



January 11, 2021

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 68 Inpatient Beds
Piedmont Athens Regional Medical Center, Inc. d/b/a Piedmont Athens Regional Medical
Center**

Dear Ms. Hillock:

This is to notify the Division that Piedmont Athens Regional Medical Center, Inc. d/b/a Piedmont Athens Regional Medical Center (PAR) intends to file a Certificate of Need (CON) application for a project to add 68 short-stay general hospital beds at the hospital.

- Legal Applicant:** Piedmont Athens Regional Medical Center, Inc.
d/b/a Piedmont Athens Regional Medical Center
- Contact Name and Title:** Christine R. Macewen, Executive Director, Corporate Development
Tel 404-425-1307
- Facility Name:** Piedmont Athens Regional Medical Center
- Facility Address:** 1199 Prince Avenue, Athens, GA 30606
- Proposed Project Site Location:** Same as facility address
- SSDR or Health Planning Area:** State Service Delivery Region 5
- Service Area Counties:** PSA: Clarke, Jackson, Madison
SSA: Barrow, Oconee, Walton, Elbert, Franklin, Oglethorpe,
Morgan

Description of the Proposed Project: Piedmont Athens Regional Medical Center, Inc. d/b/a Piedmont Athens Regional Medical Center (PAR) proposes to add 68 short-stay general hospital beds at the hospital. The proposed project involves the build-out of the 5th and 6th floor of the hospital's bed tower to accommodate the new beds.

This project will result in the addition of 68 beds to the existing PAR licensed bed complement of 359 beds. Upon the completion of the project the total PAR licensed bed complement will consist of 427 beds. The CON application will be filed pursuant to the Department's Short-Stay General Hospital Bed Need Projection for 2025, calculated on November 10, 2020. The projection identifies a deficit of 68 beds at PAR.

Total Estimated Project Cost: \$38,000,000.00

Sincerely,

Jody Corry
Senior Corporate Counsel
Piedmont Athens Regional Medical Center



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

Requesting Party Identification

Requesting Party Name * Piedmont Athens Regional Medical Center, Inc. d/b/a Piedmont Athens Regional Medical Center
The "Requesting Party Name" must be the legal applicant/facility

Address 1: 1199 Prince Avenue

Address 2:

City: Athens **State:** Georgia **Zip:** 30606

County: Clarke

Contact Name: * Davis Dunbar

Contact Email: * davis.dunbar@dunbarconsultingllc.com.com

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_PAR_signed.pdf 577.47KB
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 1/11/2021
09:52:35 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 * 1/11/2021