

FOR STAFF USE ONLY:

WAIVER IDENTIFICATION: TW2021-010

RECEIVED  
Jan 21 2021  
STATE HEALTH PLANNING AND  
DEVELOPMENT AGENCY

REQUEST FOR CERTIFICATE OF NEED WAIVER

097-6530600

FACILITY ID NO.: ~~H4903~~ COUNTY: Mobile

FACILITY/PROVIDER NAME: USA Health University Hospital

STREET ADDRESS: 2451 Fillingim Street

CITY: Mobile ZIP CODE: 36617-2238

AUTHORIZED REPRESENTATIVE: Sam Dean

TITLE: Administrator EMAIL ADDRESS: slidean@health.southalabama.edu

DIRECT TELEPHONE NUMBER: (251) 434-3987

TYPE 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.

USA Health University Hospital ("USA") requests the temporary conversion of the old emergency department space that will cease to be in use following the final approval of the updated emergency department and trauma center, and the commencement of the operation thereof, on or around January 21, 2021, to an area for the inpatient treatment of COVID-19 patients. USA is currently overwhelmed with COVID-19 patients and does not have adequate space and beds to treat the large influx of patients. USA requests the approval of this emergency request for the temporary conversion of the old emergency department space to a COVID-19 treatment area during this current health care emergency.

Does this request involve an increase in: Beds No  Yes  Number 18

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):

During this time of global pandemic, USA does not have the space and beds needed to treat the large influx of COVID-19 patients. This requested temporary use of the old emergency department space to convert into space to house the overflow of COVID-19 patients for the duration of this health care state of emergency will help to alleviate some of the bed shortage and allow patients to have additional space in which to receive inpatient care. USA plans for this space to be used to house up to eighteen additional inpatient care beds.

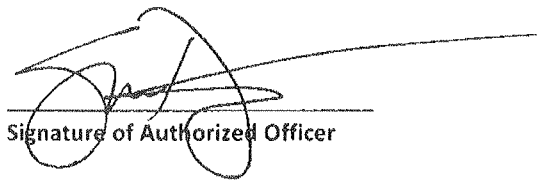
Projected Construction/Renovation Costs: \$ 0.00

Projected Equipment Costs: \$ 0.00

Projected date additional services/equipment will be available for service: 1/26/2021

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

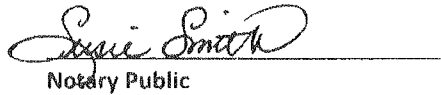
  
Signature of Authorized Officer

1/20/21  
Date

Sam Dean  
Printed Name


Administrator  
Title

Sworn to and subscribed before me this 20<sup>th</sup> day of January, 2021.

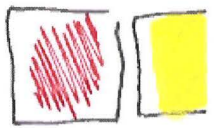
  
Notary Public



My Commission Expires: 04/05/2023

AFFIRMED BY EXECUTIVE DIRECTOR: 

1/21/2021  
Date



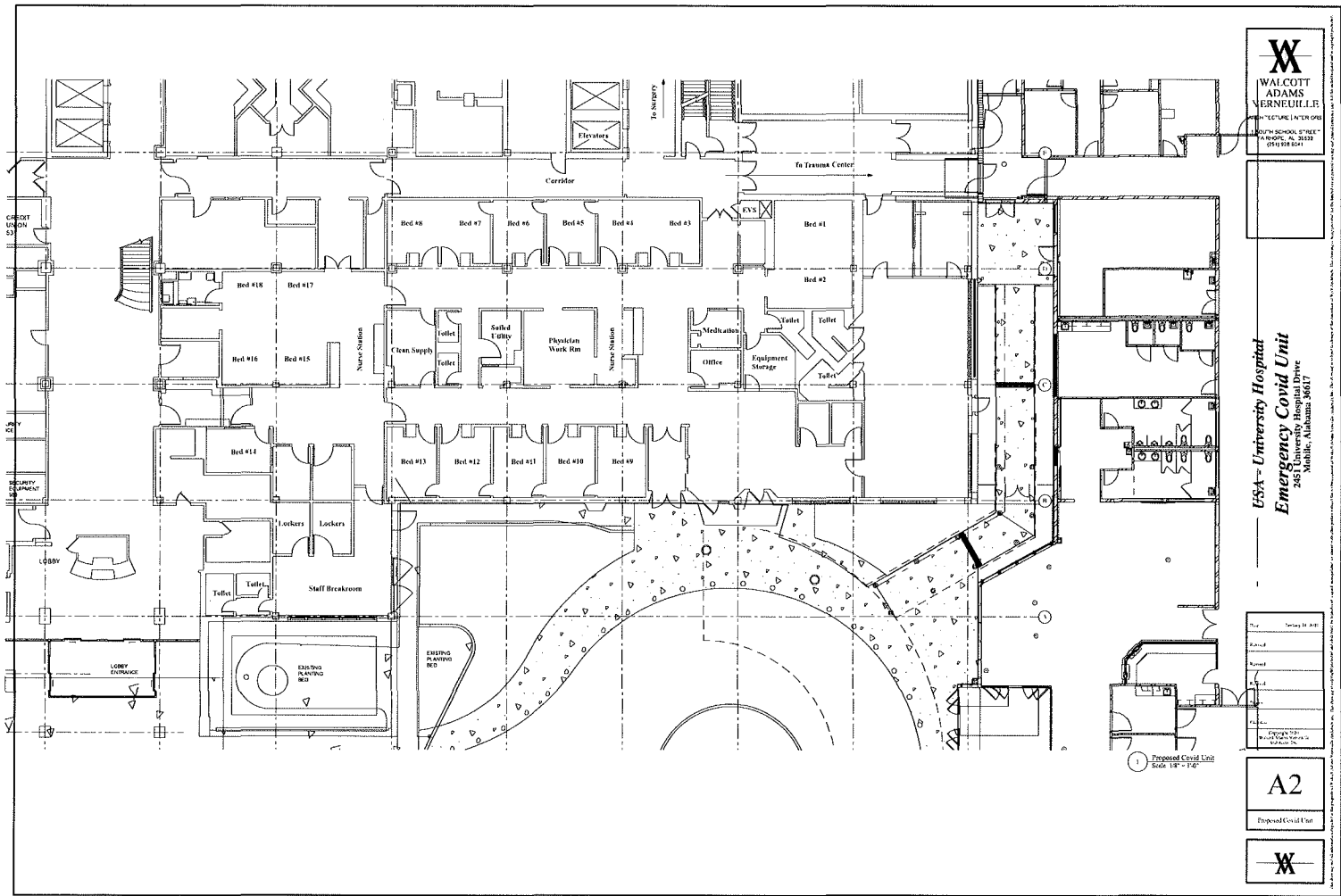
18 Patient bed locations

2 Nurse Stations



ER SUITE 2

USA MEDICAL CENTER  
MOBILE, ALABAMA



**W**  
**WALCOTT**  
**ADAMS**  
**FERRELLI L.P.**  
 1000 UNIVERSITY AVENUE  
 SOUTH SHOOTING STAR  
 PRUSS, AL 36877  
 205.433.8211

**ESA - University Hospital**  
**Emergency Covid Unit**  
 2461 University Hospital Drive  
 Mobile, Alabama 36617

Project No.	2020-001
Revision	
Date	10/20/20
Author	W.A.
Checker	W.A.
Scale	1/8" = 1'-0"

**A2**  
 Proposed Covid Unit  
**W**