

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: M-12101-21

FID #: 960411

ISSUED TO: Bio-Medical Applications of North Carolina, 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: Add no more than four dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 54 stations upon completion of this project and Project ID# M-11776-19 (add 10)/Cumberland County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: FMC Dialysis Services North Ramsey
130 Longview Drive
Fayetteville, NC 28311-2730

CAPITAL EXPENDITURE: \$15,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2022

This certificate is effective as of December 31, 2021



Micheala Mitchell, Chief

CONDITIONS:

- 1. Bio-Medical Applications of North Carolina, Inc. (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 2021 SMFP, the certificate holder shall develop no more than four additional in-center dialysis stations for a total of no more than 54 in-center stations at Fresenius Medical Care Dialysis Services North Ramsey upon completion of this project and Project ID# M-11776-19 (add 10 in-center 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 May 1, 2022. The second progress report shall be due on September 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 of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on December 6, 2021

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Drawings Completed	04/18/2022
2	Construction / Renovation Contract(s) Executed	06/17/2022
3	25% of Construction / Renovation Completed (25% of the cost is in place)	08/16/2022
4	50% of Construction / Renovation Completed	10/15/2022
5	75% of Construction / Renovation Completed	11/14/2022
6	Construction / Renovation Completed	12/14/2022
7	Equipment Ordered	10/15/2022
8	Equipment Installed	11/29/2022
9	Equipment Operational	12/06/2022
10	Building / Space Occupied	11/29/2022
11	Services Offered	12/31/2022
12	Medicare and / or Medicaid Certification Obtained	12/31/2022

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-12094-21

FID #: 180047

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 four dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 20 stations upon project completion/Durham County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Bull City Dialysis
3607 Witherspoon Blvd
Durham, NC 27707

CAPITAL EXPENDITURE: \$73,792

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 1, 2022

This certificate is effective as of December 21, 2021



Micheala Mitchell, Chief

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 2021 SMFP, the certificate holder shall develop no more than four additional in-center dialysis station for a total of no more than 20 in-center stations at Bull City Dialysis 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 June 1, 2022.
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 of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on December 2, 2022.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
14	Services Offered	01/01/2023
15	Medicare and / or Medicaid Certification Obtained	01/01/2023

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-12102-21

FID #: &

ISSUED TO: Bio-Medical Applications of North Carolina, 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: Add no more than 10 dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 30 stations upon completion of this project, Project ID# J-11435-17 (relocate 10), Project ID# J-11473-18 (add 4), Project ID# J-11707-19 (relocate facility) and Project ID# J-11777-19 (add 2)/ Johnston County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Fresenius Medical Care Stallings Station
49 Healthpark Way
Clayton, NC 27520

CAPITAL EXPENDITURE: \$37,500

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 1, 2022

This certificate is effective as of December 21, 2021



Micheala Mitchell, Chief

CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc. (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 2021 SMFP, the certificate holder shall develop no more than ten additional in-center dialysis stations for a total of no more than 30 stations upon completion of this project, Project ID# J-11435-17 (relocate 10), Project ID# J-11473-18 (add 4), Project ID# J-11707-19 (relocate facility) and Project ID# J-11777-19 (add 2).
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 June 1, 2022. The second progress report shall be due on December 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 of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on November 18, 2021.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Financing Obtained	07/15/2021
2	Drawings Completed	04/03/2022
4	Construction / Renovation Contract(s) Executed	05/18/2022
5	25% of Construction / Renovation Completed (25% of the cost is in place)	07/17/2022
6	50% of Construction / Renovation Completed	09/15/2022
7	75% of Construction / Renovation Completed	10/30/2022
8	Construction / Renovation Completed	11/29/2022
9	Equipment Ordered	10/30/2022
10	Equipment Installed	11/29/2022
11	Equipment Operational	12/06/2022
12	Building / Space Occupied	12/06/2022
14	Services Offered	12/31/2022
15	Medicare and / or Medicaid Certification Obtained	12/31/2022

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12136-21

FID #: 150024

ISSUED TO: Bio-Medical Applications of North Carolina, 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 the home training program and no more than two dialysis stations from FMC Charlotte for a total of no more than 19 stations upon project completion / Mecklenburg County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Fresenius Kidney Care Regal Oaks
6646 Regal Oaks Drive
Charlotte, NC 28212

CAPITAL EXPENDITURE: \$18,750

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 1, 2022

This certificate is effective as of December 14, 2021



Micheala Mitchell, Chief

CONDITIONS:

- 1. Bio-Medical Applications of North Carolina, Inc. (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 relocate the home training program at FMC Charlotte, along with the two dedicated home hemodialysis training stations at FMC Charlotte, to Fresenius Kidney Care Regal Oaks.**
- 3. Fresenius Kidney Care Regal Oaks shall be certified for no more than 19 stations, including any home hemodialysis training stations, upon project completion.**
- 4. Upon completion of this project, Fresenius Medical Care Holdings, Inc. shall take the necessary steps to decertify two home hemodialysis training stations at FMC Charlotte for a total of no more than 43 in-center stations and no home hemodialysis training stations upon project completion.**
- 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 third month. The first progress report shall be due on March 1, 2022. The second progress report shall be due on June 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 of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on November 18, 2021.

Timetable

Milestone		Date
1	Equipment Installed	11/29/2022
2	Equipment Operational	12/6/2022
3	Services Offered (required)	12/31/2022
4	Medicare and / or Medicaid Certification Obtained	12/31/2022

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12131-21

FID #: 070499

ISSUED TO: Independent Nephrology Services, 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 the INS Charlotte facility to a new location, change the name to INS Victory Home and relocate no more than 5 dialysis stations from FMC Matthews for a total of no more than seven dialysis stations to be used for home training upon project completion / Mecklenburg County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: INS Victory Home
3029 Eastway Drive
Charlotte, NC 28205

CAPITAL EXPENDITURE: \$1,807,351

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 1, 2022

This certificate is effective as of December 4, 2021



Micheala Mitchell, Chief

CONDITIONS:

- 1. Independent Nephrology Services, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. The certificate holder shall relocate the existing INS Charlotte facility to a new location, relocate no more than five dialysis stations from FMC Matthews, and change the name of the facility to INS Victory Home.**
- 3. INS Victory Home shall be certified for no more than seven home hemodialysis training stations upon project completion.**
- 4. The certificate holder shall install plumbing and electrical wiring through the walls for no more than seven home hemodialysis training stations.**
- 5. Upon completion of this project, Fresenius Medical Care Holdings, Inc. shall take the necessary steps to decertify five in-center stations at FMC Matthews for a total of no more than 16 in-center stations upon project completion.**
- 6. 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 April 1, 2022. The second progress report shall be due on July 1, 2022 and so forth.**
- 7. The certificate holder shall acknowledge acceptance of and agree to comply with all ditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on November 9, 2021.

Timetable

Milestone		Date
1	Drawings Completed	5/19/2022
2	Construction / Renovation Contract(s) Executed	6/2/2022
3	25% of Construction / Renovation Completed (25% of the cost is in place)	7/17/2022
4	50% of Construction / Renovation Completed	8/31/2022
5	75% of Construction / Renovation Completed	10/15/2022
6	Construction / Renovation Completed	11/29/2022
7	Equipment Ordered	10/15/2022
8	Equipment Installed	11/29/2022
9	Equipment Operational	12/6/2022
10	Building / Space Occupied	11/29/2022
11	Services Offered (required)	12/31/2022
12	Medicare and / or Medicaid Certification Obtained	12/31/2022

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: O-12111-21

FID #: 943372

ISSUED TO: **Novant Health, Inc.**
 Novant Health New Hanover 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: **Acquire one Bi-plane System / New Hanover County**

CONDITIONS: **See Reverse Side**

PHYSICAL LOCATION: **Novant Health New Hanover Regional Medical Center**
 2131 S 17th Street
 Wilmington, NC 28401

CAPITAL EXPENDITURE: **\$3,455,188**

TIMETABLE: **See Reverse Side**

FIRST PROGRESS REPORT DUE: **May 1, 2022**

This certificate is effective as of December 10, 2021



Micheala Mitchell, Chief

CONDITIONS:

1. Novant Health New Hanover Regional Medical Center, LLC and Novant Health, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall acquire no more than one bi-plane system for interventional radiology for a total of no more than four bi-plane systems for interventional radiology upon completion of this project and Project ID # O-11748-19.
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 May 1, 2022. The second progress report shall be due on August 1, 2022 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 of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on November 10, 2021.

Timetable

	Milestone	Date mm/dd/yyyy
2	Drawings Completed	04/01/2022
4	Construction / Renovation Contract(s) Executed	04/15/2022
5	25% of Construction / Renovation Completed (25% of the cost is in place)	05/01/2022
6	50% of Construction / Renovation Completed	05/15/2022
7	75% of Construction / Renovation Completed	06/01/2022
8	Construction / Renovation Completed	06/15/2022
9	Equipment Ordered	03/15/2022
10	Equipment Installed	06/15/2022
11	Equipment Operational	07/01/2022
12	Building / Space Occupied	07/01/2022
13	Licensure Obtained	07/01/2022
14	Services Offered	07/01/2022
17	First Annual Report Due*	03/31/2024

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-12098-21

FID #: 070130

ISSUED TO: Samaritan Housing Foundation, 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: Add no more than 29 adult care home beds pursuant to Policy LTC-1 and 24 nursing facility beds pursuant to Policy NH-2 for a total of no more than 49 nursing facility beds and 43 adult care home beds upon project completion/
Wake County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Searstone Retirement Community-Brittany Place
17001 Searstone Drive
Cary NC 27513

CAPITAL EXPENDITURE: \$26,641,889

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 1, 2022

This certificate is effective as of December 21, 2021



Micheala Mitchell, Chief

CONDITIONS:

1. Samaritan Housing Foundation, Inc. (hereinafter, the certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall develop no more than 24 additional nursing facility (NF) beds pursuant to Policy NH-2 and no more than 29 additional adult care home (ACH) beds pursuant to Policy LTC-1, for a total of no more than 49 NF beds and 43 ACH beds at Brittany Place upon project completion.
3. The Policy NH-2 nursing facility beds shall not be certified for participation in the Medicaid program.
4. The Policy NH-2 nursing facility beds shall be used exclusively to meet the needs of persons with whom the facility has continuing care contracts (in compliance with the Department of Insurance statutes and regulations) who have lived in a non-nursing unit of the continuing care facility for a period of at least 30 days. Exceptions shall be allowed when one spouse or sibling is admitted to the nursing unit at the time the other spouse or sibling moves into a non-nursing unit, or when the medical condition requiring nursing care was not known to exist or be imminent when the individual became a party to the continuing care contract.
5. The new Policy NH-2 nursing facility beds shall be developed on the same site with the independent living units and licensed adult care home beds.
6. The Policy LTC-1 ACH beds shall not participate in the Medicaid program or serve State-County Special Assistance recipients.
7. The Policy LTC-1 adult care home beds shall be used exclusively to meet the needs of persons with whom the facility has continuing care contracts (in compliance with the Department of Insurance statutes and regulations) who have lived in a non-nursing unit of the continuing care facility for a period of at least 30 days. Exceptions shall be allowed when one spouse or sibling is admitted to the nursing unit at the time the other spouse or sibling moves into a non-nursing unit, or when the medical condition requiring nursing care was not known to exist or be imminent when the individual became a party to the continuing care contract.
8. The new Policy LTC-1 adult care home beds shall be developed on the same site with the independent living units.
9. **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 May 1, 2022. The second progress report shall be due on September 1, 2022 and so forth.

(J-12098-21 Con't)

10. No later than three (3) 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 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.
11. 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.
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.

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on November 23, 2021.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
14	Services Offered	10/1/2023
17	First Annual Report Due*	4/1/2025