



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  
<http://www.ncdhhs.gov/dhstr/>

Drexdal Pratt, Director

Beverly Eaves Perdue, Governor  
Albert A. Delia, Acting Secretary

Craig R. Smith, Section Chief  
Phone: (919) 855-3873  
Fax: (919) 733-8139

**RESPONSE REQUIRED**

November 27, 2012

Amy V. Graham  
46 Memorial Drive  
Pinehurst, NC 28374

**Conditional Approval**

Project I.D. #: H-8839-12  
Facility: FirstHealth Moore Regional Hospital  
Project Description: Renovate nursing units on the second and third floors of the hospital, including medical/surgical and ICU beds  
County: Moore  
FID #: 943358

Dear Ms. Graham:

The Certificate of Need (CON) Section, Division of Health Service Regulation, Department of Health and Human Services has conditionally approved the above referenced certificate of need application. This decision was made after a review of the application submitted for this cycle and after consideration of the Certificate of Need Law, G.S. 131E-175 et. seq. and regulations promulgated thereunder, the State Medical Facilities Plan, and other applicable information. Written notice of all findings and conclusions upon which the decision was based will be provided to the applicants within five business days after the date of the decision in accordance with G.S. 131E-186. The applicant shall not proceed with the construction, offering or development of this project until the certificate of need is issued. Further, the Department shall not issue the certificate of need until all applicable conditions of approval that can be satisfied before issuance of the certificate of need have been met pursuant to G.S. 131E-187(a). The conditions are as follows:

1. FirstHealth of the Carolinas, Inc. d/b/a FirstHealth Moore Regional Hospital shall materially comply with all representations made in the certificate of need application.

2. FirstHealth of the Carolinas, Inc. d/b/a FirstHealth Moore Regional Hospital shall be licensed for no more than 312 acute care beds following completion of this project and Project ID #N-8497-10 [Relocate 8 acute care beds to FirstHealth Hoke Community Hospital].
3. FirstHealth of the Carolinas, Inc. d/b/a FirstHealth Moore Regional Hospital shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section VIII of the application or that would otherwise require a certificate of need.
4. FirstHealth of the Carolinas, Inc. d/b/a FirstHealth Moore Regional Hospital shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need.

**Response to the above conditions should be submitted to the CON Section no later than 35 days from the date of the decision. Failure to respond within this time period may result in the CON Section 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 \$18,442,966. If a cost overrun occurs that exceeds the approved capital expenditure amount, a new certificate of need may be required as determined by G.S. 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 G.S. 150B, Article 3, as amended. This petition must be filed with the Office of Administrative Hearings, P.O. Drawer 27447, Raleigh, North Carolina 27611-7447 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).]

G.S. 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:

Emery Milliken  
Department of Health and Human Services,  
Office of Legal Affairs,  
Adams Building – Room 154  
2001 MSC  
Raleigh, North Carolina, 27699-2001

It is requested that a copy of the petition also be served on the Certificate of Need Section.

The certificate of need will not be issued before the completion of this 30 day period ending December 27, 2012. 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 CON Section because the review period was extended. The timetable for this project is as follows:

Completion of Preliminary Drawings _____	February 1, 2013
Completion of Final Drawings and Specifications _____	March 1, 2013
Approval of Final Drawings and Specifications by Construction Section, DHSR _____	April 1, 2013
Ordering of Equipment _____	June 1, 2013
25% Completion of Construction _____	January 1, 2014
50% Completion of Construction _____	August 1, 2014
75% Completion of Construction _____	March 1, 2015
Completion of Construction _____	October 1, 2015
Operation of Equipment _____	October 1, 2015

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 us if any clarification of this decision is required.

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

Sincerely,

Tanya S. Rupp, Project Analyst

Craig R. Smith, Chief  
Certificate of Need Section

TSR:CRS:mw

Attachment

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

Amy V. Graham  
46 Memorial Drive  
Pinehurst, NC 28374

Project I.D. #H-8839-12  
FID # 943358

This the 27<sup>th</sup> day of November, 2012.

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Tanya S. Rupp  
Project Analyst