

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

Roy Cooper Governor

Dempsey E. Benton Interim Secretary DHHS

Mark Payne, Director Health Service Regulation

January 12, 2017

Robb Leandro Parker Poe PO Box 389 Raleigh, NC 27602-0389

No Review

Record Number:

2130

Facility:

Haywood Regional Medical Center

Project Description:

Replace certain parts for the existing "grandfathered" cardiac

catheterization equipment and begin utilizing it to perform interventional

cardiac catheterization procedures in accordance with the current standards of care for facilities without onsite cardiac surgery

County:

Haywood

FID #: 933234

Dear Mr. Leandro:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your letter of December 27, 2016 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.

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 in your correspondence. 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 this office. 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

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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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.

Please contact this office if you have any questions. Also, in all future correspondence you should reference the Facility ID # (FID) if the facility is licensed.

Sincerely,

Martha J. Husone
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