

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

Pat McCrory Governor

Richard O. Brajer Secretary DHHS

Mark Payne, Director Health Service Regulation

Elizabeth Kirkman 2709 Water Ridge Parkway Suite 200 Charlotte, NC 28217

**Exempt from Review** 

Record #: 2119

Facility Name: Carolinas HealthCare System NorthEast

FID #: 943049

Business Name: The Charlotte Mecklenburg Hospital Authority

Business #: 1770

Project Description: Renovate Carolinas HealthCare System NorthEast to improve wayfinding

County: Cabarrus

Dear Ms. Kirkman:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that based on your letter of December 15, 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.

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

Sincerely.

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



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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### Carolinas HealthCare System

December 15, 2016

Ms. Martha Frisone, Assistant Chief Healthcare Planning and Certificate of Need Section Division of Health Service Regulation 809 Ruggles Drive Raleigh, NC 27603



RE: Request for Exemption from Review to Renovate and Improve Wayfinding at The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas HealthCare System NorthEast

Dear Ms. Frisone:

I am writing to inform you of The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas HealthCare System NorthEast's (CHS NE) plan to renovate within the hospital to improve wayfinding.

Pursuant to N.C.G.S. 131E-184(g), "[t]he 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 any 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 written notice to the Department along with support documentation to demonstrate that it meets the exemption criteria of this subsection."

N.C.G.S. 131E-176(14n) states "'Main campus' means all of the following for the purposes of G.S. 131E-184(f) and (g) only:

- a. 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 buildings and grounds adjacent to that main building.
- b. Other areas and structures that are not strictly contiguous to the main building but are located within 250 yards of the main building."

CHS NE's wayfinding renovation project meets each of the applicable conditions set forth above. The estimated total capital cost of the project exceeds \$2,000,000. Please see Attachment 1 for a capital cost worksheet and a certified construction cost estimate. The proposed project involves the renovation of an existing health service facility located at 920 Church Street, Concord, NC 28025, which is the site from which CHS NE provides clinical patient services and exercises financial and administrative control over the entire facility. CHS NE's President's office is located on the first floor of the main building. Please see a copy of CHS NE's license in Attachment 2.

The project consists of renovation only and does not involve a change in bed capacity as defined in G.S. 131E-176(5) or the addition of a health service facility or a new institutional health service. The project will not increase the number of operating rooms or gastrointestinal rooms. The project will not result in the acquisition of major medical equipment or the offering of health services not currently provided.

The project involves the renovation of floor, wall and ceiling finishes, light fixtures, signage, artwork and wayfinding for the primary corridor through the hospital on floors 1 and 2 (from the Medical Arts Building entrance to the Gold Elevators to the Employee Entrance). In addition, renovation of finishes, signage and wayfinding at the Gold Elevators and the Medical Arts Building Elevators on floors 3 and 4 are included in the proposed project. The volunteer's desk will be relocated and a digital wall display will be added in an effort to improve wayfinding throughout the hospital. The total square footage included in the project is 44,000 square feet. Please see Attachment 3 for a site plan and existing/proposed floor plans.

### Summary

Based on the above facts, the project is exempt from certificate of need review. We are requesting that you confirm in writing that CHS NE's renovation is exempt from certificate of need review and that we may proceed as planned with this project.

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Elizabeth Kirkman

Assistant Vice President

CHS Management Company

Attachments

cc: Phyllis Wingate, President/Carolinas HealthCare System NorthEast

### **ATTACHMENT 1**

### PROPOSED TOTAL CAPITAL COST OF PROJECT

Project name:			CHSNE Wayfind	ling			
Provider/Company:		Company:	Carolinas Health				
A.	Site	Costs					
Δ.		Full purchase price of	fland				27/4
	(1)	Acres	Price per Acre	c			N/A
	(2)	Closing costs	File bei Acie	<u></u>			
	(3)		IFLON				N/A
	110072005	Legal fees and subsoil				_	N/A
	(5) Site Preparation Costs		· ···· · · · · · · · · · · · · · · · ·			-	N/A
	131	Soil Borings	)			NI/A	
		Clearing-Earthwor	·k			N/A	
			ne Grade for Slab			N/A N/A	
		Roads-Paving	· ·		-	v restriction 35	
		Concrete Sidewalk	re		-	N/A N/A	
		Water and Sewer	.3			N/A	
		Footing Excavation	n		-	N/A	
		Footing Backfill			· ·	N/A N/A	
		Termite Treatment			***************************************	N/A	
		Other (Specify)			**************************************	N/A	
	Sub-Total Site Preparation Costs				N/A	N/A	
	(6)	Other (Specify)					N/A N/A
	(7)	Sub-Total Site Costs					N/A
B.	Cons	Construction Contract					IV/A
	(8)	Cost of Materials					
		General Requireme	ents			Included	
		Concrete/Masonary	<i>y</i>			Included	
		Woods/Doors & W	indows/Finishes			Included	
		Thermal & Moistur	re Protection			Included	
		Equipment/Specials	tv Items			Included	
		Mechanical/Electric	cal			Included	
		Other (Specify)				Included	
		Sub-total Cost of Mate	rials			7	Included
	(9)	Cost of Labor					Included
	(10) Other (Specify)			Included			
	(11) Sub-Total Construction Contract						\$1.800,000
C.	Miscellaneous Proiect Costs						
		Building Purchase					N/A
		Fixed Equipment Purch					N/A
		Movable Equipment Pr	urchase/Lease				\$89,000
		Furniture				-	\$36,000
		Landscaping					N/A
	(17)	Consultant Fees					
		Architect and Engir	neering Fees		-	\$82,000	
		Legal Fees			1000 000 00 00 00 00 00 00 00 00 00 00 0	N/A	
		Market Analysis				N/A	
		DHSR/TAB				\$36,000	
		Other (Abatement)			-	N/A	
	(10)	Sub-Total Consultant F				<u></u>	\$118,000
		Financing Costs (e.g., I				-	N/A
		Interest During Constru Other (Interior, Conting					N/A
		Sub-Total Miscellane				-	\$767,000
		Total Capital Cost of		ahova)		-	\$1.010.000
	(22)	A Otal Capital Cost Of	rioject (Sum A-C	auuve)			\$2.810.000

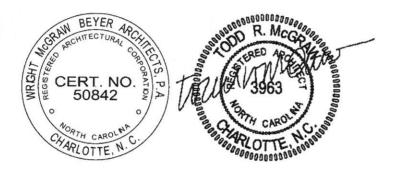
### PROPOSED TOTAL CAPITAL COST OF PROJECT

**Project Name:** 

Provider/Company:

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 Licensed Architect or Engineer)







Ms. Martha Frisone, Assistant Chief Healthcare Planning and Certificate of Need Section Division of Health Services Regulation 809 Ruggles Drive Raleigh, NC 27603

Re:

CHS NE Wayfinding Project

Concord, NC

Ms. Frisone,

Having worked with Carolinas Healthcare System to develop the design for the referenced project, Wright McGraw Beyer Architects, p.a. is pleased to provide the cost certification letter. The probable cost is based on the drawings included with the CON submittal. The estimated construction cost reflects our experience with similar healthcare project. Wright McGraw Beyer Architects, p.a. certifies to the best of our knowledge the construction cost of \$1,800,000.00.

Please call me if you have any questions or comments.

Sincerely,

Wright McGraw Beyer Architects, p.a.

Todd McGraw, AIA, NCARB, LEED AP

Managing Principal

North Carolina License #3963

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2105 Water Ridge Parkway Suite 450 Charlotte, NC 28217

704.535.6374 www.wmba.net

### **ATTACHMENT 2**

### State of Aorth Carolina Services Division of Health Service Regulation

Effective January 01, 2016, this license is issued to The Charlotte-Mecklenburg Hospital Authority

to operate a hospital known as Carolinas HealthCare System NorthEast located in Concord, North Carolina, Cabarrus 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: 943049 License Number: H0031

Bed Capacity: 457 General Acute 447, Psych 10,

**Dedicated Inpatient Surgical Operating Rooms:** 

**Dedicated Ambulatory Surgical Operating Rooms:** 

**Shared Surgical Operating Rooms:** 

**Dedicated Endoscopy Rooms:** 

Authorized by:

Secretary, N.C. Department of Health and **Human Services** 



Director, Division of Health Service Regulation

### **ATTACHMENT 3**

COLOR KEY



**EXISTING BUILDING** 

RENOVATION 255-155-000



### **EXISTING & PROPOSED SITE PLAN**

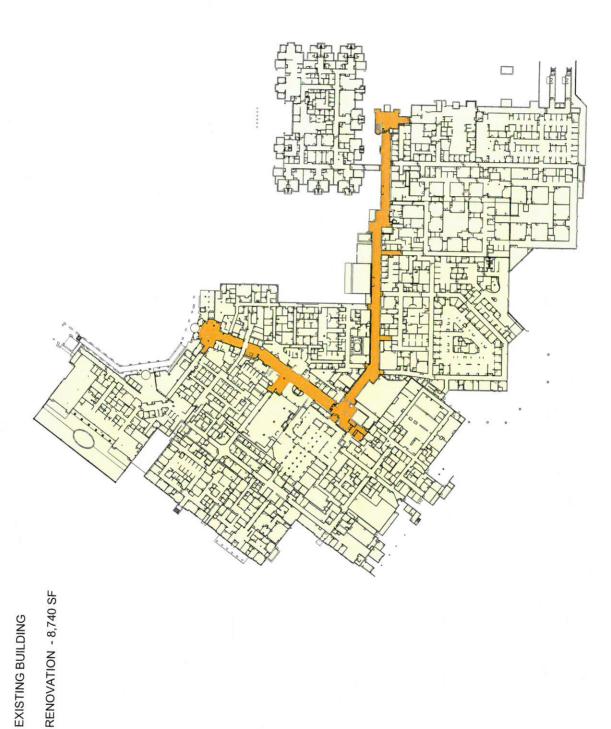
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SCALE





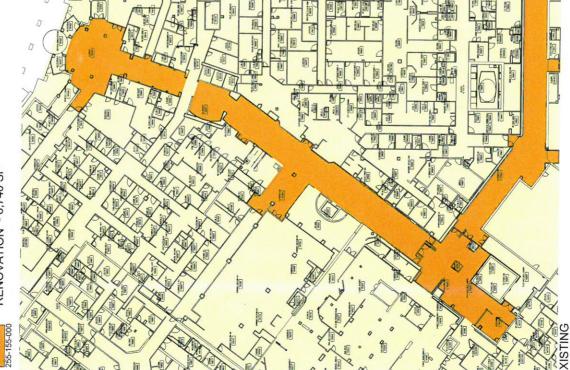
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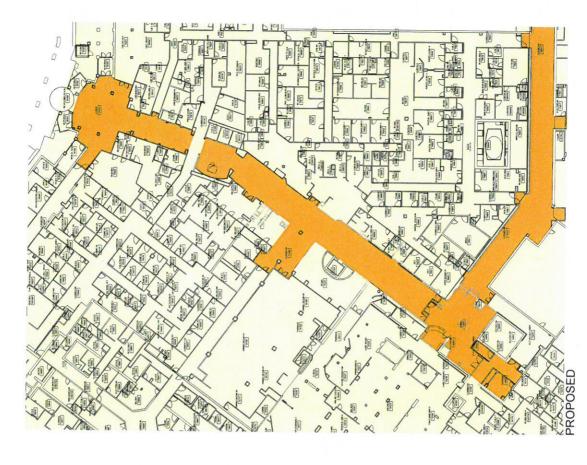
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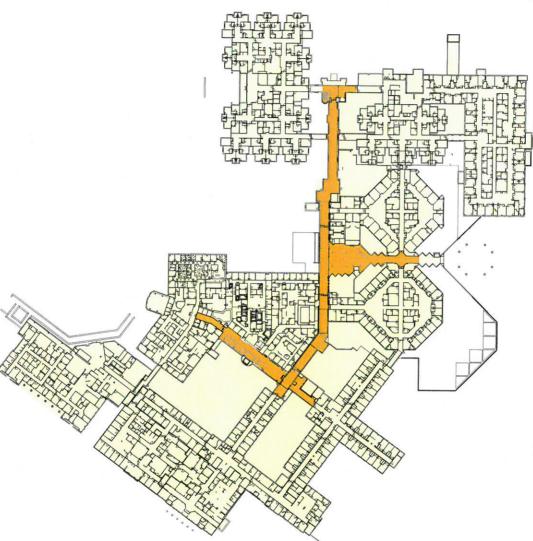








# ENLARGED EXISTING & PROPOSED FLOOR PLAN - LEVEL 01



RENOVATION - 8,357 SF

255-155-000

**EXISTING BUILDING** 

COLOR KEY

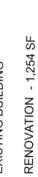
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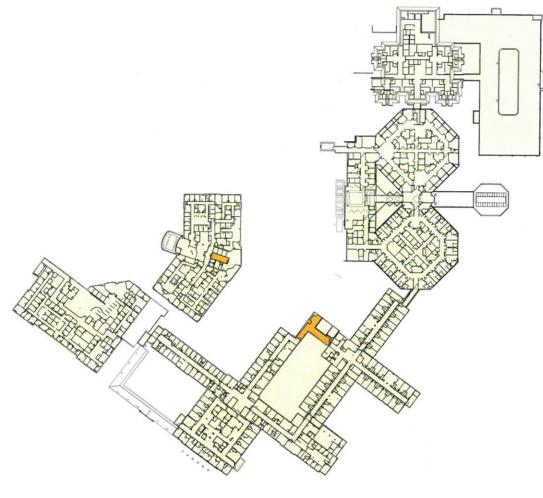
### COLOR KEY



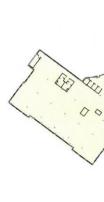
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**EXISTING BUILDING** 









RENOVATION - 1,254 SF

**EXISTING BUILDING** 

255-255-155

255-155-000

COLOR KEY

