



North Carolina Department of Health and Human Services
Division of Health Service Regulation

Pat McCrory
Governor

Aldona Z. Vos, M.D.
Ambassador (Ret.)
Secretary DHHS

Drexdal Pratt
Division Director

RESPONSE REQUIRED

September 27, 2013

Don Poole
2501 Blue Ridge Road, Suite 500
Raleigh, NC 27607

Conditional Approval

Project I.D. #: N-10141-13
Facility: Scottish Pines Rehabilitation and Nursing Center
Project Description: Acquire 50 NF beds from Scotland Memorial Hospital and relocate them to the replacement facility approved in Project ID #N-8612-10
County: Scotland
FID #: 101139

Dear Mr. Poole:

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. Scottish Pines Land Company, LLC and Century Care of Laurinburg, Inc. shall materially comply with all representations made in its certificate of need application.
2. Scottish Pines Land Company, LLC and Century Care of Laurinburg, Inc. shall construct a 50-bed addition to Scottish Pines Rehabilitation and Nursing Center (formerly Century Care of Laurinburg) for a total licensed bed complement of no more than 149-beds upon completion of the project.



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

An Equal Opportunity/ Affirmative Action Employer



3. Scottish Pines Land Company, LLC and Century Care of Laurinburg, Inc. shall take the necessary steps to de-license 50 NF beds at The Edwin Morgan Center following completion of the proposed bed addition at Scottish Pines Rehabilitation and Nursing Center.
4. Scottish Pines Land Company, LLC and Century Care of Laurinburg, Inc. shall submit all patient charges and actual per diem reimbursement for each source of patient payment to the Certificate of Need at year end for each of the first two operating years following licensure of the beds in the new facility.
5. For the first two full federal fiscal years of operation following completion of the project, actual private pay charges shall not be increased more than 5% of the projected private pay charges provided in Section X of the application without first obtaining a determination from the Certificate of Need Section that the proposed increase is in material compliance with the representations made in the certificate of need application.
6. Scottish Pines Land Company, LLC and Century Care of Laurinburg, Inc. shall receive Medicaid per diem rates allowed by the Division of Medical Assistance, under the NC State Plan Section .0102.
7. Scottish Pines Land Company, LLC and Century Care of Laurinburg, Inc. 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 \$2,766,535. 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:

Preliminary Drawings submitted to the Construction Section, DHSR _____	November 11, 2013
Construction Loan Executed _____	November 11, 2013
Permanent Loan Executed _____	November 11, 2013
Construction Contract Awarded _____	November 15, 2013
Final Drawings Submitted to the Construction Section, DHSR _____	December 11, 2013
Building Permit Obtained _____	December 16, 2013
Site Preparation _____	December 19, 2013
Footings Foundation Poured _____	January 16, 2014
25% Completion of Construction _____	April 4, 2014
50% Completion of Construction _____	May 26, 2014
75% Completion of Construction _____	July 23, 2014
Completion of Construction _____	September 1, 2014
Licensure of Facility _____	September 16, 2014
Medicare/Medicaid Certification _____	September 30, 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.

Don Poole
Page 4
September 27, 2013

Sincerely,

Fatimah Wilson, Project Analyst

Craig R. Smith, Chief
Certificate of Need Section

FW:CRS:mw

Attachment

cc: Nursing Home 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:

Don Poole
2501 Blue Ridge Road, Suite 500
Raleigh, NC 27607

Project I.D. # N-10141-13
FID #101139

This the 27th day of September, 2013.

Fatimah Wilson
Project Analyst