

GENERAL COUNSEL'S REPORT

March 23, 2016

- A. Tennova Healthcare-Jamestown Fentress General Hospital, f/k/a Jamestown Regional Medical Center, Jamestown (Fentress County), TN — CN1211-055A

Extension Request-A 12 month extension is requested, from April 1, 2016 to April 1, 2017, for additional time to review the efficacy of the project due to changes in the local market, changes in Medicare reimbursement, and a reduction in staffing due to economic challenges.

Tennova Healthcare-Jamestown Fentress General Hospital is an 85-bed acute care hospital licensed for 75 medical/surgical beds and 10 geriatric psychiatric beds located at 436 Central Avenue West, Jamestown (Fentress County), Tennessee 38556.

On February 27, 2013, it received unanimous approval for the establishment of Swing Bed services by converting six existing medical/surgical beds to six swing beds. The conversion did not affect the licensed bed capacity of the hospital. The proposed project was subject to the 125 Nursing Home Bed Pool for the 2012-2013 state fiscal year. The estimated project cost was \$30,677.00.



Jerry W. Taylor
jtaylor@burr.com
Direct Dial: (615) 724-3247

2016 FEB 29 10:54:00

511 Union Street
Suite 2300
Nashville, Tennessee 37219

Office (615) 724-3200
Fax (615) 724-3290
Toll-free (866) 489-8542

BURR.COM

February 29, 2016

James B. Christoffersen
General Counsel
Tennessee Health Services and Development Agency
502 Deaderick Street, 9th Floor
Andrew Jackson Building
Nashville, TN 37243-0200

Re: Tennova Healthcare-Jamestown, f/k/a Jamestown Regional Medical Center
CN1211-055A

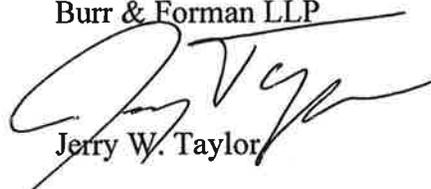
Dear Jim:

This is to request a twelve month extension of the expiration date of this CON from April 1, 2016 to April 1, 2017. Due to changes in the local market, changes in Medicare reimbursement, and a reduction in hospital staffing due to economic challenges, Tennova Healthcare-Jamestown needs additional time to fully evaluate the efficacy of the swing beds.

Please place this on the General Counsel's Report for the March 23, 2016 meeting. A check in the amount of \$1,000.00 representing the extension fee is submitted herewith. Please let me know if you have any questions. Thank you.

Sincerely yours,

Burr & Forman LLP



Jerry W. Taylor



State of Tennessee

Health Services and Development Agency

Andrew Jackson Building, 9th Floor, 502 Deaderick Street, Nashville, TN 37243

www.tn.gov/hsda Phone: 615-741-2364 Fax: 615-741-9884

ANNUAL PROGRESS REPORT
ANNUAL REVIEW FOLLOWING CERTIFICATION

Project Name: Initiation of Swingbed Services Certificate of Need #: CN1211-055

Legal Owner: HMA Fentress County, d/b/a Jamestown Regional Medical Center Approval Date: 02/27/2013

Expiration Date: 02/27/2016

Project Description: The establishment of six (6) swing beds and the initiation of swing bed services at Jamestown Regional Medical Center, which is located at 436 Central Avenue West, Jamestown, TN 38556. Six (6) existing medical/surgical beds were converted to swing beds. The number of licensed beds did not change. No other services were initiated or discontinued and no major medical equipment was requested. No facility renovations were required for the project. The total cost of the project was projected to be \$30,677.

******PLEASE SUBMIT EVIDENCE TO SUPPORT EACH ANSWER******

In a brief narrative, please describe the current stage of completion for the project (use another sheet of paper if necessary). Please note that this report will not be considered complete without this information.

Swing bed services have not yet been initiated due to difficulties in recruiting and retaining qualified therapy support for these patients. It is projected that the service will be initiated by October 1, 2015.

A. CONSTRUCTION PROJECTS

1. Anticipated date of project completion. _____
2. Provide written confirmation from the contractor documenting the stage of construction at the current time.
3. If proposed construction costs have increased over ten (10%) percent please provide information as an attachment to this form. Please note that such an overrun could require additional action before the Agency.

B. NON-CONSTRUCTION PROJECTS

1. Anticipated date of service implementation, acquisition or operation of the facility or equipment as certified. July 31, 2014
2. Provide written confirmation from the institutional representative verifying the occupancy/opening date for the service, equipment, or facility. **Attached.**



Signature of Authorized Agent or Chief Operating Officer

4/7/15

Date



State of Tennessee

Health Services and Development Agency

Frost Building, 3rd Floor, 161 Rosa L. Parks Boulevard, Nashville, TN 37243

www.tn.gov/hsda Phone: 615-741-2364/Fax: 615-741-9884

March 27, 2013

Melanie B. Robinson, Regional Director, Planning
Health Management Associates
200 E. Blount Ave., Suite 600
Knoxville, TN 37920

RE: HMA Fentress County Hospital, LLC d/b/a Jamestown Regional Medical Center -
CN1211-055A

Dear Ms. Robinson:

As referenced in our recent letter, please find enclosed your Certificate of Need for the above-referenced application that was approved at the February 27, 2013, meeting of the Tennessee Health Services and Development Agency.

The Health Services and Development Agency Rules require that an *Annual Progress Report be submitted each year* and a *Final Project Report form is to be submitted within ninety (90) days after completion of a project* which shall include completion date, final costs, and other relevant information in regards to the project, pursuant to Public Acts 2002, Chapter No. 780, § 16-11-1609(d). Also required is the registration of certain medical equipment pursuant to Tennessee Code Annotated § 68-11-1607(i), which states "*The owners of the following types of equipment shall register such equipment with the health services and development agency: computerized axial tomographers, lithotripters, magnetic resonance imagers, linear accelerators and positron emission tomography.*" "*The survey shall include but not limited to the identification of the equipment and utilization data according to source of payment.*"

The aforementioned forms can be found on the Agency's website at www.tennessee.gov/HSDA. Should you have any questions or require further information regarding this Certificate, please do not hesitate to contact this office.

Sincerely,

A handwritten signature in black ink that reads "Melanie M. Hill".

Melanie M. Hill
Executive Director

MMH/mab

cc: Dan Henderson, Division of Health Statistics, Office of Policy, Planning & Assessment
Ann R. Reed, Health Care Facilities - Licensure
Bill Harmon, Director of Engineering, Health Care Facilities

STATE OF TENNESSEE
Health Services and Development Agency



Certificate of Need No. CN1211-055A is hereby granted under the provisions of T.C.A. § 68-11-1601, *et seq.*, and rules and regulations issued thereunder by this Agency,

To: HMA Fentress County Hospital d/b/a Jamestown Regional Medical Center
436 Central Avenue West
Jaemstown, TN 38556

For: HMA Fentress County Hospital, LLC d/b/a Jamestown Regional Medical Center

This Certificate is issued for: The initiation of swing bed services by converting six (6) medical/surgical beds to six (6) swing beds. The conversion does not change the licensed bed complement of the hospital.

On the premises located at: 436 Central Avenue West
Jamestown (Fentress County), TN 38556

For an estimated project cost of: \$30,677.00

The Expiration Date for this Certificate of Need is

April 1, 2016

or upon completion of the action for which the Certificate of Need was granted, whichever occurs first. After the expiration date, this Certificate of Need is null and void.

Date Approved: February 27, 2013

D. Lynn Johnson
Chairman

Date Issued: March 27, 2013

William H. Hill
Executive Director

