



North Carolina Department of Health and Human Services
Division of Health Service Regulation

Pat McCrory
Governor

Aldona Z. Wos, M.D.
Ambassador (Ret.)
Secretary DHHS

Drexdal Pratt
Division Director

February 13, 2014

Peter A. Brunnick
President & CEO
Hospice & Palliative Care Charlotte Region
1420 East Seventh Street
Charlotte, NC 28204

No Review

Facility: Hospice & Palliative Care Lincoln County
Project Description: Relocation of branch office within the same county
County: Lincoln
FID #: 953874

Dear Mr. Brunnick:

The Certificate of Need Section (CON Section) received your letter of February 5, 2014 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 Acute and Home Care Licensure and Certification Section of the Division of Health Service Regulation to determine if they have any requirements for the relocation of Hospice and Palliative Care Lincoln County.

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 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.

Certificate of Need Section

www.ncdhhs.gov

Telephone: 919-855-3873 • Fax: 919-733-8139

Location: Edgerton Building • 809 Ruggles Drive • Raleigh, NC 27603

Mailing Address: 2704 Mail Service Center • Raleigh, NC 27699-2704

An Equal Opportunity/ Affirmative Action Employer



Mr. Peter A. Brunnick
February 13, 2014
Page 2

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,



Gloria C. Hale, Project Analyst



Martha J. Frisone, Interim Chief
Certificate of Need Section

cc: Medical Facilities Planning Branch, DHSR
Acute and Home Care Licensure and Certification Section, DHSR

Our regional locations

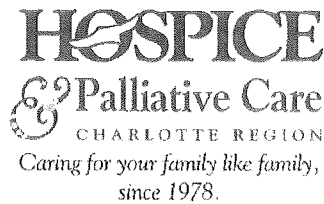
HOSPICE & PALLIATIVE CARE
CHARLOTTE REGION - UPTOWN

HOSPICE & PALLIATIVE CARE
CHARLOTTE REGION - SOUTH

HOSPICE & PALLIATIVE CARE
LAKE NORMAN

HOSPICE & PALLIATIVE CARE
LINCOLN COUNTY

LEVINE & DICKSON
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How we care for you ...

HOSPICE CARE
PALLIATIVE MEDICINE
CONSULTANTS
PEDIATRIC CARE - KIDS PATH®
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HOSPICE CARE
PROFESSIONAL &
COMMUNITY EDUCATION

February 5, 2014

Certificate of Need

Martha Frisone, Interim Chief
2704 Mail Service Center
Raleigh, NC 27699-2704

RE: **NO REVIEW**

Hospice & Palliative Care Charlotte Region d/b/a Hospice & Palliative Care Lincoln County
Relocation of existing branch office

County: Lincoln
License #: HOS0389

Dear Ms. Frisone:

This letter is to notify you that Hospice & Palliative Care Charlotte Region d/b/a Hospice & Palliative Care Lincoln County branch location at 107 North Cedar Street, Lincolnton, NC (the "Current Location") is relocating to 900 Dontia Street, Lincolnton, NC (the "New Location") effective March 7, 2014. The New Location is approximately .74 miles and 2 minutes from the Current Location. Both the Current Location and the proposed New Location are within the original service area of the hospice agency. This relocation does not involve any activities that would implicate the definition of "new institutional health services" as that term is defined in N.C. Gen. Stat. 131E-176(16). All patient records located at the Current Location will be moved to the New Location.

In advance of the planned March 7, 2014 move date, I would appreciate your written confirmation that the proposed relocation does not require a CON.

Should you have any questions, concerns or require additional information regarding the change of address, please contact me directly at 704-335-3501.

Sincerely,

Peter A. Brunnick
President & CEO

Please note: Attachments were
inadvertently left out of original letter.

INTERIOR RENOVATIONS FOR HOSPICE & PALLIATIVE CARE OF LINCOLN COUNTY

900 DONTIA DRIVE
LINCOLN, LINCOLN CO., NORTH CAROLINA

HOSPICE & PALLIATIVE CARE
INTERIOR RENOVATIONS FOR
900 DONTIA DRIVE
LINCOLN COUNTY, NC
LINCOLN, LINCOLN COUNTY, NC

DATE: 11/27/13
SHEET: T-1



The seal represents the
this firm, Wilker Associates,
work of a whole without
signature and information.
for them.

SCHEDULE OF DRAWINGS

SHEET NO.	SHEET NAME
1	TITLE SHEET AND REVISIONS B
2	FOUNDATION PLAN
3	SELECTED FLOOR PLAN
4	CONCRETE WORK
5	MASONRY
6	MECHANICAL, NOTES & LEGEND
7	MECHANICAL, WATER & VENT PLAN
8	MECHANICAL, SHOWER PLAN
9	Mechanical, Notes & Legend
10	Mechanical, Water & Vent Plan
11	Mechanical, Shower Plan
12	MECHANICAL, NOTES & LEGEND
13	ELECTRICAL, POWER & DATA PLAN
14	ELECTRICAL, NOTES & LEGEND
15	ELECTRICAL, NOTES & LEGEND

SYMBOL LEGEND

SYMBOL	SYMBOL NAME
[Symbol]	ROOM NAME
[Symbol]	ROOM TYPE
[Symbol]	DOOR NUMBER
[Symbol]	WINDOW TYPE
[Symbol]	RETAIL STORE IN CLASH
[Symbol]	SHEET, TOP AND BOTTOM IN CLASH
[Symbol]	CHANGEOVER TYPE
[Symbol]	WALL MARK ITEM NUMBER
[Symbol]	PLUMBING NOTES & LEGEND
[Symbol]	PLUMBING WATER & VENT PLAN
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MATERIAL LEGEND

SCHEDULE	DESCRIPTION
1	EARTH
2	CONCRETE
3	BRICK
4	CONCRETE MASONRY
5	SIDE OF GEAR
6	METAL MESH SOLD
7	METAL MESH SOLD
8	METAL MESH SOLD
9	FINISHED WOOD
10	ROUGH WOOD
11	BITT INSULATION
12	RIGID INSULATION

2012 APPENDIX B BUILDING CODE SUMMARY FOR ALL COMMERCIAL PROJECTS

NAME OF PROJECT: INTERIOR RENOVATIONS FOR HOSPICE & PALLIATIVE CARE OF LINCOLN COUNTY
 ADDRESS: 900 DONTIA DRIVE, LINCOLN COUNTY, NORTH CAROLINA
 OWNER OF PROJECT: HOSPICE & PALLIATIVE CARE OF LINCOLN COUNTY
 OWNER OF APPLICANT: HOSPICE & PALLIATIVE CARE OF LINCOLN COUNTY
 DATE OF APPLICATION: 11/27/13
 CITY: LINCOLN
 COUNTY: LINCOLN
 STATE: NORTH CAROLINA

PROJECT SUMMARY:
 1. ADDITION OF ROOMS FOR COMMERCIAL USE, PHASE TWO AND INTERIOR RENOVATIONS.
 2. CONFORMANCE SUMMARY:
 CONFORMANCE WITH ALL APPLICABLE CODES.
 NON-COMPLIANCE WITH ALL APPLICABLE CODES.
 NON-COMPLIANCE WITH ALL APPLICABLE CODES.

LEAD DESIGN PROFESSIONAL: CHARLES BLEWER
 PROJECT NUMBER: 111
 DATE: 11/27/13
 DRAWING NUMBER: 100

ISSUE PROJECTION REQUIREMENTS: 1 (MAXIMUM) 1 (MINIMUM) 0 (NONE)
 PERMANENT WORK: 0 (MAXIMUM) 0 (MINIMUM) 0 (NONE)
 TEMPORARY WORK: 0 (MAXIMUM) 0 (MINIMUM) 0 (NONE)
 CONSTRUCTION: 0 (MAXIMUM) 0 (MINIMUM) 0 (NONE)

USE: COMMERCIAL
 OCCUPANCY: OFFICE
 BUILDING TYPE: OFFICE
 BUILDING CLASSIFICATION: TYPE III
 BUILDING HEIGHT: 3 STORIES
 BUILDING AREA: 10,000 SQ. FT.
 FLOOR AREA: 10,000 SQ. FT.
 TOTAL FLOOR AREA: 10,000 SQ. FT.
 ALLOWABLE AREA: 10,000 SQ. FT.

BUILDING DATA:
 FOUNDATION TYPE: CONCRETE
 WALLS: BRICK
 ROOF: ASPH/FLT
 CLADDING: BRICK
 INSULATION: RIGID
 WINDOW TYPE: DOUBLE GLAZED
 WINDOW AREA: 10%
 WINDOW TO FLOOR AREA RATIO: 10%
 WINDOW U-VALUE: 0.3
 WINDOW SHADING COEFFICIENT: 0.7
 WINDOW TO FLOOR AREA RATIO: 10%
 WINDOW U-VALUE: 0.3
 WINDOW SHADING COEFFICIENT: 0.7
 WINDOW TO FLOOR AREA RATIO: 10%
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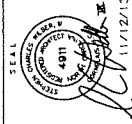
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USE, SAFETY, SYSTEM REQUIREMENTS:
 1. MEANS OF EGRESS: 1
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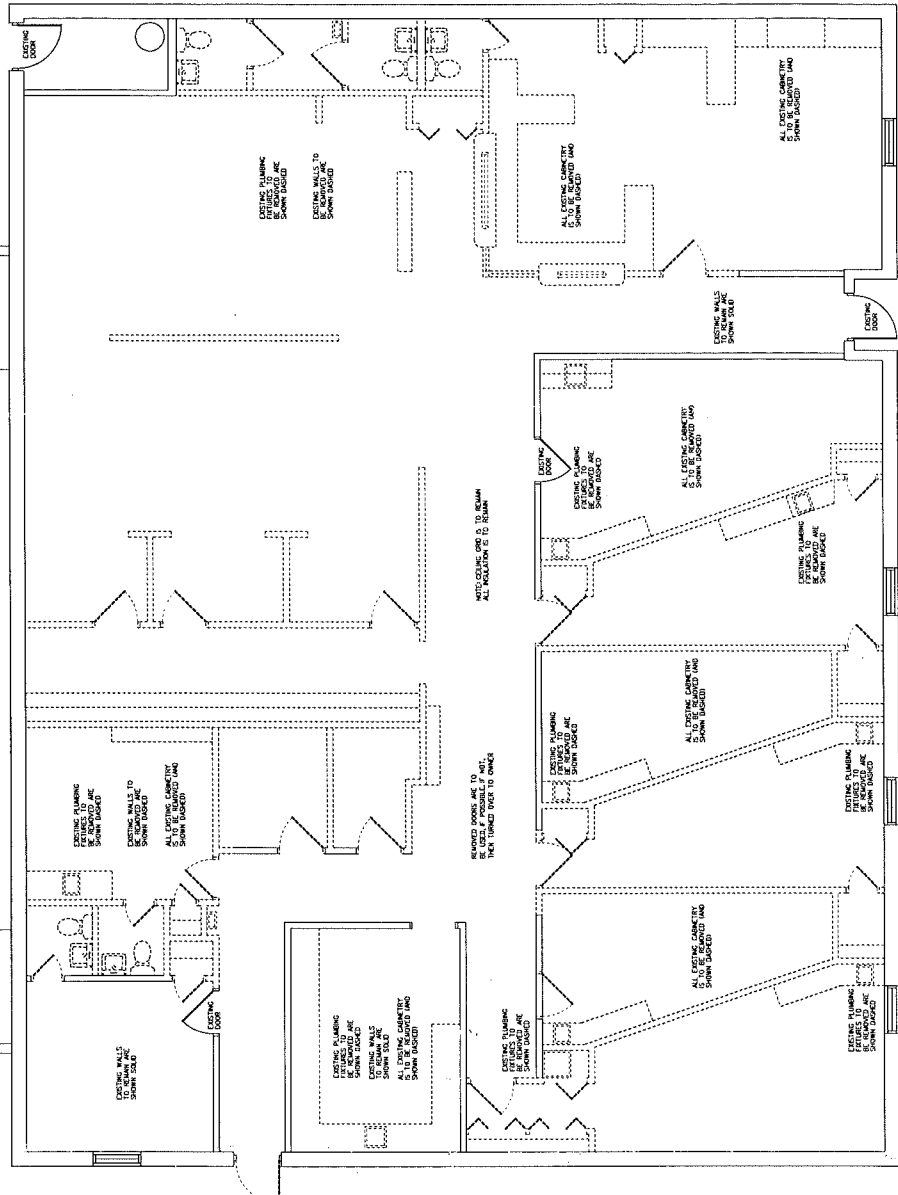


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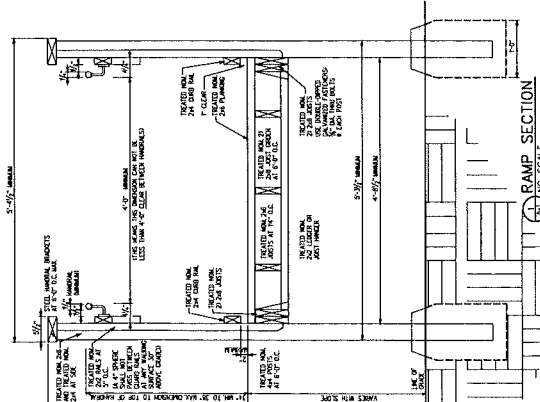
HOSPICE & PALLIATIVE CARE
INTERIOR RENOVATIONS FOR
900 DOWNTON DRIVE
LINCOLN COUNTY
LINCOLN, LINCOLN COUNTY, NC

COMD. NO.	1361
DATE	11/22/13
REVISED	

PAGE
A-1
OF
3



DEMOLITION PLAN
1/4"=1'-0"



RAMP SECTION
1/4"=1'-0"

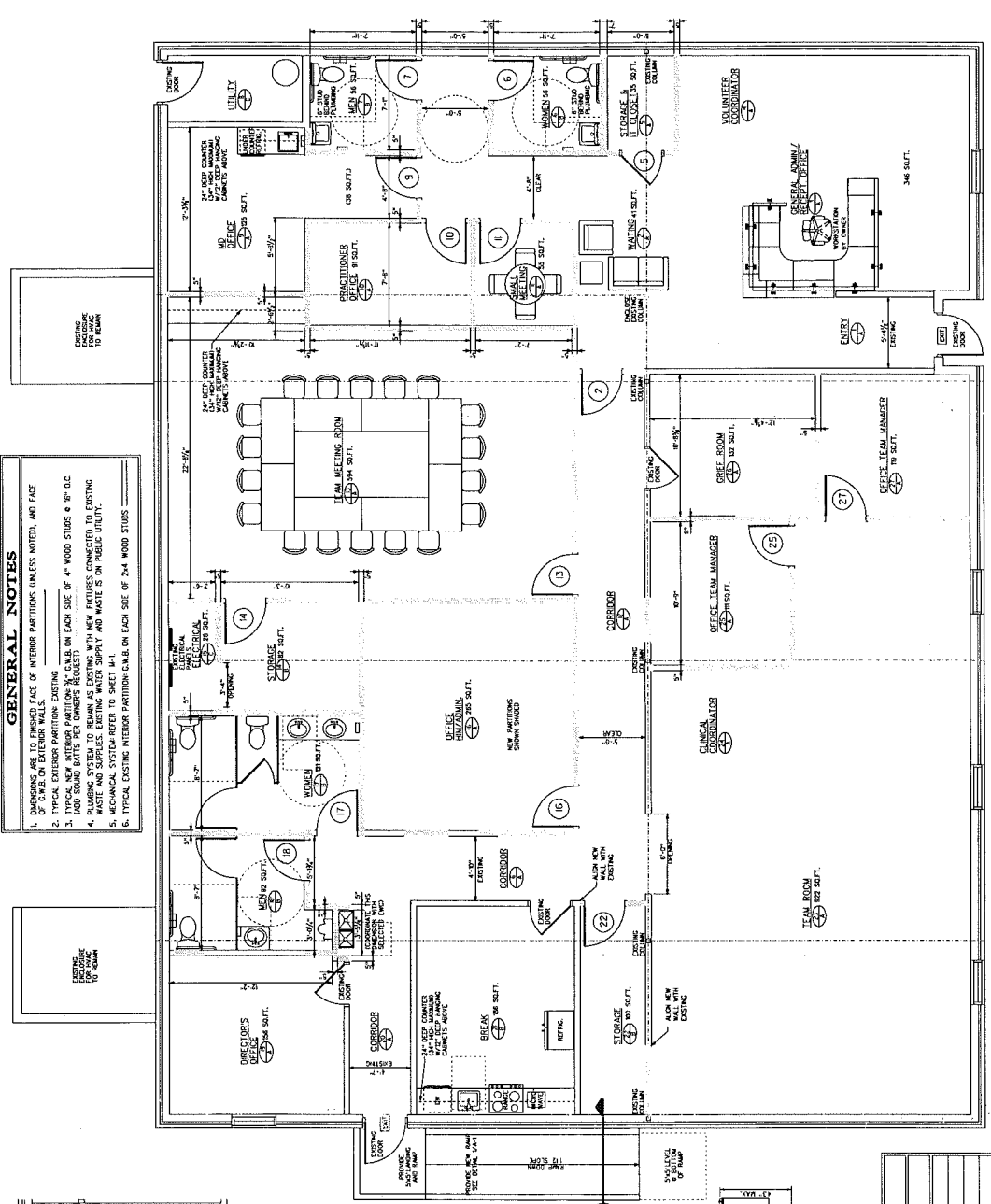


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INTERIOR RENOVATIONS FOR
HOSPICE & PALLIATIVE CARE
LINCOLN COUNTY
900 DONTIA DRIVE
LINCOLN, LINCOLN COUNTY, NC

DATE: 11/02/13
DRAWING NO.: 1351
REVISIONS:
SHEET
A-2
OF 3



GENERAL NOTES

- DIMENSIONS ARE TO FINISHED FACE OF INTERIOR PARTITIONS UNLESS NOTED, AND FACE OF C.A.B. ON EXTERIOR WALLS.
- TYPICAL EXTERIOR PARTITION EXISTING WITH 1/4" X 1/4" X 1/4" WOOD STUDS ON EACH SIDE OF 4" WOOD STUDS @ 16" O.C.
- WOOD STUDS (WITH OR WITHOUT FINISH) SHALL BE INSTALLED TO REMAIN AS EXISTING WITH NEW FINISHES CONNECTED TO EXISTING WASTE AND SUPPLIES. EXISTING WATER SUPPLY AND WASTE IS ON PUBLIC UTILITY.
- Mechanical systems shall remain to meet 1/4" x 1/4" x 1/4" wood studs on each side of 2x4 wood studs.
- TYPICAL EXISTING INTERIOR PARTITION C.A.B. ON EACH SIDE OF 2x4 WOOD STUDS.

FINISH SCHEDULE

ROOM	FLOOR	WALL	CEILING	DOOR	TRIM	FINISH	REMARKS
A	CONCRETE	PAINT	PAINT	PAINT	PAINT	PAINT	...
B	PAINT	PAINT	PAINT	PAINT	PAINT	PAINT	...
C	PAINT	PAINT	PAINT	PAINT	PAINT	PAINT	...

FINISH SCHEDULE ABBREVIATIONS

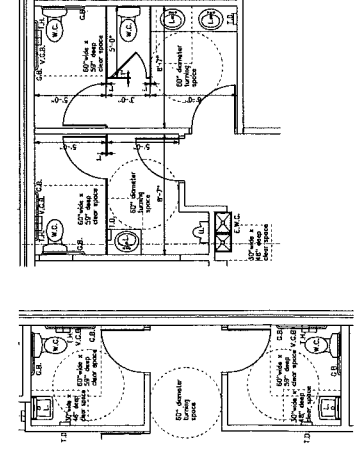
1.1. FINISH SCHEDULE ABBREVIATIONS

1.1.1. FINISH SCHEDULE ABBREVIATIONS

1.1.2. FINISH SCHEDULE ABBREVIATIONS

1.1.3. FINISH SCHEDULE ABBREVIATIONS

FLOOR PLAN
1/4" = 1'-0"
5,063 SQ. FT. (INCLUDING EXTERIOR WALLS)
4,774 SQ. FT. (EXCLUDING EXTERIOR WALLS)



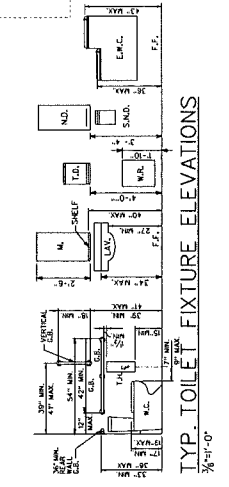
ENLARGED TOILET PLANS
1/4" = 1'-0"

FIXTURE LEGEND

- W.C. - TOILET
- C.B. - CLOSING WATER CONCRETE
- L. - LAVATORY
- T.O. - TISSUE OPERATOR
- T.O. - TISSUE WIPER
- M.C. - MIRROR
- M.C. - MIRROR

GENERAL TOILET ROOM NOTES

- LAVATORY AND SINK SHALL BE 1/4" MAX. AFF. FOR 1/4" MAX. CLEARANCE UNDER SINK.
- 1/4" MAX. CLEARANCE UNDER SINK SHALL BE MAINTAINED THROUGHOUT THE TOILET ROOM.
- 1/4" MAX. CLEARANCE UNDER SINK SHALL BE MAINTAINED THROUGHOUT THE TOILET ROOM.



TYP. TOILET FIXTURE ELEVATIONS
3/8" = 1'-0"

DOOR SCHEDULE

NUMBER	TYPE	LABEL	FRAMING	REMARKS
2	A		1M	
5	A		1M	
6	A		1M	
7	A		1M	
9	A		1M	
10	A		1M	
11	A		1M	
13	A		1M	
14	A		1M	
15	A		1M	
17	A		1M	
18	A		1M	
20	A		1M	
22	A		1M	
25	A		1M	
27	A		1M	

2.1. LATCHES TO BE LEVEL HANDLE TYPE (EXCEPT TO AND FROM CLINICAL COORDINATORS)

2.2. LATCHES TO BE LEVEL HANDLE TYPE (EXCEPT TO AND FROM CLINICAL COORDINATORS)

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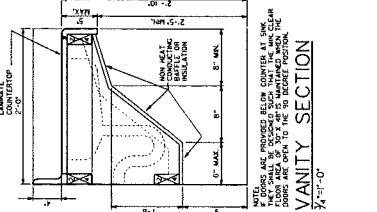
2.26. LATCHES TO BE LEVEL HANDLE TYPE (EXCEPT TO AND FROM CLINICAL COORDINATORS)

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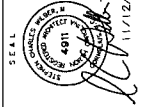


VANITY SECTION
1/4" = 1'-0"



Wilbur Associates
Architecture/Planning
P.O. Box 401
Lincoln, NC 28540
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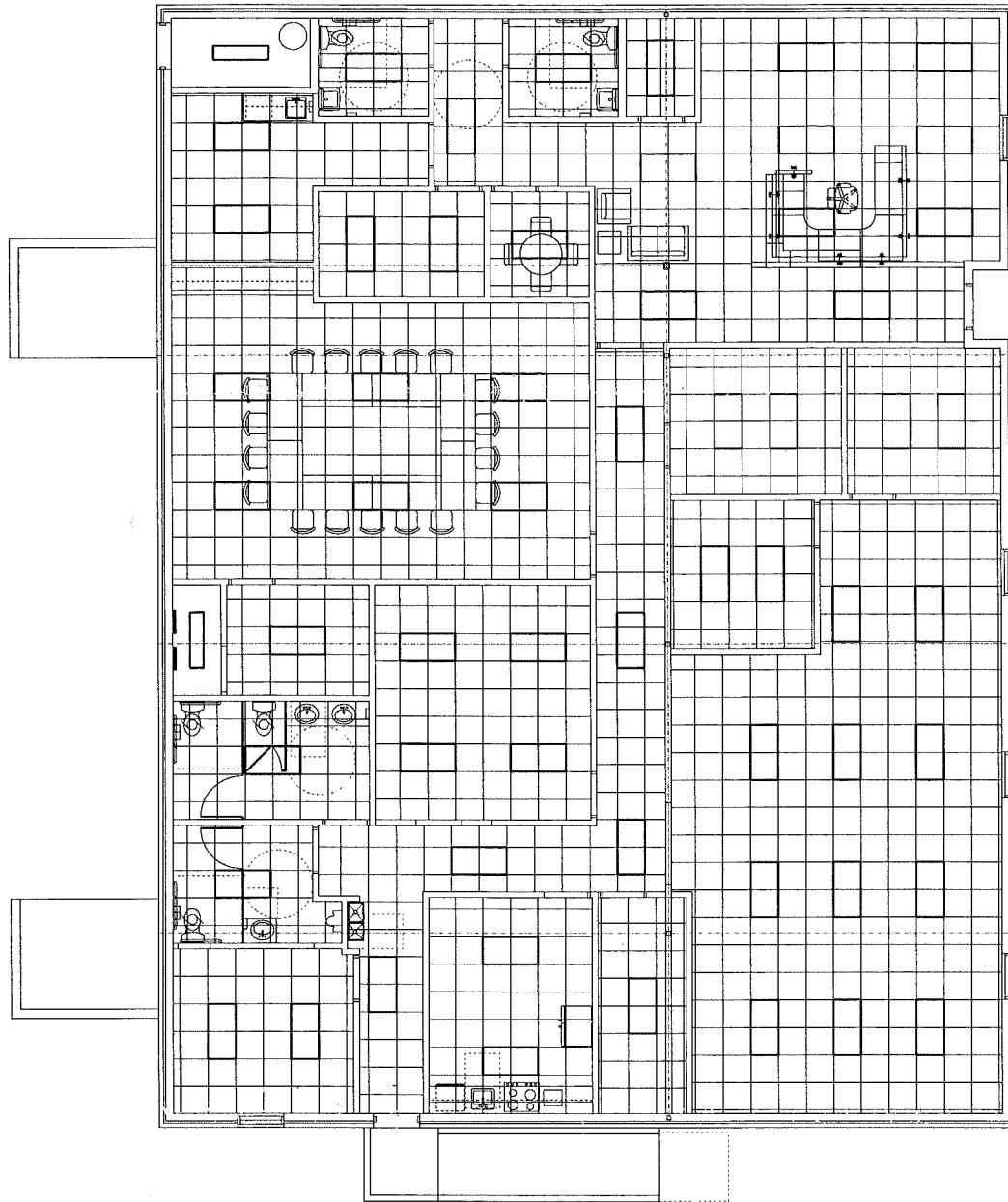


TITLE

INTERIOR RENOVATIONS FOR
HOSPICE & PALLIATIVE CARE
LINCOLN COUNTY
900 DONTIA DRIVE
LINCOLN, LINCOLN COUNTY, NC

CONTRACT NO.	13/61
DATE	11/12/13
REVISIONS	

SHEET
A-3
of
3



REFLECTED CEILING PLAN
1/4"=1'-0"

REFLECTED CEILING PLAN LEGEND

- 24" DEPOSED GRID, 14" x 14" ADDITIONAL 14" CEILING LIGHT FIXTURE
- 24" RECESSED FLUORESCENT LIGHT FIXTURE
- 24" x 24" x 4" DEPOSED 4" SPOTTER (TYP.) SIZE MATCH FOR SIZE
- CEILING BEYOND AIR GRILLE (TYP.) SIZE MATCH FOR SIZE
- WALL MOUNTED LIGHT FIXTURE
- RECESSED ROUND MOUNTED LIGHT FIXTURE
- RECESSED ROUND MOUNTED LIGHT FIXTURE
- ROUND MOUNTED LIGHT FIXTURE
- TRUCK DOWNSET FAN
- CEILING LIGHT MATCH HEIGHT OF EXISTING GRID & BEYOND

NOTES:
1. ALL LIGHTING SHALL MEET ENERGY EFFICIENCY RATING REQUIREMENTS.
2. ALL LIGHTING SHALL MEET ENERGY EFFICIENCY RATING REQUIREMENTS.
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