

## **Table 10C: Nursing Care Bed Need Determination Draft - 5/06/2014**

*(Proposed for Certificate of Need Review Commencing in 2015)*

It is determined that the counties listed in the table below need additional nursing care beds as specified.

<b>COUNTY</b>	<b>HSA</b>	<b>NURSING CARE BED NEED DETERMINATION*</b>	<b>CERTIFICATE OF NEED APPLICATION DUE DATE**</b>	<b>CERTIFICATE OF NEED BEGINNING REVIEW DATE</b>
It is determined that there is no need for additional nursing care beds anywhere else in the state and no other reviews are scheduled.				

\* Need determinations shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (see Chapter 4).

\*\* Application due dates are absolute deadlines. The filing deadline is 5:30 p.m. on the Application due date. The filing deadline is absolute (see Chapter 3).