

**Table 5B: Acute Care Bed Need Determination***(Proposed for Certificate of Need Review Commencing in 2017)*

It is determined that the Acute Care Bed Service Areas listed in the table below need additional acute care beds as specified.

<b>Service Area</b>	<b>Acute Care Bed Need Determination*</b>	<b>Certificate of Need Application Due Date**</b>	<b>Certificate of Need Beginning Review Date</b>
Durham	96	To be determined	To be determined
Mecklenburg	60	To be determined	To be determined
Orange	41	To be determined	To be determined
It is determined that there is no need for additional acute 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).