

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

January 24, 2012

Pamela P. Tillman  
Assistant Administrator  
Pioneer Community Hospital of Stokes  
1570 NC 8 & 89 HWY N  
P.O. Box 10  
Danbury, NC 27106

RE: No Review / Pioneer Community Hospital of Stokes / Acquire a CT scanner and renovate existing space / Stokes County

Dear Ms. Tillman:

The Certificate of Need (CON) Section received your letter of December 27, 2011 regarding the above referenced proposal. Based on the CON law **in effect on the date of this response to your request**, the proposal described in your correspondence is not governed by, and therefore, does not currently require a certificate of need. However, please note that if the CON law is subsequently amended such that the above referenced proposal would require a certificate of need, this determination does not authorize you to proceed to develop the above referenced proposal when the new law becomes effective.

It should be noted that this determination is binding only for the facts represented by you. Consequently, if changes are made in the project or in the facts provided in your correspondence referenced above, a new determination as to whether a certificate of need is required would need to be made by the Certificate of Need Section. Changes in a project include, but are not limited to: (1) increases in the capital cost; (2) acquisition of medical equipment not included in the original cost estimate; (3) modifications in the design of the project; (4) change in location; and (5) any increase in the number of square feet to be constructed.

In addition, you should contact the Construction Section to determine if they have any requirements for development of the proposed project. Please contact the CON Section if you have any questions. Also, in all future correspondence you should reference the Facility I.D.# (FID) if the facility is licensed.

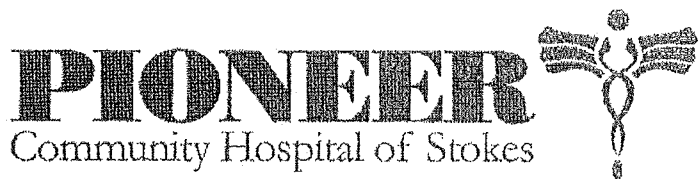
Sincerely,

Gebrette Miles,  
Project Analyst

Craig R. Smith, Chief  
Certificate of Need Section

cc: Construction Section, DHSR





J. WILLIAM SELLERS  
HOSPITAL ADMINISTRATOR

December 27, 2011

Ms. Gebrette Miles, Project Analyst  
Certificate of Need Section  
NC Division of Health Service Regulation  
2704 Mail Service Center  
Raleigh, NC 27699-2704

Dear Ms. Miles,

The letter is being sent requesting a Letter of No Review from your agency. Per our telephone conversation, I am providing a brief review of our situation.

Stokes-Reynolds Memorial Hospital, Inc. had a 1 slice CT scanner that was removed from service while we were under NC Baptist Hospital Lease arrangement. It was housed in an external mobile unit on the hospital campus. They did not initiate replacement of this unit at that time and current management does not know any further details of that time period. Stokes-Reynolds has transitioned from a lease arrangement by NC Baptist back to Stokes County.

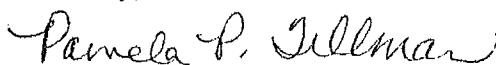
Effective August 1, 2011, Stokes County leased the hospital and the name has changed to Pioneer Community Hospital of Stokes. We are planning to install a CT Scanner in an existing R&F Room. Plans to renovate the room have been submitted to Mr. Jerry Boyle within the Construction Section of NC Division of Health Service Regulations.

Total cost of renovations, equipment and architect drawing are as follows:

Phillips MX 16 Slice CT Scanner	\$327,552.87
Architect Fees	11,000.00
Room Renovations	<u>100,000.00</u>
<b>Total Cost</b>	<b>\$438,552.87</b>

If additional information is needed, please do not hesitate to contact me at 336-593-5314 or [PamelaTillman@phscorporate.com](mailto:PamelaTillman@phscorporate.com)

Sincerely,

  
Pamela P. Tillman  
Assistant Administrator

1570 NC 8 & 89 HWY N  
POST OFFICE BOX 10 • DANBURY • NORTH CAROLINA 27016  
TELEPHONE (336) 593-2831 • FAX (336) 593-5350

PHILIPS HEALTHCARE  
22100 Bothell Everett Highway  
P.O. Box 3003  
Bothell, Washington 98041-3003  
Tel: (800) 722-7900



<b>Quotation #:</b> 1-TDBTGY	<b>Rev:</b> 2	<b>Effective From:</b> 03-Aug-11	<b>To:</b> 17-Sep-11
<b>Presented To:</b> PIONEER HEALTH SERVICES INC 110 PIONEER WAY MAGEE, MS 39111  Tel:  <b>Alternate Address:</b>		<b>Presented By:</b> Dale Barker <i>Account Manager</i> Tel: (601) 250-1002 Fax: (601) 250-4717  Jeff Darby <i>Regional Manager</i> Tel: (972) 705-2412 Fax: (972) 705-2447	
<b>Date Printed:</b> 03-Aug-11			
<b>Submit Orders To:</b> 22100 BOTHELL EVERETT HWY BOTHELL WA 98021 Tel: Fax: (425) 458-0390			

This quotation contains confidential and proprietary information of Philips Healthcare, a division of Philips Electronics North America Corporation ("Philips") and is intended for use only by the customer whose name appears on this quotation. It may not be disclosed to third parties without the prior written consent of Philips.

**IMPORTANT NOTICE:** Health care providers are reminded that if the transactions herein include or involve a loan or discount (including a rebate or other price reduction), they must fully and accurately report such loan or discount on cost reports or other applicable reports or claims for payment submitted under any federal or state health care program, including but not limited to Medicare and Medicaid, such as may be required by state or federal law, including but not limited to 42 CFR 1001.952(h).

**Quote Solution Summary**

<u>Line #</u>	<u>Product</u>	<u>Qty</u>	<u>Price</u>
	100030 MX 16 Slice	1	\$327,552.87
Equipment Total:			\$327,552.87

**Solution Summary Details**

<u>Product</u>	<u>Qty</u>	<u>Each</u>	<u>Monthly</u>	<u>Price</u>
100030 MX 16 Slice	1	\$327,552.87		\$327,552.87

Buying Group: NO CONTRACT

Contract #: NONE

**Add'l Terms:**

Each Quotation solution will reference a specific Buying Group/Contract Number representing an agreement containing discounts, fees and any specific terms and conditions which will apply to that single quoted solution. If no Buying Group/Contract Number is shown, Philips' Terms and Conditions of Sale will apply to the quoted solution.

Each equipment system listed on purchase order/orders represents a separate and distinct financial transaction. We understand and agree that each transaction is to be individually billed and paid.

**Payment Terms: 10% With Signed Acceptance of the Quotation, 70% Upon Delivery of Major Components, 20% Due When the Product is Available for First Patient Use, Net due 10 days from receipt of invoice**

**SEXTON**  
CONSTRUCTION CO., INC.

Company Headquarters  
2700 Boulder Park Court  
Winston-Salem, NC 27101  
Phone: 336.727.0202  
Fax: 336.727.0265

January 17, 2012

Mr. Mike Alley  
Pioneer Community Hospital of Stokes  
1570 NC 8 & 89 Highway North  
Danbury, NC 27016

Re: MX 16 – Slice CT Room

Dear Mike,

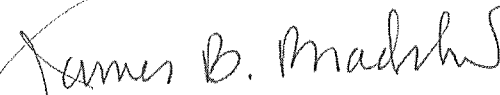
Sexton Construction Co., Inc. is pleased to offer our proposal for the construction of the renovated space for the MX – 16 Slice Room in accordance with the drawings that have been provided by Applied Engineering, PA, and our Attachment "1".

The total cost of the above work is \$ 126,200.00.

There would be substantial costs savings to the above price if you would incorporate some of the current lead lined items into the proposed plan.

We certainly appreciate the opportunity to provide you with this proposal and stand by ready to commence this work upon your approval. Should you have any questions or comments, please do not hesitate to contact me at your earliest convenience.

Yours very truly,



James B. Bradshaw, P.E.  
Project Manager

Attachment "1"

Sexton Construction Co., Inc.  
Attachment "1"  
Pioneer Community Hospital of Stokes  
CT Scanner Upfit  
1/17/2012

**Exclusions:**

1. All permits or fees as may be required by any authority or jurisdiction.
2. Epoxy paints.
3. Roof patching and the necessary repairs for the new work.
4. Telephone and data cabling and devices.
5. Final cleaning.
6. All Bonds.

**Clarifications:**

1. Our proposal is based on the drawings that you have provided at this time. We have not anticipated any code or compliance requirements that may require additional work, nor have we included any costs for the same.
2. Excavation spoils to remain in the crawl space.
3. We have assumed that the existing wall framing is capable of supporting the new laminated lead drywall. We include new 5/8" drywall with 1/16" laminated lead to 7'-0" per the attached sketch.
4. The new wood lockers to be stained and finished.
5. We include new Armstrong #1728, 2' x 2' acoustical ceiling tile and standard grid in all spaces except A103, A106 and A107.
6. VCT flooring to be Armstrong, "Standard Excelon" 12"x12" standard color.
7. Rubber base to be Roppe, 4" rubber wall base, standard color.
8. This proposal does not include surveying or testing for the presence of any hazardous or other contaminated materials, nor the removal of any material that may be hazardous or contaminated, should they be encountered.
9. Our proposal is based on normal working hours.
10. This proposal is good for thirty (30) days

### ROOM FINISH SCHEDULE

Room Number	Room Name	Floor	Base	Walls				Trim	Millwork		Remarks
				North Wall	South Wall	East Wall	West Wall		Horizontal	Vertical	
A101	PROCEDURE ROOM	VCT	RB	PNT-01	PNT-01	PNT-01	PNT-01	--	PLAM-01	PLAM-02	--
A102	CONTROL ROOM	VCT	RB	PNT-01	PNT-01	PNT-01	PNT-01	--	PLAM-01	PLAM-02	--
A103	VESTIBULE	EXSTG	EXSTG	PNT-01	PNT-01	PNT-01	PNT-01	--	--	--	--
A104	CHANGING	VCT	RB	PNT-01	PNT-01	PNT-01	PNT-01	--	PLAM-01	PLAM-02	--
A105	CHANGING	VCT	RB	PNT-01	PNT-01	PNT-01	PNT-01	--	PLAM-01	PLAM-02	--
A106	HOUSEKEEPING	EXSTG	EXSTG	EXSTG	EXSTG	EXSTG	EXSTG	--	--	--	--
A107	WAITING	EXSTG	EXSTG	PNT-01	PNT-01	PNT-01	PNT-01	--	--	--	--
A108	RESTROOM	VCT	RB	PNT-01	PNT-01	PNT-01	PNT-01	--	--	--	--

**ROOM FINISH NOTES:**  
 VCT - VINYL COMPOSITION TILE - TBD  
 RB - RUBBER BASE - TBD  
 PNT-01 - PAINTED GYPSUM BOARD - COLOR TBD  
 PLAM-01 - PLASTIC LAMINATE - TBD  
 PLAM-02 - PLASTIC LAMINATE - TBD

**DOOR SCHEDULE NOTES:**  
 1. DOORS TO BE SOLID CORE WOOD DOORS.  
 2. HARDWARE TO BE LEVER STYLE ADA COMPLIANT.  
 3. DOOR AND HARDWARE FINISH TO MATCH EXISTING.

\* PROVIDE DOORS WITH LEAD SHIELDING AS REQUIRED BY RADIOLOGICAL PHYSICIST REPORT PROVIDED BY OWNER.

### DOOR & FRAME SCHEDULE

No.	Door				Frame					Rating
	Door Size	Material	Type	Material	Type	Head	Jamb	Sill		
A101	4'-0"x7'-0"x1 3/4"	WD	1	HM	F-1	--	--	--	--	
A102	3'-0"x6'-8"x1 3/4"	WD	1	HM	F-1	--	--	--	--	
A104	3'-0"x6'-8"x1 3/4"	WD	1	HM	F-1	--	--	--	--	
A105	3'-0"x6'-8"x1 3/4"	WD	1	HM	F-1	--	--	--	--	
A107	4'-0"x7'-0"x1 3/4"	WD	1	HM	F-1	--	--	--	--	
A108	3'-0"x6'-8"x1 3/4"	WD	1	HM	F-1	--	--	--	--	

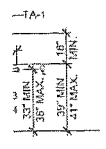
1/8" VED  
 1/8" VED  
 1/8" VED

FRAMED

TYPES

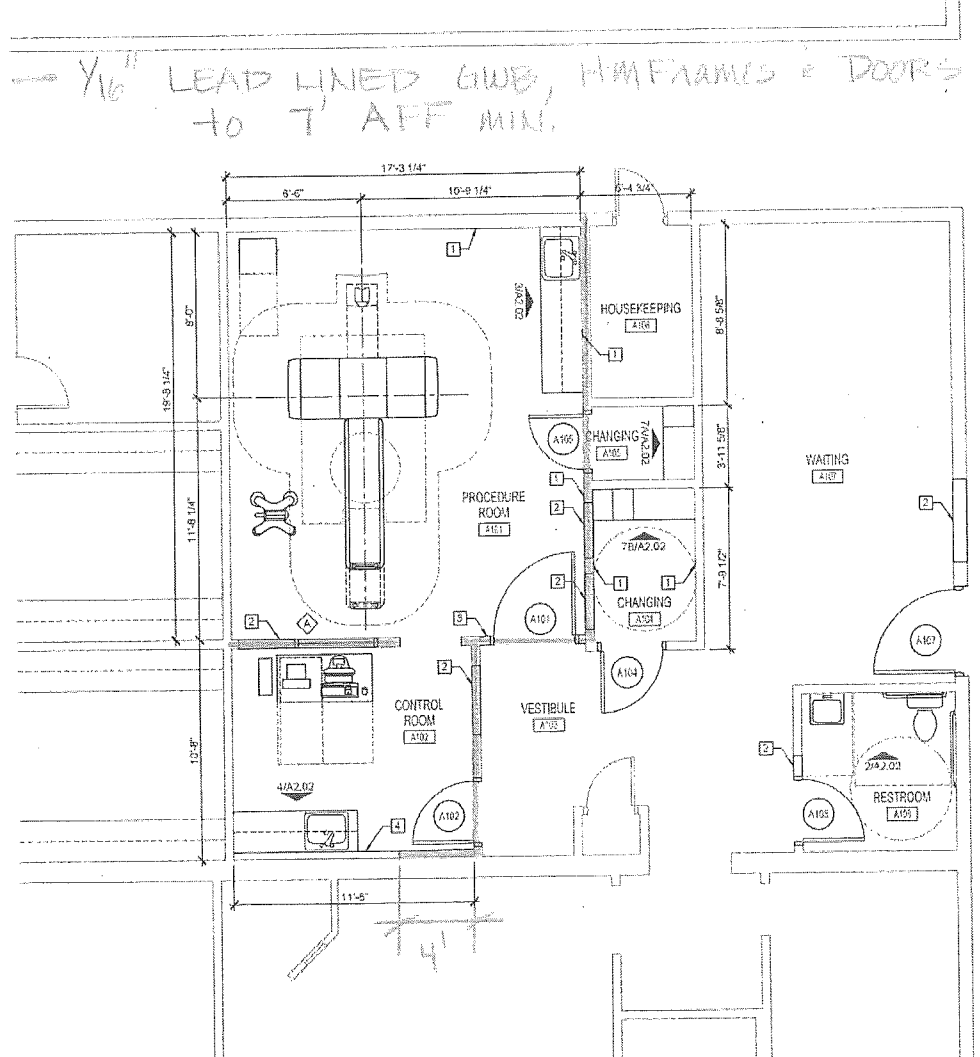
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B-5808X36
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ATIONS 1

1/4"=1'-0" FIRST FLOOR PLAN



SEXTON CONSTRUCTION CO.  
 1/18/2018

NO.	REVISION	DATE	BY	CHKD.	APP.
0	ISSUED FOR CONSTRUCTION	12.02.11	MBO	MBO	WFS
1	ISSUED FOR PRELIMINARY REVIEW	11.14.11	MBO	MBO	WFS



PIONEER COMMUNITY HOSPITAL OF STOKES  
 1570 NC 8 & 89 HWY NORTH  
 DANBURY, NC 27016  
 MX 16 - SLICE CT ROOM  
 FLOOR PLANS & DETAILS

DESIGNED BY:	MBO
DRAWN BY:	MBO
CHECKED BY:	WFS
DATE:	12.02.11
REVISION #:	0
SHEET #:	A2.02