



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

2704 Mail Service Center ■ Raleigh, North Carolina 27699-2704

Beverly Eaves Perdue, Governor  
Lanier M. Cansler, Secretary

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

Craig R. Smith, Section Chief  
Phone: 919-855-3875  
Fax: 919-733-8139

**RESPONSE REQUIRED**

January 20, 2012

Robin Nelson, Executive Director  
Crystal Coast Hospice House  
P.O. Box 483  
Morehead City, NC 28557

RE: Conditional Approval/ Project I.D. #P-8709-11/ Crystal Coast Hospice House and Home Health and Hospice Care, Inc./ Develop a new hospice facility consisting of six hospice inpatient beds and four hospice residential care beds/ Carteret County  
FID #110699

Dear Ms. Nelson:

The Certificate of Need (CON) Section, Division of Health Service Regulation, Department of Health and Human Services has conditionally approved the above referenced certificate of need application. This decision was made after a review of the applications submitted for this cycle and after consideration of the Certificate of Need Law, G.S. 131E-175 et. seq., and regulations promulgated thereunder, the State Medical Facilities Plan, and other applicable information. Attached to this letter are the required findings made with respect to your application. The applicant shall not proceed with the construction, offering or development of this project until the certificate of need is issued. Further, the Department shall not issue the certificate of need until all applicable conditions of approval that can be satisfied before issuance of the certificate of need have been met pursuant to G.S. 131E-187(a). The conditions are as follows:

1. Crystal Coast Hospice House and Home Health and Hospice Care, Inc shall materially comply with all representations made in its certificate of need application.
2. Crystal Coast Hospice House and Home Health and Hospice Care, Inc shall develop and be licensed for no more than six hospice inpatient beds and four hospice residential care beds at the proposed new hospice facility in Carteret County.
3. Crystal Coast Hospice House and Home Health and Hospice Care, Inc shall acknowledge acceptance of and compliance with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need.



**Response to the above conditions should be submitted to the CON Section no later than 35 days from the date of the decision. Failure to respond within this time period may result in the CON Section making a determination not to issue a certificate of need for the project referenced above.**

The conditional approval is valid only for a capital expenditure of \$4,177,067. If a cost overrun occurs that exceeds the approved capital expenditure amount, a new certificate of need may be required as determined by G.S. 131E-176(16)(e).

The applicant should be aware that according to the Certificate of Need Law any affected person shall have thirty (30) days after the date of decision to file a petition for a contested case on this approval. Further, if you are aggrieved by the conditions of the decision you may file a petition for a contested case hearing in accordance with G.S. 150B, Article 3, as amended. This petition must be filed with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, North Carolina 27699-6714 within thirty (30) days of the date of this decision. [Note: Effective October 1, 2009, OAH requires a filing fee with submittal of petitions for contested cases. Please direct all questions regarding this fee to OAH Clerk's Office (919-431-3000).]

G.S. 150B-23 provides that a party filing a petition must also serve a copy of the petition on all parties to the petition. Therefore, if you file a petition for a contested case hearing, you must serve a copy of the petition on the Department of Health and Human Services by mailing a copy of your petition to:

Emery Milliken  
Department of Health and Human Services,  
Office of Legal Affairs,  
Adams Building – Room 154  
2001 Mail Service Center  
Raleigh, North Carolina, 27699-2001

It is requested that a copy of the petition also be served on the Certificate of Need Section.

The certificate of need will not be issued before the completion of this 30 day period ending February 20, 2012. If a contested case request is received within the thirty (30) day period, the certificate will not be issued until the appeal is resolved (10A NCAC 14C .0208).

The timetable for completion of the project is the timetable outlined in the certificate of need application, unless an adjustment has been made by the CON Section because the review period was extended.

The timetable for this project is as follows:

Construction Loan Executed	_____	April 1, 2012
Approval of Final Drawings	_____	
by Construction, DHSR	_____	August 15, 2012
25% Completion of Construction	_____	December 1, 2012
75% Completion of Construction	_____	June 1, 2013
Completion of Construction	_____	September 15, 2013
Licensure of Facility	_____	October 1, 2013
Occupancy/Offering of Services	_____	October 1, 2013
Medicare/ Medicaid Certification of Facility	_____	December 1, 2013

If the decision is appealed, the timetable set forth in this letter will be adjusted accordingly before the Certificate of Need is issued. Please contact us if any clarification of this decision is required.

Please refer to the Project I.D.# and Facility I.D.# (FID) in all correspondence.

Sincerely,



Bernetta Thorne-Williams, Project Analyst  
Certificate of Need Section



Craig R. Smith, Chief  
Certificate of Need Section

BTW:CRS:vlw

Attachment

cc: Construction Section, DHSR  
Medical Facilities Planning Section, DHSR  
Acute and Home Care Licensure and Certification Section, DHSR

CERTIFICATE OF SERVICE

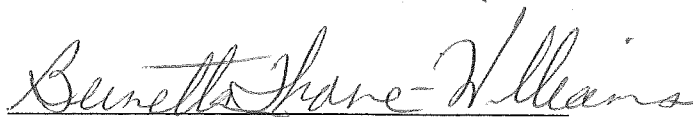
I hereby certify that I have served the foregoing notice of conditional approval on the following person by placing a copy in an official depository of the United States Postal Service in a postage-paid, first class envelope addressed as follows:

Robin Nelson, Executive Director  
Crystal Coast Hospice House  
P.O. Box 483  
Morehead City, NC 28557

Project I.D. # P-8709-11

FID #110699

This the 20<sup>th</sup> day of January, 2012

  
Bernetta Thorne-Williams, Project Analyst