



June 06, 2014

Mr. George Smith  
Grady Health System  
80 Jesse Hill Jr. Drive SE  
Atlanta Georgia 30303

**RE:GEORGIA COMMUNITY HEALTH - CONSTRUCTION PERMIT/OCCUPANCY PERMIT**  
**(This permit is void if construction has not begun within six months following date of issue)**

**FULTON-225 U (GA-2012027)**

AC-45 Replacement (Phase 2)  
Grady Memorial Hospital  
80 Jesse Hill Jr. Drive SE  
Atlanta Georgia

Dear Mr. Smith,

The construction documents for the above referenced project, which were received on June 2, 2014, have been reviewed in accordance with the 2014 edition of the 'Guidelines for the Design and Construction of Health Care Facilities' and are approved for construction. Please notify us upon completion of this project so that I may close out this file.

No final inspection of this project by this office will be required prior to occupancy.

Please note these plans may also be subject to the review and approval of the following agencies.

- 1] State Fire Marshals office, [404] 656-7087.
- 2] Local Building, Fire and Health authorities [where required]

Upon receipt of the above agencies approvals (construction permit, final inspections and/or certificates of occupancy) please submit copies for our records.

Sincerely,

  
Edward Wilkins  
Architect

cc: Acute Care Section - Healthcare Facility Regulation Division,(DCH)



**GEORGIA DEPARTMENT  
OF COMMUNITY HEALTH**

Submit to:

Georgia Department of Community Health  
Healthcare Facility Regulation Division  
Health Planning Section – Plans Review Unit  
5<sup>th</sup> Floor, 2 Peachtree Street, NW  
Atlanta, Georgia 30303-3159  
[ehotton@dch.ga.gov](mailto:ehotton@dch.ga.gov)  
[ewilkins@dch.ga.gov](mailto:ewilkins@dch.ga.gov)  
FAX 770/344-4282

Revised January 16, 2013

## DCH PLANS TRANSMITTAL LETTER

*PLEASE COMPLETE ALL OF THE FOLLOWING and PROVIDE ACTIVE MAILING ADDRESSES*

DATE SUBMITTED: 6/2/2104 (MINIMUM 45 DAYS PRIOR TO DESIRED START OF CONSTRUCTION)  
CON, LNR or DET NUMBER: CON - GA-2012-027 (REQUIRED - SEE CHECKLIST BELOW)

FACILITY NAME: Grady Memorial Hospital  
PROJECT NAME: AC-45 Replacement (Phase II)  
STREET ADDRESS: 80 Jesse Hill, Jr., Drive SE  
CITY: Atlanta, GEORGIA ZIP CODE: 30303 - COUNTY: Fulton  
CONTACT PERSON: (Dr./Mr./Mrs./Ms.) Mr. George C. Smith PHONE NUMBER: 404-616-3228  
E-MAIL: gcsmith@gmh.edu

OWNER: (COMPANY NAME) GRADY HEALTH SYSTEM  
MAILING ADDRESS: 80 Jesse Hill, Jr., Drive SE  
CITY: Atlanta STATE: Georgia ZIP CODE: 30303  
CONTACT PERSON: (Dr./Mr./Mrs./Ms.) Mr. George C. Smith PHONE: 404-616-3228  
E-MAIL: gcsmith@gmh.edu

SUBMITTED BY: (COMPANY NAME) GRADY HEALTH SYSTEM  
MAILING ADDRESS: 80 Jesse Hill, Jr., Drive SE  
CITY: Atlanta STATE: Georgia ZIP CODE: 30303  
CONTACT PERSON: (Dr./Mr./Mrs./Ms.) Mr. George C. Smith PHONE: 404-616-3228  
E-MAIL: gcsmith@gmh.edu

? Are you the: Architect  Owner  Consultant  Contractor  Other

Lourdes Knight (Knight Architects) - GA Registration Number 007701  
Name & Georgia Registration Number of Architect or Engineer of Record

**TYPE OF FACILITY**

HOSPITAL:  NURSING HOME:  AMBULATORY SURGERY CENTER:  OTHER:

**PURPOSE OF SUBMISSION**

PRELIMINARY or DESIGN DEVELOPMENT REVIEW:  ADDENDUM:   
FINAL REVIEW and CONSTRUCTION PERMIT:  REVISIONS:

Estimated Construction Cost: \$385,990.00 Total Square Footage of Project: 6,325  
Estimated Start of Construction: July 21, 2014 Estimated Completion: 10/15/14

*Specifications and Structural Drawings are not required.  
(Include any Door, Hardware or Finish Schedules from Specifications.)*

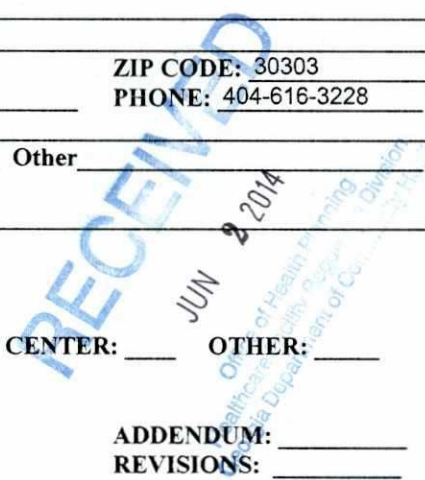
**CHECKLIST OF ITEMS TO BE INCLUDED WITH FINAL PLAN REVIEW SUBMITTAL**

FAILURE TO SUBMIT ALL ITEMS BELOW MAY DELAY ACCEPTANCE OF FINAL PLANS FOR REVIEW AND APPROVAL

**(Plans will not be logged in for final review prior to CON, LNR or DET approvals)**

- 1)  DCH PLANS TRANSMITTAL LETTER
- 2)  DCH PROGRAM NARRATIVE
- 3)  ONE SET OF CONSTRUCTION PLANS - SIGNED & SEALED AS REQUIRED By Georgia Law
- 4)  AN ELECTRONIC COPY OF THE PLANS ON CD or DVD (ADOBE .PDF FORMAT)
- 5)  A COPY OF ANY REQUIRED DCH REGULATORY APPROVAL LETTER: CON , LNR  or DET

DCH USE ONLY: Date Received: <u>6/2/14</u>	DCH Project Number: <u>FULTON-225 U</u>
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Revised January 16, 2013

DCH PROGRAM NARRATIVE PLEASE PRINT OR TYPE ALL INFORMATION

THIS FORM SHALL BE SUBMITTED WITH CONSTRUCTION PLANS SUBMITTED FOR FINAL REVIEW AND APPROVAL

FAILURE TO FILL IN ALL ITEMS MAY DELAY ACCEPTANCE OF FINAL PLANS FOR REVIEW AND APPROVAL

Date Submitted: 6/2/2014 PLANS WILL NOT BE LOGGED IN FOR REVIEW PRIOR TO ANY REQUIRED CON, LNR OR DET APPROVAL. Facility Name: Grady Memorial Hospital Project Name: AC-45 Replacement (Phase II) DCH Project Authorization: (Include copy of approval letter with drawings when submitting for final approval) (If Required) CON Project Number/Date Issued GA-2012-027 5/20/2012 DET Request/Date Issued LNR/Date Issued

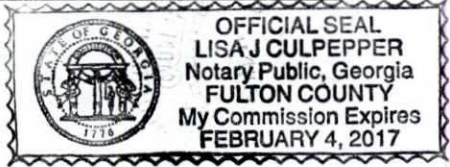
If a CON, DET or LNR is not required please describe the project below:

[Blank lines for project description]

Estimated Construction Cost: \$385,990 Estimated Start of Construction: 7/21/2014 Estimated End of Construction: 10/15/2014

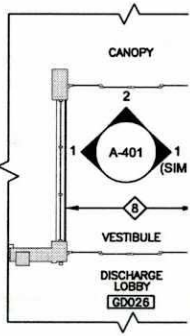
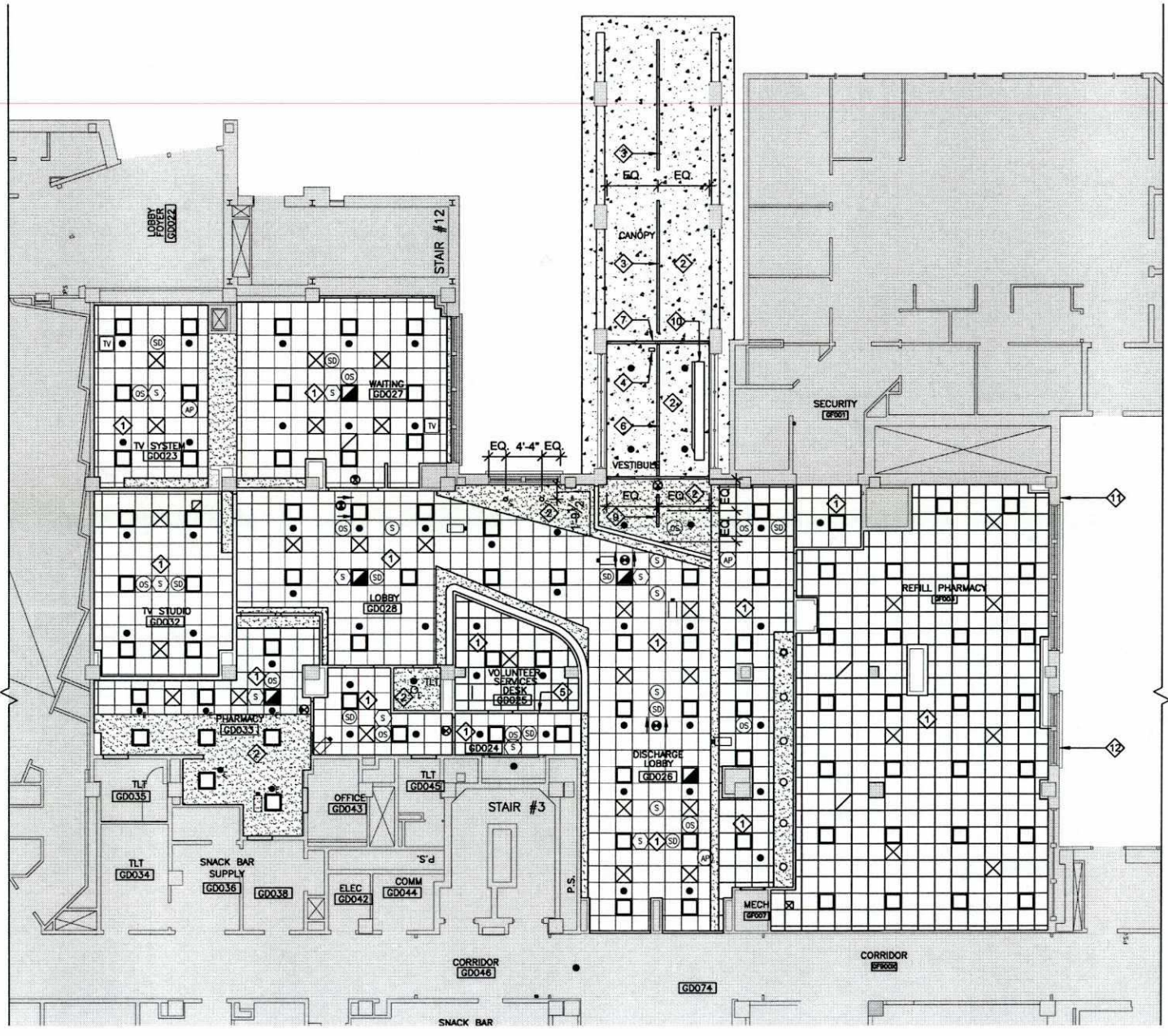
Owners Signature: (Not the Architect) [Signature] OWNER SIGNATURE George C. Smith (Architectural Project Manager, GHS Facilities Development) PRINT NAME

Notary statement and seal: [Signature] NOTARY SIGNATURE Lisa J. Culpepper PRINT NAME



CON = Certificate of Need and is issued to Hospitals, Nursing Homes and Ambulatory Surgery Centers. DET = Determination Request, an official letter from DCH stating project does not require a CON. LNR-ASC = Letter of Non-Reviewability for Physician Owned Single Specialty Ambulatory Surgery Centers with project costs less than the current CON Thresholds. LNR-EQT = Letter of Non Reviewability for Equipment purchases less than the current CON thresholds.

DCH USE ONLY DATE REC'D PROJECT #



2 VESTIBULE F  
A1.1 SCALE: 1/8" = 1'-0"

# Official Georgia Certificate of Need

<b>Project</b>	<p><i>Project Identifier:</i> <b>GA 2012-027</b>      <i>Project Description:</i> <b>Miscellaneous Renovation/Expansion Projects</b></p> <p><i>Defined Location:</i> <b>Grady Memorial Hospital</b>  <b>80 Jesse Hill Jr. Drive, S.E., Atlanta, Fulton County, Georgia 30303</b></p> <p><i>Approved Expenditure:</i> <b>\$17,763,860</b></p>
	<p><i>Service Area:</i> <b>SSDR 3</b>      <i>Review Analyst:</i> <b>Landry C. Smith, III</b></p>
<b>Certificate Holder</b>	<p><i>Legal Name:</i> <b>Grady Memorial Hospital Corporation d/b/a Grady Health System</b></p> <p><i>Address:</i> <b>80 Jesse Hill Jr. Drive, S.E., Atlanta, Fulton County, Georgia 30303</b></p> <p><i>Main Business Phone:</i> <b>404-616-1000</b>      <i>Contact Person:</i> <b>Craig Tindall, Sr. VP, Operations/Facilities</b></p>
<b>Conditions</b> <i>(This Certificate is Subject to the Delineated Conditions)</i>	<p><input checked="" type="checkbox"/> This Certificate is only valid for the certificate holder, defined location, expenditures, and service area listed herein. Should any of this information change, this Certificate shall no longer be valid, except that this Certificate may be transferred to another person who acquires the health care facility that is the subject of this Certificate. In addition, this Certificate is only valid for the defined scope identified in the Certificate of Need application and any and all attachments thereto. If the Certificate Holder discovers in implementing the project that the expenditures required will exceed the Maximum Allowable Expenditure as defined by <i>Rule 111-2-2-.03(14)</i>, the Certificate Holder Agrees to immediately cease construction and apply for a Cost Overrun Certificate.</p> <p><input checked="" type="checkbox"/> This Certificate is granted based on assurances from the Certificate Holder that annual and periodic surveys and questionnaires requested by the Department will be answered and submitted completely, accurately, and timely. Should such surveys and questionnaires not be submitted completely, accurately, and timely, this Certificate shall be subject to revocation.</p> <p><input checked="" type="checkbox"/> This Certificate is predicated on accurate and timely progress reports as indicated in the Important Dates section below. If a certificate holder fails to accurately and timely report such progress by the reporting dates specified herein, this Certificate shall be subject to revocation.</p> <p><input type="checkbox"/> This Certificate is granted based on a phased approach to construction and completion of the project. The Certificate Holder must report progress on each phase within 45 days of the deadlines identified below or this Certificate shall be subject to revocation.</p> <p style="padding-left: 40px;">Phase 1:    Phase 2:    Phase 3:    Phase 4:    Phase 5:</p> <p><input type="checkbox"/> This Certificate is granted based on a promise by the Certificate Holder to provide indigent and charity care to patients of the Certificate Holder at an annual rate of    of adjusted gross revenue. If the Certificate Holder fails to meet this commitment or, in the alternative, fails to remit the difference in the amount promised and the amount delivered to the Georgia Indigent Care Trust Fund, this Certificate shall be subject to revocation.</p> <p><input checked="" type="checkbox"/> This Certificate is subject to appeal within thirty (30) days from the Date of Approval noted herein. Should a bona fide request for an appeal be received, you will be notified, and this Certificate shall be suspended until the appeal is resolved. Upon the resolution of any such appeal, you will be issued a revised Certificate denoting corrected Important Dates. You are strongly advised not to make a substantial obligation of funds until the time period for requesting an appeal has expired.</p>
<b>Important Dates</b>	<p><i>Date of Approval:</i> <b>12/5/2012</b>      <i>Effective Date:</i> <b>12/5/2012</b></p> <p><i>Mandatory Commencement Date:</i> <b>12/5/2013</b>      <i>Mandatory Completion Date:</i> <b>12/9/2013</b></p>
<b>Approval</b>	<p><i>Approved by:</i> <b>Matt Jarrard</b>  <b>Deputy Division Chief/Health Planning Director</b>  <b>Healthcare Facility Regulation Division, Department of Community Health</b></p> <p><i>Signature:</i> </p>



ORIGINAL

**Request for Extension - Department Decision:**

DHP Use Only - DO NOT WRITE IN THIS BOX	CON GA <u>2012-027-<del>3</del></u>	By (initials): <u>SV7</u>
<b>Request for extension:</b>	<b>Approved</b> <input checked="" type="checkbox"/> <b>Denied</b> <input type="checkbox"/>	Date: <u>5/5/2014</u> mm/dd/yyyy

DHP Use Only - DO NOT WRITE IN THIS BOX
If your request is <b>approved</b> the revised performance date(s) are as follows:
Mandatory Implementation Date: <u>n/a</u>
Mandatory Completion Date: <u>December 9, 2014</u>

**CON Project Categories and required post approval documentation:**

**Construction Projects:**

A progress report must be submitted to the Division of Health Planning showing timely project implementation, as well as, interim progress reports at approximately 25%, 50%, and 75% completion. You must also submit -during the initial twelve months - a copy of the construction contract showing beginning and ending dates for construction and a copy of the state architect's letter showing approval of plans. A final progress report must be submitted showing timely project completion and must also include total project cost and total square feet.

**Procurement Projects:** Only a final progress report must be submitted to the Department showing timely project completion - the date you were in possession of the approved equipment.

**Service Change Projects:** (expansion of service area, new service with no construction)  
Only a final progress report must be submitted to the Department showing timely project completion - the date you started providing services to patients in the expanded service area or started providing the approved service.

If you are uncertain as to how your approved CON Project is categorized you may contact Doris Berry [dberry@dch.ga.gov](mailto:dberry@dch.ga.gov) for this information.

The Department is authorized to grant extensions of the effective period of a CON when there are circumstances beyond the control of the applicant and when an extension request has been made in writing at least 30-days prior to the expiration of the initial duration period, or any approved extension thereof.  
Ga. Admin. Code § 111-2-2-.02(7)