



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 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,

[Handwritten signature of Tanya M. Saporito]

Tanya M. Saporito, Project Analyst

[Handwritten signature of Micheala Mitchell]

Micheala Mitchell, Chief

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

Denise M. Gunter
T: 336.774.3322 F: 336.774.3372
denise.gunter@nelsonmullins.com

The Knollwood, 380 Knollwood Street Suite 530
Winston-Salem, North Carolina 27103
T: 336.774.3300 F: 336.774.3299
nelsonmullins.com

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

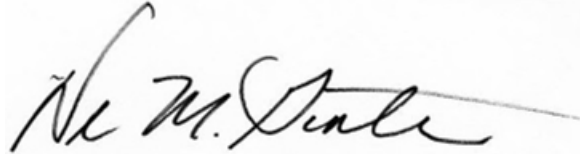
Dear Ms. Mitchell:

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.

Ms. Mitchell
April 21, 2022
Page 2

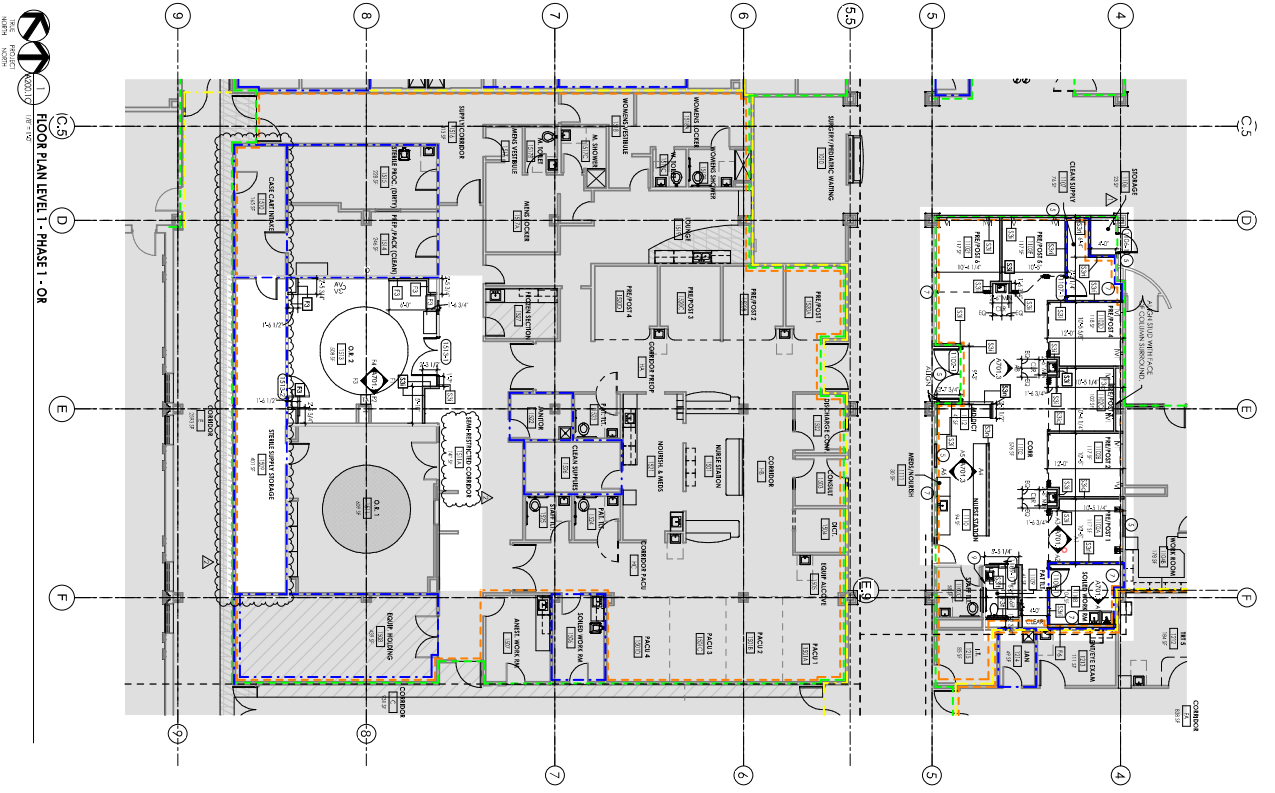
Please let me know if you have any questions or need further information. We appreciate the Agency's time and prompt consideration of this request.

Sincerely,

A handwritten signature in black ink, appearing to read "Denise M. Gunter", written over a light gray rectangular background.

Denise M. Gunter

Enclosures



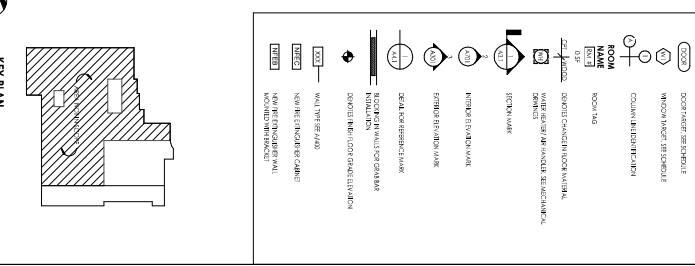
FLOOR PLAN LEVEL 1 - PHASE 1 - OR

- #### FLOOR PLAN GENERAL NOTES
1. REFER TO ALL APPLICABLE SPECIFICATIONS FOR MATERIALS, FINISHES, AND CONSTRUCTION DETAILS.
 2. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL BUILDING CODES (IBC) AND ALL APPLICABLE LOCAL ORDINANCES.
 3. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE NATIONAL ELECTRICAL CODE (NEC) AND ALL APPLICABLE LOCAL ORDINANCES.
 4. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE NATIONAL FIRE PROTECTION ASSOCIATION (NFPA) CODES AND ALL APPLICABLE LOCAL ORDINANCES.
 5. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE NATIONAL MECHANICAL AND PLUMBING EXAMINERS ASSOCIATION (NMPMEA) CODES AND ALL APPLICABLE LOCAL ORDINANCES.
 6. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE NATIONAL PLUMBING AND HEATING EXAMINERS ASSOCIATION (NPHGA) CODES AND ALL APPLICABLE LOCAL ORDINANCES.
 7. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE NATIONAL MECHANICAL AND PLUMBING EXAMINERS ASSOCIATION (NMPMEA) CODES AND ALL APPLICABLE LOCAL ORDINANCES.
 8. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE NATIONAL PLUMBING AND HEATING EXAMINERS ASSOCIATION (NPHGA) CODES AND ALL APPLICABLE LOCAL ORDINANCES.
 9. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE NATIONAL MECHANICAL AND PLUMBING EXAMINERS ASSOCIATION (NMPMEA) CODES AND ALL APPLICABLE LOCAL ORDINANCES.
 10. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE NATIONAL PLUMBING AND HEATING EXAMINERS ASSOCIATION (NPHGA) CODES AND ALL APPLICABLE LOCAL ORDINANCES.

FLOOR PLAN KEY NOTES

1. SEE GENERAL NOTES FOR MATERIALS, FINISHES, AND CONSTRUCTION DETAILS.
2. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL BUILDING CODES (IBC) AND ALL APPLICABLE LOCAL ORDINANCES.
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- #### FLOOR PLAN LEGEND
- DOOR SWING
 - WINDOW SWING
 - WALL
 - CEILING
 - FLOOR
 - STAIR
 - ELEVATOR
 - MECHANICAL EQUIPMENT
 - ELECTRICAL EQUIPMENT
 - PLUMBING EQUIPMENT
 - HEATING EQUIPMENT
 - Cooling Unit
 - Room No.
 - Room Name
 - Room Area
 - Room Volume
 - Room Height
 - Room Perimeter
 - Room Shape
 - Room Orientation
 - Room Access
 - Room Egress
 - Room Ventilation
 - Room Lighting
 - Room Acoustics
 - Room Security
 - Room Safety
 - Room Health
 - Room Environment
 - Room Quality
 - Room Comfort
 - Room Well-being
 - Room Happiness
 - Room Prosperity
 - Room Success
 - Room Fulfillment
 - Room Meaning
 - Room Purpose
 - Room Mission
 - Room Vision
 - Room Values
 - Room Principles
 - Room Standards
 - Room Guidelines
 - Room Procedures
 - Room Policies
 - Room Protocols
 - Room Practices
 - Room Traditions
 - Room Customs
 - Room Rites
 - Room Ceremonies
 - Room Rituals
 - Room Observances
 - Room Celebrations
 - Room Festivities
 - Room Events
 - Room Activities
 - Room Games
 - Room Sports
 - Room Recreation
 - Room Entertainment
 - Room Amusement
 - Room Fun
 - Room Joy
 - Room Pleasure
 - Room Delight
 - Room Satisfaction
 - Room Contentment
 - Room Peace
 - Room Quiet
 - Room Solitude
 - Room Stillness
 - Room Calm
 - Room Serenity
 - Room Tranquility
 - Room Harmony
 - Room Balance
 - Room Order
 - Room Discipline
 - Room Control
 - Room Mastery
 - Room Expertise
 - Room Skill
 - Room Knowledge
 - Room Wisdom
 - Room Understanding
 - Room Insight
 - Room Awareness
 - Room Perception
 - Room Sensation
 - Room Experience
 - Room Memory
 - Room Recall
 - Room Recognition
 - Room Appreciation
 - Room Gratitude
 - Room Thankfulness
 - Room Praise
 - Room Commendation
 - Room Acclaim
 - Room Honor
 - Room Respect
 - Room Esteem
 - Room Regard
 - Room Attention
 - Room Focus
 - Room Concentration
 - Room Intensity
 - Room Passion
 - Room Devotion
 - Room Dedication
 - Room Commitment
 - Room Promise
 - Room Vow
 - Room Oath
 - Room Covenant
 - Room Agreement
 - Room Deal
 - Room Contract
 - Room Treaty
 - Room Pact
 - Room Accord
 - Room Understanding
 - Room Accord
 - Room Deal
 - Room Contract
 - Room Treaty
 - Room Pact
 - Room Accord
 - Room Understanding
 - Room Accord
 - Room Deal
 - Room Contract
 - Room Treaty
 - Room Pact
 - Room Accord
 - Room Understanding



ADAM CHAMBERS, INC.
ARCHITECTS
1000 N. W. 10th St.
Fort Lauderdale, FL 33304
Tel: (754) 561-1111
Fax: (754) 561-1112
www.adamchambers.com

PROJECT INFORMATION

PROJECT NAME: NEW HOSPITAL - 10 Addition

PROJECT ADDRESS: 1000 N. W. 10th St., Fort Lauderdale, FL 33304

PROJECT NO.: A200.1C

DATE: 10/20/2024

SCALE: 1/4" = 1'-0"

DESIGNED BY: [Name]

CHECKED BY: [Name]

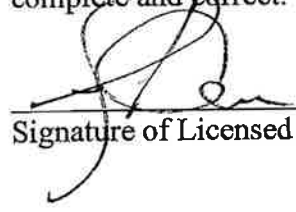
DATE: 10/20/2024

Projected Capital Cost Form

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

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.





Date Signed: 4/20/2012

Signature of Licensed Architect or Engineer

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.



Date Signed: 4/21/22

Signature of Officer/Agent

Administrative Director Planning, Design & Construction
 Title of Officer/Agent