

ATTACHMENT - REQUIRED STATE AGENCY FINDINGS

FINDINGS

C = Conforming

CA = Conditional

NC = Nonconforming

NA = Not Applicable

Decision Date: January 27, 2023

Findings Date: January 27, 2023

Project Analyst: Donna Donihi

Co-Signer: Mike McKillip

Project ID #: J-12292-22

Facility: WakeMed North Hospital

FID #: 990974

County: Wake

Applicant: WakeMed

WakeMed Property Services

Project: Cost overrun for Project ID# J-10166-13, (Re-convert three nursing care beds currently located at WakeMed Fuquay-Varina and 13 nursing care beds currently located at WakeMed Zebulon/Wendell to acute care beds and relocate 16 beds to WakeMed North Hospital)

REVIEW CRITERIA FOR NEW INSTITUTIONAL HEALTH SERVICES

G.S. 131E-183(a) The Agency shall review all applications utilizing the criteria outlined in this subsection and shall determine that an application is either consistent with or not in conflict with these criteria before a certificate of need for the proposed project shall be issued.

- (1) The proposed project shall be consistent with applicable policies and need determinations in the State Medical Facilities Plan, the need determination of which constitutes a determinative limitation on the provision of any health service, health service facility, health service facility beds, dialysis stations, operating rooms, or home health offices that may be approved.

C

WakeMed hereinafter referred to as “the applicant,” proposes a cost overrun for Project ID# J-10166-13, (Re-convert three nursing care beds currently located at WakeMed Fuquay-Varina and 13 nursing care beds currently located at WakeMed Zebulon/Wendell to acute care beds and relocate 16 beds to WakeMed North Hospital).

A certificate of need was issued on January 6, 2014, for Project ID# J-10166-13 and authorized a capital cost of \$6,543,571. The current application proposes a capital cost increase of \$2,985,666 over the previously approved capital cost for a total combined capital cost of

\$9,529,237. The applicant states that the cost overrun (COR) application is necessary due to the increased cost to develop the project. The current market conditions have driven up the costs for the price of construction, and equipment costs in comparison to the estimated costs in 2013 when the original application was submitted. The applicant proposes no material change in the scope from the originally approved project.

Need Determination

The current COR application does not involve the addition of any new health service facility beds, services, or equipment for which there is a need determination in the 2022 SMFP. Therefore, there are no need determinations applicable to this review.

In the current COR application, the projected capital cost is greater than \$4 million; thus, Policy GEN-4: Energy Efficiency and Sustainability for Health Service Facilities in the 2022 SMFP applies to this review. Policy GEN-4: Energy Efficiency and Sustainability for Health Service Facilities, on page 30 of the 2022 SMFP, states:

“Any person proposing a capital expenditure greater than \$ million to develop, replace, renovate or add to a health service facility pursuant to G.S. § 131E-178 shall include in its certificate of need application a written statement describing the project’s plan to assure improved energy efficiency and water conservation. In approving a certificate of need proposing an expenditure greater than \$5 million to develop, replace, renovate or add to a health service facility pursuant to G.S. § 131E-178, Certificate of Need shall impose a condition requiring the applicant to develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes. The plan must be consistent with the applicant’s representation in the written statement as described in paragraph one of Policy GEN-4.

Any person awarded a certificate of need for a project or an exemption from review pursuant to G.S. § 131E-184 is required to submit a plan for energy efficiency and water conservation that conforms to the rules, codes, and standards implemented by the Construction Section of the Division of Health Service Regulation. The plan must be consistent with the applicant’s representation in the written statement as described in paragraph one of Policy GEN-4. The plan shall not adversely affect patient or resident health, safety, or infection control.”

The combined proposed capital expenditure for this project is greater than \$5 million. In Section B, pages 26-28, the applicant describes the plans for achieving energy and water conservation as follows:

“WakeMed develops all capital projects with the goal of maximizing energy efficiency and water conservation. In both new construction and renovations, WakeMed uses energy-efficient windows and insulation to maximize energy efficiency. Heating and HVAC systems are high-efficiency units and reflect the best technology available on the market. The design of the renovated areas will incorporate additional HVAC

“zones” whereby the systems will have an improved sensitivity to the temperature and humidity in the area served, considering people and equipment loads as well as peripheral loads (e.g., exterior walls and windows, internal walls, etc.). The installation of a state-of-the-art building management system will provide the necessary air monitoring devices to ensure temperature, humidity, and room pressurization criteria are optimized.”

The applicant provides a plan consistent with the written statement describing the project’s plan to assure improved energy efficiency and water conservation. Therefore, the application is consistent with Policy GEN-4.

Conclusion

The Agency reviewed the:

- Application
- Exhibits to the application

Based on that review, the Agency concludes that the application is conforming to this criterion based on the following:

- The application does not propose any changes to the original proposal that would make any need determinations applicable to this review.
- The applicant adequately demonstrates that the proposal is consistent with Policy GEN-4 because the applicant provides a written statement describing the project’s plan to assure improved energy efficiency and water conservation.

(2) Repealed effective July 1, 1987.

(3) The applicant shall identify the population to be served by the proposed project and shall demonstrate the need that this population has for the services proposed, and the extent to which all residents of the area, and, in particular, low-income persons, racial and ethnic minorities, women, ... persons [with disabilities], the elderly, and other underserved groups are likely to have access to the services proposed.

C

The applicant proposes a cost overrun for Project ID# J-10166-13, (Re-convert three nursing care beds currently located at WakeMed Fuquay-Varina and 13 nursing care beds currently located at WakeMed Zebulon/Wendell to acute care beds and relocate 16 beds to WakeMed North Hospital).

A certificate of need was issued on January 6, 2014, for Project ID# J-10166-13 and authorized a capital cost of \$6,543,571. The current application proposes a capital cost increase of \$2,985,666 over the previously approved capital cost for a total combined capital cost of \$9,529,237. The applicant states that the cost overrun application is necessary due to the increased cost to develop the project. The current market conditions have driven up the costs

for the price of construction, and equipment costs in comparison to the estimated costs in 2013 when the original application was submitted. The applicant proposes no material change in the scope from the originally approved project.

Patient Origin

On page 33, the 2022 SMFP defines the service area for Acute Care beds as “the single or multicounty grouping shown in figure 5.1.” Thus, the service area for this facility is Wake County. Facilities may also serve residents of counties not included in their service area.

In Section C, pages 41-43, the applicant provides the projected patient origin for the facility. Given the time since the approval of Project # J-10166-13, WakeMed has updated the patient origin for acute care beds at WakeMed North Hospital to reflect more current service area demographics, operating results, and market conditions as shown in the tables below.

Acute Care Beds	WakeMed North Hospital					
	1st Full FY		2nd Full FY		3rd Full FY	
	10/01/2023 to 09/30/2024		10/01/2024 to 09/30/2025		10/01/2025 to 09/30/2026	
County	Number of Patients	% of Total	Number of Patients	% of Total	Number of Patients	% of Total
Wake	4,429	68.1%	4,473	68.1%	4,518	68.1%
Franklin	1,043	16.0%	1,053	16.0%	1,064	16.0%
Durham	336	5.2%	340	5.25%	343	5.2%
Johnston	133	2.0%	134	2.0%	135	2.0%
Vance	108	1.7%	109	1.7%	110	1.7%
Granville	79	1.2%	80	1.2%	81	1.2%
Nash	66	1.0%	66	1.0%	67	1.0%
Warren	36	0.6%	36	0.6%	37	0.6%
Wilson	32	0.5%	33	0.5%	33	0.5%
All Other NC Counties	151	2.3%	153	2.3%	154	2.3%
Out of State	89	1.4%	90	1.4%	91	1.4%
Total	6,502	100%	6,567	100%	6,633	100%

In Section C, page 42, the applicant provides the assumptions and methodology used to project its patient origin. The applicant’s assumptions are reasonable and adequately supported because the patient origin projections are based on WakeMed North’s historical experience in FY2022.

Analysis of Need

On Form F.1b in Section Q, the applicant provides a summary of the capital cost approved in Project ID #J-10166-13, the changes proposed in this application, and the new projected capital cost, as shown in the table below.

WakeMed North Hospital – Previously Approved and Proposed Capital Cost			
	Previously Approved Capital Cost Project No. J-10166-13	New Total Capital Cost Project No. J-10166-13	Difference (Capital Cost for this Project) Colum C- Colum B
Construction/Renovation Contract(s)	\$3,880,320	\$5,513,188	\$1,632,868
Architect/Engineering Fees	\$ 426,835	\$327,840	(\$98,995)
Medical Equipment	\$650,000	\$790,642	\$140,642
Non-Medical Equipment	\$192,800	\$925,208	\$732,408
Furniture	\$200,000	\$275,500	\$75,500
Consultant Fees (CON-related)	\$115,000	\$128,500	\$13,500
Financing Costs	\$128,306	\$0	(\$128,306)
Other (contingency)	\$950,310	\$1,568,359	\$618,049
Total Capital Costs	\$6,543,571	\$9,529,237	\$2,985,666

In Section C.8, pages 40-41, the applicant explains why the proposed increase in capital cost is necessary to develop the proposed project:

- Increased Construction Contract Costs: The applicant states that since the issuance of the Certificate of Need for Project #J-10166-13, the cost of construction materials and materials has increased by 30%. These costs represent approximately 55% of the total cost overrun.
- Increased Medical Equipment, Non- Medical equipment, and Furniture has increased by 27%. The applicant states that increases in equipment and furniture costs represent approximately 33% of the total cost overrun.
- Increase in Information Technology and Contingency: The applicant states the cost of information technology was added and contingency costs were inflated by 20% and represent approximately 12% of the cost overrun.

The information is reasonable and adequately supported based on the following:

- The applicant adequately explains the reasons additional costs are necessary to develop the proposed project.
- The applicant does not propose to change the scope of services offered or to change the patients projected to be served by the proposed project.

Projected Utilization

In Section Q, page 92, Form C.1b, the applicant provides updated utilization projections for acute care beds at WakeMed North Hospital to reflect more current service area demographics, operating results, and market conditions since the approval of project J-10166-13, as shown in the tables below.

Projected Health Service Facility Bed Utilization upon Project Completion	Partial FY	1st Full FY	2nd Full FY	3rd Full FY
WakeMed North Hospital Acute Care Hospital - All Beds	F: 10/01/2022 T: 09/30/2023	F: 10/01/2023 T: 01/31/2024	F: 10/01/2024 T: 09/30/2025	F: 10/01/2025 T: 09/30/2026
Total # of Beds, including all types of beds	77	77	77	77
# of Admissions or Discharges	3,756	6,503	6,568	6,634
# of Patient Days	10,644	18,429	18,615	18,802
Average Length of Stay	2.8	2.8	2.8	2.8
Occupancy Rate	64.6%	65.6%	66.2%	66.9%

Source: Section Q, pages 92, Form C.1b

The applicant’s assumptions are reasonable and adequately supported based on the following:

- The applicant’s projected utilization is based on the historical utilization of the acute care beds at WakeMed North Hospital.
- The applicant’s projected utilization is supported by projected population growth in the service area, particularly for the 65+ age group.

Access to Medically Underserved Groups

In Section C, page 43, the applicant states the current application does not project any changes in access by the medically underserved groups from what was originally projected in Project ID #J-10166-13. That project was conforming with this criterion and the applicant proposes no changes in the current application as submitted which would affect that determination.

Conclusion

The Agency reviewed the:

- Application
- Exhibits to the application

Based on that review, the Agency concludes that the application is conforming to this criterion for the following reasons:

- Project ID # J-10166-13 adequately identified the population to be served and there are no changes proposed in this application that would affect that determination.
- Projected utilization was deemed reasonable and adequately supported in the application for Project ID # J-10166-13 and there are no changes proposed in this application that would affect that determination.
- Project ID # J-10166-13 adequately identified the extent to which all residents, including underserved groups, were likely to have access to the proposed services, and there are no changes proposed in this application that would affect that determination.

- (3a) In the case of a reduction or elimination of service, including the relocation of a facility or a service, the applicant shall demonstrate that the needs of the population presently served will be met adequately by the proposed relocation or by alternative arrangements, and the effect of the reduction, elimination or relocation of the service on the ability of low-income persons, racial and ethnic minorities, women, ... persons [with disabilities], and other underserved groups and the elderly to obtain needed health care.

NA

The applicant does not propose to reduce a service, eliminate a service or relocate a facility or service. Therefore, Criterion (3a) is not applicable to this review.

- (4) Where alternative methods of meeting the needs for the proposed project exist, the applicant shall demonstrate that the least costly or most effective alternative has been proposed.

C

The applicant proposes a cost overrun for Project ID# J-10166-13, (Re-convert three nursing care beds currently located at WakeMed Fuquay-Varina and 13 nursing care beds currently located at WakeMed Zebulon/Wendell to acute care beds and relocate 16 beds to WakeMed North Hospital).

In Section E, page 48, the applicant states that there are no alternatives to meet the needs of this project. The applicant adequately demonstrated that the alternative proposed in Project ID # J-10166-13 application is the most effective alternative to meet the need based on the following:

- The applicant provides reasonable information to explain why it believes the proposed project is the most effective alternative.
- The application is conforming to all other statutory and regulatory review criteria. Therefore, the application can be approved.

Conclusion

The Agency reviewed the:

- Application
- Exhibits to the application

Based on that review, the Agency concludes that the application is conforming to this criterion for the reasons stated above. Therefore, the application is approved subject to the following conditions:

- 1. WakeMed and WakeMed Property Services (hereinafter certificate holder) shall materially comply with the representations made in the certificate of need application**

and Project ID# J-10166-13. If representations conflict, the certificate holder shall materially comply with the last made representation.

- 2. The total combined capital expenditure for both projects is \$9,529,237 an increase of \$2,985,666 over the capital expenditure of \$6,543,571 previously approved in Project ID# J-10166-13.**
- 3. The certificate holder shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.**
- 4. Progress Reports:**
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.**
 - b. The certificate holder shall complete all sections of the Progress Report form.**
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.**
 - d. The first progress report shall be due on July 1, 2023.**
- 5. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.**
- 6. No later than three months after the last day of each of the first three full fiscal years of operation following initiation of the services authorized by this certificate of need, the certificate holder 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. The certificate holder 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.**

- (5) Financial and operational projections for the project shall demonstrate the availability of funds for capital and operating needs as well as the immediate and long-term financial feasibility of the proposal, based upon reasonable projections of the costs of any charges for providing health services by the person proposing the service.

C

The applicant proposes a cost overrun for Project ID# J-10166-13, (Re-convert three nursing care beds currently located at WakeMed Fuquay-Varina and 13 nursing care beds currently located at WakeMed Zebulon/Wendell to acute care beds and relocate 16 beds to WakeMed North Hospital).

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The following table compares the previously approved capital cost and the proposed capital cost, as reported on Form F.1b in Section Q.

WakeMed North Hospital – Previously Approved and Proposed Capital Cost			
	Previously Approved Capital Cost Project No. J-10166-13	New Total Capital Cost Project No. J-12292-22	Difference (Capital Cost for Project)
Construction/Renovation Contract(s)	\$3,880,320	\$5,513,188	\$1,632,868
Architect/Engineering Fees	\$426,835	\$327,840	(\$98,995)
Medical Equipment	\$650,000	\$790,642	4140,642
Non-Medical Equipment	\$192,800	\$925,208	\$732,408
Furniture	\$200,000	\$275,500	\$75,500
Consultant Fees (CON-related)	\$115,000	\$128,500	\$13,500
Financing Costs	\$128,306	\$0	(\$128,306)
Other (contingency)	\$950,310	\$1,568,359	\$618,049
Total Capital Costs	\$6,543,571	\$9,529,237	\$2,985,666

In Section Q, the applicant provides the assumptions used to project capital costs. The applicant adequately demonstrates that the projected capital needs of the project are based on reasonable and adequately supported assumptions.

Availability of Funds

In Section F, page 55, the applicant states that the capital cost will be funded, as shown in the table below:

Sources of Capital Cost Financing

Type		Total
Cash and Cash Equivalents, Accumulated Reserves, or Owner's Equity	\$2,985,666	\$2,985,666
Total Financing	\$2,985,666	\$2,985,666

* OE = Owner's Equity

In Exhibit F-5.1, the applicant provides a letter dated October 14, 2022, from Executive Vice President and Chief Financial Officer for WakeMed indicating that accumulated reserves are available for the project. Exhibit F-5.2 contains the audited financial statements for WakeMed indicating the applicant has sufficient cash reserves to fund the proposed project.

The applicant adequately demonstrates the availability of sufficient funds for the capital needs of the project.

Financial Feasibility

The applicant provided pro forma financial statements for the first three full fiscal years of operation following the completion of the project. In Form F.2b, the applicant projects that revenues will exceed operating expenses in the first three full fiscal years following the completion of the project, as shown in the table below.

Projected Revenues and Net Income upon Project Completion	1st Full Fiscal Year	2nd Full Fiscal Year	3rd Full Fiscal Year
Total Patient Days	18,429	18,615	18,802
Total Gross Revenues (Charges)	\$643,084,236	\$649,513,248	\$656,006,531
Total Net Revenue	\$185,013,443	\$190,990,594	\$197,160,902
Average Net Revenue per Patient Day	\$10,039	\$10,260	\$10,486
Total Operating Expenses (Costs)	\$130,563,065	\$134,387,938	\$138,248,663
Average Operating Expense per Patient Day	\$7,085	\$7,219	\$7,353
Net Income	\$54,450,379	\$56,602,656	\$58,912,239

Source: Section Q, page 100

The assumptions used by the applicant in the preparation of the pro forma financial statements are provided in Section Q, page 101. The applicant adequately demonstrates that the financial feasibility of the proposal is reasonable and adequately supported based on the following:

- Financial projections were updated to reflect the most current assumptions regarding costs, charges, and reimbursement.
- Projected utilization is based on reasonable and adequately supported assumptions. See the discussion regarding projected utilization in Criterion (3), which is incorporated herein by reference.

Conclusion

The Agency reviewed the:

- Application

- Exhibits to the application

Based on that review, the Agency concludes that the application is conforming to this criterion for the following reasons:

- The applicant adequately demonstrates that the capital costs are based on reasonable and adequately supported assumptions for all the reasons described above.
 - The applicant adequately demonstrates the availability of sufficient funds for the capital needs of the proposal for all the reasons described above.
 - The applicant adequately demonstrates sufficient funds for the operating needs of the proposal and that the financial feasibility of the proposal is based upon reasonable projections of revenues and operating expenses for all the reasons described above.
- (6) The applicant shall demonstrate that the proposed project will not result in unnecessary duplication of existing or approved health service capabilities or facilities.

C

The applicant proposes a cost overrun for Project ID# J-10166-13, (Re-convert three nursing care beds currently located at WakeMed Fuquay-Varina and 13 nursing care beds currently located at WakeMed Zebulon/Wendell to acute care beds and relocate 16 beds to WakeMed North Hospital).

On page 33, the 2022 SMFP defines the service area for Acute Care beds as *“the single or multicounty grouping shown in figure 5.1.”* Thus, the service area for this facility is Wake County. Facilities may also serve residents of counties not included in their service area.

In Project ID# J-10166-13, the Agency determined the applicant adequately demonstrated that the project would not result in unnecessary duplication of existing or approved services in the service area and no changes are proposed in this application which would affect that determination.

The Agency reviewed the:

- Application
- Exhibits to the application

Based on that review, the Agency concludes that the application is conforming to this criterion for the reason stated above.

- (7) The applicant shall show evidence of the availability of resources, including health manpower and management personnel, for the provision of the services proposed to be provided.

C

The applicant proposes a cost overrun for Project ID# J-10166-13, (Re-convert three nursing care beds currently located at WakeMed Fuquay-Varina and 13 nursing care beds currently

located at WakeMed Zebulon/Wendell to acute care beds and relocate 16 beds to WakeMed North Hospital).

In Project ID# J-10166-13, the Agency determined the applicant adequately demonstrated the availability of resources, including health manpower and management personnel to provide the proposed services, and no changes are proposed in this application which would affect that determination.

Conclusion

The Agency reviewed the:

- Application
- Exhibits to the application

Based on that review, the Agency concludes that the application is conforming to this criterion for the reasons stated above.

- (8) The applicant shall demonstrate that the provider of the proposed services will make available, or otherwise make arrangements for, the provision of the necessary ancillary and support services. The applicant shall also demonstrate that the proposed service will be coordinated with the existing healthcare system.

C

The applicant proposes a cost overrun for Project ID# J-10166-13, (Re-convert three nursing care beds currently located at WakeMed Fuquay-Varina and 13 nursing care beds currently located at WakeMed Zebulon/Wendell to acute care beds and relocate 16 beds to WakeMed North Hospital).

In Project ID# J-10166-13, the Agency determined the applicant adequately demonstrated the availability of the ancillary and support services necessary to the provision of the proposed services and adequately demonstrated the proposed services would be coordinated with the existing healthcare system and no changes are proposed in this application which would affect that determination.

Conclusion

The Agency reviewed the:

- Application
- Exhibits to the application

Based on that review, the Agency concludes that the application is conforming to this criterion for the reason stated above.

- (9) An applicant proposing to provide a substantial portion of the project's services to individuals not residing in the health service area in which the project is located, or in adjacent health service areas, shall document the special needs and circumstances that warrant service to these individuals.

NA

The applicant does not project to provide the proposed services to a substantial number of persons residing in Health Service Areas (HSAs) that are not adjacent to the HSA in which the services will be offered. Furthermore, the applicant does not project to provide the proposed services to a substantial number of persons residing in other states that are not adjacent to the North Carolina County in which the services will be offered. Therefore, Criterion (9) is not applicable to this review.

- (10) When applicable, the applicant shall show that the special needs of health maintenance organizations will be fulfilled by the project. Specifically, the applicant shall show that the project accommodates: (a) The needs of enrolled members and reasonably anticipated new members of the HMO for the health service to be provided by the organization; and (b) The availability of new health services from non-HMO providers or other HMOs in a reasonable and cost-effective manner which is consistent with the basic method of operation of the HMO. In assessing the availability of these health services from these providers, the applicant shall consider only whether the services from these providers:
- (i) would be available under a contract of at least 5 years duration;
 - (ii) would be available and conveniently accessible through physicians and other health professionals associated with the HMO;
 - (iii) would cost no more than if the services were provided by the HMO; and
 - (iv) would be available in a manner that is administratively feasible to the HMO.

NA

The applicant is not an HMO. Therefore, Criterion (10) is not applicable to this review.

- (11) Repealed effective July 1, 1987.
- (12) Applications involving construction shall demonstrate that the cost, design, and means of construction proposed to represent the most reasonable alternative and that the construction project will not unduly increase the costs of providing health services by the person proposing the construction project or the costs and charges to the public of providing health services by other persons, and that applicable energy-saving features have been incorporated into the construction plans.

C

The applicant proposes a cost overrun for Project ID# J-10166-13, (Re-convert three nursing care beds currently located at WakeMed Fuquay-Varina and 13 nursing care beds currently located at WakeMed Zebulon/Wendell to acute care beds and relocate 16 beds to WakeMed North Hospital).

In Section K, page 68, the applicant states that the project involves renovations of 15,438 square feet in the existing hospital. Line drawings are provided in Exhibit K.5.1. The applicant states that the original facility design was revised to create a highly efficient nursing unit for more operational efficiency to provide ancillary support space for residents and staff.

In Section K, page 69 the applicant adequately explains how the cost, design, and means of construction represent the most reasonable alternative for the proposal because it was developed by WakeMed's construction and design staff with input from an independent contractor and a general contractor.

On page 69, the applicant adequately explains why the proposal will not unduly increase the cost to the applicant of providing the proposed services or the costs and charges to the public for the proposed services. The additional capital cost will not unduly increase the cost of the proposed services because renovating existing space is more cost-effective than new construction.

On pages 69-70, the applicant identifies any applicable energy-saving features that will be incorporated into the construction plans.

Conclusion

The Agency reviewed the:

- Application
- Exhibits to the application

Based on that review, the Agency concludes that the application is conforming to this criterion for all the reasons described above.

- (13) The applicant shall demonstrate the contribution of the proposed service in meeting the health-related needs of the elderly and of members of medically underserved groups, such as medically indigent or low-income persons, Medicaid and Medicare recipients, racial and ethnic minorities, women, and ... persons [with disabilities], which have traditionally experienced difficulties in obtaining equal access to the proposed services, particularly those needs identified in the State Health Plan as deserving of priority. For the purpose of determining the extent to which the proposed service will be accessible, the applicant shall show:

The applicant proposes a cost overrun for Project ID# J-10166-13, (Re-convert three nursing care beds currently located at WakeMed Fuquay-Varina and 13 nursing care beds currently located at WakeMed Zebulon/Wendell to acute care beds and relocate 16 beds to WakeMed North Hospital).

- (a) The extent to which medically underserved populations currently use the applicant's existing services in comparison to the percentage of the population in the applicant's service area which is medically underserved;

C

In Project ID# J-10166-13, the Agency determined the applicant was conforming to this criterion and the applicant proposes no changes in the current application which would affect that determination.

- (b) Its past performance in meeting its obligation, if any, under any applicable regulations requiring the provision of uncompensated care, community service, or access by minorities and ... persons [with disabilities] to programs receiving federal assistance, including the existence of any civil rights access complaints against the applicant;

C

In Project ID# J-10166-13, the Agency determined the applicant was conforming to this criterion and the applicant proposes no changes in the current application which would affect that determination.

- (c) That the elderly and the medically underserved groups identified in this subdivision will be served by the applicant's proposed services and the extent to which each of these groups is expected to utilize the proposed services; and

C

In Project ID# ID# J-10166-13, the Agency determined the applicant was conforming to this criterion and the applicant proposes no changes in the current application which would affect that determination.

- (d) That the applicant offers a range of means by which a person will have access to its services. Examples of a range of means are outpatient services, admission by house staff, and admission by personal physicians.

C

In Project ID# J-10166-13 the Agency determined the applicant was conforming to this criterion and the applicant proposes no changes in the current application which would affect that determination.

- (14) The applicant shall demonstrate that the proposed health services accommodate the clinical needs of health professional training programs in the area, as applicable.

C

The applicant proposes a cost overrun for Project ID# J-10166-13, (Re-convert three nursing care beds currently located at WakeMed Fuquay-Varina and 13 nursing care beds currently located at WakeMed Zebulon/Wendell to acute care beds and relocate 16 beds to WakeMed North Hospital).

In Project ID# J-10166-13, the agency determined the applicant adequately demonstrated that the proposed health services will accommodate the clinical needs of health professional training programs in the area. The applicant proposes no changes in the current application which would affect that determination.

Conclusion

The Agency reviewed the:

- Application
- Exhibits to the application

Based on that review, the Agency concludes that the application is conforming to this criterion for the reason described above.

- (15) Repealed effective July 1, 1987.
- (16) Repealed effective July 1, 1987.
- (17) Repealed effective July 1, 1987.
- (18) Repealed effective July 1, 1987.
- (18a) The applicant shall demonstrate the expected effects of the proposed services on competition in the proposed service area, including how any enhanced competition will have a positive impact on the cost-effectiveness, quality, and access to the services proposed; and in the case of applications for services where competition between providers will not have a favorable impact on cost-effectiveness, quality, and access to the services proposed, the applicant shall demonstrate that its application is for a service on which competition will not have a favorable impact.

C

The applicant proposes a cost overrun for Project ID# J-10166-13, (Re-convert three nursing care beds currently located at WakeMed Fuquay-Varina and 13 nursing care beds currently located at WakeMed Zebulon/Wendell to acute care beds and relocate 16 beds to WakeMed North Hospital).

On page 33, the 2022 SMFP defines the service area for Acute Care beds as *“the single or multicounty grouping shown in figure 5.1.”* Thus, the service area for this facility is Wake County. Facilities may also serve residents of counties not included in their service area.

In Project ID# J-10166-13, the Agency determined the applicant adequately demonstrated the expected effects of the proposed services on competition and how any enhanced competition would have a positive impact on cost-effectiveness, quality, and access to the services proposed. The applicant proposes no changes in this application which would affect that determination.

Conclusion

The Agency reviewed the:

- Application
- Exhibits to the application

Based on that review, the Agency concludes that the application is conforming to this criterion based on the reason stated above.

- (19) Repealed effective July 1, 1987.
- (20) An applicant already involved in the provision of health services shall provide evidence that quality care has been provided in the past.

C

The applicant proposes a cost overrun for Project ID# J-10166-13, (Re-convert three nursing care beds currently located at WakeMed Fuquay-Varina and 13 nursing care beds currently located at WakeMed Zebulon/Wendell to acute care beds and relocate 16 beds to WakeMed North Hospital).

On Form O, in Section Q, the applicant identifies the hospitals located in North Carolina owned, operated, or managed by the applicant or a related entity. The applicant identifies a total of two of these types of facilities located in North Carolina.

In Section O, pages 87-88, the applicant states that during the 18 months immediately preceding the submittal of the application, there were no incidents related to the quality of care which resulted in a finding of immediate jeopardy. According to the files in the Acute and Home Care Licensure and Certification Section, DHSR, during the 18 months immediately preceding submission of the application through the date of this decision, incidents related to the quality of care occurred in none of these facilities. After reviewing and considering information provided by the applicant and by the Acute and Home Care Licensure and Certification Section and considering the quality of care provided at both hospitals, the applicant provided sufficient evidence that quality care has been provided in the past. Therefore, the application is conforming to this criterion.

- (21) Repealed effective July 1, 1987.

G.S. 131E-183 (b): The Department is authorized to adopt rules for the review of particular types of applications that will be used in addition to those criteria outlined in subsection (a) of this section and may vary according to the purpose for which a particular review is being conducted or the type of health service reviewed. No such rule adopted by the Department shall require an academic medical center teaching hospital, as defined by the State Medical Facilities Plan, to demonstrate that any facility or service at another hospital is being appropriately utilized in order for that academic medical center teaching hospital to be approved for the issuance of a certificate of need to develop any similar facility or service.

C

In project ID# J-10165-13, the applicant was found conforming with the Criterion and standards for Acute Care Beds, 10A NCAC 14C. 3800. The applicant proposes no changes in the current application which would affect that determination.