



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

RESPONSE REQUIRED

September 27, 2013

Reid Caldwell
300 West 27th Street
Lumberton, NC 28358

Conditional Approval

Project I.D. #: N-10147-13
Facility: Southeastern Ambulatory Surgery Center
Project Description: Change of Scope for Project ID #N-8716-11 (relocate 4 ORs to a new ambulatory surgical facility) by relocating two GI endoscopy procedure rooms as well
County: Robeson
FID #: 110709

Dear Mr. Caldwell:

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 there under, the State Medical Facilities Plan, and other applicable information. Attached to this letter are the required findings made with respect to your application. 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. Southeastern Regional Medical Center d/b/a Southeastern Ambulatory Surgery Center shall materially comply with the representations made in this certificate of need application, Project ID# N-10147-13, and the certificate of need application Project ID# N-8716-11 as amended by this project. In those instances in which representations conflict, Southeastern Regional Medical Center d/b/a Southeastern Ambulatory Surgery Center shall materially comply with the last made representation.
2. Southeastern Regional Medical Center d/b/a Southeastern Ambulatory Surgery Center shall not acquire, as part of this project, any equipment that is not included in the

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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project's proposed capital expenditure in Section VIII of the application or that would otherwise require a certificate of need.

3. The average facility fee charged by Southeastern Ambulatory Surgery Center shall be no more than \$2,212 in Project Year One, \$2,267 in Project Year Two, and \$2,324 in Project Year Three.
4. Southeastern Regional Medical Center shall be licensed for no more than one (1) GI endoscopy room upon project completion.
5. Upon licensure of the two GI endoscopy rooms at SASC, Southeastern Regional Medical Center shall take the necessary steps to de-license four existing GI Endoscopy procedure rooms at SRMC.
6. Southeastern Regional Medical Center d/b/a Southeastern Ambulatory Surgery Center shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to the 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 \$238,396. 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, 6714 Mail Service Center, Raleigh, North Carolina 27699-6714 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 Mail Service Center
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 October 28, 2013. 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 _____	November 1, 2013
Approval of Final Drawings and Specifications by the Construction Section, DHSR _____	December 1, 2013
Obtaining Funds necessary to Undertake Project _____	December 29, 2013
50% Completion of Construction _____	May 1, 2014
75% Completion of Construction _____	July 1, 2014
Completion of Construction _____	September 1, 2014
Occupancy/Offering of Service(s) _____	October 1, 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

Lisa Pittman, Team Leader
Certificate of Need Section

TSR:LP:mw

Attachment

cc: Medical Facilities Planning 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:

Reid Caldwell
300 West 27th Street
Lumberton, NC 28358

Project I.D. # N-10147-13
FID #110709

This the 27th day of September, 2013.

Tanya S. Rupp
Project Analyst