



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

Pat McCrory
Governor

Richard O. Brajer
Secretary DHHS

Mark Payne
Assistant Secretary for Audit and
Health Service Regulation

June 1, 2016

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

Exempt from Review

Record #: 1945
Facility Name: Transylvania Regional Hospital, Inc. And Bridgeway
FID #: 923509
Business Name: Transylvania Community Hospital, Inc.
Business #: 1871
Project Description: Replace and expand existing emergency department
County: Transylvania

Dear Ms. Harris:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that based on your letter of May 4, 2016, the above referenced proposal is exempt from certificate of need review in accordance with G.S 131E-184(g). Therefore, you may proceed to offer, develop, or establish the above referenced project without a certificate of need.

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

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

Healthcare Planning and Certificate of Need Section

www.ncdhhs.gov

Telephone: 919-855-3873 • Fax: 919-715-4413

Location: Edgerton Building • 809 Ruggles Drive • Raleigh, NC 27603

Mailing Address: 2704 Mail Service Center • Raleigh, NC 27699-2704

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Terri Harris
June 1, 2016
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If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,



Julie Halatek
Project Analyst



Martha J. Frisone, Assistant Chief
Certificate of Need

cc: Construction Section, DHSR
Acute and Home Care Licensure and Certification Section, DHSR
Paige Bennett, Assistant Chief, Healthcare Planning, DHSR



300 N. Greene Street
Suite 1400
Greensboro, NC 27401

May 4, 2016

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

Via E-Mail and U.S. Mail

Re: Emergency Department Addition
Transylvania Regional Hospital
FID # 943349

Dear Martha and Julie:

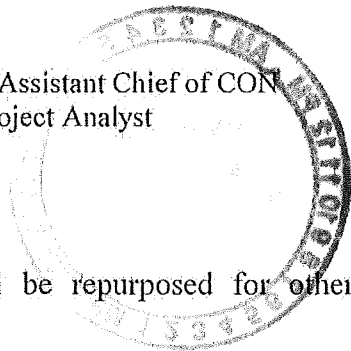
We are writing on behalf of Transylvania Regional Hospital, Inc. ("Transylvania") to give prior written notice that Transylvania, a critical access hospital, plans to replace and expand its existing Emergency Department ("ED") on the same site pursuant to N.C. Gen. Stat. § 131E-184(g).

The sole purpose of Transylvania's project is to replace and expand a portion of its existing health service facility located on its main campus. As shown in its 2016 License Renewal Application, attached as Exhibit A, Transylvania is located at 260 Hospital Drive, Brevard, North Carolina 28712, and this location is the main and only campus for the licensed health service facility. As of April 2016, Joan Majers holds the positions of President and Chief Nursing Officer of Transylvania Regional Hospital, and her office is located at Transylvania Regional Hospital. Her role includes the exercise of administrative and financial control of the Hospital and the grounds and buildings adjacent to the main hospital building.

Transylvania's goal is to provide the citizens of Transylvania County with state-of-the-art emergency care by expanding and updating its ED to current standards. A new ED will provide more rapid access to care, increased patient and family capacity, improved patient privacy, and improved efficiencies for the attending medical staff.

Transylvania plans to construct a 10,700 square foot addition to its existing main hospital that will include 7 exam rooms, 2 isolation rooms, 2 trauma rooms, 1 triage room, and the usual support spaces. The proposed floor plan for the addition is attached as Exhibit B. The existing

Martha Frisone, Assistant Chief of CON
Julie Halatek, Project Analyst
May 4, 2016
Page 2



ED space will be repurposed for other hospital functions after the new ED addition is operational.

The project does not include a change in bed capacity, the addition of a health service facility, an increase in the number of operating rooms or gastrointestinal endoscopy rooms, the acquisition of major medical equipment, or any other new institutional health service.

The total cost to Transylvania for the ED addition will exceed \$2 million and is currently estimated to be \$8,079,999, which includes the cost of construction, furniture, fixtures, and other miscellaneous costs such as design, planning, move management, and a contingency.

We look forward to receiving your letter confirming that Transylvania's replacement and expansion of its ED by constructing an addition to its existing hospital on its main campus is exempt from certificate of need review pursuant to N.C. Gen. Stat. § 131E-184(g). If you have any questions or need additional information, please let me know.

With kindest regards, I am

Very truly yours,

SMITH MOORE LEATHERWOOD LLP

Terrill Johnson Harris

Enclosures

cc: Brian Moore

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

For Official Use Only

License # H0111
FID #: 923509
PC LS

Medicare # 340088

Date 12/30/15

License Fee:

\$1,960.00

**2016
HOSPITAL LICENSE
RENEWAL APPLICATION**

~~RECEIVED~~
~~North Carolina State Treasurer~~
~~Division of Health Service Regulation~~
~~12/29/2015~~

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

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

PRIMARY: Transylvania Regional Hospital, Inc. And Bridgeway

Other: _____

Other: _____

Facility Mailing Address: P O Box 1116
Brevard, NC 28712

Facility Site Address: 260 Hospital Drive
Brevard, NC 28712

County: Transylvania
Telephone: (828)884-9111
Fax: (828)883-5370

REC'D DEC 29 2015

Administrator/Director: Cathy Landis

Title: President/CNO

(Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility)

Chief Executive Officer: Cathy Landis Title: President/CNO
(Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility)

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

Name: Theresa Parker Telephone: 828-885-5786

E-Mail: theresa.parker@msj.org

PAID

NO. 788600
E 12/29/15

All responses should pertain to October 1, 2014 through September 30, 2015.

For questions regarding this page, please contact Azzie Conley at (919) 855-4646.

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

- 1) Please provide the main website address for the facility:

www.trhospital.org

- 2) In accordance with 131E-214.4(a) DHSR can no longer post a link to internet Websites to demonstrate compliance with this statute.

- A) Please provide the website address and / or link to access the facility's charity care policy and financial assistance policy:

http://www.mission-health.org/financial-assistance.php

- B) Also, please attach a copy of the facility's charity care policy and financial assistance policy:

Feel free to email the copy of the facility's charity care policy to:

DHHS.DHSR.Hospital.CharityCare.Policy@dhhs.nc.gov.

- 3) Please provide the following financial assistance data. All responses can be located on Form 990 and / or Form 990 Schedule H.

Contribution, Gifts, Grants and other similar Amounts <i>(Form 990; Part VIII 1(h))</i>	Annual Financial Assistance at Cost <i>(Form 990; Schedule H Part I, 7(a)(c))</i>	Bad Debt Expense <i>(Schedule H Part III, Section A(2))</i>	Bad Debt Expense Attributable to Patients eligible under the organization's financial assistance policy <i>(Form 990; Schedule H Part III, Section A(3))</i>
698,038	2,019,569	2,757,980	0

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

Signature: Cathy Olandis Date: 12-22-2015

PRINT NAME
OF APPROVING OFFICIAL Cathy O. Landis, President/CNO

All responses should pertain to October 1, 2014 through September 30, 2015.

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

Primary National Provider Identifier (NPI) registered at NPPES 1275520017

If facility has more than one "Primary" NPI, please provide 1376613703

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

List Name(s) of facilities:	Address:	Type of Business / Service:

Please attach a separate sheet for additional listings

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

- a. The facility provides a detailed statement of charges to all patients.
- b. Patients are advised that such detailed statements are available upon request.

All responses should pertain to October 1, 2014 through September 30, 2015.

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

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

Owner: Transylvania Community Hospital Inc
Street/Box: PO Box 1116
City: Brevard State: NC Zip: 28712
Telephone: (828)883-5302 Fax: (828)883-5370
CEO: Cathy O. Landis, President/CNO

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

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

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

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

- a. Legal entity is: For Profit Not For Profit
b. Legal entity is: Corporation LLP Partnership
 Proprietorship LLC Government Unit

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

If "YES", name of building owner:

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

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

Name: _____
Street/Box: _____

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

3. Vice President of Nursing and Patient Care Services:

4. Director of Planning: _____

All responses should pertain to October 1, 2014 through September 30, 2015.

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

[Please provide a Beds by Service (p. 6) for each hospital campus (see G.S. 131E-176(2c))]

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

Licensed Acute Care (provide details below)	Licensed Beds as of September 30, 2015	Operational Beds as of September 30, 2015	Annual Census Inpt. Days of Care
<i>Campus</i> _____			
<i>Intensive Care Units</i>			
1. General Acute Care Beds/Days			
a. Burn *			*
b. Cardiac			
c. Cardiovascular Surgery			
d. Medical/Surgical	4		441
e. Neonatal Beds Level IV ** (Not Normal Newborn)			**
f. Pediatric			
g. Respiratory Pulmonary			
h. Other (List) <i>stepdown</i>	2		1025
<i>Other Units</i>			
i. Gynecology			
j. Medical/Surgical ***	28		*** 3913
k. Neonatal Level III ** (Not Normal Newborn)			**
l. Neonatal Level II ** (Not Normal Newborn)			**
m. Obstetric (including LDRP)	8		134
n. Oncology			
o. Orthopedics			
p. Pediatric			
q. Other (List) <i>neonatal</i>	0		20
Total General Acute Care Beds/Days (a through q)	42		5533
2. Comprehensive In-Patient Rehabilitation	0		
3. Inpatient Hospice	0		
4. Detoxification	0		
5. Substance Abuse / Chemical Dependency Treatment	40		
6. Psychiatry	0		
7. Nursing Facility	10		2371
8. Adult Care Home	0		
9. Other <i>swingbed</i>	0		31
10. Totals (1 through 9)	92		7935

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

All responses should pertain to October 1, 2014 through September 30, 2015.

D. Beds by Service (Inpatient) continued

Number of Swing Beds *	
Number of Skilled Nursing days in Swing Beds	31
Number of unlicensed observation beds	

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

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

Primary Payer Source	Inpatient Days of Care (total should be the same as D.1.a – q total on p. 6)	Emergency Visits (total should be the same as F.3.b. on p. 8)	Outpatient Visits (excluding Emergency Visits and Surgical Cases)	Inpatient Surgical Cases (total should be same as F.8.d. Total Surgical Cases-Inpatient Cases on p. 12)	Ambulatory Surgical Cases (total should be same as F.8.d. Total Surgical Cases-Ambulatory Cases on p. 12)
Self Pay/Indigent/Charity	290	2123	1831	13	121
Medicare & Medicare Managed Care	6237	5246	20,486	227	1064
Medicaid	675	4203	2386	60	245
Commercial Insurance	28	345	556	4	22
Managed Care	649	2604	8973	53	437
*Other (Specify)	56	323	1912	4	26
TOTAL	7935	14,844	36,144	361	1915

* Liability, champus, workers comp

F. Services and Facilities

1. Obstetrics

	Enter Number of Infants
a. Live births (Vaginal Deliveries)	26
b. Live births (Cesarean Section)	36
c. Stillbirths	

d. Delivery Rooms - Delivery Only (not Cesarean Section)	
e. Delivery Rooms - Labor and Delivery, Recovery	
f. Delivery Rooms – LDRP (include Item "D.1.m" on Page 6)	4
g. Normal newborn bassinets (Level I Neonatal Services) Do not include with totals under the section entitled Beds by Service (Inpatient)	4

2. Abortion Services

Number of procedures per Year 0

(Feel free to footnote the type of abortion procedures reported)

All responses should pertain to October 1, 2014 through September 30, 2015.

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

- a. Total Number of ED Exam Rooms: 10. Of this total, how many are:
- a.1. # Trauma Rooms 2
 - a.2 # Fast Track Rooms _____
 - a.3 # Urgent Care Rooms _____
- b. Total Number of ED visits for reporting period: 14,844
- c. Total Number of admits from the ED for reporting period: 1,343
- d. Total Number of Urgent Care visits for reporting period: _____
- e. Does your ED provide services 24 hours a day 7 days per week? Yes No
 If no, specify days/hours of operation: _____
- f. Is a physician on duty in your ED 24 hours a day 7 days per week? Yes No
 If no, specify days/hours physician is on duty: _____

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

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

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

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

- a. Blood Bank/Transfusion Services Yes No
- b. Histopathology Laboratory - *frozen sections only* Yes No
- c. HIV Laboratory Testing Yes No
 Number during reporting period
 HIV Serology 24 *-exposure panels only*
 HIV Culture _____
- d. Organ Bank Yes No
- e. Pap Smear Screening Yes No

6. Transplantation Services - Number of transplants

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

Do you perform living donor transplants? Yes No.

All responses should pertain to October 1, 2014 through September 30, 2015.

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

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

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

Name of Mobile Vendor: _____

Number of 8-hour days per week the mobile unit is onsite: _____ 8-hour days per week.

(Examples: Monday through Friday for 8 hours per day is 5 8-hour days per week. Monday, Wednesday, & Friday for 4 hours per day is 1.5 8-hour days per week)

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

All responses should pertain to October 1, 2014 through September 30, 2015.

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

NOTE: If this License includes more than one campus, please copy pages 10 – 18 (through Section 10e) for each site. Submit the Cumulative Totals and submit a duplicate of pages 10 - 18 for each campus.

(Campus – *If multiple sites:* _____)

a) Surgical Operating Rooms

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

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

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

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

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

Total Number of Procedure Rooms: 1

c) Gastrointestinal Endoscopy Rooms, Cases and Procedures:

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

Total Number of existing Gastrointestinal Endoscopy Rooms: 2

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

CON Project ID Number(s) _____

	Number of Cases Performed In GI Endoscopy Rooms		Number of Procedures* Performed in GI Endoscopy Rooms	
	Inpatient	Outpatient	Inpatient	Outpatient
GI Endoscopy	90	397	90	459
Non-GI Endoscopy				
Totals	90	397	90	459

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

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

All responses should pertain to October 1, 2014 through September 30, 2015.

(Campus – If multiple sites: _____)

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

CPT Code	Description	Cases
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	73
29880	Arthroscopy, knee, surgical; with meniscectomy (medial and lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	15
29881	Arthroscopy, knee, surgical; with meniscectomy (medial or lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	52
42820	Tonsillectomy and adenoidectomy; younger than age 12	16
42830	Adenoidectomy, primary; younger than age 12	2
43235	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	14
43239	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple	184
43248	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with insertion of guide wire followed by dilation of esophagus over guide wire	2
43249	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with balloon dilation of esophagus (less than 30 mm diameter)	42
45378	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)	59
45380	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple	187
45384	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	46
45385	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	149
62311	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)	18
64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or computed tomography); lumbar or sacral, single level	
64721	Neuroplasty and/or transposition; median nerve at carpal tunnel	53
66821	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (e.g., YAG laser) (one or more stages)	
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (e.g., iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage	14
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (stage one procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification)	702
69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia	20

All responses should pertain to October 1, 2014 through September 30, 2015.

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

(Campus – If multiple sites: _____)

d) Surgical Cases by Specialty Area Table

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

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)		
Open Heart Surgery (from 7.(b) 4.)		
General Surgery	100	285
Neurosurgery		
Obstetrics and GYN (excluding C-Sections)	26	109
Ophthalmology		739
Oral Surgery		
Orthopedics	164	369
Otolaryngology		
Plastic Surgery		87
Urology	45	326
Vascular		
Other Surgeries (specify)		
Other Surgeries (specify)		
Number of C-Section's Performed in Dedicated C-Section ORs		
Number of C-Section's Performed in Other ORs	26	
Total Surgical Cases Performed Only in Licensed ORs	361	1915

e) Non-Surgical Cases by Category Table

Enter the number of non-surgical cases by category in the table below. Count each patient undergoing a procedure or procedures as one case regardless of the number of non-surgical procedures performed. Categorize each case into one non-surgical category – the total number of non-surgical cases is an unduplicated count of non-surgical cases. **Count all non-surgical cases, including cases receiving services in operating rooms or in any other location, except do not count cases having endoscopies in GI Endoscopy rooms. Report cases having endoscopies in GI Endoscopy Rooms on page 10.**

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Pain Management		40
Cystoscopy	10	220
Non-GI Endoscopies (not reported in 8. c)		
GI Endoscopies (not reported in 8. c)		
YAG Laser		
Other (specify) ortho minor		55
Other (specify) urology minor	3	119
Other (specify)		
Total Non-Surgical Cases	13	434

All responses should pertain to October 1, 2014 through September 30, 2015.

Imaging Procedures

(Campus – *If multiple sites:* _____)

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

CPT Code	Description	Procedures
70450	Computed tomography, head or brain; without contrast material	1956
70553	Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material followed by contrast material(s) and further sequences	187
71010	Radiologic examination, chest; single view, frontal	2890
71020	Radiologic examination, chest; two views, frontal and lateral	2392
71260	Computed tomography, thorax; with contrast material(s)	461
71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	544
72100	Radiologic examination, spine, lumbosacral; two or three views	327
72110	Radiologic examination, spine, lumbosacral; minimum of four views	135
72125	Computed tomography, cervical spine; without contrast material	532
73030	Radiologic examination, shoulder; complete, minimum of two views	570
73110	Radiologic examination, wrist; complete, minimum of three views	303
73130	Radiologic examination, hand; minimum of three views	339
73510	Radiologic examination, hip, unilateral; complete, minimum of two views	438
73564	Radiologic examination, knee; complete, four or more views	482
73610	Radiologic examination, ankle; complete, minimum of three views	450
73630	Radiologic examination, foot; complete, minimum of three views	433
74000	Radiologic examination, abdomen; single anteroposterior view	656
74022	Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest	303
74176	Computed tomography, abdomen and pelvis; without contrast material	795
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	1347

All responses should pertain to October 1, 2014 through September 30, 2015.

(Campus – If multiple sites: _____)

9. Average Operating Room Availability and Average Case Times:

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

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

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

Average Hours per Day Routinely Scheduled for Use *	Average Number of Days per Year Routinely Scheduled for Use	Average “Case Time” ** in Minutes for Inpatient Cases	Average “Case Time” ** in Minutes for Ambulatory Cases
28	258	118	53

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

Example for determining average hours per day routinely scheduled for use:

A hospital has two operating rooms routinely scheduled for use for 8 hours per day, and two other operating rooms routinely scheduled for use for 10 hours per day.

$$\begin{aligned}
 &2 \text{ rooms} \times 8 \text{ hours} = 16 \text{ hours per day} \\
 &\quad \text{plus} \\
 &\underline{2 \text{ rooms} \times 10 \text{ hours} = 20 \text{ hours per day}} \\
 &\text{equals} \quad \quad 36 \text{ hours per day total}
 \end{aligned}$$

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

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

All responses should pertain to October 1, 2014 through September 30, 2015.

10a. Magnetic Resonance Imaging (MRI) Procedures by CPT Codes

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

CPT Code	CPT Description	Inpatient Procedures	Outpatient Procedures	Total Number of Procedures
70336	MRI Temporomandibular Joint(s)			
70540	MRI Orbit/Face/Neck w/o			
70542	MRI Orbit/Face/Neck with contrast			
70543	MRI Orbit/Face/Neck w/o & with	2	5	7
70544	MRA Head w/o	11	38	49
70545	MRA Head with contrast			
70546	MRA Head w/o & with			
70547	MRA Neck w/o		1	1
70548	MRA Neck with contrast			
70549	MRA Neck w/o & with	4	10	14
70551	MRI Brain w/o	57	235	292
70552	MRI Brain with contrast		3	3
70553	MRI Brain w/o & with	12	198	210
70554	MR functional imaging, w/o physician admin			
70555	MR functional imaging, with physician admin			
71550	MRI Chest w/o			
71551	MRI Chest with contrast			
71552	MRI Chest w/o & with		1	1
71555	MRA Chest with OR without contrast			
72141	MRI Cervical Spine w/o	4	175	179
72142	MRI Cervical Spine with contrast			
72156	MRI Cervical Spine w/o & with		28	28
72146	MRI Thoracic Spine w/o	8	61	69
72147	MRI Thoracic Spine with contrast			
72157	MRI Thoracic Spine w/o & with		15	15
72148	MRI Lumbar Spine w/o	7	371	378
72149	MRI Lumbar Spine with contrast			
72158	MRI Lumbar Spine w/o & with	2	94	96
72159	MRA Spinal Canal w/o OR with contrast			
72195	MRI Pelvis w/o		22	22
72196	MRI Pelvis with contrast			
72197	MRI Pelvis w/o & with	1	29	30
72198	MRA Pelvis w/o OR with contrast			
73218	MRI Upper Ext, other than joint w/o	1	3	4
73219	MRI Upper Ext, other than joint with contrast			
Subtotals for this page		109	1289	1398

All responses should pertain to October 1, 2014 through September 30, 2015.

10b. MRI CPT Code Procedure Summary (Summary of CPT Codes in Table 10a)

Inpatient Procedures*			Outpatient Procedures*			TOTAL** Procedures
With Contrast or Sedation	Without Contrast or Sedation	TOTAL** Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL** Outpatient	
53	100	153	498	1507	2005	2158

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

** Totals must match totals in Table 10a on page 16 and must be greater than or equal to the totals in the MRI Patient Origin Table on page 34 of this application.

10c. Fixed MRI

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

Fixed Scanners	Number of Units
Number of fixed MRI scanners-closed (<i>do not include any Policy AC-3 scanners</i>)	1
# of fixed MRI scanners-open (<i>do not include any Policy AC-3 scanners</i>)	
Number of Policy AC-3 MRI scanners used for general clinical purposes	
Total Fixed MRI Scanners	1

10d. Mobile MRI

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

Mobile Procedures	Inpatient Procedures*			Outpatient Procedures*			TOTAL Procedures
	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	
Scans on mobile MRI performed only at this site							

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

All responses should pertain to October 1, 2014 through September 30, 2015.

Name of Mobile Provider: _____

10e. Other MRI

Patients served on units listed in the next table should not be included in the MRI Patient Origin Table on page 34 of this application. For hospitals that operate medical equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus. Campus – *if multiple sites:* _____

Other Scanners	Units	Inpatient Procedures*			Outpatient Procedures*			TOTAL Procedures
		With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	
Other Human Research MRI scanners								
Intraoperative MRI (iMRI)								

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

10f. Computed Tomography (CT)

How many fixed CT scanners does the hospital have? 1
 Does the hospital contract for mobile CT scanner services? Yes X No
 If yes, identify the mobile CT vendor _____

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

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

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast	2047	X	1.00	=	2047
2	Head with contrast	15	X	1.25	=	18.75
3	Head without and with contrast	17	X	1.75	=	29.75
4	Body without contrast	2742	X	1.50	=	4113
5	Body with contrast	2951	X	1.75	=	5164.25
6	Body without contrast and with contrast	38	X	2.75	=	104.50
7	Biopsy in addition to body scan with or without contrast		X	2.75	=	
8	Abscess drainage in addition to body scan with or without contrast		X	4.00	=	

All responses should pertain to October 1, 2014 through September 30, 2015.

Scans Performed on Mobile CT Scanners ² (Multiply # scans by Conversion Factor to get HECT Units)

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

10g. Other Imaging Equipment

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Dedicated Fixed PET Scanner				
Mobile PET Scanner				
PET pursuant to Policy AC-3				
Other Human Research PET Scanner				
Ultrasound equipment	2	207	2810	3017
Mammography equipment	1	2	3272	3274
Bone Density Equipment	1	1	558	559
Fixed X-ray Equipment (excluding fluoroscopic)	2	802	9557	10,359
Fixed Fluoroscopic X-ray Equipment	1	81	526	607
Special Procedures/ Angiography Equipment (neuro & vascular, but not including cardiac cath.)				
Coincidence Camera				
Mobile Coincidence Camera				
Vendor:				
SPECT	2	15	458	473
Mobile SPECT				
Vendor:				
Gamma Camera	2	44	673	717
Mobile Gamma Camera				
Vendor:				

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

10h. Lithotripsy

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Fixed				
Mobile	1	0	32	32

Lithotripsy Vendor/Owner:
HealthTronics

All responses should pertain to October 1, 2014 through September 30, 2015.

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

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

All responses should pertain to **October 1, 2014 through September 30, 2015.**

11. Linear Accelerator Treatment Data *continued*

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

12. Telemedicine

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

13. Additional Services:

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

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

All responses should pertain to October 1, 2014 through September 30, 2015.

13. Additional Services: *continued*

b) Hospice Inpatient Unit Data:

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

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

c) Mental Health and Substance Abuse

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

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

3. Director of the above services.

All responses should pertain to October 1, 2014 through September 30, 2015.

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

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

Rule 10A NCAC 27G Licensure Rules for Mental Health Facilities	Location of Services	Beds Assigned by Age					
		< 6	6-12	13-17	Total 0-17	18 & up	Total Beds
.1100 Partial hospitalization for individuals who are acutely mentally ill.							
.1200 Psychosocial rehabilitation facilities for individuals with severe and persistent mental illness							
.1300 Residential treatment facilities for children and adolescents who are emotionally disturbed or have a mental illness							
.1400 Day treatment for children and adolescents with emotional or behavioral disturbances							
.1500 Intensive residential treatment facilities for children & adolescents who are emotionally disturbed or who have a mental illness							
.5000 Facility Based Crisis Center							

Rule 10A NCAC 13B Licensure Rules for Hospitals	Location of Services	Beds Assigned by Age					
		< 6	6-12	13-17	Total 0-17	18 & up	Total Beds
.5200 Dedicated inpatient unit for individuals who have mental disorders							

All responses should pertain to October 1, 2014 through September 30, 2015.

13. Additional Services: *continued*

c) Mental Health and Substance Abuse *continued*

Rule 10A NCAC 27G Licensure Rules for Substance Abuse Facilities	Location of Services	Beds Assigned by Age					
		< 6	6-12	13-17	Total 0-17	18 & up	Total Beds
.3100 Nonhospital medical detoxification for individuals who are substance abusers							
.3200 Social setting detoxification for substance abusers							
.3300 Outpatient detoxification for substance abusers							
.3400 Residential treatment/rehabilitation for individuals with substance abuse disorders							
.3500 Outpatient facilities for individuals with substance abuse disorders							
.3600 Outpatient narcotic addiction treatment							
.3700 Day treatment facilities for individuals with substance abuse disorders							

Rule 10A NCAC 13B Licensure Rules for Hospitals	Location of Services	Beds Assigned by Age					
		< 6	6-12	13-17	Total 0-17	18 & up	Total Beds
.5200 Dedicated inpatient hospital unit for individuals who have substance abuse disorders (specify type) # of Treatment beds _____ # of Medical Detox beds _____							

All responses should pertain to October 1, 2014 through September 30, 2015.

Patient Origin - General Acute Care Inpatient Services

Facility County: Transylvania

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

County	No. of Admissions	County	No. of Admissions	County	No. of Admissions
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	2
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood	3	80. Rowan	1
9. Bladen		45. Henderson	69	81. Rutherford	1
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe	22	47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell	1	85. Stokes	
14. Caldwell		50. Jackson	13	86. Surry	1
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	1456
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir	1	90. Union	
19. Chatham		55. Lincoln	2	91. Vance	
20. Cherokee		56. Macon	7	92. Wake	
21. Chowan		57. Madison	1	93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell	2	95. Watauga	
24. Columbus		60. Mecklenburg	2	96. Wayne	
25. Craven		61. Mitchell	1	97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	9
31. Duplin		67. Onslow		102. South Carolina	19
32. Durham		68. Orange		103. Tennessee	3
33. Edgecombe		69. Pamlico		104. Virginia	2
34. Forsyth		70. Pasquotank		105. Other States	23
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		Total No. of Patients	1641

All responses should pertain to October 1, 2014 through September 30, 2015.

Patient Origin – Inpatient Surgical Cases

Facility County: Transylvania

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

The Total from this chart should match the Total Inpatient Cases reported on the “Surgical Cases by Specialty Area” Table on page 12.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	1
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson	17	81. Rutherford	1
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe	3	47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson	6	86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	315
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon	3	92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg		96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	3
31. Duplin		67. Onslow		102. South Carolina	7
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	5
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		Total No. of Patients	361

All responses should pertain to October 1, 2014 through September 30, 2015.

Patient Origin – Ambulatory Surgical Cases

Facility County: Transylvania

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

The Total from this chart should match the Total Ambulatory Surgical Cases reported on the “Surgical Cases by Specialty Area” Table on page 12.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	1	37. Gates		73. Person	
2. Alexander		38. Graham	2	74. Pitt	
3. Alleghany		39. Granville	1	75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford	2	77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood	3	80. Rowan	
9. Bladen		45. Henderson	133	81. Rutherford	1
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe	19	47. Hoke		83. Scotland	
12. Burke	1	48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson	41	86. Surry	
15. Camden		51. Johnston	1	87. Swain	
16. Carteret		52. Jones		88. Transylvania	1583
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	1
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon	29	92. Wake	2
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell	5	95. Watauga	
24. Columbus		60. Mecklenburg	1	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	1
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	10
31. Duplin		67. Onslow		102. South Carolina	29
32. Durham		68. Orange		103. Tennessee	3
33. Edgecombe		69. Pamlico		104. Virginia	4
34. Forsyth	1	70. Pasquotank		105. Other States	41
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		Total No. of Patients	1915

All responses should pertain to October 1, 2014 through September 30, 2015.

Patient Origin – Gastrointestinal Endoscopy (GI) Cases

Facility County: Transylvania

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

The Total from this chart should match the Total GI Endoscopy cases reported on the “Gastrointestinal Endoscopy Rooms, Cases and Procedures” Table on page 10 plus the total Inpatient and Ambulatory GI Endoscopy cases from the “Non-Surgical Cases by Category” Table on page 12.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson	20	81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe	3	47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson	3	86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	455
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon	1	92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg		96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	2
31. Duplin		67. Onslow		102. South Carolina	3
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		Total No. of Patients	487

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

Patient Origin - Psychiatric and Substance Abuse

Facility County: Transylvania

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

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

Continued on next page

All responses should pertain to October 1, 2014 through September 30, 2015.

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

Continued on next page

All responses should pertain to October 1, 2014 through September 30, 2015.

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

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

Continued on next page

All responses should pertain to October 1, 2014 through September 30, 2015.

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

Continued on next page

All responses should pertain to October 1, 2014 through September 30, 2015.

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

All responses should pertain to October 1, 2014 through September 30, 2015.

Patient Origin - MRI Services

Facility County: Transylvania

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

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	2	37. Gates		73. Person	
2. Alexander		38. Graham	2	74. Pitt	1
3. Alleghany		39. Granville		75. Polk	2
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford	2	77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett	1	79. Rockingham	
8. Bertie		44. Haywood	2	80. Rowan	
9. Bladen		45. Henderson	118	81. Rutherford	2
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe	14	47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell	1	85. Stokes	
14. Caldwell		50. Jackson	13	86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	1754
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	1
21. Chowan		57. Madison	1	93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell	4	95. Watauga	
24. Columbus		60. Mecklenburg	1	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	1
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	1
31. Duplin		67. Onslow		102. South Carolina	18
32. Durham		68. Orange		103. Tennessee	4
33. Edgecombe		69. Pamlico		104. Virginia	3
34. Forsyth	1	70. Pasquotank		105. Other States	48
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		Total No. of Patients	1997

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

All responses should pertain to October 1, 2014 through September 30, 2015.

Patient Origin – Linear Accelerator Treatment

Facility County: Transylvania

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

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

All responses should pertain to October 1, 2014 through September 30, 2015.

Patient Origin – PET Scanner

Facility County: Transylvania

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

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

All responses should pertain to October 1, 2014 through September 30, 2015.

Patient Origin – Emergency Department Services

Facility County: Transylvania

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

County	No. of Visits	County	No. of Visits	County	No. of Visits
1. Alamance	3	37. Gates		73. Person	
2. Alexander	1	38. Graham	1	74. Pitt	2
3. Alleghany		39. Granville	1	75. Polk	27
4. Anson		40. Greene		76. Randolph	3
5. Ashe		41. Guilford	7	77. Richmond	
6. Avery		42. Halifax		78. Robeson	1
7. Beaufort	1	43. Harnett		79. Rockingham	1
8. Bertie		44. Haywood	40	80. Rowan	5
9. Bladen		45. Henderson	1062	81. Rutherford	10
10. Brunswick		46. Hertford		82. Sampson	1
11. Buncombe	229	47. Hoke	1	83. Scotland	
12. Burke	5	48. Hyde		84. Stanly	1
13. Cabarrus	10	49. Iredell	4	85. Stokes	2
14. Caldwell	1	50. Jackson	81	86. Surry	3
15. Camden		51. Johnston	4	87. Swain	1
16. Carteret	1	52. Jones		88. Transylvania	12,276
17. Caswell		53. Lee	1	89. Tyrrell	
18. Catawba	6	54. Lenoir	2	90. Union	7
19. Chatham		55. Lincoln	6	91. Vance	
20. Cherokee	3	56. Macon	17	92. Wake	16
21. Chowan		57. Madison	6	93. Warren	
22. Clay		58. Martin		94. Washington	2
23. Cleveland	3	59. McDowell	20	95. Watauga	2
24. Columbus		60. Mecklenburg	30	96. Wayne	1
25. Craven	2	61. Mitchell	3	97. Wilkes	1
26. Cumberland	2	62. Montgomery	1	98. Wilson	1
27. Currituck	1	63. Moore	3	99. Yadkin	
28. Dare		64. Nash	1	100. Yancey	3
29. Davidson	2	65. New Hanover	6		
30. Davie	2	66. Northampton		101. Georgia	116
31. Duplin	7	67. Onslow	7	102. South Carolina	228
32. Durham	6	68. Orange	3	103. Tennessee	48
33. Edgecombe		69. Pamlico		104. Virginia	34
34. Forsyth	6	70. Pasquotank	1	105. Other States	446
35. Franklin		71. Pender	1	106. Other	
36. Gaston	4	72. Perquimans	2	Total No. of Patients	14,844

All responses should pertain to October 1, 2014 through September 30, 2015.

This application must be completed and submitted with ONE COPY to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation prior to the issuance of a 2016 hospital license.

AUTHENTICATING SIGNATURE: The undersigned submits application for the year 2016 in accordance with Article 5, Chapter 131E of the General Statutes of North Carolina, and subject to the rules and codes adopted thereunder by the North Carolina Medical Care Commission (10A NCAC 13B), and certifies the accuracy of this information.

Signature: Cathy Olandis Date: 12-22-2015

PRINT NAME
OF APPROVING OFFICIAL Cathy O. Landis

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

2016 Renewal Application for Hospital:
Transylvania Regional Hospital, Inc. And Bridgeway

License No: H0111
Facility ID: 923509

All responses should pertain to October 1, 2014 through September 30, 2015.

This page will be separated and kept in a confidential file.

Federal Tax ID number: 56-0562293

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

For Official Use Only
License # H0111 NF Provider # 345484
FID # : 923509
Hospital: Transylvania Regional Hospital, Inc.
And Bridgeway

NURSING CARE FACILITY/UNIT BEDS 2016 Annual Data Supplement to Hospital License Application

To be completed by each hospital reporting Nursing Facility/Unit Beds as part of its total licensed capacity.
A separate form should be completed for each site.

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

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

PRIMARY: Transylvania Regional Hospital, Inc. And Bridgeway
Other: _____
Other: _____

Facility Mailing Address: P O Box 1116
Brevard, NC 28712

Facility Site Address: 260 Hospital Drive
Brevard, NC 28712
County: Transylvania
Telephone: (828)884-9111 Fax: (828)883-5370

E-mail Address of Administrator: Cathy D. Landis

National provider identifier (NPI): 1073592358

1. Was this facility in operation throughout the entire 12-month reporting period ending September 30, 2015?
 Yes No

If No, for what period was the facility in operation? ____ / ____ / ____ through ____ / ____ / ____
month/day/year month/day/year

If No, for what reason was the facility not in full operation during this period? _____

2. Was there a change of ownership anytime between October 1, 2014 to September 30, 2015? Yes No

If Yes, what was the date of the change? ____ / ____ / ____

All responses should pertain to **October 1, 2014 through September 30, 2015.**

PART A **OWNERSHIP DISCLOSURE**

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

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

Owner: Transylvania Community Hospital Inc
Street: PO Box 1116
Mailing: 260 Hospital Drive
(if different from street)
City: Brevard State: NC Zip: 28712
Telephone: (828)883-5302 Fax: (828)883-5370
Senior Officer: Cathy O. Landis, President/CNO

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

b. Legal entity is: (check ALL that apply)
X Corporation ___ LLC/LLP ___ Partnership
___ Proprietorship ___ Government Unit

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

If Yes, name of building owner:

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

If Yes, name and address of the management company.

Name: _____
Street: _____
Mailing: _____
(if different from street)
City: _____ State: _____ Zip: _____
Telephone: (____) _____

3. If this business is a subsidiary of another entity, please identify the parent company below:

Name: NONE Mission Health System
Street: 509 Biltmore Avenue
Mailing: _____
(if different from street)
City: Asheville
State: NC Zip: 28801
Telephone: (828) 213-1111 Fax: (____) _____
Senior Officer: Ronald A. Paulus, MD

All responses should pertain to October 1, 2014 through September 30, 2015.

PART B OPERATIONS

1. Facility Personnel

a. Administration

Name of the Administrator: Cathy Landis

Date Hired As Administrator: - - NC License Number: H0111

b. Nursing

Name of the Director: ~~Rebecca W Carter~~ Cathy Lasater

Date Hired As D.O.N.: - - NC License Number: 4862Z

c. Medical Director:

Name of Medical Director: Wesley Jones, MD

Date Hired as Medical Director: 01/05/2012

Office Address: 260 Hospital Drive
Brevard, NC 28712

2. Environmental Enhancements Supporting Culture Change

("Enhancements" refer to practices and products that help create a homelike atmosphere within the nursing home. Some may be unique to one facility while others may be central to a particular model of culture change.) Listed below are the enhancement components reported on your renewal application last year. Please update these records, as they are used by the North Carolina Culture Change Coalition.

Is the facility currently practicing a culture change process/program? Y X N

If yes, please check which components have been implemented:

- | | | | | | | | |
|--------------------------|---------|--------------------------|----------|--------------------------|-------------------|--------------------------|---------------------------------|
| <input type="checkbox"/> | Music | <input type="checkbox"/> | Children | <input type="checkbox"/> | Staff Empowerment | <input type="checkbox"/> | Residential building design |
| <input type="checkbox"/> | Fish | <input type="checkbox"/> | Plants | <input type="checkbox"/> | Neighborhoods | <input type="checkbox"/> | Residential dining enhancements |
| <input type="checkbox"/> | Birds | <input type="checkbox"/> | Gardens | <input type="checkbox"/> | Other Animals | <input type="checkbox"/> | Sensory Room |
| <input type="checkbox"/> | Bathing | <input type="checkbox"/> | Teams | <input type="checkbox"/> | Aroma Therapy | <input type="checkbox"/> | Other enhancements |
- Please specify

If applicable, please indicate either the culture change philosophy being practiced (i.e.: Eden Alternative, Person Centered Care, Well Spring Model, etc.) or a philosophy unique to your home:

All responses should pertain to **October 1, 2014 through September 30, 2015.**

PART C **PATIENT SERVICES**

(Please fill in any blanks and make changes where necessary. Check Yes or No.)

1. Continuing Care Retirement Communities (CCRC)
 - a. Is the facility licensed by the Department of Insurance as a Continuing Care Retirement Community? ___ Yes X No
2. Was there a change to the licensed bed capacity between Oct 1, 2014 to Sept 30, 2015? ___ Yes X No
 - a. If Yes, what was the effective date of the change? ___/___/___
 - b. If Yes, indicate previous number of licensed beds (Nursing Fac, Adult Care). ___ NF ___ ACH
3. Is the facility a Combination Facility, thereby incorporating licensed ACH beds? ___ Yes ✓ No

If Yes, indicate which rules the facility chooses to apply to the operation of these ACH BEDS (NH rules, ACH rules or both NH & ACH). If both NH & ACH rules are checked, download an "ACH Rule Choice" checklist from <http://www.ncdhhs.gov/dhsr/nhlcs/forms.html>. This checklist is found under the heading of CHOW.

- Nursing Home Licensure Rules*
 ACH Licensure Rules

4. Beds By Type (*Must complete Alzheimer's Special Care Unit data supplement sheet)
 - a. Nursing Facility Beds (NF) (TOTAL) 10
 1. General Nursing Facility Beds 10
 2. *Alzheimer's Special Care Unit Beds 0*
 3. Ventilator Beds 0
 4. Traumatic brain injury beds 0

Are you equipped to accommodate bariatric residents: ✓ Yes ___ No
 - b. Adult Care Home Beds (ACH) (TOTAL) 0
 1. General Adult Care Home Beds 0
 2. * Alzheimer's Special Care Unit Beds 0*

Are you equipped to accommodate bariatric residents: ___ Yes ___ No
 - c. Total Licensed Beds 92

- c. Total Operational Beds on September 30, 2015 Nursing 10 ACH _____
 - "Operational Beds" means all the physical beds in the facility that are available for resident/patient use on September 30, 2015.

5. Nursing Home Bed Certification

a. Number of beds certified for Medicare only (Title 18 only)	
b. Number of beds dually certified for both Medicare & Medicaid (Title 18/19)	<u>10</u>
c. Number of beds certified for Medicaid only (Title 19 only)	

All responses should pertain to October 1, 2014 through September 30, 2015.

For questions please call Healthcare Planning at (919) 855-3865

PART D PATIENT CENSUS

Important: Report patient census data for September 30, 2015 only.

1. Number of patients in facility on September 30, 2015	Nursing	Adult Care
	8	

2. Statistics on Nursing Home Patients on September 30, 2015 by age groups

	Male	Female
18 - 20 years old		
21 - 34 years old		
35 - 54 years old		
55 - 64 years old		
65 - 74 years old	1	1
75 - 84 years old	1	2
85 years old and older		3
Totals	2	6

NOTE: Total for Item # 2 must match the number reported in Item # 1 for Nursing Patients.

3. Statistics on Adult Care Home residents on September 30, 2015 by age groups

	Male	Female
Under 35		
35 - 64 years old		
65 - 74 years old		
75 - 84 years old		
85 years old and older		

NOTE: Total for Item # 3 must match the number reported in Item # 1 for Adult Care Patients.

All responses should pertain to October 1, 2014 through September 30, 2015.

PART E PATIENT UTILIZATION DATA

If you have questions about the items on this page, please call Healthcare Planning at (919) 855-3865

1. Beginning Census, Admissions, Discharges, and Deaths by Level of Care

Complete the chart below for the reporting period of October 1, 2014 through September 30, 2015.

Patients/Residents	Beginning Census	Admissions	Discharges	Deaths	Total*	Totals <u>must</u> <u>match</u> totals reported for Part D: Patient Census, Item # 1 (page 5)
	(Oct. 1, 2014)	(Oct. 1, 2014 - Sept. 30, 2015)	(excluding deaths) (Oct. 1, 2014 - Sept. 30, 2015)	(Oct. 1, 2014 - Sept. 30, 2015)		
(1) Nursing Patients	7	193	193		7	(arrow pointing to this column)
(2) Adult Care Patients						

To calculate: *Beginning Census + Admissions – Discharges – Deaths = Total

Note: *Beginning Census* is the number of patients in your facility on October 1, 2014.
Admissions is the number of patients admitted from Oct. 1, 2014 through Sept. 30, 2015.
Discharges and *Deaths* are all discharges and deaths from Oct. 1, 2014 through Sept. 30, 2015.

2. Inpatient Days of Care

Complete the charts below for the reporting period of October 1, 2014 through September 30, 2015.

a. Nursing Care (NC)

(1) NC Days reimbursed by Medicare	2297
(2) NC Days reimbursed by Medicaid	
(3) NC Days reimbursed by Private Pay	
(4) NC Days reimbursed by Other	74
(5) Total { (1) + (2) + (3) + (4) }	2371

Figures entered in this column should reflect the number of days of care, not the number of patients nor the amount of dollars reimbursed from each source.

b. Adult Care Home (ACH)

(1) ACH Days reimbursed by Private Pay	
(2) ACH Days reimbursed by County Special Assistance	
(3) ACH Days reimbursed by Other	
(4) Total { (1) + (2) + (3) }	

Note: Report inpatient days of care as cumulative totals.

**Example: total number of days reimbursed by Medicare for Patient #1+
 total number of days reimbursed by Medicare for Patient #2+
 total number of days reimbursed by Medicare for Patient #3+...**

(Continue for each patient in the facility and then repeat for all categories in both tables 2a. and 2b.)

All responses should pertain to October 1, 2014 through September 30, 2015.

3. Counties of Origin for Nursing Care Patients

For questions regarding this section, please call Healthcare Planning at (919) 855-3865

For the period of October 1, 2014 through September 30, 2015, list in Column A the counties where Nursing Care patients lived before coming to your facility. For each county in Column B1 give the number of nursing patients, from that county, who were living in the facility on October 1, 2014. For each county, in Column B2 give the total number of additional Nursing Care patients, from that county, who were admitted between October 1, 2014 and September 30, 2015.

Report patients who were not NC residents as "Out-of-State" on lines 101 through 105.

A Permanent County of Residence for Individuals prior to Admission	B Patient Census During Reporting Period		C Total (B1+B2)
	B1 In Facility at Beginning	B2 Admitted During Period	
1. Alamance			
2. Alexander			
3. Alleghany			
4. Anson			
5. Ashe			
6. Avery			
7. Beaufort			
8. Bertie			
9. Bladen			
10. Brunswick			
11. Buncombe			
12. Burke			
13. Cabarrus			
14. Caldwell			
15. Camden			
16. Carteret			
17. Caswell			
18. Catawba			
19. Chatham			
20. Cherokee			
21. Chowan			
22. Clay			
23. Cleveland			
24. Columbus			
25. Craven			
26. Cumberland			
27. Currituck			
28. Dare			
29. Davidson			
30. Davie			
31. Duplin			
32. Durham			
33. Edgecombe			
34. Forsyth			
35. Franklin			
36. Gaston			
37. Gates			
38. Graham			
39. Granville			
40. Greene			

Continued on next page

All responses should pertain to October 1, 2014 through September 30, 2015.

Counties of Origin for Nursing Home Patients Continued

A Permanent County of Residence for Individuals prior to Admission	B Patient Census During Reporting Period		C Total (B1+B2)
	B1 In Facility at Beginning	B2 Admitted During Period	
41. Guilford			
42. Halifax			
43. Harnett			
44. Haywood			
45. Henderson		7	7
46. Hertford			
47. Hoke			
48. Hyde			
49. Iredell			
50. Jackson		2	2
51. Johnston			
52. Jones			
53. Lee			
54. Lenoir			
55. Lincoln			
56. Macon		2	2
57. Madison			
58. Martin			
59. McDowell			
60. Mecklenburg			
61. Mitchell			
62. Montgomery			
63. Moore			
64. Nash			
65. New Hanover			
66. Northampton			
67. Onslow			
68. Orange			
69. Pamlico			
70. Pasquotank			
71. Pender			
72. Perquimans			
73. Person			
74. Pitt			
75. Polk			
76. Randolph			
77. Richmond			
78. Robeson			
79. Rockingham			
80. Rowan		1	1
81. Rutherford			
82. Sampson			
83. Scotland			
84. Stanly			
85. Stokes			
86. Surry			
87. Swain			
88. Transylvania	7	176	183
89. Tyrrell			

Continued on next page

All responses should pertain to **October 1, 2014 through September 30, 2015.**

Counties of Origin for Nursing Home Patients Continued

A	B		C
Permanent County of Residence for Individuals prior to Admission	Patient Census During Reporting Period		Total (B1+B2)
	B1 In Facility at Beginning	B2 Admitted During Period	
90. Union			
91. Vance			
92. Wake			
93. Warren			
94. Washington			
95. Watauga			
96. Wayne			
97. Wilkes			
98. Wilson			
99. Yadkin			
100. Yancey			
101. Georgia			
102. South Carolina		1	1
103. Virginia			
104. Tennessee			
105. All Other Out-of-State		4	4
TOTALS	7	193	200

↑ ↑
 Must match # Must match #
 reported for reported for
 Part E: Patient Part E: Patient
 Utilization Utilization
 Data, Data,
 "Beginning "Admissions"
 Census" (page 6)
 (page 6)

All responses should pertain to October 1, 2014 through September 30, 2015.

4. Counties of Origin for Adult Care Home Residents

For questions regarding this section, please call Healthcare Planning at (919) 855-3865

For the period of October 1, 2014 through September 30, 2015, list in Column A the counties where Adult Care Home residents lived before coming to your facility. For each county in Column B1 give the number of Adult Care Home residents, from that county, who were living in the facility on October 1, 2014. For each county, in Column B2 give the total number of additional Adult Care Home residents, from that county, who were admitted between October 1, 2014 and September 30, 2015. Report residents who were not NC residents as "Out-of-State" on lines 101 through 105.

A Permanent County of Residence for Individuals prior to Admission	B Patient Census During Reporting Period		C Total (B1+B2)
	B1 In Facility at Beginning	B2 Admitted During Period	
1. Alamance			
2. Alexander			
3. Alleghany			
4. Anson			
5. Ashe			
6. Avery			
7. Beaufort			
8. Bertie			
9. Bladen			
10. Brunswick			
11. Buncombe			
12. Burke			
13. Cabarrus			
14. Caldwell			
15. Camden			
16. Carteret			
17. Caswell			
18. Catawba			
19. Chatham			
20. Cherokee			
21. Chowan			
22. Clay			
23. Cleveland			
24. Columbus			
25. Craven			
26. Cumberland			
27. Currituck			
28. Dare			
29. Davidson			
30. Davie			
31. Duplin			
32. Durham			
33. Edgecombe			
34. Forsyth			
35. Franklin			
36. Gaston			
37. Gates			
38. Graham			
39. Granville			
40. Greene			

Continued on next page

All responses should pertain to October 1, 2014 through September 30, 2015.

Counties of Origin for Adult Care Home Residents Continued

A Permanent County of Residence for Individuals prior to Admission	B Patient Census During Reporting Period		C Total (B1+B2)
	B1 In Facility at Beginning	B2 Admitted During Period	
41. Guilford			
42. Halifax			
43. Harnett			
44. Haywood			
45. Henderson			
46. Hertford			
47. Hoke			
48. Hyde			
49. Iredell			
50. Jackson			
51. Johnston			
52. Jones			
53. Lee			
54. Lenoir			
55. Lincoln			
56. Macon			
57. Madison			
58. Martin			
59. McDowell			
60. Mecklenburg			
61. Mitchell			
62. Montgomery			
63. Moore			
64. Nash			
65. New Hanover			
66. Northampton			
67. Onslow			
68. Orange			
69. Pamlico			
70. Pasquotank			
71. Pender			
72. Perquimans			
73. Person			
74. Pitt			
75. Polk			
76. Randolph			
77. Richmond			
78. Robeson			
79. Rockingham			
80. Rowan			
81. Rutherford			
82. Sampson			
83. Scotland			
84. Stanly			
85. Stokes			
86. Swain			
87. Swain			
88. Transylvania			
89. Tyrrell			

Continued on next page

All responses should pertain to October 1, 2014 through September 30, 2015.

Counties of Origin for Adult Care Home Residents Continued

A	B		C
Permanent County of Residence for Individuals prior to Admission	Patient Census During Reporting Period		Total (B1+B2)
	B1 In Facility at Beginning	B2 Admitted During Period	
90. Union			
91. Vance			
92. Wake			
93. Warren			
94. Washington			
95. Watauga			
96. Wayne			
97. Wilkes			
98. Wilson			
99. Yadkin			
100. Yancey			
101. Georgia			
102. South Carolina			
103. Virginia			
104. Tennessee			
105. All Other Out-of-State			
TOTALS			

↑
 Must match # reported for Part E: Patient Utilization Data, "Beginning Census" (page 6)

↑
 Must match # reported for Part E: Patient Utilization Data, "Admissions" (page 6)

All responses should pertain to October 1, 2014 through September 30, 2015.

PART F CURRENT OPERATING STATISTICS

1. Current Per Diem Reimbursement Rates/Charges.

Please state the CURRENT (as of the date the application is signed) basic daily charges/rates for residents or patients in your facility in the following categories of care.

For questions please call CON at (919) 855-3873

Private Pay (Usual Customary Charge)	Private Room (1 bed/room)	Semi-Private (2 beds/room)	3 or more beds/room
Nursing Care	\$ 447.00	\$	\$
Adult Care Home	\$	\$	\$
Special Care Unit (specify)	\$	\$	\$
Special Care Unit (specify)	\$	\$	\$

Medicare	Code	Rate
Three most frequent resource utilization group (RUG) codes and rates paid for them	1. RYA	\$ 438.80
	2. RHA	\$ 348.01
	3. RVB	\$ 440.36

Medicaid	Quarterly Rates			
	Oct.-Dec.	Jan.-Mar.	Apr.-June	July-Sept.
Nursing Care	\$ 160.94	\$ 160.91	\$ 160.57	\$ 160.57

Medicaid Nursing Care	Rate
Special Care Unit (specify)	\$
Special Care Unit (specify)	\$

State/County Special Assistance	Rate
Adult Care Home	\$
Special Care Unit (specify)	\$
Special Care Unit (specify)	\$

Please complete only if applicable:

Alzheimer's/Dementia Special Care Unit	Rate
Additional cost or fee to resident	\$

(Use reverse side or separate sheet if needed)

All responses should pertain to October 1, 2014 through September 30, 2015.

2. Total Current Staff for Existing Facility

Do not include the following: courtesy or attending staff, private duty nurses, volunteer workers or the same employee in more than one category. These employees were on the payroll as of 09/30/2015 month/day/year.

For questions please call CON at (919) 855-3873

	Total Facility *FTE's	Total Facility Annual Consul. Hrs.
Routine Services		
Registered Nurses	4.6	
Licensed Practical Nurses (LPNs)		
Certified Nurse Aides	4.6	
Medical Director		520
Director of Nurses	1.0	
Assistant Director of Nurses		
Staff Development Coordinator		
Ward Secretary	1.0	
Medical Records	.1	
Pharmacy Consultant	.1	
Administration and General		
Administrator	1.0	
Assistant Administrator		
Other Office Personnel		
Dietary		
Licensed Dietitian		260
Food Service Supervisor		
Cooks		
Dietary Aides		
Social Work Services		
Social Services Director	.1	
Social Services Assistant(s)		
Activity Services		
Activity Director	.25	
Activity Assistant(s)		
Housekeeping/Laundry		
Housekeeping Supervisor	.1	
Laundry Supervisor		
Housekeeping Aides		
Laundry Aides		
Maintenance		
Maintenance Supervisor	1.0	
Janitors	1.0	
Ancillary Services		
Physical Therapist		1090
Rehabilitation Aide		2080
Respiratory Therapist		
Occupational Therapist		
Speech/Hearing Therapist		1060
Total Positions/Total Consultant Hours	14.85	5010

- *FTE - For each position in the table, the FTEs (full-time equivalents) are calculated as follows:
- Determine the total number of full and part-time employees as of September 30th.
 - Each full-time employee equals one FTE.
 - For each part-time employee, determine the average number of hours worked each week and multiply that number times 52 weeks per year to determine the total number of hours worked each year. To convert to FTEs, divide the total hours worked each year by 2,080 hours per year.
 - Add the fulltime FTEs and the part-time FTEs together and report that number in the table.

All responses should pertain to **October 1, 2014 through September 30, 2015.**

ADULT CARE HOME (ACH) SUPPLEMENT

For questions please call Adult Care Licensure at (919) 855-3765

1. Please give the number (1, 2, 3, etc.) of Adult Care residents currently in facility with a physician's diagnosis of the following: a) Mental Illness (MI) which includes a psychiatric illness but does not include intellectual disability, developmental disability or Alzheimer's Disease/Related Dementia; ***For the purpose of this application Mental Illness is an illness which lessens the capacity of the individual to use self-control, judgment and discretion in the conduct of his affairs and social relations so as it makes it necessary or advisable to be under treatment, care, supervision, guidance or control. Mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder, panic disorder, post traumatic stress disorder, and borderline personality disorder.*** b) Intellectual Disability/Developmental disability (ID/DD) *This reflects change in wording from MR to ID* or c) Alzheimer's Disease or related dementia. If a resident is dually diagnosed, only count the resident once, based on the primary diagnosis.

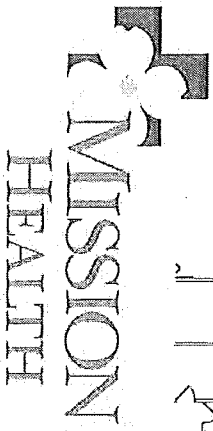
Resident Age - years	MI	ID/DD	Alzheimer's/Related Dementia
18 - 20			
21 - 34			
35 - 64			
55 - 64			
65 - 74			
75 - 84			
85 or older			
TOTAL			

2. On September 30, 2015, number of Adult Care residents receiving Medicaid reimbursed Consolidated Personal Care _____
3. On September 30, 2015, number of Adult Care residents on State/County Special Assistance (SA): _____
4. On September 30, 2015, number of private pay Adult Care residents: _____
5. Current total monthly private pay charge (average base plus add-ons if more than one price) for:

	Rate
Private Room (1 bedroom)	\$
Semi-Private (2 beds/room)	\$
3 or more beds/room	\$

6. Check any that apply:

	Number of Beds
<input type="checkbox"/> Alzheimer's Special Care Unit in facility [Rules 13F .1300 apply]	



EMERGENCY DEPARTMENT ADDITION

2007 UNIVERSITY BLVD
1000 WASHINGTON, MO 65757

FLOOR PLAN
1/8" = 1'-0"
04/14/16

