



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF HEALTH SERVICE REGULATION

ROY COOPER  
GOVERNOR

MANDY COHEN, MD, MPH  
SECRETARY

MARK PAYNE  
DIRECTOR

December 22, 2017

Catharine W. Cumber  
3100 Tower Blvd, Suite 1300  
Durham, NC 27707

**Exempt from Review**

**Record #:** 2465  
**Facility Name:** Duke Regional Hospital  
**FID#:** 923142  
**Business Name:** Duke University Health System  
**Business #:** 640  
**Project Description:** Renovate two existing operating rooms  
**County:** Durham

Dear Ms. Cumber:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that based on your letter of December 21, 2017, the above referenced proposal is exempt from certificate of need review in accordance with Gen. Stat. §131E-184(g). Therefore, you may proceed to offer, develop or establish the above referenced project without a certificate of need.

However, you need to contact the Agency's Construction and Acute and Home Care Licensure and Certification Sections 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 Agency. 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.

If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,

Bernetta Thorne-Williams  
Project Analyst

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

cc: Construction Section, DHSR  
Acute and Home Care Licensure and Certification Section, DHSR  
Sharetta Blackwell, Program Assistant Healthcare Planning, DHSR

**HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION**

WWW.NCDHHS.GOV

TELEPHONE 919-855-3873

LOCATION: EDGERTON BUILDING • 809 RUGGLES DRIVE • RALEIGH, NC 27603

MAILING ADDRESS: 2704 MAIL SERVICE CENTER • RALEIGH, NC 27699-2704

AN EQUAL OPPORTUNITY/ AFFIRMATIVE ACTION EMPLOYER



Record# 2465  
FID# 923142

# Duke University Health System

**Catharine W. Cummer**  
Regulatory Counsel, Strategic Planning

December 21, 2017

Via Electronic Mail

Martha Frisone  
Chief  
Healthcare Planning and Certificate of Need Section  
Division of Health Service Regulation  
2704 Mail Service Center  
Raleigh, NC 27699-2704



Re: OR Renovation at Duke Regional Hospital

Dear Ms. Frisone:

On behalf of the Duke University Health System d/b/a Duke Regional Hospital, I am writing to provide prior written notice of a renovation project and to request the Section's written confirmation that the project is exempt from certificate of need review. The project involves the renovation of two existing operating rooms at Duke Regional Hospital, the cost of which is projected to exceed \$2,000,000.

Section 131E-184(g) provides that "The Department shall exempt from certificate of need review any capital expenditure that exceeds the two million dollar (\$2,000,000) threshold set forth in G.S. 131E-176(16)b. if all of the following conditions are met:

- (1) The sole purpose of the capital expenditure is to renovate, replace on the same site, or expand the entirety or a portion of an existing health service facility that is located on the main campus.
- (2) The capital expenditure does not result in (i) a change in bed capacity as defined in G.S. 131E-176(5) or (ii) the addition of a health service facility or any other new institutional health service other than that allowed in G.S. 131E-176(16)b.
- (3) The licensed health service facility proposing to incur the capital expenditure shall provide prior written notice to the Department, along with supporting G.S. 131E-184 documentation to demonstrate that it meets the exemption criteria of this subsection."

This project satisfies these requirements.

Martha Frisone  
December 21, 2017  
Page 2

Main campus

Duke Regional Hospital is an existing licensed health service facility and the operating rooms to be renovated are located on the "main campus" of the facility, as defined in 131E-176(14n), as "[t]he site of the main building from which a licensed health service facility provides clinical patient services and exercises financial and administrative control over the entire facility, including the buildings and grounds adjacent to that main building" and "[o]ther areas and structures that are not strictly contiguous to the main building but are located within 250 yards of the main building." Floor plans reflecting the planned renovations and the hospital's license are submitted with this request.

No New Institutional Health Services

This project does not result in (i) a change in bed capacity as defined in G.S. 131E-176(5) or (ii) the addition of a health service facility or any other new institutional health service other than that allowed in G.S. 131E-176(16)b.

Prior Written Notice

Please let this letter serve as the required prior written notice of this project. If you have questions or need any further information, please let me know. We would appreciate your confirmation that this project is exempt from CON review. Thank you for your attention to this request. If you have questions, please let me know.

Very truly yours,



Catharine W. Cummer

Enclosures

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

*Effective January 01, 2017, this license is issued to*

*Duke University Health System, Inc.*

*to operate a hospital known as*

*Duke Regional Hospital*

*located in Durham, North Carolina, Durham County.*

*This license is issued subject to the statutes of the  
State of North Carolina, is not transferable and shall remain  
in effect until amended by the issuing agency.*

*Facility ID: 923142*

*License Number: H0233*

***Bed Capacity: 369***

*General Acute 316, Rehabilitation 30, Psych 23.*

**Dedicated Inpatient Surgical Operating Rooms: 2**

**Dedicated Ambulatory Surgical Operating Rooms: 0**

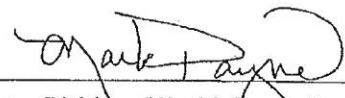
**Shared Surgical Operating Rooms: 13**

**Dedicated Endoscopy Rooms: 4**

Authorized by:



Secretary, N.C. Department of Health and  
Human Services

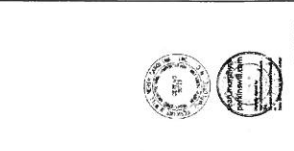


Director, Division of Health Service Regulation

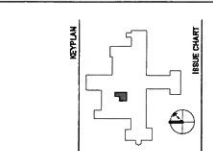


**SSME**  
 SPECIALTY SERVICES  
 300 SHAWMUT BLVD. SUITE 200  
 DURHAM, NC 27701  
 WWW.SSME.COM

**CALYX**  
 CONSTRUCTION MANAGEMENT  
 1000 W. GARRISON ST. SUITE 100  
 DURHAM, NC 27701  
 WWW.CALYXCM.COM



**PROJECT**  
 DUKE REGIONAL  
 HOSPITAL THIRD  
 FLOOR OR CONVERSION  
 3645 N ROXBORO RD.  
 DURHAM, NC 27704  
 DNR PROJECT NO. 11182  
 RD NO. 10140



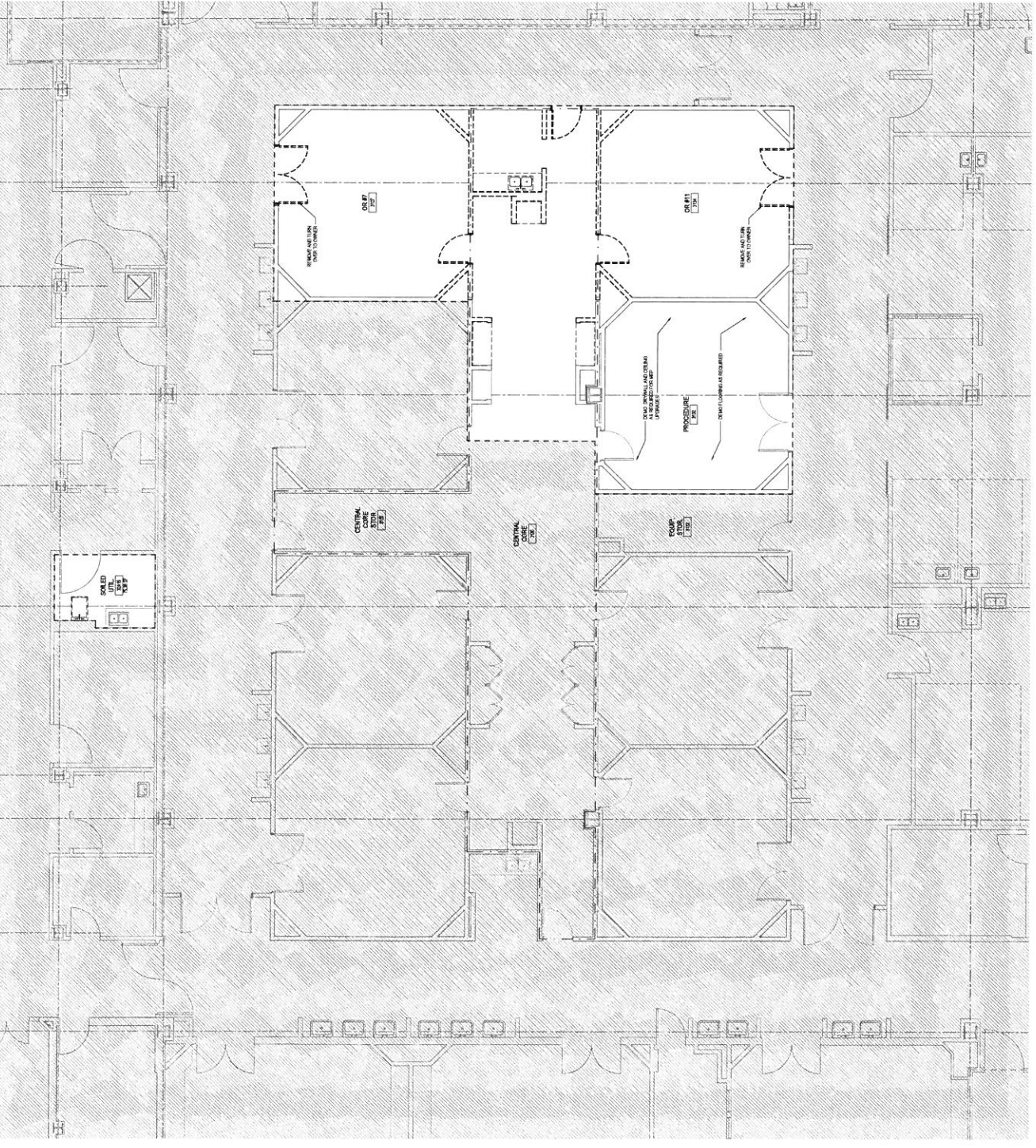
ISSUED FOR CONSTRUCTION  
 JULY 18, 2017

DATE	BY	DESCRIPTION

TITLE  
 DEMOLITION PLAN  
 LEVEL 03

SHEET NUMBER  
 A04-01

- ### DEMOLITION GENERAL NOTES
1. REFER TO PROVISIONAL SPECIFICATIONS FOR SAFETY MEASURES.
  2. VERIFY THE EXISTING CONDITION OF ALL STRUCTURES TO BE DEMOLISHED.
  3. VERIFY THE EXISTING CONDITION OF ALL STRUCTURES TO BE DEMOLISHED.
  4. VERIFY THE EXISTING CONDITION OF ALL STRUCTURES TO BE DEMOLISHED.
  5. VERIFY THE EXISTING CONDITION OF ALL STRUCTURES TO BE DEMOLISHED.
  6. VERIFY THE EXISTING CONDITION OF ALL STRUCTURES TO BE DEMOLISHED.
  7. VERIFY THE EXISTING CONDITION OF ALL STRUCTURES TO BE DEMOLISHED.
  8. VERIFY THE EXISTING CONDITION OF ALL STRUCTURES TO BE DEMOLISHED.
  9. VERIFY THE EXISTING CONDITION OF ALL STRUCTURES TO BE DEMOLISHED.
  10. VERIFY THE EXISTING CONDITION OF ALL STRUCTURES TO BE DEMOLISHED.
  11. VERIFY THE EXISTING CONDITION OF ALL STRUCTURES TO BE DEMOLISHED.
  12. VERIFY THE EXISTING CONDITION OF ALL STRUCTURES TO BE DEMOLISHED.
  13. VERIFY THE EXISTING CONDITION OF ALL STRUCTURES TO BE DEMOLISHED.
  14. VERIFY THE EXISTING CONDITION OF ALL STRUCTURES TO BE DEMOLISHED.
  15. VERIFY THE EXISTING CONDITION OF ALL STRUCTURES TO BE DEMOLISHED.
  16. VERIFY THE EXISTING CONDITION OF ALL STRUCTURES TO BE DEMOLISHED.
  17. VERIFY THE EXISTING CONDITION OF ALL STRUCTURES TO BE DEMOLISHED.
  18. VERIFY THE EXISTING CONDITION OF ALL STRUCTURES TO BE DEMOLISHED.
  19. VERIFY THE EXISTING CONDITION OF ALL STRUCTURES TO BE DEMOLISHED.
  20. VERIFY THE EXISTING CONDITION OF ALL STRUCTURES TO BE DEMOLISHED.



① LEVEL 03 - DEMOLITION PLAN









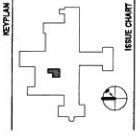


CONSULTANTS  
**SSME**  
 SPECIALTY SYSTEMS  
 300 SHANNON ROAD, DURHAM, NC 27704  
 WWW.SSME.COM

**CALYX**  
 CONSULTANTS  
 4000 W. HARRIS ROAD, DURHAM, NC 27709



PROJECT  
**DukeHealth**  
**DUKE REGIONAL HOSPITAL - THIRD FLOOR OR CONVERSION**  
 3643 N. ROXBORO RD., DURHAM, NC 27704  
 DHR PROJECT NO. HL-1982  
 RD NO. 15114



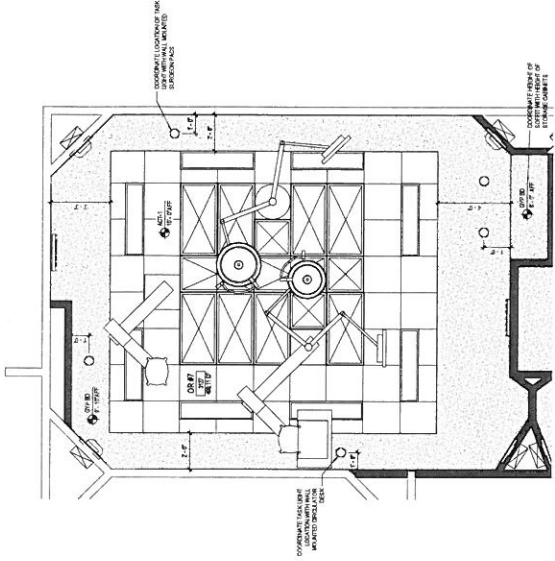
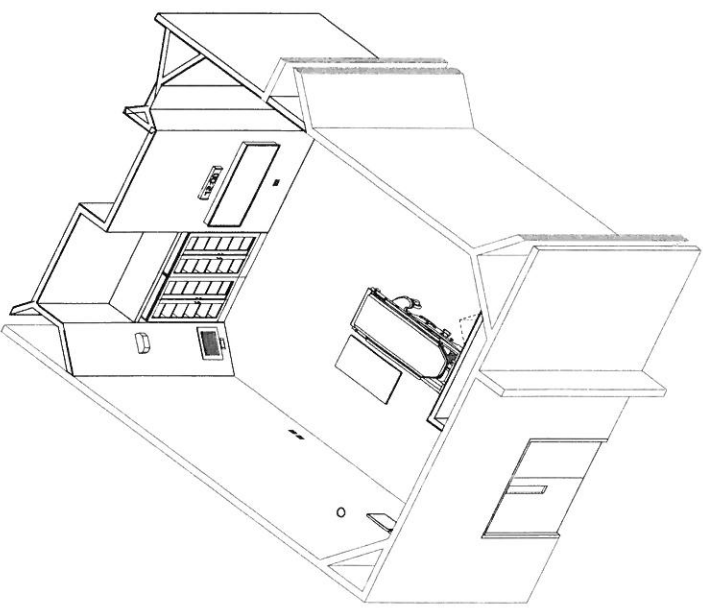
ISSUE CHART  
 PREPARED FOR CONSTRUCTION  
 JULY 18, 2017

DATE	BY	DESCRIPTION
07/18/17	SSME	ISSUE CHART
07/18/17	SSME	ISSUE CHART
07/18/17	SSME	ISSUE CHART
07/18/17	SSME	ISSUE CHART
07/18/17	SSME	ISSUE CHART

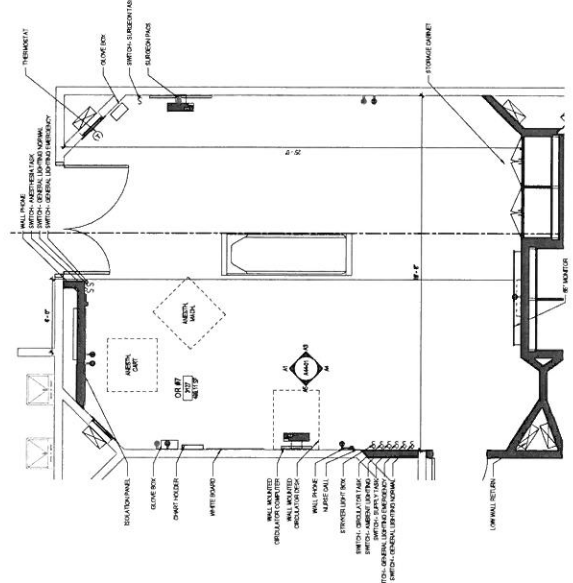
ENLARGED PLANS AND ELEVATIONS  
 SHEET NUMBER

**A44-01**

07/18/17 10:25 PM C:\Users\SSME\OneDrive\Projects\A44-01

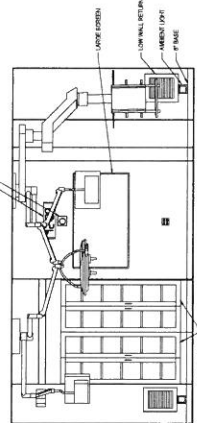


ENLARGED CEILING PLAN OR #7  
 3/8" = 1'-0"

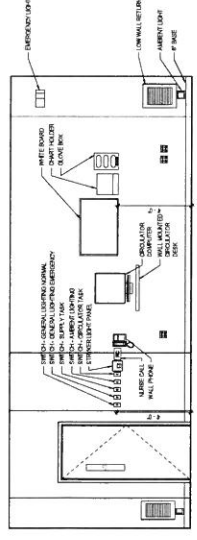


ENLARGED FLOOR PLAN OR #7  
 3/8" = 1'-0"

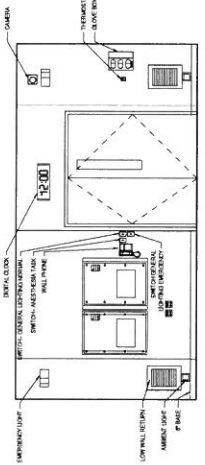
AXON - OR #7



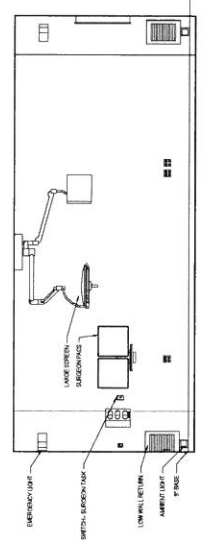
ELEVATION - OR #7 SOUTH  
 3/8" = 1'-0"



ELEVATION - OR #7 WEST  
 3/8" = 1'-0"



ELEVATION - OR #7 NORTH  
 3/8" = 1'-0"



ELEVATION - OR #7 EAST  
 3/8" = 1'-0"

