



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

Pat McCrory
Governor

Richard O. Brajer
Secretary DHHS

Drexdal Pratt
Division Director

August 27, 2015

Lucretia F. Stargell
45 Plateau Street
Bryson City, NC 28713

No Review

Record #: 1686
Facility Name: Swain Community Hospital
FID #: 923480
Business Name: Swain Community Hospital
Business #: 1745
Project Description: Re-open an existing licensed operating room and endoscopy procedure room that have not been utilized in several years
County: Swain

Dear Ms. Stargell:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your letters of June 29, 2015, August 21, 2015, and August 25, 2015 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.

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 in your correspondence. 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 this office. 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

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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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.

Please contact this office if you have any questions. Also, in all future correspondence you should reference the Facility ID # (FID) if the facility is licensed.

Sincerely,



Julie Halatek
Project Analyst



Martha J. Frisone
Assistant Chief, Certificate of Need

cc: Acute and Home Care Licensure and Certification Section, DHSR
Construction Section, DHSR
Assistant Chief, Healthcare Planning

Halatek, Julie F

From: Lucretia Stargell <lucretia.stargell@medwesthealth.org>
Sent: Tuesday, August 25, 2015 12:19 PM
To: Halatek, Julie F
Subject: RE: Swain Community Hospital

Thank you.
Lucretia

Lucretia F. Stargell
Vice President, Business and Service Line Development Harris Regional Hospital/A Duke LifePoint Hospital
Swain Community Hospital/A Duke LifePoint Hospital
828.586.7109 (o)
828.736.3266 (m)

-----Original Message-----

From: Halatek, Julie F [mailto:julie.halatek@dhhs.nc.gov]
Sent: Tuesday, August 25, 2015 12:16 PM
To: Lucretia Stargell
Subject: RE: Swain Community Hospital

I'll check to see if additional information is needed. This may suffice for the request. If I need additional information, I'll let you know.

Julie Halatek
N.C. Department of Health and Human Services Project Analyst, Healthcare Planning and Certificate of Need
Section - Division of Health Service Regulation
809 Ruggles Drive
Raleigh, NC 27603
(Office) 919.855.3873
julie.halatek@dhhs.nc.gov
www2.ncdhhs.gov/dhsr

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-----Original Message-----

From: Lucretia Stargell [mailto:lucretia.stargell@medwesthealth.org]
Sent: Tuesday, August 25, 2015 12:13 PM
To: Halatek, Julie F <julie.halatek@dhhs.nc.gov>
Subject: RE: Swain Community Hospital

Julie,
It would be the one for endoscopy that is already there.

Thanks,
Lucretia

Lucretia F. Stargell

Vice President, Business and Service Line Development Harris Regional Hospital/A Duke LifePoint Hospital
Swain Community Hospital/A Duke LifePoint Hospital
828.586.7109 (o)
828.736.3266 (m)

-----Original Message-----

From: Halatek, Julie F [mailto:julie.halatek@dhhs.nc.gov]
Sent: Tuesday, August 25, 2015 9:44 AM
To: Lucretia Stargell
Subject: RE: Swain Community Hospital

I need one additional piece of clarification. When you say you want to utilize a second room as a procedure room for endoscopy, are you referring to the currently licensed endoscopy room that hasn't had any services performed in recent years? Or are you talking about an additional procedure room for endoscopy?

Julie Halatek
N.C. Department of Health and Human Services Project Analyst, Healthcare Planning and Certificate of Need
Section - Division of Health Service Regulation
809 Ruggles Drive
Raleigh, NC 27603
(Office) 919.855.3873
julie.halatek@dhhs.nc.gov
www2.ncdhhs.gov/dhsr

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-----Original Message-----

From: Lucretia Stargell [mailto:lucretia.stargell@medwesthealth.org]
Sent: Friday, August 21, 2015 9:00 AM
To: Halatek, Julie F <julie.halatek@dhhs.nc.gov>
Subject: Swain Community Hospital

Julie,
Thank you for the attached reply.

To clarify, Swain Community Hospital's plans include utilizing the one remaining operating room and utilizing a second room as a procedure room for endoscopy.

Can you please advise how we should proceed in making that specific request?

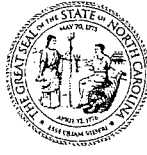
Thanks,
Lucretia

Lucretia F. Stargell
Vice President, Business and Service Line Development Harris Regional Hospital/A Duke LifePoint Hospital
Swain Community Hospital/A Duke LifePoint Hospital
828.586.7109 (o)
828.736.3266 (m)

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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

July 30, 2015

Lucretia F. Stargell
45 Plateau Street
Bryson City, NC 28713

Inquiry

Business or Facility: Swain Community Hospital
Project Description: Reopen two operating rooms that are not currently in use
County: Swain
FID #: 923480

Dear Ms. Stargell:

The Healthcare and Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your request for a determination as to whether the above mentioned project requires a certificate of need on June 29, 2015.

According to the files in the Acute and Home Care Licensure and Certification Section, Swain Community Hospital is currently licensed for one operating room, which has not been utilized in recent years. Swain Community Hospital was previously licensed for two operating rooms; however, as a result of the certificate of need issued for Project I.D. #A-7813-07, one of the two operating rooms was relocated to Harris Regional Hospital in 2008. Therefore, you are unable to reopen a second operating room without a certificate of need.

Please provide the Agency with information about how you wish to proceed and any other information you think may assist the Agency in its review of your request. Your prompt response will assist the Agency in making a timely review of your request. If you have any questions regarding this matter, please feel free to contact this office.

Sincerely,

Julie Halatek
Project Analyst, Certificate of Need



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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SWAIN

COMMUNITY HOSPITAL

A Duke LifePoint Hospital

June 17, 2015

45 Plateau Street, Bryson City, NC 28713

First Class Mail

Ms. Martha J. Frisone, Interim Section Chief
Certificate of Need Section
Division of Health Service Regulation
Department of Health & Human Services
2704 Mail Center Service
Raleigh, NC 27499-2704



Re: No Review Notice for Swain Community Hospital/A Duke LifePoint Hospital, a 48-bed critical access hospital located at 45 Plateau St., Bryson City, Swain County, North Carolina (FID# 32-0441929)

Dear Ms. Frisone:

This letter is to notify you that Swain Community Hospital/A Duke LifePoint Hospital (DLP Swain County Hospital, LLC) is seeking a Letter of No Review pursuant to two operating rooms located at the facility which have been out of commission since prior to 2002. Through analysis by the North Carolina Department of Health and Human Services Healthcare Planning and Certificate of Need Section - Division of Health Service Regulation, it is the hospital's understanding that the operating rooms were opened prior to the implementation of Certificate of Need regulation statutes and are therefore subject to a grandfather clause.

Swain Community Hospital/A Duke LifePoint Hospital is evaluating reopening the operating rooms to restore outpatient surgery and endoscopy services to the community. The hospital is currently submitting a formal capital request for the project to its parent company LifePoint Health®.

Based on the foregoing information, Swain Community Hospital/A Duke LifePoint Hospital requests DHR confirmation that the proposal described above does not require CON review. Should additional information be needed as this request is considered please contact me at (828) 586-7109.

Sincerely,

A handwritten signature in black ink that reads "Lucretia F. Stargell".

Lucretia F. Stargell
Harris Regional Hospital/A Duke LifePoint Hospital
Swain Community Hospital/A Duke LifePoint Hospital
828.586.7109 (o)
828.736.3266 (m)
Lucretia.stargell@medwesthealth.org

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) DLP Swain County Hospital, LLC		
	Business name/disregarded entity name, if different from above DLP Swain County Hospital		
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ C <input type="checkbox"/> Other (see instructions) ▶		Exemptions (see Instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.) 45 Plateau St		Requester's name and address (optional)
	City, state, and ZIP code Bryson City, NC 28713		
List account number(s) here (optional)			

Part I Taxpayer Identification Number (TIN)																																						
Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3. Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="9" style="text-align: center;">Social security number</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="9" style="text-align: center;">Employer identification number</td> </tr> <tr> <td style="width: 20px; height: 20px; text-align: center;">3</td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">-</td> <td style="width: 20px; height: 20px; text-align: center;">0</td> <td style="width: 20px; height: 20px; text-align: center;">4</td> <td style="width: 20px; height: 20px; text-align: center;">4</td> <td style="width: 20px; height: 20px; text-align: center;">1</td> <td style="width: 20px; height: 20px; text-align: center;">9</td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">9</td> </tr> </table>	Social security number																		Employer identification number									3	2	-	0	4	4	1	9	2	9
Social security number																																						
Employer identification number																																						
3	2	-	0	4	4	1	9	2	9																													

Part II Certification	
Under penalties of perjury, I certify that:	
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. citizen or other U.S. person (defined below), and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.	
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.	

Sign Here	Signature of U.S. person ▶	Date ▶ 11/4/14
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

Effective April 01, 2015, this license is issued to

DLP Swain County Hospital, LLC

to operate a hospital known as

Swain Community Hospital

located in Bryson City, North Carolina, Swain 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: 923480

License Number: H0069

Bed Capacity: 48

General Acute 48

Dedicated Inpatient Surgical Operating Rooms: 0

Dedicated Ambulatory Surgical Operating Rooms: 0

Shared Surgical Operating Rooms: 1

Dedicated Endoscopy Rooms: 1

North Carolina Department of Health and Human Services
Division of Health Service Regulation
Acute and Home Care Licensure and Certification Section
1205 Umstead Drive, 2712 Mail Service Center
Raleigh, North Carolina 27699-2712
Telephone: (919) 855-4620 Fax: (919) 715-3073

For Official Use Only

License # H0069
FID #: 923480
PC IT

Medicare #

Date 1/21/15

License Fee:

\$1,090.00

**2015
HOSPITAL LICENSE
RENEWAL APPLICATION**

Legal Identity of Applicant: DLP Swain County Hospital, LLC
(Full legal name of corporation, partnership, individual, or other legal entity owning the enterprise or service.)

Doing Business As
(d/b/a) name(s) under which the facility or services are advertised or presented to the public:

PRIMARY: Swain County Hospital

Other: _____

Other: _____

Facility Mailing Address: 45 Plateau St
Bryson City, NC 28713

Facility Site Address: 45 Plateau St
Bryson City, NC 28713

County: Swain
Telephone: (828)488-2155
Fax: (828)488-4039

PAID
CK NO. 298825
DATE 1-16-15
\$1,090

Administrator/Director: ~~Donna Stephens~~ Stephen Plemmons
Title: _____

(Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility)

Chief Executive Officer: Stephen L. Heatherly Title: CEO
(Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility)

Name of the person to contact for any questions regarding this form:

Name: Jason Godfrey Telephone: 828.452.8728
E-Mail: jason.godfrey@hymed.org

*CP
PAC
1/20/2015*

All responses should pertain to **October 1, 2013 through September 30, 2014.**

8. Surgical Operating Rooms, Procedure Rooms, Gastrointestinal Endoscopy Rooms, Surgical and Non-Surgical Cases and Procedures

NOTE: If this License includes more than one campus, please copy pages 10 - 13 for each site. Submit the Cumulative Totals, and submit a duplicate of pages 10 - 13 for each campus.

(Campus – *If multiple sites:* _____)

a) Surgical Operating Rooms

Report Surgical Operating Rooms built to meet the specifications and standards for operating rooms required by the Construction Section of the Division of Health Services Regulation, and which are fully equipped to perform surgical procedures. These surgical operating rooms include rooms located in Obstetrics and surgical suites.

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	0
Dedicated C-Section	0
Other Dedicated Inpatient Surgery	0
Dedicated Ambulatory Surgery	0
Shared - Inpatient / Ambulatory Surgery	1
Total of Surgical Operating Rooms	1

Number of Additional CON approved surgical operating rooms pending development: _____
 CON Project ID Number(s) _____

b) Procedure Rooms (Excluding Operating Rooms and Gastrointestinal Endoscopy Rooms)

Report rooms, which are not equipped for or do not meet all the specifications for an operating room, that are used for performance of surgical procedures other than Gastrointestinal Endoscopy procedures.

Total Number of Procedure Rooms: _____ 0 _____

20 Most Common Outpatient Surgical Cases Table - Enter the number of surgical cases performed only in licensed operating rooms by the top 20 most common outpatient surgical cases in the table below by CPT code. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery.

CPT Code	Description	Cases
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	
29880	Arthroscopy, knee, surgical; with meniscectomy (medial and lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	
29881	Arthroscopy, knee, surgical; with meniscectomy (medial or lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	
42820	Tonsillectomy and adenoidectomy; younger than age 12	
42830	Adenoidectomy, primary; younger than age 12	

Continued on next page

All responses should pertain to October 1, 2013 through September 30, 2014.

20 Most Common Outpatient Surgical Cases Table – Continued

66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (e.g., iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage	
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (stage one procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification)	
69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia	

c) Gastrointestinal Endoscopy Rooms, Cases and Procedures:

Report the number of Gastrointestinal Endoscopy rooms and the Endoscopy cases and surgical procedures performed **only in these rooms** during the reporting period.

Total Number of existing Gastrointestinal Endoscopy Rooms: 1

Number of additional CON approved GI Endoscopy Rooms pending development: _____

CON Project ID Number(s) _____

	Number of Cases Performed In GI Endoscopy Rooms		Number of Procedures* Performed in GI Endoscopy Rooms	
	Inpatient	Outpatient	Inpatient	Outpatient
GI Endoscopy				
Non-GI Endoscopy				
Totals				

Count each patient as one case regardless of the number of procedures performed while the patient was in the GI endoscopy room.

*As defined in 10A NCAC 14C .3901 "Gastrointestinal (GI) endoscopy procedure" means a single procedure, identified by CPT code or ICD-9-CM procedure code, performed on a patient during a single visit to the facility for diagnostic or therapeutic purposes.