



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

March 17, 2014

Jeffrey Shovelin, Director, Corporate Planning  
Vidant Health  
Post Office Box 6028  
Greenville, North Carolina 27835-6028

**Exempt from Review**

Facility: Vidant Medical Center  
Project Description: Renovate portion of inpatient rehabilitation area and install 19 patient lifts on the main campus  
County: Pitt  
FID #: 933410

Dear Mr. Shovelin:

In response to your letters of December 21, 2013 and March 7, 2014, the above referenced proposal is exempt from certificate of need review in accordance with G.S 131E-184(g). Therefore, you may proceed to offer, develop or establish the above referenced project without a certificate of need.

However, you need to contact the Construction Section and the Acute and Home Care Licensure and Certification Section of the Division of Health Service Regulation (DHSR) 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 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  
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Jeffrey Shovelin  
March 17, 2014  
Page 2 of 2

If you have any questions concerning this matter, please contact this office.

Sincerely,

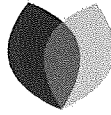


Jane Rhoe-Jones  
Project Analyst



Martha J. Frisone, Interim Chief  
Certificate of Need Section

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



## VIDANT HEALTH™

March 7, 2014

Ms. Jane Rhoe-Jones  
Certificate of Need Section  
Division of Health Service Regulation  
NC Department of Health and Human Services  
2704 Mail Service Center  
Raleigh, NC 27699-2704



RE: Information Request for Exemption Pursuant to G.S. 131E-184(g) for Vidant Medical Center's project to renovate portion of inpatient rehabilitation area and install 19 patient lifts

Dear Ms. Rhoe-Jones:

Per your letter dated February 21, 2014, below are responses to the additional information you requested. Specifically:

**1. A copy of the health service facility's current license.**

See Attached

**2. The street address of the site of the proposed renovations or construction.**

2100 Stantonsburg Road, Greenville NC 27834

**3. If the site of the proposed renovations or construction consists of multiple buildings, identify which of those buildings, by name and number, is the main building.**

Not applicable. The site of the proposed renovations consists of only one main building – Vidant Medical Center

**4. If the site of the proposed renovations or construction is not the main building, provide the name and number of the building(s) to be renovated or constructed.**

Not applicable. The site of the proposed renovations is in the main building – Vidant Medical Center

**5. A site plan drawn to scale identifying the main building and the site of the proposed renovations or construction.**

See Attached

**6. If the site of the proposed renovations or construction is not strictly contiguous to the main building, documentation that it is located within 250 yards of the main building.**

Not applicable. The site of the proposed renovations is strictly contiguous to the main building – Vidant Medical Center

**7. Documentation that clinical patient services are provided at the site of the proposed renovations or construction.**

The site of the proposed renovations is Vidant Medical Center's existing inpatient rehabilitation unit within the hospital. See a section of the hospital's recently submitted license application that documents over 18,500 days of inpatient rehabilitation care was provided last year in the proposed site.

**8. Documentation that financial control of the entire licensed health service facility is exercised at the site of the proposed renovations or construction.**

Reference Vidant Medical Center's license that is attached to this document. The license shows the inpatient rehab beds that are located at the proposed site of the renovation are part the hospital's license and therefore under the entire licensed health service facility's control, operationally and financially.

**9. Documentation that administrative control of the entire licensed health service facility is exercised at the site of the proposed renovations or construction.**

Reference Vidant Medical Center's license that is attached to this document. The license shows the inpatient rehab beds that are located at the proposed site of the renovation are part the hospital's license and therefore under the entire licensed health service facility's control, operationally and financially.

If you require additional information or clarification, please contact me at (252)-847-3631.



Jeffrey Shovelin  
Director of Corporate Planning  
Vidant Health

# State of North Carolina

## Department of Health and Human Services Division of Health Service Regulation

*Effective January 01, 2014, this license is issued to  
Pitt County Memorial Hospital, Inc.*

*to operate a hospital known as  
Vidant Medical Center  
located in Greenville, North Carolina, Pitt County.*

*This license is issued subject to the statutes of the  
State of North Carolina, is not transferable and shall remain  
in effect until amended by the issuing agency.*

**Facility ID: 933410**

**License Number: H0104**

**Bed Capacity: 909**

*General Acute 782, Rehabilitation 75, Psych 52,*

**Dedicated Inpatient Surgical Operating Rooms: 7**

**Dedicated Ambulatory Surgical Operating Rooms: 0**

**Shared Surgical Operating Rooms: 26**

**Dedicated Endoscopy Rooms: 2**

**Authorized by:**

*Adona M. S. M.D.*

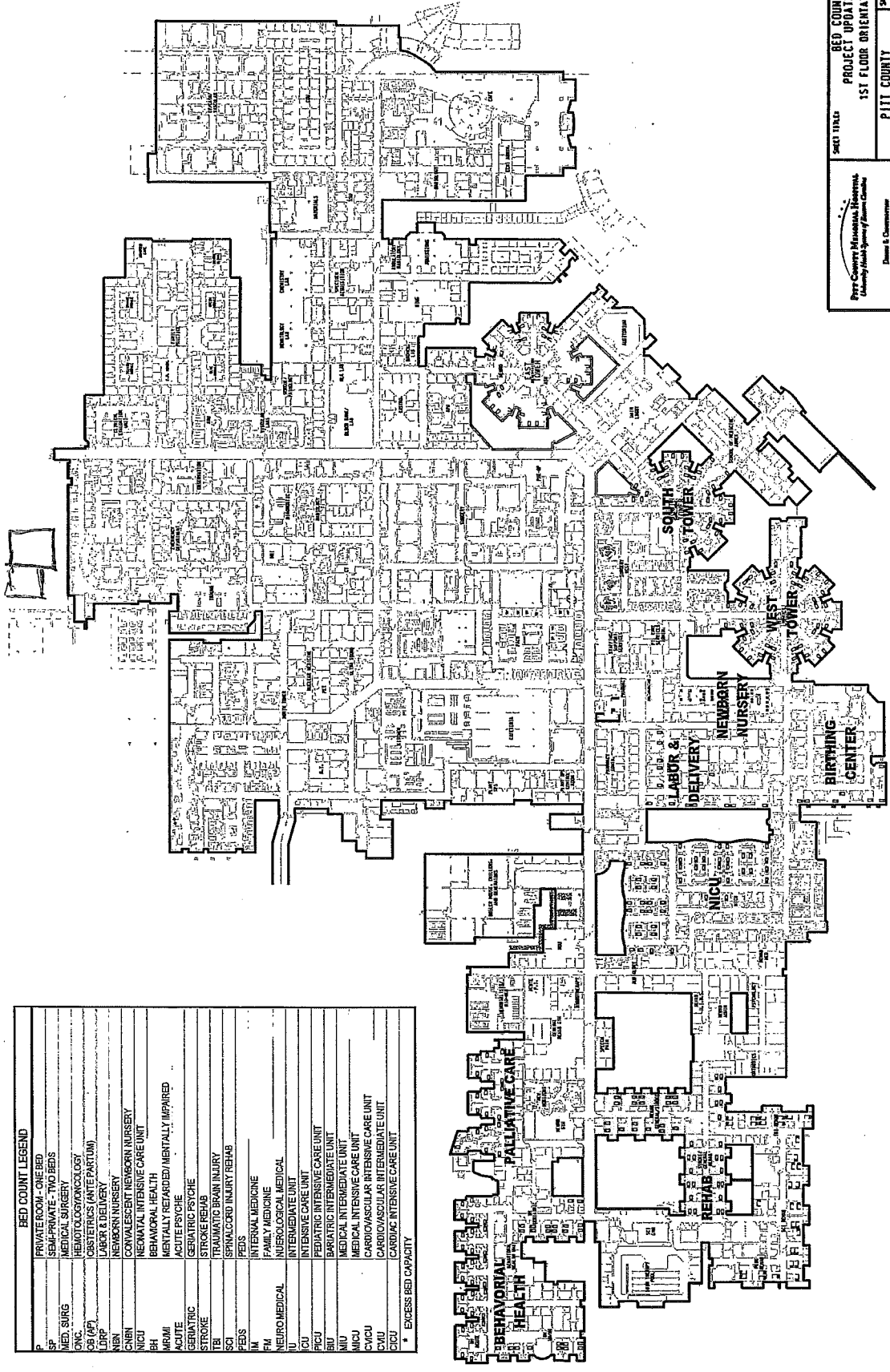
**Secretary, N.C. Department of Health and  
Human Services**



*Dwight R. P.*

**Director, Division of Health Service Regulation**

| BED COUNT LEGEND |                                     |
|------------------|-------------------------------------|
| P                | PRIVATE ROOM - ONE BED              |
| SP               | SEMI-PRIVATE - TWO BEDS             |
| MD. SURG         | MEDICAL SURGERY                     |
| ONS              | ONCOLOGY                            |
| OB (AP)          | GYN SURG (ANTE PARTUM)              |
| LABR             | LABOR & DELIVERY                    |
| NBN              | NEWBORN NURSERY                     |
| CONVA            | CONVALESCENT NEWBORN NURSERY        |
| NICU             | NEONATAL INTENSIVE CARE UNIT        |
| BH               | BEHAVIORAL HEALTH                   |
| MRMI             | MENTALLY RETARDED/MENTALLY IMPAIRED |
| ACUTE            | ACUTE PSYCH                         |
| GERIATRIC        | GERIATRIC PSYCH                     |
| STROKE           | STROKE REHAB                        |
| TBI              | TRAUMATIC BRAIN INJURY              |
| SPINAL           | SPINALCORD INJURY REHAB             |
| PEDS             | PEDIATRIC                           |
| IM               | INTERNAL MEDICINE                   |
| FM               | FAMILY MEDICINE                     |
| NEURO            | NEUROLOGICAL MEDICAL                |
| IU               | INTERMEDIATE UNIT                   |
| ICU              | INTENSIVE CARE UNIT                 |
| PCU              | PEDIATRIC INTENSIVE CARE UNIT       |
| BIU              | BARIATRIC INTERMEDIATE UNIT         |
| MIU              | MEDICAL INTERMEDIATE UNIT           |
| MICU             | MEDICAL INTENSIVE CARE UNIT         |
| CVICU            | CARDIOVASCULAR INTENSIVE CARE UNIT  |
| CICU             | CARDIAC INTENSIVE CARE UNIT         |
|                  | * EXCESS BED CAPACITY               |



|  |  |                               |
|--|--|-------------------------------|
| <br>Pitt County Memorial Hospital<br>University Health System of Eastern Carolina<br>Design & Construction | SHEET TITLE:<br><b>BED COUNT<br/>         PROJECT UPDATE 2010<br/>         1ST FLOOR ORIENTATION PLAN</b>      | SHEET NO.<br><b>A1</b>        |
|  | PROJECT NO.<br><b>PITT COUNTY<br/>         MEMORIAL HOSPITAL, INC.<br/>         GREENVILLE, NORTH CAROLINA</b> | DRAWN BY:<br><b>D. HEWOLD</b> |
| SCALE:<br><b>NONE</b>  | DATE:<br><b>9-10-10</b>  |                               |

All responses should pertain to October 1, 2012 through September 30, 2013.

**D. Beds by Service (Inpatient – Do Not Include Observation Beds or Days of Care)**

**[Please provide a Beds by Service (p. 4) for each hospital campus (see G.S. 131E-176(2c))]**

Please indicate below the number of beds usually assigned (set up and staffed for use) to each of the following services and the number of census inpatient days of care rendered in each unit. NOTE: If your facility has a designated unit(s) for chemical dependency treatment and/or detoxification, please complete the patient origin sheet pertaining to Psychiatric and Substance Abuse Services. If your facility has a Nursing Facility unit and/or Adult Care Bed unit please complete the supplemental packet for Skilled Nursing Facility beds.

| Licensed Acute Care<br>(provide details below)          | Licensed<br>Beds as of<br>September 30,<br>2013 | Staffed<br>Beds as of<br>September 30,<br>2013 | Annual<br>Census<br>Inpt. Days<br>of Care |
|---|---|--|---|
| <i>Campus</i> _____                                     |   |  |   |
| <b>Intensive Care Units</b>                             |   |  |   |
| 1. General Acute Care Beds/Days                         |   |  |   |
| a. Burn *   | 0   | 0  | * 0                                       |
| b. Cardiac  | 24  | 24   | 6,124                                     |
| c. Cardiovascular Surgery                               | 24  | 24   | 5,931                                     |
| d. Medical/Surgical                                     | 56  | 56   | 14,141                                    |
| e. Neonatal Beds Level IV ** (Not Normal Newborn)       | 26  | 56   | ** 11,253                                 |
| f. Pediatric  | 12  | 12   | 2,606                                     |
| g. Respiratory Pulmonary                                | 0   | 0  | 0   |
| h. Other (List)   | 0   | 0  | 0   |
| <b>Other Units</b>                                      |   |  |   |
| i. Gynecology   | 0   | 0  | 0   |
| j. Medical/Surgical ***                                 | 405   | 405  | *** 132,108                               |
| k. Neonatal Level III ** (Not Normal Newborn)           | 24  | 24   | ** 3,096                                  |
| l. Neonatal Level II ** (Not Normal Newborn)            | 21  | 21   | ** 5,849                                  |
| m. Obstetric (including LDRP)                           | 52  | 52   | 12,607                                    |
| n. Oncology   | 52  | 52   | 13,399                                    |
| o. Orthopedics  | 48  | 48   | 12,060                                    |
| p. Pediatric  | 38  | 38   | 8,439                                     |
| q. Other (List)   | 0   | 0  |   |
| <b>Total General Acute Care Beds/Days (a through q)</b> | <b>782 <del>771</del></b>                       | <b>782</b>                                     | <b>227,713</b>                            |
| 2. Comprehensive In-Patient Rehabilitation              | 75 <del>75</del>                                | 75   | 18,504                                    |
| 3. Inpatient Hospice                                    | 0   |  |   |
| 4. Detoxification                                       | 0   |  |   |
| 5. Substance Abuse / Chemical Dependency Treatment      | 0   |  |   |
| 6. Psychiatry   | 52 <del>52</del>                                | 52   | 13,894                                    |
| 7. Nursing Facility                                     | 0   |  |   |
| 8. Adult Care Home                                      | 0   |  |   |
| 9. Other  | 0   |  |   |
| <b>10. Totals (1 through 9)</b>                         | <b>909 <del>898</del></b>                       | <b>909</b>                                     | <b>260,111</b>                            |

\* Please report only Census Days of Care of DRG's 927, 928, 929, 933, 934 and 935.  
 \*\* Per C.O.N. rule definition. Refer to Section .1400 entitled Neonatal Services. (10A NCAC 14C)  
 \*\*\* Exclude Skilled Nursing swing-bed days. (See swing-bed information next page)



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Drexdal Pratt  
Division Director

February 21, 2014

Jeffrey Shovelin, Director, Corporate Planning  
Vidant Health  
Post Office Box 6028  
Greenville, North Carolina 27835-6028

**Information Request for Exemption Pursuant to G.S. 131E-184(g)**

Facility: Vidant Medical Center  
Project Description: Renovate portion of inpatient rehabilitation area and install 19 patient lifts  
County: Pitt  
FID #: 933410

Dear Mr. Shovelin:

The Certificate of Need Section (CON Section) has received your letter dated December 21, 2013 regarding the above reference proposal. However, additional information is needed to determine if the project is exempt from review pursuant to G.S. 131E-184(g).

Provide a written response to each of the following.

1. A copy of the health service facility's current license.
2. The street address of the site of the proposed renovations or construction.
3. If the site of the proposed renovations or construction consists of multiple buildings, identify which of those buildings, by name and number, is the main building.
4. If the site of the proposed renovations or construction is not the main building, provide the name and number of the building(s) to be renovated or constructed.
5. A site plan drawn to scale identifying the main building and the site of the proposed renovations or construction.
6. If the site of the proposed renovations or construction is not strictly contiguous to the main building, documentation that it is located within 250 yards of the main building.
7. Documentation that clinical patient services are provided at the site of the proposed renovations or construction.

**Certificate of Need Section**

[www.ncdhhs.gov](http://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

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8. Documentation that financial control of the entire licensed health service facility is exercised at the site of the proposed renovations or construction.
9. Documentation that administrative control of the entire licensed health service facility is exercised at the site of the proposed renovations or construction.

If you have any questions concerning this request, please do not hesitate to call me.

Sincerely,



Jane Rhoe-Jones, Project Analyst  
Certificate of Need Section

**rhoe-jones, jane e**

---

**From:** rhoe-jones, jane e  
**Sent:** Wednesday, February 19, 2014 3:18 PM  
**To:** 'Jeffrey Shovelin'  
**Subject:** Exempt Request for Rehab Unit

Hi Jeff,

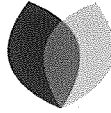
I left you a voice mail message regarding asking more information for this request. Also, please specify in your response that this exemption request is to refurbish a portion of the inpatient rehab unit vs. "replace refurbish" a portion of the unit (as your letter of Dec 21<sup>st</sup> states).

Thanks and please call with any questions or concerns.

Jane

Jane Rhoe-Jones  
N.C. Department of Health and Human Services  
Project Analyst, CON Section - Division of Health Service Regulation  
809 Ruggles Drive  
Raleigh, NC 27603  
2704 Mail Service Center  
Office: 919-855-3873  
Fax: 919-733.8139  
[jane.rhoe-jones@dhhs.nc.gov](mailto:jane.rhoe-jones@dhhs.nc.gov)  
[www.ncdhhs.gov/dhsr](http://www.ncdhhs.gov/dhsr)

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VIDANT HEALTH™

*Law*

Received by  
the CON Section  
JAN 3 2014

December 21, 2013

Ms. Jane Rhoe-Jones  
Certificate of Need Section  
Division of Health Service Regulation  
NC Department of Health and Human Services  
2704 Mail Service Center  
Raleigh, NC 27699-2704

RE: Request for "No Review" for Rehab Refurbishment Project at Vidant Medical Center

Dear Ms. Rhoe-Jones:

Vidant Medical Center plans to replace refurbish a portion of its inpatient rehab area as well as install 19 patient lifts (see Appendix A for floor plan). The reason for refurbishment is due to age of the physical plant and the need for staff/patient safety when lifting. The total capital costs for the proposed replacement is estimated to be \$2,300,000 (see Appendix B for the capital cost sheet). These costs include all expenses associated with the refurbishment and lifts. The project will be funded through accumulated reserves.

VMC believes that the proposed equipment replacement is not subject to review under North Carolina's Certificate of Need (CON) laws. VMC's proposed project meets the requirements found in G.S. 131E-184(g). This statute states:

- (g) The Department shall exempt from certificate of need review any capital expenditure that exceeds the two million dollar (\$2,000,000) threshold set forth in G.S. 131E-176(16)b. if all of the following conditions are met:
- (1) The sole purpose of the capital expenditure is to renovate, replace on the same site, or expand the entirety or a portion of an existing health service facility that is located on the main campus.
  - (2) The capital expenditure does not result in (i) a change in bed capacity as defined in G.S. 131E-176(5) or (ii) the addition of a health service facility or any other new institutional health service facility or any other new institutional health service other than that allowed in G.S. 131E-176(16)b.
  - (3) The licensed health service facility proposing to incur the capital expenditure shall provide prior written notice to the Department along with supporting documentation to demonstrate that it meets the exemption criteria of this subsection.

Since the total capital expenditure for the project is more than \$2,000,000 but is being done for the sole purpose of renovating on the same site of the main campus, does not change bed capacity or adds a new institutional health service, and by this letter is providing written notice to the Department, VMC's proposal meets the requirements identified above and is therefore exempt from review. Therefore, VMC requests approval of a no review status for the proposed project.

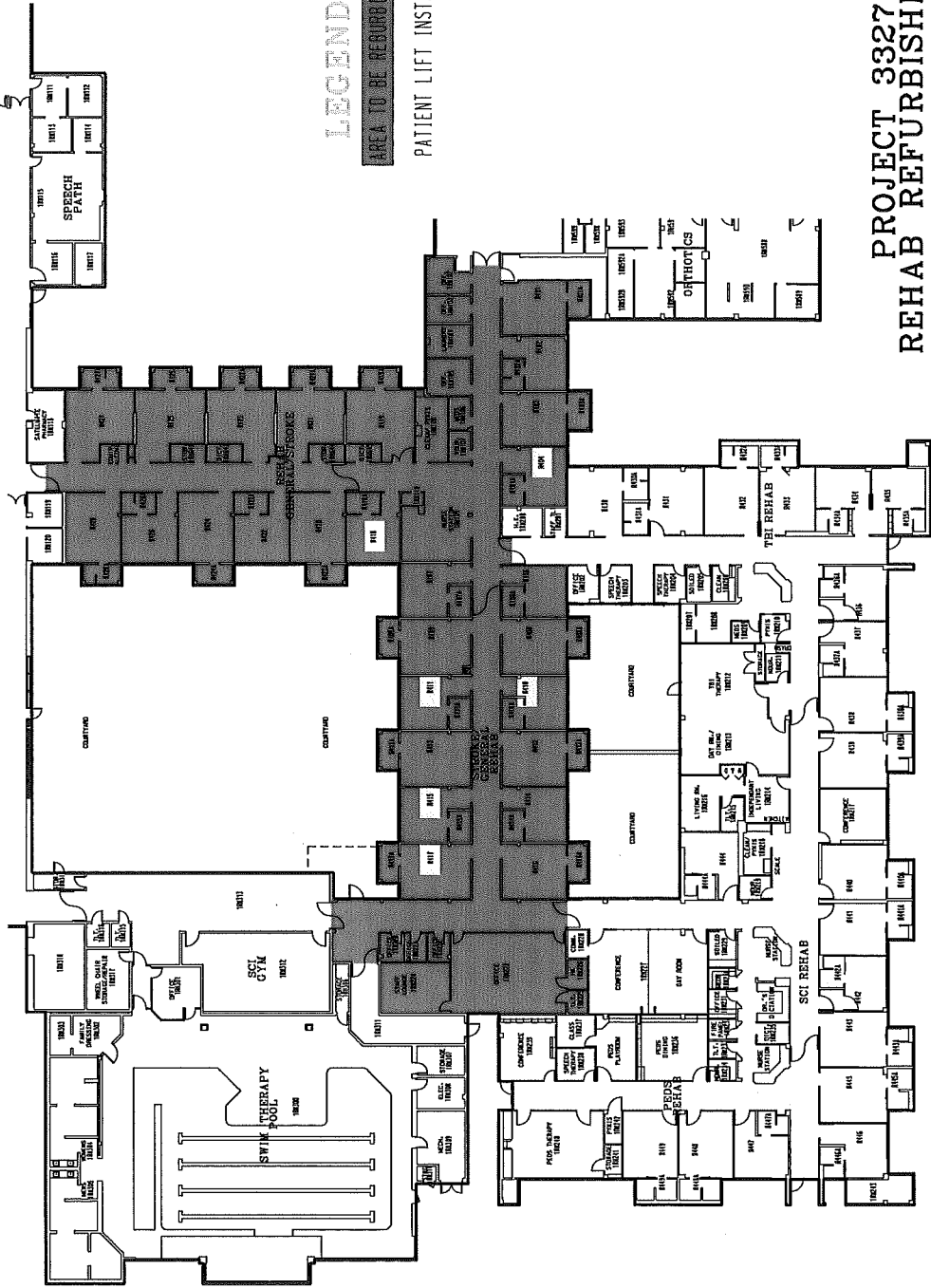
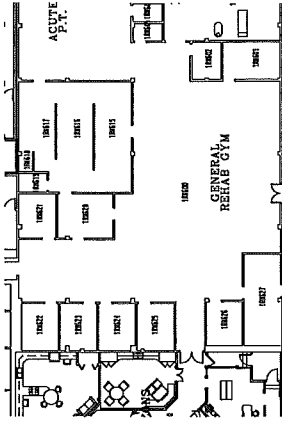
If you require additional information or clarification, please contact me at (252)-847-3631.

A handwritten signature in black ink, appearing to read "Jeffrey Shovelin", with a long horizontal flourish extending to the right.

Jeffrey Shovelin  
Director of Corporate Planning  
Vidant Health

# **Appendix A**

## **Floor Plan**



LEGEND  
 AREA TO BE REBURBISHED  
 PATIENT LIFT INSTALLS

PROJECT 3327  
 REHAB REFURBISHMENT

# **Appendix B**

## **Capital Cost Sheet**

**CAPITAL COST SUMMARY**  
Rehabilitation Refurbishment Project

**Site Costs**

|  |              |
|--|--------------|
| (1) Full purchase price of land<br>Acres 0 Price per Acre \$ _____ | \$ 0         |
| (2) Closing costs  | \$ 0         |
| (3) Site Inspection and Survey                                     | \$ 0         |
| (4) Legal fees and subsoil investigation                           | \$ 0         |
| (5) Site Preparation Costs [Include]                               |              |
| Soil Borings   |              |
| Clearing and Grading   |              |
| Roads and Parking  |              |
| Sidewalks  |              |
| Water and Sewer  |              |
| Excavation and Backfill  |              |
| Termite Treatment  |              |
| Sub-Total Site Preparation Costs                                   | \$ 0         |
| (6) Other (Specify)  | \$ 0         |
| (7) Sub-Total Site Costs   | \$ 0         |
| Construction Contract  |              |
| (8) Cost of Materials [Include]                                    |              |
| General Requirements   |              |
| Concrete/Masonry   |              |
| Woods/Doors & Windows/Finishes                                     |              |
| Thermal & Moisture Protection                                      |              |
| Equipment/Specialty Items  |              |
| Mechanical/Electrical  |              |
| Sub-Total Cost of Materials  | \$ 702,000   |
| (9) Cost of Labor  | \$ 1,053,000 |
| (10) Other   |              |
| (11) Sub-Total Construction Contract                               | \$ 1,755,000 |
| Miscellaneous Project Costs  |              |
| (12) Building Purchase   | \$ 0         |
| (13) Fixed Equipment Purchase/Lease                                | \$ 300,000   |
| (14) Movable Equipment Purchase/Lease                              | \$ 0         |
| (15) Furniture   | \$ 25,000    |
| (16) Landscaping   | \$ 0         |
| (17) Consultant Fees   |              |
| Architect and Engineering Fees                                     |              |
| Legal Fees   |              |
| Market Analysis  |              |
| CON Preparation  |              |
| Sub-Total Consultant Fees  | \$ 220,000   |
| (18) Financing Costs (e.g. Bond, Loan, etc.)                       | \$ 0         |
| (19) Interest During Construction                                  | \$ 0         |
| (20) Other (Specify)   | \$ 0         |
| (21) Sub-Total Miscellaneous                                       | \$ 545,000   |
| (22) Total Project Capital Cost (Sum A-C above)                    | \$ 2,300,000 |

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

*John W. White*, Registered Arch., N.C., # 5977  
(signature of Licensed Architect or Engineer)