

**Certificate of Need  
Certificates Issued  
January 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-011951-20	Twin Lakes Community Memory Care	061418	NH	Develop no more than 12 new ACH beds pursuant to Policy LTC-1, relocate no more than 4 ACH beds from Twin Lakes Community, and delicense 8 Policy NH-2 beds for a total of no more than 32 ACH beds upon completion of this project and Project ID #G-11968-20 (relocate 8 NF beds to Twin Lakes Community)	10/1/2020	12/22/2020	1/22/2021	Conditional Approval	Celia Inman	Lisa Pittman	\$0	5/1/2021
Alamance	G-011968-20	Twin Lakes Community	923513	NH	Relocate no more than 8 NF beds from Twin Lakes Memory Care and delicense 4 Policy NH-2 beds for a total of no more than 104 NF beds upon completion of this project and Project ID #G-11951-20 (relocate 4 ACH beds to Twin Lakes Memory Care)	10/1/2020	12/22/2020	1/22/2021	Conditional Approval	Celia Inman	Lisa Pittman	\$0	5/1/2021
Caldwell	E-011939-20	BMA Lenoir	170328	ESRD	Add no more than 2 dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 45 stations upon completion of this project and Project ID# E-11774-19 (add one)	9/1/2020	12/11/2020	1/12/2021	Conditional Approval	Ena Lightbourne	Gloria Hale	\$7,500	6/1/2021
Carteret	P-011958-20	The Embassy at Morehead City	200738	NH	Develop a 92-bed replacement nursing facility by relocating 42 NF beds and 50 ACH beds from Snug Harbor on Nelson Bay. The 50 ACH beds will include a 24-bed SCU	10/1/2020	12/2/2020	1/5/2021	Conditional Approval	Misty Piekaar-McWilliams	Fatimah Wilson	\$16,137,054	4/1/2021



# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: G-11951-20

FID #: 061418

**ISSUED TO:** Lutheran Retirement Ministries of Alamance County, North Carolina

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 no more than 12 new ACH beds pursuant to Policy LTC-1, relocate no more than 4 ACH beds from Twin Lakes Community, and delicense 8 Policy NH-2 beds for a total of no more than 32 ACH beds upon completion of this project and Project ID #G-11968-20 (relocate 8 NF beds to Twin Lakes Community)/ Alamance County

**CONDITIONS:** See Reverse Side

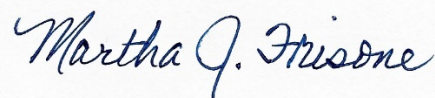
**PHYSICAL LOCATION:** Twin Lakes Community Memory Care  
3810 Heritage Drive  
Burlington, NC 27215

**CAPITAL EXPENDITURE:** \$0

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of January 22, 2021



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Martha J. Frisone, Chief

## **CONDITIONS:**

- 1. Lutheran Retirement Ministries of Alamance County, North Carolina (hereinafter certificate holder) shall materially comply with all representations made in the application and any supplemental responses. In the event that representations conflict, the certificate holder shall materially comply with the last made representation.**
- 2. The certificate holder shall add no more than 12 adult care home beds pursuant to Policy LTC-1, relocate no more than 4 adult care home beds (2 LTC-1 beds and 2 unrestricted) from Twin Lakes Community and delicense 8 Policy NH-2 beds for a total of no more than 32 adult care home beds upon completion of this project and Project ID #G-11968-20.**
- 3. The 14 Policy LTC-1 adult care home beds shall not participate in the Medicaid program or serve State-County Special Assistance recipients.**
- 4. The 14 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 or adult care 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 adult care home unit at the time the other spouse or sibling moves into a non-nursing or adult care unit, or when the medical condition requiring nursing or adult care home care was not known to exist or be imminent when the individual became a party to the continuing care contract.**
- 5. The 14 Policy LTC-1 adult care home beds shall be developed on the same site with the independent living units and nursing care beds.**
- 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 May 1, 2021. The second progress report shall be due on August 1, 2021 and so forth.**
- 7. 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.**

(Project G-11951-20 Cont.)

8. For the first two years of operation following completion of the project, the certificate holder shall not increase private pay charges more than 5% of the projected private pay charges provided 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.
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 January 6, 2021.

**Timetable**

**Approved Timetable**

1	Services Offered	04/06/2021
2	First Annual Report Due*	12/31/2022

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: G-11968-20

FID #: 923513

**ISSUED TO:** Lutheran Retirement Ministries of Alamance County, North Carolina

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 8 NF beds from Twin Lakes Memory Care and delicense 4 Policy NH-2 beds for a total of no more than 104 NF beds upon completion of this project and Project ID #G-11951-20 (relocate 4 ACH beds to Twin Lakes Memory Care)/ Alamance County

**CONDITIONS:** See Reverse Side

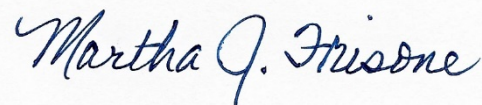
**PHYSICAL LOCATION:** Twin Lakes Community  
3801 Wade Coble Drive  
Burlington, NC 27215

**CAPITAL EXPENDITURE:** \$0

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of January 22, 2021



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Martha J. Frisone, Chief

## **CONDITIONS:**

- 1. Lutheran Retirement Ministries of Alamance County, North Carolina (hereinafter certificate holder) shall materially comply with all representations made in the application and any supplemental responses. In the event that representations conflict, the certificate holder shall materially comply with the last made representation.**
- 2. The certificate holder shall relocate no more than 8 nursing facility beds from Twin Lakes Memory Care and delicense 4 Policy NH-2 beds at Twin Lakes Community for a total of no more than 104 nursing facility beds upon completion of this project and Project ID #G-11951-20.**
- 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, 2021. The second progress report shall be due on August 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. For the first two years of operation following completion of the project, the certificate holder shall not increase private pay charges more than 5% of the projected private pay charges provided 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, 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 January 6, 2021.**

(Project G-11968-20 Cont.)

**Timetable**

<b>Milestone</b>		<b>Date mm/dd/yyyy</b>
<b>1</b>	<b>Services Offered</b>	04/06/2021
<b>2</b>	First Annual Report Due*	12/31/2022



# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: E-11939-20

FID #: 170328

**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 2 dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 45 stations upon completion of this project and Project ID# E-11774-19 (add one station)  
/ Caldwell County

**CONDITIONS:** See Reverse Side

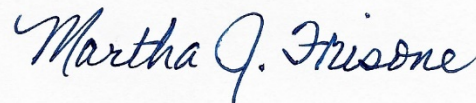
**PHYSICAL LOCATION:** BMA Lenoir  
1208 Hickory Blvd SW  
Lenoir, NC 28645

**CAPITAL EXPENDITURE:** \$7,500

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of January 12, 2021



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Martha J. Frisone, 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 2020 SMFP, the certificate holder shall develop no more than two additional in-center dialysis stations for a total of no more than 45 in-center dialysis stations at BMA Lenoir upon completion of this project and Project ID# E-11774-19 (add one station).**
3. **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 December 14, 2020.**

**Timetable**

**Approved Timetable**

	<b>Milestone</b>	<b>Date <i>mm/dd/yyyy</i></b>
1	Financing Obtained	08/17/2020
2	Drawings Completed	05/19/2021
3	Construction / Renovation Completed	11/15/2021
4	Equipment Ordered	10/30/2021
5	Equipment Installed	12/09/2021
6	Equipment Operational	12/23/2021
7	Building / Space Occupied	12/23/2021
<b>8</b>	<b>Services Offered</b>	12/23/2021
9	Medicare and / or Medicaid Certification Obtained	12/23/2021

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: P-11958-20

FID #: 200738

**ISSUED TO:** Embassy Snug Harbor, LLC  
HPG NC Morehead City, 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 92-bed replacement nursing facility by relocating 42 NF beds and 50 ACH beds from Snug Harbor on Nelson Bay. The 50 ACH beds will include a 24-bed SCU/ Carteret

**CONDITIONS:** See Reverse Side

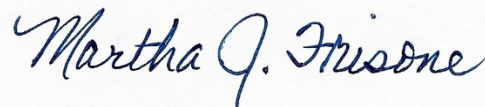
**PHYSICAL LOCATION:** The Embassy at Morehead city  
3822 Galantis Drive  
Morehead City, NC 28557

**CAPITAL EXPENDITURE:** \$16,137,054

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of January 5, 2021



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Martha J. Frisone, Chief

## **CONDITIONS:**

1. Embassy Snug Harbor LLC and HPG NC Morehead City LLC (certificate holders) shall materially comply with all representations made in the certificate of need application and any clarifying responses.
2. The certificate holders shall develop a 92-bed replacement nursing facility by relocating 42 NF beds and 50 ACH beds from Snug Harbor on Nelson Bay in Carteret County to a new replacement facility in Carteret County.
3. Upon completion of the project, The Embassy at Morehead City shall be licensed for no more than 42 NF beds and 50 ACH beds. The 50 ACH beds shall include a 24-bed SCU.
4. Upon completion of the project, Snug Harbor on Nelson Bay shall relinquish their certificate of need for Project ID# P-008191-08.
5. For the first two years of operation following completion of the project, the certificate holders shall not increase private pay charges more than five percent of the projected private pay charges provided 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. The certificate holders shall provide care to recipients of State/County Special Assistance with Medicaid, commensurate with representations made in the application.
7. The certificate holders 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.
8. 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 certificate holders 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 holders 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 December 3, 2020.

(Project I.D.# P-11958-20 Cont.)

**Timetable**

	<b>Milestone</b>	<b>Date mm/dd/yyyy</b>
1	Financing Obtained	05/01/2021
2	Drawings Completed	06/15/2021
3	Land Acquired	03/01/2021
4	Construction / Renovation Contract(s) Executed	07/01/2021
5	25% of Construction / Renovation Completed (25% of the cost is in place)	10/15/2021
6	50% of Construction / Renovation Completed	01/15/2022
7	75% of Construction / Renovation Completed	05/01/2022
8	Construction / Renovation Completed	09/01/2022
9	Equipment Ordered	04/01/2022
10	Equipment Installed	09/15/2022
11	Equipment Operational	09/20/2022
12	Building / Space Occupied	09/01/2022
13	Licensure Obtained	10/01/2022
<b>14</b>	<b>Services Offered</b>	10/01/2022
15	Medicare and / or Medicaid Certification Obtained	11/01/2022
16	Facility or Service Accredited	10/01/2023
17	First Annual Report Due*	01/01/2025

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: G-11907-20

FID #: 923174

**ISSUED TO:** Forsyth Memorial Hospital, Inc.  
Novant Health, 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 20 new acute care beds to Novant Health Forsyth Medical Center (NH Forsyth License) on the main campus (NH Forsyth) in Winston Salem, for a total of 785 acute care beds at Novant Health Forsyth, and 885 on the Novant Health Forsyth License, upon project completion of this project and Project I.D. # G-8165-08 (relocate 14 beds from Winston-Salem campus to Clemmons Campus)/ Forsyth County

**CONDITIONS:** See Reverse Side

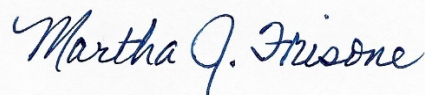
**PHYSICAL LOCATION:** Novant Health Forsyth Medical Center  
3333 Silas Creek Pkwy  
Winston-Salem, NC

**CAPITAL EXPENDITURE:** \$10,573,743

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of January 23, 2021



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Martha J. Frisone, Chief

## **CONDITIONS:**

1. Forsyth Memorial Hospital, Inc. 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 add no more than 20 new acute care beds on the main campus (NH Forsyth), for a total of 785 acute care beds at Novant Health Forsyth, and 885 on the Novant Health Forsyth License, upon completion of this project and Project ID# G-8165-08 (relocate 14 beds from Winston-Salem campus to Clemmons Campus).
3. Upon completion of the project and Project G-8165-08, Novant Health Forsyth Medical Center shall be licensed for no more than 785 acute care 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 September 1, 2021. The second progress report shall be due on January 2, 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. 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 January 4, 2021.

(Project I.D.# G-11907-20 Cont.)

**Timetable**

<b>Milestone</b>		<b>Date</b> <i>mm/dd/yyyy</i>
1	Drawings Completed	03/01/2021
2	Construction / Renovation Contract(s) Executed	07/01/2022
3	25% of Construction / Renovation Completed (25% of the cost is in place)	09/09/2022
4	50% of Construction / Renovation Completed	11/19/2022
5	75% of Construction / Renovation Completed	02/04/2023
6	Construction / Renovation Completed	04/01/2023
7	Equipment Ordered	01/07/2023
8	Equipment Installed	04/29/2023
9	Equipment Operational	05/27/2023
10	Building / Space Occupied	06/03/2023
11	Licensure Obtained	06/17/2023
<b>12</b>	<b>Services Offered</b>	07/01/2023
13	First Annual Report Due*	04/01/2025



# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: G-11915-20

FID #: 943495

**ISSUED TO:** North Carolina Baptist Hospital

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 no more than 48 acute care beds pursuant to a need determination for a total of no more than 854 beds upon completion of this project and Project I.D. #G-8842-12 (develop 4 Burn ICU beds)/ Forsyth County

**CONDITIONS:** See Reverse Side

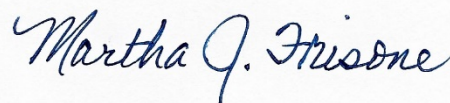
**PHYSICAL LOCATION:** North Carolina Baptist Hospital  
Medical Center Blvd  
Winston-Salem, NC 27157

**CAPITAL EXPENDITURE:** \$6,814,444

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of January 23, 2021



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Martha J. Frisone, Chief

## **CONDITIONS:**

1. North Carolina Baptist Hospital (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall add no more than 48 new acute care beds, for a total of 854 acute care beds at North Carolina Baptist Hospital upon completion of this project and Project ID# G-8842-12 (develop 4 Burn ICU Beds).
3. Upon completion of the project and Project G-8842-12, North Carolina Baptist Hospital shall be licensed for no more than 854 acute care 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 September 1, 2021. The second progress report shall be due on January 2, 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. 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 January 27, 2021.

(Project I.D. G-11915-20 Cont.)

**Timetable**

	<b>Milestone</b>	<b>Date</b> <i>mm/dd/yyyy</i>
1	Financing Obtained	01/01/2021
2	Drawings Completed	01/01/2021
3	Construction / Renovation Contract(s) Executed	01/01/2021
4	25% of Construction / Renovation Completed (25% of the cost is in place)	07/01/2021
5	50% of Construction / Renovation Completed	01/01/2022
6	75% of Construction / Renovation Completed	04/01/2022
7	Construction / Renovation Completed	08/01/2022
8	Building / Space Occupied	08/15/2022
<b>9</b>	<b>Services Offered (first 4 Beds)</b>	01/02/2021
10	First Annual Report Due*	10/01/2024

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: K-11985-20

FID #: 130122

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

**CONDITIONS:** See Reverse Side

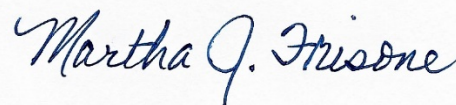
**PHYSICAL LOCATION:** Fresenius Kidney Care Tar River  
935 N. Main Street  
Louisburg, NC 27549

**CAPITAL EXPENDITURE:** \$24,000

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of January 17, 2021



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Martha J. Frisone, 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 methodology in the 2020 SMFP, the certificate holder shall develop no more than two additional in-center dialysis stations for a total of no more than 20 in-center stations at FMC Tar River upon completion of this project.**
- 3. 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 December 17, 2020.

**Timetable**

<b>Milestone</b>		<b>Date mm/dd/yyyy</b>
<b>1</b>	<b>Financing Obtained</b>	<b>10/15/2020</b>
<b>2</b>	<b>Drawings Completed</b>	<b>6/4/2021</b>
<b>6</b>	<b>50% of Construction / Renovation Completed</b>	<b>9/2/2021</b>
<b>8</b>	<b>Construction / Renovation Completed</b>	<b>10/17/2021</b>
<b>9</b>	<b>Equipment Ordered</b>	<b>9/2/2021</b>
<b>10</b>	<b>Equipment Installed</b>	<b>10/22/2021</b>
<b>11</b>	<b>Equipment Operational</b>	<b>11/5/2021</b>
<b>12</b>	<b>Building / Space Occupied</b>	<b>11/5/2021</b>
<b>14</b>	<b>Services Offered</b>	<b>12/31/2021</b>
<b>15</b>	<b>Medicare and / or Medicaid Certification Obtained</b>	<b>12/31/2021</b>

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: G-11959-20

FID #: 200745

**ISSUED TO:** Diagnostic Radiology and 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 mobile diagnostic program by acquiring one tomosynthesis or 3D mammography system/Guilford County

**CONDITIONS:** See Reverse Side

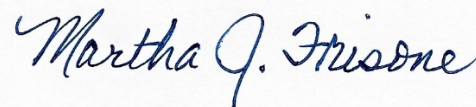
**PHYSICAL LOCATION:** Greensboro Imaging  
1150 Revolution Mill Drive, Suite 9  
Greensboro, NC 27405

**CAPITAL EXPENDITURE:** \$1,127,190

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of January 5, 2021



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Martha J. Frisone, Chief

**CONDITIONS:**

1. Diagnostic Radiology and Imaging, LLC (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 mobile diagnostic program by acquiring a tomosynthesis or a 3D mammography system.
3. 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.
4. The certificate holder shall not change or add host sites unless it first obtains a determination from the Healthcare Planning and Certificate of Need Section authorizing the change in host sites.
5. The acquisition of the tomosynthesis or the 3D mammography system shall constitute development of a mobile diagnostic program and shall not result in the creation of a diagnostic center located at any of the host sites.
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 December 2, 2020

**Timetable**

	<b>Milestone</b>	<b>Date mm/dd/yyyy</b>
1	Financing Obtained	05/01/2021
2	Equipment Ordered	05/15/2021
3	Equipment Installed	08/15/2021
4	Equipment Operational	08/20/2021
5	<b>Services Offered</b>	09/01/2021
6	Facility or Service Accredited	10/01/2022
7	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 #: H-11950-20

FID #: 943358

**ISSUED TO:** FirstHealth of the Carolinas, 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 no more than 25 acute care beds pursuant to the need determination in the 2020 SMFP for a total of no more than 384 acute care beds upon completion of this project and Project ID# H-11459-18 (add 22 acute care beds)/ Moore County

**CONDITIONS:** See Reverse Side

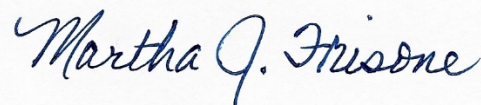
**PHYSICAL LOCATION:** FirstHealth Moore Regional Hospital  
155 Memorial Drive  
Pinehurst, NC 28374

**CAPITAL EXPENDITURE:** \$21,061,485

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of January 22, 2021



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Martha J. Frisone, Chief



**CONDITIONS:**

1. **FirstHealth of the Carolinas, 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 develop no more than 25 acute care beds pursuant to the need determination in the 2020 SMFP for a total of no more than 384 acute care beds upon completion of this project and Project ID# H-11459-18 (add 22 acute care beds).**
3. **Upon completion of the project, FirstHealth Moore Regional Hospital shall be licensed for no more than 384 acute care beds.**
4. **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.**
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 January 5, 2021.**

**Timetable**

	<b>Milestone</b>	<b>Date <i>mm/dd/yyyy</i></b>
1	Financing Obtained	09/10/2020
2	Drawings Completed	11/01/2021
3	Construction/Renovation Contract(s) Executed	11/01/2021
4	25% of Construction / Renovation Completed (25% of the cost is in place)	09/01/2022
5	50% of Construction / Renovation Completed	12/01/2022
6	75% of Construction / Renovation Completed	03/01/2023
7	Construction / Renovation Completed	07/01/2023
8	Building / Space Occupied	09/01/2023
9	<b>Services Offered</b>	10/01/2023