



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

Pat McCrory  
Governor

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

Drexdal Pratt  
Division Director

December 6, 2013

Amy Graham  
155 Memorial Drive  
Post Office Box 3000  
Pinehurst, NC 28374

**No Review**

Facility or Business: FirstHealth of the Carolinas, Inc. d/b/a FirstHealth Moore Regional Hospital  
Project Description: Expand inpatient dialysis unit by two dialysis stations  
County: Moore  
FID #: 943358

Dear Ms. Graham:

The Certificate of Need Section (CON Section) received your letter of November 5, 2013 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.

Moreover, you need to contact the Construction and Acute Care Licensure Sections of the Division of Health Service Regulation to determine if they have any requirements for development of the proposed project.

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.

**Certificate of Need Section**

[www.ncdhhs.gov](http://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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Amy Graham  
December 6, 2013  
Page 2

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,



Tanya S. Rupp, Project Analyst



Craig R. Smith, Chief  
Certificate of Need Section

cc: Medical Facilities Planning Section, DHSR  
Construction Section, DHSR  
Acute Care Licensure Section, DHSR

November 5, 2013

Mr. Craig Smith  
Chief, Certificate of Need Section  
Department of Health Service Regulation  
809 Ruggles Drive  
Raleigh, NC 27603

Received by  
the CON Section  
NOV - 7 2013

RE: Request for No Review Determination to Expand Dedicated Inpatient Dialysis Unit at  
FirstHealth Moore Regional Hospital / Moore County

Dear Mr. Smith:

FirstHealth Moore Regional Hospital (FMRH) intends to expand its dedicated inpatient dialysis unit by two dialysis stations and requests a determination that such project falls within the definition of NCGS 131E-176(16)(b), as exempt from review.

#### **Statement of Facts**

FMRH has performed dedicated inpatient dialysis services for several decades. Services are only provided to patients who are inpatients at FMRH and require dialysis treatments as a part of their treatment plan or who cannot be transported to an ESRD facility if they are existing outpatients. FMRH has determined that inpatient dialysis services need to be expanded at FMRH because inpatient dialysis services are needed more frequently with the aging demographics of FMRH's patient population and due to the multiple co-morbidities that aging patients exhibit after being admitted to FMRH.

#### **Exemption from Review**

NCGS 131E-176(16)(a), (c-f1), (l-s), and (u-v) do not apply.

NCGS 131E-176(16) (b) defines "new institutional health service" as the obligation by any person of a capital expenditure exceeding two million dollars (\$2,000,000) to develop or expand a health service or a health service facility, or which relates to the provision of a health service. The cost of any studies, surveys, designs, plans, working drawings, specifications, and other activities, including staff effort and consulting and other services, essential to the acquisition, improvement, expansion, or replacement of any plant or equipment with respect to which an expenditure is made shall included in determining if the expenditure exceeds two million dollars (\$2,000,000).

## Compliance

FirstHealth Moore Regional Hospital hereby certifies that:

1. The estimated project cost for the renovations and expansion of inpatient dialysis unit is \$415,823.
2. The estimated project cost for the additional equipment for the inpatient dialysis unit is \$79,869.
3. The estimated total project cost for renovation, equipment, and miscellaneous expense is \$535,192.

## Determination Requested

FirstHealth Moore Regional Hospital requests that the Division of Health Service Regulation make a determination that the expansion of the dedicated inpatient dialysis unit in existing hospital space, as proposed herein does not constitute a new institutional health service and is thus exempt from certificate of need review.

If you require additional information concerning this request, please contact me at 910-715-1981.

Sincerely,



Amy Graham  
Director of Business Development

Attachments:   Exhibit A - Project Quote  
                      Exhibit B - Floor Plan

**EXHIBIT A**

**PROPOSED CAPITAL COSTS**

Project name: Expansion of Dedicated Inpatient Dialysis Unit

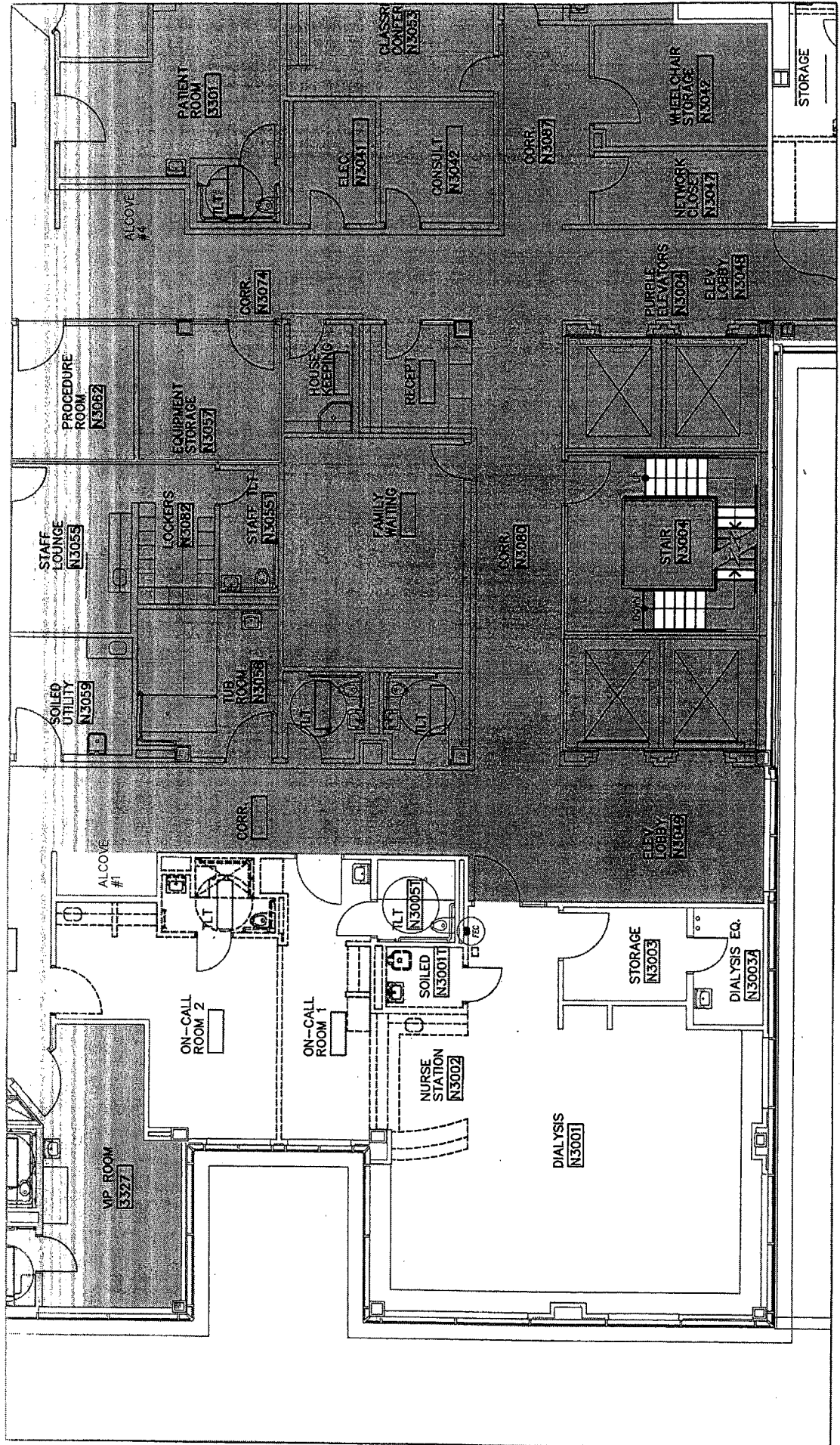
Proponent: FirstHealth Moore Regional Hospital

<b>Site Costs</b>		
(1)	Full purchase price of land Acres at \$ _____ per acre	
(2)	Closing costs	
(3)	Site inspection and survey	
(4)	Legal fees/subsoil investigation	
(5)	Site preparation costs	
(6)	Other (Demolition)	
(7)	Sub-Total Site Costs	
<b>Construction Contract</b>		
(8)	Cost of materials and labor	\$377,823
(9)	Other (Specify)	\$38,000
(10)	Sub-Total Construction Contract	\$415,823
<b>Miscellaneous Project Costs</b>		
(11)	Building purchase	
(12)	Fixed equipment purchase/lease	\$79,869
(13)	Movable equipment purchase/lease	
(14)	Furniture	\$1,000
(15)	Landscaping	
(16)	Consultant fees	
(17)	Financing costs (e.g. bond, loan, etc.)	
(18)	Interest during construction	
(19)	Other (A&E Fees)	\$38,500
(20)	Sub-Total Miscellaneous	\$119,369
(21)	<b>TOTAL CAPITAL COST OF PROJECT</b>	<b>\$535,192</b>

I assure that, to the best of my knowledge, the above capital costs for the proposed project are complete and correct and that it is my intent to carry out the proposed project as described.

  
\_\_\_\_\_  
Lynn DeJaco, Chief Financial Officer

11/5/13  
\_\_\_\_\_  
Date



FIRSTHEALTH - MOORE REGIONAL  
 DIALYSIS RENOVATION/RELOCATION  
 SCHEME 1 - EXISTING  
 7-22-13

**DESCRIPTION**

THIS SOLUTION INCLUDES A PARTIAL DEVOLUTION OF THE SPACES ADJACENT TO THE EXISTING DIALYSIS UNIT. IT INCLUDES TWO (2) NEW BAYS, A NEW NURSES STATION AND A NEW SOILED UTILITY ROOM. A SINK IS ADDED IN THE SPACE. THE R.O. WATER SYSTEM MAY NEED TO BE EXPANDED.

THIS SCENARIO WILL BE A CHALLENGE IN PHASING AND EXECUTION BECAUSE IT WILL REQUIRE WORK IN CLOSE PROXIMITY TO PATIENT CARE. NEW FINISHES WILL LIKELY BE DESIRABLE IN THE EXISTING AREA.

THE LAYOUT IS ONLY A TEST FIT AND MEANT TO INDICATE APPROXIMATE SF AND ROOM TYPES.

