



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

Pat McCrory
Governor

Richard O. Brajer
Secretary DHHS

Mark Payne
Assistant Secretary for Audit and
Health Service Regulation

RESPONSE REQUIRED

January 29, 2016

James Roskelly
1200 North Elm Street
Greensboro, NC 27401

Conditional Approval

Project ID #: G-11103-15
Facility: Wesley Long Community Hospital, Inc.
Project Description: Renovate existing space and construct space for a surgical suite, post anesthesia care unit (PACU) with surgical support space. Four ORs will be de-licensed as part of this project. Upon completion of this project and Project ID #G-11104-15, the hospital (all campuses) will be licensed for 46 ORs (4 dedicated IP, 29 shared and 13 dedicated OP)
County: Guilford
FID #: 933540

Dear Mr. Roskelly:

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. The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation shall materially comply with all representations made in the certificate of need application.



Healthcare Planning and Certificate of Need Section

www.ncdhhs.gov

Telephone 919-855-3873 • Fax 919-715-4413

Location: Edgerton Building • 809 Ruggles Drive • Raleigh, NC 27603

Mailing Address: 2704 Mail Service Center • Raleigh, NC 27699-2704

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2. Upon completion of this project, Wesley Long shall be licensed for 10 operating rooms and one procedure room. At completion of this project and Project I.D. #G-11104-15, Cone Health, License #HO159, shall be licensed for 46 operating rooms, as shown below.

**Cone Health-Greensboro
Licensed Operating Rooms**

	Moses Cone	Wesley Long	Moses Cone Surgery Center	Wesley Long Surgery Center	Total
Operating Rooms*	18	10	8	5	41
Excluded Operating Rooms**	5	0	0	0	5
Total Operating Rooms**	23	10	8	5	46

* Excludes open heart and trauma

**Includes four dedicated open heart ORs and one trauma OR

3. The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation shall not perform gastrointestinal endoscopy procedures in the procedure room.
4. The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation 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 that would otherwise require a certificate of need.
5. The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes. The plan must be consistent with the applicants' representations in the written statement as described in paragraph one of Policy GEN-4.
6. The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation 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 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 \$38,528,414. 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 February 29, 2016. 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 by the
Construction Section, DHSR _____ October 31, 2016

PHASE I – New Construction

25% Completion of Construction _____ December 31, 2016
50% Completion of Construction _____ April 30, 2017
75% Completion of Construction _____ September 30, 2017
Completion of Construction _____ December 31, 2017
Occupancy/Offering of Service/Licensure of Facility _____ February 1, 2018

PHASE II - Renovations

25% Completion of Construction	_____	April 30, 2018
50% Completion of Construction	_____	August 31, 2018
75% Completion of Construction	_____	December 31, 2018
Completion of Construction	_____	March 31, 2019
Occupancy/Offering of Service/ Licensure of Facility	_____	September 30, 2019

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,

Celia C. Inman
Project Analyst

Fatimah Wilson
Team Leader, Certificate of Need

Attachment

cc: Acute & Home Care Licensure & Certification Section, DHSR
Kelli Fisk, Program Assistant, Healthcare Planning, 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:

James Roskelly
1200 North Elm Street
Greensboro, NC 27401

Project ID #: G-11103-15
FID #: 933540

This the 29th day of January, 2016.

Celia C. Inman
Project Analyst, Certificate of Need