



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

March 1, 2023

Mark Murrill

[Mark.Murrill@adventhealth.com](mailto:Mark.Murrill@adventhealth.com)

**Exempt from Review**

**Record #:** 4119  
**Date of Request:** February 9, 2023  
**Facility Name:** AdventHealth Hendersonville  
**FID #:** 943388  
**Business Name:** Fletcher Hospital, Inc.  
**Business #:** 745  
**Project Description:** Construct and expand ancillary and support space on the main campus  
**County:** Henderson

Dear Mr. Murrill:

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,

Ena Lightbourne, Project Analyst

Micheala Mitchell, Chief

cc: Karin Sandlin  
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



February 8, 2023

Ms. Ena Lightbourne  
Project Analyst, Healthcare Planning & Certificate of Need Section  
Division of Health Service Regulation  
N.C. Department of Health and Human Services  
809 Ruggles Drive  
Raleigh, NC 27626-0530

RE: Request for exemption from review to construct and expand ancillary and support space of AdventHealth Hendersonville pursuant to N.C. Gen. Stat. § 131E-184(g)  
Facility Name: Fletcher Hospital, Incorporated  
Facility ID: 943388  
License Number: H0019  
County: Henderson

Dear Ms. Lightbourne:

Please accept this letter as notification of Fletcher Hospital, Incorporated doing business as AdventHealth Hendersonville's intent to construct and expand hospital ancillary and support space on its main campus pursuant to N.C. Gen. Stat. § 131E-184(g). AdventHealth Hendersonville intends to construct approximately 60,000 square feet of space to house the following hospital-based ancillary and support spaces:

- Laboratory draw stations
- Diagnostic imaging services (x-ray, C-arm)
- Additional procedure rooms and support space
- Conference Room and meeting spaces
- Specialty physician clinic space

The project will allow AdventHealth Hendersonville to expand and modernize the identified spaces which are needed to better accommodate the needs of its patients, staff, and visitors. The total capital cost of the project is estimated to exceed \$4,000,000.

Under N.C. Gen. Stat. § 131 E-184(g), the Certificate of Need law provides that an applicant's proposal to replace or expand the entirety or a portion of an existing health service facility on the

same main campus site that exceeds the \$4,000,000 threshold set forth in N.C. Gen. Stat. § 131E-176(16b) is nonetheless exempt from review if all of the following conditions are met:<sup>1</sup>

- (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 N.C. Gen. Stat. § 131E-176(5) or (ii) the addition of a health service facility or any other new institutional health service other than that allowed in N.C. Gen. Stat. § 131E-176(16)b; and
- (3) the licensed health service facility proposing to incur the capital expenditure provides prior written notice to the Department, along with supporting documentation to demonstrate that it meets the exemption criteria of N.C. Gen. Stat. § 131 E-184(g).

Further, pursuant to N.C. Gen. Stat. § 131E-176(14n), “main campus” as referenced in N.C. Gen. Stat. § 131E-184(g), means the following:

- a. The site of the 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.
- b. Other areas and structures that are not strictly contiguous to the main building but are located within 250 yards of the main building.

The AdventHealth Hendersonville project meets each of the applicable conditions set forth above, as follows:

- The estimated capital cost of the project exceeds \$4,000,000.
- The sole purpose of the capital expenditure is to expand the existing health service facility on the main campus located at 100 Hospital Drive, Hendersonville, North Carolina 28792. Please see Attachment 1 for a site plan. The proposed expansion will be located on the main campus, which is the site from which AdventHealth Hendersonville provides clinical patient services and exercises financial and administrative control over the entire facility (Hospital License # H0019, FID # 943388, please see Attachment 2 for the hospital license). AdventHealth Hendersonville’s facility executive offices are located in the main hospital building.
- The proposed project will not result in a change in bed capacity (increase or decrease) as defined in N.C. Gen. Stat. § 131E-176(5) or the addition of a health service facility or a new institutional health service other than that allowed in N.C. Gen. Stat. § 131E-176(16b). The project will not increase the number of operating rooms or endoscopy

---

<sup>1</sup> For information purposes N.C. Gen. Stat. § 131 E-184(g) references “the two million dollar (\$2,000,000) threshold set forth in G.S. § 131E-176(16)b.” In August 2021, G.S. § 131E-176(16)b was amended to reflect a four million dollar (\$4,000,000) threshold.

rooms. The project will not result in the acquisition of major medical equipment or the offering of health services not currently provided.

- This letter constitutes the required prior written notice under N.C. Gen. Stat. § 131 E-184(g)(3).

Based on the above facts, AdventHealth Hendersonville believes the project is exempt from Certificate of Need review. We are requesting that you confirm in writing that the previously described project is exempt from Certificate of Need review and that AdventHealth Hendersonville may proceed as planned with this project.

Please contact me at 828.687.5624 or [mark.murrill@adventhealth.com](mailto:mark.murrill@adventhealth.com) regarding any questions concerning this request.

Sincerely,



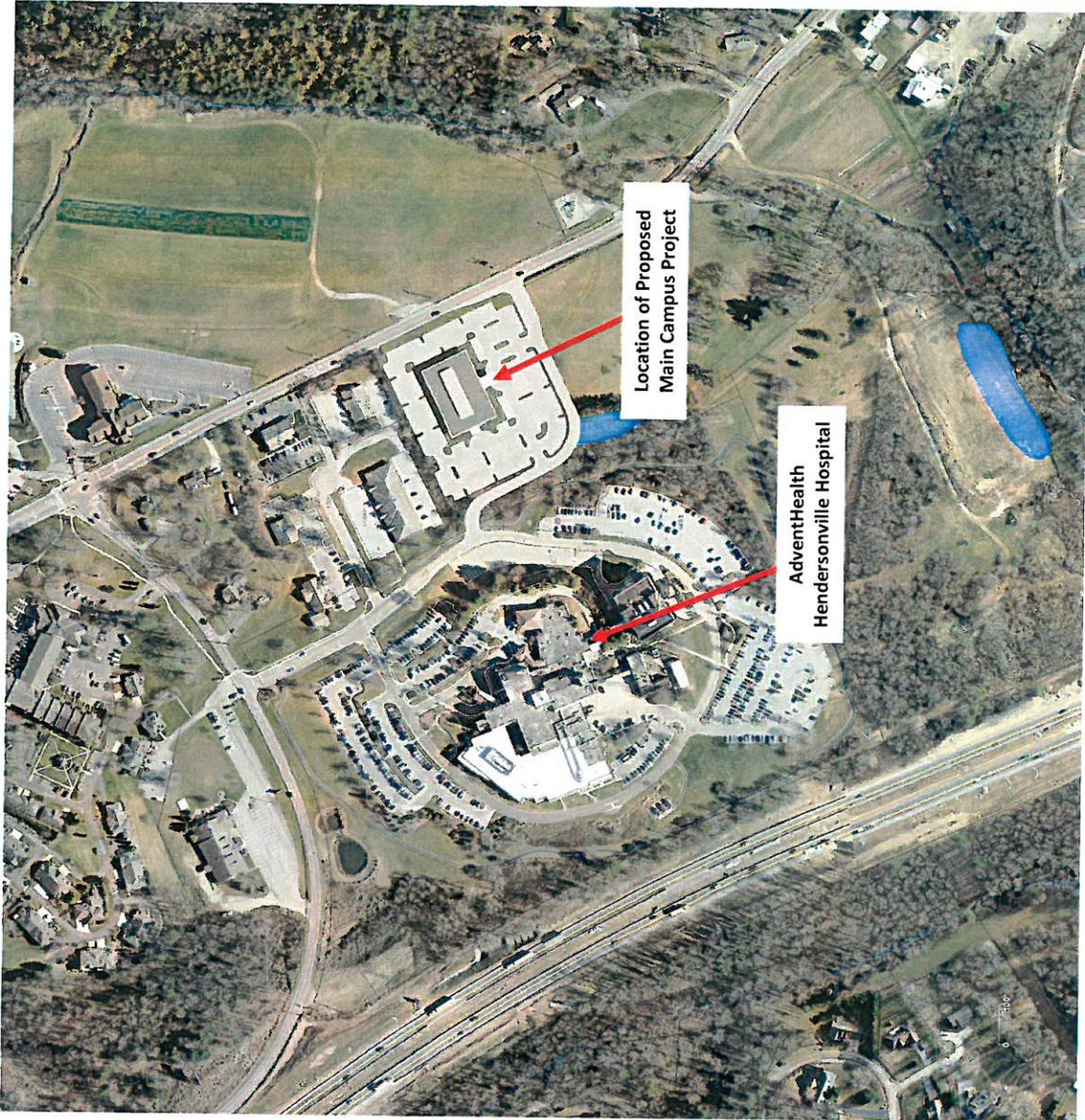
[Mark Murrill \(Feb 9, 2023 17:30 EST\)](#)

Mark Murrill  
Administrative Director of Strategy and Business Development  
AdventHealth Hendersonville

Attachments

## **ATTACHMENT 1**

### **MAIN CAMPUS DOCUMENTATION**



Location of Proposed  
Main Campus Project

AdventHealth  
Hendersonville Hospital

**ATTACHMENT 2**

**ADVENTHEALTH HENDERSONVILLE LICENSE**

# State of North Carolina

## Department of Health and Human Services Division of Health Service Regulation

*Effective January 01, 2022, this license is issued to*

*Fletcher Hospital, Incorporated*

*to operate a hospital known as*

*AdventHealth Hendersonville*

*located in Hendersonville, North Carolina, Henderson 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: 943388*

*License Number: H0019*

***Bed Capacity: 103***

*General Acute 62, Psych 41,*

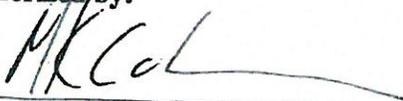
**Dedicated Inpatient Surgical Operating Rooms: 1**

**Dedicated Ambulatory Surgical Operating Rooms: 0**

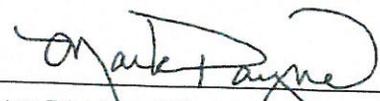
**Shared Surgical Operating Rooms: 5**

**Dedicated Endoscopy Rooms: 1**

**Authorized by:**



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



**Director, Division of Health Service Regulation**

North Carolina Department of Health and Human Services  
Division of Health Service Regulation  
Acute and Home Care Licensure and Certification Section  
Regular Mail: 1205 Umstead Drive  
2712 Mail Service Center  
Raleigh, North Carolina 27699-2712  
Overnight UPS and FedEx only: 1205 Umstead Drive  
Raleigh, North Carolina 27603  
Telephone: (919) 855-4620 Fax: (919) 715-3073

For Official Use Only  
License # H0019  
FID #: 943388  
PC LS

Medicare # 340023

Date 1/18/22

License Fee: \_\_\_\_\_

\$2,252.50

2022  
**HOSPITAL LICENSE  
RENEWAL APPLICATION**

Legal Identity of Applicant: Fletcher Hospital, Incorporated  
(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: AdventHealth Hendersonville  
Other: Park Ridge Health  
Other: Park Ridge Hospital

Facility Mailing Address: 100 Hospital Drive  
Hendersonville, NC 28792

Facility Site Address: 100 Hospital Drive  
Hendersonville NC 28792  
Henderson  
County: (828) 684-8501  
Telephone: (828) 687-0729  
Fax:

Administrator/Director: Brandon Nudd

Title: President and CEO  
(Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility)

Chief Executive Officer: Brandon Nudd Title: President and CEO  
(Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility)

Chief Executive E-Mail: Brandon.Nudd@AdventHealth.com

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

Name: Ella Stenstrom

Telephone: (828) 681-2102

E-Mail: Ella.Stenstrom@AdventHealth.com

Application Rec'd Date 01/14/2022  
Fee Paid-Ck # 1001557558  
Amount \$ 2,252.50  
Initials BN  
DHSR Acute and Home Care L&C



**2023  
LICENSE RENEWAL APPLICATION  
FOR HOSPITAL**

<b>Licensee</b>	Fletcher Hospital, Incorporated
<b>Facility Name</b>	AdventHealth Hendersonville
<b>License #</b>	H0019
<b>FID #</b>	943388
<b>Application Status</b>	Submitted

\*\*\*\* All responses should pertain to October 1, 2021 thru September 30, 2022 \*\*\*\*

**Introduction**

Welcome to the Division of Health Service Regulation Licensure and Certification website.

This is your online **2023** license application. The deadline to complete and submit the application is **January 15, 2023**. Failure to possess a valid license by **January 16, 2023** may compromise your facility's ability to operate and/or adversely impact its funding sources.

Data on file indicates that your entity is a **Hospital totaling 103 beds**.

Your annual licensure fee, as authorized by **G.S. 131E-77** is **\$2,252.50**. This amount is comprised of a base fee of **\$450.00** plus an additional per bed fee of **\$17.50**.

Following is a list of types of facilities with required fee, including the base fee and the per bed fee.

Facility Type	Number of Beds	Base Fee	Bed Fee
General Acute Hospitals	1-49 Beds	\$250.00	\$17.50
	50-99 Beds	\$350.00	\$17.50
	100-199 Beds	\$450.00	\$17.50
	200-399 Beds	\$550.00	\$17.50
	400-699 Beds	\$750.00	\$17.50
	700+ Beds	\$950.00	\$17.50

**Important Messages**

- This application contains pre-populated information from our data systems based on your last renewal application or the most recent information reported to the Division of Health Service Regulation.

- A request for a change of ownership, location, or facility name will not be processed with this application. If these changes apply to your license, please notify the Division of Health Service Regulation.
- If the number of licensed beds is incorrect in your renewal application, please contact the Acute Care Licensure Section to determine next steps (919) 855-4620.
- If you have questions regarding transparency data and what is needed with the submission of your renewal application, please contact the Acute Care Licensure Section (919) 855-4620.

## Questions

Name	Phone	Email
Linda Johnson	(919) 855-4620	linda.m.johnson@dhhs.nc.gov
Azzie Y. Conley	(919) 855-4646	Azzie.Conley@dhhs.nc.gov

## Legal Name and Address

**Legal Identity of the Applicant:** Fletcher Hospital, Incorporated  
 (Full legal name of corporation, partnership, individual, or other legal entity owning the enterprise or service)

### Doing Business As (DBA)

\* Name(s) under which the facility or services are advertised or presented to the public

Primary: AdventHealth Hendersonville

Other DBA:

### Facility Address

Facility Mailing Address:

100 Hospital Drive  
Hendersonville, NC 28792

Facility Site Address:

100 Hospital Drive  
Hendersonville NC 28792  
County: Henderson

Has the Facility Mailing Address Changed?

No

### Facility Site Contact Information

Contact Name: Mark Murrill

Phone Number: (828) 684-8501

Email: mark.murril@adventhealth.com

Fax: (828) 687-0729

## Contact Information

Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility.

**Hospital Director**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_

Has the Director information changed? Yes

- New Director Information:

Name: Brandon Nudd Title: President and CEO

Email: brandon.nudd@adventhealth.com

**Director of Planning**

Name: Mark Murrill, Administrative Director  
of Strategy and Business  
Development

Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility.

**Chief Executive Officer**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_

Has the Chief Executive Officer information changed? Yes

- New Chief Executive Officer Information:

Name: Brandon Nudd Title: President and CEO

Email: brandon.nudd@adventhealth.com

**Chief Nursing Officer / Vice President of Nursing and Patient Care Services**

Name: Maureen Dzialo, MS, RN, NE-BC,  
Vice President Clinical Services and  
CNO

**Medical Director**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_

Has the Medical Director information changed? Yes

**- New Medical Director Information:**

Name of Medical Director: Teresa Herbert, MD, MPH, FAAP Title: Vice President of Medical Affairs and CMO

Email: teresa.herbert.md@adventhealth.com

**Contact for Questions**

Name of the person to contact for any questions regarding this form/facility.

Name: Mark Murrill Title: Administrative Director of Strategy and Business  
Phone: (828) 681-2102 Email: mark.murrill@adventhealth.com

**Ownership Disclosure**

National Provider Identifier (NPI): 1427075027

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

<b>Additional NPI</b>
-----------------------

\* For questions regarding NPI, contact 1-800-465-3203 (NPI Toll-Free) or visit the NPI Web Site.

**Legal Identity of Licensee**

Owner: Fletcher Hospital Inc  
Address: 100 Hospital Drive Hendersonville, NC 28792 Business Phone: (828) 684-8501  
Fax: (828) 687-0729  
Email: mark.murrill@adventhealth.com

Chief Executive Officer (CEO) : Brandon Nudd, President/CEO

**Legal Entity**

Legal Entity Is: Not For Profit  
Legal Entity Is: Corporation (CORP)

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

Is the business operated under a management contract? No

**From:** [Karin Sandlin](#)  
**To:** [Lightbourne, Ena](#)  
**Cc:** [Stancil, Tiffany C](#); [Murrill, Mark](#)  
**Subject:** [External] Exemption Request | AdventHealth Hendersonville  
**Date:** Thursday, February 9, 2023 5:43:50 PM  
**Attachments:** [AdventHealth Exemption Request - Hendersonville Campus Project.pdf](#)

---

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

Hi Ena,

Attached please find an exemption request from AdventHealth Hendersonville regarding a main campus expansion project.

Thank you,

Karin

## **Karin Sandlin**

**President, Clarity Strategic Services**

4208 Six Forks Road, Suite 1000, Raleigh, 27609

Mobile: 919-271-8200

[ksandlin@clarityservices.com](mailto:ksandlin@clarityservices.com)

[www.claritystrategicservices.com](http://www.claritystrategicservices.com)