

**Table 5B: Acute Care Bed Need Determination**

| <b>Service Area</b>   | <b>Acute Care Bed<br/>Need Determination*</b> | <b>Certificate of Need<br/>Application<br/>Due Date**</b> | <b>Certificate of Need<br/>Beginning<br/>Review Date</b> |
|---|---|---|--|
| Cabarrus  | 22  | To be determined  | To be determined   |
| Cumberland  | 53  | To be determined  | To be determined   |
| Durham/Caswell  | 40  | To be determined  | To be determined   |
| Hoke  | 26  | To be determined  | To be determined   |
| Mecklenburg   | 76  | To be determined  | To be determined   |
| New Hanover   | 35  | To be determined  | To be determined   |
| Pitt/Greene/Hyde/Tyrrell  | 60  | To be determined  | To be determined   |
| It is determined that there is no need for additional 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-1 (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).