



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

Pat McCrory
Governor

Richard O. Brajer
Secretary DHHS

Mark Payne, Director
Health Service Regulation

December 9, 2016

Joy Heath
Williams Mullen
P.O. Box 1000
Raleigh, NC 27602

No Review

Record #: 2111
Facility Name: Mallard Creek Surgery Center
FID #: 100769
Business Name: University Surgery Center, LLC
Business #: 1949
Project Description: Renovate and upgrade existing procedure room
County: Mecklenburg

Dear Ms. Heath:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your letter of December 8, 2016 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.

However, you need to contact the Agency's Construction and Acute and Home Care Licensure and Certification Sections 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 in your correspondence. 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 this office. 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.

Please contact this office if you have any questions. Also, in all future correspondence you should reference the Facility ID # (FID) if the facility is licensed.

Sincerely,


Gloria C. Hale
Project Analyst


Martha J. Frisone
Assistant Chief, Certificate of Need



Healthcare Planning and Certificate of Need Section

www.ncdhhs.gov

Telephone: 919-855-3873 • Fax: 919-715-4413

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

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

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Joy Heath
December 12, 2016
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cc: Construction Section, DHSR
Acute and Home Care Licensure and Certification Section, DHSR
Paige Bennett, Assistant Chief, Healthcare Planning, DHSR

WILLIAMS MULLEN

Direct Dial: 919.981.4001
jheath@williamsmullen.com

December 8, 2016



VIA HAND- DELIVERY

Ms. Martha Frisone
Ms. Gloria Hale
Healthcare Planning &
Certificate of Need
809 Ruggles Drive
Raleigh, North Carolina

In re: Mallard Creek Surgery Center
9848 N. Tryon Street, Suite 200
Charlotte, NC 28262
Licensee: University Surgery Center, LLC
County: MECKLENBURG
Phone: (704)548-5200
License No: AS0148
Surgical ORs: 2

Dear Ms. Frisone & Ms. Hale:

On behalf of our client, we write to request a material compliance determination relating to our client's plans to upgrade an existing procedure room at its Mallard Creek Surgery Center in Charlotte, Mecklenburg County, North Carolina. This upgrade would allow Mallard Creek Surgery Center to achieve operational efficiencies for the benefit of its patients. The procedure room will be enhanced architecturally and with respect to its mechanical, electrical, and plumbing systems. The facility's plans are summarized in the attachment to this letter.

After completing the changes as described, Mallard Creek Surgery Center will continue to have two surgical operating rooms (ORs). The changes to the procedure room will not relate to the number or operation of the existing ORs at Mallard Creek. Mallard Creek will continue to have one procedure room in use as it has from the time of the development of the Center.

By upgrading its existing procedure room, Mallard Creek Surgery Center will not add to its Center any new institutional health service requiring CON review. Mallard Creek Surgery Center will continue to operate its Center with two ORs and one procedure room which is consistent with and in material compliance with its CON Application and the conditions placed upon its CON approval. No equipment requiring CON review will be added in connection with the procedure room upgrade.

WILLIAMS MULLEN

Ms. Martha Frisone
Ms. Gloria Hale
December 8, 2016
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We would request that the CON Section confirm that the above-referenced upgrades to the procedure room may be made in material compliance with the CON issued for this Center. We would also ask that your office confirm for the Construction Section (Larry Beal, Architect) that a CON is not required for these upgrades to the procedure room at Mallard Creek Surgery Center.

Thank you for your attention to this request.

Sincerely,

Joy Heath

Joy Heath

Attachment

cc: Mallard Creek Surgery Center



2115 Rexford Road, Suite 500
Charlotte, North Carolina 28211

/04.364.3400 Office

ksq.design

**PROCEDURE ROOM UPGRADE
EXECUTIVE BRIEF
MALLARD CREEK SURGERY CENTER
Charlotte, North Carolina
12/06/2016**

Overview:

The Mallard Creek Surgery Center wishes to upgrade an existing procedure room. This upgrade would allow this location to better utilize the facility in terms of improving block scheduling time, operational efficiency, increased utilization of OR time in existing OR Rooms, and improved patient throughput times. In order to achieve this goal, the existing room would need to meet additional criteria for infection control and patient services. These improvements include enhancements architecturally and to the mechanical, electrical, and plumbing systems.

Architecture:

Architecturally, the existing acoustical lay in ceiling would be replaced with a cleanable ceiling: a gypsum wall board soffit with a center inset of sealed, gasketed ceiling system. Otherwise the architectural changes are limited to the repair and patching of existing surfaces and finishes to accommodate work by other trades.

Mechanical:

New mechanical work includes replacing the existing air distribution with a new laminar flow system with eight 24" x 48" diffusers and a HEPA filter supply. Air changes will be increased to 25 air changes per hour. The new work also includes two low wall returns. A humidification control system will be provided as well as a smoke evacuation ductwork, fan and diffusers. Lastly, a room pressure indicator device will be provided in the corridor above the door to the upgraded room.

Electrical:

In addition to the power required for the work described elsewhere, the new work will accommodate isolated power to the upgraded room with isolated power remote annunciator panels at the nurses' station. There will be approximately eleven new 2x4 LED fixtures and two battery powered emergency lights. Revisions will also include the addition of one additional fire alarm to the existing system and nine new outlet back boxes (for future additional data) with 1" conduits stubbed to above the ceiling.

Plumbing/Medical Gas:

An existing sink will be removed from service. New service is required to humidifier noted in the Mechanical section.

Existing medical gases wall outlets will be removed (including associated in wall piping). The outlet removal includes 1 Oxygen, 1 Medical Air and 3 Vacuum.

The wall services will be replaced with:

- o Wall outlets, typical at two locations: (2) Vacuum and (2) Slides.
- o Wall outlets, one location: (1) Nitrogen with control panel.
- o Ceiling outlets, typical at two locations: (1) Medical Air, (2) Oxygen, (2) Vacuum, (1) Nitrous Oxide, and (1) WAGD.

Hale, Gloria

From: Heath, Joy <jheath@williamsmullen.com>
Sent: Thursday, December 08, 2016 10:52 AM
To: Hale, Gloria
Subject: RE: Email Copy of Document Hand-Delivered Today [IWOV-IWOVRIC.FID1311488]

Ms. Hale,

I should have referenced the cost, my apologies. The cost will be well under the threshold – the client's expectation is that the cost will be approximately \$115,000.

Thank you,
Joy

Joy Heath | Attorney | Williams Mullen

301 Fayetteville Street, Suite 1700 | P.O. Box 1000 (27602) | Raleigh, NC 27601
T 919.981.4001 | C 919.559.3904 | F 919.981.4300 | jheath@williamsmullen.com | www.williamsmullen.com

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From: Hale, Gloria [mailto:gloria.hale@dhhs.nc.gov]
Sent: Thursday, December 08, 2016 10:23 AM
To: Heath, Joy
Subject: RE: Email Copy of Document Hand-Delivered Today [IWOV-IWOVRIC.FID1311488]

Ms. Heath,

Will the proposed renovations cost less than \$2 million? What is the estimated cost? Thanks.

Gloria C. Hale, MPH

Project Analyst Certificate of Need
Division of Health Service Regulation, Healthcare Planning and Certificate of Need Section
North Carolina Department of Health and Human Services

919-855-3873 office
Gloria.Hale@dhhs.nc.gov

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Nothing Compares

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