



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

JOSH STEIN • Governor

DEVPUTTA SANGVAI • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

December 30, 2025

Taylor Spell
tspell@capefearvalley.com

Exempt from Review – Replacement Equipment

Record #: 5038
Date of Request: December 18, 2025
Facility Name: Cape Fear Valley Medical Center
FID #: 030360
Business Name: Cumberland County Hospital System, Inc.
Business #: 578
Project Description: Replace cardiac catheterization equipment
County: Cumberland

Dear Taylor Spell:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that the above referenced project is exempt from certificate of need review in accordance with G.S. 131E-184(a)(7). Therefore, you may proceed to acquire without a certificate of need the Siemens cardiac catheterization to replace the existing Siemens cardiac catheterization equipment. This determination is based on your representations that the existing unit will be sold or otherwise disposed of and will not be used again in the State without first obtaining a certificate of need if one is required.

It should be noted that the Agency's position is based solely on the facts represented by you and that any change in facts as represented would require further consideration by this office and a separate determination. If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,

Crystal Kearney
Project Analyst

Micheala Mitchell
Chief

cc: Acute and Home Care Licensure and Certification Section, DHSR

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1915 Health Services Way, Raleigh, NC 27607
MAILING ADDRESS: 1915 Health Services Way, 2704 Mail Service Center, Raleigh, NC 27699-2704
www.ncdhs.gov/dhsr • TEL: 919-855-3873

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER



BEHAVIORAL HEALTH CARE
BLADEN COUNTY HOSPITAL
CAPE FEAR VALLEY
MEDICAL CENTER
CAPE FEAR VALLEY
REHABILITATION CENTER
HEALTH PAVILION NORTH
HIGHSMITH-RAINEY
SPECIALTY HOSPITAL
HOKE HOSPITAL

BLOOD DONOR CENTER
BREAST CARE CENTER
CANCER CENTER
CAPE FEAR VALLEY
MEDICAL GROUP
CARELINK
CAPE FEAR VALLEY
HOMECARE & HOSPICE, LLC
CUMBERLAND COUNTY EMS
FAMILY BIRTH CENTER
HEART & VASCULAR CENTER
HEALTHPLEX
LIFELINK
CRITICAL CARE TRANSPORT
SLEEP CENTER

December 18, 2025

Ms. Tanya Saporito
Project Analyst, Healthcare Planning and Certificate of Need Section
Division of Health Service Regulation
2704 Mail Center Service
Raleigh, NC 27699-2704

RE: Replacement of Cardiac Catheterization Equipment at Cape Fear Valley Medical Center / Cumberland County

Dear Ms. Saporito:

The purpose of this letter is to notify the North Carolina Department of Health and Human Services, Division of Health Service Regulation, Healthcare Planning and Certificate of Need Section (the "Agency") that Cape Fear Valley Medical Center ("CFVMC") plans to replace cardiac catheterization equipment located in the hospital facility. CFVMC requests a determination that the respective replacement is exempt from review because it falls within the definition of NCGS § 131E-184(a)(7).

The existing cardiac catheterization equipment is situated in the Heart Center on the second floor at CFVMC and has been in service for over 17 years. The equipment has exceeded its useful life. CFVMC intends to replace the existing cardiac catheterization equipment in the CFVMC 2nd Floor Heart Center with a new Siemens cardiac catheterization unit. The existing equipment will be removed from CFVMC when the replacement equipment is installed.

Pursuant to NCGS § 131 E-184(a): "The department shall exempt from certificate of need review a new institutional health service if it receives prior written notice from the entity proposing the new institutional health service, when notice includes an explanation of why the new institutional health service is required, for any of the following: ... (7) To provide replacement equipment."

NCGS § 131E-176(22a) defines "replacement equipment" as equipment that costs less than three million dollars (\$3,000,000) and is purchased for the sole purpose of replacing comparable medical equipment currently in use which will be sold or otherwise disposed of when replaced.

10A NCAC 14C.0303(c) states replacement equipment is not "comparable" if:

- (1) the replacement equipment to be acquired is capable of providing a health service that the equipment to be replaced cannot provide; or
- (2) the equipment to be replaced was acquired less than 12 months prior to the date the written notice required by G.S. 131E-184(a) is submitted to the CON Section and it was refurbished or reconditioned when it was acquired by the person requesting the exemption.



BEHAVIORAL HEALTH CARE
BLADEN COUNTY HOSPITAL
CAPE FEAR VALLEY
MEDICAL CENTER
CAPE FEAR VALLEY
REHABILITATION CENTER
HEALTH PAVILION NORTH
HIGHSMITH-RAINEY
SPECIALTY HOSPITAL
HOKE HOSPITAL

BLOOD DONOR CENTER
BREAST CARE CENTER
CANCER CENTER
CAPE FEAR VALLEY
MEDICAL GROUP
CARELINK
CAPE FEAR VALLEY
HOMECARE & HOSPICE, LLC
CUMBERLAND COUNTY EMS
FAMILY BIRTH CENTER
HEART & VASCULAR CENTER
HEALTHPLEX
LIFELINK
CRITICAL CARE TRANSPORT
SLEEP CENTER

As set forth below, we believe that Cape Fear Valley Medical Center’s project meets these requirements and is exempt from certificate of need review.

- (1) The equipment being replaced is located on the main campus.
- (2) The total estimated cost to acquire and install the replacement equipment is less than \$3,000,000. See Attachment A.
- (3) The replacement equipment will be purchased for the sole purpose of replacing comparable equipment currently in use, which will be traded in for disposal and removed from North Carolina.
- (4) The replacement equipment is functionally similar to existing equipment and will be used for the same diagnostic and/or treatment procedures as the equipment currently in use.
- (5) The equipment to be replaced was purchased over 17 years ago.
- (6) CFVMC will not acquire any other major medical equipment or develop any other new institutional health services described in N.C. General Statute 131-E176(16) as part of this project.

A copy of the equipment comparison table is included in Attachment 2.

CFVMC requests that the Division of Health Service Regulation make a determination that the replacement of the cardiac catheterization equipment, as proposed herein, does not constitute new institutional health services and is thus exempt from certificate of need review.

Please contact me at 910.615.7529 or tspell2@capefearvalley.com regarding any questions concerning this request.

Sincerely,

Taylor Spell, CPA
Senior Finance & Strategic Planning Analyst
Cape Fear Valley Health System

Attachments

Attachment 1
Replacement Equipment: Capital Cost

	Cath Lab Room #3
Projected Capital Cost Form:	
Building Purchase Price	
Purchase Price of Land	
Closing Costs	
Site Preparation	
Construction / Renovation Contract (s)	\$752,591
Landscaping	
Architect / Engineering Fees	
Medical Equipment	\$1,009,900
Non-Medical Equipment	
Furniture	
Consultant Fees (specify)	
Financing Costs	
Interest during Construction	
Other (Specify)	
TOTAL CAPITAL COSTS	\$1,762,491

**Attachment 2
Replacement Equipment Comparison**

	Cath Lab Room #3
Type of Existing Equipment	Cath Lab (CON # M-7545-06); Opened October 2008
Manufacturer of Existing Equipment	Siemens
Tesla Rating for MRI Being Replaced	N/A
Model Number - Existing	7555233
Serial Number - Existing	SR 3086
Provider's Method of Identifying Equipment	Cardiac Cath
Specify if Mobile or Fixed	Fixed
Mobile Trailer Serial Number / VIN #	N/A
Mobile Tractor Serial Number / VIN #	N/A
Date Acquired	10/1/2008
Does Provider Hold Title to Equipment or Have a Capital Lease?	Title
Specify if Equipment Was/Is New or Used When Acquired	New
Total Capital Cost of Project (Including Construction, etc.) <See Attachment B>	\$1,762,491
Total Cost of Equipment	\$1,009,900
Location Where Operated	CFVMC
Number of Times Equipment was Used to Provide a Health Service during the 12 months prior to the Date of the Written Notice	545
Type of Procedures Currently Performed on Existing Equipment	R/L Heart Caths, Coronary Angiography and Stents, Biopsy, Peripheral Arteriogram, Peripheral Artery Angioplasty and Stents, IABP
Type of Procedures New Equipment is Capable of Performing	R/L Heart Caths, Coronary Angiography and Stents, Biopsy, Peripheral Arteriogram, Peripheral Artery Angioplasty and Stents, IABP

New Equipment

Manufacturer of New Equipment	Siemens
Tesla Rating for New MRI	N/A
Model Number - New Equipment	TBD
Serial Number - New Equipment	TBD

From: [Taylor Spell](#)
To: [Tanya, Saporito](#); [Stancil, Tiffany C](#); [Mckillip, Mike](#)
Cc: [Sandy Godwin](#)
Subject: [External] CFVMC Cardiac Cath Room 3 Replacement Exemption
Date: Thursday, December 18, 2025 10:34:42 AM
Attachments: [image001.png](#)
[CFVMC Cardiac Cath Room 3 Replacement Exemption 12.18.25.pdf](#)

CAUTION: External email. Do not click links or open attachments unless verified. Report suspicious emails with the Report Message button located on your Outlook menu bar on the Home tab.

Good morning,

I hope this email finds you well. I have attached an exemption request for the replacement of cardiac catheterization equipment on the main campus of Cape Fear Valley Medical Center. Please let me know if you have any questions.

Happy Holidays!

Thank you,
Taylor

Taylor Spell, CPA | Senior Finance & Strategic Planning Analyst
Cape Fear Valley Health System | 101 Robeson Street, Suite 303 | Fayetteville, NC 28301
Office: 910-615-7529 | tspell2@capefearvalley.com



CONFIDENTIALITY NOTICE: This electronic mail transmission may contain information that is privileged and/or confidential. Additionally, this communication may contain individual protected health information ("PHI") that is subject to protection under state and federal laws, or other privileged, confidential or proprietary information of Cape Fear Valley Health System that may not be further disclosed. Please be advised that any disclosure, copying, distribution or other use of the contents of this message by anyone other than the intended recipient is prohibited. If you have received this communication in error, please notify the sender immediately by replying to the message and deleting it from your computer.