

**Junod, Rebecca**

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**From:** Gallagher, Robert  
**Sent:** Tuesday, October 31, 2017 1:09 PM  
**To:** Dalton, Alé  
**Cc:** Miller, Paige  
**Subject:** Williamson Memorial Hospital Transfer of Control - MC 601332  
**Attachments:** Request for Additional Information - Mail Control Number 600437

License No. 47-25358-01  
Docket No. 03034138  
Control No. 601332 – **Note: This is a new mail control number assigned to this action**

Ms. Dalton,

I have attached an email requesting additional information that I sent to Paige Miller on 9/6/2017. You mentioned earlier this morning that you are preparing an updated notification to the NRC so I wanted to resend the request for additional information concerning the new transaction (however there is no need to respond to item 7). You may respond in separate correspondence signed by a management representative for each of the three entities involved [Williamson Memorial Hospital, Collaborative Healthcare Solutions, Inc., and Mountaineer Community Hospital, Inc.].

Please do not hesitate to contact me by phone or email if you have any questions.

Robert L. Gallagher  
Health Physicist  
U.S. NRC, Region I  
2100 Renaissance Blvd.  
King of Prussia, PA 19406  
(610) 337-5182 office  
(610) 337-5269 fax



**Junod, Rebecca**

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**From:** Gallagher, Robert  
**Sent:** Wednesday, September 06, 2017 2:20 PM  
**To:** Miller, Paige; Vincent Brown  
**Subject:** Request for Additional Information - Mail Control Number 600437

PLEASE CONFIRM RECEIPT OF THIS REQUEST FOR ADDITIONAL INFORMATION BY RETURN EMAIL

License No. 47-25358-01  
Docket No. 03034138  
Control No. 600437

Ms. Miller,

This letter is in regards to your letter dated August 22, 2017. In order to continue our review of your request for approval of the transfer of control the following additional information is necessary:

1. Describe any planned changes in the organization, including but not limited to, transfer of stocks or assets and mergers, change in members on Board of Directors, etc. Provide the new licensee name, mailing address, and contact information, including phone numbers.
2. Describe any changes in personnel or duties that relate to the licensed program. Include training and experience for new personnel and any changes in the training program.
3. Describe the status of the licensee's facilities, equipment, and radiation safety program, including any known contamination and whether decontamination will occur prior to transfer. Include the status of calibrations, leak tests, area surveys, wipe tests, training, quality control, and related records.
4. Confirm that all records concerning the safe and effective decommissioning of the facility will be transferred to the transferee or to NRC, as appropriate. These records include documentation of surveys of ambient radiation levels and fixed and/or removable contamination, including methods and sensitivity.
5. Confirm that both transferor and transferee agree to transferring control of the licensed material and activity, and the conditions of transfer, and that the transferee has been made aware of any open inspection items and its responsibility for possible resulting enforcement actions.
6. Confirm that the transferee will abide by all constraints, conditions, requirements, representations, and commitments of the transferor or that the transferee will submit a complete description of the proposed licensed program.
7. I have been researching the transferee, Collaborative Healthcare Solutions, Inc. (CHSI). In letter dated September 1, 2017 from the licensee, Williamson Memorial Hospital, it states that CHSI is a New Jersey not-for-profit corporation. I conducted a search of the New Jersey Department of Revenue, which registers not for profit corporations, which resulted in "No Results Found" when I searched for Collaborative Healthcare Solutions, Inc. Further, I note that a company called Collaborative Healthcare Solutions, LLC in the State of Florida Department of State Division of Corporations shows the status of Collaborative Healthcare Solutions, LLC as "INACTIVE" as of 9/23/2016 for "ADMIN DISSOLUTION FOR ANNUAL REPORT." Describe the corporate structure of Collaborative Healthcare Solutions, Inc. and confirm it is an active corporate entity.

We will continue our review upon receipt of the above information. Please feel free to call or email me with any questions. My phone number is in the signature block below.

Regards,

Robert L. Gallagher

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