



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

Pat McCrory
Governor

Richard O. Brajer
Secretary DHHS

Mark Payne, Director
Health Service Regulation

RESPONSE REQUIRED

November 23, 2016

Daniel Ketola
7482 Waterside Crossing, Suite 101
Denver, NC 28037

Conditional Approval

Project ID #: F-11202-16
Facility: Carolinas Center for Ambulatory Dentistry
Project Description: Develop a dental and oral surgery ASC with two ORs and two procedure rooms in Mecklenburg County (Region 2) pursuant to the demonstration project in the 2016 SMFP
County: Mecklenburg
FID #: 160292

Dear Mr. Ketola:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) 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 Agency shall not issue the certificate of need until all applicable conditions of approval have been met pursuant to G.S. 131E-187(a). The conditions are as follows:

1. Carolinas Center for Ambulatory Dentistry, LLC shall materially comply with all representations made in the certificate of need application.
2. Carolinas Center for Ambulatory Dentistry, LLC shall develop a Dental Single Specialty Ambulatory Surgical Facility Demonstration Project with no more than two operating rooms and two procedure rooms.



Healthcare Planning and Certificate of Need Section

www.ncdhhs.gov

Telephone 919-855-3873 • Fax 919-715-4413

Location: Edgerton Building • 809 Ruggles Drive • Raleigh, NC 27603

Mailing Address: 2704 Mail Service Center • Raleigh, NC 27699-2704

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3. Carolinas Center for Ambulatory Dentistry, LLC shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditures in Section VIII of the application and that would otherwise require a certificate of need.
4. Carolinas Center for Ambulatory Dentistry, LLC shall comply with all applicable criteria in Table 6D in the 2016 State Medical Facilities Plan.
5. Carolinas Center for Ambulatory Dentistry, LLC 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 Agency no later than 35 days from the date of the decision. Failure to respond within this time period may result in the Agency 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 **\$3,302,625**. 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:

Lisa G. Corbett
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 Agency.

The certificate of need will not be issued before the completion of this 30 day period ending **December 28, 2016**. 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 Agency because the review period was extended. The timetable for this project is as follows:

Approval of Final Drawings and Specifications by the Construction Section, DHSR _____	February 27, 2017
50% Completion of Construction _____	July 12, 2017
Completion of Construction _____	October 25, 2017
Occupancy/Offering of Service(s) _____	December 1, 2017
Operation of Equipment _____	October 25, 2017
Licensure of Facility (NC Licensure) _____	December 1, 2017
Accreditation of Facility (AAAHHC Accreditation) _____	March 1, 2018

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 this office if any clarification of this decision is required.

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

Sincerely,

Jane Rhoe-Jones
Project Analyst

Fatimah Wilson
Team Leader

Martha J. Frisone
Assistant Chief, Certificate of Need

Attachment

cc: Construction Section, DHSR
Acute & Home Care Licensure & Certification Section, DHSR
Paige Bennett, Assistant Chief, Healthcare Planning, DHSR

CERTIFICATE OF SERVICE

I hereby certify that I have served the foregoing notice of **conditional approval** on the following person(s) by placing a copy in an official depository of the United States Postal Service in a postage-paid, first class envelope(s) addressed as follows:

Daniel Ketola
7482 Waterside Crossing, Suite 101
Project ID #: F-11202-16
FID #: 160292

I hereby certify that I have served the foregoing notice of **disapproval** on the following person(s) by placing a copy in an official depository of the United States Postal Service in a postage-paid, first class envelope(s) addressed as follows:

Dr. Uday Reebye
5318 NC Highway 55, Suite 106
Durham, NC 27713
Project ID #: F-11195-16
FID #: 160290

This the 23rd day of November, 2016.

Jane Rhoe-Jones
Project Analyst, Certificate of Need