



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

June 19, 2014

Patricia A. Soenksen
Hospice and Palliative Care of Greensboro
2500 Summit Avenue
Greensboro, NC 27405

No Review

Facility or Business: Hospice and Palliative Care of Greensboro
Project Description: Change in location from 603 Dolley Madison Road Suite 200,
Greensboro, NC 27401 to 2501 Summit Avenue, Greensboro, NC 27405
County: Guilford
FID #: 050946

Dear Ms Soenksen:

The Certificate of Need Section (CON Section) received your letter of June 11, 2014 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 Acute and Home Care Licensure and Certification Section 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

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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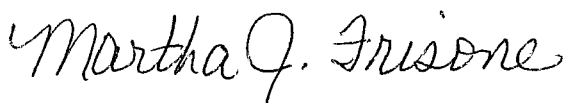
Patricia A. Soenksen
June 19, 2014
Page 2

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,

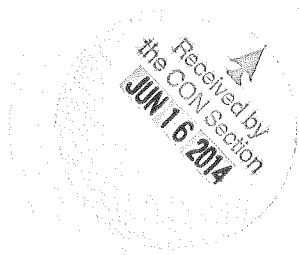


Celia C. Inman, Project Analyst



Martha J. Frisone, Interim Chief
Certificate of Need Section

cc: Acute and Home Care Licensure and Certification Section, DHSR
Medical Facilities Planning Branch, DHSR



Ms. Martha Frisone, Interim Director
Certificate of Need Section
Division of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

June 11, 2014

Re: Request for No Review Determination, Hospice and Palliative Care of Greensboro
(License #HOS3138)

Dear Ms. Frisone:

Hospice and Palliative Care of Greensboro is requesting a No Review Determination by the Certificate of Need Section to allow for the relocation of the existing Hospice Home Care Agency (License #HOS 3148) within Guilford County. The proposed relocation is from rental space at 603 Dolley Madison Road Suite 200, Greensboro, NC 27401 ("current location") to an office building owned by Hospice and Palliative Care of Greensboro which is located at 2501 Summit Avenue Greensboro, NC 27405 ("new location"). This change is being made due to the August 31, 2014 expiration of the lease at the current location at 603 Dolley Madison. This relocation results in annual cost savings of approximately \$50,000 in lease expense.

The new office location is approximately 8.5 miles from the current location. Both the new location and the current location are within the Guilford County service area. The project involves no new equipment or health services that would be subject to Certificate of Need review as a new institutional health service as defined in § 131E-176 (16).

The relocation is scheduled to occur on September 1, 2014. We would appreciate your written confirmation that the proposed relocation does not require Certificate of Need approval in advance of that date.

Thank you for your consideration of this request. Please do not hesitate to contact me at (336) 621-2500 or by email Psoenksen@hospicegso.org if you have any questions.

Sincerely,


Patricia A. Soenksen
President / CEO

2500 Summit Avenue
Greensboro, NC 27405
336.621.2500 phone
336.621.4516 fax
www.hospicegso.org