

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

March 21, 2014

Mike Jones  
P.O. Box 1706  
Dunn, NC 28335

**No Review**

Facility: Harnett Health Central Hospital  
Project Description: Convert Eight Acute Care Beds to Intensive Care Beds  
County: Harnett  
FID #: 050926

Dear Mr. Jones:

The Certificate of Need Section (CON Section) received your letter of February 11, 2014 regarding the above referenced proposal. Based on the CON law **in effect on the date of this response to your request**, the proposal described in your correspondence is not governed by, and therefore, does not currently require a certificate of need. However, please note that if the CON law is subsequently amended such that the above referenced proposal would require a certificate of need, this determination does not authorize you to proceed to develop the above referenced proposal when the new law becomes effective.

Moreover, you need to contact the Construction and Nursing Home Licensure and Certification Sections of the Division of Health Service Regulation to determine if they have any requirements for development of the proposed project.

It should be noted that this determination is binding only for the facts represented by you. Consequently, if changes are made in the project or in the facts provided in your correspondence referenced above, a new determination as to whether a certificate of need is required would need to be made by the Certificate of Need Section. Changes in a project include, but are not limited to: (1) increases in the capital cost; (2) acquisition of medical equipment not included in the original cost estimate; (3) modifications in the design of the project; (4) change in location; and (5) any increase in the number of square feet to be constructed.



**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

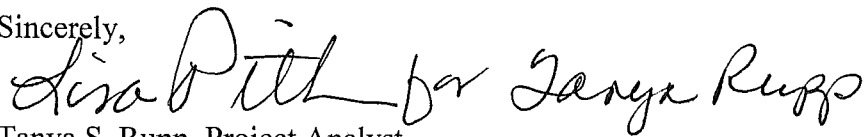
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Mike Jones  
March 21, 2014  
Page 2

Please contact the CON Section if you have any questions. Also, in all future correspondence you should reference the Facility I.D. # (FID) if the facility is licensed.

Sincerely,

A handwritten signature in black ink that reads "Lisa Pitt for Tanya Rupp". The signature is written in a cursive, flowing style.

Tanya S. Rupp, Project Analyst

A handwritten signature in black ink that reads "Martha J. Frisone". The signature is written in a cursive, flowing style.

Martha J. Frisone, Interim Chief  
Certificate of Need Section

cc: Medical Facilities Planning Branch, DHSR  
Construction Section, DHSR  
Acute Care Licensure and Certification Section, DHSR



*Jayza*

P.O. Box 1706  
Dunn, NC 28335  
(910) 892-1000  
www.HarnettHealth.org

Received by  
the CON Section  
FEB 17 2014

February 11, 2013

Mr. Michael McKillip, Project Analyst  
Division of Health Service Regulation  
Certificate of Need Section  
2704 Mail Service Center  
Raleigh, NC 27699-2704

**Re: Request for No Review to Convert Eight Acute Care Beds to Intensive Care at Central Harnett Hospital**

Dear Mr. McKillip:


This letter is to inform the CON Section of Harnett Health System's (HHS) intent to convert eight (8) general acute care beds, located at Central Harnett Hospital in Lillington, to intensive care beds. HHS believes that the facility can better serve its patients with a dedicated intensive care unit, which will enhance quality of care and reduce the need to transfer critically ill patients to other facilities.

The capital cost for the proposed project is \$85,920, and will be funded through accumulated reserves. Please see *Attachment 1* for a certified cost estimate. Modifications will be made to provide low air returns in each room as required by Licensure 10A NCAC 13B .6225(i). Plans have been submitted to the Construction Section for their review and approval. The project will not result in any changes in acute care bed inventory in Harnett County. Upon project completion, Central Harnett Hospital will continue to be licensed for 50 acute care beds – 42 general acute and 8 intensive care. Please see *Attachment 2* for the floor plan and *Attachment 3* for patient room numbers that will be affected by this conversion.

HHS believes this project does not constitute a "new institutional health service" per G.S. §131E-176(16), and does not involve a "change in bed capacity" per G.S. §131E-176(5). HHS is requesting a determination from the Certificate of Need Section as to whether this project is exempt from CON review.

Thank you for your attention to this matter. If you have questions or require additional information, please contact me at (919) 892-1000, ext. 3003.

Sincerely,

  
Mike Jones  
Administrator, Central Harnett Hospital  
Vice President of Support Services, Harnett Health

PROPOSED TOTAL CAPITAL COST OF PROJECT

Project Name: Central Harnett Hospital – convert 8 inpatient beds to ICU status

Provider/Company: Harnett Health System, 800 Tilghman Drive, Dunn, NC 28334

A. Site Costs

Table with 3 columns: Description, Amount, and Total. Includes items like (1) Full purchase price of land, (2) Closing costs, (3) Site Inspection and Survey, (4) Legal fees and subsoil investigation, (5) Site Preparation Costs (Soil Borings, Clearing-Earthwork, etc.), (6) Other (Specify), and (7) Sub-Total Site Costs. Total for (7) is \$ 0.

B. Construction Contract

Table with 3 columns: Description, Amount, and Total. Includes (8) Cost of Materials (General Requirements, Concrete/Masonry, etc.), (9) Cost of Labor, (10) Other (Specify) Fees, taxes, Insurance, and (11) Sub-Total Construction Contract. Total for (11) is \$ 76,108.

C. Miscellaneous Project Costs

Table with 3 columns: Description, Amount, and Total. Includes (12) Building Purchase, (13) Fixed Equipment Purchase/Lease, (14) Movable Equipment Purchase/Lease, (15) Furniture, (16) Landscaping, (17) Consultant Fees (Architect and Engineering Fees, Legal Fees, etc.), (18) Financing Costs, (19) Interest During Construction, (20) Other (Specify), and (21) Sub-Total Miscellaneous. Total for (21) is \$ 9,812. Total for (22) Total Capital Cost of Project (Sum A-C above) is \$ 85,920.

I certify that, to the best of my knowledge, the above construction related costs of the proposed project named above are complete and correct.

Signature of Sean P Murphy, NC License #9818 (signature of Licensed Architect or Engineer)

I assure that, to the best of my knowledge, the above capital costs for the proposed project are complete and correct and that it is my intent to carry out the proposed project as described.

Signature of Administrator, Central Harnett (Signature of Office Authorized to Represent Provider/Company) (Title of Officer)

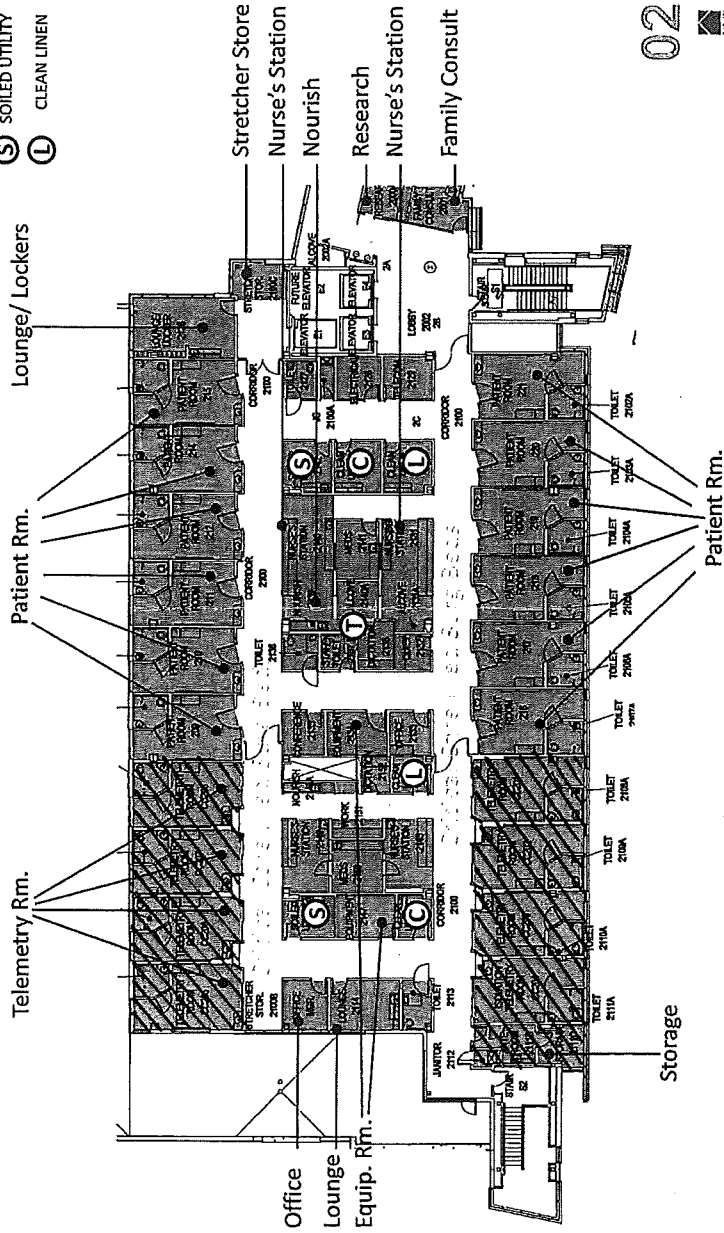
**Central Harnett Hospital**

**Patient Rooms proposed for conversion from General Acute to ICU beds**

<b>Room Number</b>
CC201
CC202
CC203
CC204
CC205
CC206
CC207
CC208

# Critical Care Med. Surg. Beds

- T** PNEUMATIC TUBE SYSTEM
- C** CLEAN UTILITY
- S** SOILED UTILITY
- L** CLEAN LINEN



■ Patient Rooms proposed for conversion to ICU