

June 26 2020

FOR STAFF USE ONLY:

WAIVER IDENTIFICATION: _____

REQUEST FOR CERTIFICATE OF NEED WAIVER

FACILITY ID NO.: 049-6530455 COUNTY: DeKalbFACILITY/PROVIDER NAME: DeKalb Regional Medical CenterSTREET ADDRESS: 200 medical center driveCITY: fort payne ZIP CODE: 35968AUTHORIZED REPRESENTATIVE: M. Patrick TrammellTITLE: CEO EMAIL ADDRESS: patrick_trammell@quorumhealth.comDIRECT TELEPHONE NUMBER: (256) 997-2147TYPE OF FACILITY/PROVIDER: hospital

Pursuant to a declaration issued by Governor Ivey on April 2, 2020, the following additional services are being enacted pursuant to Ala. Admin. Code r 410-2-5-.09-E and 410-1-10-.05-E.

Swing Beds

Does this request involve an increase in: Beds No Yes Number 25

ESRD Stations No Yes Number _____

Provide a brief explanation of how these services will assist in the health and safety of citizens during the emergency (attach additional sheets if necessary):

Due to urgent concern related to a recent outbreak of COVID in a SNF in DeKalb County, the high number of new COVID cases and concern about further spread in Northeast Alabama, we request emergency approval of swing beds. This will provide an appropriate method to receive non-severely ill COVID positive patients and appropriate short-term placement of post-acute patients awaiting receipt by an appropriate post-acute care provider (e.g., those awaiting negative COVID test results).

Projected Construction/Renovation Costs: \$50,000.00

Projected Equipment Costs: \$50,000.00

Projected date additional services/equipment will be available for service: 6/19/2020

If this Waiver request involves construction of a new facility and/or acquisition of new equipment, provide a brief description of the proposal on a separate sheet of paper and return with this form.

The undersigned, being first duly sworn, hereby affirms that he/she has direct knowledge of the facts contained this request, and to the best of their information, knowledge, and belief, such facts are true and correct. The undersigned agrees to comply with the requirements and limitations outlined by Rules 410-2-5-.09-E and 410-1-10-.05-E

[Handwritten Signature]

Signature of Authorized Officer

06/19/2020

Date

M. Patrick Trammell

Printed Name

CEO

Title

Sworn to and subscribed before me this 19th day of June, 2020.



(Seal)

[Handwritten Signature]
Notary Public

My Commission Expires: 02/25/2023

AFFIRMED BY EXECUTIVE DIRECTOR:

[Handwritten Signature]

Emily T. Marsal

06/26/2020

Date