



**North Carolina Department of Health and Human Services  
Division of Health Service Regulation  
Certificate of Need Section**

2704 Mail Service Center • Raleigh, North Carolina 27699-2704  
<http://www.ncdhhs.gov/dhsr/>

Drexdal Pratt, Director

Beverly Eaves Perdue, Governor  
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Phone: (919) 855-3873  
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**RESPONSE REQUIRED**

November 27, 2012

Elizabeth Kirkman  
2709 Water Ridge Parkway, Suite 200  
Charlotte, NC 28217

**Conditional Approval**

Project I.D. #: H-8847-12  
Facility: Anson Community Hospital and The Charlotte-Mecklenburg Hospital Authority  
Project Description: Construct replacement acute care hospital in Wadesboro  
County: Anson  
FID #: 943358

Dear Ms. Kirkman:

The Certificate of Need (CON) Section, Division of Health Service Regulation, Department of Health and Human Services has conditionally approved the above referenced certificate of need application. This decision was made after a review of the applications submitted for this cycle and after consideration of the Certificate of Need Law, G.S. 131E-175 et. seq. and regulations promulgated thereunder, the State Medical Facilities Plan, and other applicable information. Written notice of all findings and conclusions upon which the decision was based will be provided to the applicants within five business days after the date of the decision in accordance with G.S. 131E-186. The applicant shall not proceed with the construction, offering or development of this project until the certificate of need is issued. Further, the Department shall not issue the certificate of need until all applicable conditions of approval that can be satisfied before issuance of the certificate of need have been met pursuant to G.S. 131E-187(a). The conditions are as follows:

1. Carolinas-Anson Health Care, Inc. d/b/a Anson Community Hospital and The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas HealthCare System shall materially comply with all representations made in the certificate of need application.

2. Carolinas-Anson Health Care, Inc. d/b/a Anson Community Hospital and The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas HealthCare System 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 that would otherwise require a certificate of need.
3. Carolinas-Anson Health Care, Inc. d/b/a Anson Community Hospital shall be licensed for no more than 15 acute care beds, one operating room, and no GI endoscopy procedure rooms upon completion of this project.
4. Carolinas-Anson Health Care, Inc. d/b/a Anson Community Hospital shall take the necessary steps to delicense 37 acute care beds, one operating room, and one GI endoscopy procedure room upon completion of this project.
5. Carolinas-Anson Health Care, Inc. d/b/a Anson Community Hospital and The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas HealthCare System shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need.

**Response to the above conditions should be submitted to the CON Section no later than 35 days from the date of the decision. Failure to respond within this time period may result in the CON Section making a determination not to issue a certificate of need for the project referenced above.**

The conditional approval is valid only for a capital expenditure of \$20,000,000. If a cost overrun occurs that exceeds the approved capital expenditure amount, a new certificate of need may be required as determined by G.S. 131E-176(16)(e). The applicant should be aware that according to the Certificate of Need Law any affected person shall have thirty (30) days after the date of decision to file a petition for a contested case on this approval. Further, if you are aggrieved by the conditions of the decision you may file a petition for a contested case hearing in accordance with G.S. 150B, Article 3, as amended. This petition must be filed with the Office of Administrative Hearings, P.O. Drawer 27447, Raleigh, North Carolina 27611-7447 within thirty (30) days of the date of this decision. [Note: Effective October 1, 2009, OAH requires a filing fee with submittal of petitions for contested cases. Please direct all questions regarding this fee to OAH Clerk's Office (919-431-3000).]

G.S. 150B-23 provides that a party filing a petition must also serve a copy of the petition on all parties to the petition. Therefore, if you file a petition for a contested case hearing, you must serve a copy of the petition on the Department of Health and Human Services by mailing a copy of your petition to:

Emery Milliken  
Department of Health and Human Services,  
Office of Legal Affairs,  
Adams Building – Room 154  
2001 MSC  
Raleigh, North Carolina, 27699-2001

It is requested that a copy of the petition also be served on the Certificate of Need Section.

The certificate of need will not be issued before the completion of this 30 day period ending December 27, 2012. If a contested case request is received within the thirty (30) day period, the certificate will not be issued until the appeal is resolved (10A NCAC 14C .0208).

The timetable for completion of the project is the timetable outlined in the certificate of need application, unless an adjustment has been made by the CON Section because the review period was extended. The timetable for this project is as follows:

Completion of Final drawings and Specifications _____	January 2, 2013
Approval of Final Drawings and Specifications by the Construction Section, DHSR _____	January 2, 2013
Obtain Construction Financing _____	January 7, 2013
Obtain Permanent Financing _____	January 7, 2013
Obtain Funds necessary to Undertake Project _____	January 7, 2013
Contract Award _____	January 15, 2013
Approval of Site by Construction Section, DHSR _____	March 2, 2013
25% Completion of Construction _____	June 16, 2013
50% Completion of Construction _____	October 14, 2013
Ordering Equipment _____	November 3, 2013
75% Completion of Construction _____	February 11, 2014
Arrival of Equipment _____	April 2, 2014
Completion of Construction _____	June 1, 2014
Occupancy/Offering of Service _____	July 1, 2014
Operation of Equipment _____	June 11, 2014
Licensure of Facility _____	June 11, 2014
Certification of Beds _____	June 11, 2014

If the decision is appealed, the timetable set forth in this letter will be adjusted accordingly before the certificate of need is issued. Please contact us if any clarification of this decision is required.

Please refer to the Project I.D.# and Facility I.D.# (FID) in all correspondence.

Sincerely,

Tanya S. Rupp, Project Analyst

Martha J. Frisone, Assistant Chief  
Certificate of Need Section

TSR:MJF:mw

Attachment

cc: Medical Facilities Planning Section, DHSR  
Acute & Home Care Licensure & Certification Section, DHSR  
Construction Section, DHSR

CERTIFICATE OF SERVICE

I hereby certify that I have served the foregoing notice of **conditional approval** on the following person by placing a copy in an official depository of the United States Postal Service in a postage-paid, first class envelope addressed as follows:

Elizabeth Kirkman  
2709 Water Ridge Parkway, Suite 200  
Charlotte, NC 28217

Project I.D. #H-8847-12  
FID # 943358

This the 27<sup>th</sup> day of November, 2012.

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Tanya S. Rupp  
Project Analyst