

Table 11D: Adult Care Home Bed Need Determination*

Service Area	HSA	Adult Care Home Bed Need Determination	Certificate of Need Application Deadline**	Certificate of Need Beginning Review Date
Ashe	I	80	To be determined	To be determined
Perquimans	VI	100	To be determined	To be determined
Person	IV	140	To be determined	To be determined
It is determined that there is no need anywhere else in the state and no other reviews are scheduled.				

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

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