April 25, 2022

Denise M. Gunter  
Denise.gunter@nelsonmullins.com

No Review  
Record #: 3885
Date of Request: April 21, 2022
Facility Name: FirstHealth Moore Regional Hospital-Hoke Campus
FID #: 100390
Business Name: FirstHealth of the Carolinas, Inc.
Business #: 737
Project Description: Expand pre and post-op surgical services area and add six observation beds
County: Hoke

Dear Ms. Gunter:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your correspondence regarding the project described above. Based on the CON law in effect on the date of this response to your request, the project as described is not governed by, and therefore, does not currently require a certificate of need. 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.

This determination is binding only for the facts represented in your correspondence. If changes are made in the project or in the facts provided in the correspondence referenced above, a new determination as to whether a certificate of need is required would need to be made by this office.

Please do not hesitate to contact this office if you have any questions.

Sincerely,

Tanya M. Saporito, Project Analyst

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

Micheala Mitchell, Chief
April 21, 2022

VIA EMAIL ONLY

Micheala Mitchell, Chief
North Carolina Department of Human Services
Division of Health Service Regulation
Healthcare Planning and Certificate of Need
809 Ruggles Drive
Raleigh, North Carolina 27603

Re: FirstHealth Moore Regional Hospital – Hoke
FID# 100390
License # H0287
Hoke County
Health Service Area V

Dear Ms. Mitchell:

On behalf of FirstHealth Moore Regional Hospital – Hoke (“FirstHealth Hoke”) in Raeford, North Carolina, I am writing to request a no review letter for the addition of a 6-bed pre- and post-operative area to FirstHealth Hoke’s surgical services unit (the “Expanded Pre- and Post-Op Area”). The Expanded Pre- and Post-Op Area is shown in the boxes at Rows 4 and 5 on the top part of Exhibit A. The beds in this Expanded Pre- and Post-Op Area are not licensed acute care beds; rather, they are observation beds in which patients will be prepared for and can recover from surgery. With a second OR coming online later in 2022 pursuant to Project I.D. No. N-8843-12, FirstHealth Hoke determined that an Expanded Pre- and Post-Op Area will be needed to accommodate additional surgical patients. The Pre- and Post-Op Area does not meet any definition of new institutional health service in N.C. Gen. Stat. § 131E-176(16), including N.C. Gen. Stat. § 131E-176(16)b., as the estimated capital cost to develop the Expanded Pre- and Post-Op Area is $1,121,492. See Exhibit B. Accordingly, FirstHealth Hoke respectfully requests that the Agency issue its written determination that the Expanded Pre- and Post-Op Area does not require CON approval.

Denise M. Gunter
T: 336.774.3322 F: 336.774.3372
denise.gunter@nelsonmullins.com
Please let me know if you have any questions or need further information. We appreciate the Agency's time and prompt consideration of this request.

Sincerely,

Denise M. Gunter

Enclosures
### Projected Capital Cost Form

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building Purchase Price</td>
<td>$0</td>
</tr>
<tr>
<td>Purchase Price of Land</td>
<td>$0</td>
</tr>
<tr>
<td>Closing Costs</td>
<td>$0</td>
</tr>
<tr>
<td>Site Preparation</td>
<td>$0</td>
</tr>
<tr>
<td>Construction/Renovation Contract(s)</td>
<td>$857,478</td>
</tr>
<tr>
<td>Landscaping</td>
<td>$0</td>
</tr>
<tr>
<td>Architect / Engineering Fees</td>
<td>$63,050</td>
</tr>
<tr>
<td>Medical Equipment</td>
<td>$83,260</td>
</tr>
<tr>
<td>Non-Medical Equipment</td>
<td>$67,600</td>
</tr>
<tr>
<td>Furniture</td>
<td>$0</td>
</tr>
<tr>
<td>Consultant Fees (specify)</td>
<td>$0</td>
</tr>
<tr>
<td>Financing Costs</td>
<td>$0</td>
</tr>
<tr>
<td>Interest during Construction</td>
<td>$0</td>
</tr>
<tr>
<td>Other (contingency)</td>
<td>$50,104</td>
</tr>
<tr>
<td><strong>Total Capital Cost</strong></td>
<td><strong>$1,121,492</strong></td>
</tr>
</tbody>
</table>

### 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: 4/20/2022

### 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.

Signature of Officer/Agent

Date Signed: 4/21/22

Administrative Director Planning, Design & Construction

Title of Officer/Agent

Date of Last Revision: 5.17.19