

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

Pat McCrory Governor Richard O. Brajer Secretary DHHS

Mark Payne Health Service Regulation

August 16, 2016

Dee Jay Zerman Hedrick Building 211 Friday Center Drive, Suite G015 Chapel Hill, NC 27517

Exempt from Review

Record #:

2019

Facility Name:

University of North Carolina Hospitals

FID #:

923517

Business Name:

UNC Hospitals

Project Description:

Renovate the 3rd floor of the Anderson Pavilion to include the Acute and

Intermediate Coronary Cardiac Care unit

County:

Orange

Dear Ms. Zerman:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that based on your letter of August 3, 2016, the above referenced proposal is exempt from certificate of need review in accordance with G.S 131E-184(g). Therefore, you may proceed to offer, develop or establish the above referenced project without a certificate of need.

However, you need to contact the Agency's Construction and Acute and Home Care Licensure and Certification Sections 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 Agency. 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.



Ms. Zerman August 16, 2016 Page 2

If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,

Bernetta Thorne-Williams

Project Analyst

Martha J. Frisone, Assistant Chief

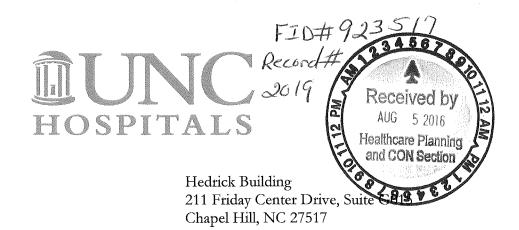
Certificate of Need

cc:

Construction Section, DHSR

Acute and Home Care Licensure and Certification Section, DHSR

Paige Bennett, Assistant Chief, Healthcare Planning, DHSR



August 3, 2016

Bernetta Thorne-Williams, Project Analyst Certificate of Need Section Division of Health Service Regulation, DHHS Mail Service Center 2704 Raleigh, NC 27699-2704

RE: Exemption Notice / Renovation of 3rd Floor Anderson Pavilion space pursuant to NCGS § 131E-184(g) / UNC Hospitals / Orange County

Dear Ms. Thorne-Williams:

UNC Hospitals is planning to renovate and refurbish the Acute and Intermediate Coronary (Cardiac) Care unit on the 3rd Floor of the Anderson Pavilion. UNC Hospitals is requesting confirmation that this renovation is exempt from review pursuant to NCGS §131E-184(g).

NCGS §131E-184(g) provides that The Department shall exempt from certificate of need review any capital expenditure that exceeds the two million dollar (\$2,000,000) threshold set forth in G.S. 131E-176(16)b if all of the following conditions are met:

- (1) The sole purpose of the capital expenditure is to renovate, replace on the same site, or expand the entirety or a portion of an existing health service facility that is located on the main campus.
- (2) The capital expenditure does not result in (i) a change in bed capacity as defined in G.S. 131E-176(5) or (ii) the addition of a health service facility or any other new institutional health service facility or any other new institutional health service other than that allowed in G.S. 131E-176(16)b.
- (3) The licensed health service facility proposing to incur the capital expenditure shall provide prior written notice to the Department along with supporting documentation to demonstrate that it meets the exemption criteria of this subsection.

(1) Purpose: The project involves the renovation of 14,023 square feet of space on the unit which occupies 15,591 square feet of space. The renovation will be performed in this same location and the unit's service will not change as a result of this renovation. The number of patient beds will not change as a result of this renovation. This renovation will allow us to modernize and update the unit. The cost of the renovation including equipment and furniture is expected to be \$3,018,446. A certified cost estimate is contained in Exhibit 1. Floor plans of the existing space, the demolition plan, and the proposed final floor plan are included in Exhibit 2.

(1) Main Campus: NCGS §131E-176(14n) defines "Main Campus" as the site of the main building from which a licensed health service facility provides clinical patient services and exercises financial and administrative control over the entire facility, including the building and grounds adjacent to the main building."

The proposed project involves renovating a portion of the 3rd Floor of UNC Hospitals' Anderson Pavilion. A key plan included in Exhibit 2 reflects the location within the main hospital building. The building's address is 101 Manning Drive, Chapel Hill, NC. The space to be renovated is physically inside the main hospital building and shares the same physical address as UNC Hospitals. Financial and administrative control is provided in offices physically located on the 3rd floor of Medical Wing E, which is connected to the main hospital. The locations of the financial officer and administrative officer are indicated on the maps contained in Exhibit 3. UNC Hospitals is a licensed health service facility (DHSR Acute Care License No. H0157).

- (2) New Institutional Health Service: The renovation project will not result in a change of bed capacity, the addition of a health service facility, or any other new institutional health service other than that allowed in G.S. 131E-176(16)b. No major medical equipment is included in this project. Exhibit 4 contains equipment and furniture list for the project, and no individual items cost more than \$10,000.
- (3) Prior Written Notice: This request shall serve of prior written notice of this activity.

Please do not hesitate to contact me at 984-974-1210 if you have any questions or need further information. Thank you for your prompt consideration of this matter.

Sincerely,

Lee Juy Zuman

Dee Jay Zerman, System Director

Regulatory Planning

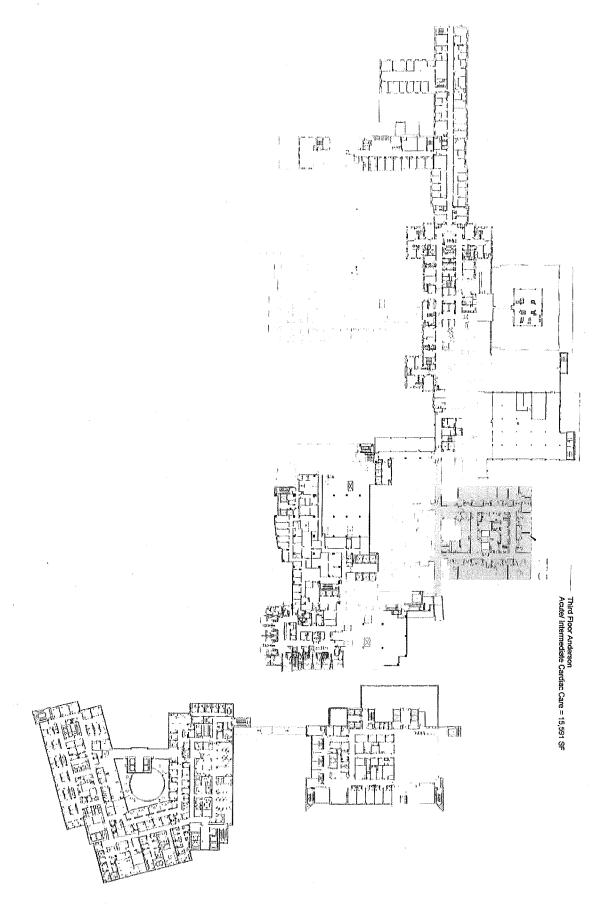
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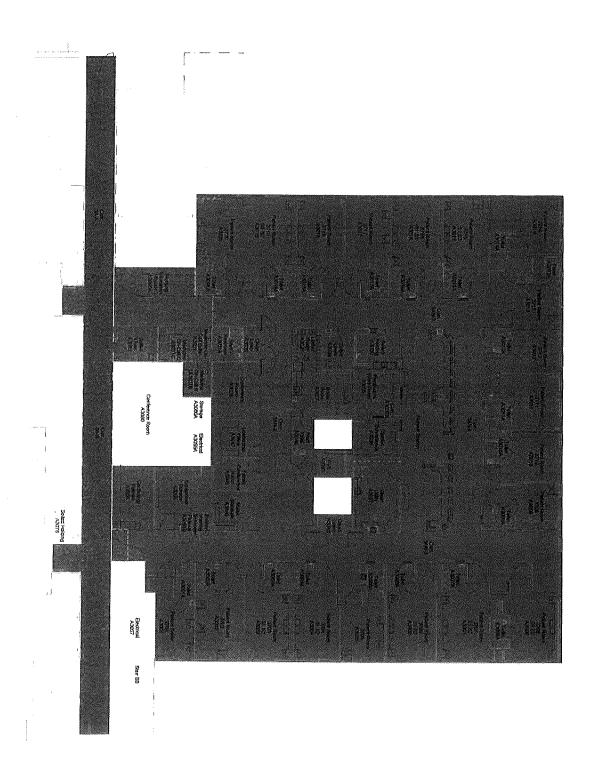
PROPOSED TOTAL CAPITAL COST OF PROJECT

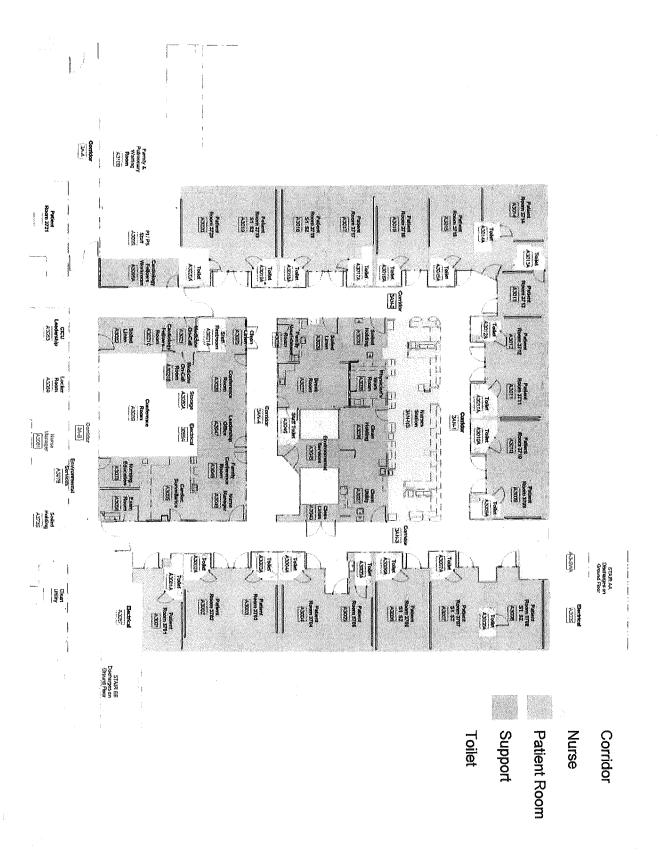
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A COLOR TO A A COLOR AND A A COLOR AND A C				•	\$	250,000			
(22) Total Capital Cost of Project (Sum A-C above) \$ 3.018,446	(21)			•		\$	798.825		
		(22) Total Capital Cost of Project (Sum A	-C ab	ove)				\$ 3,018,446	
							*		

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 Licensett Architect or Engineer



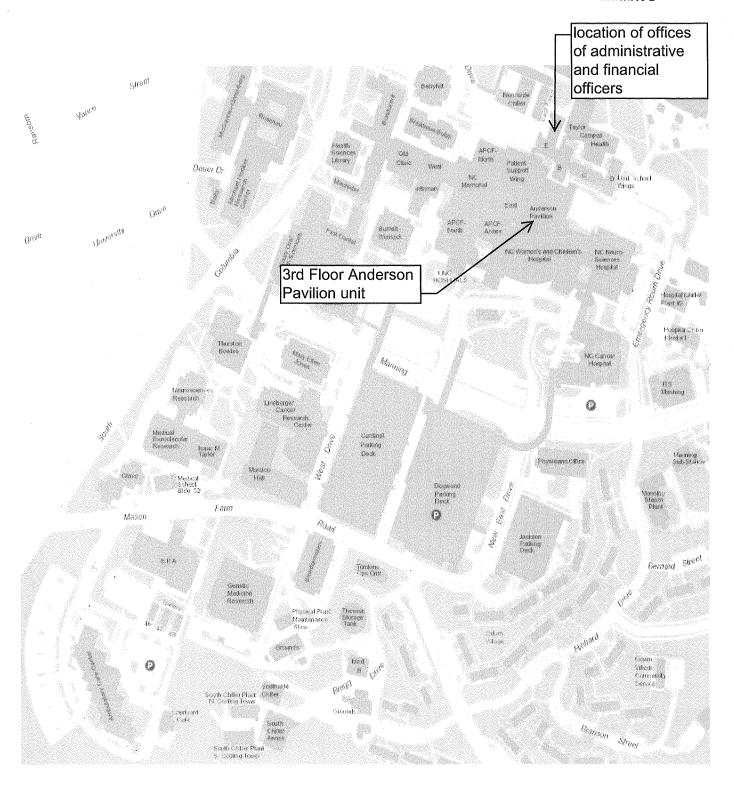




	Rm#	Name	Existing SF	SF To Be Renovated	Estimated Tota SF After Renovation	
*		nderson Refurbishment				
	3AN-NS A3001	Nurse Station Patient Room 3701	775 201	775 201	775 201	
	A3001A	Patient Toilet Room	51	51	51	
	A3002	Patient Room 3702	256	256	256	
	A3002A	Patient Tollet Room	44	44	44	
	A3003A	Patient Room 3703 Patient Tollet Room	245 47	245 47	245 47	
	A3004	Patient Room 3704	255	255	255	
	A3004A	Patient Toilet Room	46	46	46	
	A3005	Patient Room A3705	189	189	189	
	A3005A A3006	Patient Tollet Room Patient Room A3706	40 260	40 260	40	
	A3006A	Patient Tollet Room	44	280 44	260 44	
	A3007	Patient Room 3707	276	276	276	
	A3007A	Patient Toilet Room	46	46	46	
	A3008A	Patient Room 3708 Patient Toilet Room	264 36	264 36	264 36	
	A3009	Patient Room 3709	178	178	178	
	A3009A	Patient Tollet Room	43	43	43	
	A3010	Patient Room 3710	187	187	187	
	A3010A	Patient Tollet Room Patient Room 3711	54	54	54	
	A3011 A3011A	Patient Tollet Room	207 56	207 56	207 56	
	A3012	Patient Room 3712	170	170	170	
	A3012A	Patient Tollet Room	42	42	42	
	A3013	Patlent Room 3713	150	150	150	
	A3013A A3014	Patient Toilet Room Patient Room 3714	49 224	49 224	49 275	
	A3014A	Patient Tollet Room	47	47	47	
	A3014B	Storage	23	23	0	
	A3015	Patient Room 3715	250	250	270	
	A3015A	Patient Toilet Room	46 45	46	46	
NO	A30158 A3016	Storage Patient Room 3716	253	45 253	253	
AVIL	A3016A	Patient Tollet Room	45	45	45	
N.	A3017	Patient Room 3717	228	228	228	
THIRD FLOOR ANDERSON PAVILION	A3017	Patient Tollet Room	59	59	59	
QN	A3018 A3018A	Patient Room 3718 Patient Tollet Room	256 47	256 47	256 47	
OR/	A3019	Patlent Room 3719	248	248	248	
윤	A30149A	Patient Tollet Room	46	46	46	
8	A3020	Patient Room 3720 Patient Tollet Room	239	239	239	
Ė	A3020A A3021	Medicine On-Call	61 56	61 56	61 56	
,	A3021A	Staff Restroom	65	.65	65	
	A30218	Medicine On-Call B	64	64	64	
	A3021C A3025	Medicine On-Call C Clean Linen	72	72	72	
	A3026	Conference Room	192	192	192	
	A3027	Break Room	184	184	234	
	A3028	Locker Room	92	92	0	
	A3028 A3029	Family Nourishment Room Solled Linen	0 84	0 84	92 84	
	A3030	Soiled Holding	109	109	109	
	A3035	Physician's Work Room	115	1,15	116	
	A3036 A3036	Cardiac Surveillance Clean Holding / Equip Stor	149 0	149	158	
	A3037	Clean Utility	229	229	213	
ļ	A3040	Clean Linen	42	42	42	
	A3045 A3046	EVS Staff Toilet	79 55	79 55	79 55	
}		Leadership Office	132	132	132	
		Family Conference Room	102	102	102	
		Nurse Manager	125	125	125	
ł		Equipment Storage Cordiac Surveillance	228 0	228 0	0 267	
Ì	A3055A	Electrical	94	0	94	
ļ		Cardiology Fellows	193	193	0	
ŀ		Exam Room Nursing Education	0	0	92 95	
ŀ	100000000000000000000000000000000000000	Conference Room	475	0	475	
	A3080A	Storage	45	0	45	
		Solled Linen	106	106	106	
ŀ		Murse Education Room Cardiology Fellows Workroom	155 0	155 0	0 167	
ľ		Environmental Services Pick-Up	36	36	0	
ĺ		Corridors & Walls	5944	4990	5888	
1		Total	15591	14023	15591	

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Exhibit 3



3 Anderson CON Furniture Equipment- *Itemized*

Patient Room Furniture	Unit Price Quantity	Total
Recliners	varies	11 \$ 30,865.00
High Back Patient Chairs	\$ 1,198.00	19 \$ 22,762.00
Stack Chairs	\$ 411.00	14 \$ 5,754.00
Bedside Cabinets	\$ 797.00	29 \$ 23,113.00
Sleep Chairs	\$ 2,604.00	2 \$ 5,208.00
Sleep Sofa w/ Table	\$ 4,761.00	4 \$ 19,044.00
Total		\$ 106,746.00

Work/Office Space Furniture	Unit Price	Quantity	Tot	al
Clean Utility			\$	5,041.00
Physician Workroom	-	-	\$	8,600.00
Soiled Holding			\$	3,332.00
Nourishment	-	-	\$	8,000.00
Nurse Station	-	401	\$	75,000.00
Leadership Office	-	-	\$	7,100.00
Staff Lounge	-	-	\$	10,000.00
Lockers	-	-	\$	3,197.00
Total			\$:	120,270.00

Artwork	Uni	t Price	Quantity	To	otal
Corridors	\$	350.00	2	0 \$	7,000.00
Patient Rooms	\$	300.00	2	9 \$	8,700.00
Total				\$	15,700.00

Patient Privacy Curtains	Uni	t Price	Quantity	Tot	tal
Patient Rooms (panels)	\$	177.00	146	\$	25,842.00
Labor	\$	350.00	1	\$	350.00
Total				\$	26,192.00

3 Anderson CON Furniture Equipment- *Itemized*

Family Conference Room	Unit Price Qua	ntity Tot	al
Side Chairs	\$ 568.00	4 \$	2,272.00
Closed Arm Chairs	\$ 1,163.00	2 \$	2,326.00
Round End Tables	\$ 398.00	1 \$	398.00
"T" shaped table	\$ 1,636.00	1 \$	1,636.00
Television	\$ 563.00	1 \$	563.00
Total		\$	7,195.00

Cardiac Surveillance (Associated Costs)	Unit Price		Quantity	Total		
Philips Equipment Move	-		-	\$	13,596.00	
Work Room Furniture				\$	6,131.00	
Ergowise Chairs	\$	615.00		3 \$	1,845.00	
Total			and the second s	\$	21,572.00	

Total \$ 297,675.00

Effective June 27, 2016, this license is issued to University of North Carolina Hospitals at Chapel Hill

to operate a hospital known as

University of North Carolina Hospitals

located in Chapel Hill, North Carolina, Orange County.

This license is issued subject to the statutes of the State of North Carolina, is not transferable and shall remain in effect until amended by the issuing agency.

Facility ID: 923517
License Number: H0157

Bed Capacity: 899

General Acute 793, Rehabilitation 30, Psych 76,

Dedicated Inpatient Surgical Operating Rooms: 6

Dedicated Ambulatory Surgical Operating Rooms:

Shared Surgical Operating Rooms: 29

Dedicated Endoscopy Rooms: 9