

STATE HEALTH COORDINATING COUNCIL

2026

PROPOSED  
STATE  
MEDICAL  
FACILITIES  
PLAN



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

# NORTH CAROLINA PROPOSED 2026 STATE MEDICAL FACILITIES PLAN

**Effective July 1, 2025**

*Prepared by the*

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

*Under the direction of the*

North Carolina State Health Coordinating Council

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Raleigh, North Carolina 27699-2704

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

(919) 855 - 3865

**NOTE:** Data used in the North Carolina Proposed 2026 State Medical Facilities Plan was last updated on June 6, 2025.

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

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# TABLE OF CONTENTS

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## Background

Chapter 1	Overview of the North Carolina State Medical Facilities Plan	1
Chapter 2	State Medical Facilities Plan: Process and Adjustments	7
Chapter 3	Certificate of Need Review Categories and Schedule	14
Chapter 4	Statement of Policies	18
	Acute Care Facilities and Services	18
	Acute Care Hospitals	18
	End-Stage Renal Disease Dialysis Services	20
	Long-Term Care Facilities and Services	22
	Nursing Home Facilities	22
	Adult Care Homes	23
	Developmental Disabilities Facilities	25
	Intermediate Care Facilities for Individuals with Intellectual Disabilities	25
	Technology and Equipment	25
	All Health Services	28

## Acute Care Facilities and Services

Chapter 5	Acute Care Hospital Beds	31
Chapter 6	Operating Rooms	47
Chapter 7	Other Acute Care Services	86
	A. Burn Intensive Care Services	86
	B. Open Heart Surgery Services	89
	C. Transplantation Services	92
Chapter 8	Inpatient Rehabilitation Services	97
Chapter 9	End Stage Renal Disease Dialysis Facilities	102

## Long-Term Care Facilities and Services

Chapter 10	Nursing Home Facilities	130
Chapter 11	Adult Care Homes	169
Chapter 12	Home Health Services	210
Chapter 13	Hospice Services	247
Chapter 14	Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)	274

## Technology and Equipment

Chapter 15	Technology and Equipment	288
	A. Cardiac Catheterization Equipment	289
	B. Gamma Knives	297
	C. Linear Accelerators	298

D. Lithotripters	312
E. Magnetic Resonance Imaging Scanners	320
F. Positron Emission Tomography Scanners	352

## **Appendices**

Appendix A: North Carolina Health Service Areas	360
Appendix B: List of Contiguous Counties	361
Appendix C: Executive Orders 46 and 331	365
Appendix D: North Carolina Certificate of Need Statutes	371
Appendix E: Certificate of Need Regulations	396
Appendix F: Academic Medical Center Teaching Hospitals	413
Appendix G: Critical Access Hospitals	414

# Chapter 1:

Overview of the North Carolina State Medical Facilities Plan

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# CHAPTER 1

## OVERVIEW OF THE NORTH CAROLINA STATE MEDICAL FACILITIES PLAN

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### **Purpose**

The North Carolina Proposed 2026 State Medical Facilities Plan (SMFP) was developed by the North Carolina Department of Health and Human Services, Division of Health Service Regulation (DHSR), under the direction of the North Carolina State Health Coordinating Council (SHCC), pursuant to G.S.<sup>1</sup> §131E-177. The major objective of the SMFP is to provide individuals, institutions, state and local government agencies, and community leadership with policies and projections of need to guide local planning for specific health care facilities and services. The SMFP provides projections of need for the following facilities and services:

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

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

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

<sup>1</sup> General Statutes (North Carolina General Statutes).

## **Basic Principles Governing the Development of the SMFP**

### **1. Safety and Quality Basic Principle**

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

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

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

### **2. Access Basic Principle**

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

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

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

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

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

### **3. Value Basic Principle**

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

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

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

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

**NOTE**

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

## North Carolina State Health Coordinating Council Members

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

## **Committees and Staff Members**

### **Acute Care Services Committee**

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

John E. Young (Chair); Mary Braithwaite; William Brian Floyd; Charul G. Haugan (Vice Chair); Denise Mihal; Sachin B. Patel; Jessie L. Tucker, III

*Staffed by: Lauren Barton and Elizabeth Brown*

### **Long-Term and Behavioral Health Committee**

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

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

*Staffed by: Elizabeth Brown, Amy Craddock and Andrea Emanuel*

### **Technology and Equipment Committee**

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

Satish Mathan (Chair); Kelli A. Collins (Vice Chair); Commissioner Franklin Gomez Flores; Pamela A. Oliver; Toni Stewart; Mark Werner

*Staffed by: Amy Craddock*

### **Healthcare Planning Staff**

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Elizabeth Brown, Planner

Nirali Patel, Database Manager

### **Division of Health Service Regulation**

Mark Payne, Director

# Chapter 2:

State Medical Facilities Plan: Process and Adjustments

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## CHAPTER 2

# STATE MEDICAL FACILITIES PLAN: PROCESS AND ADJUSTMENTS

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### **Overview of the State Health Planning Process**

Development of the North Carolina State Medical Facilities Plan (SMFP) is a continuous process. It includes meetings of the State Health Coordinating Council (SHCC) and its committees, public hearings and other opportunities for public comment, two opportunities for people to file petitions, data compilation and analysis, preparation of a Proposed SMFP, and preparation of a final SMFP to present to the Governor for review and approval. In the current calendar year, the Department of Health and Human Services, Division of Health Service Regulation (Agency) and the SHCC work on the SMFP for the next calendar year. For example, work on the 2027 SMFP begins in January of 2026, and will include need determinations that may be applied for during calendar year 2027 consistent with the assigned review period for each need determination. With the Governor's approval, the SMFP becomes the official document for health facility and health service planning in North Carolina for the specified calendar year.

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

### **First Quarter**

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

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

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

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

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

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

### **Second Quarter**

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

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

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

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

### **Third Quarter**

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

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

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

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

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

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

#### **Fourth Quarter**

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

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

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

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

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

### **Instructions for Writing and Submitting Spring and Summer Petitions**

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

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

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

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

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

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

**E-Mail:** [DHRS.SMFP.Petitions-Comments@dhhs.nc.gov](mailto:DHRS.SMFP.Petitions-Comments@dhhs.nc.gov)

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

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

809 Ruggles Drive  
Raleigh, North Carolina 27603

### **Workgroups and Interested Parties**

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

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

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

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

**Contact Information**

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

**Scheduled State Health Coordinating Council Meetings and Committee Meetings**

Unless otherwise announced, meetings are scheduled from 10:00 a.m. until noon. Once the location of the meetings is determined, they will be published on the meeting information webpage (see below). Also, any additional changes to Council, committee, workgroup, and Interested Parties meeting dates, times, and locations will be posted on the meeting information webpage at:

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

**North Carolina State Health Coordinating Council Meetings for 2026**  
**(meets on Wednesdays)**

February 25

June 3

September 30

The Council will conduct a public hearing on statewide issues related to development of the Proposed 2027 SMFP immediately following the business meeting on February 25.

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

## **2026 Spring Public Hearing Date and Deadlines for Spring Petitions and Comments**

February 25	The Council will conduct a public hearing on statewide issues related to the development of the Proposed 2027 SMFP immediately following the business meeting. Electronic media may not be used in presentations at the public hearing.
February 25 5:00 p.m.	Deadline for receipt by Healthcare Planning of petitions on statewide issues.
March 11 5:00 p.m.	Deadline for receipt by Healthcare Planning of all written comments regarding petitions submitted by the February 25 deadline and all other comments related to development of the North Carolina Proposed 2027 SMFP.

## **Committee Meetings for 2026**

### **Acute Care Services Committee (meets on Tuesdays)**

April 7

May 12

September 8

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

April 9

May 14

September 10

### **Technology and Equipment Committee (meets on Wednesdays)**

April 1

May 6

September 2

## **2026 Schedule of Summer Public Hearings on the NC Proposed 2027 SMFP**

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

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

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

Tuesday, July 7  
Thursday, July 9  
Monday, July 13  
Wednesday, July 15  
Tuesday, July 21  
Wednesday, July 22

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

### **2026 Deadlines for Summer Petitions and Comments**

July 22 5:00 p.m.	Deadline for receipt by Healthcare Planning of petitions for adjustments to need determinations and comments regarding other issues related to the Proposed 2027 SMFP.
August 5 5:00 p.m.	Deadline for receipt by Healthcare Planning of any written comments on petitions submitted by the July 22 deadline and all comments regarding other issues related to the Proposed 2027 SMFP.

# Chapter 3:

Certificate of Need Review Categories and Schedule

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## CHAPTER 3

### CERTIFICATE OF NEED

### REVIEW CATEGORIES AND SCHEDULE

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A certificate of need (CON) is required prior to the development of a new institutional health service. Pursuant to 10A NCAC<sup>1</sup> 14C .0203, Certificate of Need shall determine the appropriate review category or categories in which an application shall be submitted. For proposals which fall into more than one category, an applicant must contact Certificate of Need prior to submittal of the application for a determination regarding the appropriate review category or categories and the applicable review period or periods in which the proposal must be submitted.

The categories are as follows:

#### **Category A: Acute Care Services**

- new acute care hospitals;
- new or additional campus of an existing acute care hospital;
- new or additional acute care beds;
- relocation of existing or approved acute care beds within the same service area;
- relocation of existing acute care hospital within the same service area;
- new or additional intensive care services, including but not limited to burn and neonatal;
- new or expanded satellite emergency department;
- offering inpatient dialysis services;
- new transplantation services;
- new open heart surgery services;
- new long-term care hospitals or beds, including conversion of acute care beds to long-term care hospital beds;
- reconversions to acute care pursuant to Policy AC-4; and
- Policy AC-3 projects.

#### **Category B: Nursing and Adult Care Services**

##### Category B.1

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

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

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

<sup>1</sup> North Carolina Administrative Code

### **Category C: Intellectual Disability Services**

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

### **Category D: Dialysis Services**

#### Category D.1 (County or Facility Need)

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

#### Category D.2 (Relocation to a Contiguous County)

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

#### Category D.3 (All Other Proposals)

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

### **Category E: Surgical Services**

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

### **Category F: Home Health and Hospice Services**

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

### **Category G: Inpatient Rehabilitation Services**

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

## **Category H: Medical Equipment**

- cardiac catheterization equipment or new cardiac catheterization services;
- heart-lung bypass machines;
- gamma knives;
- lithotripters;
- magnetic resonance imaging scanners;
- positron emission tomography scanners;
- linear accelerators;
- simulators;
- major medical equipment as defined in G.S. § 131E-176(14o);
- diagnostic centers as defined in G.S. § 131E-176(7a);
- replacement equipment that does not result in an increase in the inventory of the equipment;
- conversion of an existing or approved fixed PET scanner to mobile pursuant to Policy TE-1 (July 1<sup>st</sup> Review Cycle only);
- intraoperative magnetic resonance imaging scanners acquired pursuant to Policy TE-2;
- fixed magnetic resonance imaging scanners acquired pursuant to Policy TE-3 or Policy TE-4;
- fixed or shared cardiac catheterization equipment acquired pursuant to Policy TE-5; and
- heart-lung bypass machines acquired pursuant to Policy AC-6.

## **Category I: Gastrointestinal Endoscopy Services**

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

## **Category J: Miscellaneous**

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

## **Review Dates**

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

In order to give Certificate of Need staff sufficient time to provide public notice of review and public notice of public hearings as required by G.S. § 131E-185, pursuant to 10A NCAC 14C.0202(2), the deadline for filing CON applications is **5:00 p.m.** on the 15<sup>th</sup> day of the month preceding the “CON Beginning Review Date.” In instances when the 15<sup>th</sup> day of the month falls on a weekend or holiday, the application deadline is **5:00 p.m.** on the next business day. **The application deadline is absolute and applications received after the deadline shall not be reviewed in that review period.** Applicants are strongly encouraged to complete all materials at least one day prior to the application deadline and to submit material early on the application deadline.

**Table 3A: 2026 CON Application Review Schedule**

<b>CON Beginning Review Date</b>	<b>Category (All HSAs)</b>									
February 1, 2026			C	D.3						
March 1, 2026	A	B.1			E	F	G	H	I	J
April 1, 2026			C	D.1						
May 1, 2026	A	B.2			E	F	G	H		J
June 1, 2026			C	D.2					I	
July 1, 2026	A				E	F	G	H		J
August 1, 2026		B.1	C	D.1						
September 1, 2026	A		C		E			H	I	J
October 1, 2026				D.3			G	H		
November 1, 2026	A	B.1			E	F		H		J
December 1, 2026				D.1					I	

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

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

**Phone: (919) 855-3873**

# Chapter 4:

## Statement of Policies:

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

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## CHAPTER 4

### STATEMENT OF POLICIES

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#### **Summary of Policy Changes for 2026**

The SHCC approved one new policy for the North Carolina Proposed 2026 State Medical Facilities Plan (SMFP). Policy TE-5 (*Cardiac Catheterization Equipment for Emergency Coverage*) provides a mechanism for hospitals to obtain a second unit of cardiac catheterization equipment.

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### **POLICIES APPLICABLE TO ACUTE CARE FACILITIES AND SERVICES**

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#### **Acute Care Hospitals (AC)**

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

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

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

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

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

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

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

1. necessary to complement a specified and approved expansion of the number or types of students, residents or faculty that are specifically required for an expansion of students or residents, as certified by the head of the relevant associated professional school; the applicant shall provide

documentation that the project is consistent with any relevant standards, recommendations or guidance from specialty education accrediting bodies; or

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

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

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

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

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

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

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

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

**Policy AC-4: Reconversion to Acute Care**

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

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

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

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

**End-Stage Renal Disease Dialysis Facilities (ESRD)**

**Policy ESRD-2: Relocation of Dialysis Stations**

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

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

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

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

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

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

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

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

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

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## **POLICIES APPLICABLE TO LONG-TERM CARE FACILITIES AND SERVICES**

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### **Nursing Home Facilities (NH)**

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

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

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

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

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

Beds in state psychiatric hospitals that are certified as nursing home facility beds may be relocated to licensed nursing home facilities. However, before nursing home facility beds are transferred out of the state

psychiatric hospitals, services shall be available in the community. State psychiatric hospital nursing home facility beds that are relocated to licensed nursing home facilities shall be closed within 90 days following the date the transferred beds become operational in the community.

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

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

#### **Policy NH-6: Relocation of Nursing Home Facility Beds**

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

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

#### **Policy NH-8: Innovations in Nursing Home Facility Design**

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

### **Adult Care Homes (LTC)**

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

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

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

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

**Policy LTC-2: Relocation of Adult Care Home Beds**

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

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

**Policy LTC-3: Certification of Beds for Special Assistance**

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

## **Developmental Disabilities Facilities (MH)**

### **Policy MH-1: Linkages between Treatment Settings**

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

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

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

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

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

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

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

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

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## **POLICIES APPLICABLE TO TECHNOLOGY AND EQUIPMENT (TE)**

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

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

1. shall continue to operate as a mobile PET scanner at the facility, including satellite campuses, where the fixed PET scanner is located or was approved to be located;

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

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

**Policy TE-2: Intraoperative Magnetic Resonance Imaging Scanners**

The applicant proposing to acquire an intraoperative Magnetic Resonance Imaging Scanner (iMRI) to be used in an operating room suite shall demonstrate in its certificate of need application that it is a licensed acute care hospital which is located in a metropolitan statistical area as defined by the US Census Bureau with at least 350,000 residents.

The iMRI scanner shall not be used for outpatients unless the patient has a simultaneous surgical procedure, interventional procedure or treatment. The iMRI may not be replaced with a conventional MRI scanner.

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

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

These scanners shall not be counted in the inventory of fixed MRI scanners; the procedures performed on the iMRI will not be used in calculating the need methodology and will be reported in a separate table in Chapter 15.

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

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

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

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

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

The proposed fixed MRI scanner:

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

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

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

**Policy TE-4: Plan Exemption for Dual-Functioning Fixed PET Scanners in Mid-Size-Cancer Centers**

The applicant proposing to acquire a fixed Positron Emission Therapy (PET) scanner shall demonstrate in its certificate of need (CON) application that:

1. it is a licensed North Carolina acute care hospital or hospital campus that has the following characteristics:
  - a. has licensed acute care beds;
  - b. provides emergency care coverage 24 hours a day, seven days a week;
  - c. offers external beam radiation therapy on a linear accelerator on the date of the CON application;
  - d. has Certificate of Need approval for at least two linear accelerators;
  - e. does not own or have a Certificate of Need to own a fixed PET scanner.
2. the proposed fixed dual-functioning PET scanner equipment will have capacity to function as both a linear accelerator simulator and a PET scanner;
3. the proposed dual-functioning PET scanner will provide both linear accelerator simulator and PET scan functions in a cancer center that performed an average of 3,126 to 6,249 ESTV procedures on a LINAC during the most recent data year; and
4. the proposed dual-functioning PET scanner will perform at least 1,040 PET procedures during the third full operating year.
5. The proposed dual-functioning PET scanner will be located:
  - a. on the main campus of the hospital as defined in G.S. § 131E-176(14n); or
  - b. on an acute care hospital campus that operates under the main hospital's license.

The performance standards in 10A NCAC 14C .3703 are not applicable.

**Policy TE-5: Cardiac Catheterization Equipment for Emergency Coverage**

To protect cardiac patients who may require emergency diagnostic or interventional cardiac catheterization while scheduled cardiac catheterization procedures are underway, any hospital with a Level I or Level II ST-Elevation Myocardial Infarction (STEMI) program, as jointly accredited by the American Heart Association and The Joint Commission, that has been approved to develop or operates only one unit of fixed or shared fixed cardiac catheterization equipment, may submit a certificate of need application for a second unit of equipment without regard to a need determination in the State Medical Facilities Plan. Hospitals with at least one cardiac-related program that includes treatment of myocardial infarction and is accredited by a national or international organization other than the American Heart Association or The Joint Commission may also submit a certificate of need application under this policy.

The additional unit of fixed or shared fixed cardiac catheterization equipment shall be used to assure appropriate coverage for emergencies and in no instance shall this equipment be scheduled for contemporaneous use as the existing equipment used for scheduled diagnostic or interventional cardiac catheterization procedures. A certificate of need application submitted for the approval of a unit of fixed or shared fixed cardiac catheterization equipment in accordance with this policy shall be exempt from compliance with the performance standards set forth in 10A NCAC 14C .1603.

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## **POLICIES APPLICABLE TO ALL HEALTH SERVICES (GEN)**

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Policy GEN-1 applies to all health services except end-stage renal disease dialysis services. Policies GEN-4, and GEN-5 apply to all health services.

### **Policy GEN-1: Reallocations**

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

1. Need determinations in this Plan, except for need determinations for dialysis stations, may be reallocated in the following year if either 1.a or 1.b is true:
  - a. The review period for the need determination was scheduled to begin on October 1, November 1, or December 1 of the current year, and
    - i. no applications were received for the need determination, or
    - ii. applications were received but not all the beds, operating rooms, services or equipment that were available were applied for.
  - b. Resolution of litigation between August 16 and December 15 of the current year would have resulted in a need determination if the litigation had been resolved on or before August 15. Resolution of litigation means that all contested case petitions have been withdrawn with prejudice and all certificates of need, if any, have been issued.
2. The need determination may be reallocated in the following year if Healthcare Planning determines that a need still exists:
  - a. based on the inventory in the Proposed Plan in effect at the time of the reallocation, and
  - b. application of the need methodology in the Proposed Plan in effect at the time of reallocation results in a need determination.
3. Any reallocated need determination shall be limited to the number of beds, operating rooms, services or equipment needed based on application of the need methodology in the Proposed Plan.
4. CON will schedule the review for a reallocated need determination no sooner than the second review period in the year after the policy is applied for the review category as determined by Certificate of Need (CON).

5. CON will notify people on the CON Interested Parties List and the State Medical Facilities Plan-Interested Parties List of the reallocated need determination no less than 60 days prior to the application deadline.

Illustrative Examples:

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

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

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

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

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

**Policy GEN-5: Access to Culturally Competent Healthcare**

A certificate of need (CON) applicant applying to offer or develop a new institutional health service for which there is a need determination in the North Carolina State Medical Facilities Plan shall demonstrate how the project will provide culturally competent healthcare that integrates principles to increase health equity and reduce health disparities in underserved communities. The delivery of culturally competent healthcare requires the implementation of systems and training to provide responsive, personalized care to individuals with diverse backgrounds, values, beliefs, customs, and languages. A certificate of need applicant shall identify the underserved populations and communities it will serve, including any disparities or unmet needs of either, document its strategies

to provide culturally competent programs and services, and articulate how these strategies will reduce existing disparities as well as increase health equity.

CON applications will include the following:

*The applicant shall, in its CON application, address each of the items enumerated below:*

**Item 1:** *Describe the demographics of the relevant service area with a specific focus on the medically underserved communities within that service area. These communities shall be described in terms including, but not limited to: age, gender, racial composition; ethnicity; languages spoken; disability; education; household income; geographic location and payor type.*

**Item 2:** *Describe strategies it will implement to provide culturally competent services to members of the medically underserved community described in Item 1.*

**Item 3:** *Document how the strategies described in Item 2 reflect cultural competence.*

**Item 4:** *Provide support (e.g., best-practice methodologies, evidence-based studies with similar communities) that the strategies described in Items 2 – 3 are reasonable pathways for reducing health disparities, increasing health equity and improving the health outcomes to the medically underserved communities within the relevant service area.*

**Item 5:** *Describe how the applicant will measure and periodically assess increased equitable access to healthcare services and reduction in health disparities in underserved communities.*

In approving an application, Certificate of Need shall impose a condition requiring the applicant to implement the described strategies in a manner that is consistent with the applicant's representations in its CON application.

# Chapter 5:

## Acute Care Hospital Beds

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## CHAPTER 5

### ACUTE CARE HOSPITAL BEDS

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#### Introduction

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

There are 108 licensed acute care hospitals in the state. The occupancy rate for acute care beds is 66.4%. Table 5A shows that certificates of need (CONs) have been issued to develop a total of 2,473 new beds.

#### Definitions

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

The *reporting year* is October 1 through September 30. The current reporting year is October 1, 2023 through September 30, 2024.

The methodology calculates bed need for a *projection year*, which is four years beyond the current reporting year. The current projection year is 2028.

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

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

#### Changes from the Previous Plan

The State Health Coordinating Council (SHCC) approved clarifying language in the fourth assumption of the acute care bed methodology. The clarification specifies that only patient origin data from Hospital License Renewal Applications (LRAs) should be used to update acute care bed service areas, rather than data on days of care (DOC) by county of residence and county of service. This change aligns with the approach outlined in the Delineation of Service Areas.

#### Basic Principles

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

Even so, it is not the policy of the state to guarantee the survival and continued operation of all the state’s hospitals, or even any one of them. In a dynamic, fast-changing environment, which is

moving away from inpatient hospital services, the survival and future activities of hospitals will be a function of many factors beyond the realm of state policy.

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

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

### **Data Sources**

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

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

### **Assumptions of the Methodology**

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

### **Delineation of Service Areas**

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

If an entity has a CON to develop an acute care hospital in a county without an acute care hospital, the planning inventory in Table 5A will include these beds upon licensure. Before licensure, the beds remain under development in the multicounty service area. Upon licensure of the beds, the county where they are licensed becomes a single county service area.

### **Application of the Methodology (Table 5A)**

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

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

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

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

- a. Determine the total number of DOC (exclusive of DOC provided as Level II, III and IV NICU services)<sup>1</sup> during each of the last five reporting years.
- b. Calculate the difference in the number of DOC provided from year to year.
- c. For each of the last four reporting years, determine the percentage change from the previous reporting year by dividing the calculated difference in DOC by the total number of DOC provided during the previous reporting year ( $\{\text{current reporting year} - \text{previous reporting year}\} / \text{previous reporting year}$ ).

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

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

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

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<sup>1</sup> The days of care provided in Level II, III and IV NICU beds are excluded from the total acute days of care because these beds are excluded from the acute bed inventory.

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

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

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

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

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

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

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

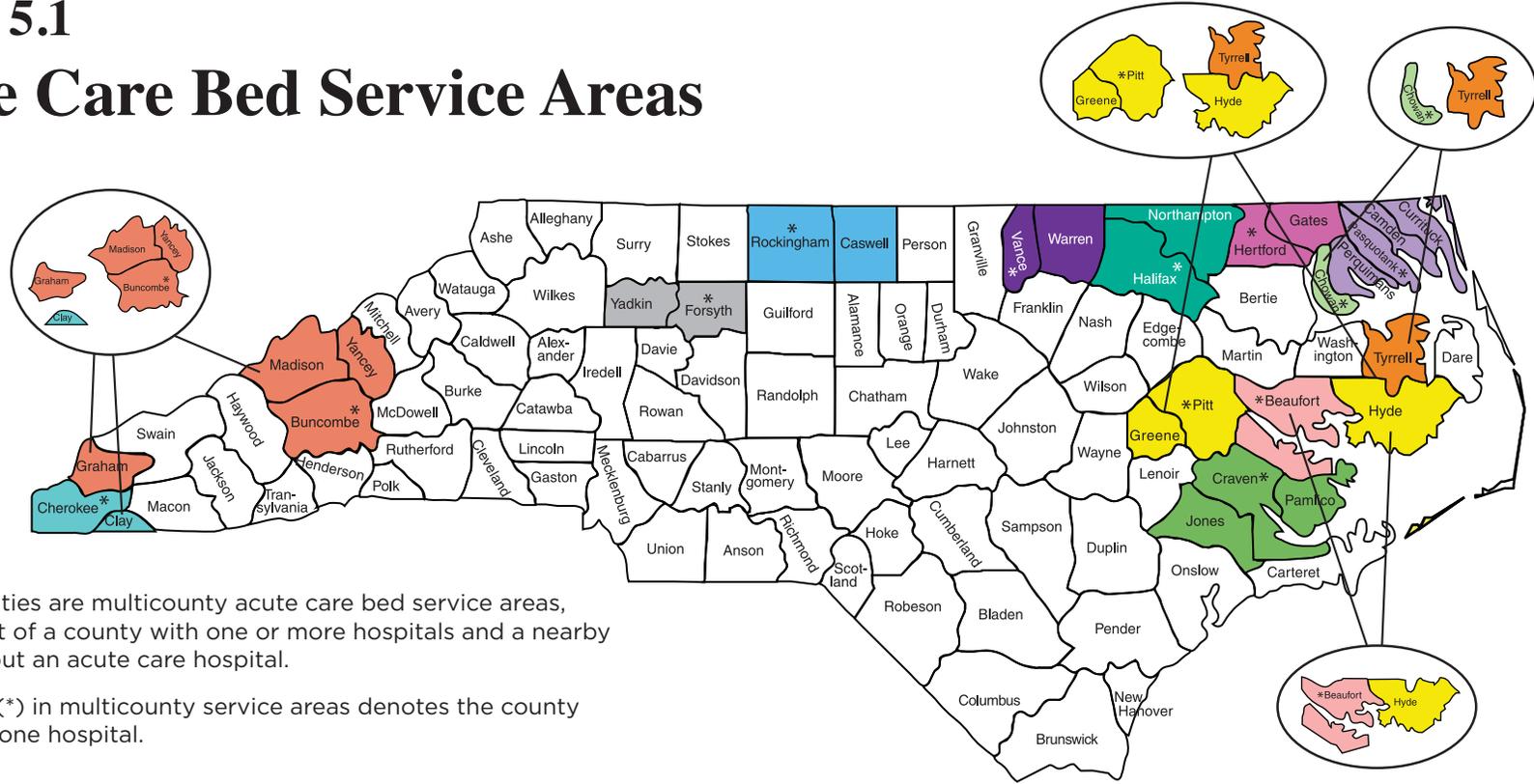
**Applying for Acute Care Beds**

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

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

- MDC 1: Diseases and disorders of the nervous system
- MDC 2: Diseases and disorders of the eye
- MDC 3: Diseases and disorders of the ear, nose, mouth and throat
- MDC 4: Diseases and disorders of the respiratory system
- MDC 5: Diseases and disorders of the circulatory system
- MDC 6: Diseases and disorders of the digestive system
- MDC 7: Diseases and disorders of the hepatobiliary system and pancreas
- MDC 8: Diseases and disorders of the musculoskeletal system and connective tissue
- MDC 9: Diseases and disorders of the skin, subcutaneous tissue and breast
- MDC 10: Endocrine, nutritional and metabolic diseases and disorders
- MDC 11: Diseases and disorders of the kidney and urinary tract
- MDC 12: Diseases and disorders of the male reproductive system
- MDC 13: Diseases and disorders of the female reproductive system
- MDC 14: Pregnancy, childbirth and the puerperium
- MDC 15: Newborns/other neonates with conditions originating in the perinatal period
- MDC 16: Diseases and disorders of the blood and blood-forming organs and immunological disorders
- MDC 17: Myeloproliferative diseases and disorders and poorly differentiated neoplasms
- MDC 18: Infectious and parasitic diseases
- MDC 19: Mental diseases and disorders
- MDC 20: Alcohol/drug use and alcohol/drug-induced organic mental disorders
- MDC 21: Injury, poisoning and toxic effects of drugs
- MDC 22: Burns
- MDC 23: Factors influencing health status and other contacts with health services
- MDC 24: Multiple significant trauma
- MDC 25: Human immunodeficiency virus infections

# Figure 5.1 Acute Care Bed Service Areas



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

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

Hospitals	Multicounty Service Area	Color Code
Annie Penn Hospital, UNC Rockingham Hospital	Rockingham, Caswell	[Blue]
Atrium Health Wake Forest Baptist, Novant Health Forsyth Medical Center, Novant Health Medical Park Hospital	Forsyth, Yadkin	[Grey]
CarolinaEast Medical Center	Craven, Jones, Pamlico	[Green]
ECU Health Beaufort Hospital (A campus of ECU Health Medical Center)	Beaufort, Hyde	[Pink] [Yellow]
ECU Health Chowan Hospital	Chowan, Tyrrell	[Light Green] [Orange]
ECU Health Medical Center	Pitt, Greene, Hyde, Tyrrell	[Yellow] [Orange]
ECU Health North Hospital	Halifax, Northampton	[Teal]
ECU Health Roanoke-Chowan Hospital	Hertford, Gates	[Purple]
Erlanger Murphy Medical Center	Cherokee, Clay	[Cyan]
Maria Parham Health	Vance, Warren	[Dark Purple]
Mission Hospital	Buncombe, Clay, Graham, Madison, Yancey	[Red] [Cyan]
Sentara Albemarle Medical Center	Pasquotank, Camden, Currituck, Perquimans	[Light Purple]

Table 5A: Acute Care Bed Need Projections

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	License Number	Facility Name	Licensed Acute Care Beds	Adjustments for CONS/ Previous Need	Inpatient Days of Care	Growth Rate Multiplier (GRM)	Projected Days of Care	2028 Projected Average Daily Census (ADC)	2028 Beds Adjusted for Target Occupancy	Projected 2028 Deficit or Surplus (surplus shows as a "-")	2028 Need Determination
Alamance		2025 Acute Care Bed Need Determination	0	46		1.0618	0	0	0	-46	
Alamance	H0272	Alamance Regional Medical Center	170	0	47,461	1.0618	60,328	165	231	61	
<b>Alamance Total</b>			<b>170</b>	<b>46</b>							<b>15</b>
Alexander	H0274	Alexander Hospital (closed)*	25	-25	0	0.0000	0	0	0	0	
<b>Alexander Total</b>			<b>25</b>	<b>-25</b>							<b>0</b>
Alleghany	H0108	Alleghany Memorial Hospital**	3	3	737	1.0489	892	2	4	-2	
<b>Alleghany Total</b>			<b>3</b>	<b>3</b>							<b>0</b>
Anson	H0082	Atrium Health Anson	15	0	1,901	1.2456	4,577	13	19	4	
<b>Anson Total</b>			<b>15</b>	<b>0</b>							<b>4</b>
Ashe	H0099	Ashe Memorial Hospital	76	0	2,757	-1.0995	2,757	8	11	-65	
<b>Ashe Total</b>			<b>76</b>	<b>0</b>							<b>0</b>
Avery	H0037	Charles A. Cannon, Jr. Memorial Hospital**/^^	13	0	1,329	1.0237	1,459	4	6	-7	
<b>Avery Total</b>			<b>13</b>	<b>0</b>							<b>0</b>
Beaufort	H0188	ECU Health Beaufort Hospital, A campus of ECU Health Medical Center	120	0	15,056	1.0324	17,104	47	70	-50	
<b>Beaufort/Hyde Total</b>			<b>120</b>	<b>0</b>							<b>0</b>
Bertie	H0268	ECU Health Bertie Hospital	6	0	1,373	1.0051	1,401	4	6	0	
<b>Bertie Total</b>			<b>6</b>	<b>0</b>							<b>0</b>
Bladen	H0154	Cape Fear Valley-Bladen County Hospital	48	0	2,354	-1.0466	2,354	6	10	-38	
<b>Bladen Total</b>			<b>48</b>	<b>0</b>							<b>0</b>
Brunswick	H0150	J. Arthur Doshier Memorial Hospital	25	0	1,577	1.0488	1,908	5	8	-17	
Brunswick	H0250	Novant Health Brunswick Medical Center	74	0	18,452	1.0488	22,323	61	92	18	
<b>Brunswick Total</b>			<b>99</b>	<b>0</b>							<b>18</b>
Buncombe		2022 Acute Care Bed Need Determination	0	67		1.0497	0	0	0	-67	
Buncombe		2024 Acute Care Bed Need Determination	0	26		1.0497	0	0	0	-26	
Buncombe		2025 Acute Care Bed Need Determination	0	129		1.0497	0	0	0	-129	
Buncombe	H0036	Mission Hospital	682	0	234,092	1.0497	284,231	778	996	314	
<b>Buncombe/Graham/Madison/Yancey/Clay Total</b>			<b>682</b>	<b>222</b>							<b>92</b>
Burke	H0062	UNC Health Blue Ridge	289	0	28,569	1.0957	41,171	113	158	-131	
<b>Burke Total</b>			<b>289</b>	<b>0</b>							<b>0</b>
Cabarrus		2025 Acute Care Bed Need Determination	0	126		1.0919	0	0	0	-126	
Cabarrus	H0031	Atrium Health Cabarrus	427	118	152,579	1.0919	216,893	594	760	215	
<b>Cabarrus Total</b>			<b>427</b>	<b>244</b>							<b>89</b>

Table 5A: Acute Care Bed Need Projections

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	License Number	Facility Name	Licensed Acute Care Beds	Adjustments for CONS/ Previous Need	Inpatient Days of Care	Growth Rate Multiplier (GRM)	Projected Days of Care	2028 Projected Average Daily Census (ADC)	2028 Beds Adjusted for Target Occupancy	Projected 2028 Deficit or Surplus (surplus shows as a "-")	2028 Need Determination
Caldwell	H0061	Caldwell UNC Health Care	110	0	19,999	1.0209	21,726	59	89	-21	
<b>Caldwell Total</b>			<b>110</b>	<b>0</b>							<b>0</b>
Carteret	H0222	Carteret General Hospital**	132	0	23,679	1.0204	25,670	70	105	-27	
<b>Carteret Total</b>			<b>132</b>	<b>0</b>							<b>0</b>
Catawba	H0223	Catawba Valley Medical Center**	180	0	33,610	1.0375	38,944	107	149	-31	
Catawba	H0053	Frye Regional Medical Center	203	0	41,196	1.0375	47,733	131	183	-20	
<b>Catawba Total</b>			<b>383</b>	<b>0</b>							<b>0</b>
Chatham	H0007	Chatham Hospital**	25	0	3,073	1.1065	4,606	13	19	-6	
<b>Chatham Total</b>			<b>25</b>	<b>0</b>							<b>0</b>
Cherokee	H0239	Erlanger Murphy Medical Center	57	0	3,129	-1.1068	3,129	9	13	-44	
<b>Cherokee/Clay Total</b>			<b>57</b>	<b>0</b>							<b>0</b>
Chowan	H0063	ECU Health Chowan Hospital	47	0	6,215	1.0589	7,812	21	32	-15	
<b>Chowan/Tyrrell Total</b>			<b>47</b>	<b>0</b>							<b>0</b>
Cleveland	H0024	Atrium Health Cleveland**	280	0	65,396	1.1184	102,323	280	373	93	
<b>Cleveland Total</b>			<b>280</b>	<b>0</b>							<b>93</b>
Columbus	H0045	Columbus Regional Healthcare System	154	0	16,078	1.0481	19,403	53	80	-74	
<b>Columbus Total</b>			<b>154</b>	<b>0</b>							<b>0</b>
Craven	H0201	CarolinaEast Medical Center	307	0	60,949	1.0038	61,871	169	237	-70	
<b>Craven/Jones/Pamlico Total</b>			<b>307</b>	<b>0</b>							<b>0</b>
Cumberland	H0213	Cape Fear Valley Medical Center	592	0	162,109	1.0094	168,320	461	590	-2	
<b>Cumberland Total</b>			<b>592</b>	<b>0</b>							<b>0</b>
Dare	H0273	The Outer Banks Hospital	20	0	3,612	1.0825	4,960	14	20	0	
<b>Dare Total</b>			<b>20</b>	<b>0</b>							<b>0</b>
Davidson	H0027	Lexington Medical Center**	94	0	15,477	1.0409	18,168	50	75	-19	
Davidson	H0112	Novant Health Thomasville Medical Center	101	0	12,904	1.0409	15,148	41	62	-39	
<b>Davidson Total</b>			<b>195</b>	<b>0</b>							<b>0</b>
Davie	H0171	Davie Medical Center**	50	0	7,434	1.1630	13,599	37	56	6	
<b>Davie Total</b>			<b>50</b>	<b>0</b>							<b>6</b>
Duplin	H0166	ECU Health Duplin Hospital	56	0	9,769	-1.0146	9,769	27	40	-16	
<b>Duplin Total</b>			<b>56</b>	<b>0</b>							<b>0</b>
Durham		2021 Acute Care Bed Need Determination	0	40		1.0379	0	0	0	-40	
Durham		2025 Acute Care Bed Need Determination	0	82		1.0379	0	0	0	-82	
Durham	H0233	Duke Regional Hospital	298	0	77,658	1.0379	90,116	247	328	30	

Table 5A: Acute Care Bed Need Projections

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	License Number	Facility Name	Licensed Acute Care Beds	Adjustments for CONS/ Previous Need	Inpatient Days of Care	Growth Rate Multiplier (GRM)	Projected Days of Care	2028 Projected Average Daily Census (ADC)	2028 Beds Adjusted for Target Occupancy	Projected 2028 Deficit or Surplus (surplus shows as a "-")	2028 Need Determination
Durham	H0015	Duke University Hospital	981	44	323,465	1.0379	375,354	1,028	1,315	290	
Duke University Health System			1,279	44	401,123		465,470	1,274	1,644	321	
Durham	H0075	North Carolina Specialty Hospital	18	6	1,504	1.0379	1,745	5	7	-17	
Durham		UNC Hospitals Cary Campus	0	62		1.0379	0	0	0	-62	
<b>Durham Total</b>			<b>1,297</b>	<b>234</b>							<b>199</b>
Edgecombe	H0258	ECU Health Edgecombe Hospital	91	0	12,221	-1.0251	12,221	33	50	-41	
<b>Edgecombe Total</b>			<b>91</b>	<b>0</b>							<b>0</b>
Forsyth	H0209	Novant Health Forsyth Medical Center	842	0	233,478	1.0229	255,626	700	896	54	
Forsyth	H0229	Novant Health Medical Park Hospital	9	0	1,257	1.0229	1,376	4	6	-3	
Novant Health			851	0	234,735		257,003	704	901	50	
Forsyth	H0011	Atrium Health Wake Forest Baptist**	722	52	225,232	1.0229	246,598	675	864	90	
<b>Forsyth/Yadkin Total</b>			<b>1,573</b>	<b>52</b>							<b>141</b>
Franklin	H0267-B	Maria Parham-Franklin	70	0	0	0.0000	0	0	0	-70	
<b>Franklin Total</b>			<b>70</b>	<b>0</b>							<b>0</b>
Gaston	H0105	CaroMont Regional Medical Center	451	50	111,790	1.0292	125,435	343	457	-44	
<b>Gaston Total</b>			<b>451</b>	<b>50</b>							<b>0</b>
Granville	H0098	Granville Health System**	62	0	4,559	-1.0797	4,559	12	19	-43	
<b>Granville Total</b>			<b>62</b>	<b>0</b>							<b>0</b>
Guilford	H0052	Atrium Health Wake Forest Baptist - High Point Medical Center**	301	-36	59,888	1.0164	63,908	175	245	-20	
Guilford		Atrium Health Wake Forest Baptist Greensboro Medical Center	0	36		1.0164	0	0	0	-36	
Atrium Health			301	0	59,888		63,908	175	245	-56	
Guilford	H0159	Cone Health	709	0	177,218	1.0164	189,114	518	663	-46	
<b>Guilford Total</b>			<b>1,010</b>	<b>0</b>							<b>0</b>
Halifax	H0230	ECU Health North Hospital	184	0	20,779	1.0165	22,186	61	91	-93	
<b>Halifax/Northampton Total</b>			<b>184</b>	<b>0</b>							<b>0</b>
Harnett	H0224	Cape Fear Valley Betsy Johnson Hospital	126	0	19,566	1.0194	21,128	58	87	-39	
<b>Harnett Total</b>			<b>126</b>	<b>0</b>							<b>0</b>
Haywood	H0025	Haywood Regional Medical Center**	120	0	22,779	1.0645	29,251	80	120	0	
<b>Haywood Total</b>			<b>120</b>	<b>0</b>							<b>0</b>
Henderson	H0019	AdventHealth Hendersonville**	62	0	15,559	1.0618	19,778	54	81	19	
Henderson	H0161	Margaret R. Pardee Memorial Hospital	201	0	27,655	1.0618	35,153	96	144	-57	

Table 5A: Acute Care Bed Need Projections

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	License Number	Facility Name	Licensed Acute Care Beds	Adjustments for CONS/ Previous Need	Inpatient Days of Care	Growth Rate Multiplier (GRM)	Projected Days of Care	2028 Projected Average Daily Census (ADC)	2028 Beds Adjusted for Target Occupancy	Projected 2028 Deficit or Surplus (surplus shows as a "-")	2028 Need Determination
<b>Henderson Total</b>			<b>263</b>	<b>0</b>							<b>19</b>
Hertford	H0001	ECU Health Roanoke-Chowan Hospital	86	0	13,543	1.0031	13,714	38	56	-30	
<b>Hertford/Gates Total</b>			<b>86</b>	<b>0</b>							<b>0</b>
Hoke	H0288	Cape Fear Valley Hoke Hospital**	41	0	5,117	1.0968	7,405	20	30	-11	
Hoke	H0287	FirstHealth Moore Regional Hospital - Hoke Campus**	8	28	1,654	1.0968	2,393	7	10	-26	
<b>Hoke Total</b>			<b>49</b>	<b>28</b>							<b>0</b>
Iredell	H0248	Iredell Davis Regional Medical Center+	102	0	0	-1.0420	0	0	0	-102	
Iredell	H0259	Lake Norman Regional Medical Center	115	0	13,375	-1.0420	13,375	37	55	-60	
Community Health Systems			217	0	13,375		13,375	37	55	-162	
Iredell	H0164	Iredell Memorial Hospital**	199	0	33,307	-1.0420	33,307	91	137	-62	
<b>Iredell Total</b>			<b>416</b>	<b>0</b>							<b>0</b>
Jackson	H0087	Harris Regional Hospital**	82	0	12,975	1.0045	13,212	36	54	-28	
<b>Jackson Total</b>			<b>82</b>	<b>0</b>							<b>0</b>
Johnston	H0151	UNC Health Johnston	176	24	48,631	1.0893	68,482	187	262	62	
<b>Johnston Total</b>			<b>176</b>	<b>24</b>							<b>62</b>
Lee	H0243	Central Carolina Hospital**	126	0	10,380	-1.0484	10,380	28	43	-83	
<b>Lee Total</b>			<b>126</b>	<b>0</b>							<b>0</b>
Lenoir	H0043	UNC Lenoir Health Care	182	0	22,214	1.0002	22,231	61	91	-91	
<b>Lenoir Total</b>			<b>182</b>	<b>0</b>							<b>0</b>
Lincoln	H0225	Atrium Health Lincoln**	97	0	23,317	1.0582	29,241	80	120	23	
<b>Lincoln Total</b>			<b>97</b>	<b>0</b>							<b>23</b>
Macon	H0034	Angel Medical Center	30	0	6,560	1.0248	7,235	20	30	0	
Macon	H0193	Highlands-Cashiers Hospital	24	0	1,191	1.0248	1,314	4	5	-19	
<b>Macon Total</b>			<b>54</b>	<b>0</b>							<b>0</b>
Martin	H0078	Martin General Hospital (closed)	49	0	0	-1.2827	0	0	0	-49	
<b>Martin Total</b>			<b>49</b>	<b>0</b>							<b>0</b>
McDowell	H0097	Mission Hospital McDowell	65	0	8,307	1.0469	9,978	27	41	-24	
<b>McDowell Total</b>			<b>65</b>	<b>0</b>							<b>0</b>
Mecklenburg		2024 Acute Care Bed Need Determination	0	89		1.0578	0	0	0	-89	
Mecklenburg		2025 Acute Care Bed Need Determination	0	210		1.0578	0	0	0	-210	
Mecklenburg	H0042	Atrium Health Pineville	298	42	105,799	1.0578	132,447	363	482	142	
Mecklenburg	H0255	Atrium Health University City	108	66	41,739	1.0578	52,252	143	200	26	

Table 5A: Acute Care Bed Need Projections

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	License Number	Facility Name	Licensed Acute Care Beds	Adjustments for CONS/ Previous Need	Inpatient Days of Care	Growth Rate Multiplier (GRM)	Projected Days of Care	2028 Projected Average Daily Census (ADC)	2028 Beds Adjusted for Target Occupancy	Projected 2028 Deficit or Surplus (surplus shows as a "-")	2028 Need Determination
Mecklenburg	H0071	Carolinas Medical Center/Center for Mental Health	979	254	364,656	1.0578	456,503	1,250	1,600	367	
Atrium Health			1,385	362	512,194		641,202	1,756	2,282	535	
Mecklenburg	H0292	Novant Health Ballantyne Medical Center	36	0	6,233	1.0578	7,803	21	32	-4	
Mecklenburg	H0282	Novant Health Huntersville Medical Center	147	0	36,964	1.0578	46,274	127	177	30	
Mecklenburg	H0270	Novant Health Matthews Medical Center	146	20	41,356	1.0578	51,773	142	198	32	
Mecklenburg	H0290	Novant Health Mint Hill Medical Center	36	0	8,123	1.0578	10,169	28	42	6	
Mecklenburg	H0010	Novant Health Presbyterian Medical Center	476	26	137,327	1.0578	171,916	471	602	100	
Mecklenburg		Novant Health Steele Creek Medical Center	0	32		1.0578	0	0	0	-32	
Novant Health			841	78	230,003		287,935	788	1,052	133	
<b>Mecklenburg Total</b>			<b>2,226</b>	<b>739</b>							<b>369</b>
Mitchell	H0169	Blue Ridge Regional Hospital	46	0	5,474	1.1042	8,139	22	33	-13	
<b>Mitchell Total</b>			<b>46</b>	<b>0</b>							<b>0</b>
Montgomery	H0003	FirstHealth Montgomery Memorial Hospital	37	0	598	1.1563	1,069	3	4	-33	
<b>Montgomery Total</b>			<b>37</b>	<b>0</b>							<b>0</b>
Moore	H0100	FirstHealth Moore Regional Hospital and Pinehurst Treatment Center	324	47	86,584	-1.0187	86,584	237	315	-56	
<b>Moore Total</b>			<b>324</b>	<b>47</b>							<b>0</b>
Nash	H0228	Nash General Hospital	250	0	53,377	1.0578	66,823	183	256	6	
<b>Nash Total</b>			<b>250</b>	<b>0</b>							<b>0</b>
New Hanover	H0221	Novant Health New Hanover Regional Medical Center	656	73	216,339	1.0593	272,353	746	954	225	
<b>New Hanover Total</b>			<b>656</b>	<b>73</b>							<b>225</b>
Onslow	H0048	Onslow Memorial Hospital	144	0	34,972	1.0672	45,366	124	174	30	
<b>Onslow Total</b>			<b>144</b>	<b>0</b>							<b>30</b>
Orange	H0157	University of North Carolina Hospitals	834	41	244,364	1.0160	260,342	713	912	37	
<b>Orange Total</b>			<b>834</b>	<b>41</b>							<b>37</b>
Pasquotank	H0054	Sentara Albemarle Medical Center	182	0	23,852	1.0825	32,753	90	135	-47	
<b>Pasquotank/Camden/Currituck/Perquimans Total</b>			<b>182</b>	<b>0</b>							<b>0</b>
Pender	H0115	Pender Memorial Hospital**	43	0	3,481	2.6993	184,793	506	648	605	
<b>Pender Total</b>			<b>43</b>	<b>0</b>							<b>605</b>
Person	H0066	Person Memorial Hospital	38	0	2,740	-1.0324	2,740	8	11	-27	
<b>Person Total</b>			<b>38</b>	<b>0</b>							<b>0</b>
Pitt	H0104	ECU Health Medical Center	776	85	226,601	1.0096	235,436	645	825	-36	

Table 5A: Acute Care Bed Need Projections

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	License Number	Facility Name	Licensed Acute Care Beds	Adjustments for CONs/ Previous Need	Inpatient Days of Care	Growth Rate Multiplier (GRM)	Projected Days of Care	2028 Projected Average Daily Census (ADC)	2028 Beds Adjusted for Target Occupancy	Projected 2028 Deficit or Surplus (surplus shows as a "-")	2028 Need Determination
<b>Pitt/Greene/Hyde/Tyrrell Total</b>			<b>776</b>	<b>85</b>							<b>0</b>
Polk	H0079	AdventHealth Polk**	25	0	3,170	-1.0008	3,170	9	13	-12	
<b>Polk Total</b>			<b>25</b>	<b>0</b>							<b>0</b>
Randolph	H0013	Randolph Hospital	145	0	16,703	1.0602	21,103	58	87	-58	
<b>Randolph Total</b>			<b>145</b>	<b>0</b>							<b>0</b>
Richmond	H0158	FirstHealth Moore Regional Hospital - Richmond**	99	0	5,978	-1.0842	5,978	16	25	-74	
<b>Richmond Total</b>			<b>99</b>	<b>0</b>							<b>0</b>
Robeson	H0064	Southeastern Regional Medical Center**	285	0	37,438	-1.0461	37,438	102	143	-142	
<b>Robeson Total</b>			<b>285</b>	<b>0</b>							<b>0</b>
Rockingham	H0023	Annie Penn Hospital**	110	0	13,063	-1.0191	13,063	36	54	-56	
Rockingham	H0072	UNC Rockingham Hospital	108	0	6,708	-1.0191	6,708	18	28	-80	
<b>Rockingham/Caswell Total</b>			<b>218</b>	<b>0</b>							<b>0</b>
Rowan	H0040	Novant Health Rowan Medical Center	198	0	41,723	1.0252	46,081	126	177	-21	
<b>Rowan Total</b>			<b>198</b>	<b>0</b>							<b>0</b>
Rutherford	H0039	Rutherford Regional Medical Center	129	0	11,309	-1.0053	11,309	31	46	-83	
<b>Rutherford Total</b>			<b>129</b>	<b>0</b>							<b>0</b>
Sampson	H0067	Sampson Regional Medical Center	116	0	9,796	1.0179	10,516	29	43	-73	
<b>Sampson Total</b>			<b>116</b>	<b>0</b>							<b>0</b>
Scotland		2025 Acute Care Bed Need Determination	0	15		1.0453	0	0	0	-15	
Scotland	H0107	Scotland Memorial Hospital	92	20	23,720	1.0453	28,314	78	116	4	
<b>Scotland Total</b>			<b>92</b>	<b>35</b>							<b>0</b>
Stanly	H0008	Atrium Health Stanly	97	0	15,791	1.0877	22,107	61	91	-6	
<b>Stanly Total</b>			<b>97</b>	<b>0</b>							<b>0</b>
Stokes	H0165	LifeBrite Community Hospital of Stokes**	53	0	1,453	1.0603	1,836	5	8	-45	
<b>Stokes Total</b>			<b>53</b>	<b>0</b>							<b>0</b>
Surry	H0049	Hugh Chatham Memorial Hospital	81	0	9,829	1.0028	9,938	27	41	-40	
Surry	H0184	Northern Regional Hospital*	100	-17	15,729	1.0028	15,903	44	65	-18	
<b>Surry Total</b>			<b>181</b>	<b>-17</b>							<b>0</b>
Swain	H0069	Swain Community Hospital**	48	0	70	-1.3328	70	0	0	-48	
<b>Swain Total</b>			<b>48</b>	<b>0</b>							<b>0</b>
Transylvania	H0111	Transylvania Regional Hospital	42	0	6,393	1.0495	7,756	21	32	-10	
<b>Transylvania Total</b>			<b>42</b>	<b>0</b>							<b>0</b>

Table 5A: Acute Care Bed Need Projections

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	License Number	Facility Name	Licensed Acute Care Beds	Adjustments for CONs/ Previous Need	Inpatient Days of Care	Growth Rate Multiplier (GRM)	Projected Days of Care	2028 Projected Average Daily Census (ADC)	2028 Beds Adjusted for Target Occupancy	Projected 2028 Deficit or Surplus (surplus shows as a "-")	2028 Need Determination
Union		2025 Acute Care Bed Need Determination	0	136		1.1762	0	0	0	-136	
Union	H0050	Atrium Health Union	178	67	67,491	1.1762	129,182	354	470	225	
<b>Union Total</b>			<b>178</b>	<b>203</b>							<b>89</b>
Vance	H0267-A	Maria Parham Health**	88	0	20,310	-1.0054	20,310	56	83	-5	
<b>Vance/Warren Total</b>			<b>88</b>	<b>0</b>							<b>0</b>
Wake		2023 Acute Care Bed Need Determination	0	44		1.0629	0	0	0	-44	
Wake		2024 Acute Care Bed Need Determination	0	70		1.0629	0	0	0	-70	
Wake		2025 Acute Care Bed Need Determination	0	267		1.0629	0	0	0	-267	
Wake		Duke Green Level Hospital	0	40		1.0629	0	0	0	-40	
Wake	H0238	Duke Raleigh Hospital	204	-40	56,913	1.0629	72,632	199	278	114	
Duke University Health System			204	0	56,913		72,632	199	278	74	
Wake	H0199	WakeMed	610	-22	196,805	1.0629	251,163	688	880	292	
Wake	H0276	WakeMed Cary Hospital	200	-6	65,895	1.0629	84,095	230	306	112	
Wake		WakeMed Garner Hospital	0	31		1.0629	0	0	0	-31	
WakeMed Health & Hospitals			810	3	262,700		335,258	918	1,186	373	
Wake	H0065	UNC Health Rex	468	18	147,199	1.0629	187,855	514	658	172	
<b>Wake Total</b>			<b>1,482</b>	<b>402</b>							<b>239</b>
Washington	H0006	Washington Regional Medical Center^	25	-13	925	-1.5000	925	3	4	-8	
<b>Washington Total</b>			<b>25</b>	<b>-13</b>							<b>0</b>
Watauga	H0077	Watauga Medical Center	113	0	17,672	1.0531	21,733	60	89	-24	
<b>Watauga Total</b>			<b>113</b>	<b>0</b>							<b>0</b>
Wayne	H0257	Wayne UNC Health Care	251	0	48,994	1.0281	54,730	150	210	-41	
<b>Wayne Total</b>			<b>251</b>	<b>0</b>							<b>0</b>
Wilkes	H0153	Wilkes Medical Center**	120	0	19,791	1.1475	34,311	94	141	21	
<b>Wilkes Total</b>			<b>120</b>	<b>0</b>							<b>21</b>
Wilson	H0210	Wilson Medical Center**	267	0	23,024	-1.0131	23,024	63	95	-172	
<b>Wilson Total</b>			<b>267</b>	<b>0</b>							<b>0</b>

Table 5A: Acute Care Bed Need Projections

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	License Number	Facility Name	Licensed Acute Care Beds	Adjustments for CONs/Previous Need	Inpatient Days of Care	Growth Rate Multiplier (GRM)	Projected Days of Care	2028 Projected Average Daily Census (ADC)	2028 Beds Adjusted for Target Occupancy	Projected 2028 Deficit or Surplus (surplus shows as a "-")	2028 Need Determination
<b>Grand Total All Hospitals</b>			<b>20,818</b>	<b>2,473</b>	<b>5,052,516</b>		<b>6,193,179</b>				<b>2,376</b>

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

\*\* DOC data reported to HIDI and DOC data reported on the Division of Health Service Regulation's Hospital LRA have a greater than ± 5% discrepancy between the two data sources.

^ Washington Regional Medical Center was unable to report their 2024 DOC data to HIDI. Therefore, the need methodology calculations uses the DOC reported on the facility's 2025 LRA.

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

+ Iredell Davis Regional Medical Center (previously Davis Regional Medical Center) has converted to a behavioral health facility, and it did not serve acute care patients during the 2024 reporting year.

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

**Table 5B: Acute Care Bed Need Determination\***  
*(Proposed for Certificate of Need Review Commencing in 2026)*

Service Area	Acute Care Bed Need Determination	Certificate of Need Application Deadline**	Certificate of Need Beginning Review Date
Anson	4	To be determined	To be determined
Brunswick	18	To be determined	To be determined
Buncombe/Graham/Madison/Yancey/Clay	92	To be determined	To be determined
Cabarrus	89	To be determined	To be determined
Cleveland	93	To be determined	To be determined
Davie	6	To be determined	To be determined
Durham	199	To be determined	To be determined
Forsyth/Yadkin	141	To be determined	To be determined
Henderson	19	To be determined	To be determined
Johnston	62	To be determined	To be determined
Lincoln	23	To be determined	To be determined
Mecklenburg	369	To be determined	To be determined
New Hanover	225	To be determined	To be determined
Onslow	30	To be determined	To be determined
Orange	37	To be determined	To be determined
Pender	605	To be determined	To be determined
Union	89	To be determined	To be determined
Wake	239	To be determined	To be determined
Wilkes	21	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 5:00 p.m. on the application deadline date.

### Long-Term Care Hospitals

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

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

<b>License Number</b>	<b>Facility Name</b>	<b>County</b>	<b>Licensed LTCH Beds</b>	<b>DOC</b>	<b>Adjustments for Certificates of Need</b>
H0279	Asheville Specialty Hospital*	Buncombe	34	7,156	0
H0275	Highsmith-Rainey Specialty Hospital	Cumberland	66	13,524	0
H0280	Select Specialty Hospital –Durham	Durham	30	8,310	0
H0073	Kindred Hospital-Greensboro	Guilford	101	12,149	0
H0284	Select Specialty Hospital –Greensboro	Guilford	30	10,058	0
H0278	Carolinas ContinueCare Hospital at Pineville	Mecklenburg	40	11,939	0
H0242	PAM Specialty Hospital of Rocky Mount	Nash	50	9,455	0

\* Asheville Specialty Hospital closed and ceased providing services effective December 31, 2024.

# Chapter 6:

## Operating Rooms

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## CHAPTER 6

# OPERATING ROOMS

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### Introduction

G.S. § 131E-76(18c) defines an *operating room* (OR) as “...a room used for the performance of surgical procedures requiring one or more incisions and that is required to comply with all applicable licensure codes and standards for an operating room.”

### Definitions

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

The *reporting year* is October 1 through September 30. The current reporting year is October 1, 2023 through September 30, 2024.

The methodology calculates OR need for a *projection year*, which is four years beyond the current reporting year. The current projection year is 2028.

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

For the purposes of the OR methodology, a *health system* includes all licensed health service facilities with ORs located in the same service area that are owned or leased by:

1. the same legal entity (i.e., the same individual, trust or estate, partnership, corporation, hospital authority, or the State or political subdivision, agency or instrumentality of the State); or
2. the same parent corporation or holding company; or
3. a subsidiary of the same parent corporation or holding company; or
4. a joint venture in which the same parent, holding company, or a subsidiary of the same parent or holding company is a participant and has the authority to propose changes in the location or number of ORs in the health service facility.

A health system consists of one or more health service facilities. If the relocation or transfer of ORs to a different health system generates a need, the need determination will not appear until the relocated or transferred ORs are licensed in their new location.

### Changes from the Previous Plan

The State Health Coordinating Council (SHCC) approved clarifying language in the third assumption of the OR methodology. The clarification specifies that only patient origin data from Hospital License Renewal Applications (LRAs) should be used to update OR service areas, rather than data on surgical

procedures by county of residence and county of service. This change aligns with the approach outlined in the *Delineation of Service Areas*.

In response to Session Law 2023-7 (SL 2023-7), which states that Qualified Urban Ambulatory Surgical Facilities (QUASFs) are exempt from CON law [see § 131E-176 (9b)], the SHCC approved adjustments to the operating room need determination methodology. A QUASF is defined as an ambulatory surgical facility that meets the following criteria: (1) is licensed by the NC Department of Health and Human Services to operate as an ambulatory surgical facility, (2) has a single specialty or multispecialty surgical program, and (3) is located in a county with a population greater than 125,000 according to the 2020 federal decennial census or any subsequent decennial census [See, § 131E-176 (21a)]. In the current SMFP, QUASF inventory and performance data have been removed from OR need determination calculations.

Operating room need determinations generated by the OR methodology calculations for counties with populations > 125,000 are provided in Table 6B of the current SMFP for informational purposes only. However, the summer petition process, as described in Chapter 2, is available to providers to request the addition of OR need determinations in counties with a population > 125,000 in the following year's SMFP. If a petition is approved, anyone can submit a CON application for the need determination.

Hospital and ASF surgical care providers in counties with a population  $\leq$  125,000 may submit CON applications based on OR need determinations generated by the OR need methodology outlined in Table 6C. They may also submit summer petitions to request adjusted need determinations for ORs in counties with a population  $\leq$  125,000. If a petition is approved, anyone can submit a CON application for the need determination.

### **Data Sources**

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

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

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

### **Assumptions of the Methodology**

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

5. OR utilization is expected to shift across counties due to the impacts of SL 2023-7. During the transition, and in the current SMFP, inventory and performance data for ORs operated by QUASFs have been removed from OR need determination calculations.

### **Delineation of Service Areas**

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

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

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

### **Application of the Methodology**

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

- a. In each OR service area, list the number of ORs by type, and sum them for each health system by summing the following for all licensed hospitals and ambulatory surgical facilities:
  - (1) Number of Inpatient ORs (Column D)
  - (2) Number of Ambulatory ORs, exclusive of QUASFs (Column E)
  - (3) Number of Shared ORs (Column F)
- b. For each facility:
  - (1) Exclude the number of dedicated Cesarean Section (C-Section) ORs from the Hospital LRA (*Column G*).
  - (2) Exclude one OR for each Level I and Level II Trauma Center and one additional OR for each designated Burn Intensive Care Unit (*Column H*).
  - (3) List the number of ORs (*Column I*) and C-Section ORs (*Column J*) for which CONs have been issued but not licensed as of the end of the reporting year.
- c. Enter placeholders for ORs for which a need determination in the SMFP is pending review or appeal (*Columns I and Column J*).

**Step 2: Determine Each Facility’s Adjusted Case Times**

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

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

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

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

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

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

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

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

Group	Average Final Inpatient Case Time		Average Final Ambulatory Case Time	
	in Minutes	in Hours	in Minutes	in Hours
1	219.3	3.66	132.5	2.21
2	190.4	3.17	117.8	1.96
3	161.9	2.70	109.2	1.82
4	106.8	1.77	70.8	1.18
5	--	--	40.3	0.67
6	--	--	70.4	1.17

- b. For each facility, multiply the inpatient surgical cases reported on the LRA (*Column D*) by the Final Inpatient Case Time in minutes (*Column E*), and multiply the ambulatory surgical cases reported on the LRA (*Column F*) by the Final Ambulatory Case Time in minutes (*Column G*). Sum these amounts for each facility and divide by 60 to obtain the Total Adjusted Estimated Surgical Hours (*Column H*).
- c. For each service area with a projected population increase, calculate the Growth Factor based on each service area's projected population change between the reporting year and the projection year [*Column I: Growth Factor = (projection year service area population - reporting year service area population) / reporting year service area population.*]. If the calculated population growth is negative, the Growth Factor is zero.
- d. Multiply each facility's Total Adjusted Estimated Surgical Hours (*Column H*) for the most recent reporting year by each service area's Growth Factor (*Column I*). Then add the product to the Total Adjusted Estimated Surgical Hours to determine the Projected Surgical Hours for the projection year [ $((\text{Column H} \times \text{Column I}) / 100) + \text{Column H} = \text{Column J}$ ].
- e. Divide each facility's Projected Surgical Hours for the projection year by the Standard Hours per OR per Year (based on group assignment) to determine the Projected Surgical ORs Required in the projection year (*Table 6B, Column J / Table 6A, Column M = Table 6B, Column K*).

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

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

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

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

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

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

If a health system located in an OR service area with five or fewer ORs in the Adjusted Planning Inventory has a projected fractional deficit of 0.20 or greater, round the deficit to the next highest whole number. For each health system in an OR service area with five or fewer ORs and a projected deficit less than 0.20 or in which there is a projected surplus, there is no need.
- b. Add all rounded health systems deficits. Then adjust for any placeholders for need determinations in previous SMFPs to calculate the Service Area Need (*Column N*).
- c. For the current plan, the Service Area Need must be at least two to show an OR Need Determination in *Table 6C*.

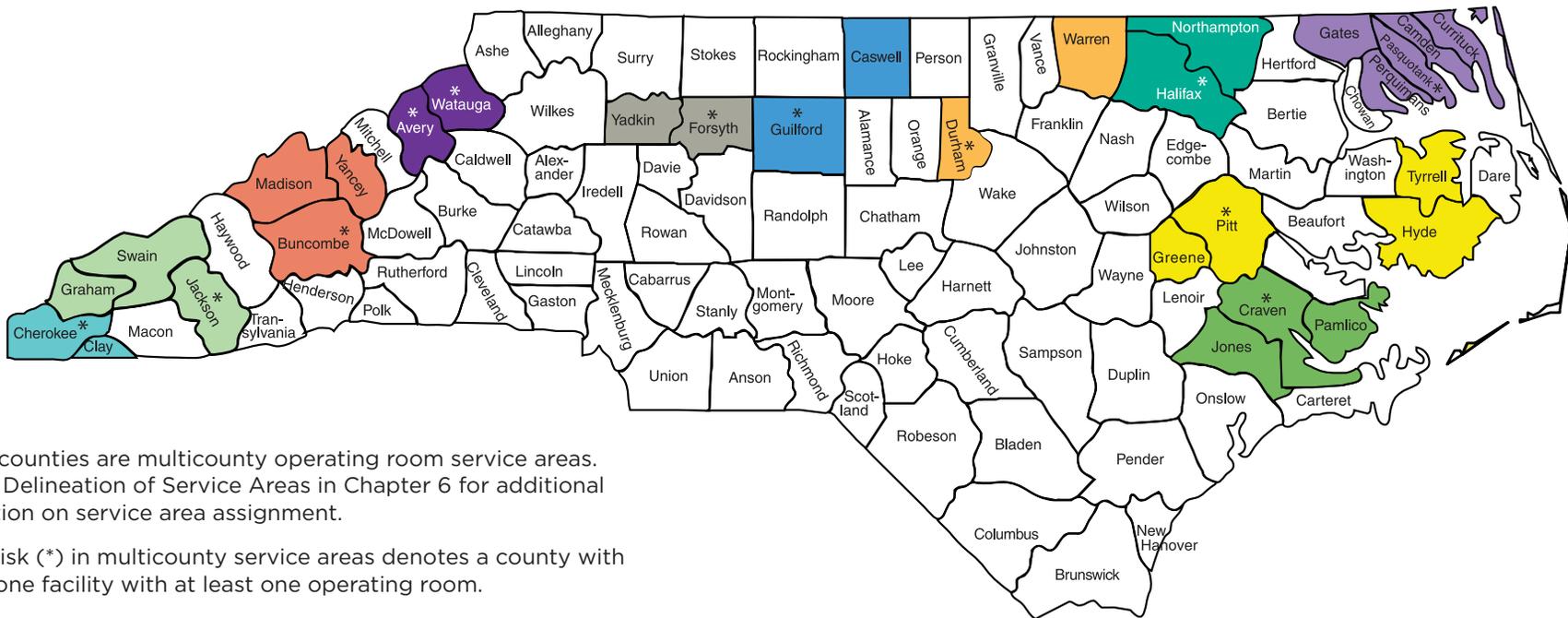
Unless otherwise specified by the methodology, calculations do not use rounded values. However, fractional values are rounded automatically when displayed.

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

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

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

# Figure 6.1 Operating Room Service Areas



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

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

Hospitals	Multicounty Service Area	Color Code
Atrium Health Wake Forest Baptist, Novant Health Forsyth Medical Center, Novant Health Medical Park Hospital	Forsyth, Yadkin	Grey
Atrium Health Wake Forest Baptist Greensboro Medical Center, Atrium Health Wake Forest Baptist - High Point Medical Center, Cone Health	Guilford, Caswell	Blue
CarolinaEast Medical Center	Craven, Jones, Pamlico	Green
Charles A. Cannon Jr. Memorial Hospital, Watauga Medical Center	Avery, Watauga	Purple
Duke Regional Hospital, Duke University Hospital, NC Specialty Hospital	Durham, Warren	Orange
ECU Health Medical Center	Pitt, Greene, Hyde, Tyrrell	Yellow
ECU Health North Hospital	Halifax, Northampton	Teal
Erlanger Murphy Medical Center	Cherokee, Clay	Cyan
Harris Regional Hospital	Jackson, Graham, Swain	Light Green
Mission Hospital	Buncombe, Madison, Yancey	Red-Orange
Sentara Albemarle Medical Center	Pasquotank, Camden, Currituck, Gates, Perquimans	Dark Purple

**Proposed 2026 SMFP**

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

Case data for 10/1/2023 through 9/30/2024 as reported on the 2025 Hospital and Ambulatory Surgical Facility License Renewal Applications

A	B	C	D	E	F	G	H	I	J	K	L	M
Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/ Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
Alamance	H0272	Alamance Regional Medical Center	2	3	9	-2	0	0	0	16,265.6	3	1,755
<b>Alamance Total</b>			<b>2</b>	<b>3</b>	<b>9</b>	<b>-2</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Alexander	H0274	Alexander Hospital (closed)	0	0	2	0	0	0	0	0.0		
<b>Alexander Total</b>			<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Alleghany	H0108	Alleghany Memorial Hospital	0	0	2	0	0	0	0	129.4	4	1,500
<b>Alleghany Total</b>			<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Anson	H0082	Atrium Health Anson	0	0	1	0	0	0	0	47.3	4	1,500
<b>Anson Total</b>			<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Ashe	H0099	Ashe Memorial Hospital	0	0	2	0	0	0	0	1,473.5	4	1,500
<b>Ashe Total</b>			<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Avery	H0037	Charles A. Cannon, Jr. Memorial Hospital	0	0	2	0	0	0	0	544.0	4	1,500
Watauga	H0077	Watauga Medical Center	1	0	6	-1	0	0	0	5,150.7	4	1,500
<b>Appalachian Regional Healthcare System Total</b>			<b>1</b>	<b>0</b>	<b>8</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
<b>Avery/Watauga Total</b>			<b>1</b>	<b>0</b>	<b>8</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Beaufort	H0188	ECU Health Beaufort Hospital, A campus of ECU Health Medical Center	1	0	5	-1	0	0	0	5,909.4	4	1,500
<b>Beaufort Total</b>			<b>1</b>	<b>0</b>	<b>5</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Bertie	H0268	ECU Health Bertie Hospital	0	0	2	0	0	0	0	314.4	4	1,500
<b>Bertie Total</b>			<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Bladen	H0154	Cape Fear Valley-Bladen County Hospital	0	0	2	0	0	0	0	281.2	4	1,500
<b>Bladen Total</b>			<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Brunswick	H0250	Novant Health Brunswick Medical Center	1	0	4	-1	0	0	0	9,042.7	4	1,500
Brunswick	H0150	J. Arthur Doshier Memorial Hospital	0	0	2	0	0	0	0	2,427.0	4	1,500
<b>Brunswick Total</b>			<b>1</b>	<b>0</b>	<b>6</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Buncombe	H0036	Mission Hospital	8	9	30	-2	-1	0	0	52,952.8	2	1,950
<b>Buncombe/Madison/Yancey Total</b>			<b>8</b>	<b>9</b>	<b>30</b>	<b>-2</b>	<b>-1</b>	<b>0</b>	<b>0</b>			
Burke		Blue Ridge Surgery Center	0	0	0	0	0	4	0	0.0		
Burke	AS0040	Surgery Center of Morganton Eye Physicians	0	2	0	0	0	0	0	1,281.0	5	1,312

**Proposed 2026 SMFP**

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

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A	B	C	D	E	F	G	H	I	J	K	L	M
Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/ Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
Burke	H0062	UNC Health Blue Ridge	1	0	9	-1	0	-4	0	8,148.4	4	1,500
<b>Burke Total</b>			<b>1</b>	<b>2</b>	<b>9</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Cabarrus	H0031	Atrium Health Cabarrus	4	0	15	-2	0	0	0	31,867.0	3	1,755
<b>Cabarrus Total</b>			<b>4</b>	<b>0</b>	<b>15</b>	<b>-2</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Caldwell	AS0168	Prime Surgical Suites	0	3	0	0	0	0	0	2,359.1	6	1,312
Caldwell	H0061	Caldwell UNC Health Care	1	0	4	-1	0	0	0	4,220.9	4	1,500
<b>UNC Health Total</b>			<b>1</b>	<b>3</b>	<b>4</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
<b>Caldwell Total</b>			<b>1</b>	<b>3</b>	<b>4</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Carteret	AS0061	The Surgical Center of Morehead City	0	2	0	0	0	0	0	1,777.8	6	1,312
Carteret	H0222	Carteret General Hospital	1	0	5	-1	0	0	0	6,285.2	4	1,500
<b>Carteret Total</b>			<b>1</b>	<b>2</b>	<b>5</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Catawba	H0053	Frye Regional Medical Center	2	4	15	0	0	0	0	12,238.9	4	1,500
Catawba	H0223	Catawba Valley Medical Center	1	0	12	-1	0	0	0	17,370.7	3	1,755
<b>Catawba Total</b>			<b>3</b>	<b>4</b>	<b>27</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Chatham	H0007	Chatham Hospital	0	0	2	0	0	0	0	1,354.1	4	1,500
<b>Chatham Total</b>			<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Cherokee	H0239	Erlanger Murphy Medical Center	0	0	4	0	0	0	0	3,969.4	4	1,500
<b>Cherokee/Clay Total</b>			<b>0</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Chowan	H0063	ECU Health Chowan Hospital	0	0	3	0	0	0	0	888.0	4	1,500
<b>Chowan Total</b>			<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Cleveland	AS0062	Atrium Health Surgery Center Shelby	0	4	0	0	0	0	0	688.3	5	1,312
Cleveland	H0024	Atrium Health Cleveland	1	0	8	-1	0	0	0	9,046.3	4	1,500
<b>Atrium Health Total</b>			<b>1</b>	<b>4</b>	<b>8</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Cleveland	AS0049	Eye Surgery Center of Shelby	0	2	0	0	0	0	0	1,360.9	5	1,312
<b>Cleveland Total</b>			<b>1</b>	<b>6</b>	<b>8</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Columbus	H0045	Columbus Regional Healthcare System	1	0	5	-1	0	0	0	3,848.4	4	1,500
<b>Columbus Total</b>			<b>1</b>	<b>0</b>	<b>5</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Craven	H0201	CarolinaEast Medical Center	3	6	9	-1	0	0	0	14,703.2	4	1,500

**Proposed 2026 SMFP**

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A	B	C	D	E	F	G	H	I	J	K	L	M
Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/ Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
<b>Craven/Jones/Pamlico Total</b>			<b>3</b>	<b>6</b>	<b>9</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Cumberland	H0213	Cape Fear Valley Medical Center	5	0	14	-3	0	1	0	27,703.1	3	1,755
Cumberland	H0275	Highsmith-Rainey Specialty Hospital	0	0	3	0	0	0	0	2,410.8	4	1,500
<b>Cape Fear Valley Health System Total</b>			<b>5</b>	<b>0</b>	<b>17</b>	<b>-3</b>	<b>0</b>	<b>1</b>	<b>0</b>			
<b>Cumberland Total</b>			<b>5</b>	<b>0</b>	<b>17</b>	<b>-3</b>	<b>0</b>	<b>1</b>	<b>0</b>			
Dare	H0273	The Outer Banks Hospital	1	0	3	-1	0	0	0	1,197.5	4	1,500
<b>Dare Total</b>			<b>1</b>	<b>0</b>	<b>3</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Davidson	H0027	Lexington Medical Center	0	0	4	0	0	0	0	5,601.9	4	1,500
Davidson	H0112	Novant Health Thomasville Medical Center	1	0	5	-1	0	0	0	4,124.3	4	1,500
Davidson		2025 Need Determination	0	0	0	0	0	2	0	0.0		
<b>Davidson Total</b>			<b>1</b>	<b>0</b>	<b>9</b>	<b>-1</b>	<b>0</b>	<b>2</b>	<b>0</b>			
Davie	H0171	Davie Medical Center	0	0	3	0	0	0	0	4,410.1	4	1,500
<b>Davie Total</b>			<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Duplin	H0166	ECU Health Duplin Hospital	0	0	3	0	0	0	0	1,813.9	4	1,500
<b>Duplin Total</b>			<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Durham	H0015	Duke University Hospital*	6	9	50	0	-1	2	0	135,755.7	1	1,950
Durham	H0233	Duke Regional Hospital	2	0	13	-2	0	0	0	19,999.6	3	1,755
<b>Duke University Health System Total</b>			<b>8</b>	<b>9</b>	<b>63</b>	<b>-2</b>	<b>-1</b>	<b>2</b>	<b>0</b>			
Durham	H0075	North Carolina Specialty Hospital	0	0	4	0	0	0	0	9,724.2	4	1,500
Durham		2021 SMFP Need Determination	0	0	0	0	0	2	0	0.0		
<b>Durham/Warren Total</b>			<b>8</b>	<b>9</b>	<b>67</b>	<b>-2</b>	<b>-1</b>	<b>4</b>	<b>0</b>			
Edgecombe	H0258	ECU Health Edgecombe Hospital	1	0	5	-1	0	0	0	2,193.3	4	1,500
<b>Edgecombe Total</b>			<b>1</b>	<b>0</b>	<b>5</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Forsyth	H0209	Novant Health Forsyth Medical Center	6	4	26	-3	0	0	0	58,270.1	2	1,950
Forsyth	H0229	Novant Health Medical Park Hospital	0	0	10	0	0	0	0	15,823.4	3	1,755
<b>Novant Health Total</b>			<b>6</b>	<b>4</b>	<b>36</b>	<b>-3</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Forsyth	H0011	Atrium Health Wake Forest Baptist*	4	8	35	0	-2	11	0	89,991.4	1	1,950
<b>Forsyth/Yadkin Total</b>			<b>10</b>	<b>12</b>	<b>71</b>	<b>-3</b>	<b>-2</b>	<b>11</b>	<b>0</b>			

**Proposed 2026 SMFP**

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Case data for 10/1/2023 through 9/30/2024 as reported on the 2025 Hospital and Ambulatory Surgical Facility License Renewal Applications

A	B	C	D	E	F	G	H	I	J	K	L	M
Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/ Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
Franklin	H0267-B	Maria Parham-Franklin**	0	0	3	0	0	-1	0	0.0		
Franklin		Same Day Surgery Center	0	0	0	0	0	2	0	0.0		
<b>Franklin Total</b>			<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>			
Gaston	H0105	CaroMont Regional Medical Center	5	0	18	-4	0	0	0	22,915.6	3	1,755
<b>Gaston Total</b>			<b>5</b>	<b>0</b>	<b>18</b>	<b>-4</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Granville	H0098	Granville Health System	0	0	3	0	0	0	0	1,714.0	4	1,500
<b>Granville Total</b>			<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Guilford		Atrium Health Wake Forest Baptist Greensboro Medical Center	0	0	0	0	0	2	0	0.0		
Guilford	H0052	Atrium Health Wake Forest Baptist - High Point Medical Center	3	0	8	-1	0	-2	0	11,147.3	4	1,500
<b>Atrium Health Total</b>			<b>3</b>	<b>0</b>	<b>8</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Guilford	H0159	Cone Health	4	13	29	0	-1	-5	0	61,936.7	2	1,950
Guilford	H0073	Kindred Hospital - Greensboro	0	0	1	0	0	0	0	145.0	4	1,500
<b>Guilford/Caswell Total</b>			<b>7</b>	<b>13</b>	<b>38</b>	<b>-1</b>	<b>-1</b>	<b>-5</b>	<b>0</b>			
Halifax	H0230	ECU Health North Hospital	0	0	6	0	0	0	0	2,791.3	4	1,500
<b>Halifax/Northampton Total</b>			<b>0</b>	<b>0</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Harnett	H0224	Cape Fear Valley Betsy Johnson Hospital	0	0	7	0	0	0	0	4,631.8	4	1,500
<b>Harnett Total</b>			<b>0</b>	<b>0</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Haywood	H0025	Haywood Regional Medical Center	0	0	7	0	0	0	0	7,277.2	4	1,500
<b>Haywood Total</b>			<b>0</b>	<b>0</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Henderson	AS0177	Western Carolina Surgery Center	0	1	0	0	0	0	0	661.5	6	1,312
Henderson	H0019	AdventHealth Hendersonville	1	0	5	-1	0	0	0	8,176.5	4	1,500
<b>Adventist Health Total</b>			<b>1</b>	<b>1</b>	<b>5</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Henderson	AS0186	The Surgery Center at Mills River	0	1	0	0	0	1	0	915.0	6	1,312
Henderson	H0161	Margaret R. Pardee Memorial Hospital	0	0	9	0	0	-1	1	14,702.3	4	1,500
<b>UNC Health Total</b>			<b>0</b>	<b>1</b>	<b>9</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>			
<b>Henderson Total</b>			<b>1</b>	<b>2</b>	<b>14</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>1</b>			
Hertford	H0001	ECU Health Roanoke-Chowan Hospital	1	0	5	-1	0	0	0	916.9	4	1,500

**Proposed 2026 SMFP**

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<b>Hertford Total</b>			<b>1</b>	<b>0</b>	<b>5</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Hoke	H0288	Cape Fear Valley Hoke Hospital	1	0	2	-1	0	0	0	1,879.5	4	1,500
Hoke	H0287	FirstHealth Moore Regional Hospital - Hoke Campus	0	0	2	0	0	0	0	490.6	4	1,500
<b>Hoke Total</b>			<b>1</b>	<b>0</b>	<b>4</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Iredell	H0248	Iredell Davis Regional Medical Center**	1	0	5	-1	0	-1	0	0.0		
Iredell	H0259	Lake Norman Regional Medical Center	1	2	7	-1	0	0	0	6,693.3	4	1,500
<b>Community Health Systems Total</b>			<b>2</b>	<b>2</b>	<b>12</b>	<b>-2</b>	<b>0</b>	<b>-1</b>	<b>0</b>			
Iredell	H0164	Iredell Memorial Hospital	1	0	9	-1	0	0	0	11,375.7	4	1,500
<b>Iredell Total</b>			<b>3</b>	<b>2</b>	<b>21</b>	<b>-3</b>	<b>0</b>	<b>-1</b>	<b>0</b>			
Swain	H0069	Swain Community Hospital	0	0	1	0	0	0	0	0.0		
Jackson	H0087	Harris Regional Hospital	1	0	6	-1	0	0	0	6,173.7	4	1,500
<b>Duke LifePoint Total</b>			<b>1</b>	<b>0</b>	<b>7</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
<b>Jackson/Graham/Swain Total</b>			<b>1</b>	<b>0</b>	<b>7</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Johnston	H0151	UNC Health Johnston	2	0	8	-2	0	0	0	8,126.6	4	1,500
<b>Johnston Total</b>			<b>2</b>	<b>0</b>	<b>8</b>	<b>-2</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Lee	H0243	Central Carolina Hospital	1	0	6	-1	0	0	0	2,311.0	4	1,500
<b>Lee Total</b>			<b>1</b>	<b>0</b>	<b>6</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Lenoir	H0043	UNC Lenoir Health Care	1	0	9	-1	0	0	0	4,298.5	4	1,500
<b>Lenoir Total</b>			<b>1</b>	<b>0</b>	<b>9</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Lincoln	H0225	Atrium Health Lincoln	1	1	3	-1	0	0	0	5,033.7	4	1,500
<b>Lincoln Total</b>			<b>1</b>	<b>1</b>	<b>3</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Macon	H0034	Angel Medical Center	0	0	3	0	0	0	0	1,230.6	4	1,500
Macon	H0193	Highlands-Cashiers Hospital	0	0	2	0	0	0	0	36.3	4	1,500
<b>Mission Health Total</b>			<b>0</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>			
<b>Macon Total</b>			<b>0</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Martin	H0078	Martin General Hospital (closed)	0	0	2	0	0	0	0	430.6	4	1,500
<b>Martin Total</b>			<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>			
McDowell	H0097	Mission Hospital McDowell	1	0	3	-1	0	0	0	1,215.3	4	1,500

**Proposed 2026 SMFP**

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<b>McDowell Total</b>			<b>1</b>	<b>0</b>	<b>3</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Mecklenburg	H0042	Atrium Health Pineville	3	0	12	-2	0	0	1	26,194.1	3	1,755
Mecklenburg	H0071	Carolinas Medical Center/Center for Mental Health	9	11	44	-4	-1	9	0	134,356.3	1	1,950
Mecklenburg	H0255	Atrium Health University City	1	0	7	-1	0	1	1	7,794.5	4	1,500
<b>Atrium Health Total</b>			<b>13</b>	<b>11</b>	<b>63</b>	<b>-7</b>	<b>-1</b>	<b>10</b>	<b>2</b>			
Mecklenburg		Novant Health Steele Creek Medical Center	0	0	0	0	0	2	1	0.0		
Mecklenburg	H0010	Novant Health Presbyterian Medical Center	6	6	28	-3	0	-2	0	62,011.5	2	1,950
Mecklenburg	H0270	Novant Health Matthews Medical Center	2	0	6	-2	0	1	0	10,421.3	4	1,500
Mecklenburg	H0282	Novant Health Huntersville Medical Center	2	0	7	-2	0	0	0	9,701.6	4	1,500
Mecklenburg	H0290	Novant Health Mint Hill Medical Center	1	0	3	-1	0	0	0	2,696.8	4	1,500
Mecklenburg	H0292	Novant Health Ballantyne Medical Center	1	0	2	-1	0	0	0	2,613.6	4	1,500
<b>Novant Health Total</b>			<b>12</b>	<b>6</b>	<b>46</b>	<b>-9</b>	<b>0</b>	<b>1</b>	<b>1</b>			
Mecklenburg		2025 Need Determination	0	0	0	0	0	5	0	0.0		
<b>Mecklenburg Total</b>			<b>25</b>	<b>17</b>	<b>109</b>	<b>-16</b>	<b>-1</b>	<b>16</b>	<b>3</b>			
Mitchell	H0169	Blue Ridge Regional Hospital	0	0	3	0	0	0	0	609.1	4	1,500
<b>Mitchell Total</b>			<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Montgomery	H0003	FirstHealth Montgomery Memorial Hospital	0	0	2	0	0	0	0	134.3	4	1,500
<b>Montgomery Total</b>			<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Moore	H0100	FirstHealth Moore Regional Hospital and Pinehurst Treatment Center	2	0	15	0	0	0	1	23,829.1	3	1,755
Moore	AS0022	The Eye Surgery Center of the Carolinas	0	3	0	0	0	0	0	2,208.3	5	1,312
Moore		Southern Pines Surgery Center	0	0	0	0	0	2	0	0.0		
Moore	AS0069	Surgery Center of Pinehurst	0	6	0	0	0	-2	0	6,659.0	6	1,312
<b>Surgery Center of Pinehurst Health Total</b>			<b>0</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>			
<b>Moore Total</b>			<b>2</b>	<b>9</b>	<b>15</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>			
Nash		Carolina Vascular Care	0	0	0	0	0	1	0	0.0		
Nash	H0228	Nash General Hospital	1	0	13	-1	0	0	0	17,661.1	3	1,755
<b>Nash Total</b>			<b>1</b>	<b>0</b>	<b>13</b>	<b>-1</b>	<b>0</b>	<b>1</b>	<b>0</b>			

**Proposed 2026 SMFP**

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New Hanover	H0221	Novant Health New Hanover Regional Medical Center	5	4	33	-3	-1	0	0	56,208.7	2	1,950
<b>New Hanover Total</b>			<b>5</b>	<b>4</b>	<b>33</b>	<b>-3</b>	<b>-1</b>	<b>0</b>	<b>0</b>			
Onslow	H0048	Onslow Memorial Hospital	1	4	5	-1	0	0	0	8,321.6	4	1,500
<b>Onslow Total</b>			<b>1</b>	<b>4</b>	<b>5</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Orange	H0157	University of North Carolina Hospitals	3	6	37	-3	-2	11	0	70,596.8	1	1,950
<b>Orange Total</b>			<b>3</b>	<b>6</b>	<b>37</b>	<b>-3</b>	<b>-2</b>	<b>11</b>	<b>0</b>			
Pasquotank	H0054	Sentara Albemarle Medical Center	2	0	8	-2	0	0	0	9,085.2	4	1,500
<b>Pasq-Cam-Cur-Gates-Perq Total</b>			<b>2</b>	<b>0</b>	<b>8</b>	<b>-2</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Pender	H0115	Pender Memorial Hospital	0	0	2	0	0	0	0	876.5	4	1,500
<b>Pender Total</b>			<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Person	H0066	Person Memorial Hospital	1	0	4	-1	0	0	0	605.6	4	1,500
<b>Person Total</b>			<b>1</b>	<b>0</b>	<b>4</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Pitt	H0104	ECU Health Medical Center	7	0	26	-4	-1	3	0	72,349.5	1	1,950
Pitt		2025 Need Determination	0	0	0	0	0	5	0	0.0		
<b>Pitt/Greene/Hyde/Tyrrell Total</b>			<b>7</b>	<b>0</b>	<b>26</b>	<b>-4</b>	<b>-1</b>	<b>8</b>	<b>0</b>			
Polk	H0079	AdventHealth Polk	0	0	3	0	0	0	0	710.3	4	1,500
<b>Polk Total</b>			<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Randolph	H0013	Randolph Hospital	1	2	5	-1	0	0	0	4,571.0	4	1,500
<b>Randolph Total</b>			<b>1</b>	<b>2</b>	<b>5</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Richmond	H0158	FirstHealth Moore Regional Hospital - Richmond	1	0	3	-1	0	0	0	2,461.9	4	1,500
<b>Richmond Total</b>			<b>1</b>	<b>0</b>	<b>3</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Robeson	AS0150	The Surgery Center at Southeastern Health Park	0	4	0	0	0	0	0	70.5	5	1,312
Robeson	H0064	Southeastern Regional Medical Center	2	0	5	-1	0	0	0	5,397.5	4	1,500
<b>UNC Health Total</b>			<b>2</b>	<b>4</b>	<b>5</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
<b>Robeson Total</b>			<b>2</b>	<b>4</b>	<b>5</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Rockingham	H0072	UNC Rockingham Hospital	1	0	5	-1	0	0	0	802.1	4	1,500

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Rockingham	H0023	Annie Penn Hospital	0	0	4	0	0	0	0	2,787.1	4	1,500
<b>Rockingham Total</b>			<b>1</b>	<b>0</b>	<b>9</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Rowan	H0040	Novant Health Rowan Medical Center	2	3	8	-2	0	0	0	16,236.0	3	1,755
<b>Rowan Total</b>			<b>2</b>	<b>3</b>	<b>8</b>	<b>-2</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Rutherford	H0039	Rutherford Regional Medical Center	0	0	5	0	0	0	0	3,018.7	4	1,500
<b>Rutherford Total</b>			<b>0</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Sampson	H0067	Sampson Regional Medical Center	0	0	8	0	0	0	0	2,117.5	4	1,500
<b>Sampson Total</b>			<b>0</b>	<b>0</b>	<b>8</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Scotland	H0107	Scotland Memorial Hospital	1	0	5	-1	0	0	0	5,596.4	4	1,500
<b>Scotland Total</b>			<b>1</b>	<b>0</b>	<b>5</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Stanly	H0008	Atrium Health Stanly	1	0	5	-1	0	0	0	2,771.4	4	1,500
<b>Stanly Total</b>			<b>1</b>	<b>0</b>	<b>5</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Stokes	H0165	LifeBrite Community Hospital of Stokes	0	2	2	0	0	0	0	216.4	4	1,500
<b>Stokes Total</b>			<b>0</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Surry	H0049	Hugh Chatham Memorial Hospital	1	0	5	-1	0	0	0	5,061.2	4	1,500
Surry	H0184	Northern Regional Hospital	1	0	4	-1	0	0	0	3,488.3	4	1,500
<b>Surry Total</b>			<b>2</b>	<b>0</b>	<b>9</b>	<b>-2</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Transylvania	H0111	Transylvania Regional Hospital	0	0	4	0	0	0	0	1,015.2	4	1,500
<b>Transylvania Total</b>			<b>0</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Union	H0050	Atrium Health Union	2	0	7	-2	0	0	0	10,964.9	4	1,500
<b>Union Total</b>			<b>2</b>	<b>0</b>	<b>7</b>	<b>-2</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Vance	H0267-A	Maria Parham Health	0	0	5	0	0	0	0	3,896.7	4	1,500
<b>Vance Total</b>			<b>0</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Wake		Duke Green Level Hospital	0	0	0	0	0	2	0	0.0		
Wake	H0238	Duke Raleigh Hospital	0	0	15	0	0	-3	0	25,694.7	3	1,755
<b>Duke University Health System Total</b>			<b>0</b>	<b>0</b>	<b>15</b>	<b>0</b>	<b>0</b>	<b>-1</b>	<b>0</b>			
Wake		WakeMed Garner Hospital	0	0	0	0	0	2	0	0.0		
Wake	H0199	WakeMed	8	0	19	-4	-1	0	0	49,463.6	2	1,950

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Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/ Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
Wake	H0276	WakeMed Cary Hospital	2	0	10	-2	0	1	0	14,204.8	4	1,500
<b>WakeMed Health &amp; Hospitals Total</b>			<b>10</b>	<b>0</b>	<b>29</b>	<b>-6</b>	<b>-1</b>	<b>3</b>	<b>0</b>			
Wake	H0065	UNC Health Rex	5	0	27	-5	0	1	1	59,141.4	2	1,950
Wake		2024 Need Determination	0	0	0	0	0	4	0	0.0		
<b>Wake Total</b>			<b>15</b>	<b>0</b>	<b>71</b>	<b>-11</b>	<b>-1</b>	<b>7</b>	<b>1</b>			
Washington	H0006	Washington Regional Medical Center	0	0	2	0	0	0	0	0.0		
<b>Washington Total</b>			<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Wayne	H0257	Wayne UNC Health Care	1	2	11	-1	0	0	0	11,264.7	4	1,500
<b>Wayne Total</b>			<b>1</b>	<b>2</b>	<b>11</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Wilkes	H0153	Wilkes Medical Center	1	1	4	-1	0	0	0	3,367.8	4	1,500
<b>Wilkes Total</b>			<b>1</b>	<b>1</b>	<b>4</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Wilson		Wilson Surgery Center	0	0	0	0	0	4	0	0.0		
Wilson	AS0005	Wilson Medical Center***	0	4	0	0	0	-4	0	0.0		
Wilson	H0210	Wilson Medical Center	1	0	9	-1	0	0	0	3,965.5	4	1,500
<b>Duke LifePoint Total</b>			<b>1</b>	<b>4</b>	<b>9</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Wilson	AS0007	Wilson OB-GYN	0	1	0	0	0	0	0	48.0	6	1,312
<b>Wilson Total</b>			<b>1</b>	<b>5</b>	<b>9</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
<b>Grand Total</b>			<b>157</b>	<b>133</b>	<b>944</b>	<b>-102</b>	<b>-11</b>	<b>56</b>	<b>6</b>			

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

\*\* The facility's licensed ORs were not operational during the reporting year.

\*\*\* Facility ORs were under development during the reporting year.

Table 6B: Projected Operating Room Need for 2028

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2028	Projected Surgical ORs Required in 2028	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Alamance	H0272	Alamance Regional Medical Center	1,679	138.6	7,750	95.9	16,266	4.43	16,986	9.68	12	-2.32	
<b>Alamance Total****</b>													<b>0</b>
Alexander	H0274	Alexander Hospital (closed)**	0	0.0	0	0.0	0		0	0.00	2	-2.00	
<b>Alexander Total</b>													<b>0</b>
Alleghany	H0108	Alleghany Memorial Hospital^^/†††	0	0.0	79	92.2	121	0.88	122	0.08	2	-1.92	
<b>Alleghany Total</b>													<b>0</b>
Anson	H0082	Atrium Health Anson^^/†††	0	0.0	28	92.2	43	-1.19	43	0.03	1	-0.97	
<b>Anson Total</b>													<b>0</b>
Ashe	H0099	Ashe Memorial Hospital^/†	155	134.4	732	90.0	1,445	-0.83	1,445	0.96	2	-1.04	
<b>Ashe Total</b>													<b>0</b>
Avery	H0037	Charles A. Cannon, Jr. Memorial Hospital††/††††	17	68.8	635	49.6	544	0.15	545	0.36	2	-1.64	
Watauga	H0077	Watauga Medical Center††/††††	718	74.5	5,035	50.8	5,151	0.15	5,159	3.44	6	-2.56	
<b>Appalachian Regional Healthcare System Total</b>										<b>3.80</b>	<b>8</b>	<b>-4.20</b>	
<b>Avery/Watauga Total</b>													<b>0</b>
Beaufort	H0188	ECU Health Beaufort Hospital, A campus of ECU Health Medical Center†/†††	515	121.0	3,280	89.1	5,909	-0.23	5,909	3.94	5	-1.06	
<b>Beaufort Total</b>													<b>0</b>
Bertie	H0268	ECU Health Bertie Hospital	0	0.0	524	36.0	314	-2.87	314	0.21	2	-1.79	
<b>Bertie Total</b>													<b>0</b>
Bladen	H0154	Cape Fear Valley-Bladen County Hospital††/†††	2	105.7	244	68.3	281	4.68	294	0.20	2	-1.80	
<b>Bladen Total</b>													<b>0</b>
Brunswick	H0250	Novant Health Brunswick Medical Center^^/†††	848	119.0	4,355	92.2	8,373	14.22	9,564	6.38	4	2.38	
Brunswick	H0150	J. Arthur Doshier Memorial Hospital	133	108.0	2,188	60.0	2,427	14.22	2,772	1.85	2	-0.15	
<b>Brunswick Total****</b>												<b>2.38</b>	<b>3</b>
Buncombe	H0036	Mission Hospital†††	11,802	138.4	17,532	88.1	52,953	4.10	55,125	28.27	44	-15.73	
<b>Buncombe/Madison/Yancey Total****</b>													<b>0</b>

Table 6B: Projected Operating Room Need for 2028

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2028	Projected Surgical ORs Required in 2028	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Burke		Blue Ridge Surgery Center	0	0.0	0	0.0	0		0	0.00	4	-4.00	
Burke	AS0040	Surgery Center of Morganton Eye Physicians	0	0.0	2,562	30.0	1,281	1.21	1,296	0.99	2	-1.01	
Burke	H0062	UNC Health Blue Ridge	1,269	110.2	5,008	69.7	8,148	1.21	8,247	5.50	5	0.50	
<b>Burke Total</b>													<b>0</b>
Cabarrus	H0031	Atrium Health Cabarrus^/^^	5,391	194.4	6,547	130.4	31,697	7.40	34,044	19.40	17	2.40	
<b>Cabarrus Total****</b>												<b>2.40</b>	<b>2</b>
Caldwell	AS0168	Prime Surgical Suites	0	0.0	2,722	52.0	2,359	0.84	2,379	1.81	3	-1.19	
Caldwell	H0061	Caldwell UNC Health Care†	914	79.4	3,276	55.2	4,221	0.84	4,256	2.84	4	-1.16	
<b>UNC Health Total</b>										<b>4.65</b>	<b>7</b>	<b>-2.35</b>	
<b>Caldwell Total</b>													<b>0</b>
Carteret	AS0061	The Surgical Center of Morehead City^^	0	0.0	1,641	65.0	1,778	2.75	1,827	1.39	2	-0.61	
Carteret	H0222	Carteret General Hospital^^	982	109.0	2,728	92.2	5,976	2.75	6,140	4.09	5	-0.91	
<b>Carteret Total</b>													<b>0</b>
Catawba	H0053	Frye Regional Medical Center^/^^/†/†††	2,114	134.4	4,211	92.2	11,205	4.43	11,701	7.80	21	-13.20	
Catawba	H0223	Catawba Valley Medical Center	2,063	141.5	7,072	106.1	17,371	4.43	18,140	10.34	12	-1.66	
<b>Catawba Total****</b>													<b>0</b>
Chatham	H0007	Chatham Hospital^/†††	17	120.0	781	92.2	1,234	6.59	1,315	0.88	2	-1.12	
<b>Chatham Total</b>													<b>0</b>
Cherokee	H0239	Erlanger Murphy Medical Center^/^^/†/†††	158	134.4	2,122	92.2	3,614	3.70	3,748	2.50	4	-1.50	
<b>Cherokee/Clay Total</b>													<b>0</b>
Chowan	H0063	ECU Health Chowan Hospital†††	359	67.0	671	43.6	888	-0.18	888	0.59	3	-2.41	
<b>Chowan Total</b>													<b>0</b>
Cleveland	AS0062	Atrium Health Surgery Center Shelby††††	0	0.0	1,475	35.2	865	2.53	887	0.68	4	-3.32	
Cleveland	H0024	Atrium Health Cleveland^/†††	1,098	129.6	3,949	92.2	8,439	2.53	8,653	5.77	8	-2.23	
<b>Atrium Health Total</b>										<b>6.44</b>	<b>12</b>	<b>-5.56</b>	
Cleveland	AS0049	Eye Surgery Center of Shelby	0	0.0	2,634	31.0	1,361	2.53	1,395	1.06	2	-0.94	
<b>Cleveland Total</b>													<b>0</b>
Columbus	H0045	Columbus Regional Healthcare System	732	95.7	2,893	55.6	3,848	4.57	4,024	2.68	5	-2.32	

Table 6B: Projected Operating Room Need for 2028

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2028	Projected Surgical ORs Required in 2028	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
<b>Columbus Total</b>													<b>0</b>
Craven	H0201	CarolinaEast Medical Center	2,608	111.0	12,478	47.5	14,703	0.20	14,732	9.82	17	-7.18	
<b>Craven/Jones/Pamlico Total</b>													<b>0</b>
Cumberland	H0213	Cape Fear Valley Medical Center	4,893	162.3	6,848	126.8	27,703	0.00	27,703	15.79	17	-1.21	
Cumberland	H0275	Highsmith-Rainey Specialty Hospital†††	41	92.1	2,001	70.4	2,411	0.00	2,411	1.61	3	-1.39	
<b>Cape Fear Valley Health System Total</b>										<b>17.39</b>	<b>20</b>	<b>-2.61</b>	
<b>Cumberland Total****</b>													<b>0</b>
Dare	H0273	The Outer Banks Hospital†/†††	144	82.5	1,239	48.4	1,197	2.27	1,225	0.82	3	-2.18	
<b>Dare Total</b>													<b>0</b>
Davidson	H0027	Lexington Medical Center^/^^/†/†††	467	134.4	2,677	92.2	5,159	3.79	5,355	3.57	4	-0.43	
Davidson	H0112	Novant Health Thomasville Medical Center†/††††	447	127.1	4,081	46.7	4,124	3.79	4,281	2.85	5	-2.15	
Davidson		2025 Need Determination	0	0.0	0	0.0	0		0	0.00	2	-2.00	
<b>Davidson Total****</b>													<b>0</b>
Davie	H0171	Davie Medical Center^/†/†††	79	134.4	3,384	74.8	4,396	5.01	4,616	3.08	3	0.08	
<b>Davie Total</b>													<b>0</b>
Duplin	H0166	ECU Health Duplin Hospital	335	66.1	1,548	56.0	1,814	4.73	1,900	1.27	3	-1.73	
<b>Duplin Total</b>													<b>0</b>
Durham	H0015	Duke University Hospital*	17,374	272.0	23,984	142.6	135,756	4.51	141,875	72.76	66	6.76	
Durham	H0233	Duke Regional Hospital^^/†††	2,980	187.0	4,473	130.4	19,011	4.51	19,868	11.32	13	-1.68	
<b>Duke University Health System Total</b>										<b>84.08</b>	<b>79</b>	<b>5.08</b>	
Durham	H0075	North Carolina Specialty Hospital^/^^/†/†††	559	134.4	4,952	92.2	8,861	4.51	9,260	6.17	4	2.17	
Durham		2021 SMFP Need Determination	0	0.0	0	0.0	0		0	0.00	2	-2.00	
<b>Durham/Warren Total</b>												<b>5.25</b>	<b>5</b>
Edgecombe	H0258	ECU Health Edgecombe Hospital	445	112.0	1,460	56.0	2,193	0.34	2,201	1.47	5	-3.53	
<b>Edgecombe Total</b>													<b>0</b>
Forsyth	H0209	Novant Health Forsyth Medical Center	9,403	153.4	21,724	94.5	58,270	2.87	59,942	30.74	33	-2.26	
Forsyth	H0229	Novant Health Medical Park Hospital	478	193.1	9,357	91.6	15,823	2.87	16,277	9.27	10	-0.73	

Table 6B: Projected Operating Room Need for 2028

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2028	Projected Surgical ORs Required in 2028	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
<b>Novant Health Total</b>										<b>40.01</b>	<b>43</b>	<b>-2.99</b>	
Forsyth	H0011	Atrium Health Wake Forest Baptist*	14,107	230.0	15,729	137.0	89,991	2.87	92,573	47.47	56	-8.53	
<b>Forsyth/Yadkin Total****</b>													<b>0</b>
Franklin	H0267-B	Maria Parham-Franklin**	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Franklin		Same Day Surgery Center	0	0.0	0	0.0	0		0	0.00	2	-2.00	
<b>Franklin Total</b>													<b>0</b>
Gaston	H0105	CaroMont Regional Medical Center	4,639	102.0	11,272	80.0	22,916	4.49	23,945	13.64	19	-5.36	
<b>Gaston Total****</b>													<b>0</b>
Granville	H0098	Granville Health System†/†††	436	72.5	2,048	34.8	1,714	4.09	1,784	1.19	3	-1.81	
<b>Granville Total</b>													<b>0</b>
Guilford		Atrium Health Wake Forest Baptist Greensboro Medical Center	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Guilford	H0052	Atrium Health Wake Forest Baptist - High Point Medical Center^/†/†††	2,109	130.9	3,873	92.2	10,552	4.57	11,035	7.36	8	-0.64	
<b>Atrium Health Total</b>										<b>7.36</b>	<b>10</b>	<b>-2.64</b>	
Guilford	H0159	Cone Health†	8,583	159.7	18,546	126.5	61,937	4.57	64,769	33.21	40	-6.79	
Guilford	H0073	Kindred Hospital - Greensboro	129	59.0	17	64.0	145	4.57	152	0.10	1	-0.90	
<b>Guilford/Caswell Total****</b>													<b>0</b>
Halifax	H0230	ECU Health North Hospital	717	82.0	1,937	56.1	2,791	-3.06	2,791	1.86	6	-4.14	
<b>Halifax/Northampton Total</b>													<b>0</b>
Harnett	H0224	Cape Fear Valley Betsy Johnson Hospital†/†††	755	108.9	2,404	81.4	4,632	7.13	4,962	3.31	7	-3.69	
<b>Harnett Total****</b>													<b>0</b>
Haywood	H0025	Haywood Regional Medical Center	1,099	115.5	3,814	81.2	7,277	2.66	7,470	4.98	7	-2.02	
<b>Haywood Total</b>													<b>0</b>
Henderson	AS0177	Western Carolina Surgery Center^^	0	0.0	567	68.5	647	4.66	677	0.52	1	-0.48	
Henderson	H0019	AdventHealth Hendersonville	1,020	100.0	5,113	76.0	8,176	4.66	8,557	5.70	5	0.70	
<b>Adventist Health Total</b>										<b>6.22</b>	<b>6</b>	<b>0.22</b>	
Henderson	AS0186	The Surgery Center at Mills River†††	0	0.0	915	31.9	486	4.66	509	0.39	2	-1.61	

Table 6B: Projected Operating Room Need for 2028

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2028	Projected Surgical ORs Required in 2028	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Henderson	H0161	Margaret R. Pardee Memorial Hospital	2,251	115.0	8,538	73.0	14,702	4.66	15,387	10.26	8	2.26	
<b>UNC Health Total</b>										<b>10.65</b>	<b>10</b>	<b>0.65</b>	
<b>Henderson Total</b>													<b>0</b>
Hertford	H0001	ECU Health Roanoke-Chowan Hospital†/†††	442	50.7	1,007	32.4	917	-3.74	917	0.61	5	-4.39	
<b>Hertford Total</b>													<b>0</b>
Hoke	H0288	Cape Fear Valley Hoke Hospital^^/†††	53	89.4	1,116	92.2	1,794	5.20	1,887	1.26	2	-0.74	
Hoke	H0287	FirstHealth Moore Regional Hospital - Hoke Campus	0	0.0	669	44.0	491	5.20	516	0.34	2	-1.66	
<b>Hoke Total</b>													<b>0</b>
Iredell	H0248	Iredell Davis Regional Medical Center**	0	0.0	0	0.0	0		0	0.00	4	-4.00	
Iredell	H0259	Lake Norman Regional Medical Center†/†††	1,350	101.2	5,476	48.4	6,693	7.31	7,183	4.79	9	-4.21	
<b>Community Health Systems Total</b>										<b>4.79</b>	<b>13</b>	<b>-8.21</b>	
Iredell	H0164	Iredell Memorial Hospital^^/††/†††	1,111	104.5	5,710	92.2	10,708	7.31	11,491	7.66	9	-1.34	
<b>Iredell Total****</b>													<b>0</b>
Swain	H0069	Swain Community Hospital**	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Jackson	H0087	Harris Regional Hospital	783	103.6	4,444	65.1	6,174	0.71	6,217	4.14	6	-1.86	
<b>Duke LifePoint Total</b>										<b>4.14</b>	<b>7</b>	<b>-2.86</b>	
<b>Jackson/Graham/Swain Total</b>													<b>0</b>
Johnston	H0151	UNC Health Johnston	1,398	95.4	5,709	62.1	8,127	11.43	9,056	6.04	8	-1.96	
<b>Johnston Total****</b>													<b>0</b>
Lee	H0243	Central Carolina Hospital†/†††	235	110.2	1,593	70.8	2,311	6.54	2,462	1.64	6	-4.36	
<b>Lee Total</b>													<b>0</b>
Lenoir	H0043	UNC Lenoir Health Care	916	104.8	3,543	45.7	4,299	0.06	4,301	2.87	9	-6.13	
<b>Lenoir Total</b>													<b>0</b>
Lincoln	H0225	Atrium Health Lincoln^^	524	115.9	2,389	92.2	4,683	7.95	5,055	3.37	4	-0.63	
<b>Lincoln Total</b>													<b>0</b>
Macon	H0034	Angel Medical Center†††	167	130.9	785	66.2	1,231	3.76	1,277	0.85	3	-2.15	
Macon	H0193	Highlands-Cashiers Hospital~/†††	5	134.4	20	70.7	35	3.76	36	0.02	2	-1.98	

Table 6B: Projected Operating Room Need for 2028

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2028	Projected Surgical ORs Required in 2028	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
<b>Mission Health Total</b>										0.88	5	-4.12	
<b>Macon Total</b>													0
McDowell	H0097	Mission Hospital McDowell†††††	185	92.2	852	65.6	1,215	0.32	1,219	0.81	3	-2.19	
<b>McDowell Total</b>													0
Mecklenburg	H0042	Atrium Health Pineville^/^^	3,534	194.4	6,649	130.4	25,903	6.38	27,555	15.70	13	2.70	
Mecklenburg	H0071	Carolinas Medical Center/Center for Mental Health	19,565	235.0	24,221	143.0	134,356	6.38	142,929	73.30	68	5.30	
Mecklenburg	H0255	Atrium Health University City^/††††	1,020	134.4	4,043	79.0	7,608	6.38	8,093	5.40	8	-2.60	
<b>Atrium Health Total</b>										94.39	89	5.39	
Mecklenburg		Novant Health Steele Creek Medical Center	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Mecklenburg	H0010	Novant Health Presbyterian Medical Center†††	7,413	175.0	24,754	97.9	62,012	6.38	65,968	33.83	35	-1.17	
Mecklenburg	H0270	Novant Health Matthews Medical Center^^/†††	1,428	119.0	4,490	92.2	9,731	6.38	10,352	6.90	7	-0.10	
Mecklenburg	H0282	Novant Health Huntersville Medical Center^^	1,181	107.3	4,829	92.2	9,532	6.38	10,140	6.76	7	-0.24	
Mecklenburg	H0290	Novant Health Mint Hill Medical Center^/^^/†††	133	134.4	1,408	92.2	2,461	6.38	2,618	1.75	3	-1.25	
Mecklenburg	H0292	Novant Health Ballantyne Medical Center^^/†††	112	68.2	1,471	92.2	2,388	6.38	2,540	1.69	2	-0.31	
<b>Novant Health Total</b>										50.93	56	-5.07	
Mecklenburg		2025 Need Determination	0	0.0	0	0.0	0		0	0.00	5	-5.00	
<b>Mecklenburg Total****</b>													0
Mitchell	H0169	Blue Ridge Regional Hospital	46	75.0	591	56.0	609	-1.10	609	0.41	3	-2.59	
<b>Mitchell Total</b>													0
Montgomery	H0003	FirstHealth Montgomery Memorial Hospital	0	0.0	155	52.0	134	0.66	135	0.09	2	-1.91	
<b>Montgomery Total</b>													0
Moore	H0100	FirstHealth Moore Regional Hospital and Pinehurst Treatment Center	5,089	131.1	8,253	92.4	23,829	8.62	25,882	14.75	17	-2.25	
Moore	AS0022	The Eye Surgery Center of the Carolinas†††	0	0.0	6,625	19.4	2,138	8.62	2,322	1.77	3	-1.23	
Moore		Southern Pines Surgery Center	0	0.0	0	0.0	0		0	0.00	2	-2.00	

Table 6B: Projected Operating Room Need for 2028

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2028	Projected Surgical ORs Required in 2028	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Moore	AS0069	Surgery Center of Pinehurst	0	0.0	6,659	60.0	6,659	8.62	7,233	5.51	4	1.51	
<b>Surgery Center of Pinehurst Health Total</b>										<b>5.51</b>	<b>6</b>	<b>-0.49</b>	
<b>Moore Total</b>													<b>0</b>
Nash		Carolina Vascular Care	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Nash	H0228	Nash General Hospital††††	1,895	162.6	7,333	102.5	17,661	2.14	18,039	10.28	13	-2.72	
<b>Nash Total</b>													<b>0</b>
New Hanover	H0221	Novant Health New Hanover Regional Medical Center	10,656	142.4	20,709	89.6	56,209	5.43	59,261	30.39	38	-7.61	
<b>New Hanover Total****</b>													<b>0</b>
Onslow	H0048	Onslow Memorial Hospital†	824	108.9	5,893	69.5	8,322	4.62	8,706	5.80	9	-3.20	
<b>Onslow Total****</b>													<b>0</b>
Orange	H0157	University of North Carolina Hospitals††††	12,688	156.0	19,916	113.3	70,597	3.86	73,320	37.60	52	-14.40	
<b>Orange Total****</b>													<b>0</b>
Pasquotank	H0054	Sentara Albemarle Medical Center^††††	853	134.4	5,041	83.6	8,934	3.26	9,225	6.15	8	-1.85	
<b>Pasq-Cam-Cur-Gates-Perq Total</b>													<b>0</b>
Pender	H0115	Pender Memorial Hospital	0	0.0	1,753	30.0	877	4.86	919	0.61	2	-1.39	
<b>Pender Total</b>													<b>0</b>
Person	H0066	Person Memorial Hospital^††††	74	134.4	622	41.1	592	1.70	602	0.40	4	-3.60	
<b>Person Total</b>													<b>0</b>
Pitt	H0104	ECU Health Medical Center††††	11,490	205.7	13,619	145.2	72,350	1.97	73,777	37.83	31	6.83	
Pitt		2025 Need Determination	0	0.0	0	0.0	0		0	0.00	5	-5.00	
<b>Pitt/Greene/Hyde/Tyrrell Total****</b>												<b>1.83</b>	<b>2</b>
Polk	H0079	AdventHealth Polk††††	52	91.0	523	72.4	710	-0.01	710	0.47	3	-2.53	
<b>Polk Total</b>													<b>0</b>
Randolph	H0013	Randolph Hospital	478	119.2	2,885	75.3	4,571	2.31	4,677	3.12	7	-3.88	
<b>Randolph Total****</b>													<b>0</b>
Richmond	H0158	FirstHealth Moore Regional Hospital - Richmond	112	76.0	2,175	64.0	2,462	-2.34	2,462	1.64	3	-1.36	
<b>Richmond Total</b>													<b>0</b>

Table 6B: Projected Operating Room Need for 2028

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2028	Projected Surgical ORs Required in 2028	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Robeson	AS0150	The Surgery Center at Southeastern Health Park†††	0	0.0	94	39.1	61	-0.19	61	0.05	4	-3.95	
Robeson	H0064	Southeastern Regional Medical Center†/†††	880	92.2	2,988	81.2	5,398	-0.19	5,398	3.60	6	-2.40	
<b>UNC Health Total</b>										<b>3.65</b>	<b>10</b>	<b>-6.35</b>	
<b>Robeson Total</b>													<b>0</b>
Rockingham	H0072	UNC Rockingham Hospital††††	194	60.0	584	62.5	802	0.00	802	0.53	5	-4.47	
Rockingham	H0023	Annie Penn Hospital^†/††††	347	134.4	1,809	64.8	2,731	0.00	2,731	1.82	4	-2.18	
<b>Rockingham Total</b>													<b>0</b>
Rowan	H0040	Novant Health Rowan Medical Center	1,629	144.0	8,701	85.0	16,236	1.40	16,463	9.38	11	-1.62	
<b>Rowan Total****</b>													<b>0</b>
Rutherford	H0039	Rutherford Regional Medical Center	931	95.0	1,426	65.0	3,019	1.12	3,053	2.04	5	-2.96	
<b>Rutherford Total</b>													<b>0</b>
Sampson	H0067	Sampson Regional Medical Center	441	90.0	1,120	78.0	2,118	2.36	2,167	1.44	8	-6.56	
<b>Sampson Total</b>													<b>0</b>
Scotland	H0107	Scotland Memorial Hospital††	1,335	75.8	3,503	67.0	5,596	-2.47	5,596	3.73	5	-1.27	
<b>Scotland Total</b>													<b>0</b>
Stanly	H0008	Atrium Health Stanly	311	130.3	1,572	80.0	2,771	1.81	2,821	1.88	5	-3.12	
<b>Stanly Total</b>													<b>0</b>
Stokes	H0165	LifeBrite Community Hospital of Stokes††††	0	0.0	356	36.5	216	1.08	219	0.15	4	-3.85	
<b>Stokes Total</b>													<b>0</b>
Surry	H0049	Hugh Chatham Memorial Hospital	717	120.0	3,109	70.0	5,061	0.00	5,061	3.37	5	-1.63	
Surry	H0184	Northern Regional Hospital	530	78.0	2,666	63.0	3,488	0.00	3,488	2.33	4	-1.67	
<b>Surry Total</b>													<b>0</b>
Transylvania	H0111	Transylvania Regional Hospital†††	217	98.6	778	50.8	1,015	1.56	1,031	0.69	4	-3.31	
<b>Transylvania Total</b>													<b>0</b>
Union	H0050	Atrium Health Union^/^^†/†††	1,376	134.4	4,515	92.2	10,019	10.79	11,100	7.40	7	0.40	
<b>Union Total****</b>													<b>0</b>
Vance	H0267-A	Maria Parham Health	652	120.0	2,191	71.0	3,897	-0.04	3,897	2.60	5	-2.40	

Table 6B: Projected Operating Room Need for 2028

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2028	Projected Surgical ORs Required in 2028	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
<b>Vance Total</b>													<b>0</b>
Wake		Duke Green Level Hospital	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Wake	H0238	Duke Raleigh Hospital^†/†††	3,032	194.4	7,600	124.3	25,567	7.70	27,536	15.69	12	3.69	
<b>Duke University Health System Total</b>										<b>15.69</b>	<b>14</b>	<b>1.69</b>	
Wake		WakeMed Garner Hospital	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Wake	H0199	WakeMed	9,264	170.5	10,862	127.8	49,464	7.70	53,272	27.32	22	5.32	
Wake	H0276	WakeMed Cary Hospital^†/†††	2,674	134.4	5,174	89.6	13,715	7.70	14,771	9.85	11	-1.15	
<b>WakeMed Health &amp; Hospitals Total</b>										<b>37.17</b>	<b>35</b>	<b>2.17</b>	
Wake	H0065	UNC Health Rex^†	7,011	234.6	14,638	127.4	58,505	7.70	63,010	32.31	28	4.31	
Wake		2024 Need Determination	0	0.0	0	0.0	0		0	0.00	4	-4.00	
<b>Wake Total****</b>												<b>4.17</b>	<b>4</b>
Washington	H0006	Washington Regional Medical Center**	0	0.0	0	0.0	0		0	0.00	2	-2.00	
<b>Washington Total</b>													<b>0</b>
Wayne	H0257	Wayne UNC Health Care†††	1,528	94.8	6,975	76.1	11,265	1.25	11,406	7.60	13	-5.40	
<b>Wayne Total</b>													<b>0</b>
Wilkes	H0153	Wilkes Medical Center†/†††	495	91.3	2,593	60.5	3,368	1.00	3,402	2.27	5	-2.73	
<b>Wilkes Total</b>													<b>0</b>
Wilson		Wilson Surgery Center	0	0.0	0	0.0	0		0	0.00	4	-4.00	
Wilson	AS0005	Wilson Medical Center***	0	0.0	0	0.0	0		0	0.00	0	0.00	
Wilson	H0210	Wilson Medical Center	565	90.0	3,118	60.0	3,966	0.37	3,980	2.65	9	-6.35	
<b>Duke LifePoint Total</b>										<b>2.65</b>	<b>13</b>	<b>-10.35</b>	
Wilson	AS0007	Wilson OB-GYN	0	0.0	96	30.0	48	0.37	48	0.04	1	-0.96	
<b>Wilson Total</b>													<b>0</b>

Table 6B: Projected Operating Room Need for 2028

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2028	Projected Surgical ORs Required in 2028	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
<b>Grand Total</b>			227,005		562,051								16

- \* Duke University Hospital has 16 licensed operating rooms (ORs) approved under Policy AC-3 (J-008030-07). North Carolina Baptist Hospital has certificates of need (G-008460-10 & G-011519-18) for 11 ORs approved under Policy AC-3. These 27 ORs are counted when determining OR need.
- \*\* The facility's licensed ORs were not operational during the reporting year.
- \*\*\* Facility ORs were under development during the reporting year.
- \*\*\*\* Pursuant to SL 2023-7, licensed ambulatory surgical facilities within this service area are QUASFs and have been removed from the service area's inventory. Any need determination generated in this service area is for informational purposes only.
- ^ Inpatient case time substitution: Current year's reported case time is greater than 1 standard deviation (SD) above group average. Substituted average inpatient case time plus 1 SD for group (see Step 4a of the Methodology).
- ^^ Ambulatory case time substitution: Current year's reported case time is greater than 1 SD above group average. Substituted average ambulatory case time plus 1 SD for group (see Step 4a of the Methodology).
- † Inpatient case time substitution: Current year's reported case time is greater than 110% of previous year. Substituted previous year's average inpatient case time plus 10% (see Step 2a.1. of the Methodology).
- †† Inpatient case time substitution: Current year's reported case time is less than 80% of previous year. Substituted previous year's average inpatient case time minus 20% (see Step 2a.2. of the Methodology).
- ††† Ambulatory case time substitution: Current year's reported case time is greater than 110% of previous year. Substituted previous year's average ambulatory case time plus 10% (see Step 2a.1. of the Methodology).
- †††† Ambulatory case time substitution: Current year's reported case time is less than 80% of previous year. Substituted previous year's average ambulatory case time minus 20% (see Step 2a.2. of the Methodology).

**Table 6C: Operating Room Need Determination\***  
*(Proposed for Certificate of Need Review Commencing in 2026)*

Service Area	Operating Room Need Determination	Certificate of Need Application Deadline**	Certificate of Need Beginning Review Date
It is determined that there is no need anywhere else in the state and no other reviews are scheduled.			

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

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

**Inventory of Endoscopy Rooms in Licensed Facilities**

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

**Table 6D: Endoscopy Room Inventory**

Case and Procedure Data for 10/01/2023 - 9/30/2024 as reported on 2025 Hospital and Ambulatory Surgical Facility License Renewal Applications

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
H0272	Alamance Regional Medical Center	Alamance	4	0	6,609	6,619
AS0128	Pioneer Ambulatory Surgery Center	Alamance	1	0	1,800	2,083
		<b>Alamance Total</b>	<b>5</b>	<b>0</b>	<b>8,409</b>	<b>8,702</b>
H0099	Ashe Memorial Hospital	Ashe	1	0	694	995
		<b>Ashe Total</b>	<b>1</b>	<b>0</b>	<b>694</b>	<b>995</b>
H0037	Charles A. Cannon, Jr. Memorial Hospital	Avery	1	0	426	952
		<b>Avery Total</b>	<b>1</b>	<b>0</b>	<b>426</b>	<b>952</b>
H0188	ECU Health Beaufort Hospital, A campus of ECU Health Medical	Beaufort	1	0	1,334	1,437
		<b>Beaufort Total</b>	<b>1</b>	<b>0</b>	<b>1,334</b>	<b>1,437</b>
	McLeod Health Brunswick ASC *	Brunswick	0	1	0	0
H0150	J. Arthur Doshier Memorial Hospital	Brunswick	2	0	1,092	1,283
AS0158	Novant Health Brunswick Endoscopy	Brunswick	2	0	3,143	3,739
H0250	Novant Health Brunswick Medical Center	Brunswick	1	0	2,051	2,084
		<b>Brunswick Total</b>	<b>5</b>	<b>1</b>	<b>6,286</b>	<b>7,106</b>
H0036	Mission Hospital	Buncombe	6	0	5,574	7,269
AS0051	Digestive Health Partners	Buncombe	5	3	16,541	19,305
		<b>Buncombe Total</b>	<b>11</b>	<b>3</b>	<b>22,115</b>	<b>26,574</b>
	Blue Ridge Surgery Center *	Burke	0	2	0	0
AS0145	Carolina Digestive Care	Burke	2	0	3,367	6,378
H0062	UNC Health Blue Ridge	Burke	3	-2	1,668	2,110
		<b>Burke Total</b>	<b>5</b>	<b>0</b>	<b>5,035</b>	<b>8,488</b>
AS0104	Northeast Digestive Health Center	Cabarrus	2	0	6,307	8,971
AS0192	Northeast Digestive Health Center - Poplar Tent	Cabarrus	0	1	0	0
H0031	Atrium Health Cabarrus	Cabarrus	6	0	3,844	5,968
AS0070	Gateway Surgery Center	Cabarrus	2	0	5,610	6,634
		<b>Cabarrus Total</b>	<b>10</b>	<b>1</b>	<b>15,761</b>	<b>21,573</b>

**Table 6D: Endoscopy Room Inventory**

Case and Procedure Data for 10/01/2023 - 9/30/2024 as reported on 2025 Hospital and Ambulatory Surgical Facility License Renewal Applications

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
AS0168	Prime Surgical Suites	Caldwell	0	1	0	0
H0061	Caldwell UNC Health Care	Caldwell	2	-1	611	711
		<b>Caldwell Total</b>	<b>2</b>	<b>0</b>	<b>611</b>	<b>711</b>
H0222	Carteret General Hospital	Carteret	2	0	379	391
AS0061	The Surgical Center of Morehead City	Carteret	1	0	2,019	2,291
		<b>Carteret Total</b>	<b>3</b>	<b>0</b>	<b>2,398</b>	<b>2,682</b>
H0223	Catawba Valley Medical Center	Catawba	2	0	2,820	3,334
H0053	Frye Regional Medical Center	Catawba	2	0	2,043	3,107
AS0077	Gastroenterology Associates, Hickory	Catawba	3	2	7,922	9,109
		<b>Catawba Total</b>	<b>7</b>	<b>2</b>	<b>12,785</b>	<b>15,550</b>
H0007	Chatham Hospital	Chatham	1	0	1,017	1,145
		<b>Chatham Total</b>	<b>1</b>	<b>0</b>	<b>1,017</b>	<b>1,145</b>
H0239	Erlanger Murphy Medical Center	Cherokee	2	0	2,820	3,705
		<b>Cherokee Total</b>	<b>2</b>	<b>0</b>	<b>2,820</b>	<b>3,705</b>
H0063	ECU Health Chowan Hospital	Chowan	1	0	520	619
		<b>Chowan Total</b>	<b>1</b>	<b>0</b>	<b>520</b>	<b>619</b>
H0024	Atrium Health Cleveland	Cleveland	5	0	2,966	4,389
AS0062	Atrium Health Surgery Center Shelby	Cleveland	4	0	2,340	3,073
		<b>Cleveland Total</b>	<b>9</b>	<b>0</b>	<b>5,306</b>	<b>7,462</b>
H0045	Columbus Regional Healthcare System	Columbus	3	0	2,183	2,817
		<b>Columbus Total</b>	<b>3</b>	<b>0</b>	<b>2,183</b>	<b>2,817</b>
AS0096	CarolinaEast Gastroenterology	Craven	3	0	2,042	2,104
H0201	CarolinaEast Medical Center	Craven	2	0	3,150	4,562
AS0078	CCHC Endoscopy Center	Craven	3	1	5,619	7,476
		<b>Craven Total</b>	<b>8</b>	<b>1</b>	<b>10,811</b>	<b>14,142</b>
H0213	Cape Fear Valley Medical Center	Cumberland	4	0	4,133	6,415

**Table 6D: Endoscopy Room Inventory**

Case and Procedure Data for 10/01/2023 - 9/30/2024 as reported on 2025 Hospital and Ambulatory Surgical Facility License Renewal Applications

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
AS0123	Digestive Health Endoscopy Center	Cumberland	2	0	6,074	6,849
AS0006	Fayetteville Ambulatory Surgery Center	Cumberland	3	0	0	0
AS0071	Fayetteville Gastroenterology Endoscopy Center	Cumberland	4	0	10,069	10,214
H0275	Highsmith-Rainey Specialty Hospital	Cumberland	3	0	0	0
<b>Cumberland Total</b>			<b>16</b>	<b>0</b>	<b>20,276</b>	<b>23,478</b>
H0273	The Outer Banks Hospital	Dare	2	0	968	969
<b>Dare Total</b>			<b>2</b>	<b>0</b>	<b>968</b>	<b>969</b>
AS0146	Digestive Health Specialists	Davidson	2	0	2,447	2,742
H0027	Lexington Medical Center	Davidson	2	0	1,383	1,629
H0112	Novant Health Thomasville Medical Center	Davidson	1	0	555	565
<b>Davidson Total</b>			<b>5</b>	<b>0</b>	<b>4,385</b>	<b>4,936</b>
H0171	Davie Medical Center	Davie	1	0	1,458	1,617
AS0139	Digestive Health Specialists	Davie	1	0	2,365	2,716
<b>Davie Total</b>			<b>2</b>	<b>0</b>	<b>3,823</b>	<b>4,333</b>
	Duke GI at North Durham *	Durham	0	4	0	0
H0233	Duke Regional Hospital	Durham	4	0	5,182	6,553
H0015	Duke University Hospital	Durham	11	0	12,620	18,747
AS0085	Triangle Endoscopy Center	Durham	4	0	5,303	5,580
<b>Durham Total</b>			<b>19</b>	<b>4</b>	<b>23,105</b>	<b>30,880</b>
H0258	ECU Health Edgecombe Hospital	Edgecombe	2	0	410	411
AS0127	Vidant Endoscopy Center	Edgecombe	1	0	972	1,076
<b>Edgecombe Total</b>			<b>3</b>	<b>0</b>	<b>1,382</b>	<b>1,487</b>
	Triad Surgery Center *	Forsyth	0	1	0	0
AS0144	Digestive Health Endoscopy Center of Kernersville	Forsyth	2	0	3,383	3,720
AS0099	Digestive Health Specialists	Forsyth	2	1	6,160	7,053

**Table 6D: Endoscopy Room Inventory**

Case and Procedure Data for 10/01/2023 - 9/30/2024 as reported on 2025 Hospital and Ambulatory Surgical Facility License Renewal Applications

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
AS0044	Gastroenterology Associates of the Piedmont	Forsyth	4	-2	4,324	5,021
AS0074	Gastroenterology Associates of the Piedmont	Forsyth	4	0	11,244	13,245
AS0181	Kernersville Endoscopy Center	Forsyth	2	0	1,354	1,603
H0011	Atrium Health Wake Forest Baptist	Forsyth	10	0	12,295	14,593
H0209	Novant Health Forsyth Medical Center	Forsyth	4	0	2,777	3,063
AS0125	Wake Forest Baptist Health Outpatient Endoscopy	Forsyth	2	0	2,535	2,922
<b>Forsyth Total</b>			<b>30</b>	<b>0</b>	<b>44,072</b>	<b>51,220</b>
AS0151	Greater Gaston Endoscopy Center	Gaston	2	-2	0	0
AS0135	CaroMont Endoscopy Center	Gaston	2	0	5,155	6,233
H0105	CaroMont Regional Medical Center	Gaston	6	2	4,801	7,280
<b>Gaston Total</b>			<b>10</b>	<b>0</b>	<b>9,956</b>	<b>13,513</b>
	Granville Health System *	Granville	0	2	0	0
H0098	Granville Health System	Granville	1	0	1,684	2,056
<b>Granville Total</b>			<b>1</b>	<b>2</b>	<b>1,684</b>	<b>2,056</b>
H0159	Cone Health	Guilford	6	0	5,133	5,114
AS0075	Eagle Endoscopy Center	Guilford	4	0	8,621	8,621
AS0009	Greensboro Specialty Surgical Center	Guilford	2	0	0	0
AS0113	Guilford Endoscopy Center	Guilford	2	0	2,640	3,163
H0052	Atrium Health Wake Forest Baptist - High Point Medical Center	Guilford	2	0	2,248	2,849
AS0052	LeBauer Endoscopy Center	Guilford	5	0	16,696	17,283
AS0076	Peters Endoscopy Center	Guilford	2	0	3,852	3,852
AS0059	Wake Forest Baptist Health Outpatient Endoscopy-Quaker Lane	Guilford	3	0	6,480	8,773
<b>Guilford Total</b>			<b>26</b>	<b>0</b>	<b>45,670</b>	<b>49,655</b>
AS0141	Halifax Gastroenterology	Halifax	2	0	1,734	1,734
H0230	ECU Health North Hospital	Halifax	1	0	526	539

**Table 6D: Endoscopy Room Inventory**

Case and Procedure Data for 10/01/2023 - 9/30/2024 as reported on 2025 Hospital and Ambulatory Surgical Facility License Renewal Applications

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
		<b>Halifax Total</b>	<b>3</b>	<b>0</b>	<b>2,260</b>	<b>2,273</b>
H0224	Cape Fear Valley Betsy Johnson Hospital	Harnett	2	0	0	0
		<b>Harnett Total</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>
H0025	Haywood Regional Medical Center	Haywood	3	0	3,745	4,546
		<b>Haywood Total</b>	<b>3</b>	<b>0</b>	<b>3,745</b>	<b>4,546</b>
H0019	AdventHealth Hendersonville	Henderson	1	0	636	636
AS0106	Carolina Mountain Gastroenterology Endoscopy Center	Henderson	2	1	7,602	8,795
H0161	Margaret R. Pardee Memorial Hospital	Henderson	3	0	2,205	2,286
		<b>Henderson Total</b>	<b>6</b>	<b>1</b>	<b>10,443</b>	<b>11,717</b>
H0001	ECU Health Roanoke-Chowan Hospital	Hertford	1	0	1,018	1,129
		<b>Hertford Total</b>	<b>1</b>	<b>0</b>	<b>1,018</b>	<b>1,129</b>
H0248	Iredell Davis Regional Medical Center	Iredell	2	0	0	0
H0164	Iredell Memorial Hospital	Iredell	3	0	3,416	4,171
H0259	Lake Norman Regional Medical Center	Iredell	2	0	1,833	1,833
AS0169	Langtree Endoscopy Center	Iredell	1	1	3,469	4,139
AS0126	Piedmont HealthCare Endoscopy Center	Iredell	3	1	5,552	8,034
		<b>Iredell Total</b>	<b>11</b>	<b>2</b>	<b>14,270</b>	<b>18,177</b>
H0087	Harris Regional Hospital	Jackson	1	0	997	1,716
		<b>Jackson Total</b>	<b>1</b>	<b>0</b>	<b>997</b>	<b>1,716</b>
AS0153	Clayton Endoscopy Center	Johnston	2	0	3,231	3,283
AS0190	Johnston Endoscopy Center	Johnston	2	0	0	0
H0151	UNC Health Johnston	Johnston	3	-1	4,670	5,610
AS0183	Jordan Digestive Diagnostic Center	Johnston	2	0	3,201	3,201
		<b>Johnston Total</b>	<b>9</b>	<b>-1</b>	<b>11,102</b>	<b>12,094</b>
H0243	Central Carolina Hospital	Lee	1	0	495	495
AS0094	Mid Carolina Endoscopy Center	Lee	2	0	3,421	5,233

**Table 6D: Endoscopy Room Inventory**

Case and Procedure Data for 10/01/2023 - 9/30/2024 as reported on 2025 Hospital and Ambulatory Surgical Facility License Renewal Applications

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
		<b>Lee Total</b>	<b>3</b>	<b>0</b>	<b>3,916</b>	<b>5,728</b>
AS0156	AMG Endoscopy Center	Lenoir	2	0	0	1,638
AS0122	ECU Health Endoscopy Center - Kinston	Lenoir	2	0	1,552	1,659
H0043	UNC Lenoir Health Care	Lenoir	2	0	0	0
		<b>Lenoir Total</b>	<b>6</b>	<b>0</b>	<b>1,552</b>	<b>3,297</b>
	Denver Surgery Center *	Lincoln	0	1	0	0
H0225	Atrium Health Lincoln	Lincoln	2	0	3,063	4,458
		<b>Lincoln Total</b>	<b>2</b>	<b>1</b>	<b>3,063</b>	<b>4,458</b>
H0034	Angel Medical Center	Macon	1	0	341	402
H0193	Highlands-Cashiers Hospital	Macon	2	0	135	143
AS0097	Western Carolina Endoscopy Center	Macon	2	0	2,882	3,459
		<b>Macon Total</b>	<b>5</b>	<b>0</b>	<b>3,358</b>	<b>4,004</b>
H0078	Martin General Hospital (closed)	Martin	1	0	92	92
		<b>Martin Total</b>	<b>1</b>	<b>0</b>	<b>92</b>	<b>92</b>
H0097	Mission Hospital McDowell	McDowell	1	0	497	497
		<b>McDowell Total</b>	<b>1</b>	<b>0</b>	<b>497</b>	<b>497</b>
AS0081	Atrium Health Endoscopy Center Ballantyne	Mecklenburg	4	0	9,464	13,006
AS0080	Atrium Health Endoscopy Center Kenilworth	Mecklenburg	3	0	6,566	8,494
H0042	Atrium Health Pineville	Mecklenburg	2	0	4,183	6,281
H0255	Atrium Health University City	Mecklenburg	1	0	1,104	1,848
AS0092	Carolina Digestive Endoscopy Center	Mecklenburg	2	0	10,194	10,194
AS0108	Carolina Endoscopy Center-Huntersville	Mecklenburg	2	0	6,908	6,995
AS0088	Carolina Endoscopy Center-Pineville	Mecklenburg	2	0	4,726	4,830
AS0089	Carolina Endoscopy Center-University	Mecklenburg	2	0	5,261	5,335
H0071	Carolinas Medical Center/Center for Mental Health	Mecklenburg	12	0	12,514	19,609

**Table 6D: Endoscopy Room Inventory**

Case and Procedure Data for 10/01/2023 - 9/30/2024 as reported on 2025 Hospital and Ambulatory Surgical Facility License Renewal Applications

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
AS0109	Charlotte Gastroenterology & Hepatology, PLLC-Endo Div	Mecklenburg	4	0	9,424	11,254
AS0110	CGH-Rea Farms	Mecklenburg	2	3	6,153	7,158
AS0084	Endoscopy Center of Lake Norman	Mecklenburg	2	0	5,058	6,040
H0292	Novant Health Ballantyne Medical Center	Mecklenburg	1	0	436	448
AS0098	Novant Health Ballantyne Outpatient Surgery	Mecklenburg	1	0	719	719
H0282	Novant Health Huntersville Medical Center	Mecklenburg	3	0	2,699	2,756
H0270	Novant Health Matthews Medical Center	Mecklenburg	3	0	1,633	1,682
H0290	Novant Health Mint Hill Medical Center	Mecklenburg	1	0	223	231
H0010	Novant Health Presbyterian Medical Center	Mecklenburg	9	-1	2,388	2,420
AS0165	Tryon Endoscopy Center	Mecklenburg	4	0	9,428	12,742
		<b>Mecklenburg Total</b>	<b>60</b>	<b>2</b>	<b>99,081</b>	<b>122,042</b>
H0169	Blue Ridge Regional Hospital	Mitchell	1	0	228	228
		<b>Mitchell Total</b>	<b>1</b>	<b>0</b>	<b>228</b>	<b>228</b>
H0100	FirstHealth Moore Regional Hospital and Pinehurst Treatment Cent	Moore	2	0	4,711	4,711
AS0073	Pinehurst Medical Clinic Endoscopy Center	Moore	5	0	11,843	15,551
		<b>Moore Total</b>	<b>7</b>	<b>0</b>	<b>16,554</b>	<b>20,262</b>
AS0105	Boice-Willis Clinic Endoscopy Center	Nash	2	0	3,331	6,543
H0228	Nash General Hospital	Nash	4	0	2,129	2,808
		<b>Nash Total</b>	<b>6</b>	<b>0</b>	<b>5,460</b>	<b>9,351</b>
	Wilmington ASC *	New Hanover	0	4	0	0
AS0194	Wilmington Healthy on Silver Stream Lane	New Hanover	0	4	0	0
H0221	Novant Health New Hanover Regional Medical Center	New Hanover	4	0	8,932	10,493
AS0100	Novant Health Wilmington Endoscopy Center, LLC	New Hanover	3	0	7,360	9,772
AS0091	Wilmington Gastroenterology	New Hanover	4	0	9,220	12,065
AS0045	Wilmington Health	New Hanover	3	-3	0	0

**Table 6D: Endoscopy Room Inventory**

Case and Procedure Data for 10/01/2023 - 9/30/2024 as reported on 2025 Hospital and Ambulatory Surgical Facility License Renewal Applications

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
AS0055	Wilmington SurgCare	New Hanover	3	0	0	0
		<b>New Hanover Total</b>	<b>17</b>	<b>5</b>	<b>25,512</b>	<b>32,330</b>
AS0079	East Carolina Gastroenterology Endoscopy Center	Onslow	1	0	2,500	2,630
H0048	Onslow Memorial Hospital	Onslow	3	0	280	376
		<b>Onslow Total</b>	<b>4</b>	<b>0</b>	<b>2,780</b>	<b>3,006</b>
H0157	University of North Carolina Hospitals	Orange	9	0	16,076	18,076
		<b>Orange Total</b>	<b>9</b>	<b>0</b>	<b>16,076</b>	<b>18,076</b>
H0054	Sentara Albemarle Medical Center	Pasquotank	3	0	0	0
		<b>Pasquotank Total</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>
H0115	Pender Memorial Hospital	Pender	1	0	631	669
		<b>Pender Total</b>	<b>1</b>	<b>0</b>	<b>631</b>	<b>669</b>
AS0086	Atlantic Gastroenterology Endoscopy Center	Pitt	2	0	4,265	4,629
AS0118	Carolina Digestive Diseases	Pitt	2	0	4,794	4,895
AS0117	Carolinas Endoscopy Center	Pitt	3	1	13,975	13,975
AS0119	East Carolina Endoscopy Center	Pitt	2	0	2,262	2,640
H0104	ECU Health Medical Center	Pitt	4	2	7,553	12,277
AS0060	Quadrangle Endoscopy Center	Pitt	6	0	6,710	6,763
		<b>Pitt Total</b>	<b>19</b>	<b>3</b>	<b>39,559</b>	<b>45,179</b>
H0013	Randolph Hospital	Randolph	2	0	1,892	2,840
		<b>Randolph Total</b>	<b>2</b>	<b>0</b>	<b>1,892</b>	<b>2,840</b>
H0158	FirstHealth Moore Regional Hospital - Richmond	Richmond	2	0	1,572	1,572
		<b>Richmond Total</b>	<b>2</b>	<b>0</b>	<b>1,572</b>	<b>1,572</b>
AS0147	Robeson Digestive Diseases	Robeson	1	0	1,818	1,889
AS0107	Southeastern Gastroenterology Endoscopy Center	Robeson	1	0	187	193
H0064	Southeastern Regional Medical Center	Robeson	1	0	2,648	2,709
AS0150	The Surgery Center at Southeastern Health Park	Robeson	2	0	44	54

**Table 6D: Endoscopy Room Inventory**

Case and Procedure Data for 10/01/2023 - 9/30/2024 as reported on 2025 Hospital and Ambulatory Surgical Facility License Renewal Applications

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
		<b>Robeson Total</b>	<b>5</b>	<b>0</b>	<b>4,697</b>	<b>4,845</b>
H0023	Annie Penn Hospital	Rockingham	3	0	4,493	4,497
H0072	UNC Rockingham Hospital	Rockingham	2	0	420	429
		<b>Rockingham Total</b>	<b>5</b>	<b>0</b>	<b>4,913</b>	<b>4,926</b>
H0040	Novant Health Rowan Medical Center	Rowan	4	0	661	696
AS0182	Rowan Endoscopy Center	Rowan	2	0	4,379	5,146
		<b>Rowan Total</b>	<b>6</b>	<b>0</b>	<b>5,040</b>	<b>5,842</b>
H0039	Rutherford Regional Medical Center	Rutherford	2	0	2,711	3,451
		<b>Rutherford Total</b>	<b>2</b>	<b>0</b>	<b>2,711</b>	<b>3,451</b>
H0107	Scotland Memorial Hospital	Scotland	2	0	2,792	2,843
		<b>Scotland Total</b>	<b>2</b>	<b>0</b>	<b>2,792</b>	<b>2,843</b>
H0008	Atrium Health Stanly	Stanly	2	0	0	0
		<b>Stanly Total</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>
H0165	LifeBrite Community Hospital of Stokes	Stokes	1	0	0	0
AS0163	Digestive Health Specialists	Stokes	1	0	2,257	2,547
		<b>Stokes Total</b>	<b>2</b>	<b>0</b>	<b>2,257</b>	<b>2,547</b>
AS0154	Rockford Digestive Health Endoscopy Center (closed)	Surry	1	0	0	0
H0049	Hugh Chatham Memorial Hospital	Surry	4	0	1,718	2,151
H0184	Northern Regional Hospital	Surry	2	0	2,347	2,752
		<b>Surry Total</b>	<b>7</b>	<b>0</b>	<b>4,065</b>	<b>4,903</b>
H0069	Swain Community Hospital	Swain	1	0	0	0
		<b>Swain Total</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>
H0111	Transylvania Regional Hospital	Transylvania	2	0	431	431
		<b>Transylvania Total</b>	<b>2</b>	<b>0</b>	<b>431</b>	<b>431</b>
H0050	Atrium Health Union	Union	2	0	3,322	4,582
AS0090	Carolina Endoscopy Center-Monroe	Union	2	0	5,262	5,262

**Table 6D: Endoscopy Room Inventory**

Case and Procedure Data for 10/01/2023 - 9/30/2024 as reported on 2025 Hospital and Ambulatory Surgical Facility License Renewal Applications

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
		<b>Union Total</b>	<b>4</b>	<b>0</b>	<b>8,584</b>	<b>9,844</b>
H0267-A	Maria Parham Health	Vance	3	0	1,892	2,452
		<b>Vance Total</b>	<b>3</b>	<b>0</b>	<b>1,892</b>	<b>2,452</b>
	Wake Endoscopy Center-North *	Wake	0	2	0	0
	Wake Endoscopy Center - Holly Springs *	Wake	0	2	0	0
AS0195	Duke Gastroenterology of Raleigh	Wake	0	4	0	0
AS0189	Wake Endoscopy Center - Cary	Wake	3	0	4,050	4,176
	Raleigh Endoscopy Center - Holly Springs *	Wake	0	3	0	0
H0238	Duke Raleigh Hospital	Wake	0	0	4,044	5,252
	Duke GI at Green Level *	Wake	0	4	0	0
AS0072	Center for Digestive Diseases & Cary Endoscopy CTR, PC	Wake	3	0	2,953	2,953
AS0115	Duke GI at Brier Creek	Wake	4	0	8,073	9,756
AS0116	GastroIntestinal Healthcare	Wake	2	0	1,652	1,784
AS0138	Kurt Vernon, MD	Wake	1	0	3,604	3,851
AS0056	Raleigh Endoscopy Center	Wake	4	2	11,253	15,272
AS0102	Raleigh Endoscopy Center-Cary	Wake	4	0	12,177	15,050
AS0082	Raleigh Endoscopy Center-North	Wake	3	0	7,952	11,340
H0065	UNC Health Rex	Wake	4	0	8,580	10,188
AS0093	Triangle Gastroenterology	Wake	2	0	4,668	4,585
AS0131	W. F. Endoscopy Center	Wake	2	1	4,855	5,070
AS0111	Wake Endoscopy Center, LLC	Wake	4	0	9,510	16,421
H0199	WakeMed	Wake	6	0	6,638	6,805
H0276	WakeMed Cary Hospital	Wake	4	0	5,939	6,385
		<b>Wake Total</b>	<b>46</b>	<b>18</b>	<b>95,948</b>	<b>118,888</b>
AS0095	Appalachian Gastroenterology	Watauga	2	0	1,404	3,504

**Table 6D: Endoscopy Room Inventory**

Case and Procedure Data for 10/01/2023 - 9/30/2024 as reported on 2025 Hospital and Ambulatory Surgical Facility License Renewal Applications

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
H0077	Watauga Medical Center	Watauga	2	0	3,097	3,859
		<b>Watauga Total</b>	<b>4</b>	<b>0</b>	<b>4,501</b>	<b>7,363</b>
AS0057	Goldsboro Endoscopy Center	Wayne	4	0	3,163	3,632
H0257	Wayne UNC Health Care	Wayne	3	0	1,810	2,119
		<b>Wayne Total</b>	<b>7</b>	<b>0</b>	<b>4,973</b>	<b>5,751</b>
H0153	Wilkes Medical Center	Wilkes	2	0	1,663	2,086
		<b>Wilkes Total</b>	<b>2</b>	<b>0</b>	<b>1,663</b>	<b>2,086</b>
AS0112	CGS Endoscopy Center	Wilson	2	0	1,382	1,555
AS0130	Wilson Digestive Diseases Center	Wilson	2	0	2,241	2,507
H0210	Wilson Medical Center	Wilson	5	0	1,955	2,491
		<b>Wilson Total</b>	<b>9</b>	<b>0</b>	<b>5,578</b>	<b>6,553</b>
<b>Grand Total</b>			<b>483</b>	<b>45</b>	<b>669,535</b>	<b>815,195</b>

\* Certificate of Need approved facility that was under development and not licensed as of 9/30/2024.

Note: UNC Lenoir Endoscopy relinquished its CON for two GI endoscopy rooms in February 2024.

# Chapter 7:

## Other Acute Care Services

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

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## CHAPTER 7

# OTHER ACUTE CARE SERVICES

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### Introduction

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

### Definitions

The *reporting year* is October 1 through September 30. The current reporting year is October 1, 2023 through September 30, 2024.

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

### Changes from the Previous Plan

This chapter contains no substantive changes from the previous SMFP.

## A. BURN INTENSIVE CARE SERVICES

### Introduction

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

North Carolina has two designated burn intensive care services: a 21-bed unit at University of North Carolina Hospitals in Chapel Hill and an eight-bed unit at Atrium Health Wake Forest Baptist Medical Center in Winston Salem.

### Definitions

The methodology calculates need for burn intensive care services beds for a *projection year*, which is one year beyond the current reporting year. The current projection year is 2025.

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

### Data Sources

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

### Application of the Methodology

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

**Step 1:** Determine whether to calculate a need determination.

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

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

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

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

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

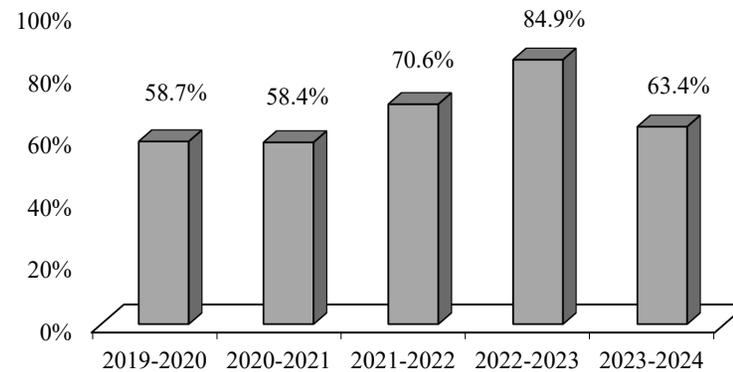
**Table 7A-1: Days of Care, Burn Intensive Care Services**

Facility	Licensed Beds	Adjustments for CONs	Total Beds	Total Days of Care				
				2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
University of North Carolina Hospitals	21	0	21	6,085	5,970	6,366	8,405	6,007
Atrium Health Wake Forest Baptist	8	4	12	1,845	1,921	2,145	1,826	1,637
<b>TOTAL</b>	29	4	33	7,930	7,891	8,511	10,231	7,644

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

Facility	Licensed Beds	Adjustments for CONs	Total Beds	Utilization				
				2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
University of North Carolina Hospitals	21	0	21	66.6%	65.4%	83.0%	109.6%	78.3%
Atrium Health Wake Forest Baptist	8	4	12	42.1%	43.8%	48.9%	41.7%	37.3%
<b>TOTAL</b>	29	4	33	58.7%	58.4%	70.6%	84.9%	63.4%

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



**Table 7A-3: Burn Intensive Care Services Bed Need Determination**  
*(Proposed for Certificate of Need Review Commencing in 2026)*

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

**B. OPEN-HEART SURGERY SERVICES**

**Introduction**

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

Table 7B lists the open-heart surgery procedures performed during the reporting year that used heart-lung bypass machines. This data shows a 1.7% decrease in open-heart surgeries from the previous reporting year. Table 7B and Figure 7B show reported numbers of open-heart surgery performed using heart-lung bypass machines for the last 14 reporting years.

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

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

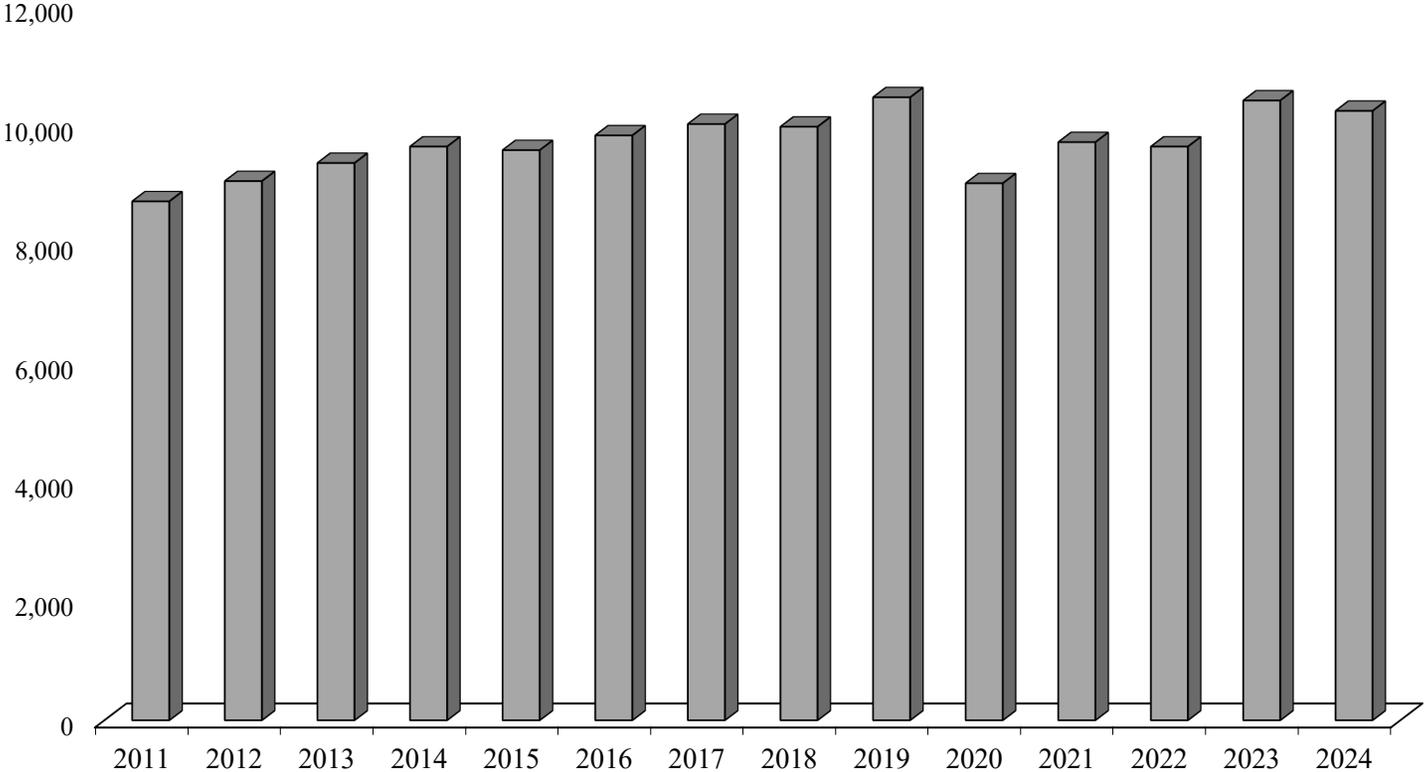
**Data Sources**

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

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

License	Facility	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
H0031	Atrium Health Cabarrus	214	233	237	245	218	253	235	273	194	239	183	195	337	324
H0042	Atrium Health Pineville	0	132	201	245	186	207	252	225	234	158	159	270	344	425
H0011	Atrium Health Wake Forest Baptist	621	612	609	692	696	678	689	758	942	789	866	840	925	825
H0213	Cape Fear Valley Medical Center	233	202	220	218	277	262	292	238	195	162	152	124	139	150
H0201	CarolinaEast Medical Center	227	236	202	169	208	221	248	256	331	219	224	222	255	280
H0071	Carolinas Medical Center	675	704	820	715	788	818	869	682	751	580	729	777	803	876
H0105	CaroMont Regional Medical Center	128	207	230	265	249	260	230	278	240	275	308	268	283	256
H0159	Cone Health	472	471	544	541	485	440	547	627	673	574	405	601	546	420
H0233	Duke Regional Hospital	66	60	75	82	92	124	98	148	151	107	119	97	91	0
H0015	Duke University Hospital	1,013	1,062	1,047	1,066	1,161	1,180	1,095	1,130	1,175	1,090	1,203	1,259	1,286	1,388
H0104	ECU Health Medical Center	814	900	842	853	601	677	654	675	767	626	787	805	865	856
H0100	FirstHealth Moore Regional Hospital	293	261	271	329	395	341	351	288	276	235	246	234	228	214
H0053	Frye Regional Medical Center	196	253	246	194	205	239	232	222	172	126	117	177	207	191
H0052	High Point Regional Health System	184	191	150	137	111	111	129	112	123	176	53	19	30	73
H0036	Mission Hospital	798	813	848	988	874	950	962	939	1,198	1,051	1,421	1,099	1,254	965
H0221	New Hanover Regional Medical Center	464	473	538	487	486	494	482	480	466	395	378	433	466	375
H0209	Novant Health Forsyth Medical Center	568	514	587	691	626	652	580	635	506	380	442	436	500	512
H0010	Novant Health Presbyterian Medical Center	378	381	355	360	391	391	397	406	413	339	434	360	450	500
H0065	Rex Hospital	203	346	347	369	460	536	612	602	558	553	567	520	490	550
H0064	Southeastern Regional Medical Center	54	52	42	34	44	42	39	44	78	81	56	53	43	41
H0157	University of North Carolina Hospitals	350	391	441	390	407	384	445	430	465	332	354	351	339	451
H0199	WakeMed	756	553	499	557	607	554	567	512	546	524	498	487	519	554
<b>Total Procedures</b>		8,707	9,047	9,351	9,627	9,567	9,814	10,005	9,960	10,454	9,011	9,701	9,627	10,400	10,226

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



## C. TRANSPLANTATION SERVICES

### Bone Marrow Transplantation Services

#### Introduction

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

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

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

#### Data Sources

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

#### Application of the Methodology

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

**Table 7C-1: Bone Marrow Transplantation Services**

**Allogeneic Bone Marrow Transplants**

License	Facility	2020-2021	2021-2022	2022-2023	2023-2024
H0071	Carolinas Medical Center	92	53	83	67
H0015	Duke University Hospital	112	85	86	97
H0011	Atrium Health Wake Forest Baptist	22	46	44	56
H0157	University of North Carolina Hospitals	64	50	61	56
H0104	ECU Health Medical Center	0	0	0	0
<b>Total</b>		290	234	274	276

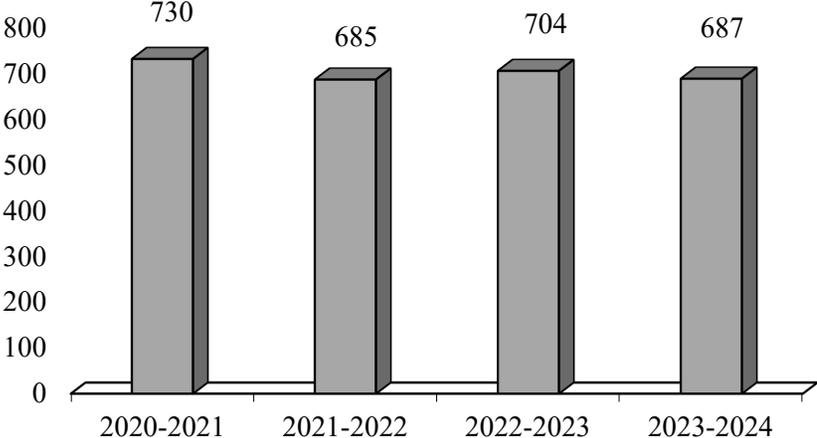
**Autologous Bone Marrow Transplants**

License	Facility	2020-2021	2021-2022	2022-2023	2023-2024
H0071	Carolinas Medical Center	118	119	120	132
H0015	Duke University Hospital	165	192	156	142
H0011	Atrium Health Wake Forest Baptist	55	44	42	43
H0157	University of North Carolina Hospitals	102	95	112	94
H0104	ECU Health Medical Center	0	1	0	0
<b>Total</b>		440	451	430	411

**Total Bone Marrow Transplants**

License	Facility	2020-2021	2021-2022	2022-2023	2023-2024
H0071	Carolinas Medical Center	210	172	203	199
H0015	Duke University Hospital	277	277	242	239
H0011	Atrium Health Wake Forest Baptist	77	90	86	99
H0157	University of North Carolina Hospitals	166	145	173	150
H0104	ECU Health Medical Center	0	1	0	0
<b>Total</b>		730	685	704	687

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



**Table 7C-2: Bone Marrow Transplantation Services Need Determination**  
*(Proposed for Certificate of Need Review Commencing in 2026)*

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

## Solid Organ Transplantation Services

### Introduction

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

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

### Data Sources

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

### Basic Principles and Application of the Methodology

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

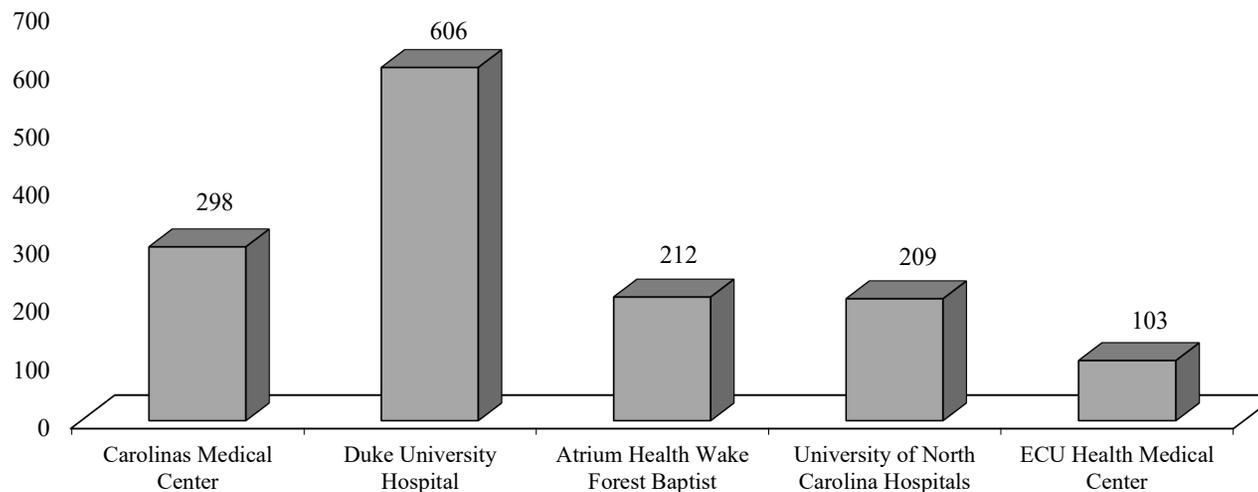
Solid organ transplant services shall be limited to academic medical center teaching hospitals. The introduction of a new solid organ transplantation program in a facility that already is performing other types of solid organ transplantation is not considered a new institutional health service.

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

Table 7C-3: Solid Organ Transplantation Services

	Carolinas Medical Center	Duke University Hospital	Atrium Health Wake Forest Baptist	University of North Carolina Hospitals	ECU Health Medical Center	Total
Heart Transplants	66	126	16	9	0	217
Heart/Lung Transplants	0	6	0	0	0	6
Kidney/Liver Transplants	9	9	0	4	0	22
Liver Transplants	94	173	0	31	0	298
Heart/Liver Transplants	1	2	0	0	0	3
Kidney Transplants	117	173	172	153	103	718
Heart/Kidney Transplants	9	18	1	1	0	29
Lung Transplants	0	85	0	11	0	96
Pancreas Transplants	0	1	0	0	0	1
Pancreas/Kidney Transplants	1	12	8	0	0	21
Pancreas/Liver Transplants	1	0	0	0	0	1
Other	0	1	15	0	0	16
<b>Total</b>	298	606	212	209	103	1,428

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



# Chapter 8:

Inpatient Rehabilitation Services

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## CHAPTER 8

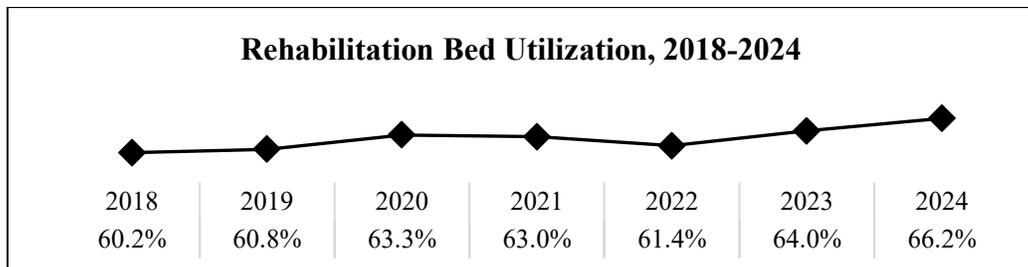
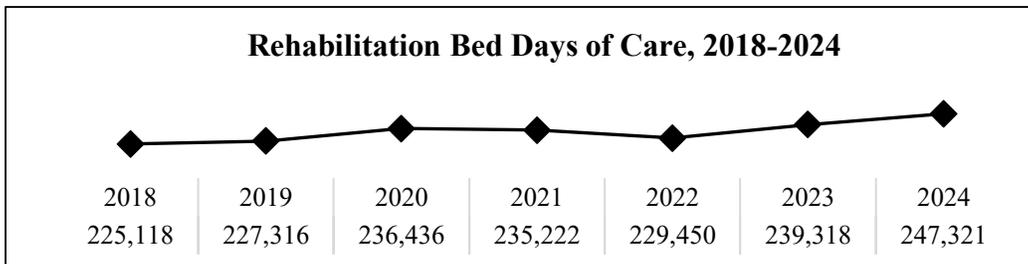
### INPATIENT REHABILITATION SERVICES

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#### Introduction

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

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



#### Definitions

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

The *reporting year* is October 1 through September 30. The current reporting year is October 1, 2023 through September 30, 2024.

The methodology calculates need for rehabilitation beds for a *projection year*, which is one year beyond the current reporting year. The current projection year is 2025.

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

## Changes from Previous Plans

This chapter contains no substantive changes from the previous SMFP.

## Basic Principles

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

## Data Sources

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

## Assumptions of the Methodology

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

## Application of the Methodology

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

**Step 1:** Determine whether to calculate a need determination.

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

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

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

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

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

Table 8A: Inventory and Utilization of Inpatient Rehabilitation Beds

A Lic #	B HSA	C Facility	D, E, F, G Inventory				H, I, J, K Days of Care				L, M Average Annual Utilization Rate	
			D Current	E CON Issued / Pending Development	F Pending Review or Appeal	G Total Planning Inventory	H 2021	I 2022	J 2023	K 2024	L 2023	M 2024
H0081	I	CarePartners Rehabilitation Hospital	80	0	0	80	22,426	21,569	20,656	18,758	70.7%	64.2%
H0223	I	Catawba Valley Medical Center	20	0	0	20	1,309	1,294	1,358	1,160	18.6%	15.9%
H0053	I	Frye Regional Medical Center	29	0	0	29	2,115	2,943	3,538	4,311	33.4%	40.7%
<b>I Total</b>			<b>129</b>	<b>0</b>	<b>0</b>	<b>129</b>	<b>25,850</b>	<b>25,806</b>	<b>25,552</b>	<b>24,229</b>	<b>54.2%</b>	<b>51.4%</b>
H0011	II	Atrium Health Wake Forest Baptist Medical Center	39	0	0	39	7,819	8,630	8,971	8,249	63.0%	57.9%
H0159	II	Cone Health	49	0	0	49	13,476	14,753	13,775	13,514	77.0%	75.5%
H0052	II	High Point Regional Health	16	0	0	16	3,980	2,975	3,259	3,030	55.8%	51.8%
H0049	II	Hugh Chatham Memorial Hospital	12	0	0	12	-	-	-	-	0.0%	0.0%
H0291	II	Novant Health Rehabilitation Hospital	68	0	0	68	15,353	15,074	20,224	21,045	81.4%	84.7%
<b>II Total</b>			<b>184</b>	<b>0</b>	<b>0</b>	<b>184</b>	<b>40,628</b>	<b>41,432</b>	<b>46,229</b>	<b>45,838</b>	<b>68.8%</b>	<b>68.2%</b>
H0042	III	Atrium Health Pineville	29	0	0	29	9,331	9,576	9,714	9,693	91.7%	91.5%
H0071	III	Carolinas Medical Center (Levine Children's Hospital)	13	0	0	13	4,069	4,113	3,874	4,246	81.6%	89.4%
H0071-C	III	Carolinas Rehabilitation	72	0	0	72	19,236	19,340	22,437	23,866	85.3%	90.8%
H0283	III	Carolinas Rehabilitation - Mount Holly	40	0	0	40	10,896	10,966	10,260	10,529	70.2%	72.1%
H0286	III	Carolinas Rehabilitation - NorthEast	38	0	0	38	10,901	10,749	10,950	10,072	78.9%	72.6%
H0010	III	Novant Health Presbyterian Medical Center	10	0	0	10	-	-	363	2,627	9.9%	71.9%
H0040	III	Novant Health Rowan Medical Center	8	0	0	8	3,024	2,874	2,573	2,156	88.1%	73.8%
<b>III Total</b>			<b>210</b>	<b>0</b>	<b>0</b>	<b>210</b>	<b>57,457</b>	<b>57,618</b>	<b>60,171</b>	<b>63,189</b>	<b>78.4%</b>	<b>82.4%</b>
H0238	IV	Duke Raleigh Hospital*	0	0	0	0	-	-	-	-	0.0%	0.0%
H0233	IV	Duke Regional Hospital	30	-7	0	23	8,815	8,302	8,727	9,304	103.9%	110.8%
H0267	IV	Maria Parham Health	11	0	0	11	3,039	2,715	2,403	2,903	59.8%	72.3%
H0157	IV	University of North Carolina Hospitals **	30	0	0	30	9,502	9,454	12,154	13,121	110.9%	119.7%
H0199	IV	WakeMed***	103	-30	0	73	28,530	27,269	26,014	26,627	97.6%	99.9%
	IV	Wake County Rehabilitation Hospital*	0	52	0	52	-	-	-	-	0.0%	0.0%
<b>IV Total</b>			<b>174</b>	<b>15</b>	<b>0</b>	<b>189</b>	<b>49,886</b>	<b>47,740</b>	<b>49,298</b>	<b>51,955</b>	<b>71.4%</b>	<b>75.3%</b>
H0213	V	Cape Fear Valley Medical Center (Southeastern Regional Rehabilitation Center)	78	0	0	78	13,957	11,793	12,097	13,082	42.5%	45.9%
H0100	V	FirstHealth Moore Regional Hospital and Pinehurst Treatment	15	0	0	15	4,273	2,964	3,460	3,950	63.2%	72.1%
H0221	V	New Hanover Regional Medical Center	60	0	0	60	12,711	11,344	10,627	10,191	48.5%	46.5%
H0107	V	Scotland Memorial Hospital	7	0	0	7	-	-	-	-	0.0%	0.0%
<b>V Total</b>			<b>160</b>	<b>0</b>	<b>0</b>	<b>160</b>	<b>30,941</b>	<b>26,101</b>	<b>26,184</b>	<b>27,223</b>	<b>44.8%</b>	<b>46.6%</b>
H0201	VI	CarolinaEast Medical Center	20	0	0	20	3,477	3,490	3,427	3,552	46.9%	48.6%
H0104	VI	ECU Health Medical Center (Rehabilitation Center at Vidant Medical Center)	75	16	0	91	18,625	18,891	20,079	21,902	60.4%	65.9%
H0258	VI	ECU Health Edgecombe Hospital	16	-16	0	0	-	-	-	-	0.0%	0.0%
H0228	VI	Nash General Hospital	23	0	0	23	6,335	6,180	6,065	6,479	72.2%	77.1%
H0043	VI	UNC Lenoir Health Care	17	0	0	17	2,023	2,192	2,313	2,954	37.3%	47.6%
<b>VI Total</b>			<b>151</b>	<b>0</b>	<b>0</b>	<b>151</b>	<b>30,460</b>	<b>30,753</b>	<b>31,884</b>	<b>34,887</b>	<b>57.8%</b>	<b>63.3%</b>
<b>Grand Total</b>			<b>1008</b>	<b>15</b>	<b>0</b>	<b>1,023</b>	<b>235,222</b>	<b>229,450</b>	<b>239,318</b>	<b>247,321</b>	<b>64.0%</b>	<b>66.2%</b>

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

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

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

**Table 8B: Inpatient Rehabilitation Bed Need Determination**  
*(Proposed for Certificate of Need Review Commencing in 2026)*

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

# Chapter 9:

End-Stage Renal Disease Dialysis Facilities

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## CHAPTER 9

# END-STAGE RENAL DISEASE DIALYSIS FACILITIES

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### Introduction

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

### Definitions

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

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

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

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

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

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

The **reporting date** for ESRD utilization data is December 31 of each year. The current reporting date for this State Medical Facilities Plan (SMFP) is December 31, 2024. Providers report the number of patients served during December.

The past five years reporting dates are December 31 in 2020, 2021, 2022, 2023 and 2024.

The **projection date** is one year beyond the current reporting date. The projection date for this SMFP is December 31, 2025.

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

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

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

### **Changes from the Previous Plan**

This chapter contains no substantive changes from the previous SMFP.

### **Basic Principles**

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

### **Data Sources**

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

### **Assumptions of the Methodology**

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

4. Under the facility need methodology, any facility at 75% utilization or greater as of the current reporting date may apply to add dialysis stations.
5. Facilities that are eligible to add stations based on the facility need methodology may add the number of stations calculated by the methodology, up to a maximum of 20 stations in a single calendar year.
6. Facilities certified and in operation at least nine but fewer than 21 months do not have a need determination in the SMFP. Rather, they may apply to add stations based on Condition 1 in the Facility Need Methodology.
7. Facilities that meet both the definition of “small” under Condition 1.a. in the Facility Need Determination Methodology and have been in operation for at least 21 months may apply for additional stations either under Condition 1.b. or 2. “Small” facilities may not apply under both Condition 1.b. and Condition 2 in the same year.
8. When a CON application has been received to relocate stations to a home training facility, the stations to be relocated are included in both the county and facility need determination calculations. When the home training stations are certified, then they are excluded from both the county and facility need determination calculations.
9. The methodology uses patient origin data aggregated to the county level. Detailed patient origin data is available at

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

### **Application of the Methodologies**

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

### ***County Need Determination Methodology (Table 9B)***

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

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

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

#### ***Facility Need Determination Methodology***

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

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

- iii. Divide the result of Condition 1.b.ii by the number of in-center patients from the previous reporting date. Then multiply that result by 2 to determine the projected annual growth rate.
  - iv. Multiply the result from Condition 1.b.iii by the facility's number of in-center patients as of the current reporting date.
  - v. Add the result from Condition 1.b.iv to the number of in-center patients as of the current reporting date.
  - vi. Divide the result of Condition 1.b.v by 2.8.
  - vii. Subtract the sum of the facility's number of stations as of the current reporting date and the number of pending new stations for which a CON application has been approved or is under review from the result of Condition 1.b.vi. The remainder is the number of stations needed. Round fractions of 0.5 or greater to the next highest whole number.
- c. The facility may apply for any number of stations up to the number calculated in Condition 1.b.vii, up to a maximum of 10 stations.
  - d. New facilities and small facilities may be eligible to apply to add stations in one Category D.1 CON review cycle. That is, a new facility may apply to add stations in any Category D.1 review cycle, but it can apply only once during the period that it is defined as a new facility (see Chapter 3). A small facility may apply to add stations in any Category D.1 review cycle, but it can apply only once during a calendar year.

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

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

- vi. Subtract the sum of the facility's number of stations as of the current reporting date (*Column J*) and the number of pending new stations for which a CON application has been approved or is under review from the result of Condition 2.b.v. The remainder is the number of stations needed (*Column N*). Round fractions of 0.5 or greater to the next highest whole number.
- c. The facility may apply to add stations to meet the need calculated in Condition 2.b.vi, up to a maximum of 20 stations. When a facility has a need determination, applicants may apply to add any number of stations up to and including the number of stations in the need determination. However, applicants must demonstrate the need for the number of stations applied for in the CON application. When a facility has a need determination, the applicant may apply to add stations up to three times per calendar year, but the total stations applied for in a single calendar year cannot exceed the total number of stations in the facility's need determination, as calculated in Condition 2.b.vi.

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

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

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	Facility Identification Number	Provider Number	Facility	City	Certified	CON Issued/ Not Certified	Decision Rendered (Conditional Approval)	Decision Pending	Total	Certified Stations 12/31/2024	Number* In-Center Patients 12/31/2024	Utilization Rate 12/31/2024	Facility Station Need Determination
Alamance	140092	34-2709	Alamance County Dialysis	Graham	16	0	0	0	16	16	53	82.81%	4
Alamance	955786	34-2533	BMA of Burlington	Burlington	33	0	0	0	33	33	77	58.33%	0
Alamance	956036	34-2567	Burlington Dialysis	Burlington	20	0	0	0	20	20	70	87.50%	7
Alamance	100545	34-2691	FMC Mebane	Mebane	27	0	0	0	27	27	79	73.15%	0
Alamance	160341	34-2726	Glen Raven Dialysis	Burlington	14	0	0	0	14	14	28	50.00%	0
Alamance	170018	34-2739	Mebane Dialysis	Mebane	18	0	0	0	18	18	36	50.00%	0
Alamance	100785	34-2686	North Burlington Dialysis	Burlington	18	0	0	0	18	18	46	63.89%	0
Alexander	090725	34-2687	Fresenius Medical Care of Alexander County	Taylorsville	13	5	0	0	18	13	34	65.38%	0
Alleghany													
Anson	955840	34-2560	Dialysis Care of Anson County	Wadesboro	15	0	0	0	15	15	31	51.67%	0
Anson	061094	34-2673	Fresenius Medical Care Anson	Wadesboro	18	0	0	0	18	18	44	61.11%	0
Ashe													
Avery			(Mitchell-Avery-Yancey Service Area)										
Beaufort	955789	34-2561	FMC Pamlico	Washington	31	0	0	0	31	31	93	75.00%	2
Bertie	956109	34-2547	Windsor Dialysis Unit	Windsor	20	0	0	0	20	20	41	51.25%	0
Bladen	160065	34-2759	Bladenboro Dialysis	Bladenboro	14	0	0	0	14	14	22	39.29%	0
Bladen	955448	34-2578	Southeastern Dialysis Center - Elizabethtown	Elizabethtown	24	0	0	0	24	24	53	55.21%	0
Brunswick	070678	34-2689	FMC Brunswick County^^	Supply	11	0	0	0	11	11	30	68.18%	0
Brunswick	140237	34-2716	Leland Dialysis	Leland	22	1	0	0	23	16	62	96.88%	2
Brunswick	960145	34-2582	Southeastern Dialysis Center - Shallotte	Shallotte	15	0	4	0	19	15	59	98.33%	9
Brunswick	070474	34-2669	Southport Dialysis Center	Southport	16	0	0	0	16	16	26	40.63%	0
Buncombe	150248	34-2756	Arden Dialysis	Arden	14	0	0	2	16	14	79	141.07%	20
Buncombe	955773	34-2506	Asheville Kidney Center	Asheville	52	-4	0	0	48	52	107	51.44%	0
Buncombe	120484	34-2695	Biltmore Home Training^^	Asheville	0	4	0	0	4	0	0	0.00%	0
Buncombe	000318	34-2604	Weaverville Dialysis	Weaverville	20	0	10	0	30	20	70	87.50%	0
Burke	150154	34-2563	BMA of Burke County	Morganton	42	0	0	0	42	42	98	58.33%	0

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

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	Facility Identification Number	Provider Number	Facility	City	Certified	CON Issued/ Not Certified	Decision Rendered (Conditional Approval)	Decision Pending	Total	Certified Stations 12/31/2024	Number* In-Center Patients 12/31/2024	Utilization Rate 12/31/2024	Facility Station Need Determination
Cabarrus	240022	Proposed new site consisting of existing stations	Cabarrus Home Training	Concord	0	2	0	0	2	0	0	0.00%	0
Cabarrus	180049	34-2760	Cannon Dialysis^^	Kannapolis	11	0	0	0	11	11	21	47.73%	0
Cabarrus	010799	34-2631	Copperfield Dialysis	Concord	27	-2	0	0	25	27	80	74.07%	0
Cabarrus	070392	34-2670	Harrisburg Dialysis Center	Concord	28	0	0	0	28	28	86	76.79%	5
Cabarrus	160494	34-2747	Hickory Ridge Dialysis	Charlotte	15	0	0	0	15	15	28	46.67%	0
Caldwell	170328	34-2509	BMA Lenoir	Lenoir	54	0	0	0	54	54	139	64.35%	0
Camden													
Carteret	970506	34-2588	Crystal Coast Dialysis Unit	Morehead City	21	0	0	0	21	21	52	61.90%	0
Carteret	120486	34-2702	FMC Sea Spray^^	Cedar Point	11	0	0	0	11	11	30	68.18%	0
Caswell	960925	34-2597	Renal Care Group - Caswell	Yanceyville	17	0	0	0	17	17	30	44.12%	0
Catawba	160450	34-2729	Catawba County Dialysis	Hickory	21	0	0	0	21	21	56	66.67%	0
Catawba	955790	34-2516	FMC Dialysis Services of Hickory	Hickory	33	-4	0	0	29	33	95	71.97%	0
Catawba	010648	34-2635	FMC of Catawba Valley	Conover	25	0	0	0	25	25	76	76.00%	4
Catawba	160340	34-2743	Fresenius Kidney Care Newton	Newton	17	0	0	0	17	17	41	60.29%	0
Catawba	220064	Proposed new site consisting of existing stations	Fresenius Kidney Care North Catawba	Hickory	0	12	0	0	12	0	0	0.00%	0
Chatham	981038	34-2617	Carolina Dialysis Pittsboro	Pittsboro	13	0	0	0	13	13	34	65.38%	0
Chatham	955802	34-2621	Carolina Dialysis Siler City	Siler City	26	-2	0	0	24	26	59	56.73%	0
Cherokee (Cherokee-Clay-Graham Multicounty Planning Area)	050254	34-2649	Smoky Mountain Dialysis Center	Murphy	13	0	0	0	13	13	42	80.77%	5
Chowan	955811	34-2541	Edenton Dialysis	Edenton	20	0	0	0	20	20	50	62.50%	0

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

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	Facility Identification Number	Provider Number	Facility	City	Certified	CON Issued/ Not Certified	Decision Rendered (Conditional Approval)	Decision Pending	Total	Certified Stations 12/31/2024	Number* In-Center Patients 12/31/2024	Utilization Rate 12/31/2024	Facility Station Need Determination
Clay			(Cherokee-Clay-Graham Service Area)										
Cleveland	070223	34-2676	DCI South	Shelby	14	0	0	0	14	14	41	73.21%	0
Cleveland	080370	34-2661	Dialysis Clinic	Shelby	15	0	0	0	15	15	28	46.67%	0
Cleveland	001291	34-2611	Dialysis Clinic - Kings Mountain	Kings Mountain	15	0	0	0	15	15	40	66.67%	0
Cleveland	955845	34-2529	Dialysis Clinic - Shelby	Shelby	33	0	0	0	33	33	82	62.12%	0
Columbus	020281	34-2628	Chadbourn Dialysis Center	Chadbourn	17	0	0	0	17	17	21	30.88%	0
Columbus	956057	34-2521	Southeastern Dialysis Center - Whiteville	Whiteville	24	0	0	0	24	24	58	60.42%	0
Craven	960995	34-2585	FMC Craven County	New Bern	31	0	0	0	31	31	89	71.77%	0
Craven	955965	34-2534	New Bern Dialysis	New Bern	40	0	0	0	40	40	101	63.13%	0
Cumberland	140236	34-2510	Fayetteville Kidney Center	Fayetteville	57	0	0	0	57	57	180	78.95%	14
Cumberland	960411	34-2593	FMC Dialysis Services North Ramsey	Fayetteville	54	0	0	0	54	54	131	60.65%	0
Cumberland	970530	34-2601	FMC Dialysis Services South Ramsey	Fayetteville	56	0	0	0	56	56	152	67.86%	0
Cumberland	011019	34-2643	FMC Services of West Fayetteville	Fayetteville	40	0	0	0	40	40	152	95.00%	20
Cumberland	170235	Proposed new site consisting of existing stations	Fresenius Kidney Care Hope Mills	Hope Mills	0	20	0	0	20	0	0	0.00%	0
Cumberland	170017	34-2751	Fresenius Kidney Care Rockfish	Fayetteville	25	-9	9	0	25	25	95	95.00%	12
Cumberland	250045	Proposed new site consisting of existing stations	Fresenius Kidney Care Spring Lake Dialysis	Spring Lake	0	15	0	0	15	0	0	0.00%	0
Currituck													
Dare	970980	34-2598	Dare County Dialysis Center^^	Manteo	9	0	0	0	9	9	33	91.67%	3
Davidson	944660	34-2553	Lexington Dialysis Center of Wake Forest University	Lexington	49	0	0	0	49	49	129	65.82%	0
Davidson	200036	34-2767	North Davidson Dialysis Center of Wake Forest University	Winston Salem	19	0	0	0	19	19	34	44.74%	0

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

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	Facility Identification Number	Provider Number	Facility	City	Certified	CON Issued/ Not Certified	Decision Rendered (Conditional Approval)	Decision Pending	Total	Certified Stations 12/31/2024	Number* In-Center Patients 12/31/2024	Utilization Rate 12/31/2024	Facility Station Need Determination
Davidson	020758	34-2639	Thomasville Dialysis Center of Wake Forest University	Thomasville	36	0	0	0	36	36	102	70.83%	0
Davie	080689	34-2677	Davie Kidney Center of Wake Forest University	Mocksville	24	0	0	0	24	24	39	40.63%	0
Duplin	945251	34-2535	Southeastern Dialysis Center - Kenansville	Kenansville	24	0	0	0	24	24	63	65.63%	0
Duplin	060249	34-2659	Wallace Dialysis	Wallace	20	0	0	0	20	20	67	83.75%	4
Durham	180047	34-2732	Bull City Dialysis	Durham	20	0	0	0	20	20	57	71.25%	0
Durham	160556	34-2741	Downtown Durham Dialysis^^	Durham	10	0	0	0	10	10	26	65.00%	0
Durham	955621	34-2550	Durham Dialysis	Durham	29	0	0	0	29	29	78	67.24%	0
Durham	160396	34-2734	Durham Regional Dialysis	Durham	20	0	0	0	20	20	42	52.50%	0
Durham	010285	34-2616	Durham West Dialysis	Durham	27	0	0	0	27	27	68	62.96%	0
Durham	990969	34-2615	FMC Dialysis Services of Briggs Avenue	Durham	29	0	0	0	29	29	84	72.41%	0
Durham	956837	34-2590	FMC Dialysis Services West Pettigrew	Durham	24	-2	0	0	22	24	35	36.46%	0
Durham	955622	34-2538	Freedom Lake Dialysis Center	Durham	26	0	0	0	26	26	53	50.96%	0
Durham	170324	34-2762	Fresenius Kidney Care Eno River	Durham	19	0	0	0	19	19	52	68.42%	0
Durham	080098	34-2680	Fresenius Medical Care South Durham Dialysis	Durham	20	0	0	0	20	20	51	63.75%	0
Durham	180368	34-2758	Hope Valley Dialysis^^	Durham	10	-8	0	0	2	10	19	47.50%	0
Durham	140143	34-2718	Research Triangle Park Dialysis	Durham	10	0	3	0	13	10	31	77.50%	3
Durham	090117	34-2683	Southpoint Dialysis	Durham	16	-16	0	0	0	16	60	93.75%	0
Durham	090117		Southpoint Dialysis	Durham	0	24	0	0	24	0	0	0.00%	0
Edgecombe	970528	34-2603	BMA East Rocky Mount	Rocky Mount	30	0	0	0	30	30	114	95.00%	15
Edgecombe	170325	34-2761	Fresenius Kidney Care Boice-Willis	Rocky Mount	16	0	0	0	16	16	50	78.13%	3
Edgecombe	150155	34-2722	Fresenius Medical Clinic Tarboro	Tarboro	16	1	0	0	17	16	63	98.44%	7
Forsyth	210744	Proposed new site consisting of existing stations	Kernersville Dialysis Center of Wake Forest University	Kernersville	0	24	0	0	24	0	0	0.00%	0

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

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	Facility Identification Number	Provider Number	Facility	City	Certified	CON Issued/ Not Certified	Decision Rendered (Conditional Approval)	Decision Pending	Total	Certified Stations 12/31/2024	Number* In-Center Patients 12/31/2024	Utilization Rate 12/31/2024	Facility Station Need Determination
Forsyth	070671	34-2667	Miller Street Dialysis Center of Wake Forest University	Winston Salem	50	0	0	0	50	50	169	84.50%	8
Forsyth	000193	34-2612	Northside Dialysis Center of Wake Forest University	Winston Salem	48	0	0	0	48	48	151	78.65%	8
Forsyth	944661	34-2505	Piedmont Dialysis Center of Wake Forest University	Winston Salem	64	0	0	0	64	64	188	73.44%	0
Forsyth	944758	34-2569	Salem Kidney Center of Wake Forest University	Winston Salem	59	6	0	0	65	59	165	69.92%	0
Franklin	955842	34-2571	Dialysis Care of Franklin County	Louisburg	27	0	0	0	27	27	48	44.44%	0
Franklin	130122	34-2715	Fresenius Medical Care Tar River	Louisburg	20	0	0	0	20	20	53	66.25%	0
Gaston	150476	34-2595	BMA Kings Mountain	Kings Mountain	26	0	0	0	26	26	79	75.96%	4
Gaston	250047	Proposed new site consisting of existing stations	Fresenius Kidney Care Mt Holly Dialysis	Mount Holly	0	0	12	0	12	0	0	0.00%	0
Gaston	160496	34-2745	Fresenius Kidney Care North Gaston	Dallas	17	-5	0	5	17	17	62	91.18%	4
Gaston	050039	34-2652	Fresenius Medical Care Belmont	Belmont	19	9	0	0	28	19	71	93.42%	0
Gaston	955615	34-2513	Fresenius Medical Care Gastonia	Gastonia	39	0	0	0	39	39	89	57.05%	0
Gaston	070531	34-2671	Fresenius Medical Care South Gaston	Gastonia	28	-7	0	0	21	28	74	66.07%	0
Gates													
Graham			(Cherokee-Clay-Graham Service Area)										
Granville	170422	34-2520	FMC Dialysis Services Neuse River	Oxford	27	0	0	-7	20	27	85	78.70%	14
Granville	041025	34-2647	FMC Dialysis Services of Oxford	Oxford	25	0	0	-6	19	25	78	78.00%	5
Granville	250046	Proposed new site consisting of existing stations	Fresenius Kidney Care Butner Dialysis	Creedmoor	0	0	0	13	13	0	0	0.00%	0
Greene	020974	34-2650	Greene County Dialysis Center	Snow Hill	21	0	0	0	21	21	48	57.14%	0
Guilford	955872	34-2504	BMA of Greensboro	Greensboro	54	2	0	0	56	54	132	61.11%	0
Guilford	980838	34-2537	BMA of South Greensboro	Greensboro	54	4	0	0	58	54	165	76.39%	0

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

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Service Area	Facility Identification Number	Provider Number	Facility	City	Certified	CON Issued/ Not Certified	Decision Rendered (Conditional Approval)	Decision Pending	Total	Certified Stations 12/31/2024	Number* In-Center Patients 12/31/2024	Utilization Rate 12/31/2024	Facility Station Need Determination
Guilford	980472	34-2600	BMA of Southwest Greensboro	Jamestown	33	2	0	0	35	33	123	93.18%	12
Guilford	190319	Proposed new site consisting of existing stations	Central Greensboro Dialysis	Greensboro	0	10	0	0	10	0	0	0.00%	0
Guilford	001324	34-2634	FMC of East Greensboro	Greensboro	51	0	0	0	51	51	106	51.96%	0
Guilford	170123	34-2742	Fresenius Kidney Care Garber-Olin	Greensboro	28	0	0	0	28	28	86	76.79%	6
Guilford	210743	Proposed new site consisting of existing stations	Fresenius Kidney Care Sandy Ridge	Greensboro	0	16	0	0	16	0	0	0.00%	0
Guilford	150332	34-2720	Fresenius Medical Care High Point	High Point	14	0	0	0	14	14	56	100.00%	10
Guilford	945262	34-2514	High Point Kidney Center of Wake Forest University	High Point	50	0	0	0	50	50	132	66.00%	0
Guilford	990214	34-2613	Northwest Greensboro Kidney Center	Greensboro	37	0	0	0	37	37	82	55.41%	0
Guilford	980262	34-2599	Triad Dialysis Center of Wake Forest University	High Point	40	0	0	0	40	40	114	71.25%	0
Halifax	956044	34-2542	BMA of Roanoke Rapids	Roanoke Rapids	50	-2	0	0	48	50	147	73.50%	0
Halifax	981041	34-2619	FMC Dialysis Services of Halifax	Scotland Neck	19	0	0	0	19	19	51	67.11%	0
Halifax	250048	Proposed new site consisting of existing stations	Halifax County Home	Roanoke Rapids	0	2	0	0	2	0	0	0.00%	0
Harnett	944644	34-2557	Dunn Kidney Center	Dunn	35	0	0	0	35	35	100	71.43%	0
Harnett	110803	34-2701	FMC Anderson Creek	Cameron	17	0	0	0	17	17	54	79.41%	2
Harnett	100969	34-2694	Fresenius Medical Care Angier Dialysis^^	Angier	12	0	0	0	12	12	27	56.25%	0
Harnett	050131	34-2648	Fresenius Medical Care of Lillington	Lillington	16	0	0	0	16	16	54	84.38%	2
Haywood	010800	34-2629	Waynesville Dialysis Center	Clyde	27	0	0	0	27	27	52	48.15%	0
Henderson	140094	34-2564	Hendersonville Dialysis Center	Hendersonville	33	0	0	0	33	33	0	0.00%	0

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

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	Facility Identification Number	Provider Number	Facility	City	Certified	CON Issued/ Not Certified	Decision Rendered (Conditional Approval)	Decision Pending	Total	Certified Stations 12/31/2024	Number* In-Center Patients 12/31/2024	Utilization Rate 12/31/2024	Facility Station Need Determination
Hertford	945189	34-2570	Ahoskie Dialysis	Ahoskie	26	0	0	0	26	26	84	80.77%	7
Hoke	945165	34-2579	Dialysis Care of Hoke County	Raeford	28	0	0	0	28	28	66	58.93%	0
Hoke	160286	34-2727	Fayetteville Road Dialysis	Raeford	30	0	0	0	30	30	78	65.00%	0
Hoke	110715	34-2698	Lumbee River Dialysis	Red Springs	15	0	0	0	15	15	24	40.00%	0
Hyde													
Iredell	990439	34-2606	Lake Norman Dialysis Center of Wake Forest University	Mooreville	31	0	0	0	31	31	81	65.32%	0
Iredell	6668	34-2527	Statesville Dialysis Center of Wake Forest University	Statesville	27	0	0	0	27	27	78	72.22%	0
Iredell	020759	34-2636	West Iredell Dialysis Center of Wake Forest University	Statesville	24	0	0	0	24	24	62	64.58%	0
Jackson	230039	Proposed new site consisting of existing stations	Balsam Home Training	Sylva	0	2	0	0	2	0	0	0.00%	0
Jackson	944474	34-2556	Sylva Dialysis Center	Sylva	16	-2	0	0	14	16	18	28.13%	0
Johnston	170420	Proposed new site consisting of existing stations	Clayton Dialysis	Clayton	0	10	0	0	10	0	0	0.00%	0
Johnston	956062	34-2545	FMC Four Oaks	Four Oaks	25	0	0	0	25	25	62	62.00%	0
Johnston	170323	34-2757	Fresenius Kidney Care East Johnston	Selma	17	0	0	0	17	17	50	73.53%	0
Johnston	170520	34-2763	Fresenius Kidney Care West Johnston	Garner	15	0	0	0	15	15	40	66.67%	0
Johnston	030941	34-2678	Fresenius Medical Care Stallings Station	Clayton	30	0	0	0	30	30	72	60.00%	0
Johnston	944566	34-2572	Johnston Dialysis Center	Smithfield	37	0	0	0	37	37	88	59.46%	0
Jones	001653	34-2625	FMC Dialysis Services of Jones County^^	Trenton	10	0	0	0	10	10	20	50.00%	0
Lee	110959	34-2697	Carolina Dialysis Lee County	Sanford	20	0	0	0	20	20	62	77.50%	4
Lee	955801	34-2620	Carolina Dialysis Sanford	Sanford	39	0	0	0	39	39	89	57.05%	0
Lenoir	955898	34-2518	FMC of Kinston Dialysis Unit	Kinston	42	0	0	0	42	42	97	57.74%	0

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

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Service Area	Facility Identification Number	Provider Number	Facility	City	Certified	CON Issued/ Not Certified	Decision Rendered (Conditional Approval)	Decision Pending	Total	Certified Stations 12/31/2024	Number* In-Center Patients 12/31/2024	Utilization Rate 12/31/2024	Facility Station Need Determination
Lenoir	010207	34-2609	FMC Vernon Dialysis	Kinston	27	0	0	0	27	27	76	70.37%	0
Lincoln	944237	34-2568	FMC Lincolnton Dialysis	Lincolnton	30	0	0	0	30	30	71	59.17%	0
Macon	120162	34-2696	Franklin Township Dialysis^^	Franklin	12	0	0	0	12	12	28	58.33%	0
Madison													
Martin	960043	34-2584	Dialysis Care of Martin County	Williamston	23	0	0	0	23	23	62	67.39%	0
McDowell	040266	34-2645	McDowell Dialysis Center	Marion	20	0	0	0	20	20	64	80.00%	8
Mecklenburg	960156	34-2581	BMA Beatties Ford	Charlotte	43	-1	0	0	42	43	89	51.74%	0
Mecklenburg	970826	34-2594	BMA Nations Ford	Charlotte	28	0	0	0	28	28	88	78.57%	1
Mecklenburg	970301	34-2605	BMA of East Charlotte	Charlotte	32	0	0	0	32	32	120	93.75%	12
Mecklenburg	955792	34-2554	BMA West Charlotte	Charlotte	31	0	0	0	31	31	81	65.32%	0
Mecklenburg	150477	34-2731	Brookshire Dialysis	Charlotte	20	0	0	0	20	20	46	57.50%	0
Mecklenburg	955930	34-2548	Charlotte Dialysis	Charlotte	33	0	0	0	33	33	86	65.15%	0
Mecklenburg	001554	34-2627	Charlotte East Dialysis	Charlotte	34	0	0	0	34	34	91	66.91%	0
Mecklenburg	944671	34-2552	DSI Charlotte Latrobe Dialysis	Charlotte	24	0	0	0	24	24	63	65.63%	0
Mecklenburg	955380	34-2591	DSI Glenwater Dialysis	Charlotte	42	0	0	0	42	42	97	57.74%	0
Mecklenburg	955947	34-2503	FMC Charlotte	Charlotte	46	-46	0	0	0	48	83	43.23%	0
Mecklenburg	080137	34-2681	FMC Matthews	Matthews	16	5	0	0	21	21	84	100.00%	7
Mecklenburg	955788	34-2549	FMC of North Charlotte	Charlotte	40	0	0	0	40	40	131	81.88%	6
Mecklenburg	955947	Proposed new site consisting of existing stations	Fresenius Kidney Care Charlotte	Charlotte	0	42	0	0	42	0	0	0.00%	0
Mecklenburg	240030	Proposed new site consisting of existing stations	Fresenius Kidney Care Huntersville Dialysis	Huntersville	0	10	0	0	10	0	0	0.00%	0
Mecklenburg	170326	34-2766	Fresenius Kidney Care Mallard Creek	Charlotte	18	0	0	0	18	18	51	70.83%	0
Mecklenburg	150024	34-2719	Fresenius Kidney Care Regal Oaks	Charlotte	21	0	0	0	21	17	48	70.59%	0
Mecklenburg	160337	34-2750	Fresenius Kidney Care Southeast Mecklenburg	Pineville	17	0	3	0	20	17	48	70.59%	0

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

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	Facility Identification Number	Provider Number	Facility	City	Certified	CON Issued/ Not Certified	Decision Rendered (Conditional Approval)	Decision Pending	Total	Certified Stations 12/31/2024	Number* In-Center Patients 12/31/2024	Utilization Rate 12/31/2024	Facility Station Need Determination
Mecklenburg	150435	34-2738	Fresenius Medical Care Aldersgate	Charlotte	16	0	0	0	16	16	59	92.19%	8
Mecklenburg	120485	34-2713	Fresenius Medical Care Southwest Charlotte	Charlotte	26	0	0	0	26	26	66	63.46%	0
Mecklenburg	130490	34-2707	Huntersville Dialysis	Huntersville	27	0	0	0	27	27	78	72.22%	0
Mecklenburg	070389	34-2692	Mint Hill Dialysis	Mint Hill	21	0	0	0	21	21	51	60.71%	0
Mecklenburg	060083	34-2663	North Charlotte Dialysis Center	Charlotte	33	0	0	0	33	33	89	67.42%	0
Mecklenburg	170127	34-2523	South Charlotte Dialysis	Charlotte	27	0	0	0	27	27	68	62.96%	0
Mitchell (Mitchell-Avery-Yancey Multicounty Planning Area)	060380	34-2660	Mayland Dialysis Center^^	Spruce Pine	12	0	0	0	12	9	26	72.22%	0
Montgomery	925156	34-2583	Dialysis Care of Montgomery County	Biscoe	20	0	0	0	20	20	52	65.00%	0
Moore	080621	34-2679	Carthage Dialysis	Carthage	14	0	1	0	15	14	39	69.64%	0
Moore	944674	34-2555	Dialysis Care of Moore County	Pinehurst	25	0	0	0	25	25	54	54.00%	0
Moore	020648	34-2638	Southern Pines Dialysis Center	Southern Pines	18	0	0	0	18	18	55	76.39%	1
Nash	020870	34-2644	FMC of Spring Hope	Spring Hope	16	0	0	0	16	16	47	73.44%	0
Nash	130370	34-2710	Fresenius Medical Care South Rocky Mount	Rocky Mount	19	-2	0	0	17	19	64	84.21%	5
Nash	240784	Proposed new site consisting of existing stations	Nash County Home	Rocky Mount	0	2	0	0	2	0	0	0.00%	0
Nash	944658	34-2517	Rocky Mount Kidney Center	Rocky Mount	51	0	0	0	51	51	158	77.45%	8
New Hanover	080819	34-2685	Cape Fear Dialysis	Wilmington	32	0	0	0	32	32	89	69.53%	0
New Hanover	140333	34-2717	New Hanover Dialysis	Wilmington	18	0	0	0	18	18	57	79.17%	4
New Hanover	220065	Proposed new site consisting of existing stations	Ogden Park Home Training	Wilmington	0	2	0	0	2	0	0	0.00%	0

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

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	Facility Identification Number	Provider Number	Facility	City	Certified	CON Issued/ Not Certified	Decision Rendered (Conditional Approval)	Decision Pending	Total	Certified Stations 12/31/2024	Number* In-Center Patients 12/31/2024	Utilization Rate 12/31/2024	Facility Station Need Determination
New Hanover	956055	34-2511	Southeastern Dialysis Center - Wilmington	Wilmington	32	0	0	0	32	32	86	67.19%	0
Northampton	970120	34-2586	FMC East Northampton County	Conway	21	0	0	0	21	21	53	63.10%	0
Onslow	130178	34-2700	New River Dialysis	Jacksonville	25	0	0	0	25	25	69	69.00%	0
Onslow	956056	34-2532	Southeastern Dialysis Center - Jacksonville	Jacksonville	38	0	0	0	38	38	92	60.53%	0
Orange	956088	34-2622	Carolina Dialysis Carrboro	Carrboro	39	7	0	0	46	39	86	55.13%	0
Pamlico													
Pasquotank	130368	34-2708	Albemarle Dialysis	Elizabeth City	15	0	0	0	15	15	56	93.33%	6
Pasquotank	955812	34-2515	Elizabeth City Dialysis	Elizabeth City	29	0	0	0	29	29	76	65.52%	0
Pender	945252	34-2558	Southeastern Dialysis Center - Burgaw	Burgaw	17	0	0	0	17	17	51	75.00%	2
Pender	130180	34-2703	Surf City Dialysis	Hampstead	14	0	0	0	14	14	19	33.93%	0
Perquimans	140091	34-2749	Perquimans Dialysis^^	Hertford	10	0	0	0	10	10	26	65.00%	0
Person	120225	34-2562	Roxboro Dialysis	Roxboro	38	0	0	0	38	38	83	54.61%	0
Pitt	011155	34-2632	FMC Care of Ayden	Ayden	16	0	0	0	16	16	32	50.00%	0
Pitt	960406	34-2596	FMC Dialysis Services East Carolina	Greenville	41	-41	0	0	0	41	133	81.10%	1
Pitt	800010	Proposed new site consisting of existing stations	FMC Dialysis Services East Carolina University	Greenville	0	47	0	0	47	0	0	0.00%	0
Pitt	140329	34-2706	FMC Farmville	Farmville	14	0	0	0	14	14	43	76.79%	1
Pitt	170125	34-2748	Fresenius Kidney Care Captains Cove^^	Winterville	12	0	0	0	12	12	33	68.75%	0
Pitt	944657	34-2502	Greenville Dialysis Center	Greenville	51	0	0	0	51	51	159	77.94%	10
Polk													
Randolph	955777	34-2524	BMA of Asheboro	Asheboro	45	0	0	0	45	45	106	58.89%	0
Randolph	140089	34-2714	North Randolph Dialysis Center of Wake Forest University	Archdale	17	0	0	0	17	17	35	51.47%	0
Richmond	955843	34-2539	Dialysis Care of Richmond County	Hamlet	33	0	0	0	33	33	67	50.76%	0
Richmond	090624	34-2690	Sandhills Dialysis	Rockingham	25	0	0	0	25	25	70	70.00%	0

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

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Service Area	Facility Identification Number	Provider Number	Facility	City	Certified	CON Issued/ Not Certified	Decision Rendered (Conditional Approval)	Decision Pending	Total	Certified Stations 12/31/2024	Number* In-Center Patients 12/31/2024	Utilization Rate 12/31/2024	Facility Station Need Determination
Robeson	955445	34-2528	BMA Lumberton	Lumberton	24	0	0	0	24	24	83	86.46%	4
Robeson	980754	34-2607	BMA of Red Springs	Red Springs	19	0	0	0	19	19	47	61.84%	0
Robeson	991061	34-2623	FMC Dialysis Services of Robeson County	Fairmont	23	0	0	0	23	23	45	48.91%	0
Robeson	180042	34-2764	Fresenius Kidney Care East Lumberton	Lumberton	20	0	0	0	20	20	60	75.00%	2
Robeson	971335	34-2682	Fresenius Medical Care Pembroke	Pembroke	19	0	0	0	19	19	47	61.84%	0
Robeson	140334	34-2651	Maxton Dialysis Center	Maxton	17	0	0	0	17	17	50	73.53%	0
Rockingham	955844	34-2536	Dialysis Care of Rockingham County	Eden	25	0	0	0	25	25	64	64.00%	0
Rockingham	030453	34-2640	Reidsville Dialysis	Reidsville	27	-7	0	0	20	27	61	56.48%	0
Rockingham	001548	34-2641	Rockingham Kidney Center	Reidsville	25	0	0	0	25	25	68	68.00%	0
Rowan	980409	34-2592	Dialysis Care of Kannapolis	Kannapolis	31	0	0	0	31	31	80	64.52%	0
Rowan	944673	34-2546	Dialysis Care of Rowan County	Salisbury	34	0	0	0	34	34	87	63.97%	0
Rowan	160495	34-2730	Spencer Dialysis	Spencer	19	0	0	0	19	19	42	55.26%	0
Rutherford	955824	34-2566	Dialysis Care of Rutherford County	Forest City	31	0	0	0	31	31	104	83.87%	12
Sampson	955787	34-2559	BMA of Clinton	Clinton	36	0	0	0	36	36	89	61.81%	0
Sampson	080822	34-2688	Fresenius Medical Care of Roseboro	Roseboro	13	5	0	0	18	13	50	96.15%	1
Scotland	924648	34-2540	BMA of Laurinburg	Laurinburg	30	0	0	0	30	30	74	61.67%	0
Stanly	955784	34-2565	BMA Albemarle	Albemarle	29	0	0	0	29	29	70	60.34%	0
Stokes	020980	34-2633	King Dialysis Center of Wake Forest University	King	24	0	0	0	24	24	56	58.33%	0
Surry	001558	34-2614	Elkin Dialysis Center of Wake Forest University	Elkin	19	0	0	0	19	19	44	57.89%	0
Surry	944348	34-2551	Mt Airy Dialysis Center of Wake Forest University	Mt Airy	32	0	0	0	32	32	72	56.25%	0
Swain	000047	34-2602	Cherokee Dialysis Center	Cherokee	20	-20	0	0	0	20	46	57.50%	0
Swain	900000	Proposed new site consisting of existing stations	Cherokee Dialysis Center	Cherokee	0	20	0	0	20	0	0	0.00%	0
Transylvania	080169	34-2693	Brevard Dialysis Center	Brevard	14	0	0	0	14	14	57	101.79%	20

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

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Tyrrell													
Union	060374	34-2666	Crooked Creek Dialysis	Indian Trail	16	0	0	0	16	16	18	28.13%	0
Union	160339	34-2737	Fresenius Kidney Care Indian Trail	Indian Trail	16	0	0	0	16	16	38	59.38%	0
Union	955949	34-2525	Metrolina Kidney Center	Monroe	30	0	0	0	30	30	90	75.00%	1
Union	955953	34-2526	Union County Dialysis	Monroe	37	0	0	0	37	37	84	56.76%	0
Vance	130179	34-2704	Kerr Lake Dialysis	Henderson	17	0	0	0	17	17	54	79.41%	3
Vance	944655	34-2543	Vance County Dialysis	Henderson	47	0	0	0	47	47	110	58.51%	0
Wake	980755	34-2608	BMA of Fuquay Varina Kidney Center	Fuquay Varina	29	0	0	0	29	29	93	80.17%	1
Wake	956008	34-2512	BMA of Raleigh Dialysis	Raleigh	50	0	0	0	50	50	120	60.00%	0
Wake	180166	34-2544	Cary Kidney Center	Cary	29	0	0	0	29	29	84	72.41%	0
Wake	190643	34-2769	Downtown Raleigh Dialysis^^	Raleigh	10	0	0	0	10	0	18	0.00%	0
Wake	061335	34-2672	FMC Eastern Wake	Rolesville	15	0	0	0	15	15	60	100.00%	9
Wake	160069	34-2733	FMC Morrisville	Cary	13	0	0	0	13	13	45	86.54%	5
Wake	020868	34-2646	FMC New Hope Dialysis	Raleigh	36	0	0	0	36	36	116	80.56%	8
Wake	130278	34-2705	FMC Northern Wake	Wake Forest	20	0	0	0	20	20	57	71.25%	0
Wake	956094	34-2522	FMC Wake Dialysis Clinic	Raleigh	50	0	0	0	50	50	150	75.00%	0
Wake	180261	34-2755	Fresenius Kidney Care Holly Springs^^	Holly Springs	10	0	0	0	10	10	36	90.00%	12
Wake	210745	Proposed new site consisting of existing stations	Fresenius Kidney Care Knightdale	Knightdale	0	16	0	0	16	0	0	0.00%	0
Wake	041023	34-2658	Fresenius Medical Care Apex	Apex	20	0	0	0	20	20	66	82.50%	4
Wake	080823	34-2684	Fresenius Medical Care Central Raleigh	Raleigh	19	0	0	0	19	19	50	65.79%	0
Wake	041024	34-2653	Fresenius Medical Care Millbrook	Raleigh	17	0	0	0	17	17	63	92.65%	7
Wake	160555	34-5555	Fresenius Medical Care Rock Quarry^/^^	Raleigh	10	0	0	0	10	0	0	0.00%	0
Wake	160405	34-2735	Fresenius Medical Care White Oak	Garner	20	0	0	0	20	20	72	90.00%	5
Wake	160068	34-2744	Oak City Dialysis	Raleigh	32	-4	0	0	28	32	78	60.94%	0

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Wake	990968	34-2642	Southwest Wake County Dialysis	Raleigh	30	2	0	0	32	30	105	87.50%	3
Wake	240782	Proposed new site consisting of existing stations	Tarheel Place Dialysis	Raleigh	0	10	0	0	10	0	0	0.00%	0
Wake	041181	34-2675	Wake Forest Dialysis Center	Raleigh	21	-1	0	0	20	21	81	96.43%	10
Wake	970505	34-2589	Zebulon Kidney Center	Zebulon	30	0	0	0	30	30	79	65.83%	0
Warren	991065	34-2610	FMC Dialysis Services of Warren Hills	Warrenton	25	0	0	0	25	25	51	51.00%	0
Washington	001549	34-2618	FMC Dialysis Services of Plymouth	Plymouth	15	0	1	0	16	15	50	83.33%	0
Watauga	150300	34-2674	Fresenius Medical Care Watauga County	Boone	20	0	0	0	20	20	48	60.00%	0
Wayne	140466	34-2723	Coastal Plains Dialysis	Goldsboro	16	0	0	0	16	16	38	59.38%	0
Wayne	944654	34-2531	Goldsboro Dialysis	Goldsboro	25	0	0	0	25	25	70	70.00%	0
Wayne	970275	34-2587	Goldsboro South Dialysis	Goldsboro	25	0	0	0	25	25	54	54.00%	0
Wayne	000304	34-2573	Mt Olive Dialysis	Mt Olive	20	0	0	0	20	20	43	53.75%	0
Wayne	170236	34-2576	RAI Care Centers - Goldsboro	Goldsboro	21	0	0	0	21	21	55	65.48%	0
Wayne	180046	34-2752	Rosewood Dialysis^^	Goldsboro	10	0	0	0	10	10	21	52.50%	0
Wilkes	956103	34-2724	Wilkes Dialysis Center of Wake Forest University	North Wilkesboro	24	0	0	0	24	24	92	95.83%	0
Wilson	020166	34-2637	Forest Hills Dialysis	Wilson	35	-5	0	0	30	35	108	77.14%	14
Wilson	170521	34-2753	Kenly Dialysis^^	Kenly	10	0	0	0	10	10	20	50.00%	0
Wilson	971340	34-2507	Wilson Dialysis	Wilson	44	-7	0	0	37	44	101	57.39%	0
Wilson	220670	Proposed new site consisting of existing stations	Wooten Boulevard Home Training	Wilson	0	2	0	0	2	0	0	0.00%	0
Yadkin	060383	34-2665	Yadkin Dialysis Center of Wake Forest University	Yadkinville	13	0	0	0	13	13	20	38.46%	0
Yancey			(Mitchell-Avery-Yancey Service Area)										

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

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Service Area	Facility Identification Number	Provider Number	Facility	City	Certified	CON Issued/ Not Certified	Decision Rendered (Conditional Approval)	Decision Pending	Total	Certified Stations 12/31/2024	Number* In-Center Patients 12/31/2024	Utilization Rate 12/31/2024	Facility Station Need Determination
<b>Totals</b>					<b>6,143</b>	<b>144</b>	<b>43</b>	<b>7</b>	<b>6,337</b>	<b>6,117</b>	<b>16,457</b>		<b>426</b>

\* Number In-Center Patients 12/31/2024 includes both in-state and out-of-state patients.

^ Designated as a new facility.

^^ Designated as a small facility.

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

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
Service Area	12/31/20 Total Patients	12/31/21 Total Patients	12/31/22 Total Patients	12/31/23 Total Patients	12/31/24 Total Patients	Average Annual Change Rate for Past Five Years	Projected 12/31/25 Total Patients	12/31/24 Home Patients	12/31/24 Percent Home Patients	Projected 12/31/25 Home Patients	Projected 12/31/25 In-Center Patients	Projected 12/31/25 In-Center Station Utilization	Projected Total Available Stations	Projected Station Deficit or Surplus	County Station Need Determination
Alamance	354	344	350	374	382	0.020	389.6	76	19.9%	77.5	312.1	98	146	Surplus of 48	0
Alexander	53	65	59	49	45	-0.029	43.7	8	17.8%	7.8	35.9	11	18	Surplus of 6	0
Alleghany	10	9	10	7	8	-0.037	7.7	1	12.5%	1.0	6.7	2	0	3	0
Anson	95	84	87	82	90	-0.010	89.1	10	11.1%	9.9	79.2	25	33	Surplus of 8	0
Ashe	18	25	17	22	21	0.079	22.7	2	9.5%	2.2	20.5	6	0	7	0
Beaufort	126	119	125	124	120	-0.011	118.6	24	20.0%	23.7	94.9	30	31	Surplus of 1	0
Bertie	85	81	75	82	72	-0.037	69.3	14	19.4%	13.5	55.8	17	20	Surplus of 2	0
Bladen	104	95	93	81	81	-0.059	76.2	9	11.1%	8.5	67.7	21	38	Surplus of 16	0
Brunswick	154	166	187	192	191	0.056	201.8	27	14.1%	28.5	173.3	54	69	Surplus of 14	0
Buncombe	284	268	267	242	261	-0.019	256.1	62	23.8%	60.8	195.3	61	98	Surplus of 36	0
Burke	150	147	144	147	147	-0.005	146.3	27	18.4%	26.9	119.4	37	42	Surplus of 4	0
Cabarrus	269	278	292	314	328	0.051	344.7	90	27.4%	94.6	250.1	78	81	Surplus of 2	0
Caldwell	163	172	173	164	168	0.008	169.4	26	15.5%	26.2	143.2	45	54	Surplus of 9	0
Camden	7	5	8	13	12	0.216	14.6	7	58.3%	8.5	6.1	2	0	2	0
Carteret	74	82	70	72	74	0.005	74.3	19	25.7%	19.1	55.2	17	32	Surplus of 14	0
Caswell	69	67	51	50	47	-0.087	42.9	2	4.3%	1.8	41.1	13	17	Surplus of 4	0
Catawba	311	297	281	296	306	-0.003	305.1	67	21.9%	66.8	238.3	74	104	Surplus of 29	0
Chatham	133	117	120	114	117	-0.030	113.5	12	10.3%	11.6	101.9	32	37	Surplus of 5	0
Cherokee	27	34	40	36	34	0.070	36.4	7	20.6%	7.5	28.9	9	13	Surplus of 3	
Clay	7	6	7	4	9	0.211	10.9	3	33.3%	3.6	7.3	2	0	3	
Graham	13	10	8	11	11	-0.014	10.8	3	27.3%	3.0	7.9	2	0	3	
Cherokee-Clay-Graham Service Area Total														3	0
Chowan	55	51	50	48	44	-0.054	41.6	8	18.2%	7.6	34.1	11	20	Surplus of 9	0
Cleveland	262	273	272	241	250	-0.010	247.6	22	8.8%	21.8	225.8	71	77	Surplus of 6	0
Columbus	121	104	99	105	112	-0.015	110.3	22	19.6%	21.7	88.6	28	41	Surplus of 13	0
Craven	238	223	232	233	217	-0.022	212.3	36	16.6%	35.2	177.1	55	71	Surplus of 15	0
Cumberland	832	772	770	838	878	0.015	891.5	102	11.6%	103.6	787.9	246	267	Surplus of 20	0
Currituck	15	13	21	18	18	0.085	19.5	2	11.1%	2.2	17.4	5	0	6	0
Dare	22	30	29	33	39	0.163	45.3	6	15.4%	7.0	38.4	12	9	3	0

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

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
Service Area	12/31/20 Total Patients	12/31/21 Total Patients	12/31/22 Total Patients	12/31/23 Total Patients	12/31/24 Total Patients	Average Annual Change Rate for Past Five Years	Projected 12/31/25 Total Patients	12/31/24 Home Patients	12/31/24 Percent Home Patients	Projected 12/31/25 Home Patients	Projected 12/31/25 In-Center Patients	Projected 12/31/25 In-Center Station Utilization	Projected Total Available Stations	Projected Station Deficit or Surplus	County Station Need Determination
Davidson	303	316	311	293	318	0.014	322.3	43	13.5%	43.6	278.7	87	104	Surplus of 16	0
Davie	73	65	59	53	52	-0.081	47.8	12	23.1%	11.0	36.8	11	24	Surplus of 12	0
Duplin	143	152	147	150	91	-0.086	83.2	18	19.8%	16.5	66.7	21	44	Surplus of 23	0
Durham	687	640	640	628	624	-0.023	609.4	40	6.4%	39.1	570.3	178	261	Surplus of 82	0
Edgecombe	264	279	305	320	271	0.012	274.1	43	15.9%	43.5	230.6	72	63	<b>10</b>	0
Forsyth	776	802	768	786	803	0.009	810.3	111	13.8%	112.0	698.3	218	251	Surplus of 32	0
Franklin	155	153	141	145	150	-0.007	148.9	16	10.7%	15.9	133.0	42	47	Surplus of 5	0
Gaston	383	395	385	412	404	0.014	409.7	75	18.6%	76.1	333.7	104	143	Surplus of 38	0
Gates	15	12	10	10	14	0.008	14.1	3	21.4%	3.0	11.1	3	0	<b>4</b>	0
Granville	166	149	146	160	160	-0.007	158.9	11	6.9%	10.9	148.0	46	52	Surplus of 5	0
Greene	64	59	52	54	52	-0.049	49.5	4	7.7%	3.8	45.7	14	21	Surplus of 6	0
Guilford	1130	1154	1104	1070	1088	-0.009	1,078.2	107	9.8%	106.0	972.2	304	395	Surplus of 91	0
Halifax	259	242	237	235	243	-0.015	239.3	34	14.0%	33.5	205.8	64	69	Surplus of 4	0
Harnett	271	247	233	251	251	-0.017	246.7	39	15.5%	38.3	208.4	65	80	Surplus of 14	0
Haywood	71	70	64	90	49	-0.037	47.2	13	26.5%	12.5	34.7	11	27	Surplus of 16	0
Henderson	128	117	125	122	114	-0.027	110.9	26	22.8%	25.3	85.6	27	33	Surplus of 6	0
Hertford	89	74	74	71	72	-0.049	68.5	7	9.7%	6.7	61.8	19	26	Surplus of 6	0
Hoke	176	165	162	157	119	-0.088	108.5	13	10.9%	11.9	96.6	30	73	Surplus of 42	0
Hyde	8	7	8	12	9	0.067	9.6	5	55.6%	5.3	4.3	1	0	<b>2</b>	0
Iredell	250	248	247	236	246	-0.004	245.1	43	17.5%	42.8	202.3	63	82	Surplus of 18	0
Jackson	49	36	34	32	28	-0.126	24.5	7	25.0%	6.1	18.4	6	16	Surplus of 10	0
Johnston	420	412	420	394	378	-0.026	368.3	72	19.0%	70.2	298.2	93	134	Surplus of 40	0
Jones	38	38	34	29	24	-0.106	21.5	3	12.5%	2.7	18.8	6	10	Surplus of 4	0
Lee	152	156	152	139	145	-0.010	143.5	15	10.3%	14.8	128.6	40	59	Surplus of 18	0
Lenoir	224	219	209	219	208	-0.018	204.3	31	14.9%	30.5	173.9	54	69	Surplus of 14	0
Lincoln	97	99	108	107	110	0.033	113.6	19	17.3%	19.6	94.0	29	30	0	0
Macon	36	35	38	41	38	0.016	38.6	11	28.9%	11.2	27.4	9	12	Surplus of 3	0
Madison	8	6	8	10	12	0.133	13.6	3	25.0%	3.4	10.2	3	0	<b>4</b>	0
Martin	77	83	75	81	72	-0.012	71.1	7	9.7%	6.9	64.2	20	23	Surplus of 2	0

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

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	
Service Area	12/31/20 Total Patients	12/31/21 Total Patients	12/31/22 Total Patients	12/31/23 Total Patients	12/31/24 Total Patients	Average Annual Change Rate for Past Five Years	Projected 12/31/25 Total Patients	12/31/24 Home Patients	12/31/24 Percent Home Patients	Projected 12/31/25 Home Patients	Projected 12/31/25 In-Center Patients	Projected 12/31/25 In-Center Station Utilization	Projected Total Available Stations	Projected Station Deficit or Surplus	County Station Need Determination	
McDowell	60	55	61	64	72	0.050	75.6	13	18.1%	13.6	61.9	19	20	0	0	
Mecklenburg	1878	1871	1834	1817	1831	-0.006	1,819.5	282	15.4%	280.2	1,539.3	481	608	Surplus of 126	0	
Avery	9	8	6	10	15	0.201	18.0	3	20.0%	3.6	14.4	5	0	5		
Mitchell	19	18	15	15	15	-0.055	14.2	2	13.3%	1.9	12.3	4	12	Surplus of 8		
Yancey	17	17	19	19	16	-0.010	15.8	3	18.8%	3.0	12.9	4	0	5		
Mitchell-Avery-Yancey Service Area Total															2	0
Montgomery	66	69	62	55	59	-0.024	57.6	8	13.6%	7.8	49.8	16	20	Surplus of 4	0	
Moore	162	161	180	173	172	0.017	174.9	30	17.4%	30.5	144.4	45	58	Surplus of 12	0	
Nash	303	303	290	280	307	0.005	308.5	48	15.6%	48.2	260.2	81	86	Surplus of 4	0	
New Hanover	262	256	264	268	261	-0.001	260.8	44	16.9%	44.0	216.9	68	84	Surplus of 16	0	
Northampton	94	98	96	95	90	-0.010	89.1	9	10.0%	8.9	80.2	25	21	5	0	
Onslow	229	224	217	232	227	-0.001	226.7	55	24.2%	54.9	171.8	54	63	Surplus of 9	0	
Orange	179	174	172	156	155	-0.035	149.6	17	11.0%	16.4	133.2	42	46	Surplus of 4	0	
Pamlico	23	23	17	21	22	0.006	22.1	7	31.8%	7.0	15.1	5	0	5	0	
Pasquotank	115	115	108	112	111	-0.008	110.1	18	16.2%	17.9	92.2	29	44	Surplus of 15	0	
Pender	102	100	96	93	105	0.010	106.0	16	15.2%	16.2	89.8	28	31	Surplus of 2	0	
Perquimans	36	34	37	38	41	0.035	42.4	11	26.8%	11.4	31.0	10	10	0	0	
Person	93	98	88	85	86	-0.018	84.5	13	15.1%	12.8	71.7	22	38	Surplus of 15	0	
Pitt	459	457	452	441	446	-0.007	442.8	72	16.1%	71.5	371.4	116	140	Surplus of 23	0	
Polk	16	16	9	10	11	-0.057	10.4	4	36.4%	3.8	6.6	2	0	3	0	
Randolph	179	193	179	183	182	0.006	183.0	19	10.4%	19.1	163.9	51	62	Surplus of 10	0	
Richmond	162	165	157	151	147	-0.024	143.5	18	12.2%	17.6	125.9	39	58	Surplus of 18	0	
Robeson	438	449	434	429	396	-0.024	386.4	42	10.6%	41.0	345.4	108	122	Surplus of 14	0	
Rockingham	213	217	201	180	187	-0.030	181.4	18	9.6%	17.5	163.9	51	70	Surplus of 18	0	
Rowan	256	262	247	245	253	-0.002	252.4	65	25.7%	64.8	187.6	59	84	Surplus of 25	0	
Rutherford	106	113	112	109	118	0.028	121.3	23	19.5%	23.6	97.7	31	31	0	0	
Sampson	190	198	191	162	173	-0.019	169.7	18	10.4%	17.7	152.0	48	54	Surplus of 6	0	
Scotland	100	114	110	104	111	0.029	114.3	16	14.4%	16.5	97.8	31	30	1	0	
Stanly	92	93	94	89	86	-0.016	84.6	22	25.6%	21.6	63.0	20	29	Surplus of 9	0	

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

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
Service Area	12/31/20 Total Patients	12/31/21 Total Patients	12/31/22 Total Patients	12/31/23 Total Patients	12/31/24 Total Patients	Average Annual Change Rate for Past Five Years	Projected 12/31/25 Total Patients	12/31/24 Home Patients	12/31/24 Percent Home Patients	Projected 12/31/25 Home Patients	Projected 12/31/25 In-Center Patients	Projected 12/31/25 In-Center Station Utilization	Projected Total Available Stations	Projected Station Deficit or Surplus	County Station Need Determination
Stokes	68	70	64	56	57	-0.041	54.7	6	10.5%	5.8	48.9	15	24	Surplus of 8	0
Surry	112	111	107	103	97	-0.035	93.6	11	11.3%	10.6	83.0	26	51	Surplus of 25	0
Swain	51	59	50	54	56	0.030	57.7	13	23.2%	13.4	44.3	14	20	Surplus of 6	0
Transylvania	30	31	33	24	28	-0.002	27.9	8	28.6%	8.0	20.0	6	14	Surplus of 7	0
Tyrrell	8	6	6	7	6	-0.057	5.7	1	16.7%	0.9	4.7	1	0	2	0
Union	284	280	267	282	269	-0.013	265.6	33	12.3%	32.6	233.0	73	99	Surplus of 26	0
Vance	202	191	183	192	179	-0.029	173.9	16	8.9%	15.5	158.3	49	64	Surplus of 14	0
Wake	1434	1414	1456	1491	1553	0.020	1,584.6	226	14.6%	230.6	1,354.0	423	484	Surplus of 60	0
Warren	83	72	73	74	70	-0.040	67.2	4	5.7%	3.8	63.4	20	25	Surplus of 5	0
Washington	56	59	57	55	64	0.037	66.4	11	17.2%	11.4	55.0	17	16	2	0
Watauga	32	28	26	28	23	-0.075	21.3	0	0.0%	0.0	21.3	7	20	Surplus of 13	0
Wayne	313	304	321	338	302	-0.007	300.0	46	15.2%	45.7	254.3	79	117	Surplus of 37	0
Wilkes	81	93	91	98	111	0.084	120.3	12	10.8%	13.0	107.3	34	24	10	10
Wilson	314	261	284	241	259	-0.039	248.8	60	23.2%	57.6	191.2	60	79	Surplus of 19	0
Yadkin	58	55	52	44	41	-0.082	37.6	10	24.4%	9.2	28.5	9	13	Surplus of 4	0
<b>State Totals</b>	<b>19,547</b>	<b>19,302</b>	<b>19,051</b>	<b>19,022</b>	<b>19,037</b>			<b>2,878</b>				<b>5,034</b>	<b>6,337</b>		<b>10</b>

**Table 9C: Dialysis Station Need Determination  
County Need Determination Methodology\***  
*(Proposed for Certificate of Need Review Commencing in 2026)*

<b>Service Area</b>	<b>Dialysis Station Need Determination</b>	<b>Certificate of Need Application Deadline**</b>	<b>Certificate of Need Beginning Review Date</b>
Wilkes	10	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 5:00 p.m. on the application deadline date.

Table 9D: Dialysis Station Need Determination by Facility\*

A	B	C	D	E
County	Facility Identification Number	Provider Number	Facility	Facility Station Need Determination
Alamance	140092	34-2709	Alamance County Dialysis	4
Alamance	956036	34-2567	Burlington Dialysis	7
Beaufort	955789	34-2561	FMC Pamlico	2
Brunswick	140237	34-2716	Leland Dialysis	2
Brunswick	960145	34-2582	Southeastern Dialysis Center - Shallotte	9
Buncombe	150248	34-2756	Arden Dialysis	20
Cabarrus	070392	34-2670	Harrisburg Dialysis Center	5
Catawba	010648	34-2635	FMC of Catawba Valley	4
Cherokee	050254	34-2649	Smoky Mountain Dialysis Center	5
Cumberland	140236	34-2510	Fayetteville Kidney Center	14
Cumberland	011019	34-2643	FMC Services of West Fayetteville	20
Cumberland	170017	34-2751	Fresenius Kidney Care Rockfish	12
Dare	970980	34-2598	Dare County Dialysis Center	3
Duplin	060249	34-2659	Wallace Dialysis	4
Durham	140143	34-2718	Research Triangle Park Dialysis	3
Edgecombe	970528	34-2603	BMA East Rocky Mount	15
Edgecombe	170325	34-2761	Fresenius Kidney Care Boice-Willis	3
Edgecombe	150155	34-2722	Fresenius Medical Clinic Tarboro	7
Forsyth	070671	34-2667	Miller Street Dialysis Center of Wake Forest Unive	8
Forsyth	000193	34-2612	Northside Dialysis Center of Wake Forest Universit	8
Gaston	150476	34-2595	BMA Kings Mountain	4
Gaston	160496	34-2745	Fresenius Kidney Care North Gaston	4
Granville	170422	34-2520	FMC Dialysis Services Neuse River	14
Granville	041025	34-2647	FMC Dialysis Services of Oxford	5
Guilford	980472	34-2600	BMA of Southwest Greensboro	12
Guilford	170123	34-2742	Fresenius Kidney Care Garber-Olin	6
Guilford	150332	34-2720	Fresenius Medical Care High Point	10
Harnett	110803	34-2701	FMC Anderson Creek	2
Harnett	050131	34-2648	Fresenius Medical Care of Lillington	2
Hertford	945189	34-2570	Ahoskie Dialysis	7
Lee	110959	34-2697	Carolina Dialysis Lee County	4
McDowell	040266	34-2645	McDowell Dialysis Center	8
Mecklenburg	970826	34-2594	BMA Nations Ford	1
Mecklenburg	970301	34-2605	BMA of East Charlotte	12
Mecklenburg	080137	34-2681	FMC Matthews	7
Mecklenburg	955788	34-2549	FMC of North Charlotte	6
Mecklenburg	150435	34-2738	Fresenius Medical Care Aldersgate	8
Moore	020648	34-2638	Southern Pines Dialysis Center	1
Nash	130370	34-2710	Fresenius Medical Care South Rocky Mount	5
Nash	944658	34-2517	Rocky Mount Kidney Center	8
New Hanover	140333	34-2717	New Hanover Dialysis	4
Pasquotank	130368	34-2708	Albemarle Dialysis	6
Pender	945252	34-2558	Southeastern Dialysis Center - Burgaw	2

Table 9D: Dialysis Station Need Determination by Facility\*

A	B	C	D	E
County	Facility Identification Number	Provider Number	Facility	Facility Station Need Determination
Pitt	960406	34-2596	FMC Dialysis Services East Carolina	1
Pitt	140329	34-2706	FMC Farmville	1
Pitt	944657	34-2502	Greenville Dialysis Center	10
Robeson	955445	34-2528	BMA Lumberton	4
Robeson	180042	34-2764	Fresenius Kidney Care East Lumberton	2
Rutherford	955824	34-2566	Dialysis Care of Rutherford County	12
Sampson	080822	34-2688	Fresenius Medical Care of Roseboro	1
Transylvania	080169	34-2693	Brevard Dialysis Center	20
Union	955949	34-2525	Metrolina Kidney Center	1
Vance	130179	34-2704	Kerr Lake Dialysis	3
Wake	980755	34-2608	BMA of Fuquay Varina Kidney Center	1
Wake	061335	34-2672	FMC Eastern Wake	9
Wake	160069	34-2733	FMC Morrisville	5
Wake	020868	34-2646	FMC New Hope Dialysis	8
Wake	180261	34-2755	Fresenius Kidney Care Holly Springs	12
Wake	041023	34-2658	Fresenius Medical Care Apex	4
Wake	041024	34-2653	Fresenius Medical Care Millbrook	7
Wake	160405	34-2735	Fresenius Medical Care White Oak	5
Wake	990968	34-2642	Southwest Wake County Dialysis	3
Wake	041181	34-2675	Wake Forest Dialysis Center	10
Wilson	020166	34-2637	Forest Hills Dialysis	14
<b>Totals</b>			<b>64 Facilities</b>	<b>426</b>

\* CON applications for additional stations are Category D.1. Refer to Table 3A for the D.1 review cycles. CON application deadlines are absolute, pursuant to 10A NCAC 14C.0203(b). The filing deadline is 5:00 p.m. on the CON application deadline date.

Table 9E: Inventory of Dialysis Home Training Facilities

A	B	C	D	E	F	G	H	I
County	Facility Identification Number	Provider Number	Facility	City	CON* Total	Certified Home Training Stations	Home Hemodialysis Patients 12/31/2024	Peritoneal Patients 12/31/2024
Buncombe	120484	34-2695	Biltmore Home Training	Asheville	4	0	0	63
Cabarrus	240022	Proposed New Site	Cabarrus Home Training	Concord	2	0	0	0
Catawba	110873	34-2699	FMC Hickory Home Program	Hickory	0	5	11	35
Chowan	200027	34-2765	Chowan Home Dialysis	Edenton	0	1	0	22
Edgecombe	150397	34-2721	Edgecombe Home Dialysis	Tarboro	0	1	4	36
Forsyth	200885	34-2768	Highland Oaks Dialysis Center of Wake Forest University**	Winston Salem	0	0	0	29
Halifax	250048	Proposed New Site	Halifax County Home	Roanoke Rapids	2	0	0	0
Iredell	070519	34-2657	INS Statesville**	Statesville	0	0	0	14
Jackson	230039	Proposed New Site	Balsam Home Training	Sylva	2	0	0	0
Mecklenburg	070257	34-2654	INS Freedom Dialysis	Charlotte	0	9	45	66
Mecklenburg	070499	34-2655	INS Victory Home	Charlotte	0	7	32	42
Moore	180570	34-2754	Pinehurst Home Training**	Pinehurst	0	0	0	44
Nash	240784	Proposed New Site	Nash County Home	Rocky Mount	2	0	0	0
New Hanover	220065	Proposed New Site	Ogden Park Home Training	Wilmington	2	0	0	0
Orange	200890	34-2770	Carolina Dialysis Orange County Home Dialysis	Hillsborough	0	2	2	11
Sampson	130060	34-2712	Sampson County Home Training**	Clinton	0	0	0	4
Wayne	200899	Pending	Eagles Nest Home Training**	Goldsboro	0	0	0	3
Wilson	220670	Proposed New Site	Wooten Boulevard Home Training	Wilson	2	0	0	0
<b>Totals</b>			<b>18 Facilities</b>		<b>16</b>	<b>25</b>	<b>94</b>	<b>369</b>

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

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

# Chapter 10:

Nursing Home Facilities

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## CHAPTER 10

# NURSING HOME FACILITIES

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### Introduction

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

### Definitions

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

The *reporting year* is October 1 through September 30. The current reporting year is October 1, 2023 through September 30, 2024.

The methodology projects bed need for a *projection year*, which is five years beyond the current reporting year. The current projection year is 2029.

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

### Changes from the Previous Plan

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

### Basic Principles

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

### Data Sources

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

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

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

### **Assumptions of the Methodology**

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

### **Application of the Methodology**

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

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

- a. Add the number of licensed beds in each nursing home facility (*Column C*) and hospital (*Column D*).

- b. Adjust this result by adding or subtracting, as appropriate, CON-approved beds and beds to be relocated (*Columns F-H*). Then adjust this result by the number of beds available pursuant to need determinations in the SMFP pending review or appeal (*Column I*).
- c. Subtract: (1) beds that have been converted to care for head injury or ventilator-dependent patients; (2) beds that have been developed pursuant to Policy NH-2; (3) beds that have been relocated from state psychiatric hospitals to the community pursuant to Policy NH-5; and (4) beds operated by religious or fraternal organizations that have been used to serve patients from non-contiguous counties for that facility (*Column K*).
- d. Sum each of these calculations across all facilities in a county to obtain county totals (*Column L*).

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

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

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

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

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

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

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

- a. For all counties with a deficit, divide Column I by Column E to calculate the deficit index (*Column J*). The resulting deficit index is rounded for display purposes; internal calculations are not rounded.

- b. For all counties, calculate the occupancy rate by dividing the total DOC for all facilities in the county by the possible DOC (the number of beds in the planning inventory multiplied by 365.25). In the same manner, calculate the occupancy rate for each facility in the county. Then calculate the median facility occupancy rate for the county. Select the higher of the two calculations as the county occupancy rate (*Column K*).

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

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

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

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

A County	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Nursing Care Beds in Hospitals	F Total Licensed Beds	G CON Approved/License Pending			J Available in SMFP	K Total Available Beds	L Sum of Exclusions	M Total Planning Inventory
						Nursing Home	Hospital	CON Bed Transfer				
Alamance	NH0529	Alamance Health Care Center	180	0	180	0	0	0	0	180	0	180
Alamance	NH0364	Compass Healthcare and Rehab Hawfields, Inc.	117	0	117	0	0	0	0	117	9	108
Alamance	NH0596	Edgewood Place at the Village at Brookwood	51	0	51	0	0	0	0	51	24	27
Alamance	NH0588	Liberty Commons Nursing & Rehabilitation Center of Alamance County (Transfer 8 beds to Liberty Commons in Durham County, 3 beds to Pisgah Manor in Buncombe County and 19 beds to Liberty Commons of Wake County)	122	0	122	0	0	-30	0	92	0	92
Alamance	NH0429	Peak Resources - Alamance	142	0	142	0	0	0	0	142	0	142
Alamance	NH0351	Twin Lakes Community (Relocate no more than 8 NF beds from Twin Lakes Memory Care)	104	0	104	0	0	8	0	112	36	76
Alamance	NH0621	Twin Lakes Community Memory Care (Facility closed. Transfer 8 beds to Twin Lakes Community)	0	0	0	8	0	-8	0	0	0	0
Alamance	NH0397	White Oak Manor-Burlington	160	0	160	0	0	0	0	160	0	160
<b>Alamance Totals</b>			<b>876</b>	<b>0</b>	<b>876</b>	<b>8</b>	<b>0</b>	<b>-30</b>	<b>0</b>	<b>854</b>	<b>69</b>	<b>785</b>
Alexander	NH0381	Valley Nursing and Rehabilitation Center	183	0	183	0	0	0	0	183	49	134
<b>Alexander Totals</b>			<b>183</b>	<b>0</b>	<b>183</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>183</b>	<b>49</b>	<b>134</b>
Alleghany	NH0413	Lotus Village Center for Nursing and Rehabilitation	90	0	90	0	0	0	0	90	0	90
<b>Alleghany Totals</b>			<b>90</b>	<b>0</b>	<b>90</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>90</b>	<b>0</b>	<b>90</b>
Anson	NH0642	Anson Health and Rehabilitation	95	0	95	0	0	0	0	95	0	95
Anson	NH0090	Wadesboro Health & Rehab Center	66	0	66	0	0	0	0	66	0	66
<b>Anson Totals</b>			<b>161</b>	<b>0</b>	<b>161</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>161</b>	<b>0</b>	<b>161</b>
Ashe	NH0459	Margate Health and Rehab Center	210	0	210	0	0	0	0	210	0	210
<b>Ashe Totals</b>			<b>210</b>	<b>0</b>	<b>210</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>210</b>	<b>0</b>	<b>210</b>
Avery	H0037	Charles A. Cannon, Jr. Memorial Hospital**	0	10	10	0	0	0	0	10	0	10
Avery	NH0362	Life Care Center of Banner Elk	118	0	118	0	0	0	0	118	0	118
<b>Avery Totals</b>			<b>118</b>	<b>10</b>	<b>128</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>128</b>	<b>0</b>	<b>128</b>
Beaufort	NH0387	Ridgewood Living & Rehabilitation Center	128	0	128	0	0	0	0	128	0	128

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

A County	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Nursing Care Beds in Hospitals	F Total Licensed Beds	G CON Approved/License Pending			J Available in SMFP	K Total Available Beds	L Sum of Exclusions	M Total Planning Inventory
						Nursing Home	Hospital	CON Bed Transfer				
Beaufort	NH0345	River Trace Nursing and Rehabilitation Center	140	0	140	0	0	0	0	140	0	140
<b>Beaufort Totals</b>			<b>268</b>	<b>0</b>	<b>268</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>268</b>	<b>0</b>	<b>268</b>
Bertie	NH0522	Three Rivers Health and Rehabilitation Center	60	0	60	0	0	0	0	60	0	60
Bertie	NH0491	Windsor Rehabilitation and Healthcare Center**	82	0	82	0	0	0	0	82	0	82
<b>Bertie Totals</b>			<b>142</b>	<b>0</b>	<b>142</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>142</b>	<b>0</b>	<b>142</b>
Bladen	NH0420	Bladen East Health and Rehab	90	0	90	0	0	0	0	90	0	90
Bladen	H0154	Cape Fear Valley-Bladen County Hospital**	0	10	10	0	0	0	0	10	0	10
Bladen	NH0328	Elizabethtown Healthcare & Rehabilitation Center	94	0	94	0	0	0	0	94	0	94
<b>Bladen Totals</b>			<b>184</b>	<b>10</b>	<b>194</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>194</b>	<b>0</b>	<b>194</b>
Brunswick	NH0456	Autumn Care of Shallotte	100	0	100	0	0	0	0	100	0	100
Brunswick	NH0478	Brunswick Cove Nursing Center	175	0	175	0	0	0	0	175	0	175
Brunswick	NH0655	Brunswick Health & Rehab Center	100	0	100	0	0	0	0	100	0	100
Brunswick	NH0626	Brunswick Rehabilitation and Healthcare Center	90	0	90	0	0	0	0	90	0	90
Brunswick	NH0322	Liberty Commons Nursing & Rehab Center of Southport LLC	99	0	99	0	0	0	0	99	0	99
Brunswick		Liberty Commons of Brunswick County (Transfer 64 beds from Southport Nursing Center)	0	0	0	0	0	64	0	64	0	64
Brunswick	NH0650	Southport Nursing Center (Facility closed. Transfer 64 beds to Liberty Commons of Brunswick County)	0	0	0	64	0	-64	0	0	0	0
<b>Brunswick Totals</b>			<b>564</b>	<b>0</b>	<b>564</b>	<b>64</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>628</b>	<b>0</b>	<b>628</b>
Buncombe	NH0262	Aston Park Health Care Center Inc	120	0	120	0	0	0	0	120	0	120
Buncombe	NH0321	Bear Mountain Health and Rehabilitation	77	0	77	0	0	0	0	77	0	77
Buncombe		Black Mountain Neuro-Medical Treatment Center*	165	0	165	0	0	0	0	165	165	0
Buncombe	NH0107	Brooks-Howell Home	58	0	58	0	0	0	0	58	0	58
Buncombe	NH0087	Deerfield Episcopal Retirement Community Inc	62	0	62	0	0	0	0	62	31	31
Buncombe	NH0233	Elevate Health and Rehabilitation	120	0	120	0	0	0	0	120	0	120

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						Nursing Home	Hospital	CON Bed Transfer				
Buncombe	NH0551	Emerald Ridge Rehabilitation and Care Center	100	0	100	0	0	0	0	100	0	100
Buncombe	NH0517	Flesher's Fairview Health Care Center Inc	106	0	106	0	0	0	0	106	0	106
Buncombe	NH0484	Givens Health Center	70	0	70	0	0	0	0	70	0	70
Buncombe	NH0147	Givens Highland Farms	60	0	60	0	0	0	0	60	0	60
Buncombe	NH0235	Mountain Ridge Health and Rehab	97	0	97	0	0	0	0	97	0	97
Buncombe	NH0631	NC State Veterans Home-Black Mountain*	100	0	100	0	0	0	0	100	100	0
Buncombe	NH0184	Pisgah Manor Health Care Center (Transfer 3 beds from Liberty Commons in Alamance County, 22 beds from Cross Creek in Hyde County, and 25 beds from Mary Gran Nursing in Sampson County)	118	0	118	0	0	50	0	168	0	168
Buncombe	NH0541	River Bend Health and Rehabilitation	100	0	100	0	0	0	0	100	15	85
Buncombe	NH0291	StoneCreek Health and Rehabilitation	120	0	120	0	0	0	0	120	0	120
Buncombe	NH0528	Swannanoa Valley Health and Rehabilitation	106	0	106	0	0	0	0	106	0	106
Buncombe	NH0532	The Greens at Weaverville	122	0	122	0	0	0	0	122	0	122
Buncombe	NH0463	The Laurels of GreenTree Ridge	90	0	90	0	0	0	0	90	0	90
Buncombe	NH0540	The Laurels of Summit Ridge	68	0	68	0	0	0	0	68	0	68
Buncombe	NH0575	The Oaks at Sweeten Creek	100	0	100	0	0	0	0	100	0	100
<b>Buncombe Totals</b>			<b>1,959</b>	<b>0</b>	<b>1,959</b>	<b>0</b>	<b>0</b>	<b>50</b>	<b>0</b>	<b>2,009</b>	<b>311</b>	<b>1,698</b>
Burke	NH0347	Autumn Care of Drexel	100	0	100	0	0	0	0	100	0	100
Burke	NH0610	Carolina Rehab Center of Burke	90	0	90	0	0	0	0	90	0	90
Burke	NH0553	College Pines Health and Rehabilitation	100	0	100	0	0	0	0	100	0	100
Burke	NH0408	Grace Heights Health and Rehabilitation	120	0	120	0	0	0	0	120	0	120
Burke	NH0476	Grace Ridge	25	0	25	0	0	0	0	25	25	0
Burke	NH0343	Magnolia Lane Nursing and Rehabilitation Center (Transfer 30 beds to Western Mecklenburg Health & Rehabilitation Center in Mecklenburg County)	121	0	121	0	0	-30	0	91	0	91
<b>Burke Totals</b>			<b>556</b>	<b>0</b>	<b>556</b>	<b>0</b>	<b>0</b>	<b>-30</b>	<b>0</b>	<b>526</b>	<b>25</b>	<b>501</b>
Cabarrus	NH0247	Cabarrus Health and Rehabilitation Center	120	0	120	0	0	0	0	120	0	120

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						Nursing Home	Hospital	CON Bed Transfer				
Cabarrus	NH0179	Concord Rehabilitation and Nursing Center	120	0	120	0	0	0	0	120	0	120
Cabarrus	NH0027	Five Oaks Rehabilitation and Care Center	160	0	160	0	0	0	0	160	0	160
Cabarrus	NH0604	PruittHealth-Town Center	70	0	70	36	0	0	0	106	0	106
Cabarrus	NH0607	The Gardens of Taylor Glen Retirement Community	24	0	24	0	0	0	0	24	24	0
Cabarrus	NH0498	The Greens at Cabarrus	90	0	90	0	0	0	0	90	0	90
Cabarrus	NH0453	Transitional Health Services of Kannapolis	107	0	107	0	0	0	0	107	0	107
<b>Cabarrus Totals</b>			<b>691</b>	<b>0</b>	<b>691</b>	<b>36</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>727</b>	<b>24</b>	<b>703</b>
Caldwell	NH0485	Gateway Rehabilitation and Healthcare	100	0	100	0	0	0	0	100	0	100
Caldwell	NH0380	Hickory Falls Health and Rehabilitation	120	0	120	0	0	0	0	120	0	120
Caldwell	NH0407	Lenoir Health and Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Caldwell	NH0578	Shaire Nursing Center	60	0	60	0	0	0	0	60	0	60
<b>Caldwell Totals</b>			<b>400</b>	<b>0</b>	<b>400</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>400</b>	<b>0</b>	<b>400</b>
Carteret	NH0583	Croatan Ridge Nursing and Rehabilitation Center	64	0	64	0	0	0	0	64	0	64
Carteret	NH0227	Crystal Bluffs Rehabilitation and Health Care Center	92	0	92	0	0	0	0	92	0	92
Carteret	NH0255	Harborview Health Care Center (Facility closed. Transfer 122 beds to Liberty Commons of Raleigh (Wake County))**	122	0	122	0	0	-122	0	0	0	0
Carteret	NH0600	PruittHealth - Crystal Coast, LLC	104	0	104	0	0	0	0	104	0	104
Carteret	NH0202	Snug Harbor on Nelson Bay (Facility closed. Transfer 42 beds to The Embassy at Morehead City)	0	0	0	42	0	-42	0	0	0	0
Carteret		The Embassy at Morehead City (Replacement facility; Transfer 42 beds from Snug Harbor on Nelson Bay)	0	0	0	0	0	42	0	42	0	42
<b>Carteret Totals</b>			<b>382</b>	<b>0</b>	<b>382</b>	<b>42</b>	<b>0</b>	<b>-122</b>	<b>0</b>	<b>302</b>	<b>0</b>	<b>302</b>
Caswell	NH0434	Yanceyville Rehabilitation and Healthcare Center	157	0	157	0	0	0	0	157	0	157
<b>Caswell Totals</b>			<b>157</b>	<b>0</b>	<b>157</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>157</b>	<b>0</b>	<b>157</b>
Catawba	NH0191	Abernethy Laurels	174	0	174	0	0	0	0	174	49	125
Catawba	NH0603	Conover Nursing and Rehabilitation Center	90	0	90	0	0	0	0	90	0	90
Catawba	H0053	Frye Regional Medical Center**	0	17	17	0	0	0	0	17	0	17

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						Nursing Home	Hospital	CON Bed Transfer				
Catawba	NH0337	The Greens at Hickory	150	0	150	0	0	0	0	150	0	150
Catawba	NH0409	The Greens at Viewmont	104	0	104	0	0	0	0	104	0	104
Catawba	NH0162	Trinity Ridge	120	0	120	0	0	0	0	120	4	116
Catawba	NH0068	Trinity Village	104	0	104	0	0	0	0	104	1	103
<b>Catawba Totals</b>			<b>742</b>	<b>17</b>	<b>759</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>759</b>	<b>54</b>	<b>705</b>
Chatham	NH0490	Carolina Meadows Health Center	90	0	90	0	0	0	0	90	90	0
Chatham		Chatham County Rehabilitation Center (Transfer 15 beds from Warren Hills Nursing Center (Warren County), 15 from Parkview (Orange County), 18 from Oak Forest Health and Rehabilitation (Forsyth County))	0	0	0	90	0	48	0	138	0	138
Chatham	NH0395	Siler City Center	150	0	150	0	0	0	0	150	0	150
Chatham	NH0619	The Arbor	40	0	40	0	0	0	0	40	40	0
Chatham	NH0523	The Laurels of Chatham	140	0	140	0	0	0	0	140	0	140
<b>Chatham Totals</b>			<b>420</b>	<b>0</b>	<b>420</b>	<b>90</b>	<b>0</b>	<b>48</b>	<b>0</b>	<b>558</b>	<b>130</b>	<b>428</b>
Cherokee	NH0652	Murphy Rehabilitation & Nursing	134	0	134	0	0	0	0	134	0	134
Cherokee	NH0535	Valley View Care and Rehabilitation Center	76	0	76	0	0	0	0	76	0	76
<b>Cherokee Totals</b>			<b>210</b>	<b>0</b>	<b>210</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>210</b>	<b>0</b>	<b>210</b>
Chowan	NH0369	Chowan River Nursing and Rehabilitation Center (Transfer 20 beds to Rowan County Health & Rehabilitation Center in Rowan County)	130	0	130	0	0	-20	0	110	0	110
<b>Chowan Totals</b>			<b>130</b>	<b>0</b>	<b>130</b>	<b>0</b>	<b>0</b>	<b>-20</b>	<b>0</b>	<b>110</b>	<b>0</b>	<b>110</b>
Clay	NH0542	Clay County Care Center	90	0	90	0	0	0	0	90	0	90
<b>Clay Totals</b>			<b>90</b>	<b>0</b>	<b>90</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>90</b>	<b>0</b>	<b>90</b>
Cleveland	NH0524	Cleveland Pines	120	0	120	0	0	0	0	120	0	120
Cleveland		Peak Resources - Shelby (Replacement facility) (Relocate 100 beds from Peak Resources - Shelby)	0	0	0	100	0	0	0	100	0	100
Cleveland	NH0405	Peak Resources-Shelby (Relocate 100 beds to replacement facility)	100	0	100	-100	0	0	0	0	0	0
Cleveland	NH0396	White Oak Manor-Kings Mountain	154	0	154	0	0	0	0	154	0	154
Cleveland	NH0398	White Oak Manor-Shelby	160	0	160	0	0	0	0	160	0	160
<b>Cleveland Totals</b>			<b>534</b>	<b>0</b>	<b>534</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>534</b>	<b>0</b>	<b>534</b>

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

A County	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Nursing Care Beds in Hospitals	F Total Licensed Beds	G CON Approved/License Pending			J Available in SMFP	K Total Available Beds	L Sum of Exclusions	M Total Planning Inventory
						Nursing Home	Hospital	I CON Bed Transfer				
Columbus	NH0283	Liberty Commons Nursing and Rehab Ctr of Columbus Cty (Transfer 7 beds to Liberty Commons Nursing and Rehabilitation Center of Mint Hill in Mecklenburg County)	107	0	107	0	0	-7	0	100	0	100
Columbus	NH0246	Premier Living and Rehab Center	127	0	127	0	0	0	0	127	0	127
Columbus	NH0510	Shoreland Health Care and Retirement Center Inc (Transfer 9 beds to Liberty Commons Nursing and Rehabilitation Center of Mint Hill in Mecklenburg County)	89	0	89	0	0	-9	0	80	0	80
<b>Columbus Totals</b>			<b>323</b>	<b>0</b>	<b>323</b>	<b>0</b>	<b>0</b>	<b>-16</b>	<b>0</b>	<b>307</b>	<b>0</b>	<b>307</b>
Craven	NH0567	Bayview Nursing & Rehabilitation Center	60	0	60	0	0	0	0	60	0	60
Craven	NH0579	Cherry Point Bay Nursing and Rehabilitation Center	70	0	70	0	0	0	0	70	0	70
Craven	NH0496	PruittHealth-Neuse	110	0	110	0	0	0	0	110	0	110
Craven	NH0311	PruittHealth-Trent	116	0	116	0	0	0	0	116	0	116
Craven	NH0344	Riverpoint Crest Nursing and Rehabilitation Center	105	0	105	0	0	0	0	105	0	105
<b>Craven Totals</b>			<b>461</b>	<b>0</b>	<b>461</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>461</b>	<b>0</b>	<b>461</b>
Cumberland	NH0629	Autumn Care of Fayetteville	90	0	90	0	0	0	0	90	0	90
Cumberland	NH0254	Bethesda Health Care Facility	85	0	85	0	0	0	0	85	0	85
Cumberland	NH0593	Carolina Rehab Center of Cumberland	136	0	136	0	0	0	0	136	0	136
Cumberland	NH0454	Haymount Rehabilitation & Nursing Center Inc	98	0	98	0	0	0	0	98	0	98
Cumberland	NH0117	Highland House Rehabilitation and Healthcare	106	0	106	0	0	0	0	106	0	106
Cumberland	NH0076	Liberty Healthcare Services of Golden Years Nursing Center, LLC (Transfer 58 beds to Liberty Commons of Wake County)	58	0	58	0	0	-58	0	0	0	0
Cumberland	NH0585	NC State Veterans Home-Fayetteville*	150	0	150	0	0	0	0	150	150	0
Cumberland	NH0501	The Carrolton of Fayetteville	120	0	120	0	0	0	0	120	0	120
Cumberland	NH0502	Village Green Health and Rehabilitation	170	0	170	0	0	0	0	170	0	170
Cumberland	NH0001	Whispering Pines Nursing & Rehabilitation Center	86	0	86	0	0	0	0	86	0	86
Cumberland	NH0577	Woodlands Nursing and Rehabilitation Center	80	0	80	0	0	0	0	80	0	80

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						Nursing Home	Hospital	I CON Bed Transfer				
<b>Cumberland Totals</b>			<b>1,179</b>	<b>0</b>	<b>1,179</b>	<b>0</b>	<b>0</b>	<b>-58</b>	<b>0</b>	<b>1,121</b>	<b>150</b>	<b>971</b>
Currituck	NH0445	Currituck Health & Rehab Center	100	0	100	0	0	0	0	100	0	100
<b>Currituck Totals</b>			<b>100</b>	<b>0</b>	<b>100</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>100</b>	<b>0</b>	<b>100</b>
Dare	NH0372	Peak Resources-Outer Banks	126	0	126	0	0	0	0	126	0	126
<b>Dare Totals</b>			<b>126</b>	<b>0</b>	<b>126</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>126</b>	<b>0</b>	<b>126</b>
Davidson	NH0099	Abbotts Creek Center	64	0	64	0	0	0	0	64	0	64
Davidson	NH0094	Davidson Health & Rehab Center	100	0	100	0	0	0	0	100	0	100
Davidson	NH0527	Lexington Health Care Center	100	0	100	0	0	0	0	100	0	100
Davidson	NH0292	Magnolia Gardens Center for Nursing and Rehabilitation	120	0	120	0	0	0	0	120	0	120
Davidson	NH0259	Mountain Vista Health Park	60	0	60	0	0	0	0	60	0	60
Davidson	NH0390	Piedmont Crossing	104	0	104	0	0	0	0	104	46	58
Davidson	NH0010	Pine Acres Center for Nursing and Rehabilitation	106	0	106	0	0	0	0	106	0	106
Davidson	NH0187	Pine Ridge Health and Rehabilitation Center (Transfer 12 beds to Triangle Health and Rehabilitation (Wake County), and 8 beds to Iredell County Health and Rehabilitation Center (Iredell County))	140	0	140	0	0	-20	0	120	0	120
<b>Davidson Totals</b>			<b>794</b>	<b>0</b>	<b>794</b>	<b>0</b>	<b>0</b>	<b>-20</b>	<b>0</b>	<b>774</b>	<b>46</b>	<b>728</b>
Davie	NH0560	Bermuda Commons Nursing and Rehabilitation Center (Transfer 22 beds to Liberty Commons of Mecklenburg Health and Rehabilitation Center (Mecklenburg County))	117	0	117	0	0	-22	0	95	0	95
Davie	NH0519	Bermuda Village Retirement Center	36	0	36	0	0	0	0	36	0	36
Davie	NH0221	Davie Nursing and Rehabilitation Center	96	0	96	0	0	0	0	96	0	96
<b>Davie Totals</b>			<b>249</b>	<b>0</b>	<b>249</b>	<b>0</b>	<b>0</b>	<b>-22</b>	<b>0</b>	<b>227</b>	<b>0</b>	<b>227</b>
Duplin	NH0308	Kenansville Rehabilitation and Healthcare Center	92	0	92	0	0	0	0	92	0	92
Duplin	NH0481	Wallace Rehabilitation and Healthcare Center	80	0	80	0	0	0	0	80	0	80
Duplin	NH0418	Warsaw Nursing & Rehab Center	100	0	100	0	0	0	0	100	0	100
<b>Duplin Totals</b>			<b>272</b>	<b>0</b>	<b>272</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>272</b>	<b>0</b>	<b>272</b>
Durham	NH0152	Accordius Health at Rose Manor	111	0	111	0	0	0	0	111	0	111
Durham	NH0543	Carver Living Center	232	0	232	0	0	0	0	232	0	232

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

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						Nursing Home	Hospital	I CON Bed Transfer				
Durham	NH0587	Croasdaile Village	104	0	104	0	0	0	0	104	74	30
Durham	NH0136	Durham Nursing & Rehabilitation Center	126	0	126	0	0	0	0	126	0	126
Durham	NH0038	Hillcrest Convalescent Center Inc	120	0	120	0	0	0	0	120	0	120
Durham		Liberty Commons of Durham County (Transfer 49 beds from Liberty Commons Silas Creek in Forsyth County. Transfer 8 beds from Liberty Commons Alamance County in Alamance County.)	0	0	0	0	0	57	0	57	0	57
Durham	NH0119	Pettigrew Rehabilitation Center	96	0	96	0	0	0	0	96	0	96
Durham	NH0093-B	PruittHealth - Carolina Point (Portions of facility in Durham and Orange Counties)	18	0	18	0	0	0	0	18	0	18
Durham	NH0412	PruittHealth-Durham	125	0	125	0	0	0	0	125	0	125
Durham	NH0514	Southpoint Rehabilitation and Healthcare Center	140	0	140	0	0	0	0	140	0	140
Durham	NH0615	The Cedars of Chapel Hill	74	0	74	0	0	0	0	74	74	0
Durham	NH0536	The Forest at Duke	58	0	58	0	0	0	0	58	58	0
Durham	NH0562	Treyburn Rehabilitation Center	132	0	132	0	0	0	0	132	0	132
<b>Durham Totals</b>			<b>1,336</b>	<b>0</b>	<b>1,336</b>	<b>0</b>	<b>0</b>	<b>57</b>	<b>0</b>	<b>1,393</b>	<b>206</b>	<b>1,187</b>
Edgecombe	NH0352	Barclay House of Tarboro (all beds delicensed)	0	0	0	0	0	0	0	0	0	0
Edgecombe	NH0288	Edgecombe Health Center by Harborview	159	0	159	0	0	0	0	159	0	159
Edgecombe	NH0327	Tarboro Health and Rehabilitation	118	0	118	0	0	0	0	118	0	118
<b>Edgecombe Totals</b>			<b>277</b>	<b>0</b>	<b>277</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>277</b>	<b>0</b>	<b>277</b>
Forsyth	NH0378	Arbor Acres United Methodist Retirement Community Inc	83	0	83	0	0	0	0	83	83	0
Forsyth	NH0067	Brookridge Retirement Community	77	0	77	0	0	0	0	77	1	76
Forsyth	NH0404	Cedar Hills Center for Nursing and Rehabilitation	94	0	94	0	0	0	0	94	0	94
Forsyth	NH0633	Homestead Hills	40	0	40	0	0	0	0	40	0	40
Forsyth		Liberty Commons Nursing and Rehab of Springwood (Facility closed. Transfer 100 beds to Liberty Commons Nursing and Rehab Center of Silas Creek)	0	0	0	0	0	0	0	0	0	0

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						Nursing Home	Hospital	I CON Bed Transfer				
Forsyth		Liberty Commons Nursing and Rehabilitation Center of Silas Creek (Replacement facility. Transfer 100 beds from Liberty Commons Nursing and Rehab of Springwood (now summerstone). Relocate 49 beds to Liberty Commons of Durham County in Durham County, 18 beds to Summerstone Health & Rehab Center, 33 beds to The Oaks)	0	0	0	100	0	-100	0	0	0	0
Forsyth	NH0266	Mill Creek Center for Nursing and Rehabilitation	66	0	66	0	0	0	0	66	0	66
Forsyth	NH0661	North Carolina State Veterans Home Kernersville*	120	0	120	0	0	0	0	120	120	0
Forsyth	NH0548	Oak Forest Health and Rehabilitation (Transfer 20 beds to Liberty Commons of Wake County, 18 beds to Chatham County Rehabilitation Center)	170	0	170	0	0	-38	0	132	18	114
Forsyth	NH0256	Piney Grove Nursing and Rehabilitation Center	92	0	92	0	0	0	0	92	0	92
Forsyth	NH0021	PruittHealth-High Point**	100	0	100	0	0	0	0	100	0	100
Forsyth	NH0154	Salemtowne	100	0	100	0	0	0	0	100	100	0
Forsyth	NH0203	Silas Creek Rehabilitation Center	90	0	90	0	0	0	0	90	0	90
Forsyth	NH0423	Summerstone Health and Rehab Center (Transfer 18 beds from Liberty Commons Nursing and Rehabilitation of Silas Creek)	120	0	120	0	0	18	0	138	0	138
Forsyth	NH0439	The Oaks (Transfer 13 beds to Liberty Commons of Mecklenburg Health and Rehabilitation Center in Mecklenburg County. Transfer 33 beds from Liberty Commons Nursing and Rehabilitation of Silas Creek)	131	0	131	0	0	20	0	151	0	151
Forsyth	NH0641	Trinity Elms	100	0	100	0	0	0	0	100	2	98
Forsyth	NH0058	Trinity Glen	117	0	117	0	0	0	0	117	2	115
Forsyth	NH0125	Willow Valley Center for Nursing and Rehabilitation	230	0	230	0	0	0	0	230	0	230
<b>Forsyth Totals</b>			<b>1,730</b>	<b>0</b>	<b>1,730</b>	<b>100</b>	<b>0</b>	<b>-100</b>	<b>0</b>	<b>1,730</b>	<b>326</b>	<b>1,404</b>
Franklin	NH0486	Franklin Oaks Nursing and Rehabilitation Center	166	0	166	0	0	0	0	166	0	166

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						Nursing Home	Hospital	I CON Bed Transfer				
Franklin	NH0264	Louisburg Healthcare & Rehabilitation Center	92	0	92	0	0	0	0	92	0	92
<b>Franklin Totals</b>			<b>258</b>	<b>0</b>	<b>258</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>258</b>	<b>0</b>	<b>258</b>
Gaston	NH0561	Belaire Health Care Center	80	0	80	0	0	0	0	80	0	80
Gaston	NH0287	Carolina Care Health and Rehabilitation	107	0	107	0	0	0	0	107	0	107
Gaston	NH0494	Courtland Terrace	77	0	77	0	0	0	0	77	0	77
Gaston	NH0332	Covenant Village Inc	38	0	38	0	0	0	0	38	38	0
Gaston	NH0547	Gastonia Health & Rehab Center	60	0	60	0	0	0	0	60	0	60
Gaston	NH0305	Highland Heights Health and Rehabilitation (formerly Accordius Health at Gastonia)	118	0	118	0	0	0	0	118	0	118
Gaston	NH0403	Peak Resources-Cherryville	70	0	70	0	0	0	0	70	0	70
Gaston	NH0402	Peak Resources-Gastonia	104	0	104	0	0	0	0	104	0	104
Gaston	NH0386	Stanley Total Living Center Inc	106	0	106	0	0	0	0	106	12	94
Gaston	NH0228	The Greens at Gastonia	162	0	162	0	0	0	0	162	0	162
Gaston	NH0468	The Ivy at Gastonia LLC	50	0	50	0	0	0	0	50	0	50
<b>Gaston Totals</b>			<b>972</b>	<b>0</b>	<b>972</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>972</b>	<b>50</b>	<b>922</b>
Gates	NH0513	Gates Health and Rehabilitation Center	70	0	70	0	0	0	0	70	0	70
<b>Gates Totals</b>			<b>70</b>	<b>0</b>	<b>70</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>70</b>	<b>0</b>	<b>70</b>
Graham	NH0495	Graham Healthcare and Rehabilitation Center	80	0	80	0	0	0	0	80	0	80
<b>Graham Totals</b>			<b>80</b>	<b>0</b>	<b>80</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>80</b>	<b>0</b>	<b>80</b>
Granville	H0098	Granville Health System	0	80	80	0	0	0	0	80	0	80
Granville	NH0447	Oxford Health and Rehabilitation Center (Transfer 20 beds to Universal Health Care-Wake Forest in Wake County)	160	0	160	0	0	-20	0	140	0	140
<b>Granville Totals</b>			<b>160</b>	<b>80</b>	<b>240</b>	<b>0</b>	<b>0</b>	<b>-20</b>	<b>0</b>	<b>220</b>	<b>0</b>	<b>220</b>
Greene	NH0373	Greendale Forest Nursing and Rehabilitation Center	115	0	115	0	0	0	0	115	0	115
<b>Greene Totals</b>			<b>115</b>	<b>0</b>	<b>115</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>115</b>	<b>0</b>	<b>115</b>
Guilford	NH0581	Adams Farm Living & Rehabilitation	120	0	120	0	0	0	0	120	0	120
Guilford	NH0625	Ashton Health and Rehabilitation	134	0	134	0	0	0	0	134	0	134
Guilford	NH0135	Blumenthal Health and Rehabilitation Center	134	0	134	0	0	0	0	134	9	125
Guilford	NH0624	Camden Health and Rehabilitation	135	0	135	0	0	0	0	135	0	135
Guilford	NH0017	Clapps Nursing Center Inc	118	0	118	0	0	0	0	118	0	118

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						Nursing Home	Hospital	I CON Bed Transfer				
Guilford	NH0226	Countryside	60	0	60	0	0	0	0	60	0	60
Guilford	NH0190	Friends Homes at Guilford	69	0	69	0	0	0	0	69	10	59
Guilford	NH0554	Friends Homes West	40	0	40	0	0	0	0	40	30	10
Guilford	NH0368	Greenhaven Health and Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Guilford	NH0564	Guilford Health Care Center	110	0	110	0	0	0	0	110	0	110
Guilford		Heartland Living & Rehab (Replacement facility. Relocate 107 beds from Heartland Living and Rehab.)	0	0	0	0	0	107	0	107	0	107
Guilford	NH0601	Heartland Living & Rehab @ The Moses H Cone Mem Hosp (Relocate 107 beds from Heartland Living and Rehab.)	107	0	107	0	0	-107	0	0	0	0
Guilford	H0073	Kindred Hospital - Greensboro	0	23	23	0	0	0	0	23	23	0
Guilford	NH0275	Linden Place Center for Nursing and Rehabilitation	105	0	105	0	0	0	0	105	0	105
Guilford	NH0552	Maple Grove Health and Rehabilitation Center (Transfer 10 beds to Triangle Health and Rehabilitation (Wake County), 38 beds to Iredell County Health and Rehabilitation Center (Iredell County))	210	0	210	0	0	-48	0	162	0	162
Guilford	NH0005	Maryfield Nursing Home	125	0	125	0	0	0	0	125	26	99
Guilford	NH0389	Meridian Center	199	0	199	0	0	0	0	199	0	199
Guilford	NH0274	Piedmont Hills Center for Nursing and Rehabilitation	126	0	126	0	0	0	0	126	0	126
Guilford	NH0612	River Landing at Sandy Ridge	60	0	60	0	0	0	0	60	33	27
Guilford	NH0627	The Shannon Gray Rehabilitation & Recovery Center	150	0	150	0	0	0	0	150	0	150
Guilford	NH0546	Well-Spring	70	0	70	0	0	0	0	70	70	0
Guilford	NH0155	Westchester Manor at Providence Place	129	0	129	0	0	0	0	129	0	129
Guilford	NH0141	WhiteStone: A Masonic and Eastern Star Community	88	0	88	0	0	0	0	88	1	87
<b>Guilford Totals</b>			<b>2,409</b>	<b>23</b>	<b>2,432</b>	<b>0</b>	<b>0</b>	<b>-48</b>	<b>0</b>	<b>2,384</b>	<b>202</b>	<b>2,182</b>
Halifax	NH0656	Bryan Health and Rehab	60	0	60	0	0	0	0	60	0	60

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						Nursing Home	Hospital	I CON Bed Transfer				
Halifax	NH0037	Enfield Oaks Nursing and Rehabilitation Center (Transfer 5 beds to Triangle Health and Rehabilitation (Wake County); transfer 25 beds to Wake County Health and Rehabilitation Center (Wake County))**	60	0	60	0	0	-30	0	30	0	30
Halifax	NH0469	Liberty Commons Nsg and Rehab Ctr of Halifax County	50	0	50	0	0	0	0	50	0	50
Halifax	NH0314	Scotland Manor Health and Rehabilitation Center	62	0	62	0	0	0	0	62	0	62
Halifax	NH0312	Signature Healthcare of Roanoke Rapids	108	0	108	0	0	0	0	108	0	108
<b>Halifax Totals</b>			<b>340</b>	<b>0</b>	<b>340</b>	<b>0</b>	<b>0</b>	<b>-30</b>	<b>0</b>	<b>310</b>	<b>0</b>	<b>310</b>
Harnett	NH0144	Emerald Health & Rehab Center	96	0	96	0	0	0	0	96	0	96
Harnett	NH0576	Harnett Woods Nursing and Rehabilitation Center	100	0	100	0	0	0	0	100	0	100
Harnett	NH0444	Lillington Health and Rehabilitation Center	129	0	129	0	0	0	0	129	0	129
Harnett	NH0482	The Carrolton of Dunn	100	0	100	0	0	0	0	100	0	100
<b>Harnett Totals</b>			<b>425</b>	<b>0</b>	<b>425</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>425</b>	<b>0</b>	<b>425</b>
Haywood	NH0366	Autumn Care of Waynesville	90	0	90	0	0	0	0	90	0	90
Haywood	NH0081	Maggie Valley Nursing and Rehab	114	0	114	0	0	0	0	114	0	114
Haywood	NH0458	Silver Bluff	131	0	131	0	0	0	0	131	0	131
Haywood	NH0520	Skyland Terrace and Rehabilitation	90	0	90	0	0	0	0	90	0	90
Haywood	NH0342	Smoky Mountain Health and Rehabilitation Center	50	0	50	0	0	0	0	50	0	50
<b>Haywood Totals</b>			<b>475</b>	<b>0</b>	<b>475</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>475</b>	<b>0</b>	<b>475</b>
Henderson	NH0174	Carolina Village Inc	58	0	58	0	0	0	0	58	0	58
Henderson	NH0608	Fletcher Rehabilitation and Healthcare Center	90	0	90	0	0	0	0	90	0	90
Henderson	NH0586	Hendersonville Health and Rehabilitation	130	0	130	0	0	0	0	130	0	130
Henderson	NH0565	Life Care Center of Hendersonville	80	0	80	0	0	0	0	80	0	80
Henderson	NH0382	Orchard Valley Health and Rehabilitation	134	0	134	0	0	0	0	134	0	134
Henderson	NH0470	The Greens at Hendersonville	120	0	120	0	0	0	0	120	0	120
Henderson	NH0480	The Laurels of Hendersonville	100	0	100	0	0	0	0	100	0	100
Henderson	NH0394	The Lodge at Mills River	50	0	50	0	0	0	0	50	0	50
Henderson	NH0273	Valley Hill Health & Rehab Center	150	0	150	0	0	0	0	150	0	150

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

A County	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Nursing Care Beds in Hospitals	F Total Licensed Beds	G CON Approved/License Pending			J Available in SMFP	K Total Available Beds	L Sum of Exclusions	M Total Planning Inventory
						Nursing Home	Hospital	CON Bed Transfer				
<b>Henderson Totals</b>			<b>912</b>	<b>0</b>	<b>912</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>912</b>	<b>0</b>	<b>912</b>
Hertford	NH0299	Ahoskie Health and Rehabilitation Center	151	0	151	0	0	0	0	151	0	151
<b>Hertford Totals</b>			<b>151</b>	<b>0</b>	<b>151</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>151</b>	<b>0</b>	<b>151</b>
Hoke	NH0438	Autumn Care of Raeford	132	0	132	0	0	0	0	132	0	132
<b>Hoke Totals</b>			<b>132</b>	<b>0</b>	<b>132</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>132</b>	<b>0</b>	<b>132</b>
Hyde	NH0515	Cross Creek Health Care ** (Transfer 22 beds to Pisgah Manor in Buncombe County, 30 beds to Liberty Commons of Mecklenburg and 28 beds to Liberty Commons of Wake County)	0	0	0	80	0	-80	0	0	0	0
<b>Hyde Totals</b>			<b>0</b>	<b>0</b>	<b>0</b>	<b>80</b>	<b>0</b>	<b>-80</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Iredell	NH0176	Accordius Health at Statesville**	147	0	147	0	0	0	0	147	0	147
Iredell	NH0599	Autumn Care of Statesville	103	0	103	0	0	0	0	103	0	103
Iredell	NH0435	Glenwood Rehabilitation and Nursing Center	130	0	130	0	0	0	0	130	0	130
Iredell		Iredell County Health and Rehabilitation Center (transfer 32 beds from Harmony Hall Nursing and Rehabilitation Center (Lenoir County), 38 beds from Maple Grove Health and Rehabilitation Center (Guilford County), 8 beds from Pine Ridge Health and Rehabilitation Center (Davidson County), and 11 beds from Westwood Hills Nursing and Rehabilitation Center (Wilkes County))	0	0	0	0	0	89	0	89	0	89
Iredell	H0164	Iredell Memorial Hospital	0	48	48	0	0	0	0	48	0	48
Iredell	NH0238	Mooresville Rehabilitation and Nursing Center	131	0	131	0	0	0	0	131	0	131
Iredell	NH0488	The Greens at Maple Leaf	94	0	94	0	0	0	0	94	0	94
<b>Iredell Totals</b>			<b>605</b>	<b>48</b>	<b>653</b>	<b>0</b>	<b>0</b>	<b>89</b>	<b>0</b>	<b>742</b>	<b>0</b>	<b>742</b>
Jackson	NH0168	Skyland Care Center	94	0	94	0	0	0	0	94	0	94
Jackson	NH0623	Vero Health & Rehab of Sylva	106	0	106	0	0	0	0	106	0	106
<b>Jackson Totals</b>			<b>200</b>	<b>0</b>	<b>200</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>200</b>	<b>0</b>	<b>200</b>
Johnston	NH0371	Barbour Court Nursing and Rehabilitation Center (Transfer 20 beds to Springbrook Nursing and Rehabilitation Center)	165	0	165	0	0	-20	0	145	0	145
Johnston	NH0475	Clayton Rehabilitation Healthcare Center	90	0	90	0	0	0	0	90	0	90

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						Nursing Home	Hospital	CON Bed Transfer				
Johnston	NH0606	Liberty Commons Nsg and Rehab Ctr of Johnston Cty	100	0	100	0	0	0	0	100	0	100
Johnston	NH0182	Smithfield Manor Rehabilitation and Healthcare Center	160	0	160	0	0	0	0	160	0	160
Johnston	NH0646	Springbrook Nursing and Rehabilitation Center (Transfer 20 beds from Barbour Court Nursing and Rehabilitation Center)	100	0	100	0	0	20	0	120	0	120
<b>Johnston Totals</b>			<b>615</b>	<b>0</b>	<b>615</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>615</b>	<b>0</b>	<b>615</b>
Jones	NH0508	Brook Stone Living Center	80	0	80	0	0	0	0	80	0	80
<b>Jones Totals</b>			<b>80</b>	<b>0</b>	<b>80</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>80</b>	<b>0</b>	<b>80</b>
Lee	NH0613	Liberty Commons Nsg and Rehab Ctr of Lee County LLC	80	0	80	0	0	0	0	80	0	80
Lee	NH0286	Sanford Health & Rehabilitation Co	131	0	131	0	0	0	0	131	0	131
Lee	NH0285	Westfield Rehabilitation and Health Center	83	0	83	0	0	0	0	83	0	83
<b>Lee Totals</b>			<b>294</b>	<b>0</b>	<b>294</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>294</b>	<b>0</b>	<b>294</b>
Lenoir	NH0355	Harmony Hall Nursing and Rehabilitation Center (Transfer 9 beds to Triangle Health and Rehabilitation (Wake County), 32 beds to Iredell County Health and Rehabilitation Center (Iredell County))	175	0	175	0	0	-41	0	134	0	134
Lenoir	NH0634	NC State Veterans Home-Kinston*	100	0	100	0	0	0	0	100	100	0
Lenoir	NH0309	Signature Healthcare of Kinston	106	0	106	0	0	0	0	106	0	106
<b>Lenoir Totals</b>			<b>381</b>	<b>0</b>	<b>381</b>	<b>0</b>	<b>0</b>	<b>-41</b>	<b>0</b>	<b>340</b>	<b>100</b>	<b>240</b>
Lincoln	NH0504	Cardinal Healthcare and Rehabilitation Center	63	0	63	0	0	0	0	63	0	63
Lincoln	NH0406	Lincolnton Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Lincoln	NH0385	The Greens at Lincolnton	117	0	117	0	0	0	0	117	0	117
<b>Lincoln Totals</b>			<b>300</b>	<b>0</b>	<b>300</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>300</b>	<b>0</b>	<b>300</b>
Macon	NH0647	Eckerd Living Center	80	0	80	0	0	0	0	80	0	80
Macon	NH0417	Macon Valley Nursing and Rehabilitation Center (Transfer 80 beds to Western Mecklenburg Health & Rehabilitation Center in Mecklenburg County)	200	0	200	0	0	-80	0	120	0	120
<b>Macon Totals</b>			<b>280</b>	<b>0</b>	<b>280</b>	<b>0</b>	<b>0</b>	<b>-80</b>	<b>0</b>	<b>200</b>	<b>0</b>	<b>200</b>

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						Nursing Home	Hospital	I CON Bed Transfer				
Madison	NH0479	Elderberry Health Care	80	0	80	0	0	0	0	80	0	80
Madison	NH0290	Madison Health and Rehabilitation	100	0	100	0	0	0	0	100	0	100
<b>Madison Totals</b>			<b>180</b>	<b>0</b>	<b>180</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>180</b>	<b>0</b>	<b>180</b>
Martin	NH0270	The Carrolton of Williamston	154	0	154	0	0	0	0	154	0	154
<b>Martin Totals</b>			<b>154</b>	<b>0</b>	<b>154</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>154</b>	<b>0</b>	<b>154</b>
McDowell	NH0346	Autumn Care of Marion	110	0	110	0	0	0	0	110	0	110
McDowell	NH0326	Deer Park Health and Rehabilitation	140	0	140	0	0	0	0	140	0	140
<b>McDowell Totals</b>			<b>250</b>	<b>0</b>	<b>250</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>250</b>	<b>0</b>	<b>250</b>
Mecklenburg	NH0573	Asbury Health and Rehabilitation Center	120	0	120	0	0	0	0	120	26	94
Mecklenburg	NH0643	Autumn Care of Cornelius	102	0	102	0	0	0	0	102	0	102
Mecklenburg	NH0659	Briar Creek Health Center (Relocate 8 beds to Liberty Commons of Mecklenburg Health & Rehabilitation Center (Mecklenburg County) and 8 beds to Liberty Commons Nursing and Rehabilitation Center of Mint Hill (Mecklenburg County))	22	0	22	0	0	-16	0	6	0	6
Mecklenburg	NH0574	Brookdale Carriage Club Providence	42	0	42	0	0	0	0	42	42	0
Mecklenburg	NH0512	Charlotte Health & Rehabilitation Center	90	0	90	0	0	0	0	90	0	90
Mecklenburg	NH0635	Clear Creek Nursing & Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Mecklenburg	NH0363	Eastland Nursing Center (previously Accordius Health at Charlotte)	120	0	120	0	0	0	0	120	0	120
Mecklenburg	NH0279	Eastover Nursing Center	120	0	120	0	0	0	0	120	0	120
Mecklenburg	NH0503	Hunter Woods Nursing and Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Mecklenburg	NH0648	Huntersville Health & Rehabilitation Center	90	0	90	0	0	0	0	90	0	90
Mecklenburg	NH0377	Huntersville Oaks	168	0	168	0	0	0	0	168	0	168
Mecklenburg	NH0620	Lakeside Health & Rehab Center	114	0	114	0	0	0	0	114	0	114

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						Nursing Home	Hospital	I CON Bed Transfer				
Mecklenburg		Liberty Commons Nursing and Rehabilitation Center of Mint Hill (Transfer 67 beds from Mary Gran (Sampson County), 7 beds from Liberty Commons of Columbus (Columbus County), and 9 beds from Shoreland (Columbus County), 9 beds from Royal Park Rehab & Hlth Ctr, 8 beds from Pavilion Hlth Ctr at Brightmore, and 8 beds from Briar Creek Health Center.)	0	0	0	0	0	108	0	108	0	108
Mecklenburg		Liberty Commons of Mecklenburg Health & Rehabilitation (Transfer than 13 beds from The Oaks (Forsyth County), 25 beds from Warren Hills (Warren County), 30 beds from Cross Creek (Hyde County), 22 beds from Bermuda Commons (Davie County), 10 NF beds from Parkview (Orange County), 8 beds from Brier Creek Health Center (Mecklenburg County))	0	0	0	0	0	108	0	108	0	108
Mecklenburg	NH0060	Matthews Health & Rehab Center	166	0	166	0	0	0	0	166	0	166
Mecklenburg	NH0570	Mecklenburg Health & Rehabilitation	100	0	100	0	0	0	0	100	0	100
Mecklenburg	NH0319	Myers Park Nursing Center	133	0	133	0	0	0	0	133	0	133
Mecklenburg	H0010	Novant Health Presbyterian Medical Center	0	16	16	0	0	0	0	16	0	16
Mecklenburg	NH0639	Pavilion Health Center at Brightmore (Relocate 8 beds to Liberty Commons Nursing and Rehabilitation Center of Mint Hill)	108	0	108	0	0	-8	0	100	0	100
Mecklenburg	NH0426	Peak Resources-Charlotte	142	0	142	0	0	0	0	142	0	142
Mecklenburg	NH0521	Pineville Rehabilitation and Living Center	106	0	106	0	0	0	0	106	0	106
Mecklenburg	NH0267	Randolph Gardens Health and Rehabilitation	100	0	100	0	0	0	0	100	0	100
Mecklenburg	NH0557	Rockwell Park Rehabilitation and Healthcare Center	120	0	120	0	0	0	0	120	0	120
Mecklenburg	NH0063	Royal Park Rehabilitation & Health Center (Relocate 9 beds to Liberty Commons Nursing and Rehabilitation Center of Mint Hill)	159	0	159	0	0	-9	0	150	0	150
Mecklenburg	NH0483	Sardis Oaks	124	0	124	0	0	0	0	124	0	124

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						Nursing Home	Hospital	I CON Bed Transfer				
Mecklenburg	NH0465	Shamrock Nursing Center (previously Accordius Health at Midwood)	100	0	100	0	0	0	0	100	0	100
Mecklenburg	NH0414	Southminster	60	0	60	0	0	0	0	60	60	0
Mecklenburg	NH0443	The Pines at Davidson	75	0	75	0	0	0	0	75	75	0
Mecklenburg	NH0121	The Sharon at SouthPark	96	0	96	0	0	0	0	96	34	62
Mecklenburg	NH0584	The Stewart Health Center	65	0	65	0	0	0	0	65	65	0
Mecklenburg	NH0016	University Place Nursing and Rehabilitation Center (Transfer 20 beds to Triangle Health and Rehabilitation (Wake County))	207	0	207	0	0	-20	0	187	0	187
Mecklenburg		Western Mecklenburg Health & Rehabilitation Center (Transfer 80 beds from Macon Valley Nursing & Rehabilitation in Macon County, and 30 beds from Magnolia Lane Nursing & Rehabilitation Center in Burke County)	0	0	0	0	0	110	0	110	0	110
Mecklenburg	NH0350	White Oak Manor-Charlotte	180	0	180	0	0	0	0	180	0	180
Mecklenburg	NH0466	WillowBrooke Court SC Ctr at Matthews Glen	90	0	90	0	0	0	0	90	90	0
Mecklenburg	NH0572	Wilora Lake Healthcare Center	70	0	70	0	0	0	0	70	0	70
Mecklenburg	NH0660	Windsor Run, LLC	36	0	36	0	0	0	0	36	0	36
<b>Mecklenburg Totals</b>			<b>3,465</b>	<b>16</b>	<b>3,481</b>	<b>0</b>	<b>0</b>	<b>273</b>	<b>0</b>	<b>3,754</b>	<b>392</b>	<b>3,362</b>
Mitchell	NH0433	The Greens at Spruce Pines	127	0	127	0	0	0	0	127	0	127
<b>Mitchell Totals</b>			<b>127</b>	<b>0</b>	<b>127</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>127</b>	<b>0</b>	<b>127</b>
Montgomery	NH0411	Autumn Care of Biscoe	141	0	141	0	0	0	0	141	0	141
<b>Montgomery Totals</b>			<b>141</b>	<b>0</b>	<b>141</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>141</b>	<b>0</b>	<b>141</b>
Moore	NH0597	Dahlia Gardens Center for Nursing and Rehabilitation	90	0	90	0	0	0	0	90	0	90
Moore	NH0605	Inn at Quail Haven Village	60	0	60	0	0	0	0	60	25	35
Moore	NH0539	Peak Resources-Pinelake (Transfer 18 beds from Penick Village)	90	0	90	0	0	18	0	108	0	108
Moore	NH0127	Penick Village (Transfer 18 beds to Peak Resources-Pinelake)	50	0	50	0	0	-18	0	32	1	31
Moore	NH0294	Pinehurst Healthcare & Rehabilitation Center (Transfer 3 beds to Liberty Commons of Raleigh (Wake County))	144	0	144	0	0	-3	0	141	0	141
Moore		Sandhills Health & Rehabilitation (Transfer 86 beds from St. Joseph of the Pines)	0	0	0	0	0	86	0	86	0	86

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						Nursing Home	Hospital	I CON Bed Transfer				
Moore	NH0589	St Joseph of The Pines Health Center (Transfer 86 beds to Sandhills Health & Rehabilitation)	176	0	176	0	0	-86	0	90	0	90
Moore	NH0230	The Greens at Pinehurst Rehabilitation & Living Center	120	0	120	0	0	0	0	120	0	120
<b>Moore Totals</b>			<b>730</b>	<b>0</b>	<b>730</b>	<b>0</b>	<b>0</b>	<b>-3</b>	<b>0</b>	<b>727</b>	<b>26</b>	<b>701</b>
Nash	NH0602	Autumn Care of Nash	60	0	60	0	0	0	0	60	0	60
Nash	NH0313	Rocky Mount Rehabilitation Center	117	0	117	0	0	0	0	117	0	117
Nash	NH0437	The Carrolton of Nash	141	0	141	0	0	0	0	141	0	141
Nash	NH0122	The Lodge at Rocky Mount	100	0	100	0	0	0	0	100	0	100
Nash	NH0500	Universal Health Care-Nashville (Facility closed. Transfer 9 beds to Universal Health Care - Wake Forest in Wake County)	0	0	0	9	0	-9	0	0	0	0
<b>Nash Totals</b>			<b>418</b>	<b>0</b>	<b>418</b>	<b>9</b>	<b>0</b>	<b>-9</b>	<b>0</b>	<b>418</b>	<b>0</b>	<b>418</b>
New Hanover	NH0392	August Healthcare at Wilmington	120	0	120	0	0	0	0	120	0	120
New Hanover	NH0595	Autumn Care of Myrtle Grove	90	0	90	0	0	0	0	90	0	90
New Hanover	NH0632	Azalea Health & Rehab Center	80	0	80	0	0	0	0	80	0	80
New Hanover	NH0649	Bradley Creek Health Center	30	0	30	0	0	0	0	30	12	18
New Hanover	NH0205	Cypress Pointe Rehabilitation Center	90	0	90	0	0	0	0	90	0	90
New Hanover	NH0645	Davis Health and Wellness Center at Cambridge Village	20	0	20	0	0	0	0	20	0	20
New Hanover	NH0097	Davis Health Care Center	179	0	179	0	0	0	0	179	0	179
New Hanover	NH0569	Liberty Commons Rehabilitation Center	82	0	82	0	0	0	0	82	0	82
New Hanover	NH0436	NorthChase Nursing and Rehabilitation Center	140	0	140	0	0	0	0	140	0	140
New Hanover	NH0617	Peak Resources-Wilmington, Inc.	110	0	110	0	0	0	0	110	0	110
New Hanover	NH0630	Trinity Grove	100	0	100	0	0	0	0	100	8	92
<b>New Hanover Totals</b>			<b>1,041</b>	<b>0</b>	<b>1,041</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,041</b>	<b>20</b>	<b>1,021</b>
Northampton	NH0537	Northampton Nursing and Rehabilitation Center	80	0	80	0	0	0	0	80	0	80
Northampton	NH0045	Rich Square Nursing & Rehabilitation Center	69	0	69	0	0	0	0	69	0	69
<b>Northampton Totals</b>			<b>149</b>	<b>0</b>	<b>149</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>149</b>	<b>0</b>	<b>149</b>
Onslow	NH0370	Carolina Rivers Nursing and Rehabilitation Center	120	0	120	0	0	0	0	120	0	120

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						Nursing Home	Hospital	I CON Bed Transfer				
Onslow	NH0229	Premier Nursing and Rehabilitation Center (Transfer 49 beds to Rowan County Health & Rehabilitation Center in Rowan County)	239	0	239	0	0	-49	0	190	0	190
<b>Onslow Totals</b>			<b>359</b>	<b>0</b>	<b>359</b>	<b>0</b>	<b>0</b>	<b>-49</b>	<b>0</b>	<b>310</b>	<b>0</b>	<b>310</b>
Orange	NH0258	Carol Woods	30	0	30	0	0	0	0	30	30	0
Orange	NH0239	Parkview Health and Rehabilitation Center (Transfer 15 beds to Chatham County Rehabilitation Center (Chatham County) and transfer 10 beds to Liberty Commons of Mecklenburg Health & Rehabilitation (Mecklenburg County))	108	0	108	0	0	-25	0	83	0	83
Orange	NH0545	Peak Resources - Brookshire, Inc.	80	0	80	0	0	0	0	80	0	80
Orange	NH0093-A	Pruitt Health - Carolina Point (Portions of facility in Durham and Orange County)	120	0	120	0	0	0	0	120	0	120
Orange	NH0329	Signature HealthCARE of Chapel Hill	108	0	108	0	0	0	0	108	0	108
<b>Orange Totals</b>			<b>446</b>	<b>0</b>	<b>446</b>	<b>0</b>	<b>0</b>	<b>-25</b>	<b>0</b>	<b>421</b>	<b>30</b>	<b>391</b>
Pamlico	NH0450	Grantsbrook Nursing and Rehabilitation Center	96	0	96	0	0	0	0	96	0	96
<b>Pamlico Totals</b>			<b>96</b>	<b>0</b>	<b>96</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>96</b>	<b>0</b>	<b>96</b>
Pasquotank	NH0040	Elizabeth City Health and Rehabilitation	170	0	170	0	0	0	0	170	31	139
Pasquotank	NH0302	Laurel Park Rehabilitation and Healthcare Center	108	0	108	0	0	0	0	108	0	108
<b>Pasquotank Totals</b>			<b>278</b>	<b>0</b>	<b>278</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>278</b>	<b>31</b>	<b>247</b>
Pender	H0115	Pender Memorial Hospital (Transfer 43 beds to Woodbury Wellness Center (Pender County))	0	43	43	0	-43	0	0	0	0	0
Pender	NH0461	The Laurels of Pender	98	0	98	0	0	0	0	98	0	98
Pender	NH0300	Woodbury Wellness Center (Relocate 43 beds from Pender Memorial Hospital)	112	0	112	0	0	43	0	155	0	155
<b>Pender Totals</b>			<b>210</b>	<b>43</b>	<b>253</b>	<b>0</b>	<b>-43</b>	<b>43</b>	<b>0</b>	<b>253</b>	<b>0</b>	<b>253</b>
Perquimans	NH0432	Hertford Rehabilitation and Healthcare Center	78	0	78	0	0	0	0	78	0	78
<b>Perquimans Totals</b>			<b>78</b>	<b>0</b>	<b>78</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>78</b>	<b>0</b>	<b>78</b>
Person	H0066	Person Memorial Hospital	0	60	60	0	0	0	0	60	0	60
Person	NH0265	Roxboro Healthcare and Rehabilitation Center	140	0	140	0	0	0	0	140	0	140

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

A	B	C	D	E	F	G			H	I	J	K	L	M
County	License Number	Facility Name	Licensed Beds in Nursing Homes	Licensed Nursing Care Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory		
						Nursing Home	Hospital	CON Bed Transfer						
<b>Person Totals</b>			<b>140</b>	<b>60</b>	<b>200</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>200</b>	<b>0</b>	<b>200</b>		
Pitt	NH0582	Ayden Court Nursing and Rehabilitation Center	82	0	82	0	0	0	0	82	0	82		
Pitt	NH0473	Cypress Glen Retirement Community	30	0	30	0	0	0	0	30	30	0		
Pitt	NH0505	East Carolina Rehab and Wellness	130	0	130	0	0	0	0	130	0	130		
Pitt	NH0446	Greenville Health and Rehabilitation Center	120	0	120	0	0	0	0	120	0	120		
Pitt	NH0271	Macgregor Downs Health Center by Harborview	152	0	152	0	0	0	0	152	0	152		
Pitt	NH0304	PruittHealth-Farmville	56	0	56	0	0	0	0	56	0	56		
<b>Pitt Totals</b>			<b>570</b>	<b>0</b>	<b>570</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>570</b>	<b>30</b>	<b>540</b>		
Polk	NH0367	Autumn Care of Saluda	99	0	99	0	0	0	0	99	0	99		
Polk	NH0399	White Oak Manor-Tryon	70	0	70	0	0	0	0	70	0	70		
Polk	NH0559	WillowBrooke Court SC Center at Tryon Estates	52	0	52	0	0	0	0	52	52	0		
<b>Polk Totals</b>			<b>221</b>	<b>0</b>	<b>221</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>221</b>	<b>52</b>	<b>169</b>		
Randolph	NH0335	Alpine Health and Rehabilitation of Asheboro	238	0	238	0	0	0	0	238	0	238		
Randolph	NH0448	Asheboro Rehabilitation and Healthcare Center	100	0	100	0	0	0	0	100	0	100		
Randolph	NH0020	Clapp's Convalescent Nursing Home Inc	96	0	96	0	0	0	0	96	0	96		
Randolph	NH0609	Ramseur Rehabilitation and Healthcare Center	90	0	90	0	0	0	0	90	0	90		
Randolph	NH0489	The Graybrier Nursing And Retirement Center	128	0	128	0	0	0	0	128	0	128		
Randolph	NH0556	Westwood Health and Rehabilitation Center	68	0	68	0	0	0	0	68	0	68		
<b>Randolph Totals</b>			<b>720</b>	<b>0</b>	<b>720</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>720</b>	<b>0</b>	<b>720</b>		
Richmond	NH0427	PruittHealth-Rockingham	120	0	120	0	0	0	0	120	0	120		
Richmond	NH0455	Richmond Pines Healthcare and Rehabilitation Center	100	0	100	0	0	0	0	100	0	100		
<b>Richmond Totals</b>			<b>220</b>	<b>0</b>	<b>220</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>220</b>	<b>0</b>	<b>220</b>		
Robeson	NH0533	GlenFlora	52	0	52	0	0	0	0	52	0	52		
Robeson	NH0289	Harborview Lumberton	122	0	122	0	0	0	0	122	0	122		
Robeson	NH0518	Pembroke Center	84	0	84	0	0	0	0	84	0	84		
Robeson	H0064	Southeastern Regional Medical Center**	0	115	115	0	0	0	0	115	0	115		

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

A County	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Nursing Care Beds in Hospitals	F Total Licensed Beds	G CON Approved/License Pending			J Available in SMFP	K Total Available Beds	L Sum of Exclusions	M Total Planning Inventory
						Nursing Home	Hospital	CON Bed Transfer				
Robeson	NH0472	The Carrolton of Lumberton	90	0	90	0	0	0	0	90	0	90
Robeson	NH0240	Wesley Pines Retirement Community	62	0	62	0	0	0	0	62	4	58
Robeson	NH0662	Woodhaven Nursing Center	115	0	115	0	0	0	0	115	0	115
<b>Robeson Totals</b>			<b>525</b>	<b>115</b>	<b>640</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>640</b>	<b>4</b>	<b>636</b>
Rockingham	NH0293	Cypress Valley Center for Nursing and Rehabilitation	110	0	110	0	0	0	0	110	0	110
Rockingham	NH0361	Eden Rehabilitation and Healthcare Center	112	0	112	0	0	0	0	112	0	112
Rockingham	NH0092	Jacob's Creek Nursing and Rehabilitation Center (Transfer 20 beds to Rowan County Health & Rehabilitation Center in Rowan County)	170	0	170	0	0	-20	0	150	0	150
Rockingham	NH0614	Penn Nursing Center	82	0	82	0	0	0	0	82	0	82
Rockingham	H0072	UNC Rockingham Hospital	0	121	121	0	0	0	0	121	0	121
<b>Rockingham Totals</b>			<b>474</b>	<b>121</b>	<b>595</b>	<b>0</b>	<b>0</b>	<b>-20</b>	<b>0</b>	<b>575</b>	<b>0</b>	<b>575</b>
Rowan	NH0424	Autumn Care of Salisbury	97	0	97	0	0	0	0	97	0	97
Rowan	NH0471	Big Elm Retirement and Nursing Centers	50	0	50	0	0	0	0	50	0	50
Rowan	NH0442	Compass Healthcare and Rehab Rowan, LLC	70	0	70	0	0	0	0	70	0	70
Rowan	NH0591	Liberty Commons Nsg and Rehab Ctr of Rowan Cty	90	0	90	0	0	0	0	90	0	90
Rowan	NH0616	NC State Veterans Home - Salisbury*	99	0	99	0	0	0	0	99	99	0
Rowan	NH0050	Piedmont Health & Rehab Center	58	0	58	0	0	0	0	58	0	58
Rowan		Rowan County Health & Rehabilitation Center (Transfer 49 beds from Premier Nursing & Rehabilitation Center (Onslow County), 20 beds from Jacob's Creek Nursing & Rehabilitation Center (Rockingham County) and 20 beds from Chowan River Nursing & Rehabilitation Center (Chowan County))	0	0	0	0	0	89	0	89	0	89
Rowan	NH0449	Salisbury Rehabilitation and Nursing Center	185	0	185	0	0	0	0	185	0	185
Rowan	NH0441	The Citadel Salisbury**	160	0	160	0	0	0	0	160	0	160
Rowan	NH0538	The Laurels of Salisbury	60	0	60	0	0	0	0	60	0	60
Rowan	NH0197	Trinity Oaks	115	0	115	0	0	0	0	115	61	54
<b>Rowan Totals</b>			<b>984</b>	<b>0</b>	<b>984</b>	<b>0</b>	<b>0</b>	<b>89</b>	<b>0</b>	<b>1,073</b>	<b>160</b>	<b>913</b>
Rutherford	NH0531	Fair Haven Home	30	0	30	0	0	0	0	30	0	30

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

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						Nursing Home	Hospital	CON Bed Transfer				
Rutherford	NH0474	Fair Haven of Forest City	100	0	100	0	0	0	0	100	0	100
Rutherford	NH0153	Hilltop Health and Rehabilitation	80	0	80	0	0	0	0	80	0	80
Rutherford	NH0566	Oak Grove Healthcare Center	60	0	60	0	0	0	0	60	0	60
Rutherford	NH0590	Willow Ridge Rehabilitation and Living Center	136	0	136	0	0	0	0	136	0	136
<b>Rutherford Totals</b>			<b>406</b>	<b>0</b>	<b>406</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>406</b>	<b>0</b>	<b>406</b>
Sampson	NH0089	Mary Gran Nursing Center (Transfer 67 beds to Liberty Commons Nursing and Rehabilitation Center of Mint Hill in Mecklenburg County and transfer 25 beds to Pisgah Manor in Buncombe County)	212	0	212	0	0	-92	0	120	0	120
Sampson	H0067	Sampson Regional Medical Center**	0	30	30	0	0	0	0	30	0	30
Sampson	NH0571	Southwood Nursing and Retirement Center	100	0	100	0	0	0	0	100	0	100
<b>Sampson Totals</b>			<b>312</b>	<b>30</b>	<b>342</b>	<b>0</b>	<b>0</b>	<b>-92</b>	<b>0</b>	<b>250</b>	<b>0</b>	<b>250</b>
Scotland	NH0457	Scotia Village	58	0	58	0	0	0	0	58	40	18
Scotland	NH0340	Scottish Pines Rehabilitation and Nursing Center	149	0	149	0	0	0	0	149	0	149
<b>Scotland Totals</b>			<b>207</b>	<b>0</b>	<b>207</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>207</b>	<b>40</b>	<b>167</b>
Stanly	NH0462	Bethany Woods Nursing and Rehabilitation Center (Transfer 30 beds to Triangle Health and Rehabilitation (Wake County))	180	0	180	0	0	-30	0	150	0	150
Stanly	NH0550	Forrest Oakes Healthcare Center	60	0	60	0	0	0	0	60	0	60
Stanly	NH0464	Stanly Manor	90	0	90	0	0	0	0	90	0	90
Stanly	NH0140	Trinity Place	76	0	76	0	0	0	0	76	3	73
<b>Stanly Totals</b>			<b>406</b>	<b>0</b>	<b>406</b>	<b>0</b>	<b>0</b>	<b>-30</b>	<b>0</b>	<b>376</b>	<b>3</b>	<b>373</b>
Stokes	NH0555	King Health and Rehabilitation Center	96	0	96	0	0	0	0	96	0	96
Stokes	H0165	LifeBrite Community Hospital of Stokes	0	40	40	0	0	0	0	40	0	40
Stokes	NH0507	Village Care of King	96	0	96	0	0	0	0	96	0	96
Stokes	NH0316	Walnut Cove Health and Rehabilitation Center	90	0	90	0	0	0	0	90	0	90
<b>Stokes Totals</b>			<b>282</b>	<b>40</b>	<b>322</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>322</b>	<b>0</b>	<b>322</b>
Surry	NH0516	Central Continuing Care	120	0	120	0	0	0	0	120	0	120
Surry	NH0640	Chatham Nursing & Rehabilitation	99	0	99	0	0	0	0	99	0	99
Surry	H0184	Northern Regional Hospital	0	33	33	0	0	0	0	33	0	33

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

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						Nursing Home	Hospital	CON Bed Transfer				
Surry	NH0303	PruittHealth-Elkin	100	0	100	0	0	0	0	100	0	100
Surry	NH0276	Surry Community Health Center by Harborview	120	0	120	0	0	0	0	120	0	120
<b>Surry Totals</b>			<b>439</b>	<b>33</b>	<b>472</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>472</b>	<b>0</b>	<b>472</b>
Swain	NH0251	Mountain View Manor Nursing Center	120	0	120	0	0	0	0	120	0	120
<b>Swain Totals</b>			<b>120</b>	<b>0</b>	<b>120</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>120</b>	<b>0</b>	<b>120</b>
Transylvania	NH0277	Sapphire Ridge Health and Rehabilitation	147	0	147	0	0	0	0	147	0	147
Transylvania	NH0563	The Oaks-Brevard	110	0	110	0	0	0	0	110	0	110
Transylvania	H0111	Transylvania Regional Hospital	0	10	10	0	0	0	0	10	0	10
<b>Transylvania Totals</b>			<b>257</b>	<b>10</b>	<b>267</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>267</b>	<b>0</b>	<b>267</b>
Union	NH0421	Autumn Care of Marshville	110	0	110	0	0	0	0	110	0	110
Union	NH0657	Jesse Helms Nursing Center	70	0	70	0	0	0	0	70	0	70
Union	NH0592	Lake Park Nursing and Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Union	NH0310	Monroe Rehabilitation Center	147	0	147	0	0	0	0	147	0	147
Union	NH0644	PruittHealth-Union Pointe	90	0	90	0	0	0	0	90	0	90
Union	NH0493	Rock Rest Nursing & Rehabilitation	60	0	60	0	0	0	0	60	0	60
Union	NH0628	White Oak of Waxhaw	100	0	100	0	0	0	0	100	0	100
<b>Union Totals</b>			<b>697</b>	<b>0</b>	<b>697</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>697</b>	<b>0</b>	<b>697</b>
Vance	NH0307	Camellia Gardens Center for Nursing and Rehabilitation	78	0	78	0	0	0	0	78	0	78
Vance	NH0353	Kerr Lake Nursing and Rehabilitation Center	92	0	92	0	0	0	0	92	0	92
Vance	NH0477	Senior Citizens Home	60	0	60	0	0	0	0	60	0	60
<b>Vance Totals</b>			<b>230</b>	<b>0</b>	<b>230</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>230</b>	<b>0</b>	<b>230</b>
Wake	NH0654	BellaRose Nursing and Rehab	100	0	100	0	0	0	0	100	0	100
Wake	NH0663	Bloomsbury at Hayes Barton**	31	0	31	0	0	0	0	31	9	22
Wake	NH0636	Brittany Place	49	0	49	0	0	0	0	49	49	0
Wake		Britthaven of Holly Springs (Transfer 90 beds from Tower Nursing and Rehabilitation Center)	0	0	0	0	0	90	0	90	0	90
Wake	NH0268	Capital Nursing and Rehabilitation Center	103	0	103	0	0	0	0	103	0	103
Wake	NH0511	Cary Health and Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Wake	NH0383	Dan E & Mary Louise Stewart Health Center of	173	0	173	0	0	0	0	173	173	0

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

A County	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Nursing Care Beds in Hospitals	F Total Licensed Beds	G CON Approved/License Pending			J Available in SMFP	K Total Available Beds	L Sum of Exclusions	M Total Planning Inventory
						Nursing Home	Hospital	I CON Bed Transfer				
Wake	NH0637	Fuquay-Varina Health and Rehabilitation Center	100	0	100	0	0	0	0	100	0	100
Wake	NH0549	Glenaire	71	0	71	0	0	0	0	71	51	20
Wake	NH0428	Hillcrest Raleigh at Crabtree Valley	134	0	134	0	0	0	0	134	0	134
Wake	NH0525	Hillside Nursing Center of Wake Forest	130	0	130	0	0	0	0	130	0	130
Wake		Liberty Commons Nursing & Rehabilitation Center of Wake County (Transfer 19 beds from Liberty Commons of Alamance (Alamance County), 28 beds from Cross Creek (Hyde County), 20 beds from Oak Forest (Forsyth County), 58 beds from Golden Years (Cumberland County), 11 beds from Swift Creek Health Center (Wake County))	0	0	0	0	0	136	0	136	0	136
Wake		Liberty Commons Rehabilitation and Nursing Care of Raleigh (Transfer 122 beds from Liberty Commons (Carteret County), 3 beds from Pinehurst Healthcare (Moore County), 11 beds from Swift Creek Health Center)	0	0	0	0	0	136	0	136	0	136
Wake	NH0558	Litchford Falls Health and Rehabilitation Center (Transfer 90 to Universal Health Care - Wake Forest)	90	0	90	0	0	-90	0	0	0	0
Wake	NH0611	Perry Creek Health and Rehabilitation Center	132	0	132	0	0	0	0	132	0	132
Wake	NH0618	PruittHealth-Raleigh (Transfer 12 beds from WakeMed-Cary and 6 beds from WakeMed)	150	0	150	0	0	18	0	168	0	168
Wake	NH0115	Raleigh Rehabilitation Center	157	0	157	0	0	0	0	157	0	157
Wake	H0065	Rex Hospital	0	120	120	0	0	0	0	120	0	120
Wake	NH0146	Sunnybrook Rehabilitation Center	95	0	95	0	0	0	0	95	0	95
Wake	NH0658	Swift Creek Health Center (Transfer 11 beds to Liberty Commons Nursing & Rehabilitation Center of Wake County, transfer 11 beds to Liberty Commons Rehabilitation and Nursing Care of Raleigh, delicense 3 beds)	28	0	28	0	0	-22	0	6	0	6
Wake	NH0653	The Cardinal at North Hills	15	0	15	10	0	0	0	25	15	10
Wake	NH0506	The Laurels of Forest Glenn	120	0	120	0	0	0	0	120	0	120

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

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						Nursing Home	Hospital	I CON Bed Transfer				
Wake	NH0007	The Oaks at Whitaker Glen-Mayview (Facility closed 10/3/2024)	0	0	0	0	0	0	0	0	0	0
Wake	NH0622	The Rosewood Health Center	57	0	57	0	0	0	0	57	57	0
Wake	NH0354	Tower Nursing and Rehabilitation Center (Transfer 90 to Britthaven of Holly Springs)	180	0	180	0	0	-90	0	90	0	90
Wake		Triangle Health and Rehabilitation Center (Transfer 30 beds from Bethany Woods Nursing and Rehabilitation (Stanly County), 5 beds from Enfield Oaks Nursing and Rehabilitation Center (Halifax County), 9 beds from Harmony Hall Nursing and Rehabilitation Center (Lenoir County), 10 beds from Maple Grove Health and Rehabilitation Center (Guilford County), 12 beds from Pine Ridge Health and Rehabilitation Center in (Davidson County), 20 beds from University Place Nursing and Rehabilitation Center (Mecklenburg County), 20 beds from Westwood Hills Nursing and Rehabilitation center (Wilkes County), and 14 beds from Willow Creek Nursing and Rehabilitation Center (Wayne County))	0	0	0	0	0	120	0	120	0	120
Wake	NH0594	UNC Rex Rehabilitation and Nursing Care Center of Apex	107	0	107	0	0	0	0	107	0	107
Wake		Universal Health Care - Wake Forest (Transfer 90 beds from Litchford Falls, 9 beds from Universal Health Care - Nashville in Nash County, 20 beds from Universal Healthcare - Oxford in Granville County)	0	0	0	0	0	119	0	119	0	119
Wake		Wake County Health and Rehabilitation Center (95 new beds, transfer 25 beds from Enfield Oaks Nursing and Rehabilitation Center (Halifax County))	0	0	0	95	0	25	0	120	0	120
Wake	H0199	WakeMed (Transfer 6 NH beds to PruittHealth-Raleigh)	0	0	0	0	6	-6	0	0	0	0
Wake	H0276	WakeMed Cary Hospital (Transfer 12 beds to PruittHealth-Raleigh)	0	0	0	0	12	-12	0	0	0	0
Wake	NH0544	Wellington Rehabilitation and Healthcare	80	0	80	0	0	0	0	80	0	80

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

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						Nursing Home	Hospital	I CON Bed Transfer				
Wake	NH0580	Windsor Point Continuing Care Retirement Community	45	0	45	0	0	0	0	45	45	0
Wake	NH0317	Zebulon Rehabilitation Center	60	0	60	0	0	0	0	60	0	60
<b>Wake Totals</b>			<b>2,327</b>	<b>120</b>	<b>2,447</b>	<b>105</b>	<b>18</b>	<b>424</b>	<b>0</b>	<b>2,994</b>	<b>399</b>	<b>2,595</b>
Warren	NH0360	Warren Hills Nursing Center (Transfer 25 beds to Liberty Commons of Mecklenburg Health and Rehabilitation Center (Mecklenburg County), 15 beds to Chatham County Rehability Center (Chatham County))	140	0	140	0	0	-40	0	100	0	100
<b>Warren Totals</b>			<b>140</b>	<b>0</b>	<b>140</b>	<b>0</b>	<b>0</b>	<b>-40</b>	<b>0</b>	<b>100</b>	<b>0</b>	<b>100</b>
Washington	NH0419	The Carrolton of Plymouth	114	0	114	0	0	0	0	114	0	114
<b>Washington Totals</b>			<b>114</b>	<b>0</b>	<b>114</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>114</b>	<b>0</b>	<b>114</b>
Watauga	NH0400	Glenbridge Health and Rehabilitation	134	0	134	0	0	0	0	134	0	134
Watauga	NH0638	The Foley Center at Chestnut Ridge**	92	0	92	0	0	0	0	92	0	92
<b>Watauga Totals</b>			<b>226</b>	<b>0</b>	<b>226</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>226</b>	<b>0</b>	<b>226</b>
Wayne	NH0492	Goldsboro Rehabilitation and Healthcare Center	130	0	130	0	0	0	0	130	0	130
Wayne	NH0401	Mount Olive Center	150	0	150	0	0	0	0	150	0	150
Wayne		O'Berry Center*	96	0	96	0	0	0	0	96	96	0
Wayne	NH0379	Willow Creek Nursing and Rehabilitation Center (Transfer 14 beds to Triangle Health and Rehabilitation (Wake County))	200	0	200	0	0	-14	0	186	0	186
<b>Wayne Totals</b>			<b>576</b>	<b>0</b>	<b>576</b>	<b>0</b>	<b>0</b>	<b>-14</b>	<b>0</b>	<b>562</b>	<b>96</b>	<b>466</b>
Wilkes	NH0451	Ridge Valley Center for Nursing and Rehabilitation	120	0	120	0	0	0	0	120	0	120
Wilkes	NH0295	Westwood Hills Nursing and Rehabilitation Center (Transfer 20 beds to Triangle Health and Rehabilitation (Wake County), and 11 beds to Iredell County Health and Rehabilitation Center (Iredell County))	171	0	171	0	0	-31	0	140	0	140
Wilkes	H0153	Wilkes Medical Center	0	10	10	0	0	0	0	10	0	10
Wilkes	NH0509	Wilkesboro Health and Rehabilitation, LLC	111	0	111	0	0	0	0	111	0	111
<b>Wilkes Totals</b>			<b>402</b>	<b>10</b>	<b>412</b>	<b>0</b>	<b>0</b>	<b>-31</b>	<b>0</b>	<b>381</b>	<b>0</b>	<b>381</b>
Wilson	NH0272	Harmony Park at Wilson	110	0	110	0	0	0	0	110	0	110

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

A	B	C	D	E	F	G	H	I	J	K	L	M
County	License Number	Facility Name	Licensed Beds in Nursing Homes	Licensed Nursing Care Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
						Nursing Home	Hospital	CON Bed Transfer				
Wilson		Longleaf Neuro-Medical Treatment Center*	248	0	248	0	0	0	0	248	248	0
Wilson	NH0487	Wilson Healthcare and Rehabilitation Center	99	0	99	0	0	0	0	99	0	99
Wilson	NH0218	Wilson Pines Nursing and Rehabilitation Center	108	0	108	0	0	0	0	108	0	108
Wilson	NH0530	Wilson Rehabilitation and Nursing Center	90	0	90	0	0	0	0	90	0	90
<b>Wilson Totals</b>			<b>655</b>	<b>0</b>	<b>655</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>655</b>	<b>248</b>	<b>407</b>
Yadkin	NH0568	Willowbrook Rehabilitation and Care Center	76	0	76	0	0	0	0	76	0	76
Yadkin	NH0224	Yadkin Nursing Care Center	147	0	147	0	0	0	0	147	0	147
<b>Yadkin Totals</b>			<b>223</b>	<b>0</b>	<b>223</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>223</b>	<b>0</b>	<b>223</b>
Yancey	NH0467	Smoky Ridge Health and Rehabilitation	140	0	140	0	0	0	0	140	0	140
<b>Yancey Totals</b>			<b>140</b>	<b>0</b>	<b>140</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>140</b>	<b>0</b>	<b>140</b>
<b>Grand Totals</b>			<b>45,303</b>	<b>786</b>	<b>46,089</b>	<b>534</b>	<b>-25</b>	<b>43</b>	<b>0</b>	<b>46,641</b>	<b>3,273</b>	<b>43,368</b>

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

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

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

A County	B Patients					C Populations					D Rates					E Actual Average Change Rate	F Selected Change Rate (County or State)	G Bed Rate per 1,000
	2020	2021	2022	2023	2024	2020	2021	2022	2023	2024	2020	2021	2022	2023	2024			
	Alamance	600	597	675	645	699	170,698	173,384	177,141	181,394	183,229	3.5150	3.4432	3.8105	3.5558			
Alexander	84	63	76	65	111	38,524	36,145	36,429	36,353	36,401	2.1805	1.7430	2.0862	1.7880	3.0494	0.1397	0.0150	3.1863
Alleghany	73	76	81	82	80	11,558	10,829	11,132	11,426	11,619	6.3160	7.0182	7.2763	7.1766	6.8853	0.0234	0.0234	7.3689
Anson	131	130	135	145	130	23,889	21,904	21,502	22,087	21,534	5.4837	5.9350	6.2785	6.5649	6.0370	0.0263	0.0263	6.5141
Ashe	94	111	113	109	136	28,020	26,444	26,653	26,975	26,800	3.3547	4.1975	4.2397	4.0408	5.0746	0.1176	0.0150	5.3025
Avery	73	69	62	68	61	18,182	17,775	17,951	17,394	17,545	4.0150	3.8819	3.4538	3.9094	3.4768	-0.0305	0.0150	3.6329
Beaufort	157	213	234	233	245	47,400	44,120	44,395	43,785	43,945	3.3122	4.8277	5.2709	5.3215	5.5752	0.1517	0.0150	5.8255
Bertie	104	96	89	120	125	19,496	17,598	16,933	16,839	16,688	5.3344	5.4552	5.2560	7.1263	7.4904	0.0983	0.0150	7.8267
Bladen	123	133	128	141	149	34,421	28,771	29,195	28,902	29,427	3.5734	4.6227	4.3843	4.8786	5.0634	0.0982	0.0150	5.2907
Brunswick	378	412	438	450	405	147,644	140,411	150,848	160,022	168,153	2.5602	2.9342	2.9036	2.8121	2.4085	-0.0098	0.0150	2.5167
Buncombe	1,407	1,401	1,389	1,424	1,362	264,408	272,880	274,361	276,367	280,032	5.3213	5.1341	5.0627	5.1526	4.8637	-0.0218	0.0150	5.0821
Burke	378	430	414	409	438	91,708	86,783	87,412	89,179	90,613	4.1218	4.9549	4.7362	4.5863	4.8337	0.0451	0.0451	5.4874
Cabarrus	510	489	528	566	589	216,841	232,083	235,654	243,942	246,620	2.3520	2.1070	2.2406	2.3202	2.3883	0.0060	0.0150	2.4955
Caldwell	341	327	322	314	323	84,230	80,171	80,975	81,761	82,336	4.0484	4.0788	3.9765	3.8405	3.9229	-0.0076	0.0150	4.0991
Camden *	0	0	0	0	0	10,575	10,469	10,915	11,064	10,702	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0150	0.0000
Carteret	192	177	188	201	235	71,352	67,311	68,813	70,294	70,807	2.6909	2.6296	2.7320	2.8594	3.3189	0.0559	0.0559	3.8752
Caswell	122	110	99	137	134	23,462	22,582	22,339	22,098	22,462	5.1999	4.8711	4.4317	6.1997	5.9656	0.0519	0.0519	6.8951
Catawba	601	613	612	633	635	160,732	161,909	162,790	166,441	168,055	3.7391	3.7861	3.7594	3.8031	3.7785	0.0027	0.0150	3.9482
Chatham	318	326	364	362	349	77,061	77,747	78,450	80,498	82,762	4.1266	4.1931	4.6399	4.4970	4.2169	0.0074	0.0150	4.4062
Cherokee	111	138	161	173	169	29,610	28,873	29,177	29,154	29,921	3.7487	4.7796	5.5180	5.9340	5.6482	0.1142	0.0150	5.9018
Chowan	86	81	67	71	67	14,114	13,640	13,677	13,807	13,783	6.0932	5.9384	4.8987	5.1423	4.8611	-0.0514	0.0150	5.0793
Clay	76	72	67	81	75	11,759	11,066	11,415	11,793	11,934	6.4631	6.5064	5.8695	6.8685	6.2846	-0.0015	0.0150	6.5667
Cleveland	324	359	405	401	391	100,814	100,541	101,874	100,596	101,137	3.2138	3.5707	3.9755	3.9862	3.8660	0.0492	0.0492	4.4371
Columbus	177	188	209	198	229	56,002	49,307	50,043	49,966	50,993	3.1606	3.8128	4.1764	3.9627	4.4908	0.0960	0.0150	4.6924
Craven	337	356	303	382	405	103,016	100,128	102,032	104,372	103,220	3.2713	3.5554	2.9697	3.6600	3.9237	0.0566	0.0566	4.5905
Cumberland	791	800	820	798	838	333,531	334,660	343,588	342,872	337,971	2.3716	2.3905	2.3866	2.3274	2.4795	0.0117	0.0117	2.5667
Currituck	55	55	75	71	65	28,048	29,305	30,904	32,240	32,142	1.9609	1.8768	2.4269	2.2022	2.0223	0.0190	0.0190	2.1374
Dare	68	78	65	73	95	38,027	37,342	37,937	37,801	38,121	1.7882	2.0888	1.7134	1.9312	2.4921	0.1015	0.0150	2.6040
Davidson	606	601	600	639	670	170,370	170,044	172,093	176,119	178,569	3.5570	3.5344	3.4865	3.6282	3.7521	0.0137	0.0137	3.9065
Davie	203	210	215	214	223	43,746	43,283	43,754	44,290	44,812	4.6404	4.8518	4.9138	4.8318	4.9763	0.0179	0.0179	5.2434
Duplin	201	194	195	225	241	60,177	47,043	48,747	49,205	49,768	3.3401	4.1239	4.0002	4.5727	4.8425	0.1017	0.0150	5.0599
Durham	918	905	1,027	1,039	1,036	321,261	329,973	332,576	337,308	340,677	2.8575	2.7426	3.0880	3.0803	3.0410	0.0176	0.0176	3.2017
Edgecombe	192	220	246	215	214	52,024	48,104	47,707	47,951	48,495	3.6906	4.5734	5.1565	4.4837	4.4128	0.0551	0.0551	5.1423
Forsyth	1,134	1,176	1,192	1,281	1,370	380,964	385,489	386,047	393,297	395,597	2.9767	3.0507	3.0877	3.2571	3.4631	0.0388	0.0388	3.8660
Franklin	167	194	202	199	194	71,196	70,436	73,371	77,108	80,364	2.3456	2.7543	2.7531	2.5808	2.4140	0.0116	0.0116	2.4983

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

A County	B Patients					C Populations					D Rates					E Actual Average Change Rate	F Selected Change Rate (County or State)	G Bed Rate per 1,000
	2020	2021	2022	2023	2024	2020	2021	2022	2023	2024	2020	2021	2022	2023	2024			
	Gaston	751	737	757	769	784	224,168	230,378	237,542	240,885	244,074	3.3502	3.1991	3.1868	3.1924			
Gates	52	47	52	41	41	11,908	10,166	10,312	10,490	10,284	4.3668	4.6233	5.0427	3.9085	3.9868	-0.0139	0.0150	4.1658
Graham	43	51	49	44	49	8,642	7,967	8,052	7,713	8,006	4.9757	6.4014	6.0854	5.7047	6.1204	0.0619	0.0150	6.3952
Granville	152	175	180	110	156	61,628	61,410	62,050	62,225	62,447	2.4664	2.8497	2.9009	1.7678	2.4981	0.0490	0.0490	2.8652
Greene	97	102	102	97	100	20,951	20,372	20,119	19,938	20,188	4.6299	5.0069	5.0698	4.8651	4.9534	0.0179	0.0179	5.2201
Guilford	1,867	1,799	1,899	1,835	2,004	538,431	547,379	544,278	550,452	554,791	3.4675	3.2866	3.4890	3.3336	3.6122	0.0121	0.0121	3.7434
Halifax	212	214	189	198	218	50,898	47,873	47,787	46,781	46,203	4.1652	4.4702	3.9551	4.2325	4.7183	0.0357	0.0357	5.2241
Harnett	351	335	382	361	388	136,705	134,847	139,562	141,501	144,870	2.5676	2.4843	2.7371	2.5512	2.6783	0.0128	0.0128	2.7811
Haywood	341	367	359	375	414	63,481	62,403	62,888	63,703	64,378	5.3717	5.8811	5.7086	5.8867	6.4308	0.0473	0.0473	7.3429
Henderson	599	613	635	671	689	118,563	117,408	117,274	120,208	122,073	5.0522	5.2211	5.4147	5.5820	5.6442	0.0281	0.0281	6.1206
Hertford	83	106	120	111	111	23,720	19,871	19,507	19,730	18,516	3.4992	5.3344	6.1516	5.6260	5.9948	0.1644	0.0150	6.2640
Hoke	92	101	107	127	124	54,682	52,331	55,151	55,417	55,631	1.6825	1.9300	1.9401	2.2917	2.2290	0.0766	0.0150	2.3290
Hyde	32	0	0	0	0	5,119	4,482	4,549	4,546	4,635	6.2512	0.0000	0.0000	0.0000	0.0000	0.0000	0.0150	0.0000
Iredell	413	441	684	382	372	183,309	191,180	196,170	202,785	206,051	2.2530	2.3067	3.4868	1.8838	1.8054	0.0085	0.0150	1.8864
Jackson	178	173	167	177	166	44,354	43,147	42,972	43,239	44,654	4.0132	4.0095	3.8863	4.0935	3.7175	-0.0175	0.0150	3.8844
Johnston	506	503	515	524	531	211,626	223,975	233,435	240,796	248,941	2.3910	2.2458	2.2062	2.1761	2.1330	-0.0279	0.0150	2.2288
Jones	39	33	41	63	63	10,067	8,947	9,199	9,096	9,258	3.8740	3.6884	4.4570	6.9261	6.8049	0.1742	0.0150	7.1105
Lee	227	208	196	207	248	61,663	64,278	64,907	66,635	68,750	3.6813	3.2359	3.0197	3.1065	3.6073	0.0005	0.0150	3.7692
Lenoir	286	268	239	264	298	56,876	54,783	54,572	53,810	53,980	5.0285	4.8920	4.3795	4.9062	5.5206	0.0284	0.0284	5.9908
Lincoln	236	244	249	254	260	88,699	88,298	91,171	95,399	97,203	2.6607	2.7634	2.7311	2.6625	2.6748	0.0016	0.0150	2.7949
Macon	126	129	103	113	114	37,014	37,430	37,653	38,081	38,515	3.4041	3.4464	2.7355	2.9674	2.9599	-0.0279	0.0150	3.0928
Madison	171	167	161	156	148	22,500	21,205	21,522	21,325	21,840	7.6000	7.8755	7.4807	7.3154	6.7766	-0.0274	0.0150	7.0808
Martin	100	86	87	93	105	22,904	21,713	21,476	21,139	20,998	4.3660	3.9608	4.0510	4.3995	5.0005	0.0381	0.0381	5.5727
McDowell	173	183	180	202	214	46,530	44,350	44,443	44,421	44,665	3.7180	4.1263	4.0501	4.5474	4.7912	0.0669	0.0150	5.0063
Mecklenburg	2,278	2,409	2,600	2,602	2,711	1,118,775	1,133,504	1,135,873	1,166,645	1,180,037	2.0362	2.1253	2.2890	2.2303	2.2974	0.0313	0.0313	2.5132
Mitchell	86	73	78	97	107	15,112	14,836	14,895	14,786	14,680	5.6908	4.9205	5.2367	6.5603	7.2888	0.0732	0.0150	7.6161
Montgomery	80	77	86	98	97	27,753	25,705	25,757	25,509	26,012	2.8826	2.9955	3.3389	3.8418	3.7290	0.0688	0.0150	3.8965
Moore	512	451	479	480	513	102,814	101,649	104,758	108,316	110,469	4.9799	4.4368	4.5724	4.4315	4.6438	-0.0153	0.0150	4.8523
Nash	335	332	355	342	373	96,669	95,116	95,446	97,313	98,544	3.4654	3.4905	3.7194	3.5144	3.7851	0.0237	0.0237	4.0540
New Hanover	825	846	851	869	872	235,231	227,782	235,245	239,395	242,785	3.5072	3.7141	3.6175	3.6300	3.5917	0.0065	0.0150	3.7529
Northampton	130	140	138	120	134	20,054	16,796	17,036	16,193	16,362	6.4825	8.3353	8.1005	7.4106	8.1897	0.0694	0.0150	8.5574
Onslow	204	215	222	229	239	210,056	206,718	209,491	212,378	215,940	0.9712	1.0401	1.0597	1.0783	1.1068	0.0334	0.0334	1.2178
Orange	319	358	343	375	358	147,907	150,258	149,665	150,169	152,383	2.1568	2.3826	2.2918	2.4972	2.3493	0.0243	0.0243	2.5203
Pamlico	68	70	68	68	73	13,277	12,140	12,299	12,178	12,723	5.1216	5.7661	5.5289	5.5838	5.7376	0.0305	0.0305	6.2634
Pasquotank	203	177	209	245	246	39,952	40,743	40,763	40,973	41,353	5.0811	4.3443	5.1272	5.9795	5.9488	0.0491	0.0491	6.8246

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

A County	B Patients					C Populations					D Rates					E Actual Average Change Rate	F Selected Change Rate (County or State)	G Bed Rate per 1,000
	2020	2021	2022	2023	2024	2020	2021	2022	2023	2024	2020	2021	2022	2023	2024			
	Pender	218	213	220	194	209	63,949	61,105	65,282	67,361	69,351	3.4090	3.4858	3.3700	2.8800	3.0137	-0.0274	0.0150
Perquimans	54	56	63	68	73	13,807	12,847	13,445	13,165	13,417	3.9111	4.3590	4.6858	5.1652	5.4409	0.0863	0.0150	5.6851
Person	147	133	132	91	83	40,450	39,044	39,586	39,229	39,721	3.6341	3.4064	3.3345	2.3197	2.0896	-0.1218	0.0150	2.1834
Pitt	417	433	433	437	488	183,285	170,276	172,231	176,572	175,285	2.2751	2.5429	2.5141	2.4749	2.7840	0.0539	0.0539	3.2344
Polk	147	147	162	180	174	21,923	18,957	19,571	19,618	19,819	6.7053	7.7544	8.2776	9.1752	8.7795	0.0723	0.0150	9.1736
Randolph	475	507	521	532	538	145,246	144,818	145,796	145,720	147,760	3.2703	3.5009	3.5735	3.6508	3.6410	0.0276	0.0276	3.9420
Richmond	168	139	107	83	108	45,014	42,475	42,330	42,495	41,730	3.7322	3.2725	2.5278	1.9532	2.5881	-0.0632	0.0150	2.7043
Robeson	345	318	362	340	453	131,238	113,699	116,951	117,596	116,273	2.6288	2.7969	3.0953	2.8913	3.8960	0.1131	0.0150	4.0709
Rockingham	409	452	449	406	462	91,915	91,113	91,912	91,572	92,416	4.4498	4.9609	4.8851	4.4337	4.9991	0.0337	0.0337	5.5042
Rowan	690	695	666	666	688	143,274	147,817	148,765	152,064	153,675	4.8159	4.7018	4.4769	4.3797	4.4770	-0.0178	0.0150	4.6780
Rutherford	321	314	339	366	326	69,049	64,178	64,184	64,419	65,075	4.6489	4.8926	5.2817	5.6816	5.0096	0.0223	0.0223	5.3455
Sampson	156	140	169	168	171	64,053	58,309	58,987	59,425	60,164	2.4355	2.4010	2.8650	2.8271	2.8422	0.0428	0.0428	3.2072
Scotland	147	157	150	164	157	35,724	33,682	33,079	33,341	33,360	4.1149	4.6612	4.5346	4.9189	4.7062	0.0368	0.0368	5.2255
Stanly	229	273	249	283	280	64,691	62,220	62,883	63,752	65,293	3.5399	4.3877	3.9597	4.4391	4.2884	0.0573	0.0573	5.0251
Stokes	294	278	275	255	265	46,684	44,344	45,039	45,625	45,743	6.2977	6.2692	6.1058	5.5890	5.7932	-0.0197	0.0150	6.0533
Surry	351	360	378	367	353	73,548	71,195	71,329	71,247	71,772	4.7724	5.0565	5.2994	5.1511	4.9184	0.0086	0.0150	5.1392
Swain	72	62	73	73	80	14,489	14,059	14,316	13,873	13,741	4.9693	4.4100	5.0992	5.2620	5.8220	0.0455	0.0455	6.6170
Transylvania	123	136	138	148	166	35,511	32,785	33,498	33,029	33,406	3.4637	4.1482	4.1196	4.4809	4.9692	0.0968	0.0150	5.1923
Tyrrell *	0	0	0	0	0	3,767	3,101	3,193	3,341	3,479	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0150	0.0000
Union	545	533	525	528	563	238,740	242,651	247,301	257,071	265,730	2.2828	2.1966	2.1229	2.0539	2.1187	-0.0181	0.0150	2.2138
Vance	161	174	162	174	186	45,435	42,096	42,014	40,963	41,240	3.5435	4.1334	3.8559	4.2477	4.5102	0.0657	0.0150	4.7127
Wake	1,741	2,643	1,853	1,743	1,827	1,102,782	1,156,274	1,169,294	1,189,597	1,216,309	1.5787	2.2858	1.5847	1.4652	1.5021	0.0227	0.0227	1.6045
Warren	75	83	78	78	77	19,767	18,319	18,873	18,738	18,671	3.7942	4.5308	4.1329	4.1627	4.1240	0.0261	0.0261	4.4465
Washington	89	76	84	71	80	12,039	10,818	10,607	10,424	10,422	7.3926	7.0253	7.9193	6.8112	7.6761	0.0162	0.0162	8.0481
Watauga	129	140	145	152	162	57,011	53,639	54,068	56,582	55,025	2.2627	2.6100	2.6818	2.6864	2.9441	0.0697	0.0150	3.0763
Wayne	310	366	377	405	402	126,339	116,094	117,544	116,934	118,671	2.4537	3.1526	3.2073	3.4635	3.3875	0.0900	0.0150	3.5396
Wilkes	294	305	328	272	281	70,263	65,378	65,698	66,003	66,296	4.1843	4.6652	4.9925	4.1210	4.2386	0.0098	0.0150	4.4289
Wilson	264	221	284	312	350	83,495	78,284	77,877	78,415	78,937	3.1619	2.8231	3.6468	3.9788	4.4339	0.0975	0.0150	4.6330
Yadkin	165	166	158	172	173	38,145	37,081	37,117	37,398	37,722	4.3256	4.4767	4.2568	4.5992	4.5862	0.0159	0.0159	4.8043
Yancey	81	77	77	87	99	18,909	18,557	18,455	18,510	18,555	4.2837	4.1494	4.1723	4.7002	5.3355	0.0590	0.0150	5.5750
<b>State Total</b>	<b>31,916</b>	<b>33,227</b>	<b>33,635</b>	<b>33,678</b>	<b>35,082</b>	<b>10,587,440</b>	<b>10,535,205</b>	<b>10,667,874</b>	<b>10,842,949</b>	<b>10,978,531</b>	<b>3.0145</b>	<b>3.1539</b>	<b>3.1529</b>	<b>3.1060</b>	<b>3.1955</b>	<b>0.0150</b>		

\* Camden and Tyrrell counties have no Nursing Care Beds.

Table 10C: Nursing Care Bed Need Projections for 2029

A	B	C	D	E	F	G	H	I	J	K	L
County	Bed Rate per 1,000	Projected 2029 Population (Civilian)	Projected Bed Utilization	Projected Bed Utilization with Vacancy Factor*	Licensed Plus Previous Allocations	Exclusions**	Total Inventory	Surplus/- Deficit	Deficit Index	Occupancy Rate***	Bed Need
Alamance	4.0789	193,364	789	830	854	69	785	-45	-5.45%	75.3	0
Alexander	3.1863	36,786	117	123	183	49	134	11		46.9	0
Alleghany	7.3689	11,726	86	91	90	0	90	-1	-1.05%	85.2	0
Anson	6.5141	21,234	138	146	161	0	161	15		81.3	0
Ashe	5.3025	26,580	141	148	210	0	210	62		58.4	0
Avery	3.6329	17,557	64	67	128	0	128	61		52.9	0
Beaufort	5.8255	43,838	255	269	268	0	268	-1	-0.30%	85.7	0
Bertie	7.8267	16,127	126	133	142	0	142	9		43.8	0
Bladen	5.2907	31,181	165	174	194	0	194	20		81.1	0
Brunswick	2.5167	196,897	496	522	628	0	628	106		87.0	0
Buncombe	5.0821	294,965	1,499	1,578	2,009	311	1,698	120		82.4	0
Burke	5.4874	91,797	504	530	526	25	501	-29	-5.51%	80.5	0
Cabarrus	2.4955	270,420	675	710	727	24	703	-7	-1.04%	85.1	0
Caldwell	4.0991	83,094	341	359	400	0	400	41		84.8	0
Carteret	3.8752	72,549	281	296	302	0	302	6		79.2	0
Caswell	6.8951	22,461	155	163	157	0	157	-6	-3.69%	87.8	0
Catawba	3.9482	177,360	700	737	759	54	705	-32	-4.36%	84.2	0
Chatham	4.4062	89,584	395	416	558	130	428	12		83.2	0
Cherokee	5.9018	31,070	183	193	210	0	210	17		82.1	0
Chowan	5.0793	13,759	70	74	110	0	110	36		54.1	0
Clay	6.5667	12,700	83	88	90	0	90	2		84.0	0
Cleveland	4.4371	104,332	463	487	534	0	534	47		76.6	0
Columbus	4.6924	53,632	252	265	307	0	307	42		70.7	0
Craven	4.5905	97,801	449	473	461	0	461	-12	-2.45%	89.2	0
Cumberland	2.5667	304,433	781	823	1,121	150	971	148		74.9	0
Currituck	2.1374	35,228	75	79	100	0	100	21		71.4	0
Dare	2.6040	39,302	102	108	126	0	126	18		67.9	0
Davidson	3.9065	186,812	730	768	774	46	728	-40	-5.23%	82.4	0

Table 10C: Nursing Care Bed Need Projections for 2029

A	B	C	D	E	F	G	H	I	J	K	L
County	Bed Rate per 1,000	Projected 2029 Population (Civilian)	Projected Bed Utilization	Projected Bed Utilization with Vacancy Factor*	Licensed Plus Previous Allocations	Exclusions**	Total Inventory	Surplus/- Deficit	Deficit Index	Occupancy Rate***	Bed Need
Davie	5.2434	47,624	250	263	227	0	227	-36	-13.64%	89.4	0
Duplin	5.0599	52,709	267	281	272	0	272	-9	-3.11%	86.1	0
Durham	3.2017	360,536	1,154	1,215	1,393	206	1,187	-28	-2.31%	79.4	0
Edgecombe	5.1423	48,677	250	263	277	0	277	14		80.2	0
Forsyth	3.8660	410,655	1,588	1,671	1,730	326	1,404	-267	-15.99%	85.7	0
Franklin	2.4983	92,350	231	243	258	0	258	15		78.5	0
Gaston	3.3564	257,335	864	909	972	50	922	13		83.9	0
Gates	4.1658	10,292	43	45	70	0	70	25		12.9	0
Graham	6.3952	8,062	52	54	80	0	80	26		59.7	0
Granville	2.8652	65,751	188	198	220	0	220	22		76.5	0
Greene	5.2201	20,147	105	111	115	0	115	4		88.1	0
Guilford	3.7434	586,434	2,195	2,311	2,384	202	2,182	-129	-5.57%	86.5	0
Halifax	5.2241	44,294	231	244	310	0	310	66		72.5	0
Harnett	2.7811	151,974	423	445	425	0	425	-20	-4.47%	89.5	0
Haywood	7.3429	66,517	488	514	475	0	475	-39	-7.61%	84.1	0
Henderson	6.1206	129,161	791	832	912	0	912	80		76.5	0
Hertford	6.2640	17,690	111	117	151	0	151	34		74.6	0
Hoke	2.3290	56,604	132	139	132	0	132	-7	-4.88%	91.6	0
Iredell	1.8864	224,777	424	446	742	0	742	296		75.1	0
Jackson	3.8844	46,559	181	190	200	0	200	10		85.2	0
Johnston	2.2288	283,825	633	666	615	0	615	-51	-7.64%	91.8	0
Jones	7.1105	9,156	65	69	80	0	80	11		73.4	0
Lee	3.7692	74,208	280	294	294	0	294	0	-0.15%	78.6	0
Lenoir	5.9908	54,016	324	341	340	100	240	-101	-29.54%	77.9	0
Lincoln	2.7949	106,611	298	314	300	0	300	-14	-4.35%	91.5	0
Macon	3.0928	40,325	125	131	200	0	200	69		46.8	0
Madison	7.0808	22,273	158	166	180	0	180	14		88.2	0
Martin	5.5727	20,067	112	118	154	0	154	36		66.0	0

Table 10C: Nursing Care Bed Need Projections for 2029

A	B	C	D	E	F	G	H	I	J	K	L
County	Bed Rate per 1,000	Projected 2029 Population (Civilian)	Projected Bed Utilization	Projected Bed Utilization with Vacancy Factor*	Licensed Plus Previous Allocations	Exclusions**	Total Inventory	Surplus/- Deficit	Deficit Index	Occupancy Rate***	Bed Need
McDowell	5.0063	44,810	224	236	250	0	250	14		79.5	0
Mecklenburg	2.5132	1,273,036	3,199	3,368	3,754	392	3,362	-6	-0.17%	77.4	0
Mitchell	7.6161	14,478	110	116	127	0	127	11		73.3	0
Montgomery	3.8965	26,189	102	107	141	0	141	34		68.8	0
Moore	4.8523	118,172	573	604	727	26	701	97		70.4	0
Nash	4.0540	101,018	410	431	418	0	418	-13	-3.03%	88.8	0
New Hanover	3.7529	258,485	970	1,021	1,041	20	1,021	0	-0.01%	81.0	0
Northampton	8.5574	15,933	136	144	149	0	149	5		85.8	0
Onslow	1.2178	188,210	229	241	310	0	310	69		69.4	0
Orange	2.5203	159,730	403	424	421	30	391	-33	-7.73%	81.6	0
Pamlico	6.2634	12,918	81	85	96	0	96	11		71.4	0
Pasquotank	6.8246	40,646	277	292	278	31	247	-45	-15.41%	87.3	0
Pender	3.1490	74,079	233	246	253	0	253	7		90.1	0
Perquimans	5.6851	13,838	79	83	78	0	78	-5	-5.81%	88.8	0
Person	2.1834	40,563	89	93	200	0	200	107		74.0	0
Pitt	3.2344	181,038	586	616	570	30	540	-76	-12.39%	86.6	0
Polk	9.1736	19,818	182	191	221	52	169	-22	-11.69%	81.4	0
Randolph	3.9420	151,925	599	630	720	0	720	90		86.8	0
Richmond	2.7043	40,593	110	116	220	0	220	104		35.8	0
Robeson	4.0709	116,275	473	498	640	4	636	138		84.5	0
Rockingham	5.5042	92,415	509	535	575	0	575	40		84.9	0
Rowan	4.6780	156,897	734	773	1,073	160	913	140		89.1	0
Rutherford	5.3455	65,880	352	371	406	0	406	35		89.0	0
Sampson	3.2072	61,761	198	209	250	0	250	41		47.5	0
Scotland	5.2255	32,331	169	178	207	40	167	-11	-6.09%	81.4	0
Stanly	5.0251	66,767	336	353	376	3	373	20		78.0	0
Stokes	6.0533	46,288	280	295	322	0	322	27		94.1	0
Surry	5.1392	71,773	369	388	472	0	472	84		92.5	0

Table 10C: Nursing Care Bed Need Projections for 2029

A	B	C	D	E	F	G	H	I	J	K	L
County	Bed Rate per 1,000	Projected 2029 Population (Civilian)	Projected Bed Utilization	Projected Bed Utilization with Vacancy Factor*	Licensed Plus Previous Allocations	Exclusions**	Total Inventory	Surplus/- Deficit	Deficit Index	Occupancy Rate***	Bed Need
Swain	6.6170	13,567	90	94	120	0	120	26		64.9	0
Transylvania	5.1923	34,001	177	186	267	0	267	81		64.3	0
Union	2.2138	300,216	665	700	697	0	697	-3	-0.37%	78.6	0
Vance	4.7127	41,222	194	204	230	0	230	26		75.9	0
Wake	1.6045	1,333,033	2,139	2,251	2,994	399	2,595	344		84.0	0
Warren	4.4465	18,774	83	88	100	0	100	12		60.8	0
Washington	8.0481	9,972	80	84	114	0	114	30		63.5	0
Watauga	3.0763	55,134	170	179	226	0	226	47		79.0	0
Wayne	3.5396	116,598	413	434	562	96	466	32		77.1	0
Wilkes	4.4289	67,089	297	313	381	0	381	68		72.3	0
Wilson	4.6330	79,260	367	387	655	248	407	20		78.8	0
Yadkin	4.8043	37,721	181	191	223	0	223	32		80.9	0
Yancey	5.5750	18,711	104	110	140	0	140	30		65.4	0
<b>State Total</b>		<b>11,496,382</b>	<b>39,047</b>	<b>41,103</b>	<b>46,641</b>	<b>3,273</b>	<b>43,368</b>				<b>0</b>

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

\*\* NH-2 beds are 100% excluded.

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

**Table 10D: Nursing Care Bed Need Determination**  
*(Proposed for Certificate of Need Review Commencing in 2026)*

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

# Chapter 11:

## Adult Care Homes

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## CHAPTER 11

### ADULT CARE HOMES

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#### Introduction

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

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

#### Definitions

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

The *reporting year* is August 1 through July 31. The *current* reporting year is August 1, 2023 through July 31, 2024.

The methodology projects bed need for a *projection year*, which is five years beyond the current reporting year. The current projection year is 2029.

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

#### Changes from the Previous Plan

This chapter contains no substantive changes from the previous SMFP.

#### Basic Principles

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

## Data Sources

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

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

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

## Assumptions of the Methodology

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

## Application of the Methodology

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

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

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

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

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

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

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

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

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

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

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

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

- a. For any county with a deficit, calculate the county's deficit index by dividing the deficit (*Column G*) by the result of Step 4 (*Column E*).

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

For reference, Table 11E lists adult care beds developed as part of a qualified CCRC. Also, for reference, Table 11F lists the nursing homes with six or fewer adult care home beds. These facilities are not included in the adult care home methodology.

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

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

A Service Area	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H CON Approved/ License Pending		J Available in SMFP	K Total Planning Inventory
							CON	CON Bed Transfer		
Alamance	HAL-001-172	A Vision Come True	0	0	12	12	0	0	0	12
Alamance	HAL-001-148	Alamance House	0	0	94	94	0	0	0	94
Alamance	HAL-001-023	Blakey Hall Assisted Living	0	0	72	72	0	0	0	72
Alamance	HAL-001-028	Brookdale Burlington	0	0	52	52	0	0	0	52
Alamance	HAL-001-024	Brookdale Burlington AL (NC)	0	0	84	84	0	0	0	84
Alamance	HAL-001-002	Burlington Care Center	0	0	12	12	0	0	0	12
Alamance	HAL-001-171	Cape Point Memory Care Unit	0	0	12	12	0	0	0	12
Alamance	HAL-001-170	Emory Adult Care Home	0	0	12	12	0	0	0	12
Alamance	HAL-001-141	Homeplace of Burlington	0	0	67	67	0	0	0	67
Alamance	NH0588	Liberty Commons Nursing & Rehabilitation Center of Alamance County	48	0	0	48	0	0	0	48
Alamance	HAL-001-167	Making Visions Come True Assistant Living Facility	0	0	12	12	0	0	0	12
Alamance	HAL-001-166	Mebane Ridge Assisted Living	0	0	100	100	0	0	0	100
Alamance	HAL-001-161	Springview - Brock Building	0	0	12	12	0	0	0	12
Alamance	HAL-001-162	Springview - Crouse Building	0	0	12	12	0	0	0	12
Alamance	HAL-001-164	Springview - Ross Building	0	0	12	12	0	0	0	12
Alamance	HAL-001-163	Springview - Stewart Building	0	0	12	12	0	0	0	12
Alamance	HAL-001-169	SpringView-Cook Building	0	0	12	12	0	0	0	12
Alamance	HAL-001-134	The Oaks of Alamance	0	0	69	69	0	0	0	69
Alamance	HAL-001-165	Twin Lakes Memory Care	0	0	32	32	0	0	0	32
<b>Alamance Totals</b>			<b>48</b>	<b>0</b>	<b>690</b>	<b>738</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>738</b>
Alexander	HAL-002-008	Faith Assisted Living Facility	0	0	30	30	0	0	0	30
Alexander	HAL-002-009	Heritage Care Home of Taylorsville	0	0	34	34	0	0	0	34
Alexander	HAL-002-003	Taylorsville House	0	0	60	60	0	0	0	60
<b>Alexander Totals</b>			<b>0</b>	<b>0</b>	<b>124</b>	<b>124</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>124</b>
Alleghany	HAL-003-005	The Landings of Chestnut Grove	0	0	40	40	0	0	0	40
<b>Alleghany Totals</b>			<b>0</b>	<b>0</b>	<b>40</b>	<b>40</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>40</b>
Anson	HAL-004-003	Meadowview Terrace of Wadesboro	0	0	60	60	0	0	0	60
<b>Anson Totals</b>			<b>0</b>	<b>0</b>	<b>60</b>	<b>60</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>60</b>
Ashe		2025 SMFP Need Determination	0	0	0	0	0	0	80	80
Ashe	HAL-005-016	Forest Ridge Assisted Living	0	0	60	60	0	0	0	60
Ashe	HAL-005-013	Generations Assisted Living and Memory Care	0	0	55	55	0	0	0	55
<b>Ashe Totals</b>			<b>0</b>	<b>0</b>	<b>115</b>	<b>115</b>	<b>0</b>	<b>0</b>	<b>80</b>	<b>195</b>
Avery	HAL-006-007	Cranberry House	0	0	60	60	0	0	0	60
Avery	HAL-006-005	The Heritage of Sugar Mountain	0	0	40	40	0	0	0	40
<b>Avery Totals</b>			<b>0</b>	<b>0</b>	<b>100</b>	<b>100</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>100</b>
Beaufort		AG Dunston Manor (Transfer 50 beds to The Beaufort Community)	0	0	50	50	0	-50	0	0

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

A Service Area	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H CON Approved/ License Pending		J Available in SMFP	K Total Planning Inventory
							CON	CON Bed Transfer		
Beaufort	HAL-007-026	Autumnfield of Belhaven	0	0	64	64	0	0	0	64
Beaufort	HAL-007-024	Clara Manor	0	0	20	20	0	0	0	20
Beaufort	HAL-007-015	Pantego Rest Home	0	0	30	30	0	0	0	30
Beaufort	NH0345	River Trace Nursing and Rehabilitation Center	10	0	0	10	0	0	0	10
Beaufort		The Beaufort Community (Transfer 50 beds from AG Dunston Manor and 34 beds from Willow Manor)	0	0	0	0	0	84	0	84
Beaufort	HAL-007-019	Washington Manor	0	0	9	9	0	0	0	9
Beaufort	HAL-007-023	Willow Manor (Facility closed. Transfer 34 beds to The Beaufort Community)	0	0	34	34	0	-34	0	0
<b>Beaufort Totals</b>			<b>10</b>	<b>0</b>	<b>207</b>	<b>217</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>217</b>
Bertie	NH0522	Three Rivers Health and Rehabilitation Center	20	0	0	20	0	0	0	20
Bertie	HAL-008-034	Windsor House	0	0	60	60	0	0	0	60
Bertie	HAL-008-042	Winston Gardens	0	0	25	25	0	0	0	25
<b>Bertie Totals</b>			<b>20</b>	<b>0</b>	<b>85</b>	<b>105</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>105</b>
Bladen	NH0420	Bladen East Health and Rehab	30	0	0	30	0	0	0	30
Bladen	HAL-009-029	Bladen Manor Assisted Living	0	0	60	60	0	0	0	60
Bladen	HAL-009-025	West Bladen Assisted Living	0	0	60	60	0	0	0	60
<b>Bladen Totals</b>			<b>30</b>	<b>0</b>	<b>120</b>	<b>150</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>150</b>
Brunswick		Arbor Landing at Compass Pointe (Transfer 20 beds from Ocean Isle Operations)	0	0	0	0	0	20	0	20
Brunswick	NH0456	Autumn Care of Shallotte	10	0	0	10	0	0	0	10
Brunswick	NH0478	Brunswick Cove Nursing Center	40	0	0	40	0	0	0	40
Brunswick	HAL-010-012	Coastal Pointe	0	0	110	110	0	0	0	110
Brunswick	NH0322	Liberty Commons Nursing & Rehab Center of Southport LLC	17	0	0	17	0	0	0	17
Brunswick		Liberty Commons of Brunswick County	0	0	0	0	110	0	0	110
Brunswick	HAL-010-011	Ocean Isle Operations (Transfer 20 beds to Arbor Landing at Compass Pointe)	0	0	40	40	0	-20	0	20
Brunswick	HAL-010-010	TerraBella Southport	0	0	96	96	0	0	0	96
Brunswick	HAL-010-007	The Bluefields	0	0	78	78	0	0	0	78
Brunswick	HAL-010-013	The Landings of Oak Island	0	0	80	80	0	0	0	80
<b>Brunswick Totals</b>			<b>67</b>	<b>0</b>	<b>404</b>	<b>471</b>	<b>110</b>	<b>0</b>	<b>0</b>	<b>581</b>
Buncombe		Arbor Ridge at Asheville (Transfer 14 beds from The Oaks at Sweeten Creek and 14 beds from Emerald Ridge Rehabilitation and Care Center)	0	0	0	0	0	28	0	28
Buncombe	HAL-011-338	Arbor Terrace of Asheville	0	0	70	70	0	0	0	70
Buncombe	NH0262	Aston Park Health Care Center Inc	19	0	0	19	0	0	0	19
Buncombe	HAL-011-002	Becky's Rest Home #1	0	0	15	15	0	0	0	15
Buncombe	HAL-011-003	Becky's Rest Home #2	0	0	15	15	0	0	0	15

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

A Service Area	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H CON Approved/ License Pending		J Available in SMFP	K Total Planning Inventory
							CON	CON Bed Transfer		
Buncombe	NH0575	Biltmore Haven Nursing and Rehabilitation (Transfer 14 ACH beds to Arbor Ridge at Asheville)	14	0	0	14	0	-14	0	0
Buncombe	HAL-011-036	Brookdale Asheville Overlook	0	0	79	79	0	0	0	79
Buncombe	HAL-011-035	Brookdale Asheville Walden Ridge	0	0	38	38	0	0	0	38
Buncombe		Buncombe Senior Living (Replacement facility. Transfer 24 beds from Nana's Assisted Living and 29 beds from The Laurels of Summit Ridge)	0	0	0	0	0	53	0	53
Buncombe	HAL-011-369	Candler Living Center	0	0	29	29	0	0	0	29
Buncombe	HAL-011-262	Chunn's Cove Assisted Living	0	0	67	67	0	0	0	67
Buncombe	NH0551	Emerald Ridge Health and Rehabilitation (Transfer 14 ACH beds to Arbor Ridge at Asheville)	14	0	0	14	0	-14	0	0
Buncombe	NH0517	Flesher's Fairview Health Care Center Inc	14	0	0	14	0	0	0	14
Buncombe	HAL-011-005	Flesher's Fairview Rest Home	0	0	64	64	0	0	0	64
Buncombe	HAL-011-361	Harmony at Reynolds Mountain	0	0	99	99	0	0	0	99
Buncombe	HAL-011-370	Hominy Valley Retirement Center	0	0	30	30	0	0	0	30
Buncombe	HAL-011-011	Marjorie McCune Memorial Center	0	0	64	64	0	0	0	64
Buncombe	HAL-011-331	Nana's Assisted Living Facility (Facility closed 12/1/2018. Transfer 24 beds to Buncombe Senior Living)	0	0	24	24	0	-24	0	0
Buncombe	HAL-011-130	Richard A. Wood, Jr. Assisted Living Center	0	0	56	56	0	0	0	56
Buncombe	HAL-011-375	Richmond Hill Assisted Living #2	0	0	12	12	0	0	0	12
Buncombe	HAL-011-374	Richmond Hill Assisted Living #3	0	0	12	12	0	0	0	12
Buncombe	HAL-011-373	Richmond Hill Assisted Living #4	0	0	12	12	0	0	0	12
Buncombe	HAL-011-372	Richmond Hill Assisted Living #5	0	0	12	12	0	0	0	12
Buncombe	HAL-011-376	Richmond Hill Assisted Living 1	0	0	12	12	0	0	0	12
Buncombe	NH0541	River Bend Health and Rehabilitation	50	0	0	50	0	0	0	50
Buncombe	NH0532	The Greens at Weaverville	10	0	0	10	0	0	0	10
Buncombe	NH0540	The Laurels of Summit Ridge (Transfer 29 beds to Buncombe Senior Living)	52	0	0	52	0	-29	0	23
Buncombe	HAL-011-022	Trinity View	0	0	24	24	0	0	0	24
Buncombe	HAL-011-377	Wilham Ridge	0	0	54	54	0	0	0	54
Buncombe	HAL-011-296	Windwood Assisted Living	0	0	12	12	0	0	0	12
<b>Buncombe Totals</b>			<b>173</b>	<b>0</b>	<b>800</b>	<b>973</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>973</b>
Burke	NH0347	Autumn Care of Drexel	20	0	0	20	0	0	0	20
Burke	HAL-012-045	Burke Assisted Living (Formerly Burke Long Term Care)	0	0	24	24	0	0	0	24
Burke	HAL-012-044	Cambridge House	0	0	60	60	0	0	0	60
Burke	HAL-012-040	Jonas Ridge Adult Care	0	0	57	57	0	0	0	57
Burke	HAL-012-041	McAlpine Adult Care	0	0	60	60	0	0	0	60
Burke	HAL-012-007	Morganton Long Term Care, Southview Facility	0	0	64	64	0	0	0	64
Burke	HAL-012-043	The Berkeley	0	0	63	63	0	0	0	63

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

A Service Area	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H CON Approved/ License Pending		J Available in SMFP	K Total Planning Inventory
							CON	CON Bed Transfer		
<b>Burke Totals</b>			<b>20</b>	<b>0</b>	<b>328</b>	<b>348</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>348</b>
Cabarrus	HAL-013-019	Brookdale Concord Parkway	0	0	112	112	0	0	0	112
Cabarrus	HAL-013-052	Caremoor Retirement Center	0	0	30	30	0	0	0	30
Cabarrus	NH0027	Five Oaks Rehabilitation and Care Center	24	0	0	24	0	0	0	24
Cabarrus	HAL-013-047	Morningside of Concord	0	0	105	105	0	0	0	105
Cabarrus	HAL-013-041	Mt. Pleasant House	0	0	74	74	0	0	0	74
Cabarrus	HAL-013-006	St. Andrews Living Center	0	0	56	56	0	0	0	56
Cabarrus	HAL-013-048	TerraBella Harrisburg	0	0	96	96	0	0	0	96
Cabarrus	HAL-013-050	The Country Home	0	0	40	40	0	0	0	40
Cabarrus	HAL-013-049	The Drake	0	0	66	66	0	0	0	66
Cabarrus	HAL-013-046	The Landings of Cabarrus	0	0	67	67	0	0	0	67
Cabarrus	HAL-013-044	The Living Center of Concord	0	0	180	180	0	0	0	180
<b>Cabarrus Totals</b>			<b>24</b>	<b>0</b>	<b>826</b>	<b>850</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>850</b>
Caldwell	HAL-014-014	Brockford Inn	0	0	67	67	0	0	0	67
Caldwell	HAL-014-010	Brookdale Lenoir	0	0	82	82	0	0	0	82
Caldwell	HAL-014-017	Grace Village Assisted Living & Memory Care	0	0	78	78	0	0	0	78
Caldwell	HAL-014-015	Grandview Villa Assisted Living	0	0	40	40	0	0	0	40
Caldwell	HAL-014-004	The Shaire Center	0	0	82	82	0	0	0	82
<b>Caldwell Totals</b>			<b>0</b>	<b>0</b>	<b>349</b>	<b>349</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>349</b>
Camden	HAL-015-002	Needham Adult Care Home	0	0	24	24	0	0	0	24
<b>Camden Totals</b>			<b>0</b>	<b>0</b>	<b>24</b>	<b>24</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>24</b>
Carteret	HAL-016-006	Brookdale Morehead City	0	0	72	72	0	0	0	72
Carteret	HAL-016-018	Carteret House	0	0	64	64	0	0	0	64
Carteret	HAL-016-022	Carteret Landing	0	0	110	110	0	0	0	110
Carteret	NH0202	Snug Harbor on Nelson Bay (Facility closed 9/10/2021. Transfer 50 beds to The Embassy at Morehead City)	0	0	0	0	50	-50	0	0
Carteret		The Embassy at Morehead City (Transfer 50 beds from Snug Harbor on Nelson Bay)	0	0	0	0	0	50	0	50
<b>Carteret Totals</b>			<b>0</b>	<b>0</b>	<b>246</b>	<b>246</b>	<b>50</b>	<b>0</b>	<b>0</b>	<b>296</b>
Caswell	HAL-017-054	Caswell House	0	0	100	100	0	0	0	100
Caswell	HAL-017-040	G. Anthony Rucker Rest Home	0	0	12	12	0	0	0	12
Caswell	HAL-017-059	Jefferson Care Home	0	0	12	12	0	0	0	12
<b>Caswell Totals</b>			<b>0</b>	<b>0</b>	<b>124</b>	<b>124</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>124</b>
Catawba	HAL-018-023	Austin Adult Care	0	0	29	29	0	0	0	29
Catawba	HAL-018-011	Brookdale Falling Creek	0	0	60	60	0	0	0	60
Catawba	HAL-018-016	Brookdale Hickory Northeast	0	0	88	88	0	0	0	88
Catawba	HAL-018-040	Catawba Valley Assisted Living	0	0	80	80	0	0	0	80
Catawba	HAL-018-018	Heritage Care of Conover	0	0	60	60	0	0	0	60

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

A Service Area	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H I CON Approved/ License Pending		J Available in SMFP	K Total Planning Inventory
							CON	CON Bed Transfer		
Catawba	HAL-018-038	Heritage Place II	0	0	21	21	0	0	0	21
Catawba	HAL-018-039	Hickory Village	0	0	56	56	0	0	0	56
Catawba	HAL-018-037	Piedmont Village at Newton	0	0	40	40	0	0	0	40
Catawba	HAL-018-032	Springs of Catawba	0	0	66	66	0	0	0	66
Catawba	HAL-018-036	TerraBella Newton	0	0	96	96	0	0	0	96
Catawba	NH0337	The Greens at Hickory	20	0	0	20	0	0	0	20
Catawba	NH0068	Trinity Village	90	0	0	90	0	0	0	90
<b>Catawba Totals</b>			<b>110</b>	<b>0</b>	<b>596</b>	<b>706</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>706</b>
Chatham	HAL-019-019	Cambridge Hills of Pittsboro	0	0	90	90	0	0	0	90
Chatham		Chatham County Rehabilitation Center (Transfer 6 beds from Liberty Commons Nursing and Rehabilitation Center of Halifax and 30 beds from Cross Creek Health Care of Hyde County)	0	0	0	0	0	36	0	36
Chatham	HAL-019-023	Chatham Ridge Assisted Living	0	0	91	91	0	0	0	91
Chatham	HAL-019-022	Dunmore Senior Living of Siler City	0	0	86	86	0	0	0	86
Chatham		The Landings of Chatham Park (Transfer 57 beds from The Landings of Tarboro in Edgecombe County)	0	0	0	0	0	57	0	57
<b>Chatham Totals</b>			<b>0</b>	<b>0</b>	<b>267</b>	<b>267</b>	<b>0</b>	<b>93</b>	<b>0</b>	<b>360</b>
Chowan	HAL-021-009	Edenton House	0	0	60	60	0	0	0	60
Chowan	HAL-021-008	Edenton Prime Time Retirement Village	0	0	60	60	0	0	0	60
<b>Chowan Totals</b>			<b>0</b>	<b>0</b>	<b>120</b>	<b>120</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>120</b>
Clay	HAL-022-005	Hayesville House	0	0	60	60	0	0	0	60
<b>Clay Totals</b>			<b>0</b>	<b>0</b>	<b>60</b>	<b>60</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>60</b>
Cleveland	HAL-023-045	Cleveland House	0	0	72	72	0	0	0	72
Cleveland	HAL-023-041	Golden Years Rest Home	0	0	12	12	0	0	0	12
Cleveland	HAL-023-051	Kings Mountain Memory Care Center	0	0	20	20	0	0	0	20
Cleveland	HAL-023-050	Navion of Shelby	0	0	60	60	0	0	0	60
Cleveland	HAL-023-049	Openview Retirement Center	0	0	24	24	0	0	0	24
Cleveland	HAL-023-046	Shelby Manor	0	0	74	74	0	0	0	74
Cleveland	HAL-023-042	Summit Place of Kings Mountain	0	0	65	65	0	0	0	65
Cleveland	HAL-023-048	TerraBella Shelby	0	0	96	96	0	0	0	96
<b>Cleveland Totals</b>			<b>0</b>	<b>0</b>	<b>423</b>	<b>423</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>423</b>
Columbus	NH0283	Liberty Commons Nursing and Rehab Ctr of Columbus Cty	40	0	0	40	0	0	0	40
Columbus	NH0246	Premier Living and Rehab Center	15	0	0	15	0	0	0	15
Columbus	NH0510	Shoreland Health Care and Retirement Center Inc	10	0	0	10	0	0	0	10
Columbus	HAL-024-015	Tabor Commons	0	0	80	80	0	0	0	80
Columbus	HAL-024-016	Waccamaw Village Rest Home (Facility closed)	0	0	80	80	0	0	0	80
<b>Columbus Totals</b>			<b>65</b>	<b>0</b>	<b>160</b>	<b>225</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>225</b>

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

A Service Area	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H CON Approved/ License Pending		J Available in SMFP	K Total Planning Inventory
							CON	CON Bed Transfer		
Craven	NH0567	Bayview Nursing & Rehabilitation Center	12	0	0	12	0	0	0	12
Craven	HAL-025-043	Golden Heights Assisted Living	0	0	54	54	0	0	0	54
Craven	HAL-025-039	Homeplace of New Bern	0	0	60	60	0	0	0	60
Craven	HAL-025-045	Navion of New Bern	0	0	60	60	0	0	0	60
Craven	NH0344	Riverpoint Crest Nursing and Rehabilitation Center	18	0	0	18	0	0	0	18
Craven	HAL-025-026	Riverstone	0	0	64	64	0	0	0	64
Craven	HAL-025-035	The Gardens of Trent	0	0	60	60	0	0	0	60
Craven	HAL-025-046	The Indigo at New Bern	0	0	72	72	0	0	0	72
Craven	HAL-025-044	The Viridian	0	0	48	48	0	0	0	48
Craven	HAL-025-041	Truewood by Merrill, New Bern	0	0	55	55	0	0	0	55
Craven	HAL-025-040	Truewood by Merrill, New Bern Memory Care	0	0	25	25	0	0	0	25
<b>Craven Totals</b>			<b>30</b>	<b>0</b>	<b>498</b>	<b>528</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>528</b>
Cumberland	HAL-026-069	Cardinal Care of Hope Mills	0	0	29	29	0	0	0	29
Cumberland	HAL-026-017	Carolina Inn at Village Green	0	0	100	100	0	0	0	100
Cumberland		Cumberland County Rehabilitation Center (Replacement facility. Transfer 3 beds from Mann Street Residential Care)	0	0	0	0	0	0	0	0
Cumberland		Cumberland County Rehabilitation Center (Replacement facility. Transfer 3 beds from Mann Street Residential Care))	0	0	0	0	0	36	0	36
Cumberland		Cumberland County Rehabilitation Center (Replacement facility. Trnsfer 3 beds from Mann Street Residential Care))	0	0	0	0	0	0	0	0
Cumberland	HAL-026-071	Cumberland Creek Assisted Living	0	0	163	163	0	0	0	163
Cumberland	HAL-026-054	Fayetteville Manor	0	0	60	60	0	0	0	60
Cumberland	HAL-026-065	Harmony at Hope Mills	0	0	100	100	0	0	0	100
Cumberland	NH0454	Haymount Rehabilitation & Nursing Center Inc	14	0	0	14	0	0	0	14
Cumberland	HAL-026-064	Heritage Suites	0	0	62	62	0	0	0	62
Cumberland	NH0117	Highland House Rehabilitation and Healthcare	53	0	0	53	0	0	0	53
Cumberland	HAL-026-070	Hope Mills Retirement Center	0	0	64	64	0	0	0	64
Cumberland	HAL-026-053	Mann Street Residential Care Facility (Facility closed 5/1/2015. Transfer 36 beds to Cumberland County Rehabilitation Center)	0	0	0	0	36	-36	0	0
Cumberland	HAL-026-066	Morning Star Special Care Unit	0	0	44	44	0	0	0	44
Cumberland	HAL-026-048	Pine Valley Adult Care Home	0	0	40	40	0	0	0	40
Cumberland	HAL-026-068	TerraBella Fayetteville (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	96
Cumberland	HAL-026-052	Valley Pines Adult Care	0	0	23	23	0	0	0	23
Cumberland	NH0577	Woodlands Nursing and Rehabilitation Center	20	0	0	20	0	0	0	20
<b>Cumberland Totals</b>			<b>87</b>	<b>0</b>	<b>781</b>	<b>868</b>	<b>36</b>	<b>0</b>	<b>0</b>	<b>904</b>
Currituck	HAL-027-003	Currituck House	0	0	90	90	0	0	0	90
<b>Currituck Totals</b>			<b>0</b>	<b>0</b>	<b>90</b>	<b>90</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>90</b>

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

A Service Area	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H CON Approved/ License Pending		J Available in SMFP	K Total Planning Inventory
							CON	CON Bed Transfer		
Dare	HAL-028-002	Spring Arbor of the Outer Banks	0	0	102	102	0	0	0	102
<b>Dare Totals</b>			<b>0</b>	<b>0</b>	<b>102</b>	<b>102</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>102</b>
Davidson	HAL-029-006	Brookdale Lexington	0	0	76	76	0	0	0	76
Davidson	HAL-029-001	Brookstone Retirement Center	0	0	115	115	0	0	0	115
Davidson	HAL-029-013	Brookstone Terrace of Thomasville	0	0	62	62	0	0	0	62
Davidson	HAL-029-010	Grayson Creek of Welcome	0	0	75	75	0	0	0	75
Davidson	HAL-029-002	Hilltop Living Center (Facility closed)	0	0	65	65	0	0	0	65
Davidson	HAL-029-011	Mallard Ridge Assisted Living	0	0	100	100	0	0	0	100
Davidson	NH0259	Mountain Vista Health Park	60	0	0	60	0	0	0	60
Davidson	NH0187	Pine Ridge Health and Rehabilitation Center	14	0	0	14	0	0	0	14
<b>Davidson Totals</b>			<b>74</b>	<b>0</b>	<b>493</b>	<b>567</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>567</b>
Davie	NH0560	Bermuda Commons Nursing and Rehabilitation Center	10	0	0	10	0	0	0	10
Davie	NH0519	Bermuda Village Retirement Center	21	0	0	21	0	0	0	21
Davie	NH0221	Davie Nursing and Rehabilitation Center	12	0	0	12	0	0	0	12
Davie	HAL-030-009	Mocksville Senior Living and Memory Care	0	0	69	69	0	0	0	69
Davie	HAL-030-010	PS Senior Living of Mocksville	0	0	40	40	0	0	0	40
Davie	HAL-030-008	Somerset Court of Mocksville	0	0	60	60	0	0	0	60
<b>Davie Totals</b>			<b>43</b>	<b>0</b>	<b>169</b>	<b>212</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>212</b>
Duplin	HAL-031-018	Autumn Village (Transfer 15 to The Gardens of Rose Hill.)	0	0	88	88	0	-15	0	73
Duplin	HAL-031-022	DaySpring of Wallace	0	0	80	80	0	0	0	80
Duplin	HAL-031-019	The Gardens of Rose Hill (Transfer 15 beds from Autumn Village)	0	0	45	45	0	15	0	60
Duplin	HAL-031-016	Wallace Gardens	0	0	64	64	0	0	0	64
Duplin	HAL-031-020	Wellington Park	0	0	80	80	0	0	0	80
<b>Duplin Totals</b>			<b>0</b>	<b>0</b>	<b>357</b>	<b>357</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>357</b>
Durham	HAL-032-131	Atria Southpoint Walk	0	0	20	20	0	0	0	20
Durham	HAL-032-019	Brookdale Chapel Hill	0	0	38	38	0	0	0	38
Durham	HAL-032-016	Brookdale Chapel Hill AL (NC)	0	0	70	70	0	0	0	70
Durham	HAL-032-065	Brookdale Durham	0	0	119	119	0	0	0	119
Durham	HAL-032-134	Calyx Living of Durham	0	0	84	84	0	0	0	84
Durham	HAL-032-071	Camellia Gardens	0	0	81	81	0	0	0	81
Durham	HAL-032-132	Carolina Reserve of Durham	0	0	60	60	0	0	0	60
Durham	NH0543	Carver Living Center (Transfer 20 beds to Liberty Assisted Living of Durham)	20	0	0	20	20	-20	0	20
Durham	HAL-032-091	Durham Ridge Assisted Living	0	0	142	142	0	0	0	142
Durham	HAL-032-073	Eden Spring Living Center	0	0	19	19	0	0	0	19
Durham	HAL-032-002	Ellison's Rest Home #1 (Facility closed. 4/30/2019. Transfer 29 beds to Liberty Assisted Living of Durham)	0	0	0	0	29	-29	0	0

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

A Service Area	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H I CON Approved/ License Pending		J Available in SMFP	K Total Planning Inventory
							CON	CON Bed Transfer		
Durham	HAL-032-001	Eno Pointe Assisted Living	0	0	147	147	0	0	0	147
Durham	NH0038	Hillcrest Convalescent Center Inc	34	0	0	34	0	0	0	34
Durham		Liberty Assisted Living of Durham (Transfer 29 beds from Ellison's Rest Home and 20 beds from Carver Living Center)	0	0	0	0	0	49	0	49
Durham	HAL-032-109	Seasons @ Southpoint	0	0	51	51	0	0	0	51
Durham	HAL-032-133	TerraBella Durham (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	96
<b>Durham Totals</b>			<b>54</b>	<b>0</b>	<b>927</b>	<b>981</b>	<b>49</b>	<b>0</b>	<b>0</b>	<b>1,030</b>
Edgecombe	NH0352	Barclay House of Tarboro (formerly The Fountains at The Albemarle)	56	0	0	56	0	0	0	56
Edgecombe	HAL-033-005	Heritage Care of Rocky Mount	0	0	126	126	0	0	0	126
Edgecombe	HAL-033-006	The Bridges of Hendricks Creek	0	0	73	73	0	0	0	73
Edgecombe		The Landings of Tarboro (Transfer 57 beds to The Landings of Chatham Park in Chatham County)	0	0	0	0	66	-57	0	9
<b>Edgecombe Totals</b>			<b>56</b>	<b>0</b>	<b>199</b>	<b>255</b>	<b>66</b>	<b>-57</b>	<b>0</b>	<b>264</b>
Forsyth	HAL-034-026	Brighton Gardens of Winston-Salem	0	0	115	115	0	0	0	115
Forsyth	HAL-034-035	Brookdale Reynolda Road	0	0	72	72	0	0	0	72
Forsyth	HAL-034-027	Brookdale Winston-Salem	0	0	38	38	0	0	0	38
Forsyth	HAL-034-102	Brookstone of Clemmons	0	0	40	40	0	0	0	40
Forsyth	HAL-034-019	C.R.T. - Golden Lamb Rest Home	0	0	40	40	0	0	0	40
Forsyth	HAL-034-106	Cadence at Clemmons (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	96
Forsyth	HAL-034-090	Clemmons Village I	0	0	60	60	0	0	0	60
Forsyth	HAL-034-062	Clemmons Village II	0	0	66	66	0	0	0	66
Forsyth	HAL-034-060	Creekside Manor	0	0	60	60	0	0	0	60
Forsyth	HAL-034-087	Forest Heights Senior Living Community	0	0	125	125	0	0	0	125
Forsyth	HAL-034-116	Grand Villa Assisted Living at Winston	0	0	142	142	0	0	0	142
Forsyth	HAL-034-112	Harmony at Brookberry Farm	0	0	121	121	0	0	0	121
Forsyth		Harmony at Kernersville (Relocate 96 beds from The Ivy at Clemmons)	0	0	0	0	0	96	0	96
Forsyth	HAL-034-023	Homestead Hills Assisted Living	0	0	66	66	0	0	0	66
Forsyth	HAL-034-115	Kerner Ridge Assisted Living	0	0	66	66	0	0	0	66
Forsyth	HAL-034-097	Magnolia Creek Assisted Living	0	0	117	117	0	0	0	117
Forsyth	HAL-034-068	Memory Care of the Triad	0	0	42	42	0	0	0	42
Forsyth	NH0266	Mill Creek Center for Nursing and Rehabilitation	14	0	0	14	0	0	0	14
Forsyth	HAL-034-111	Shuler Health Care/Crane Villa	0	0	12	12	0	0	0	12
Forsyth	HAL-034-110	Shuler Health Care/Phillips Villa	0	0	12	12	0	0	0	12
Forsyth	HAL-034-109	Shuler Health Care/Pierce Villa	0	0	12	12	0	0	0	12
Forsyth	HAL-034-108	Shuler Health Care/Record Villa	0	0	12	12	0	0	0	12

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

A Service Area	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H CON Approved/ License Pending		J Available in SMFP	K Total Planning Inventory
							CON	CON Bed Transfer		
Forsyth	HAL-034-107	Shuler Health Care/Storey Villa	0	0	12	12	0	0	0	12
Forsyth	HAL-034-100	Somerset Court at University Place	0	0	60	60	0	0	0	60
Forsyth	HAL-034-114	Southfork	0	0	78	78	0	0	0	78
Forsyth	HAL-034-069	The Bradford Village of Kernersville - West	0	0	62	62	0	0	0	62
Forsyth	HAL-034-117	The Ivy at Clemmons (Facility closed. Beds to be relocated to Harmony at Kernersville.)	0	0	90	90	0	-96	0	-6
Forsyth	HAL-034-093	The Southwood	0	0	100	100	0	0	0	100
Forsyth	HAL-034-104	Tranquility Care	0	0	60	60	0	0	0	60
Forsyth	HAL-034-085	Trinity Elms	0	0	104	104	0	0	0	104
Forsyth	HAL-034-003	Verra Spring at Heritage Woods	0	0	29	29	0	0	0	29
Forsyth	HAL-034-016	Vienna Village	0	0	90	90	0	0	0	90
<b>Forsyth Totals</b>			<b>14</b>	<b>0</b>	<b>1,999</b>	<b>2,013</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,013</b>
Franklin	HAL-035-024	Franklin Manor Assisted Living Center	0	0	54	54	0	0	0	54
Franklin	NH0486	Franklin Oaks Nursing and Rehabilitation Center	10	0	0	10	0	0	0	10
Franklin	NH0264	Louisburg Healthcare & Rehabilitation Center	60	0	0	60	0	0	0	60
Franklin	HAL-035-031	Southern Living for Seniors of Louisburg (Facility closed)	0	0	0	0	0	0	0	0
<b>Franklin Totals</b>			<b>70</b>	<b>0</b>	<b>54</b>	<b>124</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>124</b>
Gaston		Arbor Ridge at Belmont (Transfer 86 beds from Magnolia Gardens)	0	0	0	0	0	86	0	86
Gaston	HAL-036-013	Brookdale New Hope	0	0	86	86	0	0	0	86
Gaston	HAL-036-015	Brookdale Robinwood	0	0	89	89	0	0	0	89
Gaston	HAL-036-012	Brookdale Union	0	0	78	78	0	0	0	78
Gaston	NH0287	Carolina Care Health and Rehabilitation	12	0	0	12	0	0	0	12
Gaston	HAL-036-018	Country Time Inn	0	0	59	59	0	0	0	59
Gaston	NH0494	Courtland Terrace	19	0	0	19	0	0	0	19
Gaston	NH0547	Gastonia Health & Rehab Center	10	0	0	10	0	0	0	10
Gaston	HAL-036-036	Magnolia Gardens (Facility closed. Transfer 86 beds to Arbor Ridge at Belmont.)	0	0	86	86	0	-86	0	0
Gaston	HAL-036-037	Morningside of Gastonia	0	0	105	105	0	0	0	105
Gaston	NH0403	Peak Resources-Cherryville	57	0	0	57	0	0	0	57
Gaston	HAL-036-004	Rosewood Assisted Living	0	0	48	48	0	0	0	48
Gaston	HAL-036-034	Somerset Court of Cherryville	0	0	60	60	0	0	0	60
Gaston	HAL-036-039	TerraBella Cramer Mountain	0	0	128	128	0	0	0	128
Gaston	HAL-036-023	Terrace Ridge Assisted Living	0	0	74	74	0	0	0	74
Gaston	HAL-036-031	Wellington House	0	0	48	48	0	0	0	48
Gaston	HAL-036-040	Woodlawn Haven Assisted Living	0	0	80	80	0	0	0	80
<b>Gaston Totals</b>			<b>98</b>	<b>0</b>	<b>941</b>	<b>1,039</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,039</b>
Gates	NH0513	Gates Health and Rehabilitation Center	10	0	0	10	0	0	0	10

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

A Service Area	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H CON Approved/ License Pending		J Available in SMFP	K Total Planning Inventory
							CON	CON Bed Transfer		
Gates	HAL-037-002	Gates House	0	0	70	70	0	0	0	70
<b>Gates Totals</b>			<b>10</b>	<b>0</b>	<b>70</b>	<b>80</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>80</b>
Graham	NH0495	Graham Healthcare and Rehabilitation Center	23	0	0	23	0	0	0	23
<b>Graham Totals</b>			<b>23</b>	<b>0</b>	<b>0</b>	<b>23</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>23</b>
Granville	HAL-039-016	Dunmore Senior Living of Oxford	0	0	60	60	0	0	0	60
Granville	HAL-039-015	Heritage Meadows Long Term Care	0	0	80	80	0	0	0	80
Granville	NH0447	Oxford Health and Rehabilitation Center	20	0	0	20	0	0	0	20
Granville	HAL-039-017	Toney Rest Home	0	0	60	60	0	0	0	60
Granville	HAL-039-018	Tre' More Manor ALF	0	0	31	31	0	0	0	31
<b>Granville Totals</b>			<b>20</b>	<b>0</b>	<b>231</b>	<b>251</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>251</b>
Greene	NH0373	Greendale Forest Nursing and Rehabilitation Center	17	0	0	17	0	0	0	17
Greene	HAL-040-009	Snow Hill Assisted Living	0	0	40	40	0	0	0	40
<b>Greene Totals</b>			<b>17</b>	<b>0</b>	<b>40</b>	<b>57</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>57</b>
Guilford	HAL-041-060	Abbotswood at Irving Park Assisted Living	0	0	28	28	0	0	0	28
Guilford	HAL-041-082	Alpha Concord of Greensboro	0	0	64	64	0	0	0	64
Guilford	NH0135	Blumenthal Health and Rehabilitation Center	20	0	0	20	0	0	0	20
Guilford	HAL-041-030	Brookdale High Point	0	0	82	82	0	0	0	82
Guilford	HAL-041-033	Brookdale High Point North	0	0	65	65	0	0	0	65
Guilford	HAL-041-039	Brookdale High Point North AL (NC)	0	0	102	102	0	0	0	102
Guilford	HAL-041-062	Brookdale Lawndale Park	0	0	118	118	0	0	0	118
Guilford	HAL-041-031	Brookdale Northwest Greensboro	0	0	81	81	0	0	0	81
Guilford	HAL-041-029	Brookdale Skeet Club	0	0	79	79	0	0	0	79
Guilford	HAL-041-065	Carriage House Senior Living Community	0	0	108	108	0	0	0	108
Guilford	HAL-041-054	Clapp's Assisted Living	0	0	30	30	0	0	0	30
Guilford	NH0226	Countryside	16	0	0	16	0	0	0	16
Guilford	HAL-041-077	Guilford House (Relocate 29 beds to The Waverly at Oak Hollow)	0	0	60	60	0	-29	0	31
Guilford	HAL-041-086	Harmony at Greensboro	0	0	92	92	0	0	0	92
Guilford		Heartland Living & Rehab (Replacement facility. Relocate 18 beds from Heartland Living and Rehab.)	0	0	0	0	0	18	0	18
Guilford	NH0601	Heartland Living & Rehab @ The Moses H Cone Mem Hosp (Relocate 18 beds from Heartland Living and Rehab.)	37	0	0	37	0	-18	0	19
Guilford	HAL-041-080	Holden Heights (Transfer 60 beds to The Stanbridge and 36 beds to the Waverly at Oak Hollow)	0	0	96	96	0	-96	0	0
Guilford	HAL-041-015	Lawson Retirement Center, Inc.	0	0	18	18	0	0	0	18
Guilford	NH0552	Maple Grove Health and Rehabilitation Center	40	0	0	40	0	0	0	40
Guilford	HAL-041-052	Morningview at Irving Park	0	0	105	105	0	0	0	105
Guilford	HAL-041-010	Piedmont Christian Home	0	0	93	93	0	0	0	93

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

A Service Area	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H CON Approved/ License Pending		J Available in SMFP	K Total Planning Inventory
							CON	CON Bed Transfer		
Guilford	HAL-041-089	Richland Square	0	0	70	70	0	0	0	70
Guilford	HAL-041-088	Spring Arbor of Greensboro	0	0	100	100	0	0	0	100
Guilford	HAL-041-087	TerraBella Greensboro	0	0	125	125	0	0	0	125
Guilford	HAL-041-078	The Arboretum at Heritage Greens	0	0	66	66	0	0	0	66
Guilford	HAL-041-085	The Elms at Abbotswood	0	0	48	48	0	0	0	48
Guilford		The Stanbridge (Transfer 60 beds from Holden Heights)	0	0	0	0	0	60	0	60
Guilford		The Waverly at Oak Hollow (Transfer 29 beds from Guilford House and 36 beds from Holden Heights)	0	0	0	0	0	65	0	65
Guilford	HAL-041-079	Verra Springs at Heritage Greens	0	0	45	45	0	0	0	45
Guilford	HAL-041-072	Wellington Oaks	0	0	85	85	0	0	0	85
Guilford	HAL-041-073	Westchester Harbour at Providence Place	0	0	90	90	0	0	0	90
<b>Guilford Totals</b>			<b>113</b>	<b>0</b>	<b>1,850</b>	<b>1,963</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,963</b>
Halifax	NH0656	Bryan Health and Rehab	20	0	0	20	0	0	0	20
Halifax	HAL-042-005	Carolina Rest Home	0	0	40	40	0	0	0	40
Halifax	NH0469	Liberty Commons Nsg and Rehab Ctr of Halifax County (Transfer 6 beds to Chatham County Rehabilitation Center in Chatham County)	25	0	0	25	0	-6	0	19
Halifax	HAL-042-006	Scotland House	0	0	60	60	0	0	0	60
Halifax	HAL-042-007	The Landings of Lake Gaston	0	0	60	60	0	0	0	60
<b>Halifax Totals</b>			<b>45</b>	<b>0</b>	<b>160</b>	<b>205</b>	<b>0</b>	<b>-6</b>	<b>0</b>	<b>199</b>
Harnett	HAL-043-029	Absolute Care Assisted Living	0	0	12	12	0	0	0	12
Harnett	HAL-043-031	Absolute Care Assisted Living II	0	0	12	12	0	0	0	12
Harnett	HAL-043-034	Cardinal Care of Dunn	0	0	36	36	0	0	0	36
Harnett	HAL-043-027	Green Leaf Care Center	0	0	105	105	0	0	0	105
Harnett	HAL-043-035	Johnson Better Care Facility, Inc	0	0	50	50	0	0	0	50
Harnett	NH0444	Lillington Health and Rehabilitation Center	106	0	0	106	0	0	0	106
Harnett	HAL-043-015	Oak Hill Living Center	0	0	122	122	0	0	0	122
Harnett	HAL-043-022	Pinecrest Gardens	0	0	60	60	0	0	0	60
Harnett	HAL-043-006	Senior Citizens Village	0	0	65	65	0	0	0	65
Harnett	NH0482	The Carrolton of Dunn	8	0	0	8	0	0	0	8
Harnett	HAL-043-024	The Springs of Ballentine	0	0	50	50	0	0	0	50
<b>Harnett Totals</b>			<b>114</b>	<b>0</b>	<b>512</b>	<b>626</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>626</b>
Haywood	NH0366	Autumn Care of Waynesville	10	0	0	10	0	0	0	10
Haywood	HAL-044-022	Chestnut Park Retirement Center	0	0	20	20	0	0	0	20
Haywood	HAL-044-042	Haywood House	0	0	60	60	0	0	0	60
Haywood	HAL-044-009	Haywood Lodge and Retirement Center	0	0	72	72	0	0	0	72
Haywood	HAL-044-049	McCracken Rest Home	0	0	22	22	0	0	0	22
Haywood	HAL-044-012	Pigeon Valley Rest Home (Facility closed 9/5/2024)	0	0	29	29	0	0	0	29

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

A Service Area	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H CON Approved/ License Pending		J Available in SMFP	K Total Planning Inventory
							CON	CON Bed Transfer		
Haywood	NH0458	Silver Bluff	42	0	0	42	0	0	0	42
Haywood	HAL-044-039	Spicewood Cottages Elms	0	0	17	17	0	0	0	17
Haywood	HAL-044-048	Spicewood Cottages Meadows	0	0	9	9	0	0	0	9
Haywood	HAL-044-040	Spicewood Cottages Oaks	0	0	20	20	0	0	0	20
Haywood	HAL-044-041	Spicewood Cottages Willows	0	0	20	20	0	0	0	20
<b>Haywood Totals</b>			<b>52</b>	<b>0</b>	<b>269</b>	<b>321</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>321</b>
Henderson	HAL-045-125	Carolina Reserve of Hendersonville	0	0	61	61	0	0	0	61
Henderson	HAL-045-126	Carolina Reserve of Laurel Park	0	0	48	48	0	0	0	48
Henderson	HAL-045-115	Cherry Springs Village	0	0	60	60	0	0	0	60
Henderson	HAL-045-012	Country Meadow Rest Home (Facility closed. Transfer 15 beds to Stonecroft)	0	0	0	0	15	-15	0	0
Henderson	HAL-045-113	Henderson's Assisted Living	0	0	26	26	0	0	0	26
Henderson	HAL-045-123	Heritage Hills Senior Living	0	0	24	24	0	0	0	24
Henderson	HAL-045-005	McCullough's Rest Home	0	0	13	13	0	0	0	13
Henderson	HAL-045-112	Mountain View Assisted Living	0	0	27	27	0	0	0	27
Henderson		Stonecroft (Previously The Landings of Hendersonville; Transfer 15 beds from Country Meadows Rest Home and 43 beds from The Gardens of the Blue Ridge)	0	0	0	0	0	58	0	58
Henderson	HAL-045-130	TerraBella Hendersonville	0	0	96	96	0	0	0	96
Henderson	HAL-045-129	The Gardens of Hendersonville	0	0	60	60	0	0	0	60
Henderson	HAL-045-128	The Gardens of the Blue Ridge (Facility closed. Transfer 43 beds to Stonecroft (formerly The Landings of Hendersonville))	0	0	45	45	0	-43	0	2
Henderson	HAL-045-127	The Landings of Mills River	0	0	65	65	0	0	0	65
Henderson	NH0480	The Laurels of Hendersonville	20	0	0	20	0	0	0	20
<b>Henderson Totals</b>			<b>20</b>	<b>0</b>	<b>525</b>	<b>545</b>	<b>15</b>	<b>0</b>	<b>0</b>	<b>560</b>
Hertford	HAL-046-020	Ahoskie Assisted Living	0	0	92	92	0	0	0	92
Hertford	HAL-046-004	Ahoskie House	0	0	60	60	0	0	0	60
<b>Hertford Totals</b>			<b>0</b>	<b>0</b>	<b>152</b>	<b>152</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>152</b>
Hoke	NH0438	Autumn Care of Raeford^	0	0	0	0	0	0	0	0
Hoke	HAL-047-014	Open Arms Retirement Center	0	0	90	90	0	0	0	90
Hoke	HAL-047-016	Spring Arbor of Creeks Crossing	0	0	75	75	0	0	0	75
<b>Hoke Totals</b>			<b>0</b>	<b>0</b>	<b>165</b>	<b>165</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>165</b>
Iredell	NH0599	Autumn Care of Statesville	10	0	0	10	0	0	0	10
Iredell	HAL-049-019	Brookdale East Broad	0	0	58	58	0	0	0	58
Iredell	HAL-049-020	Brookdale Peachtree AL	0	0	87	87	0	0	0	87
Iredell	HAL-049-021	Brookdale Peachtree MC	0	0	40	40	0	0	0	40
Iredell	HAL-049-034	Cadence Mooresville (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	96
Iredell	HAL-049-010	Crown Colony (Facility closed on 8/30/2024)	0	0	60	60	0	0	0	60

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

A Service Area	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H CON Approved/ License Pending		J Available in SMFP	K Total Planning Inventory
							CON	CON Bed Transfer		
Iredell	NH0435	Glenwood Rehabilitation and Nursing Center	30	0	0	30	0	0	0	30
Iredell	HAL-049-015	Journey's Assisted Living	0	0	60	60	0	0	0	60
Iredell	HAL-049-036	Meadow Lakes of Statesville (Formerly Heritage Place)	0	0	40	40	0	0	0	40
Iredell	HAL-049-033	Mill Creek Manor	0	0	80	80	0	0	0	80
Iredell	HAL-049-016	Olin Village	0	0	64	64	0	0	0	64
Iredell	HAL-049-004	Rosewood Assisted Living	0	0	54	54	0	0	0	54
Iredell	HAL-049-030	Summit Place of Mooresville	0	0	60	60	0	0	0	60
Iredell	HAL-049-035	Terrabella Lake Norman	0	0	120	120	0	0	0	120
Iredell	HAL-049-023	The Gardens of Statesville	0	0	67	67	0	0	0	67
Iredell	NH0488	The Greens at Maple Leaf	8	0	0	8	0	0	0	8
<b>Iredell Totals</b>			<b>48</b>	<b>0</b>	<b>886</b>	<b>934</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>934</b>
Jackson	HAL-050-016	Morningstar Assisted Living	0	0	55	55	0	0	0	55
Jackson	HAL-050-017	The Hermitage	0	0	90	90	0	0	0	90
<b>Jackson Totals</b>			<b>0</b>	<b>0</b>	<b>145</b>	<b>145</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>145</b>
Johnston	HAL-051-070	Americares Adult Homes #1 (formerly Classic Care Homes #1)	0	0	12	12	0	0	0	12
Johnston	HAL-051-072	Americares Adult Homes #2 (formerly Classic Care Homes #2)	0	0	12	12	0	0	0	12
Johnston	HAL-051-071	Americares Adult Homes #3 (formerly Classic Care Homes #3)	0	0	12	12	0	0	0	12
Johnston	HAL-051-002	Autumn Home Care of Johnston County I	0	0	12	12	0	0	0	12
Johnston	HAL-051-003	Autumn Home Care of Johnston County II	0	0	12	12	0	0	0	12
Johnston	HAL-051-001	Autumn Home Care of Johnston County III	0	0	12	12	0	0	0	12
Johnston	HAL-051-024	Brookdale Smithfield	0	0	74	74	0	0	0	74
Johnston	HAL-051-041	Clayton House	0	0	60	60	0	0	0	60
Johnston	HAL-051-060	Four Oaks Senior Living	0	0	96	96	0	0	0	96
Johnston	HAL-051-048	Gabriel Manor Assisted Living Center	0	0	77	77	0	0	0	77
Johnston	HAL-051-073	Kingswood Reserve	0	0	66	66	0	0	0	66
Johnston	NH0606	Liberty Commons Nsg and Rehab Ctr of Johnston Cty	60	0	0	60	0	0	0	60
Johnston	HAL-051-069	McLamb's Rest Home	0	0	12	12	0	0	0	12
Johnston	HAL-051-068	McLamb's Rest Home #2	0	0	12	12	0	0	0	12
Johnston	HAL-051-047	Meadowview Assisted Living Center	0	0	60	60	0	0	0	60
Johnston	HAL-051-052	Progressive Care of Princeton	0	0	12	12	0	0	0	12
Johnston	HAL-051-061	Providence Assisted Living	0	0	20	20	0	0	0	20
Johnston	NH0182	Smithfield Manor Rehabilitation and Healthcare Center	20	0	0	20	0	0	0	20
Johnston	HAL-051-065	The Landings of Smithfield	0	0	66	66	0	0	0	66
<b>Johnston Totals</b>			<b>80</b>	<b>0</b>	<b>627</b>	<b>707</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>707</b>
Jones	NH0508	Brook Stone Living Center	20	0	0	20	0	0	0	20

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

A Service Area	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H I CON Approved/ License Pending		J Available in SMFP	K Total Planning Inventory
							CON	CON Bed Transfer		
<b>Jones Totals</b>			<b>20</b>	<b>0</b>	<b>0</b>	<b>20</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>20</b>
Lee	HAL-053-023	A Step from Home Residential Care Facility (Facility closed 5/25/2015. Transfer 20 beds to Westfield Rehabilitation and Health Center)	0	0	0	0	20	-20	0	0
Lee	HAL-053-001	Oakhaven Home (Closed. Transfer 40 beds to Parkview Retirement Center)	0	0	40	40	0	-40	0	0
Lee	HAL-053-002	Oakhaven II (Closed. Transfer 12 beds to Parkview Retirement Center)	0	0	12	12	0	-12	0	0
Lee	HAL-053-004	Parkview Retirement Center (Transfer 40 beds from Oakhaven Home and 12 beds from Oakhaven II)	0	0	116	116	0	52	0	168
Lee	HAL-053-030	Sanford Manor	0	0	85	85	0	0	0	85
Lee	HAL-053-031	Sanford Senior Living	0	0	50	50	0	0	0	50
Lee	NH0285	Westfield Rehabilitation and Health Center (Transfer 20 beds from A Step from Home Residential Care Facility)	0	0	0	0	0	20	0	20
<b>Lee Totals</b>			<b>0</b>	<b>0</b>	<b>303</b>	<b>303</b>	<b>20</b>	<b>0</b>	<b>0</b>	<b>323</b>
Lenoir	HAL-054-072	Honey's Assisted Living	0	0	63	63	0	0	0	63
Lenoir	HAL-054-070	Legacy Memory Care at Kinston	0	0	24	24	0	0	0	24
Lenoir	HAL-054-068	Lenoir Assisted Living	0	0	94	94	0	0	0	94
Lenoir	HAL-054-069	Rose Vista Assisted Living	0	0	60	60	0	0	0	60
Lenoir	HAL-054-071	Spring Arbor of Kinston	0	0	86	86	0	0	0	86
<b>Lenoir Totals</b>			<b>0</b>	<b>0</b>	<b>327</b>	<b>327</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>327</b>
Lincoln	HAL-055-001	Amazing Grace Rest Home	0	0	10	10	0	0	0	10
Lincoln	HAL-055-002	Boger City Rest Home	0	0	52	52	0	0	0	52
Lincoln	HAL-055-013	Heath House	0	0	60	60	0	0	0	60
Lincoln	HAL-055-003	Lakewood Care Center	0	0	60	60	0	0	0	60
Lincoln	HAL-055-004	North Brook Rest Home	0	0	12	12	0	0	0	12
Lincoln	HAL-055-009	TerraBella Lincolnton (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	96
Lincoln	NH0385	The Greens at Lincolnton	11	0	0	11	0	0	0	11
Lincoln	HAL-055-012	Wexford House	0	0	80	80	0	0	0	80
<b>Lincoln Totals</b>			<b>11</b>	<b>0</b>	<b>370</b>	<b>381</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>381</b>
Macon	HAL-056-005	Chestnut Hill of Highlands	0	0	26	26	0	0	0	26
Macon	HAL-056-006	Franklin House	0	0	70	70	0	0	0	70
Macon	HAL-056-001	Grandview Manor Care Center	0	0	82	82	0	0	0	82
<b>Macon Totals</b>			<b>0</b>	<b>0</b>	<b>178</b>	<b>178</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>178</b>
Madison	NH0479	Elderberry Health Care	20	0	0	20	0	0	0	20
Madison	HAL-057-011	Mars Hill Retirement Community	0	0	69	69	0	0	0	69
<b>Madison Totals</b>			<b>20</b>	<b>0</b>	<b>69</b>	<b>89</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>89</b>
Martin	HAL-058-010	Vintage Inn Retirement Community	0	0	122	122	0	0	0	122

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

A Service Area	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H CON Approved/ License Pending		J Available in SMFP	K Total Planning Inventory
							CON	CON Bed Transfer		
Martin	HAL-058-011	Williamston House	0	0	60	60	0	0	0	60
<b>Martin Totals</b>			<b>0</b>	<b>0</b>	<b>182</b>	<b>182</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>182</b>
McDowell	NH0346	Autumn Care of Marion	15	0	0	15	0	0	0	15
McDowell	HAL-059-021	Cedarbrook Residential Center	0	0	80	80	0	0	0	80
McDowell	HAL-059-033	Houston House	0	0	29	29	0	0	0	29
McDowell	HAL-059-032	Lake James Lodge Assisted Living	0	0	60	60	0	0	0	60
McDowell	HAL-059-035	Marion Assisted Living	0	0	54	54	0	0	0	54
McDowell	HAL-059-034	McDowell House	0	0	25	25	0	0	0	25
McDowell	HAL-059-027	Rose Hill Retirement Community	0	0	87	87	0	0	0	87
<b>McDowell Totals</b>			<b>15</b>	<b>0</b>	<b>335</b>	<b>350</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>350</b>
Mecklenburg	HAL-060-170	Arbor Ridge at Huntersville	0	0	40	40	0	0	0	40
Mecklenburg	HAL-060-019	Brighton Gardens of Charlotte	0	0	125	125	0	0	0	125
Mecklenburg	HAL-060-049	Brookdale Carriage Club Providence II	0	0	34	34	0	0	0	34
Mecklenburg	HAL-060-060	Brookdale Charlotte East	0	0	50	50	0	0	0	50
Mecklenburg	HAL-060-101	Brookdale South Charlotte	0	0	82	82	0	0	0	82
Mecklenburg	HAL-060-085	Brookdale South Park	0	0	56	56	0	0	0	56
Mecklenburg	HAL-060-042	Brookdale Weddington Park	0	0	83	83	0	0	0	83
Mecklenburg	HAL-060-160	Cadence Huntersville	0	0	96	96	0	0	0	96
Mecklenburg	HAL-060-159	Cadence Senior Living at Mint Hill	0	0	84	84	0	0	0	84
Mecklenburg	HAL-060-171	Charter Senior Living of Charlotte	0	0	104	104	0	0	0	104
Mecklenburg	HAL-060-149	East Towne	0	0	120	120	0	0	0	120
Mecklenburg	HAL-060-014	Hunter Village	0	0	68	68	0	0	0	68
Mecklenburg	HAL-060-152	Legacy Heights Senior Living Community	0	0	122	122	0	0	0	122
Mecklenburg	NH0060	Matthews Health & Rehab Center	10	0	0	10	0	0	0	10
Mecklenburg	HAL-060-176	MerryWood on Park	0	0	20	20	0	0	0	20
Mecklenburg	HAL-060-136	Mint Hill Senior Living	0	0	82	82	0	0	0	82
Mecklenburg	HAL-060-150	Northlake House	0	0	48	48	0	0	0	48
Mecklenburg	HAL-060-054	Parker Terrace	0	0	53	53	0	0	0	53
Mecklenburg	NH0521	Pineville Rehabilitation and Living Center (Transfer 10 beds to Windsor Run Assisted Living)	10	0	0	10	0	-10	0	0
Mecklenburg	HAL-060-169	Preston House	0	0	40	40	0	0	0	40
Mecklenburg	HAL-060-126	Queen City Assisted Living (Facility closed 12/31/2024)	0	0	120	120	0	0	0	120
Mecklenburg	HAL-060-172	Ranson Ridge Assisted Living & Memory Care	0	0	100	100	0	0	0	100
Mecklenburg	NH0557	Rockwell Park Rehabilitation and Healthcare Center	20	0	0	20	0	0	0	20
Mecklenburg	HAL-060-175	Spring Arbor of Steele Creek (Formerly Wikshire Steele Creek)	0	0	90	90	0	0	0	90
Mecklenburg	HAL-060-116	Summit Place of Southpark	0	0	120	120	0	0	0	120
Mecklenburg	HAL-060-165	Sunrise on Providence	0	0	95	95	0	0	0	95
Mecklenburg	HAL-060-156	TerraBella Little Avenue	0	0	62	62	0	0	0	62

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

A Service Area	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H I CON Approved/ License Pending		J Available in SMFP	K Total Planning Inventory
							CON	CON Bed Transfer		
Mecklenburg	HAL-060-158	The Charlotte Assisted Living	0	0	119	119	0	0	0	119
Mecklenburg	HAL-060-162	The Haven in Highland Creek	0	0	60	60	0	0	0	60
Mecklenburg	HAL-060-163	The Haven in the Village at Carolina Place	0	0	60	60	0	0	0	60
Mecklenburg	HAL-060-161	The Laurels in Highland Creek	0	0	105	105	0	0	0	105
Mecklenburg	HAL-060-164	The Laurels in the Village at Carolina Place	0	0	104	104	0	0	0	104
Mecklenburg	HAL-060-109	The Little Flower Assisted Living	0	0	49	49	0	0	0	49
Mecklenburg	HAL-060-125	The Parc at Sharon Amity	0	0	64	64	0	0	0	64
Mecklenburg	HAL-060-168	The Pines On Carmel Senior Living	0	0	125	125	0	0	0	125
Mecklenburg	HAL-060-174	The Terrace at Brightmore of South Charlotte	0	0	34	34	0	0	0	34
Mecklenburg	NH0016	University Place Nursing and Rehabilitation Center	10	0	0	10	0	0	0	10
Mecklenburg	HAL-060-138	Waltonwood at Providence	0	0	80	80	0	0	0	80
Mecklenburg	HAL-060-148	Waltonwood Cotswold (85 beds added per settlement agreement)	0	0	125	125	0	0	0	125
Mecklenburg	HAL-060-111	Willow Ridge Memory Care	0	0	52	52	0	0	0	52
Mecklenburg		Windsor Run Assisted Living (Transfer 10 beds from Pineville Rehabilitation Center)	0	0	0	0	0	10	0	10
<b>Mecklenburg Totals</b>			<b>50</b>	<b>0</b>	<b>2,871</b>	<b>2,921</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,921</b>
Mitchell	HAL-061-011	Mitchell House	0	0	80	80	0	0	0	80
<b>Mitchell Totals</b>			<b>0</b>	<b>0</b>	<b>80</b>	<b>80</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>80</b>
Montgomery	NH0411	Autumn Care of Biscoe	10	0	0	10	0	0	0	10
Montgomery	HAL-062-016	Montgomery Senior Living	0	0	54	54	0	0	0	54
Montgomery	HAL-062-015	Poplar Springs Assisted Living	0	0	12	12	0	0	0	12
Montgomery	HAL-062-009	Sandy Ridge Assisted Living	0	0	120	120	0	0	0	120
<b>Montgomery Totals</b>			<b>10</b>	<b>0</b>	<b>186</b>	<b>196</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>196</b>
Moore	HAL-063-024	Brookdale Pinehurst	0	0	76	76	0	0	0	76
Moore	NH0597	Dahlia Gardens Center for Nursing and Rehabilitation	10	0	0	10	0	0	0	10
Moore	HAL-063-022	Fox Hollow Senior Living Community	0	0	85	85	0	0	0	85
Moore	HAL-063-007	Magnolia Gardens	0	0	110	110	0	0	0	110
Moore	NH0539	Peak Resources-Pinelake (Transfer 20 beds to Sandhills Health & Rehabilitation)	20	0	0	20	0	-20	0	0
Moore		Sandhills Health & Rehabilitation (Transfer 20 beds from Peak Resources-Pinelake)	0	20	0	20	0	20	0	40
Moore	HAL-063-023	Seven Lakes Assisted Living (Transfer 20 beds to The Landings of Pinchurst)	0	0	60	60	0	-20	0	40
Moore	NH0589	St Joseph of The Pines Health Center (Transfer 10 beds from CCRC The Coventry (Moore County))	0	0	0	0	0	10	0	10
Moore	HAL-063-011	Tara Plantation of Carthage	0	0	80	80	0	0	0	80
Moore	HAL-063-025	TerraBella Southern Pines	0	0	94	94	0	0	0	94

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

A Service Area	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H CON Approved/ License Pending		J Available in SMFP	K Total Planning Inventory
							CON	CON Bed Transfer		
Moore		The Landings of Pinehurst (Transfer total of 44 beds from The Oaks at Pleasant Hill (Northampton County); and 20 beds from Seven Lakes Assisted Living)	0	0	0	0	0	64	0	64
<b>Moore Totals</b>			<b>30</b>	<b>20</b>	<b>505</b>	<b>555</b>	<b>0</b>	<b>54</b>	<b>0</b>	<b>609</b>
Nash	NH0602	Autumn Care of Nash	20	0	0	20	0	0	0	20
Nash	HAL-064-004	Brekenridge Retirement Center	0	0	64	64	0	0	0	64
Nash	HAL-064-035	Hunter Hill Assisted Living	0	0	64	64	0	0	0	64
Nash	HAL-064-036	Navion of Rocky Mount	0	0	60	60	0	0	0	60
Nash	HAL-064-029	Somerset Court of Rocky Mount	0	0	60	60	0	0	0	60
Nash	HAL-064-033	Spring Arbor of Rocky Mount	0	0	84	84	0	0	0	84
Nash	NH0437	The Carrolton of Nash	9	0	0	9	0	0	0	9
Nash	HAL-064-031	The Gardens of Nashville	0	0	62	62	0	0	0	62
Nash	HAL-064-034	The Landings of Rocky Mount Mills	0	0	60	60	0	0	0	60
Nash	NH0122	The Lodge at Rocky Mount	15	0	0	15	0	0	0	15
<b>Nash Totals</b>			<b>44</b>	<b>0</b>	<b>454</b>	<b>498</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>498</b>
New Hanover	NH0595	Autumn Care of Myrtle Grove	20	0	0	20	0	0	0	20
New Hanover	HAL-065-019	Brookdale Wilmington	0	0	38	38	0	0	0	38
New Hanover	HAL-065-034	Castle Creek Memory Care (Transfer 20 beds to The Luminance at Riverlights)	0	0	84	84	0	-20	0	64
New Hanover	HAL-065-035	Cedar Cove Assisted Living	0	0	64	64	0	0	0	64
New Hanover	HAL-065-020	Champions Assisted Living	0	0	148	148	0	0	0	148
New Hanover	HAL-065-004	Fannie Norwood Memorial Home (Facility closed. Transfer 16 beds to Tidewater at Carolina Bay)	0	0	0	0	16	-16	0	0
New Hanover	NH0569	Liberty Commons Rehabilitation Center	40	0	0	40	0	0	0	40
New Hanover	HAL-065-045	Morningside of Wilmington	0	0	101	101	0	0	0	101
New Hanover	HAL-065-036	New Hanover House (Transfer 40 beds to The Luminance at Riverlights)	0	0	61	61	0	-40	0	21
New Hanover	HAL-065-031	Port South Village/Carmen D. Villa (Facility closed. Transfer 12 bed to Tidewater at Carolina Bay)	0	0	0	0	12	-12	0	0
New Hanover	HAL-065-043	Port South Village/Catherine S. Villa (Facility closed. Transfer 12 beds to Tidewater at Carolina Bay)	0	0	0	0	12	-12	0	0
New Hanover	HAL-065-042	Port South Village/Crystal L. Villa (Facility closed. Transfer 12 beds to Tidewater at Carolina Bay)	0	0	0	0	12	-12	0	0
New Hanover	HAL-065-027	Port South Village/Lorraine B. Villa (Facility closed. Transfer 12 beds to Tidewater at Carolina Bay.)	0	0	0	0	12	-12	0	0
New Hanover	HAL-065-025	Port South Village/Tara L. Villa (Facility closed. Transfer of 12 beds to Tidewater at Carolina Bay)	0	0	0	0	12	-12	0	0
New Hanover	HAL-065-040	Port South Village/Teresa C. Villa (Facility closed. Transfer 12 beds to Tidewater at Carolina Bay)	0	0	0	0	12	-12	0	0
New Hanover	HAL-065-011	Sherwood Manor Rest Home	0	0	0	0	0	0	0	0

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

A Service Area	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H CON Approved/ License Pending		J Available in SMFP	K Total Planning Inventory
							CON	CON Bed Transfer		
New Hanover	HAL-065-046	Spring Arbor of Wilmington	0	0	66	66	0	0	0	66
New Hanover	HAL-065-002	The Commons at Brightmore	0	0	201	201	0	0	0	201
New Hanover	HAL-065-023	The Kempton at Brightmore	0	0	84	84	0	0	0	84
New Hanover		The Luminance at Riverlights (Transfer 40 beds from New Hanover House and transfer 20 beds from Castle Creek Memory Care)	0	0	0	0	0	60	0	60
New Hanover		Tidewater at Carolina Bay (Transferred 16 beds from Fannie Norwood Memorial Home and transfer 72 beds from multiple Port South Village facilities)	0	0	0	0	0	88	0	88
<b>New Hanover Totals</b>			<b>60</b>	<b>0</b>	<b>847</b>	<b>907</b>	<b>88</b>	<b>0</b>	<b>0</b>	<b>995</b>
Northampton	HAL-066-012	Hampton Manor	0	0	82	82	0	0	0	82
Northampton	HAL-066-001	Pine Forest Rest Home	0	0	24	24	0	0	0	24
Northampton	HAL-066-011	Rich Square Manor	0	0	32	32	0	0	0	32
Northampton	HAL-066-010	Rich Square Villa (Transfer 22 beds from The Oaks at Pleasant Hill)	0	0	38	38	0	22	0	60
Northampton	HAL-066-018	The Oaks at Pleasant Hill (Facility closed 12/31/2021. Transfer 44 beds to The Landings of Pinehurst in Moore County and transfer 22 beds to Rich Square Villa)	0	0	0	0	66	-66	0	0
<b>Northampton Totals</b>			<b>0</b>	<b>0</b>	<b>176</b>	<b>176</b>	<b>66</b>	<b>-44</b>	<b>0</b>	<b>198</b>
Onslow	HAL-067-004	Cardinal Care of Jacksonville	0	0	32	32	0	0	0	32
Onslow	HAL-067-008	Kempton of Jacksonville	0	0	79	79	0	0	0	79
Onslow	HAL-067-013	Lighthouse Village	0	0	80	80	0	0	0	80
Onslow	HAL-067-023	Onslow House	0	0	120	120	-40	0	0	80
Onslow	NH0229	Premier Nursing and Rehabilitation Center	7	0	0	7	0	0	0	7
Onslow	HAL-067-016	The Heritage of Richlands	0	0	40	40	0	0	0	40
Onslow		The Landings at Topsail Shores (Relocate 40 beds from Onslow House)	0	0	0	0	40	0	0	40
Onslow	HAL-067-025	The Landings of Swansboro	0	0	80	80	0	0	0	80
<b>Onslow Totals</b>			<b>7</b>	<b>0</b>	<b>431</b>	<b>438</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>438</b>
Orange	HAL-068-034	Adorable Senior Living	0	0	17	17	0	0	0	17
Orange	HAL-068-008	Brookdale Meadowmont	0	0	64	64	0	0	0	64
Orange	HAL-068-037	Graceful Living Assisted Living	0	0	120	120	0	0	0	120
Orange	NH0239	Parkview Health and Rehabilitation Center	7	0	0	7	0	0	0	7
Orange	NH0545	Peak Resources - Brookshire, Inc.	20	0	0	20	0	0	0	20
Orange	HAL-068-035	TerraBella Hillsborough	0	0	96	96	0	0	0	96
Orange	HAL-068-025	The Stratford	0	0	77	77	0	0	0	77
<b>Orange Totals</b>			<b>27</b>	<b>0</b>	<b>374</b>	<b>401</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>401</b>
Pamlico	NH0450	Grantsbrook Nursing and Rehabilitation Center	8	0	0	8	0	0	0	8
Pamlico	HAL-069-002	The Gardens of Pamlico	0	0	70	70	0	0	0	70

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

A Service Area	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H CON Approved/ License Pending		J Available in SMFP	K Total Planning Inventory
							CON	CON Bed Transfer		
<b>Pamlico Totals</b>			<b>8</b>	<b>0</b>	<b>70</b>	<b>78</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>78</b>
Pasquotank	HAL-070-005	Brookdale Elizabeth City	0	0	76	76	0	0	0	76
Pasquotank	HAL-070-006	Heritage Care of Elizabeth City	0	0	60	60	0	0	0	60
Pasquotank	HAL-070-008	Waterbrooke of Elizabeth City	0	0	130	130	0	0	0	130
<b>Pasquotank Totals</b>			<b>0</b>	<b>0</b>	<b>266</b>	<b>266</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>266</b>
Pender	HAL-071-016	Arbor Landing at Hampstead	0	0	19	19	0	0	0	19
Pender	HAL-071-017	Poplar Grove	0	0	60	60	0	0	0	60
Pender	NH0300	Woodbury Wellness Center (Delicensed 32 ACH beds)	100	0	0	100	-32	0	0	68
<b>Pender Totals</b>			<b>100</b>	<b>0</b>	<b>79</b>	<b>179</b>	<b>-32</b>	<b>0</b>	<b>0</b>	<b>147</b>
Perquimans	HAL-072-015	Hertford Manor	0	0	24	24	0	0	0	24
Perquimans	HAL-072-014	The Landings of Albemarle	0	0	50	50	0	0	0	50
<b>Perquimans Totals</b>			<b>0</b>	<b>0</b>	<b>74</b>	<b>74</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>74</b>
Person	HAL-073-010	Maple Heights Assisted Living	0	0	34	34	0	0	0	34
Person	HAL-073-019	Roxboro Assisted Living OPCP LLC	0	0	120	120	0	0	0	120
Person	HAL-073-018	The Canterbury House	0	0	60	60	0	0	0	60
<b>Person Totals</b>			<b>0</b>	<b>0</b>	<b>214</b>	<b>214</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>214</b>
Pitt	HAL-074-046	Alpha Care One Assisted Living	0	0	120	120	0	0	0	120
Pitt	HAL-074-011	Brookdale Dickinson Avenue	0	0	76	76	0	0	0	76
Pitt	NH0505	East Carolina Rehab and Wellness	20	0	0	20	0	0	0	20
Pitt	HAL-074-047	Navion of Greenville	0	0	60	60	0	0	0	60
Pitt	HAL-074-036	Oak Haven Assisted Living	0	0	54	54	0	0	0	54
Pitt	HAL-074-037	Red Oak Assisted Living	0	0	62	62	0	0	0	62
Pitt		Rising Phoenix (Transfer 29 beds from Winterville Manor)	0	0	0	0	0	29	0	29
Pitt	HAL-074-043	River Oak Assisted Living	0	0	80	80	0	0	0	80
Pitt	HAL-074-045	Spring Arbor of Greenville	0	0	66	66	0	0	0	66
Pitt	HAL-074-026	Winterville Manor (Facility closed 4/24/2022. Transfer 29 beds to Rising Phoenix)	0	0	0	0	29	-29	0	0
<b>Pitt Totals</b>			<b>20</b>	<b>0</b>	<b>518</b>	<b>538</b>	<b>29</b>	<b>0</b>	<b>0</b>	<b>567</b>
Polk	HAL-075-010	Laurelwoods	0	0	60	60	0	0	0	60
Polk	HAL-075-011	Ridge Rest Assisted Living	0	0	12	12	0	0	0	12
Polk		The Gardens of Columbus (2019 Need Determination)	0	0	0	0	50	0	0	50
<b>Polk Totals</b>			<b>0</b>	<b>0</b>	<b>72</b>	<b>72</b>	<b>50</b>	<b>0</b>	<b>0</b>	<b>122</b>
Randolph	HAL-076-007	Brookdale Asheboro	0	0	76	76	0	0	0	76
Randolph	HAL-076-034	Brookstone Haven	0	0	120	120	0	0	0	120
Randolph	HAL-076-003	Cross Road Retirement Community	0	0	152	152	0	0	0	152
Randolph	HAL-076-027	North Pointe	0	0	67	67	0	0	0	67
Randolph	HAL-076-032	North Pointe Assisted Living Of Archdale	0	0	56	56	0	0	0	56

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

A Service Area	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H I CON Approved/ License Pending		J Available in SMFP	K Total Planning Inventory
							CON	CON Bed Transfer		
Randolph	HAL-076-035	TerraBella Asheboro	0	0	96	96	0	0	0	96
<b>Randolph Totals</b>			<b>0</b>	<b>0</b>	<b>567</b>	<b>567</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>567</b>
Richmond	HAL-077-010	Hamlet House	0	0	60	60	0	0	0	60
Richmond	HAL-077-012	Hermitage Retirement Center	0	0	114	114	0	0	0	114
Richmond	NH0455	Richmond Pines Healthcare and Rehabilitation Center	10	0	0	10	0	0	0	10
<b>Richmond Totals</b>			<b>10</b>	<b>0</b>	<b>174</b>	<b>184</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>184</b>
Robeson	HAL-078-038	Covenant Care	0	0	30	30	0	0	0	30
Robeson	HAL-078-082	Cromartie Spring Village Rest Home	0	0	11	11	0	0	0	11
Robeson	NH0533	GlenFlora	20	0	0	20	0	0	0	20
Robeson	HAL-078-112	Greenbrier of Fairmont	0	0	100	100	0	0	0	100
Robeson	HAL-078-100	Hope Springs	0	0	63	63	0	0	0	63
Robeson	HAL-078-064	Morning Star AL # 2	0	0	12	12	0	0	0	12
Robeson	HAL-078-065	Morning Star AL # 3	0	0	12	12	0	0	0	12
Robeson	HAL-078-067	Morning Star AL # 4	0	0	12	12	0	0	0	12
Robeson	HAL-078-083	Red Springs Assisted Living	0	0	81	81	0	0	0	81
Robeson	HAL-078-111	Rivers Edge of Lumberton	0	0	104	104	0	0	0	104
<b>Robeson Totals</b>			<b>20</b>	<b>0</b>	<b>425</b>	<b>445</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>445</b>
Rockingham	HAL-079-009	Brookdale Eden	0	0	82	82	0	0	0	82
Rockingham	HAL-079-007	Brookdale Reidsville	0	0	76	76	0	0	0	76
Rockingham	HAL-079-108	Devoted Assisted Living	0	0	18	18	0	0	0	18
Rockingham	HAL-079-002	Highgrove Long Term Care Center	0	0	62	62	0	0	0	62
Rockingham	HAL-079-053	North Pointe of Mayodan	0	0	70	70	0	0	0	70
Rockingham	NH0614	Penn Nursing Center	10	0	0	10	0	0	0	10
Rockingham	HAL-079-079	Pine Forrest Home for the Aged	0	0	58	58	0	0	0	58
Rockingham	HAL-079-106	The Landings of Rockingham	0	0	43	43	0	0	0	43
<b>Rockingham Totals</b>			<b>10</b>	<b>0</b>	<b>409</b>	<b>419</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>419</b>
Rowan	HAL-080-027	Alpha Concord Plantation	0	0	29	29	0	0	0	29
Rowan	HAL-080-029	Angels at Heart Assisted Living	0	0	28	28	0	0	0	28
Rowan	HAL-080-019	Best of Care	0	0	25	25	0	0	0	25
Rowan	HAL-080-032	Bethamy Retirement Center	0	0	43	43	0	0	0	43
Rowan	NH0471	Big Elm Retirement and Nursing Centers	96	0	0	96	0	0	0	96
Rowan	HAL-080-014	Brookdale Salisbury	0	0	88	88	0	0	0	88
Rowan	HAL-080-028	Compass Assisted Living Rowan	0	0	89	89	0	0	0	89
Rowan	HAL-080-031	Deal Care Inn	0	0	21	21	0	0	0	21
Rowan	HAL-080-003	Kannon Creek Assisted Living (Facility closed. 11/15/2018. Transfer 106 beds to The Landings of Salisbury)	0	0	0	0	106	-106	0	0
Rowan	NH0050	Piedmont Health & Rehab Center Nursing home facility delicensed adult care home beds 11/14/23.^	0	0	0	0	0	0	0	0

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

A Service Area	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H CON Approved/ License Pending		J Available in SMFP	K Total Planning Inventory
							CON	CON Bed Transfer		
Rowan	HAL-080-030	TerraBella Salisbury	0	0	128	128	0	0	0	128
Rowan	NH0441	The Citadel Salisbury	20	0	0	20	0	0	0	20
Rowan		The Landings of Salisbury (Replacement facility. Transfer 106 beds from Kannon Creek Assisted Living)	0	0	0	0	0	106	0	106
Rowan	NH0538	The Laurels of Salisbury	20	0	0	20	0	0	0	20
Rowan	HAL-080-026	The Meadows of Rockwell Retirement Center	0	0	110	110	0	0	0	110
<b>Rowan Totals</b>			<b>136</b>	<b>0</b>	<b>561</b>	<b>697</b>	<b>106</b>	<b>0</b>	<b>0</b>	<b>803</b>
Rutherford	HAL-081-014	Brookdale Forest City	0	0	76	76	0	0	0	76
Rutherford	HAL-081-001	Colonial Manor Rest Home	0	0	34	34	0	0	0	34
Rutherford	NH0531	Fair Haven Home	37	0	0	37	0	0	0	37
Rutherford	NH0474	Fair Haven of Forest City	28	0	0	28	0	0	0	28
Rutherford	HAL-081-010	Henderson Care Center	0	0	86	86	0	0	0	86
Rutherford	HAL-081-054	Highland Senior Living	0	0	44	44	0	0	0	44
Rutherford	HAL-081-005	Holly Springs Senior Citizens Home	0	0	32	32	0	0	0	32
Rutherford	HAL-081-053	Oakland Living Center	0	0	40	40	0	0	0	40
Rutherford	HAL-081-007	Restwell Home	0	0	20	20	0	0	0	20
Rutherford	HAL-081-008	Southern Manor Rest Home	0	0	25	25	0	0	0	25
Rutherford	HAL-081-042	Sunnyside Retirement Home	0	0	34	34	0	0	0	34
Rutherford	HAL-081-055	The Landings of Lake Lure	0	0	62	62	0	0	0	62
<b>Rutherford Totals</b>			<b>65</b>	<b>0</b>	<b>453</b>	<b>518</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>518</b>
Sampson	NH0089	Mary Gran Nursing Center	30	0	0	30	0	0	0	30
Sampson	HAL-082-030	Rolling Ridge Assisted Living	0	0	61	61	0	0	0	61
Sampson	HAL-082-028	The Gardens of Roseboro	0	0	40	40	0	0	0	40
Sampson	HAL-082-022	The Magnolia	0	0	91	91	0	0	0	91
<b>Sampson Totals</b>			<b>30</b>	<b>0</b>	<b>192</b>	<b>222</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>222</b>
Scotland	HAL-083-021	Prestwick Village	0	0	100	100	0	0	0	100
<b>Scotland Totals</b>			<b>0</b>	<b>0</b>	<b>100</b>	<b>100</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>100</b>
Stanly	NH0462	Bethany Woods Nursing and Rehabilitation Center	10	0	0	10	0	0	0	10
Stanly	HAL-084-010	Spring Arbor of Albemarle	0	0	78	78	0	0	0	78
Stanly	NH0464	Stanly Manor	10	0	0	10	0	0	0	10
Stanly	HAL-084-001	The Taylor House	0	0	30	30	0	0	0	30
Stanly	NH0140	Trinity Place	27	0	0	27	0	0	0	27
Stanly	HAL-084-009	Woodhaven Court	0	0	76	76	0	0	0	76
<b>Stanly Totals</b>			<b>47</b>	<b>0</b>	<b>184</b>	<b>231</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>231</b>
Stokes	HAL-085-012	Graceland Living Center I	0	0	12	12	0	0	0	12
Stokes	HAL-085-013	Graceland Living Center II	0	0	11	11	0	0	0	11
Stokes	NH0555	King Health and Rehabilitation Center	24	0	0	24	0	0	0	24

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

A Service Area	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H CON Approved/ License Pending		J Available in SMFP	K Total Planning Inventory
							CON	CON Bed Transfer		
Stokes	HAL-085-003	Mountain Valley Living Center	0	0	26	26	0	0	0	26
Stokes	HAL-085-014	Priddy Manor Assisted Living	0	0	79	79	0	0	0	79
Stokes	HAL-085-008	Rose Tara Senior Living	0	0	65	65	0	0	0	65
Stokes	NH0507	Village Care of King	20	0	0	20	0	0	0	20
Stokes	HAL-085-015	Walnut Ridge Assisted Living	0	0	63	63	0	0	0	63
<b>Stokes Totals</b>			<b>44</b>	<b>0</b>	<b>256</b>	<b>300</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>300</b>
Surry	HAL-086-001	Central Care	0	0	53	53	0	0	0	53
Surry	NH0640	Chatham Nursing & Rehabilitation	28	0	0	28	0	0	0	28
Surry	HAL-086-002	Colonial Long Term Care Facility	0	0	54	54	0	0	0	54
Surry	HAL-086-006	Dunmore Plantation	0	0	60	60	0	0	0	60
Surry	HAL-086-010	Ridge Crest Retirement	0	0	28	28	0	0	0	28
Surry	HAL-086-014	Riverwood Assisted Living Facility	0	0	65	65	0	0	0	65
Surry	HAL-086-016	Twelve Oaks	0	0	112	112	0	0	0	112
Surry	HAL-086-015	Yadkin Valley Senior Living	0	0	60	60	0	0	0	60
<b>Surry Totals</b>			<b>28</b>	<b>0</b>	<b>432</b>	<b>460</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>460</b>
Swain	HAL-087-009	Bryson Senior Living	0	0	50	50	0	0	0	50
<b>Swain Totals</b>			<b>0</b>	<b>0</b>	<b>50</b>	<b>50</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>50</b>
Transylvania	HAL-088-014	Cedar Mountain House	0	0	64	64	0	0	0	64
Transylvania	HAL-088-015	Kingsbridge House	0	0	60	60	0	0	0	60
Transylvania	NH0563	The Oaks-Brevard	10	0	0	10	0	0	0	10
<b>Transylvania Totals</b>			<b>10</b>	<b>0</b>	<b>124</b>	<b>134</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>134</b>
Tyrrell	HAL-089-002	Tyrrell House	0	0	50	50	0	0	0	50
<b>Tyrrell Totals</b>			<b>0</b>	<b>0</b>	<b>50</b>	<b>50</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>50</b>
Union	NH0421	Autumn Care of Marshville	10	0	0	10	0	0	0	10
Union	HAL-090-024	Brookdale Monroe Square 1	0	0	102	102	0	0	0	102
Union	HAL-090-022	Brookdale Monroe Square 2	0	0	65	65	0	0	0	65
Union	HAL-090-007	Brookdale Union Park	0	0	87	87	0	0	0	87
Union	HAL-090-001	Elizabethan Gardens (Facility closed)	0	0	100	100	0	0	0	100
Union	HAL-090-034	Monroe Manor Assisted Living Building I	0	0	12	12	0	0	0	12
Union	HAL-090-033	Monroe Manor Assisted Living Building II	0	0	12	12	0	0	0	12
Union	NH0493	Rock Rest Nursing & Rehabilitation	12	0	0	12	0	0	0	12
Union	HAL-090-035	TerraBella Indian Trail (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	96
Union	HAL-090-036	Woodridge Assisted Living Facility	0	0	80	80	0	0	0	80
<b>Union Totals</b>			<b>22</b>	<b>0</b>	<b>554</b>	<b>576</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>576</b>
Vance	NH0353	Kerr Lake Nursing and Rehabilitation Center	23	0	0	23	0	0	0	23
Vance	NH0477	Senior Citizens Home	54	0	0	54	0	0	0	54

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

A Service Area	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H CON Approved/ License Pending		J Available in SMFP	K Total Planning Inventory
							CON	CON Bed Transfer		
Vance	HAL-092-012	The Bridges on Parkview	0	0	86	86	0	0	0	86
<b>Vance Totals</b>			<b>77</b>	<b>0</b>	<b>86</b>	<b>163</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>163</b>
Wake	HAL-092-024	Brighton Gardens of Raleigh	0	0	115	115	0	0	0	115
Wake	HAL-092-023	Brookdale Cary	0	0	50	50	0	0	0	50
Wake	HAL-092-027	Brookdale MacArthur Park	0	0	80	80	0	0	0	80
Wake	HAL-092-032	Brookdale Wake Forest	0	0	70	70	0	0	0	70
Wake	HAL-092-213	Cadence at Wake Forest (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	96
Wake	HAL-092-215	Cadence Garner (Beds awarded per settlement agreement from 2000 & 2007)	0	0	84	84	0	0	0	84
Wake	HAL-092-214	Cadence North Raleigh (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	96
Wake	HAL-092-227	Calyx Living of Fuquay-Varina	0	0	0	84	0	0	0	84
Wake	HAL-092-212	Dunmore Senior Living of Zebulon	0	0	60	60	0	0	0	60
Wake	HAL-092-231	Falls River Court Memory Care Community	0	0	38	38	0	0	0	38
Wake	HAL-092-230	Falls River Village Assisted Living Community	0	0	60	60	0	0	0	60
Wake	HAL-092-186	Foundation Senior Living	0	0	126	126	0	0	0	126
Wake	NH0637	Fuquay-Varina Health and Rehabilitation Center (Previously Universal Health Care/Fuquay-Varina; Transfer 31 beds to Litchford Falls Health and Rehabilitation Center)	31	0	0	31	0	-31	0	0
Wake	HAL-092-216	HeartFields at Cary	0	0	97	97	0	0	0	97
Wake	NH0525	Hillside Nursing Center of Wake Forest	20	0	0	20	0	0	0	20
Wake	HAL-092-233	Lawndale Manor	0	0	62	62	0	0	0	62
Wake	HAL-092-009	Lee's Long Term Care Facility (Facility closed. Transferred 65 beds to Waltonwood Silverton)	0	0	0	0	65	-65	0	0
Wake	NH0558	Litchford Falls Health and Rehabilitation Center (Transfer 20 beds from Perry Creek Health & Rehabilitation Center and 31 beds from Fuquay Nursing and Rehabilitation Center)	24	0	0	24	0	51	0	75
Wake	HAL-092-180	Magnolia Glen	0	0	66	66	0	0	0	66
Wake	HAL-092-217	Morningside of Raleigh	0	0	110	110	0	0	0	110
Wake	NH0611	Perry Creek Health and Rehabilitation Center (Transfer 20 beds to Litchford Falls Health and Rehabilitation Center)	20	0	0	20	0	-20	0	0
Wake	HAL-092-131	Phoenix Assisted Care	0	0	120	120	0	0	0	120
Wake	HAL-092-223	Spring Arbor of Apex	0	0	76	76	0	0	0	76
Wake	HAL-092-225	Spring Arbor of Cary	0	0	80	80	0	0	0	80
Wake	HAL-092-218	Sunrise at North Hills	0	0	160	160	0	0	0	160
Wake	HAL-092-209	Sunrise of Cary	0	0	85	85	0	0	0	85
Wake	HAL-092-211	Sunrise of Raleigh	0	0	100	100	0	0	0	100
Wake	HAL-092-219	TerraBella Fuquay-Varina (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	96

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

A Service Area	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H CON Approved/ License Pending		J Available in SMFP	K Total Planning Inventory
							CON	CON Bed Transfer		
Wake	HAL-092-220	TerraBella Knightdale (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	96
Wake	HAL-092-207	TerraBella Northridge	0	0	161	161	0	0	0	161
Wake	HAL-092-203	The Blair Memory Care Center of Cary (Formerly Chatham Commons)	0	0	80	80	0	0	0	80
Wake	HAL-092-181	The Covington	0	0	120	120	0	0	0	120
Wake	NH0506	The Laurels of Forest Glenn	20	0	0	20	0	0	0	20
Wake	HAL-092-229	The Reserve at Mills Farm	0	0	35	35	0	0	0	35
Wake	HAL-092-144	Wake Assisted Living	0	0	60	60	0	0	0	60
Wake	HAL-092-161	Waltonwood Cary Parkway (Transfer 9 beds to Waltonwood Silverton)	0	0	66	66	0	-9	0	57
Wake	HAL-092-210	Waltonwood Lake Boone	0	0	68	68	0	0	0	68
Wake		Waltonwood Silverton (Transfer 65 beds from Lee's Long Term Care Facility and 9 beds from Waltonwood Cary Parkway)	0	0	0	0	0	74	0	74
Wake	HAL-092-206	Woodland Terrace	0	0	84	84	0	0	0	84
Wake	HAL-092-143	Zebulon House	0	0	60	60	0	0	0	60
<b>Wake Totals</b>			<b>115</b>	<b>0</b>	<b>2,757</b>	<b>2,956</b>	<b>65</b>	<b>0</b>	<b>0</b>	<b>3,021</b>
Warren	HAL-093-010	Alpha Magnolia Garden	0	0	86	86	0	0	0	86
Warren	HAL-093-001	Boyd's Rest Home #2	0	0	10	10	0	0	0	10
Warren	NH0360	Warren Hills Nursing Center	20	0	0	20	0	0	0	20
<b>Warren Totals</b>			<b>20</b>	<b>0</b>	<b>96</b>	<b>116</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>116</b>
Washington	HAL-094-007	Cypress Manor	0	0	40	40	0	0	0	40
Washington	NH0419	The Carrolton of Plymouth	9	0	0	9	0	0	0	9
<b>Washington Totals</b>			<b>9</b>	<b>0</b>	<b>40</b>	<b>49</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>49</b>
Watauga	HAL-095-009	Deerfield Ridge Assisted Living	0	0	96	96	0	0	0	96
Watauga	HAL-095-002	Mountain Care Facilities (facility closed. Transfer 60 beds to Watauga Assisted Living.)	0	0	0	0	60	-60	0	0
Watauga	NH0638	The Foley Center at Chestnut Ridge	20	0	0	20	0	0	0	20
Watauga		Watauga Assisted Living (Replacement facility; transfer 60 beds from Mountain Care Facilities)	0	0	0	0	0	60	0	60
<b>Watauga Totals</b>			<b>20</b>	<b>0</b>	<b>96</b>	<b>116</b>	<b>60</b>	<b>0</b>	<b>0</b>	<b>176</b>
Wayne	HAL-096-026	Brookdale Country Day Road	0	0	104	104	0	0	0	104
Wayne	HAL-096-056	Eagle's Pointe	0	0	104	104	0	0	0	104
Wayne	HAL-096-024	Fremont Rest Center	0	0	50	50	0	0	0	50
Wayne	HAL-096-031	Goldsboro Assisted Living & Alzheimer's Care	0	0	56	56	0	0	0	56
Wayne	HAL-096-054	Helping Hands Assisted Living	0	0	73	73	0	0	0	73
Wayne	HAL-096-053	Navion of Goldsboro	0	0	60	60	0	0	0	60
Wayne	HAL-096-047	Somerset Court of Goldsboro	0	0	60	60	0	0	0	60

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

A Service Area	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H CON Approved/ License Pending		J Available in SMFP	K Total Planning Inventory
							CON	CON Bed Transfer		
Wayne	HAL-096-029	Sutton's Retirement Center	0	0	40	40	0	0	0	40
Wayne	HAL-096-055	The Indigo at Pikeville	0	0	40	40	0	0	0	40
Wayne	HAL-096-003	Wayne County Rest Villa No. 1	0	0	12	12	0	0	0	12
Wayne	HAL-096-004	Wayne County Rest Villa No. 2	0	0	12	12	0	0	0	12
Wayne	HAL-096-009	Woodard's Retirement Village (Facility closed 12/31/2024)	0	0	60	60	0	0	0	60
<b>Wayne Totals</b>			<b>0</b>	<b>0</b>	<b>671</b>	<b>671</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>671</b>
Wilkes	HAL-097-015	Rose Glen Manor	0	0	60	60	0	0	0	60
Wilkes		The Gardens of Wilkesboro (Transfer 99 beds from Wilkes County Adult Care)	0	0	0	0	0	99	0	99
Wilkes	NH0295	Westwood Hills Nursing and Rehabilitation Center	10	0	0	10	0	0	0	10
Wilkes	HAL-097-014	Wilkes County Adult Care (Transfer 99 beds to The Gardens of Wilkesboro)	0	0	0	0	99	-99	0	0
Wilkes	HAL-097-016	Wilkesboro Assisted Living Center	0	0	102	102	0	0	0	102
Wilkes	NH0509	Wilkesboro Health and Rehabilitation, LLC	19	0	0	19	0	0	0	19
<b>Wilkes Totals</b>			<b>29</b>	<b>0</b>	<b>162</b>	<b>191</b>	<b>99</b>	<b>0</b>	<b>0</b>	<b>290</b>
Wilson	HAL-098-031	Morning Star Assisted Living #5	0	0	58	58	0	0	0	58
Wilson	HAL-098-030	Parkwood Village	0	0	70	70	0	0	0	70
Wilson	HAL-098-032	Spring Arbor of Wilson	0	0	72	72	0	0	0	72
Wilson	HAL-098-027	Wilson Assisted Living	0	0	88	88	0	0	0	88
Wilson	HAL-098-023	Wilson House	0	0	136	136	0	0	0	136
Wilson	NH0218	Wilson Pines Nursing and Rehabilitation Center	30	0	0	30	0	0	0	30
<b>Wilson Totals</b>			<b>30</b>	<b>0</b>	<b>424</b>	<b>454</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>454</b>
Yadkin	HAL-099-018	Patriot Living of Yadkinville	0	0	50	50	0	0	0	50
Yadkin	HAL-099-017	Pinebrook Residential Center I	0	0	54	54	0	0	0	54
Yadkin	HAL-099-016	Pinebrook Residential Center II	0	0	65	65	0	0	0	65
Yadkin	NH0224	Yadkin Nursing Care Center	20	0	0	20	0	0	0	20
<b>Yadkin Totals</b>			<b>20</b>	<b>0</b>	<b>169</b>	<b>189</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>189</b>
Yancey	HAL-100-006	Southern Living for Seniors of Burnsville (Facility closed)	0	0	0	0	29	0	0	29
Yancey	HAL-100-005	Yancey House	0	0	70	70	0	0	0	70
<b>Yancey Totals</b>			<b>0</b>	<b>0</b>	<b>70</b>	<b>70</b>	<b>29</b>	<b>0</b>	<b>0</b>	<b>99</b>

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

A	B	C	D	E	F	G	H	I	J	K
Service Area	License Number	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Available in SMFP	Total Planning Inventory
							CON	CON Bed Transfer		
<b>Grand Totals</b>			<b>2,799</b>	<b>20</b>	<b>36,593</b>	<b>39,496</b>	<b>906</b>	<b>40</b>	<b>80</b>	<b>40,522</b>

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

A Service Area	B Patients					C Populations					D Rates					E Actual Average Annual Change Rate	F Selected Change Rate (County or Adjusted County)	G Bed Rate per 1,000
	2020	2021	2022	2023	2024	2020	2021	2022	2023	2024	2020	2021	2022	2023	2024			
Alamance	514	409	478	527	532	170,698	173,384	177,141	181,394	183,229	3.0112	2.3589	2.6984	2.9053	2.9035	0.0008	0.0008	2.9108
Alexander	52	60	70	78	89	38,524	36,145	36,429	36,353	36,401	1.3498	1.6600	1.9215	2.1456	2.4450	0.1609	0.1609	3.6250
Alleghany	0	0	22	35	31	11,558	10,829	11,132	11,426	11,619	2.5021	2.3279	1.9763	3.0632	2.6680	0.0501	0.0501	3.0689
Anson	55	60	0	29	48	23,889	21,904	21,502	22,087	21,534	2.3023	2.7392	2.3926	1.3130	2.2290	0.0774	0.0774	2.7467
Ashe	99	35	34	95	89	28,020	26,444	26,653	26,975	26,800	3.5332	1.3236	1.2757	3.5218	3.3209	0.2605	0.2605	5.9165
Avery	90	76	84	83	82	18,182	17,775	17,951	17,394	17,545	4.9500	4.2757	4.6794	4.7718	4.6737	-0.0107	-0.0107	4.5243
Beaufort	84	88	52	79	77	47,400	44,120	44,395	43,785	43,945	1.7722	1.9946	1.1713	1.8043	1.7522	0.0561	0.0561	2.0469
Bertie	73	59	38	70	66	19,496	17,598	16,933	16,839	16,688	3.7444	3.3527	2.2441	4.1570	3.9549	0.0921	0.0921	5.0481
Bladen	69	65	64	80	74	34,421	28,771	29,195	28,902	29,427	2.0046	2.2592	2.1922	2.7680	2.5147	0.0671	0.0671	3.0211
Brunswick	127	217	225	286	340	147,644	140,411	150,848	160,022	168,153	0.8602	1.5455	1.4916	1.7873	2.0220	0.2728	0.2728	3.6770
Buncombe	728	676	725	702	721	264,408	272,880	274,361	276,367	280,032	2.7533	2.4773	2.6425	2.5401	2.5747	-0.0147	-0.0147	2.4614
Burke	294	235	276	267	290	91,708	86,783	87,412	89,179	90,613	3.2058	2.7079	3.1575	2.9940	3.2004	0.0070	0.0070	3.2673
Cabarrus	532	546	579	587	603	216,841	232,083	235,654	243,942	246,620	2.4534	2.3526	2.4570	2.4063	2.4451	-0.0003	-0.0003	2.4428
Caldwell	101	182	176	173	226	84,230	80,171	80,975	81,761	82,336	1.1991	2.2701	2.1735	2.1159	2.7449	0.2803	0.2803	5.0534
Camden	12	11	11	11	13	10,575	10,469	10,915	11,064	10,702	1.1348	1.0507	1.0078	0.9942	1.2147	0.0234	0.0234	1.2998
Carteret	157	152	149	156	165	71,352	67,311	68,813	70,294	70,807	2.2004	2.2582	2.1653	2.2193	2.3303	0.0150	0.0150	2.4353
Caswell	85	72	89	77	73	23,462	22,582	22,339	22,098	22,462	3.6229	3.1884	3.9841	3.4845	3.2499	-0.0158	-0.0158	3.0962
Catawba	501	424	457	499	498	160,732	161,909	162,790	166,441	168,055	3.1170	2.6188	2.8073	2.9981	2.9633	-0.0079	-0.0079	2.8933
Chatham	245	243	288	288	300	77,061	77,747	78,450	80,498	82,762	3.1793	3.1255	3.6711	3.5777	3.6249	0.0363	0.0363	4.0201
Cherokee	17	0	0	0	0	29,610	28,873	29,177	29,154	29,921	0.5741	2.3279	2.3926	2.4539	2.4168	0.7732	0.5981	0.0000
Chowan	85	71	75	98	93	14,114	13,640	13,677	13,807	13,783	6.0224	5.2053	5.4837	7.0978	6.7474	0.0407	0.0407	7.5713
Clay	48	43	40	36	31	11,759	11,066	11,415	11,793	11,934	4.0820	3.8858	3.5042	3.0527	2.5976	-0.1060	-0.1060	1.7712
Cleveland	315	300	300	309	305	100,814	100,541	101,874	100,596	101,137	3.1246	2.9839	2.9448	3.0717	3.0157	-0.0083	-0.0083	2.9405
Columbus	73	67	68	72	63	56,002	49,307	50,043	49,966	50,993	1.3035	1.3588	1.3588	1.4410	1.2355	-0.0099	-0.0099	1.1986
Craven	345	317	326	372	317	103,016	100,128	102,032	104,372	103,220	3.3490	3.1659	3.1951	3.5642	3.0711	-0.0171	-0.0171	2.9139
Cumberland	573	555	541	593	545	333,531	334,660	343,588	342,872	337,971	1.7180	1.6584	1.5746	1.7295	1.6126	-0.0136	-0.0136	1.5467
Currituck	53	42	45	59	66	28,048	29,305	30,904	32,240	32,142	1.8896	1.4332	1.4561	1.8300	2.0534	0.0383	0.0383	2.2895
Dare	67	67	60	60	64	38,027	37,342	37,937	37,801	38,121	1.7619	1.7942	1.5816	1.5873	1.6789	-0.0097	-0.0097	1.6299
Davidson	432	329	339	382	365	170,370	170,044	172,093	176,119	178,569	2.5357	1.9348	1.9699	2.1690	2.0440	-0.0438	-0.0438	1.7752
Davie	114	99	109	124	129	43,746	43,283	43,754	44,290	44,812	2.6060	2.2873	2.4912	2.7997	2.8787	0.0297	0.0297	3.1354
Duplin	278	188	206	158	177	60,177	47,043	48,747	49,205	49,768	4.6197	3.9963	4.2259	3.2111	3.5565	-0.0525	-0.0525	2.9962
Durham	663	685	668	727	738	321,261	329,973	332,576	337,308	340,677	2.0637	2.0759	2.0086	2.1553	2.1663	0.0129	0.0129	2.2501
Edgecombe	129	100	167	147	154	52,024	48,104	47,707	47,951	48,495	2.4796	2.0788	3.5005	3.0656	3.1756	0.1085	0.1085	4.2090
Forsyth	1,354	1,434	1,352	1,480	1,486	380,964	385,489	386,047	393,297	395,597	3.5541	3.7200	3.5022	3.7631	3.7563	0.0152	0.0152	3.9277
Franklin	112	98	172	86	94	71,196	70,436	73,371	77,108	80,364	1.5731	1.3913	2.3443	1.1153	1.1697	0.0235	0.0235	1.2520
Gaston	768	731	783	742	760	224,168	230,378	237,542	240,885	244,074	3.4260	3.1730	3.2963	3.0803	3.1138	-0.0224	-0.0224	2.9045
Gates	2	55	50	45	45	11,908	10,166	10,312	10,490	10,284	0.1680	5.4102	4.8487	4.2898	4.3757	7.7533	0.5981	12.2272

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

A Service Area	B Patients					C Populations					D Rates					E Actual Average Annual Change Rate	F Selected Change Rate (County or Adjusted County)	G Bed Rate per 1,000
	2020	2021	2022	2023	2024	2020	2021	2022	2023	2024	2020	2021	2022	2023	2024			
Graham	0	0	0	1	0	8,642	7,967	8,052	7,713	8,006	2.5021	2.3279	2.3926	0.1297	2.4168	4.1633	0.5981	0.0000
Granville	105	100	129	121	122	61,628	61,410	62,050	62,225	62,447	1.7038	1.6284	2.0790	1.9446	1.9537	0.0431	0.0431	2.2064
Greene	40	34	38	8	9	20,951	20,372	20,119	19,938	20,188	1.9092	1.6690	1.8888	0.4012	0.4458	-0.1677	-0.1677	0.2216
Guilford	1,375	1,318	1,384	1,264	1,332	538,431	547,379	544,278	550,452	554,791	2.5537	2.4078	2.5428	2.2963	2.4009	-0.0131	-0.0131	2.3064
Halifax	91	105	114	144	156	50,898	47,873	47,787	46,781	46,203	1.7879	2.1933	2.3856	3.0782	3.3764	0.1754	0.1754	5.1531
Harnett	448	397	372	377	413	136,705	134,847	139,562	141,501	144,870	3.2771	2.9441	2.6655	2.6643	2.8508	-0.0317	-0.0317	2.5800
Haywood	209	193	219	163	184	63,481	62,403	62,888	63,703	64,378	3.2923	3.0928	3.4824	2.5587	2.8581	-0.0207	-0.0207	2.6805
Henderson	385	396	334	456	404	118,563	117,408	117,274	120,208	122,073	3.2472	3.3729	2.8480	3.7934	3.3095	0.0219	0.0219	3.5266
Hertford	116	115	121	112	113	23,720	19,871	19,507	19,730	18,516	4.8904	5.7873	6.2029	5.6766	6.1028	0.0614	0.0614	7.2263
Hoke	125	129	153	146	66	54,682	52,331	55,151	55,417	55,631	2.2859	2.4651	2.7742	2.6346	1.1864	-0.0991	-0.0991	0.8338
Hyde*	0	0	0	0	0	5,119	4,482	4,549	4,546	4,635	2.5021	2.3279	2.3926	2.4539	2.4168	-0.0078	-0.0078	0.0000
Iredell	674	658	624	697	668	183,309	191,180	196,170	202,785	206,051	3.6769	3.4418	3.1809	3.4371	3.2419	-0.0290	-0.0290	2.9599
Jackson	97	93	94	97	108	44,354	43,147	42,972	43,239	44,654	2.1870	2.1554	2.1875	2.2433	2.4186	0.0260	0.0260	2.6075
Johnston	323	369	376	379	421	211,626	223,975	233,435	240,796	248,941	1.5263	1.6475	1.6107	1.5739	1.6912	0.0272	0.0272	1.8291
Jones	11	13	10	12	12	10,067	8,947	9,199	9,096	9,258	1.0927	1.4530	1.0871	1.3193	1.2962	0.0685	0.0685	1.5625
Lee	163	165	148	129	125	61,663	64,278	64,907	66,635	68,750	2.6434	2.5670	2.2802	1.9359	1.8182	-0.0881	-0.0881	1.3376
Lenoir	214	230	246	251	242	56,876	54,783	54,572	53,810	53,980	3.7626	4.1984	4.5078	4.6646	4.4831	0.0464	0.0464	5.1066
Lincoln	262	156	250	263	254	88,699	88,298	91,171	95,399	97,203	2.9538	1.7667	2.7421	2.7568	2.6131	0.0259	0.0259	2.8158
Macon	140	126	134	140	134	37,014	37,430	37,653	38,081	38,515	3.7824	3.3663	3.5588	3.6764	3.4792	-0.0184	-0.0184	3.2876
Madison	59	65	65	65	71	22,500	21,205	21,522	21,325	21,840	2.6222	3.0653	3.0202	3.0481	3.2509	0.0575	0.0575	3.8118
Martin	109	88	93	93	83	22,904	21,713	21,476	21,139	20,998	4.7590	4.0529	4.3304	4.3995	3.9528	-0.0414	-0.0414	3.4622
McDowell	261	259	273	264	208	46,530	44,350	44,443	44,421	44,665	5.6093	5.8399	6.1427	5.9431	4.6569	-0.0390	-0.0390	4.1122
Mecklenburg	2,208	1,946	2,181	2,241	2,162	1,118,775	1,133,504	1,135,873	1,166,645	1,180,037	1.9736	1.7168	1.9201	1.9209	1.8321	-0.0144	-0.0144	1.7532
Mitchell	70	68	70	72	64	15,112	14,836	14,895	14,786	14,680	4.6321	4.5834	4.6996	4.8695	4.3597	-0.0134	-0.0134	4.1841
Montgomery	135	108	112	110	105	27,753	25,705	25,757	25,509	26,012	4.8643	4.2015	4.3483	4.3122	4.0366	-0.0434	-0.0434	3.5112
Moore	423	383	403	419	424	102,814	101,649	104,758	108,316	110,469	4.1142	3.7679	3.8470	3.8683	3.8382	-0.0164	-0.0164	3.6498
Nash	274	237	236	306	324	96,669	95,116	95,446	97,313	98,544	2.8344	2.4917	2.4726	3.1445	3.2879	0.0472	0.0472	3.7533
New Hanover	641	594	582	619	564	235,231	227,782	235,245	239,395	242,785	2.7250	2.6078	2.4740	2.5857	2.3230	-0.0377	-0.0377	2.0604
Northampton	137	116	111	76	97	20,054	16,796	17,036	16,193	16,362	6.8316	6.9064	6.5156	4.6934	5.9284	-0.0155	-0.0155	5.6520
Onslow	161	184	208	222	230	210,056	206,718	209,491	212,378	215,940	0.7665	0.8901	0.9929	1.0453	1.0651	0.0871	0.0871	1.3435
Orange	322	329	340	324	260	147,907	150,258	149,665	150,169	152,383	2.1770	2.1896	2.2717	2.1576	1.7062	-0.0540	-0.0540	1.4296
Pamlico	42	39	40	30	33	13,277	12,140	12,299	12,178	12,723	3.1634	3.2125	3.2523	2.4635	2.5937	-0.0404	-0.0404	2.2791
Pasquotank	169	155	149	160	157	39,952	40,743	40,763	40,973	41,353	4.2301	3.8043	3.6553	3.9050	3.7966	-0.0248	-0.0248	3.5139
Pender	103	86	102	124	122	63,949	61,105	65,282	67,361	69,351	1.6107	1.4074	1.5625	1.8408	1.7592	0.0294	0.0294	1.9146
Perquimans	22	67	38	65	56	13,807	12,847	13,445	13,165	13,417	1.5934	5.2152	2.8263	4.9373	4.1738	0.6018	0.5981	11.6629
Person	153	70	80	191	170	40,450	39,044	39,586	39,229	39,721	3.7824	1.7928	2.0209	4.8688	4.2799	0.2224	0.2224	7.1349
Pitt	418	419	366	405	419	183,285	170,276	172,231	176,572	175,285	2.2806	2.4607	2.1251	2.2937	2.3904	0.0160	0.0160	2.5053

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

A Service Area	B Patients					C Populations					D Rates					E Actual Average Annual Change Rate	F Selected Change Rate (County or Adjusted County)	G Bed Rate per 1,000
	2020	2021	2022	2023	2024	2020	2021	2022	2023	2024	2020	2021	2022	2023	2024			
Polk	109	100	98	106	108	21,923	18,957	19,571	19,618	19,819	4.9719	5.2751	5.0074	5.4032	5.4493	0.0245	0.0245	5.8490
Randolph	352	327	326	361	360	145,246	144,818	145,796	145,720	147,760	2.4235	2.2580	2.2360	2.4774	2.4364	0.0033	0.0033	2.4608
Richmond	136	111	139	127	122	45,014	42,475	42,330	42,495	41,730	3.0213	2.6133	3.2837	2.9886	2.9236	0.0025	0.0025	2.9452
Robeson	349	249	322	334	333	131,238	113,699	116,951	117,596	116,273	2.6593	2.1900	2.7533	2.8402	2.8639	0.0302	0.0302	3.1231
Rockingham	247	239	245	270	293	91,915	91,113	91,912	91,572	92,416	2.6873	2.6231	2.6656	2.9485	3.1704	0.0434	0.0434	3.5835
Rowan	412	381	408	399	407	143,274	147,817	148,765	152,064	153,675	2.8756	2.5775	2.7426	2.6239	2.6484	-0.0184	-0.0184	2.5024
Rutherford	293	291	293	276	360	69,049	64,178	64,184	64,419	65,075	4.2434	4.5343	4.5650	4.2845	5.5321	0.0763	0.0763	6.7979
Sampson	161	105	136	140	121	64,053	58,309	58,987	59,425	60,164	2.5135	1.8008	2.3056	2.3559	2.0112	-0.0319	-0.0319	1.8185
Scotland	75	19	75	79	69	35,724	33,682	33,079	33,341	33,360	2.0994	0.5641	2.2673	2.3695	2.0683	0.5515	0.5515	5.4904
Stanly	150	159	137	152	162	64,691	62,220	62,883	63,752	65,293	2.3187	2.5554	2.1786	2.3842	2.4811	0.0224	0.0224	2.6479
Stokes	207	118	121	202	222	46,684	44,344	45,039	45,625	45,743	4.4341	2.6610	2.6866	4.4274	4.8532	0.0885	0.0885	6.1413
Surry	348	231	302	305	289	73,548	71,195	71,329	71,247	71,772	4.7316	3.2446	4.2339	4.2809	4.0266	-0.0144	-0.0144	3.8525
Swain	47	47	50	46	41	14,489	14,059	14,316	13,873	13,741	3.2438	3.3431	3.4926	3.3158	2.9838	-0.0189	-0.0189	2.8150
Transylvania	81	86	81	84	72	35,511	32,785	33,498	33,029	33,406	2.2810	2.6232	2.4181	2.5432	2.1553	-0.0072	-0.0072	2.1085
Tyrrell**	40	36	38	20	24	3,767	3,101	3,193	3,341	3,479	10.6185	11.6092	11.9010	5.9862	6.8985	-0.0565	-0.0565	5.7284
Union	363	313	364	362	339	238,740	242,651	247,301	257,071	265,730	1.5205	1.2899	1.4719	1.4082	1.2757	-0.0370	-0.0370	1.1342
Vance	37	27	20	13	13	45,435	42,096	42,014	40,963	41,240	0.8144	0.6414	0.4760	0.3174	0.3152	-0.2026	-0.2026	0.1237
Wake	2,114	1,970	1,997	2,041	2,034	1,102,782	1,156,274	1,169,294	1,189,597	1,216,309	1.9170	1.7037	1.7079	1.7157	1.6723	-0.0324	-0.0324	1.5098
Warren	66	22	22	80	71	19,767	18,319	18,873	18,738	18,671	3.3389	1.2009	1.1657	4.2694	3.8027	0.4709	0.4709	9.1747
Washington	41	39	39	40	38	12,039	10,818	10,607	10,424	10,422	3.4056	3.6051	3.6768	3.8373	3.6461	0.0181	0.0181	3.8439
Watauga	87	93	34	74	57	57,011	53,639	54,068	56,582	55,025	1.5260	1.7338	0.6288	1.3078	1.0359	0.0927	0.0927	1.3239
Wayne	460	409	365	351	363	126,339	116,094	117,544	116,934	118,671	3.6410	3.5230	3.1052	3.0017	3.0589	-0.0413	-0.0413	2.6797
Wilkes	153	150	165	173	174	70,263	65,378	65,698	66,003	66,296	2.1775	2.2943	2.5115	2.6211	2.6246	0.0483	0.0483	3.0050
Wilson	236	241	245	239	258	83,495	78,284	77,877	78,415	78,937	2.8265	3.0785	3.1460	3.0479	3.2684	0.0381	0.0381	3.6416
Yadkin	108	101	103	114	90	38,145	37,081	37,117	37,398	37,722	2.8313	2.7238	2.7750	3.0483	2.3859	-0.0345	-0.0345	2.1389
Yancey	88	60	86	62	52	18,909	18,557	18,455	18,510	18,555	4.6539	3.2333	4.6600	3.3495	2.8025	-0.0771	-0.0771	2.1540
<b>State Total</b>	<b>26,491</b>	<b>24,525</b>	<b>25,524</b>	<b>26,608</b>	<b>26,533</b>	<b>10,587,440</b>	<b>10,535,205</b>	<b>10,667,874</b>	<b>10,842,949</b>	<b>10,978,531</b>	<b>2.5021</b>	<b>2.3279</b>	<b>2.3926</b>	<b>2.4539</b>	<b>2.4168</b>	<b>-0.0078</b>		

Table 11C: Adult Care Home Bed Need Projections for 2029

A	B	C	D	E	F	G	H	I	J
Service Area	Bed Rate per 1,000	Projected 2029 Population (Civilian)	Projected Bed Utilization	Projected Bed Utilization with Vacancy Factor	Licensed Plus Previous Allocations (Total Planning Inventory)	Surplus/Deficit "-"	Deficit Index	Adjusted Occupancy Rate	Bed Need
Alamance	2.9108	193,364	563	592	738	146		81.94%	0
Alexander	3.6250	36,786	133	140	124	-16	-11.66%	78.33%	0
Alleghany	3.0689	11,726	36	38	40	2		78.52%	0
Anson	2.7467	21,234	58	61	60	-1	-2.27%	80.00%	0
Ashe	5.9165	26,580	157	166	195	29		77.42%	0
Avery	4.5243	17,557	79	84	100	16		82.00%	0
Beaufort	2.0469	43,838	90	94	217	123		62.34%	0
Bertie	5.0481	16,127	81	86	105	19		68.33%	0
Bladen	3.0211	31,181	94	99	150	51		76.15%	0
Brunswick	3.6770	196,897	724	762	581	-181	-23.76%	75.06%	0
Buncombe	2.4614	294,965	726	764	973	209		66.67%	0
Burke	3.2673	91,797	300	316	348	32		83.33%	0
Cabarrus	2.4428	270,420	661	695	850	155		74.32%	0
Caldwell	5.0534	83,094	420	442	349	-93	-21.04%	64.76%	0
Camden	1.2998	11,068	14	15	24	9		54.17%	0
Carteret	2.4353	73,226	178	188	296	108		67.07%	0
Caswell	3.0962	22,461	70	73	124	51		66.67%	0
Catawba	2.8933	177,360	513	540	706	166		69.80%	0
Chatham	4.0201	89,584	360	379	360	-19	-5.04%	70.33%	0
Cherokee	0.0000	31,070	0	0	0	0		0.00%	0
Chowan	7.5713	13,759	104	110	120	10		80.86%	0
Clay	1.7712	12,700	22	24	60	36		54.79%	0
Cleveland	2.9405	104,332	307	323	423	100		79.00%	0
Columbus	1.1986	53,632	64	68	225	157		29.76%	0
Craven	2.9139	98,779	288	303	528	225		67.68%	0
Cumberland	1.5467	310,346	480	505	904	399		72.18%	0
Currituck	2.2895	35,765	82	86	90	4		73.33%	0

Table 11C: Adult Care Home Bed Need Projections for 2029

A	B	C	D	E	F	G	H	I	J
Service Area	Bed Rate per 1,000	Projected 2029 Population (Civilian)	Projected Bed Utilization	Projected Bed Utilization with Vacancy Factor	Licensed Plus Previous Allocations (Total Planning Inventory)	Surplus/Deficit "-"	Deficit Index	Adjusted Occupancy Rate	Bed Need
Dare	1.6299	39,302	64	67	102	35		63.56%	0
Davidson	1.7752	186,812	332	349	567	218		70.70%	0
Davie	3.1354	47,624	149	157	212	55		68.63%	0
Duplin	2.9962	52,709	158	166	357	191		50.00%	0
Durham	2.2501	361,103	813	855	1,030	175		74.28%	0
Edgecombe	4.2090	48,677	205	216	264	48		67.86%	0
Forsyth	3.9277	411,434	1,616	1,701	2,013	312		77.29%	0
Franklin	1.2520	92,350	116	122	124	2		78.33%	0
Gaston	2.9045	257,335	747	787	1,039	252		73.62%	0
Gates	12.2272	10,292	126	132	80	-52	-39.61%	56.74%	0
Graham	0.0000	8,062	0	0	23	23		1.54%	0
Granville	2.2064	65,751	145	153	251	98		72.18%	0
Greene	0.2216	20,147	4	5	57	52		26.47%	0
Guilford	2.3064	586,690	1,353	1,424	1,963	539		61.47%	0
Halifax	5.1531	44,294	228	240	199	-41	-17.18%	86.67%	40
Harnett	2.5800	154,036	397	418	626	208		71.70%	0
Haywood	2.6805	66,517	178	188	321	133		80.00%	0
Henderson	3.5266	129,161	455	479	560	81		76.04%	0
Hertford	7.2263	17,690	128	135	152	17		77.93%	0
Hoke	0.8338	57,567	48	51	165	114		41.04%	0
Hyde	0.0000	4,386	0	0	0	0		0.00%	0
Iredell	2.9599	224,777	665	700	934	234		76.25%	0
Jackson	2.6075	46,559	121	128	145	17		74.48%	0
Johnston	1.8291	283,825	519	546	707	161		75.00%	0
Jones	1.5625	9,156	14	15	20	5		61.77%	0
Lee	1.3376	74,208	99	104	323	219		41.25%	0
Lenoir	5.1066	54,016	276	290	327	37		89.97%	0

Table 11C: Adult Care Home Bed Need Projections for 2029

A	B	C	D	E	F	G	H	I	J
Service Area	Bed Rate per 1,000	Projected 2029 Population (Civilian)	Projected Bed Utilization	Projected Bed Utilization with Vacancy Factor	Licensed Plus Previous Allocations (Total Planning Inventory)	Surplus/Deficit "-"	Deficit Index	Adjusted Occupancy Rate	Bed Need
Lincoln	2.8158	106,611	300	316	381	65		71.22%	0
Macon	3.2876	40,325	133	140	178	38		75.28%	0
Madison	3.8118	22,273	85	89	89	0	-0.41%	81.63%	0
Martin	3.4622	20,067	69	73	182	109		54.93%	0
McDowell	4.1122	44,810	184	194	350	156		80.00%	0
Mecklenburg	1.7532	1,273,634	2,233	2,350	2,921	571		71.70%	0
Mitchell	4.1841	14,478	61	64	80	16		83.90%	0
Montgomery	3.5112	26,189	92	97	196	99		68.47%	0
Moore	3.6498	120,370	439	462	609	147		72.21%	0
Nash	3.7533	101,018	379	399	498	99		65.06%	0
New Hanover	2.0604	258,694	533	561	995	434		68.21%	0
Northampton	5.6520	15,933	90	95	198	103		55.11%	0
Onslow	1.3435	191,888	258	271	438	167		63.29%	0
Orange	1.4296	159,730	228	240	401	161		62.46%	0
Pamlico	2.2791	12,918	29	31	78	47		52.00%	0
Pasquotank	3.5139	41,336	145	153	266	113		60.32%	0
Pender	1.9146	74,079	142	149	147	-2	-1.54%	70.27%	0
Perquimans	11.6629	13,838	161	170	74	-96	-56.44%	76.58%	100
Person	7.1349	40,563	289	305	214	-91	-29.75%	79.44%	0
Pitt	2.5053	181,699	455	479	567	88		72.37%	0
Polk	5.8490	19,818	116	122	122	0	-0.01%	86.67%	0
Randolph	2.4608	151,925	374	394	567	173		68.09%	0
Richmond	2.9452	40,593	120	126	184	58		66.30%	0
Robeson	3.1231	116,275	363	382	445	63		67.19%	0
Rockingham	3.5835	92,415	331	349	419	70		69.93%	0
Rowan	2.5024	156,897	393	413	803	390		56.48%	0
Rutherford	6.7979	65,880	448	471	518	47		78.47%	0

Table 11C: Adult Care Home Bed Need Projections for 2029

A	B	C	D	E	F	G	H	I	J
Service Area	Bed Rate per 1,000	Projected 2029 Population (Civilian)	Projected Bed Utilization	Projected Bed Utilization with Vacancy Factor	Licensed Plus Previous Allocations (Total Planning Inventory)	Surplus/Deficit "-"	Deficit Index	Adjusted Occupancy Rate	Bed Need
Sampson	1.8185	61,761	112	118	222	104		58.57%	0
Scotland	5.4904	32,331	178	187	100	-87	-46.48%	50.43%	0
Stanly	2.6479	66,767	177	186	231	45		70.13%	0
Stokes	6.1413	46,288	284	299	300	1		80.03%	0
Surry	3.8525	71,773	277	291	460	169		67.86%	0
Swain	2.8150	13,567	38	40	50	10		86.94%	0
Transylvania	2.1085	34,001	72	75	134	59		56.07%	0
Tyrrell	5.7284	3,479	20	21	50	29		48.00%	0
Union	1.1342	300,216	341	358	576	218		68.00%	0
Vance	0.1237	41,222	5	5	163	158		7.98%	0
Wake	1.5098	1,333,402	2,013	2,119	3,021	902		69.52%	0
Warren	9.1747	18,774	172	181	116	-65	-36.02%	66.28%	0
Washington	3.8439	9,972	38	40	49	9		77.55%	0
Watauga	1.3239	55,134	73	77	176	99		49.14%	0
Wayne	2.6797	117,339	314	331	671	340		66.67%	0
Wilkes	3.0050	67,089	202	212	290	78		91.10%	0
Wilson	3.6416	79,260	289	304	454	150		60.32%	0
Yadkin	2.1389	37,721	81	85	189	104		54.93%	0
Yancey	2.1540	18,711	40	42	99	57		88.60%	0
<b>State Total</b>		<b>11,537,191</b>	<b>28,741</b>	<b>30,254</b>	<b>40,522</b>				<b>140</b>

**Table 11D: Adult Care Home Bed Need Determination\***  
*(Proposed for Certificate of Need Review Commencing in 2026)*

<b>Service Area</b>	<b>HSA</b>	<b>Adult Care Home Bed Need Determination</b>	<b>Certificate of Need Application Deadline**</b>	<b>Certificate of Need Beginning Review Date</b>
Halifax	VI	40	To be determined	To be determined
Perquimans	VI	100	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 5:00 p.m. on the application deadline date.

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

Service Area	License Number	Name	Adult Care Home Beds
Alamance	NH0596	Edgewood Place at the Village at Brookwood	24
Buncombe	HAL-011-378	Heather Glen At Ardenwoods	60
Buncombe	NH0087	Deerfield Episcopal Retirement Community Inc	62
Burke	NH0476	Grace Ridge	47
Cabarrus	NH0607	The Gardens of Taylor Glen Retirement Community	24
Catawba	NH0191	Abernethy Laurels	18
Chatham	NH0619	The Arbor	51
Chatham	HAL-019-020	Carolina Meadows Fairways	95
Chatham	HAL-019-006	Pittsboro Christian Village	40
Davidson	NH0390	Piedmont Crossing	20
Durham	HAL-032-020	Croasdaile Village	64
Durham	NH0536	The Forest at Duke	32
Forsyth	NH0067	Brookridge Retirement Community	36
Forsyth	NH0378	Arbor Acres United Methodist Retirement Community Inc	106
Forsyth	NH0154	Salemtowne	20
Forsyth	HAL-034-103	Salemtowne	46
Gaston	NH0332	Covenant Village Inc	42
Gaston	NH0386	Stanley Total Living Center Inc	40
Guilford	NH0554	Friends Homes West	40
Guilford	NH0546	Well-Spring	72
Guilford	NH0612	River Landing at Sandy Ridge	56
Guilford	NH0005	Maryfield Nursing Home	36
Guilford	NH0141	WhiteStone: A Masonic and Eastern Star Community	36
Guilford	NH0190	Friends Homes at Guilford	60
Henderson	HAL-045-067	Carolina Village	60
Mecklenburg	HAL-060-001	Carmel Hills	38
Mecklenburg	NH0121	The Sharon at SouthPark	40
Mecklenburg	NH0414	Southminster	25
Mecklenburg	HAL-060-016	Brookdale Carriage Club Providence I	77
Mecklenburg	HAL-060-059	Cuthbertson Village at Aldersgate	61
Mecklenburg	NH0659	Briar Creek Health Center	108

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

Service Area	License Number	Name	Adult Care Home Beds
Mecklenburg	NH0443	The Pines at Davidson	30
Mecklenburg	NH0584	The Stewart Health Center	14
Mecklenburg	HAL-060-167	Oakbridge Terrace @ Matthews Glen	100
Mecklenburg	NH0660	Windsor Run, LLC	10
Moore	HAL-063-016	The Coventry	60
Moore	NH0127	Penick Village	42
New Hanover	NH0649	Bradley Creek Health Center	78
Orange	HAL-068-020	The Carol Woods Retirement Community - Building 6	12
Orange	HAL-068-021	Carol Woods Retirement Community - Building 7	12
Orange	NH0258	Carol Woods	65
Pitt	HAL-074-042	Cypress Glen Retirement Community Memory Care Cottage	12
Pitt	NH0473	Cypress Glen Retirement Community	30
Polk	NH0399	White Oak Manor-Tryon	18
Polk	NH0559	WillowBrooke Court SC Center at Tryon Estates	44
Robeson	NH0240	Wesley Pines Retirement Community	42
Rowan	HAL-080-010	Trinity Oaks Continuing Care Retirement Community	38
Scotland	NH0457	Scotia Village	32
Wake	NH0663	Bloomsbury at Hayes Barton	63
Wake	HAL-092-226	The East Tower at Cardinal North Hills	49
Wake	NH0658	Swift Creek Health Center	82
Wake	NH0636	Brittany Place	43
Wake	NH0653	The Cardinal at North Hills	55
Wake	NH0549	Glenaire	9
Wake	NH0383	Dan E & Mary Louise Stewart Health Center of	18
Wake	NH0580	Windsor Point Continuing Care Retirement Community	55
Wake	HAL-092-146	Brookridge Assisted Living	0

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

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

# Chapter 12:

## Home Health Services

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## CHAPTER 12

### HOME HEALTH SERVICES

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#### Introduction

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

#### Definitions

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

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

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

The *reporting year* for a home health agency or office is either July 1 through June 30 or October 1 through September 30; facilities may choose their reporting year. The current reporting year is either July 1, 2023 through June 30, 2024, or October 1, 2023 through September 30, 2024.

The methodology calculates need for home health agencies for a *projection year*, which is three years beyond the current reporting year. The current projection year is 2027.

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

#### Changes from the Previous Plan

This chapter contains no substantive changes from the previous SMFP.

#### Basic Principle

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

#### Data Sources

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

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

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

### **Assumptions of the Methodology**

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

### **Application of the Methodology**

- Step 1: For each COG region and each age group, calculate the AACR in Number of Patients (*Table 12B, Columns B, E, and H*) over the three previous reporting years. To do so, first determine the total number of patients during each of the last three reporting years. Next, calculate the difference in the number of patients served from year to year. Then determine the percent change from the previous reporting year by dividing the calculated difference in patients by the number of patients provided services during the previous reporting year [(number of patients in the current reporting year – number of patients in the previous reporting year) / number of patients in the previous reporting year]. Finally, total the annual percent change and divide by two to determine the AACR (*Table 12B, Column K*).
- Step 2: For each COG region and each age group, calculate the AACR in Use Rates per 1,000 Population (*Table 12B, Columns D, G, and J*) over the three previous reporting years. To do

- so, first determine the use rates during each of the last three reporting years. Next, calculate the difference in the use rates from year to year. Then determine the percent change from the previous reporting year by dividing the calculated difference in the use rate by the total overall use rate during the previous reporting year [(use rate for age group in the current reporting year – use rate for age group in the previous reporting year) / use rate for age group in the previous reporting year]. Finally, total the annual percent change and divide by two to determine the AACR (*Table 12B, Column L*).
- Step 3: For each county, for each age group, total the number of patients served during the reporting year (*Table 12C, Column B*).
- Step 4: For each county, multiply the COG’s AACR in Number of Patients for each age group from the affiliated COG region by the number of patients for each age group from Step 3 (*Table 12C, Column C*).
- Step 5: Multiply the product from Step 4 by three and add that product to the results of Step 3 for each age group. The result is the projected number of patients in each age group during the projection year (*Table 12C, Column D*).
- Step 6: For each county and age group, divide the number of patients served during the reporting year (*Table 12C, Column B*) by the county population in thousands for each age group to obtain county use rates per 1,000 population (*Table 12C, Column E*).
- Step 7: Multiply the COG’s AARC in Use Rate per 1,000 Population (*Table 12C, Column F*) for each age group from the affiliated COG region by the county use rates per 1,000 population for each age group from Step 6 (*Table 12C, Column E*).
- Step 8: Multiply the product from Step 7 by three and add that product to the results from Step 6 for each age group. The result is the projected use rate per 1,000 population in the projection year for each age group (*Table 12C, Column G*).
- Step 9: For the projection year for each age group, multiply the projected use rate per 1,000 population (*Table 12C, Column G*) by the projected population (*Table 12C, Column H*). The result is the projected number of patients during the projection year (*Table 12C, Column I*).
- Step 10: In counties that have a need determination for additional agencies or offices, in the three annual SMFPs following certification of the agencies or offices developed based on that need, count the greater of 325 patients or the actual number of patients served (*Table 12D, Column B*).
- Step 11: For each county, sum the projected number of patients in the projection year (from Step 5) across all four age groups and the adjustment placeholder (from Step 10), if applicable. The result is an Adjusted Projected Total Patients for each county for the projection year (*Table 12D, Column C*).
- Step 12: For each county, sum the projected number of patients in the projection year (from Step 9) across all four age groups. The result is the Projected Utilization in the projection year (*Table 12D, Column D*).
- Step 13: For each county, subtract the Projected Utilization in the projection (*Table 12D, Column D*) from the Adjusted Total Projected Patients (*Table 12D, Column C*). The remainder is the projected additional number of patients who will need home health services in the projection

year (*Table 12D, Column E*). A deficit shows as a negative number of patients. A remainder of 0.50 or greater rounds to the next highest whole number. A remainder of less than 0.50 rounds to the next lowest whole number.

Step 14: For each county, each projected deficit of 325 patients results in a need determination for one new agency or office (*Table 12D, Column F*).

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

**Proposed 2026 SMFP**

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

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
<b>County</b>	<b>License Number</b>	<b>Name</b>	<b>In-County Patients</b>	<b>Out-of-County Patients</b>	<b>Total Patients</b>
Alamance	HC0134	Amedisys Home Health	697	781	1,478
Alamance	HC0249	Adoration Home Health	818	145	963
Alamance	HC0361	AuthoraCare Collective**	0	0	0
Alexander	HC0476	Medi Home Health Agency	216	609	825
Alleghany	HC0478	Medi Home Health and Hospice	212	65	277
Anson	HC0264	Liberty Home Care	37	203	240
Ashe	HC0479	Medi Home Health and Hospice	569	13	582
Beaufort	HC0329	CenterWell Home Health	890	1,299	2,189
Beaufort	HC1634	ECU Health Home Health & Hospice	357	189	546
Bertie	HC0480	Albemarle Home Care and Hospice	29	104	133
Bertie	HC1052	ECU Health Home Health & Hospice	178	205	383
Bladen	HC0309	Liberty Home Care	101	118	219
Bladen	HC0481	Adoration Home Health	109	768	877
Brunswick	HC0288	Liberty Home Care	1,083	3	1,086
Brunswick	HC1500	Amedisys Home Health	514	818	1,332
Brunswick	HC4816	PruittHealth @ Home - Brunswick	22	81	103
Buncombe	HC0114	CarePartners Home Health Services	2,211	868	3,079
Buncombe	HC2114	CenterWell Home Health	2,378	3,742	6,120
Burke	HC0105	Atrium Health At Home Blue Ridge	910	756	1,666
Cabarrus	HC0281	Adoration Home Health	501	852	1,353
Cabarrus	HC0486	BAYADA Home Health Care	609	229	838
Caldwell	HC0487	Adoration Home Health	349	525	874
Camden	HC0473	Albemarle Home Care and Hospice	76	3	79
Carteret	HC0073	CenterWell Home Health	842	260	1,102
Carteret	HC0488	Carteret Healthcare Home Health & Hospice	894	0	894
Carteret	HC1353	Liberty Home Care	13	11	24
Caswell	HC0489	HealthView Home Health & Hospice	18	57	75
Catawba	HC0057	Guardian Home Health	417	770	1,187
Catawba	HC0227	CenterWell Home Health	2,815	3,306	6,121
Catawba	HC0272	CenterWell Home Health	5	67	72
Catawba	HC0490	CenterWell Home Health	92	5	97
Catawba	HC1902	Interim Healthcare of the Triad	78	46	124
Chatham	HC0528	Liberty Home Care	353	74	427
Chatham	HC2803	UNC Home Health Pittsboro	381	52	433
Cherokee	HC0275	Mountain Home Health**	0	0	0
Chowan	HC0474	Albemarle Home Care and Hospice	105	0	105
Clay	HC0104	Mountain Home Health Services	287	968	1,255
Clay	HC0318	Mountain Home Health	0	21	21
Cleveland	HC0042	Atrium Health At Home Cleveland	613	306	919
Cleveland	HC0221	CenterWell Home Health	2,027	1,168	3,195
Columbus	HC0320	Liberty Home Care	497	42	539
Columbus	HC0492	CenterWell Home Health	202	1,184	1,386
Craven	HC0493	PruittHealth @ Home - New Bern	375	632	1,007

**Proposed 2026 SMFP**

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

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
<b>County</b>	<b>License Number</b>	<b>Name</b>	<b>In-County Patients</b>	<b>Out-of-County Patients</b>	<b>Total Patients</b>
Cumberland	HC0274	Liberty Home Care	694	125	819
Cumberland	HC0283	Cape Fear Valley Home Health	640	207	847
Cumberland	HC0292	Amedisys Home Health of Fayetteville	1,315	594	1,909
Cumberland	HC0359	BAYADA Home Health Care	390	223	613
Cumberland	HC3421	Aveanna Home Health	365	234	599
Currituck	HC0475	Albemarle Home Care and Hospice	283	255	538
Dare	HC0494	Adoration Home Health and Hospice	528	2	530
Davidson	HC0124	Liberty Home Care	0	6	6
Davidson	HC0358	BAYADA Home Health Care	660	463	1,123
Davidson	HC0495	Amedisys Home Health Care	359	504	863
Davidson	HC0521	Medi Home Health Agency	359	1,459	1,818
Davidson	HC1104	Enhabit Home Health	180	715	895
Davie	HC0496	Well Care Home Health of the Triad	213	3,658	3,871
Duplin	HC0053	ECU Health Home Health & Hospice	387	243	630
Durham	HC0145	Amedisys Home Health	1,125	399	1,524
Durham	HC0327	SunCrest Home Health	341	1,094	1,435
Durham	HC0360	Duke Home Health	2,329	2,707	5,036
Durham	HC1176	Liberty Home Care	17	158	175
Durham	HC2111	CenterWell Home Health	66	17	83
Forsyth	HC0005	BAYADA Home Health Care	1,601	842	2,443
Forsyth	HC0231	CenterWell Home Health	574	306	880
Forsyth	HC0409	Atrium Health Wake Forest Baptist - Care at Home	915	782	1,697
Forsyth	HC0499	Adoration Home Health	1,283	671	1,954
Forsyth	HC0567	CenterWell Home Health	1,421	549	1,970
Forsyth	HC1131	CenterWell Home Health	25	17	42
Forsyth	HC1210	CenterWell Home Health	31	5	36
Forsyth	HC1304	Amedisys Home Health of Winston-Salem	569	149	718
Forsyth	HC1886	Interim HealthCare of the Triad	170	135	305
Forsyth	HC4901	PruittHealth @ Home - Forsyth	185	228	413
Franklin	HC0078	Amedisys Home Health	226	1,033	1,259
Franklin	HC0215	CenterWell Home Health	325	660	985
Franklin	HC0500	Franklin County Home Health Agency	92	29	121
Gaston	HC0268	CenterWell Home Health	3,207	187	3,394
Gaston	HC0353	Amedisys Home Health Care	401	541	942
Gaston	HC0356	BAYADA Home Health Care	540	481	1,021
Gaston	HC0906	Adoration Home Health	1,615	864	2,479
Gaston	HC1903	Interim HealthCare of the Triad	1,097	1,765	2,862
Greene	HC0168	Amedisys Home Health	88	1,000	1,088
Guilford	HC0297	Adoration Home Health	1,506	253	1,759
Guilford	HC0303	Enhabit Home Health	911	668	1,579
Guilford	HC0374	AuthoraCare Collective	44	48	92
Guilford	HC0395	SunCrest Home Health	1,027	757	1,784
Guilford	HC0952	CenterWell Home Health	2,118	2,322	4,440

**Proposed 2026 SMFP**

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

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
<b>County</b>	<b>License Number</b>	<b>Name</b>	<b>In-County Patients</b>	<b>Out-of-County Patients</b>	<b>Total Patients</b>
Guilford	HC1177	Liberty Home Care	6	1	7
Guilford	HC1286	BAYADA Home Health Care	1,797	1,006	2,803
Guilford	HC1885	Interim HealthCare of the Triad	331	330	661
Halifax	HC0765	Liberty Home Care VI	166	204	370
Harnett	HC0125	Liberty Home Care	342	763	1,105
Harnett	HC0503	CenterWell Home Health	613	723	1,336
Haywood	HC0109	Home Care Services of Haywood Regional Medical Center	942	239	1,181
Haywood	HC0279	CarePartners Home Health Services	669	439	1,108
Henderson	HC0201	Pardee Home Care	802	104	906
Henderson	HC0440	CarePartners Home Health Services	506	401	907
Henderson	HC0911	AdventHealth Home Care Western North Carolina	713	605	1,318
Hertford	HC0504	Liberty Home Care VII	18	46	64
Hoke	HC0277	Liberty Home Care	20	2	22
Hyde	HC0379	Liberty Home Care VII	1	0	1
Iredell	HC0159	CenterWell Home Health	2,275	416	2,691
Iredell	HC0515	Iredell Home Health	1,339	322	1,661
Iredell	HC1325	Lake Norman Home Health	371	358	729
Jackson	HC0157	Harris Home Health	423	361	784
Johnston	HC0383	UNC Health Johnston Home Care and Hospice	1,530	137	1,667
Johnston	HC0507	3HC	898	812	1,710
Jones	HC0431	CenterWell Home Health	155	2,168	2,323
Jones	HC0506	3HC	55	828	883
Lee	HC0426	Liberty Home Care	384	188	572
Lenoir	HC0195	3HC	587	104	691
Lenoir	HC0428	CenterWell Home Health	1,072	326	1,398
Lenoir	HC1565	CenterWell Home Health	74	1,000	1,074
Lincoln	HC0135	Atrium Health At Home Lincoln	384	273	657
Lincoln	HC0391	CenterWell Home Health	1,259	146	1,405
Macon	HC0324	CarePartners Home Care & Hospice	737	25	762
Madison	HC0419	Madison Home Care & Hospice	197	30	227
Martin	HC0525	Adoration Home Health	116	1	117
McDowell	HC0435	Enhabit Home Health	475	1,636	2,111
Mecklenburg	HC0097	CenterWell Home Health	2,070	5	2,075
Mecklenburg	HC0138	CenterWell Home Health	46	0	46
Mecklenburg	HC0171	Adoration Home Health	1,493	381	1,874
Mecklenburg	HC0355	BAYADA Home Health Care	2,661	921	3,582
Mecklenburg	HC0369	SunCrest Home Health	1,051	562	1,613
Mecklenburg	HC0787	CenterWell Home Health	2,192	2	2,194
Mecklenburg	HC1038	Atrium Health At Home Charlotte	2,901	69	2,970
Mecklenburg	HC1152	Amedisys Home Health Care	468	105	573
Mecklenburg	HC1901	Interim HealthCare of the Triad	6,376	1,615	7,991
Mecklenburg	HC3694	Liberty Home Care and Hospice	37	12	49
Mecklenburg	HC3966	PHC Home Health	544	179	723

**Proposed 2026 SMFP**

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

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
<b>County</b>	<b>License Number</b>	<b>Name</b>	<b>In-County Patients</b>	<b>Out-of-County Patients</b>	<b>Total Patients</b>
Mecklenburg	HC4677	Atrium Health At Home University City	789	1,464	2,253
Mecklenburg	HC5130	Well Care Home Health of Piedmont	822	363	1,185
Mecklenburg	HC6558	PruittHealth @ Home - Charlotte	150	152	302
Moore	HC0002	Liberty Home Care	344	314	658
Moore	HC0332	FirstHealth Home Care	1,138	476	1,614
Nash	HC0497	CenterWell Home Health	863	1,647	2,510
Nash	HC0520	HealthView Home Health & Hospice	284	408	692
New Hanover	HC0196	Liberty Home Care	550	42	592
New Hanover	HC1231	Well Care Home Health	2,254	6,243	8,497
Northampton	HC0530	Northampton County Home Health Agency	280	22	302
Onslow	HC0316	Liberty Home Care	207	10	217
Onslow	HC0531	Lower Cape Fear Lifecare	2	0	2
Onslow	HC1209	Cardinal Hospice Care**	0	0	0
Orange	HC0030	UNC Home Health	719	653	1,372
Orange	HC0166	Amedisys Home Health of Chapel Hill	595	782	1,377
Pasquotank	HC0471	Albemarle Home Care and Hospice	294	1	295
Pasquotank	HC1071	Sentara Home Care Services	578	573	1,151
Pender	HC0532	Novant Health Home Care	339	1,737	2,076
Pender	HC1241	Liberty Home Care	103	22	125
Perquimans	HC0472	Albemarle Home Care and Hospice	170	171	341
Person	HC0354	BAYADA Home Health Care	372	1,081	1,453
Person	HC0533	Medi Home Health Agency	81	599	680
Pitt	HC0328	CenterWell Home Health	2,037	865	2,902
Pitt	HC0509	3HC	540	86	626
Pitt	HC1443	ECU Health Home Health & Hospice	1,040	320	1,360
Polk	HC0436	Enhabit Home Health	277	465	742
Randolph	HC0397	Amedisys Home Health Care	274	317	591
Randolph	HC0522	Home Health of Randolph Hospital	827	49	876
Randolph	HC0929	Enhabit Home Health	187	353	540
Richmond	HC0423	FirstHealth Home Care-Richmond	690	392	1,082
Robeson	HC0352	Liberty Home Care	365	140	505
Robeson	HC1178	Liberty Home Care	321	16	337
Robeson	HC1185	CenterWell Home Health	630	747	1,377
Rockingham	HC0217	Adoration Home Health	531	204	735
Rowan	HC0265	CenterWell Home Health	1,903	48	1,951
Rowan	HC0270	CenterWell Home Health	165	2,199	2,364
Rowan	HC0357	BAYADA Home Health Care	730	1,253	1,983
Rowan	HC0399	Adoration Home Health	857	250	1,107
Rutherford	HC0186	Carolina Home Care	869	342	1,211
Rutherford	HC0445	Enhabit Home Health	330	312	642
Sampson	HC0255	3HC	486	1,154	1,640
Scotland	HC0403	BAYADA Home Health Care	206	320	526
Stanly	HC0308	Atrium Health At Home Stanly	784	375	1,159

**Proposed 2026 SMFP**

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

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
<b>County</b>	<b>License Number</b>	<b>Name</b>	<b>In-County Patients</b>	<b>Out-of-County Patients</b>	<b>Total Patients</b>
Stanly	HC0514	Adoration Home Health	366	59	425
Stokes	HC0517	CenterWell Home Health	37	0	37
Stokes	HC1699	CenterWell Home Health	788	923	1,711
Surry	HC0296	PruittHealth @ Home - Pilot Mountain	58	92	150
Surry	HC0420	Liberty Home Care V	161	135	296
Transylvania	HC0067	CarePartners Home Care & Hospice	676	52	728
Tyrrell	HC0524	Adoration Home Health	46	42	88
Union	HC1238	Atrium Health at Home Union	941	438	1,379
Union	HC2057	CenterWell Home Health	1,809	439	2,248
Vance	HC0501	3HC	194	445	639
Vance	HC0823	Maria Parham Regional Home Health**	0	0	0
Wake	HC0031	Transitions LifeCare**	0	0	0
Wake	HC0074	Well Care Home Health of the Triangle	1,428	3,203	4,631
Wake	HC0299	CenterWell Home Health	2,132	701	2,833
Wake	HC0422	UNC Home Health Raleigh	2,172	15	2,187
Wake	HC0828	Aveanna Healthcare	118	38	156
Wake	HC1028	Amedisys Home Health Care	1,372	191	1,563
Wake	HC1293	WakeMed Home Health	3,906	477	4,383
Wake	HC2112	Medi Home Health Agency	1,444	697	2,141
Wake	HC2562	Liberty Home Care	28	2	30
Wake	HC3820	BAYADA Home Health Care	2,931	1,075	4,006
Wake	HC4538	PruittHealth @ Home - Wake	488	530	1,018
Wake	HC5229	Well Care Home Health of the Southern Triangle	355	1,538	1,893
Wake	HC5814	PHC Home Health	294	215	509
Warren	HC0341	Warren County Home Health Agency	16	0	16
Washington	HC0523	Adoration Home Health	68	3	71
Watauga	HC0477	Medi Home Health and Hospice	288	266	554
Watauga	HC1544	CenterWell Home Health	666	969	1,635
Wayne	HC0228	3HC	919	1	920
Wayne	HC1299	CenterWell Home Health	1,503	416	1,919
Wilkes	HC0252	CenterWell Home Health	43	21	64
Wilkes	HC0430	Atrium Health Wake Forest Baptist - Care at Home	1,203	209	1,412
Wilson	HC0343	Home Health of Wilson	341	282	623
Wilson	HC0508	3HC	414	558	972
Yadkin	HC0346	Yadkin Valley Home Health	662	3,007	3,669
Yancey	HC0323	PruittHealth @ Home - Yancey	41	40	81
<b>Totals*</b>		<b>208 Agencies or Offices</b>	<b>145,089</b>	<b>110,591</b>	<b>255,680</b>

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

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

## Proposed 2026 SMFP

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

Under Age 18											
A	B	C	D	E	F	G	H	I	J	K	L
County	Home Health Patients in 2022	Estimated 2022 Population	Use Rate for 2022	Home Health Patients in 2023	Estimated 2023 Population	Use Rate for 2023	Home Health Patients in 2024	Estimated 2024 Population	Use Rate for 2024	Average Annual Rate of Change in Number of Patients	Average Annual Rate of Change in Use Rates per 1,000
Cherokee	0	4,630	0.00	0	4,617	0.00	0	4,606	0.00	0.0000%	0.0000%
Clay	0	1,828	0.00	0	1,892	0.00	0	1,897	0.00	0.0000%	0.0000%
Graham	0	1,719	0.00	0	1,632	0.00	0	1,631	0.00	0.0000%	0.0000%
Haywood	33	10,862	3.04	23	10,872	2.12	19	10,895	1.74	-23.8472%	-23.9664%
Jackson	9	7,052	1.28	4	6,969	0.57	1	6,857	0.15	-65.2778%	-64.8089%
Macon	1	6,533	0.15	0	6,564	0.00	4	6,603	0.61	-50.0000%	-50.0000%
Swain	1	3,362	0.30	0	3,204	0.00	0	3,200	0.00	-50.0000%	-50.0000%
<b>Region A Totals</b>	<b>44</b>	<b>35,986</b>	<b>1.22</b>	<b>27</b>	<b>35,750</b>	<b>0.76</b>	<b>24</b>	<b>35,689</b>	<b>0.67</b>	<b>-24.8737%</b>	<b>-24.5952%</b>
Buncombe	171	47,670	3.59	88	47,457	1.85	58	47,152	1.23	-41.3145%	-40.9858%
Henderson	41	20,502	2.00	22	20,701	1.06	23	20,624	1.12	-20.8980%	-20.9608%
Madison	9	3,594	2.50	6	3,557	1.69	5	3,585	1.39	-25.0000%	-24.9787%
Transylvania	9	5,239	1.72	2	5,117	0.39	3	5,134	0.58	-13.8889%	-13.8723%
<b>Region B Totals</b>	<b>230</b>	<b>77,005</b>	<b>2.99</b>	<b>118</b>	<b>76,832</b>	<b>1.54</b>	<b>89</b>	<b>76,495</b>	<b>1.16</b>	<b>-36.6360%</b>	<b>-36.4121%</b>
Cleveland	17	21,269	0.80	28	20,923	1.34	21	21,029	1.00	19.8529%	21.0258%
McDowell	21	8,468	2.48	21	8,368	2.51	13	8,293	1.57	-19.0476%	-18.1702%
Polk	0	2,957	0.00	0	2,917	0.00	0	2,911	0.00	0.0000%	0.0000%
Rutherford	0	12,666	0.00	0	12,608	0.00	0	12,688	0.00	0.0000%	0.0000%
<b>Region C Totals</b>	<b>38</b>	<b>45,360</b>	<b>0.84</b>	<b>49</b>	<b>44,816</b>	<b>1.09</b>	<b>34</b>	<b>44,921</b>	<b>0.76</b>	<b>-0.8324%</b>	<b>-0.1309%</b>
Alleghany	0	1,909	0.00	0	1,938	0.00	5	1,920	2.60	0.0000%	0.0000%
Ashe	0	4,548	0.00	0	4,554	0.00	3	4,543	0.66	0.0000%	0.0000%
Avery	0	2,696	0.00	1	2,659	0.38	0	2,655	0.00	-50.0000%	-50.0000%
Mitchell	12	2,687	4.47	7	2,648	2.64	4	2,645	1.51	-42.2619%	-41.7999%
Watauga	0	6,539	0.00	0	6,602	0.00	0	6,604	0.00	0.0000%	0.0000%
Wilkes	2	12,735	0.16	3	12,827	0.23	9	12,840	0.70	125.0000%	124.3102%
Yancey	5	3,293	1.52	4	3,292	1.22	2	3,307	0.60	-35.0000%	-35.1012%
<b>Region D Totals</b>	<b>19</b>	<b>34,407</b>	<b>0.55</b>	<b>15</b>	<b>34,520</b>	<b>0.43</b>	<b>23</b>	<b>34,514</b>	<b>0.67</b>	<b>16.1404%</b>	<b>16.0245%</b>
Alexander	0	6,841	0.00	1	6,761	0.15	0	6,723	0.00	-50.0000%	-50.0000%
Burke	0	16,952	0.00	0	17,100	0.00	5	17,053	0.29	0.0000%	0.0000%
Caldwell	0	15,309	0.00	0	15,352	0.00	0	15,254	0.00	0.0000%	0.0000%
Catawba	1	33,160	0.03	2	33,627	0.06	5	33,577	0.15	125.0000%	123.7974%
<b>Region E Totals</b>	<b>1</b>	<b>72,262</b>	<b>0.01</b>	<b>3</b>	<b>72,840</b>	<b>0.04</b>	<b>10</b>	<b>72,607</b>	<b>0.14</b>	<b>216.6667%</b>	<b>216.0112%</b>
Anson	0	4,592	0.00	0	4,663	0.00	0	4,651	0.00	0.0000%	0.0000%
Cabarrus	50	52,873	0.95	24	53,969	0.44	33	54,243	0.61	-7.2500%	-8.0847%
Gaston	25	50,678	0.49	108	51,032	2.12	105	51,050	2.06	164.6111%	163.0956%
Iredell	9	39,094	0.23	2	39,941	0.05	1	40,355	0.02	-63.8889%	-64.3810%
Lincoln	35	17,420	2.01	7	18,117	0.39	10	18,521	0.54	-18.5714%	-20.5142%
Mecklenburg	363	257,572	1.41	274	261,643	1.05	264	262,969	1.00	-14.0838%	-14.9139%
Rowan	0	31,798	0.00	0	32,357	0.00	0	32,229	0.00	0.0000%	0.0000%
Stanly	0	12,772	0.00	0	12,843	0.00	0	12,850	0.00	0.0000%	0.0000%
Union	28	52,565	0.53	33	53,880	0.61	22	54,186	0.41	-7.7381%	-9.3646%
<b>Region F Totals</b>	<b>510</b>	<b>519,364</b>	<b>0.98</b>	<b>448</b>	<b>528,445</b>	<b>0.85</b>	<b>435</b>	<b>531,054</b>	<b>0.82</b>	<b>-7.5293%</b>	<b>-8.5226%</b>
Alamance	4	36,995	0.11	5	37,541	0.13	6	37,760	0.16	22.5000%	21.2430%
Caswell	0	3,753	0.00	0	3,691	0.00	0	3,637	0.00	0.0000%	0.0000%
Davidson	4	34,873	0.11	3	35,450	0.08	0	35,614	0.00	-62.5000%	-63.1104%
Guilford	51	111,853	0.46	54	111,780	0.48	46	111,392	0.41	-4.4662%	-4.2833%
Montgomery	0	5,439	0.00	0	5,373	0.00	0	5,313	0.00	0.0000%	0.0000%
Randolph	4	30,284	0.13	4	30,205	0.13	4	30,134	0.13	0.0000%	0.2486%
Rockingham	2	17,366	0.12	2	17,285	0.12	3	17,180	0.17	25.0000%	25.6927%
<b>Region G Totals</b>	<b>65</b>	<b>240,563</b>	<b>0.27</b>	<b>68</b>	<b>241,325</b>	<b>0.28</b>	<b>59</b>	<b>241,030</b>	<b>0.24</b>	<b>-4.3100%</b>	<b>-4.4220%</b>

## Proposed 2026 SMFP

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

Under Age 18											
A	B	C	D	E	F	G	H	I	J	K	L
County	Home Health Patients in 2022	Estimated 2022 Population	Use Rate for 2022	Home Health Patients in 2023	Estimated 2023 Population	Use Rate for 2023	Home Health Patients in 2024	Estimated 2024 Population	Use Rate for 2024	Average Annual Rate of Change in Number of Patients	Average Annual Rate of Change in Use Rates per 1,000
Davie	8	8,091	0.99	3	8,134	0.37	4	8,175	0.49	-14.5833%	-15.0168%
Forsyth	66	83,936	0.79	24	84,881	0.28	29	84,751	0.34	-21.4015%	-21.5113%
Stokes	11	7,815	1.41	8	7,940	1.01	1	8,025	0.12	-57.3864%	-58.0250%
Surry	9	14,487	0.62	16	14,480	1.10	34	14,421	2.36	95.1389%	95.6166%
Yadkin	0	7,290	0.00	5	7,332	0.68	3	7,270	0.41	-20.0000%	-19.7442%
<b>Region I Totals</b>	<b>94</b>	<b>121,619</b>	<b>0.77</b>	<b>56</b>	<b>122,767</b>	<b>0.46</b>	<b>71</b>	<b>122,642</b>	<b>0.58</b>	<b>-6.8199%</b>	<b>-7.0338%</b>
Chatham	0	13,209	0.00	0	13,234	0.00	1	13,206	0.08	0.0000%	0.0000%
Durham	59	75,166	0.78	6	75,595	0.08	19	76,004	0.25	63.4181%	62.5372%
Johnston	23	52,753	0.44	3	53,738	0.06	7	54,966	0.13	23.1884%	20.4624%
Lee	0	14,938	0.00	0	15,192	0.00	0	15,214	0.00	0.0000%	0.0000%
Moore	0	21,038	0.00	1	21,586	0.05	0	22,090	0.00	-50.0000%	-50.0000%
Orange	0	24,337	0.00	1	23,824	0.04	1	23,648	0.04	0.0000%	0.3721%
Wake	104	250,325	0.42	64	249,508	0.26	120	249,819	0.48	24.5192%	24.5033%
<b>Region J Totals</b>	<b>186</b>	<b>451,766</b>	<b>0.41</b>	<b>75</b>	<b>452,677</b>	<b>0.17</b>	<b>148</b>	<b>454,947</b>	<b>0.33</b>	<b>18.8280%</b>	<b>18.2951%</b>
Franklin	8	15,168	0.53	3	15,833	0.19	7	16,315	0.43	35.4167%	31.1824%
Granville	2	11,449	0.17	2	11,390	0.18	1	11,374	0.09	-25.0000%	-24.7058%
Person	0	7,993	0.00	0	7,845	0.00	1	7,847	0.13	0.0000%	0.0000%
Vance	2	9,716	0.21	3	9,417	0.32	5	9,358	0.53	58.3333%	61.2401%
Warren	1	3,367	0.30	1	3,323	0.30	2	3,285	0.61	50.0000%	51.8188%
<b>Region K Totals</b>	<b>13</b>	<b>47,693</b>	<b>0.27</b>	<b>9</b>	<b>47,808</b>	<b>0.19</b>	<b>16</b>	<b>48,179</b>	<b>0.33</b>	<b>23.5043%</b>	<b>22.7365%</b>
Edgecombe	2	11,081	0.18	0	10,989	0.00	0	10,876	0.00	-50.0000%	-50.0000%
Halifax	0	9,977	0.00	0	9,749	0.00	0	9,652	0.00	0.0000%	0.0000%
Nash	1	19,479	0.05	1	19,765	0.05	1	19,797	0.05	0.0000%	-0.8043%
Northampton	0	3,295	0.00	0	3,134	0.00	0	3,060	0.00	0.0000%	0.0000%
Wilson	2	17,481	0.11	0	17,457	0.00	0	17,357	0.00	-50.0000%	-50.0000%
<b>Region L Totals</b>	<b>5</b>	<b>61,313</b>	<b>0.08</b>	<b>1</b>	<b>61,094</b>	<b>0.02</b>	<b>1</b>	<b>60,742</b>	<b>0.02</b>	<b>-40.0000%</b>	<b>-39.6744%</b>
Cumberland	10	90,616	0.11	3	89,441	0.03	1	89,391	0.01	-68.3333%	-68.1270%
Harnett	0	35,882	0.00	0	36,120	0.00	0	36,805	0.00	0.0000%	0.0000%
Sampson	1	14,285	0.07	1	14,313	0.07	1	14,286	0.07	0.0000%	-0.0033%
<b>Region M Totals</b>	<b>11</b>	<b>140,783</b>	<b>0.08</b>	<b>4</b>	<b>139,874</b>	<b>0.03</b>	<b>2</b>	<b>140,482</b>	<b>0.01</b>	<b>-56.8182%</b>	<b>-56.8082%</b>
Bladen	8	6,594	1.21	1	6,514	0.15	0	6,434	0.00	-93.7500%	-93.6732%
Hoke	2	16,771	0.12	0	16,727	0.00	0	16,787	0.00	-50.0000%	-50.0000%
Richmond	0	9,513	0.00	0	9,568	0.00	0	9,506	0.00	0.0000%	0.0000%
Robeson	49	26,227	1.87	12	26,604	0.45	0	26,910	0.00	-87.7551%	-87.9286%
Scotland	2	7,585	0.26	0	7,630	0.00	0	7,553	0.00	-50.0000%	-50.0000%
<b>Region N Totals</b>	<b>61</b>	<b>66,690</b>	<b>0.91</b>	<b>13</b>	<b>67,043</b>	<b>0.19</b>	<b>0</b>	<b>67,190</b>	<b>0.00</b>	<b>-89.3443%</b>	<b>-89.4004%</b>
Brunswick	2	22,294	0.09	11	22,923	0.48	0	23,259	0.00	175.0000%	167.4541%
Columbus	0	10,435	0.00	1	10,405	0.10	0	10,380	0.00	-50.0000%	-50.0000%
New Hanover	4	41,645	0.10	20	41,778	0.48	0	41,746	0.00	150.0000%	149.2041%
Pender	6	12,872	0.47	12	13,249	0.91	0	13,590	0.00	0.0000%	-2.8455%
<b>Region O Totals</b>	<b>12</b>	<b>87,246</b>	<b>0.14</b>	<b>44</b>	<b>88,355</b>	<b>0.50</b>	<b>0</b>	<b>88,975</b>	<b>0.00</b>	<b>83.3333%</b>	<b>81.0322%</b>
Carteret	2	11,088	0.18	1	11,076	0.09	0	10,963	0.00	-75.0000%	-74.9729%
Craven	0	25,574	0.00	1	25,594	0.04	1	25,595	0.04	0.0000%	-0.0020%
Duplin	6	12,895	0.47	5	12,952	0.39	1	12,910	0.08	-48.3333%	-48.4842%
Greene	1	4,051	0.25	0	3,972	0.00	0	3,919	0.00	-50.0000%	-50.0000%
Jones	0	1,792	0.00	0	1,783	0.00	0	1,758	0.00	0.0000%	0.0000%
Lenoir	3	11,892	0.25	1	11,662	0.09	0	11,527	0.00	-83.3333%	-83.0046%
Onslow	23	65,640	0.35	23	67,010	0.34	1	68,065	0.01	-47.8261%	-48.8820%
Pamlico	0	1,804	0.00	0	1,772	0.00	0	1,749	0.00	0.0000%	0.0000%
Wayne	2	29,076	0.07	3	28,847	0.10	0	28,693	0.00	-25.0000%	-24.4046%
<b>Region P Totals</b>	<b>37</b>	<b>163,812</b>	<b>0.23</b>	<b>34</b>	<b>164,668</b>	<b>0.21</b>	<b>3</b>	<b>165,179</b>	<b>0.02</b>	<b>-49.6423%</b>	<b>-49.8948%</b>

## Proposed 2026 SMFP

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

Under Age 18											
A	B	C	D	E	F	G	H	I	J	K	L
County	Home Health Patients in 2022	Estimated 2022 Population	Use Rate for 2022	Home Health Patients in 2023	Estimated 2023 Population	Use Rate for 2023	Home Health Patients in 2024	Estimated 2024 Population	Use Rate for 2024	Average Annual Rate of Change in Number of Patients	Average Annual Rate of Change in Use Rates per 1,000
Beaufort	1	8,608	0.12	0	8,455	0.00	0	8,336	0.00	-50.0000%	-50.0000%
Bertie	0	3,381	0.00	0	3,314	0.00	1	3,255	0.31	0.0000%	0.0000%
Hertford	0	3,975	0.00	0	3,940	0.00	0	3,836	0.00	0.0000%	0.0000%
Martin	1	4,286	0.23	2	4,212	0.47	1	4,170	0.24	25.0000%	27.0087%
Pitt	2	38,207	0.05	2	38,529	0.05	1	38,486	0.03	-25.0000%	-25.3899%
<b>Region Q Totals</b>	<b>4</b>	<b>58,457</b>	<b>0.07</b>	<b>4</b>	<b>58,450</b>	<b>0.07</b>	<b>3</b>	<b>58,083</b>	<b>0.05</b>	<b>-12.5000%</b>	<b>-12.2571%</b>
Camden	0	2,019	0.00	0	2,026	0.00	0	2,053	0.00	0.0000%	0.0000%
Chowan	0	2,753	0.00	0	2,752	0.00	0	2,759	0.00	0.0000%	0.0000%
Currituck	0	5,987	0.00	0	6,220	0.00	0	6,457	0.00	0.0000%	0.0000%
Dare	0	6,570	0.00	0	6,391	0.00	0	6,320	0.00	0.0000%	0.0000%
Gates	0	1,816	0.00	0	1,852	0.00	0	1,866	0.00	0.0000%	0.0000%
Hyde	0	779	0.00	0	757	0.00	0	746	0.00	0.0000%	0.0000%
Pasquotank	0	9,094	0.00	0	8,996	0.00	0	8,926	0.00	0.0000%	0.0000%
Perquimans	0	2,401	0.00	0	2,333	0.00	0	2,309	0.00	0.0000%	0.0000%
Tyrrell	0	614	0.00	0	652	0.00	0	653	0.00	0.0000%	0.0000%
Washington	0	2,282	0.00	0	2,239	0.00	0	2,210	0.00	0.0000%	0.0000%
<b>Region R Totals</b>	<b>0</b>	<b>34,315</b>	<b>0.00</b>	<b>0</b>	<b>34,218</b>	<b>0.00</b>	<b>0</b>	<b>34,299</b>	<b>0.00</b>	<b>0.0000%</b>	<b>0.0000%</b>
<b>Grand Totals</b>	<b>1,330</b>	<b>2,258,641</b>	<b>0.59</b>	<b>968</b>	<b>2,271,482</b>	<b>0.43</b>	<b>918</b>	<b>2,277,028</b>	<b>0.40</b>	<b>-16.1917%</b>	<b>-16.5129%</b>

## Proposed 2026 SMFP

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

Ages 18-64											
A	B	C	D	E	F	G	H	I	J	K	L
County	Home Health Patients in 2022	Estimated 2022 Population	Use Rate for 2022	Home Health Patients in 2023	Estimated 2023 Population	Use Rate for 2023	Home Health Patients in 2024	Estimated 2024 Population	Use Rate for 2024	Average Annual Rate of Change in Number of Patients	Average Annual Rate of Change in Use Rates per 1,000
Cherokee	103	15,232	6.76	124	15,149	8.19	98	15,252	6.43	-0.2897%	-0.2268%
Clay	45	5,904	7.62	54	6,102	8.85	43	6,148	6.99	-0.1852%	-2.4300%
Graham	25	4,293	5.82	29	4,075	7.12	29	4,091	7.09	8.0000%	10.9073%
Haywood	537	35,200	15.26	418	35,613	11.74	589	35,758	16.47	9.3745%	8.6374%
Jackson	124	26,702	4.64	105	26,919	3.90	71	27,001	2.63	-23.8518%	-24.2957%
Macon	230	19,737	11.65	154	19,944	7.72	140	20,138	6.95	-21.0672%	-21.8526%
Swain	45	8,088	5.56	49	7,854	6.24	35	7,856	4.46	-9.8413%	-8.2283%
<b>Region A Totals</b>	<b>1,109</b>	<b>115,156</b>	<b>9.63</b>	<b>933</b>	<b>115,656</b>	<b>8.07</b>	<b>1,005</b>	<b>116,244</b>	<b>8.65</b>	<b>-4.0766%</b>	<b>-4.5308%</b>
Buncombe	1,785	166,635	10.71	1,435	167,215	8.58	1,246	168,884	7.38	-16.3893%	-16.9578%
Henderson	804	63,409	12.68	757	64,866	11.67	656	65,558	10.01	-9.5940%	-11.1087%
Madison	116	12,626	9.19	118	12,390	9.52	105	12,415	8.46	-4.6464%	-3.7672%
Transylvania	260	17,256	15.07	171	16,929	10.10	149	17,030	8.75	-23.5481%	-23.1713%
<b>Region B Totals</b>	<b>2,965</b>	<b>259,926</b>	<b>11.41</b>	<b>2,481</b>	<b>261,400</b>	<b>9.49</b>	<b>2,156</b>	<b>263,887</b>	<b>8.17</b>	<b>-14.7117%</b>	<b>-15.3571%</b>
Cleveland	959	60,621	15.82	1,464	59,704	24.52	1,413	59,872	23.60	24.5877%	25.6246%
McDowell	502	26,152	19.20	413	26,124	15.81	394	26,240	15.02	-11.1648%	-11.3316%
Polk	123	10,614	11.59	107	10,646	10.05	86	10,622	8.10	-16.3171%	-16.3571%
Rutherford	667	37,506	17.78	645	37,631	17.14	652	37,928	17.19	-1.1065%	-1.6629%
<b>Region C Totals</b>	<b>2,251</b>	<b>134,893</b>	<b>16.69</b>	<b>2,629</b>	<b>134,105</b>	<b>19.60</b>	<b>2,545</b>	<b>134,662</b>	<b>18.90</b>	<b>6.7987%</b>	<b>6.9416%</b>
Alleghany	65	6,233	10.43	63	6,446	9.77	72	6,485	11.10	5.6044%	3.6594%
Ashe	172	14,953	11.50	178	15,150	11.75	145	15,284	9.49	-7.5255%	-8.5554%
Avery	125	11,162	11.20	131	10,688	12.26	122	10,627	11.48	-1.0351%	1.5560%
Mitchell	106	8,537	12.42	113	8,501	13.29	99	8,468	11.69	-2.8928%	-2.4964%
Watauga	181	37,618	4.81	177	39,745	4.45	159	40,713	3.91	-6.1897%	-9.8743%
Wilkes	410	38,360	10.69	457	38,337	11.92	391	38,393	10.18	-1.4893%	-1.5183%
Yancey	136	10,401	13.08	124	10,466	11.85	88	10,512	8.37	-18.9279%	-19.3663%
<b>Region D Totals</b>	<b>1,195</b>	<b>127,264</b>	<b>9.39</b>	<b>1,243</b>	<b>129,333</b>	<b>9.61</b>	<b>1,076</b>	<b>130,482</b>	<b>8.25</b>	<b>-4.7093%</b>	<b>-5.9224%</b>
Alexander	178	21,876	8.14	191	21,824	8.75	232	21,853	10.62	14.3847%	14.4319%
Burke	582	51,441	11.31	625	52,423	11.92	666	52,514	12.68	6.9742%	5.8760%
Caldwell	586	48,813	12.00	600	49,257	12.18	643	49,232	13.06	4.7779%	4.3436%
Catawba	923	97,898	9.43	901	99,658	9.04	936	100,473	9.32	0.7505%	-0.5328%
<b>Region E Totals</b>	<b>2,269</b>	<b>220,028</b>	<b>10.31</b>	<b>2,317</b>	<b>223,162</b>	<b>10.38</b>	<b>2,477</b>	<b>224,072</b>	<b>11.05</b>	<b>4.5105%</b>	<b>3.5764%</b>
Anson	128	12,690	10.09	120	13,141	9.13	152	13,108	11.60	10.2083%	8.7590%
Cabarrus	825	149,263	5.53	1,257	154,748	8.12	1,190	157,864	7.54	23.5167%	19.8822%
Gaston	2,067	146,393	14.12	2,374	148,396	16.00	2,090	149,825	13.95	1.4448%	0.2498%
Iredell	1,036	123,408	8.39	879	127,441	6.90	1,226	130,319	9.41	12.1611%	9.2785%
Lincoln	683	56,311	12.13	663	58,867	11.26	808	60,476	13.36	9.4710%	5.7424%
Mecklenburg *	4,067	732,464	5.55	5,618	752,083	7.47	5,650	767,577	7.36	19.3529%	16.5362%
Rowan	904	88,621	10.20	919	90,141	10.20	959	90,484	10.60	3.0059%	1.9510%
Stanly	332	37,327	8.89	408	37,748	10.81	393	37,941	10.36	9.6075%	8.6773%
Union	729	159,457	4.57	1,028	165,812	6.20	990	169,675	5.83	18.6593%	14.8607%
<b>Region F Totals</b>	<b>10,771</b>	<b>1,505,934</b>	<b>7.15</b>	<b>13,266</b>	<b>1,548,377</b>	<b>8.57</b>	<b>13,458</b>	<b>1,577,269</b>	<b>8.53</b>	<b>12.3057%</b>	<b>9.6885%</b>
Alamance	954	107,455	8.88	952	109,735	8.68	932	111,222	8.38	-1.1552%	-2.8464%
Caswell	111	13,362	8.31	92	13,159	6.99	57	13,026	4.38	-27.5803%	-26.6247%
Davidson	822	104,373	7.88	747	106,671	7.00	671	107,576	6.24	-9.6491%	-11.0058%
Guilford *	2,340	340,936	6.86	2,177	344,518	6.32	2,197	344,732	6.37	-3.0236%	-3.5385%
Montgomery	130	14,579	8.92	108	14,355	7.52	118	14,392	8.20	-3.8319%	-3.3242%
Randolph	649	87,854	7.39	544	87,433	6.22	505	87,598	5.76	-11.6739%	-11.5596%
Rockingham	489	54,611	8.95	703	54,143	12.98	431	53,953	7.99	2.5357%	3.2650%
<b>Region G Totals</b>	<b>5,495</b>	<b>723,170</b>	<b>7.60</b>	<b>5,323</b>	<b>730,014</b>	<b>7.29</b>	<b>4,911</b>	<b>732,499</b>	<b>6.70</b>	<b>-5.4351%</b>	<b>-6.0456%</b>

## Proposed 2026 SMFP

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

Ages 18-64											
A	B	C	D	E	F	G	H	I	J	K	L
County	Home Health Patients in 2022	Estimated 2022 Population	Use Rate for 2022	Home Health Patients in 2023	Estimated 2023 Population	Use Rate for 2023	Home Health Patients in 2024	Estimated 2024 Population	Use Rate for 2024	Average Annual Rate of Change in Number of Patients	Average Annual Rate of Change in Use Rates per 1,000
Davie	178	25,955	6.86	190	26,131	7.27	159	26,332	6.04	-4.7871%	-5.4660%
Forsyth *	1,871	235,366	7.95	1,744	239,594	7.28	1,533	240,976	6.36	-9.4432%	-10.5177%
Stokes	253	27,352	9.25	279	27,452	10.16	232	27,443	8.45	-3.2846%	-3.4718%
Surry	529	42,322	12.50	506	42,201	11.99	484	42,108	11.49	-4.3478%	-4.1051%
Yadkin	245	22,114	11.08	243	22,222	10.94	205	22,236	9.22	-8.2271%	-8.4947%
<b>Region I Totals</b>	<b>3,076</b>	<b>353,109</b>	<b>8.71</b>	<b>2,962</b>	<b>357,600</b>	<b>8.28</b>	<b>2,613</b>	<b>359,095</b>	<b>7.28</b>	<b>-7.7443%</b>	<b>-8.5326%</b>
Chatham	250	42,988	5.82	214	43,895	4.88	203	44,835	4.53	-9.7701%	-11.6489%
Durham *	1,571	212,753	7.38	1,394	215,262	6.48	1,446	216,345	6.68	-3.7682%	-4.5450%
Johnston	965	147,469	6.54	895	152,291	5.88	1,049	158,085	6.64	4.9764%	1.3602%
Lee	278	38,189	7.28	231	39,218	5.89	236	39,828	5.93	-7.3710%	-9.2435%
Moore *	349	51,483	6.78	303	52,907	5.73	315	53,771	5.86	-4.6101%	-6.6137%
Orange	474	100,589	4.71	409	100,577	4.07	448	101,140	4.43	-2.0888%	-2.3885%
Wake *	4,182	764,814	5.47	4,972	778,101	6.39	3,727	792,453	4.70	-3.0749%	-4.7688%
<b>Region J Totals</b>	<b>8,069</b>	<b>1,358,285</b>	<b>5.94</b>	<b>8,418</b>	<b>1,382,251</b>	<b>6.09</b>	<b>7,424</b>	<b>1,406,457</b>	<b>5.28</b>	<b>-3.7414%</b>	<b>-5.4048%</b>
Franklin	364	44,513	8.18	294	46,605	6.31	317	48,385	6.55	-5.7038%	-9.4999%
Granville	249	39,045	6.38	252	38,908	6.48	225	39,138	5.75	-4.7547%	-4.8389%
Person	239	23,256	10.28	193	22,905	8.43	186	22,792	8.16	-11.4369%	-10.5793%
Vance	248	24,216	10.24	203	23,499	8.64	210	23,338	9.00	-7.3484%	-5.7428%
Warren	122	10,818	11.28	99	10,745	9.21	85	10,804	7.87	-16.4969%	-16.4557%
<b>Region K Totals</b>	<b>1,222</b>	<b>141,848</b>	<b>8.61</b>	<b>1,041</b>	<b>142,662</b>	<b>7.30</b>	<b>1,023</b>	<b>144,457</b>	<b>7.08</b>	<b>-8.2704%</b>	<b>-9.1240%</b>
Edgecombe	410	25,491	16.08	315	25,600	12.30	304	25,258	12.04	-13.3314%	-12.8416%
Halifax	223	26,696	8.35	204	25,915	7.87	174	25,442	6.84	-11.6130%	-9.4417%
Nash	614	56,471	10.87	481	57,216	8.41	450	57,219	7.86	-14.0531%	-14.5655%
Northampton	124	10,142	12.23	93	9,743	9.55	88	9,623	9.14	-15.1882%	-13.0625%
Wilson	554	45,969	12.05	484	46,290	10.46	376	46,214	8.14	-17.4747%	-17.7138%
<b>Region L Totals</b>	<b>1,925</b>	<b>164,769</b>	<b>11.68</b>	<b>1,577</b>	<b>164,764</b>	<b>9.57</b>	<b>1,392</b>	<b>163,756</b>	<b>8.50</b>	<b>-14.9045%</b>	<b>-14.6316%</b>
Cumberland *	1,617	174,163	9.28	1,305	171,809	7.60	1,263	169,478	7.45	-11.2567%	-10.0382%
Harnett *	548	79,755	6.87	439	80,636	5.44	425	83,175	5.11	-11.5398%	-13.4550%
Sampson	341	33,320	10.23	331	33,551	9.87	300	33,770	8.88	-6.1491%	-6.7771%
<b>Region M Totals</b>	<b>2,506</b>	<b>287,238</b>	<b>8.72</b>	<b>2,075</b>	<b>285,996</b>	<b>7.26</b>	<b>1,988</b>	<b>286,423</b>	<b>6.94</b>	<b>-10.6957%</b>	<b>-10.5874%</b>
Bladen	259	16,828	15.39	180	16,712	10.77	203	16,785	12.09	-8.8621%	-8.8661%
Hoke *	233	29,872	7.80	231	29,773	7.76	209	30,232	6.91	-5.1911%	-5.7131%
Richmond	322	24,700	13.04	219	24,693	8.87	280	24,494	11.43	-2.0668%	-1.5378%
Robeson	908	70,455	12.89	443	70,368	6.30	484	70,825	6.83	-20.9782%	-21.3005%
Scotland	215	18,693	11.50	108	18,834	5.73	120	18,679	6.42	-19.3282%	-19.0552%
<b>Region N Totals</b>	<b>1,937</b>	<b>160,548</b>	<b>12.06</b>	<b>1,181</b>	<b>160,380</b>	<b>7.36</b>	<b>1,296</b>	<b>161,015</b>	<b>8.05</b>	<b>-14.6460%</b>	<b>-14.8304%</b>
Brunswick	742	80,413	9.23	753	85,683	8.79	672	89,354	7.52	-4.6372%	-9.5913%
Columbus	495	29,316	16.88	409	29,161	14.03	393	29,115	13.50	-10.6429%	-10.3474%
New Hanover *	1,043	149,200	6.99	978	151,820	6.44	774	153,870	5.03	-13.5455%	-14.8817%
Pender	379	39,698	9.55	362	40,952	8.84	278	42,184	6.59	-13.8450%	-16.4288%
<b>Region O Totals</b>	<b>2,659</b>	<b>298,627</b>	<b>8.90</b>	<b>2,502</b>	<b>307,616</b>	<b>8.13</b>	<b>2,117</b>	<b>314,523</b>	<b>6.73</b>	<b>-10.6461%</b>	<b>-12.9499%</b>
Carteret *	435	38,393	11.33	343	39,390	8.71	296	39,650	7.47	-17.4260%	-18.7069%
Craven *	593	51,615	11.49	502	53,645	9.36	378	53,732	7.03	-20.0234%	-21.6861%
Duplin	490	28,345	17.29	402	28,716	14.00	399	29,076	13.72	-9.3527%	-10.4971%
Greene	107	12,305	8.70	109	12,161	8.96	106	12,108	8.75	-0.4416%	0.3744%
Jones	77	5,214	14.77	83	5,114	16.23	49	5,125	9.56	-16.5858%	-15.5953%
Lenoir	498	30,860	16.14	493	30,289	16.28	482	30,028	16.05	-1.6176%	-0.2596%
Onslow *	823	83,356	9.87	759	84,878	8.94	636	84,019	7.57	-11.9910%	-12.3895%
Pamlico	56	6,751	8.30	50	6,657	7.51	34	6,591	5.16	-21.3571%	-20.3863%
Wayne *	789	65,062	12.13	694	64,002	10.84	720	63,920	11.26	-4.1471%	-3.3521%
<b>Region P Totals</b>	<b>3,868</b>	<b>321,901</b>	<b>12.02</b>	<b>3,435</b>	<b>324,852</b>	<b>10.57</b>	<b>3,100</b>	<b>324,249</b>	<b>9.56</b>	<b>-10.4735%</b>	<b>-10.7929%</b>

## Proposed 2026 SMFP

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

<b>Ages 18-64</b>											
A	B	C	D	E	F	G	H	I	J	K	L
County	Home Health Patients in 2022	Estimated 2022 Population	Use Rate for 2022	Home Health Patients in 2023	Estimated 2023 Population	Use Rate for 2023	Home Health Patients in 2024	Estimated 2024 Population	Use Rate for 2024	Average Annual Rate of Change in Number of Patients	Average Annual Rate of Change in Use Rates per 1,000
Beaufort	368	24,169	15.23	284	23,711	11.98	258	23,531	10.96	-15.9905%	-14.8977%
Bertie	148	10,048	14.73	111	9,972	11.13	102	9,933	10.27	-16.5541%	-16.0879%
Hertford	144	11,315	12.73	87	11,499	7.57	102	11,454	8.91	-11.1710%	-11.4240%
Martin	227	11,590	19.59	162	11,294	14.34	150	11,110	13.50	-18.0209%	-16.3189%
Pitt *	1,146	108,935	10.52	1,002	111,394	9.00	975	111,596	8.74	-7.6300%	-8.6831%
<b>Region Q Totals</b>	<b>2,033</b>	<b>166,057</b>	<b>12.24</b>	<b>1,646</b>	<b>167,870</b>	<b>9.81</b>	<b>1,587</b>	<b>167,624</b>	<b>9.47</b>	<b>-11.3102%</b>	<b>-11.6766%</b>
Camden	44	6,918	6.36	50	6,993	7.15	48	7,121	6.74	4.8182%	3.3460%
Chowan	83	7,458	11.13	64	7,588	8.43	63	7,654	8.23	-12.2270%	-13.3120%
Currituck *	108	19,536	5.53	91	20,360	4.47	112	20,660	5.42	3.6681%	1.0695%
Dare	83	22,264	3.73	97	22,028	4.40	123	21,844	5.63	21.8358%	22.9959%
Gates	40	6,180	6.47	29	6,273	4.62	27	6,268	4.31	-17.1983%	-17.6986%
Hyde	8	2,695	2.97	7	2,697	2.60	5	2,635	1.90	-20.5357%	-19.7278%
Pasquotank *	226	23,997	9.42	185	24,225	7.64	190	24,145	7.87	-7.7194%	-7.9345%
Perquimans	57	7,227	7.89	48	7,042	6.82	39	7,063	5.52	-17.2697%	-16.2844%
Tyrrell	17	1,830	9.29	12	1,905	6.30	12	1,878	6.39	-14.7059%	-15.3766%
Washington	69	5,373	12.84	61	5,251	11.62	49	5,182	9.46	-15.6332%	-14.0714%
<b>Region R Totals</b>	<b>735</b>	<b>103,478</b>	<b>7.10</b>	<b>644</b>	<b>104,362</b>	<b>6.17</b>	<b>668</b>	<b>104,450</b>	<b>6.40</b>	<b>-4.3271%</b>	<b>-4.7419%</b>
<b>Grand Totals</b>	<b>54,085</b>	<b>6,442,231</b>	<b>8.40</b>	<b>53,673</b>	<b>6,540,400</b>	<b>8.21</b>	<b>50,836</b>	<b>6,611,164</b>	<b>7.69</b>	<b>-3.0237%</b>	<b>-4.2754%</b>

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

## Proposed 2026 SMFP

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

Ages 65-74											
A	B	C	D	E	F	G	H	I	J	K	L
County	Home Health Patients in 2022	Estimated 2022 Population	Use Rate for 2022	Home Health Patients in 2023	Estimated 2023 Population	Use Rate for 2023	Home Health Patients in 2024	Estimated 2024 Population	Use Rate for 2024	Average Annual Rate of Change in Number of Patients	Average Annual Rate of Change in Use Rates per 1,000
Cherokee	216	4,822	44.79	213	4,762	44.73	203	4,737	42.85	-3.0419%	-2.1691%
Clay	87	1,893	45.96	99	1,913	51.75	72	1,927	37.36	-6.7398%	-7.5988%
Graham	32	990	32.32	38	935	40.64	42	920	45.65	14.6382%	19.0318%
Haywood	712	8,811	80.81	604	8,926	67.67	620	8,998	68.90	-6.2598%	-7.2169%
Jackson	163	4,915	33.16	162	4,803	33.73	156	4,755	32.81	-2.1586%	-0.5138%
Macon	310	5,769	53.74	273	5,781	47.22	278	5,862	47.42	-5.0520%	-5.8469%
Swain	80	1,553	51.51	67	1,468	45.64	52	1,457	35.69	-19.3190%	-16.6014%
<b>Region A Totals</b>	<b>1,600</b>	<b>28,753</b>	<b>55.65</b>	<b>1,456</b>	<b>28,588</b>	<b>50.93</b>	<b>1,423</b>	<b>28,656</b>	<b>49.66</b>	<b>-5.6332%</b>	<b>-5.4866%</b>
Buncombe	2,360	34,109	69.19	2,077	34,470	60.26	2,030	34,865	58.22	-7.1272%	-8.1417%
Henderson	1,121	16,627	67.42	1,173	17,088	68.64	1,113	17,310	64.30	-0.2382%	-2.2581%
Madison	218	2,986	73.01	158	2,972	53.16	165	2,963	55.69	-11.5463%	-11.2170%
Transylvania	444	4,875	91.08	312	4,734	65.91	326	4,744	68.72	-12.6213%	-11.6849%
<b>Region B Totals</b>	<b>4,143</b>	<b>58,597</b>	<b>70.70</b>	<b>3,720</b>	<b>59,264</b>	<b>62.77</b>	<b>3,634</b>	<b>59,882</b>	<b>60.69</b>	<b>-6.2609%</b>	<b>-7.2703%</b>
Cleveland	1,144	11,823	96.76	1,339	11,626	115.17	1,442	11,688	123.37	12.3689%	13.0749%
McDowell	512	5,478	93.46	512	5,445	94.03	524	5,489	95.46	1.1719%	1.0647%
Polk	199	2,998	66.38	220	2,989	73.60	199	3,019	65.92	0.5037%	0.2207%
Rutherford	722	7,661	94.24	728	7,635	95.35	708	7,764	91.19	-0.9581%	-1.5944%
<b>Region C Totals</b>	<b>2,577</b>	<b>27,960</b>	<b>92.17</b>	<b>2,799</b>	<b>27,695</b>	<b>101.07</b>	<b>2,873</b>	<b>27,960</b>	<b>102.75</b>	<b>5.6292%</b>	<b>5.6625%</b>
Alleghany	103	1,502	68.58	118	1,476	79.95	126	1,485	84.85	10.6714%	11.3568%
Ashe	236	3,784	62.37	238	3,769	63.15	238	3,787	62.85	0.4237%	0.3868%
Avery	235	2,183	107.65	201	2,123	94.68	201	2,133	94.23	-7.2340%	-6.2598%
Mitchell	144	1,899	75.83	187	1,877	99.63	123	1,893	64.98	-2.1817%	-1.6987%
Watauga	257	5,431	47.32	252	5,486	45.94	246	5,497	44.75	-2.1632%	-2.7524%
Wilkes	638	7,908	80.68	692	7,991	86.60	644	8,127	79.24	0.7638%	-0.5782%
Yancey	201	2,479	81.08	196	2,422	80.92	125	2,408	51.91	-19.3560%	-18.0232%
<b>Region D Totals</b>	<b>1,814</b>	<b>25,186</b>	<b>72.02</b>	<b>1,884</b>	<b>25,144</b>	<b>74.93</b>	<b>1,703</b>	<b>25,330</b>	<b>67.23</b>	<b>-2.8742%</b>	<b>-3.1193%</b>
Alexander	265	4,309	61.50	281	4,248	66.15	329	4,291	76.67	11.5598%	11.7345%
Burke	787	10,600	74.25	759	10,829	70.09	796	10,938	72.77	0.6585%	-0.8838%
Caldwell	793	9,626	82.38	838	9,685	86.53	841	9,774	86.04	3.0163%	2.2375%
Catawba	1,254	18,627	67.32	1,260	19,303	65.27	1,263	19,758	63.92	0.3583%	-2.5553%
<b>Region E Totals</b>	<b>3,099</b>	<b>43,162</b>	<b>71.80</b>	<b>3,138</b>	<b>44,065</b>	<b>71.21</b>	<b>3,229</b>	<b>44,761</b>	<b>72.14</b>	<b>2.0792%</b>	<b>0.2417%</b>
Anson	151	2,424	62.29	189	2,439	77.49	194	2,402	80.77	13.9055%	14.3112%
Cabarrus	1,026	19,988	51.33	1,443	20,829	69.28	1,589	21,656	73.37	25.3805%	20.4386%
Gaston	2,050	24,197	84.72	2,274	24,419	93.12	2,165	24,819	87.23	3.0668%	1.7953%
Iredell	1,242	19,913	62.37	1,273	20,749	61.35	1,279	21,602	59.21	1.4837%	-2.5648%
Lincoln	676	10,552	64.06	771	11,039	69.84	763	11,589	65.84	6.5078%	1.6437%
Mecklenburg	3,963	89,108	44.47	5,855	92,168	63.53	6,023	95,319	63.19	25.3055%	21.1527%
Rowan	1,151	16,768	68.64	1,202	17,365	69.22	1,233	17,750	69.46	3.5050%	0.5974%
Stanly	478	7,389	64.69	597	7,502	79.58	556	7,663	72.56	9.0139%	7.0949%
Union	1,039	21,331	48.71	1,248	22,482	55.51	1,241	23,555	52.69	9.7773%	4.4377%
<b>Region F Totals</b>	<b>11,776</b>	<b>211,670</b>	<b>55.63</b>	<b>14,852</b>	<b>218,992</b>	<b>67.82</b>	<b>15,043</b>	<b>226,355</b>	<b>66.46</b>	<b>13.7035%</b>	<b>9.9477%</b>
Alamance	1,348	18,415	73.20	1,331	19,006	70.03	1,373	19,493	70.44	0.9472%	-1.8766%
Caswell	117	3,046	38.41	139	3,035	45.80	142	3,011	47.16	10.4808%	11.1033%
Davidson	1,041	19,087	54.54	1,053	19,564	53.82	1,010	20,016	50.46	-1.4654%	-3.7815%
Guilford	3,023	53,037	57.00	2,989	53,841	55.52	3,070	54,794	56.03	0.7926%	-0.8388%
Montgomery	184	3,158	58.26	154	3,109	49.53	146	3,087	47.30	-10.7496%	-9.7522%
Randolph	891	15,899	56.04	814	15,962	51.00	808	16,202	49.87	-4.6895%	-5.6050%
Rockingham	680	11,500	59.13	1,094	11,527	94.91	730	11,697	62.41	13.8050%	13.1317%
<b>Region G Totals</b>	<b>7,284</b>	<b>124,142</b>	<b>58.67</b>	<b>7,574</b>	<b>126,044</b>	<b>60.09</b>	<b>7,279</b>	<b>128,300</b>	<b>56.73</b>	<b>0.0432%</b>	<b>-1.5863%</b>

## Proposed 2026 SMFP

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

<b>Ages 65-74</b>											
A	B	C	D	E	F	G	H	I	J	K	L
County	Home Health Patients in 2022	Estimated 2022 Population	Use Rate for 2022	Home Health Patients in 2023	Estimated 2023 Population	Use Rate for 2023	Home Health Patients in 2024	Estimated 2024 Population	Use Rate for 2024	Average Annual Rate of Change in Number of Patients	Average Annual Rate of Change in Use Rates per 1,000
Davie	310	5,434	57.05	314	5,567	56.40	318	5,705	55.74	1.2821%	-1.1527%
Forsyth	2,854	38,275	74.57	2,716	38,918	69.79	2,692	39,573	68.03	-2.8595%	-4.4659%
Stokes	407	5,684	71.60	452	5,803	77.89	431	5,966	72.24	3.2052%	0.7639%
Surry	783	8,227	95.17	760	8,097	93.86	772	8,204	94.10	-0.6792%	-0.5625%
Yadkin	293	4,298	68.17	310	4,324	71.69	303	4,413	68.66	1.7720%	0.4683%
<b>Region I Totals</b>	<b>4,647</b>	<b>61,918</b>	<b>75.05</b>	<b>4,552</b>	<b>62,709</b>	<b>72.59</b>	<b>4,516</b>	<b>63,861</b>	<b>70.72</b>	<b>-1.4176%</b>	<b>-2.9302%</b>
Chatham	313	11,794	26.54	321	12,136	26.45	332	12,542	26.47	2.9914%	-0.1277%
Durham	1,605	27,173	59.07	1,550	27,935	55.49	1,709	28,281	60.43	3.4156%	1.4240%
Johnston	1,164	20,614	56.47	1,203	21,365	56.31	1,282	22,413	57.20	4.9587%	0.6508%
Lee	396	6,713	58.99	346	6,895	50.18	391	7,065	55.34	0.1898%	-2.3230%
Moore	512	14,467	35.39	522	15,094	34.58	507	15,637	32.42	-0.4602%	-4.2641%
Orange	671	15,307	43.84	628	15,667	40.08	669	16,059	41.66	0.0602%	-2.3153%
Wake	4,539	94,122	48.22	5,438	97,966	55.51	4,967	102,200	48.60	5.5724%	1.3299%
<b>Region J Totals</b>	<b>9,200</b>	<b>190,190</b>	<b>48.37</b>	<b>10,008</b>	<b>197,058</b>	<b>50.79</b>	<b>9,857</b>	<b>204,197</b>	<b>48.27</b>	<b>3.6369%</b>	<b>0.0195%</b>
Franklin	416	8,264	50.34	442	8,781	50.34	425	9,227	46.06	1.2019%	-4.2498%
Granville	320	6,996	45.74	332	7,176	46.27	349	7,372	47.34	4.4352%	1.7366%
Person	280	4,858	57.64	307	4,910	62.53	322	4,958	64.95	7.2644%	6.1761%
Vance	324	4,635	69.90	272	4,535	59.98	320	4,468	71.62	0.7988%	2.6065%
Warren	131	2,316	56.56	132	2,270	58.15	147	2,321	63.33	6.0635%	5.8609%
<b>Region K Totals</b>	<b>1,471</b>	<b>27,069</b>	<b>54.34</b>	<b>1,485</b>	<b>27,672</b>	<b>53.66</b>	<b>1,563</b>	<b>28,346</b>	<b>55.14</b>	<b>3.1021%</b>	<b>0.7509%</b>
Edgecombe	436	6,624	65.82	411	6,612	62.16	439	6,644	66.07	0.5394%	0.3677%
Halifax	408	6,480	62.96	357	6,413	55.67	399	6,457	61.79	-0.3676%	-0.2914%
Nash	807	11,714	68.89	764	11,962	63.87	778	12,047	64.58	-1.7480%	-3.0886%
Northampton	169	1,597	105.82	169	1,401	120.63	163	1,343	121.37	-1.7751%	7.3025%
Wilson	616	8,465	72.77	601	8,485	70.83	610	8,529	71.52	-0.4688%	-0.8456%
<b>Region L Totals</b>	<b>2,436</b>	<b>34,880</b>	<b>69.84</b>	<b>2,302</b>	<b>34,873</b>	<b>66.01</b>	<b>2,389</b>	<b>35,020</b>	<b>68.22</b>	<b>-0.8607%</b>	<b>-1.0691%</b>
Cumberland	1,686	29,586	56.99	1,643	30,159	54.48	1,779	30,752	57.85	2.8636%	0.8939%
Harnett	654	11,494	56.90	600	11,699	51.29	638	12,216	52.23	-0.9618%	-4.0157%
Sampson	463	6,606	70.09	470	6,625	70.94	470	6,663	70.54	0.7559%	0.3252%
<b>Region M Totals</b>	<b>2,803</b>	<b>47,686</b>	<b>58.78</b>	<b>2,713</b>	<b>48,483</b>	<b>55.96</b>	<b>2,887</b>	<b>49,631</b>	<b>58.17</b>	<b>1.6014%</b>	<b>-0.4249%</b>
Bladen	310	3,170	97.79	257	3,059	84.01	278	3,035	91.60	-4.4628%	-2.5310%
Hoke	212	3,982	53.24	246	4,060	60.59	248	4,199	59.06	8.4254%	5.6421%
Richmond	318	4,908	64.79	309	4,910	62.93	300	4,888	61.37	-2.8714%	-2.6727%
Robeson	732	12,522	58.46	651	12,462	52.24	789	12,545	62.89	5.0663%	4.8795%
Scotland	213	4,093	52.04	159	4,048	39.28	191	3,973	48.07	-2.6132%	-1.0644%
<b>Region N Totals</b>	<b>1,785</b>	<b>28,675</b>	<b>62.25</b>	<b>1,622</b>	<b>28,539</b>	<b>56.83</b>	<b>1,806</b>	<b>28,640</b>	<b>63.06</b>	<b>1.1062%</b>	<b>1.1264%</b>
Brunswick	1,340	28,290	47.37	1,439	30,027	47.92	1,439	31,487	45.70	3.6940%	-1.7305%
Columbus	557	5,761	96.68	526	5,778	91.03	546	5,794	94.24	-0.8816%	-1.1639%
New Hanover	1,321	24,604	53.69	1,429	25,013	57.13	1,280	25,404	50.39	-1.1256%	-2.6994%
Pender	432	7,464	57.88	411	7,669	53.59	363	8,028	45.22	-8.2700%	-11.5163%
<b>Region O Totals</b>	<b>3,650</b>	<b>66,119</b>	<b>55.20</b>	<b>3,805</b>	<b>68,487</b>	<b>55.56</b>	<b>3,628</b>	<b>70,713</b>	<b>51.31</b>	<b>-0.2026%</b>	<b>-3.5056%</b>
Carteret	628	10,144	61.91	521	10,367	50.26	557	10,539	52.85	-5.0642%	-6.8289%
Craven	862	10,151	84.92	767	10,761	71.28	677	11,070	61.16	-11.3775%	-15.1313%
Duplin	506	3,866	130.88	480	3,815	125.82	486	3,993	121.71	-1.9442%	-3.5669%
Greene	130	2,277	57.09	172	2,272	75.70	146	2,341	62.37	8.5957%	7.4903%
Jones	95	1,279	74.28	108	1,254	86.12	88	1,261	69.79	-2.4172%	-1.5101%
Lenoir	562	6,904	81.40	609	6,860	88.78	651	6,887	94.53	7.6298%	7.7678%
Onslow	875	12,828	68.21	936	13,083	71.54	957	13,386	71.49	4.6075%	2.4079%
Pamlico	100	1,870	53.48	95	1,806	52.60	79	1,819	43.43	-10.9211%	-9.5349%
Wayne	860	11,782	72.99	900	11,869	75.83	969	12,049	80.42	6.1589%	4.9712%
<b>Region P Totals</b>	<b>4,618</b>	<b>61,101</b>	<b>75.58</b>	<b>4,588</b>	<b>62,087</b>	<b>73.90</b>	<b>4,610</b>	<b>63,345</b>	<b>72.78</b>	<b>-0.0851%</b>	<b>-1.8717%</b>

## Proposed 2026 SMFP

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

<b>Ages 65-74</b>											
A	B	C	D	E	F	G	H	I	J	K	L
County	Home Health Patients in 2022	Estimated 2022 Population	Use Rate for 2022	Home Health Patients in 2023	Estimated 2023 Population	Use Rate for 2023	Home Health Patients in 2024	Estimated 2024 Population	Use Rate for 2024	Average Annual Rate of Change in Number of Patients	Average Annual Rate of Change in Use Rates per 1,000
Beaufort	428	6,246	68.52	394	6,056	65.06	430	6,025	71.37	0.5966%	2.3214%
Bertie	171	1,999	85.54	183	2,042	89.62	153	2,049	74.67	-4.6879%	-5.9575%
Hertford	163	2,497	65.28	141	2,525	55.84	165	2,473	66.72	1.7622%	2.5129%
Martin	252	3,260	77.30	214	3,222	66.42	201	3,196	62.89	-10.5771%	-9.6942%
Pitt	1,081	15,416	70.12	1,196	15,788	75.75	1,255	15,991	78.48	7.7857%	5.8162%
<b>Region Q Totals</b>	<b>2,095</b>	<b>29,418</b>	<b>71.21</b>	<b>2,128</b>	<b>29,633</b>	<b>71.81</b>	<b>2,204</b>	<b>29,734</b>	<b>74.12</b>	<b>2.5733%</b>	<b>2.0289%</b>
Camden	51	1,144	44.58	46	1,187	38.75	48	1,231	38.99	-2.7280%	-6.2266%
Chowan	116	1,782	65.10	112	1,768	63.35	118	1,768	66.74	0.9544%	1.3367%
Currituck	179	3,362	53.24	149	3,536	42.14	175	3,790	46.17	0.3449%	-5.6388%
Dare	212	5,340	39.70	226	5,433	41.60	287	5,505	52.13	16.7975%	15.0546%
Gates	61	1,250	48.80	53	1,267	41.83	64	1,298	49.31	3.8200%	1.7951%
Hyde	27	639	42.25	19	638	29.78	21	640	32.81	-9.5517%	-9.6692%
Pasquotank	290	4,057	71.48	267	4,114	64.90	240	4,184	57.36	-9.0217%	-10.4114%
Perquimans	85	1,859	45.72	83	1,783	46.55	80	1,790	44.69	-2.9837%	-1.0911%
Tyrrell	20	342	58.48	17	358	47.49	18	368	48.91	-4.5588%	-7.8969%
Washington	114	1,645	69.30	103	1,612	63.90	69	1,577	43.75	-21.3294%	-19.6612%
<b>Region R Totals</b>	<b>1,155</b>	<b>21,420</b>	<b>53.92</b>	<b>1,075</b>	<b>21,696</b>	<b>49.55</b>	<b>1,120</b>	<b>22,151</b>	<b>50.56</b>	<b>-1.3702%</b>	<b>-3.0322%</b>
<b>Grand Totals</b>	<b>66,153</b>	<b>1,087,946</b>	<b>60.81</b>	<b>69,701</b>	<b>1,111,029</b>	<b>62.74</b>	<b>69,764</b>	<b>1,136,882</b>	<b>61.36</b>	<b>2.7269%</b>	<b>0.4943%</b>

## Proposed 2026 SMFP

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

Ages 75 and Over											
A	B	C	D	E	F	G	H	I	J	K	L
County	Home Health Patients in 2022	Estimated 2022 Population	Use Rate for 2022	Home Health Patients in 2023	Estimated 2023 Population	Use Rate for 2023	Home Health Patients in 2024	Estimated 2024 Population	Use Rate for 2024	Average Annual Rate of Change in Number of Patients	Average Annual Rate of Change in Use Rates per 1,000
Cherokee	348	4,493	77.45	400	4,626	86.47	454	4,766	95.26	14.2213%	10.9019%
Clay	146	1,790	81.56	132	1,886	69.99	172	1,952	88.11	10.3570%	5.8531%
Graham	71	1,050	67.62	157	1,071	146.59	110	1,076	102.23	45.5952%	43.2645%
Haywood	1,316	8,015	164.19	1,250	8,292	150.75	831	8,458	98.25	-19.2676%	-21.5065%
Jackson	318	4,303	73.90	337	4,548	74.10	276	4,695	58.79	-6.0630%	-10.1996%
Macon	732	5,614	130.39	588	5,792	101.52	531	5,936	89.45	-14.6830%	-17.0127%
Swain	123	1,313	93.68	115	1,347	85.37	114	1,344	84.82	-3.6868%	-4.7562%
<b>Region A Totals</b>	<b>3,054</b>	<b>26,578</b>	<b>114.91</b>	<b>2,979</b>	<b>27,562</b>	<b>108.08</b>	<b>2,488</b>	<b>28,227</b>	<b>88.14</b>	<b>-9.4689%</b>	<b>-12.1939%</b>
Buncombe	4,275	25,947	164.76	3,849	27,225	141.38	3,786	28,430	133.17	-5.8009%	-9.9986%
Henderson	2,375	16,736	141.91	2,771	17,553	157.86	2,593	18,095	143.30	5.1250%	1.0083%
Madison	354	2,316	152.85	332	2,406	137.99	367	2,490	147.39	2.1637%	-1.4549%
Transylvania	903	6,128	147.36	737	6,249	117.94	721	6,322	114.05	-10.2771%	-11.6321%
<b>Region B Totals</b>	<b>7,907</b>	<b>51,127</b>	<b>154.65</b>	<b>7,689</b>	<b>53,433</b>	<b>143.90</b>	<b>7,467</b>	<b>55,337</b>	<b>134.94</b>	<b>-2.8221%</b>	<b>-6.5912%</b>
Cleveland	1,827	8,161	223.87	2,278	8,343	273.04	2,333	8,583	271.82	13.5498%	10.7580%
McDowell	775	4,345	178.37	840	4,484	187.33	831	4,579	181.48	3.6578%	0.9517%
Polk	475	3,002	158.23	462	3,066	150.68	403	3,108	129.67	-7.7537%	-9.3582%
Rutherford	1,154	6,351	181.70	1,236	6,545	188.85	1,244	6,655	186.93	3.8765%	1.4573%
<b>Region C Totals</b>	<b>4,231</b>	<b>21,859</b>	<b>193.56</b>	<b>4,816</b>	<b>22,438</b>	<b>214.64</b>	<b>4,811</b>	<b>22,925</b>	<b>209.86</b>	<b>6.8613%</b>	<b>4.3317%</b>
Alleghany	230	1,488	154.57	238	1,566	151.98	240	1,574	152.48	2.1593%	-0.6740%
Ashe	495	3,368	146.97	528	3,502	150.77	486	3,582	135.68	-0.6439%	-3.7125%
Avery	402	1,910	210.47	384	1,924	199.58	359	1,980	181.31	-5.4940%	-7.1636%
Mitchell	249	1,772	140.52	391	1,760	222.16	186	1,745	106.59	2.2992%	3.0390%
Watauga	540	4,480	120.54	556	4,749	117.08	551	4,937	111.61	1.0318%	-3.7711%
Wilkes	1,148	6,695	171.47	1,272	6,848	185.75	1,260	6,955	181.16	4.9290%	2.9292%
Yancey	374	2,282	163.89	367	2,330	157.51	255	2,379	107.19	-16.1947%	-17.9210%
<b>Region D Totals</b>	<b>3,438</b>	<b>21,995</b>	<b>156.31</b>	<b>3,736</b>	<b>22,679</b>	<b>164.73</b>	<b>3,337</b>	<b>23,152</b>	<b>144.13</b>	<b>-1.0060%</b>	<b>-3.5571%</b>
Alexander	397	3,403	116.66	546	3,520	155.11	496	3,597	137.89	14.1870%	10.9290%
Burke	1,356	8,419	161.06	1,299	8,827	147.16	1,398	9,076	154.03	1.7089%	-1.9814%
Caldwell	1,398	7,227	193.44	1,507	7,467	201.82	1,480	7,624	194.12	3.0026%	0.2590%
Catawba	2,444	13,105	186.49	2,517	13,853	181.69	2,618	14,431	181.42	3.4998%	-1.3636%
<b>Region E Totals</b>	<b>5,595</b>	<b>32,154</b>	<b>174.01</b>	<b>5,869</b>	<b>33,667</b>	<b>174.33</b>	<b>5,992</b>	<b>34,728</b>	<b>172.54</b>	<b>3.4965%</b>	<b>-0.4202%</b>
Anson	252	1,796	140.31	280	1,844	151.84	317	1,898	167.02	12.1627%	9.1060%
Cabarrus	2,130	13,530	157.43	2,720	14,396	188.94	2,832	15,103	187.51	15.9086%	9.6307%
Gaston	3,449	16,274	211.93	3,670	17,038	215.40	3,591	17,548	204.64	2.1275%	-1.6801%
Iredell	2,585	13,755	187.93	2,732	14,654	186.43	2,794	15,406	181.36	3.9780%	-1.7598%
Lincoln	1,242	6,888	180.31	1,461	7,376	198.07	1,572	7,762	202.53	12.6152%	6.0485%
Mecklenburg	9,242	55,539	166.41	10,599	59,375	178.51	11,134	63,268	175.98	9.8653%	2.9288%
Rowan	1,820	11,578	157.19	1,956	12,201	160.31	2,067	12,584	164.26	6.5737%	2.2217%
Stanly	904	5,395	167.56	1,144	5,659	202.16	978	5,832	167.70	6.0191%	1.7993%
Union	2,221	13,948	159.23	2,346	14,897	157.48	2,764	15,869	174.18	11.7228%	4.7501%
<b>Region F Totals</b>	<b>23,845</b>	<b>138,703</b>	<b>171.91</b>	<b>26,908</b>	<b>147,440</b>	<b>182.50</b>	<b>28,049</b>	<b>155,270</b>	<b>180.65</b>	<b>8.5429%</b>	<b>2.5711%</b>
Alamance	2,494	14,276	174.70	2,708	15,112	179.20	2,803	15,639	179.23	6.0444%	1.2970%
Caswell	233	2,178	106.98	211	2,213	95.35	326	2,286	142.61	22.5302%	19.3471%
Davidson	2,022	13,760	146.95	1,867	14,434	129.35	1,910	14,865	128.49	-2.6813%	-6.3202%
Guilford	6,179	37,916	162.97	6,442	39,692	162.30	6,631	41,266	160.69	3.5951%	-0.7004%
Montgomery	261	2,581	101.12	267	2,672	99.93	256	2,724	93.98	-0.9105%	-3.5676%
Randolph	1,682	11,759	143.04	1,669	12,120	137.71	1,715	12,424	138.04	0.9916%	-1.7433%
Rockingham	1,308	8,435	155.07	2,044	8,617	237.21	1,340	8,741	153.30	10.9134%	8.7981%
<b>Region G Totals</b>	<b>14,179</b>	<b>90,905</b>	<b>155.98</b>	<b>15,208</b>	<b>94,860</b>	<b>160.32</b>	<b>14,981</b>	<b>97,945</b>	<b>152.95</b>	<b>2.8823%</b>	<b>-0.9050%</b>

## Proposed 2026 SMFP

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

Ages 75 and Over											
A	B	C	D	E	F	G	H	I	J	K	L
County	Home Health Patients in 2022	Estimated 2022 Population	Use Rate for 2022	Home Health Patients in 2023	Estimated 2023 Population	Use Rate for 2023	Home Health Patients in 2024	Estimated 2024 Population	Use Rate for 2024	Average Annual Rate of Change in Number of Patients	Average Annual Rate of Change in Use Rates per 1,000
Davie	656	4,274	153.49	693	4,458	155.45	716	4,588	156.06	4.4796%	0.8357%
Forsyth	5,631	27,744	202.96	5,698	29,144	195.51	5,791	30,238	191.51	1.4110%	-2.8580%
Stokes	867	4,188	207.02	1,000	4,430	225.73	959	4,602	208.39	5.6201%	0.6776%
Surry	1,431	6,293	227.40	1,476	6,469	228.17	1,463	6,516	224.52	1.1319%	-0.6286%
Yadkin	676	3,415	197.95	658	3,520	186.93	667	3,592	185.69	-0.6475%	-3.1152%
<b>Region I Totals</b>	<b>9,261</b>	<b>45,914</b>	<b>201.70</b>	<b>9,525</b>	<b>48,021</b>	<b>198.35</b>	<b>9,596</b>	<b>49,536</b>	<b>193.72</b>	<b>1.7980%</b>	<b>-1.9989%</b>
Chatham	855	10,459	81.75	886	11,233	78.87	975	11,917	81.82	6.8354%	0.1072%
Durham	2,756	17,484	157.63	2,883	18,516	155.70	3,412	19,530	174.71	11.4785%	5.4910%
Johnston	2,059	12,599	163.43	1,945	13,402	145.13	2,261	14,250	158.67	5.3551%	-0.9337%
Lee	693	5,067	136.77	664	5,330	124.58	695	5,506	126.23	0.2420%	-3.7948%
Moore	1,304	14,333	90.98	1,460	15,045	97.04	1,467	15,538	94.41	6.2213%	1.9780%
Orange	1,392	9,432	147.58	1,441	10,101	142.66	1,588	10,788	147.20	6.8607%	-0.0764%
Wake	10,072	59,081	170.48	11,746	63,229	185.77	11,517	67,774	169.93	7.3354%	0.2224%
<b>Region J Totals</b>	<b>19,131</b>	<b>128,455</b>	<b>148.93</b>	<b>21,025</b>	<b>136,856</b>	<b>153.63</b>	<b>21,915</b>	<b>145,303</b>	<b>150.82</b>	<b>7.0666%</b>	<b>0.6637%</b>
Franklin	692	5,426	127.53	722	5,889	122.60	772	6,309	122.36	5.6302%	-2.0303%
Granville	667	4,560	146.27	645	4,751	135.76	645	4,997	129.08	-1.6492%	-6.0545%
Person	505	3,479	145.16	519	3,569	145.42	612	3,675	166.53	10.3457%	7.3493%
Vance	464	3,447	134.61	441	3,512	125.57	520	3,548	146.56	6.4785%	5.0007%
Warren	205	2,372	86.42	210	2,400	87.50	237	2,393	99.04	7.6481%	7.2156%
<b>Region K Totals</b>	<b>2,533</b>	<b>19,284</b>	<b>131.35</b>	<b>2,537</b>	<b>20,121</b>	<b>126.09</b>	<b>2,786</b>	<b>20,922</b>	<b>133.16</b>	<b>4.9863%</b>	<b>0.8010%</b>
Edgecombe	545	4,511	120.82	577	4,750	121.47	643	4,859	132.33	8.6550%	4.7416%
Halifax	625	4,634	134.87	604	4,704	128.40	665	4,791	138.80	3.3697%	1.6510%
Nash	1,222	7,782	157.03	1,255	8,370	149.94	1,285	8,730	147.19	2.5455%	-3.1731%
Northampton	278	2,002	138.86	276	1,915	144.13	272	1,841	147.75	-1.0843%	3.1515%
Wilson	993	5,962	166.55	1,005	6,183	162.54	1,049	6,255	167.71	2.7933%	0.3838%
<b>Region L Totals</b>	<b>3,663</b>	<b>24,891</b>	<b>147.16</b>	<b>3,717</b>	<b>25,922</b>	<b>143.39</b>	<b>3,914</b>	<b>26,476</b>	<b>147.83</b>	<b>3.3871%</b>	<b>0.2674%</b>
Cumberland	2,866	19,028	150.62	2,748	19,825	138.61	2,979	20,478	145.47	2.1444%	-1.5113%
Harnett	1,036	7,931	130.63	1,026	8,269	124.08	1,198	8,556	140.02	7.8994%	3.9170%
Sampson	815	4,776	170.64	822	4,936	166.53	886	5,051	175.41	4.3224%	1.4607%
<b>Region M Totals</b>	<b>4,717</b>	<b>31,735</b>	<b>148.64</b>	<b>4,596</b>	<b>33,030</b>	<b>139.15</b>	<b>5,063</b>	<b>34,085</b>	<b>148.54</b>	<b>3.7979%</b>	<b>0.1830%</b>
Bladen	371	2,603	142.53	377	2,617	144.06	441	2,596	169.88	9.2967%	9.4980%
Hoke	342	2,107	162.32	376	2,221	169.29	388	2,327	166.74	6.5665%	1.3947%
Richmond	378	3,209	117.79	432	3,324	129.96	469	3,411	137.50	11.4253%	8.0638%
Robeson	1,139	7,747	147.02	789	8,162	96.67	1,085	8,457	128.30	3.3936%	-0.7659%
Scotland	293	2,708	108.20	215	2,829	76.00	263	2,925	89.91	-2.1478%	-5.7244%
<b>Region N Totals</b>	<b>2,523</b>	<b>18,374</b>	<b>137.31</b>	<b>2,189</b>	<b>19,153</b>	<b>114.29</b>	<b>2,646</b>	<b>19,716</b>	<b>134.21</b>	<b>3.8195%</b>	<b>0.3292%</b>
Brunswick	2,336	19,851	117.68	2,742	21,389	128.20	2,836	22,786	124.46	10.4041%	3.0134%
Columbus	856	4,531	188.92	840	4,622	181.74	910	4,646	195.87	3.2321%	1.9863%
New Hanover	2,728	19,149	142.46	3,036	20,106	151.00	2,913	20,904	139.35	3.6195%	-0.8605%
Pender	743	5,248	141.58	870	5,491	158.44	788	5,683	138.66	3.8338%	-0.2872%
<b>Region O Totals</b>	<b>6,663</b>	<b>48,779</b>	<b>136.60</b>	<b>7,488</b>	<b>51,608</b>	<b>145.09</b>	<b>7,447</b>	<b>54,019</b>	<b>137.86</b>	<b>5.9171%</b>	<b>0.6175%</b>
Carteret	1,258	8,449	148.89	1,235	8,785	140.58	1,285	8,993	142.89	1.1101%	-1.9705%
Craven	1,454	8,906	163.26	1,435	9,146	156.90	1,426	9,243	154.28	-0.9670%	-2.7833%
Duplin	854	3,641	234.55	890	3,722	239.12	858	3,704	231.64	0.3100%	-0.5898%
Greene	142	1,486	95.56	186	1,533	121.33	185	1,571	117.76	15.2241%	12.0133%
Jones	117	914	128.01	159	945	168.25	135	954	141.51	10.4015%	7.7720%
Lenoir	897	4,916	182.47	903	4,999	180.64	991	5,067	195.58	5.2071%	3.6350%
Onslow	1,296	8,633	150.12	1,501	8,924	168.20	1,566	9,118	171.75	10.0742%	7.0759%
Pamlico	155	1,874	82.71	209	1,943	107.57	173	1,980	87.37	8.8069%	5.6393%
Wayne	1,392	8,509	163.59	1,523	8,695	175.16	1,598	8,792	181.76	7.1677%	5.4187%
<b>Region P Totals</b>	<b>7,565</b>	<b>47,328</b>	<b>159.84</b>	<b>8,041</b>	<b>48,692</b>	<b>165.14</b>	<b>8,217</b>	<b>49,422</b>	<b>166.26</b>	<b>4.2405%</b>	<b>1.9970%</b>

## Proposed 2026 SMFP

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

Ages 75 and Over											
A	B	C	D	E	F	G	H	I	J	K	L
County	Home Health Patients in 2022	Estimated 2022 Population	Use Rate for 2022	Home Health Patients in 2023	Estimated 2023 Population	Use Rate for 2023	Home Health Patients in 2024	Estimated 2024 Population	Use Rate for 2024	Average Annual Rate of Change in Number of Patients	Average Annual Rate of Change in Use Rates per 1,000
Beaufort	778	5,372	144.83	750	5,563	134.82	867	5,701	152.08	6.0005%	2.9465%
Bertie	277	1,505	184.05	258	1,511	170.75	248	1,502	165.11	-5.3676%	-5.2645%
Hertford	227	1,720	131.98	217	1,766	122.88	249	1,801	138.26	5.1706%	2.8107%
Martin	431	2,340	184.19	369	2,411	153.05	351	2,476	141.76	-9.6316%	-12.1408%
Pitt	1,538	9,673	159.00	1,731	10,283	168.34	1,837	10,706	171.59	9.3362%	3.9014%
<b>Region Q Totals</b>	<b>3,251</b>	<b>20,610</b>	<b>157.74</b>	<b>3,325</b>	<b>21,534</b>	<b>154.41</b>	<b>3,552</b>	<b>22,186</b>	<b>160.10</b>	<b>4.5516%</b>	<b>0.7877%</b>
Camden	76	834	91.13	90	858	104.90	113	886	127.54	21.9883%	18.3481%
Chowan	197	1,684	116.98	188	1,699	110.65	203	1,715	118.37	1.7051%	0.7801%
Currituck	216	2,019	106.98	174	2,124	81.92	249	2,226	111.86	11.8295%	6.5597%
Dare	315	3,763	83.71	327	3,949	82.81	420	4,117	102.02	16.1249%	11.0596%
Gates	106	1,066	99.44	97	1,098	88.34	104	1,102	94.37	-0.6370%	-2.1651%
Hyde	30	436	68.81	26	454	57.27	22	469	46.91	-14.3590%	-17.4302%
Pasquotank	385	2,845	135.33	399	2,938	135.81	442	2,988	147.93	7.2067%	4.6395%
Perquimans	188	1,958	96.02	161	2,007	80.22	176	2,047	85.98	-2.5225%	-4.6359%
Tyrrell	29	407	71.25	23	426	53.99	23	425	54.12	-10.3448%	-11.9958%
Washington	150	1,307	114.77	137	1,322	103.63	120	1,335	89.89	-10.5377%	-11.4823%
<b>Region R Totals</b>	<b>1,692</b>	<b>16,319</b>	<b>103.68</b>	<b>1,622</b>	<b>16,875</b>	<b>96.12</b>	<b>1,872</b>	<b>17,310</b>	<b>108.15</b>	<b>5.6380%</b>	<b>2.6086%</b>
<b>Grand Totals</b>	<b>123,248</b>	<b>785,010</b>	<b>157.00</b>	<b>131,270</b>	<b>823,891</b>	<b>159.33</b>	<b>134,133</b>	<b>856,559</b>	<b>156.60</b>	<b>4.3449%</b>	<b>-0.1168%</b>

## Proposed 2026 SMFP

**Table 12C: 2027 Need Projections for Medicare Certified Home Health Agencies or Offices**

Under Age 18								
A	B	C	D	E	F	G	H	I
County	Home Health Patients in 2024	COG's Average Annual Rate of Change in Number of Patients	Projected Number of Patients Receiving Services in 2027	Geographic Unit's Use Rate per 1,000 in 2024	COG's Average Annual Rate of Change in Use Rate	Projected Use Rate per 1,000 in 2027	Projected 2027 Population	Projected Home Health Patients in 2027
Cherokee	0	-24.8737%	0.00	0.0000	-24.5952%	0.0000	4,629	0.00
Clay	0	-24.8737%	0.00	0.0000	-24.5952%	0.0000	1,921	0.00
Graham	0	-24.8737%	0.00	0.0000	-24.5952%	0.0000	1,624	0.00
Haywood	19	-24.8737%	4.82	1.7439	-24.5952%	0.4572	10,915	4.99
Jackson	1	-24.8737%	0.25	0.1458	-24.5952%	0.0382	6,709	0.26
Macon	4	-24.8737%	1.02	0.6058	-24.5952%	0.1588	6,686	1.06
Swain	0	-24.8737%	0.00	0.0000	-24.5952%	0.0000	3,217	0.00
<b>Region A Totals</b>	<b>24</b>	<b>-24.8737%</b>	<b>6.09</b>	<b>0.6725</b>	<b>-24.5952%</b>	<b>0.1763</b>	<b>35,701</b>	<b>6.31</b>
Buncombe	58	-36.6360%	-5.75	1.2301	-36.4121%	-0.1136	46,723	-5.31
Henderson	23	-36.6360%	-2.28	1.1152	-36.4121%	-0.1030	20,632	-2.13
Madison	5	-36.6360%	-0.50	1.3947	-36.4121%	-0.1288	3,669	-0.47
Transylvania	3	-36.6360%	-0.30	0.5843	-36.4121%	-0.0540	5,151	-0.28
<b>Region B Totals</b>	<b>89</b>	<b>-36.6360%</b>	<b>-8.82</b>	<b>1.1635</b>	<b>-36.4121%</b>	<b>-0.1075</b>	<b>76,175</b>	<b>-8.18</b>
Cleveland	21	-0.8324%	20.48	0.9986	-0.1309%	0.9947	21,253	21.14
McDowell	13	-0.8324%	12.68	1.5676	-0.1309%	1.5614	8,062	12.59
Polk	0	-0.8324%	0.00	0.0000	-0.1309%	0.0000	2,876	0.00
Rutherford	0	-0.8324%	0.00	0.0000	-0.1309%	0.0000	12,585	0.00
<b>Region C Totals</b>	<b>34</b>	<b>-0.8324%</b>	<b>33.15</b>	<b>0.7569</b>	<b>-0.1309%</b>	<b>0.7539</b>	<b>44,776</b>	<b>33.73</b>
Alleghany	5	16.1404%	7.42	2.6042	16.0245%	3.8561	1,935	7.46
Ashe	3	16.1404%	4.45	0.6604	16.0245%	0.9778	4,473	4.37
Avery	0	16.1404%	0.00	0.0000	16.0245%	0.0000	2,632	0.00
Mitchell	4	16.1404%	5.94	1.5123	16.0245%	2.2393	2,591	5.80
Watauga	0	16.1404%	0.00	0.0000	16.0245%	0.0000	6,575	0.00
Wilkes	9	16.1404%	13.36	0.7009	16.0245%	1.0379	12,918	13.41
Yancey	2	16.1404%	2.97	0.6048	16.0245%	0.8955	3,419	3.06
<b>Region D Totals</b>	<b>23</b>	<b>16.1404%</b>	<b>34.14</b>	<b>0.6664</b>	<b>16.0245%</b>	<b>0.9868</b>	<b>34,543</b>	<b>34.11</b>
Alexander	0	216.6667%	0.00	0.0000	216.0112%	0.0000	6,715	0.00
Burke	5	216.6667%	37.50	0.2932	216.0112%	2.1933	16,737	36.71
Caldwell	0	216.6667%	0.00	0.0000	216.0112%	0.0000	15,036	0.00
Catawba	5	216.6667%	37.50	0.1489	216.0112%	1.1139	33,588	37.41
<b>Region E Totals</b>	<b>10</b>	<b>216.6667%</b>	<b>75.00</b>	<b>0.1377</b>	<b>216.0112%</b>	<b>1.0303</b>	<b>72,076</b>	<b>74.12</b>
Anson	0	-7.5293%	0.00	0.0000	-8.5226%	0.0000	4,582	0.00
Cabarrus	33	-7.5293%	25.55	0.6084	-8.5226%	0.4528	55,185	24.99
Gaston	105	-7.5293%	81.28	2.0568	-8.5226%	1.5309	50,768	77.72
Iredell	1	-7.5293%	0.77	0.0248	-8.5226%	0.0184	42,365	0.78
Lincoln	10	-7.5293%	7.74	0.5399	-8.5226%	0.4019	19,127	7.69
Mecklenburg	264	-7.5293%	204.37	1.0039	-8.5226%	0.7472	265,985	198.75
Rowan	0	-7.5293%	0.00	0.0000	-8.5226%	0.0000	31,330	0.00
Stanly	0	-7.5293%	0.00	0.0000	-8.5226%	0.0000	12,705	0.00
Union	22	-7.5293%	17.03	0.4060	-8.5226%	0.3022	56,384	17.04
<b>Region F Totals</b>	<b>435</b>	<b>-7.5293%</b>	<b>336.74</b>	<b>0.8191</b>	<b>-8.5226%</b>	<b>0.6097</b>	<b>538,431</b>	<b>326.97</b>
Alamance	6	-4.3100%	5.22	0.1589	-4.4220%	0.1378	38,345	5.28
Caswell	0	-4.3100%	0.00	0.0000	-4.4220%	0.0000	3,612	0.00
Davidson	0	-4.3100%	0.00	0.0000	-4.4220%	0.0000	35,740	0.00
Guilford	46	-4.3100%	40.05	0.4130	-4.4220%	0.3582	111,306	39.87
Montgomery	0	-4.3100%	0.00	0.0000	-4.4220%	0.0000	5,182	0.00
Randolph	4	-4.3100%	3.48	0.1327	-4.4220%	0.1151	29,995	3.45
Rockingham	3	-4.3100%	2.61	0.1746	-4.4220%	0.1515	17,001	2.57
<b>Region G Totals</b>	<b>59</b>	<b>-4.3100%</b>	<b>51.37</b>	<b>0.2448</b>	<b>-4.4220%</b>	<b>0.2123</b>	<b>241,181</b>	<b>51.18</b>

## Proposed 2026 SMFP

**Table 12C: 2027 Need Projections for Medicare Certified Home Health Agencies or Offices**

Under Age 18								
A	B	C	D	E	F	G	H	I
County	Home Health Patients in 2024	COG's Average Annual Rate of Change in Number of Patients	Projected Number of Patients Receiving Services in 2027	Geographic Unit's Use Rate per 1,000 in 2024	COG's Average Annual Rate of Change in Use Rate	Projected Use Rate per 1,000 in 2027	Projected 2027 Population	Projected Home Health Patients in 2027
Davie	4	-6.8199%	3.18	0.4893	-7.0338%	0.3860	8,291	3.20
Forsyth	29	-6.8199%	23.07	0.3422	-7.0338%	0.2700	84,626	22.85
Stokes	1	-6.8199%	0.80	0.1246	-7.0338%	0.0983	8,135	0.80
Surry	34	-6.8199%	27.04	2.3577	-7.0338%	1.8602	14,219	26.45
Yadkin	3	-6.8199%	2.39	0.4127	-7.0338%	0.3256	7,170	2.33
<b>Region I Totals</b>	<b>71</b>	<b>-6.8199%</b>	<b>56.47</b>	<b>0.5789</b>	<b>-7.0338%</b>	<b>0.4568</b>	<b>122,441</b>	<b>55.63</b>
Chatham	1	18.8280%	1.56	0.0757	18.2951%	0.1173	13,087	1.53
Durham	19	18.8280%	29.73	0.2500	18.2951%	0.3872	76,009	29.43
Johnston	7	18.8280%	10.95	0.1274	18.2951%	0.1972	57,552	11.35
Lee	0	18.8280%	0.00	0.0000	18.2951%	0.0000	15,209	0.00
Moore	0	18.8280%	0.00	0.0000	18.2951%	0.0000	23,656	0.00
Orange	1	18.8280%	1.56	0.0423	18.2951%	0.0655	23,704	1.55
Wake	120	18.8280%	187.78	0.4803	18.2951%	0.7440	253,782	188.81
<b>Region J Totals</b>	<b>148</b>	<b>18.8280%</b>	<b>231.60</b>	<b>0.3253</b>	<b>18.2951%</b>	<b>0.5039</b>	<b>462,999</b>	<b>232.68</b>
Franklin	7	23.5043%	11.94	0.4291	22.7365%	0.7217	17,586	12.69
Granville	1	23.5043%	1.71	0.0879	22.7365%	0.1479	11,538	1.71
Person	1	23.5043%	1.71	0.1274	22.7365%	0.2144	7,832	1.68
Vance	5	23.5043%	8.53	0.5343	22.7365%	0.8987	9,312	8.37
Warren	2	23.5043%	3.41	0.6088	22.7365%	1.0241	3,157	3.23
<b>Region K Totals</b>	<b>16</b>	<b>23.5043%</b>	<b>27.28</b>	<b>0.3321</b>	<b>22.7365%</b>	<b>0.5586</b>	<b>49,425</b>	<b>27.68</b>
Edgecombe	0	-40.0000%	0.00	0.0000	-39.6744%	0.0000	10,532	0.00
Halifax	0	-40.0000%	0.00	0.0000	-39.6744%	0.0000	9,434	0.00
Nash	1	-40.0000%	-0.20	0.0505	-39.6744%	-0.0096	20,021	-0.19
Northampton	0	-40.0000%	0.00	0.0000	-39.6744%	0.0000	2,924	0.00
Wilson	0	-40.0000%	0.00	0.0000	-39.6744%	0.0000	17,071	0.00
<b>Region L Totals</b>	<b>1</b>	<b>-40.0000%</b>	<b>-0.20</b>	<b>0.0165</b>	<b>-39.6744%</b>	<b>-0.0031</b>	<b>59,982</b>	<b>-0.19</b>
Cumberland	1	-56.8182%	-0.70	0.0112	-56.8082%	-0.0079	88,350	-0.70
Harnett	0	-56.8182%	0.00	0.0000	-56.8082%	0.0000	38,083	0.00
Sampson	1	-56.8182%	-0.70	0.0700	-56.8082%	-0.0493	14,422	-0.71
<b>Region M Totals</b>	<b>2</b>	<b>-56.8182%</b>	<b>-1.41</b>	<b>0.0142</b>	<b>-56.8082%</b>	<b>-0.0100</b>	<b>140,855</b>	<b>-1.41</b>
Bladen	0	-89.3443%	0.00	0.0000	-89.4004%	0.0000	6,310	0.00
Hoke	0	-89.3443%	0.00	0.0000	-89.4004%	0.0000	16,998	0.00
Richmond	0	-89.3443%	0.00	0.0000	-89.4004%	0.0000	9,414	0.00
Robeson	0	-89.3443%	0.00	0.0000	-89.4004%	0.0000	28,009	0.00
Scotland	0	-89.3443%	0.00	0.0000	-89.4004%	0.0000	7,307	0.00
<b>Region N Totals</b>	<b>0</b>	<b>-89.3443%</b>	<b>0.00</b>	<b>0.0000</b>	<b>-89.4004%</b>	<b>0.0000</b>	<b>68,038</b>	<b>0.00</b>
Brunswick	0	83.3333%	0.00	0.0000	81.0322%	0.0000	23,857	0.00
Columbus	0	83.3333%	0.00	0.0000	81.0322%	0.0000	10,433	0.00
New Hanover	0	83.3333%	0.00	0.0000	81.0322%	0.0000	41,935	0.00
Pender	0	83.3333%	0.00	0.0000	81.0322%	0.0000	13,918	0.00
<b>Region O Totals</b>	<b>0</b>	<b>83.3333%</b>	<b>0.00</b>	<b>0.0000</b>	<b>81.0322%</b>	<b>0.0000</b>	<b>90,143</b>	<b>0.00</b>

## Proposed 2026 SMFP

**Table 12C: 2027 Need Projections for Medicare Certified Home Health Agencies or Offices**

Under Age 18								
A	B	C	D	E	F	G	H	I
County	Home Health Patients in 2024	COG's Average Annual Rate of Change in Number of Patients	Projected Number of Patients Receiving Services in 2027	Geographic Unit's Use Rate per 1,000 in 2024	COG's Average Annual Rate of Change in Use Rate	Projected Use Rate per 1,000 in 2027	Projected 2027 Population	Projected Home Health Patients in 2027
Carteret	0	-49.6423%	0.00	0.0000	-49.8948%	0.0000	10,767	0.00
Craven	1	-49.6423%	-0.49	0.0391	-49.8948%	-0.0194	25,175	-0.49
Duplin	1	-49.6423%	-0.49	0.0775	-49.8948%	-0.0385	12,901	-0.50
Greene	0	-49.6423%	0.00	0.0000	-49.8948%	0.0000	3,803	0.00
Jones	0	-49.6423%	0.00	0.0000	-49.8948%	0.0000	1,712	0.00
Lenoir	0	-49.6423%	0.00	0.0000	-49.8948%	0.0000	11,403	0.00
Onslow	1	-49.6423%	-0.49	0.0147	-49.8948%	-0.0073	69,763	-0.51
Pamlico	0	-49.6423%	0.00	0.0000	-49.8948%	0.0000	1,695	0.00
Wayne	0	-49.6423%	0.00	0.0000	-49.8948%	0.0000	28,476	0.00
<b>Region P Totals</b>	<b>3</b>	<b>-49.6423%</b>	<b>-1.47</b>	<b>0.0182</b>	<b>-49.8948%</b>	<b>-0.0090</b>	<b>165,695</b>	<b>-1.49</b>
Beaufort	0	-12.5000%	0.00	0.0000	-12.2571%	0.0000	8,083	0.00
Bertie	1	-12.5000%	0.63	0.3072	-12.2571%	0.1943	3,077	0.60
Hertford	0	-12.5000%	0.00	0.0000	-12.2571%	0.0000	3,619	0.00
Martin	1	-12.5000%	0.63	0.2398	-12.2571%	0.1516	4,107	0.62
Pitt	1	-12.5000%	0.63	0.0260	-12.2571%	0.0164	38,479	0.63
<b>Region Q Totals</b>	<b>3</b>	<b>-12.5000%</b>	<b>1.88</b>	<b>0.0517</b>	<b>-12.2571%</b>	<b>0.0327</b>	<b>57,365</b>	<b>1.85</b>
Camden	0	0.0000%	0.00	0.0000	0.0000%	0.0000	2,110	0.00
Chowan	0	0.0000%	0.00	0.0000	0.0000%	0.0000	2,718	0.00
Currituck	0	0.0000%	0.00	0.0000	0.0000%	0.0000	7,215	0.00
Dare	0	0.0000%	0.00	0.0000	0.0000%	0.0000	6,158	0.00
Gates	0	0.0000%	0.00	0.0000	0.0000%	0.0000	1,849	0.00
Hyde	0	0.0000%	0.00	0.0000	0.0000%	0.0000	711	0.00
Pasquotank	0	0.0000%	0.00	0.0000	0.0000%	0.0000	8,662	0.00
Perquimans	0	0.0000%	0.00	0.0000	0.0000%	0.0000	2,259	0.00
Tyrrell	0	0.0000%	0.00	0.0000	0.0000%	0.0000	652	0.00
Washington	0	0.0000%	0.00	0.0000	0.0000%	0.0000	2,139	0.00
<b>Region R Totals</b>	<b>0</b>	<b>0.0000%</b>	<b>0.00</b>	<b>0.0000</b>	<b>0.0000%</b>	<b>0.0000</b>	<b>34,473</b>	<b>0.00</b>
<b>Grand Totals</b>	<b>918</b>	<b>-16.1917%</b>	<b>841.82</b>	<b>0.4032</b>	<b>-16.5129%</b>	<b>0.2034</b>	<b>2,294,299</b>	<b>832.98</b>

## Proposed 2026 SMFP

**Table 12C: 2027 Need Projections for Medicare Certified Home Health Agencies or Offices**

Ages 18-64								
A	B	C	D	E	F	G	H	I
County	Home Health Patients in 2024	COG's Average Annual Rate of Change in Number of Patients	Projected Number of Patients Receiving Services in 2027	Geographic Unit's Use Rate per 1,000 in 2024	COG's Average Annual Rate of Change in Use Rate	Projected Use Rate per 1,000 in 2027	Projected 2027 Population	Projected Home Health Patients in 2027
Cherokee	98	-4.0766%	86.01	6.4254	-4.5308%	5.5520	15,494	86.02
Clay	43	-4.0766%	37.74	6.9941	-4.5308%	6.0435	6,263	37.85
Graham	29	-4.0766%	25.45	7.0887	-4.5308%	6.1252	4,055	24.84
Haywood	589	-4.0766%	516.97	16.4718	-4.5308%	14.2329	36,205	515.30
Jackson	71	-4.0766%	62.32	2.6295	-4.5308%	2.2721	27,077	61.52
Macon	140	-4.0766%	122.88	6.9520	-4.5308%	6.0071	20,790	124.89
Swain	35	-4.0766%	30.72	4.4552	-4.5308%	3.8496	7,842	30.19
<b>Region A Totals</b>	<b>1,005</b>	<b>-4.0766%</b>	<b>882.09</b>	<b>8.6456</b>	<b>-4.5308%</b>	<b>7.4705</b>	<b>117,726</b>	<b>880.61</b>
Buncombe	1,246	-14.7117%	696.08	7.3778	-15.3571%	3.9788	173,677	691.02
Henderson	656	-14.7117%	366.47	10.0064	-15.3571%	5.3963	67,349	363.44
Madison	105	-14.7117%	58.66	8.4575	-15.3571%	4.5610	12,262	55.93
Transylvania	149	-14.7117%	83.24	8.7493	-15.3571%	4.7184	17,130	80.83
<b>Region B Totals</b>	<b>2,156</b>	<b>-14.7117%</b>	<b>1,204.45</b>	<b>8.1702</b>	<b>-15.3571%</b>	<b>4.4061</b>	<b>270,418</b>	<b>1,191.21</b>
Cleveland	1,413	6.7987%	1,701.20	23.6003	6.9416%	28.5151	60,316	1,719.92
McDowell	394	6.7987%	474.36	15.0152	6.9416%	18.1422	26,022	472.10
Polk	86	6.7987%	103.54	8.0964	6.9416%	9.7825	10,555	103.25
Rutherford	652	6.7987%	784.98	17.1905	6.9416%	20.7704	38,039	790.08
<b>Region C Totals</b>	<b>2,545</b>	<b>6.7987%</b>	<b>3,064.08</b>	<b>18.8992</b>	<b>6.9416%</b>	<b>22.8349</b>	<b>134,932</b>	<b>3,085.35</b>
Alleghany	72	-4.7093%	61.83	11.1025	-5.9224%	9.1299	6,462	59.00
Ashe	145	-4.7093%	124.51	9.4870	-5.9224%	7.8015	15,538	121.22
Avery	122	-4.7093%	104.76	11.4802	-5.9224%	9.4405	10,482	98.96
Mitchell	99	-4.7093%	85.01	11.6911	-5.9224%	9.6139	8,441	81.15
Watauga	159	-4.7093%	136.54	3.9054	-5.9224%	3.2115	42,386	136.12
Wilkes	391	-4.7093%	335.76	10.1841	-5.9224%	8.3747	38,441	321.93
Yancey	88	-4.7093%	75.57	8.3714	-5.9224%	6.8840	10,636	73.22
<b>Region D Totals</b>	<b>1,076</b>	<b>-4.7093%</b>	<b>923.99</b>	<b>8.2463</b>	<b>-5.9224%</b>	<b>6.7812</b>	<b>132,386</b>	<b>891.60</b>
Alexander	232	4.5105%	263.39	10.6164	3.5764%	11.7554	21,679	254.85
Burke	666	4.5105%	756.12	12.6823	3.5764%	14.0430	51,951	729.55
Caldwell	643	4.5105%	730.01	13.0606	3.5764%	14.4619	48,825	706.10
Catawba	936	4.5105%	1,062.65	9.3159	3.5764%	10.3154	102,630	1,058.67
<b>Region E Totals</b>	<b>2,477</b>	<b>4.5105%</b>	<b>2,812.17</b>	<b>11.0545</b>	<b>3.5764%</b>	<b>12.2405</b>	<b>225,085</b>	<b>2,749.17</b>
Anson	152	12.3057%	208.11	11.5960	9.6885%	14.9664	13,104	196.12
Cabarrus	1,190	12.3057%	1,629.31	7.5381	9.6885%	9.7291	165,860	1,613.67
Gaston	2,090	12.3057%	2,861.57	13.9496	9.6885%	18.0041	150,977	2,718.21
Iredell	1,226	12.3057%	1,678.60	9.4077	9.6885%	12.1421	138,038	1,676.07
Lincoln	808	12.3057%	1,106.29	13.3607	9.6885%	17.2440	63,724	1,098.86
Mecklenburg *	5,650	12.3057%	7,735.81	7.3608	9.6885%	9.5003	803,829	7,636.60
Rowan	959	12.3057%	1,313.03	10.5986	9.6885%	13.6791	90,696	1,240.64
Stanly	393	12.3057%	538.08	10.3582	9.6885%	13.3688	37,485	501.13
Union	990	12.3057%	1,355.48	5.8347	9.6885%	7.5306	179,894	1,354.70
<b>Region F Totals</b>	<b>13,458</b>	<b>12.3057%</b>	<b>18,426.30</b>	<b>8.5325</b>	<b>9.6885%</b>	<b>11.0125</b>	<b>1,643,607</b>	<b>18,036.00</b>
Alamance	932	-5.4351%	780.04	8.3796	-6.0456%	6.8598	114,218	783.52
Caswell	57	-5.4351%	47.71	4.3759	-6.0456%	3.5822	12,618	45.20
Davidson	671	-5.4351%	561.59	6.2375	-6.0456%	5.1062	109,159	557.38
Guilford *	2,197	-5.4351%	1,838.78	6.3731	-6.0456%	5.2172	348,198	1,816.61
Montgomery	118	-5.4351%	98.76	8.1990	-6.0456%	6.7120	14,440	96.92
Randolph	505	-5.4351%	422.66	5.7650	-6.0456%	4.7194	88,001	415.31
Rockingham	431	-5.4351%	360.72	7.9884	-6.0456%	6.5396	53,413	349.30
<b>Region G Totals</b>	<b>4,911</b>	<b>-5.4351%</b>	<b>4,110.25</b>	<b>6.7044</b>	<b>-6.0456%</b>	<b>5.4885</b>	<b>740,047</b>	<b>4,064.25</b>

## Proposed 2026 SMFP

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Ages 18-64								
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Davie	159	-7.7443%	122.06	6.0383	-8.5326%	4.4926	26,783	120.33
Forsyth *	1,533	-7.7443%	1,176.84	6.3616	-8.5326%	4.7332	245,841	1,163.61
Stokes	232	-7.7443%	178.10	8.4539	-8.5326%	6.2899	27,121	170.59
Surry	484	-7.7443%	371.55	11.4943	-8.5326%	8.5520	41,738	356.94
Yadkin	205	-7.7443%	157.37	9.2193	-8.5326%	6.8593	22,075	151.42
<b>Region I Totals</b>	<b>2,613</b>	<b>-7.7443%</b>	<b>2,005.92</b>	<b>7.2766</b>	<b>-8.5326%</b>	<b>5.4140</b>	<b>363,558</b>	<b>1,962.89</b>
Chatham	203	-3.7414%	180.21	4.5277	-5.4048%	3.7936	45,900	174.13
Durham *	1,446	-3.7414%	1,283.70	6.6838	-5.4048%	5.6000	224,188	1,255.46
Johnston	1,049	-3.7414%	931.26	6.6357	-5.4048%	5.5597	171,067	951.09
Lee	236	-3.7414%	209.51	5.9255	-5.4048%	4.9647	41,340	205.24
Moore *	315	-3.7414%	279.64	5.8582	-5.4048%	4.9083	56,993	279.74
Orange	448	-3.7414%	397.72	4.4295	-5.4048%	3.7113	102,544	380.57
Wake *	3,727	-3.7414%	3,308.67	4.7031	-5.4048%	3.9405	835,891	3,293.86
<b>Region J Totals</b>	<b>7,424</b>	<b>-3.7414%</b>	<b>6,590.71</b>	<b>5.2785</b>	<b>-5.4048%</b>	<b>4.4226</b>	<b>1,477,923</b>	<b>6,540.09</b>
Franklin	317	-8.2704%	238.35	6.5516	-9.1240%	4.7583	52,667	250.61
Granville	225	-8.2704%	169.17	5.7489	-9.1240%	4.1753	39,639	165.50
Person	186	-8.2704%	139.85	8.1608	-9.1240%	5.9270	22,461	133.13
Vance	210	-8.2704%	157.90	8.9982	-9.1240%	6.5352	22,932	149.87
Warren	85	-8.2704%	63.91	7.8675	-9.1240%	5.7140	10,974	62.71
<b>Region K Totals</b>	<b>1,023</b>	<b>-8.2704%</b>	<b>769.18</b>	<b>7.0817</b>	<b>-9.1240%</b>	<b>5.1433</b>	<b>148,673</b>	<b>761.81</b>
Edgecombe	304	-14.9045%	168.07	12.0358	-14.6316%	6.7527	24,458	165.16
Halifax	174	-14.9045%	96.20	6.8391	-14.6316%	3.8371	24,147	92.65
Nash	450	-14.9045%	248.79	7.8645	-14.6316%	4.4124	56,636	249.90
Northampton	88	-14.9045%	48.65	9.1448	-14.6316%	5.1307	9,409	48.27
Wilson	376	-14.9045%	207.88	8.1361	-14.6316%	4.5648	46,288	211.29
<b>Region L Totals</b>	<b>1,392</b>	<b>-14.9045%</b>	<b>769.59</b>	<b>8.5005</b>	<b>-14.6316%</b>	<b>4.7692</b>	<b>160,938</b>	<b>767.28</b>
Cumberland *	1,263	-10.6957%	857.74	7.4523	-10.5874%	5.0853	168,356	856.14
Harnett *	425	-10.6957%	288.63	5.1097	-10.5874%	3.4868	87,917	306.55
Sampson	300	-10.6957%	203.74	8.8836	-10.5874%	6.0620	33,727	204.45
<b>Region M Totals</b>	<b>1,988</b>	<b>-10.6957%</b>	<b>1,350.11</b>	<b>6.9408</b>	<b>-10.5874%</b>	<b>4.7362</b>	<b>290,000</b>	<b>1,367.14</b>
Bladen	203	-14.6460%	113.81	12.0941	-14.8304%	6.7133	17,073	114.62
Hoke *	209	-14.6460%	117.17	6.9132	-14.8304%	3.8374	31,948	122.60
Richmond	280	-14.6460%	156.97	11.4314	-14.8304%	6.3454	23,830	151.21
Robeson	484	-14.6460%	271.34	6.8337	-14.8304%	3.7933	71,924	272.83
Scotland	120	-14.6460%	67.27	6.4243	-14.8304%	3.5661	18,108	64.57
<b>Region N Totals</b>	<b>1,296</b>	<b>-14.6460%</b>	<b>726.57</b>	<b>8.0489</b>	<b>-14.8304%</b>	<b>4.4679</b>	<b>162,883</b>	<b>725.83</b>
Brunswick	672	-10.6461%	457.37	7.5206	-12.9499%	4.5989	96,913	445.69
Columbus	393	-10.6461%	267.48	13.4982	-12.9499%	8.2542	28,731	237.15
New Hanover *	774	-10.6461%	526.80	5.0302	-12.9499%	3.0760	160,164	492.66
Pender	278	-10.6461%	189.21	6.5902	-12.9499%	4.0299	43,818	176.58
<b>Region O Totals</b>	<b>2,117</b>	<b>-10.6461%</b>	<b>1,440.87</b>	<b>6.7308</b>	<b>-12.9499%</b>	<b>4.1159</b>	<b>329,626</b>	<b>1,352.09</b>

## Proposed 2026 SMFP

**Table 12C: 2027 Need Projections for Medicare Certified Home Health Agencies or Offices**

Ages 18-64								
A	B	C	D	E	F	G	H	I
County	Home Health Patients in 2024	COG's Average Annual Rate of Change in Number of Patients	Projected Number of Patients Receiving Services in 2027	Geographic Unit's Use Rate per 1,000 in 2024	COG's Average Annual Rate of Change in Use Rate	Projected Use Rate per 1,000 in 2027	Projected 2027 Population	Projected Home Health Patients in 2027
Carteret *	296	-10.4735%	203.00	7.4653	-10.7929%	5.0481	40,152	202.69
Craven *	378	-10.4735%	259.23	7.0349	-10.7929%	4.7571	54,677	260.10
Duplin	399	-10.4735%	273.63	13.7227	-10.7929%	9.2794	29,993	278.32
Greene	106	-10.4735%	72.69	8.7545	-10.7929%	5.9199	11,974	70.89
Jones	49	-10.4735%	33.60	9.5610	-10.7929%	6.4652	5,132	33.18
Lenoir	482	-10.4735%	330.55	16.0517	-10.7929%	10.8543	29,023	315.03
Onslow *	636	-10.4735%	436.17	7.5697	-10.7929%	5.1187	88,373	452.36
Pamlico	34	-10.4735%	23.32	5.1585	-10.7929%	3.4883	6,451	22.50
Wayne *	720	-10.4735%	493.77	11.2641	-10.7929%	7.6169	63,543	484.00
<b>Region P Totals</b>	<b>3,100</b>	<b>-10.4735%</b>	<b>2,125.97</b>	<b>9.5606</b>	<b>-10.7929%</b>	<b>6.4650</b>	<b>329,318</b>	<b>2,119.07</b>
Beaufort	258	-11.3102%	170.46	10.9643	-11.6766%	7.1235	23,123	164.72
Bertie	102	-11.3102%	67.39	10.2688	-11.6766%	6.6716	9,748	65.04
Hertford	102	-11.3102%	67.39	8.9052	-11.6766%	5.7857	11,190	64.74
Martin	150	-11.3102%	99.10	13.5014	-11.6766%	8.7718	10,623	93.18
Pitt *	975	-11.3102%	644.18	8.7369	-11.6766%	5.6764	114,031	647.28
<b>Region Q Totals</b>	<b>1,587</b>	<b>-11.3102%</b>	<b>1,048.52</b>	<b>9.4676</b>	<b>-11.6766%</b>	<b>6.1511</b>	<b>168,715</b>	<b>1,034.96</b>
Camden	48	-4.3271%	41.77	6.7406	-4.7419%	5.7817	7,380	42.67
Chowan	63	-4.3271%	54.82	8.2310	-4.7419%	7.0601	7,669	54.14
Currituck *	112	-4.3271%	97.46	5.4211	-4.7419%	4.6499	23,105	107.44
Dare	123	-4.3271%	107.03	5.6308	-4.7419%	4.8298	21,600	104.32
Gates	27	-4.3271%	23.50	4.3076	-4.7419%	3.6948	6,173	22.81
Hyde	5	-4.3271%	4.35	1.8975	-4.7419%	1.6276	2,508	4.08
Pasquotank *	190	-4.3271%	165.34	7.8691	-4.7419%	6.7497	23,891	161.26
Perquimans	39	-4.3271%	33.94	5.5217	-4.7419%	4.7362	7,095	33.60
Tyrrell	12	-4.3271%	10.44	6.3898	-4.7419%	5.4808	1,788	9.80
Washington	49	-4.3271%	42.64	9.4558	-4.7419%	8.1107	4,926	39.95
<b>Region R Totals</b>	<b>668</b>	<b>-4.3271%</b>	<b>581.28</b>	<b>6.3954</b>	<b>-4.7419%</b>	<b>5.4856</b>	<b>106,135</b>	<b>580.08</b>
<b>Grand Totals</b>	<b>50,836</b>	<b>-3.0237%</b>	<b>48,832.04</b>	<b>7.6894</b>	<b>-4.2754%</b>	<b>6.7032</b>	<b>6,801,970</b>	<b>48,109.41</b>

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

## Proposed 2026 SMFP

**Table 12C: 2027 Need Projections for Medicare Certified Home Health Agencies or Offices**

Ages 65-74								
A	B	C	D	E	F	G	H	I
County	Home Health Patients in 2024	COG's Average Annual Rate of Change in Number of Patients	Projected Number of Patients Receiving Services in 2027	Geographic Unit's Use Rate per 1,000 in 2024	COG's Average Annual Rate of Change in Use Rate	Projected Use Rate per 1,000 in 2027	Projected 2027 Population	Projected Home Health Patients in 2027
Cherokee	203	-5.6332%	168.69	42.8541	-5.4866%	35.8004	4,822	172.63
Clay	72	-5.6332%	59.83	37.3638	-5.4866%	31.2138	1,936	60.43
Graham	42	-5.6332%	34.90	45.6522	-5.4866%	38.1379	924	35.24
Haywood	620	-5.6332%	515.22	68.9042	-5.4866%	57.5627	9,338	537.52
Jackson	156	-5.6332%	129.64	32.8076	-5.4866%	27.4075	4,712	129.14
Macon	278	-5.6332%	231.02	47.4241	-5.4866%	39.6182	6,084	241.04
Swain	52	-5.6332%	43.21	35.6898	-5.4866%	29.8153	1,486	44.31
<b>Region A Totals</b>	<b>1,423</b>	<b>-5.6332%</b>	<b>1,182.52</b>	<b>49.6580</b>	<b>-5.4866%</b>	<b>41.4844</b>	<b>29,302</b>	<b>1,220.31</b>
Buncombe	2,030	-6.2609%	1,648.71	58.2246	-7.2703%	45.5253	35,833	1,631.31
Henderson	1,113	-6.2609%	903.95	64.2981	-7.2703%	50.2741	18,137	911.82
Madison	165	-6.2609%	134.01	55.6868	-7.2703%	43.5410	3,025	131.71
Transylvania	326	-6.2609%	264.77	68.7184	-7.2703%	53.7303	4,858	261.02
<b>Region B Totals</b>	<b>3,634</b>	<b>-6.2609%</b>	<b>2,951.44</b>	<b>60.6860</b>	<b>-7.2703%</b>	<b>47.4499</b>	<b>61,853</b>	<b>2,935.86</b>
Cleveland	1,442	5.6292%	1,685.52	123.3744	5.6625%	144.3325	12,204	1,761.43
McDowell	524	5.6292%	612.49	95.4637	5.6625%	111.6804	5,682	634.57
Polk	199	5.6292%	232.61	65.9159	5.6625%	77.1132	3,026	233.34
Rutherford	708	5.6292%	827.56	91.1901	5.6625%	106.6809	8,214	876.28
<b>Region C Totals</b>	<b>2,873</b>	<b>5.6292%</b>	<b>3,358.18</b>	<b>102.7539</b>	<b>5.6625%</b>	<b>120.2091</b>	<b>29,126</b>	<b>3,505.62</b>
Alleghany	126	-2.8742%	115.14	84.8485	-3.1193%	76.9084	1,476	113.52
Ashe	238	-2.8742%	217.48	62.8466	-3.1193%	56.9654	4,007	228.26
Avery	201	-2.8742%	183.67	94.2335	-3.1193%	85.4152	2,224	189.96
Mitchell	123	-2.8742%	112.39	64.9762	-3.1193%	58.8958	1,861	109.61
Watauga	246	-2.8742%	224.79	44.7517	-3.1193%	40.5639	5,511	223.55
Wilkes	644	-2.8742%	588.47	79.2420	-3.1193%	71.8266	8,642	620.73
Yancey	125	-2.8742%	114.22	51.9103	-3.1193%	47.0526	2,346	110.39
<b>Region D Totals</b>	<b>1,703</b>	<b>-2.8742%</b>	<b>1,556.16</b>	<b>67.2325</b>	<b>-3.1193%</b>	<b>60.9410</b>	<b>26,067</b>	<b>1,596.00</b>
Alexander	329	2.0792%	349.52	76.6721	0.2417%	77.2280	4,492	346.91
Burke	796	2.0792%	845.65	72.7738	0.2417%	73.3015	11,468	840.62
Caldwell	841	2.0792%	893.46	86.0446	0.2417%	86.6685	10,223	886.01
Catawba	1,263	2.0792%	1,341.78	63.9235	0.2417%	64.3869	21,408	1,378.40
<b>Region E Totals</b>	<b>3,229</b>	<b>2.0792%</b>	<b>3,430.41</b>	<b>72.1387</b>	<b>0.2417%</b>	<b>72.6617</b>	<b>47,591</b>	<b>3,451.94</b>
Anson	194	13.7035%	273.75	80.7660	9.9477%	104.8691	2,354	246.86
Cabarrus	1,589	13.7035%	2,242.24	73.3746	9.9477%	95.2718	23,954	2,282.14
Gaston	2,165	13.7035%	3,055.04	87.2316	9.9477%	113.2642	26,041	2,949.51
Iredell	1,279	13.7035%	1,804.80	59.2075	9.9477%	76.8768	24,425	1,877.72
Lincoln	763	13.7035%	1,076.67	65.8383	9.9477%	85.4865	13,138	1,123.12
Mecklenburg	6,023	13.7035%	8,499.08	63.1878	9.9477%	82.0450	104,779	8,596.60
Rowan	1,233	13.7035%	1,739.89	69.4648	9.9477%	90.1952	18,697	1,686.38
Stanly	556	13.7035%	784.57	72.5564	9.9477%	94.2095	7,937	747.74
Union	1,241	13.7035%	1,751.18	52.6852	9.9477%	68.4081	27,437	1,876.91
<b>Region F Totals</b>	<b>15,043</b>	<b>13.7035%</b>	<b>21,227.24</b>	<b>66.4576</b>	<b>9.9477%</b>	<b>86.2906</b>	<b>248,762</b>	<b>21,386.98</b>
Alamance	1,373	0.0432%	1,374.78	70.4355	-1.5863%	67.0836	21,143	1,418.35
Caswell	142	0.0432%	142.18	47.1604	-1.5863%	44.9161	3,011	135.24
Davidson	1,010	0.0432%	1,011.31	50.4596	-1.5863%	48.0584	21,632	1,039.60
Guilford	3,070	0.0432%	3,073.98	56.0280	-1.5863%	53.3618	57,474	3,066.91
Montgomery	146	0.0432%	146.19	47.2951	-1.5863%	45.0444	3,054	137.57
Randolph	808	0.0432%	809.05	49.8704	-1.5863%	47.4971	17,016	808.21
Rockingham	730	0.0432%	730.95	62.4092	-1.5863%	59.4392	11,872	705.66
<b>Region G Totals</b>	<b>7,279</b>	<b>0.0432%</b>	<b>7,288.44</b>	<b>56.7342</b>	<b>-1.5863%</b>	<b>54.0343</b>	<b>135,202</b>	<b>7,311.54</b>

## Proposed 2026 SMFP

**Table 12C: 2027 Need Projections for Medicare Certified Home Health Agencies or Offices**

Ages 65-74								
A	B	C	D	E	F	G	H	I
County	Home Health Patients in 2024	COG's Average Annual Rate of Change in Number of Patients	Projected Number of Patients Receiving Services in 2027	Geographic Unit's Use Rate per 1,000 in 2024	COG's Average Annual Rate of Change in Use Rate	Projected Use Rate per 1,000 in 2027	Projected 2027 Population	Projected Home Health Patients in 2027
Davie	318	-1.4176%	304.48	55.7406	-2.9302%	50.8406	6,002	305.15
Forsyth	2,692	-1.4176%	2,577.51	68.0262	-2.9302%	62.0462	41,718	2,588.44
Stokes	431	-1.4176%	412.67	72.2427	-2.9302%	65.8921	6,489	427.57
Surry	772	-1.4176%	739.17	94.1004	-2.9302%	85.8284	8,562	734.86
Yadkin	303	-1.4176%	290.11	68.6608	-2.9302%	62.6250	4,620	289.33
<b>Region I Totals</b>	<b>4,516</b>	<b>-1.4176%</b>	<b>4,323.94</b>	<b>70.7161</b>	<b>-2.9302%</b>	<b>64.4997</b>	<b>67,391</b>	<b>4,345.35</b>
Chatham	332	3.6369%	368.22	26.4711	0.0195%	26.4866	13,153	348.38
Durham	1,709	3.6369%	1,895.46	60.4293	0.0195%	60.4647	29,066	1,757.47
Johnston	1,282	3.6369%	1,421.88	57.1989	0.0195%	57.2325	25,567	1,463.26
Lee	391	3.6369%	433.66	55.3432	0.0195%	55.3757	7,517	416.26
Moore	507	3.6369%	562.32	32.4231	0.0195%	32.4421	17,336	562.42
Orange	669	3.6369%	741.99	41.6589	0.0195%	41.6833	16,695	695.90
Wake	4,967	3.6369%	5,508.94	48.6008	0.0195%	48.6293	115,989	5,640.46
<b>Region J Totals</b>	<b>9,857</b>	<b>3.6369%</b>	<b>10,932.47</b>	<b>48.2720</b>	<b>0.0195%</b>	<b>48.3003</b>	<b>225,323</b>	<b>10,884.14</b>
Franklin	425	3.1021%	464.55	46.0605	0.7509%	47.0981	10,697	503.81
Granville	349	3.1021%	381.48	47.3413	0.7509%	48.4077	8,036	389.00
Person	322	3.1021%	351.97	64.9455	0.7509%	66.4085	5,116	339.75
Vance	320	3.1021%	349.78	71.6204	0.7509%	73.2338	4,356	319.01
Warren	147	3.1021%	160.68	63.3348	0.7509%	64.7615	2,356	152.58
<b>Region K Totals</b>	<b>1,563</b>	<b>3.1021%</b>	<b>1,708.46</b>	<b>55.1401</b>	<b>0.7509%</b>	<b>56.3822</b>	<b>30,561</b>	<b>1,704.14</b>
Edgecombe	439	-0.8607%	427.66	66.0747	-1.0691%	63.9555	6,535	417.95
Halifax	399	-0.8607%	388.70	61.7934	-1.0691%	59.8115	6,491	388.24
Nash	778	-0.8607%	757.91	64.5804	-1.0691%	62.5092	12,413	775.93
Northampton	163	-0.8607%	158.79	121.3701	-1.0691%	117.4774	1,273	149.55
Wilson	610	-0.8607%	594.25	71.5207	-1.0691%	69.2269	8,585	594.31
<b>Region L Totals</b>	<b>2,389</b>	<b>-0.8607%</b>	<b>2,327.31</b>	<b>68.2182</b>	<b>-1.0691%</b>	<b>66.0302</b>	<b>35,297</b>	<b>2,325.97</b>
Cumberland	1,779	1.6014%	1,864.46	57.8499	-0.4249%	57.1125	32,274	1,843.25
Harnett	638	1.6014%	668.65	52.2266	-0.4249%	51.5609	13,383	690.04
Sampson	470	1.6014%	492.58	70.5388	-0.4249%	69.6396	6,912	481.35
<b>Region M Totals</b>	<b>2,887</b>	<b>1.6014%</b>	<b>3,025.69</b>	<b>58.1693</b>	<b>-0.4249%</b>	<b>57.4278</b>	<b>52,569</b>	<b>3,014.64</b>
Bladen	278	1.1062%	287.23	91.5980	1.1264%	94.6932	2,751	260.50
Hoke	248	1.1062%	256.23	59.0617	1.1264%	61.0574	4,571	279.09
Richmond	300	1.1062%	309.96	61.3748	1.1264%	63.4487	4,886	310.01
Robeson	789	1.1062%	815.18	62.8936	1.1264%	65.0188	12,953	842.19
Scotland	191	1.1062%	197.34	48.0745	1.1264%	49.6990	3,832	190.45
<b>Region N Totals</b>	<b>1,806</b>	<b>1.1062%</b>	<b>1,865.93</b>	<b>63.0587</b>	<b>1.1264%</b>	<b>65.1895</b>	<b>28,993</b>	<b>1,882.24</b>
Brunswick	1,439	-0.2026%	1,430.25	45.7014	-3.5056%	40.8951	35,280	1,442.78
Columbus	546	-0.2026%	542.68	94.2354	-3.5056%	84.3250	5,828	491.45
New Hanover	1,280	-0.2026%	1,272.22	50.3858	-3.5056%	45.0869	26,463	1,193.13
Pender	363	-0.2026%	360.79	45.2167	-3.5056%	40.4614	8,781	355.29
<b>Region O Totals</b>	<b>3,628</b>	<b>-0.2026%</b>	<b>3,605.95</b>	<b>51.3060</b>	<b>-3.5056%</b>	<b>45.9103</b>	<b>76,352</b>	<b>3,482.65</b>

## Proposed 2026 SMFP

**Table 12C: 2027 Need Projections for Medicare Certified Home Health Agencies or Offices**

Ages 65-74								
A	B	C	D	E	F	G	H	I
County	Home Health Patients in 2024	COG's Average Annual Rate of Change in Number of Patients	Projected Number of Patients Receiving Services in 2027	Geographic Unit's Use Rate per 1,000 in 2024	COG's Average Annual Rate of Change in Use Rate	Projected Use Rate per 1,000 in 2027	Projected 2027 Population	Projected Home Health Patients in 2027
Carteret	557	-0.0851%	555.58	52.8513	-1.8717%	49.8837	11,053	551.36
Craven	677	-0.0851%	675.27	61.1563	-1.8717%	57.7223	11,667	673.45
Duplin	486	-0.0851%	484.76	121.7130	-1.8717%	114.8787	4,563	524.19
Greene	146	-0.0851%	145.63	62.3665	-1.8717%	58.8646	2,440	143.63
Jones	88	-0.0851%	87.78	69.7859	-1.8717%	65.8674	1,285	84.64
Lenoir	651	-0.0851%	649.34	94.5259	-1.8717%	89.2182	6,907	616.23
Onslow	957	-0.0851%	954.56	71.4926	-1.8717%	67.4783	14,204	958.46
Pamlico	79	-0.0851%	78.80	43.4305	-1.8717%	40.9918	1,830	75.02
Wayne	969	-0.0851%	966.53	80.4216	-1.8717%	75.9059	12,410	941.99
<b>Region P Totals</b>	<b>4,610</b>	<b>-0.0851%</b>	<b>4,598.24</b>	<b>72.7761</b>	<b>-1.8717%</b>	<b>68.6897</b>	<b>66,359</b>	<b>4,568.97</b>
Beaufort	430	2.5733%	463.20	71.3693	2.0289%	75.7134	5,811	439.97
Bertie	153	2.5733%	164.81	74.6706	2.0289%	79.2156	1,954	154.79
Hertford	165	2.5733%	177.74	66.7206	2.0289%	70.7817	2,364	167.33
Martin	201	2.5733%	216.52	62.8911	2.0289%	66.7191	3,078	205.36
Pitt	1,255	2.5733%	1,351.88	78.4816	2.0289%	83.2586	16,635	1,385.01
<b>Region Q Totals</b>	<b>2,204</b>	<b>2.5733%</b>	<b>2,374.15</b>	<b>74.1239</b>	<b>2.0289%</b>	<b>78.6356</b>	<b>29,842</b>	<b>2,352.45</b>
Camden	48	-1.3702%	46.03	38.9927	-3.0322%	35.4457	1,395	49.45
Chowan	118	-1.3702%	113.15	66.7421	-3.0322%	60.6708	1,769	107.33
Currituck	175	-1.3702%	167.81	46.1741	-3.0322%	41.9738	4,521	189.76
Dare	287	-1.3702%	275.20	52.1344	-3.0322%	47.3919	5,614	266.06
Gates	64	-1.3702%	61.37	49.3066	-3.0322%	44.8214	1,461	65.48
Hyde	21	-1.3702%	20.14	32.8125	-3.0322%	29.8277	590	17.60
Pasquotank	240	-1.3702%	230.13	57.3614	-3.0322%	52.1434	4,443	231.67
Perquimans	80	-1.3702%	76.71	44.6927	-3.0322%	40.6272	1,874	76.14
Tyrrell	18	-1.3702%	17.26	48.9130	-3.0322%	44.4636	432	19.21
Washington	69	-1.3702%	66.16	43.7540	-3.0322%	39.7738	1,453	57.79
<b>Region R Totals</b>	<b>1,120</b>	<b>-1.3702%</b>	<b>1,073.96</b>	<b>50.5621</b>	<b>-3.0322%</b>	<b>45.9626</b>	<b>23,552</b>	<b>1,080.49</b>
<b>Grand Totals</b>	<b>69,764</b>	<b>2.7269%</b>	<b>76,830.49</b>	<b>61.3643</b>	<b>0.4943%</b>	<b>62.2743</b>	<b>1,214,142</b>	<b>77,049.32</b>

## Proposed 2026 SMFP

**Table 12C: 2027 Need Projections for Medicare Certified Home Health Agencies or Offices**

Ages 75 and Over								
A	B	C	D	E	F	G	H	I
County	Home Health Patients in 2024	COG's Average Annual Rate of Change in Number of Patients	Projected Number of Patients Receiving Services in 2027	Geographic Unit's Use Rate per 1,000 in 2024	COG's Average Annual Rate of Change in Use Rate	Projected Use Rate per 1,000 in 2027	Projected 2027 Population	Projected Home Health Patients in 2027
Cherokee	454	-9.4689%	325.03	95.2581	-12.1939%	60.4109	5,037	304.29
Clay	172	-9.4689%	123.14	88.1148	-12.1939%	55.8808	2,102	117.46
Graham	110	-9.4689%	78.75	102.2305	-12.1939%	64.8327	1,063	68.92
Haywood	831	-9.4689%	594.94	98.2502	-12.1939%	62.3085	8,910	555.17
Jackson	276	-9.4689%	197.60	58.7859	-12.1939%	37.2810	5,016	187.00
Macon	531	-9.4689%	380.16	89.4542	-12.1939%	56.7302	6,346	360.01
Swain	114	-9.4689%	81.62	84.8214	-12.1939%	53.7922	1,302	70.04
<b>Region A Totals</b>	<b>2,488</b>	<b>-9.4689%</b>	<b>1,781.24</b>	<b>88.1426</b>	<b>-12.1939%</b>	<b>55.8984</b>	<b>29,776</b>	<b>1,662.89</b>
Buncombe	3,786	-2.8221%	3,465.46	133.1692	-6.5912%	106.8369	31,989	3,417.60
Henderson	2,593	-2.8221%	2,373.47	143.2993	-6.5912%	114.9639	19,616	2,255.13
Madison	367	-2.8221%	335.93	147.3896	-6.5912%	118.2454	2,657	314.18
Transylvania	721	-2.8221%	659.96	114.0462	-6.5912%	91.4952	6,571	601.21
<b>Region B Totals</b>	<b>7,467</b>	<b>-2.8221%</b>	<b>6,834.81</b>	<b>134.9368</b>	<b>-6.5912%</b>	<b>108.2550</b>	<b>60,833</b>	<b>6,588.13</b>
Cleveland	2,333	6.8613%	2,813.23	271.8164	4.3317%	307.1390	9,122	2,801.72
McDowell	831	6.8613%	1,002.05	181.4807	4.3317%	205.0641	4,837	991.90
Polk	403	6.8613%	485.95	129.6654	4.3317%	146.5154	3,283	481.01
Rutherford	1,244	6.8613%	1,500.07	186.9271	4.3317%	211.2184	6,830	1,442.62
<b>Region C Totals</b>	<b>4,811</b>	<b>6.8613%</b>	<b>5,801.30</b>	<b>209.8582</b>	<b>4.3317%</b>	<b>237.1294</b>	<b>24,072</b>	<b>5,717.25</b>
Alleghany	240	-1.0060%	232.76	152.4778	-3.5571%	136.2062	1,613	219.70
Ashe	486	-1.0060%	471.33	135.6784	-3.5571%	121.1995	3,787	458.98
Avery	359	-1.0060%	348.17	181.3131	-3.5571%	161.9644	2,057	333.16
Mitchell	186	-1.0060%	180.39	106.5903	-3.5571%	95.2155	1,748	166.44
Watauga	551	-1.0060%	534.37	111.6062	-3.5571%	99.6962	5,571	555.41
Wilkes	1,260	-1.0060%	1,221.97	181.1646	-3.5571%	161.8317	7,273	1,177.00
Yancey	255	-1.0060%	247.30	107.1879	-3.5571%	95.7494	2,488	238.22
<b>Region D Totals</b>	<b>3,337</b>	<b>-1.0060%</b>	<b>3,236.29</b>	<b>144.1344</b>	<b>-3.5571%</b>	<b>128.7532</b>	<b>24,537</b>	<b>3,148.92</b>
Alexander	496	3.4965%	548.03	137.8927	-0.4202%	136.1546	3,853	524.60
Burke	1,398	3.4965%	1,544.64	154.0326	-0.4202%	152.0911	9,545	1,451.71
Caldwell	1,480	3.4965%	1,635.24	194.1238	-0.4202%	191.6770	7,996	1,532.65
Catawba	2,618	3.4965%	2,892.61	181.4150	-0.4202%	179.1283	16,012	2,868.20
<b>Region E Totals</b>	<b>5,992</b>	<b>3.4965%</b>	<b>6,620.53</b>	<b>172.5409</b>	<b>-0.4202%</b>	<b>170.3661</b>	<b>37,406</b>	<b>6,377.16</b>
Anson	317	8.5429%	398.24	167.0179	2.5711%	179.9004	1,964	353.32
Cabarrus	2,832	8.5429%	3,557.81	187.5124	2.5711%	201.9757	17,216	3,477.21
Gaston	3,591	8.5429%	4,511.33	204.6387	2.5711%	220.4230	19,027	4,193.99
Iredell	2,794	8.5429%	3,510.07	181.3579	2.5711%	195.3465	17,552	3,428.72
Lincoln	1,572	8.5429%	1,974.88	202.5251	2.5711%	218.1464	8,859	1,932.56
Mecklenburg	11,134	8.5429%	13,987.51	175.9815	2.5711%	189.5555	74,598	14,140.46
Rowan	2,067	8.5429%	2,596.75	164.2562	2.5711%	176.9257	13,591	2,404.60
Stanly	978	8.5429%	1,228.65	167.6955	2.5711%	180.6303	6,272	1,132.91
Union	2,764	8.5429%	3,472.38	174.1761	2.5711%	187.6107	18,587	3,487.12
<b>Region F Totals</b>	<b>28,049</b>	<b>8.5429%</b>	<b>35,237.61</b>	<b>180.6466</b>	<b>2.5711%</b>	<b>194.5804</b>	<b>177,666</b>	<b>34,550.90</b>
Alamance	2,803	2.8823%	3,045.37	179.2314	-0.9050%	174.3652	17,059	2,974.50
Caswell	326	2.8823%	354.19	142.6072	-0.9050%	138.7354	2,446	339.35
Davidson	1,910	2.8823%	2,075.16	128.4897	-0.9050%	125.0012	15,874	1,984.27
Guilford	6,631	2.8823%	7,204.37	160.6892	-0.9050%	156.3264	45,935	7,180.86
Montgomery	256	2.8823%	278.14	93.9794	-0.9050%	91.4279	2,847	260.30
Randolph	1,715	2.8823%	1,863.29	138.0393	-0.9050%	134.2915	13,264	1,781.24
Rockingham	1,340	2.8823%	1,455.87	153.3005	-0.9050%	149.1384	9,284	1,384.60
<b>Region G Totals</b>	<b>14,981</b>	<b>2.8823%</b>	<b>16,276.39</b>	<b>152.9532</b>	<b>-0.9050%</b>	<b>148.8005</b>	<b>106,709</b>	<b>15,905.11</b>

## Proposed 2026 SMFP

**Table 12C: 2027 Need Projections for Medicare Certified Home Health Agencies or Offices**

Ages 75 and Over								
A	B	C	D	E	F	G	H	I
County	Home Health Patients in 2024	COG's Average Annual Rate of Change in Number of Patients	Projected Number of Patients Receiving Services in 2027	Geographic Unit's Use Rate per 1,000 in 2024	COG's Average Annual Rate of Change in Use Rate	Projected Use Rate per 1,000 in 2027	Projected 2027 Population	Projected Home Health Patients in 2027
Davie	716	1.7980%	754.62	156.0593	-1.9989%	146.7008	5,108	749.35
Forsyth	5,791	1.7980%	6,103.37	191.5140	-1.9989%	180.0293	33,341	6,002.36
Stokes	959	1.7980%	1,010.73	208.3877	-1.9989%	195.8911	5,057	990.62
Surry	1,463	1.7980%	1,541.92	224.5242	-1.9989%	211.0600	6,731	1,420.65
Yadkin	667	1.7980%	702.98	185.6904	-1.9989%	174.5550	3,795	662.44
<b>Region I Totals</b>	<b>9,596</b>	<b>1.7980%</b>	<b>10,113.62</b>	<b>193.7177</b>	<b>-1.9989%</b>	<b>182.1009</b>	<b>54,032</b>	<b>9,825.41</b>
Chatham	975	7.0666%	1,181.70	81.8159	0.6637%	83.4450	13,734	1,146.03
Durham	3,412	7.0666%	4,135.34	174.7056	0.6637%	178.1843	22,770	4,057.26
Johnston	2,261	7.0666%	2,740.33	158.6667	0.6637%	161.8260	16,685	2,700.07
Lee	695	7.0666%	842.34	126.2259	0.6637%	128.7393	5,993	771.53
Moore	1,467	7.0666%	1,778.00	94.4137	0.6637%	96.2937	17,093	1,645.95
Orange	1,588	7.0666%	1,924.65	147.2006	0.6637%	150.1317	13,080	1,963.72
Wake	11,517	7.0666%	13,958.58	169.9324	0.6637%	173.3161	81,583	14,139.65
<b>Region J Totals</b>	<b>21,915</b>	<b>7.0666%</b>	<b>26,560.94</b>	<b>150.8228</b>	<b>0.6637%</b>	<b>153.8259</b>	<b>170,938</b>	<b>26,424.21</b>
Franklin	772	4.9863%	887.48	122.3649	0.8010%	125.3053	7,466	935.53
Granville	645	4.9863%	741.49	129.0774	0.8010%	132.1792	5,635	744.83
Person	612	4.9863%	703.55	166.5306	0.8010%	170.5323	3,973	677.52
Vance	520	4.9863%	597.79	146.5614	0.8010%	150.0833	3,655	548.55
Warren	237	4.9863%	272.45	99.0389	0.8010%	101.4188	2,442	247.66
<b>Region K Totals</b>	<b>2,786</b>	<b>4.9863%</b>	<b>3,202.76</b>	<b>133.1613</b>	<b>0.8010%</b>	<b>136.3611</b>	<b>23,171</b>	<b>3,154.10</b>
Edgecombe	643	3.3871%	708.34	132.3318	0.2674%	133.3934	5,175	690.31
Halifax	665	3.3871%	732.57	138.8019	0.2674%	139.9155	5,053	706.99
Nash	1,285	3.3871%	1,415.57	147.1936	0.2674%	148.3745	9,752	1,446.95
Northampton	272	3.3871%	299.64	147.7458	0.2674%	148.9311	1,632	243.06
Wilson	1,049	3.3871%	1,155.59	167.7058	0.2674%	169.0513	6,740	1,139.41
<b>Region L Totals</b>	<b>3,914</b>	<b>3.3871%</b>	<b>4,311.71</b>	<b>147.8320</b>	<b>0.2674%</b>	<b>149.0180</b>	<b>28,352</b>	<b>4,226.71</b>
Cumberland	2,979	3.7979%	3,318.42	145.4732	0.1830%	146.2719	22,538	3,296.68
Harnett	1,198	3.7979%	1,334.50	140.0187	0.1830%	140.7874	9,472	1,333.54
Sampson	886	3.7979%	986.95	175.4108	0.1830%	176.3738	5,332	940.43
<b>Region M Totals</b>	<b>5,063</b>	<b>3.7979%</b>	<b>5,639.86</b>	<b>148.5404</b>	<b>0.1830%</b>	<b>149.3559</b>	<b>37,342</b>	<b>5,570.64</b>
Bladen	441	3.8195%	491.53	169.8767	0.3292%	171.5544	2,628	450.84
Hoke	388	3.8195%	432.46	166.7383	0.3292%	168.3850	2,672	449.92
Richmond	469	3.8195%	522.74	137.4963	0.3292%	138.8542	3,581	497.24
Robeson	1,085	3.8195%	1,209.32	128.2961	0.3292%	129.5631	9,256	1,199.24
Scotland	263	3.8195%	293.14	89.9145	0.3292%	90.8025	3,194	290.02
<b>Region N Totals</b>	<b>2,646</b>	<b>3.8195%</b>	<b>2,949.19</b>	<b>134.2057</b>	<b>0.3292%</b>	<b>135.5311</b>	<b>21,331</b>	<b>2,887.27</b>
Brunswick	2,836	5.9171%	3,339.43	124.4624	0.6175%	126.7681	26,821	3,400.05
Columbus	910	5.9171%	1,071.54	195.8674	0.6175%	199.4959	4,809	959.38
New Hanover	2,913	5.9171%	3,430.10	139.3513	0.6175%	141.9328	23,294	3,306.18
Pender	788	5.9171%	927.88	138.6592	0.6175%	141.2279	6,297	889.31
<b>Region O Totals</b>	<b>7,447</b>	<b>5.9171%</b>	<b>8,768.95</b>	<b>137.8589</b>	<b>0.6175%</b>	<b>140.4128</b>	<b>61,221</b>	<b>8,554.92</b>

## Proposed 2026 SMFP

**Table 12C: 2027 Need Projections for Medicare Certified Home Health Agencies or Offices**

Ages 75 and Over								
A	B	C	D	E	F	G	H	I
County	Home Health Patients in 2024	COG's Average Annual Rate of Change in Number of Patients	Projected Number of Patients Receiving Services in 2027	Geographic Unit's Use Rate per 1,000 in 2024	COG's Average Annual Rate of Change in Use Rate	Projected Use Rate per 1,000 in 2027	Projected 2027 Population	Projected Home Health Patients in 2027
Carteret	1,285	4.2405%	1,448.47	142.8889	1.9970%	151.4493	9,638	1,459.67
Craven	1,426	4.2405%	1,607.41	154.2789	1.9970%	163.5217	9,606	1,570.79
Duplin	858	4.2405%	967.15	231.6415	1.9970%	245.5190	3,657	897.86
Greene	185	4.2405%	208.53	117.7594	1.9970%	124.8143	1,721	214.81
Jones	135	4.2405%	152.17	141.5094	1.9970%	149.9872	971	145.64
Lenoir	991	4.2405%	1,117.07	195.5792	1.9970%	207.2963	5,289	1,096.39
Onslow	1,566	4.2405%	1,765.22	171.7482	1.9970%	182.0375	9,768	1,778.14
Pamlico	173	4.2405%	195.01	87.3737	1.9970%	92.6083	2,044	189.29
Wayne	1,598	4.2405%	1,801.29	181.7561	1.9970%	192.6451	9,305	1,792.56
<b>Region P Totals</b>	<b>8,217</b>	<b>4.2405%</b>	<b>9,262.32</b>	<b>166.2620</b>	<b>1.9970%</b>	<b>176.2227</b>	<b>51,999</b>	<b>9,145.15</b>
Beaufort	867	4.5516%	985.39	152.0786	0.7877%	155.6721	5,985	931.70
Bertie	248	4.5516%	281.86	165.1132	0.7877%	169.0147	1,585	267.89
Hertford	249	4.5516%	283.00	138.2565	0.7877%	141.5235	1,898	268.61
Martin	351	4.5516%	398.93	141.7609	0.7877%	145.1107	2,577	373.95
Pitt	1,837	4.5516%	2,087.84	171.5860	0.7877%	175.6405	12,122	2,129.11
<b>Region Q Totals</b>	<b>3,552</b>	<b>4.5516%</b>	<b>4,037.02</b>	<b>160.1010</b>	<b>0.7877%</b>	<b>163.8841</b>	<b>24,167</b>	<b>3,971.26</b>
Camden	113	5.6380%	132.11	127.5395	2.6086%	137.5203	974	133.94
Chowan	203	5.6380%	237.34	118.3673	2.6086%	127.6304	1,746	222.84
Currituck	249	5.6380%	291.12	111.8598	2.6086%	120.6136	2,575	310.58
Dare	420	5.6380%	491.04	102.0160	2.6086%	109.9995	4,637	510.07
Gates	104	5.6380%	121.59	94.3739	2.6086%	101.7593	1,118	113.77
Hyde	22	5.6380%	25.72	46.9083	2.6086%	50.5792	518	26.20
Pasquotank	442	5.6380%	516.76	147.9250	2.6086%	159.5012	3,157	503.55
Perquimans	176	5.6380%	205.77	85.9795	2.6086%	92.7080	2,068	191.72
Tyrrell	23	5.6380%	26.89	54.1176	2.6086%	58.3527	403	23.52
Washington	120	5.6380%	140.30	89.8876	2.6086%	96.9220	1,401	135.79
<b>Region R Totals</b>	<b>1,872</b>	<b>5.6380%</b>	<b>2,188.63</b>	<b>108.1456</b>	<b>2.6086%</b>	<b>116.6087</b>	<b>18,597</b>	<b>2,171.97</b>
<b>Grand Totals</b>	<b>134,133</b>	<b>4.3449%</b>	<b>152,823.16</b>	<b>156.5952</b>	<b>-0.1168%</b>	<b>156.0465</b>	<b>952,149</b>	<b>149,881.99</b>

Table 12D: 2027 Need Projections for Medicare-certified Home Health Agencies or Offices

Need Projections

A	B	C	D	E	F
County	Placeholder Adjustments for Agencies under Development	Adjusted Projected Total Patients to be Served 2027	Projected Utilization in 2027	Surplus or Deficit ("-" = Deficit)	Need for New Agencies or Offices
Cherokee	0	579.74	562.94	16.80	0
Clay	0	220.71	215.74	4.97	0
Graham	0	139.11	128.99	10.11	0
Haywood	0	1,631.95	1,612.98	18.97	0
Jackson	0	389.80	377.92	11.88	0
Macon	0	735.07	727.00	8.08	0
Swain	0	155.55	144.53	11.02	0
<b>Region A Totals</b>	<b>0</b>	<b>3,851.94</b>	<b>3,770.11</b>	<b>81.83</b>	
Buncombe	0	5,804.50	5,734.63	69.87	0
Henderson	0	3,641.61	3,528.27	113.34	0
Madison	0	528.10	501.34	26.76	0
Transylvania	0	1,007.67	942.78	64.88	0
<b>Region B Totals</b>	<b>0</b>	<b>10,981.88</b>	<b>10,707.02</b>	<b>274.86</b>	
Cleveland	325	6,545.42	6,304.21	241.21	0
McDowell	0	2,101.58	2,111.15	-9.57	0
Polk	0	822.10	817.61	4.49	0
Rutherford	0	3,112.61	3,108.98	3.63	0
<b>Region C Totals</b>	<b>325</b>	<b>12,581.71</b>	<b>12,341.95</b>	<b>239.76</b>	
Alleghany	0	417.14	399.68	17.46	0
Ashe	0	817.78	812.84	4.94	0
Avery	0	636.60	622.08	14.52	0
Mitchell	0	383.73	362.99	20.74	0
Watauga	0	895.70	915.08	-19.38	0
Wilkes	0	2,159.56	2,133.07	26.49	0
Yancey	0	440.06	424.89	15.17	0
<b>Region D Totals</b>	<b>0</b>	<b>5,750.57</b>	<b>5,670.62</b>	<b>79.95</b>	
Alexander	0	1,160.94	1,126.36	34.58	0
Burke	0	3,183.91	3,058.59	125.33	0
Caldwell	0	3,258.71	3,124.76	133.95	0
Catawba	0	5,334.55	5,342.69	-8.14	0
<b>Region E Totals</b>	<b>0</b>	<b>12,938.12</b>	<b>12,652.40</b>	<b>285.72</b>	
Anson	0	880.11	796.31	83.81	0
Cabarrus	0	7,454.91	7,398.02	56.89	0
Gaston	0	10,509.22	9,939.43	569.79	0
Iredell	0	6,994.25	6,983.29	10.96	0
Lincoln	0	4,165.59	4,162.23	3.36	0
Mecklenburg	325	30,751.77	30,572.41	179.35	0
Rowan	0	5,649.67	5,331.62	318.06	0
Stanly	0	2,551.31	2,381.79	169.52	0
Union	0	6,596.07	6,735.78	-139.71	0
<b>Region F Totals</b>	<b>325</b>	<b>75,552.89</b>	<b>74,300.86</b>	<b>1,252.03</b>	

Table 12D: 2027 Need Projections for Medicare-certified Home Health Agencies or Offices

Need Projections

A	B	C	D	E	F
County	Placeholder Adjustments for Agencies under Development	Adjusted Projected Total Patients to be Served 2027	Projected Utilization in 2027	Surplus or Deficit ("-" = Deficit)	Need for New Agencies or Offices
Alamance	0	5,205.41	5,181.65	23.76	0
Caswell	0	544.08	519.79	24.29	0
Davidson	0	3,648.06	3,581.25	66.80	0
Guilford	0	12,157.18	12,104.25	52.93	0
Montgomery	0	523.09	494.78	28.30	0
Randolph	0	3,098.48	3,008.22	90.27	0
Rockingham	0	2,550.15	2,442.14	108.01	0
<b>Region G Totals</b>	<b>0</b>	<b>27,726.45</b>	<b>27,332.07</b>	<b>394.37</b>	
Davie	0	1,184.34	1,178.02	6.32	0
Forsyth	325	10,205.79	9,777.26	428.53	0
Stokes	0	1,602.29	1,589.58	12.71	0
Surry	0	2,679.68	2,538.90	140.78	0
Yadkin	0	1,152.85	1,105.52	47.33	0
<b>Region I Totals</b>	<b>325</b>	<b>16,824.96</b>	<b>16,189.28</b>	<b>635.68</b>	
Chatham	0	1,731.70	1,670.07	61.63	0
Durham	0	7,344.23	7,099.62	244.62	0
Johnston	0	5,104.42	5,125.77	-21.36	0
Lee	0	1,485.51	1,393.03	92.48	0
Moore	0	2,619.96	2,488.10	131.86	0
Orange	0	3,065.93	3,041.75	24.18	0
Wake	0	22,963.97	23,262.78	-298.81	0
<b>Region J Totals</b>	<b>0</b>	<b>44,315.72</b>	<b>44,081.13</b>	<b>234.59</b>	
Franklin	0	1,602.32	1,702.63	-100.32	0
Granville	0	1,293.84	1,301.05	-7.20	0
Person	0	1,197.07	1,152.08	45.00	0
Vance	0	1,113.99	1,025.80	88.19	0
Warren	0	500.45	466.18	34.27	0
<b>Region K Totals</b>	<b>0</b>	<b>5,707.68</b>	<b>5,647.73</b>	<b>59.95</b>	
Edgecombe	0	1,304.07	1,273.42	30.65	0
Halifax	0	1,217.47	1,187.88	29.58	0
Nash	0	2,422.07	2,472.58	-50.51	0
Northampton	0	507.08	440.88	66.20	0
Wilson	0	1,957.72	1,945.01	12.71	0
<b>Region L Totals</b>	<b>0</b>	<b>7,408.41</b>	<b>7,319.77</b>	<b>88.63</b>	
Cumberland	0	6,039.92	5,995.37	44.55	0
Harnett	0	2,291.78	2,330.12	-38.35	0
Sampson	0	1,682.56	1,625.52	57.04	0
<b>Region M Totals</b>	<b>0</b>	<b>10,014.25</b>	<b>9,951.01</b>	<b>63.25</b>	
Bladen	0	892.56	825.96	66.60	0
Hoke	0	805.86	851.62	-45.76	0
Richmond	0	989.67	958.46	31.21	0
Robeson	0	2,295.85	2,314.26	-18.41	0
Scotland	0	557.75	545.04	12.70	0
<b>Region N Totals</b>	<b>0</b>	<b>5,541.69</b>	<b>5,495.34</b>	<b>46.35</b>	

Table 12D: 2027 Need Projections for Medicare-certified Home Health Agencies or Offices

Need Projections

A	B	C	D	E	F
County	Placeholder Adjustments for Agencies under Development	Adjusted Projected Total Patients to be Served 2027	Projected Utilization in 2027	Surplus or Deficit ("-" = Deficit)	Need for New Agencies or Offices
Brunswick	325	5,552.06	5,288.52	263.54	0
Columbus	0	1,881.70	1,687.97	193.73	0
New Hanover	325	5,554.12	4,991.98	562.14	0
Pender	0	1,477.89	1,421.19	56.70	0
<b>Region O Totals</b>	<b>650</b>	<b>14,465.76</b>	<b>13,389.66</b>	<b>1,076.11</b>	
Carteret	0	2,207.04	2,213.73	-6.68	0
Craven	0	2,541.42	2,503.85	37.57	0
Duplin	0	1,725.05	1,699.88	25.18	0
Greene	0	426.86	429.32	-2.46	0
Jones	0	273.55	263.46	10.10	0
Lenoir	0	2,096.96	2,027.65	69.31	0
Onslow	325	3,480.45	3,188.45	292.00	0
Pamlico	0	297.12	286.81	10.31	0
Wayne	0	3,261.59	3,218.56	43.03	0
<b>Region P Totals</b>	<b>325</b>	<b>16,310.05</b>	<b>15,831.69</b>	<b>478.36</b>	
Beaufort	0	1,619.04	1,536.38	82.66	0
Bertie	0	514.69	488.31	26.38	0
Hertford	0	528.13	500.68	27.45	0
Martin	0	715.18	673.12	42.06	0
Pitt	325	4,409.53	4,162.03	247.49	0
<b>Region Q Totals</b>	<b>325</b>	<b>7,786.57</b>	<b>7,360.53</b>	<b>426.04</b>	
Camden	0	219.91	226.06	-6.15	0
Chowan	0	405.31	384.31	20.99	0
Currituck	0	556.38	607.78	-51.40	0
Dare	0	873.27	880.45	-7.18	0
Gates	0	206.45	202.06	4.40	0
Hyde	0	50.21	47.88	2.33	0
Pasquotank	0	912.23	896.48	15.75	0
Perquimans	0	316.42	301.46	14.96	0
Tyrrell	0	54.59	52.52	2.07	0
Washington	0	249.10	233.53	15.57	0
<b>Region R Totals</b>	<b>0</b>	<b>3,843.88</b>	<b>3,832.53</b>	<b>11.34</b>	
<b>Grand Totals</b>	<b>2,275</b>	<b>281,602.51</b>	<b>275,873.70</b>	<b>5,728.81</b>	<b>0</b>

**Table 12E: Medicare-certified Home Health Agency or Office  
Need Determination**

<b>Service Area</b>	<b>Home Health Agency/Office Need Determination</b>	<b>Certificate of Need Application Deadline</b>	<b>Certificate of Need Beginning Review Date</b>
It is determined that there is no need anywhere in the state and no reviews are scheduled.			

# Chapter 13:

## Hospice Services

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## CHAPTER 13

# HOSPICE SERVICES

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### Introduction

G.S. § 131E-176(13a) defines *hospice* as “any coordinated program of home care with provision for inpatient care for terminally ill patients and their families.” G.S. § 131E-176(13b) defines a *hospice inpatient facility* as “a freestanding licensed hospice facility or a designated inpatient unit in an existing health service facility which provides palliative and supportive medical and other health services to meet the physical, psychological, social, spiritual, and special needs of terminally ill patients and their families in an inpatient setting”. G.S. § 131E-176(13c) defines a *hospice residential care facility* as “a freestanding licensed hospice facility which provides” the same services as an inpatient facility but in a “group residential setting”.

### Definitions

A *hospice office service area* is the county in which the hospice office is located. Each of the 100 counties in the state is a separate hospice office service area.

A *hospice inpatient facility bed service area* is the county in which the bed is located. Each of the 100 counties in the state is a separate hospice inpatient facility bed service area.

The *planning inventory for hospice home care agencies* is the number of licensed agencies used in need determination calculations for hospice home care. It is the number of licensed agencies as of the last day of the reporting year, plus the number of certificate of need (CON) approved agencies that are under development, plus the number of agencies available pursuant to need determinations pending review or appeal.

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

The *reporting year* for hospice facilities and offices is either July 1 through June 30 or October 1 through September 30; facilities may choose their reporting period. The current reporting year is either July 1, 2023 through June 30, 2024, or October 1, 2023 through September 30, 2024.

The methodology calculates the need for hospice home care offices for a *projection year*, which is three years beyond the current reporting year. The current projection year for hospice home care offices is 2027.

The hospice inpatient bed methodology projects need five years beyond the current reporting year. The current projection year for hospice inpatient beds is 2029.

The State Medical Facilities Plan (SMFP) uses county death rates for the most recent five calendar years available. The current SMFP uses data from 2019, 2020, 2021, 2022, and 2023.

The hospice home care methodology bases many calculations on the three most recent years of deaths served. The hospice inpatient bed methodology bases several calculations on the three most recent years of admissions. For the current SMFP, these years are 2022, 2023, and 2024.

### **Changes from the Previous Plan**

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

### **Data Sources**

Patient origin and utilization data for the current reporting year come from the License Renewal Application for the reporting year, as submitted to the North Carolina Department of Health and Human Services, Division of Health Service Regulation.

The North Carolina Office of State Budget and Management provides county population estimates and projections.

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

The number of deaths and crude (unadjusted) death rates per 1,000 population come from *North Carolina Vital Statistics, Vol. 1* published by the North Carolina Department of Health and Human Services, State Center for Health Statistics.

### **Assumptions of the Methodologies**

1. The methodologies exclude the active-duty military population for any county with more than 500 estimated active-duty military personnel.
2. Hospice Home Care Offices
  - a. The methodology uses county mortality (death) rates for the most recent five years as the basis for hospice patient need projection. The five-year death rate is an indicator of deaths from all sites in each county.
  - b. Because previous years’ data forms the basis for projections, the methodology calculates a two-year trailing average growth rate in statewide number of deaths served and applies it to the current reported number of deaths served to project changes in the capacity of existing agencies to serve deaths from each county by the projection year. Projected hospice deaths served will not exceed 60% of total deaths.
  - c. To calculate the median projected hospice deaths, the methodology applies a projected statewide median percentage of deaths served by hospice to projected deaths in each county. The methodology calculates the projected statewide median percentage of deaths served by applying the two-year trailing average growth rate in the statewide median percentage of deaths served over the most recent three years to the current statewide median percentage of deaths served.
  - d. A need for an additional hospice home care office exists if the county’s deficit is 90 patients or more and the number of licensed hospice home care offices located in the county is three or fewer per 100,000 population.
3. Hospice Inpatient Beds

- a. The methodology calculates the two-year trailing average growth rate in statewide hospice admissions over the three most recent reporting years and applies it to the current reported number of hospice admissions to project total hospice admissions.
  - b. Choose the lower of the statewide median average length of stay per admission or each county's average length of stay per admission to form the basis for projecting inpatient days for each county.
  - c. A two-year trailing average statewide inpatient utilization rate of the total estimated days of care in each county forms the basis for projecting days of care in licensed hospice inpatient facility beds.
4. The hospice home care and hospice inpatient bed methodologies use patient origin data, aggregated to the county level. Detailed patient origin data is available at
- <https://info.ncdhhs.gov/dhsr/ncsmfp/index.html> and  
<https://info.ncdhhs.gov/dhsr/mfp/publications.html#por>
5. Hospice Residential Beds  
 This category of beds does not have a methodology to project need. A CON is required.

**Application of the Methodologies  
 Hospice Home Care Offices:**

- Step 1: Enter the five-year mortality rate per 1,000 population for each county (*Table 13B, Column B*).
- Step 2: Enter the estimated population of each county for the projection year, with adjustments for the counties with more than 500 active-duty military personnel (*Table 13B, Column C*).
- Step 3: Calculate the projected deaths for the projection year for each county by multiplying the county death rate (Step 1) by the estimated population in the projection year (Step 2) divided by 1,000 (*Table 13B, Column D*).
- Step 4: Enter the total number of reported hospice patient deaths, by county of patient residence, for the reporting year (*Table 13B, Column E*).
- Step 5: Calculate the two-year trailing average growth rate in the statewide number of deaths served for the three most recent reporting years. To do so, first determine the statewide number of deaths served during each of the three most recent reporting years. Next, calculate the difference in the number of deaths served from year to year. Then determine the percent change from the previous reporting year by dividing the calculated difference in deaths served by the number of deaths served during the previous reporting year [(number of deaths for the current reporting year – the number of deaths for the previous reporting year) / number of deaths for the previous reporting year]. Finally, total the annual percent change and divide by two.

<b>Year</b>	<b>Statewide Number Deaths Served</b>	<b>Growth</b>
2022	50,148	
2023	51,163	2.0%
2024	52,891	3.4%
<b>Two-Year Trailing Average Growth Rate</b>		<b>2.7%</b>

- Step 6: Determine the number of hospice deaths served for the projection year:
- a. Calculate the projected number of hospice deaths served for the projection year using the two-year trailing average growth rate by multiplying the number of reported hospice deaths (Step 4) by the statewide two-year trailing average growth rate for deaths served for three years (Step 5) (*Table 13B, Column F*).
  - b. Calculate the allowable number of hospice deaths served for the projection year by multiplying the projected deaths for each county (Step 2) by 60% (*Table 13B, Column G*).
  - c. Enter the number of hospice deaths served for the projection year (*Table 13B, Column H*). This number is the lower of:
    - 1) the number of hospice deaths served for the projection year using the two-year trailing average growth rate (Step 6a), or
    - 2) the number of hospice deaths served for the projection year, limited to 60% (Step 6b).

Step 7: Calculate the two-year trailing average growth rate in statewide median percentage of deaths served over the most recent three years. To do so, first determine the statewide growth rate in median percentage of deaths served during each of the three most recent reporting years. Next, calculate the difference in the median percentage of number of deaths served from year to year. Then determine the percent change from the previous reporting year by dividing the calculated difference in the median percentage of deaths served by the percentage of deaths served during the previous reporting year [(percentage of deaths for the current reporting year – percentage of deaths for the previous reporting year) / percentage of deaths for the previous reporting year]. Finally, total the annual percent change and divide by two.

<b>Year</b>	<b>Median Percent of Deaths Served</b>	<b>Growth</b>
2022	37.28%	
2023	39.59%	6.2%
2024	42.41%	7.1%
<b>Two-Year Trailing Average Growth Rate</b>		<b>6.7%</b>

- Step 8: Calculate the projected median statewide percentage of deaths served for the projection year by multiplying the current statewide median percentage of deaths served by the statewide two-year trailing average growth rate for median percentage of deaths served (Step 7) for the three most recent reporting years.
- Step 9: Calculate the median hospice deaths for the projection year by multiplying deaths for the projection year (Step 3) by the statewide median percentage of deaths served for the projection year (Step 8) (*Table 13B, Column I*).
- Step 10: In counties with a need determination in a previous SMFP for at least one additional hospice home care office, assign and adjust placeholders as follows (*Table 13B, column J*):
- a. Before a CON is issued, enter a placeholder of 90 hospice patient deaths for each need determination in the county.

- b. When the CON is issued to a new office, reassign the placeholder of 90 hospice patient deaths to that office.
- c. Once a new office first reports more than 90 hospice patient deaths of residents of the county in which the office is located, do not adjust the placeholder of 90 hospice patient deaths in the current and subsequent years.
- d. Does the applicant have an existing hospice home care office in the county?
  - 1) If yes, do the following:
    - a. If the third SMFP following issuance of the CON has not yet been published, adjust the placeholder to equal 90 minus the number of hospice deaths served.
    - b. If three SMFPs have been published since the CON was issued, do not adjust the placeholder.
  - 2) If no, do the following:
    - a. If the third SMFP following issuance of the license has not yet been published, adjust the placeholder to equal 90 minus the number of hospice deaths served.
    - b. If three SMFPs have been published since the license was issued, do not adjust the placeholder.

Step 11: Calculate the deficit or surplus of patients by subtracting the median projected hospice deaths for the projection year (Step 9) for each county from the projected number of hospice deaths served for the projection year (Step 6c) plus any adjustment (Step 10) (*Table 13B, Column K*).

Step 12: Enter the number of licensed hospice home care offices located in each county (*Table 13B, Column L*).

Step 13: Calculate the number of licensed hospice home care offices per 100,000 population for each county by dividing the number of licensed hospice offices (Step 12) by the estimated population for the projection year (Step 2). Then multiply the result by 100,000 (*Table 13B, Column M*).

Step 14: The county has a need determination if both of the following are true (*Table 13B, Column N*):

- a. the county's deficit (Step 11) is 90 or more, and
- b. the county's number of licensed hospice home care offices per 100,000 population (Step 13) is three or fewer.

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

### **Hospice Inpatient Beds:**

Step 1: Enter the total number of reported hospice admissions by county of patient residence (*Table 13C, Column B*).

- Step 2: Enter the total number of days of care (DOC) by county of patient residence (*Table 13C, Column C*).
- Step 3: Calculate the average length of stay (ALOS) per admission by dividing total DOC (Step 2) by total admissions (Step 1) (*Table 13C, Column D*).
- Step 4: Calculate the two-year trailing average growth rate in the statewide number of admissions over the previous three reporting years. To do so, first determine the statewide number of admissions during each of the three most recent reporting years. Next, calculate the difference in the number of admissions from year to year. Then determine the percent change from the previous reporting year by dividing the calculated difference in admissions by the number of admissions during the previous reporting year [(number of admissions for the current reporting year – number of admissions for the previous reporting year) / number of admissions for the previous reporting year]. Finally, total the annual percent change and divide by two.

Year	Statewide Hospice Admissions	Growth
2022	55,914	
2023	56,334	0.8%
2024	58,474	3.8%
<b>Two-Year Trailing Average Growth Rate</b>		<b>2.3%</b>

- Step 5: Calculate total admissions for each county for the projection year by multiplying the total admissions (Step 1) by the statewide two-year trailing average growth rate for hospice admissions (Step 4) for five years [total admissions x (1 + two-year trailing average growth rate)<sup>5</sup>] (*Table 13C, Column E*).
- Step 6:
- a. Calculate the total county DOC at the county ALOS for the projection year by multiplying the total admissions (Step 5) by the ALOS per admission for each county (Step 3) (*Table 13C, Column F*).
  - b. Calculate the total county DOC at the state ALOS for the projection year by multiplying the total admissions (Step 5) by the statewide median ALOS per admission (*Table 13C, Column G*).
  - c. The projected days of care for inpatient hospice beds for the projection year is the lower of (*Table 13C, Column H*):
    - 1) DOC for the projection year, based on the county ALOS (Step 6a), or
    - 2) DOC for the projection year, based on the statewide ALOS (Step 6b).
- Step 7: Calculate the projected DOC for each county for the projection year by multiplying the DOC for the projection year for inpatient estimates (Step 6c) by the two-year trailing average statewide inpatient utilization rate (*Table 13C, Column I*).

<b>Year</b>	<b>General Inpatient Days of Care</b>	<b>Statewide Total Days of Care</b>	<b>Two Year Trailing Average Statewide Inpatient Utilization Rate</b>
2023	94,039	4,507,500	
2024	97,321	4,706,867	
<b>Totals</b>	<b>191,360</b>	<b>9,214,367</b>	<b>2.08%</b>

- Step 8: Calculate the projected inpatient hospice beds by dividing inpatient DOC for the projection year (Step 7) by 365.25 days. Then divide by 0.85 to adjust for the targeted 85% occupancy (Table 13C, Column J).
- Step 9: Adjust the projected hospice inpatient beds (Step 8) for the projection year by the number of licensed hospice beds in each county (Table 13C, Column K), the number of CON-approved beds, and the number of beds available pursuant to need determinations pending review or appeal (Table 13C, Column L).
- Step 10: Calculate occupancy rates of existing hospice inpatient facilities for the reporting year (Table 13C, Column N).
- Step 11: Adjust projected beds in Step 9 for occupancy rates of existing facilities in counties (Step 10) that are not at 85% occupancy. For such counties, enter either zero or the deficit indicated in Step 9, whichever is greater.
- Step 12: A need exists for single counties with a projected deficit of six or more hospice inpatient beds. The single county deficit is the number of beds needed.

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

**Proposed 2026 SMFP**

**Table 13A: Inventory of Licensed Hospice Agencies**

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
<b>County</b>	<b>License Number</b>	<b>Name</b>	<b>Admissions</b>	<b>Days of Care</b>	<b>Deaths</b>
Alamance	HC0361	Hospice and Palliative Care Center of Alamance Caswell	1,155	108,700	1,072
Alamance	HOS1136	AuthoraCare Collective^	0	0	0
Alamance	HOS3049	Liberty Home Care and Hospice	45	5,691	34
Alamance	HOS3063	Gentiva	116	16,985	81
Alamance	HOS3823	Amedisys Hospice	473	39,386	368
Alexander	HOS5039	Alexander Hospice	45	2,979	33
Alleghany	HOS1123	Medi Home Health and Hospice	129	15,124	101
Anson	HC1869	Anson Community Hospice	33	3,063	31
Anson	HOS1898	Atrium Health Hospice - Anson	40	2,419	58
Anson	HOS3064	Liberty Home Care and Hospice	124	12,410	86
Ashe	HOS1124	Medi Home Health and Hospice	15	16,767	110
Avery	HOS0363	Medi Home Hospice	356	61,788	258
Beaufort	HOS2516	Gentiva	245	26,175	209
Beaufort	HOS3258	Cardinal Hospice Care^^^	0	0	0
Bladen	HOS0415	Lower Cape Fear LifeCare	96	10,513	54
Bladen	HOS1945	Community Home Care and Hospice^^^	0	0	0
Bladen	HOS2003	Liberty Home Care and Hospice	63	7,729	48
Brunswick	HOS0414	Lower Cape Fear LifeCare	808	44,179	740
Brunswick	HOS2006	Liberty Home Care and Hospice	155	13,888	131
Brunswick	HOS3010	Gentiva	199	29,375	144
Brunswick	HOS4018	Amedisys Hospice Care	174	13,645	144
Buncombe	HOS0113	CarePartners Hospice and Palliative Care Services	1,040	30,477	1,000
Burke	HOS0364	Amorem	412	31,378	378
Burke	HOS1670	Amorem^	0	0	0
Cabarrus	HOS0365	Atrium Health Hospice and Palliative Care - Cabarrus	492	71,048	613
Cabarrus	HOS3389	Atrium Hospice and Palliative Care - Cabarrus	197	6,262	321
Caldwell	HOS0185	Amorem	783	76,696	723
Caldwell	HOS4155	Amorem^	0	0	0
Carteret	HOS0613	Carteret Health Care Home Health & Hospice	99	4,811	85
Carteret	HOS2998	Community Home Care and Hospice^^^	0	0	0
Carteret	HOS3048	Liberty Home Care and Hospice**	0	0	0
Carteret	HOS3239	Cardinal Hospice Care^^^	0	0	0
Carteret	HOS4623	SECU Crystal Coast Hospice House	164	3,073	185
Catawba	HOS0367	Carolina Caring	1,787	201,063	1,497
Catawba	HOS3144	Robinson Road Hospice House	271	1,673	350
Catawba	HOS4445	Sherrills Ford Hospice House^	0	0	0
Chatham	HOS3135	Transitions LifeCare	14	2,076	11
Chatham	HOS3149	Liberty Home Care and Hospice	111	9,406	94
Chatham	HOS4907	SECU Jim & Betsy Bryan Hospice Home of UNC Health Care	350	2,556	333
Cherokee	HOS5092	Hospice of North Carolina	66	9,074	40
Chowan	HOS3319	Cardinal Hospice Care^^^	0	0	0
Clay	HOS5091	Hospice of North Carolina	26	4,238	20
Cleveland	HOS0371	Via Health Partners - Cleveland County	902	80,592	765

**Proposed 2026 SMFP**

**Table 13A: Inventory of Licensed Hospice Agencies**

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
<b>County</b>	<b>License Number</b>	<b>Name</b>	<b>Admissions</b>	<b>Days of Care</b>	<b>Deaths</b>
Cleveland	HOS1413	Via Health Partners Wendover Hospice House^	0	0	0
Cleveland	HOS4089	Via Health Partners Testa Family Hospice House^	0	0	0
Columbus	HC4028	Community Home Care and Hospice^^^	0	0	0
Columbus	HOS0417	Lower Cape Fear LifeCare	347	25,734	350
Columbus	HOS2007	Liberty Home Care and Hospice	94	20,142	68
Columbus	HOS3011	Gentiva	103	37,702	60
Craven	HOS2302	Gentiva	192	36,017	172
Craven	HOS3238	Cardinal Hospice Care	74	16,492	58
Craven	HOS3347	PruittHealth Hospice - New Bern	184	9,539	144
Craven	HOS4682	Craven County Hospice	163	13,509	139
Cumberland	HC1331	Community Home Care and Hospice	228	33,641	213
Cumberland	HOS2004	Liberty Home Care and Hospice	213	18,784	156
Cumberland	HOS3272	Cardinal Hospice Care^^^	0	0	0
Cumberland	HOS4746	PruittHealth Hospice - Fayetteville	237	17,593	171
Cumberland	HOS4799	Cape Fear Valley Hospice and Palliative Care	317	17,765	259
Cumberland	HOS5147	3HC	54	10,705	44
Cumberland	HOS5285	BAYADA Hospice	93	13,087	81
Cumberland	HOS6836	HealthKeeperz	65	5,836	31
Dare	HC0494	Adoration Home Health and Hospice	44	5,434	70
Davidson	HOS0372	Hospice of Davidson County	541	48,683	380
Davidson	HOS3051	Liberty Home Care and Hospice	226	28,177	177
Davidson	HOS3784	Hospice of Davidson County Hinkle Hospice House	223	2,093	351
Davie	HOS3084	Trellis Supportive Care	383	27,316	337
Davie	HOS4966	Well Care Hospice	208	21,238	133
Duplin	HC0053	Vidant Home Health and Hospice	166	3,340	122
Duplin	HOS3303	Liberty Home Care and Hospice	5	325	1
Durham	HOS0021	Duke Hospice	923	48,737	729
Durham	HOS2958	Community Home Care and Hospice^^^	0	0	0
Durham	HOS3126	Transitions LifeCare	62	9,008	68
Durham	HOS3304	Liberty Home Care and Hospice	96	11,917	73
Durham	HOS3793	Duke Hospice, Hock Family Pavilion	519	3,819	550
Durham	HOS4029	Community Home Care and Hospice^^^	0	0	0
Edgecombe	HOS2985	Community Home Care and Hospice^^^	0	0	0
Edgecombe	HOS4887	Gentiva	170	15,975	153
Forsyth	HOS1603	Kate B. Reynolds Hospice Home	528	7,843	796
Forsyth	HOS4614	Trellis Supportive Care	1,079	76,410	950
Franklin	HOS3005	Community Home Care and Hospice^^^	0	0	0
Franklin	HOS3125	Transitions LifeCare	40	3,224	33
Franklin	HOS3250	Cardinal Hospice Care^^^	0	0	0
Franklin	HOS3826	Amedisys Hospice	329	23,677	365
Gaston	HC0812	Carolina Caring	758	48,657	721
Gaston	HOS3717	Robin Johnson House - Gaston Hospice	292	1,163	247
Graham	HOS3325	Cardinal Hospice Care^^^	0	0	0

**Proposed 2026 SMFP**

**Table 13A: Inventory of Licensed Hospice Agencies**

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
<b>County</b>	<b>License Number</b>	<b>Name</b>	<b>Admissions</b>	<b>Days of Care</b>	<b>Deaths</b>
Granville	HOS3133	Transitions LifeCare	3	462	4
Granville	HOS4791	Gentiva	121	13,088	96
Greene	HOS3310	Cardinal Hospice Care^^^	0	0	0
Guilford	HC0374	Hospice and Palliative Care of Greensboro	972	68,764	889
Guilford	HOS1416	AuthoraCare Collective^	0	0	0
Guilford	HOS1581	Hospice of the Piedmont	603	44,383	410
Guilford	HOS3148	AuthoraCare Collective	499	86,385	440
Guilford	HOS3522	Hospice Home at High Point	295	3,505	406
Halifax	HOS3009	Gentiva	284	23,720	256
Halifax	HOS3256	Cardinal Hospice Care^^^	0	0	0
Halifax	HOS5184	Liberty Home Care VI	157	17,901	108
Harnett	HC4032	Community Home Care and Hospice^^^	0	0	0
Harnett	HOS0375	Transitions LifeCare	48	3,625	40
Harnett	HOS2048	Gentiva	109	14,932	97
Harnett	HOS3067	Liberty Home Care and Hospice	199	21,606	146
Harnett	HOS3306	Cardinal Hospice Care^^^	0	0	0
Haywood	HOS3825	Haywood Hospice & Palliative Care	190	6,020	147
Henderson	HOS0386	Four Seasons the Care You Trust	1,828	138,300	1,478
Henderson	HOS2143	Four Seasons Compassion for Life	354	2,734	586
Hertford	HOS0425	ECU Health Home Health & Hospice	77	1,976	55
Hoke	HC0277	Liberty Home Care^^	0	0	0
Hoke	HOS2290	Liberty Home Care and Hospice	73	8,521	59
Hyde	HOS6244	Liberty Home Care and Hospice	20	2,142	17
Iredell	HOS0387	Hospice of Iredell County	433	53,082	269
Iredell	HOS1338	Hospice of Iredell County	233	24,205	149
Iredell	HOS3181	Gordon Hospice House	260	3,766	365
Iredell	HOS3273	Gentiva	100	10,819	74
Iredell	HOS6247	Hospice and Palliative Care of Iredell County	113	2,188	165
Johnston	HC0383	Johnston Health Home Care and Hospice	73	2,902	59
Johnston	HC0507	3HC	159	26,130	145
Johnston	HC3440	Community Home Care and Hospice**	0	0	0
Johnston	HOS2135	Gentiva	138	22,126	108
Johnston	HOS3069	Liberty Home Care and Hospice	81	10,180	53
Johnston	HOS3124	Transitions LifeCare	77	6,750	57
Johnston	HOS3252	Cardinal Hospice Care	210	40,567	180
Johnston	HOS4088	SECU Hospice House of Johnston Health	388	5,336	368
Jones	HC0506	3HC	228	22,820	200
Lee	HOS2034	Gentiva	113	12,317	80
Lee	HOS3086	Liberty Home Care and Hospice	128	11,698	111
Lenoir	HC0195	3HC	84	9,888	85
Lenoir	HOS2984	Gentiva	187	25,206	179
Lenoir	HOS3261	Cardinal Hospice Care	73	11,430	63
Lincoln	HOS0389	Via Health Partners	738	76,833	616

**Proposed 2026 SMFP**

**Table 13A: Inventory of Licensed Hospice Agencies**

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
<b>County</b>	<b>License Number</b>	<b>Name</b>	<b>Admissions</b>	<b>Days of Care</b>	<b>Deaths</b>
Macon	HC0324	CarePartners Home Care & Hospice	51	3,391	50
Macon	HOS0390	Four Seasons the Care You Trust	768	60,506	671
Macon	HOS3312	Cardinal Hospice Care^^^	0	0	0
Madison	HC0419	Madison Home Care & Hospice	49	2,871	37
Martin	HOS3008	Gentiva	214	25,030	195
Martin	HOS3317	Continuum II Home Care and Hospice^^^	0	0	0
McDowell	HOS1153	CarePartners Hospice & Palliative Care McDowell	223	18,476	196
Mecklenburg	HOS1445	Novant Health Hospice	1,524	36,869	1,457
Mecklenburg	HOS1702	Via Health Partners	661	64,894	580
Mecklenburg	HOS3132	Via Health Partners	2,079	218,709	1,811
Mecklenburg	HOS3727	Via Health Partners Levine and Dickson Hospice House at Huntersville^	0	0	0
Mecklenburg	HOS4436	Via Health Partners Levine and Dickson Hospice House at Southminister	590	8,385	575
Mecklenburg	HOS4588	Via health Partners Levine and Dickson Hospice House at Aldersgate^	0	0	0
Mecklenburg	HOS4933	Via Health Partners Levine and Dickson Hospice House at Aldersgate^	0	0	0
Mitchell	HOS0832	Hospice and Palliative Care of the Blue Ridge	193	40,408	147
Montgomery	HOS3199	Gentiva	97	10,342	83
Moore	HC0427	FirstHealth Hospice & Palliative Care	588	59,008	406
Moore	HC2351	Community Home Care and Hospice^^^	0	0	0
Moore	HOS3050	Liberty Home Care and Hospice	163	17,664	120
Moore	HOS4477	FirstHealth Hospice House	321	2,494	449
Nash	HC0393	Hospice and Palliative Care of Nash General Hospital	223	10,565	182
Nash	HOS2424	Gentiva	147	14,672	120
Nash	HOS3269	PruittHealth Hospice - Rocky Mount	220	17,827	180
Nash	HOS3309	Cardinal Hospice Care^^^	0	0	0
New Hanover	HOS0416	Lower Cape Fear LifeCare	913	63,744	618
New Hanover	HOS1557	Lower Cape Fear LifeCare	649	6,027	991
New Hanover	HOS2008	Liberty Home Care and Hospice	97	16,271	91
New Hanover	HOS3322	Cardinal Hospice Care^^^	0	0	0
Northampton	HOS3259	Cardinal Hospice Care^^^	0	0	0
Onslow	HC1209	Cardinal Hospice Care	74	16,961	63
Onslow	HOS2005	Liberty Home Care and Hospice	10	434	5
Onslow	HOS3006	Gentiva	240	33,667	225
Onslow	HOS5831	Lower Cape Fear Lifecare	171	10,000	157
Orange	HOS1388	Duke Hospice at the Meadowlands**	0	0	0
Orange	HOS2997	Community Home Care and Hospice^^^	0	0	0
Orange	HOS3293	UNC Hospice, Chapel Hill	356	25,847	343
Pamlico	HOS0394	Hospice of Pamlico County	42	4,451	37
Pamlico	HOS3308	Cardinal Hospice Care^^^	0	0	0
Pasquotank	HOS1677	Albemarle Home Care and Hospice	432	29,046	388
Pasquotank	HOS3301	Gentiva	171	16,526	153
Pender	HOS3052	Lower Cape Fear LifeCare	281	16,568	222
Pender	HOS3059	Liberty Home Care and Hospice	137	12,348	75
Pender	HOS3242	Cardinal Hospice Care^^^	0	0	0

**Proposed 2026 SMFP**

**Table 13A: Inventory of Licensed Hospice Agencies**

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
<b>County</b>	<b>License Number</b>	<b>Name</b>	<b>Admissions</b>	<b>Days of Care</b>	<b>Deaths</b>
Person	HOS5439	Medi Home Health & Hospice	139	12,843	76
Pitt	HC0509	3HC	74	9,265	81
Pitt	HOS0331	Amedisys Hospice	195	12,378	196
Pitt	HOS1711	ECU Health Home Health and Hospice	330	8,188	274
Pitt	HOS2996	Gentiva	352	29,846	319
Pitt	HOS3249	Cardinal Hospice Care^^^	0	0	0
Pitt	HOS3345	PruittHealth Hospice - Eastern Carolina	105	7,746	77
Pitt	HOS3749	ECU Health Hospice House	303	1,696	250
Pitt	HOS4010	Community Home Care and Hospice^^^	0	0	0
Polk	HOS0396	Hospice of the Carolina Foothills	100	15,213	112
Randolph	HOS3075	Gentiva	132	21,362	96
Randolph	HOS4307	The Randolph Hospice House	196	2,423	341
Randolph	HOS4736	Hospice of Randolph	442	40,255	311
Richmond	HC0424	Richmond County Hospice	220	23,555	131
Richmond	HOS2138	Hospice Haven of Richmond County	214	1,889	146
Richmond	HOS3007	Community Home Care and Hospice	107	17,747	60
Richmond	HOS3324	Cardinal Hospice Care^^^	0	0	0
Robeson	HC4027	Amedisys Hospice Care	377	30,898	353
Robeson	HOS1599	Lower Cape Fear LifeCare	95	8,880	72
Robeson	HOS2060	Gentiva	237	58,618	166
Robeson	HOS2861	Medi Home Hospice	181	36,679	105
Robeson	HOS3066	Liberty Home Care and Hospice	197	21,177	135
Robeson	HOS3270	Cardinal Hospice Care^^^	0	0	0
Rockingham	HOS0398	Ancora Compassionate Care	539	51,195	480
Rowan	HOS2425	Trellis Supportive Care	204	18,881	177
Rowan	HOS3323	Continuum Home Care & Hospice of Rowan County^^^	0	0	0
Rowan	HOS3918	Novant Health Hospice^^	0	0	0
Rowan	HOS4599	Novant Health Hospice	881	18,943	827
Rowan	HOS6813	BAYADA Hospice	47	3,982	26
Rutherford	HOS0400	Hospice of the Carolina Foothills	254	39,913	282
Rutherford	HOS2891	Hospice of the Carolina Foothills	173	8,123	297
Sampson	HC0255	3HC	78	11,805	80
Sampson	HC1844	Community Home Care and Hospice	181	23,179	138
Sampson	HC4030	Community Home Care and Hospice^^^	0	0	0
Sampson	HOS3054	Liberty Home Care and Hospice	116	11,447	90
Scotland	HC0401	Scotland Regional Hospice^^	0	0	0
Scotland	HOS3031	Scotland Regional Hospice	334	24,576	304
Stanly	HOS0402	Tillery Compassionate Care	359	32,982	320
Stanly	HOS3311	Cardinal Hospice Care^^^	0	0	0
Stokes	HOS3295	Trellis Supportive Care	363	29,131	340
Surry	HOS0404	Mountain Valley Hospice and Palliative Care	304	29,617	276
Surry	HOS1001	Mountain Valley Hospice and Palliative Care	372	23,854	339
Surry	HOS1303	Mountain Valley Hospice and Palliative Care	356	32,282	285

**Proposed 2026 SMFP**

**Table 13A: Inventory of Licensed Hospice Agencies**

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
<b>County</b>	<b>License Number</b>	<b>Name</b>	<b>Admissions</b>	<b>Days of Care</b>	<b>Deaths</b>
Surry	HOS3796	Mountain Valley Hospice and Palliative Care	239	4,760	232
Transylvania	HC0067	CarePartners Home Care & Hospice	111	6,906	109
Union	HOS0405	Atrium Health Hospice & Palliative Care - Union	461	36,218	596
Union	HOS3116	Gentiva	132	16,859	135
Union	HOS3321	Cardinal Hospice Care	46	1,964	26
Vance	HOS2561	Gentiva	162	11,430	152
Vance	HOS3314	Cardinal Hospice Care^^^	0	0	0
Wake	HOS1595	Transitions LifeCare	2,482	178,231	2,319
Wake	HOS2125	Duke Hospice	252	17,409	219
Wake	HOS2223	Gentiva	64	6,298	67
Wake	HOS2281	Heartland Hospice - Raleigh	735	76,644	601
Wake	HOS3058	Liberty Home Care and Hospice	136	11,985	92
Wake	HOS3147	Amedisys Hospice	514	45,092	505
Wake	HOS3305	Cardinal Hospice Care^^^	0	0	0
Washington	HOS3260	Cardinal Hospice Care^^^	0	0	0
Washington	HOS4596	Amedisys Hospice Care	154	10,361	140
Watauga	HOS1122	Medi Home Health and Hospice	364	48,813	270
Wayne	HC0228	3HC	437	21,987	540
Wayne	HC2361	Community Home Care and Hospice	339	44,524	307
Wayne	HOS1324	3HC/Kitty Askins Hospice Center^	0	0	0
Wayne	HOS3307	Cardinal Hospice Care^^^	0	0	0
Wilkes	HOS0407	Gentiva	127	12,691	112
Wilkes	HOS3257	Cardinal Hospice Care^^^	0	0	0
Wilkes	HOS4413	PruittHealth Hospice - Wilkes	160	7,364	0
Wilson	HC0508	3HC	42	7,885	53
Wilson	HOS0408	Hospice of Wilson Medical Center	371	20,200	257
Wilson	HOS2241	Gentiva	155	30,070	140
Wilson	HOS3271	Cardinal Hospice Care^^^	0	0	0
Yadkin	HC1498	Mountain Valley Hospice and Palliative Care	258	24,963	204
Yadkin	HOS4909	Mountain Valley Hospice and Palliative Care	78	1,470	77
Yancey	HOS1027	Compassionate Care Western North Carolina	177	29,305	142
<b>Grand Totals*</b>		<b>246 Agencies</b>	<b>57,826</b>	<b>4,723,126</b>	<b>52,363</b>

\* Grand Totals for Admissions, Days of Care, and Deaths include both in-state and out-of-state patients. Tables 13B and 13C do not include out-of-state patients.

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

^ Inpatient/residential facility; patient data reported on the agency's hospice home care LRA.

^^ Agency uses another license to serve patients and reports data on that LRA.

^^^ Legacy agency, maintains license for future development; currently serves no patients.

## Proposed 2026 SMFP

**Table13B: Year 2027 Hospice Home Care Office Need Projections\***

A	B	C	D	E	F	G	H	I	J	K	L	M	N
County	2019-2023 Death Rate/1000 Population	2027 Population (excluding military)	Projected 2027 Deaths	2024 Reported Number of Hospice Patient Deaths	2027 Number of Hospice Deaths Served at Two Year Trailing Average Growth Rate	2027 Number of Hospice Deaths Served Limited to 60%	Projected 2027 Number of Hospice Deaths Served	Median Projected 2027 Hospice Deaths	Place-holders for New Hospice Office	Projected Number of Additional Patients in Need Surplus (Deficit)	Licensed Hospice Offices in County	Licensed Home Care Offices in County per 100,000	Additional Hospice Office Need
Source or Formula =>	Deaths - N.C. Vital Statistics	N.C. Office of State Budget and Management	Col. B x (Col. C/1,000)	2025 License Renewal Applications	Col. E x 3 Years Growth at 2.7% annually	Col. D x 60%	Lower Number of Deaths between Col. F and Col. G	Col. D x Projected Statewide Median Percent Deaths Served (51.5%)		Col. H + Col. J - Col. I	Table 13A: Inventory of Licensed Hospice Agencies	Col. L / (Col. C / 100,000)	If Col. M <=3 and Col. K <= -90
Alamance	11.3	189,311	2,132	1,036	1,122	1,279	1,122	1,097	0	25	5	2.6	0
Alexander	13.7	36,692	503	183	198	302	198	259	0	-60	1	2.7	0
Alleghany	15.0	11,713	175	92	100	105	100	90	0	9	1	8.5	0
Anson	15.4	21,328	329	98	106	198	106	170	0	-63	3	14.1	0
Ashe	15.1	26,577	402	182	197	241	197	207	0	-10	1	3.8	0
Avery	13.8	17,559	242	118	128	145	128	125	0	3	1	5.7	0
Beaufort	14.7	43,858	645	321	348	387	348	332	0	16	2	4.6	0
Bertie	16.3	16,306	266	109	118	160	118	137	0	-19	0	0.0	0
Bladen	16.2	30,482	494	197	213	296	213	254	0	-41	3	9.8	0
Brunswick	12.9	186,862	2,404	1,126	1,220	1,442	1,220	1,237	0	-17	4	2.1	0
Buncombe	11.0	288,992	3,173	1,805	1,955	1,904	1,904	1,633	0	271	1	0.3	0
Burke	14.2	91,545	1,297	526	570	778	570	668	0	-98	2	2.2	1
Cabarrus	8.1	259,508	2,109	1,053	1,141	1,265	1,141	1,085	0	56	2	0.8	0
Caldwell	15.1	82,930	1,253	570	617	752	617	645	0	-28	2	2.4	0
Camden	9.7	10,860	106	34	37	63	37	54	0	-18	0	0.0	0
Carteret **	14.1	71,607	1,012	466	505	607	505	521	0	-16	5	7.0	0
Caswell	14.7	22,462	330	94	102	198	102	170	0	-68	0	0.0	0
Catawba	12.5	173,637	2,162	1,536	1,664	1,297	1,297	1,113	0	185	3	1.7	0
Chatham	10.7	86,854	927	397	430	556	430	477	0	-47	3	3.5	0
Cherokee	16.1	30,612	493	140	152	296	152	254	0	-102	1	3.3	0
Chowan	16.3	13,758	224	63	68	134	68	115	0	-47	1	7.3	0
Clay	14.6	12,415	181	77	83	109	83	93	0	-10	1	8.1	0
Cleveland	14.4	103,053	1,487	594	643	892	643	765	0	-122	3	2.9	1
Columbus	16.4	52,799	864	343	372	519	372	445	0	-73	4	7.6	0
Craven **	12.7	97,801	1,245	457	495	747	495	641	0	-146	4	4.1	0
Cumberland **	9.5	304,434	2,891	1,145	1,240	1,735	1,240	1,488	145	-102	8	2.6	1

## Proposed 2026 SMFP

**Table13B: Year 2027 Hospice Home Care Office Need Projections\***

A	B	C	D	E	F	G	H	I	J	K	L	M	N
County	2019-2023 Death Rate/1000 Population	2027 Population (excluding military)	Projected 2027 Deaths	2024 Reported Number of Hospice Patient Deaths	2027 Number of Hospice Deaths Served at Two Year Trailing Average Growth Rate	2027 Number of Hospice Deaths Served Limited to 60%	Projected 2027 Number of Hospice Deaths Served	Median Projected 2027 Hospice Deaths	Place-holders for New Hospice Office	Projected Number of Additional Patients in Need Surplus (Deficit)	Licensed Hospice Offices in County	Licensed Home Care Offices in County per 100,000	Additional Hospice Office Need
Source or Formula =>	Deaths - N.C. Vital Statistics	N.C. Office of State Budget and Management	Col. B x (Col. C/1,000)	2025 License Renewal Applications	Col. E x 3 Years Growth at 2.7% annually	Col. D x 60%	Lower Number of Deaths between Col. F and Col. G	Col. D x Projected Statewide Median Percent Deaths Served (51.5%)		Col. H + Col. J - Col. I	Table 13A: Inventory of Licensed Hospice Agencies	Col. L / (Col. C / 100,000)	If Col. M <=3 and Col. K <= -90
Currituck **	9.8	33,778	331	136	147	199	147	170	0	-23	0	0.0	0
Dare	10.5	38,709	405	121	131	243	131	208	0	-77	1	2.6	0
Davidson	12.9	183,817	2,367	1,065	1,154	1,420	1,154	1,218	0	-65	3	1.6	0
Davie	12.5	46,497	582	339	367	349	349	300	0	50	2	4.3	0
Duplin	13.0	51,533	669	320	347	401	347	344	0	2	2	3.9	0
Durham **	7.2	351,974	2,520	1,301	1,409	1,512	1,409	1,297	0	112	6	1.7	0
Edgecombe	15.4	48,634	749	279	302	449	302	385	0	-83	2	4.1	0
Forsyth **	10.4	403,924	4,201	2,409	2,610	2,521	2,521	2,162	0	359	2	0.5	0
Franklin	10.1	87,894	885	204	221	531	221	456	0	-235	4	4.6	0
Gaston	12.2	252,576	3,082	1,397	1,513	1,849	1,513	1,586	0	-73	2	0.8	0
Gates	14.2	10,294	146	68	74	88	74	75	0	-2	0	0.0	0
Graham	15.4	8,045	124	38	41	74	41	64	0	-23	1	12.4	0
Granville	10.8	64,251	693	226	245	416	245	357	0	-112	2	3.1	0
Greene	11.6	20,146	233	92	100	140	100	120	0	-20	1	5.0	0
Guilford **	9.7	573,673	5,581	2,320	2,513	3,349	2,513	2,872	0	-359	5	0.9	1
Halifax	16.1	45,039	724	245	265	435	265	373	0	-107	3	6.7	0
Harnett **	9.3	148,475	1,383	446	483	830	483	712	0	-229	5	3.4	0
Haywood	15.3	65,661	1,002	381	413	601	413	516	0	-103	1	1.5	1
Henderson	13.2	126,349	1,673	1,002	1,085	1,004	1,004	861	0	143	2	1.6	0
Hertford	15.0	17,995	271	101	109	162	109	139	0	-30	1	5.6	0
Hoke **	8.6	55,016	473	186	201	284	201	243	0	-42	2	3.6	0
Hyde	12.1	4,488	54	13	14	32	14	28	0	-14	1	22.3	0
Iredell	9.9	217,426	2,152	1,065	1,154	1,291	1,154	1,108	0	46	5	2.3	0
Jackson	10.2	45,795	465	169	183	279	183	240	0	-56	0	0.0	0
Johnston	8.4	270,391	2,273	669	725	1,364	725	1,170	0	-445	8	3.0	1
Jones	16.3	9,227	150	57	62	90	62	77	0	-15	1	10.8	0

**Proposed 2026 SMFP**

**Table13B: Year 2027 Hospice Home Care Office Need Projections\***

A	B	C	D	E	F	G	H	I	J	K	L	M	N
County	2019-2023 Death Rate/1000 Population	2027 Population (excluding military)	Projected 2027 Deaths	2024 Reported Number of Hospice Patient Deaths	2027 Number of Hospice Deaths Served at Two Year Trailing Average Growth Rate	2027 Number of Hospice Deaths Served Limited to 60%	Projected 2027 Number of Hospice Deaths Served	Median Projected 2027 Hospice Deaths	Place-holders for New Hospice Office	Projected Number of Additional Patients in Need Surplus (Deficit)	Licensed Hospice Offices in County	Licensed Home Care Offices in County per 100,000	Additional Hospice Office Need
Source or Formula =>	Deaths - N.C. Vital Statistics	N.C. Office of State Budget and Management	Col. B x (Col. C/1,000)	2025 License Renewal Applications	Col. E x 3 Years Growth at 2.7% annually	Col. D x 60%	Lower Number of Deaths between Col. F and Col. G	Col. D x Projected Statewide Median Percent Deaths Served (51.5%)		Col. H + Col. J - Col. I	Table 13A: Inventory of Licensed Hospice Agencies	Col. L / (Col. C / 100,000)	If Col. M <=3 and Col. K <= -90
Lee	11.2	72,236	807	346	375	484	375	415	0	-40	2	2.8	0
Lenoir	15.8	54,007	852	269	291	511	291	438	0	-147	3	5.6	0
Lincoln	11.0	103,175	1,136	460	498	682	498	585	0	-86	1	1.0	0
Macon	14.9	39,601	591	266	288	355	288	304	0	-16	4	10.1	0
Madison	13.4	22,101	297	87	94	178	94	153	0	-59	1	4.5	0
Martin	17.1	20,439	350	113	122	210	122	180	0	-58	2	9.8	0
McDowell	14.3	44,797	640	192	208	384	208	329	0	-121	1	2.2	1
Mecklenburg **	6.5	1,234,730	8,008	4,326	4,686	4,805	4,686	4,122	0	565	7	0.6	0
Mitchell	17.1	14,560	248	135	146	149	146	128	0	18	1	6.9	0
Montgomery	14.3	26,172	375	126	136	225	136	193	0	-57	1	3.8	0
Moore **	13.0	113,414	1,476	796	862	885	862	759	0	103	4	3.5	0
Nash	12.6	100,234	1,263	411	445	758	445	650	0	-205	4	4.0	0
New Hanover **	10.0	251,880	2,507	1,374	1,488	1,504	1,488	1,290	0	198	4	1.6	0
Northampton	18.0	16,060	289	111	120	173	120	149	0	-29	1	6.2	0
Onslow **	7.4	183,223	1,350	596	646	810	646	695	0	-49	4	2.2	0
Orange	6.3	156,792	984	513	556	591	556	507	0	49	3	1.9	0
Pamlico	16.9	12,917	218	66	71	131	71	112	0	-41	2	15.5	0
Pasquotank **	12.1	40,649	493	229	248	296	248	254	0	-5	2	4.9	0
Pender	11.1	71,539	791	374	405	474	405	407	0	-2	3	4.2	0
Perquimans	15.3	13,713	210	60	65	126	65	108	0	-43	0	0.0	0
Person	13.2	40,229	531	187	203	319	203	273	0	-71	1	2.5	0
Pitt **	9.3	177,874	1,654	811	878	992	878	851	0	27	8	4.5	0
Polk	16.2	19,817	321	105	114	193	114	165	0	-51	1	5.0	0
Randolph	12.7	150,403	1,908	775	840	1,145	840	982	0	-143	3	2.0	1
Richmond	15.6	40,941	638	297	322	383	322	328	0	-7	4	9.8	0
Robeson	14.3	115,945	1,661	672	728	997	728	855	0	-127	6	5.2	0

Table13B: Year 2027 Hospice Home Care Office Need Projections\*

A	B	C	D	E	F	G	H	I	J	K	L	M	N
County	2019-2023 Death Rate/1000 Population	2027 Population (excluding military)	Projected 2027 Deaths	2024 Reported Number of Hospice Patient Deaths	2027 Number of Hospice Deaths Served at Two Year Trailing Average Growth Rate	2027 Number of Hospice Deaths Served Limited to 60%	Projected 2027 Number of Hospice Deaths Served	Median Projected 2027 Hospice Deaths	Place-holders for New Hospice Office	Projected Number of Additional Patients in Need Surplus (Deficit)	Licensed Hospice Offices in County	Licensed Home Care Offices in County per 100,000	Additional Hospice Office Need
Source or Formula =>	Deaths - N.C. Vital Statistics	N.C. Office of State Budget and Management	Col. B x (Col. C/1,000)	2025 License Renewal Applications	Col. E x 3 Years Growth at 2.7% annually	Col. D x 60%	Lower Number of Deaths between Col. F and Col. G	Col. D x Projected Statewide Median Percent Deaths Served (51.5%)		Col. H + Col. J - Col. I	Table 13A: Inventory of Licensed Hospice Agencies	Col. L / (Col. C / 100,000)	If Col. M <=3 and Col. K <= -90
Rockingham	15.2	92,416	1,409	559	606	845	606	725	0	-120	1	1.1	1
Rowan	13.0	155,120	2,013	828	897	1,208	897	1,036	64	-75	5	3.2	0
Rutherford	15.6	65,702	1,026	565	612	616	612	528	0	84	2	3.0	0
Sampson	13.2	61,352	812	274	297	487	297	418	0	-121	4	6.5	0
Scotland	14.6	32,743	479	195	211	288	211	247	0	-35	2	6.1	0
Stanly	13.2	66,177	871	395	428	522	428	448	0	-20	2	3.0	0
Stokes	14.6	46,163	673	391	424	404	404	347	0	57	1	2.2	0
Surry	15.0	71,775	1,077	694	752	646	646	554	0	92	4	5.6	0
Swain	17.7	13,621	242	114	123	145	123	124	0	-1	0	0.0	0
Transylvania	14.2	33,835	480	230	249	288	249	247	0	2	1	3.0	0
Tyrrell	13.5	3,481	47	12	13	28	13	24	0	-11	0	0.0	0
Union	7.2	287,857	2,069	1,078	1,168	1,241	1,168	1,065	0	103	3	1.0	0
Vance	14.3	41,224	589	145	157	353	157	303	0	-146	2	4.9	0
Wake **	5.8	1,284,795	7,499	3,868	4,190	4,500	4,190	3,860	0	330	7	0.5	0
Warren	15.7	18,746	294	73	79	176	79	151	0	-72	0	0.0	0
Washington	17.7	10,161	180	50	54	108	54	93	0	-38	2	19.7	0
Watauga	7.8	55,111	431	260	282	258	258	222	0	37	2	3.6	0
Wayne **	12.4	116,290	1,446	901	976	868	868	744	0	123	4	3.4	0
Wilkes	14.7	66,828	984	369	400	591	400	507	0	-107	3	4.5	0
Wilson	13.4	79,182	1,061	379	411	636	411	546	0	-135	4	5.1	0
Yadkin	13.8	37,723	522	291	315	313	313	269	0	45	2	5.3	0
Yancey	15.0	18,650	280	112	121	168	121	144	0	-23	1	5.4	0

Table13B: Year 2027 Hospice Home Care Office Need Projections\*

A	B	C	D	E	F	G	H	I	J	K	L	M	N
County	2019-2023 Death Rate/1000 Population	2027 Population (excluding military)	Projected 2027 Deaths	2024 Reported Number of Hospice Patient Deaths	2027 Number of Hospice Deaths Served at Two Year Trailing Average Growth Rate	2027 Number of Hospice Deaths Served Limited to 60%	Projected 2027 Number of Hospice Deaths Served	Median Projected 2027 Hospice Deaths	Place-holders for New Hospice Office	Projected Number of Additional Patients in Need Surplus (Deficit)	Licensed Hospice Offices in County	Licensed Home Care Offices in County per 100,000	Additional Hospice Office Need
Source or Formula =>	Deaths - N.C. Vital Statistics	N.C. Office of State Budget and Management	Col. B x (Col. C/1,000)	2025 License Renewal Applications	Col. E x 3 Years Growth at 2.7% annually	Col. D x 60%	Lower Number of Deaths between Col. F and Col. G	Col. D x Projected Statewide Median Percent Deaths Served (51.5%)		Col. H + Col. J - Col. I	Table 13A: Inventory of Licensed Hospice Agencies	Col. L / (Col. C / 100,000)	If Col. M <=3 and Col. K <= -90
<b>Grand Totals</b>	<b>10.3</b>	<b>11,261,962</b>	<b>115,593</b>	<b>52,891</b>	<b>57,293</b>	<b>69,356</b>	<b>57,293</b>	<b>59,490</b>	<b>209</b>	<b>-1,987</b>	<b>248</b>	<b>2.2</b>	<b>9</b>

\* Table 13B does not include out-of-state patients.

\*\* Population projections were adjusted to exclude active duty military personnel.

Table 13C: Year 2029 Hospice Inpatient Bed Need Projections

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
County	Total Admissions (2024 Data)	Total Days of Care (2024 Data)	ALOS per Admission	Total 2029 Admissions	2029 Days of Care at County ALOS	2029 Days of Care at Statewide ALOS	Projected 2029 Days of Care for Inpatient Estimates	Projected Inpatient Days	Projected Total Inpatient Beds	Currently Licensed Beds	CON Approved/ License Pending/ Previous Need Determination	Surplus (-) Deficit (+)	Occupancy Rate	Inpatient Bed Need
Source or Formula =>	2025 License Renewal Applications	2025 License Renewal Applications	Col. C / Col. B	Col. B x 5 Years Growth at 2.3% annually	Col. D x Col. E	Col E. x Statewide Median ALOS per Admission (83.7)	Lower # of Days of Care between Col. F and Col. G	Col. H x 2.08%*	(Col. I / 365.25) / 85%	Licensure Inventory		Col. J - (Col. K + Col. L)	2025 License Renewal Applications	If Col. M >= 6 and Col. N >= 85 or blank
Alamance	1,171	99,806	85.23	1,310	111,668	109,663	109,663	2,277	7	14	0	-6.66	31.58%	0
Alexander	235	22,296	94.88	263	24,946	22,008	22,008	457	1		0	1.47		0
Alleghany	111	11,735	105.72	124	13,130	10,395	10,395	216	1		0	0.70		0
Anson	114	11,053	96.96	128	12,367	10,676	10,676	222	1		0	0.71		0
Ashe	96	22,722	236.69	107	25,423	8,990	8,990	187	1		0	0.60		0
Avery	149	22,618	151.80	167	25,306	13,954	13,954	290	1		0	0.93		0
Beaufort	390	31,728	81.35	436	35,499	36,523	35,499	737	2		0	2.37		0
Bertie	132	11,492	87.06	148	12,858	12,362	12,362	257	1		0	0.83		0
Bladen	246	39,266	159.62	275	43,933	23,038	23,038	478	2		0	1.54		0
Brunswick	1,231	80,518	65.41	1,377	90,088	115,282	90,088	1,871	6	7	0	-0.97	67.49%	0
Buncombe	1,901	104,495	54.97	2,127	116,914	178,027	116,914	2,428	8	25	0	-17.18	24.38%	0
Burke	599	69,778	116.49	670	78,071	56,096	56,096	1,165	4	11	0	-7.25	18.78%	0
Cabarrus	906	98,216	108.41	1,014	109,889	84,846	84,846	1,762	6	14	0	-8.32	20.65%	0
Caldwell	625	68,745	109.99	699	76,915	58,531	58,531	1,216	4	12	0	-8.08	26.34%	0
Camden	40	2,815	70.38	45	3,150	3,746	3,150	65	0		0	0.21		0
Carteret	506	31,041	61.35	566	34,730	47,387	34,730	721	2	6	0	-3.68	67.94%	0
Caswell	110	12,860	116.91	123	14,388	10,301	10,301	214	1		0	0.69		0
Catawba	1,571	135,183	86.05	1,758	151,250	147,123	147,123	3,055	10	17	0	-7.16	35.45%	0
Chatham	444	31,135	70.12	497	34,835	41,580	34,835	723	2	6	0	-3.67	0.00%	0
Cherokee	167	17,666	105.78	187	19,766	15,639	15,639	325	1		0	1.05		0
Chowan	68	5,584	82.12	76	6,248	6,368	6,248	130	0		0	0.42		0
Clay	84	9,324	111.00	94	10,432	7,867	7,867	163	1		0	0.53		0
Cleveland	690	59,061	85.60	772	66,080	64,618	64,618	1,342	4	10	0	-5.68	46.91%	0
Columbus	437	63,789	145.97	489	71,370	40,925	40,925	850	3	6	0	-3.26	63.16%	0
Craven	534	67,933	127.22	597	76,007	50,009	50,009	1,039	3		0	3.35		0
Cumberland	1,354	132,077	97.55	1,515	147,775	126,801	126,801	2,633	8	0	8	0.48		0

Table 13C: Year 2029 Hospice Inpatient Bed Need Projections

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
County	Total Admissions (2024 Data)	Total Days of Care (2024 Data)	ALOS per Admission	Total 2029 Admissions	2029 Days of Care at County ALOS	2029 Days of Care at Statewide ALOS	Projected 2029 Days of Care for Inpatient Estimates	Projected Inpatient Days	Projected Total Inpatient Beds	Currently Licensed Beds	CON Approved/ License Pending/ Previous Need Determination	Surplus (-) Deficit (+)	Occupancy Rate	Inpatient Bed Need
Source or Formula =>	2025 License Renewal Applications	2025 License Renewal Applications	Col. C / Col. B	Col. B x 5 Years Growth at 2.3% annually	Col. D x Col. E	Col E. x Statewide Median ALOS per Admission (83.7)	Lower # of Days of Care between Col. F and Col. G	Col. H x 2.08%*	(Col. I / 365.25) / 85%	Licensure Inventory		Col. J - (Col. K + Col. L)	2025 License Renewal Applications	If Col. M >= 6 and Col. N >= 85 or blank
Currituck	161	12,523	77.78	180	14,011	15,078	14,011	291	1		0	0.94		0
Dare	98	8,783	89.62	110	9,827	9,178	9,178	191	1		0	0.61		0
Davidson	1,146	77,212	67.38	1,282	86,389	107,322	86,389	1,794	6	8	0	-2.22	61.30%	0
Davie	344	26,076	75.80	385	29,175	32,215	29,175	606	2		0	1.95		0
Duplin	392	25,535	65.14	439	28,570	36,711	28,570	593	2		0	1.91		0
Durham	1,529	83,737	54.77	1,711	93,689	143,190	93,689	1,946	6	12	0	-5.73	86.95%	0
Edgecombe	333	24,875	74.70	373	27,831	31,185	27,831	578	2		0	1.86		0
Forsyth	2,527	169,354	67.02	2,827	189,482	236,652	189,482	3,935	13	30	0	-17.33	43.81%	0
Franklin	218	21,170	97.11	244	23,686	20,416	20,416	424	1		0	1.37		0
Gaston	1,552	93,168	60.03	1,736	104,241	145,344	104,241	2,165	7	13	0	-6.03	24.44%	0
Gates	75	6,544	87.25	84	7,322	7,024	7,024	146	0		0	0.47		0
Graham	46	2,314	50.30	51	2,589	4,308	2,589	54	0		0	0.17		0
Granville	221	17,020	77.01	247	19,043	20,696	19,043	395	1		0	1.27		0
Greene	97	8,368	86.27	109	9,363	9,084	9,084	189	1		0	0.61		0
Guilford	2,604	226,804	87.10	2,913	253,760	243,863	243,863	5,064	16	26	0	-9.69	41.07%	0
Halifax	308	25,780	83.70	345	28,844	28,844	28,844	599	2		0	1.93		0
Harnett	517	52,997	102.51	578	59,296	48,417	48,417	1,005	3		0	3.24		0
Haywood	429	18,861	43.97	480	21,103	40,176	21,103	438	1		0	1.41		0
Henderson	1,057	55,604	52.61	1,183	62,213	98,987	62,213	1,292	4	19	0	-14.84	37.07%	0
Hertford	121	9,458	78.17	135	10,582	11,332	10,582	220	1		0	0.71		0
Hoke	204	22,797	111.75	228	25,506	19,104	19,104	397	1		0	1.28		0
Hyde	15	1,139	75.93	17	1,274	1,405	1,274	26	0	0	0	0.09		0
Iredell	1,197	90,974	76.00	1,339	101,786	112,098	101,786	2,114	7	15	0	-8.19	57.27%	0
Jackson	194	13,193	68.01	217	14,761	18,168	14,761	307	1		0	0.99		0
Johnston	816	69,843	85.59	913	78,144	76,418	76,418	1,587	5	12	0	-6.89	23.41%	0
Jones	54	6,040	111.85	60	6,758	5,057	5,057	105	0		0	0.34		0

Table 13C: Year 2029 Hospice Inpatient Bed Need Projections

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
County	Total Admissions (2024 Data)	Total Days of Care (2024 Data)	ALOS per Admission	Total 2029 Admissions	2029 Days of Care at County ALOS	2029 Days of Care at Statewide ALOS	Projected 2029 Days of Care for Inpatient Estimates	Projected Inpatient Days	Projected Total Inpatient Beds	Currently Licensed Beds	CON Approved/ License Pending/ Previous Need Determination	Surplus (-) Deficit (+)	Occupancy Rate	Inpatient Bed Need
Source or Formula =>	2025 License Renewal Applications	2025 License Renewal Applications	Col. C / Col. B	Col. B x 5 Years Growth at 2.3% annually	Col. D x Col. E	Col E. x Statewide Median ALOS per Admission (83.7)	Lower # of Days of Care between Col. F and Col. G	Col. H x 2.08%*	(Col. I / 365.25) / 85%	Licensure Inventory		Col. J - (Col. K + Col. L)	2025 License Renewal Applications	If Col. M >= 6 and Col. N >= 85 or blank
Lee	350	29,617	84.62	392	33,137	32,777	32,777	681	2		0	2.19		0
Lenoir	284	27,741	97.68	318	31,038	26,596	26,596	552	2		0	1.78		0
Lincoln	519	52,324	100.82	581	58,543	48,604	48,604	1,009	3		0	3.25		0
Macon	299	24,200	80.94	335	27,076	28,001	27,076	562	2	0	6	-4.19		0
Madison	118	10,696	90.64	132	11,967	11,051	11,051	229	1		0	0.74		0
Martin	124	10,656	85.94	139	11,922	11,613	11,613	241	1		0	0.78		0
McDowell	250	26,743	106.97	280	29,921	23,412	23,412	486	2		0	1.57		0
Mecklenburg	4,828	312,631	64.75	5,402	349,788	452,139	349,788	7,264	23	49	0	-25.60	40.04%	0
Mitchell	187	36,957	197.63	209	41,349	17,512	17,512	364	1		0	1.17		0
Montgomery	132	13,508	102.33	148	15,113	12,362	12,362	257	1		0	0.83		0
Moore	959	79,743	83.15	1,073	89,221	89,810	89,221	1,853	6	11	0	-5.03	51.54%	0
Nash	480	34,165	71.18	537	38,226	44,952	38,226	794	3		0	2.56		0
New Hanover	1,450	96,388	66.47	1,622	107,844	135,792	107,844	2,240	7	18	0	-10.79	72.56%	0
Northampton	125	9,009	72.07	140	10,080	11,706	10,080	209	1		0	0.67		0
Onslow	683	66,719	97.69	764	74,649	63,962	63,962	1,328	4	0	0	4.28		0
Orange	546	42,751	78.30	611	47,832	51,133	47,832	993	3	6	0	-2.80	0.00%	0
Pamlico	69	8,708	126.20	77	9,743	6,462	6,462	134	0		0	0.43		0
Pasquotank	250	19,527	78.11	280	21,848	23,412	21,848	454	1		0	1.46		0
Pender	403	24,862	61.69	451	27,817	37,741	27,817	578	2		0	1.86		0
Perquimans	73	5,135	70.34	82	5,745	6,836	5,745	119	0		0	0.38		0
Person	217	17,951	82.72	243	20,085	20,322	20,085	417	1		0	1.34		0
Pitt	895	57,343	64.07	1,001	64,158	83,816	64,158	1,332	4	6	0	-1.71	0.00%	0
Polk	123	14,946	121.51	138	16,722	11,519	11,519	239	1		0	0.77		0
Randolph	833	58,485	70.21	932	65,436	78,010	65,436	1,359	4	12	0	-7.62	40.85%	0
Richmond	489	29,497	60.32	547	33,003	45,795	33,003	685	2	6	0	-3.79	63.93%	0
Robeson	888	115,578	130.16	994	129,315	83,161	83,161	1,727	6	12	0	-6.44	0.00%	0

Table 13C: Year 2029 Hospice Inpatient Bed Need Projections

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
County	Total Admissions (2024 Data)	Total Days of Care (2024 Data)	ALOS per Admission	Total 2029 Admissions	2029 Days of Care at County ALOS	2029 Days of Care at Statewide ALOS	Projected 2029 Days of Care for Inpatient Estimates	Projected Inpatient Days	Projected Total Inpatient Beds	Currently Licensed Beds	CON Approved/ License Pending/ Previous Need Determination	Surplus (-) Deficit (+)	Occupancy Rate	Inpatient Bed Need
Source or Formula =>	2025 License Renewal Applications	2025 License Renewal Applications	Col. C / Col. B	Col. B x 5 Years Growth at 2.3% annually	Col. D x Col. E	Col E. x Statewide Median ALOS per Admission (83.7)	Lower # of Days of Care between Col. F and Col. G	Col. H x 2.08%*	(Col. I / 365.25) / 85%	Licensure Inventory		Col. J - (Col. K + Col. L)	2025 License Renewal Applications	If Col. M >= 6 and Col. N >= 85 or blank
Rockingham	635	63,998	100.78	710	71,604	59,467	59,467	1,235	4	5	0	-1.02	4.15%	0
Rowan	952	58,002	60.93	1,065	64,896	89,154	64,896	1,348	4	7	0	-2.66	28.65%	0
Rutherford	410	47,038	114.73	459	52,629	38,396	38,396	797	3	10	0	-7.43	44.04%	0
Sampson	315	37,171	118.00	352	41,589	29,500	29,500	613	2		0	1.97		0
Scotland	258	26,440	102.48	289	29,582	24,162	24,162	502	2	6	0	-4.38	61.61%	0
Stanly	438	39,804	90.88	490	44,535	41,018	41,018	852	3		0	2.74		0
Stokes	418	31,478	75.31	468	35,219	39,145	35,219	731	2		0	2.36		0
Surry	803	51,472	64.10	898	57,590	75,200	57,590	1,196	4	16	0	-12.15	72.87%	0
Swain	127	10,086	79.42	142	11,285	11,893	11,285	234	1		0	0.75		0
Transylvania	252	17,535	69.58	282	19,619	23,600	19,619	407	1		0	1.31		0
Tyrrell	18	1,065	59.17	20	1,192	1,686	1,192	25	0		0	0.08		0
Union	1,005	70,136	69.79	1,124	78,472	94,118	78,472	1,630	5	6	0	-0.75	49.13%	0
Vance	160	9,833	61.46	179	11,002	14,984	11,002	228	1		0	0.74		0
Wake	4,229	329,334	77.88	4,732	368,476	396,043	368,476	7,652	25	30	0	-5.35	36.66%	0
Warren	84	7,653	91.11	94	8,563	7,867	7,867	163	1		0	0.53		0
Washington	54	3,614	66.93	60	4,044	5,057	4,044	84	0		0	0.27		0
Watauga	330	39,106	118.50	369	43,754	30,904	30,904	642	2	0	6	-3.93		0
Wayne	864	75,555	87.45	967	84,535	80,913	80,913	1,680	5	12	0	-6.59	56.06%	0
Wilkes	431	28,724	66.65	482	32,138	40,363	32,138	667	2		0	2.15		0
Wilson	469	49,640	105.84	525	55,540	43,922	43,922	912	3		0	2.94		0
Yadkin	334	22,497	67.36	374	25,171	31,279	25,171	523	2	4	0	-2.32	73.70%	0
Yancey	144	27,535	191.22	161	30,808	13,486	13,486	280	1		0	0.90		0
<b>Grand Totals</b>	<b>58,470</b>	<b>4,706,701</b>		<b>65,419</b>	<b>5,266,099</b>	<b>5,475,676</b>	<b>4,805,373</b>	<b>99,796</b>	<b>321</b>	<b>479</b>	<b>20</b>			<b>0</b>

\* Patients originating from out of state are not included in this table. The calculation of the two-year trailing average statewide hospice inpatient utilization rate is 2.08%.

Table 13D: Hospice Inpatient Facilities

County	License Number	Facility	Number of Licensed Beds	Number of Beds CON Approved/ License Pending
Alamance	HOS1136	AuthoraCare Collective	14	0
Brunswick	HOS0414	Lower Cape Fear LifeCare	7	0
Buncombe	HOS0113	CarePartners Hospice and Palliative Care Services	25	0
Burke	HOS1670	Amorem	11	0
Cabarrus	HOS3389	Atrium Hospice and Palliative Care - Cabarrus	14	0
Caldwell	HOS4155	Amorem	8	0
Caldwell	HOS0185	Amorem	4	0
Carteret	HOS4623	SECU Crystal Coast Hospice House	6	0
Catawba	HOS3144	Robinson Road Hospice House	11	0
Catawba	HOS4445	Sherrills Ford Hospice House	6	0
Chatham	HOS4907	SECU Jim & Betsy Bryan Hospice Home of UNC Health Care	6	0
Cleveland	HOS1413	Via Health Partners Wendover Hospice House	6	0
Cleveland	HOS4089	Via Health Partners Testa Family Hospice House	4	0
Columbus	HOS0417	Lower Cape Fear LifeCare	6	0
Davidson	HOS3784	Hospice of Davidson County Hinkle Hospice House	8	0
Durham	HOS3793	Duke Hospice, Hock Family Pavilion	12	0
Forsyth	HOS1603	Kate B. Reynolds Hospice Home	30	0
Gaston	HOS3717	Robin Johnson House - Gaston Hospice	13	0
Guilford	HOS3522	Hospice Home at High Point	15	0
Guilford	HOS1416	AuthoraCare Collective	11	0
Henderson	HOS2143	Four Seasons Compassion for Life	19	0
Iredell	HOS3181	Gordon Hospice House	9	0
Iredell	HOS6247	Hospice and Palliative Care of Iredell County	6	0
Johnston	HOS4088	SECU Hospice House of Johnston Health	12	0
Macon		Hospice House of Western North Carolina	0	6
Mecklenburg	HOS3727	Via Health Partners Levine and Dickson Hospice House at Huntersville	16	0
Mecklenburg	H0010	Novant Health Presbyterian Medical Center	14	0
Mecklenburg	HOS4588	Via health Partners Levine and Dickson Hospice House at Aldersgate	10	0
Mecklenburg	HOS4933	Via Health Partners Levine and Dickson Hospice House at Aldersgate	6	0
Mecklenburg	H0270	Novant Health Matthews Medical Center	3	0
Moore	HOS4477	FirstHealth Hospice House	11	0
New Hanover	HOS1557	Lower Cape Fear LifeCare	18	0
Orange	HOS1388	Duke Hospice at the Meadowlands	6	0
Pitt	HOS3749	ECU Health Hospice House	6	0
Randolph	HOS4307	The Randolph Hospice House	12	0
Richmond	HOS2138	Hospice Haven of Richmond County	6	0
Robeson	H0064	Southeastern Regional Medical Center	12	0
Rockingham	HOS0398	Ancora Compassionate Care	5	0
Rowan	HOS4599	Novant Health Hospice	7	0
Rutherford	HOS2891	Hospice of the Carolina Foothills	10	0
Scotland	HOS3031	Scotland Regional Hospice	6	0
Surry	HOS3796	Mountain Valley Hospice and Palliative Care	16	0
Union	HOS0405	Atrium Health Hospice & Palliative Care - Union	6	0
Wake	HOS1595	Transitions LifeCare	30	0
Watauga		Caldwell Hospice Patient Care Unit	0	6
Wayne	HOS1324	3HC/Kitty Askins Hospice Center	12	0
Yadkin	HOS4909	Mountain Valley Hospice and Palliative Care	4	0
<b>Grand Totals</b>			<b>479</b>	<b>12</b>

## Proposed 2026 SMFP

**Table 13E: Hospice Inpatient Facilities Occupancy Rate for FY2024**

County	Facility	Number of Licensed Beds 10/1/2023	Number of Beds Added during FY2024	Number of Licensed Beds 9/30/2024	Days of Care per 2025 License Renewal Applications	Occupancy Rate for Reporting Period
Alamance	AuthoraCare Collective	14	0	14	1,618	31.58%
Brunswick	Lower Cape Fear LifeCare	7	0	7	1,729	67.49%
Buncombe	CarePartners Hospice and Palliative Care Services	25	0	25	2,231	24.38%
Burke	Amorem(HOS1670)	11	0	11	756	18.78%
Cabarrus	Atrium Hospice and Palliative Care - Cabarrus	14	0	14	1,058	20.65%
Caldwell	Amorem(HOS4155)	8	0	8	1,157	39.52%
Caldwell	Amorem(HOS0185)*	4	0	4	0	0.00%
Carteret	SECU Crystal Coast Hospice House	6	0	6	1,492	67.94%
Catawba	Robinson Road Hospice House	11	0	11	1,673	41.55%
Catawba	Sherrills Ford Hospice House	6	0	6	533	24.27%
Chatham	SECU Jim & Betsy Bryan Hospice Home of UNC Health Care*	6	0	6	0	0.00%
Cleveland	Via Health Partners Wendover Hospice House	6	0	6	1,716	78.14%
Cleveland	Via Health Partners Testa Family Hospice House	4	0	4	1	0.07%
Columbus	Lower Cape Fear LifeCare	6	0	6	1,387	63.16%
Davidson	Hospice of Davidson County Hinkle Hospice House	8	0	8	1,795	61.30%
Durham	Duke Hospice, Hock Family Pavilion	12	0	12	3,819	86.95%
Forsyth	Kate B. Reynolds Hospice Home	30	0	30	4,810	43.81%
Gaston	Robin Johnson House - Gaston Hospice	13	0	13	1,163	24.44%
Guilford	Hospice Home at High Point	15	0	15	2,746	50.02%
Guilford	AuthoraCare Collective	11	0	11	1,162	28.86%
Henderson	Four Seasons Compassion for Life	19	0	19	2,578	37.07%
Iredell	Gordon Hospice House	9	0	9	2,126	64.54%
Iredell	Hospice and Palliative Care of Iredell County	6	0	6	1,018	46.36%
Johnston	SECU Hospice House of Johnston Health	12	0	12	1,028	23.41%
Mecklenburg	Via Health Partners Levine and Dickson Hospice House at Huntersville	16	0	16	1,830	31.25%
Mecklenburg	Novant Health Presbyterian Medical Center	14	0	14	2,071	40.42%
Mecklenburg	Via health Partners Levine and Dickson Hospice House at Aldersgate	10	0	10	1,799	49.15%
Mecklenburg	Via Health Partners Levine and Dickson Hospice House at Aldersgate	6	0	6	888	40.44%
Mecklenburg	Novant Health Matthews Medical Center	3	0	3	592	53.92%
Moore	FirstHealth Hospice House	11	0	11	2,075	51.54%
New Hanover	Lower Cape Fear LifeCare	18	0	18	4,780	72.56%
Orange	Duke Hospice at the Meadowlands*	6	0	6	0	0.00%
Pitt	ECU Health Hospice House*	6	0	6	0	0.00%
Randolph	The Randolph Hospice House	12	0	12	1,794	40.85%
Richmond	Hospice Haven of Richmond County	6	0	6	1,404	63.93%
Robeson	Southeastern Regional Medical Center*	12	0	12	0	0.00%
Rockingham	Ancora Compassionate Care	5	0	5	76	4.15%
Rowan	Novant Health Hospice	7	0	7	734	28.65%
Rutherford	Hospice of the Carolina Foothills	10	0	10	1,612	44.04%
Scotland	Scotland Regional Hospice	6	0	6	1,353	61.61%
Surry	Mountain Valley Hospice and Palliative Care	16	0	16	4,267	72.87%
Union	Atrium Health Hospice & Palliative Care - Union	6	0	6	1,079	49.13%

## Proposed 2026 SMFP

**Table 13E: Hospice Inpatient Facilities Occupancy Rate for FY2024**

County	Facility	Number of Licensed Beds 10/1/2023	Number of Beds Added during FY2024	Number of Licensed Beds 9/30/2024	Days of Care per 2025 License Renewal Applications	Occupancy Rate for Reporting Period
Wake	Transitions LifeCare	30	0	30	4,025	36.66%
Wayne	3HC/Kitty Askins Hospice Center	12	0	12	2,462	56.06%
Yadkin	Mountain Valley Hospice and Palliative Care	4	0	4	1,079	73.70%
<b>Grand Totals</b>		<b>479</b>	<b>0</b>	<b>479</b>	<b>71,516</b>	

\* No patients seen at this location during the reporting period.

**Table 13F: Hospice Residential Facilities**

County	License Number	Facility	Number of Licensed Beds	Number of Beds CON Approved/ License Pending
Alamance	HOS1136	AuthoraCare Collective	8	0
Buncombe	HOS0113	CarePartners Hospice and Palliative Care Services	2	0
Burke	HOS1670	Amorem	3	0
Cabarrus	HOS3389	Atrium Hospice and Palliative Care - Cabarrus	10	0
Caldwell	HOS4155	Amorem	4	0
Caldwell	HOS0185	Amorem	2	0
Carteret	HOS4623	SECU Crystal Coast Hospice House	4	0
Catawba	HOS3144	Robinson Road Hospice House	10	0
Chatham	HOS4907	SECU Jim & Betsy Bryan Hospice Home of UNC Health Care	4	0
Cleveland	HOS1413	Via Health Partners Wendover Hospice House	10	0
Cleveland	HOS4089	Via Health Partners Testa Family Hospice House	4	0
Davidson	HOS3784	Hospice of Davidson County Hinkle Hospice House	4	0
Forsyth	HOS1603	Kate B. Reynolds Hospice Home	10	0
Gaston	HOS3717	Robin Johnson House - Gaston Hospice	6	0
Guilford	HOS1416	AuthoraCare Collective	3	0
Guilford	HOS3522	Hospice Home at High Point	3	0
Iredell	HOS3181	Gordon Hospice House	6	0
Iredell	HOS6247	Hospice and Palliative Care of Iredell County	4	0
Johnston	HOS4088	SECU Hospice House of Johnston Health	6	0
Pitt	HOS3749	ECU Health Hospice House	2	0
Randolph	HOS4307	The Randolph Hospice House	4	0
Rockingham	HOS0398	Ancora Compassionate Care	3	0
Rowan	HOS4599	Novant Health Hospice	7	0
Rutherford	HOS2891	Hospice of the Carolina Foothills	8	0
Scotland	HOS3031	Scotland Regional Hospice	6	0
Surry	HOS3796	Mountain Valley Hospice and Palliative Care	4	0
Union	HOS0405	Atrium Health Hospice & Palliative Care - Union	20	0
Watauga		Caldwell Hospice Patient Care Unit	0	1
Wayne	HOS1324	3HC/Kitty Askins Hospice Center	12	0
Yadkin	HOS4909	Mountain Valley Hospice and Palliative Care	2	0
<b>Grand Totals</b>			<b>171</b>	<b>1</b>

**Table 13G: Hospice Home Care Office Need Determination \***  
*(Proposed for Certificate of Need Review Commencing in 2026)*

Service Area	Hospice Home Care Office Need Determination	Certificate of Need Application Deadline **	Certificate of Need Beginning Review Date
Burke	1	To be determined	To be determined
Cleveland	1	To be determined	To be determined
Cumberland ***	1	To be determined	To be determined
Guilford	1	To be determined	To be determined
Haywood	1	To be determined	To be determined
Johnston	1	To be determined	To be determined
McDowell	1	To be determined	To be determined
Randolph	1	To be determined	To be determined
Rockingham	1	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 5:00 p.m. on the application deadline date.
- \*\*\* As authorized by the State Health Coordinating Council, staff has updated data and tables resulting in a need determination for one hospice home care office in Cumberland County.

**Table 13H: Hospice Inpatient Bed Need Determination**  
*(Proposed for Certificate of Need Review Commencing in 2026)*

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

# Chapter 14:

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

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## CHAPTER 14

# INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES

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### Background Information

Intermediate Care Facilities for Individuals with Intellectual Disabilities or developmental disabilities (ICF/IID) is a category of group home care designated by the federal-state Medicaid program. Under G.S. § 122C-117(a)(2), area mental health, developmental disability and substance use disorder authorities – the Local Management Entity-Managed Care Organizations (LME-MCOs) – have a responsibility to ensure provision of services to people in need within their catchment areas.

The North Carolina Department of Health and Human Services (DHHS) is committed to the integration of people with intellectual and developmental disabilities into community living to the fullest extent possible. One way DHHS encourages community-based alternatives is through the transfer of ICF/IID beds from state developmental centers.

The LME-MCOs serve as the portals of entry and exit for the admission and discharge of clients in ICF/IID facilities (G.S. § 122C-115.4) within the applicable Mental Health, Developmental Disabilities, and Substance Abuse Services (MH/DD/SAS) catchment areas. This involvement is essential to ensure that only clients in need of the intensive array of services provided in an ICF/IID program are admitted and served as close as possible to their own homes, and to ensure coordination with services outside the facility.

### Definitions

The *current reporting time point* reflects the inventory of ICF/IID beds as of the January of the year before the State Medical Facilities Plan (SMFP) year. The current reporting time point is January 2025.

### Changes from the Previous Plan

This chapter contains no substantive changes from the previous SMFP.

### Basic Principles

1. People with conditions other than an intellectual disability (such as autism, cerebral palsy, epilepsy or related conditions) may be appropriate for placement in an ICF/IID setting if they are in need of the services the program is certified to provide. In the development of services for this population, potential providers should explore the full continuum of services to determine the most appropriate level of care for their needs.
2. Services for people with a developmental disability should provide a continuum of care. For most individuals, admission to a community-based facility is preferable to admission to a state operated facility because community-based treatment provides greater potential for reintegration into the community. The role of state facilities is to complement and supplement the community mental health system. State facilities should be the setting of last resort and should provide services that cannot be economically provided in the community. Development of community programs may be accomplished through establishing appropriate treatment programs and support services in the community to avoid institutionalization, and by relocating people from state facilities to community programs to the extent appropriate services exist in the community.

3. The ICF/IID bed inventory excludes beds located in state developmental centers because such facilities are not subject to the state's certificate of need (CON) law.

**Data Sources**

Healthcare Planning obtains the inventory of ICF/IID beds for the current reporting time point from the North Carolina Department of Health and Human Services, Division of Health Service Regulation's (Agency) Mental Health Licensure and Certification Section, and CONs issued by the Agency.

The number of beds in state developmental centers comes from the Division of State Operated Healthcare Facilities.

Data on CONs comes from the Division of Health Service Regulation, Healthcare Planning and Certificate of Need Section.

The SMFP does not have a methodology to project the need for additional ICF/IID beds. A need determination is not required to transfer beds from state developmental centers. However, it is necessary to obtain a CON pursuant to Policy ICF/IID-5 in Chapter 4 of the SMFP to transfer beds from a state developmental center.

Table 14A: Inventory of ICF/IID Facilities and Beds

County	Provider Name	CON Approved/License Pending		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
		Child Beds	Adult Beds			
Alamance	Poplar Street Group Home	0	0		6	6
Alamance	Ralph Scott Lifeservices, Inc.	0	0		6	6
Alamance	Ralph Scott Lifeservices, Inc.-Laramie Drive Group Home	0	0		6	6
Alamance	Ralph Scott Lifeservices, Inc./Veterans Drive	0	0		6	6
Alamance	Ralph Scott Lifeservices, Inc./Rosemont Street	0	0		6	6
Alexander	Little River Group Home	0	0		6	6
Alexander	VOCA-Second Avenue Group Home	0	0		6	6
Alexander	Ellendale Group Home	0	0		6	6
Alleghany	New River Cottage, Inc.	0	0		5	5
Anson	Ansonville Group Home	0	0		6	6
Ashe	Ridgecrest II	0	0		6	6
Ashe	Ridgecrest I	0	0		6	6
Ashe	Thomas Street Home	0	0		6	6
Beaufort	Life, Inc./Edgewood Group Home	0	0		6	6
Beaufort	LIFE, Inc./Dixon Road Group Home	0	0		6	6
Beaufort	Life, Inc./Slatestone Road Group Home	0	0		6	6
Beaufort	LIFE, Inc./Beaufort Heights Group Home	0	0		6	6
Beaufort	LIFE, Inc./Minute Man Group Home	0	0		6	6
Bladen	Northridge Residential	0	0		6	6
Bladen	Midlake Residential	0	0		6	6
Brunswick	Life, Inc./Folly Street Group Home	0	0		6	6
Brunswick	Life, Inc./Lockwood Street Group Home	0	0		6	6
Buncombe	BlueWest Opportunities-Swannanoa Residential	0	0		32	32
Buncombe	BlueWest Opportunities-Ora House	0	0		6	6
Buncombe	IWC-Rose Street Home	0	0		12	12
Buncombe	Chiles Avenue Group Home	0	0		6	6
Buncombe	Irene Wortham Residential Center-Azalea	0	0		6	6
Buncombe	BlueWest Opportunities-Pisgah House	0	0		6	6
Buncombe	BlueWest Opportunities-Kenmore House	0	0		6	6
Buncombe	BlueWest Opportunities-Montford House	0	0		5	5
Buncombe	IWRC-Dogwood	0	0		6	6
Buncombe	BlueWest Opportunities-New Stock House	0	0		6	6

Table 14A: Inventory of ICF/IID Facilities and Beds

County	Provider Name	CON Approved/License Pending		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
		Child Beds	Adult Beds			
Buncombe	Emory Road Home	0	0		6	6
Burke	Hartland Group Home	0	0		6	6
Burke	Chesterfield Group Home	0	0		6	6
Burke	SCI-Burke ICF/MR Group Home	0	0		5	5
Cabarrus	Michigan Street Home	0	0		5	5
Cabarrus	Bost Children's Center	0	0		10	10
Cabarrus	Clear Creek	0	0		120	120
Cabarrus	Christy Woods Group Home	0	0		5	5
Cabarrus	Wilhelm Place Home	0	0		5	5
Caldwell	Creekside Group Home	0	0		6	6
Caldwell	VOCA-Laurel Group Home	0	0		6	6
Caldwell	Playmore Group Home	0	0		6	6
Caldwell	Lower Creek Group Home	0	0		6	6
Carteret	LIFE, Inc./Grey Fox Run Group Home	0	0		6	6
Carteret	LIFE, Inc./Nine Foot Road Group Home	0	0		6	6
Catawba	Penny Lane #1	0	0		6	6
Catawba	23rd Street Home	0	0		6	6
Catawba	Penny Lane II	0	0		6	6
Catawba	Shannonbrook Home	0	0		6	6
Catawba	Wendover Home	0	0		6	6
Chatham	CLLC(Carolina Living & Learning Center)	0	0		15	15
Chowan	Luke Street	0	0		6	6
Chowan	LIFE, Inc./Albemarle Group Home	0	0		6	6
Chowan	LIFE, Inc./Chowan Group Home	0	0		6	6
Chowan	LIFE, Inc./Coke Avenue Group Home	0	0		6	6
Cleveland	VOCA-Young Group Home	0	0		6	6
Cleveland	Wooding Place Group Home	0	0		6	6
Columbus	Strawberry House	0	0		6	6
Columbus	Riverside Residential	0	0		6	6
Craven	Life, Inc./Cherry Lane	0	0		6	6
Craven	Brices Creek Road Home	0	0		6	6
Craven	Dogwood House	0	0		5	5

Table 14A: Inventory of ICF/IID Facilities and Beds

County	Provider Name	CON Approved/License Pending		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
		Child Beds	Adult Beds			
Craven	Riverbend	0	0		125	125
Craven	Life, Inc./Oakdale Home	0	0		6	6
Craven	Life, Inc./Lavenham Group Home	0	0		6	6
Craven	Kimberly Road	0	0		6	6
Cumberland	Hope Mills Home	0	0		6	6
Cumberland	Southern Avenue Home	0	0		6	6
Cumberland	Wilmington Road Group Home	0	0		6	6
Cumberland	Strickland Bridge Homes A & B	0	0		12	12
Cumberland	No Place Like Home	0	0		5	5
Cumberland	Northside Group Home	0	0		6	6
Cumberland	Holliday's Place Group Home	0	0		6	6
Cumberland	Extra Special Care	0	0		6	6
Cumberland	The Carter Clinic Residential Home	0	0		6	6
Cumberland	My Place	0	0		6	6
Cumberland	Thomas S. Decatur Home	0	0		6	6
Davidson	Scotthurst I & II	0	0		12	12
Davie	Twinbrooks	0	0		6	6
Davie	Boxwood Acres	0	0		6	6
Davie	Pleasant Acres	0	0		6	6
Duplin	Skill Creations of Kenansville	0	0		15	15
Duplin	SCI-Duplin House	0	0		6	6
Durham	Seven Oaks Road-Durham	0	0		5	5
Durham	Chandler Road	0	0		6	6
Durham	Keywest Center	0	0		6	6
Durham	Mineral Springs I	0	0		6	6
Durham	Mineral Springs II	0	0		6	6
Durham	Lynn Road	0	0		6	6
Durham	Holloway Street Home	0	0		6	6
Durham	Voca-Otis Street Home	0	0		6	6
Durham	VOCA-Obie	0	0		6	6
Durham	SCI-Triangle House II	0	0		6	6
Durham	SCI-Triangle House I	0	0		6	6

Table 14A: Inventory of ICF/IID Facilities and Beds

County	Provider Name	CON Approved/License Pending		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
		Child Beds	Adult Beds			
Durham	VOCA-Gentry	0	0		6	6
Durham	Kenwood Drive Home	0	0		6	6
Edgecombe	Skill Creations of Tarboro	0	0		15	15
Forsyth	Pineview	0	0		5	5
Forsyth	The Atrium/The Respite Center	0	-2		30	28
Forsyth	The Atrium/The Respite Center #2	0	6		0	6
Forsyth	The Atrium/The Respite Center #3	0	6		0	6
Forsyth	Forsyth Group Home #1	0	0		6	6
Forsyth	Forsyth Group Home #2	0	0		6	6
Forsyth	Wilson Smith Cottage	0	0		6	6
Forsyth	The Arches-Horizons Residential Care Center	0	-10		10	0
Forsyth	Konnoak Group Home	0	0		6	6
Gaston	Meek Road Group Home	0	0		6	6
Gaston	Belmont Group Home	0	0		5	5
Gaston	Cherryville Group Home	0	0		5	5
Gaston	Mountain Ridge Group Home	0	0		6	6
Gaston	Holy Angels Services-McAuley Residences	0	0		48	48
Gaston	Franklin Group Home	0	0		5	5
Gaston	Springdale Lane Group Home	0	0		5	5
Granville	Dove Road Home	0	0		6	6
Granville	Stem Road Home	0	0		6	6
Granville	Park Avenue Home	0	0		6	6
Granville	Granville ICF/MR Group Home	0	0		5	5
Guilford	Northbay Group Home	0	0		5	5
Guilford	VOCA-Meadowood Drive Group Home	0	0		6	6
Guilford	Watson's Group Home	0	0		6	6
Guilford	Gatewood	0	0		15	15
Guilford	Friendway Group Home	0	0		6	6
Guilford	Summerlyn	0	0		6	6
Guilford	West Friendly	0	0		6	6
Guilford	Westridge	0	0		6	6
Guilford	Guilford #1	0	0		6	6

Table 14A: Inventory of ICF/IID Facilities and Beds

County	Provider Name	CON Approved/License Pending		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
		Child Beds	Adult Beds			
Guilford	Guilford #2	0	0		6	6
Guilford	Guilford #3	0	0		6	6
Guilford	Rollingwood	0	0		6	6
Guilford	Southridge Road	0	0		5	5
Guilford	Westminister	0	0		6	6
Guilford	Guilford IV	0	0		6	6
Guilford	Ridgely Oak	0	0		6	6
Guilford	Holden Group Home	0	0		6	6
Halifax	Idlewood Group Home	0	0		6	6
Halifax	LIFE, Inc./ Lakeview	0	0		6	6
Halifax	SCI-Roanoke House	0	0		12	12
Halifax	McFarland Road	0	0		6	6
Halifax	Life Inc./King Street Group Home	0	0		6	6
Harnett	Lillington Group Home	0	0		6	6
Harnett	Erwin Avenue Home	0	0		6	6
Harnett	Erwin #2 Group Home	0	0		6	6
Haywood	Haywood County Group Home #3	0	0		5	5
Henderson	Rayside A	0	0		4	4
Henderson	Rayside B	0	0		4	4
Henderson	Pinebrook Group Home	0	0		6	6
Henderson	Country Cove Group Home	0	0		6	6
Hertford	Roanoke Place	0	0		6	6
Hoke	Old Farm Road	0	0		6	6
Hoke	Ashley Heights Home	0	0		6	6
Iredell	Oakdale Group Home	0	0		6	6
Iredell	Fanjoy Home #1	0	0		6	6
Iredell	Bonnie Lane Group Home	0	0		6	6
Iredell	Dal-Wan Heights Group Home	0	0		6	6
Iredell	Fanjoy Home #2	0	0		6	6
Iredell	Hollingswood Group Home	0	0		6	6
Iredell	Pinewood Group Home	0	0		6	6
Jackson	Smoky ICF/MR Group Home	0	0		6	6

Table 14A: Inventory of ICF/IID Facilities and Beds

County	Provider Name	CON Approved/License Pending		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
		Child Beds	Adult Beds			
Jackson	Webster Group Home	0	0		6	6
Johnston	Country Manor Group Home	0	0		6	6
Johnston	Heath Avenue Home	0	0		6	6
Johnston	Canterbury Road Home	0	0		6	6
Johnston	VOCA-Greenwood Group Home	0	0		6	6
Johnston	VOCA-Laurelwood	0	0		6	6
Lee	Skill Creations of Sanford	0	0		15	15
Lee	T.L.C. Home, Inc.	0	0		10	10
Lee	Hickory II Group Home	0	0		6	6
Lee	VOCA-Sixth Street Group Home	0	0		6	6
Lee	Pine Ridge Group Home	0	0		6	6
Lenoir	Bear Creek	0	0		113	113
Lenoir	Skill Creations of Kinston	0	0		15	15
Lenoir	LaGrange Home	0	0		6	6
Lenoir	Washington Street East Group Home	0	0		6	6
Lenoir	Fox Run Group Home	0	0		6	6
Lenoir	Robin's Nest Group Home	0	0		6	6
Lenoir	Roseanne Group Home	0	0		5	5
Lincoln	Riverview Home	0	0		6	6
Lincoln	Sunny Hill Group Home #1	0	0		6	6
Lincoln	Brookwood Home	0	0		6	6
Lincoln	Sunny Hill II	0	0		6	6
Lincoln	Linoak Group Home	0	0		6	6
Macon	Macon County Group Home	0	0		6	6
Macon	Iotla Street Group Home	0	0		6	6
Madison	BlueWest Opportunities-Mars Hills Residential Services	0	0		32	32
Martin	Life, Inc./Twin Acres Group Home	0	0		6	6
Mcdowell	Laurelwood Group Home	0	0		6	6
Mecklenburg	Oak Street Group Home-St. Mark	0	0		6	6
Mecklenburg	VOCA-Denbur Drive Group Home	0	0		6	6
Mecklenburg	VOCA-Norwich Road Group Home	0	0		6	6
Mecklenburg	VOCA-Mallard Drive	0	0		6	6

Table 14A: Inventory of ICF/IID Facilities and Beds

County	Provider Name	CON Approved/License Pending		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
		Child Beds	Adult Beds			
Mecklenburg	VOCA-Woodbridge Road Group Home	0	0		6	6
Mecklenburg	Dalmoor Drive Group Home	0	0		6	6
Mecklenburg	Bon Rea Drive Group Home	0	0		6	6
Mecklenburg	VOCA-Simpson Group Home	0	0		6	6
Mecklenburg	Starnes Group Home	0	0		6	6
Mecklenburg	VOCA-Freedom Group Home	0	0		6	6
Mecklenburg	Enoch Drive	0	0		6	6
Mecklenburg	VOCA-Harrisburg Road Group Home	0	0		6	6
Mecklenburg	VOCA-St. John's Church Road Group Home	0	0		6	6
Mecklenburg	VOCA-Oak Drive Group Home	0	0		6	6
Mecklenburg	VOCA-Purser Group Home	0	0		6	6
Mecklenburg	VOCA-Wilson Avenue Group Home	0	0		6	6
Mecklenburg	Tuckaseegee Group Home	0	0		6	6
Mecklenburg	Flowe Drive Group Home	0	0		6	6
Mecklenburg	Mantle Court Group Home	0	0		6	6
Mecklenburg	VOCA-Sandburg Group Home	0	0		6	6
Mecklenburg	VOCA-Oakhaven Drive Group Home	0	0		6	6
Mecklenburg	VOCA-Toddville Road Group Home	0	0		6	6
Mecklenburg	Monroe Road	0	0		6	6
Mecklenburg	Heathcroft	0	0		6	6
Mecklenburg	Burtonwood Circle Home	0	0		6	6
Mecklenburg	Ravendale Drive Group Home	0	0		6	6
Mecklenburg	Leaves	0	0		6	6
Mecklenburg	Lakeview	0	0		6	6
Mecklenburg	Browne Group Home	0	0		6	6
Mecklenburg	Shelburne Place	0	0		6	6
Mecklenburg	Gail B. Hanks Group Home	0	0		6	6
Montgomery	Myrtlewood Group Home	0	0		6	6
Montgomery	Mt. Gilead Children's Home	0	0		6	6
Moore	Sherwood Park Home	0	0		15	15
Moore	Magnolia Group Home	0	0		6	6
Moore	Crest Road Group Home	0	0		6	6

Table 14A: Inventory of ICF/IID Facilities and Beds

County	Provider Name	CON Approved/License Pending		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
		Child Beds	Adult Beds			
Moore	Moore County Home For Autistic Adults	0	0		6	6
Nash	SCI-Nash House I	0	0		6	6
Nash	SCI-Nash House II	0	0		6	6
Nash	LIFE, Inc/ Green Tee Lane	0	0		6	6
New Hanover	Lifetime Resources, Inc. Echo Farms Group Home	0	0		6	6
New Hanover	Greenville Loop Group Home	0	0		6	6
New Hanover	Myrtle Grove Group Home	0	0		6	6
New Hanover	SCI-Coastal House I and II	0	0		12	12
New Hanover	The Pine Valley Home	0	0		6	6
New Hanover	Robin Hood Group Home	0	0		6	6
New Hanover	LIFE, Inc./Cherokee Trail Group Home	0	0		6	6
Onslow	Queen's Pond	0	0		14	14
Onslow	Sandridge	0	0		24	24
Onslow	Countryview Residential	0	0		6	6
Orange	Residential Services, Inc. Retirement Center	0	0		15	15
Orange	Silo Drive Facility-Chapel Hill	0	0		6	6
Orange	West Main Street Facility-Carrboro	0	0		6	6
Orange	Shadylawn	0	0		6	6
Orange	Christopher Road	0	0		6	6
Orange	Quail Roost Group Home (ICF/MR)	0	0		6	6
Person	Cates Street ICF/MR	0	0		6	6
Person	Frank Street ICF/MR	0	0		6	6
Pitt	Skill Creations of Greenville	0	0		15	15
Pitt	Tar River	0	0		30	30
Pitt	SCI-East	0	0		12	12
Pitt	King George Group Home	0	0		6	6
Pitt	Forest Hills Group Home	0	0		6	6
Pitt	Curry House	0	0		6	6
Pitt	Pitt County Group Home #1	0	0		6	6
Pitt	Pitt County Group Home #2	0	0		6	6
Pitt	Pitt County Group Home #3	0	0		6	6
Randolph	Brookwood	0	0		6	6

Table 14A: Inventory of ICF/IID Facilities and Beds

County	Provider Name	CON Approved/License Pending		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
		Child Beds	Adult Beds			
Randolph	Timberlea Group Home	0	0		6	6
Richmond	Mallard Lane Center	0	0		5	5
Richmond	Hoffman Group Home	0	0		6	6
Richmond	Pence Place	0	0		9	9
Robeson	Eastbrook	0	0		6	6
Robeson	Wakulla I & II	0	0		12	12
Robeson	Westside Residential	0	0		6	6
Robeson	Corbel Residential	0	0		6	6
Rockingham	Rouse's Group Homes	0	0		30	30
Rockingham	Rouse's Group Home #6	0	0		5	5
Rowan	Rockwell 1	0	0		6	6
Rowan	Myron Place	0	0		6	6
Rowan	Laura Springs Road Home	0	0		6	6
Rowan	Smith Street Home	0	0		6	6
Rowan	Stoneridge	0	0		6	6
Rowan	Rockwell 2	0	0		6	6
Rutherford	VOCA-Woodland	0	0		6	6
Rutherford	VOCA-Rollins Group Home	0	0		6	6
Sampson	Skill Creations of Clinton	0	0		15	15
Scotland	Lee Forest Home	0	0		6	6
Scotland	Scotland Forest Home	0	0		6	6
Scotland	College Park	0	0		6	6
Stanly	Marie G. Smith Group Home	0	0		6	6
Stanly	Moss I Group Home	0	0		5	5
Stanly	Robert W. Thompson Group Home	0	0		6	6
Stanly	A. Jack Wall Group Home	0	0		6	6
Stanly	Carolina Farms Group Home #1	0	0		6	6
Stanly	Carolina Farms Group Home #2	0	0		6	6
Stanly	Carolina Farms Group Home #3	0	0		6	6
Stanly	Moss II Group Home	0	0		6	6
Stanly	Morrow Valley Farmstead	0	0		10	10
Stokes	Pilotview	0	0		5	5

Table 14A: Inventory of ICF/IID Facilities and Beds

County	Provider Name	CON Approved/License Pending		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
		Child Beds	Adult Beds			
Surry	Sydnor Street Group Home	0	0		6	6
Surry	Park Drive Group Home	0	0		6	6
Transylvania	Forest Bend Group Home	0	0		6	6
Union	Meadowview Home	0	0		6	6
Union	Karen Lane Home	0	0		6	6
Union	Ridgefield Home	0	0		6	6
Wake	Hilltop Home	0	0		22	22
Wake	Tammy Lynn Center for Developmental Disabilities	0	0		30	30
Wake	Dartmouth Road Group Home	0	0		6	6
Wake	Georgia Court	0	0		6	6
Wake	Forest Creek Group Home	0	0		6	6
Wake	Rolling Meadows	0	0		6	6
Wake	Blanche Drive	0	0		6	6
Wake	Jade Tree	0	0		6	6
Wake	Hickory Avenue Home	0	0		6	6
Wake	Country Lane	0	0		6	6
Wake	VOCA-Creekway	0	0		6	6
Wake	Dickens Drive Home	0	0		6	6
Wake	Helmsdale Group Home	0	0		6	6
Wake	Lockley Road	0	0		6	6
Wake	VOCA Olive Home	0	0		6	6
Wake	Mason Street	0	0		6	6
Wake	Avent Ferry Home	0	0		6	6
Wake	Trotters Bluff	0	0		6	6
Wake	Stonegate	0	0		6	6
Wake	Rockwood	0	0		6	6
Wake	Huntleigh	0	0		6	6
Wake	Bass Lake	0	0		6	6
Washington	Life, Inc./Old Roper Road Group Home	0	0		6	6
Washington	Life, Inc/ Wilson Street Group Home	0	0		6	6
Watauga	Wildcat Group Home	0	0		15	15
Wayne	LIFE, Inc./Walnut Street Group Home	0	0		6	6

Table 14A: Inventory of ICF/IID Facilities and Beds

County	Provider Name	CON Approved/License Pending		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
		Child Beds	Adult Beds			
Wayne	Life, Inc./William Street Home	0	0		6	6
Wayne	Skill Creations	0	0		15	15
Wayne	Walnut Creek	0	0		37	37
Wayne	Highway 117 Group Home	0	0		6	6
Wayne	Airport Road Group Home	0	0		6	6
Wayne	Daughtry Field Road Group Home	0	0		6	6
Wayne	Norwood Avenue Home	0	0		6	6
Wayne	Holly Street Home	0	0		6	6
Wayne	North Drive Group Home	0	0		6	6
Wilkes	Lewis Fork Homes I & II	0	0		12	12
Wilkes	VOCA-Welborn Ave.	0	0		6	6
Wilkes	Lakewood	0	0		6	6
Wilkes	VOCA-Apple Valley	0	0		6	6
Wilkes	VOCA-College Street	0	0		6	6
Wilkes	VOCA-Blairfield	0	0		6	6
Wilkes	VOCA-Kimsey	0	0		6	6
Wilson	Skill Creations of Wilson	0	0		15	15
Wilson	Life/Raven Ridge Group Home	0	0		6	6
Wilson	McKeel Loop Road Home	0	0		6	6
Yadkin	Yadkin I	0	0		6	6
Yadkin	Yadkin II & III	0	0		12	12
<b>Totals</b>		<b>0</b>	<b>0</b>		<b>2,800</b>	<b>2,800</b>

**Table 14B: State Facility Beds Excluded from ICF/IID Inventory by County**

<b>County</b>	<b>Facility Name</b>	<b>Number of Certified ICF/IID Beds</b>
Granville	Murdoch Developmental Center	640
Lenoir	Caswell Developmental Center	807
Burke	J. Iverson Riddle Developmental Center	481
<b>Total</b>		<b>1,928</b>

# Chapter 15:

## Technology and Equipment

- A. Cardiac Catheterization Equipment
- B. Gamma Knives
- C. Linear Accelerators
- D. Lithotripters
- E. Magnetic Resonance Imaging Scanners
- F. Positron Emission Tomography Scanners

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## CHAPTER 15

# TECHNOLOGY AND EQUIPMENT

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### **Introduction**

This chapter covers six types of medical equipment subject to the Certificate of Need (CON) Law: cardiac catheterization equipment, gamma knives, linear accelerators (LINAC), lithotripters, magnetic resonance imaging (MRI) scanners, and positron emission tomography (PET) scanners.

### **Definitions**

The *reporting year* for all types of equipment is October 1 through September 30. The current reporting year is October 1, 2023 through September 30, 2024.

The *planning inventory* is the number of units of equipment used in need determination calculations. It is the number of units of equipment in operation, plus the number of CON-approved units of equipment that are under development, plus the number of units of equipment available pursuant to need determinations pending review or appeal.

### **Changes from the Previous Plan**

No substantive changes have been incorporated into this chapter.

### **Data Sources**

Inventory and utilization data come from the Hospital License Renewal Application (LRA) for equipment on a hospital campus or at a facility on a hospital license. Data for equipment in freestanding facilities and mobile units comes from the Registration and Inventory of Medical Equipment form for each type of equipment.

## A. CARDIAC CATHETERIZATION EQUIPMENT

### Introduction

G.S. § 131E-176(2f) defines *cardiac catheterization equipment* as “equipment used to provide cardiac catheterization services.” G.S. § 131E-176(2g) defines *cardiac catheterization services* as “those procedures, excluding pulmonary angiography procedures, in which a catheter is introduced into a vein or artery and threaded through the circulatory system into the heart specifically to diagnose abnormalities in the motion, contraction, and blood flow of the moving heart or to perform surgical therapeutic interventions to restore, repair, or reconstruct the coronary blood vessels of the heart.” Tables 15A-1 and 15A-2 show the number of cardiac catheterization procedures performed during the reporting year.

### Definitions

*Pediatric* procedures are defined as procedures performed on patients aged 14 or younger.

### Changes from the Previous Plan

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

### Assumptions of the Methodology

1. Cardiac catheterization equipment service areas are the Acute Care Bed Service Areas defined in Chapter 5 and shown in Figure 5.1.
2. Dedicated electrophysiology equipment and their procedures are not included in the methodology.
3. The capacity of a unit of cardiac catheterization equipment is defined as 1,500 diagnostic-equivalent procedures per year, with the trigger of need at 80% of capacity. One interventional cardiac catheterization procedure is valued at 1.75 diagnostic-equivalent procedures. One cardiac catheterization procedure performed on a patient of age 14 or younger is valued at two diagnostic-equivalent procedures. All other procedures are valued at one diagnostic-equivalent procedure.
4. Cardiac catheterization equipment and services shall only be approved for development on hospital sites (i.e., in facilities that are on a hospital’s license) or in a licensed ambulatory surgical facility (excluding endoscopy-only facilities).

### Application of the Methodology

#### Fixed Equipment

#### Methodology 1 (Table 15A-1)

The need determination methodology in service areas with at least one unit of equipment in the current inventory is as follows:

- Step 1: For each facility with fixed cardiac catheterization equipment, sum the total units of equipment in operation (*Column C*), CON-approved equipment under development and equipment available pursuant to need determinations pending review or appeal (*Column D*) to determine the planning inventory (*Column I*).
- Step 2: Determine the number of adult and pediatric diagnostic and interventional procedures performed at each facility during the current reporting year (*Columns E, F and G*). If mobile procedures are provided in a county that is part of more than one service area, divide the procedures equally between the service areas.

- Step 3: Calculate the total weighted (diagnostic-equivalent) cardiac catheterization procedures for each facility by multiplying adult diagnostic procedures by 1.00, interventional procedures by 1.75, and pediatric procedures by 2.00 (*Column H*).
- Step 4: For each facility, determine the number of units of fixed cardiac catheterization equipment required for the number of procedures performed by dividing the number of weighted (diagnostic-equivalent) cardiac catheterization procedures performed at each facility by 1,200 procedures (i.e., 80% of the 1,500-procedure capacity). Round the result up to the nearest whole number (*Column J*).
- Step 5: Sum the number of units of fixed cardiac catheterization equipment required for all facilities in the same service area as calculated in Step 4. Round up to the nearest whole number (*Column J*).
- Step 6: For each facility, subtract the planning inventory (*Column I*) from the number of units of fixed cardiac catheterization equipment required (*Column J*). The difference is the number of additional units of fixed cardiac catheterization equipment needed by the facility (*Column K*).
- Step 7: Add all additional units required for each facility in a service area. If the result is less than or equal to zero, enter a zero in Column L for the service area. If the result is greater than zero, enter the result in Column L.

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

#### **Methodology 2 (Table 15A-2)**

For cardiac catheterization equipment in a service area that does not have a unit of fixed cardiac catheterization equipment, a need determination exists for one unit of shared fixed cardiac catheterization equipment (i.e., fixed equipment that is used to perform both cardiac catheterization procedures and angiography procedures) when:

1. The number of cardiac catheterization procedures as defined in 10A NCAC 14C .1601(5) performed at any mobile site in the service area exceeds 240 procedures (80% of 300 procedures) for each eight hours per week the mobile equipment is operated at that site during the current reporting year (*Table 15A-2*); and
2. No other fixed or mobile cardiac catheterization service is provided in the same service area.

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

#### **Mobile Equipment**

The SMFP does not have a methodology to project need for additional mobile cardiac catheterization equipment. A summer petition is required to place a need in the upcoming SMFP. If the need determination is approved, any person may apply for a CON to acquire the mobile cardiac catheterization equipment.

Table 15A-1: Fixed Cardiac Catheterization Equipment, Capacity and Volume

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	Facility	Current Inventory	Adjustments for CONs/ Previous Need	Adult Diagnostic Procedures	Adult Interventional Procedures	Pediatric Procedures	Total Weighted Procedures	Total Planning Inventory	Units Required Based on 80% Utilization	Number of Additional Units Required by Facility	Need
Alamance	Alamance Regional Medical Center	1	0	753	219	0	1,136	1	1	0	
<b>Alamance Total</b>								<b>1</b>	<b>1</b>		<b>0</b>
Brunswick	Novant Health Brunswick Medical Center *	0	1	16	0	0	0	1	0	0	
<b>Brunswick Total</b>								<b>1</b>	<b>0</b>		<b>0</b>
Buncombe	Mission Hospital	5	0	3,424	1,091	0	5,333	5	5	0	
<b>Buncombe/Clay/Graham/Madison/Yancey Total</b>								<b>5</b>	<b>5</b>		<b>0</b>
Burke	UNC Health Blue Ridge	0	1	586	138	0	828	1	1	0	
<b>Burke Total</b>								<b>1</b>	<b>1</b>		<b>0</b>
Cabarrus	Atrium Health Cabarrus	2	2	2,129	1,419	0	4,612	4	4	0	
<b>Cabarrus Total</b>								<b>4</b>	<b>4</b>		<b>0</b>
Caldwell	Caldwell UNC Health Care	1	1	329	1,028	0	2,128	2	2	0	
<b>Caldwell Total</b>								<b>2</b>	<b>2</b>		<b>0</b>
Carteret	Carteret General Hospital	1	0	286	102	0	465	1	1	0	
<b>Carteret Total</b>								<b>1</b>	<b>1</b>		<b>0</b>
Catawba	2025 Need Determination	0	1	0	0	0	0	1	0	-1	
Catawba	Catawba Valley Medical Center	1	0	871	313	0	1,419	1	2	1	
Catawba	Frye Regional Medical Center	4	0	1,835	879	0	3,373	4	3	0	
<b>Catawba Total</b>								<b>6</b>	<b>5</b>		<b>0</b>
Cleveland	Atrium Health Cleveland **	1	0	0	0	0	0	1	0	0	
<b>Cleveland Total</b>								<b>1</b>	<b>0</b>		<b>0</b>
Craven	CarolinaEast Medical Center	3	0	1,384	1,035	0	3,195	3	3	0	
<b>Craven/Jones/Pamlico Total</b>								<b>3</b>	<b>3</b>		<b>0</b>
Cumberland	Cape Fear Valley Medical Center	4	0	1,526	1,029	0	3,327	4	3	0	
<b>Cumberland Total</b>								<b>4</b>	<b>3</b>		<b>0</b>
Davidson	Novant Health Thomasville Medical Center *	0	0	59	0	0	0	0	0	0	
<b>Davidson Total</b>								<b>0</b>	<b>0</b>		<b>0</b>
Durham	Duke Regional Hospital	2	0	854	342	0	1,453	2	2	0	
Durham	Duke University Hospital	7	0	2,572	1,638	542	6,523	7	6	0	

Table 15A-1: Fixed Cardiac Catheterization Equipment, Capacity and Volume

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	Facility	Current Inventory	Adjustments for CONs/ Previous Need	Adult Diagnostic Procedures	Adult Interventional Procedures	Pediatric Procedures	Total Weighted Procedures	Total Planning Inventory	Units Required Based on 80% Utilization	Number of Additional Units Required by Facility	Need
<b>Durham Total</b>									<b>9</b>	<b>8</b>	<b>0</b>
Forsyth	Atrium Health Wake Forest Baptist	5	0	2,456	1,423	6	4,958	5	5	0	
Forsyth	Novant Health Forsyth Medical Center	8	0	2,983	1,368	0	5,377	8	5	0	
<b>Forsyth/Yadkin Total</b>									<b>13</b>	<b>10</b>	<b>0</b>
Gaston	CaroMont Regional Medical Center	3	0	2,217	155	0	2,488	3	3	0	
<b>Gaston Total</b>									<b>3</b>	<b>3</b>	<b>0</b>
Guilford	Atrium Health Wake Forest Baptist - High Point Medical Center	4	0	778	487	1	1,632	4	2	0	
Guilford	Cone Health	7	0	2,903	1,021	0	4,690	7	4	0	
<b>Guilford Total</b>									<b>11</b>	<b>6</b>	<b>0</b>
Halifax	ECU Health North Hospital	1	0	292	131	0	521	1	1	0	
<b>Halifax/Northampton Total</b>									<b>1</b>	<b>1</b>	<b>0</b>
Harnett	Cape Fear Valley Betsy Johnson Hospital	1	0	237	105	0	421	1	1	0	
<b>Harnett Total</b>									<b>1</b>	<b>1</b>	<b>0</b>
Haywood	2025 Need Determination	0	1	0	0	0	0	1	0	-1	
Haywood	Haywood Regional Medical Center	1	0	800	251	0	1,239	1	2	1	
<b>Haywood Total</b>									<b>2</b>	<b>2</b>	<b>0</b>
Henderson	2025 Need Determination	0	1	0	0	0	0	1	0	-1	
Henderson	Margaret R. Pardee Memorial Hospital	1	0	1,264	302	0	1,793	1	2	1	
<b>Henderson Total</b>									<b>2</b>	<b>2</b>	<b>0</b>
Iredell	Iredell Davis Regional Medical Center **	1	0	0	0	0	0	1	0	0	
Iredell	Iredell Memorial Hospital	1	1	645	131	0	874	2	1	0	
Iredell	Lake Norman Regional Medical Center	1	0	237	120	0	447	1	1	0	
<b>Iredell Total</b>									<b>4</b>	<b>2</b>	<b>0</b>
Jackson	Harris Regional Hospital **	1	0	0	0	0	0	1	0	0	
<b>Jackson Total</b>									<b>1</b>	<b>0</b>	<b>0</b>

Table 15A-1: Fixed Cardiac Catheterization Equipment, Capacity and Volume

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	Facility	Current Inventory	Adjustments for CONs/ Previous Need	Adult Diagnostic Procedures	Adult Interventional Procedures	Pediatric Procedures	Total Weighted Procedures	Total Planning Inventory	Units Required Based on 80% Utilization	Number of Additional Units Required by Facility	Need
Johnston	UNC Health Johnston	2	0	908	359	0	1,536	2	2	0	
<b>Johnston Total</b>								<b>2</b>	<b>2</b>		<b>0</b>
Lee	Central Carolina Hospital	1	0	315	57	0	415	1	1	0	
<b>Lee Total</b>								<b>1</b>	<b>1</b>		<b>0</b>
Lenoir	UNC Lenoir Health Care	1	0	281	0	0	281	1	1	0	
<b>Lenoir Total</b>								<b>1</b>	<b>1</b>		<b>0</b>
Mecklenburg	Atrium Health Pineville	3	0	1,210	961	0	2,892	3	3	0	
Mecklenburg	Carolinas Medical Center/Center for Mental Health	9	0	3,179	1,616	366	6,739	9	6	0	
Mecklenburg	Novant Health Huntersville Medical Center	1	0	594	94	0	759	1	1	0	
Mecklenburg	Novant Health Matthews Medical Center	2	0	1,007	225	0	1,401	2	2	0	
Mecklenburg	Novant Health Presbyterian Medical Center	2	0	1,123	715	0	2,374	2	2	0	
<b>Mecklenburg Total</b>								<b>17</b>	<b>14</b>		<b>0</b>
Moore	FirstHealth Moore Regional Hospital and Pinehurst Treatment Center	5	0	2,822	1,032	0	4,628	5	4	0	
<b>Moore Total</b>								<b>5</b>	<b>4</b>		<b>0</b>
Nash	Nash General Hospital	2	0	937	620	0	2,022	2	2	0	
<b>Nash Total</b>								<b>2</b>	<b>2</b>		<b>0</b>
New Hanover	Novant Health New Hanover Regional Medical Center	6	1	3,300	2,819	0	8,233	7	7	0	
<b>New Hanover Total</b>								<b>7</b>	<b>7</b>		<b>0</b>
Onslow	Onslow Memorial Hospital**	1	0	0	0	0	0	1	0	0	
<b>Onslow Total</b>								<b>1</b>	<b>0</b>		<b>0</b>
Orange	University of North Carolina Hospitals *	4	1	2,210	1,164	143	4,337	5	4	0	
<b>Orange Total</b>								<b>5</b>	<b>4</b>		<b>0</b>
Pasquotank	Sentara Albemarle Medical Center	1	0	637	0	0	637	1	1	0	
<b>Pasquotank/Camden/Currituck/Perquimans Total</b>								<b>1</b>	<b>1</b>		<b>0</b>
Pitt	ECU Health Medical Center	7	0	3,396	1,115	14	5,375	7	5	0	

Table 15A-1: Fixed Cardiac Catheterization Equipment, Capacity and Volume

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	Facility	Current Inventory	Adjustments for CONs/ Previous Need	Adult Diagnostic Procedures	Adult Interventional Procedures	Pediatric Procedures	Total Weighted Procedures	Total Planning Inventory	Units Required Based on 80% Utilization	Number of Additional Units Required by Facility	Need
<b>Pitt/Greene/Hyde/Tyrrell Total</b>								<b>7</b>	<b>5</b>		<b>0</b>
Randolph	Randolph Hospital **	1	0	0	0	0	0	1	0	0	
<b>Randolph Total</b>								<b>1</b>	<b>0</b>		<b>0</b>
Robeson	Southeastern Regional Medical Center	2	0	870	320	0	1,430	2	2	0	
<b>Robeson Total</b>								<b>2</b>	<b>2</b>		<b>0</b>
Rowan	Novant Health Rowan Medical Center	1	0	404	298	0	805	1	1	0	
<b>Rowan Total</b>								<b>1</b>	<b>1</b>		<b>0</b>
Rutherford	Rutherford Regional Medical Center	1	0	101	60	0	206	1	1	0	
<b>Rutherford Total</b>								<b>1</b>	<b>1</b>		<b>0</b>
Scotland	Scotland Memorial Hospital	1	0	185	31	0	239	1	1	0	
<b>Scotland Total</b>								<b>1</b>	<b>1</b>		<b>0</b>
Union	Atrium Health Union	1	0	521	141	0	768	1	1	0	
<b>Union Total</b>								<b>1</b>	<b>1</b>		<b>0</b>
Vance	Maria Parham Health **	1	0	0	0	0	0	1	0	0	
<b>Vance/Warren Total</b>								<b>1</b>	<b>0</b>		<b>0</b>
Wake	Duke Raleigh Hospital	2	0	768	174	0	1,073	2	1	0	
Wake	UNC Health Rex	6	0	3,530	2,155	0	7,301	6	7	1	
Wake	WakeMed	9	0	2,354	1,361	0	4,736	9	4	0	
Wake	WakeMed Cary Hospital	1	0	658	209	0	1,024	1	1	0	
<b>Wake Total</b>								<b>18</b>	<b>13</b>		<b>0</b>
Watauga	Watauga Medical Center	1	0	312	201	0	664	1	1	0	
<b>Watauga Total</b>								<b>1</b>	<b>1</b>		<b>0</b>
Wayne	Wayne UNC Health Care	1	1	1,406	253	0	1,849	2	2	0	
<b>Wayne Total</b>								<b>2</b>	<b>2</b>		<b>0</b>
Wilson	Wilson Medical Center	1	0	91	18	0	123	1	1	0	
<b>Wilson Total</b>								<b>1</b>	<b>1</b>		<b>0</b>
<b>Grand Total</b>		<b>143</b>	<b>12</b>	<b>64,555</b>	<b>30,725</b>	<b>1,072</b>	<b>120,076</b>	<b>155</b>			<b>0</b>

\* Includes procedures performed on mobile cardiac catheterization equipment.

\*\* Facility has cardiac catheterization equipment, but performed no procedures during the reporting year.

**Table 15A-2: Mobile Cardiac Catheterization Capacity and Volume**

<b>County</b>	<b>Service Site</b>	<b>Days/Week*</b>	<b>Procedure Capacity</b>	<b>Procedures Reported in 2024</b>
Davidson	Novant Health Thomasville Medical Center	1	300	59
<b>Total</b>		<b>1</b>	<b>300</b>	<b>59</b>

\* Data not available for actual days/week. A minimum number of days/week is assumed.

**Table 15A-3: Fixed Cardiac Catheterization Equipment  
Need Determination**

*(Proposed for Certificate of Need Review Commencing in 2026)*

Service Area	Fixed Cardiac Catheterization Equipment Need Determination	Certificate of Need Application Deadline	Certificate of Need Beginning Review Date
It is determined that there is no need anywhere in the state and no reviews are scheduled.			

**Table 15A-4: Shared Fixed Cardiac Catheterization Equipment  
Need Determination**

*(Proposed for Certificate of Need Review Commencing in 2026)*

Service Area	Shared Fixed Cardiac Catheterization Equipment Need Determination	Certificate of Need Application Deadline	Certificate of Need Beginning Review Date
It is determined that there is no need anywhere in the state and no reviews are scheduled.			

## B. GAMMA KNIVES

### Introduction

**Gamma knife**, as defined in G.S. § 131E-176(7c), means “equipment which emits photon beams from a stationary radioactive cobalt source to treat lesions deep within the brain and is one type of stereotactic radiosurgery.” Two types of equipment, both using photon beams, perform this kind of radiosurgery. In one type, beams from a linear accelerator are focused from a device that rotates around the patient. The other type of equipment, gamma knife, emits 201 beams from stationary radioactive cobalt sources.

North Carolina has two gamma knife planning regions (service areas) - the western region (Health Service Areas [HSA] I, II, and III) and the eastern region (HSAs IV, V, and VI). Appendix A identifies the multicounty groupings that comprise the HSAs. Two gamma knives serve the western region. The gamma knife at Atrium Health Wake Forest Baptist Hospital in Forsyth County (HSA II) performed 572 procedures during the reporting year. The gamma knife at Atrium Health Carolinas Medical Center (CMC) in Mecklenburg County (HSA III) performed 156 procedures during the reporting year. The gamma knife at ECU Health Medical Center in Pitt County (HSA VI) serves the eastern region. This facility performed 159 procedures during the reporting year.

The SMFP does not have a methodology to project need for additional gamma knives. A summer petition is required to place a need in the SMFP. If the need determination is approved, any person may apply for a CON to acquire the gamma knife.

## C. LINEAR ACCELERATORS

### Introduction

G.S. § 131E-176 (14g) defines a *linear accelerator* as “a machine used to produce ionizing radiation in excess of 1,000,000 electron volts in the form of a beam of electrons or photons to treat cancer patients.”

Table 15C-1 lists the facilities that have linear accelerators. Table 15C-2 lists the facilities that also provide stereotactic radiosurgery treatment using appropriately equipped linear accelerators.

### Definition

A linear accelerator’s *service area* is one of the 28 multicounty groupings described in the Assumptions of the Methodology.

### Changes from the Previous Plan

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

### Data Sources

In addition to the data sources listed in the introduction to this chapter, this methodology also obtains the July 1 estimated county population for 2025 provided by the North Carolina Office of State Budget and Management.

### Assumptions of the Methodology

1. The methodology incorporates: (a) a geographic accessibility criterion, which is a population base of 120,000 as suggested by the Inter-Society Council for Radiation Oncology; (b) a criterion aimed at assuring efficient use of megavoltage radiation facilities (when Equivalent Simple Treatment Visit [ESTV] procedures divided by 6,750 minus the number of present linear accelerators equals  $\geq 0.25$ ); and (c) a patient origin criterion (when a service area has 45% or more of the patients coming from outside the service area). A need determination exists when two of the three criteria are met within a service area.
2. The American College of Radiology recommends use of ESTVs because radiation treatments vary in complexity. In addition, when developing the original methodology, ESTVs were recommended as part of the comments received during public hearings. Providers report procedures by Current Procedural Terminology (CPT) codes, which are converted to ESTVs (*Table 15C-3*).
3. Patient origin data from the current reporting year forms the basis for defining service areas (*Table 15C-4*). Counties are the basic units for the formation of linear accelerator service areas, based on proximity, utilization patterns, and patient origin data. A small percentage of the population lives some distance from a linear accelerator, but the sparsity of population in and around these areas does not provide the population required to support a linear accelerator. In these cases, two exceptions apply:
  - a. Where patient origin data indicates a county's residents primarily use a linear accelerator that is outside their home county, the county is aligned with the county where at least 45% of its residents go for linear accelerator services.
  - b. When a county with a linear accelerator has a population less than 120,000, that county is combined with an adjacent county to which the largest percentage of patients go for linear accelerator services, based on patient origin data.

4. Three principal questions must be addressed when determining whether a service area needs an additional linear accelerator:
  - a. Do the linear accelerators in the service area perform more than 6,750 procedures (ESTVs) per accelerator per year?
  - b. Is the population of the service area greater than 120,000 per accelerator?
  - c. Does the patient origin data show that more than 45% of the patients come from outside the service area?

### **Application of the Methodology**

The standard methodology for determining need for linear accelerators is calculated as follows:

#### **Criterion 1:**

- Step 1: Sum the population estimates for the counties that comprise each linear accelerator service area to determine the population for the service areas (*Table 15C-4*).
- Step 2: For each linear accelerator service area, sum the number of existing linear accelerators, the number of CON-approved linear accelerators under development, and the number of linear accelerators available pursuant to need determinations pending review or appeal (*Table 15C-1*).
- Step 3: Divide the service area population by the result of Step 2 to determine the population residing in the service area per linear accelerator. If the result is greater than or equal to 120,000 per linear accelerator, Criterion 1 is satisfied (*Table 15C-5*).

#### **Criterion 2:**

- Step 4: For each service area, use current patient origin data for the reporting year to count the number of patients served on linear accelerators located in the service area, and who reside in a county outside the service area.
- Step 5: For each service area, divide the results of Step 4 by the total number of patients served on linear accelerators located in the service area. If more than 45% of total patients served on linear accelerators located in a service area reside outside the service area, then Criterion 2 is satisfied (*Table 15C-5*).

#### **Criterion 3:**

- Step 6: For each linear accelerator service area, sum the number of reported ESTV procedures performed on the linear accelerators located in the service area.
- Step 7: Divide the results of Step 6 by 6,750.
- Step 8: Subtract the number of linear accelerators in the service area counted in Step 2 from the results of Step 7. If the difference is greater than or equal to positive 0.25, Criterion 3 is satisfied (*Table 15C-5*).

If any two of the above three criteria are satisfied in a linear accelerator service area, the service area has a need determination for one additional linear accelerator (*Table 15C-5*).

**Criterion 4:**

Regardless of the results of Steps 1-8 above, if a county has a population of 120,000 or more and there is not a linear accelerator counted in Step 2 for that county, a need is determined for one linear accelerator in that county. As a result, the county becomes a separate, new linear accelerator service area.

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

Table 15C-1: Hospital and Free-Standing Linear Accelerators and Radiation Oncology Procedures

Facility Name	Service Area Number	County	Number of Linear Accelerators	Number of Procedures (ESTVs) 10/1/2023-9/30/2024	Average Number of Procedures per Unit
Harris Regional Hospital	1	Jackson	1	1,555	1,555
North Carolina Radiation Therapy Management Services - Franklin	1	Macon	1	1,330	1,330
Mission Hospital	2	Buncombe	3	16,081	5,360
North Carolina Radiation Therapy Management Services - Asheville	2	Buncombe	1	6,346	6,346
North Carolina Radiation Therapy Management Services - Weaverville	2	Buncombe	1	2,256	2,256
North Carolina Radiation Therapy Management Services - Clyde	2	Haywood	1	4,800	4,800
North Carolina Radiation Therapy Management Services - Marion	2	McDowell	1	3,800	3,800
Watauga Medical Center	3	Watauga	1	3,743	3,743
Margaret R. Pardee Memorial Hospital	4	Henderson	1	5,738	5,738
North Carolina Radiation Therapy Management Services - Hendersonville	4	Henderson	1	4,108	4,108
North Carolina Radiation Therapy Management - Brevard	4	Transylvania	1	1,462	1,462
UNC Health Blue Ridge-Valdese Campus	5	Burke	2	7,411	3,706
Caldwell Memorial Hospital****	5	Caldwell	1		
Catawba Valley Medical Center	5	Catawba	2	11,913	5,957
Frye Regional Medical Center - Main Campus	5	Catawba	1	1,847	1,847
Atrium Health Cleveland	6	Cleveland	1	6,657	6,657
CaroMont Regional Medical Center**	6	Gaston	3	22,293	7,431
North Carolina Radiation Therapy Management Services - Forest City	6	Rutherford	1	3,499	3,499
Atrium Health Carolinas Medical Center	7	Mecklenburg	3	19,787	6,596
Atrium Health Pineville	7	Mecklenburg	2	13,364	6,682
Atrium Health University City	7	Mecklenburg	1	9,533	9,533
Matthews Radiation Oncology Center	7	Mecklenburg	2	13,772	6,886
Novant Health Huntersville Medical Center	7	Mecklenburg	1	9,398	9,398
Novant Health Presbyterian Medical Center	7	Mecklenburg	2	12,636	6,318
Atrium Health Union	7	Union	1	8,622	8,622
Iredell Memorial Hospital	8	Iredell	2	4,717	2,359
Lake Norman Radiation Oncology	8	Iredell	1	7,526	7,526
Novant Health Rowan Medical Center	8	Rowan	1	7,052	7,052
Atrium Health Cabarrus	9	Cabarrus	3	13,895	4,632
Atrium Health Stanly	9	Stanly	1	4,236	4,236
Atrium Health Wake Forest Baptist Medical Center	10	Forsyth	4	22,986	5,747
Novant Health Forsyth Medical Center	10	Forsyth	5	26,736	5,347
Hugh Chatham Memorial Hospital****	10	Surry	1		
Lexington Medical Center	11	Davidson	1	3,233	3,233

Table 15C-1: Hospital and Free-Standing Linear Accelerators and Radiation Oncology Procedures

Facility Name	Service Area Number	County	Number of Linear Accelerators	Number of Procedures (ESTVs) 10/1/2023-9/30/2024	Average Number of Procedures per Unit
Atrium Health Wake Forest Baptist - High Point Medical Center	12	Guilford	2	8,775	4,387
Cone Health Wesley Long Hospital	12	Guilford	4	31,476	7,869
UNC Rockingham Hospital	12	Rockingham	1	3,301	3,301
Randolph Health	13	Randolph	1	3,549	3,549
University of North Carolina Hospitals	14	Orange	6	41,413	6,902
Alamance Regional Medical Center	15	Alamance	2	11,284	5,642
Duke Regional Hospital	16	Durham	1	3,951	3,951
Duke University Medical Center	16	Durham	8	43,378	5,422
Maria Parham Health	16	Vance	1	3,535	3,535
FirstHealth Moore Regional Hospital*	17	Moore	3	8,557	2,852
Scotland Memorial Hospital	17	Scotland	1	1,794	1,794
Cape Fear Valley Medical Center	18	Cumberland	5	17,919	3,584
UNC Health Southeastern-Gibson Cancer Center	18	Robeson	2	7,285	3,642
North Carolina Radiation Therapy Management Services - Clinton	18	Sampson	1	2,454	2,454
Novant Health New Hanover Regional Medical Center***	19	New Hanover	5	38,950	7,790
Franklin County Cancer Center (closed)	20	Franklin	1		
2023 Need Determination	20	Wake	1		
Duke Raleigh Hospital	20	Wake	4	27,461	6,865
UNC Health Rex	20	Wake	4	22,543	5,636
UNC Health Rex Radiation Oncology-Holly Springs *	20	Wake	1		
UNC Rex Cancer Center of East Raleigh	20	Wake	1	2,899	2,899
Central Harnett Hospital *	21	Harnett	1		
Clayton Radiation Oncology	22	Johnston	1	6,349	6,349
Smithfield Radiation Oncology	22	Johnston	1	5,111	5,111
UNC Lenoir Health Care	23	Lenoir	1	6,229	6,229
North Carolina Radiation Therapy Management Services - Goldsboro	23	Wayne	1	5,682	5,682
Carteret Health Care	24	Carteret	2	7,694	3,847
CarolinaEast Medical Center	24	Craven	2	9,869	4,934
Onslow Radiation Oncology	25	Onslow	1	6,811	6,811
North Carolina Radiation Therapy Management Services - Roanoke Rapids	26	Halifax	1	2,496	2,496
Nash General Hospital	26	Nash	2	6,787	3,394
Wilson Radiation Oncology	26	Wilson	1	1,718	1,718
ECU Health Beaufort Hospital	27	Beaufort	1	3,669	3,669
Vidant Radiation Oncology	27	Hertford	1	2,800	2,800
Vidant Radiation Oncology	27	Pitt	3	17,234	5,745
Vidant Radiation Oncology	27	Pitt	1	8,443	8,443

**Table 15C-1: Hospital and Free-Standing Linear Accelerators and Radiation Oncology Procedures**

<b>Facility Name</b>	<b>Service Area Number</b>	<b>County</b>	<b>Number of Linear Accelerators</b>	<b>Number of Procedures (ESTVs) 10/1/2023-9/30/2024</b>	<b>Average Number of Procedures per Unit</b>
Outer Banks Health Hospital	28	Dare	1	2,639	2,639
Sentara Radiation Oncology	28	Pasquotank	1	6,024	6,024
<b>Totals (72 Facilities)</b>			<b>132</b>	<b>662,401</b>	<b>5,018</b>

\* Facility has a CON-approved linear accelerator under development.

\*\* CaroMont Regional Medical Center has two linear accelerators in Gaston County and one linear accelerator in Lincoln County

\*\*\* New Hanover Regional Medical Center has four linear accelerators in New Hanover County and one linear accelerator in Brunswick County.

\*\*\*\* Facility has a linear accelerator but reported no procedures on their License Renewal Application or Registration and Inventory form.

## Proposed 2026 SMFP

**Table 15C-2: Stereotactic Radiosurgery Procedures**

County	Facility	Number of Procedures
Alamance	Alamance Regional Medical Center	352
Buncombe	Mission Hospital	1,052
Buncombe	North Carolina Radiation Therapy Management Services - Asheville	349
Buncombe	North Carolina Radiation Therapy Management Services - Weaverville	30
Burke	UNC Health Blue Ridge	65
Cabarrus	Atrium Health Cabarrus	454
Carteret	Carteret General Hospital	350
Catawba	Catawba Valley Medical Center	473
Cleveland	Atrium Health Cleveland	123
Craven	CarolinaEast Medical Center	386
Cumberland	Cape Fear Valley Medical Center	637
Durham	Duke Regional Hospital	26
Durham	Duke University Hospital	3,296
Forsyth	Atrium Health Wake Forest Baptist	993
Forsyth	Novant Health Forsyth Medical Center	845
Gaston	CaroMont Regional Medical Center	277
Guilford	Atrium Health Wake Forest Baptist - High Point Medical Center	195
Guilford	Cone Health	1,014
Haywood	North Carolina Radiation Therapy Management Services - Clyde	98
Henderson	Margaret R. Pardee Memorial Hospital	91
Henderson	North Carolina Radiation Therapy Management Services - Hendersonville	26
Iredell	Iredell Memorial Hospital	117
Iredell	Lake Norman Radiation Oncology	146
Jackson	Harris Regional Hospital	139
Johnston	Smithfield Radiation Oncology	94
Lenoir	UNC Lenoir Health Care	227
Macon	North Carolina Radiation Therapy Management Services - Franklin	5
McDowell	North Carolina Radiation Therapy Management Services - Marion	117
Mecklenburg	Atrium Health Pineville	227
Mecklenburg	Atrium Health University City	146
Mecklenburg	Carolinas Medical Center/Center for Mental Health	1,117
Mecklenburg	Mathews Radiation Oncology Center	276
Mecklenburg	Novant Health Huntersville Medical Center	209
Mecklenburg	Novant Health Presbyterian Medical Center	531
Moore	FirstHealth Moore Regional Hospital and Pinehurst Treatment Center	726
New Hanover	Novant Health New Hanover Regional Medical Center	1,738
Onslow	Onslow Radiation Oncology	212
Orange	University of North Carolina Hospitals	2,035
Pasquotank	Sentara Albemarle Medical Center	116
Pitt	ECU Health Medical Center	47
Pitt	Vidant Radiation Oncology	286

## Proposed 2026 SMFP

**Table 15C-2: Stereotactic Radiosurgery Procedures**

<b>County</b>	<b>Facility</b>	<b>Number of Procedures</b>
Pitt	Vidant Radiation Oncology	438
Robeson	Southeastern Regional Medical Center	136
Rockingham	UNC Rockingham Hospital	17
Rowan	Novant Health Rowan Medical Center	213
Rutherford	North Carolina Radiation Therapy Management Services - Forest City	52
Union	Atrium Health Union	116
Wake	Duke Raleigh Hospital	944
Wake	UNC Health Rex	742
Watauga	Watauga Medical Center	1,144
Wayne	North Carolina Radiation Therapy Management Services - Goldsboro	45
Wilson	Wilson Medical Center	73
<b>Total</b>		<b>23,563</b>

**Table 15C-3: Linear Accelerator Treatment Data - Hospital and Free-Standing**

CPT Code	Description	ESTVs/ Procedures Under ACR
<i>Simple Treatment Delivery</i>		
77401	Radiation treatment delivery	1.00
77402	Radiation treatment delivery (<=5 MeV)	1.00
77403	Radiation treatment delivery (6-10 MeV)	1.00
77404	Radiation treatment delivery (11-19 MeV)	1.00
77406	Radiation treatment delivery (>=20 MeV)	1.00
<i>Intermediate Treatment Delivery</i>		
77407	Radiation treatment delivery (<=5 MeV)	1.00
77408	Radiation treatment delivery (6-10 MeV)	1.00
77409	Radiation treatment delivery (11-19 MeV)	1.00
77411	Radiation treatment delivery (>=20 MeV)	1.00
<i>Complex Treatment Delivery</i>		
77412	Radiation treatment delivery (<=5 MeV)	1.00
77413	Radiation treatment delivery (6-10 MeV)	1.00
77414	Radiation treatment delivery (11-19 MeV)	1.00
77416	Radiation treatment delivery (>= 20 MeV)	1.00
<i>Other CPT Codes</i>		
77417	Additional field check radiographs	.50
77418	Intensity modulated radiation treatment (IMRT) delivery	1.00
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multisource Cobalt 60 based (Gamma Knife)	3.00
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator	3.00
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	3.00
G0339	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery in one session or first fraction	3.00
G0340	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery, fractionated treatment, 2nd-5th fraction	3.00
	Total body irradiation	2.50
	Hemibody irradiation	2.00
	Intraoperative radiation therapy (conducted by bringing the anesthetized patient down to the linear accelerator)	10.00
	Neutron and proton radiation therapy	2.00
	Limb salvage irradiation	1.00
	Pediatric patient under anesthesia	1.50

**Table 15C-4: Linear Accelerator Service Areas**

<b>Area</b>	<b>County</b>	<b>2025 Total Population</b>
1	Cherokee	30,152
1	Clay	12,108
1	Graham	8,023
1	Jackson	45,035
1	Macon	38,878
1	Swain	13,700
	<b>Total</b>	<b>147,896</b>
2	Buncombe	283,020
2	Haywood	64,805
2	Madison	21,926
2	McDowell	44,739
2	Mitchell	14,641
2	Yancey	18,586
	<b>Total</b>	<b>447,717</b>
3	Ashe	26,578
3	Avery	17,555
3	Watauga	55,065
	<b>Total</b>	<b>99,198</b>
4	Henderson	123,515
4	Polk	19,818
4	Transylvania	33,581
	<b>Total</b>	<b>176,914</b>
5	Alexander	36,525
5	Burke	91,032
5	Caldwell	82,606
5	Catawba	169,918
	<b>Total</b>	<b>380,081</b>
6	Cleveland	101,775
6	Gaston	247,108
6	Lincoln	99,351
6	Rutherford	65,355
	<b>Total</b>	<b>513,589</b>
7	Anson	21,453
7	Mecklenburg	1,198,460
7	Union	273,432
	<b>Total</b>	<b>1,493,345</b>
8	Iredell	209,922
8	Rowan	154,322
	<b>Total</b>	<b>364,244</b>
9	Cabarrus	250,391
9	Stanly	65,587
	<b>Total</b>	<b>315,978</b>
10	Alleghany	11,672
10	Davie	45,374
10	Forsyth	398,434
10	Stokes	45,927
10	Surry	71,774
10	Wilkes	66,513
10	Yadkin	37,722
	<b>Total</b>	<b>677,416</b>

Table 15C-4: Linear Accelerator Service Areas

Area	County	2025 Total Population
11	Davidson	180,480
	<b>Total</b>	<b>180,480</b>
12	Guilford	560,760
12	Rockingham	92,415
	<b>Total</b>	<b>653,175</b>
13	Randolph	148,749
	<b>Total</b>	<b>148,749</b>
14	Chatham	84,127
14	Orange	153,852
	<b>Total</b>	<b>237,979</b>
15	Alamance	185,255
15	Caswell	22,460
	<b>Total</b>	<b>207,715</b>
16	Durham	344,427
16	Granville	62,753
16	Person	39,906
16	Vance	41,231
16	Warren	18,701
	<b>Total</b>	<b>507,018</b>
17	Hoke	56,282
17	Lee	70,022
17	Montgomery	26,105
17	Moore	112,620
17	Richmond	41,421
17	Scotland	33,154
	<b>Total</b>	<b>339,604</b>
18	Bladen	29,807
18	Cumberland	337,972
18	Robeson	116,081
18	Sampson	60,665
	<b>Total</b>	<b>544,525</b>
19	Brunswick	175,047
19	Columbus	51,555
19	New Hanover	246,073
19	Pender	70,203
	<b>Total</b>	<b>542,878</b>
20	Franklin	83,010
20	Wake	1,238,879
	<b>Total</b>	<b>1,321,889</b>
21	Harnett	147,949
	<b>Total</b>	<b>147,949</b>
22	Johnston	256,176
	<b>Total</b>	<b>256,176</b>
23	Duplin	50,354
23	Lenoir	53,992
23	Wayne	119,286
	<b>Total</b>	<b>223,632</b>

**Table 15C-4: Linear Accelerator Service Areas**

<b>Area</b>	<b>County</b>	<b>2025 Total Population</b>
24	Carteret	71,314
24	Craven	103,335
24	Jones	9,267
24	Pamlico	12,889
	<b>Total</b>	<b>196,805</b>
25	Onslow	218,432
	<b>Total</b>	<b>218,432</b>
26	Edgecombe	48,556
26	Halifax	45,806
26	Nash	99,191
26	Northampton	16,243
26	Wilson	79,042
	<b>Total</b>	<b>288,838</b>
27	Beaufort	43,904
27	Bertie	16,543
27	Greene	20,145
27	Hertford	18,335
27	Hyde	4,588
27	Martin	20,812
27	Pitt	176,095
27	Washington	10,339
	<b>Total</b>	<b>310,761</b>
28	Camden	10,720
28	Chowan	13,758
28	Currituck	32,865
28	Dare	38,274
28	Gates	10,294
28	Pasquotank	41,338
28	Perquimans	13,534
28	Tyrrell	3,480
	<b>Total</b>	<b>164,263</b>

Table 15C-5: Linear Accelerator Service Areas and Calculations

Service Area	2025 Population	Accelerators	Population within Service Area Per Accelerator	Percentage of Patients from Outside the Service Area	2023-2024 ESTV Procedures	Procedures Per Accelerator	ESTV Procedures Divided by 6,750 Minus # of Accelerators	Need Determinations
Area 1	147,896	2	73,948	5.14%	2,885	1,443	-1.57	
Area 2	447,717	7	63,960	16.36%	33,283	4,755	-2.07	
Area 3	99,198	1	99,198	11.67%	3,743	3,743	-0.45	
Area 4	176,914	3	58,971	13.36%	11,308	3,769	-1.32	
Area 5	380,081	6	63,347	10.72%	21,171	3,529	-2.86	
Area 6	513,589	5	102,718	8.85%	32,449	6,490	-0.19	
Area 7*	1,493,345	12	124,445	22.12%	87,110	7,259	0.91	1
Area 8	364,244	4	91,061	27.57%	19,295	4,824	-1.14	
Area 9	315,978	4	78,995	23.76%	18,131	4,533	-1.31	
Area 10	677,416	10	67,742	26.52%	49,722	4,972	-2.63	
Area 11*	180,480	1	180,480	11.27%	3,233	3,233	-0.52	
Area 12	653,175	7	93,311	21.57%	43,551	6,222	-0.55	
Area 13*	148,749	1	148,749	11.61%	3,549	3,549	-0.47	
Area 14**	237,979	6	39,663	77.17%	41,413	6,902	0.14	
Area 15	207,715	2	103,858	17.05%	11,284	5,642	-0.33	
Area 16**	507,018	10	50,702	62.74%	50,863	5,086	-2.46	
Area 17	339,604	4	84,901	21.20%	10,351	2,588	-2.47	
Area 18	544,525	8	68,066	17.70%	27,658	3,457	-3.90	
Area 19	542,878	5	108,576	10.42%	38,950	7,790	0.77	
Area 20	1,321,889	12	110,157	16.71%	52,903	4,409	-4.16	
Area 21*/***	147,949	1	147,949					
Area 22*	256,176	2	128,088	39.30%	11,459	5,730	-0.30	
Area 23	223,632	2	111,816	9.49%	11,911	5,956	-0.24	
Area 24	196,805	4	49,201	16.03%	17,563	4,391	-1.40	
Area 25*	218,432	1	218,432	17.00%	6,811	6,811	0.01	
Area 26	288,838	4	72,210	5.19%	11,001	2,750	-2.37	
Area 27	310,761	6	51,794	30.75%	32,146	5,358	-1.24	
Area 28	164,263	2	82,132	6.07%	8,663	4,331	-0.72	
<b>Totals</b>	<b>11,107,246</b>	<b>132</b>	<b>84,146</b>		<b>662,401</b>	<b>5,018</b>	<b>-33.87</b>	<b>1</b>

\* Service Area has at least 120,000 base population per accelerator.

\*\* Area has more than 45% of its patients coming from outside the service areas.

\*\*\* Service Area has one LINAC under development.

**Table 15C-6: Linear Accelerators Need Determination\***  
*(Proposed for Certificate of Need Review Commencing in 2026)*

Service Area	Linear Accelerator Need Determination	Certificate of Need Application Deadline**	Certificate of Need Beginning Review Date
7	1	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 5:00 p.m. on the application deadline date.

## D. LITHOTRIPTERS

### Introduction

A *lithotripter*, according to G.S. § 131E-176(14i), means “extra-corporeal shockwave technology used to treat persons with kidney stones and gallstones.” Lithotripsy is defined as the pulverization of urinary stones by means of a lithotripter. A technician places an emitter in contact with the patient's abdomen to focus the shock waves on the stone. The shock waves then shatter the stone, which can be expelled in the urine. Extracorporeal shock wave lithotripsy (ESWL) is the non-invasive procedure to which this section pertains.

### Changes from the Previous Plan

This chapter contains no substantive changes from the previous State Medical Facilities Plan (SMFP). However, it contains technical changes that do not alter the methodology. Tables labeled as 15D-1 and 15D-2 in the previous SMFP have been combined into a single table (now Table 15D-1) and the narrative has been revised to align with the consolidated Table 15D-1.

### Data Sources

In addition to the standard data sources listed in the introduction to this chapter, this methodology also obtains the North Carolina Office of State Budget and Management’s July 1 projected population data for the current SMFP publication year, which is two years beyond the current reporting year.

### Definition

A lithotripter’s service area is statewide. A *statewide service area* is defined as a planning area that encompasses the entire state when determining need. For mobile equipment, the definition does not imply that a CON applicant is required to project that it will provide mobile services in a certain number of counties, health service areas (HSA), or regions. Similarly, once developed, the equipment does not have to serve a certain number of counties, HSAs, or regions.

### Assumptions of the Methodology

1. The incidence of urinary stone disease forms the basis of the methodology. The annual incidence of urinary stone disease is approximately 16 per 10,000 population. Lithotripsy is not an appropriate treatment for all cases of urinary stone disease. It has been estimated that lithotripsy is appropriate for 85% to 90% of kidney stone patients, when surgery is indicated.<sup>1</sup> Therefore, the need determination methodology assumes that lithotripsy is appropriate in 90% of cases of urinary stone disease.
2. The annual treatment capacity of a lithotripter is 1,500 cases. The methodology considers 67% (or 1,000 cases) to be full utilization for purposes of projecting need.

### Application of the Methodology

**Step 1:** Divide the July 1 estimated state population by 10,000 and multiply the result by 16, which yields the estimated incidence of urinary stone disease per 10,000 population.

**Step 2:** Multiply the result from Step 1 by 90% to calculate the number of patients in the state who have the potential to be treated by lithotripsy in one year.

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<sup>1</sup> Pahiri, J.J. & Razack, A.A. (2001) “Chapter 9: Nephrolithiasis.” In *Clinical Manual of Urology*, 3<sup>rd</sup> edition, by Philip M. Hanno, Alan J. Wein, & S. Bruce Malkowicz. New York: McGraw-Hill.

**Step 3:** Divide the result of Step 2 by 1,000 and round to the nearest whole number to calculate the low range of the annual treatment capacity of a lithotripter. A remainder of 0.50 or greater rounds to the next highest whole number; a remainder of less than 0.50 rounds to the next lowest whole number. This calculation yields the number of lithotripters that the state requires.

**Step 4:** Sum the number of existing mobile and fixed lithotripters in the state, the number of CON-approved mobile and fixed lithotripters under development, and the number of mobile and fixed lithotripters available pursuant to need determinations pending review or appeal (*Table 15D-1, Column B*).

**Step 5:** Subtract the result of Step 4 from the result of Step 3 to calculate the number of additional lithotripters needed in the state (*Table 15D-1, Column I*).

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

**Table 15D-1: Mobile and Fixed Lithotripter Services**

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>
<b>Provider</b>	<b>Machines</b>	<b>Area Generally Served</b>	<b>Facility</b>	<b>City</b>	<b>State</b>	<b>Number of Procedures</b>	<b>Average Procedures</b>	<b>Need</b>
Atrium Urology	1	Eastern North Carolina			NC	0		
<b>Total Procedures</b>						<b>0</b>	<b>0</b>	
Carolina Lithotripsy	2	Eastern North Carolina	Scotland Memorial Hospital	Laurinburg	NC	66		
			ECU Health Beaufort Hospital	Washington	NC	13		
			Carolina East Medical Center	New Bern	NC	121		
			Duke Raleigh Hospital	Raleigh	NC	2		
			ECU Health North Hospital	Roanoke Rapids	NC	23		
			Rex Surgery Center of Cary	Cary	NC	81		
			WakeMed Raleigh Campus	Raleigh	NC	42		
			Wayne Memorial Hospital	Goldsboro	NC	32		
			Novant Health Scotts Hill OSC	Wilmington	NC	46		
			Wilson Medical Center	Wilson	NC	3		
			Highsmith Rainey Specialty Hospital	Fayetteville	NC	5		
			Johnston Health Smithfield	Smithfield	NC	13		
			UNC Health Lenoir	Kinston	NC	2		
			Holly Springs Surgery Center	Holly Springs	NC	46		
			Novant Health New Hanover Regional Hospital	Wilmington	NC	48		
			Novant Health Brunswick Medical Center	Bolivia	NC	10		
			ECU Health Medical Center	Greenville	NC	40		
			FirstHealth Moore Regional Hospital	Pinehurst	NC	49		
<b>Total Procedures</b>						<b>642</b>	<b>321</b>	
Catawba Valley Medical Center	1	Western and Central North Carolina	Catawba Valley Medical Center	Hickory	NC	132		

**Table 15D-1: Mobile and Fixed Lithotripter Services**

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>
<b>Provider</b>	<b>Machines</b>	<b>Area Generally Served</b>	<b>Facility</b>	<b>City</b>	<b>State</b>	<b>Number of Procedures</b>	<b>Average Procedures</b>	<b>Need</b>
<b>Total Procedures</b>						<b>132</b>	<b>132</b>	
Fayetteville Lithotripters I	1	Eastern North Carolina and Virginia	Vidant Chowan Hospital	Edenton	NC	1		
			Scotland Memorial Hospital	Laurinburg	NC	58		
			UNC Hospitals Ambulatory Surgery Center	Chapel Hill	NC	21		
			The Outer Banks Hospital	Nags Head	NC	11		
		Out of State	Stafford Hospital	Stafford	VA	16		
			Mary Washington Hospital	Fredericksburg	VA	173		
			Mary Immaculate Hospital	Newport News	VA	65		
			Bon Secours Southside Medical Center	Petersburg	VA	11		
<b>Total Procedures</b>						<b>356</b>	<b>356</b>	
Fayetteville Lithotripters II	1	Western North Carolina and South Carolina	Margaret Pardee Hospital	Hendersonville	NC	48		
			Frye Regional Medical Center	Hickory	NC	2		
			Rutherford Regional Medical Center	Rutherfordton	NC	25		
			Harris Regional Medical Center	Sylva	NC	32		
			Haywood Regional Medical Center	Clyde	NC	54		
			Advent Healthcare (fka Park Ridge Hospital)	Hendersonville	NC	96		
			AdventHealth Polk (fka St Luke's Hospital)	Columbus	NC	14		
<b>Total Procedures</b>						<b>271</b>	<b>271</b>	
Mission Hospital	1		Mission Hospital*	Asheville	NC	26		
<b>Total Procedures</b>						<b>26</b>	<b>26</b>	

**Table 15D-1: Mobile and Fixed Lithotripter Services**

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>
<b>Provider</b>	<b>Machines</b>	<b>Area Generally Served</b>	<b>Facility</b>	<b>City</b>	<b>State</b>	<b>Number of Procedures</b>	<b>Average Procedures</b>	<b>Need</b>
Mobile Stone Clinic (West)	1	Western North Carolina and South Carolina			NC	0		
<b>Total Procedures</b>						<b>0</b>	<b>0</b>	
Piedmont Stone Center, PLLC	5	Western and Central North Carolina and Virginia	Northern Regional Hospital	Mount Airy	NC	20		
			Maria Parham Health	Henderson	NC	32		
			Atrium Health Wake Forest Baptist Lexington Medical Center	Lexington	NC	98		
			Hugh Chatham Memorial Hospital	Elkin	NC	44		
			Ashe Memorial Hospital	Jefferson	NC	58		
			Atrium Health Wake Forest Baptist High Point Medical Center	High Point	NC	382		
			Novant Health Forsyth Medical Center	Winston-Salem	NC	92		
			Piedmont Stone Center	Winston-Salem	NC	711		
			Cone Health Alamance Regional Medical Center	Burlington	NC	113		
			UNC Health Blue Ridge- Morganton	Morganton	NC	56		
			Iredell Memorial Hospital	Statesville	NC	187		
			Novant Health Rowan Medical Center	Salisbury	NC	62		
			Cone Health Annie Penn Hospital	Reidsville	NC	102		
			Cone Health Wesley Long Hospital	Greensboro	NC	343		
			Randolph Health	Asheboro	NC	88		
			Atrium Health Wake Forest Baptist Wilkes Medical Center	North Wilkesboro	NC	47		
			UNC Health Appalachian	Boone	NC	120		
			Atrium Health Wake Forest Baptist	Winston-Salem	NC	20		

**Table 15D-1: Mobile and Fixed Lithotripter Services**

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>
<b>Provider</b>	<b>Machines</b>	<b>Area Generally Served</b>	<b>Facility</b>	<b>City</b>	<b>State</b>	<b>Number of Procedures</b>	<b>Average Procedures</b>	<b>Need</b>
Piedmont Stone Center, PLLC	5	Western and Central North Carolina and Virginia	UNC Health Blue Ridge-Valdese	Valdese	NC	105		
			Novant Health Thomasville Medical Center	Thomasville	NC	5		
			Caldwell UNC Health Care	Lenoir	NC	65		
		Out of State	Twin County Regional Healthcare	Galax	VA	86		
			Carilion Rockbridge Community Hospital	Lexington	VA	33		
			Centra Health Lynchburg General Hospital	Lynchburg	VA	240		
			Sentara Martha Jefferson Hospital	Charlottesville	VA	224		
			Carilion New River Valley Medical Center	Christiansburg	VA	68		
			Sovah Health-Martinsville	Lynchburg	VA	257		
<b>Total Procedures</b>						<b>3,658</b>	<b>732</b>	
Stone Institute of the Carolinas, LLC	2	Western and Central North Carolina	Cleveland Regional Medical Center	Shelby	NC	145		
			Atrium Health Union West	Monroe	NC	214		
			Atrium Health Cabarrus	Concord	NC	171		
			Lake Norman Regional	Mooresville	NC	122		
			Gaston Memorial Hospital	Gastonia	NC	267		
			Novant Health Huntersville Medical Center	Huntersville	NC	121		
			Novant Health Matthews Medical Center	Charlotte	NC	82		
			Atrium Health Huntersville	Huntersville	NC	40		
			Atrium Health Mercy	Charlotte	NC	169		
			Atrium Health Pineville	Charlotte	NC	117		

**Table 15D-1: Mobile and Fixed Lithotripter Services**

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>
<b>Provider</b>	<b>Machines</b>	<b>Area Gernerally Served</b>	<b>Facility</b>	<b>City</b>	<b>State</b>	<b>Number of Procedures</b>	<b>Average Procedures</b>	<b>Need</b>
Stone Institute of the Carolinas, LLC	2	Western and Central North Carolina	Atrium Health University	Charlotte	NC	110		
			Novant Health Presbyterian Medical Center	Charlotte	NC	4		
<b>Total Procedures</b>						<b>1,562</b>	<b>781</b>	
Triangle Lithotripsy	1	East Central North Carolina	Nash Day Hospital	Rocky Mount	NC	24		
			Rex Hospital	Raleigh	NC	239		
			Wayne Memorial	Goldsboro	NC	46		
			Wake Medical	Raleigh	NC	187		
			Durham Ambulatory Surgery Center	Durham	NC	52		
			North Carolina Specialty Hospital	Durham	NC	61		
			Sampson Regional Medical Center	Clinton	NC	4		
<b>Total Procedures</b>						<b>613</b>	<b>613</b>	
<b>Grand Total</b>	<b>16</b>					<b>7,260</b>	<b>454</b>	<b>0</b>

\* Fixed lithotripter

**Table 15D-2: Lithotripter Need Determination**  
*(Proposed for Certificate of Need Review Commencing in 2026)*

<b>Service Area</b>	<b>Lithotripter Need Determination</b>	<b>Certificate of Need Application Deadline</b>	<b>Certificate of Need Beginning Review Date</b>
It is determined that there is no need anywhere in the state and no reviews are scheduled.			

## E. MAGNETIC RESONANCE IMAGING SCANNERS

### Introduction

G.S. § 131E-176(14m) defines a *magnetic resonance imaging (MRI) scanner* as “medical imaging equipment that uses nuclear magnetic resonance.” The methodology designates MRI scanners as either fixed or mobile. A *mobile* MRI scanner means an MRI scanner and transporting equipment that is moved at least weekly to provide services at two or more host facilities. A *fixed* MRI scanner means an MRI scanner that is not a mobile MRI scanner.

### Definitions

A *base outpatient* scan is a scan performed on an outpatient and does not use contrast or intravenous (IV) sedation.

A *complex outpatient* scan is a scan performed on an outpatient and uses contrast or IV sedation.

A *base inpatient* scan is a scan performed on an inpatient and does not use contrast or IV sedation.

A *complex inpatient* scan is a scan performed on an inpatient and uses contrast or IV sedation.

The *projection year* is three years beyond the current reporting year. The current projection year is 2027.

### Changes from the Previous Plan

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

### Data Sources

In addition to the standard data sources listed in the introduction to this chapter, this methodology also obtains the July 1 estimated population data for 2024 provided by the North Carolina Office of State Budget and Management.

### Assumptions of the Methodology

1. An MRI procedure is a single procedure performed on one patient on one defined body part during one visit. Each MRI procedure must be directly linked to a single billable Current Procedural Terminology (CPT) code associated with the MRI procedure. For example, an MRI brain scan with and without contrast performed in one visit is a single procedure with a single CPT code.
2. A fixed MRI scanner’s service area is the same as an Acute Care Bed Service Area as defined in Chapter 5 and shown in Figure 5.1.
3. A placeholder of one MRI scanner appears in the inventory in Table 15E-1 for each new fixed MRI scanner for which a certificate of need (CON) has been issued.
4. The inventory shall exclude MRI scanners used for research only, non-clinical MRI scanners, and MRI scanners awarded based on need determinations for a dedicated purpose or demonstration project (*Table 15E-3*).
5. Intraoperative Magnetic Resonance Imaging Scanners (iMRI), approved through Policy TE-2, shall not be counted in the inventory of fixed MRI scanners and the procedures performed on an iMRI will not be used in calculating the need methodology. Hospitals shall report intraoperative procedures and inpatient procedures performed on an iMRI separately (*Table 15E-3*). An iMRI scanner shall not be used for outpatients and may not be replaced with a conventional MRI scanner.

6. Need thresholds are arranged in tiers based on the number of scanners, weighting of procedures based on complexity, and a component addressing MRI service areas that have no fixed MRIs but have mobile MRI scanners serving the area. The complexity of an MRI procedure is weighted based on whether the procedure is inpatient or outpatient and whether the procedure includes contrast or IV sedation. The methodology for determining need is based on fixed and mobile procedures performed at hospitals, fixed procedures performed at freestanding facilities, and procedures performed on mobile MRI scanners at mobile sites.

The weighted tiers are based on the assumption that the time necessary to complete one base outpatient MRI procedure is 33 minutes. Capacity of a single MRI scanner is defined as that of an MRI scanner being available and staffed for use at least 66 hours per week for 52 weeks per year, which equals 6,240 procedures annually, at 33 minutes per procedure ( $66 \times 52 \times (60/33) = 6,240$ ). This definition of capacity represents 100% of the procedure volume the equipment can complete under ideal conditions.

7. The need determination for any one service area shall not exceed two MRI scanners per year, unless the SMFP includes an adjusted need determination for a specific MRI service area.
8. In general, projection of need three years beyond the current reporting year allows sufficient time to place a new MRI scanner into operation.
9. A facility that offers MRI services on a full-time basis pursuant to a service agreement with an MRI provider is not precluded from applying for a need determination to replace the existing contracted service with a fixed MRI scanner under the applicant’s ownership and control. It is consistent with the purposes of the CON law and the SMFP for a facility to acquire and operate an MRI scanner to replace such a contracted service, if the acquisition and operation of the facility’s own MRI scanner will allow the facility to reduce the cost of providing the MRI service at that facility.

**Application of the Methodology**

Use the following table to obtain the Adjusted Threshold, based on the number of fixed scanners in the service area. Multiply 6,240 by the Planning Threshold to obtain the Inpatient and Contrast Adjusted Threshold corresponding to the number of fixed scanners in the service area (e.g., for facilities with two or more MRIs, multiply 6,240 by 80% to obtain the Adjusted Threshold of 4,992).

Number of Fixed Scanners in Service Area	Planning Threshold	Adjusted Thresholds
2 or more	80.0%	4,992
1	70.0%	4,368
0	30.0%	1,872

The following table shows the calculations for the weighting values to be assigned based on the complexity of the procedure type. For example, a base outpatient scan is not weighted; in other words, its weight is “1.” To calculate the weight for a complex outpatient scan, divide its procedure time (40) by the procedure time for a base outpatient scan (33).

Procedure Type	Procedure Time in Minutes	Weight
Base Outpatient	33	1.0
Complex Outpatient	40	40/33
Base Inpatient	60	60/33
Complex Inpatient	70	70/33

The standard methodology used to determine need for fixed MRI scanners is as follows:

**Calculation of Total Adjusted Procedures (Table 15E-1)**

- Step 1: For each MRI service area, sum the number of clinical fixed and mobile MRI scanners in operation, CON-approved fixed or mobile MRI scanners under development, and scanners available pursuant to need determinations pending review or appeal. The total is the number of fixed magnets in each service area (*Column E*).
  
- Step 2: Convert the number of fixed and mobile MRI scanners to fixed equivalent magnets as follows (*Column F*):
  - a. For each existing fixed MRI scanner, assign a value of one fixed equivalent magnet;
  
  - b. For each approved fixed MRI scanner, assign a value of one fixed equivalent magnet, even though the site may be receiving mobile services temporarily until the fixed scanner is operational. Table 15E-1 does not list mobile services separately from the approved fixed MRI scanner if the mobile unit will no longer be used when the fixed MRI scanner is operational.
  
  - c. For each existing mobile MRI scanner site, calculate the fixed equivalent for each mobile site by dividing the number of MRI scans performed at each site by the threshold for the MRI service area, with the exception that the fixed equivalent shall be no greater than one.
  
- Step 3: Sum the number of fixed equivalent magnets for each MRI service area (*Column F*).
  
- Step 4: Determine the total number of MRI scans performed at each site regardless of whether the MRI scanner is fixed or mobile. If procedures are provided in a county that is part of more than one MRI service area, divide the procedures equally between the service areas (*Column G*).
  
- Step 5: Of the total number of procedures performed, determine the number performed by type (i.e., base or complex, inpatient or outpatient; *Columns H-K*).
  
- Step 6: For each site, multiply the number of complex outpatient procedures by  $(40 \div 33)$ , the number of base inpatient scans by  $(60 \div 33)$ , and the number of complex inpatient scans by  $(70 \div 33)$  to calculate the number of adjusted scans of each type.
  
- Step 7: For each site, sum the total from Step 6 to calculate the Adjusted Total MRI procedures for each site (*Column L*).
  
- Step 8: For each service area, sum the number of adjusted total procedures for all sites in the service area (*Column L*).

**Calculate MRI Needs (Table 15E-2)**

- Step 9: Enter the number of Adjusted Scans for the service area from the three most recent reporting years. The scans have been adjusted by using the weights described above. The Proposed 2025 SMFP includes scans from the 2021, 2022, and 2023 reporting years (*Column B*).
- Step 10: Calculate the Average Annual Change Rate (AACR) in the number of Adjusted Scans for the three most recent reporting years. To do so, first determine the total number of adjusted scans during each of the last four reporting years. Next, calculate the difference in the number of adjusted scans provided from year to year. Then determine the percent change from the previous reporting year by dividing the calculated difference in adjusted scans by the total number of adjusted scans provided during the previous reporting year [(scans in current reporting year – scans in previous reporting year) / scans in previous reporting year]. Finally, total the annual percent change and divide by three to determine the AACR (*Column C*).
- Step 11: Multiply the number of Adjusted Scans from the reporting year by the AACR (*Column C*) and add the number of Adjusted Scans from the reporting year to obtain the projected scans as per AACR (*Column D, AACR Projected Scans*).
- Step 12: Calculate the population growth as [(projection year population – reporting year population)/reporting year population] (*Column E*). If the population is projected to decline during that period, the Population Growth Used is zero; otherwise, the Population Growth Used (*Column F*) is the same as the calculated Population Growth (*Column E*).
- Step 13: Calculate the number of Population Projected Scans based on population growth by multiplying the value in Column D by the value in Column F and adding the value in Column D (*Column G*).
- Step 14: Transfer the number of Fixed Equivalent scanners from Table 15E-1 (*Column F*) and enter it into Column H.
- Step 15: Divide the number of Population Projected Scans in Column G by the number of Fixed Equivalent scanners in Column H to calculate the Average Scans per scanner (*Column I*).
- Step 16: Divide the Average Scans per scanner (*Column I*) by the Planning Threshold (*Column J*) to calculate the MRI Need. If the result is greater than or equal to 1, but less than 2, enter a “1” in Column K. If the result is greater than or equal to 2, enter a “2” in Column K.

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

The SMFP does not have a methodology to project need for additional mobile MRI scanners. A summer petition is required to place a need in the upcoming SMFP. If the need determination is approved, any person may apply for a CON to acquire the mobile MRI scanner.

**Proposed 2026 SMFP**

**Table 15E-1: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents**

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Base Outpatient	Complex Outpatient	Base Inpatient	Complex Inpatient	Adjusted Total
Alamance	Hospital Fixed	G-006214-00	Alamance Regional Medical Center	2	2.00	9,236	4,389	2,771	1,323	753	11,751
Alamance	Freestanding Fixed	G-011999-20	Diagnostic Radiology & Imaging	1	1.00	3,383	2,396	987	0	0	3,592
Alamance	Mobile	G-007053-04	Alamance Regional Outpatient Imaging	0	0.03	147	118	29	0	0	153
Alamance	Mobile	J-008453-09	EmergeOrtho - Mebane (EmergeOrtho)	0	0.01	67	67	0	0	0	67
Alamance	Mobile	J-008453-09	EmergeOrtho-Burlington (EmergeOrtho)	0	0.41	2,060	1,977	83	0	0	2,078
Alamance	Mobile		MedCenter Mebane	0	0.03	147	118	29	0	0	153
Alamance	Mobile	G-007038-04	UNC Burlington (Alliance Healthcare Services - Akumin)	0	0.00	11	11	0	0	0	11
Alamance	CON-Approved Mobile	J-012358-23	Proposed Alamance Location (EmergeOrtho Triad Route)	0	0.00	0	0	0	0	0	0
Alamance	Need Determination		2025 Need Determination	1	1.00	0	0	0	0	0	0
<b>Alamance</b>				<b>4</b>	<b>4.49</b>	<b>15,051</b>					<b>17,805</b>
			No Service Site								
<b>Alexander</b>											
			No Service Site								
<b>Alleghany</b>											
			No Service Site								
<b>Anson</b>											
Ashe	Hospital Fixed	D-008162-08	Ashe Memorial Hospital	1	1.00	1,120	650	275	160	35	1,348
<b>Ashe</b>				<b>1</b>	<b>1.00</b>	<b>1,120</b>					<b>1,348</b>
			No Service Site								
<b>Avery</b>											
Beaufort	Hospital Fixed		ECU Health Beaufort Hospital	1	1.00	2,502	1,104	899	306	193	3,159
<b>Beaufort/Hyde</b>				<b>1</b>	<b>1.00</b>	<b>2,502</b>					<b>3,159</b>
			No Service Site								
<b>Bertie</b>											
Bladen	Mobile	M-006605-02	Bladen Healthcare (Mobile Imaging of North Carolina)	0	0.14	595	391	145	50	9	677
Bladen	CON-Approved at Hospital	N-012454-23	Cape Fear Valley - Bladen County Hospital*	1	1.00	0	0	0	0	0	0
<b>Bladen</b>				<b>1</b>	<b>1.14</b>	<b>595</b>					<b>677</b>
Brunswick	Hospital Fixed	O-011125-16	J. Arthur Doshier Memorial Hospital	1	1.00	1,749	1,044	649	32	24	1,940

Proposed 2026 SMFP

Table 15E-1: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Base Outpatient	Complex Outpatient	Base Inpatient	Complex Inpatient	Adjusted Total
Brunswick	Hospital Fixed	O-006658-02	Novant Health Brunswick Medical Center (NHBMC)	1	1.00	5,264	3,150	1,542	421	151	6,105
Brunswick	Mobile	O-007340-05	Advanced Imaging (Columbus Regional Diagnostics)	0	0.12	600	323	277	0	0	659
Brunswick	Mobile	Legacy	EmergeOrtho Shallotte (Rayus Radiology)	0	0.29	1,469	1,394	75	0	0	1,485
Brunswick	Mobile	Legacy	EmergeOrtho-Leland (Rayus Radiology)	0	0.40	2,000	1,843	157	0	0	2,033
Brunswick	Mobile	O-007001-04	Novant Health Imaging at Brunswick Medical Center (Alliance HealthCare Services - Akumin)	0	0.22	1,098	587	509	2	0	1,208
Brunswick	Mobile	O-006434-01	Novant Health Imaging South Brunswick (Cape Fear Diagnostic Imaging)	0	0.16	796	796	0	0	0	796
Brunswick	CON-Approved at Hospital	O-012325-23	Novant Health Brunswick Medical Center	1	1.00	0	0	0	0	0	0
<b>Brunswick</b>				<b>3</b>	<b>4.19</b>	<b>12,976</b>					<b>14,225</b>
Buncombe	Hospital Fixed		Mission Children's	1	1.00	1,572	736	836	0	0	1,749
Buncombe	Hospital Fixed	B-006869-03; B-008459-10; B-006466-01; B-006215-00	Mission Hospital	4	4.00	9,011	1,031	2,722	3,202	2,056	14,513
Buncombe	Freestanding Fixed	B-006643-02	EmergeOrtho-Blue Ridge Division (Rayus Radiology)	1	1.00	4,892	4,764	128	0	0	4,919
Buncombe	Freestanding Fixed	B-004178-90	Mission Imaging Services	1	1.00	4,323	1,842	2,481	0	0	4,849
Buncombe	Freestanding Fixed	B-006646-01	Mission Imaging Services	1	1.00	5,176	1,886	3,290	0	0	5,874
Buncombe	Freestanding Fixed	B-5492-96	Open MR of Asheville (Asheville Open MRI)	1	1.00	6,984	4,750	2,234	0	0	7,458
Buncombe	Freestanding Fixed	B-006440-01	Open MRI of Asheville (Asheville Open MRI)	1	1.00	7,270	4,944	2,326	0	0	7,763
Buncombe	Mobile	Legacy	UNC Health Pardee (Alliance HealthCare Services - Akumin)	0	0.02	103	103	0	0	0	103
Buncombe	Mobile	G-007038-04	UNC Health Pardee (Alliance Healthcare Services - Akumin)	0	0.06	280	280	0	0	0	280
Buncombe	Mobile		UNC Health Pardee (Alliance Healthcare Services-Akumin)	0	0.00	10	10	0	0	0	10
Buncombe	CON-Approved Freestanding Fixed	B-012035-21	Mission Imaging Services Asheville	1	1.00	0	0	0	0	0	0
<b>Buncombe/Clay/ Graham/Madison/Yancey</b>				<b>11</b>	<b>11.08</b>	<b>39,621</b>					<b>47,519</b>
Burke	Hospital Fixed		UNC Health Blue Ridge-Morganton Campus	1	1.00	4,159	2,064	886	626	583	5,513
Burke	Hospital Fixed	E-007203-05	UNC Health Blue Ridge-Valdese Campus	1	1.00	1,994	1,343	618	13	20	2,158
Burke	Mobile	E-007066-04	Blue Ridge Radiology - Hickory (Blue Ridge Healthcare Medical Group)	0	0.45	2,266	1,520	746	0	0	2,424

Proposed 2026 SMFP

Table 15E-1: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Base Outpatient	Complex Outpatient	Base Inpatient	Complex Inpatient	Adjusted Total
Burke	Mobile	E-008230-80	EmergeOrtho-Morganton (EmergeOrtho)	0	0.32	1,591	1,536	55	0	0	1,603
<b>Burke</b>				<b>2</b>	<b>2.77</b>	<b>10,010</b>					<b>11,698</b>
Cabarrus	Hospital Fixed	F-007088-04; F-005933-98	Arium Health MRI	1	1.00	1,640	1,048	592	0	0	1,766
Cabarrus	Hospital Fixed		Atrium Health Cabarrus	2	2.00	11,647	2,620	1,882	4,488	2,657	18,697
Cabarrus	Hospital Fixed	F-006629-02; F-007086-04	Atrium Health Cabarrus Imaging (Copperfield)	2	2.00	7,438	3,798	3,640	0	0	8,210
Cabarrus	Freestanding Fixed	F-007859-07	Atrium Health Imaging - Kannapolis (Union Medical Services)	1	1.00	1,063	726	337	0	0	1,134
Cabarrus	Freestanding Fixed	F-005916-98	Novant Health Imaging Cabarrus (Novant Health Imaging Cabarrus formerly Cabarrus Diagnostic Imaging)	1	1.00	2,910	2,206	704	0	0	3,059
Cabarrus	Mobile	Legacy	Carolina Neurosurgery & Spine Assoc. (Alliance HealthCare Services- Akumin)	0	0.25	1,250	1,148	102	0	0	1,272
Cabarrus	Mobile	Legacy	OrthoCarolina (Alliance HealthCare Services)	0	0.56	2,773	2,722	51	0	0	2,784
<b>Cabarrus</b>				<b>7</b>	<b>7.81</b>	<b>28,721</b>					<b>36,922</b>
Caldwell	Hospital Fixed		Caldwell UNC Health Care	1	1.00	3,746	1,826	1,321	341	258	4,594
Caldwell	Mobile	E-008230-80	EmergeOrtho-Lenoir (EmergeOrtho)	0	0.30	1,512	1,440	72	0	0	1,527
Caldwell	CON-Approved Freestanding Fixed	E-012398-23	EmergeOrtho - Lenoir	1	1.00	0	0	0	0	0	0
<b>Caldwell</b>				<b>2</b>	<b>2.30</b>	<b>5,258</b>					<b>6,122</b>
Carteret	Hospital Fixed	P-005282-95	Carteret Health Care	1	1.00	4,368	2,099	1,564	435	270	5,358
Carteret	Freestanding Fixed	P-008049-08	Seashore Imaging	1	1.00	3,008	2,167	841	0	0	3,186
Carteret	Mobile	O-006434-01	Carolina Center for Surgery (Cape Fear Diagnostic Imaging)	0	0.04	193	193	0	0	0	193
Carteret	Mobile	O-006434-01	EmergeOrtho Coastal (Cape Fear Diagnostic Imaging)	0	0.09	442	442	0	0	0	442
Carteret	Mobile	Legacy	EmergeOrtho Coastal (Novant Health-Norfolk)	0	0.06	317	317	0	0	0	317
Carteret	CON-Approved Freestanding Fixed	P-012478-24	Seashore Imaging Cedar Point	1	1.00	0	0	0	0	0	0
<b>Carteret</b>				<b>3</b>	<b>3.19</b>	<b>8,328</b>					<b>9,497</b>
Catawba	Hospital Fixed	E-012275-22	Catawba Valley Imaging Center	1	1.00	2,840	1,187	1,653	0	0	3,191
Catawba	Hospital Fixed	E-007270-05	Catawba Valley Medical Center	1	1.00	4,352	1,470	1,642	590	650	5,912

## Proposed 2026 SMFP

**Table 15E-1: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents**

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Base Outpatient	Complex Outpatient	Base Inpatient	Complex Inpatient	Adjusted Total
Catawba	Hospital Fixed	E-005922-98	Frye Regional Medical Center - FryeCare Imaging	1	1.00	3,262	2,342	920	0	0	3,457
Catawba	Hospital Fixed	E-004812-93	Frye Regional Medical Center - Main Campus	1	1.00	5,085	2,176	1,149	1,114	646	6,964
Catawba	Mobile	E-008230-80	EmergeOrtho-Hickory (EmergeOrtho)	0	0.45	2,226	1,983	243	0	0	2,278
Catawba	Mobile	E-008230-80	EmergeOrtho-Newton (EmergeOrtho)	0	0.08	405	384	21	0	0	409
Catawba	Mobile	E-005922-98	Frye Regional Medical Center - FryeCare Imaging	0	0.34	1,677	1,011	666	0	0	1,818
Catawba	Mobile		Frye Regional Medical Center- FryeCare Neurology	0	0.07	362	242	120	0	0	387
Catawba	Mobile	Legacy	Hickory Orthopaedic Center (Alliance Healthcare Services - Akumin)	0	0.57	2,846	2,700	146	0	0	2,877
Catawba	Need Determination		2025 Need Determination	1	1.00	0	0	0	0	0	0
<b>Catawba</b>				<b>5</b>	<b>6.51</b>	<b>23,055</b>					<b>27,294</b>
Chatham	Mobile		Chatham Hospital (Alliance Healthcare Services - Akumin)	0	0.01	12	2	10	0	0	14
Chatham	Mobile	G-007038-04	Chatham Hospital (Alliance Healthcare Services - Akumin)	0	0.02	43	27	16	0	0	46
<b>Chatham</b>				<b>0</b>	<b>0.03</b>	<b>55</b>					<b>61</b>
Cherokee	Hospital Fixed	A-006767-03	Erlanger Murphy Medical Center	1	1.00	2,417	1,727	584	23	83	2,653
<b>Cherokee/Clay</b>				<b>1</b>	<b>1.00</b>	<b>2,417</b>					<b>2,653</b>
Chowan	Hospital Fixed	R-008168-08	ECU Health Chowan Hospital	1	1.00	2,142	1,507	466	123	46	2,393
<b>Chowan/Tyrrell</b>				<b>1</b>	<b>1.00</b>	<b>2,142</b>					<b>2,393</b>
Cleveland	Hospital Fixed	C-006915-03	Atrium Health Cleveland	1	1.00	7,436	2,812	1,979	1,805	840	10,274
Cleveland	Hospital Fixed	C-006915-03	Atrium Health Kings Mountain, a Facility of Atrium Health Cleveland	1	1.00	1,981	780	884	263	54	2,444
Cleveland	CON-Approved Freestanding Fixed	C-012413-23	Atrium Health Imaging Shelby	1	1.00	0	0	0	0	0	0
<b>Cleveland</b>				<b>3</b>	<b>3.00</b>	<b>9,417</b>					<b>12,719</b>
Columbus	Hospital Fixed	O-006426-01	Columbus Regional Healthcare System	1	1.00	2,407	1,136	833	274	164	2,992
Columbus	Mobile	O-007340-05	Advanced Imaging (Columbus Regional Diagnostics)	0	0.09	381	381	0	0	0	381
<b>Columbus</b>				<b>1</b>	<b>1.09</b>	<b>2,788</b>					<b>3,373</b>
Craven	Hospital Fixed	P-002653-86; P-005760-97	CarolinaEast Medical Center	2	2.00	8,408	3,680	2,435	1,691	602	10,983
Craven	Freestanding Fixed	P-006764-03	CCHC Imaging Center (Coastal Carolina Health Care)	1	1.00	3,417	2,969	448	0	0	3,512

## Proposed 2026 SMFP

**Table 15E-1: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents**

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Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Base Outpatient	Complex Outpatient	Base Inpatient	Complex Inpatient	Adjusted Total
Craven	Freestanding Fixed	P-008108-08	CCHC Imaging Center (Coastal Carolina Health Care)	1	1.00	3,963	2,679	1,284	0	0	4,235
<b>Craven/Jones/Pamlico</b>				<b>4</b>	<b>4.00</b>	<b>15,788</b>					<b>18,730</b>
Cumberland	Hospital Fixed	M-006603-02; M-007924-07	Cape Fear Valley Medical Center	3	3.00	10,018	2,971	1,694	3,878	1,475	15,204
Cumberland	Freestanding Fixed	M-005899-98	Carolina Imaging of Fayetteville	1	1.00	5,547	4,416	1,131	0	0	5,787
Cumberland	Freestanding Fixed	M-007924-07	Carolina Imaging of Fayetteville	1	1.00	5,774	4,596	1,178	0	0	6,024
Cumberland	Freestanding Fixed	Legacy	Valley Regional Imaging (Medical Imaging Center)	1	1.00	5,452	4,518	934	0	0	5,650
Cumberland	Freestanding Fixed	M-005905-98	Valley Regional Imaging (Medical Imaging Center)	1	1.00	2,560	1,937	623	0	0	2,692
Cumberland	CON-Approved at Hospital	M-012493-24	Cape Fear Valley Medical Center	1	1.00	0	0	0	0	0	0
<b>Cumberland</b>				<b>8</b>	<b>8.00</b>	<b>29,351</b>					<b>35,357</b>
Dare	Hospital Fixed	R-007329-05	Outer Banks Health Hospital	1	1.00	3,278	1,805	1,285	103	85	3,730
<b>Dare</b>				<b>1</b>	<b>1.00</b>	<b>3,278</b>					<b>3,730</b>
Davidson	Hospital Fixed	G-006443-01	Lexington Medical Center	1	1.00	3,378	1,897	928	335	218	4,093
Davidson	Hospital Fixed		Novant Health Thomasville Medical Center	1	1.00	3,860	810	2,525	145	380	4,940
<b>Davidson</b>				<b>2</b>	<b>2.00</b>	<b>7,238</b>					<b>9,034</b>
Davie	Hospital Fixed	G-011537-18	Davie Medical Center*	1	1.00	4,295	2,155	1,814	213	113	4,981
Davie	CON-Approved at Hospital	G-012510-24	Davie Medical Center	1	1.00	0	0	0	0	0	0
<b>Davie</b>				<b>2</b>	<b>2.00</b>	<b>4,295</b>					<b>4,981</b>
Duplin	Mobile	Q-006884-03	ECU Health Duplin Hospital (Alliance HealthCare Services - Akumin)	0	0.38	1,675	1,115	560	0	0	1,794
Duplin	CON-Approved at Hospital	P-012327-23	ECU Health Duplin Hospital	1	1.00	0	0	0	0	0	0
<b>Duplin</b>				<b>1</b>	<b>1.38</b>	<b>1,675</b>					<b>1,794</b>
Durham	Hospital Fixed	Legacy; J-006207-00	Duke Regional Hospital	2	2.00	11,224	3,867	4,634	1,621	1,102	14,769
Durham	Hospital Fixed	J-005589-97	Duke University Hospital - Duke Health Center at Southpoint	1	1.00	1,834	1,584	250	0	0	1,887

## Proposed 2026 SMFP

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Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Base Outpatient	Complex Outpatient	Base Inpatient	Complex Inpatient	Adjusted Total
Durham	Hospital Fixed	J-006108-99; J-007174-04; J-008466-10; J-008663-11; J-006958-02	Duke University Medical Center	3	3.00	48,023	13,153	24,022	4,310	6,538	63,975
Durham	Freestanding Fixed	J-011913-20	Duke Imaging Arrington (Duke University Health System, Inc.)	1	1.00	3,138	2,188	950	0	0	3,340
Durham	Freestanding Fixed	J-011718-19	Duke Imaging- Arrington (Duke University Health Systems, Inc.)	1	1.00	3,026	1,924	1,102	0	0	3,260
Durham	Freestanding Fixed	J-006760-03	Durham-Independence Park (Durham Diagnostic Imaging (Independence Park))	1	1.00	3,049	1,713	1,336	0	0	3,332
Durham	Freestanding Fixed	J-008107-08	EmergeOrtho-Southpoint (EmergeOrtho)	1	1.00	2,239	2,183	56	0	0	2,251
Durham	Freestanding Fixed	J-007031-04	EmergeOrtho-William Penn Plaza (EmergeOrtho)	1	1.00	4,622	4,338	284	0	0	4,682
Durham	Mobile	Legacy	Duke Regional Hospital (Alliance Healthcare Services - Akumin)	0	0.75	3,722	2,689	1,033	0	0	3,941
Durham	Mobile	J-012378-23	Duke Regional Hospital (Duke University Health System)	0	0.02	85	85	0	0	0	85
Durham	Mobile	J-006665-02	Durham Diagnostic Imaging-Durham SouthPoint (Cape Fear Mobile Imaging)	0	0.08	424	304	120	0	0	449
Durham	Mobile	M-006605-02	Durham Diagnostic Imaging-SouthPark- Triangle (Mobile Imaging of North Carolina)	0	0.09	427	306	121	0	0	453
Durham	Mobile	G-007038-04	Raleigh Neurology Imaging (Alliance Healthcare Services - Akumin)	0	0.01	40	12	28	0	0	46
Durham	Mobile	Legacy	Raleigh Neurology Imaging (Alliance HealthCare Services-Akumin)	0	0.06	309	135	174	0	0	346
Durham	Mobile		Raleigh Neurology Imaging (Alliance Healthcare Services-Akumin)	0	0.00	10	4	6	0	0	11
Durham	CON-Approved at Hospital	J-012436-23	Duke University Hospital	1	1.00	0	0	0	0	0	0
Durham	CON-Approved Freestanding Fixed	J-012577-24	Duke Imaging Arrington	1	1.00	0	0	0	0	0	0
Durham	Need Determination		2025 Need Determination	1	1.00	0	0	0	0	0	0
<b>Durham</b>				<b>14</b>	<b>15.01</b>	<b>82,172</b>					<b>102,827</b>
Edgecombe	Hospital Fixed		ECU Health Edgecombe Hospital	1	1.00	2,284	1,329	519	284	152	2,797
<b>Edgecombe</b>				<b>1</b>	<b>1.00</b>	<b>2,284</b>					<b>2,797</b>
Forsyth	Hospital Fixed	G-003685-89; G-006593-02; G-006920-03; G-008372-09; G-008546-10; G-007083-04	Atrium Health Wake Forest Baptist Medical Center	6	6.00	24,261	10,808	5,414	5,211	2,828	32,844

## Proposed 2026 SMFP

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Forsyth	Hospital Fixed	G-008554-10	Novant Health Clemmons Medical Center	1	1.00	2,954	2,231	645	49	29	3,163
Forsyth	Hospital Fixed	G-004293-91; G-006588-02	Novant Health Forsyth Medical Center	3	3.00	13,383	3,396	1,995	5,101	2,891	21,221
Forsyth	Hospital Fixed	G-008196-08	Novant Health Forsyth Medical Center - Novant Health Imaging Kernersville	1	1.00	2,587	1,742	845	0	0	2,766
Forsyth	Hospital Fixed	Legacy; G-007387-05	Novant Health Forsyth Medical Center - Novant Health Imaging Maplewood	2	2.00	9,716	4,687	5,029	0	0	10,783
Forsyth	Hospital Fixed	G-007919-07	Novant Health Kernersville Medical Center	1	1.00	2,725	1,312	864	300	249	3,433
Forsyth	Freestanding Fixed	G-012208-22	Novant Health Breast Clinic/Novant Health Imaging Piedmont	1	1.00	4,665	3,548	1,117	0	0	4,902
Forsyth	Freestanding Fixed	Legacy	Piedmont Imaging (Piedmont Imaging, LLC)	1	1.00	7,500	4,150	3,350	0	0	8,211
Forsyth	Freestanding Fixed	G-006893-03	Piedmont Imaging, LLC	1	1.00	4,570	3,478	1,092	0	0	4,802
Forsyth	Freestanding Fixed	G-007780-07	Wake Forest Baptist Imaging	1	1.00	7,663	4,933	2,730	0	0	8,242
Forsyth	Freestanding Fixed	G-011798-19	Wake Forest Baptist Imaging Kernersville (Wake Forest Baptist Imaging)	1	1.00	5,613	3,758	1,855	0	0	6,006
Forsyth	Mobile		Novant Health Forsyth Medical Center Mobile MRI	0	0.59	2,930	1,787	1,143	0	0	3,172
Forsyth	Mobile	G-007723-06	OrthoCarolina Clemmons (OrthoCarolina)	0	0.07	334	334	0	0	0	334
Forsyth	Mobile	G-007723-06	OrthoCarolina Kernersville (OrthoCarolina)	0	0.06	301	301	0	0	0	301
Forsyth	Mobile	G-007723-06	OrthoCarolina Winston-Salem (OrthoCarolina)	0	0.96	4,778	4,550	228	0	0	4,826
Forsyth	Need Determination		2025 Need Determination	1	1.00	0	0	0	0	0	0
<b>Forsyth/Yadkin</b>				<b>20</b>	<b>21.67</b>	<b>93,980</b>					<b>115,007</b>
Franklin	Hospital Fixed	K-007501-06	Maria Parham Health -Franklin	1	1.00	13	4	4	1	4	19
<b>Franklin</b>				<b>1</b>	<b>1.00</b>	<b>13</b>					<b>19</b>
Gaston	Hospital Fixed	F-006622-02	CaroMont Regional Medical Center - CaroMont Imaging Services - Belmont	1	1.00	2,604	1,375	1,229	0	0	2,865
Gaston	Hospital Fixed	F-006620-02	CaroMont Regional Medical Center - CaroMont Imaging Services - Summit	1	1.00	2,513	1,170	1,343	0	0	2,798
Gaston	Hospital Fixed	F-005577-97	Caromont Regional Medical Center - The Imaging Center	1	1.00	7,512	2,103	2,146	1,990	1,273	11,023
Gaston	Hospital Fixed		CaroMont Regional Medical Center-The Diagnostic Center	1	1.00	0	0	0	0	0	0
Gaston	Freestanding Fixed	F-008793-12	Novant Health Imaging Gastonia (Mecklenburg Diagnostic Imaging)	1	1.00	2,529	1,736	793	0	0	2,697

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Gaston	Mobile	F-005723-97	Carolina Ortho & Sports Medicine (Rayus Radiology)	0	0.55	2,758	2,517	241	0	0	2,809
Gaston	Mobile	F-008000-07	MRI Specialists of the Carolinas	0	0.30	1,494	932	562	0	0	1,613
Gaston	Mobile	Legacy	OrthoCarolina (Alliance HealthCare Services)	0	0.34	1,706	1,626	80	0	0	1,723
Gaston	Mobile	Legacy	OrthoCarolina - Belmont (Alliance HealthCare Services)	0	0.01	33	30	3	0	0	34
<b>Gaston</b>				<b>5</b>	<b>6.20</b>	<b>21,149</b>					<b>25,561</b>
Granville	Hospital Fixed	K-010064-12	Granville Medical Center	1	1.00	1,081	706	276	80	19	1,226
Granville	Mobile	J-008453-09	EmergeOrtho-Oxford (EmergeOrtho)	0	0.21	927	907	20	0	0	931
<b>Granville</b>				<b>1</b>	<b>1.21</b>	<b>2,008</b>					<b>2,158</b>
Guilford	Hospital Fixed	G-005924-98; G-006834-03	Atrium Health Wake Forest Baptist - High Point Medical Center	2	2.00	6,684	1,944	2,208	1,013	1,519	9,684
Guilford	Hospital Fixed		Cone Health Wesley Long Hospital	1	1.00	5,475	1,360	2,503	708	904	7,599
Guilford	Hospital Fixed	G-002319-85; G-006299-00; G-011147-16	Moses H. Cone Memorial Hospital	3	3.00	14,019	4,970	2,631	4,224	2,194	20,493
Guilford	Freestanding Fixed	G-6952-03	Diagnostic Radiology & Imaging (Diagnostic Radiology and Imaging)	1	1.00	5,410	3,238	2,172	0	0	5,871
Guilford	Freestanding Fixed	G-008347-09	EmergeOrtho-Triad Region (EmergeOrtho PA)	1	1.00	7,038	6,812	226	0	0	7,086
Guilford	Freestanding Fixed	Legacy	Greensboro Imaging (Diagnostic Radiology & Imaging)	1	1.00	5,397	2,933	2,464	0	0	5,920
Guilford	Freestanding Fixed	Legacy	Greensboro Imaging (Diagnostic Radiology & Imaging)	1	1.00	5,359	2,893	2,466	0	0	5,882
Guilford	Freestanding Fixed	G-011986-20	Southeastern Orthopaedic Specialists (Southeastern Orthopaedic Specialists, PA)	1	1.00	5,360	3,779	1,581	0	0	5,695
Guilford	Freestanding Fixed	Legacy	Triad Imaging (Novant Health Imaging Triad)	1	1.00	3,770	2,885	885	0	0	3,958
Guilford	Freestanding Fixed	G-7269-05	Westchester Imaging (Atrium Health - Wake Forest Baptist Health Network)	1	1.00	7,318	5,799	1,519	0	0	7,640
Guilford	Mobile	Legacy	Carolina Neurosurgery & Spine Assoc.-Greensboro (Alliance HealthCare Services- Akumin)	0	0.38	1,891	1,483	408	0	0	1,978
Guilford	Mobile	Legacy	Guilford Neurologic Associates (Novant Health-Norfolk)	0	0.13	640	182	458	0	0	737
Guilford	Mobile	Legacy	MedCenter High Point (Alliance HealthCare Services- Akumin)	0	0.05	255	132	114	8	1	287
Guilford	Mobile		MedCenter High Point-Greensboro (Alliance Healthcare Services-Akumin)	0	0.00	19	11	8	0	0	21
Guilford	Mobile	Legacy	MedCenter HighPoint-Greensboro (Alliance HealthCare Services)	0	0.00	13	10	3	0	0	14
Guilford	Mobile	G-007064-04	Premier Imaging (Atrium Health-Wake Forest Baptist Health Network)	0	0.59	2,927	2,271	656	0	0	3,066
Guilford	Mobile	G-007064-04	Westchester Imaging (Atrium Health-Wake Forest Baptist Health Network)	0	0.11	560	560	0	0	0	560

## Proposed 2026 SMFP

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Guilford	CON-Approved Mobile	J-012358-23	Proposed Guilford Location (EmergeOrtho Triad Route)	0	0.00	0	0	0	0	0	0
Guilford	Need Determination		2025 Need Determination	1	1.00	0	0	0	0	0	0
<b>Guilford</b>				<b>14</b>	<b>15.26</b>	<b>72,135</b>					<b>86,490</b>
Halifax	Hospital Fixed	L-007257-05	ECU Health North Hospital	1	1.00	2,456	1,429	456	482	89	3,047
<b>Halifax/Northampton</b>				<b>1</b>	<b>1.00</b>	<b>2,456</b>					<b>3,047</b>
Harnett	Hospital Fixed	M-006712-02	Cape Fear Valley Betsy Johnson Hospital	1	1.00	1,655	796	481	174	204	2,128
Harnett	Hospital Fixed	M-008287-09	Cape Fear Valley Betsy Johnson Hospital-Central Harnett	1	1.00	1,078	557	242	151	128	1,396
Harnett	Mobile	M-006605-02	Carolina Regional Radiology (Mobile Imaging of North Carolina)	0	0.26	1,303	963	340	0	0	1,375
Harnett	Mobile	J-012359-23	EmergeOrtho-Dunn (EmergeOrtho)	0	0.01	46	46	0	0	0	46
<b>Harnett</b>				<b>2</b>	<b>2.27</b>	<b>4,082</b>					<b>4,946</b>
Haywood	Hospital Fixed	A-005060-94; A-007807-07	Haywood Regional Medical Center	2	2.00	4,860	2,989	1,222	501	148	5,695
<b>Haywood</b>				<b>2</b>	<b>2.00</b>	<b>4,860</b>					<b>5,695</b>
Henderson	Hospital Fixed	B-006012-99; B-007384-05	AdventHealth Hendersonville	1	1.00	3,836	1,476	1,583	470	307	4,901
Henderson	Hospital Fixed	B-006004-99	Margaret R. Pardee Memorial Hospital	2	2.00	7,880	4,920	2,024	546	390	9,193
<b>Henderson</b>				<b>3</b>	<b>3.00</b>	<b>11,716</b>					<b>14,094</b>
Hertford	Hospital Fixed	Q-007213-05	ECU Health Roanoke-Chowan Hospital	1	1.00	1,999	1,273	396	227	103	2,384
<b>Hertford/Gates</b>				<b>1</b>	<b>1.00</b>	<b>1,999</b>					<b>2,384</b>
Hoke	Hospital Fixed	N-011445-18	Cape Fear Valley Hoke Hospital*	1	1.00	2,008	659	1,257	51	41	2,362
Hoke	Mobile	H-006104-99	FirstHealth Moore Regional Hospital- Hoke Campus (First Health of The Carolinas)	0	0.54	2,702	2,083	584	14	21	2,861
Hoke	CON-Approved at Hospital	N-011284-17	FirstHealth Moore Regional Hospital - Hoke Campus* (FirstHealth of the Carolinas)	1	1.00	0	0	0	0	0	0
<b>Hoke</b>				<b>2</b>	<b>2.54</b>	<b>4,710</b>					<b>5,223</b>
Iredell	Hospital Fixed	F-006728-02	Iredell Davis Regional Medical Center	1	1.00	0	0	0	0	0	0
Iredell	Hospital Fixed	F-005340-96	Iredell Memorial Hospital	1	1.00	4,011	1,962	1,274	402	373	5,028

## Proposed 2026 SMFP

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Iredell	Hospital Fixed	F-005815-98; F-006591-02	Lake Norman Regional Medical Center	2	2.00	3,283	1,747	832	507	197	4,095
Iredell	Freestanding Fixed	F-006957-03	Piedmont HealthCare, PA (Alliance Healthcare Services)	1	1.00	3,446	2,091	1,355	0	0	3,733
Iredell	Mobile	F-006626-02	Novant Health Imaging - Mooresville (Jacksonville Diagnostic Imaging)	0	0.23	1,162	718	444	0	0	1,256
Iredell	Mobile	G-007065-04	Novant Health Imaging Mooresville (Forsyth Medical Hospital, Forsyth Mobile)	0	0.27	1,360	912	448	0	0	1,455
Iredell	Mobile	Legacy	OrthoCarolina - Mooresville (Alliance HealthCare Services)	0	0.36	1,777	1,777	0	0	0	1,777
Iredell	Mobile	Legacy	Piedmont Healthcare (Alliance HealthCare Services - Akumin)	0	0.53	2,645	1,781	864	0	0	2,828
<b>Iredell</b>				<b>5</b>	<b>6.39</b>	<b>17,684</b>					<b>20,173</b>
Jackson	Hospital Fixed	A-006797-03; A-008195-08	Harris Regional Hospital	2	2.00	2,913	2,029	723	99	62	3,217
<b>Jackson</b>				<b>2</b>	<b>2.00</b>	<b>2,913</b>					<b>3,217</b>
Johnston	Hospital Fixed	J-007900-07	Johnston Health Clayton	1	1.00	2,759	1,397	695	498	169	3,503
Johnston	Hospital Fixed	J-006807-03	Johnston Health Smithfield	1	1.00	3,928	1,824	862	944	298	5,217
Johnston	Mobile	J-082608-08	Cardinal Points Imaging of the Carolinas Clayton (Pinnacle Health Service of North Carolina)	0	0.60	2,995	2,270	725	0	0	3,149
Johnston	Mobile	J-012359-23	EmergeOrtho-Clayton (EmergeOrtho)	0	0.14	704	690	14	0	0	707
Johnston	Mobile	J-008453-09	Emergeortho-Clayton (EmergeOrtho)	0	0.10	496	490	6	0	0	497
Johnston	Mobile	J-008453-09	Emergeortho-Smithfield (EmergeOrtho)	0	0.21	1,050	990	60	0	0	1,063
Johnston	Mobile	J-012359-23	EmergeOrtho-Smithfield (EmergeOrtho)	0	0.21	1,046	996	50	0	0	1,057
Johnston	Mobile	Legacy	Raleigh Radiology- Clayton (Alliance HealthCare Services)	0	0.27	1,326	812	514	0	0	1,435
Johnston	CON-Approved Freestanding Fixed	J-023504-24	Raleigh Radiology - Clayton	1	1.00	0	0	0	0	0	0
<b>Johnston</b>				<b>3</b>	<b>4.53</b>	<b>14,304</b>					<b>16,628</b>
Lee	Hospital Fixed	J-005901-98	Central Carolina Hospital	1	1.00	1,229	137	861	34	197	1,660
Lee	Mobile	O-006434-01	First Health Lee Campus (Cape Fear Diagnostic Imaging)	0	0.10	420	420	0	0	0	420
Lee	Mobile	J-007008-04	First Health Lee Campus (Novant Health Norfolk)	0	0.39	1,696	1,335	361	0	0	1,773
<b>Lee</b>				<b>1</b>	<b>1.48</b>	<b>3,345</b>					<b>3,853</b>
Lenoir	Hospital Fixed		UNC Lenoir Health Care	1	1.00	3,417	1,629	1,070	493	225	4,300
Lenoir	CON-Approved Freestanding Fixed	P-012522-24	UNC Lenoir Imaging	1	1.00	0	0	0	0	0	0

## Proposed 2026 SMFP

**Table 15E-1: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents**

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Base Outpatient	Complex Outpatient	Base Inpatient	Complex Inpatient	Adjusted Total
<b>Lenoir</b>				<b>2</b>	<b>2.00</b>	<b>3,417</b>					<b>4,300</b>
Lincoln	Hospital Fixed	F-008081-08	Atrium Health Lincoln	1	1.00	6,666	2,692	2,346	758	870	8,759
Lincoln	Freestanding Fixed	F-011440-17	Carolinas Imaging Services - Denver (Carolinas Imaging Services, LLC)	1	1.00	1,991	1,253	738	0	0	2,148
<b>Lincoln</b>				<b>2</b>	<b>2.00</b>	<b>8,657</b>					<b>10,907</b>
Macon	Hospital Fixed	A-006828-03	Angel Medical Center	1	1.00	2,772	1,630	934	44	164	3,190
Macon	Hospital Fixed	A-007197-05	Highlands-Cashiers Hospital	1	1.00	670	473	168	24	5	731
<b>Macon</b>				<b>2</b>	<b>2.00</b>	<b>3,442</b>					<b>3,921</b>
			No Service Site								
<b>Martin</b>											
McDowell	Hospital Fixed	C-007304-05	Mission Health McDowell	1	1.00	2,004	861	890	178	75	2,423
McDowell	Mobile	E-007066-04	Blue Ridge Radiology - Marion (Blue Ridge Healthcare Medical Group)	0	0.24	1,065	840	225	0	0	1,113
<b>McDowell</b>				<b>1</b>	<b>1.24</b>	<b>3,069</b>					<b>3,535</b>
Mecklenburg	Hospital Fixed	F-001895-83; F-005918-98; F-006493-01	Atrium Health Carolinas Medical Center	4	4.00	17,853	2,614	4,496	5,249	5,494	29,261
Mecklenburg	Hospital Fixed	F-003268-88	Atrium Health Mercy	1	1.00	6,350	1,928	1,998	1,175	1,249	9,136
Mecklenburg	Hospital Fixed	F-006830-03; F-011425-17	Atrium Health Pineville	2	2.00	11,699	3,672	3,140	2,615	2,272	17,052
Mecklenburg	Hospital Fixed	F-005919-98	Atrium Health University City	1	1.00	9,930	3,082	4,566	1,112	1,170	13,120
Mecklenburg	Hospital Fixed	F-005575-97	Novant Health Charlotte Orthopedic Hospital	1	1.00	2,867	1,861	968	22	16	3,108
Mecklenburg	Hospital Fixed	F-005580-97; F-001184-16	Novant Health Huntersville Medical Center	2	2.00	9,797	4,570	3,740	921	566	11,978
Mecklenburg	Hospital Fixed	F-002332-85	Novant Health Imaging Museum	1	1.00	2,768	1,454	1,314	0	0	3,047
Mecklenburg	Hospital Fixed	F-006379-01	Novant Health Matthews Medical Center	1	1.00	6,053	2,163	2,605	786	499	7,808
Mecklenburg	Hospital Fixed	F-008688-11	Novant Health Mint Hill Medical Center	1	1.00	3,652	2,074	1,054	352	172	4,356
Mecklenburg	Hospital Fixed	F-006499-01; F-005575-97; Legacy	Novant Health Presbyterian Medical Center	3	3.00	13,900	3,785	4,957	2,758	2,400	19,899
Mecklenburg	Freestanding Fixed	F-012226-22	Atrium Health Imaging - Kenilworth (Carolinas Physicians Network)	1	1.00	2,956	1,507	1,449	0	0	3,263

Table 15E-1: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents

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Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Base Outpatient	Complex Outpatient	Base Inpatient	Complex Inpatient	Adjusted Total
Mecklenburg	Freestanding Fixed	F-011760-19	Atrium Health Imaging-Kenilworth (Carolinas Physicians Network)	1	1.00	5,961	3,214	2,747	0	0	6,544
Mecklenburg	Freestanding Fixed	F-008106-08	Carolina Neurosurgery & Spine Associates-Charlotte (Carolina Neurosurgery & Spine Associates)	1	1.00	3,274	2,828	446	0	0	3,369
Mecklenburg	Freestanding Fixed	F-011182-16	Carolinas Imaging Services- Huntersville (Carolinas Imaging Services)	1	1.00	5,961	3,823	2,120	13	5	6,427
Mecklenburg	Freestanding Fixed	F-050755-18	Carolinas Imaging Services-Ballantyne (Carolinas Imaging Services)	1	1.00	6,261	3,755	2,506	0	0	6,793
Mecklenburg	Freestanding Fixed	F-005918-98	Carolinas Imaging Services-Southpark (Carolinas Imaging Services)	1	1.00	6,063	3,339	2,724	0	0	6,641
Mecklenburg	Freestanding Fixed	F-005748-97	Novant Health Imaging Ballantyne	1	1.00	3,642	2,538	1,104	0	0	3,876
Mecklenburg	Freestanding Fixed	F-011946-20	Novant Health Imaging Southpark (Mecklenburg Diagnostic Imaging, LLC)	1	1.00	3,804	2,454	1,350	0	0	4,090
Mecklenburg	Freestanding Fixed	F-007068-04	Novant Health Imaging- SouthPark (Mecklenburg Diagnostic Imaging, LLC)	1	1.00	3,475	2,265	1,210	0	0	3,732
Mecklenburg	Freestanding Fixed	F-010287-14	OrthoCarolina Ballantyne (OrthoCarolina, PA)	1	1.00	9,190	8,408	782	0	0	9,356
Mecklenburg	Freestanding Fixed	F-006698-02	OrthoCarolina Spine Center (OrthoCarolina, PA)	1	1.00	8,217	6,964	1,253	0	0	8,483
Mecklenburg	Mobile	F-006734-02	Carolina Neurosurgery & Spine Associates - Baldwin (Carolina Neurosurgery & Spine Associates)	0	0.97	4,842	3,826	1,016	0	0	5,058
Mecklenburg	Mobile	F-006734-02	Carolina Neurosurgery & Spine Associates - Ballantyne (Carolina Neurosurgery & Spine Associates)	0	0.30	1,486	1,227	259	0	0	1,541
Mecklenburg	Mobile	Legacy	Carolina Neurosurgery & Spine- Charlotte (Alliance HealthCare Services- Akumin)	0	0.25	1,227	1,046	181	0	0	1,265
Mecklenburg	Mobile	F-007040-04	Carolinas Imaging Services SouthPark (Carolinas Imaging Services)	0	0.47	2,340	1,188	1,152	0	0	2,584
Mecklenburg	Mobile	G-007038-04	Charlotte Eye, Ear, Nose, & Throat (Alliance Healthcare Services - Akumin)	0	0.20	1,002	144	858	0	0	1,184
Mecklenburg	Mobile	G-007065-04	Novant Health Ballantyne Medical Center (Forsyth Medical Hospital, Forsyth Mobile)	0	0.31	1,570	875	695	0	0	1,717
Mecklenburg	Mobile	Legacy	Novant Health Imaging Steele Creek (Novant Health- Norfolk)	0	0.35	1,754	1,414	340	0	0	1,826
Mecklenburg	Mobile	Legacy	Novant Health Imaging Steele Creek (Novant Health-Norfolk)	0	0.01	27	13	14	0	0	30
Mecklenburg	Mobile	Legacy	Novant Health Imaging University (Novant Health- Norfolk)	0	0.21	1,043	621	422	0	0	1,133
Mecklenburg	Mobile	Legacy	Novant Health Imaging University (Novant Health-Norfolk)	0	0.26	1,283	942	341	0	0	1,355
Mecklenburg	Mobile	Legacy	Novant Health- Mint Hill Medical Center (Novant Health-Norfolk)	0	0.08	402	225	177	0	0	440
Mecklenburg	Mobile	Legacy	OrthoCarolina (Alliance Healthcare Services - Akumin)	0	0.00	15	14	1	0	0	15
Mecklenburg	Mobile	F-007987-07	OrthoCarolina Huntersville (OrthoCarolina, PA)	0	0.51	2,566	2,363	203	0	0	2,609
Mecklenburg	Mobile	F-007987-07	OrthoCarolina Matthews (OrthoCarolina, PA)	0	0.62	3,111	3,025	86	0	0	3,129
Mecklenburg	Mobile	F-007987-07	OrthoCarolina Spine Center (OrthoCarolina, PA)	0	0.24	1,194	1,058	136	0	0	1,223

## Proposed 2026 SMFP

**Table 15E-1: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents**

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Base Outpatient	Complex Outpatient	Base Inpatient	Complex Inpatient	Adjusted Total
Mecklenburg	Mobile	G-007038-04	Southern Imaging Services- Charlotte (Alliance Healthcare Services - Akumin)	0	0.00	1	1	0	0	0	1
Mecklenburg	CON-Approved at Hospital	F-012403-23	Novant Health Ballantyne Medical Center*	1	1.00	0	0	0	0	0	0
Mecklenburg	CON-Approved at Hospital	F-012285-22	Novant Health Matthews Medical Center	1	1.00	0	0	0	0	0	0
Mecklenburg	CON-Approved at Hospital	F-012117-21	Carolinas Medical Center (Atrium Health Carolinas Medical Center)	1	1.00	0	0	0	0	0	0
Mecklenburg	CON-Approved Freestanding Fixed	F-012341-23	Novant Health Imaging Mt. Island Lake (Novant Health Imaging)	1	1.00	0	0	0	0	0	0
Mecklenburg	CON-Approved Freestanding Fixed	F-012553-24	Novant Health Imaging-Steele Creek	1	1.00	0	0	0	0	0	0
Mecklenburg	Need Determination		2025 Need Determination	1	1.00	0	0	0	0	0	0
<b>Mecklenburg</b>				<b>34</b>	<b>38.78</b>	<b>167,536</b>					<b>206,449</b>
Mitchell	Hospital Fixed	D-006866-03	Blue Ridge Regional Hospital	1	1.00	2,063	1,099	745	132	87	2,427
<b>Mitchell</b>				<b>1</b>	<b>1.00</b>	<b>2,063</b>					<b>2,427</b>
Montgomery	Mobile	J-007008-04	First Health Montgomery (Troy) Memorial Hospital (Novant Health Norfolk)	0	0.27	505	372	103	20	10	554
Montgomery	Mobile	Legacy	FirstHealth Montgomery Memorial Hospital (Novant Health-Norfolk)	0	0.10	181	138	43	0	0	190
<b>Montgomery</b>				<b>0</b>	<b>0.37</b>	<b>686</b>					<b>745</b>
Moore	Hospital Fixed	H-005602-97; H-006846-03; H-007097-04	FirstHealth Moore Regional Hospital	3	3.00	16,154	3,510	9,711	769	2,164	21,269
Moore	Freestanding Fixed	H-011911-20	First Health Southern Pines Diagnostic Imaging (Firsthealth of the Carolinas)	1	1.00	1,832	1,641	191	0	0	1,873
Moore	Freestanding Fixed	H-006845-03	Pinehurst Surgical Clinic	1	1.00	5,258	4,776	482	0	0	5,360
Moore	Need Determination		2025 Need Determination	1	1.00	0	0	0	0	0	0
<b>Moore</b>				<b>6</b>	<b>6.00</b>	<b>23,244</b>					<b>28,502</b>

**Proposed 2026 SMFP**

**Table 15E-1: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents**

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Base Outpatient	Complex Outpatient	Base Inpatient	Complex Inpatient	Adjusted Total
Nash	Hospital Fixed	L-005908-98	Nash General Hospital	2	2.00	7,603	3,833	1,870	1,495	405	9,677
Nash	Need Determination		2025 Need Determination	1	1.00	0	0	0	0	0	0
<b>Nash</b>				<b>3</b>	<b>3.00</b>	<b>7,603</b>					<b>9,677</b>
New Hanover	Hospital Fixed	O-006427-01	Novant Health New Hanover Regional Medical Center Health & Diagnostics - Medical Mall	1	1.00	3,043	1,246	1,797	0	0	3,424
New Hanover	Hospital Fixed	O-006212-00	Novant Health New Hanover Regional Medical Center Main Campus	2	2.00	11,272	1,898	2,022	4,055	3,297	18,715
New Hanover	Hospital Fixed		Novant Health New Hanover Regional Medical Center Orthopedic Hospital	1	1.00	5,735	2,240	3,361	69	65	6,577
New Hanover	Freestanding Fixed	O-007259-05	EmergeOrtho (EmergeOrtho-Coastal - Coastal)	1	1.00	5,220	4,596	624	0	0	5,352
New Hanover	Freestanding Fixed	O-011063-15	Wilmington Health, PLLC (Wilmington Health)	1	1.00	6,404	3,676	2,728	0	0	6,983
New Hanover	Mobile	Legacy	Delaney Radiologist - Ashton Drive (RAYUS Radiology)	0	0.47	2,368	1,367	1,001	0	0	2,580
New Hanover	Mobile	Legacy	Delaney Radiologists (RAYUS Radiology)	0	0.41	2,037	985	1,052	0	0	2,260
New Hanover	Mobile	O-007254-05	Delaney Radiologists-Ashton Drive (Porter's Neck Imaging)	0	0.25	1,240	994	246	0	0	1,292
New Hanover	Mobile	O-007254-05	Delaney Radiologists-Medical Center Drive (Porter's Neck Imaging)	0	0.48	2,399	1,036	1,363	0	0	2,688
New Hanover	Mobile	Legacy	EmergeOrtho - Shipyard (Rayus Radiology)	0	0.09	425	425	0	0	0	425
New Hanover	Mobile	Legacy	EmergeOrtho-Wilmington Porters Neck (Rayus Radiology)	0	0.15	758	699	59	0	0	771
New Hanover	Mobile	O-006434-01	Novant Health Imaging Brunswick Forest (Cape Fear Diagnostic Imaging)	0	0.09	438	198	240	0	0	489
New Hanover	Mobile	O-007001-04	Novant Health Imaging Scotts Hill (Alliance HealthCare Services - Akumin)	0	0.02	82	36	46	0	0	92
New Hanover	CON-Approved at Hospital	O-012124-21	Novant Health New Hanover Regional Medical Center - Scotts Hill (Novant Health New Hanover Regional Medical Center)	1	1.00	0	0	0	0	0	0
New Hanover	CON-Approved Freestanding Fixed	O-012353-23	Delaney Radiologists Group	1	1.00	0	0	0	0	0	0
New Hanover	CON-Approved Freestanding Fixed	O-012374-23	EmergeOrtho - Wilmington Porters Neck (EmergeOrtho)	1	1.00	0	0	0	0	0	0
New Hanover	Need Determination		2025 Need Determination	1	1.00	0	0	0	0	0	0
<b>New Hanover</b>				<b>10</b>	<b>11.95</b>	<b>41,421</b>					<b>51,649</b>

## Proposed 2026 SMFP

**Table 15E-1: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents**

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Base Outpatient	Complex Outpatient	Base Inpatient	Complex Inpatient	Adjusted Total
Onslow	Hospital Fixed		Onslow Memorial Hospital	1	1.00	4,204	2,577	1,143	356	128	4,881
Onslow	Freestanding Fixed	P-008326-09	Coastal Diagnostic Imaging (Jacksonville Diagnostic Imaging)	1	1.00	4,464	3,551	913	0	0	4,658
Onslow	Freestanding Fixed	P-007324-05	Coastal Diagnostic Imaging (Jacksonville Diagnostic Imaging)	1	1.00	3,803	3,025	778	0	0	3,968
Onslow	Need Determination		2025 Need Determination	1	1.00	0	0	0	0	0	0
<b>Onslow</b>				<b>4</b>	<b>4.00</b>	<b>12,471</b>					<b>13,507</b>
Orange	Hospital Fixed	J-008330-09	UNC Hospitals Hillsborough Campus	1	1.00	6,975	2,016	3,692	409	858	9,055
Orange	Hospital Fixed	J-004048-90; J-005900-98 (2); J-007028-04; J-007301-05; J-008136-08; J-008391-09; J-010314-14	UNC Hospitals Main Campus	8	8.00	29,317	8,050	13,233	2,525	5,509	40,367
Orange	Freestanding Fixed	J-012155-21	Duke Imaging Coley Hall (Duke University Health System)	1	1.00	731	424	307	0	0	796
Orange	Freestanding Fixed	J-012141-21	Raleigh Radiology Chapel Hill (Raleigh Radiology)	1	1.00	193	75	118	0	0	218
Orange	Freestanding Fixed	Legacy	Wake Radiology (Chapel Hill Diagnostic Imaging)	1	1.00	3,038	1,293	1,745	0	0	3,408
Orange	Mobile	Legacy	UNC Hospital- Hillsborough Campus (Alliance HealthCare Services)	0	0.56	2,801	1,232	1,569	0	0	3,134
Orange	Mobile		UNC Hospital Imaging and Spine (Alliance Healthcare Services - Akumin)	0	0.65	3,224	1,157	2,055	4	8	3,672
Orange	CON-Approved Freestanding Fixed	J-012540-24	UNC Health Imaging Center	1	1.00	0	0	0	0	0	0
<b>Orange</b>				<b>13</b>	<b>14.21</b>	<b>46,279</b>					<b>60,650</b>
Pasquotank	Hospital Fixed	R-007623-06	Sentara Albemarle Medical Center	1	1.00	4,796	2,977	1,185	430	204	5,628
Pasquotank	Mobile	R-007623-06	Sentara Albemarle Medical Center	0	0.43	2,151	1,312	551	191	97	2,533
Pasquotank	Need Determination		2022 Need Determination (under appeal)	1	1.00	0	0	0	0	0	0
<b>Pasquotank/Camden/Currituck/Perquimans</b>				<b>2</b>	<b>2.43</b>	<b>6,947</b>					<b>8,161</b>
Pender	Mobile	O-007001-04	Pender Memorial Hospital (Alliance HealthCare Services - Akumin)	0	0.49	912	443	456	5	8	1,022
<b>Pender</b>				<b>0</b>	<b>0.49</b>	<b>912</b>					<b>1,022</b>

## Proposed 2026 SMFP

**Table 15E-1: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents**

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Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Base Outpatient	Complex Outpatient	Base Inpatient	Complex Inpatient	Adjusted Total
Person	Hospital Fixed	K-010277-14	Person Memorial Hospital	1	1.00	383	7	338	0	38	497
<b>Person</b>				<b>1</b>	<b>1.00</b>	<b>383</b>					<b>497</b>
Pitt	Hospital Fixed	Q-006709-02; Q-007658-06; Q-008671-11	ECU Medical Center	4	4.00	17,315	2,876	4,792	4,599	5,048	27,754
Pitt	Freestanding Fixed	Legacy	ECU Physicians MRI (Brody School of Medicine at East Carolina University)	1	1.00	3,272	2,070	1,202	0	0	3,527
Pitt	Freestanding Fixed		Greenville MRI	1	1.00	5,869	3,413	2,456	0	0	6,390
Pitt	Freestanding Fixed	Q-006854-03	Greenville MRI	1	1.00	5,986	3,556	2,430	0	0	6,501
Pitt	Freestanding Fixed	Q-012286-22	Orthopaedics East and Sports Medicine Center (Orthopaedics East and Sports Medicine, Inc. Orthopaedics East Properties)	1	1.00	2,799	2,746	53	0	0	2,810
Pitt	Freestanding Fixed	Legacy	Physicians East, PA (Kings Medical Group)	1	1.00	4,645	3,344	1,301	0	0	4,921
Pitt	CON-Approved Freestanding Fixed	Q-012421-23	Greenville MRI	1	1.00	0	0	0	0	0	0
<b>Pitt/Greene/Hyde/Tyrrell</b>				<b>10</b>	<b>10.00</b>	<b>39,886</b>					<b>51,904</b>
Polk	Mobile	F-007040-04	St Lukes Hospital (Carolinas Imaging Services)	0	0.58	1,095	815	258	21	1	1,168
<b>Polk</b>				<b>0</b>	<b>0.58</b>	<b>1,095</b>					<b>1,168</b>
Randolph	Hospital Fixed	G-006817-03	Randolph Health	1	1.00	1,159	465	194	363	137	1,651
Randolph	Freestanding Fixed	G-010355-14	Randolph MRI Center (American Healthcare Systems)	1	1.00	3,036	2,402	634	0	0	3,170
Randolph	CON-Approved Mobile	J-012358-23	Proposed Randolph Location (EmergeOrtho Triad Route)	0	0.00	0	0	0	0	0	0
<b>Randolph</b>				<b>2</b>	<b>2.00</b>	<b>4,195</b>					<b>4,821</b>
Richmond	Hospital Fixed	H-008193-08	FirstHealth Moore Regional Hospital - Richmond	1	1.00	0	0	0	0	0	0
<b>Richmond</b>				<b>1</b>	<b>1.00</b>	<b>0</b>					<b>0</b>
Robeson	Hospital Fixed	N-005496-96; N-006606-02	UNC Health Southeastern	2	2.00	6,470	3,538	1,529	904	499	8,093
<b>Robeson</b>				<b>2</b>	<b>2.00</b>	<b>6,470</b>					<b>8,093</b>
Rockingham	Hospital Fixed	G-006691-02	Annie Penn Hospital	1	1.00	3,237	1,693	893	446	205	4,021
Rockingham	Hospital Fixed	G-006297-00	UNC Rockingham Hospital	1	1.00	1,602	1,040	362	158	42	1,855

## Proposed 2026 SMFP

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Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Base Outpatient	Complex Outpatient	Base Inpatient	Complex Inpatient	Adjusted Total
Rockingham	CON-Approved Mobile	J-012358-23	Proposed Rockingham Location (EmergeOrtho Triad Route)	0	0.00	0	0	0	0	0	0
<b>Rockingham/Caswell</b>				<b>2</b>	<b>2.00</b>	<b>4,839</b>					<b>5,876</b>
Rowan	Hospital Fixed	F-005289-98; F-008314-09	Novant Health Rowan Medical Center	2	2.00	6,486	3,402	1,503	1,128	453	8,236
Rowan	Hospital Fixed	F-006919-03	Novant Health Rowan Medical Center-Novant Health Imaging	2	2.00	4,714	3,302	1,412	0	0	5,014
<b>Rowan</b>				<b>4</b>	<b>4.00</b>	<b>11,200</b>					<b>13,249</b>
Rutherford	Hospital Fixed	C-007298-05	Rutherford Regional Medical Center	1	1.00	2,253	1,312	499	316	126	2,759
<b>Rutherford</b>				<b>1</b>	<b>1.00</b>	<b>2,253</b>					<b>2,759</b>
Sampson	Hospital Fixed	M-007218-05	Sampson Regional Medical Center	1	1.00	1,513	1,078	368	56	11	1,649
<b>Sampson</b>				<b>1</b>	<b>1.00</b>	<b>1,513</b>					<b>1,649</b>
Scotland	Hospital Fixed	N-007805-07	Scotland Memorial Hospital	1	1.00	13	9	3	1	0	14
<b>Scotland</b>				<b>1</b>	<b>1.00</b>	<b>13</b>					<b>14</b>
Stanly	Hospital Fixed	F-007461-06	Atrium Health Stanly	1	1.00	4,206	2,081	1,348	550	227	5,196
Stanly	Mobile	F-007040-04	Atrium Health West Stanly Imaging (Carolinas Imaging Services)	0	0.18	877	669	208	0	0	921
Stanly	CON-Approved Freestanding Fixed	F-012366-23	Atrium Health Imaging Locust	1	1.00	0	0	0	0	0	0
<b>Stanly</b>				<b>2</b>	<b>2.18</b>	<b>5,083</b>					<b>6,118</b>
			No Service Site								
<b>Stokes</b>											
Surry	Hospital Fixed	G-006792-03	Hugh Chatham Memorial Hospital	1	1.00	2,770	1,943	565	209	53	3,120
Surry	Hospital Fixed	G-006569-02	Northern Regional Hospital	1	1.00	3,457	1,854	800	640	163	4,333
<b>Surry</b>				<b>2</b>	<b>2.00</b>	<b>6,227</b>					<b>7,453</b>
			No Service Site								
<b>Swain</b>											
Transylvania	Hospital Fixed		Transylvania Regional Hospital	1	1.00	1,667	799	682	118	68	1,984
<b>Transylvania</b>				<b>1</b>	<b>1.00</b>	<b>1,667</b>					<b>1,984</b>

Table 15E-1: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Base Outpatient	Complex Outpatient	Base Inpatient	Complex Inpatient	Adjusted Total
Union	Hospital Fixed	F-005920-98	Atrium Health Union	1	1.00	6,525	2,475	1,312	1,990	748	9,270
Union	Hospital Fixed		Atrium Health Union West	1	1.00	5,050	1,884	2,091	674	401	6,495
Union	Freestanding Fixed	F-006972-03	Atrium Health Imaging Services Indian Trail (Union Medical Services)	1	1.00	1,654	1,254	400	0	0	1,739
Union	Mobile	F-006626-02	Novant Health Imaging - Monroe (Jacksonville Diagnostic Imaging)	0	0.27	1,348	929	419	0	0	1,437
Union	Mobile	Legacy	OrthoCarolina- Monroe (Alliance Healthcare Services - Akumin)	0	0.33	1,654	1,653	1	0	0	1,654
Union	CON-Approved Freestanding Fixed	F-012571-24	Novant Health Imaging Monroe	1	1.00	0	0	0	0	0	0
<b>Union</b>				<b>4</b>	<b>4.60</b>	<b>16,231</b>					<b>20,595</b>
Vance	Hospital Fixed	K-006527-01; K-007839-07	Maria Parham Health	2	2.00	2,257	811	878	195	373	3,021
<b>Vance/Warren</b>				<b>2</b>	<b>2.00</b>	<b>2,257</b>					<b>3,021</b>
Wake	Hospital Fixed	Legacy; J-008529-10	Duke Raleigh Hospital Main Campus	2	2.00	11,671	3,967	5,305	974	1,425	15,191
Wake	Hospital Fixed	J-006932-03	UNC Health Rex	2	2.00	8,092	2,252	1,847	2,318	1,675	12,258
Wake	Hospital Fixed	J-007119-04	WakeMed Cary Hospital	1	1.00	5,966	2,208	1,727	1,074	957	8,284
Wake	Hospital Fixed	J-002420-85; J-006368-01	WakeMed Raleigh Campus	2	2.00	11,835	3,734	2,978	2,681	2,442	17,398
Wake	Freestanding Fixed	J-007289-05	Cardinal Points Imaging of the Carolinas Midtown (Pinnacle Health Services of North Carolina)	1	1.00	5,933	4,794	1,139	0	0	6,175
Wake	Freestanding Fixed	J-011167-16	Duke Imaging Holly Springs (Duke University Health System)	1	1.00	2,909	2,073	836	0	0	3,086
Wake	Freestanding Fixed	Legacy	EmergeOrtho- Duraleigh (Alliance Healthcare Services-Akumin)	1	1.00	4,093	3,774	319	0	0	4,161
Wake	Freestanding Fixed	Legacy	Raleigh Neurology Associates	1	1.00	5,098	2,609	2,489	0	0	5,626
Wake	Freestanding Fixed	Legacy	Raleigh Neurology Imaging (Alliance Healthcare Services-Akumin)	1	1.00	4,874	2,302	2,572	0	0	5,420
Wake	Freestanding Fixed	Legacy	Raleigh Radiology - Falls of Neuse (Alliance Healthcare Services - Akumin)	1	1.00	2,468	1,333	1,135	0	0	2,709
Wake	Freestanding Fixed	Legacy	Raleigh Radiology Blue Ridge (Alliance Healthcare Services-Akumin)	1	1.00	6,085	4,147	1,938	0	0	6,496
Wake	Freestanding Fixed	Legacy	Raleigh Radiology Cary (Alliance Healthcare Services - Akumin)	1	1.00	5,213	3,803	1,410	0	0	5,512

Table 15E-1: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Base Outpatient	Complex Outpatient	Base Inpatient	Complex Inpatient	Adjusted Total
Wake	Freestanding Fixed	J-011825-19	Raleigh Radiology Cary (Raleigh Radiology, LLC)	1	1.00	1,051	807	244	0	0	1,103
Wake	Freestanding Fixed	J-006932-03	Rex Healthcare of Cary (UNC Health Rex)	1	1.00	0	0	0	0	0	0
Wake	Freestanding Fixed	J-007605-06	The Bone and Joint Surgery Clinic	1	1.00	2,502	1,983	519	0	0	2,612
Wake	Freestanding Fixed	Legacy	Wake Radiology (WR Imaging)	1	1.00	4,175	1,004	3,171	0	0	4,848
Wake	Freestanding Fixed	Legacy	Wake Radiology (WR Imaging)	1	1.00	4,778	1,553	3,225	0	0	5,462
Wake	Freestanding Fixed	Legacy	Wake Radiology Cary (Alliance Healthcare Services- Akumin)	1	1.00	6,486	3,159	3,327	0	0	7,192
Wake	Freestanding Fixed	Legacy	Wake Radiology Garner (Alliance Healthcare Services- Akumin)	1	1.00	4,905	2,553	2,352	0	0	5,404
Wake	Mobile	Legacy	Cardinal Points Imaging Brier Creek (Foundation Health Mobile Imaging)	0	0.28	1,386	880	506	0	0	1,493
Wake	Mobile	J-082608-08	Cardinal Points Imaging of the Carolinas Midtown (Pinnacle Health Service of North Carolina)	0	0.15	759	500	259	0	0	814
Wake	Mobile	J-082608-08	Cardinal Points Imaging of the Carolinas Wake Forest (Pinnacle Health Service of North Carolina)	0	0.46	2,303	1,937	366	0	0	2,381
Wake	Mobile	Legacy	Cardinal Points Imaging Wake Forest (Foundation Health Mobile Imaging)	0	0.00	14	14	0	0	0	14
Wake	Mobile	Legacy	Cardinal Points Imaging-Cary (Foundation Health Mobile Imaging)	0	0.27	1,328	878	450	0	0	1,423
Wake	Mobile	Legacy	Duke Imaging Cary Parkway (Alliance HealthCare Services)	0	0.32	1,604	993	611	0	0	1,734
Wake	Mobile	J-012378-23	Duke Imaging Heritage (Duke University Health System)	0	0.20	976	639	337	0	0	1,047
Wake	Mobile	Legacy	Duke Medical Raleigh Hospital Heritage (Alliance HealthCare Services - Akumin)	0	0.24	1,175	813	362	0	0	1,252
Wake	Mobile	Legacy	Duke Raleigh Hospital (Alliance HealthCare Services - Akumin)	0	0.33	1,647	850	797	0	0	1,816
Wake	Mobile		Duke Raleigh Hospital-Cary (Alliance Healthcare Services- Akumin)	0	0.25	1,263	755	508	0	0	1,371
Wake	Mobile	Legacy	EmergeOrtho (Alliance HealthCare Services)	0	0.00	15	15	0	0	0	15
Wake	Mobile	Legacy	EmergeOrtho (Alliance HealthCare Services- Akumin)	0	0.01	63	63	0	0	0	63
Wake	Mobile		EmergeOrtho (Alliance Healthcare Services-Akumin)	0	0.00	1	1	0	0	0	1
Wake	Mobile	J-008453-09	Emergeortho-Apex (EmergeOrtho)	0	0.20	1,001	998	3	0	0	1,002
Wake	Mobile	Legacy	EmergeOrtho-Raleigh (Alliance HealthCare Services)	0	0.04	202	202	0	0	0	202
Wake	Mobile	J-012359-23	EmergeOrtho-Wake Forest (EmergeOrtho)	0	0.03	157	157	0	0	0	157
Wake	Mobile	J-006665-02	Orthopaedic Specialists of NC (Cape Fear Mobile Imaging)	0	0.47	2,352	2,164	188	0	0	2,392
Wake	Mobile	Legacy	Orthopedic Specialists of NC (Novant Health-Norfolk)	0	0.00	14	11	3	0	0	15
Wake	Mobile	Legacy	Raleigh Neurosurgical Clinic (Foundation Health Mobile Imaging)	0	0.01	72	44	28	0	0	78

Table 15E-1: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Base Outpatient	Complex Outpatient	Base Inpatient	Complex Inpatient	Adjusted Total
Wake	Mobile	G-007038-04	Raleigh Orthopaedic Clinic (Alliance Healthcare Services - Akumin)	0	0.05	241	241	0	0	0	241
Wake	Mobile	Legacy	Raleigh Orthopaedic Clinic (Alliance HealthCare Services - Akumin)	0	0.10	506	506	0	0	0	506
Wake	Mobile	G-007038-04	Raleigh Orthopaedic Clinic (Alliance Healthcare Services - Akumin)	0	0.01	33	33	0	0	0	33
Wake	Mobile	J-007756-06	Raleigh Orthopaedic Clinic	0	1.00	5,746	5,746	0	0	0	5,746
Wake	Mobile	Legacy	Raleigh Orthopaedic Clinic - Edwards Mill (Alliance HealthCare Services)	0	0.16	818	817	1	0	0	818
Wake	Mobile	J-007756-06	Raleigh Orthopaedic Clinic Garner (Raleigh Orthopaedic Clinic)	0	0.21	1,050	1,050	0	0	0	1,050
Wake	Mobile	Legacy	Raleigh Radiology- Holly Springs (Alliance HealthCare Services - Akumin)	0	0.00	21	15	6	0	0	22
Wake	Mobile		Raleigh Radiology (Alliance Healthcare Services-Akumin)	0	0.01	26	17	9	0	0	28
Wake	Mobile	Legacy	Raleigh Radiology - Oberlin (Alliance HealthCare Services)	0	0.11	562	303	259	0	0	617
Wake	Mobile	O-007001-04	Raleigh Radiology Holly Springs (Alliance HealthCare Services - Akumin)	0	0.11	546	376	170	0	0	582
Wake	Mobile	Legacy	Raleigh Radiology- Knightdale (Alliance HealthCare Services - Akumin)	0	0.37	1,826	1,246	580	0	0	1,949
Wake	Mobile	O-007001-04	Raleigh Radiology Oberlin (Alliance HealthCare Services - Akumin)	0	0.11	533	307	226	0	0	581
Wake	Mobile	Legacy	Raleigh Radiology Wake Forest (Alliance HealthCare Services)	0	0.29	1,441	974	467	0	0	1,540
Wake	Mobile	Legacy	Raleigh Radiology-Fuquay Varina (Alliance HealthCare Services)	0	0.40	1,991	1,343	648	0	0	2,128
Wake	Mobile	Legacy	Raleigh Radiology-Knightdale (Alliance HealthCare Services)	0	0.12	602	398	204	0	0	645
Wake	Mobile	Legacy	Southern Imaging Services - Raleigh (Alliance HealthCare Services - Akumin)	0	0.02	108	108	0	0	0	108
Wake	Mobile	J-006665-02	UNC- Cary Ortho (Cape Fear Mobile Imaging)	0	0.15	764	707	57	0	0	776
Wake	Mobile		UNC Health Rex Holly Springs	0	0.27	1,342	675	307	261	99	1,732
Wake	Mobile	Legacy	UNC-Cary Orthopaedics (Foundation Health Mobile Imaging)	0	0.28	1,396	1,348	48	0	0	1,406
Wake	Mobile	J-007912-04	Wake Radiology - Cary (WR Imaging)	0	0.04	224	128	96	0	0	244
Wake	Mobile	J-007912-04	Wake Radiology - Fuquay-Varina (WR Imaging)	0	0.02	124	46	78	0	0	141
Wake	Mobile	J-007912-04	Wake Radiology - Wake Forest (WR Imaging)	0	0.10	501	218	283	0	0	561
Wake	Mobile	J-007012-04	Wake Radiology Cary (WR Imaging)	0	0.11	556	350	206	0	0	600
Wake	Mobile	J-011291-17	Wake Radiology Holly Springs (WR Imaging)	0	0.15	773	773	0	0	0	773
Wake	Mobile	J-011291-17	Wake Radiology Panther Creek (WR Imaging)	0	0.16	801	390	411	0	0	888
Wake	Mobile	J-011291-17	Wake Radiology Wakefield (WR Imaging)	0	0.38	1,877	668	1,209	0	0	2,133
Wake	Mobile		WakeMed - Apex Healthplex (Alliance Healthcare Services-Akumin)	0	0.00	9	6	3	0	0	10
Wake	Mobile		WakeMed Garner Healthplex	0	0.07	343	143	200	0	0	385
Wake	Mobile		WakeMed Garner Healthplex (Alliance Healthcare Services-Akumin)	0	0.00	18	13	5	0	0	19

## Proposed 2026 SMFP

**Table 15E-1: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents**

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Base Outpatient	Complex Outpatient	Base Inpatient	Complex Inpatient	Adjusted Total
Wake	Mobile	Legacy	WakeMed- Garner Healthplex (Alliance HealthCare Services-Akumin)	0	0.06	279	88	170	18	3	333
Wake	Mobile	J-007013-04	WakeMed North Family Health and Women's Hospital (WakeMed Health and Hospitals)	0	0.62	3,072	1,768	714	335	255	3,783
Wake	Mobile		WakeMed North Hospital	0	0.62	3,071	1,461	1,020	335	255	3,847
Wake	Mobile		WakeMed Raleigh Medical Park	0	0.08	398	172	226	0	0	446
Wake	Mobile		WakeMed Raleigh Medical Park (Alliance Healthcare Services-Akumin)	0	0.00	17	6	11	0	0	19
Wake	Mobile	Legacy	WakeMed-Apex Healthplex (Alliance HealthCare Services-Akumin)	0	0.02	118	45	73	0	0	133
Wake	Mobile	Legacy	WakeMed-Raleigh Medical Park (Alliance HealthCare Services- Akumin)	0	0.07	337	142	195	0	0	378
Wake	CON-Approved at Hospital	J-012524-24	Duke Raleigh Hospital	1	1.00	0	0	0	0	0	0
Wake	CON-Approved at Hospital	J-012399-23	WakeMed North Hospital* (WakeMed)	1	1.00	0	0	0	0	0	0
Wake	CON-Approved Freestanding Fixed	J-012393-23	Raleigh Radiology - Knightdale	1	1.00	0	0	0	0	0	0
Wake	Need Determination		2021 Need Determination (under appeal)	1	1.00	0	0	0	0	0	0
Wake	Need Determination		2025 Need Determination	1	1.00	0	0	0	0	0	0
<b>Wake</b>				<b>27</b>	<b>36.54</b>	<b>146,536</b>					<b>171,410</b>
			No Service Site								
<b>Washington</b>											
Watauga	Hospital Fixed	D-006652-02	Watauga Medical Center	1	1.00	5,443	3,450	1,465	123	405	6,308
Watauga	CON-Approved Mobile	D-012552-24	Appalachian Regional Medical Associates	0	0.00	0	0	0	0	0	0
<b>Watauga</b>				<b>1</b>	<b>1.00</b>	<b>5,443</b>					<b>6,308</b>
Wayne	Hospital Fixed	P-006889-03; P-007447-05	Wayne UNC Health Care	2	2.00	8,506	5,147	1,935	880	544	10,246
Wayne	Need Determination		2025 Need Determination	1	1.00	0	0	0	0	0	0

## Proposed 2026 SMFP

**Table 15E-1: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents**

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Base Outpatient	Complex Outpatient	Base Inpatient	Complex Inpatient	Adjusted Total
<b>Wayne</b>				<b>3</b>	<b>3.00</b>	<b>8,506</b>					<b>10,246</b>
Wilkes	Hospital Fixed	D-005911-98	Wilkes Regional Medical Center	1	1.00	3,726	2,345	779	420	182	4,439
Wilkes	Need Determination		2025 Need Determination	1	1.00	0	0	0	0	0	0
<b>Wilkes</b>				<b>2</b>	<b>2.00</b>	<b>3,726</b>					<b>4,439</b>
Wilson	Hospital Fixed	L-007624-06	Wilson Medical Center	1	1.00	2,262	800	769	487	206	3,055
Wilson	Hospital Fixed	L-007624-06	Wilson Outpatient Imaging Center	1	1.00	714	523	190	1	0	755
Wilson	Freestanding Fixed	Legacy	EmergeOrtho-Wilson (EmergeOrtho)	1	1.00	3,977	3,614	363	0	0	4,054
Wilson	Mobile	Q-006884-03	ECU Health (Alliance HealthCare Services - Akumin)	0	0.01	67	67	0	0	0	67
<b>Wilson</b>				<b>3</b>	<b>3.01</b>	<b>7,020</b>					<b>7,931</b>
<b>Total</b>				<b>294</b>	<b>329.93</b>	<b>1,169,781</b>					

**Threshold**    2+ Fixed Scanners = 4,992  
                      1 Fixed Scanner = 4,368  
                      0 Fixed Scanners = 1,872

\*    Scanner approved under Policy TE-3.

Table 15E-2: MRI Need Determinations by Service Area

A Service Area	B Adjusted Scans			C Average Annual Change Rates	D AACR Projected Scans	E Population Growth	F Population Growth Used	G Population Projected Scans	H Fixed Equip	I Average Scans	J Threshold	K MRI Need
	2022	2023	2024									
Alamance	12,709.9	16,949.9	17,804.8	0.1920	21,223.6	0.0332	0.0332	21,928.1	4.49	4,886.8	4992	0
Alexander	0.0	0.0	0.0	0.0000	0.0	0.0080	0.0080	0.0	0.00	0.0	1872	0
Alleghany	0.0	0.0	0.0	0.0000	0.0	0.0081	0.0081	0.0	0.00	0.0	1872	0
Anson	196.1	258.3	0.0	-0.3413	0.0	-0.0096	0.0000	0.0	0.00	0.0	1872	0
Ashe	1,224.2	1,263.3	1,348.5	0.0497	1,415.5	-0.0083	0.0000	1,415.5	1.00	1,415.5	4368	0
Avery	0.0	0.0	0.0	0.0000	0.0	0.0008	0.0008	0.0	0.00	0.0	1872	0
Beaufort / Hyde	3,002.1	3,205.0	3,159.5	0.0267	3,243.8	-0.0020	0.0000	3,243.8	1.00	3,243.8	4368	0
Bertie	0.0	0.0	0.0	0.0000	0.0	-0.0229	0.0000	0.0	0.00	0.0	1872	0
Bladen	396.6	501.4	676.8	0.3069	884.5	0.0359	0.0359	916.2	1.14	806.3	4368	0
Brunswick	12,788.2	14,225.1	14,225.2	0.0562	15,024.4	0.1113	0.1113	16,696.0	4.19	3,980.4	4992	0
Buncombe / Clay / Graham / Madison / Yancey	47,963.6	49,641.5	47,519.3	-0.0039	47,334.8	0.0320	0.0320	48,849.3	11.08	4,409.3	4992	0
Burke	9,850.7	10,617.3	11,697.8	0.0898	12,748.3	0.0103	0.0103	12,879.4	2.77	4,645.2	4992	0
Cabarrus	29,803.2	34,071.9	36,922.2	0.1134	41,110.8	0.0523	0.0523	43,259.2	7.81	5,541.9	4992	1
Caldwell	5,054.1	5,832.8	6,121.8	0.1018	6,745.0	0.0072	0.0072	6,793.7	2.30	2,950.1	4992	0
Carteret	9,759.2	9,851.6	9,496.8	-0.0133	9,370.7	0.0209	0.0209	9,566.2	3.19	2,998.1	4992	0
Catawba	23,173.8	25,514.4	27,293.8	0.0854	29,623.9	0.0332	0.0332	30,607.8	6.51	4,704.8	4992	0
Chatham	1,127.6	1,393.3	60.5	-0.3605	38.7	0.0494	0.0494	40.6	0.00	0.0	1872	0
Cherokee / Clay	2,735.1	2,843.0	2,652.8	-0.0137	2,616.3	0.0231	0.0231	2,676.8	1.00	2,676.8	4368	0
Chowan / Tyrrell	2,420.0	2,257.7	2,393.1	-0.0036	2,384.5	-0.0018	0.0000	2,384.5	1.00	2,384.5	4368	0
Cleveland	12,165.8	11,299.7	12,718.7	0.0272	13,064.5	0.0189	0.0189	13,312.0	3.00	4,437.3	4992	0
Columbus	3,084.4	3,160.5	3,372.8	0.0459	3,527.6	0.0354	0.0354	3,652.6	1.09	3,359.5	4368	0
Craven / Jones / Pamlico	17,374.9	18,128.6	18,730.4	0.0383	19,447.6	0.0022	0.0022	19,490.9	4.00	4,872.7	4992	0
Cumberland	35,140.9	36,356.0	35,357.1	0.0036	35,482.6	0.0000	0.0000	35,482.6	8.00	4,435.3	4992	0
Dare	2,775.4	3,091.5	3,730.2	0.1602	4,327.9	0.0154	0.0154	4,394.6	1.00	4,394.6	4368	1
Davidson	7,673.4	8,627.8	9,033.7	0.0857	9,807.9	0.0294	0.0294	10,096.2	2.00	5,048.1	4992	1

Table 15E-2: MRI Need Determinations by Service Area

A Service Area	B Adjusted Scans			C Average Annual Change Rates	D AACR Projected Scans	E Population Growth	F Population Growth Used	G Population Projected Scans	H Fixed Equip	I Average Scans	J Threshold	K MRI Need
	2022	2023	2024									
Davie	3,815.9	4,659.5	4,980.8	0.1450	5,703.0	0.0376	0.0376	5,917.4	2.00	2,958.7	4992	0
Duplin	2,191.5	2,587.8	1,793.8	-0.0630	1,680.8	0.0355	0.0355	1,740.4	1.38	1,258.0	4368	0
Durham	95,961.2	96,023.1	102,827.4	0.0358	106,503.8	0.0348	0.0348	110,212.8	15.01	7,345.1	4992	1
Edgecombe	2,853.5	2,661.7	2,796.9	-0.0082	2,773.9	0.0029	0.0029	2,781.8	1.00	2,781.8	4368	0
Forsyth / Yadkin	84,330.0	104,323.7	115,006.8	0.1697	134,528.8	0.0210	0.0210	137,356.2	21.67	6,338.2	4992	1
Franklin	0.0	0.0	19.2	0.0000	19.2	0.0937	0.0937	20.9	1.00	20.9	4368	0
Gaston	24,042.7	24,044.8	25,561.4	0.0316	26,368.7	0.0348	0.0348	27,287.2	6.20	4,401.1	4992	0
Granville	2,156.2	2,188.9	2,157.5	0.0004	2,158.5	0.0289	0.0289	2,220.8	1.21	1,832.0	4368	0
Guilford	58,751.7	81,797.2	86,489.9	0.2248	105,933.7	0.0355	0.0355	109,699.3	15.26	7,187.3	4992	1
Halifax / Northampton	2,631.5	2,492.2	3,046.9	0.0848	3,305.3	-0.0234	0.0000	3,305.3	1.00	3,305.3	4368	0
Harnett	4,805.4	4,314.8	4,945.6	0.0221	5,054.7	0.0572	0.0572	5,344.0	2.27	2,353.9	4992	0
Haywood	5,214.0	5,396.8	5,695.1	0.0452	5,952.2	0.0199	0.0199	6,070.9	2.00	3,035.4	4992	0
Henderson	10,764.8	11,222.1	14,093.9	0.1492	16,196.6	0.0350	0.0350	16,763.9	3.00	5,588.0	4992	1
Hertford / Gates	2,531.6	2,223.8	2,384.2	-0.0247	2,325.3	-0.0177	0.0000	2,325.3	1.00	2,325.3	4368	0
Hoke	3,132.8	4,315.1	5,223.2	0.2939	6,758.4	0.0379	0.0379	7,014.7	2.54	2,760.3	4992	0
Iredell	24,164.0	20,220.8	20,173.5	-0.0828	18,503.8	0.0552	0.0552	19,525.3	6.39	3,055.1	4992	0
Jackson	3,359.8	3,216.9	3,216.9	-0.0213	3,148.4	0.0256	0.0256	3,228.9	2.00	1,614.4	4992	0
Johnston	14,079.0	15,161.0	16,628.1	0.0868	18,071.6	0.0862	0.0862	19,628.7	4.53	4,337.0	4992	0
Lee	3,163.8	4,030.2	3,852.9	0.1149	4,295.7	0.0507	0.0507	4,513.5	1.48	3,040.6	4368	0
Lenoir	4,106.5	3,886.5	4,299.6	0.0264	4,413.0	0.0005	0.0005	4,415.2	2.00	2,207.6	4992	0
Lincoln	7,460.5	8,054.2	10,906.8	0.2169	13,272.3	0.0614	0.0614	14,087.7	2.00	7,043.8	4992	1
Macon	2,429.9	3,590.2	3,920.9	0.2848	5,037.5	0.0282	0.0282	5,179.6	2.00	2,589.8	4992	0
Martin	526.2	347.0	0.0	-0.6703	0.0	-0.0266	0.0000	0.0	0.00	0.0	1872	0
McDowell	3,140.6	3,637.7	3,535.2	0.0651	3,765.2	0.0030	0.0030	3,776.4	1.24	3,036.1	4368	0
Mecklenburg	176,529.9	197,454.4	206,449.4	0.0820	223,387.2	0.0476	0.0476	234,021.3	38.78	6,034.5	4992	1
Mitchell	1,502.5	855.9	2,426.6	0.7024	4,130.9	-0.0082	0.0000	4,130.9	1.00	4,130.9	4368	0
Montgomery	383.5	648.4	744.5	0.4196	1,056.9	0.0062	0.0062	1,063.4	0.00	0.0	1872	0

Table 15E-2: MRI Need Determinations by Service Area

A Service Area	B Adjusted Scans			C Average Annual Change Rates	D AACR Projected Scans	E Population Growth	F Population Growth Used	G Population Projected Scans	H Fixed Equip	I Average Scans	J Threshold	K MRI Need
	2022	2023	2024									
Moore	20,857.2	25,475.9	28,502.2	0.1701	33,350.8	0.0626	0.0626	35,437.0	6.00	5,906.2	4992	1
Nash	8,490.5	9,112.5	9,676.9	0.0676	10,331.1	0.0171	0.0171	10,508.2	3.00	3,502.7	4992	0
New Hanover	48,845.0	50,494.6	51,648.7	0.0283	53,111.1	0.0407	0.0407	55,272.2	11.95	4,624.3	4992	0
Onslow	13,082.0	13,300.1	13,506.9	0.0161	13,724.5	0.0346	0.0346	14,199.8	4.00	3,549.9	4992	0
Orange	59,271.1	53,842.5	60,649.7	0.0174	61,706.2	0.0289	0.0289	63,491.6	14.21	4,469.1	4992	0
Pasquotank / Camden / Currituck / Perquimans	7,394.4	7,784.0	8,160.8	0.0505	8,573.3	0.0268	0.0268	8,802.8	2.43	3,621.2	4992	0
Pender	870.7	1,122.6	1,021.8	0.0998	1,123.7	0.0315	0.0315	1,159.2	0.00	0.0	1872	0
Person	366.5	236.6	497.3	0.3738	683.2	0.0128	0.0128	691.9	1.00	691.9	4368	0
Pitt / Greene / Hyde / Tyrrell	45,285.9	46,849.4	51,903.8	0.0712	55,599.6	0.0150	0.0150	56,436.1	10.00	5,643.6	4992	1
Polk	778.8	814.2	1,168.0	0.2400	1,448.3	-0.0001	0.0000	1,448.3	0.58	1,448.3	1872	0
Randolph	5,369.4	5,002.2	4,821.2	-0.0523	4,569.2	0.0179	0.0179	4,650.9	2.00	2,325.5	4992	0
Richmond	0.0	0.0	0.0	0.0000	0.0	-0.0189	0.0000	0.0	1.00	0.0	4368	0
Robeson	7,643.9	8,181.8	8,093.5	0.0298	8,334.5	-0.0028	0.0000	8,334.5	2.00	4,167.3	4992	0
Rockingham / Caswell	5,884.3	6,346.7	5,876.3	0.0022	5,889.5	0.0000	0.0000	5,889.5	2.00	2,944.7	4992	0
Rowan	11,562.3	12,859.3	13,249.2	0.0712	14,193.1	0.0094	0.0094	14,326.5	4.00	3,581.6	4992	0
Rutherford	2,475.8	2,571.3	2,758.7	0.0557	2,912.4	0.0096	0.0096	2,940.5	1.00	2,940.5	4368	0
Sampson	1,487.6	1,681.8	1,649.2	0.0556	1,740.9	0.0197	0.0197	1,775.3	1.00	1,775.3	4368	0
Scotland	4,391.1	2,608.8	14.5	-0.7002	4.3	-0.0185	0.0000	4.3	1.00	4.3	4368	0
Stanly	5,481.5	5,460.4	6,117.6	0.0582	6,473.9	0.0135	0.0135	6,561.6	2.18	3,015.9	4992	0
Stokes	0.0	0.0	0.0	0.0000	0.0	0.0092	0.0092	0.0	0.00	0.0	1872	0
Surry	7,443.6	7,877.7	7,453.4	0.0022	7,469.9	0.0000	0.0000	7,470.3	2.00	3,735.1	4992	0
Swain	0.0	0.0	0.0	0.0000	0.0	-0.0087	0.0000	0.0	0.00	0.0	1872	0
Transylvania	1,929.6	1,849.9	1,984.5	0.0157	2,015.6	0.0128	0.0128	2,041.5	1.00	2,041.5	4368	0
Union	14,981.0	17,850.2	20,594.7	0.1726	24,150.1	0.0833	0.0833	26,161.1	4.60	5,685.5	4992	1
Vance / Warren	2,917.0	2,996.4	3,021.0	0.0177	3,074.5	0.0010	0.0010	3,077.5	2.00	1,538.8	4992	0

**Table 15E-2: MRI Need Determinations by Service Area**

A	B			C	D	E	F	G	H	I	J	K
Service Area	Adjusted Scans			Average Annual Change Rates	AACR Projected Scans	Population Growth	Population Growth Used	Population Projected Scans	Fixed Equip	Average Scans	Threshold	MRI Need
	2022	2023	2024									
Wake	146,472.1	155,854.0	171,409.6	0.0819	185,453.4	0.0572	0.0572	196,068.0	36.54	5,365.1	4992	1
Washington	0.0	0.0	0.0	0.0000	0.0	-0.0250	0.0000	0.0	0.00	0.0	1872	0
Watauga*	5,490.1	6,106.0	6,308.5	0.0727	6,766.9	0.0016	0.0016	6,777.5	1.00	6,777.5	4992	1
Wayne	8,509.4	9,745.0	10,246.4	0.0983	11,253.9	0.0110	0.0110	11,377.7	3.00	3,792.6	4992	0
Wilkes	3,743.6	4,342.2	4,438.9	0.0911	4,843.3	0.0080	0.0080	4,882.1	2.00	2,441.1	4992	0
Wilson	4,991.1	8,245.1	7,930.7	0.3069	10,364.7	0.0031	0.0031	10,396.9	3.01	3,450.2	4992	0
<b>Totals</b>	<b>1,230,464.2</b>	<b>1,337,056.0</b>	<b>1,420,196.4</b>		<b>1,542,930.6</b>			<b>1,599,500.7</b>	<b>329.04</b>			<b>14</b>

\* The State Health Coordinating Council approved the removal of the need determination for 1 fixed MRI scanner in Watauga County.

**Table 15E-3: Existing and Approved Specialized MRI Scanners and Policy AC-3 MRI Scanners\***

<b>Scanner Use**</b>	<b>County</b>	<b>Provider</b>	<b>CON Project ID</b>	<b>Number of Scanners</b>
AC-3 Scanner - Cardiovascular Clinical	Durham	Duke University Hospital	J-006511-01, J-011331-17	2
Dedicated Radiation Oncology Scanner	Durham	Duke University Hospital	J-006295-00	1
AC-3 Scanner - Operating Room Suite	Durham	Duke University Hospital	J-008030-07	1
AC-3 Scanner	Durham	Duke University Hospital	J-012155-21	1
AC-3 Scanner - Pediatric	Durham	Duke University Hospital	J-008466-10	1
AC-3 Scanner - Radiation Oncology	Forsyth	Atrium Health Wake Forest Baptist Medical Center	G-006816-03	1
Dedicated Breast Scanner	Mecklenburg	Charlotte Radiology Breast Center	F-006725-02	1
Dedicated Pediatric Scanner	Mecklenburg	Carolinas Medical Center (Levine Children's Hospital)	F-007219-05	1
Intraoperative MRI (iMRI)	Mecklenburg	Carolinas Medical Center	F-011210-16	1
AC-3 Scanner - Operating Room Suite	Orange	University of North Carolina Medical Center	J-012340-21	1
AC-3 MR Simulator	Orange	University of North Carolina Medical Center	J-011864-20	1
AC-3 Scanner	Orange	University of North Carolina Medical Center	J-012227-22	1
Research Scanners	Pitt	ECU Health Medical Center		2 (mobile)

\* Scanners are excluded from the planning inventory.

\*\* These scanners shall be used only for the purposes indicated above. They shall not be used for general clinical purposes.

**Table 15E-4: Fixed MRI Scanner Need Determination\***  
*(Proposed for Certificate of Need Review Commencing in 2026)*

<b>Service Area***</b>	<b>Fixed MRI Scanner Need Determination</b>	<b>Certificate of Need Application Deadline**</b>	<b>Certificate of Need Beginning Review Date</b>
Cabarrus	1	To be determined	To be determined
Dare	1	To be determined	To be determined
Davidson	1	To be determined	To be determined
Durham	1	To be determined	To be determined
Forsyth/Yadkin	1	To be determined	To be determined
Guilford	1	To be determined	To be determined
Henderson	1	To be determined	To be determined
Lincoln	1	To be determined	To be determined
Mecklenburg	1	To be determined	To be determined
Moore	1	To be determined	To be determined
Pitt/Greene/Hyde/Tyrrell	1	To be determined	To be determined
Union	1	To be determined	To be determined
Wake	1	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 5:00 p.m. on the application deadline date.

\*\*\* The State Health Coordinating Council approved the removal of the need determination for 1 fixed MRI scanner in Watauga County.

## F. POSITRON EMISSION TOMOGRAPHY SCANNERS

### Introduction

A *positron emission tomography (PET) scanner*, as defined in G.S. § 131E-176(19a), means “equipment that utilizes a computerized radiographic technique that employs radioactive substances to examine the metabolic activity of various body structures.”

The first PET scanners were dedicated machines performing only that service, supported by cyclotrons on-site. However, PET scanners now include hybrid machines, performing a variety of nuclear medicine studies and supported by new tracer production facilities housing cyclotrons in stand-alone facilities. Many PET scanners are configured with a single gantry to accommodate computed tomography (CT) to acquire sequential PET and CT images during the same exam. All these machines are PET scanners as defined in G.S. § 131E-176(19a), but they vary widely in their capabilities.

### Definitions

Dedicated PET scanners can be fixed or mobile. *Mobile* PET scanner means a dedicated PET scanner and its transporting equipment that is moved, at least weekly, to provide services at two or more host facilities. A *fixed* PET scanner is one that is not mobile.

A fixed PET scanner’s *service area* is the HSA in which it is located (*Table 15F-1*). Appendix A identifies the multicounty groupings that comprise the HSAs. A mobile PET scanner’s service area is statewide. A *statewide service area* is defined as a planning area that encompasses the entire state when determining need. For mobile equipment, the definition does not imply that a CON applicant is required to project that it will provide mobile services in a certain number of counties, HSAs, or regions. Similarly, once developed, the equipment does not have to serve a certain number of counties, HSAs, or regions.

### Changes from Previous Plan

This section contains no substantive changes from the previous State Medical Facilities Plan (SMFP). However, it contains technical changes that do not alter the methodology. The table labeled as 15F-1 in the previous SMFP has been reorganized. Also, the tables labeled as 15F-2 and 15F-3 in the previous SMFP have been consolidated into a single table (now Table 15F-2). The section narrative has been revised to align with these changes. Finally, the language in Part 2, Step 7 of the Application of the Methodology has been clarified.

### Assumptions of the Methodology

1. The methodology concerns dedicated fixed PET scanners only. Dedicated scanners do not perform other nuclear medicine procedures.
2. The facility has a deficit when its overall utilization of dedicated fixed PET scanners is at or above 80% of capacity during the current reporting year. For the purpose of need determination calculations, the annual capacity of a dedicated fixed PET scanner is 3,000 procedures; 80% capacity is 2,400 procedures.<sup>1</sup>

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<sup>1</sup> Beginning with the 2009 SMFP, the fixed PET scanner capacity was reduced from 2,600 procedures to 2,400 procedures annually. However, the mobile PET scanner capacity was not revised, and remains at 2,600 procedures annually.

## Application of the Methodology

### Part 1 (*Table 15F-1*):

- Step 1: For each facility that operates a fixed PET scanner, enter the inventory of existing scanners (*Column C*).
- Step 2: Enter adjustments for the number of CON-approved fixed PET scanners under development and the number of fixed PET scanners available pursuant to need determinations pending review or appeal (*Column D*).
- Step 3: Sum the results of Step 1 and Step 2 to arrive at the Planning Inventory (*Column E*). Enter the number of procedures for each facility for the current reporting period in *Column F*.
- Step 4: Multiply the number of fixed PET scanners at each facility listed in *Column E* by 3,000 procedures to determine the PET scanner capacity at each facility.
- Step 5: Divide the total number of PET scanner procedures performed at each facility (*Column F*) by the PET scanner capacity calculated in Step 4. Multiply the results by 100 to obtain the total utilization percentage (*Column G*). A facility has a deficit if its total utilization is 80% or greater (*Column H*). A negative one (-1) will appear in *Column H* for need determinations from previous SMFPs.
- Step 6: For each HSA, add all deficits listed in *Column H*. If the HSA's total deficits sum to a negative number, the HSA total will show as zero in *Column H*. The result is the service area's total facility deficit. The service area's facility deficit is the need determination for additional fixed PET scanners (*Column I*) except as provided in Step 7 for both parts of the methodology combined.

### Part 2:

- Step 7: Identify each major cancer treatment facility, program, or provider in the state, defined as providers that own or operate two linear accelerators that performed over 12,500 ESTV procedures during the current reporting year (*Table 15C-1*).
- Step 8: A service area has a need determination for one additional fixed PET scanner if a major cancer treatment facility, program, or provider identified in Step 5 is hospital-based (i.e., on a hospital's license) and does not own or operate a dedicated fixed PET scanner, except as provided in Step 7 for both parts of the methodology combined.
- Step 9: The maximum need determination for a single HSA in any one year will be no more than two additional fixed PET scanners regardless of the numbers generated individually by each part of the methodology (*Table 15F-1, Column F*).

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

The SMFP does not have a methodology to project need for additional mobile PET scanners. *Table 15F-2* presents the utilization of mobile PET scanners. The percentage utilization is calculated as the number of procedures divided by the mobile PET scanner capacity (2,600). A summer petition is required to place a

need determination in the upcoming SMFP. If the need determination is approved, any person may apply for a CON to acquire the mobile PET scanner.

Table 15F-1 : Utilization of Existing Dedicated Fixed PET Scanners

A	B	C	D	E	F	G	H	I
HSA	Facility	Inventory	Adjustments CON/Previous Need	Planning Inventory	2023-2024 Procedures	Facility Utilization	Facility Deficit	Need Determination
<b>I</b>	2025 Need Determination		1	1	0	0.00%	-1	
	AdventHealth Hendersonville		1	1	0	0.00%	0	
	Catawba Valley Medical Center	1	0	1	1,779	59.30%	0	
	Messino Cancer Centers	1	0	1	2,111	70.37%	0	
	Mission Hospital	1	0	1	1,893	63.10%	0	
	<b>HSA I Total</b>	<b>3</b>	<b>2</b>	<b>5</b>	<b>5,783</b>		<b>0</b>	<b>0</b>
<b>II</b>	2025 Need Determination		1	1	0	0.00%	-1	
	Alamance Regional Medical Center	1	0	1	1,194	39.80%	0	
	Atrium Health Wake Forest Baptist	2	0	2	4,337	72.28%	0	
	Atrium Health Wake Forest Baptist - High Point Medical Center	1	0	1	1,401	46.70%	0	
	Cone Health	1	0	1	3,764	125.47%	1	
	Novant Health Forsyth Medical Center	1	1	2	3,238	53.97%	0	
	<b>HSA II Total</b>	<b>6</b>	<b>2</b>	<b>8</b>	<b>13,934</b>		<b>0</b>	<b>0</b>
<b>III</b>	2024 Need Determination		1	1	0	0.00%	-1	
	2025 Need Determination		1	1	0	0.00%	-1	
	Atrium Health Cabarrus	1	0	1	2,046	68.20%	0	
	Atrium Health Union	1	0	1	1,395	46.50%	0	
	Carolinas Medical Center/Center for Mental Health	2	0	2	5,480	91.33%	1	
	CaroMont Regional Medical Center	1	0	1	1,466	48.87%	0	
	Iredell Memorial Hospital	1	0	1	747	24.90%	0	
	Novant Health Presbyterian Medical Center	1	0	1	2,675	89.17%	1	
	<b>HSA III Total</b>	<b>7</b>	<b>2</b>	<b>9</b>	<b>13,809</b>		<b>0</b>	<b>0</b>
<b>IV</b>	2025 Need Determination (1)		1	1	0	0.00%	-1	
	2025 Need Determination (2)		1	1	0	0.00%	-1	
	Duke Raleigh Hospital	1	0	1	2,473	82.43%	1	

**Table 15F-1 : Utilization of Existing Dedicated Fixed PET Scanners**

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>
<b>HSA</b>	<b>Facility</b>	<b>Inventory</b>	<b>Adjustments CON/Previous Need</b>	<b>Planning Inventory</b>	<b>2023-2024 Procedures</b>	<b>Facility Utilization</b>	<b>Facility Deficit</b>	<b>Need Determination</b>
<b>IV</b>	Duke University Hospital	2	1	3	8,212	91.24%	1	
	UNC Health Rex	1	1	2	4,986	83.10%	1	
	University of North Carolina Hospitals**	1	0	1	3,832	127.73%	1	
	Wake PET Services	1	0	1	2,253	75.10%	0	
	<b>HSA IV Total</b>	<b>6</b>	<b>4</b>	<b>10</b>	<b>21,756</b>		<b>2</b>	<b>2</b>
<b>V</b>	Cape Fear Valley Medical Center	1	0	1	2,429	80.97%	1	
	First Imaging of the Carolinas	1	0	1	0	0.00%	0	
	Novant Health New Hanover Regional Medical Center	1	1	2	4,509	75.15%	0	
	Southeastern Regional Medical Center	1	0	1	1,835	61.17%	0	
	<b>HSA V Total</b>	<b>4</b>	<b>1</b>	<b>5</b>	<b>8,773</b>		<b>1</b>	<b>1</b>
<b>VI</b>	CarolinaEast Medical Center	1	0	1	1,615	53.83%	0	
	ECU Health Medical Center*	1	1	2	4,060	67.67%	0	
	Nash General Hospital	1	0	1	733	24.43%	0	
	<b>HSA VI Total</b>	<b>3</b>	<b>1</b>	<b>4</b>	<b>6,408</b>		<b>0</b>	<b>0</b>
	<b>State Total</b>	<b>29</b>	<b>12</b>	<b>41</b>	<b>70,463</b>	<b>57.29%</b>	<b>3</b>	<b>3</b>

\* CON issued 12/13/2022 to convert approved fixed scanner (Q-012138-21) to mobile scanner (Q-012223-22).

\*\* UNC Hospitals has one fixed PET scanner in the planning inventory and three AC-3 fixed PET scanners.

**Table 15F-2: Mobile PET Scanner Sites and Utilization**

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	
<b>Provider</b>	<b>County</b>	<b>Service Site</b>	<b>Number of Procedures</b>	<b>% Utilization</b>	
Alliance I	Burke	Blue Ridge Morganton	382	15%	
	Burke	Blue Rige Hospital- Morganton	18	1%	
	Caldwell	Caldwell Memorial Hospital	409	16%	
	Cleveland	Atrium Health Cleveland	1241	48%	
	Haywood	Lifepoint Haywood Regional	276	11%	
	Haywood	Lifepoint Haywood Regional Medical Center	8	0%	
	Henderson	Margaret Pardee Memorial Hospital	899	35%	
	Henderson	Margaret R. Pardee Memorial Hospital	19	1%	
	Jackson	Lifepoint Westcare Health System	282	11%	
	Lincoln	Atrium Health Lincoln	440	17%	
	Rutherford	Lifepoint Rutherford Regional	159	6%	
	Rutherford	Lifepoint-Rutherford Regional	6	0%	
	Wilkes	Wilkes Regional Medical Center	382	15%	
	<b>Total</b>			<b>4,521</b>	<b>174%</b>
	Alliance II	Carteret	Carteret General Hospital	540	21%
Chowan		Vidant Roanoke- Chowan	138	5%	
Columbus		Columbus Regional Healthcare	125	5%	
Dare		Outer Banks Hospital	226	9%	
Duplin		Duplin General Hospital	87	3%	
Halifax		Vidant North Hospital	123	5%	
Lenoir		Lenoir Memorial Hospital	365	14%	
Onslow		Onslow Memorial Hospital	564	22%	
Pasquotank		Albemarle Hospital	671	26%	
Scotland		Scotland Memorial Hospital	360	14%	
Wilson		Lifepoint- Wilson	467	18%	
<b>Total</b>				<b>3,666</b>	<b>141%</b>
Alliance III		Burke	Blue Ridge- Morganton	31	1%
	Columbus	Columbus Regional Healthcare	8	0%	
	Davidson	Lexington Medical Center	146	6%	
	Halifax	Vidant North Hospital	17	1%	
	Hertford	Vidant Roanoke- Chowan Hospital	9	0%	
	Johnston	Johnston Health	360	14%	
	Johnston	Johnston Health	188	7%	
	Orange	UNC Hospital Imaging & Spine Center	73	3%	
	Pasquotank	Albemarle Hospital	15	1%	
	Randolph	American Healthcare Syatem- Randolph Hospital	68	3%	

**Table 15F-2: Mobile PET Scanner Sites and Utilization**

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>
<b>Provider</b>	<b>County</b>	<b>Service Site</b>	<b>Number of Procedures</b>	<b>% Utilization</b>
Alliance III	Randolph	American Healthcare Systems- Randolph Hospital	44	2%
	Rockingham	UNC Rockingham Health	45	2%
	Rockingham	UNC Rockingham Health Care	23	1%
	Scotland	Scotland Memorial Hospital	10	0%
	Stanly	Atrium Health Stanley	149	6%
	Stanly	Atrium Health-Stanley	217	8%
	Surry	Northern Hospital of Surry County	82	3%
	Surry	Northern Hospital of Surry County	105	4%
	Vance	Lifepoint - Maria Parham	115	4%
	Vance	Lifepoint- Maria Parham Medical	66	3%
	Wayne	Wayne Memorial Hospital	260	10%
	Wayne	Wayne Memorial Hospital	164	6%
	<b>Total</b>		<b>2,195</b>	<b>84%</b>
Insight Imaging	Davidson	Novant Health Thomasville Medical Center	0	0%
	Mecklenburg	Novant Health Matthews Medical Center	0	0%
	Mecklenburg	Novant Health Mint Hill Medical Center	0	0%
	Rockingham	Cone Health- Annie Penn Hospital	0	0%
	Rowan	Novant Health Rowan - Julian Road	0	0%
	Watauga	Watauga Medical Center	0	0%
	<b>Total</b>		<b>0</b>	<b>0%</b>
Novant Health Forsyth Medical Center	Forsyth	Novant Health Kernersville Medical Center	645	25%
	Mecklenburg	Novant Health Huntersville Medical Center	1101	42%
	Mecklenburg	Novant Health Matthews Medical Center	674	26%
	Mecklenburg	Novant Health Mint Hill Medical Center	141	5%
	<b>Total</b>		<b>2,561</b>	<b>99%</b>
<b>State Total</b>			<b>12,943</b>	<b>124%</b>

**Table 15F-3: Dedicated Fixed PET Scanner Need Determination\***  
*(Proposed for Certificate of Need Review Commencing in 2026)*

<b>Service Area</b>	<b>Dedicated Fixed PET Scanner Need Determination</b>	<b>Certificate of Need Application Deadline**</b>	<b>Certificate of Need Beginning Review Date</b>
HSA III***	1	To be determined	To be determined
HSA IV	2	To be determined	To be determined
HSA V	1	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 5:00 p.m. on the application deadline date.

\*\*\* Need determination is based on Part 2 of the methodology.

## **Appendix A:**

North Carolina Health Service Areas

## **Appendix B:**

List of Contiguous Counties

## **Appendix C:**

Executive Orders 46 and 331

## **Appendix D:**

North Carolina Certificate of Need Statute

## **Appendix E:**

Certificate of Need Regulations

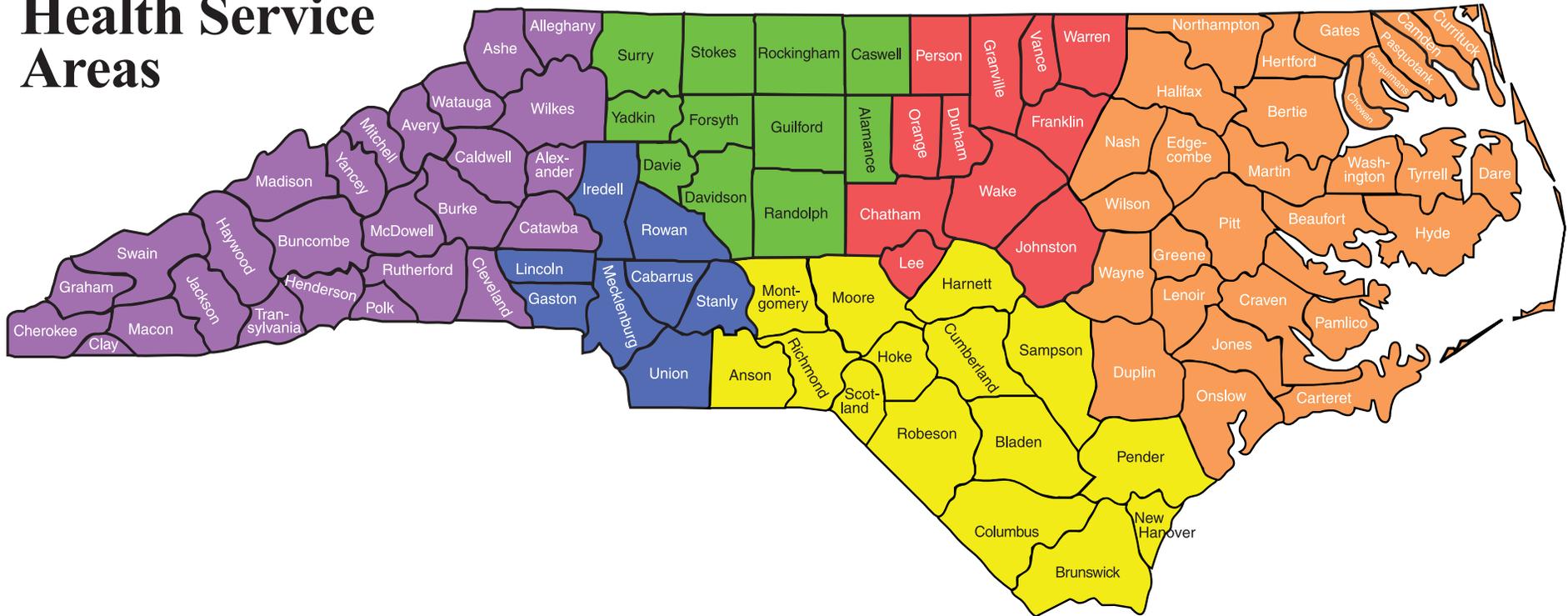
## **Appendix F:**

Academic Medical Center Teaching Hospitals

## **Appendix G:**

Critical Access Hospitals

# Appendix A: North Carolina Health Service Areas



Health Service Areas	Counties	Color Code
<b>HSA I</b>	Alexander, Alleghany, Ashe, Avery, Buncombe, Burke, Caldwell, Catawba, Cherokee, Clay, Cleveland, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Watauga, Wilkes, Yancey	
<b>HSA II</b>	Alamance, Caswell, Davidson, Davie, Forsyth, Guilford, Randolph, Rockingham, Stokes, Surry, Yadkin	
<b>HSA III</b>	Cabarrus, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, Stanly, Union	
<b>HSA IV</b>	Chatham, Durham, Franklin, Granville, Johnston, Lee, Orange, Person, Vance, Wake, Warren	
<b>HSA V</b>	Anson, Bladen, Brunswick, Columbus, Cumberland, Harnett, Hoke, Montgomery, Moore, New Hanover, Pender, Richmond, Robeson, Sampson, Scotland	
<b>HSA VI</b>	Beaufort, Bertie, Camden, Carteret, Chowan, Craven, Currituck, Dare, Duplin, Edgecombe, Gates, Greene, Halifax, Hertford, Hyde, Jones, Lenoir, Martin, Nash, Northampton, Onslow, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington, Wayne, Wilson	

## APPENDIX B

### LIST OF CONTIGUOUS COUNTIES

For purposes of the State Medical Facilities Plan, Healthcare Planning defines contiguous groupings in relation to a base county. A county will be grouped with a base county if it touches the base county. A county will also be grouped with a base county if it meets the following criteria: 1) has a distance of <45 driving miles from the base county; and 2) it is not necessary to traverse a third county to reach the base county.

ALAMANCE	ALEXANDER	ALLEGHANY	ANSON	ASHE	AVERY
Caswell	Caldwell	Ashe	Montgomery	Alleghany	Burke
Chatham	Catawba	Surry	Richmond	Watauga	Caldwell
Guilford	Iredell	Wilkes	Stanly	Wilkes	McDowell
Orange	Wilkes		Union		Mitchell
Randolph					Watauga
Rockingham					

BEAUFORT	BERTIE	BLADEN	BRUNSWICK	BUNCOMBE	BURKE
Craven	Chowan	Columbus	Columbus	Haywood	Avery
Hyde	Halifax	Cumberland	New Hanover	Henderson	Caldwell
Martin	Hertford	Pender	Pender	Madison	Catawba
Pamlico	Martin	Robeson		McDowell	Cleveland
Pitt	Northampton	Sampson		Rutherford	Lincoln
Washington	Washington			Yancey	McDowell
					Rutherford

CABARRUS	CALDWELL	CAMDEN	CARTERET	CASWELL	CATAWBA
Iredell	Alexander	Currituck	Craven	Alamance	Alexander
Mecklenburg	Avery	Gates	Jones	Orange	Burke
Rowan	Burke	Pasquotank	Onslow	Person	Caldwell
Stanly	Catawba			Rockingham	Cleveland
Union	Watauga				Iredell
	Wilkes				Lincoln

CHATHAM	CHEROKEE	CHOWAN	CLAY	CLEVELAND	COLUMBUS
Alamance	Clay	Bertie	Cherokee	Burke	Bladen
Durham	Graham	Gates	Macon	Catawba	Brunswick
Harnett	Macon	Hertford		Gaston	Pender
Lee		Perquimans		Lincoln	Robeson
Moore		Washington		Rutherford	
Orange					
Randolph					
Wake					

CRAVEN	CUMBERLAND	CURRITUCK	DARE	DAVIDSON	DAVIE
Beaufort	Bladen	Camden	Currituck	Davie	Davidson
Carteret	Harnett	Dare	Hyde	Forsyth	Forsyth
Jones	Hoke		Tyrrell	Guilford	Iredell
Lenoir	Moore			Montgomery	Rowan
Pamlico	Robeson			Randolph	Yadkin
Pitt	Sampson			Rowan	
				Stanly	

<b>DUPLIN</b>	<b>DURHAM</b>	<b>EDGECOMBE</b>	<b>FORSYTH</b>	<b>FRANKLIN</b>	<b>GASTON</b>
Jones	Chatham	Halifax	Davidson	Granville	Cleveland
Lenoir	Granville	Martin	Davie	Halifax	Lincoln
Onslow	Orange	Nash	Guilford	Johnston	Mecklenburg
Pender	Person	Pitt	Rockingham	Nash	
Sampson	Wake	Wilson	Stokes	Vance	
Wayne			Surry	Wake	
			Yadkin	Warren	

<b>GATES</b>	<b>GRAHAM</b>	<b>GRANVILLE</b>	<b>GREENE</b>	<b>GUILFORD</b>	<b>HALIFAX</b>
Camden	Cherokee	Durham	Lenoir	Alamance	Bertie
Chowan	Macon	Franklin	Pitt	Davidson	Edgecombe
Hertford	Swain	Person	Wayne	Forsyth	Franklin
Pasquotank		Vance	Wilson	Randolph	Martin
Perquimans		Wake		Rockingham	Nash
				Stokes	Northampton
					Warren

<b>HARNETT</b>	<b>HAYWOOD</b>	<b>HENDERSON</b>	<b>HERTFORD</b>	<b>HOKE</b>	<b>HYDE</b>
Chatham	Buncombe	Buncombe	Bertie	Cumberland	Beaufort
Cumberland	Henderson	Haywood	Chowan	Moore	Dare
Johnston	Jackson	Polk	Gates	Richmond	Tyrrell
Lee	Madison	Rutherford	Northampton	Robeson	Washington
Moore	Swain	Transylvania		Scotland	
Sampson	Transylvania				
Wake					

<b>IREDELL</b>	<b>JACKSON</b>	<b>JOHNSTON</b>	<b>JONES</b>	<b>LEE</b>	<b>LENOIR</b>
Alexander	Haywood	Franklin	Carteret	Chatham	Craven
Cabarrus	Macon	Harnett	Craven	Harnett	Duplin
Catawba	Swain	Nash	Duplin	Moore	Greene
Davie	Transylvania	Sampson	Lenoir		Jones
Lincoln		Wake	Onslow		Pitt
Mecklenburg		Wayne			Wayne
Rowan		Wilson			
Wilkes					
Yadkin					

<b>LINCOLN</b>	<b>MACON</b>	<b>MADISON</b>	<b>MARTIN</b>	<b>McDOWELL</b>	<b>MECKLENBURG</b>
Burke	Cherokee	Buncombe	Beaufort	Avery	Cabarrus
Catawba	Clay	Haywood	Bertie	Buncombe	Gaston
Cleveland	Graham	Yancey	Edgecombe	Burke	Lincoln
Gaston	Jackson		Halifax	Mitchell	Iredell
Iredell	Swain		Pitt	Rutherford	Union
Mecklenburg			Washington	Yancey	

MITCHELL	MONTGOMERY	MOORE	NASH	NEW HANOVER	NORTHAMPTON
Avery	Anson	Chatham	Edgecombe	Brunswick	Bertie
McDowell	Davidson	Cumberland	Franklin	Pender	Halifax
Yancey	Moore	Harnett	Halifax		Hertford
	Randolph	Hoke	Johnston		Warren
	Richmond	Lee	Wake		
	Rowan	Montgomery	Warren		
	Stanly	Randolph	Wilson		
		Richmond			
		Scotland			

ONSWLOW	ORANGE	PAMLICO	PASQUOTANK	PENDER	PERQUIMANS
Carteret	Alamance	Beaufort	Camden	Bladen	Chowan
Duplin	Caswell	Craven	Gates	Brunswick	Gates
Jones	Chatham		Perquimans	Columbus	Pasquotank
Pender	Durham			Duplin	
	Person			New Hanover	
				Onslow	
				Sampson	

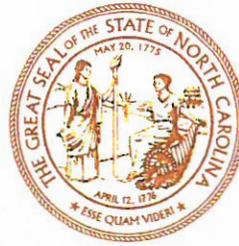
PERSON	PITT	POLK	RANDOLPH	RICHMOND	ROBESON
Caswell	Beaufort	Henderson	Alamance	Anson	Bladen
Durham	Craven	Rutherford	Chatham	Hoke	Columbus
Granville	Edgecombe		Davidson	Montgomery	Cumberland
Orange	Greene		Guilford	Moore	Hoke
	Lenoir		Montgomery	Scotland	Scotland
	Martin		Moore	Stanly	
	Wilson				

ROCKINGHAM	ROWAN	RUTHERFORD	SAMPSON	SCOTLAND	STANLY
Alamance	Cabarrus	Buncombe	Bladen	Hoke	Anson
Caswell	Davidson	Burke	Cumberland	Moore	Cabarrus
Forsyth	Davie	Cleveland	Duplin	Richmond	Davidson
Guilford	Iredell	Henderson	Harnett	Robeson	Montgomery
Stokes	Montgomery	McDowell	Johnston		Richmond
	Stanly	Polk	Pender		Rowan
			Wayne		Union

STOKES	SURRY	SWAIN	TRANSYLVANIA	TYRRELL	UNION
Forsyth	Alleghany	Graham	Haywood	Dare	Anson
Guilford	Forsyth	Haywood	Henderson	Hyde	Cabarrus
Rockingham	Stokes	Jackson	Jackson	Washington	Mecklenburg
Surry	Wilkes	Macon			Stanly
Yadkin	Yadkin				

<b>VANCE</b>	<b>WAKE</b>	<b>WARREN</b>	<b>WASHINGTON</b>	<b>WATAUGA</b>	<b>WAYNE</b>
Franklin	Chatham	Franklin	Beaufort	Ashe	Duplin
Granville	Durham	Halifax	Bertie	Avery	Greene
Warren	Franklin	Nash	Chowan	Caldwell	Johnston
	Granville	Northampton	Hyde	Wilkes	Lenoir
	Harnett	Vance	Martin		Sampson
	Johnston		Tyrrell		Wilson
	Nash				

<b>WILKES</b>	<b>WILSON</b>	<b>YADKIN</b>	<b>YANCEY</b>
Alexander	Edgecombe	Davie	Buncombe
Alleghany	Greene	Forsyth	Madison
Ashe	Johnston	Iredell	McDowell
Caldwell	Nash	Stokes	Mitchell
Iredell	Pitt	Surry	
Surry	Wayne	Wilkes	
Watauga			
Yadkin			



# State of North Carolina

PAT McCrORY  
GOVERNOR

March 4, 2014

## EXECUTIVE ORDER NO. 46

### REAUTHORIZING THE STATE HEALTH COORDINATING COUNCIL

WHEREAS, the State Health Coordinating Council is a public advisory body established by Executive Order No. 139 on March 3, 2008; and

WHEREAS, the State Health Coordinating Council plays an important role in working with the Department of Health and Human Services to prepare the State Medical Facilities Plan approved annually by the Governor; and

WHEREAS, the success of the State Health Coordinating Council depends on the membership of persons knowledgeable about healthcare services, facilities, and technology including physicians, representatives of business and industry, medical educators and members of professional associations; and

WHEREAS, the State Health Coordinating Council has only advisory authority and therefore is not a covered board under the State Ethics Act; and

WHEREAS, it is important that the State Health Coordinating Council exercise its advisory authority in a transparent manner so that the Governor and citizens have full knowledge of the professional and economic interests of members of the State Health Coordinating Council represent; and

By the power vested in me as Governor by the Constitution and laws of the State of North Carolina, **IT IS ORDERED:**

#### Section 1. Establishment

The North Carolina State Health Coordinating Council (hereinafter "NCSHCC") is hereby reestablished.

#### Section 2. Membership

The NCSHCC shall have the following duties and functions:

- a) Serve as a forum for hearing regional concerns and recommendations related to health planning;
- b) Compile a list of state health needs and advise the Department of Health and Human Services;
- c) Advise the Department of Human Resources on issues related to state health needs, giving attention to local, regional, and statewide needs;

- d) Review and comment on contents of documents related to health planning and make recommendations concerning them to the Secretary of Human and Human Services and the Governor;
- e) Advise the Department of Health and Human Services on cost-effective mechanisms for achieving health needs;
- f) Prepare the Annual State Medical Facilities Plan and present the plan to the Governor.

Section 3. Membership

The NCSHCC shall consist of 25 members who shall be appointed by the Governor as follows:

- a) One member from an academic medical center;
- b) Two members from business and industry (at least one individual representing small business and one representing large business);
- c) One member from the health insurance industry;
- d) Two members from county government (one representing a rural county and one representing an urban county);
- e) One member representing nursing homes;
- f) One members representing hospitals;
- g) One member representing home care facilities;
- h) One member representing hospice;
- i) One local health director;
- j) One licensed physician;
- k) One member from the North Carolina House of Representatives;
- l) One member from the North Carolina Senate;
- m) Eleven at-large members to represent other health professionals, business, industry and to ensure regional representation.

Section 4. Terms of Membership

The terms of membership of the NCSHCC shall be staggered so that the terms of approximately one-third of the members shall expire in a single calendar year. All members shall be appointed for a term of three years. Terms shall expire on December 31, and new terms shall begin on January 1. Members of the NCSHCC shall serve at the pleasure of the Governor.

Members currently serving on February 28, 2014 shall continue to serve at the pleasure of the Governor until their successors are appointed or otherwise noticed by the Office of the Governor.

Section 5. Vacancies

A vacancy occurring during a term of appointment is filled in the same manner as the original appointment and for the balance of the unexpired terms.

Section 6. Travel Expenses

Members of the NCSHCC shall receive necessary travel and subsistence expenses in accordance with the provision of G.S. § 138-5.

#### Section 7. Chairman

The Chairman and Vice Chairman of the NCSHCC shall be appointed by the Governor. The Chairman and Vice Chairman shall serve at the pleasure of the Governor. The NCSHCC may elect other such officers as it deems necessary.

#### Section 8. Meetings

The NCSHCC shall meet quarterly and at other times at the call of the Chairman or upon written request of at least ten (10) of its members. All business meetings of the NCSHCC, its committees and subcommittees, or special task forces shall be open to the public.

#### Section 9. Staff Assistance

The Department of Health and Human Services shall provide clerical support and other services required by the NCSHCC.

#### Section 10. Ethical Standards

1. The members of the NCSHCC shall always act in the best interests of the public and shall bring their particular knowledge and experience to the NCSHCC to serve the public interest as identified in the Certificate of Needs Law, Chapter 131E, Article 9 of the General Statutes.
2. The following process shall be observed for all meetings of the NCSHCC and NCSHCC subcommittees at which the NCSHCC or NCSHCC subcommittee takes any action:
  - a. At the beginning of each meeting, the Chair shall remind all members of their duty to act always in the best interest of the public without regard for their own professional, institutional or financial interests and that members should recuse themselves from voting on any matter on which they cannot meet this standard.
  - b. Prior to conducting any business, each member shall disclose any professional or institutional interest he or she may have in any matter coming before the NCSHCC or NCSHCC subcommittee for action at that meeting. The Chair will determine if the member needs to recuse himself or herself from voting on the matter in order to ensure the integrity of the actions of the NCSHCC or NCSHCC subcommittee.
  - c. Prior to conducting any business, each member shall also disclose any financial benefit he or she may derive from any matter coming before the NCSHCC or NCSHCC subcommittee for action at that meeting. A member derives a financial benefit from a matter under consideration if the person or his/her spouse (i) has an ownership interest in an entity that is a party to the matter under consideration; (ii) will derive any income or commission as a direct result of action on the matter under consideration; or (iii) will acquire property as a direct result of action on the matter under consideration. When any member indicates that he or she will derive a financial benefit from a matter coming before the NCSHCC or any subcommittee, the member shall recuse himself or herself from voting on the matter.
  - d. A member who has recused himself or herself from voting is not prohibited from deliberating on the matter unless the Chair determines, after review, that participation by the member in deliberations would impair the integrity of the actions of the NCSHCC or NCSHCC subcommittee.
  - e. The minutes of the NCSHCC and its subcommittees will reflect all disclosures and recusals made pursuant to this section, and such minutes will be provided to the Governor for review with the SMFP.
  - f. A challenge to a member's participation in a vote on issues under this Executive Order may be raised only by a member of the NCSHCC or an employee of the

Division of Health Services Regulation of DHHS. In such case where a challenge is made, the Chair, in consultation with the DHHS legal counsel, shall determine whether the challenge is valid and the action that should be taken.

- g. For the purposes of this Executive Order, the term "Chair" means the Chair of the NCSHCC or the Chair of any NCSHCC subcommittee. In the absence of the Chair or if the professional, institutional, or financial interests of the Chair must be reviewed pursuant to this section, then the Vice-Chair of the NCSHCC or NCSHCC subcommittee shall make the determinations required by this section.
- 3. Members of the NCSHCC are expected to and should confer with DHHS on any matters that come before them in the development of the SMFP. No member of the NCSHCC, however, may confer with any DHHS employee regarding any proposed provision of the SMFP or any proposed or pending certificate of need application in which the member has a direct, conflicting professional, institutional or financial interest, except in public meetings conducted by DHHS or the NCSHCC.
- 4. This Executive Order is for the Governor's purposes in reviewing and approving or amending the proposed SMFP submitted by the NCSHCC and DHHS. This Order does not and shall not be construed to create any rights, nor create claims, under the Certificate of Need Law, State Government Ethics Act, or otherwise.

This Executive Order is retroactive to March 1, 2014 and shall remain in effect until December 31, 2016, pursuant to N.C. Gen. Stat. § 147-16.2(b), or until earlier rescinded. This order supersedes and replaces all other executive orders on this subject and specifically rescinds Executive Order No. 139 issued on March 3, 2008, Executive Order No. 10 issued on March 3, 2009, Executive Order No. 52 issued on March 2, 2010, and Executive Order No. 67 issued on October 4, 2010.

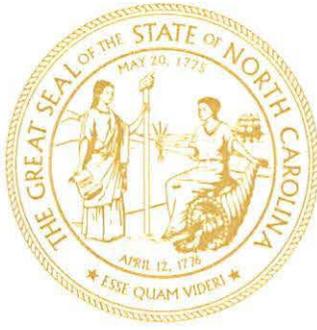
**IN WITNESS WHEREOF**, I have hereunto signed my name and affixed the Great Seal of the State of North Carolina at the Capitol in the City of Raleigh, this 4<sup>th</sup> day of March in the year of our Lord two thousand fourteen, and of the Independence of the United States of America the two hundred and thirty-eight.

  
Pat McCrory  
Governor

ATTEST:

  
Elaine F. Marshall  
Secretary of State





# State of North Carolina

**ROY COOPER**  
GOVERNOR

December 31, 2024

## EXECUTIVE ORDER NO. 331

### EXTENDING THE STATE HEALTH COORDINATING COUNCIL

**WHEREAS**, the State Health Coordinating Council ("NCSHCC") is a public body reestablished by Executive Order No. 46, 28 N.C. Reg. 2285-2288 (April 1, 2014) and extended by Executive Order No. 122, 31 N.C. Reg. 1492 (February 1, 2017); and

**WHEREAS**, Exec. Order No. 187, 35 N.C. Reg. 1637 (February 1, 2021), extending the State Health Coordinating Council is set to expire on December 31, 2024; and

**WHEREAS**, the State Health Coordinating Council plays an important role in working with the North Carolina Department of Health and Human Services to prepare the State Medical Facilities Plan approved annually by the undersigned; and

**WHEREAS**, the undersigned has determined that Executive Order No. 187 must be extended, and

**WHEREAS**, pursuant to Article III § I of the North Carolina Constitution and N.C. Gen. Stat. §§ 143A-4 and 143B-4, the Governor is the chief executive officer of the state and is responsible for formulating and administering policies of the executive branch of state government; and

**WHEREAS**, pursuant to N.C. Gen. Stat. §147-12, the Governor has the authority and the duty to supervise the official conduct of all executive and ministerial officers.

**NOW, THEREFORE**, by the powers vested in me as Governor by the Constitution and laws of the State of North Carolina, **IT IS ORDERED**:

#### **Section 1. Extending Executive Order No. 187**

Pursuant to N.C. Gen. Stat. § 147-16.2, Executive Order No. 187, which extended the NCSCHCC is hereby extended to December 31, 2026.

#### **Section 2. Effect and Duration**

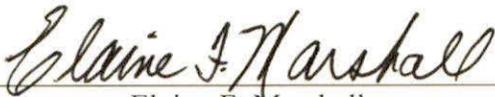
This extension of Executive Order No. 187 is effective immediately and shall remain in effect until December 31, 2026, or until rescinded or superseded by another applicable Executive Order.

**IN WITNESS WHEREOF**, I have hereunto signed my name and affixed the Great Seal of the State of North Carolina at the Capitol in the City of Raleigh, this the 31<sup>st</sup> of December in the year of our Lord two thousand and twenty-four.



Roy Cooper  
Governor

**ATTEST:**



Elaine F. Marshall  
Secretary of State



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## APPENDIX D

# NORTH CAROLINA CERTIFICATE OF NEED STATUTES

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### Article 9 Certificate of Need

#### § 131E-175. Findings of fact.

The General Assembly of North Carolina makes the following findings:

- (1) That the financing of health care, particularly the reimbursement of health services rendered by health service facilities, limits the effect of free market competition and government regulation is therefore necessary to control costs, utilization, and distribution of new health service facilities and the bed complements of these health service facilities.
- (2) That the increasing cost of health care services offered through health service facilities threatens the health and welfare of the citizens of this State in that citizens need assurance of economical and readily available health care.
- (3) That, if left to the market place to allocate health service facilities and health care services, geographical maldistribution of these facilities and services would occur and, further, less than equal access to all population groups, especially those that have traditionally been medically underserved, would result.
- (3a) That access to health care services and health care facilities is critical to the welfare of rural North Carolinians, and to the continued viability of rural communities, and that the needs of rural North Carolinians should be considered in the certificate of need review process.
- (4) That the proliferation of unnecessary health service facilities results in costly duplication and underuse of facilities, with the availability of excess capacity leading to unnecessary use of expensive resources and overutilization of health care services.
- (5) Repealed by Session Laws 1987, c. 511, s. 1.
- (6) That excess capacity of health service facilities places an enormous economic burden on the public who pay for the construction and operation of these facilities as patients, health insurance subscribers, health plan contributors, and taxpayers.
- (7) That the general welfare and protection of lives, health, and property of the people of this State require that new institutional health services to be offered within this State be subject to review and evaluation as to need, cost of service, accessibility to services, quality of care, feasibility, and other criteria as determined by provisions of this Article or by the North Carolina Department of Health and Human Services pursuant to provisions of this Article prior to such services being offered or developed in order that only appropriate and needed institutional health services are made available in the area to be served.
- (8) That because persons who have received exemptions under Section 11.9(a) of S.L. 2000-67, as amended, and under Section 11.69(b) of S.L. 1997-443, as amended by Section 12.16C(a) of S.L. 1998-212, and as amended by Section 1 of S.L. 1999-135, have had sufficient time to complete development plans and initiate construction of beds in adult care homes.
- (9) That because with the enactment of this legislation, beds allowed under the exemptions noted above and pending development will count in the inventory of adult care home beds available to provide care to residents in the State Medical Facilities Plan.
- (10) That because State and county expenditures provide support for nearly three-quarters of the residents in adult care homes through the State County Special Assistance program, and excess bed capacity increases costs per resident day, it is in the public interest to promote efficiencies in

delivering care in those facilities by controlling and directing their growth in an effort to prevent underutilization and higher costs and provide appropriate geographical distribution.

- (11) That physicians providing gastrointestinal endoscopy services in unlicensed settings should be given an opportunity to obtain a license to provide those services to ensure the safety of patients and the provision of quality care.
- (12) That demand for gastrointestinal endoscopy services is increasing at a substantially faster rate than the general population given the procedure is recognized as a highly effective means to diagnose and prevent cancer.

#### **§ 131E-176. Definitions.**

The following definitions apply in this Article:

- (1) Adult care home. – A facility with seven or more beds licensed under Part 1 of Article 1 of Chapter 131D of the General Statutes or under this Chapter that provides residential care for aged individuals or individuals with disabilities whose principal need is a home which provides the supervision and personal care appropriate to their age and disability and for whom medical care is only occasional or incidental.
- (1a) Air ambulance. – Aircraft used to provide air transport of sick or injured persons between destinations within the State.
- (1b) Ambulatory surgical facility. – A facility designed for the provision of a specialty ambulatory surgical program or a multispecialty ambulatory surgical program. An ambulatory surgical facility serves patients who require local, regional, or general anesthesia and a period of post-operative observation. An ambulatory surgical facility may only admit patients for a period of less than 24 hours and must provide at least one designated operating room or gastrointestinal endoscopy room and at least one designated recovery room, have available the necessary equipment and trained personnel to handle emergencies, provide adequate quality assurance and assessment by an evaluation and review committee, and maintain adequate medical records for each patient. An ambulatory surgical facility may be operated as a part of a physician or dentist's office, provided the facility is licensed under Part 4 of Article 6 of this Chapter, but the performance of incidental, limited ambulatory surgical procedures which do not constitute an ambulatory surgical program and which are performed in a physician's or dentist's office does not make that office an ambulatory surgical facility.
- (1c) Ambulatory surgical program. – A formal program for providing on a same-day basis those surgical procedures which require local, regional, or general anesthesia and a period of post-operative observation to patients whose admission for more than 24 hours is determined, prior to surgery or gastrointestinal endoscopy, to be medically unnecessary.
- (2) Bed capacity. – Space used exclusively for inpatient care, including space designed or remodeled for licensed inpatient beds even though temporarily not used for such purposes. The number of beds to be counted in any patient room shall be the maximum number for which adequate square footage is provided as established by rules of the Department except that single beds in single rooms are counted even if the room contains inadequate square footage. The term "bed capacity" also refers to the number of dialysis stations in kidney disease treatment centers, including freestanding dialysis units.
- (2a) Bone marrow transplantation services. – The process of infusing bone marrow into persons with diseases to stimulate the production of blood cells.
- (2b) Burn intensive care services. – Services provided in a unit designed to care for patients who have been severely burned.
- (2c) Campus. – The adjacent grounds and buildings, or grounds and buildings not separated by more than a public right-of-way, of a health service facility and related health care entities.
- (2d) Capital expenditure. – An expenditure for a project, including but not limited to the cost of construction, engineering, and equipment which under generally accepted accounting principles is

- not properly chargeable as an expense of operation and maintenance. Capital expenditure includes, in addition, the fair market value of an acquisition made by donation, lease, or comparable arrangement by which a person obtains equipment, the expenditure for which would have been considered a capital expenditure under this Article if the person had acquired it by purchase.
- (2e) Repealed by Session Laws 2005-325, s. 1, effective for hospices and hospice offices December 31, 2005.
  - (2f) Cardiac catheterization equipment. – The equipment used to provide cardiac catheterization services.
  - (2g) Cardiac catheterization services. – Those procedures, excluding pulmonary angiography procedures, in which a catheter is introduced into a vein or artery and threaded through the circulatory system into the heart specifically to diagnose abnormalities in the motion, contraction, and blood flow of the moving heart or to perform surgical therapeutic interventions to restore, repair, or reconstruct the coronary blood vessels of the heart.
  - (3) Certificate of need. – A written order which affords the person so designated as the legal proponent of the proposed project the opportunity to proceed with the development of such project.
  - (4) Repealed by Session Laws 1993, c. 7, s. 2.
  - (5) Change in bed capacity. – Any of the following:
    - a. Any relocation of health service facility beds, or dialysis stations from one licensed facility or campus to another.
    - b. Any redistribution of health service facility bed capacity among the categories of health service facility bed.
    - c. Any increase in the number of health service facility beds, or dialysis stations in kidney disease treatment centers, including freestanding dialysis units.
  - (5a) Chemical dependency treatment facility. – A public or private facility, or unit in a facility, which is engaged in providing 24-hour a day treatment for chemical dependency or a substance use disorder. This treatment may include detoxification, administration of a therapeutic regimen for the treatment of individuals with chemical dependence or substance use disorders, and related services. The facility or unit may be any of the following:
    - a. A unit within a general hospital or an attached or freestanding unit of a general hospital licensed under Article 5 of this Chapter.
    - b. A unit within a psychiatric hospital or an attached or freestanding unit of a psychiatric hospital licensed under Article 1A of former Chapter 122 of the General Statutes or Article 2 of Chapter 122C of the General Statutes.
    - c. A freestanding facility specializing in treatment of individuals with chemical dependence or substance use disorders that is licensed under Article 1A of former Chapter 122 of the General Statutes or Article 2 of Chapter 122C of the General Statutes. The facility may be identified as "chemical dependency, substance abuse, alcoholism, or drug abuse treatment units," "residential chemical dependency, substance use disorder, alcoholism or drug abuse facilities," or by other names if the purpose is to provide treatment of individuals with chemical dependence or substance use disorders. The term, however, does not include social setting detoxification facilities, medical detoxification facilities, halfway houses, or recovery farms.
  - (5b) Chemical dependency treatment beds. – Beds that are licensed for the inpatient treatment of chemical dependency. Residential treatment beds for the treatment of chemical dependency or substance use disorder are chemical dependency treatment beds. Chemical dependency treatment beds do not include beds licensed for detoxification.
  - (6) Department. – The North Carolina Department of Health and Human Services.
  - (7) Develop. – When used in connection with health services, means to undertake those activities which will result in the offering of institutional health service or the incurring of a financial obligation in relation to the offering of such a service.

- (7a) **(Effective until November 21, 2026)** Diagnostic center. – A freestanding facility, program, or provider, including but not limited to, physicians' offices, clinical laboratories, radiology centers, and mobile diagnostic programs, in which the total cost of all the medical diagnostic equipment utilized by the facility which cost ten thousand dollars (\$10,000) or more exceeds three million dollars (\$3,000,000). In determining whether the medical diagnostic equipment in a diagnostic center costs more than three million dollars (\$3,000,000), the costs of the equipment, studies, surveys, designs, plans, working drawings, specifications, construction, installation, and other activities essential to acquiring and making operational the equipment shall be included. The capital expenditure for the equipment shall be deemed to be the fair market value of the equipment or the cost of the equipment, whichever is greater. Beginning September 30, 2022, and on September 30 each year thereafter, the cost threshold amount in this subdivision shall be adjusted using the Medical Care Index component of the Consumer Price Index published by the U.S. Department of Labor for the 12-month period preceding the previous September 1.
- (7a) **(Effective November 21, 2026)** Diagnostic center. – "Diagnostic center" means a freestanding facility, program, or provider, including but not limited to, physicians' offices, clinical laboratories, radiology centers, and mobile diagnostic programs, in which the total cost of all the medical diagnostic equipment utilized by the facility which cost ten thousand dollars (\$10,000) or more exceeds three million dollars (\$3,000,000). No facility, program, or provider, including, but not limited to, physicians' offices, clinical laboratories, radiology centers, or mobile diagnostic programs, shall be deemed a diagnostic center solely by virtue of having a magnetic resonance imaging scanner in a county with a population of greater than 125,000 according to the 2020 federal decennial census or any subsequent federal decennial census. In determining whether the medical diagnostic equipment in a diagnostic center costs more than three million dollars (\$3,000,000), the costs of the equipment, studies, surveys, designs, plans, working drawings, specifications, construction, installation, and other activities essential to acquiring and making operational the equipment shall be included. The capital expenditure for the equipment shall be deemed to be the fair market value of the equipment or the cost of the equipment, whichever is greater. Beginning September 30, 2022, and on September 30 each year thereafter, the cost threshold amount in this subdivision shall be adjusted using the Medical Care Index component of the Consumer Price Index published by the U.S. Department of Labor for the 12-month period preceding the previous September 1.
- (7b) Expedited review. – The status given to an application's review process when the applicant petitions for the review and the Department approves the request based on findings that all of the following are met:
- a. The review is not competitive.
  - b. The proposed capital expenditure is less than five million dollars (\$5,000,000).
  - c. A request for a public hearing is not received within the time frame defined in G.S. 131E-185.
  - d. The agency has not determined that a public hearing is in the public interest.
- (7c) Gamma knife. – Equipment which emits photon beams from a stationary radioactive cobalt source to treat lesions deep within the brain and is one type of stereotactic radiosurgery.
- (7d) Gastrointestinal endoscopy room. – A room used for the performance of procedures that require the insertion of a flexible endoscope into a gastrointestinal orifice to visualize the gastrointestinal lining and adjacent organs for diagnostic or therapeutic purposes.
- (8),(9) Repealed by Session Laws 1987, c. 511, s. 1.
- (9a) Health service. – An organized, interrelated activity that is medical, diagnostic, therapeutic, rehabilitative, or a combination thereof and that is integral to the prevention of disease or the clinical management of an individual who is sick or injured or who has a disability. "Health service" does not include administrative and other activities that are not integral to clinical management.
- (9b) **(Effective until November 21, 2025)** Health service facility. – A hospital; long-term care hospital; rehabilitation facility; nursing home facility; adult care home; kidney disease treatment center,

- including freestanding hemodialysis units; intermediate care facility for individuals with intellectual disabilities; home health agency office; diagnostic center; hospice office, hospice inpatient facility, hospice residential care facility; and ambulatory surgical facility.
- (9b) **(Effective November 21, 2025)** Health service facility. – A hospital; long-term care hospital; rehabilitation facility; nursing home facility; adult care home; kidney disease treatment center, including freestanding hemodialysis units; intermediate care facility for individuals with intellectual disabilities; home health agency office; diagnostic center; hospice office, hospice inpatient facility, hospice residential care facility; and ambulatory surgical facility. The term "health service facility" does not include a qualified urban ambulatory surgical facility
- (9c) Health service facility bed. – A bed licensed for use in a health service facility in the categories of (i) acute care beds; (iii) rehabilitation beds; (iv) nursing home beds; (v) intermediate care beds for individuals with intellectual disabilities; (vii) hospice inpatient facility beds; (viii) hospice residential care facility beds; (ix) adult care home beds; and (x) long-term care hospital beds.
- (10) Health maintenance organization (HMO). – A public or private organization which has received its certificate of authority under Article 67 of Chapter 58 of the General Statutes and which either is a qualified health maintenance organization under Section 1310(d) of the Public Health Service Act or satisfies all of the following:
- a. Provides or otherwise makes available to enrolled participants health care services, including at least the following basic health care services: usual physician services, hospitalization, laboratory, X ray, emergency and preventive services, and out-of-area coverage.
  - b. Is compensated, except for copayments, for the provision of the basic health care services listed in sub-subdivision a. of this subdivision to enrolled participants by a payment which is paid on a periodic basis without regard to the date the health care services are provided and which is fixed without regard to the frequency, extent, or kind of health service actually provided.
  - c. Provides physicians' services primarily (i) directly through physicians who are either employees or partners of such organizations, or (ii) through arrangements with individual physicians or one or more groups of physicians organized on a group practice or individual practice basis.
- (10a) Heart-lung bypass machine. – The equipment used to perform extra-corporeal circulation and oxygenation during surgical procedures.
- (11) Repealed by Session Laws 1991, c. 692, s. 1.
- (12) Home health agency. – A private organization or public agency, whether owned or operated by one or more persons or legal entities, which furnishes or offers to furnish home health services.
- (12a) Home health services. – Items and services furnished to an individual by a home health agency, or by others under arrangements with such others made by the agency, on a visiting basis, and except for sub-subdivision e. of this subdivision, in a place of temporary or permanent residence used as the individual's home as follows:
- a. Part-time or intermittent nursing care provided by or under the supervision of a registered nurse.
  - b. Physical, occupational, or speech therapy.
  - c. Medical social services, home health aid [sic] services, and other therapeutic services.
  - d. Medical supplies, other than drugs and biologicals and the use of medical appliances.
  - e. Any of the items and services listed in this subdivision which are provided on an outpatient basis under arrangements made by the home health agency at a hospital or nursing home facility or rehabilitation center and the furnishing of which involves the use of equipment of such a nature that the items and services cannot readily be made available to the individual at home, or which are furnished at the facility while the individual is there to receive any such item or service, but not including transportation of the individual in connection with any such item or service.

- (13) Hospital. – A public or private institution which is primarily engaged in providing to inpatients, by or under supervision of physicians, diagnostic services and therapeutic services for medical diagnosis, treatment, and care of injured, disabled, or sick persons, or rehabilitation services for the rehabilitation of injured, disabled, or sick persons. The term includes all facilities licensed pursuant to G.S. 131E-77, except long-term care hospitals.
- (13a) Hospice. – Any coordinated program of home care with provision for inpatient care for terminally ill patients and their families. This care is provided by a medically directed interdisciplinary team, directly or through an agreement under the direction of an identifiable hospice administration. A hospice program of care provides palliative and supportive medical and other health services to meet the physical, psychological, social, spiritual, and special needs of patients and their families, which are experienced during the final stages of terminal illness and during dying and bereavement.
- (13b) Hospice inpatient facility. – A freestanding licensed hospice facility or a designated inpatient unit in an existing health service facility which provides palliative and supportive medical and other health services to meet the physical, psychological, social, spiritual, and special needs of terminally ill patients and their families in an inpatient setting. For purposes of this Article only, a hospital which has a contractual agreement with a licensed hospice to provide inpatient services to a hospice patient as defined in G.S. 131E-201(4) and provides those services in a licensed acute care bed is not a hospice inpatient facility and is not subject to the requirements in sub-subdivision (5)b. of this section for hospice inpatient beds.
- (13c) Hospice residential care facility. – A freestanding licensed hospice facility which provides palliative and supportive medical and other health services to meet the physical, psychological, social, spiritual, and special needs of terminally ill patients and their families in a group residential setting.
- (14) Repealed by Session Laws 1987, c. 511, s. 1.
- (14a) Intermediate care facility for individuals with intellectual disabilities. – Facilities licensed pursuant to Article 2 of Chapter 122C of the General Statutes for the purpose of providing health and habilitative services based on the developmental model and principles of normalization for individuals with intellectual disabilities, autism, cerebral palsy, epilepsy or related conditions.
- (14b) Repealed by Session Laws 1991, c. 692, s. 1.
- (14c) Reserved for future codification.
- (14d) Repealed by Session Laws 2001-234, s. 2, effective January 1, 2002.
- (14e) Kidney disease treatment center. – A facility that is certified as an end-stage renal disease facility by the Centers for Medicare and Medicaid Services, Department of Health and Human Services, pursuant to 42 C.F.R. § 405.
- (14f) “Legacy Medical Care Facility” means a facility that meets all of the following requirements:
  - a. Is not presently operating.
  - b. Has not continuously operated for at least the past six months.
  - c. Within the last 24 months:
    - 1. Was operated by a person holding a license under G.S. 131E-77; and
    - 2. Was primarily engaged in providing to inpatients or outpatients, by or under supervision of physicians, (i) diagnostic services and therapeutic services for medical diagnosis, treatment, and care of injured, disabled, or sick persons or (ii) rehabilitation services for the rehabilitation of injured, disabled, or sick persons.
- (14g) Linear accelerator. – A machine used to produce ionizing radiation in excess of 1,000,000 electron volts in the form of a beam of electrons or photons to treat cancer patients.
- (14h) Reserved for future codification.
- (14i) Lithotripter. – Extra-corporeal shock wave technology used to treat persons with kidney stones and gallstones.
- (14j) Reserved for future codification.

- (14k) Long-term care hospital. – A hospital that has been classified and designated as a long-term care hospital by the Centers for Medicare and Medicaid Services, Department of Health and Human Services, pursuant to 42 C.F.R. § 412.
- (14l) Reserved for future codification.
- (14m) Magnetic resonance imaging scanner. – Medical imaging equipment that uses nuclear magnetic resonance.
- (14n) Main campus. – All of the following for the purposes of G.S. 131E-184(f) and (g) only:
  - a. The site of the main building from which a licensed health service facility provides clinical patient services and exercises financial and administrative control over the entire facility, including the buildings and grounds adjacent to that main building.
  - b. Other areas and structures that are not strictly contiguous to the main building but are located within 250 yards of the main building.
- (14o) **(Effective until November 21, 2026)** Major medical equipment. – A single unit or single system of components with related functions which is used to provide medical and other health services and which costs more than two million dollars (\$2,000,000). In determining whether the major medical equipment costs more than two million dollars (\$2,000,000), the costs of the equipment, studies, surveys, designs, plans, working drawings, specifications, construction, installation, and other activities essential to acquiring and making operational the major medical equipment shall be included. The capital expenditure for the equipment shall be deemed to be the fair market value of the equipment or the cost of the equipment, whichever is greater. Major medical equipment does not include replacement equipment. Beginning September 30, 2022, and on September 30 each year thereafter, the cost threshold amount in this subdivision shall be adjusted using the Medical Care Index component of the Consumer Price Index published by the U.S. Department of Labor for the 12-month period preceding the previous September 1.
- (14o) **(Effective November 21, 2026)** Major medical equipment. – "Major medical equipment" means a single unit or single system of components with related functions which is used to provide medical and other health services and which costs more than two million dollars (\$2,000,000). In determining whether the major medical equipment costs more than two million dollars (\$2,000,000), the costs of the equipment, studies, surveys, designs, plans, working drawings, specifications, construction, installation, and other activities essential to acquiring and making operational the major medical equipment shall be included. The capital expenditure for the equipment shall be deemed to be the fair market value of the equipment or the cost of the equipment, whichever is greater. Major medical equipment does not include replacement equipment as defined in this section or magnetic resonance imaging scanners in counties with a population greater than 125,000 according to the 2020 federal decennial census or any subsequent federal decennial census. Beginning September 30, 2022, and on September 30 each year thereafter, the cost threshold amount in this subdivision shall be adjusted using the Medical Care Index component of the Consumer Price Index published by the U.S. Department of Labor for the 12-month period preceding the previous September 1.
- (15) Repealed by Session Laws 1987, c. 511, s. 1.
- (15a) Multispecialty ambulatory surgical program. – A formal program for providing on a same-day basis surgical procedures for at least three of the following specialty areas: gynecology, otolaryngology, plastic surgery, general surgery, ophthalmology, orthopedic, or oral surgery.
- (15b) Neonatal intensive care services. – Those services provided by a health service facility to high-risk newborn infants who require constant nursing care, including but not limited to continuous cardiopulmonary and other supportive care.
- (16) New institutional health services. – Any of the following:
  - a. The construction, development, or other establishment of a new health service facility.
  - b. **(Effective until November 21, 2025)** Except as otherwise provided in G.S. 131E-184(e), the obligation by any person of a capital expenditure exceeding four million dollars (\$4,000,000) to develop or expand a health service or a health service facility, or which

relates to the provision of a health service. The cost of any studies, surveys, designs, plans, working drawings, specifications, and other activities, including staff effort and consulting and other services, essential to the acquisition, improvement, expansion, or replacement of any plant or equipment with respect to which an expenditure is made shall be included in determining if the expenditure exceeds four million dollars (\$4,000,000). Beginning September 30, 2022, and on September 30 each year thereafter, the cost threshold amount in this subdivision shall be adjusted using the Medical Care Index component of the Consumer Price Index published by the U.S. Department of Labor for the 12-month period preceding the previous September 1.

- b. **(Effective November 21, 2025)** Except with respect to qualified urban ambulatory surgical facilities and except as otherwise provided in G.S. 131E-184(e), the obligation by any person of a capital expenditure exceeding four million dollars (\$4,000,000) to develop or expand a health service or a health service facility, or which relates to the provision of a health service. The cost of any studies, surveys, designs, plans, working drawings, specifications, and other activities, including staff effort and consulting and other services, essential to the acquisition, improvement, expansion, or replacement of any plant or equipment with respect to which an expenditure is made shall be included in determining if the expenditure exceeds four million dollars (\$4,000,000). Beginning September 30, 2022, and on September 30 each year thereafter, the amount in this sub-subdivision shall be adjusted using the Medical Care Index component of the Consumer Price Index published by the U.S. Department of Labor for the 12-month period preceding the previous September 1.
- c. Any change in bed capacity.
- d. The offering of dialysis services or home health services by or on behalf of a health service facility if those services were not offered within the previous 12 months by or on behalf of the facility.
- e. A change in a project that was subject to certificate of need review and for which a certificate of need was issued, if the change is proposed during the development of the project or within one year after the project was completed. For purposes of this subdivision, a change in a project is a change of more than fifteen percent (15%) of the approved capital expenditure amount or the addition of a health service that is to be located in the facility, or portion thereof, that was constructed or developed in the project.
- f. The development or offering of a health service as listed in this subdivision by or on behalf of any person:
  - 1. Bone marrow transplantation services.
  - 2. Burn intensive care services.
  - 2a. Cardiac catheterization services, except cardiac catheterization services provided on equipment furnished by a person authorized to operate the equipment in North Carolina pursuant to either a certificate of need issued for mobile cardiac catheterization equipment or a settlement agreement executed by the Department for provision of cardiac catheterization services.
  - 3. Neonatal intensive care services.
  - 4. Open-heart surgery services.
  - 5. Solid organ transplantation services.
- fl. The acquisition by purchase, donation, lease, transfer, or comparable arrangement of any of the following equipment by or on behalf of any person:
  - 1. Air ambulance.<sup>1</sup>

<sup>1</sup> Pursuant to an Order of Permanent Injunction issued by the United States District Court for the Eastern District of North Carolina Western Division on October 15, 2008, the North Carolina Department of Health and Human Services is prohibited from requiring that any person obtain a certificate of need before acquiring an air ambulance.

2. Repealed.
  3. Cardiac catheterization equipment.
  4. Gamma knife.
  5. Heart-lung bypass machine.
  - 5a. Linear accelerator.
  6. Lithotripter.
  7. **(Effective until November 21, 2026)** Magnetic resonance imaging scanner.
  7. **(Effective November 21, 2026)** Magnetic resonance imaging scanner. This sub-sub-subdivision applies only to counties with a population of 125,000 or less according to the 2020 federal decennial census or any subsequent federal decennial census.
  8. Positron emission tomography scanner.
  9. Simulator.
- g.to k. Repealed.
- l. The purchase, lease, or acquisition of any health service facility, or portion thereof, or a controlling interest in the health service facility or portion thereof, if the health service facility was developed under a certificate of need issued pursuant to G.S. 131E-180.
  - m. Any conversion of nonhealth service facility beds to health service facility beds.
  - n. The construction, development or other establishment of a hospice, hospice inpatient facility, or hospice residential care facility.
  - o. The opening of an additional office by an existing home health agency or hospice within its service area as defined by rules adopted by the Department; or the opening of any office by an existing home health agency or hospice outside its service area as defined by rules adopted by the Department.
  - p. The acquisition by purchase, donation, lease, transfer, or comparable arrangement by any person of major medical equipment.
  - q. The relocation of a health service facility from one service area to another.
  - r. The conversion of a specialty ambulatory surgical program to a multispecialty ambulatory surgical program or the addition of a specialty to a specialty ambulatory surgical program.
  - s. The furnishing of mobile medical equipment to any person to provide health services in North Carolina, which was not in use in North Carolina prior to the adoption of this provision, if the equipment would otherwise be subject to review in accordance with sub-subdivision fl. of this subdivision or sub-subdivision p. of this subdivision if it had been acquired in North Carolina.
  - t. Repealed.
  - u. The construction, development, establishment, increase in the number, or relocation of an operating room or gastrointestinal endoscopy room in a licensed health service facility, other than the relocation of an operating room or gastrointestinal endoscopy room within the same building or on the same grounds or to grounds not separated by more than a public right-of-way adjacent to the grounds where the operating room is or gastrointestinal endoscopy room is currently located.
  - v. The change in designation, in a licensed health service facility, of an operating room to a gastrointestinal endoscopy room or change in designation of a gastrointestinal endoscopy room to an operating room that results in a different number of each type of room than is reflected on the health service facility's license in effect as of January 1, 2005.
- (17) North Carolina State Health Coordinating Council. – The Council that prepares, with the Department of Health and Human Services, the State Medical Facilities Plan.
- (17a) Nursing care. – Any of the following:
- a. Skilled nursing care and related services for residents who require medical or nursing care.
  - b. Rehabilitation services for the rehabilitation of individuals who are injured or sick or who have disabilities.

- c. Health-related care and services provided on a regular basis to individuals who because of their mental or physical condition require care and services above the level of room and board, which can be made available to them only through institutional facilities. These are services which are not primarily for the care and treatment of mental diseases.
- (17b) Nursing home facility. – A health service facility whose bed complement of health service facility beds is composed principally of nursing home facility beds.
- (18) Offer. – In connection with health services, the act by a person of holding out as capable of providing, or as having the means to provide, specified health services.
- (18a) Repealed by Session Laws 2005-325, s. 1, effective for hospices and hospice offices December 31, 2005.
- (18b) Open-heart surgery services. – The provision of surgical procedures that utilize a heart-lung bypass machine during surgery to correct cardiac and coronary artery disease or defects.
- (18c) Operating room. – A room used for the performance of surgical procedures requiring one or more incisions and that is required to comply with all applicable licensure codes and standards for an operating room.
- (19) Person. – An individual; a trust or estate; a partnership; a corporation, including associations, joint stock companies, and insurance companies; the State; or a political subdivision or agency or instrumentality of the State.
- (19a) Positron emission tomography scanner. – Equipment that utilizes a computerized radiographic technique that employs radioactive substances to examine the metabolic activity of various body structures.
- (20) Project or capital expenditure project. – A proposal to undertake a capital expenditure that results in the offering of a new institutional health service. A project, or capital expenditure project, or proposed project may refer to the project from its earliest planning stages up through the point at which the specified new institutional health service may be offered. In the case of facility construction, the point at which the new institutional health service may be offered must take place after the facility is capable of being fully licensed and operated for its intended use, and at that time it shall be considered a health service facility.
- (21) Psychiatric facility. – A public or private facility licensed pursuant to Article 2 of Chapter 122C of the General Statutes and which is primarily engaged in providing to inpatients, by or under the supervision of a physician, psychiatric services for the diagnosis and treatment of individuals with mental illness.
- (21a) **(Effective beginning November 21, 2025)** Qualified urban ambulatory surgical facility. – An ambulatory surgical facility that meets all of the following criteria: a. Is licensed by the Department to operate as an ambulatory surgical facility. b. Has a single specialty or multispecialty ambulatory surgical program. c. Is located in a county with a population greater than 125,000 according to the 2020 federal decennial census or any subsequent federal decennial census.
- (22) Rehabilitation facility. – A public or private inpatient facility which is operated for the primary purpose of assisting in the rehabilitation of individuals with disabilities through an integrated program of medical and other services which are provided under competent, professional supervision.
- (22a) Replacement equipment. – Equipment that costs less than three million dollars (\$3,000,000) and is purchased for the sole purpose of replacing comparable medical equipment currently in use which will be sold or otherwise disposed of when replaced. In determining whether the replacement equipment costs less than three million dollars (\$3,000,000), the costs of equipment, studies, surveys, designs, plans, working drawings, specifications, construction, installation, and other activities essential to acquiring and making operational the replacement equipment shall be included. The capital expenditure for the equipment shall be deemed to be the fair market value of the equipment or the cost of the equipment, whichever is greater. Beginning September 30, 2023, and on September 30 each year thereafter, the cost threshold amount in this subdivision shall be

adjusted using the Medical Care Index component of the Consumer Price Index published by the U.S. Department of Labor for the 12-month period preceding the previous September 1.

- (23) Repealed by Session Laws 1991, c. 692, s. 1.
- (24) Repealed by Session Laws 1993, c. 7, s. 2.
- (24a) Service area. – The area of the State, as defined in the State Medical Facilities Plan or in rules adopted by the Department, which receives services from a health service facility.
- (24b) Simulator. – A machine that produces high quality diagnostic radiographs and precisely reproduces the geometric relationships of megavoltage radiation therapy equipment to the patient.
- (24c) Reserved for future codification.
- (24d) Solid organ transplantation services. – The provision of surgical procedures and the interrelated medical services that accompany the surgery to remove an organ from a patient and surgically implant an organ from a donor.
- (24e) Reserved for future codification.
- (24f) **(Effective until November 21, 2025)** Specialty ambulatory surgical program. – A formal program for providing on a same-day basis surgical procedures for only the specialty areas identified on the ambulatory surgical facility's 1993 Application for Licensure as an Ambulatory Surgical Center and authorized by its certificate of need.
- (24f) **(Effective November 21, 2025)** Specialty ambulatory surgical program. – A formal program for providing on a same-day basis surgical procedures of the same surgical specialty and authorized by its certificate of need, if a certificate of need is required.
- (25) State Medical Facilities Plan. – The plan prepared by the Department of Health and Human Services and the North Carolina State Health Coordinating Council, and approved by the Governor. In preparing the Plan, the Department and the State Health Coordinating Council shall maintain a mailing list of persons who have requested notice of public hearings regarding the Plan. Not less than 15 days prior to a scheduled public hearing, the Department shall notify persons on its mailing list of the date, time, and location of the hearing. The Department shall hold at least one public hearing prior to the adoption of the proposed Plan and at least six public hearings after the adoption of the proposed Plan by the State Health Coordinating Council. The Council shall accept oral and written comments from the public concerning the Plan.
- (26) Repealed by Session Laws 1983 (Regular Session, 1984), c. 1002, s. 9.
- (27) Repealed by Session Laws 1987, c. 511, s.1.

**§ 131E-177. Department of Health and Human Services is designated State Health Planning and Development Agency; powers and duties.**

The Department of Health and Human Services is designated as the State Health Planning and Development Agency for the State of North Carolina, and is empowered to exercise the following powers and duties:

- (1) To establish standards and criteria or plans required to carry out the provisions and purposes of this Article and to adopt rules pursuant to Chapter 150B of the General Statutes, to carry out the purposes and provisions of this Article;
- (2) Adopt, amend, and repeal such rules and regulations, consistent with the laws of this State, as may be required by the federal government for grants-in-aid for health service facilities and health planning which may be made available by the federal government. This section shall be liberally construed in order that the State and its citizens may benefit from such grants-in-aid;
- (3) Define, by rule, procedures for submission of periodic reports by persons or health service facilities subject to agency review under this Article;
- (4) Develop policy, criteria, and standards for health service facilities planning; shall conduct statewide registration and inventories of and make determinations of need for health service facilities, health services as specified in G.S. 131E-176(16)f., and equipment as

- specified in G.S. 131E-176(16)f1., which shall include consideration of adequate geographic location of equipment and services; and develop a State Medical Facilities Plan;
- (5) Implement, by rule, criteria for project review;
  - (6) Have the power to grant, deny, or withdraw a certificate of need and to impose such sanctions as are provided for by this Article;
  - (7) Solicit, accept, hold and administer on behalf of the State any grants or bequests of money, securities or property to the Department for use by the Department in the administration of this Article; and
  - (8) Repealed.
  - (9) Collect fees for submitting applications for certificates of need.
  - (10) The authority to review all records in any recording medium of any person or health service facility subject to agency review under this Article which pertain to construction and acquisition activities, staffing or costs and charges for patient care, including but not limited to, construction contracts, architectural contracts, consultant contracts, purchase orders, cancelled checks, accounting and financial records, debt instruments, loan and security agreements, staffing records, utilization statistics and any other records the Department deems to be reasonably necessary to determine compliance with this Article.

The Secretary of Health and Human Services shall have final decision-making authority with regard to all functions described in this section.

**§ 131E-178. Activities requiring certificate of need.**

- (a) No person shall offer or develop a new institutional health service without first obtaining a certificate of need from the Department; provided, however, no person who provides gastrointestinal endoscopy procedures in one or more gastrointestinal endoscopy rooms located in a nonlicensed setting, shall be required to obtain a certificate of need to license that setting as an ambulatory surgical facility with the existing number of gastrointestinal endoscopy rooms, provided that:
  - (1) The license application is postmarked for delivery to the Division of Health Service Regulation by December 31, 2006;
  - (2) The applicant verifies, by affidavit submitted to the Division of Health Service Regulation within 60 days of the effective date of this act, that the facility is in operation as of the effective date of this act or that the completed application for the building permit for the facility was submitted by the effective date of this act;
  - (3) The facility has been accredited by The Accreditation Association for Ambulatory Health Care, The Joint Commission on Accreditation of Healthcare Organizations, or The American Association for Accreditation of Ambulatory Surgical Facilities by the time the license application is postmarked for delivery to the Division of Health Service Regulation of the Department; and
  - (4) The license application includes a commitment and plan for serving indigent and medically underserved populations.

All other persons proposing to obtain a license to establish an ambulatory surgical facility for the provision of gastrointestinal endoscopy procedures shall be required to obtain a certificate of need. The annual State Medical Facilities Plan shall not include policies or need determinations that limit the number of gastrointestinal endoscopy rooms that may be approved.

- (b) No person shall make an acquisition by donation, lease, transfer, or comparable arrangement without first obtaining a certificate of need from the Department, if the acquisition would have been a new institutional health service if it had been made by purchase. In determining whether an acquisition would have been a new institutional health service, the capital expenditure for the asset shall be deemed to be the fair market value of the asset or the cost of the asset, whichever is greater.

- (c) No person shall incur an obligation for a capital expenditure which is a new institutional health service without first obtaining a certificate of need from the Department. An obligation for a capital expenditure is incurred when:
  - (1) An enforceable contract, excepting contracts which are expressly contingent upon issuance of a certificate of need, is entered into by a person for the construction, acquisition, lease or financing of a capital asset;
  - (2) A person takes formal action to commit funds for a construction project undertaken as his own contractor; or
  - (3) In the case of donated property, the date on which the gift is completed.
- (d) Where the estimated cost of a proposed capital expenditure, including the fair market value of equipment acquired by purchase, lease, transfer, or other comparable arrangement, is certified by a licensed architect or engineer to be equal to or less than the expenditure minimum for capital expenditure for new institutional health services, such expenditure shall be deemed not to exceed the amount for new institutional health services regardless of the actual amount expended, provided that the following conditions are met:
  - (1) The certified estimated cost is prepared in writing 60 days or more before the obligation for the capital expenditure is incurred. Certified cost estimates shall be available for inspection at the facility and sent to the Department upon its request.
  - (2) The facility on whose behalf the expenditure was made notifies the Department in writing within 30 days of the date on which such expenditure is made if the expenditure exceeds the expenditure minimum for capital expenditures. The notice shall include a copy of the certified cost estimate.
- (e) The Department may grant certificates of need which permit capital expenditures only for predevelopment activities. Predevelopment activities include the preparation of architectural designs, plans, working drawings, or specifications, the preparation of studies and surveys, and the acquisition of a potential site.

**§ 131E-179. Research activities.**

- (a) Notwithstanding any other provisions of this Article, a health service facility may offer new institutional health services to be used solely for research, or incur the obligation of a capital expenditure solely for research, without a certificate of need, if the Department grants an exemption. The Department shall grant an exemption if the health service facility files a notice of intent with the Department in accordance with rules promulgated by the Department and if the Department finds that the offering or obligation will not:
  - (1) Affect the charges of the health service facility for the provision of medical or other patient care services other than services which are included in the research;
  - (2) Substantially change the bed capacity of the facility; or
  - (3) Substantially change the medical or other patient care services of the facility.
- (b) After a health service facility has received an exemption pursuant to subsection (a) of this section, it shall not offer the new institutional health services, or use a facility acquired through the capital expenditure, in a manner which affects the charges of the facility for the provision of medical or other patient care services, other than the services which are included in the research and shall not charge patients for the use of the service for which an exemption has been granted, without first obtaining a certificate of need from the Department; provided, however, that any facility or service acquired or developed under the exemption provided by this section shall not be subject to the foregoing restrictions on its use if the facility or service could otherwise be offered or developed without a certificate of need.
- (c) Any of the activities described in subsection (a) of this section shall be deemed to be solely for research even if they include patient care provided on an occasional and irregular basis and not as a part of the research program.

**§ 131E-180: Repealed by Session Laws 2005-325, s. 2, effective August 26, 2005.**

**§ 131E-180.1: Expired.**

**§ 131E-181. Nature of certificate of need.**

- (a) A certificate of need shall be valid only for the defined scope, physical location, and person named in the application. A certificate of need shall not be transferred or assigned except as provided in G.S. 131E-189(c).
- (b) A recipient of a certificate of need, or any person who may subsequently acquire, in any manner whatsoever permitted by law, the service for which that certificate of need was issued, is required to materially comply with the representations made in its application for that certificate of need. The Department shall require any recipient of a certificate of need, or its successor, whose service is in operation to submit to the Department evidence that the recipient, or its successor, is in material compliance with the representations made in its application for the certificate of need which granted the recipient the right to operate that service. In determining whether the recipient of a certificate of need, or its successor, is operating a service which materially differs from the representations made in its application for that certificate of need, the Department shall consider cost increases to the recipient, or its successor, including, but not limited to, the following:
  - (1) Any increase in the consumer price index;
  - (2) Any increased cost incurred because of Government requirements, including federal, State, or any political subdivision thereof; and
  - (3) Any increase in cost due to professional fees or the purchase of services and supplies.
- (c) Whenever a certificate of need is issued more than 12 months after the application for the certificate of need began review, the Department shall adjust the capital expenditure amount proposed by increasing it to reflect any inflation in the Department of Commerce's Construction Cost Index that has occurred since the date when the application began review; and the Department shall use this recalculated capital expenditure amount in the certificate of need issued for the project.
- (d) A project authorized by a certificate of need is complete when the health service or the health service facility for which the certificate of need was issued is licensed and certified and is in material compliance with the representations made in the certificate of need application.

**§ 131E-182. Application.**

- (a) The Department in its rules shall establish schedules for submission and review of completed applications. The schedules shall provide that applications for similar proposals in the same service area will be reviewed together. However, there shall not be a review schedule prior to February 1, 2006, for submission and review of certificate of need applications that propose an increase in the number of licensed gastrointestinal endoscopy rooms. An applicant for a certificate of need to establish a licensed gastrointestinal endoscopy room shall show that it is performing or reasonably projects to perform at least 1,500 gastrointestinal endoscopy procedures per gastrointestinal endoscopy room per year.
- (b) An application for a certificate of need shall be made on forms provided by the Department. The application forms, which may vary according to the type of proposal, shall require such information as the Department, by its rules deems necessary to conduct the review. An applicant shall be required to furnish only that information necessary to determine whether the proposed new institutional health service is consistent with the review criteria implemented under G.S. 131E-183 and with duly adopted standards, plans and criteria.
- (c) An application fee is imposed on an applicant for a certificate of need. An applicant must submit the fee with the application. The fee is not refundable, regardless of whether a certificate of need is issued. Fees collected under this section shall be credited to the General Fund as nontax revenue.

The application fee is five thousand dollars (\$5,000) plus an amount equal to three-tenths of one percent (.3%) of the amount of the capital expenditure proposed in the application that exceeds one million dollars (\$1,000,000). In no event may the fee exceed fifty thousand dollars (\$50,000).

**§ 131E-183. Review criteria.**

- (a) The Department shall review all applications utilizing the criteria outlined in this subsection and shall determine that an application is either consistent with or not in conflict with these criteria before a certificate of need for the proposed project shall be issued.
  - (1) The proposed project shall be consistent with applicable policies and need determinations in the State Medical Facilities Plan, the need determination of which constitutes a determinative limitation on the provision of any health service, health service facility, health service facility beds, dialysis stations, operating rooms, or home health offices that may be approved.
  - (2) Repealed.
  - (3) The applicant shall identify the population to be served by the proposed project, and shall demonstrate the need that this population has for the services proposed, and the extent to which all residents of the area, and, in particular, low income persons, racial and ethnic minorities, women, handicapped persons, the elderly, and other underserved groups are likely to have access to the services proposed.
  - (3a) In the case of a reduction or elimination of a service, including the relocation of a facility or a service, the applicant shall demonstrate that the needs of the population presently served will be met adequately by the proposed relocation or by alternative arrangements, and the effect of the reduction, elimination or relocation of the service on the ability of low income persons, racial and ethnic minorities, women, handicapped persons, and other underserved groups and the elderly to obtain needed health care.
  - (4) Where alternative methods of meeting the needs for the proposed project exist, the applicant shall demonstrate that the least costly or most effective alternative has been proposed.
  - (5) Financial and operational projections for the project shall demonstrate the availability of funds for capital and operating needs as well as the immediate and long-term financial feasibility of the proposal, based upon reasonable projections of the costs of and charges for providing health services by the person proposing the service.
  - (6) The applicant shall demonstrate that the proposed project will not result in unnecessary duplication of existing or approved health service capabilities or facilities.
  - (7) The applicant shall show evidence of the availability of resources, including health manpower and management personnel, for the provision of the services proposed to be provided.
  - (8) The applicant shall demonstrate that the provider of the proposed services will make available, or otherwise make arrangements for, the provision of the necessary ancillary and support services. The applicant shall also demonstrate that the proposed service will be coordinated with the existing health care system.
  - (9) An applicant proposing to provide a substantial portion of the project's services to individuals not residing in the health service area in which the project is located, or in adjacent health service areas, shall document the special needs and circumstances that warrant service to these individuals.
  - (10) When applicable, the applicant shall show that the special needs of health maintenance organizations will be fulfilled by the project. Specifically, the applicant shall show that the project accommodates:
    - a. The needs of enrolled members and reasonably anticipated new members of the HMO for the health service to be provided by the organization; and

- b. The availability of new health services from non-HMO providers or other HMOs in a reasonable and cost-effective manner which is consistent with the basic method of operation of the HMO. In assessing the availability of these health services from these providers, the applicant shall consider only whether the services from these providers:
    - 1. Would be available under a contract of at least five years' duration;
    - 2. Would be available and conveniently accessible through physicians and other health professionals associated with the HMO;
    - 3. Would cost no more than if the services were provided by the HMO; and
    - 4. Would be available in a manner which is administratively feasible to the HMO.
- (11) Repealed
- (12) Applications involving construction shall demonstrate that the cost, design, and means of construction proposed represent the most reasonable alternative, and that the construction project will not unduly increase the costs of providing health services by the person proposing the construction project or the costs and charges to the public of providing health services by other persons, and that applicable energy saving features have been incorporated into the construction plans.
- (13) The applicant shall demonstrate the contribution of the proposed service in meeting the health-related needs of the elderly and of members of medically underserved groups, such as medically indigent or low income persons, Medicaid and Medicare recipients, racial and ethnic minorities, women, and handicapped persons, which have traditionally experienced difficulties in obtaining equal access to the proposed services, particularly those needs identified in the State Health Plan as deserving of priority. For the purpose of determining the extent to which the proposed service will be accessible, the applicant shall show:
  - a. The extent to which medically underserved populations currently use the applicant's existing services in comparison to the percentage of the population in the applicant's service area which is medically underserved;
  - b. Its past performance in meeting its obligation, if any, under any applicable regulations requiring provision of uncompensated care, community service, or access by minorities and handicapped persons to programs receiving federal assistance, including the existence of any civil rights access complaints against the applicant;
  - c. That the elderly and the medically underserved groups identified in this subdivision will be served by the applicant's proposed services and the extent to which each of these groups is expected to utilize the proposed services; and
  - d. That the applicant offers a range of means by which a person will have access to its services. Examples of a range of means are outpatient services, admission by house staff, and admission by personal physicians.
- (14) The applicant shall demonstrate that the proposed health services accommodate the clinical needs of health professional training programs in the area, as applicable.
- (15) through (18) Repealed.
- (18a) The applicant shall demonstrate the expected effects of the proposed services on competition in the proposed service area, including how any enhanced competition will have a positive impact upon the cost effectiveness, quality, and access to the services proposed; and in the case of applications for services where competition between providers will not have a favorable impact on cost effectiveness, quality, and access to the services proposed, the applicant shall demonstrate that its application is for a service on which competition will not have a favorable impact.
- (19) Repealed.

- (20) An applicant already involved in the provision of health services shall provide evidence that quality care has been provided in the past.
- (21) Repealed.
- (b) The Department is authorized to adopt rules for the review of particular types of applications that will be used in addition to those criteria outlined in subsection (a) of this section and may vary according to the purpose for which a particular review is being conducted or the type of health service reviewed. No such rule adopted by the Department shall require an academic medical center teaching hospital, as defined by the State Medical Facilities Plan, to demonstrate that any facility or service at another hospital is being appropriately utilized in order for that academic medical center teaching hospital to be approved for the issuance of a certificate of need to develop any similar facility or service.
- (c) Repealed.

**§ 131E-184. Exemptions from review.**

- (a) Except as provided in subsection (b) of this section, the Department shall exempt from certificate of need review a new institutional health service if it receives prior written notice from the entity proposing the new institutional health service, which notice includes an explanation of why the new institutional health service is required, for any of the following:
  - (1) To eliminate or prevent imminent safety hazards as defined in federal, State, or local fire, building, or life safety codes or regulations.
  - (1a) To comply with State licensure standards.
  - (1b) To comply with accreditation or certification standards which must be met to receive reimbursement under Title XVIII of the Social Security Act or payments under a State plan for medical assistance approved under Title XIX of that act.
  - (2) Repealed.
  - (3) To provide data processing equipment.
  - (4) To provide parking, heating or cooling systems, elevators, or other basic plant or mechanical improvements, unless these activities are integral portions of a project that involves the construction of a new health service facility or portion thereof and that is subject to certificate of need review.
  - (5) To replace or repair facilities destroyed or damaged by accident or natural disaster.
  - (6) To provide any nonhealth service facility or service.
  - (7) To provide replacement equipment.
  - (8) To acquire an existing health service facility, including equipment owned by the health service facility at the time of acquisition. A facility not currently licensed as an adult care home that was licensed as an adult care home within the preceding 12 months is considered an existing health service facility for the purposes of this subdivision.
  - (9) To develop or acquire a physician office building regardless of cost, unless a new institutional health service other than defined in G.S. 131E-176(16)b. is offered or developed in the building.
  - (10) To allow a licensed home care agency, as defined in G.S. 131E-136, to provide Early and Periodic Screening, Diagnosis, and Treatment Services to children up to 21 years of age, in compliance with federal Medicaid requirements under 42 U.S.C §1396d. This exemption applies to all home care agencies licensed under Article 6 of this Chapter, whether or not they are Medicare-certified.
- (b) Those portions of a proposed project which are not proposed for one or more of the purposes under subsection (a) of this section are subject to certificate of need review, if these non-exempt portions of the project are new institutional health services under G.S. 131E-176(16).
- (c) Repealed by Session Laws 2023-7, s. 3.1(b), effective March 27, 2023, and applicable to activities occurring on or after that date.

- (d) Repealed by Session Laws 2023-7, s. 3.1(b), effective March 27, 2023, and applicable to activities occurring on or after that date.
- (e) The Department shall exempt from certificate of need review a capital expenditure that exceeds the monetary threshold set forth in G.S. 131E-176(16)b. if all of the following conditions are met:
  - (1) The proposed capital expenditure would meet all of the following requirements:
    - a. Be used solely for the purpose of renovating, replacing on the same site, or expanding any of the following existing facilities:
      - 1. Nursing home facility.
      - 2. Adult care home facility.
      - 3. Intermediate care facility for individuals with intellectual disabilities.
    - b. Not result in a change in bed capacity, as defined in G.S. 131E-176(5), or the addition of a health service facility or any other new institutional health service other than that allowed in G.S. 131E-176(16)b.
  - (2) The entity proposing to incur the capital expenditure provides prior written notice to the Department, which notice includes documentation that demonstrates that the proposed capital expenditure would be used for one or more of the following purposes:
    - a. Conversion of semiprivate resident rooms to private rooms.
    - b. Providing innovative, homelike residential dining spaces, such as cafes, kitchenettes, or private dining areas to accommodate residents and their families or visitors.
    - c. Renovating, replacing, or expanding residential living or common areas to improve the quality of life of residents.
- (f) The Department shall exempt from certificate of need review the purchase of any replacement equipment that exceeds the monetary threshold set forth in G.S. 131E-176(22a) if all of the following conditions are met:
  - (1) The equipment being replaced is located on the main campus.
  - (2) The Department has previously issued a certificate of need for the equipment being replaced. This subdivision does not apply if a certificate of need was not required at the time the equipment being replaced was initially purchased by the licensed health service facility.
  - (3) The licensed health service facility proposing to purchase the replacement equipment shall provide prior written notice to the Department, along with supporting documentation to demonstrate that it meets the exemption criteria of this subsection.
- (g) The Department shall exempt from certificate of need review any capital expenditure that exceeds the monetary threshold set forth in G.S. 131E-176(16)b. if all of the following conditions are met:
  - (1) The sole purpose of the capital expenditure is to renovate, replace on the same site, or expand the entirety or a portion of an existing health service facility that is located on the main campus.
  - (2) The capital expenditure does not result in (i) a change in bed capacity as defined in G.S. 131E-176(5) or (ii) the addition of a health service facility or any other new institutional health service other than that allowed in G.S. 131E-176(16)b.
  - (3) The licensed health service facility proposing to incur the capital expenditure shall provide prior written notice to the Department, along with supporting documentation to demonstrate that it meets the exemption criteria of this subsection.
- (h) The Department must exempt from certificate of need review the acquisition or reopening of a Legacy Medical Care Facility. The person seeking to operate a Legacy Medical Care Facility shall give the Department written notice of all of the following:
  - (1) Its intention to acquire or reopen a Legacy Medical Care Facility within the same county and the same service area as the facility that ceased continuous operations. If the Legacy Medical Care Facility will become operational in a new location within the same county and the same service area as the facility that ceased continuous operations, then the person

responsible for giving the written notice required by this section shall notify the Department, as soon as reasonably practicable and prior to becoming operational, of the new location of the Legacy Medical Care Facility. For purposes of this subdivision, "service area" means the service area identified in the North Carolina State Medical Facilities Plan in effect at the time the written notice required by this section is given to the Department.

(2) That the facility will be operational within 36 months of the notice.

The Department shall extend the time by which a facility must be operational in order to be exempt from certificate of need review under this subsection by one additional 36-month period if the person seeking to reopen or acquire the Legacy Medical Care Facility gives the Department written notice of extension within 36 months of the original notice of intent to acquire or reopen the Legacy Medical Care Facility. The written notice of extension must notify the Department (i) that the person has undertaken all reasonable efforts to make the facility operational within 36 months of the notice of intent, (ii) that, despite these reasonable efforts, the person does not anticipate the facility will be operational within that time, and (iii) of its intention that the facility will be operational within 36 months of the notice of extension.

A person seeking to operate a Legacy Medical Care Facility located in a development tier one or tier two area, as defined in G.S. 143B-437.08, may request an additional extension of time by which the facility must be operational in order to be exempt from certificate of need review under this subsection by providing an additional written notice of extension to the Department, delivered prior to the conclusion of the original 36-month extension period, affirming that the person has entered into a contract for the acquisition or reopening of the Legacy Medical Care Facility and that, pursuant to the terms of the contract, the facility will commence operations within 36 months of the conclusion of the original notice of extension. Upon receipt of this notice, the Department shall grant an extension of the time by which the facility must be operational that is sufficient to permit the acquisition or reopening of the Legacy Medical Care Facility as provided in the contract. (1983, c. 775, s. 1; 1987, c. 511, s. 1; 1991 (Reg. Sess., 1992), c. 1030, s. 37; 1993, c. 7, s. 7; 2001-424, s. 25.19(c); 2002-159, s. 41; 2009-145, s. 1; 2009-487, s. 3; 2011-145, s. 19.1(h); NC General Statutes - Chapter 131E Article 9 25 2013-360, s. 12G.3(b); 2013-363, s. 4.6; 2014-100, s. 12G.1(a); 2015-288, s. 2; 2017-184, s. 7(a); 2017-186, s. 2(xxxxx); 2018-81, s. 3(b); 2018-145, s. 15; 2019-76, s. 20; 2021-180, ss. 9E.4,

#### **§ 131E-185. Review process.**

(a) Repealed.

(a1) Except as provided in subsection (c) of this section, there shall be a time limit of 90 days for review of the applications, beginning on the day established by rule as the day on which applications for the particular service in the service area shall begin review.

(1) Any person may file written comments and exhibits concerning a proposal under review with the Department, not later than 30 days after the date on which the application begins review. These written comments may include:

- a. Facts relating to the service area proposed in the application;
- b. Facts relating to the representations made by the applicant in its application, and its ability to perform or fulfill the representations made;
- c. Discussion and argument regarding whether, in light of the material contained in the application and other relevant factual material, the application complies with relevant review criteria, plans, and standards.

(2) No more than 20 days from the conclusion of the written comment period, the Department shall ensure that a public hearing is conducted at a place within the appropriate service area if one or more of the following circumstances apply; the review to be conducted is competitive; the proponent proposes to spend five million dollars (\$5,000,000) or more; a written request for a public hearing is received before the end of the written comment

period from an affected party as defined in G.S. 131E-188(c); or the agency determines that a hearing is in the public interest. At such public hearing oral arguments may be made regarding the application or applications under review; and this public hearing shall include the following:

- a. An opportunity for the proponent of each application under review to respond to the written comments submitted to the Department about its application;
- b. An opportunity for any person, except one of the proponents, to comment on the applications under review;
- c. An opportunity for a representative of the Department, or such other person or persons who are designated by the Department to conduct the hearing, to question each proponent of applications under review with regard to the contents of the application;

The Department shall maintain a recording of any required public hearing on an application until such time as the Department's final decision is issued, or until a final agency decision is issued pursuant to a contested case hearing, whichever is later; and any person may submit a written synopsis or verbatim statement that contains the oral presentation made at the hearing.

- (3) The Department may contract or make arrangements with a person or persons located within each service area for the conduct of such public hearings as may be necessary. The Department shall publish, in each service area, notice of the contracts that it executes for the conduct of those hearings.
  - (4) Within 15 days from the beginning of the review of an application or applications proposing the same service within the same service area, the Department shall publish notice of the deadline for receipt of written comments, of the time and place scheduled for the public hearing regarding the application or applications under review, and of the name and address of the person or agency that will preside.
  - (5) The Department shall maintain all written comments submitted to it during the written comment stage and any written submissions received at the public hearing as part of the Department's file respecting each application or group of applications under review by it. The application, written comments, and public hearing comments, together with all documents that the Department used in arriving at its decision, from whatever source, and any documents that reflect or set out the Department's final analysis of the application or applications under review, shall constitute the Department's record for the application or applications under review.
- (a2) When an expedited review has been approved by the Department, no public hearing shall be held. The Department may contact the applicant and request additional or clarifying information, amendments to, or substitutions for portions of the application. The Department may negotiate conditions to be imposed on the certificate of need with the applicant.
- (b) Repealed.
- (c) The Department may extend the review period for a period not to exceed 60 days and provide notice of such extension to all applicants. For expedited reviews, the Department may extend the review period only if it has requested additional substantive information from the applicant.

#### **§ 131E-186. Decision.**

- (a) Within the prescribed time limits in G.S. 131E-185, the Department shall issue a decision to "approve," "approve with conditions," or "deny," an application for a new institutional health service. Approvals involving new or expanded bed capacity for nursing care or intermediate care for individuals with intellectual disabilities shall include a condition that specifies the earliest possible date the new institutional health service may be certified for participation in the Medicaid program. The date shall be set far enough in advance to allow the Department to identify funds to

- pay for care in the new or expanded facility in its existing Medicaid budget or to include these funds in its State Medicaid budget request for the year in which Medicaid certification is expected.
- (b) Within five business days after it makes a decision on an application, the Department shall provide written notice of all the findings and conclusions upon which it based its decision, including the criteria used by the Department in making its decision, to the applicant.

**§ 131E-187. Issuance of a certificate of need.**

- (a) Repealed. See Session Law 2009-373; SB 804.
- (b) Repealed. See Session Law 2009-373; SB 804.
- (c) The Department shall issue a certificate of need in accordance with the time line requirements of this section but only after all applicable conditions of approval that can be satisfied before issuance of the certificate of need have been met. The Department shall issue a certificate of need within:
- (1) Thirty-five days of the date of the decision referenced in G.S. 131E-186, when no request for a contested case hearing has been filed in accordance with G.S. 131E-188.
  - (2) Five business days after it receives a file-stamped copy of the notice of voluntary dismissal, unless the voluntary dismissal is a stipulation of dismissal without prejudice.
  - (3) Thirty-five days of the date of the written notice of the final agency decision affirming or approving the issuance, unless a notice of appeal to the North Carolina Court of Appeals is timely filed.
  - (4) Twenty days after a mandate is issued by the North Carolina Court of Appeals affirming the issuance of a certificate of need, unless a notice of appeal or petition for discretionary review to the North Carolina Supreme Court is timely filed.
  - (5) Five business days after the North Carolina Supreme Court issues a mandate affirming the issuance of a certificate of need or an order declining to certify the case for discretionary review if the order declining to certify the case disposes of the appeal in its entirety.

**§ 131E-188. Administrative and judicial review.**

- (a) After a decision of the Department to issue, deny or withdraw a certificate of need or exemption or to issue a certificate of need pursuant to a settlement agreement with an applicant to the extent permitted by law, any affected person, as defined in subsection (c) of this section, shall be entitled to a contested case hearing under Article 3 of Chapter 150B of the General Statutes. A petition for a contested case shall be filed within 30 days after the Department makes its decision. When a petition is filed, the Department shall send notification of the petition to the proponent of each application that was reviewed with the application for a certificate of need that is the subject of the petition. Any affected person shall be entitled to intervene in a contested case.

A contested case shall be conducted in accordance with the following timetable:

- (1) An administrative law judge or a hearing officer, as appropriate, shall be assigned within 15 days after a petition is filed.
- (2) The parties shall complete discovery within 90 days after the assignment of the administrative law judge or hearing officer.
- (3) The hearing at which sworn testimony is taken and evidence is presented shall be held within 45 days after the end of the discovery period.
- (4) The administrative law judge or hearing officer shall make a final decision within 75 days after the hearing.

The administrative law judge or hearing officer assigned to a case may extend the deadlines in subdivisions (2) through (4) so long as the administrative law judge or hearing officer makes a final decision in the case within 270 days after the petition is filed.

- (a1) On or before the date of filing a petition for a contested case hearing on the approval of an applicant for a certificate of need, the petitioner shall deposit a bond with the clerk of superior court where

the new institutional health service that is the subject of the petition is proposed to be located. The bond shall be secured by cash or its equivalent in an amount equal to five percent (5%) of the cost of the proposed new institutional health service that is the subject of the petition, but may not be less than five thousand dollars (\$5,000) and may not exceed fifty thousand dollars (\$50,000). A petitioner who received approval for a certificate of need and is contesting only a condition in the certificate is not required to file a bond under this subsection.

The applicant who received approval for the new institutional health service that is the subject of the petition may bring an action against a bond filed under this subsection in the superior court of the county where the bond was filed. Upon finding that the petition for a contested case was frivolous or filed to delay the applicant, the court may award the applicant part or all of the bond filed under this subsection. At the conclusion of the contested case, if the court does not find that the petition for a contested case was frivolous or filed to delay the applicant, the petitioner shall be entitled to the return of the bond deposited with the superior court upon demonstrating to the clerk of superior court where the bond was filed that the contested case hearing is concluded.

- (b) Any affected person who was a party in a contested case hearing shall be entitled to judicial review of all or any portion of any final decision in the following manner. The appeal shall be to the Court of Appeals as provided in G.S. 7A-29(a). The procedure for the appeal shall be as provided by the rules of appellate procedure. The appeal of the final decision shall be taken within 30 days of the receipt of the written notice of final decision, and notice of appeal shall be filed with Office of Administrative Hearings and served on the Department and all other affected persons who were parties to the contested hearing.
- (b1) Before filing an appeal of a final decision granting a certificate of need, the affected person shall deposit a bond with the Clerk of the Court of Appeals. The bond requirements of this subsection shall not apply to any appeal filed by the Department.
  - (1) The bond shall be secured by cash or its equivalent in an amount equal to five percent (5%) of the cost of the proposed new institutional health service that is the subject of the appeal, but may not be less than five thousand dollars (\$5,000) and may not exceed fifty thousand dollars (\$50,000); provided that the applicant who received approval of the certificate of need may petition the Court of Appeals for a higher bond amount for the payment of such costs and damages as may be awarded pursuant to subdivision (2) of this subsection. This amount shall be determined by the Court in its discretion, not to exceed three hundred thousand dollars (\$300,000). A holder of a certificate of need who is appealing only a condition in the certificate is not required to file a bond under this subsection.
  - (2) If the Court of Appeals finds that the appeal was frivolous or filed to delay the applicant, the court shall remand the case to the superior court of the county where a bond was filed for the contested case hearing on the certificate of need. The superior court may award the holder of the certificate of need part or all of the bond. The court shall award the holder of the certificate of need reasonable attorney fees and costs incurred in the appeal to the Court of Appeals. If the Court of Appeals does not find that the appeal was frivolous or filed to delay the applicant and does not remand the case to superior court for a possible award of all or part of the bond to the holder of the certificate of need, the person originally filing the bond shall be entitled to a return of the bond.
- (c) The term "affected persons" includes: the applicant; any individual residing within the service area or the geographic area served or to be served by the applicant; any individual who regularly uses health service facilities within that geographic area or the service area; any person who provides services, similar to the services under review, to individuals residing within the service area or the geographic area proposed to be served by the applicant; any person who, prior to receipt by the agency of the proposal being reviewed, has provided written notice to the agency of an intention to provide similar services in the future to individuals residing within the service area or the geographic area to be served by the applicant; third party payers who reimburse health service facilities for services in the service area in which the project is proposed to be located; and any

agency which establishes rates for health service facilities or HMOs located in the service area in which the project is proposed to be located.

**§ 131E-189. Withdrawal of a certificate of need.**

- (a) The Department shall specify in each certificate of need the time the holder has to make the service or equipment available or to complete the project and the timetable to be followed. The timetable shall be the one proposed by the holder of the certificate of need unless the Department specifies a different timetable in its decision letter. The holder of the certificate shall submit such periodic reports on his progress in meeting the timetable as may be required by the Department. If no progress report is provided or, after reviewing the progress, the Department determines that the holder of the certificate is not meeting the timetable and the holder cannot demonstrate that it is making good faith efforts to meet the timetable, the Department may withdraw the certificate. If the Department determines that the holder of the certificate is making a good faith effort to meet the timetable, the Department may, at the request of the holder, extend the timetable for a specified period.
- (b) The Department may withdraw any certificate of need, if the holder of the certificate fails to develop the service in a manner consistent with the representations made in the application or with any condition or conditions the Department placed on the certificate of need.
- (c) The Department may immediately withdraw any certificate of need if the holder of the certificate, before completion of the project or operation of the facility, transfers ownership or control of the facility, the project, or the certificate of need. Any transfer after that time will be subject to the requirement that the service be provided consistent with the representations made in the application and any applicable conditions the Department placed on the certificate of need. Transfers resulting from death or personal illness or other good cause, as determined by the Department, shall not result in withdrawal if the Department receives prior written notice of the transfer and finds good cause. Transfers resulting from death shall not result in withdrawal.
- (d) Notwithstanding subsections (a), (b), or (c) of this section, a certificate of need issued by the Department for the construction of a health service facility on or after October 1, 2021, expires if the holder of the certificate of need fails to execute or commit to a contract for design services for the project authorized by the certificate of need within the following time frames:
  - (1) For a project that costs over fifty million dollars (\$50,000,000), the holder of the certificate of need shall execute or commit to a contract for design services for the project authorized by the certificate of need within four years after the date the Department's decision to approve the certificate of need for that project becomes final.
  - (2) For a project that costs fifty million dollars (\$50,000,000) or less, the holder of the certificate of need shall execute or commit to a contract for design services for the project authorized by the certificate of need within two years after the date the Department's decision to approve the certificate of need for that project becomes final.
- (e) Notwithstanding subsections (a), (b), or (c) of this section, a certificate of need issued by the Department for the construction of a health service facility prior to October 1, 2021, expires if the holder of the certificate of need fails to execute or commit to a contract for design services for the project authorized by the certificate of need within the following time frames:
  - (1) For a project that costs over fifty million dollars (\$50,000,000), the holder of the certificate of need shall execute or commit to a contract for design services for the project authorized by the certificate of need by October 1, 2025.
  - (2) For a project that costs fifty million dollars (\$50,000,000) or less, the holder of the certificate of need shall execute or commit to a contract for design services for the project authorized by the certificate of need by October 1, 2023.
- (f) Notwithstanding subsections (d) and (e) of this section, certificates of need that (i) are issued for the construction of a health service facility prior to October 1, 2021, and (ii) have a specific deadline

to execute or commit to a contract for design services for the project authorized by the certificate of need will not expire unless the holder fails to execute or commit to a contract for design services by the deadline specified in the certificate of need.

- (g) In the event the holder of a certificate of need is unable to execute or commit to a contract for design services for the project due to developments beyond the control of the holder of the certificate of need or for other good cause, the time for performance shall be extended by a period equal to the period during which performance of the obligation has been delayed or failed to be performed.

#### **§ 131E-190. Enforcement and sanctions.**

- (a) Only those new institutional health services which are found by the Department to be needed as provided in this Article and granted certificates of need shall be offered or developed within the State.
- (b) No formal commitments made for financing, construction, or acquisition regarding the offering or development of a new institutional health service shall be made by any person unless a certificate of need for such service or activities has been granted.
- (c) Repealed.
- (d) If any person proceeds to offer or develop a new institutional health service without having first obtained a certificate of need for such services, the penalty for such violation of this Article and rules hereunder may include the withholding of federal and State funds under Titles V, XVIII, and XIX of the Social Security Act for reimbursement of capital and operating expenses related to the provision of the new institutional health service.
- (e) The Department may revoke or suspend the license of any person who proceeds to offer or develop a new institutional health service without having first obtained a certificate of need for such services.
- (f) The Department may assess a civil penalty of not more than twenty thousand dollars (\$20,000) against any person who knowingly offers or develops any new institutional health service within the meaning of this Article without a certificate of need issued under this Article and the rules pertaining thereto, or in violation of the terms or conditions of such a certificate, whenever it determines a violation has occurred and each time the service is provided in violation of this provision. In determining the amount of the penalty the Department shall consider the degree and extent of harm caused by the violation and the cost of rectifying the damage. A person who is assessed a penalty shall be notified of the penalty by registered or certified mail. The notice shall state the reasons for the penalty. If a person fails to pay a penalty, the Department shall refer the matter to the Attorney General for collection. For the purpose of this subsection, the word "person" shall not include an individual in his capacity as an officer, director, or employee of a person as otherwise defined in this Article. The clear proceeds of penalties provided for in this subsection shall be remitted to the Civil Penalty and Forfeiture Fund in accordance with G.S. 115C-457.2.
- (g) No agency of the State or any of its political subdivisions may appropriate or grant funds or financially assist in any way a person, applicant, or facility which is or whose project is in violation of this Article.
- (h) If any person proceeds to offer or develop a new institutional health service without having first obtained a certificate of need for such services, the Secretary of Health and Human Services or any person aggrieved, as defined by G.S. 150B-2(6), may bring a civil action for injunctive relief, temporary or permanent, against the person offering, developing or operating any new institutional health service. The action may be brought in the superior court of any county in which the health service facility is located or in the superior court of Wake County.
- (i) If the Department determines that the recipient of a certificate of need, or its successor, is operating a service which materially differs from the representations made in its application for that certificate of need, the Department may bring an action in Wake County Superior Court or the superior court

of any county in which the certificate of need is to be utilized for injunctive relief, temporary or permanent, requiring the recipient, or its successor, to materially comply with the representations in its application. The Department may also bring an action in Wake County Superior Court or the superior court of any county in which the certificate of need is to be utilized to enforce the provisions of this subsection and G.S. 131E-181(b) and the rules adopted in accordance with this subsection and G.S. 131E-181(b).

**§ 131E-191. Repealed by Session Laws 1987, c. 511, s. 1.**

**§ 131E-191.1. Lobbyists prohibited from serving on the North Carolina State Health Coordinating Council.**

No person registered as a lobbyist under Chapter 120C of the General Statutes shall be appointed to or serve on the North Carolina State Health Coordinating Council. No person previously registered as a lobbyist under Chapter 120C of the General Statutes shall be appointed to or serve on the North Carolina State Health Coordinating Council within 120 days after the expiration of the lobbyist's registration. (2009-477, s. 2; 2017-6, s. 3; 2018-146, ss. 3.1(a), (b), 6.1.)

**§ 131E-192. Reserved for future codification purposes.**

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## APPENDIX E

### CERTIFICATE OF NEED REGULATIONS

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#### 10A NCAC 14C .0102 LOCATION OF THE AGENCY

As used in this Subchapter, the agency is the Certificate of Need Section in the Division of Health Service Regulation, North Carolina Department of Health and Human Services. The location of the agency is 809 Ruggles Drive, Raleigh, North Carolina, 27603. The mailing address of the agency is Certificate of Need Section, Division of Health Service Regulation, 2704 Mail Service Center, Raleigh, NC 27699-2704. The telephone number of the agency is 919-855-3873.

#### 10A NCAC 14C .0202 DEFINITIONS

The following definitions shall apply throughout this Subchapter:

- (1) “Applicant” means each person identified in Section A of the application forms listed in 10A NCAC 14C .0203(a).
- (2) “Application deadline” means no later than 5:00 p.m. on the 15th day of the month preceding the month that the review period begins. If the 15th day of the month falls on a weekend or a State holiday as set forth in 25 NCAC 01E .0901, which is hereby incorporated by reference including subsequent amendments, the application deadline is the next business day.
- (3) “Competitive review” means two or more applications submitted to begin review in the same review period proposing the same new institutional health service in the same service area and the CON Section determines that approval of one application may require denial of another application included in the same review period.
- (4) “CON Section” means the Healthcare Planning and Certificate of Need Section of the Division of Health Service Regulation.
- (5) “Full fiscal year” means the 12-month period used by the applicant to track and report revenues and operating expenses for the services proposed in the application.
- (6) “Health service” shall have the same meaning as defined in G.S. 131E-176(9a).
- (7) “New institutional health service” shall have same meaning as defined in G.S. 131E-176(16).
- (8) “Person” shall have the same meaning as defined in G.S. 131E-176(19).
- (9) “Proposal” means a new institutional health service that requires a certificate of need.
- (10) “Related entity” means a person that:
  - (a) shares the same parent corporation or holding company with the applicant;
  - (b) is a subsidiary of the same parent corporation or holding company as the applicant;
  - or
  - (c) participates with the applicant in a joint venture that provides the same type of health services proposed in the application.
- (11) “Review category” means the categories described in Chapter 3 of the annual State Medical Facilities Plan.
- (12) “Review period” means the 90 to 150 days that the CON Section has to review a certificate of need application and issue a decision pursuant to G.S. 131E-185 and G.S. 131E-186. There are eleven review periods each calendar year. Each review period starts on the first day of the month and the first review period starts on February 1. There is no review period beginning January 1.

- (13) “State Medical Facilities Plan” shall have the same meaning as defined in G.S. 131E-176(25). For purposes of this Subchapter, the annual State Medical Facilities Plan is hereby incorporated by reference, including subsequent amendments and editions. This document is available at no cost at <https://info.ncdhhs.gov/dhsr/ncsmfp/index.html>.
- (14) “USB flash drive” means a device used for data storage that includes a flash memory and an integrated universal serial bus interface.

#### **10A NCAC 14C .0203 FILING APPLICATIONS**

- (a) “Application form” refers to one of the following:
  - (1) the Certificate of Need Application form; or
  - (2) the Dialysis or End Stage Renal Disease Services Application form.
- (b) An application form may be obtained from the CON Section by:
  - (1) sending an email to [DHSR.CON.Applications@dhhs.nc.gov](mailto:DHSR.CON.Applications@dhhs.nc.gov); or
  - (2) calling (919) 855-3873.
- (c) An email request for an application form shall:
  - (1) describe the proposal;
  - (2) identify the city or county where the proposal would be located; and
  - (3) include the estimated capital cost for the proposal.
- (d) For each proposal, the CON Section shall determine based on Chapter 3 of the annual State Medical Facilities Plan in effect at the time the review begins the:
  - (1) review category; and
  - (2) review period.
- (e) An application is complete for inclusion in the review period if the CON Section determines that all of the following are true:
  - (1) the original application is printed, placed between a front and back cover, and bound using metal paper fasteners;
  - (2) the original and one copy of the application were received by the CON Section on or before the application deadline for the review period;
  - (3) the entire application fee required by G.S. 131E-182(c) was received by the CON Section; and
  - (4) each applicant identified in Section A of the application form signed the certification page that asks the applicant to certify that the information in the application is correct and they intend to develop and offer the project as described in the application.
- (f) The copy of the application shall be printed and bound consistent with Subparagraph (e)(1) of this Rule or in an electronic format saved on a USB flash drive. The files on the USB flash drive shall not be encrypted or password protected.
- (g) No later than the fifth business day following the application deadline, the CON Section shall notify the contact individual identified in Section A of the application if the application is complete.
- (h) If the application is not complete pursuant to Paragraph (e) of this Rule, the CON Section shall notify the contact individual identified in Section A of the application of what is missing or incorrect. The applicant shall only provide the items listed below in order to complete the application after the application deadline:
  - (1) a signed certification page; or
  - (2) the copy of the application.
- (i) Signed certification pages or the copy of the application shall be received by the CON Section no later than 5:00 p.m. on the last business day of the month preceding the first day of the review period.
- (j) The CON Section shall not include the application in the review period if it is not complete pursuant to Paragraph (e) of this Rule by 5:00 p.m. on the last business day of the month preceding the first day of the review period.

### **10A NCAC 14C .0204 AMENDMENTS TO APPLICATIONS**

An applicant may not amend an application. Responding to a request for additional information made by the agency after the review has commenced is not an amendment.

### **10A NCAC 14C .0205 EXTENSION OF REVIEW PERIOD**

- (a) If the review is not expedited, the review may be extended for the following reasons:
  - (1) the total number of applications, including those in other review periods, prevents the CON Section from completing the review in 90 days;
  - (2) the applicant has not submitted a response to a request from the CON Section for clarifying information; or
  - (3) the CON Section received clarifying information from the applicant but is not able to complete the review in 90 days.
- (b) The CON Section shall notify the contact individual identified in Section A of the application if the review period is extended. Failure to receive such notice prior to the last day of the review period does not entitle the applicant to a certificate of need nor authorize the applicant to proceed with the proposal in the application without a certificate of need.

### **10A NCAC 14C .0303 REPLACEMENT EQUIPMENT**

- (a) This Rule defines the terms used in the definition of “replacement equipment” set forth in G.S. 131E-176(22a).
- (b) “Currently in use” means that the equipment to be replaced has been used by the person requesting the exemption at least 10 times to provide a health service during the 12 months prior to the date the written notice required by G.S. 131E-184(a) is submitted to the CON Section.
- (c) Replacement equipment is not “comparable” if:
  - (1) the replacement equipment to be acquired is capable of providing a health service that the equipment to be replaced cannot provide; or
  - (2) the equipment to be replaced was acquired less than 12 months prior to the date the written notice required by G.S. 131E-184(a) is submitted to the CON Section and it was refurbished or reconditioned when it was acquired by the person requesting the exemption.

### **10A NCAC 14C .0402 ISSUES**

The correctness, adequacy, or appropriateness of criteria, plans, and standards shall not be an issue in a contested case hearing.

## **SECTION .1100 – CRITERIA AND STANDARDS FOR NURSING FACILITY OR ADULT CARE HOME SERVICES**

### **10A NCAC 14C .1102 PERFORMANCE STANDARDS**

- (a) For the purposes of this Rule the following definitions shall apply:
  - (1) “Approved beds” means nursing home or adult care home beds that were issued a certificate of need but are not being used to provide services as of the application deadline for the review period.
  - (2) “Existing beds” means nursing home or adult care home beds that are being used to provide services as of the application deadline for the review period.
  - (3) “Maximum capacity” means the total number of existing, approved, and proposed nursing home or adult care home beds times 365 days.
  - (4) “Occupancy rate” means the total number of patient days of care provided in the nursing home or adult care home beds during a full fiscal year of operation divided by maximum capacity expressed as a percentage.

- (5) “Proposed beds” means the nursing home or adult care home beds proposed in the application under review.
- (b) An applicant proposing to develop nursing home beds pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:
  - (1) provide projected utilization of the existing, approved, and proposed beds during each of the first three full fiscal years of operation following completion of the project;
  - (2) project an occupancy rate for the existing, approved, and proposed beds of at least 90 percent of maximum capacity during the third full fiscal year of operation following completion of the project; and
  - (3) provide the assumptions and methodology used to project the utilization and occupancy rate required by Subparagraphs (1) and (2) of this Paragraph.
- (c) An applicant proposing to develop adult care home beds pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:
  - (1) provide projected utilization of the existing, approved, and proposed beds during each of the first three full fiscal years of operation following completion of the project;
  - (2) project an occupancy rate for the existing, approved, and proposed beds of at least 85 percent of maximum capacity during the third full fiscal year of operation following completion of the project; and
  - (3) provide the assumptions and methodology used to project the utilization and occupancy rate required by Subparagraphs (1) and (2) of this Paragraph.

**SECTION .1400 – CRITERIA AND STANDARDS FOR LEVEL IV NEONATAL INTENSIVE CARE SERVICES**

**10A NCAC 14C .1401 DEFINITIONS**

The following definitions shall apply to all rules in this Section:

- (1) “Approved neonatal intensive care unit (NICU) beds” means acute care beds in a hospital that were issued a certificate of need to provide Level IV neonatal intensive care services but are not providing those services as of the application deadline for the review period.
- (2) “Average daily census (ADC)” means the total number of NICU days of care provided during a full fiscal year of operation divided by 365 days.
- (3) “Existing NICU beds” means acute care beds in a hospital that are providing Level IV neonatal intensive care services as of the application deadline for the review period.
- (4) “Level IV neonatal intensive care services” means services provided to high-risk medically unstable or critically ill neonates less than 32 weeks of gestational age, or infants requiring constant nursing care or supervision in NICU beds.
- (5) “Occupancy rate” means the ADC divided by the total number of existing, approved, and proposed NICU beds expressed as a percentage.
- (6) “Proposed NICU beds” means the acute care beds proposed to be developed a hospital in the application under review.

**10A NCAC 14C .1403 PERFORMANCE STANDARDS**

- (a) An applicant proposing to develop a new Level IV neonatal intensive care service without increasing the total number of acute care beds on the hospital license shall:
  - (1) provide projected utilization of the proposed NICU beds during each of the first three full fiscal years of operation following completion of the project;
  - (2) document that the occupancy rate for the proposed NICU beds shall be at least 65 percent during the third full fiscal year of operation following completion of the project; and
  - (3) provide the assumptions and methodology used for the projected utilization and occupancy rate required by Subparagraphs (1) and (2) of this Paragraph.

(b) An applicant proposing to develop a new Level IV neonatal intensive care service or increase the number of NICU beds on the hospital license shall:

- (1) provide projected utilization of all existing, approved, and proposed NICU beds on the hospital license during each of the first three full fiscal years of operation following completion of the project;
- (2) document that the occupancy rate for all existing, approved, and proposed NICU beds on the hospital license shall be at least 65 percent during the third full fiscal year of operation following completion of the project; and
- (3) provide the assumptions and methodology used for the projected utilization and occupancy rate required by Subparagraphs (1) and (2) of this Paragraph.

## **SECTION .1600 – CRITERIA AND STANDARDS FOR CARDIAC CATHETERIZATION EQUIPMENT**

### **10A NCAC 14C .1601 DEFINITIONS**

The following definitions shall apply to all rules in this Section:

- (1) "Angiography procedures" means procedures performed using cardiac catheterization equipment that are not cardiac catheterization services.
- (2) "Approved cardiac catheterization equipment" means cardiac catheterization equipment that was issued a certificate of need but is not being used to provide cardiac catheterization services as of the application deadline for the review period.
- (3) "Cardiac catheterization equipment" shall have the same meaning as defined in G.S. 131E-176(2f).
- (4) "Cardiac catheterization services" shall have the same meaning as defined in G.S. 131E-176(2g).
- (5) "Diagnostic-equivalent cardiac catheterization procedures" shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.
- (6) "Existing cardiac catheterization equipment" means cardiac catheterization equipment that is being used to offer cardiac catheterization services as of the application deadline for the review period.
- (7) "Fixed cardiac catheterization equipment" means cardiac catheterization equipment that is not mobile or shared fixed cardiac catheterization equipment.
- (8) "Fixed cardiac catheterization equipment service area" shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.
- (9) "Host site" means the location where the mobile cardiac catheterization equipment provides cardiac catheterization services.
- (10) "Mobile cardiac catheterization equipment" means cardiac catheterization equipment that is moved weekly to provide cardiac catheterization services at two or more host sites.
- (11) "Mobile cardiac catheterization equipment service area" shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.
- (12) "Proposed cardiac catheterization equipment" means the cardiac catheterization equipment proposed in the certificate of need application.
- (13) "Shared fixed cardiac catheterization equipment" means fixed cardiac catheterization equipment that is used to perform cardiac catheterization procedures and angiography procedures.

### **10A NCAC 14C .1603 PERFORMANCE STANDARDS**

(a) An applicant proposing to acquire fixed cardiac catheterization equipment pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:

- (1) identify the existing fixed cardiac catheterization equipment owned or operated by the applicant or a related entity and located in the proposed fixed cardiac catheterization equipment service area;
- (2) identify the approved fixed cardiac catheterization equipment owned or operated by the applicant or a related entity and located in the proposed fixed cardiac catheterization equipment service area;
- (3) provide projected utilization of the cardiac catheterization equipment identified in Subparagraphs (1) and (2) of this Paragraph and the proposed fixed cardiac catheterization equipment during each of the first three full fiscal years of operation following completion of the project;
- (4) provide the assumptions and methodology used to project the utilization required by Subparagraph (3) of this Paragraph; and
- (5) project that the cardiac catheterization equipment identified in Subparagraphs (1) and (2) of this Paragraph and the proposed fixed cardiac catheterization equipment shall perform 900 or more diagnostic-equivalent cardiac catheterization procedures per unit of cardiac catheterization equipment during the third full fiscal year of operation following completion of the project.

(b) An applicant proposing to acquire shared fixed cardiac catheterization equipment pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:

- (1) provide projected utilization of the proposed shared fixed cardiac catheterization equipment during each of the first three full fiscal years of operation following completion of the project;
- (2) provide the assumptions and methodology used to project the utilization required by Subparagraph (1) of this Paragraph; and
- (3) project that the proposed shared fixed cardiac catheterization equipment shall perform 225 or more diagnostic-equivalent cardiac catheterization and angiography procedures during the third full fiscal year of operation following completion of the project.

(c) An applicant proposing to acquire mobile cardiac catheterization equipment pursuant to a need determination in the State Medical Facilities Plan in effect as of the first day of the review period shall:

- (1) identify the existing mobile cardiac catheterization equipment owned or operated by the applicant or a related entity that provides cardiac catheterization services at host sites located in the proposed mobile cardiac catheterization equipment service area;
- (2) identify the approved mobile cardiac catheterization equipment owned or operated by the applicant or a related entity that will provide cardiac catheterization services at host sites located in the proposed mobile cardiac catheterization equipment service area;
- (3) provide projected utilization of the cardiac catheterization equipment identified in Subparagraphs (1) and (2) of this Paragraph and the proposed mobile cardiac catheterization equipment during each of the first three full fiscal years of operation following completion of the project;
- (4) provide the assumptions and methodology used to project the utilization required by Subparagraph (3) of this Paragraph; and
- (5) project that the cardiac catheterization equipment identified in Subparagraphs (1) and (2) of this Paragraph and the proposed mobile cardiac catheterization equipment shall perform 225 or more diagnostic-equivalent cardiac catheterization procedures per unit of cardiac

catheterization equipment during the third full fiscal year of operation following completion of the project.

## **SECTION .1700 - CRITERIA AND STANDARDS FOR OPEN-HEART SURGERY SERVICES AND HEART-LUNG BYPASS MACHINES**

### **10A NCAC 14C .1701 DEFINITIONS**

The following definitions apply to all rules in this Section:

- (1) "Approved heart-lung bypass machine" means a heart-lung bypass machine that was issued a certificate of need but is not being used as of the application deadline for the review period.
- (2) "Existing heart-lung bypass machine" means a heart-lung bypass machine that is being used as of the application deadline for the review period.
- (3) "Health service facility" shall have the same meaning as defined in G.S. 131E-176(9b).
- (4) "Heart-lung bypass machine" shall have the same meaning as defined in G.S. 131E-176(10a).
- (5) "Open-heart surgical procedure" means one visit by a patient to an operating room for open heart surgery services.
- (6) "Open-heart surgery services" shall have the same meaning as defined in G.S. 131E-176(18b).
- (7) "Proposed heart-lung bypass machine" means the heart-lung bypass machine proposed in the application under review.

### **10A NCAC 14C .1703 PERFORMANCE STANDARDS**

- (a) A health service facility that proposes to develop a new open-heart surgery service shall:
  - (1) provide the projected number of open-heart surgical procedures to be performed during each of the first three full fiscal years of operation following completion of the project;
  - (2) provide the assumptions and methodology used to project the utilization required by Subparagraph (a)(1) of this Paragraph; and
  - (3) project to perform 150 or more open-heart surgical procedures in the third full fiscal year of operation following completion of the project.
- (b) A health service facility that proposes to acquire a heart-lung bypass machine, excluding a heart-lung bypass machine proposed to be acquired pursuant to Policy AC-6 in the annual State Medical Facilities Plan in effect as of the first day of the review period, shall:
  - (1) provide the number of existing heart-lung bypass machines owned or operated by the health service facility;
  - (2) provide the number of approved heart-lung bypass machines that will be owned or operated by the health service facility;
  - (3) provide projected utilization of the existing and approved heart-lung bypass machines identified in Subparagraphs (b)(1) and (b)(2) of this Paragraph and the proposed heart-lung bypass machine during each of the first three full fiscal years of operation following completion of the project;
  - (4) provide the assumptions and methodology used to project the utilization required by Subparagraph (b)(3) of this Paragraph; and
  - (5) project that the existing and approved heart-lung bypass machines identified in Subparagraphs (b)(1) and (b)(2) of this Paragraph and the proposed heart-lung bypass machine will be used during the third full fiscal year of operation following completion of the project:
    - (A) to perform 200 or more open-heart surgical procedures per heart-lung bypass machine; or

- (B) for 900 hours or more per heart-lung bypass machine, including time in use and time spent on standby, for all types of procedures.

## **SECTION .1900 – CRITERIA AND STANDARDS FOR LINEAR ACCELERATORS**

### **10A NCAC 14C .1901 DEFINITIONS**

The following definitions shall apply to all rules in this Section:

- (1) "Approved LINAC" means a linear accelerator (LINAC) that was issued a certificate of need but is not being used to provide services as of the application deadline for the review period.
- (2) "Equivalent Simple Treatment Visit (ESTV)" shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.
- (3) "Existing LINAC" means a LINAC that is being used to provide services as of the application deadline for the review period.
- (4) "LINAC service area" shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.
- (5) "Linear accelerator (LINAC)" shall have the same meaning as defined in G.S. 131E-176(14g).
- (6) "Proposed LINAC" means the LINAC proposed in the application under review.

### **10A NCAC 14C .1903 PERFORMANCE STANDARDS**

An applicant proposing to acquire a LINAC pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:

- (1) identify the existing LINACs owned or operated by the applicant or a related entity and located in the proposed LINAC service area;
- (2) identify the approved LINACs owned or operated by the applicant or a related entity and located in the proposed LINAC service area;
- (3) provide projected utilization of the LINACs identified in Items (1) and (2) of this Rule and the proposed LINAC during each of the first three full fiscal years of operation following completion of the project;
- (4) provide the assumptions and methodology used for the projected utilization required by Item (3) of this Rule;
- (5) project that the LINACs identified in Items (1) and (2) of this Rule and the proposed LINAC shall perform during the third full fiscal year of operation following completion of the project either:
  - (a) 6,750 or more ESTVs per LINAC; or
  - (b) serve 250 or more patients per LINAC.

## **SECTION .2000 – CRITERIA AND STANDARDS FOR HOME HEALTH SERVICES**

### **10A NCAC 14C .2001 DEFINITIONS**

The following definitions shall apply to this Section:

- (1) "Home health agency" shall have the same meaning as defined in G.S. 131E-176(12).
- (2) "Service area" shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.

### **10A NCAC 14C .2003 PERFORMANCE STANDARDS**

An applicant proposing to develop a new Medicare-certified home health agency pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:

- (1) provide projected utilization for each of the first three full fiscal years of operation following completion of the project;
- (2) project to serve at least 325 residents of the proposed service area during the third full fiscal year of operation following completion of the project; and
- (3) provide the assumptions and methodology used to provide the projected utilization required in Item (1) of this Rule.

## **SECTION .2100 – CRITERIA AND STANDARDS FOR SURGICAL SERVICES AND OPERATING ROOMS**

### **10A NCAC 14C .2101 DEFINITIONS**

The following definitions apply to all rules in this Section:

- (1) "Approved operating rooms" means those operating rooms that were approved for a certificate of need by the CON Section prior to the date on which the applicant's proposed project was submitted to the CON Section, but that have not been licensed.
- (2) "Dedicated C-section operating room" means an operating room as defined in Chapter 6 in the annual State Medical Facilities Plan.
- (3) "Existing operating rooms" means those operating rooms in ambulatory surgical facilities and hospitals that were reported in the Ambulatory Surgical Facility License Renewal Application Form or in the Hospital License Renewal Application Form submitted to the Acute and Home Care Licensure and Certification Section of the Division of Health Service Regulation, and that were licensed prior to the beginning of the review period.
- (4) "Health System" shall have the same meaning as defined in Chapter 6 in the annual State Medical Facilities Plan.
- (5) "Operating room" means a room as defined in G.S. 131E-176(18c).
- (6) "Operating Room Need Methodology" means the Methodology for Projecting Operating Room Need in Chapter 6 in the annual State Medical Facilities Plan.
- (7) "Service area" means the Operating Room Service Area as defined in Chapter 6 in the annual State Medical Facilities Plan.

### **10A NCAC 14C .2103 PERFORMANCE STANDARDS**

- (a) An applicant proposing to increase the number of operating rooms, excluding dedicated C-section operating rooms, in a service area shall demonstrate the need for the number of proposed operating rooms in addition to the existing and approved operating rooms in the applicant's health system in the applicant's third full fiscal year following completion of the proposed project based on the Operating Room Need Methodology set forth in the annual State Medical Facilities Plan. The applicant is not required to use the population growth factor.
- (b) The applicant shall provide the assumptions and methodology used for the projected utilization required by this Rule.

## **SECTION .2200 – CRITERIA AND STANDARDS FOR END-STAGE RENAL DISEASE SERVICES**

### **10A NCAC 14C .2201 DEFINITIONS**

The following definitions shall apply to this Section:

- (1) “Dialysis” means the artificially aided process of transferring body wastes from a person's blood to a dialysis fluid to permit discharge of the wastes from the body.
- (2) “Dialysis facility” means a kidney disease treatment center as defined in G.S. 131E-176(14e).
- (3) “Dialysis station” means the treatment area in a dialysis facility used to accommodate the equipment and supplies needed to perform hemodialysis on a single patient.
- (4) “Hemodialysis” means the form of dialysis in which the blood is circulated outside the body through equipment that permits transfer of waste through synthetic membranes.
- (5) “Home hemodialysis” means hemodialysis performed in a location other than a dialysis facility by the patient after the patient is trained in a dialysis facility to perform the hemodialysis.
- (6) “In-center hemodialysis” means hemodialysis performed in a dialysis facility.
- (7) “Peritoneal dialysis” means the form of dialysis in which a dialysis fluid is introduced into the person's peritoneal cavity and is subsequently withdrawn. This form of dialysis is performed in a location other than a dialysis facility by the patient after the patient is trained in a dialysis facility to perform the peritoneal dialysis.

#### **10A NCAC 14C .2203 PERFORMANCE STANDARDS**

- (a) An applicant proposing to establish a new dialysis facility for in-center hemodialysis services shall document the need for at least 10 dialysis stations based on utilization of 2.8 in-center patients per station per week as of the end of the first full fiscal year of operation following certification of the facility. An applicant may document the need for fewer than 10 stations if the application is submitted in response to an adjusted need determination in the State Medical Facilities Plan for fewer than 10 stations.
- (b) An applicant proposing to increase the number of in-center dialysis stations in:
  - (1) an existing dialysis facility; or
  - (2) a dialysis facility that is not operational as of the date the certificate of need application is submitted but has been issued a certificate of need
 shall document the need for the total number of dialysis stations in the facility based on 2.8 in-center patients per station per week as of the end of the first full fiscal year of operation following certification of the additional stations.
- (c) An applicant proposing to establish a new dialysis facility dedicated to home hemodialysis or peritoneal dialysis training shall document the need for the total number of home hemodialysis stations in the facility based on training six home hemodialysis patients per station per year as of the end of the first full fiscal year of operation following certification of the facility.
- (d) An applicant proposing to increase the number of home hemodialysis stations in a dialysis facility dedicated to home hemodialysis or peritoneal dialysis training shall document the need for the total number of home hemodialysis stations in the facility based on training six home hemodialysis patients per station per year as of the end of the first full fiscal year of operation following certification of the additional stations.
- (e) The applicant shall provide the assumptions and methodology used for the projected utilization required by this Rule.

#### **SECTION .2400 – CRITERIA AND STANDARDS FOR INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES**

##### **10A NCAC 14C .2401 DEFINITIONS**

The following definitions shall apply to all rules in this Section:

- (1) "Catchment area" means as defined in G.S. 122C-3(4).

- (2) "Intermediate care facility for individuals with intellectual disabilities" means as defined in G.S. 131E-176(14a).

#### **10A NCAC 14C .2403 PERFORMANCE STANDARDS**

- (a) An applicant proposing to add intermediate care facility for individuals with intellectual disabilities (ICF/IID) beds to an existing facility shall not be approved unless the average occupancy, over the six months immediately preceding the submittal of the application, of the total number of ICF/IID beds within the facility in which the new beds are to be operated was at least 90 percent.
- (b) An applicant proposing to establish new ICF/IID beds shall not be approved unless occupancy is projected to be at least 90 percent for the total number of ICF/IID beds proposed to be operated in the entire facility, no later than one year following the completion of the proposed project.
- (c) An applicant proposing to establish new ICF/IID beds shall comply with one of the following models:
  - (1) a residential community based freestanding facility with six beds or less, i.e., group home model; or
  - (2) a community-based facility with 7 to 15 beds if documentation is provided that a facility of this size is necessary because adequate residential community based freestanding facilities are not available in the Area Authority catchment area to meet the needs of the population to be served.
- (d) No more than three ICF/IID facilities housing a combined total of 18 persons shall be developed on contiguous pieces of property.

#### **SECTION .2700 - CRITERIA AND STANDARDS FOR MAGNETIC RESONANCE IMAGING SCANNER**

##### **10A NCAC 14C .2701 DEFINITIONS**

The following definitions shall apply to all rules in this Section:

- (1) "Adjusted MRI procedure" shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.
- (2) "Approved MRI scanner" means a magnetic resonance imaging (MRI) scanner that was issued a certificate of need but is not being used to provide services as of the application deadline for the review period.
- (3) "Existing MRI scanner" means an MRI scanner that is being used to provide services as of the application deadline for the review period.
- (4) "Fixed MRI scanner" means an MRI scanner that is not a mobile MRI scanner.
- (5) "Fixed MRI scanner service area" shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.
- (6) "Host site" means the location where the mobile MRI scanner provides services.
- (7) "Magnetic resonance imaging (MRI) scanner" shall have the same meaning as defined in G.S. 131E-176(14m).
- (8) "Mobile MRI scanner" means an MRI scanner that is moved weekly to provide services at two or more host sites.
- (9) "Mobile MRI scanner service area" shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.
- (10) "Proposed MRI scanner" means the MRI scanner proposed in the application under review.

##### **10A NCAC 14C .2703 PERFORMANCE STANDARDS**

- (a) An applicant proposing to acquire a fixed MRI scanner pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:

- (1) identify the existing fixed MRI scanners owned or operated by the applicant or a related entity and located in the proposed fixed MRI scanner service area;
  - (2) identify the approved fixed MRI scanners owned or operated by the applicant or a related entity and located in the proposed fixed MRI scanner service area;
  - (3) identify the existing mobile MRI scanners owned or operated by the applicant or a related entity that provided mobile MRI services at host sites located in the proposed fixed MRI scanner service area during the 12 months before the application deadline for the review period;
  - (4) identify the approved mobile MRI scanners owned or operated by the applicant or a related entity that will provide mobile MRI services at host sites located in the proposed fixed MRI scanner service area;
  - (5) provide projected utilization of the MRI scanners identified in Subparagraphs (1) through (4) of this Paragraph and the proposed fixed MRI scanner during each of the first three full fiscal years of operation following completion of the project;
  - (6) provide the assumptions and methodology used to project the utilization required by Subparagraph (5) of this Paragraph;
  - (7) project that the fixed MRI scanners identified in Subparagraphs (1) and (2) of this Paragraph and the proposed fixed MRI scanner shall perform during the third full fiscal year of operation following completion of the project:
    - (A) 3,494 or more adjusted MRI procedures per fixed MRI scanner if there are two or more fixed MRI scanners in the fixed MRI scanner service area;
    - (B) 3,058 or more adjusted MRI procedures per fixed MRI scanner if there is one fixed MRI scanner in the fixed MRI scanner service area; or
    - (C) 1,310 or more adjusted MRI procedures per MRI scanner if there are no existing fixed MRI scanners in the fixed MRI scanner service area; and
  - (8) project that the mobile MRI scanners identified in Subparagraphs (3) and (4) of this Paragraph shall perform 3,120 or more adjusted MRI procedures per mobile MRI scanner during the third full fiscal year of operations following completion of the project.
- (b) An applicant proposing to acquire a mobile MRI scanner pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:
- (1) identify the existing mobile MRI scanners owned or operated by the applicant or a related entity that provided mobile MRI services at host sites located in the proposed mobile MRI scanner service area during the 12 months before the application deadline for the review period;
  - (2) identify the approved mobile MRI scanners owned or operated by the applicant or a related entity that will provide mobile MRI services at host sites located in the proposed mobile MRI scanner service area;
  - (3) identify the existing fixed MRI scanners owned or operated by the applicant or a related entity that are located in the proposed mobile MRI scanner service area;
  - (4) identify the approved fixed MRI scanners owned or operated by the applicant or a related entity that will be located in the proposed mobile MRI scanner service area;
  - (5) identify the existing and proposed host sites for each mobile MRI scanner identified in Subparagraphs (1) and (2) of this Paragraph and the proposed mobile MRI scanner;
  - (6) provide projected utilization of the MRI scanners identified in Subparagraphs (1) through (4) of this Paragraph and the proposed mobile MRI scanner during each of the first three full fiscal years of operation following completion of the project;
  - (7) provide the assumptions and methodology used to project the utilization required by Subparagraph (6) of this Paragraph;
  - (8) project that the mobile MRI scanners identified in Subparagraphs (1) and (2) of this Paragraph and the proposed mobile MRI scanner shall perform 3,120 or more adjusted

- MRI procedures per MRI scanner during the third full fiscal year of operations following completion of the project; and
- (9) project that the fixed MRI scanners identified in Subparagraphs (3) and (4) of this Paragraph shall perform during the third full fiscal year of operations following completion of the project:
- (a) 3,494 or more adjusted MRI procedures per fixed MRI scanner if there are two or more fixed MRI scanners in the fixed MRI scanner service area;
  - (b) 3,058 or more adjusted MRI procedures per fixed MRI scanner if there is one fixed MRI scanner in the fixed MRI scanner service area; or
  - (c) 1,310 or more adjusted MRI procedures per MRI scanner if there are no fixed MRI scanners in the fixed MRI scanner service area.

## **SECTION .2800 - CRITERIA AND STANDARDS FOR REHABILITATION SERVICES**

### **10A NCAC 14C .2801 DEFINITIONS**

The following definitions shall apply to this Section:

- (1) "Approved rehabilitation beds" means rehabilitation beds that were issued a certificate of need but are not licensed as rehabilitation beds as of the application deadline for the review period.
- (2) "Average daily census (ADC)" means the total number of inpatient rehabilitation days of care provided during a full fiscal year of operation divided by 365 days.
- (3) "Existing rehab beds" means rehabilitation beds that are licensed as rehabilitation beds as of the application deadline for the review period.
- (4) "Occupancy rate" means the ADC divided by the total number of existing, approved, and proposed rehabilitation beds expressed as a percentage.
- (5) "Proposed rehabilitation beds" means the rehabilitation beds proposed in the application under review.

### **10A NCAC 14C .2803 PERFORMANCE STANDARDS**

An applicant proposing to develop rehabilitation beds pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:

- (1) provide projected utilization of all existing, approved, and proposed rehabilitation beds on the hospital license during each of the first three full fiscal years of operation following completion of the project;
- (2) document that the occupancy rate for all existing, approved, and proposed rehabilitation beds on the hospital license shall be at least 70 percent during the third full fiscal year of operation following completion of the project; and
- (3) provide the assumptions and methodology used to provide the projected utilization and occupancy rate required in Items (1) and (2) of this Rule.

## **SECTION .3700 - CRITERIA AND STANDARDS FOR POSITRON EMISSION TOMOGRAPHY SCANNER**

### **10A NCAC 14C .3701 DEFINITIONS**

The following definitions shall apply to all rules in this Section:

- (1) "Approved PET scanner" means a positron emission tomography (PET) scanner that was issued a certificate of need but is not being used to provide services as of the application deadline for the review period.

- (2) "Existing PET scanner" means a PET scanner that is being used to provide services as of the application deadline for the review period.
- (3) "Fixed PET scanner" means a PET scanner that is not mobile.
- (4) "Fixed PET scanner service area" shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.
- (5) "Host site" means the location where the mobile PET scanner provides services.
- (6) "Mobile PET scanner" means a PET scanner that is moved weekly to provide services at two or more host sites.
- (7) "Mobile PET scanner service area" shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.
- (8) "Positron emission tomography scanner" shall have the same meaning as defined in G.S. 131E-176(19a).
- (9) "Proposed PET scanner" means the PET scanner proposed in the application under review.

### **10A NCAC 14C .3703 PERFORMANCE STANDARDS**

- (a) An applicant proposing to acquire a fixed PET scanner pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:
  - (1) identify the existing fixed PET scanners owned or operated by the applicant or a related entity and located in the proposed fixed PET scanner service area;
  - (2) identify the approved fixed PET scanners owned or operated by the applicant or a related entity and located in the proposed fixed PET scanner service area;
  - (3) identify the existing mobile PET scanners owned or operated by the applicant or a related entity that provided services at host sites located in the proposed fixed PET scanner service area during the 12 months before the application deadline for the review period;
  - (4) identify the approved mobile PET scanners owned or operated by the applicant or a related entity that will provide services at host sites located in the proposed fixed PET scanner service area;
  - (5) provide projected utilization of the PET scanners identified in Subparagraphs (1) through (4) of this Paragraph and the proposed fixed PET scanner during each of the first three full fiscal years of operation following completion of the project;
  - (6) provide the assumptions and methodology used to project the utilization required by Subparagraph (5) of this Paragraph; and
  - (7) project that the PET scanners identified in Subparagraphs (1) through (4) of this Paragraph and the proposed fixed PET scanner shall perform 2,080 or more procedures per PET scanner during the third full fiscal year of operation following completion of the project.
- (b) An applicant proposing to acquire a mobile PET scanner pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:
  - (1) identify the existing mobile PET scanners owned or operated by the applicant or a related entity that provided services at host sites located in the proposed mobile PET scanner service area during the 12 months before the application deadline for the review period;
  - (2) identify the approved mobile PET scanners owned or operated by the applicant or a related entity that will provide services at host sites located in the proposed mobile PET scanner service area during the first three full fiscal years following completion of the project;
  - (3) identify the existing fixed PET scanners owned or operated by the applicant or a related entity and located in the proposed mobile PET scanner service area;
  - (4) identify the approved fixed PET scanners owned and operated by the applicant or a related entity and located in the proposed mobile PET scanner service area;
  - (5) identify the existing and proposed host sites for each mobile PET scanner identified in Subparagraphs (1) and (2) of this Paragraph and the proposed mobile PET scanner;

- (6) provide projected utilization of the PET scanners identified in Subparagraphs (1) through (4) of this Paragraph and the proposed mobile PET scanner during each of the first three full fiscal years of operation following completion of the project;
- (7) provide the assumptions and methodology used to project the utilization required by Subparagraph (6) of this Paragraph; and
- (8) project that the PET scanners identified in Subparagraphs (1) through (4) of this Paragraph and the proposed mobile PET scanner shall perform 2,080 or more procedures per PET scanner during the third full fiscal year of operation following completion of the project.

**SECTION .3800 - CRITERIA AND STANDARDS FOR ACUTE CARE HOSPITAL BEDS**

**10A NCAC 14C .3801 DEFINITIONS**

The following definitions shall apply to this Section:

- (1) “Applicant hospital” means the hospital where the applicant proposes to develop the new acute care beds and includes all campuses on one license.
- (2) “Approved beds” means acute care beds in a hospital that were issued a certificate of need but are not licensed as of the application deadline for the review period.
- (3) “Average daily census (ADC)” means the total number of acute care days of care provided during a full fiscal year of operation divided by 365 days.
- (4) “Existing beds” means acute care beds in a hospital that are licensed as of the application deadline for the review period.
- (5) “Hospital system” means all hospitals in the proposed service area owned or operated by the applicant or a related entity.
- (6) “Occupancy rate” means the ADC divided by the total number of existing, approved and proposed acute care hospital beds.
- (7) “Proposed beds” means the acute care beds proposed to be developed in a hospital in the application under review.
- (8) “Qualified applicant” shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.
- (9) “Service area” shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.

**10A NCAC 14C .3803 PERFORMANCE STANDARDS**

An applicant proposing to develop new acute care beds in a hospital pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:

- (1) document that it is a qualified applicant;
- (2) provide projected utilization of the existing, approved, and proposed acute care beds for the applicant hospital during each of the first three full fiscal years of operation following completion of the project;
- (3) project an occupancy rate of the existing, approved, and proposed acute care beds for the applicant hospital during the third full fiscal year of operation following completion of the project that equals or exceeds the target occupancy percentage;
- (4) provide projected utilization of the existing, approved, and proposed acute care beds for the hospital system during each of the first three full fiscal years of operation following completion of the project;
- (5) project an average occupancy rate of the existing, approved, and proposed acute care beds for the hospital system during the third full fiscal year of operation following completion of the project that equals or exceeds the target occupancy percentage of:
  - (a) 66.7 percent if the ADC is less than 100;
  - (b) 71.4 percent if the ADC is 100 to 200;

- (c) 75.2 percent if the ADC is 201 to 399; or
- (d) 78.0 percent if the ADC is greater than 400; and
- (6) provide the assumptions and methodology used to project the utilization and occupancy rates required in Items (2), (3), (4), and (5) of this Rule.

**SECTION .3900 - CRITERIA AND STANDARDS FOR GASTROINTESTINAL ENDOSCOPY PROCEDURE ROOMS IN LICENSED HEALTH SERVICE FACILITIES**

**10A NCAC 14C .3901 DEFINITIONS**

The following definitions shall apply to all rules in this Section:

- (1) “Approved gastrointestinal (GI) endoscopy rooms” means GI endoscopy rooms that were approved for a certificate of need by the CON Section prior to the date the application was submitted but that are not licensed as of the date the application is submitted.
- (2) “Existing GI endoscopy rooms” means GI endoscopy rooms that were licensed prior to the beginning of the review period.
- (3) “GI endoscopy procedure” means each upper endoscopy, esophagoscopy, or colonoscopy procedure performed on a patient during a single visit to the licensed health service facility.
- (4) “Licensed health service facility” means either a hospital as defined in G.S. 131E-176(13) or an ambulatory surgical facility as defined in G.S. 131E-176(1b).
- (5) “New GI endoscopy room” means a GI endoscopy room that is not included in the inventory of GI endoscopy rooms in the State Medical Facilities Plan as of the date the application is submitted.
- (6) “Service area” means the county where the proposed GI endoscopy room will be developed.

**10A NCAC 14C .3903 PERFORMANCE STANDARDS**

An applicant proposing to develop a new GI endoscopy room in a licensed health service facility shall:

- (1) identify the proposed service area;
- (2) identify all existing and approved GI endoscopy rooms owned or operated by the applicant or a related entity located in the proposed service area;
- (3) provide projected utilization for each of the first three full fiscal years of operation following completion of the project for all GI endoscopy rooms identified in Item (2) of this Rule;
- (4) project to perform an average of at least 1,500 GI endoscopy procedures per GI endoscopy room during the third full fiscal year of operation following completion of the project in the GI endoscopy rooms identified in Item (2) of this Rule; and
- (5) provide the assumptions and methodology used to project the utilization required by this Rule.

**SECTION .4000 - CRITERIA AND STANDARDS FOR HOSPICE INPATIENT FACILITIES AND HOSPICE RESIDENTIAL CARE FACILITIES**

**10A NCAC 14C .4001 DEFINITIONS**

The following definitions shall apply to this Section:

- (1) “Approved beds” means hospice inpatient facility or hospice residential care facility beds that were issued a certificate of need but are not licensed as of the application deadline for the review period.

- (2) “Average daily census (ADC)” means the total number of days of care provided in the hospice inpatient facility or hospice residential care facility beds during a full fiscal year of operation divided by 365 days.
- (3) “Existing beds” means hospice inpatient facility or hospice residential care facility beds that are licensed as of the application deadline for the review period.
- (4) “Hospice inpatient facility beds” means inpatient beds in a facility licensed in accordance with the rules in Subchapter 10A NCAC 13K which are hereby incorporated by reference including subsequent amendments.
- (5) “Hospice residential facility beds” means group residential care beds in a facility licensed in accordance with the rules in Subchapter 10A NCAC 13K.
- (6) “Occupancy rate” means the ADC divided by the total number of existing, approved, and proposed hospice inpatient facility or hospice residential care facility beds expressed as a percentage.
- (7) “Proposed beds” means the hospice inpatient facility or hospice residential care facility beds proposed in the application under review.

**10A NCAC 14C .4003 PERFORMANCE STANDARDS**

- (a) (a) An applicant proposing to develop new hospice inpatient facility beds pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:
- (1) provide projected utilization of all existing, approved, and proposed hospice inpatient facility beds on the license during each of the first three full fiscal years of operation following completion of the project;
  - (2) project that the occupancy rate for all existing, approved, and proposed hospice inpatient facility beds on the license shall be at least 65 percent during the third full fiscal year of operation following completion of the project; and
  - (3) provide the assumptions and methodology used to provide the projected utilization and occupancy rate required by Subparagraphs (1) and (2) of this Paragraph.
- (b) An applicant proposing to develop new HR beds shall:
- (1) provide projected utilization of all existing, approved, and proposed hospice residential care facility beds on the license during each of the first three full fiscal years of operation following completion of the project;
  - (2) project that the occupancy rate for all existing, approved, and proposed hospice residential care facility beds on the license shall be at least 65 percent during the third full fiscal year of operation following completion of the project; and
  - (3) provide the assumptions and methodology used to provide the projected utilization and occupancy rate required by Subparagraphs (1) and (2) of this Paragraph.

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## APPENDIX F

### ACADEMIC MEDICAL CENTER TEACHING HOSPITALS

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Academic Medical Center Teaching Hospital	Medical School Affiliation	Date Designated
Atrium Health Wake Forest Baptist Medical Center Medical Center Boulevard Winston-Salem, North Carolina 27157 Telephone: (336) 716-2011	Wake Forest University School of Medicine	February 16, 1983
Duke University Health System d/b/a Duke University Hospital 2301 Erwin Road Durham, North Carolina 27710 Telephone: (919) 684-8111	Duke University School of Medicine	July 21, 1983
University of North Carolina Hospitals 101 Manning Drive Chapel Hill, North Carolina 27514 Telephone: (984) 974-1000	University of North Carolina at Chapel Hill School of Medicine	August 8, 1983
ECU Health Medical Center 2100 Stantonsburg Road Greenville, North Carolina 27834 Telephone: (252) 847-4100	Brody School of Medicine at East Carolina University	August 8, 1983
Carolinas Medical Center/Center for Mental Health 1000 Blythe Boulevard Charlotte, North Carolina 28203 Telephone: (704) 355-2000		After January 1, 1990

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## APPENDIX G

### CRITICAL ACCESS HOSPITALS

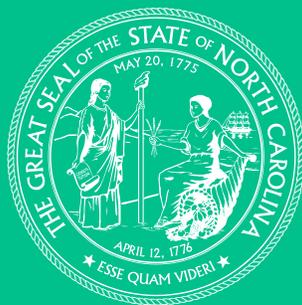
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<u>County</u>	<u>Facility Name, Address and Telephone Number</u>
Alexander	Alexander Hospital (closed) 326 Third Street, SW Taylorsville, North Carolina 28681
Alleghany	Alleghany Memorial Hospital 233 Doctors Street Sparta, North Carolina 28675 (336) 372-5511
Ashe	Ashe Memorial Hospital 200 Hospital Avenue Jefferson, North Carolina 28640 (336) 846-7101
Avery	Charles A. Cannon, Jr. Memorial Hospital 434 Hospital Drive Linville, North Carolina 28646 (828) 737-7000
Bertie	ECU Health Bertie Hospital 1403 South King Street Windsor, North Carolina 27983 (252) 794-6600
Bladen	Cape Fear Valley-Bladen County Hospital 501 South Poplar Street Elizabethtown, North Carolina 28337 (910) 862-5179
Brunswick	J. Arthur Doshier Memorial Hospital 924 North Howe Street Southport, North Carolina 28461 (910) 457-3800
Chatham	Chatham Hospital 475 Progress Boulevard Siler City, North Carolina 27344 (919) 799-4000

<b>County</b>	<b>Facility Name, Address and Telephone Number</b>
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Cherokee	Erlanger Murphy Medical Center 3990 East US Hwy 64 ALT Murphy, North Carolina 28906 (828) 837-8161
Chowan	ECU Health Chowan Hospital 211 Virginia Road Edenton, North Carolina 27932 (252) 482-8451
Dare	The Outer Banks Hospital 4800 South Croatan Highway Nags Head, North Carolina 27959 (252) 449-4500
Macon	Angel Medical Center 120 Riverview Street Franklin, North Carolina 28734 (828) 524-8411
Macon	Highlands-Cashiers Hospital 190 Hospital Drive Highlands, North Carolina 28741 (828) 526-1200
Mitchell	Blue Ridge Regional Hospital 125 Hospital Drive Spruce Pine, North Carolina 28777 (828) 765-4201
Montgomery	FirstHealth Montgomery Memorial Hospital 520 Allen Street Troy, North Carolina 27371 (910) 571-5000
Pender	Pender Memorial Hospital. 507 E Fremont Street Burgaw, North Carolina 28425 (910) 259-5451
Polk	AdventHealth Polk 101 Hospital Drive Columbus, North Carolina 28722 (828) 894-3311

<b>County</b>	<b>Facility Name, Address and Telephone Number</b>
Stokes	LifeBrite Community Hospital of Stokes 1570 NC 8 & 89 Hwy N Danbury, North Carolina 27016 (336) 593-2831
Swain	Swain Community Hospital 45 Plateau Street Bryson City, North Carolina 28713 (828) 488-2155
Transylvania	Transylvania Regional Hospital 260 Hospital Drive Brevard, North Carolina 28712 (828) 884-9111
Washington	Washington Regional Medical Center 958 US Hwy 64 East Plymouth, North Carolina 27962 (252) 793-4135
Yadkin	Yadkin Valley Community Hospital (closed) 624 West Main Street Yadkinville, North Carolina 27055



NC DEPARTMENT OF  
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Division of Health  
Service Regulation

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