



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

RESPONSE REQUIRED

November 26, 2013

Kelli Collins
3820 North Elm Street
Greensboro, NC 27455

Conditional Approval

Project I.D. #: G-10209-13
Facility: Greensboro Specialty Surgical Center
Project Description: Renovate and expand existing ambulatory surgery center and add one procedure room
County: Guilford
FID #: 923202

Dear Ms. Collins:

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 applications submitted for this cycle and after consideration of the Certificate of Need Law, G.S. 131E-175 et. seq. and regulations promulgated there under, the State Medical Facilities Plan, and other applicable information. Attached to this letter are the required findings made with respect to your application. 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. Greensboro Specialty Surgery Center, LLC and GSC Acquisition, LLC shall materially comply with all representations made in its certificate of need application and the clarifying supplemental information provided. In those instances where representations conflict, Greensboro Specialty Surgery Center, LLC and GSC Acquisition, LLC shall materially comply with the last-made representation.
2. Greensboro Specialty Surgery Center, LLC and GSC Acquisition, LLC shall develop no more than one room for a minor procedure room in the facility.



Certificate of Need Section

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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3. The minor procedure room shall be used for minor procedures that are not required to be performed in an operating room, based on current standards of practice as enforced by the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation.
4. Procedures performed in the minor procedure room shall not be reported for billing purposes as having been performed in an operating room and shall not be reported on the facility's license renewal application as procedures performed in an operating room.
5. Greensboro Specialty Surgery Center, LLC and GSC Acquisition, LLC shall not perform gastrointestinal endoscopy procedures in the procedure room.
6. At project completion, the facility will be licensed for no more than three operating rooms, two endoscopy rooms, and one procedure room.
7. Greensboro Specialty Surgery Center, LLC and GSC Acquisition, LLC shall meet all criteria to maintain accreditation of the ambulatory surgical facility from The Joint Commission, The Accreditation Association of Ambulatory Health Care or a comparable accreditation authority within two years following completion of the facility.
8. Greensboro Specialty Surgery Center, LLC and GSC Acquisition, LLC 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 and which would otherwise require a certificate of need.
9. Prior to issuance of the certificate of need, Greensboro Specialty Surgery Center, LLC and GSC Acquisition, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein in writing to the Certificate of Need Section.

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 \$4,968,761. 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, 6714 Mail Service Center, Raleigh, North Carolina 27699-6714 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 Mail Service Center
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 26, 2013. 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:

Obtain Funds Necessary to Undertake Project _____	February 1, 2014
Completion of Preliminary Drawings _____	March 31, 2014
Approval of Final Drawings by the Construction Section, DHSR _____	August 28, 2014
Approval of Site by Construction Section, DHSR _____	August 28, 2014
Contract Award _____	September 1, 2014
25% Completion of Construction _____	October 25, 2014
Ordering Equipment _____	December 12, 2014
50% Completion of Construction _____	December 20, 2014
Arrival of Equipment _____	April 12, 2015
75% Completion of Construction _____	April 30, 2015
Completion of Construction _____	May 9, 2015
Operation of Equipment _____	June 11, 2015
Occupancy/Offering of Service _____	July 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.

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

Sincerely,

Celia C. Inman, Project Analyst

Lisa Pittman, Team Leader
Certificate of Need Section

CCI&:LP:mw

Attachment

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

Kelli Collins
3820 North Elm Street
Greensboro, NC 27455

Project I.D. # G-10209-13
FID #923202

This the 26th day of November, 2013.

Celia C. Inman
Project Analyst