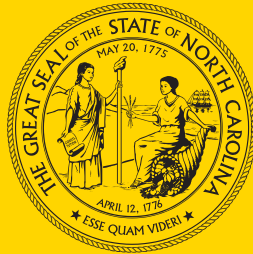


2027

PROPOSED
STATE
MEDICAL
FACILITIES
PLAN



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Health Service Regulation

NORTH CAROLINA PROPOSED 2027 STATE MEDICAL FACILITIES PLAN

Effective July 1, 2026

Prepared by the

North Carolina Department of Health and Human Services
Division of Health Service Regulation
Healthcare Planning and Certificate of Need Section

Under the direction of the

North Carolina State Health Coordinating Council

For information contact the

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NCDHHS DHSR: State Medical Facilities Plan (ncdhhs.gov)

(919) 855 - 3865

NOTE: Data used in the North Carolina Proposed 2027 State Medical Facilities Plan was last updated on June 5, 2026.

The North Carolina Department of Health and Human Services is an equal opportunity employer and provider.

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Chapter 1:

Overview of the North Carolina State Medical Facilities Plan

CHAPTER 1

OVERVIEW OF THE NORTH CAROLINA STATE MEDICAL FACILITIES PLAN

Purpose

The North Carolina 2027 State Medical Facilities Plan (SMFP) was developed by the North Carolina Department of Health and Human Services, Division of Health Service Regulation (DHSR), under the direction of the North Carolina State Health Coordinating Council (SHCC), pursuant to G.S.¹ §131E-177. The major objective of the SMFP is to provide individuals, institutions, state and local government agencies, and community leadership with policies and projections of need to guide local planning for specific health care facilities and services. The SMFP provides projections of need for the following facilities and services:

- acute care hospitals
- adult care homes
- end-stage renal disease dialysis facilities
- hospice home care and hospice inpatient beds
- inpatient rehabilitation facilities
- Medicare-certified home health agencies
- nursing home facilities
- operating rooms
- other acute care services
- technology and equipment services

Chapters dealing with specific facility/service categories contain summaries of the supply and the utilization of each type of facility or service, a description of any changes in the projection method and policies from the previous planning year, a description of the projection method, and other data relevant to projections of need.

Projections of need for the various facilities and services are used in conjunction with other statutes and rules in reviewing certificate of need (CON) applications for establishment, expansion, or conversion of health care facilities and services. All parties interested in health care facility and health services planning should consider the SMFP a key resource.

¹ General Statutes (North Carolina General Statutes).

Basic Principles Governing the Development of the SMFP

1. Safety and Quality Basic Principle

The State of North Carolina recognizes the importance of systematic and ongoing improvement in the quality of health services. Citizens of North Carolina rightfully expect health services to be safe and efficient. To warrant public trust in the regulation of health services, monitoring of safety and quality using established and independently verifiable metrics will be an integral part of the formulation and application of the SMFP.

Scientific quantification of quality and safety is rapidly evolving. Emerging measures of quality address both favorable clinical outcomes and patient satisfaction, while safety measures focus on the elimination of practices that contribute to avoidable injury or death and the adoption of practices that promote and ensure safety. The SHCC recognizes that while safety, clinical outcomes, and satisfaction may be conceptually separable, they are often interconnected in practice. The SMFP should maximize all three elements. Where practicalities require balancing of these elements, priority should be given to safety, followed by clinical outcomes, followed by satisfaction.

The appropriate measures for quality and safety should be specific to the type of facility or service regulated. Clinical outcome and safety measures should be evidence-based and objective. Patient satisfaction measures should be quantifiable. In all cases, metrics should be standardized and widely reported, and preference should be given to those metrics reported on a national level. The SHCC recognizes that metrics meeting these criteria are currently better established for some services than for others. Furthermore, experience and research as well as regulation at the federal level will continue to identify new measures that may be incorporated into the standards applicable to quality and safety. As experience with the application of quality and safety metrics grows, the SHCC should regularly review policies and need methodologies and revise them as needed to address any persistent and significant deficiencies in safety and quality in a particular service area.

2. Access Basic Principle

Equitable access to timely, clinically appropriate and high-quality health care for all the people of North Carolina is a foundational principle for the formulation and application of the SMFP. Barriers to access include, but are not limited to: geography, low income, limited or no insurance coverage, disability, age, race, ethnicity, culture, language, education and health literacy. Individuals whose access to needed health services is impeded by any of these barriers are medically underserved. The formulation and implementation of the SMFP seeks to reduce all of these types of barriers to timely and appropriate access. The first priority is to ameliorate economic barriers and the second priority is to mitigate time and distance barriers.

The impact of economic barriers is twofold. First, individuals without insurance, with insufficient insurance, or without sufficient funds to purchase their own health care will often require public funding to support access to regulated services. Second, the preferential selection by providers of well-funded patients may undermine the advantages that can accrue to the public from market competition in health care. A competitive marketplace should favor providers that deliver the highest quality and best value care, but only in the circumstances where all competitors deliver like services to similar populations.

The SHCC assigns the highest priority to a need methodology that favors providers delivering services to a patient population representative of all payer types in need of those services in the service area. Comparisons of value and quality are most likely to be valid when services are provided to like populations. Incentives for quality and process improvement, resource maximization, and innovation are most effective when providers deliver services to a similar and representative mixture of patients.

Access barriers of time and distance are especially critical to rural areas and small communities. However, urban populations can experience similar access barriers. The SHCC recognizes that some essential, but unprofitable, medical services may require support by revenues gained from profitable services or other sources. The SHCC also recognizes a trend to the delivery of some services in more accessible, less complex, and less costly settings. Whenever verifiable data for outcome, satisfaction, safety, and costs for the delivery of such services to representative patient populations justify, the SHCC will balance the advantages of such ambulatory facilities with the needs for financial support of medically necessary but unprofitable care.

The needs of rural and small communities that are distant from comprehensive urban medical facilities merit special consideration. In rural and small communities, selective competition that disproportionately captures profitable services may threaten the viability of sole providers of comprehensive care and emergency services. For this reason, methodologies that balance value, quality, and access in urban and rural areas may differ quantitatively. The SHCC planning process will promote access to an appropriate spectrum of health services at a local level, whenever feasible, under prevailing quality and value standards.

3. Value Basic Principle

The SHCC defines health care value as the maximum health care benefit per dollar expended. Disparity between demand growth and funding constraints for health care services increases the need for affordability and value in health services. Maximizing the health benefit for the entire population of North Carolina that is achieved by expenditures for services regulated by the SMFP will be a key principle in the formulation and implementation of SHCC recommendations for the SMFP.

Measurement of the cost component of the value equation is often easier than measurement of benefit. Cost per unit of service is an appropriate metric when comparing providers of like services for like populations. The cost basis for some providers may be inflated by disproportionate care to indigent and underfunded patients. In such cases the SHCC encourages the adjustment of cost measures to reflect such disparity, but only to the extent such expenditures can be measured according to an established, state-wide standard that is uniformly reported and verifiable. Measurement of benefit is more challenging. Standardized safety and quality measures, when available, can be important factors in achieving improved value in the provision of health services. Prevention, early detection and early intervention are important means for increasing the total population benefit for health expenditures. Development of new technology has the potential to add value by improving outcome and enhancing early detection. Capital costs of such new technology may be greater but justified by the added population benefit. At the same time, overutilization of more costly and/or highly specialized, low-volume services without evidence-based medical indications may contribute to escalating health costs without commensurate population-based health benefit. The SHCC favors methodologies which encourage technological advances for proven and affordable benefit and appropriate utilization for evidence-based indications when available. The SHCC also recognizes the importance of primary care and health education in promoting affordable health care and best utilization of scarce and expensive health resources. Unfortunately, technologically sophisticated and costly services that benefit small numbers of patients may be more readily pursued than simple and less costly detection and prevention measures that benefit the broader population. In the pursuit of maximum population-based health care value, the SHCC recognizes the potential adverse impact for growth of regulated services to supplant services of broad benefit to the larger population.

Long-term enhancement of health care value will result from an SMFP that promotes a balance of competition and collaboration and encourages innovation in health care delivery. The SHCC encourages the development of value-driven health care by promoting collaborative efforts to create common resources such as shared health databases, purchasing cooperatives, and shared information management, and by promoting coordinated services that reduce duplicative and conflicting care. The SHCC also recognizes the

importance of balanced competition and market advantage to encourage innovation, insofar as those innovations improve safety, quality, access, and value in health care delivery.

NOTE

Determinations of need for services and facilities in the SMFP do not imply an intent on the part of the North Carolina Department of Health and Human Services, Division of Health Benefits to participate in the reimbursement of the cost of care of patients using services and facilities developed in response to these needs.

North Carolina State Health Coordinating Council Members

<u>Member</u>	<u>Representing</u>	<u>From</u>
Sandra B. Greene, DrPH, Chair	At-Large	Durham
Mary Braithwaite, MD	At-Large	Durham
Kelli A. Collins	Business and Industry (Large)	Rockingham
Representative Sarah Crawford	NC House of Representatives	Wake
Vanessa Ervin, DMin, MBA, MRA	At-Large	Onslow
Commissioner Franklin Gomez Flores	County Government (Rural)	Chatham
Senator Michael Garrett	NC Senate	Guilford
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Commissioner Frankie Jones	County Government (Urban)	Guilford
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Cheryl Siegel, DDS	At-Large	Wake
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Jessie L. Tucker, III, PhD, FACHE	Hospitals	Wayne
Timothy Walsh	At-Large	Brunswick
Aimee M. Wilkin, MD, MPH	At-Large	Forsyth

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Division of Health Service Regulation

Mark Payne, Director

Committees

Acute Care Services Committee

Planning for acute care beds, operating rooms, open heart surgery services, burn intensive care services, transplantation services (bone marrow transplants and solid organ transplants), end-stage renal disease dialysis facilities, and inpatient rehabilitation services:

Charul Haugan (Chair); Mary Braithwaite (Vice Chair); Pamela Oliver; Marcus Plescia; Siddhartha Rao; Cheryl Siegel; Jessie L. Tucker, III

Staffed by: Lauren Barton and Elizabeth Brown

Long-Term and Behavioral Health Committee

Planning for nursing home facilities, adult care homes, home health services, hospice services, and intermediate care facilities for individuals with intellectual disabilities:

Valarie Jarvis (Chair); Sarah Crawford; Vanessa Ervin; Michael Garrett; Cooper Linton (Vice Chair); James Martin, Jr.; Timothy Rogers; Quintana Stewart

Staffed by: Elizabeth Brown, Amy Craddock and Andrea Emanuel

Technology and Equipment Committee

Planning for cardiac catheterization equipment, gamma knives, linear accelerators, lithotripters, magnetic resonance imaging scanners, and positron emission tomography scanners:

Kelli A. Collins (Chair); Commissioner Franklin Gomez Flores; Danielle Gray; Frankie Jones; Greg Moon; Daniel Murrey (Vice Chair); Timothy Walsh; Aimee Wilkin

Staffed by: Amy Craddock and Shanta Ricks

Chapter 2:

State Medical Facilities Plan: Process and Adjustments

CHAPTER 2

STATE MEDICAL FACILITIES PLAN: PROCESS AND ADJUSTMENTS

Overview of the State Health Planning Process

Development of the North Carolina State Medical Facilities Plan (SMFP) is a continuous process. It includes meetings of the State Health Coordinating Council (SHCC) and its committees, public hearings and other opportunities for public comment, two opportunities for people to file petitions, data compilation and analysis, preparation of a Proposed SMFP, and preparation of a final SMFP to present to the Governor for review and approval. In the current calendar year, the Department of Health and Human Services, Division of Health Service Regulation (Agency) and the SHCC work on the SMFP for the next calendar year. For example, work on the 2028 SMFP begins in January of 2027, and will include need determinations that may be applied for during calendar year 2028, consistent with the assigned review period for each need determination. With the Governor's approval, the SMFP becomes the official document for health facility and health service planning in North Carolina for the specified calendar year.

The following discussion describes the process followed each year to prepare the subsequent year's SMFP.

First Quarter

From January through March, the Healthcare Planning staff receives and compiles data about utilization of the various facilities, services and equipment contained in the SMFP. Healthcare Planning staff uses this data to calculate need determinations using the methodologies approved by the SHCC.

First SHCC meeting and public hearing. Near the beginning of March, the SHCC holds its first meeting of the year. A public hearing follows immediately. At this hearing, people may make oral remarks regarding petitions they wish to file or any other matter relevant to the development of the Proposed SMFP for the following year.

Spring petitions and proposals. Spring petitions involve requests for changes to the SMFP that have the potential for a statewide effect, such as the addition, deletion or revision of policies or need determination methodologies. That is, the requested changes would apply to all health services or facilities that are the subject of the petitions, not just the services and facilities in a specific service area. (See below for information regarding requirements for writing and submitting petitions.) In addition to petitions from members of the public, the Agency can propose changes to policies and methodologies in the SMFP. The SHCC may also propose any changes it deems appropriate.

These types of changes are considered early in the calendar year to allow time for potential inclusion in the Proposed SMFP for the following year. Petitioners are encouraged to consult with Healthcare Planning staff as early as possible if they wish to discuss these petitions before submitting them. The deadline for these petitions is 5:00 p.m. on the date of the first SHCC meeting of the year. Petitions are normally posted on the Healthcare Planning website within 48 hours after the deadline. A two-week public comment period follows the petition deadline. After the comment period ends, comments are posted to the Healthcare Planning website.

Upon receipt of petitions and proposals and after review of public comments that have been submitted in relation to a petition or proposal, Healthcare Planning staff prepares a report that includes the Agency's recommendation regarding whether to approve, deny or alter the request. The Agency report goes to the

committee that covers the health service involved in the petition or proposal for discussion at its first meeting of the year.

Second Quarter

The SHCC and its three committees hold meetings during the second quarter. Each committee is responsible for a set of chapters in the SMFP (see Chapter 1). The first committee meeting typically occurs in April and the second meeting typically occurs in May. The second SHCC meeting occurs near the beginning of June. In addition, Healthcare Planning staff prepares the Proposed SMFP during this time.

First and second committee meetings. Each committee discusses the Agency report(s) at the first meeting of the year, normally held in April. Petitioners will receive written notification of times and places of meetings at which their petitions will be discussed. At that time, the committee votes to approve, deny, or alter the Agency's recommendation. All committee votes are in the form of recommendations to the SHCC. Alternatively, the committee may table the matter and call for further study and consideration before making a recommendation to the SHCC. The SHCC considers all committee recommendations at its second meeting of the year (see below).

At the second set of committee meetings, Healthcare Planning staff presents draft need determinations, based on the data obtained and compiled during the first quarter. These meetings are normally held in May. If a committee voted to alter any methodologies at its first meeting, the draft need determinations presented at the second meeting would reflect the proposed changes. In addition, the Agency and the committees may recommend changes to the draft need determinations, as deemed appropriate. The committee votes and forwards its recommendations regarding the need determinations to the SHCC.

Second SHCC meeting. At the second SHCC meeting, committee chairs present reports of their committees' activities and recommendations from the first two meetings of the year. The SHCC discusses and votes on the recommendations of all committees. It may accept the recommendations in whole or in part or reject them. Taken together, the committee recommendations form the body of the Proposed SMFP for the following year. The final act of the SHCC during this meeting is to adopt the Proposed SMFP.

Third Quarter

On or about July 1, the Agency posts the Proposed SMFP for the following year on the Healthcare Planning website. During July, the SHCC holds at least six public hearings to receive comments on petitions intended to be submitted in the summer, or any issue related to the Proposed SMFP for the following year. The SHCC committees hold their third and final meeting of the year during this quarter, usually in September.

Summer petitions and proposals. Summer petitions involve requests for adjustments to need determinations in the Proposed SMFP. Petitioners may submit a written petition requesting an adjustment to the need determination in the Proposed SMFP if they believe that special attributes of a service area or institution give rise to resource requirements that differ from those provided by the standard methodologies and policies. The Agency may also seek adjusted need determinations during this time. (See below for information regarding requirements for writing and submitting petitions.) Petitioners are encouraged to consult with Healthcare Planning staff as early as possible if they wish to discuss these petitions before submitting them. Summer petitions are due no later than 5:00 p.m. on the date of the last public hearing in July. Petitions are normally posted on the Healthcare Planning website within 48 hours after the deadline. A two-week public comment period follows the petition deadline. After the comment period ends, comments are posted to the Healthcare Planning website. Petitioners will receive written notification of times and places of SHCC committee meetings at which their petitions will be discussed.

Upon the receipt of summer petitions or Agency proposals, the process that follows is the same as for spring petitions. The Healthcare Planning staff prepares a report that includes the Agency's recommendation

regarding whether to approve, deny or alter the need determination adjustment(s) requested. The Agency report goes to the committee that covers the health service involved in the request.

Third committee meeting. Each committee discusses the Agency report(s) at its third meeting of the year. At that time, it votes to approve, deny, or alter the Agency's recommendation. It may instead table the matter and call for further study and consideration before making a recommendation.

Each committee also makes recommendations regarding the entirety of the chapters that it covers, such as updates to need determinations based on edits and updates to data. The committees forward all recommendations to the SHCC for consideration at its final meeting of the year, which normally occurs near the beginning of the fourth quarter.

Fourth Quarter

SHCC activities culminate in the fourth quarter. The SHCC recommends the following year's SMFP to the Governor. After gubernatorial approval, the Agency posts the approved SMFP on the Healthcare Planning website.

Final SHCC meeting. The final SHCC meeting of the year is usually held at the beginning of the fourth quarter. At this meeting, the SHCC receives reports from all committees. These reports summarize their recommendations regarding summer petitions, proposals and need determinations. Information provided to the SHCC also includes any other updates to data that may affect need determinations. The SHCC discusses all recommendations and data adjustments. At the end of the discussion, the SHCC will have a complete SMFP for the following year to recommend to the Governor for approval. Disposition of all petitions for changes to the following year's SMFP will be made no later than the meeting at which the SHCC makes its final recommendation to the Governor.

The final SMFP. The final SMFP for the following year contains the need determinations that delineate the number of additional facilities, operating rooms, equipment, or services that may be applied for and approved for a certificate of need (CON) during the year. Chapter 3 describes the review categories and review schedule for CON applications.

Near the end of October, Healthcare Planning staff meets with the Department of Health and Human Services leadership and the Governor's representatives to submit the recommended final SMFP for the following year. The Governor may approve the SMFP as submitted or make any adjustments or amendments deemed appropriate by the Governor. The deadline for the Governor to approve an SMFP is December 31.

The Agency normally posts the approved SMFP for the coming year on the Healthcare Planning website during December, but it will be posted no later than January 1 of the year in which the SMFP becomes effective. The date of posting is dependent upon the date that the Agency receives the Governor's approval; this date is not known in advance. After the SMFP is posted, the Agency arranges for production of printed and bound copies that the public may purchase. Copies of the SMFP are generally available by early February each year, but the exact date is not known in advance. The Agency will notify the public when copies are available.

Instructions for Writing and Submitting Spring and Summer Petitions

At a minimum, each written petition must contain all the following:

1. name, address, email address and phone number of the petitioner(s);
2. a statement of the requested change, citing the policy or methodology (spring), need determination (summer), or other aspect of the SMFP for which the change is proposed;
3. reasons for the proposed change, including: a statement of the adverse effects on the providers or consumers of health services that are likely to ensue if the change is not made; and a statement of alternatives to the proposed change that were considered and found not feasible;
4. evidence that the proposed change would not result in unnecessary duplication of health resources in the area; and
5. evidence that the requested change is consistent with the three Basic Principles governing the development of the SMFP: safety and quality, access, and value (see Chapter 1).

For summer petitions, petitioners should use the same service area definitions in the relevant chapter(s) of the Proposed SMFP.

Petitioners should be aware that Healthcare Planning staff may request additional information and opinions from the petitioner or any other people and organizations who may be affected by the proposed change.

Each written petition must be clearly labeled “Petition” and the North Carolina Division of Health Service Regulation, Healthcare Planning must receive one copy no later than 5:00 p.m. on the deadline date (see below).

Petitions and comments must be submitted by e-mail, US mail, a delivery service, or hand delivery. The Agency cannot accept faxed petitions or comments.

E-Mail: DHSR.SMFP.Petitions-Comments@dhhs.nc.gov

Mail: NCDHHS Division of Health Service Regulation
Healthcare Planning
2704 Mail Service Center
Raleigh, North Carolina 27699-2704

The office location and address for hand delivery and use of delivery services is:

1915 Health Services Way
Raleigh, NC 27607

Workgroups and Interested Parties

As needed, the SHCC Chairperson may appoint a workgroup to address a specific issue of interest. Workgroups are commonly formed to address revisions to need determination methodologies. The Chairperson will develop a specific charge to outline the workgroup’s tasks. Workgroups generally consist of fewer than 10 people and include SHCC members and members of the public knowledgeable of the issue under study. After one or more meetings, the workgroup votes on a recommendation to the assigned committee or the full SHCC regarding the subject of its charge. The meetings are public, but only the workgroup members participate in the discussion, unless a member requests additional input.

The SHCC Chairperson may also authorize Interested Parties meetings to discuss specific topics of interest. Unlike workgroups, there is no specific charge and no formal recommendation to the SHCC. Rather, everyone in attendance is invited to participate in the discussion.

A public hearing or written public comment period may be part of the activities surrounding workgroups and Interested Parties meetings. The SHCC Chairperson has the discretion to authorize a public hearing or comment period. All written comments received are posted on the Healthcare Planning website. Workgroup and Interested Parties meetings often occur late in the year and into the spring of the following year because they typically involve issues surrounding policies and methodologies. However, their activities may occur at any time of the year.

Contact Information

Healthcare Planning staff may be reached at the mailing address listed above, or by calling (919) 855-3865.

Scheduled State Health Coordinating Council Meetings and Committee Meetings

Unless otherwise announced, meetings are scheduled from 10:00 a.m. until noon. Once the location of the meetings is determined, they will be published on the meeting information webpage (see below). Also, any additional changes to Council, committee, workgroup, and Interested Parties meeting dates, times, and locations will be posted on the meeting information webpage at:

<https://info.ncdhhs.gov/dhsr/mfp/meetings.html>

North Carolina State Health Coordinating Council Meetings for 2027 **(meets on Wednesdays)**

February 24

June 2

September 29

The Council will conduct a public hearing on statewide issues related to development of the Proposed 2028 SMFP immediately following the business meeting on February 24.

<https://info.ncdhhs.gov/dhsr/mfp/meetings.html>

2027 Spring Public Hearing Date and Deadlines for Spring Petitions and Comments

February 24	The Council will conduct a public hearing on statewide issues related to the development of the Proposed 2028 SMFP immediately following the business meeting. Electronic media may not be used in presentations at the public hearing.
February 24 5:00 p.m.	Deadline for receipt by Healthcare Planning of petitions on statewide issues.
March 10 5:00 p.m.	Deadline for receipt by Healthcare Planning of all written comments regarding petitions submitted by the February 24 deadline and all other comments related to development of the North Carolina Proposed 2028 SMFP.

Committee Meetings for 2027

Acute Care Services Committee (meets on Tuesdays)

April 6
May 4
August 31

Long-Term and Behavioral Health Committee (meets on Thursdays)

April 8
May 6
September 2

Technology and Equipment Committee (meets on Wednesdays)

April 14
May 12
September 8

2027 Schedule of Summer Public Hearings on the NC Proposed 2028 SMFP

(All hearings begin at 1:30 p.m.)

All summer public hearings will be held virtually. Instructions for joining the public hearings will be posted on the web page below at least two weeks before the first public hearing. Information will also be emailed to the Interested Parties list.

<https://info.ncdhhs.gov/dhsr/mfp/publichearing.html>

Wednesday, July 7
Friday, July 9
Tuesday, July 13
Thursday, July 15
Monday, July 19
Wednesday, July 21

Electronic media may not be used in presentations at any public hearings.

2027 Deadlines for Summer Petitions and Comments

July 21 5:00 p.m.	Deadline for receipt by Healthcare Planning of petitions for adjustments to need determinations and comments regarding other issues related to the Proposed 2028 SMFP.
August 4 5:00 p.m.	Deadline for receipt by Healthcare Planning of any written comments on petitions submitted by the July 21 deadline and all comments regarding other issues related to the Proposed 2028 SMFP.

Chapter 3:

Certificate of Need Review Categories and Schedule

CHAPTER 3

CERTIFICATE OF NEED

REVIEW CATEGORIES AND SCHEDULE

A certificate of need (CON) is required prior to the development of a new institutional health service. Pursuant to 10A NCAC¹ 14C .0203, Certificate of Need shall determine the appropriate review category or categories in which an application shall be submitted. For proposals which fall into more than one category, an applicant must contact Certificate of Need prior to submittal of the application for a determination regarding the appropriate review category or categories and the applicable review period or periods in which the proposal must be submitted.

The categories are as follows:

Category A: Acute Care Services

- new acute care hospitals;
- new or additional campus of an existing acute care hospital;
- new or additional acute care beds;
- relocation of existing or approved acute care beds within the same service area;
- relocation of existing acute care hospital within the same service area;
- new or additional intensive care services, including but not limited to burn and neonatal;
- new or expanded satellite emergency department;
- offering inpatient dialysis services;
- new transplantation services;
- new open heart surgery services;
- new long-term care hospitals or beds, including conversion of acute care beds to long-term care hospital beds;
- reconversions to acute care pursuant to Policy AC-4; and
- Policy AC-3 projects.

Category B: Nursing and Adult Care Services

Category B.1

- new nursing home facilities or beds pursuant to a need determination;
- relocation of existing or approved nursing home facility beds within the same service area;
- transfer of nursing home facility beds from state psychiatric hospitals pursuant to Policy NH-5;
- new adult care home facilities or beds pursuant to a need determination;
- relocation of existing or approved adult care home beds within the same service area; and
- new or existing continuing care retirement communities applying pursuant to Policy NH-2 or Policy LTC-1.

Category B.2 (Relocation of Existing Beds to Another Service Area)

- relocation of existing nursing home facility beds to another service area pursuant to Policy NH-6; and
- relocation of existing adult care home beds to another service area pursuant to Policy LTC-2.

¹ North Carolina Administrative Code

Category C: Intellectual Disability Services

- new intermediate care facilities or beds for individuals with intellectual disabilities (ICF/IID);
- relocation of existing or approved ICF/IID beds within the same service area; and
- transfer of ICF/IID beds from state developmental centers pursuant to Policy ICF/IID-5.

Category D: Dialysis Services

Category D.1 (County or Facility Need)

- new certified dialysis stations pursuant to the facility need methodology; and
- new kidney disease treatment centers or certified dialysis stations pursuant to the county need methodology.

Category D.2 (Relocation to a Contiguous County)

- relocation of existing kidney disease treatment centers or existing certified dialysis stations to a contiguous county pursuant to Policy ESRD-2.

Category D.3 (All Other Proposals)

- relocation of existing kidney disease treatment centers or existing certified dialysis stations within the same service area;
- new kidney disease treatment centers for home hemodialysis or peritoneal dialysis services;
- development of or expansion of a kidney disease treatment center on a hospital campus pursuant to Policy ESRD-3; and
- all other proposals involving dialysis services that do not fit into Category D.1 or D.2.

Category E: Surgical Services

- new licensed ambulatory surgical facilities;
- new operating rooms;
- relocation of existing or approved operating rooms within the same service area; and
- relocation of existing ambulatory surgical facilities within the same service area.

Category F: Home Health and Hospice Services

- new Medicare-certified home health agencies or offices;
- new hospices or hospice offices;
- new hospice inpatient facility beds;
- relocation of existing or approved hospice inpatient facility beds within the same service area;
- new hospice residential care facility beds; and
- relocation of existing or approved hospice residential care facility beds within the same service area.

Category G: Inpatient Rehabilitation Services

- new inpatient rehabilitation facilities or beds; and
- relocation of existing or approved inpatient rehabilitation beds within the same service area.

Category H: Medical Equipment

- cardiac catheterization equipment or new cardiac catheterization services;
- heart-lung bypass machines;
- gamma knives;
- lithotripters;
- magnetic resonance imaging scanners as defined in G.S. § 131E-176 (16) f1.7;
- positron emission tomography scanners;
- linear accelerators;
- simulators;
- major medical equipment as defined in G.S. § 131E-176(14o);
- diagnostic centers as defined in G.S. § 131E-176(7a);
- replacement equipment that does not result in an increase in the inventory of the equipment;
- conversion of an existing or approved fixed PET scanner to mobile pursuant to Policy TE-1 (July 1st Review Cycle only);
- intraoperative magnetic resonance imaging scanners acquired pursuant to Policy TE-2;
- fixed magnetic resonance imaging scanners acquired pursuant to Policy TE-3 or Policy TE-4;
- fixed or shared cardiac catheterization equipment acquired pursuant to Policy TE-5; and
- heart-lung bypass machines acquired pursuant to Policy AC-6.

Category I: Gastrointestinal Endoscopy Services

- new or additional gastrointestinal endoscopy rooms as defined in G.S. § 131E-176(7d); and
- relocation of existing or approved gastrointestinal endoscopy rooms within the same service area.

Category J: Miscellaneous

- changes of scope and cost overruns;
- reallocation of beds or services pursuant to Policy GEN-1; and
- projects not included in Categories A through I.

Review Dates

Table 3A shows the review schedule, by category, for CON applications requiring review. However, except for proposals involving new dialysis stations pursuant to the facility need methodology, a service, facility, or equipment for which a need determination is identified in the North Carolina State Medical Facilities Plan (SMFP) will have only one scheduled review date and one corresponding application deadline in the calendar year, even though the table shows multiple review dates for the broad category. In order to determine the designated application deadline for a specific need determination in the SMFP, an applicant must refer to the applicable need determination table for that service in the related chapter in the SMFP. Applications for CONs for new institutional health services not specified in other chapters of the SMFP shall be reviewed pursuant to the following review schedule, with the exception that no reviews are scheduled if there is no need determination.

In order to give Certificate of Need staff sufficient time to provide public notice of review and public notice of public hearings as required by G.S. § 131E-185, pursuant to 10A NCAC 14C.0202(2), the deadline for filing CON applications is **5:00 p.m.** on the 15th day of the month preceding the “CON Beginning Review Date.” In instances when the 15th day of the month falls on a weekend or holiday, the application deadline is **5:00 p.m.** on the next business day. **The application deadline is absolute and applications received after the deadline shall not be reviewed in that review period.** Applicants are strongly encouraged to complete all materials at least one day prior to the application deadline and to submit material early on the application deadline.

Table 3A: 2027 CON Application Review Schedule

CON Beginning Review Date	Category (All HSAs)									
February 1, 2027			C	D.3						
March 1, 2027	A	B.1			E	F	G	H	I	J
April 1, 2027			C	D.1						
May 1, 2027	A	B.2			E	F	G	H		J
June 1, 2027			C	D.2					I	
July 1, 2027	A				E	F	G	H		J
August 1, 2027		B.1	C	D.1						
September 1, 2027	A		C		E			H	I	J
October 1, 2027				D.3			G	H		
November 1, 2027	A	B.1			E	F		H		J
December 1, 2027				D.1					I	

For further information about specific schedules, timetables, and CON application forms, contact:

North Carolina Department of Health and Human Services
Division of Health Service Regulation
Certificate of Need
2704 Mail Service Center
Raleigh, North Carolina 27699-2704

Phone: (919) 855-3873

Chapter 4:

Statement of Policies:

- Acute Care Facilities and Services
 - Acute Care Hospitals
 - End-Stage Renal Disease Dialysis Facilities
- Long-Term Care Facilities and Services
 - Nursing Home Facilities
 - Adult Care Homes
 - Developmental Disabilities Facilities
 - Intermediate Care Facilities for Individuals with Intellectual Disabilities
- Technology and Equipment
- All Health Services

CHAPTER 4

STATEMENT OF POLICIES

Summary of Policy Changes for 2027

Policy TE-2 and Policy TE-3 have been revised to comport with changes to the CON Law regarding magnetic resonance imaging scanners (MRIs). A new policy, Policy TE-6, sets forth conditions under which a hospital with a cancer/oncology program can acquire a linear accelerator (LINAC) without the placement of a need determination in the SMFP.

POLICIES APPLICABLE TO ACUTE CARE FACILITIES AND SERVICES

Acute Care Hospitals (AC)

Policy AC-1: Use of Licensed Bed Capacity Data for Planning Purposes

For planning purposes, the number of licensed beds shall be determined by the Division of Health Service Regulation in accordance with standards found in 10A NCAC 13B - Section .6200 and Section .3102(d).

The licensed bed capacity of each hospital is used for planning purposes. It is the hospital's responsibility to notify the Division of Health Service Regulation promptly when any of the space allocated to its licensed bed capacity is converted to another use, including purposes not directly related to health care.

Policy AC-3: Exemption from Plan Provisions for Certain Academic Medical Center Teaching Hospital Projects

Projects for which certificates of need are sought by academic medical center teaching hospitals (Appendix F) may qualify for exemption from the need determinations of this document. The Healthcare Planning and Certificate of Need Section shall designate as an academic medical center teaching hospital any facility whose application for such designation demonstrates the following characteristics of the hospital:

1. serves as a primary teaching site for a school of medicine and at least one other health professional school, providing undergraduate, graduate and postgraduate education;
2. houses extensive basic medical science and clinical research programs, patients and equipment; and
3. serves the treatment needs of patients from a broad geographic area through multiple medical specialties.

Exemption from the provisions of need determinations of the North Carolina State Medical Facilities Plan shall be granted to projects submitted by academic medical center teaching hospitals designated prior to January 1, 1990 provided the projects are necessary to meet one of the following unique academic medical needs:

1. necessary to complement a specified and approved expansion of the number or types of students, residents or faculty that are specifically required for an expansion of students or residents, as certified by the head of the relevant associated professional school; the applicant shall provide documentation that the project is consistent with any relevant standards, recommendations or guidance from specialty education accrediting bodies; or
2. with respect to the acquisition of equipment, is necessary to accommodate the recruitment or retention of a full-time faculty member who will devote a majority of their time to the combined activities of teaching (including teaching within the clinical setting), research, administrative or other academic responsibilities within the academic medical center teaching hospital or medical school; or
3. necessary to accommodate patients, staff or equipment for a specified and approved expansion of research activities, as certified by the head of the entity sponsoring the research; and including, to the extent applicable, documentation pertaining to grants, funding, accrediting or other requirements, and any proposed clinical application of the asset; or
4. necessary to accommodate changes in requirements of specialty education accrediting bodies, as evidenced by copies of documents issued by such bodies.

A project submitted by an academic medical center teaching hospital under this policy that meets one of the above conditions shall demonstrate that the academic medical center teaching hospital's teaching or research need for the proposed project cannot be achieved effectively at any non-academic medical center teaching hospital provider which currently offers and has capacity within the service for which the exemption is requested and which is within 20 miles of the academic medical center teaching hospital.

The academic medical center teaching hospital shall include in its application an analysis of the cost, benefits and feasibility of engaging that provider in a collaborative effort that achieves the academic goals of the project as compared with the certificate of need application proposal. The academic medical center teaching hospital shall also provide a summary of a discussion or documentation of its attempt to engage the provider in discussion regarding its analysis and conclusions.

The academic medical center teaching hospital shall include in its application a discussion of any similar assets within 20 miles that are under the control of the applicant or the associated professional school and the feasibility of using those assets to meet the unique teaching or research needs of the academic medical center teaching hospital.

For each of the first five years of operation the approved applicant shall submit to Certificate of Need a detailed description of how the project achieves the academic requirements of the appropriate section(s) of Policy AC-3, paragraph 2 (items 1 through 4) as proposed in the certificate of need application.

Applicants who are approved for Policy AC-3 projects after January 1, 2012 shall report those Policy AC-3 assets (including beds, operating rooms and equipment) on the appropriate annual license renewal application or registration form for the asset. The information to be reported for the Policy AC-3 assets shall include: (a) inventory or number of units of Policy AC-3 Certificate of Need-approved assets (including all beds, operating rooms and equipment); (b) the annual volume of days, cases or procedures performed for the reporting year on the Policy AC-3 approved asset; and (c) the patient origin by county. Except for operating rooms, neither the assets under (a) above nor the utilization from (b) above shall be used in the annual State Medical Facilities Plan need determination formulas, but both the assets and the utilization will be available for informational purposes to users of the State Medical Facilities Plan.

Operating rooms approved under Policy AC-3 and their utilization shall be reported on the license renewal application and included in the inventory, regardless of the date of Certificate of Need approval.

This policy does not apply to a proposed project or the portion thereof that is based solely upon the inability of the State Medical Facilities Plan methodology to accurately project need for the proposed service(s), due to documented differences in patient treatment times that are attributed to education or research components in the delivery of patient care or to differences in patient acuity or case mix that are related to the applicant's academic mission. However, the applicant may submit a petition pursuant to the State Medical Facilities Plan Petitions for Adjustments to Need Determinations process to meet that need or portion thereof (see Chapter 2). This policy also does not apply to MRI scanners acquired by academic medical center teaching hospitals in counties with a population greater than 125,000 as of the most recently completed federal decennial census. Moreover, the acquisition of an MRI scanner in a county with a population greater than 125,000 as of the most recently completed federal decennial census does not require a CON, regardless of the purpose for which it is operated.

Policy AC-3 projects are required to materially comply with representations made in the certificate of need application regarding academic based need. If an asset originally developed or acquired pursuant to Policy AC-3 is no longer used for research and/or teaching, the academic medical center teaching hospital shall surrender the certificate of need.

Policy AC-4: Reconversion to Acute Care

Facilities that have redistributed beds from acute care bed capacity to psychiatric, rehabilitation, nursing home, or long-term care hospital use, shall obtain a certificate of need to convert this capacity back to acute care. Applicants proposing to reconvert psychiatric, rehabilitation, nursing home, or long-term care hospital beds back to acute care beds shall demonstrate that the hospital's average annual utilization of licensed acute care beds as calculated using the most recent days of care provided to Healthcare Planning by The Cecil G. Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill is equal to or greater than the target occupancies shown below, but shall not be evaluated against the acute care bed need determinations shown in Chapter 5 of the North Carolina State Medical Facilities Plan. In determining utilization rates and average daily census, only acute care bed days of care are counted.

Facility Average Daily Census	Target Occupancy of Licensed Acute Care Beds
1 – 99	66.7%
100 – 200	71.4%
Greater than 200	75.2%

Policy AC-6: Heart-Lung Bypass Machines for Emergency Coverage

To protect cardiac surgery patients, who may require emergency procedures while scheduled procedures are underway, any hospital with an open-heart surgery program that has only one heart-lung bypass machine may submit a certificate of need application for a second machine. The additional machine is to be used to assure appropriate coverage for emergencies and in no instance shall this machine be scheduled for use at the same time as the machine used to support scheduled open-heart surgery procedures. A certificate of need application for a machine acquired in accordance with this provision shall be exempt from compliance with the performance standards set forth in 10A NCAC 14C .1703.

End-Stage Renal Disease Dialysis Facilities (ESRD)

Policy ESRD-2: Relocation of Dialysis Stations

Relocations of existing dialysis stations to contiguous counties are allowed. Certificate of need applicants proposing to relocate dialysis stations to a contiguous county shall:

1. demonstrate that the facility losing dialysis stations or moving to a contiguous county is currently serving residents of that contiguous county; and
2. demonstrate that the proposal shall not result in a deficit or increase an existing deficit in the number of dialysis stations in the county that would be losing stations as a result of the proposed project, as reflected in the most recent North Carolina State Medical Facilities Plan; and
3. demonstrate that the proposal shall not result in a surplus or increase an existing surplus of dialysis stations in the county that would gain stations as a result of the proposed project, as reflected in the most recent North Carolina State Medical Facilities Plan.

Policy ESRD-3: Development or Expansion of a Kidney Disease Treatment Center on a Hospital Campus

Licensed acute care hospitals (see stipulations in G.S. § 131E-77(e1)) may apply for a certificate of need to develop or expand an existing Medicare-certified kidney disease treatment center (outpatient dialysis facility) without regard to a county or facility need determination if all the following are true:

1. The hospital proposes to develop or expand the facility on any campus on its license where general acute beds are located.
2. The hospital must own the outpatient dialysis facility, but the hospital may contract with another legal entity to operate the facility.
3. The hospital must document that the patients it proposes to serve in an outpatient dialysis facility developed or expanded pursuant to this policy are inappropriate for treatment in an outpatient dialysis facility not located on a hospital campus.
4. The hospital must establish a relationship with a community-based outpatient dialysis facility to assist in the transition of patients from the hospital outpatient dialysis facility to a community-based facility wherever possible.

The hospital shall propose to develop at least the minimum number of stations allowed for Medicare certification by the Centers for Medicare & Medicaid Services (CMS). Certificate of Need will impose a condition requiring the hospital to document that it has applied for Medicare certification no later than three (3) years from the effective date on the certificate of need.

The performance standards in 10A NCAC 14C .2203 do not apply to a proposal submitted by a hospital pursuant to this policy.

Dialysis stations developed pursuant to this policy are excluded from the inventory in the State Medical Facilities Plan and excluded from the facility and county need methodologies. Certified outpatient dialysis stations that existed in hospitals as of the date of implementation of this policy will be removed from the

inventory and methodologies; these facilities will be treated as though the stations were developed pursuant to this policy.

Outpatient dialysis facilities developed or expanded pursuant to this policy shall report utilization to the Agency in the same manner as other facilities with outpatient dialysis stations.

POLICIES APPLICABLE TO LONG-TERM CARE FACILITIES AND SERVICES

Nursing Home Facilities (NH)

Policy NH-2: Plan Exemption for Continuing Care Retirement Communities

Qualified continuing care retirement communities (CCRC) may include from the outset or add or convert bed capacity for nursing care without regard to the nursing home bed need shown in Chapter 10: Nursing Home Facilities. To qualify for such exemption, the applicant shall document that the proposal meets all the following requirements:

1. will only be developed concurrently with or subsequent to construction on the same site of facilities for both of the following levels of care:
 - a. independent living accommodations (apartments and homes) for people who are able to carry out normal activities of daily living without assistance; such accommodations may be in the form of apartments, flats, houses, cottages and rooms;
 - b. licensed adult care home beds for use by people who, because of age or disability, require some personal services, incidental medical services and room and board to assure their safety and comfort.
2. will be used exclusively to meet the needs of people with whom the facility has continuing care contracts (in compliance with the North Carolina Department of Insurance statutes and rules) who have lived in a non-nursing unit of the continuing care retirement community for a period of at least 30 days. Exceptions shall be allowed when one spouse or sibling is admitted to the nursing unit at the time the other spouse or sibling moves into a non-nursing unit, or when the medical condition requiring nursing care was not known to exist or be imminent when the individual became a party to the continuing care contract.
3. reflects the number of nursing home facility beds required to meet the current or projected needs of residents with whom the facility has an agreement to provide continuing care after making use of all feasible alternatives to institutional nursing care.
4. will not be certified for participation in the Medicaid program.

One hundred percent of the nursing home facility beds developed under this exemption shall be excluded from the inventory and the occupancy rate used to project nursing home bed need for the general population. Certificates of need issued under policies analogous to this policy in the North Carolina State Medical Facilities Plans subsequent to the 1985 State Medical Facilities Plan are automatically amended to conform to the provisions of this policy at the effective date of this policy. Certificates of need awarded pursuant to the provisions of Chapter 920, Session Laws 1983 or Chapter 445, Session Laws 1985 shall not be amended.

Policy NH-5: Transfer of Nursing Home Facility Beds from State Psychiatric Hospital Nursing Facilities to Community Facilities

Beds in state psychiatric hospitals that are certified as nursing home facility beds may be relocated to licensed nursing home facilities. However, before nursing home facility beds are transferred out of the state psychiatric hospitals, services shall be available in the community. State psychiatric hospital nursing home facility beds that are relocated to licensed nursing home facilities shall be closed within 90 days following the date the transferred beds become operational in the community.

Licensed nursing home facilities proposing to operate transferred nursing home facility beds shall commit to serve the type of residents who are normally placed in nursing home facility beds at the state psychiatric hospitals. To help ensure that relocated nursing home facility beds will serve those people who would have been served by state psychiatric hospitals in nursing home facility beds, a certificate of need application to transfer nursing home facility beds from a state hospital shall include a written memorandum of agreement between the director of the applicable state psychiatric hospital, the director of the North Carolina Division of State Operated Healthcare Facilities, the secretary of the North Carolina Department of Health and Human Services, and the person submitting the proposal.

This policy does not allow the development of new nursing home facility beds. Nursing home facility beds transferred from state psychiatric hospitals to the community pursuant to Policy NH-5 shall be excluded from the inventory.

Policy NH-6: Relocation of Nursing Home Facility Beds

Relocations of existing licensed nursing home facility beds to another service area are allowed. Certificate of need applicants proposing to relocate licensed nursing home facility beds to another service area shall:

1. demonstrate that the proposal shall not result in a deficit, or increase an existing deficit in the number of licensed nursing home facility beds in the county that would be losing nursing home facility beds as a result of the proposed project, as reflected in the North Carolina State Medical Facilities Plan in effect at the time the certificate of need review begins; and
2. demonstrate that the proposal shall not result in a surplus or increase an existing surplus of licensed nursing home facility beds in the county that would gain nursing home facility beds as a result of the proposed project, as reflected in the North Carolina State Medical Facilities Plan in effect at the time the certificate of need review begins.

Policy NH-8: Innovations in Nursing Home Facility Design

Certificate of need applicants proposing new nursing home facilities and replacement nursing home facilities shall pursue innovative approaches in environmental design that address quality of care and quality of life needs of the residents. These plans could include innovative design elements that encourage less institutional, more home-like settings, privacy, autonomy and resident choice, among others.

Adult Care Homes (LTC)**Policy LTC-1: Plan Exemption for Continuing Care Retirement Communities – Adult Care Home Beds**

Qualified continuing care retirement communities may include from the outset or add or convert bed capacity for adult care without regard to the adult care home bed need shown in Chapter 11: Adult Care

Homes. To qualify for such exemption, the applicant shall document that the proposal meets all the following requirements:

1. will only be developed concurrently with, or subsequent to, construction on the same site of independent living accommodations (apartments and homes) for people who are able to carry out normal activities of daily living without assistance; such accommodations may be in the form of apartments, flats, houses, cottages, and rooms.
2. will provide for the provision of nursing services, medical services or other health related services as required for licensure by the North Carolina Department of Insurance.
3. will be used exclusively to meet the needs of people with whom the facility has continuing care contracts (in compliance with the North Carolina Department of Insurance statutes and rules) who have lived in a non-nursing or adult care unit of the continuing care retirement community for a period of at least 30 days. Exceptions shall be allowed when one spouse or sibling is admitted to the adult care home unit at the time the other spouse or sibling moves into a non-nursing or adult care unit, or when the medical condition requiring nursing or adult care home care was not known to exist or be imminent when the individual became a party to the continuing care contract.
4. reflects the number of adult care home beds required to meet the current or projected needs of residents with whom the facility has an agreement to provide continuing care after making use of all feasible alternatives to institutional adult care home care.
5. will not participate in the Medicaid program or serve State-County Special Assistance recipients.

One hundred percent of the adult care home beds developed under this exemption shall be excluded from the inventory used to project adult care home bed need for the general population. Certificates of need issued under policies analogous to this policy in the North Carolina State Medical Facilities Plans subsequent to the North Carolina 2002 State Medical Facilities Plan are automatically amended to conform with the provisions of this policy at the effective date of this policy.

Policy LTC-2: Relocation of Adult Care Home Beds

Relocations of existing licensed adult care home beds to another service area are allowed. Certificate of need applicants proposing to relocate licensed adult care home beds to another service area shall:

1. demonstrate that the proposal shall not result in a deficit, or increase an existing deficit in the number of licensed adult care home beds in the county that would be losing adult care home beds as a result of the proposed project, as reflected in the North Carolina State Medical Facilities Plan in effect at the time the certificate of need review begins; and
2. demonstrate that the proposal shall not result in a surplus or increase an existing surplus of licensed adult care home beds in the county that would gain adult care home beds as a result of the proposed project, as reflected in the North Carolina State Medical Facilities Plan in effect at the time the certificate of need review begins.

Policy LTC-3: Certification of Beds for Special Assistance

Certificate of need applicants proposing to develop new adult care home beds pursuant to a need determination shall demonstrate that the proposed beds will be certified for special assistance and that at

least 5% of the projected days of care in the third full fiscal year of operation shall be provided to residents receiving State-County Special Assistance.

Developmental Disabilities Facilities (MH)

Policy MH-1: Linkages between Treatment Settings

An applicant for a certificate of need for intermediate care facilities for individuals with intellectual disabilities (ICF/IID) beds shall document that the affected local management entity-managed care organization has been contacted and invited to comment on the proposed services.

Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)

Policy ICF/IID-5: Transfer of ICF/IID Beds from State Operated Developmental Centers to Community-Based Facilities

Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) beds in state operated developmental centers may be relocated to existing community-based facilities through the certificate of need process. This policy covers the relocation of beds only and does not provide for or preclude transfer of residents with the beds. State operated developmental center ICF/IID beds that are relocated to a community-based facility shall be closed upon licensure of the transferred beds.

Applicants proposing to relocate beds from a state operated developmental center shall be required to submit a certificate of need application. The application shall include a written agreement signed by all the following:

1. director of the local management entity/managed care organization serving the county where the community-based facility is or will be located;
2. director of the state operated developmental center transferring the beds;
3. director of the North Carolina Division of State Operated Healthcare Facilities;
4. secretary of the North Carolina Department of Health and Human Services; and
5. operator of the community-based facility.

The maximum number of beds in the facility upon project completion shall not exceed 15 beds.

The project shall not result in more than three facilities housing a combined total of 18 people being developed on contiguous pieces of property.

POLICIES APPLICABLE TO TECHNOLOGY AND EQUIPMENT (TE)

Policy TE-1: Conversion of Fixed PET Scanners to Mobile PET Scanners

Facilities with an existing or approved fixed PET scanner may apply for a Certificate of Need (CON) to convert the existing or approved fixed PET scanner to a mobile PET scanner if the applicant(s) demonstrates in the CON application that the converted mobile PET scanner:

1. shall continue to operate as a mobile PET scanner at the facility, including satellite campuses, where the fixed PET scanner is located or was approved to be located;
2. shall be moved at least weekly to provide services at two or more host facilities; and
3. shall not serve any mobile host site that is not owned by the PET certificate holder or an entity related to the PET certificate holder such as a parent or subsidiary that is located in the county where any existing or approved fixed PET scanner is located, except as required by subpart (1).

There will be one certificate of need application filing opportunity each calendar year.

Policy TE-2: Intraoperative Magnetic Resonance Imaging (iMRI) Scanners

An applicant in a rural county proposing to acquire an intraoperative Magnetic Resonance Imaging (iMRI) Scanner to be used in an operating room suite shall demonstrate in its certificate of need application that it is a licensed acute care hospital which is located in a metropolitan statistical area as defined by the US Census Bureau with at least 350,000 residents.

The iMRI scanner shall not be used for outpatients unless the patient has a simultaneous surgical procedure, interventional procedure or treatment. The iMRI may not be replaced with a conventional MRI scanner.

The performance standards in 10A NCAC 14C .2703 would not be applicable.

Intraoperative procedures and inpatient procedures performed on the iMRI shall be reported separately on the Hospital License Renewal Application.

These scanners shall not be counted in the inventory of fixed MRI scanners; the procedures performed on the iMRI will not be used in calculating the need methodology and will be reported in a separate table in Chapter 15.

Policy TE-3: Plan Exemption for Fixed Magnetic Resonance Imaging Scanners

The applicant proposing to acquire a fixed magnetic resonance imaging (MRI) scanner shall demonstrate in its certificate of need (CON) application that it is a licensed North Carolina acute care hospital or a hospital campus in a rural county:

1. that has licensed acute care beds; and
2. that provides emergency care coverage 24 hours a day, seven days a week.

The applicant shall demonstrate that the proposed fixed MRI scanner will perform at least 850 weighted MRI procedures during the third full operating year.

The performance standards in 10A NCAC 14C .2703 would not be applicable.

The proposed fixed MRI scanner:

1. must be located on the main campus of the hospital as defined in G.S. § 131E-176(14n); or
2. must be located at another acute care hospital on a campus that operates under the main hospital's license.

The proposed fixed MRI scanner cannot be located at a site where the inventory in the SMFP reflects that there is an existing or approved fixed MRI scanner in the five years immediately preceding the filing of the CON application.

The proposed scanner may operate as part of the hospital, a diagnostic center, or an independent diagnostic testing facility (IDTF) location that does not currently provide fixed MRI services.

Policy TE-4: Plan Exemption for Dual-Functioning Fixed PET Scanners in Mid-Size-Cancer Centers

The applicant proposing to acquire a fixed Positron Emission Therapy (PET) scanner shall demonstrate in its certificate of need (CON) application that:

1. it is a licensed North Carolina acute care hospital or hospital campus that has the following characteristics:
 - a. has licensed acute care beds;
 - b. provides emergency care coverage 24 hours a day, seven days a week;
 - c. offers external beam radiation therapy on a linear accelerator on the date of the CON application;
 - d. has Certificate of Need approval for at least two linear accelerators;
 - e. does not own or have a Certificate of Need to own a fixed PET scanner.
2. the proposed fixed dual-functioning PET scanner equipment will have capacity to function as both a linear accelerator simulator and a PET scanner;
3. the proposed dual-functioning PET scanner will provide both linear accelerator simulator and PET scan functions in a cancer center that performed an average of 3,126 to 6,249 ESTV procedures on a LINAC during the most recent data year; and
4. the proposed dual-functioning PET scanner will perform at least 1,040 PET procedures during the third full operating year.
5. The proposed dual-functioning PET scanner will be located:
 - a. on the main campus of the hospital as defined in G.S. § 131E-176(14n); or
 - b. on an acute care hospital campus that operates under the main hospital's license.

The performance standards in 10A NCAC 14C .3703 are not applicable.

Policy TE-5: Cardiac Catheterization Equipment for Emergency Coverage

To protect cardiac patients who may require emergency diagnostic or interventional cardiac catheterization while scheduled cardiac catheterization procedures are underway, any hospital with a Level I or Level II ST-Elevation Myocardial Infarction (STEMI) program, as jointly accredited by the American Heart Association and The Joint Commission, that has been approved to develop or operates only one unit of fixed or shared fixed cardiac catheterization equipment, may submit a certificate of need application for a second unit of equipment without regard to a need determination in the State Medical Facilities Plan. Hospitals with at least one cardiac-related program that includes treatment of myocardial infarction and is accredited by a national or international organization other than the American Heart Association or The Joint Commission may also submit a certificate of need application under this policy.

The additional unit of fixed or shared fixed cardiac catheterization equipment shall be used to assure appropriate coverage for emergencies and in no instance shall this equipment be scheduled for contemporaneous use as the existing equipment used for scheduled diagnostic or interventional cardiac catheterization procedures. A certificate of need application submitted for the approval of a unit of fixed or shared fixed cardiac catheterization equipment in accordance with this policy shall be exempt from compliance with the performance standards set forth in 10A NCAC 14C .1603.

Policy TE-6: Plan Exemption for Linear Accelerators (LINAC)

A hospital with a cancer/oncology program that does not have an existing or approved linear accelerator (LINAC) may apply for a LINAC pursuant to the provisions in this Policy. The hospital shall demonstrate in its certificate of need (CON) application that:

1. the cancer/oncology program provides coordinated services for the diagnosis, treatment, and care of people with cancer, using a multidisciplinary approach to patient care including, but not limited to, surgeons, medical oncologists, and oncology specialty providers.
2. the cancer/oncology program is located on the main campus of the hospital or a campus that operates under the main hospital's license; and
3. the cancer/oncology program has been in operation at least three full Federal fiscal years at the time of application; and
4. the cancer/oncology program served a total of at least 200 newly diagnosed patients in the past two full Federal fiscal years; and
5. the cancer/oncology program has not been denied certification or accreditation due to deficiencies in quality of care; and
6. within one year of acquisition of the approved LINAC, the cancer/oncology program is eligible to apply for accreditation by one of the following nationally recognized organizations: American College of Radiology (ACR)-Radiation Oncology Practice Accreditation (ROPA); American College of Radiation Oncology (ACRO); or the American Society for Radiation Oncology (ASTRO)-APEX.
7. the application conforms to Policy GEN-5.

The performance standards in 10A NCAC 14C .1903 are not applicable.

POLICIES APPLICABLE TO ALL HEALTH SERVICES (GEN)

Policy GEN-1 applies to all health services except end-stage renal disease dialysis services. Policies GEN-4, and GEN-5 apply to all health services.

Policy GEN-1: Reallocations

In this policy, the term *reallocated* means that the need determination will be scheduled for review in the following year. Furthermore, the terms *this Plan*, or *the Proposed Plan* mean the State Medical Facilities Plan (SMFP) or Proposed SMFP, respectively, in effect at the time the policy is to be applied.

1. Need determinations in this Plan, except for need determinations for dialysis stations, may be reallocated in the following year if either 1.a or 1.b is true:

- a. The review period for the need determination was scheduled to begin on October 1, November 1, or December 1 of the current year, and
 - i. no applications were received for the need determination, or
 - ii. applications were received but not all the beds, operating rooms, services or equipment that were available were applied for.
 - b. Resolution of litigation between August 16 and December 15 of the current year would have resulted in a need determination if the litigation had been resolved on or before August 15. Resolution of litigation means that all contested case petitions have been withdrawn with prejudice and all certificates of need, if any, have been issued.
2. The need determination may be reallocated in the following year if Healthcare Planning determines that a need still exists:
 - a. based on the inventory in the Proposed Plan in effect at the time of the reallocation, and
 - b. application of the need methodology in the Proposed Plan in effect at the time of reallocation results in a need determination.
 3. Any reallocated need determination shall be limited to the number of beds, operating rooms, services or equipment needed based on application of the need methodology in the Proposed Plan.
 4. CON will schedule the review for a reallocated need determination no sooner than the second review period in the year after the policy is applied for the review category as determined by Certificate of Need (CON).
 5. CON will notify people on the CON Interested Parties List and the State Medical Facilities Plan-Interested Parties List of the reallocated need determination no less than 60 days prior to the application deadline.

Illustrative Examples:

- 1.a. Need determination for 20 adult care home beds in the 2019 SMFP
Review is scheduled to begin November 1, 2019 and applications are due October 15, 2019. No applications are received. CON notifies Healthcare Planning. Healthcare Planning removes the placeholder for the need determination from the Proposed 2020 SMFP and recalculates the need based on the need methodology in the Proposed 2020 SMFP. If there is a need, CON schedules a review in 2020.
- 1.b. Need determination for two operating rooms in the 2018 SMFP
Two applications are received, each proposing to develop the two operating rooms. The denied applicant appeals. The litigation is finally resolved on November 15, 2019. CON notifies Healthcare Planning. Healthcare Planning removes the placeholder for the need determination in the Proposed 2020 SMFP, adjusts the inventory, and recalculates the need based on the need methodology in the Proposed 2020 SMFP. If there is a need, CON schedules a review in 2020.

Policy GEN-4: Energy Efficiency and Sustainability for Health Service Facilities

Any person proposing a capital expenditure greater than \$4 million to develop, replace, renovate or add to a health service facility pursuant to G.S. § 131E-178 shall include in its certificate of need application a written statement describing the project's plan to assure improved energy efficiency and water conservation.

In approving a certificate of need proposing an expenditure greater than \$5 million to develop, replace, renovate or add to a health service facility pursuant to G.S. § 131E-178, Certificate of Need shall impose a

condition requiring the applicant to develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes. The plan must be consistent with the applicant's representation in the written statement as described in paragraph one of Policy GEN-4.

Any person awarded a certificate of need for a project or an exemption from review pursuant to G.S. § 131E-184 is required to submit a plan for energy efficiency and water conservation that conforms to the rules, codes and standards implemented by the Construction Section of the Division of Health Service Regulation. The plan must be consistent with the applicant's representation in the written statement as described in paragraph one of Policy GEN-4. The plan shall not adversely affect patient or resident health, safety or infection control.

Policy GEN-5: Access to Culturally Competent Health Care

A certificate of need (CON) applicant applying to offer or develop a new institutional health service for which there is a need determination in the North Carolina State Medical Facilities Plan shall demonstrate how the project will provide culturally competent health care that integrates principles to increase health equity and reduce health disparities in underserved communities. The delivery of culturally competent health care requires the implementation of systems and training to provide responsive, personalized care to individuals with diverse backgrounds, values, beliefs, customs, and languages. A certificate of need applicant shall identify the underserved populations and communities it will serve, including any disparities or unmet needs of either, document its strategies to provide culturally competent programs and services, and articulate how these strategies will reduce existing disparities as well as increase health equity.

CON applications will include the following:

The applicant shall, in its CON application, address each of the items enumerated below:

Item 1: *Describe the demographics of the relevant service area with a specific focus on the medically underserved communities within that service area. These communities shall be described in terms including, but not limited to: age, gender, racial composition; ethnicity; languages spoken; disability; education; household income; geographic location and payor type.*

Item 2: *Describe strategies it will implement to provide culturally competent services to members of the medically underserved community described in Item 1.*

Item 3: *Document how the strategies described in Item 2 reflect cultural competence.*

Item 4: *Provide support (e.g., best-practice methodologies, evidence-based studies with similar communities) that the strategies described in Items 2 – 3 are reasonable pathways for reducing health disparities, increasing health equity and improving the health outcomes to the medically underserved communities within the relevant service area.*

Item 5: *Describe how the applicant will measure and periodically assess increased equitable access to health care services and reduction in health disparities in underserved communities.*

In approving an application, Certificate of Need shall impose a condition requiring the applicant to implement the described strategies in a manner that is consistent with the applicant's representations in its CON application.

Chapter 5:

Acute Care Hospital Beds

CHAPTER 5

ACUTE CARE HOSPITAL BEDS

Introduction

G.S. § 131E-176(13) defines a hospital as “a public or private institution which is primarily engaged in providing to inpatients, by or under supervision of physicians, diagnostic services and therapeutic services for medical diagnosis, treatment, and care of injured, disabled, or sick persons, or rehabilitation services for the rehabilitation of injured, disabled, or sick persons. The term includes all facilities licensed pursuant to G.S. § 131E-77, except long-term care hospitals (LTCHs).”

There are 108 licensed acute care hospitals in the state. The occupancy rate for acute care beds is 66.7%. Table 5A shows that certificates of need (CONs) have been issued to develop a total of 3,942 new beds.

Definitions

An acute care hospital bed’s *service area* is the single or multicounty grouping shown in Figure 5.1. See below for an explanation of how services areas are determined.

The *reporting year* is October 1 through September 30. The current reporting year is October 1, 2024 through September 30, 2025.

The methodology calculates bed need for a *projection year*, which is four years beyond the current reporting year. The current projection year is 2029.

The *planning inventory* is the number of beds used in need determination calculations. It is the number of licensed beds as of the last day of the reporting year, plus the number of CON-approved beds that are under development, plus the number of beds available pursuant to need determinations pending review or appeal, minus any exclusions described below under Application of the Methodology.

A *hospital under common ownership* is a hospital that is owned by the same or a related legal entity as at least one other acute care hospital in the same service area. All other hospitals are *single hospitals*.

Changes from the Previous Plan

This chapter contains no substantive changes from the previous State Medical Facilities Plan (SMFP).

Basic Principles

1. Acute care hospitals are the providers of essential health care services, one of the state’s largest employers, the largest single investment of public funds in many communities, magnets for physicians deciding where to practice, and building blocks in the economic development of their communities. North Carolina must safeguard the future of its hospitals.

Even so, it is not the policy of the state to guarantee the survival and continued operation of all the state’s hospitals, or even any one of them. In a dynamic, fast-changing environment, which is moving away from inpatient hospital services, the survival and future activities of hospitals will be a function of many factors beyond the realm of state policy.

The state can, however, facilitate the survival of its hospitals and promote the development of needed health care services, acute and non-acute, by encouraging hospitals to convert unused acute care inpatient facilities to new purposes, to collaborate with other health care providers, and to develop health care delivery networks.

2. The North Carolina Department of Health and Human Services supports the use of swing beds in providing long-term nursing care services in rural acute care hospitals. Section 1883 of the Social Security Act provides that certain small rural hospitals may use their inpatient facilities to furnish skilled nursing facility services to Medicare and Medicaid beneficiaries and intermediate care facility services to Medicaid beneficiaries.

Data Sources

The inventory of acute care beds comes from the Hospital LRAs for the reporting year, as submitted to the North Carolina Department of Health and Human Services, Division of Health Service Regulation (Agency).

Annual inpatient acute DOC come from the Hospital Industry Data Institute (HIDI), a collector of hospital patient discharge information. Hospitals report to HIDI using the UB04 form. Patient records that have been categorized as an “acute care/general discharge” are used to identify discharges relevant to this chapter. HIDI provides general acute care DOC by facility and data on patients’ county of residence to the Cecil G. Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill. The Sheps Center provides the Agency with aggregate data from the patient records.

Assumptions of the Methodology

1. Target occupancies of hospitals should encourage efficiency of operation and are based on the midnight average daily census (ADC).
2. In determining utilization rates and ADC, the methodology counts only acute care bed DOC.
3. When a hospital receives a CON to increase or decrease acute care bed capacity, the planning inventory includes this change regardless of the licensure status of the beds.
4. Beginning with the 2011 SMFP, the Agency updates service areas every three years. To update service areas in the current and future SMFPs, the Agency will use patient origin data from the three most recent years of data provided on LRAs.

Delineation of Service Areas

The SMFP contains two types of acute care bed service areas: single county and multicounty. Counties with at least one licensed acute care hospital that are not grouped with another county are single county service areas. A multicounty service area is created under two conditions: 1) counties without a licensed acute care hospital are grouped with the single county where the largest proportion of its patients received inpatient acute care services; 2) if two counties with at least one licensed acute care hospital each provided inpatient acute care services to at least 35% of the residents of a county without a licensed acute care hospital, then the county without a licensed acute care hospital is grouped with both of the counties with a licensed acute care hospital.

If an entity has a CON to develop an acute care hospital in a county without an acute care hospital, the planning inventory in Table 5A will include these beds upon licensure. Before licensure, the beds remain under development in the multicounty service area. Upon licensure of the beds, the county where they are licensed becomes a single county service area.

Application of the Methodology (*Table 5A*)

Step 1: Determine the number of acute care beds in the planning inventory by totaling:

- a. the number of licensed acute care beds at each hospital (*Column D*) exclusive of beds licensed or approved at academic medical center teaching hospitals (listed in *Appendix F*) pursuant to Policy AC-3, and exclusive of beds that provide Level II, III and IV NICU services; and
- b. the number of acute care beds for which CONs have been issued, but for which changes in the license were not made by the end of the reporting year (i.e., additions and relocations) (*Column E*); and
- c. the number of acute care beds pursuant to need determinations in the SMFP pending review or appeal (*Column E*); and
- d. the number of beds delicensed after the end of the reporting year (*Column E*).

Step 2: Enter the total number of DOC provided by each hospital for the reporting year, exclusive of DOC provided as Level II, III and IV NICU services (*Column F*).

Step 3: Calculate the projected DOC for each service area for the projection year as follows:

- a. Determine the total number of DOC (exclusive of DOC provided as Level II, III and IV NICU services)¹ during each of the last five reporting years.
- b. Calculate the difference in the number of DOC provided from year to year.
- c. For each of the last four reporting years, determine the percentage change from the previous reporting year by dividing the calculated difference in DOC by the total number of DOC provided during the previous reporting year ($\{\text{current reporting year} - \text{previous reporting year}\} / \text{previous reporting year}$).

Step 4: Determine each service area's Growth Rate Multiplier (GRM; *Column G*). For each service area, total the annual percentages of change and divide by four to determine the average annual change rate. For positive change, add 1 to obtain the GRM.

Step 5: Determine the Projected DOC (*Column H*). If the GRM is negative, carry forward the DOC for the reporting year unchanged to Column H. If the GRM is positive, calculate the compounded growth factor projected for the next four reporting years by using the GRM (from Step 4) in the first year and compound the change each year thereafter at the same rate $[\text{DOC} \times (\text{GRM})^4]$.

Step 6: Calculate the projected ADC for each hospital for the projection year by dividing the projected DOC provided at the hospital (from Step 5) by 365.25 days (*Column I*).

Step 7: Multiply each hospital's projected ADC from Step 6 by the appropriate target occupancy factor below and enter in Column J:

¹ The days of care provided in Level II, III and IV NICU beds are excluded from the total acute days of care because these beds are excluded from the acute bed inventory.

ADC	Target Occupancy Percentage	Occupancy Factor
ADC less than 100	66.7%	1.50
ADC 100-200	71.4%	1.40
ADC greater than 200 and ≤400	75.2%	1.33
ADC greater than 400	78.0%	1.28

Step 8: Determine the surplus or deficit of beds for each licensed hospital by subtracting the planning inventory of beds (*Column D* plus *Column E*) from the number of beds generated in Step 7 (*Column J*). Deficits are positive numbers and surpluses are negative numbers (*Column K*).

Step 9: Calculate the projected acute care bed surplus or deficit in a service area as follows:

- If a service area has hospitals under common ownership, total the surpluses and deficits of beds (from Step 8) for each of those hospitals to determine the surplus or deficit of beds for each group of hospitals under common ownership.
- The threshold for a need determination for consideration of additional acute care beds is a projected deficit that equals or exceeds 20 beds or 10% of the planning inventory for a single hospital or a group of hospitals under common ownership.
- When any single hospital or group of hospitals under common ownership reaches the threshold in Step 9b, sum the deficits of all single hospitals and groups of hospitals under common ownership in the service area. Then subtract from that number any beds for prior year need determinations for which a CON has not yet been issued.

Step 10: If the difference resulting from Step 9c equals or exceeds (a) 20 beds or (b) 10% of the inventory of the single hospital with the fewest acute care beds in its planning inventory or (c) 10% of the inventory of the group of hospitals under common ownership with the fewest acute care beds in its planning inventory, then the need is equal to the difference. Otherwise, the need is zero (*Column L*).

Unless otherwise specified by the methodology, calculations do not use rounded values. However, fractional values are rounded automatically when displayed.

Applying for Acute Care Beds

A person who proposes to operate additional acute care beds in a hospital must show that the hospital will provide:

- a 24-hour emergency services department; and
- inpatient medical services to both surgical and non-surgical patients; and
- if proposing a new licensed hospital, medical and surgical services on a daily basis within at least five of the following major diagnostic categories (MDC) recognized by the Centers for Medicare & Medicaid Services listed below:

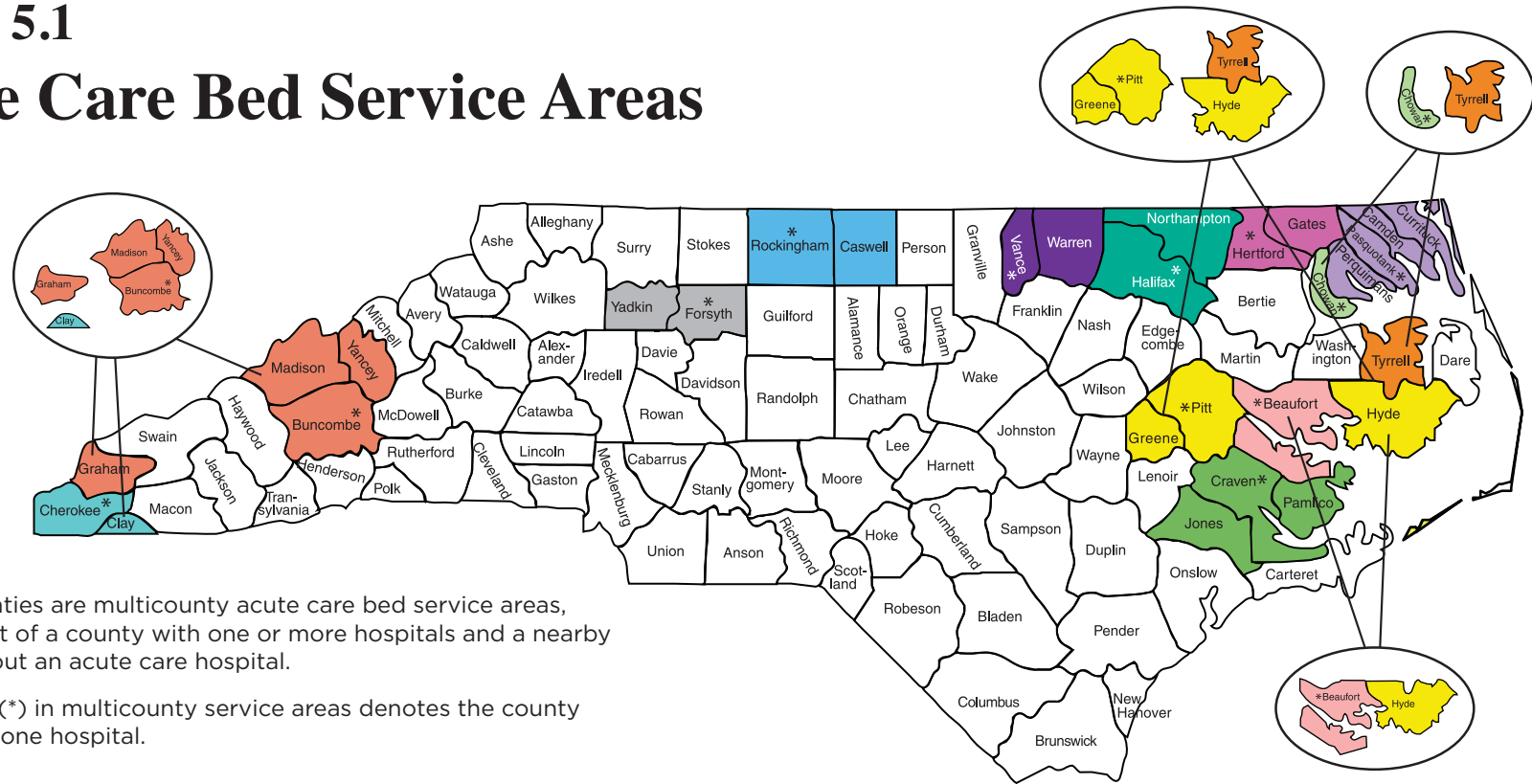
MDC 1: Diseases and disorders of the nervous system

MDC 2: Diseases and disorders of the eye

MDC 3: Diseases and disorders of the ear, nose, mouth and throat

- MDC 4: Diseases and disorders of the respiratory system
- MDC 5: Diseases and disorders of the circulatory system
- MDC 6: Diseases and disorders of the digestive system
- MDC 7: Diseases and disorders of the hepatobiliary system and pancreas
- MDC 8: Diseases and disorders of the musculoskeletal system and connective tissue
- MDC 9: Diseases and disorders of the skin, subcutaneous tissue and breast
- MDC 10: Endocrine, nutritional and metabolic diseases and disorders
- MDC 11: Diseases and disorders of the kidney and urinary tract
- MDC 12: Diseases and disorders of the male reproductive system
- MDC 13: Diseases and disorders of the female reproductive system
- MDC 14: Pregnancy, childbirth and the puerperium
- MDC 15: Newborns/other neonates with conditions originating in the perinatal period
- MDC 16: Diseases and disorders of the blood and blood-forming organs and immunological disorders
- MDC 17: Myeloproliferative diseases and disorders and poorly differentiated neoplasms
- MDC 18: Infectious and parasitic diseases
- MDC 19: Mental diseases and disorders
- MDC 20: Alcohol/drug use and alcohol/drug-induced organic mental disorders
- MDC 21: Injury, poisoning and toxic effects of drugs
- MDC 22: Burns
- MDC 23: Factors influencing health status and other contacts with health services
- MDC 24: Multiple significant trauma
- MDC 25: Human immunodeficiency virus infections

Figure 5.1
Acute Care Bed Service Areas



Shaded counties are multicounty acute care bed service areas, which consist of a county with one or more hospitals and a nearby county without an acute care hospital.

The asterisk (*) in multicounty service areas denotes the county with at least one hospital.

Hospitals	Multicounty Service Area	Color Code
Annie Penn Hospital, UNC Rockingham Hospital	Rockingham, Caswell	
Atrium Health Wake Forest Baptist, Novant Health Forsyth Medical Center, Novant Health Medical Park Hospital	Forsyth, Yadkin	
CarolinaEast Medical Center	Craven, Jones, Pamlico	
ECU Health Beaufort Hospital (A campus of ECU Health Medical Center)	Beaufort, Hyde	
ECU Health Chowan Hospital	Chowan, Tyrrell	
ECU Health Medical Center	Pitt, Greene, Hyde, Tyrrell	
ECU Health North Hospital	Halifax, Northampton	
ECU Health Roanoke-Chowan Hospital	Hertford, Gates	
Erlanger Murphy Medical Center	Cherokee, Clay	
Maria Parham Health	Vance, Warren	
Mission Hospital	Buncombe, Clay, Graham, Madison, Yancey	
Sentara Albemarle Medical Center	Pasquotank, Camden, Currituck, Perquimans	

Table 5A: Acute Care Bed Need Projections

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	License Number	Facility Name	Licensed Acute Care Beds	Adjustments for CONS/ Previous Need	Inpatient Days of Care	Growth Rate Multiplier (GRM)	Projected Days of Care	2029 Projected Average Daily Census (ADC)	2029 Beds Adjusted for Target Occupancy	Projected 2029 Deficit or Surplus (surplus shows as a "-")	2029 Need Determination
Alamance		2025 Acute Care Bed Need Determination	0	46		1.0415	0	0	0	-46	
Alamance	H0272	Alamance Regional Medical Center	170	0	49,713	1.0415	58,501	160	224	54	
Alamance Total			170	46							8
Alexander	H0274	Alexander Hospital (closed)*	25	-25	0	0.0000	0	0	0	0	
Alexander Total			25	-25							0
Alleghany	H0108	Alleghany Memorial Hospital**	3	3	540	1.0962	780	2	3	-3	
Alleghany Total			3	3							0
Anson	H0082	Atrium Health Anson	15	0	1,626	-1.0120	1,626	4	7	-8	
Anson Total			15	0							0
Ashe	H0099	Ashe Memorial Hospital	76	0	2,438	-1.1167	2,438	7	10	-66	
Ashe Total			76	0							0
Avery	H0037	Charles A. Cannon, Jr. Memorial Hospital^^	13	0	1,108	1.0222	1,210	3	5	-8	
Avery Total			13	0							0
Beaufort	H0188	ECU Health Beaufort Hospital, A campus of ECU Health Medical Center	120	0	16,207	1.0293	18,188	50	75	-45	
Beaufort/Hyde Total			120	0							0
Bertie	H0268	ECU Health Bertie Hospital	6	0	1,491	1.0701	1,955	5	8	2	
Bertie Total			6	0							2
Bladen	H0154	Cape Fear Valley-Bladen County Hospital**	48	0	2,238	-1.2107	2,238	6	9	-39	
Bladen Total			48	0							0
Brunswick		2026 Acute Care Bed Need Determination	0	18		1.0299	0	0	0	-18	
Brunswick	H0150	J. Arthur Doshier Memorial Hospital	25	0	2,195	1.0299	2,470	7	10	-15	
Brunswick	H0250	Novant Health Brunswick Medical Center**	74	-20	18,211	1.0299	20,492	56	84	30	
Brunswick		Novant Health Leland Medical Center	0	20		1.0299	0	0	0	-20	
Novant Health			74	0	18,211		20,492	56	84	10	
Brunswick Total			99	18							0
Buncombe		2024 Acute Care Bed Need Determination	0	26		1.0246	0	0	0	-26	
Buncombe		2025 Acute Care Bed Need Determination	0	129		1.0246	0	0	0	-129	
Buncombe		2026 Acute Care Bed Need Determination	0	92		1.0246	0	0	0	-92	
Buncombe		AdventHealth Asheville	0	67		1.0246	0	0	0	-67	
Buncombe	H0036	Mission Hospital	682	0	229,572	1.0246	252,962	693	886	204	
Buncombe/Clay/Graham/Madison/Yancey Total			682	314							0
Burke	H0062	UNC Health Blue Ridge	289	0	31,196	1.0843	43,122	118	165	-124	

Table 5A: Acute Care Bed Need Projections

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	License Number	Facility Name	Licensed Acute Care Beds	Adjustments for CONs/ Previous Need	Inpatient Days of Care	Growth Rate Multiplier (GRM)	Projected Days of Care	2029 Projected Average Daily Census (ADC)	2029 Beds Adjusted for Target Occupancy	Projected 2029 Deficit or Surplus (surplus shows as a "-")	2029 Need Determination
Burke Total			289	0							0
Cabarrus		2025 Acute Care Bed Need Determination	0	126		1.0510	0	0	0	-126	
Cabarrus		2026 Acute Care Bed Need Determination	0	95		1.0510	0	0	0	-95	
Cabarrus	H0031	Atrium Health Cabarrus	427	118	149,963	1.0510	183,000	501	641	96	
Cabarrus Total			427	339							0
Caldwell	H0061	Caldwell UNC Health Care	110	0	17,174	-1.0727	17,174	47	71	-39	
Caldwell Total			110	0							0
Carteret	H0222	Carteret General Hospital**	132	0	23,352	1.0063	23,946	66	98	-34	
Carteret Total			132	0							0
Catawba	H0223	Catawba Valley Medical Center	180	0	36,764	1.0053	37,547	103	144	-36	
Catawba	H0053	Frye Regional Medical Center	203	0	41,519	1.0053	42,403	116	163	-40	
Catawba Total			383	0							0
Chatham	H0007	Chatham Hospital	25	0	3,181	1.0084	3,289	9	14	-11	
Chatham Total			25	0							0
Cherokee	H0239	Erlanger Murphy Medical Center	57	0	3,722	-1.0624	3,722	10	15	-42	
Cherokee/Clay Total			57	0							0
Chowan	H0063	ECU Health Chowan Hospital	47	0	5,001	-1.0069	5,001	14	21	-26	
Chowan/Tyrrell Total			47	0							0
Cleveland		2026 Acute Care Bed Need Determination	0	18		1.0292	0	0	0	-18	
Cleveland	H0024	Atrium Health Cleveland	280	0	60,753	1.0292	68,158	187	261	-19	
Cleveland Total			280	18							0
Columbus		Columbus Regional East	0	30		-1.0402	0	0	0	-30	
Columbus	H0045	Columbus Regional Healthcare System	154	-30	17,855	-1.0402	17,855	49	73	-51	
		Columbus Regional Healthcare System	154	0	17,855		17,855	49	73	-81	
Columbus Total			154	0							0
Craven	H0201	CarolinaEast Medical Center	302	0	58,805	-1.0052	58,805	161	225	-77	
Craven/Jones/Pamlico Total			302	0							0
Cumberland	H0213	Cape Fear Valley Medical Center	592	0	173,804	1.0270	193,340	529	678	86	
Cumberland Total			592	0							86
Dare	H0273	The Outer Banks Hospital	20	0	3,547	1.0687	4,626	13	19	-1	
Dare Total			20	0							0
Davidson	H0027	Lexington Medical Center	94	0	14,615	-1.0050	14,615	40	60	-34	
Davidson	H0112	Novant Health Thomasville Medical Center**	101	0	12,295	-1.0050	12,295	34	50	-51	

Table 5A: Acute Care Bed Need Projections

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	License Number	Facility Name	Licensed Acute Care Beds	Adjustments for CONs/ Previous Need	Inpatient Days of Care	Growth Rate Multiplier (GRM)	Projected Days of Care	2029 Projected Average Daily Census (ADC)	2029 Beds Adjusted for Target Occupancy	Projected 2029 Deficit or Surplus (surplus shows as a "-")	2029 Need Determination
Davidson Total			195	0							0
Davie	H0171	Davie Medical Center	50	0	7,880	1.1188	12,345	34	51	1	
Davie Total			50	0							0
Duplin	H0166	ECU Health Duplin Hospital	56	0	9,531	-1.0418	9,531	26	39	-17	
Duplin Total			56	0							0
Durham		2025 Acute Care Bed Need Determination	0	82		1.0306	0	0	0	-82	
Durham		2026 Acute Care Bed Need Determination	0	199		1.0306	0	0	0	-199	
Durham	H0233	Duke Regional Hospital	298	0	77,476	1.0306	87,391	239	318	20	
Durham	H0015	Duke University Hospital	1,025	0	325,959	1.0306	367,675	1,007	1,288	263	
Duke University Health System			1,323	0	403,435		455,067	1,246	1,607	284	
Durham	H0075	North Carolina Specialty Hospital	18	6	1,843	1.0306	2,079	6	9	-15	
Durham		UNC Hospitals Cary Campus	0	102		1.0306	0	0	0	-102	
Durham Total			1,341	389							3
Edgecombe	H0258	ECU Health Edgecombe Hospital	91	0	11,658	-1.0299	11,658	32	48	-43	
Edgecombe Total			91	0							0
Forsyth		2026 Acute Care Bed Need Determination	0	103		1.0312	0	0	0	-103	
Forsyth	H0011	Atrium Health Wake Forest Baptist**	761	4	237,949	1.0312	269,035	737	943	178	
Forsyth	H0209	Novant Health Forsyth Medical Center	842	0	238,048	1.0312	269,147	737	943	101	
Forsyth	H0229	Novant Health Medical Park Hospital	9	0	1,247	1.0312	1,410	4	6	-3	
Novant Health			851	0	239,295		270,557	741	949	98	
Forsyth/Yadkin Total			1,612	107							173
Franklin	H0267-B	Maria Parham-Franklin	70	0	0	0.0000	0	0	0	-70	
Franklin Total			70	0							0
Gaston	H0105	CaroMont Regional Medical Center**	451	50	109,767	1.0007	110,087	301	401	-100	
Gaston Total			451	50							0
Granville	H0098	Granville Health System	62	0	4,607	-1.0867	4,607	13	19	-43	
Granville Total			62	0							0
Guilford	H0052	Atrium Health Wake Forest Baptist**	301	-36	65,426	-1.0005	65,426	179	251	-14	
Guilford		Atrium Health Wake Forest Baptist Greensboro Medical Center	0	36		-1.0005	0	0	0	-36	
Atrium Health			301	0	65,426		65,426	179	251	-50	
Guilford	H0159	Cone Health	709	0	180,828	-1.0005	180,828	495	634	-75	
Guilford Total			1,010	0							0

Table 5A: Acute Care Bed Need Projections

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	License Number	Facility Name	Licensed Acute Care Beds	Adjustments for CONS/ Previous Need	Inpatient Days of Care	Growth Rate Multiplier (GRM)	Projected Days of Care	2029 Projected Average Daily Census (ADC)	2029 Beds Adjusted for Target Occupancy	Projected 2029 Deficit or Surplus (surplus shows as a "-")	2029 Need Determination
Halifax	H0230	ECU Health North Hospital	184	0	20,111	-1.0120	20,111	55	83	-101	
Halifax/Northampton Total			184	0							0
Harnett	H0224	Cape Fear Valley Betsy Johnson Hospital	126	0	20,474	-1.0441	20,474	56	84	-42	
Harnett Total			126	0							0
Haywood	H0025	Haywood Regional Medical Center**	120	0	22,282	1.0304	25,122	69	103	-17	
Haywood Total			120	0							0
Henderson		2026 Acute Care Bed Need Determination	0	19		1.0384	0	0	0	-19	
Henderson	H0019	AdventHealth Hendersonville**	62	0	16,491	1.0384	19,175	52	79	17	
Henderson	H0161	Margaret R. Pardee Memorial Hospital	201	0	24,743	1.0384	28,770	79	118	-83	
Henderson Total			263	19							0
Hertford	H0001	ECU Health Roanoke-Chowan Hospital	86	0	13,341	-1.0188	13,341	37	55	-31	
Hertford/Gates Total			86	0							0
Hoke	H0288	Cape Fear Valley Hoke Hospital	41	0	4,991	-1.0290	4,991	14	20	-21	
Hoke	H0287	FirstHealth Moore Regional Hospital - Hoke Campus**	8	28	1,453	-1.0290	1,453	4	6	-30	
Hoke Total			49	28							0
Iredell	H0259	Duke Health Lake Norman Hospital**	115	0	10,617	-1.0727	10,617	29	44	-71	
Iredell	H0248	Iredell Davis Regional Medical Center+	102	0	0	-1.0727	0	0	0	-102	
Iredell	H0164	Iredell Memorial Hospital	199	0	32,133	-1.0727	32,133	88	132	-67	
Iredell Health Systems			301	0	32,133		32,133	88	132	-169	
Iredell Total			416	0							0
Jackson	H0087	Harris Regional Hospital**	82	0	10,862	-1.0580	10,862	30	45	-37	
Jackson Total			82	0							0
Johnston		2026 Acute Care Bed Need Determination	0	63		1.0333	0	0	0	-63	
Johnston	H0151	UNC Health Johnston	176	24	47,596	1.0333	54,268	149	208	8	
Johnston Total			176	87							0
Lee	H0243	Central Carolina Hospital**	126	0	10,146	-1.0557	10,146	28	42	-84	
Lee Total			126	0							0
Lenoir	H0043	UNC Lenoir Health Care	182	0	22,838	-1.0420	22,838	63	94	-88	
Lenoir Total			182	0							0
Lincoln		2026 Acute Care Bed Need Determination	0	24		1.0041	0	0	0	-24	
Lincoln	H0225	Atrium Health Lincoln**	97	0	22,671	1.0041	23,042	63	95	-2	
Lincoln Total			97	24							0

Table 5A: Acute Care Bed Need Projections

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	License Number	Facility Name	Licensed Acute Care Beds	Adjustments for CONs/ Previous Need	Inpatient Days of Care	Growth Rate Multiplier (GRM)	Projected Days of Care	2029 Projected Average Daily Census (ADC)	2029 Beds Adjusted for Target Occupancy	Projected 2029 Deficit or Surplus (surplus shows as a "-")	2029 Need Determination
Macon	H0034	Angel Medical Center	30	0	6,654	1.0719	8,784	24	36	6	
Macon	H0193	Highlands-Cashiers Hospital	24	0	1,424	1.0719	1,880	5	8	-16	
Macon Total			54	0							6
Martin	H0078	Martin General Hospital (closed)**	49	0	0	-1.2717	0	0	0	-49	
Martin Total			49	0							0
McDowell	H0097	Mission Hospital McDowell	65	0	7,701	1.0389	8,971	25	37	-28	
McDowell Total			65	0							0
Mecklenburg		2025 Acute Care Bed Need Determination	0	210		1.0373	0	0	0	-210	
Mecklenburg		2026 Acute Care Bed Need Determination	0	389		1.0373	0	0	0	-389	
Mecklenburg	H0042	Atrium Health Pineville	340	0	115,890	1.0373	134,158	367	489	149	
Mecklenburg	H0255	Atrium Health University City	141	33	43,534	1.0373	50,396	138	193	19	
Mecklenburg	H0071	Carolinas Medical Center/Center for Mental Health	979	299	364,364	1.0373	421,800	1,155	1,478	200	
Atrium Health			1,460	332	523,788		606,354	1,660	2,160	368	
Mecklenburg	H0292	Novant Health Ballantyne Medical Center	36	0	7,326	1.0373	8,481	23	35	-1	
Mecklenburg	H0282	Novant Health Huntersville Medical Center	147	0	35,729	1.0373	41,361	113	159	12	
Mecklenburg	H0270	Novant Health Matthews Medical Center	146	20	39,062	1.0373	45,219	124	173	7	
Mecklenburg	H0290	Novant Health Mint Hill Medical Center	36	0	8,195	1.0373	9,487	26	39	3	
Mecklenburg	H0010	Novant Health Presbyterian Medical Center	476	70	139,962	1.0373	162,025	444	568	22	
Mecklenburg		Novant Health Steele Creek Medical Center	0	32		1.0373	0	0	0	-32	
Novant Health			841	122	230,274		266,573	730	973	10	
Mecklenburg Total			2,301	1053							0
Mitchell	H0169	Blue Ridge Regional Hospital	46	0	5,111	1.0204	5,541	15	23	-23	
Mitchell Total			46	0							0
Montgomery	H0003	FirstHealth Montgomery Memorial Hospital**	37	0	429	1.1229	682	2	3	-34	
Montgomery Total			37	0							0
Moore	H0100	FirstHealth Moore Regional Hospital and Pinehurst Treatment Center	324	47	81,695	-1.0243	81,695	224	297	-74	
Moore Total			324	47							0
Nash	H0228	Nash General Hospital	250	0	53,854	1.0498	65,417	179	251	1	
Nash Total			250	0							0
New Hanover		2026 Acute Care Bed Need Determination	0	225		1.0401	0	0	0	-225	

Table 5A: Acute Care Bed Need Projections

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	License Number	Facility Name	Licensed Acute Care Beds	Adjustments for CONs/ Previous Need	Inpatient Days of Care	Growth Rate Multiplier (GRM)	Projected Days of Care	2029 Projected Average Daily Census (ADC)	2029 Beds Adjusted for Target Occupancy	Projected 2029 Deficit or Surplus (surplus shows as a "-")	2029 Need Determination
New Hanover	H0221	Novant Health New Hanover Regional Medical Center	656	73	218,224	1.0401	255,376	699	895	166	
New Hanover Total			656	298							
Onslow	H0048	Onslow Memorial Hospital	144	0	36,538	1.0787	49,476	135	190	46	
Onslow Total			144	0							
Orange		2026 Acute Care Bed Need Determination	0	37		1.0246	0	0	0	-37	
Orange	H0157	University of North Carolina Hospitals	834	41	254,999	1.0246	281,046	769	985	110	
Orange Total			834	78							
Pasquotank		2026 Acute Care Bed Need Determination	0	25		1.0657	0	0	0	-25	
Pasquotank	H0054	Sentara Albemarle Medical Center	90	20	23,013	1.0657	29,688	81	122	12	
Pasquotank/Camden/Currituck/Perquimans Total			90	45							
Pender	H0115	Novant Health Pender Medical Center	43	0	1,986	1.3975	7,576	21	31	-12	
Pender Total			43	0							
Person	H0066	Person Memorial Hospital	38	0	2,862	-1.0159	2,862	8	12	-26	
Person Total			38	0							
Pitt	H0104	ECU Health Medical Center	776	85	228,980	1.0353	263,094	720	922	61	
Pitt/Greene/Hyde/Tyrrell Total			776	85							
Polk	H0079	AdventHealth Polk**	25	0	2,845	1.0065	2,920	8	12	-13	
Polk Total			25	0							
Randolph	H0013	Randolph Hospital	145	0	16,949	1.0440	20,134	55	83	-62	
Randolph Total			145	0							
Richmond	H0158	FirstHealth Moore Regional Hospital - Richmond**	99	0	5,691	-1.0826	5,691	16	23	-76	
Richmond Total			99	0							
Robeson	H0064	Southeastern Regional Medical Center	285	0	35,239	-1.0807	35,239	96	145	-140	
Robeson Total			285	0							
Rockingham	H0023	Annie Penn Hospital**	110	0	13,243	-1.0457	13,243	36	54	-56	
Rockingham	H0072	UNC Rockingham Hospital	108	0	6,191	-1.0457	6,191	17	25	-83	
Rockingham/Caswell Total			218	0							
Rowan	H0040	Novant Health Rowan Medical Center	198	0	40,807	-1.0269	40,807	112	156	-42	
Rowan Total			198	0							
Rutherford	H0039	Rutherford Regional Medical Center	129	0	9,293	-1.0207	9,293	25	38	-91	
Rutherford Total			129	0							
Sampson	H0067	Sampson Regional Medical Center	116	0	9,841	1.0183	10,583	29	43	-73	

Table 5A: Acute Care Bed Need Projections

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	License Number	Facility Name	Licensed Acute Care Beds	Adjustments for CONs/ Previous Need	Inpatient Days of Care	Growth Rate Multiplier (GRM)	Projected Days of Care	2029 Projected Average Daily Census (ADC)	2029 Beds Adjusted for Target Occupancy	Projected 2029 Deficit or Surplus (surplus shows as a "-")	2029 Need Determination
Sampson Total			116	0							0
Scotland	H0107	Scotland Memorial Hospital	92	20	20,077	-1.0513	20,077	55	82	-30	
Scotland Total			92	20							0
Stanly	H0008	Atrium Health Stanly	97	0	14,348	-1.0148	14,348	39	59	-38	
Stanly Total			97	0							0
Stokes	H0165	LifeBrite Community Hospital of Stokes**	53	0	1,392	-1.0559	1,392	4	6	-47	
Stokes Total			53	0							0
Surry	H0049	Hugh Chatham Memorial Hospital	81	0	8,182	-1.0875	8,182	22	34	-47	
Surry	H0184	Northern Regional Hospital*	100	-17	13,240	-1.0875	13,240	36	54	-29	
Surry Total			181	-17							0
Swain	H0069	Swain Community Hospital	48	0	68	-1.2295	68	0	0	-48	
Swain Total			48	0							0
Transylvania	H0111	Transylvania Regional Hospital	42	0	5,248	-1.0045	5,248	14	22	-20	
Transylvania Total			42	0							0
Union		2025 Acute Care Bed Need Determination	0	90		1.0983	0	0	0	-90	
Union		2026 Acute Care Bed Need Determination	0	93		1.0983	0	0	0	-93	
Union	H0050	Atrium Health Union	186	105	62,534	1.0983	90,989	249	331	40	
Union Total			186	288							0
Vance	H0267-A	Maria Parham Health	88	0	18,696	1.0057	19,124	52	79	-9	
Vance/Warren Total			88	0							0
Wake		2023 Acute Care Bed Need Determination	0	44		1.0450	0	0	0	-44	
Wake		2024 Acute Care Bed Need Determination	0	70		1.0450	0	0	0	-70	
Wake		2025 Acute Care Bed Need Determination	0	267		1.0450	0	0	0	-267	
Wake		2026 Acute Care Bed Need Determination	0	233		1.0450	0	0	0	-233	
Wake	H0238	Duke Raleigh Hospital	204	0	62,113	1.0450	74,072	203	270	66	
Wake	H0065	UNC Health Rex	468	18	147,534	1.0450	175,940	482	617	131	
Wake	H0199	WakeMed	610	-22	207,044	1.0450	246,908	676	865	277	
Wake	H0276	WakeMed Cary Hospital	200	0	69,600	1.0450	83,001	227	302	102	
Wake		WakeMed Garner Hospital	0	31		1.0450	0	0	0	-31	
WakeMed Health & Hospitals			810	9	276,644		329,909	903	1,168	349	
Wake Total			1,482	641							0
Washington	H0006	Washington Regional Medical Center^	25	-13	1,314	1.0101	1,368	4	6	-6	
Washington Total			25	-13							0

Table 5A: Acute Care Bed Need Projections

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	License Number	Facility Name	Licensed Acute Care Beds	Adjustments for CONs/ Previous Need	Inpatient Days of Care	Growth Rate Multiplier (GRM)	Projected Days of Care	2029 Projected Average Daily Census (ADC)	2029 Beds Adjusted for Target Occupancy	Projected 2029 Deficit or Surplus (surplus shows as a "-")	2029 Need Determination
Watauga	H0077	Watauga Medical Center	113	0	17,425	1.0057	17,823	49	73	-40	
Watauga Total			113	0							0
Wayne	H0257	Wayne UNC Health Care	251	0	49,850	1.0220	54,388	149	208	-43	
Wayne Total			251	0							0
Wilkes	H0153	Wilkes Medical Center	120	0	15,308	1.0550	18,964	52	78	-42	
Wilkes Total			120	0							0
Wilson	H0210	Wilson Medical Center	267	0	23,471	-1.0459	23,471	64	96	-171	
Wilson Total			267	0							0
Grand Total All Hospitals			20,887	3,942	5,086,928		5,728,039				458

* Acute care beds in the "Adjustments for CONs/Previous Need" column are to be converted to inpatient psychiatric beds. This conversion is exempt from certificate of need review, pursuant to G.S. § 131E-184(c).

** DOC data reported to HIDI and DOC data reported on the Division of Health Service Regulation's Hospital LRA have a greater than ± 5% discrepancy between the two data sources.

^ Washington Regional Medical Center was unable to report its 2025 DOC data to HIDI. Therefore, the need methodology calculations uses the DOC reported on the facility's 2026 LRA.

^^ Charles A. Cannon, Jr. Memorial Hospital received a grant from the Dorothea Dix Hospital Property Fund to convert 27 acute care beds to adult psychiatric beds. This project is exempt from certificate of need review. Seventeen acute care beds have been converted to adult psychiatric beds, and these beds are accounted for in Table 5A.

+ Iredell Davis Regional Medical Center (previously Davis Regional Medical Center) has converted to a behavioral health facility, and it did not serve acute care patients during the 2025 reporting year.

Note: The decimal part of a number resulting from a calculation is not displayed, but it is used in subsequent calculations. Therefore, calculated totals may not be identical to displayed totals.

Table 5B: Acute Care Bed Need Determination*
(Proposed for Certificate of Need Review Commencing in 2027)

Service Area	Acute Care Bed Need Determination	Certificate of Need Application Deadline**	Certificate of Need Beginning Review Date
Bertie	2	To be determined	To be determined
Cumberland	86	To be determined	To be determined
Forsyth/Yadkin	173	To be determined	To be determined
Macon	6	To be determined	To be determined
Onslow	46	To be determined	To be determined
Orange	73	To be determined	To be determined
Pitt/Greene/Hyde/Tyrell	61	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 for a CON to meet the need, not just the health service facility or facilities that generated the need.

** Application deadlines are absolute, pursuant to 10A NCAC 14C.0202(2). The filing deadline is 5:00 p.m. on the application deadline date.

Long-Term Care Hospitals

As a result of the August 2005 change in the CON statute, which made LTCH beds a separate category of health service facility beds, the bed days associated with LTCHs have been removed from the acute care bed need determinations. Table 5C shows LTCH inventory data and DOC for the current reporting year.

Table 5C: Long-Term Care Hospital Bed Inventory and Days of Care

License Number	Facility Name	County	Licensed LTCH Beds	DOC	Adjustments for Certificates of Need
H0275	Highsmith-Rainey Specialty Hospital	Cumberland	66	13,856	0
H0280	Select Specialty Hospital –Durham	Durham	30	7,837	0
H0073	Kindred Hospital-Greensboro	Guilford	101	10,309	0
H0284	Select Specialty Hospital –Greensboro	Guilford	30	9,442	0
H0278	Carolinas ContinueCare Hospital at Pineville	Mecklenburg	40	10,356	0
H0242	PAM Specialty Hospital of Rocky Mount	Nash	50	10,647	0

Chapter 6:

Operating Rooms

CHAPTER 6

OPERATING ROOMS

Introduction

G.S. § 131E-76(18c) defines an **operating room** (OR) 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.”

Definitions

An **OR’s service area** is the single or multicounty grouping shown in Figure 6.1. See below for the delineation of service areas.

The **reporting year** is October 1 through September 30. The current reporting year is October 1, 2024 through September 30, 2025.

The methodology calculates OR need for a **projection year**, which is four years beyond the current reporting year. The current projection year is 2029.

The **planning inventory** is the number of ORs used in need determination calculations. It is the number of ORs licensed as of the last day of the reporting year, plus the number of certificate of need (CON)-approved ORs that are under development, plus the number of ORs available pursuant to need determinations pending review or appeal, minus any exclusions described below under Application of the Methodology.

For the purposes of the OR methodology, a **health system** includes all licensed health service facilities with ORs located in the same service area 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. If the relocation or transfer of ORs to a different health system generates a need, the need determination will not appear until the relocated or transferred ORs are licensed in their new location.

Changes from the Previous Plan

The General Assembly enacted Session Law 2023-7 (SL 2023-7), effective November 21, 2025, which established Qualified Urban Ambulatory Surgical Facilities (QUASFs) and specified that QUASFs are not subject to CON requirements [see § 131E-176 (9b)]. A QUASF is defined as an ambulatory surgical facility that meets the following criteria: (1) is licensed by the NC Department of Health and Human Services to operate as an ambulatory surgical facility, (2) has a single specialty or multispecialty surgical program, and

(3) is located in a county with a population greater than 125,000 according to the 2020 federal decennial census or any subsequent decennial census [See, § 131E-176 (21a)]. In the current SMFP, QUASF inventory and performance data have been removed from OR need determination calculations.

To track the development of QUASFs, the SHCC approved the inclusion of an information-only table presenting inventory and utilization data for QUASFs beginning in the 2027 SMFP; this is “Table 6D: Qualified Urban Ambulatory Surgical Facility Inventory.” QUASF data is collected from current Ambulatory Surgical Facility (ASF) License Renewal Applications and ASF CONs prior to November 21, 2025.

Gastrointestinal (GI) Endoscopy rooms, cases and procedures are now displayed in “Table 6E: Endoscopy Room Inventory.”

Data Sources

The number of cases and procedures come from the Hospital License Renewal Applications (LRAs) and the Ambulatory Surgical Facility LRAs for the reporting year, as submitted to the North Carolina Department of Health and Human Services, Division of Health Service Regulation (Agency).

The inventory of ORs comes from LRAs submitted to the Agency’s Acute and Home Care Licensure and Certification Section and approved CONs issued by the Agency.

Population data by county for the reporting year and the projection year come from the North Carolina Office of State Budget and Management.

Assumptions of the Methodology

1. In the current SMFP, for the methodology to determine an OR need for a service area, the minimum deficit must be two, after rounding.
2. The planning inventory and need determination calculations exclude one OR for each Level I and Level II trauma center, and one OR for each designated burn intensive care unit.
3. Beginning with the 2011 SMFP, the Agency updates service areas every three years. To update service areas in the current and future SMFPs, the Agency will use the most recent three years of patient origin data as reported on the LRAs (see below).
4. For purposes of these need projections, the number of surgical hours is anticipated to change in direct proportion to the change in the general population of the OR service area.
5. Operating room utilization is expected to shift across counties due to the impacts of SL 2023-7. During the transition, and in the current SMFP, inventory and performance data for ORs operated by QUASFs have been removed from OR need determination calculations.

Delineation of Service Areas

The SMFP contains two types of OR service areas: single county and multicounty. Counties with at least one facility having a licensed OR that are not grouped with another county are single county service areas. A multicounty service area is created under two conditions: 1) counties without a facility with a licensed OR are grouped with the single county where the largest proportion of its patients received surgery according to patient origin data provided on LRAs; 2) if two counties with at least one facility having a licensed OR each provided surgical services to at least 35 percent of the residents of a county without at least one facility with a licensed OR, then the county without at least one facility with a licensed OR is grouped with both of the counties with facilities that have at least one OR.

If an entity has a CON to develop a facility with a licensed OR in a county without a facility with a licensed OR, the planning inventory in Table 6B will include these ORs upon licensure. Before licensure, the ORs remain under development in the multicounty service area. Upon licensure of new ORs, the county where they are licensed becomes a single county service area.

In response to a petition, the State Health Coordinating Council (SHCC) created the Avery-Watauga multicounty OR service area. There are ORs in both Avery and Watauga counties.

Application of the Methodology

Step 1: Inventory of ORs (*Table 6A, Columns D through J*)

- a. In each OR service area, list the number of ORs by type, and sum them for each health system by summing the following for all licensed hospitals and ambulatory surgical facilities:
 - (1) Number of Inpatient ORs (Column D)
 - (2) Number of Ambulatory ORs, exclusive of QUASFs (Column E)
 - (3) Number of Shared ORs (Column F)
- b. For each facility:
 - (1) Exclude the number of dedicated Cesarean Section (C-Section) ORs from the Hospital LRA (*Column G*).
 - (2) Exclude one OR for each Level I and Level II Trauma Center and one additional OR for each designated Burn Intensive Care Unit (*Column H*).
 - (3) List the number of ORs (*Column I*) and C-Section ORs (*Column J*) for which CONs have been issued but not licensed as of the end of the reporting year.
- c. Enter placeholders for ORs for which a need determination in the SMFP is pending review or appeal (*Columns I and Column J*).

Step 2: Determine Each Facility's Adjusted Case Times

- a. For each facility (exclusive of QUASFs), compare the Average Case Time in Minutes for inpatient and ambulatory cases reported on the annual LRA to its Final Case Time used in the methodology in the previous year's SMFP.
 - (1) If either the inpatient or ambulatory reported average case time is more than 10% longer than the previous year's Final Case Time, then the Adjusted Case Time is the previous year's Final Case Time plus 10%.
 - (2) If either the inpatient or ambulatory reported average case time is more than 20% shorter than the previous year's Final Case Time, then the Adjusted Case Time is the previous year's Final Case Time minus 20%.

- (3) If neither of the above situations occurs, then the Adjusted Case Time is the average case time(s) reported on the LRA.

Step 3: Group Facilities (exclusive of QUASFs; Table 6A, Columns K through M)

- For each hospital, multiply the total number of inpatient surgical cases (excluding C-sections performed in dedicated C-Section ORs) reported in the Surgical Cases by Specialty Area table on the annual Hospital LRA by the inpatient average case time from Step 2. Then divide by 60 to obtain the total inpatient surgical hours.
- For each facility, multiply the total ambulatory cases reported in the Surgical Cases by Specialty Area table on the annual LRA by the ambulatory average case time from Step 2. Then divide by 60 to obtain the total ambulatory surgical hours.
- Add the total inpatient and ambulatory surgical hours together to obtain each facility's Total Surgical Hours for Grouping (*Column K*).
- Assign each facility to a group based on the following criteria (*Column L*):

Group	Facility Type
1	Academic Medical Center Teaching Hospitals
2	Hospitals reporting more than 40,000 surgical hours
3	Hospitals reporting 15,000 to 40,000 surgical hours
4	Hospitals reporting less than 15,000 surgical hours
5	Separately licensed ambulatory surgical facilities that perform at least 50% of their procedures in either ophthalmology or otolaryngology, or a combination of the two specialties.
6	All separately licensed ambulatory surgical facilities not in Group 5.

- For purposes of the SMFP, the average OR is anticipated to be staffed based on its group membership and utilized at least 75% of the available time. Assumptions regarding hours per day and days per year of availability are shown in the table below. Multiply the Hours per Day by the Days Per Year. Then multiply by 75% to obtain the Standard Hours per OR per Year (*Column M*).

Group	Hours per Day	Days per Year	Standard Hours per OR per Year
1	10	260	1,950
2	10	260	1,950
3	9	260	1,755
4	8	250	1,500
5	7	250	1,312
6	7	250	1,312

Step 4: Project Future OR Requirements Based on Growth of OR Hours (exclusive of QUASFs; Table 6B, Columns D through K)

- For Groups 2 through 6, use the Adjusted Case Time from Step 2 to calculate the average (mean) inpatient and ambulatory case times for each group. If the Adjusted Case Time exceeds one standard deviation above the mean case time for its group, substitute the value equivalent to the mean plus one standard deviation of the Adjusted Case Time to obtain the Final Inpatient Case Time (*Column E*) and Final Ambulatory Case Time (*Column G*), as applicable. Otherwise use the

Adjusted Case Time from Step 2 as the final case times. The Average Final Inpatient and Ambulatory Case Times for each group are as follows for the current plan:

Group	Average Final Inpatient Case Time		Average Final Ambulatory Case Time	
	in Minutes	in Hours	in Minutes	in Hours
1	219.7	3.66	136.2	2.27
2	189.8	3.16	119.4	1.99
3	162.7	2.71	109.2	1.82
4	105.6	1.76	71.4	1.19
5	--	--	31.3	0.52
6	--	--	51.5	0.86

- For each facility, multiply the inpatient surgical cases reported on the LRA (*Column D*) by the Final Inpatient Case Time in minutes (*Column E*), and multiply the ambulatory surgical cases reported on the LRA (*Column F*) by the Final Ambulatory Case Time in minutes (*Column G*). Sum these amounts for each facility and divide by 60 to obtain the Total Adjusted Estimated Surgical Hours (*Column H*).
- For each service area with a projected population increase, calculate the Growth Factor based on each service area's projected population change between the reporting year and the projection year [*Column I: Growth Factor = (projection year service area population - reporting year service area population) / reporting year service area population.*]. If the calculated population growth is negative, the Growth Factor is zero.
- Multiply each facility's Total Adjusted Estimated Surgical Hours (*Column H*) for the most recent reporting year by each service area's Growth Factor (*Column I*). Then add the product to the Total Adjusted Estimated Surgical Hours to determine the Projected Surgical Hours for the projection year [$((\text{Column H} \times \text{Column I}) / 100) + \text{Column H} = \text{Column J}$].
- Divide each facility's Projected Surgical Hours for the projection year by the Standard Hours per OR per Year (based on group assignment) to determine the Projected Surgical ORs Required in the projection year (*Table 6B, Column J / Table 6A, Column M = Table 6B, Column K*).

Step 5: Determination of Health System Deficit/Surplus (exclusive of QUASFs; *Table 6B, Columns L - M*)

- Sum the ORs, adjustments, and exclusions (*Table 6A, Columns D through J*) for each facility to obtain the Adjusted Planning Inventory (*Table 6B, Column L*).
- Subtract the Adjusted Planning Inventory from the Projected Surgical ORs Required to obtain the surpluses and deficits for each facility (*Column M*). (*Note: In Column M, projected deficits appear as positive numbers indicating that the methodology projects that more ORs will be needed in the projection year than are in the current inventory.*) Then for each health system, sum the deficits and surpluses of each facility to arrive at the Projected OR Deficit/Surplus for the health system ($\text{Column K} - \text{Column L} = \text{Column M}$).

Step 6: Determination of Service Area OR Need (*Table 6B, Column N*)

- Round the health system deficits according to the rounding rules, below:

If a health system located in an OR service area with more than 10 ORs in the Adjusted Planning Inventory has a projected fractional deficit of 0.50 or greater, round the deficit to the next highest whole number. For each health system in an OR service area with more than 10 ORs and a projected deficit less than 0.50 or in which there is a projected surplus, there is no need.

If a health system located in an OR service area with six to 10 ORs in the Adjusted Planning Inventory has a projected fractional deficit of 0.30 or greater, round the deficit to the next highest whole number. For each health system in an OR service area with six to 10 ORs and a projected deficit less than 0.30 or in which there is a projected surplus, there is no need.

If a health system located in an OR service area with five or fewer ORs in the Adjusted Planning Inventory has a projected fractional deficit of 0.20 or greater, round the deficit to the next highest whole number. For each health system in an OR service area with five or fewer ORs and a projected deficit less than 0.20 or in which there is a projected surplus, there is no need.

- b. Add all rounded health systems deficits. Then adjust for any placeholders for need determinations in previous SMFPs to calculate the Service Area Need (*Column N*).
- c. For the current plan, the Service Area Need must be at least two to show an OR Need Determination in Table 6C.

Unless otherwise specified by the methodology, calculations do not use rounded values. However, fractional values are rounded automatically when displayed.

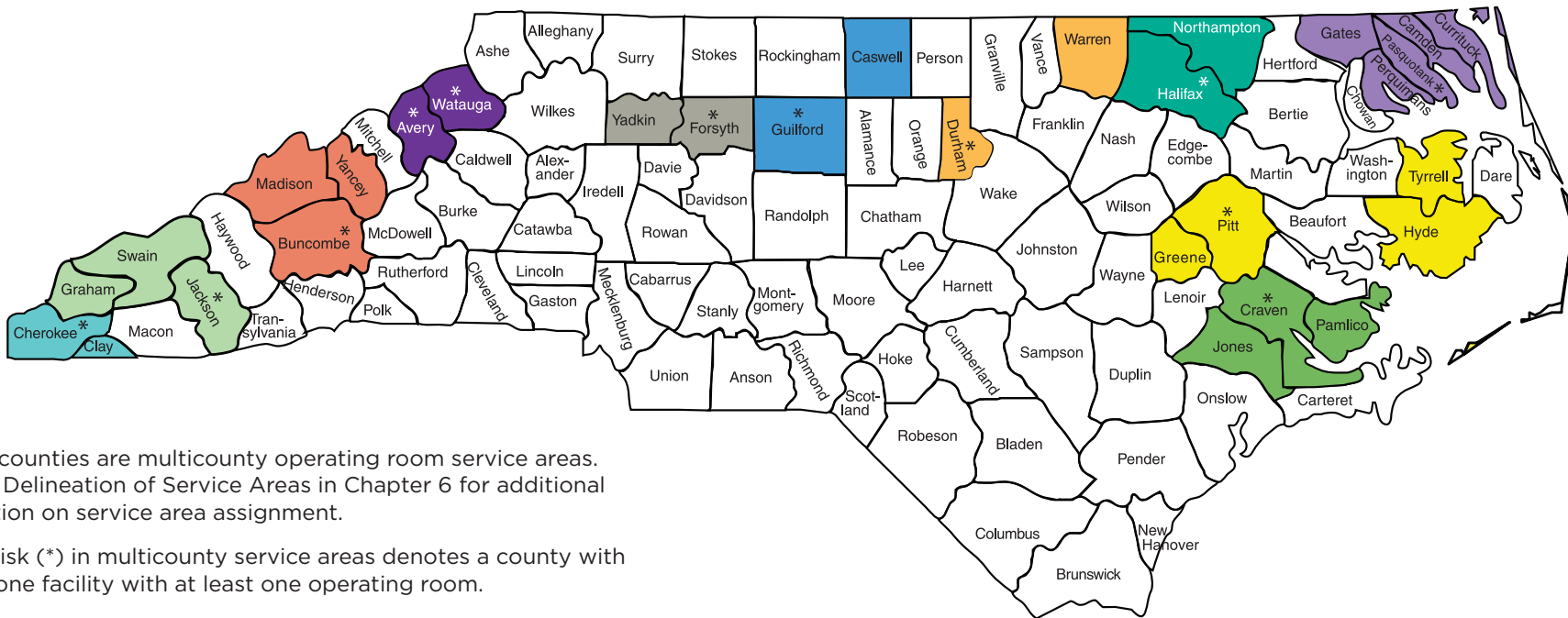
NOTE: The need methodology excludes Dedicated C-Section ORs and associated cases from the calculation of need determinations.

A dedicated C-section OR shall only be used to perform C-sections and other procedures performed on the patient in the same visit to the C-section operating room, such that a patient receiving another procedure at the same time as the C-section would not need to be moved to a different OR for the second procedure.

Hospitals proposing to add a new OR for use as a dedicated C-section OR must obtain a CON but may apply for a CON without regard to the need determinations in this chapter.

Figure 6.1

Operating Room Service Areas



Shaded counties are multicounty operating room service areas. Refer to Delineation of Service Areas in Chapter 6 for additional information on service area assignment.

An asterisk (*) in multicounty service areas denotes a county with at least one facility with at least one operating room.

Hospitals	Multicounty Service Area	Color Code
Atrium Health Wake Forest Baptist, Novant Health Forsyth Medical Center, Novant Health Medical Park Hospital	Forsyth, Yadkin	
Atrium Health Wake Forest Baptist Greensboro Medical Center, Atrium Health Wake Forest Baptist - High Point Medical Center, Cone Health	Guilford, Caswell	
CarolinaEast Medical Center	Craven, Jones, Pamlico	
Charles A. Cannon Jr. Memorial Hospital, Watauga Medical Center	Avery, Watauga	
Duke Regional Hospital, Duke University Hospital, NC Specialty Hospital	Durham, Warren	
ECU Health Medical Center	Pitt, Greene, Hyde, Tyrrell	
ECU Health North Hospital	Halifax, Northampton	
Erlanger Murphy Medical Center	Cherokee, Clay	
Harris Regional Hospital	Jackson, Graham, Swain	
Mission Hospital	Buncombe, Madison, Yancey	
Sentara Albemarle Medical Center	Pasquotank, Camden, Currituck, Gates, Perquimans	

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Table 6A: Operating Room Inventory and Grouping (Combined Data for Hospitals and Ambulatory Surgical Facilities)

Case data for 10/1/2024 through 9/30/2025 as reported on the 2026 Hospital and Ambulatory Surgical Facility License Renewal Applications

A	B	C	D	E	F	G	H	I	J	K	L	M
Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/ Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
Alamance	H0272	Alamance Regional Medical Center	2	3	9	-2	0	0	0	13,523.5	4	1,500
Alamance Total			2	3	9	-2	0	0	0			
Alexander	H0274	Alexander Hospital (closed)**	0	0	2	0	0	0	0	0.0		
Alexander Total			0	0	2	0	0	0	0			
Alleghany	H0108	Alleghany Memorial Hospital	0	0	2	0	0	0	0	289.0	4	1,500
Alleghany Total			0	0	2	0	0	0	0			
Anson	H0082	Atrium Health Anson	0	0	1	0	0	0	0	32.1	4	1,500
Anson Total			0	0	1	0	0	0	0			
Ashe	H0099	Ashe Memorial Hospital	0	0	2	0	0	0	0	1,455.3	4	1,500
Ashe Total			0	0	2	0	0	0	0			
Avery	H0037	Charles A. Cannon, Jr. Memorial Hospital	0	0	2	0	0	0	0	499.4	4	1,500
Watauga	H0077	Watauga Medical Center	1	0	6	-1	0	0	0	6,276.9	4	1,500
Appalachian Regional Healthcare System Total			1	0	8	-1	0	0	0			
Avery/Watauga Total			1	0	8	-1	0	0	0			
Beaufort	H0188	ECU Health Beaufort Hospital, A campus of ECU Health Medical Center	1	0	5	-1	0	0	0	6,490.6	4	1,500
Beaufort Total			1	0	5	-1	0	0	0			
Bertie	H0268	ECU Health Bertie Hospital	0	0	2	0	0	0	0	204.6	4	1,500
Bertie Total			0	0	2	0	0	0	0			
Bladen	H0154	Cape Fear Valley-Bladen County Hospital	0	0	2	0	0	0	0	178.6	4	1,500
Bladen Total			0	0	2	0	0	0	0			
Brunswick	H0250	Novant Health Brunswick Medical Center	1	0	4	-1	0	0	0	7,865.5	4	1,500
Brunswick	H0150	J. Arthur Doshier Memorial Hospital	0	0	2	0	0	0	0	3,000.1	4	1,500
Brunswick Total			1	0	6	-1	0	0	0			
Buncombe	H0036	Mission Hospital	8	9	30	-2	-1	0	0	51,346.8	2	1,950
Buncombe/Madison/Yancey Total			8	9	30	-2	-1	0	0			
Burke		Blue Ridge Surgery Center	0	0	0	0	0	4	0	0.0		
Burke	AS0040	Surgery Center of Morganton Eye Physicians	0	2	0	0	0	0	0	1,251.0	5	1,312

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Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/ Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
Burke	H0062	UNC Health Blue Ridge	1	0	9	-1	0	-4	0	7,254.5	4	1,500
Burke Total			1	2	9	-1	0	0	0			
Cabarrus	H0031	Atrium Health Cabarrus	4	0	15	-2	0	2	0	32,954.5	3	1,755
Cabarrus Total			4	0	15	-2	0	2	0			
Caldwell	AS0168	Prime Surgical Suites	0	3	0	0	0	0	0	974.7	6	1,312
Caldwell	H0061	Caldwell UNC Health Care	1	0	4	-1	0	0	0	4,874.3	4	1,500
UNC Health Total			1	3	4	-1	0	0	0			
Caldwell Total			1	3	4	-1	0	0	0			
Carteret	AS0061	The Surgical Center of Morehead City	0	2	0	0	0	0	0	1,603.3	6	1,312
Carteret	H0222	Carteret General Hospital	1	0	5	-1	0	0	0	6,366.6	4	1,500
Carteret Total			1	2	5	-1	0	0	0			
Catawba	H0053	Frye Regional Medical Center	2	4	15	0	0	0	0	10,030.5	4	1,500
Catawba	H0223	Catawba Valley Medical Center	1	0	12	-1	0	0	1	18,599.4	3	1,755
Catawba Total			3	4	27	-1	0	0	1			
Chatham	H0007	Chatham Hospital	0	0	2	0	0	0	0	1,621.9	4	1,500
Chatham Total			0	0	2	0	0	0	0			
Cherokee	H0239	Erlanger Murphy Medical Center	0	0	4	0	0	0	0	4,497.5	4	1,500
Cherokee/Clay Total			0	0	4	0	0	0	0			
Chowan	H0063	ECU Health Chowan Hospital	0	0	3	0	0	0	0	839.9	4	1,500
Chowan Total			0	0	3	0	0	0	0			
Cleveland	AS0062	Atrium Health Surgery Center Shelby	0	4	0	0	0	0	0	824.5	5	1,312
Cleveland	H0024	Atrium Health Cleveland	1	0	8	-1	0	0	0	9,294.9	4	1,500
Atrium Health Total			1	4	8	-1	0	0	0			
Cleveland	AS0049	Eye Surgery Center of Shelby	0	2	0	0	0	0	0	1,415.5	5	1,312
Cleveland Total			1	6	8	-1	0	0	0			
Columbus		Columbus Regional East	0	0	0	0	0	1	0	0.0		
Columbus	H0045	Columbus Regional Healthcare System	1	0	5	-1	0	-1	0	4,091.2	4	1,500
Columbus Regional Healthcare System Total			1	0	5	-1	0	0	0			

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Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/ Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
Columbus Total			1	0	5	-1	0	0	0			
Craven	H0201	CarolinaEast Medical Center	3	6	9	-1	0	0	0	14,157.9	4	1,500
Craven/Jones/Pamlico Total			3	6	9	-1	0	0	0			
Cumberland	H0213	Cape Fear Valley Medical Center	5	0	14	-3	0	1	0	29,886.1	3	1,755
Cumberland	H0275	Highsmith-Rainey Specialty Hospital	0	0	3	0	0	0	0	3,098.9	4	1,500
Cape Fear Valley Health System Total			5	0	17	-3	0	1	0			
Cumberland Total			5	0	17	-3	0	1	0			
Dare	H0273	The Outer Banks Hospital	1	0	3	-1	0	0	0	1,177.9	4	1,500
Dare Total			1	0	3	-1	0	0	0			
Davidson	H0027	Lexington Medical Center	0	0	4	0	0	2	0	5,869.1	4	1,500
Davidson	H0112	Novant Health Thomasville Medical Center	1	0	5	-1	0	0	0	3,649.9	4	1,500
Davidson Total			1	0	9	-1	0	2	0			
Davie	H0171	Davie Medical Center	0	0	3	0	0	0	0	5,239.0	4	1,500
Davie Total			0	0	3	0	0	0	0			
Duplin	H0166	ECU Health Duplin Hospital	0	0	3	0	0	0	0	1,684.8	4	1,500
Duplin Total			0	0	3	0	0	0	0			
Durham	H0015	Duke University Hospital*	6	9	50	0	-1	2	0	135,901.3	1	1,950
Durham	H0233	Duke Regional Hospital	2	0	13	-2	0	0	0	21,411.9	3	1,755
Duke University Health System Total			8	9	63	-2	-1	2	0			
Durham	H0075	North Carolina Specialty Hospital	0	0	4	0	0	0	0	9,053.2	4	1,500
Durham		UNC Hospitals Cary Campus	0	0	0	0	0	2	0	0.0		
Durham/Warren Total			8	9	67	-2	-1	4	0			
Edgecombe	H0258	ECU Health Edgecombe Hospital	1	0	5	-1	0	0	0	2,016.0	4	1,500
Edgecombe Total			1	0	5	-1	0	0	0			
Forsyth	H0209	Novant Health Forsyth Medical Center	6	4	26	-3	0	4	0	53,458.5	2	1,950
Forsyth	H0229	Novant Health Medical Park Hospital	0	0	10	0	0	0	0	17,232.2	3	1,755
Novant Health Total			6	4	36	-3	0	4	0			
Forsyth	H0011	Atrium Health Wake Forest Baptist*	4	8	35	0	-2	11	0	91,110.4	1	1,950

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Forsyth/Yadkin Total			10	12	71	-3	-2	15	0			
Franklin	H0267-B	Maria Parham-Franklin**	0	0	3	0	0	-1	0	0.0		
Franklin		Same Day Surgery Center	0	0	0	0	0	2	0	0.0		
Franklin Total			0	0	3	0	0	1	0			
Gaston	H0105	CaroMont Regional Medical Center	5	0	18	-4	0	3	0	19,938.3	3	1,755
Gaston Total			5	0	18	-4	0	3	0			
Granville	H0098	Granville Health System	0	0	3	0	0	0	0	1,709.0	4	1,500
Granville	AS0198	Granville Health System Endoscopy Center	0	0	0	0	0	0	0	0.0		
Granville Total			0	0	3	0	0	0	0			
Guilford		Atrium Health Wake Forest Baptist Greensboro Medical Center	0	0	0	0	0	2	0	0.0		
Guilford	H0052	Atrium Health Wake Forest Baptist	3	0	8	-1	0	-2	0	12,576.8	4	1,500
Atrium Health Total			3	0	8	-1	0	0	0			
Guilford	H0159	Cone Health	4	13	29	0	-1	-5	0	51,413.8	2	1,950
Guilford	H0073	Kindred Hospital - Greensboro	0	0	1	0	0	0	0	204.3	4	1,500
Guilford/Caswell Total			7	13	38	-1	-1	-5	0			
Halifax	H0230	ECU Health North Hospital	0	0	6	0	0	0	0	2,591.7	4	1,500
Halifax/Northampton Total			0	0	6	0	0	0	0			
Harnett	H0224	Cape Fear Valley Betsy Johnson Hospital	0	0	7	0	0	0	0	5,290.3	4	1,500
Harnett Total			0	0	7	0	0	0	0			
Haywood	H0025	Haywood Regional Medical Center	0	0	7	0	0	0	0	7,122.6	4	1,500
Haywood Total			0	0	7	0	0	0	0			
Henderson	AS0177	Western Carolina Surgery Center	0	1	0	0	0	0	0	362.3	6	1,312
Henderson	H0019	AdventHealth Hendersonville	1	0	5	-1	0	0	0	8,485.3	4	1,500
Adventist Health Total			1	1	5	-1	0	0	0			
Henderson	AS0186	The Surgery Center at Mills River	0	1	0	0	0	1	0	160.2	6	1,312
Henderson	H0161	Margaret R. Pardee Memorial Hospital	0	0	9	0	0	-1	1	15,753.2	3	1,755
UNC Health Total			0	1	9	0	0	0	1			
Henderson Total			1	2	14	-1	0	0	1			

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Hertford	H0001	ECU Health Roanoke-Chowan Hospital	1	0	5	-1	0	0	0	916.3	4	1,500
Hertford Total			1	0	5	-1	0	0	0			
Hoke	H0288	Cape Fear Valley Hoke Hospital	1	0	2	-1	0	0	0	1,657.7	4	1,500
Hoke	H0287	FirstHealth Moore Regional Hospital - Hoke Campus	0	0	2	0	0	0	0	921.5	4	1,500
Hoke Total			1	0	4	-1	0	0	0			
Iredell	H0259	Duke Health Lake Norman Hospital	1	2	7	-1	0	0	0	7,362.6	4	1,500
Iredell	H0164	Iredell Memorial Hospital	1	0	9	-1	0	0	0	9,675.7	4	1,500
Iredell	H0248	Iredell Davis Regional Medical Center**	1	0	5	-1	0	-1	0	0.0		
Iredell Health System Total			2	0	14	-2	0	-1	0			
Iredell Total			3	2	21	-3	0	-1	0			
Swain	H0069	Swain Community Hospital**	0	0	1	0	0	0	0	0.0		
Jackson	H0087	Harris Regional Hospital	1	0	6	-1	0	0	0	5,958.8	4	1,500
Duke LifePoint Total			1	0	7	-1	0	0	0			
Jackson/Graham/Swain Total			1	0	7	-1	0	0	0			
Johnston	H0151	UNC Health Johnston	2	0	8	-2	0	0	0	8,198.0	4	1,500
Johnston Total			2	0	8	-2	0	0	0			
Lee	H0243	Central Carolina Hospital	1	0	6	-1	0	0	0	2,532.3	4	1,500
Lee Total			1	0	6	-1	0	0	0			
Lenoir	H0043	UNC Lenoir Health Care	1	0	9	-1	0	0	0	3,684.4	4	1,500
Lenoir Total			1	0	9	-1	0	0	0			
Lincoln	AS0204	Denver Surgery Center	0	1	0	0	0	0	0	0.0		
Lincoln	H0225	Atrium Health Lincoln	1	1	3	-1	0	-1	0	5,548.5	4	1,500
Lincoln Total			1	2	3	-1	0	-1	0			
Macon	H0034	Angel Medical Center	0	0	3	0	0	0	0	1,045.4	4	1,500
Macon	H0193	Highlands-Cashiers Hospital	0	0	2	0	0	0	0	11.2	4	1,500
Mission Health Total			0	0	5	0	0	0	0			
Macon Total			0	0	5	0	0	0	0			
Martin	H0078	Martin General Hospital (closed)**	0	0	2	0	0	0	0	0.0		

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Martin Total			0	0	2	0	0	0	0			
McDowell	H0097	Mission Hospital McDowell	1	0	3	-1	0	0	0	852.3	4	1,500
McDowell Total			1	0	3	-1	0	0	0			
Mecklenburg	H0042	Atrium Health Pineville	3	0	12	-2	0	0	1	26,524.2	3	1,755
Mecklenburg	H0071	Carolinas Medical Center/Center for Mental Health	9	11	44	-4	-1	14	0	109,586.6	1	1,950
Mecklenburg	H0255	Atrium Health University City	2	0	8	-2	0	0	0	8,262.3	4	1,500
Atrium Health Total			14	11	64	-8	-1	14	1			
Mecklenburg		Novant Health Steele Creek Medical Center	0	0	0	0	0	2	1	0.0		
Mecklenburg	H0010	Novant Health Presbyterian Medical Center	6	6	28	-3	0	-2	0	60,691.3	2	1,950
Mecklenburg	H0270	Novant Health Matthews Medical Center	2	0	6	-2	0	1	0	9,681.2	4	1,500
Mecklenburg	H0282	Novant Health Huntersville Medical Center	2	0	7	-2	0	0	0	10,412.1	4	1,500
Mecklenburg	H0290	Novant Health Mint Hill Medical Center	1	0	3	-1	0	0	0	2,901.2	4	1,500
Mecklenburg	H0292	Novant Health Ballantyne Medical Center	1	0	2	-1	0	0	0	3,384.9	4	1,500
Novant Health Total			12	6	46	-9	0	1	1			
Mecklenburg Total			26	17	110	-17	-1	15	2			
Mitchell	H0169	Blue Ridge Regional Hospital	0	0	3	0	0	0	0	396.8	4	1,500
Mitchell Total			0	0	3	0	0	0	0			
Montgomery	H0003	FirstHealth Montgomery Memorial Hospital	0	0	2	0	0	0	0	169.4	4	1,500
Montgomery Total			0	0	2	0	0	0	0			
Moore	H0100	FirstHealth Moore Regional Hospital and Pinehurst Treatment Center	3	0	15	-1	0	0	0	27,037.3	3	1,755
Moore	AS0022	The Eye Surgery Center of the Carolinas	0	3	0	0	0	0	0	2,156.7	5	1,312
Moore		Southern Pines Surgery Center	0	0	0	0	0	2	0	0.0		
Moore	AS0069	Surgery Center of Pinehurst	0	6	0	0	0	-2	0	6,558.0	6	1,312
Surgery Center of Pinehurst Health Total			0	6	0	0	0	0	0			
Moore Total			3	9	15	-1	0	0	0			
Nash		Carolina Vascular Care	0	0	0	0	0	1	0	0.0		
Nash	H0228	Nash General Hospital	1	0	13	-1	0	0	0	18,798.2	3	1,755

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Nash Total			1	0	13	-1	0	1	0			
New Hanover	H0221	Novant Health New Hanover Regional Medical Center	5	4	33	-3	-1	0	0	54,132.3	2	1,950
New Hanover Total			5	4	33	-3	-1	0	0			
Onslow	H0048	Onslow Memorial Hospital	1	4	5	-1	0	0	0	8,766.0	4	1,500
Onslow Total			1	4	5	-1	0	0	0			
Orange	H0157	University of North Carolina Hospitals	3	6	37	-3	-2	13	0	95,003.6	1	1,950
Orange Total			3	6	37	-3	-2	13	0			
Pasquotank	H0054	Sentara Albemarle Medical Center	2	0	8	-2	0	0	0	10,036.2	4	1,500
Pasq-Cam-Cur-Gates-Perq Total			2	0	8	-2	0	0	0			
Pender	H0115	Novant Health Pender Medical Center	0	0	2	0	0	0	0	711.7	4	1,500
Pender Total			0	0	2	0	0	0	0			
Person	H0066	Person Memorial Hospital	1	0	4	-1	0	0	0	593.0	4	1,500
Person Total			1	0	4	-1	0	0	0			
Pitt	H0104	ECU Health Medical Center	7	0	26	-4	-1	8	0	78,437.9	1	1,950
Pitt/Greene/Hyde/Tyrrell Total			7	0	26	-4	-1	8	0			
Polk	H0079	AdventHealth Polk	0	0	3	0	0	0	0	578.8	4	1,500
Polk Total			0	0	3	0	0	0	0			
Randolph	H0013	Randolph Hospital	1	2	5	-1	0	0	0	4,269.2	4	1,500
Randolph Total			1	2	5	-1	0	0	0			
Richmond	H0158	FirstHealth Moore Regional Hospital - Richmond	1	0	3	-1	0	0	0	2,437.1	4	1,500
Richmond Total			1	0	3	-1	0	0	0			
Robeson	AS0150	The Surgery Center at Southeastern Health Park**	0	4	0	0	0	0	0	0.0		
Robeson	H0064	Southeastern Regional Medical Center	2	0	5	-1	0	0	0	6,448.0	4	1,500
UNC Health Total			2	4	5	-1	0	0	0			
Robeson Total			2	4	5	-1	0	0	0			
Rockingham	H0072	UNC Rockingham Hospital	1	0	5	-1	0	0	0	638.0	4	1,500

2027 Proposed Plan

Table 6A: Operating Room Inventory and Grouping (Combined Data for Hospitals and Ambulatory Surgical Facilities)

Case data for 10/1/2024 through 9/30/2025 as reported on the 2026 Hospital and Ambulatory Surgical Facility License Renewal Applications

A	B	C	D	E	F	G	H	I	J	K	L	M
Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/ Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
Rockingham	H0023	Annie Penn Hospital	0	0	4	0	0	0	0	2,715.3	4	1,500
Rockingham Total			1	0	9	-1	0	0	0			
Rowan	H0040	Novant Health Rowan Medical Center	2	3	8	-2	0	0	0	14,844.4	4	1,500
Rowan Total			2	3	8	-2	0	0	0			
Rutherford	H0039	Rutherford Regional Medical Center	0	0	5	0	0	0	0	2,535.1	4	1,500
Rutherford Total			0	0	5	0	0	0	0			
Sampson	H0067	Sampson Regional Medical Center	0	0	8	0	0	0	0	2,013.5	4	1,500
Sampson Total			0	0	8	0	0	0	0			
Scotland	H0107	Scotland Memorial Hospital	1	0	5	-1	0	0	0	4,254.9	4	1,500
Scotland Total			1	0	5	-1	0	0	0			
Stanly	H0008	Atrium Health Stanly	1	0	5	-1	0	0	0	2,402.7	4	1,500
Stanly Total			1	0	5	-1	0	0	0			
Stokes	H0165	LifeBrite Community Hospital of Stokes	0	2	2	0	0	0	0	132.3	4	1,500
Stokes Total			0	2	2	0	0	0	0			
Surry	H0049	Hugh Chatham Memorial Hospital	1	0	5	-1	0	0	0	4,138.5	4	1,500
Surry	H0184	Northern Regional Hospital	1	0	4	-1	0	0	0	3,591.4	4	1,500
Surry Total			2	0	9	-2	0	0	0			
Transylvania	H0111	Transylvania Regional Hospital	0	0	4	0	0	0	0	777.1	4	1,500
Transylvania Total			0	0	4	0	0	0	0			
Union	H0050	Atrium Health Union	2	0	7	-2	0	0	0	11,776.1	4	1,500
Union Total			2	0	7	-2	0	0	0			
Vance	H0267-A	Maria Parham Health	0	0	5	0	0	0	0	4,406.0	4	1,500
Vance Total			0	0	5	0	0	0	0			
Wake	H0238	Duke Raleigh Hospital	0	0	15	0	0	-1	0	28,318.2	3	1,755
Wake		WakeMed Garner Hospital	0	0	0	0	0	2	0	0.0		
Wake	H0199	WakeMed	8	0	19	-4	-1	0	0	55,104.4	2	1,950
Wake	H0276	WakeMed Cary Hospital	2	0	10	-2	0	1	0	15,523.9	3	1,755
WakeMed Health & Hospitals Total			10	0	29	-6	-1	3	0			

Table 6A: Operating Room Inventory and Grouping (Combined Data for Hospitals and Ambulatory Surgical Facilities)

Case data for 10/1/2024 through 9/30/2025 as reported on the 2026 Hospital and Ambulatory Surgical Facility License Renewal Applications

A	B	C	D	E	F	G	H	I	J	K	L	M
Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/ Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
Wake	H0065	UNC Health Rex	5	0	27	-5	0	1	1	61,106.6	2	1,950
Wake		2024 Need Determination	0	0	0	0	0	4	0	0.0		
Wake Total			15	0	71	-11	-1	7	1			
Washington	H0006	Washington Regional Medical Center**	0	0	2	0	0	0	0	0.0		
Washington Total			0	0	2	0	0	0	0			
Wayne	H0257	Wayne UNC Health Care	1	2	11	-1	0	0	0	9,629.2	4	1,500
Wayne Total			1	2	11	-1	0	0	0			
Wilkes	H0153	Wilkes Medical Center	1	1	4	-1	0	0	0	3,637.1	4	1,500
Wilkes Total			1	1	4	-1	0	0	0			
Wilson		Wilson Surgery Center	0	0	0	0	0	4	0	0.0		
Wilson	AS0005	Wilson Medical Center**	0	4	0	0	0	-4	0	0.0		
Wilson	H0210	Wilson Medical Center	1	0	9	-1	0	0	0	3,799.5	4	1,500
Duke LifePoint Total			1	4	9	-1	0	0	0			
Wilson	AS0007	Wilson OB-GYN	0	1	0	0	0	0	0	48.0	6	1,312
Wilson Total			1	5	9	-1	0	0	0			
Grand Total			159	134	945	-104	-11	65	5			

* Duke University Hospital has 16 licensed operating rooms (ORs) approved under Policy AC-3 (J-008030-07). Atrium Health Wake Forest Baptist has certificates of need (G-008460-10 & G-011519-18) for 11 ORs approved under Policy AC-3. These 27 ORs are counted in the need determination calculation.

** The facility's licensed ORs were not operational and or utilized during the reporting year.

Table 6B: Projected Operating Room Need for 2029

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2029	Projected Surgical ORs Required in 2029	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Alamance	H0272	Alamance Regional Medical Center††††	1,590	130.0	7,882	76.7	13,523	3.29	13,969	9.31	12	-2.69	
Alamance Total***													0
Alexander	H0274	Alexander Hospital (closed)**	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Alexander Total													0
Alleghany	H0108	Alleghany Memorial Hospital^^/††/††††	0	0.0	171	93.1	265	-0.14	265	0.18	2	-1.82	
Alleghany Total													0
Anson	H0082	Atrium Health Anson^^/††††	0	0.0	19	93.1	29	-0.93	29	0.02	1	-0.98	
Anson Total													0
Ashe	H0099	Ashe Memorial Hospital^/†	173	132.7	686	90.0	1,412	0.07	1,413	0.94	2	-1.06	
Ashe Total													0
Avery	H0037	Charles A. Cannon, Jr. Memorial Hospital††	13	55.1	650	45.0	499	-1.05	499	0.33	2	-1.67	
Watauga	H0077	Watauga Medical Center†††††	1,080	61.3	7,644	40.6	6,277	-1.05	6,277	4.18	6	-1.82	
Appalachian Regional Healthcare System Total										4.52	8	-3.48	
Avery/Watauga Total													0
Beaufort	H0188	ECU Health Beaufort Hospital, A campus of ECU Health Medical Center^/^^/†/††††	518	132.7	3,270	93.1	6,219	0.62	6,258	4.17	5	-0.83	
Beaufort Total													0
Bertie	H0268	ECU Health Bertie Hospital	0	0.0	361	34.0	205	-1.84	205	0.14	2	-1.86	
Bertie Total													0
Bladen	H0154	Cape Fear Valley-Bladen County Hospital†/††††	3	116.3	138	75.1	179	0.69	180	0.12	2	-1.88	
Bladen Total													0
Brunswick	H0250	Novant Health Brunswick Medical Center^^/††††	979	119.0	3,505	93.1	7,380	16.74	8,615	5.74	4	1.74	
Brunswick	H0150	J. Arthur Doshier Memorial Hospital	155	108.0	2,722	60.0	3,000	16.74	3,502	2.33	2	0.33	
Brunswick Total***												2.08	3

Table 6B: Projected Operating Room Need for 2029

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2029	Projected Surgical ORs Required in 2029	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Buncombe	H0036	Mission Hospital†††	11,820	125.1	16,538	96.9	51,347	4.10	53,453	27.41	44	-16.59	
Buncombe/Madison/Yancey Total***													0
Burke		Blue Ridge Surgery Center	0	0.0	0	0.0	0		0	0.00	4	-4.00	
Burke	AS0040	Surgery Center of Morganton Eye Physicians	0	0.0	2,502	30.0	1,251	-0.32	1,251	0.95	2	-1.05	
Burke	H0062	UNC Health Blue Ridge††	1,597	88.2	4,908	60.0	7,255	-0.32	7,255	4.84	5	-0.16	
Burke Total													0
Cabarrus	H0031	Atrium Health Cabarrus^^	5,610	198.6	6,314	135.9	32,870	6.90	35,140	20.02	19	1.02	
Cabarrus Total***													0
Caldwell	AS0168	Prime Surgical Suites	0	0.0	1,360	43.0	975	0.01	975	0.74	3	-2.26	
Caldwell	H0061	Caldwell UNC Health Care†/†††	877	87.3	3,558	60.7	4,874	0.01	4,875	3.25	4	-0.75	
UNC Health Total										3.99	7	-3.01	
Caldwell Total													0
Carteret	AS0061	The Surgical Center of Morehead City^^	0	0.0	1,480	62.6	1,545	2.45	1,582	1.21	2	-0.79	
Carteret	H0222	Carteret General Hospital^^/†††	823	117.3	2,815	93.1	5,976	2.45	6,123	4.08	5	-0.92	
Carteret Total													0
Catawba	H0053	Frye Regional Medical Center^/^^/†††	1,878	132.7	3,197	93.1	9,115	3.31	9,417	6.28	21	-14.72	
Catawba	H0223	Catawba Valley Medical Center	2,320	148.4	7,356	104.9	18,599	3.31	19,215	10.95	12	-1.05	
Catawba Total***													0
Chatham	H0007	Chatham Hospital^^/†††	58	120.0	891	93.1	1,498	5.34	1,578	1.05	2	-0.95	
Chatham Total													0
Cherokee	H0239	Erlanger Murphy Medical Center	218	124.8	2,828	85.8	4,497	4.15	4,684	3.12	4	-0.88	
Cherokee/Clay Total													0
Chowan	H0063	ECU Health Chowan Hospital†††	263	67.0	684	47.9	840	-0.20	840	0.56	3	-2.44	
Chowan Total													0
Cleveland	AS0062	Atrium Health Surgery Center Shelby	0	0.0	1,546	32.0	825	0.23	826	0.63	4	-3.37	

Table 6B: Projected Operating Room Need for 2029

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2029	Projected Surgical ORs Required in 2029	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Cleveland	H0024	Atrium Health Cleveland^^/†††	1,062	130.2	4,136	93.1	8,722	0.23	8,742	5.83	8	-2.17	
Atrium Health Total										6.46	12	-5.54	
Cleveland	AS0049	Eye Surgery Center of Shelby	0	0.0	2,831	30.0	1,416	0.23	1,419	1.08	2	-0.92	
Cleveland Total													0
Columbus		Columbus Regional East	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Columbus	H0045	Columbus Regional Healthcare System	764	99.7	2,919	58.0	4,091	0.08	4,095	2.73	4	-1.27	
Columbus Regional Healthcare System Total										2.73	5	-2.27	
Columbus Total													0
Craven	H0201	CarolinaEast Medical Center	2,470	111.0	11,171	51.5	14,158	0.35	14,208	9.47	17	-7.53	
Craven/Jones/Pamlico Total													0
Cumberland	H0213	Cape Fear Valley Medical Center	5,169	167.2	7,129	130.3	29,886	-1.22	29,886	17.03	17	0.03	
Cumberland	H0275	Highsmith-Rainey Specialty Hospital†††	53	95.0	2,336	77.4	3,099	-1.22	3,099	2.07	3	-0.93	
Cape Fear Valley Health System Total										19.10	20	-0.90	
Cumberland Total***													0
Dare	H0273	The Outer Banks Hospital†/†††	117	90.8	1,128	53.2	1,178	3.10	1,214	0.81	3	-2.19	
Dare Total													0
Davidson	H0027	Lexington Medical Center^/^^/†/†††	460	132.7	2,802	93.1	5,365	3.98	5,579	3.72	6	-2.28	
Davidson	H0112	Novant Health Thomasville Medical Center^/†††	395	132.7	3,229	51.4	3,640	3.98	3,785	2.52	5	-2.48	
Davidson Total***													0
Davie	H0171	Davie Medical Center^/†/†††	72	132.7	3,691	82.3	5,221	4.41	5,451	3.63	3	0.63	
Davie Total													0
Duplin	H0166	ECU Health Duplin Hospital	338	59.9	1,531	52.8	1,685	3.95	1,751	1.17	3	-1.83	
Duplin Total													0
Durham	H0015	Duke University Hospital*	17,303	270.7	24,536	141.4	135,901	2.06	138,707	71.13	66	5.13	
Durham	H0233	Duke Regional Hospital^/^^/†††	2,886	195.0	5,032	135.9	20,777	2.06	21,206	12.08	13	-0.92	

Table 6B: Projected Operating Room Need for 2029

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2029	Projected Surgical ORs Required in 2029	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Duke University Health System Total										83.21	79	4.21	
Durham	H0075	North Carolina Specialty Hospital^/^^/†/†††	674	132.7	4,374	93.1	8,277	2.06	8,448	5.63	4	1.63	
Durham		UNC Hospitals Cary Campus	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Durham/Warren Total***												5.85	6
Edgecombe	H0258	ECU Health Edgecombe Hospital	437	123.0	1,222	55.0	2,016	-0.87	2,016	1.34	5	-3.66	
Edgecombe Total													0
Forsyth	H0209	Novant Health Forsyth Medical Center	9,220	144.0	21,682	86.7	53,458	2.24	54,656	28.03	37	-8.97	
Forsyth	H0229	Novant Health Medical Park Hospital^/†††	445	205.3	9,329	100.8	17,189	2.24	17,574	10.01	10	0.01	
Novant Health Total										38.04	47	-8.96	
Forsyth	H0011	Atrium Health Wake Forest Baptist*	14,368	227.0	16,334	135.0	91,110	2.24	93,151	47.77	56	-8.23	
Forsyth/Yadkin Total***													0
Franklin	H0267-B	Maria Parham-Franklin**	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Franklin		Same Day Surgery Center	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Franklin Total													0
Gaston	H0105	CaroMont Regional Medical Center††††	4,652	89.0	12,223	64.0	19,938	4.47	20,831	11.87	22	-10.13	
Gaston Total***													0
Granville	H0098	Granville Health System†/†††	332	79.7	1,988	38.3	1,709	3.51	1,769	1.18	3	-1.82	
Granville	AS0198	Granville Health System Endoscopy Center	0	0.0	0	0.0	0		0	0.00	0	0.00	
Granville Total													0
Guilford		Atrium Health Wake Forest Baptist Greensboro Medical Center	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Guilford	H0052	Atrium Health Wake Forest Baptist^/^^/†/†††	2,368	132.7	4,079	93.1	11,567	2.10	11,810	7.87	8	-0.13	
Atrium Health Total										7.87	10	-2.13	

Table 6B: Projected Operating Room Need for 2029

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2029	Projected Surgical ORs Required in 2029	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Guilford	H0159	Cone Health††††	8,310	136.0	19,321	101.2	51,414	2.10	52,492	26.92	40	-13.08	
Guilford	H0073	Kindred Hospital - Greensboro	204	55.0	16	65.0	204	2.10	209	0.14	1	-0.86	
Guilford/Caswell Total***													0
Halifax	H0230	ECU Health North Hospital†/†††	560	90.2	1,701	61.7	2,592	-2.59	2,592	1.73	6	-4.27	
Halifax/Northampton Total													0
Harnett	H0224	Cape Fear Valley Betsy Johnson Hospital†††	676	111.0	2,707	89.5	5,290	4.95	5,552	3.70	7	-3.30	
Harnett Total***													0
Haywood	H0025	Haywood Regional Medical Center	1,099	114.0	3,814	79.2	7,123	2.31	7,287	4.86	7	-2.14	
Haywood Total													0
Henderson	AS0177	Western Carolina Surgery Center††††	0	0.0	572	54.8	522	3.40	540	0.41	1	-0.59	
Henderson	H0019	AdventHealth Hendersonville	1,431	100.0	4,816	76.0	8,485	3.40	8,774	5.85	5	0.85	
Adventist Health Total										6.26	6	0.26	
Henderson	AS0186	The Surgery Center at Mills River††††	0	0.0	506	25.5	215	3.40	223	0.17	2	-1.83	
Henderson	H0161	Margaret R. Pardee Memorial Hospital	2,904	115.0	8,373	73.0	15,753	3.40	16,289	9.28	8	1.28	
UNC Health Total										9.45	10	-0.55	
Henderson Total													0
Hertford	H0001	ECU Health Roanoke-Chowan Hospital†/†††	381	55.8	947	35.6	916	-3.81	916	0.61	5	-4.39	
Hertford Total													0
Hoke	H0288	Cape Fear Valley Hoke Hospital^/†††	40	93.3	944	93.1	1,527	3.89	1,586	1.06	2	-0.94	
Hoke	H0287	FirstHealth Moore Regional Hospital - Hoke Campus	0	0.0	1,226	45.1	922	3.89	957	0.64	2	-1.36	
Hoke Total													0
Iredell	H0259	Duke Health Lake Norman Hospital†/†††	1,350	111.3	5,476	53.2	7,363	8.42	7,983	5.32	9	-3.68	
Iredell	H0164	Iredell Memorial Hospital†	1,148	114.9	5,098	88.0	9,676	8.42	10,491	6.99	9	-2.01	
Iredell	H0248	Iredell Davis Regional Medical Center**	0	0.0	0	0.0	0		0	0.00	4	-4.00	

Table 6B: Projected Operating Room Need for 2029

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2029	Projected Surgical ORs Required in 2029	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Iredell Health System Total										6.99	13	-6.01	
Iredell Total***													0
Swain	H0069	Swain Community Hospital**	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Jackson	H0087	Harris Regional Hospital	694	103.0	4,334	66.0	5,959	0.71	6,001	4.00	6	-2.00	
Duke LifePoint Total										4.00	7	-3.00	
Jackson/Graham/Swain Total													0
Johnston	H0151	UNC Health Johnston	1,309	93.1	5,553	66.6	8,198	9.67	8,991	5.99	8	-2.01	
Johnston Total***													0
Lee	H0243	Central Carolina Hospital†/†††	268	121.2	1,534	77.9	2,532	3.58	2,623	1.75	6	-4.25	
Lee Total													0
Lenoir	H0043	UNC Lenoir Health Care	874	93.9	2,889	48.1	3,684	-0.13	3,684	2.46	9	-6.54	
Lenoir Total													0
Lincoln	AS0204	Denver Surgery Center	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Lincoln	H0225	Atrium Health Lincoln^^	620	125.0	2,593	93.1	5,315	5.85	5,626	3.75	3	0.75	
Lincoln Total													0
Macon	H0034	Angel Medical Center††/††††	123	104.7	941	53.0	1,045	3.61	1,083	0.72	3	-2.28	
Macon	H0193	Highlands-Cashiers Hospital††/††††	1	107.5	10	56.5	11	3.61	12	0.01	2	-1.99	
Mission Health Total										0.73	5	-4.27	
Macon Total													0
Martin	H0078	Martin General Hospital (closed)**	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Martin Total													0
McDowell	H0097	Mission Hospital McDowell††	148	73.7	759	53.0	852	-0.82	852	0.57	3	-2.43	
McDowell Total													0
Mecklenburg	H0042	Atrium Health Pineville	3,534	196.1	7,041	127.6	26,524	4.37	27,682	15.77	13	2.77	
Mecklenburg	H0071	Carolinas Medical Center/Center for Mental Health††††	19,260	192.0	25,151	114.4	109,587	4.37	114,372	58.65	73	-14.35	

Table 6B: Projected Operating Room Need for 2029

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2029	Projected Surgical ORs Required in 2029	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Mecklenburg	H0255	Atrium Health University City^/†/†††	1,012	132.7	3,983	86.9	8,008	4.37	8,357	5.57	8	-2.43	
Atrium Health Total										80.00	94	-14.00	
Mecklenburg		Novant Health Steele Creek Medical Center	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Mecklenburg	H0010	Novant Health Presbyterian Medical Center	7,419	165.1	25,112	96.2	60,691	4.37	63,341	32.48	35	-2.52	
Mecklenburg	H0270	Novant Health Matthews Medical Center^/†/††	1,314	115.0	4,238	93.1	9,094	4.37	9,491	6.33	7	-0.67	
Mecklenburg	H0282	Novant Health Huntersville Medical Center^/†/†††	1,065	118.0	4,921	93.1	9,730	4.37	10,155	6.77	7	-0.23	
Mecklenburg	H0290	Novant Health Mint Hill Medical Center^/†/†/†††	142	107.5	1,566	93.1	2,684	4.37	2,801	1.87	3	-1.13	
Mecklenburg	H0292	Novant Health Ballantyne Medical Center^/†/†††	120	75.0	1,914	93.1	3,120	4.37	3,256	2.17	2	0.17	
Novant Health Total										49.62	56	-6.38	
Mecklenburg Total***													0
Mitchell	H0169	Blue Ridge Regional Hospital	15	75.0	405	56.0	397	-1.39	397	0.26	3	-2.74	
Mitchell Total													0
Montgomery	H0003	FirstHealth Montgomery Memorial Hospital	0	0.0	194	52.4	169	-0.07	169	0.11	2	-1.89	
Montgomery Total													0
Moore	H0100	FirstHealth Moore Regional Hospital and Pinehurst Treatment Center	5,661	132.4	9,374	93.1	27,037	4.26	28,190	16.06	17	-0.94	
Moore	AS0022	The Eye Surgery Center of the Carolinas	0	0.0	6,470	20.0	2,157	4.26	2,249	1.71	3	-1.29	
Moore		Southern Pines Surgery Center	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Moore	AS0069	Surgery Center of Pinehurst	0	0.0	6,558	60.0	6,558	4.26	6,838	5.21	4	1.21	
Surgery Center of Pinehurst Health Total										5.21	6	-0.79	
Moore Total													0
Nash		Carolina Vascular Care	0	0.0	0	0.0	0		0	0.00	1	-1.00	

Table 6B: Projected Operating Room Need for 2029

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2029	Projected Surgical ORs Required in 2029	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Nash	H0228	Nash General Hospital†††	2,035	170.8	6,922	112.7	18,798	5.51	19,834	11.30	13	-1.70	
Nash Total													0
New Hanover	H0221	Novant Health New Hanover Regional Medical Center	9,860	131.0	19,962	98.0	54,132	4.68	56,663	29.06	38	-8.94	
New Hanover Total***													0
Onslow	H0048	Onslow Memorial Hospital†	792	119.8	5,946	72.5	8,766	4.14	9,129	6.09	9	-2.91	
Onslow Total***													0
Orange	H0157	University of North Carolina Hospitals†/†††	14,395	171.6	25,917	124.6	95,004	1.99	96,898	49.69	54	-4.31	
Orange Total***													0
Pasquotank	H0054	Sentara Albemarle Medical Center^	970	132.7	5,093	91.0	9,870	1.88	10,056	6.70	8	-1.30	
Pasq-Cam-Cur-Gates-Perq Total													0
Pender	H0115	Novant Health Pender Medical Center	4	60.0	1,327	32.0	712	6.03	755	0.50	2	-1.50	
Pender Total													0
Person	H0066	Person Memorial Hospital^/††††	57	132.7	600	45.3	579	0.57	582	0.39	4	-3.61	
Person Total													0
Pitt	H0104	ECU Health Medical Center††††	11,425	216.0	14,015	159.7	78,438	3.31	81,036	41.56	36	5.56	
Pitt/Greene/Hyde/Tyrrell Total***												5.56	6
Polk	H0079	AdventHealth Polk††	64	72.8	403	74.6	579	0.12	579	0.39	3	-2.61	
Polk Total													0
Randolph	H0013	Randolph Hospital	408	114.7	2,737	76.5	4,269	1.60	4,338	2.89	7	-4.11	
Randolph Total***													0
Richmond	H0158	FirstHealth Moore Regional Hospital - Richmond	127	76.0	2,134	64.0	2,437	-0.41	2,437	1.62	3	-1.38	
Richmond Total													0
Robeson	AS0150	The Surgery Center at Southeastern Health Park**/†††††	0	0.0	0	0.0	0		0	0.00	4	-4.00	

Table 6B: Projected Operating Room Need for 2029

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2029	Projected Surgical ORs Required in 2029	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Robeson	H0064	Southeastern Regional Medical Center†/†††	961	101.4	3,239	89.3	6,448	2.17	6,588	4.39	6	-1.61	
UNC Health Total										4.39	10	-5.61	
Robeson Total													0
Rockingham	H0072	UNC Rockingham Hospital††††	195	52.0	563	50.0	638	-0.13	638	0.43	5	-4.57	
Rockingham	H0023	Annie Penn Hospital†††	341	113.0	1,745	71.3	2,715	-0.13	2,715	1.81	4	-2.19	
Rockingham Total													0
Rowan	H0040	Novant Health Rowan Medical Center^	1,412	132.7	7,943	86.0	14,509	0.99	14,653	9.77	11	-1.23	
Rowan Total***													0
Rutherford	H0039	Rutherford Regional Medical Center	590	90.0	1,456	68.0	2,535	0.90	2,558	1.71	5	-3.29	
Rutherford Total													0
Sampson	H0067	Sampson Regional Medical Center†	477	99.0	876	84.0	2,013	0.56	2,025	1.35	8	-6.65	
Sampson Total													0
Scotland	H0107	Scotland Memorial Hospital††/††††	1,223	60.7	3,381	53.6	4,255	-3.01	4,255	2.84	5	-2.16	
Scotland Total													0
Stanly	H0008	Atrium Health Stanly^	277	132.7	1,428	74.4	2,384	4.02	2,479	1.65	5	-3.35	
Stanly Total													0
Stokes	H0165	LifeBrite Community Hospital of Stokes††††	0	0.0	272	29.2	132	1.21	134	0.09	4	-3.91	
Stokes Total													0
Surry	H0049	Hugh Chatham Memorial Hospital	473	107.0	2,636	75.0	4,139	-0.22	4,139	2.76	5	-2.24	
Surry	H0184	Northern Regional Hospital	410	85.0	2,779	65.0	3,591	-0.22	3,591	2.39	4	-1.61	
Surry Total													0
Transylvania	H0111	Transylvania Regional Hospital†/†††	144	108.4	555	55.9	777	-0.45	777	0.52	4	-3.48	
Transylvania Total													0
Union	H0050	Atrium Health Union^/^^/†/†††	1,336	132.7	5,020	93.1	10,744	7.79	11,581	7.72	7	0.72	

Table 6B: Projected Operating Room Need for 2029

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2029	Projected Surgical ORs Required in 2029	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Union Total***													0
Vance	H0267-A	Maria Parham Health†††	732	107.0	2,382	78.1	4,406	-0.08	4,406	2.94	5	-2.06	
Vance Total													0
Wake	H0238	Duke Raleigh Hospital^/^^/†/†††	3,293	205.3	7,277	135.9	27,748	7.34	29,786	16.97	14	2.97	
Wake		WakeMed Garner Hospital	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Wake	H0199	WakeMed	9,833	167.9	13,129	126.1	55,104	7.34	59,152	30.33	22	8.33	
Wake	H0276	WakeMed Cary Hospital†/†††	2,829	147.8	5,207	98.6	15,524	7.34	16,664	9.50	11	-1.50	
WakeMed Health & Hospitals Total										39.83	35	4.83	
Wake	H0065	UNC Health Rex	6,938	215.4	15,819	137.3	61,107	7.34	65,595	33.64	28	5.64	
Wake		2024 Need Determination	0	0.0	0	0.0	0		0	0.00	4	-4.00	
Wake Total***												9.44	10
Washington	H0006	Washington Regional Medical Center**	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Washington Total													0
Wayne	H0257	Wayne UNC Health Care††††	1,440	90.0	7,358	60.9	9,629	-0.06	9,629	6.42	13	-6.58	
Wayne Total													0
Wilkes	H0153	Wilkes Medical Center†/†††	454	100.4	2,594	66.6	3,637	-0.01	3,637	2.42	5	-2.58	
Wilkes Total													0
Wilson		Wilson Surgery Center	0	0.0	0	0.0	0		0	0.00	4	-4.00	
Wilson	AS0005	Wilson Medical Center**	0	0.0	0	0.0	0		0	0.00	0	0.00	
Wilson	H0210	Wilson Medical Center	499	90.0	3,051	60.0	3,800	0.35	3,813	2.54	9	-6.46	
Duke LifePoint Total										2.54	13	-10.46	
Wilson	AS0007	Wilson OB-GYN	0	0.0	96	30.0	48	0.35	48	0.04	1	-0.96	
Wilson Total													0

Table 6B: Projected Operating Room Need for 2029

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2029	Projected Surgical ORs Required in 2029	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Grand Total			229,236		571,646								25

- * Duke University Hospital has 16 licensed operating rooms (ORs) approved under Policy AC-3 (J-008030-07). North Carolina Baptist Hospital has certificates of need (G-008460-10 & G-011519-18) for 11 ORs approved under Policy AC-3. These 27 ORs are counted in the need determination calculation.
- ** The facility's licensed ORs were not operational and or utilized during the reporting year.
- *** Pursuant to SL 2023-7, licensed ambulatory surgical facilities within this service area are QUASFs and have been removed from the service area's inventory. A list of QUASFs can be found in Table 6D. Any need determination generated in this service area is for informational purposes only.
- ^ Inpatient case time substitution: Current year's reported case time is greater than 1 standard deviation (SD) above group average. Substituted average inpatient case time plus 1 SD for group (see Step 4a of the Methodology).
- ^^ Ambulatory case time substitution: Current year's reported case time is greater than 1 SD above group average. Substituted average ambulatory case time plus 1 SD for group (see Step 4a of the Methodology).
- † Inpatient case time substitution: Current year's reported case time is greater than 110% of previous year. Substituted previous year's average inpatient case time plus 10% (see Step 2a.1. of the Methodology).
- †† Inpatient case time substitution: Current year's reported case time is less than 80% of previous year. Substituted previous year's average inpatient case time minus 20% (see Step 2a.2. of the Methodology).
- ††† Ambulatory case time substitution: Current year's reported case time is greater than 110% of previous year. Substituted previous year's average ambulatory case time plus 10% (see Step 2a.1. of the Methodology).
- †††† Ambulatory case time substitution: Current year's reported case time is less than 80% of previous year. Substituted previous year's average ambulatory case time minus 20% (see Step 2a.2. of the Methodology).

Table 6C: Operating Room Need Determination
(Proposed for Certificate of Need Review Commencing in 2027)

Service Area	Operating Room Need Determination	Certificate of Need Application Deadline	Certificate of Need Beginning Review Date
It is determined that there is no need anywhere in the state and no reviews are scheduled.			

Table 6D: Qualified Urban Ambulatory Surgical Facility Inventory

Case data for 10/1/2024 through 9/30/2025 as reported on the 2026 Ambulatory Surgical Facility License Renewal Applications**

County	License Number	Qualified Urban Ambulatory Surgical Facility (QUASF)	Surgical ORs	CON Adjustments*	Total Ambulatory Cases	Average Ambulatory Case Time (in minutes)
Brunswick	AS0170	Brunswick Surgery Center	1	0	1,067	70
Brunswick		Novant Health Leland ASC	0	2	--	--
Brunswick Total			1	2	1,067	
Buncombe	AS0065	Asheville Eye Surgery Center	1	0	3,847	20
Buncombe	AS0038	Outpatient Surgery Center of Asheville	5	0	7,010	45
Buncombe		Valleygate Dental Surgery Center-Mountain	0	1	--	--
Buncombe Total			6	1	10,857	
Cabarrus	AS0019	Eye Surgery and Laser Clinic, Inc	2	0	2,891	45
Cabarrus	AS0070	Gateway Surgery Center	4	0	6,966	50
Cabarrus Total			6	0	9,857	
Catawba	AS0036	Graystone Eye Surgery Center	4	0	9,575	30
Catawba	AS0101	Viewmont Surgery Center	3	0	2,667	65
Catawba Total			7	0	12,242	
Cumberland	AS0006	Fayetteville Ambulatory Surgery Center	11	0	6,970	43
Cumberland	AS0159	Valleygate Dental Surgery Center	2	-1	1,648	99
Cumberland		Valleygate Dental Surgery Center Coast	0	1	--	--
Cumberland Total			13	0	8,618	
Durham	AS0172	Duke Ambulatory Surgery Center Arrington	6	0	7,599	85
Durham	AS0041	James E. Davis Ambulatory Surgical Center	4	0	3,646	75
Durham	AS0184	Southpoint Surgery Center	2	0	2,531	88
Durham	AS0199	Triangle Vascular Surgery Center	1	0	--	--
Durham Total			13	0	13,776	
Forsyth	AS0173	Kimel Park Surgery Center	2	0	1,994	58

Table 6D: Qualified Urban Ambulatory Surgical Facility Inventory

Case data for 10/1/2024 through 9/30/2025 as reported on the 2026 Ambulatory Surgical Facility License Renewal Applications**

County	License Number	Qualified Urban Ambulatory Surgical Facility (QUASF)	Surgical ORs	CON Adjustments*	Total Ambulatory Cases	Average Ambulatory Case Time (in minutes)
Forsyth	AS0167	Novant Health Clemmons Outpatient Surgery	2	0	2,911	64
Forsyth	AS0149	Novant Health Kernersville Outpatient Surgery	2	0	2,236	51
Forsyth	AS0134	Piedmont Outpatient Surgery Center	2	0	2,702	25
Forsyth		Triad Surgery Center	0	2	--	--
Forsyth	AS0021	Wake Forest Baptist Health Outpatient Surgery Center - Clemmons	3	0	2,931	71
Forsyth Total			11	2	12,774	
Gaston	AS0193	CaroMont Belmont Surgery Center	2	0	158	65
Gaston	AS0037	CaroMont Specialty Surgery	3	-3	4,503	30
Gaston Total			5	-3	4,661	
Guilford		Atrium Health Wake Forest Baptist Ambulatory Surgical Center-Greensboro	0	3	--	--
Guilford	AS0009	Greensboro Specialty Surgical Center	3	0	1,268	49
Guilford	AS0047	High Point Surgery Center	6	-2	4,982	64
Guilford		North Elam Ambulatory Surgery Center	0	5	--	--
Guilford	AS0063	Piedmont Surgical Center	2	0	--	--
Guilford	AS0152	Premier Surgery Center	2	-1	1,340	61
Guilford	AS0018	Surgical Center of Greensboro	13	0	16,444	52
Guilford	AS0033	Surgical Eye Center	4	0	4,420	19
Guilford	AS0161	Valleygate Dental Surgery Center of the Triad	2	-1	1,359	92
Guilford Total			32	4	29,813	
Iredell	AS0042	Iredell Ambulatory Surgery Center	1	0	525	42
Iredell	AS0050	Iredell Surgical Center	4	0	1,039	36
Iredell		Statesville Orthopedic Surgery Center	0	1	--	--

Table 6D: Qualified Urban Ambulatory Surgical Facility Inventory

Case data for 10/1/2024 through 9/30/2025 as reported on the 2026 Ambulatory Surgical Facility License Renewal Applications**

County	License Number	Qualified Urban Ambulatory Surgical Facility (QUASF)	Surgical ORs	CON Adjustments*	Total Ambulatory Cases	Average Ambulatory Case Time (in minutes)
Iredell	AS0175	Surgery Center on Bluefield	1	0	1,086	93
Iredell Total			6	1	2,650	
Mecklenburg	AS0058	Carolina Center for Specialty Surgery	3	0	1,723	89
Mecklenburg	AS0026	Charlotte Surgery Center-Museum Campus	6	0	9,821	50
Mecklenburg	AS0166	Charlotte Surgery Center-Wendover Campus	6	0	4,685	115
Mecklenburg	AS0187	Huntersville Surgery Center	1	0	160	31
Mecklenburg	AS0148	Mallard Creek Surgery Center	2	0	2,116	94
Mecklenburg	AS0136	Matthews Surgery Center	2	0	1,757	92
Mecklenburg	AS0180	Metrolina Vascular Access Care	1	0	3,973	60
Mecklenburg	AS0098	Novant Health Ballantyne Outpatient Surgery	2	0	1,344	77
Mecklenburg	AS0124	Novant Health Huntersville Outpatient Surgery	2	0	2,611	53
Mecklenburg	AS0068	SouthPark Surgery Center	6	0	9,671	45
Mecklenburg	AS0164	Valleygate Dental Surgery Center Charlotte, LLC	2	-1	2,191	102
Mecklenburg	AS0202	Valleygate Dental Surgery Center of South Charlotte	1	0	--	--
Mecklenburg Total			34	-1	40,052	
New Hanover	AS0176	Wilmington Eye Surgery Center	2	0	2,252	52
New Hanover	AS0045	Wilmington Health	1	-1	758	92
New Hanover	AS0194	Wilmington Health on Silver Stream Lane	0	1	--	--
New Hanover	AS0055	Wilmington SurgCare	10	0	9,005	42
New Hanover Total			13	0	12,015	
Orange		Duke Health Orange Ambulatory Surgical Center	0	2	--	--
Orange	AS0188	North Chapel Hill Surgery Center	2	-2	--	--
Orange Total			2	0		

Table 6D: Qualified Urban Ambulatory Surgical Facility Inventory

Case data for 10/1/2024 through 9/30/2025 as reported on the 2026 Ambulatory Surgical Facility License Renewal Applications**

County	License Number	Qualified Urban Ambulatory Surgical Facility (QUASF)	Surgical ORs	CON Adjustments*	Total Ambulatory Cases	Average Ambulatory Case Time (in minutes)
Pitt	AS0203	Eastern Nephrology Associates ASC	1	0	--	--
Pitt	AS0012	ECU Health SurgiCenter	10	0	12,920	80
Pitt Total			11	0	12,920	
Union	AS0132	Atrium Health Surgery Center Indian Trail	2	0	1,412	50
Union	AS0120	Presbyterian SameDay Surgery Center-Monroe	1	0	--	--
Union Total			3	0	1,412	
Wake	AS0029	Blue Ridge Surgery Center	6	0	10,098	50
Wake	AS0137	Capital City Surgery Center	7	-1	5,569	53
Wake		Duke Health Garner Ambulatory Surgical Center	0	1	--	--
Wake		Duke Health Green Level Ambulatory Surgery Center	0	1	--	--
Wake		Duke Health Raleigh Ambulatory Surgical Center	0	1	--	--
Wake	AS0155	Holly Springs Surgery Center	3	0	2,150	41
Wake	AS0179	OrthoNC ASC	1	0	809	91
Wake		Orthopaedic Surgery Center of Garner	0	1	--	--
Wake	AS0174	RAC Surgery Center LLC	1	0	3,608	60
Wake	AS0178	Raleigh Neurosurgical and Spine Surgery Center	1	0	339	116
Wake	AS0143	Raleigh Orthopaedic Surgery Center	4	0	3,424	88
Wake	AS0171	Raleigh Orthopaedic Surgery Center-West Cary	1	0	664	95
Wake	AS0034	Raleigh Plastic Surgery Center	1	0	935	270
Wake	AS0129	Rex Surgery Center of Cary	4	0	3,863	45
Wake	AS0160	Rex Surgery Center of Wakefield	2	0	1,882	30
Wake	AS0162	Surgical Center for Dental Professionals of NC LLC	2	0	4,184	60
Wake	AS0142	Triangle Surgery Center	3	0	2,740	89

Table 6D: Qualified Urban Ambulatory Surgical Facility Inventory

Case data for 10/1/2024 through 9/30/2025 as reported on the 2026 Ambulatory Surgical Facility License Renewal Applications**

County	License Number	Qualified Urban Ambulatory Surgical Facility (QUASF)	Surgical ORs	CON Adjustments*	Total Ambulatory Cases	Average Ambulatory Case Time (in minutes)
Wake	AS0200	Valleygate Surgery Center	1	0	--	--
Wake	AS0185	WakeMed Surgery Center - Cary	1	0	773	45
Wake	AS0191	WakeMed Surgery Center-North Raleigh	1	1	133	44
Wake Total			39	4	41,171	
Grand Total			202	10	213,885	

* These CONs were awarded to facilities prior to November 21, 2025, when SL 2023-7 came into effect.

** The LRA reporting period from which the case data in Table 6D is derived precedes the effective date of SL 2023-7, and is included for informational purposes only.

Inventory of Endoscopy Rooms in Licensed Facilities

Endoscopy procedure rooms are not ORs. For information purposes only, Table 6E provides a listing of licensed endoscopy procedure rooms and their associated procedures for the current reporting year.

Table 6E: Endoscopy Room Inventory

Case and Procedure Data for 10/01/2024 - 9/30/2025 as reported on 2026 Hospital and Ambulatory Surgical Facility License Renewal Applications

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
H0272	Alamance Regional Medical Center	Alamance	4	0	6,257	6,276
AS0128	Pioneer Ambulatory Surgery Center	Alamance	1	0	1,718	1,998
		Alamance Total	5	0	7,975	8,274
H0099	Ashe Memorial Hospital	Ashe	1	0	803	1,101
		Ashe Total	1	0	803	1,101
H0037	Charles A. Cannon, Jr. Memorial Hospital	Avery	1	0	447	449
		Avery Total	1	0	447	449
H0188	ECU Health Beaufort Hospital, A campus of ECU Health Medical	Beaufort	1	0	914	984
		Beaufort Total	1	0	914	984
	McLeod Health Brunswick ASC *	Brunswick	0	1	0	0
H0150	J. Arthur Doshier Memorial Hospital	Brunswick	2	0	1,194	1,421
AS0158	Novant Health Brunswick Endoscopy	Brunswick	2	0	3,157	3,741
H0250	Novant Health Brunswick Medical Center	Brunswick	1	0	979	1,003
		Brunswick Total	5	1	5,330	6,165
H0036	Mission Hospital	Buncombe	4	0	5,593	6,913
AS0051	Digestive Health Partners	Buncombe	8	0	16,284	18,998
		Buncombe Total	12	0	21,877	25,911
	Blue Ridge Surgery Center *	Burke	0	2	0	0
AS0145	Carolina Digestive Care	Burke	2	0	4,447	6,234
H0062	UNC Health Blue Ridge	Burke	3	-2	1,758	2,316
		Burke Total	5	0	6,205	8,550
AS0104	Northeast Digestive Health Center	Cabarrus	2	0	5,926	7,224
AS0192	Northeast Digestive Health Center - Poplar Tent	Cabarrus	1	0	2,772	3,415
H0031	Atrium Health Cabarrus	Cabarrus	6	0	3,787	6,142
AS0070	Gateway Surgery Center	Cabarrus	2	0	3,710	3,710
		Cabarrus Total	11	0	16,195	20,491

Table 6E: Endoscopy Room Inventory

Case and Procedure Data for 10/01/2024 - 9/30/2025 as reported on 2026 Hospital and Ambulatory Surgical Facility License Renewal Applications

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
AS0168	Prime Surgical Suites	Caldwell	0	1	0	0
H0061	Caldwell UNC Health Care	Caldwell	2	-1	545	634
		Caldwell Total	2	0	545	634
H0222	Carteret General Hospital	Carteret	2	0	569	579
AS0061	The Surgical Center of Morehead City	Carteret	1	0	1,196	1,268
		Carteret Total	3	0	1,765	1,847
H0223	Catawba Valley Medical Center	Catawba	2	0	2,868	3,399
H0053	Frye Regional Medical Center	Catawba	2	0	1,376	2,180
AS0077	Gastroenterology Associates of Catawba Valley-A	Catawba	3	3	8,012	9,070
		Catawba Total	7	3	12,256	14,649
H0007	Chatham Hospital	Chatham	1	0	1,085	1,212
		Chatham Total	1	0	1,085	1,212
H0239	Erlanger Murphy Medical Center	Cherokee	2	0	2,786	3,332
		Cherokee Total	2	0	2,786	3,332
H0063	ECU Health Chowan Hospital	Chowan	1	0	393	450
		Chowan Total	1	0	393	450
H0024	Atrium Health Cleveland	Cleveland	5	0	3,154	5,026
AS0062	Atrium Health Surgery Center Shelby **	Cleveland	4	0	0	0
		Cleveland Total	9	0	3,154	5,026
H0045	Columbus Regional Healthcare System	Columbus	3	0	2,440	3,053
		Columbus Total	3	0	2,440	3,053
AS0096	CarolinaEast Gastroenterology	Craven	3	0	2,199	2,289
H0201	CarolinaEast Medical Center	Craven	2	0	3,400	5,087
AS0078	CCHC Endoscopy Center	Craven	4	0	6,072	8,013
		Craven Total	9	0	11,671	15,389
H0213	Cape Fear Valley Medical Center	Cumberland	4	0	4,111	6,573

Table 6E: Endoscopy Room Inventory

Case and Procedure Data for 10/01/2024 - 9/30/2025 as reported on 2026 Hospital and Ambulatory Surgical Facility License Renewal Applications

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
AS0123	Digestive Health Endoscopy Center	Cumberland	2	0	6,215	6,995
AS0006	Fayetteville Ambulatory Surgery Center	Cumberland	3	0	0	0
AS0071	Fayetteville Gastroenterology Endoscopy Center	Cumberland	4	0	9,656	9,782
H0275	Highsmith-Rainey Specialty Hospital	Cumberland	3	0	0	0
		Cumberland Total	16	0	19,982	23,350
H0273	The Outer Banks Hospital	Dare	2	0	987	987
		Dare Total	2	0	987	987
AS0146	Digestive Health Specialists	Davidson	2	0	3,099	6,343
H0027	Lexington Medical Center	Davidson	2	0	1,460	2,001
H0112	Novant Health Thomasville Medical Center	Davidson	1	0	514	518
		Davidson Total	5	0	5,073	8,862
H0171	Davie Medical Center	Davie	1	0	1,308	1,573
AS0139	Digestive Health Specialists	Davie	1	0	2,449	4,931
		Davie Total	2	0	3,757	6,504
	Duke GI at North Durham *	Durham	0	4	0	0
H0233	Duke Regional Hospital	Durham	4	0	5,610	7,085
H0015	Duke University Hospital	Durham	11	0	13,671	20,160
AS0085	Triangle Endoscopy Center	Durham	4	0	5,098	5,355
		Durham Total	19	4	24,379	32,600
H0258	ECU Health Edgecombe Hospital	Edgecombe	2	0	423	424
AS0127	Vidant Endoscopy Center	Edgecombe	1	0	787	884
		Edgecombe Total	3	0	1,210	1,308
	Triad Surgery Center *	Forsyth	0	1	0	0
AS0144	Digestive Health Endoscopy Center of Kernersville	Forsyth	2	0	3,742	7,027
AS0099	Digestive Health Specialists	Forsyth	3	0	7,778	16,908

Table 6E: Endoscopy Room Inventory

Case and Procedure Data for 10/01/2024 - 9/30/2025 as reported on 2026 Hospital and Ambulatory Surgical Facility License Renewal Applications

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
AS0074	Gastroenterology Associates of the Piedmont	Forsyth	4	0	11,106	12,672
AS0044	Gastroenterology Associates of the Piedmont	Forsyth	2	0	4,291	4,869
AS0181	Kernersville Endoscopy Center	Forsyth	2	0	1,858	2,230
H0011	Atrium Health Wake Forest Baptist	Forsyth	10	0	14,400	20,568
H0209	Novant Health Forsyth Medical Center	Forsyth	4	0	2,937	3,243
AS0125	Wake Forest Baptist Health Outpatient Endoscopy	Forsyth	2	0	2,439	2,800
		Forsyth Total	29	1	48,551	70,317
AS0135	CaroMont Endoscopy Center	Gaston	2	0	4,504	5,173
H0105	CaroMont Regional Medical Center	Gaston	8	0	5,265	7,940
		Gaston Total	10	0	9,769	13,113
AS0198	Granville Health System Endoscopy Center	Granville	2	0	0	0
H0098	Granville Health System	Granville	1	0	1,862	2,376
		Granville Total	3	0	1,862	2,376
H0159	Cone Health	Guilford	6	0	5,212	5,240
AS0075	Eagle Endoscopy Center	Guilford	4	0	7,960	7,960
AS0009	Greensboro Specialty Surgical Center	Guilford	2	0	0	0
AS0113	Guilford Endoscopy Center	Guilford	2	0	2,264	2,665
H0052	Atrium Health Wake Forest Baptist - High Point Medical Center	Guilford	2	0	2,278	3,620
AS0052	LeBauer Endoscopy Center	Guilford	5	0	11,336	12,945
AS0076	Peters Endoscopy Center	Guilford	2	0	3,324	3,324
AS0059	Wake Forest Baptist Health Outpatient Endoscopy-Quaker Lane	Guilford	3	0	5,614	7,276
		Guilford Total	26	0	37,988	43,030
AS0141	Halifax Gastroenterology	Halifax	2	0	1,642	1,642
H0230	ECU Health North Hospital	Halifax	1	0	471	541
		Halifax Total	3	0	2,113	2,183

Table 6E: Endoscopy Room Inventory

Case and Procedure Data for 10/01/2024 - 9/30/2025 as reported on 2026 Hospital and Ambulatory Surgical Facility License Renewal Applications

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
H0224	Cape Fear Valley Betsy Johnson Hospital	Harnett	2	0	0	0
		Harnett Total	2	0	0	0
H0025	Haywood Regional Medical Center	Haywood	3	0	3,745	4,546
		Haywood Total	3	0	3,745	4,546
H0019	AdventHealth Hendersonville	Henderson	1	0	952	952
AS0106	Carolina Mountain Gastroenterology Endoscopy Center	Henderson	3	0	7,600	8,933
H0161	Margaret R. Pardee Memorial Hospital	Henderson	3	0	2,124	2,520
		Henderson Total	7	0	10,676	12,405
H0001	ECU Health Roanoke-Chowan Hospital	Hertford	1	0	931	1,031
		Hertford Total	1	0	931	1,031
H0248	Iredell Davis Regional Medical Center	Iredell	2	0	0	0
H0164	Iredell Memorial Hospital	Iredell	3	0	3,834	4,805
H0259	Duke Health Lake Norman Hospital	Iredell	2	0	1,833	1,833
AS0169	Langtree Endoscopy Center	Iredell	2	0	2,348	2,897
AS0126	Piedmont HealthCare Endoscopy Center	Iredell	3	1	6,174	9,012
		Iredell Total	12	1	14,189	18,547
H0087	Harris Regional Hospital	Jackson	1	0	894	1,449
		Jackson Total	1	0	894	1,449
AS0153	Clayton Endoscopy Center	Johnston	2	0	3,062	3,116
AS0190	Johnston Endoscopy Center	Johnston	2	0	603	972
H0151	UNC Health Johnston	Johnston	3	-1	2,432	2,882
AS0183	Jordan Digestive Diagnostic Center	Johnston	2	0	2,783	3,283
		Johnston Total	9	-1	8,880	10,253
H0243	Central Carolina Hospital	Lee	1	0	404	404
AS0094	Mid Carolina Endoscopy Center	Lee	2	0	4,249	6,321
		Lee Total	3	0	4,653	6,725

Table 6E: Endoscopy Room Inventory

Case and Procedure Data for 10/01/2024 - 9/30/2025 as reported on 2026 Hospital and Ambulatory Surgical Facility License Renewal Applications

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
AS0156	AMG Endoscopy Center	Lenoir	2	0	3,156	3,300
AS0122	ECU Health Endoscopy Center - Kinston	Lenoir	2	0	1,650	1,758
H0043	UNC Lenoir Health Care	Lenoir	2	0	0	0
		Lenoir Total	6	0	4,806	5,058
AS0204	Denver Surgery Center	Lincoln	1	0	0	0
H0225	Atrium Health Lincoln	Lincoln	2	0	3,195	4,716
		Lincoln Total	3	0	3,195	4,716
H0034	Angel Medical Center	Macon	1	0	356	409
H0193	Highlands-Cashiers Hospital	Macon	2	0	156	170
AS0097	Western Carolina Endoscopy Center	Macon	2	0	3,394	4,009
		Macon Total	5	0	3,906	4,588
H0097	Mission Hospital McDowell	McDowell	1	0	672	627
		McDowell Total	1	0	672	627
AS0081	Atrium Health Endoscopy Center Ballantyne	Mecklenburg	4	0	9,704	13,727
AS0080	Atrium Health Endoscopy Center Kenilworth	Mecklenburg	3	0	6,559	9,395
H0042	Atrium Health Pineville	Mecklenburg	2	0	4,435	6,537
H0255	Atrium Health University City	Mecklenburg	1	0	974	1,709
AS0092	Carolina Digestive Endoscopy Center	Mecklenburg	2	0	8,856	8,856
AS0108	Carolina Endoscopy Center-Huntersville	Mecklenburg	2	0	7,108	7,200
AS0088	Carolina Endoscopy Center-Pineville	Mecklenburg	2	0	4,626	4,734
AS0089	Carolina Endoscopy Center-University	Mecklenburg	2	0	5,050	5,110
H0071	Carolinas Medical Center/Center for Mental Health	Mecklenburg	12	0	12,734	20,292
AS0110	CGH-Rea Farms	Mecklenburg	5	0	5,977	7,019
AS0109	Charlotte Gastroenterology & Hepatology, PLLC-Endo Div	Mecklenburg	4	0	8,956	10,821
AS0084	Endoscopy Center of Lake Norman	Mecklenburg	2	0	5,047	5,950

Table 6E: Endoscopy Room Inventory

Case and Procedure Data for 10/01/2024 - 9/30/2025 as reported on 2026 Hospital and Ambulatory Surgical Facility License Renewal Applications

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
H0292	Novant Health Ballantyne Medical Center	Mecklenburg	1	0	479	488
AS0098	Novant Health Ballantyne Outpatient Surgery	Mecklenburg	1	0	687	687
H0282	Novant Health Huntersville Medical Center	Mecklenburg	3	0	2,660	2,715
H0270	Novant Health Matthews Medical Center	Mecklenburg	3	0	1,503	1,558
H0290	Novant Health Mint Hill Medical Center	Mecklenburg	1	0	195	202
H0010	Novant Health Presbyterian Medical Center	Mecklenburg	9	-1	3,021	3,079
AS0165	Tryon Endoscopy Center	Mecklenburg	4	0	8,668	11,184
		Mecklenburg Total	63	-1	97,239	121,263
H0169	Blue Ridge Regional Hospital	Mitchell	1	0	483	483
		Mitchell Total	1	0	483	483
H0100	FirstHealth Moore Regional Hospital and Pinehurst Treatment Cent	Moore	2	0	4,846	4,846
AS0073	Pinehurst Medical Clinic Endoscopy Center	Moore	5	0	11,102	14,982
		Moore Total	7	0	15,948	19,828
AS0105	Boice-Willis Clinic Endoscopy Center	Nash	2	0	3,324	5,261
H0228	Nash General Hospital	Nash	4	0	3,286	3,289
		Nash Total	6	0	6,610	8,550
AS0194	Wilmington Health on Silver Stream Lane	New Hanover	0	4	0	0
H0221	Novant Health New Hanover Regional Medical Center	New Hanover	4	0	9,333	9,909
AS0100	Novant Health Wilmington Endoscopy Center, LLC	New Hanover	3	0	8,518	11,782
AS0091	Wilmington Gastroenterology	New Hanover	4	0	12,250	17,589
AS0045	Wilmington Health	New Hanover	3	-3	0	0
		New Hanover Total	14	1	30,101	39,280
AS0079	East Carolina Gastroenterology Endoscopy Center	Onslow	1	0	2,542	2,605
H0048	Onslow Memorial Hospital **	Onslow	3	0	0	0
		Onslow Total	4	0	2,542	2,605

Table 6E: Endoscopy Room Inventory

Case and Procedure Data for 10/01/2024 - 9/30/2025 as reported on 2026 Hospital and Ambulatory Surgical Facility License Renewal Applications

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
H0157	University of North Carolina Hospitals	Orange	9	0	16,328	18,387
		Orange Total	9	0	16,328	18,387
H0054	Sentara Albemarle Medical Center	Pasquotank	3	0	0	0
		Pasquotank Total	3	0	0	0
H0115	Novant Health Pender Medical Center	Pender	1	0	550	550
		Pender Total	1	0	550	550
AS0086	Atlantic Gastroenterology Endoscopy Center	Pitt	2	0	3,902	4,152
AS0118	Carolina Digestive Diseases	Pitt	2	0	5,244	5,369
AS0117	Carolinas Endoscopy Center	Pitt	4	0	12,493	12,493
AS0119	East Carolina Endoscopy Center	Pitt	2	0	2,073	2,604
H0104	ECU Health Medical Center	Pitt	4	2	8,114	14,799
AS0060	Quadrangle Endoscopy Center	Pitt	6	0	6,429	6,723
		Pitt Total	20	2	38,255	46,140
H0013	Randolph Hospital	Randolph	2	0	1,949	2,931
		Randolph Total	2	0	1,949	2,931
H0158	FirstHealth Moore Regional Hospital - Richmond	Richmond	2	0	1,175	1,175
		Richmond Total	2	0	1,175	1,175
AS0147	Robeson Digestive Diseases (closed)	Robeson	1	0	0	0
AS0107	Southeastern Gastroenterology Endoscopy Center	Robeson	1	0	175	170
H0064	Southeastern Regional Medical Center	Robeson	1	0	2,227	2,289
AS0150	The Surgery Center at Southeastern Health Park	Robeson	2	0	8	8
		Robeson Total	5	0	2,410	2,467
H0023	Annie Penn Hospital	Rockingham	3	0	4,877	4,884
H0072	UNC Rockingham Hospital	Rockingham	2	0	360	360
		Rockingham Total	5	0	5,237	5,244
H0040	Novant Health Rowan Medical Center	Rowan	4	0	760	792

Table 6E: Endoscopy Room Inventory

Case and Procedure Data for 10/01/2024 - 9/30/2025 as reported on 2026 Hospital and Ambulatory Surgical Facility License Renewal Applications

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
AS0182	Rowan Endoscopy Center	Rowan	2	0	4,440	5,086
		Rowan Total	6	0	5,200	5,878
H0039	Rutherford Regional Medical Center	Rutherford	2	0	2,530	3,233
		Rutherford Total	2	0	2,530	3,233
H0107	Scotland Memorial Hospital	Scotland	2	0	2,840	2,840
		Scotland Total	2	0	2,840	2,840
H0008	Atrium Health Stanly	Stanly	2	0	2,590	4,121
		Stanly Total	2	0	2,590	4,121
H0165	LifeBrite Community Hospital of Stokes	Stokes	1	0	0	0
AS0163	Digestive Health Specialists	Stokes	1	0	2,981	6,437
		Stokes Total	2	0	2,981	6,437
AS0154	Rockford Digestive Health Endoscopy Center (closed)	Surry	1	0	0	0
H0049	Hugh Chatham Memorial Hospital	Surry	4	0	1,408	1,824
H0184	Northern Regional Hospital	Surry	2	0	2,398	2,757
		Surry Total	7	0	3,806	4,581
H0069	Swain Community Hospital	Swain	1	0	0	0
		Swain Total	1	0	0	0
H0111	Transylvania Regional Hospital	Transylvania	2	0	419	419
		Transylvania Total	2	0	419	419
H0050	Atrium Health Union	Union	2	0	3,563	5,006
AS0090	Carolina Endoscopy Center-Monroe	Union	2	0	5,468	5,468
		Union Total	4	0	9,031	10,474
H0267-A	Maria Parham Health	Vance	3	0	2,222	2,666
		Vance Total	3	0	2,222	2,666
AS0197	Raleigh Endoscopy Center Holly Springs	Wake	3	0	0	0
	Wake Endoscopy Center-North *	Wake	0	2	0	0

Table 6E: Endoscopy Room Inventory

Case and Procedure Data for 10/01/2024 - 9/30/2025 as reported on 2026 Hospital and Ambulatory Surgical Facility License Renewal Applications

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
AS0189	Wake Endoscopy Center - Cary	Wake	3	0	4,255	4,319
	Wake Endoscopy Center - Holly Springs *	Wake	0	2	0	0
	Duke GI at Green Level *	Wake	0	4	0	0
AS0072	Center for Digestive Diseases & Cary Endoscopy CTR, PC	Wake	3	0	2,962	2,962
AS0195	Duke Gastroenterology of Raleigh	Wake	4	0	2,785	3,636
AS0115	Duke GI at Brier Creek	Wake	4	0	8,034	9,938
H0238	Duke Raleigh Hospital	Wake	3	0	3,850	4,842
AS0116	GastroIntestinal Healthcare	Wake	2	0	1,550	1,688
AS0138	Kurt Vernon, MD	Wake	1	0	3,715	3,884
AS0056	Raleigh Endoscopy Center	Wake	4	2	10,743	14,635
AS0102	Raleigh Endoscopy Center-Cary	Wake	4	0	11,155	14,448
AS0082	Raleigh Endoscopy Center-North	Wake	3	0	7,803	11,108
H0065	UNC Health Rex	Wake	4	0	8,228	9,226
AS0093	Triangle Gastroenterology	Wake	2	0	3,640	3,640
AS0131	W. F. Endoscopy Center	Wake	2	1	5,077	5,220
AS0111	Wake Endoscopy Center, LLC	Wake	4	0	8,181	8,330
H0199	WakeMed	Wake	6	0	8,282	9,458
H0276	WakeMed Cary Hospital	Wake	4	0	6,086	6,541
		Wake Total	56	11	96,346	113,875
AS0095	Appalachian Gastroenterology	Watauga	2	0	1,397	1,637
H0077	Watauga Medical Center	Watauga	2	0	2,851	2,864
		Watauga Total	4	0	4,248	4,501
AS0057	Goldsboro Endoscopy Center	Wayne	4	0	3,181	3,314
H0257	Wayne UNC Health Care	Wayne	3	0	1,392	1,711
		Wayne Total	7	0	4,573	5,025

Table 6E: Endoscopy Room Inventory

Case and Procedure Data for 10/01/2024 - 9/30/2025 as reported on 2026 Hospital and Ambulatory Surgical Facility License Renewal Applications

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
H0153	Wilkes Medical Center	Wilkes	2	0	2,097	3,142
		Wilkes Total	2	0	2,097	3,142
AS0112	CGS Endoscopy Center	Wilson	2	0	1,085	1,085
AS0130	Wilson Digestive Diseases Center	Wilson	2	0	2,585	2,884
H0210	Wilson Medical Center	Wilson	5	0	2,561	3,266
		Wilson Total	9	0	6,231	7,235
			Grand Total	500	22	672,000
					835,422	

* Certificate of Need approved facility that was under development and not licensed as of 9/30/2025.

** During the current reporting year, endoscopy procedures were performed only in licensed ORs rather than endoscopy rooms. These procedures are not included in the OR need determination methodology calculations.

Chapter 7:

Other Acute Care Services

- A. Burn Intensive Care Services
- B. Open Heart Surgery Services
- C. Transplantation Services

CHAPTER 7

OTHER ACUTE CARE SERVICES

Introduction

This chapter covers three acute care services: burn intensive care, open-heart surgery, and transplantation services (bone marrow and solid organ).

Definitions

The *reporting year* is October 1 through September 30. The current reporting year is October 1, 2024 through September 30, 2025.

An *academic medical center teaching hospital* is one of the five hospitals listed in Appendix F of the State Medical Facilities Plan (SMFP).

Changes from the Previous Plan

This chapter contains no substantive changes from the previous SMFP.

A. BURN INTENSIVE CARE SERVICES

Introduction

G.S. § 131E-176(2b) defines *burn intensive care services* as “services provided in a unit designed to care for patients who have been severely burned.”

North Carolina has two designated burn intensive care services: a 21-bed unit at University of North Carolina Hospitals in Chapel Hill and an eight-bed unit at Atrium Health Wake Forest Baptist Medical Center in Winston Salem.

Definitions

The methodology calculates need for burn intensive care services beds for a *projection year*, which is one year beyond the current reporting year. The current projection year is 2026.

The *planning inventory* is the number of beds used in need determination calculations. It is the number of beds licensed as of the last day of the reporting year, plus the number of certificate of need (CON)-approved beds that are under development, plus the number of beds available pursuant to need determinations pending review or appeal, minus any beds delicensed.

Data Sources

The inventory of burn intensive care services beds and the burn intensive care services days of care (DOC) come from the Hospital License Renewal Applications (LRAs) for the reporting year, as submitted to the North Carolina Department of Health and Human Services, Division of Health Service Regulation (Agency).

Application of the Methodology

The SMFP shows a need for new burn intensive care services beds when each of the existing services reported an average annual occupancy rate of at least 80% during the last two reporting years.

Step 1: Determine whether to calculate a need determination.

- a. Sum the actual DOC reported across all facilities for each of the last two reporting years (*Table 7A-1*).
- b. For each of the last two reporting years, multiply the total number of beds in the planning inventory across all facilities (*Table 7A-1*) by 365.25.
- c. Divide the result of Step 1.a. by the result of Step 1.b. for each year $[\text{DOC} \div \text{possible bed days}]$ (*Table 7A-2*).

Step 2: If Step 1.c. yields at least 80% utilization for each of the last two reporting years, calculate the overall number of beds needed as follows:

- a. Calculate the state's total four-year average annual change rate (AACR) in DOC across all facilities using the five most recent reporting years (*Table 7A-1*).
- b. Calculate the projected DOC for the projection year by adding 1 to the four-year AACR calculated in Step 2.a. Then multiply the result by the reporting year's total DOC across all facilities.
- c. Use the following formula to calculate the number of beds needed such that the utilization rate for the sum of the state's total licensed and approved burn intensive care beds is 80%. Round fractions of 0.5 or greater to the next highest whole number:

$$[(\text{Projected DOC} \div 365.25) \div 0.8] - [\text{Total Beds}] = \text{Additional Beds Needed}$$

Unless otherwise specified by the methodology, calculations do not use rounded values. However, fractional values are rounded automatically when displayed.

Table 7A-1: Days of Care, Burn Intensive Care Services

Facility	Licensed Beds	Adjustments for CONs	Total Beds	Total Days of Care				
				2020-2021	2021-2022	2022-2023	2023-2024	2024-2025
University of North Carolina Hospitals	21	0	21	5,970	6,366	8,405	6,007	8,147
Atrium Health Wake Forest Baptist	8	4	12	1,921	2,145	1,826	1,637	1,568
TOTAL	29	4	33	7,891	8,511	10,231	7,644	9,715

Table 7A-2: Utilization, Burn Intensive Care Services

Facility	Licensed Beds	Adjustments for CONs	Total Beds	Utilization				
				2020-2021	2021-2022	2022-2023	2023-2024	2024-2025
University of North Carolina Hospitals	21	0	21	65.4%	83.0%	109.6%	78.3%	106.2%
Atrium Health Wake Forest Baptist	8	4	12	43.8%	48.9%	41.7%	37.3%	35.8%
TOTAL	29	4	33	58.4%	70.6%	84.9%	63.4%	80.6%

**Figure 7A: Percentage Utilization, Burn Intensive Care Services
Last Five Reporting Years**

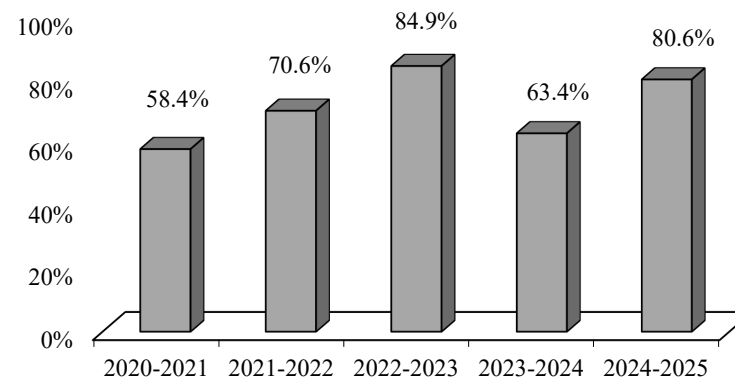


Table 7A-3: Burn Intensive Care Services Bed Need Determination
(Proposed for Certificate of Need Review Commencing in 2027)

Service Area	Burn Intensive Care Services Bed Need Determination	Certificate of Need Application Deadline	Certificate of Need Beginning Review Date
It is determined that there is no need anywhere in the state and no reviews are scheduled.			

B. OPEN-HEART SURGERY SERVICES

Introduction

G.S. § 131E-176(18b) defines *open-heart surgery services* as “the provision of surgical procedures that utilize a heart-lung bypass machine during surgery to correct cardiac and coronary artery disease or defects.”

Table 7B-1 and Figure 7B present the reported numbers of open-heart surgery performed using heart-lung bypass machines for the last 14 reporting years. The data show a 2.8% decrease in open-heart surgeries when the current reporting year is compared to the previous reporting year.

The SMFP does not have a methodology to project need for new open-heart surgery services. A summer petition is required to place a need for a new service in the upcoming SMFP. If the need determination is approved, any person may apply for a CON to obtain the new service.

The SMFP also does not have a methodology to project need for additional heart-lung bypass machines. Facilities that would like to acquire machines other than a second one for emergency coverage as set forth in Policy AC-6 must submit a summer petition. If the need determination is approved, CON applications submitted for these machines will be subject to the performance standards established in 10A NCAC 14C .1703.

Data Sources

The number of open-heart surgical procedures comes from the Hospital LRAs for the reporting year, as submitted to the Agency.

**Table 7B-1: Open-Heart Surgery Procedures
(Procedures Utilizing Heart-Lung Bypass Machines)**

License	Facility	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
H0031	Atrium Health Cabarrus	233	237	245	218	253	235	273	194	239	183	195	337	324	405
H0042	Atrium Health Pineville	132	201	245	186	207	252	225	234	158	159	270	344	425	419
H0011	Atrium Health Wake Forest Baptist	612	609	692	696	678	689	758	942	789	866	840	925	825	752
H0213	Cape Fear Valley Medical Center	202	220	218	277	262	292	238	195	162	152	124	139	150	175
H0201	CarolinaEast Medical Center	236	202	169	208	221	248	256	331	219	224	222	255	280	274
H0071	Carolinas Medical Center	704	820	715	788	818	869	682	751	580	729	777	803	876	798
H0105	CaroMont Regional Medical Center	207	230	265	249	260	230	278	240	275	308	268	283	256	191
H0159	Cone Health	471	544	541	485	440	547	627	673	574	405	601	546	420	392
H0233	Duke Regional Hospital	60	75	82	92	124	98	148	151	107	119	97	91	0	0
H0015	Duke University Hospital	1,062	1,047	1,066	1,161	1,180	1,095	1,130	1,175	1,090	1,203	1,259	1,286	1,388	1,328
H0104	ECU Health Medical Center	900	842	853	601	677	654	675	767	626	787	805	865	856	913
H0100	FirstHealth Moore Regional Hospital	261	271	329	395	341	351	288	276	235	246	234	228	214	219
H0053	Frye Regional Medical Center	253	246	194	205	239	232	222	172	126	117	177	207	191	178
H0052	High Point Regional Health System	191	150	137	111	111	129	112	123	176	53	19	30	73	36
H0036	Mission Hospital	813	848	988	874	950	962	939	1,198	1,051	1,421	1,099	1,254	965	924
H0221	New Hanover Regional Medical Center	473	538	487	486	494	482	480	466	395	378	433	466	375	361
H0209	Novant Health Forsyth Medical Center	514	587	691	626	652	580	635	506	380	442	436	500	512	477
H0010	Novant Health Presbyterian Medical Center	381	355	360	391	391	397	406	413	339	434	360	450	500	477
H0065	Rex Hospital	346	347	369	460	536	612	602	558	553	567	520	490	550	613
H0064	Southeastern Regional Medical Center	52	42	34	44	42	39	44	78	81	56	53	43	41	30
H0157	University of North Carolina Hospitals	391	441	390	407	384	445	430	465	332	354	351	339	451	434
H0199	WakeMed	553	499	557	607	554	567	512	546	524	498	487	519	554	539
Total Procedures		9,047	9,351	9,627	9,567	9,814	10,005	9,960	10,454	9,011	9,701	9,627	10,400	10,226	9,935

**Figure 7B: Open-Heart Surgery Procedures
(Procedures Utilizing Heart-Lung Bypass Machines)**

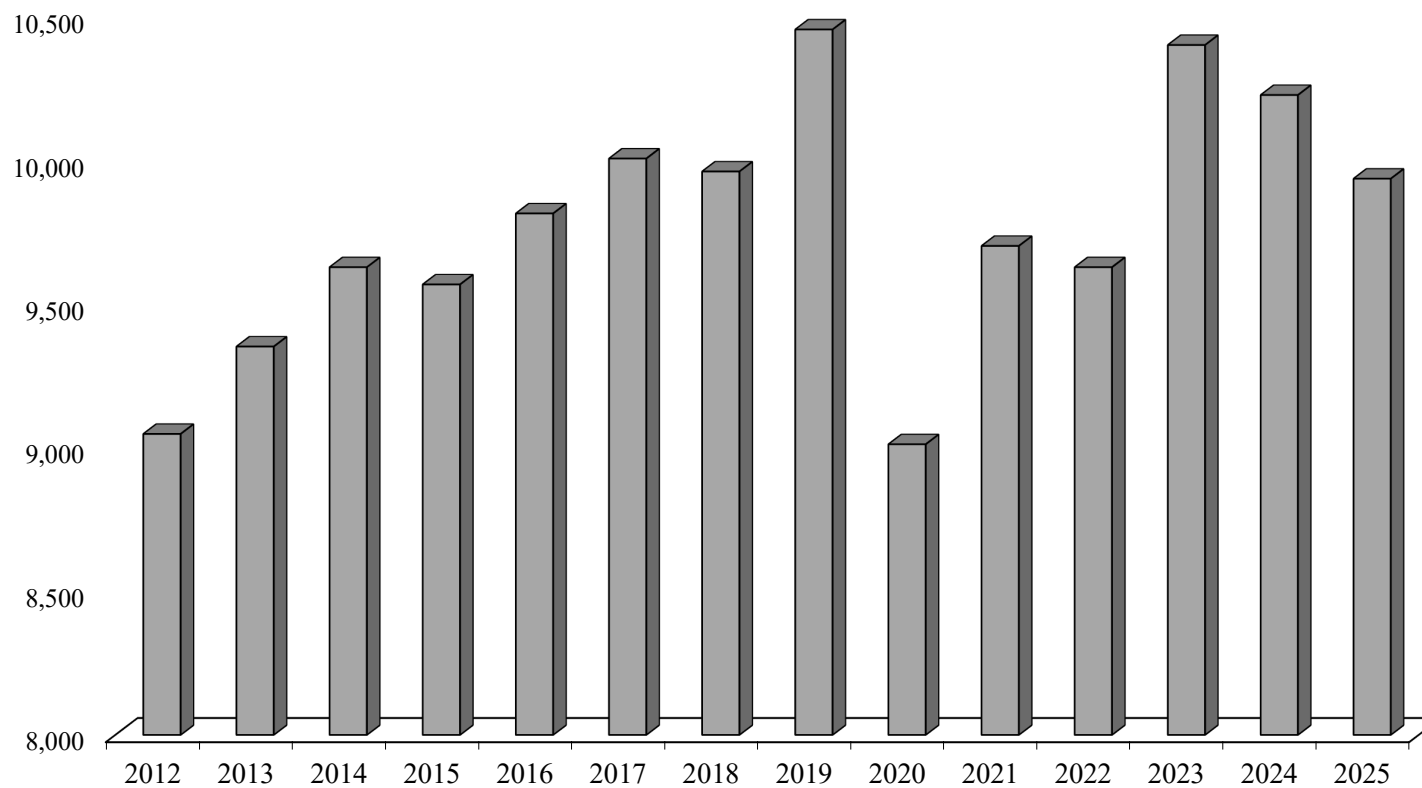


Table 7B-2: Heart-Lung Bypass Machine Need Determination
(Proposed for Certificate of Need Review Commencing in 2027)

Service Area	Heart-Lung Bypass Machine Need Determination	Certificate of Need Application Deadline	Certificate of Need Beginning Review Date
It is determined that there is no need anywhere in the state and no reviews are scheduled.			

C. TRANSPLANTATION SERVICES

Bone Marrow Transplantation Services

Introduction

G.S. § 131E-176(2a) defines *bone marrow transplantation services* as “the process of infusing bone marrow into people with diseases to stimulate the production of blood cells.”

Bone marrow transplants may be autologous (using a patient’s own marrow, drawn early in the course of the disease), syngeneic (using marrow from an identical twin), or allogeneic (using marrow from an unrelated individual or from a relative other than an identical twin). For allogeneic bone marrow transplants, the transplant service must have the ability to ascertain that a donor’s human leucocyte antigens (HLAs) correspond to those of the transplant patient. It is also more difficult to manage allogeneic transplant patients postoperatively than patients receiving other types of bone marrow transplants.

Table 7C-1 shows the number of bone marrow transplants performed for the last four reporting years.

Data Sources

The number of bone marrow transplants comes from the Hospital LRAs for the reporting year, as submitted to the Agency.

Application of the Methodology

North Carolina needs a new bone marrow transplantation service when each of the existing services has performed at least 20 allogeneic transplants during the current reporting year. Allogeneic bone marrow transplants shall be provided only in facilities having the capability of doing HLA matching and of management of patients having solid organ transplants. Allogeneic bone marrow transplantation services shall be limited to academic medical center teaching hospitals.

Table 7C-1: Bone Marrow Transplantation Services**Allogeneic Bone Marrow Transplants**

License	Facility	2021-2022	2022-2023	2023-2024	2024-2025
H0071	Carolinas Medical Center	53	83	67	51
H0015	Duke University Hospital	85	86	97	94
H0011	Atrium Health Wake Forest Baptist	46	44	56	37
H0157	University of North Carolina Hospitals	50	61	56	53
H0104	ECU Health Medical Center	0	0	0	0
Total		234	274	276	235

Autologous Bone Marrow Transplants

License	Facility	2021-2022	2022-2023	2023-2024	2024-2025
H0071	Carolinas Medical Center	119	120	132	113
H0015	Duke University Hospital	192	156	142	152
H0011	Atrium Health Wake Forest Baptist	44	42	43	45
H0157	University of North Carolina Hospitals	95	112	94	85
H0104	ECU Health Medical Center	1	0	0	0
Total		451	430	411	395

Total Bone Marrow Transplants

License	Facility	2021-2022	2022-2023	2023-2024	2024-2025
H0071	Carolinas Medical Center	172	203	199	164
H0015	Duke University Hospital	277	242	239	246
H0011	Atrium Health Wake Forest Baptist	90	86	99	82
H0157	University of North Carolina Hospitals	145	173	150	138
H0104	ECU Health Medical Center	1	0	0	0
Total		685	704	687	630

**Figure 7C-1: Total Bone Marrow
Transplants,
Last Four Reporting Years**

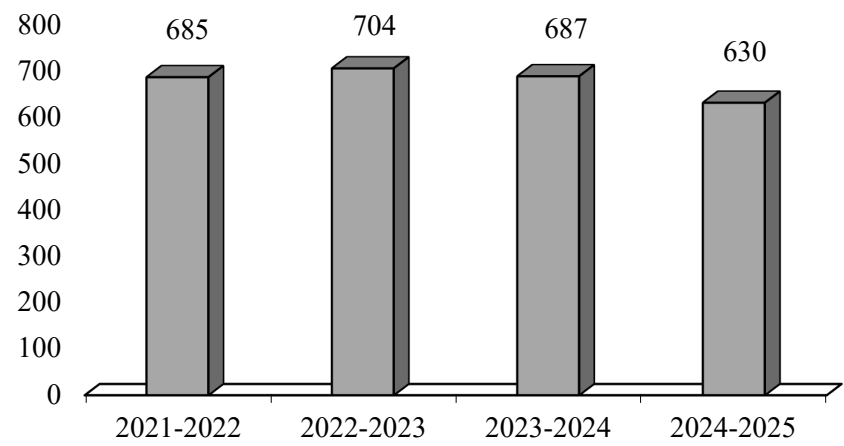


Table 7C-2: Bone Marrow Transplantation Services Need Determination
(Proposed for Certificate of Need Review Commencing in 2027)

Service Area	Bone Marrow Transplantation Services Need Determination	Certificate of Need Application Deadline	Certificate of Need Beginning Review Date
It is determined that there is no need anywhere in the state and no reviews are scheduled.			

Solid Organ Transplantation Services

Introduction

G.S. § 131E-176(24d) defines *solid organ transplantation services* as “the provision of surgical procedures and the interrelated medical services that accompany the surgery to remove an organ from a patient and surgically implant an organ from a donor.”

Table 7C-3 shows the number of solid organ transplants performed during the reporting year.

Data Sources

The number of solid organ transplants comes from the Hospital LRAs for the reporting year, as submitted to the Agency.

Basic Principles and Application of the Methodology

The offering of a solid organ transplant service is an organized, interrelated medical, diagnostic, therapeutic and/or rehabilitative activity that is integral to the prevention of disease or to the clinical management of a sick, injured, or disabled person.

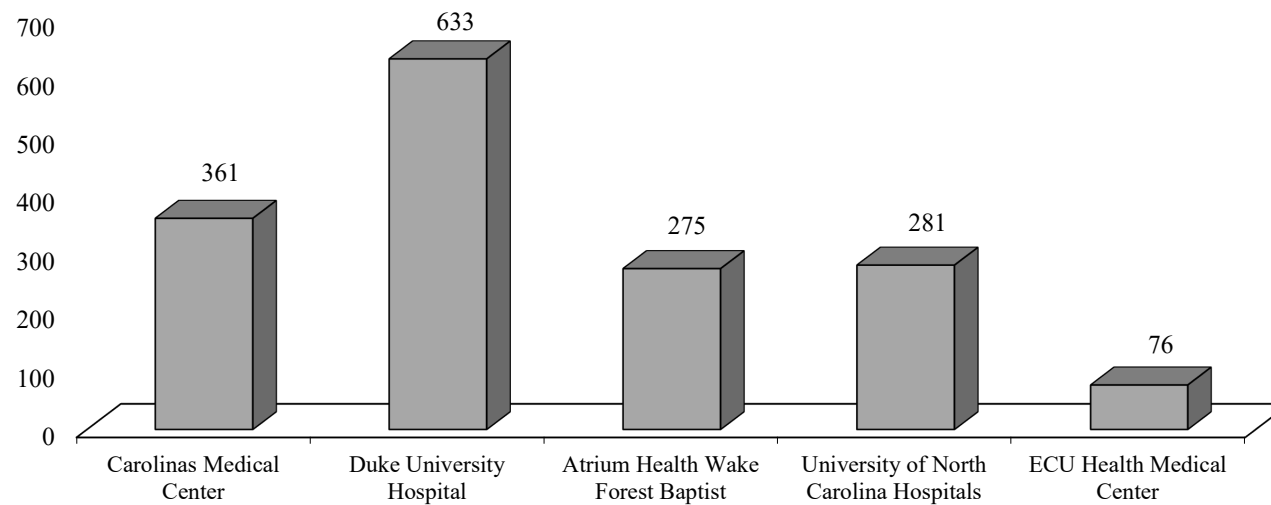
Solid organ transplant services shall be limited to academic medical center teaching hospitals. The introduction of a new solid organ transplantation program in a facility that already is performing other types of solid organ transplantation is not considered a new institutional health service.

The SMFP does not have a methodology to project need for additional solid organ transplantation services. A summer petition is required to place a need in the upcoming SMFP. If the need determination is approved, any person may apply for a CON to obtain the new service.

Table 7C-3: Solid Organ Transplantation Services

	Carolinas Medical Center	Duke University Hospital	Atrium Health Wake Forest Baptist	University of North Carolina Hospitals	ECU Health Medical Center	Total
Heart Transplants	69	124	29	16	0	238
Heart/Lung Transplants	0	3	0	0	0	3
Kidney/Liver Transplants	8	5	0	5	0	18
Liver Transplants	126	161	0	49	0	336
Heart/Liver Transplants	1	4	0	0	0	5
Kidney Transplants	149	217	176	198	76	816
Heart/Kidney Transplants	6	9	29	2	0	46
Lung Transplants	0	88	0	10	0	98
Pancreas Transplants	0	0	1	0	0	1
Pancreas/Kidney Transplants	2	14	10	1	0	27
Pancreas/Liver Transplants	0	0	0	0	0	0
Other	0	8	30	0	0	38
Total	361	633	275	281	76	1,626

Figure 7C-2: Solid Organ Transplants by Facility, Current Reporting Year



Chapter 8:

Inpatient Rehabilitation Services

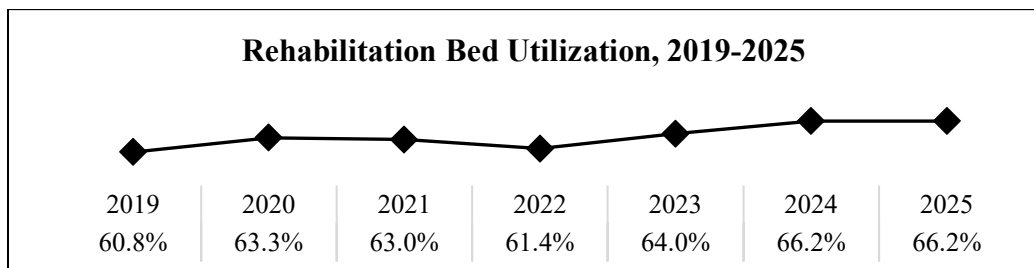
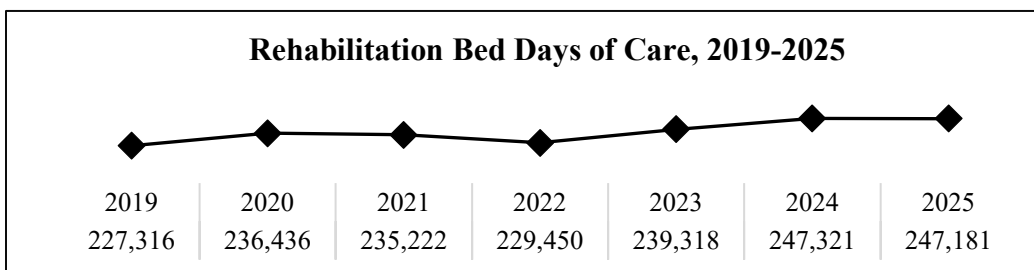
CHAPTER 8

INPATIENT REHABILITATION SERVICES

Introduction

G.S. § 113E-176(22) defines a *rehabilitation facility* as a “public or private inpatient facility which is operated for the primary purpose of assisting in the rehabilitation of individuals with disabilities through an integrated program of medical and other services which are provided under competent, professional supervision.”

The charts below summarize the rehabilitation bed days of care (DOC) and utilization for the past seven years.



Definitions

A *rehabilitation bed's service area* is the Health Service Area (HSA) in which the bed is located. Appendix A contains a map showing the six HSAs in the state.

The *reporting year* is October 1 through September 30. The current reporting year is October 1, 2024 through September 30, 2025.

The methodology calculates need for rehabilitation beds for a *projection year*, which is one year beyond the current reporting year. The current projection year is 2026.

The *planning inventory* is the number of beds used in need determination calculations. It is the number of licensed beds as of the last day of the reporting year, plus the number of certificate of need (CON)-approved beds that are under development, plus the number of beds available pursuant to need determinations pending review or appeal, minus any beds delicensed after the end of the reporting year.

Changes from Previous Plans

This chapter contains no substantive changes from the previous SMFP.

Basic Principles

1. The scope of services covered is limited to rehabilitation services provided to people who are physically disabled. Physical rehabilitation services exclude mental health and substance use disorder services but include those mental health services needed by individuals primarily suffering from physical injury or disease, and rehabilitation services provided to people who are cognitively disabled as a result due to physical injury or disease.
2. The combination of component services required to meet the needs of the individual is provided using an interdisciplinary approach and continues as long as, within a reasonable period of time, significant and observable improvement toward established goals is taking place. Where necessary, these services are provided through a spectrum of care using a system of case management.
3. Inpatient rehabilitation facility beds are in general acute care or rehabilitation hospitals to ensure that there is available medical back-up for medical emergencies.

Data Sources

The inventory of inpatient rehabilitation beds and the numbers of DOC come from the Hospital License Renewal Applications for the reporting year, as submitted to the North Carolina Department of Health and Human Services, Division of Health Service Regulation.

Assumptions of the Methodology

1. The HSA is the planning area for inpatient rehabilitation beds even though many patients enter rehabilitation facilities outside the region in which they reside.
2. The bed need determination methodology is based on rehabilitation bed utilization for the last two reporting years.

Application of the Methodology

The SMFP shows a need for additional inpatient rehabilitation beds when the total number of existing and CON-approved inpatient rehabilitation beds in an HSA report an overall average annual occupancy rate of 80% or higher for the last two reporting years.

Step 1: Determine whether to calculate a need determination.

- a. Sum the DOC reported by all facilities in each HSA for each of the last two reporting years (*Table 8A, Columns J and K*).
- b. For each of the last two reporting years, multiply the total number of beds in the planning inventory across all facilities in each HSA by 365.25 to obtain the possible DOC. *Table 8A (Column G)* contains the planning inventory for the current reporting year. Adjust the calculation if the planning inventory for the previous reporting year is different.
- c. Divide the result of Step 1.a. by the result of Step 1.b. for each year and each HSA [$\text{DOC} \div \text{possible DOC}$] (*Table 8A, Columns L and M*).

Step 2: If Step 1.b. yields at least 0.8 (80% utilization) for both reporting years, calculate each HSA's three-year average annual change rate (AACR) in DOC using the four most recent reporting years as follows:

- a. Determine the total number of DOC during each of the last four reporting years. Next, calculate the difference in the number of DOC provided from year to year. Then determine the percent change from the previous reporting year by dividing the calculated difference in DOC by the total number of DOC provided during the previous reporting year [(current reporting year DOC – previous reporting year DOC) / previous reporting year DOC]. Finally, total the annual percent changes and divide by three to determine the AACR.
- b. Calculate the projected DOC for the HSA by adding 1 to the three-year AACR. Then multiply the result by the reporting year's DOC for the HSA.
- c. Use the following formula to calculate the number of beds needed in the HSA such that the utilization rate for the sum of the HSA's total licensed and approved beds is 0.8 (80%). Round resulting fractions greater than or equal to 0.5 to the next highest whole number:

$$[(\text{Projected DOC} \div 365.25) \div 0.8] - [\text{Total Beds}] = \text{Additional Beds Needed}$$

Unless otherwise specified by the methodology, calculations do not use rounded values. However, fractional values are rounded automatically when displayed.

Table 8A: Inventory and Utilization of Inpatient Rehabilitation Beds

A	B	C	D	E	F	G	H	I	J	K	L	M
Lic #	HSA	Facility	Inventory				Days of Care				Average Annual Utilization Rate	
			Current	CON Issued / Pending Development	Pending Review or Appeal	Total Planning Inventory	2022	2023	2024	2025	2024	2025
H0081	I	CarePartners Rehabilitation Hospital	80	0	0	80	21,569	20,656	18,758	15,794	64.2%	54.1%
H0223	I	Catawba Valley Medical Center	20	0	0	20	1,294	1,358	1,160	1,118	15.9%	15.3%
H0053	I	Frye Regional Medical Center	29	0	0	29	2,943	3,538	4,311	4,618	40.7%	43.6%
I Total			129	0	0	129	25,806	25,552	24,229	21,530	51.4%	45.7%
H0011	II	Atrium Health Wake Forest Baptist Medical Center	39	0	0	39	8,630	8,971	8,249	8,438	57.9%	59.2%
H0159	II	Cone Health	49	0	0	49	14,753	13,775	13,514	12,974	75.5%	72.5%
H0052	II	High Point Regional Health	16	0	0	16	2,975	3,259	3,030	4,384	51.8%	75.0%
H0049	II	Hugh Chatham Memorial Hospital	12	0	0	12	-	-	-	-	0.0%	0.0%
H0291	II	Novant Health Rehabilitation Hospital	68	0	0	68	15,074	20,224	21,045	21,045	84.7%	84.7%
II Total			184	0	0	184	41,432	46,229	45,838	46,841	68.2%	69.7%
H0042	III	Atrium Health Pineville	29	0	0	29	9,576	9,714	9,693	9,554	91.5%	90.2%
H0071	III	Carolinas Medical Center (Levine Children's Hospital)	13	0	0	13	4,113	3,874	4,246	4,318	89.4%	90.9%
H0071-C	III	Carolinas Rehabilitation	72	0	0	72	19,340	22,437	23,866	22,871	90.8%	87.0%
H0283	III	Carolinas Rehabilitation - Mount Holly	40	0	0	40	10,966	10,260	10,529	11,092	72.1%	75.9%
H0286	III	Carolinas Rehabilitation - NorthEast	38	0	0	38	10,749	10,950	10,072	11,310	72.6%	81.5%
H0010	III	Novant Health Presbyterian Medical Center	10	0	0	10	-	363	2,627	2,930	71.9%	80.2%
H0040	III	Novant Health Rowan Medical Center	8	0	0	8	2,874	2,573	2,156	2,486	73.8%	85.1%
III Total			210	0	0	210	57,618	60,171	63,189	64,561	82.4%	84.2%
H0233	IV	Duke Regional Hospital	23	0	0	23	8,302	8,727	9,304	8,516	110.8%	101.4%
H0267	IV	Maria Parham Health	11	0	0	11	2,715	2,403	2,903	2,524	72.3%	62.8%
H0157	IV	University of North Carolina Hospitals*	30	0	0	30	9,454	12,154	13,121	13,367	119.7%	122.0%
H0199	IV	WakeMed	73	0	0	73	27,269	26,014	26,627	24,636	99.9%	92.4%
H0293	IV	Wake County Rehabilitation Hospital	52	0	0	52	-	-	-	2,221	0.0%	11.7%
IV Total			189	0	0	189	47,740	49,298	51,955	51,264	75.3%	74.3%
H0213	V	Cape Fear Valley Medical Center (Southeastern Regional Rehabilitation Center)	78	0	0	78	11,793	12,097	13,082	13,561	45.9%	47.6%
H0100	V	FirstHealth Moore Regional Hospital and Pinehurst Treatment	15	0	0	15	2,964	3,460	3,950	3,859	72.1%	70.4%
H0221	V	Novant Health New Hanover Regional Medical Center (Novant Health New Hanover Orthopedic Hospital)	60	0	0	60	11,344	10,627	10,191	10,257	46.5%	0.0%
H0107	V	Scotland Memorial Hospital	7	0	0	7	-	-	-	-	0.0%	0.0%
V Total			160	0	0	160	26,101	26,184	27,223	27,677	46.6%	47.4%
H0201	VI	CarolinaEast Medical Center	20	0	0	20	3,490	3,427	3,552	3,343	48.6%	45.8%
H0104	VI	ECU Health Medical Center (Rehabilitation Center at Vidant Medical Center)	75	16	0	91	18,891	20,079	21,902	21,970	65.9%	66.1%
H0258	VI	ECU Health Edgecombe Hospital	16	-16	0	0	-	-	-	-	0.0%	0.0%
H0228	VI	Nash General Hospital	23	0	0	23	6,180	6,065	6,479	7,046	77.1%	83.9%
H0043	VI	UNC Lenoir Health Care	17	0	0	17	2,192	2,313	2,954	2,949	47.6%	47.5%
VI Total			151	0	0	151	30,753	31,884	34,887	35,308	63.3%	64.0%
Grand Total			1,023	0	0	1,023	229,450	239,318	247,321	247,181	66.2%	66.2%

*University of North Carolina Hospitals has CON approval to develop 10 inpatient rehabilitation beds under Policy AC-3. The 10 beds are not counted when determining inpatient rehabilitation bed need.

Table 8B: Inpatient Rehabilitation Bed Need Determination*
(Proposed for Certificate of Need Review Commencing in 2027)

Service Area	Inpatient Rehabilitation Bed Need Determination	Certificate of Need Application Deadline**	Certificate of Need Beginning Review Date
HSA III	20	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 for a CON to meet the need, not just the health service facility or facilities that generated the need.

** Application deadlines are absolute, pursuant to 10A NCAC 14C.0202(2). The filing deadline is 5:00 p.m. on the application deadline date.

Chapter 9:

End-Stage Renal Disease Dialysis Facilities

CHAPTER 9

END-STAGE RENAL DISEASE DIALYSIS FACILITIES

Introduction

End-stage renal disease (ESRD) dialysis facilities (also known as kidney disease treatment centers) provide dialysis services, defined in 10A NCAC 14C .2201(1) as “the artificially aided process of transferring body wastes from a person’s blood to a dialysis fluid to permit discharge of the wastes from the body.” There are two types of dialysis: hemodialysis and peritoneal dialysis. Hemodialysis is the form of dialysis in which the blood is circulated outside the body through an apparatus which permits the transfer of waste through synthetic membranes. Peritoneal dialysis is the form of dialysis in which a dialysis fluid is introduced into the person’s peritoneal cavity and is subsequently withdrawn. Peritoneal dialysis is performed in the patient’s home. Hemodialysis can be performed in the patient’s home (home hemodialysis) or in an ESRD facility (in-center hemodialysis).

Definitions

A **dialysis station** is an individual patient treatment area that provides sufficient space to accommodate the dialysis equipment and supplies needed for routine care and any emergency care indicated. There must be sufficient separation from other dialysis stations to afford protection from cross-contamination with blood-borne pathogens.

The **service area** is the county in which the dialysis station is located. Each county comprises a service area except for two multicounty service areas: Cherokee, Clay, and Graham counties and Avery, Mitchell, and Yancey counties.

An **in-center patient** receives dialysis services at the ESRD facility only.

A **home patient** receives hemodialysis or peritoneal dialysis in the patient’s home, except for training that is provided in an ESRD facility.

A **home training facility** is an ESRD facility dedicated exclusively to the training of hemodialysis or peritoneal dialysis patients to dialyze at home or at a location other than a kidney disease treatment center that provides in-center dialysis, as defined in G.S. § 131E-176(14e). A home training facility must be physically separate (i.e., may not have the same Facility Identification number) from a kidney disease treatment center.

The **planning inventory** is the number of dialysis stations used in need determination calculations. It is the number of certified dialysis stations as of the last day of the reporting year, plus the number of approved certificate of need (CON) dialysis stations that are under development, plus the number of dialysis stations available pursuant to need determinations pending review or appeal, minus any exclusions described below under Application of Methodology.

The **reporting date** for ESRD utilization data is December 31 of each year. The current reporting date for this State Medical Facilities Plan (SMFP) is December 31, 2025. Providers report the number of patients served during December.

The past five years reporting dates are December 31 in 2021, 2022, 2023, 2024 and 2025.

The **projection date** is one year beyond the current reporting date. The projection date for this SMFP is December 31, 2026.

The **data cut-off date** is the last date on which the North Carolina Department of Health and Human Services, Division of Health Service Regulation (Agency) updates data before publication of the SMFP. Data received after this date, regardless of the effective date of the data itself, will not be included in the SMFP. This date is listed on the Title Page of the SMFP.

New facilities are those facilities certified and in operation at least nine but fewer than 21 months as of the data cut-off date for the current SMFP. The number of days in a month is calculated as $365.25/12$.

Small facilities are those facilities with fewer than 13 certified stations, CON-approved stations, and stations applied for as of the data cut-off date for the current SMFP.

Changes from the Previous Plan

This chapter contains no substantive changes from the previous SMFP.

Basic Principles

1. New facilities must have a projected need for at least 10 stations to be cost-effective and to ensure quality of care.
2. As a means of making ESRD services more accessible to patients, one goal is to minimize patient travel time to and from the facility. Therefore, end-stage renal disease treatment should be available within 30 miles from the patients' homes. In areas where it is apparent that patients currently travel more than 30 miles for in-center dialysis, proposed new facilities that would serve patients who are farthest away from operational or approved facilities should receive favorable consideration.
3. The State Health Coordinating Council encourages applicants for dialysis stations to provide or arrange for: home training and backup for facility-based patients suitable for home dialysis or in a facility that is a reasonable distance from the patient's residence; ESRD dialysis service availability at times that do not interfere with ESRD patients' work schedules; and services in rural areas.

Data Sources

The number of dialysis facilities and stations comes from certification letters from the Agency's Acute and Home Care Licensure and Certification Section, CON applications approved by the Agency, and CON applications under review by the Agency. The number of dialysis patients comes from reports submitted to the Agency by ESRD providers that operate certified dialysis facilities.

Assumptions of the Methodology

1. Home patients are not included in the determination of need for new stations. Home patients include those that receive hemodialysis or peritoneal dialysis in their home.
2. In-center facilities may have been approved to use at least one dialysis station for dedicated training of home dialysis patients. If so, these stations are included in the planning inventory.
3. The county and facility need methodologies assume that 100% utilization is four patients per station per week. The utilization rate is calculated by dividing the number of in-center patients reported in December of each year by the number of certified stations and then dividing the result by four.

4. Under the facility need methodology, any facility at 75% utilization or greater as of the current reporting date may apply to add dialysis stations.
5. Facilities that are eligible to add stations based on the facility need methodology may add the number of stations calculated by the methodology, up to a maximum of 20 stations in a single calendar year.
6. Facilities certified and in operation at least nine, but fewer than 21 months do not have a need determination in the SMFP. Rather, they may apply to add stations based on Condition 1 in the Facility Need Methodology.
7. Facilities that meet both the definition of “small” under Condition 1.a. in the Facility Need Determination Methodology and have been in operation for at least 21 months may apply for additional stations either under Condition 1.b. or 2. “Small” facilities may not apply under both Condition 1.b. and Condition 2 in the same year.
8. When a CON application has been received to relocate stations to a home training facility, the stations to be relocated are included in both the county and facility need determination calculations. When the home training stations are certified, then they are excluded from both the county and facility need determination calculations.
9. The methodology uses patient origin data aggregated to the county level. Detailed patient origin data is available at

<https://info.ncdhhs.gov/dhsr/ncsmfp/index.html> and
<https://info.ncdhhs.gov/dhsr/mfp/publications.html#por>

Application of the Methodologies

ESRD services have two methodologies: the county need methodology projects need for the county and the facility need methodology projects need for a specific facility. When a county need determination exists, any current provider may apply to add stations in an existing facility, and anyone may apply to develop a new facility. When a facility need determination exists, only the facility that generated the need may apply to add stations.

County Need Determination Methodology (Table 9B)

- Step 1: Multiply the average annual change in the total number of dialysis patients residing in each county for the past five reporting dates (*Columns B through F*) by the county’s total number of patients for the current reporting date (*Column F*). First, determine the total number of patients reported on each of the last five reporting dates. Next, calculate the difference in the number of total patients from year to year. Then determine the percent change from the previous reporting date by dividing the calculated difference in patients by the number of patients on the previous reporting date [(number of total patients as of the current reporting date – number of total patients as of the previous reporting date) / number of total patients as of the previous reporting date]. Finally, total the annual percent change and divide by four to determine the Average Annual Change Rate (AACR) (*Column G*).
- Step 2: Add the result of Step 1 to the county’s total number of patients for the current reporting date (*Column F*). The sum is the county’s projected total number of patients (*Column H*).

- Step 3: Multiply the percentage of each county's total patients who were home dialysis patients (*Column I*) on the current reporting date (*Column J*) by the county's projected total patients as of the projection date (*Column H*). Subtract the product (*Column K*) from the county's projected total patients. The remainder is the county's projected in-center dialysis patients (*Column L*).
- Step 4: Divide the result of Step 3 by 3.2. The quotient is the projected number of in-center dialysis stations needed in the county (*Column M*).
- Step 5: Subtract from the result of Step 4 (*Column M*) the county's number of stations certified for Medicare, stations that are CON-approved and awaiting certification, stations awaiting resolution of CON appeals, and stations for which a need determination in the SMFP is pending review or appeal (*Column N*). The remainder is the county's projected station surplus or deficit (*Column O*).
- Step 6: If the result of Step 5 is 10 or greater and the SMFP shows that utilization of each dialysis facility in the county is 80% or greater, the county station need determination is the same as the projected station deficit rounded to the nearest whole number (round fractions of 0.5 or greater to the next highest whole number) (*Column P*). If a county's projected station deficit is less than 10 or if the utilization of any dialysis facility in the county is less than 80%, the county has no need for additional stations. When a county has a need determination, applicants may apply for any number of stations up to and including the number of stations in the need determination.

Unless otherwise specified by the methodology, calculations do not use rounded values. However, fractional values are rounded automatically when displayed.

Facility Need Determination Methodology

A dialysis facility located in a county that has no county need determination in the current SMFP may apply for additional stations under one of the two following conditions.

- Condition 1: This condition pertains to new facilities, small facilities, and facilities that are both new and small (identified in Table 9A).
- a. The facility's current reported utilization must be at least 3.0 patients per station per week. For purposes of Condition 1 only, "current" means in-center utilization as of a reporting date no more than 90 days before the date the CON application is submitted.
 - b. If the facility is new or both new and small under Condition 1.a., it must use the following definitions and calculations to determine the number of stations needed. If the facility is small under Condition 1.a., it may use either the following definitions and calculations or Condition 2 to determine the number of additional stations needed:
 - i. Use the current and previous reporting dates to calculate the facility's growth in utilization. For purposes of Condition 1 only, "previous" means in-center utilization as of a reporting date six months before the current reporting date.
 - ii. Subtract the facility's number of in-center dialysis patients on the previous reporting date from the facility's number of in-center dialysis patients on the current reporting date. The difference is the net in-center change for six months.

- iii. Divide the result of Condition 1.b.ii by the number of in-center patients from the previous reporting date. Then multiply that result by 2 to determine the projected annual growth rate.
 - iv. Multiply the result from Condition 1.b.iii by the facility's number of in-center patients as of the current reporting date.
 - v. Add the result from Condition 1.b.iv to the number of in-center patients as of the current reporting date.
 - vi. Divide the result of Condition 1.b.v by 2.8.
 - vii. Subtract the sum of the facility's number of stations as of the current reporting date and the number of pending new stations for which a CON application has been approved or is under review from the result of Condition 1.b.vi. The remainder is the number of stations needed. Round fractions of 0.5 or greater to the next highest whole number.
- c. The facility may apply for any number of stations up to the number calculated in Condition 1.b.vii, up to a maximum of 10 stations.
 - d. New facilities and small facilities may be eligible to apply to add stations in one Category D.1 CON review cycle. That is, a new facility may apply to add stations in any Category D.1 review cycle, but it can apply only once during the period that it is defined as a new facility (see Chapter 3). A small facility may apply to add stations in any Category D.1 review cycle, but it can apply only once during a calendar year.

Condition 2: This condition pertains to facilities certified and in operation at least 21 months as of the data cut-off date for the current SMFP (*Table 9A*).

- a. A facility may add stations if its utilization rate reported in the current SMFP is at least 75%, or 3.0 patients per station per week or greater [$((\text{Column L}/\text{Column K})/4) = \text{Column M}$].
- b. If the facility's utilization rate reported in the current SMFP meets Condition 2.a, use the following calculations to determine the number of stations needed:
 - i. Subtract the facility's number of in-center dialysis patients reported in the previous SMFP from the number of in-center dialysis patients reported in the current SMFP (*Column L*). The difference is the net in-center change for one year.
 - ii. Divide the result of Condition 2.b.i by the number of in-center patients from the previous SMFP to determine the projected annual growth rate.
 - iii. Multiply the result from Condition 2.b.ii by the facility's number of in-center patients reported in the current SMFP (*Column L*).
 - iv. Add the result of Condition 2.b.iii to the number of in-center patients reported in the current SMFP.
 - v. Divide the result of Condition 2.b.iv by 2.8.

- vi. Subtract the sum of the facility's number of stations as of the current reporting date (*Column J*) and the number of pending new stations for which a CON application has been approved or is under review from the result of Condition 2.b.v. The remainder is the number of stations needed (*Column N*). Round fractions of 0.5 or greater to the next highest whole number.
- c. The facility may apply to add stations to meet the need calculated in Condition 2.b.vi, up to a maximum of 20 stations. When a facility has a need determination, applicants may apply to add any number of stations up to and including the number of stations in the need determination. However, applicants must demonstrate the need for the number of stations applied for in the CON application. When a facility has a need determination, the applicant may apply to add stations up to three times per calendar year, but the total stations applied for in a single calendar year cannot exceed the total number of stations in the facility's need determination, as calculated in Condition 2.b.vi.

Unless otherwise specified by the methodology, calculations do not use rounded values. However, fractional values are rounded automatically when displayed.

Table 9A: Inventory of Dialysis Stations and Calculation of Utilization Rates

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	Facility Identification Number	Provider Number	Facility	City	Certified	CON Issued/ Not Certified	Decision Rendered (Conditional Approval)	Decision Pending	Total	Certified Stations 12/31/2025	Number* In-Center Patients 12/31/2025	Utilization Rate 12/31/2025	Facility Station Need Determination
Alamance	140092	34-2709	Alamance County Dialysis	Graham	16	0	0	3	19	16	49	76.56%	0
Alamance	955786	34-2533	BMA of Burlington	Burlington	33	0	0	0	33	33	74	56.06%	0
Alamance	956036	34-2567	Burlington Dialysis	Burlington	20	0	0	2	22	20	63	78.75%	0
Alamance	100545	34-2691	FMC Mebane	Mebane	27	0	0	0	27	27	87	80.56%	8
Alamance	160341	34-2726	Glen Raven Dialysis	Burlington	14	0	0	0	14	14	33	58.93%	0
Alamance	170018	34-2739	Mebane Dialysis	Mebane	18	0	0	0	18	18	43	59.72%	0
Alamance	100785	34-2686	North Burlington Dialysis	Burlington	18	0	0	0	18	18	53	73.61%	0
Alexander	090725	34-2687	Fresenius Medical Care of Alexander County	Taylorsville	13	5	0	0	18	13	35	67.31%	0
Alleghany													
Anson	955840	34-2560	Dialysis Care of Anson County	Wadesboro	15	0	0	0	15	15	28	46.67%	0
Anson	061094	34-2673	Fresenius Medical Care Anson	Wadesboro	18	0	0	0	18	18	44	61.11%	0
Ashe													
Avery			(Mitchell-Avery-Yancey Service Area)										
Beaufort	955789	34-2561	FMC Pamlico	Washington	31	0	0	0	31	31	106	85.48%	11
Bertie	956109	34-2547	Windsor Dialysis Unit	Windsor	20	0	0	0	20	20	45	56.25%	0
Bladen	160065	34-2759	Bladenboro Dialysis	Bladenboro	14	0	0	0	14	14	23	41.07%	0
Bladen	955448	34-2578	Southeastern Dialysis Center - Elizabethtown	Elizabethtown	24	0	0	0	24	24	53	55.21%	0
Brunswick	070678	34-2689	FMC Brunswick County^^	Supply	11	0	0	0	11	11	35	79.55%	2
Brunswick	140237	34-2716	Leland Dialysis	Leland	22	1	0	0	23	22	62	70.45%	0
Brunswick	960145	34-2582	Southeastern Dialysis Center - Shallotte	Shallotte	19	0	0	0	19	19	58	76.32%	8
Brunswick	070474	34-2669	Southport Dialysis Center	Southport	16	0	0	0	16	16	27	42.19%	0
Buncombe	150248	34-2756	Arden Dialysis	Arden	16	0	0	0	16	16	49	76.56%	2
Buncombe	955773	34-2506	Asheville Kidney Center	Asheville	52	-4	0	0	48	52	119	57.21%	0
Buncombe	120484	34-2695	Biltmore Home Training^^	Asheville	0	4	0	0	4	0	0	0.00%	0
Buncombe	000318	34-2604	Weaverville Dialysis	Weaverville	20	10	0	0	30	20	57	71.25%	0
Burke	150154	34-2563	BMA of Burke County	Morganton	42	0	0	0	42	42	99	58.93%	0

Table 9A: Inventory of Dialysis Stations and Calculation of Utilization Rates

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	Facility Identification Number	Provider Number	Facility	City	Certified	CON Issued/ Not Certified	Decision Rendered (Conditional Approval)	Decision Pending	Total	Certified Stations 12/31/2025	Number* In-Center Patients 12/31/2025	Utilization Rate 12/31/2025	Facility Station Need Determination
Cabarrus	240022	Proposed new site consisting of existing stations	Cabarrus Home Training	Concord	0	2	0	0	2	0	0	0.00%	0
Cabarrus	180049	34-2760	Cannon Dialysis^^	Kannapolis	11	0	0	0	11	11	22	50.00%	0
Cabarrus	010799	34-2631	Copperfield Dialysis	Concord	27	-2	0	0	25	27	80	74.07%	0
Cabarrus	070392	34-2670	Harrisburg Dialysis Center	Concord	28	0	0	2	30	28	85	75.89%	3
Cabarrus	160494	34-2747	Hickory Ridge Dialysis	Charlotte	15	0	0	0	15	15	31	51.67%	0
Caldwell	170328	34-2509	BMA Lenoir	Lenoir	54	0	0	0	54	54	127	58.80%	0
Camden													
Carteret	260024	Proposed new site consisting of existing stations	Carteret County Home	Morehead	0	2	0	0	2	0	0	0.00%	0
Carteret	970506	34-2588	Crystal Coast Dialysis Unit	Morehead City	21	-2	0	0	19	21	52	61.90%	0
Carteret	120486	34-2702	FMC Sea Spray^^	Cedar Point	11	0	0	0	11	11	25	56.82%	0
Caswell	960925	34-2597	Renal Care Group - Caswell	Yanceyville	17	0	0	0	17	17	28	41.18%	0
Catawba	160450	34-2729	Catawba County Dialysis^^	Hickory	21	-11	0	0	10	21	53	63.10%	0
Catawba	955790	34-2516	FMC Dialysis Services of Hickory	Hickory	33	-4	0	0	29	33	89	67.42%	0
Catawba	010648	34-2635	FMC of Catawba Valley	Conover	25	0	0	0	25	25	73	73.00%	0
Catawba	160340	34-2743	Fresenius Kidney Care Newton	Newton	17	0	0	0	17	17	50	73.53%	0
Catawba	220064	Proposed new site consisting of existing stations	Fresenius Kidney Care North Catawba	Hickory	0	12	0	0	12	0	0	0.00%	0
Catawba	260023	Proposed new site consisting of existing stations	Newton Dialysis	Newton	0	11	0	0	11	0	0	0.00%	0
Chatham	981038	34-2617	Carolina Dialysis Pittsboro	Pittsboro	13	0	0	0	13	13	35	67.31%	0

Table 9A: Inventory of Dialysis Stations and Calculation of Utilization Rates

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	Facility Identification Number	Provider Number	Facility	City	Certified	CON Issued/ Not Certified	Decision Rendered (Conditional Approval)	Decision Pending	Total	Certified Stations 12/31/2025	Number* In-Center Patients 12/31/2025	Utilization Rate 12/31/2025	Facility Station Need Determination
Chatham	955802	34-2621	Carolina Dialysis Siler City	Siler City	26	0	0	0	26	26	59	56.73%	0
Cherokee (Cherokee-Clay-Graham Multicounty Planning Area)	050254	34-2649	Smoky Mountain Dialysis Center	Murphy	13	0	0	3	16	13	46	88.46%	5
Chowan	955811	34-2541	Edenton Dialysis	Edenton	20	0	0	0	20	20	47	58.75%	0
Clay			(Cherokee-Clay-Graham Service Area)										
Cleveland	070223	34-2676	DCI South	Shelby	14	0	0	0	14	14	29	51.79%	0
Cleveland	080370	34-2661	Dialysis Clinic	Shelby	15	0	0	0	15	15	24	40.00%	0
Cleveland	001291	34-2611	Dialysis Clinic - Kings Mountain	Kings Mountain	15	0	0	0	15	15	45	75.00%	1
Cleveland	955845	34-2529	Dialysis Clinic - Shelby	Shelby	33	0	0	0	33	33	83	62.88%	0
Columbus	020281	34-2628	Chadbourn Dialysis Center	Chadbourn	17	0	0	0	17	17	27	39.71%	0
Columbus	956057	34-2521	Southeastern Dialysis Center - Whiteville	Whiteville	24	0	0	0	24	24	55	57.29%	0
Craven	960995	34-2585	FMC Craven County	New Bern	31	0	0	0	31	31	85	68.55%	0
Craven	955965	34-2534	New Bern Dialysis	New Bern	40	0	0	0	40	40	91	56.88%	0
Cumberland	140236	34-2510	Fayetteville Kidney Center	Fayetteville	57	0	0	0	57	57	175	76.75%	10
Cumberland	960411	34-2593	FMC Dialysis Services North Ramsey	Fayetteville	54	0	0	0	54	54	111	51.39%	0
Cumberland	970530	34-2601	FMC Dialysis Services South Ramsey	Fayetteville	56	0	0	0	56	56	149	66.52%	0
Cumberland	011019	34-2643	FMC Services of West Fayetteville	Fayetteville	40	0	0	0	40	40	149	93.13%	18
Cumberland	170235	Proposed new site consisting of existing stations	Fresenius Kidney Care Hope Mills	Hope Mills	0	20	0	0	20	0	0	0.00%	0
Cumberland	170017	34-2751	Fresenius Kidney Care Rockfish	Fayetteville	25	0	0	0	25	25	87	87.00%	6

Table 9A: Inventory of Dialysis Stations and Calculation of Utilization Rates

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Service Area	Facility Identification Number	Provider Number	Facility	City	Certified	CON Issued/ Not Certified	Decision Rendered (Conditional Approval)	Decision Pending	Total	Certified Stations 12/31/2025	Number* In-Center Patients 12/31/2025	Utilization Rate 12/31/2025	Facility Station Need Determination
Cumberland	250045	Proposed new site consisting of existing stations	Fresenius Kidney Care Spring Lake Dialysis	Spring Lake	0	15	0	0	15	0	0	0.00%	0
Currituck													
Dare	970980	34-2598	Dare County Dialysis Center^^	Manteo	9	0	0	0	9	9	38	105.56%	7
Davidson	944660	34-2553	Lexington Dialysis Center of Wake Forest University	Lexington	49	0	0	0	49	49	127	64.80%	0
Davidson	200036	34-2767	North Davidson Dialysis Center of Wake Forest University	Winston Salem	19	0	0	0	19	19	37	48.68%	0
Davidson	020758	34-2639	Thomasville Dialysis Center of Wake Forest University	Thomasville	36	0	0	0	36	36	99	68.75%	0
Davie	080689	34-2677	Davie Kidney Center of Wake Forest University	Mocksville	24	0	0	0	24	24	46	47.92%	0
Duplin	945251	34-2535	Southeastern Dialysis Center - Kenansville	Kenansville	24	0	0	0	24	24	75	78.13%	11
Duplin	060249	34-2659	Wallace Dialysis	Wallace	20	0	0	0	20	20	70	87.50%	7
Durham	180047	34-2732	Bull City Dialysis	Durham	20	0	0	0	20	20	61	76.25%	4
Durham	160556	34-2741	Downtown Durham Dialysis^^	Durham	10	0	0	0	10	10	21	52.50%	0
Durham	955621	34-2550	Durham Dialysis	Durham	29	0	0	0	29	29	78	67.24%	0
Durham	160396	34-2734	Durham Regional Dialysis	Durham	20	0	0	0	20	20	44	55.00%	0
Durham	010285	34-2616	Durham West Dialysis	Durham	27	0	0	0	27	27	62	57.41%	0
Durham	990969	34-2615	FMC Dialysis Services of Briggs Avenue	Durham	29	0	0	0	29	29	72	62.07%	0
Durham	956837	34-2590	FMC Dialysis Services West Pettigrew	Durham	24	0	0	0	24	24	38	39.58%	0
Durham	955622	34-2538	Freedom Lake Dialysis Center	Durham	26	0	0	0	26	26	49	47.12%	0
Durham	170324	34-2762	Fresenius Kidney Care Eno River	Durham	19	0	0	0	19	19	43	56.58%	0
Durham	080098	34-2680	Fresenius Medical Care South Durham Dialysis	Durham	20	0	0	0	20	20	59	73.75%	0
Durham	140143	34-2718	Research Triangle Park Dialysis	Durham	13	0	0	0	13	13	40	76.92%	13
Durham	090117	34-2683	Southpoint Dialysis	Durham	24	0	0	0	24	24	75	78.13%	8

Table 9A: Inventory of Dialysis Stations and Calculation of Utilization Rates

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Service Area	Facility Identification Number	Provider Number	Facility	City	Certified	CON Issued/ Not Certified	Decision Rendered (Conditional Approval)	Decision Pending	Total	Certified Stations 12/31/2025	Number* In-Center Patients 12/31/2025	Utilization Rate 12/31/2025	Facility Station Need Determination
Edgecombe	970528	34-2603	BMA East Rocky Mount	Rocky Mount	30	0	0	0	30	30	105	87.50%	8
Edgecombe	150397	34-2721	Edgecombe Home Dialysis^^	Tarboro	0	1	0	0	1	1	0	0.00%	0
Edgecombe	170325	34-2761	Fresenius Kidney Care Boice-Willis	Rocky Mount	16	0	0	0	16	16	54	84.38%	6
Edgecombe	150155	34-2722	Fresenius Medical Clinic Tarboro	Tarboro	16	0	0	0	16	16	60	93.75%	5
Forsyth	210744	Proposed new site consisting of existing stations	Kernersville Dialysis Center of Wake Forest University	Kernersville	0	24	0	0	24	0	0	0.00%	0
Forsyth	070671	34-2667	Miller Street Dialysis Center of Wake Forest University	Winston Salem	50	0	0	0	50	50	169	84.50%	8
Forsyth	000193	34-2612	Northside Dialysis Center of Wake Forest University	Winston Salem	48	0	0	0	48	48	149	77.60%	6
Forsyth	944661	34-2505	Piedmont Dialysis Center of Wake Forest University	Winston Salem	64	0	0	0	64	64	188	73.44%	0
Forsyth	944758	34-2569	Salem Kidney Center of Wake Forest University	Winston Salem	59	6	0	0	65	59	159	67.37%	0
Franklin	955842	34-2571	Dialysis Care of Franklin County	Louisburg	27	0	0	0	27	27	41	37.96%	0
Franklin	130122	34-2715	Fresenius Medical Care Tar River	Louisburg	20	0	0	0	20	20	54	67.50%	0
Gaston	150476	34-2595	BMA Kings Mountain	Kings Mountain	26	0	0	0	26	26	77	74.04%	0
Gaston	250047	Proposed new site consisting of existing stations	Fresenius Kidney Care Mt Holly Dialysis	Mount Holly	0	12	0	0	12	0	0	0.00%	0
Gaston	160496	34-2745	Fresenius Kidney Care North Gaston	Dallas	17	0	0	0	17	17	63	92.65%	5
Gaston	050039	34-2652	Fresenius Medical Care Belmont	Belmont	19	9	0	0	28	19	73	96.05%	0
Gaston	955615	34-2513	Fresenius Medical Care Gastonia	Gastonia	39	-7	0	0	32	39	95	60.90%	0
Gaston	070531	34-2671	Fresenius Medical Care South Gaston	Gastonia	28	-7	0	0	21	28	68	60.71%	0

Table 9A: Inventory of Dialysis Stations and Calculation of Utilization Rates

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Service Area	Facility Identification Number	Provider Number	Facility	City	Certified	CON Issued/ Not Certified	Decision Rendered (Conditional Approval)	Decision Pending	Total	Certified Stations 12/31/2025	Number* In-Center Patients 12/31/2025	Utilization Rate 12/31/2025	Facility Station Need Determination
Gaston	250852	Proposed new site consisting of existing stations	Gaston County Home	Gastonia	0	7	0	0	7	0	0	0.00%	0
Gates													
Graham			(Cherokee-Clay-Graham Service Area)										
Granville	170422	34-2520	FMC Dialysis Services Neuse River	Oxford	27	-7	0	0	20	27	80	74.07%	0
Granville	041025	34-2647	FMC Dialysis Services of Oxford	Oxford	25	-6	0	0	19	25	75	75.00%	3
Granville	250046	Proposed new site consisting of existing stations	Fresenius Kidney Care Butner Dialysis	Creedmoor	0	13	0	0	13	0	0	0.00%	0
Greene	020974	34-2650	Greene County Dialysis Center	Snow Hill	21	0	0	0	21	21	50	59.52%	0
Guilford	955872	34-2504	BMA of Greensboro	Greensboro	54	2	0	0	56	54	123	56.94%	0
Guilford	980838	34-2537	BMA of South Greensboro	Greensboro	54	4	0	0	58	54	162	75.00%	0
Guilford	980472	34-2600	BMA of Southwest Greensboro	Jamestown	33	1	0	0	34	33	128	96.97%	17
Guilford	001324	34-2634	FMC of East Greensboro	Greensboro	51	0	0	0	51	51	96	47.06%	0
Guilford	170123	34-2742	Fresenius Kidney Care Garber-Olin	Greensboro	28	0	0	0	28	28	97	86.61%	16
Guilford	210743	Proposed new site consisting of existing stations	Fresenius Kidney Care Sandy Ridge	Greensboro	0	16	0	0	16	0	0	0.00%	0
Guilford	150332	34-2720	Fresenius Medical Care High Point	High Point	14	0	0	0	14	14	56	100.00%	10
Guilford	945262	34-2514	High Point Kidney Center of Wake Forest University	High Point	50	0	0	0	50	50	137	68.50%	0
Guilford	990214	34-2613	Northwest Greensboro Kidney Center	Greensboro	37	0	0	0	37	37	61	41.22%	0
Guilford	190319	Pending	Randleman Road Dialysis^/^^	Greensboro	10	0	0	0	10	10	2	5.00%	0
Guilford	980262	34-2599	Triad Dialysis Center of Wake Forest University	High Point	40	0	0	0	40	40	101	63.13%	0

Table 9A: Inventory of Dialysis Stations and Calculation of Utilization Rates

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Halifax	956044	34-2542	BMA of Roanoke Rapids	Roanoke Rapids	50	-2	0	0	48	50	145	72.50%	0
Halifax	981041	34-2619	FMC Dialysis Services of Halifax	Scotland Neck	19	0	0	0	19	19	41	53.95%	0
Halifax	250048	Proposed new site consisting of existing stations	Roanoke Rapids Home	Roanoke Rapids	0	2	0	0	2	0	0	0.00%	0
Harnett	944644	34-2557	Dunn Kidney Center	Dunn	35	0	0	0	35	35	96	68.57%	0
Harnett	110803	34-2701	FMC Anderson Creek	Cameron	17	0	0	0	17	17	50	73.53%	0
Harnett	100969	34-2694	Fresenius Medical Care Angier Dialysis^^	Angier	12	0	0	0	12	12	35	72.92%	0
Harnett	050131	34-2648	Fresenius Medical Care of Lillington	Lillington	16	0	0	0	16	16	50	78.13%	0
Haywood	010800	34-2629	Waynesville Dialysis Center	Clyde	27	0	0	0	27	27	60	55.56%	0
Henderson	140094	34-2564	Hendersonville Dialysis Center	Hendersonville	33	0	0	0	33	33	80	60.61%	0
Hertford	945189	34-2570	Ahoskie Dialysis	Ahoskie	26	0	0	0	26	26	78	75.00%	3
Hoke	945165	34-2579	Dialysis Care of Hoke County	Raeford	28	0	0	0	28	28	57	50.89%	0
Hoke	160286	34-2727	Fayetteville Road Dialysis	Raeford	30	0	0	0	30	30	90	75.00%	8
Hoke	110715	34-2698	Lumbee River Dialysis	Red Springs	15	0	0	0	15	15	21	35.00%	0
Hyde													
Iredell	990439	34-2606	Lake Norman Dialysis Center of Wake Forest University	Mooreville	31	0	0	0	31	31	73	58.87%	0
Iredell	6668	34-2527	Statesville Dialysis Center of Wake Forest University	Statesville	27	0	0	0	27	27	75	69.44%	0
Iredell	020759	34-2636	West Iredell Dialysis Center of Wake Forest University	Statesville	24	0	0	0	24	24	70	72.92%	0
Jackson	230039	Proposed new site consisting of existing stations	Balsam Home Training	Sylva	0	2	0	0	2	0	0	0.00%	0
Jackson	944474	34-2556	Sylva Dialysis Center	Sylva	16	-2	0	0	14	16	28	43.75%	0
Johnston	170420	Pending	Clayton Dialysis^/^^	Clayton	10	0	0	0	10	10	6	15.00%	0

Table 9A: Inventory of Dialysis Stations and Calculation of Utilization Rates

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	Facility Identification Number	Provider Number	Facility	City	Certified	CON Issued/ Not Certified	Decision Rendered (Conditional Approval)	Decision Pending	Total	Certified Stations 12/31/2025	Number* In-Center Patients 12/31/2025	Utilization Rate 12/31/2025	Facility Station Need Determination
Johnston	956062	34-2545	FMC Four Oaks	Four Oaks	25	0	0	0	25	25	53	53.00%	0
Johnston	170323	34-2757	Fresenius Kidney Care East Johnston	Selma	17	0	0	0	17	17	47	69.12%	0
Johnston	170520	34-2763	Fresenius Kidney Care West Johnston	Garner	15	0	0	0	15	15	41	68.33%	0
Johnston	030941	34-2678	Fresenius Medical Care Stallings Station	Clayton	30	0	0	0	30	30	70	58.33%	0
Johnston	944566	34-2572	Johnston Dialysis Center	Smithfield	37	0	0	0	37	37	89	60.14%	0
Jones	001653	34-2625	FMC Dialysis Services of Jones County^^	Trenton	10	0	0	0	10	10	22	55.00%	0
Lee	110959	34-2697	Carolina Dialysis Lee County	Sanford	20	0	0	0	20	20	60	75.00%	3
Lee	955801	34-2620	Carolina Dialysis Sanford	Sanford	39	0	0	0	39	39	84	53.85%	0
Lenoir	955898	34-2518	FMC of Kinston Dialysis Unit	Kinston	42	0	0	0	42	42	91	54.17%	0
Lenoir	010207	34-2609	FMC Vernon Dialysis	Kinston	27	0	0	0	27	27	70	64.81%	0
Lincoln	944237	34-2568	FMC Lincolnnton Dialysis	Lincolnton	30	0	0	0	30	30	72	60.00%	0
Macon	120162	34-2696	Franklin Township Dialysis^^	Franklin	12	0	0	0	12	12	29	60.42%	0
Madison													
Martin	960043	34-2584	Dialysis Care of Martin County	Williamston	23	0	0	0	23	23	73	79.35%	20
McDowell	040266	34-2645	McDowell Dialysis Center	Marion	20	0	0	0	20	20	61	76.25%	6
Mecklenburg	960156	34-2581	BMA Beatties Ford	Charlotte	43	-1	0	0	42	43	91	52.91%	0
Mecklenburg	970826	34-2594	BMA Nations Ford	Charlotte	28	0	0	0	28	28	84	75.00%	0
Mecklenburg	970301	34-2605	BMA of East Charlotte	Charlotte	32	0	0	0	32	32	109	85.16%	4
Mecklenburg	955792	34-2554	BMA West Charlotte	Charlotte	31	0	0	0	31	31	74	59.68%	0
Mecklenburg	150477	34-2731	Brookshire Dialysis	Charlotte	20	0	0	0	20	20	50	62.50%	0
Mecklenburg	955930	34-2548	Charlotte Dialysis	Charlotte	33	0	0	0	33	33	96	72.73%	0
Mecklenburg	001554	34-2627	Charlotte East Dialysis	Charlotte	34	0	0	0	34	34	87	63.97%	0
Mecklenburg	250854	Proposed new site consisting of existing stations	Cornelius Home Dialysis	Cornelius	0	2	0	0	2	0	0	0.00%	0
Mecklenburg	944671	34-2552	DSI Charlotte Latrobe Dialysis	Charlotte	24	0	0	0	24	24	59	61.46%	0

Table 9A: Inventory of Dialysis Stations and Calculation of Utilization Rates

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	Facility Identification Number	Provider Number	Facility	City	Certified	CON Issued/ Not Certified	Decision Rendered (Conditional Approval)	Decision Pending	Total	Certified Stations 12/31/2025	Number* In-Center Patients 12/31/2025	Utilization Rate 12/31/2025	Facility Station Need Determination
Mecklenburg	955380	34-2591	DSI Glenwater Dialysis	Charlotte	42	0	0	0	42	42	98	58.33%	0
Mecklenburg	955947	34-2503	FKC Charlotte (new location)	Charlotte	42	0	0	0	42	42	87	51.79%	0
Mecklenburg	955947	34-2503	FMC Charlotte (old location)	Charlotte	6	-6	0	0	0	6	0	0.00%	0
Mecklenburg	080137	34-2681	FMC Matthews	Matthews	21	0	0	0	21	21	72	85.71%	0
Mecklenburg	955788	34-2549	FMC of North Charlotte	Charlotte	40	0	0	0	40	40	127	79.38%	3
Mecklenburg	240030	Proposed new site consisting of existing stations	Fresenius Kidney Care Huntersville Dialysis	Huntersville	0	10	0	0	10	0	0	0.00%	0
Mecklenburg	170326	34-2766	Fresenius Kidney Care Mallard Creek	Charlotte	18	0	0	0	18	18	47	65.28%	0
Mecklenburg	150024	34-2719	Fresenius Kidney Care Regal Oaks	Charlotte	23	0	0	0	23	21	65	77.38%	2
Mecklenburg	160337	34-2750	Fresenius Kidney Care Southeast Mecklenburg	Pineville	20	0	0	0	20	20	49	61.25%	0
Mecklenburg	150435	34-2738	Fresenius Medical Care Aldersgate	Charlotte	16	0	0	0	16	16	59	92.19%	8
Mecklenburg	120485	34-2713	Fresenius Medical Care Southwest Charlotte	Charlotte	26	0	0	0	26	26	59	56.73%	0
Mecklenburg	130490	34-2707	Huntersville Dialysis	Huntersville	27	0	0	0	27	27	72	66.67%	0
Mecklenburg	070389	34-2692	Mint Hill Dialysis	Mint Hill	21	0	0	0	21	21	53	63.10%	0
Mecklenburg	060083	34-2663	North Charlotte Dialysis Center	Charlotte	33	0	0	0	33	33	89	67.42%	0
Mecklenburg	170127	34-2523	South Charlotte Dialysis	Charlotte	27	0	0	0	27	27	80	74.07%	0
Mitchell (Mitchell-Avery-Yancey Multicounty Planning Area)	060380	34-2660	Mayland Dialysis Center^^	Spruce Pine	12	0	0	0	12	12	24	50.00%	0
Montgomery	925156	34-2583	Dialysis Care of Montgomery County	Biscoe	20	0	0	0	20	20	61	76.25%	8
Moore	080621	34-2679	Carthage Dialysis	Carthage	14	1	0	0	15	14	35	62.50%	0
Moore	944674	34-2555	Dialysis Care of Moore County	Pinehurst	25	0	0	0	25	25	51	51.00%	0
Moore	020648	34-2638	Southern Pines Dialysis Center	Southern Pines	18	0	0	0	18	18	54	75.00%	1

Table 9A: Inventory of Dialysis Stations and Calculation of Utilization Rates

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	Facility Identification Number	Provider Number	Facility	City	Certified	CON Issued/ Not Certified	Decision Rendered (Conditional Approval)	Decision Pending	Total	Certified Stations 12/31/2025	Number* In-Center Patients 12/31/2025	Utilization Rate 12/31/2025	Facility Station Need Determination
Nash	020870	34-2644	FMC of Spring Hope	Spring hope	16	0	0	0	16	16	40	62.50%	0
Nash	130370	34-2710	Fresenius Medical Care South Rocky Mount	Rocky Mount	19	-2	0	5	22	19	64	84.21%	0
Nash	240784	Proposed new site consisting of existing stations	Nash County Home	Rocky Mount	0	2	0	0	2	0	0	0.00%	0
Nash	944658	34-2517	Rocky Mount Kidney Center	Rocky Mount	51	0	0	0	51	51	166	81.37%	14
New Hanover	080819	34-2685	Cape Fear Dialysis	Wilmington	32	0	0	0	32	32	70	54.69%	0
New Hanover	140333	34-2717	New Hanover Dialysis	Wilmington	18	0	0	2	20	18	57	79.17%	2
New Hanover	956055	34-2511	Southeastern Dialysis Center - Wilmington	Wilmington	32	0	0	0	32	32	80	62.50%	0
Northampton	970120	34-2586	FMC East Northampton County	Conway	21	0	0	0	21	21	45	53.57%	0
Onslow	130178	34-2700	New River Dialysis	Jacksonville	25	0	0	0	25	25	65	65.00%	0
Onslow	956056	34-2532	Southeastern Dialysis Center - Jacksonville	Jacksonville	38	0	0	0	38	38	89	58.55%	0
Orange	956088	34-2622	Carolina Dialysis Carrboro	Carrboro	39	2	0	0	41	39	72	46.15%	0
Pamlico													
Pasquotank	130368	34-2708	Albemarle Dialysis	Elizabeth City	15	0	0	0	15	15	51	85.00%	2
Pasquotank	955812	34-2515	Elizabeth City Dialysis	Elizabeth City	29	0	0	0	29	29	74	63.79%	0
Pender	945252	34-2558	Southeastern Dialysis Center - Burgaw	Burgaw	17	0	0	0	17	17	56	82.35%	6
Pender	130180	34-2703	Surf City Dialysis	Hampstead	14	0	0	0	14	14	23	41.07%	0
Perquimans	140091	34-2749	Perquimans Dialysis^^	Hertford	10	0	0	0	10	10	24	60.00%	0
Person	120225	34-2562	Roxboro Dialysis	Roxboro	38	0	0	0	38	38	83	54.61%	0
Pitt	960406	34-2596	FMC Dialysis Services East Carolina University	Greenville	47	0	0	0	47	47	148	78.72%	12
Pitt	140329	34-2706	FMC Farmville	Farmville	14	0	0	0	14	14	38	67.86%	0
Pitt	170125	34-2748	Fresenius Kidney Care Captains Cove^^	Winterville	12	0	0	0	12	12	35	72.92%	0
Pitt	944657	34-2502	Greenville Dialysis Center	Greenville	51	0	0	0	51	51	154	75.49%	6

Table 9A: Inventory of Dialysis Stations and Calculation of Utilization Rates

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Service Area	Facility Identification Number	Provider Number	Facility	City	Certified	CON Issued/ Not Certified	Decision Rendered (Conditional Approval)	Decision Pending	Total	Certified Stations 12/31/2025	Number* In-Center Patients 12/31/2025	Utilization Rate 12/31/2025	Facility Station Need Determination
Polk													
Randolph	955777	34-2524	BMA of Asheboro	Asheboro	45	0	0	0	45	45	113	62.78%	0
Randolph	140089	34-2714	North Randolph Dialysis Center of Wake Forest University	Archdale	17	0	0	0	17	17	33	48.53%	0
Richmond	955843	34-2539	Dialysis Care of Richmond County	Hamlet	33	0	0	0	33	33	55	41.67%	0
Richmond	090624	34-2690	Sandhills Dialysis	Rockingham	25	0	0	0	25	25	69	69.00%	0
Robeson	955445	34-2528	BMA Lumberton	Lumberton	24	0	0	0	24	24	90	93.75%	9
Robeson	991061	34-2623	FMC Dialysis Services of Robeson County	Fairmont	23	0	0	0	23	23	43	46.74%	0
Robeson	180042	34-2764	Fresenius Kidney Care East Lumberton	Lumberton	20	0	0	0	20	20	58	72.50%	0
Robeson	971335	34-2682	Fresenius Medical Care Pembroke	Pembroke	19	0	0	0	19	19	57	75.00%	1
Robeson	140334	34-2651	Maxton Dialysis Center	Maxton	17	0	0	0	17	17	54	79.41%	4
Rockingham	955844	34-2536	Dialysis Care of Rockingham County	Eden	25	0	0	0	25	25	60	60.00%	0
Rockingham	030453	34-2640	Reidsville Dialysis	Reidsville	20	0	0	0	20	27	61	56.48%	0
Rockingham	001548	34-2641	Rockingham Kidney Center	Reidsville	25	0	0	0	25	25	70	70.00%	0
Rowan	980409	34-2592	Dialysis Care of Kannapolis	Kannapolis	31	0	0	0	31	31	87	70.16%	0
Rowan	944673	34-2546	Dialysis Care of Rowan County	Salisbury	34	0	0	0	34	34	78	57.35%	0
Rowan	160495	34-2730	Spencer Dialysis	Spencer	19	0	0	0	19	19	47	61.84%	0
Rutherford	955824	34-2566	Dialysis Care of Rutherford County	Forest City	31	0	0	4	35	31	92	74.19%	0
Sampson	955787	34-2559	BMA of Clinton	Clinton	36	0	0	0	36	36	103	71.53%	0
Sampson	080822	34-2688	Fresenius Medical Care of Roseboro	Roseboro	13	0	0	0	13	13	45	86.54%	2
Scotland	924648	34-2540	BMA of Laurinburg	Laurinburg	30	0	0	0	30	30	70	58.33%	0
Stanly	955784	34-2565	BMA Albemarle	Albemarle	29	0	0	0	29	29	67	57.76%	0
Stokes	020980	34-2633	King Dialysis Center of Wake Forest University	King	24	0	0	0	24	24	50	52.08%	0
Surry	001558	34-2614	Elkin Dialysis Center of Wake Forest University	Elkin	19	0	0	0	19	19	37	48.68%	0
Surry	944348	34-2551	Mt Airy Dialysis Center of Wake Forest University	Mt Airy	32	0	0	0	32	32	85	66.41%	0
Swain	970527	34-2602	Cherokee Dialysis Center	Cherokee	20	-20	0	0	0	20	50	62.50%	0

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A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	Facility Identification Number	Provider Number	Facility	City	Certified	CON Issued/ Not Certified	Decision Rendered (Conditional Approval)	Decision Pending	Total	Certified Stations 12/31/2025	Number* In-Center Patients 12/31/2025	Utilization Rate 12/31/2025	Facility Station Need Determination
Swain	900000	Proposed new site consisting of existing stations	Cherokee Dialysis Center	Cherokee	0	20	0	0	20	0	0	0.00%	0
Transylvania	080169	34-2693	Brevard Dialysis Center	Brevard	14	0	0	0	14	14	25	44.64%	0
Tyrrell													0
Union	060374	34-2666	Crooked Creek Dialysis	Indian Trail	16	0	0	0	16	16	25	39.06%	0
Union	160339	34-2737	Fresenius Kidney Care Indian Trail	Indian Trail	16	0	0	0	16	16	36	56.25%	0
Union	955949	34-2525	Metrolina Kidney Center	Monroe	30	0	0	0	30	30	84	70.00%	0
Union	955953	34-2526	Union County Dialysis	Monroe	37	0	0	0	37	37	84	56.76%	0
Vance	130179	34-2704	Kerr Lake Dialysis	Henderson	17	0	0	0	17	17	58	85.29%	7
Vance	944655	34-2543	Vance County Dialysis	Henderson	47	0	0	0	47	47	112	59.57%	0
Wake	980755	34-2608	BMA of Fuquay Varina Kidney Center	Fuquay Varina	29	0	0	0	29	29	83	71.55%	0
Wake	956008	34-2512	BMA of Raleigh Dialysis	Raleigh	50	0	0	0	50	50	110	55.00%	0
Wake	180166	34-2544	Cary Kidney Center	Cary	29	0	0	0	29	29	90	77.59%	7
Wake	190643	34-2769	Downtown Raleigh Dialysis	Raleigh	10	0	0	4	14	10	35	87.50%	0
Wake	061335	34-2672	FMC Eastern Wake	Rolesville	15	7	0	0	22	15	64	106.67%	5
Wake	160069	34-2733	FMC Morrisville	Cary	13	0	0	0	13	13	50	96.15%	9
Wake	020868	34-2646	FMC New Hope Dialysis	Raleigh	30	0	0	0	30	30	114	95.00%	12
Wake	130278	34-2705	FMC Northern Wake	Wake Forest	20	0	0	0	20	20	61	76.25%	3
Wake	956094	34-2522	FMC Wake Dialysis Clinic	Raleigh	50	0	0	0	50	50	139	69.50%	0
Wake	250853	Proposed new site consisting of existing stations	Fresenius Kidney Care Garner Dialysis	Garner	0	16	0	0	16	0	0	0.00%	0
Wake	180261	34-2755	Fresenius Kidney Care Holly Springs^^	Holly Springs	10	0	0	0	10	10	34	85.00%	10

Table 9A: Inventory of Dialysis Stations and Calculation of Utilization Rates

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Wake	210745	Proposed new site consisting of existing stations	Fresenius Kidney Care Knightdale	Knightdale	0	16	0	0	16	0	0	0.00%	0
Wake	041023	34-2658	Fresenius Medical Care Apex	Apex	20	0	0	0	20	20	64	80.00%	3
Wake	080823	34-2684	Fresenius Medical Care Central Raleigh	Raleigh	19	0	0	0	19	19	54	71.05%	0
Wake	041024	34-2653	Fresenius Medical Care Millbrook	Raleigh	17	0	0	0	17	17	57	83.82%	2
Wake	160555	34-2772	Fresenius Medical Care Rock Quarry^^	Raleigh	10	0	0	0	10	10	24	60.00%	0
Wake	160405	34-2735	Fresenius Medical Care White Oak	Garner	20	0	0	0	20	20	72	90.00%	5
Wake	260022	Proposed new site consisting of existing stations	Garner Dialysis	Garner	0	10	0	0	10	0	0	0.00%	0
Wake	160068	34-2744	Oak City Dialysis	Raleigh	32	-10	0	0	22	32	98	76.56%	20
Wake	990968	34-2642	Southwest Wake County Dialysis	Raleigh	30	0	0	0	30	30	107	89.17%	6
Wake	240782	Proposed new site consisting of existing stations	Tarheel Place Dialysis	Raleigh	0	10	0	0	10	0	0	0.00%	0
Wake	041181	34-2675	Wake Forest Dialysis Center	Raleigh	23	-7	0	0	16	23	65	70.65%	0
Wake	970505	34-2589	Zebulon Kidney Center	Zebulon	30	0	0	0	30	30	89	74.17%	0
Warren	991065	34-2610	FMC Dialysis Services of Warren Hills	Warrenton	25	0	0	0	25	25	39	39.00%	0
Watauga	150300	34-2674	Fresenius Medical Care Watauga County	Boone	20	0	0	0	20	20	47	58.75%	0
Wayne	140466	34-2723	Coastal Plains Dialysis	Goldsboro	16	0	0	0	16	16	35	54.69%	0
Wayne	944654	34-2531	Goldsboro Dialysis	Goldsboro	25	0	0	0	25	25	63	63.00%	0
Wayne	970275	34-2587	Goldsboro South Dialysis	Goldsboro	25	0	0	0	25	25	52	52.00%	0
Wayne	000304	34-2573	Mt Olive Dialysis	Mt Olive	20	0	0	0	20	20	45	56.25%	0

Table 9A: Inventory of Dialysis Stations and Calculation of Utilization Rates

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Wayne	170236	34-2576	RAI Care Centers - Goldsboro	Goldsboro	21	0	0	0	21	21	64	76.19%	0
Wayne	180046	34-2752	Rosewood Dialysis^^	Goldsboro	10	0	0	0	10	10	23	57.50%	0
Wilkes	956103	34-2724	Wilkes Dialysis Center of Wake Forest University	North Wilkesboro	24	3	0	0	27	24	76	79.17%	2
Wilson	020166	34-2637	Forest Hills Dialysis	Wilson	35	0	0	0	35	35	116	82.86%	16
Wilson	170521	34-2753	Kenly Dialysis^^	Kenly	10	0	0	0	10	10	22	55.00%	0
Wilson	971340	34-2507	Wilson Dialysis	Wilson	39	-2	0	0	37	39	105	67.31%	0
Wilson	220670	Proposed new site consisting of existing stations	Wooten Boulevard Home Training	Wilson	0	2	0	0	2	0	0	0.00%	0
Yadkin	060383	34-2665	Yadkin Dialysis Center of Wake Forest University	Yadkinville	13	0	0	0	13	13	27	51.92%	0
Yancey			(Mitchell-Avery-Yancey Service Area)										
Totals					6,122	180	0	25	6,327	6,128	16,216		439

* Number In-Center Patients 12/31/2025 includes both in-state and out-of-state patients.

^ Designated as a new facility.

^^ Designated as a small facility.

Table 9B: ESRD Dialysis Station Need Determinations by Planning Area

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
Service Area	12/31/21 Total Patients	12/31/22 Total Patients	12/31/23 Total Patients	12/31/24 Total Patients	12/31/25 Total Patients	Average Annual Change Rate for Past Five Years	Projected 12/31/26 Total Patients	12/31/25 Home Patients	12/31/25 Percent Home Patients	Projected 12/31/26 Home Patients	Projected 12/31/26 In-Center Patients	Projected 12/31/26 In-Center Station Utilization	Projected Total Available Stations	Projected Station Deficit or Surplus	County Station Need Determination
Alamance	344	350	374	382	389	0.031	401.2	70	18.0%	72.2	329.0	103	151	Surplus of 48	0
Alexander	65	59	49	45	42	-0.103	37.7	8	19.0%	7.2	30.5	10	18	Surplus of 8	0
Alleghany	9	10	7	8	6	-0.074	5.6	1	16.7%	0.9	4.6	1	0	1	0
Anson	84	87	82	90	90	0.019	91.7	11	12.2%	11.2	80.5	25	33	Surplus of 8	0
Ashe	25	17	22	21	6	-0.196	4.8	1	16.7%	0.8	4.0	1	0	1	0
Beaufort	119	125	124	120	140	0.044	146.2	26	18.6%	27.1	119.0	37	31	6	0
Bertie	81	75	82	72	73	-0.022	71.4	14	19.2%	13.7	57.7	18	20	Surplus of 2	0
Bladen	95	93	81	81	94	0.003	94.2	10	10.6%	10.0	84.2	26	38	Surplus of 12	0
Brunswick	166	187	192	191	192	0.038	199.4	34	17.7%	35.3	164.1	51	69	Surplus of 18	0
Buncombe	268	267	242	261	269	0.003	269.8	70	26.0%	70.2	199.6	62	98	Surplus of 36	0
Burke	147	144	147	147	142	-0.008	140.8	26	18.3%	25.8	115.0	36	42	Surplus of 6	0
Cabarrus	278	292	314	328	320	0.036	331.7	95	29.7%	98.5	233.2	73	83	Surplus of 10	0
Caldwell	172	173	164	168	154	-0.026	150.0	18	11.7%	17.5	132.4	41	54	Surplus of 13	0
Camden	5	8	13	12	17	0.391	23.7	5	29.4%	7.0	16.7	5	0	5	0
Carteret	82	70	72	74	70	-0.036	67.5	14	20.0%	13.5	54.0	17	32	Surplus of 15	0
Caswell	67	51	50	47	53	-0.048	50.5	7	13.2%	6.7	43.8	14	17	Surplus of 3	0
Catawba	297	281	296	306	325	0.024	332.7	73	22.5%	74.7	258.0	81	104	Surplus of 23	0
Chatham	117	120	114	117	114	-0.006	113.3	9	7.9%	8.9	104.4	33	39	Surplus of 6	0
Cherokee	34	40	36	34	34	0.005	34.2	9	26.5%	9.0	25.1	8	16	Surplus of 8	
Clay	6	7	4	9	9	0.247	11.2	5	55.6%	6.2	5.0	2	0	2	
Graham	10	8	11	11	11	0.044	11.5	3	27.3%	3.1	8.4	3	0	3	
Cherokee-Clay-Graham Service Area Total														Surplus of 3	0
Chowan	51	50	48	44	40	-0.058	37.7	7	17.5%	6.6	31.1	10	20	Surplus of 10	0
Cleveland	273	272	241	250	251	-0.019	246.2	21	8.4%	20.6	225.6	71	77	Surplus of 6	0
Columbus	104	99	105	112	111	0.018	112.9	18	16.2%	18.3	94.6	30	41	Surplus of 11	0
Craven	223	232	233	217	200	-0.026	194.9	35	17.5%	34.1	160.8	50	71	Surplus of 21	0
Cumberland	772	770	838	878	823	0.018	837.6	113	13.7%	115.0	722.6	226	267	Surplus of 41	0
Currituck	13	21	18	18	16	0.090	17.4	3	18.8%	3.3	14.2	4	0	4	0

Table 9B: ESRD Dialysis Station Need Determinations by Planning Area

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
Service Area	12/31/21 Total Patients	12/31/22 Total Patients	12/31/23 Total Patients	12/31/24 Total Patients	12/31/25 Total Patients	Average Annual Change Rate for Past Five Years	Projected 12/31/26 Total Patients	12/31/25 Home Patients	12/31/25 Percent Home Patients	Projected 12/31/26 Home Patients	Projected 12/31/26 In-Center Patients	Projected 12/31/26 In-Center Station Utilization	Projected Total Available Stations	Projected Station Deficit or Surplus	County Station Need Determination
Dare	30	29	33	39	46	0.116	51.4	11	23.9%	12.3	39.1	12	9	3	0
Davidson	316	311	293	318	319	0.004	320.2	43	13.5%	43.2	277.0	87	104	Surplus of 17	0
Davie	65	59	53	52	54	-0.044	51.6	9	16.7%	8.6	43.0	13	24	Surplus of 11	0
Duplin	152	147	150	91	160	0.088	174.1	20	12.5%	21.8	152.3	48	44	4	0
Durham	640	640	628	624	616	-0.009	610.2	47	7.6%	46.6	563.6	176	261	Surplus of 85	0
Edgecombe	279	305	320	271	247	-0.025	240.9	34	13.8%	33.2	207.7	65	63	2	0
Forsyth	802	768	786	803	809	0.003	811.1	124	15.3%	124.3	686.7	215	251	Surplus of 36	0
Franklin	153	141	145	150	136	-0.027	132.3	18	13.2%	17.5	114.8	36	47	Surplus of 11	0
Gaston	395	385	412	404	414	0.013	419.2	77	18.6%	78.0	341.2	107	143	Surplus of 36	0
Gates	12	10	10	14	17	0.112	18.9	3	17.6%	3.3	15.6	5	0	5	0
Granville	149	146	160	160	154	0.010	155.5	10	6.5%	10.1	145.4	45	52	Surplus of 7	0
Greene	59	52	54	52	49	-0.044	46.9	4	8.2%	3.8	43.0	13	21	Surplus of 8	0
Guilford	1154	1104	1070	1088	1062	-0.020	1,040.4	111	10.5%	108.7	931.7	291	394	Surplus of 103	0
Halifax	242	237	235	243	221	-0.021	216.3	34	15.4%	33.3	183.0	57	69	Surplus of 12	0
Harnett	247	233	251	251	261	0.015	264.9	30	11.5%	30.5	234.5	73	80	Surplus of 7	0
Haywood	70	64	90	49	62	0.033	64.0	15	24.2%	15.5	48.5	15	27	Surplus of 12	0
Henderson	117	125	122	114	126	0.021	128.6	32	25.4%	32.7	96.0	30	33	Surplus of 3	0
Hertford	74	74	71	72	66	-0.027	64.2	8	12.1%	7.8	56.4	18	26	Surplus of 8	0
Hoke	165	162	157	119	124	-0.062	116.3	14	11.3%	13.1	103.2	32	73	Surplus of 41	0
Hyde	7	8	12	9	10	0.126	11.3	2	20.0%	2.3	9.0	3	0	3	0
Iredell	248	247	236	246	243	-0.005	241.9	40	16.5%	39.8	202.1	63	82	Surplus of 19	0
Jackson	36	34	32	28	44	0.083	47.7	12	27.3%	13.0	34.7	11	16	Surplus of 5	0
Johnston	412	420	394	378	407	-0.002	406.4	66	16.2%	65.9	340.5	106	134	Surplus of 28	0
Jones	38	34	29	24	22	-0.127	19.2	3	13.6%	2.6	16.6	5	10	Surplus of 5	0
Lee	156	152	139	145	147	-0.014	145.0	24	16.3%	23.7	121.3	38	59	Surplus of 21	0
Lenoir	219	209	219	208	197	-0.025	192.0	23	11.7%	22.4	169.6	53	69	Surplus of 16	0
Lincoln	99	108	107	110	92	-0.013	90.8	22	23.9%	21.7	69.1	22	30	Surplus of 8	0
Macon	35	38	41	38	35	0.003	35.1	7	20.0%	7.0	28.1	9	12	Surplus of 3	0

Table 9B: ESRD Dialysis Station Need Determinations by Planning Area

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
Service Area	12/31/21 Total Patients	12/31/22 Total Patients	12/31/23 Total Patients	12/31/24 Total Patients	12/31/25 Total Patients	Average Annual Change Rate for Past Five Years	Projected 12/31/26 Total Patients	12/31/25 Home Patients	12/31/25 Percent Home Patients	Projected 12/31/26 Home Patients	Projected 12/31/26 In-Center Patients	Projected 12/31/26 In-Center Station Utilization	Projected Total Available Stations	Projected Station Deficit or Surplus	County Station Need Determination
Madison	6	8	10	12	10	0.154	11.5	2	20.0%	2.3	9.2	3	0	3	0
Martin	83	75	81	72	85	0.013	86.1	9	10.6%	9.1	77.0	24	23	1	0
McDowell	55	61	64	72	73	0.074	78.4	15	20.5%	16.1	62.3	19	20	Surplus of 1	0
Mecklenburg	1871	1834	1817	1831	1834	-0.005	1,825.0	298	16.2%	296.5	1,528.4	478	612	Surplus of 134	0
Avery	8	6	10	15	6	0.079	6.5	2	33.3%	2.2	4.3	1	0	1	
Mitchell	18	15	15	15	14	-0.058	13.2	2	14.3%	1.9	11.3	4	12	Surplus of 8	
Yancey	17	19	19	16	18	0.021	18.4	4	22.2%	4.1	14.3	4	0	4	
Mitchell-Avery-Yancey Service Area Total														Surplus of 3	0
Montgomery	69	62	55	59	64	-0.014	63.1	7	10.9%	6.9	56.2	18	20	Surplus of 2	0
Moore	161	180	173	172	165	0.008	166.3	33	20.0%	33.3	133.1	42	58	Surplus of 16	0
Nash	303	290	280	307	323	0.018	328.7	53	16.4%	53.9	274.8	86	91	Surplus of 5	0
New Hanover	256	264	268	261	236	-0.019	231.5	46	19.5%	45.1	186.4	58	84	Surplus of 26	0
Northampton	98	96	95	90	85	-0.035	82.0	9	10.6%	8.7	73.4	23	21	2	0
Onslow	224	217	232	227	221	-0.003	220.4	58	26.2%	57.9	162.6	51	63	Surplus of 12	0
Orange	174	172	156	155	130	-0.068	121.2	14	10.8%	13.0	108.1	34	41	Surplus of 7	0
Pamlico	23	17	21	22	22	0.006	22.1	6	27.3%	6.0	16.1	5	0	5	0
Pasquotank	115	108	112	111	106	-0.019	103.9	16	15.1%	15.7	88.2	28	44	Surplus of 16	0
Pender	100	96	93	105	109	0.024	111.6	17	15.6%	17.4	94.2	29	31	Surplus of 2	0
Perquimans	34	37	38	41	32	-0.006	31.8	10	31.3%	9.9	21.9	7	10	Surplus of 3	0
Person	98	88	85	86	83	-0.040	79.7	6	7.2%	5.8	73.9	23	38	Surplus of 15	0
Pitt	457	452	441	446	462	0.003	463.4	68	14.7%	68.2	395.2	123	124	Surplus of 1	0
Polk	16	9	10	11	13	-0.011	12.9	5	38.5%	4.9	7.9	2	0	2	0
Randolph	193	179	183	182	180	-0.017	177.0	13	7.2%	12.8	164.2	51	62	Surplus of 11	0
Richmond	165	157	151	147	142	-0.037	136.8	21	14.8%	20.2	116.5	36	58	Surplus of 22	0
Robeson	449	434	429	396	429	-0.010	424.9	41	9.6%	40.6	384.3	120	103	17	0
Rockingham	217	201	180	187	195	-0.024	190.3	26	13.3%	25.4	164.9	52	70	Surplus of 18	0
Rowan	262	247	245	253	243	-0.018	238.6	60	24.7%	58.9	179.7	56	84	Surplus of 28	0
Rutherford	113	112	109	118	107	-0.012	105.8	22	20.6%	21.7	84.0	26	35	Surplus of 9	0

Table 9B: ESRD Dialysis Station Need Determinations by Planning Area

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
Service Area	12/31/21 Total Patients	12/31/22 Total Patients	12/31/23 Total Patients	12/31/24 Total Patients	12/31/25 Total Patients	Average Annual Change Rate for Past Five Years	Projected 12/31/26 Total Patients	12/31/25 Home Patients	12/31/25 Percent Home Patients	Projected 12/31/26 Home Patients	Projected 12/31/26 In-Center Patients	Projected 12/31/26 In-Center Station Utilization	Projected Total Available Stations	Projected Station Deficit or Surplus	County Station Need Determination
Sampson	198	191	162	173	147	-0.067	137.1	14	9.5%	13.1	124.0	39	49	Surplus of 10	0
Scotland	114	110	104	111	112	-0.003	111.6	18	16.1%	17.9	93.7	29	30	Surplus of 1	0
Stanly	93	94	89	86	91	-0.005	90.6	27	29.7%	26.9	63.7	20	29	Surplus of 9	0
Stokes	70	64	56	57	51	-0.075	47.2	7	13.7%	6.5	40.7	13	24	Surplus of 11	0
Surry	111	107	103	97	99	-0.028	96.3	13	13.1%	12.6	83.6	26	51	Surplus of 25	0
Swain	59	50	54	56	54	-0.018	53.0	11	20.4%	10.8	42.2	13	20	Surplus of 7	0
Transylvania	31	33	24	28	26	-0.028	25.3	8	30.8%	7.8	17.5	5	14	Surplus of 9	0
Tyrrell	6	6	7	6	9	0.131	10.2	3	33.3%	3.4	6.8	2	0	2	0
Union	280	267	282	269	265	-0.013	261.6	33	12.5%	32.6	229.0	72	99	Surplus of 27	0
Vance	191	183	192	179	180	-0.014	177.5	15	8.3%	14.8	162.7	51	64	Surplus of 13	0
Wake	1414	1456	1491	1553	1542	0.022	1,576.0	197	12.8%	201.3	1,374.7	430	503	Surplus of 73	0
Warren	72	73	74	70	75	0.011	75.8	8	10.7%	8.1	67.8	21	25	Surplus of 4	0
Washington	59	57	55	64	47	-0.043	45.0	6	12.8%	5.7	39.2	12	0	12	0
Watauga	28	26	28	23	53	0.283	68.0	6	11.3%	7.7	60.3	19	20	Surplus of 1	0
Wayne	304	321	338	302	281	-0.017	276.3	43	15.3%	42.3	234.0	73	117	Surplus of 44	0
Wilkes	93	91	98	111	92	0.004	92.4	13	14.1%	13.1	79.3	25	27	Surplus of 2	0
Wilson	261	284	241	259	252	-0.004	251.0	55	21.8%	54.8	196.2	61	84	Surplus of 23	0
Yadkin	55	52	44	41	48	-0.026	46.7	11	22.9%	10.7	36.0	11	13	Surplus of 2	0
State Totals	19,302	19,051	19,022	19,037	18,942			2,900				5,011	6,327		0

Table 9C: Dialysis Station Need Determination
County Need Determination Methodology
(Proposed for Certificate of Need Review Commencing in 2027)

Service Area	Dialysis Station Need Determination	Certificate of Need Application Deadline	Certificate of Need Beginning Review Date
It is determined that there is no need anywhere in the state and no reviews are scheduled.			

Table 9D: Dialysis Station Need Determination by Facility*

A	B	C	D	E
County	Facility Identification Number	Provider Number	Facility	Facility Station Need Determination
Alamance	100545	34-2691	FMC Mebane	8
Beaufort	955789	34-2561	FMC Pamlico	11
Brunswick	070678	34-2689	FMC Brunswick County	2
Brunswick	960145	34-2582	Southeastern Dialysis Center - Shallotte	8
Buncombe	150248	34-2756	Arden Dialysis	2
Cabarrus	070392	34-2670	Harrisburg Dialysis Center	3
Cherokee	050254	34-2649	Smoky Mountain Dialysis Center	5
Cleveland	001291	34-2611	Dialysis Clinic - Kings Mountain	1
Cumberland	140236	34-2510	Fayetteville Kidney Center	10
Cumberland	011019	34-2643	FMC Services of West Fayetteville	18
Cumberland	170017	34-2751	Fresenius Kidney Care Rockfish	6
Dare	970980	34-2598	Dare County Dialysis Center	7
Duplin	945251	34-2535	Southeastern Dialysis Center - Kenansville	11
Duplin	060249	34-2659	Wallace Dialysis	7
Durham	180047	34-2732	Bull City Dialysis	4
Durham	140143	34-2718	Research Triangle Park Dialysis	13
Durham	090117	34-2683	Southpoint Dialysis	8
Edgecombe	970528	34-2603	BMA East Rocky Mount	8
Edgecombe	170325	34-2761	Fresenius Kidney Care Boice-Willis	6
Edgecombe	150155	34-2722	Fresenius Medical Clinic Tarboro	5
Forsyth	070671	34-2667	Miller Street Dialysis Center of Wake Forest Unive	8
Forsyth	000193	34-2612	Northside Dialysis Center of Wake Forest Universit	6
Gaston	160496	34-2745	Fresenius Kidney Care North Gaston	5
Granville	041025	34-2647	FMC Dialysis Services of Oxford	3
Guilford	980472	34-2600	BMA of Southwest Greensboro	17
Guilford	170123	34-2742	Fresenius Kidney Care Garber-Olin	16
Guilford	150332	34-2720	Fresenius Medical Care High Point	10
Hertford	945189	34-2570	Ahoskie Dialysis	3
Hoke	160286	34-2727	Fayetteville Road Dialysis	8
Lee	110959	34-2697	Carolina Dialysis Lee County	3
Martin	960043	34-2584	Dialysis Care of Martin County	20
McDowell	040266	34-2645	McDowell Dialysis Center	6
Mecklenburg	970301	34-2605	BMA of East Charlotte	4
Mecklenburg	955788	34-2549	FMC of North Charlotte	3
Mecklenburg	150024	34-2719	Fresenius Kidney Care Regal Oaks	2
Mecklenburg	150435	34-2738	Fresenius Medical Care Aldersgate	8
Montgomery	925156	34-2583	Dialysis Care of Montgomery County	8
Moore	020648	34-2638	Southern Pines Dialysis Center	1
Nash	944658	34-2517	Rocky Mount Kidney Center	14
New Hanover	140333	34-2717	New Hanover Dialysis	2
Pasquotank	130368	34-2708	Albemarle Dialysis	2
Pender	945252	34-2558	Southeastern Dialysis Center - Burgaw	6
Pitt	960406	34-2596	FMC Dialysis Services East Carolina University	12

Table 9D: Dialysis Station Need Determination by Facility*

A	B	C	D	E
County	Facility Identification Number	Provider Number	Facility	Facility Station Need Determination
Pitt	944657	34-2502	Greenville Dialysis Center	6
Robeson	955445	34-2528	BMA Lumberton	9
Robeson	971335	34-2682	Fresenius Medical Care Pembroke	1
Robeson	140334	34-2651	Maxton Dialysis Center	4
Sampson	080822	34-2688	Fresenius Medical Care of Roseboro	2
Vance	130179	34-2704	Kerr Lake Dialysis	7
Wake	180166	34-2544	Cary Kidney Center	7
Wake	061335	34-2672	FMC Eastern Wake	5
Wake	160069	34-2733	FMC Morrisville	9
Wake	020868	34-2646	FMC New Hope Dialysis	12
Wake	130278	34-2705	FMC Northern Wake	3
Wake	180261	34-2755	Fresenius Kidney Care Holly Springs	10
Wake	041023	34-2658	Fresenius Medical Care Apex	3
Wake	041024	34-2653	Fresenius Medical Care Millbrook	2
Wake	160405	34-2735	Fresenius Medical Care White Oak	5
Wake	160068	34-2744	Oak City Dialysis	20
Wake	990968	34-2642	Southwest Wake County Dialysis	6
Wilkes	956103	34-2724	Wilkes Dialysis Center of Wake Forest University	2
Wilson	020166	34-2637	Forest Hills Dialysis	16
Totals			62 Facilities	439

* CON applications for additional stations are Category D.1. Refer to Table 3A for the D.1 review cycles.
 CON application deadlines are absolute, pursuant to 10A NCAC 14C.0203(b). The filing deadline is 5:00 p.m. on the CON application deadline date.

Table 9E: Inventory of Dialysis Home Training Facilities

A	B	C	D	E	F	G	H	I
County	Facility Identification Number	Provider Number	Facility	City	CON* Total	Certified Home Training Stations	Home Hemodialysis Patients 12/31/2025	Peritoneal Patients 12/31/2025
Buncombe	120484	34-2695	Biltmore Home Training	Asheville	4	0	0	60
Cabarrus	240022	Proposed New Site	Cabarrus Home Training	Concord	2	0	0	0
Carteret	260024	Proposed New Site	Carteret County Home	Morehead	2	0	0	0
Catawba	110873	34-2699	FMC Hickory Home Program	Hickory	0	5	7	38
Chowan	200027	34-2765	Chowan Home Dialysis	Edenton	0	1	5	15
Edgecombe	150397	34-2721	Edgecombe Home Dialysis	Tarboro	1	1	8	36
Forsyth	200885	34-2768	Highland Oaks Dialysis Center of Wake Forest University**	Winston Salem	0	0	0	27
Gaston	250852	Proposed New Site	Gaston County Home	Gastonia	7	0	0	0
Halifax	250048	Proposed New Site	Roanoke Rapids Home	Roanoke Rapids	2	0	0	0
Iredell	070519	34-2657	INS Statesville**	Statesville	0	0	0	13
Jackson	230039	Proposed New Site	Balsam Home Training	Sylva	2	0	0	0
Mecklenburg	070257	34-2654	INS Freedom Dialysis	Charlotte	0	9	41	74
Mecklenburg	070499	34-2655	INS Victory Home	Charlotte	0	7	0	0
Mecklenburg	250854	Proposed New Site	Cornelius Home Dialysis	Cornelius	2	0	0	0
Moore	180570	34-2754	Pinehurst Home Training**	Pinehurst	0	0	0	44
Nash	240784	Proposed New Site	Nash County Home	Rocky Mount	2	0	0	0
New Hanover	220065	34-2773	Ogden Park Home Training	Wilmington	0	2	0	4
Orange	200890	34-2770	Carolina Dialysis Orange County Home Dialysis	Hillsborough	0	2	1	12
Sampson	130060	34-2712	Sampson County Home Training**	Clinton	0	0	0	2
Wayne	200899	Pending	Eagles Nest Home Training**	Goldsboro	0	0	0	4
Wilson	220670	Proposed New Site	Wooten Boulevard Home Training	Wilson	2	0	0	0

Table 9E: Inventory of Dialysis Home Training Facilities

A	B	C	D	E	F	G	H	I
County	Facility Identifi- cation Number	Provider Number	Facility	City	CON* Total	Certified Home Training Stations	Home Hemodialysis Patients 12/31/2025	Peritoneal Patients 12/31/2025
Totals			21 Facilities		26	27	62	329

* Includes CON issued/not certified, CON decision rendered (conditional approval), and CON decision pending.

** This facility shows no stations because it currently serves or will serve peritoneal patients only.

Chapter 10:

Nursing Home Facilities

CHAPTER 10

NURSING HOME FACILITIES

Introduction

G.S. 131E-176(17b) defines a *nursing home facility* as “a health service facility whose bed complement of health service facility beds is composed principally of nursing home facility beds.”

Definitions

A nursing home facility’s *service area* is the county in which the bed is located. Each of the 100 counties in the state is a separate service area.

The *reporting year* is October 1 through September 30. The current reporting year is October 1, 2024 through September 30, 2025.

The methodology projects bed need for a *projection year*, which is five years beyond the current reporting year. The current projection year is 2030.

The *planning inventory* is the number of beds used in need determination calculations. It is the number of licensed beds plus the number of certificate of need (CON)-approved new beds, plus the number of beds available pursuant to need determinations pending review or appeal, minus any exclusions (see below), minus any beds to be relocated out of the county, plus any beds to be relocated into the county.

Changes from the Previous Plan

This chapter contains no substantive changes from the previous State Medical Facilities Plan (SMFP).

Basic Principles

1. The methodology should project need determination five years beyond the current reporting year because at least that amount of time is required to bring a new or expanded facility into service.
2. Any advantages to patients that may arise from competition will be fostered by policies which lead to the establishment of new provider institutions. Consequently, whenever feasible, need determinations should be for at least 90 beds. However, such allocations do not always result in new entities.
3. Counties whose deficits represent at least 10% of their total needs (deficit index) and who report an occupancy rate of licensed beds in the county of at least 90%, excluding continuing care retirement communities, should receive need determinations even though such increments may be too small to encourage establishment of new facilities.
4. A goal of the planning process is a reasonable level of parity among individuals in their geographic access to nursing home facilities.

Data Sources

The North Carolina Office of State Budget and Management provides estimates of North Carolina residents for the current reporting year and projection year by county.

Estimates of active-duty military personnel come from the category of “Employment Status – Armed Forces” from the most recent American Community Survey 5-Year Estimates.

Utilization data comes from License Renewal Application (LRA) to Operate a Nursing Home and the Nursing Care Facility/Unit Beds: Annual Data Supplement to Hospital License Renewal Applications, as submitted to the North Carolina Department of Health and Human Services, Division of Health Service Regulation.

Assumptions of the Methodology

1. Planning inventory and need determination calculations exclude all beds and days of care (DOC) for:
 - a. nursing home facility beds converted to care for head injury or ventilator-dependent patients;
 - b. nursing home facility beds developed pursuant to Policy NH-2; and
 - c. nursing home facility beds transferred from state psychiatric hospitals to the community pursuant to Policy NH-5.
2. The inventory excludes beds, and the occupancy rate calculation excludes DOC for patients from the contiguous counties served by facilities operated by religious or fraternal organizations.
3. The methodology excludes the estimated active-duty military population from the county’s population for any county with more than 500 active-duty military personnel.
4. The methodology uses the county bed use rate as the utilization measure in determining needs. Bed use rates are calculated per 1,000 population per county. Each county’s bed use rate is calculated using a five-year average annual change rate (AACR) to project forward five years beyond the current reporting year. Any county with an AACR that is at least one-half of one standard deviation above or below the statewide AACR will receive a rate equal to the statewide rate.
5. The projected utilization is multiplied by three to account for future increases in utilization.
6. The methodology uses the higher of two different occupancy rate calculations to obtain the need determination. The adjusted occupancy rate for each county is calculated using the higher of: (1) the median of all facilities’ occupancy rates in a county; or (2) a countywide occupancy.

Application of the Methodology

Table 10A shows the inventory data and Table 10B shows the patient, population and bed use data that form the basis for the calculations discussed in the following steps. Table 10C shows projected bed utilization, bed surpluses/deficits and occupancy rates used to determine bed needs.

Step 1: Calculate the planning inventory for each facility and county (*Table 10A*).

- a. Add the number of licensed beds in each nursing home facility (*Column C*) and hospital (*Column D*).

- b. Adjust this result by adding or subtracting, as appropriate, CON-approved beds and beds to be relocated (*Columns F-H*). Then adjust this result by the number of beds available pursuant to need determinations in the SMFP pending review or appeal (*Column I*).
- c. Subtract: (1) beds that have been converted to care for head injury or ventilator-dependent patients; (2) beds that have been developed pursuant to Policy NH-2; (3) beds that have been relocated from state psychiatric hospitals to the community pursuant to Policy NH-5; and (4) beds operated by religious or fraternal organizations that have been used to serve patients from non-contiguous counties for that facility (*Column K*).
- d. Sum each of these calculations across all facilities in a county to obtain county totals (*Column L*).

Step 2: Calculate the projected county bed use rates (*Table 10B*).

- a. For each of the five most recent reporting years and for each county, divide the number of patients (*Column B*) by the population (*Column C*).
- b. Multiply the result by 1,000 to calculate the bed use rate per 1,000 population (*Column D*).
- c. Calculate the average annual change rate (AACR) in bed use for the five most recent reporting years for each county (*Column E*).
- d. If the result of Step 2.c is at least 0.5 standard deviations above or below the statewide AACR, then use the statewide AACR; otherwise, use the result of Step 2.c as the Selected Change Rate (*Column F*).
- e. Multiply the result of Step 2.d by the bed use rate for the reporting year (*Column D*, last sub-column) and then multiply by three; add the product to the bed use rate for the reporting year to get the Bed Rate per 1,000 (*Column G*).

Step 3: Multiply the Bed Rate per 1,000 (*Table 10B, Column G* and *Table 10C, Column B*) by each county's corresponding projected civilian population in thousands for the projection year (*Table 10C, Column C*) to calculate the projected bed utilization (*Table 10C, Column D*).

Step 4: For each county, divide the projected bed utilization (*Table 10C, Column D*) by a 95% vacancy factor to calculate the projected bed utilization with vacancy factor (*Table 10C, Column E*).

Step 5: Calculate the county's bed surplus or deficit (*Table 10C*).

- a. Obtain the planning inventory for each county (*Column H*). Transfer the county totals from Columns J-L in Table 10A into Columns F-H of Table 10C, respectively.
- b. Subtract the projected bed utilization with vacancy factor (*Column E*) from the total inventory (*Column H*) to obtain the county's projected surplus or deficit of beds (*Column I*). Positive numbers are surpluses and negative numbers are deficits.

Step 6: Calculate the deficit index and occupancy rate (*Table 10C*).

- a. For all counties with a deficit, divide Column I by Column E to calculate the deficit index (*Column J*). The resulting deficit index is rounded for display purposes; internal calculations are not rounded.

- b. For all counties, calculate the occupancy rate by dividing the total DOC for all facilities in the county by the possible DOC (the number of beds in the planning inventory multiplied by 365.25). In the same manner, calculate the occupancy rate for each facility in the county. Then calculate the median facility occupancy rate for the county. Select the higher of the two calculations as the county occupancy rate (*Column K*).

Step 7: Calculate need determination for each county (*Table 10C*).

- a. For a county with a deficit of 71 to 90 beds, if the adjusted occupancy of licensed beds in the county is 90% or greater based on utilization data reported for the current reporting year (*Column K*), the need determination is 90 beds (*Column L*).
- b. For a county with a deficit of 91 or more beds, if the adjusted occupancy of licensed beds in the county is 90% or greater based on utilization data reported for the current reporting year (*Column K*), the need determination is the amount of the deficit rounded to 10. The maximum need determination for each county is 150 beds (*Column L*).
- c. If any county's deficit index (*Column J*) is 10% or more of its projected utilization and the adjusted occupancy of licensed beds in the county is 90% or greater for the current reporting year (*Column K*), the need determination is the amount of the deficit rounded to 10. The maximum need determination for each county is 150 beds.
- d. For purposes of rounding need determinations, numbers greater than 10 and ending in one to four rounds to the next lower number divisible by 10. Numbers ending in five to nine rounds to the next higher number divisible by 10.

Unless otherwise specified by the methodology, calculations do not use rounded values. However, fractional values are rounded automatically when displayed.

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

A	B	C	D	E	F	G	H	I	J	K	L	M
County	License Number	Facility Name	Licensed Beds in Nursing Homes	Licensed Nursing Care Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
						Nursing Home	Hospital	CON Bed Transfer				
Alamance	NH0529	Alamance Health Care Center	180	0	180	0	0	0	0	180	0	180
Alamance	NH0364	Compass Healthcare and Rehab Hawfields, Inc.	117	0	117	0	0	0	0	117	10	107
Alamance	NH0596	Edgewood Place at the Village at Brookwood	51	0	51	0	0	0	0	51	24	27
Alamance	NH0588	Liberty Commons Nursing & Rehabilitation Center of Alamance County (Transfer 8 beds to Liberty Commons in Durham County, 3 beds to Pisgah Manor in Buncombe County and 19 beds to Liberty Commons of Wake County)	122	0	122	0	0	-30	0	92	0	92
Alamance	NH0429	Peak Resources - Alamance	142	0	142	0	0	0	0	142	0	142
Alamance	NH0351	Twin Lakes Community (Relocate no more than 8 NF beds from Twin Lakes Memory Care)	104	0	104	0	0	8	0	112	35	77
Alamance	NH0621	Twin Lakes Community Memory Care** (Facility closed. Transfer 8 beds to Twin Lakes Community)	0	0	0	8	0	-8	0	0	0	0
Alamance	NH0397	White Oak Manor-Burlington	160	0	160	0	0	0	0	160	0	160
Alamance Totals			876	0	876	8	0	-30	0	854	69	785
Alexander	NH0381	Valley Nursing and Rehabilitation Center	183	0	183	0	0	0	0	183	49	134
Alexander Totals			183	0	183	0	0	0	0	183	49	134
Alleghany	NH0413	Lotus Village Center for Nursing and Rehabilitation	90	0	90	0	0	0	0	90	0	90
Alleghany Totals			90	0	90	0	0	0	0	90	0	90
Anson	NH0642	Anson Health and Rehabilitation	95	0	95	0	0	0	0	95	0	95
Anson	NH0090	Wadesboro Health & Rehab Center	66	0	66	0	0	0	0	66	0	66
Anson Totals			161	0	161	0	0	0	0	161	0	161
Ashe	NH0459	Margate Health and Rehab Center	210	0	210	0	0	0	0	210	0	210
Ashe Totals			210	0	210	0	0	0	0	210	0	210
Avery	H0037	Charles A. Cannon, Jr. Memorial Hospital**	0	10	10	0	0	0	0	10	0	10
Avery	NH0362	Life Care Center of Banner Elk	118	0	118	0	0	0	0	118	0	118
Avery Totals			118	10	128	0	0	0	0	128	0	128
Beaufort	NH0387	Ridgewood Living & Rehabilitation Center	128	0	128	0	0	0	0	128	0	128

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

A	B	C	D	E	F	G	H	I	J	K	L	M
County	License Number	Facility Name	Licensed Beds in Nursing Homes	Licensed Nursing Care Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
						Nursing Home	Hospital	CON Bed Transfer				
Beaufort	NH0345	River Trace Nursing and Rehabilitation Center	140	0	140	0	0	0	0	140	0	140
Beaufort Totals			268	0	268	0	0	0	0	268	0	268
Bertie	NH0522	Three Rivers Health and Rehabilitation Center	60	0	60	0	0	0	0	60	0	60
Bertie	NH0491	Windsor Rehabilitation and Healthcare Center	82	0	82	0	0	0	0	82	0	82
Bertie Totals			142	0	142	0	0	0	0	142	0	142
Bladen	NH0420	Bladen East Health and Rehab	90	0	90	0	0	0	0	90	0	90
Bladen	H0154	Cape Fear Valley-Bladen County Hospital (Closed. Beds delicensed 7/28/25.)	0	0	0	0	0	0	0	0	0	0
Bladen	NH0328	Elizabethtown Healthcare & Rehabilitation Center	94	0	94	0	0	0	0	94	0	94
Bladen Totals			184	0	184	0	0	0	0	184	0	184
Brunswick	NH0456	Autumn Care of Shallotte	100	0	100	0	0	0	0	100	0	100
Brunswick	NH0626	Bolivia Rehabilitation and Healthcare Center	90	0	90	0	0	0	0	90	0	90
Brunswick	NH0478	Brunswick Cove Nursing Center	175	0	175	0	0	0	0	175	0	175
Brunswick	NH0655	Brunswick Health & Rehab Center	100	0	100	0	0	0	0	100	0	100
Brunswick	NH0322	Liberty Commons Nursing & Rehab Center of Southport LLC	99	0	99	0	0	0	0	99	0	99
Brunswick		Liberty Commons of Brunswick County (Transfer 64 beds from Southport Nursing Center)	0	0	0	0	0	64	0	64	0	64
Brunswick	NH0650	Southport Nursing Center (Facility closed. Transfer 64 beds to Liberty Commons of Brunswick County)	0	0	0	64	0	-64	0	0	0	0
Brunswick Totals			564	0	564	64	0	0	0	628	0	628
Buncombe	NH0262	Aston Park Health Care Center Inc	120	0	120	0	0	0	0	120	0	120
Buncombe	NH0321	Bear Mountain Health and Rehabilitation	77	0	77	0	0	0	0	77	0	77
Buncombe	NH0575	Biltmore Haven Nursing and Rehabilitation	100	0	100	0	0	0	0	100	0	100
Buncombe		Black Mountain Neuro-Medical Treatment Center*	165	0	165	0	0	0	0	165	165	0
Buncombe	NH0107	Brooks-Howell Home	58	0	58	0	0	0	0	58	0	58
Buncombe	NH0087	Deerfield Episcopal Retirement Community Inc	62	0	62	12	0	0	0	74	43	31

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

A	B	C	D	E	F	G	H	I	J	K	L	M
County	License Number	Facility Name	Licensed Beds in Nursing Homes	Licensed Nursing Care Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
						Nursing Home	Hospital	CON Bed Transfer				
Buncombe	NH0233	Elevate Health and Rehabilitation	120	0	120	0	0	0	0	120	0	120
Buncombe	NH0551	Emerald Ridge Health and Rehabilitation	100	0	100	0	0	0	0	100	0	100
Buncombe	NH0517	Flesher's Fairview Health Care Center Inc	106	0	106	0	0	0	0	106	0	106
Buncombe	NH0484	Givens Health Center	70	0	70	0	0	0	0	70	0	70
Buncombe	NH0147	Givens Highland Farms	60	0	60	0	0	0	0	60	0	60
Buncombe	NH0463	Greentree Ridge Health & Rehab Center	90	0	90	0	0	0	0	90	0	90
Buncombe	NH0540	Grove Park Health & Rehab Center	68	0	68	0	0	0	0	68	0	68
Buncombe	NH0235	Mountain Ridge Rehabilitation and Healthcare Center	97	0	97	0	0	0	0	97	0	97
Buncombe	NH0631	NC State Veterans Home-Black Mountain*	100	0	100	0	0	0	0	100	100	0
Buncombe	NH0184	Pisgah Manor Health Care Center (Transfer 3 beds from Liberty Commons in Alamance County, 22 beds from Cross Creek in Hyde County, and 25 beds from Mary Gran Nursing in Sampson County)	118	0	118	0	0	50	0	168	0	168
Buncombe	NH0541	River Bend Health and Rehabilitation	100	0	100	0	0	0	0	100	15	85
Buncombe	NH0291	StoneCreek Health and Rehabilitation	120	0	120	0	0	0	0	120	0	120
Buncombe	NH0528	Swannanoa Valley Health and Rehabilitation	106	0	106	0	0	0	0	106	0	106
Buncombe	NH0532	The Greens at Weaverville	122	0	122	0	0	0	0	122	0	122
Buncombe Totals			1,959	0	1,959	12	0	50	0	2,021	323	1,698
Burke	NH0347	Autumn Care of Drexel	100	0	100	0	0	0	0	100	0	100
Burke	NH0610	Carolina Rehab Center of Burke	90	0	90	0	0	0	0	90	0	90
Burke	NH0553	College Pines Health and Rehabilitation	100	0	100	0	0	0	0	100	0	100
Burke	NH0408	Grace Heights Health and Rehabilitation	120	0	120	0	0	0	0	120	0	120
Burke	NH0476	Grace Ridge	25	0	25	0	0	0	0	25	25	0
Burke	NH0343	Magnolia Lane Nursing and Rehabilitation Center (Transfer 30 beds to Western Mecklenburg Health & Rehabilitation Center in Mecklenburg County)	121	0	121	0	0	-30	0	91	0	91
Burke Totals			556	0	556	0	0	-30	0	526	25	501
Cabarrus	NH0247	Cabarrus Health and Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Cabarrus	NH0179	Copperfield Health & Rehabilitation	120	0	120	0	0	0	0	120	0	120

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

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						Nursing Home	Hospital	CON Bed Transfer				
Cabarrus	NH0027	Five Oaks Rehabilitation and Care Center	160	0	160	0	0	0	0	160	0	160
Cabarrus	NH0453	Kannapolis Health and Rehabilitation	107	0	107	0	0	0	0	107	0	107
Cabarrus	NH0604	PruittHealth-Town Center	70	0	70	36	0	0	0	106	0	106
Cabarrus	NH0607	The Gardens of Taylor Glen Retirement Community	24	0	24	0	0	0	0	24	24	0
Cabarrus	NH0498	The Greens at Cabarrus	90	0	90	0	0	0	0	90	0	90
Cabarrus Totals			691	0	691	36	0	0	0	727	24	703
Caldwell	NH0485	Hibriten Mountain Nursing and Rehabilitation	100	0	100	0	0	0	0	100	0	100
Caldwell	NH0380	Hickory Falls Health and Rehabilitation	120	0	120	0	0	0	0	120	0	120
Caldwell	NH0407	Lenoir Health and Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Caldwell	NH0578	Shaire Nursing Center	60	0	60	0	0	0	0	60	0	60
Caldwell Totals			400	0	400	0	0	0	0	400	0	400
Carteret	NH0583	Croatan Ridge Nursing and Rehabilitation Center	64	0	64	0	0	0	0	64	0	64
Carteret	NH0227	Crystal Bluffs Rehabilitation and Health Care Center	92	0	92	0	0	0	0	92	0	92
Carteret	NH0664	Embassy at Morehead City	42	0	42	0	0	0	0	42	0	42
Carteret	NH0255	Harborview Health Care Center (Facility closed. Transfer 122 beds to Liberty Commons of Raleigh (Wake County))	122	0	122	0	0	-122	0	0	0	0
Carteret	NH0600	PruittHealth - Crystal Coast, LLC	104	0	104	0	0	0	0	104	0	104
Carteret Totals			424	0	424	0	0	-122	0	302	0	302
Caswell	NH0434	Yanceyville Rehabilitation and Healthcare Center	157	0	157	0	0	0	0	157	0	157
Caswell Totals			157	0	157	0	0	0	0	157	0	157
Catawba	NH0191	Abernethy Laurels	174	0	174	0	0	0	0	174	43	131
Catawba	NH0603	Conover Nursing and Rehabilitation Center	90	0	90	0	0	0	0	90	0	90
Catawba	H0053	Frye Regional Medical Center****	0	17	17	0	0	0	0	17	0	17
Catawba	NH0337	The Greens at Hickory	150	0	150	0	0	0	0	150	0	150
Catawba	NH0409	The Greens at Viewmont	104	0	104	0	0	0	0	104	0	104
Catawba	NH0162	Trinity Ridge	120	0	120	0	0	0	0	120	6	114
Catawba	NH0068	Trinity Village	104	0	104	0	0	0	0	104	2	102
Catawba Totals			742	17	759	0	0	0	0	759	51	708
Chatham	NH0490	Carolina Meadows Health Center	90	0	90	0	0	0	0	90	90	0

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A	B	C	D	E	F	G	H	I	J	K	L	M
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						Nursing Home	Hospital	CON Bed Transfer				
Chatham		Chatham County Rehabilitation Center (Transfer 15 beds from Warren Hills Nursing Center (Warren County), 15 from Parkview (Orange County), 18 from Oak Forest Health and Rehabilitation (Forsyth County))	0	0	0	90	0	48	0	138	0	138
Chatham	NH0523	Pittsboro Health & Rehab Center	140	0	140	0	0	0	0	140	0	140
Chatham	NH0395	Siler City Center	150	0	150	0	0	0	0	150	0	150
Chatham	NH0619	The Arbor	40	0	40	0	0	0	0	40	40	0
Chatham Totals			420	0	420	90	0	48	0	558	130	428
Cherokee	NH0652	Murphy Rehabilitation & Nursing	134	0	134	0	0	0	0	134	0	134
Cherokee	NH0535	Valley View Care and Rehabilitation	76	0	76	0	0	0	0	76	0	76
Cherokee Totals			210	0	210	0	0	0	0	210	0	210
Chowan	NH0369	Chowan River Nursing and Rehabilitation Center (Transfer 20 beds to Rowan County Health & Rehabilitation Center in Rowan County)	130	0	130	0	0	-20	0	110	0	110
Chowan Totals			130	0	130	0	0	-20	0	110	0	110
Clay	NH0542	Clay County Health and Rehabilitation	90	0	90	0	0	0	0	90	0	90
Clay Totals			90	0	90	0	0	0	0	90	0	90
Cleveland	NH0524	Ignite Medical Resort Shelby	120	0	120	0	0	0	0	120	0	120
Cleveland	NH0405	Peak Resources-Shelby (Relocate 100 beds to replacement facility)	100	0	100	-100	0	0	0	0	0	0
Cleveland	NH0396	White Oak Manor-Kings Mountain	154	0	154	0	0	0	0	154	0	154
Cleveland	NH0398	White Oak Manor-Shelby	160	0	160	0	0	0	0	160	0	160
Cleveland Totals			534	0	534	-100	0	0	0	434	0	434
Columbus	NH0283	Liberty Commons Nursing and Rehabilitation Center of Columbus County (Transfer 7 beds to Liberty Commons Nursing and Rehabilitation Center of Mint Hill in Mecklenburg County)	107	0	107	0	0	-7	0	100	0	100
Columbus	NH0246	Premier Living and Rehab Center	127	0	127	0	0	0	0	127	0	127
Columbus	NH0510	Shoreland Health Care and Retirement Center Inc (Transfer 9 beds to Liberty Commons Nursing and Rehabilitation Center of Mint Hill in Mecklenburg County)	89	0	89	0	0	-9	0	80	0	80

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

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County	License Number	Facility Name	Licensed Beds in Nursing Homes	Licensed Nursing Care Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
						Nursing Home	Hospital	CON Bed Transfer				
Columbus Totals			323	0	323	0	0	-16	0	307	0	307
Craven	NH0567	Bayview Nursing & Rehabilitation Center	60	0	60	0	0	0	0	60	0	60
Craven	NH0579	Cherry Point Bay Nursing and Rehabilitation Center	70	0	70	0	0	0	0	70	0	70
Craven	NH0496	PruittHealth-Neuse	110	0	110	0	0	0	0	110	0	110
Craven	NH0311	PruittHealth-Trent	116	0	116	0	0	0	0	116	0	116
Craven	NH0344	Riverpoint Crest Nursing and Rehabilitation Center	105	0	105	0	0	0	0	105	0	105
Craven Totals			461	0	461	0	0	0	0	461	0	461
Cumberland	NH0629	Autumn Care of Fayetteville	90	0	90	0	0	0	0	90	0	90
Cumberland	NH0254	Bethesda Health Care Facility	85	0	85	0	0	0	0	85	0	85
Cumberland	NH0593	Carolina Rehab Center of Cumberland	136	0	136	0	0	0	0	136	0	136
Cumberland	NH0454	Haymount Rehabilitation & Nursing Center Inc	98	0	98	0	0	0	0	98	0	98
Cumberland	NH0117	Highland House Rehabilitation and Healthcare (Relocate 36 beds from Liberty Healthcare Services of Golden Years Nursing Center (Cumberland))	106	0	106	0	0	36	0	142	0	142
Cumberland	NH0076	Liberty Healthcare Services of Golden Years Nursing Center, LLC (Transfer 22 beds to Woodlands Nursing & Rehabilitation Center (Cumberland County), 36 beds to Highland House Rehabilitation and Healthcare (Cumberland County))	58	0	58	0	0	-58	0	0	0	0
Cumberland	NH0585	NC State Veterans Home-Fayetteville*	150	0	150	0	0	0	0	150	150	0
Cumberland	NH0501	The Carrolton of Fayetteville	120	0	120	0	0	0	0	120	0	120
Cumberland	NH0502	Village Green Health and Rehabilitation	170	0	170	0	0	0	0	170	0	170
Cumberland	NH0001	Whispering Pines Nursing & Rehabilitation Center	86	0	86	0	0	0	0	86	0	86
Cumberland	NH0577	Woodlands Nursing and Rehabilitation Center (Relocate 22 beds from Liberty Healthcare Services of Golden Years Nursing Center (Cumberland))	80	0	80	0	0	22	0	102	0	102
Cumberland Totals			1,179	0	1,179	0	0	0	0	1,179	150	1,029
Currituck	NH0445	Currituck Health & Rehab Center	100	0	100	0	0	0	0	100	0	100
Currituck Totals			100	0	100	0	0	0	0	100	0	100

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

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County	License Number	Facility Name	Licensed Beds in Nursing Homes	Licensed Nursing Care Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
						Nursing Home	Hospital	CON Bed Transfer				
Dare	NH0372	Peak Resources-Outer Banks	126	0	126	0	0	0	0	126	0	126
Dare Totals			126	0	126	0	0	0	0	126	0	126
Davidson	NH0099	Abbotts Creek Center	64	0	64	0	0	0	0	64	0	64
Davidson	NH0094	Davidson Health & Rehab Center	100	0	100	0	0	0	0	100	0	100
Davidson	NH0527	Lexington Health Care Center	100	0	100	0	0	0	0	100	0	100
Davidson	NH0292	Magnolia Gardens Center for Nursing and Rehabilitation	120	0	120	0	0	0	0	120	0	120
Davidson	NH0259	Mountain Vista Health Park	60	0	60	0	0	0	0	60	0	60
Davidson	NH0390	Piedmont Crossing	104	0	104	0	0	0	0	104	45	59
Davidson	NH0010	Pine Acres Center for Nursing and Rehabilitation	106	0	106	0	0	0	0	106	0	106
Davidson	NH0187	Pine Ridge Health and Rehabilitation Center (Transfer 12 beds to Triangle Health and Rehabilitation (Wake County), and 8 beds to Iredell County Health and Rehabilitation Center (Iredell County))	140	0	140	0	0	-20	0	120	0	120
Davidson Totals			794	0	794	0	0	-20	0	774	45	729
Davie	NH0560	Bermuda Commons Nursing and Rehabilitation Center (Transfer 22 beds to Liberty Commons of Mecklenburg Health and Rehabilitation Center (Mecklenburg County))	117	0	117	0	0	-22	0	95	0	95
Davie	NH0519	Bermuda Village Retirement Center	36	0	36	0	0	0	0	36	0	36
Davie	NH0221	Davie Nursing and Rehabilitation Center	96	0	96	0	0	0	0	96	0	96
Davie Totals			249	0	249	0	0	-22	0	227	0	227
Duplin	NH0308	Kenansville Rehabilitation and Healthcare Center	92	0	92	0	0	0	0	92	0	92
Duplin	NH0481	Wallace Rehabilitation and Healthcare Center	80	0	80	0	0	0	0	80	0	80
Duplin	NH0418	Warsaw Rehabilitation and Healthcare Center**	100	0	100	0	0	0	0	100	0	100
Duplin Totals			272	0	272	0	0	0	0	272	0	272
Durham	NH0152	Accordius Health at Rose Manor LLC	111	0	111	0	0	0	0	111	0	111
Durham	NH0543	Carver Living Center	232	0	232	0	0	0	0	232	0	232
Durham	NH0587	Croasdaile Village	104	0	104	0	0	0	0	104	74	30
Durham	NH0038	Hillcrest Convalescent Center Inc	120	0	120	0	0	0	0	120	0	120

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

A	B	C	D	E	F	G	H	I	J	K	L	M
County	License Number	Facility Name	Licensed Beds in Nursing Homes	Licensed Nursing Care Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
						Nursing Home	Hospital	CON Bed Transfer				
Durham		Liberty Commons of Durham County (Transfer 49 beds from Liberty Commons Silas Creek in Forsyth County. Transfer 8 beds from Liberty Commons Alamance County in Alamance County.)	0	0	0	0	0	57	0	57	0	57
Durham	NH0119	Pettigrew Rehabilitation Center	96	0	96	0	0	0	0	96	0	96
Durham	NH0093-B	PruittHealth - Carolina Point (Portions of facility in Durham and Orange Counties)**	18	0	18	0	0	0	0	18	0	18
Durham	NH0412	PruittHealth-Durham	125	0	125	0	0	0	0	125	0	125
Durham	NH0514	Southpoint Rehabilitation and Healthcare Center	140	0	140	0	0	0	0	140	0	140
Durham	NH0615	The Cedars of Chapel Hill	74	0	74	0	0	0	0	74	74	0
Durham	NH0536	The Forest at Duke	58	0	58	0	0	0	0	58	58	0
Durham	NH0562	Treyburn Rehabilitation Center	132	0	132	0	0	0	0	132	0	132
Durham	NH0136	University Health and Rehabilitation Center	126	0	126	0	0	0	0	126	0	126
Durham Totals			1,336	0	1,336	0	0	57	0	1,393	206	1,187
Edgecombe	NH0352	Barclay House of Tarboro (facility closed 6/2/2025)	0	0	0	0	0	0	0	0	0	0
Edgecombe	NH0288	Edgecombe Health Center by Harborview	159	0	159	0	0	0	0	159	0	159
Edgecombe		Peak Resources - Shelby (Replacement facility) (Relocate 100 beds from Peak Resources - Shelby)	0	0	0	100	0	0	0	100	0	100
Edgecombe	NH0327	Tarboro Health and Rehabilitation	118	0	118	0	0	0	0	118	0	118
Edgecombe Totals			277	0	277	100	0	0	0	377	0	377
Forsyth	NH0378	Arbor Acres United Methodist Retirement Community Inc	83	0	83	0	0	0	0	83	83	0
Forsyth	NH0067	Brookridge Retirement Community	77	0	77	0	0	0	0	77	1	76
Forsyth	NH0404	Cedar Hills Center for Nursing and Rehabilitation	94	0	94	0	0	0	0	94	0	94
Forsyth	NH0633	Homestead Hills	40	0	40	0	0	0	0	40	1	39
Forsyth		Liberty Commons Nursing and Rehabilitation Center of Silas Creek (Replacement facility. Relocate 49 beds to Liberty Commons of Durham County in Durham County, 33 beds to The Oaks)	0	0	0	82	0	-82	0	0	0	0

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

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County	License Number	Facility Name	Licensed Beds in Nursing Homes	Licensed Nursing Care Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
						Nursing Home	Hospital	CON Bed Transfer				
Forsyth	NH0266	Mill Creek Center for Nursing and Rehabilitation	66	0	66	0	0	0	0	66	0	66
Forsyth	NH0661	North Carolina State Veterans Home Kernersville*	120	0	120	0	0	0	0	120	120	0
Forsyth	NH0548	Oak Forest Health and Rehabilitation (Transfer 20 beds to Liberty Commons of Wake County, 18 beds to Chatham County Rehabilitation Center)	170	0	170	0	0	-38	0	132	18	114
Forsyth	NH0256	Piney Grove Nursing and Rehabilitation Center	92	0	92	0	0	0	0	92	0	92
Forsyth	NH0021	PruittHealth-High Point**	100	0	100	0	0	0	0	100	0	100
Forsyth	NH0154	Salemtowne	100	0	100	0	0	0	0	100	100	0
Forsyth	NH0203	Silas Creek Rehabilitation Center	90	0	90	0	0	0	0	90	0	90
Forsyth	NH0423	Summerstone Health and Rehabilitation Center	138	0	138	0	0	0	0	138	0	138
Forsyth	NH0439	The Oaks (Transfer 13 beds to Liberty Commons of Mecklenburg Health and Rehabilitation Center in Mecklenburg County. Transfer 33 beds from Liberty Commons Nursing and Rehabilitation of Silas Creek)	131	0	131	0	0	20	0	151	0	151
Forsyth	NH0641	Trinity Elms	100	0	100	0	0	0	0	100	3	97
Forsyth	NH0058	Trinity Glen	117	0	117	0	0	0	0	117	6	111
Forsyth	NH0125	Willow Valley Center for Nursing and Rehabilitation	230	0	230	0	0	0	0	230	0	230
Forsyth Totals			1,748	0	1,748	82	0	-100	0	1,730	332	1,398
Franklin	NH0486	Franklin Oaks Nursing and Rehabilitation Center	166	0	166	0	0	0	0	166	0	166
Franklin	NH0264	Louisburg Healthcare & Rehabilitation Center	92	0	92	0	0	0	0	92	0	92
Franklin Totals			258	0	258	0	0	0	0	258	0	258
Gaston	NH0561	Belaire Health Care Center	80	0	80	0	0	0	0	80	0	80
Gaston	NH0305	Belmont Health & Rehabilitation (formerly Accordius Health at Gastonia)	118	0	118	0	0	0	0	118	0	118
Gaston	NH0287	Carolina Care Health and Rehabilitation	107	0	107	0	0	0	0	107	0	107
Gaston	NH0494	Courtland Terrace	77	0	77	0	0	0	0	77	0	77
Gaston	NH0332	Covenant Village Inc	38	0	38	0	0	0	0	38	38	0
Gaston	NH0547	Gastonia Health & Rehab Center	60	0	60	0	0	0	0	60	0	60

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

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						Nursing Home	Hospital	CON Bed Transfer				
Gaston	NH0468	Juniper Gardens Center for Nursing and Rehabilitation	50	0	50	0	0	0	0	50	0	50
Gaston	NH0403	Peak Resources-Cherryville	70	0	70	0	0	0	0	70	0	70
Gaston	NH0402	Peak Resources-Gastonia	104	0	104	0	0	0	0	104	0	104
Gaston	NH0386	Stanley Total Living Center Inc	106	0	106	0	0	0	0	106	12	94
Gaston	NH0228	The Greens at Gastonia**	162	0	162	0	0	0	0	162	0	162
Gaston Totals			972	0	972	0	0	0	0	972	50	922
Gates	NH0513	Gates Health and Rehabilitation Center	70	0	70	0	0	0	0	70	0	70
Gates Totals			70	0	70	0	0	0	0	70	0	70
Graham	NH0495	Graham Healthcare and Rehabilitation Center	80	0	80	0	0	0	0	80	0	80
Graham Totals			80	0	80	0	0	0	0	80	0	80
Granville	H0098	Granville Health System	0	80	80	0	0	0	0	80	0	80
Granville	NH0447	Oxford Health and Rehabilitation Center (Transfer 20 beds to Universal Health Care-Wake Forest in Wake County)	160	0	160	0	0	-20	0	140	0	140
Granville Totals			160	80	240	0	0	-20	0	220	0	220
Greene	NH0373	Greendale Forest Nursing and Rehabilitation Center	115	0	115	0	0	0	0	115	0	115
Greene Totals			115	0	115	0	0	0	0	115	0	115
Guilford	NH0581	Adams Farm Living & Rehabilitation	120	0	120	0	0	0	0	120	0	120
Guilford	NH0625	Ashton Health and Rehabilitation	134	0	134	0	0	0	0	134	0	134
Guilford	NH0135	Blumenthal Health and Rehabilitation Center	134	0	134	0	0	0	0	134	0	134
Guilford	NH0624	Camden Health and Rehabilitation	135	0	135	0	0	0	0	135	0	135
Guilford	NH0017	Clapps Nursing Center Inc	118	0	118	0	0	0	0	118	0	118
Guilford	NH0226	Countryside	60	0	60	0	0	0	0	60	0	60
Guilford	NH0190	Friends Homes at Guilford	69	0	69	0	0	0	0	69	10	59
Guilford	NH0554	Friends Homes West	40	0	40	0	0	0	0	40	30	10
Guilford	NH0368	Greenhaven Health and Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Guilford	NH0564	Guilford Health Care Center	110	0	110	0	0	0	0	110	0	110
Guilford		Heartland Living & Rehab (Replacement facility. Relocate 107 beds from Heartland Living and Rehab.)	0	0	0	0	0	107	0	107	0	107

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

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County	License Number	Facility Name	Licensed Beds in Nursing Homes	Licensed Nursing Care Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
						Nursing Home	Hospital	CON Bed Transfer				
Guilford	NH0601	Heartland Living & Rehab @ The Moses H Cone Mem Hosp (Relocate 107 beds from Heartland Living and Rehab.)	107	0	107	0	0	-107	0	0	0	0
Guilford	H0073	Kindred Hospital - Greensboro	0	23	23	0	0	0	0	23	23	0
Guilford	NH0275	Linden Place Center for Nursing and Rehabilitation	105	0	105	0	0	0	0	105	0	105
Guilford	NH0552	Maple Grove Health and Rehabilitation Center (Transfer 10 beds to Triangle Health and Rehabilitation (Wake County), 38 beds to Iredell County Health and Rehabilitation Center (Iredell County))	210	0	210	0	0	-48	0	162	0	162
Guilford	NH0005	Maryfield Nursing Home	125	0	125	0	0	0	0	125	26	99
Guilford	NH0389	Meridian Center	199	0	199	0	0	0	0	199	0	199
Guilford	NH0274	Piedmont Hills Center for Nursing and Rehabilitation	126	0	126	0	0	0	0	126	0	126
Guilford	NH0612	River Landing at Sandy Ridge	60	0	60	0	0	0	0	60	33	27
Guilford	NH0627	The Shannon Gray Rehabilitation & Recovery Center	150	0	150	0	0	0	0	150	0	150
Guilford	NH0546	Well-Spring	70	0	70	0	0	0	0	70	70	0
Guilford	NH0155	Westchester Manor at Providence Place	129	0	129	0	0	0	0	129	0	129
Guilford	NH0141	WhiteStone: A Masonic and Eastern Star Community	88	0	88	0	0	0	0	88	1	87
Guilford Totals			2,409	23	2,432	0	0	-48	0	2,384	193	2,191
Halifax	NH0656	Bryan Health and Rehab	60	0	60	0	0	0	0	60	0	60
Halifax	NH0037	Enfield Oaks Nursing and Rehabilitation Center (Transfer 60 beds to Britthaven of Holly Springs (Wake County))**	60	0	60	0	0	-60	0	0	0	0
Halifax	NH0469	Liberty Commons Nsg and Rehab Ctr of Halifax County	50	0	50	0	0	0	0	50	0	50
Halifax	NH0314	Scotland Manor Health and Rehabilitation Center	62	0	62	0	0	0	0	62	0	62
Halifax	NH0312	Signature Healthcare of Roanoke Rapids	108	0	108	0	0	0	0	108	0	108
Halifax Totals			340	0	340	0	0	-60	0	280	0	280
Harnett	NH0144	Emerald Health & Rehab Center	96	0	96	0	0	0	0	96	0	96
Harnett	NH0576	Harnett Woods Nursing and Rehabilitation Center	100	0	100	0	0	0	0	100	0	100

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

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						Nursing Home	Hospital	CON Bed Transfer				
Harnett	NH0444	Lillington Health and Rehabilitation Center	129	0	129	0	0	0	0	129	0	129
Harnett	NH0482	The Carrolton of Dunn	100	0	100	0	0	0	0	100	0	100
Harnett Totals			425	0	425	0	0	0	0	425	0	425
Haywood	NH0366	Autumn Care of Waynesville	90	0	90	0	0	0	0	90	0	90
Haywood	NH0081	Maggie Valley Health and Rehabilitation Center	114	0	114	0	0	0	0	114	0	114
Haywood	NH0458	Silver Bluff	131	0	131	0	0	0	0	131	0	131
Haywood	NH0520	Skyland Terrace and Rehabilitation	90	0	90	0	0	0	0	90	0	90
Haywood	NH0342	Smoky Mountain Health and Rehabilitation Center	50	0	50	0	0	0	0	50	0	50
Haywood Totals			475	0	475	0	0	0	0	475	0	475
Henderson	NH0174	Carolina Village Inc	58	0	58	0	0	0	0	58	0	58
Henderson	NH0608	Fletcher Rehabilitation and Healthcare Center	90	0	90	0	0	0	0	90	0	90
Henderson	NH0586	Hendersonville Health and Rehabilitation	130	0	130	0	0	0	0	130	0	130
Henderson	NH0565	Life Care Center of Hendersonville	80	0	80	0	0	0	0	80	0	80
Henderson	NH0382	Orchard Valley Health and Rehabilitation	134	0	134	0	0	0	0	134	0	134
Henderson	NH0470	The Greens at Hendersonville	120	0	120	0	0	0	0	120	0	120
Henderson	NH0480	The Laurels of Hendersonville	100	0	100	0	0	0	0	100	0	100
Henderson	NH0394	The Lodge at Mills River	50	0	50	0	0	0	0	50	0	50
Henderson	NH0273	Valley Hill Health & Rehab Center	150	0	150	0	0	0	0	150	0	150
Henderson Totals			912	0	912	0	0	0	0	912	0	912
Hertford	NH0299	Ahoskie Health and Rehabilitation Center	151	0	151	0	0	0	0	151	0	151
Hertford Totals			151	0	151	0	0	0	0	151	0	151
Hoke	NH0438	Autumn Care of Raeford	132	0	132	0	0	0	0	132	0	132
Hoke Totals			132	0	132	0	0	0	0	132	0	132
Hyde	NH0515	Cross Creek Health Care (Closed. Transfer 22 beds to Pisgah Manor in Buncombe County, 30 beds to Liberty Commons of Mecklenburg and 28 beds to Liberty Commons of Wake County)	0	0	0	80	0	-80	0	0	0	0
Hyde Totals			0	0	0	80	0	-80	0	0	0	0
Iredell	NH0176	Accordius Health at Statesville**	147	0	147	0	0	0	0	147	0	147
Iredell	NH0599	Autumn Care of Statesville	103	0	103	0	0	0	0	103	0	103

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

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						Nursing Home	Hospital	CON Bed Transfer				
Iredell	NH0238	Crestview Health & Rehabilitation**	131	0	131	0	0	0	0	131	0	131
Iredell	NH0435	Glenwood Health & Rehabilitation	130	0	130	0	0	0	0	130	0	130
Iredell		Iredell County Health and Rehabilitation Center (transfer 32 beds from Harmony Hall Nursing and Rehabilitation Center (Lenoir County), 38 beds from Maple Grove Health and Rehabilitation Center (Guilford County), 8 beds from Pine Ridge Health and Rehabilitation Center (Davidson County), and 11 beds from Westwood Hills Nursing and Rehabilitation Center (Wilkes County))	0	0	0	0	0	89	0	89	0	89
Iredell	H0164	Iredell Memorial Hospital	0	48	48	0	0	0	0	48	0	48
Iredell	NH0488	The Greens at Maple Leaf	94	0	94	0	0	0	0	94	0	94
Iredell Totals			605	48	653	0	0	89	0	742	0	742
Jackson	NH0168	Skyland Care Center	94	0	94	0	0	0	0	94	0	94
Jackson	NH0623	Vero Health & Rehab of Sylva	106	0	106	0	0	0	0	106	0	106
Jackson Totals			200	0	200	0	0	0	0	200	0	200
Johnston	NH0371	Barbour Court Nursing and Rehabilitation Center (Transfer 20 beds to Springbrook Nursing and Rehabilitation Center)	165	0	165	0	0	-20	0	145	0	145
Johnston	NH0475	Clayton Rehabilitation Healthcare Center	90	0	90	0	0	0	0	90	0	90
Johnston	NH0606	Liberty Commons Nsg and Rehab Ctr of Johnston Cty	100	0	100	0	0	0	0	100	0	100
Johnston	NH0182	Smithfield Manor Rehabilitation and Healthcare Center	160	0	160	0	0	0	0	160	0	160
Johnston	NH0646	Springbrook Nursing and Rehabilitation Center (Transfer 20 beds from Barbour Court Nursing and Rehabilitation Center)	100	0	100	0	0	20	0	120	0	120
Johnston Totals			615	0	615	0	0	0	0	615	0	615
Jones	NH0508	Brook Stone Living Center	80	0	80	0	0	0	0	80	0	80
Jones Totals			80	0	80	0	0	0	0	80	0	80
Lee	NH0613	Liberty Commons Nsg and Rehab Ctr of Lee County LLC	80	0	80	0	0	0	0	80	0	80
Lee	NH0286	Sanford Health & Rehabilitation Co	131	0	131	0	0	0	0	131	0	131
Lee	NH0285	Westfield Rehabilitation and Health Center	83	0	83	0	0	0	0	83	0	83

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Lee Totals			294	0	294	0	0	0	0	294	0	294
Lenoir	NH0355	Harmony Hall Nursing and Rehabilitation Center (Transfer 9 beds to Triangle Health and Rehabilitation (Wake County), 32 beds to Iredell County Health and Rehabilitation Center (Iredell County))	175	0	175	0	0	-41	0	134	0	134
Lenoir	NH0634	NC State Veterans Home-Kinston*	100	0	100	0	0	0	0	100	100	0
Lenoir	NH0309	Signature Healthcare of Kinston	106	0	106	0	0	0	0	106	0	106
Lenoir Totals			381	0	381	0	0	-41	0	340	100	240
Lincoln	NH0504	Cardinal Healthcare and Rehabilitation	63	0	63	0	0	0	0	63	0	63
Lincoln	NH0406	Lincolnton Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Lincoln	NH0385	The Greens at Lincolnton	117	0	117	0	0	0	0	117	0	117
Lincoln Totals			300	0	300	0	0	0	0	300	0	300
Macon	NH0647	Eckerd Living Center	80	0	80	0	0	0	0	80	0	80
Macon	NH0417	Macon Valley Nursing and Rehabilitation Center (Transfer 80 beds to Western Mecklenburg Health & Rehabilitation Center in Mecklenburg County)	200	0	200	0	0	-80	0	120	0	120
Macon Totals			280	0	280	0	0	-80	0	200	0	200
Madison	NH0479	Elderberry Health Care	80	0	80	0	0	0	0	80	0	80
Madison	NH0290	Madison Health and Rehabilitation	100	0	100	0	0	0	0	100	0	100
Madison Totals			180	0	180	0	0	0	0	180	0	180
Martin	NH0270	The Carrolton of Williamston	154	0	154	0	0	0	0	154	0	154
Martin Totals			154	0	154	0	0	0	0	154	0	154
McDowell	NH0346	Autumn Care of Marion	110	0	110	0	0	0	0	110	0	110
McDowell	NH0326	Deer Park Health and Rehabilitation	140	0	140	0	0	0	0	140	0	140
McDowell Totals			250	0	250	0	0	0	0	250	0	250
Mecklenburg	NH0573	Asbury Health and Rehabilitation Center	120	0	120	0	0	0	0	120	26	94
Mecklenburg	NH0643	Autumn Care of Cornelius	102	0	102	0	0	0	0	102	0	102

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						Nursing Home	Hospital	CON Bed Transfer				
Mecklenburg	NH0659	Briar Creek at The Barclay (Relocate 8 beds to Liberty Commons of Mecklenburg Health & Rehabilitation Center (Mecklenburg County) and 8 beds to Liberty Commons Nursing and Rehabilitation Center of Mint Hill (Mecklenburg County))**	22	0	22	0	0	-16	0	6	0	6
Mecklenburg	NH0574	Brookdale Carriage Club Providence	42	0	42	0	0	0	0	42	42	0
Mecklenburg	NH0512	Charlotte Health & Rehabilitation Center	90	0	90	0	0	0	0	90	0	90
Mecklenburg	NH0635	Clear Creek Nursing & Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Mecklenburg	NH0503	Crown Haven Health and Rehabilitation	120	0	120	0	0	0	0	120	0	120
Mecklenburg	NH0648	Huntersville Health & Rehabilitation Center	90	0	90	0	0	0	0	90	0	90
Mecklenburg	NH0377	Ignite Medical Resort Huntersville	168	0	168	0	0	0	0	168	0	168
Mecklenburg	NH0483	Ignite Medical Resort South Charlotte	124	0	124	0	0	0	0	124	0	124
Mecklenburg	NH0620	Lakeside Health & Rehab Center	114	0	114	0	0	0	0	114	0	114
Mecklenburg		Liberty Commons Nursing and Rehabilitation Center of Mint Hill	0	0	0	0	0	0	0	0	0	0
Mecklenburg		Liberty Commons Nursing and Rehabilitation Center of Mint Hill (Transfer 67 beds from Mary Gran (Sampson County), 7 beds from Liberty Commons of Columbus (Columbus County), and 9 beds from Shoreland (Columbus County), 9 beds from Royal Park Rehab & Hlth Ctr, 8 beds from Pavilion Hlth Ctr at Brightmore, and 8 beds from Briar Creek at the Barclay)	0	0	0	0	0	108	0	108	0	108
Mecklenburg		Liberty Commons of Mecklenburg Health & Rehabilitation (Transfer 13 beds from The Oaks (Forsyth County), 25 beds from Warren Hills (Warren County), 30 beds from Cross Creek (Hyde County), 22 beds from Bermuda Commons (Davie County), 10 NF beds from Parkview (Orange County), 8 beds from Brier Creek at the Barclay (Mecklenburg County))	0	0	0	0	0	108	0	108	0	108
Mecklenburg	NH0060	Matthews Health & Rehab Center	166	0	166	0	0	0	0	166	0	166
Mecklenburg	NH0570	Mecklenburg Health & Rehabilitation	100	0	100	0	0	0	0	100	0	100

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

A	B	C	D	E	F	G	H	I	J	K	L	M
County	License Number	Facility Name	Licensed Beds in Nursing Homes	Licensed Nursing Care Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
						Nursing Home	Hospital	CON Bed Transfer				
Mecklenburg	NH0319	Myers Park Nursing Center	133	0	133	0	0	0	0	133	0	133
Mecklenburg	H0010	Novant Health Presbyterian Medical Center	0	16	16	0	0	0	0	16	0	16
Mecklenburg	NH0639	Pavilion Health Center at Brightmore (Relocate 8 beds to Liberty Commons Nursing and Rehabilitation Center of Mint Hill)	108	0	108	0	0	-8	0	100	0	100
Mecklenburg	NH0426	Peak Resources-Charlotte	142	0	142	0	0	0	0	142	0	142
Mecklenburg	NH0465	Pine Crest Health & Rehabilitation (previously Accordius Health at Midwood)	100	0	100	0	0	0	0	100	0	100
Mecklenburg	NH0521	Pineville Rehabilitation and Living Center	106	0	106	0	0	0	0	106	0	106
Mecklenburg	NH0279	Plaza Health & Rehab	120	0	120	0	0	0	0	120	0	120
Mecklenburg	NH0363	Redwood Health & Rehab (previously Accordius Health at Charlotte)	120	0	120	0	0	0	0	120	0	120
Mecklenburg	NH0557	Rockwell Park Rehabilitation and Healthcare Center	120	0	120	0	0	0	0	120	0	120
Mecklenburg	NH0063	Royal Park Rehabilitation & Health Center (Relocate 9 beds to Liberty Commons Nursing and Rehabilitation Center of Mint Hill)	159	0	159	0	0	-9	0	150	0	150
Mecklenburg	NH0267	Sherwood Health & Rehab	100	0	100	0	0	0	0	100	0	100
Mecklenburg	NH0414	Southminster	60	0	60	0	0	0	0	60	60	0
Mecklenburg	NH0443	The Pines at Davidson	75	0	75	0	0	0	0	75	75	0
Mecklenburg	NH0121	The Sharon at SouthPark	96	0	96	0	0	0	0	96	37	59
Mecklenburg	NH0584	The Stewart Health Center	65	0	65	0	0	0	0	65	65	0
Mecklenburg	NH0016	University Place Nursing and Rehabilitation Center (Transfer 20 beds to Triangle Health and Rehabilitation (Wake County))	207	0	207	0	0	-20	0	187	0	187
Mecklenburg		Western Mecklenburg Health & Rehabilitation Center (Transfer 80 beds from Macon Valley Nursing & Rehabilitation in Macon County, and 30 beds from Magnolia Lane Nursing & Rehabilitation Center in Burke County)	0	0	0	0	0	110	0	110	0	110
Mecklenburg	NH0350	White Oak Manor-Charlotte	180	0	180	0	0	0	0	180	0	180
Mecklenburg	NH0466	WillowBrooke Court SC Ctr at Matthews Glen	90	0	90	0	0	0	0	90	90	0

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

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County	License Number	Facility Name	Licensed Beds in Nursing Homes	Licensed Nursing Care Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
						Nursing Home	Hospital	CON Bed Transfer				
Mecklenburg	NH0572	Wilora Lake Healthcare	70	0	70	0	0	0	0	70	0	70
Mecklenburg	NH0660	Windsor Run, LLC	36	0	36	0	0	0	0	36	0	36
Mecklenburg Totals			3,465	16	3,481	0	0	273	0	3,754	395	3,359
Mitchell	NH0433	The Greens at Spruce Pines	127	0	127	0	0	0	0	127	0	127
Mitchell Totals			127	0	127	0	0	0	0	127	0	127
Montgomery	NH0411	Autumn Care of Biscoe	141	0	141	0	0	0	0	141	0	141
Montgomery Totals			141	0	141	0	0	0	0	141	0	141
Moore	NH0597	Dahlia Gardens Center for Nursing and Rehabilitation**	90	0	90	0	0	0	0	90	0	90
Moore	NH0539	Peak Resources-Pinelake	108	0	108	0	0	0	0	108	0	108
Moore	NH0127	Penick Village	32	0	32	0	0	0	0	32	1	31
Moore	NH0294	Pinehurst Healthcare & Rehabilitation Center (Transfer 3 beds to Liberty Commons of Raleigh (Wake County))	144	0	144	0	0	-3	0	141	0	141
Moore		Sandhills Health & Rehabilitation (Transfer 86 beds from St. Joseph of the Pines. St Joseph (Moore County))	0	0	0	0	0	86	0	86	0	86
Moore	NH0589	St Joseph of The Pines Health Center (Transfer 86 beds to Sandhills Health & Rehabilitation)**	176	0	176	0	0	-86	0	90	0	90
Moore	NH0230	The Greens at Pinehurst Rehabilitation & Living Center	120	0	120	0	0	0	0	120	0	120
Moore	NH0605	The Inn at Quail Haven Village	60	0	60	0	0	0	0	60	25	35
Moore Totals			730	0	730	0	0	-3	0	727	26	701
Nash	NH0602	Autumn Care of Nash	60	0	60	0	0	0	0	60	0	60
Nash	NH0313	Rocky Mount Rehabilitation Center	117	0	117	0	0	0	0	117	0	117
Nash	NH0437	The Carrolton of Nash	141	0	141	0	0	0	0	141	0	141
Nash	NH0122	The Lodge at Rocky Mount	100	0	100	0	0	0	0	100	0	100
Nash	NH0500	Universal Health Care-Nashville (Facility closed. Transfer 9 beds to Universal Health Care - Wake Forest in Wake County)	0	0	0	9	0	-9	0	0	0	0
Nash Totals			418	0	418	9	0	-9	0	418	0	418
New Hanover	NH0392	August Healthcare at Wilmington	120	0	120	0	0	0	0	120	0	120
New Hanover	NH0595	Autumn Care of Myrtle Grove	90	0	90	0	0	0	0	90	0	90
New Hanover	NH0632	Azalea Health & Rehab Center	80	0	80	0	0	0	0	80	0	80
New Hanover	NH0649	Bradley Creek at Carolina Bay	30	0	30	0	0	0	0	30	12	18

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

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						Nursing Home	Hospital	CON Bed Transfer				
New Hanover	NH0205	Cypress Pointe Rehabilitation Center	90	0	90	0	0	0	0	90	0	90
New Hanover	NH0645	Davis Health and Wellness Center at Cambridge Village	20	0	20	0	0	0	0	20	0	20
New Hanover	NH0097	Davis Health Care Center	179	0	179	0	0	0	0	179	0	179
New Hanover	NH0569	Liberty Commons Rehabilitation Center	82	0	82	0	0	0	0	82	0	82
New Hanover	NH0436	NorthChase Nursing and Rehabilitation Center	140	0	140	0	0	0	0	140	0	140
New Hanover	NH0617	Peak Resources-Wilmington, Inc.	110	0	110	0	0	0	0	110	0	110
New Hanover	NH0630	Trinity Grove	100	0	100	0	0	0	0	100	7	93
New Hanover Totals			1,041	0	1,041	0	0	0	0	1,041	19	1,022
Northampton	NH0537	Northampton Nursing and Rehabilitation Center	80	0	80	0	0	0	0	80	0	80
Northampton	NH0045	Rich Square Health and Rehabilitation Center	69	0	69	0	0	0	0	69	0	69
Northampton Totals			149	0	149	0	0	0	0	149	0	149
Onslow	NH0370	Carolina Rivers Nursing and Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Onslow	NH0229	Premier Nursing and Rehabilitation Center (Transfer 49 beds to Rowan County Health & Rehabilitation Center in Rowan County)	239	0	239	0	0	-49	0	190	0	190
Onslow Totals			359	0	359	0	0	-49	0	310	0	310
Orange	NH0258	Carol Woods	30	0	30	0	0	0	0	30	30	0
Orange	NH0239	Parkview Health and Rehabilitation Center (Transfer 15 beds to Chatham County Rehabilitation Center (Chatham County) and transfer 10 beds to Liberty Commons of Mecklenburg Health & Rehabilitation (Mecklenburg County))	108	0	108	0	0	-25	0	83	0	83
Orange	NH0545	Peak Resources - Brookshire, Inc.	80	0	80	0	0	0	0	80	0	80
Orange	NH0093-A	Pruitt Health - Carolina Point (Portions of facility in Durham and Orange County)**	120	0	120	0	0	0	0	120	0	120
Orange	NH0329	Signature HealthCARE of Chapel Hill	108	0	108	0	0	0	0	108	0	108
Orange Totals			446	0	446	0	0	-25	0	421	30	391
Pamlico	NH0450	Grantsbrook Nursing and Rehabilitation Center	96	0	96	0	0	0	0	96	0	96
Pamlico Totals			96	0	96	0	0	0	0	96	0	96

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						Nursing Home	Hospital	CON Bed Transfer				
Pasquotank	NH0040	Elizabeth City Health and Rehabilitation	170	0	170	0	0	0	0	170	59	111
Pasquotank	NH0302	Laurel Park Rehabilitation and Healthcare Center	108	0	108	0	0	0	0	108	0	108
Pasquotank Totals			278	0	278	0	0	0	0	278	59	219
Pender	NH0461	Campbell Health & Rehab Center	98	0	98	0	0	0	0	98	0	98
Pender	H0115	Pender Memorial Hospital*** (Facility closed. Transfer 43 beds to Woodbury Wellness Center (Pender County))	0	0	0	0	0	0	0	0	0	0
Pender	NH0300	Woodbury Wellness Center Inc (Relocate 43 beds from Pender Memorial Hospital)	112	0	112	0	0	43	0	155	0	155
Pender Totals			210	0	210	0	0	43	0	253	0	253
Perquimans	NH0432	Hertford Rehabilitation and Healthcare Center	78	0	78	0	0	0	0	78	0	78
Perquimans Totals			78	0	78	0	0	0	0	78	0	78
Person	H0066	Person Memorial Hospital	0	60	60	0	0	0	0	60	0	60
Person	NH0265	Roxboro Healthcare and Rehabilitation Center	140	0	140	0	0	0	0	140	0	140
Person Totals			140	60	200	0	0	0	0	200	0	200
Pitt	NH0582	Ayden Court Nursing and Rehabilitation Center	82	0	82	0	0	0	0	82	0	82
Pitt	NH0473	Cypress Glen Retirement Community	30	0	30	0	0	0	0	30	30	0
Pitt	NH0505	East Carolina Health and Rehabilitation Center	130	0	130	0	0	0	0	130	0	130
Pitt	NH0446	Greenville Health and Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Pitt	NH0271	Macgregor Downs Health Center by Harborview	152	0	152	0	0	0	0	152	0	152
Pitt	NH0304	PruittHealth-Farmville	56	0	56	0	0	0	0	56	0	56
Pitt Totals			570	0	570	0	0	0	0	570	30	540
Polk	NH0367	Autumn Care of Saluda	99	0	99	0	0	0	0	99	0	99
Polk	NH0399	White Oak Manor-Tryon	70	0	70	0	0	0	0	70	0	70
Polk	NH0559	WillowBrooke Court SC Center at Tryon Estates**	52	0	52	0	0	0	0	52	52	0
Polk Totals			221	0	221	0	0	0	0	221	52	169
Randolph	NH0335	Alpine Health and Rehabilitation of Asheboro	238	0	238	0	0	0	0	238	0	238

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						Nursing Home	Hospital	CON Bed Transfer				
Randolph	NH0448	Asheboro Rehabilitation and Healthcare Center	100	0	100	0	0	0	0	100	0	100
Randolph	NH0020	Clapp's Convalescent Nursing Home Inc	96	0	96	0	0	0	0	96	0	96
Randolph	NH0609	Ramseur Rehabilitation and Healthcare Center	90	0	90	0	0	0	0	90	0	90
Randolph	NH0489	The Graybrier Nursing And Retirement Center	128	0	128	0	0	0	0	128	0	128
Randolph	NH0556	Westwood Health and Rehabilitation	68	0	68	0	0	0	0	68	0	68
Randolph Totals			720	0	720	0	0	0	0	720	0	720
Richmond	NH0427	PruittHealth-Rockingham	120	0	120	0	0	0	0	120	0	120
Richmond	NH0455	Richmond Pines Healthcare and Rehabilitation Center	100	0	100	0	0	0	0	100	0	100
Richmond Totals			220	0	220	0	0	0	0	220	0	220
Robeson	NH0533	GlenFlora	52	0	52	0	0	0	0	52	0	52
Robeson	NH0289	Harborview Lumberton	122	0	122	0	0	0	0	122	0	122
Robeson	NH0518	Pembroke Center**	84	0	84	0	0	0	0	84	0	84
Robeson	H0064	Southeastern Regional Medical Center (Closed. All beds delicensed 1/8/2026)**	0	115	115	0	-115	0	0	0	0	0
Robeson	NH0472	The Carrolton of Lumberton	90	0	90	0	0	0	0	90	0	90
Robeson	NH0240	Wesley Pines Retirement Community	62	0	62	0	0	0	0	62	7	55
Robeson	NH0662	Woodhaven Nursing Center	115	0	115	0	0	0	0	115	0	115
Robeson Totals			525	115	640	0	-115	0	0	525	7	518
Rockingham	NH0293	Cypress Valley Center for Nursing and Rehabilitation	110	0	110	0	0	0	0	110	0	110
Rockingham	NH0361	Eden Rehabilitation and Healthcare Center	112	0	112	0	0	0	0	112	0	112
Rockingham	NH0092	Jacob's Creek Nursing and Rehabilitation Center (Transfer 20 beds to Rowan County Health & Rehabilitation Center in Rowan County)	170	0	170	0	0	-20	0	150	0	150
Rockingham	NH0614	Penn Nursing Center	82	0	82	0	0	0	0	82	0	82
Rockingham	H0072	UNC Rockingham Hospital	0	121	121	0	0	0	0	121	0	121
Rockingham Totals			474	121	595	0	0	-20	0	575	0	575
Rowan	NH0424	Autumn Care of Salisbury	97	0	97	0	0	0	0	97	0	97
Rowan	NH0471	Compass Healthcare & Rehab Kannapolis	50	0	50	0	0	0	0	50	0	50

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						Nursing Home	Hospital	CON Bed Transfer				
Rowan	NH0442	Compass Healthcare and Rehab Rowan, LLC	70	0	70	0	0	0	0	70	0	70
Rowan	NH0538	Lash Health & Rehab Center	60	0	60	0	0	0	0	60	0	60
Rowan	NH0591	Liberty Commons Nsg and Rehab Ctr of Rowan Cty	90	0	90	0	0	0	0	90	0	90
Rowan	NH0449	Meadowbrook Health & Rehabilitation	185	0	185	0	0	0	0	185	0	185
Rowan	NH0616	NC State Veterans Home - Salisbury*	99	0	99	0	0	0	0	99	99	0
Rowan	NH0050	Piedmont Health & Rehab Center	58	0	58	0	0	0	0	58	0	58
Rowan		Rowan County Health & Rehabilitation Center (Transfer 49 beds from Premier Nursing & Rehabilitation Center (Onslow County), 20 beds from Jacob's Creek Nursing & Rehabilitation Center (Rockingham County) and 20 beds from Chowan River Nursing & Rehabilitation Center (Chowan County))	0	0	0	0	0	89	0	89	0	89
Rowan	NH0441	The Citadel Salisbury**	160	0	160	0	0	0	0	160	0	160
Rowan	NH0197	Trinity Oaks	115	0	115	0	0	0	0	115	63	52
Rowan Totals			984	0	984	0	0	89	0	1,073	162	911
Rutherford	NH0531	Fair Haven Home	30	0	30	0	0	0	0	30	0	30
Rutherford	NH0474	Fair Haven of Forest City	100	0	100	0	0	0	0	100	0	100
Rutherford	NH0153	Hilltop Health and Rehabilitation	80	0	80	0	0	0	0	80	0	80
Rutherford	NH0566	Oak Grove Healthcare	60	0	60	0	0	0	0	60	0	60
Rutherford	NH0590	Willow Ridge Rehabilitation and Living Center	136	0	136	0	0	0	0	136	0	136
Rutherford Totals			406	0	406	0	0	0	0	406	0	406
Sampson	NH0089	Mary Gran Nursing Center (Transfer 67 beds to Liberty Commons Nursing and Rehabilitation Center of Mint Hill in Mecklenburg County and transfer 25 beds to Pisgah Manor in Buncombe County)	212	0	212	0	0	-92	0	120	0	120
Sampson	H0067	Sampson Regional Medical Center (Closed. Bed delicensed 7/28/2025.)	0	0	0	0	0	0	0	0	0	0
Sampson	NH0571	Southwood Nursing and Retirement Center	100	0	100	0	0	0	0	100	0	100
Sampson Totals			312	0	312	0	0	-92	0	220	0	220
Scotland	NH0457	Scotia Village	58	0	58	0	0	0	0	58	40	18

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Scotland	NH0340	Scottish Pines Rehabilitation and Nursing Center	149	0	149	0	0	0	0	149	0	149
Scotland Totals			207	0	207	0	0	0	0	207	40	167
Stanly	NH0462	Bethany Woods Nursing and Rehabilitation Center (Transfer 30 beds to Triangle Health and Rehabilitation (Wake County))	180	0	180	0	0	-30	0	150	0	150
Stanly	NH0550	Forrest Oakes Healthcare	60	0	60	0	0	0	0	60	0	60
Stanly	NH0464	Ignite Medical Resort Albemarle	90	0	90	0	0	0	0	90	0	90
Stanly	NH0140	Trinity Place	76	0	76	0	0	0	0	76	1	75
Stanly Totals			406	0	406	0	0	-30	0	376	1	375
Stokes	NH0555	King Health and Rehabilitation Center	96	0	96	0	0	0	0	96	0	96
Stokes	H0165	LifeBrite Community Hospital of Stokes	0	40	40	0	0	0	0	40	0	40
Stokes	NH0507	Village Care of King	96	0	96	0	0	0	0	96	0	96
Stokes	NH0316	Walnut Cove Health and Rehabilitation	90	0	90	0	0	0	0	90	0	90
Stokes Totals			282	40	322	0	0	0	0	322	0	322
Surry	NH0516	Central Continuing Care	120	0	120	0	0	0	0	120	0	120
Surry	NH0640	Chatham Nursing & Rehabilitation	99	0	99	0	0	0	0	99	0	99
Surry	H0184	Northern Regional Hospital	0	33	33	0	0	0	0	33	0	33
Surry	NH0303	PruittHealth-Elkin	100	0	100	0	0	0	0	100	0	100
Surry	NH0276	Surry Community Health Center by Harborview	120	0	120	0	0	0	0	120	0	120
Surry Totals			439	33	472	0	0	0	0	472	0	472
Swain	NH0251	Mountain View of Bryson City	120	0	120	0	0	0	0	120	0	120
Swain Totals			120	0	120	0	0	0	0	120	0	120
Transylvania	NH0563	PruittHealth-Brevard	110	0	110	0	0	0	0	110	0	110
Transylvania	NH0277	Sapphire Ridge Health and Rehabilitation	147	0	147	0	0	0	0	147	0	147
Transylvania	H0111	Transylvania Regional Hospital	0	10	10	0	0	0	0	10	0	10
Transylvania Totals			257	10	267	0	0	0	0	267	0	267
Union	NH0421	Autumn Care of Marshville	110	0	110	0	0	0	0	110	0	110
Union	NH0657	Jesse Helms Nursing Center	70	0	70	0	0	0	0	70	0	70
Union	NH0592	Lake Park Nursing and Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Union	NH0310	Monroe Rehabilitation Center	147	0	147	0	0	0	0	147	0	147
Union	NH0644	PruittHealth-Union Pointe	90	0	90	0	0	0	0	90	0	90

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Union	NH0493	Stratford Manor Health & Rehab	60	0	60	0	0	0	0	60	0	60
Union	NH0628	White Oak of Waxhaw	100	0	100	0	0	0	0	100	0	100
Union Totals			697	0	697	0	0	0	0	697	0	697
Vance	NH0307	Camellia Gardens Center for Nursing and Rehabilitation	78	0	78	0	0	0	0	78	0	78
Vance	NH0477	Henderson Health and Rehabilitation Center	60	0	60	0	0	0	0	60	0	60
Vance	NH0353	Kerr Lake Nursing and Rehabilitation Center	92	0	92	0	0	0	0	92	0	92
Vance Totals			230	0	230	0	0	0	0	230	0	230
Wake	NH0654	BellaRose Nursing and Rehab**	100	0	100	0	0	0	0	100	0	100
Wake	NH0663	Bloomsbury at Hayes Barton Place	31	0	31	0	0	0	0	31	9	22
Wake	NH0636	Brittany Place	49	0	49	0	0	0	0	49	49	0
Wake		Britthaven of Holly Springs (Transfer 60 beds from Enfield Oaks (Halifax County) and 60 beds from Tower Nursing and Rehabilitation (Wake).)	0	0	0	0	0	120	0	120	0	120
Wake	NH0268	Capital Nursing and Rehabilitation Center	103	0	103	0	0	0	0	103	0	103
Wake	NH0383	Dan E & Mary Louise Stewart Health Center of	173	0	173	0	0	0	0	173	173	0
Wake	NH0637	Fuquay-Varina Health and Rehabilitation Center	100	0	100	0	0	0	0	100	0	100
Wake	NH0549	Glenaire	71	0	71	0	0	0	0	71	51	20
Wake	NH0506	Hartwell Health & Rehab Center	120	0	120	0	0	0	0	120	0	120
Wake	NH0511	Highfield Nursing and Rehabilitation	120	0	120	0	0	0	0	120	0	120
Wake	NH0428	Hillcrest Raleigh at Crabtree Valley	134	0	134	0	0	0	0	134	0	134
Wake	NH0525	Hillside Nursing Center of Wake Forest	130	0	130	0	0	0	0	130	0	130
Wake		Liberty Commons Nursing & Rehabilitation Center of Wake County (Transfer 19 beds from Liberty Commons of Alamance (Alamance County), 28 beds from Cross Creek (Hyde County), 20 beds from Oak Forest (Forsyth County), 11 beds from Swift Creek Health Center (Wake County))	0	0	0	0	0	78	0	78	0	78

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

A	B	C	D	E	F	G	H	I	J	K	L	M
County	License Number	Facility Name	Licensed Beds in Nursing Homes	Licensed Nursing Care Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
						Nursing Home	Hospital	CON Bed Transfer				
Wake		Liberty Commons Rehabilitation and Nursing Care of Raleigh (Transfer 122 beds from Harborview (Carteret County), 3 beds from Pinehurst Healthcare (Moore County), 11 beds from Swift Creek Health Center)	0	0	0	0	0	136	0	136	0	136
Wake	NH0558	Litchford Falls Health and Rehabilitation Center (Transfer 90 to Universal Health Care - Wake Forest)	90	0	90	0	0	-90	0	0	0	0
Wake	NH0611	Perry Creek Health and Rehabilitation Center	132	0	132	0	0	0	0	132	0	132
Wake	NH0618	PruittHealth-Raleigh (Transfer 12 beds from WakeMed-Cary and 6 beds from WakeMed)	150	0	150	0	0	18	0	168	0	168
Wake	NH0115	Raleigh Rehabilitation Center	157	0	157	0	0	0	0	157	0	157
Wake	H0065	Rex Hospital	0	120	120	0	0	0	0	120	0	120
Wake	NH0146	Sunnybrook Rehabilitation Center	95	0	95	0	0	0	0	95	0	95
Wake	NH0658	Swift Creek at Templeton (Transfer 11 beds to Liberty Commons Nursing & Rehabilitation Center of Wake County, transfer 11 beds to Liberty Commons Rehabilitation and Nursing Care of Raleigh, delicense 3 beds)	28	0	28	0	0	-22	0	6	0	6
Wake	NH0653	The Cardinal at North Hills	15	0	15	10	0	0	0	25	15	10
Wake	NH0007	The Oaks at Whitaker Glen-Mayview (closed) (Facility closed 10/3/2024)	0	0	0	0	0	0	0	0	0	0
Wake	NH0622	The Rosewood Health Center	57	0	57	4	0	0	0	61	61	0
Wake	NH0354	Tower Nursing and Rehabilitation Center (Transfer 60 to Britthaven of Holly Springs (Wake County), 5 to Triangle Health & Rehab (Wake County), and 25 to Wake County Health & Rehabilitation Center)	180	0	180	0	0	-90	0	90	0	90

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

A	B	C	D	E	F	G	H	I	J	K	L	M
County	License Number	Facility Name	Licensed Beds in Nursing Homes	Licensed Nursing Care Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
						Nursing Home	Hospital	CON Bed Transfer				
Wake		Triangle Health and Rehabilitation Center (Transfer 30 beds from Bethany Woods Nursing and Rehabilitation (Stanly County), 5 beds from Tower Nursing and Rehabilitation Center (Wake County), 9 beds from Harmony Hall Nursing and Rehabilitation Center (Lenoir County), 10 beds from Maple Grove Health and Rehabilitation Center (Guilford County), 12 beds from Pine Ridge Health and Rehabilitation Center in (Davidson County), 20 beds from University Place Nursing and Rehabilitation Center (Mecklenburg County), 20 beds from Westwood Hills Nursing and Rehabilitation center (Wilkes County), and 14 beds from Willow Creek Nursing and Rehabilitation Center (Wayne County))	0	0	0	0	0	120	0	120	0	120
Wake	NH0594	UNC Rex Rehabilitation and Nursing Care Center of Apex	107	0	107	0	0	0	0	107	0	107
Wake		Universal Health Care - Wake Forest (Transfer 90 beds from Litchford Falls, 9 beds from Universal Health Care - Nashville in Nash County, 20 beds from Universal Healthcare - Oxford in Granville County)	0	0	0	0	0	119	0	119	0	119
Wake		Wake County Health and Rehabilitation Center (Transfer 25 beds from Tower Nursing and Rehabilitation Center)	0	0	0	95	0	25	0	120	0	120
Wake	H0199	WakeMed (Transfer 6 NH beds to PruittHealth-Raleigh)	0	0	0	0	6	-6	0	0	0	0
Wake	H0276	WakeMed Cary Hospital (Transfer 12 beds to PruittHealth-Raleigh)	0	0	0	0	12	-12	0	0	0	0
Wake	NH0544	Wellington Rehabilitation and Healthcare	80	0	80	0	0	0	0	80	0	80
Wake	NH0580	Windsor Point Continuing Care Retirement Community	45	0	45	0	0	0	0	45	45	0
Wake	NH0317	Zebulon Rehabilitation Center	60	0	60	0	0	0	0	60	0	60
Wake Totals			2,327	120	2,447	109	18	396	0	2,970	403	2,567

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

A	B	C	D	E	F	G	H	I	J	K	L	M
County	License Number	Facility Name	Licensed Beds in Nursing Homes	Licensed Nursing Care Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
						Nursing Home	Hospital	CON Bed Transfer				
Warren	NH0360	Warren Hills Nursing Center (Transfer 25 beds to Liberty Commons of Mecklenburg Health and Rehabilitation Center (Mecklenburg County), 15 beds to Chatham County Rehabilitation Center (Chatham County))	140	0	140	0	0	-40	0	100	0	100
Warren Totals			140	0	140	0	0	-40	0	100	0	100
Washington	NH0419	The Carrolton of Plymouth	114	0	114	0	0	0	0	114	0	114
Washington Totals			114	0	114	0	0	0	0	114	0	114
Watauga	NH0400	Glenbridge Health and Rehabilitation	134	0	134	0	0	0	0	134	0	134
Watauga	NH0638	The Foley Center at Chestnut Ridge	92	0	92	0	0	0	0	92	0	92
Watauga Totals			226	0	226	0	0	0	0	226	0	226
Wayne	NH0492	Goldsboro Rehabilitation and Healthcare Center	130	0	130	0	0	0	0	130	0	130
Wayne	NH0401	Mount Olive Center	150	0	150	0	0	0	0	150	0	150
Wayne		O'Berry Center*	96	0	96	0	0	0	0	96	96	0
Wayne	NH0379	Willow Creek Nursing and Rehabilitation Center (Transfer 14 beds to Triangle Health and Rehabilitation (Wake County))	200	0	200	0	0	-14	0	186	0	186
Wayne Totals			576	0	576	0	0	-14	0	562	96	466
Wilkes	NH0451	Ridge Valley Center for Nursing and Rehabilitation	120	0	120	0	0	0	0	120	0	120
Wilkes	NH0295	Westwood Hills Nursing and Rehabilitation Center (Transfer 20 beds to Triangle Health and Rehabilitation (Wake County), and 11 beds to Iredell County Health and Rehabilitation Center (Iredell County))	171	0	171	0	0	-31	0	140	0	140
Wilkes	H0153	Wilkes Medical Center	0	10	10	0	0	0	0	10	0	10
Wilkes	NH0509	Wilkesboro Health and Rehabilitation, LLC	111	0	111	0	0	0	0	111	0	111
Wilkes Totals			402	10	412	0	0	-31	0	381	0	381
Wilson	NH0272	Harmony Park at Wilson	110	0	110	0	0	0	0	110	0	110
Wilson		Longleaf Neuro-Medical Treatment Center*	248	0	248	0	0	0	0	248	248	0
Wilson	NH0487	Wilson Healthcare and Rehabilitation Center	99	0	99	0	0	0	0	99	0	99

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

A	B	C	D	E	F	G	H	I	J	K	L	M
County	License Number	Facility Name	Licensed Beds in Nursing Homes	Licensed Nursing Care Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
						Nursing Home	Hospital	CON Bed Transfer				
Wilson	NH0218	Wilson Pines Nursing and Rehabilitation Center	108	0	108	0	0	0	0	108	0	108
Wilson	NH0530	Wilson Rehabilitation and Nursing Center	90	0	90	0	0	0	0	90	0	90
Wilson Totals			655	0	655	0	0	0	0	655	248	407
Yadkin	NH0568	Willowbrook Rehabilitation and Care	76	0	76	0	0	0	0	76	0	76
Yadkin	NH0224	Yadkin Nursing Care Center	147	0	147	0	0	0	0	147	0	147
Yadkin Totals			223	0	223	0	0	0	0	223	0	223
Yancey	NH0467	Smoky Ridge Health and Rehabilitation	140	0	140	0	0	0	0	140	0	140
Yancey Totals			140	0	140	0	0	0	0	140	0	140
Grand Totals			45,363	703	46,066	490	-97	43	0	46,502	3,315	43,187

* State or federal facility that is excluded from the planning inventory and from occupancy calculations.

** Facilities that have licensed beds but do not have occupancy data included in the methodology calculations for reasons that include renovations, development of a replacement facility, nonreporting of utilization, or a decision to not delicense unoccupied beds.

Table 10B: County Rate Calculations for Nursing Care Bed Need Determination

A County	B					C					D					E	F	G
	Patients					Populations					Rates					Actual Average Change Rate	Selected Change Rate (County or State)	Bed Rate per 1,000
	2021	2022	2023	2024	2025	2021	2022	2023	2024	2025	2021	2022	2023	2024	2025			
Alamance	597	675	645	699	749	173,384	177,141	181,394	183,229	187,718	3.4432	3.8105	3.5558	3.8149	3.9900	0.0396	0.0396	4.4646
Alexander	63	76	65	111	111	36,145	36,429	36,353	36,401	36,041	1.7430	2.0862	1.7880	3.0494	3.0798	0.1924	0.0048	3.1244
Alleghany	76	81	82	80	78	10,829	11,132	11,426	11,619	11,510	7.0182	7.2763	7.1766	6.8853	6.7767	-0.0083	0.0048	6.8748
Anson	130	135	145	130	124	21,904	21,502	22,087	21,534	21,826	5.9350	6.2785	6.5649	6.0370	5.6813	-0.0090	0.0048	5.7635
Ashe	111	113	109	136	125	26,444	26,653	26,975	26,800	26,117	4.1975	4.2397	4.0408	5.0746	4.7862	0.0405	0.0405	5.3681
Avery	69	62	68	61	71	17,775	17,951	17,394	17,545	17,726	3.8819	3.4538	3.9094	3.4768	4.0054	0.0158	0.0158	4.1947
Beaufort	213	234	233	245	230	44,120	44,395	43,785	43,945	44,349	4.8277	5.2709	5.3215	5.5752	5.1861	0.0198	0.0198	5.4945
Bertie	96	89	120	125	114	17,598	16,933	16,839	16,688	16,674	5.4552	5.2560	7.1263	7.4904	6.8370	0.0708	0.0048	6.9359
Bladen	133	128	141	149	152	28,771	29,195	28,902	29,427	29,436	4.6227	4.3843	4.8786	5.0634	5.1637	0.0297	0.0297	5.6241
Brunswick	412	438	450	405	440	140,411	150,848	160,022	168,153	177,705	2.9342	2.9036	2.8121	2.4085	2.4760	-0.0394	0.0048	2.5118
Buncombe	1,401	1,389	1,424	1,362	1,484	272,880	274,361	276,367	280,032	281,781	5.1341	5.0627	5.1526	4.8637	5.2665	0.0076	0.0076	5.3873
Burke	430	414	409	438	360	86,783	87,412	89,179	90,613	90,157	4.9549	4.7362	4.5863	4.8337	3.9930	-0.0489	0.0048	4.0508
Cabarrus	489	528	566	589	593	232,083	235,654	243,942	246,620	250,121	2.1070	2.2406	2.3202	2.3883	2.3709	0.0302	0.0302	2.5860
Caldwell	327	322	314	323	348	80,171	80,975	81,761	82,336	82,003	4.0788	3.9765	3.8405	3.9229	4.2437	0.0110	0.0110	4.3837
Camden *	0	0	0	0	0	10,469	10,915	11,064	10,702	11,201	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0048	0.0000
Carteret	177	188	201	235	236	67,311	68,813	70,294	70,807	72,253	2.6296	2.7320	2.8594	3.3189	3.2663	0.0576	0.0048	3.3136
Caswell	110	99	137	134	143	22,582	22,339	22,098	22,462	21,907	4.8711	4.4317	6.1997	5.9656	6.5276	0.0913	0.0048	6.6220
Catawba	613	612	633	635	651	161,909	162,790	166,441	168,055	170,036	3.7861	3.7594	3.8031	3.7785	3.8286	0.0028	0.0028	3.8612
Chatham	326	364	362	349	367	77,747	78,450	80,498	82,762	84,207	4.1931	4.6399	4.4970	4.2169	4.3583	0.0118	0.0118	4.5120
Cherokee	138	161	173	169	172	28,873	29,177	29,154	29,921	30,295	4.7796	5.5180	5.9340	5.6482	5.6775	0.0467	0.0048	5.7597
Chowan	81	67	71	67	65	13,640	13,677	13,807	13,783	13,720	5.9384	4.8987	5.1423	4.8611	4.7376	-0.0514	0.0048	4.8062
Clay	72	67	81	75	79	11,066	11,415	11,793	11,934	12,398	6.5064	5.8695	6.8685	6.2846	6.3720	0.0003	0.0048	6.4642
Cleveland	359	405	401	391	413	100,541	101,874	100,596	101,137	99,825	3.5707	3.9755	3.9862	3.8660	4.1372	0.0390	0.0390	4.6215
Columbus	188	209	198	229	253	49,307	50,043	49,966	50,993	49,886	3.8128	4.1764	3.9627	4.4908	5.0716	0.0767	0.0048	5.1449
Craven	356	303	382	405	390	100,128	102,032	104,372	103,220	107,819	3.5554	2.9697	3.6600	3.9237	3.6172	0.0154	0.0154	3.7844
Cumberland	800	820	798	838	908	334,660	343,588	342,872	337,971	340,742	2.3905	2.3866	2.3274	2.4795	2.6648	0.0284	0.0284	2.8919
Currituck	55	75	71	65	68	29,305	30,904	32,240	32,142	32,947	1.8768	2.4269	2.2022	2.0223	2.0639	0.0348	0.0348	2.2797
Dare	78	65	73	95	98	37,342	37,937	37,801	38,121	38,689	2.0888	1.7134	1.9312	2.4921	2.5330	0.0636	0.0048	2.5697
Davidson	601	600	639	670	667	170,044	172,093	176,119	178,569	180,648	3.5344	3.4865	3.6282	3.7521	3.6923	0.0113	0.0113	3.8177
Davie	210	215	214	223	227	43,283	43,754	44,290	44,812	45,417	4.8518	4.9138	4.8318	4.9763	4.9981	0.0076	0.0076	5.1120
Duplin	194	195	225	241	240	47,043	48,747	49,205	49,768	49,856	4.1239	4.0002	4.5727	4.8425	4.8139	0.0416	0.0416	5.4140
Durham	905	1,027	1,039	1,036	1,046	329,973	332,576	337,308	340,677	344,640	2.7426	3.0880	3.0803	3.0410	3.0351	0.0272	0.0272	3.2825
Edgecombe	220	246	215	214	237	48,104	47,707	47,951	48,495	48,541	4.5734	5.1565	4.4837	4.4128	4.8825	0.0219	0.0219	5.2034
Forsyth	1,176	1,192	1,281	1,370	1,448	385,489	386,047	393,297	395,597	401,312	3.0507	3.0877	3.2571	3.4631	3.6082	0.0430	0.0430	4.0740
Franklin	194	202	199	194	233	70,436	73,371	77,108	80,364	83,324	2.7543	2.7531	2.5808	2.4140	2.7963	0.0077	0.0077	2.8608

Proposed 2027 SMFP

Table 10B: County Rate Calculations for Nursing Care Bed Need Determination

A County	B					C					D					E	F	G
	Patients					Populations					Rates					Actual Average Change Rate	Selected Change Rate (County or State)	Bed Rate per 1,000
	2021	2022	2023	2024	2025	2021	2022	2023	2024	2025	2021	2022	2023	2024	2025			
Gaston	737	757	769	784	817	230,378	237,542	240,885	244,074	248,054	3.1991	3.1868	3.1924	3.2121	3.2936	0.0074	0.0074	3.3664
Gates	47	52	41	41	52	10,166	10,312	10,490	10,284	9,920	4.6233	5.0427	3.9085	3.9868	5.2419	0.0502	0.0048	5.3178
Graham	51	49	44	49	65	7,967	8,052	7,713	8,006	7,972	6.4014	6.0854	5.7047	6.1204	8.1535	0.0733	0.0048	8.2715
Granville	175	180	110	156	153	61,410	62,050	62,225	62,447	61,450	2.8497	2.9009	1.7678	2.4981	2.4898	0.0093	0.0093	2.5593
Greene	102	102	97	100	101	20,372	20,119	19,938	20,188	20,390	5.0069	5.0698	4.8651	4.9534	4.9534	-0.0024	0.0048	5.0251
Guilford	1,799	1,899	1,835	2,004	2,019	547,379	544,278	550,452	554,791	558,405	3.2866	3.4890	3.3336	3.6122	3.6157	0.0254	0.0254	3.8911
Halifax	214	189	198	218	213	47,873	47,787	46,781	46,203	46,154	4.4702	3.9551	4.2325	4.7183	4.6150	0.0119	0.0119	4.7804
Harnett	335	382	361	388	409	134,847	139,562	141,501	144,870	146,425	2.4843	2.7371	2.5512	2.6783	2.7932	0.0316	0.0316	3.0584
Haywood	367	359	375	414	437	62,403	62,888	63,703	64,378	64,291	5.8811	5.7086	5.8867	6.4308	6.7972	0.0378	0.0378	7.5684
Henderson	613	635	671	689	695	117,408	117,274	120,208	122,073	123,545	5.2211	5.4147	5.5820	5.6442	5.6255	0.0190	0.0190	5.9453
Hertford	106	120	111	111	119	19,871	19,507	19,730	18,516	19,071	5.3344	6.1516	5.6260	5.9948	6.2398	0.0435	0.0435	7.0550
Hoke	101	107	127	124	128	52,331	55,151	55,417	55,631	56,314	1.9300	1.9401	2.2917	2.2290	2.2730	0.0447	0.0447	2.5778
Hyde	0	0	0	0	0	4,482	4,549	4,546	4,635	4,569	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0048	0.0000
Iredell	441	684	382	372	369	191,180	196,170	202,785	206,051	213,181	2.3067	3.4868	1.8838	1.8054	1.7309	-0.0078	0.0048	1.7560
Jackson	173	167	177	166	173	43,147	42,972	43,239	44,654	44,655	4.0095	3.8863	4.0935	3.7175	3.8741	-0.0068	0.0048	3.9302
Johnston	503	515	524	531	524	223,975	233,435	240,796	248,941	253,954	2.2458	2.2062	2.1761	2.1330	2.0634	-0.0209	0.0048	2.0932
Jones	33	41	63	63	61	8,947	9,199	9,096	9,258	9,305	3.6884	4.4570	6.9261	6.8049	6.5556	0.1771	0.0048	6.6505
Lee	208	196	207	248	249	64,278	64,907	66,635	68,750	69,331	3.2359	3.0197	3.1065	3.6073	3.5915	0.0297	0.0297	3.9113
Lenoir	268	239	264	298	287	54,783	54,572	53,810	53,980	54,609	4.8920	4.3795	4.9062	5.5206	5.2555	0.0232	0.0232	5.6210
Lincoln	244	249	254	260	273	88,298	91,171	95,399	97,203	97,884	2.7634	2.7311	2.6625	2.6748	2.7890	0.0026	0.0026	2.8110
Macon	129	103	113	114	128	37,430	37,653	38,081	38,515	38,805	3.4464	2.7355	2.9674	2.9599	3.2985	-0.0024	0.0048	3.3463
Madison	167	161	156	148	161	21,205	21,522	21,325	21,840	22,026	7.8755	7.4807	7.3154	6.7766	7.3095	-0.0168	0.0048	7.4153
Martin	86	87	93	105	114	21,713	21,476	21,139	20,998	21,201	3.9608	4.0510	4.3995	5.0005	5.3771	0.0802	0.0048	5.4549
McDowell	183	180	202	214	221	44,350	44,443	44,421	44,665	44,223	4.1263	4.0501	4.5474	4.7912	4.9974	0.0502	0.0048	5.0697
Mecklenburg	2,409	2,600	2,602	2,711	2,714	1,133,504	1,135,873	1,166,645	1,180,037	1,219,208	2.1253	2.2890	2.2303	2.2974	2.2260	0.0126	0.0126	2.3102
Mitchell	73	78	97	107	105	14,836	14,895	14,786	14,680	14,579	4.9205	5.2367	6.5603	7.2888	7.2021	0.1040	0.0048	7.3063
Montgomery	77	86	98	97	97	25,705	25,757	25,509	26,012	26,264	2.9955	3.3389	3.8418	3.7290	3.6933	0.0566	0.0048	3.7467
Moore	451	479	480	513	539	101,649	104,758	108,316	110,469	111,257	4.4368	4.5724	4.4315	4.6438	4.8446	0.0227	0.0227	5.1749
Nash	332	355	342	373	354	95,116	95,446	97,313	98,544	101,338	3.4905	3.7194	3.5144	3.7851	3.4933	0.0026	0.0026	3.5205
New Hanover	846	851	869	872	881	227,782	235,245	239,395	242,785	247,653	3.7141	3.6175	3.6300	3.5917	3.5574	-0.0107	0.0048	3.6089
Northampton	140	138	120	134	131	16,796	17,036	16,193	16,362	16,333	8.3353	8.1005	7.4106	8.1897	8.0206	-0.0072	0.0048	8.1366
Onslow	215	222	229	239	237	206,718	209,491	212,378	215,940	217,702	1.0401	1.0597	1.0783	1.1068	1.0886	0.0116	0.0116	1.1266
Orange	358	343	375	358	285	150,258	149,665	150,169	152,383	154,433	2.3826	2.2918	2.4972	2.3493	1.8455	-0.0555	0.0048	1.8722
Pamlico	70	68	68	73	67	12,140	12,299	12,178	12,723	13,171	5.7661	5.5289	5.5838	5.7376	5.0869	-0.0293	0.0048	5.1605
Pasquotank	177	209	245	246	238	40,743	40,763	40,973	41,353	41,706	4.3443	5.1272	5.9795	5.9488	5.7066	0.0751	0.0048	5.7892

Proposed 2027 SMFP

Table 10B: County Rate Calculations for Nursing Care Bed Need Determination

A County	B					C					D					E	F	G
	Patients					Populations					Rates					Actual Average Change Rate	Selected Change Rate (County or State)	Bed Rate per 1,000
	2021	2022	2023	2024	2025	2021	2022	2023	2024	2025	2021	2022	2023	2024	2025			
Pender	213	220	194	209	200	61,105	65,282	67,361	69,351	69,971	3.4858	3.3700	2.8800	3.0137	2.8583	-0.0459	0.0048	2.8997
Perquimans	56	63	68	73	61	12,847	13,445	13,165	13,417	13,619	4.3590	4.6858	5.1652	5.4409	4.4790	0.0135	0.0135	4.6600
Person	133	132	91	83	92	39,044	39,586	39,229	39,721	39,555	3.4064	3.3345	2.3197	2.0896	2.3259	-0.0779	0.0048	2.3595
Pitt	433	433	437	488	474	170,276	172,231	176,572	175,285	184,343	2.5429	2.5141	2.4749	2.7840	2.5713	0.0054	0.0054	2.6129
Polk	147	162	180	174	191	18,957	19,571	19,618	19,819	19,875	7.7544	8.2776	9.1752	8.7795	9.6101	0.0568	0.0048	9.7491
Randolph	507	521	532	538	559	144,818	145,796	145,720	147,760	147,440	3.5009	3.5735	3.6508	3.6410	3.7914	0.0202	0.0202	4.0216
Richmond	139	107	83	108	164	42,475	42,330	42,495	41,730	42,144	3.2725	2.5278	1.9532	2.5881	3.8914	0.0934	0.0048	3.9477
Robeson	318	362	340	453	484	113,699	116,951	117,596	116,273	117,980	2.7969	3.0953	2.8913	3.8960	4.1024	0.1103	0.0048	4.1617
Rockingham	452	449	406	462	423	91,113	91,912	91,572	92,416	93,180	4.9609	4.8851	4.4337	4.9991	4.5396	-0.0180	0.0048	4.6053
Rowan	695	666	666	688	696	147,817	148,765	152,064	153,675	154,965	4.7018	4.4769	4.3797	4.4770	4.4913	-0.0110	0.0048	4.5563
Rutherford	314	339	366	326	358	64,178	64,184	64,419	65,075	65,139	4.8926	5.2817	5.6816	5.0096	5.4959	0.0335	0.0335	6.0484
Sampson	140	169	168	171	196	58,309	58,987	59,425	60,164	60,259	2.4010	2.8650	2.8271	2.8422	3.2526	0.0824	0.0048	3.2997
Scotland	157	150	164	157	179	33,682	33,079	33,341	33,360	32,607	4.6612	4.5346	4.9189	4.7062	5.4896	0.0452	0.0452	6.2340
Stanly	273	249	283	280	281	62,220	62,883	63,752	65,293	67,762	4.3877	3.9597	4.4391	4.2884	4.1469	-0.0109	0.0048	4.2069
Stokes	278	275	255	265	270	44,344	45,039	45,625	45,743	45,822	6.2692	6.1058	5.5890	5.7932	5.8924	-0.0143	0.0048	5.9776
Surry	360	378	367	353	384	71,195	71,329	71,247	71,772	71,374	5.0565	5.2994	5.1511	4.9184	5.3801	0.0172	0.0172	5.6575
Swain	62	73	73	80	72	14,059	14,316	13,873	13,741	13,660	4.4100	5.0992	5.2620	5.8220	5.2709	0.0500	0.0048	5.3471
Transylvania	136	138	148	166	180	32,785	33,498	33,029	33,406	33,772	4.1482	4.1196	4.4809	4.9692	5.3299	0.0656	0.0048	5.4070
Tyrrell *	0	0	0	0	0	3,101	3,193	3,341	3,479	3,471	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0048	0.0000
Union	533	525	528	563	569	242,651	247,301	257,071	265,730	272,281	2.1966	2.1229	2.0539	2.1187	2.0898	-0.0120	0.0048	2.1200
Vance	174	162	174	186	172	42,096	42,014	40,963	41,240	41,567	4.1334	3.8559	4.2477	4.5102	4.1379	0.0034	0.0034	4.1805
Wake	2,643	1,853	1,743	1,827	1,871	1,156,274	1,169,294	1,189,597	1,216,309	1,260,334	2.2858	1.5847	1.4652	1.5021	1.4845	-0.0922	0.0048	1.5060
Warren	83	78	78	77	88	18,319	18,873	18,738	18,671	18,873	4.5308	4.1329	4.1627	4.1240	4.6627	0.0102	0.0102	4.8052
Washington	76	84	71	80	74	10,818	10,607	10,424	10,422	10,378	7.0253	7.9193	6.8112	7.6761	7.1305	0.0108	0.0108	7.3616
Watauga	140	145	152	162	185	53,639	54,068	56,582	55,025	56,017	2.6100	2.6818	2.6864	2.9441	3.3026	0.0617	0.0048	3.3504
Wayne	366	377	405	402	398	116,094	117,544	116,934	118,671	119,666	3.1526	3.2073	3.4635	3.3875	3.3259	0.0143	0.0143	3.4684
Wilkes	305	328	272	281	297	65,378	65,698	66,003	66,296	65,473	4.6652	4.9925	4.1210	4.2386	4.5362	-0.0014	0.0048	4.6019
Wilson	221	284	312	350	363	78,284	77,877	78,415	78,937	81,114	2.8231	3.6468	3.9788	4.4339	4.4752	0.1266	0.0048	4.5399
Yadkin	166	158	172	173	185	37,081	37,117	37,398	37,722	37,945	4.4767	4.2568	4.5992	4.5862	4.8755	0.0229	0.0229	5.2103
Yancey	77	77	87	99	99	18,557	18,455	18,510	18,555	18,735	4.1494	4.1723	4.7002	5.3355	5.2842	0.0644	0.0048	5.3607
State Total	33,227	33,635	33,678	35,082	35,901	10,535,205	10,667,874	10,842,949	10,978,531	11,171,526	3.1539	3.1529	3.1060	3.1955	3.2136	0.0048		

* Camden and Tyrrell counties have no Nursing Care Beds.

Table 10C: Nursing Care Bed Need Projections for 2030

A	B	C	D	E	F	G	H	I	J	K	L
County	Bed Rate per 1,000	Projected 2030 Population (Civilian)	Projected Bed Utilization	Projected Bed Utilization with Vacancy Factor*	Licensed Plus Previous Allocations	Exclusions**	Total Inventory	Surplus/ - Deficit	Deficit Index	Occupancy Rate***	Bed Need
Alamance	4.4646	195,478	873	919	854	69	785	-134	-14.55%	80.1	0
Alexander	3.1244	36,169	113	119	183	49	134	15		62.0	0
Alleghany	6.8748	11,488	79	83	90	0	90	7		82.1	0
Anson	5.7635	21,587	124	131	161	0	161	30		80.6	0
Ashe	5.3681	26,129	140	148	210	0	210	62		17.6	0
Avery	4.1947	17,567	74	78	128	0	128	50		50.6	0
Beaufort	5.4945	44,665	245	258	268	0	268	10		87.9	0
Bertie	6.9359	16,315	113	119	142	0	142	23		82.8	0
Bladen	5.6241	29,713	167	176	184	0	184	8		72.8	0
Brunswick	2.5118	214,163	538	566	628	0	628	62		89.5	0
Buncombe	5.3873	293,414	1,581	1,664	2,021	323	1,698	34		81.7	0
Burke	4.0508	89,796	364	383	526	25	501	118		83.1	0
Cabarrus	2.5860	271,953	703	740	727	24	703	-37	-5.04%	89.8	0
Caldwell	4.3837	81,951	359	378	400	0	400	22		90.5	0
Carteret	3.3136	73,827	245	258	302	0	302	44		86.5	0
Caswell	6.6220	21,878	145	153	157	0	157	4		91.0	0
Catawba	3.8612	176,913	683	719	759	51	708	-11	-1.54%	84.3	0
Chatham	4.5120	89,852	405	427	558	130	428	1		84.7	0
Cherokee	5.7597	31,489	181	191	210	0	210	19		83.4	0
Chowan	4.8062	13,692	66	69	110	0	110	41		50.9	0
Clay	6.4642	13,383	87	91	90	0	90	-1	-1.17%	87.5	0
Cleveland	4.6215	100,121	463	487	434	0	434	-53	-10.89%	77.5	0
Columbus	5.1449	49,928	257	270	307	0	307	37		91.5	0
Craven	3.7844	102,703	389	409	461	0	461	52		88.5	0
Cumberland	2.8919	301,968	873	919	1,179	150	1,029	110		87.7	0
Currituck	2.2797	34,039	78	82	100	0	100	18		67.6	0
Dare	2.5697	40,301	104	109	126	0	126	17		76.2	0
Davidson	3.8177	189,376	723	761	774	45	729	-32	-4.21%	112.8	0

Table 10C: Nursing Care Bed Need Projections for 2030

A	B	C	D	E	F	G	H	I	J	K	L
County	Bed Rate per 1,000	Projected 2030 Population (Civilian)	Projected Bed Utilization	Projected Bed Utilization with Vacancy Factor*	Licensed Plus Previous Allocations	Exclusions**	Total Inventory	Surplus/ - Deficit	Deficit Index	Occupancy Rate***	Bed Need
Davie	5.1120	47,864	245	258	227	0	227	-31	-11.87%	91.5	30
Duplin	5.4140	52,365	284	298	272	0	272	-26	-8.85%	86.8	0
Durham	3.2825	354,041	1,162	1,223	1,393	206	1,187	-36	-2.97%	75.4	0
Edgecombe	5.2034	48,052	250	263	377	0	377	114		80.4	0
Forsyth	4.0740	413,018	1,683	1,771	1,730	332	1,398	-373	-21.07%	89.7	0
Franklin	2.8608	95,496	273	288	258	0	258	-30	-10.28%	86.0	0
Gaston	3.3664	261,483	880	927	972	50	922	-5	-0.50%	86.9	0
Gates	5.3178	9,882	53	55	70	0	70	15		29.8	0
Graham	8.2715	8,014	66	70	80	0	80	10		64.2	0
Granville	2.5593	64,172	164	173	220	0	220	47		96.1	0
Greene	5.0251	20,535	103	109	115	0	115	6		88.5	0
Guilford	3.8911	572,646	2,228	2,346	2,384	193	2,191	-155	-6.59%	86.7	0
Halifax	4.7804	44,368	212	223	280	0	280	57		78.7	0
Harnett	3.0584	150,628	461	485	425	0	425	-60	-12.36%	86.6	0
Haywood	7.5684	66,148	501	527	475	0	475	-52	-9.86%	90.1	0
Henderson	5.9453	128,809	766	806	912	0	912	106		78.2	0
Hertford	7.0550	18,126	128	135	151	0	151	16		74.9	0
Hoke	2.5778	56,181	145	152	132	0	132	-20	-13.41%	92.8	20
Iredell	1.7560	235,160	413	435	742	0	742	307		77.7	0
Jackson	3.9302	46,281	182	191	200	0	200	9		79.0	0
Johnston	2.0932	284,178	595	626	615	0	615	-11	-1.78%	92.8	0
Jones	6.6505	9,149	61	64	80	0	80	16		74.4	0
Lee	3.9113	72,422	283	298	294	0	294	-4	-1.40%	93.7	0
Lenoir	5.6210	54,477	306	322	340	100	240	-82	-25.54%	77.6	0
Lincoln	2.8110	104,937	295	311	300	0	300	-11	-3.38%	88.9	0
Macon	3.3463	40,561	136	143	200	0	200	57		48.5	0
Madison	7.4153	22,439	166	175	180	0	180	5		90.0	0
Martin	5.4549	20,339	111	117	154	0	154	37		73.3	0

Table 10C: Nursing Care Bed Need Projections for 2030

A	B	C	D	E	F	G	H	I	J	K	L
County	Bed Rate per 1,000	Projected 2030 Population (Civilian)	Projected Bed Utilization	Projected Bed Utilization with Vacancy Factor*	Licensed Plus Previous Allocations	Exclusions**	Total Inventory	Surplus/ - Deficit	Deficit Index	Occupancy Rate***	Bed Need
McDowell	5.0697	43,776	222	234	250	0	250	16		89.2	0
Mecklenburg	2.3102	1,283,657	2,966	3,122	3,754	395	3,359	237		78.2	0
Mitchell	7.3063	14,326	105	110	127	0	127	17		76.4	0
Montgomery	3.7467	26,213	98	103	141	0	141	38		70.3	0
Moore	5.1749	113,379	587	618	727	26	701	83		79.2	0
Nash	3.5205	108,127	381	401	418	0	418	17		86.1	0
New Hanover	3.6089	261,605	944	994	1,041	19	1,022	28		86.1	0
Northampton	8.1366	16,085	131	138	149	0	149	11		88.0	0
Onslow	1.1266	189,963	214	225	310	0	310	85		69.6	0
Orange	1.8722	158,340	296	312	421	30	391	79		90.0	0
Pamlico	5.1605	13,504	70	73	96	0	96	23		76.9	0
Pasquotank	5.7892	40,908	237	249	278	59	219	-30	-12.15%	81.8	0
Pender	2.8997	74,558	216	228	253	0	253	25		92.7	0
Perquimans	4.6600	14,030	65	69	78	0	78	9		85.7	0
Person	2.3595	39,847	94	99	200	0	200	101		75.6	0
Pitt	2.6129	192,526	503	530	570	30	540	10		90.2	0
Polk	9.7491	19,904	194	204	221	52	169	-35	-17.26%	89.4	0
Randolph	4.0216	150,362	605	637	720	0	720	83		90.6	0
Richmond	3.9477	41,952	166	174	220	0	220	46		65.8	0
Robeson	4.1617	121,244	505	531	525	7	518	-13	-2.47%	88.3	0
Rockingham	4.6053	93,030	428	451	575	0	575	124		89.6	0
Rowan	4.5563	157,431	717	755	1,073	162	911	156		90.2	0
Rutherford	6.0484	65,792	398	419	406	0	406	-13	-3.08%	90.5	0
Sampson	3.2997	60,564	200	210	220	0	220	10		68.5	0
Scotland	6.2340	31,382	196	206	207	40	167	-39	-18.91%	84.5	0
Stanly	4.2069	70,961	299	314	376	1	375	61		71.2	0
Stokes	5.9776	46,450	278	292	322	0	322	30		91.2	0
Surry	5.6575	71,176	403	424	472	0	472	48		89.5	0

Table 10C: Nursing Care Bed Need Projections for 2030

A	B	C	D	E	F	G	H	I	J	K	L
County	Bed Rate per 1,000	Projected 2030 Population (Civilian)	Projected Bed Utilization	Projected Bed Utilization with Vacancy Factor*	Licensed Plus Previous Allocations	Exclusions**	Total Inventory	Surplus/ - Deficit	Deficit Index	Occupancy Rate***	Bed Need
Swain	5.3471	13,496	72	76	120	0	120	44		59.5	0
Transylvania	5.4070	33,560	181	191	267	0	267	76		66.6	0
Union	2.1200	298,986	634	667	697	0	697	30		88.4	0
Vance	4.1805	41,520	174	183	230	0	230	47		74.6	0
Wake	1.5060	1,370,489	2,064	2,173	2,970	403	2,567	394		86.0	0
Warren	4.8052	19,030	91	96	100	0	100	4		63.2	0
Washington	7.3616	9,951	73	77	114	0	114	37		66.7	0
Watauga	3.3504	55,213	185	195	226	0	226	31		51.7	0
Wayne	3.4684	115,900	402	423	562	96	466	43		81.5	0
Wilkes	4.6019	65,426	301	317	381	0	381	64		71.2	0
Wilson	4.5399	81,313	369	389	655	248	407	18		84.6	0
Yadkin	5.2103	37,891	197	208	223	0	223	15		82.5	0
Yancey	5.3607	18,982	102	107	140	0	140	33		70.1	0
State Total		11,574,478	38,683	40,719	46,502	3,315	43,187				50

* Projected Bed Utilization with Vacancy Factor is calculated by dividing Projected Bed Utilization by 95%.

** NH-2 beds are 100% excluded.

*** Calculated using higher of the median or weighted mean.

Table 10D: Nursing Care Bed Need Determination*
(Proposed for Certificate of Need Review Commencing in 2027)

Service Area	HSA	Nursing Care Bed Need Determination	Certificate of Need Application Deadline**	Certificate of Need Beginning Review Date
Davie	II	30	To be determined	To be determined
Hoke	V	20	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 for a CON to meet the need, not just the health service facility or facilities that generated the need.

** Application deadlines are absolute, pursuant to 10A NCAC 14C.0202(2). The filing deadline is 5:00 p.m. on the application deadline date.

Chapter 11:

Adult Care Homes

CHAPTER 11

ADULT CARE HOMES

Introduction

G.S. § 131E-176(1) defines an *adult care home* as “a facility with seven or more beds licensed under Part 1 of Article 1 of Chapter 131D of the General Statutes or under this Chapter that provides residential care for aged individuals or individuals with disabilities whose principal need is a home which provides the supervision and personal care appropriate to their age and disability and for whom medical care is only occasional or incidental.”

Before enactment of Senate Bill 937 in 2001 to regulate the development of adult care homes under the Certificate of Need (CON) law, legislation ratified in 1997 (S. L. 1997-443) placed a statewide moratorium on the development of new adult care home beds. However, the 1997 legislation allowed for the development of additional adult care home beds under defined circumstances. Some of these beds remain eligible to be developed pursuant to settlements of contested cases. These *settlement* beds are also subject to conditions set out in the terms of the controlling settlement agreements. The planning inventory of adult care home beds included in the current North Carolina State Medical Facilities Plan (SMFP) is subject to change based on whether conditions have been met to allow for development of the settlement beds. In addition, litigation may result in changes to the inventory.

Definitions

An adult care home bed’s *service area* is the county in which the adult care home bed is located. Each of the 100 counties is a separate service area.

The *reporting year* is August 1 through July 31. The *current* reporting year is August 1, 2024 through July 31, 2025.

The methodology projects bed need for a *projection year*, which is five years beyond the current reporting year. The current projection year is 2030.

The *planning inventory* is the number of beds used in need determination calculations. It is the number of licensed beds, plus the number of CON-approved beds, plus the number of beds available pursuant to need determinations pending review or appeal, minus any beds delicensed, minus any exclusions (see below), minus beds to be relocated out of the county, plus any beds to be relocated into the county.

Changes from the Previous Plan

This chapter contains no substantive changes from the previous SMFP.

Basic Principles

1. The methodology should project need determination five years beyond the current reporting year because at least that amount of time is required to bring a new or expanded facility into service.
2. A goal of the planning process is a reasonable level of parity among individuals in their geographic access to adult care home facilities.

Data Sources

The North Carolina Office of State Budget and Management provides estimates of North Carolina residents for the current reporting year and projection year, by county.

Estimates of the active-duty military population come from the category of “Employment Status - Armed Forces” from the most recent American Community Survey 5-Year Estimates.

The methodology combines utilization data for the current and four immediately previous reporting years, as submitted to the North Carolina Department of Health and Human Services, Division of Health Service Regulation (Agency) from License Renewal Applications (LRA) for nursing homes, for Adult Care Homes, and from the Nursing Care Facility/Unit Beds Annual Data Supplement to Hospital LRAs.

Assumptions of the Methodology

1. The inventory excludes 100% of the beds developed as part of a qualified continuing care retirement community (CCRC) (*Table 11E*), including those developed before enactment of Policy LTC-1; the occupancy rate calculation excludes their associated days of care (DOC).
2. The methodology excludes the estimated active-duty military population under the age of 35 from the county’s population for any county with more than 500 active-duty military personnel.
3. The methodology uses the county bed use rate as the utilization measure in determining needs. Bed use rates are calculated per 1,000 population per county. Each county’s bed use rate is calculated using a five-year average annual change rate (AACR) to project forward five years beyond the reporting year. Any county with an AACR that is at least one-half of one standard deviation above the statewide AACR will receive a rate equal to the average plus one half of one standard deviation above the statewide AACR.
4. The projected utilization is multiplied by three to account for future increases in utilization.
5. The methodology uses the highest of four occupancy rate calculations such that the need determination in each service area reflects the highest of the average or the median of all facilities’ occupancy rates based on a one-day census in a county, or the average or median of all the facilities’ occupancy rates based on annual DOC in a county.

Application of the Methodology

Table 11A shows the inventory data and Table 11B shows the patient, population, and bed use data that form the basis for the calculations discussed in the following steps. Table 11C shows projected bed utilization, bed surpluses/deficits, and occupancy rates that are used to determine bed needs.

Step 1: Calculate the planning inventory for each facility and county (*Table 11A*).

- a. Add the number of licensed beds in each nursing home facility (*Column D*), hospital (*Column E*) and adult care home (*Column F*) to calculate the total number of licensed beds (*Column G*).
- b. Adjust this result by adding or subtracting, as appropriate, any CON-approved beds and beds with a CON to be relocated (*Columns H and I*). Then adjust this result by the number of beds available from need determinations in the SMFP pending review or appeal (*Column J*) to calculate the total planning inventory (*Column K*).
- c. Sum each of these calculations across all facilities in a county to obtain county totals (*Column K*).

Step 2: Calculate the projected county bed use rates (*Table 11B*).

- a. For each of the five most recent reporting years and for each county, divide the number of patients (*Column B*) by the population (*Column C*).
- b. Multiply the result by 1,000 to calculate the bed use rate per 1,000 population (*Column D*).
- c. Calculate the AACR in bed use for the five most recent reporting years for each county (*Column E*).
- d. If the result of Step 2.c is at least 0.5 standard deviations above the statewide AACR, then enter 0.5 standard deviations above the statewide AACR; otherwise, enter the result of Step 2.c into Column F, the Selected Change Rate.
- e. Multiply the result of Step 2.d by the bed use rate for the reporting year (*Column D, last sub-column*) and then multiply by three; add the product to the bed use rate for the reporting year to get the Bed Rate per 1,000 (*Column G*).

Step 3: Multiply the county bed use rates (*Table 11B, Column G* and *Table 11C, Column B*) by each county's corresponding projected civilian population in thousands for the projection year (*Table 11C, Column C*) to calculate the projected bed utilization (*Column D*).

Step 4: For each county, divide the projected bed utilization by a 95% vacancy factor (*Table 11C, Column E*).

Step 5: For each county, calculate the planning inventory (*Table 11A, Column K*) by adjusting the number of licensed beds (*Table 11A, Column G*) for: license pending beds (*total of Table 11A, Columns H and I*); and beds available in the SMFP pending review or appeal (*Table 11A, Column J*).

Step 6: For each county, subtract the projected bed utilization derived in Step 2 (*Column E*) from the planning inventory derived in Step 5 (*Table 11A, Column K* and *Table 11C, Column F*). The result is the service area's surplus or deficit (*Table 11C, Column G*). Positive numbers are surpluses and negative numbers are deficits.

Step 7: Calculate each county's bed occupancy rate (*Column I*) by calculating occupancy according to the following four methods and then select the highest of the four rates:

- a. compute the average occupancy rate using the one-day census for all facilities in the service area;
- b. compute the median occupancy rate using the one-day census for all facilities in the service area;
- c. compute the average occupancy rate using the annual DOC for all facilities in the service area; and
- d. compute the median occupancy rate using the annual DOC for all facilities in the service area.

Step 8: Calculate need determination for each county (*Table 11C*).

- a. For any county with a deficit, calculate the county's deficit index by dividing the deficit (*Column G*) by the result of Step 4 (*Column E*).
- b. If any county's deficit index (*Column H*) is from 10% up to, but not including, 50%, and the adjusted occupancy of licensed beds in the county (*Column I*) is 80% or greater, the need determination is the amount of the deficit rounded to the nearest 10 (*Column J*).
- c. If any county's deficit index is 50% or more, the need determination is the amount of the deficit rounded to the nearest 10 (*Column J*).
- d. For purposes of rounding need determinations, numbers greater than 10 and ending in one to four, round to the next lower number divisible by 10, and numbers ending in five to nine, round to the next higher number divisible by 10.

For reference, Table 11E lists adult care beds developed as part of a qualified CCRC. Also, for reference, Table 11F lists the nursing homes with six or fewer adult care home beds. These facilities are not included in the adult care home methodology.

Unless otherwise specified by the methodology, calculations do not use rounded values. However, fractional values are rounded automatically when displayed.

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A	B	C	D	E	F	G	H	I	J	K
Service Area	License Number	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Available in SMFP	Total Planning Inventory
							CON	CON Bed Transfer		
Alamance	HAL-001-172	A Vision Come True	0	0	12	12	0	0	0	12
Alamance	HAL-001-148	Alamance House	0	0	94	94	0	0	0	94
Alamance	HAL-001-023	Blakey Hall Assisted Living	0	0	72	72	0	0	0	72
Alamance	HAL-001-028	Brookdale Burlington	0	0	52	52	0	0	0	52
Alamance	HAL-001-024	Brookdale Burlington AL (NC)	0	0	84	84	0	0	0	84
Alamance	HAL-001-002	Burlington Care Center	0	0	12	12	0	0	0	12
Alamance	HAL-001-171	Cape Point Memory Care Unit	0	0	12	12	0	0	0	12
Alamance	HAL-001-170	Emory Adult Care Home	0	0	12	12	0	0	0	12
Alamance	HAL-001-173	Homeplace of Burlington	0	0	0	67	0	0	0	67
Alamance	NH0588	Liberty Commons Nursing & Rehabilitation Center of Alamance County	0	0	0	0	48	0	0	48
Alamance	HAL-001-167	Making Visions Come True Assistant Living Facility	0	0	12	12	0	0	0	12
Alamance	HAL-001-166	Mebane Ridge Assisted Living	0	0	100	100	0	0	0	100
Alamance	HAL-001-161	Springview - Brock Building	0	0	12	12	0	0	0	12
Alamance	HAL-001-162	Springview - Crouse Building	0	0	12	12	0	0	0	12
Alamance	HAL-001-164	Springview - Ross Building	0	0	12	12	0	0	0	12
Alamance	HAL-001-163	Springview - Stewart Building	0	0	12	12	0	0	0	12
Alamance	HAL-001-169	SpringView-Cook Building	0	0	12	12	0	0	0	12
Alamance	HAL-001-134	The Oaks of Alamance	0	0	69	69	0	0	0	69
Alamance	HAL-001-165	Twin Lakes Memory Care	0	0	32	32	0	0	0	32
Alamance Totals			0	0	623	690	48	0	0	738
Alexander	HAL-002-008	Faith Assisted Living Facility	0	0	30	30	0	0	0	30
Alexander	HAL-002-009	Heritage Care Home of Taylorsville	0	0	34	34	0	0	0	34
Alexander	HAL-002-003	Taylorsville House	0	0	60	60	0	0	0	60
Alexander Totals			0	0	124	124	0	0	0	124
Alleghany	HAL-003-005	The Landings of Chestnut Grove	0	0	40	40	0	0	0	40
Alleghany Totals			0	0	40	40	0	0	0	40
Anson	HAL-004-003	Meadowview Terrace of Wadesboro	0	0	60	60	0	0	0	60
Anson Totals			0	0	60	60	0	0	0	60
Ashe	HAL-005-016	Forest Ridge Assisted Living	0	0	60	60	0	0	0	60
Ashe	HAL-005-013	Generations Assisted Living and Memory Care	0	0	55	55	0	0	0	55
Ashe Totals			0	0	115	115	0	0	0	115
Avery	HAL-006-007	Cranberry House	0	0	60	60	0	0	0	60
Avery	HAL-006-005	The Heritage of Sugar Mountain (Facility closed 10/21/25)	0	0	40	40	0	0	0	40
Avery Totals			0	0	100	100	0	0	0	100
Beaufort		AG Dunston Manor (Transfer 50 beds to The Beaufort Community)	0	0	50	50	0	-50	0	0

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A	B	C	D	E	F	G	H	I	J	K
Service Area	License Number	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Available in SMFP	Total Planning Inventory
							CON	CON Bed Transfer		
Beaufort	HAL-007-024	Clara Manor	0	0	20	20	0	0	0	20
Beaufort	HAL-007-025	Pantego Rest Home	0	0	0	30	0	0	0	30
Beaufort	NH0345	River Trace Nursing and Rehabilitation Center	10	0	0	10	0	0	0	10
Beaufort		The Beaufort Community (Transfer 50 beds from AG Dunston Manor and 34 beds from Willow Manor)	0	0	0	0	0	84	0	84
Beaufort	HAL-007-027	The Pines at Pinetown ((Formerly Autumnfield of Belhaven))	0	0	64	64	0	0	0	64
Beaufort	HAL-007-019	Washington Manor	0	0	9	9	0	0	0	9
Beaufort	HAL-007-023	Willow Manor (Facility closed. Transfer 34 beds to The Beaufort Community)	0	0	34	34	0	-34	0	0
Beaufort Totals			10	0	177	217	0	0	0	217
Bertie	NH0522	Three Rivers Health and Rehabilitation Center	20	0	0	20	0	0	0	20
Bertie	HAL-008-034	Windsor House	0	0	60	60	0	0	0	60
Bertie	HAL-008-042	Winston Gardens (Facility closed 6.16.26)	0	0	25	25	0	0	0	25
Bertie Totals			20	0	85	105	0	0	0	105
Bladen	NH0420	Bladen East Health and Rehab	30	0	0	30	0	0	0	30
Bladen	HAL-009-029	Bladen Manor Assisted Living	0	0	60	60	0	0	0	60
Bladen	HAL-009-025	West Bladen Assisted Living	0	0	60	60	0	0	0	60
Bladen Totals			30	0	120	150	0	0	0	150
Brunswick		Arbor Landing at Compass Pointe (Transfer 20 beds from Ocean Isle Operations)	0	0	0	0	0	20	0	20
Brunswick	NH0456	Autumn Care of Shallotte	10	0	0	10	0	0	0	10
Brunswick	NH0478	Brunswick Cove Nursing Center	40	0	0	40	0	0	0	40
Brunswick	HAL-010-012	Coastal Pointe	0	0	110	110	0	0	0	110
Brunswick	NH0322	Liberty Commons Nursing & Rehab Center of Southport LLC	17	0	0	17	0	0	0	17
Brunswick		Liberty Commons of Brunswick County	0	0	0	0	110	0	0	110
Brunswick	HAL-010-011	Ocean Isle Operations (Transfer 20 beds to Arbor Landing at Compass Pointe)	0	0	40	40	0	-20	0	20
Brunswick	HAL-010-010	TerraBella Southport	0	0	96	96	0	0	0	96
Brunswick	HAL-010-007	The Bluefields	0	0	78	78	0	0	0	78
Brunswick	HAL-010-013	The Landings of Oak Island	0	0	80	80	0	0	0	80
Brunswick Totals			67	0	404	471	110	0	0	581
Buncombe		Arbor Ridge at Asheville (Transfer 14 beds from Biltmore Haven Nursing and Rehabilitation and 14 beds from Emerald Ridge Health and Rehabilitation)	0	0	0	0	0	28	0	28
Buncombe	HAL-011-338	Arbor Terrace of Asheville	0	0	70	70	0	0	0	70
Buncombe	NH0262	Aston Park Health Care Center Inc	19	0	0	19	0	0	0	19
Buncombe	HAL-011-002	Becky's Rest Home #1	0	0	15	15	0	0	0	15
Buncombe	HAL-011-003	Becky's Rest Home #2	0	0	15	15	0	0	0	15

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A	B	C	D	E	F	G	H	I	J	K
Service Area	License Number	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Available in SMFP	Total Planning Inventory
							CON	CON Bed Transfer		
Buncombe	NH0575	Biltmore Haven Nursing and Rehabilitation (Transfer 14 ACH beds to Arbor Ridge at Asheville)	14	0	0	14	0	-14	0	0
Buncombe	HAL-011-036	Brookdale Asheville Overlook	0	0	79	79	0	0	0	79
Buncombe	HAL-011-035	Brookdale Asheville Walden Ridge	0	0	38	38	0	0	0	38
Buncombe		Buncombe Senior Living (Replacement facility. Transfer 24 beds from Nana's Assisted Living and 29 beds from The Laurels of Summit Ridge)	0	0	0	0	0	53	0	53
Buncombe	HAL-011-369	Candler Living Center	0	0	29	29	0	0	0	29
Buncombe	HAL-011-262	Chunn's Cove Assisted Living	0	0	67	67	0	0	0	67
Buncombe	NH0551	Emerald Ridge Health and Rehabilitation (Transfer 14 ACH beds to Arbor Ridge at Asheville)	14	0	0	14	0	-14	0	0
Buncombe	NH0517	Flesher's Fairview Health Care Center Inc	14	0	0	14	0	0	0	14
Buncombe	HAL-011-005	Flesher's Fairview Rest Home	0	0	64	64	0	0	0	64
Buncombe	NH0540	Grove Park Health & Rehab Center (Transfer 29 beds to Buncombe Senior Living)	52	0	0	52	0	-29	0	23
Buncombe	HAL-011-361	Harmony at Reynolds Mountain	0	0	99	99	0	0	0	99
Buncombe	HAL-011-370	Hominy Valley Retirement Center	0	0	30	30	0	0	0	30
Buncombe	HAL-011-011	Marjorie McCune Memorial Center	0	0	64	64	0	0	0	64
Buncombe	HAL-011-331	Nana's Assisted Living Facility (Facility closed.Transfer 24 beds to Buncombe Senior Living)	0	0	24	24	0	-24	0	0
Buncombe	HAL-011-130	Richard A. Wood, Jr. Assisted Living Center	0	0	56	56	0	0	0	56
Buncombe	HAL-011-375	Richmond Hill Assisted Living #2	0	0	12	12	0	0	0	12
Buncombe	HAL-011-374	Richmond Hill Assisted Living #3	0	0	12	12	0	0	0	12
Buncombe	HAL-011-373	Richmond Hill Assisted Living #4 (Facility closed 5/7/26)	0	0	12	12	0	0	0	12
Buncombe	HAL-011-372	Richmond Hill Assisted Living #5	0	0	12	12	0	0	0	12
Buncombe	HAL-011-376	Richmond Hill Assisted Living 1	0	0	12	12	0	0	0	12
Buncombe	NH0541	River Bend Health and Rehabilitation	50	0	0	50	0	0	0	50
Buncombe	NH0532	The Greens at Weaverville	10	0	0	10	0	0	0	10
Buncombe	HAL-011-022	Trinity View	0	0	24	24	0	0	0	24
Buncombe	HAL-011-377	Wilham Ridge	0	0	54	54	0	0	0	54
Buncombe	HAL-011-296	Windwood Assisted Living	0	0	12	12	0	0	0	12
Buncombe Totals			173	0	800	973	0	0	0	973
Burke	NH0347	Autumn Care of Drexel	20	0	0	20	0	0	0	20
Burke	HAL-012-045	Burke Assisted Living	0	0	24	24	0	0	0	24
Burke	HAL-012-044	Cambridge House	0	0	60	60	0	0	0	60
Burke	HAL-012-040	Jonas Ridge Adult Care	0	0	57	57	0	0	0	57
Burke	HAL-012-041	McAlpine Adult Care	0	0	60	60	0	0	0	60
Burke	HAL-012-007	Morganton Long Term Care, Southview Facility (Facility closed 8/18/25)	0	0	64	64	0	0	0	64

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A	B	C	D	E	F	G	H	I	J	K
Service Area	License Number	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Available in SMFP	Total Planning Inventory
							CON	CON Bed Transfer		
Burke	HAL-012-043	The Berkeley	0	0	63	63	0	0	0	63
Burke Totals			20	0	328	348	0	0	0	348
Cabarrus	HAL-013-019	Brookdale Concord Parkway	0	0	112	112	0	0	0	112
Cabarrus	HAL-013-052	Caremoor Retirement Center	0	0	30	30	0	0	0	30
Cabarrus	HAL-013-051	Concord Place (Facility closed 12/16/24)	0	0	60	60	0	0	0	60
Cabarrus	NH0027	Five Oaks Rehabilitation and Care Center	24	0	0	24	0	0	0	24
Cabarrus	HAL-013-053	Morningside of Concord	0	0	0	105	0	0	0	105
Cabarrus	HAL-013-041	Mt. Pleasant House	0	0	74	74	0	0	0	74
Cabarrus	HAL-013-006	St. Andrews Living Center	0	0	56	56	0	0	0	56
Cabarrus	HAL-013-048	TerraBella Harrisburg	0	0	96	96	0	0	0	96
Cabarrus	HAL-013-050	The Country Home	0	0	40	40	0	0	0	40
Cabarrus	HAL-013-049	The Drake	0	0	66	66	0	0	0	66
Cabarrus	HAL-013-046	The Landings of Cabarrus	0	0	67	67	0	0	0	67
Cabarrus	HAL-013-044	The Living Center of Concord (Facility closed 11/18/25)	0	0	180	180	0	0	0	180
Cabarrus Totals			24	0	781	910	0	0	0	910
Caldwell	HAL-014-014	Brockford Inn	0	0	67	67	0	0	0	67
Caldwell	HAL-014-010	Brookdale Lenoir	0	0	82	82	0	0	0	82
Caldwell	HAL-014-017	Grace Village Assisted Living & Memory Care	0	0	78	78	0	0	0	78
Caldwell	HAL-014-015	Grandview Villa Assisted Living	0	0	40	40	0	0	0	40
Caldwell	HAL-014-004	The Shaire Center	0	0	82	82	0	0	0	82
Caldwell Totals			0	0	349	349	0	0	0	349
Camden	HAL-015-002	Needham Adult Care Home	0	0	24	24	0	0	0	24
Camden Totals			0	0	24	24	0	0	0	24
Carteret	HAL-016-006	Brookdale Morehead City	0	0	72	72	0	0	0	72
Carteret	HAL-016-018	Carteret House	0	0	64	64	0	0	0	64
Carteret	HAL-016-022	Carteret Landing	0	0	110	110	0	0	0	110
Carteret	NH0664	Embassy at Morehead City	50	0	0	50	0	0	0	50
Carteret Totals			50	0	246	296	0	0	0	296
Caswell	HAL-017-054	Caswell House	0	0	100	100	0	0	0	100
Caswell	HAL-017-040	G. Anthony Rucker Rest Home	0	0	12	12	0	0	0	12
Caswell	HAL-017-059	Jefferson Care Home	0	0	12	12	0	0	0	12
Caswell Totals			0	0	124	124	0	0	0	124
Catawba	HAL-018-011	Brookdale Falling Creek	0	0	60	60	0	0	0	60
Catawba	HAL-018-016	Brookdale Hickory Northeast	0	0	88	88	0	0	0	88
Catawba	HAL-018-040	Catawba Valley Assisted Living	0	0	80	80	0	0	0	80
Catawba	HAL-018-041	Comfort Cove (Formerly Heritage Place II)	0	0	0	21	0	0	0	21
Catawba	HAL-018-042	Heritage Care Home of Austin (Formerly Austin Adult Care)	0	0	0	29	0	0	0	29

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A	B	C	D	E	F	G	H	I	J	K
Service Area	License Number	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Available in SMFP	Total Planning Inventory
							CON	CON Bed Transfer		
Catawba	HAL-018-018	Heritage Care of Conover	0	0	60	60	0	0	0	60
Catawba	HAL-018-039	Hickory Village	0	0	56	56	0	0	0	56
Catawba	HAL-018-037	Piedmont Village at Newton	0	0	40	40	0	0	0	40
Catawba	HAL-018-032	Springs of Catawba	0	0	66	66	0	0	0	66
Catawba	HAL-018-036	TerraBella Newton	0	0	96	96	0	0	0	96
Catawba	NH0337	The Greens at Hickory	20	0	0	20	0	0	0	20
Catawba	NH0068	Trinity Village	90	0	0	90	0	0	0	90
Catawba Totals			110	0	546	706	0	0	0	706
Chatham	HAL-019-019	Cambridge Hills of Pittsboro	0	0	90	90	0	0	0	90
Chatham		Chatham County Rehabilitation Center (Transfer 6 beds from Liberty Commons Nursing and Rehabilitation Center of Halifax and 30 beds from Cross Creek Health Care of Hyde County)	0	0	0	0	0	36	0	36
Chatham	HAL-019-023	Chatham Ridge Assisted Living	0	0	91	91	0	0	0	91
Chatham	HAL-019-022	Dunmore Senior Living of Siler City	0	0	86	86	0	0	0	86
Chatham		The Landings of Chatham Park (Transfer 57 beds from The Landings of Tarboro in Edgecombe County)	0	0	0	0	0	57	0	57
Chatham Totals			0	0	267	267	0	93	0	360
Chowan	HAL-021-009	Edenton House	0	0	60	60	0	0	0	60
Chowan	HAL-021-008	Edenton Prime Time Retirement Village	0	0	60	60	0	0	0	60
Chowan Totals			0	0	120	120	0	0	0	120
Clay	HAL-022-005	Hayesville House	0	0	60	60	0	0	0	60
Clay Totals			0	0	60	60	0	0	0	60
Cleveland	HAL-023-045	Cleveland House	0	0	72	72	0	0	0	72
Cleveland	HAL-023-041	Golden Years Rest Home	0	0	12	12	0	0	0	12
Cleveland	HAL-023-051	Kings Mountain Memory Care Center	0	0	20	20	0	0	0	20
Cleveland	HAL-023-050	Navion of Shelby	0	0	60	60	0	0	0	60
Cleveland	HAL-023-049	Openview Retirement Center	0	0	24	24	0	0	0	24
Cleveland	HAL-023-046	Shelby Manor	0	0	74	74	0	0	0	74
Cleveland	HAL-023-042	Summit Place of Kings Mountain	0	0	65	65	0	0	0	65
Cleveland	HAL-023-048	TerraBella Shelby	0	0	96	96	0	0	0	96
Cleveland Totals			0	0	423	423	0	0	0	423
Columbus	NH0283	Liberty Commons Nursing and Rehabilitation Center of Columbus County	40	0	0	40	0	0	0	40
Columbus	NH0246	Premier Living and Rehab Center	15	0	0	15	0	0	0	15
Columbus	NH0510	Shoreland Health Care and Retirement Center Inc	10	0	0	10	0	0	0	10
Columbus	HAL-024-015	Tabor Commons	0	0	80	80	0	0	0	80
Columbus	HAL-024-016	Waccamaw Village Rest Home (Facility closed 12/31/24)	0	0	80	80	0	0	0	80

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A	B	C	D	E	F	G	H	I	J	K
Service Area	License Number	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Available in SMFP	Total Planning Inventory
							CON	CON Bed Transfer		
Columbus Totals			65	0	160	225	0	0	0	225
Craven	NH0567	Bayview Nursing & Rehabilitation Center	12	0	0	12	0	0	0	12
Craven	HAL-025-043	Golden Heights Assisted Living	0	0	54	54	0	0	0	54
Craven	HAL-025-039	Homeplace of New Bern	0	0	60	60	0	0	0	60
Craven	HAL-025-045	Navion of New Bern	0	0	60	60	0	0	0	60
Craven	NH0344	Riverpoint Crest Nursing and Rehabilitation Center	18	0	0	18	0	0	0	18
Craven	HAL-025-026	Riverstone	0	0	64	64	0	0	0	64
Craven	HAL-025-035	The Gardens of Trent	0	0	60	60	0	0	0	60
Craven	HAL-025-046	The Indigo at New Bern	0	0	72	72	0	0	0	72
Craven	HAL-025-044	The Viridian	0	0	48	48	0	0	0	48
Craven	HAL-025-041	Truewood by Merrill, New Bern	0	0	55	55	0	0	0	55
Craven	HAL-025-040	Truewood by Merrill, New Bern Memory Care	0	0	25	25	0	0	0	25
Craven Totals			30	0	498	528	0	0	0	528
Cumberland	HAL-026-069	Cardinal Care of Hope Mills	0	0	29	29	0	0	0	29
Cumberland	HAL-026-017	Carolina Inn at Village Green	0	0	100	100	0	0	0	100
Cumberland		Cumberland County Rehabilitation Center (Transfer 36 beds from Mann Street Residential Care))	0	0	0	0	0	36	0	36
Cumberland	HAL-026-071	Cumberland Creek Assisted Living	0	0	163	163	0	0	0	163
Cumberland	HAL-026-054	Fayetteville Manor	0	0	60	60	0	0	0	60
Cumberland	HAL-026-065	Harmony at Hope Mills	0	0	100	100	0	0	0	100
Cumberland	NH0454	Haymount Rehabilitation & Nursing Center Inc	14	0	0	14	0	0	0	14
Cumberland	HAL-026-064	Heritage Suites	0	0	62	62	0	0	0	62
Cumberland	NH0117	Highland House Rehabilitation and Healthcare	53	0	0	53	0	0	0	53
Cumberland	HAL-026-070	Hope Mills Retirement Center	0	0	64	64	0	0	0	64
Cumberland	HAL-026-053	Mann Street Residential Care Facility (Facility closed. Transfer 36 beds to Cumberland County Rehabilitation Center)	0	0	0	0	36	-36	0	0
Cumberland	HAL-026-066	Morning Star Special Care Unit	0	0	44	44	0	0	0	44
Cumberland	HAL-026-048	Pine Valley Adult Care Home	0	0	40	40	0	0	0	40
Cumberland	HAL-026-068	TerraBella Fayetteville (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	96
Cumberland	HAL-026-052	Valley Pines Adult Care	0	0	23	23	0	0	0	23
Cumberland	NH0577	Woodlands Nursing and Rehabilitation Center	20	0	0	20	0	0	0	20
Cumberland Totals			87	0	781	868	36	0	0	904
Currituck	HAL-027-003	Currituck House	0	0	90	90	0	0	0	90
Currituck Totals			0	0	90	90	0	0	0	90
Dare	HAL-028-002	Spring Arbor of the Outer Banks	0	0	102	102	0	0	0	102
Dare Totals			0	0	102	102	0	0	0	102
Davidson	HAL-029-006	Brookdale Lexington	0	0	76	76	0	0	0	76

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A	B	C	D	E	F	G	H	I	J	K
Service Area	License Number	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Available in SMFP	Total Planning Inventory
							CON	CON Bed Transfer		
Davidson	HAL-029-014	Brookstone Retirement Center	0	0	0	115	0	0	0	115
Davidson	HAL-029-013	Brookstone Terrace of Thomasville	0	0	62	62	0	0	0	62
Davidson	HAL-029-010	Grayson Creek of Welcome	0	0	75	75	0	0	0	75
Davidson	HAL-029-002	Hilltop Living Center (Facility closed 12/31/24)	0	0	65	65	0	0	0	65
Davidson	HAL-029-011	Mallard Ridge Assisted Living	0	0	100	100	0	0	0	100
Davidson	NH0259	Mountain Vista Health Park	60	0	0	60	0	0	0	60
Davidson	NH0187	Pine Ridge Health and Rehabilitation Center	14	0	0	14	0	0	0	14
Davidson Totals			74	0	378	567	0	0	0	567
Davie	NH0560	Bermuda Commons Nursing and Rehabilitation Center	10	0	0	10	0	0	0	10
Davie	NH0519	Bermuda Village Retirement Center	21	0	0	21	0	0	0	21
Davie	NH0221	Davie Nursing and Rehabilitation Center	12	0	0	12	0	0	0	12
Davie	HAL-030-009	Mocksville Senior Living and Memory Care	0	0	69	69	0	0	0	69
Davie	HAL-030-010	PS Senior Living of Mocksville	0	0	40	40	0	0	0	40
Davie	HAL-030-008	Somerset Court of Mocksville	0	0	60	60	0	0	0	60
Davie Totals			43	0	169	212	0	0	0	212
Duplin	HAL-031-018	Autumn Village (Transfer 9 beds to The Gardens of Rose Hill)	0	0	88	88	0	-9	0	79
Duplin	HAL-031-022	DaySpring of Wallace	0	0	80	80	0	0	0	80
Duplin	HAL-031-019	The Gardens of Rose Hill (Transfer 9 beds from Autumn Village)	0	0	45	45	0	9	0	54
Duplin	HAL-031-016	Wallace Gardens	0	0	64	64	0	0	0	64
Duplin	HAL-031-023	Wellington Park	0	0	0	80	0	0	0	80
Duplin Totals			0	0	277	357	0	0	0	357
Durham	HAL-032-131	Atria Southpoint Walk	0	0	20	20	0	0	0	20
Durham	HAL-032-019	Brookdale Chapel Hill	0	0	38	38	0	0	0	38
Durham	HAL-032-016	Brookdale Chapel Hill AL (NC)	0	0	70	70	0	0	0	70
Durham	HAL-032-065	Brookdale Durham	0	0	119	119	0	0	0	119
Durham	HAL-032-134	Calyx Living of Durham	0	0	84	84	0	0	0	84
Durham	HAL-032-071	Camellia Gardens	0	0	81	81	0	0	0	81
Durham	HAL-032-132	Carolina Reserve of Durham	0	0	60	60	0	0	0	60
Durham	NH0543	Carver Living Center (Transfer 20 beds to Liberty Assisted Living of Durham)	20	0	0	20	0	-20	0	0
Durham	HAL-032-091	Durham Ridge Assisted Living	0	0	142	142	0	0	0	142
Durham	HAL-032-073	Eden Spring Living Center	0	0	19	19	0	0	0	19
Durham	HAL-032-002	Ellison's Rest Home #1 (Facility closed 4/30/19. Transfer 29 beds to Liberty Assisted Living of Durham)	0	0	29	29	0	-29	0	0
Durham	HAL-032-001	Eno Pointe Assisted Living	0	0	147	147	0	0	0	147
Durham	NH0038	Hillcrest Convalescent Center Inc	34	0	0	34	0	0	0	34

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A	B	C	D	E	F	G	H	I	J	K
Service Area	License Number	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Available in SMFP	Total Planning Inventory
							CON	CON Bed Transfer		
Durham		Liberty Assisted Living of Durham (Transfer 29 beds from Ellison's Rest Home and 20 beds from Carver Living Center)	0	0	0	0	0	49	0	49
Durham	HAL-032-109	Seasons @ Southpoint	0	0	51	51	0	0	0	51
Durham	HAL-032-133	TerraBella Durham (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	96
Durham Totals			54	0	956	1,010	0	0	0	1,010
Edgecombe	HAL-033-007	Barclay House of Tarboro	0	0	0	56	0	0	0	56
Edgecombe	HAL-033-005	Heritage Care of Rocky Mount	0	0	126	126	0	0	0	126
Edgecombe	HAL-033-006	The Bridges of Hendricks Creek	0	0	73	73	0	0	0	73
Edgecombe		The Landings of Tarboro (Transfer 57 beds to The Landings of Chatham Park in Chatham County)	0	0	0	0	66	-57	0	9
Edgecombe Totals			0	0	199	255	66	-57	0	264
Forsyth		Arbor Ridge at Stanleyville (Transfer 26 beds from The Ivy at Clemmons to Kerner Ridge Assisted Living instead of Arbor Ridge at Stanleyville.)	0	0	0	0	26	-26	0	0
Forsyth	HAL-034-026	Brighton Gardens of Winston-Salem	0	0	115	115	0	0	0	115
Forsyth	HAL-034-035	Brookdale Reynolda Road	0	0	72	72	0	0	0	72
Forsyth	HAL-034-027	Brookdale Winston-Salem	0	0	38	38	0	0	0	38
Forsyth	HAL-034-102	Brookstone of Clemmons	0	0	40	40	0	0	0	40
Forsyth	HAL-034-019	C.R.T. - Golden Lamb Rest Home	0	0	40	40	0	0	0	40
Forsyth	HAL-034-106	Cadence at Clemmons (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	96
Forsyth	HAL-034-090	Clemmons Village I	0	0	60	60	0	0	0	60
Forsyth	HAL-034-062	Clemmons Village II	0	0	66	66	0	0	0	66
Forsyth	HAL-034-060	Creekside Manor	0	0	60	60	0	0	0	60
Forsyth	HAL-034-116	Grand Villa Assisted Living at Winston	0	0	142	142	0	0	0	142
Forsyth	HAL-034-112	Harmony at Brookberry Farm	0	0	121	121	0	0	0	121
Forsyth		Harmony at Kernersville (Transfer 96 beds from The Ivy at Clemmons)	0	0	0	0	0	96	0	96
Forsyth	HAL-034-023	Homestead Hills Assisted Living	0	0	66	66	0	0	0	66
Forsyth	HAL-034-115	Kerner Ridge Assisted Living (Transfer 26 beds from The Ivy at Clemmons)	0	0	66	66	0	26	0	92
Forsyth	HAL-034-097	Magnolia Creek Assisted Living	0	0	117	117	0	0	0	117
Forsyth	HAL-034-068	Memory Care of the Triad	0	0	42	42	0	0	0	42
Forsyth	NH0266	Mill Creek Center for Nursing and Rehabilitation	14	0	0	14	0	0	0	14
Forsyth	HAL-034-118	PruittPlace-Winston Salem	0	0	125	125	0	0	0	125
Forsyth	HAL-034-111	Shuler Health Care/Crane Villa	0	0	12	12	0	0	0	12
Forsyth	HAL-034-110	Shuler Health Care/Phillips Villa	0	0	12	12	0	0	0	12
Forsyth	HAL-034-109	Shuler Health Care/Pierce Villa	0	0	12	12	0	0	0	12

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A	B	C	D	E	F	G	H	I	J	K
Service Area	License Number	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Available in SMFP	Total Planning Inventory
							CON	CON Bed Transfer		
Forsyth	HAL-034-108	Shuler Health Care/Record Villa	0	0	12	12	0	0	0	12
Forsyth	HAL-034-107	Shuler Health Care/Storey Villa	0	0	12	12	0	0	0	12
Forsyth	HAL-034-100	Somerset Court at University Place	0	0	60	60	0	0	0	60
Forsyth	HAL-034-114	Southfork	0	0	78	78	0	0	0	78
Forsyth	HAL-034-069	The Bradford Village of Kernersville - West	0	0	62	62	0	0	0	62
Forsyth	HAL-034-117	The Ivy at Clemmons (Facility closed. 96 beds to be relocated to Harmony at Kernersville and 26 to Kerner Ridge Assisted Living)	0	0	122	122	-26	-96	0	0
Forsyth	HAL-034-093	The Southwood	0	0	100	100	0	0	0	100
Forsyth	HAL-034-104	Tranquility Care	0	0	60	60	0	0	0	60
Forsyth	HAL-034-085	Trinity Elms	0	0	104	104	0	0	0	104
Forsyth	HAL-034-003	Verra Spring at Heritage Woods	0	0	29	29	0	0	0	29
Forsyth	HAL-034-016	Vienna Village	0	0	90	90	0	0	0	90
Forsyth Totals			14	0	2,031	2,045	0	0	0	2,045
Franklin	HAL-035-024	Franklin Manor Assisted Living Center	0	0	54	54	0	0	0	54
Franklin	NH0486	Franklin Oaks Nursing and Rehabilitation Center	10	0	0	10	0	0	0	10
Franklin	NH0264	Louisburg Healthcare & Rehabilitation Center	60	0	0	60	0	0	0	60
Franklin	HAL-035-031	Southern Living for Seniors of Louisburg (Facility closed 1/2/25)	0	0	0	0	0	0	0	0
Franklin Totals			70	0	54	124	0	0	0	124
Gaston		Arbor Ridge at Belmont (Transfer 86 beds from Magnolia Gardens)	0	0	0	0	0	86	0	86
Gaston	HAL-036-013	Brookdale New Hope	0	0	86	86	0	0	0	86
Gaston	HAL-036-015	Brookdale Robinwood	0	0	89	89	0	0	0	89
Gaston	HAL-036-012	Brookdale Union	0	0	78	78	0	0	0	78
Gaston	NH0287	Carolina Care Health and Rehabilitation	12	0	0	12	0	0	0	12
Gaston	HAL-036-018	Country Time Inn	0	0	59	59	0	0	0	59
Gaston	NH0494	Courtland Terrace	19	0	0	19	0	0	0	19
Gaston	NH0547	Gastonia Health & Rehab Center	10	0	0	10	0	0	0	10
Gaston	HAL-036-036	Magnolia Gardens (Facility closed. Transfer 86 beds to Arbor Ridge at Belmont.)	0	0	86	86	0	-86	0	0
Gaston	HAL-036-041	Morningside of Gastonia	0	0	0	105	0	0	0	105
Gaston	NH0403	Peak Resources-Cherryville	57	0	0	57	0	0	0	57
Gaston	HAL-036-004	Rosewood Assisted Living	0	0	48	48	0	0	0	48
Gaston	HAL-036-034	Somerset Court of Cherryville	0	0	60	60	0	0	0	60
Gaston	HAL-036-039	TerraBella Cramer Mountain	0	0	128	128	0	0	0	128
Gaston	HAL-036-023	Terrace Ridge Assisted Living	0	0	74	74	0	0	0	74
Gaston	HAL-036-031	Wellington House	0	0	48	48	0	0	0	48
Gaston	HAL-036-040	Woodlawn Haven Assisted Living	0	0	80	80	0	0	0	80

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A	B	C	D	E	F	G	H	I	J	K
Service Area	License Number	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Available in SMFP	Total Planning Inventory
							CON	CON Bed Transfer		
Gaston Totals			98	0	836	1,039	0	0	0	1,039
Gates	NH0513	Gates Health and Rehabilitation Center	10	0	0	10	0	0	0	10
Gates	HAL-037-002	Gates House	0	0	70	70	0	0	0	70
Gates Totals			10	0	70	80	0	0	0	80
Graham	NH0495	Graham Healthcare and Rehabilitation Center	23	0	0	23	0	0	0	23
Graham Totals			23	0	0	23	0	0	0	23
Granville	HAL-039-016	Dunmore Senior Living of Oxford	0	0	60	60	0	0	0	60
Granville	HAL-039-015	Heritage Meadows Long Term Care	0	0	80	80	0	0	0	80
Granville	NH0447	Oxford Health and Rehabilitation Center	20	0	0	20	0	0	0	20
Granville	HAL-039-017	Toney Rest Home	0	0	60	60	0	0	0	60
Granville	HAL-039-018	Tre' More Manor ALF	0	0	31	31	0	0	0	31
Granville Totals			20	0	231	251	0	0	0	251
Greene	NH0373	Greendale Forest Nursing and Rehabilitation Center	17	0	0	17	0	0	0	17
Greene	HAL-040-009	Snow Hill Assisted Living	0	0	40	40	0	0	0	40
Greene Totals			17	0	40	57	0	0	0	57
Guilford	HAL-041-060	Abbotswood at Irving Park Assisted Living	0	0	28	28	0	0	0	28
Guilford	HAL-041-082	Alpha Concord of Greensboro	0	0	64	64	0	0	0	64
Guilford	NH0135	Blumenthal Health and Rehabilitation Center	20	0	0	20	0	0	0	20
Guilford	HAL-041-030	Brookdale High Point	0	0	82	82	0	0	0	82
Guilford	HAL-041-033	Brookdale High Point North	0	0	65	65	0	0	0	65
Guilford	HAL-041-039	Brookdale High Point North AL (NC)	0	0	102	102	0	0	0	102
Guilford	HAL-041-062	Brookdale Lawndale Park	0	0	118	118	0	0	0	118
Guilford	HAL-041-031	Brookdale Northwest Greensboro	0	0	81	81	0	0	0	81
Guilford	HAL-041-029	Brookdale Skeet Club	0	0	79	79	0	0	0	79
Guilford	HAL-041-091	Brookstone Terrace of Greensboro	0	0	108	108	0	0	0	108
Guilford	HAL-041-054	Clapp's Assisted Living (Transfer 30 beds to Clapps Nursing Center)	0	0	30	30	0	-30	0	0
Guilford		Clapps Nursing Center (Transfer 30 beds from Clapp's Assisted Living)	0	0	0	0	0	30	0	30
Guilford	NH0226	Countryside	16	0	0	16	0	0	0	16
Guilford	HAL-041-077	Guilford House (Relocate 29 beds to The Waverly at Oak Hollow)	0	0	60	60	0	-29	0	31
Guilford	HAL-041-086	Harmony at Greensboro	0	0	92	92	0	0	0	92
Guilford		Heartland Living & Rehab (Replacement facility. Relocate 18 beds from Heartland Living and Rehab.)	0	0	0	0	0	18	0	18
Guilford	NH0601	Heartland Living & Rehab @ The Moses H Cone Mem Hosp (Relocate 18 beds to Heartland Living and Rehab replacement facility)	37	0	0	37	0	-18	0	19

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A	B	C	D	E	F	G	H	I	J	K
Service Area	License Number	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Available in SMFP	Total Planning Inventory
							CON	CON Bed Transfer		
Guilford	HAL-041-080	Holden Heights (Transfer 60 beds to The Stanbridge and 36 beds to the Waverly at Oak Hollow)	0	0	96	96	0	-96	0	0
Guilford	HAL-041-015	Lawson Retirement Center, Inc.	0	0	18	18	0	0	0	18
Guilford	NH0552	Maple Grove Health and Rehabilitation Center	40	0	0	40	0	0	0	40
Guilford	HAL-041-052	Morningview at Irving Park (Facility closed 9/1/25.)	0	0	105	105	0	0	0	105
Guilford	HAL-041-010	Piedmont Christian Home	0	0	93	93	0	0	0	93
Guilford	HAL-041-089	Richland Square	0	0	70	70	0	0	0	70
Guilford	HAL-041-088	Spring Arbor of Greensboro	0	0	100	100	0	0	0	100
Guilford	HAL-041-023	St. Gales Estates (Facility closed)	0	0	0	0	0	0	0	0
Guilford	HAL-041-087	TerraBella Greensboro	0	0	125	125	0	0	0	125
Guilford	HAL-041-078	The Arboretum at Heritage Greens	0	0	66	66	0	0	0	66
Guilford	HAL-041-085	The Elms at Abbotswood	0	0	48	48	0	0	0	48
Guilford		The Stanbridge (Transfer 60 beds from Holden Heights)	0	0	0	0	0	60	0	60
Guilford		The Waverly at Oak Hollow (Transfer 29 beds from Guilford House and 36 beds from Holden Heights)	0	0	0	0	0	65	0	65
Guilford	HAL-041-079	Verra Springs at Heritage Greens	0	0	45	45	0	0	0	45
Guilford	HAL-041-072	Wellington Oaks	0	0	85	85	0	0	0	85
Guilford	HAL-041-090	Westchester Harbour at Providence Place	0	0	0	90	0	0	0	90
Guilford Totals			113	0	1,760	1,963	0	0	0	1,963
Halifax		2026 SMFP Need Determination	0	0	0	0	0	0	40	40
Halifax	NH0656	Bryan Health and Rehab	20	0	0	20	0	0	0	20
Halifax	HAL-042-005	Carolina Rest Home	0	0	40	40	0	0	0	40
Halifax	NH0469	Liberty Commons Nsg and Rehab Ctr of Halifax County (Transfer 6 beds to Chatham County Rehabilitation Center in Chatham County)	25	0	0	25	0	-6	0	19
Halifax	HAL-042-006	Scotland House	0	0	60	60	0	0	0	60
Halifax	HAL-042-007	The Landings of Lake Gaston	0	0	60	60	0	0	0	60
Halifax Totals			45	0	160	205	0	-6	40	239
Harnett	HAL-043-029	Absolute Care Assisted Living	0	0	12	12	0	0	0	12
Harnett	HAL-043-031	Absolute Care Assisted Living II	0	0	12	12	0	0	0	12
Harnett	HAL-043-034	Cardinal Care of Dunn	0	0	36	36	0	0	0	36
Harnett	HAL-043-027	Green Leaf Care Center	0	0	105	105	0	0	0	105
Harnett	HAL-043-035	Johnson Better Care Facility, Inc	0	0	50	50	0	0	0	50
Harnett	NH0444	Lillington Health and Rehabilitation Center	106	0	0	106	0	0	0	106
Harnett	HAL-043-015	Oak Hill Living Center	0	0	122	122	0	0	0	122
Harnett	HAL-043-022	Pinecrest Gardens	0	0	60	60	0	0	0	60
Harnett	HAL-043-006	Senior Citizens Village	0	0	65	65	0	0	0	65
Harnett	NH0482	The Carrolton of Dunn	8	0	0	8	0	0	0	8

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A	B	C	D	E	F	G	H	I	J	K
Service Area	License Number	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Available in SMFP	Total Planning Inventory
							CON	CON Bed Transfer		
Harnett	HAL-043-024	The Springs of Ballentine	0	0	50	50	0	0	0	50
Harnett Totals			114	0	512	626	0	0	0	626
Haywood	NH0366	Autumn Care of Waynesville	10	0	0	10	0	0	0	10
Haywood	HAL-044-022	Chestnut Park Retirement Center	0	0	20	20	0	0	0	20
Haywood	HAL-044-042	Haywood House	0	0	60	60	0	0	0	60
Haywood	HAL-044-009	Haywood Lodge and Retirement Center	0	0	72	72	0	0	0	72
Haywood	HAL-044-049	McCracken Rest Home	0	0	22	22	0	0	0	22
Haywood	HAL-044-012	Pigeon Valley Rest Home (Facility closed 9/5/24.)	0	0	29	29	0	0	0	29
Haywood	NH0458	Silver Bluff	42	0	0	42	0	0	0	42
Haywood	HAL-044-039	Spicewood Cottages Elms	0	0	17	17	0	0	0	17
Haywood	HAL-044-048	Spicewood Cottages Meadows	0	0	9	9	0	0	0	9
Haywood	HAL-044-040	Spicewood Cottages Oaks	0	0	20	20	0	0	0	20
Haywood	HAL-044-041	Spicewood Cottages Willows	0	0	20	20	0	0	0	20
Haywood Totals			52	0	269	321	0	0	0	321
Henderson	HAL-045-125	Carolina Reserve of Hendersonville	0	0	61	61	0	0	0	61
Henderson	HAL-045-126	Carolina Reserve of Laurel Park	0	0	48	48	0	0	0	48
Henderson	HAL-045-115	Cherry Springs Village	0	0	60	60	0	0	0	60
Henderson	HAL-045-113	Henderson's Assisted Living	0	0	26	26	0	0	0	26
Henderson	HAL-045-123	Heritage Hills Senior Living	0	0	24	24	0	0	0	24
Henderson	HAL-045-005	McCullough's Rest Home	0	0	13	13	0	0	0	13
Henderson	HAL-045-112	Mountain View Assisted Living	0	0	27	27	0	0	0	27
Henderson	HAL-045-131	Stonecroft Assisted Living	0	0	58	58	0	0	0	58
Henderson	HAL-045-130	TerraBella Hendersonville	0	0	96	96	0	0	0	96
Henderson	HAL-045-129	The Gardens of Hendersonville	0	0	60	60	0	0	0	60
Henderson	HAL-045-127	The Landings of Mills River	0	0	65	65	0	0	0	65
Henderson	NH0480	The Laurels of Hendersonville	20	0	0	20	0	0	0	20
Henderson Totals			20	0	538	558	0	0	0	558
Hertford	HAL-046-020	Ahoskie Assisted Living	0	0	92	92	0	0	0	92
Hertford	HAL-046-004	Ahoskie House	0	0	60	60	0	0	0	60
Hertford Totals			0	0	152	152	0	0	0	152
Hoke	HAL-047-014	Open Arms Retirement Center	0	0	90	90	0	0	0	90
Hoke	HAL-047-016	Spring Arbor of Sand Hills	0	0	75	75	0	0	0	75
Hoke Totals			0	0	165	165	0	0	0	165
Hyde	NH0515	Cross Creek Health Care (Transfer 30 beds to Chatham County Rehabilitation Center)	30	0	0	30	0	-30	0	0
Hyde Totals			30	0	0	30	0	-30	0	0
Iredell	NH0599	Autumn Care of Statesville	10	0	0	10	0	0	0	10

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A	B	C	D	E	F	G	H	I	J	K
Service Area	License Number	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Available in SMFP	Total Planning Inventory
							CON	CON Bed Transfer		
Iredell	HAL-049-019	Brookdale East Broad	0	0	58	58	0	0	0	58
Iredell	HAL-049-020	Brookdale Peachtree AL	0	0	87	87	0	0	0	87
Iredell	HAL-049-021	Brookdale Peachtree MC	0	0	40	40	0	0	0	40
Iredell	HAL-049-034	Cadence Mooresville (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	96
Iredell	HAL-049-010	Crown Colony (Facility closed. Transfer 60 beds to Grace Senior Living of Lake Norman)	0	0	60	60	0	-60	0	0
Iredell	NH0435	Glenwood Health & Rehabilitation	30	0	0	30	0	0	0	30
Iredell		Grace Senior Living of Lake Norman (Transfer 60 beds from Crown Colony)	0	0	0	0	0	60	0	60
Iredell	HAL-049-036	Harmony House Memory Care (Formerly Heritage Place)	0	0	40	40	0	0	0	40
Iredell	HAL-049-015	Jurney's Assisted Living	0	0	60	60	0	0	0	60
Iredell	HAL-049-033	Mill Creek Manor	0	0	80	80	0	0	0	80
Iredell	HAL-049-016	Olin Village	0	0	64	64	0	0	0	64
Iredell	HAL-049-004	Rosewood Assisted Living	0	0	54	54	0	0	0	54
Iredell	HAL-049-030	Summit Place of Mooresville	0	0	60	60	0	0	0	60
Iredell	HAL-049-035	Terrabella Lake Norman	0	0	120	120	0	0	0	120
Iredell	HAL-049-023	The Gardens of Statesville	0	0	67	67	0	0	0	67
Iredell	NH0488	The Greens at Maple Leaf	8	0	0	8	0	0	0	8
Iredell Totals			48	0	886	934	0	0	0	934
Jackson	HAL-050-016	Morningstar Assisted Living	0	0	55	55	0	0	0	55
Jackson	HAL-050-017	The Hermitage	0	0	90	90	0	0	0	90
Jackson Totals			0	0	145	145	0	0	0	145
Johnston	HAL-051-070	Americares Adult Homes #1	0	0	12	12	0	0	0	12
Johnston	HAL-051-072	Americares Adult Homes #2	0	0	12	12	0	0	0	12
Johnston	HAL-051-071	Americares Adult Homes #3	0	0	12	12	0	0	0	12
Johnston	HAL-051-002	Autumn Home Care of Johnston County I	0	0	12	12	0	0	0	12
Johnston	HAL-051-003	Autumn Home Care of Johnston County II	0	0	12	12	0	0	0	12
Johnston	HAL-051-001	Autumn Home Care of Johnston County III	0	0	12	12	0	0	0	12
Johnston	HAL-051-024	Brookdale Smithfield	0	0	74	74	0	0	0	74
Johnston	HAL-051-041	Clayton House	0	0	60	60	0	0	0	60
Johnston	HAL-051-060	Four Oaks Senior Living	0	0	96	96	0	0	0	96
Johnston	HAL-051-048	Gabriel Manor Assisted Living Center	0	0	77	77	0	0	0	77
Johnston	HAL-051-073	Kingswood Reserve	0	0	66	66	0	0	0	66
Johnston	NH0606	Liberty Commons Nsg and Rehab Ctr of Johnston Cty	60	0	0	60	0	0	0	60
Johnston	HAL-051-069	McLamb's Rest Home	0	0	12	12	0	0	0	12
Johnston	HAL-051-068	McLamb's Rest Home #2	0	0	12	12	0	0	0	12
Johnston	HAL-051-047	Meadowview Assisted Living Center	0	0	60	60	0	0	0	60

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A	B	C	D	E	F	G	H	I	J	K
Service Area	License Number	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Available in SMFP	Total Planning Inventory
							CON	CON Bed Transfer		
Johnston	HAL-051-052	Progressive Care of Princeton	0	0	12	12	0	0	0	12
Johnston	HAL-051-061	Providence Assisted Living	0	0	20	20	0	0	0	20
Johnston	NH0182	Smithfield Manor Rehabilitation and Healthcare Center	20	0	0	20	0	0	0	20
Johnston	HAL-051-065	The Landings of Smithfield	0	0	66	66	0	0	0	66
Johnston Totals			80	0	627	707	0	0	0	707
Jones	NH0508	Brook Stone Living Center	20	0	0	20	0	0	0	20
Jones Totals			20	0	0	20	0	0	0	20
Lee	HAL-053-023	A Step from Home Residential Care Facility (Facility closed. Transfer 20 beds to Westfield Rehabilitation and Health Center)	0	0	0	0	20	-20	0	0
Lee	HAL-053-001	Oakhaven Home (Facility closed. Transfer 40 beds to Parkview Retirement Center)	0	0	40	40	0	-40	0	0
Lee	HAL-053-002	Oakhaven II (Facility closed. Transfer 12 beds to Parkview Retirement Center)	0	0	12	12	0	-12	0	0
Lee	HAL-053-004	Parkview Retirement Center ((Transfer 40 beds from Oakhaven Home and 12 beds from Oakhaven II))	0	0	116	116	0	52	0	168
Lee	HAL-053-030	Sanford Manor	0	0	85	85	0	0	0	85
Lee	HAL-053-031	Sanford Senior Living	0	0	50	50	0	0	0	50
Lee	NH0285	Westfield Rehabilitation and Health Center (Transfer 20 beds from A Step from Home Residential Care Facility)	0	0	0	0	0	20	0	20
Lee Totals			0	0	303	303	20	0	0	323
Lenoir	HAL-054-072	Honey's Assisted Living	0	0	63	63	0	0	0	63
Lenoir	HAL-054-070	Legacy Memory Care at Kinston	0	0	24	24	0	0	0	24
Lenoir	HAL-054-068	Lenoir Assisted Living	0	0	94	94	0	0	0	94
Lenoir	HAL-054-069	Rose Vista Assisted Living	0	0	60	60	0	0	0	60
Lenoir	HAL-054-071	Spring Arbor of Kinston	0	0	86	86	0	0	0	86
Lenoir Totals			0	0	327	327	0	0	0	327
Lincoln	HAL-055-001	Amazing Grace Rest Home	0	0	10	10	0	0	0	10
Lincoln	HAL-055-002	Boger City Rest Home	0	0	52	52	0	0	0	52
Lincoln	HAL-055-013	Heath House	0	0	60	60	0	0	0	60
Lincoln	HAL-055-003	Lakewood Care Center	0	0	60	60	0	0	0	60
Lincoln	HAL-055-004	North Brook Rest Home	0	0	12	12	0	0	0	12
Lincoln	HAL-055-009	TerraBella Lincolnton (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	96
Lincoln	NH0385	The Greens at Lincolnton	11	0	0	11	0	0	0	11
Lincoln	HAL-055-012	Wexford House	0	0	80	80	0	0	0	80
Lincoln Totals			11	0	370	381	0	0	0	381
Macon	HAL-056-005	Chestnut Hill of Highlands	0	0	26	26	0	0	0	26
Macon	HAL-056-006	Franklin House	0	0	70	70	0	0	0	70

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A	B	C	D	E	F	G	H	I	J	K
Service Area	License Number	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Available in SMFP	Total Planning Inventory
							CON	CON Bed Transfer		
Macon	HAL-056-001	Grandview Manor Care Center	0	0	82	82	0	0	0	82
Macon Totals			0	0	178	178	0	0	0	178
Madison	NH0479	Elderberry Health Care	20	0	0	20	0	0	0	20
Madison	HAL-057-011	Mars Hill Retirement Community	0	0	69	69	0	0	0	69
Madison Totals			20	0	69	89	0	0	0	89
Martin	HAL-058-010	Vintage Inn Retirement Community	0	0	122	122	0	0	0	122
Martin	HAL-058-011	Williamston House	0	0	60	60	0	0	0	60
Martin Totals			0	0	182	182	0	0	0	182
McDowell	NH0346	Autumn Care of Marion	15	0	0	15	0	0	0	15
McDowell	HAL-059-021	Cedarbrook Residential Center	0	0	80	80	0	0	0	80
McDowell	HAL-059-033	Houston House	0	0	29	29	0	0	0	29
McDowell	HAL-059-032	Lake James Lodge Assisted Living	0	0	60	60	0	0	0	60
McDowell	HAL-059-035	Marion Assisted Living	0	0	54	54	0	0	0	54
McDowell	HAL-059-034	McDowell House	0	0	25	25	0	0	0	25
McDowell	HAL-059-036	Rose Hill Retirement Community	0	0	87	87	0	0	0	87
McDowell Totals			15	0	335	350	0	0	0	350
Mecklenburg	HAL-060-170	Arbor Ridge at Huntersville	0	0	40	40	0	0	0	40
Mecklenburg	HAL-060-019	Brighton Gardens of Charlotte	0	0	125	125	0	0	0	125
Mecklenburg	HAL-060-049	Brookdale Carriage Club Providence II	0	0	34	34	0	0	0	34
Mecklenburg	HAL-060-060	Brookdale Charlotte East	0	0	50	50	0	0	0	50
Mecklenburg	HAL-060-101	Brookdale South Charlotte	0	0	82	82	0	0	0	82
Mecklenburg	HAL-060-085	Brookdale South Park	0	0	56	56	0	0	0	56
Mecklenburg	HAL-060-042	Brookdale Weddington Park	0	0	83	83	0	0	0	83
Mecklenburg	HAL-060-160	Cadence Huntersville	0	0	96	96	0	0	0	96
Mecklenburg	HAL-060-159	Cadence Senior Living at Mint Hill	0	0	84	84	0	0	0	84
Mecklenburg	HAL-060-171	Charter Senior Living of Charlotte	0	0	104	104	0	0	0	104
Mecklenburg	HAL-060-149	East Towne	0	0	120	120	0	0	0	120
Mecklenburg	HAL-060-014	Hunter Village	0	0	68	68	0	0	0	68
Mecklenburg	HAL-060-152	Legacy Heights Senior Living Community	0	0	122	122	0	0	0	122
Mecklenburg	NH0060	Matthews Health & Rehab Center	0	0	0	0	0	0	0	0
Mecklenburg	HAL-060-176	MerryWood on Park	0	0	20	20	0	0	0	20
Mecklenburg	HAL-060-136	Mint Hill Senior Living	0	0	82	82	0	0	0	82
Mecklenburg	HAL-060-177	Northlake House	0	0	0	48	0	0	0	48
Mecklenburg	HAL-060-054	Parker Terrace	0	0	53	53	0	0	0	53
Mecklenburg	NH0521	Pineville Rehabilitation and Living Center (Transfer 10 beds to Windsor Run Assisted Living)	10	0	0	10	0	-10	0	0
Mecklenburg	HAL-060-169	Preston House	0	0	40	40	0	0	0	40

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A	B	C	D	E	F	G	H	I	J	K
Service Area	License Number	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Available in SMFP	Total Planning Inventory
							CON	CON Bed Transfer		
Mecklenburg	HAL-060-126	Queen City Assisted Living (Facility closed 12/31/24.)	0	0	120	120	0	0	0	120
Mecklenburg	HAL-060-172	Ranson Ridge Assisted Living & Memory Care	0	0	100	100	0	0	0	100
Mecklenburg	NH0557	Rockwell Park Rehabilitation and Healthcare Center	20	0	0	20	0	0	0	20
Mecklenburg	HAL-060-175	Spring Arbor of Steele Creek (Formerly Wikshire Steele Creek)	0	0	90	90	0	0	0	90
Mecklenburg	HAL-060-116	Summit Place of Southpark	0	0	120	120	0	0	0	120
Mecklenburg	HAL-060-165	Sunrise on Providence	0	0	95	95	0	0	0	95
Mecklenburg	HAL-060-156	TerraBella Little Avenue	0	0	62	62	0	0	0	62
Mecklenburg	HAL-060-158	The Charlotte Assisted Living	0	0	119	119	0	0	0	119
Mecklenburg	HAL-060-162	The Haven in Highland Creek	0	0	60	60	0	0	0	60
Mecklenburg	HAL-060-163	The Haven in the Village at Carolina Place	0	0	60	60	0	0	0	60
Mecklenburg	HAL-060-161	The Laurels in Highland Creek	0	0	105	105	0	0	0	105
Mecklenburg	HAL-060-164	The Laurels in the Village at Carolina Place	0	0	104	104	0	0	0	104
Mecklenburg	HAL-060-109	The Little Flower Assisted Living	0	0	49	49	0	0	0	49
Mecklenburg	HAL-060-125	The Parc at Sharon Amity	0	0	64	64	0	0	0	64
Mecklenburg	HAL-060-168	The Pines On Carmel Senior Living	0	0	125	125	0	0	0	125
Mecklenburg	HAL-060-174	The Terrace at Brightmore of South Charlotte	0	0	34	34	0	0	0	34
Mecklenburg	NH0016	University Place Nursing and Rehabilitation Center	10	0	0	10	0	0	0	10
Mecklenburg	HAL-060-138	Waltonwood at Providence	0	0	80	80	0	0	0	80
Mecklenburg	HAL-060-148	Waltonwood Cotswold (85 beds awarded per settlement agreement)	0	0	125	125	0	0	0	125
Mecklenburg	HAL-060-111	Willow Ridge Memory Care	0	0	52	52	0	0	0	52
Mecklenburg		Windsor Run Assisted Living (Transfer 10 beds from Pineville Rehabilitation Center)	0	0	0	0	0	10	0	10
Mecklenburg Totals			40	0	2,823	2,911	0	0	0	2,911
Mitchell	HAL-061-011	Mitchell House	0	0	80	80	0	0	0	80
Mitchell Totals			0	0	80	80	0	0	0	80
Montgomery	NH0411	Autumn Care of Biscoe	10	0	0	10	0	0	0	10
Montgomery	HAL-062-016	Montgomery Senior Living	0	0	54	54	0	0	0	54
Montgomery	HAL-062-015	Poplar Springs Assisted Living	0	0	12	12	0	0	0	12
Montgomery	HAL-062-009	Sandy Ridge Assisted Living	0	0	120	120	0	0	0	120
Montgomery Totals			10	0	186	196	0	0	0	196
Moore	HAL-063-024	Brookdale Pinehurst	0	0	76	76	0	0	0	76
Moore	HAL-063-026	Charter Senior Living of Fox Hollow (Formerly Fox Hollow Senior Living Community)	0	0	0	85	0	0	0	85
Moore	NH0597	Dahlia Gardens Center for Nursing and Rehabilitation	10	0	0	10	0	0	0	10
Moore	HAL-063-007	Magnolia Gardens	0	0	110	110	0	0	0	110
Moore	NH0539	Peak Resources-Pinelake (Transfer 20 beds to Sandhills Health & Rehabilitation)	20	0	0	20	0	-20	0	0

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A Service Area	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H CON Approved/ License Pending		J Available in SMFP	K Total Planning Inventory
							CON	CON Bed Transfer		
Moore		Sandhills Health & Rehabilitation (Transfer 20 beds from Peak Resources-Pinelake)	0	0	0	0	0	20	0	20
Moore	HAL-063-023	Seven Lakes Assisted Living (Transfer 20 beds to The Landings of Pinehurst)	0	0	60	60	0	-20	0	40
Moore	NH0589	St Joseph of The Pines Health Center (Transfer 10 beds from CCRC The Coventry (Moore County))	10	0	0	10	0	10	0	20
Moore	HAL-063-011	Tara Plantation of Carthage	0	0	80	80	0	0	0	80
Moore	HAL-063-025	TerraBella Southern Pines	0	0	94	94	0	0	0	94
Moore		The Landings of Pinehurst (Transfer total of 44 beds from The Oaks at Pleasant Hill (Northampton County); and 20 beds from Seven Lakes Assisted Living)	0	0	0	0	0	64	0	64
Moore Totals			40	0	420	545	0	54	0	599
Nash	NH0602	Autumn Care of Nash	20	0	0	20	0	0	0	20
Nash	HAL-064-004	Breckenridge Retirement Center	0	0	64	64	0	0	0	64
Nash	HAL-064-035	Hunter Hill Assisted Living	0	0	64	64	0	0	0	64
Nash	HAL-064-036	Navion of Rocky Mount	0	0	60	60	0	0	0	60
Nash	HAL-064-029	Somerset Court of Rocky Mount	0	0	60	60	0	0	0	60
Nash	HAL-064-033	Spring Arbor of Rocky Mount	0	0	84	84	0	0	0	84
Nash	NH0437	The Carrolton of Nash	9	0	0	9	0	0	0	9
Nash	HAL-064-031	The Gardens of Nashville	0	0	62	62	0	0	0	62
Nash	HAL-064-034	The Landings of Rocky Mount Mills	0	0	60	60	0	0	0	60
Nash	NH0122	The Lodge at Rocky Mount	15	0	0	15	0	0	0	15
Nash Totals			44	0	454	498	0	0	0	498
New Hanover	NH0595	Autumn Care of Myrtle Grove	20	0	0	20	0	0	0	20
New Hanover	HAL-065-019	Brookdale Wilmington	0	0	38	38	0	0	0	38
New Hanover	HAL-065-034	Castle Creek Memory Care (Transfer 20 beds to The Luminance at Riverlights)	0	0	84	84	0	-20	0	64
New Hanover	HAL-065-035	Cedar Cove Assisted Living	0	0	64	64	0	0	0	64
New Hanover	HAL-065-020	Champions Assisted Living	0	0	148	148	0	0	0	148
New Hanover	HAL-065-004	Fannie Norwood Memorial Home (Facility closed. Transfer 16 beds to Tidewater at Carolina Bay)	0	0	0	0	16	-16	0	0
New Hanover	NH0569	Liberty Commons Rehabilitation Center	40	0	0	40	0	0	0	40
New Hanover	HAL-065-045	Morningside of Wilmington	0	0	101	101	0	0	0	101
New Hanover	HAL-065-036	New Hanover House (Transfer 40 beds to The Luminance at Riverlights)	0	0	61	61	0	-40	0	21
New Hanover	HAL-065-031	Port South Village/Carmen D. Villa (Facility closed. Transfer 12 bed to Tidewater at Carolina Bay)	0	0	0	0	12	-12	0	0
New Hanover	HAL-065-043	Port South Village/Catherine S. Villa (Facility closed. Transfer 12 beds to Tidewater at Carolina Bay)	0	0	0	0	12	-12	0	0

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A	B	C	D	E	F	G	H	I	J	K
Service Area	License Number	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Available in SMFP	Total Planning Inventory
							CON	CON Bed Transfer		
New Hanover	HAL-065-042	Port South Village/Crystal L. Villa (Facility closed. Transfer 12 beds to Tidewater at Carolina Bay)	0	0	0	0	12	-12	0	0
New Hanover	HAL-065-027	Port South Village/Lorraine B. Villa (Facility closed. Transfer 12 beds to Tidewater at Carolina Bay.)	0	0	0	0	12	-12	0	0
New Hanover	HAL-065-025	Port South Village/Tara L. Villa (Facility closed. Transfer of 12 beds to Tidewater at Carolina Bay)	0	0	0	0	12	-12	0	0
New Hanover	HAL-065-040	Port South Village/Teresa C. Villa (Facility closed. Transfer 12 beds to Tidewater at Carolina Bay)	0	0	0	0	12	-12	0	0
New Hanover	HAL-065-011	Sherwood Manor Rest Home	0	0	0	0	0	0	0	0
New Hanover	HAL-065-046	Spring Arbor of Wilmington	0	0	66	66	0	0	0	66
New Hanover	HAL-065-002	The Commons at Brightmore	0	0	201	201	0	0	0	201
New Hanover	HAL-065-023	The Kempton at Brightmore	0	0	84	84	0	0	0	84
New Hanover		The Luminance at Riverlights (Transfer 40 beds from New Hanover House and transfer 20 beds from Castle Creek Memory Care)	0	0	0	0	0	60	0	60
New Hanover		Tidewater at Carolina Bay (Transferred 16 beds from Fannie Norwood Memorial Home and transfer 72 beds from multiple Port South Village facilities)	0	0	0	0	0	88	0	88
New Hanover Totals			60	0	847	907	88	0	0	995
Northampton	HAL-066-012	Hampton Manor	0	0	82	82	0	0	0	82
Northampton	HAL-066-001	Pine Forest Rest Home	0	0	24	24	0	0	0	24
Northampton	HAL-066-011	Rich Square Manor	0	0	32	32	0	0	0	32
Northampton	HAL-066-010	Rich Square Villa (Transfer 22 beds from The Oaks at Pleasant Hill)	0	0	38	38	0	22	0	60
Northampton	HAL-066-018	The Oaks at Pleasant Hill (Facility closed. Transfer 44 beds to The Landings of Pinehurst (Moore County); transfer 22 beds to Rich Square Villa)	0	0	0	0	66	-66	0	0
Northampton Totals			0	0	176	176	66	-44	0	198
Onslow	HAL-067-004	Cardinal Care of Jacksonville	0	0	32	32	0	0	0	32
Onslow	HAL-067-008	Kempton of Jacksonville	0	0	79	79	0	0	0	79
Onslow	HAL-067-013	Lighthouse Village	0	0	80	80	0	0	0	80
Onslow	HAL-067-023	Onslow House (Transfer 40 beds to The Landings at Topsail Shores)	0	0	120	120	-40	0	0	80
Onslow	NH0229	Premier Nursing and Rehabilitation Center	7	0	0	7	0	0	0	7
Onslow	HAL-067-016	The Heritage of Richlands	0	0	40	40	0	0	0	40
Onslow		The Landings at Topsail Shores (Relocate 40 beds from Onslow House)	0	0	0	0	40	0	0	40
Onslow	HAL-067-025	The Landings of Swansboro	0	0	80	80	0	0	0	80
Onslow Totals			7	0	431	438	0	0	0	438
Orange	HAL-068-034	Adorable Senior Living	0	0	17	17	0	0	0	17
Orange	HAL-068-008	Brookdale Meadowmont	0	0	64	64	0	0	0	64

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A	B	C	D	E	F	G	H	I	J	K
Service Area	License Number	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Available in SMFP	Total Planning Inventory
							CON	CON Bed Transfer		
Orange	HAL-068-037	Graceful Living Assisted Living	0	0	120	120	0	0	0	120
Orange	NH0239	Parkview Health and Rehabilitation Center	7	0	0	7	0	0	0	7
Orange	NH0545	Peak Resources - Brookshire, Inc.	20	0	0	20	0	0	0	20
Orange	HAL-068-035	TerraBella Hillsborough	0	0	96	96	0	0	0	96
Orange	HAL-068-025	The Stratford	0	0	77	77	0	0	0	77
Orange Totals			27	0	374	401	0	0	0	401
Pamlico	NH0450	Grantsbrook Nursing and Rehabilitation Center	8	0	0	8	0	0	0	8
Pamlico	HAL-069-002	The Gardens of Pamlico	0	0	70	70	0	0	0	70
Pamlico Totals			8	0	70	78	0	0	0	78
Pasquotank	HAL-070-005	Brookdale Elizabeth City	0	0	76	76	0	0	0	76
Pasquotank	HAL-070-006	Heritage Care of Elizabeth City	0	0	60	60	0	0	0	60
Pasquotank	HAL-070-008	Waterbrooke of Elizabeth City	0	0	130	130	0	0	0	130
Pasquotank Totals			0	0	266	266	0	0	0	266
Pender	HAL-071-016	Arbor Landing at Hampstead	0	0	19	19	0	0	0	19
Pender	HAL-071-015	Poplar Grove	0	0	0	60	0	0	0	60
Pender	NH0300	Woodbury Wellness Center Inc (Delicensed 32 ACH beds)	100	0	0	100	-32	0	0	68
Pender Totals			100	0	19	179	-32	0	0	147
Perquimans		2026 SMFP Need Determination	0	0	0	0	0	0	14	14
Perquimans	HAL-072-015	Hertford Manor	0	0	24	24	0	0	0	24
Perquimans	HAL-072-014	The Landings of Albemarle	0	0	50	50	0	0	0	50
Perquimans Totals			0	0	74	74	0	0	14	88
Person	HAL-073-020	AngelSprings Assisted Living (Formerly Maple Heights Assisted Living)	0	0	0	34	0	0	0	34
Person	HAL-073-019	Roxboro Assisted Living OPCP LLC	0	0	120	120	0	0	0	120
Person	HAL-073-018	The Canterbury House	0	0	60	60	0	0	0	60
Person Totals			0	0	180	214	0	0	0	214
Pitt	HAL-074-046	Alpha Care One Assisted Living	0	0	120	120	0	0	0	120
Pitt	HAL-074-011	Brookdale Dickinson Avenue	0	0	76	76	0	0	0	76
Pitt	NH0505	East Carolina Health and Rehabilitation Center	20	0	0	20	0	0	0	20
Pitt	HAL-074-047	Navion of Greenville	0	0	60	60	0	0	0	60
Pitt	HAL-074-036	Oak Haven Assisted Living	0	0	54	54	0	0	0	54
Pitt	HAL-074-037	Red Oak Assisted Living	0	0	62	62	0	0	0	62
Pitt		Rising Phoenix (Transfer 29 beds from Winterville Manor)	0	0	0	0	0	29	0	29
Pitt	HAL-074-043	River Oak Assisted Living	0	0	80	80	0	0	0	80
Pitt	HAL-074-045	Spring Arbor of Greenville	0	0	66	66	0	0	0	66
Pitt	HAL-074-026	Winterville Manor (Facility closed. Transfer 29 beds to Rising Phoenix)	0	0	0	0	29	-29	0	0

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A	B	C	D	E	F	G	H	I	J	K
Service Area	License Number	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Available in SMFP	Total Planning Inventory
							CON	CON Bed Transfer		
Pitt Totals			20	0	518	538	29	0	0	567
Polk	HAL-075-010	Laurelwoods	0	0	60	60	0	0	0	60
Polk	HAL-075-011	Ridge Rest Assisted Living	0	0	12	12	0	0	0	12
Polk		The Gardens of Columbus	0	0	0	0	50	0	0	50
Polk Totals			0	0	72	72	50	0	0	122
Randolph	HAL-076-007	Brookdale Asheboro	0	0	76	76	0	0	0	76
Randolph	HAL-076-034	Brookstone Haven	0	0	120	120	0	0	0	120
Randolph	HAL-076-003	Cross Road Retirement Community	0	0	152	152	0	0	0	152
Randolph	HAL-076-027	North Pointe	0	0	67	67	0	0	0	67
Randolph	HAL-076-032	North Pointe Assisted Living Of Archdale	0	0	56	56	0	0	0	56
Randolph	HAL-076-035	TerraBella Asheboro	0	0	96	96	0	0	0	96
Randolph Totals			0	0	567	567	0	0	0	567
Richmond	HAL-077-010	Hamlet House	0	0	60	60	0	0	0	60
Richmond	HAL-077-012	Hermitage Retirement Center	0	0	114	114	0	0	0	114
Richmond	NH0455	Richmond Pines Healthcare and Rehabilitation Center	10	0	0	10	0	0	0	10
Richmond Totals			10	0	174	184	0	0	0	184
Robeson	HAL-078-038	Covenant Care	0	0	30	30	0	0	0	30
Robeson	HAL-078-082	Cromartie Spring Village Rest Home	0	0	11	11	0	0	0	11
Robeson	NH0533	GlenFlora	20	0	0	20	0	0	0	20
Robeson	HAL-078-112	Greenbrier of Fairmont	0	0	100	100	0	0	0	100
Robeson	HAL-078-100	Hope Springs	0	0	63	63	0	0	0	63
Robeson	HAL-078-064	Morning Star AL # 2	0	0	12	12	0	0	0	12
Robeson	HAL-078-065	Morning Star AL # 3	0	0	12	12	0	0	0	12
Robeson	HAL-078-067	Morning Star AL # 4	0	0	12	12	0	0	0	12
Robeson	HAL-078-083	Red Springs Assisted Living	0	0	81	81	0	0	0	81
Robeson	HAL-078-111	Rivers Edge of Lumberton	0	0	104	104	0	0	0	104
Robeson Totals			20	0	425	445	0	0	0	445
Rockingham	HAL-079-009	Brookdale Eden	0	0	82	82	0	0	0	82
Rockingham	HAL-079-007	Brookdale Reidsville	0	0	76	76	0	0	0	76
Rockingham	HAL-079-108	Devoted Assisted Living	0	0	18	18	0	0	0	18
Rockingham	HAL-079-002	Highgrove Long Term Care Center	0	0	62	62	0	0	0	62
Rockingham	HAL-079-053	North Pointe of Mayodan	0	0	70	70	0	0	0	70
Rockingham	NH0614	Penn Nursing Center	10	0	0	10	0	0	0	10
Rockingham	HAL-079-079	Pine Forrest Home for the Aged	0	0	58	58	0	0	0	58
Rockingham	HAL-079-106	The Landings of Rockingham	0	0	43	43	0	0	0	43
Rockingham Totals			10	0	409	419	0	0	0	419
Rowan	HAL-080-027	Alpha Concord Plantation	0	0	29	29	0	0	0	29

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A	B	C	D	E	F	G	H	I	J	K
Service Area	License Number	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Available in SMFP	Total Planning Inventory
							CON	CON Bed Transfer		
Rowan	HAL-080-029	Angels at Heart Assisted Living	0	0	28	28	0	0	0	28
Rowan	HAL-080-033	Best of Care	0	0	0	25	0	0	0	25
Rowan	HAL-080-032	Bethamy Retirement Center	0	0	43	43	0	0	0	43
Rowan	HAL-080-014	Brookdale Salisbury	0	0	88	88	0	0	0	88
Rowan	HAL-080-028	Compass Assisted Living Rowan	0	0	89	89	0	0	0	89
Rowan	NH0471	Compass Healthcare & Rehab Kannapolis	96	0	0	96	0	0	0	96
Rowan	HAL-080-031	Deal Care Inn	0	0	21	21	0	0	0	21
Rowan	HAL-080-003	Kannon Creek Assisted Living (Facility closed. Transfer 106 beds to The Landings of Salisbury)	0	0	0	0	106	-106	0	0
Rowan	NH0538	Lash Health & Rehab Center	20	0	0	20	0	0	0	20
Rowan	HAL-080-030	TerraBella Salisbury	0	0	128	128	0	0	0	128
Rowan	NH0441	The Citadel Salisbury	20	0	0	20	0	0	0	20
Rowan		The Landings of Salisbury (Transfer 106 beds from Kannon Creek Assisted Living)	0	0	0	0	0	106	0	106
Rowan	HAL-080-026	The Meadows of Rockwell Retirement Center	0	0	110	110	0	0	0	110
Rowan Totals			136	0	536	697	106	0	0	803
Rutherford	HAL-081-014	Brookdale Forest City	0	0	76	76	0	0	0	76
Rutherford	HAL-081-001	Colonial Manor Rest Home	0	0	34	34	0	0	0	34
Rutherford	NH0531	Fair Haven Home	37	0	0	37	0	0	0	37
Rutherford	NH0474	Fair Haven of Forest City	28	0	0	28	0	0	0	28
Rutherford	HAL-081-010	Henderson Care Center	0	0	86	86	0	0	0	86
Rutherford	HAL-081-054	Highlands Senior Living	0	0	44	44	0	0	0	44
Rutherford	HAL-081-005	Holly Springs Senior Citizens Home	0	0	32	32	0	0	0	32
Rutherford	HAL-081-053	Oakland Living Center	0	0	0	0	0	0	0	0
Rutherford	HAL-081-007	Restwell Home	0	0	20	20	0	0	0	20
Rutherford	HAL-081-008	Southern Manor Rest Home	0	0	25	25	0	0	0	25
Rutherford	HAL-081-042	Sunnyside Retirement Home	0	0	34	34	0	0	0	34
Rutherford	HAL-081-055	The Landings of Lake Lure	0	0	62	62	0	0	0	62
Rutherford Totals			65	0	413	478	0	0	0	478
Sampson	NH0089	Mary Gran Nursing Center	30	0	0	30	0	0	0	30
Sampson	HAL-082-030	Rolling Ridge Assisted Living	0	0	61	61	0	0	0	61
Sampson	HAL-082-028	The Gardens of Roseboro	0	0	40	40	0	0	0	40
Sampson	HAL-082-022	The Magnolia	0	0	91	91	0	0	0	91
Sampson Totals			30	0	192	222	0	0	0	222
Scotland	HAL-083-021	Prestwick Village	0	0	100	100	0	0	0	100
Scotland Totals			0	0	100	100	0	0	0	100
Stanly	NH0462	Bethany Woods Nursing and Rehabilitation Center	10	0	0	10	0	0	0	10
Stanly	NH0464	Ignite Medical Resort Albemarle	10	0	0	10	0	0	0	10

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A	B	C	D	E	F	G	H	I	J	K
Service Area	License Number	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Available in SMFP	Total Planning Inventory
							CON	CON Bed Transfer		
Stanly	HAL-084-010	Spring Arbor of Albemarle	0	0	78	78	0	0	0	78
Stanly	HAL-084-001	The Taylor House	0	0	30	30	0	0	0	30
Stanly	NH0140	Trinity Place	27	0	0	27	0	0	0	27
Stanly	HAL-084-009	Woodhaven Court	0	0	76	76	0	0	0	76
Stanly Totals			47	0	184	231	0	0	0	231
Stokes	HAL-085-012	Graceland Living Center I	0	0	12	12	0	0	0	12
Stokes	HAL-085-013	Graceland Living Center II	0	0	11	11	0	0	0	11
Stokes	NH0555	King Health and Rehabilitation Center	24	0	0	24	0	0	0	24
Stokes	HAL-085-011	Mountain Valley Living Center	0	0	0	26	0	0	0	26
Stokes	HAL-085-014	Priddy Manor Assisted Living	0	0	79	79	0	0	0	79
Stokes	HAL-085-008	Rose Tara Senior Living	0	0	65	65	0	0	0	65
Stokes	NH0507	Village Care of King	20	0	0	20	0	0	0	20
Stokes	HAL-085-015	Walnut Ridge Assisted Living	0	0	63	63	0	0	0	63
Stokes Totals			44	0	230	300	0	0	0	300
Surry	HAL-086-001	Central Care	0	0	53	53	0	0	0	53
Surry	NH0640	Chatham Nursing & Rehabilitation	28	0	0	28	0	0	0	28
Surry	HAL-086-002	Colonial Long Term Care Facility	0	0	54	54	0	0	0	54
Surry	HAL-086-006	Dunmore Plantation	0	0	60	60	0	0	0	60
Surry	HAL-086-010	Ridge Crest Retirement	0	0	28	28	0	0	0	28
Surry	HAL-086-014	Riverwood Assisted Living Facility	0	0	65	65	0	0	0	65
Surry	HAL-086-016	Twelve Oaks	0	0	112	112	0	0	0	112
Surry	HAL-086-015	Yadkin Valley Senior Living	0	0	60	60	0	0	0	60
Surry Totals			28	0	432	460	0	0	0	460
Swain	HAL-087-009	Bryson Senior Living	0	0	50	50	0	0	0	50
Swain Totals			0	0	50	50	0	0	0	50
Transylvania	HAL-088-014	Cedar Mountain House	0	0	64	64	0	0	0	64
Transylvania	HAL-088-015	Kingsbridge House	0	0	60	60	0	0	0	60
Transylvania	NH0563	PruittHealth-Brevard	10	0	0	10	0	0	0	10
Transylvania Totals			10	0	124	134	0	0	0	134
Tyrrell	HAL-089-002	Tyrrell House	0	0	50	50	0	0	0	50
Tyrrell Totals			0	0	50	50	0	0	0	50
Union	NH0421	Autumn Care of Marshville	10	0	0	10	0	0	0	10
Union	HAL-090-024	Brookdale Monroe Square 1	0	0	102	102	0	0	0	102
Union	HAL-090-022	Brookdale Monroe Square 2	0	0	65	65	0	0	0	65
Union	HAL-090-007	Brookdale Union Park	0	0	87	87	0	0	0	87
Union	HAL-090-001	Elizabethan Gardens (Facility closed 3/1/25)	0	0	0	0	0	0	0	0
Union	HAL-090-004	Hillcrest Church Rest Home (Facility closed 11/27/2024)	0	0	0	0	0	0	0	0

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A	B	C	D	E	F	G	H	I	J	K
Service Area	License Number	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Available in SMFP	Total Planning Inventory
							CON	CON Bed Transfer		
Union	HAL-090-034	Monroe Manor Assisted Living Building I	0	0	12	12	0	0	0	12
Union	HAL-090-033	Monroe Manor Assisted Living Building II	0	0	12	12	0	0	0	12
Union	NH0493	Stratford Manor Health & Rehab	12	0	0	12	0	0	0	12
Union	HAL-090-035	TerraBella Indian Trail (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	96
Union	HAL-090-036	Woodridge Assisted Living Facility	0	0	80	80	0	0	0	80
Union Totals			22	0	454	476	0	0	0	476
Vance	NH0477	Henderson Health and Rehabilitation Center	54	0	0	54	0	0	0	54
Vance	NH0353	Kerr Lake Nursing and Rehabilitation Center	23	0	0	23	0	0	0	23
Vance	HAL-091-012	The Bridges on Parkview	0	0	0	86	0	0	0	86
Vance	HAL-092-012	The Bridges on Parkview	0	0	0	0	0	0	0	0
Vance Totals			77	0	0	163	0	0	0	163
Wake		Abbotswood at Stonehenge (Transfer 24 beds from Litchford Falls Health and Rehabilitation Center, 20 beds from Perry Creek Health and Rehabilitation Center, 31 beds from Fuquay-Varina Health and Rehabilitation Center.)	0	0	0	0	0	75	0	75
Wake	HAL-092-024	Brighton Gardens of Raleigh	0	0	115	115	0	0	0	115
Wake	HAL-092-023	Brookdale Cary	0	0	50	50	0	0	0	50
Wake	HAL-092-027	Brookdale MacArthur Park	0	0	80	80	0	0	0	80
Wake	HAL-092-032	Brookdale Wake Forest	0	0	70	70	0	0	0	70
Wake	HAL-092-213	Cadence at Wake Forest (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	96
Wake	HAL-092-215	Cadence Garner (Beds awarded per settlement agreement from 2000 & 2007)	0	0	84	84	0	0	0	84
Wake	HAL-092-214	Cadence North Raleigh (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	96
Wake	HAL-092-227	Calyx Living of Fuquay-Varina	0	0	0	84	0	0	0	84
Wake	HAL-092-232	Calyx Living of Wakefield	0	0	0	88	0	0	0	88
Wake	HAL-092-212	Dunmore Senior Living of Zebulon	0	0	60	60	0	0	0	60
Wake	HAL-092-235	Falls River Court	0	0	0	38	0	0	0	38
Wake	HAL-092-234	Falls River Village	0	0	0	60	0	0	0	60
Wake	HAL-092-186	Foundation Senior Living	0	0	126	126	0	0	0	126
Wake	NH0637	Fuquay-Varina Health and Rehabilitation Center (Previously Universal Health Care/Fuquay-Varina; Transfer 31 beds to Abbotswood at Stonehenge.)	31	0	0	31	0	-31	0	0
Wake	NH0506	Hartwell Health & Rehab Center	20	0	0	20	0	0	0	20
Wake	HAL-092-216	HeartFields at Cary	0	0	97	97	0	0	0	97
Wake	NH0525	Hillside Nursing Center of Wake Forest	20	0	0	20	0	0	0	20
Wake	HAL-092-233	Lawndale Manor	0	0	62	62	0	0	0	62

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A	B	C	D	E	F	G	H	I	J	K
Service Area	License Number	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Available in SMFP	Total Planning Inventory
							CON	CON Bed Transfer		
Wake	HAL-092-009	Lee's Long Term Care Facility (Facility closed. Transferred 65 beds to Waltonwood Silverton)	0	0	0	0	65	-65	0	0
Wake	NH0558	Litchford Falls Health and Rehabilitation Center (Transfer 24 beds to Abbotswood at Stonehenge.)	24	0	0	24	0	-24	0	0
Wake	HAL-092-180	Magnolia Glen	0	0	66	66	0	0	0	66
Wake	HAL-092-217	Morningside of Raleigh	0	0	110	110	0	0	0	110
Wake	NH0611	Perry Creek Health and Rehabilitation Center (Transfer 20 beds to Abbotswood at Stonehenge.)	20	0	0	20	0	-20	0	0
Wake	HAL-092-131	Phoenix Assisted Care	0	0	120	120	0	0	0	120
Wake		PruittPlace-Raleigh (Transfer 60 beds from Spring Arbor of Raleigh.)	0	0	0	0	0	60	0	60
Wake	HAL-092-223	Spring Arbor of Apex	0	0	76	76	0	0	0	76
Wake	HAL-092-225	Spring Arbor of Cary	0	0	80	80	0	0	0	80
Wake	HAL-092-224	Spring Arbor of Raleigh (Facility closed. Transfer 60 to PruittPlace-Raleigh, and 20 to Mayview Assisted Living, a CCRC.)	0	0	80	80	0	-80	0	0
Wake	HAL-092-218	Sunrise at North Hills	0	0	160	160	0	0	0	160
Wake	HAL-092-209	Sunrise of Cary	0	0	85	85	0	0	0	85
Wake	HAL-092-222	Sunrise of Raleigh	0	0	0	100	0	0	0	100
Wake	HAL-092-219	TerraBella Fuquay-Varina (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	96
Wake	HAL-092-220	TerraBella Knightdale (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	96
Wake	HAL-092-207	TerraBella Northridge	0	0	161	161	0	0	0	161
Wake	HAL-092-203	The Blair Memory Care Center of Cary (Formerly Chatham Commons)	0	0	80	80	0	0	0	80
Wake	HAL-092-181	The Covington	0	0	120	120	0	0	0	120
Wake	HAL-092-229	The Reserve at Mills Farm	0	0	35	35	0	0	0	35
Wake	HAL-092-144	Wake Assisted Living	0	0	60	60	0	0	0	60
Wake	HAL-092-161	Waltonwood Cary Parkway (Transfer 9 beds to Waltonwood Silverton)	0	0	66	66	0	-9	0	57
Wake	HAL-092-210	Waltonwood Lake Boone	0	0	68	68	0	0	0	68
Wake	HAL-092-236	Waltonwood Lead Mine	0	0	0	100	0	0	0	100
Wake		Waltonwood Silverton (Transfer 65 beds from Lee's Long Term Care Facility and 9 beds from Waltonwood Cary Parkway)	0	0	0	0	0	74	0	74
Wake	HAL-092-206	Woodland Terrace	0	0	84	84	0	0	0	84
Wake	HAL-092-143	Zebulon House	0	0	60	60	0	0	0	60
Wake Totals			115	0	2,639	3,224	65	-20	0	3,269
Warren	HAL-093-010	Alpha Magnolia Garden	0	0	86	86	0	0	0	86
Warren	HAL-093-001	Boyd's Rest Home #2	0	0	10	10	0	0	0	10

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A	B	C	D	E	F	G	H	I	J	K
Service Area	License Number	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Available in SMFP	Total Planning Inventory
							CON	CON Bed Transfer		
Warren	NH0360	Warren Hills Nursing Center	20	0	0	20	0	0	0	20
Warren Totals			20	0	96	116	0	0	0	116
Washington	HAL-094-007	Cypress Manor	0	0	40	40	0	0	0	40
Washington	NH0419	The Carrolton of Plymouth	9	0	0	9	0	0	0	9
Washington Totals			9	0	40	49	0	0	0	49
Watauga	HAL-095-009	Deerfield Ridge Assisted Living	0	0	96	96	0	0	0	96
Watauga	HAL-095-002	Mountain Care Facilities (Facility closed. Transfer 60 beds to Watauga Assisted Living.)	0	0	0	0	60	-60	0	0
Watauga	NH0638	The Foley Center at Chestnut Ridge	20	0	0	20	0	0	0	20
Watauga		Watauga Assisted Living (Transfer 60 beds from Mountain Care Facilities)	0	0	0	0	0	60	0	60
Watauga Totals			20	0	96	116	60	0	0	176
Wayne	HAL-096-026	Brookdale Country Day Road	0	0	104	104	0	0	0	104
Wayne	HAL-096-056	Eagle's Pointe	0	0	104	104	0	0	0	104
Wayne	HAL-096-024	Fremont Rest Center (Closed 12/31/2025)	0	0	50	50	0	0	0	50
Wayne	HAL-096-031	Goldsboro Assisted Living & Alzheimer's Care	0	0	56	56	0	0	0	56
Wayne	HAL-096-052	Helping Hands Assisted Living	0	0	0	73	0	0	0	73
Wayne	HAL-096-053	Navion of Goldsboro	0	0	60	60	0	0	0	60
Wayne	HAL-096-047	Somerset Court of Goldsboro	0	0	60	60	0	0	0	60
Wayne	HAL-096-029	Sutton's Retirement Center	0	0	40	40	0	0	0	40
Wayne	HAL-096-055	The Indigo at Pikeville	0	0	40	40	0	0	0	40
Wayne	HAL-096-003	Wayne County Rest Villa No. 1	0	0	12	12	0	0	0	12
Wayne	HAL-096-004	Wayne County Rest Villa No. 2	0	0	12	12	0	0	0	12
Wayne	HAL-096-009	Woodard's Retirement Village (Facility closed 12/31/24)	0	0	60	60	0	0	0	60
Wayne Totals			0	0	598	671	0	0	0	671
Wilkes	HAL-097-015	Rose Glen Manor	0	0	60	60	0	0	0	60
Wilkes		The Gardens of Wilkesboro (Transfer 99 beds from Wilkes County Adult Care)	0	0	0	0	0	99	0	99
Wilkes	NH0295	Westwood Hills Nursing and Rehabilitation Center	10	0	0	10	0	0	0	10
Wilkes	HAL-097-014	Wilkes County Adult Care (Transfer 99 beds to The Gardens of Wilkesboro)	0	0	0	0	99	-99	0	0
Wilkes	HAL-097-016	Wilkesboro Assisted Living Center	0	0	102	102	0	0	0	102
Wilkes	NH0509	Wilkesboro Health and Rehabilitation, LLC	19	0	0	19	0	0	0	19
Wilkes Totals			29	0	162	191	99	0	0	290
Wilson	HAL-098-031	Morning Star Assisted Living #5	0	0	58	58	0	0	0	58
Wilson	HAL-098-033	Parkwood Village	0	0	0	70	0	0	0	70
Wilson	HAL-098-032	Spring Arbor of Wilson	0	0	72	72	0	0	0	72
Wilson	HAL-098-027	Wilson Assisted Living	0	0	88	88	0	0	0	88

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A	B	C	D	E	F	G	H	I	J	K
Service Area	License Number	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Available in SMFP	Total Planning Inventory
							CON	CON Bed Transfer		
Wilson	HAL-098-023	Wilson House	0	0	136	136	0	0	0	136
Wilson	NH0218	Wilson Pines Nursing and Rehabilitation Center	17	0	0	17	0	0	0	17
Wilson Totals			17	0	354	441	0	0	0	441
Yadkin	HAL-099-018	Patriot Living of Yadkinville	0	0	50	50	0	0	0	50
Yadkin	HAL-099-017	Pinebrook Residential Center I	0	0	54	54	0	0	0	54
Yadkin	HAL-099-016	Pinebrook Residential Center II	0	0	65	65	0	0	0	65
Yadkin	NH0224	Yadkin Nursing Care Center	20	0	0	20	0	0	0	20
Yadkin Totals			20	0	169	189	0	0	0	189
Yancey	HAL-100-005	Yancey House	0	0	70	70	0	0	0	70
Yancey Totals			0	0	70	70	0	0	0	70
Grand Totals			2,762	0	35,320	39,757	811	-10	54	40,612

Table 11B: County Rate Calculations for Adult Care Home (Assisted Living) Bed Need Determination

A	B					C					D					E	F	G
Service Area	Patients					Populations					Rates					Actual Average Annual Change Rate	Selected Change Rate (County or Adjusted County)	Bed Rate per 1,000
	2021	2022	2023	2024	2025	2021	2022	2023	2024	2025	2021	2022	2023	2024	2025			
Alamance	409	478	527	532	532	173,384	177,141	181,394	183,229	187,718	2.3589	2.6984	2.9053	2.9035	2.8340	0.0490	0.0490	3.2507
Alexander	60	70	78	89	89	36,145	36,429	36,353	36,401	36,041	1.6600	1.9215	2.1456	2.4450	2.4694	0.1059	0.1059	3.2541
Alleghany	0	22	35	31	34	10,829	11,132	11,426	11,619	11,510	2.3279	1.9763	3.0632	2.6680	2.9540	0.0943	0.0943	3.7894
Anson	60	0	29	48	52	21,904	21,502	22,087	21,534	21,826	2.7392	2.3926	1.3130	2.2290	2.3825	0.0472	0.0472	2.7197
Ashe	35	34	95	89	76	26,444	26,653	26,975	26,800	26,117	1.3236	1.2757	3.5218	3.3209	2.9100	0.3859	0.3143	5.6538
Avery	76	84	83	82	52	17,775	17,951	17,394	17,545	17,726	4.2757	4.6794	4.7718	4.6737	2.9335	-0.0697	-0.0697	2.3203
Beaufort	88	52	79	77	67	44,120	44,395	43,785	43,945	44,349	1.9946	1.1713	1.8043	1.7522	1.5107	-0.0098	-0.0098	1.4665
Bertie	59	38	70	66	69	17,598	16,933	16,839	16,688	16,674	3.3527	2.2441	4.1570	3.9549	4.1382	0.1299	0.1299	5.7504
Bladen	65	64	80	74	78	28,771	29,195	28,902	29,427	29,436	2.2592	2.1922	2.7680	2.5147	2.6498	0.0488	0.0488	3.0378
Brunswick	217	225	286	340	332	140,411	150,848	160,022	168,153	177,705	1.5455	1.4916	1.7873	2.0220	1.8683	0.0547	0.0547	2.1747
Buncombe	676	725	702	721	739	272,880	274,361	276,367	280,032	281,781	2.4773	2.6425	2.5401	2.5747	2.6226	0.0150	0.0150	2.7410
Burke	235	276	267	290	266	86,783	87,412	89,179	90,613	90,157	2.7079	3.1575	2.9940	3.2004	2.9504	0.0263	0.0263	3.1829
Cabarrus	546	579	587	603	484	232,083	235,654	243,942	246,620	250,121	2.3526	2.4570	2.4063	2.4451	1.9351	-0.0422	-0.0422	1.6902
Caldwell	182	176	173	226	231	80,171	80,975	81,761	82,336	82,003	2.2701	2.1735	2.1159	2.7449	2.8170	0.0636	0.0636	3.3545
Camden	11	11	11	13	11	10,469	10,915	11,064	10,702	11,201	1.0507	1.0078	0.9942	1.2147	0.9821	-0.0060	-0.0060	0.9643
Carteret	152	149	156	165	161	67,311	68,813	70,294	70,807	72,253	2.2582	2.1653	2.2193	2.3303	2.2283	-0.0025	-0.0025	2.2116
Caswell	72	89	77	73	79	22,582	22,339	22,098	22,462	21,907	3.1884	3.9841	3.4845	3.2499	3.6062	0.0416	0.0416	4.0564
Catawba	424	457	499	498	530	161,909	162,790	166,441	168,055	170,036	2.6188	2.8073	2.9981	2.9633	3.1170	0.0451	0.0451	3.5383
Chatham	243	288	288	300	308	77,747	78,450	80,498	82,762	84,207	3.1255	3.6711	3.5777	3.6249	3.6577	0.0428	0.0428	4.1277
Cherokee	0	0	0	0	0	28,873	29,177	29,154	29,921	30,295	2.3279	2.3926	2.4539	2.4168	2.4422	0.0122	0.0122	0.0000
Chowan	71	75	98	93	105	13,640	13,677	13,807	13,783	13,720	5.2053	5.4837	7.0978	6.7474	7.6531	0.1082	0.1082	10.1366
Clay	43	40	36	31	26	11,066	11,415	11,793	11,934	12,398	3.8858	3.5042	3.0527	2.5976	2.0971	-0.1422	-0.1422	1.2025
Cleveland	300	300	309	305	311	100,541	101,874	100,596	101,137	99,825	2.9839	2.9448	3.0717	3.0157	3.1155	0.0112	0.0112	3.2202
Columbus	67	68	72	63	68	49,307	50,043	49,966	50,993	49,886	1.3588	1.3588	1.4410	1.2355	1.3631	0.0053	0.0053	1.3847
Craven	317	326	372	317	362	100,128	102,032	104,372	103,220	107,819	3.1659	3.1951	3.5642	3.0711	3.3575	0.0199	0.0199	3.5580
Cumberland	555	541	593	545	530	334,660	343,588	342,872	337,971	340,742	1.6584	1.5746	1.7295	1.6126	1.5554	-0.0138	-0.0138	1.4910
Currituck	42	45	59	66	56	29,305	30,904	32,240	32,142	32,947	1.4332	1.4561	1.8300	2.0534	1.6997	0.0556	0.0556	1.9834
Dare	67	60	60	64	60	37,342	37,937	37,801	38,121	38,689	1.7942	1.5816	1.5873	1.6789	1.5508	-0.0334	-0.0334	1.3956
Davidson	329	339	382	365	386	170,044	172,093	176,119	178,569	180,648	1.9348	1.9699	2.1690	2.0440	2.1368	0.0267	0.0267	2.3082
Davie	99	109	124	129	122	43,283	43,754	44,290	44,812	45,417	2.2873	2.4912	2.7997	2.8787	2.6862	0.0436	0.0436	3.0375
Duplin	188	206	158	177	197	47,043	48,747	49,205	49,768	49,856	3.9963	4.2259	3.2111	3.5565	3.9514	0.0090	0.0090	4.0578
Durham	685	668	727	738	740	329,973	332,576	337,308	340,677	344,640	2.0759	2.0086	2.1553	2.1663	2.1472	0.0092	0.0092	2.2066
Edgecombe	100	167	147	154	143	48,104	47,707	47,951	48,495	48,541	2.0788	3.5005	3.0656	3.1756	2.9460	0.1308	0.1308	4.1020
Forsyth	1,434	1,352	1,480	1,486	1,466	385,489	386,047	393,297	395,597	401,312	3.7200	3.5022	3.7631	3.7563	3.6530	-0.0033	-0.0033	3.6165
Franklin	98	172	86	94	82	70,436	73,371	77,108	80,364	83,324	1.3913	2.3443	1.1153	1.1697	0.9841	0.0127	0.0127	1.0216
Gaston	731	783	742	760	761	230,378	237,542	240,885	244,074	248,054	3.1730	3.2963	3.0803	3.1138	3.0679	-0.0076	-0.0076	2.9976
Gates	55	50	45	45	52	10,166	10,312	10,490	10,284	9,920	5.4102	4.8487	4.2898	4.3757	5.2419	-0.0003	-0.0003	5.2378

Table 11B: County Rate Calculations for Adult Care Home (Assisted Living) Bed Need Determination

A	B					C					D					E	F	G
Service Area	Patients					Populations					Rates					Actual Average Annual Change Rate	Selected Change Rate (County or Adjusted County)	Bed Rate per 1,000
	2021	2022	2023	2024	2025	2021	2022	2023	2024	2025	2021	2022	2023	2024	2025			
Graham	0	0	1	0	0	7,967	8,052	7,713	8,006	7,972	2.3279	2.3926	0.1297	2.4168	2.4422	4.1833	0.3143	0.0000
Granville	100	129	121	122	115	61,410	62,050	62,225	62,447	61,450	1.6284	2.0790	1.9446	1.9537	1.8714	0.0437	0.0437	2.1166
Greene	34	38	8	9	30	20,372	20,119	19,938	20,188	20,390	1.6690	1.8888	0.4012	0.4458	1.4713	0.4389	0.3143	2.8586
Guilford	1,318	1,384	1,264	1,332	1,372	547,379	544,278	550,452	554,791	558,405	2.4078	2.5428	2.2963	2.4009	2.4570	0.0070	0.0070	2.5086
Halifax	105	114	144	156	160	47,873	47,787	46,781	46,203	46,154	2.1933	2.3856	3.0782	3.3764	3.4667	0.1254	0.1254	4.7708
Harnett	397	372	377	413	444	134,847	139,562	141,501	144,870	146,425	2.9441	2.6655	2.6643	2.8508	3.0323	0.0096	0.0096	3.1200
Haywood	193	219	163	184	190	62,403	62,888	63,703	64,378	64,291	3.0928	3.4824	2.5587	2.8581	2.9553	0.0029	0.0029	2.9813
Henderson	396	334	456	404	433	117,408	117,274	120,208	122,073	123,545	3.3729	2.8480	3.7934	3.3095	3.5048	0.0269	0.0269	3.7881
Hertford	115	121	112	113	123	19,871	19,507	19,730	18,516	19,071	5.7873	6.2029	5.6766	6.1028	6.4496	0.0297	0.0297	7.0245
Hoke	129	153	146	66	124	52,331	55,151	55,417	55,631	56,314	2.4651	2.7742	2.6346	1.1864	2.2019	0.0953	0.0953	2.8318
Hyde*	0	0	0	0	0	4,482	4,549	4,546	4,635	4,569	2.3279	2.3926	2.4539	2.4168	2.4422	0.0122	0.0122	0.0000
Iredell	658	624	697	668	671	191,180	196,170	202,785	206,051	213,181	3.4418	3.1809	3.4371	3.2419	3.1476	-0.0203	-0.0203	2.9560
Jackson	93	94	97	108	93	43,147	42,972	43,239	44,654	44,655	2.1554	2.1875	2.2433	2.4186	2.0826	-0.0051	-0.0051	2.0508
Johnston	369	376	379	421	467	223,975	233,435	240,796	248,941	253,954	1.6475	1.6107	1.5739	1.6912	1.8389	0.0292	0.0292	1.9998
Jones	13	10	12	12	13	8,947	9,199	9,096	9,258	9,305	1.4530	1.0871	1.3193	1.2962	1.3971	0.0055	0.0055	1.4203
Lee	165	148	129	125	126	64,278	64,907	66,635	68,750	69,331	2.5670	2.2802	1.9359	1.8182	1.8174	-0.0810	-0.0810	1.3758
Lenoir	230	246	251	242	236	54,783	54,572	53,810	53,980	54,609	4.1984	4.5078	4.6646	4.4831	4.3216	0.0084	0.0084	4.4304
Lincoln	156	250	263	254	260	88,298	91,171	95,399	97,203	97,884	1.7667	2.7421	2.7568	2.6131	2.6562	0.1304	0.1304	3.6957
Macon	126	134	140	134	137	37,430	37,653	38,081	38,515	38,805	3.3663	3.5588	3.6764	3.4792	3.5305	0.0128	0.0128	3.6664
Madison	65	65	65	71	70	21,205	21,522	21,325	21,840	22,026	3.0653	3.0202	3.0481	3.2509	3.1781	0.0097	0.0097	3.2702
Martin	88	93	93	83	87	21,713	21,476	21,139	20,998	21,201	4.0529	4.3304	4.3995	3.9528	4.1036	0.0053	0.0053	4.1684
McDowell	259	273	264	208	242	44,350	44,443	44,421	44,665	44,223	5.8399	6.1427	5.9431	4.6569	5.4723	-0.0055	-0.0055	5.3821
Mecklenburg	1,946	2,181	2,241	2,162	2,318	1,133,504	1,135,873	1,166,645	1,180,037	1,219,208	1.7168	1.9201	1.9209	1.8321	1.9012	0.0276	0.0276	2.0586
Mitchell	68	70	72	64	65	14,836	14,895	14,786	14,680	14,579	4.5834	4.6996	4.8695	4.3597	4.4585	-0.0051	-0.0051	4.3898
Montgomery	108	112	110	105	102	25,705	25,757	25,509	26,012	26,264	4.2015	4.3483	4.3122	4.0366	3.8836	-0.0188	-0.0188	3.6647
Moore	383	403	419	424	458	101,649	104,758	108,316	110,469	111,257	3.7679	3.8470	3.8683	3.8382	4.1166	0.0228	0.0228	4.3984
Nash	237	236	306	324	345	95,116	95,446	97,313	98,544	101,338	2.4917	2.4726	3.1445	3.2879	3.4044	0.0863	0.0863	4.2857
New Hanover	594	582	619	564	606	227,782	235,245	239,395	242,785	247,653	2.6078	2.4740	2.5857	2.3230	2.4470	-0.0136	-0.0136	2.3472
Northampton	116	111	76	97	100	16,796	17,036	16,193	16,362	16,333	6.9064	6.5156	4.6934	5.9284	6.1226	-0.0101	-0.0101	5.9372
Onslow	184	208	222	230	238	206,718	209,491	212,378	215,940	217,702	0.8901	0.9929	1.0453	1.0651	1.0932	0.0534	0.0534	1.2684
Orange	329	340	324	260	327	150,258	149,665	150,169	152,383	154,433	2.1896	2.2717	2.1576	1.7062	2.1174	0.0048	0.0048	2.1477
Pamlico	39	40	30	33	39	12,140	12,299	12,178	12,723	13,171	3.2125	3.2523	2.4635	2.5937	2.9611	-0.0089	-0.0089	2.8818
Pasquotank	155	149	160	157	154	40,743	40,763	40,973	41,353	41,706	3.8043	3.6553	3.9050	3.7966	3.6925	-0.0065	-0.0065	3.6204
Pender	86	102	124	122	121	61,105	65,282	67,361	69,351	69,971	1.4074	1.5625	1.8408	1.7592	1.7293	0.0567	0.0567	2.0237
Perquimans	67	38	65	56	42	12,847	13,445	13,165	13,417	13,619	5.2152	2.8263	4.9373	4.1738	3.0839	-0.0317	-0.0317	2.7904
Person	70	80	191	170	155	39,044	39,586	39,229	39,721	39,555	1.7928	2.0209	4.8688	4.2799	3.9186	0.3328	0.3143	7.6134
Pitt	419	366	405	419	450	170,276	172,231	176,572	175,285	184,343	2.4607	2.1251	2.2937	2.3904	2.4411	0.0016	0.0016	2.4527

Proposed 2027 SMFP

Table 11B: County Rate Calculations for Adult Care Home (Assisted Living) Bed Need Determination

A	B					C					D					E	F	G
Service Area	Patients					Populations					Rates					Actual Average Annual Change Rate	Selected Change Rate (County or Adjusted County)	Bed Rate per 1,000
	2021	2022	2023	2024	2025	2021	2022	2023	2024	2025	2021	2022	2023	2024	2025			
Polk	100	98	106	108	98	18,957	19,571	19,618	19,819	19,875	5.2751	5.0074	5.4032	5.4493	4.9308	-0.0146	-0.0146	4.7151
Randolph	327	326	361	360	365	144,818	145,796	145,720	147,760	147,440	2.2580	2.2360	2.4774	2.4364	2.4756	0.0244	0.0244	2.6571
Richmond	111	139	127	122	118	42,475	42,330	42,495	41,730	42,144	2.6133	3.2837	2.9886	2.9236	2.7999	0.0257	0.0257	3.0154
Robeson	249	322	334	333	336	113,699	116,951	117,596	116,273	117,980	2.1900	2.7533	2.8402	2.8639	2.8479	0.0729	0.0729	3.4707
Rockingham	239	245	270	293	279	91,113	91,912	91,572	92,416	93,180	2.6231	2.6656	2.9485	3.1704	2.9942	0.0355	0.0355	3.3131
Rowan	381	408	399	407	459	147,817	148,765	152,064	153,675	154,965	2.5775	2.7426	2.6239	2.6484	2.9620	0.0371	0.0371	3.2918
Rutherford	291	293	276	360	322	64,178	64,184	64,419	65,075	65,139	4.5343	4.5650	4.2845	5.5321	4.9433	0.0325	0.0325	5.4256
Sampson	105	136	140	121	135	58,309	58,987	59,425	60,164	60,259	1.8008	2.3056	2.3559	2.0112	2.2403	0.0674	0.0674	2.6936
Scotland	19	75	79	69	62	33,682	33,079	33,341	33,360	32,607	0.5641	2.2673	2.3695	2.0683	1.9014	0.7142	0.3143	3.6943
Stanly	159	137	152	162	167	62,220	62,883	63,752	65,293	67,762	2.5554	2.1786	2.3842	2.4811	2.4645	-0.0048	-0.0048	2.4291
Stokes	118	121	202	222	202	44,344	45,039	45,625	45,743	45,822	2.6610	2.6866	4.4274	4.8532	4.4084	0.1655	0.1655	6.5974
Surry	231	302	305	289	315	71,195	71,329	71,247	71,772	71,374	3.2446	4.2339	4.2809	4.0266	4.4134	0.0882	0.0882	5.5807
Swain	47	50	46	41	38	14,059	14,316	13,873	13,741	13,660	3.3431	3.4926	3.3158	2.9838	2.7818	-0.0434	-0.0434	2.4194
Transylvania	86	81	84	72	56	32,785	33,498	33,029	33,406	33,772	2.6232	2.4181	2.5432	2.1553	1.6582	-0.1024	-0.1024	1.1488
Tyrrell**	36	38	20	24	31	3,101	3,193	3,341	3,479	3,471	11.6092	11.9010	5.9862	6.8985	8.9311	-0.0062	-0.0062	8.7649
Union	313	364	362	339	323	242,651	247,301	257,071	265,730	272,281	1.2899	1.4719	1.4082	1.2757	1.1863	-0.0166	-0.0166	1.1272
Vance	27	20	13	13	69	42,096	42,014	40,963	41,240	41,567	0.6414	0.4760	0.3174	0.3152	1.6600	0.9170	0.3143	3.2252
Wake	1,970	1,997	2,041	2,034	2,213	1,156,274	1,169,294	1,189,597	1,216,309	1,260,334	1.7037	1.7079	1.7157	1.6723	1.7559	0.0079	0.0079	1.7976
Warren	22	22	80	71	69	18,319	18,873	18,738	18,671	18,873	1.2009	1.1657	4.2694	3.8027	3.6560	0.6213	0.3143	7.1033
Washington	39	39	40	38	39	10,818	10,607	10,424	10,422	10,378	3.6051	3.6768	3.8373	3.6461	3.7579	0.0111	0.0111	3.8831
Watauga	93	34	74	57	57	53,639	54,068	56,582	55,025	56,017	1.7338	0.6288	1.3078	1.0359	1.0175	0.0542	0.0542	1.1830
Wayne	409	365	351	363	385	116,094	117,544	116,934	118,671	119,666	3.5230	3.1052	3.0017	3.0589	3.2173	-0.0203	-0.0203	3.0216
Wilkes	150	165	173	174	170	65,378	65,698	66,003	66,296	65,473	2.2943	2.5115	2.6211	2.6246	2.5965	0.0322	0.0322	2.8475
Wilson	241	245	239	258	261	78,284	77,877	78,415	78,937	81,114	3.0785	3.1460	3.0479	3.2684	3.2177	0.0119	0.0119	3.3325
Yadkin	101	103	114	90	96	37,081	37,117	37,398	37,722	37,945	2.7238	2.7750	3.0483	2.3859	2.5300	-0.0099	-0.0099	2.4548
Yancey	60	86	62	52	48	18,557	18,455	18,510	18,555	18,735	3.2333	4.6600	3.3495	2.8025	2.5620	-0.0223	-0.0223	2.3909
State Total	24,525	25,524	26,608	26,533	27,283	10,535,205	10,667,874	10,842,949	10,978,531	11,171,526	2.3279	2.3926	2.4539	2.4168	2.4422	0.0122		

Table 11C: Adult Care Home Bed Need Projections for 2030

A	B	C	D	E	F	G	H	I	J
Service Area	Bed Rate per 1,000	Projected 2030 Population (Civilian)	Projected Bed Utilization	Projected Bed Utilization with Vacancy Factor	Licensed Plus Previous Allocations (Total Planning Inventory)	Surplus/Deficit "-"	Deficit Index	Adjusted Occupancy Rate	Bed Need
Alamance	3.2507	195,478	635	669	738	69		85.42%	0
Alexander	3.2541	36,169	118	124	124	0		71.77%	0
Alleghany	3.7894	11,488	44	46	40	-6	-12.71%	87.97%	10
Anson	2.7197	21,587	59	62	60	-2	-2.91%	86.67%	0
Ashe	5.6538	26,129	148	156	115	-41	-26.05%	77.97%	0
Avery	2.3203	17,567	41	43	100	57		52.00%	0
Beaufort	1.4665	44,665	66	69	217	148		56.46%	0
Bertie	5.7504	16,315	94	99	105	6		65.71%	0
Bladen	3.0378	29,713	90	95	150	55		85.00%	0
Brunswick	2.1747	214,163	466	490	581	91		73.67%	0
Buncombe	2.7410	293,414	804	847	973	126		75.94%	0
Burke	3.1829	89,796	286	301	348	47		73.68%	0
Cabarrus	1.6902	271,953	460	484	910	426		69.41%	0
Caldwell	3.3545	81,951	275	289	349	60		66.19%	0
Camden	0.9643	12,050	12	12	24	12		45.83%	0
Carteret	2.2116	74,438	165	173	296	123		60.57%	0
Caswell	4.0564	21,878	89	93	124	31		75.00%	0
Catawba	3.5383	176,913	626	659	706	47		72.77%	0
Chatham	4.1277	89,852	371	390	360	-30	-7.79%	80.55%	0
Cherokee	0.0000	31,489	0	0	0	0		0.00%	0
Chowan	10.1366	13,692	139	146	120	-26	-17.86%	87.50%	30
Clay	1.2025	13,383	16	17	60	43		43.33%	0
Cleveland	3.2202	100,121	322	339	423	84		74.82%	0
Columbus	1.3847	49,928	69	73	225	152		30.22%	0
Craven	3.5580	103,630	369	388	528	140		68.56%	0
Cumberland	1.4910	308,129	459	484	904	420		71.23%	0
Currituck	1.9834	34,614	69	72	90	18		69.34%	0

Table 11C: Adult Care Home Bed Need Projections for 2030

A	B	C	D	E	F	G	H	I	J
Service Area	Bed Rate per 1,000	Projected 2030 Population (Civilian)	Projected Bed Utilization	Projected Bed Utilization with Vacancy Factor	Licensed Plus Previous Allocations (Total Planning Inventory)	Surplus/Deficit "-"	Deficit Index	Adjusted Occupancy Rate	Bed Need
Dare	1.3956	40,301	56	59	102	43		58.82%	0
Davidson	2.3082	189,376	437	460	567	107		69.84%	0
Davie	3.0375	47,864	145	153	212	59		63.65%	0
Duplin	4.0578	52,365	212	224	357	133		57.76%	0
Durham	2.2066	354,041	781	822	1,010	188		80.25%	0
Edgecombe	4.1020	48,052	197	207	264	57		70.04%	0
Forsyth	3.6165	413,769	1,496	1,575	2,045	470		75.76%	0
Franklin	1.0216	95,496	98	103	124	21		70.00%	0
Gaston	2.9976	261,483	784	825	1,039	214		71.08%	0
Gates	5.2378	9,882	52	54	80	26		65.51%	0
Graham	0.0000	8,014	0	0	23	23		0.00%	0
Granville	2.1166	64,172	136	143	251	108		58.06%	0
Greene	2.8586	20,535	59	62	57	-5	-7.75%	52.72%	0
Guilford	2.5086	572,824	1,437	1,513	1,963	450		63.08%	0
Halifax	4.7708	44,368	212	223	239	16		95.00%	0
Harnett	3.1200	152,713	476	502	626	124		80.00%	0
Haywood	2.9813	66,148	197	208	321	113		83.33%	0
Henderson	3.7881	128,809	488	514	558	44		76.15%	0
Hertford	7.0245	18,126	127	134	152	18		83.66%	0
Hoke	2.8318	57,390	163	171	165	-6	-3.55%	76.33%	0
Hyde	0.0000	4,288	0	0	0	0		0.00%	0
Iredell	2.9560	235,160	695	732	934	202		73.59%	0
Jackson	2.0508	46,281	95	100	145	45		68.67%	0
Johnston	1.9998	284,178	568	598	707	109		80.00%	0
Jones	1.4203	9,149	13	14	20	6		65.00%	0
Lee	1.3758	72,422	100	105	323	218		41.58%	0
Lenoir	4.4304	54,477	241	254	327	73		82.95%	0

Table 11C: Adult Care Home Bed Need Projections for 2030

A	B	C	D	E	F	G	H	I	J
Service Area	Bed Rate per 1,000	Projected 2030 Population (Civilian)	Projected Bed Utilization	Projected Bed Utilization with Vacancy Factor	Licensed Plus Previous Allocations (Total Planning Inventory)	Surplus/Deficit "-"	Deficit Index	Adjusted Occupancy Rate	Bed Need
Lincoln	3.6957	104,937	388	408	381	-27	-6.67%	74.49%	0
Macon	3.6664	40,561	149	157	178	21		81.45%	0
Madison	3.2702	22,439	73	77	89	12		78.65%	0
Martin	4.1684	20,339	85	89	182	93		56.41%	0
McDowell	5.3821	43,776	236	248	350	102		87.04%	0
Mecklenburg	2.0586	1,284,433	2,644	2,783	2,911	128		70.18%	0
Mitchell	4.3898	14,326	63	66	80	14		81.25%	0
Montgomery	3.6647	26,213	96	101	196	95		58.34%	0
Moore	4.3984	115,725	509	536	599	63		74.47%	0
Nash	4.2857	108,127	463	488	498	10		75.83%	0
New Hanover	2.3472	262,155	615	648	995	347		70.49%	0
Northampton	5.9372	16,085	96	101	198	97		56.82%	0
Onslow	1.2684	194,019	246	259	438	179		67.09%	0
Orange	2.1477	158,340	340	358	401	43		70.00%	0
Pamlico	2.8818	13,504	39	41	78	37		50.00%	0
Pasquotank	3.6204	41,480	150	158	266	108		58.83%	0
Pender	2.0237	75,189	152	160	147	-13	-8.22%	69.08%	0
Perquimans	2.7904	14,030	39	41	88	47		56.76%	0
Person	7.6134	39,847	303	319	214	-105	-32.99%	76.34%	0
Pitt	2.4527	193,280	474	499	567	68		76.39%	0
Polk	4.7151	19,904	94	99	122	23		70.83%	0
Randolph	2.6571	150,362	400	421	567	146		64.98%	0
Richmond	3.0154	41,952	127	133	184	51		66.67%	0
Robeson	3.4707	121,244	421	443	445	2		81.47%	0
Rockingham	3.3131	93,030	308	324	419	95		66.59%	0
Rowan	3.2918	157,431	518	546	803	257		65.83%	0
Rutherford	5.4256	65,792	357	376	478	102		80.00%	0

Table 11C: Adult Care Home Bed Need Projections for 2030

A	B	C	D	E	F	G	H	I	J
Service Area	Bed Rate per 1,000	Projected 2030 Population (Civilian)	Projected Bed Utilization	Projected Bed Utilization with Vacancy Factor	Licensed Plus Previous Allocations (Total Planning Inventory)	Surplus/Deficit "-"	Deficit Index	Adjusted Occupancy Rate	Bed Need
Sampson	2.6936	60,564	163	172	222	50		61.63%	0
Scotland	3.6943	31,382	116	122	100	-22	-18.06%	36.00%	0
Stanly	2.4291	70,961	172	181	231	50		75.60%	0
Stokes	6.5974	46,450	306	323	300	-23	-7.00%	79.99%	0
Surry	5.5807	71,176	397	418	460	42		70.43%	0
Swain	2.4194	13,496	33	34	50	16		76.06%	0
Transylvania	1.1488	33,560	39	41	134	93		47.60%	0
Tyrrell	8.7649	3,422	30	32	50	18		62.00%	0
Union	1.1272	298,986	337	355	476	121		70.91%	0
Vance	3.2252	41,520	134	141	163	22		42.33%	0
Wake	1.7976	1,370,928	2,464	2,594	3,269	675		68.00%	0
Warren	7.1033	19,030	135	142	116	-26	-18.48%	66.28%	0
Washington	3.8831	9,951	39	41	49	8		79.87%	0
Watauga	1.1830	55,213	65	69	176	107		49.99%	0
Wayne	3.0216	116,695	353	371	671	300		69.55%	0
Wilkes	2.8475	65,426	186	196	290	94		90.78%	0
Wilson	3.3325	81,313	271	285	441	156		59.18%	0
Yadkin	2.4548	37,891	93	98	189	91		52.69%	0
Yancey	2.3909	18,982	45	48	70	22		68.57%	0
State Total		11,617,654	30,319	31,914	40,612				40

Table 11D: Adult Care Home Bed Need Determination*
(Proposed for Certificate of Need Review Commencing in 2027)

Service Area	HSA	Adult Care Home Bed Need Determination	Certificate of Need Application Deadline**	Certificate of Need Beginning Review Date
Alleghany	I	10	To be determined	To be determined
Chowan	VI	30	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 for a CON to meet the need, not just the health service facility or facilities that generated the need.

** Application deadlines are absolute, pursuant to 10A NCAC 14C.0202(2). The filing deadline is 5:00 p.m. on the application deadline date.

Table 11E: Inventory of Adult Care Home Beds in Continuing Care Retirement Communities

Service Area	License Number	Name	Adult Care Home Beds
Alamance	NH0596	Edgewood Place at the Village at Brookwood	24
Buncombe	HAL-011-378	Heather Glen At Ardenwoods	60
Buncombe	NH0087	Deerfield Episcopal Retirement Community Inc	62
Burke	NH0476	Grace Ridge	47
Cabarrus	NH0607	The Gardens of Taylor Glen Retirement Community	24
Catawba	NH0191	Abernethy Laurels	18
Chatham	HAL-019-006	Pittsboro Christian Village	40
Chatham	HAL-019-020	Carolina Meadows Fairways	95
Chatham	NH0619	The Arbor	51
Davidson	NH0390	Piedmont Crossing	20
Durham	HAL-032-020	Croasdaile Village	64
Durham	NH0536	The Forest at Duke	32
Forsyth	HAL-034-103	Salemtowne	46
Forsyth	NH0067	Brookridge Retirement Community	36
Forsyth	NH0154	Salemtowne	20
Forsyth	NH0378	Arbor Acres United Methodist Retirement Community Inc	106
Gaston	NH0332	Covenant Village Inc	42
Gaston	NH0386	Stanley Total Living Center Inc	40
Guilford	NH0005	Maryfield Nursing Home	36
Guilford	NH0141	WhiteStone: A Masonic and Eastern Star Community	36
Guilford	NH0190	Friends Homes at Guilford	60
Guilford	NH0546	Well-Spring	72
Guilford	NH0554	Friends Homes West	40
Guilford	NH0612	River Landing at Sandy Ridge	56
Henderson	HAL-045-067	Carolina Village	60
Mecklenburg	HAL-060-001	Carmel Hills	38
Mecklenburg	HAL-060-016	Brookdale Carriage Club Providence I	77
Mecklenburg	HAL-060-059	Cuthbertson Village at Aldersgate	61
Mecklenburg	HAL-060-167	Oakbridge Terrace @ Matthews Glen	99
Mecklenburg	NH0121	The Sharon at SouthPark	40
Mecklenburg	NH0414	Southminster	25

Table 11E: Inventory of Adult Care Home Beds in Continuing Care Retirement Communities

Service Area	License Number	Name	Adult Care Home Beds
Mecklenburg	NH0443	The Pines at Davidson	30
Mecklenburg	NH0584	The Stewart Health Center	14
Mecklenburg	NH0659	Briar Creek at The Barclay	130
Mecklenburg	NH0660	Windsor Run, LLC	10
Moore	HAL-063-016	The Coventry	60
Moore	NH0127	Penick Village	42
New Hanover	NH0649	Bradley Creek at Carolina Bay	78
Orange	HAL-068-020	The Carol Woods Retirement Community - Building 6	12
Orange	HAL-068-021	Carol Woods Retirement Community - Building 7	12
Orange	NH0258	Carol Woods	65
Pitt	HAL-074-042	Cypress Glen Retirement Community Memory Care Cottage	12
Pitt	NH0473	Cypress Glen Retirement Community	30
Polk	NH0399	White Oak Manor-Tryon	18
Polk	NH0559	WillowBrooke Court SC Center at Tryon Estates	44
Robeson	NH0240	Wesley Pines Retirement Community	42
Rowan	HAL-080-010	Trinity Oaks Continuing Care Retirement Community	38
Scotland	NH0457	Scotia Village	32
Wake		Mayview Assisted Living Center	0
Wake	HAL-092-226	The East Tower at Cardinal North Hills	49
Wake	NH0383	Dan E & Mary Louise Stewart Health Center of	18
Wake	NH0549	Glenaire	9
Wake	NH0580	Windsor Point Continuing Care Retirement Community	55
Wake	NH0636	Brittany Place	43
Wake	NH0653	The Cardinal at North Hills	55
Wake	NH0658	Swift Creek at Templeton	120
Wake	NH0663	Bloomsbury at Hayes Barton Place	63

Table 11F: Inventory of Nursing Homes With Six or Fewer Adult Care Home Beds

Service Area	License Number	Name	Adult Care Home Beds
Buncombe	NH0235	Mountain Ridge Rehabilitation and Healthcare Center	3
Buncombe	NH0463	Greentree Ridge Health & Rehab Center	2
Burke	NH0553	College Pines Health and Rehabilitation	4
Cumberland	NH0001	Whispering Pines Nursing & Rehabilitation Center	2
Durham	NH0093-B	PruittHealth - Carolina Point	2
Durham	NH0615	The Cedars of Chapel Hill	4
Haywood	NH0520	Skyland Terrace and Rehabilitation	5
Mecklenburg	NH0573	Asbury Health and Rehabilitation Center	5
Mecklenburg	NH0574	Brookdale Carriage Club Providence	2
Mitchell	NH0433	The Greens at Spruce Pines	6
Person	NH0265	Roxboro Healthcare and Rehabilitation Center	5
Robeson	NH0472	The Carrolton of Lumberton	5
Rowan	NH0424	Autumn Care of Salisbury	3
Union	NH0310	Monroe Rehabilitation Center	5
Wake	NH0354	Tower Nursing and Rehabilitation Center	6
Wake	NH0622	The Rosewood Health Center	4

Chapter 12:

Home Health Services

CHAPTER 12

HOME HEALTH SERVICES

Introduction

G.S. § 131E-176(12) defines a *home health agency* as “a private organization or public agency, whether owned or operated by one or more persons or legal entities, which furnishes or offers to furnish home health services.” Home health services are outpatient services that patients may receive in their own home or in a health care facility. G.S. § 131E-176(12a) specifies the activities that comprise home health services, including part-time or intermittent nursing care; physical, occupational, or speech therapy; medical social services, home health aide services; other therapeutic services; and medical supplies and appliances.

Definitions

A *home health agency* or *office* is an agency or office that meets the definition in G.S. § 131E-176(12), as quoted above.

An *agency or office’s service area* is the county in which the agency or office is located. Each of the 100 counties in the state is a separate service area.

A *Medicare-certified home health agency or office* is an agency or office that has been approved by the Centers for Medicare and Medicaid Services to receive reimbursement from Medicare for providing nursing care, therapy, medical social services, and home health aide services.

The *reporting year* for a home health agency or office is either July 1 through June 30 or October 1 through September 30; facilities may choose their reporting year. The current reporting year is either July 1, 2024 through June 30, 2025, or October 1, 2024 through September 30, 2025.

The methodology calculates need for home health agencies for a *projection year*, which is three years beyond the current reporting year. The current projection year is 2028.

The *planning inventory* is the number of licensed agencies or offices, plus the number of certificate of need (CON)-approved agencies or offices that are under development, plus the number of agencies or offices available pursuant to need determinations pending review or appeal.

Changes from the Previous Plan

This chapter contains no substantive changes from the previous SMFP.

Basic Principle

The North Carolina State Health Coordinating Council encourages applicants to: provide an expanded scope of services (including nursing, physical therapy, speech therapy, and home health aide services); provide the widest range of treatments within a given service; offer services seven days per week as required to meet patient needs; and address special needs populations.

Data Sources

Patient origin and utilization data for the three previous reporting years comes from License Renewal Applications for each reporting year, as submitted to the North Carolina Department of Health and Human Services, Division of Health Service Regulation.

The North Carolina Office of State Budget and Management provides county population projections for the reporting and projection years (*Table 12B*).

Estimates of active-duty military personnel come from the category of “Employment Status – Armed Forces” from the most recent American Community Survey 5-year Estimates.

Assumptions of the Methodology

1. The projection year is three years beyond the current reporting year to allow time for completion of the CON review cycles and for staffing of new agencies or offices.
2. The methodology excludes the estimated active-duty military population in the 18-64 age group for any county with more than 500 active-duty military personnel.
3. For agencies or offices established based on need determinations, utilization data in the SMFP for the first three years after certification will require adjustments. Specifically, during each of those years, the methodology will count the greater of 325 patients or the actual number of patients served by the new agency or office.
4. Data aggregation and projections use four age groups (under 18, 18-64, 65-74, and 75 and over) to allow a more definitive examination of trends in services to children and to senior adults using current age-specific use rates as the basis for projection of future need.
5. The methodology calculates the average annual change in use rate (AACR) per 1,000 population over the previous three reporting years for each age group in each Councils of Governments (COG) region. The calculations apply this result to the current use rates per 1,000 population for each county within each COG region to calculate changes in the number of patients projected to need home health services by the projection year.
6. A county needs a new home health agency or office if the projected unmet need in a single county is 325 patients or more.
7. The methodology uses patient origin data, aggregated to the county level. Detailed patient origin data is available at
<https://info.ncdhhs.gov/dhsr/ncsmfp/index.html> and
<https://info.ncdhhs.gov/dhsr/mfp/publications.html#por>.

Application of the Methodology

- Step 1: For each COG region and each age group, calculate the AACR in Number of Patients (*Table 12B, Columns B, E, and H*) over the three previous reporting years. To do so, first determine the total number of patients during each of the last three reporting years. Next, calculate the difference in the number of patients served from year to year. Then determine the percent change from the previous reporting year by dividing the calculated difference in patients by the number of patients provided services during the previous reporting year [(number of patients in the current reporting year – number of patients in the previous reporting year) / number of patients in the previous reporting year]. Finally, total the annual percent change and divide by two to determine the AACR (*Table 12B, Column K*).
- Step 2: For each COG region and each age group, calculate the AACR in Use Rates per 1,000 Population (*Table 12B, Columns D, G, and J*) over the three previous reporting years. To do

- so, first determine the use rates during each of the last three reporting years. Next, calculate the difference in the use rates from year to year. Then determine the percent change from the previous reporting year by dividing the calculated difference in the use rate by the total overall use rate during the previous reporting year [(use rate for age group in the current reporting year – use rate for age group in the previous reporting year) / use rate for age group in the previous reporting year]. Finally, total the annual percent change and divide by two to determine the AACR (*Table 12B, Column L*).
- Step 3: For each county, for each age group, total the number of patients served during the reporting year (*Table 12C, Column B*).
- Step 4: For each county, multiply the COG’s AACR in Number of Patients for each age group from the affiliated COG region by the number of patients for each age group from Step 3 (*Table 12C, Column C*).
- Step 5: Multiply the product from Step 4 by three and add that product to the results of Step 3 for each age group. The result is the projected number of patients in each age group during the projection year (*Table 12C, Column D*).
- Step 6: For each county and age group, divide the number of patients served during the reporting year (*Table 12C, Column B*) by the county population in thousands for each age group to obtain county use rates per 1,000 population (*Table 12C, Column E*).
- Step 7: Multiply the COG’s AARC in Use Rate per 1,000 Population (*Table 12C, Column F*) for each age group from the affiliated COG region by the county use rates per 1,000 population for each age group from Step 6 (*Table 12C, Column E*).
- Step 8: Multiply the product from Step 7 by three and add that product to the results from Step 6 for each age group. The result is the projected use rate per 1,000 population in the projection year for each age group (*Table 12C, Column G*).
- Step 9: For the projection year for each age group, multiply the projected use rate per 1,000 population (*Table 12C, Column G*) by the projected population (*Table 12C, Column H*). The result is the projected number of patients during the projection year (*Table 12C, Column I*).
- Step 10: In counties that have a need determination for additional agencies or offices, in the three annual SMFPs following certification of the agencies or offices developed based on that need, count the greater of 325 patients or the actual number of patients served (*Table 12D, Column B*).
- Step 11: For each county, sum the projected number of patients in the projection year (from Step 5) across all four age groups and the adjustment placeholder (from Step 10), if applicable. The result is an Adjusted Projected Total Patients for each county for the projection year (*Table 12D, Column C*).
- Step 12: For each county, sum the projected number of patients in the projection year (from Step 9) across all four age groups. The result is the Projected Utilization in the projection year (*Table 12D, Column D*).
- Step 13: For each county, subtract the Projected Utilization in the projection (*Table 12D, Column D*) from the Adjusted Total Projected Patients (*Table 12D, Column C*). The remainder is the projected additional number of patients who will need home health services in the projection

year (*Table 12D, Column E*). A deficit shows as a negative number of patients. A remainder of 0.50 or greater rounds to the next highest whole number. A remainder of less than 0.50 rounds to the next lowest whole number.

Step 14: For each county, each projected deficit of 325 patients results in a need determination for one new agency or office (*Table 12D, Column F*).

Unless otherwise specified by the methodology, calculations do not use rounded values. However, fractional values are rounded automatically when displayed.

Proposed 2027 SMFP

Table 12A: Inventory of Licensed Medicare Certified Home Health Agencies or Offices

A	B	C	D	E	F
County	License Number	Name	In-County Patients	Out-of-County Patients	Total Patients
Alamance	HC0134	Amedisys Home Health	897	784	1,681
Alamance	HC0249	Adoration Home Health	952	217	1,169
Alamance	HC0361	AuthoraCare Collective**	0	0	0
Alexander	HC0476	Medi Home Health Agency	172	826	998
Alleghany	HC0478	Medi Home Health and Hospice	209	6	215
Anson	HC0264	Liberty Home Care	59	252	311
Ashe	HC0479	Medi Home Health and Hospice	583	14	597
Beaufort	HC0329	CenterWell Home Health	1,204	2,199	3,403
Beaufort	HC1634	ECU Health Home Health & Hospice	441	221	662
Bertie	HC0480	Albemarle Home Care and Hospice	26	79	105
Bertie	HC1052	ECU Health Home Health & Hospice	187	229	416
Bladen	HC0309	Liberty Home Care	105	101	206
Bladen	HC0481	Adoration Home Health	110	967	1,077
Brunswick	HC0288	Liberty Home Care	988	1	989
Brunswick	HC1500	Amedisys Home Health	554	874	1,428
Brunswick	HC4816	PruittHealth @ Home - Brunswick	166	366	532
Buncombe	HC0114	CarePartners Home Health Services	1,758	725	2,483
Buncombe	HC2114	CenterWell Home Health	4,374	6,193	10,567
Burke	HC0105	Atrium Health At Home Blue Ridge	866	670	1,536
Cabarrus	HC0281	Adoration Home Health	749	930	1,679
Cabarrus	HC0486	BAYADA Home Health Care	586	232	818
Caldwell	HC0487	Adoration Home Health	509	577	1,086
Camden	HC0473	Albemarle Home Care and Hospice	95	8	103
Carteret	HC0073	CenterWell Home Health	822	272	1,094
Carteret	HC0488	Carteret Healthcare Home Health & Hospice	977	0	977
Carteret	HC1353	Liberty Home Care	13	1	14
Caswell	HC0489	HealthView Home Health & Hospice	2	0	2
Catawba	HC0057	Guardian Home Health	557	894	1,451
Catawba	HC0227	CenterWell Home Health	2,836	3,661	6,497
Catawba	HC0272	CenterWell Home Health	7	93	100
Catawba	HC0490	CenterWell Home Health	89	3	92
Catawba	HC1902	Interim Healthcare of the Triad	0	1	1
Chatham	HC0528	Liberty Home Care	358	100	458
Chatham	HC2803	UNC Home Health Pittsboro	333	35	368
Chowan	HC0474	Albemarle Home Care and Hospice	119	1	120
Clay	HC0104	Mountain Home Health Services	322	1,094	1,416
Clay	HC0318	Mountain Home Health	0	17	17
Cleveland	HC0042	Atrium Health At Home Cleveland	616	321	937
Cleveland	HC0221	CenterWell Home Health	2,077	1,356	3,433
Columbus	HC0320	Liberty Home Care	504	39	543
Columbus	HC0492	CenterWell Home Health	382	2,205	2,587
Craven	HC0493	PruittHealth @ Home - New Bern	466	751	1,217
Cumberland	HC0274	Liberty Home Care	661	110	771

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Table 12A: Inventory of Licensed Medicare Certified Home Health Agencies or Offices

A	B	C	D	E	F
County	License Number	Name	In-County Patients	Out-of-County Patients	Total Patients
Cumberland	HC0283	Cape Fear Valley Home Health	757	189	946
Cumberland	HC0292	Amedisys Home Health of Fayetteville	1,170	467	1,637
Cumberland	HC0359	BAYADA Home Health Care	623	205	828
Cumberland	HC3421	Aveanna Home Health	395	214	609
Currituck	HC0475	Albemarle Home Care and Hospice	286	286	572
Dare	HC0494	Adoration Home Health and Hospice	629	48	677
Davidson	HC0124	Liberty Home Care	1	34	35
Davidson	HC0358	BAYADA Home Health Care	660	463	1,123
Davidson	HC0495	Amedisys Home Health Care	381	473	854
Davidson	HC0521	Medi Home Health Agency	364	1,665	2,029
Davidson	HC1104	Enhabit Home Health	159	556	715
Davie	HC0496	Well Care Home Health of the Triad	226	4,099	4,325
Duplin	HC0053	ECU Health Home Health & Hospice	386	283	669
Durham	HC0145	Amedisys Home Health	1,105	355	1,460
Durham	HC0327	SunCrest Home Health	235	871	1,106
Durham	HC0360	Duke Home Health	2,204	2,544	4,748
Durham	HC1176	Liberty Home Care	14	117	131
Durham	HC2111	CenterWell Home Health	99	25	124
Forsyth	HC0005	BAYADA Home Health Care	1,651	822	2,473
Forsyth	HC0231	CenterWell Home Health	506	285	791
Forsyth	HC0409	Atrium Health Wake Forest Baptist - Care at Home	9	7	16
Forsyth	HC0499	Adoration Home Health	1,276	774	2,050
Forsyth	HC0567	CenterWell Home Health	235	67	302
Forsyth	HC1131	CenterWell Home Health	7	43	50
Forsyth	HC1210	CenterWell Home Health	31	4	35
Forsyth	HC1304	Amedisys Home Health of Winston-Salem	666	227	893
Forsyth	HC1886	Interim HealthCare of the Triad	116	0	116
Forsyth	HC4901	PruittHealth @ Home - Forsyth	189	206	395
Franklin	HC0078	Amedisys Home Health	315	1,246	1,561
Franklin	HC0215	CenterWell Home Health	361	695	1,056
Franklin	HC0500	Franklin County Home Health Agency	71	0	71
Gaston	HC0268	CenterWell Home Health	2,937	131	3,068
Gaston	HC0353	Amedisys Home Health Care	568	335	903
Gaston	HC0356	BAYADA Home Health Care	673	510	1,183
Gaston	HC0906	Adoration Home Health	1,491	944	2,435
Gaston	HC1903	Interim HealthCare of the Triad	536	480	1,016
Greene	HC0168	Amedisys Home Health	52	831	883
Guilford	HC0297	Adoration Home Health	1,920	331	2,251
Guilford	HC0303	Enhabit Home Health	867	453	1,320
Guilford	HC0374	AuthoraCare Collective	176	177	353
Guilford	HC0395	SunCrest Home Health	1,032	890	1,922
Guilford	HC0952	CenterWell Home Health	2,261	1,981	4,242
Guilford	HC1177	Liberty Home Care	3	2	5

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Table 12A: Inventory of Licensed Medicare Certified Home Health Agencies or Offices

A	B	C	D	E	F
County	License Number	Name	In-County Patients	Out-of-County Patients	Total Patients
Guilford	HC1286	BAYADA Home Health Care	1,691	981	2,672
Guilford	HC1885	Interim HealthCare of the Triad	389	236	625
Halifax	HC0765	Liberty Home Care VI	179	199	378
Harnett	HC0125	Liberty Home Care	365	704	1,069
Harnett	HC0503	CenterWell Home Health	590	473	1,063
Haywood	HC0109	Home Care Services of Haywood Regional Medical Center	876	189	1,065
Haywood	HC0279	CarePartners Home Health Services	688	368	1,056
Henderson	HC0201	Pardee Home Care	801	123	924
Henderson	HC0440	CarePartners Home Health Services	397	387	784
Henderson	HC0911	AdventHealth Home Care Western North Carolina	921	1,004	1,925
Hertford	HC0504	Liberty Home Care VII	0	1	1
Hoke	HC0277	Liberty Home Care	28	5	33
Hyde	HC0379	Liberty Home Care VII	0	0	0
Iredell	HC0159	CenterWell Home Health	2,304	463	2,767
Iredell	HC0515	Iredell Home Health	1,371	263	1,634
Iredell	HC1325	Lake Norman Home Health	404	361	765
Jackson	HC0157	Harris Home Health	436	324	760
Johnston	HC0383	UNC Health Johnston Home Care and Hospice	1,592	63	1,655
Johnston	HC0507	3HC	717	731	1,448
Jones	HC0431	CenterWell Home Health	144	2,076	2,220
Jones	HC0506	3HC	68	639	707
Lee	HC0426	Liberty Home Care	388	196	584
Lenoir	HC0195	3HC	461	100	561
Lenoir	HC0428	CenterWell Home Health	1,117	328	1,445
Lenoir	HC1565	CenterWell Home Health	61	1,350	1,411
Lincoln	HC0135	Atrium Health At Home Lincoln	455	314	769
Lincoln	HC0391	CenterWell Home Health	1,327	0	1,327
Macon	HC0324	CarePartners Home Care & Hospice	6	722	728
Madison	HC0419	Madison Home Care & Hospice	209	49	258
Martin	HC0525	Adoration Home Health	73	2	75
McDowell	HC0435	Enhabit Home Health	489	1,473	1,962
Mecklenburg	HC0097	CenterWell Home Health	1,963	10	1,973
Mecklenburg	HC0138	CenterWell Home Health	96	0	96
Mecklenburg	HC0171	Adoration Home Health	1,472	400	1,872
Mecklenburg	HC0355	BAYADA Home Health Care	2,877	889	3,766
Mecklenburg	HC0369	SunCrest Home Health	1,074	1,597	2,671
Mecklenburg	HC0787	CenterWell Home Health	2,235	4	2,239
Mecklenburg	HC1038	Atrium Health At Home Charlotte	2,720	36	2,756
Mecklenburg	HC1152	Amedisys Home Health Care	610	76	686
Mecklenburg	HC1901	Interim HealthCare of the Triad	2,517	722	3,239
Mecklenburg	HC3694	Liberty Home Care and Hospice	20	6	26
Mecklenburg	HC3966	PHC Home Health	606	180	786
Mecklenburg	HC4677	Atrium Health At Home University City	933	1,372	2,305

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Table 12A: Inventory of Licensed Medicare Certified Home Health Agencies or Offices

A	B	C	D	E	F
County	License Number	Name	In-County Patients	Out-of-County Patients	Total Patients
Mecklenburg	HC5130	Well Care Home Health of Piedmont	991	438	1,429
Mecklenburg	HC6558	PruittHealth @ Home - Charlotte	142	157	299
Moore	HC0002	Liberty Home Care	321	295	616
Moore	HC0332	FirstHealth Home Care	1,219	530	1,749
Nash	HC0497	CenterWell Home Health	976	1,821	2,797
Nash	HC0520	HealthView Home Health & Hospice	245	493	738
New Hanover	HC0196	Liberty Home Care	448	27	475
New Hanover	HC1231	Well Care Home Health	2,266	6,193	8,459
Northampton	HC0530	Northampton County Home Health Agency	258	19	277
Onslow	HC0316	Liberty Home Care	272	6	278
Onslow	HC0531	Lower Cape Fear Lifecare	0	0	0
Onslow	HC1209	Cardinal Hospice Care**	0	0	0
Orange	HC0030	UNC Home Health	782	763	1,545
Orange	HC0166	Amedisys Home Health of Chapel Hill	576	749	1,325
Pasquotank	HC0471	Albemarle Home Care and Hospice	329	9	338
Pasquotank	HC1071	Sentara Home Care Services	479	537	1,016
Pender	HC0532	Novant Health Home Care	307	2,699	3,006
Pender	HC1241	Liberty Home Care	105	32	137
Perquimans	HC0472	Albemarle Home Care and Hospice	173	145	318
Person	HC0354	BAYADA Home Health Care	381	1,259	1,640
Person	HC0533	Medi Home Health Agency	107	308	415
Pitt	HC0328	CenterWell Home Health	3,434	93	3,527
Pitt	HC0509	3HC	445	68	513
Pitt	HC1443	ECU Health Home Health & Hospice	982	292	1,274
Polk	HC0436	Enhabit Home Health	179	408	587
Randolph	HC0397	Amedisys Home Health Care	310	361	671
Randolph	HC0522	Home Health of Randolph Hospital	903	43	946
Randolph	HC0929	Enhabit Home Health	191	278	469
Richmond	HC0423	FirstHealth Home Care-Richmond	745	462	1,207
Robeson	HC0352	Liberty Home Care	370	120	490
Robeson	HC1178	Liberty Home Care	299	30	329
Robeson	HC1185	CenterWell Home Health	895	1,211	2,106
Rockingham	HC0217	Adoration Home Health	638	240	878
Rowan	HC0265	CenterWell Home Health	3,274	67	3,341
Rowan	HC0270	CenterWell Home Health	217	0	217
Rowan	HC0357	BAYADA Home Health Care	872	1,413	2,285
Rowan	HC0399	Adoration Home Health	744	357	1,101
Rutherford	HC0186	Carolina Home Care	911	508	1,419
Rutherford	HC0445	Enhabit Home Health	292	220	512
Sampson	HC0255	3HC	454	899	1,353
Scotland	HC0403	BAYADA Home Health Care	194	526	720
Stanly	HC0308	Atrium Health At Home Stanly	733	343	1,076
Stanly	HC0514	Adoration Home Health	321	85	406

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Table 12A: Inventory of Licensed Medicare Certified Home Health Agencies or Offices

A	B	C	D	E	F
County	License Number	Name	In-County Patients	Out-of-County Patients	Total Patients
Stokes	HC0517	CenterWell Home Health	59	0	59
Stokes	HC1699	CenterWell Home Health	707	841	1,548
Surry	HC0296	PruittHealth @ Home - Pilot Mountain	98	120	218
Surry	HC0420	Liberty Home Care V	149	152	301
Transylvania	HC0067	CarePartners Home Care & Hospice	626	52	678
Tyrrell	HC0524	Adoration Home Health	40	28	68
Union	HC1238	Atrium Health at Home Union	952	465	1,417
Union	HC2057	CenterWell Home Health	552	159	711
Vance	HC0823	Maria Parham Regional Home Health**	0	0	0
Wake	HC0031	Transitions LifeCare**	0	0	0
Wake	HC0074	Well Care Home Health of the Triangle	1,365	2,615	3,980
Wake	HC0299	CenterWell Home Health	1,981	957	2,938
Wake	HC0422	UNC Home Health Raleigh	2,355	23	2,378
Wake	HC0828	Aveanna Healthcare	161	56	217
Wake	HC1028	Amedisys Home Health Care	1,665	341	2,006
Wake	HC1293	WakeMed Home Health	3,992	404	4,396
Wake	HC2112	Medi Home Health Agency	1,827	0	1,827
Wake	HC2562	Liberty Home Care	67	2	69
Wake	HC3820	BAYADA Home Health Care	3,248	1,082	4,330
Wake	HC4538	PruittHealth @ Home - Wake	588	617	1,205
Wake	HC5229	Well Care Home Health of the Southern Triangle	473	2,349	2,822
Wake	HC5814	PHC Home Health	136	210	346
Warren	HC0341	Warren County Home Health Agency	24	0	24
Washington	HC0523	Adoration Home Health	63	0	63
Watauga	HC0477	Medi Home Health and Hospice	348	354	702
Watauga	HC1544	CenterWell Home Health	1,093	1,678	2,771
Wayne	HC0228	3HC	816	2	818
Wayne	HC1299	CenterWell Home Health	629	169	798
Wilkes	HC0252	CenterWell Home Health	64	35	99
Wilkes	HC0430	Atrium Health Wake Forest Baptist - Care at Home	1,333	279	1,612
Wilson	HC0343	Home Health of Wilson	318	193	511
Wilson	HC0508	3HC	323	506	829
Yadkin	HC0346	Yadkin Valley Home Health	564	2,318	2,882
Yancey	HC0323	PruittHealth @ Home - Yancey	243	201	444
Totals*		206 Agencies or Offices	144,683	111,888	256,571

* Totals include both in-state and out-of-state patients.

** Agency reported zero patients on their License Renewal Application (LRA) for the current reporting year.

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Table 12B: Average Annual Rates of Change in Patients and Use Rates per 1,000 Population

Under Age 18											
A	B	C	D	E	F	G	H	I	J	K	L
County	Home Health Patients in 2023	Estimated 2023 Population	Use Rate for 2023	Home Health Patients in 2024	Estimated 2024 Population	Use Rate for 2024	Home Health Patients in 2025	Estimated 2025 Population	Use Rate for 2025	Average Annual Rate of Change in Number of Patients	Average Annual Rate of Change in Use Rates per 1,000
Cherokee	0	4,617	0.00	0	4,606	0.00	0	4,668	0.00	0.0000%	0.0000%
Clay	0	1,892	0.00	0	1,897	0.00	0	1,838	0.00	0.0000%	0.0000%
Graham	0	1,632	0.00	0	1,631	0.00	0	1,601	0.00	0.0000%	0.0000%
Haywood	23	10,872	2.12	19	10,895	1.74	14	10,930	1.28	-21.8535%	-22.0587%
Jackson	4	6,969	0.57	1	6,857	0.15	0	7,000	0.00	-87.5000%	-87.2958%
Macon	0	6,564	0.00	4	6,603	0.61	0	6,805	0.00	-50.0000%	-50.0000%
Swain	0	3,204	0.00	0	3,200	0.00	0	3,075	0.00	0.0000%	0.0000%
Region A Totals	27	35,750	0.76	24	35,689	0.67	14	35,917	0.39	-26.3889%	-26.4981%
Buncombe	88	47,457	1.85	58	47,152	1.23	50	47,165	1.06	-23.9420%	-23.7407%
Henderson	22	20,701	1.06	23	20,624	1.12	20	21,410	0.93	-4.2490%	-5.6500%
Madison	6	3,557	1.69	5	3,585	1.39	3	3,670	0.82	-28.3333%	-29.3536%
Transylvania	2	5,117	0.39	3	5,134	0.58	2	5,129	0.39	8.3333%	8.1175%
Region B Totals	118	76,832	1.54	89	76,495	1.16	75	77,374	0.97	-20.1533%	-20.4658%
Cleveland	28	20,923	1.34	21	21,029	1.00	3	21,152	0.14	-55.3571%	-55.5877%
McDowell	21	8,368	2.51	13	8,293	1.57	13	8,246	1.58	-19.0476%	-18.4827%
Polk	0	2,917	0.00	0	2,911	0.00	0	2,880	0.00	0.0000%	0.0000%
Rutherford	0	12,608	0.00	0	12,688	0.00	0	12,588	0.00	0.0000%	0.0000%
Region C Totals	49	44,816	1.09	34	44,921	0.76	16	44,866	0.36	-41.7767%	-41.8290%
Alleghany	0	1,938	0.00	5	1,920	2.60	0	1,901	0.00	-50.0000%	-50.0000%
Ashe	0	4,554	0.00	3	4,543	0.66	0	4,262	0.00	-50.0000%	-50.0000%
Avery	1	2,659	0.38	0	2,655	0.00	0	2,719	0.00	-50.0000%	-50.0000%
Mitchell	7	2,648	2.64	4	2,645	1.51	1	2,538	0.39	-58.9286%	-58.3692%
Watauga	0	6,602	0.00	0	6,604	0.00	0	6,551	0.00	0.0000%	0.0000%
Wilkes	3	12,827	0.23	9	12,840	0.70	2	12,716	0.16	61.1111%	61.0676%
Yancey	4	3,292	1.22	2	3,307	0.60	1	3,274	0.31	-50.0000%	-49.8614%
Region D Totals	15	34,520	0.43	23	34,514	0.67	4	33,961	0.12	-14.6377%	-14.4828%
Alexander	1	6,761	0.15	0	6,723	0.00	0	6,687	0.00	-50.0000%	-50.0000%
Burke	0	17,100	0.00	5	17,053	0.29	0	17,187	0.00	-50.0000%	-50.0000%
Caldwell	0	15,352	0.00	0	15,254	0.00	1	15,164	0.07	0.0000%	0.0000%
Catawba	2	33,627	0.06	5	33,577	0.15	0	36,245	0.00	25.0000%	25.1861%
Region E Totals	3	72,840	0.04	10	72,607	0.14	1	75,283	0.01	71.6667%	72.0238%
Anson	0	4,663	0.00	0	4,651	0.00	0	4,600	0.00	0.0000%	0.0000%
Cabarrus	24	53,969	0.44	33	54,243	0.61	18	55,272	0.33	-3.9773%	-4.8323%
Gaston	108	51,032	2.12	105	51,050	2.06	18	53,635	0.34	-42.8175%	-43.2477%
Iredell	2	39,941	0.05	1	40,355	0.02	1	44,189	0.02	-25.0000%	-29.5947%
Lincoln	7	18,117	0.39	10	18,521	0.54	0	19,501	0.00	-28.5714%	-30.1295%
Mecklenburg	274	261,643	1.05	264	262,969	1.00	184	262,215	0.70	-16.9763%	-17.1190%
Rowan	0	32,357	0.00	0	32,229	0.00	0	32,592	0.00	0.0000%	0.0000%
Stanly	0	12,843	0.00	0	12,850	0.00	0	14,806	0.00	0.0000%	0.0000%
Union	33	53,880	0.61	22	54,186	0.41	16	59,514	0.27	-30.3030%	-33.7467%
Region F Totals	448	528,445	0.85	435	531,054	0.82	237	546,324	0.43	-24.2095%	-25.2094%
Alamance	5	37,541	0.13	6	37,760	0.16	5	39,017	0.13	1.6667%	-0.0237%
Caswell	0	3,691	0.00	0	3,637	0.00	0	3,642	0.00	0.0000%	0.0000%
Davidson	3	35,450	0.08	0	35,614	0.00	0	39,447	0.00	-50.0000%	-50.0000%
Guilford	54	111,780	0.48	46	111,392	0.41	27	112,846	0.24	-28.0596%	-28.2894%
Montgomery	0	5,373	0.00	0	5,313	0.00	0	5,452	0.00	0.0000%	0.0000%
Randolph	4	30,205	0.13	4	30,134	0.13	8	30,496	0.26	50.0000%	48.9308%
Rockingham	2	17,285	0.12	3	17,180	0.17	3	17,786	0.17	25.0000%	23.7548%
Region G Totals	68	241,325	0.28	59	241,030	0.24	43	248,686	0.17	-20.1770%	-21.2457%

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Table 12B: Average Annual Rates of Change in Patients and Use Rates per 1,000 Population

Under Age 18											
A	B	C	D	E	F	G	H	I	J	K	L
County	Home Health Patients in 2023	Estimated 2023 Population	Use Rate for 2023	Home Health Patients in 2024	Estimated 2024 Population	Use Rate for 2024	Home Health Patients in 2025	Estimated 2025 Population	Use Rate for 2025	Average Annual Rate of Change in Number of Patients	Average Annual Rate of Change in Use Rates per 1,000
Davie	3	8,134	0.37	4	8,175	0.49	1	9,048	0.11	-20.8333%	-22.3738%
Forsyth	24	84,881	0.28	29	84,751	0.34	4	85,100	0.05	-32.6868%	-32.6224%
Stokes	8	7,940	1.01	1	8,025	0.12	0	7,897	0.00	-93.7500%	-93.8162%
Surry	16	14,480	1.10	34	14,421	2.36	6	14,376	0.42	15.0735%	15.5358%
Yadkin	5	7,332	0.68	3	7,270	0.41	0	7,437	0.00	-70.0000%	-69.7442%
Region I Totals	56	122,767	0.46	71	122,642	0.58	11	123,858	0.09	-28.8607%	-28.8721%
Chatham	0	13,234	0.00	1	13,206	0.08	0	14,401	0.00	-50.0000%	-50.0000%
Durham	6	75,595	0.08	19	76,004	0.25	23	75,368	0.31	118.8596%	118.5184%
Johnston	3	53,738	0.06	7	54,966	0.13	5	58,972	0.08	52.3810%	47.3484%
Lee	0	15,192	0.00	0	15,214	0.00	0	15,501	0.00	0.0000%	0.0000%
Moore	1	21,586	0.05	0	22,090	0.00	0	22,774	0.00	-50.0000%	-50.0000%
Orange	1	23,824	0.04	1	23,648	0.04	1	24,153	0.04	0.0000%	-0.6733%
Wake	64	249,508	0.26	120	249,819	0.48	166	259,495	0.64	62.9167%	60.2209%
Region J Totals	75	452,677	0.17	148	454,947	0.33	195	470,664	0.41	64.5450%	61.8528%
Franklin	3	15,833	0.19	7	16,315	0.43	4	17,319	0.23	45.2381%	40.1351%
Granville	2	11,390	0.18	1	11,374	0.09	3	11,340	0.26	75.0000%	75.4849%
Person	0	7,845	0.00	1	7,847	0.13	0	7,818	0.00	-50.0000%	-50.0000%
Vance	3	9,417	0.32	5	9,358	0.53	14	9,933	1.41	123.3333%	115.7544%
Warren	1	3,323	0.30	2	3,285	0.61	3	3,403	0.88	75.0000%	73.5561%
Region K Totals	9	47,808	0.19	16	48,179	0.33	24	49,813	0.48	63.8889%	60.7442%
Edgecombe	0	10,989	0.00	0	10,876	0.00	7	11,100	0.63	0.0000%	0.0000%
Halifax	0	9,749	0.00	0	9,652	0.00	1	9,718	0.10	0.0000%	0.0000%
Nash	1	19,765	0.05	1	19,797	0.05	1	21,486	0.05	0.0000%	-4.0113%
Northampton	0	3,134	0.00	0	3,060	0.00	0	3,062	0.00	0.0000%	0.0000%
Wilson	0	17,457	0.00	0	17,357	0.00	1	18,036	0.06	0.0000%	0.0000%
Region L Totals	1	61,094	0.02	1	60,742	0.02	10	63,402	0.16	450.0000%	429.3125%
Cumberland	3	89,441	0.03	1	89,391	0.01	0	88,317	0.00	-83.3333%	-83.3240%
Harnett	0	36,120	0.00	0	36,805	0.00	0	35,239	0.00	0.0000%	0.0000%
Sampson	1	14,313	0.07	1	14,286	0.07	0	14,659	0.00	-50.0000%	-49.9055%
Region M Totals	4	139,874	0.03	2	140,482	0.01	0	138,215	0.00	-75.0000%	-75.1082%
Bladen	1	6,514	0.15	0	6,434	0.00	0	6,232	0.00	-50.0000%	-50.0000%
Hoke	0	16,727	0.00	0	16,787	0.00	0	15,783	0.00	0.0000%	0.0000%
Richmond	0	9,568	0.00	0	9,506	0.00	0	9,896	0.00	0.0000%	0.0000%
Robeson	12	26,604	0.45	0	26,910	0.00	0	31,446	0.00	-50.0000%	-50.0000%
Scotland	0	7,630	0.00	0	7,553	0.00	0	7,559	0.00	0.0000%	0.0000%
Region N Totals	13	67,043	0.19	0	67,190	0.00	0	70,916	0.00	0.0000%	0.0000%
Brunswick	11	22,923	0.48	0	23,259	0.00	0	21,113	0.00	-50.0000%	-50.0000%
Columbus	1	10,405	0.10	0	10,380	0.00	0	10,546	0.00	-50.0000%	-50.0000%
New Hanover	20	41,778	0.48	0	41,746	0.00	0	41,574	0.00	-50.0000%	-50.0000%
Pender	12	13,249	0.91	0	13,590	0.00	0	14,058	0.00	-50.0000%	-50.0000%
Region O Totals	44	88,355	0.50	0	88,975	0.00	0	87,291	0.00	0.0000%	0.0000%
Carteret	1	11,076	0.09	0	10,963	0.00	0	10,858	0.00	-50.0000%	-50.0000%
Craven	1	25,594	0.04	1	25,595	0.04	1	25,779	0.04	0.0000%	-0.3588%
Duplin	5	12,952	0.39	1	12,910	0.08	2	12,406	0.16	10.0000%	14.0951%
Greene	0	3,972	0.00	0	3,919	0.00	1	3,881	0.26	0.0000%	0.0000%
Jones	0	1,783	0.00	0	1,758	0.00	0	1,780	0.00	0.0000%	0.0000%
Lenoir	1	11,662	0.09	0	11,527	0.00	0	11,972	0.00	-50.0000%	-50.0000%
Onslow	23	67,010	0.34	1	68,065	0.01	2	68,113	0.03	2.1739%	2.0697%
Pamlico	0	1,772	0.00	0	1,749	0.00	0	1,912	0.00	0.0000%	0.0000%
Wayne	3	28,847	0.10	0	28,693	0.00	2	29,158	0.07	-50.0000%	-50.0000%
Region P Totals	34	164,668	0.21	3	165,179	0.02	8	165,859	0.05	37.7451%	37.1848%

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Table 12B: Average Annual Rates of Change in Patients and Use Rates per 1,000 Population

Under Age 18											
A	B	C	D	E	F	G	H	I	J	K	L
County	Home Health Patients in 2023	Estimated 2023 Population	Use Rate for 2023	Home Health Patients in 2024	Estimated 2024 Population	Use Rate for 2024	Home Health Patients in 2025	Estimated 2025 Population	Use Rate for 2025	Average Annual Rate of Change in Number of Patients	Average Annual Rate of Change in Use Rates per 1,000
Beaufort	0	8,455	0.00	0	8,336	0.00	0	8,466	0.00	0.0000%	0.0000%
Bertie	0	3,314	0.00	1	3,255	0.31	0	3,092	0.00	-50.0000%	-50.0000%
Hertford	0	3,940	0.00	0	3,836	0.00	0	3,730	0.00	0.0000%	0.0000%
Martin	2	4,212	0.47	1	4,170	0.24	0	4,308	0.00	-75.0000%	-74.7482%
Pitt	2	38,529	0.05	1	38,486	0.03	0	38,152	0.00	-75.0000%	-74.9721%
Region Q Totals	4	58,450	0.07	3	58,083	0.05	0	57,748	0.00	-62.5000%	-62.2631%
Camden	0	2,026	0.00	0	2,053	0.00	0	1,865	0.00	0.0000%	0.0000%
Chowan	0	2,752	0.00	0	2,759	0.00	0	2,668	0.00	0.0000%	0.0000%
Currituck	0	6,220	0.00	0	6,457	0.00	0	6,925	0.00	0.0000%	0.0000%
Dare	0	6,391	0.00	0	6,320	0.00	0	6,294	0.00	0.0000%	0.0000%
Gates	0	1,852	0.00	0	1,866	0.00	0	1,821	0.00	0.0000%	0.0000%
Hyde	0	757	0.00	0	746	0.00	0	739	0.00	0.0000%	0.0000%
Pasquotank	0	8,996	0.00	0	8,926	0.00	0	8,995	0.00	0.0000%	0.0000%
Perquimans	0	2,333	0.00	0	2,309	0.00	0	2,393	0.00	0.0000%	0.0000%
Tyrrell	0	652	0.00	0	653	0.00	0	693	0.00	0.0000%	0.0000%
Washington	0	2,239	0.00	0	2,210	0.00	0	2,126	0.00	0.0000%	0.0000%
Region R Totals	0	34,218	0.00	0	34,299	0.00	0	34,519	0.00	0.0000%	0.0000%
Grand Totals	968	2,271,482	0.43	918	2,277,028	0.40	638	2,324,696	0.27	-17.8332%	-18.6612%

Proposed 2027 SMFP

Table 12B: Average Annual Rates of Change in Patients and Use Rates per 1,000 Population

Ages 18-64											
A	B	C	D	E	F	G	H	I	J	K	L
County	Home Health Patients in 2023	Estimated 2023 Population	Use Rate for 2023	Home Health Patients in 2024	Estimated 2024 Population	Use Rate for 2024	Home Health Patients in 2025	Estimated 2025 Population	Use Rate for 2025	Average Annual Rate of Change in Number of Patients	Average Annual Rate of Change in Use Rates per 1,000
Cherokee	124	15,149	8.19	98	15,252	6.43	102	15,407	6.62	-8.4431%	-9.2335%
Clay	54	6,102	8.85	43	6,148	6.99	31	6,117	5.07	-24.1387%	-24.2539%
Graham	29	4,075	7.12	29	4,091	7.09	26	4,270	6.09	-5.1724%	-7.2472%
Haywood	418	35,613	11.74	589	35,758	16.47	392	35,415	11.07	3.7313%	3.7679%
Jackson	105	26,919	3.90	71	27,001	2.63	131	27,406	4.78	26.0630%	24.5971%
Macon	154	19,944	7.72	140	20,138	6.95	21	19,564	1.07	-47.0455%	-47.2633%
Swain	49	7,854	6.24	35	7,856	4.46	22	7,850	2.80	-32.8571%	-32.8422%
Region A Totals	933	115,656	8.07	1,005	116,244	8.65	725	116,029	6.25	-10.0718%	-10.2774%
Buncombe	1,435	167,215	8.58	1,246	168,884	7.38	1,379	168,791	8.17	-1.2483%	-1.6468%
Henderson	757	64,866	11.67	656	65,558	10.01	763	65,731	11.61	1.4844%	0.8740%
Madison	118	12,390	9.52	105	12,415	8.46	148	12,863	11.51	14.9677%	12.4235%
Transylvania	171	16,929	10.10	149	17,030	8.75	200	17,380	11.51	10.6813%	9.0714%
Region B Totals	2,481	261,400	9.49	2,156	263,887	8.17	2,490	264,765	9.40	1.1960%	0.5951%
Cleveland	1,464	59,704	24.52	1,413	59,872	23.60	1,065	59,109	18.02	-14.0560%	-13.7050%
McDowell	413	26,124	15.81	394	26,240	15.02	564	26,023	21.67	19.2734%	19.6593%
Polk	107	10,646	10.05	86	10,622	8.10	116	10,864	10.68	7.6288%	6.2173%
Rutherford	645	37,631	17.14	652	37,928	17.19	652	37,720	17.29	0.5426%	0.4226%
Region C Totals	2,629	134,105	19.60	2,545	134,662	18.90	2,397	133,716	17.93	-4.5052%	-4.3723%
Alleghany	63	6,446	9.77	72	6,485	11.10	73	6,512	11.21	7.8373%	7.2835%
Ashe	178	15,150	11.75	145	15,284	9.49	204	14,595	13.98	11.0752%	14.0389%
Avery	131	10,688	12.26	122	10,627	11.48	113	10,735	10.53	-7.1236%	-7.3223%
Mitchell	113	8,501	13.29	99	8,468	11.69	107	8,363	12.79	-2.1543%	-1.3051%
Watauga	177	39,745	4.45	159	40,713	3.91	224	37,898	5.91	15.3555%	19.5198%
Wilkes	457	38,337	11.92	391	38,393	10.18	346	37,397	9.25	-12.9755%	-11.8595%
Yancey	124	10,466	11.85	88	10,512	8.37	92	10,199	9.02	-12.2434%	-10.7945%
Region D Totals	1,243	129,333	9.61	1,076	130,482	8.25	1,159	125,699	9.22	-2.8607%	-1.1926%
Alexander	191	21,824	8.75	232	21,853	10.62	167	21,593	7.73	-3.2756%	-2.9229%
Burke	625	52,423	11.92	666	52,514	12.68	630	52,588	11.98	0.5773%	0.4184%
Caldwell	600	49,257	12.18	643	49,232	13.06	584	49,008	11.92	-1.0045%	-0.7698%
Catawba	901	99,658	9.04	936	100,473	9.32	957	100,157	9.55	3.0641%	2.8040%
Region E Totals	2,317	223,162	10.38	2,477	224,072	11.05	2,338	223,346	10.47	0.6469%	0.5833%
Anson	120	13,141	9.13	152	13,108	11.60	81	12,920	6.27	-10.0219%	-9.4748%
Cabarrus	1,257	154,748	8.12	1,190	157,864	7.54	779	157,447	4.95	-19.9340%	-20.7816%
Gaston	2,374	148,396	16.00	2,090	149,825	13.95	1,618	150,753	10.73	-17.2733%	-17.9314%
Iredell	879	127,441	6.90	1,226	130,319	9.41	902	129,510	6.96	6.5246%	5.2143%
Lincoln	663	58,867	11.26	808	60,476	13.36	651	58,042	11.22	1.2198%	1.2879%
Mecklenburg *	5,618	752,083	7.47	5,650	767,577	7.36	3,823	790,701	4.83	-15.8833%	-17.8878%
Rowan	919	90,141	10.20	959	90,484	10.60	1,278	91,845	13.91	18.8082%	17.6230%
Stanly	408	37,748	10.81	393	37,941	10.36	300	39,663	7.56	-13.6703%	-15.5724%
Union	1,028	165,812	6.20	990	169,675	5.83	658	173,762	3.79	-18.6159%	-20.4938%
Region F Totals	13,266	1,548,377	8.57	13,458	1,577,269	8.53	10,090	1,604,643	6.29	-11.7893%	-13.3580%
Alamance	952	109,735	8.68	932	111,222	8.38	990	114,278	8.66	2.0612%	-0.0136%
Caswell	92	13,159	6.99	57	13,026	4.38	56	12,854	4.36	-19.8989%	-18.9253%
Davidson	747	106,671	7.00	671	107,576	6.24	533	105,237	5.06	-15.3702%	-14.8653%
Guilford *	2,177	344,518	6.32	2,197	344,732	6.37	2,007	347,019	5.78	-3.8647%	-4.1971%
Montgomery	108	14,355	7.52	118	14,392	8.20	135	14,767	9.14	11.8330%	10.2399%
Randolph	544	87,433	6.22	505	87,598	5.76	571	87,764	6.51	2.9501%	2.7557%
Rockingham	703	54,143	12.98	431	53,953	7.99	319	54,339	5.87	-32.3387%	-32.4936%
Region G Totals	5,323	730,014	7.29	4,911	732,499	6.70	4,611	736,258	6.26	-6.9244%	-7.3205%

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Table 12B: Average Annual Rates of Change in Patients and Use Rates per 1,000 Population

Ages 18-64											
A	B	C	D	E	F	G	H	I	J	K	L
County	Home Health Patients in 2023	Estimated 2023 Population	Use Rate for 2023	Home Health Patients in 2024	Estimated 2024 Population	Use Rate for 2024	Home Health Patients in 2025	Estimated 2025 Population	Use Rate for 2025	Average Annual Rate of Change in Number of Patients	Average Annual Rate of Change in Use Rates per 1,000
Davie	190	26,131	7.27	159	26,332	6.04	139	26,002	5.35	-14.4472%	-14.2118%
Forsyth *	1,744	239,594	7.28	1,533	240,976	6.36	942	242,246	3.89	-25.3252%	-25.7384%
Stokes	279	27,452	10.16	232	27,443	8.45	243	27,146	8.95	-6.0522%	-5.4656%
Surry	506	42,201	11.99	484	42,108	11.49	434	41,640	10.42	-7.3392%	-6.7297%
Yadkin	243	22,222	10.94	205	22,236	9.22	176	22,344	7.88	-14.8921%	-15.1261%
Region I Totals	2,962	357,600	8.28	2,613	359,095	7.28	1,934	359,378	5.38	-18.8840%	-19.0968%
Chatham	214	43,895	4.88	203	44,835	4.53	190	45,954	4.13	-5.7721%	-7.9060%
Durham	1,394	215,262	6.48	1,446	216,345	6.68	1,300	214,871	6.05	-3.1833%	-3.1345%
Johnston	895	152,291	5.88	1,049	158,085	6.64	908	156,059	5.82	1.8827%	0.2966%
Lee	231	39,218	5.89	236	39,828	5.93	218	40,700	5.36	-2.7313%	-4.5032%
Moore *	303	52,907	5.73	315	53,771	5.86	290	55,479	5.23	-1.9881%	-4.2404%
Orange	409	100,577	4.07	448	101,140	4.43	422	102,395	4.12	1.8659%	0.9838%
Wake *	4,972	778,101	6.39	3,727	792,453	4.70	3,665	821,774	4.46	-13.3519%	-15.7850%
Region J Totals	8,418	1,382,251	6.09	7,424	1,406,457	5.28	6,993	1,437,232	4.87	-8.8068%	-10.5742%
Franklin	294	46,605	6.31	317	48,385	6.55	199	49,907	3.99	-14.7004%	-17.6410%
Granville	252	38,908	6.48	225	39,138	5.75	210	37,639	5.58	-8.6905%	-7.0943%
Person	193	22,905	8.43	186	22,792	8.16	195	22,962	8.49	0.6059%	0.4567%
Vance	203	23,499	8.64	210	23,338	9.00	136	23,125	5.88	-15.8949%	-15.2398%
Warren	99	10,745	9.21	85	10,804	7.87	49	10,537	4.65	-28.2472%	-27.7512%
Region K Totals	1,041	142,662	7.30	1,023	144,457	7.08	789	144,170	5.47	-12.3015%	-12.8353%
Edgecombe	315	25,600	12.30	304	25,258	12.04	327	26,698	12.25	2.0369%	-0.2106%
Halifax	204	25,915	7.87	174	25,442	6.84	197	25,441	7.74	-0.7437%	0.0513%
Nash	481	57,216	8.41	450	57,219	7.86	426	59,238	7.19	-5.8891%	-7.5048%
Northampton	93	9,743	9.55	88	9,623	9.14	64	8,852	7.23	-16.3245%	-12.5673%
Wilson	484	46,290	10.46	376	46,214	8.14	202	47,439	4.26	-34.2953%	-34.9251%
Region L Totals	1,577	164,764	9.57	1,392	163,756	8.50	1,216	167,668	7.25	-12.1874%	-12.9348%
Cumberland *	1,305	171,809	7.60	1,263	169,478	7.45	1,166	169,975	6.86	-5.4493%	-4.9187%
Harnett *	439	80,636	5.44	425	83,175	5.11	346	85,268	4.06	-10.8887%	-13.3654%
Sampson	331	33,551	9.87	300	33,770	8.88	351	34,049	10.31	3.8172%	3.0440%
Region M Totals	2,075	285,996	7.26	1,988	286,423	6.94	1,863	289,292	6.44	-5.2402%	-5.7764%
Bladen	180	16,712	10.77	203	16,785	12.09	173	16,388	10.56	-1.0003%	-0.2133%
Hoke *	231	29,773	7.76	209	30,232	6.91	203	30,342	6.69	-6.1973%	-7.0602%
Richmond	219	24,693	8.87	280	24,494	11.43	261	24,148	10.81	10.5341%	11.7213%
Robeson	443	70,368	6.30	484	70,825	6.83	471	67,104	7.02	3.2846%	5.6302%
Scotland	108	18,834	5.73	120	18,679	6.42	115	18,822	6.11	3.4722%	3.5692%
Region N Totals	1,181	160,380	7.36	1,296	161,015	8.05	1,223	156,804	7.80	2.0524%	3.1031%
Brunswick	753	85,683	8.79	672	89,354	7.52	834	80,777	10.32	6.6751%	11.4308%
Columbus	409	29,161	14.03	393	29,115	13.50	426	28,981	14.70	2.2425%	2.5690%
New Hanover *	978	151,820	6.44	774	153,870	5.03	929	151,969	6.11	-0.4165%	-0.1930%
Pender *	362	40,952	8.84	278	42,184	6.59	328	40,955	8.01	-2.6094%	-1.9605%
Region O Totals	2,502	307,616	8.13	2,117	314,523	6.73	2,517	302,682	8.32	1.7535%	3.1500%
Carteret *	343	39,390	8.71	296	39,650	7.47	317	38,900	8.15	-3.3040%	-2.5546%
Craven *	502	53,645	9.36	378	53,732	7.03	348	55,135	6.31	-16.3189%	-17.5512%
Duplin	402	28,716	14.00	399	29,076	13.72	358	27,418	13.06	-5.5110%	-3.4126%
Greene	109	12,161	8.96	106	12,108	8.75	68	12,315	5.52	-19.3007%	-19.6270%
Jones	83	5,114	16.23	49	5,125	9.56	46	5,205	8.84	-23.5432%	-24.3279%
Lenoir	493	30,289	16.28	482	30,028	16.05	427	30,474	14.01	-6.8210%	-7.0444%
Onslow *	759	84,878	8.94	636	84,019	7.57	647	88,274	7.33	-7.2380%	-9.2614%
Pamlico	50	6,657	7.51	34	6,591	5.16	16	7,264	2.20	-42.4706%	-44.3101%
Wayne *	694	64,002	10.84	720	63,920	11.26	504	65,553	7.69	-13.1268%	-13.9321%
Region P Totals	3,435	324,852	10.57	3,100	324,249	9.56	2,731	330,538	8.26	-10.8279%	-11.5821%

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Table 12B: Average Annual Rates of Change in Patients and Use Rates per 1,000 Population

Ages 18-64											
A	B	C	D	E	F	G	H	I	J	K	L
County	Home Health Patients in 2023	Estimated 2023 Population	Use Rate for 2023	Home Health Patients in 2024	Estimated 2024 Population	Use Rate for 2024	Home Health Patients in 2025	Estimated 2025 Population	Use Rate for 2025	Average Annual Rate of Change in Number of Patients	Average Annual Rate of Change in Use Rates per 1,000
Beaufort	284	23,711	11.98	258	23,531	10.96	360	24,001	15.00	15.1900%	14.1712%
Bertie	111	9,972	11.13	102	9,933	10.27	121	9,609	12.59	5.2597%	7.4400%
Hertford	87	11,499	7.57	102	11,454	8.91	136	11,323	12.01	25.2874%	26.2890%
Martin	162	11,294	14.34	150	11,110	13.50	183	11,266	16.24	7.2963%	7.2184%
Pitt *	1,002	111,394	9.00	975	111,596	8.74	1,072	116,901	9.17	3.6271%	1.0442%
Region Q Totals	1,646	167,870	9.81	1,587	167,624	9.47	1,872	173,100	10.81	7.1870%	5.3919%
Camden	50	6,993	7.15	48	7,121	6.74	31	7,050	4.40	-19.7083%	-20.2459%
Chowan	64	7,588	8.43	63	7,654	8.23	64	7,380	8.67	0.0124%	1.4738%
Currituck *	91	20,360	4.47	112	20,660	5.42	121	18,801	6.44	15.5563%	20.0039%
Dare	97	22,028	4.40	123	21,844	5.63	143	21,136	6.77	21.5321%	24.0134%
Gates	29	6,273	4.62	27	6,268	4.31	21	5,733	3.66	-14.5594%	-10.8932%
Hyde	7	2,697	2.60	5	2,635	1.90	0	2,596	0.00	-64.2857%	-63.4454%
Pasquotank *	185	24,225	7.64	190	24,145	7.87	179	24,035	7.45	-1.5434%	-1.1577%
Perquimans	48	7,042	6.82	39	7,063	5.52	30	7,355	4.08	-20.9135%	-22.5612%
Tyrrell	12	1,905	6.30	12	1,878	6.39	4	1,813	2.21	-33.3333%	-32.0169%
Washington	61	5,251	11.62	49	5,182	9.46	38	5,319	7.14	-21.0606%	-21.5245%
Region R Totals	644	104,362	6.17	668	104,450	6.40	631	101,218	6.23	-0.9061%	0.5583%
Grand Totals	53,673	6,540,400	8.21	50,836	6,611,164	7.69	45,579	6,666,538	6.84	-7.8134%	-8.6927%

* Adjustments for active-duty military personnel have been applied to the Ages 18-64 population.

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Table 12B: Average Annual Rates of Change in Patients and Use Rates per 1,000 Population

Ages 65-74											
A	B	C	D	E	F	G	H	I	J	K	L
County	Home Health Patients in 2023	Estimated 2023 Population	Use Rate for 2023	Home Health Patients in 2024	Estimated 2024 Population	Use Rate for 2024	Home Health Patients in 2025	Estimated 2025 Population	Use Rate for 2025	Average Annual Rate of Change in Number of Patients	Average Annual Rate of Change in Use Rates per 1,000
Cherokee	213	4,762	44.73	203	4,737	42.85	245	5,043	48.58	7.9974%	4.5873%
Clay	99	1,913	51.75	72	1,927	37.36	96	2,244	42.78	3.0303%	-6.6516%
Graham	38	935	40.64	42	920	45.65	37	950	38.95	-0.6892%	-1.1792%
Haywood	604	8,926	67.67	620	8,998	68.90	603	9,020	66.85	-0.0465%	-0.5758%
Jackson	162	4,803	33.73	156	4,755	32.81	316	5,139	61.49	49.4302%	42.3482%
Macon	273	5,781	47.22	278	5,862	47.42	63	6,016	10.47	-37.7533%	-38.7469%
Swain	67	1,468	45.64	52	1,457	35.69	50	1,384	36.13	-13.1171%	-10.2883%
Region A Totals	1,456	28,588	50.93	1,423	28,656	49.66	1,410	29,796	47.32	-1.5900%	-3.6015%
Buncombe	2,077	34,470	60.26	2,030	34,865	58.22	2,331	35,375	65.89	6.2824%	4.9010%
Henderson	1,173	17,088	68.64	1,113	17,310	64.30	1,344	17,847	75.31	7.8198%	5.3947%
Madison	158	2,972	53.16	165	2,963	55.69	218	2,943	74.07	18.2758%	18.8833%
Transylvania	312	4,734	65.91	326	4,744	68.72	354	4,890	72.39	6.5381%	4.8069%
Region B Totals	3,720	59,264	62.77	3,634	59,882	60.69	4,247	61,055	69.56	7.2783%	5.6516%
Cleveland	1,339	11,626	115.17	1,442	11,688	123.37	1,172	11,122	105.38	-5.5158%	-3.7334%
McDowell	512	5,445	94.03	524	5,489	95.46	673	5,442	123.67	15.3894%	15.5339%
Polk	220	2,989	73.60	199	3,019	65.92	218	2,959	73.67	0.0011%	0.6624%
Rutherford	728	7,635	95.35	708	7,764	91.19	814	8,170	99.63	6.1122%	2.4476%
Region C Totals	2,799	27,695	101.07	2,873	27,960	102.75	2,877	27,693	103.89	1.3915%	1.3878%
Alleghany	118	1,476	79.95	126	1,485	84.85	127	1,498	84.78	3.7867%	3.0257%
Ashe	238	3,769	63.15	238	3,787	62.85	333	3,631	91.71	19.9580%	22.7260%
Avery	201	2,123	94.68	201	2,133	94.23	265	2,199	120.51	15.9204%	13.7075%
Mitchell	187	1,877	99.63	123	1,893	64.98	160	1,905	83.99	-2.0716%	-2.7593%
Watauga	252	5,486	45.94	246	5,497	44.75	356	6,399	55.63	21.1672%	10.8701%
Wilkes	692	7,991	86.60	644	8,127	79.24	645	8,467	76.18	-3.3906%	-6.1802%
Yancey	196	2,422	80.92	125	2,408	51.91	147	2,633	55.83	-9.3122%	-14.1515%
Region D Totals	1,884	25,144	74.93	1,703	25,330	67.23	2,033	26,732	76.05	4.8852%	1.4228%
Alexander	281	4,248	66.15	329	4,291	76.67	288	4,163	69.18	2.3099%	3.0691%
Burke	759	10,829	70.09	796	10,938	72.77	822	11,258	73.01	4.0706%	2.0804%
Caldwell	838	9,685	86.53	841	9,774	86.04	859	10,072	85.29	1.2492%	-0.7188%
Catawba	1,260	19,303	65.27	1,263	19,758	63.92	1,249	18,983	65.80	-0.4352%	0.4293%
Region E Totals	3,138	44,065	71.21	3,229	44,761	72.14	3,218	44,476	72.35	1.2796%	0.7989%
Anson	189	2,439	77.49	194	2,402	80.77	90	2,434	36.98	-25.4814%	-24.9958%
Cabarrus	1,443	20,829	69.28	1,589	21,656	73.37	942	21,978	42.86	-15.2998%	-17.8367%
Gaston	2,274	24,419	93.12	2,165	24,819	87.23	1,943	25,407	76.47	-7.5237%	-9.3294%
Iredell	1,273	20,749	61.35	1,279	21,602	59.21	1,239	22,977	53.92	-1.3281%	-6.2103%
Lincoln	771	11,039	69.84	763	11,589	65.84	781	11,940	65.41	0.6607%	-3.1921%
Mecklenburg	5,855	92,168	63.53	6,023	95,319	63.19	4,961	99,902	49.66	-7.3815%	-10.9711%
Rowan	1,202	17,365	69.22	1,233	17,750	69.46	1,572	17,651	89.06	15.0365%	14.2815%
Stanly	597	7,502	79.58	556	7,663	72.56	333	7,413	44.92	-23.4878%	-23.4562%
Union	1,248	22,482	55.51	1,241	23,555	52.69	875	22,879	38.24	-15.0266%	-16.2499%
Region F Totals	14,852	218,992	67.82	15,043	226,355	66.46	12,736	232,581	54.76	-7.0250%	-9.8055%
Alamance	1,331	19,006	70.03	1,373	19,493	70.44	1,491	19,499	76.47	5.8749%	4.5696%
Caswell	139	3,035	45.80	142	3,011	47.16	125	3,059	40.86	-4.9068%	-5.1903%
Davidson	1,053	19,564	53.82	1,010	20,016	50.46	880	20,519	42.89	-8.4774%	-10.6283%
Guilford	2,989	53,841	55.52	3,070	54,794	56.03	3,245	56,047	57.90	4.2051%	2.1304%
Montgomery	154	3,109	49.53	146	3,087	47.30	143	3,356	42.61	-3.6248%	-7.2124%
Randolph	814	15,962	51.00	808	16,202	49.87	922	16,827	54.79	6.6859%	3.8316%
Rockingham	1,094	11,527	94.91	730	11,697	62.41	549	12,216	44.94	-29.0335%	-31.1159%
Region G Totals	7,574	126,044	60.09	7,279	128,300	56.73	7,355	131,523	55.92	-1.4254%	-3.5084%

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Table 12B: Average Annual Rates of Change in Patients and Use Rates per 1,000 Population

Ages 65-74											
A	B	C	D	E	F	G	H	I	J	K	L
County	Home Health Patients in 2023	Estimated 2023 Population	Use Rate for 2023	Home Health Patients in 2024	Estimated 2024 Population	Use Rate for 2024	Home Health Patients in 2025	Estimated 2025 Population	Use Rate for 2025	Average Annual Rate of Change in Number of Patients	Average Annual Rate of Change in Use Rates per 1,000
Davie	314	5,567	56.40	318	5,705	55.74	319	5,683	56.13	0.7942%	-0.2365%
Forsyth	2,716	38,918	69.79	2,692	39,573	68.03	2,268	42,744	53.06	-8.3170%	-12.2623%
Stokes	452	5,803	77.89	431	5,966	72.24	410	6,221	65.91	-4.7592%	-8.0115%
Surry	760	8,097	93.86	772	8,204	94.10	699	8,677	80.56	-3.9385%	-7.0688%
Yadkin	310	4,324	71.69	303	4,413	68.66	314	4,606	68.17	0.6861%	-2.4706%
Region I Totals	4,552	62,709	72.59	4,516	63,861	70.72	4,010	67,931	59.03	-5.9977%	-9.5526%
Chatham	321	12,136	26.45	332	12,542	26.47	297	12,048	24.65	-3.5577%	-3.3977%
Durham	1,550	27,935	55.49	1,709	28,281	60.43	1,610	31,829	50.58	2.2326%	-3.6925%
Johnston	1,203	21,365	56.31	1,282	22,413	57.20	1,206	23,707	50.87	0.3193%	-4.7395%
Lee	346	6,895	50.18	391	7,065	55.34	295	7,482	39.43	-5.7733%	-9.2354%
Moore	522	15,094	34.58	507	15,637	32.42	514	14,055	36.57	-0.7464%	3.2728%
Orange	628	15,667	40.08	669	16,059	41.66	665	16,337	40.71	2.9654%	0.8195%
Wake	5,438	97,966	55.51	4,967	102,200	48.60	5,033	106,650	47.19	-3.6663%	-7.6723%
Region J Totals	10,008	197,058	50.79	9,857	204,197	48.27	9,620	212,108	45.35	-1.9566%	-5.4983%
Franklin	442	8,781	50.34	425	9,227	46.06	406	9,907	40.98	-4.1584%	-9.7607%
Granville	332	7,176	46.27	349	7,372	47.34	345	7,355	46.91	1.9872%	0.7040%
Person	307	4,910	62.53	322	4,958	64.95	343	5,171	66.33	5.7039%	3.0023%
Vance	272	4,535	59.98	320	4,468	71.62	298	4,804	62.03	5.3860%	3.0115%
Warren	132	2,270	58.15	147	2,321	63.33	108	2,636	40.97	-7.5835%	-13.1968%
Region K Totals	1,485	27,672	53.66	1,563	28,346	55.14	1,500	29,873	50.21	0.6109%	-3.0932%
Edgecombe	411	6,612	62.16	439	6,644	66.07	449	6,132	73.22	4.5453%	8.5580%
Halifax	357	6,413	55.67	399	6,457	61.79	512	6,184	82.79	20.0428%	22.4944%
Nash	764	11,962	63.87	778	12,047	64.58	785	12,147	64.63	1.3661%	0.5915%
Northampton	169	1,401	120.63	163	1,343	121.37	160	2,480	64.52	-2.6954%	-23.1142%
Wilson	601	8,485	70.83	610	8,529	71.52	323	9,164	35.25	-22.7758%	-24.8722%
Region L Totals	2,302	34,873	66.01	2,389	35,020	68.22	2,229	36,107	61.73	-1.4590%	-3.0813%
Cumberland	1,643	30,159	54.48	1,779	30,752	57.85	1,853	28,511	64.99	6.2186%	9.2682%
Harnett	600	11,699	51.29	638	12,216	52.23	592	12,375	47.84	-0.4383%	-3.2845%
Sampson	470	6,625	70.94	470	6,663	70.54	495	6,737	73.47	2.6596%	1.7960%
Region M Totals	2,713	48,483	55.96	2,887	49,631	58.17	2,940	47,623	61.73	4.1247%	5.0409%
Bladen	257	3,059	84.01	278	3,035	91.60	316	3,862	81.82	10.9201%	-0.8226%
Hoke	246	4,060	60.59	248	4,199	59.06	273	4,588	59.50	5.4468%	-0.8885%
Richmond	309	4,910	62.93	300	4,888	61.37	366	4,669	78.39	9.5437%	12.6234%
Robeson	651	12,462	52.24	789	12,545	62.89	851	11,643	73.09	14.5281%	18.3051%
Scotland	159	4,048	39.28	191	3,973	48.07	173	3,579	48.34	5.3509%	11.4703%
Region N Totals	1,622	28,539	56.83	1,806	28,640	63.06	1,979	28,341	69.83	10.4616%	10.8433%
Brunswick	1,439	30,027	47.92	1,439	31,487	45.70	1,730	44,522	38.86	10.1112%	-9.8064%
Columbus	526	5,778	91.03	546	5,794	94.24	615	5,728	107.37	8.2198%	8.7254%
New Hanover	1,429	25,013	57.13	1,280	25,404	50.39	1,559	30,211	51.60	5.6850%	-4.6941%
Pender	411	7,669	53.59	363	8,028	45.22	544	8,554	63.60	19.0917%	12.5093%
Region O Totals	3,805	68,487	55.56	3,628	70,713	51.31	4,448	89,015	49.97	8.9751%	-5.1295%
Carteret	521	10,367	50.26	557	10,539	52.85	591	11,911	49.62	6.5070%	-0.4764%
Craven	767	10,761	71.28	677	11,070	61.16	699	11,532	60.61	-4.2422%	-7.5423%
Duplin	480	3,815	125.82	486	3,993	121.71	544	5,739	94.79	6.5921%	-12.6918%
Greene	172	2,272	75.70	146	2,341	62.37	139	2,520	55.16	-9.9554%	-14.5877%
Jones	108	1,254	86.12	88	1,261	69.79	99	1,301	76.10	-3.0093%	-4.9649%
Lenoir	609	6,860	88.78	651	6,887	94.53	553	6,915	79.97	-4.0786%	-4.4601%
Onslow	936	13,083	71.54	957	13,386	71.49	1,015	13,287	76.39	4.1521%	3.3900%
Pamlico	95	1,806	52.60	79	1,819	43.43	62	1,888	32.84	-19.1805%	-20.9118%
Wayne	900	11,869	75.83	969	12,049	80.42	652	12,508	52.13	-12.5237%	-14.5625%
Region P Totals	4,588	62,087	73.90	4,610	63,345	72.78	4,354	67,601	64.41	-2.5368%	-6.5076%

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Table 12B: Average Annual Rates of Change in Patients and Use Rates per 1,000 Population

Ages 65-74											
A	B	C	D	E	F	G	H	I	J	K	L
County	Home Health Patients in 2023	Estimated 2023 Population	Use Rate for 2023	Home Health Patients in 2024	Estimated 2024 Population	Use Rate for 2024	Home Health Patients in 2025	Estimated 2025 Population	Use Rate for 2025	Average Annual Rate of Change in Number of Patients	Average Annual Rate of Change in Use Rates per 1,000
Beaufort	394	6,056	65.06	430	6,025	71.37	299	6,015	49.71	-10.6640%	-10.3255%
Bertie	183	2,042	89.62	153	2,049	74.67	102	2,285	44.64	-24.8634%	-28.4489%
Hertford	141	2,525	55.84	165	2,473	66.72	275	2,430	113.17	41.8440%	44.5489%
Martin	214	3,222	66.42	201	3,196	62.89	302	3,144	96.06	22.0870%	23.7116%
Pitt	1,196	15,788	75.75	1,255	15,991	78.48	1,548	17,167	90.17	14.1399%	9.2490%
Region Q Totals	2,128	29,633	71.81	2,204	29,734	74.12	2,526	31,041	81.38	9.0906%	6.5019%
Camden	46	1,187	38.75	48	1,231	38.99	43	1,355	31.73	-3.0344%	-8.9983%
Chowan	112	1,768	63.35	118	1,768	66.74	122	1,816	67.18	4.3735%	3.0071%
Currituck	149	3,536	42.14	175	3,790	46.17	180	4,136	43.52	10.1534%	1.9155%
Dare	226	5,433	41.60	287	5,505	52.13	333	6,500	51.23	21.5095%	11.7985%
Gates	53	1,267	41.83	64	1,298	49.31	58	1,387	41.82	5.6899%	1.3403%
Hyde	19	638	29.78	21	640	32.81	16	680	23.53	-6.6416%	-9.0552%
Pasquotank	267	4,114	64.90	240	4,184	57.36	213	4,595	46.35	-10.6812%	-15.4022%
Perquimans	83	1,783	46.55	80	1,790	44.69	103	1,787	57.64	12.5678%	12.4874%
Tyrrell	17	358	47.49	18	368	48.91	21	474	44.30	11.2745%	-3.2091%
Washington	103	1,612	63.90	69	1,577	43.75	113	1,596	70.80	15.3792%	15.1478%
Region R Totals	1,075	21,696	49.55	1,120	22,151	50.56	1,202	24,326	49.41	5.7537%	-0.1141%
Grand Totals	69,701	1,111,029	62.74	69,764	1,136,882	61.36	68,684	1,187,822	57.82	-0.7288%	-3.9780%

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Table 12B: Average Annual Rates of Change in Patients and Use Rates per 1,000 Population

Ages 75 and Over											
A	B	C	D	E	F	G	H	I	J	K	L
County	Home Health Patients in 2023	Estimated 2023 Population	Use Rate for 2023	Home Health Patients in 2024	Estimated 2024 Population	Use Rate for 2024	Home Health Patients in 2025	Estimated 2025 Population	Use Rate for 2025	Average Annual Rate of Change in Number of Patients	Average Annual Rate of Change in Use Rates per 1,000
Cherokee	400	4,626	86.47	454	4,766	95.26	537	5,177	103.73	15.8910%	9.5288%
Clay	132	1,886	69.99	172	1,952	88.11	195	2,199	88.68	21.8376%	13.2675%
Graham	157	1,071	146.59	110	1,076	102.23	128	1,151	111.21	-6.7863%	-10.7403%
Haywood	1,250	8,292	150.75	831	8,458	98.25	1,347	8,926	150.91	14.2869%	9.3852%
Jackson	337	4,548	74.10	276	4,695	58.79	752	5,110	147.16	77.1814%	64.8355%
Macon	588	5,792	101.52	531	5,936	89.45	119	6,420	18.54	-43.6417%	-45.5818%
Swain	115	1,347	85.37	114	1,344	84.82	94	1,351	69.58	-9.2067%	-9.3097%
Region A Totals	2,979	27,562	108.08	2,488	28,227	88.14	3,172	30,334	104.57	5.5050%	0.0934%
Buncombe	3,849	27,225	141.38	3,786	28,430	133.17	5,012	30,450	164.60	15.3728%	8.8973%
Henderson	2,771	17,553	157.86	2,593	18,095	143.30	3,240	18,557	174.60	9.2641%	6.3072%
Madison	332	2,406	137.99	367	2,490	147.39	491	2,550	192.55	22.1648%	18.7263%
Transylvania	737	6,249	117.94	721	6,322	114.05	918	6,373	144.05	12.5761%	11.5018%
Region B Totals	7,689	53,433	143.90	7,467	55,337	134.94	9,661	57,930	166.77	13.2477%	8.6813%
Cleveland	2,278	8,343	273.04	2,333	8,583	271.82	2,070	8,442	245.20	-4.4293%	-5.1202%
McDowell	840	4,484	187.33	831	4,579	181.48	1,143	4,512	253.32	18.2368%	18.2318%
Polk	462	3,066	150.68	403	3,108	129.67	539	3,172	169.92	10.4882%	8.5495%
Rutherford	1,236	6,545	188.85	1,244	6,655	186.93	1,245	6,661	186.91	0.3638%	-0.5131%
Region C Totals	4,816	22,438	214.64	4,811	22,925	209.86	4,997	22,787	219.29	1.8812%	1.1346%
Alleghany	238	1,566	151.98	240	1,574	152.48	244	1,599	152.60	1.2535%	0.2025%
Ashe	528	3,502	150.77	486	3,582	135.68	737	3,629	203.09	21.8458%	19.8359%
Avery	384	1,924	199.58	359	1,980	181.31	548	2,073	264.35	23.0679%	18.3218%
Mitchell	391	1,760	222.16	186	1,745	106.59	400	1,773	225.61	31.3120%	29.8184%
Watauga	556	4,749	117.08	551	4,937	111.61	866	5,169	167.54	28.1348%	22.7208%
Wilkes	1,272	6,848	185.75	1,260	6,955	181.16	1,241	6,893	180.04	-1.2257%	-1.5447%
Yancey	367	2,330	157.51	255	2,379	107.19	323	2,629	122.86	-1.9255%	-8.6637%
Region D Totals	3,736	22,679	164.73	3,337	23,152	144.13	4,359	23,765	183.42	9.9732%	7.3761%
Alexander	546	3,520	155.11	496	3,597	137.89	558	3,598	155.09	1.6712%	0.6833%
Burke	1,299	8,827	147.16	1,398	9,076	154.03	1,633	9,124	178.98	12.2155%	10.4319%
Caldwell	1,507	7,467	201.82	1,480	7,624	194.12	1,591	7,759	205.05	2.8542%	0.9078%
Catawba	2,517	13,853	181.69	2,618	14,431	181.42	2,809	14,651	191.73	5.6542%	2.7656%
Region E Totals	5,869	33,667	174.33	5,992	34,728	172.54	6,591	35,132	187.61	6.0462%	3.8542%
Anson	280	1,844	151.84	317	1,898	167.02	171	1,872	91.35	-16.4212%	-17.6572%
Cabarrus	2,720	14,396	188.94	2,832	15,103	187.51	2,018	15,424	130.84	-12.3126%	-15.4911%
Gaston	3,670	17,038	215.40	3,591	17,548	204.64	3,434	18,259	188.07	-3.2623%	-6.5461%
Iredell	2,732	14,654	186.43	2,794	15,406	181.36	3,123	16,505	189.22	7.0223%	0.8050%
Lincoln	1,461	7,376	198.07	1,572	7,762	202.53	1,875	8,401	223.19	13.4362%	6.2246%
Mecklenburg	10,599	59,375	178.51	11,134	63,268	175.98	10,835	64,721	167.41	1.1811%	-3.1432%
Rowan	1,956	12,201	160.31	2,067	12,584	164.26	2,861	12,877	222.18	22.0440%	18.8612%
Stanly	1,144	5,659	202.16	978	5,832	167.70	694	5,880	118.03	-21.7747%	-23.3323%
Union	2,346	14,897	157.48	2,764	15,869	174.18	3,133	16,126	194.28	15.5839%	11.0724%
Region F Totals	26,908	147,440	182.50	28,049	155,270	180.65	28,144	160,065	175.83	2.2895%	-1.8417%
Alamance	2,708	15,112	179.20	2,803	15,639	179.23	2,961	14,924	198.41	4.5725%	5.3590%
Caswell	211	2,213	95.35	326	2,286	142.61	227	2,352	96.51	12.0671%	8.6233%
Davidson	1,867	14,434	129.35	1,910	14,865	128.49	1,664	15,445	107.74	-5.2882%	-8.4071%
Guilford	6,442	39,692	162.30	6,631	41,266	160.69	6,991	41,750	167.45	4.1815%	1.6073%
Montgomery	267	2,672	99.93	256	2,724	93.98	247	2,689	91.86	-3.8177%	-4.1050%
Randolph	1,669	12,120	137.71	1,715	12,424	138.04	1,876	12,353	151.87	6.0719%	5.1291%
Rockingham	2,044	8,617	237.21	1,340	8,741	153.30	1,173	8,839	132.71	-23.4525%	-24.4028%
Region G Totals	15,208	94,860	160.32	14,981	97,945	152.95	15,139	98,352	153.93	-0.2190%	-1.9794%

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Table 12B: Average Annual Rates of Change in Patients and Use Rates per 1,000 Population

Ages 75 and Over											
A	B	C	D	E	F	G	H	I	J	K	L
County	Home Health Patients in 2023	Estimated 2023 Population	Use Rate for 2023	Home Health Patients in 2024	Estimated 2024 Population	Use Rate for 2024	Home Health Patients in 2025	Estimated 2025 Population	Use Rate for 2025	Average Annual Rate of Change in Number of Patients	Average Annual Rate of Change in Use Rates per 1,000
Davie	693	4,458	155.45	716	4,588	156.06	649	4,684	138.56	-3.0193%	-5.4120%
Forsyth	5,698	29,144	195.51	5,791	30,238	191.51	4,672	30,471	153.33	-8.8455%	-10.9924%
Stokes	1,000	4,430	225.73	959	4,602	208.39	991	4,558	217.42	-0.3816%	-1.6750%
Surry	1,476	6,469	228.17	1,463	6,516	224.52	1,412	6,681	211.35	-2.1834%	-3.7326%
Yadkin	658	3,520	186.93	667	3,592	185.69	677	3,558	190.28	1.4335%	0.9025%
Region I Totals	9,525	48,021	198.35	9,596	49,536	193.72	8,401	49,952	168.18	-5.8538%	-7.7590%
Chatham	886	11,233	78.87	975	11,917	81.82	897	11,804	75.99	1.0226%	-1.6952%
Durham	2,883	18,516	155.70	3,412	19,530	174.71	3,318	22,572	147.00	7.7970%	-1.8282%
Johnston	1,945	13,402	145.13	2,261	14,250	158.67	2,179	15,216	143.20	6.3100%	-0.2080%
Lee	664	5,330	124.58	695	5,506	126.23	681	5,648	120.57	1.3271%	-1.5775%
Moore	1,460	15,045	97.04	1,467	15,538	94.41	1,515	15,147	100.02	1.8757%	1.6146%
Orange	1,441	10,101	142.66	1,588	10,788	147.20	1,726	11,548	149.46	9.4457%	2.3602%
Wake	11,746	63,229	185.77	11,517	67,774	169.93	12,095	71,241	169.78	1.5345%	-4.3086%
Region J Totals	21,025	136,856	153.63	21,915	145,303	150.82	22,411	153,176	146.31	3.2482%	-2.4096%
Franklin	722	5,889	122.60	772	6,309	122.36	673	6,191	108.71	-2.9493%	-5.6776%
Granville	645	4,751	135.76	645	4,997	129.08	659	5,116	128.81	1.0853%	-2.5645%
Person	519	3,569	145.42	612	3,675	166.53	602	3,604	167.04	8.1425%	7.4109%
Vance	441	3,512	125.57	520	3,548	146.56	571	3,705	154.12	13.8608%	10.9360%
Warren	210	2,400	87.50	237	2,393	99.04	225	2,297	97.95	3.8969%	6.0459%
Region K Totals	2,537	20,121	126.09	2,786	20,922	133.16	2,730	20,913	130.54	3.9023%	1.8213%
Edgecombe	577	4,750	121.47	643	4,859	132.33	609	4,611	132.08	3.0754%	4.3725%
Halifax	604	4,704	128.40	665	4,791	138.80	783	4,811	162.75	13.9218%	12.6775%
Nash	1,255	8,370	149.94	1,285	8,730	147.19	1,458	8,467	172.20	7.9267%	7.5778%
Northampton	276	1,915	144.13	272	1,841	147.75	303	1,939	156.27	4.9739%	4.1395%
Wilson	1,005	6,183	162.54	1,049	6,255	167.71	608	6,475	93.90	-18.8310%	-20.4163%
Region L Totals	3,717	25,922	143.39	3,914	26,476	147.83	3,761	26,303	142.99	0.6955%	-0.0902%
Cumberland	2,748	19,825	138.61	2,979	20,478	145.47	3,337	20,196	165.23	10.2118%	9.2654%
Harnett	1,026	8,269	124.08	1,198	8,556	140.02	1,089	8,950	121.68	3.8328%	-0.1264%
Sampson	822	4,936	166.53	886	5,051	175.41	899	4,814	186.75	4.6266%	5.8972%
Region M Totals	4,596	33,030	139.15	5,063	34,085	148.54	5,325	33,960	156.80	7.6679%	6.1566%
Bladen	377	2,617	144.06	441	2,596	169.88	453	2,954	153.35	9.8486%	4.0973%
Hoke	376	2,221	169.29	388	2,327	166.74	437	2,623	166.60	7.9102%	-0.7951%
Richmond	432	3,324	129.96	469	3,411	137.50	547	3,431	159.43	12.5980%	10.8735%
Robeson	789	8,162	96.67	1,085	8,457	128.30	1,256	7,787	161.29	26.6381%	29.2197%
Scotland	215	2,829	76.00	263	2,925	89.91	300	2,647	113.34	18.1970%	22.1796%
Region N Totals	2,189	19,153	114.29	2,646	19,716	134.21	2,993	19,442	153.95	16.9956%	16.0668%
Brunswick	2,742	21,389	128.20	2,836	22,786	124.46	3,467	31,293	110.79	12.8389%	-6.9484%
Columbus	840	4,622	181.74	910	4,646	195.87	1,007	4,631	217.45	9.4963%	9.3957%
New Hanover	3,036	20,106	151.00	2,913	20,904	139.35	3,573	23,349	153.03	9.3028%	1.0494%
Pender	870	5,491	158.44	788	5,683	138.66	695	5,773	120.39	-10.6137%	-12.8312%
Region O Totals	7,488	51,608	145.09	7,447	54,019	137.86	8,742	65,046	134.40	8.4210%	-3.7487%
Carteret	1,235	8,785	140.58	1,285	8,993	142.89	1,356	9,973	135.97	4.7869%	-1.6011%
Craven	1,435	9,146	156.90	1,426	9,243	154.28	1,358	10,024	135.47	-2.6979%	-6.9292%
Duplin	890	3,722	239.12	858	3,704	231.64	950	4,293	221.29	3.5636%	-3.7978%
Greene	186	1,533	121.33	185	1,571	117.76	194	1,674	115.89	2.1636%	-2.2654%
Jones	159	945	168.25	135	954	141.51	145	1,019	142.30	-3.8435%	-7.6696%
Lenoir	903	4,999	180.64	991	5,067	195.58	983	5,248	187.31	4.4690%	2.0221%
Onslow	1,501	8,924	168.20	1,566	9,118	171.75	1,636	9,011	181.56	4.4002%	3.9106%
Pamlico	209	1,943	107.57	173	1,980	87.37	141	2,107	66.92	-17.8610%	-21.0907%
Wayne	1,523	8,695	175.16	1,598	8,792	181.76	1,168	8,891	131.37	-10.9921%	-11.9778%
Region P Totals	8,041	48,692	165.14	8,217	49,422	166.26	7,931	52,240	151.82	-0.6459%	-4.0039%

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Table 12B: Average Annual Rates of Change in Patients and Use Rates per 1,000 Population

Ages 75 and Over											
A	B	C	D	E	F	G	H	I	J	K	L
County	Home Health Patients in 2023	Estimated 2023 Population	Use Rate for 2023	Home Health Patients in 2024	Estimated 2024 Population	Use Rate for 2024	Home Health Patients in 2025	Estimated 2025 Population	Use Rate for 2025	Average Annual Rate of Change in Number of Patients	Average Annual Rate of Change in Use Rates per 1,000
Beaufort	750	5,563	134.82	867	5,701	152.08	1,289	5,867	219.70	32.1368%	28.6344%
Bertie	258	1,511	170.75	248	1,502	165.11	319	1,688	188.98	12.3765%	5.5777%
Hertford	217	1,766	122.88	249	1,801	138.26	375	1,588	236.15	32.6745%	41.6597%
Martin	369	2,411	153.05	351	2,476	141.76	628	2,483	252.92	37.0197%	35.5189%
Pitt	1,731	10,283	168.34	1,837	10,706	171.59	2,605	11,369	229.13	23.9655%	17.7341%
Region Q Totals	3,325	21,534	154.41	3,552	22,186	160.10	5,216	22,995	226.83	26.8370%	22.6841%
Camden	90	858	104.90	113	886	127.54	101	931	108.49	7.4680%	3.3240%
Chowan	188	1,699	110.65	203	1,715	118.37	313	1,856	168.64	31.0830%	24.7225%
Currituck	174	2,124	81.92	249	2,226	111.86	249	2,510	99.20	21.5517%	12.6157%
Dare	327	3,949	82.81	420	4,117	102.02	499	4,759	104.85	23.6249%	12.9905%
Gates	97	1,098	88.34	104	1,102	94.37	123	979	125.64	12.7429%	19.9779%
Hyde	26	454	57.27	22	469	46.91	34	554	61.37	19.5804%	6.3714%
Pasquotank	399	2,938	135.81	442	2,988	147.93	423	3,509	120.55	3.2391%	-4.7923%
Perquimans	161	2,007	80.22	176	2,047	85.98	170	2,084	81.57	2.9538%	1.0283%
Tyrrell	23	426	53.99	23	425	54.12	27	491	54.99	8.6957%	0.9235%
Washington	137	1,322	103.63	120	1,335	89.89	197	1,337	147.34	25.8790%	25.3297%
Region R Totals	1,622	16,875	96.12	1,872	17,310	108.15	2,136	19,010	112.36	14.7578%	8.2057%
Grand Totals	131,270	823,891	159.33	134,133	856,559	156.60	141,709	891,402	158.97	3.9146%	-0.0987%

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Table 12C: 2028 Need Projections for Medicare Certified Home Health Agencies or Offices

Under Age 18								
A	B	C	D	E	F	G	H	I
County	Home Health Patients in 2025	COG's Average Annual Rate of Change in Number of Patients	Projected Number of Patients Receiving Services in 2028	Geographic Unit's Use Rate per 1,000 in 2025	COG's Average Annual Rate of Change in Use Rate	Projected Use Rate per 1,000 in 2028	Projected 2028 Population	Projected Home Health Patients in 2028
Cherokee	0	-26.3889%	0.00	0.0000	-26.4981%	0.0000	4,709	0.00
Clay	0	-26.3889%	0.00	0.0000	-26.4981%	0.0000	1,884	0.00
Graham	0	-26.3889%	0.00	0.0000	-26.4981%	0.0000	1,627	0.00
Haywood	14	-26.3889%	2.92	1.2809	-26.4981%	0.2627	10,956	2.88
Jackson	0	-26.3889%	0.00	0.0000	-26.4981%	0.0000	6,916	0.00
Macon	0	-26.3889%	0.00	0.0000	-26.4981%	0.0000	6,899	0.00
Swain	0	-26.3889%	0.00	0.0000	-26.4981%	0.0000	3,048	0.00
Region A Totals	14	-26.3889%	2.92	0.3898	-26.4981%	0.0799	36,039	2.88
Buncombe	50	-20.1533%	19.77	1.0601	-20.4658%	0.4092	46,415	18.99
Henderson	20	-20.1533%	7.91	0.9341	-20.4658%	0.3606	21,384	7.71
Madison	3	-20.1533%	1.19	0.8174	-20.4658%	0.3156	3,819	1.21
Transylvania	2	-20.1533%	0.79	0.3899	-20.4658%	0.1505	5,063	0.76
Region B Totals	75	-20.1533%	29.66	0.9693	-20.4658%	0.3742	76,681	28.67
Cleveland	3	-41.7767%	-0.76	0.1418	-41.8290%	-0.0361	21,064	-0.76
McDowell	13	-41.7767%	-3.29	1.5765	-41.8290%	-0.4018	8,034	-3.23
Polk	0	-41.7767%	0.00	0.0000	-41.8290%	0.0000	2,834	0.00
Rutherford	0	-41.7767%	0.00	0.0000	-41.8290%	0.0000	12,572	0.00
Region C Totals	16	-41.7767%	-4.05	0.3566	-41.8290%	-0.0909	44,504	-3.99
Alleghany	0	-14.6377%	0.00	0.0000	-14.4828%	0.0000	1,916	0.00
Ashe	0	-14.6377%	0.00	0.0000	-14.4828%	0.0000	4,090	0.00
Avery	0	-14.6377%	0.00	0.0000	-14.4828%	0.0000	2,671	0.00
Mitchell	1	-14.6377%	0.56	0.3940	-14.4828%	0.2228	2,489	0.55
Watauga	0	-14.6377%	0.00	0.0000	-14.4828%	0.0000	6,229	0.00
Wilkes	2	-14.6377%	1.12	0.1573	-14.4828%	0.0889	12,655	1.13
Yancey	1	-14.6377%	0.56	0.3054	-14.4828%	0.1727	3,368	0.58
Region D Totals	4	-14.6377%	2.24	0.1178	-14.4828%	0.0666	33,418	2.26
Alexander	0	71.6667%	0.00	0.0000	72.0238%	0.0000	6,604	0.00
Burke	0	71.6667%	0.00	0.0000	72.0238%	0.0000	16,912	0.00
Caldwell	1	71.6667%	3.15	0.0659	72.0238%	0.2084	15,108	3.15
Catawba	0	71.6667%	0.00	0.0000	72.0238%	0.0000	36,873	0.00
Region E Totals	1	71.6667%	3.15	0.0133	72.0238%	0.0420	75,497	3.15
Anson	0	-24.2095%	0.00	0.0000	-25.2094%	0.0000	4,507	0.00
Cabarrus	18	-24.2095%	4.93	0.3257	-25.2094%	0.0794	56,323	4.47
Gaston	18	-24.2095%	4.93	0.3356	-25.2094%	0.0818	54,759	4.48
Iredell	1	-24.2095%	0.27	0.0226	-25.2094%	0.0055	46,413	0.26
Lincoln	0	-24.2095%	0.00	0.0000	-25.2094%	0.0000	19,980	0.00
Mecklenburg	184	-24.2095%	50.36	0.7017	-25.2094%	0.1710	264,374	45.21
Rowan	0	-24.2095%	0.00	0.0000	-25.2094%	0.0000	31,614	0.00
Stanly	0	-24.2095%	0.00	0.0000	-25.2094%	0.0000	15,219	0.00
Union	16	-24.2095%	4.38	0.2688	-25.2094%	0.0655	61,276	4.01
Region F Totals	237	-24.2095%	64.87	0.4338	-25.2094%	0.1057	554,465	58.43
Alamance	5	-20.1770%	1.97	0.1281	-21.2457%	0.0465	39,113	1.82
Caswell	0	-20.1770%	0.00	0.0000	-21.2457%	0.0000	3,676	0.00
Davidson	0	-20.1770%	0.00	0.0000	-21.2457%	0.0000	40,705	0.00
Guilford	27	-20.1770%	10.66	0.2393	-21.2457%	0.0868	112,622	9.77
Montgomery	0	-20.1770%	0.00	0.0000	-21.2457%	0.0000	5,402	0.00
Randolph	8	-20.1770%	3.16	0.2623	-21.2457%	0.0951	30,304	2.88
Rockingham	3	-20.1770%	1.18	0.1687	-21.2457%	0.0612	17,585	1.08
Region G Totals	43	-20.1770%	16.97	0.1729	-21.2457%	0.0627	249,407	15.55

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Table 12C: 2028 Need Projections for Medicare Certified Home Health Agencies or Offices

Under Age 18								
A	B	C	D	E	F	G	H	I
County	Home Health Patients in 2025	COG's Average Annual Rate of Change in Number of Patients	Projected Number of Patients Receiving Services in 2028	Geographic Unit's Use Rate per 1,000 in 2025	COG's Average Annual Rate of Change in Use Rate	Projected Use Rate per 1,000 in 2028	Projected 2028 Population	Projected Home Health Patients in 2028
Davie	1	-28.8607%	0.13	0.1105	-28.8721%	0.0148	9,416	0.14
Forsyth	4	-28.8607%	0.54	0.0470	-28.8721%	0.0063	84,119	0.53
Stokes	0	-28.8607%	0.00	0.0000	-28.8721%	0.0000	7,886	0.00
Surry	6	-28.8607%	0.81	0.4174	-28.8721%	0.0559	14,269	0.80
Yadkin	0	-28.8607%	0.00	0.0000	-28.8721%	0.0000	7,374	0.00
Region I Totals	11	-28.8607%	1.48	0.0888	-28.8721%	0.0119	123,064	1.47
Chatham	0	64.5450%	0.00	0.0000	61.8528%	0.0000	14,435	0.00
Durham	23	64.5450%	67.54	0.3052	61.8528%	0.8714	74,583	64.99
Johnston	5	64.5450%	14.68	0.0848	61.8528%	0.2421	61,586	14.91
Lee	0	64.5450%	0.00	0.0000	61.8528%	0.0000	15,493	0.00
Moore	0	64.5450%	0.00	0.0000	61.8528%	0.0000	23,577	0.00
Orange	1	64.5450%	2.94	0.0414	61.8528%	0.1182	23,441	2.77
Wake	166	64.5450%	487.43	0.6397	61.8528%	1.8267	263,758	481.81
Region J Totals	195	64.5450%	572.59	0.4143	61.8528%	1.1831	476,873	564.49
Franklin	4	63.8889%	11.67	0.2310	60.7442%	0.6518	18,712	12.20
Granville	3	63.8889%	8.75	0.2646	60.7442%	0.7466	11,590	8.65
Person	0	63.8889%	0.00	0.0000	60.7442%	0.0000	7,774	0.00
Vance	14	63.8889%	40.83	1.4094	60.7442%	3.9779	9,883	39.31
Warren	3	63.8889%	8.75	0.8816	60.7442%	2.4881	3,315	8.25
Region K Totals	24	63.8889%	70.00	0.4818	60.7442%	1.3598	51,274	68.41
Edgecombe	7	450.0000%	101.50	0.6306	429.3125%	8.7528	10,842	94.90
Halifax	1	450.0000%	14.50	0.1029	429.3125%	1.4282	9,477	13.54
Nash	1	450.0000%	14.50	0.0465	429.3125%	0.6460	22,281	14.39
Northampton	0	450.0000%	0.00	0.0000	429.3125%	0.0000	2,995	0.00
Wilson	1	450.0000%	14.50	0.0554	429.3125%	0.7695	17,741	13.65
Region L Totals	10	450.0000%	145.00	0.1577	429.3125%	2.1891	63,336	136.48
Cumberland	0	-75.0000%	0.00	0.0000	-75.1082%	0.0000	85,139	0.00
Harnett	0	-75.0000%	0.00	0.0000	-75.1082%	0.0000	36,206	0.00
Sampson	0	-75.0000%	0.00	0.0000	-75.1082%	0.0000	14,838	0.00
Region M Totals	0	-75.0000%	0.00	0.0000	-75.1082%	0.0000	136,183	0.00
Bladen	0	0.0000%	0.00	0.0000	0.0000%	0.0000	6,333	0.00
Hoke	0	0.0000%	0.00	0.0000	0.0000%	0.0000	15,536	0.00
Richmond	0	0.0000%	0.00	0.0000	0.0000%	0.0000	9,750	0.00
Robeson	0	0.0000%	0.00	0.0000	0.0000%	0.0000	31,561	0.00
Scotland	0	0.0000%	0.00	0.0000	0.0000%	0.0000	7,272	0.00
Region N Totals	0	0.0000%	0.00	0.0000	0.0000%	0.0000	70,452	0.00
Brunswick	0	0.0000%	0.00	0.0000	0.0000%	0.0000	21,641	0.00
Columbus	0	0.0000%	0.00	0.0000	0.0000%	0.0000	10,538	0.00
New Hanover	0	0.0000%	0.00	0.0000	0.0000%	0.0000	41,496	0.00
Pender	0	0.0000%	0.00	0.0000	0.0000%	0.0000	14,251	0.00
Region O Totals	0	0.0000%	0.00	0.0000	0.0000%	0.0000	87,926	0.00

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Table 12C: 2028 Need Projections for Medicare Certified Home Health Agencies or Offices

Under Age 18								
A	B	C	D	E	F	G	H	I
County	Home Health Patients in 2025	COG's Average Annual Rate of Change in Number of Patients	Projected Number of Patients Receiving Services in 2028	Geographic Unit's Use Rate per 1,000 in 2025	COG's Average Annual Rate of Change in Use Rate	Projected Use Rate per 1,000 in 2028	Projected 2028 Population	Projected Home Health Patients in 2028
Carteret	0	37.7451%	0.00	0.0000	37.1848%	0.0000	10,586	0.00
Craven	1	37.7451%	2.13	0.0388	37.1848%	0.0821	25,095	2.06
Duplin	2	37.7451%	4.26	0.1612	37.1848%	0.3411	12,560	4.28
Greene	1	37.7451%	2.13	0.2577	37.1848%	0.5451	3,741	2.04
Jones	0	37.7451%	0.00	0.0000	37.1848%	0.0000	1,740	0.00
Lenoir	0	37.7451%	0.00	0.0000	37.1848%	0.0000	11,880	0.00
Onslow	2	37.7451%	4.26	0.0294	37.1848%	0.0621	66,889	4.16
Pamlico	0	37.7451%	0.00	0.0000	37.1848%	0.0000	1,927	0.00
Wayne	2	37.7451%	4.26	0.0686	37.1848%	0.1451	29,015	4.21
Region P Totals	8	37.7451%	17.06	0.0482	37.1848%	0.1020	163,433	16.75
Beaufort	0	-62.5000%	0.00	0.0000	-62.2631%	0.0000	8,410	0.00
Bertie	0	-62.5000%	0.00	0.0000	-62.2631%	0.0000	3,003	0.00
Hertford	0	-62.5000%	0.00	0.0000	-62.2631%	0.0000	3,482	0.00
Martin	0	-62.5000%	0.00	0.0000	-62.2631%	0.0000	4,250	0.00
Pitt	0	-62.5000%	0.00	0.0000	-62.2631%	0.0000	38,219	0.00
Region Q Totals	0	-62.5000%	0.00	0.0000	-62.2631%	0.0000	57,364	0.00
Camden	0	0.0000%	0.00	0.0000	0.0000%	0.0000	1,935	0.00
Chowan	0	0.0000%	0.00	0.0000	0.0000%	0.0000	2,608	0.00
Currituck	0	0.0000%	0.00	0.0000	0.0000%	0.0000	6,897	0.00
Dare	0	0.0000%	0.00	0.0000	0.0000%	0.0000	6,229	0.00
Gates	0	0.0000%	0.00	0.0000	0.0000%	0.0000	1,783	0.00
Hyde	0	0.0000%	0.00	0.0000	0.0000%	0.0000	720	0.00
Pasquotank	0	0.0000%	0.00	0.0000	0.0000%	0.0000	8,719	0.00
Perquimans	0	0.0000%	0.00	0.0000	0.0000%	0.0000	2,423	0.00
Tyrrell	0	0.0000%	0.00	0.0000	0.0000%	0.0000	663	0.00
Washington	0	0.0000%	0.00	0.0000	0.0000%	0.0000	2,075	0.00
Region R Totals	0	0.0000%	0.00	0.0000	0.0000%	0.0000	34,052	0.00
Grand Totals	638	-17.8332%	921.88	0.2744	-18.6612%	0.1208	2,333,968	894.55

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Table 12C: 2028 Need Projections for Medicare Certified Home Health Agencies or Offices

Ages 18-64								
A	B	C	D	E	F	G	H	I
County	Home Health Patients in 2025	COG's Average Annual Rate of Change in Number of Patients	Projected Number of Patients Receiving Services in 2028	Geographic Unit's Use Rate per 1,000 in 2025	COG's Average Annual Rate of Change in Use Rate	Projected Use Rate per 1,000 in 2028	Projected 2028 Population	Projected Home Health Patients in 2028
Cherokee	102	-10.0718%	71.18	6.6204	-10.2774%	4.5792	15,633	71.59
Clay	31	-10.0718%	21.63	5.0678	-10.2774%	3.5053	6,347	22.25
Graham	26	-10.0718%	18.14	6.0890	-10.2774%	4.2116	4,288	18.06
Haywood	392	-10.0718%	273.56	11.0688	-10.2774%	7.6560	35,811	274.17
Jackson	131	-10.0718%	91.42	4.7800	-10.2774%	3.3062	28,111	92.94
Macon	21	-10.0718%	14.65	1.0734	-10.2774%	0.7424	19,973	14.83
Swain	22	-10.0718%	15.35	2.8025	-10.2774%	1.9385	7,821	15.16
Region A Totals	725	-10.0718%	505.94	6.2484	-10.2774%	4.3219	117,984	508.99
Buncombe	1,379	1.1960%	1,428.48	8.1699	0.5951%	8.3157	172,403	1,433.65
Henderson	763	1.1960%	790.38	11.6079	0.5951%	11.8151	66,965	791.20
Madison	148	1.1960%	153.31	11.5059	0.5951%	11.7113	12,806	149.97
Transylvania	200	1.1960%	207.18	11.5075	0.5951%	11.7129	17,156	200.95
Region B Totals	2,490	1.1960%	2,579.34	9.4046	0.5951%	9.5725	269,330	2,575.78
Cleveland	1,065	-4.5052%	921.06	18.0176	-4.3723%	15.6542	58,774	920.06
McDowell	564	-4.5052%	487.77	21.6731	-4.3723%	18.8303	25,730	484.50
Polk	116	-4.5052%	100.32	10.6775	-4.3723%	9.2769	10,904	101.16
Rutherford	652	-4.5052%	563.88	17.2853	-4.3723%	15.0180	37,788	567.50
Region C Totals	2,397	-4.5052%	2,073.03	17.9261	-4.3723%	15.5747	133,196	2,073.22
Alleghany	73	-2.8607%	66.73	11.2101	-1.1926%	10.8090	6,494	70.19
Ashe	204	-2.8607%	186.49	13.9774	-1.1926%	13.4773	14,558	196.20
Avery	113	-2.8607%	103.30	10.5263	-1.1926%	10.1497	10,542	107.00
Mitchell	107	-2.8607%	97.82	12.7945	-1.1926%	12.3367	8,271	102.04
Watauga	224	-2.8607%	204.78	5.9106	-1.1926%	5.6991	36,942	210.54
Wilkes	346	-2.8607%	316.31	9.2521	-1.1926%	8.9211	36,982	329.92
Yancey	92	-2.8607%	84.10	9.0205	-1.1926%	8.6978	10,179	88.53
Region D Totals	1,159	-2.8607%	1,059.53	9.2204	-1.1926%	8.8906	123,968	1,104.42
Alexander	167	0.6469%	170.24	7.7340	0.5833%	7.8693	21,395	168.36
Burke	630	0.6469%	642.23	11.9799	0.5833%	12.1895	51,866	632.22
Caldwell	584	0.6469%	595.33	11.9164	0.5833%	12.1249	48,437	587.30
Catawba	957	0.6469%	975.57	9.5550	0.5833%	9.7222	101,472	986.53
Region E Totals	2,338	0.6469%	2,383.38	10.4681	0.5833%	10.6512	223,170	2,374.41
Anson	81	-11.7893%	52.35	6.2693	-13.3580%	3.7570	12,797	48.08
Cabarrus	779	-11.7893%	503.48	4.9477	-13.3580%	2.9650	164,530	487.82
Gaston	1,618	-11.7893%	1,045.75	10.7328	-13.3580%	6.4317	155,125	997.72
Iredell	902	-11.7893%	582.98	6.9647	-13.3580%	4.1737	135,905	567.22
Lincoln	651	-11.7893%	420.75	11.2160	-13.3580%	6.7213	59,577	400.44
Mecklenburg *	3,823	-11.7893%	2,470.88	4.8350	-13.3580%	2.8974	807,951	2,340.95
Rowan	1,278	-11.7893%	826.00	13.9147	-13.3580%	8.3386	91,714	764.76
Stanly	300	-11.7893%	193.90	7.5637	-13.3580%	4.5326	40,574	183.91
Union	658	-11.7893%	425.28	3.7868	-13.3580%	2.2693	181,934	412.86
Region F Totals	10,090	-11.7893%	6,521.36	6.2880	-13.3580%	3.7682	1,650,107	6,203.76
Alamance	990	-6.9244%	784.35	8.6631	-7.3205%	6.7605	116,051	784.57
Caswell	56	-6.9244%	44.37	4.3566	-7.3205%	3.3998	12,554	42.68
Davidson	533	-6.9244%	422.28	5.0648	-7.3205%	3.9525	106,907	422.55
Guilford *	2,007	-6.9244%	1,590.08	5.7835	-7.3205%	4.5134	349,357	1,576.78
Montgomery	135	-6.9244%	106.96	9.1420	-7.3205%	7.1343	14,711	104.95
Randolph	571	-6.9244%	452.39	6.5061	-7.3205%	5.0772	87,950	446.54
Rockingham	319	-6.9244%	252.73	5.8706	-7.3205%	4.5813	53,642	245.75
Region G Totals	4,611	-6.9244%	3,653.15	6.2628	-7.3205%	4.8873	741,172	3,623.82

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Table 12C: 2028 Need Projections for Medicare Certified Home Health Agencies or Offices

Ages 18-64								
A	B	C	D	E	F	G	H	I
County	Home Health Patients in 2025	COG's Average Annual Rate of Change in Number of Patients	Projected Number of Patients Receiving Services in 2028	Geographic Unit's Use Rate per 1,000 in 2025	COG's Average Annual Rate of Change in Use Rate	Projected Use Rate per 1,000 in 2028	Projected 2028 Population	Projected Home Health Patients in 2028
Davie	139	-18.8840%	60.25	5.3457	-19.0968%	2.2831	26,419	60.32
Forsyth *	942	-18.8840%	408.34	3.8886	-19.0968%	1.6608	244,778	406.53
Stokes	243	-18.8840%	105.34	8.9516	-19.0968%	3.8232	26,943	103.01
Surry	434	-18.8840%	188.13	10.4227	-19.0968%	4.4515	41,179	183.31
Yadkin	176	-18.8840%	76.29	7.8768	-19.0968%	3.3642	22,006	74.03
Region I Totals	1,934	-18.8840%	838.35	5.3815	-19.0968%	2.2984	361,325	827.20
Chatham	190	-8.8068%	139.80	4.1346	-10.5742%	2.8230	47,205	133.26
Durham	1,300	-8.8068%	956.54	6.0501	-10.5742%	4.1309	216,405	893.94
Johnston	908	-8.8068%	668.10	5.8183	-10.5742%	3.9726	166,509	661.47
Lee	218	-8.8068%	160.40	5.3563	-10.5742%	3.6571	41,487	151.72
Moore *	290	-8.8068%	213.38	5.2272	-10.5742%	3.5690	56,991	203.40
Orange	422	-8.8068%	310.51	4.1213	-10.5742%	2.8139	102,582	288.66
Wake *	3,665	-8.8068%	2,696.70	4.4599	-10.5742%	3.0451	861,418	2,623.09
Region J Totals	6,993	-8.8068%	5,145.43	4.8656	-10.5742%	3.3221	1,492,597	4,955.55
Franklin	199	-12.3015%	125.56	3.9874	-12.8353%	2.4520	53,651	131.55
Granville	210	-12.3015%	132.50	5.5793	-12.8353%	3.4310	37,807	129.71
Person	195	-12.3015%	123.04	8.4923	-12.8353%	5.2223	22,682	118.45
Vance	136	-12.3015%	85.81	5.8811	-12.8353%	3.6165	22,966	83.06
Warren	49	-12.3015%	30.92	4.6503	-12.8353%	2.8596	10,641	30.43
Region K Totals	789	-12.3015%	497.82	5.4727	-12.8353%	3.3654	147,747	493.21
Edgecombe	327	-12.1874%	207.44	12.2481	-12.9348%	7.4953	26,571	199.16
Halifax	197	-12.1874%	124.97	7.7434	-12.9348%	4.7386	24,497	116.08
Nash	426	-12.1874%	270.24	7.1913	-12.9348%	4.4008	61,062	268.72
Northampton	64	-12.1874%	40.60	7.2300	-12.9348%	4.4244	8,714	38.55
Wilson	202	-12.1874%	128.14	4.2581	-12.9348%	2.6058	47,498	123.77
Region L Totals	1,216	-12.1874%	771.40	7.2524	-12.9348%	4.4382	168,342	746.28
Cumberland *	1,166	-5.2402%	982.70	6.8598	-5.7764%	5.6711	167,840	951.84
Harnett *	346	-5.2402%	291.61	4.0578	-5.7764%	3.3546	88,680	297.49
Sampson	351	-5.2402%	295.82	10.3087	-5.7764%	8.5223	33,822	288.24
Region M Totals	1,863	-5.2402%	1,570.12	6.4399	-5.7764%	5.3239	290,342	1,537.56
Bladen	173	2.0524%	183.65	10.5565	3.1031%	11.5393	16,426	189.54
Hoke *	203	2.0524%	215.50	6.6904	3.1031%	7.3132	31,450	230.00
Richmond	261	2.0524%	277.07	10.8083	3.1031%	11.8145	24,036	283.97
Robeson	471	2.0524%	500.00	7.0190	3.1031%	7.6724	68,254	523.67
Scotland	115	2.0524%	122.08	6.1099	3.1031%	6.6787	18,333	122.44
Region N Totals	1,223	2.0524%	1,298.30	7.7995	3.1031%	8.5256	158,499	1,349.63
Brunswick	834	1.7535%	877.87	10.3247	3.1500%	11.3004	87,394	987.59
Columbus	426	1.7535%	448.41	14.6993	3.1500%	16.0884	28,875	464.55
New Hanover *	929	1.7535%	977.87	6.1131	3.1500%	6.6908	155,871	1,042.90
Pender *	328	1.7535%	345.25	8.0088	3.1500%	8.7656	42,490	372.45
Region O Totals	2,517	1.7535%	2,649.41	8.3157	3.1500%	9.1015	314,630	2,867.49

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Table 12C: 2028 Need Projections for Medicare Certified Home Health Agencies or Offices

Ages 18-64								
A	B	C	D	E	F	G	H	I
County	Home Health Patients in 2025	COG's Average Annual Rate of Change in Number of Patients	Projected Number of Patients Receiving Services in 2028	Geographic Unit's Use Rate per 1,000 in 2025	COG's Average Annual Rate of Change in Use Rate	Projected Use Rate per 1,000 in 2028	Projected 2028 Population	Projected Home Health Patients in 2028
Carteret *	317	-10.8279%	214.03	8.1491	-11.5821%	5.3176	39,011	207.44
Craven *	348	-10.8279%	234.96	6.3118	-11.5821%	4.1187	55,740	229.58
Duplin	358	-10.8279%	241.71	13.0571	-11.5821%	8.5203	28,176	240.07
Greene	68	-10.8279%	45.91	5.5217	-11.5821%	3.6031	12,282	44.25
Jones	46	-10.8279%	31.06	8.8377	-11.5821%	5.7669	5,103	29.43
Lenoir	427	-10.8279%	288.29	14.0119	-11.5821%	9.1433	30,243	276.52
Onslow *	647	-10.8279%	436.83	7.3295	-11.5821%	4.7827	94,662	452.74
Pamlico	16	-10.8279%	10.80	2.2026	-11.5821%	1.4373	7,441	10.70
Wayne *	504	-10.8279%	340.28	7.6884	-11.5821%	5.0170	64,764	324.92
Region P Totals	2,731	-10.8279%	1,843.87	8.2623	-11.5821%	5.3915	337,422	1,815.65
Beaufort	360	7.1870%	437.62	14.9994	5.3919%	17.4256	24,207	421.82
Bertie	121	7.1870%	147.09	12.5924	5.3919%	14.6293	9,351	136.80
Hertford	136	7.1870%	165.32	12.0110	5.3919%	13.9538	10,984	153.27
Martin	183	7.1870%	222.46	16.2436	5.3919%	18.8711	10,841	204.58
Pitt *	1,072	7.1870%	1,303.13	9.1702	5.3919%	10.6535	120,248	1,281.06
Region Q Totals	1,872	7.1870%	2,275.62	10.8146	5.3919%	12.5639	175,631	2,197.53
Camden	31	-0.9061%	30.16	4.3972	0.5583%	4.4708	7,201	32.19
Chowan	64	-0.9061%	62.26	8.6721	0.5583%	8.8173	7,384	65.11
Currituck *	121	-0.9061%	117.71	6.4358	0.5583%	6.5436	18,935	123.90
Dare	143	-0.9061%	139.11	6.7657	0.5583%	6.8790	21,074	144.97
Gates	21	-0.9061%	20.43	3.6630	0.5583%	3.7244	5,542	20.64
Hyde	0	-0.9061%	0.00	0.0000	0.5583%	0.0000	2,455	0.00
Pasquotank *	179	-0.9061%	174.13	7.4475	0.5583%	7.5722	23,805	180.26
Perquimans	30	-0.9061%	29.18	4.0789	0.5583%	4.1472	7,555	31.33
Tyrrell	4	-0.9061%	3.89	2.2063	0.5583%	2.2432	1,789	4.01
Washington	38	-0.9061%	36.97	7.1442	0.5583%	7.2639	5,183	37.65
Region R Totals	631	-0.9061%	613.85	6.2341	0.5583%	6.3385	100,923	640.06
Grand Totals	45,579	-7.8134%	36,279.91	6.8370	-8.6927%	5.0540	6,806,385	35,894.57

* Adjustments for active-duty military personnel have been applied to the Ages 18-64 population.

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Table 12C: 2028 Need Projections for Medicare Certified Home Health Agencies or Offices

Ages 65-74								
A	B	C	D	E	F	G	H	I
County	Home Health Patients in 2025	COG's Average Annual Rate of Change in Number of Patients	Projected Number of Patients Receiving Services in 2028	Geographic Unit's Use Rate per 1,000 in 2025	COG's Average Annual Rate of Change in Use Rate	Projected Use Rate per 1,000 in 2028	Projected 2028 Population	Projected Home Health Patients in 2028
Cherokee	245	-1.5900%	233.31	48.5822	-3.6015%	43.3331	5,228	226.55
Clay	96	-1.5900%	91.42	42.7807	-3.6015%	38.1585	2,367	90.32
Graham	37	-1.5900%	35.24	38.9474	-3.6015%	34.7393	979	34.01
Haywood	603	-1.5900%	574.24	66.8514	-3.6015%	59.6284	9,290	553.95
Jackson	316	-1.5900%	300.93	61.4906	-3.6015%	54.8468	5,178	284.00
Macon	63	-1.5900%	59.99	10.4721	-3.6015%	9.3406	6,084	56.83
Swain	50	-1.5900%	47.61	36.1272	-3.6015%	32.2238	1,382	44.53
Region A Totals	1,410	-1.5900%	1,342.74	47.3218	-3.6015%	42.2089	30,508	1,290.18
Buncombe	2,331	7.2783%	2,839.97	65.8940	5.6516%	77.0662	35,674	2,749.26
Henderson	1,344	7.2783%	1,637.46	75.3068	5.6516%	88.0748	18,281	1,610.10
Madison	218	7.2783%	265.60	74.0741	5.6516%	86.6331	2,896	250.89
Transylvania	354	7.2783%	431.30	72.3926	5.6516%	84.6666	4,906	415.37
Region B Totals	4,247	7.2783%	5,174.33	69.5602	5.6516%	81.3540	61,757	5,025.62
Cleveland	1,172	1.3915%	1,220.93	105.3767	1.3878%	109.7641	11,331	1,243.74
McDowell	673	1.3915%	701.09	123.6678	1.3878%	128.8167	5,421	698.32
Polk	218	1.3915%	227.10	73.6735	1.3878%	76.7409	2,861	219.56
Rutherford	814	1.3915%	847.98	99.6328	1.3878%	103.7810	8,358	867.40
Region C Totals	2,877	1.3915%	2,997.10	103.8891	1.3878%	108.2145	27,971	3,029.01
Alleghany	127	4.8852%	145.61	84.7797	1.4228%	88.3985	1,478	130.65
Ashe	333	4.8852%	381.80	91.7103	1.4228%	95.6249	3,692	353.05
Avery	265	4.8852%	303.84	120.5093	1.4228%	125.6532	2,290	287.75
Mitchell	160	4.8852%	183.45	83.9895	1.4228%	87.5746	1,873	164.03
Watauga	356	4.8852%	408.17	55.6337	1.4228%	58.0084	6,446	373.92
Wilkes	645	4.8852%	739.53	76.1781	1.4228%	79.4298	8,550	679.12
Yancey	147	4.8852%	168.54	55.8299	1.4228%	58.2129	2,560	149.03
Region D Totals	2,033	4.8852%	2,330.95	76.0512	1.4228%	79.2974	26,889	2,137.54
Alexander	288	1.2796%	299.06	69.1809	0.7989%	70.8390	4,402	311.83
Burke	822	1.2796%	853.56	73.0147	0.7989%	74.7648	11,655	871.38
Caldwell	859	1.2796%	891.98	85.2859	0.7989%	87.3301	10,307	900.11
Catawba	1,249	1.2796%	1,296.95	65.7957	0.7989%	67.3727	20,168	1,358.77
Region E Totals	3,218	1.2796%	3,341.54	72.3536	0.7989%	74.0878	46,532	3,442.10
Anson	90	-7.0250%	71.03	36.9762	-9.8055%	26.0990	2,398	62.59
Cabarrus	942	-7.0250%	743.47	42.8610	-9.8055%	30.2528	24,196	732.00
Gaston	1,943	-7.0250%	1,533.51	76.4750	-9.8055%	53.9786	26,888	1,451.38
Iredell	1,239	-7.0250%	977.88	53.9235	-9.8055%	38.0610	25,791	981.63
Lincoln	781	-7.0250%	616.40	65.4104	-9.8055%	46.1689	13,187	608.83
Mecklenburg	4,961	-7.0250%	3,915.47	49.6587	-9.8055%	35.0508	108,946	3,818.64
Rowan	1,572	-7.0250%	1,240.70	89.0601	-9.8055%	62.8616	18,552	1,166.21
Stanly	333	-7.0250%	262.82	44.9211	-9.8055%	31.7068	7,872	249.60
Union	875	-7.0250%	690.59	38.2447	-9.8055%	26.9944	26,293	709.76
Region F Totals	12,736	-7.0250%	10,051.89	54.7594	-9.8055%	38.6510	254,123	9,780.63
Alamance	1,491	-1.4254%	1,427.24	76.4655	-3.5084%	68.4173	20,965	1,434.37
Caswell	125	-1.4254%	119.65	40.8630	-3.5084%	36.5621	3,110	113.71
Davidson	880	-1.4254%	842.37	42.8871	-3.5084%	38.3731	22,187	851.38
Guilford	3,245	-1.4254%	3,106.24	57.8978	-3.5084%	51.8040	58,328	3,021.62
Montgomery	143	-1.4254%	136.89	42.6103	-3.5084%	38.1254	3,307	126.08
Randolph	922	-1.4254%	882.57	54.7929	-3.5084%	49.0258	17,632	864.42
Rockingham	549	-1.4254%	525.52	44.9411	-3.5084%	40.2109	12,264	493.15
Region G Totals	7,355	-1.4254%	7,040.49	55.9218	-3.5084%	50.0359	137,793	6,904.73

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Table 12C: 2028 Need Projections for Medicare Certified Home Health Agencies or Offices

Ages 65-74								
A	B	C	D	E	F	G	H	I
County	Home Health Patients in 2025	COG's Average Annual Rate of Change in Number of Patients	Projected Number of Patients Receiving Services in 2028	Geographic Unit's Use Rate per 1,000 in 2025	COG's Average Annual Rate of Change in Use Rate	Projected Use Rate per 1,000 in 2028	Projected 2028 Population	Projected Home Health Patients in 2028
Davie	319	-5.9977%	261.60	56.1323	-9.5526%	40.0461	5,944	238.03
Forsyth	2,268	-5.9977%	1,859.91	53.0601	-9.5526%	37.8542	44,892	1,699.35
Stokes	410	-5.9977%	336.23	65.9058	-9.5526%	47.0187	6,578	309.29
Surry	699	-5.9977%	573.23	80.5578	-9.5526%	57.4717	8,769	503.97
Yadkin	314	-5.9977%	257.50	68.1719	-9.5526%	48.6354	4,783	232.62
Region I Totals	4,010	-5.9977%	3,288.47	59.0305	-9.5526%	42.1137	70,966	2,983.27
Chatham	297	-1.9566%	279.57	24.6514	-5.4983%	20.5852	12,435	255.98
Durham	1,610	-1.9566%	1,515.50	50.5828	-5.4983%	42.2392	32,431	1,369.86
Johnston	1,206	-1.9566%	1,135.21	50.8711	-5.4983%	42.4799	26,476	1,124.70
Lee	295	-1.9566%	277.68	39.4280	-5.4983%	32.9244	8,026	264.25
Moore	514	-1.9566%	483.83	36.5706	-5.4983%	30.5383	14,310	437.00
Orange	665	-1.9566%	625.97	40.7051	-5.4983%	33.9909	16,782	570.43
Wake	5,033	-1.9566%	4,737.57	47.1917	-5.4983%	39.4075	119,981	4,728.15
Region J Totals	9,620	-1.9566%	9,055.33	45.3543	-5.4983%	37.8731	230,441	8,750.38
Franklin	406	0.6109%	413.44	40.9811	-3.0932%	37.1782	11,351	422.01
Granville	345	0.6109%	351.32	46.9069	-3.0932%	42.5541	7,930	337.45
Person	343	0.6109%	349.29	66.3315	-3.0932%	60.1761	5,289	318.27
Vance	298	0.6109%	303.46	62.0316	-3.0932%	56.2753	4,731	266.24
Warren	108	0.6109%	109.98	40.9712	-3.0932%	37.1692	2,588	96.19
Region K Totals	1,500	0.6109%	1,527.49	50.2126	-3.0932%	45.5530	31,889	1,440.17
Edgecombe	449	-1.4590%	429.35	73.2224	-3.0813%	66.4539	5,920	393.41
Halifax	512	-1.4590%	489.59	82.7943	-3.0813%	75.1410	6,067	455.88
Nash	785	-1.4590%	750.64	64.6250	-3.0813%	58.6512	12,816	751.67
Northampton	160	-1.4590%	153.00	64.5161	-3.0813%	58.5524	2,402	140.64
Wilson	323	-1.4590%	308.86	35.2466	-3.0813%	31.9885	9,075	290.30
Region L Totals	2,229	-1.4590%	2,131.44	61.7332	-3.0813%	56.0267	36,280	2,031.90
Cumberland	1,853	4.1247%	2,082.29	64.9925	5.0409%	74.8211	29,015	2,170.93
Harnett	592	4.1247%	665.25	47.8384	5.0409%	55.0729	13,161	724.81
Sampson	495	4.1247%	556.25	73.4748	5.0409%	84.5862	6,748	570.79
Region M Totals	2,940	4.1247%	3,303.80	61.7349	5.0409%	71.0709	48,924	3,466.54
Bladen	316	10.4616%	415.18	81.8229	10.8433%	108.4398	3,603	390.71
Hoke	273	10.4616%	358.68	59.5031	10.8433%	78.8593	4,875	384.44
Richmond	366	10.4616%	480.87	78.3894	10.8433%	103.8894	4,634	481.42
Robeson	851	10.4616%	1,118.08	73.0911	10.8433%	96.8676	11,758	1,138.97
Scotland	173	10.4616%	227.30	48.3375	10.8433%	64.0617	3,393	217.36
Region N Totals	1,979	10.4616%	2,600.11	69.8282	10.8433%	92.5432	28,263	2,612.90
Brunswick	1,730	8.9751%	2,195.81	38.8572	-5.1295%	32.8777	51,796	1,702.93
Columbus	615	8.9751%	780.59	107.3673	-5.1295%	90.8451	5,724	520.00
New Hanover	1,559	8.9751%	1,978.77	51.6037	-5.1295%	43.6627	31,414	1,371.62
Pender	544	8.9751%	690.47	63.5960	-5.1295%	53.8095	9,218	496.02
Region O Totals	4,448	8.9751%	5,645.64	49.9691	-5.1295%	42.2796	98,152	4,090.57

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Table 12C: 2028 Need Projections for Medicare Certified Home Health Agencies or Offices

Ages 65-74								
A	B	C	D	E	F	G	H	I
County	Home Health Patients in 2025	COG's Average Annual Rate of Change in Number of Patients	Projected Number of Patients Receiving Services in 2028	Geographic Unit's Use Rate per 1,000 in 2025	COG's Average Annual Rate of Change in Use Rate	Projected Use Rate per 1,000 in 2028	Projected 2028 Population	Projected Home Health Patients in 2028
Carteret	591	-2.5368%	546.02	49.6180	-6.5076%	39.9311	12,561	501.57
Craven	699	-2.5368%	645.80	60.6139	-6.5076%	48.7804	11,526	562.24
Duplin	544	-2.5368%	502.60	94.7900	-6.5076%	76.2843	5,956	454.35
Greene	139	-2.5368%	128.42	55.1587	-6.5076%	44.3902	2,581	114.57
Jones	99	-2.5368%	91.47	76.0953	-6.5076%	61.2393	1,310	80.22
Lenoir	553	-2.5368%	510.91	79.9711	-6.5076%	64.3584	6,957	447.74
Onslow	1,015	-2.5368%	937.75	76.3905	-6.5076%	61.4768	14,056	864.12
Pamlico	62	-2.5368%	57.28	32.8390	-6.5076%	26.4279	1,937	51.19
Wayne	652	-2.5368%	602.38	52.1266	-6.5076%	41.9500	12,823	537.93
Region P Totals	4,354	-2.5368%	4,022.64	64.4073	-6.5076%	51.8332	69,707	3,613.94
Beaufort	299	9.0906%	380.54	49.7091	6.5019%	59.4051	5,793	344.13
Bertie	102	9.0906%	129.82	44.6389	6.5019%	53.3460	2,241	119.55
Hertford	275	9.0906%	350.00	113.1687	6.5019%	135.2429	2,310	312.41
Martin	302	9.0906%	384.36	96.0560	6.5019%	114.7922	2,969	340.82
Pitt	1,548	9.0906%	1,970.17	90.1730	6.5019%	107.7618	17,588	1,895.31
Region Q Totals	2,526	9.0906%	3,214.89	81.3762	6.5019%	97.2491	30,901	3,012.23
Camden	43	5.7537%	50.42	31.7343	-0.1141%	31.6257	1,561	49.37
Chowan	122	5.7537%	143.06	67.1806	-0.1141%	66.9506	1,812	121.31
Currituck	180	5.7537%	211.07	43.5203	-0.1141%	43.3713	4,493	194.87
Dare	333	5.7537%	390.48	51.2308	-0.1141%	51.0554	6,682	341.15
Gates	58	5.7537%	68.01	41.8169	-0.1141%	41.6737	1,519	63.30
Hyde	16	5.7537%	18.76	23.5294	-0.1141%	23.4489	599	14.05
Pasquotank	213	5.7537%	249.77	46.3547	-0.1141%	46.1960	4,773	220.49
Perquimans	103	5.7537%	120.78	57.6385	-0.1141%	57.4412	1,831	105.17
Tyrrell	21	5.7537%	24.62	44.3038	-0.1141%	44.1521	511	22.56
Washington	113	5.7537%	132.51	70.8020	-0.1141%	70.5596	1,452	102.45
Region R Totals	1,202	5.7537%	1,409.48	49.4122	-0.1141%	49.2430	25,233	1,234.73
Grand Totals	68,684	-0.7288%	68,478.30	57.8235	-3.9780%	50.9229	1,256,329	64,846.43

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Table 12C: 2028 Need Projections for Medicare Certified Home Health Agencies or Offices

Ages 75 and Over								
A	B	C	D	E	F	G	H	I
County	Home Health Patients in 2025	COG's Average Annual Rate of Change in Number of Patients	Projected Number of Patients Receiving Services in 2028	Geographic Unit's Use Rate per 1,000 in 2025	COG's Average Annual Rate of Change in Use Rate	Projected Use Rate per 1,000 in 2028	Projected 2028 Population	Projected Home Health Patients in 2028
Cherokee	537	5.5050%	625.68	103.7280	0.0934%	104.0186	5,442	566.07
Clay	195	5.5050%	227.20	88.6767	0.0934%	88.9250	2,439	216.89
Graham	128	5.5050%	149.14	111.2076	0.0934%	111.5191	1,101	122.78
Haywood	1,347	5.5050%	1,569.46	150.9075	0.0934%	151.3301	9,344	1,414.03
Jackson	752	5.5050%	876.19	147.1624	0.0934%	147.5746	5,421	800.00
Macon	119	5.5050%	138.65	18.5358	0.0934%	18.5877	6,901	128.27
Swain	94	5.5050%	109.52	69.5781	0.0934%	69.7730	1,287	89.80
Region A Totals	3,172	5.5050%	3,695.85	104.5691	0.0934%	104.8620	31,935	3,337.84
Buncombe	5,012	13.2477%	7,003.92	164.5977	8.6813%	207.4656	34,211	7,097.61
Henderson	3,240	13.2477%	4,527.68	174.5972	8.6813%	220.0694	20,054	4,413.27
Madison	491	13.2477%	686.14	192.5490	8.6813%	242.6966	2,752	667.90
Transylvania	918	13.2477%	1,282.84	144.0452	8.6813%	181.5604	6,549	1,189.04
Region B Totals	9,661	13.2477%	13,500.58	166.7702	8.6813%	210.2040	63,566	13,367.82
Cleveland	2,070	1.8812%	2,186.82	245.2026	1.1346%	253.5489	8,828	2,238.33
McDowell	1,143	1.8812%	1,207.50	253.3245	1.1346%	261.9472	4,761	1,247.13
Polk	539	1.8812%	569.42	169.9243	1.1346%	175.7083	3,295	578.96
Rutherford	1,245	1.8812%	1,315.26	186.9089	1.1346%	193.2710	6,919	1,337.24
Region C Totals	4,997	1.8812%	5,279.00	219.2917	1.1346%	226.7560	23,803	5,401.66
Alleghany	244	9.9732%	317.00	152.5954	7.3761%	186.3621	1,612	300.42
Ashe	737	9.9732%	957.51	203.0862	7.3761%	248.0258	3,805	943.74
Avery	548	9.9732%	711.96	264.3512	7.3761%	322.8476	2,126	686.37
Mitchell	400	9.9732%	519.68	225.6063	7.3761%	275.5292	1,794	494.30
Watauga	866	9.9732%	1,125.10	167.5372	7.3761%	204.6104	5,913	1,209.86
Wilkes	1,241	9.9732%	1,612.30	180.0377	7.3761%	219.8770	7,315	1,608.40
Yancey	323	9.9732%	419.64	122.8604	7.3761%	150.0473	2,776	416.53
Region D Totals	4,359	9.9732%	5,663.20	183.4210	7.3761%	224.0090	25,341	5,659.62
Alexander	558	6.0462%	659.21	155.0862	3.8542%	173.0180	3,751	648.99
Burke	1,633	6.0462%	1,929.20	178.9785	3.8542%	199.6729	9,548	1,906.48
Caldwell	1,591	6.0462%	1,879.59	205.0522	3.8542%	228.7613	8,201	1,876.07
Catawba	2,809	6.0462%	3,318.51	191.7275	3.8542%	213.8960	15,865	3,393.46
Region E Totals	6,591	6.0462%	7,786.52	187.6067	3.8542%	209.2987	37,365	7,825.00
Anson	171	2.2895%	182.75	91.3462	-1.8417%	86.2992	1,961	169.23
Cabarrus	2,018	2.2895%	2,156.61	130.8351	-1.8417%	123.6063	17,666	2,183.63
Gaston	3,434	2.2895%	3,669.87	188.0716	-1.8417%	177.6805	19,883	3,532.82
Iredell	3,123	2.2895%	3,337.51	189.2154	-1.8417%	178.7610	18,882	3,375.37
Lincoln	1,875	2.2895%	2,003.79	223.1877	-1.8417%	210.8564	9,517	2,006.72
Mecklenburg	10,835	2.2895%	11,579.21	167.4109	-1.8417%	158.1613	76,605	12,115.94
Rowan	2,861	2.2895%	3,057.51	222.1791	-1.8417%	209.9035	13,964	2,931.09
Stanly	694	2.2895%	741.67	118.0272	-1.8417%	111.5061	6,289	701.26
Union	3,133	2.2895%	3,348.19	194.2825	-1.8417%	183.5482	18,521	3,399.50
Region F Totals	28,144	2.2895%	30,077.10	175.8286	-1.8417%	166.1139	183,288	30,415.56
Alamance	2,961	-0.2190%	2,941.55	198.4053	-1.9794%	186.6234	16,198	3,022.93
Caswell	227	-0.2190%	225.51	96.5136	-1.9794%	90.7823	2,547	231.22
Davidson	1,664	-0.2190%	1,653.07	107.7371	-1.9794%	101.3394	16,438	1,665.82
Guilford	6,991	-0.2190%	6,945.07	167.4491	-1.9794%	157.5055	46,539	7,330.15
Montgomery	247	-0.2190%	245.38	91.8557	-1.9794%	86.4010	2,859	247.02
Randolph	1,876	-0.2190%	1,863.68	151.8659	-1.9794%	142.8477	13,361	1,908.59
Rockingham	1,173	-0.2190%	1,165.29	132.7073	-1.9794%	124.8268	9,595	1,197.71
Region G Totals	15,139	-0.2190%	15,039.54	153.9267	-1.9794%	144.7861	107,537	15,603.43

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Table 12C: 2028 Need Projections for Medicare Certified Home Health Agencies or Offices

Ages 75 and Over								
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County	Home Health Patients in 2025	COG's Average Annual Rate of Change in Number of Patients	Projected Number of Patients Receiving Services in 2028	Geographic Unit's Use Rate per 1,000 in 2025	COG's Average Annual Rate of Change in Use Rate	Projected Use Rate per 1,000 in 2028	Projected 2028 Population	Projected Home Health Patients in 2028
Davie	649	-5.8538%	535.03	138.5568	-7.7590%	106.3050	5,182	550.87
Forsyth	4,672	-5.8538%	3,851.52	153.3261	-7.7590%	117.6365	34,109	4,012.46
Stokes	991	-5.8538%	816.97	217.4199	-7.7590%	166.8112	4,881	814.21
Surry	1,412	-5.8538%	1,164.03	211.3456	-7.7590%	162.1508	7,042	1,141.87
Yadkin	677	-5.8538%	558.11	190.2754	-7.7590%	145.9851	3,748	547.15
Region I Totals	8,401	-5.8538%	6,925.65	168.1815	-7.7590%	129.0339	54,962	7,066.56
Chatham	897	3.2482%	984.41	75.9912	-2.4096%	70.4979	13,495	951.37
Durham	3,318	3.2482%	3,641.32	146.9963	-2.4096%	136.3700	26,615	3,629.49
Johnston	2,179	3.2482%	2,391.33	143.2045	-2.4096%	132.8524	18,106	2,405.43
Lee	681	3.2482%	747.36	120.5737	-2.4096%	111.8575	6,207	694.30
Moore	1,515	3.2482%	1,662.63	100.0198	-2.4096%	92.7895	16,145	1,498.09
Orange	1,726	3.2482%	1,894.19	149.4631	-2.4096%	138.6586	13,901	1,927.49
Wake	12,095	3.2482%	13,273.60	169.7758	-2.4096%	157.5029	85,935	13,535.01
Region J Totals	22,411	3.2482%	24,594.84	146.3088	-2.4096%	135.7323	180,404	24,641.17
Franklin	673	3.9023%	751.79	108.7062	1.8213%	114.6458	7,220	827.74
Granville	659	3.9023%	736.15	128.8116	1.8213%	135.8497	5,713	776.11
Person	602	3.9023%	672.48	167.0366	1.8213%	176.1633	3,970	699.37
Vance	571	3.9023%	637.85	154.1161	1.8213%	162.5368	3,967	644.78
Warren	225	3.9023%	251.34	97.9539	1.8213%	103.3060	2,449	253.00
Region K Totals	2,730	3.9023%	3,049.60	130.5408	1.8213%	137.6734	23,319	3,201.00
Edgecombe	609	0.6955%	621.71	132.0755	-0.0902%	131.7180	4,866	640.94
Halifax	783	0.6955%	799.34	162.7520	-0.0902%	162.3116	5,084	825.19
Nash	1,458	0.6955%	1,488.42	172.1979	-0.0902%	171.7319	9,484	1,628.71
Northampton	303	0.6955%	309.32	156.2661	-0.0902%	155.8432	2,046	318.86
Wilson	608	0.6955%	620.69	93.8996	-0.0902%	93.6455	7,140	668.63
Region L Totals	3,761	0.6955%	3,839.47	142.9875	-0.0902%	142.6005	28,620	4,082.32
Cumberland	3,337	7.6679%	4,104.63	165.2307	6.1566%	195.7486	21,766	4,260.66
Harnett	1,089	7.6679%	1,339.51	121.6760	6.1566%	144.1493	9,811	1,414.25
Sampson	899	7.6679%	1,105.80	186.7470	6.1566%	221.2389	5,191	1,148.45
Region M Totals	5,325	7.6679%	6,549.95	156.8021	6.1566%	185.7632	36,768	6,823.36
Bladen	453	16.9956%	683.97	153.3514	16.0668%	227.2676	3,210	729.53
Hoke	437	16.9956%	659.81	166.6031	16.0668%	246.9067	3,042	751.09
Richmond	547	16.9956%	825.90	159.4287	16.0668%	236.2742	3,584	846.81
Robeson	1,256	16.9956%	1,896.40	161.2945	16.0668%	239.0392	8,286	1,980.68
Scotland	300	16.9956%	452.96	113.3359	16.0668%	167.9643	2,870	482.06
Region N Totals	2,993	16.9956%	4,519.04	153.9451	16.0668%	228.1474	20,992	4,790.16
Brunswick	3,467	8.4210%	4,342.87	110.7916	-3.7487%	98.3318	39,610	3,894.92
Columbus	1,007	8.4210%	1,261.40	217.4476	-3.7487%	192.9933	4,785	923.47
New Hanover	3,573	8.4210%	4,475.65	153.0258	-3.7487%	135.8164	26,983	3,664.73
Pender	695	8.4210%	870.58	120.3880	-3.7487%	106.8491	6,587	703.81
Region O Totals	8,742	8.4210%	10,950.49	134.3972	-3.7487%	119.2828	77,965	9,186.94

Proposed 2027 SMFP

Table 12C: 2028 Need Projections for Medicare Certified Home Health Agencies or Offices

Ages 75 and Over								
A	B	C	D	E	F	G	H	I
County	Home Health Patients in 2025	COG's Average Annual Rate of Change in Number of Patients	Projected Number of Patients Receiving Services in 2028	Geographic Unit's Use Rate per 1,000 in 2025	COG's Average Annual Rate of Change in Use Rate	Projected Use Rate per 1,000 in 2028	Projected 2028 Population	Projected Home Health Patients in 2028
Carteret	1,356	-0.6459%	1,329.72	135.9671	-4.0039%	119.6352	10,840	1,296.85
Craven	1,358	-0.6459%	1,331.69	135.4749	-4.0039%	119.2020	10,420	1,242.09
Duplin	950	-0.6459%	931.59	221.2905	-4.0039%	194.7098	4,610	897.61
Greene	194	-0.6459%	190.24	115.8901	-4.0039%	101.9697	1,876	191.30
Jones	145	-0.6459%	142.19	142.2964	-4.0039%	125.2042	1,067	133.59
Lenoir	983	-0.6459%	963.95	187.3095	-4.0039%	164.8104	5,504	907.12
Onslow	1,636	-0.6459%	1,604.30	181.5559	-4.0039%	159.7480	9,818	1,568.41
Pamlico	141	-0.6459%	138.27	66.9198	-4.0039%	58.8816	2,136	125.77
Wayne	1,168	-0.6459%	1,145.37	131.3688	-4.0039%	115.5892	9,544	1,103.18
Region P Totals	7,931	-0.6459%	7,777.32	151.8185	-4.0039%	133.5826	55,815	7,465.91
Beaufort	1,289	26.8370%	2,326.79	219.7034	22.6841%	369.2166	6,165	2,276.22
Bertie	319	26.8370%	575.83	188.9810	22.6841%	317.5870	1,835	582.77
Hertford	375	26.8370%	676.92	236.1461	22.6841%	396.8489	1,723	683.77
Martin	628	26.8370%	1,133.61	252.9199	22.6841%	425.0376	2,624	1,115.30
Pitt	2,605	26.8370%	4,702.31	229.1318	22.6841%	385.0613	12,958	4,989.62
Region Q Totals	5,216	26.8370%	9,415.45	226.8319	22.6841%	381.1962	25,305	9,647.69
Camden	101	14.7578%	145.72	108.4855	8.2057%	135.1916	1,038	140.33
Chowan	313	14.7578%	451.58	168.6422	8.2057%	210.1573	1,890	397.20
Currituck	249	14.7578%	359.24	99.2032	8.2057%	123.6243	2,935	362.84
Dare	499	14.7578%	719.92	104.8540	8.2057%	130.6661	5,529	722.45
Gates	123	14.7578%	177.46	125.6384	8.2057%	156.5671	1,037	162.36
Hyde	34	14.7578%	49.05	61.3718	8.2057%	76.4799	627	47.95
Pasquotank	423	14.7578%	610.28	120.5472	8.2057%	150.2226	3,712	557.63
Perquimans	170	14.7578%	245.26	81.5739	8.2057%	101.6551	2,108	214.29
Tyrrell	27	14.7578%	38.95	54.9898	8.2057%	68.5268	479	32.82
Washington	197	14.7578%	284.22	147.3448	8.2057%	183.6170	1,414	259.63
Region R Totals	2,136	14.7578%	3,081.68	112.3619	8.2057%	140.0223	20,769	2,897.50
Grand Totals	141,709	3.9146%	161,745.29	158.9732	-0.0987%	158.5023	997,754	161,413.55

Table 12D: 2028 Need Projections for Medicare-certified Home Health Agencies or Offices

Need Projections

A	B	C	D	E	F
County	Placeholder Adjustments for Agencies under Development	Adjusted Projected Total Patients to be Served 2028	Projected Utilization in 2028	Surplus or Deficit ("-" = Deficit)	Need for New Agencies or Offices
Cherokee	0	930.18	864.20	65.98	0
Clay	0	340.26	329.46	10.80	0
Graham	0	202.52	174.85	27.67	0
Haywood	0	2,420.16	2,245.02	175.14	0
Jackson	0	1,268.54	1,176.94	91.60	0
Macon	0	213.30	199.93	13.37	0
Swain	0	172.49	149.49	23.00	0
Region A Totals	0	5,547.45	5,139.90	407.55	
Buncombe	0	11,292.15	11,299.51	-7.37	0
Henderson	0	6,963.42	6,822.28	141.14	0
Madison	0	1,106.24	1,069.97	36.27	0
Transylvania	0	1,922.10	1,806.12	115.98	0
Region B Totals	0	21,283.91	20,997.88	286.02	
Cleveland	325	4,653.04	4,401.37	251.68	0
McDowell	0	2,393.08	2,426.72	-33.64	0
Polk	0	896.84	899.67	-2.83	0
Rutherford	0	2,727.12	2,772.14	-45.02	0
Region C Totals	325	10,670.08	10,499.90	170.18	
Alleghany	0	529.35	501.26	28.09	0
Ashe	0	1,525.80	1,492.99	32.81	0
Avery	0	1,119.10	1,081.12	37.98	0
Mitchell	0	801.51	760.92	40.59	0
Watauga	0	1,738.05	1,794.32	-56.27	0
Wilkes	0	2,669.26	2,618.57	50.69	0
Yancey	0	672.85	654.67	18.18	0
Region D Totals	0	9,055.92	8,903.85	152.07	
Alexander	0	1,128.51	1,129.19	-0.68	0
Burke	0	3,424.99	3,410.08	14.90	0
Caldwell	0	3,370.05	3,366.63	3.42	0
Catawba	0	5,591.04	5,738.76	-147.73	0
Region E Totals	0	13,514.58	13,644.66	-130.08	
Anson	0	306.13	279.90	26.23	0
Cabarrus	0	3,408.49	3,407.92	0.57	0
Gaston	0	6,254.05	5,986.40	267.65	0
Iredell	0	4,898.64	4,924.48	-25.84	0
Lincoln	0	3,040.94	3,015.98	24.96	0
Mecklenburg	0	18,015.92	18,320.75	-304.82	0
Rowan	0	5,124.21	4,862.06	262.14	0
Stanly	0	1,198.38	1,134.77	63.62	0
Union	0	4,468.44	4,526.13	-57.69	0
Region F Totals	0	46,715.22	46,458.39	256.83	

Table 12D: 2028 Need Projections for Medicare-certified Home Health Agencies or Offices

Need Projections

A	B	C	D	E	F
County	Placeholder Adjustments for Agencies under Development	Adjusted Projected Total Patients to be Served 2028	Projected Utilization in 2028	Surplus or Deficit ("-" = Deficit)	Need for New Agencies or Offices
Alamance	0	5,155.11	5,243.68	-88.57	0
Caswell	0	389.53	387.61	1.92	0
Davidson	0	2,917.72	2,939.75	-22.03	0
Guilford	0	11,652.05	11,938.32	-286.27	0
Montgomery	0	489.22	478.05	11.17	0
Randolph	0	3,201.79	3,222.44	-20.65	0
Rockingham	0	1,944.74	1,937.68	7.05	0
Region G Totals	0	25,750.15	26,147.54	-397.38	
Davie	0	857.02	849.36	7.65	0
Forsyth	325	6,445.31	6,118.87	326.44	0
Stokes	0	1,258.53	1,226.50	32.03	0
Surry	0	1,926.19	1,829.94	96.25	0
Yadkin	0	891.90	853.81	38.09	0
Region I Totals	325	11,378.95	10,878.49	500.46	
Chatham	0	1,403.78	1,340.60	63.17	0
Durham	0	6,180.89	5,958.29	222.60	0
Johnston	0	4,209.33	4,206.51	2.82	0
Lee	0	1,185.45	1,110.27	75.17	0
Moore	0	2,359.84	2,138.49	221.35	0
Orange	0	2,833.60	2,789.36	44.24	0
Wake	0	21,195.31	21,368.07	-172.76	0
Region J Totals	0	39,368.19	38,911.59	456.60	
Franklin	0	1,302.46	1,393.50	-91.05	0
Granville	0	1,228.72	1,251.93	-23.21	0
Person	0	1,144.80	1,136.09	8.71	0
Vance	0	1,067.95	1,033.39	34.56	0
Warren	0	400.99	387.87	13.12	0
Region K Totals	0	5,144.92	5,202.79	-57.87	
Edgecombe	0	1,359.99	1,328.40	31.59	0
Halifax	0	1,428.40	1,410.69	17.71	0
Nash	0	2,523.80	2,663.49	-139.69	0
Northampton	0	502.92	498.05	4.87	0
Wilson	0	1,072.19	1,096.35	-24.15	0
Region L Totals	0	6,887.31	6,996.98	-109.67	
Cumberland	0	7,169.62	7,383.43	-213.81	0
Harnett	0	2,296.37	2,436.55	-140.18	0
Sampson	0	1,957.88	2,007.48	-49.60	0
Region M Totals	0	11,423.87	11,827.46	-403.60	
Bladen	0	1,282.80	1,309.78	-26.98	0
Hoke	0	1,233.99	1,365.53	-131.54	0
Richmond	0	1,583.84	1,612.20	-28.37	0
Robeson	0	3,514.48	3,643.32	-128.84	0
Scotland	0	802.34	821.86	-19.52	0
Region N Totals	0	8,417.44	8,752.69	-335.25	

Table 12D: 2028 Need Projections for Medicare-certified Home Health Agencies or Offices

Need Projections

A	B	C	D	E	F
County	Placeholder Adjustments for Agencies under Development	Adjusted Projected Total Patients to be Served 2028	Projected Utilization in 2028	Surplus or Deficit ("-" = Deficit)	Need for New Agencies or Offices
Brunswick	325	7,741.55	6,585.44	1,156.10	0
Columbus	0	2,490.40	1,908.02	582.38	0
New Hanover	325	7,757.28	6,079.25	1,678.03	0
Pender	0	1,906.31	1,572.28	334.02	0
Region O Totals	650	19,895.54	16,145.00	3,750.53	
Carteret	0	2,089.77	2,005.87	83.91	0
Craven	0	2,214.58	2,035.96	178.62	0
Duplin	0	1,680.16	1,596.31	83.85	0
Greene	0	366.71	352.16	14.55	0
Jones	0	264.71	243.24	21.47	0
Lenoir	0	1,763.16	1,631.38	131.78	0
Onslow	325	3,308.15	2,889.42	418.73	0
Pamlico	0	206.35	187.66	18.70	0
Wayne	0	2,092.29	1,970.24	122.06	0
Region P Totals	325	13,985.89	12,912.24	1,073.65	
Beaufort	0	3,144.95	3,042.18	102.77	0
Bertie	0	852.74	839.12	13.62	0
Hertford	0	1,192.24	1,149.45	42.79	0
Martin	0	1,740.43	1,660.70	79.73	0
Pitt	325	8,300.61	8,166.00	134.61	0
Region Q Totals	325	15,230.95	14,857.44	373.51	
Camden	0	226.30	221.89	4.40	0
Chowan	0	656.89	583.62	73.28	0
Currituck	0	688.02	681.61	6.41	0
Dare	0	1,249.52	1,208.57	40.94	0
Gates	0	265.90	246.30	19.59	0
Hyde	0	67.81	62.00	5.82	0
Pasquotank	0	1,034.18	958.38	75.80	0
Perquimans	0	395.23	350.80	44.43	0
Tyrrell	0	67.47	59.40	8.07	0
Washington	0	453.69	399.74	53.96	0
Region R Totals	0	5,105.01	4,772.30	332.71	
Grand Totals	1,950	269,375.38	263,049.10	6,326.28	0

**Table 12E: Medicare-certified Home Health Agency or Office
Need Determination**

(Proposed for Certificate of Need Review Commencing in 2027)

Service Area	Home Health Agency/Office Need Determination	Certificate of Need Application Deadline	Certificate of Need Beginning Review Date
It is determined that there is no need anywhere in the state and no reviews are scheduled.			

Chapter 13:

Hospice Services

CHAPTER 13

HOSPICE SERVICES

Introduction

G.S. § 131E-176(13a) defines *hospice* as “any coordinated program of home care with provision for inpatient care for terminally ill patients and their families.” G.S. § 131E-176(13b) defines a *hospice inpatient facility* as “a freestanding licensed hospice facility or a designated inpatient unit in an existing health service facility which provides palliative and supportive medical and other health services to meet the physical, psychological, social, spiritual, and special needs of terminally ill patients and their families in an inpatient setting”. G.S. § 131E-176(13c) defines a *hospice residential care facility* as “a freestanding licensed hospice facility which provides” the same services as an inpatient facility but in a “group residential setting”.

Definitions

A *hospice office service area* is the county in which the hospice office is located. Each of the 100 counties in the state is a separate hospice office service area.

A *hospice inpatient facility bed service area* is the county in which the bed is located. Each of the 100 counties in the state is a separate hospice inpatient facility bed service area.

The *planning inventory for hospice home care agencies* is the number of licensed agencies used in need determination calculations for hospice home care. It is the number of licensed agencies as of the last day of the reporting year, plus the number of certificate of need (CON) approved agencies that are under development, plus the number of agencies available pursuant to need determinations pending review or appeal.

The *planning inventory for hospice inpatient beds* is the number of licensed inpatient beds used in need determination calculations for hospice inpatient beds. It is the number of licensed inpatient beds as of the last day of the reporting year, plus the number of CON-approved inpatient beds that are under development, plus the number of inpatient beds available pursuant to need determinations pending review or appeal.

The *reporting year* for hospice facilities and offices is either July 1 through June 30 or October 1 through September 30; facilities may choose their reporting period. The current reporting year is either July 1, 2024 through June 30, 2025, or October 1, 2024 through September 30, 2025.

The hospice home care office methodology calculates the need for additional offices in the *projection year*, which is three years beyond the current reporting year. The current projection year is 2028.

The hospice inpatient bed methodology calculates the need for additional inpatient beds in the projection year which is five years beyond the current reporting year. The current projection year for hospice inpatient beds is 2030.

The hospice home care office methodology uses county death rates for the most recent three calendar years. In the current State Medical Facilities Plan (SMFP), the 2018, 2019 and 2024 death rates are utilized. The rationale for using these data years is explained under “Changes from the Previous Plan.”

The hospice inpatient bed methodology bases several calculations on the three most recent years of admissions. For the current SMFP, these years are 2023, 2024, and 2025.

Changes from the Previous Plan

The State Health Coordinating Council (SHCC) approved adjustments to the hospice home care need determination methodology. The changes are as follows:

- Use of county mortality death rates for the most recent three years as the basis for hospice patient deaths need projections, excluding years containing COVID deaths in the 2027 and 2028 SMFPs. The excluded years are 2020, 2021, 2022 and 2023. The 2027 and 2028 SMFP “rolling” death rate years will be 2018, 2019, and 2024 for the 2027 SMFP; and 2019, 2024 and 2025 for the 2028 SMFP. The 2029 SMFP will use 2024, 2025 and 2026 death rates.
- Inclusion of all active-duty military individuals in total population counts of all service areas.
- Adjustment of a methodology assumption such that a service area now requires a deficit of 150 patient deaths and three or fewer licensed offices per 75,000 population to trigger a need determination.
- Implementation of a moratorium within the service area following the placement of a need determination in the SMFP for the service area. The moratorium shall remain in place for the service area for two SMFP cycles after the relevant CON is issued.

The SHCC will evaluate the impact of the changes to the hospice home care need determination methodology three years after implementation.

Data Sources

Patient origin and utilization data for the current reporting year come from the License Renewal Applications for the reporting year, as submitted to the North Carolina Department of Health and Human Services, Division of Health Service Regulation.

The North Carolina Office of State Budget and Management provides county population estimates and projections.

Estimates of the active-duty military population come from the category of “Employment Status-Armed Forces” in the most recent American Community Survey 5-year Estimates.

The number of deaths and crude (unadjusted) death rates per 1,000 population come from *North Carolina Vital Statistics, Vol. 1* published by the North Carolina Department of Health and Human Services, State Center for Health Statistics.

Assumptions of the Methodologies

1. Hospice Home Care Offices

The methodology uses county mortality (death) rates for the most recent three years as the basis for hospice patient deaths need projection. The three-year death rate is an indicator of deaths from all sites in each county. For the current SMFP, “rolling” death rates are used – that is the death rates for 2018, 2019, and 2024.

- a. Because previous years' data forms the basis for projections, the methodology calculates a two-year trailing average growth rate in statewide number of deaths served and applies it to the current reported number of deaths served to project changes in the capacity of existing agencies to serve deaths from each county by the projection year. Projected hospice deaths served will not exceed 60% of total deaths.
- b. To calculate the median projected hospice deaths, the methodology applies a projected statewide median percentage of deaths served by hospice to projected deaths in each county. The methodology calculates the projected statewide median percentage of deaths served by applying the two-year trailing average growth rate in the statewide median percentage of deaths served over the most recent three years to the current statewide median percentage of deaths served.
- c. A need for an additional hospice home care office exists if the county's deficit is 150 patient deaths or more and the number of licensed hospice home care offices located in the county is three or fewer per 75,000 population.

2. Hospice Inpatient Beds

- a. Active-duty military population for any county with more than 500 estimated active-duty military personnel will be excluded from the need determination calculations.
- b. The methodology calculates the two-year trailing average growth rate in statewide hospice admissions over the three most recent reporting years and applies it to the current reported number of hospice admissions to project total hospice admissions.
- c. Choose the lower of the statewide median average length of stay per admission or each county's average length of stay per admission to form the basis for projecting inpatient days for each county.
- d. A two-year trailing average statewide inpatient utilization rate of the total estimated days of care in each county forms the basis for projecting days of care in licensed hospice inpatient facility beds.

3. The hospice home care and hospice inpatient bed methodologies use patient origin data, aggregated to the county level. Detailed patient origin data is available at

<https://info.ncdhhs.gov/dhsr/ncsmfp/index.html> and
<https://info.ncdhhs.gov/dhsr/mfp/publications.html#por>

4. Hospice Residential Beds

This category of beds does not have a methodology to project need. A CON is required.

Application of the Methodologies

Hospice Home Care Offices:

Step 1: Enter the three-year mortality rate per 1,000 population for each county (*Table 13B, Column B*). For the current SMFP, use death rates for 2018, 2019, and 2024.

Step 2: Enter the estimated population of each county for the projection year (*Table 13B, Column C*).

- Step 3: Calculate the projected deaths for the projection year for each county by 1) multiplying the county death rate from Step 1 by the estimated county population in the projection year from Step 2; and 2) dividing that number by 1,000 (*Table 13B, Column D*).
- Step 4: Enter the total number of reported hospice patient deaths, by county of patient residence, for the reporting year (*Table 13B, Column E*).
- Step 5: Calculate the two-year trailing average growth rate in the statewide number of deaths served for the three most recent reporting years. To do so, first determine the statewide number of deaths served during each of the three most recent reporting years. Next, calculate the difference in the statewide number of deaths served from year to year. Then determine the percent change from the previous reporting year by dividing the calculated difference in deaths served by the number of deaths served during the previous reporting year [(number of deaths for the current reporting year – the number of deaths for the previous reporting year) / number of deaths for the previous reporting year]. Finally, total the annual percentage change and divide by two.

Year	Statewide Number Deaths Served	Growth
2023	51,163	
2024	52,891	3.4%
2025	53,072	0.3%
Two-Year Trailing Average Growth Rate		1.9%

- Step 6: Determine each county's projected number of hospice deaths served for the projection year.
- Calculate the county's projected number of hospice deaths served for the projection year using the two-year trailing average growth rate by multiplying the county's total number of reported hospice deaths from Step 4 by the statewide two-year trailing average growth rate for deaths served for three years from Step 5 (*Table 13B, Column F*).
 - Calculate the county's allowable number of hospice deaths served for the projection year by multiplying the projected deaths for each county from Step 3 by 60% (*Table 13B, Column G*).
 - Enter the county's number of projected hospice deaths served for the projection year (*Table 13B, Column H*). This number is the lower of:
 - the county's number of hospice deaths served for the projection year using the two-year trailing average growth rate from Step 6a, or
 - the county's number of hospice deaths served for the projection year, limited to 60%, as calculated in Step 6b.
- Step 7: Calculate the two-year trailing average growth rate in statewide median percentage of deaths served over the most recent three years. To do so, first determine the statewide growth rate in median percentage of deaths served during each of the three most recent reporting years. Next, calculate the difference in the median percentage of deaths served from year to year. Then determine the percent change from the previous reporting year by dividing the calculated difference in the median percentage of deaths served by the percentage of deaths served during the previous reporting year [(percentage of deaths for the current reporting year – percentage of

deaths for the previous reporting year) / percentage of deaths for the previous reporting year]. Finally, total the annual percent change and divide by two.

Year	Median Percent of Deaths Served	Growth
2023	39.59%	
2024	42.41%	7.1%
2025	43.64%	2.9%
Two-Year Trailing Average Growth Rate		5.0%

- Step 8: Calculate the projected statewide median percentage of deaths served for the projection year by multiplying the current statewide median percentage of deaths served by the statewide two-year trailing average growth rate for the median percentage of deaths served from Step 7 for the three most recent reporting years [current statewide median percentage death served * (1 + statewide two-year trailing average growth rate) ^ 3].
- Step 9: Calculate each county's median projected hospice deaths for the projection year by multiplying county projected deaths for the projection year from Step 3 by the projected statewide median percentage of deaths served for the projection year from Step 8 (*Table 13B, Column I*).
- Step 10: Enter the number of licensed hospice home care offices located in each county (*Table 13B, Column J*).
- Step 11: Calculate the deficit or surplus of patient deaths for each county by subtracting the county median projected hospice deaths for the projection year, as calculated in Step 9 from the projected number of hospice deaths served for the projection year, as determined in Step 6c (*Table 13B, Column K*).
- Step 12: Calculate the number of licensed hospice home care offices per 75,000 population for each county by dividing the county's number of licensed hospice offices from Step 10 by the estimated population for the projection year from Step 2. Multiply the result by 75,000 (*Table 13B, Column L*).
- Step 13: The county has a need determination if all the following are true (*Table 13B, Column M*):
- the county's deficit, as calculated in Step 11, is 150 or more;
 - the county's number of licensed hospice home care offices per 75,000 population, as calculated in Step 12 is three or fewer;
 - there is not a need determination in the county from the previous SMFP; and
 - a CON for a hospice agency in the county has not been issued during the previous two SMFP cycles.

Unless otherwise specified by the methodology, calculations do not use rounded values. However, fractional values are rounded automatically when displayed.

Hospice Inpatient Beds:

- Step 1: Enter the total number of reported hospice admissions by county of patient residence for the most recent reporting year (*Table 13C, Column B*).

- Step 2: Enter the total number of days of care (DOC) for the most recent reporting year by county of patient residence (*Table 13C, Column C*).
- Step 3: At the county level, calculate the average length of stay (ALOS) per admission by dividing total DOC from Step 2 by total admissions from Step 1 (*Table 13C, Column D*).
- Step 4: Calculate the two-year trailing average growth rate in the statewide number of hospice admissions over the previous three reporting years. To do so, first determine the statewide number of admissions during each of the three most recent reporting years. Next, calculate the difference in the number of admissions from year to year. Then determine the percent change from the previous reporting year by dividing the calculated difference in admissions by the number of admissions during the previous reporting year [(number of admissions for the current reporting year – number of admissions for the previous reporting year) / number of admissions for the previous reporting year]. Finally, total the annual percent change and divide by two.

Year	Statewide Hospice Admissions	Growth
2023	56,334	
2024	58,470	3.8%
2025	60,291	3.1%
Two-Year Trailing Average Growth Rate		3.5%

- Step 5: Calculate total admissions for each county for the projection year by multiplying the total admissions from Step 1 by the statewide two-year trailing average growth rate for hospice admissions, as calculated in Step 4, for five years [total admissions x (1 + two-year trailing average growth rate)⁵] (*Table 13C, Column E*).
- Step 6: Determine each county's projected days of care for inpatient hospice beds for the projection year.
- Calculate the total projected county DOC at the county ALOS for the projection year by multiplying the total admissions from Step 5 by the ALOS per admission for each county from Step 3 (*Table 13C, Column F*).
 - Calculate the total projected county DOC at the statewide ALOS for the projection year by multiplying the total admissions from Step 5 by the statewide median ALOS per admission (*Table 13C, Column G*).
 - The county's projected days of care for inpatient estimates for the projection year is the lower of (*Table 13C, Column H*):
 - the county's total projected DOC for the projection year at the county ALOS, as calculated in Step 6a; or
 - the county's total projected DOC for the projection year at the statewide ALOS, as calculated in Step 6b.
- Step 7: Calculate the two-year trailing average growth rate in the statewide days of care for the two most recent reporting years. To do so, first determine the general inpatient days of care during

each of the two most recent reporting years. Next, determine the statewide days of care for the two most recent reporting years. Then sum the general inpatient days of care for the two-year total days of care. Also sum the statewide days of care for a two-year total. Finally, divide the total two-year general inpatient days of care by the two-year statewide days of care and multiply the quotient by 100.

Year	General Inpatient Days of Care	Statewide Days of Care	Two Year Trailing Average Statewide Inpatient Utilization Rate
2024	97,137	4,706,701	
2025	97,469	5,048,995	
Totals	194,606	9,755,696	1.99%

- Step 8: Calculate each county's projected inpatient DOC for the projection year by multiplying the DOC for the projection year for inpatient estimates, as determined in Step 6c, by the two-year trailing average statewide inpatient utilization rate calculated in Step 7 (*Table 13C, Column I*).
- Step 9: Calculate the county's projected total inpatient hospice beds needed for the projection year by dividing the county's projected inpatient DOC for the projection year from Step 8 by 365.25 days. Then divide by 0.85 to adjust for the targeted 85% occupancy (*Table 13C, Column J*).
- Step 10: Enter the county's number of currently licensed inpatient beds (*Table 13C, Column K*).
- Step 11: Enter the county's number of CON-approved beds pending licensure plus the number of beds available pursuant to need determinations (*Table 13C, Column L*).
- Step 12: Determine the county's projected surplus or deficit for inpatient hospice beds. Sum the county's number of currently licensed inpatient hospice beds from Step 10 and the county's number of CON-approved beds pending licensure and the number of beds available pursuant to need determinations from Step 11. Subtract this total from the projected total inpatient beds needed for the projection year, as calculated in Step 9 (*Table 13C, Column M*).
- Step 13: Calculate occupancy rates for each county's existing hospice inpatient facilities for the reporting year.
- For all hospice inpatient facilities in the county, sum the total number of licensed hospice beds in each county as of September 30 of the current reporting year (shown in *Table 13E, Column E*);
 - Sum the total DOC for the most current reporting year (shown in *Table 13E, Column F*);
 - Calculate the total possible DOC for a county by multiplying the total number of licensed beds in each county on September 30 of the current reporting year (shown in *Table 13E, Column F*) by 365.25.
 - Divide the county's total DOC for the most current reporting year by the county's total possible DOC (shown in *Table 13E, Column G*).
 - Enter occupancy rates into Table 13C (*Column N*).

Step 14: A need determination exists for counties with a projected deficit of six or more hospice inpatient beds, as calculated in Step 12; and an occupancy rate of 85% or more, as calculated in Step 13. The county deficit is the number of beds needed. For counties with occupancy rates that are less than 85%, enter zero (*Table 13C, Column O*).

Unless otherwise specified by the methodology, calculations do not use rounded values. However, fractional values are rounded automatically when displayed.

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Table 13A: Inventory of Licensed Hospice Agencies

A	B	C	D	E	F
Service Area	License Number	Name	Admissions	Days of Care	Deaths
Alamance	HC0361	Hospice and Palliative Care Center of Alamance Caswell	959	100,965	980
Alamance	HOS1136	AuthoraCare Collective^	0	0	0
Alamance	HOS3049	Liberty Home Care and Hospice	93	10,820	57
Alamance	HOS3063	Gentiva	71	13,797	54
Alamance	HOS3823	Amedisys Hospice	376	32,476	286
Alexander	HOS5039	Alexander Hospice	43	6,392	35
Alleghany	HOS1123	Medi Home Health and Hospice	127	16,972	86
Anson	HC1869	Anson Community Hospice	31	4,685	30
Anson	HOS1898	Atrium Health Hospice - Anson	64	3,261	56
Anson	HOS3064	Liberty Home Care and Hospice	195	24,048	134
Ashe	HOS1124	Medi Home Health and Hospice	139	18,429	125
Avery	HOS0363	Medi Home Hospice	385	68,380	237
Beaufort	HOS2516	Gentiva	222	23,888	214
Beaufort	HOS3258	Cardinal Hospice Care^^^	0	0	0
Bladen	HOS0415	Lower Cape Fear LifeCare	101	11,721	61
Bladen	HOS1945	Community Home Care and Hospice^^^	0	0	0
Bladen	HOS2003	Liberty Home Care and Hospice	77	11,484	61
Brunswick	HOS0414	Lower Cape Fear LifeCare	893	45,880	782
Brunswick	HOS2006	Liberty Home Care and Hospice	129	12,749	111
Brunswick	HOS3010	Gentiva	231	32,681	194
Brunswick	HOS4018	Amedisys Hospice Care	135	13,516	84
Buncombe	HOS0113	CarePartners Hospice and Palliative Care Services	620	20,098	651
Burke	HOS0364	Amorem	382	34,250	253
Burke	HOS1670	Amorem	116	1,730	210
Cabarrus	HOS0365	Atrium Health Hospice and Palliative Care - Cabarrus	748	78,203	655
Cabarrus	HOS3389	Atrium Hospice and Palliative Care - Cabarrus	359	6,553	400
Caldwell	HOS0185	Amorem	566	62,954	390
Caldwell	HOS4155	Amorem	107	1,969	188
Carteret	HOS0613	Carteret Health Care Home Health & Hospice	84	5,461	72
Carteret	HOS2998	Community Home Care and Hospice^^^	0	0	0
Carteret	HOS3048	Liberty Home Care and Hospice**	0	0	0
Carteret	HOS3239	Cardinal Hospice Care^^^	0	0	0
Carteret	HOS4623	SECU Crystal Coast Hospice House	237	3,236	278
Catawba	HOS0367	Carolina Caring	1,649	228,595	1,192
Catawba	HOS3144	Robinson Road Hospice House	147	2,098	289
Catawba	HOS4445	Sherrills Ford Hospice House^	53	1,806	130
Chatham	HOS3135	Transitions LifeCare	40	3,637	33
Chatham	HOS3149	Liberty Home Care and Hospice	111	10,938	93
Chatham	HOS4907	SECU Jim & Betsy Bryan Hospice Home of UNC Health Care	275	1,973	279
Cherokee	HOS5092	Hospice of North Carolina	112	13,061	81
Chowan	HOS3319	Cardinal Hospice Care^^^	0	0	0
Clay	HOS5091	Hospice of North Carolina	8	1,571	9
Cleveland	HOS0371	Via Health Partners - Cleveland County	992	85,401	871

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Table 13A: Inventory of Licensed Hospice Agencies

A	B	C	D	E	F
Service Area	License Number	Name	Admissions	Days of Care	Deaths
Cleveland	HOS1413	Via Health Partners Wendover Hospice House^	0	0	0
Cleveland	HOS4089	Via Health Partners Testa Family Hospice House^	0	0	0
Columbus	HC4028	Community Home Care and Hospice^^	0	0	0
Columbus	HOS0417	Lower Cape Fear LifeCare	309	24,389	332
Columbus	HOS2007	Liberty Home Care and Hospice	128	26,176	98
Columbus	HOS3011	Gentiva	130	37,472	81
Craven	HOS2302	Gentiva	211	31,621	171
Craven	HOS3238	Cardinal Hospice Care	97	13,874	78
Craven	HOS3347	PruittHealth Hospice - New Bern	192	12,984	133
Craven	HOS4682	Craven County Hospice	115	10,412	100
Cumberland	HC1331	Community Home Care and Hospice	183	30,715	155
Cumberland	HOS2004	Liberty Home Care and Hospice	257	24,285	205
Cumberland	HOS3272	Cardinal Hospice Care^^	0	0	0
Cumberland	HOS4746	PruittHealth Hospice - Fayetteville	284	28,795	206
Cumberland	HOS4799	Cape Fear Valley Hospice and Palliative Care	243	16,901	206
Cumberland	HOS5147	3HC	41	8,488	58
Cumberland	HOS5285	BAYADA Hospice	80	6,380	64
Cumberland	HOS6836	HealthKeeperz	91	12,666	55
Dare	HC0494	Adoration Home Health and Hospice	81	4,856	78
Davidson	HOS0372	Hospice of Davidson County	603	61,730	394
Davidson	HOS3051	Liberty Home Care and Hospice	301	31,309	257
Davidson	HOS3784	Hospice of Davidson County Hinkle Hospice House	193	2,348	344
Davie	HOS3084	Trellis Supportive Care	408	27,073	366
Davie	HOS4966	Well Care Hospice	183	21,513	132
Duplin	HC0053	Vidant Home Health and Hospice	161	4,879	96
Duplin	HOS3303	Liberty Home Care and Hospice	14	1,615	9
Durham	HOS0021	Duke Hospice	1,079	57,018	852
Durham	HOS2958	Community Home Care and Hospice^^	0	0	0
Durham	HOS3126	Transitions LifeCare	71	8,672	62
Durham	HOS3304	Liberty Home Care and Hospice	112	11,034	99
Durham	HOS3793	Duke Hospice, Hock Family Pavilion	607	4,468	643
Durham	HOS4029	Community Home Care and Hospice^^	0	0	0
Edgecombe	HOS2985	Community Home Care and Hospice^^	0	0	0
Edgecombe	HOS4887	Gentiva	159	15,027	142
Forsyth	HOS1603	Kate B. Reynolds Hospice Home	684	8,575	906
Forsyth	HOS4614	Trellis Supportive Care	1,002	80,485	894
Franklin	HOS3005	Community Home Care and Hospice^^	0	0	0
Franklin	HOS3125	Transitions LifeCare	40	2,322	40
Franklin	HOS3250	Cardinal Hospice Care^^	0	0	0
Franklin	HOS3826	Amedisys Hospice	343	29,683	278
Gaston	HC0812	Carolina Caring	568	48,988	451
Gaston	HOS3717	Robin Johnson House - Gaston Hospice	169	1,920	211
Graham	HOS3325	Cardinal Hospice Care^^	0	0	0

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Table 13A: Inventory of Licensed Hospice Agencies

A	B	C	D	E	F
Service Area	License Number	Name	Admissions	Days of Care	Deaths
Granville	HOS3133	Transitions LifeCare	14	671	8
Granville	HOS4791	Gentiva	135	14,751	82
Greene	HOS3310	Cardinal Hospice Care^^^	0	0	0
Guilford	HC0374	Hospice and Palliative Care of Greensboro	1,811	196,336	1,591
Guilford	HOS1416	AuthoraCare Collective^	0	0	0
Guilford	HOS1581	Hospice of the Piedmont	476	43,315	468
Guilford	HOS3522	Hospice Home at High Point	425	3,324	453
Halifax	HOS3009	Gentiva	283	20,012	249
Halifax	HOS3256	Cardinal Hospice Care^^^	0	0	0
Halifax	HOS5184	Liberty Home Care VI	173	24,040	137
Harnett	HC4032	Community Home Care and Hospice^^^	0	0	0
Harnett	HOS0375	Transitions LifeCare	60	5,746	49
Harnett	HOS2048	Gentiva	140	15,299	110
Harnett	HOS3067	Liberty Home Care and Hospice	177	26,786	132
Harnett	HOS3306	Cardinal Hospice Care^^^	0	0	0
Haywood	HOS3825	Haywood Hospice & Palliative Care	193	11,927	143
Henderson	HOS0386	Four Seasons the Care You Trust	1,777	148,572	1,511
Henderson	HOS2143	Four Seasons Compassion for Life	476	13,818	507
Hertford	HOS0425	ECU Health Home Health & Hospice	109	2,554	84
Hoke	HC0277	Liberty Home Care^^	0	0	0
Hoke	HOS2290	Liberty Home Care and Hospice	106	13,360	70
Hyde	HOS6244	Liberty Home Care and Hospice	7	1,484	7
Iredell	HOS0387	Hospice of Iredell County	447	56,793	228
Iredell	HOS1338	Hospice of Iredell County	227	29,963	140
Iredell	HOS3181	Gordon Hospice House	308	3,600	437
Iredell	HOS3273	Gentiva	99	8,218	76
Iredell	HOS6247	Hospice and Palliative Care of Iredell County	138	2,152	208
Johnston	HC0383	Johnston Health Home Care and Hospice	53	2,658	41
Johnston	HC0507	3HC	133	24,764	139
Johnston	HC3440	Community Home Care and Hospice**	0	0	0
Johnston	HOS2135	Gentiva	142	21,203	103
Johnston	HOS3069	Liberty Home Care and Hospice	72	11,909	36
Johnston	HOS3124	Transitions LifeCare	89	9,479	90
Johnston	HOS3252	Cardinal Hospice Care	220	32,396	166
Johnston	HOS4088	SECU Hospice House of Johnston Health	498	6,917	463
Jones	HC0506	3HC	200	23,609	192
Lee	HOS2034	Gentiva	120	15,754	87
Lee	HOS3086	Liberty Home Care and Hospice	134	11,842	130
Lenoir	HC0195	3HC	77	11,494	90
Lenoir	HOS2984	Gentiva	209	26,489	176
Lenoir	HOS3261	Cardinal Hospice Care	59	7,940	62
Lincoln	HOS0389	Via Health Partners	903	91,810	770
Macon	HC0324	CarePartners Home Care & Hospice	12	1,785	11

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Table 13A: Inventory of Licensed Hospice Agencies

A	B	C	D	E	F
Service Area	License Number	Name	Admissions	Days of Care	Deaths
Macon	HOS0390	Four Seasons the Care You Trust	818	60,306	718
Macon	HOS3312	Cardinal Hospice Care^^^	0	0	0
Madison	HC0419	Madison Home Care & Hospice	44	3,762	35
Martin	HOS3008	Gentiva	261	24,915	233
Martin	HOS3317	Continuum II Home Care and Hospice^^^	0	0	0
McDowell	HOS1153	CarePartners Hospice & Palliative Care McDowell	149	16,598	127
Mecklenburg	HOS1445	Novant Health Hospice	1,417	34,799	1,344
Mecklenburg	HOS1702	Via Health Partners	638	65,018	572
Mecklenburg	HOS3132	Via Health Partners	2,098	215,067	1,834
Mecklenburg	HOS3727	Via Health Partners Levine and Dickson Hospice House at Huntersville^	0	0	0
Mecklenburg	HOS4436	Via Health Partners Levine and Dickson Hospice House at Southminister	547	6,966	537
Mecklenburg	HOS4588	Via health Partners Levine and Dickson Hospice House at Aldersgate^	0	0	0
Mecklenburg	HOS4933	Via Health Partners Levine and Dickson Hospice House at Aldersgate^	0	0	0
Mitchell	HOS0832	Hospice and Palliative Care of the Blue Ridge	194	39,390	146
Montgomery	HOS3199	Gentiva	80	9,000	70
Moore	HC0427	FirstHealth Hospice & Palliative Care	619	60,926	410
Moore	HC2351	Community Home Care and Hospice^^^	0	0	0
Moore	HOS3050	Liberty Home Care and Hospice	144	24,072	112
Moore	HOS4477	FirstHealth Hospice House	311	2,479	459
Nash	HC0393	Hospice and Palliative Care of Nash General Hospital	241	11,506	185
Nash	HOS2424	Gentiva	183	15,952	154
Nash	HOS3269	PruittHealth Hospice - Rocky Mount	201	16,796	138
Nash	HOS3309	Cardinal Hospice Care^^^	0	0	0
New Hanover	HOS0416	Lower Cape Fear LifeCare	895	58,751	602
New Hanover	HOS1557	Lower Cape Fear LifeCare	678	5,918	1,022
New Hanover	HOS2008	Liberty Home Care and Hospice	99	15,268	75
New Hanover	HOS3322	Cardinal Hospice Care^^^	0	0	0
Northampton	HOS3259	Cardinal Hospice Care^^^	0	0	0
Onslow	HC1209	Cardinal Hospice Care	120	9,963	114
Onslow	HOS2005	Liberty Home Care and Hospice	1	7	0
Onslow	HOS3006	Gentiva	302	31,483	264
Onslow	HOS5831	Lower Cape Fear Lifecare	169	7,393	134
Orange	HOS1388	Duke Hospice at the Meadowlands**	0	0	0
Orange	HOS2997	Community Home Care and Hospice^^^	0	0	0
Orange	HOS3293	UNC Hospice, Chapel Hill	326	21,586	344
Pamlico	HOS0394	Hospice of Pamlico County	63	4,622	45
Pamlico	HOS3308	Cardinal Hospice Care^^^	0	0	0
Pasquotank	HOS1677	Albemarle Home Care and Hospice	425	29,778	393
Pasquotank	HOS3301	Gentiva	194	18,227	166
Pender	HOS3052	Lower Cape Fear LifeCare	211	14,155	153
Pender	HOS3059	Liberty Home Care and Hospice	189	14,412	157
Pender	HOS3242	Cardinal Hospice Care^^^	0	0	0
Person	HOS5439	Medi Home Health & Hospice	102	11,674	81

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Table 13A: Inventory of Licensed Hospice Agencies

A	B	C	D	E	F
Service Area	License Number	Name	Admissions	Days of Care	Deaths
Pitt	HC0509	3HC	55	7,804	66
Pitt	HOS0331	Amedisys Hospice	196	11,775	162
Pitt	HOS1711	ECU Health Home Health and Hospice	394	9,636	310
Pitt	HOS2996	Gentiva	395	32,356	334
Pitt	HOS3249	Cardinal Hospice Care^^^	0	0	0
Pitt	HOS3345	PruittHealth Hospice - Eastern Carolina	84	9,136	65
Pitt	HOS3749	ECU Health Hospice House	328	2,224	297
Pitt	HOS4010	Community Home Care and Hospice^^^	0	0	0
Polk	HOS0396	Hospice of the Carolina Foothills	269	11,301	208
Randolph	HOS3075	Gentiva	121	16,868	74
Randolph	HOS4307	The Randolph Hospice House	244	2,672	247
Randolph	HOS4736	Hospice of Randolph	440	41,320	443
Richmond	HC0424	Richmond County Hospice	199	20,328	59
Richmond	HOS2138	Hospice Haven of Richmond County	316	1,853	217
Richmond	HOS3007	Community Home Care and Hospice	146	26,373	86
Richmond	HOS3324	Cardinal Hospice Care^^^	0	0	0
Robeson	HC4027	Amedisys Hospice Care	413	23,445	362
Robeson	HOS1599	Lower Cape Fear LifeCare	124	11,121	72
Robeson	HOS2060	Gentiva	187	59,454	138
Robeson	HOS2861	Medi Home Hospice	222	30,691	134
Robeson	HOS3066	Liberty Home Care and Hospice	216	34,674	137
Robeson	HOS3270	Cardinal Hospice Care^^^	0	0	0
Rockingham	HOS0398	Ancora Compassionate Care	548	47,926	501
Rowan	HOS2425	Trellis Supportive Care	169	14,099	143
Rowan	HOS3323	Continuum Home Care & Hospice of Rowan County^^^	0	0	0
Rowan	HOS3918	Novant Health Hospice^^	0	0	0
Rowan	HOS4599	Novant Health Hospice	999	21,779	922
Rowan	HOS6813	BAYADA Hospice	62	5,545	38
Rutherford	HOS0400	Hospice of the Carolina Foothills	416	54,790	293
Rutherford	HOS2891	Hospice of the Carolina Foothills	223	4,352	301
Sampson	HC0255	3HC	53	9,399	75
Sampson	HC1844	Community Home Care and Hospice	206	28,610	162
Sampson	HC4030	Community Home Care and Hospice^^^	0	0	0
Sampson	HOS3054	Liberty Home Care and Hospice	130	18,721	97
Scotland	HC0401	Scotland Regional Hospice^^	0	0	0
Scotland	HOS3031	Scotland Regional Hospice	306	30,868	322
Stanly	HOS0402	Tillery Compassionate Care	326	32,542	276
Stanly	HOS3311	Cardinal Hospice Care^^^	0	0	0
Stokes	HOS3295	Trellis Supportive Care	338	26,935	283
Surry	HOS0404	Mountain Valley Hospice and Palliative Care	306	30,338	268
Surry	HOS1001	Mountain Valley Hospice and Palliative Care	412	29,357	340
Surry	HOS1303	Mountain Valley Hospice and Palliative Care	444	52,097	320
Surry	HOS3796	Mountain Valley Hospice and Palliative Care	276	5,629	273

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Table 13A: Inventory of Licensed Hospice Agencies

A	B	C	D	E	F
Service Area	License Number	Name	Admissions	Days of Care	Deaths
Transylvania	HC0067	CarePartners Home Care & Hospice	66	6,168	61
Union	HOS0405	Atrium Health Hospice & Palliative Care - Union	668	43,805	622
Union	HOS3116	Gentiva	178	16,700	116
Union	HOS3321	Cardinal Hospice Care	149	13,975	95
Vance	HOS2561	Gentiva	164	11,061	132
Vance	HOS3314	Cardinal Hospice Care^^^	0	0	0
Wake	HOS1595	Transitions LifeCare	2,663	197,840	2,510
Wake	HOS2125	Duke Hospice	295	19,581	256
Wake	HOS2223	Gentiva	71	6,711	46
Wake	HOS2281	Heartland Hospice - Raleigh	1,273	132,475	1,053
Wake	HOS3058	Liberty Home Care and Hospice	129	21,430	78
Wake	HOS3147	Amedisys Hospice	495	52,779	353
Wake	HOS3305	Cardinal Hospice Care^^^	0	0	0
Washington	HOS3260	Cardinal Hospice Care^^^	0	0	0
Washington	HOS4596	Amedisys Hospice Care	185	11,931	108
Watauga	HOS1122	Medi Home Health and Hospice	140	21,387	102
Wayne	HC0228	3HC	474	22,257	603
Wayne	HC2361	Community Home Care and Hospice	348	45,477	318
Wayne	HOS1324	3HC/Kitty Askins Hospice Center^	0	0	0
Wayne	HOS3307	Cardinal Hospice Care^^^	0	0	0
Wilkes	HOS0407	Gentiva	120	15,344	96
Wilkes	HOS3257	Cardinal Hospice Care^^^	0	0	0
Wilkes	HOS4413	PruittHealth Hospice - Wilkes	118	9,477	94
Wilson	HC0508	3HC	43	7,430	72
Wilson	HOS0408	Hospice of Wilson Medical Center	379	37,741	206
Wilson	HOS2241	Gentiva	211	28,123	188
Wilson	HOS3271	Cardinal Hospice Care^^^	0	0	0
Yadkin	HC1498	Mountain Valley Hospice and Palliative Care	169	13,779	170
Yadkin	HOS4909	Mountain Valley Hospice and Palliative Care	109	1,504	95
Yancey	HOS1027	Compassionate Care Western North Carolina	198	31,121	152
Grand Totals*		245 Agencies	60,445	5,052,024	53,278

* Grand Totals for Admissions, Days of Care, and Deaths include both in-state and out-of-state patients. Tables 13B and 13C do not include out-of-state patients.

** Agency reported zero patients on their License Renewal Application (LRA) for the current reporting year.

^ Inpatient/residential facility; patient data reported on the agency's hospice home care LRA.

^^ Agency uses another license to serve patients and reports data on that LRA.

^^^ Legacy agency, maintains license for future development; currently serves no patients.

Table13B: Year 2028 Hospice Home Care Office Need Projections*

A	B	C	D	E	F	G	H	I	J	K	L	M
Service Area	2018, 2019 and 2024 Death Rate/1,000 Population	Population	Projected Deaths	Reported Number of Hospice Patient Deaths	Number of Hospice Deaths Served at Two Year Trailing Average Growth Rate	Number of Hospice Deaths Served Limited to 60%	Projected Number of Hospice Deaths Served	Median Projected Hospice Deaths	Licensed Hospice Offices in County	Projected Number of Additional Patients in Need Surplus or (Deficit)	Number of Licensed Home Care Offices in County per 75,000 Population	Additional Hospice Office Need
Source or Formula =>	Deaths - N.C. Vital Statistics	N.C. Office of State Budget and Management	Col. B x (Col. C/1,000)	2026 License Renewal Applications	Col. E x 3 Years Growth at 1.9% annually	Col. D x 60%	Lower Number of Deaths between Col. F and Col. G	Col. D x Projected Statewide Median Percent Deaths Served (50.5%)	Table 13A: Inventory of Licensed Hospice Agencies	Col. H - Col. I	Col. L / (Col. C / 75,000)	If Col. J <= -150 and Col. L <=3
Alamance	10.5	192,327	2,010	1,095	1,157	1,206	1,157	1,016	5	141	1.9	0
Alexander	11.7	36,152	423	214	226	254	226	214	1	12	2.1	0
Alleghany	14.4	11,500	166	78	82	99	82	84	1	-1	6.5	0
Anson	13.3	21,663	287	95	100	172	100	145	3	-45	10.4	0
Ashe	14.0	26,145	366	180	190	220	190	185	1	5	2.9	0
Avery	13.6	17,629	240	102	108	144	108	121	1	-14	4.3	0
Beaufort	13.3	44,575	592	306	323	355	323	299	2	24	3.4	0
Bertie	14.9	16,430	244	96	101	147	101	123	0	-22	0.0	0
Bladen	14.0	29,572	415	235	248	249	248	210	3	39	7.6	0
Brunswick	11.7	200,441	2,343	1,202	1,270	1,406	1,270	1,184	4	86	1.5	0
Buncombe	10.3	288,703	2,979	1,551	1,639	1,788	1,639	1,506	1	133	0.3	0
Burke	12.6	89,981	1,130	578	611	678	611	571	2	40	1.7	0
Cabarrus	7.4	262,715	1,952	1,142	1,207	1,171	1,171	987	2	185	0.6	0
Caldwell	12.8	82,053	1,050	519	548	630	548	531	2	18	1.8	0
Camden	9.1	11,735	107	33	35	64	35	54	0	-19	0.0	0
Carteret	13.3	73,609	975	504	533	585	533	493	5	40	5.1	0
Caswell	13.4	21,887	293	89	94	176	94	148	0	-54	0.0	0
Catawba	10.9	174,378	1,899	1,218	1,287	1,139	1,139	960	3	180	1.3	0
Chatham	10.3	87,570	900	374	395	540	395	455	3	-60	2.6	0
Cherokee	14.8	31,012	460	165	174	276	174	232	1	-58	2.4	0
Chowan	14.6	13,694	200	94	99	120	99	101	1	-2	5.5	0
Clay	14.8	13,037	193	70	74	116	74	98	1	-24	5.8	0
Cleveland	13.0	99,997	1,298	664	702	779	702	656	3	46	2.3	0
Columbus	13.7	49,922	682	376	397	409	397	345	4	52	6.0	0

Table13B: Year 2028 Hospice Home Care Office Need Projections*

A	B	C	D	E	F	G	H	I	J	K	L	M
Service Area	2018, 2019 and 2024 Death Rate/1,000 Population	Population	Projected Deaths	Reported Number of Hospice Patient Deaths	Number of Hospice Deaths Served at Two Year Trailing Average Growth Rate	Number of Hospice Deaths Served Limited to 60%	Projected Number of Hospice Deaths Served	Median Projected Hospice Deaths	Licensed Hospice Offices in County	Projected Number of Additional Patients in Need Surplus or (Deficit)	Number of Licensed Home Care Offices in County per 75,000 Population	Additional Hospice Office Need
Source or Formula =>	Deaths - N.C. Vital Statistics	N.C. Office of State Budget and Management	Col. B x (Col. C/1,000)	2026 License Renewal Applications	Col. E x 3 Years Growth at 1.9% annually	Col. D x 60%	Lower Number of Deaths between Col. F and Col. G	Col. D x Projected Statewide Median Percent Deaths Served (50.5%)	Table 13A: Inventory of Licensed Hospice Agencies	Col. H - Col. I	Col. L / (Col. C / 75,000)	If Col. J <= -150 and Col. L <=3
Craven	11.4	108,130	1,232	512	541	739	541	622	4	-81	2.8	0
Cumberland**	8.4	337,503	2,842	1,202	1,270	1,705	1,270	1,436	8	-166	1.8	0
Currituck	9.0	33,835	305	152	161	183	161	154	0	6	0.0	0
Dare	10.4	39,514	409	153	162	245	162	207	1	-45	1.9	0
Davidson	11.3	186,237	2,108	1,009	1,066	1,265	1,066	1,066	3	1	1.2	0
Davie	11.4	46,961	536	373	394	322	322	271	2	51	3.2	0
Duplin	10.4	51,302	531	278	294	319	294	268	2	25	2.9	0
Durham	6.6	350,034	2,314	1,432	1,513	1,388	1,388	1,169	6	219	1.3	0
Edgecombe	14.4	48,199	696	274	290	418	290	352	2	-62	3.1	0
Forsyth	9.4	408,649	3,837	2,380	2,515	2,302	2,302	1,939	2	363	0.4	0
Franklin	9.6	90,934	876	183	193	525	193	443	4	-249	3.3	0
Gaston	11.0	256,655	2,821	1,174	1,241	1,692	1,241	1,426	2	-185	0.6	1
Gates	12.3	9,881	122	55	58	73	58	62	0	-3	0.0	0
Graham	13.4	7,995	107	29	31	64	31	54	1	-24	9.4	0
Granville	9.8	63,040	616	197	208	370	208	311	2	-103	2.4	0
Greene	10.0	20,480	205	76	80	123	80	104	1	-23	3.7	0
Guilford	8.8	567,589	4,995	2,429	2,567	2,997	2,567	2,524	4	43	0.5	0
Halifax	14.5	45,125	656	286	302	394	302	332	3	-29	5.0	0
Harnett	8.2	152,451	1,249	467	494	749	494	631	5	-137	2.5	0
Haywood**	13.9	65,401	912	345	365	547	365	461	1	-96	1.1	0
Henderson	12.6	126,684	1,590	934	987	954	954	804	2	150	1.2	0
Hertford	13.2	18,499	243	128	135	146	135	123	1	12	4.1	0
Hoke	7.1	57,881	413	193	204	248	204	209	2	-5	2.6	0
Hyde	12.7	4,401	56	15	16	33	16	28	1	-12	17.0	0

Table13B: Year 2028 Hospice Home Care Office Need Projections*

A	B	C	D	E	F	G	H	I	J	K	L	M
Service Area	2018, 2019 and 2024 Death Rate/1,000 Population	Population	Projected Deaths	Reported Number of Hospice Patient Deaths	Number of Hospice Deaths Served at Two Year Trailing Average Growth Rate	Number of Hospice Deaths Served Limited to 60%	Projected Number of Hospice Deaths Served	Median Projected Hospice Deaths	Licensed Hospice Offices in County	Projected Number of Additional Patients in Need Surplus or (Deficit)	Number of Licensed Home Care Offices in County per 75,000 Population	Additional Hospice Office Need
Source or Formula =>	Deaths - N.C. Vital Statistics	N.C. Office of State Budget and Management	Col. B x (Col. C/1,000)	2026 License Renewal Applications	Col. E x 3 Years Growth at 1.9% annually	Col. D x 60%	Lower Number of Deaths between Col. F and Col. G	Col. D x Projected Statewide Median Percent Deaths Served (50.5%)	Table 13A: Inventory of Licensed Hospice Agencies	Col. H - Col. I	Col. L / (Col. C / 75,000)	If Col. J <= -150 and Col. L <=3
Iredell	9.0	226,991	2,034	1,069	1,130	1,220	1,130	1,028	5	102	1.7	0
Jackson	9.7	45,626	442	178	188	265	188	223	0	-35	0.0	0
Johnston**	7.7	272,677	2,108	781	825	1,265	825	1,065	8	-240	2.2	0
Jones	14.0	9,220	129	50	53	77	53	65	1	-12	8.1	0
Lee	9.8	71,213	699	365	386	420	386	353	2	32	2.1	0
Lenoir	13.2	54,584	722	302	319	433	319	365	3	-46	4.1	0
Lincoln	10.1	102,261	1,037	512	541	622	541	524	1	17	0.7	0
Macon	13.7	39,857	547	270	285	328	285	277	3	9	5.6	0
Madison	12.7	22,273	283	94	99	170	99	143	1	-44	3.4	0
Martin	14.3	20,684	296	104	110	178	110	150	2	-40	7.3	0
Mcdowell**	12.3	43,946	541	200	211	324	211	273	1	-62	1.7	0
Mecklenburg	5.9	1,259,545	7,419	3,801	4,017	4,451	4,017	3,749	7	268	0.4	0
Mitchell	15.6	14,427	224	137	145	135	135	113	1	21	5.2	0
Montgomery	12.2	26,279	321	138	146	193	146	162	1	-16	2.9	0
Moore	11.7	114,825	1,345	790	835	807	807	680	4	127	2.6	0
Nash	11.7	105,643	1,231	448	473	738	473	622	4	-149	2.8	0
New Hanover	9.1	256,314	2,343	1,323	1,398	1,406	1,398	1,184	4	214	1.2	0
Northampton	14.8	16,157	239	115	122	144	122	121	1	1	4.6	0
Onslow	6.7	224,442	1,508	709	749	905	749	762	4	-13	1.3	0
Orange	5.9	156,706	923	517	546	554	546	466	3	80	1.4	0
Pamlico	14.9	13,441	200	62	66	120	66	101	2	-36	11.2	0
Pasquotank	11.0	41,581	458	193	204	275	204	231	2	-27	3.6	0
Pender	10.3	73,177	752	329	348	451	348	380	3	-32	3.1	0
Perquimans	13.1	13,917	182	71	75	109	75	92	0	-17	0.0	0

Table13B: Year 2028 Hospice Home Care Office Need Projections*

A	B	C	D	E	F	G	H	I	J	K	L	M
Service Area	2018, 2019 and 2024 Death Rate/1,000 Population	Population	Projected Deaths	Reported Number of Hospice Patient Deaths	Number of Hospice Deaths Served at Two Year Trailing Average Growth Rate	Number of Hospice Deaths Served Limited to 60%	Projected Number of Hospice Deaths Served	Median Projected Hospice Deaths	Licensed Hospice Offices in County	Projected Number of Additional Patients in Need Surplus or (Deficit)	Number of Licensed Home Care Offices in County per 75,000 Population	Additional Hospice Office Need
Source or Formula =>	Deaths - N.C. Vital Statistics	N.C. Office of State Budget and Management	Col. B x (Col. C/1,000)	2026 License Renewal Applications	Col. E x 3 Years Growth at 1.9% annually	Col. D x 60%	Lower Number of Deaths between Col. F and Col. G	Col. D x Projected Statewide Median Percent Deaths Served (50.5%)	Table 13A: Inventory of Licensed Hospice Agencies	Col. H - Col. I	Col. L / (Col. C / 75,000)	If Col. J <= -150 and Col. L <=3
Person	12.5	39,715	494	208	220	297	220	250	1	-30	1.9	0
Pitt	8.1	189,767	1,528	862	911	917	911	772	8	139	3.2	0
Polk	15.9	19,894	315	137	145	189	145	159	1	-15	3.8	0
Randolph	11.3	149,247	1,689	808	854	1,014	854	854	3	0	1.5	0
Richmond	13.1	42,004	550	342	361	330	330	278	4	52	7.1	0
Robeson	11.9	119,859	1,420	627	663	852	663	718	6	-55	3.8	0
Rockingham	13.5	93,086	1,259	606	640	755	640	636	1	4	0.8	0
Rowan	11.6	155,844	1,812	824	871	1,087	871	916	5	-45	2.4	0
Rutherford	13.5	65,637	886	583	616	532	532	448	2	84	2.3	0
Sampson	11.5	60,599	694	283	299	417	299	351	4	-52	5.0	0
Scotland	12.4	31,868	395	215	227	237	227	200	2	27	4.7	0
Stanly	11.6	69,954	814	384	406	489	406	412	2	-6	2.1	0
Stokes	13.1	46,288	608	385	407	365	365	307	1	58	1.6	0
Surry	13.9	71,259	993	724	765	596	596	502	4	94	4.2	0
Swain	15.6	13,538	211	136	144	127	127	107	0	20	0.0	0
Transylvania	13.0	33,674	438	213	225	263	225	222	1	4	2.2	0
Tyrrell	12.3	3,442	42	14	15	25	15	21	0	-7	0.0	0
Union	6.4	288,024	1,829	1,018	1,076	1,097	1,076	924	3	151	0.8	0
Vance	12.2	41,547	506	163	172	303	172	256	2	-83	3.6	0
Wake	5.5	1,332,266	7,287	4,229	4,469	4,372	4,372	3,683	7	689	0.4	0
Warren	13.3	18,993	252	77	81	151	81	128	0	-46	0.0	0
Washington	14.3	10,124	145	54	57	87	57	73	2	-16	14.8	0
Watauga	6.8	55,530	380	223	236	228	228	192	1	36	1.4	0
Wayne	11.3	119,702	1,357	872	922	814	814	686	4	128	2.5	0

Table13B: Year 2028 Hospice Home Care Office Need Projections*

A	B	C	D	E	F	G	H	I	J	K	L	M
Service Area	2018, 2019 and 2024 Death Rate/1,000 Population	Population	Projected Deaths	Reported Number of Hospice Patient Deaths	Number of Hospice Deaths Served at Two Year Trailing Average Growth Rate	Number of Hospice Deaths Served Limited to 60%	Projected Number of Hospice Deaths Served	Median Projected Hospice Deaths	Licensed Hospice Offices in County	Projected Number of Additional Patients in Need Surplus or (Deficit)	Number of Licensed Home Care Offices in County per 75,000 Population	Additional Hospice Office Need
Source or Formula =>	Deaths - N.C. Vital Statistics	N.C. Office of State Budget and Management	Col. B x (Col. C/1,000)	2026 License Renewal Applications	Col. E x 3 Years Growth at 1.9% annually	Col. D x 60%	Lower Number of Deaths between Col. F and Col. G	Col. D x Projected Statewide Median Percent Deaths Served (50.5%)	Table 13A: Inventory of Licensed Hospice Agencies	Col. H - Col. I	Col. L / (Col. C / 75,000)	If Col. J <= -150 and Col. L <=3
Wilkes	13.4	65,502	875	411	434	525	434	442	3	-8	3.4	0
Wilson	11.8	81,454	958	415	439	575	439	484	4	-46	3.7	0
Yadkin	12.6	37,911	477	325	343	286	286	241	2	45	4.0	0
Yancey	14.7	18,883	278	120	127	167	127	141	1	-14	4.0	0
Grand Totals	9.3	11,495,504	106,678	53,072	56,089	64,007	56,089	53,916	245	2,173	1.6	1

* Table 13B does not include out-of-state patients.

** Moratorium applied to Service Area for a need determination in a prior SMFP.

Table 13C: Year 2030 Hospice Inpatient Bed Need Projections

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Service Area	Total Admissions	Total Days of Care (DOC)	Average Length of Stay (ALOS) per Admission	Projected Admissions	Projected DOC at County ALOS	Projected DOC at Statewide ALOS	Projected DOC for Inpatient Bed Estimates	Projected DOC for Inpatient Beds	Projected Total Inpatient Beds	Licensed Beds	CON Approved/ License Pending, Previous Need Determination Inpatient Beds	Surplus (-) or Deficit (+)	Occupancy Rate	Inpatient Bed Need
Source or Formula =>	2026 License Renewal Applications	2026 License Renewal Applications	Col. C / Col. B	Col. B x 5 Years Growth at 3.5% annually	Col. D x Col. E	Col E. x Statewide Median ALOS per Admission (84.6)	Lower # of Days of Care between Col. F and Col. G	Col. H x 1.99%*	(Col. I / 365.25) / 85%	2026 License Renewal Applications		Col. J - (Col. K + Col. L)	2026 License Renewal Applications	If Col. M >= 6 and Col. N >= 85 or blank
Alamance	1,141	114,943	100.74	1,352	136,219	114,411	114,411	2,282	7	14	0	-6.65	0.00%	0
Alexander	262	32,805	125.21	310	38,877	26,271	26,271	524	2		0	1.69		0
Alleghany	101	12,121	120.01	120	14,365	10,128	10,128	202	1		0	0.65		0
Anson	143	17,768	124.25	169	21,057	14,339	14,339	286	1		0	0.92		0
Ashe	196	22,932	117.00	232	27,177	19,653	19,653	392	1		0	1.26		0
Avery	158	26,985	170.79	187	31,980	15,843	15,843	316	1		0	1.02		0
Beaufort	344	27,936	81.21	408	33,107	34,494	33,107	660	2		0	2.13		0
Bertie	116	12,410	106.98	137	14,707	11,632	11,632	232	1		0	0.75		0
Bladen	287	45,904	159.94	340	54,401	28,778	28,778	574	2		0	1.85		0
Brunswick	1,286	79,929	62.15	1,524	94,724	128,950	94,724	1,890	6	7	0	-0.91	75.38%	0
Buncombe	1,688	115,442	68.39	2,000	136,810	169,260	136,810	2,729	9	25	0	-16.21	17.22%	0
Burke	671	73,994	110.27	795	87,690	67,283	67,283	1,342	4	11	0	-6.68	23.31%	0
Cabarrus	1,195	101,908	85.28	1,416	120,771	119,826	119,826	2,390	8	14	0	-6.30	27.95%	0
Caldwell	601	63,072	104.95	712	74,747	60,264	60,264	1,202	4	12	0	-8.13	24.18%	0
Camden	40	2,984	74.60	47	3,536	4,011	3,536	71	0		0	0.23		0
Carteret	547	36,806	67.29	648	43,619	54,849	43,619	870	3	6	0	-3.20	73.93%	0
Caswell	92	11,687	127.03	109	13,850	9,225	9,225	184	1		0	0.59		0
Catawba	1,322	128,893	97.50	1,567	152,751	132,560	132,560	2,644	9	17	0	-8.48	31.01%	0
Chatham	432	32,561	75.37	512	38,588	43,318	38,588	770	2	6	0	-3.52	47.90%	0
Cherokee	206	18,536	89.98	244	21,967	20,656	20,656	412	1		0	1.33		0
Chowan	116	7,457	64.28	137	8,837	11,632	8,837	176	1		0	0.57		0
Clay	92	9,447	102.68	109	11,196	9,225	9,225	184	1		0	0.59		0
Cleveland	740	60,115	81.24	877	71,242	74,202	71,242	1,421	5	10	0	-5.42	51.92%	0
Columbus	461	67,945	147.39	546	80,522	46,226	46,226	922	3	6	0	-3.03	55.43%	0

Table 13C: Year 2030 Hospice Inpatient Bed Need Projections

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Service Area	Total Admissions	Total Days of Care (DOC)	Average Length of Stay (ALOS) per Admission	Projected Admissions	Projected DOC at County ALOS	Projected DOC at Statewide ALOS	Projected DOC for Inpatient Bed Estimates	Projected DOC for Inpatient Beds	Projected Total Inpatient Beds	Licensed Beds	CON Approved/ License Pending, Previous Need Determination Inpatient Beds	Surplus (-) or Deficit (+)	Occupancy Rate	Inpatient Bed Need
Source or Formula =>	2026 License Renewal Applications	2026 License Renewal Applications	Col. C / Col. B	Col. B x 5 Years Growth at 3.5% annually	Col. D x Col. E	Col E. x Statewide Median ALOS per Admission (84.6)	Lower # of Days of Care between Col. F and Col. G	Col. H x 1.99%*	(Col. I / 365.25) / 85%	2026 License Renewal Applications		Col. J - (Col. K + Col. L)	2026 License Renewal Applications	If Col. M >= 6 and Col. N >= 85 or blank
Craven	612	64,516	105.42	725	76,458	61,367	61,367	1,224	4		0	3.94		0
Cumberland	1,427	132,044	92.53	1,691	156,485	143,089	143,089	2,854	9	8	0	1.19	31.51%	0
Currituck	153	11,786	77.03	181	13,968	15,342	13,968	279	1		0	0.90		0
Dare	167	8,872	53.13	198	10,514	16,746	10,514	210	1		0	0.68		0
Davidson	1,127	83,684	74.25	1,336	99,174	113,007	99,174	1,978	6	8	0	-1.63	61.95%	0
Davie	397	23,900	60.20	470	28,324	39,808	28,324	565	2		0	1.82		0
Duplin	357	27,946	78.28	423	33,119	35,797	33,119	661	2		0	2.13		0
Durham	1,739	96,007	55.21	2,061	113,778	174,374	113,778	2,270	7	12	0	-4.69	87.19%	0
Edgecombe	341	25,681	75.31	404	30,435	34,193	30,435	607	2		0	1.96		0
Forsyth	2,476	171,032	69.08	2,934	202,690	248,275	202,690	4,043	13	30	0	-16.98	44.49%	0
Franklin	228	21,460	94.12	270	25,432	22,862	22,862	456	1		0	1.47		0
Gaston	1,347	101,438	75.31	1,596	120,214	135,067	120,214	2,398	8	13	0	-5.28	21.62%	0
Gates	74	8,068	109.03	88	9,561	7,420	7,420	148	0		0	0.48		0
Graham	41	2,606	63.56	49	3,088	4,111	3,088	62	0		0	0.20		0
Granville	257	17,761	69.11	305	21,049	25,770	21,049	420	1		0	1.35		0
Greene	84	9,096	108.29	100	10,780	8,423	8,423	168	1		0	0.54		0
Guilford	2,676	242,843	90.75	3,171	287,793	268,329	268,329	5,353	17	26	0	-8.76	24.06%	0
Halifax	330	27,865	84.44	391	33,023	33,090	33,023	659	2		0	2.12		0
Harnett	598	63,508	106.20	709	75,263	59,963	59,963	1,196	4		0	3.85		0
Haywood	404	24,006	59.42	479	28,450	40,510	28,450	568	2		0	1.83		0
Henderson	1,041	61,686	59.26	1,234	73,104	104,384	73,104	1,458	5	19	0	-14.30	34.20%	0
Hertford	138	8,392	60.81	164	9,945	13,838	9,945	198	1		0	0.64		0
Hoke	244	26,869	110.12	289	31,842	24,466	24,466	488	2		0	1.57		0
Hyde	22	647	29.41	26	767	2,206	767	15	0		0	0.05		0

Table 13C: Year 2030 Hospice Inpatient Bed Need Projections

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Service Area	Total Admissions	Total Days of Care (DOC)	Average Length of Stay (ALOS) per Admission	Projected Admissions	Projected DOC at County ALOS	Projected DOC at Statewide ALOS	Projected DOC for Inpatient Bed Estimates	Projected DOC for Inpatient Beds	Projected Total Inpatient Beds	Licensed Beds	CON Approved/ License Pending, Previous Need Determination Inpatient Beds	Surplus (-) or Deficit (+)	Occupancy Rate	Inpatient Bed Need
Source or Formula =>	2026 License Renewal Applications	2026 License Renewal Applications	Col. C / Col. B	Col. B x 5 Years Growth at 3.5% annually	Col. D x Col. E	Col E. x Statewide Median ALOS per Admission (84.6)	Lower # of Days of Care between Col. F and Col. G	Col. H x 1.99%*	(Col. I / 365.25) / 85%	2026 License Renewal Applications		Col. J - (Col. K + Col. L)	2026 License Renewal Applications	If Col. M >= 6 and Col. N >= 85 or blank
Iredell	1,196	104,275	87.19	1,417	123,576	119,926	119,926	2,392	8	15	0	-7.29	66.45%	0
Jackson	202	14,181	70.20	239	16,806	20,255	16,806	335	1		0	1.08		0
Johnston	936	81,493	87.07	1,109	96,577	93,855	93,855	1,872	6	12	0	-5.97	56.46%	0
Jones	47	4,404	93.70	56	5,219	4,713	4,713	94	0		0	0.30		0
Lee	405	34,458	85.08	480	40,836	40,610	40,610	810	3		0	2.61		0
Lenoir	310	31,459	101.48	367	37,282	31,084	31,084	620	2		0	2.00		0
Lincoln	579	63,484	109.64	686	75,235	58,058	58,058	1,158	4		0	3.73		0
Macon	292	24,302	83.23	346	28,800	29,280	28,800	575	2	0	6	-4.15		0
Madison	121	11,457	94.69	143	13,578	12,133	12,133	242	1		0	0.78		0
Martin	139	11,437	82.28	165	13,554	13,938	13,554	270	1		0	0.87		0
Mcdowell	263	28,080	106.77	312	33,278	26,372	26,372	526	2		0	1.69		0
Mecklenburg	4,342	340,245	78.36	5,146	403,224	435,383	403,224	8,043	26	49	0	-23.09	38.50%	0
Mitchell	198	36,719	185.45	235	43,516	19,854	19,854	396	1		0	1.28		0
Montgomery	141	14,239	100.99	167	16,875	14,138	14,138	282	1		0	0.91		0
Moore	877	87,902	100.23	1,039	104,173	87,939	87,939	1,754	6	11	0	-5.35	45.13%	0
Nash	559	42,304	75.68	662	50,134	56,052	50,134	1,000	3		0	3.22		0
New Hanover	1,450	91,434	63.06	1,718	108,358	145,395	108,358	2,162	7	18	0	-11.04	75.45%	0
Northampton	138	8,879	64.34	164	10,523	13,838	10,523	210	1		0	0.68		0
Onslow	758	52,925	69.82	898	62,721	76,007	62,721	1,251	4		0	4.03		0
Orange	532	47,771	89.80	630	56,613	53,345	53,345	1,064	3	6	0	-2.57	0.00%	0
Pamlico	88	8,377	95.19	104	9,928	8,824	8,824	176	1		0	0.57		0
Pasquotank	228	19,812	86.89	270	23,479	22,862	22,862	456	1		0	1.47		0
Pender	383	25,091	65.51	454	29,735	38,404	29,735	593	2		0	1.91		0
Perquimans	82	5,950	72.56	97	7,051	8,222	7,051	141	0		0	0.45		0

Table 13C: Year 2030 Hospice Inpatient Bed Need Projections

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Service Area	Total Admissions	Total Days of Care (DOC)	Average Length of Stay (ALOS) per Admission	Projected Admissions	Projected DOC at County ALOS	Projected DOC at Statewide ALOS	Projected DOC for Inpatient Bed Estimates	Projected DOC for Inpatient Beds	Projected Total Inpatient Beds	Licensed Beds	CON Approved/ License Pending, Previous Need Determination Inpatient Beds	Surplus (-) or Deficit (+)	Occupancy Rate	Inpatient Bed Need
Source or Formula =>	2026 License Renewal Applications	2026 License Renewal Applications	Col. C / Col. B	Col. B x 5 Years Growth at 3.5% annually	Col. D x Col. E	Col E. x Statewide Median ALOS per Admission (84.6)	Lower # of Days of Care between Col. F and Col. G	Col. H x 1.99%*	(Col. I / 365.25) / 85%	2026 License Renewal Applications		Col. J - (Col. K + Col. L)	2026 License Renewal Applications	If Col. M >= 6 and Col. N >= 85 or blank
Person	253	21,102	83.41	300	25,008	25,369	25,008	499	2		0	1.61		0
Pitt	977	58,071	59.44	1,158	68,820	97,966	68,820	1,373	4	6	0	-1.58	0.00%	0
Polk	165	6,531	39.58	196	7,740	16,545	7,740	154	0		0	0.50		0
Randolph	844	58,374	69.16	1,000	69,179	84,630	69,179	1,380	4	12	0	-7.56	47.10%	0
Richmond	604	33,019	54.67	716	39,131	60,565	39,131	781	3	6	0	-3.49	61.69%	0
Robeson	842	131,259	155.89	998	155,555	84,429	84,429	1,684	5	12	0	-6.58	0.00%	0
Rockingham	688	60,714	88.25	815	71,952	68,987	68,987	1,376	4	5	0	-0.57	102.90%	0
Rowan	968	63,344	65.44	1,147	75,069	97,064	75,069	1,497	5	7	0	-2.18	24.42%	0
Rutherford	586	51,052	87.12	694	60,502	58,760	58,760	1,172	4	10	0	-6.22	47.32%	0
Sampson	326	45,775	140.41	386	54,248	32,689	32,689	652	2		0	2.10		0
Scotland	256	31,884	124.55	303	37,786	25,670	25,670	512	2	6	0	-4.35	33.61%	0
Stanly	458	39,655	86.58	543	46,995	45,925	45,925	916	3		0	2.95		0
Stokes	467	38,131	81.65	553	45,189	46,827	45,189	901	3		0	2.90		0
Surry	801	51,675	64.51	949	61,240	80,318	61,240	1,222	4	16	0	-12.07	81.75%	0
Swain	144	8,671	60.22	171	10,276	14,439	10,276	205	1		0	0.66		0
Transylvania	242	20,871	86.24	287	24,734	24,266	24,266	484	2		0	1.56		0
Tyrrell	18	1,167	64.83	21	1,383	1,805	1,383	28	0		0	0.09		0
Union	1,079	73,774	68.37	1,279	87,430	108,194	87,430	1,744	6	6	0	-0.38	49.73%	0
Vance	185	13,732	74.23	219	16,274	18,550	16,274	325	1		0	1.05		0
Wake	4,760	390,316	82.00	5,641	462,564	477,297	462,564	9,227	30	30	0	-0.28	35.42%	0
Warren	92	7,800	84.78	109	9,244	9,225	9,225	184	1		0	0.59		0
Washington	73	4,585	62.81	87	5,434	7,320	5,434	108	0		0	0.35		0
Watauga	269	34,998	130.10	319	41,476	26,973	26,973	538	2	0	6	-4.27		0
Wayne	833	71,902	86.32	987	85,211	83,527	83,527	1,666	5	12	0	-6.63	75.46%	0

Table 13C: Year 2030 Hospice Inpatient Bed Need Projections

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Service Area	Total Admissions	Total Days of Care (DOC)	Average Length of Stay (ALOS) per Admission	Projected Admissions	Projected DOC at County ALOS	Projected DOC at Statewide ALOS	Projected DOC for Inpatient Bed Estimates	Projected DOC for Inpatient Beds	Projected Total Inpatient Beds	Licensed Beds	CON Approved/ License Pending, Previous Need Determination Inpatient Beds	Surplus (-) or Deficit (+)	Occupancy Rate	Inpatient Bed Need
Source or Formula =>	2026 License Renewal Applications	2026 License Renewal Applications	Col. C / Col. B	Col. B x 5 Years Growth at 3.5% annually	Col. D x Col. E	Col E. x Statewide Median ALOS per Admission (84.6)	Lower # of Days of Care between Col. F and Col. G	Col. H x 1.99%*	(Col. I / 365.25) / 85%	2026 License Renewal Applications		Col. J - (Col. K + Col. L)	2026 License Renewal Applications	If Col. M >= 6 and Col. N >= 85 or blank
Wilkes	499	41,317	82.80	591	48,965	50,036	48,965	977	3		0	3.15		0
Wilson	563	61,746	109.67	667	73,175	56,453	56,453	1,126	4		0	3.63		0
Yadkin	358	20,167	56.33	424	23,900	35,898	23,900	477	2	4	0	-2.46	82.88%	0
Yancey	158	30,392	192.35	187	36,018	15,843	15,843	316	1		0	1.02		0
Grand Totals	60,291	5,048,995		71,451	5,983,565	6,045,530	5,459,313	108,902	351	487	12			0

* Patients originating from out of state are not included in this table. The two-year trailing average statewide hospice inpatient utilization rate is 1.99%.

Table 13D: Hospice Inpatient Facilities

Service Area	License Number	Facility	Number of Licensed Beds	Number of Beds CON Approved/ License Pending
Alamance	HOS1136	AuthoraCare Collective	14	0
Brunswick	HOS0414	Lower Cape Fear LifeCare	7	0
Buncombe	HOS0113	CarePartners Hospice and Palliative Care Services	25	0
Burke	HOS1670	Amorem	11	0
Cabarrus	HOS3389	Atrium Hospice and Palliative Care - Cabarrus	14	0
Caldwell	HOS4155	Amorem	8	0
Caldwell	HOS0185	Amorem	4	0
Carteret	HOS4623	SECU Crystal Coast Hospice House	6	0
Catawba	HOS3144	Robinson Road Hospice House	11	0
Catawba	HOS4445	Sherrills Ford Hospice House	6	0
Chatham	HOS4907	SECU Jim & Betsy Bryan Hospice Home of UNC Health Care	6	0
Cleveland	HOS1413	Via Health Partners Wendover Hospice House	6	0
Cleveland	HOS4089	Via Health Partners Testa Family Hospice House	4	0
Columbus	HOS0417	Lower Cape Fear LifeCare	6	0
Cumberland	H0213	Cape Fear Valley Medical Center	8	0
Davidson	HOS3784	Hospice of Davidson County Hinkle Hospice House	8	0
Durham	HOS3793	Duke Hospice, Hock Family Pavilion	12	0
Forsyth	HOS1603	Kate B. Reynolds Hospice Home	30	0
Gaston	HOS3717	Robin Johnson House - Gaston Hospice	13	0
Guilford	HOS3522	Hospice Home at High Point	15	0
Guilford	HOS1416	AuthoraCare Collective	11	0
Henderson	HOS2143	Four Seasons Compassion for Life	19	0
Iredell	HOS3181	Gordon Hospice House	9	0
Iredell	HOS6247	Hospice and Palliative Care of Iredell County	6	0
Johnston	HOS4088	SECU Hospice House of Johnston Health	12	0
Macon		Hospice House of Western North Carolina	0	6
Mecklenburg	HOS3727	Via Health Partners Levine and Dickson Hospice House at Huntersville	16	0
Mecklenburg	H0010	Novant Health Presbyterian Medical Center	14	0
Mecklenburg	HOS4588	Via health Partners Levine and Dickson Hospice House at Aldersgate	10	0
Mecklenburg	HOS4933	Via Health Partners Levine and Dickson Hospice House at Aldersgate	6	0
Mecklenburg	H0270	Novant Health Matthews Medical Center	3	0
Moore	HOS4477	FirstHealth Hospice House	11	0
New Hanover	HOS1557	Lower Cape Fear LifeCare	18	0
Orange	HOS1388	Duke Hospice at the Meadowlands	6	0
Pitt	HOS3749	ECU Health Hospice House	6	0
Randolph	HOS4307	The Randolph Hospice House	12	0
Richmond	HOS2138	Hospice Haven of Richmond County	6	0
Robeson	H0064	Southeastern Regional Medical Center	12	0
Rockingham	HOS0398	Ancora Compassionate Care	5	0
Rowan	HOS4599	Novant Health Hospice	7	0
Rutherford	HOS2891	Hospice of the Carolina Foothills	10	0
Scotland	HOS3031	Scotland Regional Hospice	6	0
Surry	HOS3796	Mountain Valley Hospice and Palliative Care	16	0
Union	HOS0405	Atrium Health Hospice & Palliative Care - Union	6	0
Wake	HOS1595	Transitions LifeCare	30	0
Watauga		Caldwell Hospice Patient Care Unit	0	6
Wayne	HOS1324	3HC/Kitty Askins Hospice Center	12	0
Yadkin	HOS4909	Mountain Valley Hospice and Palliative Care	4	0
Grand Totals			487	12

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Table 13E: Hospice Inpatient Facilities Occupancy Rate for FY2025

A	B	C	D	E	F	G
Service Area	Facility	Number of Licensed Beds 10/1/2024	Number of Beds Added during FY2025	Number of Licensed Beds 9/30/2025	Days of Care per 2026 License Renewal Applications	Occupancy Rate for Reporting Period
Alamance	AuthoraCare Collective*	14	0	14	0	0.00%
Brunswick	Lower Cape Fear LifeCare	7	0	7	1,926	75.38%
Buncombe	CarePartners Hospice and Palliative Care Services	25	0	25	1,571	17.22%
Burke	Amorem(HOS41670)	11	0	11	936	23.31%
Cabarrus	Atrium Hospice and Palliative Care - Cabarrus	14	0	14	1,428	27.95%
Caldwell	Amorem(HOS4155)	8	0	8	1,059	36.27%
Caldwell	Amorem(HOS0185)*	4	0	4	0	0.00%
Carteret	SECU Crystal Coast Hospice House	6	0	6	1,619	73.93%
Catawba	Robinson Road Hospice House	11	0	11	1,320	32.88%
Catawba	Sherrills Ford Hospice House	6	0	6	604	27.58%
Chatham	SECU Jim & Betsy Bryan Hospice Home of UNC Health Care	6	0	6	1,049	47.90%
Cleveland	Via Health Partners Wendover Hospice House	6	0	6	1,847	84.34%
Cleveland	Via Health Partners Testa Family Hospice House	4	0	4	48	3.29%
Columbus	Lower Cape Fear LifeCare	6	0	6	1,214	55.43%
Cumberland	Cape Fear Valley Medical Center	8	0	8	920	31.51%
Davidson	Hospice of Davidson County Hinkle Hospice House	8	0	8	1,809	61.95%
Durham	Duke Hospice, Hock Family Pavilion	12	0	12	3,819	87.19%
Forsyth	Kate B. Reynolds Hospice Home	30	0	30	4,872	44.49%
Gaston	Robin Johnson House - Gaston Hospice	13	0	13	1,026	21.62%
Guilford	Hospice Home at High Point	15	0	15	2,283	41.70%
Guilford	AuthoraCare Collective*	11	0	11	0	0.00%
Henderson	Four Seasons Compassion for Life	19	0	19	2,372	34.20%
Iredell	Gordon Hospice House	9	0	9	2,493	75.89%
Iredell	Hospice and Palliative Care of Iredell County	6	0	6	1,145	52.28%
Johnston	SECU Hospice House of Johnston Health	12	0	12	2,473	56.46%
Mecklenburg	Via Health Partners Levine and Dickson Hospice House at Huntersville	16	0	16	1,715	29.37%
Mecklenburg	Novant Health Presbyterian Medical Center	14	0	14	2,160	42.27%
Mecklenburg	Via health Partners Levine and Dickson Hospice House at Aldersgate	10	0	10	1,741	47.70%
Mecklenburg	Via Health Partners Levine and Dickson Hospice House at Aldersgate	6	0	6	757	34.57%
Mecklenburg	Novant Health Matthews Medical Center	3	0	3	512	46.76%
Moore	FirstHealth Hospice House	11	0	11	1,812	45.13%
New Hanover	Lower Cape Fear LifeCare	18	0	18	4,957	75.45%
Orange	Duke Hospice at the Meadowlands*	6	0	6	0	0.00%
Pitt	ECU Health Hospice House*	6	0	6	0	0.00%
Randolph	The Randolph Hospice House	12	0	12	2,063	47.10%
Richmond	Hospice Haven of Richmond County	6	0	6	1,351	61.69%
Robeson	Southeastern Regional Medical Center*	12	0	12	0	0.00%
Rockingham	Ancora Compassionate Care	5	0	5	1,878	102.90%
Rowan	Novant Health Hospice	7	0	7	624	24.42%

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Table 13E: Hospice Inpatient Facilities Occupancy Rate for FY2025

A	B	C	D	E	F	G
Service Area	Facility	Number of Licensed Beds 10/1/2024	Number of Beds Added during FY2025	Number of Licensed Beds 9/30/2025	Days of Care per 2026 License Renewal Applications	Occupancy Rate for Reporting Period
Rutherford	Hospice of the Carolina Foothills	10	0	10	1,727	47.32%
Scotland	Scotland Regional Hospice	6	0	6	736	33.61%
Surry	Mountain Valley Hospice and Palliative Care	16	0	16	4,774	81.75%
Union	Atrium Health Hospice & Palliative Care - Union	6	0	6	1,089	49.73%
Wake	Transitions LifeCare	30	0	30	3,878	35.42%
Wayne	3HC/Kitty Askins Hospice Center	12	0	12	3,305	75.46%
Yadkin	Mountain Valley Hospice and Palliative Care	4	0	4	1,210	82.88%
Grand Totals		487	0	487	74,122	

* No patients seen at this location during the reporting period.

Table 13F: Hospice Residential Facilities

Service Area	License Number	Facility	Number of Licensed Beds	Number of Beds CON Approved/ License Pending
Alamance	HOS1136	AuthoraCare Collective	8	0
Buncombe	HOS0113	CarePartners Hospice and Palliative Care Services	2	0
Burke	HOS1670	Amorem	3	0
Cabarrus	HOS3389	Atrium Hospice and Palliative Care - Cabarrus	10	0
Caldwell	HOS4155	Amorem	4	0
Caldwell	HOS0185	Amorem	2	0
Carteret	HOS4623	SECU Crystal Coast Hospice House	4	0
Catawba	HOS3144	Robinson Road Hospice House	10	0
Chatham	HOS4907	SECU Jim & Betsy Bryan Hospice Home of UNC Health Care	4	0
Cleveland	HOS1413	Via Health Partners Wendover Hospice House	10	0
Cleveland	HOS4089	Via Health Partners Testa Family Hospice House	4	0
Davidson	HOS3784	Hospice of Davidson County Hinkle Hospice House	4	0
Forsyth	HOS1603	Kate B. Reynolds Hospice Home	10	0
Gaston	HOS3717	Robin Johnson House - Gaston Hospice	6	0
Guilford	HOS1416	AuthoraCare Collective	3	0
Guilford	HOS3522	Hospice Home at High Point	3	0
Iredell	HOS3181	Gordon Hospice House	6	0
Iredell	HOS6247	Hospice and Palliative Care of Iredell County	4	0
Johnston	HOS4088	SECU Hospice House of Johnston Health	6	0
Pitt	HOS3749	ECU Health Hospice House	2	0
Randolph	HOS4307	The Randolph Hospice House	4	0
Rockingham	HOS0398	Ancora Compassionate Care	3	0
Rowan	HOS4599	Novant Health Hospice	7	0
Rutherford	HOS2891	Hospice of the Carolina Foothills	8	0
Scotland	HOS3031	Scotland Regional Hospice	6	0
Surry	HOS3796	Mountain Valley Hospice and Palliative Care	4	0
Union	HOS0405	Atrium Health Hospice & Palliative Care - Union	20	0
Watauga		Caldwell Hospice Patient Care Unit	0	1
Wayne	HOS1324	3HC/Kitty Askins Hospice Center	12	0
Yadkin	HOS4909	Mountain Valley Hospice and Palliative Care	2	0
Grand Totals			171	1

Table 13G: Hospice Home Care Office Need Determination*
(Proposed for Certificate of Need Review Commencing in 2027)

Service Area	Hospice Home Care Office Need Determination	Certificate of Need Application Deadline**	Certificate of Need Beginning Review Date
Gaston	1	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 for a CON to meet the need, not just the health service facility or facilities that generated the need.

** Application deadlines are absolute, pursuant to 10A NCAC 14C.0202(2). The filing deadline is 5:00 p.m. on the application deadline date.

Table 13H: Hospice Inpatient Bed Need Determination
(Proposed for Certificate of Need Review Commencing in 2027)

Service Area	Hospice Inpatient Bed Need Determination	Certificate of Need Application Deadline	Certificate of Need Beginning Review Date
It is determined that there is no need anywhere in the state and no reviews are scheduled.			

Chapter 14:

Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)

CHAPTER 14

INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES

Background Information

Intermediate Care Facilities for Individuals with Intellectual Disabilities or developmental disabilities (ICF/IID) is a category of group home care designated by the federal-state Medicaid program. Under G.S. § 122C-117(a)(2), area mental health, developmental disability and substance use disorder authorities – the Local Management Entity-Managed Care Organizations (LME-MCOs) – have a responsibility to ensure provision of services to people in need within their catchment areas.

The North Carolina Department of Health and Human Services (DHHS) is committed to the integration of people with intellectual and developmental disabilities into community living to the fullest extent possible. One way DHHS encourages community-based alternatives is through the transfer of ICF/IID beds from state developmental centers.

The LME-MCOs serve as the portals of entry and exit for the admission and discharge of clients in ICF/IID facilities (G.S. § 122C-115.4) within the applicable Mental Health, Developmental Disabilities, and Substance Abuse Services (MH/DD/SAS) catchment areas. This involvement is essential to ensure that only clients in need of the intensive array of services provided in an ICF/IID program are admitted and served as close as possible to their own homes, and to ensure coordination with services outside the facility.

Definitions

The *current reporting time point* reflects the inventory of ICF/IID beds as of the January of the year before the State Medical Facilities Plan (SMFP) year. The current reporting time point is January 2026.

Changes from the Previous Plan

This chapter contains no substantive changes from the previous SMFP.

Basic Principles

1. People with conditions other than an intellectual disability (such as autism, cerebral palsy, epilepsy or related conditions) may be appropriate for placement in an ICF/IID setting if they are in need of the services the program is certified to provide. In the development of services for this population, potential providers should explore the full continuum of services to determine the most appropriate level of care for their needs.
2. Services for people with a developmental disability should provide a continuum of care. For most individuals, admission to a community-based facility is preferable to admission to a state operated facility because community-based treatment provides greater potential for reintegration into the community. The role of state facilities is to complement and supplement the community mental health system. State facilities should be the setting of last resort and should provide services that cannot be economically provided in the community. Development of community programs may be accomplished through establishing appropriate treatment programs and support services in the community to avoid institutionalization, and by relocating people from state facilities to community programs to the extent appropriate services exist in the community.

3. The ICF/IID bed inventory excludes beds located in state developmental centers because such facilities are not subject to the state's certificate of need (CON) law.

Data Sources

Healthcare Planning obtains the inventory of ICF/IID beds for the current reporting time point from the North Carolina Department of Health and Human Services, Division of Health Service Regulation's (Agency) Mental Health Licensure and Certification Section, and CONs issued by the Agency.

The number of beds in state developmental centers comes from the Division of State Operated Healthcare Facilities.

Data on CONs comes from the Division of Health Service Regulation, Healthcare Planning and Certificate of Need Section.

The SMFP does not have a methodology to project the need for additional ICF/IID beds. A need determination is not required to transfer beds from state developmental centers. However, it is necessary to obtain a CON pursuant to Policy ICF/IID-5 in Chapter 4 of the SMFP to transfer beds from a state developmental center.

Table 14A: Inventory of ICF/IID Facilities and Beds

County	Provider Name	CON Approved/License Pending		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
		Child Beds	Adult Beds			
Alamance	Poplar Street Group Home	0	0		6	6
Alamance	Ralph Scott Lifeservices, Inc.	0	0		6	6
Alamance	Ralph Scott Lifeservices, Inc.-Laramie Drive Group Home	0	0		6	6
Alamance	Ralph Scott Lifeservices, Inc./Veterans Drive	0	0		6	6
Alamance	Ralph Scott Lifeservices, Inc./Rosemont Street	0	0		6	6
Alexander	Little River Group Home	0	0		6	6
Alexander	VOCA-Second Avenue Group Home	0	0		6	6
Alexander	Ellendale Group Home	0	0		6	6
Alleghany	New River Cottage, Inc.	0	0		5	5
Anson	Ansonville Group Home	0	0		6	6
Ashe	Ridgecrest II	0	0		6	6
Ashe	Ridgecrest I	0	0		6	6
Ashe	Thomas Street Home	0	0		6	6
Beaufort	Life, Inc./Edgewood Group Home	0	0		6	6
Beaufort	LIFE, Inc./Dixon Road Group Home	0	0		6	6
Beaufort	Life, Inc./Slatestone Road Group Home	0	0		6	6
Beaufort	LIFE, Inc./Beaufort Heights Group Home	0	0		6	6
Beaufort	LIFE, Inc./Minute Man Group Home	0	0		6	6
Bladen	Midlake Residential	0	0		6	6
Bladen	Northridge Residential	0	0		6	6
Brunswick	Life, Inc./Folly Street Group Home	0	0		6	6
Brunswick	Life, Inc./Lockwood Street Group Home	0	0		6	6
Buncombe	BlueWest Opportunities-Swannanoa Residential	0	0		32	32
Buncombe	BlueWest Opportunities-Ora House	0	0		6	6
Buncombe	IWC-Rose Street Home	0	0		12	12
Buncombe	Chiles Avenue Group Home	0	0		6	6
Buncombe	Irene Wortham Residential Center-Azalea	0	0		6	6
Buncombe	BlueWest Opportunities-Pisgah House	0	0		6	6
Buncombe	BlueWest Opportunities-Kenmore House	0	0		6	6
Buncombe	BlueWest Opportunities-Montford House	0	0		5	5
Buncombe	IWRC-Dogwood	0	0		6	6
Buncombe	BlueWest Opportunities-New Stock House	0	0		6	6

Table 14A: Inventory of ICF/IID Facilities and Beds

County	Provider Name	CON Approved/License Pending		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
		Child Beds	Adult Beds			
Buncombe	Emory Road Home	0	0		6	6
Burke	Hartland Group Home	0	0		6	6
Burke	Chesterfield Group Home	0	0		6	6
Burke	SCI-Burke ICF/MR Group Home	0	0		5	5
Cabarrus	Michigan Street Home	0	0		5	5
Cabarrus	Bost Children's Center	0	0		10	10
Cabarrus	Clear Creek	0	0		120	120
Cabarrus	Christy Woods Group Home	0	0		5	5
Cabarrus	Wilhelm Place Home	0	0		5	5
Caldwell	Creekside Group Home	0	0		6	6
Caldwell	VOCA-Laurel Group Home	0	0		6	6
Caldwell	Playmore Group Home	0	0		6	6
Caldwell	Lower Creek Group Home	0	0		6	6
Carteret	LIFE, Inc./Grey Fox Run Group Home	0	0		6	6
Carteret	LIFE, Inc./Nine Foot Road Group Home	0	0		6	6
Catawba	Penny Lane #1	0	0		6	6
Catawba	23rd Street Home	0	0		6	6
Catawba	Penny Lane II	0	0		6	6
Catawba	Shannonbrook Home	0	0		6	6
Catawba	Wendover Home	0	0		6	6
Chatham	CLLC(Carolina Living & Learning Center)	0	0		15	15
Chowan	Luke Street	0	0		6	6
Chowan	LIFE, Inc./Albemarle Group Home	0	0		6	6
Chowan	LIFE, Inc./Chowan Group Home	0	0		6	6
Chowan	LIFE, Inc./Coke Avenue Group Home	0	0		6	6
Cleveland	VOCA-Young Group Home	0	0		6	6
Cleveland	Wooding Place Group Home	0	0		6	6
Columbus	Strawberry House	0	0		6	6
Columbus	Riverside Residential	0	0		6	6
Craven	Life, Inc./Cherry Lane	0	0		6	6
Craven	Brices Creek Road Home	0	0		6	6
Craven	Dogwood House	0	0		5	5

Table 14A: Inventory of ICF/IID Facilities and Beds

County	Provider Name	CON Approved/License Pending		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
		Child Beds	Adult Beds			
Craven	Riverbend	0	0		125	125
Craven	Life, Inc./Oakdale Home	0	0		6	6
Craven	Life, Inc./Lavenham Group Home	0	0		6	6
Craven	Kimberly Road	0	0		6	6
Cumberland	Hope Mills Home	0	0		6	6
Cumberland	Southern Avenue Home	0	0		6	6
Cumberland	Wilmington Road Group Home	0	0		6	6
Cumberland	Strickland Bridge Homes A & B	0	0		12	12
Cumberland	No Place Like Home	0	0		5	5
Cumberland	Northside Group Home	0	0		6	6
Cumberland	Holliday's Place Group Home	0	0		6	6
Cumberland	Extra Special Care	0	0		6	6
Cumberland	The Carter Clinic Residential Home	0	0		6	6
Cumberland	My Place	0	0		6	6
Cumberland	Thomas S. Decatur Home	0	0		6	6
Davidson	Scotthurst I & II	0	0		12	12
Davie	Twinbrooks	0	0		6	6
Davie	Boxwood Acres	0	0		6	6
Davie	Pleasant Acres	0	0		6	6
Duplin	Skill Creations of Kenansville	0	0		15	15
Duplin	SCI-Duplin House	0	0		6	6
Durham	Seven Oaks Road-Durham	0	0		5	5
Durham	Chandler Road	0	0		6	6
Durham	Keywest Center	0	0		6	6
Durham	Mineral Springs I	0	0		6	6
Durham	Mineral Springs II	0	0		6	6
Durham	Lynn Road	0	0		6	6
Durham	Holloway Street Home	0	0		6	6
Durham	Voca-Otis Street Home	0	0		6	6
Durham	VOCA-Obie	0	0		6	6
Durham	SCI-Triangle House II	0	0		6	6
Durham	SCI-Triangle House I	0	0		6	6

Table 14A: Inventory of ICF/IID Facilities and Beds

County	Provider Name	CON Approved/License Pending		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
		Child Beds	Adult Beds			
Durham	VOCA-Gentry	0	0		6	6
Durham	Kenwood Drive Home	0	0		6	6
Edgecombe	Skill Creations of Tarboro	0	0		15	15
Forsyth	Pineview	0	0		5	5
Forsyth	The Atrium/The Respite Center	0	-2		30	28
Forsyth	The Atrium/The Respite Center #2	0	6	G-12341-23	0	6
Forsyth	The Atrium/The Respite Center #3	0	6	G-12341-23	0	6
Forsyth	Forsyth Group Home #1	0	0		6	6
Forsyth	Forsyth Group Home #2	0	0		6	6
Forsyth	Wilson Smith Cottage	0	0		6	6
Forsyth	The Arches-Horizons Residential Care Center	0	-10		10	0
Forsyth	Konnoak Group Home	0	0		6	6
Gaston	Meek Road Group Home	0	0		6	6
Gaston	Belmont Group Home	0	0		5	5
Gaston	Cherryville Group Home	0	0		5	5
Gaston	Mountain Ridge Group Home	0	0		6	6
Gaston	Holy Angels Services-McAuley Residences	0	0		48	48
Gaston	Franklin Group Home	0	0		5	5
Gaston	Springdale Lane Group Home	0	0		5	5
Granville	Dove Road Home	0	0		6	6
Granville	Stem Road Home	0	0		6	6
Granville	Park Avenue Home	0	0		6	6
Granville	Granville ICF/MR Group Home	0	0		5	5
Guilford	VOCA-Meadowood Drive Group Home	0	0		6	6
Guilford	Watson's Group Home	0	0		6	6
Guilford	Gatewood	0	0		15	15
Guilford	Summerlyn	0	0		6	6
Guilford	West Friendly	0	0		6	6
Guilford	Westridge	0	0		6	6
Guilford	Guilford #1	0	0		6	6
Guilford	Guilford #2	0	0		6	6
Guilford	Guilford #3	0	0		6	6

Table 14A: Inventory of ICF/IID Facilities and Beds

County	Provider Name	CON Approved/License Pending		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
		Child Beds	Adult Beds			
Guilford	Rollingwood	0	0		6	6
Guilford	Southridge Road	0	0		5	5
Guilford	Westminister	0	0		6	6
Guilford	Guilford IV	0	0		6	6
Guilford	Ridgely Oak	0	0		6	6
Guilford	Holden Group Home	0	0		6	6
Guilford	Northbay Group Home	0	0		5	5
Guilford	Friendway Group Home	0	0		6	6
Halifax	Idlewood Group Home	0	0		6	6
Halifax	LIFE, Inc./ Lakeview	0	0		6	6
Halifax	SCI-Roanoke House	0	0		12	12
Halifax	McFarland Road	0	0		6	6
Halifax	Life Inc./King Street Group Home	0	0		6	6
Harnett	Lillington Group Home	0	0		6	6
Harnett	Erwin Avenue Home	0	0		6	6
Harnett	Erwin #2 Group Home	0	0		6	6
Haywood	Haywood County Group Home #3	0	0		5	5
Henderson	Rayside A	0	0		4	4
Henderson	Rayside B	0	0		4	4
Henderson	Pinebrook Group Home	0	0		6	6
Henderson	Country Cove Group Home	0	0		6	6
Hertford	Roanoke Place	0	0		6	6
Hoke	Old Farm Road	0	0		6	6
Hoke	Ashley Heights Home	0	0		6	6
Iredell	Oakdale Group Home	0	0		6	6
Iredell	Fanjoy Home #1	0	0		6	6
Iredell	Bonnie Lane Group Home	0	0		6	6
Iredell	Dal-Wan Heights Group Home	0	0		6	6
Iredell	Fanjoy Home #2	0	0		6	6
Iredell	Hollingswood Group Home	0	0		6	6
Iredell	Pinewood Group Home	0	0		6	6
Jackson	Smoky ICF/MR Group Home	0	0		6	6

Table 14A: Inventory of ICF/IID Facilities and Beds

County	Provider Name	CON Approved/License Pending		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
		Child Beds	Adult Beds			
Jackson	Webster Group Home	0	0		6	6
Johnston	Country Manor Group Home	0	0		6	6
Johnston	Heath Avenue Home	0	0		6	6
Johnston	Canterbury Road Home	0	0		6	6
Johnston	VOCA-Greenwood Group Home	0	0		6	6
Johnston	VOCA-Laurelwood	0	0		6	6
Lee	Skill Creations of Sanford	0	0		15	15
Lee	T.L.C. Home, Inc.	0	0		10	10
Lee	Hickory II Group Home	0	0		6	6
Lee	VOCA-Sixth Street Group Home	0	0		6	6
Lee	Pine Ridge Group Home	0	0		6	6
Lenoir	Bear Creek	0	0		113	113
Lenoir	Skill Creations of Kinston	0	0		15	15
Lenoir	LaGrange Home	0	0		6	6
Lenoir	Washington Street East Group Home	0	0		6	6
Lenoir	Fox Run Group Home	0	0		6	6
Lenoir	Robin's Nest Group Home	0	0		6	6
Lenoir	Roseanne Group Home	0	0		5	5
Lincoln	Riverview Home	0	0		6	6
Lincoln	Sunny Hill Group Home #1	0	0		6	6
Lincoln	Brookwood Home	0	0		6	6
Lincoln	Sunny Hill II	0	0		6	6
Lincoln	Linoak Group Home	0	0		6	6
Macon	Macon County Group Home	0	0		6	6
Macon	Iotla Street Group Home	0	0		6	6
Madison	BlueWest Opportunities-Mars Hills Residential Services	0	0		32	32
Martin	Life, Inc./Twin Acres Group Home	0	0		6	6
Mcdowell	Laurelwood Group Home	0	0		6	6
Mecklenburg	Oak Street Group Home-St. Mark	0	0		6	6
Mecklenburg	VOCA-Denbur Drive Group Home	0	0		6	6
Mecklenburg	VOCA-Norwich Road Group Home	0	0		6	6
Mecklenburg	VOCA-Mallard Drive	0	0		6	6

Table 14A: Inventory of ICF/IID Facilities and Beds

County	Provider Name	CON Approved/License Pending		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
		Child Beds	Adult Beds			
Mecklenburg	VOCA-Woodbridge Road Group Home	0	0		6	6
Mecklenburg	Dalmoor Drive Group Home	0	0		6	6
Mecklenburg	Bon Rea Drive Group Home	0	0		6	6
Mecklenburg	VOCA-Simpson Group Home	0	0		6	6
Mecklenburg	Starnes Group Home	0	0		6	6
Mecklenburg	VOCA-Freedom Group Home	0	0		6	6
Mecklenburg	Enoch Drive	0	0		6	6
Mecklenburg	VOCA-Harrisburg Road Group Home	0	0		6	6
Mecklenburg	VOCA-St. John's Church Road Group Home	0	0		6	6
Mecklenburg	VOCA-Oak Drive Group Home	0	0		6	6
Mecklenburg	VOCA-Purser Group Home	0	0		6	6
Mecklenburg	VOCA-Wilson Avenue Group Home	0	0		6	6
Mecklenburg	Tuckaseegee Group Home	0	0		6	6
Mecklenburg	Flowe Drive Group Home	0	0		6	6
Mecklenburg	Mantle Court Group Home	0	0		6	6
Mecklenburg	VOCA-Sandburg Group Home	0	0		6	6
Mecklenburg	VOCA-Oakhaven Drive Group Home	0	0		6	6
Mecklenburg	VOCA-Toddville Road Group Home	0	0		6	6
Mecklenburg	Monroe Road	0	0		6	6
Mecklenburg	Heathcroft	0	0		6	6
Mecklenburg	Burtonwood Circle Home	0	0		6	6
Mecklenburg	Ravendale Drive Group Home	0	0		6	6
Mecklenburg	Leaves	0	0		6	6
Mecklenburg	Lakeview	0	0		6	6
Mecklenburg	Browne Group Home	0	0		6	6
Mecklenburg	Shelburne Place	0	0		6	6
Mecklenburg	Gail B. Hanks Group Home	0	0		6	6
Montgomery	Myrtlewood Group Home	0	0		6	6
Montgomery	Mt. Gilead Children's Home	0	0		6	6
Moore	Sherwood Park Home	0	0		15	15
Moore	Magnolia Group Home	0	0		6	6
Moore	Crest Road Group Home	0	0		6	6

Table 14A: Inventory of ICF/IID Facilities and Beds

County	Provider Name	CON Approved/License Pending		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
		Child Beds	Adult Beds			
Moore	Moore County Home For Autistic Adults	0	0		6	6
Nash	SCI-Nash House I	0	0		6	6
Nash	SCI-Nash House II	0	0		6	6
Nash	LIFE, Inc/ Green Tee Lane	0	0		6	6
New Hanover	Lifetime Resources, Inc. Echo Farms Group Home	0	0		6	6
New Hanover	Greenville Loop Group Home	0	0		6	6
New Hanover	Myrtle Grove Group Home	0	0		6	6
New Hanover	SCI-Coastal House I and II	0	0		12	12
New Hanover	The Pine Valley Home	0	0		6	6
New Hanover	Robin Hood Group Home	0	0		6	6
New Hanover	LIFE, Inc./Cherokee Trail Group Home	0	0		6	6
Onslow	Queen's Pond	0	0		14	14
Onslow	Sandridge	0	0		24	24
Onslow	Countryview Residential	0	0		6	6
Orange	Residential Services, Inc. Retirement Center	0	0		15	15
Orange	Silo Drive Facility-Chapel Hill	0	0		6	6
Orange	West Main Street Facility-Carrboro	0	0		6	6
Orange	Shadylawn	0	0		6	6
Orange	Christopher Road	0	0		6	6
Orange	Quail Roost Group Home (ICF/MR)	0	0		6	6
Person	Cates Street ICF/MR	0	0		6	6
Person	Frank Street ICF/MR	0	0		6	6
Pitt	Skill Creations of Greenville	0	0		15	15
Pitt	Tar River	0	0		30	30
Pitt	SCI-East	0	0		12	12
Pitt	King George Group Home	0	0		6	6
Pitt	Forest Hills Group Home	0	0		6	6
Pitt	Curry House	0	0		6	6
Pitt	Pitt County Group Home #1	0	0		6	6
Pitt	Pitt County Group Home #2	0	0		6	6
Pitt	Pitt County Group Home #3	0	0		6	6
Randolph	Brookwood	0	0		6	6

Table 14A: Inventory of ICF/IID Facilities and Beds

County	Provider Name	CON Approved/License Pending		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
		Child Beds	Adult Beds			
Randolph	Timberlea Group Home	0	0		6	6
Richmond	Mallard Lane Center	0	0		5	5
Richmond	Hoffman Group Home	0	0		6	6
Richmond	Pence Place	0	0		9	9
Robeson	Eastbrook	0	0		6	6
Robeson	Wakulla I & II	0	0		12	12
Robeson	Westside Residential	0	0		6	6
Robeson	Corbel Residential	0	0		6	6
Rockingham	Rouse's Group Homes	0	0		30	30
Rockingham	Rouse's Group Home #6	0	0		5	5
Rowan	Rockwell 1	0	0		6	6
Rowan	Myron Place	0	0		6	6
Rowan	Laura Springs Road Home	0	0		6	6
Rowan	Smith Street Home	0	0		6	6
Rowan	Stoneridge	0	0		6	6
Rowan	Rockwell 2	0	0		6	6
Rutherford	VOCA-Woodland	0	0		6	6
Rutherford	VOCA-Rollins Group Home	0	0		6	6
Sampson	Skill Creations of Clinton	0	0		15	15
Scotland	Lee Forest Home	0	0		6	6
Scotland	Scotland Forest Home	0	0		6	6
Scotland	College Park	0	0		6	6
Stanly	Marie G. Smith Group Home	0	0		6	6
Stanly	Moss I Group Home	0	0		5	5
Stanly	Robert W. Thompson Group Home	0	0		6	6
Stanly	A. Jack Wall Group Home	0	0		6	6
Stanly	Carolina Farms Group Home #1	0	0		6	6
Stanly	Carolina Farms Group Home #2	0	0		6	6
Stanly	Carolina Farms Group Home #3	0	0		6	6
Stanly	Moss II Group Home	0	0		6	6
Stanly	Morrow Valley Farmstead	0	0		10	10
Stokes	Pilotview	0	0		5	5

Table 14A: Inventory of ICF/IID Facilities and Beds

County	Provider Name	CON Approved/License Pending		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
		Child Beds	Adult Beds			
Surry	Sydnor Street Group Home	0	0		6	6
Surry	Park Drive Group Home	0	0		6	6
Transylvania	Forest Bend Group Home	0	0		6	6
Union	Meadowview Home	0	0		6	6
Union	Karen Lane Home	0	0		6	6
Union	Ridgefield Home	0	0		6	6
Wake	Hilltop Home	0	0		22	22
Wake	Tammy Lynn Center for Developmental Disabilities	0	0		30	30
Wake	Dartmouth Road Group Home	0	0		6	6
Wake	Georgia Court	0	0		6	6
Wake	Forest Creek Group Home	0	0		6	6
Wake	Rolling Meadows	0	0		6	6
Wake	Blanche Drive	0	0		6	6
Wake	Jade Tree	0	0		6	6
Wake	Hickory Avenue Home	0	0		6	6
Wake	Country Lane	0	0		6	6
Wake	VOCA-Creekway	0	0		6	6
Wake	Avent Ferry Home	0	0		6	6
Wake	Trotters Bluff	0	0		6	6
Wake	Dickens Drive Home	0	0		6	6
Wake	Helmsdale Group Home	0	0		6	6
Wake	Lockley Road	0	0		6	6
Wake	VOCA Olive Home	0	0		6	6
Wake	Mason Street	0	0		6	6
Wake	Stonegate	0	0		6	6
Wake	Rockwood	0	0		6	6
Wake	Huntleigh	0	0		6	6
Wake	Bass Lake	0	0		6	6
Washington	Life, Inc./Old Roper Road Group Home	0	0		6	6
Washington	Life, Inc/ Wilson Street Group Home	0	0		6	6
Watauga	Wildcat Group Home	0	0		15	15
Wayne	LIFE, Inc./Walnut Street Group Home	0	0		6	6

Table 14A: Inventory of ICF/IID Facilities and Beds

County	Provider Name	CON Approved/License Pending		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
		Child Beds	Adult Beds			
Wayne	Life, Inc./William Street Home	0	0		6	6
Wayne	Skill Creations	0	0		15	15
Wayne	Walnut Creek	0	0		37	37
Wayne	Highway 117 Group Home	0	0		6	6
Wayne	Airport Road Group Home	0	0		6	6
Wayne	Daughtry Field Road Group Home	0	0		6	6
Wayne	Norwood Avenue Home	0	0		6	6
Wayne	Holly Street Home	0	0		6	6
Wayne	North Drive Group Home	0	0		6	6
Wilkes	Lewis Fork Homes I & II	0	0		12	12
Wilkes	VOCA-Welborn Ave.	0	0		6	6
Wilkes	Lakewood	0	0		6	6
Wilkes	VOCA-Apple Valley	0	0		6	6
Wilkes	VOCA-College Street	0	0		6	6
Wilkes	VOCA-Blairfield	0	0		6	6
Wilkes	VOCA-Kimsey	0	0		6	6
Wilson	Skill Creations of Wilson	0	0		15	15
Wilson	Life/Raven Ridge Group Home	0	0		6	6
Wilson	McKeel Loop Road Home	0	0		6	6
Yadkin	Yadkin I	0	0		6	6
Yadkin	Yadkin II & III	0	0		12	12
Totals		0	0		2,800	2,800

Table 14B: State Facility Beds Excluded from ICF/IID Inventory by County

County	Facility Name	Number of Certified ICF/IID Beds
Granville	Murdoch Developmental Center	640
Lenoir	Caswell Developmental Center	807
Burke	J. Iverson Riddle Developmental Center	481
Total		1,928

Chapter 15:

Technology and Equipment

- A. Cardiac Catheterization Equipment
- B. Gamma Knives
- C. Linear Accelerators
- D. Lithotripters
- E. Magnetic Resonance Imaging Scanners
- F. Positron Emission Tomography Scanners

CHAPTER 15

TECHNOLOGY AND EQUIPMENT

Introduction

This chapter covers six types of medical equipment subject to the Certificate of Need (CON) Law: cardiac catheterization equipment, gamma knives, linear accelerators (LINAC), lithotripters, magnetic resonance imaging (MRI) scanners, and positron emission tomography (PET) scanners.

Definitions

The *reporting year* for all types of equipment is October 1 through September 30. The current reporting year is October 1, 2024 through September 30, 2025.

The *planning inventory* is the number of units of equipment used in need determination calculations. It is the number of units of equipment in operation, plus the number of CON-approved units of equipment that are under development, plus the number of units of equipment available pursuant to need determinations pending review or appeal.

Changes from the Previous Plan

The Linear Accelerator (LINAC) methodology has been substantially revised to ensure that the state's supply of LINACs adequately reflects the state's growing population, rising cancer incidence rates, and the expansion of LINAC treatment beyond oncology. Also, the Magnetic Resonance Imaging (MRI) section includes changes pursuant to Session Law 2023-7. No other substantive changes have been incorporated into this chapter.

Data Sources

Inventory and utilization data come from the Hospital License Renewal Application (LRA) for equipment on a hospital campus or at a facility on a hospital license. Data for equipment in freestanding facilities and mobile units comes from the Registration and Inventory of Medical Equipment form for each type of equipment.

A. CARDIAC CATHETERIZATION EQUIPMENT

Introduction

G.S. § 131E-176(2f) defines *cardiac catheterization equipment* as “equipment used to provide cardiac catheterization services.” G.S. § 131E-176(2g) defines *cardiac catheterization services* as “those procedures, excluding pulmonary angiography procedures, in which a catheter is introduced into a vein or artery and threaded through the circulatory system into the heart specifically to diagnose abnormalities in the motion, contraction, and blood flow of the moving heart or to perform surgical therapeutic interventions to restore, repair, or reconstruct the coronary blood vessels of the heart.” Tables 15A-1 and 15A-2 show the number of cardiac catheterization procedures performed during the reporting year.

Definitions

Pediatric procedures are defined as procedures performed on patients aged 14 or younger.

Changes from the Previous Plan

This section contains no substantive changes from the previous State Medical Facilities Plan (SMFP). However, the section includes technical edits that do not alter the methodology. These edits clarify the need determination methodology calculations.

Assumptions of the Methodology

1. Cardiac catheterization equipment service areas are the Acute Care Bed Service Areas defined in Chapter 5 and shown in Figure 5.1.
2. Dedicated electrophysiology equipment and their procedures are not included in the methodology.
3. The capacity of a unit of cardiac catheterization equipment is defined as 1,500 diagnostic-equivalent procedures per year, with the trigger of need at 80% of capacity. One interventional cardiac catheterization procedure is valued at 1.75 diagnostic-equivalent procedures. One cardiac catheterization procedure performed on a patient of age 14 or younger is valued at two diagnostic-equivalent procedures. All other procedures are valued at one diagnostic-equivalent procedure.
4. Cardiac catheterization equipment and services shall only be approved for development on hospital sites (i.e., in facilities that are on a hospital’s license) or in a licensed ambulatory surgical facility (excluding endoscopy-only facilities).

Application of the Methodology

Fixed Equipment

Methodology 1 (Table 15A-1)

The need determination methodology in service areas with at least one unit of equipment in the current inventory is as follows:

- Step 1: For each facility with fixed cardiac catheterization equipment, sum the total units of equipment in operation (*Column C*), CON-approved equipment under development and equipment available pursuant to need determinations pending review or appeal (*Column D*) to determine the planning inventory (*Column I*).
- Step 2: Determine the number of adult and pediatric diagnostic and interventional procedures performed at each facility during the current reporting year (*Columns E, F and G*). If mobile procedures are provided in a county that is part of more than one service area, divide the procedures equally between the service areas.

- Step 3: Calculate the total weighted (diagnostic-equivalent) cardiac catheterization procedures for each facility by multiplying adult diagnostic procedures by 1.00, interventional procedures by 1.75, and pediatric procedures by 2.00 (*Column H*).
- Step 4: For each facility, determine the number of units of fixed cardiac catheterization equipment required by dividing the number of total weighted procedures performed at each facility (*Column H*) by 1,200 procedures (i.e., 80% of the 1,500-procedure capacity). Round the result up to the nearest whole number (*Column J*).
- Step 5: For each facility, subtract the total planning inventory (*Column I*) from the number of units of fixed cardiac catheterization equipment required based on 80% utilization (*Column J*). A negative difference represents a surplus of fixed cardiac catheterization equipment. A zero represents an adequate number of units of fixed cardiac catheterization equipment in the total planning inventory. In both cases, the number of additional units required by the facility is zero. A positive difference represents a deficit, and that value is the number of additional units of fixed cardiac catheterization equipment required by the facility (*Column K*).
- Step 6: Determine each service area's total and units required.
- Sum the number of units of fixed cardiac catheterization equipment of all facilities in the service area (*Column I*).
 - Sum the number of additional units required by all facilities in the service area (*Column J*).
- Step 7: For each service area, subtract the service area's total planning inventory (*Column I*) from the service area's number of units of fixed cardiac catheterization equipment required (*Column J*). A negative difference represents a surplus of fixed cardiac catheterization equipment. A zero represents an adequate number of units of fixed cardiac catheterization equipment. In both cases, the number of additional units required in the service area will be zero. A positive difference represents a deficit.
- Step 8: If the value from Step 7 is less than or equal to 0, enter a 0 in Column L. If the value from Step 7 is greater than 0, round to the nearest whole number and enter that number in Column L.

Unless otherwise specified by the methodology, calculations do not use rounded values. However, fractional values are rounded automatically when displayed.

Methodology 2 (Table 15A-2)

For cardiac catheterization equipment in a service area that does not have a unit of fixed cardiac catheterization equipment, a need determination exists for one unit of shared fixed cardiac catheterization equipment (i.e., fixed equipment that is used to perform both cardiac catheterization procedures and angiography procedures) when:

- The number of cardiac catheterization procedures as defined in 10A NCAC 14C .1601(5) performed at any mobile site in the service area exceeds 240 procedures (80% of 300 procedures) for each eight hours per week the mobile equipment is operated at that site during the current reporting year (*Table 15A-2*); and
- No other fixed or mobile cardiac catheterization service is provided in the same service area.

Unless otherwise specified by the methodology, calculations do not use rounded values. However, fractional values are rounded automatically when displayed.

Mobile Equipment

The SMFP does not have a methodology to project need for additional mobile cardiac catheterization equipment. A summer petition is required to place a need in the upcoming SMFP. If the need determination is approved, any person may apply for a CON to acquire the mobile cardiac catheterization equipment.

Table 15A-1: Fixed Cardiac Catheterization Equipment, Capacity and Volume

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	Facility	Current Inventory	Adjustments for CONS/ Previous Need	Adult Diagnostic Procedures	Adult Interventional Procedures	Pediatric Procedures	Total Weighted Procedures	Total Planning Inventory	Units Required Based on 80% Utilization	Number of Additional Units Required by Facility	Need
Alamance	Alamance Regional Medical Center	1	0	896	233	0	1,304	1	2	1	
Alamance Total								1	2		1
Brunswick	Novant Health Brunswick Medical Center *	0	1	7	1	0	9	1	0	0	
Brunswick Total								1	0		0
Buncombe	Mission Hospital	5	0	3,375	1,128	0	5,349	5	5	0	
Buncombe/Clay/ Graham/Madison/Yancey Total								5	5		0
Burke	UNC Health Blue Ridge	1	0	375	108	0	564	1	1	0	
Burke Total								1	1		0
Cabarrus	Atrium Health Cabarrus	2	2	2,270	1,168	0	4,314	4	4	0	
Cabarrus Total								4	4		0
Caldwell	Caldwell UNC Health Care	1	1	392	488	0	1,246	2	2	0	
Caldwell Total								2	2		0
Carteret	Carteret General Hospital	1	0	219	457	0	1,019	1	1	0	
Carteret Total								1	1		0
Catawba	Catawba Valley Medical Center	1	1	874	292	0	1,385	2	2	0	
Catawba	Frye Regional Medical Center	4	0	2,095	833	0	3,553	4	3	0	
Catawba Total								6	5		0
Cleveland	Atrium Health Cleveland	1	0	204	32	0	260	1	1	0	
Cleveland Total								1	1		0
Craven	CarolinaEast Medical Center	3	0	1,497	1,494	0	4,112	3	4	1	
Craven/Jones/Pamlico Total								3	4		1
Cumberland	Cape Fear Valley Medical Center	4	0	1,480	945	0	3,134	4	3	0	
Cumberland Total								4	3		0
Davidson	Novant Health Thomasville Medical Center *	0	0	8	0	0	8	0	0	0	
Davidson Total								0	0		0
Durham	Duke Regional Hospital	2	0	826	348	0	1,435	2	2	0	
Durham	Duke University Hospital	7	0	3,113	2,607	597	8,869	7	8	1	
Durham Total								9	10		1

Table 15A-1: Fixed Cardiac Catheterization Equipment, Capacity and Volume

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	Facility	Current Inventory	Adjustments for CONs/ Previous Need	Adult Diagnostic Procedures	Adult Interventional Procedures	Pediatric Procedures	Total Weighted Procedures	Total Planning Inventory	Units Required Based on 80% Utilization	Number of Additional Units Required by Facility	Need
Forsyth	Atrium Health Wake Forest Baptist	5	0	2,213	1,254	0	4,408	5	4	0	
Forsyth	Novant Health Forsyth Medical Center	8	0	2,903	1,268	0	5,122	8	5	0	
Forsyth/Yadkin Total								13	9		0
Gaston	CaroMont Regional Medical Center	3	0	2,096	164	0	2,383	3	2	0	
Gaston Total								3	2		0
Guilford	Atrium Health Wake Forest Baptist - High Point Medical Center	4	0	1,563	1,022	0	3,352	4	3	0	
Guilford	Cone Health	7	0	3,050	1,014	0	4,825	7	5	0	
Guilford Total								11	8		0
Halifax	ECU Health North Hospital	1	0	282	121	0	494	1	1	0	
Halifax/Northampton Total								1	1		0
Harnett	Cape Fear Valley Betsy Johnson Hospital	1	0	249	111	0	443	1	1	0	
Harnett Total								1	1		0
Haywood	2025 Need Determination	0	1	0	0	0	0	1	0	-1	
Haywood	Haywood Regional Medical Center	1	0	842	253	0	1,285	1	2	1	
Haywood Total								2	2		0
Henderson	2025 Need Determination	0	1	0	0	0	0	1	0	-1	
Henderson	Margaret R. Pardee Memorial Hospital	1	0	1,112	342	0	1,711	1	2	1	
Henderson Total								2	2		0
Iredell	Duke Health Lake Norman Hospital	1	0	237	120	0	447	1	1	0	
Iredell	Iredell Davis Regional Medical Center **	1	0	0	0	0	0	1	0	0	
Iredell	Iredell Memorial Hospital	1	1	658	186	0	984	2	1	0	
Iredell Total								4	2		0
Jackson	Harris Regional Hospital **	1	0	0	0	0	0	1	0	0	
Jackson Total								1	0		0
Johnston	UNC Health Johnston	2	0	871	335	0	1,457	2	2	0	

Table 15A-1: Fixed Cardiac Catheterization Equipment, Capacity and Volume

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	Facility	Current Inventory	Adjustments for CONS/ Previous Need	Adult Diagnostic Procedures	Adult Interventional Procedures	Pediatric Procedures	Total Weighted Procedures	Total Planning Inventory	Units Required Based on 80% Utilization	Number of Additional Units Required by Facility	Need
Johnston Total								2	2		0
Lee	Central Carolina Hospital	1	0	312	51	0	401	1	1	0	
Lee Total								1	1		0
Lenoir	UNC Lenoir Health Care	1	0	410	29	0	461	1	1	0	
Lenoir Total								1	1		0
Mecklenburg	Atrium Health Pineville	3	0	1,424	1,025	0	3,218	3	3	0	
Mecklenburg	Carolinas Medical Center/Center for Mental Health	9	0	3,433	1,672	409	7,177	9	6	0	
Mecklenburg	Novant Health Huntersville Medical Center	1	0	655	224	0	1,047	1	1	0	
Mecklenburg	Novant Health Matthews Medical Center	2	0	981	450	0	1,769	2	2	0	
Mecklenburg	Novant Health Presbyterian Medical Center	2	0	1,231	993	0	2,969	2	3	1	
Mecklenburg Total								17	15		0
Moore	FirstHealth Moore Regional Hospital and Pinehurst Treatment Center	5	0	2,625	996	0	4,368	5	4	0	
Moore Total								5	4		0
Nash	Nash General Hospital	2	0	1,059	606	0	2,120	2	2	0	
Nash Total								2	2		0
New Hanover	Novant Health New Hanover Regional Medical Center	6	1	3,691	2,119	0	7,399	7	7	0	
New Hanover Total								7	7		0
Onslow	Onslow Memorial Hospital **	1	0	0	0	0	0	1	0	0	
Onslow Total								1	0		0
Orange	University of North Carolina Hospitals	4	1	2,115	1,054	98	4,156	5	4	0	
Orange Total								5	4		0
Pasquotank	Sentara Albemarle Medical Center	1	0	709	0	0	709	1	1	0	
Pasquotank/Camden/Currituck/Perquimans Total								1	1		0

Table 15A-1: Fixed Cardiac Catheterization Equipment, Capacity and Volume

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	Facility	Current Inventory	Adjustments for CONs/ Previous Need	Adult Diagnostic Procedures	Adult Interventional Procedures	Pediatric Procedures	Total Weighted Procedures	Total Planning Inventory	Units Required Based on 80% Utilization	Number of Additional Units Required by Facility	Need
Pitt	ECU Health Medical Center	7	0	3,585	1,352	19	5,989	7	5	0	
Pitt/Greene/Hyde/Tyrrell Total								7	5		0
Randolph	Randolph Hospital	1	0	21	4	0	28	1	1	0	
Randolph Total								1	1		0
Robeson	Southeastern Regional Medical Center	2	0	799	293	0	1,312	2	2	0	
Robeson Total								2	2		0
Rowan	Novant Health Rowan Medical Center	1	0	404	305	0	938	1	1	0	
Rowan Total								1	1		0
Rutherford	Rutherford Regional Medical Center	1	0	83	57	0	183	1	1	0	
Rutherford Total								1	1		0
Scotland	Scotland Memorial Hospital	1	0	170	32	0	226	1	1	0	
Scotland Total								1	1		0
Union	Atrium Health Union	1	0	520	152	0	786	1	1	0	
Union Total								1	1		0
Vance	Maria Parham Health	1	0	257	24	0	299	1	1	0	
Vance/Warren Total								1	1		0
Wake	Duke Raleigh Hospital	2	0	915	169	0	1,211	2	2	0	
Wake	UNC Health Rex	6	0	4,376	2,281	0	8,368	6	7	1	
Wake	WakeMed	8	0	2,447	1,353	0	4,815	8	5	0	
Wake	WakeMed Cary Hospital	2	0	696	242	0	1,120	2	1	0	
Wake Total								18	15		0
Watauga	Watauga Medical Center	1	0	342	145	0	596	1	1	0	
Watauga Total								1	1		0
Wayne	Wayne UNC Health Care	1	1	1,341	230	0	1,744	2	2	0	
Wayne Total								2	2		0
Wilson	Wilson Medical Center	1	0	106	14	0	131	1	1	0	
Wilson Total								1	1		0

Table 15A-1: Fixed Cardiac Catheterization Equipment, Capacity and Volume

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	Facility	Current Inventory	Adjustments for CONS/ Previous Need	Adult Diagnostic Procedures	Adult Interventional Procedures	Pediatric Procedures	Total Weighted Procedures	Total Planning Inventory	Units Required Based on 80% Utilization	Number of Additional Units Required by Facility	Need
Grand Total		144	11	68,414	32,196	1,123	127,003	155			3

* Includes procedures performed on mobile cardiac catheterization equipment.

** Facility has cardiac catheterization equipment, but performed no procedures during the reporting year.

Table 15A-2: Mobile Cardiac Catheterization Capacity and Volume

County	Service Site	Days/Week*	Procedure Capacity	Procedures Reported in 2025
Davidson	Novant Health Thomasville Medical Center	1	300	8
Total		1	300	8

* Data not available for actual days/week. A minimum number of days/week is assumed.

**Table 15A-3: Fixed Cardiac Catheterization Equipment
Need Determination***

(Proposed for Certificate of Need Review Commencing in 2027)

Service Area	Fixed Cardiac Catheterization Equipment Need Determination	Certificate of Need Application Deadline**	Certificate of Need Beginning Review Date
Alamance	1	To be determined	To be determined
Craven/Jones/Pamlico	1	To be determined	To be determined
Durham	1	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 for a CON to meet the need, not just the health service facility or facilities that generated the need.

** Application deadlines are absolute, pursuant to 10A NCAC 14C.0202(2). The filing deadline is 5:00 p.m. on the application deadline date.

**Table 15A-4: Shared Fixed Cardiac Catheterization Equipment
Need Determination**

(Proposed for Certificate of Need Review Commencing in 2027)

Service Area	Shared Fixed Cardiac Catheterization Equipment Need Determination	Certificate of Need Application Deadline	Certificate of Need Beginning Review Date
It is determined that there is no need anywhere in the state and no reviews are scheduled.			

B. GAMMA KNIVES

Introduction

Gamma knife, as defined in G.S. § 131E-176(7c), means “equipment which emits photon beams from a stationary radioactive cobalt source to treat lesions deep within the brain and is one type of stereotactic radiosurgery.” Two types of equipment, both using photon beams, perform this kind of radiosurgery. In one type, beams from a linear accelerator are focused from a device that rotates around the patient. The other type of equipment, gamma knife, emits 201 beams from stationary radioactive cobalt sources.

North Carolina has two gamma knife planning regions (service areas) - the western region (Health Service Areas [HSA] I, II, and III) and the eastern region (HSAs IV, V, and VI). Appendix A identifies the multicounty groupings that comprise the HSAs. Two gamma knives serve the western region. The gamma knife at Atrium Health Wake Forest Baptist Hospital in Forsyth County (HSA II) performed 632 procedures during the reporting year. The gamma knife at Atrium Health Carolinas Medical Center (CMC) in Mecklenburg County (HSA III) performed 222 procedures during the reporting year. The gamma knife at ECU Health Medical Center in Pitt County (HSA VI) serves the eastern region. This facility performed 170 procedures during the reporting year.

The SMFP does not have a methodology to project need for additional gamma knives. A summer petition is required to place a need in the SMFP. If the need determination is approved, any person may apply for a CON to acquire the gamma knife.

C. LINEAR ACCELERATORS

Introduction

G.S. § 131E-176 (14g) defines a **linear accelerator** (LINAC) as “a machine used to produce ionizing radiation in excess of 1,000,000 electron volts in the form of a beam of electrons or photons to treat cancer patients.”

Table 15C-1 lists the facilities that have LINACs. Table 15C-2 lists the facilities that also provide stereotactic radiosurgery treatment using appropriately equipped LINACs.

Definition

A LINAC’s **service area** is the Health Service Area (HSA) in which it is located. Appendix A shows the multicounty groupings that comprise the HSAs.

The **reporting year** is October 1 through September 30. The current reporting year is October 1, 2024 through September 30, 2025.

The methodology calculates LINAC need for a **projection year**, which is three years beyond the current reporting year. The current projection year is 2028.

Changes from the Previous Plan

This section contains substantial changes from the previous State Medical Facilities Plan (SMFP). The methodology has been revised. Specifically, LINAC service areas are now the six Health Service Areas (HSAs) shown in Appendix A, need determinations are projected three years beyond the reporting year, and need determination calculations are based on the sum of facility deficits rather than service area deficits.

Data Sources

In addition to the data sources listed in the introduction to this chapter, this methodology also obtains the July 1 estimated county population for the reporting year and the projection year from the North Carolina Office of State Budget and Management.

Assumptions of the Methodology

1. LINAC utilization for each facility is based on the number of equivalent simple treatment visits (ESTVs) during the reporting year. The ESTV is a common measure of LINAC utilization, originally proposed by the American College of Radiology. It is defined as the time required for an uncomplicated treatment, including set-up.¹ Providers use Current Procedural Terminology (CPT) codes to report procedures. The procedures are then weighted by complexity to calculate ESTVs.
2. Projection of need for additional LINACs is based on population growth in each HSA.
3. A facility has a deficit of LINACs when the total of its weighted procedures exceeds 6,750 ESTVs per LINAC.
4. Need determinations are based on the sum of deficits for each facility in the service area. Facility surplus is not considered in determining need.

¹ Parker R.G., Bogardus C.R., Hanks G.E., Orton C.G., Rotman M. (1991) *Radiation oncology in integrated cancer management: Report of the inter-society council for radiation oncology. Blue Book 1991*, 1-49.

Application of the Methodology (Table 15C-1)

Step 1: Calculate ESTVs

- a. List the number of procedures performed at each facility during the current reporting year (*Column D*).
- b. For each facility, multiply the total number of each procedure by the weight established for the corresponding CPT code as listed in Table 15C-3. Sum the weighted values to obtain the ESTVs for the facility for the current reporting year (*Column E*).
- c. For each HSA, calculate the Growth Factor based on each HSA's projected population change between the reporting year and the projection year [*Column F: Growth Factor = (projection year HSA population - reporting year HSA population) / reporting year HSA population*]. If the result is zero or negative, the Growth Factor is zero.
- d. Multiply each facility's Number of ESTVs in Column E by its HSA's Growth Factor in Column F. Then add the result to the facility's Number of ESTVs to calculate the facility's Projected ESTVs for the projection year [*Column G: facility Projected ESTVs for projection year = (total facility Number of ESTVs x Growth factor) + total facility Number of ESTVs*]

Step 2: Inventory of LINACs

- a. For each facility in each HSA, list the number of LINACs in its inventory (*Column H*).
- b. For each facility, enter the number of LINACs for which CONs have been issued but are not yet operational as of the end of the reporting year (*Column I*).
- c. For each HSA, enter a placeholder of "1" for each LINAC for which a need determination in the SMFP is pending review or appeal (*Column J*).
- d. Sum Columns H and I to calculate each facility's Planning Inventory (*Column J*).
- e. Divide each facility's Projected ESTVs (*Column G*) by 6,750 to determine the Projected LINACs required by the facility in the projection year (*Column K*).

Step 3: Calculate facility deficits and surpluses and determine HSA Needs

- a. Subtract the number of Projected LINACs Required in Column K from the Planning Inventory in Column J to obtain the surpluses and deficits for each facility (*Column L*). Positive numbers indicate a surplus, and negative numbers indicate a deficit. Place a "0" in Column L if the facility has a surplus.
- b. Take the absolute value of each number in Column L and calculate the number of additional LINACs needed by the facility (*Column M*), rounding the result as follows:
 - a) If the result is greater than zero but less than or equal to 1, enter a "1" in Column M.
 - b) If the result is greater than 1 but less than or equal to 2, round up to the next whole number and enter a "2" in Column M, etc.
- c. For each need determination placeholder, enter a "-1" in Column M.

- d. For each HSA, sum the figures in Column M. The result is the need for additional LINACs in the HSA.

Unless otherwise specified by the methodology, calculations do not use rounded values. However, fractional values are rounded automatically when displayed.

Table 15C-1 Linear Accelerator Need Projections

A	B	C	D	E	F	G	H	I	J	K	L	M
Facility	Service Area	County	Number of Procedures	Number of ESTVs	Growth Factor	Projected ESTVs	Inventory	Adjustments for CONs/ Previous Need	Planning Inventory	Projected LINACs Required	Projected Deficit	Need
AdventHealth Medical Group Radiation Oncology - Asheville	I	Buncombe	6,693	7,629	0.0126	7,725	1		1	1.14	-0.14	1
AdventHealth Medical Group Radiation Oncology - Weaverville	I	Buncombe	2,332	2,344	0.0126	2,374	1		1	0.35	0	0
Mission Hospital	I	Buncombe	13,722	15,498	0.0126	15,693	3		3	2.32	0	0
UNC Health Blue Ridge	I	Burke	5,855	5,924	0.0126	5,999	2		2	0.89	0	0
Caldwell UNC Health Care*	I	Caldwell	0		0.0126		1		1			
Catawba Valley Medical Center	I	Catawba	11,634	12,405	0.0126	12,561	2		2	1.86	0	0
Frye Regional Medical Center	I	Catawba	2,007	1,927	0.0126	1,951	1		1	0.29	0	0
Atrium Health Cleveland	I	Cleveland	8,221	8,438	0.0126	8,544	1		1	1.27	-0.27	1
AdventHealth Medical Group Radiation Oncology - Clyde	I	Haywood	3,066	3,252	0.0126	3,293	1		1	0.49	0	0
AdventHealth Medical Group Radiation Oncology - Hendersonville	I	Henderson	2,578	2,754	0.0126	2,789	1		1	0.41	0	0
Margaret R. Pardee Memorial Hospital	I	Henderson	5,724	5,732	0.0126	5,804	1		1	0.86	0	0
Harris Regional Hospital	I	Jackson	1,859	2,152	0.0126	2,179	1		1	0.32	0	0
AdventHealth Medical Group Radiation Oncology - Marion	I	McDowell	2,383	2,457	0.0126	2,488	1		1	0.37	0	0
AdventHealth Medical Group Radiation Oncology - Forest City	I	Rutherford	2,908	2,980	0.0126	3,018	1		1	0.45	0	0
AdventHealth Medical Group Radiation Oncology - Brevard	I	Transylvania	889	889	0.0126	900	1		1	0.13	0	0
Watauga Medical Center	I	Watauga	561	1,248	0.0126	1,264	1		1	0.19	0	0
HSA I Total			70,432	75,628	0.0126	76,581	20		20			2
2026 Need Determination	II						0	1	1			-1
Alamance Regional Medical Center	II	Alamance	9,315	9,981	0.0169	10,150	2		2	1.5	0	0
Lexington Medical Center	II	Davidson	3,862	3,755	0.0169	3,818	1		1	0.57	0	0

Table 15C-1 Linear Accelerator Need Projections

A	B	C	D	E	F	G	H	I	J	K	L	M
Facility	Service Area	County	Number of Procedures	Number of ESTVs	Growth Factor	Projected ESTVs	Inventory	Adjustments for CONs/ Previous Need	Planning Inventory	Projected LINACs Required	Projected Deficit	Need
Novant Health Forsyth Medical Center	II	Forsyth	23,856	25,581	0.0169	26,013	5		5	3.85	0	0
Wake Forest Baptist Medical Center	II	Forsyth	21,316	23,519	0.0169	23,917	4		4	3.54	0	0
Atrium Health Wake Forest Baptist - High Point Medical Center	II	Guilford	10,080	9,737	0.0169	9,901	2		2	1.47	0	0
Cone Health	II	Guilford	25,923	26,975	0.0169	27,431	4		4	4.06	-0.06	1
Randolph Health	II	Randolph	325	320	0.0169	325	1		1	0.05	0	0
UNC Rockingham Hospital	II	Rockingham	2,527	2,205	0.0169	2,242	1		1	0.33	0	0
Hugh Chatham Memorial Hospital	II	Surry	1,657	1,403	0.0169	1,427	1		1	0.21	0	0
HSA II Total			98,861	103,475	0.0169	105,223	21	1	22			0
2026 Need Determination	III						0	1	1			-1
2026 Need Determination	III						0	1	1			-1
Atrium Health Cabarrus	III	Cabarrus	13,846	14,823	0.039	15,402	3		3	2.28	0	0
CaroMont Regional Medical Center	III	Gaston	15,831	16,376	0.039	17,015	2		2	2.52	-0.52	1
Iredell Memorial Hospital, Inc.	III	Iredell	1,420	1,485	0.039	1,543	2		2	0.23	0	0
Lake Norman Radiation Oncology	III	Iredell	7,006	7,126	0.039	7,404	1		1	1.1	-0.1	1
CaroMont Health-Lincoln Cancer Center	III	Lincoln	5,828	5,764	0.039	5,989	1		1	0.89	0	0
Atrium Health Carolinas Medical Center	III	Mecklenburg	19,240	21,064	0.039	21,886	3		3	3.24	-0.24	1
Atrium Health Pineville	III	Mecklenburg	16,530	16,862	0.039	17,520	2		2	2.6	-0.6	1
Atrium Health University City	III	Mecklenburg	8,587	8,877	0.039	9,223	1		1	1.37	-0.37	1
Matthews Radiation Oncology Center	III	Mecklenburg	14,093	14,605	0.039	15,175	2		2	2.25	-0.25	1
Novant Health Huntersville Medical Center	III	Mecklenburg	8,962	9,405	0.039	9,772	1		1	1.45	-0.45	1
Novant Health Presbyterian Medical Center	III	Mecklenburg	14,185	13,497	0.039	14,023	2		2	2.08	-0.08	1

Table 15C-1 Linear Accelerator Need Projections

A	B	C	D	E	F	G	H	I	J	K	L	M
Facility	Service Area	County	Number of Procedures	Number of ESTVs	Growth Factor	Projected ESTVs	Inventory	Adjustments for CONs/ Previous Need	Planning Inventory	Projected LINACs Required	Projected Deficit	Need
Novant Health Rowan Medical Center	III	Rowan	7,548	7,941	0.039	8,251	1		1	1.22	-0.22	1
Atrium Health Stanly	III	Stanly	3,579	3,531	0.039	3,669	1		1	0.54	0	0
Atrium Health Union	III	Union	8,727	8,870	0.039	9,216	1		1	1.37	-0.37	1
HSA III Total			145,382	150,223	0.039	156,088	23	2	25			8
Duke Regional Hospital	IV	Durham	4,091	4,169	0.0469	4,364	1		1	0.65	0	0
Duke University Hospital	IV	Durham	38,296	45,928	0.0469	48,080	8		8	7.12	0	0
Franklin County Cancer Center (closed)	IV	Franklin					1		1			
Clayton Radiation Oncology	IV	Johnston	6,168	6,144	0.0469	6,431	1		1	0.95	0	0
Smithfield Radiation Oncology	IV	Johnston	5,552	5,789	0.0469	6,060	1		1	0.9	0	0
UNC Hospitals	IV	Orange	45,243	39,228	0.0469	41,066	6		6	6.08	-0.08	1
Maria Parham Health	IV	Vance	121	121	0.0469	126	1		1	0.02	0	0
Duke Radiation Oncology Garner**	IV	Wake					0	1	1			
Duke Raleigh Hospital	IV	Wake	28,388	30,908	0.0469	32,357	4		4	4.79	-0.79	1
UNC Health Rex	IV	Wake	23,018	24,428	0.0469	25,573	4		4	3.79	0	0
UNC Health Rex Radiation Oncology-Holly Springs	IV	Wake					0	1	1			
UNC Rex Cancer Center of East Raleigh	IV	Wake	4,467	4,406	0.0469	4,612	1		1	0.68	0	0
WakeMed Raleigh Medical Park**	IV	Wake					0	1	1			
HSA IV Total			155,344	161,118	0.0469	168,669	28	3	31			2
Novant Health Cancer Institute Radiation Oncology - Supply	V	Brunswick	8,174	8,157	0.0287	8,390	1		1	1.24	-0.24	1
Cape Fear Valley Medical Center	V	Cumberland	15,093	16,244	0.0287	16,710	5		5	2.48	0	0
Cape Fear Valley Betsy Johnson Hospital	V	Harnett	1,468	1,468	0.0287	1,510	1		1	0.22	0	0
FirstHealth Moore Regional Hospital	V	Moore	5,975	7,763	0.0287	7,986	2	1	3	1.18	0	0

Table 15C-1 Linear Accelerator Need Projections

A	B	C	D	E	F	G	H	I	J	K	L	M
Facility	Service Area	County	Number of Procedures	Number of ESTVs	Growth Factor	Projected ESTVs	Inventory	Adjustments for CONs/ Previous Need	Planning Inventory	Projected LINACs Required	Projected Deficit	Need
Novant Health New Hanover Regional Medical Center	V	New Hanover	28,073	31,738	0.0287	32,648	4		4	4.84	-0.84	1
Southeastern Regional Medical Center	V	Robeson	6,449	6,943	0.0287	7,142	2		2	1.06	0	0
AdventHealth Medical Group Radiation Oncology - Clinton	V	Sampson	2,641	2,641	0.0287	2,717	1		1	0.4	0	0
Scotland Memorial Hospital	V	Scotland	2,957	2,957	0.0287	3,042	1		1	0.45	0	0
HSA V Total			70,830	77,911	0.0287	80,145	17	1	18			2
2026 Need Determination	VI						0	1	1			-1
ECU Health Beaufort Hospital	VI	Beaufort	4,100	4,034	0.0137	4,089	1		1	0.61	0	0
Carteret Health Care	VI	Carteret	6,646	7,332	0.0137	7,432	1		1	1.1	-0.1	1
CarolinaEast Medical Center	VI	Craven	8,869	9,740	0.0137	9,873	2		2	1.46	0	0
Outer Banks Health Hospital	VI	Dare	3,168	3,166	0.0137	3,209	1		1	0.48	0	0
Vidant Radiation Oncology-Roanoke Rapids	VI	Halifax	2,861	2,861	0.0137	2,900	1		1	0.43	0	0
Vidant Radiation Oncology	VI	Hertford	2,746	2,746	0.0137	2,784	1		1	0.41	0	0
UNC Lenoir Health Care	VI	Lenoir	5,102	5,558	0.0137	5,634	1		1	0.83	0	0
Nash Hospitals	VI	Nash	194	323	0.0137	327	2		2	0.05	0	0
Onslow Radiation Oncology	VI	Onslow	6,528	7,061	0.0137	7,157	1		1	1.06	-0.06	1
Sentara Albemarle Medical Center	VI	Pasquotank	5,784	6,004	0.0137	6,086	1		1	0.9	0	0
Vidant Radiation Oncology	VI	Pitt	19,908	20,339	0.0137	20,616	4		4	3.05	0	0
AdventHealth Medical Group Radiation Oncology - Goldsboro	VI	Wayne	5,285	5,293	0.0137	5,365	1		1	0.79	0	0
Wilson Radiation Oncology	VI	Wilson	1,283	1,348	0.0137	1,366	1		1	0.2	0	0
HSA VI Total			72,474	75,803	0.0137	76,838	18	1	19			1

Table 15C-1 Linear Accelerator Need Projections

A	B	C	D	E	F	G	H	I	J	K	L	M
Facility	Service Area	County	Number of Procedures	Number of ESTVs	Growth Factor	Projected ESTVs	Inventory	Adjustments for CONs/ Previous Need	Planning Inventory	Projected LINACs Required	Projected Deficit	Need
Grand Total			613,323	644,156			127	8	135			15

* Facility has a linear accelerator but reported no procedures on their License Renewal Application.

** Pursuant to a settlement agreement, two CONs were issued regarding the 2023 need determination for one LINAC in the former Service Area 20.

Table 15C-2: Stereotactic Radiosurgery Procedures

County	Facility	Number of Procedures
Alamance	Alamance Regional Medical Center	338
Brunswick	Novant Health Cancer Institute Radiation Oncology - Supply	30
Buncombe	AdventHealth Medical Group Radiation Oncology - Asheville	468
Buncombe	AdventHealth Medical Group Radiation Oncology - Weaverville	6
Buncombe	Mission Hospital	924
Burke	UNC Health Blue Ridge	131
Cabarrus	Atrium Health Cabarrus	584
Carteret	Carteret General Hospital	343
Catawba	Catawba Valley Medical Center	434
Cleveland	Atrium Health Cleveland	141
Craven	CarolinaEast Medical Center	446
Cumberland	Cape Fear Valley Medical Center	585
Durham	Duke Regional Hospital	65
Durham	Duke University Hospital	3,858
Forsyth	Atrium Health Wake Forest Baptist	1,260
Forsyth	Novant Health Forsyth Medical Center	1,038
Gaston	CaroMont Regional Medical Center	378
Guilford	Cone Health	535
Haywood	AdventHealth Medical Group Radiation Oncology - Clyde	93
Henderson	AdventHealth Medical Group Radiation Oncology - Hendersonville	88
Henderson	Margaret R. Pardee Memorial Hospital	103
Iredell	Iredell Memorial Hospital	124
Iredell	Lake Norman Radiation Oncology	94
Jackson	Harris Regional Hospital	147
Johnston	Smithfield Radiation Oncology	122
Lenoir	UNC Lenoir Health Care	228
Lincoln	CaroMont Health-Lincoln Cancer Center	5
McDowell	AdventHealth Medical Group Radiation Oncology - Marion	37
Mecklenburg	Atrium Health Pineville	297
Mecklenburg	Atrium Health University City	184
Mecklenburg	Carolinas Medical Center/Center for Mental Health	1,037
Mecklenburg	Matthews Radiation Oncology Center	346
Mecklenburg	Novant Health Huntersville Medical Center	257
Mecklenburg	Novant Health Presbyterian Medical Center	496
Moore	FirstHealth Moore Regional Hospital and Pinehurst Treatment Center	898
Nash	Nash General Hospital	87
New Hanover	Novant Health New Hanover Regional Medical Center	1,988
Onslow	Onslow Radiation Oncology	284
Orange	University of North Carolina Hospitals	2,158
Pasquotank	Sentara Albemarle Medical Center	140
Pitt	ECU Health Medical Center	46

Table 15C-2: Stereotactic Radiosurgery Procedures

County	Facility	Number of Procedures
Pitt	Vidant Radiation Oncology	9
Pitt	Vidant Radiation Oncology	431
Pitt	Vidant Radiation Oncology	546
Pitt	Vidant Radiation Oncology	611
Robeson	Southeastern Regional Medical Center	247
Rockingham	UNC Rockingham Hospital	30
Rowan	Novant Health Rowan Medical Center	230
Rutherford	AdventHealth Medical Group Radiation Oncology - Forest City	36
Union	Atrium Health Union	124
Wake	Duke Raleigh Hospital	1,389
Wake	UNC Health Rex	767
Watauga	Watauga Medical Center	387
Wayne	AdventHealth Medical Group Radiation Oncology - Goldsboro	4
Wilson	Wilson Medical Center	57
Total		25,691

Table 15C-3: Linear Accelerator Treatment Data - Hospital and Free-Standing

CPT Code	Description	ESTVs/ Procedures Under ACR
<i>Simple Treatment Delivery</i>		
77401	Radiation treatment delivery	1.00
77402	Radiation treatment delivery (≤ 5 MeV)	1.00
77403	Radiation treatment delivery (6-10 MeV)	1.00
77404	Radiation treatment delivery (11-19 MeV)	1.00
77406	Radiation treatment delivery (≥ 20 MeV)	1.00
<i>Intermediate Treatment Delivery</i>		
77407	Radiation treatment delivery (≤ 5 MeV)	1.00
77408	Radiation treatment delivery (6-10 MeV)	1.00
77409	Radiation treatment delivery (11-19 MeV)	1.00
77411	Radiation treatment delivery (≥ 20 MeV)	1.00
<i>Complex Treatment Delivery</i>		
77412	Radiation treatment delivery (≤ 5 MeV)	1.00
77413	Radiation treatment delivery (6-10 MeV)	1.00
77414	Radiation treatment delivery (11-19 MeV)	1.00
77416	Radiation treatment delivery (≥ 20 MeV)	1.00
<i>Other CPT Codes</i>		
77417	Additional field check radiographs	.50
77418	Intensity modulated radiation treatment (IMRT) delivery	1.00
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multisource Cobalt 60 based (Gamma Knife)	3.00
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator	3.00
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	3.00
G0339	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery in one session or first fraction	3.00
G0340	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery, fractionated treatment, 2nd-5th fraction	3.00
	Total body irradiation	2.50
	Hemibody irradiation	2.00
	Intraoperative radiation therapy (conducted by bringing the anesthetized patient down to the linear accelerator)	10.00
	Neutron and proton radiation therapy	2.00
	Limb salvage irradiation	1.00
	Pediatric patient under anesthesia	1.50

Table 15C-4: Linear Accelerators Need Determination*
(Proposed for Certificate of Need Review Commencing in 2027)

Service Area	Linear Accelerator Need Determination	Certificate of Need Application Deadline**	Certificate of Need Beginning Review Date
HSA I	2	To be determined	To be determined
HSA III	8	To be determined	To be determined
HSA IV	2	To be determined	To be determined
HSA V	2	To be determined	To be determined
HSA VI	1	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 for a CON to meet the need, not just the health service facility or facilities that generated the need.

** Application deadlines are absolute, pursuant to 10A NCAC 14C.0202(2). The filing deadline is 5:00 p.m. on the application deadline date.

D. LITHOTRIPTERS

Introduction

A *lithotripter*, according to G.S. § 131E-176(14i), means “extra-corporeal shockwave technology used to treat persons with kidney stones and gallstones.” Lithotripsy is defined as the pulverization of urinary stones by means of a lithotripter. A technician places an emitter in contact with the patient's abdomen to focus the shock waves on the stone. The shock waves then shatter the stone, which can be expelled in the urine. Extracorporeal shock wave lithotripsy (ESWL) is the non-invasive procedure to which this section pertains.

Changes from the Previous Plan

This chapter contains no substantive changes from the previous State Medical Facilities Plan (SMFP).

Data Sources

In addition to the standard data sources listed in the introduction to this chapter, this methodology also obtains the North Carolina Office of State Budget and Management's July 1 projected population data for the current SMFP publication year, which is two years beyond the current reporting year.

Definition

A lithotripter's service area is statewide. A *statewide service area* is defined as a planning area that encompasses the entire state when determining need. For mobile equipment, the definition does not imply that a CON applicant is required to project that it will provide mobile services in a certain number of counties, health service areas (HSA), or regions. Similarly, once developed, the equipment does not have to serve a certain number of counties, HSAs, or regions.

Assumptions of the Methodology

1. The incidence of urinary stone disease forms the basis of the methodology. The annual incidence of urinary stone disease is approximately 16 per 10,000 population. Lithotripsy is not an appropriate treatment for all cases of urinary stone disease. It has been estimated that lithotripsy is appropriate for 85% to 90% of kidney stone patients, when surgery is indicated.¹ Therefore, the need determination methodology assumes that lithotripsy is appropriate in 90% of cases of urinary stone disease.
2. The annual treatment capacity of a lithotripter is 1,500 cases. The methodology considers 67% (or 1,000 cases) to be full utilization for purposes of projecting need.

Application of the Methodology

Step 1: Divide the July 1 estimated state population by 10,000 and multiply the result by 16, which yields the estimated incidence of urinary stone disease per 10,000 population.

Step 2: Multiply the result from Step 1 by 90% to calculate the number of patients in the state who have the potential to be treated by lithotripsy in one year.

Step 3: Divide the result of Step 2 by 1,000 and round to the nearest whole number to calculate the low range of the annual treatment capacity of a lithotripter. A remainder of 0.50 or greater rounds to

¹ Pahiri, J.J. & Razack, A.A. (2001) “Chapter 9: Nephrolithiasis.” In *Clinical Manual of Urology*, 3rd edition, by Philip M. Hanno, Alan J. Wein, & S. Bruce Malkowicz. New York: McGraw-Hill.

the next highest whole number; a remainder of less than 0.50 rounds to the next lowest whole number. This calculation yields the number of lithotripters that the state requires.

Step 4: Sum the number of existing mobile and fixed lithotripters in the state, the number of CON-approved mobile and fixed lithotripters under development, and the number of mobile and fixed lithotripters available pursuant to need determinations pending review or appeal (*Table 15D-1, Column B*).

Step 5: Subtract the result of Step 4 from the result of Step 3 to calculate the number of additional lithotripters needed in the state (*Table 15D-1, Column I*).

Unless otherwise specified by the methodology, calculations do not use rounded values. However, fractional values are rounded automatically when displayed.

Table 15D-1: Mobile and Fixed Lithotripter Services

A	B	C	D	E	F	G	H	I
Provider	Machines	Area Gernerally Served	Facility	City	State	Number of Procedures	Average Procedures	Need
Atrium Urology	1	Eastern North Carolina			NC	0		
Total Procedures						0	0	
Carolina Lithotripsy	2	Eastern North Carolina	CarolinaEast Medical Center	New Bern	NC	123		
			Carteret General Hospital	Morehead City	NC	2		
			Duke Raleigh Hospital	Raleigh	NC	6		
			ECU Health Beaufort Hospital	Washington	NC	10		
			ECU Health Medical Center	Greenville	NC	155		
			ECU Health North Hospital	Roanoke Rapids	NC	8		
			ECU Health Roanoke Chowan Hospital	Edenton	NC	5		
			FirstHealth Moore Regional Hospital	Pinehurst	NC	189		
			Highsmith Rainey Specialty Hospital	Fayetteville	NC	20		
			Holly Springs Surgery Center	Holly Springs	NC	30		
			Johnston Health Smithfield	Smithfield	NC	57		
			Novant Health Brunswick Medical Center	Bolivia	NC	54		
			Novant Health New Hanover Regional Hospital	Wilmington	NC	100		
			Novant Health Scotts Hill OSC	Wilmington	NC	64		
			Rex Surgery Center of Cary	Cary	NC	80		
			Scotland Memorial Hospital	Laurinburg	NC	52		
			UNC Health Lenoir	Kinston	NC	20		
			UNC Hospital ASC	Chapel Hill	NC	2		
			WakeMed Raleigh Campus	Raleigh	NC	48		
			Wayne Memorial Hospital	Goldsboro	NC	33		
			Wilson Medical Center	Wilson	NC	7		
Total Procedures						1,065	533	

Table 15D-1: Mobile and Fixed Lithotripter Services

A	B	C	D	E	F	G	H	I
Provider	Machines	Area Gernerally Served	Facility	City	State	Number of Procedures	Average Procedures	Need
Catawba Valley Medical Center	1	Western and Central North Carolina	Catawba Valley Medical Center	Hickory	NC	140		
Total Procedures						140	140	
Fayetteville Lithotripters I	1	Eastern North Carolina and Virginia	Scotland Memorial Hospital	Laurinburg	NC	62		
			The Outer Banks Hospital	Nags Head	NC	5		
			UNC Hospitals Ambulatory Surgery Center	Chapel Hill	NC	26		
			Vidant Chowan Hospital	Edenton	NC	2		
		Out of State	Mary Immaculate Hospital	Newport News	VA	36		
			Mary Washington Hospital	Fredericksburg	VA	123		
			Stafford Hospital	Stafford	VA	12		
Total Procedures						266	266	
Fayetteville Lithotripters II	1	Western North Carolina and South Carolina	Advent Healthcare	Hendersonville	NC	26		
			Advent Healthcare SCA at One Health	Hendersonville	NC	24		
			AdventHealth Polk	Columbus	NC	4		
			Asheville VA Medical Center	Asheville	NC	1		
			Erlanger West Carolina Hospital	Murphy	NC	52		
			Frye Regional Medical Center	Hickory	NC	7		
			Harris Regional Medical Center	Sylva	NC	25		
			Haywood Regional Medical Center	Clyde	NC	33		
			Margaret Pardee Hospital	Hendersonville	NC	31		
		Out of State	Northeast Georgia Medical Center	Gainesville	GA	1		
			Prisma Health Oconee Memorial Hospital	Scenca	SC	1		

Table 15D-1: Mobile and Fixed Lithotripter Services

A	B	C	D	E	F	G	H	I
Provider	Machines	Area Gernerally Served	Facility	City	State	Number of Procedures	Average Procedures	Need
Fayetteville Lithotripters II	1	Out of State	Erlanger East Hospital	Chattanooga	TN	1		
			Indian Path Community Hospital	Kingsport	TN	7		
Total Procedures						213	213	
Mission Hospital	1		Mission Hospital (Fixed)	Asheville	NC	47		
Total Procedures						47	47	
Mobile Stone Clinic (West)	1	Western North Carolina and South Carolina			NC	0		
Total Procedures						0	0	
Piedmont Stone Center, PLLC	5	Vance/Warren	Maria Parham Health	Henderson	NC	23		
		Western and Central North Carolina and Virginia	Ashe Memorial Hospital	Jefferson	NC	50		
			Atrium Health Wake Forest Baptist	Winston-Salem	NC	21		
			Atrium Health Wake Forest Baptist High Point Medical Center	High Point	NC	316		
			Atrium Health Wake Forest Baptist Lexington Medical Center	Lexington	NC	98		
			Atrium Health Wake Forest Baptist Wilkes Medical Center	North Wilkesboro	NC	45		
			Caldwell UNC Health Care	Lenoir	NC	59		
			Cone Health Alamance Regional Medical Center	Burlington	NC	78		
			Cone Health Annie Penn Hospital	Reidsville	NC	87		
			Cone Health Wesley Long Hospital	Greensboro	NC	351		
			Hugh Chatham Memorial Hospital	Elkin	NC	62		

Table 15D-1: Mobile and Fixed Lithotripter Services

A	B	C	D	E	F	G	H	I
Provider	Machines	Area Gernerally Served	Facility	City	State	Number of Procedures	Average Procedures	Need
Piedmont Stone Center, PLLC	5	Western and Central North Carolina and Virginia	Iredell Memorial Hospital	Statesville	NC	242		
			Northern Regional Hospital	Mount Airy	NC	26		
			Novant Health Forsyth Medical Center	Winston-Salem	NC	99		
			Novant Health Rowan Medical Center	Salisbury	NC	71		
			Novant Health Thomasville Medical Center	Thomasville	NC	2		
			Piedmont Stone Center	Winston-Salem	NC	726		
			Randolph Health	Asheboro	NC	67		
			UNC Health Appalachian	Boone	NC	74		
			UNC Health Blue Ridge- Morganton	Morganton	NC	25		
			UNC Health Blue Ridge-Valdese	Valdese	NC	96		
		Out of State	Carilion New River Valley Medical Center	Christiansburg	VA	61		
			Carilion Rockbridge Community Hospital	Lexington	VA	26		
			Centra Health Lynchburg General Hospital	Lynchburg	VA	199		
			Sentara Martha Jefferson Hospital	Charlottesville	VA	188		
			Sovah Health-Martinsville	Lynchburg	VA	296		
			Twin County Regional Healthcare	Galax	VA	72		
Total Procedures						3,460	692	
Stone Institute of the Carolinas, LLC	2	Western and Central North Carolina	Atrium Health Cabarrus	Concord	NC	154		
			Atrium Health Huntersville	Huntersville	NC	42		
			Atrium Health Mercy	Charlotte	NC	87		

Table 15D-1: Mobile and Fixed Lithotripter Services

A	B	C	D	E	F	G	H	I
Provider	Machines	Area Gernerally Served	Facility	City	State	Number of Procedures	Average Procedures	Need
Stone Institute of the Carolinas, LLC	2	Western and Central North Carolina	Atrium Health Pineville	Charlotte	NC	123		
			Atrium Health Union West	Monroe	NC	246		
			Atrium Health University	Charlotte	NC	89		
			Cleveland Regional Medical Center	Shelby	NC	122		
			Gaston Memorial Hospital	Gastonia	NC	217		
			Lake Norman Regional	Mooresville	NC	78		
			Novant Health Huntersville Medical Center	Huntersville	NC	42		
			Novant Health Matthews Medical Center	Charlotte	NC	83		
			Novant Health Presbyterian Medical Center	Charlotte	NC	30		
		Out of State	Piedmont Medical Center	Rock Hill	SC	10		
Total Procedures						1,323	662	
Triangle Lithotripsy	1	East Central North Carolina	Nash Day Hospital	Rocky Mount	NC	19		
			North Carolina Specialty Hospital	Durham	NC	83		
			Rex Hospital	Raleigh	NC	479		
			Sampson Regional Medical Center	Clinton	NC	9		
			WakeMed	Raleigh	NC	359		
			Wayne Memorial	Goldsboro	NC	59		
Total Procedures						1,008	1,008	

Table 15D-1: Mobile and Fixed Lithotripter Services

A	B	C	D	E	F	G	H	I
Provider	Machines	Area Gernerally Served	Facility	City	State	Number of Procedures	Average Procedures	Need
Grand Total	16					7,522	470	0

Table 15D-2: Lithotripter Need Determination
(Proposed for Certificate of Need Review Commencing in 2027)

Service Area	Lithotripter Need Determination	Certificate of Need Application Deadline	Certificate of Need Beginning Review Date
It is determined that there is no need anywhere in the state and no reviews are scheduled.			

E. MAGNETIC RESONANCE IMAGING SCANNERS

Introduction

G.S. § 131E-176(14m) defines a *magnetic resonance imaging (MRI) scanner* as “medical imaging equipment that uses nuclear magnetic resonance.” The methodology designates MRI scanners as either fixed or mobile. A *mobile* MRI scanner means an MRI scanner and transporting equipment that is moved at least weekly to provide services at two or more host facilities. A *fixed* MRI scanner means an MRI scanner that is not a mobile MRI scanner.

Definitions

A *base outpatient* scan is a scan performed on an outpatient and does not use contrast or intravenous (IV) sedation.

A *complex outpatient* scan is a scan performed on an outpatient and uses contrast or IV sedation.

A *base inpatient* scan is a scan performed on an inpatient and does not use contrast or IV sedation.

A *complex inpatient* scan is a scan performed on an inpatient and uses contrast or IV sedation.

The *projection year* is three years beyond the current reporting year. The current projection year is 2028.

A *rural* county is a county with a population of 125,000 or less according to the 2020 federal decennial census or any subsequent decennial census.

An *urban* county is a county with a population greater than 125,000 according to the 2020 federal decennial census or any subsequent decennial census.

A fixed MRI scanner’s *service area* is based on the Acute Care Bed Service Areas as defined in Chapter 5 and shown in Figure 5.1. In multicounty Acute Care Bed Service Areas that contain both urban and rural counties, the MRI scanner’s service area is the Acute Care Bed Service Area exclusive of the urban county(ies). A service area for fixed MRI scanners is either a single rural county or a grouping of multiple rural counties.

Changes from the Previous Plan

The SHCC approved adjustments to the MRI need determination methodology in response to the General Assembly’s enactment of Session Law 2023-7 (SL 2023-7), effective November 21, 2026. The law establishes that all MRI scanners in counties with a population greater than 125,000 according to the 2020 federal decennial census or any subsequent decennial census are not subject to CON requirements [See, § 131E-176 (14o)]. This law applies to all fixed and mobile MRI scanners that are acquired in urban counties, as defined above.

The inventory and utilization data for fixed scanners in urban counties, and for all urban mobile MRI scanner sites are excluded from the need determination calculations. Tables 15E-1 and 15E-2 present only the inventory of fixed MRI scanners in rural counties and mobile MRI scanners that served rural sites during the current reporting year, utilization on these scanners, and rural county need determination calculations. Table 15E-3 (Existing and Approved Specialized MRI Scanners and Policy AC-3 MRI Scanners) is provided for information purposes only.

Data Sources

In addition to the standard data sources listed in the introduction to this chapter, this methodology also obtains the July 1 estimated population data for 2025 provided by the North Carolina Office of State Budget and Management.

Assumptions of the Methodology

1. An MRI procedure is a single procedure performed on one patient on one defined body part during one visit. Each MRI procedure must be directly linked to a single billable Current Procedural Terminology (CPT) code associated with the MRI procedure. For example, an MRI brain scan with and without contrast performed in one visit is a single procedure with a single CPT code.
2. Fixed MRI scanners in urban counties and all mobile MRI scanners at urban sites are excluded from need determination calculations. Thus, the methodology applies only to fixed MRI scanners and mobile MRI scanner sites in rural counties. The methodology for determining need is based on fixed and mobile procedures performed at rural hospitals, fixed procedures performed at rural freestanding facilities, and procedures performed on mobile MRI scanners at rural mobile sites.
3. Each CON-approved fixed MRI scanner in a rural county is counted as one scanner in the inventory in Table 15E-1.
4. The inventory shall exclude all MRI scanners used for research only, non-clinical MRI scanners, and MRI scanners awarded based on need determinations for a dedicated purpose or demonstration project. If such a scanner is approved in a rural county, it will be listed in Table 15E-3.
5. Any Intraoperative Magnetic Resonance Imaging Scanners (iMRI) in a rural county, approved through Policy TE-2, shall not be counted in the inventory of fixed MRI scanners, and the procedures performed on an iMRI will not be used in the need methodology calculations. Providers of iMRI procedures shall report intraoperative procedures and inpatient procedures performed on an iMRI separately from conventional MRI scanners. An iMRI scanner shall not be used for outpatients and may not be replaced with a conventional MRI scanner.
6. Need thresholds are arranged in tiers based on the number of scanners, weighting of procedures based on complexity, and a component addressing MRI service areas that have no fixed MRIs but have mobile MRI scanners serving the area. The complexity of an MRI procedure is weighted based on whether the procedure is inpatient or outpatient and whether the procedure includes contrast or IV sedation.

The weighted tiers are based on the assumption that the time necessary to complete one base outpatient MRI procedure is 33 minutes. Capacity of a single MRI scanner is defined as an MRI scanner being available and staffed for use at least 66 hours per week for 52 weeks per year, which equals 6,240 procedures annually, at 33 minutes per procedure ($66 \times 52 \times (60/33) = 6,240$). This definition of capacity represents 100% of the procedure volume the equipment can complete under ideal conditions.

7. The need determination for any one service area shall not exceed two MRI scanners per year, unless the SMFP includes an adjusted need determination for a specific MRI service area.
8. In general, projection of need three years beyond the current reporting year allows sufficient time to place a new MRI scanner into operation.

9. A facility that offers MRI services on a full-time basis pursuant to a service agreement with an MRI provider is not precluded from applying for a need determination to replace the existing contracted service with a fixed MRI scanner under the applicant's ownership and control.

Application of the Methodology

Use the following table to obtain the Adjusted Threshold, based on the number of fixed MRI scanners in the service area. Multiply 6,240 by the Planning Threshold to obtain the Inpatient and Contrast Adjusted Threshold corresponding to the number of fixed MRI scanners in the service area (e.g., for facilities with two or more fixed MRI scanners, multiply 6,240 by 80% to obtain the Adjusted Threshold of 4,992).

Number of Fixed MRI Scanners in Service Area	Planning Threshold	Adjusted Thresholds
2 or more	80.0%	4,992
1	70.0%	4,368
0	30.0%	1,872

The following table shows the calculations for the weighting values to be assigned based on the complexity of the procedure type on either a fixed or mobile MRI scanner. For example, a base outpatient scan is not weighted; in other words, its weight is "1." To calculate the weight for a complex outpatient scan, divide its procedure time (40) by the procedure time for a base outpatient scan (33).

Procedure Type	Procedure Time in Minutes	Weight
Base Outpatient	33	1.0
Complex Outpatient	40	40/33
Base Inpatient	60	60/33
Complex Inpatient	70	70/33

The standard methodology used to determine need for fixed MRI scanners is as follows:

Calculation of Total Adjusted Procedures (*Table 15E-1*)

- Step 1: For each MRI service area, sum the number of clinical fixed and mobile MRI scanners in operation, CON-approved fixed or mobile MRI scanners under development, and scanners available pursuant to need determinations pending review or appeal. The total is the number of Fixed Scanners in each service area (*Column E*).
- Step 2: Convert the number of fixed and mobile MRI scanners to Fixed Equivalent scanners as follows (*Column F*):
- a. For each existing fixed MRI scanner, assign a value of one fixed equivalent scanner;
 - b. For each approved fixed MRI scanner, assign a value of one fixed equivalent scanner, even though the site may be receiving mobile services temporarily until the fixed scanner is operational. Table 15E-1 does not list mobile services separately from the approved fixed MRI scanner if the mobile unit will no longer be used when the fixed MRI scanner is operational.

- c. For each existing mobile MRI scanner site, calculate the fixed equivalent for each mobile site by dividing the number of MRI scans performed at each site by the threshold for the MRI service area, with the exception that the fixed equivalent shall be no greater than one.

Step 3: Sum the number of fixed equivalent scanners for each MRI service area (*Column F*).

Step 4: Determine the total number of MRI scans performed at each site regardless of whether the MRI scanner is fixed or mobile. If procedures are provided in a county that is part of more than one MRI service area, divide the procedures equally among the applicable service area (*Column G*).

Step 5: Of the total number of procedures performed, determine the number performed by type (i.e., base or complex, inpatient or outpatient; *Columns H-K*).

Step 6: For each site, multiply the number of complex outpatient procedures by $(40 \div 33)$, the number of base inpatient scans by $(60 \div 33)$, and the number of complex inpatient scans by $(70 \div 33)$ to calculate the number of adjusted scans of each type.

Step 7: For each site, sum the total from Step 6 to calculate the Adjusted Total MRI procedures for each site (*Column L*).

Step 8: For each service area, sum the number of adjusted total procedures for all sites in the service area (*Column L*).

Calculate MRI Need Projections (Table 15E-2)

Step 9: Enter the number of Adjusted Scans for the service area from the three most recent reporting years. The scans have been adjusted by using the weights described above. (*Column B*).

Step 10: Calculate the Average Annual Change Rate (AACR) in the number of adjusted scans for the three most recent reporting years. To do so, first determine the total number of adjusted scans during each of the last four reporting years. Next, calculate the difference in the number of adjusted scans provided from year to year. Then determine the percent change from the previous reporting year by dividing the calculated difference in adjusted scans by the total number of adjusted scans provided during the previous reporting year [(scans in current reporting year – scans in previous reporting year) / scans in previous reporting year]. Finally, total the annual percent change and divide by three to determine the AACR (*Column C*).

Step 11: Multiply the number of Adjusted Scans from the current reporting year in Column B by the AACR in Column C and add the number of Adjusted Scans from the current reporting year to obtain the AACR Projected Scans (*Column D*).

Step 12: Calculate the population growth as [(projection year population – reporting year population)/reporting year population] (*Column E*). If the population is projected to decline during that period, the Population Growth Used is zero; otherwise, the Population Growth Used (*Column F*) is the same as the calculated Population Growth in Column E.

Step 13: Calculate the number of Population Projected Scans based on population growth by multiplying the value in Column D by the value in Column F and adding the value in Column D (*Column G*).

Step 14: Transfer the number of Fixed Equivalent scanners from Column F in Table 15E-1 and enter it into Table 15E-2 (*Column H*).

Step 15: Divide the number of Population Projected Scans in Column G by the number of Fixed Equivalent scanners in Column H to calculate the Average Scans per scanner (*Column I*).

Step 16: Divide the Average Scans per scanner in Column I by the Planning Threshold in Column J to calculate the MRI Need (*Column K*). If the result is greater than or equal to 1, but less than 2, enter a “1” in Column K. If the result is greater than or equal to 2, enter a “2” in Column K.

Unless otherwise specified by the methodology, calculations do not use rounded values. However, fractional values are rounded automatically when displayed.

The SMFP does not have a methodology to project need for additional mobile MRI scanners. A summer petition is required to place a need determination for a mobile scanner in a rural county in the upcoming SMFP. If the need determination is approved, any person may apply for a CON to acquire the mobile MRI scanner.

Table 15E-1: MRI Procedures by MRI Service Area with Tiered Thresholds, Counties with 125,000 Population or Less

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Scanner	Fixed Equiv	Total MRI Scans	Base Outpatient	Complex Outpatient	Base Inpatient	Complex Inpatient	Adjusted Total
			No Service Site								
Alexander											
			No Service Site								
Alleghany											
Anson	Mobile		Atrium Health Anson	0	0.15	275	154	121	0	0	301
Anson				0	0.15	275					301
Ashe	Hospital Fixed	D-008162-08	Ashe Memorial Hospital	1	1.00	1,209	755	274	151	29	1,423
Ashe				1	1.00	1,209					1,423
			No Service Site								
Avery											
Beaufort	Hospital Fixed	Q-005992-99	ECU Health Beaufort Hospital	1	1.00	2,946	1,236	887	448	375	3,921
Beaufort/Hyde				1	1.00	2,946					3,921
			No Service Site								
Bertie											
Bladen	Hospital Fixed	N-012454-23	Cape Fear Valley - Bladen County Hospital*	1	1.00	681	521	160	0	0	715
Bladen	Mobile	M-006605-02	Bladen Healthcare (Mobile Imaging of North Carolina)	0	0.07	355	263	92	0	0	375
Bladen				1	1.07	1,036					1,089
Burke	Hospital Fixed	E-006961-03	UNC Health Blue Ridge-Morganton Campus	1	1.00	4,200	2,011	900	624	665	5,647
Burke	Hospital Fixed	E-007203-05	UNC Health Blue Ridge-Valdese Campus	1	1.00	1,801	1,177	602	15	7	1,949
Burke	Mobile	E-007066-04	Blue Ridge Radiology - Hickory (Blue Ridge Healthcare Medical Group)	0	0.33	1,660	1,059	601	0	0	1,787
Burke	Mobile	E-008230-08	EmergeOrtho Morganton (EmergeOrtho)	0	0.40	2,012	1,882	130	0	0	2,040
Burke				2	2.74	9,673					11,423
Caldwell	Hospital Fixed	E-007222-05	Caldwell UNC Health Care	1	1.00	3,746	1,072	2,109	253	312	4,750
Caldwell	Freestanding Fixed	E-012398-23	EmergeOrtho-Lenoir (EmergeOrtho)	1	1.00	2,915	2,670	245	0	0	2,967
Caldwell				2	2.00	6,661					7,717
Carteret	Hospital Fixed	P-005282-95	Carteret Health Care	1	1.00	4,119	2,295	1,094	476	254	5,025
Carteret	Freestanding Fixed	P-008049-08	Seashore Imaging	1	1.00	2,822	2,038	784	0	0	2,988
Carteret	Mobile	O-006434-01	EmergeOrtho Coastal (Cape Fear Diagnostic Imaging)	0	0.16	805	800	5	0	0	806
Carteret	Mobile	Legacy	EmergeOrtho Coastal (Novant Health-Norfolk)	0	0.08	379	348	31	0	0	386

Table 15E-1: MRI Procedures by MRI Service Area with Tiered Thresholds, Counties with 125,000 Population or Less

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Scanner	Fixed Equiv	Total MRI Scans	Base Outpatient	Complex Outpatient	Base Inpatient	Complex Inpatient	Adjusted Total
Carteret	Mobile	J-008453-09	EmergeOrtho-Guardian (EmergeOrtho)	0	0.01	42	42	0	0	0	42
Carteret	CON-Approved Freestanding Fixed	P-012478-24	Seashore Imaging Cedar Point	1	1.00	0	0	0	0	0	0
Carteret				3	3.25	8,167					9,247
Chatham	Mobile		Chatham Hospital	0	0.77	1,449	800	568	25	56	1,653
Chatham				0	0.77	1,449					1,653
Cherokee	Hospital Fixed	A-006767-03	Erlanger Murphy Medical Center	1	1.00	2,442	1,801	488	33	120	2,707
Cherokee/Clay				1	1.00	2,442					2,707
Chowan	Hospital Fixed	R-008168-08	ECU Health Chowan Hospital	1	1.00	2,153	1,381	567	140	65	2,461
Chowan/Tyrrell				1	1.00	2,153					2,461
			No Service Site								
Clay/Graham/Madison/Yancey											
Cleveland	Hospital Fixed	C-006894-03	Atrium Health Cleveland	1	1.00	8,303	2,936	2,656	1,867	844	11,340
Cleveland	Hospital Fixed	C-006915-03	Atrium Health Kings Mountain, a Facility of Atrium Health Cleveland	1	1.00	1,944	861	765	240	78	2,390
Cleveland	CON-Approved Freestanding Fixed	C-012413-23	Atrium Health Imaging Shelby	1	1.00	0	0	0	0	0	0
Cleveland				3	3.00	10,247					13,730
Columbus	Hospital Fixed	O-006426-01	Columbus Regional Healthcare System	1	1.00	2,585	1,100	935	309	241	3,306
Columbus	Mobile	O-007340-05	Advanced Imaging (Columbus Regional Diagnostics)	0	0.10	452	452	0	0	0	452
Columbus				1	1.10	3,037					3,758
Craven	Hospital Fixed	P-002653-86; P-005760-97	CarolinaEast Medical Center	2	2.00	8,351	3,652	2,642	1,443	614	10,780
Craven	Freestanding Fixed	P-008108-08	CCHC Imaging Center (Coastal Carolina Health Care)	1	1.00	4,034	2,783	1,251	0	0	4,299
Craven	Freestanding Fixed	P-006764-03	CCHC Imaging Center (Coastal Carolina Health Care)	1	1.00	3,304	3,028	276	0	0	3,363
Craven/Jones/Pamlico				4	4.00	15,689					18,442
Dare	Hospital Fixed	R-007329-05	Outer Banks Health Hospital	1	1.00	3,317	1,825	1,291	123	78	3,779

Table 15E-1: MRI Procedures by MRI Service Area with Tiered Thresholds, Counties with 125,000 Population or Less

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Scanner	Fixed Equiv	Total MRI Scans	Base Outpatient	Complex Outpatient	Base Inpatient	Complex Inpatient	Adjusted Total
Dare	Need Determination		2026 Need Determination	1	1.00	0	0	0	0	0	0
Dare				2	2.00	3,317					3,779
Davie	Hospital Fixed	G-011537-18	Davie Medical Center*	1	1.00	6,046	2,998	2,614	197	237	7,027
Davie	CON-Approved at Hospital	G-012510-24	Davie Medical Center	1	1.00	0	0	0	0	0	0
Davie				2	2.00	6,046					7,027
Duplin	Mobile		ECU Health Duplin Hospital	0	0.45	1,957	1,014	567	237	139	2,427
Duplin	CON-Approved at Hospital	P-012327-23	ECU Health Duplin Hospital	1	1.00	0	0	0	0	0	0
Duplin				1	1.45	1,957					2,427
Edgecombe	Hospital Fixed		ECU Health Edgecombe Hospital	1	1.00	2,207	1,262	522	299	124	2,701
Edgecombe				1	1.00	2,207					2,701
Franklin	Hospital Fixed	K-007501-06	Maria Parham Health-Franklin	1	1.00	0	0	0	0	0	0
Franklin				1	1.00	0					0
Granville	Hospital Fixed	K-010064-12	Granville Medical Center	1	1.00	1,142	755	296	81	10	1,282
Granville	Mobile	J-008453-09	EmergeOrtho-Oxford (EmergeOrtho)	0	0.08	366	360	6	0	0	367
Granville	Mobile	J-012359-23	EmergeOrtho-Oxford (EmergeOrtho)	0	0.08	328	326	2	0	0	328
Granville				1	1.16	1,836					1,978
			No Service Site								
Greene/Hyde/Tyrrell											
Halifax	Hospital Fixed	L-007257-05	ECU Health North Hospital	1	1.00	2,770	1,674	512	475	109	3,389
Halifax/Northampton				1	1.00	2,770					3,389
Haywood	Hospital Fixed	A-005060-94; A-007807-07	Haywood Regional Medical Center	2	2.00	4,860	2,989	1,222	501	148	5,695
Haywood				2	2.00	4,860					5,695
Henderson	Hospital Fixed	B-006012-99; B-007384-05	AdventHealth Hendersonville	1	1.00	5,180	1,995	2,010	721	454	6,705
Henderson	Hospital Fixed	B-006004-99	Margaret R. Pardee Memorial Hospital	2	2.00	8,610	4,240	3,493	428	449	10,205

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Table 15E-1: MRI Procedures by MRI Service Area with Tiered Thresholds, Counties with 125,000 Population or Less

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Scanner	Fixed Equiv	Total MRI Scans	Base Outpatient	Complex Outpatient	Base Inpatient	Complex Inpatient	Adjusted Total
Henderson	Need Determination		2026 Need Determination	1	1.00	0	0	0	0	0	0
Henderson				4	4.00	13,790					16,910
Hertford	Hospital Fixed	Q-007213-05	ECU Health Roanoke-Chowan Hospital	1	1.00	1,936	1,255	384	218	79	2,284
Hertford/Gates				1	1.00	1,936					2,284
Hoke	Hospital Fixed	N-011445-18	Cape Fear Valley Hoke Hospital*	1	1.00	2,160	1,365	600	146	49	2,462
Hoke	Mobile	H-006104-99	FirstHealth Moore Regional Hospital- Hoke Campus (First Health of The Carolinas)	0	0.60	2,973	2,389	563	4	17	3,115
Hoke	CON-Approved at Hospital	N-011284-17	FirstHealth Moore Regional Hospital - Hoke Campus* (FirstHealth of the Carolinas)	1	1.00	0	0	0	0	0	0
Hoke				2	2.60	5,133					5,576
Jackson	Hospital Fixed	A-006797-03; A-008195-08	Harris Regional Hospital	2	2.00	3,254	939	2,132	77	106	3,888
Jackson				2	2.00	3,254					3,888
Lee	Hospital Fixed	J-005901-98	Central Carolina Hospital	1	1.00	1,494	207	974	42	271	2,039
Lee	Mobile	O-006434-01	First Health Lee Campus (Cape Fear Diagnostic Imaging)	0	0.10	425	416	9	0	0	427
Lee	Mobile	J-007008-04	First Health Lee Campus (Novant Health Norfolk)	0	0.51	2,243	1,804	439	0	0	2,336
Lee				1	1.61	4,162					4,802
Lenoir	Hospital Fixed		UNC Lenoir Health Care	1	1.00	3,558	1,673	1,066	552	267	4,535
Lenoir	CON-Approved Freestanding Fixed	P-012522-24	UNC Lenoir Imaging	1	1.00	0	0	0	0	0	0
Lenoir				2	2.00	3,558					4,535
Lincoln	Hospital Fixed	F-008081-08	Atrium Health Lincoln	1	1.00	6,541	2,732	2,666	464	679	8,247
Lincoln	Freestanding Fixed	F-011440-17	Carolinas Imaging Services - Denver (Carolinas Imaging Services, LLC)	1	1.00	2,793	1,697	1,096	0	0	3,025
Lincoln	Need Determination		2026 Need Determination	1	1.00	0	0	0	0	0	0
Lincoln				3	3.00	9,334					11,273
Macon	Hospital Fixed	A-006828-03	Angel Medical Center	1	1.00	3,277	1,839	1,218	164	56	3,732

Table 15E-1: MRI Procedures by MRI Service Area with Tiered Thresholds, Counties with 125,000 Population or Less

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Scanner	Fixed Equiv	Total MRI Scans	Base Outpatient	Complex Outpatient	Base Inpatient	Complex Inpatient	Adjusted Total
Macon	Hospital Fixed	A-007197-05	Highlands-Cashiers Hospital	1	1.00	736	483	221	26	6	811
Macon				2	2.00	4,013					4,543
			No Service Site								
Martin											
McDowell	Hospital Fixed	C-007304-05	Mission Health McDowell	1	1.00	2,273	995	928	242	108	2,789
McDowell	Mobile	E-007066-04	Blue Ridge Radiology - Marion (Blue Ridge Healthcare Medical Group)	0	0.24	1,035	720	315	0	0	1,102
McDowell				1	1.24	3,308					3,891
Mitchell	Hospital Fixed	D-006866-03	Blue Ridge Regional Hospital	1	1.00	2,017	1,059	796	107	55	2,335
Mitchell				1	1.00	2,017					2,335
Montgomery	Mobile	J-007008-04	First Health Montgomery (Troy) Memorial Hospital (Novant Health Norfolk)	0	0.19	360	235	109	12	4	397
Montgomery	Mobile	Legacy	FirstHealth Montgomery Memorial Hospital (Novant Health-Norfolk)	0	0.25	466	360	87	17	2	501
Montgomery				0	0.44	826					898
Moore	Hospital Fixed	H-005602-97; H-007097-04	FirstHealth Moore Regional Hospital	2	2.00	9,668	3,802	3,178	1,844	844	12,797
Moore	Freestanding Fixed	H-008365-09	First Health Southern Pines Diagnostic Imaging (Firsthealth of the Carolinas)	1	1.00	1,980	1,564	416	0	0	2,068
Moore	Freestanding Fixed	H-011911-20	First Imaging (First Imaging of the Carolinas)	1	1.00	0	0	0	0	0	0
Moore	Freestanding Fixed	H-006845-03	Pinehurst Surgical Clinic	1	1.00	6,032	5,509	523	0	0	6,143
Moore	CON-Approved at Hospital	H-012637-25	FirstHealth Moore Regional Hospital	1	1.00	0	0	0	0	0	0
Moore				6	6.00	17,680					21,008
Nash	Hospital Fixed	L-005908-98	Nash Hospitals	2	2.00	8,691	4,368	2,166	1,673	484	11,062
Nash	CON-Approved at Hospital	L-012651-25	Nash Imaging (Nash Hospital)	1	1.00	0	0	0	0	0	0
Nash				3	3.00	8,691					11,062
Pasquotank	Hospital Fixed	R-007623-06	Sentara Albemarle Medical Center	1	1.00	5,562	3,217	1,438	532	375	6,723
Currituck	Mobile	R-006293-00	Sentara Advanced Imaging Solutions-Moyock (Sentara Advanced Imaging Solutions)	0	0.05	248	248	0	0	0	248
Pasquotank	Mobile	R-006293-00	Sentara Albemarle Medical Center (Sentara Advanced Imaging Solutions)	0	0.26	1,302	803	464	23	12	1,433

Table 15E-1: MRI Procedures by MRI Service Area with Tiered Thresholds, Counties with 125,000 Population or Less

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Scanner	Fixed Equiv	Total MRI Scans	Base Outpatient	Complex Outpatient	Base Inpatient	Complex Inpatient	Adjusted Total
Pasquotank	Need Determination		2022 Need Determination (under appeal)	1	1.00	0	0	0	0	0	0
Pasquotank/Camden/Currituck/Perquimans				2	2.31	7,112					8,403
Pender	Mobile		Pender Memorial Hospital	0	0.48	904	449	445	7	3	1,007
Pender				0	0.48	904					1,007
Person	Hospital Fixed	K-010277-14	Person Memorial Hospital	1	1.00	401	7	339	0	55	535
Person				1	1.00	401					535
Polk	Mobile	Legacy	Advent Health Polk (Novant Health- Norfolk)	0	0.23	435	291	123	15	6	480
Polk	Mobile		AdventHealth Polk	0	0.31	572	399	164	7	2	615
Polk				0	0.54	1,007					1,095
Richmond	Hospital Fixed	H-008193-08	FirstHealth Moore Regional Hospital - Richmond	1	1.00	0	0	0	0	0	0
Richmond				1	1.00	0					0
Robeson	Hospital Fixed	N-005496-96; N-006606-02	UNC Health Southeastern	2	2.00	7,301	4,208	1,713	907	473	8,937
Robeson				2	2.00	7,301					8,937
Rockingham	Hospital Fixed	G-006691-02	Annie Penn Hospital	1	1.00	4,317	2,264	1,333	465	255	5,266
Rockingham	Hospital Fixed	G-006297-00	UNC Rockingham Hospital	1	1.00	1,635	1,127	345	116	47	1,856
Rockingham	Mobile	J-012358-23	EmergeOrtho-Reidsville (EmergeOrtho)	0	0.03	133	133	0	0	0	133
Rockingham/Caswell				2	2.03	6,085					7,255
Rutherford	Hospital Fixed	C-007298-05	Rutherford Regional Medical Center	1	1.00	2,405	570	1,533	86	216	3,043
Rutherford				1	1.00	2,405					3,043
Sampson	Hospital Fixed	M-007218-05	Sampson Regional Medical Center	1	1.00	1,571	1,086	417	51	17	1,720
Sampson				1	1.00	1,571					1,720
Scotland	Hospital Fixed	N-007805-07	Scotland Memorial Hospital	1	1.00	4,088	2,218	1,306	432	132	4,866
Scotland				1	1.00	4,088					4,866
Stanly	Hospital Fixed	F-007461-06	Atrium Health Stanly	1	1.00	4,253	2,293	1,394	402	164	5,061
Stanly	Mobile	F-007040-04	Atrium Health West Stanly Imaging (Carolinas Imaging Services)	0	0.17	859	704	155	0	0	892

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Table 15E-1: MRI Procedures by MRI Service Area with Tiered Thresholds, Counties with 125,000 Population or Less

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Scanner	Fixed Equiv	Total MRI Scans	Base Outpatient	Complex Outpatient	Base Inpatient	Complex Inpatient	Adjusted Total
Stanly	CON- Approved Freestanding Fixed	F-012366-23	Atrium Health Imaging Locust	1	1.00	0	0	0	0	0	0
Stanly				2	2.17	5,112					5,953
			No Service Site								
Stokes											
Surry	Hospital Fixed	G-006792-03	Hugh Chatham Memorial Hospital	1	1.00	1,317	771	220	272	54	1,647
Surry	Hospital Fixed	G-006569-02	Northern Regional Hospital	1	1.00	3,596	2,194	623	630	149	4,411
Surry				2	2.00	4,913					6,057
			No Service Site								
Swain											
Transylvania	Hospital Fixed	B-007019-04	Transylvania Regional Hospital	1	1.00	1,722	756	828	101	37	2,022
Transylvania				1	1.00	1,722					2,022
Vance	Hospital Fixed	K-006527-01; K-007839-07	Maria Parham Health-Vance	2	2.00	2,206	809	812	124	461	2,997
Vance/Warren				2	2.00	2,206					2,997
			No Service Site								
Washington											
Watauga	Hospital Fixed	D-006652-02	Watauga Medical Center	1	1.00	5,402	3,053	1,845	255	249	6,281
Watauga	CON- Approved Mobile	D-012552-24	Appalachian Regional Medical Associates	0	0.00	0	0	0	0	0	0
Watauga				1	1.00	5,402					6,281
Wayne	Hospital Fixed	P-006889-03; P-007447-05	UNC Health Wayne	2	2.00	8,838	5,448	2,179	760	451	10,428
Wayne	CON- Approved Freestanding Fixed	P-012700-25	Wayne MRI	1	1.00	0	0	0	0	0	0
Wayne				3	3.00	8,838					10,428
Wilkes	Hospital Fixed	D-005911-98	Wilkes Regional Medical Center	1	1.00	4,038	2,518	1,027	317	176	4,713
Wilkes	CON- Approved at Hospital	D-012683-25	Wilkes Medical Center	1	1.00	0	0	0	0	0	0

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Table 15E-1: MRI Procedures by MRI Service Area with Tiered Thresholds, Counties with 125,000 Population or Less

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Scanner	Fixed Equiv	Total MRI Scans	Base Outpatient	Complex Outpatient	Base Inpatient	Complex Inpatient	Adjusted Total
Wilkes				2	2.00	4,038					4,713
Wilson	Hospital Fixed	L-007624-06	Wilson Medical Center	1	1.00	2,339	480	1,121	183	555	3,349
Wilson	Hospital Fixed	L-007624-06	Wilson Outpatient Imaging Center	1	1.00	1,023	742	280	0	1	1,084
Wilson	Freestanding Fixed	Legacy	EmergeOrtho-Wilson (EmergeOrtho)	1	1.00	3,950	3,621	329	0	0	4,020
Wilson				3	3.00	7,312					8,452
			No Service Site								
Yadkin											
Total				86	92.10	236,096					

Threshold 2+ Fixed Scanners = 4,992
 1 Fixed Scanner = 4,368
 0 Fixed Scanners = 1,872

* Scanner approved under Policy TE-3.

Note: The 2026 SMFP includes need determinations for the Forsyth/Yadkin and the Pitt/Greene/Hyde/Tyrrell service areas. The draft tables do not include placeholders for the 2026 need determinations in these service areas. This is because Forsyth and Pitt are urban counties, which have been removed from these tables and the calculations to project need in rural counties. If a CON is awarded to a rural county pursuant to a 2026 need determination, it will be applied to the need determination methodology calculations with a potential impact on need determinations.

Table 15E-2: MRI Need Projections by Service Area, Counties with 125,000 Population or Less

A	B			C	D	E	F	G	H	I	J	K
Service Area	Adjusted Scans			Average Annual Change Rates	AACR Projected Scans	Population Growth	Population Growth Used	Population Projected Scans	Fixed Equiv	Average Scans	Threshold	MRI Need
	2023	2024	2025									
Alexander	0.0	0.0	0.0	0.0000	0.0	0.0031	0.0031	0.0	0.00	0.0	1872	0
Alleghany	0.0	0.0	0.0	0.0000	0.0	-0.0009	0.0000	0.0	0.00	0.0	1872	0
Anson	258.3	266.5	300.7	0.0799	324.7	-0.0075	0.0000	324.7	0.15	324.7	1872	0
Ashe	1,263.3	1,348.5	1,423.2	0.0614	1,510.6	0.0011	0.0011	1,512.2	1.00	1,512.2	4368	0
Avery	0.0	0.0	0.0	0.0000	0.0	-0.0055	0.0000	0.0	0.00	0.0	1872	0
Beaufort / Hyde	3,205.0	3,159.5	3,921.2	0.1134	4,366.0	0.0012	0.0012	4,371.1	1.00	4,371.1	4368	1
Bertie	0.0	0.0	0.0	0.0000	0.0	-0.0146	0.0000	0.0	0.00	0.0	1872	0
Bladen	501.4	676.8	1,089.5	0.4798	1,612.2	0.0046	0.0046	1,619.6	1.07	1,512.1	4992	0
Burke	10,617.3	11,697.8	11,422.9	0.0391	11,870.0	-0.0020	0.0000	11,870.0	2.74	4,339.1	4992	0
Caldwell	5,832.8	6,121.8	7,717.2	0.1551	8,913.9	0.0006	0.0006	8,919.4	2.00	4,459.7	4992	0
Carteret	9,851.6	9,496.8	9,247.2	-0.0311	8,959.2	0.0188	0.0188	9,127.4	3.25	2,812.2	4992	0
Chatham	1,393.3	1,485.5	1,652.7	0.0894	1,800.5	0.0399	0.0399	1,872.4	0.77	1,872.4	1872	1
Cherokee / Clay	2,843.0	2,652.8	2,707.1	-0.0232	2,644.2	0.0318	0.0318	2,728.2	1.00	2,728.2	4992	0
Chowan / Tyrrell	2,257.7	2,393.1	2,460.7	0.0441	2,569.2	-0.0032	0.0000	2,569.2	1.00	2,569.2	4368	0
Clay / Graham / Madison / Yancey	0.0	0.0	0.0	0.0000	0.0	0.0086	0.0086	0.0	0.00	0.0	1872	0
Cleveland	11,299.7	12,718.7	13,730.3	0.1026	15,138.5	0.0017	0.0017	15,164.6	3.00	5,054.9	4992	1
Columbus	3,160.5	3,372.8	3,758.4	0.0907	4,099.4	0.0007	0.0007	4,102.4	1.10	3,717.7	4368	0
Craven / Jones / Pamlico	18,128.6	18,730.4	18,442.4	0.0089	18,606.7	0.0038	0.0038	18,677.5	4.00	4,669.4	4992	0
Dare	3,091.5	3,730.2	3,778.9	0.1098	4,194.0	0.0213	0.0213	4,283.4	2.00	2,141.7	4992	0
Davie	4,659.5	4,980.8	7,027.4	0.2399	8,713.5	0.0340	0.0340	9,009.7	2.00	4,504.8	4992	0
Duplin	2,587.8	1,793.8	2,427.0	0.0231	2,483.1	0.0290	0.0290	2,555.1	1.45	1,764.5	4368	0
Edgecombe	2,661.7	2,796.9	2,701.4	0.0083	2,723.9	-0.0070	0.0000	2,723.9	1.00	2,723.9	4368	0
Franklin	0.0	19.2	0.0	-0.5000	0.0	0.0913	0.0913	0.0	1.00	0.0	4368	0
Granville	2,188.9	2,157.5	1,978.0	-0.0488	1,881.5	0.0259	0.0259	1,930.2	1.16	1,665.5	4368	0
Greene / Hyde / Tyrrell	0.0	0.0	0.0	0.0000	0.0	0.0044	0.0044	0.0	0.00	0.0	1872	0
Halifax / Northampton	2,492.2	3,046.9	3,389.5	0.1675	3,957.2	-0.0193	0.0000	3,957.2	1.00	3,957.2	4368	0

Table 15E-2: MRI Need Projections by Service Area, Counties with 125,000 Population or Less

A	B			C	D	E	F	G	H	I	J	K
Service Area	Adjusted Scans			Average Annual Change Rates	AACR Projected Scans	Population Growth	Population Growth Used	Population Projected Scans	Fixed Equiv	Average Scans	Threshold	MRI Need
	2023	2024	2025									
Haywood	5,396.8	5,695.1	5,695.1	0.0276	5,852.4	0.0173	0.0173	5,953.5	2.00	2,976.7	4992	0
Henderson	11,222.1	14,093.9	16,909.8	0.2279	20,762.8	0.0254	0.0254	21,290.4	4.00	5,322.6	4992	1
Hertford / Gates	2,223.8	2,384.2	2,284.4	0.0151	2,319.0	-0.0211	0.0000	2,319.0	1.00	2,319.0	4368	0
Hoke	4,315.1	5,223.2	5,576.4	0.1390	6,351.7	0.0278	0.0278	6,528.5	2.60	2,515.3	4992	0
Jackson	3,216.9	3,216.9	3,888.1	0.1043	4,293.7	0.0217	0.0217	4,387.1	2.00	2,193.5	4992	0
Lee	4,030.2	3,852.9	4,801.8	0.1012	5,287.6	0.0271	0.0271	5,431.1	1.61	3,371.7	4368	0
Lenoir	3,886.5	4,299.6	4,535.1	0.0805	4,900.4	-0.0005	0.0000	4,900.4	2.00	2,450.2	4992	0
Lincoln	8,054.2	10,906.8	11,272.9	0.1939	13,458.5	0.0447	0.0447	14,060.3	3.00	4,686.8	4992	0
Macon	3,590.2	3,920.9	4,543.2	0.1254	5,113.0	0.0271	0.0271	5,251.6	2.00	2,625.8	4992	0
Martin	347.0	0.0	0.0	-0.5000	0.0	-0.0244	0.0000	0.0	0.00	0.0	1872	0
McDowell	3,637.7	3,535.2	3,890.8	0.0362	4,031.6	-0.0063	0.0000	4,031.6	1.24	3,259.3	4368	0
Mitchell*	855.9	2,426.6	2,335.1	0.8987	4,433.5	-0.0104	0.0000	4,433.5	1.00	4,433.5	4368	1
Montgomery	648.4	744.5	898.0	0.1772	1,057.2	0.0006	0.0006	1,057.8	0.44	1,057.8	1872	0
Moore	25,475.9	23,326.2	21,008.3	-0.0919	19,078.2	0.0321	0.0321	19,690.0	6.00	3,281.7	4992	0
Nash	9,112.5	9,676.9	11,061.9	0.1025	12,196.1	0.0425	0.0425	12,714.2	3.00	4,238.1	4992	0
Pasquotank / Camden / Currituck / Perquimans	7,784.0	8,388.8	8,403.5	0.0397	8,737.3	0.0160	0.0160	8,877.4	2.31	3,842.2	4992	0
Pender	1,122.6	1,021.8	1,007.5	-0.0519	955.2	0.0458	0.0458	999.0	0.48	999.0	1872	0
Person	236.6	497.3	534.6	0.5885	849.2	0.0040	0.0040	852.6	1.00	852.6	4368	0
Polk	814.2	1,168.0	1,094.8	0.1859	1,298.4	0.0010	0.0010	1,299.6	0.54	1,299.6	1872	0
Richmond	0.0	0.0	0.0	0.0000	0.0	-0.0033	0.0000	0.0	1.00	0.0	4368	0
Robeson	8,181.8	8,093.5	8,936.8	0.0467	9,354.1	0.0159	0.0159	9,503.1	2.00	4,751.5	4992	0
Rockingham / Caswell	6,346.7	5,876.3	7,254.9	0.0802	7,837.1	-0.0010	0.0000	7,837.1	2.03	3,867.0	4992	0
Rutherford	2,571.3	2,758.7	3,042.7	0.0879	3,310.3	0.0076	0.0076	3,335.6	1.00	3,335.6	4368	0
Sampson	1,681.8	1,649.2	1,720.2	0.0118	1,740.6	0.0056	0.0056	1,750.4	1.00	1,750.4	4368	0
Scotland	2,608.8	4,393.7	4,866.5	0.3959	6,793.2	-0.0227	0.0000	6,793.2	1.00	6,793.2	4368	1
Stanly	5,460.4	6,117.6	5,953.4	0.0468	6,231.7	0.0323	0.0323	6,433.3	2.17	2,961.8	4992	0

Table 15E-2: MRI Need Projections by Service Area, Counties with 125,000 Population or Less

A	B			C	D	E	F	G	H	I	J	K
Service Area	Adjusted Scans			Average Annual Change Rates	AACR Projected Scans	Population Growth	Population Growth Used	Population Projected Scans	Fixed Equiv	Average Scans	Threshold	MRI Need
	2023	2024	2025									
Stokes	0.0	0.0	0.0	0.0000	0.0	0.0102	0.0102	0.0	0.00	0.0	1872	0
Surry	7,877.7	7,453.4	6,057.4	-0.1206	5,327.0	-0.0016	0.0000	5,327.0	2.00	2,663.5	4992	0
Swain	0.0	0.0	0.0	0.0000	0.0	-0.0089	0.0000	0.0	0.00	0.0	1872	0
Transylvania	1,849.9	1,984.5	2,021.8	0.0458	2,114.3	-0.0029	0.0000	2,114.3	1.00	2,114.3	4368	0
Vance / Warren	2,996.4	3,021.0	2,996.6	0.0001	2,996.8	0.0017	0.0017	3,001.7	2.00	1,500.9	4992	0
Washington	0.0	0.0	0.0	0.0000	0.0	-0.0245	0.0000	0.0	0.00	0.0	1872	0
Watauga	6,106.0	6,308.5	6,281.2	0.0144	6,371.7	-0.0087	0.0000	6,371.7	1.00	6,371.7	4992	1
Wayne	9,745.0	10,246.4	10,427.7	0.0346	10,788.2	0.0003	0.0003	10,791.5	3.00	3,597.2	4992	0
Wilkes	4,342.2	4,438.9	4,712.5	0.0420	4,910.3	0.0004	0.0004	4,912.5	2.00	2,456.2	4992	0
Wilson	8,245.1	7,930.7	8,452.1	0.0138	8,568.8	0.0042	0.0042	8,604.7	3.00	2,868.2	4992	0
Yadkin	0.0	0.0	0.0	0.0000	0.0	-0.0009	0.0000	0.0	0.00	0.0	1872	0
Totals	252,277.4	267,297.0	281,640.8		303,688.1			308,171.8	92.10			7

* The State Health Coordinating Council voted to remove the need determination for 1 fixed MRI scanner in Mitchell County.

Note: The 2026 SMFP includes need determinations for the Forsyth/Yadkin and the Pitt/Greene/Hyde/Tyrrell service areas. The calculations in this table do not consider placeholders for the 2026 need determinations in these service areas. This is because Forsyth and Pitt are urban counties, which have been removed from these tables and the calculations to project need in rural counties. If a CON is awarded to a rural county pursuant to a 2026 need determination, it will be applied to the need determination methodology calculations with a potential impact on need determinations in the Final 2027 SMFP.

Table 15E-3: Existing and Approved Specialized MRI Scanners and Policy AC-3 MRI Scanners

Scanner Use	County	Provider	CON Project ID	Number of Scanners
AC-3 Scanner - Cardiovascular Clinical	Durham	Duke University Hospital	J-006511-01, J-011331-17	2
Dedicated Radiation Oncology Scanner	Durham	Duke University Hospital	J-006295-00	1
AC-3 Scanner - Operating Room Suite	Durham	Duke University Hospital	J-008030-07	1
AC-3 Scanner	Durham	Duke University Hospital	J-012155-21	1
AC-3 Scanner - Pediatric	Durham	Duke University Hospital	J-008466-10	1
AC-3 Scanner - Radiation Oncology	Forsyth	Atrium Health Wake Forest Baptist Medical Center	G-006816-03	1
Dedicated Breast Scanner	Mecklenburg	Charlotte Radiology Breast Center	F-006725-02	1
Dedicated Pediatric Scanner	Mecklenburg	Carolinas Medical Center (Levine Children's Hospital)	F-007219-05	1
Intraoperative MRI (iMRI)	Mecklenburg	Carolinas Medical Center	F-011210-16	1
AC-3 Scanner - Operating Room Suite	Orange	University of North Carolina Medical Center	J-012340-21	1
AC-3 MR Simulator	Orange	University of North Carolina Medical Center	J-011864-20	1
AC-3 Scanner	Orange	University of North Carolina Medical Center	J-012227-22	1
Research Scanners	Pitt	ECU Health Medical Center		2 (mobile)

Table 15E-4: Fixed MRI Scanner Need Determination*
(Proposed for Certificate of Need Review Commencing in 2027)

Service Area	Fixed MRI Scanner Need Determination	Certificate of Need Application Deadline**	Certificate of Need Beginning Review Date
Beaufort/Hyde	1	To be determined	To be determined
Chatham	1	To be determined	To be determined
Cleveland	1	To be determined	To be determined
Henderson	1	To be determined	To be determined
Scotland	1	To be determined	To be determined
Watauga	1	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 for a CON to meet the need, not just the health service facility or facilities that generated the need.

** Application deadlines are absolute, pursuant to 10A NCAC 14C.0202(2). The filing deadline is 5:00 p.m. on the application deadline date.

*** The State Health Coordinating Council approved the removal of the need determination for Mitchell County.

F. POSITRON EMISSION TOMOGRAPHY SCANNERS

Introduction

A *positron emission tomography (PET) scanner*, as defined in G.S. § 131E-176(19a), means “equipment that utilizes a computerized radiographic technique that employs radioactive substances to examine the metabolic activity of various body structures.”

The first PET scanners were dedicated machines performing only that service, supported by cyclotrons on-site. However, PET scanners now include hybrid machines, performing a variety of nuclear medicine studies and supported by new tracer production facilities housing cyclotrons in stand-alone facilities. Many PET scanners are configured with a single gantry to accommodate computed tomography (CT) to acquire sequential PET and CT images during the same exam. All these machines are PET scanners as defined in G.S. § 131E-176(19a), but they vary widely in their capabilities.

Definitions

Dedicated PET scanners can be fixed or mobile. *Mobile* PET scanner means a dedicated PET scanner and its transporting equipment that is moved, at least weekly, to provide services at two or more host facilities. A *fixed* PET scanner is one that is not mobile.

A fixed PET scanner’s *service area* is the HSA in which it is located (*Table 15F-1*). Appendix A identifies the multicounty groupings that comprise the HSAs. A mobile PET scanner’s service area is statewide. A *statewide service area* is defined as a planning area that encompasses the entire state when determining need. For mobile equipment, the definition does not imply that a CON applicant is required to project that it will provide mobile services in a certain number of counties, HSAs, or regions. Similarly, once developed, the equipment does not have to serve a certain number of counties, HSAs, or regions.

Changes from Previous Plan

This section contains no substantive changes from the previous State Medical Facilities Plan (SMFP).

Assumptions of the Methodology

1. The methodology concerns dedicated fixed PET scanners only. Dedicated scanners do not perform other nuclear medicine procedures.
2. The facility has a deficit when its overall utilization of dedicated fixed PET scanners is at or above 80% of capacity during the current reporting year. For the purpose of need determination calculations, the annual capacity of a dedicated fixed PET scanner is 3,000 procedures; 80% capacity is 2,400 procedures.¹

¹ Beginning with the 2009 SMFP, the fixed PET scanner capacity was reduced from 2,600 procedures to 2,400 procedures annually. However, the mobile PET scanner capacity was not revised, and remains at 2,600 procedures annually.

Application of the Methodology

Part 1 (*Table 15F-1*):

- Step 1: For each facility that operates a fixed PET scanner, enter the inventory of existing scanners (*Column C*).
- Step 2: Enter adjustments for the number of CON-approved fixed PET scanners under development and the number of fixed PET scanners available pursuant to need determinations pending review or appeal (*Column D*).
- Step 3: Sum the results of Step 1 and Step 2 to arrive at the Planning Inventory (*Column E*). Enter the number of procedures for each facility for the current reporting period in Column F.
- Step 4: Multiply the number of fixed PET scanners at each facility listed in Column E by 3,000 procedures to determine the PET scanner capacity at each facility.
- Step 5: Divide the total number of PET scanner procedures performed at each facility (*Column F*) by the PET scanner capacity calculated in Step 4. Multiply the results by 100 to obtain the total utilization percentage (*Column G*). A facility has a deficit if its total utilization is 80% or greater (*Column H*). A negative one (-1) will appear in Column H for need determinations from previous SMFPs.
- Step 6: For each HSA, add all deficits listed in Column H. If the HSA's total deficits sum to a negative number, the HSA total will show as zero in Column H. The result is the service area's total facility deficit. The service area's facility deficit is the need determination for additional fixed PET scanners (*Column I*) except as provided in Step 7 for both parts of the methodology combined.

Part 2:

- Step 7: Identify each major cancer treatment facility, program, or provider in the state, defined as providers that own or operate two linear accelerators that performed over 12,500 ESTV procedures during the current reporting year (*Table 15C-1*).
- Step 8: A service area has a need determination for one additional fixed PET scanner if a major cancer treatment facility, program, or provider identified in Step 7 is hospital-based (i.e., on a hospital's license) and does not own or operate a dedicated fixed PET scanner, except as provided in Step 9 for both parts of the methodology combined.
- Step 9: The maximum need determination for a single HSA in any one year will be no more than two additional fixed PET scanners regardless of the numbers generated individually by each part of the methodology (*Table 15F-1, Column F*).

Unless otherwise specified by the methodology, calculations do not use rounded values. However, fractional values are rounded automatically when displayed.

The SMFP does not have a methodology to project need for additional mobile PET scanners. Table 15F-2 presents the utilization of mobile PET scanners. The percentage utilization is calculated as the number of procedures divided by the mobile PET scanner capacity (2,600). A summer petition is required to place a

need determination in the upcoming SMFP. If the need determination is approved, any person may apply for a CON to acquire the mobile PET scanner.

Table 15F-1: Utilization of Existing Dedicated Fixed PET Scanners

A	B	C	D	E	F	G	H	I
HSA	Facility	Inventory	Adjustments CON/Previous Need	Planning Inventory	2024-2025 Procedures	Facility Utilization	Facility Deficit	Need Determination
I	2025 Need Determination		1	1	0	0.00%	-1	
	AdventHealth Hendersonville		1	1	0	0.00%	0	
	Catawba Valley Medical Center	1	0	1	1,989	66.30%	0	
	Messino Cancer Centers	1	0	1	2,904	96.80%	1	
	Mission Hospital	1	0	1	1,882	62.73%	0	
	HSA I Total	3	2	5	6,775		0	0
II	2025 Need Determination		1	1	0	0.00%	-1	
	Alamance Regional Medical Center	1	0	1	1,786	59.53%	0	
	Atrium Health Wake Forest Baptist	2	0	2	5,908	98.47%	1	
	Atrium Health Wake Forest Baptist - High Point Medical Center	1	0	1	2,149	71.63%	0	
	Cone Health	1	0	1	4,712	157.07%	1	
	Novant Health Forsyth Medical Center	1	1	2	3,699	61.65%	0	
	HSA II Total	6	2	8	18,254		1	1
III	2026 Need Determination		1	1	0	0.00%	-1	
	Atrium Health Cabarrus	1	0	1	2,469	82.30%	1	
	Atrium Health Pineville		1	1	0	0.00%	0	
	Atrium Health Union	1	0	1	1,400	46.67%	0	
	Carolinas Medical Center/Center for Mental Health	2	0	2	5,542	92.37%	1	
	CaroMont Regional Medical Center	1	0	1	1,669	55.63%	0	
	Iredell Memorial Hospital	1	0	1	1,064	35.47%	0	
	Novant Health Presbyterian Medical Center	1	1	2	2,714	45.23%	0	
	HSA III Total	7	3	10	14,858		1	1
IV	2025 Need Determination (1)		1	1	0	0.00%	-1	
	2025 Need Determination (2)		1	1	0	0.00%	-1	

Table 15F-1: Utilization of Existing Dedicated Fixed PET Scanners

A	B	C	D	E	F	G	H	I
HSA	Facility	Inventory	Adjustments CON/Previous Need	Planning Inventory	2024-2025 Procedures	Facility Utilization	Facility Deficit	Need Determination
IV	2026 Need Determination (1)		1	1	0	0.00%	-1	
	2026 Need Determination (2)		1	1	0	0.00%	-1	
	Duke Raleigh Hospital	1	0	1	2,824	94.13%	1	
	Duke University Hospital	3	0	3	8,814	97.93%	1	
	UNC Health Rex	2	0	2	5,755	95.92%	1	
	Wake PET Services	1	0	1	2,872	95.73%	1	
	HSA IV Total	7	4	11	20,265		0	0
V	2026 Need Determination		1	1	0	0.00%	-1	
	Cape Fear Valley Medical Center	1	0	1	2,575	85.83%	1	
	First Imaging of the Carolinas	1	0	1	2,670	89.00%	1	
	Novant Health New Hanover Regional Medical Center	2	0	2	5,148	85.80%	1	
	Southeastern Regional Medical Center	1	0	1	1,400	46.67%	0	
	HSA V Total	5	1	6	11,793		2	2
VI	CarolinaEast Medical Center	1	0	1	1,865	62.17%	0	
	Carteret General Hospital**		1	1	0	0.00%	0	
	ECU Health Medical Center*	1	1	2	4,684	78.07%	0	
	Nash General Hospital	1	0	1	695	23.17%	0	
	HSA VI Total	3	2	5	7,244		0	0
	State Total	31	14	45	79,189	58.66%	4	4

* CON issued 12/13/2022 to convert approved fixed scanner (Q-012138-21) to mobile scanner (Q-012223-22).

** CON issued for one PET/CT Simulator pursuant to Policy TE-4 (P-012606-25).

Table 15F-2: Mobile PET Scanner Sites and Utilization

A	B	C	D	E
Provider	County	Service Site	Number of Procedures	% Utilization
Akumin I	Burke	UNC Health Blue Ridge - Morganton	142	5%
	Burke	UNC Health Blue Ridge - Valdese	240	9%
	Caldwell	Caldwell Memorial Hospital	417	16%
	Cleveland	Atrium Health Cleveland	1360	52%
	Haywood	Lifepoint Haywood Regional	288	11%
	Henderson	Advent Health Hendersonville	394	15%
	Henderson	Margaret Pardee Memorial Hospital	830	32%
	Jackson	Lifepoint Westcare Health System	381	15%
	Lincoln	Atrium Health Lincoln	376	14%
	Rutherford	Lifepoint Rutherford Regional	48	2%
	Wilkes	Wilkes Regional Medical Center	414	16%
	Total		4,890	188%
Akumin II	Carteret	Carteret General Hospital	474	18%
	Chowan	Vidant Roanoke- Chowan	104	4%
	Columbus	Columbus Regional Healthcare	108	4%
	Dare	Outer Banks Hospital	216	8%
	Duplin	Duplin General Hospital	100	4%
	Lenoir	Lenoir Memorial Hospital	353	14%
	Onslow	Onslow Memorial Hospital	551	21%
	Pasquotank	Sentara Albemarle Hospital	542	21%
	Scotland	Scotland Memorial Hospital	389	15%
	Wayne	Wayne Memorial Hospital	90	3%
	Wilson	Lifepoint- Wilson	435	17%
	Total		3,362	129%
Akumin III	Burke	UNC Health Blue Ridge - Morganton	17	1%
	Burke	UNC Health Blue Ridge Valdese	121	5%
	Carteret	Carteret General Hospital	13	1%
	Cleveland	Atrium Health Cleveland	15	1%
	Columbus	Columbus Regional Healthcare	16	1%
	Davidson	Lexington Medical Center	172	7%
	Halifax	ECU North Hospital	193	7%
	Henderson	Advent Health Hendersonville	14	1%
	Henderson	Margaret Pardee Memorial Hospital	52	2%
	Hertford	ECU Roanoke-Chowan	43	2%
	Jackson	Lifepoint Westcare Health System	14	1%
	Johnston	Johnston Health	601	23%
	Lincoln	Atrium Health Lincoln	288	11%

Table 15F-2: Mobile PET Scanner Sites and Utilization

A	B	C	D	E
Provider	County	Service Site	Number of Procedures	% Utilization
Akumin III	Orange	UNC Eastowne Medical Office	283	11%
	Orange	UNC Hospital Imaging & Spine Center	5	0%
	Pasquotank	Sentara Albemarle Hospital	13	1%
	Randolph	American Healthcare Systems - Randolph Hospital	117	5%
	Randolph	Cone Health Cancer Center	44	2%
	Rockingham	UNC Rockingham Health Care	54	2%
	Rutherford	Lifepoint Rutherford Regional	145	6%
	Scotland	Scotland Memorial Hospital	16	1%
	Stanly	Atrium Health Stanly	406	16%
	Surry	Northern Hospital of Surry County	186	7%
	Vance	Lifepoint- Maria Parham Medical	133	5%
	Wayne	Wayne Memorial Hospital	374	14%
	Wilson	Lifepoint Wilson	2	0%
	Total		3,337	128%
Insight Imaging	Davidson	Novant Health Thomasville Medical Center	376	14%
	Mecklenburg	Novant Health Matthews Medical Center	486	19%
	Mecklenburg	Novant Health Mint Hill Medical Center	539	21%
	Rockingham	Cone Health- Annie Penn Hospital	429	17%
	Rowan	Novant Health Wallace Cancer Institute	581	22%
	Watauga	Watauga Medical Center	543	21%
	Total		2,954	114%
Novant Health Forsyth Medical Center	Forsyth	Novant Health Kernersville Medical Center	445	17%
	Mecklenburg	Novant Health Huntersville Medical Center	1207	46%
	Mecklenburg	Novant Health Matthews Medical Center	614	24%
	Mecklenburg	Novant Health Mint Hill Medical Center	423	16%
	Total		2,689	103%
State Total			17,232	133%

Table 15F-3: Dedicated Fixed PET Scanner Need Determination*

Proposed for Certificate of Need Review Commencing in 2027

Service Area	Dedicated Fixed PET Scanner Need Determination	Certificate of Need Application Deadline**	Certificate of Need Beginning Review Date
HSA II	1	To be determined	To be determined
HSA III	1	To be determined	To be determined
HSA V	2	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 for a CON to meet the need, not just the health service facility or facilities that generated the need.

** Application deadlines are absolute, pursuant to 10A NCAC 14C.0202(2). The filing deadline is 5:00 p.m. on the application deadline date.

Appendix A:

North Carolina Health Service Areas

Appendix B:

List of Contiguous Counties

Appendix C:

Executive Orders 46 and 331

Appendix D:

North Carolina Certificate of Need Statute

Appendix E:

Certificate of Need Regulations

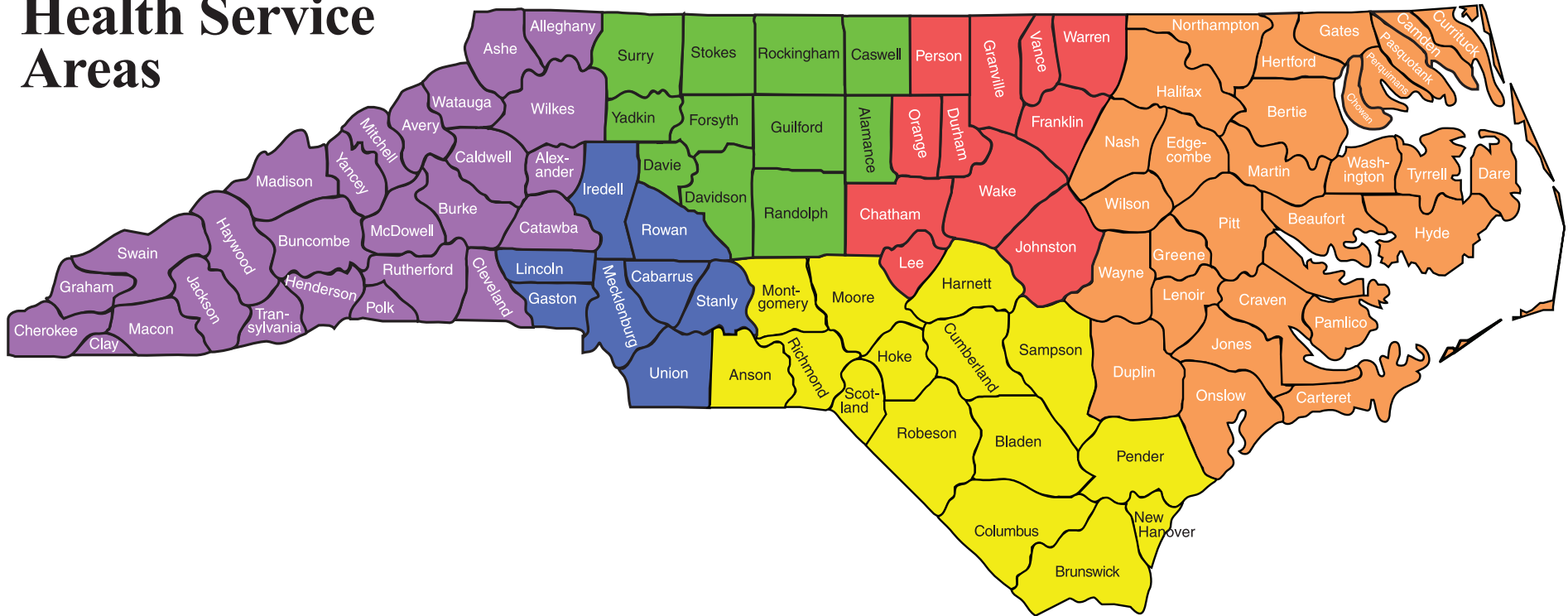
Appendix F:

Academic Medical Center Teaching Hospitals

Appendix G:

Critical Access Hospitals

Appendix A: North Carolina Health Service Areas



Health Service Areas	Counties	Color Code
HSA I	Alexander, Alleghany, Ashe, Avery, Buncombe, Burke, Caldwell, Catawba, Cherokee, Clay, Cleveland, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Watauga, Wilkes, Yancey	
HSA II	Alamance, Caswell, Davidson, Davie, Forsyth, Guilford, Randolph, Rockingham, Stokes, Surry, Yadkin	
HSA III	Cabarrus, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, Stanly, Union	
HSA IV	Chatham, Durham, Franklin, Granville, Johnston, Lee, Orange, Person, Vance, Wake, Warren	
HSA V	Anson, Bladen, Brunswick, Columbus, Cumberland, Harnett, Hoke, Montgomery, Moore, New Hanover, Pender, Richmond, Robeson, Sampson, Scotland	
HSA VI	Beaufort, Bertie, Camden, Carteret, Chowan, Craven, Currituck, Dare, Duplin, Edgecombe, Gates, Greene, Halifax, Hertford, Hyde, Jones, Lenoir, Martin, Nash, Northampton, Onslow, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington, Wayne, Wilson	

APPENDIX B

LIST OF CONTIGUOUS COUNTIES

For purposes of the State Medical Facilities Plan, Healthcare Planning defines contiguous groupings in relation to a base county. A county will be grouped with a base county if it touches the base county. A county will also be grouped with a base county if it meets the following criteria: 1) has a distance of <45 driving miles from the base county; and 2) it is not necessary to traverse a third county to reach the base county.

ALAMANCE	ALEXANDER	ALLEGHANY	ANSON	ASHE	AVERY
Caswell	Caldwell	Ashe	Montgomery	Alleghany	Burke
Chatham	Catawba	Surry	Richmond	Watauga	Caldwell
Guilford	Iredell	Wilkes	Stanly	Wilkes	McDowell
Orange	Wilkes		Union		Mitchell
Randolph					Watauga
Rockingham					

BEAUFORT	BERTIE	BLADEN	BRUNSWICK	BUNCOMBE	BURKE
Craven	Chowan	Columbus	Columbus	Haywood	Avery
Hyde	Halifax	Cumberland	New Hanover	Henderson	Caldwell
Martin	Hertford	Pender	Pender	Madison	Catawba
Pamlico	Martin	Robeson		McDowell	Cleveland
Pitt	Northampton	Sampson		Rutherford	Lincoln
Washington	Washington			Yancey	McDowell
					Rutherford

CABARRUS	CALDWELL	CAMDEN	CARTERET	CASWELL	CATAWBA
Iredell	Alexander	Currituck	Craven	Alamance	Alexander
Mecklenburg	Avery	Gates	Jones	Orange	Burke
Rowan	Burke	Pasquotank	Onslow	Person	Caldwell
Stanly	Catawba			Rockingham	Cleveland
Union	Watauga				Iredell
	Wilkes				Lincoln

CHATHAM	CHEROKEE	CHOWAN	CLAY	CLEVELAND	COLUMBUS
Alamance	Clay	Bertie	Cherokee	Burke	Bladen
Durham	Graham	Gates	Macon	Catawba	Brunswick
Harnett	Macon	Hertford		Gaston	Pender
Lee		Perquimans		Lincoln	Robeson
Moore		Washington		Rutherford	
Orange					
Randolph					
Wake					

CRAVEN	CUMBERLAND	CURRITUCK	DARE	DAVIDSON	DAVIE
Beaufort	Bladen	Camden	Currituck	Davie	Davidson
Carteret	Harnett	Dare	Hyde	Forsyth	Forsyth
Jones	Hoke		Tyrrell	Guilford	Iredell
Lenoir	Moore			Montgomery	Rowan
Pamlico	Robeson			Randolph	Yadkin
Pitt	Sampson			Rowan	
				Stanly	

DUPLIN	DURHAM	EDGECOMBE	FORSYTH	FRANKLIN	GASTON
Jones	Chatham	Halifax	Davidson	Granville	Cleveland
Lenoir	Granville	Martin	Davie	Halifax	Lincoln
Onslow	Orange	Nash	Guilford	Johnston	Mecklenburg
Pender	Person	Pitt	Rockingham	Nash	
Sampson	Wake	Wilson	Stokes	Vance	
Wayne			Surry	Wake	
			Yadkin	Warren	

GATES	GRAHAM	GRANVILLE	GREENE	GUILFORD	HALIFAX
Camden	Cherokee	Durham	Lenoir	Alamance	Bertie
Chowan	Macon	Franklin	Pitt	Davidson	Edgecombe
Hertford	Swain	Person	Wayne	Forsyth	Franklin
Pasquotank		Vance	Wilson	Randolph	Martin
Perquimans		Wake		Rockingham	Nash
				Stokes	Northampton
					Warren

HARNETT	HAYWOOD	HENDERSON	HERTFORD	HOKE	HYDE
Chatham	Buncombe	Buncombe	Bertie	Cumberland	Beaufort
Cumberland	Henderson	Haywood	Chowan	Moore	Dare
Johnston	Jackson	Polk	Gates	Richmond	Tyrrell
Lee	Madison	Rutherford	Northampton	Robeson	Washington
Moore	Swain	Transylvania		Scotland	
Sampson	Transylvania				
Wake					

IREDELL	JACKSON	JOHNSTON	JONES	LEE	LENOIR
Alexander	Haywood	Franklin	Carteret	Chatham	Craven
Cabarrus	Macon	Harnett	Craven	Harnett	Duplin
Catawba	Swain	Nash	Duplin	Moore	Greene
Davie	Transylvania	Sampson	Lenoir		Jones
Lincoln		Wake	Onslow		Pitt
Mecklenburg		Wayne			Wayne
Rowan		Wilson			
Wilkes					
Yadkin					

LINCOLN	MACON	MADISON	MARTIN	MCDOWELL	MECKLENBURG
Burke	Cherokee	Buncombe	Beaufort	Avery	Cabarrus
Catawba	Clay	Haywood	Bertie	Buncombe	Gaston
Cleveland	Graham	Yancey	Edgecombe	Burke	Lincoln
Gaston	Jackson		Halifax	Mitchell	Iredell
Iredell	Swain		Pitt	Rutherford	Union
Mecklenburg			Washington	Yancey	

MITCHELL	MONTGOMERY	MOORE	NASH	NEW HANOVER	NORTHAMPTON
Avery	Anson	Chatham	Edgecombe	Brunswick	Bertie
McDowell	Davidson	Cumberland	Franklin	Pender	Halifax
Yancey	Moore	Harnett	Halifax		Hertford
	Randolph	Hoke	Johnston		Warren
	Richmond	Lee	Wake		
	Rowan	Montgomery	Warren		
	Stanly	Randolph	Wilson		
		Richmond			
		Scotland			

ONslow	ORANGE	PAMLICO	PASQUOTANK	PENDER	PERQUIMANS
Carteret	Alamance	Beaufort	Camden	Bladen	Chowan
Duplin	Caswell	Craven	Gates	Brunswick	Gates
Jones	Chatham		Perquimans	Columbus	Pasquotank
Pender	Durham			Duplin	
	Person			New Hanover	
				Onslow	
				Sampson	

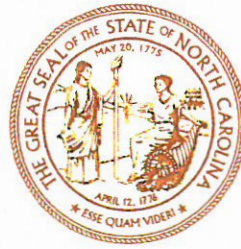
PERSON	PITT	POLK	RANDOLPH	RICHMOND	ROBESON
Caswell	Beaufort	Henderson	Alamance	Anson	Bladen
Durham	Craven	Rutherford	Chatham	Hoke	Columbus
Granville	Edgecombe		Davidson	Montgomery	Cumberland
Orange	Greene		Guilford	Moore	Hoke
	Lenoir		Montgomery	Scotland	Scotland
	Martin		Moore	Stanly	
	Wilson				

ROCKINGHAM	ROWAN	RUTHERFORD	SAMPSON	SCOTLAND	STANLY
Alamance	Cabarrus	Buncombe	Bladen	Hoke	Anson
Caswell	Davidson	Burke	Cumberland	Moore	Cabarrus
Forsyth	Davie	Cleveland	Duplin	Richmond	Davidson
Guilford	Iredell	Henderson	Harnett	Robeson	Montgomery
Stokes	Montgomery	McDowell	Johnston		Richmond
	Stanly	Polk	Pender		Rowan
			Wayne		Union

STOKES	SURRY	SWAIN	TRANSYLVANIA	TYRRELL	UNION
Forsyth	Alleghany	Graham	Haywood	Dare	Anson
Guilford	Forsyth	Haywood	Henderson	Hyde	Cabarrus
Rockingham	Stokes	Jackson	Jackson	Washington	Mecklenburg
Surry	Wilkes	Macon			Stanly
Yadkin	Yadkin				

VANCE	WAKE	WARREN	WASHINGTON	WATAUGA	WAYNE
Franklin	Chatham	Franklin	Beaufort	Ashe	Duplin
Granville	Durham	Halifax	Bertie	Avery	Greene
Warren	Franklin	Nash	Chowan	Caldwell	Johnston
	Granville	Northampton	Hyde	Wilkes	Lenoir
	Harnett	Vance	Martin		Sampson
	Johnston		Tyrrell		Wilson
	Nash				

WILKES	WILSON	YADKIN	YANCEY
Alexander	Edgecombe	Davie	Buncombe
Alleghany	Greene	Forsyth	Madison
Ashe	Johnston	Iredell	McDowell
Caldwell	Nash	Stokes	Mitchell
Iredell	Pitt	Surry	
Surry	Wayne	Wilkes	
Watauga			
Yadkin			



State of North Carolina

PAT McCRORY
GOVERNOR

March 4, 2014

EXECUTIVE ORDER NO. 46

REAUTHORIZING THE STATE HEALTH COORDINATING COUNCIL

WHEREAS, the State Health Coordinating Council is a public advisory body established by Executive Order No. 139 on March 3, 2008; and

WHEREAS, the State Health Coordinating Council plays an important role in working with the Department of Health and Human Services to prepare the State Medical Facilities Plan approved annually by the Governor; and

WHEREAS, the success of the State Health Coordinating Council depends on the membership of persons knowledgeable about healthcare services, facilities, and technology including physicians, representatives of business and industry, medical educators and members of professional associations; and

WHEREAS, the State Health Coordinating Council has only advisory authority and therefore is not a covered board under the State Ethics Act; and

WHEREAS, it is important that the State Health Coordinating Council exercise its advisory authority in a transparent manner so that the Governor and citizens have full knowledge of the professional and economic interests of members of the State Health Coordinating Council represent; and

By the power vested in me as Governor by the Constitution and laws of the State of North Carolina, **IT IS ORDERED:**

Section 1. Establishment

The North Carolina State Health Coordinating Council (hereinafter "NCSHCC") is hereby reestablished.

Section 2. Membership

The NCSHCC shall have the following duties and functions:

- a) Serve as a forum for hearing regional concerns and recommendations related to health planning;
- b) Compile a list of state health needs and advise the Department of Health and Human Services;
- c) Advise the Department of Human Resources on issues related to state health needs, giving attention to local, regional, and statewide needs;

- d) Review and comment on contents of documents related to health planning and make recommendations concerning them to the Secretary of Human and Human Services and the Governor;
- e) Advise the Department of Health and Human Services on cost-effective mechanisms for achieving health needs;
- f) Prepare the Annual State Medical Facilities Plan and present the plan to the Governor.

Section 3. Membership

The NCSHCC shall consist of 25 members who shall be appointed by the Governor as follows:

- a) One member from an academic medical center;
- b) Two members from business and industry (at least one individual representing small business and one representing large business);
- c) One member from the health insurance industry;
- d) Two members from county government (one representing a rural county and one representing an urban county);
- e) One member representing nursing homes;
- f) One members representing hospitals;
- g) One member representing home care facilities;
- h) One member representing hospice;
- i) One local health director;
- j) One licensed physician;
- k) One member from the North Carolina House of Representatives;
- l) One member from the North Carolina Senate;
- m) Eleven at-large members to represent other health professionals, business, industry and to ensure regional representation.

Section 4. Terms of Membership

The terms of membership of the NCSHCC shall be staggered so that the terms of approximately one-third of the members shall expire in a single calendar year. All members shall be appointed for a term of three years. Terms shall expire on December 31, and new terms shall begin on January 1. Members of the NCSHCC shall serve at the pleasure of the Governor.

Members currently serving on February 28, 2014 shall continue to serve at the pleasure of the Governor until their successors are appointed or otherwise noticed by the Office of the Governor.

Section 5. Vacancies

A vacancy occurring during a term of appointment is filled in the same manner as the original appointment and for the balance of the unexpired terms.

Section 6. Travel Expenses

Members of the NCSHCC shall receive necessary travel and subsistence expenses in accordance with the provision of G.S. § 138-5.

Section 7. Chairman

The Chairman and Vice Chairman of the NCSHCC shall be appointed by the Governor. The Chairman and Vice Chairman shall serve at the pleasure of the Governor. The NCSHCC may elect other such officers as it deems necessary.

Section 8. Meetings

The NCSHCC shall meet quarterly and at other times at the call of the Chairman or upon written request of at least ten (10) of its members. All business meetings of the NCSHCC, its committees and subcommittees, or special task forces shall be open to the public.

Section 9. Staff Assistance

The Department of Health and Human Services shall provide clerical support and other services required by the NCSHCC.

Section 10. Ethical Standards

1. The members of the NCSHCC shall always act in the best interests of the public and shall bring their particular knowledge and experience to the NCSHCC to serve the public interest as identified in the Certificate of Needs Law, Chapter 131E, Article 9 of the General Statutes.
2. The following process shall be observed for all meetings of the NCSHCC and NCSHCC subcommittees at which the NCSHCC or NCSHCC subcommittee takes any action:
 - a. At the beginning of each meeting, the Chair shall remind all members of their duty to act always in the best interest of the public without regard for their own professional, institutional or financial interests and that members should recuse themselves from voting on any matter on which they cannot meet this standard.
 - b. Prior to conducting any business, each member shall disclose any professional or institutional interest he or she may have in any matter coming before the NCSHCC or NCSHCC subcommittee for action at that meeting. The Chair will determine if the member needs to recuse himself or herself from voting on the matter in order to ensure the integrity of the actions of the NCSHCC or NCSHCC subcommittee.
 - c. Prior to conducting any business, each member shall also disclose any financial benefit he or she may derive from any matter coming before the NCSHCC or NCSHCC subcommittee for action at that meeting. A member derives a financial benefit from a matter under consideration if the person or his/her spouse (i) has an ownership interest in an entity that is a party to the matter under consideration; (ii) will derive any income or commission as a direct result of action on the matter under consideration; or (iii) will acquire property as a direct result of action on the matter under consideration. When any member indicates that he or she will derive a financial benefit from a matter coming before the NCSHCC or any subcommittee, the member shall recuse himself or herself from voting on the matter.
 - d. A member who has recused himself or herself from voting is not prohibited from deliberating on the matter unless the Chair determines, after review, that participation by the member in deliberations would impair the integrity of the actions of the NCSHCC or NCSHCC subcommittee.
 - e. The minutes of the NCSHCC and its subcommittees will reflect all disclosures and recusals made pursuant to this section, and such minutes will be provided to the Governor for review with the SMFP.
 - f. A challenge to a member's participation in a vote on issues under this Executive Order may be raised only by a member of the NCSHCC or an employee of the

Division of Health Services Regulation of DHHS. In such case where a challenge is made, the Chair, in consultation with the DHHS legal counsel, shall determine whether the challenge is valid and the action that should be taken.

- g. For the purposes of this Executive Order, the term "Chair" means the Chair of the NCSHCC or the Chair of any NCSHCC subcommittee. In the absence of the Chair or if the professional, institutional, or financial interests of the Chair must be reviewed pursuant to this section, then the Vice-Chair of the NCSHCC or NCSHCC subcommittee shall make the determinations required by this section.
3. Members of the NCSHCC are expected to and should confer with DHHS on any matters that come before them in the development of the SMFP. No member of the NCSHCC, however, may confer with any DHHS employee regarding any proposed provision of the SMFP or any proposed or pending certificate of need application in which the member has a direct, conflicting professional, institutional or financial interest, except in public meetings conducted by DHHS or the NCSHCC.
4. This Executive Order is for the Governor's purposes in reviewing and approving or amending the proposed SMFP submitted by the NCSHCC and DHHS. This Order does not and shall not be construed to create any rights, nor create claims, under the Certificate of Need Law, State Government Ethics Act, or otherwise.

This Executive Order is retroactive to March 1, 2014 and shall remain in effect until December 31, 2016, pursuant to N.C. Gen. Stat. § 147-16.2(b), or until earlier rescinded. This order supersedes and replaces all other executive orders on this subject and specifically rescinds Executive Order No. 139 issued on March 3, 2008, Executive Order No. 10 issued on March 3, 2009, Executive Order No. 52 issued on March 2, 2010, and Executive Order No. 67 issued on October 4, 2010.

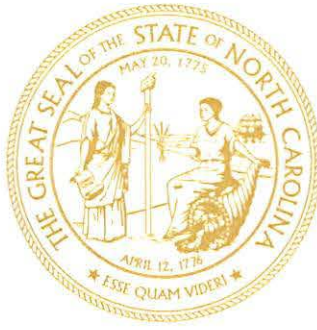
IN WITNESS WHEREOF, I have hereunto signed my name and affixed the Great Seal of the State of North Carolina at the Capitol in the City of Raleigh, this 4th day of March in the year of our Lord two thousand fourteen, and of the Independence of the United States of America the two hundred and thirty-eight.


Pat McCrory
Governor

ATTEST:


Elaine F. Marshall
Secretary of State





State of North Carolina

ROY COOPER
GOVERNOR

December 31, 2024

EXECUTIVE ORDER NO. 331

EXTENDING THE STATE HEALTH COORDINATING COUNCIL

WHEREAS, the State Health Coordinating Council ("NCSHCC") is a public body reestablished by Executive Order No. 46, 28 N.C. Reg. 2285-2288 (April 1, 2014) and extended by Executive Order No. 122, 31 N.C. Reg. 1492 (February 1, 2017); and

WHEREAS, Exec. Order No. 187, 35 N.C. Reg. 1637 (February 1, 2021), extending the State Health Coordinating Council is set to expire on December 31, 2024; and

WHEREAS, the State Health Coordinating Council plays an important role in working with the North Carolina Department of Health and Human Services to prepare the State Medical Facilities Plan approved annually by the undersigned; and

WHEREAS, the undersigned has determined that Executive Order No. 187 must be extended, and

WHEREAS, pursuant to Article III § I of the North Carolina Constitution and N.C. Gen. Stat. §§ 143A-4 and 143B-4, the Governor is the chief executive officer of the state and is responsible for formulating and administering policies of the executive branch of state government; and

WHEREAS, pursuant to N.C. Gen. Stat. §147-12, the Governor has the authority and the duty to supervise the official conduct of all executive and ministerial officers.

NOW, THEREFORE, by the powers vested in me as Governor by the Constitution and laws of the State of North Carolina, **IT IS ORDERED**:

Section 1. Extending Executive Order No. 187

Pursuant to N.C. Gen. Stat. § 147-16.2, Executive Order No. 187, which extended the NCSCHCC is hereby extended to December 31, 2026.

Section 2. Effect and Duration

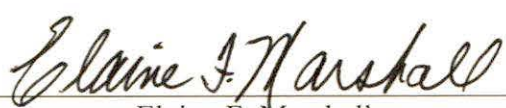
This extension of Executive Order No. 187 is effective immediately and shall remain in effect until December 31, 2026, or until rescinded or superseded by another applicable Executive Order.

IN WITNESS WHEREOF, I have hereunto signed my name and affixed the Great Seal of the State of North Carolina at the Capitol in the City of Raleigh, this the 31st of December in the year of our Lord two thousand and twenty-four.



Roy Cooper
Governor

ATTEST:



Elaine F. Marshall
Secretary of State



APPENDIX D

NORTH CAROLINA CERTIFICATE OF NEED STATUTES

Article 9 Certificate of Need

§ 131E-175. Findings of fact.

The General Assembly of North Carolina makes the following findings:

- (1) That the financing of health care, particularly the reimbursement of health services rendered by health service facilities, limits the effect of free market competition and government regulation is therefore necessary to control costs, utilization, and distribution of new health service facilities and the bed complements of these health service facilities.
- (2) That the increasing cost of health care services offered through health service facilities threatens the health and welfare of the citizens of this State in that citizens need assurance of economical and readily available health care.
- (3) That, if left to the market place to allocate health service facilities and health care services, geographical maldistribution of these facilities and services would occur and, further, less than equal access to all population groups, especially those that have traditionally been medically underserved, would result.
- (3a) That access to health care services and health care facilities is critical to the welfare of rural North Carolinians, and to the continued viability of rural communities, and that the needs of rural North Carolinians should be considered in the certificate of need review process.
- (4) That the proliferation of unnecessary health service facilities results in costly duplication and underuse of facilities, with the availability of excess capacity leading to unnecessary use of expensive resources and overutilization of health care services.
- (5) Repealed by Session Laws 1987, c. 511, s. 1.
- (6) That excess capacity of health service facilities places an enormous economic burden on the public who pay for the construction and operation of these facilities as patients, health insurance subscribers, health plan contributors, and taxpayers.
- (7) That the general welfare and protection of lives, health, and property of the people of this State require that new institutional health services to be offered within this State be subject to review and evaluation as to need, cost of service, accessibility to services, quality of care, feasibility, and other criteria as determined by provisions of this Article or by the North Carolina Department of Health and Human Services pursuant to provisions of this Article prior to such services being offered or developed in order that only appropriate and needed institutional health services are made available in the area to be served.
- (8) That because persons who have received exemptions under Section 11.9(a) of S.L. 2000-67, as amended, and under Section 11.69(b) of S.L. 1997-443, as amended by Section 12.16C(a) of S.L. 1998-212, and as amended by Section 1 of S.L. 1999-135, have had sufficient time to complete development plans and initiate construction of beds in adult care homes.
- (9) That because with the enactment of this legislation, beds allowed under the exemptions noted above and pending development will count in the inventory of adult care home beds available to provide care to residents in the State Medical Facilities Plan.
- (10) That because State and county expenditures provide support for nearly three-quarters of the residents in adult care homes through the State County Special Assistance program, and excess bed capacity increases costs per resident day, it is in the public interest to promote efficiencies in

- delivering care in those facilities by controlling and directing their growth in an effort to prevent underutilization and higher costs and provide appropriate geographical distribution.
- (11) That physicians providing gastrointestinal endoscopy services in unlicensed settings should be given an opportunity to obtain a license to provide those services to ensure the safety of patients and the provision of quality care.
 - (12) That demand for gastrointestinal endoscopy services is increasing at a substantially faster rate than the general population given the procedure is recognized as a highly effective means to diagnose and prevent cancer.

§ 131E-176. Definitions.

The following definitions apply in this Article:

- (1) Adult care home. – A facility with seven or more beds licensed under Part 1 of Article 1 of Chapter 131D of the General Statutes or under this Chapter that provides residential care for aged individuals or individuals with disabilities whose principal need is a home which provides the supervision and personal care appropriate to their age and disability and for whom medical care is only occasional or incidental.
- (1a) Air ambulance. – Aircraft used to provide air transport of sick or injured persons between destinations within the State.
- (1b) Ambulatory surgical facility. – A facility designed for the provision of a specialty ambulatory surgical program or a multispecialty ambulatory surgical program. An ambulatory surgical facility serves patients who require local, regional, or general anesthesia and a period of post-operative observation. An ambulatory surgical facility may only admit patients for a period of less than 24 hours and must provide at least one designated operating room or gastrointestinal endoscopy room and at least one designated recovery room, have available the necessary equipment and trained personnel to handle emergencies, provide adequate quality assurance and assessment by an evaluation and review committee, and maintain adequate medical records for each patient. An ambulatory surgical facility may be operated as a part of a physician or dentist's office, provided the facility is licensed under Part 4 of Article 6 of this Chapter, but the performance of incidental, limited ambulatory surgical procedures which do not constitute an ambulatory surgical program and which are performed in a physician's or dentist's office does not make that office an ambulatory surgical facility.
- (1c) Ambulatory surgical program. – A formal program for providing on a same-day basis those surgical procedures which require local, regional, or general anesthesia and a period of post-operative observation to patients whose admission for more than 24 hours is determined, prior to surgery or gastrointestinal endoscopy, to be medically unnecessary.
- (2) Bed capacity. – Space used exclusively for inpatient care, including space designed or remodeled for licensed inpatient beds even though temporarily not used for such purposes. The number of beds to be counted in any patient room shall be the maximum number for which adequate square footage is provided as established by rules of the Department except that single beds in single rooms are counted even if the room contains inadequate square footage. The term "bed capacity" also refers to the number of dialysis stations in kidney disease treatment centers, including freestanding dialysis units.
- (2a) Bone marrow transplantation services. – The process of infusing bone marrow into persons with diseases to stimulate the production of blood cells.
- (2b) Burn intensive care services. – Services provided in a unit designed to care for patients who have been severely burned.
- (2c) Campus. – The adjacent grounds and buildings, or grounds and buildings not separated by more than a public right-of-way, of a health service facility and related health care entities.
- (2d) Capital expenditure. – An expenditure for a project, including but not limited to the cost of construction, engineering, and equipment which under generally accepted accounting principles is

- not properly chargeable as an expense of operation and maintenance. Capital expenditure includes, in addition, the fair market value of an acquisition made by donation, lease, or comparable arrangement by which a person obtains equipment, the expenditure for which would have been considered a capital expenditure under this Article if the person had acquired it by purchase.
- (2e) Repealed by Session Laws 2005-325, s. 1, effective for hospices and hospice offices December 31, 2005.
 - (2f) Cardiac catheterization equipment. – The equipment used to provide cardiac catheterization services.
 - (2g) Cardiac catheterization services. – Those procedures, excluding pulmonary angiography procedures, in which a catheter is introduced into a vein or artery and threaded through the circulatory system into the heart specifically to diagnose abnormalities in the motion, contraction, and blood flow of the moving heart or to perform surgical therapeutic interventions to restore, repair, or reconstruct the coronary blood vessels of the heart.
 - (3) Certificate of need. – A written order which affords the person so designated as the legal proponent of the proposed project the opportunity to proceed with the development of such project.
 - (4) Repealed by Session Laws 1993, c. 7, s. 2.
 - (5) Change in bed capacity. – Any of the following:
 - a. Any relocation of health service facility beds, or dialysis stations from one licensed facility or campus to another.
 - b. Any redistribution of health service facility bed capacity among the categories of health service facility bed.
 - c. Any increase in the number of health service facility beds, or dialysis stations in kidney disease treatment centers, including freestanding dialysis units.
 - (5a) Chemical dependency treatment facility. – A public or private facility, or unit in a facility, which is engaged in providing 24-hour a day treatment for chemical dependency or a substance use disorder. This treatment may include detoxification, administration of a therapeutic regimen for the treatment of individuals with chemical dependence or substance use disorders, and related services. The facility or unit may be any of the following:
 - a. A unit within a general hospital or an attached or freestanding unit of a general hospital licensed under Article 5 of this Chapter.
 - b. A unit within a psychiatric hospital or an attached or freestanding unit of a psychiatric hospital licensed under Article 1A of former Chapter 122 of the General Statutes or Article 2 of Chapter 122C of the General Statutes.
 - c. A freestanding facility specializing in treatment of individuals with chemical dependence or substance use disorders that is licensed under Article 1A of former Chapter 122 of the General Statutes or Article 2 of Chapter 122C of the General Statutes. The facility may be identified as "chemical dependency, substance abuse, alcoholism, or drug abuse treatment units," "residential chemical dependency, substance use disorder, alcoholism or drug abuse facilities," or by other names if the purpose is to provide treatment of individuals with chemical dependence or substance use disorders. The term, however, does not include social setting detoxification facilities, medical detoxification facilities, halfway houses, or recovery farms.
 - (5b) Chemical dependency treatment beds. – Beds that are licensed for the inpatient treatment of chemical dependency. Residential treatment beds for the treatment of chemical dependency or substance use disorder are chemical dependency treatment beds. Chemical dependency treatment beds do not include beds licensed for detoxification.
 - (6) Department. – The North Carolina Department of Health and Human Services.
 - (7) Develop. – When used in connection with health services, means to undertake those activities which will result in the offering of institutional health service or the incurring of a financial obligation in relation to the offering of such a service.

- (7a) Diagnostic center. – "Diagnostic center" means a freestanding facility, program, or provider, including but not limited to, physicians' offices, clinical laboratories, radiology centers, and mobile diagnostic programs, in which the total cost of all the medical diagnostic equipment utilized by the facility which cost ten thousand dollars (\$10,000) or more exceeds three million dollars (\$3,000,000). No facility, program, or provider, including, but not limited to, physicians' offices, clinical laboratories, radiology centers, or mobile diagnostic programs, shall be deemed a diagnostic center solely by virtue of having a magnetic resonance imaging scanner in a county with a population of greater than 125,000 according to the 2020 federal decennial census or any subsequent federal decennial census. In determining whether the medical diagnostic equipment in a diagnostic center costs more than three million dollars (\$3,000,000), the costs of the equipment, studies, surveys, designs, plans, working drawings, specifications, construction, installation, and other activities essential to acquiring and making operational the equipment shall be included. The capital expenditure for the equipment shall be deemed to be the fair market value of the equipment or the cost of the equipment, whichever is greater. Beginning September 30, 2022, and on September 30 each year thereafter, the cost threshold amount in this subdivision shall be adjusted using the Medical Care Index component of the Consumer Price Index published by the U.S. Department of Labor for the 12-month period preceding the previous September 1.
- (7b) Expedited review. – The status given to an application's review process when the applicant petitions for the review and the Department approves the request based on findings that all of the following are met:
- a. The review is not competitive.
 - b. The proposed capital expenditure is less than five million dollars (\$5,000,000).
 - c. A request for a public hearing is not received within the time frame defined in G.S. 131E-185.
 - d. The agency has not determined that a public hearing is in the public interest.
- (7c) Gamma knife. – Equipment which emits photon beams from a stationary radioactive cobalt source to treat lesions deep within the brain and is one type of stereotactic radiosurgery.
- (7d) Gastrointestinal endoscopy room. – A room used for the performance of procedures that require the insertion of a flexible endoscope into a gastrointestinal orifice to visualize the gastrointestinal lining and adjacent organs for diagnostic or therapeutic purposes.
- (8),(9) Repealed by Session Laws 1987, c. 511, s. 1.
- (9a) Health service. – An organized, interrelated activity that is medical, diagnostic, therapeutic, rehabilitative, or a combination thereof and that is integral to the prevention of disease or the clinical management of an individual who is sick or injured or who has a disability. "Health service" does not include administrative and other activities that are not integral to clinical management.
- (9b) Health service facility. – A hospital; long-term care hospital; rehabilitation facility; nursing home facility; adult care home; kidney disease treatment center, including freestanding hemodialysis units; intermediate care facility for individuals with intellectual disabilities; home health agency office; diagnostic center; hospice office, hospice inpatient facility, hospice residential care facility; and ambulatory surgical facility. The term "health service facility" does not include a qualified urban ambulatory surgical facility
- (9c) Health service facility bed. – A bed licensed for use in a health service facility in the categories of (i) acute care beds; (iii) rehabilitation beds; (iv) nursing home beds; (v) intermediate care beds for individuals with intellectual disabilities; (vii) hospice inpatient facility beds; (viii) hospice residential care facility beds; (ix) adult care home beds; and (x) long-term care hospital beds.
- (10) Health maintenance organization (HMO). – A public or private organization which has received its certificate of authority under Article 67 of Chapter 58 of the General Statutes and which either is a qualified health maintenance organization under Section 1310(d) of the Public Health Service Act or satisfies all of the following:
- a. Provides or otherwise makes available to enrolled participants health care services, including at least the following basic health care services: usual physician services,

- hospitalization, laboratory, X ray, emergency and preventive services, and out-of-area coverage.
- b. Is compensated, except for copayments, for the provision of the basic health care services listed in sub-subdivision a. of this subdivision to enrolled participants by a payment which is paid on a periodic basis without regard to the date the health care services are provided and which is fixed without regard to the frequency, extent, or kind of health service actually provided.
 - c. Provides physicians' services primarily (i) directly through physicians who are either employees or partners of such organizations, or (ii) through arrangements with individual physicians or one or more groups of physicians organized on a group practice or individual practice basis.
- (10a) Heart-lung bypass machine. – The equipment used to perform extra-corporeal circulation and oxygenation during surgical procedures.
 - (11) Repealed by Session Laws 1991, c. 692, s. 1.
 - (12) Home health agency. – A private organization or public agency, whether owned or operated by one or more persons or legal entities, which furnishes or offers to furnish home health services.
 - (12a) Home health services. – Items and services furnished to an individual by a home health agency, or by others under arrangements with such others made by the agency, on a visiting basis, and except for sub-subdivision e. of this subdivision, in a place of temporary or permanent residence used as the individual's home as follows:
 - a. Part-time or intermittent nursing care provided by or under the supervision of a registered nurse.
 - b. Physical, occupational, or speech therapy.
 - c. Medical social services, home health aid [sic] services, and other therapeutic services.
 - d. Medical supplies, other than drugs and biologicals and the use of medical appliances.
 - e. Any of the items and services listed in this subdivision which are provided on an outpatient basis under arrangements made by the home health agency at a hospital or nursing home facility or rehabilitation center and the furnishing of which involves the use of equipment of such a nature that the items and services cannot readily be made available to the individual at home, or which are furnished at the facility while the individual is there to receive any such item or service, but not including transportation of the individual in connection with any such item or service.
 - (13) Hospital. – A public or private institution which is primarily engaged in providing to inpatients, by or under supervision of physicians, diagnostic services and therapeutic services for medical diagnosis, treatment, and care of injured, disabled, or sick persons, or rehabilitation services for the rehabilitation of injured, disabled, or sick persons. The term includes all facilities licensed pursuant to G.S. 131E-77, except long-term care hospitals.
 - (13a) Hospice. – Any coordinated program of home care with provision for inpatient care for terminally ill patients and their families. This care is provided by a medically directed interdisciplinary team, directly or through an agreement under the direction of an identifiable hospice administration. A hospice program of care provides palliative and supportive medical and other health services to meet the physical, psychological, social, spiritual, and special needs of patients and their families, which are experienced during the final stages of terminal illness and during dying and bereavement.
 - (13b) Hospice inpatient facility. – A freestanding licensed hospice facility or a designated inpatient unit in an existing health service facility which provides palliative and supportive medical and other health services to meet the physical, psychological, social, spiritual, and special needs of terminally ill patients and their families in an inpatient setting. For purposes of this Article only, a hospital which has a contractual agreement with a licensed hospice to provide inpatient services to a hospice patient as defined in G.S. 131E-201(4) and provides those services in a licensed acute care bed is not a hospice inpatient facility and is not subject to the requirements in sub-subdivision (5)b. of this section for hospice inpatient beds.

- (13c) Hospice residential care facility. – A freestanding licensed hospice facility which provides palliative and supportive medical and other health services to meet the physical, psychological, social, spiritual, and special needs of terminally ill patients and their families in a group residential setting.
- (14) Repealed by Session Laws 1987, c. 511, s. 1.
- (14a) Intermediate care facility for individuals with intellectual disabilities. – Facilities licensed pursuant to Article 2 of Chapter 122C of the General Statutes for the purpose of providing health and habilitative services based on the developmental model and principles of normalization for individuals with intellectual disabilities, autism, cerebral palsy, epilepsy or related conditions.
- (14b) Repealed by Session Laws 1991, c. 692, s. 1.
- (14c) Reserved for future codification.
- (14d) Repealed by Session Laws 2001-234, s. 2, effective January 1, 2002.
- (14e) Kidney disease treatment center. – A facility that is certified as an end-stage renal disease facility by the Centers for Medicare and Medicaid Services, Department of Health and Human Services, pursuant to 42 C.F.R. § 405.
- (14f) “Legacy Medical Care Facility” means a facility that meets all of the following requirements:
 - a. Is not presently operating.
 - b. Has not continuously operated for at least the past six months.
 - c. Within the last 24 months:
 - 1. Was operated by a person holding a license under G.S. 131E-77; and
 - 2. Was primarily engaged in providing to inpatients or outpatients, by or under supervision of physicians, (i) diagnostic services and therapeutic services for medical diagnosis, treatment, and care of injured, disabled, or sick persons or (ii) rehabilitation services for the rehabilitation of injured, disabled, or sick persons.
- (14g) Linear accelerator. – A machine used to produce ionizing radiation in excess of 1,000,000 electron volts in the form of a beam of electrons or photons to treat cancer patients.
- (14h) Reserved for future codification.
- (14i) Lithotripter. – Extra-corporeal shock wave technology used to treat persons with kidney stones and gallstones.
- (14j) Reserved for future codification.
- (14k) Long-term care hospital. – A hospital that has been classified and designated as a long-term care hospital by the Centers for Medicare and Medicaid Services, Department of Health and Human Services, pursuant to 42 C.F.R. § 412.
- (14l) Reserved for future codification.
- (14m) Magnetic resonance imaging scanner. – Medical imaging equipment that uses nuclear magnetic resonance.
- (14n) Main campus. – All of the following for the purposes of G.S. 131E-184(f) and (g) only:
 - a. The site of the main building from which a licensed health service facility provides clinical patient services and exercises financial and administrative control over the entire facility, including the buildings and grounds adjacent to that main building.
 - b. Other areas and structures that are not strictly contiguous to the main building but are located within 250 yards of the main building.
- (14o) Major medical equipment. – "Major medical equipment" means a single unit or single system of components with related functions which is used to provide medical and other health services and which costs more than two million dollars (\$2,000,000). In determining whether the major medical equipment costs more than two million dollars (\$2,000,000), the costs of the equipment, studies, surveys, designs, plans, working drawings, specifications, construction, installation, and other activities essential to acquiring and making operational the major medical equipment shall be included. The capital expenditure for the equipment shall be deemed to be the fair market value of the equipment or the cost of the equipment, whichever is greater. Major medical equipment does not include replacement equipment as defined in this section or magnetic resonance imaging

scanners in counties with a population greater than 125,000 according to the 2020 federal decennial census or any subsequent federal decennial census. Beginning September 30, 2022, and on September 30 each year thereafter, the cost threshold amount in this subdivision shall be adjusted using the Medical Care Index component of the Consumer Price Index published by the U.S. Department of Labor for the 12-month period preceding the previous September 1.

- (15) Repealed by Session Laws 1987, c. 511, s. 1.
- (15a) Multispecialty ambulatory surgical program. – A formal program for providing on a same-day basis surgical procedures for at least three of the following specialty areas: gynecology, otolaryngology, plastic surgery, general surgery, ophthalmology, orthopedic, or oral surgery.
- (15b) Neonatal intensive care services. – Those services provided by a health service facility to high-risk newborn infants who require constant nursing care, including but not limited to continuous cardiopulmonary and other supportive care.
- (16) New institutional health services. – Any of the following:
 - a. The construction, development, or other establishment of a new health service facility.
 - b. Except with respect to qualified urban ambulatory surgical facilities and except as otherwise provided in G.S. 131E-184(e), the obligation by any person of a capital expenditure exceeding four million dollars (\$4,000,000) to develop or expand a health service or a health service facility, or which relates to the provision of a health service. The cost of any studies, surveys, designs, plans, working drawings, specifications, and other activities, including staff effort and consulting and other services, essential to the acquisition, improvement, expansion, or replacement of any plant or equipment with respect to which an expenditure is made shall be included in determining if the expenditure exceeds four million dollars (\$4,000,000). Beginning September 30, 2022, and on September 30 each year thereafter, the amount in this sub-subdivision shall be adjusted using the Medical Care Index component of the Consumer Price Index published by the U.S. Department of Labor for the 12-month period preceding the previous September 1.
 - c. Any change in bed capacity.
 - d. The offering of dialysis services or home health services by or on behalf of a health service facility if those services were not offered within the previous 12 months by or on behalf of the facility.
 - e. A change in a project that was subject to certificate of need review and for which a certificate of need was issued, if the change is proposed during the development of the project or within one year after the project was completed. For purposes of this subdivision, a change in a project is a change of more than fifteen percent (15%) of the approved capital expenditure amount or the addition of a health service that is to be located in the facility, or portion thereof, that was constructed or developed in the project.
 - f. The development or offering of a health service as listed in this subdivision by or on behalf of any person:
 - 1. Bone marrow transplantation services.
 - 2. Burn intensive care services.
 - 2a. Cardiac catheterization services, except cardiac catheterization services provided on equipment furnished by a person authorized to operate the equipment in North Carolina pursuant to either a certificate of need issued for mobile cardiac catheterization equipment or a settlement agreement executed by the Department for provision of cardiac catheterization services.
 - 3. Neonatal intensive care services.
 - 4. Open-heart surgery services.
 - 5. Solid organ transplantation services.
 - fl. The acquisition by purchase, donation, lease, transfer, or comparable arrangement of any of the following equipment by or on behalf of any person:

1. Air ambulance.¹
 2. Repealed.
 3. Cardiac catheterization equipment.
 4. Gamma knife.
 5. Heart-lung bypass machine.
 - 5a. Linear accelerator.
 6. Lithotripter.
 7. Magnetic resonance imaging scanner. This sub-sub-subdivision applies only to counties with a population of 125,000 or less according to the 2020 federal decennial census or any subsequent federal decennial census.
 8. Positron emission tomography scanner.
 9. Simulator.
- g.to k. Repealed.
- l. The purchase, lease, or acquisition of any health service facility, or portion thereof, or a controlling interest in the health service facility or portion thereof, if the health service facility was developed under a certificate of need issued pursuant to G.S. 131E-180.
 - m. Any conversion of nonhealth service facility beds to health service facility beds.
 - n. The construction, development or other establishment of a hospice, hospice inpatient facility, or hospice residential care facility.
 - o. The opening of an additional office by an existing home health agency or hospice within its service area as defined by rules adopted by the Department; or the opening of any office by an existing home health agency or hospice outside its service area as defined by rules adopted by the Department.
 - p. The acquisition by purchase, donation, lease, transfer, or comparable arrangement by any person of major medical equipment.
 - q. The relocation of a health service facility from one service area to another.
 - r. The conversion of a specialty ambulatory surgical program to a multispecialty ambulatory surgical program or the addition of a specialty to a specialty ambulatory surgical program.
 - s. The furnishing of mobile medical equipment to any person to provide health services in North Carolina, which was not in use in North Carolina prior to the adoption of this provision, if the equipment would otherwise be subject to review in accordance with sub-subdivision fl. of this subdivision or sub-subdivision p. of this subdivision if it had been acquired in North Carolina.
 - t. Repealed.
 - u. The construction, development, establishment, increase in the number, or relocation of an operating room or gastrointestinal endoscopy room in a licensed health service facility, other than the relocation of an operating room or gastrointestinal endoscopy room within the same building or on the same grounds or to grounds not separated by more than a public right-of-way adjacent to the grounds where the operating room is or gastrointestinal endoscopy room is currently located.
 - v. The change in designation, in a licensed health service facility, of an operating room to a gastrointestinal endoscopy room or change in designation of a gastrointestinal endoscopy room to an operating room that results in a different number of each type of room than is reflected on the health service facility's license in effect as of January 1, 2005.
- (17) North Carolina State Health Coordinating Council. – The Council that prepares, with the Department of Health and Human Services, the State Medical Facilities Plan.
- (17a) Nursing care. – Any of the following:

¹ Pursuant to an Order of Permanent Injunction issued by the United States District Court for the Eastern District of North Carolina Western Division on October 15, 2008, the North Carolina Department of Health and Human Services is prohibited from requiring that any person obtain a certificate of need before acquiring an air ambulance.

- a. Skilled nursing care and related services for residents who require medical or nursing care.
 - b. Rehabilitation services for the rehabilitation of individuals who are injured or sick or who have disabilities.
 - c. Health-related care and services provided on a regular basis to individuals who because of their mental or physical condition require care and services above the level of room and board, which can be made available to them only through institutional facilities.
- These are services which are not primarily for the care and treatment of mental diseases.
- (17b) Nursing home facility. – A health service facility whose bed complement of health service facility beds is composed principally of nursing home facility beds.
 - (18) Offer. – In connection with health services, the act by a person of holding out as capable of providing, or as having the means to provide, specified health services.
 - (18a) Repealed by Session Laws 2005-325, s. 1, effective for hospices and hospice offices December 31, 2005.
 - (18b) Open-heart surgery services. – The provision of surgical procedures that utilize a heart-lung bypass machine during surgery to correct cardiac and coronary artery disease or defects.
 - (18c) Operating room. – 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.
 - (19) Person. – An individual; a trust or estate; a partnership; a corporation, including associations, joint stock companies, and insurance companies; the State; or a political subdivision or agency or instrumentality of the State.
 - (19a) Positron emission tomography scanner. – Equipment that utilizes a computerized radiographic technique that employs radioactive substances to examine the metabolic activity of various body structures.
 - (20) Project or capital expenditure project. – A proposal to undertake a capital expenditure that results in the offering of a new institutional health service. A project, or capital expenditure project, or proposed project may refer to the project from its earliest planning stages up through the point at which the specified new institutional health service may be offered. In the case of facility construction, the point at which the new institutional health service may be offered must take place after the facility is capable of being fully licensed and operated for its intended use, and at that time it shall be considered a health service facility.
 - (21) Psychiatric facility. – A public or private facility licensed pursuant to Article 2 of Chapter 122C of the General Statutes and which is primarily engaged in providing to inpatients, by or under the supervision of a physician, psychiatric services for the diagnosis and treatment of individuals with mental illness.
 - (21a) Qualified urban ambulatory surgical facility. – An ambulatory surgical facility that meets all of the following criteria: a. Is licensed by the Department to operate as an ambulatory surgical facility. b. Has a single specialty or multispecialty ambulatory surgical program. c. Is located in a county with a population greater than 125,000 according to the 2020 federal decennial census or any subsequent federal decennial census.
 - (22) Rehabilitation facility. – A public or private inpatient facility which is operated for the primary purpose of assisting in the rehabilitation of individuals with disabilities through an integrated program of medical and other services which are provided under competent, professional supervision.
 - (22a) Replacement equipment. – Equipment that costs less than three million dollars (\$3,000,000) and is purchased for the sole purpose of replacing comparable medical equipment currently in use which will be sold or otherwise disposed of when replaced. In determining whether the replacement equipment costs less than three million dollars (\$3,000,000), the costs of equipment, studies, surveys, designs, plans, working drawings, specifications, construction, installation, and other activities essential to acquiring and making operational the replacement equipment shall be included. The capital expenditure for the equipment shall be deemed to be the fair market value of

the equipment or the cost of the equipment, whichever is greater. Beginning September 30, 2023, and on September 30 each year thereafter, the cost threshold amount in this subdivision shall be adjusted using the Medical Care Index component of the Consumer Price Index published by the U.S. Department of Labor for the 12-month period preceding the previous September 1.

- (23) Repealed by Session Laws 1991, c. 692, s. 1.
- (24) Repealed by Session Laws 1993, c. 7, s. 2.
- (24a) Service area. – The area of the State, as defined in the State Medical Facilities Plan or in rules adopted by the Department, which receives services from a health service facility.
- (24b) Simulator. – A machine that produces high quality diagnostic radiographs and precisely reproduces the geometric relationships of megavoltage radiation therapy equipment to the patient.
- (24c) Reserved for future codification.
- (24d) Solid organ transplantation services. – The provision of surgical procedures and the interrelated medical services that accompany the surgery to remove an organ from a patient and surgically implant an organ from a donor.
- (24e) Reserved for future codification.
- (24f) Specialty ambulatory surgical program. – A formal program for providing on a same-day basis surgical procedures of the same surgical specialty and authorized by its certificate of need, if a certificate of need is required.
- (25) State Medical Facilities Plan. – The plan prepared by the Department of Health and Human Services and the North Carolina State Health Coordinating Council, and approved by the Governor. In preparing the Plan, the Department and the State Health Coordinating Council shall maintain a mailing list of persons who have requested notice of public hearings regarding the Plan. Not less than 15 days prior to a scheduled public hearing, the Department shall notify persons on its mailing list of the date, time, and location of the hearing. The Department shall hold at least one public hearing prior to the adoption of the proposed Plan and at least six public hearings after the adoption of the proposed Plan by the State Health Coordinating Council. The Council shall accept oral and written comments from the public concerning the Plan.
- (26) Repealed by Session Laws 1983 (Regular Session, 1984), c. 1002, s. 9.
- (27) Repealed by Session Laws 1987, c. 511, s.1.

§ 131E-177. Department of Health and Human Services is designated State Health Planning and Development Agency; powers and duties.

The Department of Health and Human Services is designated as the State Health Planning and Development Agency for the State of North Carolina, and is empowered to exercise the following powers and duties:

- (1) To establish standards and criteria or plans required to carry out the provisions and purposes of this Article and to adopt rules pursuant to Chapter 150B of the General Statutes, to carry out the purposes and provisions of this Article;
- (2) Adopt, amend, and repeal such rules and regulations, consistent with the laws of this State, as may be required by the federal government for grants-in-aid for health service facilities and health planning which may be made available by the federal government. This section shall be liberally construed in order that the State and its citizens may benefit from such grants-in-aid;
- (3) Define, by rule, procedures for submission of periodic reports by persons or health service facilities subject to agency review under this Article;
- (4) Develop policy, criteria, and standards for health service facilities planning; shall conduct statewide registration and inventories of and make determinations of need for health service facilities, health services as specified in G.S. 131E-176(16)f., and equipment as specified in G.S. 131E-176(16)f1., which shall include consideration of adequate geographic location of equipment and services; and develop a State Medical Facilities Plan;
- (5) Implement, by rule, criteria for project review;

- (6) Have the power to grant, deny, or withdraw a certificate of need and to impose such sanctions as are provided for by this Article;
- (7) Solicit, accept, hold and administer on behalf of the State any grants or bequests of money, securities or property to the Department for use by the Department in the administration of this Article; and
- (8) Repealed.
- (9) Collect fees for submitting applications for certificates of need.
- (10) The authority to review all records in any recording medium of any person or health service facility subject to agency review under this Article which pertain to construction and acquisition activities, staffing or costs and charges for patient care, including but not limited to, construction contracts, architectural contracts, consultant contracts, purchase orders, cancelled checks, accounting and financial records, debt instruments, loan and security agreements, staffing records, utilization statistics and any other records the Department deems to be reasonably necessary to determine compliance with this Article.

The Secretary of Health and Human Services shall have final decision-making authority with regard to all functions described in this section.

§ 131E-178. Activities requiring certificate of need.

- (a) No person shall offer or develop a new institutional health service without first obtaining a certificate of need from the Department; provided, however, no person who provides gastrointestinal endoscopy procedures in one or more gastrointestinal endoscopy rooms located in a nonlicensed setting, shall be required to obtain a certificate of need to license that setting as an ambulatory surgical facility with the existing number of gastrointestinal endoscopy rooms, provided that:
 - (1) The license application is postmarked for delivery to the Division of Health Service Regulation by December 31, 2006;
 - (2) The applicant verifies, by affidavit submitted to the Division of Health Service Regulation within 60 days of the effective date of this act, that the facility is in operation as of the effective date of this act or that the completed application for the building permit for the facility was submitted by the effective date of this act;
 - (3) The facility has been accredited by The Accreditation Association for Ambulatory Health Care, The Joint Commission on Accreditation of Healthcare Organizations, or The American Association for Accreditation of Ambulatory Surgical Facilities by the time the license application is postmarked for delivery to the Division of Health Service Regulation of the Department; and
 - (4) The license application includes a commitment and plan for serving indigent and medically underserved populations.

All other persons proposing to obtain a license to establish an ambulatory surgical facility for the provision of gastrointestinal endoscopy procedures shall be required to obtain a certificate of need. The annual State Medical Facilities Plan shall not include policies or need determinations that limit the number of gastrointestinal endoscopy rooms that may be approved.
- (b) No person shall make an acquisition by donation, lease, transfer, or comparable arrangement without first obtaining a certificate of need from the Department, if the acquisition would have been a new institutional health service if it had been made by purchase. In determining whether an acquisition would have been a new institutional health service, the capital expenditure for the asset shall be deemed to be the fair market value of the asset or the cost of the asset, whichever is greater.
- (c) No person shall incur an obligation for a capital expenditure which is a new institutional health service without first obtaining a certificate of need from the Department. An obligation for a capital expenditure is incurred when:

- (1) An enforceable contract, excepting contracts which are expressly contingent upon issuance of a certificate of need, is entered into by a person for the construction, acquisition, lease or financing of a capital asset;
 - (2) A person takes formal action to commit funds for a construction project undertaken as his own contractor; or
 - (3) In the case of donated property, the date on which the gift is completed.
- (d) Where the estimated cost of a proposed capital expenditure, including the fair market value of equipment acquired by purchase, lease, transfer, or other comparable arrangement, is certified by a licensed architect or engineer to be equal to or less than the expenditure minimum for capital expenditure for new institutional health services, such expenditure shall be deemed not to exceed the amount for new institutional health services regardless of the actual amount expended, provided that the following conditions are met:
- (1) The certified estimated cost is prepared in writing 60 days or more before the obligation for the capital expenditure is incurred. Certified cost estimates shall be available for inspection at the facility and sent to the Department upon its request.
 - (2) The facility on whose behalf the expenditure was made notifies the Department in writing within 30 days of the date on which such expenditure is made if the expenditure exceeds the expenditure minimum for capital expenditures. The notice shall include a copy of the certified cost estimate.
- (e) The Department may grant certificates of need which permit capital expenditures only for predevelopment activities. Predevelopment activities include the preparation of architectural designs, plans, working drawings, or specifications, the preparation of studies and surveys, and the acquisition of a potential site.

§ 131E-179. Research activities.

- (a) Notwithstanding any other provisions of this Article, a health service facility may offer new institutional health services to be used solely for research, or incur the obligation of a capital expenditure solely for research, without a certificate of need, if the Department grants an exemption. The Department shall grant an exemption if the health service facility files a notice of intent with the Department in accordance with rules promulgated by the Department and if the Department finds that the offering or obligation will not:
- (1) Affect the charges of the health service facility for the provision of medical or other patient care services other than services which are included in the research;
 - (2) Substantially change the bed capacity of the facility; or
 - (3) Substantially change the medical or other patient care services of the facility.
- (b) After a health service facility has received an exemption pursuant to subsection (a) of this section, it shall not offer the new institutional health services, or use a facility acquired through the capital expenditure, in a manner which affects the charges of the facility for the provision of medical or other patient care services, other than the services which are included in the research and shall not charge patients for the use of the service for which an exemption has been granted, without first obtaining a certificate of need from the Department; provided, however, that any facility or service acquired or developed under the exemption provided by this section shall not be subject to the foregoing restrictions on its use if the facility or service could otherwise be offered or developed without a certificate of need.
- (c) Any of the activities described in subsection (a) of this section shall be deemed to be solely for research even if they include patient care provided on an occasional and irregular basis and not as a part of the research program.

§ 131E-180: Repealed by Session Laws 2005-325, s. 2, effective August 26, 2005.

§ 131E-180.1: Expired.

§ 131E-181. Nature of certificate of need.

- (a) A certificate of need shall be valid only for the defined scope, physical location, and person named in the application. A certificate of need shall not be transferred or assigned except as provided in G.S. 131E-189(c).
- (b) A recipient of a certificate of need, or any person who may subsequently acquire, in any manner whatsoever permitted by law, the service for which that certificate of need was issued, is required to materially comply with the representations made in its application for that certificate of need. The Department shall require any recipient of a certificate of need, or its successor, whose service is in operation to submit to the Department evidence that the recipient, or its successor, is in material compliance with the representations made in its application for the certificate of need which granted the recipient the right to operate that service. In determining whether the recipient of a certificate of need, or its successor, is operating a service which materially differs from the representations made in its application for that certificate of need, the Department shall consider cost increases to the recipient, or its successor, including, but not limited to, the following:
 - (1) Any increase in the consumer price index;
 - (2) Any increased cost incurred because of Government requirements, including federal, State, or any political subdivision thereof; and
 - (3) Any increase in cost due to professional fees or the purchase of services and supplies.
- (c) Whenever a certificate of need is issued more than 12 months after the application for the certificate of need began review, the Department shall adjust the capital expenditure amount proposed by increasing it to reflect any inflation in the Department of Commerce's Construction Cost Index that has occurred since the date when the application began review; and the Department shall use this recalculated capital expenditure amount in the certificate of need issued for the project.
- (d) A project authorized by a certificate of need is complete when the health service or the health service facility for which the certificate of need was issued is licensed and certified and is in material compliance with the representations made in the certificate of need application.

§ 131E-182. Application.

- (a) The Department in its rules shall establish schedules for submission and review of completed applications. The schedules shall provide that applications for similar proposals in the same service area will be reviewed together. However, there shall not be a review schedule prior to February 1, 2006, for submission and review of certificate of need applications that propose an increase in the number of licensed gastrointestinal endoscopy rooms. An applicant for a certificate of need to establish a licensed gastrointestinal endoscopy room shall show that it is performing or reasonably projects to perform at least 1,500 gastrointestinal endoscopy procedures per gastrointestinal endoscopy room per year.
- (b) An application for a certificate of need shall be made on forms provided by the Department. The application forms, which may vary according to the type of proposal, shall require such information as the Department, by its rules deems necessary to conduct the review. An applicant shall be required to furnish only that information necessary to determine whether the proposed new institutional health service is consistent with the review criteria implemented under G.S. 131E-183 and with duly adopted standards, plans and criteria.
- (c) An application fee is imposed on an applicant for a certificate of need. An applicant must submit the fee with the application. The fee is not refundable, regardless of whether a certificate of need is issued. Fees collected under this section shall be credited to the General Fund as nontax revenue. The application fee is five thousand dollars (\$5,000) plus an amount equal to three-tenths of one percent (.3%) of the amount of the capital expenditure proposed in the application that exceeds one million dollars (\$1,000,000). In no event may the fee exceed fifty thousand dollars (\$50,000).

§ 131E-183. Review criteria.

- (a) The Department shall review all applications utilizing the criteria outlined in this subsection and shall determine that an application is either consistent with or not in conflict with these criteria before a certificate of need for the proposed project shall be issued.
 - (1) The proposed project shall be consistent with applicable policies and need determinations in the State Medical Facilities Plan, the need determination of which constitutes a determinative limitation on the provision of any health service, health service facility, health service facility beds, dialysis stations, operating rooms, or home health offices that may be approved.
 - (2) Repealed.
 - (3) The applicant shall identify the population to be served by the proposed project, and shall demonstrate the need that this population has for the services proposed, and the extent to which all residents of the area, and, in particular, low income persons, racial and ethnic minorities, women, handicapped persons, the elderly, and other underserved groups are likely to have access to the services proposed.
 - (3a) In the case of a reduction or elimination of a service, including the relocation of a facility or a service, the applicant shall demonstrate that the needs of the population presently served will be met adequately by the proposed relocation or by alternative arrangements, and the effect of the reduction, elimination or relocation of the service on the ability of low income persons, racial and ethnic minorities, women, handicapped persons, and other underserved groups and the elderly to obtain needed health care.
 - (4) Where alternative methods of meeting the needs for the proposed project exist, the applicant shall demonstrate that the least costly or most effective alternative has been proposed.
 - (5) Financial and operational projections for the project shall demonstrate the availability of funds for capital and operating needs as well as the immediate and long-term financial feasibility of the proposal, based upon reasonable projections of the costs of and charges for providing health services by the person proposing the service.
 - (6) The applicant shall demonstrate that the proposed project will not result in unnecessary duplication of existing or approved health service capabilities or facilities.
 - (7) The applicant shall show evidence of the availability of resources, including health manpower and management personnel, for the provision of the services proposed to be provided.
 - (8) The applicant shall demonstrate that the provider of the proposed services will make available, or otherwise make arrangements for, the provision of the necessary ancillary and support services. The applicant shall also demonstrate that the proposed service will be coordinated with the existing health care system.
 - (9) An applicant proposing to provide a substantial portion of the project's services to individuals not residing in the health service area in which the project is located, or in adjacent health service areas, shall document the special needs and circumstances that warrant service to these individuals.
 - (10) When applicable, the applicant shall show that the special needs of health maintenance organizations will be fulfilled by the project. Specifically, the applicant shall show that the project accommodates:
 - a. The needs of enrolled members and reasonably anticipated new members of the HMO for the health service to be provided by the organization; and
 - b. The availability of new health services from non-HMO providers or other HMOs in a reasonable and cost-effective manner which is consistent with the basic method of operation of the HMO. In assessing the availability of these health

services from these providers, the applicant shall consider only whether the services from these providers:

1. Would be available under a contract of at least five years' duration;
2. Would be available and conveniently accessible through physicians and other health professionals associated with the HMO;
3. Would cost no more than if the services were provided by the HMO; and
4. Would be available in a manner which is administratively feasible to the HMO.

(11) Repealed

(12) Applications involving construction shall demonstrate that the cost, design, and means of construction proposed represent the most reasonable alternative, and that the construction project will not unduly increase the costs of providing health services by the person proposing the construction project or the costs and charges to the public of providing health services by other persons, and that applicable energy saving features have been incorporated into the construction plans.

(13) The applicant shall demonstrate the contribution of the proposed service in meeting the health-related needs of the elderly and of members of medically underserved groups, such as medically indigent or low income persons, Medicaid and Medicare recipients, racial and ethnic minorities, women, and handicapped persons, which have traditionally experienced difficulties in obtaining equal access to the proposed services, particularly those needs identified in the State Health Plan as deserving of priority. For the purpose of determining the extent to which the proposed service will be accessible, the applicant shall show:

- a. The extent to which medically underserved populations currently use the applicant's existing services in comparison to the percentage of the population in the applicant's service area which is medically underserved;
- b. Its past performance in meeting its obligation, if any, under any applicable regulations requiring provision of uncompensated care, community service, or access by minorities and handicapped persons to programs receiving federal assistance, including the existence of any civil rights access complaints against the applicant;
- c. That the elderly and the medically underserved groups identified in this subdivision will be served by the applicant's proposed services and the extent to which each of these groups is expected to utilize the proposed services; and
- d. That the applicant offers a range of means by which a person will have access to its services. Examples of a range of means are outpatient services, admission by house staff, and admission by personal physicians.

(14) The applicant shall demonstrate that the proposed health services accommodate the clinical needs of health professional training programs in the area, as applicable.

(15) through (18) Repealed.

(18a) The applicant shall demonstrate the expected effects of the proposed services on competition in the proposed service area, including how any enhanced competition will have a positive impact upon the cost effectiveness, quality, and access to the services proposed; and in the case of applications for services where competition between providers will not have a favorable impact on cost effectiveness, quality, and access to the services proposed, the applicant shall demonstrate that its application is for a service on which competition will not have a favorable impact.

(19) Repealed.

(20) An applicant already involved in the provision of health services shall provide evidence that quality care has been provided in the past.

(21) Repealed.

- (b) The Department is authorized to adopt rules for the review of particular types of applications that will be used in addition to those criteria outlined in subsection (a) of this section and may vary according to the purpose for which a particular review is being conducted or the type of health service reviewed. No such rule adopted by the Department shall require an academic medical center teaching hospital, as defined by the State Medical Facilities Plan, to demonstrate that any facility or service at another hospital is being appropriately utilized in order for that academic medical center teaching hospital to be approved for the issuance of a certificate of need to develop any similar facility or service.
- (c) Repealed.

§ 131E-184. Exemptions from review.

- (a) Except as provided in subsection (b) of this section, the Department shall exempt from certificate of need review a new institutional health service if it receives prior written notice from the entity proposing the new institutional health service, which notice includes an explanation of why the new institutional health service is required, for any of the following:
 - (1) To eliminate or prevent imminent safety hazards as defined in federal, State, or local fire, building, or life safety codes or regulations.
 - (1a) To comply with State licensure standards.
 - (1b) To comply with accreditation or certification standards which must be met to receive reimbursement under Title XVIII of the Social Security Act or payments under a State plan for medical assistance approved under Title XIX of that act.
 - (2) Repealed.
 - (3) To provide data processing equipment.
 - (4) To provide parking, heating or cooling systems, elevators, or other basic plant or mechanical improvements, unless these activities are integral portions of a project that involves the construction of a new health service facility or portion thereof and that is subject to certificate of need review.
 - (5) To replace or repair facilities destroyed or damaged by accident or natural disaster.
 - (6) To provide any nonhealth service facility or service.
 - (7) To provide replacement equipment.
 - (8) To acquire an existing health service facility, including equipment owned by the health service facility at the time of acquisition. A facility not currently licensed as an adult care home that was licensed as an adult care home within the preceding 12 months is considered an existing health service facility for the purposes of this subdivision.
 - (9) To develop or acquire a physician office building regardless of cost, unless a new institutional health service other than defined in G.S. 131E-176(16)b. is offered or developed in the building.
 - (10) To allow a licensed home care agency, as defined in G.S. 131E-136, to provide Early and Periodic Screening, Diagnosis, and Treatment Services to children up to 21 years of age, in compliance with federal Medicaid requirements under 42 U.S.C §1396d. This exemption applies to all home care agencies licensed under Article 6 of this Chapter, whether or not they are Medicare-certified.
- (b) Those portions of a proposed project which are not proposed for one or more of the purposes under subsection (a) of this section are subject to certificate of need review, if these non-exempt portions of the project are new institutional health services under G.S. 131E-176(16).
- (c) Repealed by Session Laws 2023-7, s. 3.1(b), effective March 27, 2023, and applicable to activities occurring on or after that date.
- (d) Repealed by Session Laws 2023-7, s. 3.1(b), effective March 27, 2023, and applicable to activities occurring on or after that date.
- (e) The Department shall exempt from certificate of need review a capital expenditure that exceeds the

monetary threshold set forth in G.S. 131E-176(16)b. if all of the following conditions are met:

- (1) The proposed capital expenditure would meet all of the following requirements:
 - a. Be used solely for the purpose of renovating, replacing on the same site, or expanding any of the following existing facilities:
 1. Nursing home facility.
 2. Adult care home facility.
 3. Intermediate care facility for individuals with intellectual disabilities.
 - b. Not result in a change in bed capacity, as defined in G.S. 131E-176(5), or the addition of a health service facility or any other new institutional health service other than that allowed in G.S. 131E-176(16)b.
 - (2) The entity proposing to incur the capital expenditure provides prior written notice to the Department, which notice includes documentation that demonstrates that the proposed capital expenditure would be used for one or more of the following purposes:
 - a. Conversion of semiprivate resident rooms to private rooms.
 - b. Providing innovative, homelike residential dining spaces, such as cafes, kitchenettes, or private dining areas to accommodate residents and their families or visitors.
 - c. Renovating, replacing, or expanding residential living or common areas to improve the quality of life of residents.
- (f) The Department shall exempt from certificate of need review the purchase of any replacement equipment that exceeds the monetary threshold set forth in G.S. 131E-176(22a) if all of the following conditions are met:
- (1) The equipment being replaced is located on the main campus.
 - (2) The Department has previously issued a certificate of need for the equipment being replaced. This subdivision does not apply if a certificate of need was not required at the time the equipment being replaced was initially purchased by the licensed health service facility.
 - (3) The licensed health service facility proposing to purchase the replacement equipment shall provide prior written notice to the Department, along with supporting documentation to demonstrate that it meets the exemption criteria of this subsection.
- (g) The Department shall exempt from certificate of need review any capital expenditure that exceeds the monetary threshold set forth in G.S. 131E-176(16)b. if all of the following conditions are met:
- (1) The sole purpose of the capital expenditure is to renovate, replace on the same site, or expand the entirety or a portion of an existing health service facility that is located on the main campus.
 - (2) The capital expenditure does not result in (i) a change in bed capacity as defined in G.S. 131E-176(5) or (ii) the addition of a health service facility or any other new institutional health service other than that allowed in G.S. 131E-176(16)b.
 - (3) The licensed health service facility proposing to incur the capital expenditure shall provide prior written notice to the Department, along with supporting documentation to demonstrate that it meets the exemption criteria of this subsection.
- (h) The Department must exempt from certificate of need review the acquisition or reopening of a Legacy Medical Care Facility. The person seeking to operate a Legacy Medical Care Facility shall give the Department written notice of all of the following:
- (1) Its intention to acquire or reopen a Legacy Medical Care Facility within the same county and the same service area as the facility that ceased continuous operations. If the Legacy Medical Care Facility will become operational in a new location within the same county and the same service area as the facility that ceased continuous operations, then the person responsible for giving the written notice required by this section shall notify the Department, as soon as reasonably practicable and prior to becoming operational, of the new location of the Legacy Medical Care Facility. For purposes of this subdivision,

"service area" means the service area identified in the North Carolina State Medical Facilities Plan in effect at the time the written notice required by this section is given to the Department.

- (2) That the facility will be operational within 36 months of the notice.

The Department shall extend the time by which a facility must be operational in order to be exempt from certificate of need review under this subsection by one additional 36-month period if the person seeking to reopen or acquire the Legacy Medical Care Facility gives the Department written notice of extension within 36 months of the original notice of intent to acquire or reopen the Legacy Medical Care Facility. The written notice of extension must notify the Department (i) that the person has undertaken all reasonable efforts to make the facility operational within 36 months of the notice of intent, (ii) that, despite these reasonable efforts, the person does not anticipate the facility will be operational within that time, and (iii) of its intention that the facility will be operational within 36 months of the notice of extension.

A person seeking to operate a Legacy Medical Care Facility located in a development tier one or tier two area, as defined in G.S. 143B-437.08, may request an additional extension of time by which the facility must be operational in order to be exempt from certificate of need review under this subsection by providing an additional written notice of extension to the Department, delivered prior to the conclusion of the original 36-month extension period, affirming that the person has entered into a contract for the acquisition or reopening of the Legacy Medical Care Facility and that, pursuant to the terms of the contract, the facility will commence operations within 36 months of the conclusion of the original notice of extension. Upon receipt of this notice, the Department shall grant an extension of the time by which the facility must be operational that is sufficient to permit the acquisition or reopening of the Legacy Medical Care Facility as provided in the contract. (1983, c. 775, s. 1; 1987, c. 511, s. 1; 1991 (Reg. Sess., 1992), c. 1030, s. 37; 1993, c. 7, s. 7; 2001-424, s. 25.19(c); 2002-159, s. 41; 2009-145, s. 1; 2009-487, s. 3; 2011-145, s. 19.1(h); NC General Statutes - Chapter 131E Article 9 25 2013-360, s. 12G.3(b); 2013-363, s. 4.6; 2014-100, s. 12G.1(a); 2015-288, s. 2; 2017-184, s. 7(a); 2017-186, s. 2(XXXXX); 2018-81, s. 3(b); 2018-145, s. 15; 2019-76, s. 20; 2021-180, ss. 9E.4,

§ 131E-185. Review process.

- (a) Repealed.

- (a1) Except as provided in subsection (c) of this section, there shall be a time limit of 90 days for review of the applications, beginning on the day established by rule as the day on which applications for the particular service in the service area shall begin review.

- (1) Any person may file written comments and exhibits concerning a proposal under review with the Department, not later than 30 days after the date on which the application begins review. These written comments may include:

- a. Facts relating to the service area proposed in the application;
- b. Facts relating to the representations made by the applicant in its application, and its ability to perform or fulfill the representations made;
- c. Discussion and argument regarding whether, in light of the material contained in the application and other relevant factual material, the application complies with relevant review criteria, plans, and standards.

- (2) No more than 20 days from the conclusion of the written comment period, the Department shall ensure that a public hearing is conducted at a place within the appropriate service area if one or more of the following circumstances apply; the review to be conducted is competitive; the proponent proposes to spend five million dollars (\$5,000,000) or more; a written request for a public hearing is received before the end of the written comment period from an affected party as defined in G.S. 131E-188(c); or the agency determines that a hearing is in the public interest. At such public hearing oral arguments may be made

regarding the application or applications under review; and this public hearing shall include the following:

- a. An opportunity for the proponent of each application under review to respond to the written comments submitted to the Department about its application;
- b. An opportunity for any person, except one of the proponents, to comment on the applications under review;
- c. An opportunity for a representative of the Department, or such other person or persons who are designated by the Department to conduct the hearing, to question each proponent of applications under review with regard to the contents of the application;

The Department shall maintain a recording of any required public hearing on an application until such time as the Department's final decision is issued, or until a final agency decision is issued pursuant to a contested case hearing, whichever is later; and any person may submit a written synopsis or verbatim statement that contains the oral presentation made at the hearing.

- (3) The Department may contract or make arrangements with a person or persons located within each service area for the conduct of such public hearings as may be necessary. The Department shall publish, in each service area, notice of the contracts that it executes for the conduct of those hearings.
 - (4) Within 15 days from the beginning of the review of an application or applications proposing the same service within the same service area, the Department shall publish notice of the deadline for receipt of written comments, of the time and place scheduled for the public hearing regarding the application or applications under review, and of the name and address of the person or agency that will preside.
 - (5) The Department shall maintain all written comments submitted to it during the written comment stage and any written submissions received at the public hearing as part of the Department's file respecting each application or group of applications under review by it. The application, written comments, and public hearing comments, together with all documents that the Department used in arriving at its decision, from whatever source, and any documents that reflect or set out the Department's final analysis of the application or applications under review, shall constitute the Department's record for the application or applications under review.
- (a2) When an expedited review has been approved by the Department, no public hearing shall be held. The Department may contact the applicant and request additional or clarifying information, amendments to, or substitutions for portions of the application. The Department may negotiate conditions to be imposed on the certificate of need with the applicant.
 - (b) Repealed.
 - (c) The Department may extend the review period for a period not to exceed 60 days and provide notice of such extension to all applicants. For expedited reviews, the Department may extend the review period only if it has requested additional substantive information from the applicant.

§ 131E-186. Decision.

- (a) Within the prescribed time limits in G.S. 131E-185, the Department shall issue a decision to "approve," "approve with conditions," or "deny," an application for a new institutional health service. Approvals involving new or expanded bed capacity for nursing care or intermediate care for individuals with intellectual disabilities shall include a condition that specifies the earliest possible date the new institutional health service may be certified for participation in the Medicaid program. The date shall be set far enough in advance to allow the Department to identify funds to pay for care in the new or expanded facility in its existing Medicaid budget or to include these funds in its State Medicaid budget request for the year in which Medicaid certification is expected.

- (b) Within five business days after it makes a decision on an application, the Department shall provide written notice of all the findings and conclusions upon which it based its decision, including the criteria used by the Department in making its decision, to the applicant.

§ 131E-187. Issuance of a certificate of need.

- (a) Repealed. See Session Law 2009-373; SB 804.
- (b) Repealed. See Session Law 2009-373; SB 804.
- (c) The Department shall issue a certificate of need in accordance with the time line requirements of this section but only after all applicable conditions of approval that can be satisfied before issuance of the certificate of need have been met. The Department shall issue a certificate of need within:
 - (1) Thirty-five days of the date of the decision referenced in G.S. 131E-186, when no request for a contested case hearing has been filed in accordance with G.S. 131E-188.
 - (2) Five business days after it receives a file-stamped copy of the notice of voluntary dismissal, unless the voluntary dismissal is a stipulation of dismissal without prejudice.
 - (3) Thirty-five days of the date of the written notice of the final agency decision affirming or approving the issuance, unless a notice of appeal to the North Carolina Court of Appeals is timely filed.
 - (4) Twenty days after a mandate is issued by the North Carolina Court of Appeals affirming the issuance of a certificate of need, unless a notice of appeal or petition for discretionary review to the North Carolina Supreme Court is timely filed.
 - (5) Five business days after the North Carolina Supreme Court issues a mandate affirming the issuance of a certificate of need or an order declining to certify the case for discretionary review if the order declining to certify the case disposes of the appeal in its entirety.

§ 131E-188. Administrative and judicial review.

- (a) After a decision of the Department to issue, deny or withdraw a certificate of need or exemption or to issue a certificate of need pursuant to a settlement agreement with an applicant to the extent permitted by law, any affected person, as defined in subsection (c) of this section, shall be entitled to a contested case hearing under Article 3 of Chapter 150B of the General Statutes. A petition for a contested case shall be filed within 30 days after the Department makes its decision. When a petition is filed, the Department shall send notification of the petition to the proponent of each application that was reviewed with the application for a certificate of need that is the subject of the petition. Any affected person shall be entitled to intervene in a contested case.

A contested case shall be conducted in accordance with the following timetable:

 - (1) An administrative law judge or a hearing officer, as appropriate, shall be assigned within 15 days after a petition is filed.
 - (2) The parties shall complete discovery within 90 days after the assignment of the administrative law judge or hearing officer.
 - (3) The hearing at which sworn testimony is taken and evidence is presented shall be held within 45 days after the end of the discovery period.
 - (4) The administrative law judge or hearing officer shall make a final decision within 75 days after the hearing.

The administrative law judge or hearing officer assigned to a case may extend the deadlines in subdivisions (2) through (4) so long as the administrative law judge or hearing officer makes a final decision in the case within 270 days after the petition is filed.
- (a1) On or before the date of filing a petition for a contested case hearing on the approval of an applicant for a certificate of need, the petitioner shall deposit a bond with the clerk of superior court where the new institutional health service that is the subject of the petition is proposed to be located. The bond shall be secured by cash or its equivalent in an amount equal to five percent (5%) of the cost

of the proposed new institutional health service that is the subject of the petition, but may not be less than five thousand dollars (\$5,000) and may not exceed fifty thousand dollars (\$50,000). A petitioner who received approval for a certificate of need and is contesting only a condition in the certificate is not required to file a bond under this subsection.

The applicant who received approval for the new institutional health service that is the subject of the petition may bring an action against a bond filed under this subsection in the superior court of the county where the bond was filed. Upon finding that the petition for a contested case was frivolous or filed to delay the applicant, the court may award the applicant part or all of the bond filed under this subsection. At the conclusion of the contested case, if the court does not find that the petition for a contested case was frivolous or filed to delay the applicant, the petitioner shall be entitled to the return of the bond deposited with the superior court upon demonstrating to the clerk of superior court where the bond was filed that the contested case hearing is concluded.

- (b) Any affected person who was a party in a contested case hearing shall be entitled to judicial review of all or any portion of any final decision in the following manner. The appeal shall be to the Court of Appeals as provided in G.S. 7A-29(a). The procedure for the appeal shall be as provided by the rules of appellate procedure. The appeal of the final decision shall be taken within 30 days of the receipt of the written notice of final decision, and notice of appeal shall be filed with Office of Administrative Hearings and served on the Department and all other affected persons who were parties to the contested hearing.
- (b1) Before filing an appeal of a final decision granting a certificate of need, the affected person shall deposit a bond with the Clerk of the Court of Appeals. The bond requirements of this subsection shall not apply to any appeal filed by the Department.
 - (1) The bond shall be secured by cash or its equivalent in an amount equal to five percent (5%) of the cost of the proposed new institutional health service that is the subject of the appeal, but may not be less than five thousand dollars (\$5,000) and may not exceed fifty thousand dollars (\$50,000); provided that the applicant who received approval of the certificate of need may petition the Court of Appeals for a higher bond amount for the payment of such costs and damages as may be awarded pursuant to subdivision (2) of this subsection. This amount shall be determined by the Court in its discretion, not to exceed three hundred thousand dollars (\$300,000). A holder of a certificate of need who is appealing only a condition in the certificate is not required to file a bond under this subsection.
 - (2) If the Court of Appeals finds that the appeal was frivolous or filed to delay the applicant, the court shall remand the case to the superior court of the county where a bond was filed for the contested case hearing on the certificate of need. The superior court may award the holder of the certificate of need part or all of the bond. The court shall award the holder of the certificate of need reasonable attorney fees and costs incurred in the appeal to the Court of Appeals. If the Court of Appeals does not find that the appeal was frivolous or filed to delay the applicant and does not remand the case to superior court for a possible award of all or part of the bond to the holder of the certificate of need, the person originally filing the bond shall be entitled to a return of the bond.
- (c) The term "affected persons" includes: the applicant; any individual residing within the service area or the geographic area served or to be served by the applicant; any individual who regularly uses health service facilities within that geographic area or the service area; any person who provides services, similar to the services under review, to individuals residing within the service area or the geographic area proposed to be served by the applicant; any person who, prior to receipt by the agency of the proposal being reviewed, has provided written notice to the agency of an intention to provide similar services in the future to individuals residing within the service area or the geographic area to be served by the applicant; third party payers who reimburse health service facilities for services in the service area in which the project is proposed to be located; and any agency which establishes rates for health service facilities or HMOs located in the service area in which the project is proposed to be located.

§ 131E-189. Withdrawal of a certificate of need.

- (a) The Department shall specify in each certificate of need the time the holder has to make the service or equipment available or to complete the project and the timetable to be followed. The timetable shall be the one proposed by the holder of the certificate of need unless the Department specifies a different timetable in its decision letter. The holder of the certificate shall submit such periodic reports on his progress in meeting the timetable as may be required by the Department. If no progress report is provided or, after reviewing the progress, the Department determines that the holder of the certificate is not meeting the timetable and the holder cannot demonstrate that it is making good faith efforts to meet the timetable, the Department may withdraw the certificate. If the Department determines that the holder of the certificate is making a good faith effort to meet the timetable, the Department may, at the request of the holder, extend the timetable for a specified period.
- (b) The Department may withdraw any certificate of need, if the holder of the certificate fails to develop the service in a manner consistent with the representations made in the application or with any condition or conditions the Department placed on the certificate of need.
- (c) The Department may immediately withdraw any certificate of need if the holder of the certificate, before completion of the project or operation of the facility, transfers ownership or control of the facility, the project, or the certificate of need. Any transfer after that time will be subject to the requirement that the service be provided consistent with the representations made in the application and any applicable conditions the Department placed on the certificate of need. Transfers resulting from death or personal illness or other good cause, as determined by the Department, shall not result in withdrawal if the Department receives prior written notice of the transfer and finds good cause. Transfers resulting from death shall not result in withdrawal.
- (d) Notwithstanding subsections (a), (b), or (c) of this section, a certificate of need issued by the Department for the construction of a health service facility on or after October 1, 2021, expires if the holder of the certificate of need fails to execute or commit to a contract for design services for the project authorized by the certificate of need within the following time frames:
 - (1) For a project that costs over fifty million dollars (\$50,000,000), the holder of the certificate of need shall execute or commit to a contract for design services for the project authorized by the certificate of need within four years after the date the Department's decision to approve the certificate of need for that project becomes final.
 - (2) For a project that costs fifty million dollars (\$50,000,000) or less, the holder of the certificate of need shall execute or commit to a contract for design services for the project authorized by the certificate of need within two years after the date the Department's decision to approve the certificate of need for that project becomes final.
- (e) Notwithstanding subsections (a), (b), or (c) of this section, a certificate of need issued by the Department for the construction of a health service facility prior to October 1, 2021, expires if the holder of the certificate of need fails to execute or commit to a contract for design services for the project authorized by the certificate of need within the following time frames:
 - (1) For a project that costs over fifty million dollars (\$50,000,000), the holder of the certificate of need shall execute or commit to a contract for design services for the project authorized by the certificate of need by October 1, 2025.
 - (2) For a project that costs fifty million dollars (\$50,000,000) or less, the holder of the certificate of need shall execute or commit to a contract for design services for the project authorized by the certificate of need by October 1, 2023.
- (f) Notwithstanding subsections (d) and (e) of this section, certificates of need that (i) are issued for the construction of a health service facility prior to October 1, 2021, and (ii) have a specific deadline to execute or commit to a contract for design services for the project authorized by the certificate

of need will not expire unless the holder fails to execute or commit to a contract for design services by the deadline specified in the certificate of need.

- (g) In the event the holder of a certificate of need is unable to execute or commit to a contract for design services for the project due to developments beyond the control of the holder of the certificate of need or for other good cause, the time for performance shall be extended by a period equal to the period during which performance of the obligation has been delayed or failed to be performed.

§ 131E-190. Enforcement and sanctions.

- (a) Only those new institutional health services which are found by the Department to be needed as provided in this Article and granted certificates of need shall be offered or developed within the State.
- (b) No formal commitments made for financing, construction, or acquisition regarding the offering or development of a new institutional health service shall be made by any person unless a certificate of need for such service or activities has been granted.
- (c) Repealed.
- (d) If any person proceeds to offer or develop a new institutional health service without having first obtained a certificate of need for such services, the penalty for such violation of this Article and rules hereunder may include the withholding of federal and State funds under Titles V, XVIII, and XIX of the Social Security Act for reimbursement of capital and operating expenses related to the provision of the new institutional health service.
- (e) The Department may revoke or suspend the license of any person who proceeds to offer or develop a new institutional health service without having first obtained a certificate of need for such services.
- (f) The Department may assess a civil penalty of not more than twenty thousand dollars (\$20,000) against any person who knowingly offers or develops any new institutional health service within the meaning of this Article without a certificate of need issued under this Article and the rules pertaining thereto, or in violation of the terms or conditions of such a certificate, whenever it determines a violation has occurred and each time the service is provided in violation of this provision. In determining the amount of the penalty the Department shall consider the degree and extent of harm caused by the violation and the cost of rectifying the damage. A person who is assessed a penalty shall be notified of the penalty by registered or certified mail. The notice shall state the reasons for the penalty. If a person fails to pay a penalty, the Department shall refer the matter to the Attorney General for collection. For the purpose of this subsection, the word "person" shall not include an individual in his capacity as an officer, director, or employee of a person as otherwise defined in this Article. The clear proceeds of penalties provided for in this subsection shall be remitted to the Civil Penalty and Forfeiture Fund in accordance with G.S. 115C-457.2.
- (g) No agency of the State or any of its political subdivisions may appropriate or grant funds or financially assist in any way a person, applicant, or facility which is or whose project is in violation of this Article.
- (h) If any person proceeds to offer or develop a new institutional health service without having first obtained a certificate of need for such services, the Secretary of Health and Human Services or any person aggrieved, as defined by G.S. 150B-2(6), may bring a civil action for injunctive relief, temporary or permanent, against the person offering, developing or operating any new institutional health service. The action may be brought in the superior court of any county in which the health service facility is located or in the superior court of Wake County.
- (i) If the Department determines that the recipient of a certificate of need, or its successor, is operating a service which materially differs from the representations made in its application for that certificate of need, the Department may bring an action in Wake County Superior Court or the superior court of any county in which the certificate of need is to be utilized for injunctive relief, temporary or

permanent, requiring the recipient, or its successor, to materially comply with the representations in its application. The Department may also bring an action in Wake County Superior Court or the superior court of any county in which the certificate of need is to be utilized to enforce the provisions of this subsection and G.S. 131E-181(b) and the rules adopted in accordance with this subsection and G.S. 131E-181(b).

§ 131E-191. Repealed by Session Laws 1987, c. 511, s. 1.

§ 131E-191.1. Lobbyists prohibited from serving on the North Carolina State Health Coordinating Council.

No person registered as a lobbyist under Chapter 120C of the General Statutes shall be appointed to or serve on the North Carolina State Health Coordinating Council. No person previously registered as a lobbyist under Chapter 120C of the General Statutes shall be appointed to or serve on the North Carolina State Health Coordinating Council within 120 days after the expiration of the lobbyist's registration. (2009-477, s. 2; 2017-6, s. 3; 2018-146, ss. 3.1(a), (b), 6.1.)

§ 131E-192. Reserved for future codification purposes.

APPENDIX E

CERTIFICATE OF NEED REGULATIONS

10A NCAC 14C .0102 LOCATION OF THE AGENCY

As used in this Subchapter, the agency is the Healthcare Planning and Certificate of Need Section in the Division of Health Service Regulation, North Carolina Department of Health and Human Services. The location of the agency is 1915 Health Services Way, Raleigh, North Carolina, 27607. The mailing address of the agency is Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation, 2704 Mail Service Center, Raleigh, NC 27699-2704. The telephone number of the agency is 919-855-3873.

10A NCAC 14C .0202 DEFINITIONS

The following definitions shall apply throughout this Subchapter:

- (1) “Applicant” means each person identified in Section A of the application forms listed in 10A NCAC 14C .0203(a).
- (2) “Application deadline” means no later than 5:00 p.m. on the 15th day of the month preceding the month that the review period begins. If the 15th day of the month falls on a weekend or a State holiday as set forth in 25 NCAC 01E .0901, which is hereby incorporated by reference including subsequent amendments, the application deadline is the next business day.
- (3) “Competitive review” means two or more applications submitted to begin review in the same review period proposing the same new institutional health service in the same service area and the CON Section determines that approval of one application may require denial of another application included in the same review period.
- (4) “CON Section” means the Healthcare Planning and Certificate of Need Section of the Division of Health Service Regulation.
- (5) “Full fiscal year” means the 12-month period used by the applicant to track and report revenues and operating expenses for the services proposed in the application.
- (6) “Health service” shall have the same meaning as defined in G.S. 131E-176(9a).
- (7) “New institutional health service” shall have same meaning as defined in G.S. 131E-176(16).
- (8) “Person” shall have the same meaning as defined in G.S. 131E-176(19).
- (9) “Proposal” means a new institutional health service that requires a certificate of need.
- (10) “Related entity” means a person that:
 - (a) shares the same parent corporation or holding company with the applicant;
 - (b) is a subsidiary of the same parent corporation or holding company as the applicant; or
 - (c) participates with the applicant in a joint venture that provides the same type of health services proposed in the application.
- (11) “Review category” means the categories described in Chapter 3 of the annual State Medical Facilities Plan.
- (12) “Review period” means the 90 to 150 days that the CON Section has to review a certificate of need application and issue a decision pursuant to G.S. 131E-185 and G.S. 131E-186. There are eleven review periods each calendar year. Each review period starts on the first day of the month and the first review period starts on February 1. There is no review period beginning January 1.

- (13) “State Medical Facilities Plan” shall have the same meaning as defined in G.S. 131E-176(25). For purposes of this Subchapter, the annual State Medical Facilities Plan is hereby incorporated by reference, including subsequent amendments and editions. This document is available at no cost at <https://info.ncdhhs.gov/dhsr/ncsmfp/index.html>.
- (14) “USB flash drive” means a device used for data storage that includes a flash memory and an integrated universal serial bus interface.

10A NCAC 14C .0203 FILING APPLICATIONS

- (a) “Application form” refers to one of the following:
 - (1) the Certificate of Need Application form; or
 - (2) the Dialysis or End Stage Renal Disease Services Application form.
- (b) An application form may be obtained from the CON Section by:
 - (1) sending an email to DHSR.CON.Applications@dhhs.nc.gov; or
 - (2) calling (919) 855-3873.
- (c) An email request for an application form shall:
 - (1) describe the proposal;
 - (2) identify the city or county where the proposal would be located; and
 - (3) include the estimated capital cost for the proposal.
- (d) For each proposal, the CON Section shall determine based on Chapter 3 of the annual State Medical Facilities Plan in effect at the time the review begins the:
 - (1) review category; and
 - (2) review period.
- (e) An application is complete for inclusion in the review period if the CON Section determines that all of the following are true:
 - (1) the original application is printed, placed between a front and back cover, and bound using metal paper fasteners;
 - (2) the original and one copy of the application were received by the CON Section on or before the application deadline for the review period;
 - (3) the entire application fee required by G.S. 131E-182(c) was received by the CON Section; and
 - (4) each applicant identified in Section A of the application form signed the certification page that asks the applicant to certify that the information in the application is correct and they intend to develop and offer the project as described in the application.
- (f) The copy of the application shall be printed and bound consistent with Subparagraph (e)(1) of this Rule or in an electronic format saved on a USB flash drive. The files on the USB flash drive shall not be encrypted or password protected.
- (g) No later than the fifth business day following the application deadline, the CON Section shall notify the contact individual identified in Section A of the application if the application is complete.
- (h) If the application is not complete pursuant to Paragraph (e) of this Rule, the CON Section shall notify the contact individual identified in Section A of the application of what is missing or incorrect. The applicant shall only provide the items listed below in order to complete the application after the application deadline:
 - (1) a signed certification page; or
 - (2) the copy of the application.
- (i) Signed certification pages or the copy of the application shall be received by the CON Section no later than 5:00 p.m. on the last business day of the month preceding the first day of the review period.
- (j) The CON Section shall not include the application in the review period if it is not complete pursuant to Paragraph (e) of this Rule by 5:00 p.m. on the last business day of the month preceding the first day of the review period.

10A NCAC 14C .0204 AMENDMENTS TO APPLICATIONS

An applicant may not amend an application. Responding to a request for additional information made by the agency after the review has commenced is not an amendment.

10A NCAC 14C .0205 EXTENSION OF REVIEW PERIOD

- (a) If the review is not expedited, the review may be extended for the following reasons:
 - (1) the total number of applications, including those in other review periods, prevents the CON Section from completing the review in 90 days;
 - (2) the applicant has not submitted a response to a request from the CON Section for clarifying information; or
 - (3) the CON Section received clarifying information from the applicant but is not able to complete the review in 90 days.
- (b) The CON Section shall notify the contact individual identified in Section A of the application if the review period is extended. Failure to receive such notice prior to the last day of the review period does not entitle the applicant to a certificate of need nor authorize the applicant to proceed with the proposal in the application without a certificate of need.

10A NCAC 14C .0303 REPLACEMENT EQUIPMENT

- (a) This Rule defines the terms used in the definition of “replacement equipment” set forth in G.S. 131E-176(22a).
- (b) “Currently in use” means that the equipment to be replaced has been used by the person requesting the exemption at least 10 times to provide a health service during the 12 months prior to the date the written notice required by G.S. 131E-184(a) is submitted to the CON Section.
- (c) Replacement equipment is not “comparable” if:
 - (1) the replacement equipment to be acquired is capable of providing a health service that the equipment to be replaced cannot provide; or
 - (2) the equipment to be replaced was acquired less than 12 months prior to the date the written notice required by G.S. 131E-184(a) is submitted to the CON Section and it was refurbished or reconditioned when it was acquired by the person requesting the exemption.

SECTION .0400 – CERTIFICATE OF NEED APPEAL PROCESS

10A NCAC 14C .0402 ISSUES

The correctness, adequacy, or appropriateness of criteria, plans, and standards shall not be an issue in a contested case hearing.

SECTION .1100 – CRITERIA AND STANDARDS FOR NURSING FACILITY OR ADULT CARE HOME SERVICES

10A NCAC 14C .1102 PERFORMANCE STANDARDS

- (a) For the purposes of this Rule the following definitions shall apply:
 - (1) “Approved beds” means nursing home or adult care home beds that were issued a certificate of need but are not being used to provide services as of the application deadline for the review period.
 - (2) “Existing beds” means nursing home or adult care home beds that are being used to provide services as of the application deadline for the review period.
 - (3) “Maximum capacity” means the total number of existing, approved, and proposed nursing home or adult care home beds times 365 days.

- (4) “Occupancy rate” means the total number of patient days of care provided in the nursing home or adult care home beds during a full fiscal year of operation divided by maximum capacity expressed as a percentage.
 - (5) “Proposed beds” means the nursing home or adult care home beds proposed in the application under review.
- (b) An applicant proposing to develop nursing home beds pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:
- (1) provide projected utilization of the existing, approved, and proposed beds during each of the first three full fiscal years of operation following completion of the project;
 - (2) project an occupancy rate for the existing, approved, and proposed beds of at least 90 percent of maximum capacity during the third full fiscal year of operation following completion of the project; and
 - (3) provide the assumptions and methodology used to project the utilization and occupancy rate required by Subparagraphs (1) and (2) of this Paragraph.
- (c) An applicant proposing to develop adult care home beds pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:
- (1) provide projected utilization of the existing, approved, and proposed beds during each of the first three full fiscal years of operation following completion of the project;
 - (2) project an occupancy rate for the existing, approved, and proposed beds of at least 85 percent of maximum capacity during the third full fiscal year of operation following completion of the project; and
 - (3) provide the assumptions and methodology used to project the utilization and occupancy rate required by Subparagraphs (1) and (2) of this Paragraph.

SECTION .1400 – CRITERIA AND STANDARDS FOR LEVEL IV NEONATAL INTENSIVE CARE SERVICES

10A NCAC 14C .1401 DEFINITIONS

The following definitions shall apply to all rules in this Section:

- (1) “Approved neonatal intensive care unit (NICU) beds” means acute care beds in a hospital that were issued a certificate of need to provide Level IV neonatal intensive care services but are not providing those services as of the application deadline for the review period.
- (2) “Average daily census (ADC)” means the total number of NICU days of care provided during a full fiscal year of operation divided by 365 days.
- (3) “Existing NICU beds” means acute care beds in a hospital that are providing Level IV neonatal intensive care services as of the application deadline for the review period.
- (4) “Level IV neonatal intensive care services” means services provided to high-risk medically unstable or critically ill neonates less than 32 weeks of gestational age, or infants requiring constant nursing care or supervision in NICU beds.
- (5) “Occupancy rate” means the ADC divided by the total number of existing, approved, and proposed NICU beds expressed as a percentage.
- (6) “Proposed NICU beds” means the acute care beds proposed to be developed a hospital in the application under review.

10A NCAC 14C .1403 PERFORMANCE STANDARDS

(a) An applicant proposing to develop a new Level IV neonatal intensive care service without increasing the total number of acute care beds on the hospital license shall:

- (1) provide projected utilization of the proposed NICU beds during each of the first three full fiscal years of operation following completion of the project;

- (2) document that the occupancy rate for the proposed NICU beds shall be at least 65 percent during the third full fiscal year of operation following completion of the project; and
 - (3) provide the assumptions and methodology used for the projected utilization and occupancy rate required by Subparagraphs (1) and (2) of this Paragraph.
- (b) An applicant proposing to develop a new Level IV neonatal intensive care service or increase the number of NICU beds on the hospital license shall:
- (1) provide projected utilization of all existing, approved, and proposed NICU beds on the hospital license during each of the first three full fiscal years of operation following completion of the project;
 - (2) document that the occupancy rate for all existing, approved, and proposed NICU beds on the hospital license shall be at least 65 percent during the third full fiscal year of operation following completion of the project; and
 - (3) provide the assumptions and methodology used for the projected utilization and occupancy rate required by Subparagraphs (1) and (2) of this Paragraph.

SECTION .1600 – CRITERIA AND STANDARDS FOR CARDIAC CATHETERIZATION EQUIPMENT

10A NCAC 14C .1601 DEFINITIONS

The following definitions shall apply to all rules in this Section:

- (1) "Angiography procedures" means procedures performed using cardiac catheterization equipment that are not cardiac catheterization services.
- (2) "Approved cardiac catheterization equipment" means cardiac catheterization equipment that was issued a certificate of need but is not being used to provide cardiac catheterization services as of the application deadline for the review period.
- (3) "Cardiac catheterization equipment" shall have the same meaning as defined in G.S. 131E-176(2f).
- (4) "Cardiac catheterization services" shall have the same meaning as defined in G.S. 131E-176(2g).
- (5) "Diagnostic-equivalent cardiac catheterization procedures" shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.
- (6) "Existing cardiac catheterization equipment" means cardiac catheterization equipment that is being used to offer cardiac catheterization services as of the application deadline for the review period.
- (7) "Fixed cardiac catheterization equipment" means cardiac catheterization equipment that is not mobile or shared fixed cardiac catheterization equipment.
- (8) "Fixed cardiac catheterization equipment service area" shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.
- (9) "Host site" means the location where the mobile cardiac catheterization equipment provides cardiac catheterization services.
- (10) "Mobile cardiac catheterization equipment" means cardiac catheterization equipment that is moved weekly to provide cardiac catheterization services at two or more host sites.
- (11) "Mobile cardiac catheterization equipment service area" shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.
- (12) "Proposed cardiac catheterization equipment" means the cardiac catheterization equipment proposed in the certificate of need application.

- (13) "Shared fixed cardiac catheterization equipment" means fixed cardiac catheterization equipment that is used to perform cardiac catheterization procedures and angiography procedures.

10A NCAC 14C .1603 PERFORMANCE STANDARDS

(a) An applicant proposing to acquire fixed cardiac catheterization equipment pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:

- (1) identify the existing fixed cardiac catheterization equipment owned or operated by the applicant or a related entity and located in the proposed fixed cardiac catheterization equipment service area;
- (2) identify the approved fixed cardiac catheterization equipment owned or operated by the applicant or a related entity and located in the proposed fixed cardiac catheterization equipment service area;
- (3) provide projected utilization of the cardiac catheterization equipment identified in Subparagraphs (1) and (2) of this Paragraph and the proposed fixed cardiac catheterization equipment during each of the first three full fiscal years of operation following completion of the project;
- (4) provide the assumptions and methodology used to project the utilization required by Subparagraph (3) of this Paragraph; and
- (5) project that the cardiac catheterization equipment identified in Subparagraphs (1) and (2) of this Paragraph and the proposed fixed cardiac catheterization equipment shall perform 900 or more diagnostic-equivalent cardiac catheterization procedures per unit of cardiac catheterization equipment during the third full fiscal year of operation following completion of the project.

(b) An applicant proposing to acquire shared fixed cardiac catheterization equipment pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:

- (1) provide projected utilization of the proposed shared fixed cardiac catheterization equipment during each of the first three full fiscal years of operation following completion of the project;
- (2) provide the assumptions and methodology used to project the utilization required by Subparagraph (1) of this Paragraph; and
- (3) project that the proposed shared fixed cardiac catheterization equipment shall perform 225 or more diagnostic-equivalent cardiac catheterization and angiography procedures during the third full fiscal year of operation following completion of the project.

(c) An applicant proposing to acquire mobile cardiac catheterization equipment pursuant to a need determination in the State Medical Facilities Plan in effect as of the first day of the review period shall:

- (1) identify the existing mobile cardiac catheterization equipment owned or operated by the applicant or a related entity that provides cardiac catheterization services at host sites located in the proposed mobile cardiac catheterization equipment service area;
- (2) identify the approved mobile cardiac catheterization equipment owned or operated by the applicant or a related entity that will provide cardiac catheterization services at host sites located in the proposed mobile cardiac catheterization equipment service area;
- (3) provide projected utilization of the cardiac catheterization equipment identified in Subparagraphs (1) and (2) of this Paragraph and the proposed mobile cardiac catheterization equipment during each of the first three full fiscal years of operation following completion of the project;
- (4) provide the assumptions and methodology used to project the utilization required by Subparagraph (3) of this Paragraph; and

- (5) project that the cardiac catheterization equipment identified in Subparagraphs (1) and (2) of this Paragraph and the proposed mobile cardiac catheterization equipment shall perform 225 or more diagnostic-equivalent cardiac catheterization procedures per unit of cardiac catheterization equipment during the third full fiscal year of operation following completion of the project.

SECTION .1700 - CRITERIA AND STANDARDS FOR OPEN-HEART SURGERY SERVICES AND HEART-LUNG BYPASS MACHINES

10A NCAC 14C .1701 DEFINITIONS

The following definitions apply to all rules in this Section:

- (1) "Approved heart-lung bypass machine" means a heart-lung bypass machine that was issued a certificate of need but is not being used as of the application deadline for the review period.
- (2) "Existing heart-lung bypass machine" means a heart-lung bypass machine that is being used as of the application deadline for the review period.
- (3) "Health service facility" shall have the same meaning as defined in G.S. 131E-176(9b).
- (4) "Heart-lung bypass machine" shall have the same meaning as defined in G.S. 131E-176(10a).
- (5) "Open-heart surgical procedure" means one visit by a patient to an operating room for open heart surgery services.
- (6) "Open-heart surgery services" shall have the same meaning as defined in G.S. 131E-176(18b).
- (7) "Proposed heart-lung bypass machine" means the heart-lung bypass machine proposed in the application under review.

10A NCAC 14C .1703 PERFORMANCE STANDARDS

- (a) A health service facility that proposes to develop a new open-heart surgery service shall:
 - (1) provide the projected number of open-heart surgical procedures to be performed during each of the first three full fiscal years of operation following completion of the project;
 - (2) provide the assumptions and methodology used to project the utilization required by Subparagraph (a)(1) of this Paragraph; and
 - (3) project to perform 150 or more open-heart surgical procedures in the third full fiscal year of operation following completion of the project.
- (b) A health service facility that proposes to acquire a heart-lung bypass machine, excluding a heart-lung bypass machine proposed to be acquired pursuant to Policy AC-6 in the annual State Medical Facilities Plan in effect as of the first day of the review period, shall:
 - (1) provide the number of existing heart-lung bypass machines owned or operated by the health service facility;
 - (2) provide the number of approved heart-lung bypass machines that will be owned or operated by the health service facility;
 - (3) provide projected utilization of the existing and approved heart-lung bypass machines identified in Subparagraphs (b)(1) and (b)(2) of this Paragraph and the proposed heart-lung bypass machine during each of the first three full fiscal years of operation following completion of the project;
 - (4) provide the assumptions and methodology used to project the utilization required by Subparagraph (b)(3) of this Paragraph; and
 - (5) project that the existing and approved heart-lung bypass machines identified in Subparagraphs (b)(1) and (b)(2) of this Paragraph and the proposed heart-lung bypass machine will be used during the third full fiscal year of operation following completion of the project:

- (A) to perform 200 or more open-heart surgical procedures per heart-lung bypass machine; or
- (B) for 900 hours or more per heart-lung bypass machine, including time in use and time spent on standby, for all types of procedures.

SECTION .1900 – CRITERIA AND STANDARDS FOR LINEAR ACCELERATORS

10A NCAC 14C .1901 DEFINITIONS

The following definitions shall apply to all rules in this Section:

- (1) "Approved LINAC" means a linear accelerator (LINAC) that was issued a certificate of need but is not being used to provide services as of the application deadline for the review period.
- (2) "Equivalent Simple Treatment Visit (ESTV)" shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.
- (3) "Existing LINAC" means a LINAC that is being used to provide services as of the application deadline for the review period.
- (4) "LINAC service area" shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.
- (5) "Linear accelerator (LINAC)" shall have the same meaning as defined in G.S. 131E-176(14g).
- (6) "Proposed LINAC" means the LINAC proposed in the application under review.

10A NCAC 14C .1903 PERFORMANCE STANDARDS

An applicant proposing to acquire a LINAC pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:

- (1) identify the existing LINACs owned or operated by the applicant or a related entity and located in the proposed LINAC service area;
- (2) identify the approved LINACs owned or operated by the applicant or a related entity and located in the proposed LINAC service area;
- (3) provide projected utilization of the LINACs identified in Items (1) and (2) of this Rule and the proposed LINAC during each of the first three full fiscal years of operation following completion of the project;
- (4) provide the assumptions and methodology used for the projected utilization required by Item (3) of this Rule;
- (5) project that the LINACs identified in Items (1) and (2) of this Rule and the proposed LINAC shall perform during the third full fiscal year of operation following completion of the project either:
 - (a) 6,750 or more ESTVs per LINAC; or
 - (b) serve 250 or more patients per LINAC.

SECTION .2000 – CRITERIA AND STANDARDS FOR HOME HEALTH SERVICES

10A NCAC 14C .2001 DEFINITIONS

The following definitions shall apply to this Section:

- (1) "Home health agency" shall have the same meaning as defined in G.S. 131E-176(12).
- (2) "Service area" shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.

10A NCAC 14C .2003 PERFORMANCE STANDARDS

An applicant proposing to develop a new Medicare-certified home health agency pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:

- (1) provide projected utilization for each of the first three full fiscal years of operation following completion of the project;
- (2) project to serve at least 325 residents of the proposed service area during the third full fiscal year of operation following completion of the project; and
- (3) provide the assumptions and methodology used to provide the projected utilization required in Item (1) of this Rule.

SECTION .2100 – CRITERIA AND STANDARDS FOR SURGICAL SERVICES AND OPERATING ROOMS

10A NCAC 14C .2101 DEFINITIONS

The following definitions apply to all rules in this Section:

- (1) "Approved operating rooms" means those operating rooms that were approved for a certificate of need by the CON Section prior to the date on which the applicant's proposed project was submitted to the CON Section, but that have not been licensed.
- (2) "Dedicated C-section operating room" means an operating room as defined in Chapter 6 in the annual State Medical Facilities Plan.
- (3) "Existing operating rooms" means those operating rooms in ambulatory surgical facilities and hospitals that were reported in the Ambulatory Surgical Facility License Renewal Application Form or in the Hospital License Renewal Application Form submitted to the Acute and Home Care Licensure and Certification Section of the Division of Health Service Regulation, and that were licensed prior to the beginning of the review period.
- (4) "Health System" shall have the same meaning as defined in Chapter 6 in the annual State Medical Facilities Plan.
- (5) "Operating room" means a room as defined in G.S. 131E-176(18c).
- (6) "Operating Room Need Methodology" means the Methodology for Projecting Operating Room Need in Chapter 6 in the annual State Medical Facilities Plan.
- (7) "Service area" means the Operating Room Service Area as defined in Chapter 6 in the annual State Medical Facilities Plan.

10A NCAC 14C .2103 PERFORMANCE STANDARDS

- (a) An applicant proposing to increase the number of operating rooms, excluding dedicated C-section operating rooms, in a service area shall demonstrate the need for the number of proposed operating rooms in addition to the existing and approved operating rooms in the applicant's health system in the applicant's third full fiscal year following completion of the proposed project based on the Operating Room Need Methodology set forth in the annual State Medical Facilities Plan. The applicant is not required to use the population growth factor.
- (b) The applicant shall provide the assumptions and methodology used for the projected utilization required by this Rule.

SECTION .2200 – CRITERIA AND STANDARDS FOR END-STAGE RENAL DISEASE SERVICES

10A NCAC 14C .2201 DEFINITIONS

The following definitions shall apply to this Section:

- (1) "Dialysis" means the artificially aided process of transferring body wastes from a person's blood to a dialysis fluid to permit discharge of the wastes from the body.
- (2) "Dialysis facility" means a kidney disease treatment center as defined in G.S. 131E-176(14e).
- (3) "Dialysis station" means the treatment area in a dialysis facility used to accommodate the equipment and supplies needed to perform hemodialysis on a single patient.
- (4) "Hemodialysis" means the form of dialysis in which the blood is circulated outside the body through equipment that permits transfer of waste through synthetic membranes.
- (5) "Home hemodialysis" means hemodialysis performed in a location other than a dialysis facility by the patient after the patient is trained in a dialysis facility to perform the hemodialysis.
- (6) "In-center hemodialysis" means hemodialysis performed in a dialysis facility.
- (7) "Peritoneal dialysis" means the form of dialysis in which a dialysis fluid is introduced into the person's peritoneal cavity and is subsequently withdrawn. This form of dialysis is performed in a location other than a dialysis facility by the patient after the patient is trained in a dialysis facility to perform the peritoneal dialysis.

10A NCAC 14C .2203 PERFORMANCE STANDARDS

- (a) An applicant proposing to establish a new dialysis facility for in-center hemodialysis services shall document the need for at least 10 dialysis stations based on utilization of 2.8 in-center patients per station per week as of the end of the first full fiscal year of operation following certification of the facility. An applicant may document the need for fewer than 10 stations if the application is submitted in response to an adjusted need determination in the State Medical Facilities Plan for fewer than 10 stations.
- (b) An applicant proposing to increase the number of in-center dialysis stations in:
 - (1) an existing dialysis facility; or
 - (2) a dialysis facility that is not operational as of the date the certificate of need application is submitted but has been issued a certificate of need
 shall document the need for the total number of dialysis stations in the facility based on 2.8 in-center patients per station per week as of the end of the first full fiscal year of operation following certification of the additional stations.
- (c) An applicant proposing to establish a new dialysis facility dedicated to home hemodialysis or peritoneal dialysis training shall document the need for the total number of home hemodialysis stations in the facility based on training six home hemodialysis patients per station per year as of the end of the first full fiscal year of operation following certification of the facility.
- (d) An applicant proposing to increase the number of home hemodialysis stations in a dialysis facility dedicated to home hemodialysis or peritoneal dialysis training shall document the need for the total number of home hemodialysis stations in the facility based on training six home hemodialysis patients per station per year as of the end of the first full fiscal year of operation following certification of the additional stations.
- (e) The applicant shall provide the assumptions and methodology used for the projected utilization required by this Rule.

SECTION .2400 – CRITERIA AND STANDARDS FOR INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES

10A NCAC 14C .2401 DEFINITIONS

The following definitions shall apply to all rules in this Section:

- (1) "Catchment area" means as defined in G.S. 122C-3(4).

- (2) "Intermediate care facility for individuals with intellectual disabilities" means as defined in G.S. 131E-176(14a).

10A NCAC 14C .2403 PERFORMANCE STANDARDS

- (a) An applicant proposing to add intermediate care facility for individuals with intellectual disabilities (ICF/IID) beds to an existing facility shall not be approved unless the average occupancy, over the six months immediately preceding the submittal of the application, of the total number of ICF/IID beds within the facility in which the new beds are to be operated was at least 90 percent.
- (b) An applicant proposing to establish new ICF/IID beds shall not be approved unless occupancy is projected to be at least 90 percent for the total number of ICF/IID beds proposed to be operated in the entire facility, no later than one year following the completion of the proposed project.
- (c) An applicant proposing to establish new ICF/IID beds shall comply with one of the following models:
- (1) a residential community based freestanding facility with six beds or less, i.e., group home model; or
 - (2) a community-based facility with 7 to 15 beds if documentation is provided that a facility of this size is necessary because adequate residential community based freestanding facilities are not available in the Area Authority catchment area to meet the needs of the population to be served.
- (d) No more than three ICF/IID facilities housing a combined total of 18 persons shall be developed on contiguous pieces of property.

SECTION .2700 - CRITERIA AND STANDARDS FOR MAGNETIC RESONANCE IMAGING SCANNER

10A NCAC 14C .2701 DEFINITIONS

The following definitions shall apply to all rules in this Section:

- (1) "Adjusted MRI procedure" shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.
- (2) "Approved MRI scanner" means a magnetic resonance imaging (MRI) scanner that was issued a certificate of need but is not being used to provide services as of the application deadline for the review period.
- (3) "Existing MRI scanner" means an MRI scanner that is being used to provide services as of the application deadline for the review period.
- (4) "Fixed MRI scanner" means an MRI scanner that is not a mobile MRI scanner.
- (5) "Fixed MRI scanner service area" shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.
- (6) "Host site" means the location where the mobile MRI scanner provides services.
- (7) "Magnetic resonance imaging (MRI) scanner" shall have the same meaning as defined in G.S. 131E-176(14m).
- (8) "Mobile MRI scanner" means an MRI scanner that is moved weekly to provide services at two or more host sites.
- (9) "Mobile MRI scanner service area" shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.
- (10) "Proposed MRI scanner" means the MRI scanner proposed in the application under review.

10A NCAC 14C .2703 PERFORMANCE STANDARDS

- (a) An applicant proposing to acquire a fixed MRI scanner pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:

- (1) identify the existing fixed MRI scanners owned or operated by the applicant or a related entity and located in the proposed fixed MRI scanner service area;
 - (2) identify the approved fixed MRI scanners owned or operated by the applicant or a related entity and located in the proposed fixed MRI scanner service area;
 - (3) identify the existing mobile MRI scanners owned or operated by the applicant or a related entity that provided mobile MRI services at host sites located in the proposed fixed MRI scanner service area during the 12 months before the application deadline for the review period;
 - (4) identify the approved mobile MRI scanners owned or operated by the applicant or a related entity that will provide mobile MRI services at host sites located in the proposed fixed MRI scanner service area;
 - (5) provide projected utilization of the MRI scanners identified in Subparagraphs (1) through (4) of this Paragraph and the proposed fixed MRI scanner during each of the first three full fiscal years of operation following completion of the project;
 - (6) provide the assumptions and methodology used to project the utilization required by Subparagraph (5) of this Paragraph;
 - (7) project that the fixed MRI scanners identified in Subparagraphs (1) and (2) of this Paragraph and the proposed fixed MRI scanner shall perform during the third full fiscal year of operation following completion of the project:
 - (A) 3,494 or more adjusted MRI procedures per fixed MRI scanner if there are two or more fixed MRI scanners in the fixed MRI scanner service area;
 - (B) 3,058 or more adjusted MRI procedures per fixed MRI scanner if there is one fixed MRI scanner in the fixed MRI scanner service area; or
 - (C) 1,310 or more adjusted MRI procedures per MRI scanner if there are no existing fixed MRI scanners in the fixed MRI scanner service area; and
 - (8) project that the mobile MRI scanners identified in Subparagraphs (3) and (4) of this Paragraph shall perform 3,120 or more adjusted MRI procedures per mobile MRI scanner during the third full fiscal year of operations following completion of the project.
- (b) An applicant proposing to acquire a mobile MRI scanner pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:
- (1) identify the existing mobile MRI scanners owned or operated by the applicant or a related entity that provided mobile MRI services at host sites located in the proposed mobile MRI scanner service area during the 12 months before the application deadline for the review period;
 - (2) identify the approved mobile MRI scanners owned or operated by the applicant or a related entity that will provide mobile MRI services at host sites located in the proposed mobile MRI scanner service area;
 - (3) identify the existing fixed MRI scanners owned or operated by the applicant or a related entity that are located in the proposed mobile MRI scanner service area;
 - (4) identify the approved fixed MRI scanners owned or operated by the applicant or a related entity that will be located in the proposed mobile MRI scanner service area;
 - (5) identify the existing and proposed host sites for each mobile MRI scanner identified in Subparagraphs (1) and (2) of this Paragraph and the proposed mobile MRI scanner;
 - (6) provide projected utilization of the MRI scanners identified in Subparagraphs (1) through (4) of this Paragraph and the proposed mobile MRI scanner during each of the first three full fiscal years of operation following completion of the project;
 - (7) provide the assumptions and methodology used to project the utilization required by Subparagraph (6) of this Paragraph;
 - (8) project that the mobile MRI scanners identified in Subparagraphs (1) and (2) of this Paragraph and the proposed mobile MRI scanner shall perform 3,120 or more adjusted

- MRI procedures per MRI scanner during the third full fiscal year of operations following completion of the project; and
- (9) project that the fixed MRI scanners identified in Subparagraphs (3) and (4) of this Paragraph shall perform during the third full fiscal year of operations following completion of the project:
- (a) 3,494 or more adjusted MRI procedures per fixed MRI scanner if there are two or more fixed MRI scanners in the fixed MRI scanner service area;
 - (b) 3,058 or more adjusted MRI procedures per fixed MRI scanner if there is one fixed MRI scanner in the fixed MRI scanner service area; or
 - (c) 1,310 or more adjusted MRI procedures per MRI scanner if there are no fixed MRI scanners in the fixed MRI scanner service area.

SECTION .2800 - CRITERIA AND STANDARDS FOR REHABILITATION SERVICES

10A NCAC 14C .2801 DEFINITIONS

The following definitions shall apply to this Section:

- (1) "Approved rehabilitation beds" means rehabilitation beds that were issued a certificate of need but are not licensed as rehabilitation beds as of the application deadline for the review period.
- (2) "Average daily census (ADC)" means the total number of inpatient rehabilitation days of care provided during a full fiscal year of operation divided by 365 days.
- (3) "Existing rehab beds" means rehabilitation beds that are licensed as rehabilitation beds as of the application deadline for the review period.
- (4) "Occupancy rate" means the ADC divided by the total number of existing, approved, and proposed rehabilitation beds expressed as a percentage.
- (5) "Proposed rehabilitation beds" means the rehabilitation beds proposed in the application under review.

10A NCAC 14C .2803 PERFORMANCE STANDARDS

An applicant proposing to develop rehabilitation beds pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:

- (1) provide projected utilization of all existing, approved, and proposed rehabilitation beds on the hospital license during each of the first three full fiscal years of operation following completion of the project;
- (2) document that the occupancy rate for all existing, approved, and proposed rehabilitation beds on the hospital license shall be at least 70 percent during the third full fiscal year of operation following completion of the project; and
- (3) provide the assumptions and methodology used to provide the projected utilization and occupancy rate required in Items (1) and (2) of this Rule.

SECTION .3700 - CRITERIA AND STANDARDS FOR POSITRON EMISSION TOMOGRAPHY SCANNER

10A NCAC 14C .3701 DEFINITIONS

The following definitions shall apply to all rules in this Section:

- (1) "Approved PET scanner" means a positron emission tomography (PET) scanner that was issued a certificate of need but is not being used to provide services as of the application deadline for the review period.

- (2) "Existing PET scanner" means a PET scanner that is being used to provide services as of the application deadline for the review period.
- (3) "Fixed PET scanner" means a PET scanner that is not mobile.
- (4) "Fixed PET scanner service area" shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.
- (5) "Host site" means the location where the mobile PET scanner provides services.
- (6) "Mobile PET scanner" means a PET scanner that is moved weekly to provide services at two or more host sites.
- (7) "Mobile PET scanner service area" shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.
- (8) "Positron emission tomography scanner" shall have the same meaning as defined in G.S. 131E-176(19a).
- (9) "Proposed PET scanner" means the PET scanner proposed in the application under review.

10A NCAC 14C .3703 PERFORMANCE STANDARDS

- (a) An applicant proposing to acquire a fixed PET scanner pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:
 - (1) identify the existing fixed PET scanners owned or operated by the applicant or a related entity and located in the proposed fixed PET scanner service area;
 - (2) identify the approved fixed PET scanners owned or operated by the applicant or a related entity and located in the proposed fixed PET scanner service area;
 - (3) identify the existing mobile PET scanners owned or operated by the applicant or a related entity that provided services at host sites located in the proposed fixed PET scanner service area during the 12 months before the application deadline for the review period;
 - (4) identify the approved mobile PET scanners owned or operated by the applicant or a related entity that will provide services at host sites located in the proposed fixed PET scanner service area;
 - (5) provide projected utilization of the PET scanners identified in Subparagraphs (1) through (4) of this Paragraph and the proposed fixed PET scanner during each of the first three full fiscal years of operation following completion of the project;
 - (6) provide the assumptions and methodology used to project the utilization required by Subparagraph (5) of this Paragraph; and
 - (7) project that the PET scanners identified in Subparagraphs (1) through (4) of this Paragraph and the proposed fixed PET scanner shall perform 2,080 or more procedures per PET scanner during the third full fiscal year of operation following completion of the project.
- (b) An applicant proposing to acquire a mobile PET scanner pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:
 - (1) identify the existing mobile PET scanners owned or operated by the applicant or a related entity that provided services at host sites located in the proposed mobile PET scanner service area during the 12 months before the application deadline for the review period;
 - (2) identify the approved mobile PET scanners owned or operated by the applicant or a related entity that will provide services at host sites located in the proposed mobile PET scanner service area during the first three full fiscal years following completion of the project;
 - (3) identify the existing fixed PET scanners owned or operated by the applicant or a related entity and located in the proposed mobile PET scanner service area;
 - (4) identify the approved fixed PET scanners owned and operated by the applicant or a related entity and located in the proposed mobile PET scanner service area;
 - (5) identify the existing and proposed host sites for each mobile PET scanner identified in Subparagraphs (1) and (2) of this Paragraph and the proposed mobile PET scanner;

- (6) provide projected utilization of the PET scanners identified in Subparagraphs (1) through (4) of this Paragraph and the proposed mobile PET scanner during each of the first three full fiscal years of operation following completion of the project;
- (7) provide the assumptions and methodology used to project the utilization required by Subparagraph (6) of this Paragraph; and
- (8) project that the PET scanners identified in Subparagraphs (1) through (4) of this Paragraph and the proposed mobile PET scanner shall perform 2,080 or more procedures per PET scanner during the third full fiscal year of operation following completion of the project.

SECTION .3800 - CRITERIA AND STANDARDS FOR ACUTE CARE HOSPITAL BEDS

10A NCAC 14C .3801 DEFINITIONS

The following definitions shall apply to this Section:

- (1) “Applicant hospital” means the hospital where the applicant proposes to develop the new acute care beds and includes all campuses on one license.
- (2) “Approved beds” means acute care beds in a hospital that were issued a certificate of need but are not licensed as of the application deadline for the review period.
- (3) “Average daily census (ADC)” means the total number of acute care days of care provided during a full fiscal year of operation divided by 365 days.
- (4) “Existing beds” means acute care beds in a hospital that are licensed as of the application deadline for the review period.
- (5) “Hospital system” means all hospitals in the proposed service area owned or operated by the applicant or a related entity.
- (6) “Occupancy rate” means the ADC divided by the total number of existing, approved and proposed acute care hospital beds.
- (7) “Proposed beds” means the acute care beds proposed to be developed in a hospital in the application under review.
- (8) “Qualified applicant” shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.
- (9) “Service area” shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.

10A NCAC 14C .3803 PERFORMANCE STANDARDS

An applicant proposing to develop new acute care beds in a hospital pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:

- (1) document that it is a qualified applicant;
- (2) provide projected utilization of the existing, approved, and proposed acute care beds for the applicant hospital during each of the first three full fiscal years of operation following completion of the project;
- (3) project an occupancy rate of the existing, approved, and proposed acute care beds for the applicant hospital during the third full fiscal year of operation following completion of the project that equals or exceeds the target occupancy percentage;
- (4) provide projected utilization of the existing, approved, and proposed acute care beds for the hospital system during each of the first three full fiscal years of operation following completion of the project;
- (5) project an average occupancy rate of the existing, approved, and proposed acute care beds for the hospital system during the third full fiscal year of operation following completion of the project that equals or exceeds the target occupancy percentage of:
 - (a) 66.7 percent if the ADC is less than 100;
 - (b) 71.4 percent if the ADC is 100 to 200;

- (c) 75.2 percent if the ADC is 201 to 399; or
- (d) 78.0 percent if the ADC is greater than 400; and
- (6) provide the assumptions and methodology used to project the utilization and occupancy rates required in Items (2), (3), (4), and (5) of this Rule.

SECTION .3900 - CRITERIA AND STANDARDS FOR GASTROINTESTINAL ENDOSCOPY PROCEDURE ROOMS IN LICENSED HEALTH SERVICE FACILITIES

10A NCAC 14C .3901 DEFINITIONS

The following definitions shall apply to all rules in this Section:

- (1) “Approved gastrointestinal (GI) endoscopy rooms” means GI endoscopy rooms that were approved for a certificate of need by the CON Section prior to the date the application was submitted but that are not licensed as of the date the application is submitted.
- (2) “Existing GI endoscopy rooms” means GI endoscopy rooms that were licensed prior to the beginning of the review period.
- (3) “GI endoscopy procedure” means each upper endoscopy, esophagoscopy, or colonoscopy procedure performed on a patient during a single visit to the licensed health service facility.
- (4) “Licensed health service facility” means either a hospital as defined in G.S. 131E-176(13) or an ambulatory surgical facility as defined in G.S. 131E-176(1b).
- (5) “New GI endoscopy room” means a GI endoscopy room that is not included in the inventory of GI endoscopy rooms in the State Medical Facilities Plan as of the date the application is submitted.
- (6) “Service area” means the county where the proposed GI endoscopy room will be developed.

10A NCAC 14C .3903 PERFORMANCE STANDARDS

An applicant proposing to develop a new GI endoscopy room in a licensed health service facility shall:

- (1) identify the proposed service area;
- (2) identify all existing and approved GI endoscopy rooms owned or operated by the applicant or a related entity located in the proposed service area;
- (3) provide projected utilization for each of the first three full fiscal years of operation following completion of the project for all GI endoscopy rooms identified in Item (2) of this Rule;
- (4) project to perform an average of at least 1,500 GI endoscopy procedures per GI endoscopy room during the third full fiscal year of operation following completion of the project in the GI endoscopy rooms identified in Item (2) of this Rule; and
- (5) provide the assumptions and methodology used to project the utilization required by this Rule.

SECTION .4000 - CRITERIA AND STANDARDS FOR HOSPICE INPATIENT FACILITIES AND HOSPICE RESIDENTIAL CARE FACILITIES

10A NCAC 14C .4001 DEFINITIONS

The following definitions shall apply to this Section:

- (1) “Approved beds” means hospice inpatient facility or hospice residential care facility beds that were issued a certificate of need but are not licensed as of the application deadline for the review period.

- (2) “Average daily census (ADC)” means the total number of days of care provided in the hospice inpatient facility or hospice residential care facility beds during a full fiscal year of operation divided by 365 days.
- (3) “Existing beds” means hospice inpatient facility or hospice residential care facility beds that are licensed as of the application deadline for the review period.
- (4) “Hospice inpatient facility beds” means inpatient beds in a facility licensed in accordance with the rules in Subchapter 10A NCAC 13K which are hereby incorporated by reference including subsequent amendments.
- (5) “Hospice residential facility beds” means group residential care beds in a facility licensed in accordance with the rules in Subchapter 10A NCAC 13K.
- (6) “Occupancy rate” means the ADC divided by the total number of existing, approved, and proposed hospice inpatient facility or hospice residential care facility beds expressed as a percentage.
- (7) “Proposed beds” means the hospice inpatient facility or hospice residential care facility beds proposed in the application under review.

10A NCAC 14C .4003 PERFORMANCE STANDARDS

- (a) (a) An applicant proposing to develop new hospice inpatient facility beds pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:
 - (1) provide projected utilization of all existing, approved, and proposed hospice inpatient facility beds on the license during each of the first three full fiscal years of operation following completion of the project;
 - (2) project that the occupancy rate for all existing, approved, and proposed hospice inpatient facility beds on the license shall be at least 65 percent during the third full fiscal year of operation following completion of the project; and
 - (3) provide the assumptions and methodology used to provide the projected utilization and occupancy rate required by Subparagraphs (1) and (2) of this Paragraph.
- (b) An applicant proposing to develop new HR beds shall:
 - (1) provide projected utilization of all existing, approved, and proposed hospice residential care facility beds on the license during each of the first three full fiscal years of operation following completion of the project;
 - (2) project that the occupancy rate for all existing, approved, and proposed hospice residential care facility beds on the license shall be at least 65 percent during the third full fiscal year of operation following completion of the project; and
 - (3) provide the assumptions and methodology used to provide the projected utilization and occupancy rate required by Subparagraphs (1) and (2) of this Paragraph.

APPENDIX F

ACADEMIC MEDICAL CENTER TEACHING HOSPITALS

Academic Medical Center Teaching Hospital	Medical School Affiliation	Date Designated
Atrium Health Wake Forest Baptist Medical Center Medical Center Boulevard Winston-Salem, North Carolina 27157 Telephone: (336) 716-2011	Wake Forest University School of Medicine	February 16, 1983
Duke University Health System d/b/a Duke University Hospital 2301 Erwin Road Durham, North Carolina 27710 Telephone: (919) 684-8111	Duke University School of Medicine	July 21, 1983
University of North Carolina Hospitals 101 Manning Drive Chapel Hill, North Carolina 27514 Telephone: (984) 974-1000	University of North Carolina at Chapel Hill School of Medicine	August 8, 1983
ECU Health Medical Center 2100 Stantonsburg Road Greenville, North Carolina 27834 Telephone: (252) 847-4100	Brody School of Medicine at East Carolina University	August 8, 1983
Carolinas Medical Center/Center for Mental Health 1000 Blythe Boulevard Charlotte, North Carolina 28203 Telephone: (704) 355-2000		After January 1, 1990
Cape Fear Valley Medical Center 1638 Owen Drive Fayetteville, NC 28304 Telephone: (910) 615-4000	Methodist University – Cape Fear Valley Health School of Medicine	After January 1, 1990

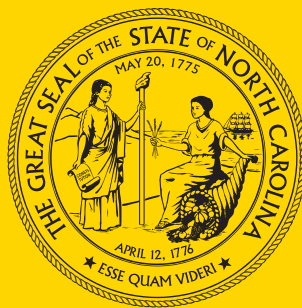
APPENDIX G

CRITICAL ACCESS HOSPITALS

County	Facility Name, Address and Telephone Number
Alexander	Alexander Hospital (closed) 326 Third Street, SW Taylorsville, North Carolina 28681
Alleghany	Alleghany Memorial Hospital 233 Doctors Street Sparta, North Carolina 28675 (336) 372-5511
Ashe	Ashe Memorial Hospital 200 Hospital Avenue Jefferson, North Carolina 28640 (336) 846-7101
Avery	Charles A. Cannon, Jr. Memorial Hospital 434 Hospital Drive Linville, North Carolina 28646 (828) 737-7000
Bertie	ECU Health Bertie Hospital 1403 South King Street Windsor, North Carolina 27983 (252) 794-6600
Bladen	Cape Fear Valley-Bladen County Hospital 501 South Poplar Street Elizabethtown, North Carolina 28337 (910) 862-5179
Brunswick	J. Arthur Doshier Memorial Hospital 924 North Howe Street Southport, North Carolina 28461 (910) 457-3800
Chatham	Chatham Hospital 475 Progress Boulevard Siler City, North Carolina 27344 (919) 799-4000

County	Facility Name, Address and Telephone Number
Cherokee	Erlanger Murphy Medical Center 3990 East US Hwy 64 ALT Murphy, North Carolina 28906 (828) 837-8161
Chowan	ECU Health Chowan Hospital 211 Virginia Road Edenton, North Carolina 27932 (252) 482-8451
Dare	The Outer Banks Hospital 4800 South Croatan Highway Nags Head, North Carolina 27959 (252) 449-4500
Macon	Angel Medical Center 120 Riverview Street Franklin, North Carolina 28734 (828) 524-8411
Macon	Highlands-Cashiers Hospital 190 Hospital Drive Highlands, North Carolina 28741 (828) 526-1200
Mitchell	Blue Ridge Regional Hospital 125 Hospital Drive Spruce Pine, North Carolina 28777 (828) 765-4201
Montgomery	FirstHealth Montgomery Memorial Hospital 520 Allen Street Troy, North Carolina 27371 (910) 571-5000
Pender	Novant Health Pender Medical Center 507 E Fremont Street Burgaw, North Carolina 28425 (910) 259-5451
Polk	AdventHealth Polk 101 Hospital Drive Columbus, North Carolina 28722 (828) 894-3311

County	Facility Name, Address and Telephone Number
Stokes	LifeBrite Community Hospital of Stokes 1570 NC 8 & 89 Hwy N Danbury, North Carolina 27016 (336) 593-2831
Swain	Swain Community Hospital 45 Plateau Street Bryson City, North Carolina 28713 (828) 488-2155
Transylvania	Transylvania Regional Hospital 260 Hospital Drive Brevard, North Carolina 28712 (828) 884-9111
Washington	Washington Regional Medical Center 958 US Hwy 64 East Plymouth, North Carolina 27962 (252) 793-4135



NC DEPARTMENT OF
HEALTH AND HUMAN SERVICES

Division of Health
Service Regulation

Proposed State Medical Facilities Plan