

NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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

RESPONSE REQUIRED

September 25, 2019

Batya Gorelick
440 Sylvan Avenue
Suite 240
Englewood Cliffs, NJ 07632

Conditional Approval

Project ID #: G-11704-19
Facility: Accordius Health at Winston Salem
Project Description: Relocate no more than 26 NF beds from Accordius Health at Clemmons for a total of no more than 66 NF beds and 14 ACH beds at Accordius Health at Winston-Salem upon completion of this project and Project ID# G-11660-19 (relocate 26 ACH beds to The Ivy at Clemmons)
County: Forsyth
FID #: 952994

Approved Capital Expenditure: \$500,000
Conditions of Approval: See Attachment A
Approved Timetable: See Attachment B
Last Date to Appeal: October 25, 2019
Required State Agency Findings: Will be mailed within five business days after the date of this letter

Dear Ms. Gorelick:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) has conditionally approved the above referenced certificate of need application. This decision was made after review of the application or applications if the review was competitive, consideration of the Certificate of Need Law and regulations promulgated thereunder, the State Medical Facilities Plan, written comments if any, responses to comments if any, and other publicly applicable information.

The conditional approval is valid only for the approved capital expenditure shown above. If the capital cost will exceed the approved capital expenditure amount by more than 115%, the applicant must first obtain a new certificate of need.

Response to the conditions in Attachment A should be submitted to the Agency no later than 35 days from the date of the decision. Failure to respond within this time period may result in the Agency making a determination not to issue a certificate of need for the project referenced above.

The timetable for completion of the project is the timetable outlined in the certificate of need application, unless an adjustment has been made by the Agency because the review period was extended. The approved timetable for this project is found in Attachment B.

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: 2704 Mail Service Center, Raleigh, NC 27699-2704
<https://info.ncdhhs.gov/dhsr/> • TEL: 919-855-3873

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Note: The applicant shall not begin developing this project until after the certificate of need has been issued and the certificate of need will not be issued until the applicant has documented that all conditions that must be met prior to issuance of the certificate of need have been met. Furthermore, if the project requires that plans be submitted to the Construction Section, those plans will not be reviewed or approved until after the certificate of need has been issued.

The Certificate of Need law provides that any affected person has thirty (30) days after the date of the decision to file a petition for a contested case on this approval. Further, if you are aggrieved by any of the conditions you may file a petition for a contested case hearing in accordance with N.C. Gen. Stat. §150B, Article 3. 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 date of this decision. Effective October 1, 2009, OAH requires a filing fee with submittal of petitions for contested cases. Please direct all questions regarding this fee to the OAH Clerk's Office (919-431-3000).

N.C. Gen. Stat. §150B-23 provides that a party filing a petition must also serve a copy of the petition on all parties to the petition. Therefore, 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:

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

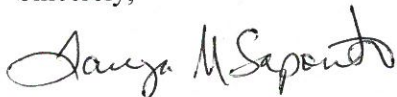
It is requested that a copy of the petition also be served on the Agency.

The certificate of need will not be issued before the completion of thirty day appeal period which ends on the date shown above. If a contested case petition is filed with OAH within the thirty day appeal period, the certificate will not be issued until the appeal is resolved.

If the decision is appealed, the timetable set forth in this letter will be adjusted accordingly before the certificate of need is issued. Please contact this office if any clarification of this decision is required.

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

Sincerely,



Tanya M. Saporito
Project Analyst



Lisa Pittman
Assistant Chief

Enclosures:

Attachment A: Conditions of Approval
Attachment B: Approved Timetable

cc: Adult Care Licensure Section, DHSR
Construction Section, DHSR

Attachment A
Conditions of Approval

1. Accordius Health at Winston-Salem, LLC shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, Accordius Health at Winston-Salem, LLC shall materially comply with the last made representation.
2. Accordius Health at Winston-Salem, LLC shall relocate no more than 26 nursing care beds from Accordius Health at Clemmons to Accordius Health at Winston-Salem for a total of 66 nursing care beds and 14 adult care home beds at the facility upon completion of this project and Project ID #G-11660-19.
3. Upon completion of the project, Accordius Health at Clemmons shall delicense 26 nursing care beds and shall be licensed for no more than 94 nursing care beds.
4. The Medicaid per diem reimbursement rates for the new nursing facility beds shall be equal to the rates for the facility's existing beds as of the date on which the additional beds are certified.
5. The 26 additional nursing care beds shall not be certified for participation in the Medicaid program prior to July 1, 2020 unless the Division of Medical Assistance determines that state funds are available in the current Medicaid budget to pay for the care and authorizes an earlier certification date.
6. No later than three months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, Accordius Health at Winston-Salem, LLC shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.
7. For the first two years of operation following completion of the project, Accordius Health at Winston-Salem, LLC shall not increase private pay charges more than 5% of the projected private pay charges provided in Section Q of the application without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.
8. Accordius Health at Winston-Salem, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

Attachment B
Approved Timetable

1. Drawings Completed _____ November 25, 2019
2. Construction / Renovation Contract(s) Executed _____ November 5, 2019
3. 25% of Construction / Renovation Completed
(25% of the cost is in place) _____ January 1, 2020
4. 50% of Construction / Renovation Completed _____ February 1, 2020
5. 75% of Construction / Renovation Completed _____ February 10, 2020
6. Construction / Renovation Completed _____ February 20, 2020
7. Building / Space Occupied _____ March 30, 2020
8. Licensure Obtained _____ March 22, 2020
9. Services Offered (required) _____ March 30, 2020
10. Medicare and / or Medicaid Certification Obtained _____ March 22, 2020
11. First Annual Report Due _____ March 31, 2021