Table 5B: Acute Care Bed Need Determination*

(GRM based on 2015-2019 Acute Bed Days of Care)

Service Area	Acute Care Bed Need Determination	Certificate of Need Application Deadline**	Certificate of Need Beginning Review Date
Anson	3	To be determined	To be determined
Buncombe/Graham/Madison/Yancey	31	To be determined	To be determined
Cabarrus	28	To be determined	To be determined
Durham/Caswell/Warren	42	To be determined	To be determined
Forsyth	23	To be determined	To be determined
Hoke	43	To be determined	To be determined
Mecklenburg	94	To be determined	To be determined
Orange	24	To be determined	To be determined
Union	32	To be determined	To be determined
Wake	19	To be determined	To be determined
It is determined that there is no need anywhere else in the state and no other reviews are scheduled.			

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

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