



North Carolina Department of Health and Human Services
Division of Health Service Regulation

Pat McCrory
Governor

Aldona Z. Vos, M.D.
Ambassador (Ret.)
Secretary DHHS

Drexdal Pratt
Division Director

RESPONSE REQUIRED

October 28, 2014

James Roskelly
1200 North Elm Street
Greensboro, NC 27401

Conditional Approval

Project I.D. #: G-10309-14
Facility: Annie Penn Hospital
Project Description: Add one GI endoscopy room to the existing facility for a total of three GI endoscopy rooms
County: Forsyth
FID #: 932940

Dear Mr. Roskelly:

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 there under, 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. The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation d/b/a Annie Penn Hospital shall materially comply with all representations made in the certificate of need application and supplemental information received on September 24, 2014. In those instances where representations conflict, The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation d/b/a Annie Penn Hospital shall material comply with the last made representation.



Certificate of Need Section

www.ncdhhs.gov

Telephone 919-855-3873 • Fax 919-733-8139

Location: Edgerton Building • 809 Ruggles Drive • Raleigh, NC 27603

Mailing Address: 2704 Mail Service Center • Raleigh, NC 27699-2704

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2. The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation d/b/a Annie Penn Hospital shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section VIII of the application and that would otherwise require a certificate of need.
3. The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation d/b/a Annie Penn Hospital shall develop no more than one additional gastrointestinal endoscopy room and shall be licensed for a total of no more than three gastrointestinal endoscopy rooms at Annie Penn Hospital following project completion.
4. The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation d/b/a Annie Penn Hospital 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 \$2,231,516. 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 December 1, 2014. 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:

Completion of final drawings _____	February 1, 2015
Contract award _____	March 1, 2015
25% completion of construction _____	May 1, 2015
Ordering of equipment _____	May 1, 2015
50% completion of construction _____	June 15, 2015
75% completion of construction _____	August 1, 2015
Completion of construction _____	September 1, 2015
Arrival of equipment _____	September 1, 2015
Operation of equipment _____	October 1, 2015
Occupancy/Offering Service _____	October 1, 2015

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,

Kim Randolph, Project Analyst

Martha J. Frisone, Interim Chief
Certificate of Need Section

KR:MJF:mw

Attachment

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

James Roskelly
1200 North Elm Street
Greensboro, NC 27401

Project I.D. # G-10309-14
FID #932940

This the 28th day of October, 2014.

Kim Randolph
Project Analyst