



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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

October 26, 2018

Andrea Gymer
2085 Frontis Plaza Boulevard
Winston-Salem, NC 27103

Disapproval

Project ID #: G-11518-18
Facility: Novant Health Clemmons Outpatient Surgery
Project Description: Add 2 ORs, pursuant to the 2018 SMFP need determination, to the previously approved ASF for a total of 4 ORs upon completion of this project and Project ID# G-11300-17 (relocate 2 ORs from Novant Health Winston-Salem)
County: Forsyth
FID #: 170068

Dear Ms. Gymer:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) has disapproved the above referenced certificate of need application. This decision was made after a review of the applications submitted for this cycle and after consideration of the Certificate of Need Law, N.C. Gen. Stat. §131E-175 et. seq. and regulations promulgated there under, the State Medical Facilities Plan, and other applicable information. Written notice of all findings and conclusions upon which the decision was based will be provided to the applicants within five business days after the date of the decision in accordance with N.C. Gen. Stat. §131E-186.

A legal proponent or any person aggrieved by this decision may file a petition for a contested case hearing in accordance with N.C. Gen. Stat. §150B, Article 3, as amended. This petition must be filed with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, North Carolina 27699-6714 within thirty (30) days of the decision. [Note: Effective October 1, 2009, OAH requires a filing fee with submittal of petitions for contested cases. Please direct all questions regarding this fee to OAH Clerk's Office (919-431-3000).]

If you file a petition for a contested case hearing, you must serve a copy of the petition on the Department of Health and Human Services by mailing a copy of your petition to:

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: 2701 Mail Service Center, Raleigh, NC 27699-2701
www.ncdhs.gov/dhsr/ • TEL: 919-855-3750 • FAX: 919-733-2757

Lisa G. Corbett
Department of Health and Human Services,
Office of Legal Affairs,
Adams Building – Room 154
2001 Mail Service Center
Raleigh, North Carolina, 27699-2001

It is requested that a copy of the petition also be served on the Agency.


Please be advised that in accordance with N.C. Gen. Stat. §131E-188, as a condition precedent to proceeding with a contested case hearing on the approval of an applicant for a certificate of need, the petitioner shall deposit a bond with the clerk of superior court where the new institutional health service that is the subject of the petition is proposed to be located. The bond shall be secured by cash or its equivalent in an amount equal to five percent (5%) of the cost of the proposed new institutional health service that is the subject to the petition, but may not be less than five thousand dollars (\$5,000) and may not exceed fifty thousand dollars (\$50,000). Moreover, the applicant who received approval for the new institutional health service that is the subject of the petition may bring an action against a bond filed under this subsection in the superior court of the county where the bond was filed. Upon finding the petition for a contested case was frivolous or filed to delay the applicant, the court may award the applicant part or all of the bond filed.

Please refer to the Project I.D. # and Facility I.D. # (FID) in all correspondence.

Sincerely,


Celia C. Inman
Project Analyst


Lisa Pittman
Assistant Chief


Martha J. Frisone
Chief, Certificate of Need

Attachment

cc: Acute & Home Care Licensure & Certification Section, DHR
Construction Section, DHR
Melinda Boyette, Administrative Assistant, Healthcare Planning, DHR

CERTIFICATE OF SERVICE

I hereby certify that I have served the foregoing notice of conditional approval on the following persons by placing a copy in an official depository of the United States Postal Service in a postage-paid, first class envelopes addressed as follows:

Will Holding
9131 Anson Way
Suite 304
Raleigh, NC 27615

Marisa Barone
Medical Center Boulevard
Winston-Salem, NC 27127

I hereby certify that I have served the foregoing notice of disapproval on the following persons by placing a copy in an official depository of the United States Postal Service in a postage-paid, first class envelopes addressed as follows:

Andrea Gymer
2085 Frontis Plaza Boulevard
Winston-Salem, NC 27103

James Roskelly
1200 N Elm Street
Greensboro, NC 27401

This the 26th day of October, 2018.



Celia C. Inman
Project Analyst, Certificate of Need

