



North Carolina Department of Health and Human Services
Division of Health Service Regulation
Certificate of Need Section

2704 Mail Service Center • Raleigh, North Carolina 27699-2704
<http://www.ncdhhs.gov/dhsr/>

Drexdal Pratt, Director

Beverly Eaves Perdue, Governor
Albert A. Delia, Acting Secretary

Craig R. Smith, Section Chief
Phone: (919) 855-3873
Fax: (919) 733-8139

November 6, 2012

William B. James
P.O. Box 1101
Mount Airy, NC 27030

No Review

Facility or Business: Northern Hospital of Surry County
Project Description: Hospital renovation to create fast track treatment rooms and support space adjacent to existing emergency department
County: Surry
FID #: 953376

Dear Mr. James:

The Certificate of Need Section (CON Section) received your letter of October 24, 2012 regarding the above referenced proposal. Based on the CON law **in effect on the date of this response to your request**, the proposal described in your correspondence is not governed by, and therefore, does not currently require a certificate of need. However, please note that if the CON law is subsequently amended such that the above referenced proposal would require a certificate of need, this determination does not authorize you to proceed to develop the above referenced proposal when the new law becomes effective.

Moreover, you need to contact the Construction and Acute and Home Care Licensure Certification Sections of the Division of Health Service Regulation to determine if they have any requirements for development of the proposed project.

It should be noted that this determination is binding only for the facts represented 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 Certificate of Need Section. 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

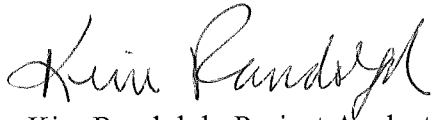


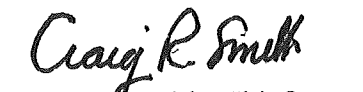
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estimate; (3) modifications in the design of the project; (4) change in location; and (5) any increase in the number of square feet to be constructed.

Please contact the CON Section if you have any questions. Also, in all future correspondence you should reference the Facility I.D. # (FID) if the facility is licensed.

Sincerely,


Kim Randolph, Project Analyst


Craig R. Smith, Chief
Certificate of Need Section

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

Kim



October 24, 2012

Ms. Kim Randolph
Certificate of Need Analyst
2704 Mail Service Center
Raleigh, NC 27699-2704

RE: Request for No Review Determination for Hospital Renovation / Create Fast Track Treatment Rooms and Support Space Adjacent to the Existing Emergency Department at Northern Hospital of Surry County

Dear Ms. Randolph:

Northern Hospital of Surry County has developed preliminary plans for minor renovations of vacant space to accommodate Fast Track treatment rooms and support space in a suite that is adjacent to their existing emergency department. Additional treatment room space is needed to provide timely and appropriate care to low acuity patients that present to the emergency department.

The proposed Fast Track suite will occupy 4520 square feet. The space was previously used by Day Surgery for pre-operative assessment/post-operative recovery and is ideally configured to serve outpatients. Minor renovations are planned. At completion the suite will include 6 treatment rooms. No inpatient rooms, operating rooms or procedure rooms are involved in this project. We are requesting confirmation that the proposed renovation does not require Certificate of Need review pursuant to G.S. 131E-179 (d).

Enclosed is a certified cost estimate using the 'Proposed Total Capital Cost of the Project' form which confirms that the total capital cost of this project is \$21,676; this includes all capital costs related to the project. Most of the equipment and furniture for the project is already owned by the hospital. There will be no equipment acquired costing more than \$10,000.

This project will require only minor renovations that can be accomplished by hospital staff. No other hospital renovation projects are in development at Northern Hospital of Surry County. The hospital has engaged a North Carolina licensed architect and intends to submit plans to the DHSR Construction Section.

Should you require additional information, please contact me at 336-719-7101.

Sincerely,

A handwritten signature in cursive script, appearing to read "William B. James".

William B. James
Chief Executive Officer

Enc. (1)

PROJECTED CAPITAL COST

Project Name: Northern Hospital of Surry County/Fast Track Project

Proponent: Conversion of former existing vacant space to the current emergency department to create a fast track suite with 5 treatment rooms and support space. Based on the architects preliminary discussions and DHSR Construction section, only minimal renovations will be required. No relocation of existing services and no new construction will be necessary.

<u>A. Site Costs</u>		<u>NA</u>	
(1)	Full purchase price of land		\$ _____
	Acres _____ Price per Acre	\$ _____	
(2)	Closing costs		\$ _____
(3)	Site Inspection and Survey		\$ _____
(4)	Legal fees and subsoil investigation.		\$ _____
(5)	Site Preparation Costs		
	Soil Borings	\$ _____	
	Clearing-Earthwork	\$ _____	
	Fine Grade For Slab	\$ _____	
	Roads-Paving	\$ _____	
	Concrete Sidewalks	\$ _____	
	Water and Sewer	\$ _____	
	Footing Excavation	\$ _____	
	Footing Backfill	\$ _____	
	Termite Treatment	\$ _____	
	Other (Specify)	\$ _____	
	Sub-Total Site Preparation Costs		\$ _____
(6)	Other (Specify)		\$ _____
(7)	Sub-Total Site Costs		\$ _____
<u>B. Construction Contract</u>			
(8)	Cost of Materials		
	General Requirements	\$ 1500	
	Concrete/Masonry	\$ _____	
	Doors & Windows/Finishes	\$ 1493	
	Thermal & Moisture Protection	\$ _____	
	Equipment/Specialty Items	\$ _____	
	Mechanical/Electrical	\$ _____	
	Other (Specify)	\$ _____	
	Sub-Total Cost of Materials		\$ 2993
(9)	Cost of Labor		\$ 9000
(10)	Other (Specify)		\$ _____
(11)	Sub-Total Construction Contract		\$ 11,993
<u>C. Miscellaneous Project Costs</u>			
(12)	Building Purchase		\$ _____
(13)	Fixed Equipment Purchase/Lease		\$ 1965
(14)	Movable Equipment Purchase/Lease		\$ 2718
(15)	Furniture		\$ _____
(16)	Landscaping		\$ _____
(17)	Consultant Fees		
	Architect and Engineering Fees	\$ 5000	
	Legal Fees	\$ _____	
	Market Analysis	\$ _____	
	Other (Specify)	\$ _____	
	Sub-Total Consultant Fees		\$ 5000
(18)	Financing Costs (e.g. Bond, Loan, etc.)		\$ _____
(19)	Interest During Construction		\$ _____
(20)	Other (Specify)		\$ _____
(21)	Sub-Total Miscellaneous		\$ 9683
D.	Total Capital Cost of Project		\$ 21,676

I certify that, to the best of my knowledge, the costs of the proposed project named above are complete and correct.

David Peilard AIA Date Certified: 10.24.12
 (Signature of Licensed Architect or Engineer) NC #5070

I assure that, to the best of my knowledge, the above costs for the proposed project are complete and correct and that it is my intent to carry out the proposed project as described.

Wm. B. ... CEO Date Signed: 10/24/12
 (Proponent - Signature of Officer) (Title of Officer)