



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

Pat McCrory
Governor

Aldona Z. Wos, M.D.
Ambassador (Ret.)
Secretary DHHS

Drexdal Pratt
Division Director

September 9, 2014

Lynn Pitman
North Carolina Baptist Hospital
Medical Center Boulevard
Winston-Salem, NC 27157

Exempt from Review

Facility: North Carolina Baptist Hospital
Project Description: Renovate the Neuro-Intensive Care Unit
County: Forsyth
FID #: 943495

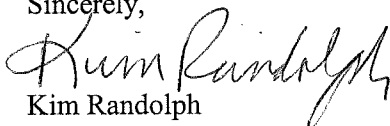
Dear Ms. Pitman:

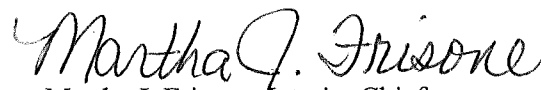
In response to your letters of July 31, 2014 and September 5, 2014, the above referenced proposal is exempt from certificate of need review in accordance with G.S 131E-184(g). Therefore, North Carolina Baptist Hospital may proceed with renovation of the above referenced health service facility without first obtaining a certificate of need.

However, you need to contact the Construction and the Acute and Home Care Licensure and Certification Sections of the Division of Health Service Regulation 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 Certificate of Need Section. 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.

Sincerely,


Kim Randolph
Project Analyst


Martha J. Frisone, Interim Chief
Certificate of Need Section

cc: Medical Facilities Planning Branch, DHSR
Construction Section, DHSR
Acute and Home Care Licensure and Certification Section, DHSR

Certificate of Need Section

www.ncdhhs.gov

Telephone: 919-855-3873 • Fax: 919-733-8139

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

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

An Equal Opportunity/ Affirmative Action Employer



Randolph, Kimberly M

From: Jennifer A Houlihan <jhouliha@wakehealth.edu>
Sent: Friday, September 05, 2014 2:57 PM
To: Randolph, Kimberly M
Subject: RE: Neuro ICU Follow-up questions

Hi Kim- in follow-up to our conversation with you and my facilities planner please see the responses below to the remaining questions:

1. If the site of the proposed renovations or construction consists of multiple buildings, identify which of those buildings, by name and number, is the main building. (Question 3 in your response.) Please identify the main building. The main building is Ardmore East Tower.
Documentation that clinical patient services are provided at the site of the proposed renovations or
2. Please address the total number of ICU beds after project completion. 186 ICU beds.
3. Documentation that financial control of the entire licensed health service facility is exercised at the site of the proposed renovations or construction. (Question 9 in your response.) Please identify the financial office location(s). The location is Wake Forest Baptist Medical Center, 10th floor CSB, Administration/Office of the CFO, Winston Salem- NC 27157
4. Documentation that administrative control of the entire licensed health service facility is exercised at the site of the proposed renovations or construction. (Question 10 in your response.) Please identify the administrative office location(s). The location is Wake Forest Baptist Medical Center, 10th floor CSB, Administration/Office of the CEO, Winston Salem- NC 27157

Jennifer A. Houlihan, MSP
Director of Planning Operations



Medical Center Boulevard, Winston-Salem, NC 27157-1021
336.716.9180 | Fax 336.716.2789 | jhouliha@wakehealth.edu



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

Pat McCrory
Governor

Aldona Z. Wos, M.D.
Ambassador (Ret.)
Secretary DHHS

Drexdal Pratt
Division Director

August 22, 2014

Lynn Pitman
North Carolina Baptist Hospital
Medical Center Boulevard
Winston-Salem, NC 27157

Information Request for Exemption Pursuant to G.S. 131E-184(g)

Facility: North Carolina Baptist Hospital
Project Description: Renovate the Neuro-Intensive Care Unit
County: Forsyth
FID #: 943495

Dear Ms. Pitman:

The Certificate of Need (CON) Section has received your letter dated July 31, 2014, requesting an exemption from the CON Section for the modernization of an intensive care unit for Neuro patients pursuant to N.C. Gen. Stat. § 131E-184(g). In order for the CON Section to make such a determination additional information is needed to determine if the project is exempt from review pursuant to G.S. 131E-184(g).

N.C. Gen. Stat. § 131E-184(g), states:

(g) The Department shall exempt from certificate of need review any capital expenditure that exceeds the two million dollar (\$2,000,000) threshold set forth in G.S. 131E-176(16)b. if all of the following conditions are met:

- (1) The sole purpose of the capital expenditure is to renovate, replace on the same site, or expand the entirety or a portion of an existing health service facility that is located on the main campus.*
- (2) The capital expenditure does not result in (i) a change in bed capacity as defined in G.S. 131E-176(5) or (ii) the addition of a health service facility or any other new institutional health service other than that allowed in G.S. 131E-176(16)b.*
- (3) The licensed health service facility proposing to incur the capital expenditure shall provide prior written notice to the Department, along with supporting*

Certificate of Need Section

www.ncdhhs.gov

Telephone: 919-855-3873 • Fax: 919-733-8139

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

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

An Equal Opportunity/ Affirmative Action Employer



documentation to demonstrate that it meets the exemption criteria of this subsection.

N.C. Gen. Stat. § 131E-176(14n), defines "main campus" as:

(14n) "Main campus" means all of the following for the purposes of G.S. 131E-184(f) and (g) only:

- a. The site of the main building from which a licensed health service facility provides clinical patient services and exercises financial and administrative control over the entire facility, including the buildings and grounds adjacent to that main building. (Emphasis added)*
- b. Other areas and structures that are not strictly contiguous to the main building but are located within 250 yards of the main building.*

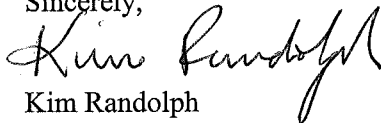
Provide a more detailed written response to each of the following:

1. If the site of the proposed renovations or construction consists of multiple buildings, identify which of those buildings, by name and number, is the main building. (Question 3 in your response.) Please identify the main building.
2. Documentation that clinical patient services are provided at the site of the proposed renovations or construction. (Question 8 in your response.) Please address the total number of ICU beds after project completion.
3. Documentation that financial control of the entire licensed health service facility is exercised at the site of the proposed renovations or construction. (Question 9 in your response.) Please identify the financial office location(s).
4. Documentation that administrative control of the entire licensed health service facility is exercised at the site of the proposed renovations or construction. (Question 10 in your response.) Please identify the administrative office location(s).

Please do not hesitate to contact this office if you have any questions.

Please refer to the Facility I.D.# (FID) in all correspondence.

Sincerely,



Kim Randolph
Project Analyst

cc: Medical Facilities Planning Section, DHSR
Acute and Home Care Licensure and Certification Section, DHSR



Certificate of Need Section

www.ncdhhs.gov

Telephone: 919-855-3873 • Fax: 919-733-8139

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

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

An Equal Opportunity/ Affirmative Action Employer



Received by
the CON Section
AUG 7 2014

July 31, 2014

Ms. Kimberly Randolph
Certificate of Need Section
Division of Health Service Regulation
NC Department of Health and Human Services
2704 Mail Service Center
Raleigh, NC 27699-2704

RE: Request for Exemption Pursuant to G.S. 131E-184(g) for North Carolina Baptist Hospital's project to renovate the neuro-intensive care unit

Dear Ms. Randolph:

North Carolina Baptist Hospital (NCBH) requests exemption from the CON Section for the modernization of an intensive care unit for Neuro patients per G.S. 131E-184(g). As part of this project, NCBH plans to relocate twenty four (24) Intensive Care Unit acute care beds to provide services in a geographically consolidated location in order improve patient safety. NCBH will be relocating a portion of its existing med/surg ICU beds dedicated to neurology and neurosurgery patients from the current location, 4-C North Tower, which is currently configured as ward beds, to space previously occupied by the Day Hospital on the 5th floor of Ardmore Tower to create twenty four private rooms. The total estimated capital cost for the proposed relocation project is \$16,492,661.00 which includes both equipment and construction expenses. (Exhibit 1) The 5 Ardmore Tower Day Hospital unit will be closed as sufficient capacity exists within the remaining 96 day hospital beds located on 5th floor Cancer Center Tower (42 beds) and 11 North Tower (26). The project will be funded through accumulated reserves. Please find NCBH's response to the information requested by the Agency to support this exemption request:

1. A copy of the health service facility's current license.

Please reference Exhibit 1 for a copy of NCBH's license.

2. The street address of the site of the proposed renovations or construction.

Medical Center Blvd., Winston Salem- NC 27157

3. If the site of the proposed renovations or construction consists of multiple buildings, identify which of those buildings, by name and number, is the main building.

Not applicable. The site of the proposed renovation is in the main campus of North Carolina Baptist Hospital.

4. **If the site of the proposed renovations or construction is not the main building, provide the name and number of the building(s) to be renovated or constructed.**

Not applicable. The site of the proposed renovation is in the main campus of North Carolina Baptist Hospital.

5. **A site plan drawn to scale identifying the main building and the site of the proposed renovations or construction.**

See Exhibit 2.

6. **If the site of the proposed renovations or construction is not strictly contiguous to the main building, documentation that it is located within 250 yards of the main building.**

Not applicable. The site of the proposed renovation is located within the main campus inpatient towers.

7. **Design schematics drawn to scale showing:**
a. **each area to be renovated; and**
b. **each area of new construction that replaces existing space.**

The site of the proposed renovations are 5th floor Ardmore Tower. Please see the section of NCBH's recently submitted 2014 License Renewal Application that documents over 5,439 days of medical/surgical ICU days of care were provided in Federal Fiscal Year 2013.

8. **Documentation that clinical patient services are provided at the site of the proposed renovations or construction.**

Please reference page 4 of NCBH's License Renewal Application (Exhibit 3) which demonstrates NCBH's allocation of 186 ICU beds out of the total 802 licensed general acute care beds. The proposed project would not increase the number of acute care beds as the number of licensed acute care beds would remain 802.

9. **Documentation that financial control of the entire licensed health service facility is exercised at the site of the proposed renovations or construction.**

Please reference Exhibit 1, which demonstrates the acute care beds are under NCBH's control, operationally and financially.

10. **Documentation that administrative control of the entire licensed health service facility is exercised at the site of the proposed renovations or construction.**

Please reference Exhibit 1, which demonstrates the acute care beds are under NCBH's control, operationally and financially.

11. **Documentation that the sole purpose of the project is to:**
a. **Renovate existing space;**
b. **Replace existing services on the same site; or**

c. Expand the physical plant without adding any new services or major medical equipment.

NCBH believes the proposed renovation project is not subject to review under North Carolina's Certificate of Need (CON) laws. NCBH's proposed project meets the requirements found in G.S. 131E-184(g). This statute states:

(g) The Department shall exempt from certificate of need review any capital expenditure that exceeds two million dollars (\$2,000,000) threshold set forth in G.S. 131E-176(16)b. if all of the following conditions are met:

- (1) The sole purpose of the capital expenditure is to renovate, replace on the same site, or expand the entirety or a portion of an existing health service facility that is located on the main campus.
- (2) The capital expenditure does not result in (i) a change in bed capacity as defined in G.S. 131E-176(5) or (ii) the addition of a health service facility or any other new institutional health service facility or any other new institutional health services other than that allowed in G.S. 131E-176(16)b.
- (3) The licensed health service facility proposing to incur the capital expenditure shall provide prior written notice to the Department along with supporting documentation to demonstrate that it meets the exemption criteria of this subsection.

The total capital expenditure for the proposed project exceeds the \$2,000,000 threshold but is being done-for the sole purpose of renovating on the main campus, does not change bed capacity or add a new institutional health service as it represents a main campus renovation of an existing healthcare service.

12. Documentation that the project will NOT result in:

- a. the offering of health services not currently provided;
- b. the acquisition of additional units of major medical equipment; or
- c. an increase in the number of beds, operating rooms, gastrointestinal endoscopy rooms, etc.

Please reference Exhibit 2, which demonstrates the acute care beds and medical/surgical intensive care unit are an existing healthcare service. The proposed project does not intend to increase the number of acute care beds nor does it impact the service and/or number of major medical equipment units, operating rooms, or gastrointestinal endoscopy rooms.

NCBH believes the proposed renovation project is not subject to review under North Carolina's Certificate of Need (CON) laws. NCBH's proposed project meets the requirements found in G.S. 131E-184(g). The total capital expenditure for the proposed project exceeds the \$2,000,000 but is being done for the sole purpose of modernizing and consolidating the care of neuro ICU patient into one location on the main campus. It does not change bed capacity or add a new institutional health service. By this letter NCBH is providing written notice to the Department that NCBH's proposal meets the requirements identified above and therefore requests approval of a no review status for the proposed project. If you require additional information or clarification, please contact me at (336) 716-5092.

Sincerely,



Lynn S. Pitman, Associate Vice President of Strategic and Business Planning

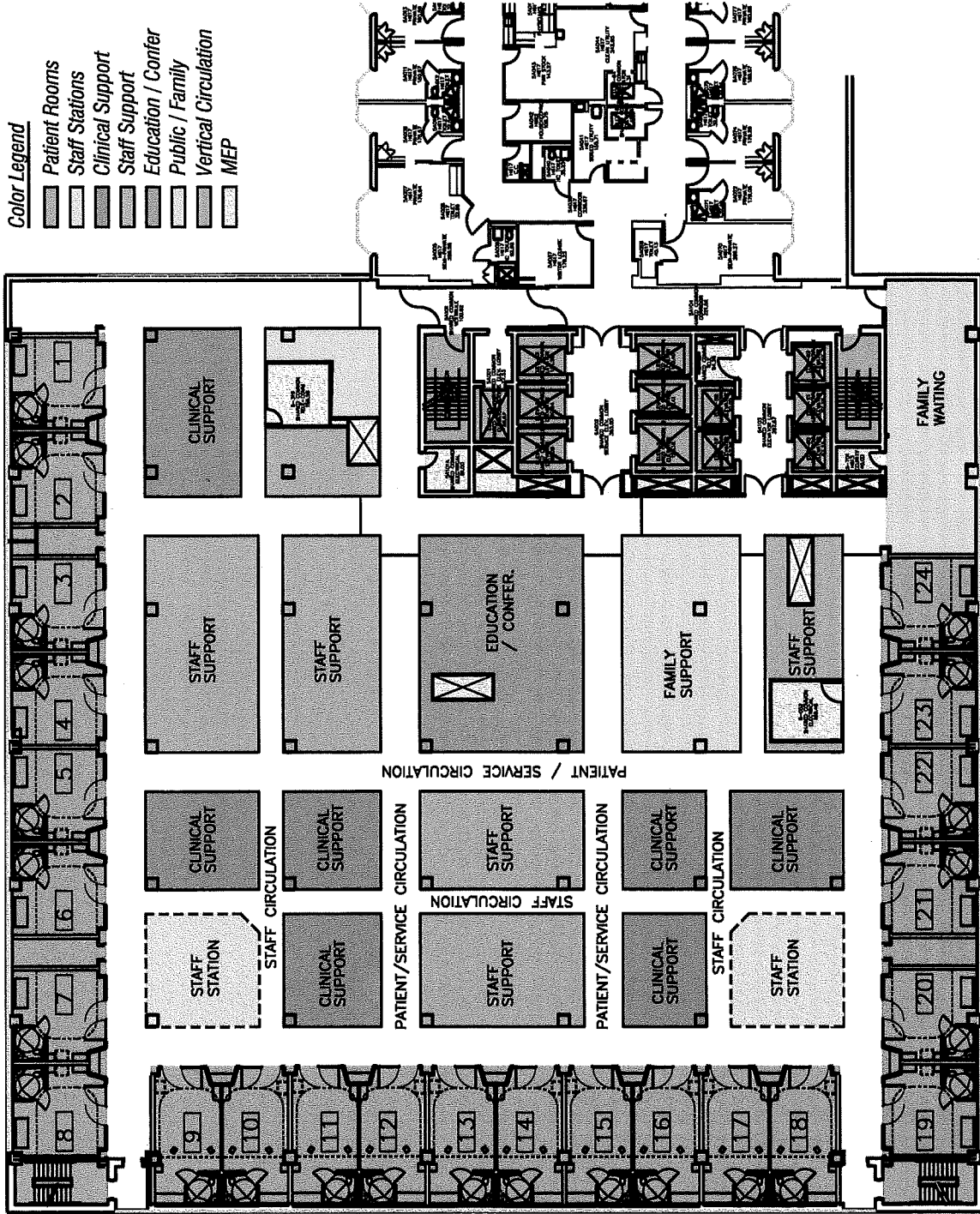
Exhibit 1

PROJECTED CAPITAL COSTS

Proponent:

A. <u>Site Costs</u>			
(1) Full purchase price of land		\$	<u>NA</u>
Acres _____ Price per Acre \$	<u>NA</u>		
(2) Closing costs		\$	<u>NA</u>
(3) Site Inspection and Survey		\$	<u>NA</u>
(4) Legal fees and subsoil investigation		\$	<u>NA</u>
(5) Site Preparation Costs			
Soil Borings	\$	<u>NA</u>	
Clearing-Earthwork	\$	<u>NA</u>	
Fine Grade For Slab	\$	<u>NA</u>	
Roads-Paving	\$	<u>NA</u>	
Concrete Sidewalks	\$	<u>NA</u>	
Water and Sewer	\$	<u>NA</u>	
Footing Excavation	\$	<u>NA</u>	
Footing Backfill	\$	<u>NA</u>	
Termite Treatment	\$	<u>NA</u>	
Other (Specify)	\$	<u>NA</u>	
Sub-Total Site Preparation Costs		\$	<u>NA</u>
(6) Other (Specify)		\$	<u>NA</u>
(7) Sub-Total Site Costs			\$ <u>NA</u>
B. <u>Construction Contract</u>			
(8) Cost of Materials			
General Requirements	\$	<u>100000</u>	
Concrete/Masonry	\$	<u> </u>	
Doors & Windows/Finishes	\$	<u>450000</u>	
Thermal & Moisture Protectio	\$	<u>200000</u>	
Equipment/Specialty Items	\$	<u>375000</u>	
Mechanical/Electrical	\$	<u>1850500</u>	
Other (Specify)	\$	<u>657301</u>	
Sub-Total Cost of Materials		\$	<u>3632801</u>
(9) Cost of Labor		\$	<u>7450400</u>
(10) Other (Specify)		\$	<u> </u>
(11) Sub-Total Construction Contract			\$ <u>11083201</u>
C. <u>Miscellaneous Project Costs</u>			
(12) Building Purchase		\$	<u> </u>
(13) Fixed Equipment Purchase/Lease		\$	<u>3300000</u>
(14) Movable Equipment Purchase/Lease		\$	<u> </u>
(15) Furniture		\$	<u>508000</u>
(16) Landscaping		\$	<u> </u>
(17) Consultant Fees			
Architect and Engineering Fe	\$	<u>791870</u>	
Legal Fees	\$	<u>10000</u>	
Market Analysis	\$	<u> </u>	
Other (CON/Other Agency Af	\$	<u>55000</u>	
Sub-Total Consultant Fees		\$	<u>856870</u>
(18) Financing Costs (e.g. Bond, Loan, etc.)		\$	<u> </u>
(19) Interest During Construction		\$	<u> </u>
(20) Other (telecom, owner miscellaneous transportation, printing)		\$	<u>744590</u>
(21) Sub-Total Miscellaneous			\$ <u>5409460</u>
D. <u>Total Capital Cost of Project</u>			\$ <u>16,492,661</u>

- Color Legend**
- Patient Rooms
 - Staff Stations
 - Clinical Support
 - Staff Support
 - Education / Confer
 - Public / Family
 - Vertical Circulation
 - MEP



Conceptual Floor Plan
 1 1 1 1
 0 4 8 16ft
 02 June 2014 N

Neuro ICU Relocation - 5th Floor Ardmore Tower

WFBMC, Winston-Salem, NC

Exhibit 2

State of North Carolina

Department of Health and Human Services Division of Health Service Regulation

Effective January 01, 2014, this license is issued to

North Carolina Baptist Hospital

to operate a hospital known as

North Carolina Baptist Hospital

located in Winston Salem, North Carolina, Forsyth County.

*This license is issued subject to the statutes of the
State of North Carolina, is not transferable and shall remain
in effect until amended by the issuing agency.*

Facility ID: 943495

License Number: H0011

Bed Capacity: 885

General Acute 802, Rehabilitation 39, Psych 44,

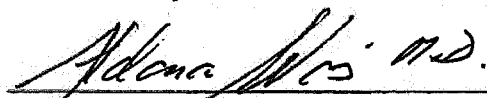
Dedicated Inpatient Surgical Operating Rooms: 4

Dedicated Ambulatory Surgical Operating Rooms: 0

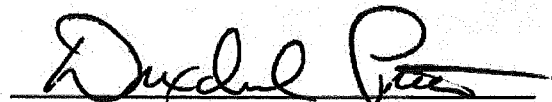
Shared Surgical Operating Rooms: 36

Dedicated Endoscopy Rooms: 10

Authorized by:



**Secretary, N.C. Department of Health and
Human Services**



Director, Division of Health Service Regulation

Exhibit 3

Exhibit 4

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 # H0011 Medicare # 340047
Computer: 943495
PC _____ Date _____

License Fee: \$16,437.50

**2014
HOSPITAL LICENSE
RENEWAL APPLICATION**

Legal Identity of Applicant: North Carolina Baptist Hospital
(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: North Carolina Baptist Hospital
Other: _____
Other: _____

Facility Mailing Address: Medical Center Blvd
Winston Salem, NC 27157

Facility Site Address: Medical Center Blvd
Winston Salem, NC 27157

County: Forsyth
Telephone: (336)716-2011
Fax: (336)716-2067

Administrator/Director: John D McConnell
Title: CEO

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

Chief Executive Officer: John D. McConnell Title: C.E.O.

(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: Lynn S. Pitman Telephone: 336-716-1046

E-Mail: lpitman@wakehealth.edu

Primary National Provider Identifier (NPI) registered at NPPES 1114995677

If facility has more than one "Primary" NPI, please provide 1063480531

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

"The N.C. Department of Health and Human Services does not discriminate on the basis of race, color, national origin, religion, age, or disability in employment or the provision of services."

All responses should pertain to October 1, 2012 through September 30, 2013.

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

List Name(s) of facilities:	Address:	Type of Business / Service:
See Attached: NCBH Outpatient Provider Level 2/3		

Please attach a separate sheet for additional listings

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: North Carolina Baptist Hospital
Street/Box: Medical Center Blvd
City: Winston Salem State: NC Zip: 27157
Telephone: (336)716-4750 Fax: (336)716-2067
CEO: John D. McConnell, MD

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*: Wake Forest Baptist Health

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

If 'Yes', name of CEO: John D. McConnell, MD

- a. Legal entity is: For Profit X Not For Profit
- b. Legal entity is: X Corporation LLP Partnership
 Proprietorship LLC Government Unit
- c. Does the above entity (partnership, corporation, etc.) **LEASE** the building from which services are offered? 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/Box: _____
City: _____ State: _____ Zip: _____
Telephone: (____) _____

All responses should pertain to October 1, 2012 through September 30, 2013.

Ownership Disclosure continued. . .

3. Vice President of Nursing and Patient Care Services:

Maureen Sintich

4. Director of Planning: Lynn Pitman

Facility Data

A. Reporting Period All responses should pertain to the period **October 1, 2012 to September 30, 2013.**

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

a. Admissions to Licensed Acute Care Beds: include responses to "a - q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.	37,077	
b. Discharges from Licensed Acute Care Beds: include responses to "a - q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.	37,033	
c. Average Daily Census: include responses to "a - q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.	590	
d. Was there a permanent change in the total number of licensed beds during the reporting period?	Yes	No X
If 'Yes', what is the current number of licensed beds?		
If 'Yes', please state reason(s) (such as additions, alterations, or conversions) which may have affected the change in bed complement:		
e. Observations; Number of patients in observation status and not admitted as inpatients, excluding Emergency Department patients.	5,548	

C. Designation and Accreditation

- Are you a designated trauma center? Yes (1 Designated Level #) No
- Are you a critical access hospital (CAH)? Yes No
- Are you a long term care hospital (LTCH)? Yes No
- Is this facility TJC accredited? Yes No Expiration Date: 12/10/2014
- Is this facility DNV accredited? Yes No Expiration Date: _____
- Is this facility AOA accredited? Yes No Expiration Date: _____
- Are you a Medicare deemed provider? Yes No

All responses should pertain to October 1, 2012 through September 30, 2013.

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

[Please provide a Beds by Service (p. 4) for each hospital campus (see G.S. 131E-176(2c))]

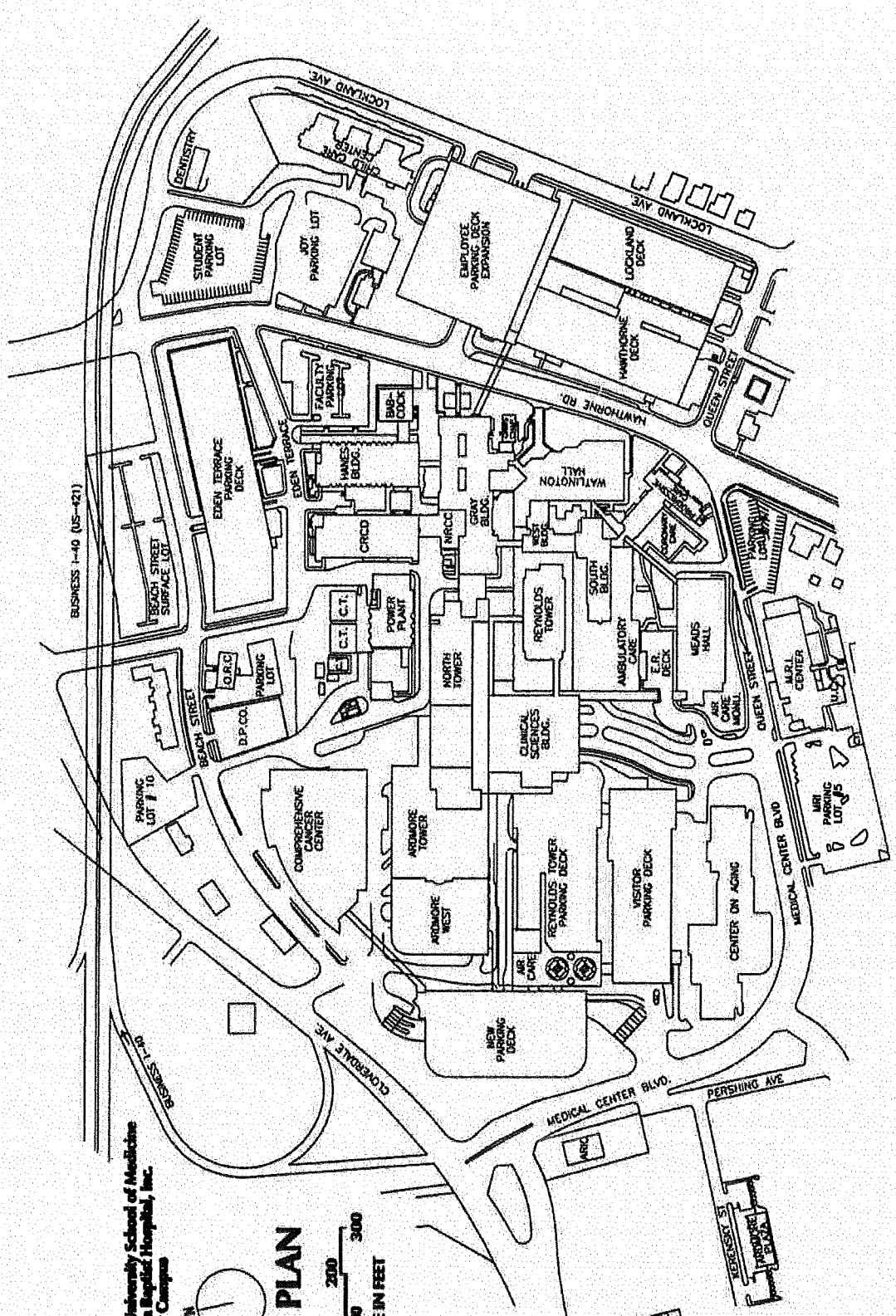
Please indicate below the number of beds usually assigned (set up and staffed for use) to each of the following services and the number of census inpatient days of care rendered in each unit. NOTE: If your facility has a designated unit(s) for chemical dependency treatment and/or detoxification, please 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, 2013	Staffed Beds as of September 30, 2013	Annual Census Inpt. Days of Care
<i>Campus</i> _____			
<i>Intensive Care Units</i>			
1. General Acute Care Beds/Days			
a. Burn *	8	8	* 1,880
b. Cardiac	20	20	4,920
c. Cardiovascular Surgery	11	11	2,906
d. Medical/Surgical	20	20	5,439
e. Neonatal Beds Level IV ** (Not Normal Newborn)	47	47	** 16,067
f. Pediatric	11	11	2,613
g. Respiratory Pulmonary	35	35	8,902
h. Other (List)	34	34	
<i>Other Units</i>			
i. Gynecology	32	26	8,434
j. Medical/Surgical ***	363	352	*** 107,122
k. Neonatal Level III ** (Not Normal Newborn)			**
l. Neonatal Level II ** (Not Normal Newborn)			**
m. Obstetric (including LDRP)			
n. Oncology	69	63	19,881
o. Orthopedics	35	33	6,277
p. Pediatric	75	74	16,321
q. Other (List)	42	32	10,597
Total General Acute Care Beds/Days (a through q)	802	766	215,442
2. Comprehensive In-Patient Rehabilitation	39	39	8,634
3. Inpatient Hospice	0		
4. Detoxification	0		
5. Substance Abuse / Chemical Dependency Treatment	0		
6. Psychiatry	44	28	9,414
7. Nursing Facility	0		
8. Adult Care Home	0		
9. Other	0		
10. Totals (1 through 9)	885	833	233,490

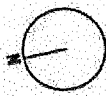
* Please report only Census Days of Care of DRG's 927, 928, 929, 933, 934 and 935.

** Per C.O.N. rule definition. Refer to Section .1400 entitled Neonatal Services. (10A NCAC 14C)

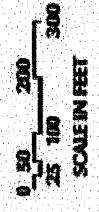
*** Exclude Skilled Nursing swing-bed days. (See swing-bed information next page)



Wake Forest University School of Medicine
 North Carolina Baptist Hospital, Inc.
 Bowman Gray Campus



SITE PLAN



CLINICAL TRIALS