



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF HEALTH SERVICE REGULATION

ROY COOPER  
GOVERNOR

MANDY COHEN, MD, MPH  
SECRETARY

MARK PAYNE  
DIRECTOR

September 26, 2017

Jeffrey Shovelin, Director, Corporate Planning  
Vidant Health  
PO Box 6028  
Greenville, NC 27835-6028

**No Review**

**Record #:** 2402  
**Facility Name:** Vidant Edgecombe Hospital  
**FID #:** 923247  
**Business Name:** ECH-Heritage Hospital, Inc  
**Business #:** 2715  
**Project Description:** Renovate two office spaces to create a dedicated space to house an existing inpatient portable dialysis service  
**County:** Edgecombe

Dear Mr. Shovelin:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your letter of September 15, 2017 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 Section and the Acute and Home Care Licensure and Certification Section 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

**HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION**

WWW.NCDHHS.GOV

TELEPHONE 919-855-3873

LOCATION: EDGERTON BUILDING • 809 RUGGLES DRIVE • RALEIGH, NC 27603

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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 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,

  
Jane Rhoe-Jones  
Project Analyst

  
Martha J. Frisone, Chief  
Healthcare Planning and Certificate of Need Section

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



September 15, 2017

Ms. Jane Rhoe-Jones  
Certificate of Need Section  
Division of Health Service Regulation  
NC Department of Health and Human Services  
2704 Mail Service Center  
Raleigh, NC 27699-2704

RE: Request for "No Review" for Facility Renovation to Accommodate Existing IP Dialysis Service

Dear Ms. Rhoe-Jones:

ECH-Heritage Hospital, Inc. d/b/a/ Vidant Edgecombe Hospital (VEDG) plans to renovate two unused office spaces on the third floor of the existing hospital to create a dedicated space to house an existing inpatient portable dialysis service and is requesting approval of a no review status for the proposed project

VEDG was granted approval to operate two portable inpatient dialysis units in March 2014 through approved CON project ID L-10227-13. Since October 2014, VEDG has been providing portable inpatient dialysis services at the patient bedside. Since that time, the inefficiencies of transporting the portable equipment all over the hospital to the patient and the repeated set up and take down time have become apparent. To address this issue, VEDG is proposing to convert two unused office spaces (formally patient rooms) into one dedicated space to bring patients to for their portable dialysis treatment. The space will be large enough to accommodate two patients, family members, and clinical staff. This dedicated single location will significantly increase the efficiency in providing inpatient dialysis services as well as greatly enhance clinical staff and provider satisfaction and productivity. The proposed project is anticipated to be completed by February 2018.

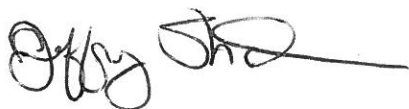
VEDG believes the proposed project is exempt from CON review for the following reasons:

1. VEDG is not proposing a new service. As previously stated, through CON project ID L-10227-13, VEDG gained approval to provide inpatient dialysis services using two portable dialysis units. VEDG has been providing this service since October 2014. After the proposed project is complete, VEDG will continue to provide inpatient dialysis services using two portable dialysis units. The proposed project **does not** include converting portable to fixed dialysis stations.
2. The proposed project is less than \$2,000,000. The total capital cost to convert the two unused offices to a dedicated portable inpatient dialysis area is \$252,500. This includes \$247,000 in design and construction costs, \$4,000 for IS costs, and \$1,000 for Biomedical costs.
3. The proposed renovations will occur in an existing licensed health care facility.

*Reference the support documentation attached to this letter for additional information.*

Since the proposed project is under \$2M and involves only existing services, VEDG believes that the proposed project is not subject to review under North Carolina's Certificate of Need (CON) laws as the project does not meet the definition of a new institutional health service as defined by G.S. 131E-176(16.a-v). Therefore, VEDG requests approval of a no review status for the proposed project. If you require additional information or clarification, please contact me at (252)-847-3631.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jeffrey Shovelin', with a long horizontal flourish extending to the right.

Jeffrey Shovelin  
Director of Corporate Planning  
Vidant Health  
PO Box 6028  
Greenville, NC 27835-6028  
(252) 847-3631  
jshoveli@vidanthealth.com



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

March 27, 2014

Jeffrey Shovelin  
P.O. Box 6028  
Greenville, NC 27835

**Transmittal of Certificate of Need**

Project I.D. #: L-10227-13  
Facility: Vidant Edgecombe Hospital  
Project Description: Provide Inpatient Dialysis Services through the addition of two portable inpatient dialysis units  
County: Edgecombe  
FID #: 923247

Dear Mr. Shovelin:

We are happy to transmit your certificate of need for the above referenced project. The Certificate of Need (CON) Section will notify the other Sections that the certificate of need has been issued. However, please note that it is the responsibility of the holder of the certificate of need to contact these Sections concerning the next steps to follow in the development of the approved project.

Please be aware that pursuant to G.S. 131E-181(b), you are required to materially comply with the representations made in your application for a certificate of need, or with any conditions the CON Section placed on the certificate of need. **If you subsequently propose to develop the project on a site different from that named on this certificate, you must first seek and obtain approval from the Director of the Division of Health Service Regulation.** If you operate a service which materially differs from the representations made in your application for a certificate of need, or with any conditions the CON Section placed on the certificate of need, including any increase in per diem reimbursement rates/charges, the CON Section may bring remedial action against the holder of the certificate of need pursuant to G.S. 131E-189 and 131E-190.

**The holder of a certificate of need is obligated to submit progress reports to this Agency as required by 10A NCAC 14C .0209.** The applicant shall notify the CON Section of any variations from the schedule or the projected capital cost of the project. During the development



**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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Mr. Jeffrey Shovelin  
March 27, 2014  
Page 2

of the project, the CON Section may request any additional information pertinent to the project, including additional progress reports, to determine:

- 1) If the timetable specified on the certificate is being met;
- 2) If the amount of the capital expenditure for the development of the project is expected to exceed the maximum amount under the certificate;
- 3) If the terms and conditions of the approval are being met; and
- 4) If the project is progressing as proposed in the application.

**The first progress report on this project is due October 1, 2014.** Forms for the submittal of these reports are enclosed. Failure to submit any scheduled or requested progress report in a timely manner may result in the CON Section withdrawing the certificate pursuant to G.S. 131E-189. If after reviewing the status of the project, the CON Section determines that the holder of the certificate is not meeting the timetable and is not making a good faith effort to meet it, the CON Section may withdraw the certificate in accordance with G.S. 131E-189.

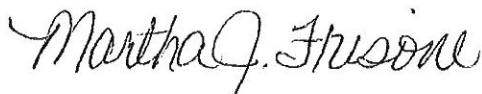
Moreover, please be advised that this Agency may assess a civil penalty not to exceed \$20,000 against any person who violates the terms of a certificate of need which has been issued each time the service provided is in violation of this provision (G.S. 131E-190(f)). If for some reason, the holder of a certificate of need determines it necessary to request an increase in a per diem charge or reimbursement rate over that which was stated in the application for the certificate of need, then the holder must first contact the CON Section to obtain proper instructions for initiating such a request. The request for the increase will be considered by the CON Section pursuant to G.S. 131E-181(b).

Please keep us informed of the progress in the development of this project. In the future, address your Progress Reports to Bernetta Thorne-Williams, the Project Analyst for your county. Please refer to the Project I.D.# and Facility I.D.# (FID) in all correspondence.

Sincerely,



F. Gene DePorter, Project Analyst



Martha J. Frisone, Interim Chief  
Certificate of Need Section

FGD:MJF:pob

Enclosures

cc: Medical Facilities Planning Branch, DHSR

# STATE OF NORTH CAROLINA

*Department of Health and Human Services*

*Division of Health Service Regulation*

## **CERTIFICATE OF NEED**

for

**Project Identification Number #L-10227-13**

**FID #923247**

**ISSUED TO: East Carolina Health – Heritage Inc.  
d/b/a Vidant Edgecombe Hospital  
P.O. Box 6028  
Greenville, NC 27835**

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the “certificate holder”) to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein, as documented by the periodic progress reports required by 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)c. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that law.

**SCOPE: Provide inpatient dialysis services through the addition of two portable inpatient dialysis units/Edgecombe County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: Vidant Edgecombe Hospital  
111 Hospital Road  
Tarboro, NC 27866**

**MAXIMUM CAPITAL EXPENDITURE: \$100,200**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: October 1, 2014**

This certificate is effective as of the 22nd day of March, 2014

  
**Interim Chief, Certificate of Need Section  
Division of Health Service Regulation**

**CONDITIONS:**

1. East Carolina Health-Heritage Inc. (d/b/a Vidant Edgecombe Hospital) shall materially comply with all representations made in the certificate of need application.
2. East Carolina Health-Heritage Inc. (d/b/a Vidant Edgecombe Hospital) 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.
3. East Carolina Health-Heritage Inc. (d/b/a Vidant Edgecombe Hospital) Prior to the issuance of the certificate of need, shall acknowledge acceptance of and agree to comply with all conditions stated in writing to the Certificate of Need Section.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on March 10, 2014.

**TIMETABLE:**

Order Equipment _____	June 1, 2014
Arrival of Equipment _____	September 1, 2014
Operation of Equipment _____	October 1, 2014
Offering of Service(s) _____	October 1, 2014





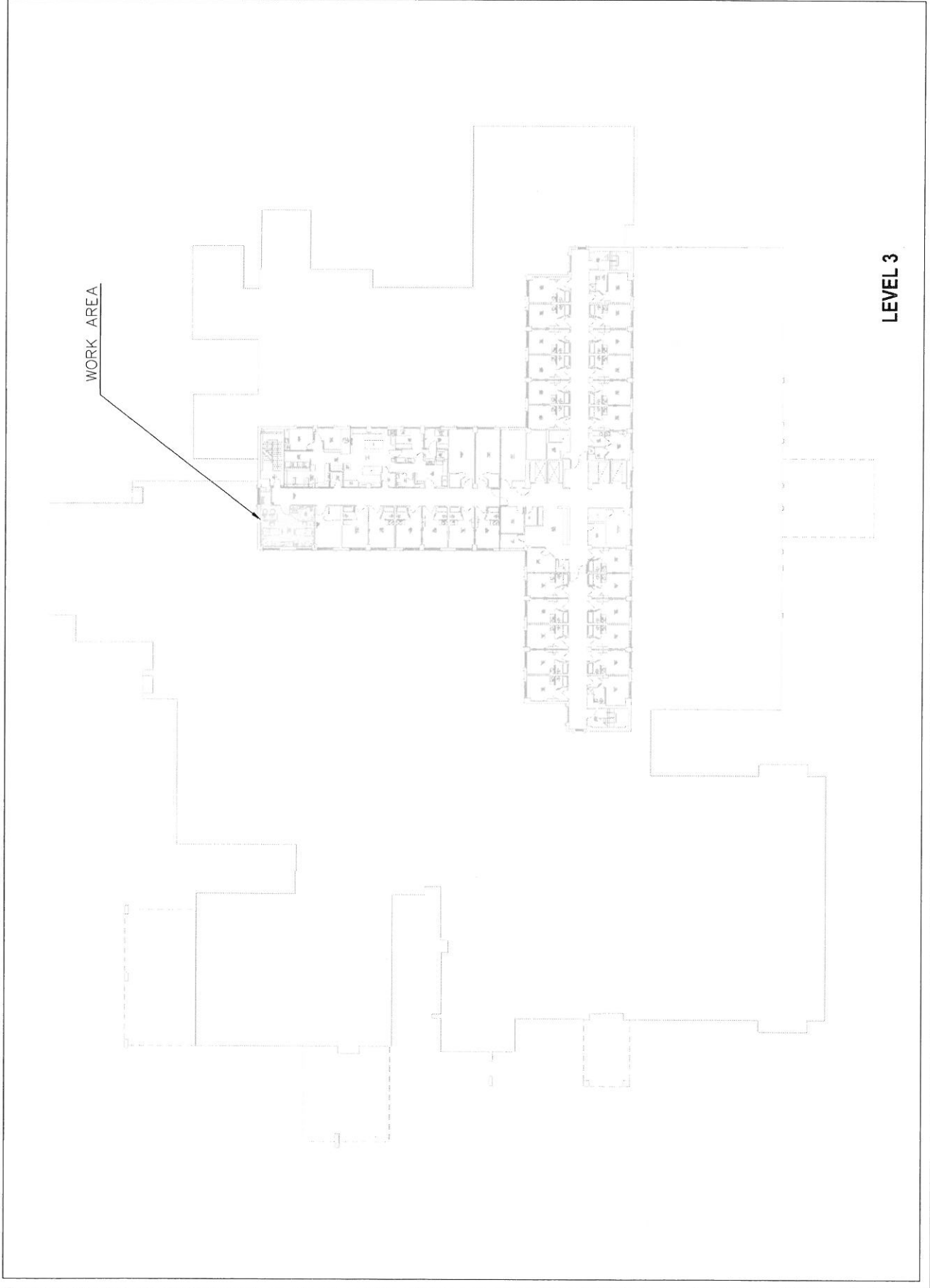
FACILITIES • PROPERTIES  
 100 COLAS DUNBAR ROAD  
 GREENVILLE, NC 27634  
 (252) 847-4587 PHONE  
 (252) 847-6204 FAX

**VIDANT EDGECOMBE**  
 TARBORO, NORTH CAROLINA  
**DIALYSIS 2 BED RENOVATION**

REVISIONS	MARK	DATE	DESCRIPTION

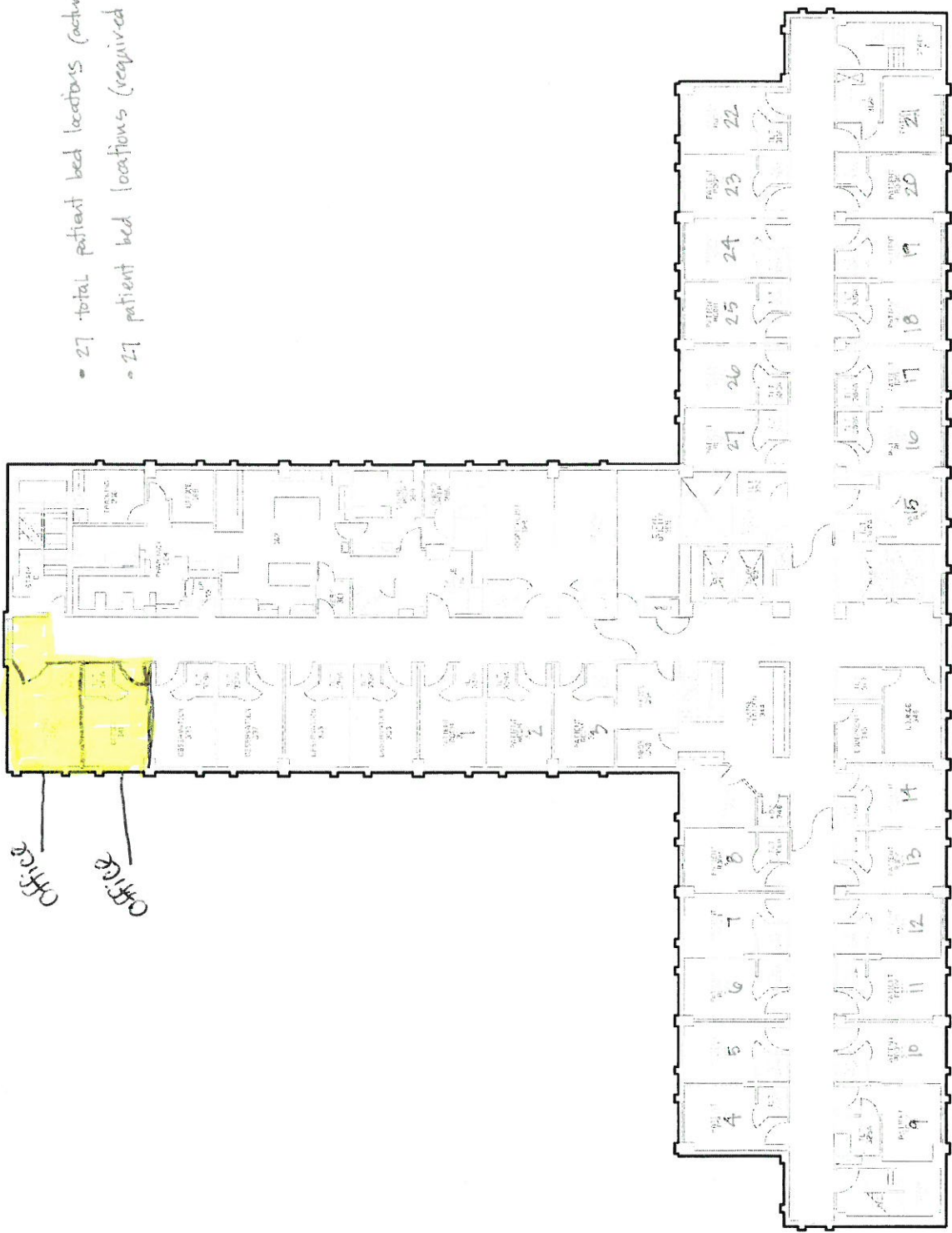
PROJECT NO. 4103  
 DATE 08/29/17  
 DRAWN BY CUU  
 SHEET NO. 1 OF 2

**1**



WORK AREA

**LEVEL 3**



- 27 total patient bed locations (actual)
- 27 patient bed locations (required per plan) ✓

VEDG LEVEL 3

# Existing Floor Plan

**VIDANT HEALTH**

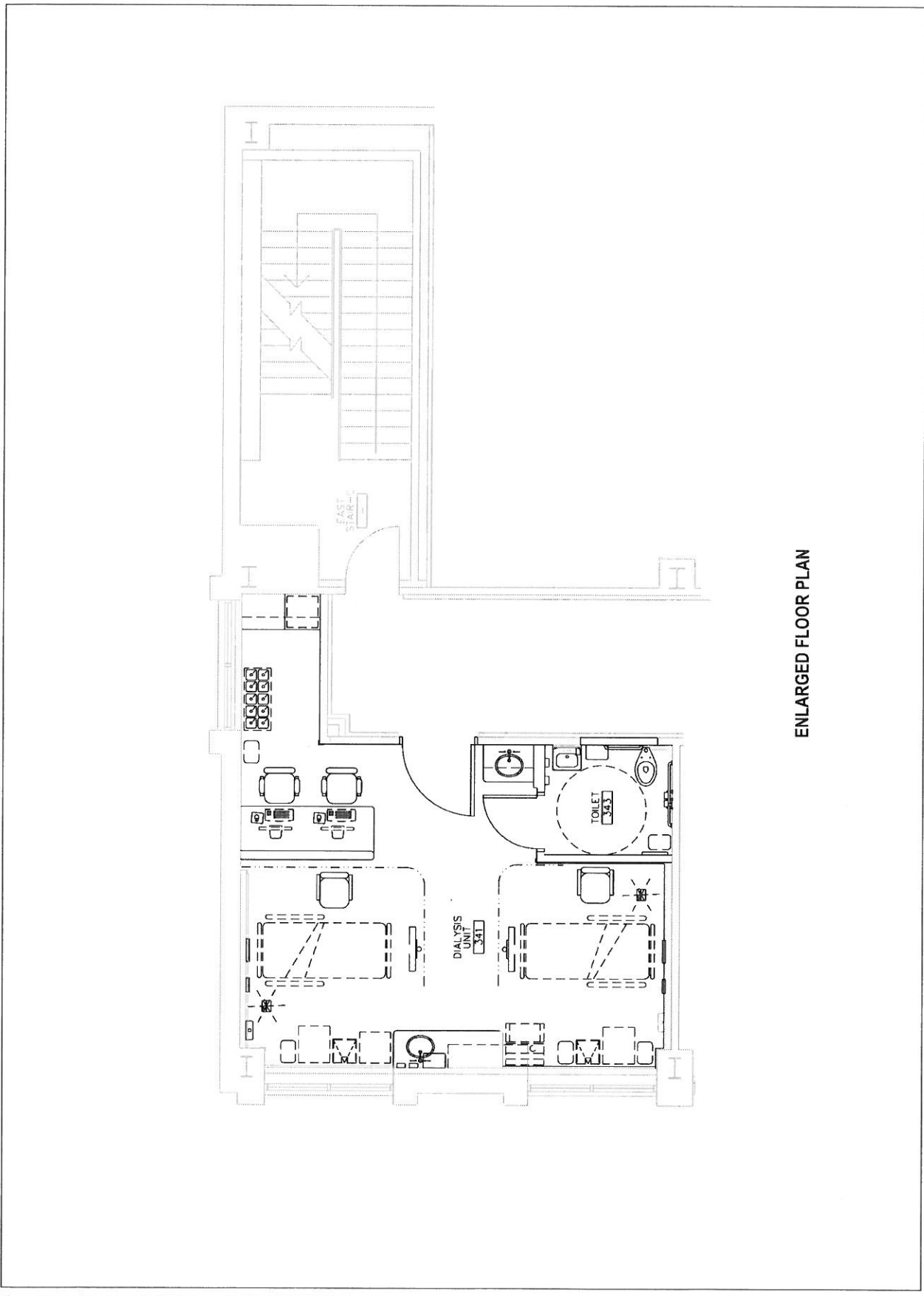
FACILITIES • PROPERTIES  
 2100 STANTONBARK ROAD  
 GREENVILLE, NC 27634  
 (252) 847-6887 PHONE  
 (252) 847-8204 FAX

**VIDANT EDGECOMBE**  
 TARBORO, NORTH CAROLINA  
**DIALYSIS 2 BED RENOVATION**

REVISIONS	MARK	DATE	DESCRIPTION

PROJECT NO.	4103
DATE	09/28/17
DRAWN BY	CHU
SHEET NO.	2 OF 2

**2**



**ENLARGED FLOOR PLAN**

# State of North Carolina

## Department of Health and Human Services Division of Health Service Regulation

*Effective January 01, 2017, this license is issued to  
East Carolina Health - Heritage, Inc.*

*to operate a hospital known as  
Vidant Edgecombe Hospital  
located in Tarboro, North Carolina, Edgecombe 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: 923247*

*License Number: H0258*

***Bed Capacity: 117***

*General Acute 101, Rehabilitation 16,*

**Dedicated Inpatient Surgical Operating Rooms: 1**

**Dedicated Ambulatory Surgical Operating Rooms: 0**

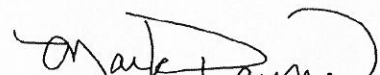
**Shared Surgical Operating Rooms: 5**

**Dedicated Endoscopy Rooms: 2**

Authorized by:



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



Director, Division of Health Service Regulation



# VIDANT HEALTH™

September 15, 2017

Ms. Jane Rhoe-Jones  
Certificate of Need Section  
Division of Health Service Regulation  
NC Department of Health and Human Services  
2704 Mail Service Center  
Raleigh, NC 27699-2704

RE: Request for “No Review” for Facility Renovation to Accommodate Existing IP Dialysis Service

Dear Ms. Rhoe-Jones:

Please accept this letter as documentation that I, Wick Baker, President of Vidant Edgecombe Hospital (VEDG), do hereby certify, as it relates to the proposed project, that:

1. Financial control of the entire licensed health service facility is exercised at the site of the proposed renovations or construction, and
2. Administrative control of the entire licensed health service facility is exercised at the site of the proposed renovations or construction.

If you require additional information or clarification, please contact Jeff Shovelin, Director of Corporate Planning at (252)-847-3631.

Thank you for your time and attention to this important project.

Sincerely,

Wick Baker  
President  
Vidant Edgecombe Hospital