



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

July 18, 2019

Catharine W. Cummer
3100 Tower Blvd. Suite 1300
Durham, NC 27707

Exempt from Review – Replacement Equipment

Record #: 2988
Facility Name: Duke University Hospital
FID #: 943138
Business Name: Duke University Health System, Inc.
Business #: 640
Project Description: Replace existing linear accelerator located in the Morris Clinic
County: Durham

Dear Ms. Cummer:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that based on your letter of June 27, 2019, the above referenced proposal is exempt from certificate of need review in accordance with N.C. Gen. Stat. §131E-184(f). Therefore, you may proceed to acquire without a certificate of need the Varian TrueBeam Edge linear accelerator to replace the Varian 21IX linear accelerator. This determination is based on your representations that the existing unit will be sold or otherwise disposed of and will not be used again in the State without first obtaining a certificate of need if one is required.

Moreover, you need to contact the Agency's Construction, Radiation Protection 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 the Agency's position is based solely on the facts represented by you and that any change in facts as represented would require further consideration by this office and a separate determination. If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,

Bernetta Thorne-Williams
Bernetta Thorne-Williams
Project Analyst

Martha J. Frisone
Martha J. Frisone
Chief

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

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603
MAILING ADDRESS: 809 Ruggles Drive, 2704 Mail Service Center, Raleigh, NC 27699-2704
www.ncdhhs.gov/dhsr • TEL: 919-855-3873

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER



# Duke University Health System

**Catharine W. Cummer**  
Regulatory Counsel, Strategic Planning

June 27, 2019

Via Electronic Mail

Ms. Martha Frisone  
Ms. Bernetta Thorne-Williams  
Healthcare Planning and Certificate of Need Section  
Division of Health Service Regulation  
2704 Mail Service Center  
Raleigh, NC 27699-2704

Re: Exempt Linear Accelerator Replacement Project at Duke University Hospital

Dear Ms. Frisone and Ms. Thorne-Williams:

The purpose of this letter is to request the CON Section's written confirmation that the acquisition of replacement linear accelerator equipment satisfies the requirements under N.C.G.S. 131E-184(f) for replacement equipment that exceeds the two million dollar (\$2,000,000) threshold set forth in G.S. 131E-176(22) if all of the following conditions are met:

- (1) The equipment being replaced is located on the main campus.
- (2) The Department has previously issued a certificate of need for the equipment being replaced. This subdivision does not apply if a certificate of need was not required at the time the equipment being replaced was initially purchased by the licensed health service facility.
- (3) The licensed health service facility proposing to purchase the replacement equipment shall provide prior written notice to the Department, along with supporting documentation to demonstrate that it meets the exemption criteria of this subsection.

As set forth below, we believe that Duke University Hospital's project meets these requirements and is exempt from certificate of need review.

(1) Main Campus

The purpose of this project is to replace an existing linear accelerator currently in service in the Morris Clinic, which is part of the main building of Duke University Hospital. The "main campus" of the facility is defined in N.C.G.S. 131E-176(14n) to include both "[t]he site of the

Ms. Martha Frisone  
Ms. Bernetta Thorne-Williams  
June 27, 2019  
Page 2

main building from which a licensed health service facility provides clinical patient services and exercises financial and administrative control over the entire facility, including the buildings and grounds adjacent to that main building" and "[o]ther areas and structures that are not strictly contiguous to the main building but are located within 250 yards of the main building."

In this case, Duke University Hospital is a licensed health service facility, and the main hospital building from which Duke University Hospital provides its clinical services and exercises financial and administrative control is the physically contiguous structure that includes Duke South, Duke North, the Duke Children's Hospital, the Duke Medicine Pavilion, the Morris Clinic, the Duke Cancer Center, the Wadsworth Building, and the Hudson Building. The hospital's license and campus map have been previously provided to the CON Section. The construction plans showing the location of the project within the Morris Clinic are enclosed.

(2) Previous Certificate of Need

The existing equipment was acquired and put into service in 2004. As set forth in Project J-6294-00 (CON attached), as of 2000, Duke operated three linear accelerators (originally grandfathered), and was approved to acquire two additional linacs and to replace two existing linacs. The replacement of the third grandfathered linac was approved pursuant to an exemption granted in 2000 (letter attached). The equipment to be replaced now was one of the five linear accelerators approved in 2000 for acquisition or replacement.

(3) Replacement equipment

The equipment qualifies as replacement equipment pursuant to the existing statutory and regulatory definitions. A completed Equipment Comparison form is enclosed. Both the existing equipment and the replacement equipment provide radiation oncology procedures. The total project cost exceeds \$2,000,000 reflecting major medical equipment, related equipment, and renovation/installation expenses. Copies of the equipment quotations are available upon request. The total operating costs per procedure will increase by less than 1%, as the result of the cost of the services agreement for the replacement equipment. Duke will not acquire any other major medical equipment or develop any other new institutional health services other than those described in Section 131E-176(16)(b).

Thank you for your attention to this request. If you have questions about this information, please let me know.

Very truly yours,



Catharine W. Cummer

Enclosures

**EQUIPMENT COMPARISON**

|  | EXISTING EQUIPMENT    | REPLACEMENT EQUIPMENT |
|--|-----------------------|-----------------------|
| Type<br>(e.g., Cardiac Catheterization, Gamma Knife®, Heart-lung bypass machine, Linear Accelerator, Lithotripter, MRI, PET, Simulator, CT Scanner, Other Major Medical Equipment) | Linear Accelerator    | Linear Accelerator    |
| Manufacturer   | Varian                | Varian                |
| Model number   | 21IX                  | TrueBeam Edge         |
| Other method of identifying the equipment (e.g., Room #, Serial Number, VIN #)   | Rm 005121             | Rm 005121             |
| Is the equipment mobile or fixed?  | Fixed                 | Fixed                 |
| Date of acquisition  | 2004                  | 2019                  |
| Was the existing equipment new or used when acquired? / Is the replacement equipment new or used?  | New                   | New                   |
| Total projected capital cost of the project <Attach a signed Projected Capital Cost form>  | NA                    | 5,895,000             |
| Total cost of the equipment  | 1,343,044             | 3,686,815             |
| Location of the equipment <Attach a separate sheet for mobile equipment if necessary>  | Morris Bldg Rm 005121 | Morris Bldg Rm 005121 |
| Document that the existing equipment is currently in use   | Yes                   | NA                    |
| Will the replacement equipment result in any increase in the average charge per procedure?   | NA                    | No                    |
| If so, provide the increase as a percent of the current average charge per procedure   | NA                    |                       |
| Will the replacement equipment result in any increase in the average operating expense per procedure?  | NA                    | Yes                   |
| If so, provide the increase as a percent of the current average operating expense per procedure  | NA                    | 0.40%                 |
| Type of procedures performed on the existing equipment <Attach a separate sheet if necessary>  | See attached          | NA                    |
| Type of procedures the replacement equipment will perform <Attach a separate sheet if necessary>   | NA                    | See attached          |

Date of last revision: 5/17/19

Type of procedures performed on the existing equipment

| CPT   | Description                                |
|-------|--|
| 77385 | IMRT Treatment, Simple                     |
| 77386 | IMRT Treatment, Complex                    |
| 77402 | Radiation Treatment Delivery, Simple       |
| 77407 | Radiation Treatment Delivery, Intermediate |
| 77412 | Radiation Treatment Delivery, Complex      |

Type of procedures the replacement equipment will perform

| CPT   | Description  |
|-------|--|
| 77372 | Stereotactic Radiosurgery, complete course 1 session |
| 77373 | Stereotactic Body, not to exceed 5 fractions         |
| 77385 | IMRT Treatment, Simple                               |
| 77386 | IMRT Treatment, Complex                              |
| 77402 | Radiation Treatment Delivery, Simple                 |
| 77407 | Radiation Treatment Delivery, Intermediate           |
| 77412 | Radiation Treatment Delivery, Complex                |

# STATE OF NORTH CAROLINA

Department of Health and Human Services

Division of Facility Services

## CERTIFICATE OF NEED

for

Project Identification Number J-6294-00

FID #943138

ISSUED TO: Duke University Health System  
3100 Tower Boulevard, Box 80  
University Tower, Suite 1300  
Durham, NC 27707

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that law.

SCOPE: Duke University Health System shall acquire two additional linear accelerators, for a total of five linear accelerators, replace two linear accelerators, upgrade the stimulator, acquire a second simulator and acquire additional hardware and software/Durham County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Duke University Hospital  
3000 Erwin Road  
Durham, NC 27710

MAXIMUM CAPITAL EXPENDITURE: \$15,479,810

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2001

This certificate is effective as of the 21<sup>st</sup> day of May, 2001.

*Joe B. Hoffman*  
\_\_\_\_\_  
Chief, Certificate of Need Section  
Division of Facility Services



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North Carolina Department of Health and Human Services  
Division of Facility Services  
Certificate of Need Section  
2704 Mail Service Center ■ Raleigh, North Carolina 27699-2704  
Courier Number 56-20-05

James B. Hunt Jr., Governor  
H. David Bruton, M.D., Secretary  
Lynda D. McDaniel, Director

Lee Hoffman, Section Chief  
Phone: 919-733-6360  
Fax: 919-733-8139

October 6, 2000

Duncan Yaggy, Chief Planning Officer  
Duke University Health System  
3100 Tower Boulevard, Suite 1500  
Durham, North Carolina 27707

RE: Exempt from Review/Duke University Medical Center/Replace a linear accelerator/Durham  
County  
FID # 943138

Dear Dr. Yaggy:

In response to your letter of September 15, 2000, the above referenced proposal is exempt from certificate of need review in accordance with N.C.G.S 131E-184(a)(7). Therefore, the Varian Clinac 21EX Linear Accelerator may be acquired to replace the existing Varian Clinac 4, Serial Number 304, without a certificate of need. At no time shall Duke University Medical Center have more than three linear accelerators until a certificate of need is obtained to acquire additional linear accelerators. Please be advised that as soon as the replacement equipment is acquired, you must provide the CON Section and the Medical Facilities Planning Section with the serial number of the new equipment to update the inventory, if not already provided.

It should be noted that this Agency's position is based solely on the facts represented by you and that any change in facts as represented would require further consideration by this Agency and a separate determination. If you have any questions concerning this matter, please feel free to contact this office.

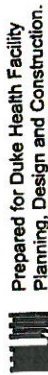
Sincerely,

*Mary Edwards*  
Mary Edwards  
Project Analyst

*Lee B. Hoffman*  
Lee B. Hoffman, Chief  
Certificate of Need Section

cc: Medical Facilities Planning Section, DFS  
Section Chief, Construction Section, DFS





# Duke Health #3997 - Green Vault Linac Renovation

Morris Building, Sub-Basement. Part of the Duke Cancer Center  
30 Duke Medicine Circle, Durham North Carolina 27710

Architects: **Isley Hawkins Architecture**  
Durham, NC

Mechanical, Electrical, Edmondson Engineers  
& Plumbing Engineers: Durham, NC

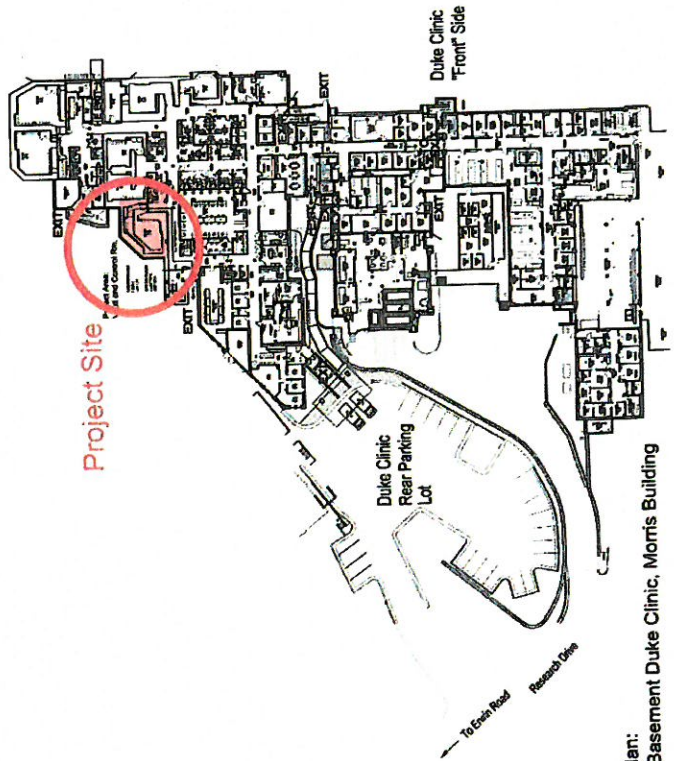


Duke Health FPDC #3991  
Green Vault Linac Renovation  
Duke Cancer Center, Sub-Basement  
30 Duke Medicine Circle, Durham NC 27710

Cover Sheet

|               |          |      |
|---------------|----------|------|
| DATE:         | REVISED: | A0.1 |
| PROJECT NO.:  | NO.:     |      |
| CONTRACT NO.: | NO.:     |      |
| DATE:         | NO.:     |      |

## Construction Documents June 5, 2019



Duke Cancer Center  
"Front" Side

| Index of Drawings      |   |
|------------------------|---|
| AS.1                   | Cover Sheet   |
| A0.2                   | Building Code Summary - NCBC Appendix B   |
| A0.3                   | Life Safety Plan  |
| A0.4                   | Infection Control Plan  |
| ARCHITECTURAL DRAWINGS |   |
| A1                     | Floor Plans - Demolition, Renovation, Shielding, Concrete Sub Work              |
| A2                     | Reinforced Ceiling Plans - Demolition, Renovation, Finishes Floor Plan, Details |
| ENGINEERING DRAWINGS   |   |
| FP0.1                  | Fire Protection Schedules, Legends and Details                                  |
| FP1.1                  | Fire Protection Demolition Plan   |
| FP2.1                  | Fire Protection Renovation Plan   |
| PL.1                   | Plumbing Legends, Notes, Abbreviations and Details                              |
| PL.1                   | Plumbing Demolition Plan  |
| PL.2                   | Plumbing Renovation Plan  |
| PL.3                   | Plumbing Waste and Vent Riser Diagram and Details                               |
| ME.1                   | Mechanical Legends, Notes, Abbreviations, and Specifications                    |
| M1.1                   | Mechanical Demolition and Renovation Plans                                      |
| M1.2                   | Mechanical Piping and Roof Plans  |
| M2.1                   | Mechanical Closures and Schedules   |
| M3.1                   | Mechanical Details  |
| E1.1                   | Electrical Demolition Plan  |
| E2.1                   | Electrical Plans  |
| E2.2                   | Variant Connection Plan   |
| E2.3                   | Break Lab Connection Plan   |
| E2.4                   | Electrical Details  |
| E2.5                   | Electrical Specifications   |
| FA1.1                  | Fire Alarm Plan and Details   |

Keyplan:  
Sub-Basement Duke Clinic, Morris Building





**APPENDIX B BUILDING CODE STANDARD FOR ALL COMMERCIAL PROJECTS**  
BASED ON THE 2015 INTERNATIONAL BUILDING CODE (IBC)

SECTION 504 - TYPE OF CONSTRUCTION

| Use Group  | Minimum Construction Type |
|--|---------------------------|
| Business, Mercantile, Professional Office, Public Administration, Public Assembly, School, Storage, Utility, and Vehicle Maintenance | III                       |
| Hotel, Office, and Residential   | III                       |
| Manufacturing, Industrial Process, and Warehouse   | III                       |
| Other  | III                       |

**APPENDIX B BUILDING CODE STANDARD FOR ALL COMMERCIAL PROJECTS**  
BASED ON THE 2015 INTERNATIONAL BUILDING CODE (IBC)

SECTION 505 - TYPE OF CONSTRUCTION

| Use Group  | Minimum Construction Type |
|--|---------------------------|
| Business, Mercantile, Professional Office, Public Administration, Public Assembly, School, Storage, Utility, and Vehicle Maintenance | III                       |
| Hotel, Office, and Residential   | III                       |
| Manufacturing, Industrial Process, and Warehouse   | III                       |
| Other  | III                       |

**APPENDIX B BUILDING CODE STANDARD FOR ALL COMMERCIAL PROJECTS**  
BASED ON THE 2015 INTERNATIONAL BUILDING CODE (IBC)

SECTION 506 - TYPE OF CONSTRUCTION

| Use Group  | Minimum Construction Type |
|--|---------------------------|
| Business, Mercantile, Professional Office, Public Administration, Public Assembly, School, Storage, Utility, and Vehicle Maintenance | III                       |
| Hotel, Office, and Residential   | III                       |
| Manufacturing, Industrial Process, and Warehouse   | III                       |
| Other  | III                       |

**APPENDIX B BUILDING CODE STANDARD FOR ALL COMMERCIAL PROJECTS**  
BASED ON THE 2015 INTERNATIONAL BUILDING CODE (IBC)

SECTION 507 - TYPE OF CONSTRUCTION

| Use Group  | Minimum Construction Type |
|--|---------------------------|
| Business, Mercantile, Professional Office, Public Administration, Public Assembly, School, Storage, Utility, and Vehicle Maintenance | III                       |
| Hotel, Office, and Residential   | III                       |
| Manufacturing, Industrial Process, and Warehouse   | III                       |
| Other  | III                       |

**APPENDIX B BUILDING CODE STANDARD FOR ALL COMMERCIAL PROJECTS**  
BASED ON THE 2015 INTERNATIONAL BUILDING CODE (IBC)

SECTION 508 - TYPE OF CONSTRUCTION

| Use Group  | Minimum Construction Type |
|--|---------------------------|
| Business, Mercantile, Professional Office, Public Administration, Public Assembly, School, Storage, Utility, and Vehicle Maintenance | III                       |
| Hotel, Office, and Residential   | III                       |
| Manufacturing, Industrial Process, and Warehouse   | III                       |
| Other  | III                       |

**APPENDIX B BUILDING CODE STANDARD FOR ALL COMMERCIAL PROJECTS**  
BASED ON THE 2015 INTERNATIONAL BUILDING CODE (IBC)

SECTION 509 - TYPE OF CONSTRUCTION

| Use Group  | Minimum Construction Type |
|--|---------------------------|
| Business, Mercantile, Professional Office, Public Administration, Public Assembly, School, Storage, Utility, and Vehicle Maintenance | III                       |
| Hotel, Office, and Residential   | III                       |
| Manufacturing, Industrial Process, and Warehouse   | III                       |
| Other  | III                       |

**APPENDIX B BUILDING CODE STANDARD FOR ALL COMMERCIAL PROJECTS**  
BASED ON THE 2015 INTERNATIONAL BUILDING CODE (IBC)

SECTION 510 - TYPE OF CONSTRUCTION

| Use Group  | Minimum Construction Type |
|--|---------------------------|
| Business, Mercantile, Professional Office, Public Administration, Public Assembly, School, Storage, Utility, and Vehicle Maintenance | III                       |
| Hotel, Office, and Residential   | III                       |
| Manufacturing, Industrial Process, and Warehouse   | III                       |
| Other  | III                       |

**APPENDIX B BUILDING CODE STANDARD FOR ALL COMMERCIAL PROJECTS**  
BASED ON THE 2015 INTERNATIONAL BUILDING CODE (IBC)

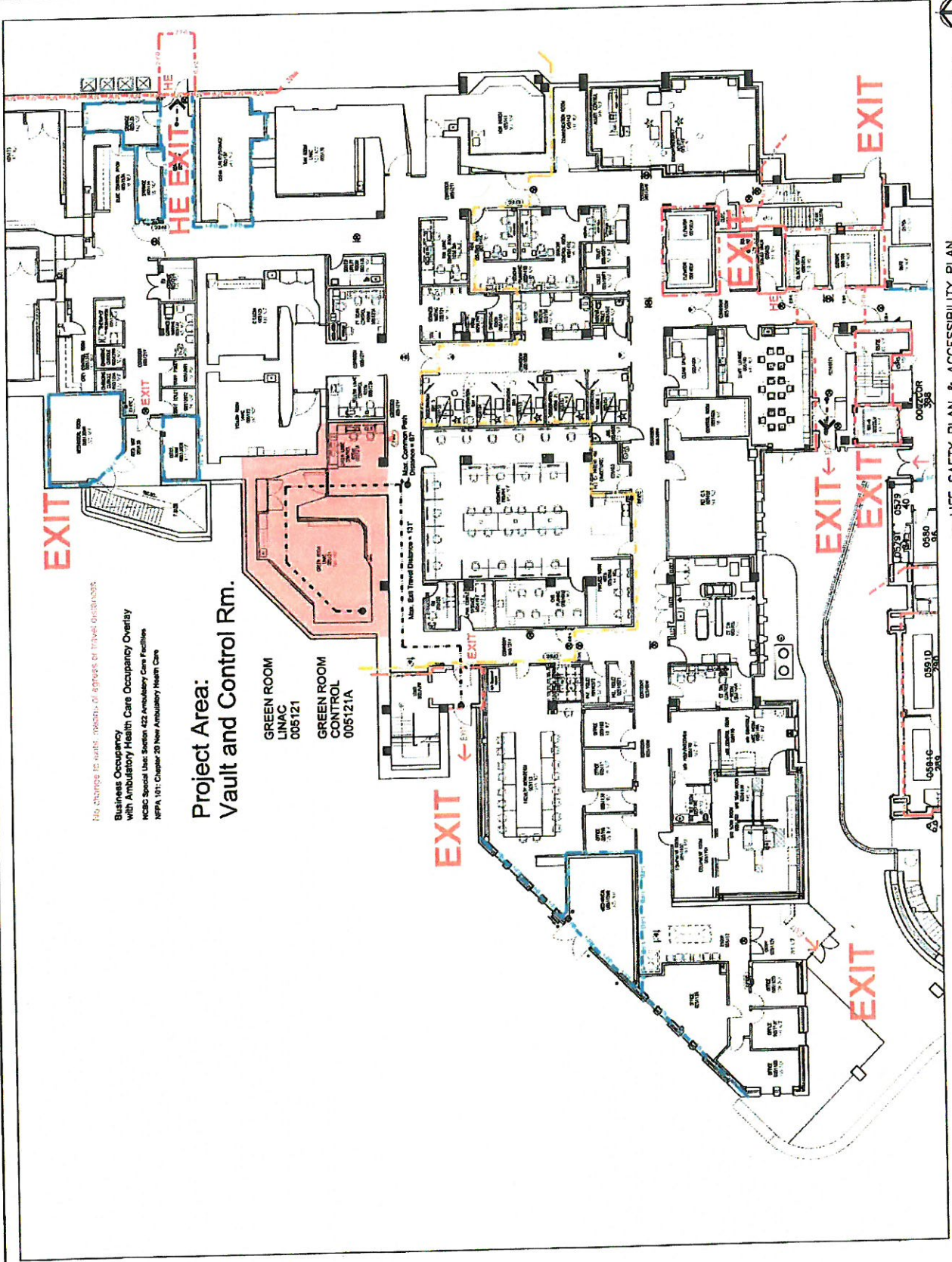
SECTION 511 - TYPE OF CONSTRUCTION

| Use Group  | Minimum Construction Type |
|--|---------------------------|
| Business, Mercantile, Professional Office, Public Administration, Public Assembly, School, Storage, Utility, and Vehicle Maintenance | III                       |
| Hotel, Office, and Residential   | III                       |
| Manufacturing, Industrial Process, and Warehouse   | III                       |
| Other  | III                       |

**APPENDIX B BUILDING CODE STANDARD FOR ALL COMMERCIAL PROJECTS**  
BASED ON THE 2015 INTERNATIONAL BUILDING CODE (IBC)

SECTION 512 - TYPE OF CONSTRUCTION

| Use Group  | Minimum Construction Type |
|--|---------------------------|
| Business, Mercantile, Professional Office, Public Administration, Public Assembly, School, Storage, Utility, and Vehicle Maintenance | III                       |
| Hotel, Office, and Residential   | III                       |
| Manufacturing, Industrial Process, and Warehouse   | III                       |
| Other  | III                       |



No changes to walls, ceilings, or travel conditions  
Business Occupancy  
with Ambulatory Health Care Occupancy Overlay  
NCBC Special Use: Section 422 Ambulatory Care Facilities  
NCPA 101: Chapter 20 Non Ambulatory Health Care

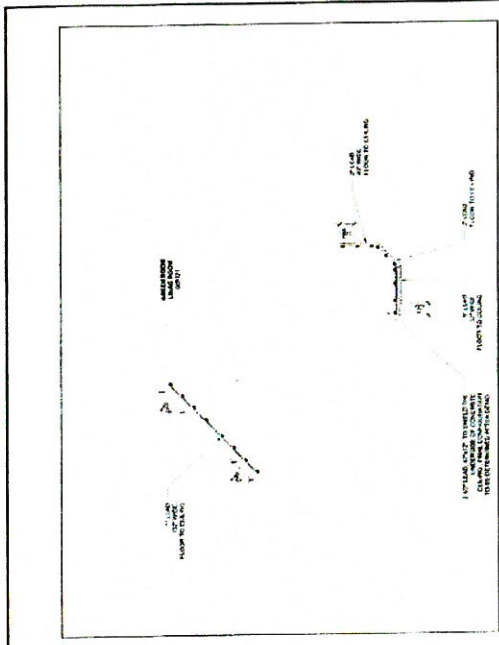
**Project Area:  
Vault and Control Rm.**

GREEN ROOM  
LINAC  
005121  
GREEN ROOM  
CONTROL  
005121A

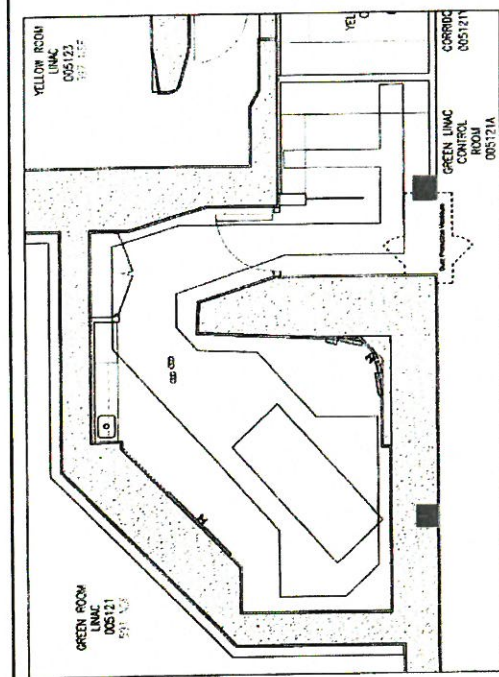
① LIFE SAFETY PLAN & ACCESSIBILITY PLAN  
② NO CHANGE TO EXISTING







4 Shielding Additions - Installation Design by NELCO/Sub-contractor  
Green Room Linac  
SCALE: 1/4" = 1'-0"



3 Concrete Slab - Demolition and Replacement Extents  
Green Room Linac  
SCALE: 1/4" = 1'-0"

**General Renovation Notes**

1. Coordinate material delivery and removal with owner.
2. Coordinate material delivery and removal with owner.
3. Coordinate material delivery and removal with owner.
4. Coordinate material delivery and removal with owner.
5. Coordinate material delivery and removal with owner.
6. Coordinate material delivery and removal with owner.
7. Coordinate material delivery and removal with owner.
8. Coordinate material delivery and removal with owner.
9. Coordinate material delivery and removal with owner.
10. Coordinate material delivery and removal with owner.

**GENERAL LEAD SHIELDING NOTES:**

1. All lead shielding shall be installed in accordance with the requirements of 10 CFR 20.101 and 10 CFR 20.102. Lead shielding shall be installed in accordance with the requirements of 10 CFR 20.101 and 10 CFR 20.102.

**Legend - Demolition and Renovation**

| Note Number | Description  |
|-------------|--|
| (D-01)      | Demolish Cabinet   |
| (D-02)      | Demolish Wall  |
| (D-03)      | Demolish door  |
| (D-04)      | Demolish door frame and associated hardware                      |
| (D-05)      | Demolish entire ceiling grid and life system to access utilities |
| (R-01)      | New Wall   |
| (R-02)      | Reinforced concrete slab to install utilities, Patch Slab        |
| (R-03)      | Dust Barrier System  |

**Renovation Key notes**

(R-01) Reinforced concrete slab to install utilities, Patch Slab

(R-02) Reinforced concrete slab to install utilities, Patch Slab

(R-03) Reinforced concrete slab to install utilities, Patch Slab

(R-04) Reinforced concrete slab to install utilities, Patch Slab

(R-05) Reinforced concrete slab to install utilities, Patch Slab

**Demolition Key Notes**

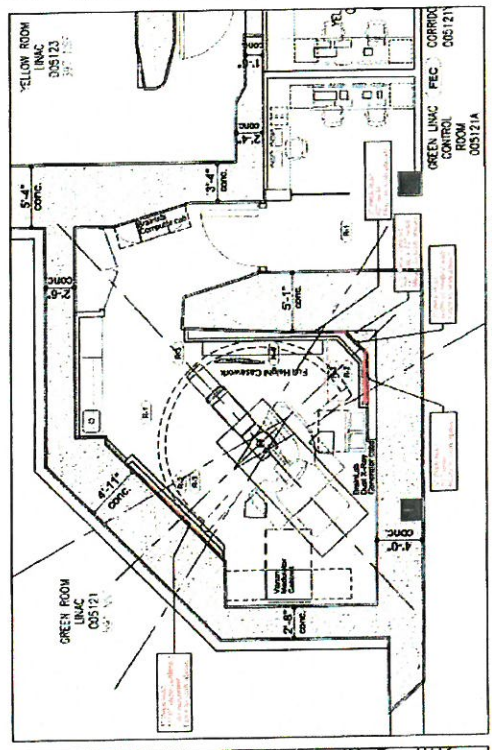
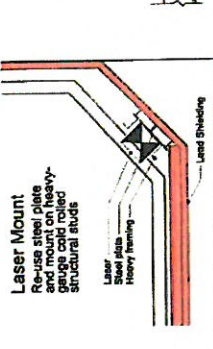
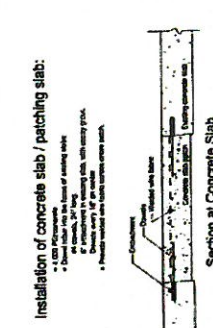
(D-01) Demolish Cabinet

(D-02) Demolish Wall

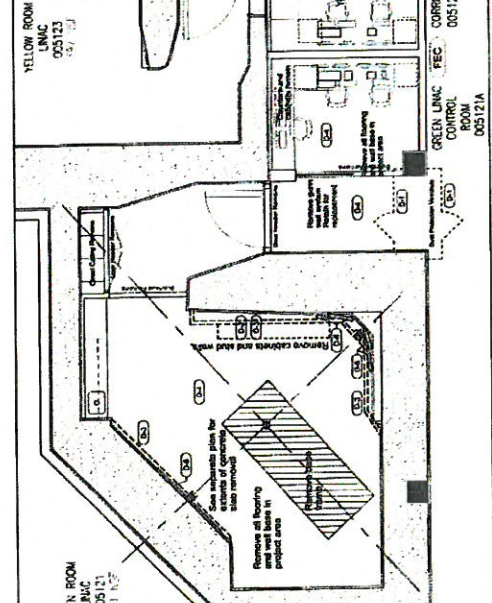
(D-03) Demolish door

(D-04) Demolish door frame and associated hardware

(D-05) Demolish entire ceiling grid and life system to access utilities



2 Renovation Floor Plan  
Green Room Linac  
SCALE: 1/4" = 1'-0"



1 Demolition Floor Plan  
Green Room Linac  
SCALE: 1/4" = 1'-0"

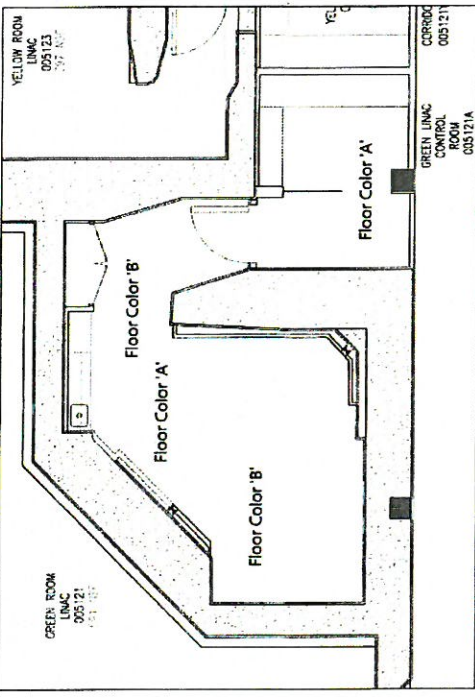


**Legend - Demolition and Renovation**

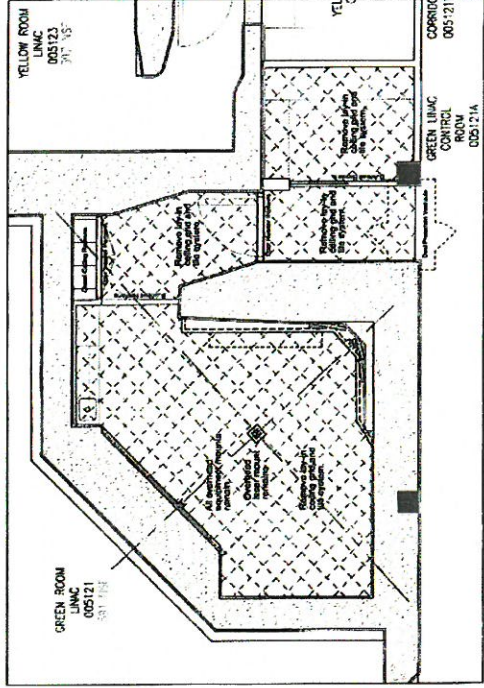
**399** Note Number  
 Dashed line: Demolish Clearwork  
 Solid line: Existing Wall  
 Dotted line: New Wall  
 Shaded area: Shaded and remove concrete slab to install utilities, Fresh Slab.  
 Dashed line with 'F': Demolish floor, door frame and associated hardware.  
 Dashed line with 'E': Demolish entire ceiling grid and air system to recess ceiling.

**Finish Schedule - Green Vault and Control Rooms**

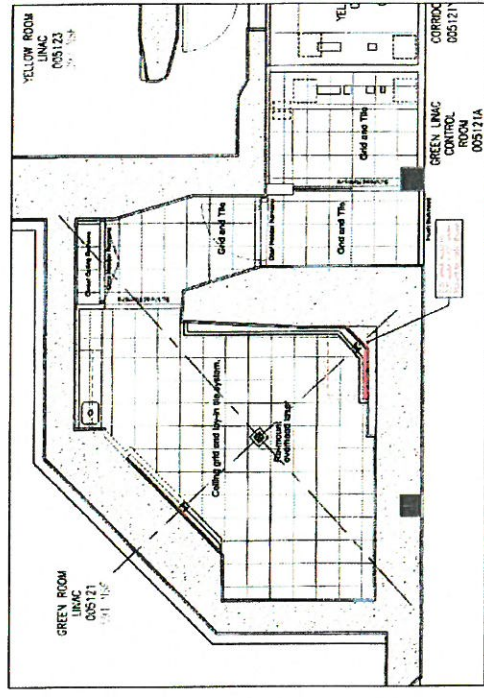
| Room                   | Finish                             | Notes |
|------------------------|------------------------------------|-------|
| GREEN ROOM LINC 005121 | Acoustical Ceiling Grid            |       |
| GREEN ROOM LINC 005121 | 3/4" METAL STUD TRACK              |       |
| GREEN ROOM LINC 005121 | 3/4" METAL STUD                    |       |
| GREEN ROOM LINC 005121 | 3/4" METAL BOTTOM TRACK            |       |
| GREEN ROOM LINC 005121 | BASE: See Finish Schedule for type |       |
| GREEN ROOM LINC 005121 | 8'-0" ceiling height               |       |
| GREEN ROOM LINC 005121 | 9'-0" to underside of slab         |       |
| GREEN ROOM LINC 005121 | 8'-0" ceiling height               |       |
| GREEN ROOM LINC 005121 | 9'-0" to underside of slab         |       |
| GREEN ROOM LINC 005121 | ACUSTICAL CEILING GRID             |       |
| GREEN ROOM LINC 005121 | 3/4" METAL STUD TRACK              |       |
| GREEN ROOM LINC 005121 | 3/4" METAL STUD                    |       |
| GREEN ROOM LINC 005121 | 3/4" METAL BOTTOM TRACK            |       |
| GREEN ROOM LINC 005121 | BASE: See Finish Schedule for type |       |
| GREEN ROOM LINC 005121 | 8'-0" ceiling height               |       |
| GREEN ROOM LINC 005121 | 9'-0" to underside of slab         |       |



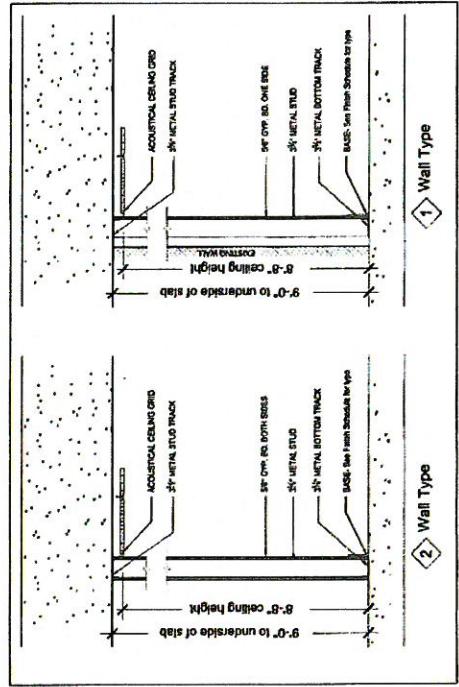
**3** Flooring Pattern Plan  
Green Room Linc  
SCALE: 1/4" = 1'-0"



**1** Demolition Reflected Ceiling Plan  
Green Room Linc  
SCALE: 1/4" = 1'-0"



**2** Renovation Reflected Ceiling Plan  
Green Room Linc  
SCALE: 1/4" = 1'-0"



**4** Wall Types  
Green Room Linc  
NTS

*Effective January 10, 2019, this license is issued to*  
***Duke University Health System, Inc.***

*to operate a hospital known as*  
***Duke University Hospital***  
*located in Durham, North Carolina, Durham 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: 943138*

***License Number: H0015***

***Bed Capacity: 979***

*General Acute 960, Psych 19,*

**Dedicated Inpatient Surgical Operating Rooms: 6**

**Dedicated Ambulatory Surgical Operating Rooms: 9**

**Shared Surgical Operating Rooms: 50**

**Dedicated Endoscopy Rooms: 11**

## Williams, Bernetta

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**From:** Catharine Cumber <catharine.cumber@duke.edu>  
**Sent:** Tuesday, July 16, 2019 5:44 PM  
**To:** Williams, Bernetta  
**Cc:** Lara Orgain  
**Subject:** [External] Re: statement

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Bernetta,

Thank you for your message. This will confirm that the existing equipment will be removed by the vendor, and that therefore we understand it will not be put back into service in North Carolina without certificate of need approval. Thank you.

Catharine

Sent from my iPhone

On Jul 16, 2019, at 12:26 PM, Williams, Bernetta <[bernetta.williams@dhhs.nc.gov](mailto:bernetta.williams@dhhs.nc.gov)> wrote:

Catharine,

Hope you are well. Concerning your equipment replacement exemption letter request dated June 28, I need a statement which addresses the existing machine will be either sold or otherwise disposed of and will not be used again in the State without first obtaining a certificate of need, if one is required.

Thanks,

Bernetta Thorne-Williams  
Project Analyst  
[Division of Health Service Regulation](#), Healthcare Planning and Certificate of Need Section  
[NC Department of Health and Human Services](#)

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