



**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  
<http://www.ncdhhs.gov/dhsr/>

Drexdal Pratt, Director

Beverly Eaves Perdue, Governor  
Albert A. Delia, Acting Secretary

Craig R. Smith, Section Chief  
Phone: (919) 855-3873  
Fax: (919) 733-8139

**RESPONSE REQUIRED**

October 31, 2012

Jay Kortemeyer  
192 Village Drive  
Jacksonville, NC 28546

**Conditional Approval**

Project I.D. #: P-10024-12  
Facility: Brynn Marr Hospital  
Project Description: Transfer 12 inpatient psychiatric beds from Broughton Hospital  
County: Onslow  
FID #: 943044

Dear Mr. Kortemeyer:

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. Brynn Marr Hospital, Inc. and Universal Health Services, Inc. shall materially comply with all representations made in the certificate of need application and in the supplemental information submitted during the review. In those instances where representations conflict, Brynn Marr Hospital, Inc. and Universal Health Services, Inc. shall materially comply with the last-made representation.



2. Brynn Marr Hospital, Inc. and Universal Health Services, Inc. shall relocate no more than 12 inpatient psychiatric beds from Broughton Hospital for a total licensed bed complement of no more than 42 child and adolescent inpatient psychiatric beds, 12 adult inpatient psychiatric beds, 34 psychiatric residential treatment facility beds and 12 chemical dependency treatment beds.
3. Brynn Marr Hospital, Inc. shall de-license 12 psychiatric residential treatment facility beds upon completion of this project.
4. Brynn Marr Hospital, Inc. and Universal Health Services, Inc shall accept patients requiring involuntary admission for inpatient psychiatric services.
5. Brynn Marr Hospital, Inc. and Universal Health Services, Inc. shall acknowledge acceptance of and agree to comply 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 \$198,718. 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

Jay Kortemeyer  
October 31, 2012  
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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 December 3, 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:

Approval of final drawings and specifications by the Construction Section, DHSR _____	August 1, 2013
Contract award notice _____	August 15, 2013
25% Completion of construction _____	September 15, 2013
50% Completion of construction _____	October 15, 2013
75% Completion of construction _____	November 15, 2013
Completion of construction _____	December 15, 2013
Certification of beds _____	January 1, 2014

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,

Les Brown, Project Analyst

Martha J. Frisone, Assistant Chief  
Certificate of Need Section

LB:MJF:se

Attachment

cc: Medical Facilities Planning Section, DHSR  
Acute & Home Care Licensure & 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:

Jay Kortemeyer  
192 Village Drive  
Jacksonville, NC 28546

Project I.D. #P-10024-12

FID #943044

This the 31<sup>st</sup> day of October, 2012

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Les Brown, Project Analyst