



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**

May 28, 2015

Jay Kortemeyer  
192 Village Drive  
Jacksonville, NC 28545

**Conditional Approval**

Project ID #: P-11002-15  
Facility: Brynn Marr Hospital  
Project Description: Relocate 18 inpatient psychiatric beds from Broughton Hospital pursuant to Policy PSY-1 for a total of 12 adult inpatient psychiatric beds, 60 child/adolescent inpatient psychiatric beds and 12 substance abuse beds upon project completion  
County: Onslow  
FID #: 943044

Dear Mr. Kortemeyer:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) 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 Agency shall not issue the certificate of need until all applicable conditions of approval have been met pursuant to G.S. 131E-187(a). The conditions are as follows:

1. Brynn Marr Hospital, Inc. and Universal Health Services, Inc. shall materially comply with all representations made in the certificate of need application.
2. Brynn Marr Hospital, Inc. and Universal Health Services, Inc. shall relocate no more than 18 inpatient psychiatric beds from Broughton Hospital for a total licensed bed complement of no more than 60 child and adolescent inpatient psychiatric beds, 12 adult inpatient psychiatric beds, 18 psychiatric residential treatment facility beds and 12 chemical dependency treatment beds.

**Healthcare Planning and Certificate of Need Section**

[www.ncdhhs.gov](http://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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3. Brynn Marr Hospital, Inc. shall de-license 16 psychiatric residential treatment facility beds upon completion of this project.
4. Brynn Marr Hospital, Inc. and Universal Health Services, Inc. shall accept patients requiring involuntary admission for inpatient psychiatric services.
5. Brynn Marr Hospital, Inc. and Universal Health Services, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Healthcare Planning and Certificate of Need Section in writing prior to issuance of the certificate of need.

**Response to the above conditions should be submitted to the Agency no later than 35 days from the date of the decision. Failure to respond within this time period may result in the Agency 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 **\$148,985**. 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 Agency.

The certificate of need will not be issued before the completion of this 30 day period ending **June 29, 2015**. 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 Agency because the review period was extended. The timetable for this project is as follows:

Approval of Final Drawings and Specifications by the Construction Section, DHSR _____	September 15, 2015
Contract Award _____	October 1, 2015
50% Completion of Construction _____	November 1, 2015
Completion of Construction _____	December 15, 2015
Occupancy/Offering of Services _____	January 1, 2016

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 this office if any clarification of this decision is required.

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

Sincerely,

Bernetta Thorne-Williams  
Project Analyst

Martha J. Frisone  
Assistant Chief, Certificate of Need

Attachment

cc: Acute & Home Care Licensure & Certification Section, DHSR  
Assistant Chief, Healthcare Planning  
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:

Jay Kortemeyer  
192 Village Drive  
Jacksonville, NC 28545

Project ID # P-11002-15  
FID # 943044

This the 28<sup>th</sup> day of May, 2015.

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Bernetta Thorne-Williams  
Project Analyst, Certificate of Need