

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

Pat McCrory
Governor

Richard O. Brajer
Secretary DHHS

Mark Payne
Assistant Secretary for Audit and
Health Service Regulation

January 20, 2016

Brad Weisner
2460 Curtis Ellis Drive
Rocky Mount, NC 27804

Exempt from Review

Record #: 1833
Facility Name: Nash General Hospital
FID #: 933368
Business Name: Nash Hospitals, Inc.
Business #: 1289
Project Description: Consolidate cancer services
County: Nash

Dear Mr. Weisner:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that based on your letter of January 8 and January 15, 2016, 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 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 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 Agency. 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.



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

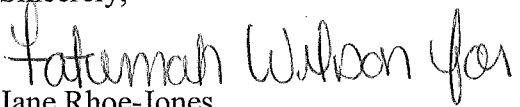
Mailing Address: 2704 Mail Service Center • Raleigh, NC 27699-2704


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

Sincerely,

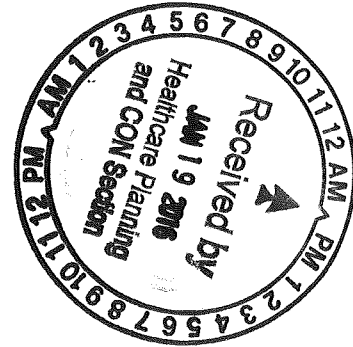

Jane Rhoe-Jones
Project Analyst


Martha J. Frisone, Assistant Chief
Certificate of Need

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



2460 Curtis Ellis Drive, Rocky Mount, NC 27804
252 962-8000 / www.nhcs.org



January 15, 2016

Fatimah Wilson
Certificate of Need Section
NC Division of Health Services Regulations
2704 Mail Service Center
Raleigh, NC 27699-2704

Additional Information Request for Exemption

Facility: Nash Hospitals, Inc.
Project Description: Consolidate Cancer Services
County: Nash
FID#: 933368

Dear Ms. Wilson:

Below are written responses to your letter dated January 12, 2016:

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

Response: Attachment 1 is the latest License for Nash Hospitals, Inc., Facility ID: 933368.

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

Response: 2460 Curtis Ellis Dr, Rocky Mount, NC 27804

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.*

Response: Attachment 2 shows an aerial view of the main campus of 2460 Curtis Ellis Drive. Attachment 3 identifies the main campus of Nash Hospitals, Inc. includes Nash General, Women's Center, Surgery Pavilion, Heart Center and ED and Nash Day Hospital which is where some outpatient services are provided such as outpatient surgery, endoscopy, rehab, diagnostic imaging and radiation oncology. All of these buildings are connected and share common services so would be considered the "main building". All of these services operate under the attached license number H0228.

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.*

Response: Not applicable since part of main building

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

Response: See Attachment 4 which is a floor plan of Nash Day while Attachment 5 reflects the section of Nash Day that will be renovated and where addition will be placed. I have also included a letter (attachment 6) from the Architectural firm McCulloch England Associates who has been engaged for this project.

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.*

Response: Not applicable since it is part of main building

7. *Design schematics drawn to scale showing:*

- a. *Each area to be renovated; and*
- b. *Each area of new construction that replaces existing space.*

Response: See Attachments 3, 4 and 5.

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

Response: See Attachment 7. This is a copy of the latest Hospital License Renewal Application which addresses services for the legal entity Nash Hospitals, Inc. Pages 20 and 21 denote the two current Linear accelerators that are operational and page 21 denote that chemotherapy services are currently provided. I have also included Attachment 8 which is information from the American College of Surgeons, Commission on Cancer that shows that Nash is accredited as a Comprehensive Community Cancer Program and the services required to be accredited which are the ones that are included in this project.

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

Response: The financial control of the entire licensed health service facility is exercised at 2460 Curtis Ellis Drive, which is the address of the main campus where Nash Hospitals, Inc. operates. See Attachment 9 from CEO verifying this information.

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

Response: The administrative control of the entire licensed health service facility is exercised at 2460 Curtis Ellis Drive, which is the address of the main campus where Nash Hospitals, Inc. operates. See Attachment 9 from CEO verifying this information.

11. Documentation that the sole purpose of the project is to:

- a. Renovate existing space;
- b. Replace existing services on the same site; or
- c. Expand the physical plant without adding any new services or major medical equipment.

Response: The sole purpose of this capital expenditure is to renovate current space and add some additional space to consolidate Cancer Services in the same area and provide one point of entry for patients and family. No new services or major capital equipment will be added as mentioned in Response 8 and other information provided.

12. Documentation that the project will NOT result in:

- a. The offering of health services not currently provided;
- b. The acquisition of additional units of major medical equipment; or
- c. An increase in the number of beds, operating rooms, gastrointestinal endoscopy rooms, etc.

Response: The scope of this project will not result in any new services, acquisition of additional units of major medical equipment or increase in beds, operating rooms, gastrointestinal endoscopy rooms or other major equipment.

Thank you in advance for your processing of this "No Review" request and please contact me at 252 962-8227 or bhweisner@nhcs.org if you should need any other information or have questions.

Sincerely,



Brad H Weisner, COO
Nash Hospitals, Inc.

State of North Carolina

Department of Health and Human Services Division of Health Service Regulation

*Effective January 01, 2015, this license is issued to
Nash Hospitals, Inc.*

*to operate a hospital known as
Nash General Hospital
located in Rocky Mount, North Carolina, Nash County.*

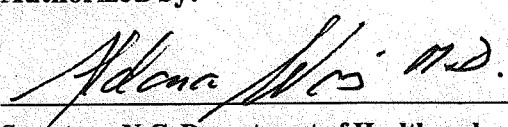
*This license is issued subject to the statutes of the
State of North Carolina, is not transferable and shall remain
in effect until amended by the issuing agency.*

Facility ID: 933368
License Number: H0228

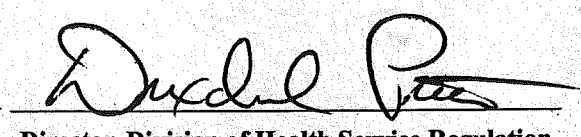
Bed Capacity: 345
General Acute 262, Rehabilitation 23, Psych 44, Substance Abuse 16,

Dedicated Inpatient Surgical Operating Rooms: 1
Dedicated Ambulatory Surgical Operating Rooms: 0
Shared Surgical Operating Rooms: 13
Dedicated Endoscopy Rooms: 4

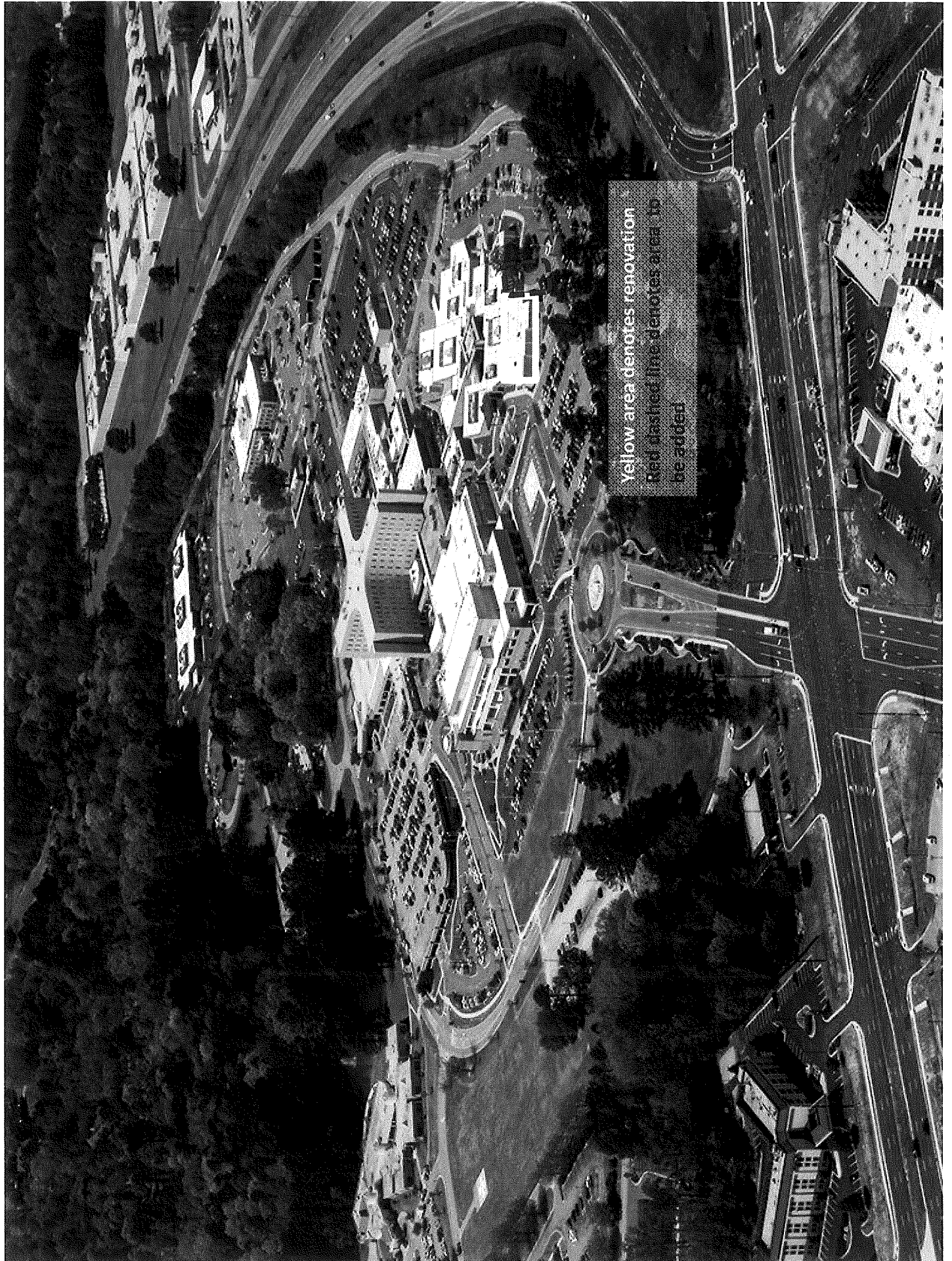
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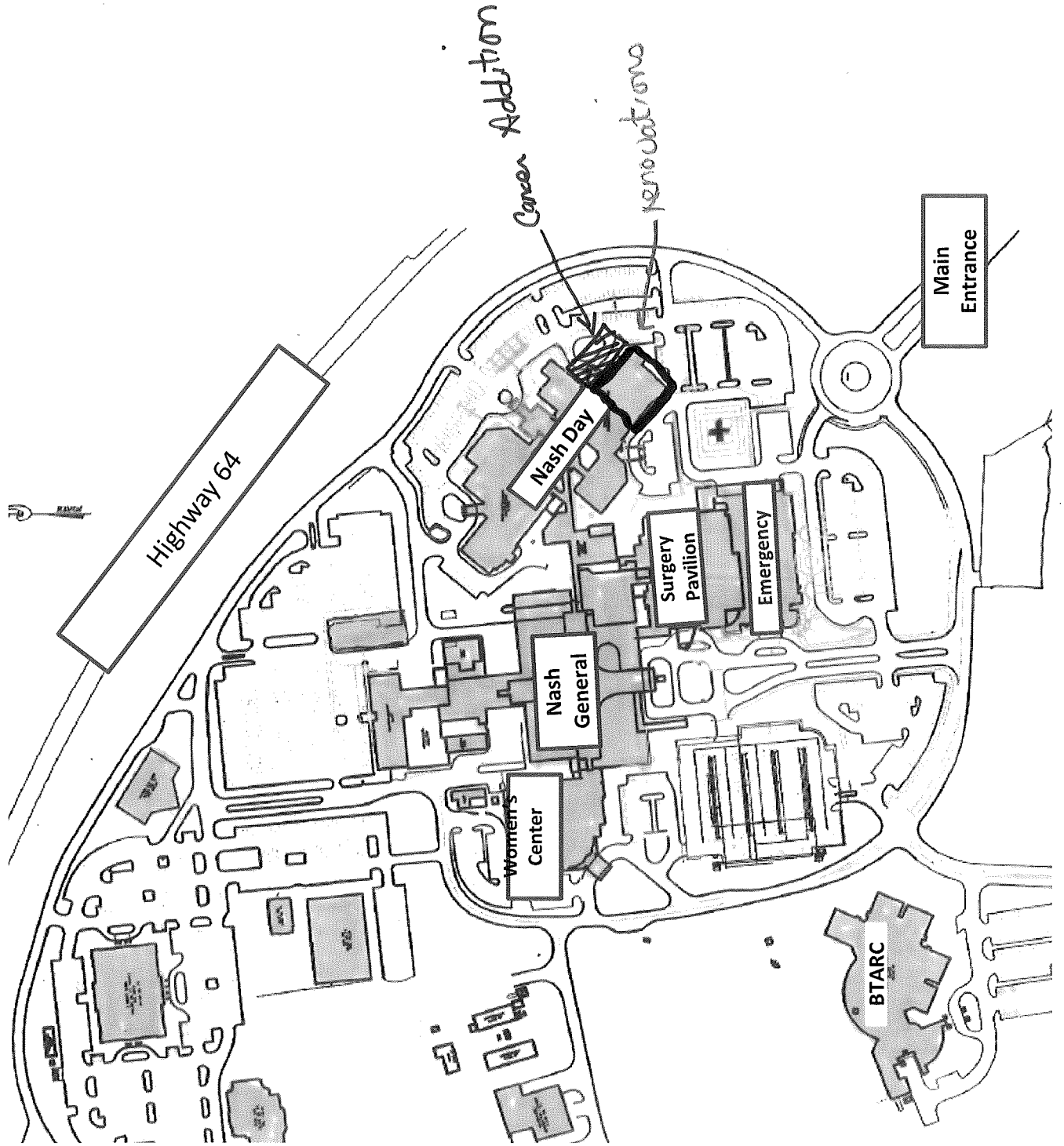
Secretary, N.C. Department of Health and
Human Services

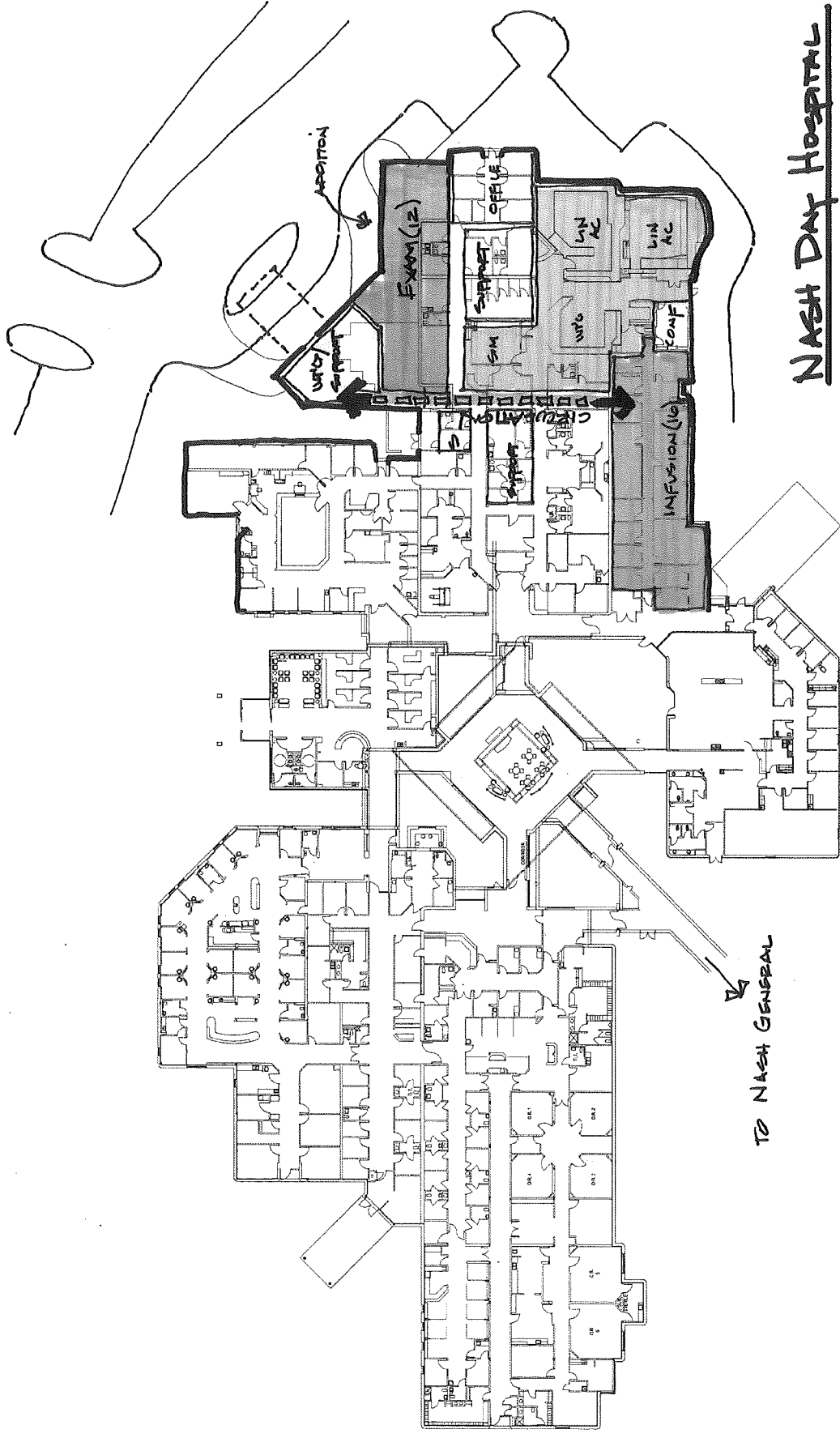


Director, Division of Health Service Regulation

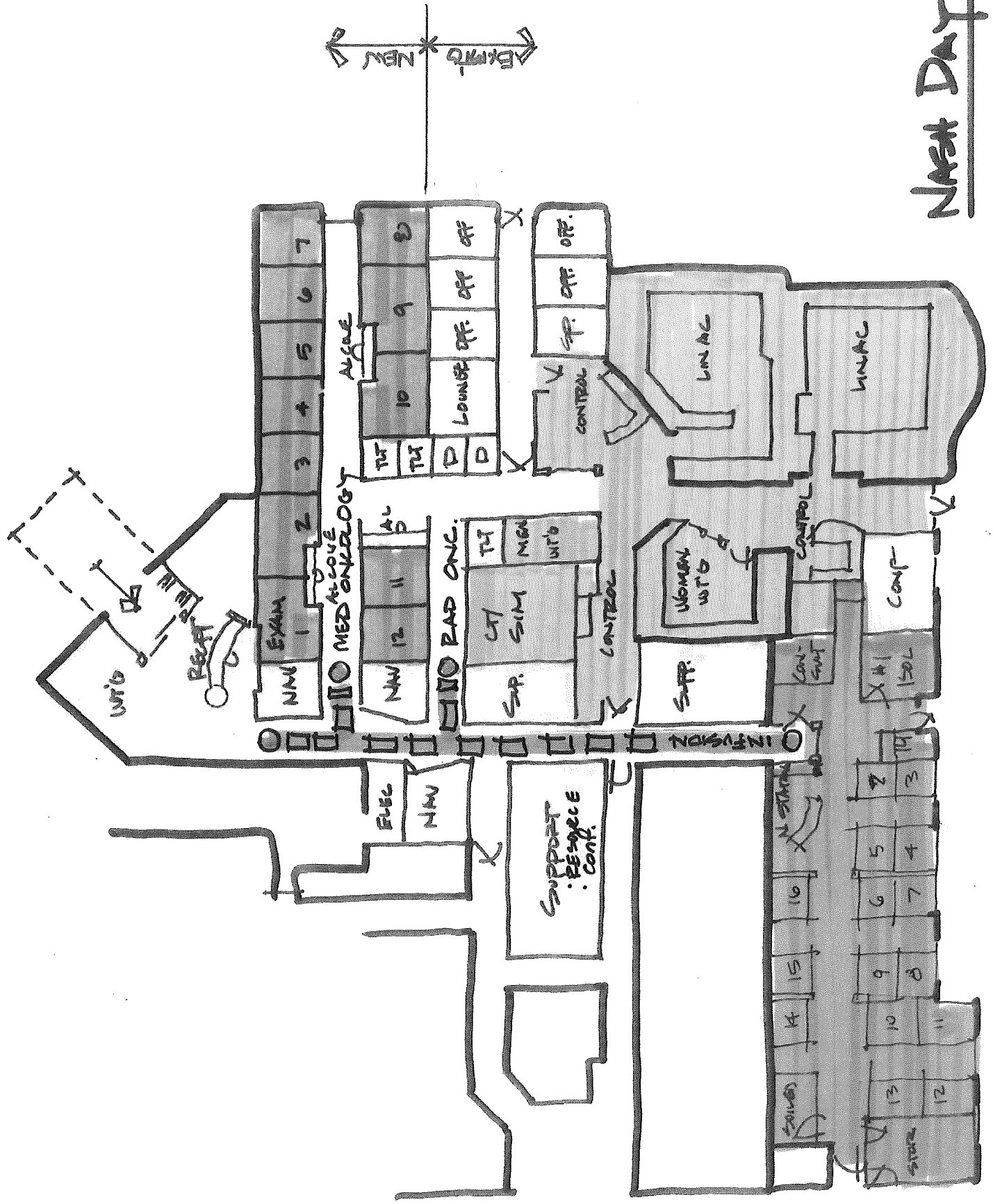


Attachment 3





NASH DAY HOSPITAL



100 Queens Road
Suite 200
Charlotte, NC 28204
704/372-2740
www.McCullochEngland.com

January 13, 2016
H1576/29



Brad Weisner
Exec VP, COO - Nash Health Care System
Nash Health Care Systems
2450 Curtis Ellis Dr.
Rocky Mount, NC 27804

Re: **Nash Day Hospital
Cancer Center
Construction Cost Estimate**

Dear Brad,

Listed below is a cost estimate for the scope of work that includes renovating approximately 12,772 sf of the existing Nash Day Hospital and a proposed 4,200 sf new addition. This project also includes a new public entrance canopy, and associated sitework.

We have met with Rodgers Builders, General Contractors to help verify the renovation and new construction costs.

General Construction Cost **\$ 3,582,515.00**

Note:

- This cost estimate does not include medical equipment, furniture, and artwork or telecommunication equipment.
- This cost estimate does not include Professional Design or Interior Design fees.

If you have any questions, please don't hesitate to call me.

Sincerely,

McCulloch England Associates Architects

Larry E. May Jr, AIA LEED AP
Executive Vice President



Richard A. Henly AIA
 Larry E. May, Jr. AIA
 Michael D. Rowell AIA
 Ellen S. Standish AIA
 Grace O. Murray AIA
 James M. Wiley AIA
 Jack L. Gill AIA
 Michael K. Satterfield AIA
 Richard B. Butler AIA
 Steve A. Assante AIA
 Daniel A. Kinken AIA
 Garrett M. Olin AIA

North Carolina Department of Health and Human Services
Division of Health Service Regulation
Acute and Home Care Licensure and Certification Section
1205 Umstead Drive, 2712 Mail Service Center
Raleigh, North Carolina 27699-2712
Telephone: (919) 855-4620 Fax: (919) 715-3073

For Official Use Only

License # H0228 Medicare # 340147
FID #: 933368
PC _____ Date _____

License Fee: \$6,727.50

**2015
HOSPITAL LICENSE
RENEWAL APPLICATION**

Legal Identity of Applicant: Nash Hospitals, Inc.
(Full legal name of corporation, partnership, individual, or other legal entity owning the enterprise or service.)

Doing Business As
(d/b/a) name(s) under which the facility or services are advertised or presented to the public:

PRIMARY: Nash General Hospital
Other: Nash Day Hospital; Coastal Plain Hospital
Other: Bryant T. Aldridge Rehabilitation Center

Facility Mailing Address: 2460 Curtis Ellis Dr.
Rocky Mount, NC 27804

Facility Site Address: 2460 Curtis Ellis Dr.
Rocky Mount, NC 27804
County: Nash
Telephone: (252)962-8070
Fax: (252)962-8877

Administrator/Director: Larry H Chewing
Title: CEO
(Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility)

Chief Executive Officer: Larry H. Chewing Title: President/CEO
(Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility)

Name of the person to contact for any questions regarding this form:

Name: Nick Walvko Telephone: 252-962-8987
E-Mail: nwalvko@nhcs.org

All responses should pertain to October 1, 2013 through September 30, 2014.

In accordance with Session Law 2013-382 and 10NCAC 13B .3502(e)(f) on an annual basis, on the license renewal application provided by the Division, the facility shall provide to the Division the direct website address to the facility's financial assistance policy. This Rule applies only to facilities required to file a Schedule H, federal form 990.

1) Please provide the main website address for the hospital:

www.nhcs.org

2) Please provide the website address and / or link to access the hospital's charity care policy

www.nhcs.org/patient_visitor_info/about_your_bill

3) Please provide the website address and / or link to access the hospital's schedule H 990 form.

Not applicable. Not required to file Form 990.

AUTHENTICATING SIGNATURE: this attestation statement is to validate compliance with GS 131E-91 as evidenced through 10A NCAC 13B .3502 and all requirements set forth to assure compliance with fair billing and collection practices.

Signature: _____ Date: _____

PRINT NAME
OF APPROVING OFFICIAL Larry H. Chewning

7-3

2015 Renewal Application for Hospital:
Nash General Hospital

License No: H0228
Facility ID: 933368

All responses should pertain to October 1, 2013 through September 30, 2014.

Primary National Provider Identifier (NPI) registered at NPPES 1619969219

If facility has more than one "Primary" NPI, please provide _____

For questions regarding NPI contact Azzie Conley at (919) 855-4646.

Type of Health Care Facilities under the Hospital License (please include offsite emergency departments)

List Name(s) of facilities:	Address:	Type of Business / Service:
Nash General Hospital	2460 Curtis Ellis Dr Rocky Mount NC 27804	Acute Care
Nash Day Hospital	2450 Curtis Ellis Dr Rocky Mount NC 27804	Ambulatory Svcs
Bryant T. Aldridge Rehabilitation Center	2400 Medpark Dr ROCKY Mount NC 27804	Rehabilitation
Coastal Plain Hospital	2301 Medpark Dr Rocky Mount NC 27804	Psych/Substance Abuse

Please attach a separate sheet for additional listings

ITEMIZED CHARGES: Licensure Rule 10 NCAC 3C .0205 requires the Applicant to provide itemized billing. Indicate which method is used:

- a. The facility provides a detailed statement of charges to all patients.
- b. Patients are advised that such detailed statements are available upon request.

7-4

All responses should pertain to October 1, 2013 through September 30, 2014.

Ownership Disclosure (Please fill in any blanks and make changes where necessary.)

1. What is the name of the legal entity with ownership responsibility and liability?

Owner: Nash Hospitals Inc
Street/Box: 2460 Curtis Ellis Dr.
City: Rocky Mount State: NC Zip: 27804
Telephone: (252)962-8070 Fax: (252)962-8877
CEO: Larry Chewning, President

Is your facility part of a Health System? [i.e., are there other hospitals, offsite emergency departments, ambulatory surgical facilities, nursing homes, home health agencies, etc. owned by your hospital, a parent company or a related entity?] Yes No

If 'Yes', name of Health System*: Nash Health Care Systems

* (please attach a list of NC facilities that are part of your Health System)

If 'Yes', name of CEO: Larry H. Chewning

- a. Legal entity is: For Profit Not For Profit
- b. Legal entity is: Corporation LLP Partnership
 Proprietorship LLC Government Unit

c. Does the above entity (partnership, corporation, etc.) LEASE the building from which services are offered? Yes No

If "YES", name of building owner:

2. Is the business operated under a management contract? Yes No

If 'Yes', name and address of the management company.
Name: University of North Carolina Health Care System
Street/Box: 101 Manning Drive
City: Chapel Hill State: NC Zip: 27514
Telephone: (919) 966-4131

3. Vice President of Nursing and Patient Care Services:
Leslie Hall RN, MSN

4. Director of Planning: N/A

Nash Health Care Systems
List of Facilities

Nash General Hospital 2460 Curtis Ellis Drive Rocky Mount, NC 27804.

Nash Day Hospital 2450 Curtis Ellis Drive Rocky Mount, NC 27804

Coastal Plain Hospital 2430 Medpark Drive Rocky Mount, NC 27804

Bryant T. Aldridge Rehabilitation Center 2400 Medpark Drive
Rocky Mount, NC 27804

All responses should pertain to October 1, 2013 through September 30, 2014.

7.6

11. Linear Accelerator Treatment Data (including Cyberknife® & Similar Equipment)

CPT Code	Description	# of Procedures
Simple Treatment Delivery		
77401	Radiation treatment delivery	0
77402	Radiation treatment delivery (<=5 MeV)	0
77403	Radiation treatment delivery (6-10 MeV)	9
77404	Radiation treatment delivery (11-19 MeV)	266
77406	Radiation treatment delivery (>=20 MeV)	0
Intermediate Treatment Delivery		
77407	Radiation treatment delivery (<=5 MeV)	0
77408	Radiation treatment delivery (6-10 MeV)	0
77409	Radiation treatment delivery (11-19 MeV)	22
77411	Radiation treatment delivery (>=20 MeV)	0
Complex Treatment Delivery		
77412	Radiation treatment delivery (<=5 MeV)	0
77413	Radiation treatment delivery (6-10 MeV)	879
77414	Radiation treatment delivery (11-19 MeV)	3,908
77416	Radiation treatment delivery (>= 20 MeV)	23
Other Treatment Delivery Not Included Above		
77418	Intensity modulated radiation treatment (IMRT) delivery	1,582
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator	0
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	0
G0339	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery in one session or first fraction	0
G0340	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery, fractionated treatment, 2nd-5th fraction	0
	Intraoperative radiation therapy (conducted by bringing the anesthetized patient down to the linac)	0
	Pediatric Patient under anesthesia	0
	Neutron and proton radiation therapy	0
	Limb salvage irradiation	0
	Hemibody irradiation	0
	Total body irradiation	0
Imaging Procedures Not Included Above		
77417	Additional field check radiographs	1,791
Total Procedures – Linear Accelerators		8,480
Gamma Knife® Procedures		
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of one session; multisource Cobalt 60 based (Gamma Knife®)	0
Total Procedures – Gamma Knife®		0

All responses should pertain to October 1, 2013 through September 30, 2014.

11. Linear Accelerator Treatment Data continued

a. Number of patients who received a course of radiation oncology treatments on linear accelerators (not the Gamma Knife®). Patients shall be counted once if they receive one course of treatment and more if they receive additional courses of treatment. For example, one patient who receives one course of treatment counts as one, and one patient who receives three courses of treatment counts as three. .
 # Patients 321 (This number should match the number of patients reported in the Linear Accelerator Patient Origin Table on page 35.)

b. Linear Accelerators
 1. TOTAL number of Linear Accelerator(s) 2
 2. Of the TOTAL number above, number of Linear Accelerators configured for stereotactic radiosurgery 0
 3. Of the TOTAL number above, Number of CyberKnife® Systems: 0
 Other specialized linear accelerators 0 Identify Manufacturer of Equipment _____

c. Number of Gamma Knife® units 0

d. Number of treatment simulators ("machine that produces high quality diagnostic radiographs and precisely reproduces the geometric relationships of megavoltage radiation therapy equipment to the patient."(GS 131E-176(24b))) 1

12. Telemedicine

- a. Does your facility utilize telemedicine to have images read at another facility? yes
- b. Does your facility read telemedicine images? yes

13. Additional Services:

a) Check if Service(s) is provided: (for dialysis stations, show number of stations)

	Check		Check
1. Cardiac Rehab Program (Outpatient)	X	5. Rehabilitation Outpatient Unit	X
2. Chemotherapy	X	6. Podiatric Services	
3. Clinical Psychology Services		7. Genetic Counseling Service	X
4. Dental Services		8. Number of Acute Dialysis Stations	5

Attachment 8

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Filter Search

Name of institution

State

City

Zip

27804 x

1 Cancer Center matching your search

1 of 1

Nash Health Care Systems
 2469 Curtis Ellis Drive, Rocky Mount, NC 27804-2237
 United States
Phone (252) 962-5000 | www.nhcs.org

1

11:25 AM
 1/19/2006

86

[Back to Accredited Cancer Programs](#)

About CoC Accreditation

CoC Accreditation Categories

CoC Outstanding Achievement Award

About CoC Accreditation

More than 70 percent of all newly diagnosed cancer patients are treated in the more than 1,500 Commission on Cancer (CoC)-accredited cancer programs nationwide.

The CoC Accreditation Program encourages hospitals, treatment centers, and other facilities to become CoC accredited. Cancer Program Standards 2012, Ensuring Patient-Centered Care establishes new requirements around patient-centered needs and expands the focus on improving the quality of care and patient outcomes.

Five elements are key to the success of a CoC-accredited cancer program:

1. The clinical services provide state-of-the-art pretreatment evaluation, staging, treatment, and clinical follow-up for cancer patients seen at the facility for primary, secondary, tertiary, or end-of-life care.
2. The cancer committee leads the program through setting goals, monitoring activity, evaluating patient outcomes, and improving care.
3. The cancer conference provides a forum for patient consultation and contributes to physician education.
4. The quality improvement program is the mechanism for evaluating and improving patient outcomes.
5. The cancer registry and database is the basis for monitoring the quality of care.

The following eligibility requirements include basic structure and services that are required of CoC-accredited cancer programs before a survey can take place:

- Structure**
 - Facility accreditation
 - Cancer committee authority
 - Cancer conference policy
 - Oncology nurse leadership
 - Cancer registry
- Services**
 - Diagnostic imaging
 - Radiation oncology services
 - Systemic therapy services
 - Clinical trial information
 - Psychosocial support services
 - Rehabilitation services
 - Nutritional services

Cancer Program Categories

CoC-accredited cancer programs are assigned a recertification category that describes the services available at the facility and



2460 Curtis Ellis Drive, Rocky Mount, NC 27804
252 962-8070 / Fax: 252 962-8877
lhchewning@nhcs.org / www.nhcs.org

Larry H. Chewning
President / Chief Executive Officer

January 14, 2016

Fatimah Wilson
Certificate of Need Section
NC Division of Health Services Regulations
2704 Mail Service Center
Raleigh, NC 27699-2704

Additional Information Request for Exemption

Facility: Nash Hospitals, Inc.
Project Description: Consolidate Cancer Services
County: Nash
FID#: 933368

Dear Ms. Wilson:

Nash Hospitals, Inc. has submitted a Certificate of Need exemption notice to physically consolidate Cancer Services on the main campus.

Please accept this letter as documentation that financial and administrative control of the entire licensed health service facility is exercised at the site of the proposed renovations or construction. The entire Executive staff, which includes the Chief Executive Officer and Chief Financial Officer, is located on the main campus which is 2460 Curtis Ellis Drive.

Sincerely,

A handwritten signature in black ink, appearing to read "Larry H. Chewning", written in a cursive style.

Larry H Chewning
President/Chief Executive Officer

Wilson, Fatimah

From: Wilson, Fatimah
Sent: Tuesday, January 12, 2016 9:34 AM
To: 'Weisner, Brad H.'
Subject: Request for Additional Information
Attachments: Electronic Request for Additional Information for Nash Hospitals.pdf

Hi Brad,

Please see attached a request for additional information regarding your exemption request dated January 8, 2016 to consolidate the cancer services at Nash Hospital. If you have any questions, feel free to contact me.

Thanks

Fatimah Wilson, MHA

Team Leader 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
Fatimah.Wilson@dhhs.nc.gov

809 Ruggles Drive
2704 Mail Service Center
Raleigh, NC 27699-2704



Nothing Compares

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1-12-16 (fw)



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

Pat McCrory
Governor

Richard O. Brajer
Secretary DHHS

Mark Payne
Assistant Secretary for Audit and
Health Service Regulation

January 12, 2016

Brad Weisner
2460 Curtis Ellis Drive
Rocky Mount, NC 27804

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

Facility: Nash Hospital
Project Description: Consolidate cancer services
County: Nash
FID #: 933368

Dear Mr. Weisner:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your letter dated January 8, 2016 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. Design schematics drawn to scale showing:
 - a. each area to be renovated; and

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

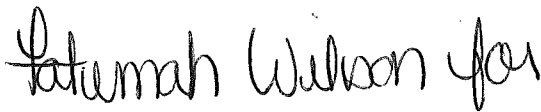
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- b. each area of new construction that replaces existing space.
- 8. Documentation that clinical patient services are provided at the site of the proposed renovations or construction.
- 9. Documentation that financial control of the entire licensed health service facility is exercised at the site of the proposed renovations or construction.
- 10. Documentation that administrative control of the entire licensed health service facility is exercised at the site of the proposed renovations or construction.
- 11. Documentation that the sole purpose of the project is to:
 - a. Renovate existing space;
 - b. Replace existing services on the same site; or
 - c. Expand the physical plant without adding any new services or major medical equipment.
- 12. Documentation that the project will NOT result in:
 - a. the offering of health services not currently provided;
 - b. the acquisition of additional units of major medical equipment; or
 - c. an increase in the number of beds, operating rooms, gastrointestinal endoscopy rooms, etc.

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

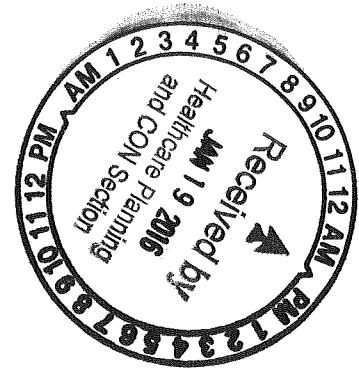
Sincerely,



Jane Rhoe-Jones
Project Analyst, Certificate of Need



2460 Curtis Ellis Drive, Rocky Mount, NC 27804
252 962-8000 / www.nhcs.org



January 8, 2016

Fatimah Wilson
Certificate of Need Section
NC Division of Health Services Regulations
2704 Mail Service Center
Raleigh, NC 27699-2704

Re. Letter of No Review for Nash Hospitals' project to consolidate Cancer Services – FID# 933368

Dear Ms. Wilson:

I am writing for CON to confirm a project being planned at Nash Hospitals, Inc. qualifies as "Exempt from Review" project. I believe this project meets the exempt from review criteria based on Section 131E-184 (g) (1) (2) and (3).

- (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 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.

Project Description: This project is the consolidation of current outpatient Cancer treatment services into a single location with a single entry point for the patients. The consolidation will take place at Nash Day Hospital in an area around and adjacent to the current Radiation Oncology Department which has 2 linear accelerators. Current services to be relocated to this area are outpatient infusion and renovation or expansion of current space to accommodate additional consult rooms that are used by the Radiation Oncologists, Medical Oncologists, Patient Navigators, Oncology Nurses, Social Workers and Dietitians. Attachment 1 shows the projected scope of work with a description of the different areas.

Purpose of Project: The purpose of this project is to provide a single entry point with consolidation of current Cancer Treatment and Support Services in order to provide Comprehensive Care in one location. A patient will be able to see the Physicians and other providers, received different modes of treatments and interact with support services in one location. The current services are fragmented due to being in different locations on campus with different entry points which can sometime delay care or create undue emotional distress for a patient and their family as they seek their care. The Nash Day location will also be beneficial since it will locate Cancer Services adjacent to the PET/CT Scanner and other outpatient Imaging Diagnostic services and Lab which are used frequently by patients undergoing treatment.

Project Cost: This project entail renovations to current space with some additional space added on. The final plans have not been complete but Attachment 1 reflects the scope and concept. The projected cost for this project based on attached sketch is:

Current space with new finishes	4,500 sq. ft. @ \$30	\$135,000
Current space with renovations	8,200 sq. ft. @ \$125	1,025,000
New construction and canopy	4,200 sq. ft. @ \$350	1,470,000
Construction General Conditions		526,000
Architect/Engineering Fee		400,000
New Furnishings and Equipment		150,000
Contingency 10%		370,000
Total Estimated Cost		\$4,076,000

Summary of Request: The project described would be exempt from review based on 131E-184(g)(1)(2) and (3). Responses to each of these items are below:

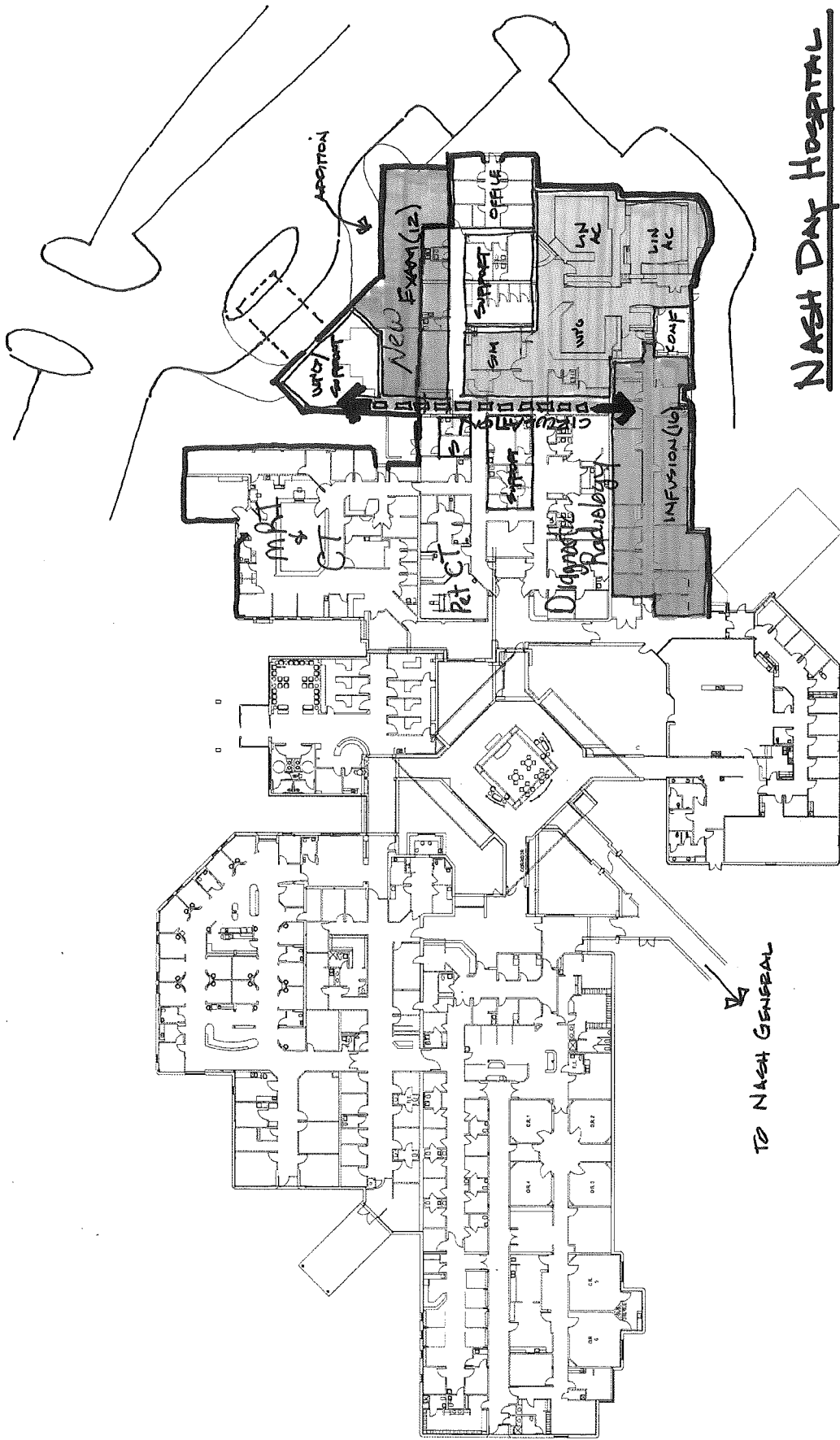
- (1) *The sole purpose of the capital expenditure is to renovate, replace on the same site, or expand the entirety or a portion of an existing health service facility that is located on the main campus. MET* This project as described above is renovation and replacement on the same site of existing services that are currently operational and active 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 other than that allowed in G.S. 131E-176(16)b. MET* This project does not have any affect or change on bed capacity or the addition of a health service facility or any other new institutional health service that requires a CON review.
- (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. MET* This letter meets this requirement.

Thank you in advance for your processing of this "No Review" request and please contact me at 252 962-8227 or bhweisner@nhcs.org if you should need any other information or have questions.

Sincerely,



Brad H Weisner, COO
Nash Hospitals, Inc.



NASH DAY HOSPITAL