

Certificate of Need  
Certificates Issued  
April 2021

County	Project ID	Facility	FID	Facility Type	Project Description	Application Review Date	Decision Date	Certificate Issue Date	Decision	Review-Analyst	Co-Signer	Approved Capital Expenditure	1st Rept Due Date
Alamance	G-011999-20	DRI Burlington	200895	DXCTR	Develop a diagnostic center by acquiring no more than 1 fixed MRI scanner pursuant to the need determination in the 2020 SMFP	12/1/2020	3/26/2021	4/27/2021	Conditional Approval	Ena Lightbourne	Lisa Pittman	\$1,895,007	8/1/2021
Iredell	F-011998-20	Statesville Orthopedic Surgery Center	200893	HOSPITAL	Develop a new orthopedic ASF by relocating no more than 1 OR from Davis Regional Medical Center and developing no more than two new procedure rooms	12/1/2020	3/15/2021	4/28/2021	Denied	Celia Inman	Gloria Hale	\$6,169,939	10/1/2021
New Hanover	O-011947-20	New Hanover Regional Medical Center - Scotts Hill	200732	HOSPITAL	Develop a new hospital by relocating no more than 30 acute care beds and 8 ORs from New Hanover Regional Medical Center and developing 36 acute care beds pursuant to the need determination in the 2020 SMFP for a total of no more than 66 acute care beds	10/1/2020	2/9/2021	4/22/2021	Denied	Julie Faenza	Lisa Pittman	\$209,946,248	8/1/2021
Pasquotank	R-012007-20	Sentara Albemarle Medical Center	952933	HOSPITAL	Relocate and replace the existing hospital which will be licensed for only 110 acute care beds, 8 ORs, and 1 GI endo room upon project completion	12/1/2020	3/24/2021	4/24/2021	Conditional Approval	Greg Yakaboski	Gloria Hale	\$159,348,513	7/1/2021
Person	K-011976-20	Roxboro Dialysis Center	120225	ESRD	Add no more than 1 station pursuant to Condition 2 of the facility need methodology for a total of no more than 38 stations upon project completion	11/1/2020	3/10/2021	4/10/2021	Conditional Approval	Kim Meymandi	Lisa Pittman	\$18,448	10/1/2021
Wayne	P-012003-20	Wayne County Home Training	200899	ESRD	Develop a new dialysis facility in Goldsboro dedicated to providing home peritoneal dialysis training and support services	12/1/2020	3/17/2021	4/17/2021	Conditional Approval	Mike McKillip	Gloria Hale	\$375,109	9/1/2021



# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: K-11976-20

FID #: 120225

**ISSUED TO:** Total Renal Care of North Carolina, 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:** Add no more than 1 station pursuant to Condition 2 of the facility need methodology for a total of no more than 38 stations upon project completion / Person County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Roxboro Dialysis Center  
1005 Ridge Rd  
Roxboro, NC 27573

**CAPITAL EXPENDITURE:** \$18,448

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of April 10, 2021



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Lisa Pittman, Acting Chief, CON

**CONDITIONS:**

1. Total Renal Care of North Carolina, LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. Pursuant to Condition 2 of the facility need determination in the 2020 SMFP, the certificate holder shall develop no more than one additional in-center dialysis station for a total of no more than 38 in-center stations at Roxboro Dialysis Center upon completion of this project.
3. 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 sixth month. The first progress report shall be due on October 1, 2021. The second progress report shall be due on February 1, 2022 and so forth.
4. 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 March 19, 2021.

**Timetable**

	<b>Milestone</b>	<b>Date</b> <i>mm/dd/yyyy</i>
<b>9</b>	<b>Equipment Ordered</b>	<b>09/30/2021</b>
<b>14</b>	<b>Services Offered</b>	<b>01/01/2022</b>

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: P-12002-20

FID #: 970275

**ISSUED TO:** DVA Renal Healthcare, 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 3 dialysis stations pursuant to Policy ESRD-2 from Mt. Olive Dialysis to Goldsboro South Dialysis for a total of no more than 25 stations upon completion of this project and Project I.D. # P-11451-18 (relocate 3 dialysis stations) / Wayne County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Goldsboro South Dialysis  
1704 Wayne Memorial Drive  
Goldsboro, NC 27534

**CAPITAL EXPENDITURE:** \$58,071

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of April 13, 2021



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Lisa Pittman, Acting Chief, CON

**CONDITIONS:**

1. DVA Renal Healthcare, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. Pursuant to Policy ESRD-2, the certificate holder shall relocate no more than three stations from Mt. Olive Dialysis to Goldsboro South Dialysis for a total of no more than 25 in-center and home hemodialysis stations at Goldsboro South Dialysis upon completion of the project.
3. Upon completion of this project, the certificate holder shall take the necessary steps to decertify three stations at Mt. Olive Dialysis for a total of no more than 20 in-center and home hemodialysis stations upon completion of the project.
5. 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 September 1, 2021. The second progress report shall be due on January 1, 2022 and so forth.
6. 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 March 19, 2021.

**Timetable**

<b>Milestone</b>		<b>Date</b> <i>mm/dd/yyyy</i>
<b>9</b>	<b>Equipment Ordered</b>	<b>7/31/2021</b>
<b>14</b>	<b>Services Offered</b>	<b>1/1/2022</b>

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: P-12003-20

FID #: 200899

**ISSUED TO:** Swanville Dialysis, 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:** Develop a new dialysis facility in Goldsboro dedicated to providing home peritoneal dialysis training and support services / Wayne County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Wayne County Home Training  
105 Adair Drive, Suite B  
Goldsboro NC 27530

**CAPITAL EXPENDITURE:** \$375,109

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of April 17, 2021



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Lisa Pittman, Acting Chief, CON

**CONDITIONS:**

1. Swanville Dialysis, LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall establish a freestanding home dialysis training and support program exclusively for peritoneal dialysis patients, with no home hemodialysis stations.
3. **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 September 1, 2021. The second progress report shall be due on January 1, 2022 and so forth.
4. 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 March 18, 2021.

**Timetable**

	<b>Milestone</b>	<b>Date</b> <i>mm/dd/yyyy</i>
<b>4</b>	<b>Construction / Renovation Contract(s) Executed</b>	<b>10/15/2021</b>
<b>8</b>	<b>Construction / Renovation Completed</b>	<b>11/1/2022</b>
<b>14</b>	<b>Services Offered</b>	<b>1/1/2023</b>



# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: L-12005-20

FID #: 200900

**ISSUED TO:** DLP Wilson Medical 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:** Relocate 4 ORs from an existing ASF, Wilson Medical Center, to develop a new ASF/ Wilson County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Wilson Surgery Center  
3310 Heritage Drive  
Wilson, NC 27896

**CAPITAL EXPENDITURE:** \$22,238,815

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of April 27, 2021



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Lisa Pittman, Acting Chief, CON

## **CONDITIONS:**

1. **DLP Wilson Medical Center, LLC (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 four operating rooms from Wilson Medical Center to develop a freestanding ambulatory surgical facility in Wilson County.**
3. **Upon project completion, Wilson Surgery Center shall be licensed for no more than four operating rooms.**
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 August 1, 2021. The second progress report shall be due on January 1, 2022 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. **The certificate holder shall receive accreditation from the Joint Commission for the Accreditation of Healthcare Organizations, the Accreditation Association for Ambulatory Health Care or a comparable accreditation authority within two years following licensure of the facility.**
7. **For the first three years of operation following completion of the project, the certificate holder 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.**
8. **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.**
9. **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.**
10. **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 April 1, 2021.**

(L-12005-20 Con't)

**Timetable**

	<b>Milestone</b>	<b>Date</b> <i>mm/dd/yyyy</i>
<b>1</b>	<b>Financing Obtained</b>	<b>07/01/2021</b>
<b>2</b>	<b>Drawings Completed</b>	<b>01/23/2022</b>
<b>3</b>	<b>Land Acquired</b>	<b>12/28/2021</b>
<b>4</b>	<b>Construction / Renovation Contract(s) Executed</b>	<b>02/23/2022</b>
<b>5</b>	<b>25% of Construction / Renovation Completed (25% of the cost is in place)</b>	<b>05/25/2022</b>
<b>6</b>	<b>50% of Construction / Renovation Completed</b>	<b>08/24/2022</b>
<b>7</b>	<b>75% of Construction / Renovation Completed</b>	<b>11/23/2022</b>
<b>8</b>	<b>Construction / Renovation Completed</b>	<b>02/23/2023</b>
<b>9</b>	<b>Equipment Ordered</b>	<b>11/25/2022</b>
<b>10</b>	<b>Equipment Installed</b>	<b>03/05/2023</b>
<b>11</b>	<b>Equipment Operational</b>	<b>03/19/2023</b>
<b>12</b>	<b>Building / Space Occupied</b>	<b>04/04/2023</b>
<b>13</b>	<b>Licensure Obtained</b>	<b>05/04/2023</b>
<b>14</b>	<b>Services Offered</b>	<b>06/01/2023</b>
<b>15</b>	<b>Medicare and / or Medicaid Certification Obtained</b>	<b>07/31/2023</b>
<b>16</b>	<b>Facility or Service Accredited</b>	<b>07/31/2023</b>
<b>17</b>	<b>First Annual Report Due*</b>	<b>04/01/2025</b>

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: G-11999-20

FID #: 200895

**ISSUED TO:** Diagnostic Radiology & Imaging, 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:** Develop a diagnostic center by acquiring no more than one fixed MRI scanner pursuant to the need determination in the 2020 SMFP/ Alamance County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** DRI Burlington  
1602 Huffman Mill Road  
Burlington, NC 27215

**CAPITAL EXPENDITURE:** \$1,895,007

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of April 27, 2021



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Lisa Pittman, Acting Chief, CON

**CONDITIONS:**

- 1. Diagnostic Radiology & Imaging, LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. The certificate holder shall develop a diagnostic center by acquiring no more than one fixed MRI scanner pursuant to the need determination in the 2020 SMFP.**
- 3. 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 August 1, 2021. The second progress report shall be due on December 1, 2021 and so forth.**
- 4. 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.**
- 5. 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.**
- 6. 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 March 26, 2021.**

(G-11999-20 Con't)

Timetable

	<b>Milestone</b>	<b>Date</b> <i>mm/dd/yyyy</i>
<b>1</b>	<b>Financing Obtained</b>	<b>06/15/2021</b>
<b>2</b>	<b>Drawings Completed</b>	<b>06/15/2021</b>
<b>3</b>	<b>Land Acquired</b>	<b>03/01/2021</b>
<b>4</b>	<b>Construction / Renovation Contract(s) Executed</b>	<b>06/20/2021</b>
<b>5</b>	<b>25% of Construction / Renovation Completed (25% of the cost is in place)</b>	<b>08/01/2021</b>
<b>6</b>	<b>50% of Construction / Renovation Completed</b>	<b>09/15/2021</b>
<b>7</b>	<b>75% of Construction / Renovation Completed</b>	<b>11/01/2021</b>
<b>8</b>	<b>Construction / Renovation Completed</b>	<b>12/01/2021</b>
<b>9</b>	<b>Equipment Ordered</b>	<b>07/01/2021</b>
<b>10</b>	<b>Equipment Installed</b>	<b>12/10/2021</b>
<b>11</b>	<b>Equipment Operational</b>	<b>12/15/2021</b>
<b>12</b>	<b>Building / Space Occupied</b>	<b>12/01/2021</b>
<b>13</b>	<b>Services Offered</b>	<b>01/01/2022</b>
<b>14</b>	<b>Facility or Service Accredited</b>	<b>01/01/2023</b>
<b>15</b>	<b>First Annual Report Due*</b>	<b>04/01/2025</b>

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: F-11998-20

FID #: 200893

**ISSUED TO:** Piedmont Surgical Center of Excellence, 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:** Develop a new orthopedic ASF by relocating no more than 1 OR from Davis Regional Medical Center and developing no more than two new procedure rooms / Iredell County

**CONDITIONS:** See Reverse Side


**PHYSICAL LOCATION:** Statesville Orthopedic Surgery Center  
1435 Fern Creek Drive  
Statesville, NC 28265

**CAPITAL EXPENDITURE:** \$6,169,939

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of April 28, 2021

 for

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Lisa Pittman, Acting Chief, CON

## **CONDITIONS:**

1. **Piedmont Surgical Center of Excellence, LLC (hereinafter the certificate holder) shall materially comply with all representations made in the certificate of need application and any supplemental responses. If representations conflict, the certificate holder shall materially comply with the last made representation.**
2. **The certificate holder shall develop a new orthopedic ambulatory surgical facility by relocating no more than one operating room from Davis Regional Medical Center and developing no more than two procedure rooms.**
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. **Upon completion of the project, Statesville Orthopedic Surgery Center shall be licensed for no more than one operating room and two procedure rooms.**
5. **Upon completion of the project, Davis Regional Medical Center shall de-license no more than one operating room for a total of no more than five operating rooms: one inpatient and four shared.**
6. **The procedure rooms shall not be used for procedures that should be performed only in an operating room based on current standards of practice.**
7. **Procedures performed in the procedure rooms shall not be reported for billing purposes as having been performed in an operating room and shall not be reported on the facility's license renewal application as procedures performed in an operating room.**
8. **The certificate holder shall receive accreditation from the Joint Commission for the Accreditation of Healthcare Organizations, the Accreditation Association for Ambulatory Health Care or a comparable accreditation authority within two years following licensure of the facility.**
9. **For the first three years of operation following completion of the project, the certificate holder 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.**
10. **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 October 1, 2021. The second progress report shall be due on January 1, 2022 and so forth.
10. 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.
11. 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.
12. 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.

#### Timetable

	Milestone	Date mm/dd/yyyy
1	Financing Obtained	6/15/2021
2	Drawings Completed	8/15/2021
3	Land Acquired	6/15/2021
4	Construction / Renovation Contract(s) Executed	9/1/2021
5	25% of Construction / Renovation Completed (25% of the cost is in place)	12/1/2021
6	50% of Construction / Renovation Completed	3/1/2022
7	75% of Construction / Renovation Completed	6/1/2022
8	Construction / Renovation Completed	9/1/2022
9	Equipment Ordered	3/1/2022
10	Equipment Installed	9/10/2022
11	Equipment Operational	9/15/2022
12	Building / Space Occupied	9/15/2022
13	Licensure Obtained	10/1/2022
14	Services Offered	10/1/2022
15	Medicare and / or Medicaid Certification Obtained	10/1/2022
16	Facility or Service Accredited	10/1/2023
17	First Annual Report Due*	12/31/2023

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: O-11947-20

FID #: 200732

**ISSUED TO:** New Hanover Regional Medical Center

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 hospital by relocating no more than 30 acute care beds and 8 ORs from New Hanover Regional Medical Center and developing 36 acute care beds pursuant to the need determination in the 2020 SMFP for a total of no more than 66 acute care beds / New Hanover County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** New Hanover Regional Medical Center – Scotts Hill  
151 Scotts Hill Medical Drive  
Wilmington, NC 28411

**CAPITAL EXPENDITURE:** \$209,946,248

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of April 22, 2021



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Lisa Pittman, Acting Chief, CON

## **CONDITIONS:**

- 1. New Hanover Regional Medical Center (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application and any supplemental responses. If representations conflict, the certificate holder shall materially comply with the last made representation.**
- 2. The certificate holder shall develop a new satellite hospital campus by developing no more than 36 new acute care beds pursuant to the need determination in the 2020 SMFP, relocating no more than 30 acute care beds, no more than eight ORs, and no more than one CT scanner from New Hanover Regional Medical Center – Orthopedic Hospital; developing no more than two new GI endoscopy rooms and merging New Hanover Regional Medical Center – Emergency Department North into the new satellite hospital campus.**
- 3. Upon completion of the project, New Hanover Regional Medical Center – Scotts Hill shall be licensed as a satellite campus of New Hanover Regional Medical Center, License #H0221, with no more than 66 acute care beds, eight ORs, two GI endoscopy rooms, and two CT scanners. Upon completion of the project, New Hanover Regional Medical Center, License #H0221, shall be licensed for no more than 714 acute care beds, 42 ORs, six GI endoscopy rooms, and 11 CT scanners.**
- 4. Upon completion of this project, the certificate holder shall take the necessary steps to remove New Hanover Regional Medical Center – Emergency Department North as a satellite emergency department from New Hanover Regional Medical Center, License #H0221.**
- 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. 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.**
- 7. 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 August 1, 2021. The second progress report shall be due on November 1, 2021, and so forth.**
- 8. 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.
9. 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.

**Timetable**

<b>Milestone</b>		<b>Date</b>
<b>1</b>	<b>Financing Obtained</b>	<b>2/1/2022</b>
<b>2</b>	<b>Drawings Completed</b>	<b>4/1/2022</b>
<b>3</b>	<b>Construction / Renovation Contract(s) Executed</b>	<b>8/1/2022</b>
<b>4</b>	<b>25% of Construction / Renovation Completed (25% of the cost is in place)</b>	<b>1/1/2023</b>
<b>5</b>	<b>50% of Construction / Renovation Completed</b>	<b>6/1/2023</b>
<b>6</b>	<b>75% of Construction / Renovation Completed</b>	<b>11/1/2023</b>
<b>7</b>	<b>Construction / Renovation Completed</b>	<b>8/1/2024</b>
<b>8</b>	<b>Equipment Ordered</b>	<b>6/1/2023</b>
<b>9</b>	<b>Equipment Installed</b>	<b>11/1/2023</b>
<b>10</b>	<b>Equipment Operational</b>	<b>8/1/2024</b>
<b>11</b>	<b>Building / Space Occupied</b>	<b>10/1/2024</b>
<b>12</b>	<b>Licensure Obtained</b>	<b>10/1/2024</b>
<b>13</b>	<b>Services Offered (required)</b>	<b>10/1/2024</b>
<b>14</b>	<b>First Annual Report Due*</b>	<b>1/1/2026</b>

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: R-12007-20

FID #: 952933

**ISSUED TO:** Sentara Albemarle Regional Medical 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:** Relocate and replace the existing hospital which will be licensed for only 110 acute care beds, 8 ORs, and 1 GI endo room upon project completion / Pasquotank County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Sentara Albemarle Medical Center  
Intersection of Halstead Boulevard Extension and  
Thunder Road  
Elizabeth City, NC 27909

**CAPITAL EXPENDITURE:** \$159,348,513

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of April 24, 2021

*Gloria C. Hale*

for

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Lisa Pittman, Acting Chief, CON

## **CONDITIONS:**

1. **Sentara Albemarle Regional Medical Center, LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
2. **The certificate holder shall relocate and replace the existing hospital, Sentara Albemarle Medical Center, which will be licensed for no more than 110 acute care beds, 8 operating rooms, and 1 gastrointestinal endoscopy room upon project completion.**
3. **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 July 1, 2021. The second progress report shall be due on October 1, 2021 and so forth.**
4. **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.**
5. **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.**
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 March 24, 2021.**

## Timetable

<b>Milestone</b>		<b>Date</b> <i>mm/dd/yyyy</i>
<b>2</b>	<b>Drawings Completed</b>	<b>10/01/2021</b>
<b>4</b>	<b>Construction / Renovation Contract(s) Executed</b>	<b>12/15/2021</b>
<b>5</b>	<b>25% of Construction / Renovation Completed (25% of the cost is in place)</b>	<b>6/1/2022</b>
<b>6</b>	<b>50% of Construction / Renovation Completed</b>	<b>12/01/2022</b>
<b>7</b>	<b>75% of Construction / Renovation Completed</b>	<b>6/01/2023</b>
<b>8</b>	<b>Construction / Renovation Completed</b>	<b>12/01/2023</b>
<b>9</b>	<b>Equipment Ordered</b>	<b>2/01/2023</b>
<b>10</b>	<b>Equipment Installed</b>	<b>11/01/2023</b>
<b>11</b>	<b>Equipment Operational</b>	<b>1/01/2024</b>
<b>12</b>	<b>Building / Space Occupied</b>	<b>3/01/2024</b>
<b>13</b>	<b>Licensure Obtained</b>	<b>3/01/2024</b>
<b>14</b>	<b>Services Offered</b>	<b>3/01/2024</b>
<b>15</b>	<b>Medicare and / or Medicaid Certification Obtained</b>	<b>3/01/2024</b>
<b>16</b>	<b>Facility or Service Accredited</b>	<b>3/01/2024</b>
<b>17</b>	<b>First Annual Report Due*</b>	<b>4/1/2026</b>