



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

November 19, 2015

Stephen Heatherly
68 Hospital Road
Sylva, NC 28779

Exempt from Review

Record #: 1790
Facility Name: Harris Regional Hospital
FID #: 923046
Business Name: DLP Harris Regional Hospital, LLC
Business #: 867
Project Description: Replace and renovate the Emergency Department
County: Jackson

Dear Mr. Heatherly:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that based on your letter of October 26, 2015, the above referenced proposal is exempt from certificate of need review in accordance with G.S 131E-184(g). Therefore, you may proceed to offer, develop, or establish the above referenced project without a certificate of need.

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 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 Agency. 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.

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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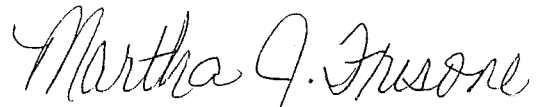
Stephen Heatherly
November 19, 2015
Page 2

If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,



Julie Halatek
Project Analyst



Martha J. Frisone, Assistant Chief
Certificate of Need

cc: Construction Section, DHSR
Acute and Home Care Licensure and Certification Section, DHSR
Kelli Fisk, Program Assistant, Healthcare Planning

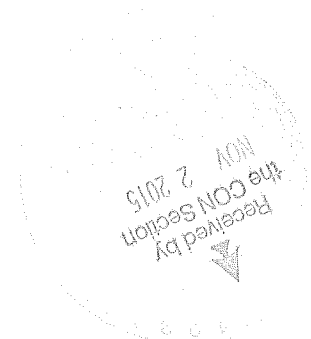
HARRIS REGIONAL HOSPITAL

A Duke LifePoint Hospital

68 Hospital Road | Sylva, NC 28779

October 26, 2015

Ms. Martha Frisone, Assistant Chief
Health Planning and Certificate of Need Section
Division of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704



RE: Notice of Exemption from Certificate of Need review for hospital expansion and renovation to replace the Emergency Department on the main hospital campus of DLP Harris Regional Hospital, LLC (Jackson County)

Dear Ms Frisone:

Please accept this letter as written notice by DLP Harris Regional Hospital, LLC ("Harris Regional Hospital") to pursue a construction and renovation project on its main campus in Sylva under the exemption provision in NCGS 131E-184(g). Harris Regional Hospital plans to provide the same range of health services that it currently provides and the project will not involve the development or offering of any new institutional health services for which a Certificate of Need is required. The proposed project will not result in any increases in the number of operating rooms or gastrointestinal procedure rooms. The project will not result in increases in the number of licensed beds. The scope of the project includes no additions or relocations of radiography equipment or major medical equipment. No new institutional health services are proposed other than a capital expenditure in excess of \$2,000,000. Please see Attachment 1 for the capital cost estimate for the proposed project.

The offices of the Chief Executive Officer and the Chief Financial Officer of Harris Regional Hospital are located on the main campus at 68 Hospital Road in Sylva, the site of the proposed project. In addition, the financial operations of Harris Regional Hospital are also located at the hospital's main campus at 68 Hospital Road in Sylva. Accordingly, administrative and financial controls of the entire health service facility are exercised at the site of the proposed renovations and construction. Please see Attachment 2 for documentation from the officers of Harris Regional Hospital.

Harris Regional Hospital intends to continue to provide emergency services to patients of all ages in compliance with all applicable local, state and federal regulations. The Harris Regional Hospital Emergency Department ("ED") is designated by the American Hospital Association as a Level II Care Center. The ED also fulfills a vital role in the local community and the region through the coordination of services with Harris Regional Hospital Emergency Medical Services (EMS), Graham County EMS and Swain County EMS. The ED also serves as a safety net for the uninsured and underinsured, providing a wide range of primary care services to patients with routine ailments, sudden illness and chronic diseases. Emergency services include:

- The Triage area provides evaluation of a patient's condition that prioritizes the course of their treatment.

- The main emergency treatment areas provide urgent care (non-life threatening) and critical care services to patients with serious illness or life-threatening trauma. Those patients needing higher levels of care are first stabilized and then transferred to the appropriate inpatient unit or another acute care facility.
- Observation services include an extended outpatient stay in the Emergency Department when inpatient beds are not available. Observation status is used in the observation, diagnosis, and treatment of patients prior to making a determination whether to admit to an inpatient unit, discharge, or transfer to another healthcare facility.
- Psychiatric assessment and observation of patients with psychiatric and/or substance abuse prior to making a determination whether to discharge or transfer the patient to a facility that provides inpatient psychiatric services.

The primary reason for the proposed project is that the present Emergency Department at Harris Regional Hospital was constructed in 1989 and lacks adequate space to accommodate high utilization. Facility constraints include the overall lack of facility space and an inadequate number of treatment bays for emergency care and observation. The present ED facility is outdated and lacks modern and specialized rooms for decontamination and psychiatric treatment, observation and holding. The current location and configuration of the ED create hardship for patients and staff due to traffic conflicts, overcrowding and lack of adequate privacy. Technology and changes in treatment processes support the need for additional specialized spaces and improved building systems for patient diagnosis, treatment and monitoring / assessment. Demographic factors including population growth, the influx of seasonal residents, and the growth of tourism will increase future demand for healthcare services including ED visits and observation admissions. Harris Regional Hospital could not renovate and reconfigure the existing building to provide all of the needed improvements without building additional facility space because the existing building lacks adequate space and is not appropriately configured for public access.

The components of the proposed Harris Regional Hospital Main Campus Emergency Department replacement and expansion project include:

- New construction to provide expanded public areas including entrance vestibules, waiting room, toilets, and vending areas
- New construction to provide expanded registration, triage and discharge areas and sub-waiting areas
- New construction to provide expanded ED treatment spaces and treatment bays
- New construction to provide expanded ED ancillary spaces
- New construction to provide expanded ED staff support space
- Grading, paving and construction to provide the site, parking and driveway and sidewalk access to the ED

All of the above-listed project components are existing services of the current health service facility that is licensed as Harris Regional Hospital. (Please see Attachment 3 for the 2015 Hospital License Renewal Application.) The proposed project fully complies with NCGS 131E-184(g) as discussed as follows:

NCGS 131E-184(g) The Department shall exempt from certificate of need review any capital expenditure that exceeds the two million dollar (\$2,000,000) threshold set forth in G.S. 131E-176(16)b. if all of the following conditions are met:

(1) The sole purpose of the capital expenditure is to renovate, replace on the same site, or expand the entirety or a portion of an existing health service facility that is located on the main campus.

Response: The sole purpose of the capital expenditure of the proposed project is to construct a replacement Emergency Department on the same site of main campus of the existing Harris Regional Hospital. The project capital cost also includes renovations of the space that would be vacated by the relocated Emergency Department which is also on the main campus. Please see the facility plans and site plan that are included in Attachment 4.

(2) The capital expenditure does not result in (i) a change in bed capacity as defined in G.S. 131E-176(5) or (ii) the addition of a health service facility or any other new institutional health service facility or any other new institutional health service other than that allowed in G.S. 131E-176(16)b.

Response: The scope of the proposed project at Harris Regional Hospital does not result in a change in bed capacity or the addition of a health service facility or any other new institutional health service other than G.S. 131E-176(16)b for a capital expenditure of more than \$2,000,000. The proposed project will not result in any increases in the number of operating room or gastrointestinal procedure rooms. The project will not result in increases in the number of licensed beds. The scope of the project includes no additions or relocations of radiography equipment or major medical equipment. Please see Attachment 1 for the capital cost estimate for the proposed project.

(3) The licensed health service facility proposing to incur the capital expenditure shall provide prior written notice to the Department along with supporting documentation to demonstrate that it meets the exemption criteria of this subsection.

Response: Harris Regional Hospital is submitting this exemption notice and supporting documentation to the Health Planning and Certificate of Need Section in compliance with this criterion.

(14n) "Main campus" means all of the following for the purposes of G.S. 131E-184(f) and (g) only:

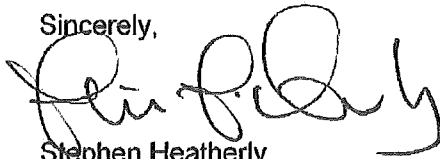
- a. The site of the main building from which a licensed health service facility provides clinical patient services and exercises financial and administrative control over the entire facility, including the buildings and grounds adjacent to that main building.*
- b. Other areas and structures that are not strictly contiguous to the main building but are located within 250 yards of the main building.*

Response: Harris Regional hospital accepts this definition and certifies that the main campus location of Harris Regional Hospital is located at 68 Hospital Road in Sylva, NC. As documented in Attachment 2, the main campus of Harris Regional Hospital is the site where patient clinical services are provided. This is the same site where Harris Regional Hospital exercises financial and administrative control over the entire licensed facility, including the buildings and grounds adjacent to that main building. The main campus at 68 Hospital Road in Sylva, NC is the location of the proposed project to construct a replacement Emergency Department.

This proposal and notice include replacement equipment and furniture for the Emergency Department that is either not major medical equipment under the CON law or is non-healthcare equipment. The proposed project does not include any new radiography equipment, additional major medical equipment or replacement medical equipment. If Harris Regional Hospital identifies the need to replace any major medical equipment, it will submit, in the future, separate notices as to why such equipment acquisition would be exempt.

Please provide written confirmation that the proposed project is exempt from Certificate of Need review in accordance with NCGS 131E-184(g). Please let me know if you have any questions or need additional information. Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Stephen Heatherly", written in a cursive style.

Stephen Heatherly
CEO

Enclosures

cc: Kenneth Burgess



September 21, 2015

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

RE: Capital Cost Estimate for hospital expansion and renovation to replace the Emergency Department on the main hospital campus of DLP Harris Regional Hospital (Jackson County)

Dear Ms. Frisone:

Harris Regional Hospital will be submitting a Certificate of Need exemption notice to develop a replacement emergency department at the main campus location at 68 Hospital Road in Sylva NC.

Our firm, HMK Architects, PLLC has been engaged to provide professional Architectural / Engineering design services for the development of the plans and specifications for this expansion and renovations project. The construction cost estimate for the site work, new construction totaling 19,993 square feet, renovation totaling 765 square feet, architect and engineering costs, plus an allowance for equipment, furniture and other capital costs are summarized on the attached capital cost worksheet. The capital cost estimate for this project is based on recent projects of similar scope and the site work, construction and renovations that are specific to Harris Regional Hospital as seen in the most recent site and schematic plans.

We are committed to providing the professional services necessary to ensure that the physical environment of the facility is developed in conformance with the applicable requirements of the Federal, State and Local authorities having jurisdiction. If we can answer any questions, please let us know.

Thank you for your time and attention.

Sincerely,

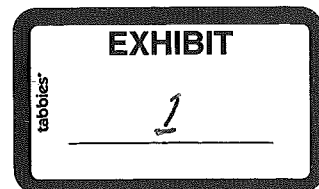
HMK Architects PLLC

A handwritten signature in black ink, appearing to read "Donald C. Miller".

Donald C. Miller, NCARB, AIA
NC Registration No. 8393

A handwritten signature in black ink, appearing to read "A. Neal Hinson".

A. Neal Hinson, NCARB, AIA



A. Site Costs

(1) Full purchase price of land	# Acres _____ Price per acre _____	\$
(2) Closing costs and legal fees		\$
(3) Site inspection and survey		\$
(4) Site preparation costs		
Soil borings	\$	
Clearing – earthwork – grading		
Roads – paving – sidewalks	\$	
Landscaping	\$	
Water and sewer hookup	\$	
Water treatment plant	\$	
Septic system	\$	
Other (specify)	\$	
Subtotal site preparation costs		\$1,400,000
(5) Other		\$
(6) Subtotal Site Costs		\$1,400,000 \$

B. Construction Contract(s)

(7) Cost of construction contract(s)		\$6,100,000
(8) Other (specify)		\$
(9) Subtotal construction contract(s)		\$6,100,000 \$

C. Miscellaneous Project Costs

(10) Building purchase		\$
(11) Equipment & furniture not included above		\$1,200,000
(12) Consultant fees		
Architect & engineering fees	750,000	
Legal fees	50,000	
Market analysis	\$	
Other (specify)	\$	
Subtotal consultant fees		800,000
(13) Financing costs		
Bond	\$	
HUD	\$	
Commercial loan	\$	
Other (specify)	\$	
Subtotal financing costs		\$
(14) Interest during construction		300,000
(15) Other (specify)		1,448,530
(16) Subtotal miscellaneous project costs		3,748,532

D. Total Capital Cost of the Project

[sum of lines (6), (9) and (16)] 11,248,532

I certify that, to the best of my knowledge, the costs of the proposed project named above are complete and correct

 (Signature of Licensed Architect or Engineer) Donald C. Miller Date Certified: 9/21/2015
 (Print Name)

HMK Architects PLLC, 5300 Maryland Way, Ste 109, Brentwood, TN 37027 615-369-6020
 (Please Print or Type the Name and Address of Architect or Engineer Company and Phone Number)

I assure that, to the best of my knowledge, the above costs for the proposed project are complete and correct and that it is my intent to carry out the proposed project as described.

 (Proprietor - Signature of Officer) (Title of Officer) Date Signed: 10/26/15

HARRIS REGIONAL HOSPITAL

A Duke LifePoint Hospital

68 Hospital Road | Sylva, NC 28779

October 26, 2015

Ms. Martha Frisone, Assistant Chief
Health Planning and Certificate of Need Section
Division of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

RE: Hospital expansion and renovation to replace the Emergency Department on the main hospital campus of DLP Harris Regional Hospital, LLC ("Harris Regional Hospital") (Jackson County)

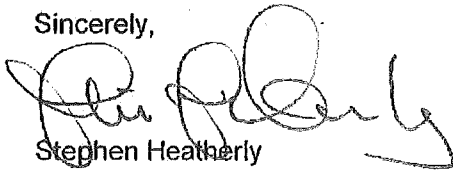
Dear Ms. Frisone:

DLP Harris Regional Hospital, LLC ("Harris Regional Hospital") will be submitting a Certificate of Need exemption notice to develop a replacement emergency department at the main campus location at 68 Hospital Road in Sylva NC.

Please accept this letter as written verification that the offices of the Chief Executive Officer and the Chief Financial Officer of Harris Regional Hospital are located on the main campus at 68 Hospital Road in Sylva, the site of the proposed project. Administrative and financial controls of the entire health service facility are exercised at the site of the proposed renovations and construction for the proposed Emergency Department replacement project.

Please let me know if you have any questions or need additional information. Thank you for your consideration.

Sincerely,



Stephen Heatherly
Chief Executive Officer

EXHIBIT

tabbles®
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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 # H0087
FID #: 923046
PC 25

Medicare # 340016

Date 1/21/15

License Fee:

\$1,855.00

**2015
HOSPITAL LICENSE
RENEWAL APPLICATION**

Legal Identity of Applicant: DLP Harris Regional 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: Harris Regional Hospital


Other: _____

Other: _____

Facility Mailing Address: 68 Hospital Rd
Sylva, NC 28779-2795

Facility Site Address: 68 Hospital Rd
Sylva, NC 28779-2795

County: Jackson
Telephone: (828)586-7000
Fax: (828)586-7467

PAID
CK NO. 298824
DATE 1-16-15 
\$1,855

Administrator/Director: Stephen L Heatherly

Title: CEO

(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)

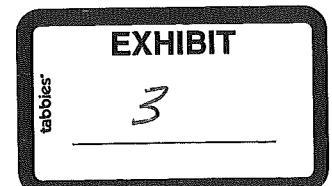
Name of the person to contact for any questions regarding this form:

Name: Jason Godfrey Telephone: 828-452-8728

E-Mail: Jason.Godfrey@hoymed.org

*at
AMC
1/20/2015*

"The N.C. Department of Health and Human Services does not discriminate on the basis of race, color, national origin, religion, age, or disability in employment or the provision of services."



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

Facility Data

- A. Reporting Period** All responses should pertain to the period **October 1, 2013 to September 30, 2014.**
- B. General Information** (Please fill in any blanks and make changes where necessary.)

a. Admissions to Licensed Acute Care Beds: include responses to "a - q" on page 5; exclude responses to "2-9" on page 6; and exclude normal newborn bassinets.	3629				
b. Discharges from Licensed Acute Care Beds: include responses to "a - q" on page 5; exclude responses to "2-9" on page 6; and exclude normal newborn bassinets.	3629 4				
c. Average Daily Census: include responses to "a - q" on page 6; exclude responses to "2-9" on page 6; and exclude normal newborn bassinets.	34.54				
d. Was there a permanent change in the total number of licensed beds during the reporting period?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> <tr> <td></td> <td style="text-align: center;">X</td> </tr> </table>	Yes	No		X
Yes	No				
	X				
If 'Yes', what is the current number of licensed beds?					
If 'Yes', please state reason(s) (such as additions, alterations, or conversions) which may have affected the change in bed complement:					
e. Observations: Number of patients in observation status and not admitted as inpatients, excluding Emergency Department patients.	1415				

C. Designation and Accreditation

1. Are you a designated trauma center? ___ Yes (___ Designated Level #) X No
2. Are you a critical access hospital (CAH)? ___ Yes X No
3. Are you a long term care hospital (LTCH)? ___ Yes X No
4. Is this facility TJC accredited? X Yes ~~X~~ No Expiration Date: 01-2016
5. Is this facility DNV accredited? ___ Yes X No Expiration Date: _____
6. Is this facility AOA accredited? ___ Yes X No Expiration Date: _____
7. Are you a Medicare deemed provider? X Yes _____ No

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

D. Beds by Service (Inpatient – Do Not Include Observation Beds or Days of Care)

[Please provide a Beds by Service (p. 5) for each hospital campus (see G.S. 131E-176(2c))]

Please indicate below the number of beds usually assigned (set up and staffed for use) to each of the following services and the number of census inpatient days of care rendered in each unit. NOTE: If your facility has a designated unit(s) for chemical dependency treatment and/or detoxification, please complete the patient origin sheet pertaining to Psychiatric and Substance Abuse Services. If your facility has a Nursing Facility unit and/or Adult Care Bed unit please complete the supplemental packet for Skilled Nursing Facility beds.

Licensed Acute Care (provide details below)	Licensed Beds as of September 30, 2014	Operational Beds as of September 30, 2014	Annual Census Inpt. Days of Care
<i>Campus</i> _____			
Intensive Care Units			
1. General Acute Care Bcds/Days			
a. Burn *			*
b. Cardiac			
c. Cardiovascular Surgery			
d. Medical/Surgical	9	9	1899
e. Neonatal Beds Level IV ** (Not Normal Newborn)			**
f. Pediatric			
g. Respiratory Pulmonary			
h. Other (List)			
Other Units			
i. Gynecology			
j. Medical/Surgical ***	77	77	*** 10708
k. Neonatal Level III ** (Not Normal Newborn)			**
l. Neonatal Level II ** (Not Normal Newborn)			**
m. Obstetric (including LDRP)			
n. Oncology			
o. Orthopedics			
p. Pediatric			
q. Other (List)			
Total General Acute Care Beds/Days (a through q)	86	86	12607
2. Comprehensive In-Patient Rehabilitation	0		
3. Inpatient Hospice	0		
4. Detoxification	0		
5. Substance Abuse / Chemical Dependency Treatment	0		
6. Psychiatry	0		
7. Nursing Facility	0		
8. Adult Care Home	0		
9. Other	0		
10. Totals (1 through 9)	86	86	12607

* Please report only Census Days of Care of DRG's 927, 928, 929, 933, 934 and 935.

** Per C.O.N. rule definition. Refer to Section .1400 entitled Neonatal Services. (10A NCAC 14C)

*** Exclude Skilled Nursing swing-bed days. (See swing-bed information next page)

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

D. Beds by Service (Inpatient) continued

Number of Swing Beds *	0
Number of Skilled Nursing days in Swing Beds	0
Number of unlicensed observation beds	0

* means a hospital designated as a swing-bed hospital by CMS (Centers for Medicare & Medicaid Services)

E. Reimbursement Source (For "Inpatient Days," show Acute Inpatient Days only, excluding normal newborns.)

Primary Payer Source	Inpatient Days of Care (total should be the same as D.1.a - q total on p. 6)	Emergency Visits (total should be the same as F.3.b. on p. 8)	Outpatient Visits (excluding Emergency Visits and Surgical Cases)	Inpatient Surgical Cases (total should be same as F.8.d. Total Surgical Cases-Inpatient Cases on p. 13)	Ambulatory Surgical Cases (total should be same as F.8.d. Total Surgical Cases-Ambulatory Cases on p. 13)
Self Pay/Indigent/Charity	872	3102	10,432	74	178
Medicare & Medicare Managed Care	6917	5072	42981	352	1033
Medicaid	2409	3912	12221	186	1039
Commercial Insurance	1530	2933	26761	151	1002
Managed Care	292	705	5816	37	195
Other (Specify)	587	560	4402	34	182
TOTAL	12607	16404	102613	834	3029

F. Services and Facilities

1. Obstetrics

	Enter Number of Infants
a. Live births (Vaginal Deliveries)	440
b. Live births (Cesarean Section)	151
c. Stillbirths	1

d. Delivery Rooms - Delivery Only (not Cesarean Section)	0
e. Delivery Rooms - Labor and Delivery, Recovery	4
f. Delivery Rooms - LDRP (include Item "D.1.m" on Page 6)	0
g. Normal newborn bassinets (Level I Neonatal Services) Do not include with totals under the section entitled Beds by Service (Inpatient)	11

2. Abortion Services

Number of procedures per Year _____

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

Scans Performed on Mobile CT Scanners (Multiply # scans by Conversion Factor to get HECT Units)

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast		X	1.00	=	
2	Head with contrast		X	1.25	=	
3	Head without and with contrast		X	1.75	=	
4	Body without contrast		X	1.50	=	
5	Body with contrast		X	1.75	=	
6	Body without contrast and with contrast		X	2.75	=	
7	Biopsy in addition to body scan with or without contrast		X	2.75	=	
8	Abscess drainage in addition to body scan with or without contrast		X	4.00	=	

10d. Other Imaging Equipment

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Dedicated Fixed PET Scanner				
Mobile PET Scanner	1	2	294	296
PET pursuant to Policy AC-3				
Other Human Research PET Scanner				
Ultrasound equipment	4	977	4354	5331
Mammography equipment	3		4735	4735
Bone Density Equipment	2		923	923
Fixed X-ray Equipment (excluding fluoroscopic)	4	4802	17548	22350
Fixed Fluoroscopic X-ray Equipment	3	118	545	663
Special Procedures/ Angiography Equipment (neuro & vascular, but not including cardiac cath.)				
Coincidence Camera				
Mobile Coincidence Camera				
Vendor:				
SPECT				
Mobile SPECT				
Vendor:				
Gamma Camera	2	83	915	998
Mobile Gamma Camera				
Vendor:				

* PET procedure means a single discrete study of one patient involving one or more PET scans. PET scan means an image-scanning sequence derived from a single administration of a PET radiopharmaceutical, equated with a single injection of the tracer. One or more PET scans comprise a PET procedure. The number of PET procedures in this table should match the number of patients reported on the PET Patient Origin Table on page 36.

10e. Lithotripsy

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Fixed				
Mobile	1	3	112	115

Lithotripsy Vendor/Owner:
Carolina's medical

State of North Carolina

Department of Health and Human Services Division of Health Service Regulation

Effective January 01, 2015, this license is issued to

DLP Harris Regional Hospital, LLC

to operate a hospital known as

Harris Regional Hospital

located in Sylva, North Carolina, Jackson 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: 923046

License Number: H0087

Bed Capacity: 86

General Acute 86

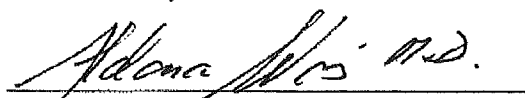
Dedicated Inpatient Surgical Operating Rooms: 0

Dedicated Ambulatory Surgical Operating Rooms: 0

Shared Surgical Operating Rooms: 6

Dedicated Endoscopy Rooms: 1

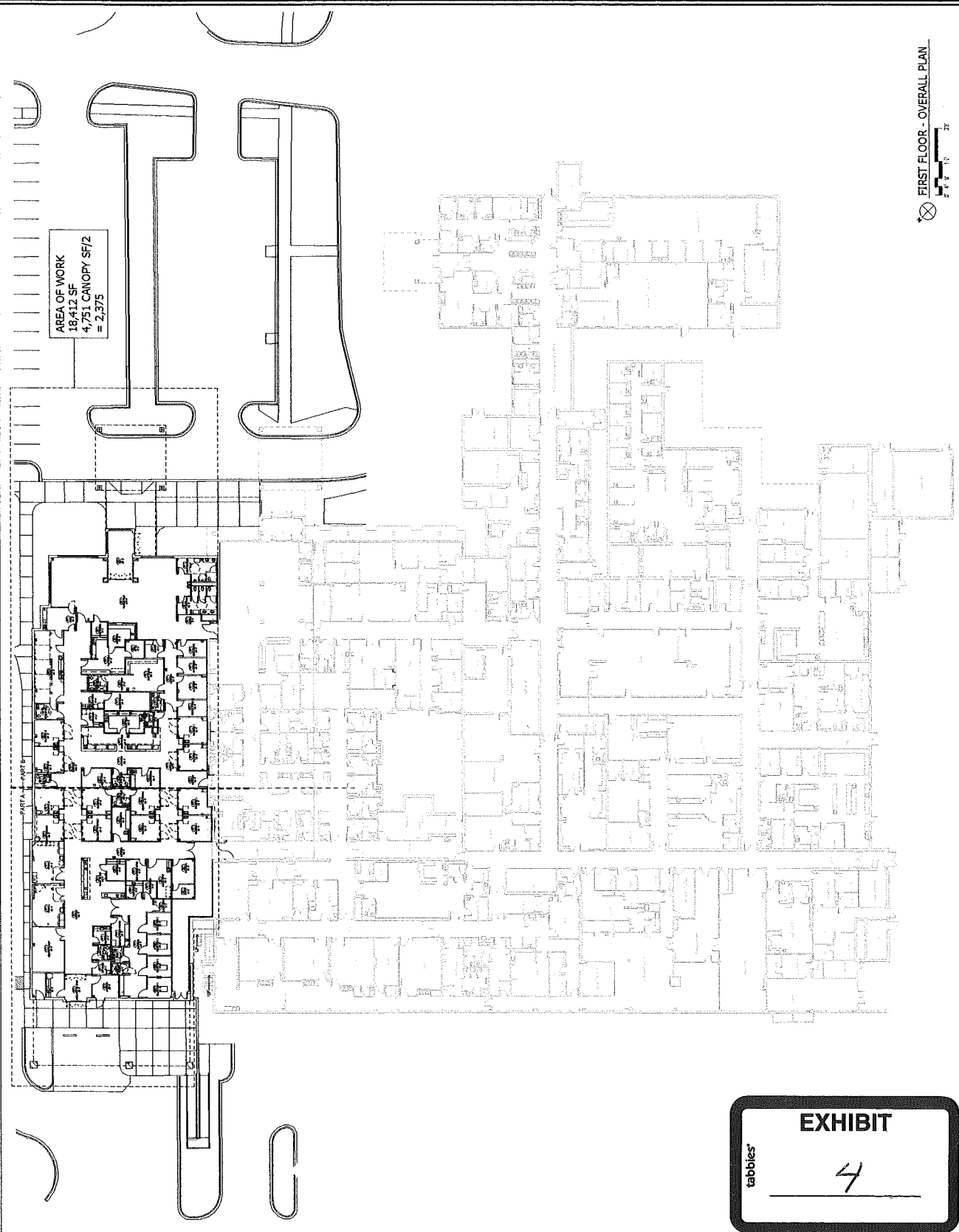
Authorized by:



Secretary, N.C. Department of Health and
Human Services



Director, Division of Health Service Regulation



EXHIBIT

4

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