



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

May 5, 2021

Terrill Johnson Harris

[TJHarris@Foxrothschild.com](mailto:TJHarris@Foxrothschild.com)

**Exempt from Review**

**Record #:** 3555  
**Date of Request:** April 28, 2021  
**Facility Name:** Scotland Memorial Hospital  
**FID #:** 933446  
**Business Name:** Scotland Memorial Hospital, Inc.  
**Business #:** 1638  
**Project Description:** Replace existing MRI scanner  
**County:** Scotland

Dear Ms. Harris:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that the above referenced project is exempt from certificate of need review in accordance with G.S. 131E-184(a)(f). Therefore, you may proceed to acquire without a certificate of need the Siemens Magnetom Sola MRI scanner, serial number to be determined to replace the Toshiba Titan MRI scanner, serial number 53A0892009. This determination is based on your representations that the existing unit will be sold or otherwise disposed of and will not be used again in the State without first obtaining a certificate of need if one is required.

It should be noted that the Agency's position is based solely on the facts represented by you and that any change in facts as represented would require further consideration by this office and a separate determination. If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,

Tanya M. Saporito  
Project Analyst

Lisa Pittman  
Acting Chief, Certificate of Need

cc: Radiation Protection Section, DHSR  
Construction Section, DHSR

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603  
MAILING ADDRESS: 809 Ruggles Drive, 2704 Mail Service Center, Raleigh, NC 27699-2704  
<https://info.ncdhhs.gov/dhsr/> • TEL: 919-855-3873

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER



230 N. Elm St.  
Suite 1200  
Greensboro, NC 27401  
Tel (336) 378-5200 Fax (336) 378-5400  
www.foxrothschild.com

TERRI HARRIS  
Direct No: 336.378.5383  
Email: TJHarris@Foxrothschild.com

April 28, 2021

Lisa Pittman, Assistant Chief  
[Lisa.Pittman@dhhs.nc.gov](mailto:Lisa.Pittman@dhhs.nc.gov)  
Tanya Saporito, Project Analyst  
[tanya.saporito@dhhs.nc.gov](mailto:tanya.saporito@dhhs.nc.gov)  
Healthcare Planning and 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: Notice of Exemption for Renovation Pursuant to N.C.G.S. § 131E-184(g) and Replacement Equipment Pursuant to N.C.G.S. § 131E-184(f)**

Facility: Scotland Memorial Hospital Project  
Description: Replace Surgical Suite and Renovate Front of Hospital and Replace MRI Scanner  
County: Scotland  
FID #: 933446

Dear Lisa and Tanya:

We are writing on behalf of Scotland Memorial Hospital, Inc. (“Scotland”) to give prior written notice pursuant to N.C. Gen. Stat. § 131E-184(g) and N.C. Gen. Stat. § 131E-184(f) that Scotland plans a major renovation of the first floor of its existing hospital that will include renovations to its existing imaging suite and a replacement MRI scanner. This letter confirms that Scotland’s first floor renovation project and replacement MRI both meet the requirements to be exempt from CON review.

A Pennsylvania Limited Liability Partnership

California Colorado Delaware District of Columbia Florida Georgia Illinois Minnesota Nevada  
New Jersey New York North Carolina Pennsylvania South Carolina Texas Virginia Washington



Lisa Pittman, Assistant Chief  
Tanya Saporito, Project Analyst  
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### Replace Surgical Suite and Renovate Front of Hospital

The sole purpose of Scotland's first floor renovation project is to renovate, replace, and expand portions of its existing health service facility located on its main campus. Specifically, Scotland plans to construct new space on the back of the hospital to replace all of its existing operating rooms and to renovate its imaging suite, expand its lab and pharmacy, and create a new entrance and reception area for outpatient registration and waiting in existing space.

Scotland is located at 500 Lauchwood Drive, Laurinburg, North Carolina. Copies of its 2021 License and License Renewal Application are attached as Exhibit 1. This location is the main campus for the licensed health service facility where it provides clinical services. Gregory C. Wood is the President and Chief Executive Officer, and his office is located on the main campus. His role includes the exercise of administrative and financial control of the Hospital and the grounds and buildings adjacent to the main hospital building. Scotland's administration, finance, and medical records departments are currently located on the first floor of the main hospital building and will be relocated to space adjacent to the main hospital building to make room for the renovation of the front part of the hospital.

The site of the proposed renovations is the existing, main hospital building. A site plan drawn to scale identifying the main hospital building is attached as Exhibit 2. Only the main hospital building will be renovated and expanded as part of this project. Conceptual drawings of the planned renovations are attached as Exhibit 3 to show each area to be renovated.

Scotland's goal is to enhance the care it provides to the citizens of Scotland County. The construction of new space for the operating rooms will enable Scotland to modernize its surgical suite. The current operating rooms, pre- and post-operative space, and support space are outdated and undersized for the equipment, new technology, and personnel needed. The total number of operating rooms will remain the same as a result of this project. At the front of the hospital on the first floor, Scotland also plans to renovate and update the space used for lab, imaging, pharmacy, and outpatient waiting and registration to enhance patient care, the patient experience, and the efficient use of space.

The total cost to Scotland for the first floor renovation project will exceed \$2 million and is currently estimated to be \$40 million, which includes the cost of design, construction, furniture, fixtures, and other miscellaneous costs. We do not yet have a detailed breakdown of the costs to enable us to complete a capital cost estimate form, but we estimate that the cost of the construction of the new surgical suite to be approximately \$20 million, the cost of the renovation of the front

Lisa Pittman, Assistant Chief  
Tanya Saporito, Project Analyst  
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of the hospital, including the imaging suite, to be approximately \$10 million, and the cost of furniture, fixtures, and equipment to be approximately \$10 million.

The first floor renovation project does not include a change in bed capacity as defined by N.C. Gen. Stat. § 131E-176(5), the addition of a health service facility, an increase in the number of operating rooms or gastrointestinal endoscopy rooms, the acquisition of major medical equipment, a change in a CON approved project, or any other new institutional health service for which a CON would be required.

#### Replace MRI Scanner

Scotland also plans to replace its existing MRI scanner with comparable new equipment pursuant to N.C. Gen. Stat. § 131E-184(f). The existing MRI scanner is located in Scotland's main hospital building on the main hospital campus in Laurinburg. See Exhibit 1. The existing MRI scanner was purchased in 2010 pursuant to the CON attached as Exhibit 4.<sup>1</sup> The existing MRI scanner needs to be replaced due to age, outdated technology, and increasing maintenance challenges. The existing MRI scanner at Scotland is a Toshiba Titan 1.5T, and it is currently in use as shown on Exhibit 1, page 17. The existing MRI scanner will be removed and disposed of out of state when the replacement MRI scanner is installed.

The existing MRI scanner will be replaced with a new Siemens Magnetom Sola 1.5T MRI scanner. The replacement MRI scanner is comparable medical equipment pursuant to 10A N.C.A.C. 14C.0303 because it will not be used to provide a new health service. It will be used for the same diagnostic purposes as the existing equipment. Please refer to Exhibit 5 for the chart comparing the existing MRI scanner with the replacement MRI scanner. A copy of the Siemens quote is available for your review upon request.

The preliminary estimate for the replacement MRI scanner is \$1,850,000. In addition, renovations to the existing imaging suite will be necessary to install and make operational the replacement MRI scanner. The total cost to acquire, install, and make operational the replacement MRI scanner is estimated to exceed \$2 million, but we do not yet have a detailed breakdown of the construction and installation costs to enable us to complete a capital cost estimate form.

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<sup>1</sup>One of the holders of the CON, Scotland MOB, LLC, has been dissolved and no longer exists. Scotland Memorial Hospital, Inc. is operating the MRI scanner at 500 Lauchwood Drive, Laurinburg, pursuant to this CON.



Lisa Pittman, Assistant Chief  
Tanya Saporito, Project Analyst  
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Conclusion

Based on this letter and the attached documentation, we look forward to receiving your letter confirming that Scotland's proposed renovation, replacement, and expansion of the first floor of its existing, licensed hospital on its main campus is exempt from certificate of need review pursuant to N.C. Gen. Stat. § 131E-184(g) and that its replacement of its existing MRI scanner is exempt from certificate of need review pursuant to N.C. Gen. Stat. § 131E-184(f). We also ask that you expedite your review of this exemption notice letter to facilitate Scotland's efforts to obtain bond financing for the project. The bond financing schedule is the reason for the submission of this exemption notice letter before detailed construction cost estimates are available.

Please let me know if you have questions or need any additional information about the first floor renovation or the replacement MRI scanner.

Very truly yours,

A handwritten signature in black ink that reads 'Terrill Harris'.

Terrill Johnson Harris

TH:mpp

Enclosures

cc: William R. Purcell II (w/enclosures)

# State of North Carolina

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

*Effective January 01, 2021, this license is issued to*

***Scotland Memorial Hospital, Inc.***

*to operate a hospital known as*

***Scotland Memorial Hospital***

*located in Laurinburg, North Carolina, Scotland 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: 933446*

***License Number: H0107***

***Bed Capacity: 104***

*General Acute 97, Rehabilitation 7,*

**Dedicated Inpatient Surgical Operating Rooms: 1**

**Dedicated Ambulatory Surgical Operating Rooms: 0**

**Shared Surgical Operating Rooms: 5**

**Dedicated Endoscopy Rooms: 2**

**Authorized by:**



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



**Director, Division of Health Service Regulation**

JAN 20 2021

North Carolina Department of Health and Human Services  
Division of Health Service Regulation  
Acute and Home Care Licensure and Certification Section  
Regular Mail: 1205 Umstead Drive  
2712 Mail Service Center  
Raleigh, North Carolina 27699-2712  
Overnight UPS and FedEx only: 1205 Umstead Drive  
Raleigh, North Carolina 27603  
Telephone: (919) 855-4620 Fax: (919) 715-3073

**For Official Use Only**

License # H0107 Medicare # 340008  
FID #: 933446  
PC NJ Date 1/26/21

License Fee: \$2,270.00

**2021  
HOSPITAL LICENSE  
RENEWAL APPLICATION**

Legal Identity of Applicant: Scotland Memorial 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: Scotland Memorial Hospital

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

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

Facility Mailing Address: 500 Lauchwood Drive  
Laurinburg, NC 28352

Facility Site Address: 500 Lauchwood Drive  
Laurinburg, NC 28352

County: Scotland  
Telephone: (910)291-7000  
Fax: (910)291-7029

Application Rec'd Date 1-20-21  
Fee Paid-Ck # 0 000 29 38 05  
Amount \$2,270  
Initials [Signature]  
DHSR Acute and Home Care L&C

**Administrator/Director:** Gregory C Wood

**Title:** President & CEO

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

**Chief Executive Officer:** Gregory C. Wood **Title:** President & 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: Matthew D. Pracht Telephone: (910) 291-7920

E-Mail: Matt.Pracht@scotlandhealth.org

All responses should pertain to **October 1, 2019 through September 30, 2020.**

*For questions regarding this page, please contact Azzie Conley at (919) 855-4646.*

In accordance with Session Law 2013-382 and 10A NCAC 13B .3502(e) on an annual basis, on the license renewal application provided by the Division, the facility shall provide to the Division the direct website address to the facility's financial assistance policy. This Rule applies only to facilities required to file a Schedule H, federal form 990. Please use Form 990 Schedule B and/or Schedule H as a reference.

- 1) Please provide the main website address for the facility:

www.scotlandhealth.org

- 2) In accordance with 131E-214.4(a) DHR can no longer post a link to internet Websites to demonstrate compliance with this statute.

- A) Please provide the website address and/or link to access the facility's charity care policy and financial assistance policy:

https://www.scotlandhealth.org-financial assistance and standard charges

- B) Also, please attach a copy of the facility's charity care policy and financial assistance policy:

Feel free to email the copy of the facility's charity care policy to:  
DHHS.DHSR.Hospital.CharityCare.Policy@dhhs.nc.gov.

- 3) Please provide the following financial assistance data. All responses can be located on Form 990 and/or Form 990 Schedule H.

<b>Contribution, Gifts, Grants and other similar Amounts</b>  <i>(Form 990; Part VIII 1(h))</i>	<b>Annual Financial Assistance at Cost</b>  <i>(Form 990; Schedule H Part I, 7(a)(c))</i>	<b>Bad Debt Expense</b>  <i>(Form 990; Schedule H Part III, Section A(2))</i>	<b>Bad Debt Expense Attributable to Patients eligible under the organization's financial assistance policy</b>  <i>(Form 990; Schedule H Part III, Section A(3))</i>
552,616	3,794,791	6,212,355	4,845,637

**AUTHENTICATING SIGNATURE:** this attestation statement is to validate compliance with GS 131E-91 as evidenced through 10A NCAC 13B .3502 and all requirements set forth to assure compliance with fair billing and collection practices.

Signature: Matthew D. Pracht Date: 1/19/2020

Print Name of Approving Official: Matthew D. Pracht



All responses should pertain to **October 1, 2019 through September 30, 2020.**

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

Primary National Provider Identifier (NPI) registered at NPPES 1457345597

If facility has more than one "Primary" NPI, please provide 1902890742

**List all campuses as defined in NCGS 131E-176(2c) under the hospital license. Please include offsite emergency departments**

Name(s) of Campus:	Address:	Services Offered:
<u>See attached</u>		

**Please attach a separate sheet for additional listings**

**ITEMIZED CHARGES:** Licensure Rule 10A NCAC 13B .3110 requires the Applicant to provide itemized billing. Indicate which method is used:

- a. The facility provides a detailed statement of charges to all patients.
- b. Patients are advised that such detailed statements are available upon request.

Type of Health Care Facilities under the Hospital License

List Name(s) of Facilities	Address	Type of Business/Service
Maxton Family Practice Center	1001 Dr. Martin King, Jr. Dr. Maxton, NC 28364	Rural Health Clinic
Marlboro Family Practice and Urgent Care	957 Cheraw Street Bennettsville, SC 29512	Rural Health Clinic
Scotland Urgent Care Center	500 Lauchwood Drive Laurinburg, NC 28352	Rural Health Clinic
Wagram Family Practice Center	24420 Marlboro Street Wagram, NC 28396	Primary Care Center
Pembroke Family Practice Center	410-D South Jones Street Pembroke, NC 28372	Rural Health Clinic
Harris Family Practice	700-A Progress Place Laurinburg, NC 28352	Rural Health Clinic
Marlboro OB/Gyn	1007 Cheraw Hwy. PO Box 973 Bennettsville, SC 29512	Single Specialty Practice
Scotland Surgical & GI	500 Lauchwood Drive Laurinburg, NC 28352	Single Specialty Practice
Laurinburg Urology	521 Lauchwood Drive Laurinburg, NC 28352	Single Specialty Practice
Marlboro Surgical Associates	1007 Cheraw Hwy. PO Box 973 Bennettsville, SC 29512	Single Specialty Practice
Women's Health Center of the Carolinas	105 McAlpine Lane Laurinburg, NC 28352	Single Specialty Practice
Wolonick Family Practice, P.A.	106 McAlpine Lane Laurinburg, NC 28352	Rural Health Clinic
Carolinas Vascular	1600 Medical Drive Laurinburg, NC 28352	Single Specialty Practice
Women's Health Center of the Carolinas at Pembroke	17 Livermore Drive Pembroke NC 28372	Single Specialty Practice
Laurinburg ENT	1705-Berwick Drive Laurinburg, NC 28352	Single Specialty Practice
Scotland Nephrology	601 Lauchwood Drive Laurinburg, NC 28352	Single Specialty Practice
Scotland Pulmonology and Sleep Medicine	601 Lauchwood Drive Laurinburg, NC 28352	Single Specialty Practice

All responses should pertain to **October 1, 2019 through September 30, 2020.**

**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: Scotland Memorial Hospital Inc  
Street/Box: 500 Lauchwood Drive  
City: Laurinburg State: NC Zip: 28352  
Telephone: (910)291-7000 Fax: (910)291-7029  
CEO: Gregory C. Wood, President & CEO

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\*: Scotland Health Care System

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

If 'Yes', name of CEO: \_\_\_\_\_

- 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: Atrium Health  
Street/Box: 1000 Blythe Blvd

City: Charlotte State: NC Zip: 28203  
Telephone: (704)355-2000

3. Vice President of Nursing and Patient Care Services:

Beatrice m. Holt, RN, MSN, MHA, NEA-BC

4. Director of Planning:

David Pope

All responses should pertain to **October 1, 2019 through September 30, 2020.**

## Facility Data

**A. Reporting Period.** All responses should pertain to the period **October 1, 2019 to September 30, 2020.**

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

For B and C, submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

1. Admissions to Licensed Acute Care Beds: <b>include only admissions to beds in category D-1 (a – q) on page 6; exclude responses in categories D-2 – D-8 on page 6; exclude normal newborn bassinets; exclude swing bed admissions.</b>	5855	
2. Discharges from Licensed Acute Care Beds: <b>include only discharges from beds in category D-1 (a – q) on page 6; exclude responses in categories D-2 – D-8 on page 6; exclude normal newborn bassinets; exclude swing bed admissions.</b>	5854	
3. Average Daily Census: <b>include only admissions to beds in category D-1 (a – q) on page 6; exclude responses in categories D-2-D-8 on page 6; exclude normal newborn bassinets; and exclude swing bed admissions.</b>	56.6	
4. Was there a permanent change in the total number of licensed beds during the reporting period?	Yes	No X
If 'Yes', what was the number of licensed beds at the end of the reporting period?		
If 'Yes', please state reason(s) (such as additions, alterations, or conversions) which may have affected the change in bed complement:		
5. Observations: Number of patients in observation status and not admitted as inpatients, excluding Emergency Department patients.	2723	
6. Number of unlicensed Observation Beds	0	

### C. Designation and Accreditation

1. Are you a designated trauma center?      \_\_\_ Yes    X No    Designated Level # \_\_\_\_\_
2. Are you a critical access hospital (CAH)?      \_\_\_ Yes    X No
3. Are you a long term care hospital (LTCH)?      \_\_\_ Yes    X No
4. Is this facility TJC accredited?      X Yes    \_\_\_ No    Expiration Date: 01/06/21
5. Is this facility DNV accredited?      \_\_\_ Yes    X No    Expiration Date: \_\_\_\_\_
6. Is this facility AOA accredited?      \_\_\_ Yes    X No    Expiration Date: \_\_\_\_\_
7. Are you a Medicare deemed provider?      X Yes    \_\_\_ No

All responses should pertain to **October 1, 2019 through September 30, 2020.**

**D. Beds by Service (Inpatient – Do Not Include Observation Beds or Days of Care)**  
**Please provide a Beds by Service (p. 6) 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. If your facility has a Nursing Facility unit and/or Adult Care Bed unit, please complete the supplemental packet for Skilled Nursing Facility beds.

Licensed Acute Care Beds Campus – if multiple sites: _____	Licensed Beds as of 9/30/2020	Operational Beds as of 9/30/2020	Inpatient Days of Care
<b>Intensive Care Units</b>			
1. General Acute Care Beds/Days			
a. Burn (for DRG's 927, 928, 929, 933, 934, and 935 only)			
b. Cardiac			
c. Cardiovascular Surgery			
d. Medical/Surgical	8	8	1942
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 (Exclude Skilled Nursing swing-beds)	71	71	16,126
k. Neonatal Level III* (Not Normal Newborn)	2	2	229
l. Neonatal Level II* (Not Normal Newborn)	3	3	923
m. Obstetric (including LDRP)	13	13	1480
n. Oncology			
o. Orthopedics			
p. Pediatric			
q. Other, List:			
<b>Total General Acute Care Beds/Days (a through q)</b>	<b>97</b>	<b>97</b>	<b>20,700</b>
2. Comprehensive In-Patient Rehabilitation	7	7	1,081
3. Inpatient Hospice	0		
4. Substance Abuse / Chemical Dependency Treatment	0		
5. Psychiatry	0		
6. Nursing Facility	0		
7. Adult Care Home	0		
8. Other	0		
<b>9. Totals (1 through 8)</b>	<b>104</b>	<b>104</b>	<b>21781</b>

\*Neonatal service levels are defined in 10A NCAC 14C .1401.

**If this hospital is designated as a swing-bed hospital by Centers for Medicare & Medicaid Services (CMS):**

10. Number of Swing Beds	
11. Number of Skilled Nursing days in Swing Beds	

All responses should pertain to **October 1, 2019 through September 30, 2020.**

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

**Campus – if multiple sites:** \_\_\_\_\_

Primary Payer Source	Inpatient Days of Care (total should be the same as D.1.a – q total on p. 6)	Emergency Visits (total should be the same as F.3.b. on p. 8)	Outpatient Visits (excluding Emergency Visits and Surgical Cases)	Inpatient Surgical Cases (total should be same as 9.e. Total Surgical Cases-Inpatient Cases on p. 12)	Ambulatory Surgical Cases (total should be same as 9.e. Total Surgical Cases-Ambulatory Cases on p. 12)
Self Pay	459	6557	4917	59	77
Charity Care	621	2487	1930	22	29
Medicare*	12305	11786	45878	651	1295
Medicaid*	4314	14999	21942	413	554
Insurance*	2601	9222	23339	326	987
Other (Specify)	400	1581	1730	51	102
<b>TOTAL</b>	<b>20700</b>	<b>46732</b>	<b>99736</b>	<b>1522</b>	<b>3044</b>

\* Including any managed care plans.

**F. Services and Facilities**

**1. Obstetrics**

	Number of Infants
a. Live births (Vaginal Deliveries)	523
b. Live births (Cesarean Section)	291
c. Stillbirths	15

	Number of Rooms
d. Delivery Rooms - Delivery Only (not Cesarean Section)	0
e. Delivery Rooms - Labor and Delivery, Recovery	4
f. Delivery Rooms – LDRP (include in Item "D.1.m" on Page 6)	0

g. Number of Normal Newborn Bassinets (Level I Neonatal Services) 19  
 Do not include in section "D. Beds by Service" on Page 6

**2. Abortion Services**

Number of procedures per Year 0  
 (Feel free to footnote the type of abortion procedures reported)

All responses should pertain to **October 1, 2019 through September 30, 2020.**

**3. Emergency Department Services**

- a. Total Number of ED Exam Rooms: 34  
 Of this total, how many are:  
 a.1. # Trauma Rooms 2  
 a.2. # Fast Track Rooms 5  
 a.3. # Urgent Care Rooms 0  
4 IVC Holding
- b. Total Number of ED visits for reporting period: 46,732
- c. Total Number of admits from the ED for reporting period: 4,571
- d. Total Number of Urgent Care visits for reporting period: 0
- 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 334  
 HIV Culture N/A
- d. Organ Bank  Yes  No
- e. Pap Smear Screening  Yes  No

All responses should pertain to **October 1, 2019 through September 30, 2020.**

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

Type	Number	Type	Number	Type	Number
a. Bone Marrow-Allogeneic	0	f. Kidney/Liver	0	k. Lung	0
b. Bone Marrow-Autologous	0	g. Liver	0	l. Pancreas	0
c. Cornea	0	h. Heart/Liver	0	m. Pancreas/Kidney	0
d. Heart	0	i. Heart/Kidney	0	n. Pancreas/Liver	0
e. Heart/Lung	0	j. Kidney	0	o. Other	0

Do you perform living donor transplants? \_\_\_ Yes  No

**7. Telehealth/Telemedicine\***

Check the appropriate box for each service this facility provides or receives via telehealth/telemedicine.  
 A service may apply to more than one category.

Service	Check all that apply	
	<u>Provide</u> service <u>to</u> other facilities via telemedicine	<u>Receive</u> service <u>from</u> other facilities via telemedicine
Emergency Department	<input type="checkbox"/>	<input type="checkbox"/>
Imaging	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Psychiatric	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Alcohol and/or substance use disorder (other than tobacco) services	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other services	<input type="checkbox"/>	<input checked="" type="checkbox"/>

\* Telehealth/telemedicine is defined by the U.S. Health Resources & Services administration as “the use of electronic information and telecommunication technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health, and health administration. Technologies include video conferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications.”

**8. Specialized Cardiac Services** (for questions, call Healthcare Planning at 919-855-3865)

**a. Open Heart Surgery**

Open Heart Surgery	Number of Machines/Procedures
1. Number of Heart-Lung Bypass Machines	0
2. Total Annual Number of Open Heart Surgery Procedures Utilizing Heart-Lung Bypass Machine	0
3. Total Annual Number of Open Heart Surgery Procedures done without utilizing a Heart-Lung Bypass Machine	0
4. Total Open Heart Surgery Procedures (2. + 3.)	0



All responses should pertain to **October 1, 2019 through September 30, 2020.**

**8. Specialized Cardiac Services *continued*** (for questions, call Healthcare Planning at 919-855-3865)

**b. Cardiac Catheterization and Electrophysiology**

<b>Cardiac Catheterization, as defined in NCGS 131E-176(2g)</b>	<b>Diagnostic Cardiac Catheterization**</b>	<b>Interventional Cardiac Catheterization***</b>
1. Number of Units of Fixed Equipment	1 unit shared for diagnostic + intervention	
2. Number of Procedures* Performed in Fixed Units on Patients Age 14 and younger	0 Pediatrics	0 Pediatrics
3. Number of Procedures* Performed in Fixed Units on Patients Age 15 and older	291	92
4. Number of Procedures* Performed in Mobile Units	0	0
<b>Dedicated Electrophysiology (EP) Equipment</b>		
5. Number of Units of Fixed Equipment	0	
6. Number of Procedures on Dedicated EP Equipment	0	

\*A **procedure** is defined as one visit or trip by a patient to a catheterization laboratory for a single or multiple catheterizations. Count each visit only once, regardless of the number of diagnostic, interventional, and/or EP catheterizations performed during that visit. For example, if a patient has both a diagnostic and an interventional procedure in one visit, count it as one interventional procedure.

\*\* “a cardiac catheterization procedure performed for the purpose of detecting and identifying defects or diseases in the coronary arteries or veins of the heart, or abnormalities in the heart structure, but not the pulmonary artery.” 10A NCAC 14C .1601(9)

\*\*\* “a cardiac catheterization procedure performed for the purpose of treating or resolving anatomical or physiological conditions which have been determined to exist in the heart or coronary arteries or veins of the heart, but not the pulmonary artery.” 10A NCAC 14C .1601(16)

Number of fixed or mobile units of grandfathered cardiac catheterization equipment owned by hospital (i.e., equipment obtained before a CON was required): \_\_\_\_\_

For questions, please contact Healthcare Planning and Certificate of Need at 919-855-3873.

CON Project ID numbers for all non-grandfathered fixed or mobile units of cardiac catheterization equipment owned by hospital:

\_\_\_\_\_  
 \_\_\_\_\_

Name of Mobile Vendor, if not owned by hospital: N/A

Number of 8-hour days per week the mobile unit is onsite: N/A 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)

All responses should pertain to **October 1, 2019 through September 30, 2020.**

**9. 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 11-13 (through Section 9-g) for each site. Submit the Cumulative Totals and submit a duplicate of pages 11-13 for each campus.

**Campus – if multiple sites:** \_\_\_\_\_

**a) Surgical Operating Rooms**

A Surgical Operating Room is defined as a room “used for the performance of surgical procedures requiring one or more incisions and that is required to comply with all applicable licensure codes and standards for an operating room” (G.S. §131E-146(1c)). These surgical operating rooms include rooms located in both Obstetrics and surgical suites.

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	0
Dedicated C-Section	1
Other Dedicated Inpatient Surgery <i>(Do not include dedicated Open Heart or C-Section rooms)</i>	0
Dedicated Ambulatory Surgery	0
Shared - Inpatient / Ambulatory Surgery	5
<b>Total of Surgical Operating Rooms</b>	<b>6</b>

Of the <b>Total of Surgical Operating Rooms</b> , above, how many are equipped with advanced medical imaging devices (excluding mobile C-arms) or radiation equipment for the performance of endovascular, cardiovascular, neuro-interventional procedures, and/or intraoperative cancer treatments? Your facility may or may not refer to such rooms as “hybrid ORs.”	0
--	---

**b) Gastrointestinal Endoscopy Rooms, Procedures, and Cases**

Report the number of Gastrointestinal Endoscopy rooms and the Endoscopy cases and procedures performed during the reporting period, **in GI Endoscopy Rooms and in any other location.**

Total Number of Licensed Gastrointestinal Endoscopy Rooms: 2

GI Endoscopies*	PROCEDURES		CASES		TOTAL CASES
	Inpatient	Outpatient	Inpatient	Outpatient	
Performed in Licensed GI Endoscopy Rooms	75	1641	69	1472	1541
NOT Performed in Licensed GI Endoscopy Rooms	91	40	84	37	121
<b>TOTAL CASES –must match total reported on Page 27 (Patient Origin – GI Endoscopy Cases) →</b>					<b>1662</b>

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

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

Report rooms, which are not licensed as operating rooms or GI endoscopy rooms, but that are used for performance of surgical procedures other than Gastrointestinal Endoscopy procedures.

Total Number of Procedure Rooms: 1 Cysto Room

All responses should pertain to October 1, 2019 through September 30, 2020.

**Campus – if multiple sites:** \_\_\_\_\_

**d) Non-Surgical Cases by Category**

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.**

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
<b>Endoscopies OTHER THAN GI Endoscopies</b>		
Performed in Licensed GI Endoscopy Rooms	0	0
NOT Performed in Licensed GI Endoscopy Rooms	30	0
<b>Other Non-Surgical Cases</b>		
Pain Management	0	0
Cystoscopy	22	40
YAG Laser	0	0
Other (specify)	0	0

**e) Surgical Cases by Specialty Area**

**Enter the number of surgical cases performed in licensed operating rooms only, by surgical specialty area.** 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 28 and 29.**

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)	0	
Open Heart Surgery (from 8.(a) 4. on page 9)	0	
General Surgery	596	
Neurosurgery	0	
Obstetrics and GYN (excluding C-Sections)	59	
Ophthalmology	0	
Oral Surgery/Dental	0	
Orthopedics	424	
Otolaryngology	3	
Plastic Surgery	0	
Podiatry	44	
Urology	18	
Vascular	87	
Other Surgeries (specify)	0	
Number of C-Sections Performed in Dedicated C-Section ORs	291	
Number of C-Sections Performed in Other ORs	0	
<b>Total Surgical Cases Performed Only in Licensed ORs</b>	<b>1522</b>	

**f) Number of surgical procedures performed in unlicensed Procedure Rooms:** 0

All responses should pertain to **October 1, 2019 through September 30, 2020.**

**Campus – if multiple sites:** \_\_\_\_\_

**For questions regarding this page, please contact Healthcare Planning at 919-855-3865.**

**g. Average Operating Room Availability and Average Case Times**

Based on **your facility’s** experience, please complete the table below by showing the averages for all licensed operating rooms in your facility. Healthcare Planning uses this data in the operating room need methodology. **Average case times should be calculated, not estimated.** When reporting case times, be sure to include set-up and clean-up times.

Average Hours per Day <b>Routinely</b> Scheduled for Use Per Room*	Average Number of Days per Year <b>Routinely</b> Scheduled for Use	Average Case Time ** in <b>Minutes</b> for Inpatient Cases	Average Case Time ** in <b>Minutes</b> for Ambulatory Cases
8.2	255	129.01	89.77

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

A facility has 3 ORs: 2 are routinely scheduled for use 8 hours per day, and 1 is routinely scheduled for use 9 hours per day.

2 rooms	x	8 hours	=	16 hours	
1 room	x	9 hours	=	9 hours	
Total hours per day				25 hours	

25 hours divided by 3 ORs  
 = **8.3 Average Hours per day**  
**Routinely Scheduled for Use Per 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. 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, 2019 through September 30, 2020.**

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For questions regarding this page, please contact Healthcare Planning at 919-855-3865.

**h. Definition of Health System for Operating Room Need Determination Methodology**

Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

The Operating Room need determination methodology uses the following definition of “health system” that differs from the definition on page 4 of the License Renewal Application. (Note that for most facilities, the health system entered here will be the same health system entered on page 4, but it may not be. Please read this definition carefully.)

A “health system” includes all licensed health service facilities located in the same county that are owned or leased by:

1. the same legal entity (i.e., the same individual, trust or estate, partnership, corporation, hospital authority, or the State or political subdivision, agency or instrumentality of the State); or
2. the same parent corporation or holding company; or
3. a subsidiary of the same parent corporation or holding company; or
4. a joint venture in which the same parent, holding company, or a subsidiary of the same parent or holding company is a participant and has the authority to propose changes in the location or number of ORs in the health service facility.

A health system consists of one or more health service facilities.

Based on the above definition, is this facility in a health system?  Yes  No

If so, name of health system: Scotland Health Care System

All responses should pertain to **October 1, 2019 through September 30, 2020.**

**i. 20 Most Common Outpatient Surgical Cases** - Enter the number of surgical cases performed only in licensed operating rooms and / or licensed endoscopy room by the top 20 most common outpatient surgical cases in the table below by CPT code. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery. Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

CPT Code	Description	Cases
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	73
29880	Arthroscopy, knee, surgical; with meniscectomy (medial and lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	29
29881	Arthroscopy, knee, surgical; with meniscectomy (medial or lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	79
42820	Tonsillectomy and adenoidectomy; younger than age 12	58
42830	Adenoidectomy, primary; younger than age 12	34
43235	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	21
43239	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple	425
43248	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with insertion of guide wire followed by dilation of esophagus over guide wire	0
43249	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with balloon dilation of esophagus (less than 30 mm diameter)	7
45378	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)	289
45380	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple	77
45384	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	379
45385	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	112
62311	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)	0
64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or computed tomography); lumbar or sacral, single level	0
64721	Neuroplasty and/or transposition; median nerve at carpal tunnel	68
66821	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (e.g., YAG laser) (one or more stages)	0
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (e.g., iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage	14
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (stage one procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification)	425
69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia	41

All responses should pertain to **October 1, 2019 through September 30, 2020.**

## 10. Imaging Procedures

### a. 20 Most Common Outpatient Imaging Procedures

Enter the number of the top 20 common imaging procedures performed in the ambulatory setting or outpatient department in the table below by CPT code. Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

CPT Code	Description	Procedures
70450	Computed tomography, head or brain; without contrast material	6287
70486	Computed tomography, facial bone; without contrast material	737
70551	Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material	678
70553	Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material followed by contrast material(s) and further sequences	409
71020	Radiologic examination, chest; two views, frontal and lateral	2076
71250	Computed tomography, thorax; without contrast material(s)	758
71260	Computed tomography, thorax; with contrast material(s)	1537
71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	1874
72100	Radiologic examination, spine, lumbosacral; two or three views	1188
72110	Radiologic examination, spine, lumbosacral; minimum of four views	175
72125	Computed tomography, cervical spine; without contrast material	2134
72141	Magnetic resonance (e.g., proton) imaging, spine cervical without contrast material	240
72148	Magnetic resonance (e.g., proton) imaging, spine lumbar without contrast material	518
73221	Magnetic resonance (e.g., proton) imaging, upper joint (e.g. shoulder, elbow, wrist) extremity without contrast material	128
73630	Radiologic examination, foot; complete, minimum of three views	1412
73721	Magnetic resonance (e.g., proton) imaging, lower joint (e.g. knee, ankle, mid-hind foot, hip) extremity without contrast material	178
74000	Radiologic examination, abdomen; single anteroposterior view	1067
74176	Computed tomography, abdomen and pelvis; without contrast material	2260
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	5781
74178	Computed tomography, abdomen and pelvis; with contrast material(s) followed by contrast material	133

All responses should pertain to **October 1, 2019 through September 30, 2020**.

**Instructions for Hospitals with multiple campuses: For MRI Services, (Sections 10b-10e, pp 17-18), do not provide cumulative/combined data for all campuses. Provide data for individual campuses only.**

**b. MRI Procedures**

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

Procedures	Inpatient Procedures*			Outpatient Procedures*			TOTAL Procedures
	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	
Fixed	63	332	395	673	1816	2489	2884
Mobile (performed only at this site)	0	0	0	0	0	0	0
<b>TOTAL**</b>	<b>63</b>	<b>332</b>	<b>395</b>	<b>673</b>	<b>1816</b>	<b>2489</b>	<b>2884</b>

\* 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.

\*\* Totals must be greater than or equal to the totals in the MRI Patient Origin Table on page 30 of this application.

Note: Healthcare Planning and Certificate of Need may request CPT codes for MRI procedures if further clarification is needed.

**c. Fixed MRI Scanners**

Indicate the number of MRI scanners (units) operated 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:** \_\_\_\_\_

Fixed Scanners	Number of Units
Number of fixed MRI scanners-closed, including open-bore scanners (do not include any Policy AC-3 scanners)	1
Number of fixed MRI scanners-open (do not include any Policy AC-3 scanners)	0
Number of Policy AC-3 MRI scanners used for general clinical purposes	0
Total Fixed MRI Scanners	1

Number of grandfathered fixed MRI scanners on this campus: 0

**For questions, please contact Healthcare Planning and Certificate of Need at 919-855-3873.**

CON Project ID numbers for all other fixed MRI scanners on this campus: \_\_\_\_\_

#N-7805-07      FID # 061346



All responses should pertain to **October 1, 2019 through September 30, 2020.**

**d. Mobile MRI Services Campus – if multiple sites:** \_\_\_\_\_

During the reporting period.

1. Did the facility own one or more mobile MRI scanners?    \_\_\_ Yes     No

If Yes, how many? \_\_\_\_\_ Of these, how many are grandfathered? \_\_\_\_\_  
 CON Project ID numbers for non-grandfathered mobile scanners owned by facility:  
 \_\_\_\_\_

Did the facility contract for mobile MRI services?    \_\_\_ Yes     No

If Yes, name of mobile vendor: \_\_\_\_\_

**e. Other MRI**

Patients served on units listed in the next table should not be included in the MRI Patient Origin Table on page 30 of this application. 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:** \_\_\_\_\_

Other Scanners	Units	Inpatient Procedures*			Outpatient Procedures*			TOTAL Procedures
		With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	
Other Human Research MRI scanners								
Intraoperative MRI (iMRI)								

\* 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.

**f. Computed Tomography (CT). Campus – if multiple sites:** \_\_\_\_\_

How many fixed CT scanners does the hospital have?    3  
 Does the hospital contract for mobile CT scanner services?    \_\_\_ Yes     No  
 If yes, identify the mobile CT vendor    \_\_\_\_\_

Complete the following table for fixed and mobile CT scanners.

	Type of CT Scan	<b>FIXED</b> CT Scanner # of Scans	<b>MOBILE</b> CT Scanner # of Scans
1	Head without contrast	7103	0
2	Head with contrast	86	0
3	Head without and with contrast	40	0
4	Body without contrast	4410	0
5	Body with contrast	4539	0
6	Body without contrast and with contrast	97	0
7	Biopsy in addition to body scan with or without contrast	180	0
8	Abscess drainage in addition to body scan with or without contrast	4	0
	Total	16549	0

All responses should pertain to **October 1, 2019 through September 30, 2020.**

**g. Positron Emission Tomography (PET). Campus – if multiple sites:** \_\_\_\_\_

	Number of Units	Number of Procedures*		
		Inpatient	Outpatient	Total
Dedicated Fixed PET Scanner	0			
Mobile PET Scanner	1	0	168	168
PET pursuant to Policy AC-3	0			
Other PET Scanners used for Human Research only	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 31.

For questions, please contact Healthcare Planning and Certificate of Need at 919-855-3873.

CON Project ID numbers for all non-grandfathered fixed PET scanners on this campus: \_\_\_\_\_

Does the hospital own a mobile PET scanner that performed procedures on this campus? \_\_\_ Yes  No

If Yes, enter the CON Project ID number(s) for the mobile scanner(s): \_\_\_\_\_

If No, name of Mobile PET Provider, if any: Alliance Imaging

**h. Other Imaging Equipment. Campus – if multiple sites:** \_\_\_\_\_

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Ultrasound equipment	5	1781	9297	11078
Mammography equipment	3	0	7471	7471
Bone Density Equipment	1	135	424	559
Fixed X-ray Equipment (excluding fluoroscopic)	6	8119	32,475	40594
Fixed Fluoroscopic X-ray Equipment	2	87	431	518
Special Procedures/ Angiography Equipment (neuro & vascular, but not including cardiac cath.)	0	0	0	0
Coincidence Camera	0	0	0	0
Mobile Coincidence Camera. Vendor:	0	0	0	0
SPECT	1	118	754	872
Mobile SPECT. Vendor:	0	0	0	0
Gamma Camera	1	18	336	354
Mobile Gamma Camera. Vendor:	0	0	0	0
Proton Therapy equipment	0	0	0	0

**i. Lithotripsy. Campus – if multiple sites:** \_\_\_\_\_

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Fixed	—	—	—	—
Mobile	2	0	91	91

Lithotripsy Vendor/Owner
Carolina Lithotripsy
Carolina's Lithotripsy

All responses should pertain to **October 1, 2019 through September 30, 2020.**

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

**Campus – if multiple sites:** \_\_\_\_\_

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)	3461
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 and/or CPT codes 77385 and/or 77386 and/or G6015	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	37
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
	Limb salvage irradiation	0
	Hemibody irradiation	0
	Total body irradiation	0
Imaging Procedures Not Included Above		0
77417	Additional field check radiographs	53
<b>Total Procedures – Linear Accelerators</b>		<b>3551</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, 2019 through September 30, 2020.**

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

Campus – *if multiple sites:* \_\_\_\_\_

- 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

Number of Patients 192

(This number should match the number of patients reported in the Linear Accelerator Patient Origin Table on page 32.)

- b. TOTAL number of Linear Accelerators: 1

Of the TOTAL above,

Number of Linear Accelerators configured for  
**stereotactic radiosurgery:** 0

Number of **CyberKnife®** Systems: 0

Number of **other specialized linear accelerators:** 0

- c. Number of **Gamma Knife®** units 0

- d. Number of **treatment simulators** 1

(“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)))

- e. Number of grandfathered Linear Accelerators 0

**For questions, please contact Healthcare Planning and Certificate of Need at 919-855-3873.**

- f. CON Project ID numbers for all non-grandfathered Linear Accelerators: N/A
-

All responses should pertain to **October 1, 2019 through September 30, 2020.**

**12. Additional Services:** Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

**a. Check each Service provided: (for dialysis stations, show number of stations)**

- |                                       |                                     |                                   |                                     |
|---------------------------------------|-------------------------------------|-----------------------------------|-------------------------------------|
| 1. Cardiac Rehab Program (Outpatient) | <input checked="" type="checkbox"/> | 5. Rehabilitation Outpatient Unit | <input checked="" type="checkbox"/> |
| 2. Chemotherapy                       | <input checked="" type="checkbox"/> | 6. Podiatric Services             | <input type="checkbox"/>            |
| 3. Clinical Psychology Services       | <input type="checkbox"/>            | 7. Genetic Counseling Service     | <input type="checkbox"/>            |
| 4. Dental Services                    | <input type="checkbox"/>            | 8. Inpatient Dialysis Services    | <input checked="" type="checkbox"/> |

If number 8 is checked, enter number of 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 Unit. **For age categories count each inpatient client only once.**

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>										

**c. Psychiatric and Substance Use Disorder Units**

1. If the psychiatric unit has a different name from the hospital, please indicate:  
\_\_\_\_\_
2. If address is different from the hospital, please indicate:  
\_\_\_\_\_
3. Director of the above services.  
\_\_\_\_\_

All responses should pertain to **October 1, 2019 through September 30, 2020.**

Indicate the Location of Services in the **Service Categories** charts below. If it is in the hospital, include the room number(s). 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.

**Psychiatric Services**

Rule 10A NCAC 27G Licensure Rules for Mental Health Facilities	Location of Services	Beds Assigned by Age					
		< 6	6-12	13-17	Total 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 Mental Health	Location of Services	Beds Assigned by Age					
		< 6	6-12	13-17	Total 0-17	18 & up	Total Beds
.5200 Dedicated inpatient unit for individuals who have mental disorders							

All responses should pertain to **October 1, 2019 through September 30, 2020.**

**Substance Use Disorder Services**

Rule 10A NCAC 27G Licensure Rules for Substance Abuse Facilities	Location of Services	Beds Assigned by Age					
		< 6	6-12	13-17	Total 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					
		< 6	6-12	13-17	Total 0-17	18 & up	Total Beds
.5200 Dedicated inpatient hospital unit for individuals who have substance use disorders							

All responses should pertain to **October 1, 2019 through September 30, 2020.**

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

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 admission to your facility. Submit one record for the licensed hospital.  
**DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

**Must match number of admissions on page 5, Section B-1.**

County	No. of Admissions	County	No. of Admissions	County	No. of Admissions
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	1
3. Alleghany		39. Granville		75. Polk	
4. Anson	4	40. Greene		76. Randolph	1
5. Ashe		41. Guilford	1	77. Richmond	111
6. Avery		42. Halifax		78. Robeson	2011
7. Beaufort	1	43. Harnett	2	79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen	9	45. Henderson		81. Rutherford	
10. Brunswick	1	46. Hertford		82. Sampson	
11. Buncombe		47. Hoke	30	83. Scotland	2434
12. Burke		48. Hyde		84. Stanly	3
13. Cabarrus	4	49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston	1	87. Swain	
16. Carteret	1	52. Jones		88. Transylvania	
17. Caswell		53. Lee	3	89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	2
19. Chatham		55. Lincoln		91. Vance	1
20. Cherokee		56. Macon		92. Wake	3
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus	6	60. Mecklenburg	4	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland	16	62. Montgomery		98. Wilson	
27. Currituck		63. Moore	8	99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover	1		
30. Davie	1	66. Northampton		101. Georgia	2
31. Duplin		67. Onslow	2	102. South Carolina	1172
32. Durham		68. Orange		103. Tennessee	1
33. Edgecombe		69. Pamlico		104. Virginia	2
34. Forsyth		70. Pasquotank		105. Other States	16
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		<b>Total No. of Patients</b>	<b>5855</b>



All responses should pertain to **October 1, 2019 through September 30, 2020.**

**Patient Origin – Emergency Department Services**

In an effort to document patterns of Emergency Department Services in North Carolina hospitals, please provide the county of residence for all patients served in your facility by your Emergency Department.

Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

**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 8.**

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	9	37. Gates	1	73. Person	
2. Alexander	2	38. Graham		74. Pitt	9
3. Alleghany	1	39. Granville		75. Polk	
4. Anson	42	40. Greene	1	76. Randolph	12
5. Ashe	1	41. Guilford	29	77. Richmond	871
6. Avery		42. Halifax		78. Robeson	15907
7. Beaufort		43. Harnett	16	79. Rockingham	1
8. Bertie		44. Haywood		80. Rowan	20
9. Bladen	30	45. Henderson	2	81. Rutherford	3
10. Brunswick	19	46. Hertford		82. Sampson	3
11. Buncombe	3	47. Hoke	331	83. Scotland	19561
12. Burke	2	48. Hyde		84. Stanly	31
13. Cabarrus	45	49. Iredell	3	85. Stokes	
14. Caldwell	1	50. Jackson		86. Surry	
15. Camden		51. Johnston	9	87. Swain	
16. Carteret	15	52. Jones		88. Transylvania	2
17. Caswell		53. Lee	19	89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	65
19. Chatham	1	55. Lincoln	1	91. Vance	
20. Cherokee	1	56. Macon		92. Wake	49
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin	1	94. Washington	1
23. Cleveland	1	59. McDowell	1	95. Watauga	
24. Columbus	35	60. Mecklenburg	96	96. Wayne	2
25. Craven	5	61. Mitchell	1	97. Wilkes	1
26. Cumberland	273	62. Montgomery	12	98. Wilson	3
27. Currituck		63. Moore	77	99. Yadkin	
28. Dare		64. Nash	3	100. Yancey	
29. Davidson	3	65. New Hanover	9		
30. Davie	1	66. Northampton		101. Georgia	26
31. Duplin	2	67. Onslow	15	102. South Carolina	8797
32. Durham	11	68. Orange		103. Tennessee	8
33. Edgecombe	1	69. Pamlico		104. Virginia	28
34. Forsyth	22	70. Pasquotank		105. Other States	158
35. Franklin	2	71. Pender	8	106. Other	
36. Gaston	9	72. Perquimans	2	<b>Total No. of Patients</b>	<b>46732</b>

All responses should pertain to **October 1, 2019 through September 30, 2020.**

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

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. Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

**The Total from this chart should match the total GI Endoscopy cases reported on the “Gastrointestinal Endoscopy Rooms, Procedures, and Cases” table on page 11.**

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	39
6. Avery		42. Halifax		78. Robeson	397
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	24	83. Scotland	888
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston	3	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	3	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland	4	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	304
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>	1462

All responses should pertain to **October 1, 2019 through September 30, 2020.**

**Patient Origin – Inpatient Surgical Cases**

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. Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

**The Total from this chart should match the Total Inpatient Cases reported on the “Surgical Cases by Specialty Area” table on page 12.**

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	1	40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	30
6. Avery		42. Halifax		78. Robeson	477
7. Beaufort		43. Harnett	1	79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen	1	45. Henderson		81. Rutherford	
10. Brunswick	1	46. Hertford		82. Sampson	
11. Buncombe		47. Hoke	8	83. Scotland	646
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	1	89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	3
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus	3	60. Mecklenburg	1	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland	6	62. Montgomery		98. Wilson	
27. Currituck		63. Moore	5	99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover	1		
30. Davie		66. Northampton		101. Georgia	2
31. Duplin		67. Onslow	1	102. South Carolina	328
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	3
34. Forsyth		70. Pasquotank		105. Other States	3
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		<b>Total No. of Patients</b>	<b>1522</b>

All responses should pertain to **October 1, 2019 through September 30, 2020**.

**Patient Origin – Ambulatory Surgical Cases**

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. Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

**The Total from this chart should match the Total Ambulatory Surgical Cases reported on the “Surgical Cases by Specialty Area” table on page 12.**

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	1	37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson	6	40. Greene		76. Randolph	
5. Ashe		41. Guilford	1	77. Richmond	104
6. Avery		42. Halifax		78. Robeson	1011
7. Beaufort		43. Harnett	3	79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen	14	45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke	24	83. Scotland	1231
12. Burke		48. Hyde		84. Stanly	2
13. Cabarrus	2	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	2	89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	
19. Chatham	1	55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	3
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus	6	60. Mecklenburg	3	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland	20	62. Montgomery		98. Wilson	
27. Currituck		63. Moore	8	99. Yadkin	
28. Dare		64. Nash	2	100. Yancey	
29. Davidson	1	65. New Hanover			
30. Davie		66. Northampton		101. Georgia	1
31. Duplin		67. Onslow	1	102. South Carolina	583
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	2
34. Forsyth	2	70. Pasquotank		105. Other States	10
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		<b>Total No. of Patients</b>	<b>3044</b>

All responses should pertain to **October 1, 2019 through September 30, 2020.**

**Patient Origin - MRI Services**

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. Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

**The total number of patients reported here should be equal to or less than the total number of MRI procedures reported in the “MRI Procedures” table on page 17.**

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	9	40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	100
6. Avery		42. Halifax		78. Robeson	823
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen	5	45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke	26	83. Scotland	1374
12. Burke		48. Hyde		84. Stanly	1
13. Cabarrus	1	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	1	89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	1
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	1	95. Watauga	
24. Columbus	3	60. Mecklenburg	4	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland	9	62. Montgomery	3	98. Wilson	
27. Currituck		63. Moore	18	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	485
32. Durham		68. Orange		103. Tennessee	1
33. Edgecombe		69. Pamlico		104. Virginia	3
34. Forsyth		70. Pasquotank		105. Other States	15
35. Franklin		71. Pender	1	106. Other	
36. Gaston		72. Perquimans		<b>Total No. of Patients</b>	<b>2884</b>

All responses should pertain to **October 1, 2019 through September 30, 2020.**

**Patient Origin – PET Scanner**

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. Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

**Please count each patient only once. The number of patients in this table should match the number of PET procedures reported in the “Positron Emission Tomography (PET)” table on page 19.**

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	17
6. Avery		42. Halifax		78. Robeson	40
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	1	83. Scotland	64
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	2	62. Montgomery		98. Wilson	
27. Currituck		63. Moore	3	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	41
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>	168

All responses should pertain to **October 1, 2019 through September 30, 2020.**

**Patient Origin – Linear Accelerator Treatment**

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. Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

**The number of patients reported here should match the number of patients reported in Section 11.a. on page 21 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	1	40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	15
6. Avery		42. Halifax		78. Robeson	48
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	82
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	1	60. Mecklenburg	1	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland	1	62. Montgomery		98. Wilson	
27. Currituck		63. Moore	2	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	41
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>	<b>192</b>

All responses should pertain to **October 1, 2019 through September 30, 2020.**

**Patient Origin - Psychiatric and Substance Use Disorder**

Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

Complete the following table below for inpatient Days of Care for beds reported under Section .5200 on pages 23-24. Days of care reported here must match days of care reported on page 6 (D-4 and D-5).

County of Patient Origin	Psychiatric Treatment Days of Care					Substance Use Disorder Treatment Days of Care				
	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total
<i>Example: Wake</i>		5	8	30	43			10	2	12
1. Alamance										
2. Alexander										
3. Alleghany										
4. Anson										
5. Ashe										
6. Avery										
7. Beaufort										
8. Bertie										
9. Bladen										
10. Brunswick										
11. Buncombe										
12. Burke										
13. Cabarrus										
14. Caldwell										
15. Camden										
16. Carteret										
17. Caswell										
18. Catawba										
19. Chatham										
20. Cherokee										
21. Chowan										
22. Clay										
23. Cleveland										
24. Columbus										
25. Craven										
26. Cumberland										
27. Currituck										
28. Dare										
29. Davidson										
30. Davie										
31. Duplin										
32. Durham										
33. Edgecombe										
34. Forsyth										
35. Franklin										
36. Gaston										
37. Gates										
38. Graham										
39. Granville										
40. Greene										
41. Guilford										
42. Halifax										
43. Harnett										

Continued on next page



All responses should pertain to **October 1, 2019 through September 30, 2020.**

County of Patient Origin	Psychiatric Treatment Days of Care					Substance Use Disorder Treatment Days of Care				
	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total
44. Haywood										
45. Henderson										
46. Hertford										
47. Hoke										
48. Hyde										
49. Iredell										
50. Jackson										
51. Johnston										
52. Jones										
53. Lee										
54. Lenoir										
55. Lincoln										
56. Macon										
57. Madison										
58. Martin										
59. McDowell										
60. Mecklenburg										
61. Mitchell										
62. Montgomery										
63. Moore										
64. Nash										
65. New Hanover										
66. Northampton										
67. Onslow										
68. Orange										
69. Pamlico										
70. Pasquotank										
71. Pender										
72. Perquimans										
73. Person										
74. Pitt										
75. Polk										
76. Randolph										
77. Richmond										
78. Robeson										
79. Rockingham										
80. Rowan										
81. Rutherford										
82. Sampson										
83. Scotland										
84. Stanly										
85. Stokes										
86. Surry										
87. Swain										
88. Transylvania										
89. Tyrrell										
90. Union										
91. Vance										
92. Wake										

**Continued on next page**

All responses should pertain to **October 1, 2019 through September 30, 2020.**

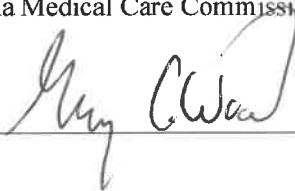
County of Patient Origin	Psychiatric Treatment Days of Care					Substance Use Disorder Treatment Days of Care				
	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total
93. Warren										
94. Washington										
95. Watauga										
96. Wayne										
97. Wilkes										
98. Wilson										
99. Yadkin										
100. Yancey										
101. Other States										
102. Other										
<b>TOTAL</b>										

All responses should pertain to **October 1, 2019 through September 30, 2020.**

---

**This license renewal application must be completed and submitted to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation prior to the issuance of a 2021 hospital license.**

**AUTHENTICATING SIGNATURE:** The undersigned submits application for the year 2021 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: 1/15/21

PRINT NAME  
OF APPROVING OFFICIAL Gregory C. Wood

**Please be advised,** the license fee must accompany the completed license renewal 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, 2019 through September 30, 2020.**

**COVID-19 Addendum to Hospital License Renewal Application**

This special section for the 2021 License Renewal Application seeks additional information regarding the hospital’s experience with COVID-19, beyond what the hospital may have provided to other agencies or reporting systems. This data will assist Healthcare Planning in projecting the need for various services in the 2022 State Medical Facilities Plan.

Submit one record for each licensed hospital. Do not submit a record for each hospital campus. If you do not know a specific date, please enter your best estimate. The facilities/services covered in this addendum are limited to those in this LRA. Do not provide information for facilities owned or operated by the health system, but that are not part of this LRA.

In the sections below, a *COVID* or *COVID-19 patient* is defined as a patient with a “confirmed diagnosis of the 2019 novel coronavirus disease (COVID-19) as documented by the provider, documentation of a positive COVID-19 test result, or a presumptive positive COVID-19 test result...., [that is,] a diagnosis code of U07.1, COVID-19” (<https://www.cdc.gov/nchs/data/icd/COVID-19-guidelines-final.pdf>).

**For questions regarding this section, contact Healthcare Planning at 919-855-3865**

Unless otherwise specified, please enter data relevant for time period ending September 30, 2020.

**COVID-A. Emergency Services and Observation Beds (including temporary ED and temporary observation beds)**

1.	Date first COVID patient was seen in the Emergency Department (mm/dd):	3/23/20
2.	Check if hospital increased the number of observation beds due to COVID-19?	<input type="checkbox"/>
3.	Total number of COVID patients seen in the Emergency Department:	605

**COVID-B. Inpatient Services (Including Intensive Care Units)**

1.	Date first COVID patient was admitted as an inpatient (mm/dd):	3/27/20
2.	Check if hospital received Licensure approval for expansion beds due to COVID. If not, go to item 3:	<input type="checkbox"/>
	Enter total number of expansion beds approved:	
	Total number of expansion beds ever made <i>available for use</i> due to COVID. Count each bed only once. ( <i>Available for use</i> means that the beds have been staffed, and approved to serve patients. Expansion beds may or may not be used exclusively for COVID patients, not all beds may have been made available for use at the same time, and not all beds may have been in use for the entire time through 9/30/2020. The number of beds made <i>available for use</i> may not match the number of expansion beds approved by Acute and Home Care Licensure):	
	Date expansion beds first served patients (mm/dd):	
	Number of expansion beds still available for use (COVID/non-COVID patients) on 9/30/2020:	
3.	Total number of inpatient admissions with a COVID diagnosis:	245
4.	Days of care (including ICU) in expansion beds (if any) <u>and</u> standard licensed inpatient acute care beds:	
	Total days of care in expansion beds for <b>COVID</b> patients:	
	Total days of care in expansion beds for <b>non-COVID</b> patients:	
	Total days of care in standard (non-expansion) beds for <b>COVID</b> patients:	1748
	Total days of care in standard (non-expansion) beds for <b>non-COVID</b> patients:	18,952
5.	Check if hospital suspended elective inpatient admissions due to COVID:	<input checked="" type="checkbox"/>
	Enter the date on which elective inpatient admissions were suspended (mm/dd):	3/20
	Check if elective inpatient admissions resumed by 9/30/2020:	<input checked="" type="checkbox"/>
	If checked, enter the date on which elective inpatient admissions resumed (mm/dd):	5/20

All responses should pertain to **October 1, 2019 through September 30, 2020.**

**COVID-C. Inpatient Surgery (excluding C-sections) Performed in Licensed Operating Rooms (ORs)**

1.	Check if the facility suspended <b>inpatient</b> elective surgeries in licensed ORs:	<input checked="" type="checkbox"/>
	If checked, beginning date of suspension (mm/dd): <b>3/18/20</b>	
	Check if elective surgeries resumed by <b>9/30/2020</b> :	<input checked="" type="checkbox"/>
	If checked, date elective surgeries resumed (mm/dd): <b>05/04/20</b>	
2.	Regardless of whether the facility formally suspended elective surgeries, enter the <b>total number</b> of outpatient surgical cases between <b>4/1/2020 and 9/30/2020</b> (Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery.):	<b>643</b>
3.	Average case time* from <b>10/1/2019 - 3/31/2020</b> (in minutes):	<b>100</b>
4.	Average case time* from <b>4/1/2020 - 9/30/2020</b> (in minutes):	<b>90</b>
5.	Check if the facility has ever set aside at least one <b>inpatient or shared OR (excluding C-section ORs)</b> to be used exclusively to perform surgery on patients diagnosed with COVID or suspected to have COVID.	<input type="checkbox"/>
	If so, how many ORs were set aside?	
	Check if the room was still set aside on <b>9/30/2020</b> :	<input type="checkbox"/>

\* **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. 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. Case time includes time needed for airborne contaminant removal. Case time should include time needed for airborne contaminant removal or other procedures implemented due to COVID* (<https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html#tableb1>).

**COVID-D. Outpatient/Ambulatory Surgery Performed in Licensed Operating Rooms (ORs)**

1.	Check if the facility suspended <b>outpatient/ambulatory</b> elective surgeries in licensed ORs:	<input checked="" type="checkbox"/>
	If checked, beginning date of suspension (mm/dd): <b>3/18/20</b>	
	Check if elective surgeries resumed by <b>9/30/2020</b> :	<input checked="" type="checkbox"/>
	If checked, date elective surgeries resumed (mm/dd): <b>5/4/20</b>	
2.	Regardless of whether the facility formally suspended elective surgeries, enter the <b>total number</b> of outpatient surgical cases between <b>4/1/2020 and 9/30/2020</b> (Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery.):	<b>156</b>
3.	Average case time (see definition, above) from <b>10/1/2019 - 3/31/2020</b> (in minutes):	<b>63</b>
4.	Average case time (see definition, above) from <b>4/1/2020 - 9/30/2020</b> (in minutes):	<b>53</b>
5.	Check if the facility has ever set aside at least one <b>outpatient/ambulatory</b> OR to be used exclusively to perform surgery on patients diagnosed with COVID or suspected to have COVID.	<input type="checkbox"/>
	If so, how many ORs were set aside?	
	Check if at least one room was still set aside on <b>9/30/2020</b> :	<input type="checkbox"/>

**COVID-E Telemedicine/Telehealth**

1.	Check if the hospital increased use or provision of telemedicine/telehealth services or initiated use or provision of telemedicine/telehealth in new areas due to COVID:	<input checked="" type="checkbox"/>
	If checked above, indicate areas in which telemedicine/telehealth services changed:	
	Increased Use                      Initiated New Use	
	Emergency Department <input type="checkbox"/> <input type="checkbox"/>	
	Imaging <input type="checkbox"/> <input type="checkbox"/>	
	Other service(s) <input type="checkbox"/> <input checked="" type="checkbox"/>	
	Specify: <b>Hospitalist virtual service on progressive care unit.</b>	

All responses should pertain to **October 1, 2019 through September 30, 2020.**

**COVID-F. Magnetic Resonance Imaging (MRI)**

1.	Check if the hospital or a free-standing imaging center on the hospital's license suspended elective inpatient and/or outpatient MRIs:							<input type="checkbox"/>
	If checked, beginning date of suspension (mm/dd):							
	Check if elective outpatient MRIs resumed by <b>9/30/2020</b> :							<input type="checkbox"/>
	If checked, date elective MRIs resumed (mm/dd):							
2.	Regardless of whether the hospital formally suspended elective MRIs, enter the total number of MRI procedures performed between <b>4/1/2020 and 9/30/2020</b> in the table below (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.):							
Procedures 4/1/20-9/30/20 only	Inpatient Procedures*			Outpatient Procedures*			TOTAL Procedures	
	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient		
Fixed	29	165	194	342	779	1121	1315	
Mobile (performed only at this site )								
<b>TOTAL</b>	29	165	194	342	779	1121	1315	

**COVID-G. Positron Emission Tomography (PET)**

1.	Check if the hospital or a hospital-owned imaging center (i.e., on the hospital's license) suspended elective inpatient and/or outpatient PET procedures:			<input type="checkbox"/>
	If checked, beginning date of suspension (mm/dd):			
	Check if elective outpatient PET resumed by <b>9/30/2020</b> :			<input type="checkbox"/>
	If checked, date elective PET resumed (mm/dd):			
2.	Regardless of whether the hospital formally suspended elective PET procedures, enter the total number of PET procedures performed between <b>4/1/2020 and 9/30/2020</b> (A 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):	Inpatient Fixed	Inpatient Mobile	
		0	0	
		Outpatient Fixed	Outpatient Mobile	
		0	97	

**COVID-H. Cardiac Catheterization Procedures**

1.	Check if the hospital suspended elective diagnostic or interventional cardiac catheterization procedures due to COVID:	<input checked="" type="checkbox"/>
	If checked, beginning date of suspension (mm/dd): <b>03/27/20</b>	
	Check if elective procedures resumed by <b>9/30/2020</b> :	<input checked="" type="checkbox"/>
	If checked, date elective procedures resumed (mm/dd): <b>05/04/20</b>	
2.	Regardless of whether the hospital formally suspended elective cardiac catheterization procedures, enter the total number of diagnostic and interventional cardiac catheterization procedures (adult and pediatric) performed between <b>4/1/2020 and 9/30/2020</b> (A procedure is defined as one visit or trip by a patient to a catheterization laboratory for a single or multiple catheterizations. Count each visit only once, regardless of the number of diagnostic, interventional, and/or EP catheterizations performed during that visit. For example, if a patient has both a diagnostic and an interventional procedure in one visit, count it as one interventional procedure. See page 10 for definitions of diagnostic and interventional procedures.):	Diagnostic 152 Interventional 48

All responses should pertain to **October 1, 2019 through September 30, 2020.**

**COVID-1. Linear Accelerator (LINAC)**

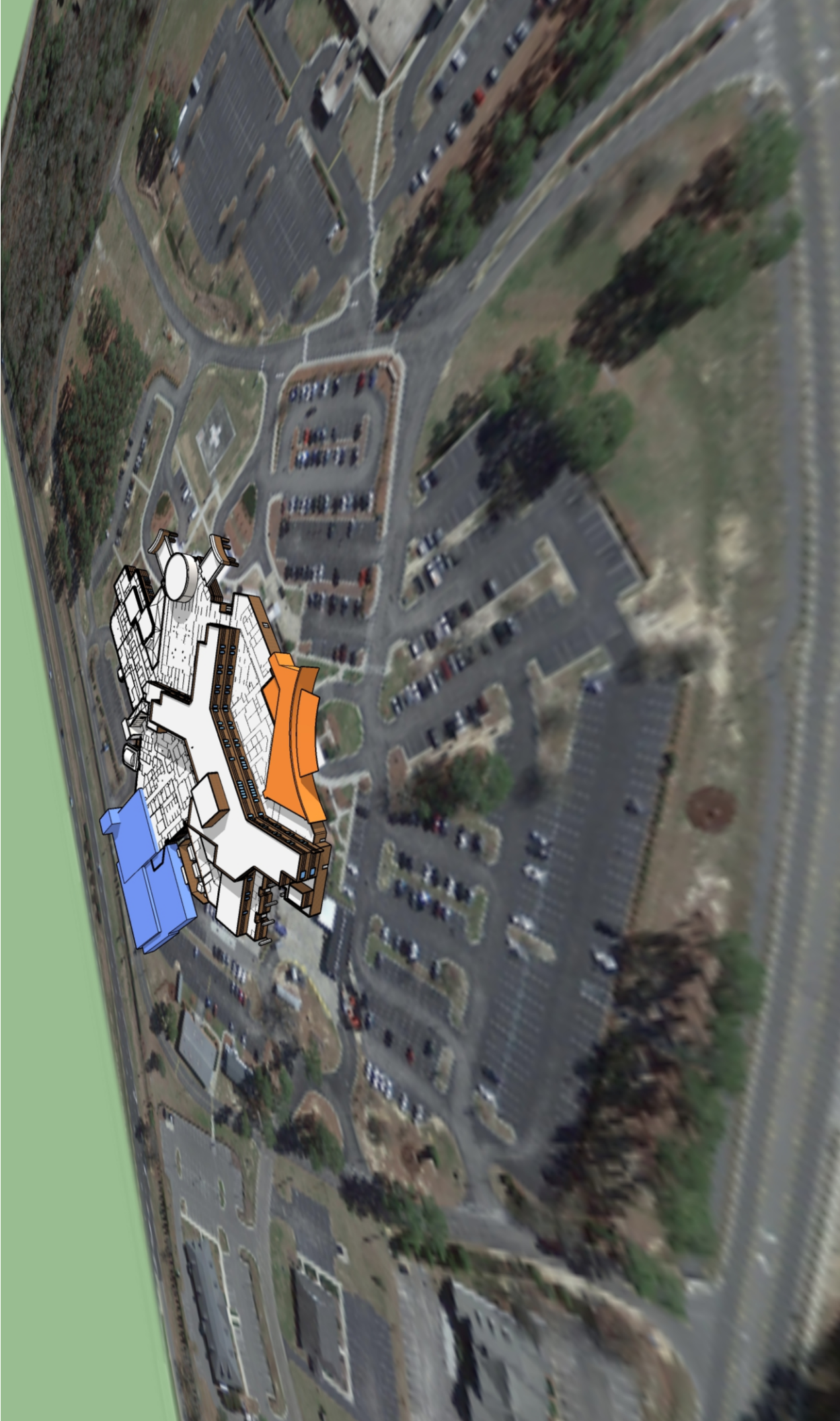
1.	Check if the hospital suspended either elective or any other LINAC procedures due to COVID:	<input type="checkbox"/>
	If checked, beginning date of suspension (mm/dd):	
	Check if all types of procedures resumed by <b>9/30/2020</b> :	<input type="checkbox"/>
	If checked, date all types of procedures resumed (mm/dd):	
2.	Regardless of whether the hospital formally suspended any types of LINAC procedures, enter the total number of procedures performed between <b>4/1/2020 and 9/30/2020</b> in the table below:	

CPT Code	Description	Procedures 4/1/20- 9/30/20 only
<b>Simple Treatment Delivery</b>		
77401	Radiation treatment delivery	
77402	Radiation treatment delivery (<=5 MeV)	
77403	Radiation treatment delivery (6-10 MeV)	
77404	Radiation treatment delivery (11-19 MeV)	
77406	Radiation treatment delivery (>=20 MeV)	
<b>Intermediate Treatment Delivery</b>		
77407	Radiation treatment delivery (<=5 MeV)	
77408	Radiation treatment delivery (6-10 MeV)	
77409	Radiation treatment delivery (11-19 MeV)	
77411	Radiation treatment delivery (>=20 MeV)	
<b>Complex Treatment Delivery</b>		
77412	Radiation treatment delivery (<=5 MeV)	766
77413	Radiation treatment delivery (6-10 MeV)	
77414	Radiation treatment delivery (11-19 MeV)	
77416	Radiation treatment delivery (>= 20 MeV)	
<b>Other Treatment Delivery Not Included Above</b>		
77418	Intensity modulated radiation treatment (IMRT) delivery and/or CPT codes 77385 and/or 77386 and/or G6015	
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator	
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance. entire course not to exceed 5 fractions	25
G0339	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery in one session or first fraction	
G0340	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery, fractionated treatment, 2nd-5th fraction	
	Intraoperative radiation therapy (conducted by bringing the anesthetized patient down to the LINAC)	
	Pediatric Patient under anesthesia	
	Limb salvage irradiation	
	Hemibody irradiation	
	Total body irradiation	
<b>Imaging Procedures Not Included Above</b>		
77417	Additional field check radiographs	35
<b>Total Procedures – Linear Accelerators</b>		<b>826</b>

**AUTHENTICATING SIGNATURE:** The undersigned submits the COVID-19 Addendum as part of the 2021 Hospital License Renewal Application and certifies the accuracy of this information.

Signature:  Date: 1/15/21

PRINT NAME OF APPROVING OFFICIAL Gregory C. Wood





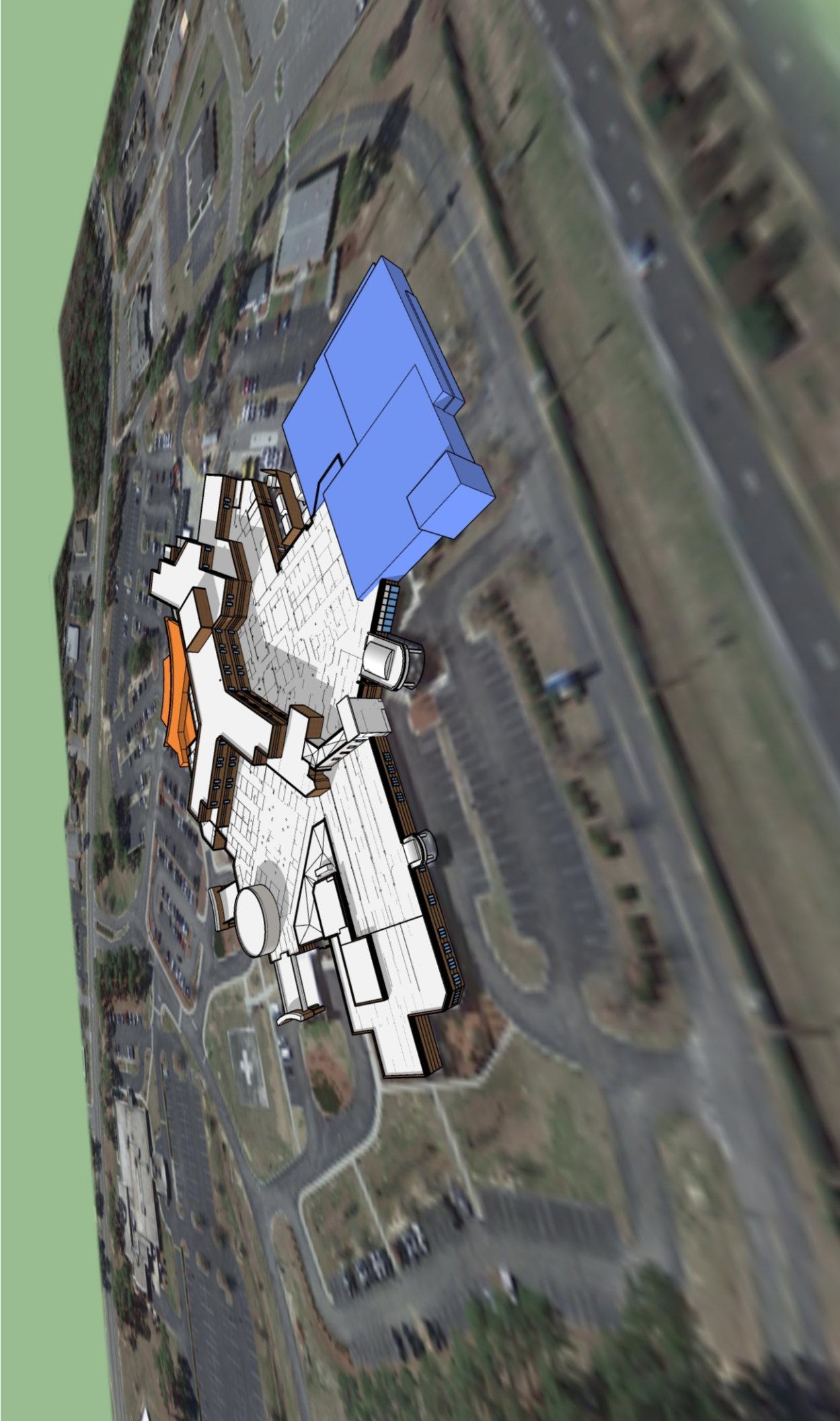


EXHIBIT 3



FIRST FLOOR CONCEPTUAL STUDY PLAN 4  
 SCALE: 1" = 20'-0"

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project Identification Number #N-7805-07**

**FID #061346**

**ISSUED TO: Scotland Memorial Hospital and Scotland MOB, LLC  
500 Lauchwood Drive  
Laurinburg, NC 28352-5599**

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that law.

**SCOPE: Acquire a fixed Magnetic Resonance Imaging Scanner and install it in the Urgent Outpatient Imaging Clinic/ Scotland County**

**CONDITIONS: See Reverse Side**

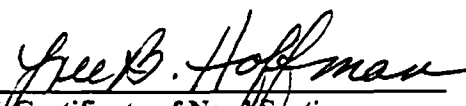
**PHYSICAL LOCATION: Scotland Memorial Hospital, Inc.  
500 Lauchwood Drive  
Laurinburg, NC 28352-5599**

**MAXIMUM CAPITAL EXPENDITURE: \$2,373,998**

**TIMETABLE: See Notes Attached**

**FIRST PROGRESS REPORT DUE: October 15<sup>th</sup>, 2009**

This certificate is effective as of the 17<sup>th</sup> day of July, 2009

  
\_\_\_\_\_  
Chief, Certificate of Need Section  
Division of Health Service Regulation

**CONDITIONS:**

1. Scotland Memorial Hospital, Inc. and Scotland MOB, LLC shall materially comply with all representations made in their certificate of need application identified as Project I.D. #N-8705-07, and the supplemental documents provided to the Agency on May 8, May 21, and June 10, 2009. In those instances in which any of these representations conflict, Scotland Memorial Hospital, Inc. and Scotland MOB, LLC shall materially comply with the representations in the last made documents.
  
2. Scotland Memorial Hospital, Inc. and Scotland MOB, LLC shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section VIII of the application or that would otherwise require a certificate of need.

**TIMETABLE:**

Contract Award.....	March 1, 2010
Order Equipment.....	February 1, 2010
50% Completion.....	May 1, 2010
Completion of Construction.....	September 15, 2010
Offering of Service.....	October 1, 2010

**EXHIBIT 5 - EQUIPMENT COMPARISON**

	<b>EXISTING EQUIPMENT</b>	<b>REPLACEMENT EQUIPMENT</b>
Type (e.g., Cardiac Catheterization, Gamma Knife®, Heart-lung bypass machine, Linear Accelerator, Lithotripter, MRI, PET, Simulator, CT Scanner, Other Major Medical Equipment)	MRI Scanner	MRI Scanner
Manufacturer	Toshiba	Siemens
Model number	Titan	Magneton Sola
Other method of identifying the equipment (e.g., Room #, Serial Number, VIN #)	Serial # 53A0892009	Unavailable at this time
Is the equipment mobile or fixed?	Fixed	Fixed
Date of acquisition	2010	Proposed 2022
Was the existing equipment new or used when acquired? / Is the replacement equipment new or used?	New	New
Total projected capital cost of the project <Attach a signed Projected Capital Cost form>	NA	Detailed cost not yet available but expected to exceed \$2,000,000
Total cost of the equipment	\$2,373,998	\$1,850,000
Location of the equipment <Attach a separate sheet for mobile equipment if necessary>	Main Hospital	Main Hospital
Document that the existing equipment is currently in use	See p. 17 of Exhibit 1 to Exemption Notice Letter	NA
Type of procedures performed on the existing equipment <Attach a separate sheet if necessary>	MRI scans	NA
Type of procedures the replacement equipment will perform <Attach a separate sheet if necessary>	NA	MRI scans

**From:** [Tanya, Saporito](#)  
**To:** [Waller, Martha K](#)  
**Subject:** FW: [External] Scotland Memorial Hospital Notice of Exemption for Main Campus Renovation and MRI Replacement  
**Date:** Wednesday, April 28, 2021 5:04:07 PM  
**Attachments:** [image001.png](#)  
[121393276\\_4\\_Scotland OR Renovations Exemption notice letter-C2.PDF](#)

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**Tanya Saporito, J.D.**

Project Analyst

[Division of Health Service Regulation](#), Certificate of Need  
[NC Department of Health and Human Services](#)

Help protect your family and neighbors from COVID-19.

[Know the 3 Ws. Wear. Wait. Wash.](#)

#StayStrongNC and get the latest at [nc.gov/covid19](https://nc.gov/covid19)

Office: 919-855-3873

[Tanya.saporito@dhhs.nc.gov](mailto:Tanya.saporito@dhhs.nc.gov)

809 Ruggles Drive, Edgerton Building  
2704 Mail Service Center  
Raleigh, NC 27699-2704

[Twitter](#) | [Facebook](#) | [YouTube](#) | [LinkedIn](#)

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**From:** Harris, Terri <TJHarris@foxrothschild.com>  
**Sent:** Wednesday, April 28, 2021 4:44 PM  
**To:** Pittman, Lisa <lisa.pittman@dhhs.nc.gov>; Tanya, Saporito <tanya.saporito@dhhs.nc.gov>  
**Cc:** Bill (William R, II) Purcell (wrp@purcell-law.net) <wrp@purcell-law.net>  
**Subject:** [External] Scotland Memorial Hospital Notice of Exemption for Main Campus Renovation and MRI Replacement

**CAUTION:** External email. Do not click links or open attachments unless you verify. Send all suspicious email as an attachment to [Report Spam](#).

Hi Lisa and Tanya – I hope you are both well. Please see the attached letter on behalf of Scotland Memorial Hospital. If you have questions, please let me know. We look forward to receiving your response and hope that you will be able to expedite your response, as requested in the conclusion of my letter, to facilitate the bond financing process.

Kind regards.

**Terri Harris**

Partner

**Fox Rothschild LLP**

***New Street Address as of 7/1/2020:***

230 N Elm Street

Suite 1200

Greensboro, NC 27401

(336) 378-5383 - direct

[TJHarris@foxrothschild.com](mailto:TJHarris@foxrothschild.com)

[www.foxrothschild.com](http://www.foxrothschild.com)



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