



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**

April 30, 2019

James Roskelly  
 1200 N Elm Street  
 Greensboro, NC 27401

**Conditional Approval**

Project ID #: G-11655-19  
 Facility: LeBauer Endoscopy Center  
 Project Description: Relocate no more than one GI endo room from Wesley Long Hospital for a total of no more than five GI endo rooms upon project completion  
 County: Guilford  
 FID #: 923200

Approved Capital Expenditure: \$1,784,163  
 Conditions of Approval: See Attachment A  
 Approved Timetable: See Attachment B  
 Last Date to Appeal: May 30, 2019  
 Required State Agency Findings: Enclosed

Dear Mr. Roskelly:

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 review of the application or applications if the review was competitive, consideration of the Certificate of Need Law and regulations promulgated thereunder, the State Medical Facilities Plan, written comments if any, responses to comments if any, and other publicly applicable information.

The conditional approval is valid only for the approved capital expenditure shown above. If a cost overrun occurs that exceeds the approved capital expenditure amount, a new certificate of need may be required based on N.C. Gen. Stat. §131E-176(16)(e).

The applicant shall not proceed with the construction, offering or development of this project until the certificate of need is issued. Furthermore, 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). **Response to the conditions in Attachment A 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 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 approved timetable for this project is found in Attachment B.

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: 2704 Mail Service Center, Raleigh, NC 27699-2704  
 www.ncdhhs.gov/dhsr • TEL: 919-855-3873

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

The Certificate of Need law provides that any affected person has thirty (30) days after the date of the decision to file a petition for a contested case on this approval. Further, if you are aggrieved by any of the conditions you may file a petition for a contested case hearing in accordance with N.C. Gen. Stat. §150B, Article 3. 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. Effective October 1, 2009, OAH requires a filing fee with submittal of petitions for contested cases. Please direct all questions regarding this fee to the 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 thirty day appeal period which ends on the date shown above. If a contested case petition is filed with OAH within the thirty day appeal period, the certificate will not be issued until the appeal is resolved.

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.

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

Sincerely,



Celia C. Inman  
Project Analyst



Fatimah Wilson  
Team Leader

Enclosures:

Attachment A: Conditions of Approval  
Attachment B: Approved Timetable  
Required State Agency Findings

cc: Acute & Home Care Licensure & Certification Section, DHSR  
Construction Section, DHSR

**Attachment A**  
**Conditions of Approval**

- 1. The Moses H. Cone Memorial Hospital, The Moses H. Cone Memorial Hospital Operating Corporation and Moses Cone Medical Services, Inc. shall materially comply with all representations made in the certificate of need application.**
- 2. The Moses H. Cone Memorial Hospital, The Moses H. Cone Memorial Hospital Operating Corporation and Moses Cone Medical Services, 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 or that would otherwise require a certificate of need.**
- 3. The Moses H. Cone Memorial Hospital, The Moses H. Cone Memorial Hospital Operating Corporation and Moses Cone Medical Services, Inc. shall relocate no more than one gastrointestinal endoscopy procedure room from Wesley Long Hospital to LeBauer Endoscopy Center for a total of no more than five upon project completion. Cone Health, License #HO159, shall be licensed for a total of no more than six gastrointestinal endoscopy procedure rooms; no more than three at Wesley Long Hospital and no more than three at Moses Cone Hospital following project completion.**
- 4. The Moses H. Cone Memorial Hospital, The Moses H. Cone Memorial Hospital Operating Corporation and Moses Cone Medical Services, Inc. shall take the necessary steps to delicense one gastrointestinal endoscopy procedure room at Wesley Long Hospital.**
- 5. For the first three years of operation following completion of the project, The Moses H. Cone Memorial Hospital, The Moses H. Cone Memorial Hospital Operating Corporation and Moses Cone Medical Services, Inc. shall not increase charges more than 5% of the charges projected in Section Q of the application without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.**
- 6. 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, The Moses H. Cone Memorial Hospital, The Moses H. Cone Memorial Hospital Operating Corporation and Moses Cone Medical Services, 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.**
- 7. The Moses H. Cone Memorial Hospital, The Moses H. Cone Memorial Hospital Operating Corporation and Moses Cone Medical Services, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Healthcare Planning and Certificate of Need Section in writing prior to issuance of the certificate of need.**



**Attachment B  
Approved Timetable**

1. **Construction/Renovation Contract(s) Executed** \_\_\_\_\_ **February 14, 2020**
2. **25% of Construction/Renovation Completed**  
**(25% of the cost is in place)** \_\_\_\_\_ **March 30, 2020**
3. **50% of Construction/Renovation Completed** \_\_\_\_\_ **May 14, 2020**
4. **75% of Construction/Renovation Completed** \_\_\_\_\_ **June 28, 2020**
5. **Construction/Renovation Completed** \_\_\_\_\_ **August 12, 2020**
6. **Equipment Ordered** \_\_\_\_\_ **January 15, 2020**
7. **Equipment Installed** \_\_\_\_\_ **August 12, 2020**
8. **Equipment Operational** \_\_\_\_\_ **August 26, 2020**
9. **Building/Space Occupied** \_\_\_\_\_ **August 26, 2020**
10. **Services Offered** \_\_\_\_\_ **September 1, 2020**
11. **Final Annual Report Due** \_\_\_\_\_ **December 31, 2023**

