



# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: F-11904-20

FID #: 200464

**ISSUED TO:** The Charlotte-Mecklenburg Hospital Authority

Pursuant to G.S. 131E-177(6), the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the certificate holder) to develop the project described below. The certificate holder shall develop the project in a manner consistent with the representations in the application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein, as documented by the periodic progress reports required by G.S. 131E-189(a). The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by G.S. 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in G.S. 131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to G.S. 131E-189 for any of the reasons provided in that section.

**SCOPE:** Develop a new diagnostic center in an existing MOB by adding ultrasound equipment / Cabarrus County

**CONDITIONS:**

See Reverse Side

**PHYSICAL LOCATION:**

Women's Institute NorthEast Diagnostic Center  
200 Medical Park Drive, Suite 250  
Concord, NC 28025

**CAPITAL EXPENDITURE:**

\$210,327

**TIMETABLE:**

See Reverse Side

**FIRST PROGRESS REPORT DUE:** February 1, 2021

This certificate is effective as of October 2, 2020

*Martha J. Frisone*

Martha J. Frisone, Chief

**CONDITIONS:**

1. The Charlotte-Mecklenburg Hospital Authority shall materially comply with all representations made in the certificate of need application.
2. The Charlotte-Mecklenburg Hospital Authority shall develop a new diagnostic center by acquiring a maternal fetal medicine ultrasound machine to replace an existing but not operational maternal fetal medicine ultrasound machine, in addition to four existing maternal fetal medicine ultrasound machines at Women's Institute NorthEast, located in a medical office building on the campus of Atrium Health Cabarrus.
3. The Charlotte-Mecklenburg Hospital Authority, as part of this project, shall not acquire any equipment that is not included in the project's proposed capital expenditures in Sections F and Q of the application or that would otherwise require a certificate of need.
4. No later than three months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, The Charlotte-Mecklenburg Hospital Authority shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
  - a. Payor mix for the services authorized in this certificate of need.
  - b. Utilization of the services authorized in this certificate of need.
  - c. Revenues and operating costs for the services authorized in this certificate of need.
  - d. Average gross revenue per unit of service.
  - e. Average net revenue per unit of service.
  - f. Average operating cost per unit of service.
5. The Charlotte-Mecklenburg Hospital Authority shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to insurance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on September 9, 2020.

**TIMETABLE:**

	<b>Milestone</b>	<b>Date</b>
<b>1</b>	<b>Services Offered (required)</b>	02/02/2021
<b>2</b>	<b>First Annual Report Due*</b>	03/31/2023



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

November 5, 2020

Robert Bashore
1025 Northeast Gateway Court NE
Concord, NC 28025

Transmittal of Certificate of Need

Project ID #: F-11906-20
Facility: Gateway Surgery Center
Project Description: Acquire and relocate no more than 2 ORs from Atrium Health Cabarrus to its existing ASF in Concord for a total of no more than 6 ORs
County: Cabarrus
FID #: 060202

Dear Mr. Bashore:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) is happy to transmit your certificate of need for the above referenced project. At this time, you should contact the Agency's Acute and Home Care Licensure and Certification Section and Construction Section, regarding their procedures and requirements for the development of this project. This office will notify the appropriate Sections that the certificate of need has been issued. However, please note that it is the responsibility of the holder of the certificate of need to contact these Sections concerning the next steps to follow in the development of the approved project.

Please be aware that pursuant to G.S. 131E-181(b), you are required to materially comply with the representations made in your application for a certificate of need, or with any conditions the Agency placed on the certificate of need. If you subsequently propose to develop the project on a site different from that named on this certificate, you must first seek and obtain approval from the Agency. If you operate a service which materially differs from the representations made in your application for a certificate of need, or with any conditions the Agency placed on the certificate of need, including any increase in per diem reimbursement rates/charges, the Agency may bring remedial action against the holder of the certificate of need pursuant to G.S. 131E-189 and 131E-190.

The holder of a certificate of need is obligated to submit progress reports to this office as required by G.S. 131E-189(a). The applicant shall notify this office of any variations from the schedule or the projected capital cost of the project. During the development of the project, this office may request any additional information pertinent to the project, including additional progress reports, to determine:

- 1) If the timetable specified on the certificate is being met;
2) If the amount of the capital expenditure for the development of the project is expected to exceed the maximum amount under the certificate;
3) If the terms and conditions of the approval are being met; and
4) If the project is progressing as proposed in the application.

The first progress report on this project is due February 1, 2021. Failure to submit any scheduled or requested progress report in a timely manner may result in the Agency withdrawing the certificate

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION
HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603
MAILING ADDRESS: 809 Ruggles Drive, 2704 Mail Service Center, Raleigh, NC 27699-2704
https://info.ncdhhs.gov/dhsr/ • TEL: 919-855-3873

pursuant to G.S. 131E-189. If after reviewing the status of the project, the Agency determines that the holder of the certificate is not meeting the timetable and is not making a good faith effort to meet it, the Agency may withdraw the certificate in accordance with G.S. 131E-189.

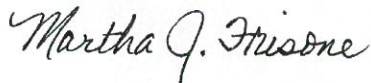
Moreover, please be advised that this Agency may assess a civil penalty not to exceed \$20,000 against any person who violates the terms of a certificate of need which has been issued each time the service provided is in violation of this provision (G.S. 131E-190(f)). If for some reason, the holder of a certificate of need determines it necessary to request an increase in a per diem charge or reimbursement rate over that which was stated in the application for the certificate of need, then the holder must first contact the Agency to obtain proper instructions for initiating such a request. The request for the increase will be considered by the Agency pursuant to G.S. 131E-181(b).

Please keep us informed of the progress in the development of this project. In the future, address your Progress Reports to Misty Piekaar-McWilliams, the Project Analyst for your county. Please refer to the Project ID # and Facility ID # (FID) in all correspondence.

Sincerely,



Julie M. Faenza  
Project Analyst



Martha J. Frisone  
Chief

Enclosures

cc: Acute & Home Care Licensure & Certification Section, DHSR  
Construction Section, DHSR

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: F-11906-20

FID #: 060202

**ISSUED TO:** Gateway Ambulatory Surgery Center, LLC

Pursuant to G.S. 131E-177(6), the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the certificate holder) to develop the project described below. The certificate holder shall develop the project in a manner consistent with the representations in the application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein, as documented by the periodic progress reports required by G.S. 131E-189(a). The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by G.S. 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in G.S. 131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to G.S. 131E-189 for any of the reasons provided in that section.

**SCOPE:** Acquire and relocate no more than 2 ORs from Atrium Health Cabarrus to its existing ASF in Concord for a total of no more than 6 ORs / Cabarrus County

**CONDITIONS:** See Reverse Side

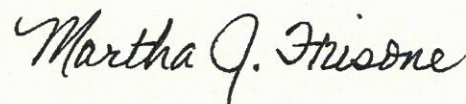
**PHYSICAL LOCATION:** Gateway Surgery Center  
1025 Northeast Gateway Court NE  
Concord, NC 28025

**CAPITAL EXPENDITURE:** \$3,818,295

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** February 1, 2021

This certificate is effective as of October 31, 2020



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Martha J. Frisone, Chief

**CONDITIONS:**

1. Gateway Ambulatory Surgery Center, LLC shall materially comply with all representations made in the certificate of need application.
2. Gateway Ambulatory Surgery Center, LLC shall relocate no more than two operating rooms from Atrium Health Cabarrus to Gateway Surgery Center.
3. Upon completion of the project, Gateway Surgery Center shall be licensed for no more than six operating rooms and two gastrointestinal endoscopy procedure rooms; upon completion of the project, Atrium Health Cabarrus shall be licensed for no more than two dedicated C-Section operating rooms, two dedicated inpatient operating rooms, and 15 shared operating rooms.
4. Gateway Ambulatory Surgery Center, LLC shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Sections F and Q of the application and that would otherwise require a certificate of need.
5. For the first three years of operation following completion of the project, Gateway Ambulatory Surgery Center, LLC shall not increase charges more than 5% of the charges projected in Section Q of the application without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.
6. No later than three months after the last day of each of the first three full fiscal years of operation following initiation of the services authorized by this certificate of need, Gateway Ambulatory Surgery Center, LLC shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
  - a. Payor mix for the services authorized in this certificate of need.
  - b. Utilization of the services authorized in this certificate of need.
  - c. Revenues and operating costs for the services authorized in this certificate of need.
  - d. Average gross revenue per unit of service.
  - e. Average net revenue per unit of service.
  - f. Average operating cost per unit of service.
7. Gateway Ambulatory Surgery Center, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on October 1, 2020.

(Project I.D. #F-11906-20 Cont.)

**Timetable**

<b>Milestone</b>		<b>Date</b>
1	<b>Construction / Renovation Contract(s) Executed</b>	<b>02/04/2021</b>
2	<b>25% of Construction / Renovation Completed (25% of the cost is in place)</b>	<b>03/04/2021</b>
3	<b>50% of Construction / Renovation Completed</b>	<b>04/24/2021</b>
4	<b>75% of Construction / Renovation Completed</b>	<b>05/16/2021</b>
5	<b>Construction / Renovation Completed</b>	<b>06/6/2021</b>
6	<b>Equipment Ordered</b>	<b>08/29/2021</b>
7	<b>Equipment Installed</b>	<b>10/24/2021</b>
8	<b>Equipment Operational</b>	<b>11/29/2021</b>
9	<b>Building / Space Occupied</b>	<b>12/01/2021</b>
10	<b>Licensure Obtained</b>	<b>12/31/2021</b>
11	<b>Services Offered (required)</b>	<b>01/02/2022</b>
12	<b>Medicare and / or Medicaid Certification Obtained</b>	<b>01/02/2022</b>
13	<b>First Annual Report Due*</b>	<b>03/31/2023</b>





# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: G-11908-20

FID #: 921416

**ISSUED TO:**     **Addiction Recovery Care Association, Inc.**

Pursuant to G.S. 131E-177(6), the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the certificate holder) to develop the project described below. The certificate holder shall develop the project in a manner consistent with the representations in the application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein, as documented by the periodic progress reports required by G.S. 131E-189(a). The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by G.S. 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in G.S. 131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to G.S. 131E-189 for any of the reasons provided in that section.

**SCOPE:**     **Relocate existing facility and add no more than 32 adult chemical dependency treatment (CDT) beds pursuant to a need determination for a total of 68 beds / Forsyth**

**CONDITIONS:**                             **See Reverse Side**

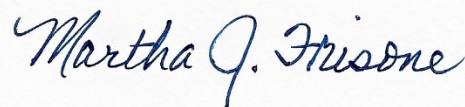
**PHYSICAL LOCATION:**                 **Addiction Recovery Care Association  
5580 Sturmer Park Circle  
Winston-Salem NC 27105**

**CAPITAL EXPENDITURE:**               **\$879,896**

**TIMETABLE:**                             **See Reverse Side**

**FIRST PROGRESS REPORT DUE:**     **April 1, 2021**

This certificate is effective as of October 31, 2020



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**Martha J. Frisone, Chief**

**CONDITIONS:**

1. **Addiction Recovery Care Association, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
2. **The certificate holder shall add 32 adult chemical dependency treatment beds for a total of no more than 68 adult chemical dependency treatment beds upon completion of the project.**
3. **Upon completion of the project, Addiction Recovery Care Association shall be licensed for no more than 68 adult chemical dependency treatment beds.**
4. **Progress Reports:**
  - a. **Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.**
  - b. **The certificate holder shall complete all sections of the Progress Report form.**
  - c. **The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.**
  - d. **Progress reports shall be due on the first day of every fourth month. The first progress report shall be due on February 1, 2021. The second progress report shall be due on June 1, 2021 and so forth.**
5. **The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.**
6. **No later than three months after the last day of each of the first three full fiscal years of operation following initiation of the services authorized by this certificate of need, the certificate holder shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:**
  - a. **Payor mix for the services authorized in this certificate of need.**
  - b. **Utilization of the services authorized in this certificate of need.**
  - c. **Revenues and operating costs for the services authorized in this certificate of need.**
  - d. **Average gross revenue per unit of service.**
  - e. **Average net revenue per unit of service.**
  - f. **Average operating cost per unit of service.**
7. **The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

**A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on October 19, 2020.**

**Timetable**

<b>Milestone</b>		<b>Date mm/dd/yyyy</b>
5	25% of Construction / Renovation Completed (25% of the cost is in place)	3/2/21
8	Construction / Renovation Completed	5/15/21
14	<b>Services Offered</b>	7/1/21
17	First Annual Report Due*	10/1/22

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: G-11909-20

FID #: 921416

**ISSUED TO:**     **Addiction Recovery Care Association, Inc.**

Pursuant to G.S. 131E-177(6), the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the certificate holder) to develop the project described below. The certificate holder shall develop the project in a manner consistent with the representations in the application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein, as documented by the periodic progress reports required by G.S. 131E-189(a). The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by G.S. 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in G.S. 131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to G.S. 131E-189 for any of the reasons provided in that section.

**SCOPE:**        **Relocate no more than 36 existing adult chemical dependency treatment (CDT) beds to the relocated facility / Forsyth**

**CONDITIONS:**                                **See Reverse Side**

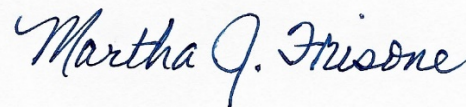
**PHYSICAL LOCATION:**                    **Addiction Recovery Care Association  
5580 Sturmer Park Circle  
Winston-Salem NC 27105**

**CAPITAL EXPENDITURE:**                **\$632,396**

**TIMETABLE:**                                **See Reverse Side**

**FIRST PROGRESS REPORT DUE:**    **April 1, 2021**

This certificate is effective as of October 31, 2020



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**Martha J. Frisone, Chief**

**CONDITIONS:**

1. **Addiction Recovery Care Association, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
2. **The certificate holder shall relocate no more than 36 adult chemical dependency treatment beds.**
3. **Upon completion of the project, Addiction Recovery Care Association shall be licensed for no more than 36 adult chemical dependency treatment beds.**
4. **Progress Reports:**
  - a. **Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at:  
<https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.**
  - b. **The certificate holder shall complete all sections of the Progress Report form.**
  - c. **The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.**
  - d. **Progress reports shall be due on the first day of every fourth month. The first progress report shall be due on February 1, 2021. The second progress report shall be due on June 1, 2021 and so forth.**
5. **The certificate holder shall not acquire as part of this project any equipment that is not included in the project’s proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.**
6. **No later than three months after the last day of each of the first three full fiscal years of operation following initiation of the services authorized by this certificate of need, the certificate holder shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:**
  - a. **Payor mix for the services authorized in this certificate of need.**
  - b. **Utilization of the services authorized in this certificate of need.**
  - c. **Revenues and operating costs for the services authorized in this certificate of need.**
  - d. **Average gross revenue per unit of service.**
  - e. **Average net revenue per unit of service.**
  - f. **Average operating cost per unit of service.**
7. **The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

**A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on October 19, 2020.**

**Timetable**

	<b>Milestone</b>	<b>Date mm/dd/yyyy</b>
5	25% of Construction / Renovation Completed (25% of the cost is in place)	3/2/21
8	Construction / Renovation Completed	5/15/21
14	<b>Services Offered</b>	7/1/21
17	First Annual Report Due*	10/1/22

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: F-11905-20

FID #: 200461

**ISSUED TO:** Carolinas Physicians Network, Inc.

Pursuant to G.S. 131E-177(6), the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the certificate holder) to develop the project described below. The certificate holder shall develop the project in a manner consistent with the representations in the application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein, as documented by the periodic progress reports required by G.S. 131E-189(a). The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by G.S. 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in G.S. 131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to G.S. 131E-189 for any of the reasons provided in that section.

**SCOPE:** Develop a new diagnostic center in an existing MOB to include Ob/Gyn ultrasound, urodynamics system, ECHO ultrasound, vascular ultrasound, nuclear medicine camera, X-ray and DEXA scanner /Mecklenburg County

**CONDITIONS:** See Reverse Side

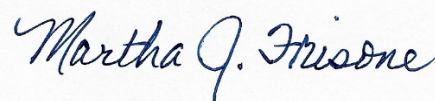
**PHYSICAL LOCATION:** Atrium Health Ballantyne MOB Diagnostic Center  
15110 John J. Delaney Drive  
Charlotte, NC 28277

**CAPITAL EXPENDITURE:** \$1,444,576

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** March 1, 2021

This certificate is effective as of October 20, 2020



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Martha J. Frisone, Chief

**CONDITIONS:**

1. Carolinas Physicians Network, Inc. shall materially comply with all representations made in the certificate of need application and any clarifying responses. If representations conflict, the certificate holder shall material comply with the last made representation.
2. Carolinas Physicians Network, Inc. shall develop a new diagnostic center by bringing back into operation a cardiac echocardiography (echo) ultrasound and a nuclear medicine camera with treadmill in addition to existing ob/gyn ultrasounds, a urodynamics system, vascular ultrasounds, a DEXA scanner, and an x-ray machine located in an existing medical office building, Atrium Health Ballantyne Medical Office Building.
3. Carolinas Physicians Network, Inc., as part of this project, shall not acquire any equipment that is not included in the project's proposed capital expenditures in Sections F and Q of the application or that would otherwise require a certificate of need.
4. No later than three months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, Carolinas Physicians Network, Inc. shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
  - a. Payor mix for the services authorized in this certificate of need.
  - b. Utilization of the services authorized in this certificate of need.
  - c. Revenues and operating costs for the services authorized in this certificate of need.
  - d. Average gross revenue per unit of service.
  - e. Average net revenue per unit of service.
  - f. Average operating cost per unit of service.
5. Carolinas Physicians Network, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to insurance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on September 22, 2020.

**Timetable**

Milestone		Date mm/dd/yyyy
1	Services Offered	2/2/2021
2	First Annual Report Due*	4/1/2023

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: F-11902-20

FID #: 200465

**ISSUED TO:** The Charlotte-Mecklenburg Hospital Authority

Pursuant to G.S. 131E-177(6), the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the certificate holder) to develop the project described below. The certificate holder shall develop the project in a manner consistent with the representations in the application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein, as documented by the periodic progress reports required by G.S. 131E-189(a). The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by G.S. 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in G.S. 131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to G.S. 131E-189 for any of the reasons provided in that section.

**SCOPE:** Develop a new location of Levine Cancer Institute-Union West, including a hematology/ oncology clinic and outpatient infusion therapy services, in a MOB currently under development on the campus of Atrium Health Union West/ Union County

**CONDITIONS:** See Reverse Side

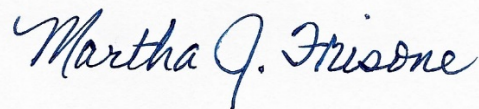
**PHYSICAL LOCATION:** Levine Cancer Institute-Union West  
Campus of Atrium Health Union West  
Stallings, NC 28104

**CAPITAL EXPENDITURE:** \$15,123,035

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** April 2, 2021

This certificate is effective as of October 29, 2020



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Martha J. Frisone, Chief



## **CONDITIONS:**

- 1. The Charlotte-Mecklenburg Hospital Authority (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. The certificate holder shall develop a new location of Levine Cancer Institute-Union West, including a hematology/ oncology clinic and outpatient infusion therapy services, in a MOB currently under development on the campus of Atrium Health Union West.**
- 3. The certificate holder shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.**
- 4. Progress Reports:**
  - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.**
  - b. The certificate holder shall complete all sections of the Progress Report form.**
  - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.**
  - d. Progress reports shall be due on the first day of every third month. The first progress report shall be due on January 1, 2021. The second progress report shall be due on April 1, 2021 and so forth.**
- 5. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.**
- 6. No later than three months after the last day of each of the first three full fiscal years of operation following initiation of the services authorized by this certificate of need, the certificate holder shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:**
  - a. Payor mix for the services authorized in this certificate of need.**
  - b. Utilization of the services authorized in this certificate of need.**
  - c. Revenues and operating costs for the services authorized in this certificate of need.**
  - d. Average gross revenue per unit of service.**
  - e. Average net revenue per unit of service.**
  - f. Average operating cost per unit of service.**
- 7. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

**A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on September 30, 2020.**

(F-11902-20 Con't)

Timetable

Milestone		Date mm/dd/yyyy
1	Financing Obtained	
2	Drawings Completed	02/15/2021
4	Construction / Renovation Contract(s) Executed	03/01/2021
5	25% of Construction / Renovation Completed (25% of the cost is in place)	05/01/2021
6	50% of Construction / Renovation Completed	07/01/2021
7	75% of Construction / Renovation Completed	09/01/2021
8	Construction / Renovation Completed	11/01/2021
9	Equipment Ordered	08/01/2021
10	Equipment Installed	11/02/2021
11	Equipment Operational	12/01/2021
12	Building / Space Occupied	12/01/2021
14	<b>Services Offered</b>	01/01/2022
17	First Annual Report Due*	03/31/2023

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: F-11903-20

FID #: 200460

**ISSUED TO:** Carolinas Physicians Network, Inc.

Pursuant to G.S. 131E-177(6), the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the certificate holder) to develop the project described below. The certificate holder shall develop the project in a manner consistent with the representations in the application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein, as documented by the periodic progress reports required by G.S. 131E-189(a). The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by G.S. 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in G.S. 131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to G.S. 131E-189 for any of the reasons provided in that section.

**SCOPE:** Develop a new diagnostic center in a MOB to include cardiac ECHO ultrasound, vascular ultrasound, Parks Flow Lab, Ob/Gyn ultrasound, colposcope, endocrinology ultrasound, pulmonary function test, and capsule endoscopy system / Union

**CONDITIONS:** See Reverse Side

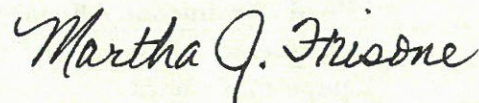
**PHYSICAL LOCATION:** Atrium Health Union West MOB Diagnostic Center  
Matthews-Indian Trail Rd. & E. Independence Blvd  
Stallings, NC 28104

**CAPITAL EXPENDITURE:** \$1,737,571

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** March 1, 2021

This certificate is effective as of October 20, 2020



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Martha J. Frisone, Chief

**CONDITIONS:**

1. Carolinas Physicians Network, Inc. shall materially comply with all representations made in the certificate of need application and any clarifying responses. If representations conflict, Carolinas Physicians Network, Inc. shall materially comply with the last made representation.
2. Carolinas Physicians Network, Inc. shall develop a new diagnostic center by acquiring two (2) new cardiac echocardiography ultrasound units, one (1) new vascular ultrasound unit, one (1) new Parks Flo Lab, one (1) new Ob/Gyn ultrasound unit, one (1) new colposcope, one (1) new endocrinology ultrasound unit, and one (1) new capsule endoscopy system in addition to an existing Pulmonary Function Test.
3. Atrium Health Union West MOB shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Sections F and Q of the application or that would otherwise require a certificate of need.
4. No later than three months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, Carolinas Physicians Network, Inc. shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
  - a. Payor mix for the services authorized in this certificate of need.
  - b. Utilization of the services authorized in this certificate of need.
  - c. Revenues and operating costs for the services authorized in this certificate of need.
  - d. Average gross revenue per unit of service.
  - e. Average net revenue per unit of service.
  - f. Average operating cost per unit of service.
5. Carolinas Physicians Network, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to insurance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on September 22, 2020.

**Timetable**

Milestone		Date mm/dd/yyyy
1	Drawings Completed	02/15/2021
2	Construction / Renovation Contract(s) Executed	03/01/2021
3	25% of Construction / Renovation Completed (25% of the cost is in place)	05/01/2021
4	50% of Construction / Renovation Completed	07/01/2021
5	75% of Construction / Renovation Completed	09/01/2021
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11	Services Offered	01/01/2022
12	First Annual Report Due*	04/01/2023