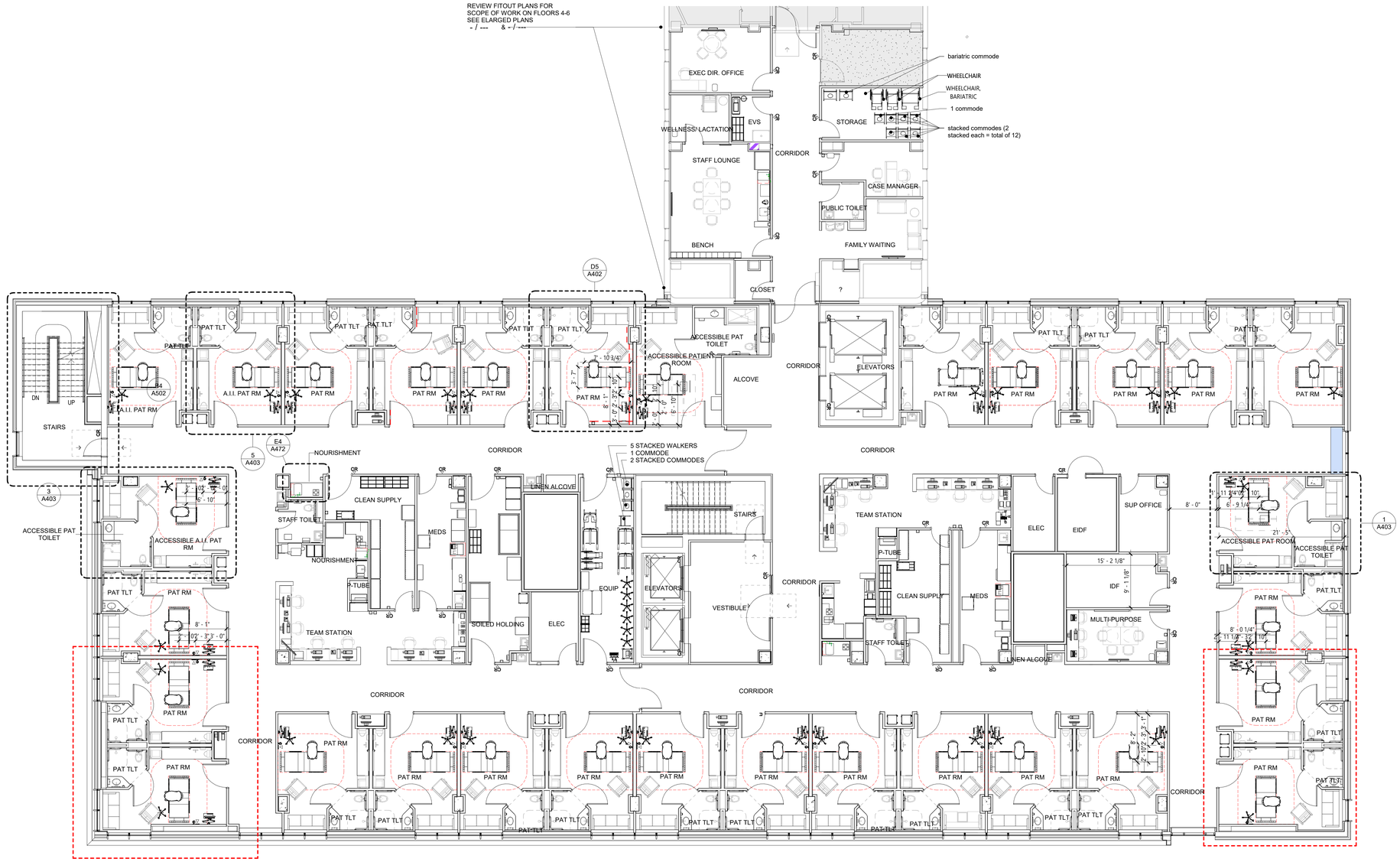

B1 THIRD, FOURTH, AND FIFTH FLOOR - EQUIPMENT & FURNITURE PLAN
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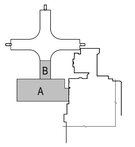
KEY PLAN



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UNC HEALTH Nash

UNC NASH NEW PATIENT TOWER
2460 CURTIS ELLIS DRIVE
ROCKY MOUNT, NC 27804
DHSR PROJECT NO. HL-13076

THIRD, FOURTH, & FIFTH FLOOR - EQUIPMENT & FURNITURE PLAN

REVISIONS:

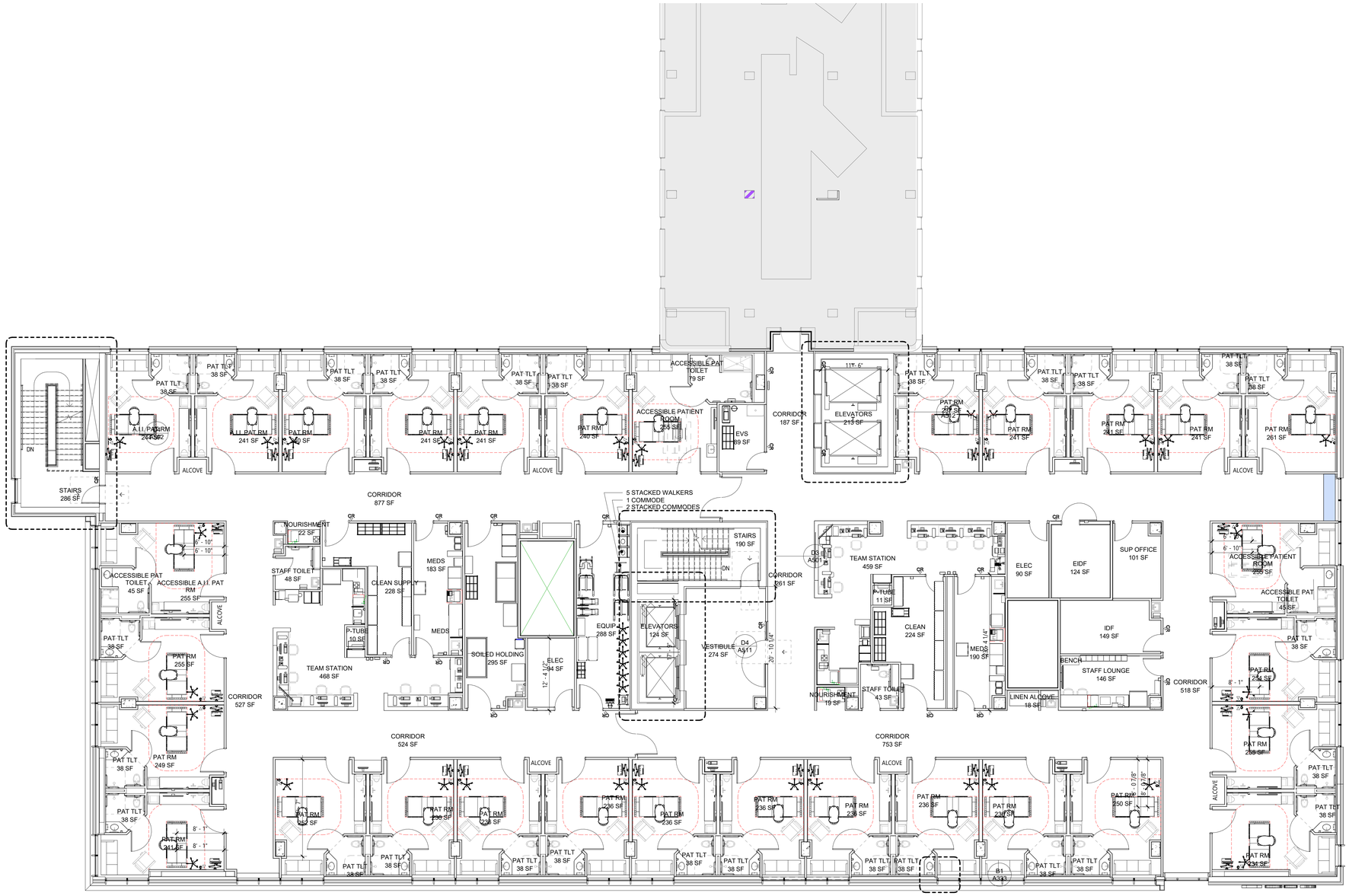
No.	Description	Date

DRAWN BY: Author
CHECKED BY: Checker
DATE: 2024 08 19

NOVUS JOB NUMBER
2019-3107.18

SHEET NUMBER
A136

DHSR HL-13076: DESIGN DEVELOPMENT



1 06 SIXTH LEVEL EQUIPMENT PLAN
1/8" = 1'-0"

KEYNOTES - NEW WORK

#	DESCRIPTION

FURNITURE & EQUIPMENT NOTES

A. CONTRACTOR TO PROVIDE CONTINUOUS IN-WALL BLOCKING FOR ANY CABINETS, EQUIPMENT, TOILET ACCESSORIES OR WHERE REQUIRED OTHERWISE.

B. EQUIPMENT AND FURNITURE LIST IS OVERALL FOR ENTIRE PROJECT. NOT ALL FURNITURE OR EQUIPMENT LISTED WILL BE SHOWN ON EACH SHEET.

C. CONTRACTOR TO VERIFY EQUIPMENT QUANTITIES SHOWN ON SCHEDULE WITH PLAN AND NOTIFY ARCHITECT/OWNER OF ANY DISCREPANCIES PRIOR TO PLACING EQUIPMENT ORDER.

D. CONTRACTOR TO COORDINATE AN EQUIPMENT MEETING WITH OWNER/ ARCHITECT BEFORE INSTALLATION.

E. NEW CEILING AND SOFFIT HEIGHTS NOTED ON RCP.

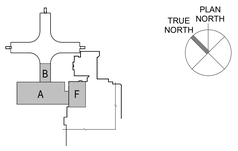
F. REFER TO A400-SERIES FOR TYPICAL ENLARGED PLANS AND TOILET ROOMS ACCESSORIES.

G. CONTRACTOR TO COORDINATE VENDOR EQUIPMENT INSTALLATION. PROVIDE MEP / STRUCTURAL INFRASTRUCTURE AS NEEDED FOR EQUIPMENT. COORDINATE WITH MEP / STRUCTURAL DRAWINGS.

H. REFER TO MEP DRAWINGS IN CONJUNCTION WITH THIS SHEET. WHERE CONFLICTS @ LIGHT & AIR DEVICE LOCATIONS EXIST BETWEEN MEP AND ARCHITECTURAL, NOTIFY ARCHITECT.

I. CONTRACTOR TO COORDINATE EQUIPMENT INSTALLATION REQUIREMENTS WITH SITE SPECIFIC VENDOR DRAWINGS PROVIDED BY THE OWNER.

KEY PLAN



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ROCKY MOUNT, NC 27804
DHSR PROJECT NO. HL-13076

SIXTH FLOOR - EQUIPMENT & FURNITURE PLAN

REVISIONS:

No.	Description	Date

DRAWN BY: Author
CHECKED BY: Checker
DATE: 2024 08 19

NOVUS JOB NUMBER
2019-3107.18

SHEET NUMBER
A166

DHSR HL-13076: DESIGN DEVELOPMENT

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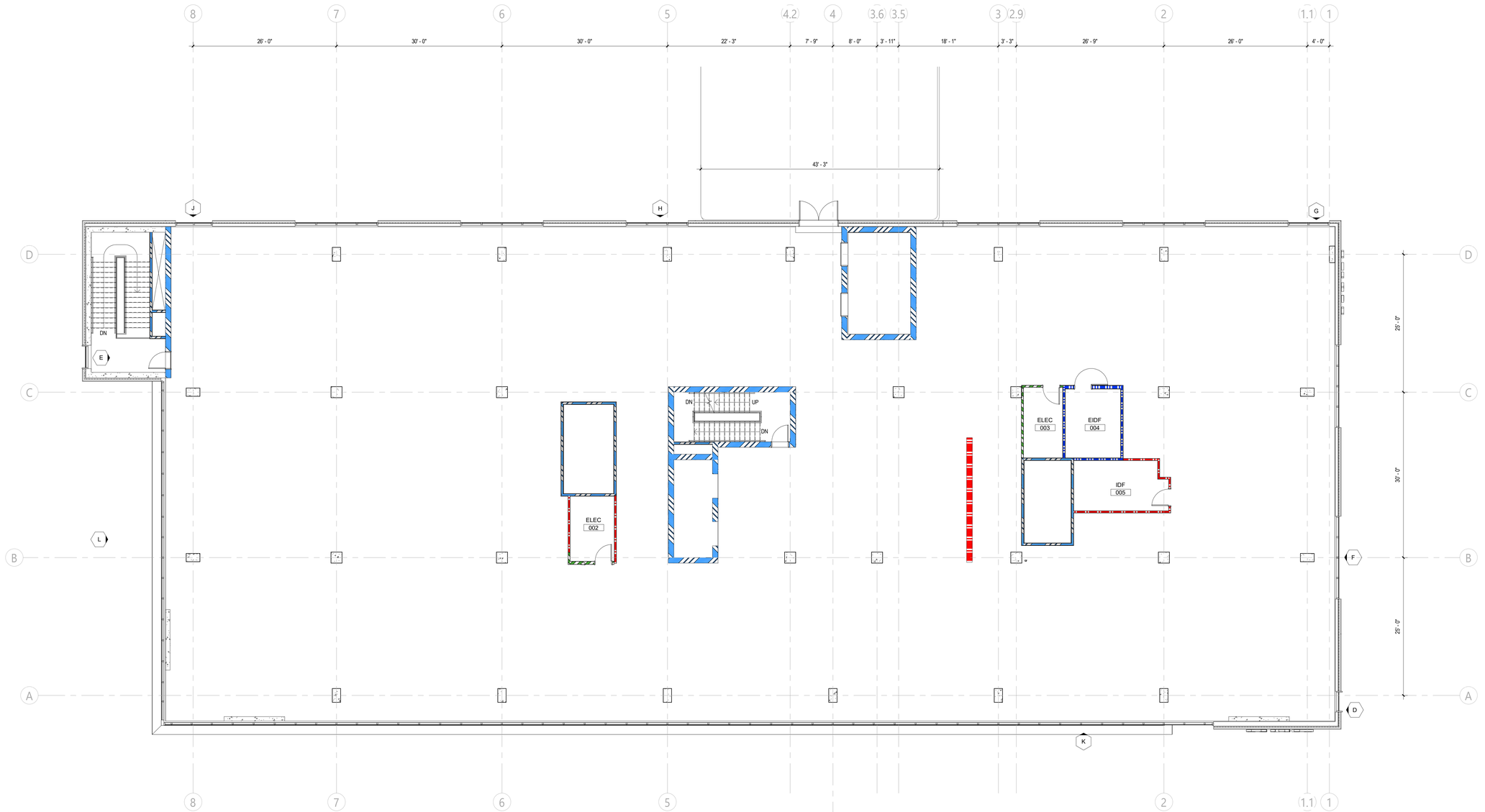

1 07 SEVENTH LEVEL DIMENSION PLAN
A172 1/8" = 1'-0"

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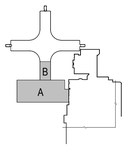
KEY PLAN



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DHSR PROJECT NO. HL-13076

SEVENTH FLOOR - DIMENSION PLAN

REVISIONS:

No.	Description	Date

DRAWN BY: EK
CHECKED BY: Checker
DATE: 2024 08 19
NOVUS JOB NUMBER
2019-3107.18

SHEET NUMBER
A172

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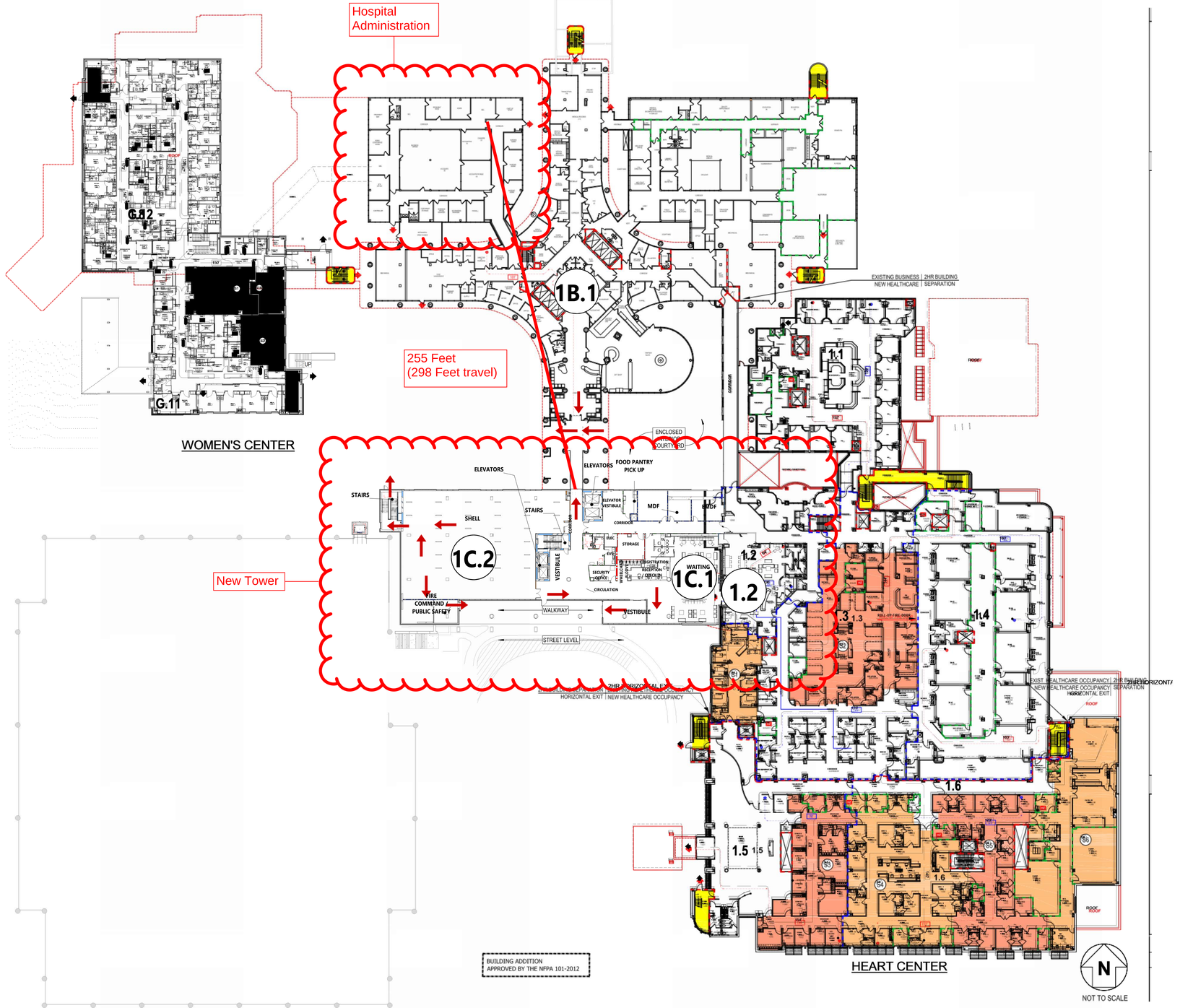


1 LIFESAFETY PLAN - OVERALL 1ST FLOOR EGRESS PLAN
1" = 30'-0"

WALL LEGEND

- NON-RATED SMOKE PARTITION
- 1 HOUR FIRE BARRIER
- 1 HOUR SMOKE BARRIER
- 2 HOUR FIRE BARRIER
- 2 HOUR SMOKE BARRIER
- 2 HOUR FIRE/ SMOKE BARRIER SYMBOL BLDG. SEPARATION
- 1HR FIRE/ SMOKE BARRIER COMPARTMENT WALL
- TO CEILING +6"
- TO DECK ABOVE
- (ACOUSTIC / INSULATED) TO CEILING +6"
- (ACOUSTIC / INSULATED) TO DECK ABOVE
- LOW WALL
- EXISTING WALL TO REMAIN
- WALL TO BE DEMOLISHED

*SEE G210 FOR WALL TYPE INFORMATION

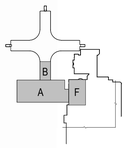
LIFE SAFETY LEGEND

EXISTING	NEW			
		EXIT LIGHT	WF	WATER FOUNTAIN
FEC1	FEC1	FULLY RECESSED CABINET WITH 2A10BC GENERAL FIRE EXTINGUISHER	WD	WATER DISPENSER
FE1	FE1	WALL MOUNTED 2A10BC GENERAL FIRE EXTINGUISHER		EGRESS PATH OF TRAVEL
FE2	FE2	WALL MOUNTED CO2 FIRE EXTINGUISHER		DEAD END TRAVEL DISTANCE
	45 MIN.	NEW DOOR FIRE RATING		
	EXIT DOOR CAP | LOAD XX" CLEAR	CAP - EXIT CAPACITY LOAD - LOAD FACTOR		
	XX	EXIT LOAD		

SCOPE OF WORK BOUNDARIES

NOTE:
WORK MAY BE REQUIRED OUTSIDE OF INDICATED AREA OF RENOVATION FOR INFRASTRUCTURE CONNECTIONS TO THE MAIN BUILDING SYSTEMS. SUB-SYSTEMS MAY INCLUDE BUT ARE NOT LIMITED TO MECHANICAL, ELECTRICAL, PLUMBING, TELECOMMUNICATION, FIRE PROTECTION, AND STRUCTURAL

KEY PLAN



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DHSR PROJECT NO. HL-13076

EXIT DISCHARGE PLAN

REVISIONS:		
No.	Description	Date

DRAWN BY:	Author
CHECKED BY:	Checker
DATE:	2024 08 19
NOVUS JOB NUMBER	2019-3107.18
SHEET NUMBER	ALS000

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7/10/2024 4:57:15 PM

LOCATION MAP

KEY:

SHEET AREA

NTS NORTH

NOTES:

1. SEE SHEET LG001 FOR NOTES, LEGENDS, AND ABBREVIATIONS.
2. PORTIONS OF THE EXISTING GAS AND FIRE LINE AS SHOWN ARE BASED ON RECORD DRAWING INFORMATION PROVIDED BY THE OWNER AND WERE NOT FIELD VERIFIED. CONTRACTOR SHALL OBTAIN A COPY OF THE RECORD DRAWINGS FROM THE OWNER PRIOR TO DEMOLITION OR CONDUCTING NEW WORK IN ORDER TO VERIFY ALL EXISTING CONDITIONS. THE CONTRACTOR IS RESPONSIBLE FOR VERIFYING ALL LOCATIONS OF EXISTING SITE APPURTENANCES INCLUDING UTILITIES PRIOR TO CONSTRUCTION.
3. ALL EXISTING UTILITIES MAY NOT BE SHOWN. THE CONTRACTOR SHALL VISIT THE SITE AND VERIFY THE PRESENCE OF UTILITIES. THE CONTRACTOR SHALL ADJUST ANY EXISTING UTILITIES TO REMAIN TO THE PROPOSED FINISHED GRADE

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GRAPHIC SCALE
30 0 15 30 60
(IN FEET)
1 inch = 30 ft.

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NORTH CAROLINA PROFESSIONAL SEAL L-4980 LAND SURVEYOR ADAM C. HALES 7/19/24

UNC HEALTH Nash

NASH UNC NEW PATIENT TOWER

2460 CURTIS ELLIS DRIVE
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DHSR PROJECT NO. HL-13076

OVERALL EXISTING CONDITIONS

REVISIONS:

No.	Description	Date

DRAWN BY:	KMM
CHECKED BY:	RBR
DATE:	7/19/24
NOVUS JOB NUMBER	50168291
	2019-3107.18

SHEET NUMBER
LG100

CONSTRUCTION DOCUMENTS

From: Kim Meymandi
To: Mitchell, Micheala L; Yakaboski, Greg
Cc: Stancil, Tiffany C
Subject: [External] UNC Health Nash Bed Tower Exemption
Date: Wednesday, October 2, 2024 9:04:25 AM
Attachments: image001.png
UNC Health Nash Bed Tower Exemption.pdf

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Good morning-

Please see attached Exemption letter submitted on behalf of UNC Health Nash regarding a planned bed tower. Let us know if you have any questions and if you would please confirm receipt.

Thank you so much,
Kim

Kim Meymandi | SENIOR CONSULTANT
kimmeymandi@ascendient.com | 919.226.1712 | linkedin | www.ascendient.com

Our Higher Thinking here

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

JOSH STEIN • Governor
DEVDUTTA SANGVAI • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

February 4, 2025

Daina DiMarco & Robbie Roberts
ddimarco@wakemed.org & rroberts@wakemed.org

Exempt from Review

Record #:	**4683**
Date of Request:	December 30, 2024
Facility Name:	WakeMed
FID #:	943528
Business Name:	WakeMed
Business #:	2018
Project Description:	Construct a bed tower, surgical suite and emergency department
County:	Wake

Dear Daina DiMarco: and Robbie Roberts

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that the above referenced proposal is exempt from certificate of need review in accordance with G.S. 131E-184 (g). Therefore, you may proceed to offer, develop or establish the above referenced project without a certificate of need.

It should be noted that this determination is binding only for the facts represented by you. Consequently, if changes are made in the project or in the facts provided in your correspondence referenced above, a new determination as to whether a certificate of need is required would need to be made by the Agency. Changes in a project include but are not limited to: (1) increases in the capital cost; (2) acquisition of medical equipment not included in the original cost estimate; (3) modifications in the design of the project; (4) change in location; and (5) any increase in the number of square feet to be constructed.

If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,
Crystal Kearney
Crystal Kearney
Project Analyst

Micheala Mitchell
Micheala Mitchell
Chief

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

WakeMed
WakeMed Health & Hospitals
3000 New Bern Avenue
Raleigh, North Carolina 27610
919-350-8000

Sent via electronic mail to: crystal.kearney@dhhs.nc.gov

December 30, 2024

Ms. Crystal Kearney, Project Analyst
Healthcare Planning and Certificate of Need Section
Division of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

Re: Request for Exemption from Review to Construct a Replacement Bed Tower, Surgical Suite, and Emergency Department

Dear Ms. Kearney:

WakeMed provides this written notice of a proposed exempt project pursuant to G.S. 131E-184(g). The proposed project to construct a replacement bed tower, surgical suite, and emergency department is located on WakeMed's Raleigh Campus, located at 3000 New Bern Avenue, Raleigh, NC 27610. WakeMed Raleigh is the main campus which operates under Hospital License H0199.

The proposed project meets the exemption provisions in N.C. Gen. Stat. § 131E-184(g)(1-3), which states:

> *"(g) The Department shall exempt from certificate of need review any capital expenditure that exceeds the four million dollar ($4,000,000) 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."*

The proposed project, to replace and renovate existing facilities on the WakeMed Raleigh Campus, are in excess of $4 million. The proposed replacement bed tower will be adjacent and directly connected to the existing hospital and house existing, licensed acute care beds, operating rooms, sterile processing department, adult emergency department, and required ancillary support departments. The project will not result in a change in licensed acute care beds or operating room capacity, or the addition of a health service facility or other new institutional health service facility. No additional CON-regulated assets are proposed to be developed as a part of this project at this time. Please see the attached site plan outlining the location of the proposed project. Any changes to this project will obtain the requisite Certificate of Need prior to development.

WakeMed believes the proposed project to be exempt from CON review and requests written confirmation of same from the Healthcare Planning and Certificate of Need Section.

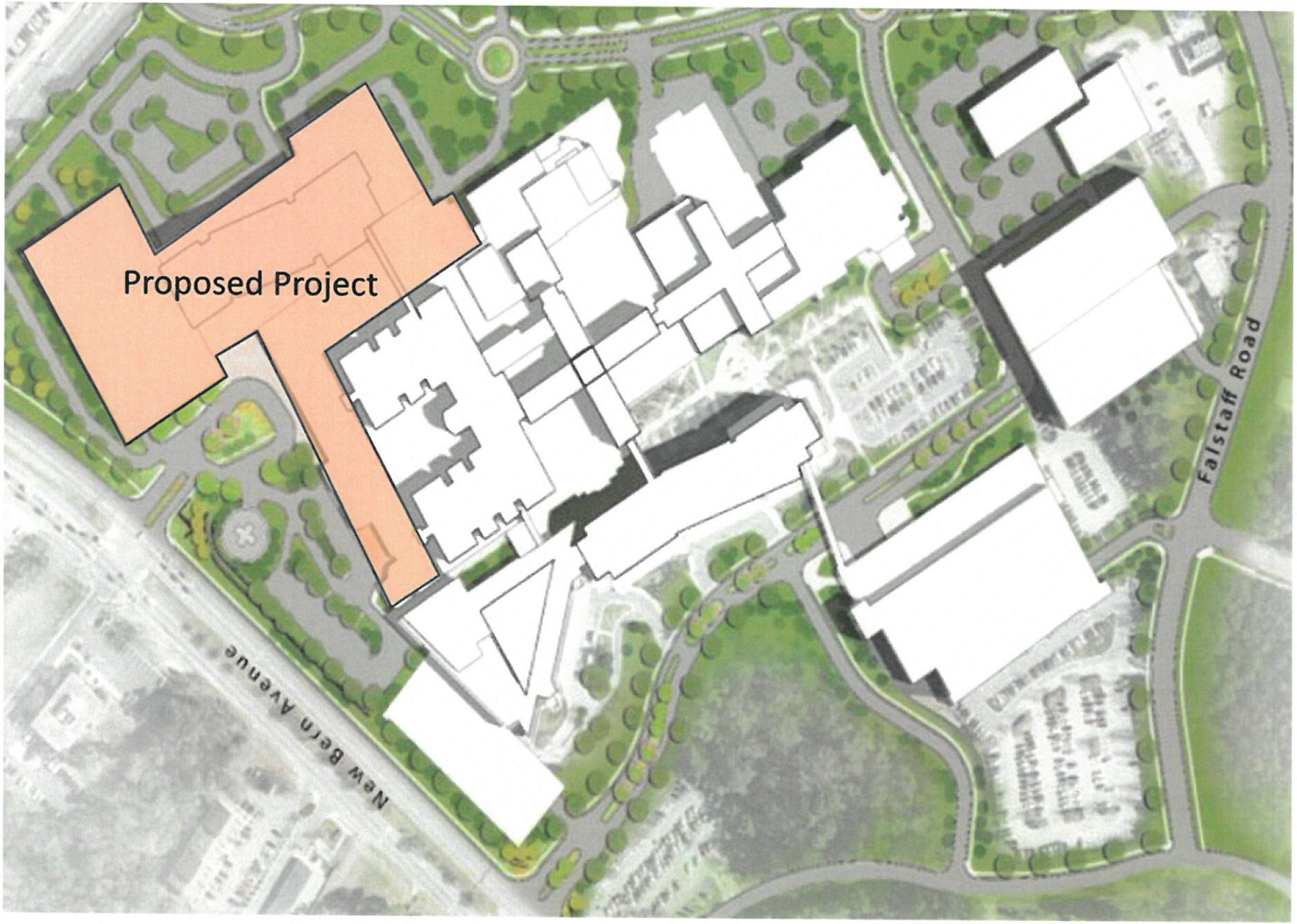
Thank you for your attention to this matter. If you have questions or require additional information, please contact Daina DiMarco at 919-350-1221 or ddimarco@wakemed.org.

Sincerely,

Robbie Roberts
Director, Market Planning

Attachment 1:

WakeMed Raleigh Campus – Site Plan



From: Kearney, Crystal
To: Stancil, Tiffany C
Subject: FW: [External] WakeMed Raleigh Campus Letter of No Review
Date: Monday, December 30, 2024 2:33:31 PM
Attachments: WakeMed Raleigh New Patient Tower.pdf

Good Afternoon
Not sure if she sent this one to you.

Crystal Kearney
Project Analyst, Certificate of Need
Division of Health Service Regulations, Healthcare Planning and Certificate of Need
NC Department of Health and Human Services

Office: 919-855-3883 (I am in the office on Monday and Tuesday, and can best be reached by email)
Crystal.kearney@dhhs.nc.gov

809 Ruggles Drive, Edgerton Building #228
2704 Mail Service Center
Raleigh, NC 27699-2704

From: DAINA DIMARCO <DDiMarco@wakemed.org>
Sent: Monday, December 30, 2024 2:05 PM
To: Kearney, Crystal <crystal.kearney@dhhs.nc.gov>
Subject: [External] WakeMed Raleigh Campus Letter of No Review

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Hi Crystal,

Attached is an exemption request for WakeMed Raleigh Campus. Please let us know if you have any questions.

Thanks,
Daina

Daina DiMarco, MHA, MBA
WakeMed Corporate Planning
919-350-1221

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North Carolina Department of Health and Human Services
Division of Health Service Regulation

Pat McCrory
Governor

Richard O. Brajer
Secretary DHHS

Drexdal Pratt
Division Director

October 2, 2015

Terri Harris
300 N. Greene Street, Suite 1400
Greensboro, NC 27401

Exempt from Review

Record #:	**1756**
Facility Name:	The McDowell Hospital
FID #:	943492
Business Name:	The McDowell Hospital
Business #:	1800
Project Description:	Construct a replacement hospital on the same campus as the existing hospital
County:	McDowell

Dear Ms. Harris:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that based on your letters of September 25, 2015 and September 29, 2015, the above referenced proposal is exempt from certificate of need review in accordance with G.S 131E-184(g). Therefore, you may proceed to offer, develop, or establish the above referenced project without a certificate of need.

However, you need to contact the Agency's Construction and Acute and Home Care Licensure and Certification Sections to determine if they have any requirements for development of the proposed project.

It should be noted that this determination is binding only for the facts represented by you. Consequently, if changes are made in the project or in the facts provided in your correspondence referenced above, a new determination as to whether a certificate of need is required would need to be made by the Agency. Changes in a project include, but are not limited to: (1) increases in the capital cost; (2) acquisition of medical equipment not included in the original cost estimate; (3) modifications in the design of the project; (4) change in location; and (5) any increase in the number of square feet to be constructed.

If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,

Julie Halatek
Project Analyst

Martha J. Frisone, Assistant Chief
Certificate of Need

cc: Construction Section, DHSR
Acute and Home Care Licensure and Certification Section, DHSR
Kelli Fisk, Program Assistant, Healthcare Planning

Halatek, Julie F

From: Terri Harris <Terri.Harris@smithmoorelaw.com>
Sent: Tuesday, September 29, 2015 4:37 PM
To: Halatek, Julie F
Subject: RE: Additional information needed - exemption request for McDowell Hospital
Attachments: Site Plan - Exhibit B.pdf

Julie – please see the attached map. This one should work.

Thanks.

Terri Harris
Smith Moore Leatherwood LLP
300 North Greene Street, Suite 1400
Greensboro, NC 27401
Direct: 336.378.5383 | vCard
www.smithmoorelaw.com

SMITH MOORE LEATHERWOOD
ATTORNEYS AT LAW

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From: Halatek, Julie F [mailto:julie.halatek@dhhs.nc.gov]
Sent: Tuesday, September 29, 2015 4:10 PM
To: Terri Harris
Subject: RE: Additional information needed - exemption request for McDowell Hospital

Terry, that map is exactly the same one as the one included in the request. I'm not sure if you meant to attach a different one.

Julie Halatek
N.C. Department of Health and Human Services
Project Analyst, Healthcare Planning and Certificate of Need Section - Division of Health Service Regulation
809 Ruggles Drive
Raleigh, NC 27603
(Office) 919.855.3873
(Fax) 919.715.4413

julie.halatek@dhhs.nc.gov
www2.ncdhhs.gov/dhsr

Julie Halatek
N.C. Department of Health and Human Services
Project Analyst, Healthcare Planning and Certificate of Need Section - Division of Health Service Regulation
809 Ruggles Drive
Raleigh, NC 27603
(Office) 919.855.3873
(Fax) 919.715.4413

julie.halatek@dhhs.nc.gov
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Drew over outline of existing hospital outline due to print quality issues JFH 9/30/15

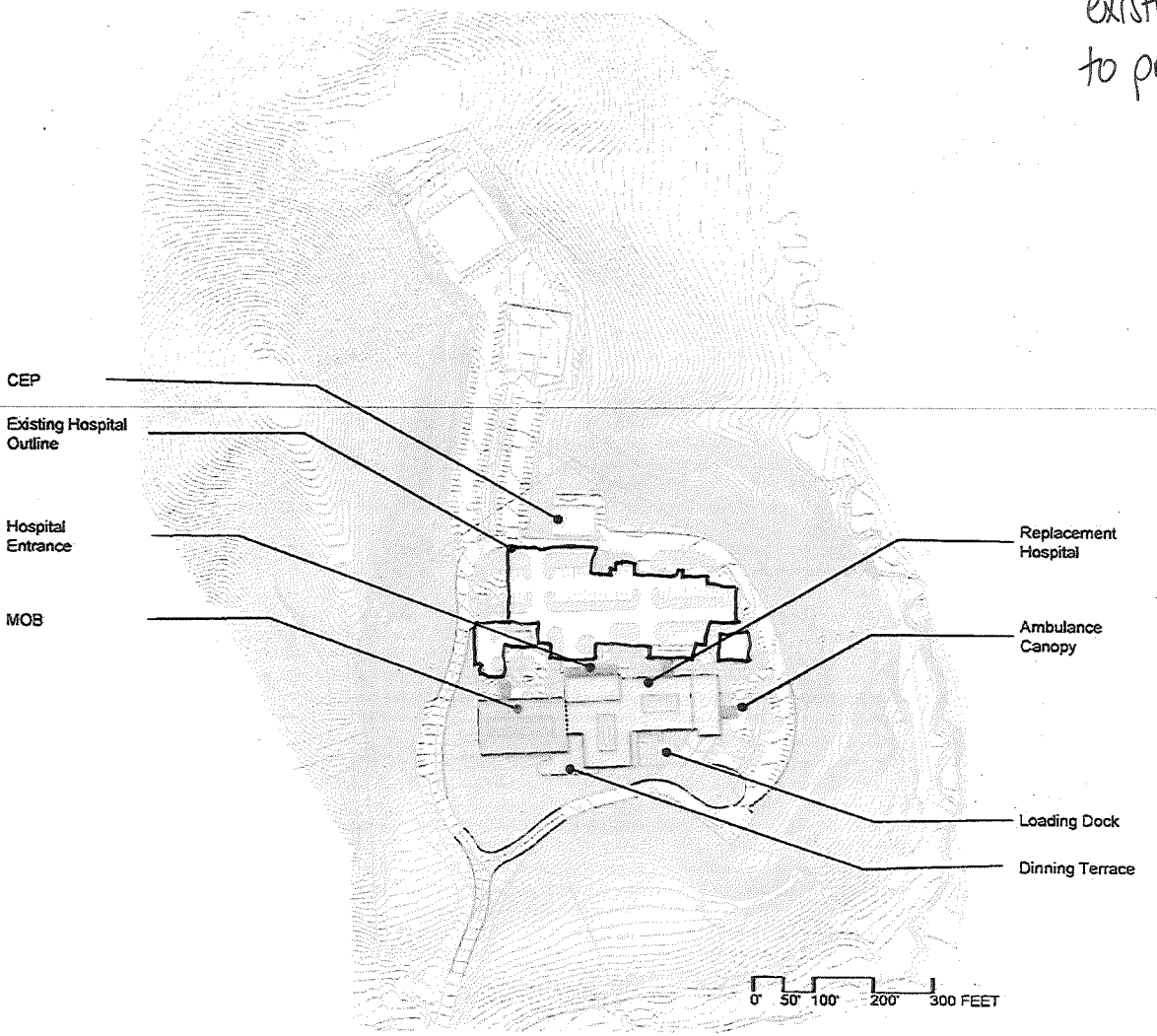

Exhibit B

DesignStrategies

Site Plan

MISSION HEALTH

SMITHMOORE
LEATHERWOOD
ATTORNEYS AT LAW

300 N. Greene Street
Suite 1400
Greensboro, NC 27401

September 23, 2015

Martha Frisone, Assistant Chief of CON
Julie Halatek, Project Analyst
Healthcare Planning and Certificate of Need Section
Division of Health Service Regulation
NC Department of Health and Human Services
2704 Mail Service Center
Raleigh, NC 27699-2704

Re: Notice of Exemption for Replacement Hospital
The McDowell Hospital
Facility I.D. No. 943492

Dear Martha and Julie:

Pursuant to N.C. Gen. Stat. § 131E-184(g), The McDowell Hospital gives this prior written notice of its intent to construct a replacement hospital on the same site as the existing hospital.

The sole purpose of the replacement hospital project is to replace on the same site an existing health service facility that is located on the main campus. The site map attached as Exhibit A shows that the replacement hospital will be on the same site and campus as the existing hospital, where clinical patient services are provided. As shown in its 2015 License Renewal Application, attached as Exhibit B, The McDowell Hospital is located at 430 Rankin Drive, Marion, North Carolina 28752, and this location is the main and only campus for the licensed health service facility. The address for the replacement hospital will remain the same. Carol C. Wolfenbarger currently serves as the President of The McDowell Hospital, and her office is located at The McDowell Hospital. Her role as the President of The McDowell Hospital includes the exercise of administrative and financial control of the Hospital and the grounds and buildings adjacent to the main hospital building.

The replacement hospital is needed because the existing hospital is over 30 years old and is becoming functionally obsolete. The McDowell Hospital assessed the possibility of significant renovations and determined that the limitations of the existing facility with regard to ceiling height, room size, electrical and mechanical systems, and HVAC systems make renovation impractical. The McDowell Hospital has evolved in recent years to have a significant ambulatory focus for its entire campus, and the existing facility, even with significant renovations, could not accommodate the needs of future patients, clinicians, and technology.

The McDowell Hospital plans to continue operating the existing facility during the construction process, and it will work to minimize disruptions to operations and parking during the construction process. Because of its age and related operational challenges, the existing hospital will be demolished after the replacement hospital becomes fully operational, and the site of the existing hospital will be used for surface parking.

The proposed replacement hospital project does not constitute the development of any new institutional health service for the following reasons:

- The project does not involve a change in bed capacity. The McDowell Hospital is currently licensed for 65 acute care beds and does not plan to add any new beds. There will be no redistribution of beds from one category to another as part of this project.

- The project does not involve the addition of any operating rooms. The McDowell Hospital is currently licensed for three shared operating rooms and one dedicated C-Section operating room, and it expects to be licensed for three shared operating rooms and one dedicated C-Section operating room after the project is complete.

- There is currently one GI endoscopy room at The McDowell Hospital, and there will be one GI endoscopy room when the project is complete.

- The project does not involve the acquisition of any major medical equipment. The McDowell Hospital will transfer its existing imaging equipment, including a CT scanner and an MRI scanner, to the replacement hospital.

- The project does not involve the addition of a health service that is not currently offered at The McDowell Hospital.

- The project does not involve the addition of a health service facility.

- The project does not involve a change in a project for which a CON was issued. The McDowell Hospital does not have any CON projects under development or completed within the last year.

The McDowell Hospital plans to locate its three shared operating rooms and one endoscopy suite in leased space in a physician office building to be constructed on its campus and connected to the replacement hospital. A separate exemption notice is being provided by the developer of the office building. The leased space for the operating rooms and endoscopy room will be constructed according to applicable licensure and construction standards and licensed as part of the Hospital. Less than 30% of the surgeries performed at The McDowell Hospital are

performed on inpatients, so the location of the operating rooms in the connected physician office building is designed to maximize their use and efficiency for ambulatory surgery while still making them easily accessible for inpatient surgery.

The capital expenditure for the replacement hospital project will exceed $2 million. The current estimated capital expenditure for the replacement hospital, including the operating rooms and endoscopy room, is $28.3 million.

Pursuant to N.C. Gen. Stat. §131E-184(g), we request that you confirm in writing that The McDowell Hospital's replacement of its existing, licensed hospital on the same site, which is located on its main campus, is exempt from certificate of need review. Please let me know if you have questions or need any additional information.

With kindest regards, I am

Very truly yours,

SMITH MOORE LEATHERWOOD LLP

Terrill Johnson Harris

Enclosures

cc: Brian Moore

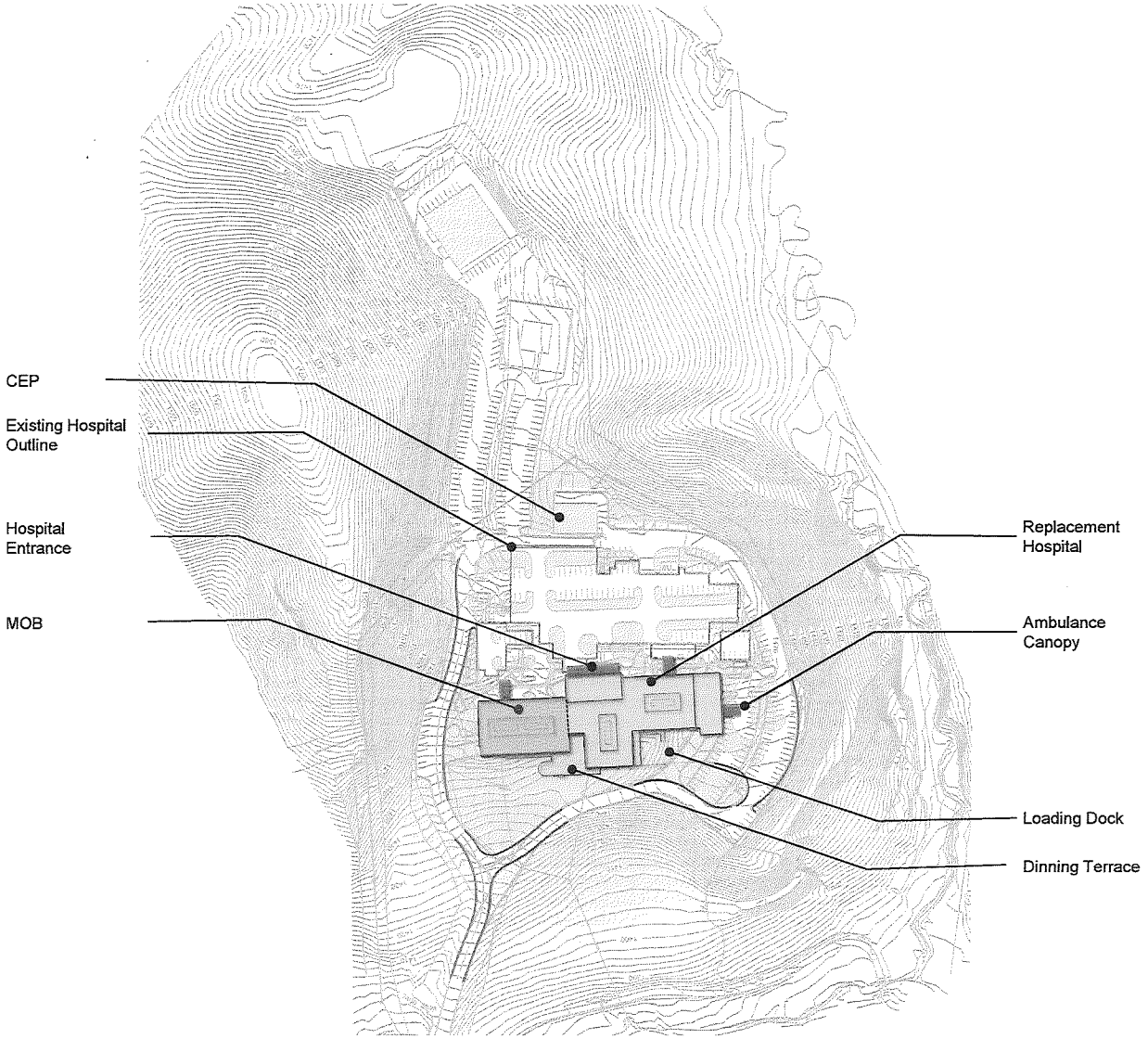

Exhibit A

DesignStrategies

Site Plan

MISSION HEALTH

Exhibit B

North Carolina Department of Health and Human Services
Division of Health Service Regulation
Acute and Home Care Licensure and Certification Section
1205 Umstead Drive, 2712 Mail Service Center
Raleigh, North Carolina 27699-2712
Telephone: (919) 855-4620 Fax: (919) 715-3073

For Official Use Only
License # H0097 Medicare # **340087**
FID #: 943492
PC 15 Date 2/5/15

License Fee: **$1,487.50**

2015
HOSPITAL LICENSE
RENEWAL APPLICATION

Legal Identity of Applicant: **The McDowell Hospital, Inc.**
(Full legal name of corporation, partnership, individual, or other legal entity owning the enterprise or service.)

Doing Business As
(d/b/a) name(s) under which the facility or services are advertised or presented to the public:

PRIMARY: **The McDowell Hospital**
Other: _____
Other: _____

Facility Mailing Address: P O Box 730
Marion, NC 28752

Facility Site Address: 430 Rankin Dr
Marion, NC 28752
County: McDowell
Telephone: (828)659-5000
Fax: (828)652-1626

PAID
CK NO. 725431
DATE 1-16-15
$1,487.50

Administrator/Director: ~~Lynn Boggs~~ Bob Bednarek
Title: ~~President/Ceo~~ Interim President
(Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility)

Chief Executive Officer: Bob Bednarek **Title:** Interim President
(Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility)

Name of the person to contact for any questions regarding this form:

Name: Clint Stewart **Telephone:** 828/659-5196

E-Mail: clint.stewart@msj.org

2/6/2015 pyc

"The N.C. Department of Health and Human Services does not discriminate on the basis of race, color, national origin, religion, age, or disability in employment or the provision of services."

In accordance with Session Law 2013-382 and 10NCAC 13B .3502(e)(f) on an annual basis, on the license renewal application provided by the Division, the facility shall provide to the Division the direct website address to the facility's financial assistance policy. This Rule applies only to facilities required to file a Schedule H, federal form 990.

1) Please provide the main website address for the hospital:

www.mcdowellhospital.org

2) Please provide the website address and / or link to access the hospital's charity care policy

www.mcdowellhospital.org Patients Financial Assistance

3) Please provide the website address and / or link to access the hospital's schedule H 990 form.

www.guidestar.org

AUTHENTICATING SIGNATURE: this attestation statement is to validate compliance with GS 131E-91 as evidenced through 10A NCAC 13B .3502 and all requirements set forth to assure compliance with fair billing and collection practices.

Signature: Bob Bednarek **Date:** 1/12/2015

PRINT NAME OF APPROVING OFFICIAL Bob Bednarek

All responses should pertain to **October 1, 2013 through September 30, 2014.**

Primary National Provider Identifier (NPI) registered at NPPES 1699772657

If facility has more than one "Primary" NPI, please provide N/A

For questions regarding NPI contact Azzie Conley at (919) 855-4646.

Type of Health Care Facilities under the Hospital License (please include offsite emergency departments)

List Name(s) of facilities:	Address:	Type of Business / Service:
McDowell Pediatrics	387 US 70 W, Marion, NC 28752	Physician Practice
Community Medicine Old Fort	32 East Main St, Old Fort, NC 28762	Physician Practice
Family Medicine Nebo	339 Nebo School Road, Nebo, NC 28761	Physician Practice
Family Medicine Glenwood	5623 221A, Marion, NC 28752	Physician Practice
McDowell Pain Management	100 Spaulding Rd., Marion, NC 28752	Physician Practice

Please attach a separate sheet for additional listings

ITEMIZED CHARGES: Licensure Rule 10 NCAC 3C .0205 requires the Applicant to provide itemized billing. Indicate which method is used:

____ a. The facility provides a detailed statement of charges to all patients.

X b. Patients are advised that such detailed statements are available upon request.

Type of Health Care Facilities under Hospital License (continued)

List Name(s) of Facilities:	Address:	Type of Business/Service:
McDowell Orthopedics	100 Spaulding Road, Marion, NC 28752	Physician Practice
McDowell Hospitalists	430 Rankin Drive, Marion, NC 28752	Inpatient Physician Practice
Mission MyCare Specialty	149 West Parker Road, Morganton, NC 28655	Rotating Physician Practice
Health Plus of McDowell Hospital • Urgent Care • McDowell Surgical Services • Wound Healing • Urology • McDowell Women's Care	472 Rankin Drive, Marion, NC 28752	Rural Health Clinic
Mission Health – Sugar Hill • McDowell Internal Medicine • McDowell OB/Gyn	1633 Sugar Hill Road, Marion, NC 28752	Physician Office Practices

Ownership Disclosure (Please fill in any blanks and make changes where necessary.)

1. What is the name of the legal entity with ownership responsibility and liability?

   Owner: The McDowell Hospital Inc
   Street/Box: 430 Rankin Dr
   City: Marion State: NC Zip: 28752
   Telephone: (828)659-5100 Fax: (828)652-1626
   CEO: ~~Lynn Boggs President/ CEO~~ Bob Bedwarek - Interim President

   Is your facility part of a Health System? [i.e., are there other hospitals, offsite emergency departments, ambulatory surgical facilities, nursing homes, home health agencies, etc. owned by your hospital, a parent company or a related entity?] X Yes _____ No

   If 'Yes', name of Health System*: Mission Health System

   * (***please attach a list of NC facilities that are part of your Health System***)

   If 'Yes', name of CEO: Ronald Paulus, MD

   a. Legal entity is: ___ For Profit X Not For Profit

   b. Legal entity is: X Corporation ___ LLP ___ Partnership
      ___ Proprietorship ___ LLC ___ Government Unit

   c. Does the above entity (partnership, corporation, etc.) **LEASE** the building from which services are offered? ___ Yes X No

   If "**YES**", name of building owner:

   _____

2. Is the business operated under a management contract? ___Yes X No

   If 'Yes', name and address of the management company.

   Name: _____
   Street/Box: _____

   City: _____ State: _____ Zip: _____
   Telephone: (___) _____

3. Vice President of Nursing and Patient Care Services:
   Kathy Hefner, CNO

4. Director of Planning: _____

Facility Data

A. Reporting Period All responses should pertain to the period **October 1, 2013 to September 30, 2014.**

B. General Information (Please fill in any blanks and make changes where necessary.)

a. Admissions to Licensed Acute Care Beds: **include responses to "a – q" on page 5; exclude responses to "2-9" on page 6; and exclude normal newborn bassinets.**	2,087	
b. Discharges from Licensed Acute Care Beds: **include responses to "a – q" on page 5; exclude responses to "2-9" on page 6; and exclude normal newborn bassinets.**	2,101	
c. Average Daily Census: **include responses to "a – q" on page 6; exclude responses to "2-9" on page 6; and exclude normal newborn bassinets.**	19.43	
d. Was there a permanent change in the total number of licensed beds during the reporting period?	Yes	No X
If 'Yes', what is the current number of licensed beds?		
If 'Yes', please state reason(s) (such as additions, alterations, or conversions) which may have affected the change in bed complement:		
e. Observations: Number of patients in observation status and not admitted as inpatients, excluding Emergency Department patients.	836	

C. Designation and Accreditation

1. Are you a designated trauma center? ____ Yes (____ Designated Level #) __X__ No
2. Are you a critical access hospital (CAH)? ____ Yes __X__ No
3. Are you a long term care hospital (LTCH)? ____ Yes __X__ No
4. Is this facility TJC accredited? __X__ Yes ~~__X__ No~~ Expiration Date: 02/18/2015
5. Is this facility DNV accredited? ____ Yes __X__ No Expiration Date: _____
6. Is this facility AOA accredited? ____ Yes __X__ No Expiration Date: _____
7. Are you a Medicare deemed provider? __X__ Yes _____ No

D. Beds by Service (Inpatient – Do Not Include Observation Beds or Days of Care)

[Please provide a Beds by Service (p. 5) for each hospital campus (see *G.S. 131E-176(2c)*)]

Please indicate below the number of beds usually assigned (set up and staffed for use) to each of the following services and the number of census inpatient days of care rendered in each unit. NOTE: If your facility has a designated unit(s) for chemical dependency treatment and/or detoxification, please complete the patient origin sheet pertaining to Psychiatric and Substance Abuse Services. If your facility has a Nursing Facility unit and/or Adult Care Bed unit please complete the supplemental packet for Skilled Nursing Facility beds.

Licensed Acute Care (provide details below) *Campus* _____	**Licensed Beds as of September 30, 2014**	**Operational Beds as of September 30, 2014**	**Annual Census Inpt. Days of Care**
Intensive Care Units			
1. General Acute Care Beds/Days			
a. Burn *			*
b. Cardiac			
c. Cardiovascular Surgery			
d. Medical/Surgical	9	9	1,746
e. Neonatal Beds Level IV ** (Not Normal Newborn)			**
f. Pediatric			
g. Respiratory Pulmonary			
h. Other (List)			
Other Units			
i. Gynecology			
j. Medical/Surgical ***	51	35	*** 4,888
k. Neonatal Level III ** (Not Normal Newborn)			**
l. Neonatal Level II ** (Not Normal Newborn)			**
m. Obstetric (including LDRP)	5	5	549
n. Oncology			
o. Orthopedics			
p. Pediatric			
q. Other (List)			
Total General Acute Care Beds/Days (a through q)	**65**	49	7,183
2. Comprehensive In-Patient Rehabilitation	0		
3. Inpatient Hospice	0		
4. Detoxification	0		
5. Substance Abuse / Chemical Dependency Treatment	0		
6. Psychiatry	0		
7. Nursing Facility	0		
8. Adult Care Home	0		
9. Other	0		
10. Totals (1 through 9)	**65**	49	7,183

* Please report only Census Days of Care of DRG's 927, 928, 929, 933, 934 and 935.
** Per C.O.N. rule definition. Refer to Section .1400 entitled Neonatal Services. (10A NCAC 14C)
*** Exclude Skilled Nursing swing-bed days. (See swing-bed information next page)

D. Beds by Service (Inpatient) *continued*

Number of Swing Beds *	0
Number of Skilled Nursing days in Swing Beds	0
Number of unlicensed observation beds	0

* means a hospital designated **as a swing-bed hospital** by CMS (Centers for Medicare & Medicaid Services)

E. Reimbursement Source (For "Inpatient Days," show Acute Inpatient Days only, excluding normal newborns.)

Primary Payer Source	Inpatient Days of Care (total should be the same as D.1.a – q total on p. 6)	Emergency Visits (total should be the same as F.3.b. on p. 8)	Outpatient Visits (excluding Emergency Visits and Surgical Cases)	Inpatient Surgical Cases (total should be same as F.8.d. Total Surgical Cases-Inpatient Cases on p. 13)	Ambulatory Surgical Cases (total should be same as F.8.d. Total Surgical Cases-Ambulatory Cases on p. 13)
Self Pay/Indigent/Charity	318	3,787	4,139	14	70
Medicare & Medicare Managed Care	4,577	5,754	27,763	109	267
Medicaid	1,356	6,638	9,428	125	179
Commercial Insurance	24	377	550	1	7
Managed Care	734	3,354	17,771	67	262
Other (Specify)	174	499	2,655	2	12
TOTAL	7,183	20,409	62,306	318	797

F. Services and Facilities

1. Obstetrics	Enter Number of Infants
a. Live births (Vaginal Deliveries)	130
b. Live births (Cesarean Section)	89
c. Stillbirths	0

d. Delivery Rooms - Delivery Only (not Cesarean Section)	0
e. Delivery Rooms - Labor and Delivery, Recovery	3
f. Delivery Rooms – LDRP (include Item **"D.1.m"** on Page 6)	0
g. Normal newborn bassinets (Level I Neonatal Services) Do not include with totals under the section entitled Beds by Service (Inpatient)	7

2. Abortion Services Number of procedures per Year n/a

3. **Emergency Department Services** (cases equal visits to ED)

a. Total Number of ED Exam Rooms: 11. Of this total, how many are:

a.1. # Trauma Rooms 2

a.2 # Fast Track Rooms 0

a.3 # Urgent Care Rooms 0

b. Total Number of ED visits for reporting period: 20,409

c. Total Number of admits from the ED for reporting period: 1,736

d. Total Number of Urgent Care visits for reporting period: _____

e. Does your ED provide services 24 hours a day 7 days per week? X Yes ____ No
If no, specify days/hours of operation:

f. Is a physician on duty in your ED 24 hours a day 7 days per week? X Yes ____ No
If no, specify days/hours physician is on duty:

4. **Medical Air Transport**: Owned or leased air ambulance service:

a. Does the facility operate an air ambulance service? __ Yes X No
b. If "Yes", complete the following chart.

Type of Aircraft	Number of Aircraft	Number Owned	Number Leased	Number of Transports
Rotary				
Fixed Wing				

5. **Pathology and Medical Lab** (Check whether or not service is provided)

a. Blood Bank/Transfusion Services X Yes __ No
b. Histopathology Laboratory __ Yes X No
c. HIV Laboratory Testing X Yes __ No
Number during reporting period
HIV Serology 27
HIV Culture 0
d. Organ Bank __ Yes X No
e. Pap Smear Screening __ Yes X No

6. **Transplantation Services** - Number of transplants N/A

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

Do you perform living donor transplants ? ____ Yes X No.

N/A

7. **Specialized Cardiac Services** (for questions, call 855-3865 [Medical Facilities Planning])

(a) Cardiac Catheterization	Diagnostic Cardiac Catheterization ICD-9 37.21, 37.22, 37.23, 37.25 -	Interventional Cardiac Catheterization ICD-9 00.66, 99.10, 36.06, 36.07, 36.09; 35.52, 35.71, 35.96
1. Number of Units of Fixed Equipment		
2. Number of Procedures* Performed in Fixed Units on Patients Age 14 and younger		
3. Number of Procedures* Performed in Fixed Units on Patients Age 15 and older		
4. Number of Procedures* Performed in Mobile Units		
	Electro-physiology ICF-9 37.26, 37.27, 37.34, 37.70, 37.71, 37.72, 37.73, 37.74, 37.75, 37.76, 37.77, 37.79, 37.80, 37.81, 37.82, 37.83, 37.85, 37.86, 37.87, 37.89, 37.94, 37.95, 37.96, 37.97, 37.98, 37.99, 00.50, 00.51, 00.52, 00.53, 00.54	
5. Number of Units of Fixed Equipment		
6. Number of Procedures on Dedicated EP Equipment		

*A **procedure** is defined to be one visit or trip by a patient to a catheterization laboratory for a single or multiple catheterizations. Count each visit once, regardless of the number of diagnostic, interventional, and/or EP catheterizations performed within that visit.

Name of Mobile Vendor: _____

Number of 8-hour days per week the mobile unit is onsite: _____ 8-hour days per week.
(Examples: Monday through Friday for 8 hours per day is 5 8-hour days per week. Monday, Wednesday, & Friday for 4 hours per day is 1.5 8-hour days per week)

(b) Open Heart Surgery	Number of Machines/Procedures
1. Number of Heart-Lung Bypass Machines	
2. Total Annual Number of Open Heart Surgery Procedures Utilizing Heart-Lung Bypass Machine	
3. Total Annual Number of Open Heart Surgery Procedures done without utilizing a Heart-Lung Bypass Machine	
4. Total Open Heart Surgery Procedures (2. + 3.)	
Procedures on Patients Age 14 and younger	
5. **Of total in #2**, Number of Procedures on Patients Age 14 & younger	
6. **Of total in #3**, Number of Procedures on Patients Age 14 & younger	

8. Surgical Operating Rooms, Procedure Rooms, Gastrointestinal Endoscopy Rooms, Surgical and Non-Surgical Cases and Procedures

NOTE: If this License includes more than one campus, please copy pages 10 - 13 for each site. Submit the Cumulative Totals and submit a duplicate of pages 10 - 13 for each campus.

(Campus – *If multiple sites*: _____)

a) Surgical Operating Rooms

Report *Surgical Operating Rooms* built to meet the specifications and standards for operating rooms required by the Construction Section of the Division of Health Services Regulation, and which are fully equipped to perform surgical procedures. These surgical operating rooms include rooms located in Obstetrics and surgical suites.

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	0
Dedicated C-Section	1
Other Dedicated Inpatient Surgery	0
Dedicated Ambulatory Surgery	0
Shared - Inpatient / Ambulatory Surgery	3
Total of Surgical Operating Rooms	4

Number of Additional CON approved surgical operating rooms pending development: 0
CON Project ID Number(s) _____

b) Procedure Rooms (Excluding Operating Rooms and Gastrointestinal Endoscopy Rooms)

Report rooms, which are not equipped for or do not meet all the specifications for an operating room, that are used for performance of surgical procedures other than Gastrointestinal Endoscopy procedures.

Total Number of Procedure Rooms: 1

20 Most Common Outpatient Surgical Cases Table - Enter the number of surgical cases performed only in licensed operating rooms by the top 20 most common outpatient surgical cases in the table below by CPT code. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery.

CPT Code	Description	Cases
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	0
29880	Arthroscopy, knee, surgical; with meniscectomy (medial and lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	0
29881	Arthroscopy, knee, surgical; with meniscectomy (medial or lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	14
42820	Tonsillectomy and adenoidectomy; younger than age 12	9
42830	Adenoidectomy, primary; younger than age 12	3

Continued on next page

20 Most Common Outpatient Surgical Cases Table – Continued

43235	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	20
43239	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple	150
43248	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with insertion of guide wire followed by dilation of esophagus over guide wire	1
43249	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with balloon dilation of esophagus (less than 30 mm diameter)	7
45378	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)	87
45380	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple	197
45384	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	2
45385	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	120
62311	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)	179
64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or computed tomography); lumbar or sacral, single level	11
64721	Neuroplasty and/or transposition; median nerve at carpal tunnel	11
66821	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (e.g., YAG laser) (one or more stages)	0

Continued on next page

20 Most Common Outpatient Surgical Cases Table – Continued

66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (e.g., iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage	0
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (stage one procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification)	0
69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia	11

c) Gastrointestinal Endoscopy Rooms, Cases and Procedures:

Report the number of Gastrointestinal Endoscopy rooms and the Endoscopy cases and surgical procedures **performed only in these rooms** during the reporting period.

Total Number of existing Gastrointestinal Endoscopy Rooms: 1

Number of additional CON approved GI Endoscopy Rooms pending development: 0

CON Project ID Number(s) _____

	Number of Cases Performed In GI Endoscopy Rooms		Number of Procedures* Performed in GI Endoscopy Rooms	
	Inpatient	Outpatient	Inpatient	Outpatient
GI Endoscopy	39	494	59	669
Non-GI Endoscopy				
Totals	39	494	59	669

Count each patient as one case regardless of the number of procedures performed while the patient was in the GI endoscopy room.

*As defined in 10A NCAC 14C .3901 "Gastrointestinal (GI) endoscopy procedure" means a single procedure, identified by CPT code or ICD-9-CM procedure code, performed on a patient during a single visit to the facility for diagnostic or therapeutic purposes.

8. Surgical Operating Rooms, Procedure Rooms, Gastrointestinal Endoscopy Rooms, Surgical and Non-Surgical Cases and Procedures *(continued)*

(Campus – *If multiple sites*: _____**)**

d) Surgical Cases by Specialty Area Table

Enter the number of surgical cases performed only in licensed operating rooms by surgical specialty area in the table below. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery. Categorize each case into one specialty area – the total number of surgical cases is an unduplicated count of surgical cases. **Count all surgical cases performed only in licensed operating rooms. The total number of surgical cases should match the total number of patients listed in the Patient Origin Tables on pages 26 and 27.**

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)		
Open Heart Surgery (from 7.(b) 4.)		
General Surgery	118	285
Neurosurgery		
Obstetrics and GYN (excluding C-Sections)	32	173
Ophthalmology		
Oral Surgery		
Orthopedics	52	104
Otolaryngology		30
Plastic Surgery		
Urology	26	189
Vascular		
Other Surgeries (specify) Podiatry	1	16
Other Surgeries (specify)		
Number of C-Section's Performed in Dedicated C-Section ORs		
Number of C-Section's Performed in Other ORs		
Total Surgical Cases Performed Only in Licensed ORs	318	797

e) Non-Surgical Cases by Category Table

Enter the number of non-surgical cases by category in the table below. Count each patient undergoing a procedure or procedures as one case regardless of the number of non-surgical procedures performed. Categorize each case into one non-surgical category – the total number of non-surgical cases is an unduplicated count of non-surgical cases. **Count all non-surgical cases, including cases receiving services in operating rooms or in any other location, *except* do not count cases having endoscopies in GI Endoscopy rooms. Report cases having endoscopies in GI Endoscopy Rooms on page 12.**

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Pain Management		289
Cystoscopy		90
Non-GI Endoscopies *(not reported in 8. c)*		
GI Endoscopies *(not reported in 8. c)*		
YAG Laser		
Other (specify) Dental		122
Other (specify) Lithotripsy	1	23
Other (specify)		
Total Non-Surgical Cases	1	524

Imaging Procedures

20 Most Common Outpatient Imaging Procedures Table - Enter the number of the top 20 common imaging procedures performed in the ambulatory surgical center in the table below by CPT code.

CPT Code	Description	Procedures
70450	Computed tomography, head or brain; without contrast material	
70553	Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material followed by contrast material(s) and further sequences	
71010	Radiologic examination, chest; single view, frontal	
71020	Radiologic examination, chest; two views, frontal and lateral	
71260	Computed tomography, thorax; with contrast material(s)	
71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	
72100	Radiologic examination, spine, lumbosacral; two or three views	
72110	Radiologic examination, spine, lumbosacral; minimum of four views	
72125	Computed tomography, cervical spine; without contrast material	
73030	Radiologic examination, shoulder; complete, minimum of two views	
73110	Radiologic examination, wrist; complete, minimum of three views	
73130	Radiologic examination, hand; minimum of three views	
73510	Radiologic examination, hip, unilateral; complete, minimum of two views	
73564	Radiologic examination, knee; complete, four or more views	
73610	Radiologic examination, ankle; complete, minimum of three views	
73630	Radiologic examination, foot; complete, minimum of three views	
74000	Radiologic examination, abdomen; single anteroposterior view	
74022	Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest	
74176	Computed tomography, abdomen and pelvis; without contrast material	
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	

Imaging Procedures

20 Most Common Outpatient Imaging Procedures Table - Enter the number of the top 20 common imaging procedures performed in the ambulatory surgical center in the table below by CPT code.

CPT Code	Description	Procedures
70450	Computed tomography, head or brain; without contrast material	1,267
70553	Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material followed by contrast material(s) and further sequences	138
71010	Radiologic examination, chest; single view, frontal	1,486
71020	Radiologic examination, chest; two views, frontal and lateral	2,728
71260	Computed tomography, thorax; with contrast material(s)	261
71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	208
72100	Radiologic examination, spine, lumbosacral; two or three views	640
72110	Radiologic examination, spine, lumbosacral; minimum of four views	67
72125	Computed tomography, cervical spine; without contrast material	399
73030	Radiologic examination, shoulder; complete, minimum of two views	626
73110	Radiologic examination, wrist; complete, minimum of three views	639
73130	Radiologic examination, hand; minimum of three views	425
73510	Radiologic examination, hip, unilateral; complete, minimum of two views	582
73564	Radiologic examination, knee; complete, four or more views	548
73610	Radiologic examination, ankle; complete, minimum of three views	565
73630	Radiologic examination, foot; complete, minimum of three views	467
74000	Radiologic examination, abdomen; single anteroposterior view	179
74022	Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest	106
74176	Computed tomography, abdomen and pelvis; without contrast material	580
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	808

9. Average Operating Room Availability and Average Case Times:

The Operating Room Methodology assumes that the average operating room is staffed 9 hours a day, for 260 days per year, and utilized at least 80% of the available time. This results in 1,872 hours per operating room per year.

The Operating Room Methodology also assumes an average of 3 hours for each Inpatient Surgery and an average of 1.5 hours for each Outpatient Surgery.

Based on your hospital's experience, please complete the table below by showing the assumptions for the average operating room in your hospital.

Average Hours per Day **Routinely** Scheduled for Use *	Average Number of Days per Year **Routinely** Scheduled for Use	Average "Case Time" ** in **Minutes** for Inpatient Cases	Average "Case Time" ** in **Minutes** for Ambulatory Cases
8	260	180	90

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

Example for determining average hours per day routinely scheduled for use:
A hospital has two operating rooms routinely scheduled for use for 8 hours per day, and two other operating rooms routinely scheduled for use for 10 hours per day.
2 rooms X 8 hours = 16 hours per day
plus
2 rooms X 10 hours = 20 hours per day
equals 36 hours per day total

The average hours per day for the four operating rooms is calculated by dividing the total hours per day for all operating rooms by the total number of operating rooms. In this example, 36 hours divided by four operating rooms is 9 average hours per day for an operating room.

** **"Case Time" = Time from Room Set-up Start to Room Clean-up Finish.** Definition 2.4 from the "Procedural Times Glossary" of the AACD, as approved by ASA, ACS, and AORN. *NOTE: This definition includes all of the time for which a given procedure requires an OR/PR. It allows for the different duration of Room Set-up and Room Clean-up Times that occur because of the varying supply and equipment needs for a particular procedure.*

10a. Magnetic Resonance Imaging (MRI)

Indicate the number of MRI scanners (units) and the number of procedures performed during the 12-month reporting period at your facility. For hospitals that operate medical equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus. Campus – *if multiple sites:*

	# Units	Inpatient Procedures*			Outpatient Procedures*			
Number of fixed MRI scanners-closed (*do not include any* Policy AC-3 scanners)								
# of fixed MRI scanners-open (*do not include any* Policy AC-3 scanners)		With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	TOTAL Procedures
Number of Policy AC-3 MRI scanners used for general clinical purposes								
Total Fixed MRI Scanners/Procedures		43	115	158	356	1,058	1,414	1,572
Procedures performed on mobile MRI scanners **only at this site**								
Name(s) of Mobile MRI Provider(s):								
The total number of procedures performed on the MRI scanners listed above should be equal to or more than the total number of patients reported on the MRI Patient Origin Table on page 34 of this application. Patients served on units listed in the next row should not be included in the MRI Patient Origin Table on page 34 of this application.								
Other Human Research MRI scanners								

* An **MRI procedure** is defined as a single discrete MRI study of one patient (single CPT coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom.

10b. MRI Procedures by CPT Codes

CPT Code	CPT Description	Number of Procedures
70336	MRI Temporomandibular Joint(s)	
70540	MRI Orbit/Face/Neck w/o	1
70542	MRI Orbit/Face/Neck with contrast	
70543	MRI Orbit/Face/Neck w/o & with	3
70544	MRA Head w/o	41
70545	MRA Head with contrast	
70546	MRA Head w/o & with	
70547	MRA Neck w/o	
70548	MRA Neck with contrast	3
70549	MRA Neck w/o & with	7
70551	MRI Brain w/o	273
70552	MRI Brain with contrast	
	Subtotal for this page	328

10b. MRI Procedures by CPT Codes *continued.....*

CPT Code	CPT Description	Number of Procedures
70553	MRI Brain w/o & with	141
7055A	IAC Screening	
71550	MRI Chest w/o	
71551	MRI Chest with contrast	
71552	MRI Chest w/o & with	1
71555	MRA Chest with OR without contrast	
72126	Cervical Spine Infusion only	
72141	MRI Cervical Spine w/o	160
72142	MRI Cervical Spine with contrast	1
72156	MRI Cervical Spine w/o & with	18
72146	MRI Thoracic Spine w/o	32
72147	MRI Thoracic Spine with contrast	
72157	MRI Thoracic Spine w/o & with	15
72148	MRI Lumbar Spine w/o	327
72149	MRI Lumbar Spine with contrast	
72158	MRI Lumbar Spine w/o & with	105
72159	MRA Spinal Canal w/o OR with contrast	
72195	MRI Pelvis w/o	17
72196	MRI Pelvis with contrast	
72197	MRI Pelvis w/o & with	8
72198	MRA Pelvis w/o OR with Contrast	
73218	MRI Upper Ext, other than joint w/o	1
73219	MRI Upper Ext, other than joint with contrast	
73220	MRI Upper Ext, other than joint w/o & with	6
73221	MRI Upper Ext, any joint w/o	108
73222	MRI Upper Ext, any joint with contrast	8
73223	MRI Upper Ext, any joint w/o & with	6
73225	MRA Upper Ext, w/o OR with contrast	
73718	MRI Lower Ext other than joint w/o	22
73719	MRI Lower Ext other than joint with contrast	
73720	MRI Lower Ext other than joint w/o & with	12
73721	MRI Lower Ext any joint w/o	175
73722	MRI Lower Ext any joint with contrast	1
73723	MRI Lower Ext any joint w/o & with	14
73725	MRA Lower Ext w/o OR with contrast	
74181	MRI Abdomen w/o	8
74182	MRI Abdomen with contrast	
	Subtotal for this page	1,186

10b. MRI Procedures by CPT Codes *continued.....*

CPT Code	CPT Description	Number of Procedures
74183	MRI Abdomen w/o & with	56
74185	MRA Abdomen w/o OR with contrast	2
75557	MRI Cardiac Morphology w/o	
75561	MRI Cardiac Morphology with contrast	
75554	MRI Cardiac Function Complete	
75555	MRI Cardiac Function Limited	
75556	MRI Cardiac Velocity Flow Mapping	
77055	MRI Breast, unilateral w/o and/or with contrast	
77056	MRI Breast, bilateral w/o and/or with contrast	
76125	Cineradiography to complement exam	
76390	MRI Spectroscopy	
76393	MRI Guidance for needle placement	
76394	MRI Guidance for tissue ablation	
76400	MRI Bone Marrow blood supply	
7649A	MR functional imaging	
7649D	MRI infant spine comp w/ & w/o contrast	
7649E	Spine (infants) w/o infusion	
7649H	MR functional imaging	
N/A	Clinical Research Scans	
	Subtotal for this page	58
	Total Number of Procedures for all pages	1572

10c. Computed Tomography (CT)

How many fixed CT scanners does the hospital have? 1

Does the hospital contract for mobile CT scanner services? ___ Yes X No

If yes, identify the mobile CT vendor _____

Complete the following tables (one for fixed CT scanners; one for mobile CT scanners).

Scans Performed on Fixed CT Scanners *(Multiply # scans by Conversion Factor to get HECT Units)*

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast	1115	X	1.00	=	1115
2	Head with contrast	3	X	1.25	=	3.75
3	Head without and with contrast	20	X	1.75	=	35
4	Body without contrast	1196	X	1.50	=	1794
5	Body with contrast	1299	X	1.75	=	2273.25
6	Body without contrast and with contrast	551	X	2.75	=	1515.25
7	Biopsy in addition to body scan with or without contrast	0	X	2.75	=	0
8	Abscess drainage in addition to body scan with or without contrast	0	X	4.00	=	0

N/A

Scans Performed on Mobile CT Scanners *(Multiply # scans by Conversion Factor to get HECT Units)*

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast		X	1.00	=	
2	Head with contrast		X	1.25	=	
3	Head without and with contrast		X	1.75	=	
4	Body without contrast		X	1.50	=	
5	Body with contrast		X	1.75	=	
6	Body without contrast and with contrast		X	2.75	=	
7	Biopsy in addition to body scan with or without contrast		X	2.75	=	
8	Abscess drainage in addition to body scan with or without contrast		X	4.00	=	

10d. Other Imaging Equipment

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Dedicated Fixed PET Scanner	0			
Mobile PET Scanner	0			
PET pursuant to Policy AC-3	0			
Other Human Research PET Scanner	0			
Ultrasound equipment	2	369	3737	4106
Mammography equipment	1	0	1217	1217
Bone Density Equipment	1	0	149	149
Fixed X-ray Equipment (excluding fluoroscopic)	5	967	12658	13625
Fixed Fluoroscopic X-ray Equipment	1	65	425	431
Special Procedures/ Angiography Equipment (neuro & vascular, but not including cardiac cath.)				
Coincidence Camera				
Mobile Coincidence Camera Vendor:				
SPECT	1	0	0	0
Mobile SPECT Vendor:				
Gamma Camera	1	41	168	209
Mobile Gamma Camera Vendor:				

* PET **procedure** means a single discrete study of one patient involving one or more PET scans. PET **scan** means an image-scanning sequence derived from a single administration of a PET radiopharmaceutical, equated with a single injection of the tracer. One or more PET scans comprise a PET procedure. **The number of PET procedures in this table should match the number of patients reported on the PET Patient Origin Table on page 36.**

10e. Lithotripsy

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Fixed	0			
Mobile	1		23	24

Lithotripsy Vendor/Owner:
Fayetteville Lithotripters

N/A

11. Linear Accelerator Treatment Data (including Cyberknife® & Similar Equipment)

CPT Code	Description	# of Procedures
	Simple Treatment Delivery	
77401	Radiation treatment delivery	
77402	Radiation treatment delivery (<=5 MeV)	
77403	Radiation treatment delivery (6-10 MeV)	
77404	Radiation treatment delivery (11-19 MeV)	
77406	Radiation treatment delivery (>=20 MeV)	
	Intermediate Treatment Delivery	
77407	Radiation treatment delivery (<=5 MeV)	
77408	Radiation treatment delivery (6-10 MeV)	
77409	Radiation treatment delivery (11-19 MeV)	
77411	Radiation treatment delivery (>=20 MeV)	
	Complex Treatment Delivery	
77412	Radiation treatment delivery (<=5 MeV)	
77413	Radiation treatment delivery (6-10 MeV)	
77414	Radiation treatment delivery (11-19 MeV)	
77416	Radiation treatment delivery (>= 20 MeV)	
	Other Treatment Delivery Not Included Above	
77418	Intensity modulated radiation treatment (IMRT) delivery	
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator	
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	
G0339	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery in one session or first fraction	
G0340	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery, fractionated treatment, 2nd-5th fraction	
	Intraoperative radiation therapy (conducted by bringing the anesthetized patient down to the linac)	
	Pediatric Patient under anesthesia	
	Neutron and proton radiation therapy	
	Limb salvage irradiation	
	Hemibody irradiation	
	Total body irradiation	
Imaging Procedures Not Included Above		
77417	Additional field check radiographs	
	Total Procedures – Linear Accelerators	
	Gamma Knife® Procedures	
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of one session; multisource Cobalt 60 based (Gamma Knife®)	
	Total Procedures – Gamma Knife®	

11. Linear Accelerator Treatment Data *continued*

a. Number of patients who received a course of radiation oncology treatments on linear accelerators (not the Gamma Knife®). Patients shall be counted once if they receive one course of treatment and more if they receive additional courses of treatment. For example, one patient who receives one course of treatment counts as one, and one patient who receives three courses of treatment counts as three. . # Patients _____ **(This number should match the number of patients reported in the Linear Accelerator Patient Origin Table on page 35.)**
b. Linear Accelerators 1. TOTAL number of Linear Accelerator(s) _____ 2. Of the TOTAL number above, number of Linear Accelerators configured for stereotactic radiosurgery _____ 3. Of the TOTAL number above, Number of CyberKnife® Systems: _____ Other specialized linear accelerators _____ Identify Manufacturer of Equipment _____
c. Number of Gamma Knife® units _____
d. Number of treatment simulators ("machine that produces high quality diagnostic radiographs and precisely reproduces the geometric relationships of megavoltage radiation therapy equipment to the patient."(GS 131E-176(24b))) _____

12. Telemedicine

a. Does your facility utilize telemedicine to have images read at another facility? No

b. Does your facility read telemedicine images? No

13. Additional Services:

a) **Check if Service(s) is provided: (for dialysis stations, show number of stations)**

	Check		Check
1. Cardiac Rehab Program (Outpatient)	X	5. Rehabilitation Outpatient Unit	X
2. Chemotherapy	X	6. Podiatric Services	
3. Clinical Psychology Services		7. Genetic Counseling Service	
4. Dental Services		8. **Number** of Acute Dialysis Stations	

13. Additional Services: *continued*

N/A

b) **Hospice Inpatient Unit Data:**
Hospital-based hospice units with licensed hospice beds. List each county served and report **all patients by county of residence.** Use each patient's age on the admission day to the Licensed Hospice Inpatient Facility. **For age categories count each inpatient client only once.**

County of Residence	Age 0-17	Age 18-40	Age 41-59	Age 60-64	Age 65-74	Age 75-84	Age 85+	Total Patients Served	Total Days of Care	Deaths
Out of State										
Total All Ages										

N/A

c) **Mental Health and Substance Abuse**

1. If psychiatric care has a different name than the hospital, please indicate:

   _____

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

   _____

3. Director of the above services.

   _____

Indicate the program/unit location in the **Service Categories** chart below. If it is in the hospital, include the room number. If it is located at another site, include the building name, program/unit name and address.

Service Categories: All applicants must complete the following table for all mental health services which are to be provided by the facility. If the service is not offered, leave the spaces blank.

Rule 10A NCAC 27G Licensure Rules For Mental Health Facilities	Location of Services	Beds Assigned by Age				
		< 6	6-12	13-17	18 & up	Total Beds
.1100 Partial hospitalization for individuals who are acutely mentally ill.						
.1200 Psychosocial rehabilitation facilities for individuals with severe and persistent mental illness						
.1300 Residential treatment facilities for children and adolescents who are emotionally disturbed or have a mental illness						
.1400 Day treatment for children and adolescents with emotional or behavioral disturbances						
.1500 Intensive residential treatment facilities for children & adolescents who are emotionally disturbed or who have a mental illness						
.5000 Facility Based Crisis Center						

Rule 10A NCAC 13B Licensure Rules For Hospitals	Location of Services	Beds Assigned by Age				
		< 6	6-12	13-17	18 & up	Total Beds
.5200 Dedicated inpatient unit for individuals who have mental disorders						

13. Additional Services: *continued*

c) Mental Health and Substance Abuse *continued*

Rule 10A NCAC 27G Licensure Rules for Substance Abuse Facilities	Location of Services	Beds Assigned by Age				
		< 6	6-12	13-17	18 & up	Total Beds
.3100 Nonhospital medical detoxification for individuals who are substance abusers						
.3200 Social setting detoxification for substance abusers						
.3300 Outpatient detoxification for substance abusers						
.3400 Residential treatment/ rehabilitation for individuals with substance abuse disorders						
.3500 Outpatient facilities for individuals with substance abuse disorders						
.3600 Outpatient narcotic addiction treatment						
.3700 Day treatment facilities for individuals with substance abuse disorders						

Rule 10A NCAC 13B Licensure Rules For Hospitals	Location of Services	Beds Assigned by Age				
		< 6	6-12	13-17	18 & up	Total Beds
.5200 Dedicated inpatient hospital unit for individuals who have substance abuse disorders (specify type) # of Treatment beds _____ # of Medical Detox beds _____						

All responses should pertain to **October 1, 2013 through September 30, 2014.**

Patient Origin - General Acute Care Inpatient Services

Facility County: McDowell

In an effort to document patterns of utilization of General Acute Care Inpatient Services in North Carolina hospitals, please provide the county of residence for each patient admitted to your facility.

County	No. of Admissions	County	No. of Admissions	County	No. of Admissions
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham	1	74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford	1	77. Richmond	
6. Avery	5	42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood	2	80. Rowan	
9. Bladen		45. Henderson	2	81. Rutherford	38
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe	35	47. Hoke		83. Scotland	
12. Burke	50	48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	1
16. Carteret		52. Jones		88. Transylvania	4
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	4	54. Lenoir		90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee	1	56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	1	59. McDowell	1,882	95. Watauga	
24. Columbus		60. Mecklenburg		96. Wayne	
25. Craven		61. Mitchell	23	97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash	1	100. Yancey	7
29. Davidson		65. New Hanover		NC Total	2,060
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow	1	102. South Carolina	4
32. Durham		68. Orange		103. Tennessee	1
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	22
35. Franklin		71. Pender		106. Other	
36. Gaston	1	72. Perquimans		**Total No. of Patients**	2,087

Patient Origin – Inpatient Surgical Cases

Facility County: McDowell

In an effort to document patterns of Inpatient utilization of Surgical Services in North Carolina hospitals, please provide the county of residence for each inpatient surgical patient served in your facility. Count each inpatient surgical patient once regardless of the number of surgical procedures performed while the patient was having surgery. However, each admission as an inpatient surgical case should be reported separately.

The Total from this chart should match the Total Inpatient Cases reported on the "Surgical Cases by Specialty Area" Table on page 13.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery	2	42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	8
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe	5	47. Hoke		83. Scotland	
12. Burke	10	48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	1	54. Lenoir		90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	1	59. McDowell	275	95. Watauga	
24. Columbus		60. Mecklenburg		96. Wayne	
25. Craven		61. Mitchell	8	97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash	1	100. Yancey	2
29. Davidson		65. New Hanover		NC Total	313
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	1
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	4
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		**Total No. of Patients**	318

Patient Origin – Ambulatory Surgical Cases

Facility County: McDowell

In an effort to document patterns of Ambulatory utilization of Surgical Services in North Carolina hospitals, please provide the county of residence for each ambulatory surgery patient served in your facility. Count each ambulatory patient once regardless of the number of procedures performed while the patient was having surgery. However, each admission as an ambulatory surgery case should be reported separately.

The Total from this chart should match the Total Ambulatory Surgical Cases reported on the "Surgical Cases by Specialty Area" Table on page 13.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	1
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery	5	42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood	1	80. Rowan	
9. Bladen		45. Henderson	1	81. Rutherford	26
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe	5	47. Hoke		83. Scotland	
12. Burke	29	48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell	1	50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	3	54. Lenoir		90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison	1	93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	1	59. McDowell	680	95. Watauga	
24. Columbus		60. Mecklenburg		96. Wayne	
25. Craven		61. Mitchell	26	97. Wilkes	1
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	1
28. Dare		64. Nash		100. Yancey	8
29. Davidson		65. New Hanover		NC Total	790
30. Davie		66. Northampton		101. Georgia	1
31. Duplin		67. Onslow		102. South Carolina	
32. Durham		68. Orange		103. Tennessee	1
33. Edgecombe		69. Pamlico		104. Virginia	1
34. Forsyth		70. Pasquotank		105. Other States	4
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		**Total No. of Patients**	797

Patient Origin – Gastrointestinal Endoscopy (GI) Cases

Facility County: McDowell

In an effort to document patterns of utilization of Gastrointestinal Endoscopy Services in North Carolina hospitals, please provide the county of residence for each GI Endoscopy patient served in your facility. Count each patient once regardless of the number of procedures performed while the patient was receiving GI Endoscopy Services. However, each admission for GI Endoscopy services should be reported separately.

The Total from this chart should match the Total GI Endoscopy cases reported on the "Gastrointestinal Endoscopy Rooms, Cases and Procedures" Table on page 12 plus the total Inpatient and Ambulatory GI Endoscopy cases from the "Non-Surgical Cases by Category" Table on page 13.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	1
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery	1	42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson	2	81. Rutherford	20
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe	2	47. Hoke		83. Scotland	
12. Burke	11	48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell	1	50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	2	54. Lenoir	1	90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee	1	56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	1	59. McDowell	481	95. Watauga	
24. Columbus		60. Mecklenburg		96. Wayne	
25. Craven		61. Mitchell	5	97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	1
29. Davidson		65. New Hanover		NC Total	530
30. Davie		66. Northampton		101. Georgia	3
31. Duplin		67. Onslow		102. South Carolina	
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		**Total No. of Patients**	533

All responses should pertain to **October 1, 2013 through September 30, 2014.**

Patient Origin - Psychiatric and Substance Abuse

N/A

Facility County: McDowell

Complete the following table below for inpatient Days of Care reported under Section .5200.

County of Patient Origin	Psychiatric Treatment Days of Care					Substance Abuse Treatment Days of Care				
	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total
Example: Wake		5		30	35			10		10
1. Alamance										
2. Alexander										
3. Alleghany										
4. Anson										
5. Ashe										
6. Avery										
7. Beaufort										
8. Bertie										
9. Bladen										
10. Brunswick										
11. Buncombe										
12. Burke										
13. Cabarrus										
14. Caldwell										
15. Camden										
16. Carteret										
17. Caswell										
18. Catawba										
19. Chatham										
20. Cherokee										
21. Chowan										
22. Clay										
23. Cleveland										
24. Columbus										
25. Craven										
26. Cumberland										
27. Currituck										
28. Dare										
29. Davidson										
30. Davie										
31. Duplin										
32. Durham										
33. Edgecombe										
34. Forsyth										
35. Franklin										
36. Gaston										
37. Gates										
38. Graham										
39. Granville										
40. Greene										
41. Guilford										
42. Halifax										
43. Harnett										

Continued on next page

All responses should pertain to **October 1, 2013 through September 30, 2014.** N/A

County of Patient Origin	Psychiatric Treatment Days of Care					Substance Abuse Treatment Days of Care				
	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total
44. Haywood										
45. Henderson										
46. Hertford										
47. Hoke										
48. Hyde										
49. Iredell										
50. Jackson										
51. Johnston										
52. Jones										
53. Lee										
54. Lenoir										
55. Lincoln										
56. Macon										
57. Madison										
58. Martin										
59. McDowell										
60. Mecklenburg										
61. Mitchell										
62. Montgomery										
63. Moore										
64. Nash										
65. New Hanover										
66. Northampton										
67. Onslow										
68. Orange										
69. Pamlico										
70. Pasquotank										
71. Pender										
72. Perquimans										
73. Person										
74. Pitt										
75. Polk										
76. Randolph										
77. Richmond										
78. Robeson										
79. Rockingham										
80. Rowan										
81. Rutherford										
82. Sampson										
83. Scotland										
84. Stanly										
85. Stokes										
86. Surry										
87. Swain										
88. Transylvania										
89. Tyrrell										
90. Union										
91. Vance										
92. Wake										

Continued on next page

All responses should pertain to **October 1, 2013 through September 30, 2014.** N/A

County of Patient Origin	Psychiatric Treatment Days of Care					Substance Abuse Treatment Days of Care				
	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total
93. Warren										
94. Washington										
95. Watauga										
96. Wayne										
97. Wilkes										
98. Wilson										
99. Yadkin										
100. Yancey										
101. Out of State										
TOTAL										

County of Patient Origin	Detoxification Days of Care				
	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total
Example: Wake		*5*	*8*	*30*	*43*
1. Alamance					
2. Alexander					
3. Alleghany					
4. Anson					
5. Ashe					
6. Avery					
7. Beaufort					
8. Bertie					
9. Bladen					
10. Brunswick					
11. Buncombe					
12. Burke					
13. Cabarrus					
14. Caldwell					
15. Camden					
16. Carteret					
17. Caswell					
18. Catawba					
19. Chatham					
20. Cherokee					
21. Chowan					
22. Clay					
23. Cleveland					
24. Columbus					
25. Craven					
26. Cumberland					
27. Currituck					

Continued on next page

County of Patient Origin	Detoxification Days of Care				
	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total
28. Dare					
29. Davidson					
30. Davie					
31. Duplin					
32. Durham					
33. Edgecombe					
34. Forsyth					
35. Franklin					
36. Gaston					
37. Gates					
38. Graham					
39. Granville					
40. Greene					
41. Guilford					
42. Halifax					
43. Harnett					
44. Haywood					
45. Henderson					
46. Hertford					
47. Hoke					
48. Hyde					
49. Iredell					
50. Jackson					
51. Johnston					
52. Jones					
53. Lee					
54. Lenoir					
55. Lincoln					
56. Macon					
57. Madison					
58. Martin					
59. McDowell					
60. Mecklenburg					
61. Mitchell					
62. Montgomery					
63. Moore					
64. Nash					
65. New Hanover					
66. Northampton					
67. Onslow					
68. Orange					
69. Pamlico					
70. Pasquotank					
71. Pender					
72. Perquimans					
73. Person					
74. Pitt					
75. Polk					
76. Randolph					
77. Richmond					

Continued on next page

All responses should pertain to **October 1, 2013 through September 30, 2014.**

County of Patient Origin	Detoxification Days of Care				
	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total
78. Robeson					
79. Rockingham					
80. Rowan					
81. Rutherford					
82. Sampson					
83. Scotland					
84. Stanly					
85. Stokes					
86. Surry					
87. Swain					
88. Transylvania					
89. Tyrrell					
90. Union					
91. Vance					
92. Wake					
93. Warren					
94. Washington					
95. Watauga					
96. Wayne					
97. Wilkes					
98. Wilson					
99. Yadkin					
100. Yancey					
101. Out of State					
TOTAL					

All responses should pertain to **October 1, 2013 through September 30, 2014.**

Patient Origin - MRI Services

Facility County: McDowell

In an effort to document patterns of utilization of MRI Services in North Carolina, hospitals are asked to provide county of residence for each patient served in your facility. **The total number of patients reported here should be equal to or less than the total number of MRI procedures reported in Table 10a. on page 16.**

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	1
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery	2	42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood	1	80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	29
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe	11	47. Hoke		83. Scotland	
12. Burke	48	48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell	1	85. Stokes	
14. Caldwell	4	50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	
19. Chatham		55. Lincoln	1	91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	1	59. McDowell	1,280	95. Watauga	
24. Columbus		60. Mecklenburg		96. Wayne	
25. Craven		61. Mitchell	21	97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	4
29. Davidson		65. New Hanover		NC Total	1,406
30. Davie		66. Northampton		101. Georgia	1
31. Duplin		67. Onslow		102. South Carolina	1
32. Durham		68. Orange		103. Tennessee	1
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	6
35. Franklin		71. Pender		106. Other	
36. Gaston	2	72. Perquimans		**Total No. of Patients**	1,415

Are mobile MRI services currently provided at your hospital? **Yes** _____ **No** X

All responses should pertain to **October 1, 2013 through September 30, 2014.**

Patient Origin – Linear Accelerator Treatment

N/A

Facility County: McDowell

In an effort to document patterns of utilization of linear accelerators in North Carolina, hospitals are asked to provide the county of residence for patients served on linear accelerators in your facility. Report the number of patients who receive radiation oncology treatment on equipment (linear accelerators, CyberKnife®, but not Gamma Knife®) listed in Section 11 of this application. Patients shall be counted once if they receive one course of treatment and more if they receive additional courses of treatment. For example, one patient who receives one course of treatment counts as one, and one patient who receives three courses of treatment counts as three. **The number of patients reported here should match the number of patients reported in Section 11.a. on page 21 of this application.**

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg		96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		**Total No. of Patients**	

All responses should pertain to **October 1, 2013 through September 30, 2014.**

Patient Origin – PET Scanner

N/A

Facility County: McDowell

In an effort to document patterns of utilization of PET Scanners in North Carolina, hospitals are asked to provide county of residence for each patient served in your facility. This data should only reflect the number of patients, not number of scans and should not include other radiopharmaceutical or supply charge codes. **Please count each patient only once. The number of patients in this table should match the number of PET procedures reported in Table 10d on page 19.**

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg		96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		**Total No. of Patients**	

Patient Origin – Emergency Department Services

Facility County: McDowell

In an effort to document the patterns of utilization of Emergency Department Services in North Carolina hospitals, please provide the county of residence for all patients served by your Emergency Department. The total number of patients from this chart must match the number of Emergency Department visits provided in Section F.(3)(b) : Emergency Department Services, Page 8.

County	No. of Visits	County	No. of Visits	County	No. of Visits
1. Alamance	2	37. Gates		73. Person	
2. Alexander	4	38. Graham	1	74. Pitt	1
3. Alleghany		39. Granville	1	75. Polk	8
4. Anson		40. Greene		76. Randolph	2
5. Ashe	2	41. Guilford	7	77. Richmond	
6. Avery	47	42. Halifax		78. Robeson	1
7. Beaufort		43. Harnett	3	79. Rockingham	3
8. Bertie		44. Haywood	19	80. Rowan	
9. Bladen		45. Henderson	40	81. Rutherford	410
10. Brunswick	1	46. Hertford		82. Sampson	
11. Buncombe	437	47. Hoke		83. Scotland	1
12. Burke	707	48. Hyde		84. Stanly	2
13. Cabarrus	1	49. Iredell	7	85. Stokes	2
14. Caldwell	21	50. Jackson	1	86. Surry	1
15. Camden		51. Johnston	6	87. Swain	5
16. Carteret		52. Jones		88. Transylvania	30
17. Caswell		53. Lee	1	89. Tyrrell	
18. Catawba	40	54. Lenoir	2	90. Union	3
19. Chatham	1	55. Lincoln	14	91. Vance	1
20. Cherokee	1	56. Macon	1	92. Wake	11
21. Chowan		57. Madison	5	93. Warren	
22. Clay		58. Martin		94. Washington	1
23. Cleveland	50	59. McDowell	17,781	95. Watauga	8
24. Columbus	1	60. Mecklenburg	28	96. Wayne	
25. Craven	3	61. Mitchell	236	97. Wilkes	
26. Cumberland	2	62. Montgomery		98. Wilson	1
27. Currituck		63. Moore	4	99. Yadkin	1
28. Dare	1	64. Nash		100. Yancey	106
29. Davidson		65. New Hanover	3	NC Total	20,101
30. Davie	1	66. Northampton		101. Georgia	21
31. Duplin		67. Onslow	2	102. South Carolina	61
32. Durham	1	68. Orange	1	103. Tennessee	26
33. Edgecombe	1	69. Pamlico		104. Virginia	18
34. Forsyth	9	70. Pasquotank	1	105. Other States	175
35. Franklin	2	71. Pender		106. Other	7
36. Gaston	4	72. Perquimans		**Total No. of Patients**	20,409

All responses should pertain to **October 1, 2013 through September 30, 2014.**

This application must be completed and submitted with ONE COPY to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation prior to the issuance of a 2015 hospital license.

AUTHENTICATING SIGNATURE: The undersigned submits application for the year 2015 in accordance with Article 5, Chapter 131E of the General Statutes of North Carolina, and subject to the rules and codes adopted thereunder by the North Carolina Medical Care Commission (10A NCAC 13B), and certifies the accuracy of this information.

Signature: Bob Bednarek **Date:** 1/12/2015

PRINT NAME OF APPROVING OFFICIAL Bob Bednarek, Interim President

Please be advised, the license fee must accompany the completed application and be submitted to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation, prior to the issuance of a hospital license.

From: Denise Gunter
To: Stancil, Tiffany C; Mckillip, Mike
Subject: [External] Replacement Exemption Request for FirstHealth Montgomery Memorial Hospital
Date: Tuesday, September 23, 2025 3:24:10 PM
Attachments: FirstHealth Montgomery Replacement Hospital.pdf
First Floor.pdf
2nd Floor.pdf
Exhibit B.pdf
Exhibit C Nash General.pdf
Exhibit D WakeMed Replacement.pdf
Exhibit E McDowell.pdf

CAUTION: External email. Do not click links or open attachments unless verified. Report suspicious emails with the Report Message button located on your Outlook menu bar on the Home tab.

Good afternoon,

I hope the move to the new office is going well.

Attached for processing is an exemption letter for FirstHealth Montgomery Memorial Hospital in Troy, NC, proposing a replacement hospital.

Could you please confirm you have received this?

Thanks.

DENISE M. GUNTER PARTNER
denise.gunter@nelsonmullins.com
She/Her/Hers
THE KNOLLWOOD | SUITE 530
380 KNOLLWOOD STREET | WINSTON-SALEM, NC 27103
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NELSONMULLINS.COM VCARD VIEW BIO

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