

**Certificate of Need
Certificates Issued
March 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
Forsyth	G-011954-20	PruittHealth - High Point	923250	NF	Develop a 100-bed replacement nursing facility by relocating all 100 beds from the existing facility	10/1/2020	2/4/2021	3/10/2021	Conditional Approval	Kim Meymandi	Fatimah Wilson	\$25,144,004	12/1/2021
Forsyth	G-011989-20	Highland Oaks Dialysis Center of Wake Forest University	200885	ESRD	Develop a new dialysis facility consisting of five (5) peritoneal dialysis training rooms dedicated to providing peritoneal dialysis training and support services.	12/1/2020	2/9/2021	3/12/2021	Conditional Approval	Misty Piekaar-McWilliams	Fatimah Wilson	\$388,000	7/1/2021
Forsyth	G-011992-20	Novant Health Forsyth Medical Center	923174	HOSPITAL	Retain existing CT Simulator previously approved to be replaced	12/1/2020	2/24/2021	3/27/2021	Conditional Approval	Kim Meymandi	Gloria Hale	\$0	7/1/2021
Henderson	B-011978-20	Hendersonville Dialysis Center	140094	ESRD	Add no more than 2 stations pursuant to Condition 2 of the facility need methodology for a total of no more than 33 stations upon project completion	11/1/2020	1/29/2021	3/2/2021	Conditional Approval	Ena Lightbourne	Fatimah Wilson	\$35,123	10/1/2021
Mecklenburg	F-011991-20	Novant Health Huntersville Medical Center	990440	HOSPITAL	Acquire a CT Simulator	12/1/2020	2/24/2021	3/27/2021	Conditional Approval	Kim Meymandi	Gloria Hale	\$1,952,858	8/1/2021
Moore	H-011979-20	Carthage Dialysis	080621	DXCTR	Add no more than 2 dialysis stations pursuant to Condition 1 of the facility need methodology for a total of no more than 14 stations upon project completion	11/1/2020	2/5/2021	3/9/2021	Conditional Approval	Celia Inman	Lisa Pittman	\$35,123	10/1/2021
Orange	J-011995-20	Carolina Dialysis Orange County Home Dialysis	200890	ESRD	Develop a new dialysis facility in Hillsborough dedicated to home hemodialysis and peritoneal dialysis training and support services by relocating the entire home training program of Carolina Dialysis Carrboro and no more than 4 dialysis stations pursuant to Policy ESRD-2	12/1/2020	2/22/2021	3/25/2021	Conditional Approval	Mike McKillip	Fatimah Wilson	\$1,289,594	8/1/2021

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: G-11954-20

FID #: 923250

ISSUED TO: **PruittHealth- High Point, LLC**
High Point Healthcare Properties, Inc.

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

SCOPE: **Develop a 100-bed replacement nursing facility by relocating all 100 beds from the existing facility/ Forsyth County**

CONDITIONS: **See Reverse Side**

PHYSICAL LOCATION: **PruittHealth-High Point**
3645 Harper Road
Clemmons, NC 27012

CAPITAL EXPENDITURE: **\$25,144,004**

TIMETABLE: **See Reverse Side**

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

This certificate is effective as of March 10, 2021



Lisa Pittman, Acting Chief

CONDITIONS:

- 1. PruittHealth-High Point, LLC and High Point Healthcare Properties, Inc. (hereinafter certificate holders) shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, PruittHealth-High Point, LLC and High Point Healthcare Properties, Inc. shall materially comply with the last made representation.**
- 2. The certificate holders shall construct a 100-bed replacement nursing facility for PruittHealth-High Point's existing nursing facility beds.**
- 3. Upon completion of the project, PruittHealth-High Point shall be licensed for no more than 100 nursing facility beds.**
- 4. 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.**
- 5. 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.**
- 6. 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.**
- 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 sixth month. The first progress report shall be due on December 1, 2021. The second progress report shall be due on June 1, 2022 and so forth.**
- 8. Prior to the issuance of a Certificate of Need, the certificate holders shall provide documentation from the medical director expressing support for the proposed project and his willingness to continue to serve as medical director.**

(G-11954-20 Con't)

9. Prior to the issuance of the certificate of need, the certificate holders shall provide documentation from United Health Services, Inc., the parent company for the applicant regarding their financial commitment for all the capital cost associated with the development of the proposed project.
10. The certificate holders shall certify 100 percent of the licensed nursing home beds for participation in the Medicaid program and shall provide care to Medicaid recipients commensurate with representations made in the application.
11. 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 March 10, 2021.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Financing Obtained	09/10/2020
2	Drawings Completed	12/31/2021
3	Land Acquired	05/01/2022
4	Construction / Renovation Contract(s) Executed	10/01/2022
5	25% of Construction / Renovation Completed (25% of the cost is in place)	03/01/2023
6	50% of Construction / Renovation Completed	07/01/2023
7	75% of Construction / Renovation Completed	01/01/2024
8	Construction / Renovation Completed	05/01/2024
12	Building / Space Occupied	07/01/2024
13	Licensure Obtained	07/31/2024
14	Services Offered	07/01/2024
16	Facility or Service Accredited	07/01/2025
17	First Annual Report Due*	10/01/2025

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: G-11989-20

FID #: 200885

ISSUED TO: Highland Oaks Dialysis Center of Wake Forest University
Wake Forest University Health Sciences

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 consisting of five (5) peritoneal dialysis training rooms dedicated to providing peritoneal dialysis training and support services/ Forsyth County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Highland Oaks Dialysis Center of Wake Forest University
730 Highland Oaks Drive
Winston-Salem, NC 27103

CAPITAL EXPENDITURE: \$388,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2021

This certificate is effective as of March 12, 2021



Lisa Pittman, Acting Chief, CON

CONDITIONS:

1. **1. Wake Forest University Health Sciences and Highland Oaks Dialysis Center of Wake Forest University of Wake Forest University (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 with five (5) peritoneal training rooms to provide only peritoneal dialysis training and support services.**
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 July 1, 2021. The second progress report shall be due on November 1, 2021, 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 February 9, 2021.

Timetable

Milestone		Date
1	Financing Obtained	11/01/2020
2	Drawings Completed	06/11/2021
3	Construction / Renovation Contract(s) Executed	06/30/2021
4	25% of Construction / Renovation Completed (25% of the cost is in place)	07/31/2021
5	50% of Construction / Renovation Completed	08/31/2021
6	75% of Construction / Renovation Completed	09/30/2021
7	Construction / Renovation Completed	10/31/2021
8	Equipment Ordered	08/31/2021
9	Equipment Installed	09/30/2021
10	Equipment Operational	10/31/2021
11	Building / Space Occupied	10/31/2021
12	Licensure Obtained	06/04/2021
13	Services Offered	11/01/2021
14	Medicare and / or Medicaid Certification Obtained	11/01/2021

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: G-11992-20

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: Retain existing CT Simulator previously approved to be replaced/ Forsyth County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Novant Health Forsyth Medical Center
3333 Silas Creek Pkwy
Winston Salem, NC 27103

CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2021

This certificate is effective as of March 27, 2021



Lisa Pittman, Acting Chief, CON

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 retain the existing CT simulator previously approved to be replaced which shall be operated at Novant Health Forsyth Medical Center.
3. Upon completion of the project, the certificate holder shall be licensed for no more than two CT simulators at Novant Health Forsyth Medical Center.
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. The first progress report shall be due on July 1, 2021.
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 Healthcare Planning and Certificate of Need Section 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 February 27, 2021.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
14	Services Offered	07/01/2021
17	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 #: B-11978-20

FID #: 140094

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 2 stations pursuant to Condition 2 of the facility need methodology for a total of no more than 33 stations upon project completion / Henderson County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Hendersonville Dialysis Center
1250 7th Avenue East
Hendersonville, NC 28792

CAPITAL EXPENDITURE: \$35,123

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 1, 2021

This certificate is effective as of March 2, 2021



Lisa Pittman, Assistant 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 2 additional in-center dialysis stations for a total of no more than 33 in-center dialysis stations at Hendersonville 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 fourth 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 January 29, 2021.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Equipment Ordered	09/01/2021
2	Services Offered	01/01/2022
3	Medicare and / or Medicaid Certification Obtained	01/01/2022

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-11991-20

FID #: 990440

ISSUED TO: The Presbyterian Hospital
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: Acquire a CT Simulator/ Mecklenburg County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Novant Health Huntersville Medical Center
10030 Gilead Road
Huntersville, NC 28078

CAPITAL EXPENDITURE: \$1,952,858

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 1, 2021

This certificate is effective as of March 27, 2021

Lisa Pittman, Acting Chief, CON

CONDITIONS:

1. The Presbyterian Hospital 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 a dedicated CT Simulator which shall be operated at Novant Health Huntersville Medical Center.
3. Upon completion of the project, the certificate holder shall be licensed for no more than one CT simulator at Novant Health Huntersville Medical Center.
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. The first progress report shall be due on August 1, 2021.
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 Healthcare Planning and Certificate of Need Section 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 February 26, 2021.

(F-11991-20 Con't)

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Financing Obtained	11/10/2020
2	Drawings Completed	05/01/2021
4	Construction / Renovation Contract(s) Executed	07/01/2021
5	25% of Construction / Renovation Completed (25% of the cost is in place)	09/01/2021
6	50% of Construction / Renovation Completed	11/01/2021
7	75% of Construction / Renovation Completed	01/15/2022
8	Construction / Renovation Completed	04/15/2022
9	Equipment Ordered	07/01/2021
10	Equipment Installed	05/01/2022
11	Equipment Operational	06/15/2022
12	Building / Space Occupied	06/15/2022
14	Services Offered	07/01/2022
17	First Annual Report Due*	04/01/2026

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: H-11979-20

FID #: 080621

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 2 dialysis stations pursuant to Condition 1 of the facility need methodology for a total of no more than 14 stations upon project completion/ Moore County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Carthage Dialysis
165 Savannah Garden Dr.
Carthage, NC 28327

CAPITAL EXPENDITURE: \$35,123

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 1, 2021

This certificate is effective as of March 9, 2021



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 1 of the facility need determination in the 2020 SMFP, the certificate holder shall add no more than two additional in-center dialysis stations for a total of no more than 14 in-center stations at Carthage Dialysis 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 October 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 February 5, 2021.

Timetable

Milestone		Date mm/dd/yyyy
1	Equipment Ordered	09/01/2021
2	Services Offered	01/01/2022

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-11995-20

FID #: 200890

ISSUED TO: Carolina 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 Hillsborough dedicated to home hemodialysis and peritoneal dialysis training and support services by relocating the entire home training program of Carolina Dialysis Carrboro and no more than 4 dialysis stations pursuant to Policy ESRD-2 / Orange County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Carolina Dialysis Orange County Home Dialysis
119 Mayo Street
Hillsborough NC 27278

CAPITAL EXPENDITURE: \$1,289,594

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 1, 2021

This certificate is effective as of March 25, 2021



Lisa Pittman, Acting Chief, CON

CONDITIONS:

1. Carolina Dialysis, LLC (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 develop a new kidney disease treatment center to be known as Carolina Dialysis Orange County Home Dialysis by relocating no more than four home hemodialysis stations from Carolina Dialysis Carrboro.
3. The certificate holder shall install plumbing and electrical wiring through the walls for no more than four home hemodialysis stations.
4. Upon completion of this project, the certificate holder shall take the necessary steps to decertify four stations at Carolina Dialysis Carrboro for a total of no more than 37 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 August 1, 2021. The second progress report shall be due on December 1, 2021 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 February 23, 2021.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
2	Drawings Completed	7/19/2021
14	Services Offered	12/31/2021
15	Medicare and / or Medicaid Certification Obtained	12/31/2021

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: R-11977-20

FID #: 955812

ISSUED TO: DVA Healthcare Renal Care, 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 1 dialysis station pursuant to Condition 2 of the facility need methodology for a total of no more than 29 stations upon project completion / Pasquotank County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Elizabeth City Dialysis
1840 W. City Drive
Elizabeth City, NC 27909

CAPITAL EXPENDITURE: \$18,448

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 1, 2021

This certificate is effective as of March 9, 2021



Lisa Pittman, Acting Chief, CON

CONDITIONS:

1. DVA Healthcare Renal Care, 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 add no more than one additional in-center dialysis station for a total of no more than 29 in-center stations at Elizabeth City Dialysis 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 October 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 February 10, 2021.

Timetable

Milestone		Date mm/dd/yyyy
1	Equipment Ordered	09/30/2021
2	Services Offered	01/01/2022

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-11953-20

FID #: 170322

ISSUED TO: Mayview Assisted Living Center, LLC
Mayview Healthcare Properties, Inc.
Whitaker Glen, 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 55 existing ACH beds from Brookridge Assisted Living for a total of no more than 75 ACH beds, which is a change of scope for Project ID# J-11371-17 (develop a new ACH facility)/ Wake County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Mayview Assisted Living Center
615 East Whitaker Mill Road
Raleigh, NC 27608

CAPITAL EXPENDITURE: \$31,858,069

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 1, 2021

This certificate is effective as of March 16, 2021



Lisa Pittman, Acting Chief, CON

CONDITIONS:

- 1. Mayview Assisted Living Center, LLC, Mayview Healthcare Properties, Inc. and Whitaker Glen, Inc. (hereinafter certificate holders) shall materially comply with the representations in the certificate of need application for Project I.D. # J-11953-20 and any supplemental responses. Where representations conflict, the certificate holders shall materially comply with the last made representation.**
- 2. The certificate holder shall relocate no more than 55 existing adult care home (ACH) beds from Brookridge Assisted Living for a total of no more than 75 ACH beds**
- 3. Upon completion of this project and Project ID #J-11371-17 Mayview Assisted Living Center shall be licensed for no more than 75 ACH beds.**
- 4. The certificate holders shall certify at least 6.1 percent of the total number of licensed adult care home beds in the facility for recipients of State/County Special Assistance with Medicaid and provide care to those recipients commensurate with representations made in supplemental information.**
- 5. The approved capital expenditure shall be \$31,858,069 for this application and \$37,653,063 for the total of this project and Project ID #J-011371-17.**
- 6. For the first two years of operation following completion of the project, the certificate holders 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.**
- 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. 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 April 1, 2022 and so forth.**

(J-11953-20 Con't)

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.

Timetable

Milestone		Date mm/dd/yyyy
1	Financing Obtained	9/10/2020
2	Drawings Completed	12/31/2021
3	Land Acquired	5/1/2022
4	Construction / Renovation Contract(s) Executed	10/1/2022
5	25% of Construction / Renovation Completed (25% of the cost is in place)	3/1/2023
6	50% of Construction / Renovation Completed	7/1/2023
7	75% of Construction / Renovation Completed	1/1/2024
8	Construction / Renovation Completed	5/1/2024
9	Building / Space Occupied	7/1/2024
10	Licensure Obtained	7/31/2024
11	Services Offered	7/1/2024

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-11996-20

FID #: 160405

ISSUED TO: Fresenius Medical Care White Oak, 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 no more than 4 dialysis stations pursuant to Policy ESRD-2 from BMA of Raleigh to FMC White Oak for a total of no more than 20 stations / Wake County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Fresenius Medical Care White Oak
530 Timber Drive East, Suite 105
Garner NC 27529

CAPITAL EXPENDITURE: \$15,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 1, 2021

This certificate is effective as of March 25, 2021



Lisa Pittman, Acting Chief, CON

CONDITIONS:

1. Fresenius Medical Care White Oak, LLC (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 four stations from BMA of Raleigh to FMC White Oak for a total of no more than 20 in-center and home hemodialysis stations at FMC White Oak upon completion of the project.
3. Upon completion of this project, the certificate holder shall take the necessary steps to decertify four stations at BMA of Raleigh for a total of no more than 46 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 August 1, 2021. The second progress report shall be due on December 1, 2021 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 1, 2021.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
4	Construction / Renovation Contract(s) Executed	8/3/2021
8	Construction / Renovation Completed	12/1/2021
14	Services Offered	12/31/2021
15	Medicare and / or Medicaid Certification Obtained	12/31/2021

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Corrected

Certificate of Need

for

Project ID #: D-11982-20

FID #: 150300

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

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: FMC Watauga County
2640 Highway 105
Suite 201
Boone, NC 28607

CAPITAL EXPENDITURE: \$15,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 1, 2021

This certificate is effective as of March 2, 2021



Lisa Pittman, Acting 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 four additional in-center dialysis stations for a total of no more than 20 in-center (and home hemodialysis) stations at Fresenius Medical Care Watauga County 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 fourth 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 February 1, 2021.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Financing Obtained	10/15/2020
2	Drawings Completed	07/01/2021
3	50% of Construction / Renovation Completed	09/29/2021
4	Construction / Renovation Completed	11/13/2021
5	Equipment Ordered	10/30/2021
6	Equipment Installed	11/29/2021
7	Equipment Operational	12/13/2021
8	Building / Space Occupied	12/13/2021
9	Services Offered	12/31/2021
10	Medicare and / or Medicaid Certification Obtained	12/31/2021