

Table 5B: Acute Care Bed Need Determination

Service Area	Acute Care Bed Need Determination*	Certificate of Need Application Due Date**	Certificate of Need Beginning Review Date
Forsyth	68	To be determined	To be determined
Gaston	64	To be determined	To be determined
Hoke	117	To be determined	To be determined
Mecklenburg	114	To be determined	To be determined
Moore	25	To be determined	To be determined
New Hanover	36	To be determined	To be determined
It is determined that there is no need for additional beds anywhere else in the state and no other reviews are scheduled.			

* Need determinations shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (see Chapter 4).

** Application due dates are absolute deadlines. The filing deadline is 5:30 p.m. on the application due date. The filing deadline is absolute (see Chapter 3).

