

Table 11D: Adult Care Home Bed Need Determination*

County	HSA	Adult Care Home Bed Need Determination**	Certificate of Need Application Due Date***	Certificate of Need Beginning Review Date
Anson	V	10	To be determined	To be determined
Avery	I	10	To be determined	To be determined
Hoke	V	80	To be determined	To be determined
Mitchell	I	10	To be determined	To be determined
Swain	I	10	To be determined	To be determined
It is determined that there is no need anywhere else in the state and no other reviews are scheduled.				

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