



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

October 29, 2021

David French
djfrench45@gmail.com

Exempt from Review

Record #: 3715
Date of Request: October 18, 2021
Facility Name: Viewmont Surgery Center, LLC
FID #: 061027
Business Name: Viewmont Surgery Center, LLC
Business #: 3485
Project Description: Renovate and expand a portion of the facility by developing three replacement operating rooms and converting the three existing operating rooms to unlicensed procedure rooms
County: Catawba

Dear Mr. French:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that 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.

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,

Ena Lightbourne
Project Analyst

Micheala Mitchell
Micheala Mitchell
Chief

cc: Construction Section, DHSR
Acute and Home Care Licensure and Certification Section, DHSR

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION
HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603
MAILING ADDRESS: 809 Ruggles Drive, 2704 Mail Service Center, Raleigh, NC 27699-2704
https://info.ncdhhs.gov/dhsr/ • TEL: 919-855-3873



## Viewmont Surgery Center

Micheala Mitchell, Chief  
Healthcare Planning and Certificate of Need Section  
2704 Mail Service Center  
Raleigh, NC 27699-2704

RE: Notice of Exemption N.C. Gen. Stat. § 131E-184 (g) Regarding the Renovation and Expansion at the Main Campus of Viewmont Surgery Center, Catawba County, License # AS0101, FID # 070688

Dear Ms. Mitchell:

Please accept this letter as prior written notice pursuant to N. C. Gen. Stat. § 131E-184 (g) that Viewmont Surgery Center, LLC (“Viewmont”) intends to renovate and expand a portion of its existing ambulatory surgical facility in Catawba County. Also, this letter requests confirmation that the development of three procedure rooms at Viewmont does not require Certificate of Need approval.

In accordance with N. C. Gen. Stat. § 131E-184(g), the sole purpose of the project is to renovate and expand a portion of the existing health service facility on the main campus of Viewmont. The project site is the main building of Viewmont. The facility plan for the project is included in Exhibit 1 that shows the areas of renovation and expansion.

Located at 50 13<sup>th</sup> Avenue, N.E. Suite I in Hickory North Carolina, Viewmont opened in 2006 as a licensed and accredited ambulatory surgical facility with three operating rooms. This is the main campus location of the health service facility where Viewmont provides clinical services. A copy of the 2021 License Renewal Application is included in Exhibit 2. **Kathy Kelly, is the Administrator/ CEO** and her office is located in the Viewmont main building. Her role includes the exercise of administrative and financial control of the licensed ambulatory surgical facility. Viewmont administration, finance and medical records departments are located in the facility.

Viewmont’s 2021 License Renewal Application documents that the facility is licensed and accredited with three licensed operating rooms. No change in the licensed beds or licensed operating room capacity at Viewmont will result from the expansion and renovation project. The project 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 other than that allowed in G.S. 131E-176(16)b.

Renovations and construction will provide for the development of three replacement operating rooms in vacant space that is adjacent to the existing surgical suite. Existing operating rooms will be converted to unlicensed procedure rooms to serve less complex and short duration procedures. These changes will enable Viewmont to enhance scheduling, improve staff productivity and reduce the frequency of having to extend hours of surgery.



## Viewmont Surgery Center

As seen in the attached plan in Exhibit 1, the renovation and expansion of the surgery center will include replacement operating rooms, anesthesia support space, and corridor. The existing surgical suite will be reconfigured to enhance support space and convert existing operating rooms to unlicensed procedure rooms. At completion, Viewmont Surgery Center will be licensed for three operating rooms.

Viewmont requests that the Healthcare Planning and Certificate of Need Section provide written confirmation that the facility project is exempt from CON review and the development of procedure rooms at Viewmont Surgery Center is in material compliance with the Certificate of Need issued for the project that is included in Exhibit 3. The rationale for this request is outlined as follows:

1. Viewmont's renovation project, as described, is exempt from CON review in accordance with the N. C. Gen. Stat. § 131E-184 (g).
2. The Division of Health Service Regulation has determined that procedure rooms in licensed healthcare facilities are not regulated by Certificate of Need law.
3. Exemptions from Certificate of Need Law have previously been issued by the Agency for the development of procedure rooms in ambulatory surgical facilities and hospitals.
4. Viewmont is committed to materially comply with the applicable Certificate of Need conditions still remaining on the certificate for CON Project ID# E-7051-04.
5. Viewmont agrees that procedure rooms shall not be used for procedures that should be performed only in an operating room based on current standards of practice.

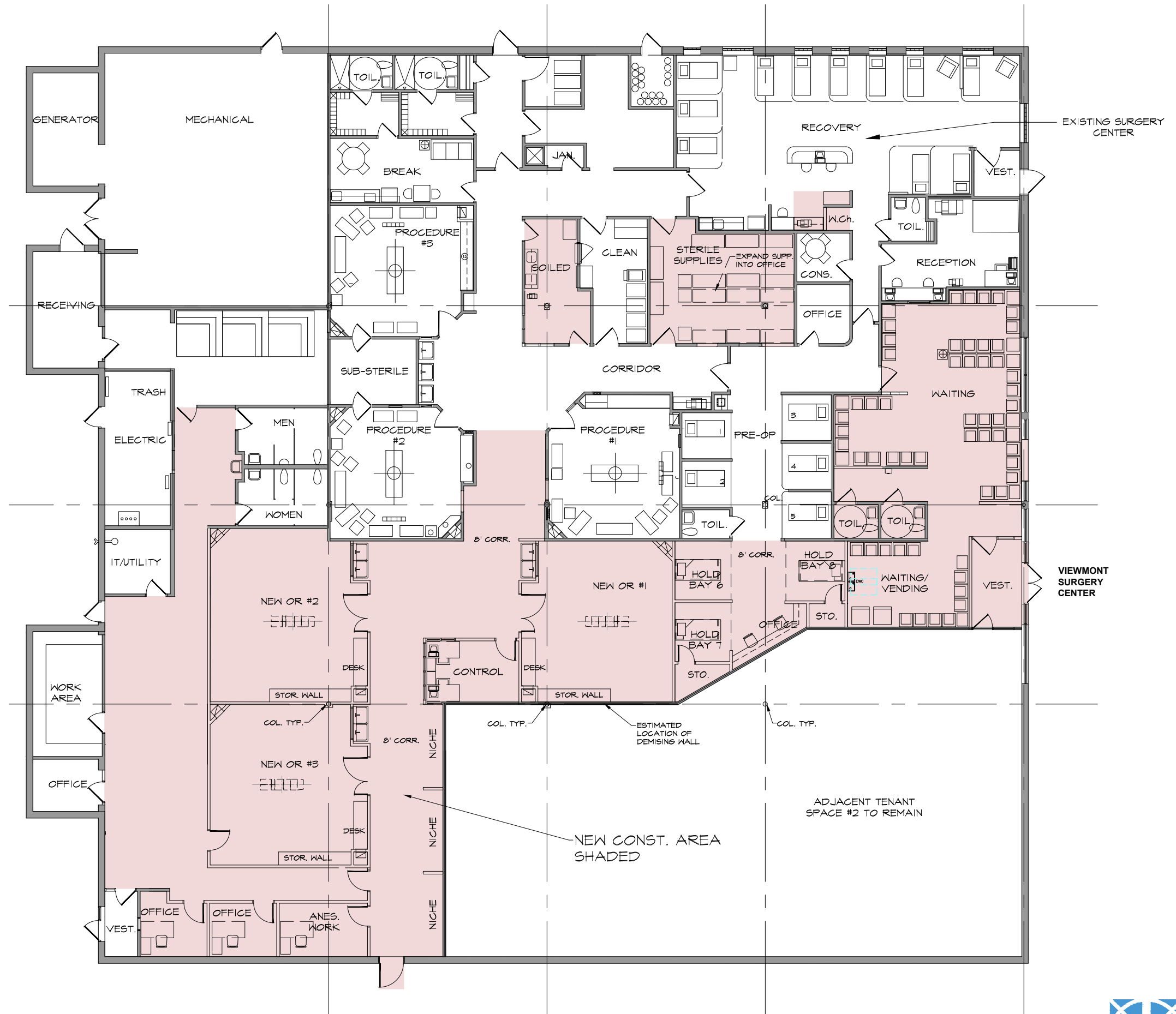
Thank you for your consideration of this request. Please feel free to contact me at 828-624-1259 if you have any questions or need additional information.

Sincerely,

Kathy Kelly, RN, MSN  
Administrator

### Attachments:

- 1) Preliminary Plan for Viewmont Surgery Center Project
- 2) Viewmont Surgery Center 2021 License Renewal Application
- 3) Certificate for CON Project ID# E-7051-04



LEGEND	
	NEW WORK
	EXISTING WALLS TO REMAIN
	AREA OF RENOVATION
	6,819 SQUARE FEET OF NEW RENOVATION & FINISHES

VIEWMONT SURGERY EXPANSION  
 VIEWMONT SURGERY CENTER  
 VIEWMONT, NORTH CAROLINA

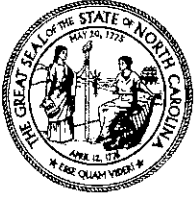
October 15, 2021

**PROPOSED SCHEMATIC FLOOR PLAN**

SCALE: 1/16" = 1' - 0"







NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor  
MANDY COHEN, MD, MPH • Secretary  
MARK PAYNE • Director, Division of Health Service Regulation

TO: Ambulatory Surgical Facilities  
**Viewmont Surgery Center -- Hickory**

FROM: Azzie Y. Conley, RN, Section Chief

SUBJECT: **2021 Ambulatory Surgical Facility License Renewal Application**

**PLEASE READ CAREFULLY**

Enclosed is your 2021 License Renewal Application. Please complete this application and return the original no later than December 4, 2020 to the address below.

**Mailing Address**

Acute and Home Care  
Licensure and Certification Section  
1205 Umstead Drive  
2712 Mail Service Center  
Raleigh, NC 27699-2712

**Overnight Address (UPS and FedEx Only)**

Acute and Home Care  
Licensure and Certification Section  
1205 Umstead Drive  
Raleigh, NC 27603

Data on file with the Division indicates that your facility/entity is an **Ambulatory Surgical Facility (ASF)** with 3 Surgical/Endoscopy room(s). Your annual licensure fee, as authorized by G.S. § 131E-147, is **\$1,075.00**. This amount is comprised of a base fee of **\$850.00** plus an additional per Surgical/Endoscopy room fee of **\$75.00**.

Payment should be in the form of check, money order or certified check and must be payable to "NC - DHSR." Payment should include the facility's license number and be submitted with your license renewal application. A separate check is required for each licensed entity.

Your completed license renewal application **and the license renewal fee** must be received by December 4, 2020 to ensure your license is renewed with an effective date of January 1, 2021. Failure to possess a valid license may compromise your facility's ability to operate and/or adversely impact its funding sources.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

ACUTE AND HOME CARE LICENSURE AND CERTIFICATION SECTION  
LOCATION: 1205 Umstead Drive, Lineberger Building, Raleigh, NC 27603  
MAILING ADDRESS: 1205 Umstead Drive, 2712 Mail Service Center, Raleigh, NC 27699-2712  
www.ncdhhs.gov/dhsr • TEL: 919-855-4620 • FAX: 919-713-3073

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

**Viewmont Surgery Center -- Hickory**

2021 Ambulatory Surgical Facility License Renewal Notice

Page 2

A portion of this application contains **preprinted** information from our data systems, based on your last ASF license renewal application or the most recent information that has been reported to this office. If any of this preprinted-information has changed, **mark through the incorrect information with a RED pen and write in the correct information.** **Prior to amending the D/B/A or legal entity, please contact this office for further instructions.** Please review the "*ownership disclosure*" section carefully to verify its accuracy.

Complete all areas of this application and return by the date specified above, along with the **annual licensure fee**. **PLEASE, DO NOT RETYPE THE APPLICATION**, and be sure to retain a second copy of the application for your records.

The last page of this application gathers additional information about your facility's experience during the COVID-19 pandemic. Please note that it requires a separate signature.

**National Provider Identifier (NPI).** Please provide your NPI number in the space indicated on the license renewal application. If you need to obtain an NPI, have questions or need additional information regarding the NPI number contact 1-800-465-3203 (NPI Toll-Free) or visit the website <http://www.ncdhhs.gov/dma/NPI/index.htm>.

If you have any questions about the license renewal application, please feel free to call our staff at (919)855-4620.

North Carolina Department of Health and Human Services  
Division of Health Service Regulation  
Acute and Home Care Licensure and Certification Section  
Regular Mail: 1205 Umstead Drive  
2712 Mail Service Center  
Raleigh, N.C. 27699-2712  
Overnight UPS and FedEx only: 1205 Umstead Drive  
Raleigh, North Carolina 27603  
Telephone: (919) 855-4620

**For Official Use Only**  
License # AS0101  
Medicare Provider #: 34C0001144  
FID #: 070688  
PC \_\_\_\_\_ Date \_\_\_\_\_

**Total License Fee..... \$1,075.00**

**2021  
AMBULATORY SURGICAL FACILITY  
LICENSE RENEWAL APPLICATION**

Legal Identity of Applicant: **Viewmont Surgery Center, LLC**  
(Full legal name of corporation, partnership, individual, or other legal entity owning the enterprise or service.)

Doing Business As  
*(d/b/a) name(s) under which the facility or services are advertised or presented to the public:*

PRIMARY: **Viewmont Surgery Center**  
Other: \_\_\_\_\_  
Other: \_\_\_\_\_

Facility Mailing Address: 50 13th Avenue N. E.  
Suite 1  
Hickory, NC 28601

Facility Site Address: 50 13th Avenue N. E.; Suite 1  
Hickory, NC 28601

County: Catawba  
Telephone: (828)624-1250  
Fax: (828)624-1251

**Administrator/Director:** Kathy Kelly **Title:** Administrator / CEO

**Chief Executive Officer** (PRINT OR TYPE): \_\_\_\_\_

**Title:** \_\_\_\_\_  
(Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility)

Name of the person to contact for any questions regarding this form:

Name: Kathy Kelly  
Telephone: 828-624-1250

E-Mail: kkelly@nueturra.org

***For questions regarding this page, please contact Azzie Conley at (919) 855-4646.***

In accordance with Session Law 2013-382 and 10A NCAC 13C .0103(13) and 13C .0301(d), on the license renewal application provided by the Division, the facility shall provide to the Division the direct website address to the facility's financial assistance policy. Please use Form 990 Schedule B and/or Schedule H as a reference.

1) Please provide the main website address for the facility:

www.viewmontsurgerycenter.com

2) In accordance with 131E-214.4(a) DHSR can no longer post a link to internet Websites to demonstrate compliance with this statute.

A) Please provide the website address and/or link to access the facility's charity care policy and financial assistance policy:

www.viewmontsurgerycenter.com /pay-online.html

B) **Also, please attach a copy of the facility's charity care policy and financial assistance policy:**

Feel free to email the copy of the facility's charity care policy to:

DHHS.DHSR.ASC.CharityCare.Policy@dhhs.nc.gov.

3) Please provide the following financial assistance data. All responses can be located on Form 990 and/or Form 990 Schedule H.

<b>Contribution, Gifts, Grants and other similar Amounts</b> <i>(Form 990; Part VIII 1(h))</i>	<b>Annual Financial Assistance at Cost</b> <i>(Form 990; Schedule H Part I, 7(a)(c))</i>	<b>Bad Debt Expense</b> <i>(Form 990; Schedule H Part III, Section A(2))</i>	<b>Bad Debt Expense Attributable to Patients eligible under the organization's financial assistance policy</b> <i>(Form 990; Schedule H Part III, Section A(3))</i>
0	0	0	0

**AUTHENTICATING SIGNATURE:** this attestation statement is to validate compliance with GS 131E-91 as evidenced through 10A NCAC 13C .0301 and all requirements set forth to assure compliance with fair billing and collection practices.

Signature: Kathy Kelly Date: 12/07/2020

**Print Name of Approving Official:**

KATHY KELLY





## Financial Information

### How to Pay Online

We've kept registration, consultation and even surgery as simple and streamlined as they can be-why let bill paying complicate or frustrate your experience? With our convenient online bill pay system, we're keeping that simple, too.

Our online bill payment system is designed to eliminate misunderstandings and questions, while keeping the payment process clear and easy-to-follow. Not to mention, it's nice to forego paper checks and postage, and to have the convenience of 24/7 service. Online bill pay utilizes a secure online portal that integrates with our system in real time, so your account and payment information are kept safe and your payments are processed quickly.

**Viewmont Surgery Center is pleased to offer convenient, secure online bill pay:**

**Click here to begin (<https://secure.epayhealthcare.com/vsc548epay>)**

However, be advised that making an online payment does not immediately change any disposition related to your account. Any payment made after normal business hours will not be posted until the next business day. We reserve the right to decline an online payment if your account is in default for any reason. In addition to printing your receipt, we encourage you to verify with us by phone or email that that your payment has posted, particularly if your payment is made after normal business hours. Regular business hours are listed on the main contact page. Feel free to contact us directly with questions relating to your account or online payment: **828-624-1250**

### Facility Fees

Viewmont Surgery Center fees cover only the use of the facility, and do not include laboratory, pathology, surgeon, anesthesiologist or certified nurse anesthetist fees, nor does it include the cost of any implants used for your surgery. You will be billed separately for these fees.

Please let us know prior to your surgery if you need help making special financial arrangements; we're happy to discuss alternative payment methods with you.

### Collections and Payment Policy

- Co-pays and deductibles will be due on the day of your surgery.
- For patients with no insurance coverage, all fees will be due in advance.
- We're happy to accept cash, cashier's checks, credit cards and personal checks with valid identification.
- CareCredit is a patient payment plan with eligibility determined by the patient's out-of-pocket expense. Plans extend up to 60 months and allow up to 18 months of interest-free payments.

Apply at our facility, by visiting [www.carecredit.com](http://www.carecredit.com) (<http://www.carecredit.com>), or by calling (800) 365-2895 for an Automated Phone Application.

## Medicare

Viewmont Surgery Center welcomes Medicare beneficiaries for treatment; we are Medicare certified and comply with all specified physical plant, staffing, safety and governance standards.

"Facility fees for approved services at an Ambulatory Surgery Center (facility where surgical procedures are performed, and the patient is released the same day). You pay co-insurance, and Part B deductible applies."

- *Medicare & You Handbook (regarding Part B-Covered Services)*

For more information on your Medicare benefits, please visit [www.medicare.gov](http://www.medicare.gov) (<http://www.medicare.gov>).

On the other hand, if you have any questions regarding facility payments, insurance or other financial issues, please feel free to contact us directly.

## Financial Assistance and Charity Care

If you believe you qualify for Financial Assistance or Charity Care, please contact our business office and someone will be happy to assist you with the application process to apply for these services. Our business office phone number is (828) 624-1272.

50 13th Avenue NE Suite 1 | Hickory, NC 28601 | 828-624-1250 (fax) 828-624-1251 | © 2020 ValueHealth. All rights reserved |

[Site Map \(site-map.html\)](#) | [Privacy \(privacy.html\)](#) | [Legal \(legal.html\)](#) | [Non-Discrimination \(non-discrimination.html\)](#)

**ITEMIZED CHARGES:** Licensure Rule 10 NCAC 13C .0205 requires the Applicant to provide itemized billing. Indicate which method is used:

- a. The facility provides a detailed statement of charges to all patients.
- b. Patients are advised that such detailed statements are available upon request.

**Ownership Disclosure** (Please fill in any blanks and make changes where necessary.)

1. What is the name of the legal entity with ownership responsibility and liability?

Owner: Viewmont Surgery Center  
*National Provider*  
Identifier (NPI): \_\_\_\_\_  
Street/Box: 50 13th Ave NE  
City: Hickory State: NC Zip: 28601  
Telephone: (828)624-1250 Fax: (828)624-1251  
CEO: Kathy Kelly

Is your facility part of a Health System? [i.e., are there other ambulatory surgical facilities, hospitals, nursing homes, home health agencies, etc. owned by your facility, a parent company or a related entity?]

Yes  No

If "Yes," name of Health System \_\_\_\_\_

- a. Legal entity is:  For Profit  Not For Profit
- b. Legal entity is:  Corporation  Limited Liability Corporation (LLC)  Partnership  
 Proprietorship  Limited Liability Partnership (LLP)  Government Unit

c. Does the above entity (individual, partnership, corporation, etc.) LEASE the building from which services are offered?  Yes  No

If "YES", name and address of building owner:

Tribek Properties

2. Is the business operated under a management contract?  Yes  No

If 'Yes', name and address of the management company

Name: Nueterra Healthcare  
Street/Box: 1221 Roe Avenue  
City: Leawood State: KS Zip: 66211  
Telephone: (913)387-0570

*\*Terminate 12/31/2020*

*\* Effective 01/01/2021  
Health Crest Surgical  
3540 S Blvd, Ste 225  
Edmond, OK 73083  
936-560-9599*



3. Accreditation: (Please fill in any blanks and change where necessary. **If you are deemed, please attach a copy of the deeming letter from the accrediting agency.** If surveyed within the last twelve (12) months, attach or mail a copy of your accreditation report and grid to this office. If applicable, attach copy of plan of correction.)

- a. Is this facility TJC accredited?    \_\_\_ Yes    X No                      Expiration Date: \_\_\_\_\_
- b. Is this facility AAAHC accredited? ✓ Yes    \_\_\_ No                      Expiration Date: 08/28/23
- c. Is this facility AAAASF accredited? \_\_\_ Yes    ✓ No                      Expiration Date: \_\_\_\_\_
- d. Is this facility DNV accredited?    \_\_\_ Yes    ✓ No                      Expiration Date: \_\_\_\_\_
- e. Are you a Medicare deemed provider?    \_\_\_ Yes    \_\_\_ No

**Reporting Period:** All responses should pertain to **October 1, 2019 to September 30, 2020.**

**Meals:**

- a. Are meals provided for patients?    ✓ Yes    \_\_\_ No
- b. If 'Yes', describe arrangements for this service: Only overnight patients - once a month. Food is catered in from Panera.
- c. If 'Yes', what is the date of the last sanitation inspection: N/A
- d. Date of last Fire Marshal inspection: 05/20/2019
- e. Date inspected by the Health Department: N/A

**Hours:**

Indicate the number of hours (e.g., 8 hrs) that the facility is routinely open for surgery and recovery each day: Enter a zero (0) if not open

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<u>0</u>	<u>10</u>	<u>10</u>	<u>10</u>	<u>10</u>	<u>10</u>	<u>0</u>

**Anesthesia:**

- a. Qualifications of persons administering anesthesia (check one or more)  
✓ Anesthesiologist    \_\_\_ Other M.D.    ✓ CRNA    ✓ RN    \_\_\_ DDS
- b. Name of Anesthesia Group: EAST CAROLINA ANESTHESIA ASSOC.
- c. Provide information regarding the use and storage of flammable anesthesia: Medical gases are stored in compliance with state guidelines.



**Other Information Needed:**

- a. Name of laboratory and pathology services utilized: Piedmont Pathology, Frye Regional Medical Center.
- b. Name of hospital with which transfer agreement has been made: Frye Regional Medical Center, Catawba Valley Medical Center, Wake Forest Baptist.
- c. Describe arrangements for emergency transportation of patients from the facility:  
Facility utilizes EMS for transport.
- d. Do you provide recovery care services overnight?  Yes  No
- e. Are surgical abortions performed in this facility?  Yes  No  
 If 'Yes', please give the number of abortions performed during the reporting period: \_\_\_\_\_
- f. Are medical abortions performed in this facility?  Yes  No  
 If "Yes", please give the number of abortions performed during the reporting period: \_\_\_\_\_

**Composition of Surgical Staff:**

Please indicate below the number of physicians credentialed to perform surgery in your ambulatory surgical program during the reporting period.

Surgical Specialist	Number
Anesthesiologist	14
Dentist	0
Gastroenterologist	0
General Surgeon	0
Gynecologist	0
Neurologist	0
Obstetrician	0
Ophthalmologist	0
Oral Surgeon	2
Orthopedic Surgeon	8
Otolaryngologist	7
Plastic Surgeon	1
Podiatrist	0
Thoracic Surgeon	0
Urologist	0
Vascular Surgeon	0
Other <u>pain management</u>	3
<b>Total:</b>	<b>35</b>

Name of Chief of Staff: /Medical Director - Thomas Herfurth

Name of Director of Nursing: Hollie Nelson

**Surgical Operating Rooms; Procedure Rooms; and Gastrointestinal Endoscopy Rooms, Cases and Procedures:**

**20 Most Common Outpatient Surgical Cases Table** - Enter the number of surgical cases performed only in licensed operating rooms and / or licensed endoscopy room by the top 20 most common outpatient surgical cases in the table below by CPT code. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery.

CPT Code	Description	Cases
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	2
29880	Arthroscopy, knee, surgical; with meniscectomy (medial and lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	27
29881	Arthroscopy, knee, surgical; with meniscectomy (medial or lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	67
42820	Tonsillectomy and adenoidectomy; younger than age 12	201
42830	Adenoidectomy, primary; younger than age 12	142
43235	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	0
43239	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple	0
43248	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with insertion of guide wire followed by dilation of esophagus over guide wire	0
43249	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with balloon dilation of esophagus (less than 30 mm diameter)	0
45378	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)	0
45380	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple	0
45384	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	0
45385	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	0
62311	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)	0
64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or computed tomography); lumbar or sacral, single level	173
64721	Neuroplasty and/or transposition; median nerve at carpal tunnel	205
66821	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (e.g., YAG laser) (one or more stages)	0
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (e.g., iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage	0
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (stage one procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification)	0
69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia	441



**A. Total Existing Licensed Surgical Operating Rooms:** # 3

A Surgical Operating Room is defined as a room “used for the performance of surgical procedures requiring one or more incisions and that is required to comply with all applicable licensure codes and standards for an operating room” (G.S. §131E-146(1c)). Do not include unlicensed procedure rooms or GI endoscopy rooms listed in Part B. or C., which follow.

**B. Gastrointestinal Endoscopy Rooms, Procedures, and Cases:**

Report the number of *Gastrointestinal Endoscopy* rooms, and the Endoscopy cases and procedures performed during the reporting period, **in GP Endoscopy Rooms and in any other location.**

Total Licensed Gastrointestinal Endoscopy Rooms: # 0

GI Endoscopies*	PROCEDURES	CASES	TOTAL CASES
Performed in Licensed GI Endoscopy Rooms	<u>0</u>	<u>0</u>	<u>0</u>
NOT Performed in Licensed GI Endoscopy Rooms	<u>0</u>	<u>0</u>	<u>0</u>
<b>TOTAL CASES –must match total reported on Page 12 (Patient Origin – GI Endoscopy Cases) →</b>			<u>0</u>

\*As defined in 10A NCAC 14C .3901 “ ‘Gastrointestinal (GI) endoscopy procedure’ means a single procedure, identified by CPT code or ICD-9-PCS [ICD-10-PCS] procedure code, performed on a patient during a single visit to the facility for diagnostic or therapeutic purposes.”

**C. Procedure Rooms (Excluding Operating Rooms and Gastrointestinal Endoscopy Rooms)**

Report rooms, which are not licensed as operating rooms or GI endoscopy rooms, but that are used for performance of surgical procedures other than Gastrointestinal Endoscopy procedures.

Total Procedure Rooms: # 0

**D. Total recovery room beds:** # 11

**Surgical and Non-Surgical Cases**

**A. Surgical Cases by Specialty Area** - Enter the number of surgical cases performed only in licensed operating rooms by surgical specialty area in the chart below. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery. Categorize each case into one specialty area – the total number of surgical cases is an unduplicated count of surgical cases. **Please do not include abortion procedures on this table. Count all surgical cases performed only in licensed operating rooms. The total number of surgical cases must match the total number of patients listed in the Patient Origin Table on page 11.**

Surgical Specialty Area	Cases
Cardiothoracic	0
General Surgery	0
Neurosurgery	0
Obstetrics and GYN	0
Ophthalmology	0
Oral Surgery/Dental	10
Orthopedics	852
Otolaryngology	1449
Plastic Surgery	0
Podiatry	0
Urology	0
Vascular	0
Other Surgeries (specify)	0
Other Surgeries (specify)	0
<b>Total Surgical Cases Performed Only in Licensed ORs (must match total on page 11)</b>	<b>2311</b>

**B. Number of surgical procedures performed in unlicensed Procedure Rooms** 0

**C. Non-Surgical Cases by Category** - Enter the number of non-surgical cases by category in the table below. Count each patient undergoing a procedure or procedures as one case regardless of the number of non-surgical procedures performed. Categorize each case into one non-surgical category – the total number of non-surgical cases is an unduplicated count of non-surgical cases. **Count all non-surgical cases, including cases receiving services in operating rooms or in any other location.**

Non-Surgical Category	Cases
<b>Endoscopies OTHER THAN GI Endoscopies</b>	0
Performed in Licensed GI Endoscopy Room	0
NOT Performed in Licensed GI Endoscopy Room	0
<b>Other Non-Surgical Cases</b>	0
Pain Management	635
Cystoscopy	0
YAG Laser	0
Other (specify)	0

**D. Average Operating Room Availability and Average Case Times:**

*For questions regarding this page, please contact Healthcare Planning at 919-855-3865.*

Based on **your facility's** experience, please complete the table below by showing the averages for all licensed operating rooms in your facility. Healthcare Planning uses this data in the operating room need methodology. **Average case times should be calculated, not estimated.** When reporting case times, be sure to include set-up and clean-up times.

Average Hours per Day Routinely Scheduled for Use Per Room*	Average Number of Days per Year Routinely Scheduled for Use	Average Case Time ** in Minutes for Ambulatory Cases
7	260	45

\* Use only Hours per Day **routinely** scheduled when determining the answer. Example:

A facility has 3 ORs: 2 are routinely scheduled for use 8 hours per day, and 1 is routinely scheduled for use 9 hours per day.

2 rooms	x	8 hours	=	16 hours	
1 room	x	9 hours	=	9 hours	
Total hours per day				25 hours	

25 hours divided by 3 ORs  
**= 8.3 Average Hours per day**  
**Routinely Scheduled for Use Per Room**

\*\* **Case Time = Time from Room Set-up Start to Room Clean-up Finish.** Definition 2.4 from the "Procedural Times Glossary" of the AACD, as approved by ASA, ACS, and AORN. *NOTE: This definition includes all of the time for which a given procedure requires an OR. It allows for the different duration of Room Set-up and Room Clean-up Times that occur because of the varying supply and equipment needs for a particular procedure.*

**Reimbursement Source**

PRIMARY PAYER SOURCE	NUMBER OF CASES
Self Pay	31
Charity Care	0
Medicare*	767
Medicaid*	728
Insurance*	1336
Other (Specify)	84
<b>TOTAL</b>	<b>2946</b>

\* Including any managed care plans.



**Definition of Health System for Operating Room Need Determination Methodology**

**If this is a GI Endoscopy Only facility, do not complete the Health System section.**

The Operating Room need determination methodology uses the following definition of “health system” that differs from the definition on page 3 of the License Renewal Application. (Note that for most facilities, the health system entered here will be the same health system entered on page 3, but it may not be. Please read this definition carefully.)

- A “health system” includes all licensed health service facilities located in the same county that are owned or leased by:
1. the same legal entity (i.e., the same individual, trust or estate, partnership, corporation, hospital authority, or the State or political subdivision, agency or instrumentality of the State); or
  2. the same parent corporation or holding company; or
  3. a subsidiary of the same parent corporation or holding company; or
  4. a joint venture in which the same parent, holding company, or a subsidiary of the same parent or holding company is a participant and has the authority to propose changes in the location or number of ORs in the health service facility.

A health system consists of one or more health service facilities.

Based on the above definition, is this facility in a health system?      \_\_\_\_\_ Yes       No

If so, name of health system: \_\_\_\_\_

**Imaging Procedures**

**20 Most Common Outpatient Imaging Procedures Table** - Enter the number of the top 20 common imaging procedures performed in the ambulatory surgical center in the table below by CPT code.

CPT Code	Description	Procedures
70450	Computed tomography, head or brain; without contrast material	8
70486	Computed tomography, facial bone; without contrast material	
70551	Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material	
70553	Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material followed by contrast material(s) and further sequences	
71020	Radiologic examination, chest; two views, frontal and lateral	
71250	Computed tomography, thorax; without contrast material(s)	
71260	Computed tomography, thorax; with contrast material(s)	
71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	
72100	Radiologic examination, spine, lumbosacral; two or three views	
72110	Radiologic examination, spine, lumbosacral; minimum of four views	
72125	Computed tomography, cervical spine; without contrast material	
72141	Magnetic resonance (e.g., proton) imaging, spine cervical without contrast material	
72148	Magnetic resonance (e.g., proton) imaging, spine lumbar without contrast material	
73221	Magnetic resonance (e.g., proton) imaging, upper joint (e.g. shoulder, elbow, wrist) extremity without contrast material	
73630	Radiologic examination, foot; complete, minimum of three views	
73721	Magnetic resonance (e.g., proton) imaging, lower joint (e.g. knee, ankle, mid-hind foot, hip) extremity without contrast material	
74000	Radiologic examination, abdomen; single anteroposterior view	
74176	Computed tomography, abdomen and pelvis; without contrast material	
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	
74178	Computed tomography, abdomen and pelvis; with contrast material(s) followed by contrast material	

**Patient Origin -Ambulatory Surgical Services**

In an effort to document patterns of utilization of ambulatory surgical services in North Carolina’s licensed freestanding ambulatory surgical facilities, you are asked to provide the county of residence for each patient (*as reported on page 8*) who had **Ambulatory Surgery** in your facility during the reporting period.

**Total number of patients must match the total number of surgical cases from the “Surgical Cases by Specialty Area” table on page 8.**

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander	201	38. Graham		74. Pitt	
3. Alleghany	2	39. Granville		75. Polk	1
4. Anson		40. Greene		76. Randolph	
5. Ashe	9	41. Guilford		77. Richmond	
6. Avery	13	42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood	1	80. Rowan	
9. Bladen		45. Henderson	1	81. Rutherford	3
10. Brunswick		46. Hertford	5	82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke	210	48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell	25	85. Stokes	
14. Caldwell	303	50. Jackson		86. Surry	1
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	1034	54. Lenoir		90. Union	
19. Chatham		55. Lincoln	308	91. Vance	
20. Cherokee		56. Macon		92. Wake	2
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	19	59. McDowell	31	95. Watauga	17
24. Columbus		60. Mecklenburg	2	96. Wayne	
25. Craven		61. Mitchell	1	97. Wilkes	15
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie	2	66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	
35. Franklin		71. Pender		106. Other/Unknown	
36. Gaston	38	72. Perquimans		<b>Total No. of Patients</b>	<b>2311</b>



**Patient Origin –Gastrointestinal (GI) Endoscopy Services** 

In an effort to document patterns of utilization of gastrointestinal endoscopy services in North Carolina’s licensed freestanding ambulatory surgical facilities, you are asked to provide the county of residence for each patient who had a **Gastrointestinal Endoscopy** in your facility during the reporting period.

**Total number of patients must match GI Endoscopy Cases from the “Gastrointestinal Endoscopy Rooms, Procedures, and Cases” table on page 7.**

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg		96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	
35. Franklin		71. Pender		106. Other/Unknown	
36. Gaston		72. Perquimans		<b>Total No. of Patients</b>	



**This license renewal application must be completed and submitted to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation prior to the issuance of a 2021 Ambulatory Surgical Facility license.**

**AUTHENTICATING SIGNATURE:** The undersigned submits application for licensure subject to the provisions of G.S. 131E-147 and Licensure Rules 10A NCAC 13C adopted by the Medical Care Commission and certifies the accuracy of this information.

Signature: Kathy Kelly Date: 12/07/2020.

**Print Name & Title of Approving Official:**

Kathy Kelly Administrator / CEO

**Please be advised,** the licensure fee must accompany the completed application and be submitted to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation, prior to the issuance of an ambulatory surgical facility license.

**COVID-19 Addendum to Ambulatory Surgical Facility License Renewal Application**

This special section of the 2021 License Renewal Application seeks additional information regarding your facility’s experience during the COVID-19 pandemic. This data will assist Healthcare Planning in projecting the need for operating rooms in the 2022 State Medical Facilities Plan.

**The items below pertain to surgical cases performed in licensed operating rooms only. Do not enter endoscopy cases or surgical or non-surgical cases performed in unlicensed procedure rooms.**


**For questions regarding this addendum, contact Healthcare Planning at 919-855-3865.**

If you do not know a specific date, please enter your best estimate.

1.	Check if the facility suspended elective surgeries in licensed ORs:	<input checked="" type="checkbox"/>
	If checked, beginning date of suspension (mm/dd):	03/20
	Check if elective surgeries resumed by <b>9/30/2020</b> :	<input checked="" type="checkbox"/>
	If checked, date elective surgeries resumed (mm/dd):	05/01
2.	Regardless of whether the facility formally suspended elective surgeries, enter the <u>total number</u> of outpatient surgical cases between <b>4/1/2020 and 9/30/2020</b> (Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery.):	1229
3.	Average case time* from <b>10/1/2019 - 3/31/2020</b> (in minutes):	30 min
4.	Average case time* from <b>4/1/2020 - 9/30/2020</b> (in minutes):	60 min
6.	Check if the facility has ever set aside one or more ORs to be used exclusively to perform surgery on patients diagnosed with COVID or suspected to have COVID.	<input type="checkbox"/>
	Check if the room was still set aside on <b>9/30/2020</b> :	<input type="checkbox"/>

\* **Case Time = Time from Room Set-up Start to Room Clean-up Finish.** Definition 2.4 from the “Procedural Times Glossary” of the AACD, as approved by ASA, ACS, and AORN. *NOTE: This definition includes all of the time for which a given procedure requires an OR. It allows for the different duration of Room Set-up and Room Clean-up Times that occur because of the varying supply and equipment needs for a particular procedure. Case time should include time needed for airborne contaminant removal or other procedures implemented due to COVID* (<https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html#tableb1>).

**AUTHENTICATING SIGNATURE:** The undersigned submits the COVID-19 Addendum as part of the 2021 Ambulatory Surgical Facility License Renewal Application and certifies the accuracy of this information.

Signature:  Date: 12/07/2020

PRINT NAME  
 OF APPROVING OFFICIAL KATHY KELLY

# STATE OF NORTH CAROLINA

Department of Health and Human Services

Division of Facility Services

## CERTIFICATE OF NEED

for

**Project Identification Number E-7051-04**

**FID#943182**

**ISSUED TO: Frye Regional Medical Center  
420 North Center Street  
Hickory, NC 28601**

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that law.

**SCOPE: Frye Regional Medical Center shall develop a separately licensed ambulatory surgical facility that shall include no more than three existing ambulatory surgical operating rooms currently located at Viewmont Surgery Center, L.L.C./Catawba County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: Frye Regional Medical Center  
d/b/a Viewmont Surgery Center, LLC  
50-13th Avenue NE  
Hickory, NC 28602**

**MAXIMUM CAPITAL EXPENDITURE: \$0**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: February 28, 2006**

This certificate is effective as of the 14th day of November, 2005.

  
\_\_\_\_\_  
Chief, Certificate of Need Section  
Division of Facility Services

## CONDITIONS

1. Frye Regional Medical Center d/b/a Viewmont Surgery Center, LLC shall materially comply with all representations made in its certificate of need application.
2. Frye Regional Medical Center d/b/a Viewmont Surgery Center, LLC shall develop a separately licensed ambulatory surgical facility that shall include no more than three existing ambulatory surgical operating rooms which are already located at 50-13th Avenue, NE in Hickory.
3. Frye Regional Medical Center d/b/a Viewmont Surgery Center, LLC 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 or that would otherwise require a certificate of need.
4. Frye Regional Medical Center d/b/a Viewmont Surgery Center, LLC shall reduce charges to its patients and third party payors by at least fifteen percent, as specified in its application.
5. Frye Regional Medical Center d/b/a Viewmont Surgery Center, LLC 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.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on November 24, 2004.

## TIMETABLE

Licensure and Certification of Facility/Offering of Services \_\_\_\_\_ March 1, 2006

**From:** [Lightbourne, Ena](#)  
**To:** [Waller, Martha K](#)  
**Subject:** FW: [External] Viewmont Surgery Center Exemption Request (Catawba County)  
**Date:** Monday, October 18, 2021 1:11:59 PM  
**Attachments:** [Viewmont ASC Exemption with Attachments 10 18 2021.pdf](#)

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Hi Martha, can you log this? Thanks.

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**From:** David French <djfrench45@gmail.com>  
**Sent:** Monday, October 18, 2021 1:07 PM  
**To:** Lightbourne, Ena <ena.lightbourne@dhhs.nc.gov>; Hunt, Tiffany C <Tiffany.C.Hunt@dhhs.nc.gov>  
**Cc:** Kathy Kelly <kathy.kelly@healthcrest.com>; Amy Powell <Amy.Powell@healthcrest.com>  
**Subject:** [External] Viewmont Surgery Center Exemption Request (Catawba County)

**CAUTION:** External email. Do not click links or open attachments unless you verify. Send all suspicious email as an attachment to [Report Spam](#).

Good afternoon,

Please confirm that you have received the attached exemption correspondence that is submitted by Viewmont Surgery Center. If you have any questions regarding this information please contact me or Kathy Kelly.

Thank you for your assistance.

David French  
336 432-8308

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Email correspondence to and from this address is subject to the North Carolina Public Records Law and may be disclosed to third parties by an authorized State official. Unauthorized disclosure of juvenile, health, legally privileged, or otherwise confidential information, including confidential information relating to an ongoing State procurement effort, is prohibited by law. If you have received this email in error, please notify the sender immediately and delete all records of this email.