



North Carolina Department of Health and Human Services  
Division of Health Service Regulation

Pat McCrory  
Governor

Richard O. Brajer  
Secretary DHHS

Mark Payne  
Assistant Secretary for Audit and  
Health Service Regulation

March 24, 2016

Kenneth L. Burgess, Partner  
Poyner Spruill  
P.O. Box 1801  
Raleigh, NC 27602-1801

**Exempt from Review**

**Record #:** 1900  
**Facility Name:** Wilson Medical Center  
**FID #:** 923569  
**Business Name:** DLP Wilson Medical Center, LLC  
**Business #:** 2082  
**Project Description:** Hospital Renovation  
**County:** Wilson

Dear Mr. Burgess:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that based on your letter of March 10, 2016, 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.

However, you need to contact the Agency's Acute and Home Care Licensure and Certification and Construction Sections to determine if they have any requirements for development of the proposed project.

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.



**Healthcare Planning and Certificate of Need Section**

[www.ncdhhs.gov](http://www.ncdhhs.gov)

Telephone: 919-855-3873 • Fax: 919-715-4413

Location: Edgerton Building • 809 Ruggles Drive • Raleigh, NC 27603

Mailing Address: 2704 Mail Service Center • Raleigh, NC 27699-2704

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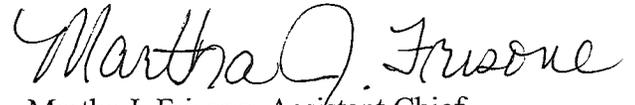


Kenneth L. Burgess  
Exemption Wilson Hospital Renovation  
March 24, 2016  
Page 2 of 2

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

Sincerely,

  
Jane Rhoe-Jones  
Project Analyst

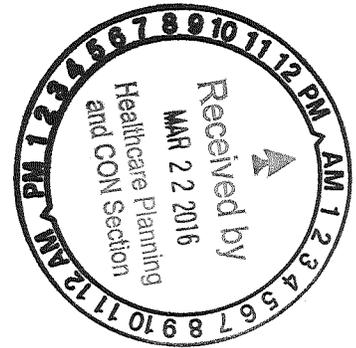
  
Martha J. Frisone, Assistant Chief  
Certificate of Need

cc: Construction Section, DHSR  
Acute and Home Care Licensure and Certification Section, DHSR  
Kelli Fisk, Program Assistant, Healthcare Planning, DHSR

**WILSON**  
MEDICAL CENTER

A Duke LifePoint Hospital

1705 Tarboro Street SW | Wilson, NC 27893



March 18, 2016

Ms. Jane Rhoe-Jones, Project Analyst  
Certificate of Need Section  
N.C. Department of Health and Human Services  
Division of Health Service Regulation  
2704 Mail Service Center  
Raleigh, North Carolina 27699-2704

Re: DLP Wilson Medical Center Exemption Notice for Hospital Renovation and  
Acquisition of Replacement Equipment, License No. H0210; FDID 923569

Dear Ms. Rhoe-Jones:

In follow up to your request for attestation that all medical equipment presented in Wilson Medical Center's request for exemption are currently in service serving patients, I writing to notify you that all equipment submitted for replacement is currently serving patients at Wilson Medical Center.

Should you have any further questions or concerns regarding the exemption submitted for this project, please contact [bert.beard@wilmed.org](mailto:bert.beard@wilmed.org) or via telephone at (252) 399-8141.

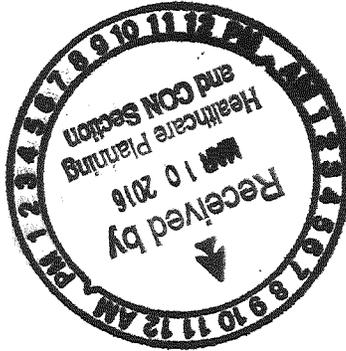
Sincerely,

William E. Caldwell, FACHE  
Chief Executive Officer

WEC:lb

ATTACHMENT A

<b>WILSON MEDICAL CENTER REPLACEMENT EQUIPMENT</b>	
<b>Equipment</b>	<b>Make &amp; Model #</b>
Cath Lab	GE IGS 530 Single Plane
Hemodynamic Monitoring for Cath Lab	NA (Wilson Medical Center is awaiting GE quote)
IR Room (specials)	GE IGS 540 Single Plane
MRI	Optima MR450w 1.5T 16-Ch 24.0



Kenneth L. Burgess  
Partner  
D: 919.783.2917  
F: 919.783.1075  
kburgess@poynerspruill.com

March 10, 2016

VIA HAND DELIVERY

Martha Frisone  
Assistant Chief  
Health Planning and Certificate of Need Section  
N.C. Department of Health and Human Services  
809 Ruggles Drive  
Raleigh, N.C. 27603

RE: ***DLP Wilson Medical Center Exemption Notice for Hospital Renovation and Acquisition of Replacement Equipment, License No. H0210; FDID 923569***

Dear Martha:

Our client, DLP Wilson Medical Center, LLC, d/b/a Wilson Medical Center ("DLP Wilson" or "the Hospital"), located in Wilson, North Carolina, is about to undertake a major renovation of its existing Hospital (the "Master Renovation Plan") which includes the renovation, replacement and expansion of numerous areas of the Hospital; the replacement and upgrading of certain data and information technology systems; and the replacement of certain heating, cooling and other basic plant functions. The Master Renovation Plan also includes the acquisition of certain replacement equipment as that term is defined in the N.C. Certificate of Need ("CON") Statute, as further described herein.

The purpose of this correspondence is to provide the N.C. Department of Health and Human Services, Health Planning and Certificate of Need Section ("the Agency") with the prior written notice required by N.C. Gen. Stat. §§ 131E-184(a)(3), (4) and (6) and 131E-184(f)(1-3) and (g)(1-3), which notice renders the Master Renovation Plan exempt from further review by the Agency and from the necessity of obtaining a CON for the project.

We discuss the applicable CON exemptions first. We then address the components of the Master Renovation Plan.

### **Applicable CON Exemptions**

#### Renovation, Replacement and Expansion Projects on the Main Campus

As you know, the N.C. General Assembly has chosen to exempt from CON review certain capital expenditures which may otherwise qualify as "new institutional health services" as that term is defined at N.C. Gen. Stat. § 131E-176(16)b because they exceed the two million dollar (\$2,000,000) threshold contained in that subsection. Capital expenditures covered by a CON exemption are exempt from CON Section review, and do not require issuance of a CON, upon prior written notice to the Agency, explaining why such expenditures fit within a designated statutory exemption.

Among those exemptions is one for certain health service facility renovation, replacement and expansion projects which meet the following conditions of N.C. Gen. Stat. § 131E-184(g)(1-3):

Martha Frisone  
March 10, 2016  
Page 2

- (g) The Department shall exempt from certificate of need review any capital expenditure that exceeds the two million dollar (\$2,000,000) threshold set forth in G.S. 131E-176(16)b if all of 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 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 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.

In pertinent part, the CON Statute at N.C. Gen. Stat. § 131E-176(14n) also defines the term "main campus" as follows:

- (14n) "Main campus" means all of the following for the purposes of G.S. 131E-184(f) and (g) only:
- 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 CON Statute, at N.C. Gen. Stat. §131E-176(5) also defines the term "change in bed capacity" as follows:

- (5) "Change in bed capacity" means (i) any relocation of health service facility beds, or dialysis stations from one licensed facility or campus to another, or (ii) any redistribution of health service facility bed capacity among the categories of health service facility bed as defined in G.S. 131E-176(9c), or (iii) any increase in the number of health service facility beds, or dialysis stations in kidney disease treatment centers, including freestanding dialysis units.

The categories of health service facility beds defined in G.S. 131E-176(9c) include acute care beds; psychiatric beds; rehabilitation beds; nursing home beds; intermediate care beds for the mentally retarded; chemical dependency treatment beds; hospice inpatient facility beds; hospice residential care facility beds; adult care home beds; and long-term care hospital beds.

Data Processing, Basic Plant and Nonhealth Service or Facility Projects

The CON Statute at N.C. Gen. Stat. §131E-184(a) also provides that the Department shall exempt from certificate of need review a new institutional health service if it receives prior written notice from the entity proposing the new institutional health service, which notice includes an explanation of why the new institutional health service is required, for any of the following:

- (3) To provide data processing equipment.
- (4) To provide parking, heating or cooling systems, elevators, or other basic plant or mechanical improvements, unless these activities are integral portions of a project that involves the construction of a new health service facility or portion thereof and that is subject to certificate of need review.
- (6) To provide any nonhealth service or facility.

Replacement Equipment

Finally, the CON Statute at N.C. Gen. Stat. §131E-184(f)(1-3), provides as follows:

- (f) The Department shall exempt from certificate of need review the purchase of any replacement equipment that exceeds the two million dollar (\$2,000,000) threshold set forth in G.S. 131E-176(22) 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.

The term "replacement equipment" is defined, in pertinent part, in the CON Statute as "equipment that . . . is purchased for the sole purpose of replacing comparable medical equipment currently in use and which will be sold or otherwise disposed of when replaced." See N.C. Gen. Stat. § 131E-176(22).

The term "comparable equipment" for purposes of this definition is itself defined in regulation at 10A N.C. Admin. Code 14C .0303 as follows:

- (c) "Comparable medical equipment" means equipment which is functionally similar and which is used for the same diagnostic or treatment purposes.

- (d) Replacement equipment is comparable to the equipment being replaced if:
- (1) it has the same technology as the equipment currently in use, although it may possess expanded capabilities due to technological improvements; and
  - (2) it is functionally similar and is used for the same diagnostic or treatment purposes as the equipment currently in use and is not used to provide a new health service; and
  - (3) the acquisition of the equipment does not result in more than a 10% increase in patient charges or per procedure operating expenses within the first twelve months after the replacement equipment is acquired.

**The Renovation, Replacement and Expansion  
Components of the Master Renovation Plan**

DLP Wilson consists of six floors and is licensed for two hundred seventy-one (271) general acute care beds; twenty-three (23) adult psychiatric beds; one (1) dedicated inpatient surgical operating room; nine (9) shared surgical operating rooms; and five (5) dedicated endoscopy rooms. *See Attachment 1* (the Hospital's 2016 license). Portions of the Hospital, including some of the operating rooms, date back to 1964. The Hospital has undergone some expansion and renovation over the years, with the most recent such development occurring in 2004, when the Emergency Department was renovated. Prior to that, the most recent renovations at the Hospital occurred in 1990. *See Attachment 2* (diagram of Hospital reflecting dates of construction to various portions of the Hospital). The Hospital is in need of major renovation.

To that end, the Master Renovation Plan calls for the renovation and replacement of large portions of the Hospital, encompassing work on all six (6) floors, phased over a multi-year period. The Master Renovation Plan includes renovation, replacement and/or expansion of roughly seventy to eighty percent of the Hospital. This includes public areas such as lobbies, waiting rooms and dining areas; patient rooms; and patient care areas such as the same day surgery suite, surgical areas and rooms, the endoscopy suite and others. It also encompasses administrative areas such as admissions, accounting, and information technology. The Master Renovation Plan includes the acquisition and installation of numerous pieces of replacement equipment as that term is defined at N.C. Gen. Stat. §131E-176(22a) and 10A N.C.A.C. 14C .0303.<sup>1</sup> The total estimated cost of the Master Renovation Plan is approximately eighty-one million dollars (\$81,000,000.00).

All of the Master Renovation Plan components are occurring on the main campus and, in fact, in the main building that houses the Hospital. As such, the Plan comports with N.C. Gen. Stat. § 131E-184(f)(1), which requires that for renovation, replacement or expansion projects to be exempt from CON review, they must occur on facilities located on the main health service facility campus. *See Attachment 3* (aerial view of Hospital property; diagram of existing Hospital site plan; and diagram of proposed master site plan) and *Attachment 4* (diagrams from HMK Architects PLLC reflecting the existing floor plans for the

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<sup>1</sup> The Master Renovation Plan includes the acquisition and installation of numerous pieces of replacement equipment as that term is defined at N.C. Gen. Stat. §131E-176(22a) and 10A N.C.A.C. 14C .0303. We address the replacement equipment components of the Master Renovation Plan separately below.

Martha Frisone  
March 10, 2016  
Page 5

Hospital's six floors and proposed floor plans for each floor, reflecting that all renovation, replacement and expansion is occurring at the main Hospital building). Further, all financial and administrative functions and controls over the Hospital are provided from the Hospital's main building, where clinical care is provided and where all renovations, replacement and expansion will occur. Both the Chief Executive Officer and Chief Financial Officer are housed in the main Hospital building. See *Attachment 2* (diagram reflecting current location of Administration on the Hospital's first floor) and *Attachment 5* (diagram of Proposed First Floor Plan also reflecting all Administrative Services on floor one).

The Master Renovation Plan does not include a change in bed capacity as that term is used at N.C. Gen. Stat. § 131E-184(g)(2) or as defined at N.C. Gen. Stat. 131E-176(5). Specifically, the Master Renovation Plan does not involve any relocation of health service facility beds or dialysis stations from one licensed facility or campus to another; any increase in the number of health service facility beds or dialysis stations including freestanding dialysis units, or any redistribution of health service facility beds among the categories defined in N.C. Gen. Stat. § 131E-176(9c). The plan does not call for the redistribution of beds among the categories of acute care beds, psychiatric beds, rehabilitation beds, nursing home beds, intermediate care beds for the mentally retarded, chemical dependency treatment beds, hospice inpatient facility beds, hospice residential care facility beds, adult care home beds or long-term care hospital beds.

Likewise, the Master Renovation Plan does not include the construction, development or other establishment of a new health service facility as that term is used at N.C. Gen. Stat. § 131E-176(16)a or the development or offering of a new health service designated in N.C. Gen. Stat. § 131E-176(16)f. The Plan does not call for the conversion of any nonhealth service facility beds to health service facility beds within the meaning of N.C. Gen. Stat. § 131E-176(16)m.

The Master Renovation Plan does not include the construction, development, establishment, increase in the number or relocation of an operating room or gastrointestinal endoscopy room in a licensed health service facility, other than the relocation of an operating room or gastrointestinal endoscopy room within the Hospital's main building within the meaning of N.C. Gen. Stat. § 131E-176(16)u. Likewise, it does not include a change in designation of an operating room to a gastrointestinal endoscopy room, or change in designation of a gastrointestinal endoscopy room to an operating room, that results in a different number of each type of room than is reflected on the Hospital's 2016 license, within the meaning of N.C. Gen. Stat. § 131E-176(16)v.

The Master Renovation Plan does not include the acquisition of any major medical equipment, other than replacement equipment which is exempt from CON Section review, as detailed and further discussed below. Finally, the Plan does not include the acquisition, construction or development of any other "new institutional health service" as that term is defined at N.C. Gen. Stat. § 131E-176 or any other activity requiring a certificate of need or CON Section review.

#### **The Data Processing, Basic Plant and Nonhealth Service or Facility Components of the Master Renovation Plan**

The Master Renovation Plan also includes significant infrastructure, basic plant, information system and data processing renovation and replacement components. These include heating and cooling systems, automatic sprinklers, telephone systems, nurse call systems, boilers, and electrical systems. These improvements taken together constitute nearly sixteen million, six-hundred thousand dollars (\$16,600,000.00) of the total Master Renovation budget described above. See *Attachment 6* (listing of

Martha Frisone  
 March 10, 2016  
 Page 6

key infrastructure components of the Plan). Some of these improvements are necessary to bring parts of the existing Hospital up to applicable building or electrical codes.

These portions of the Master Renovation Plan are exempt from CON Review by N.C. Gen. Stat. §§ 131E-184(a)(1), (3), (4) and (6).

1. Monitoring and Information Technology Software and Equipment

A substantial portion of the renovation includes upgrades to the hospital-wide monitoring and information technology equipment and software. This equipment falls within the data processing exemption set forth in N.C. Gen. Stat. § 131E-184(a)(3). This software and equipment is not necessary to make any piece of medical equipment operational, but rather provides integrated data processing and information connectivity from all areas of the hospital. This monitoring and data processing equipment provides a uniform system of information technology infrastructure for maintaining treatment records and data. In total, the monitoring software and equipment proposed includes the following fixed equipment and software costs as documented by service-line quotes from GE Medical Systems, which are attached hereto.

Equipment Care Area	Cost	Quote
Endoscopy	\$ 236,843.98	Attachment 7
ED & Muse Gateway	\$ 565,022.16	Attachment 8
ICU	\$ 601,621.29	Attachment 9
Pediatrics & Nursery	\$ 83,218.90	Attachment 10
Central Monitoring "War Room"	\$ 264,023.00	Attachment 11
Telemetry	\$ 810,830.82	Attachment 12
Mobile Care Software	\$ 31,716.00	Attachment 13
SiteLink	\$ 12,000.00	Attachment 14
Enterprise Access	\$ 365,025.00	Attachment 15
Carescape Gateway	\$ 53,975.45	Attachment 16
Panda & Telemetry	\$ 164,819.26	Attachment 17
Supplies & Training	\$ 95,825.16	Attachment 18
<b>Total:</b>	<b>\$3,284,921.02</b>	

**Replacement Equipment Included in the Master Renovation Plan**

As part of the master renovation process, numerous items of on-campus medical imaging equipment ("Replacement Imaging Medical Equipment") are to be replaced. The equipment being replaced includes equipment for multiple services in numerous areas throughout the hospital. While, as discussed above, there are several broad categories of information technology equipment which are categorically exempt under N.C. Gen. Stat. § 131E-184(a)(3), there are also substantial information technology and data processing components for each of the equipment areas that are contained within the quotes for the various items of equipment being replaced. These information technology components are not necessary for the operation of the equipment, but rather are needed to link all of the systems to the core data processing equipment. Thus, such components would, likewise, be exempt under § 131E-184(a)(3), as well as under the replacement equipment exemption found in N.C. Gen. Stat. § 131E-184(g)(1-3). Be that as it may, it would be difficult to impossible to itemize the particular components within the quotes

which would fall into the data processing exemption, thus they are being treated as part of each general system of equipment.

The total cost to acquire, install, and make operational the Replacement Imaging Medical Equipment is \$3,147,084.73.

Equipment Care Area	Cost	Quote
Cath Lab	\$ 880,242.88	Attachment 19
Hemodynamic Monitoring for Cath Lab	\$ 450,000.00	See below
IR Room (Specials)	\$ 840,864.14	Attachment 20
MRI	\$ 975,977.71	Attachment 21
<b>Total:</b>	<b>\$3,147,084.73</b>	

1. Cath Lab Equipment

The Project proposes a total of \$ 880,242.88 in fixed Cath Lab replacement equipment costs. These are reflected in the quote from GE Healthcare. See Attachment 19. This replacement will replace the existing Philips FD-20 catheterization equipment with a GE Innova-IGS-530. This replacement is being made due to age, wear, and advances in technology. The replacement equipment is functionally the same as the existing equipment and will not add any additional services.

2. Hemodynamic Monitoring Equipment

The Project proposes a total of \$ 450,000.00 in fixed hemodynamic replacement equipment costs. At present, DLP Wilson is awaiting a quote from GE Healthcare on this equipment, but the costs are estimated based upon the recent purchase of such equipment by an affiliated hospital from the same vendor. This equipment will replace the existing Merge monitoring equipment in the current Cath Lab at DLP Wilson with GE MACLab equipment. This equipment is being replaced as part of the renovation of the Cath Lab. Furthermore, the replacement of the existing catheterization equipment necessitates the replacement of this ancillary system to ensure that the monitoring equipment properly interfaces with the replacement catheterization equipment, also manufactured by GE Healthcare. The replacement equipment is functionally the same as the existing equipment and will not add any additional services.

3. IR Room (Specials) Equipment

The Project proposes a total of \$ 840,864.14 in fixed IR / Specials Room replacement equipment costs. These are reflected in the quote from GE Healthcare. See Attachment 20. Like the equipment being replaced in the Cath Lab, the relocation and renovation of the IR Room to the same area as the Cath Lab will result in the replacement of the existing Siemens Artis Zee catheterization equipment with a GE Innova-IGS-540. This replacement is being made due to age, wear, and advances in technology. Furthermore, the replacement serves to ensure that all of the catheterization equipment will interface properly. The replacement equipment is functionally the same as the existing equipment and will not add any additional services.

4. MRI Equipment

The Project proposes a total of \$ 975,977.71 in fixed MRI replacement equipment costs. These are reflected in the quote from GE Healthcare. See Attachment 21. This replacement will replace the existing Siemens Symphony MRI with a GE Optima 450w 1.5T MRI. This replacement is being made due to age, wear, and advances in technology. The replacement equipment is functionally the same as the

Martha Frisone  
March 10, 2016  
Page 8

existing equipment and will not add any additional services. Furthermore, the replacement serves to ensure that all of the imaging equipment will interface properly.

All of the existing equipment being replaced will be either: 1) taken out of service and traded-in to the vendor of the new equipment; 2) taken out of service and sold to third parties; 3) taken out of service and used for parts; or 4) taken out of service and destroyed / rendered unusable.

**Conclusion**

We would appreciate written confirmation from the Agency that the Master Renovation Plan, as we have described it herein, is exempt from further review by the CON Section. Please let me know if you have questions or need additional information.

Very truly yours,

  
**Kenneth L. Burgess**  
*Partner*

cc: William Caldwell  
Bert Beard  
Jane Rhoe Jones

Attachments

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

*Effective January 01, 2016, this license is issued to  
DLP Wilson Medical Center, LLC*

*to operate a hospital known as  
Wilson Medical Center  
located in Wilson, North Carolina, Wilson County.*

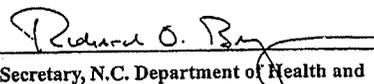
*This license is issued subject to the statutes of the  
State of North Carolina, is not transferable and shall remain  
in effect until amended by the issuing agency.*

*Facility ID: 923569  
License Number: H0210*

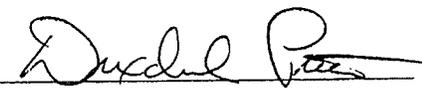
**Bed Capacity: 294**  
*General Acute 271, Psych 23,*

Dedicated Inpatient Surgical Operating Rooms: 1  
Dedicated Ambulatory Surgical Operating Rooms: 0  
Shared Surgical Operating Rooms: 9  
Dedicated Endoscopy Rooms: 5

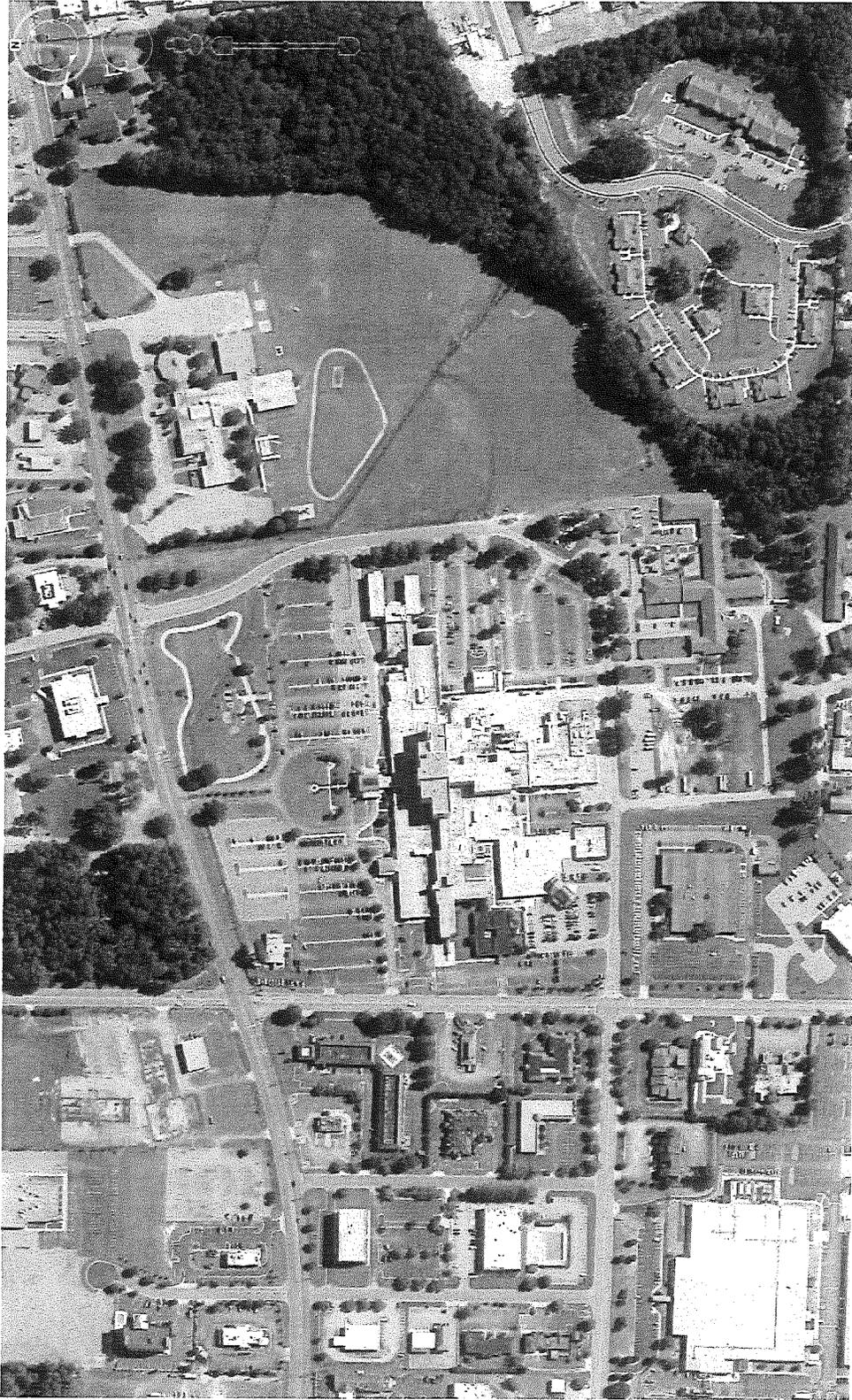
Authorized by:

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



  
Director, Division of Health Service Regulation





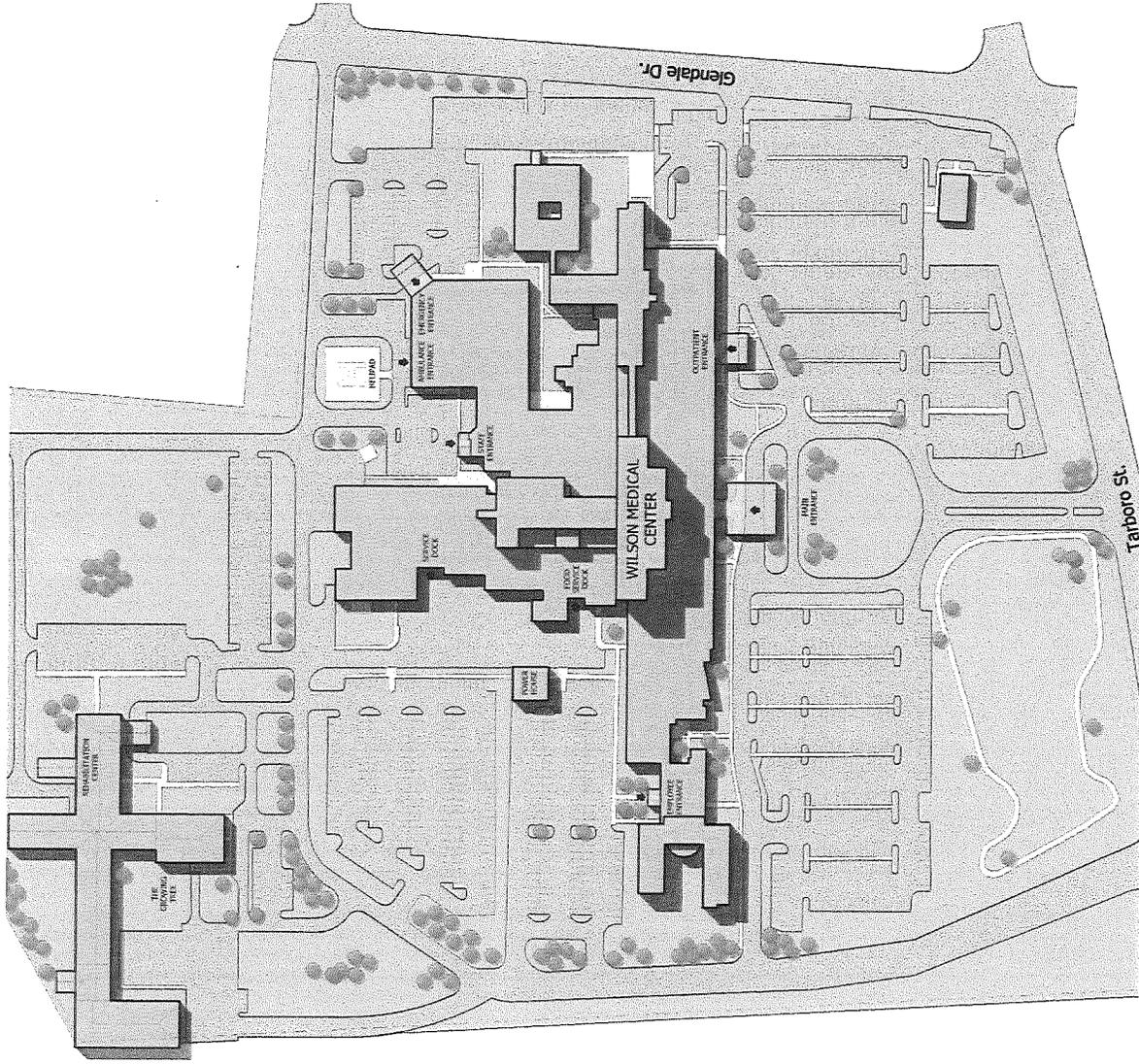
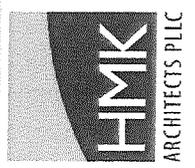
# Existing Site – Aerial View

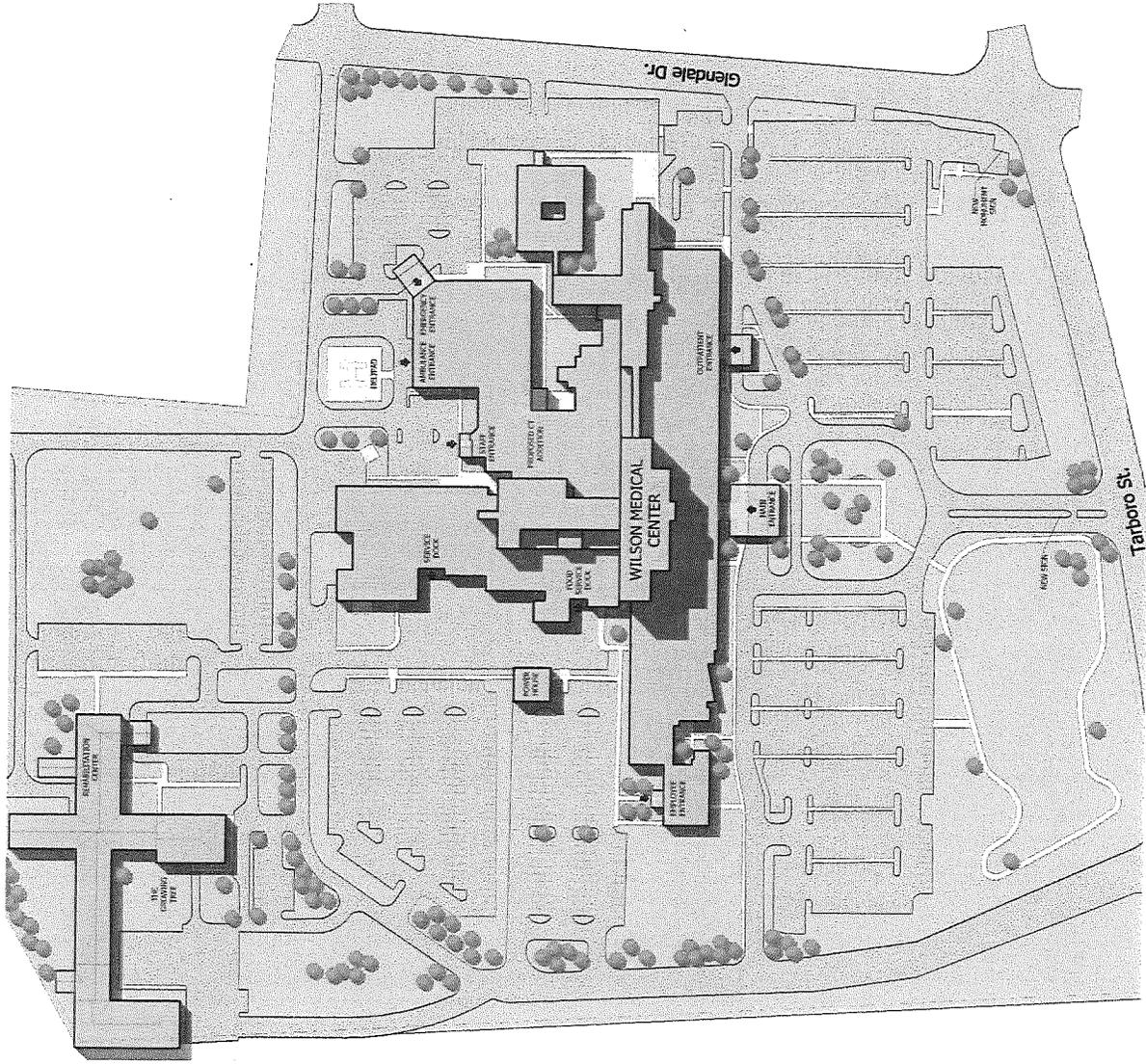
**WILSON**  
MEDICAL CENTER

A Duke LifePoint Hospital

**HMK**  
ARCHITECTS PLLC

# Existing Master Site Plan



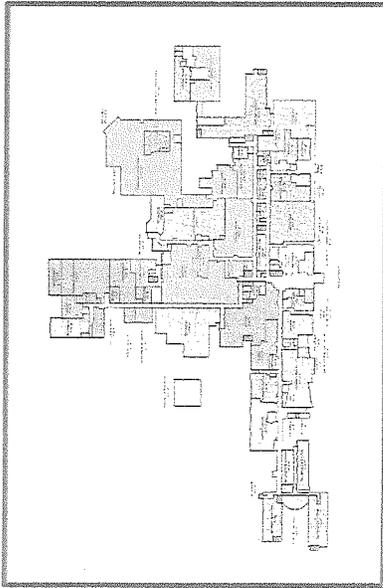


**WILSON**  
MEDICAL CENTER

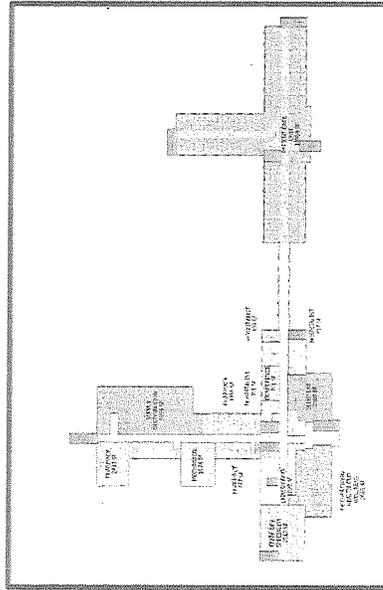
A Duke LifePoint Hospital

# Proposed Master Site Plan

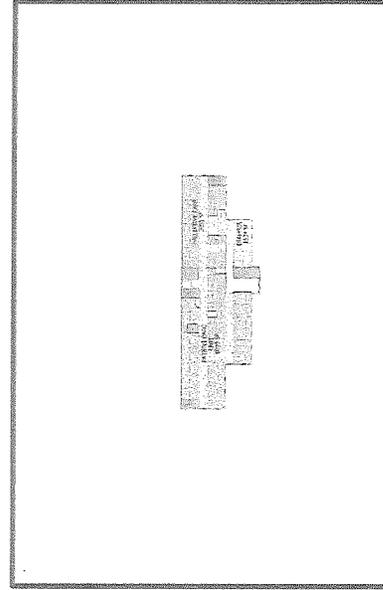




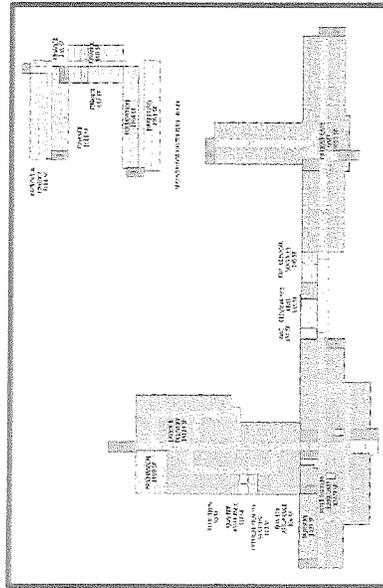
Existing Ground Floor



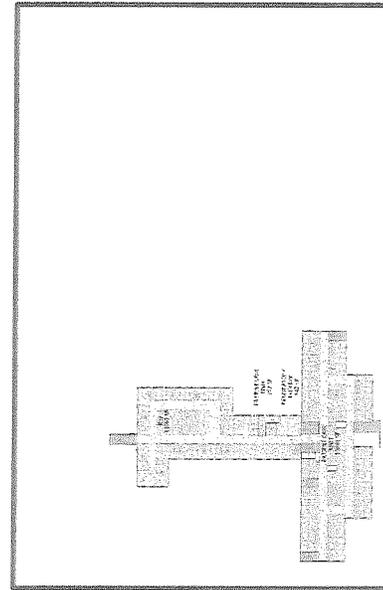
Existing Third Floor



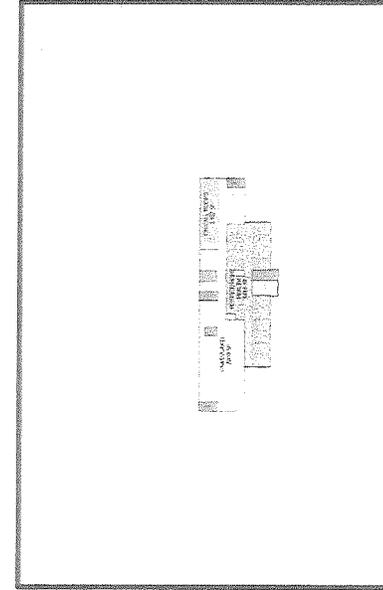
Existing Fifth Floor



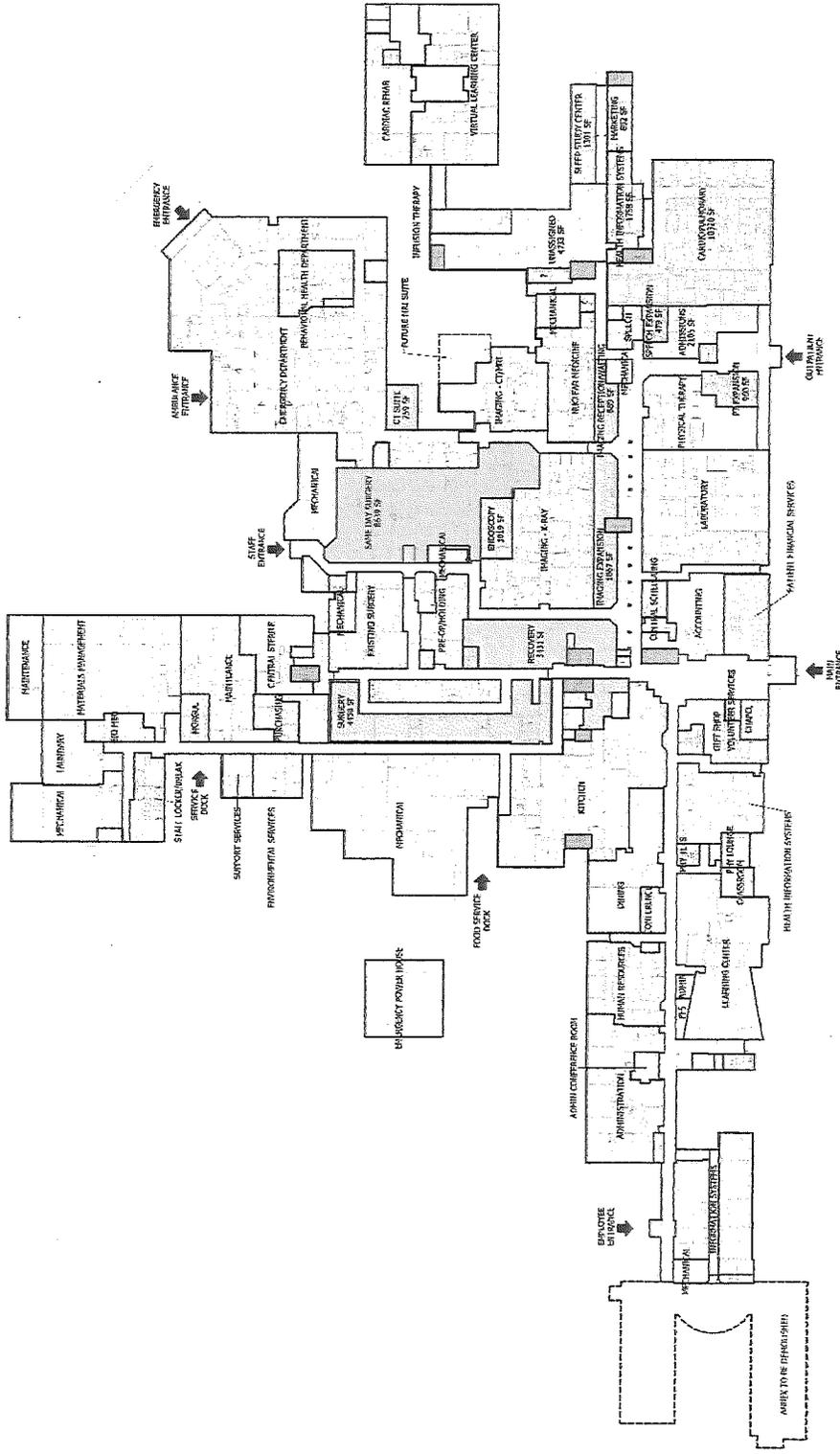
Existing Second Floor



Existing Fourth Floor

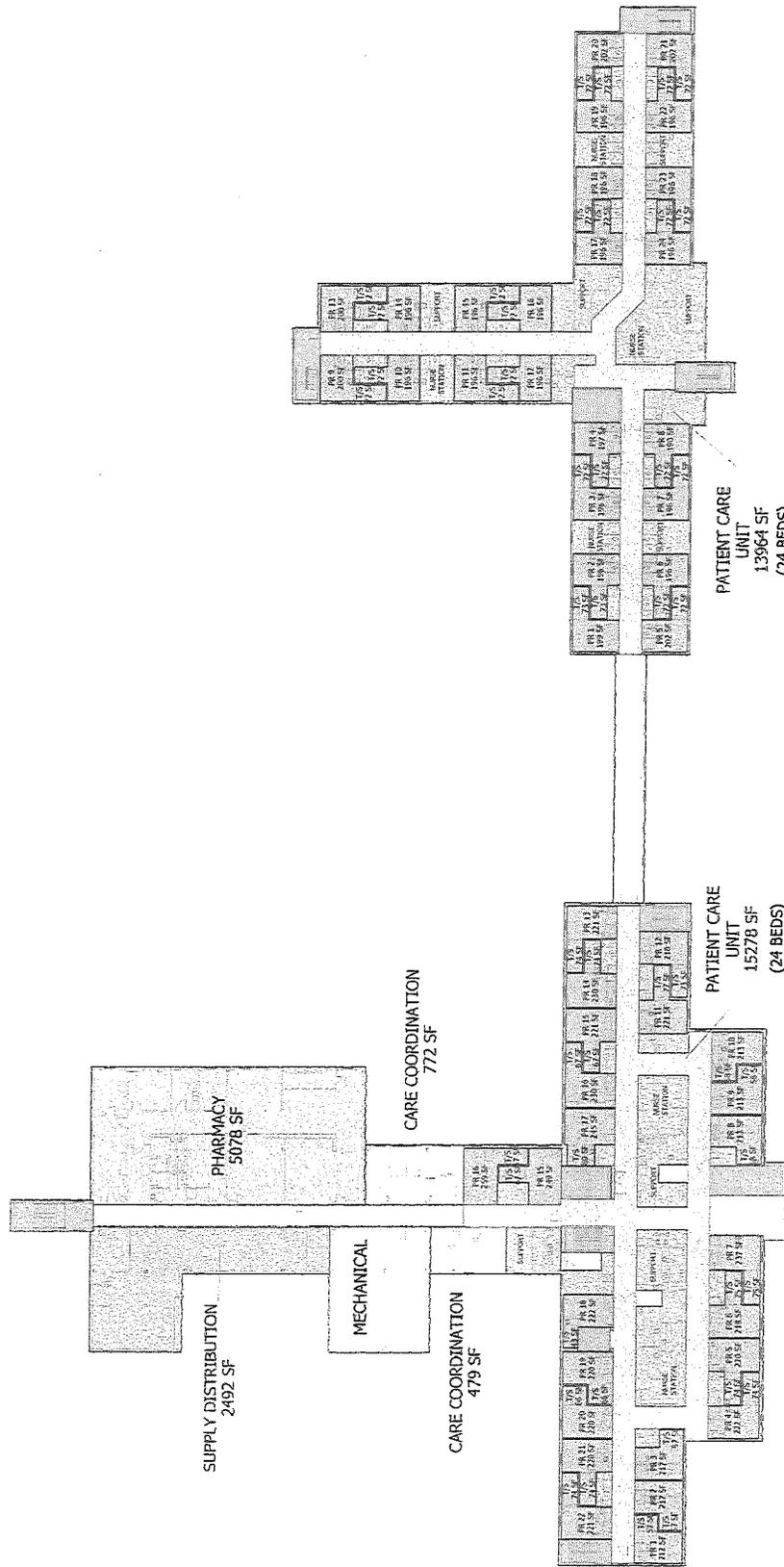


Existing Sixth Floor

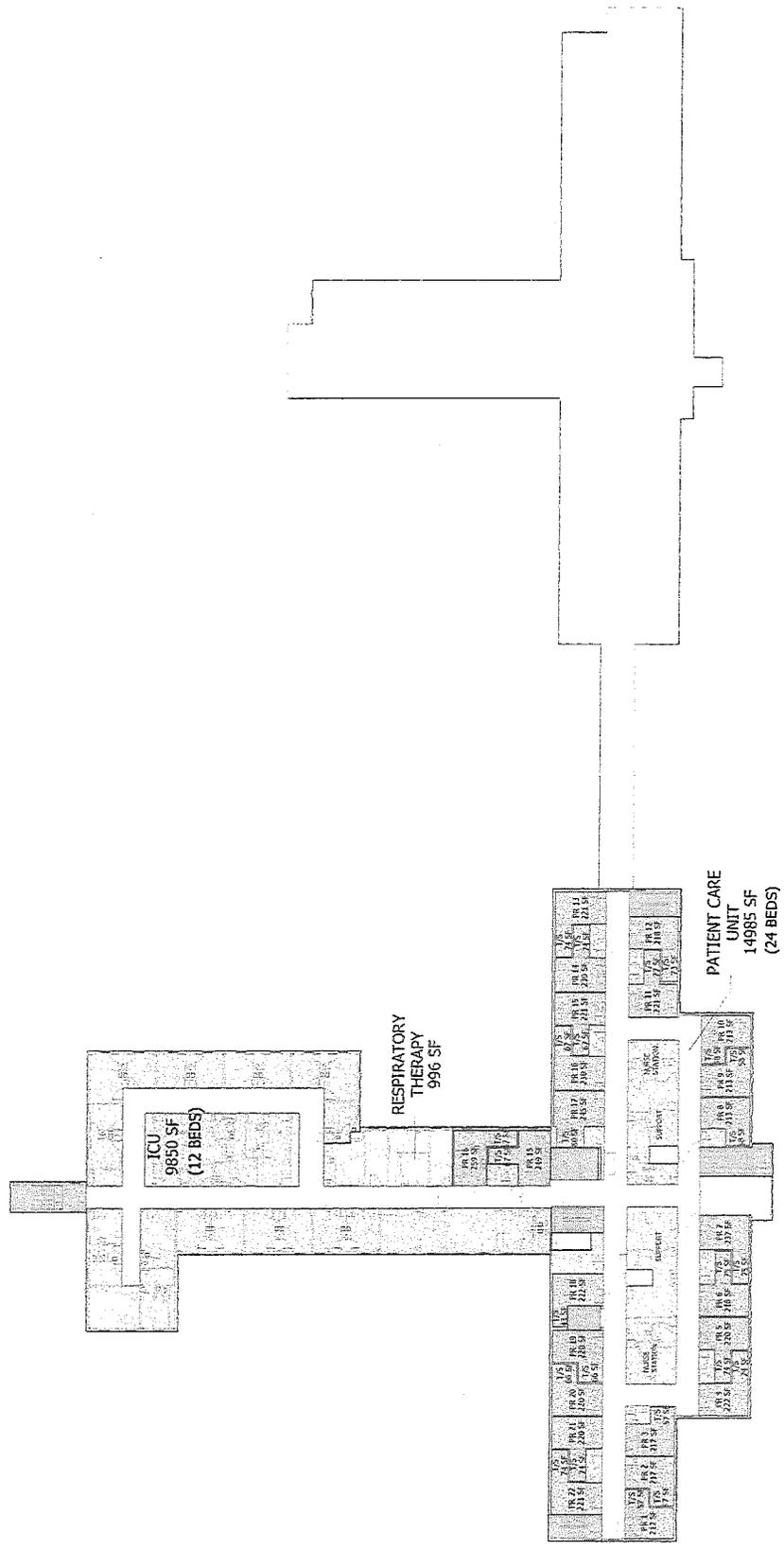


# Proposed First Floor Plan

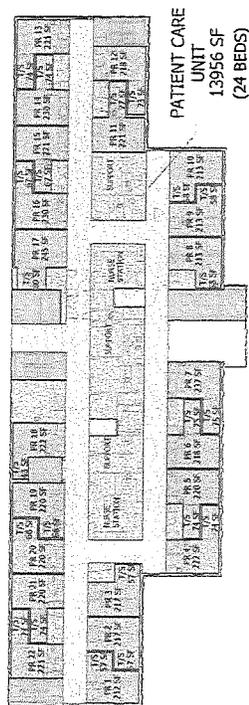




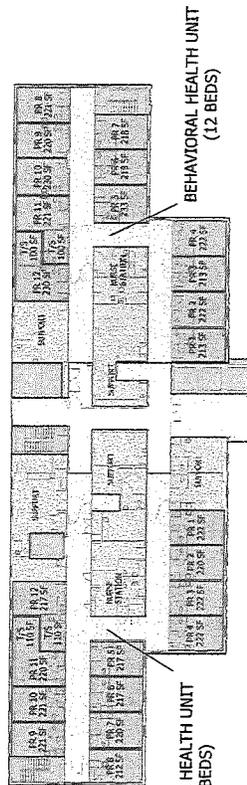
# Proposed Third Floor Plan



# Proposed Fourth Floor Plan



PATIENT CARE UNIT  
13956 SF  
(24 BEDS)



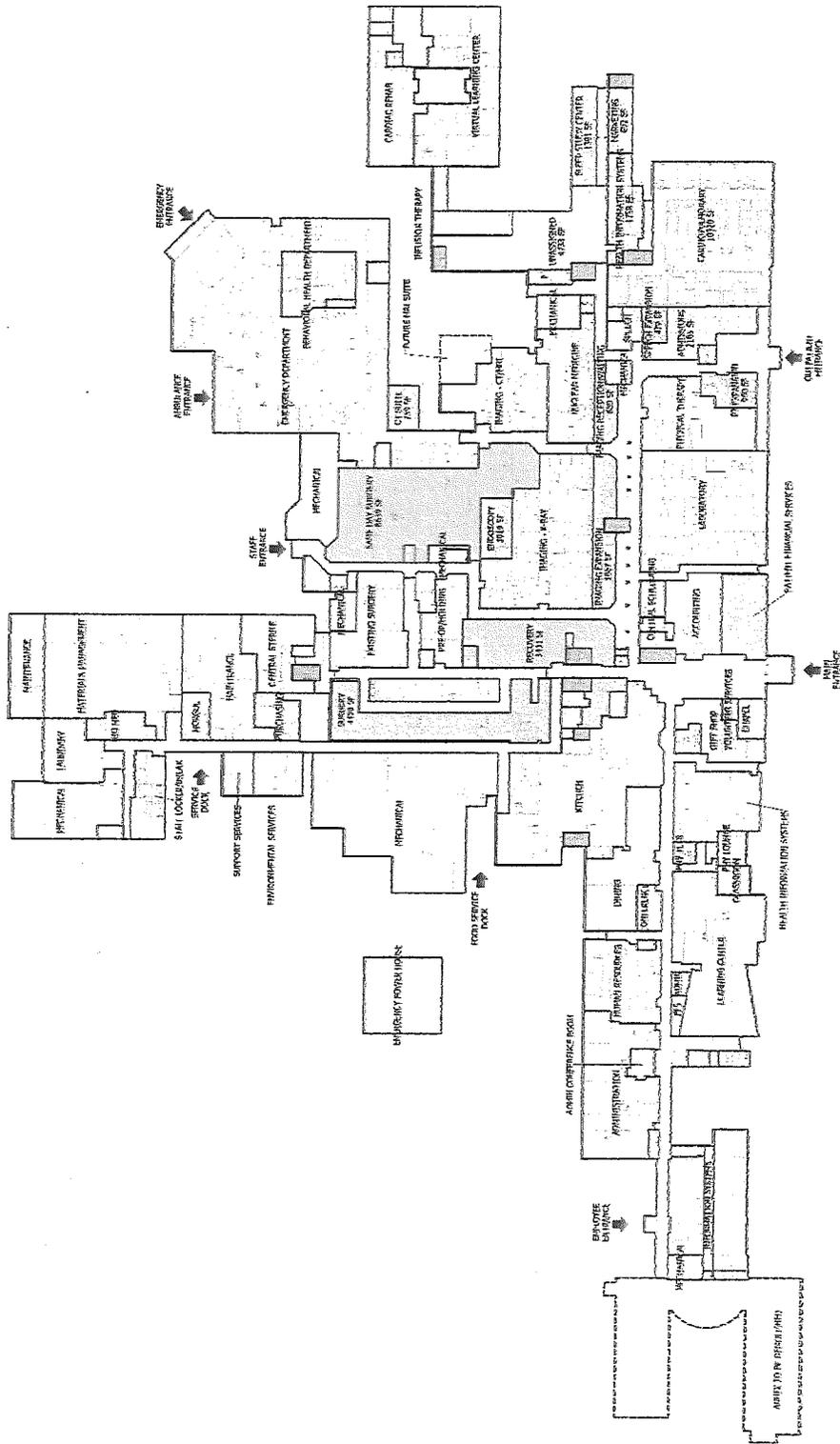
BEHAVIORAL HEALTH UNIT  
(12 BEDS)



# Proposed Fifth & Sixth Floor Plans

**WILSON**  
MEDICAL CENTER

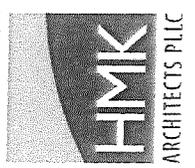
A Duke LifePoint Hospital



# Proposed First Floor Plan

**WILSON**  
MEDICAL CENTER

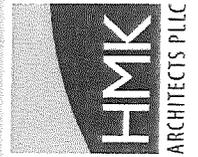
A Duke LifePoint Hospital



## Evaluation Results

### Top 7 Building Infrastructure Problem Areas

1. Heating & Cooling	\$4,545,000
2. Automatic Sprinklers	\$1,920,000
3. Rooms	\$1,860,000
4. Asbestos	\$1,400,000
5. Telephone System	\$1,150,000
6. Nurse Call	\$600,000
7. Boilers	\$420,000



Infrastructure Analysis: MEP Systems

WILSON  
MEDICAL CENTER

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Exhibits 7-21 (vendor quotes) have been intentionally omitted as they were extremely voluminous