



TO: Azzie Conley, Section Chief
NC DSHR Acute Care and Home Care Licensure and Certification

RE: Carolinas Rehabilitation, LICENSE NO.: H0071-C

DATE: April 2, 2020

REQUEST FOR TEMPORARY WAIVER OF BED CAPACITY/RELOCATION

Pursuant to the Memo issued by the North Carolina Department of Health and Human Services dated March 12, 2020, hospitals licensed in the State of North Carolina may request a waiver of the limitations found in 10A NCAC 13B.3111.

The above referenced hospital is operating near capacity. In order to prepare for an anticipated material surge in COVID-19 patients, Carolinas Rehabilitation requests a waiver of bed capacity and the ability to relocate existing licensed rehabilitation beds within Carolinas Rehabilitation for the purposes of accommodating patients: (a) receiving treatment for COVID-19; (b) awaiting results of testing for COVID-19; or (c) relocated to accommodate other patents treated for COVOD-19 elsewhere in the facility, other facilities or the community.

The specific request is as follows:

- Additional Beds Requested: 50 inpatient rehabilitation beds
- Description of the physical space to be utilized: All semi-private and ward bed spaces that are available but not licensed.
- Purpose for which the space will be utilized: For patients needing inpatient rehabilitation services or acute care services under an arrangement with an acute care hospital, as permitted by the Centers for Medicare & Medicaid in its interim final rule with comment period entitled Medicare and Medicaid Programs; Policy and regulatory Revisions in Response to the COVID-19 Public Health Emergency.
- Anticipated duration: 120 consecutive days

I hereby certify the following:

- 1) The increase in bed capacity is necessary for public health and safety in the geographic area served;
- 2) Physical facilities to be used are adequate to safeguard the health and safety of patients and will be operated in accordance with CMS hospital conditions of participation and any applicable temporary CMS requirements for inpatient care or any waivers or modifications of such conditions of participation or other requirements; and
- 3) All hospital patients will receive appropriate care and their health and safety safeguarded.

Please contact me at Robert.larrison@atriumhealth.org or at 704-355-4370 if you have questions or concerns.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Robert G. Larrison, Jr.", written in a cursive style.

Robert G. Larrison, Jr., FACHE
President