



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

JOSH STEIN • Governor

DEV DUTTA SANGVAI • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

September 26, 2025

Taylor Spell

tspell2@capefearvalley.com

Exempt from Review – Replacement Equipment

Record #: 4928

Date of Request: September 17, 2025

Facility Name: Cape Fear Valley Medical Center

FID #: 030360

Business Name: Cumberland County Hospital System, Inc.

Business #: 578

Project Description: Replace CyberKnife linear accelerator

County: Cumberland

Dear Mr. Spell:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that the above referenced project is exempt from certificate of need review in accordance with G.S. 131E-184(f). Therefore, you may proceed to acquire without a certificate of need the Varian Ethos linear accelerator to replace the Accuray E2E/G4 CyberKnife 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.

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,

Cynthia Bradford
Project Analyst

Micheala Mitchell
Chief

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



BEHAVIORAL HEALTH CARE

BETSY JOHNSON HOSPITAL

BLADEN COUNTY HOSPITAL

CAPE FEAR VALLEY
MEDICAL CENTER

CAPE FEAR VALLEY
REHABILITATION CENTER

CENTRAL HARNETT HOSPITAL

HIGHSMITH-RAINEY
SPECIALTY HOSPITAL

HOKE HOSPITAL

BLOOD DONOR CENTER

BREAST CARE CENTER

CANCER CENTER

CAPE FEAR VALLEY
MEDICAL GROUP

CARELINK

FAMILY BIRTH CENTER

HEART & VASCULAR CENTER

HEALTH PAVILION NORTH

HEALTHPLEX

MOBILE INTEGRATED
HEALTHCARE

SLEEP CENTER

September 17, 2025

Ms. Tanya Saporito

Project Analyst, Healthcare Planning & Certificate of Need Section

Division of Health Service Regulation

N.C. Department of Health and Human Services

2704 Mail Center Service

Raleigh, NC 27699-2704

RE: Replacement of CyberKnife Linear Accelerator at Cape Fear Valley Medical Center/ Cumberland County

Ms. Saporito:

The purpose of this letter is to give the North Carolina Department of Health and Human Services, Division of Health Service Regulation, Healthcare Planning and Certificate of Need Section (the "Agency") prior written notice pursuant to NCGS § 131E-184(f) that Cape Fear Valley Medical Center ("CFVMC") plans to replace its CyberKnife linear accelerator located on the hospital's main campus.

The existing equipment is situated in the CFVMC cancer center, which is located on the hospital's main campus. The equipment has been in service at CFVMC for 14 years and has exceeded its useful life. CFVMC intends to replace the CyberKnife linear accelerator in the same location with a new Varian Ethos linear accelerator. The existing linear accelerator will be removed from CFVMC and returned to the vendor when the replacement linear accelerator is installed.

Pursuant to NCGS § 131 E-184(f): "The Department shall exempt from certificate of need review the purchase of any replacement equipment that exceeds the monetary threshold set forth in G.S. 131E-176(22a) 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.



BEHAVIORAL HEALTH CARE
BETSY JOHNSON HOSPITAL
BLADEN COUNTY HOSPITAL
CAPE FEAR VALLEY
MEDICAL CENTER
CAPE FEAR VALLEY
REHABILITATION CENTER
CENTRAL HARNETT HOSPITAL
HIGHSMITH-RAINEY
SPECIALTY HOSPITAL
HOKE HOSPITAL

BLOOD DONOR CENTER
BREAST CARE CENTER
CANCER CENTER
CAPE FEAR VALLEY
MEDICAL GROUP
CARELINK
FAMILY BIRTH CENTER
HEART & VASCULAR CENTER
HEALTH PAVILION NORTH
HEALTHPLEX
MOBILE INTEGRATED
HEALTHCARE
SLEEP CENTER

The replacement of the CyberKnife linear accelerator at CFVMC falls within the parameters of this exemption. Specifically:

1. The equipment being replaced is currently located on the CFVMC main campus.
2. A CON was issued for the linear accelerator that will be replaced (M-7750-06).
3. This letter serves as prior written notice to the Department.

Both the Varian Ethos and the Accuray CyberKnife are linear accelerators used for advanced radiation therapy. Please see Attachment A for a copy of the replacement equipment comparison table, which demonstrates the proposed linear accelerator is comparable to the equipment being replaced.

The estimated project cost for the replacement linear accelerator is \$6,527,015, which includes equipment and renovations to accommodate the replacement equipment. Attachment B contains a copy of the estimated capital cost.

CFVMC requests that the Division of Health Service Regulation make a determination that the replacement of the linear accelerator, as proposed herein, does not constitute new institutional health services and is thus exempt from certificate of need review.

Please contact me at 910.615.7529 or tspell2@capefearvalley.com regarding any questions concerning this request.

Sincerely,

A handwritten signature in black ink that reads "Taylor Spell".

Taylor Spell, CPA
Senior Finance & Strategic Planning Analyst
Cape Fear Valley Health System

ATTACHMENT A
REPLACEMENT EQUIPMENT COMPARISON TABLE

	Cyberknife
Type of Existing Equipment	Cyberknife (Linear Accelerator)
Manufacturer of Existing Equipment	Accuray
CON Project ID, if applicable	M-7750-06
Tesla Rating for MRI Being Replaced	N/A
Model Number - Existing	E2E/G4
Serial Number - Existing	CK262
Provider's Method of Identifying Equipment	Vendor SN
Specify if Mobile or Fixed	Fixed
Mobile Trailer Serial Number / VIN #	N/A
Mobile Tractor Serial Number / VIN #	N/A
Date Acquired	5/23/2011
Does Provider Hold Title to Equipment or Have a Capital Lease?	Own
Specify if Equipment Was/Is New or Used When Acquired	New
Total Capital Cost of Project (Including Construction, etc.)	\$6,527,015
Total Cost of Equipment	\$5,801,652
Location Where Operated	Cape Fear Valley Medical Center
Number of Times Equipment was Used to Provide a Health Service during the 12 months prior to the Date of the Written Notice	Equipment is used on a case by case basis. Equipment is approaching end of life and has frequently experienced downtime in the last 12 months
Type of Procedures Currently Performed on Existing Equipment	SRS/SBRT
Type of Procedures New Equipment is Capable of Performing	SRS/SBRT

New Equipment

Manufacturer of New Equipment	Varian
Tesla Rating for New MRI	N/A
Model Number - New Equipment	Ethos LINAC
Serial Number - New Equipment	TBD

Attachment B
Replacement Equipment: Capital Cost

Projected Capital Cost Form:	Cyberknife
Building Purchase Price	
Purchase Price of Land	
Closing Costs	
Site Preparation	
Construction / Renovation Contract (s)	\$725,363
Landscaping	
Architect / Engineering Fees	
Medical Equipment	\$5,801,652
Non-Medical Equipment	
Furniture	
Consultant Fees (specify)	
Financing Costs	
Interest during Construction	
Other (Specify)	
TOTAL CAPITAL COSTS	\$6,527,015

From: [Taylor Spell](#)
To: [Tanya, Saporito](#)
Cc: [Sandy Godwin](#); [Stancil, Tiffany C](#)
Subject: [External] CFVMC Cyberknife Replacement - Exemption Request
Date: Wednesday, September 17, 2025 10:30:35 AM
Attachments: [image001.png](#)
[CFVMC CyberKnife Replacement Letter.pdf](#)

CAUTION: External email. Do not click links or open attachments unless verified. Report suspicious emails with the Report Message button located on your Outlook menu bar on the Home tab.

Hi Tanya,

Happy Wednesday! I have attached an exemption request for the replacement of the Cyberknife located on the campus of Cape Fear Valley Medical Center. Please let me know if you have any questions.

Have a great day!

Thank you,
Taylor

Taylor Spell, CPA | Senior Finance & Strategic Planning Analyst

Cape Fear Valley Health System | 101 Robeson Street, Suite 303 | Fayetteville, NC 28301

Office: 910-615-7529 | tspell2@capefearvalley.com



CONFIDENTIALITY NOTICE: This electronic mail transmission may contain information that is privileged and/or confidential. Additionally, this communication may contain individual protected health information ("PHI") that is subject to protection under state and federal laws, or other privileged, confidential or proprietary information of Cape Fear Valley Health System that may not be further disclosed. Please be advised that any disclosure, copying, distribution or other use of the contents of this message by anyone other than the intended recipient is prohibited. If you have received this communication in error, please notify the sender immediately by replying to the message and deleting it from your computer.