



December 11, 2020

Stacey Hillock, J.D.
Executive Director, Office of Health Planning
Department of Community Health
2 Peachtree St, NW, 5th Floor
Atlanta, GA 30303

**RE: Notice of Intent to File Certificate of Need Application -
Addition of 23 Inpatient Beds
Piedmont Rockdale Hospital, Conyers, Rockdale County**

Dear Ms. Hillock:

This is to notify the Division that Piedmont Rockdale Hospital, Inc. d/b/a Piedmont Rockdale Hospital (PRH) intends to file a Certificate of Need (CON) application for a project to add 23 acute inpatient beds at the hospital.

Legal Applicant:	Piedmont Rockdale Hospital, Inc. d/b/a Piedmont Rockdale Hospital
Contact Name and Title:	Blake Watts, Executive Director of Operations, Tel 770-918-3755
Facility Name:	Piedmont Rockdale Hospital
Facility Address:	1412 Milstead Avenue, Conyers, GA 30012
Proposed Project Site Location:	Same as facility address
SSDR or Health Planning Area:	State Service Delivery Region 3
Piedmont Rockdale Hospital Standard Service Area Counties:	PSA: Rockdale SSA: Newton, DeKalb

Description of the Proposed Project: Piedmont Rockdale Hospital, Inc. d/b/a Piedmont Rockdale Hospital (PRH) is responding to the healthcare needs of its service area residents by proposing the addition of 23 inpatient beds. The proposed project involves the build-out of existing storage space on the 2nd floor of Building A to accommodate a new 21 bed unit. Additionally, 2 observation beds located on the 2nd floor of Building B will be converted to inpatient beds. As part of the build-out of the storage space, additional repairs and modifications will be made to the roof over that area of the building.

This project will result in the addition of 23 beds to the existing PRH licensed bed complement of 138. Upon the completion of the project the total PRH licensed bed complement will consist of 161 beds. The CON application will be filed pursuant to the Department's Short-Stay General Hospital Bed Need Projection for 2025, calculated on August 11, 2020. The projection identifies a deficit of 23 beds at PRH.

Total Estimated Project Cost: \$13,300,000.00

Sincerely,

A handwritten signature in blue ink, appearing to read "Blake Watts", written over a light blue horizontal line.

Blake Watts
Executive Director of Operations
Piedmont Rockdale Hospital



Use this form to upload and submit all Certificate of Need applications and forms.

Requesting Party Identification

Requesting Party Name * Piedmont Rockdale Hospital, Inc. d/b/a Piedmont Rockdale Hospital
The "Requesting Party Name" must be the legal applicant/facility

Address 1: 1412 Milstead Avenue

Address 2:

City: Conyers State: Georgia Zip: 30012

County: Rockdale

Contact Name: * Blake Watts

Contact Email: * Blake.Watts@piedmont.org

Application or Form Submission

Application/Form or Letter Type * CON Non-Batching Application Letter of Intent
Select the type of application or form that you are submitting.

File Upload * LOI PRH add 23 beds_signed.pdf 229.77KB
Click to browse and attach an electronic copy of your application/form and any other required attachments.

Additional attachments such as the check image should be included as a secondary or last page of the CON form or uploaded as separate files. Please do not add any pages before the first page of the CON form.


Submission Date/Time 12/11/2020
10:19:41 AM

Attestation

I state, certify and attest that this application for Certificate of Need, the contained statements and all addenda, appendices, or attachments hereto are true and complete to the best of my knowledge and belief, and that I possess the authority to submit this application. I further state, certify and attest that with this submission, I have included a copy of the check or money order that will be remitted to the State of Georgia in connection with the filing fee associated with this application for Certificate of Need in the amount determined by the applicable fee schedule. I understand that with any failure to remit the required filing fee, the Department reserves the right to cease to review any pending Certificate of Need application. I further understand that a typed version of my name is being accepted as my original signature pursuant to the Georgia Electronic Records and Signature Act.

Enter the text you want this field to display

Signature *



Signature Date * 12/11/2020