



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor  
MANDY COHEN, MD, MPH • Secretary  
MARK PAYNE • Director, Division of Health Service Regulation

**RESPONSE REQUIRED**

September 24, 2018

Sandy Godwin  
1638 Owen Drive  
Fayetteville, NC 28302

**Conditional Approval**

Project ID #: M-11497-18  
Facility: Cape Fear Valley Medical Center  
Project Description: Develop one additional shared operating room pursuant to an adjusted need determination in the 2018 SMFP for a total of 19 operating rooms  
County: Cumberland  
FID #: 943057

Dear Ms. Godwin:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) 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, N.C. Gen. Stat. §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 Agency shall not issue the certificate of need until all applicable conditions of approval have been met pursuant to N.C. Gen. Stat. §131E-187(a). The conditions are as follows:

- 1. Cumberland County Hospital System, Inc. shall materially comply with all representations made in the certificate of need application.**
- 2. Cumberland County Hospital System, Inc. shall develop no more than one operating room at Cape Fear Valley Medical Center for the purpose of training surgical residents in inpatient and outpatient procedures pursuant to the adjusted need determination in the 2018 State Medical Facilities Plan.**

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603  
MAILING ADDRESS: 2701 Mail Service Center, Raleigh, NC 27699-2701  
www.ncdhs.gov/dhsr/ • TEL: 919-855-3750 • FAX: 919-733-2757

3. **Upon completion of this project and Project I.D. #M-8689-11 (relocate 2 operating rooms from Highsmith Rainey Specialty Hospital to Cape Fear Valley North), the hospital shall be licensed for a total of no more than 21 operating rooms.**
4. **Cumberland County Hospital System, Inc. shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditure in Section F of the application and that would otherwise require a certificate of need.**
5. **No later than three months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, Cumberland County Hospital System, Inc. shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:**
  - a. **Payor mix for the services authorized in this certificate of need.**
  - b. **Utilization of the services authorized in this certificate of need.**
  - c. **Revenues and operating costs for the services authorized in this certificate of need.**
  - d. **Average gross revenue per unit of service.**
  - e. **Average net revenue per unit of service.**
  - f. **Average operating cost per unit of service.**
6. **Cumberland County Hospital System, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

**Response to the above conditions should be submitted to the Agency no later than 35 days from the date of the decision. Failure to respond within this time period may result in the Agency 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 **\$4,690,811**. If a cost overrun occurs that exceeds the approved capital expenditure amount, a new certificate of need may be required as determined by N.C. Gen. Stat. §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 N.C. Gen. Stat. §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).]

N.C. Gen. Stat. §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:

Lisa G. Corbett  
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 Agency.

The certificate of need will not be issued before the completion of this 30 day period ending **October 24, 2018**. 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 Agency because the review period was extended. The timetable for this project is as follows:


- |  |                    |
|--|--------------------|
| 1. Drawings Completed _____  | December 15, 2018  |
| 2. Construction/Renovation Contract(s) Executed _____                                    | February 15, 2019  |
| 3. 25% of Construction/Renovation Completed _____<br>(25% of the cost is in place) _____ | April 15, 2019     |
| 4. 50% of Construction/Renovation Completed _____  | June 15, 2019      |
| 5. 75% of Construction/Renovation Completed _____  | August 1, 2019     |
| 6. Construction/Renovation Completed _____   | September 15, 2019 |
| 7. Equipment Ordered _____   | December 15, 2018  |
| 8. Equipment Installed _____   | September 1, 2019  |
| 9. Equipment Operational _____   | September 15, 2019 |
| 10. Building/Space Occupied _____  | October 1, 2019    |
| 11. Services Offered _____   | October 1, 2019    |
| 12. Final Annual Report Due _____  | January 1, 2021    |


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 this office if any clarification of this decision is required.

Sandy Godwin  
September 24, 2018  
Page 4

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

Sincerely,

  
Tanya S. Rupp  
Project Analyst

  
Martha J. Frisone  
Chief, Healthcare Planning and Certificate  
of Need Section

Attachment

cc: Construction Section, DHSR  
Acute & Home Care Licensure & Certification Section, DHSR  
Melinda Boyette, Administrative Assistant, Healthcare Planning, 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:

Sandy Godwin  
1638 Owen Drive  
Fayetteville, NC 28302

This the 24<sup>th</sup> day of September, 2018.

  
\_\_\_\_\_  
Tanya S. Rupp  
Project Analyst, Certificate of Need