



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

March 4, 2015

Deanne S. Avery  
2201 South Sterling Street  
Morganton, NC 28655

**Exempt from Review**

Facility: Carolinas HealthCare System Blue Ridge  
Project Description: Renovate, redesign, and expand the OR suite  
County: Burke  
FID #: 943191

Dear Ms. Avery:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that based on your letters of September 29, 2014; January 15, 2015; and February 13, 2015, the above referenced proposal is exempt from certificate of need review in accordance with G.S 131E-184(g). Therefore, you may proceed to offer, develop, or establish the above referenced project without a certificate of need.

However, you need to contact the Agency's Construction and Acute and Home Care Licensure and Certification Sections 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 Agency. 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.

If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,

Julie Halatek  
Project Analyst

Martha J. Frisone  
Assistant Chief  
Certificate of Need

cc: Construction Section, DHSR  
Acute and Home Care Licensure and Certification Section, DHSR  
Assistant Chief, Healthcare Planning

*(Please see reverse JFH 3/5/2015 for additional info)*



Healthcare Planning and 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



JFH 3/5/2015

Please note: Additional design plans submitted. As of 3/5/2015, located in storage closet on East Hall, on higher shelf on the left, with below label.



**Burke**  
**Carolinas HealthCare System**  
**Blue Ridge 943191 Exemption 03.04.15**



Carolinan HealthCare System

*Blue Ridge*

February 13, 2015

Received by  
the CCN Section  
MPL  
2/23/15

Julie Halatek, Project Analyst  
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: **Information Request Related to Notice of Exemption Pursuant to G.S. 131E-184(g)**

Facility: Carolinas HealthCare System Blue Ridge  
Project Description: Renovate, redesign, and expand the OR suite  
County: Burke  
FID#: 943191

Dear Ms. Halatek:

We have received your letter dated February 6, 2015 requesting additional information related to Blue Ridge HealthCare Hospitals, Inc. dba Carolinas HealthCare System Blue Ridge's ("CHS Blue Ridge")'s notice of exemption for its renovation and expansion project on its main campus in Morganton, North Carolina. I am writing to re-confirm the assurances you have requested:

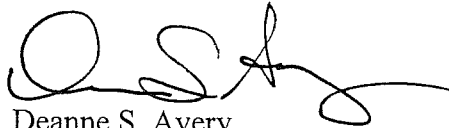
1. The proposed project will not result in the offering of any new institutional health services that are not currently provided. CHS Blue Ridge plans to provide in the renovated space the same range of health services that it is currently providing, and the project does not involve the development or offering of any new institutional health services for which a certificate of need is required.
2. The proposed project does not involve the acquisition of additional units of major medical equipment. Existing units of major medical equipment may be moved, but we are not planning with this project to add any **new** major medical equipment. If we identify through further planning that replacement equipment is needed, we will send a separate notice regarding such replacement equipment.

3. The proposed project will not result in any increase in the number of operating rooms, or gastrointestinal endoscopy rooms. We are renovating and relocating space for operating rooms, but we are not adding any new operating rooms.
4. The proposed project does not involve an increase the number of beds.

To supplement the site plan for the project attached as Attachment 3 to our September 29, 2014 exemption notice and the more detailed site plan and design schematics submitted January 15, 2015, I have enclosed a site plan scaled to fit 11 inch by 7 inch paper as requested.

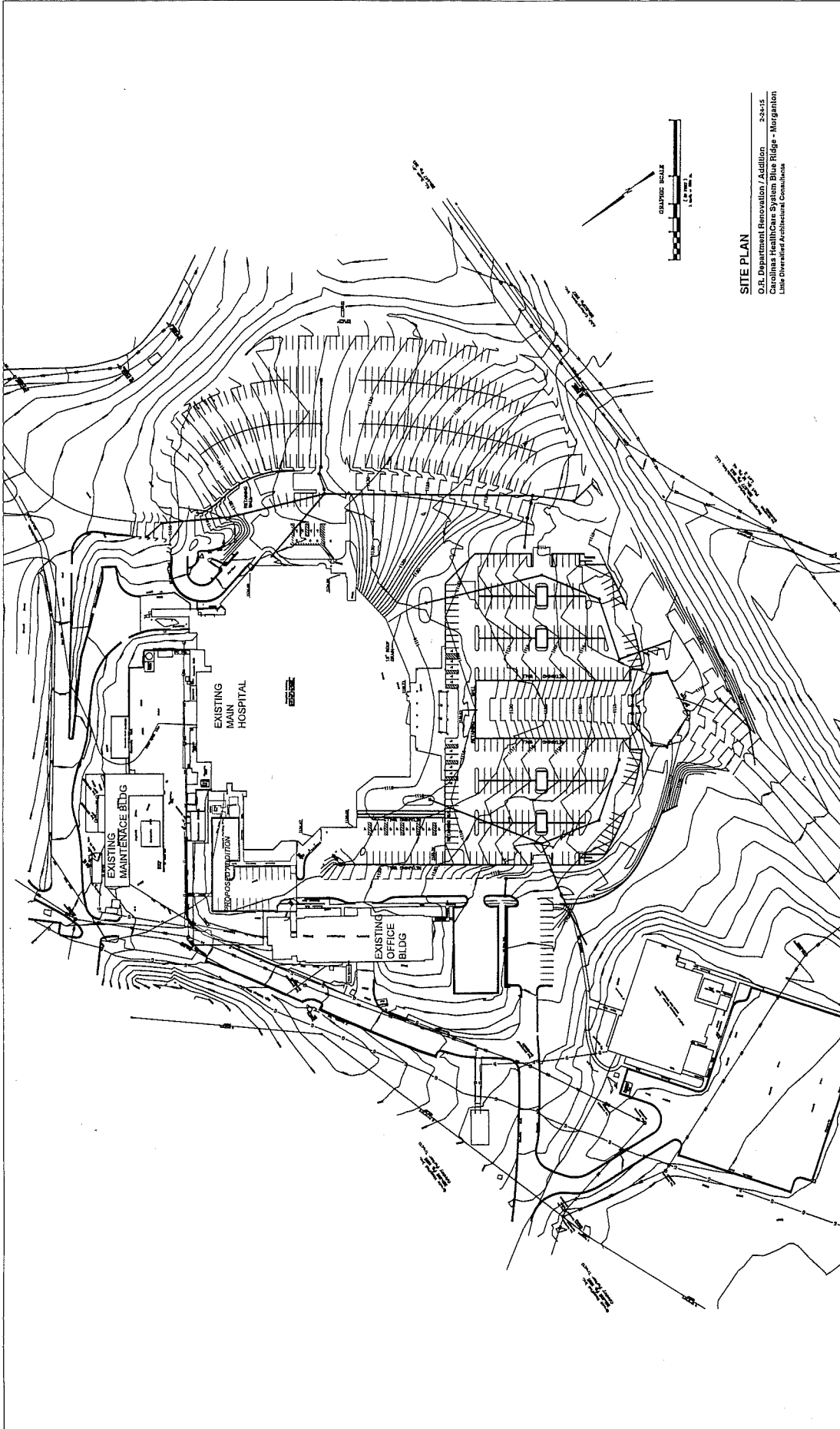
Please let us know if you need any additional information. We look forward to receiving as soon as possible the CON Section's response to our September 29, 2014 exemption notice as supplemented by this letter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Deanne S. Avery', with a long, sweeping horizontal line extending to the right.

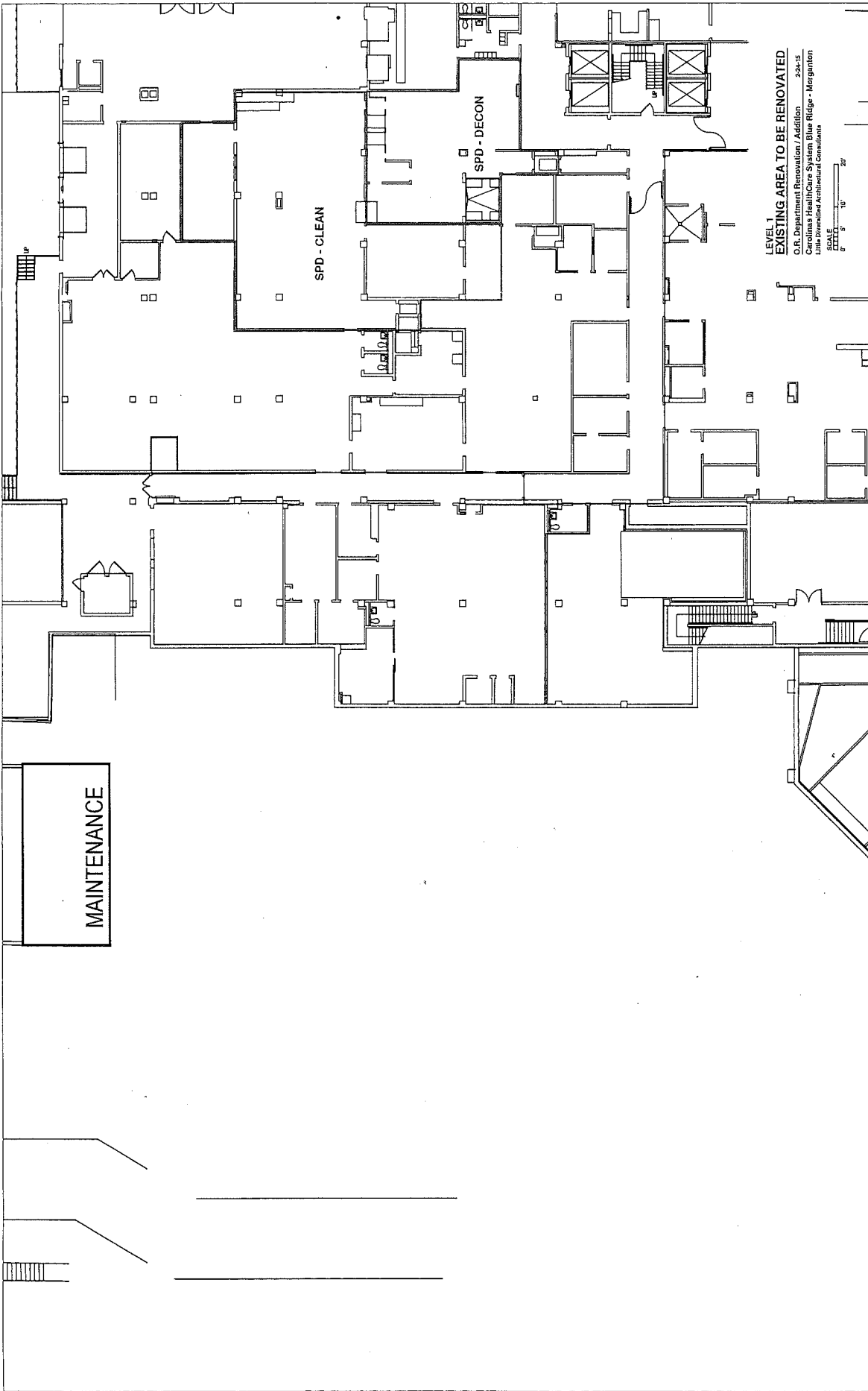
Deanne S. Avery  
Director of Capital Projects

Enclosure  
cc: Thomas Eure

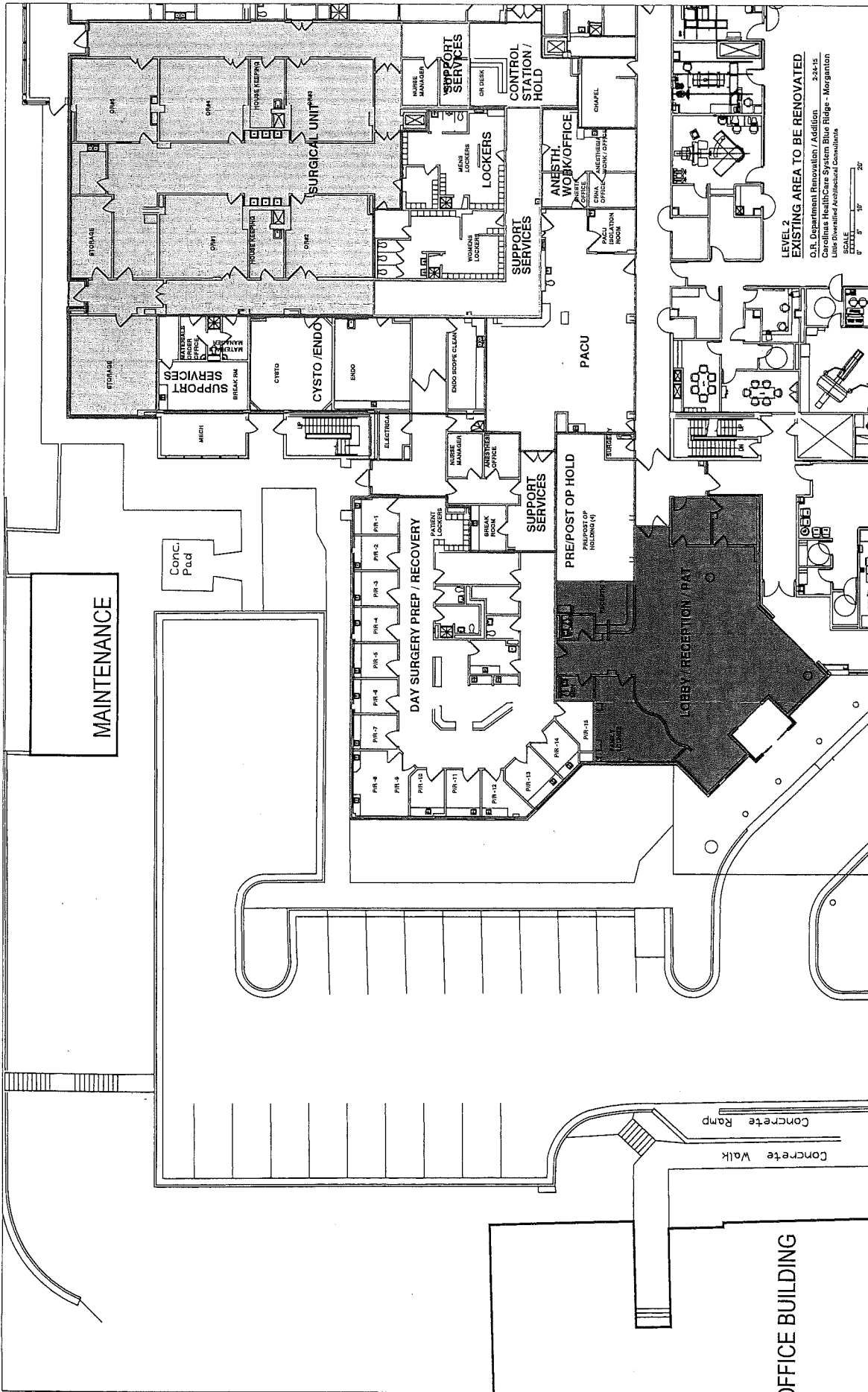


**SITE PLAN**

O.R. Department Renovation / Addition 23-215  
Carolinas HealthCare System Blue Ridge - Morganton  
Little Diversified Architectural Consultants



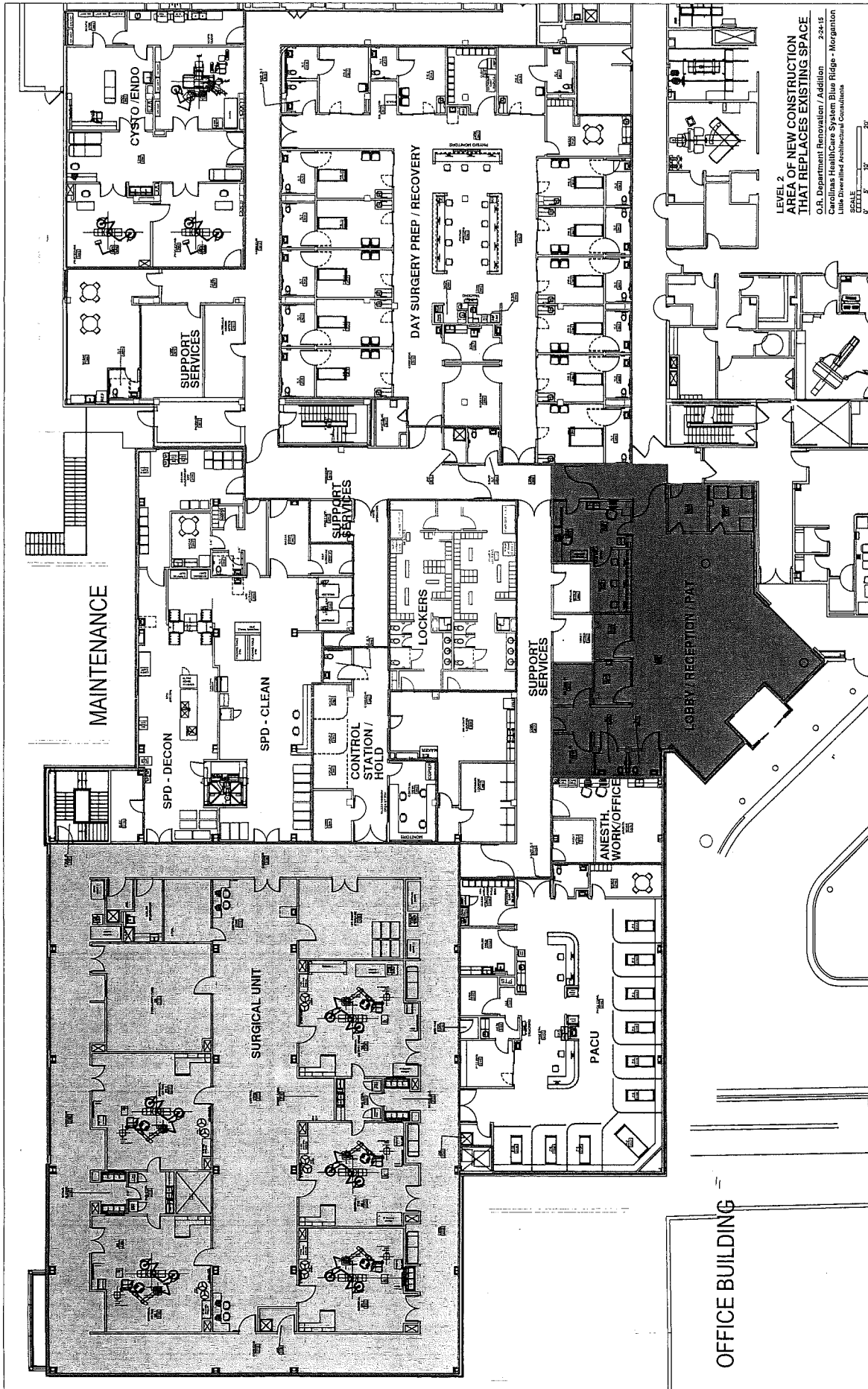
LEVEL 1  
EXISTING AREA TO BE RENOVATED  
O.R. Department Renovation / Addition 234-15  
Carolina's HealthCare System Blair Ridge - Morganton  
Morganton, NC  
SCALE 0 5 10 20  
Morganton Architecture Consultants



**LEVEL 2  
EXISTING AREA TO BE RENOVATED**

O.R. Department Renovation / Addition 2-24-15  
 Carolina's HealthCare System Blue Ridge - Morganton  
 Lite Diversified Architectural Consultants

SCALE  
 0" = 5' 0"  
 1" = 10' 0"  
 2" = 20' 0"







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

February 6, 2015

Deanne Smith  
2201 South Sterling Street  
Morganton, NC 28655

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

Facility: Carolinas HealthCare System Blue Ridge  
Project Description: Renovate, redesign, and expand the OR suite  
County: Burke  
FID #: 943191

Dear Ms. Smith:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your letters dated September 29, 2014, and January 15, 2015, regarding the above reference proposal. However, additional information is needed to determine if the project is exempt from review pursuant to G.S. 131E-184(g).

Provide the following information:

1. A site plan drawn to scale identifying the main building and the site of the proposed renovations or construction. Please limit the size of any documents submitted to no larger than an 11 inch by 17 inch piece of paper.

If you have any questions concerning this request, please do not hesitate to call this office.

Sincerely,

Julie Halatek  
Project Analyst, Certificate of Need



Healthcare Planning and Certificate of Need Section

[www.ncdhhs.gov](http://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

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Carolinan HealthCare System

*Blue Ridge*

January 15, 2015

CONSTRUCTION SECTION

JAN 20 2015

RECEIVED

Julie Halatek, Project Analyst  
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: **Information Request Related to Notice of Exemption Pursuant to G.S. 131E-184(g)**

Facility: Carolinas HealthCare System Blue Ridge  
Project Description: Renovate, redesign, and expand the OR suite  
County: Burke  
FID#: 943191

Dear Ms. Halatek:

We have received your letter dated November 24, 2014 requesting additional information related to Blue Ridge HealthCare Hospitals, Inc. dba Carolinas HealthCare System Blue Ridge's ("CHS Blue Ridge")'s notice of exemption for its renovation and expansion project on its main campus in Morganton, North Carolina. I am writing to re-confirm the assurances you have requested:

1. The proposed project will not result in the offering of any new institutional health services that are not currently provided. CHS Blue Ridge plans to provide in the renovated space the same range of health services that it is currently providing, and the project does not involve the development or offering of any new institutional health services for which a certificate of need is required.
2. The proposed project does not involve the acquisition of additional units of major medical equipment. Existing units of major medical equipment may be moved, but we are not planning with this project to add any new major medical equipment. If we identify through further planning that replacement equipment is needed, we will send a separate notice regarding such replacement equipment.

3. The proposed project will not result in any increase in the number of operating rooms, or gastrointestinal endoscopy rooms. We are renovating and relocating space for operating rooms, but we are not adding any new operating rooms.
4. The proposed project does not involve an increase the number of beds.

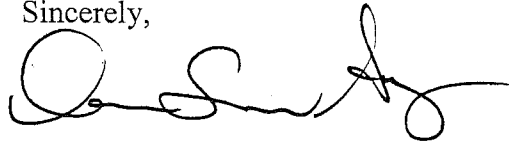
In addition, please note the following:

1. The offices of the Chief Executive Officer and President of CHS Blue Ridge and the Chief Financial Officer of CHS Blue Ridge are both located on CHS Blue Ridge's main campus in Morganton, North Carolina, which is the site of the proposed project.
2. The financial operations of CHS Blue Ridge as a whole are lead from offices on CHS Blue Ridge's main campus in Morganton, North Carolina, the site of the proposed project.
3. The administration of CHS Blue Ridge as a whole is lead from offices on CHS Blue Ridge's main campus in Morganton, North Carolina, the site of the proposed project.

I have enclosed a copy of CHS Blue Ridge's license as requested. To supplement the site plan for the project attached as Attachment 3 to our September 29, 2014 exemption notice, I have enclosed a more detailed site plan and design schematics.

Please let us know if you need any additional information. We look forward to receiving as soon as possible the CON Section's response to our September 29, 2014 exemption notice as supplemented by this letter.

Sincerely,



Deanne S. Avery  
Director of Capital Projects

Enclosure  
cc: Thomas Eure

# State of North Carolina

## Department of Health and Human Services Division of Health Service Regulation

*Effective January 01, 2014, this license is issued to  
**Blue Ridge HealthCare Hospitals, Inc.***

*to operate a hospital known as  
**Carolinas HealthCare System Blue Ridge**  
located in Morganton, North Carolina, Burke 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: 943191*

*License Number: H0062*

***Bed Capacity: 315***

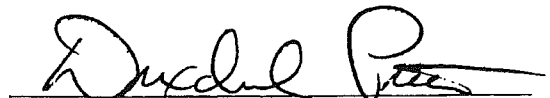
*General Acute 293, Psych 22,*

Dedicated Inpatient Surgical Operating Rooms: 1  
Dedicated Ambulatory Surgical Operating Rooms: 0  
Shared Surgical Operating Rooms: 9  
Dedicated Endoscopy Rooms: 3

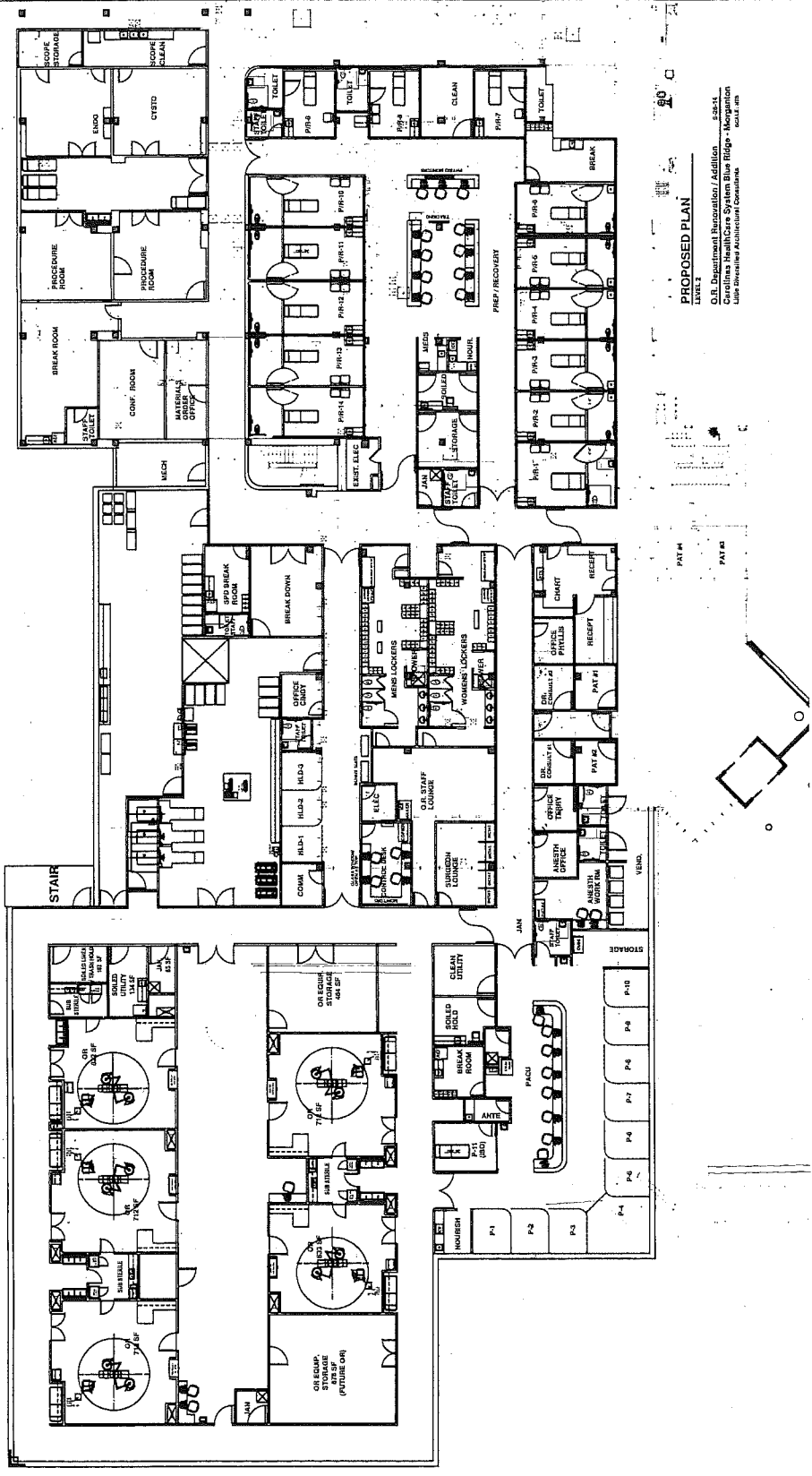
Authorized by:



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



Director, Division of Health Service Regulation



**PROPOSED PLAN**

LEVEL 2  
 Q.R. Department Renovation / Addition  
 Carolina HealthCare System Blue Ridge - Morganton  
 Lyle Steinhilber Architectural Consultants



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

November 24, 2014

Deanne Smith  
2201 South Sterling Street  
Morganton, NC 28655

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

Facility: Carolinas HealthCare System Blue Ridge  
Project Description: Renovate, redesign, and expand the OR suite  
County: Burke  
FID #: 943191

Dear Ms. Smith:

The Certificate of Need Section (CON Section) has received your letter dated September 29, 2014 regarding the above reference proposal. However, additional information is needed to determine if the project is exempt from review pursuant to G.S. 131E-184(g).

Provide a written response to each of the following.

1. A copy of the health service facility's current license.
2. A site plan drawn to scale identifying the main building and the site of the proposed renovations or construction.
3. Design schematics drawn to scale showing:
  - a. each area to be renovated; and
  - b. each area of new construction that replaces existing space.
4. Documentation that financial control of the entire licensed health service facility is exercised at the site of the proposed renovations or construction.
5. Documentation that administrative control of the entire licensed health service facility is exercised at the site of the proposed renovations or construction.



Certificate of Need Section

[www.ncdhhs.gov](http://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



If you have any questions concerning this request, please do not hesitate to call me.

Sincerely,

A handwritten signature in cursive script that reads "Julie Halatek". The signature is written in black ink and is positioned above the typed name.

Julie Halatek, Project Analyst  
Certificate of Need Section



Carolinan HealthCare System

*Blue Ridge*

Received by  
the CON Section  
OCT 2 2014

September 29, 2014

Ms. Martha Frisone, Interim Chief  
Certificate of Need Section  
Division of Health Service Regulation  
NC Department of Health and Human Services  
2704 Mail Service Center  
Raleigh, North Carolina 27699-2704

Re: Renovation, redesign, and expansion of the OR suite on the Blue Ridge  
HealthCare Hospitals, Inc.'s main hospital campus, Carolinas HealthCare System  
Blue Ridge – Morganton Campus

Dear Ms. Frisone:

This letter provides prior written notice of Blue Ridge HealthCare Hospitals, Inc. dba Carolinas HealthCare System Blue Ridge's ("CHS Blue Ridge") intention to pursue a renovation and expansion project on its main campus in Morganton under the exemption provisions in N.C. Gen. Stat. § 131E-184(g). The sole purpose of CHS Blue Ridge's project is to renovate and expand its existing health service facility that is located on the main campus. The project does not include any change in bed capacity, the addition of a health service facility, or any other new institutional health service other than a capital expenditure in excess of \$2 million. If, in the future, CHS Blue Ridge should consider developing any new institutional health service, it will do so as a separate project and pursue appropriate approvals from the Certificate of Need Section.

CHS Blue Ridge is proposing to expand the existing facility on the Morganton main campus with physically connected space to develop a new operating room suite and to renovate the existing operating room suite that will be vacated to be used for hospital support space. Specifically, CHS Blue Ridge plans to build an addition onto the surgery center building where its existing operating rooms and Post Anesthesia Care Unit ("PACU"), along with the accompanying surgical prep and recovery areas and support space are located. Once the addition is built, CHS Blue Ridge will relocate its existing operating rooms to the addition. Then, in the old section of the building where the operating rooms and PACU are currently located, CHS Blue Ridge will reconfigure and renovate the space to house the PACU, surgical prep and recovery areas, the sterile



processing department, and related support space. As a result of the renovation and expansion, the size of the operating room suite on the CHS Blue Ridge - Morganton Campus will increase from 17,847 square feet to 39,522 square feet.

The reason for this major renovation and expansion is that the surgery center building on the CHS Blue Ridge - Morganton Campus is approximately 45 years old and not configured in accordance with current clinical practice. The building is simply too small for CHS Blue Ridge's needs. Many clinical spaces are not well suited to today's current health care equipment and treatment modalities. The operating rooms are small and not configured in accordance with current thinking on appropriate operating room space for delivery of patient care. It is also difficult to make ongoing technological improvements to the operating rooms in the existing space for surgical services on the CHS Blue Ridge Morganton Campus due to the need for certain ceiling clearances, floor supports and space size to accommodate new technology. The support service spaces are also too small. Many "offices" are currently located in spaces designed to be closets or sleep rooms. CHS Blue Ridge could not renovate and reconfigure the existing building to provide for all the needed improvements without building the addition because the existing building simply is not big enough or structured appropriately.

The Morganton Campus, formerly known as Grace Hospital, is the main campus of Carolinas HealthCare System Blue Ridge. The primary administrative, human resources and financial functions are located on the Morganton Campus, which is the principal site at which patient clinical services are offered. The Morganton Campus meets the definition of main campus in the CON Act. "Main campus" is defined as:

- 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.
- b. Other areas and structures that are not strictly contiguous to the main building but are located within 250 yards of the main building.

The following table outlines the details of this request along with the associated references. Pertinent supporting documentation is attached.

Proposal	Criteria/Law	Supporting Documentation
Relocate, renovate, and expand the existing shared operating rooms without changing the number of operating rooms so that CHS Blue Ridge's main campus will have no more than 5 shared operating	<ol style="list-style-type: none"> <li>1. Renovate on the same main campus. N.C. Gen. Stat. § 131E-184(g).</li> <li>2. This proposal does not result in the addition of a new institutional</li> </ol>	<ol style="list-style-type: none"> <li>1. CHS Blue Ridge 2014 License Renewal Application [ATTACHMENT 1]</li> <li>2. Grace Hospital 2013 License Renewal</li> </ol>

rooms and 1 dedicated C-Section operating room upon completion.	health service within the meaning of N.C. Gen. Stat. §§ 131E-176(16)(u) and (v).	Application [ATTACHMENT 2] 3. Site plan and line drawings showing the location of the project on CHS Blue Ridge's main campus. [ATTACHMENT 3]
Renovate and expand the PACU unit.	<ol style="list-style-type: none"> <li>1. Renovate on the same main campus. N.C. Gen. Stat. § 131E-184(g).</li> <li>2. Capital expenditure does not result in the addition of new institutional health services. N.C. Gen. Stat. §§ 131E-176(16) and 184(g).</li> </ol>	Site plan and line drawings showing the location of the project on CHS Blue Ridge's main campus. [ATTACHMENT 3]
Renovate and expand the existing surgical prep and recovery areas.	<ol style="list-style-type: none"> <li>1. Renovate on the same main campus. N.C. Gen. Stat. § 131E-184(g).</li> <li>2. Capital expenditure does not result in the addition of new institutional health services. N.C. Gen. Stat. §§ 131E-176(16) and 184(g).</li> </ol>	Site plan and line drawings showing the location of the project on CHS Blue Ridge's main campus. [ATTACHMENT 3]
Renovate, relocate, and expand the existing sterile processing department.	<ol style="list-style-type: none"> <li>1. Renovate on the same main campus. N.C. Gen. Stat. § 131E-184(g).</li> <li>2. Capital expenditure does not result in the addition of new institutional health services. N.C. Gen. Stat. §§ 131E-176(16) and 184(g).</li> </ol>	Site plan and line drawings showing the location of the project on CHS Blue Ridge's main campus. [ATTACHMENT 3]
Renovate and expand existing support space.	<ol style="list-style-type: none"> <li>1. Renovate on the same main campus. N.C. Gen. Stat. § 131E-184(g).</li> </ol>	Site plan and line drawings showing the location of the project on CHS Blue Ridge's

	2. Capital expenditure does not result in the addition of new institutional health services. N.C. Gen. Stat. §§ 131E-176(16) and 184(g).	main campus. [ATTACHMENT 3]
Develop approximately 21,675 square feet of new space in an addition built on the surgery center, expanding the CMC-Blue Ridge main campus.	Expansion of an existing health service on the main hospital campus and exempt from CON review pursuant to N.C. Gen. Stat. § 131E-184(g).	N/A because not proposing to develop a new institutional health service.
Reconfigure existing space in the surgery center on the CHS Blue Ridge main campus.	<ol style="list-style-type: none"> <li>1. Renovate on the same main campus. N.C. Gen. Stat. § 131E-184(g).</li> <li>2. Capital expenditure does not result in the addition of new institutional health services. N.C. Gen. Stat. §§ 131E-176(16) and 184(g).</li> </ol>	<ol style="list-style-type: none"> <li>1. Site plan and line drawings showing the location of the project on CHS Blue Ridge's main campus. [ATTACHMENT 3]</li> <li>2. N/A because not proposing to develop a new institutional health service.</li> </ol>
Renovate space at the main campus of CHS Blue Ridge.	<ol style="list-style-type: none"> <li>1. Renovate on the same site within the meaning of N.C. Gen. Stat. § 131E-184(g).</li> <li>2. Capital expenditure does not result in the addition of new institutional health services within the meaning of G.S. 131E-184(g)</li> </ol>	<ol style="list-style-type: none"> <li>1. Site plan and line drawings showing the location of the project on CHS Blue Ridge's main campus. [ATTACHMENT 3]</li> <li>2. N/A because not proposing to develop a new institutional health service.</li> </ol>

If CHS Blue Ridge identifies the need to replace any existing major medical equipment, it will submit in the future separate notices to address why such replacement equipment is exempt. This proposal and notice includes any replacement needed of operating suite equipment that either is not major medical equipment under the CON law or is non-health care equipment.

Based on the information in this letter and the attached documentation, we look forward to receiving your letter confirming that CHS Blue Ridge's renovation project is exempt from certificate of need review pursuant to N.C. Gen. Stat. § 131E-184(g). Please let us know if you

have any questions or need additional information. We look forward to hearing from you in the near future.

Sincerely,

A handwritten signature in black ink, consisting of several overlapping loops and a trailing line, positioned above the printed name.

Deanne Smith  
Director of Capital Projects

Enclosures  
cc: Thomas Eure



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

**MEMORANDUM**

TO: **CMC-Blue Ridge -- Morganton**  
FROM: Azzie Y. Conley, RN, Section Chief  
SUBJECT: **2014 Hospital License Renewal Application**

**PLEASE READ CAREFULLY**

Enclosed is your 2014 License Renewal Application. Please complete this application and return the **original** (plus ONE COPY) **no later than December 1, 2013** to the address below.

Acute and Home Care  
Licensure and Certification Section *or Overnight mail address*  
2712 Mail Service Center  
Raleigh, N C 27699-2712

Acute and Home Care  
Licensure and Certification Section  
1205 Umstead Drive  
Raleigh, N C 27603

Data on file with the Division indicates that your facility/entity is a **Hospital** with **315** beds. Your annual licensure fee, as authorized by G.S. 131E-77, is **\$6,062.50**. This amount is comprised of a base fee of **\$550.00** plus an additional per bed fee of **\$17.50**.

Payment should be in the form of check, money order or certified check and must be payable to "NC - DHHS." Payment should include the facility's license number and be submitted with your license renewal application. A **separate** check is required for each licensed entity.

Your completed renewal application **and** the **annual licensure fee** must be received by December 1, 2013 to ensure your license remains valid. Failure to possess a valid license may compromise your facility's ability to operate and/or adversely impact its funding sources.

A portion of this application (pp. 1-2) contains **preprinted** information from our data systems, based on your last hospital license renewal application or the most recent information that has been reported to this office. If any of this preprinted information has changed, **mark through the incorrect information with a RED pen and write in the correct information**. Prior to amending the D/B/A or legal entity, please contact this office for further instructions. Please review the "ownership disclosure" section carefully to verify its accuracy. Complete all areas of this application and return by the date specified above, along with the **annual licensure fee**. **PLEASE, DO NOT RETYPE THE APPLICATION**, and be sure to retain a second copy of the application for your records. If you have any questions about the **preprinted** information, please feel free to call our staff at (919) 855-4620.

--- continued



Acute and Home Care Licensure and Certification Section

<http://www.ncdhhs.gov/dhsr/>

Phone: (919) 855-4620 ■ Fax: (919) 715-3073

Mailing Address: 2712 Mail Service Center • Raleigh, North Carolina 27699-2712

Location: 1205 Umstead Drive (Lineberger Building) ■ Dorothea Dix Hospital Campus ■ Raleigh, N.C. 27603

An Equal Opportunity / Affirmative Action Employer



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 # H0062  
Computer: 943191  
PC \_\_\_\_\_

Medicare # 340075

Date \_\_\_\_\_

License Fee:

\$6,062.50

**2014  
HOSPITAL LICENSE  
RENEWAL APPLICATION**

Legal Identity of Applicant: Blue Ridge HealthCare Hospitals, Inc.

(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: CMC-Blue Ridge

Other: CMC-Blue Ridge, Valdese Campus

Other: \_\_\_\_\_

Facility Mailing Address: 2201 South Sterling St  
Morganton, NC 28655

Facility Site Address: 2201 South Sterling St  
Morganton, NC 28655

County: Burke

Telephone: (828)580-5000

Fax: (828)580-5509

Administrator/Director: ~~Kenneth W Wood~~ Kathy C. Bailey

Title: President/CEO

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

Chief Executive Officer: Kathy C. Bailey

Title: President and CEO

(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: Robert Fruits

Telephone: 828-580-5545

E-Mail: robert.fruits@blueidahhealth.org

Primary National Provider Identifier (NPI) registered at NPPES 1700860491

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

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:

*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: Grace Hospital Inc  
 Street/Box: 2201 South Sterling St  
 City: Morganton State: NC Zip: 28655  
 Telephone: (828)580-5000 Fax: (828)580-5509  
 CEO: ~~Kenneth W. Wood~~ Kathy C. Bailey

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\*: Blue Ridge Healthcare Inc

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

If 'Yes', name of CEO: Kathy C. Bailey

a. Legal entity is:  For Profit  Not For Profit

b. Legal entity is:  Corporation  LLP  Partnership  
 Proprietorship  LLC  Government Unit

c. Does the above entity (partnership, corporation, etc.) LEASE the building from which services are offered?  Yes  No

If "YES", name of building owner:

2. Is the business operated under a management contract?  Yes  No

If 'Yes', name and address of the management company.

Name: Carolinas HealthCare System/Blue Ridge HealthCare Sys.  
 Street/Box: 1000 Blythe Blvd.  
 City: Charlotte State: NC Zip: 28232  
 Telephone: (704)355-2000

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

**Ownership Disclosure continued. . . .**

3. Vice President of Nursing and Patient Care Services: Susan Brown, Chief Nurse Executive & VP Nursing
4. Director of Planning: Jon Newer, VP Support Operations

**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.	7,187
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.	7,196
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.	714
d. Was there a permanent change in the total number of licensed beds during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If 'Yes', what is the current number of licensed beds?	315
If 'Yes', please state reason(s) (such as additions, alterations, or conversions) which may have affected the change in bed complement:	Merge of Valdese General Hospital with and into Grace Hospital
e. Observations: Number of patients in observation status and not admitted as inpatients, excluding Emergency Department patients.	3,082

**C. Designation and Accreditation**

1. Are you a designated trauma center? \_\_\_ Yes ( \_\_\_ Designated Level # )  No
2. Are you a critical access hospital (CAH)? \_\_\_ Yes  No
3. Are you a long term care hospital (LTCH)? \_\_\_ Yes  No
4. Is this facility TJC accredited?  Yes  No Expiration Date: 3/9/15
5. Is this facility DNV accredited? \_\_\_ Yes  No Expiration Date: \_\_\_\_\_
6. Is this facility AOA accredited? \_\_\_ Yes  No Expiration Date: \_\_\_\_\_
7. 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.

<b>Licensed Acute Care (provide details below)</b>	<b>Licensed Beds as of September 30, 2013</b>	<b>Staffed Beds as of September 30, 2013</b>	<b>Annual Census Inpt. Days of Care</b>
<i>Campus</i> _____			
<b>Intensive Care Units</b>			
1. General Acute Care Beds/Days			
a. Burn *			*
b. Cardiac			
c. Cardiovascular Surgery			
d. Medical/Surgical	20	16	3,639
e. Neonatal Beds Level IV ** (Not Normal Newborn)			**
f. Pediatric			
g. Respiratory Pulmonary			
h. Other (List)			
<b>Other Units</b>			
i. Gynecology			
j. Medical/Surgical ***	253	117	*** 19,878
k. Neonatal Level III ** (Not Normal Newborn)			**
l. Neonatal Level II ** (Not Normal Newborn)	4	4	** 131
m. Obstetric (including LDRP)	16	16	1,928
n. Oncology			
o. Orthopedics			
p. Pediatric			
q. Other (List)			
<b>Total General Acute Care Beds/Days (a through q)</b>	<b>293</b>	<b>153</b>	<b>26,076</b>
2. Comprehensive In-Patient Rehabilitation	0		
3. Inpatient Hospice	0		
4. Detoxification	0		
5. Substance Abuse / Chemical Dependency Treatment	0		
6. Psychiatry	22	22	7,016
7. Nursing Facility	0		
8. Adult Care Home	0		
9. Other	0		
<b>10. Totals (1 through 9)</b>	<b>315</b>	<b>175</b>	<b>33,092</b>

\* 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)

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

**D. Beds by Service (Inpatient) continued**

Number of Swing Beds *	0
Number of Skilled Nursing days in Swing Beds	0
Number of unlicensed observation beds	0

\* means a hospital designated as a swing-bed hospital by CMS (Centers for Medicare & Medicaid Services)

**E. Reimbursement Source** (For "Inpatient Days," show Acute Inpatient Days only, excluding normal newborns.)

Primary Payer Source	Inpatient Days of Care (total should be the same as D.1.a - q total on p. 4)	Emergency Visits (total should be the same as F.3.b. on p. 6)	Outpatient Visits (excluding Emergency Visits and Surgical Cases)	Inpatient Surgical Cases (total should be same as F.8.d. Total Surgical Cases-Inpatient Cases on p. 9)	Ambulatory Surgical Cases (total should be same as F.8.d. Total Surgical Cases-Ambulatory Cases on p. 9)
Self Pay/Indigent/Charity	2,040	16,975	4,192	70	162
Medicare & Medicare Managed Care	14,871	15,159	51,324	778	1,477
Medicaid	4,992	15,504	9,112	278	539
Commercial Insurance	550	544	1,437	12	56
Managed Care	3,588	10,406	26,797	354	1,253
Other (Specify)	35	3,124	1,380	31	207
<b>TOTAL</b>	<b>26,076</b>	<b>61,712</b>	<b>94,242</b>	<b>1,523</b>	<b>3,694</b>

**F. Services and Facilities**

**1. Obstetrics**

	Enter Number of Infants
a. Live births (Vaginal Deliveries)	557
b. Live births (Cesarean Section)	338
c. Stillbirths	9

d. Delivery Rooms - Delivery Only (not Cesarean Section)	0
e. Delivery Rooms - Labor and Delivery, Recovery	0
f. Delivery Rooms - LDRP (include Item "D.1.m" on Page 4)	16
g. Normal newborn bassinets (Level I Neonatal Services) Do not include with totals under the section entitled Beds by Service (Inpatient)	16

**2. Abortion Services**

Number of procedures per Year 0

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

**3. Emergency Department Services** (cases equal visits to ED)

- a. Total Number of ED Exam Rooms: 32. Of this total, how many are:  
 a.1. # Trauma Rooms 6  
 a.2 # Fast Track Rooms 7  
 a.3 # Urgent Care Rooms 0
- b. Total Number of ED visits for reporting period: 60,835  
 c. Total Number of admits from the ED for reporting period: 5,455  
 d. Total Number of Urgent Care visits for reporting period: 22,603
- e. Does your ED provide services 24 hours a day 7 days per week?  Yes  No  
 If no, specify days/hours of operation:
- f. Is a physician on duty in your ED 24 hours a day 7 days per week?  Yes  No  
 If no, specify days/hours physician is on duty:

**4. Medical Air Transport:** Owned or leased air ambulance service:

- a. Does the facility operate an air ambulance service?  Yes  No  
 b. If "Yes", complete the following chart.

Type of Aircraft	Number of Aircraft	Number Owned	Number Leased	Number of Transports
Rotary				
Fixed Wing				

**5. Pathology and Medical Lab** (Check whether or not service is provided)

- a. Blood Bank/Transfusion Services  Yes  No  
 b. Histopathology Laboratory  Yes  No  
 c. HIV Laboratory Testing  Yes  No  
 Number during reporting period  
 HIV Serology \_\_\_\_\_  
 HIV Culture \_\_\_\_\_
- d. Organ Bank  Yes  No  
 e. Pap Smear Screening  Yes  No

**6. Transplantation Services** - Number of transplants

Type	Number	Type	Number	Type	Number
a. Bone Marrow-Allogeneic		f. Kidney/Liver		k. Lung	
b. Bone Marrow-Autologous		g. Liver		l. Pancreas	
c. Cornea		h. Heart/Liver		m. Pancreas/Kidney	
d. Heart		i. Heart/Kidney		n. Pancreas/Liver	
e. Heart/Lung		j. Kidney		o. Other	

Do you perform living donor transplants?  Yes  No.

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

7. **Specialized Cardiac Services** (for questions, call 855-3865 [Medical Facilities Planning])

(a) Cardiac Catheterization	Diagnostic Cardiac Catheterization ICD-9 37.21, 37.22, 37.23, 37.25	Interventional Cardiac Catheterization ICD-9 00.66, 99.10, 36.06, 36.07, 36.09; 35.52, 35.71, 35.96
1. Number of Units of Fixed Equipment	1	
2. Number of Procedures* Performed in Fixed Units on Patients Age 14 and younger	∅	∅
3. Number of Procedures* Performed in Fixed Units on Patients Age 15 and older	325	73
4. Number of Procedures* Performed in Mobile Units	∅	∅
	<b>Electro-physiology ICF-9</b> 37.26, 37.27, 37.34, 37.70, 37.71, 37.72, 37.73, 37.74, 37.75, 37.76, 37.77, 37.79, 37.80, 37.81, 37.82, 37.83, 37.85, 37.86, 37.87, 37.89, 37.94, 37.95, 37.96, 37.97, 37.98, 37.99, 00.50, 00.51, 00.52, 00.53, 00.54	
5. Number of Units of Fixed Equipment	1	
6. Number of Procedures on Dedicated EP Equipment	17	

\*A procedure is defined to be one visit or trip by a patient to a catheterization laboratory for a single or multiple catheterizations. Count each visit once, regardless of the number of diagnostic, interventional, and/or EP catheterizations performed within that visit.

Name of Mobile Vendor: N/A

Number of 8-hour days per week the mobile unit is onsite: 1 8-hour days per week.

(Examples: Monday through Friday for 8 hours per day is 5 8-hour days per week. Monday, Wednesday, & Friday for 4 hours per day is 1.5 8-hour days per week)

(b) Open Heart Surgery	Number of Machines/Procedures
1. Number of Heart-Lung Bypass Machines	N/A
2. Total Annual Number of Open Heart Surgery Procedures Utilizing Heart-Lung Bypass Machine	N/A
3. Total Annual Number of Open Heart Surgery Procedures done without utilizing a Heart-Lung Bypass Machine	N/A
4. Total Open Heart Surgery Procedures (2. + 3.)	N/A
<b>Procedures on Patients Age 14 and younger</b>	
5. Of total in #2, Number of Procedures on Patients Age 14 & younger	N/A
6. Of total in #3, Number of Procedures on Patients Age 14 & younger	N/A

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

**8. Surgical Operating Rooms, Procedure Rooms, Gastrointestinal Endoscopy Rooms, Surgical and Non-Surgical Cases and Procedures**

**NOTE:** If this License includes more than one campus, please copy pages 8 and 9 for each site. Submit the Cumulative Totals and submit a duplicate of pages 8 and 9 for each campus.

(Campus – If multiple sites: \_\_\_\_\_)

**a) Surgical Operating Rooms**

Report Surgical Operating Rooms built to meet the specifications and standards for operating rooms required by the Construction Section of the Division of Health Services Regulation, and which are fully equipped to perform surgical procedures. These surgical operating rooms include rooms located in Obstetrics and surgical suites.

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	
Dedicated C-Section	1
Other Dedicated Inpatient Surgery	
Dedicated Ambulatory Surgery	
Shared - Inpatient / Ambulatory Surgery	9
<b>Total of Surgical Operating Rooms</b>	<b>10</b>

Number of additional CON approved surgical operating rooms pending development: 0

CON Project ID Number(s) \_\_\_\_\_

**b) Procedure Rooms (Excluding Operating Rooms and Gastrointestinal Endoscopy Rooms)**

Report rooms, which are not equipped for or do not meet all the specifications for an operating room, that are used for performance of procedures other than Gastrointestinal Endoscopy procedures.

Total Number of Procedure Rooms: 1

**c) Gastrointestinal Endoscopy Rooms, Cases and Procedures:**

Report the number of Gastrointestinal Endoscopy rooms and the Endoscopy cases and procedures performed only in these rooms during the reporting period.

Total Number of existing Gastrointestinal Endoscopy Rooms: 2

Number of additional CON approved GI Endoscopy Rooms pending development: 0

CON Project ID Number(s) \_\_\_\_\_

	Number of Cases Performed In GI Endoscopy Rooms		Number of Procedures* Performed in GI Endoscopy Rooms	
	Inpatient	Outpatient	Inpatient	Outpatient
GI Endoscopy**	342	2,084	401	2,768
Non-GI Endoscopy				
<b>Totals</b>	<b>342</b>	<b>2,084</b>	<b>401</b>	<b>2,768</b>

Count each patient as one case regardless of the number of procedures performed while the patient was in the GI endoscopy room.

\*As defined in 10A NCAC 14C .3901 "Gastrointestinal (GI) endoscopy procedure" means a single procedure, identified by CPT code or ICD-9-CM procedure code, performed on a patient during a single visit to the facility for diagnostic or therapeutic purposes.

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

**8. Surgical Operating Rooms, Procedure Rooms, Gastrointestinal Endoscopy Rooms, Surgical and Non-Surgical Cases and Procedures** (continued)

(Campus – If multiple sites: \_\_\_\_\_)

**d) Surgical Cases by Specialty Area Table**

Enter the number of surgical cases performed only in licensed operating rooms by surgical specialty area in the table below. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery. Categorize each case into one specialty area – the total number of surgical cases is an unduplicated count of surgical cases. **Count all surgical cases performed only in licensed operating rooms. The total number of surgical cases should match the total number of patients listed in the Patient Origin Tables on pages 20 and 21.**

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)	31	12
Open Heart Surgery (from 7.(b) 4.)	0	
General Surgery	398	1,164
Neurosurgery	0	0
Obstetrics and GYN (excluding C-Sections)	115	538
Ophthalmology	1	182
Oral Surgery	8	63
Orthopedics	516	1,167
Otolaryngology	50	277
Plastic Surgery		
Urology	13	90
Vascular	29	39
Other Surgeries (specify)	0	4
Other Surgeries (specify)	26	15
Number of C-Section's Performed in Dedicated C-Section ORs	331	
Number of C-Section's Performed in Other ORs	1	
<b>Total Surgical Cases Performed Only in Licensed ORs</b>	<b>1,519</b>	<b>3,551</b>

**e) Non-Surgical Cases by Category Table**

Enter the number of non-surgical cases by category in the table below. Count each patient undergoing a procedure or procedures as one case regardless of the number of non-surgical procedures performed. Categorize each case into one non-surgical category – the total number of non-surgical cases is an unduplicated count of non-surgical cases. **Count all non-surgical cases, including cases receiving services in operating rooms or in any other location, except do not count cases having endoscopies in GI Endoscopy rooms. Report cases having endoscopies in GI Endoscopy Rooms on page 8.**

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Pain Management	13	33
Cystoscopy	29	141
Non-GI Endoscopies (not reported in 8. c)		
GI Endoscopies (not reported in 8. c)	25	44
YAG Laser		
Other (specify)	2	47
Other (specify)		
Other (specify)		
<b>Total Non-Surgical Cases</b>	<b>69</b>	<b>365</b>

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

**9. Average Operating Room Availability and Average Case Times:**

The Operating Room Methodology assumes that the average operating room is staffed 9 hours a day, for 260 days per year, and utilized at least 80% of the available time. This results in 1,872 hours per operating room per year.

The Operating Room Methodology also assumes an average of 3 hours for each Inpatient Surgery and an average of 1.5 hours for each Outpatient Surgery.

Based on your hospital's experience, please complete the table below by showing the assumptions for the average operating room in your hospital.

Average Hours per Day Routinely Scheduled for Use *	Average Number of Days per Year Routinely Scheduled for Use	Average "Case Time" ** in Minutes for Inpatient Cases	Average "Case Time" ** in Minutes for Ambulatory Cases
8	252	120	85

\* Use only Hours per Day **routinely** scheduled when determining the answer.

Example for determining average hours per day routinely scheduled for use:

A hospital has two operating rooms routinely scheduled for use for 8 hours per day, and two other operating rooms routinely scheduled for use for 10 hours per day.

2 rooms X 8 hours = 16 hours per day

plus

2 rooms X 10 hours = 20 hours per day

equals 36 hours per day total

The average hours per day for the four operating rooms is calculated by dividing the total hours per day for all operating rooms by the total number of operating rooms. In this example, 36 hours divided by four operating rooms is 9 average hours per day for an operating room.

\*\* "Case Time" = Time from Room Set-up Start to Room Clean-up Finish. Definition 2.4 from the "Procedural Times Glossary" of the AACD, as approved by ASA, ACS, and AORN. *NOTE: This definition includes all of the time for which a given procedure requires an OR/PR. It allows for the different duration of Room Set-up and Room Clean-up Times that occur because of the varying supply and equipment needs for a particular procedure.*

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

**10a. Magnetic Resonance Imaging (MRI)**

Indicate the number of MRI scanners (units) and the number of procedures performed during the 12-month reporting period at your facility. For hospitals that operate medical equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus. Campus – if multiple sites:

Number of fixed MRI scanners-closed (do not include any Policy AC-3 scanners)	# Units	Inpatient Procedures*			Outpatient Procedures*			TOTAL Procedures
# of fixed MRI scanners-open (do not include any Policy AC-3 scanners)	2	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	
Number of Policy AC-3 MRI scanners used for general clinical purposes	0							
Total Fixed MRI Scanners/Procedures	2	121	652	773	1359	1879	3238	4011
Procedures performed on mobile MRI scanners only at this site		0	0	0	0	0	0	0
Name(s) of Mobile MRI Provider(s):								
The total number of procedures performed on the MRI scanners listed above should be equal to or more than the total number of patients reported on the MRI Patient Origin Table on page 25 of this application. Patients served on units listed in the next row should not be included in the MRI Patient Origin Table on page 25 of this application.								
Other Human Research MRI scanners	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

\* An MRI procedure is defined as a single discrete MRI study of one patient (single CPT coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom.

**10b. MRI Procedures by CPT Codes**

CPT Code	CPT Description	Number of Procedures
70336	MRI Temporomandibular Joint(s)	1
70540	MRI Orbit/Face/Neck w/o	1
70542	MRI Orbit/Face/Neck with contrast	0
70543	MRI Orbit/Face/Neck w/o & with	9
70544	MRA Head w/o	211
70545	MRA Head with contrast	0
70546	MRA Head w/o & with	0
70547	MRA Neck w/o	5
70548	MRA Neck with contrast	33
70549	MRA Neck w/o & with	0
70551	MRI Brain w/o	1,083
70552	MRI Brain with contrast	9
Subtotal for this page		1,352



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

**10b. MRI Procedures by CPT Codes *continued* . . . .**

CPT Code	CPT Description	Number of Procedures
70553	MRI Brain w/o & with	465
7055A	IAC Screening	0
71550	MRI Chest w/o	0
71551	MRI Chest with contrast	0
71552	MRI Chest w/o & with	0
71555	MRA Chest with OR without contrast	2
72126	Cervical Spine Infusion only	0
72141	MRI Cervical Spine w/o	384
72142	MRI Cervical Spine with contrast	1
72156	MRI Cervical Spine w/o & with	62
72146	MRI Thoracic Spine w/o	98
72147	MRI Thoracic Spine with contrast	0
72157	MRI Thoracic Spine w/o & with	25
72148	MRI Lumbar Spine w/o	603
72149	MRI Lumbar Spine with contrast	0
72158	MRI Lumbar Spine w/o & with	163
72159	MRA Spinal Canal w/o OR with contrast	0
72195	MRI Pelvis w/o	25
72196	MRI Pelvis with contrast	0
72197	MRI Pelvis w/o & with	28
72198	MRA Pelvis w/o OR with Contrast	0
73218	MRI Upper Ext, other than joint w/o	23
73219	MRI Upper Ext, other than joint with contrast	0
73220	MRI Upper Ext, other than joint w/o & with	12
73221	MRI Upper Ext, any joint w/o	98
73222	MRI Upper Ext, any joint with contrast	40
73223	MRI Upper Ext, any joint w/o & with	4
73225	MRA Upper Ext, w/o OR with contrast	0
73718	MRI Lower Ext other than joint w/o	23
73719	MRI Lower Ext other than joint with contrast	0
73720	MRI Lower Ext other than joint w/o & with	52
73721	MRI Lower Ext any joint w/o	193
73722	MRI Lower Ext any joint with contrast	4
73723	MRI Lower Ext any joint w/o & with	20
73725	MRA Lower Ext w/o OR with contrast	3
74181	MRI Abdomen w/o	21
74182	MRI Abdomen with contrast	0
	<b>Subtotal for this page</b>	<b>2348</b>

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

**10b. MRI Procedures by CPT Codes *continued* . . . .**

CPT Code	CPT Description	Number of Procedures
74183	MRI Abdomen w/o & with	267
74185	MRA Abdomen w/o OR with contrast	5
75557	MRI Cardiac Morphology w/o	0
75561	MRI Cardiac Morphology with contrast	0
75554	MRI Cardiac Function Complete	0
75555	MRI Cardiac Function Limited	0
75556	MRI Cardiac Velocity Flow Mapping	0
77055	MRI Breast, unilateral w/o and/or with contrast	0
77056	MRI Breast, bilateral w/o and/or with contrast	39
76125	Cineradiography to complement exam	0
76390	MRI Spectroscopy	0
76393	MRI Guidance for needle placement	0
76394	MRI Guidance for tissue ablation	0
76400	MRI Bone Marrow blood supply	0
7649A	MR functional imaging	0
7649D	MRI infant spine comp w/ & w/o contrast	0
7649E	Spine (infants) w/o infusion	0
7649H	MR functional imaging	0
N/A	Clinical Research Scans	0
Subtotal for this page		311
Total Number of Procedures for all pages		4,011

**10c. Computed Tomography (CT)**

How many fixed CT scanners does the hospital have? 4  
 Does the hospital contract for mobile CT scanner services?  Yes  No  
 If yes, identify the mobile CT vendor N/A

Complete the following tables (one for fixed CT scanners; one for mobile CT scanners).

Scans Performed on Fixed CT Scanners (*Multiply # scans by Conversion Factor to get HECT Units*)

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast	5,868	X	1.00	=	5,868
2	Head with contrast	118	X	1.25	=	147.5
3	Head without and with contrast	89	X	1.75	=	155.75
4	Body without contrast	4,737	X	1.50	=	7,105.5
5	Body with contrast	5,055	X	1.75	=	8,846.25
6	Body without contrast and with contrast	1,215	X	2.75	=	3,341.25
7	Biopsy in addition to body scan with or without contrast	130	X	2.75	=	357.5
8	Abscess drainage in addition to body scan with or without contrast	17	X	4.00	=	68

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

Scans Performed on Mobile CT Scanners (Multiply # scans by Conversion Factor to get HECT Units)

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast	N/A	X	1.00	=	N/A
2	Head with contrast	N/A	X	1.25	=	N/A
3	Head without and with contrast	N/A	X	1.75	=	N/A
4	Body without contrast	N/A	X	1.50	=	N/A
5	Body with contrast	N/A	X	1.75	=	N/A
6	Body without contrast and with contrast	N/A	X	2.75	=	N/A
7	Biopsy in addition to body scan with or without contrast	N/A	X	2.75	=	N/A
8	Abscess drainage in addition to body scan with or without contrast	N/A	X	4.00	=	N/A


10d. Other Imaging Equipment

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Dedicated Fixed PET Scanner	0	0	0	0
Mobile PET Scanner	1	0	232	232
PET pursuant to Policy AC-3	0	0	0	0
Other Human Research PET Scanner	0	0	0	0
Ultrasound equipment	7	2001	8,317	10,318
Mammography equipment	3	7	8,992	8,999
Bone Density Equipment	2	2	627	629
Fixed X-ray Equipment (excluding fluoroscopic)	13	10,076	37,700	45,776
Fixed Fluoroscopic X-ray Equipment	4	217	498	715
Special Procedures/ Angiography Equipment (neuro & vascular, but not including cardiac cath.)	1	201	216	417
Coincidence Camera	0	0	0	0
Mobile Coincidence Camera				
Vendor:	0	0	0	0
SPECT	0	0	0	0
Mobile SPECT				
Vendor:	N/A	0	0	0
Gamma Camera	3	559	2,944	3,503
Mobile Gamma Camera				
Vendor:	N/A	0	0	0

\* PET procedure means a single discrete study of one patient involving one or more PET scans. PET scan means an image-scanning sequence derived from a single administration of a PET radiopharmaceutical, equated with a single injection of the tracer. One or more PET scans comprise a PET procedure. The number of PET procedures in this table should match the number of patients reported on the PET Patient Origin Table on page 27.

10e. Lithotripsy

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Fixed				
Mobile				

Lithotripsy Vendor/Owner:  


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

**11. Linear Accelerator Treatment Data (including Cyberknife® & Similar Equipment)**

CPT Code	Description	# of Procedures
<b>Simple Treatment Delivery</b>		
77401	Radiation treatment delivery	232
77402	Radiation treatment delivery (<=5 MeV)	0
77403	Radiation treatment delivery (6-10 MeV)	1
77404	Radiation treatment delivery (11-19 MeV)	0
77406	Radiation treatment delivery (>=20 MeV)	0
<b>Intermediate Treatment Delivery</b>		
77407	Radiation treatment delivery (<=5 MeV)	0
77408	Radiation treatment delivery (6-10 MeV)	0
77409	Radiation treatment delivery (11-19 MeV)	9
77411	Radiation treatment delivery (>=20 MeV)	0
<b>Complex Treatment Delivery</b>		
77412	Radiation treatment delivery (<=5 MeV)	1,649
77413	Radiation treatment delivery (6-10 MeV)	1,715
77414	Radiation treatment delivery (11-19 MeV)	23
77416	Radiation treatment delivery (>= 20 MeV)	
<b>Other Treatment Delivery Not Included Above</b>		
77418	Intensity modulated radiation treatment (IMRT) delivery	1,860
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator	0
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	0
G0339	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery in one session or first fraction	0
G0340	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery, fractionated treatment, 2nd-5th fraction	0
	Intraoperative radiation therapy (conducted by bringing the anesthetized patient down to the linac)	0
	Pediatric Patient under anesthesia	0
	Neutron and proton radiation therapy	0
	Limb salvage irradiation	0
	Hemibody irradiation	0
	Total body irradiation	0
<b>Imaging Procedures Not Included Above</b>		
77417	Additional field check radiographs	0
<b>Total Procedures – Linear Accelerators</b>		<b>5,489</b>
<b>Gamma Knife® Procedures</b>		
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of one session; multisource Cobalt 60 based (Gamma Knife®)	0
<b>Total Procedures – Gamma Knife®</b>		<b>0</b>

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

**11. Linear Accelerator Treatment Data *continued***

a. Number of patients who received a course of radiation oncology treatments on linear accelerators (not the Gamma Knife®). Patients shall be counted once if they receive one course of treatment and more if they receive additional courses of treatment. For example, one patient who receives one course of treatment counts as one, and one patient who receives three courses of treatment counts as three. .  
 # Patients 199 (This number should match the number of patients reported in the Linear Accelerator Patient Origin Table on page 26.)

b. Linear Accelerators  
 1. TOTAL number of Linear Accelerator(s) 2  
 2. Of the TOTAL number above, number of Linear Accelerators configured for stereotactic radiosurgery 0  
 3. Of the TOTAL number above, Number of CyberKnife® Systems: 0  
 Other specialized linear accelerators 0 Identify Manufacturer of Equipment Varian

c. Number of Gamma Knife® units

d. Number of treatment simulators ("machine that produces high quality diagnostic radiographs and precisely reproduces the geometric relationships of megavoltage radiation therapy equipment to the patient."(GS 131E-176(24b)))

**12. Telemedicine**

- a. Does your facility utilize telemedicine to have images read at another facility? yes
- b. Does your facility read telemedicine images? yes

**13. Additional Services:**

a) Check if Service(s) is provided: (for dialysis stations, show number of stations)

	Check		Check
1. Cardiac Rehab Program (Outpatient)		5. Rehabilitation Outpatient Unit	✓
2. Chemotherapy	✓	6. Podiatric Services	
3. Clinical Psychology Services		7. Genetic Counseling Service	✓
4. Dental Services		8. Number of Acute Dialysis Stations	<u>2</u>

b) Hospice Inpatient Unit Data:

Hospital-based hospice units with licensed hospice beds. List each county served and report all patients by county of residence. Use each patient's age on the admission day to the Licensed Hospice Inpatient Facility. For age categories count each inpatient client only once.

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

County of Residence	Age 0-17	Age 18-40	Age 41-59	Age 60-64	Age 65-74	Age 75-84	Age 85+	Total Patients Served	Total Days of Care	Deaths
<b>Out of State</b>										
<b>Total All Ages</b>										

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

**13. Additional Services: continued**

**c) Mental Health and Substance Abuse**

1. If psychiatric care has a different name than the hospital, please indicate:

Grace Center for Behavioral Health

2. If address is different than the hospital, please indicate:

3. Director of the above services.

Carol Erwin, RN

Indicate the program/unit location in the **Service Categories** chart below. If it is in the hospital, include the room number. If it is located at another site, include the building name, program/unit name and address.

**Service Categories:** All applicants must complete the following table for all mental health services which are to be provided by the facility. If the service is not offered, leave the spaces blank.

Rule 10A NCAC 27G Licensure Rules For Mental Health Facilities	Location of Services	Beds Assigned by Age				
		0-12	13-17	Subtotal 0-17	18 & up	Total Beds
.1100 Partial hospitalization for individuals who are acutely mentally ill.	N/A					
.1200 Psychosocial rehabilitation facilities for individuals with severe and persistent mental illness	N/A					
.1300 Residential treatment facilities for children and adolescents who are emotionally disturbed or have a mental illness	N/A					
.1400 Day treatment for children and adolescents with emotional or behavioral disturbances	N/A					
.1500 Intensive residential treatment facilities for children & adolescents who are emotionally disturbed or who have a mental illness	N/A					
.5000 Facility Based Crisis Center	N/A					

Rule 10A NCAC 13B Licensure Rules For Hospitals	Location of Services	Beds Assigned by Age				
		0-12	13-17	Subtotal 0-17	18 & up	Total Beds
.5200 Dedicated inpatient unit for individuals who have mental disorders	Grace Hosp 4th Floor				✓	22

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

**13. Additional Services: *continued***

**c) Mental Health and Substance Abuse *continued***

Rule 10A NCAC 27G Licensure Rules for Substance Abuse Facilities	Location of Services	Beds Assigned by Age				
		0-12	13-17	Subtotal 0-17	18 & up	Total Beds
.3100 Nonhospital medical detoxification for individuals who are substance abusers	N/A					
.3200 Social setting detoxification for substance abusers	N/A					
.3300 Outpatient detoxification for substance abusers	N/A					
.3400 Residential treatment/ rehabilitation for individuals with substance abuse disorders	N/A					
.3500 Outpatient facilities for individuals with substance abuse disorders	N/A					
.3600 Outpatient narcotic addiction treatment	N/A					
.3700 Day treatment facilities for individuals with substance abuse disorders	N/A					

Rule 10A NCAC 13B Licensure Rules For Hospitals	Location of Services	Beds Assigned by Age				
		0-12	13-17	Subtotal 0-17	18 & up	Total Beds
.5200 Dedicated inpatient hospital unit for individuals who have substance abuse disorders (specify type) # of Treatment beds _____ # of Medical Detox beds _____						



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

**Patient Origin - General Acute Care Inpatient Services**

Facility County: **Burke**

In an effort to document patterns of utilization of General Acute Care Inpatient Services in North Carolina hospitals, please provide the county of residence for each patient admitted to your facility.

County	No. of Admissions	County	No. of Admissions	County	No. of Admissions
1. Alamance	1	37. Gates		73. Person	
2. Alexander	19	38. Graham		74. Pitt	1
3. Alleghany	1	39. Granville	1	75. Polk	
4. Anson	2	40. Greene		76. Randolph	
5. Ashe	5	41. Guilford		77. Richmond	
6. Avery	6	42. Halifax	1	78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood	16	80. Rowan	5
9. Bladen		45. Henderson	5	81. Rutherford	54
10. Brunswick	4	46. Hertford		82. Sampson	1
11. Buncombe	31	47. Hoke		83. Scotland	
12. Burke	4,912	48. Hyde		84. Stanly	1
13. Cabarrus	6	49. Iredell	11	85. Stokes	
14. Caldwell	994	50. Jackson	8	86. Surry	2
15. Camden		51. Johnston		87. Swain	1
16. Carteret		52. Jones		88. Transylvania	2
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	295	54. Lenoir	1	90. Union	7
19. Chatham		55. Lincoln	34	91. Vance	
20. Cherokee	1	56. Macon	1	92. Wake	1
21. Chowan		57. Madison	4	93. Warren	
22. Clay	2	58. Martin		94. Washington	
23. Cleveland	47	59. McDowell	530	95. Watauga	7
24. Columbus		60. Mecklenburg	28	96. Wayne	1
25. Craven		61. Mitchell	48	97. Wilkes	30
26. Cumberland		62. Montgomery	1	98. Wilson	
27. Currituck		63. Moore	1	99. Yadkin	1
28. Dare		64. Nash		100. Yancey	3
29. Davidson	1	65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin	1	67. Onslow		102. South Carolina	10
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	7
35. Franklin		71. Pender		106. Other	20
36. Gaston	15	72. Perquimans		<b>Total No. of Patients</b>	<b>7,187</b>

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

**Patient Origin – Inpatient Surgical Cases**

**Facility County: Burke**

In an effort to document patterns of Inpatient utilization of Surgical Services in North Carolina hospitals, please provide the county of residence for each inpatient surgical patient served in your facility. Count each inpatient surgical patient once regardless of the number of surgical procedures performed while the patient was having surgery. However, each admission as an inpatient surgical case should be reported separately.

The Total from this chart should match the Total Inpatient Cases reported on the "Surgical Cases by Specialty Area" Table on page 9.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander	6	38. Graham		74. Pitt	1
3. Alleghany		39. Granville		75. Polk	
4. Anson	1	40. Greene		76. Randolph	
5. Ashe	1	41. Guilford		77. Richmond	
6. Avery	1	42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	1
9. Bladen		45. Henderson	1	81. Rutherford	13
10. Brunswick	1	46. Hertford		82. Sampson	
11. Buncombe	1	47. Hoke		83. Scotland	
12. Burke	1,035	48. Hyde		84. Stanly	
13. Cabarrus	1	49. Iredell	1	85. Stokes	
14. Caldwell	196	50. Jackson	1	86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	1
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	61	54. Lenoir		90. Union	1
19. Chatham		55. Lincoln	8	91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	9	59. McDowell	149	95. Watauga	2
24. Columbus		60. Mecklenburg	4	96. Wayne	1
25. Craven		61. Mitchell	10	97. Wilkes	4
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson	1	65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	1
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	2
35. Franklin		71. Pender		106. Other	3
36. Gaston	1	72. Perquimans		<b>Total No. of Patients</b>	<b>1,519</b>

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

**Patient Origin – Ambulatory Surgical Cases**

**Facility County: Burke**

In an effort to document patterns of Ambulatory utilization of Surgical Services in North Carolina hospitals, please provide the county of residence for each ambulatory surgery patient served in your facility. Count each ambulatory patient once regardless of the number of procedures performed while the patient was having surgery. However, each admission as an ambulatory surgery case should be reported separately.

The Total from this chart should match the Total Ambulatory Surgical Cases reported on the “Surgical Cases by Specialty Area” Table on page 9.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander	13	38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	1
4. Anson		40. Greene		76. Randolph	
5. Ashe	3	41. Guilford	1	77. Richmond	
6. Avery	8	42. Halifax	1	78. Robeson	2
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	1
9. Bladen		45. Henderson	1	81. Rutherford	49
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe	1	47. Hoke		83. Scotland	
12. Burke	2,192	48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell	4	85. Stokes	
14. Caldwell	542	50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	177	54. Lenoir		90. Union	1
19. Chatham		55. Lincoln	16	91. Vance	
20. Cherokee		56. Macon		92. Wake	2
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	28	59. McDowell	454	95. Watauga	3
24. Columbus		60. Mecklenburg	6	96. Wayne	
25. Craven		61. Mitchell	13	97. Wilkes	8
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	2
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth	1	70. Pasquotank		105. Other States	14
35. Franklin		71. Pender		106. Other	2
36. Gaston	5	72. Perquimans		<b>Total No. of Patients</b>	<b>3,551</b>

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

**Patient Origin – Gastrointestinal Endoscopy (GI) Cases**

**Facility County: Burke**

In an effort to document patterns of utilization of Gastrointestinal Endoscopy Services in North Carolina hospitals, please provide the county of residence for each GI Endoscopy patient served in your facility. Count each patient once regardless of the number of procedures performed while the patient was receiving GI Endoscopy Services. However, each admission for GI Endoscopy services should be reported separately.

The Total from this chart should match the Total GI Endoscopy cases reported on the "Gastrointestinal Endoscopy Rooms, Cases and Procedures" Table on page 8 plus the total Inpatient and Ambulatory GI Endoscopy cases from the "Non-Surgical Cases by Category" Table on page 9.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander	11	38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford	1	77. Richmond	
6. Avery	2	42. Halifax		78. Robeson	1
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	19
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe	11	47. Hoke		83. Scotland	
12. Burke	1,629	48. Hyde		84. Stanly	
13. Cabarrus	1	49. Iredell	2	85. Stokes	
14. Caldwell	400	50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	91	54. Lenoir		90. Union	
19. Chatham		55. Lincoln	7	91. Vance	
20. Cherokee		56. Macon		92. Wake	2
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	10	59. McDowell	319	95. Watauga	1
24. Columbus		60. Mecklenburg	2	96. Wayne	
25. Craven		61. Mitchell	23	97. Wilkes	5
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	
35. Franklin		71. Pender		106. Other	7
36. Gaston	1	72. Perquimans		<b>Total No. of Patients</b>	<b>2,545</b>

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

**Patient Origin - Psychiatric and Substance Abuse Alamance through Johnston**

Facility County: **Burke**

Complete the following table below for inpatient Days of Care reported under Section .5200.

County of Patient Origin	Psychiatric Treatment Days of Care			Substance Abuse Treatment Days of Care			Detoxification Days of Care		
	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals
Alamance									
Alexander		31	31						
Alleghany		19	19						
Anson									
Ashe		39	39						
Avery		14	14						
Beaufort									
Bertie									
Bladen									
Brunswick									
Buncombe		440	440						
Burke		3,223	3,223						
Cabarrus		178	178						
Caldwell		484	484						
Camden									
Carteret									
Caswell									
Catawba		155	155						
Chatham									
Cherokee		64	64						
Chowan									
Clay									
Cleveland		148	148						
Columbus									
Craven									
Cumberland									
Currituck									
Dare									
Davidson		116	116						
Davie									
Duplin									
Durham									
Edgecombe									
Forsyth		11	11						
Franklin									
Gaston		150	150						
Gates									
Graham		2	2						
Granville									
Greene									
Guilford									
Halifax									
Harnett									
Haywood		86	86						
Henderson		41	41						
Hertford									
Hoke									
Hyde									
Iredell		110	110						
Jackson		41	41						
Johnston									

\*\* Note: See counties: Jones through Yancey (including Out-of-State) on next page.

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

**Patient Origin - Psychiatric and Substance Abuse Jones through Yancey (including Out-of-State)**

Facility County: **Burke**  
 (Continued from previous page)

County of Patient Origin	Psychiatric Treatment Days of Care			Substance Abuse Treatment Days of Care			Detoxification Days of Care		
	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals
Jones									
Lee									
Lenoir									
Lincoln		44	44						
Macon		44	44						
Madison		40	40						
Martin									
McDowell		555	555						
Mecklenburg		329	329						
Mitchell		31	31						
Montgomery									
Moore									
Nash									
New Hanover									
Northampton									
Onslow									
Orange									
Pamlico									
Pasquotank									
Pender									
Perquimans									
Person									
Pitt									
Polk		19	19						
Randolph									
Richmond									
Robeson									
Rockingham									
Rowan		20	20						
Rutherford		48	48						
Sampson									
Scotland									
Stanly		37	37						
Stokes									
Surry		156	156						
Swain		34	34						
Transylvania		13	13						
Tyrrell									
Union		21	21						
Vance									
Wake		32	32						
Warren									
Washington									
Watauga		68	68						
Wayne									
Wilkes		118	118						
Wilson									
Yadkin		23	23						
Yancey		13	13						
Out of State		119	119						
<b>TOTALS</b>			<b>7,016</b>						

\*\* Note: See counties: Alamance through Johnston on previous page.

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

**Patient Origin - MRI Services**

Facility County: **Burke**

In an effort to document patterns of utilization of MRI Services in North Carolina, hospitals are asked to provide county of residence for each patient served in your facility. The total number of patients reported here should be equal to or less than the total number of MRI procedures reported in Table 10a. on page 11.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	1	37. Gates		73. Person	
2. Alexander	5	38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson	1	40. Greene		76. Randolph	
5. Ashe	5	41. Guilford	2	77. Richmond	
6. Avery	6	42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood	1	80. Rowan	
9. Bladen		45. Henderson	2	81. Rutherford	20
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe	15	47. Hoke		83. Scotland	
12. Burke	2,729	48. Hyde		84. Stanly	1
13. Cabarrus		49. Iredell	5	85. Stokes	
14. Caldwell	558	50. Jackson		86. Surry	2
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	139	54. Lenoir		90. Union	1
19. Chatham		55. Lincoln	19	91. Vance	
20. Cherokee		56. Macon	1	92. Wake	1
21. Chowan		57. Madison	1	93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	22	59. McDowell	391	95. Watauga	
24. Columbus		60. Mecklenburg	9	96. Wayne	
25. Craven	1	61. Mitchell	32	97. Wilkes	4
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore	1	99. Yadkin	
28. Dare		64. Nash		100. Yancey	5
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	
35. Franklin		71. Pender		106. Other	14
36. Gaston	11	72. Perquimans		<b>Total No. of Patients</b>	<b>4,011</b>

Are mobile MRI services currently provided at your hospital? yes \_\_\_\_\_ no

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

**Patient Origin – Linear Accelerator Treatment**

Facility County: **Burke**

In an effort to document patterns of utilization of linear accelerators in North Carolina, hospitals are asked to provide the county of residence for patients served on linear accelerators in your facility. Report the number of patients who receive radiation oncology treatment on equipment (linear accelerators, CyberKnife®, but not Gamma Knife®) listed in Section 11 of this application. Patients shall be counted once if they receive one course of treatment and more if they receive additional courses of treatment. For example, one patient who receives one course of treatment counts as one, and one patient who receives three courses of treatment counts as three. **The number of patients reported here should match the number of patients reported in Section 11.a. of this application.**

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	1
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke	124	48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell	47	50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	7	54. Lenoir		90. Union	
19. Chatham		55. Lincoln	1	91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	2	59. McDowell	16	95. Watauga	
24. Columbus		60. Mecklenburg		96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	1
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		<b>Total No. of Patients</b>	<b>199</b>



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

**Patient Origin – PET Scanner**

Facility County: **Burke**

In an effort to document patterns of utilization of PET Scanners in North Carolina, hospitals are asked to provide county of residence for each patient served in your facility. This data should only reflect the number of patients, not number of scans and should not include other radiopharmaceutical or supply charge codes. **Please count each patient only once. The number of patients in this table should match the number of PET procedures reported in Table 10d on page 14.**

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke	148	48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell	58	50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	9	54. Lenoir		90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell	14	95. Watauga	
24. Columbus		60. Mecklenburg		96. Wayne	
25. Craven		61. Mitchell	2	97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		<b>Total No. of Patients</b>	233

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

**Patient Origin – Emergency Department Services**

**Facility County: Burke**

In an effort to document the patterns of utilization of Emergency Department Services in North Carolina hospitals, please provide the county of residence for all patients served by your Emergency Department. The total number of patients from this chart must match the number of Emergency Department visits provided in Section F.(3)(b) : Emergency Department Services, Page 6.

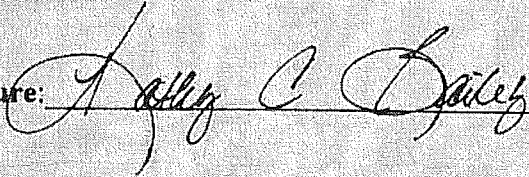
County	No. of Visits	County	No. of Visits	County	No. of Visits
1. Alamance	6	37. Gates		73. Person	
2. Alexander	104	38. Graham	8	74. Pitt	3
3. Alleghany	3	39. Granville	3	75. Polk	2
4. Anson	6	40. Greene	1	76. Randolph	4
5. Ashe	19	41. Guilford	24	77. Richmond	1
6. Avery	47	42. Halifax	3	78. Robeson	5
7. Beaufort		43. Harnett	3	79. Rockingham	5
8. Bertie	1	44. Haywood	17	80. Rowan	22
9. Bladen		45. Henderson	11	81. Rutherford	285
10. Brunswick	2	46. Hertford		82. Sampson	5
11. Buncombe	127	47. Hoke		83. Scotland	
12. Burke	40892	48. Hyde		84. Stanly	12
13. Cabarrus	32	49. Iredell	37	85. Stokes	2
14. Caldwell	10,941	50. Jackson	10	86. Surry	5
15. Camden	1	51. Johnston	7	87. Swain	6
16. Carteret	4	52. Jones		88. Transylvania	8
17. Caswell	1	53. Lee	2	89. Tyrrell	
18. Catawba	3,224	54. Lenoir	1	90. Union	24
19. Chatham	1	55. Lincoln	347	91. Vance	
20. Cherokee	3	56. Macon	2	92. Wake	26
21. Chowan		57. Madison		93. Warren	
22. Clay	1	58. Martin		94. Washington	
23. Cleveland	431	59. McDowell	3139	95. Watauga	34
24. Columbus		60. Mecklenburg	155	96. Wayne	4
25. Craven	3	61. Mitchell	80	97. Wilkes	58
26. Cumberland	15	62. Montgomery		98. Wilson	1
27. Currituck		63. Moore	2	99. Yadkin	8
28. Dare		64. Nash	1	100. Yancey	29
29. Davidson	6	65. New Hanover	4	101. Georgia	1
30. Davie	2	66. Northampton		102. South Carolina	70
31. Duplin	2	67. Onslow	10	103. Tennessee	
32. Durham	2	68. Orange	3	104. Virginia	13
33. Edgecombe	1	69. Pamlico		105. Other States	59
34. Forsyth	23	70. Pasquotank		106. Other	297
35. Franklin	2	71. Pender	2	<b>Total No. of Patients</b>	<b>60,835</b>
36. Gaston	72	72. Perquimans			

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

**This application must be completed and submitted with ONE COPY to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation prior to the issuance of a 2014 hospital license.**

**AUTHENTICATING SIGNATURE:** The undersigned submits application for the year 2014 in accordance with Article 5, Chapter 131E of the General Statutes of North Carolina, and subject to the rules and codes adopted thereunder by the North Carolina Medical Care Commission (10A NCAC 13B), and certifies the accuracy of this information.

Signature: \_\_\_\_\_



Date: \_\_\_\_\_

11-20-13

PRINT NAME

OF APPROVING OFFICIAL

KATHY C BAILEY

**Please be advised**, the license fee must accompany the completed application and be submitted to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation, prior to the issuance of a hospital license.

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

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This page will be separated and kept in a confidential file.

Federal Tax ID number: 56-0529976



COPY

North Carolina Department of Health and Human Services  
Division of Health Service Regulation  
Acute and Home Care Licensure and Certification Section  
2712 Mail Service Center • Raleigh, North Carolina 27699-2712  
<http://www.ncdhhs.gov/dhsr/>

Beverly Eaves Perdue, Governor  
Albert A. Delia, Acting Secretary

Drexdal Pratt, Director

Azzie Y. Conley, Chief  
Phone: 919-855-4620  
Fax: 919-715-8476

**MEMORANDUM**

TO: **Grace Hospital, Inc. -- Morganton**  
FROM: Azzie Y. Conley, RN, Section Chief  
SUBJECT: **2013 Hospital License Renewal Application**

**PLEASE READ CAREFULLY**

Enclosed is your 2013 License Renewal Application. Please complete this application and return the **original** (plus ONE COPY) no later than December 1, 2012 to the address below.

Acute and Home Care  
Licensure and Certification Section *or Overnight mail address*  
2712 Mail Service Center  
Raleigh, N C 27699-2712

Acute and Home Care  
Licensure and Certification Section  
1205 Umstead Drive  
Raleigh, N C 27603

Data on file with the Division indicates that your facility/entity is a **Hospital** with **184** beds. Your annual licensure fee, as authorized by G.S. 131E-77, is **\$3,670.00**. This amount is comprised of a base fee of **\$450.00** plus an additional per bed fee of **\$17.50**.

Payment should be in the form of check, money order or certified check and must be payable to "NC - DHSR." Payment should include the facility's license number and be submitted with your license renewal application. A separate check is required for each licensed entity.

Your completed renewal application and the **annual licensure fee** must be received by December 1, 2012 to ensure your license remains valid. Failure to possess a valid license may compromise your facility's ability to operate and/or adversely impact its funding sources.

A portion of this application (pp. 1-2) contains **preprinted** information from our data systems, based on your last hospital license renewal application or the most recent information that has been reported to this office. If any of this preprinted information has changed, **mark through the incorrect information with a RED pen and write in the correct information.** **Prior to amending the D/B/A or legal entity, please contact this office for further instructions.** Please review the "ownership disclosure" section carefully to verify its accuracy. Complete all areas of this application and return by the date specified above, along with the **annual licensure fee**. **PLEASE, DO NOT RETYPE THE APPLICATION**, and be sure to retain a second copy of the application for your records. If you have any questions about the *preprinted* information, please feel free to call our staff at (919) 855-4620.

--- continued



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 # H0062  
Computer: 943191  
PC \_\_\_\_\_

Medicare # 340075

Date \_\_\_\_\_

License Fee:

\$3,670.00

**2013  
HOSPITAL LICENSE  
RENEWAL APPLICATION**

**COPY**

Legal Identity of Applicant: Grace Hospital, Inc.

(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: Grace Hospital, Inc.  
Other: Grace Ridge, Phifer Wellness Ctr., HH;  
Other: Grace Heights, Behavioral Health

Facility Mailing Address: 2201 South Sterling St  
Morganton, NC 28655

Facility Site Address: 2201 South Sterling St  
Morganton, NC 28655

County: Burke  
Telephone: (828)580-5000  
Fax: (828)580-5509

Administrator/Director: Kenneth W Wood

Title: President/CEO

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

Chief Executive Officer: Kenneth W Wood Title: President and CEO  
(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: Robert Fritts Telephone: 828-580-5545

E-Mail: robert.fritts@blueridgehealth.org

Primary National Provider Identifier (NPI) registered at NPPES 1700860491

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

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, 2011 through September 30, 2012.

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

List Name(s) of facilities:	Address:	Type of Business / Service:

*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: Grace Hospital Inc  
 Federal Employer ID# 56-0529976  
 Street/Box: 2201 South Sterling St  
 City: Morganton State: NC Zip: 28655  
 Telephone: (828)580-5000 Fax: (828)580-5509  
 CEO: Kenneth W. Wood

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\*: Blue Ridge Healthcare Inc

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

If 'Yes', name of CEO: Kenneth W. Wood

- a. Legal entity is:  For Profit  Not For Profit
- b. Legal entity is:  Corporation  LLP  Partnership  
 Proprietorship  LLC  Government Unit

c. Does the above entity (partnership, corporation, etc.) **LEASE** the building from which services are offered?  Yes  No

If "YES", name of building owner:

2. Is the business operated under a management contract?  Yes  No

If 'Yes', name and address of the management company.

Name: Carolinas HealthCare System/Blue Ridge HealthCare Sys.  
 Street/Box: 1000 Blythe Blvd.  
 City: Charlotte State: NC Zip: 28232  
 Telephone: (704)355-2000

All responses should pertain to October 1, 2011 through September 30, 2012.

**Ownership Disclosure continued...**

3. Vice President of Nursing and Patient Care Services:

Susan Brown, CNO

4. Director of Planning:

Kathy Bailey, FACHE, EVP, COO

## Facility Data

**A. Reporting Period** All responses should pertain to the period **October 1, 2011 to September 30, 2012.**

**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.	5080	
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.	5068	
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.	48.6	
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.	1851	

**C. Designation and Accreditation**

- Are you a designated trauma center? \_\_\_ Yes ( \_\_\_ Designated Level # ) X No
- Are you a critical access hospital (CAH)? \_\_\_ Yes X No
- Are you a long term care hospital (LTCH)? \_\_\_ Yes X No
- Is this facility TJC accredited? X Yes ~~X~~ No Expiration Date: 3/9/2015
- Is this facility DNV accredited? \_\_\_ Yes X No Expiration Date: \_\_\_\_\_
- Is this facility AOA accredited? \_\_\_ Yes X No Expiration Date: \_\_\_\_\_
- Are you a Medicare deemed provider? X Yes \_\_\_ No



All responses should pertain to October 1, 2011 through September 30, 2012.

**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.

<b>Licensed Acute Care (provide details below)</b>	<b>Licensed Beds as of September 30, 2012</b>	<b>Staffed Beds as of September 30, 2012</b>	<b>Annual Census Inpt. Days of Care</b>
<i>Campus</i> _____			
<b>Intensive Care Units</b>			
1. General Acute Care Beds/Days			
a. Burn *			*
b. Cardiac			
c. Cardiovascular Surgery			
d. Medical/Surgical	10	10	1,926
e. Neonatal Beds Level IV ** (Not Normal Newborn)			**
f. Pediatric			
g. Respiratory Pulmonary			
h. Other (List)			
<b>Other Units</b>			
i. Gynecology			
j. Medical/Surgical ***	132	80	***13,024
k. Neonatal Level III ** (Not Normal Newborn)			**
l. Neonatal Level II ** (Not Normal Newborn)	4	4	** 842
m. Obstetric (including LDRP)	16	16	2,007
n. Oncology			
o. Orthopedics			
p. Pediatric			
q. Other (List)			
<b>Total General Acute Care Beds/Days (a through q)</b>	<b>162</b>	<b>110</b>	<b>17,799</b>
2. Comprehensive In-Patient Rehabilitation	0		
3. Inpatient Hospice	0		
4. Detoxification	0		
5. Substance Abuse / Chemical Dependency Treatment	0		
6. Psychiatry	22	22	7,360
7. Nursing Facility	0		
8. Adult Care Home	0		
9. Other	0		
<b>10. Totals (1 through 9)</b>	<b>184</b>	<b>132</b>	<b>25,159</b>

\* 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)

All responses should pertain to October 1, 2011 through September 30, 2012.

**D. Beds by Service (Inpatient) continued**

Number of Swing Beds *	0
Number of Skilled Nursing days in Swing Beds	0
Number of unlicensed observation beds	0

\* means a hospital designated as a swing-bed hospital by CMS (Centers for Medicare & Medicaid Services)

**E. Reimbursement Source** (For "Inpatient Days," show Acute Inpatient Days only, excluding normal newborns.)

Primary Payer Source	Inpatient Days of Care (total should be the same as D.1.a - q total on p. 4)	Emergency Visits (total should be the same as F.3.b. on p. 6)	Outpatient Visits (excluding Emergency Visits and Surgical Cases)	Inpatient Surgical Cases (total should be same as F.8.d. Total Surgical Cases-Inpatient Cases on p. 9)	Ambulatory Surgical Cases (total should be same as F.8.d. Total Surgical Cases-Ambulatory Cases on p. 9)
Self Pay/Indigent/Charity	1,916	9,309	2,506	42	88
Medicare & Medicare Managed Care	8,093	9,534	19,770	485	906
Medicaid	4,623	10,252	4,772	219	477
Commercial Insurance	2,190	384	678	8	34
Managed Care	971	6,592	12,441	218	913
Other (Specify)	6	1,596	638	10	43
<b>TOTAL</b>	<b>17,799</b>	<b>37,667</b>	<b>40,805</b>	<b>982</b>	<b>2,461</b>

**F. Services and Facilities**

**1. Obstetrics**

	Enter Number of Infants
a. Live births (Vaginal Deliveries)	610
b. Live births (Cesarean Section)	318
c. Stillbirths	11

d. Delivery Rooms - Delivery Only (not Cesarean Section)	0
e. Delivery Rooms - Labor and Delivery, Recovery	0
f. Delivery Rooms - LDRP (include Item "D.1.m" on Page 4)	16
g. Normal newborn bassinets (Level I Neonatal Services) Do not include with totals under the section entitled Beds by Service (Inpatient)	16

**2. Abortion Services**

Number of procedures per Year

0

All responses should pertain to October 1, 2011 through September 30, 2012.

**3. Emergency Department Services** (cases equal visits to ED)

- a. Total Number of ED Exam Rooms: 20. Of this total, how many are:
- a.1. # Trauma Rooms 3
  - a.2 # Fast Track Rooms 13
  - a.3 # Urgent Care Rooms —
- b. Total Number of ED visits for reporting period: 37,667
- c. Total Number of admits from the ED for reporting period: 4508
- d. Total Number of Urgent Care visits for reporting period: —
- e. Does your ED provide services 24 hours a day 7 days per week?  Yes  No  
 If no, specify days/hours of operation:
- f. Is a physician on duty in your ED 24 hours a day 7 days per week?  Yes  No  
 If no, specify days/hours physician is on duty:

**4. Medical Air Transport:** Owned or leased air ambulance service:

- a. Does the facility operate an air ambulance service?  Yes  No
- b. If "Yes", complete the following chart.

Type of Aircraft	Number of Aircraft	Number Owned	Number Leased	Number of Transports
Rotary	/	/	/	/
Fixed Wing	/	/	/	/

**5. Pathology and Medical Lab** (Check whether or not service is provided)

- a. Blood Bank/Transfusion Services  Yes  No
  - b. Histopathology Laboratory  Yes  No
  - c. HIV Laboratory Testing  Yes  No
- Number during reporting period
- HIV Serology 19
- HIV Culture N/A
- d. Organ Bank  Yes  No
  - e. Pap Smear Screening  Yes  No

**6. Transplantation Services** - Number of transplants

Type	Number	Type	Number	Type	Number
a. Bone Marrow-Allogeneic	/	f. Kidney/Liver	/	k. Lung	/
b. Bone Marrow-Autologous	/	g. Liver	/	l. Pancreas	/
c. Cornea	/	h. Heart/Liver	/	m. Pancreas/Kidney	/
d. Heart	/	i. Heart/Kidney	/	n. Pancreas/Liver	/
e. Heart/Lung	/	j. Kidney	/	o. Other	/

Do you perform living donor transplants?  Yes  No.

All responses should pertain to October 1, 2011 through September 30, 2012.

7. **Specialized Cardiac Services** (for questions, call 855-3865 [Medical Facilities Planning])

(a) Cardiac Catheterization	Diagnostic Cardiac Catheterization ICD-9 37.21, 37.22, 37.23, 37.25	Interventional Cardiac Catheterization ICD-9 00.66, 99.10, 36.06, 36.07, 36.09; 35.52, 35.71, 35.96
1. Number of Units of Fixed Equipment	1	
2. Number of Procedures* Performed in Fixed Units on Patients Age 14 and younger	0	0
3. Number of Procedures* Performed in Fixed Units on Patients Age 15 and older	433	76
4. Number of Procedures* Performed in Mobile Units	0	0
	<b>Electro-physiology ICF-9</b> 37.26, 37.27, 37.34, 37.70, 37.71, 37.72, 37.73, 37.74, 37.75, 37.76, 37.77, 37.79, 37.80, 37.81, 37.82, 37.83, 37.85, 37.86, 37.87, 37.89, 37.94, 37.95, 37.96, 37.97, 37.98, 37.99, 00.50, 00.51, 00.52, 00.53, 00.54	
5. Number of Units of Fixed Equipment	1	
6. Number of Procedures on Dedicated EP Equipment	17	

\*A procedure is defined to be one visit or trip by a patient to a catheterization laboratory for a single or multiple catheterizations. Count each visit once, regardless of the number of diagnostic, interventional, and/or EP catheterizations performed within that visit.

Name of Mobile Vendor: \_\_\_\_\_

Number of 8-hour days per week the mobile unit is onsite: \_\_\_\_\_ 8-hour days per week.  
 (Examples: Monday through Friday for 8 hours per day is 5 8-hour days per week, Monday, Wednesday, & Friday for 4 hours per day is 1.5 8-hour days per week)

(b) Open Heart Surgery	Number of Machines/Procedures
1. Number of Heart-Lung Bypass Machines	N/A
2. Total Annual Number of Open Heart Surgery Procedures Utilizing Heart-Lung Bypass Machine	N/A
3. Total Annual Number of Open Heart Surgery Procedures done without utilizing a Heart-Lung Bypass Machine	N/A
4. Total Open Heart Surgery Procedures (2. + 3.)	N/A
<b>Procedures on Patients Age 14 and younger</b>	
5. Of total in #2, Number of Procedures on Patients Age 14 & younger	N/A
6. Of total in #3, Number of Procedures on Patients Age 14 & younger	N/A

# COPY

All responses should pertain to October 1, 2011 through September 30, 2012.

**8. Surgical Operating Rooms, Procedure Rooms, Gastrointestinal Endoscopy Rooms, Surgical and Non-Surgical Cases and Procedures**

**NOTE:** If this License includes more than one campus, please copy pages 8 and 9 for each site. Submit the Cumulative Totals and submit a duplicate of pages 8 and 9 for each campus.

(Campus – If multiple sites: \_\_\_\_\_)

**a) Surgical Operating Rooms**

Report Surgical Operating Rooms built to meet the specifications and standards for operating rooms required by the Construction Section of the Division of Health Services Regulation, and which are fully equipped to perform surgical procedures. These surgical operating rooms include rooms located in Obstetrics and surgical suites.

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	0
Dedicated C-Section	1
Other Dedicated Inpatient Surgery	0
Dedicated Ambulatory Surgery	0
Shared - Inpatient / Ambulatory Surgery	5
<b>Total of Surgical Operating Rooms</b>	<b>6</b>

Number of additional CON approved surgical operating rooms pending development: 0

CON Project ID Number(s) \_\_\_\_\_

**b) Procedure Rooms (Excluding Operating Rooms and Gastrointestinal Endoscopy Rooms)**

Report rooms, which are not equipped for or do not meet all the specifications for an operating room, that are used for performance of procedures other than Gastrointestinal Endoscopy procedures.

Total Number of Procedure Rooms: 1

**c) Gastrointestinal Endoscopy Rooms, Cases and Procedures:**

Report the number of Gastrointestinal Endoscopy rooms and the Endoscopy cases and procedures performed only in these rooms during the reporting period.

Total Number of existing Gastrointestinal Endoscopy Rooms: 1

Number of additional CON approved GI Endoscopy Rooms pending development: 0

CON Project ID Number(s) \_\_\_\_\_

	Number of Cases Performed In GI Endoscopy Rooms		Number of Procedures* Performed in GI Endoscopy Rooms	
	Inpatient	Outpatient	Inpatient	Outpatient
<b>GI Endoscopy**</b>	191	640	213	1063
<b>Non-GI Endoscopy</b>				
<b>Totals</b>	191	640	213	1063

Count each patient as one case regardless of the number of procedures performed while the patient was in the GI endoscopy room.

\*As defined in 10A NCAC 14C .3901 "Gastrointestinal (GI) endoscopy procedure" means a single procedure, identified by CPT code or ICD-9-CM procedure code, performed on a patient during a single visit to the facility for diagnostic or therapeutic purposes.

All responses should pertain to October 1, 2011 through September 30, 2012.

**8. Surgical Operating Rooms, Procedure Rooms, Gastrointestinal Endoscopy Rooms, Surgical and Non-Surgical Cases and Procedures (continued)**

(Campus - If multiple sites: \_\_\_\_\_)

**d) Surgical Cases by Specialty Area Table**

Enter the number of surgical cases performed only in licensed operating rooms by surgical specialty area in the table below. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery. Categorize each case into one specialty area - the total number of surgical cases is an unduplicated count of surgical cases. **Count all surgical cases performed only in licensed operating rooms. The total number of surgical cases should match the total number of patients listed in the Patient Origin Tables on pages 20 and 21.**

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)	20	3
Open Heart Surgery (from 7.(b) 4.)	0	
General Surgery	251	750
Neurosurgery	0	0
Obstetrics and GYN (excluding C-Sections)	90	601
Ophthalmology	1	190
Oral Surgery	2	151
Orthopedics	209	163
Otolaryngology	15	382
Plastic Surgery	0	0
Urology	4	73
Vascular	41	37
Other Surgeries (specify)	4	23
Other Surgeries (specify)	8	94
Number of C-Section's Performed in Dedicated C-Section ORs	324	
Number of C-Section's Performed in Other ORs	2	
<b>Total Surgical Cases Performed Only in Licensed ORs</b>	<b>982</b>	<b>2461</b>

**e) Non-Surgical Cases by Category Table**

Enter the number of non-surgical cases by category in the table below. Count each patient undergoing a procedure or procedures as one case regardless of the number of non-surgical procedures performed. Categorize each case into one non-surgical category - the total number of non-surgical cases is an unduplicated count of non-surgical cases. **Count all non-surgical cases, including cases receiving services in operating rooms or in any other location, except do not count cases having endoscopies in GI Endoscopy rooms. Report cases having endoscopies in GI Endoscopy Rooms on page 8.**

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Pain Management	0	0
Cystoscopy	16	103
Non-GI Endoscopies (not reported in 8. c)		
GI Endoscopies (not reported in 8. c)	30	153
YAG Laser		
Other (specify)		
Other (specify)		
Other (specify)		
<b>Total Non-Surgical Cases</b>	<b>16</b>	<b>103</b>

All responses should pertain to October 1, 2011 through September 30, 2012.

**9. Average Operating Room Availability and Average Case Times:**

The Operating Room Methodology assumes that the average operating room is staffed 9 hours a day, for 260 days per year, and utilized at least 80% of the available time. This results in 1,872 hours per operating room per year.

The Operating Room Methodology also assumes an average of 3 hours for each Inpatient Surgery and an average of 1.5 hours for each Outpatient Surgery.

Based on your hospital's experience, please complete the table below by showing the assumptions for the average operating room in your hospital.

Average Hours per Day Routinely Scheduled for Use *	Average Number of Days per Year Routinely Scheduled for Use	Average "Case Time" ** in Minutes for Inpatient Cases	Average "Case Time" ** in Minutes for Ambulatory Cases
8	253	120	45

\* Use only Hours per Day **routinely** scheduled when determining the answer.

Example for determining average hours per day routinely scheduled for use:

A hospital has two operating rooms routinely scheduled for use for 8 hours per day, and two other operating rooms routinely scheduled for use for 10 hours per day.

2 rooms X 8 hours = 16 hours per day

plus

2 rooms X 10 hours = 20 hours per day

equals = 36 hours per day total

The average hours per day for the four operating rooms is calculated by dividing the total hours per day for all operating rooms by the total number of operating rooms. In this example, 36 hours divided by four operating rooms is 9 average hours per day for an operating room.

\*\* "Case Time" = Time from Room Set-up Start to Room Clean-up Finish. Definition 2.4 from the "Procedural Times Glossary" of the AACD, as approved by ASA, ACS, and AORN. *NOTE: This definition includes all of the time for which a given procedure requires an OR/PR. It allows for the different duration of Room Set-up and Room Clean-up Times that occur because of the varying supply and equipment needs for a particular procedure.*

All responses should pertain to October 1, 2011 through September 30, 2012.

### 10a. Magnetic Resonance Imaging (MRI)

Indicate the number of MRI scanners (units) and the number of procedures performed during the 12-month reporting period at your facility. For hospitals that operate medical equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus. Campus – *if multiple sites:*

Number of fixed MRI scanners-closed ( <i>do not include any Policy AC-3 scanners</i> )	# Units	Inpatient Procedures*			Outpatient Procedures*			TOTAL Procedures
# of fixed MRI scanners-open ( <i>do not include any Policy AC-3 scanners</i> )	0	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	
Number of Policy AC-3 MRI scanners used for general clinical purposes								
Total Fixed MRI Scanners/Procedures	1	104	595	699	642	922	1564	2263
Procedures performed on mobile MRI scanners only at this site								
Name(s) of Mobile MRI Provider(s);								
The total number of procedures performed on the MRI scanners listed above should be equal to or more than the total number of patients reported on the MRI Patient Origin Table on page 25 of this application. Patients served on units listed in the next row should not be included in the MRI Patient Origin Table on page 25 of this application.								
Other Human Research MRI scanners								

\* An MRI procedure is defined as a single discrete MRI study of one patient (single CPT coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom.

### 10b. MRI Procedures by CPT Codes

CPT Code	CPT Description	Number of Procedures
70336	MRI Temporomandibular Joint(s)	3
70540	MRI Orbit/Face/Neck w/o	4
70542	MRI Orbit/Face/Neck with contrast	
70543	MRI Orbit/Face/Neck w/o & with	18
70544	MRA Head w/o	232
70545	MRA Head with contrast	
70546	MRA Head w/o & with	
70547	MRA Neck w/o	2
70548	MRA Neck with contrast	28
70549	MRA Neck w/o & with	
70551	MRI Brain w/o	302
70552	MRI Brain with contrast	2
Subtotal for this page		591



All responses should pertain to October 1, 2011 through September 30, 2012.

**10b. MRI Procedures by CPT Codes *continued* . . . .**

CPT Code	CPT Description	Number of Procedures
70559	MRI Brain w/o & with	402
7055A	IAC Screening	
71550	MRI Chest w/o	
71551	MRI Chest with contrast	
71552	MRI Chest w/o & with	2
71555	MRA Chest with OR without contrast	
72126	Cervical Spine Infusion only	
72141	MRI Cervical Spine w/o	162
72142	MRI Cervical Spine with contrast	4
72156	MRI Cervical Spine w/o & with	24
72146	MRI Thoracic Spine w/o	42
72147	MRI Thoracic Spine with contrast	
72157	MRI Thoracic Spine w/o & with	15
72148	MRI Lumbar Spine w/o	302
72149	MRI Lumbar Spine with contrast	
72158	MRI Lumbar Spine w/o & with	87
72159	MRA Spinal Canal w/o OR with contrast	
72195	MRI Pelvis w/o	10
72196	MRI Pelvis with contrast	
72197	MRI Pelvis w/o & with	4
72198	MRA Pelvis w/o OR with Contrast	
73218	MRI Upper Ext, other than joint w/o	4
73219	MRI Upper Ext, other than joint with contrast	
73220	MRI Upper Ext, other than joint w/o & with	6
73221	MRI Upper Ext, any joint w/o	58
73222	MRI Upper Ext, any joint with contrast	14
73223	MRI Upper Ext, any joint w/o & with	6
73225	MRA Upper Ext, w/o OR with contrast	
73718	MRI Lower Ext other than joint w/o	16
73719	MRI Lower Ext other than joint with contrast	
73720	MRI Lower Ext other than joint w/o & with	14
73721	MRI Lower Ext any joint w/o	161
73722	MRI Lower Ext any joint with contrast	2
73723	MRI Lower Ext any joint w/o & with	12
73725	MRA Lower Ext w/o OR with contrast	12
74181	MRI Abdomen w/o	62
74182	MRI Abdomen with contrast	
	<b>Subtotal for this page</b>	<b>1421</b>

All responses should pertain to October 1, 2011 through September 30, 2012.

**10b. MRI Procedures by CPT Codes *continued* . . . .**

CPT Code	CPT Description	Number of Procedures
74183	MRI Abdomen w/o & with	162
74185	MRA Abdomen w/o OR with contrast	18
75557	MRI Cardiac Morphology w/o	17
75561	MRI Cardiac Morphology with contrast	
75554	MRI Cardiac Function Complete	
75555	MRI Cardiac Function Limited	
75556	MRI Cardiac Velocity Flow Mapping	
77055	MRI Breast, unilateral w/o and/or with contrast	20
77056	MRI Breast, bilateral w/o and/or with contrast	34
76125	Cineradiography to complement exam	
76390	MRI Spectroscopy	
76393	MRI Guidance for needle placement	
76394	MRI Guidance for tissue ablation	
76400	MRI Bone Marrow blood supply	
7649A	MR functional imaging	
7649D	MRI infant spine comp w/ & w/o contrast	
7649E	Spine (infants) w/o infusion	
7649H	MR functional imaging	
N/A	Clinical Research Scans	
<b>Subtotal for this page</b>		<b>251</b>
<b>Total Number of Procedures for all pages</b>		<b>2263</b>

**10c. Computed Tomography (CT)**

How many fixed CT scanners does the hospital have? 2  
 Does the hospital contract for mobile CT scanner services? \_\_\_ Yes  No  
 If yes, identify the mobile CT vendor \_\_\_\_\_

Complete the following tables (one for fixed CT scanners; one for mobile CT scanners).

Scans Performed on Fixed CT Scanners (*Multiply # scans by Conversion Factor to get HECT Units*)

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast	3102	X	1.00	=	2102
2	Head with contrast	328	X	1.25	=	485
3	Head without and with contrast	68	X	1.75	=	119
4	Body without contrast	2403	X	1.50	=	3604
5	Body with contrast	3192	X	1.75	=	5586
6	Body without contrast and with contrast	167	X	2.75	=	459.25
7	Biopsy in addition to body scan with or without contrast	91	X	2.75	=	250.25
8	Abscess drainage in addition to body scan with or without contrast	22	X	4.00	=	88

All responses should pertain to October 1, 2011 through September 30, 2012.

**Scans Performed on Mobile CT Scanners** (Multiply # scans by Conversion Factor to get HECT Units)

	Type of CT Scan	# of Scans		Conversion Factor	=	HECT Units
1	Head without contrast	/	X	1.00	=	/
2	Head with contrast	/	X	1.25	=	/
3	Head without and with contrast	/	X	1.75	=	/
4	Body without contrast	/	X	1.50	=	/
5	Body with contrast	/	X	1.75	=	/
6	Body without contrast and with contrast	/	X	2.75	=	/
7	Biopsy in addition to body scan with or without contrast	/	X	2.75	=	/
8	Abscess drainage in addition to body scan with or without contrast	/	X	4.00	=	/

**10d. Other Imaging Equipment**

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Dedicated Fixed PET Scanner				
Mobile PET Scanner	1	—	93	93
PET pursuant to Policy AC-3				
Other Human Research PET Scanner				
Ultrasound equipment	4	1464	4700	6164
Mammography equipment	1	4	4603	4607
Bone Density Equipment	1	1	401	402
Fixed X-ray Equipment (excluding fluoroscopic)	9	5987	19,564	25551
Fixed Fluoroscopic X-ray Equipment	2	52	205	257
Special Procedures/ Angiography Equipment (neuro & vascular, but not including cardiac cath.)	1	261	125	386
Coincidence Camera				
Mobile Coincidence Camera				
Vendor:				
SPECT	3			
Mobile SPECT				
Vendor:				
Gamma Camera	1	464	1588	2052
Mobile Gamma Camera				
Vendor:				

\* PET procedure means a single discrete study of one patient involving one or more PET scans. PET scan means an image-scanning sequence derived from a single administration of a PET radiopharmaceutical, equated with a single injection of the tracer. One or more PET scans comprise a PET procedure. The number of PET procedures in this table should match the number of patients reported on the PET Patient Origin Table on page 27.

**10e. Lithotripsy**

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Fixed				
Mobile		8	94	

Lithotripsy Vendor/Owner:  
*Carolinas Medical Center*

*Mobile Litho.  
 Catawba Hospital* Page 14

**COPY**

All responses should pertain to October 1, 2011 through September 30, 2012.

**11. Linear Accelerator Treatment Data (including Cyberknife® & Similar Equipment)**

CPT Code	Description	# of Procedures
<b>Simple Treatment Delivery</b>		
77401	Radiation treatment delivery	0
77402	Radiation treatment delivery (<=5 MeV)	0
77403	Radiation treatment delivery (6-10 MeV)	0
77404	Radiation treatment delivery (11-19 MeV)	0
77406	Radiation treatment delivery (>=20 MeV)	0
<b>Intermediate Treatment Delivery</b>		
77407	Radiation treatment delivery (<=5 MeV)	0
77408	Radiation treatment delivery (6-10 MeV)	0
77409	Radiation treatment delivery (11-19 MeV)	0
77411	Radiation treatment delivery (>=20 MeV)	0
<b>Complex Treatment Delivery</b>		
77412	Radiation treatment delivery (<=5 MeV)	0
77413	Radiation treatment delivery (6-10 MeV)	0
77414	Radiation treatment delivery (11-19 MeV)	0
77416	Radiation treatment delivery (>= 20 MeV)	0
<b>Other Treatment Delivery Not Included Above</b>		
77418	Intensity modulated radiation treatment (IMRT) delivery	0
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator	0
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	0
G0339	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery in one session or first fraction	0
G0340	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery, fractionated treatment, 2nd-5th fraction	0
	Intraoperative radiation therapy (conducted by bringing the anesthetized patient down to the linac)	0
	Pediatric Patient under anesthesia	0
	Neutron and proton radiation therapy	0
	Limb salvage irradiation	0
	Hemibody irradiation	0
	Total body irradiation	0
<b>Imaging Procedures Not Included Above</b>		
77417	Additional field check radiographs	0
Total Procedures – Linear Accelerators		0
<b>Gamma Knife® Procedures</b>		
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of one session; multisource Cobalt 60 based (Gamma Knife®)	0
Total Procedures – Gamma Knife®		0

All responses should pertain to October 1, 2011 through September 30, 2012.

### 11. Linear Accelerator Treatment Data *continued*

a. Number of patients who received a course of radiation oncology treatments on linear accelerators (not the Gamma Knife®). Patients shall be counted once if they receive one course of treatment and more if they receive additional courses of treatment. For example, one patient who receives one course of treatment counts as one, and one patient who receives three courses of treatment counts as three. .  
 # Patients \_\_\_\_\_ (This number should match the number of patients reported in the Linear Accelerator Patient Origin Table on page 26.)

b. Linear Accelerators

1. TOTAL number of Linear Accelerator(s) \_\_\_\_\_ 0
2. Of the TOTAL number above, number of Linear Accelerators configured for stereotactic radiosurgery \_\_\_\_\_ 0
3. Of the TOTAL number above, Number of CyberKnife® Systems: \_\_\_\_\_ 0  
 Other specialized linear accelerators \_\_\_\_\_ 0 Identify Manufacturer of Equipment \_\_\_\_\_ 0

c. Number of Gamma Knife® units \_\_\_\_\_ 0

d. Number of treatment simulators ("machine that produces high quality diagnostic radiographs and precisely reproduces the geometric relationships of megavoltage radiation therapy equipment to the patient."(GS 131E-176(24b))) \_\_\_\_\_ 0

### 12. Telemedicine

- a. Does your facility utilize telemedicine to have images read at another facility? yes
- b. Does your facility read telemedicine images? yes

### 13. Additional Services:

a) Check if Service(s) is provided: (for dialysis stations, show number of stations)

	Check		Check
1. Cardiac Rehab Program (Outpatient)		5. Rehabilitation Outpatient Unit	✓
2. Chemotherapy	✓	6. Podiatric Services	
3. Clinical Psychology Services		7. Genetic Counseling Service	✓
4. Dental Services		8. Number of Acute Dialysis Stations	2

### b) Hospice Inpatient Unit Data:

Hospital-based hospice units with licensed hospice beds. List each county served and report **all patients by county of residence**. Use each patient's age on the admission day to the Licensed Hospice Inpatient Facility. **For age categories count each inpatient client only once.**

All responses should pertain to October 1, 2011 through September 30, 2012.

County of Residence	Age 0-17	Age 18-40	Age 41-59	Age 60-64	Age 65-74	Age 75-84	Age 85+	Total Patients Served	Total Days of Care	Deaths
<b>Out of State</b>										
<b>Total All Ages</b>										

All responses should pertain to October 1, 2011 through September 30, 2012.

**13. Additional Services: continued**

**c) Mental Health and Substance Abuse**

1. If psychiatric care has a different name than the hospital, please indicate:

Grace Center for Behavioral Health

2. If address is different than the hospital, please indicate:

3. Director of the above services.

Carol Ervin, RN

Indicate the program/unit location in the **Service Categories** chart below. If it is in the hospital, include the room number. If it is located at another site, include the building name, program/unit name and address.

**Service Categories:** All applicants must complete the following table for all mental health services which are to be provided by the facility. If the service is not offered, leave the spaces blank.

Rule 10A NCAC 27G Licensure Rules For Mental Health Facilities	Location of Services	Beds Assigned by Age				
		0-12	13-17	Subtotal 0-17	18 & up	Total Beds
.1100 Partial hospitalization for individuals who are acutely mentally ill.						
.1200 Psychosocial rehabilitation facilities for individuals with severe and persistent mental illness						
.1300 Residential treatment facilities for children and adolescents who are emotionally disturbed or have a mental illness						
.1400 Day treatment for children and adolescents with emotional or behavioral disturbances						
.1500 Intensive residential treatment facilities for children & adolescents who are emotionally disturbed or who have a mental illness						
.5000 Facility Based Crisis Center						

Rule 10A NCAC 13B Licensure Rules For Hospitals	Location of Services	Beds Assigned by Age				
		0-12	13-17	Subtotal 0-17	18 & up	Total Beds
.5200 Dedicated inpatient unit for individuals who have mental disorders	<u>Grace Hospital 4th Floor</u>				<u>22</u>	<u>22</u>

All responses should pertain to October 1, 2011 through September 30, 2012.

**13. Additional Services: *continued***

**c) Mental Health and Substance Abuse *continued***

Rule 10A NCAC 27G Licensure Rules for Substance Abuse Facilities	Location of Services	Beds Assigned by Age				
		0-12	13-17	Subtotal 0-17	18 & up	Total Beds
.3100 Nonhospital medical detoxification for individuals who are substance abusers						
.3200 Social setting detoxification for substance abusers						
.3300 Outpatient detoxification for substance abusers						
.3400 Residential treatment/ rehabilitation for individuals with substance abuse disorders						
.3500 Outpatient facilities for individuals with substance abuse disorders						
.3600 Outpatient narcotic addiction treatment						
.3700 Day treatment facilities for individuals with substance abuse disorders						

Rule 10A NCAC 13B Licensure Rules For Hospitals	Location of Services	Beds Assigned by Age				
		0-12	13-17	Subtotal 0-17	18 & up	Total Beds
.5200 Dedicated inpatient hospital unit for individuals who have substance abuse disorders (specify type) # of Treatment beds _____ # of Medical Detox beds _____						



All responses should pertain to October 1, 2011 through September 30, 2012.

## Patient Origin - General Acute Care Inpatient Services

Facility County: **Burke**

In an effort to document patterns of utilization of General Acute Care Inpatient Services in North Carolina hospitals, please provide the county of residence for each patient admitted to your facility.

County	No. of Admissions	County	No. of Admissions	County	No. of Admissions
1. Alamance		37. Gates		73. Person	
2. Alexander	11	38. Graham	3	74. Pitt	
3. Alleghany	1	39. Granville		75. Polk	3
4. Anson	1	40. Greene		76. Randolph	
5. Ashe	5	41. Guilford		77. Richmond	
6. Avery	9	42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood	6	80. Rowan	1
9. Bladen		45. Henderson	4	81. Rutherford	46
10. Brunswick	1	46. Hertford		82. Sampson	
11. Buncombe	29	47. Hoke		83. Scotland	
12. Burke	3744	48. Hyde		84. Stanly	5
13. Cabarrus	10	49. Iredell	17	85. Stokes	
14. Caldwell	338	50. Jackson	6	86. Surry	3
15. Camden		51. Johnston		87. Swain	3
16. Carteret		52. Jones		88. Transylvania	1
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	146	54. Lenoir		90. Union	1
19. Chatham		55. Lincoln	28	91. Vance	
20. Cherokee	5	56. Macon	5	92. Wake	1
21. Chowan		57. Madison	2	93. Warren	
22. Clay	3	58. Martin		94. Washington	
23. Cleveland	40	59. McDowell	501	95. Watauga	7
24. Columbus		60. Mecklenburg	16	96. Wayne	
25. Craven		61. Mitchell	15	97. Wilkes	17
26. Cumberland		62. Montgomery	1	98. Wilson	1
27. Currituck	1	63. Moore	3	99. Yadkin	3
28. Dare		64. Nash		100. Yancey	6
29. Davidson	3	65. New Hanover	1		
30. Davie		66. Northampton		101. Georgia	1
31. Duplin		67. Onslow		102. South Carolina	4
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth	4	70. Pasquotank		105. Other States	4
35. Franklin		71. Pender		106. Other	
36. Gaston	14	72. Perquimans		<b>Total No. of Patients</b>	<b>5080</b>

All responses should pertain to October 1, 2011 through September 30, 2012.

### Patient Origin – Inpatient Surgical Cases

Facility County: **Burke**

In an effort to document patterns of Inpatient utilization of Surgical Services in North Carolina hospitals, please provide the county of residence for each inpatient surgical patient served in your facility. Count each inpatient surgical patient once regardless of the number of surgical procedures performed while the patient was having surgery. However, each admission as an inpatient surgical case should be reported separately.

The Total from this chart should match the Total Inpatient Cases reported on the "Surgical Cases by Specialty Area" Table on page 9.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander	3	38. Graham	1	74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe	2	41. Guilford		77. Richmond	
6. Avery	2	42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	8
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke	526	48. Hyde		84. Stanly	
13. Cabarrus	1	49. Iredell	1	85. Stokes	
14. Caldwell	128	50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	58	54. Lenoir		90. Union	
19. Chatham		55. Lincoln	7	91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	14	59. McDowell	217	95. Watauga	
24. Columbus		60. Mecklenburg	1	96. Wayne	
25. Craven		61. Mitchell	4	97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	1
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	1
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	1
34. Forsyth	1	70. Pasquotank		105. Other States	
35. Franklin		71. Pender		106. Other	4
36. Gaston	1	72. Perquimans		<b>Total No. of Patients</b>	<b>982</b>

All responses should pertain to October 1, 2011 through September 30, 2012.

**Patient Origin – Ambulatory Surgical Cases**

**Facility County: Burke**

In an effort to document patterns of Ambulatory utilization of Surgical Services in North Carolina hospitals, please provide the county of residence for each ambulatory surgery patient served in your facility. Count each ambulatory patient once regardless of the number of procedures performed while the patient was having surgery. However, each admission as an ambulatory surgery case should be reported separately.

The Total from this chart should match the Total Ambulatory Surgical Cases reported on the "Surgical Cases by Specialty Area" Table on page 9.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander	3	38. Graham		74. Pitt	
3. Alleghany		39. Granville	1	75. Polk	1
4. Anson	1	40. Greene		76. Randolph	
5. Ashe		41. Guilford	1	77. Richmond	
6. Avery	8	42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson	1	81. Rutherford	52
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe	3	47. Hoke		83. Scotland	
12. Burke	1569	48. Hyde		84. Stanly	
13. Cabarrus	2	49. Iredell	1	85. Stokes	
14. Caldwell	249	50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	94	54. Lenoir		90. Union	1
19. Chatham		55. Lincoln	8	91. Vance	
20. Cherokee		56. Macon		92. Wake	1
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	42	59. McDowell	378	95. Watauga	
24. Columbus		60. Mecklenburg	89	96. Wayne	
25. Craven		61. Mitchell	9	97. Wilkes	2
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore	1	99. Yadkin	1
28. Dare		64. Nash		100. Yancey	2
29. Davidson		65. New Hanover			
30. Davie	1	66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	4
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	2
35. Franklin	1	71. Pender		106. Other	6
36. Gaston	8	72. Perquimans		<b>Total No. of Patients</b>	<b>2461</b>

All responses should pertain to October 1, 2011 through September 30, 2012.

**Patient Origin – Gastrointestinal Endoscopy (GI) Cases**

**Facility County: Burke**

In an effort to document patterns of utilization of Gastrointestinal Endoscopy Services in North Carolina hospitals, please provide the county of residence for each GI Endoscopy patient served in your facility. Count each patient once regardless of the number of procedures performed while the patient was receiving GI Endoscopy Services. However, each admission for GI Endoscopy services should be reported separately.

The Total from this chart should match the Total GI Endoscopy cases reported on the "Gastrointestinal Endoscopy Rooms, Cases and Procedures" Table on page 8 plus the total Inpatient and Ambulatory GI Endoscopy cases from the "Non-Surgical Cases by Category" Table on page 9.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander	4	38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery	2	42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	18
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke	550	48. Hyde		84. Stanly	
13. Cabarrus	73	49. Iredell		85. Stokes	
14. Caldwell		50. Jackson	1	86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	24	54. Lenoir		90. Union	1
19. Chatham		55. Lincoln	4	91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	9	59. McDowell	132	95. Watauga	
24. Columbus		60. Mecklenburg	3	96. Wayne	
25. Craven		61. Mitchell	1	97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore	1	99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	3
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	1
35. Franklin		71. Pender		106. Other	1
36. Gaston	1	72. Perquimans		<b>Total No. of Patients</b>	<b>831</b>

All responses should pertain to October 1, 2011 through September 30, 2012.

**Patient Origin - Psychiatric and Substance Abuse Alamance through Johnston**

**Facility County: Burke**

Complete the following table below for inpatient Days of Care reported under Section .5200.

County of Patient Origin	Psychiatric Treatment Days of Care			Substance Abuse Treatment Days of Care			Detoxification Days of Care		
	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals
Alamance									
Alexander		41	41						
Alleghany		16	16						
Anson									
Ashc		35	35						
Avery		17	17						
Beaufort									
Bertie									
Bladen									
Brunswick		11	11						
Buncombe		56	56						
Burke		3147	3147						
Cabarrus		203	203						
Caldwell		656	656						
Camden									
Carteret									
Caswell									
Catawba		285	285						
Chatham									
Cherokee		60	60						
Chowan									
Clay									
Cleveland		149	149						
Columbus		6	6						
Craven									
Cumberland									
Currituck									
Dare									
Davidson		20	20						
Davie		15	15						
Duplin									
Durham									
Edgecombe									
Forsyth		17	17						
Franklin		13	13						
Gaston		418	418						
Gates									
Graham		4	4						
Granville		47	47						
Greene									
Guilford									
Halifax									
Harnett									
Haywood		29	29						
Henderson		42	42						
Hertford									
Hoke									
Hyde									
Iredell		118	118						
Jackson		41	41						
Johnston									

\*\* Note: See counties: Jones through Yancey (including Out-of-State) on next page.

All responses should pertain to October 1, 2011 through September 30, 2012.

**Patient Origin - Psychiatric and Substance Abuse** Jones through Yancey (including Out-of-State)

Facility County: Burke

(Continued from previous page)

County of Patient Origin	Psychiatric Treatment Days of Care			Substance Abuse Treatment Days of Care			Detoxification Days of Care		
	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals
Jones									
Lee									
Lenoir									
Lincoln	48	48	48						
Macon		61	61						
Madison									
Martin									
McDowell		505	505						
Mecklenburg		461	461						
Mitchell		6	6						
Montgomery		6	6						
Moore									
Nash									
New Hanover		13	13						
Northampton									
Onslow									
Orange									
Pamlico									
Pasquotank									
Pender									
Perquimans									
Person									
Plitt									
Polk		8	8						
Randolph									
Richmond		9	9						
Robeson									
Rockingham		28	28						
Rowan		43	43						
Rutherford		36	36						
Sampson									
Scotland									
Stanly		26	26						
Stokes		10	10						
Surry		163	163						
Swain		24	24						
Transylvania		8	8						
Tyrrell									
Union		32	32						
Vance									
Wake		21	21						
Warren									
Washington									
Watauga		63	63						
Wayne									
Wilkes		122	122						
Wilson									
Yadkin		100	100						
Yancey		11	11						
Out of State		100	100						
<b>TOTALS</b>			<b>7360</b>						

\*\* Note: See counties: Alamance through Johnston on previous page.

All responses should pertain to October 1, 2011 through September 30, 2012.

### Patient Origin - MRI Services

Facility County: **Burke**

In an effort to document patterns of utilization of MRI Services in North Carolina, hospitals are asked to provide county of residence for each patient served in your facility. The total number of patients reported here should be equal to or less than the total number of MRI procedures reported in Table 10a, on page 11.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander	1	38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	1
4. Anson		40. Greene		76. Randolph	
5. Ashe	1	41. Guilford		77. Richmond	
6. Avery	2	42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	1
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	15
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe	1	47. Hoke		83. Scotland	
12. Burke	1747	48. Hyde		84. Stanly	1
13. Cabarrus	1	49. Iredell	2	85. Stokes	
14. Caldwell	142	50. Jackson		86. Surry	1
15. Camden		51. Johnston		87. Swain	1
16. Carteret		52. Jones		88. Transylvania	
17. Caswell	1	53. Lee		89. Tyrrell	
18. Catawba	34	54. Lenoir		90. Union	1
19. Chatham		55. Lincoln	10	91. Vance	
20. Cherokee		56. Macon	1	92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	11	59. McDowell	254	95. Watauga	3
24. Columbus		60. Mecklenburg	2	96. Wayne	
25. Craven		61. Mitchell	7	97. Wilkes	5
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	2
29. Davidson		65. New Hanover	1	101. Georgia	
30. Davie		66. Northampton		102. South Carolina	3
31. Duplin		67. Onslow		103. Tennessee	
32. Durham		68. Orange		104. Virginia	
33. Edgecombe		69. Pamlico		105. Other States	
34. Forsyth		70. Pasquotank		106. Other	4
35. Franklin		71. Pender			
36. Gaston	4	72. Perquimans		<b>Total No. of Patients</b>	<b>2263</b>

Are mobile MRI services currently provided at your hospital? yes \_\_\_\_\_ no X

All responses should pertain to October 1, 2011 through September 30, 2012.

**Patient Origin – Linear Accelerator Treatment**

**Facility County: Burke**

In an effort to document patterns of utilization of linear accelerators in North Carolina, hospitals are asked to provide the county of residence for patients served on linear accelerators in your facility. Report the number of patients who receive radiation oncology treatment on equipment (linear accelerators, CyberKnife®, but not Gamma Knife®) listed in Section 11 of this application. Patients shall be counted once if they receive one course of treatment and more if they receive additional courses of treatment. For example, one patient who receives one course of treatment counts as one, and one patient who receives three courses of treatment counts as three. The number of patients reported here should match the number of patients reported in Section 11.a. of this application.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg		96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		<b>Total No. of Patients</b>	



All responses should pertain to October 1, 2011 through September 30, 2012.

**Patient Origin – PET Scanner**

Facility County: **Burke**

In an effort to document patterns of utilization of PET Scanners in North Carolina, hospitals are asked to provide county of residence for each patient served in your facility. This data should only reflect the number of patients, not number of scans and should not include other radiopharmaceutical or supply charge codes. **Please count each patient only once. The number of patients in this table should match the number of PET procedures reported in Table 10d on page 14.**

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke	67	48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell	13	50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	5	54. Lenoir		90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg		96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		<b>Total No. of Patients</b>	93

All responses should pertain to October 1, 2011 through September 30, 2012.

**This application must be completed and submitted with ONE COPY to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation prior to the issuance of a 2013 hospital license.**

**AUTHENTICATING SIGNATURE:** The undersigned submits application for the year 2013 in accordance with Article 5, Chapter 131E of the General Statutes of North Carolina, and subject to the rules and codes adopted thereunder by the North Carolina Medical Care Commission (10A NCAC 13B), and certifies the accuracy of this information.

Signature: Kenneth W. Wood Date: 11/29/12

PRINT NAME  
OF APPROVING OFFICIAL Kenneth W. Wood

**Please be advised, the license fee must accompany the completed application and be submitted to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation, prior to the issuance of a hospital license.**

# QUOTE

**David A Pennell**

 Owner  
 Tel: (828) 489-3262 Fax: (828) 265-0108  
 Cell: (828) 964-8426  
 david@pencarellc.com

 Pencare Specialty Interiors  
 PO Box 245  
 Warrensville, NC 28693

 Deanne Smith  
 Carolinas Healthcare System - Blue Ridge  
 Morganton 5th Floor Cubicles

**Quote Number:** CHBR-92514-5TH  
**Date:** 9/25/2014

Qty	Mfg	Tag	Part Num	Sell	Ext Sell
10	FRI	5TH FLOOR	Q1F2FAPA.6736N Fabric Covered Panel Non-Electrical, 67"H x 36"W	\$149.00	\$1,490.00
6	FRI	5TH FLOOR	Q1F2FAPA.6724N Fabric Covered Panel Non-Electrical, 67"H x 24"W	\$109.00	\$654.00
3	FRI	5TH FLOOR	Q1FSECCWS.2436L Square Edge Curved Corner Worksurface, 36"W x 24"D	\$89.00	\$267.00
6	FRI	5TH FLOOR	Q1FSERWS.2436L Square Edge Rectangular Worksurface, 36"W x 24"D	\$59.00	\$354.00
3	FRI	5TH FLOOR	Q1FPEDSQP.BBF-MET Box/Box/File Pedestal, Aluminum Pulls	\$159.00	\$477.00
3	FRI	5TH FLOOR	Q1FPEDSQP.FF-MET File/File Pedestal, Aluminum Pulls	\$159.00	\$477.00
3	FRI	5TH FLOOR	Q1F2PFLU.1336L B Style Locking Painted Flipper Unit, 15.5"H x 36"W x 12.5"D	\$119.00	\$357.00
3	FRI	5TH FLOOR	Q1F2HSH.1336 B style Shelf Half height, 7.5"H x 36"W x 12.5"D	\$49.00	\$147.00

Qty	Mfg Tag	Part Num	Sell	Ext Sell
5	FRI 5TH FLOOR	Q1F22W.67 2-Way 90 DEG. Connector Post Hard Surface, 67"H	\$49.00	\$245.00
5	FRI 5TH FLOOR	Q1FDR.62 Draw Rod, 62"H	\$8.00	\$40.00
2	FRI 5TH FLOOR	Q1F23W.67 3-Way 90 DEG. Connector Post Hard Surface, 67"H	\$59.00	\$118.00
6	FRI 5TH FLOOR	Q1F2FE.67 Finished End, 67"H	\$19.00	\$114.00
1	FRI	FREIGHT Manufacture Freight	\$525.00	\$525.00
			<b>Sub-Total:</b>	<b>\$5,265.00</b>
	PTI	PTINSTALL Delivery & Installation	\$650.00	\$650.00
	NC	SALES TAX 6.75% NC SALES TAX	\$319.95	\$319.95
			<b>Total:</b>	<b>\$6,234.95</b>

Approved By: \_\_\_\_\_  
Name \_\_\_\_\_  
\_\_\_\_\_ Title

Date: \_\_\_\_\_  
PO: \_\_\_\_\_

Thank you for your business!!

