



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

April 6, 2022

Melissa K. Shearer

[Melissa.shearer@conehealth.com](mailto:Melissa.shearer@conehealth.com)

**Exempt from Review**

**Record #:** 3840  
**Date of Request:** March 3, 2022  
**Facility Name:** Alamance Regional Medical Center  
**FID #:** 954565  
**Business Name:** Alamance Regional Medical Center, Inc.  
**Business #:** 49  
**Project Description:** Relocate the Norville Breast Center within the main campus  
**County:** Alamance

Dear Ms. Shearer:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that 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.

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.

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

Sincerely,

Gregory F. Yakaboski, Project Analyst

Micheala Mitchell, Chief

cc: Construction 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  
<https://info.ncdhhs.gov/dhsr/> • TEL: 919-855-3873

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

**From:** [Hall, Andrew](#)  
**To:** [Yakaboski, Greg](#)  
**Subject:** [External] Norville Breast Center Exemption  
**Date:** Friday, March 11, 2022 11:57:35 AM

**CAUTION:** External email. Do not click links or open attachments unless you verify. Send all suspicious email as an attachment to [Report Spam](#).

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Greg,

In response to your request for additional information:

- The request is made on behalf of Alamance Regional Medical Center
- The hospital license number for Alamance Regional Medical Center is #H0272 and the FID is 954565
- Alamance Regional Medical Center is located at 1240 Huffman Mill Rd., Burlington, NC 27215. The phone number is 336-538-7450.
- The business owner is Alamance Regional Medical Center, Inc.
  - For informational purposes, Alamance Regional Medical Center, Inc. is 100% owned by ARMC Health Care. ARMC Health Care is 100% owned by The Moses H. Cone Memorial Hospital (the ultimate parent corporation of Cone Health).
- Alamance Regional Medical Center, Inc. is located at 1240 Huffman Mill Rd., Burlington, NC 27215. The phone number is 336-538-7450.
- The request is to relocate a hospital department to a medical office building on the main campus

Please let me know if you need any additional information.

Thanks,  
Andrew

**Andrew Hall, DHA**

**Cone Health** | Strategy and Planning

Assistant Director, Strategic Business and Market Planning

Direct Dial: 336.663.5609 | Fax: 336.663.5611

Website: [conehealth.com](http://conehealth.com)

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**Strategy and Planning**  
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April 15, 2021

Ms. Lisa Pittman, Assistant Chief, Certificate of Need  
Ms. Celia C. Inman, Project Analyst  
Healthcare Planning and Certificate of Need Section  
Division of Health Service Regulation, NC DHHS  
2704 Mail Service Center  
Raleigh, NC 27699-2704

Re: Relocation of Norville Breast Center

Dear Ms. Pittman and Ms. Inman:

I am writing to you to provide prior written notice of a pending project at Alamance Regional Medical Center (ARMC). ARMC intends to relocate the Norville Breast Center, a comprehensive women's imaging center, including mammography and breast ultrasound, from its current location within the main building on the ARMC campus to the Grandview Building, a medical office building on the main campus of ARMC. Please see *Attachment 1* for a campus map showing the existing location of the Norville Breast Center and the location of the Grandview Building on the ARMC campus.

The Norville Breast Center is a hospital department and will remain a hospital department after being relocated to the Grandview Building. The proposed project will exceed \$2 million. The capital budget is detailed in *Attachment 2*. N.C.G.S. § 131E-184(g) provides an exemption for certain projects that exceed \$2 million providing 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.

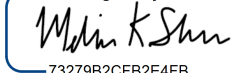
Ms. Lisa Pittman  
Ms. Celia C. Inman  
Page 2

The sole purpose of the capital expenditure is to relocate the Norville Breast Center and renovate space within the Grandview Building to accommodate the department. The Grandview Building is on the main campus as defined in N.C.G.S. 131E-176(14n), as the building is located within 250 yards of the main building from which a licensed health service facility provides clinical patient services and is not more than one right-of-way from the main hospital building. The capital expenditure will not result in a change in bed capacity, the addition of a health service facility, or the addition of a new institutional health service.

Based on the above information, Cone Health believes that the project is exempt from Certificate of Need review and requests written confirmation of the exempt nature of the project. If you have any questions about the request, please feel free to contact me at [melissa.shearer@conehealth.com](mailto:melissa.shearer@conehealth.com).

Sincerely,

DocuSigned by:



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Melissa K. Shearer  
Executive Director  
Strategy and Planning

Enclosure

**Attachment 1**

**Map of Alamance Regional Medical Center Campus**

**Map of Alamance Regional Medical Center Campus**



**Attachment 2**  
**Capital Cost Worksheet**

**Norville Breast Center  
Projected Capital Cost Form**

Building Purchase Price	n/a
Purchase Price of Land	n/a
Closing Costs	n/a
Site Preparation	n/a
Construction/Renovation Contract(s)	\$1,860,000
Landscaping	n/a
Architect / Engineering Fees	\$167,400
Medical Equipment	\$445,000
Non-Medical Equipment	\$65,100
Furniture	\$148,800
Consultant Fees (specify)	n/a
Financing Costs	n/a
Interest during Construction	n/a
Other (Test & Balance)	\$10,000
<b>Total Capital Cost</b>	<b>\$2,696,300</b>

**CERTIFICATION BY A LICENSED ARCHITECT OR ENGINEER**

I certify that, to the best of my knowledge, the projected capital cost for the proposed project is complete and correct.

\_\_\_\_\_  
Signature of Licensed Architect or Engineer

Date Signed: 4/13/2021

**CERTIFICATION BY AN OFFICER OR AGENT FOR THE PROPONENT**

I certify that, to the best of my knowledge, the projected total capital cost for the proposed project is complete and correct and that it is our intent to carry out the proposed project as described.

DocuSigned by:

James Roskelly

\_\_\_\_\_  
Signature of Officer/Agent

Date Signed: April 15, 2021

Executive Vice President

\_\_\_\_\_  
Title of Officer/Agent