

**Certificate of Need
Certificates Issued
October 2021**

County	Project ID	FID	Facility	Project Description	Application Review Date	Decision Date	Certificate Issue Date	Decision	Review-Analyst	Co-Signer	Approved Capital Expenditure	1st Report Due Date
Surry	G-012107-21	944348	Mt. Airy Dialysis Center	Add no more than five dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 32 stations upon project completion	8/1/2021	9/28/2021	10/29/2021	Conditional Approval	Celia Inman	Fatimah Wilson	\$88,500	4/1/2022
Orange	J-012062-21	210264	Raleigh Radiology Chapel Hill	Develop a new diagnostic center to include mammography, bone density, x-ray and ultrasound services	5/1/2021	9/23/2021	10/29/2021	Conditional Approval	Tanya Saporito	Lisa Pittman	\$1,369,115	3/1/2022
Wake	J-012060-21	210263	Raleigh Radiology Holly Springs	Develop a new diagnostic center to include mammography, bone density, x-ray and ultrasound services	5/1/2021	9/27/2021	10/28/2021	Conditional Approval	Tanya Saporito	Lisa Pittman	\$1,611,147	3/1/2022
Chatham	J-012074-21	210265	The Landings of Chatham Park	Develop a new ACH facility by relocating 57 ACH beds from The Landings of Tarboro which is a change of scope for Project ID #L-11818-19 (develop a 66-bed ACH facility)	5/1/2021	9/27/2021	10/28/2021	Conditional Approval	Julie Faenza	Fatimah Wilson	\$10,239,000	2/1/2022
Cabarrus	F-012086-21	943049	Atrium Health Cabarrus	Develop no more than 1 unit of fixed cardiac cath equipment pursuant to the need determination in the 2021 SMFP for a total of no more than 3 units of fixed cardiac cath equipment upon project completion	7/1/2021	9/27/2021	10/28/2021	Conditional Approval	Ena Lightbourne	Gloria Hale	\$341,300	4/1/2022
Orange	J-012091-21	923517	University of North Carolina Medical Center	Acquire 1 biplane unit to develop a neurovascular hybrid OR in an existing OR located in the surgical tower currently under development on the hospital main campus in Chapel Hill	7/1/2021	9/27/2021	10/28/2021	Conditional Approval	Kim Meymandi	Lisa Pittman	\$3,942,136	4/1/2022
Wake	J-012087-21	070823	UNC Rex Holly Springs Hospital	Develop a 2nd dedicated C-Section OR which is a change in scope for Project ID# J-8669-11 (develop a separately licensed 50-bed hospital)	7/1/2021	9/27/2021	10/28/2021	Conditional Approval	Mike McKillip	Fatimah Wilson	\$0	3/1/2022
Mecklenburg	F-012072-21	210274	PruittHealth @ Home - Charlotte	Develop a new Medicare-certified Home Health Agency pursuant to the need determination in the 2021 SMFP	5/1/2021	9/27/2021	10/28/2021	Conditional Approval	Mike McKillip	Fatimah Wilson	\$108,704	3/1/2022
Mecklenburg	F-012084-21	070396	Atrium Health Steele Creek	Develop a new satellite hospital by relocating 26 acute care beds and 1 OR from Atrium Health Pineville and develop 1 new C-Section OR and 1 procedure room. The relocation of 1 OR from Atrium Health Pineville is a change of scope for Project ID# F-11814-19 (add two ORs)	7/1/2021	9/24/2021	10/26/2021	Conditional Approval	Mike McKillip	Gloria Hale	\$53,766,658	3/1/2022
Durham	J-012075-21	180213	Duke Ambulatory Surgery Center Arrington	Develop no more than two ORs pursuant to the need determination in the 2021 SMFP which is a change of scope for Project ID #J-11508-18 (relocate four ORs and develop four procedure rooms) for a total of no more than six ORs and two procedure rooms upon completion of both projects	5/1/2021	9/21/2021	10/22/2021	Conditional Approval	Celia Inman	Gloria Hale	\$650,000	12/1/2021
Hoke	N-012097-21	160286	Fayetteville Road Dialysis	Add no more than 11 dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 30 stations upon project completion	8/1/2021	9/20/2021	10/21/2021	Conditional Approval	Tanya Saporito	Fatimah Wilson	\$1,622,434	1/2/2022

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Richmond	H-012099-21	955843	Dialysis Care of Richmond County	Add no more than three dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 33 stations upon project completion	8/1/2021	9/20/2021	10/21/2021	Conditional Approval	Tanya Saporito	Fatimah Wilson	\$53,571	1/2/2022
Buncombe	B-012054-21	120033	Pisgah Manor Health Care Center	Relocate no more than 11 NF beds from Liberty Commons Nursing & Rehab Center of Alamance County, 14 NF beds from Cross Creek Health Care of Hyde County and 25 NF beds from Mary Gran Nursing Center of Sampson County pursuant to Policy NH-6 in the 2021 SMFP for a total of no more than 168 NF beds upon project completion	5/1/2021	9/17/2021	10/19/2021	Conditional Approval	Ena Lightbourne	Fatimah Wilson	\$480,000	2/1/2022
Guilford	G-012082-21	200818	DRI Summerfield	Develop a new diagnostic center by relocating and replacing 1 existing fixed MRI scanner	7/1/2021	9/17/2021	10/19/2021	Conditional Approval	Ena Lightbourne	Fatimah Wilson	\$1,520,605	2/1/2022
Union	F-012085-21	210480	Charlotte Radiology Union West Breast Center	Develop a new diagnostic center with no more than 2 mammography units and 2 ultrasound units	7/1/2021	9/14/2021	10/15/2021	Conditional Approval	Julie Faenza	Gloria Hale	\$1,780,943	2/1/2022
Forsyth	G-012090-21	060620	Novant Health Kernersville Medical Center	Replace an existing linear accelerator	7/1/2021	9/13/2021	10/14/2021	Conditional Approval	Julie Faenza	Fatimah Wilson	\$4,851,356	2/1/2022
Wake	J-011988-20	200879	Raleigh Radiology Midtown Diagnostic Center	Develop a new diagnostic center to include CT, mammography, bone density, x-ray, ultrasound, c-arm and interventional radiology services	12/1/2020	4/29/2021	10/8/2021	Conditional Approval	Tanya Saporito	Lisa Pittman	\$4,613,426	3/1/2022
Pitt	Q-012078-21	210370	Haven at Blue Creek	Develop a new chemical dependency treatment facility with no more than 70 adult chemical dependency treatment beds pursuant to an adjusted need determination in the 2021 SMFP	6/1/2021	9/7/2021	10/8/2021	Conditional Approval	Kim Meymandi	Fatimah Wilson	\$38,440,000	3/1/2022
New Hanover	O-012081-21	943372	Novant Health New Hanover Regional Medical Center	Add no more than 35 acute care beds to the main campus of Novant Health New Hanover Regional Medical Center pursuant to the need determination in the 2021 SMFP for a total of no more than 749 acute care beds at all campuses of Novant Health New Hanover Regional Medical Center upon completion of this project and Project ID# O-11947-20 (develop a new satellite hospital campus)	7/1/2021	9/23/2021	10/26/2021	Conditional Approval	Greg Yakaboski	Fatimah Wilson	\$49,372,593	1/1/2022
Wake	J-011757-19	060621	The Bone and Joint Surgery Clinic	Expand the type of procedures that may be performed on the existing MRI scanner acquired pursuant to the demonstration project need determination in the 2006 State Medical Facilities Plan (Project ID #J-7605-06)	9/1/2019	1/7/2020	10/25/2021	Conditional Approval	Martha Frisone	Martha Frisone	\$90,301	4/1/2022

TOTAL 20

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: G-12107-21

FID #: 944348

ISSUED TO: Wake Forest University Health Sciences
Mt. Airy Dialysis Center of Wake Forest University

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 five dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 32 stations upon project completion/ Surry County

CONDITIONS: See Reverse Side

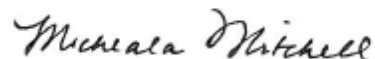
PHYSICAL LOCATION: Mt. Airy Dialysis Center
1280 Newsome Street
Mt. Airy, NC 27030-5442

CAPITAL EXPENDITURE: \$88,500

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 1, 2022

This certificate is effective as of October 29, 2021



Micheala Mitchell, Chief

CONDITIONS:

1. **Wake Forest University Health Sciences and Mt. Airy Dialysis Center of Wake Forest University (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
2. **Pursuant to Condition 2 of the facility need determination in the 2021 SMFP, the certificate holder shall develop no more than five additional in-center dialysis stations for a total of no more than 32 stations at Mt. Airy Dialysis Center 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 April 1, 2022. The second progress report shall be due on July 1, 2022 and so forth.**
4. **The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on September 29, 2021.

Timetable

	Milestone	Date mm/dd/yyyy
9	Equipment Ordered	03/13/2022
10	Equipment Installed	04/21/2022
11	Equipment Operational	05/31/2022
12	Building / Space Occupied	12/31/2022
13	Licensure Obtained	02/02/2022
14	Services Offered	05/31/2022
15	Medicare and / or Medicaid Certification Obtained	05/31/2022

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-12062-21

FID #: 210264

ISSUED TO: RR WM Imaging Chapel Hill, 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 diagnostic center to include mammography, bone density, x-ray and ultrasound services / Orange County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Raleigh Radiology Chapel Hill
120 Banks Drive
Chapel Hill, NC 27515

CAPITAL EXPENDITURE: \$1,369,115

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 1, 2022

This certificate is effective as of October 29, 2021



Micheala Mitchell, Chief

CONDITIONS:

- 1. RR WM Imaging Chapel Hill, LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. The certificate holder shall develop a diagnostic center, Raleigh Radiology Chapel Hill, by acquiring one unit each of mammography, bone densitometry, x-ray and ultrasound equipment.**
- 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. 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 November 1, 2021. The second progress report shall be due on March 1, 2022 and so forth.**
- 5. 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, Raleigh Radiology Holly Springs shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:**
 - a. Payor mix for the services authorized in this certificate of need.**
 - b. Utilization of the services authorized in this certificate of need.**
 - c. Revenues and operating costs for the services authorized in this certificate of need.**
 - d. Average gross revenue per unit of service.**
 - e. Average net revenue per unit of service.**
 - f. Average operating cost per unit of service.**
- 6. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to insurance of the certificate of need.**

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on October 1, 2021.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Financing Obtained	12/01/2021
4	Construction / Renovation Contract(s) Executed	01/31/2022
5	25% of Construction / Renovation Completed (25% of the cost is in place)	03/02/2022
6	50% of Construction / Renovation Completed	04/01/2022
7	75% of Construction / Renovation Completed	05/01/2022
8	Construction / Renovation Completed	05/31/2022
9	Equipment Ordered	01/31/2022
10	Equipment Installed	06/07/2022
11	Equipment Operational	06/14/2022
12	Building / Space Occupied	06/01/2022
14	Services Offered	07/01/2022
17	First Annual Report Due*	04/01/2022

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-12060-21

FID #: 210263

ISSUED TO: RR WM Imaging Holly Springs, 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 diagnostic center to include mammography, bone density, x-ray and ultrasound services / Wake County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Raleigh Radiology Holly Springs
1064 S. Main Street
Holly Springs, NC 27540

CAPITAL EXPENDITURE: \$1,611,147

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 1, 2022

This certificate is effective as of October 28, 2021



Micheala Mitchell, Chief

CONDITIONS:

1. **RR WM Imaging Holly Springs, LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
2. **The certificate holder shall develop a diagnostic center, Raleigh Radiology Holly Springs, by acquiring no more than one unit each of mammography, bone densitometry, x-ray and ultrasound equipment.**
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 November 1, 2021. The second progress report shall be due on March 1, 2022 and so forth.**
4. **The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.**
5. **No later than three months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, Raleigh Radiology Holly Springs shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:**
 - a. **Payor mix for the services authorized in this certificate of need.**
 - b. **Utilization of the services authorized in this certificate of need.**
 - c. **Revenues and operating costs for the services authorized in this certificate of need.**
 - d. **Average gross revenue per unit of service.**
 - e. **Average net revenue per unit of service.**
 - f. **Average operating cost per unit of service.**
6. **The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to insurance of the certificate of need**

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on October 1, 2021.

(J-12060-21 Con't)

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Financing Obtained	12/01/2021
2	Drawings Completed	01/01/2022
4	Construction / Renovation Contract(s) Executed	02/01/2022
5	25% of Construction / Renovation Completed (25% of the cost is in place)	03/03/2022
6	50% of Construction / Renovation Completed	04/02/2022
7	75% of Construction / Renovation Completed	05/02/2022
8	Construction / Renovation Completed	06/01/2022
9	Equipment Ordered	03/03/2022
10	Equipment Installed	06/08/2022
11	Equipment Operational	06/15/2022
12	Building / Space Occupied	06/01/2022
14	Services Offered	07/01/2022
15	Medicare and / or Medicaid Certification Obtained	08/01/2022
16	Facility or Service Accredited	07/01/2023
17	First Annual Report Due*	03/31/2024

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-12074-21

FID #: 210265

ISSUED TO: Chatham Propco, LLC
Chatham Opco, 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 ACH facility by relocating 57 ACH beds from The Landings of Tarboro which is a change of scope for Project ID #L-11818-19 (develop a 66-bed ACH facility) / Chatham County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: The Landings of Chatham Park
294 Suttles Road
Pittsboro, NC 27512

CAPITAL EXPENDITURE: \$10,239,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: February 1, 2022

This certificate is effective as of October 28, 2021



Micheala Mitchell, Chief

CONDITIONS:

- 1. Chatham Propco, LLC and Chatham Opco, LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. In a change of scope for Project I.D. #L-11818-19, the certificate holder shall relocate no more than 57 adult care home beds to Chatham County and develop a new 57-bed adult care home facility.**
- 3. Upon completion of this project, The Landings of Chatham Park shall be licensed for no more than 57 adult care home beds.**
- 4. Within five days of the issuance of a certificate of need for this project, Edgecombe Opco, LLC and Edgecombe Propco, LLC shall relinquish the certificate of need for Project I.D. #L-11818-19.**
- 5. The certificate holder shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.**
- 6. The certificate holder shall certify at least 12 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 the application.**
- 7. 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.**
- 8. Progress Reports:**
 - a. The certificate holder shall complete the Progress Report form provided by the Healthcare Planning and Certificate of Need Section.**
 - b. Progress reports will be due on the first day of every third month. The first progress report shall be due on February 1, 2022. The second progress report shall be due on May 1, 2022 and so forth.**
 - c. Each progress report shall describe in detail all steps taken to develop the project since the last progress report and shall include documentation to substantiate each step taken.**

(J-12074-21 Con't)

- d. Progress reports should be received by the due date but in no case shall they be received more than one week after the due date.
 - e. Timetable milestones shall be completed no later than three months after the projected date on the timetable subject to reasonable extensions due to conditions completely beyond the control of the certificate holder.
 - f. There will be no extensions of the timetable milestone dates except for reasonable extensions based on conditions completely beyond the control of the certificate holder.
 - g. In the event that the project is not developed in accordance with the timetable, including any reasonable extensions, the Healthcare Planning and Certificate of Need Section may impose a civil monetary penalty of \$1,000 per day for each day the project is delayed beyond the 90th day following the milestone date on the timetable.
9. 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.
10. 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 holder shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
- a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.
11. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on September 27, 2021.

(J-12074-21 Con't)

	Milestone	Date
1	Financing Obtained	1/15/2024
2	Drawings Completed	2/15/2024
3	Land Acquired	1/15/2024
4	Construction / Renovation Contract(s) Executed	1/15/2024
5	25% of Construction / Renovation Completed (25% of the cost is in place)	4/1/2024
6	50% of Construction / Renovation Completed	9/28/2024
7	75% of Construction / Renovation Completed	1/10/2025
8	Construction / Renovation Completed	6/10/2025
9	Equipment Ordered	4/11/2025
10	Equipment Installed	6/10/2025
11	Equipment Operational	7/10/2025
12	Building / Space Occupied	8/25/2025
13	Licensure Obtained	10/1/2025
14	Services Offered (required)	10/1/2025
15	Medicare and / or Medicaid Certification Obtained	10/31/2025
16	First Annual Report Due*	1/1/2027

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12086-21

FID #: 943049

ISSUED TO: The Charlotte-Mecklenburg Hospital Authority

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

SCOPE: Develop no more than 1 unit of fixed cardiac cath equipment pursuant to the need determination in the 2021 SMFP for a total of no more than 3 units of fixed cardiac cath equipment upon project completion/ Cabarrus County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Atrium Health Cabarrus
920 Church Street North
Concord, NC 28025

CAPITAL EXPENDITURE: \$341,300

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 1, 2022

This certificate is effective as of October 28, 2021



Micheala Mitchell, Chief

CONDITIONS:

1. The Charlotte-Mecklenburg Hospital Authority (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall develop no more than one unit of fixed cardiac catheterization equipment at Atrium Health Cabarrus pursuant to the need determination in the 2021 SMFP for a total of no more than three units of fixed cardiac catheterization equipment 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 April 1, 2022. The second progress report shall be due on August 1, 2022 and so forth.
4. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.
5. No later than three months after the last day of each of the first three full fiscal years of operation following initiation of the services authorized by this certificate of need, the certificate holder shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.
6. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on September 29, 2021.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Drawings Completed	03/01/2022
2	Equipment Ordered	03/01/2022
3	Equipment Installed	05/31/2022
4	Equipment Operational	06/15/2022
5	Building / Space Occupied	06/15/2022
6	Services Offered	07/01/2022
7	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 #: J-12091-21

FID #: 923517

ISSUED TO: University of North Carolina Hospitals at Chapel Hill

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

SCOPE: Acquire one biplane unit to develop a neurovascular hybrid operating room (OR) in an existing OR located in the surgical tower currently under development on the hospital main campus in Chapel Hill/ Orange County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: University of North Carolina Medical Center
101 Manning Drive
Chapel Hill, NC 27514

CAPITAL EXPENDITURE: \$3,942,136

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 1, 2022

This certificate is effective as of October 28, 2021



Micheala Mitchell, Chief

CONDITIONS:

- 1. University of North Carolina Hospitals at Chapel Hill (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. The certificate holder shall acquire a biplane unit to be located in a vascular hybrid operating room, developed in an existing operating room on the hospital main campus in Chapel Hill.**
- 3. Upon completion of the project, UNC Hospitals shall have a total of no more than 57 ORs (49 ORs on the main campus and 8 ORs on the Hillsborough campus) upon approval and completion of Project ID #J-12092-21 (add 3 ORs), and completion of Project ID #J-11644-18 (add 2 ORs), Project ID #J-11646-18 (add 2 ORs), and Project ID #J-11695-19 (add 1 OR).**
- 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 sixth month. The first progress report shall be due on April 1, 2022. The second progress report shall be due on October 1, 2022 and so forth.**
- 5. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.**
- 6. 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.**

(J-12091-21 Con't)

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on September 29, 2021.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
2	Drawings Completed	09/23/2023
4	Construction / Renovation Contract(s) Executed	01/01/2024
5	25% of Construction / Renovation Completed (25% of the cost is in place)	01/15/2024
6	50% of Construction / Renovation Completed	02/01/2024
7	75% of Construction / Renovation Completed	02/15/2024
8	Construction / Renovation Completed	03/01/2024
9	Equipment Ordered	11/15/2023
10	Equipment Installed	03/15/2024
11	Equipment Operational	04/01/2024
12	Building / Space Occupied	04/01/2024
14	Services Offered	04/11/2024
17	First Annual Report Due*	09/30/2027

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-12087-21

FID #: 070823

ISSUED TO: Rex Hospital, 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 2nd dedicated C-Section OR which is a change in scope for Project ID# J-8669-11 (develop a separately licensed 50-bed hospital)/ Wake County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: UNC REX Holly Springs Hospital
850 South Main Street
Holly Springs NC 27540

CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 1, 2022

This certificate is effective as of October 28, 2021



Micheala Mitchell, Chief

CONDITIONS:

- 1. Rex Hospital, Inc. (hereinafter certificate holder) shall materially comply with the representations in this application and the representations in Project I.D. # J-8669-11. Where representations conflict, the certificate holder shall materially comply with the last made representation.**
- 2. Upon completion of this project and Project I.D. # J-8669-11, UNC REX Hospital shall be licensed for no more than 32 operating rooms, including no more than 24 shared operating rooms and 3 dedicated C-section operating rooms on the UNC REX Hospital main campus, and no more than three shared operating rooms and two dedicated C-section operating rooms on the UNC REX Holly Springs Hospital campus.**
- 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 March 1, 2022. The second progress report shall be due on July 1, 2022 and so forth.**
- 4. The certificate holder shall receive accreditation from the Joint Commission for the Accreditation of Healthcare Organizations or a comparable accreditation authority within two years following licensure of the facility.**
- 5. For the first three years of operation following completion of the project, the certificate holder shall not increase charges more than 5% of the charges projected in this 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 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.**
- 7. 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.**

(J-12087-21 Con't)

- d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.
8. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on September 29, 2021.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
4	Construction / Renovation Contract(s) Executed	1/3/2022
8	Construction / Renovation Completed	2/28/2022
13	Licensure Obtained	5/1/2022
14	Services Offered	7/1/2022
17	First Annual Report Due*	10/1/2023

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12072-21

FID #: 210274

ISSUED TO: PruittHealth Home 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: Develop a new Medicare-certified Home Health Agency pursuant to the need determination in the 2021 SMFP / Mecklenburg County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: PruittHealth@Home-Charlotte
1913 J North Pease Place
Charlotte NC 28262

CAPITAL EXPENDITURE: \$108,704

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 1, 2022

This certificate is effective as of October 28, 2021



Micheala Mitchell, Chief

CONDITIONS:

1. PruitHealth Home Health, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall develop one Medicare-certified home health agency or office in Mecklenburg County.
3. Upon completion of the project, the certificate holder shall be licensed for no more than one Medicare-certified home health agency or office in Mecklenburg County.
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 March 1, 2022. The second progress report shall be due on July 1, 2022 and so forth.
5. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.
6. 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 of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on September 27, 2021.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
14	Services Offered	1/1/2022
15	Medicare and / or Medicaid Certification Obtained	7/1/2022
16	Facility or Service Accredited	1/1/2023
17	First Annual Report Due*	4/1/2023

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12084-21

FID #: 070396

ISSUED TO: The Charlotte-Mecklenburg Hospital Authority

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

SCOPE: Develop a new satellite hospital by relocating 26 acute care beds and 1 OR from Atrium Health Pineville and develop 1 new C-Section OR and 1 procedure room. The relocation of 1 OR from Atrium Health Pineville is a change of scope for Project ID# F-11814-19 (add two ORs)/ Mecklenburg County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Atrium Health Steele Creek
13640 Steelescroft Parkway
Charlotte NC 28278

CAPITAL EXPENDITURE: \$53,766,658

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 1, 2022

This certificate is effective as of October 26, 2021



Micheala Mitchell, Chief

CONDITIONS:

- 1. The Charlotte-Mecklenburg Hospital Authority (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. The certificate holder shall develop a new 26-bed hospital, Atrium Health Steele Creek, which will be licensed under Atrium Health Pineville, by relocating no more than 26 acute care beds and one shared operating room from Atrium Health Pineville.**
- 3. Atrium Health Pineville shall be licensed for no more than 278 acute care beds, including 252 beds on the Atrium Health Pineville campus and 26 beds on the Atrium Health Steele Creek campus, upon completion of this project, Project I.D. # F-11622-18 (add 38 acute care beds) and Project I.D. # F-12009-20 (add 7 acute care beds).**
- 4. Atrium Health Pineville shall be licensed for no more than 12 shared operating rooms, one dedicated open-heart surgery operating room and three dedicated C-section operating rooms, including 11 shared operating rooms, one dedicated open-heart surgery operating room and two dedicated C-section operating rooms on the Atrium Health Pineville campus, and one shared operating room and one dedicated C-section operating room on the Atrium Health Steele Creek campus, upon completion of this project and Project ID # F-11814-19 (add two shared operating rooms).**
- 5. The certificate holder shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.**
- 6. Progress Reports:**
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.**
 - b. The certificate holder shall complete all sections of the Progress Report form.**
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.**
 - d. Progress reports shall be due on the first day of every fourth month. The first progress report shall be due on February 1, 2022. The second progress report shall be due on June 1, 2022 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.**
- 8. No later than three months after the last day of each of the first three full fiscal years of operation following initiation of the services authorized by this certificate of need, the certificate holder shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:**
 - a. Payor mix for the services authorized in this certificate of need.**
 - b. Utilization of the services authorized in this certificate of need.**
 - c. Revenues and operating costs for the services authorized in this certificate of need.**
 - d. Average gross revenue per unit of service.**
 - e. Average net revenue per unit of service.**
 - f. Average operating cost per unit of service.**

(F-12084-21 Con't)

9. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on September 29, 2021.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
2	Drawings Completed	3/31/2022
4	Construction / Renovation Contract(s) Executed	8/1/2022
5	25% of Construction / Renovation Completed (25% of the cost is in place)	12/1/2022
6	50% of Construction / Renovation Completed	4/1/2023
7	75% of Construction / Renovation Completed	8/1/2023
8	Construction / Renovation Completed	12/31/2023
13	Licensure Obtained	4/1/2024
14	Services Offered	4/1/2024
17	First Annual Report Due*	4/1/2026

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-12075-21

FID #: 180213

ISSUED TO: Duke University Health System, Inc. &
Associated Health Services, Inc.

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

SCOPE: Develop no more than two ORs pursuant to the need determination in the 2021 SMFP which is a change of scope for Project ID #J-11508-18 (relocate four ORs and develop four procedure rooms) for a total of no more than six ORs and two procedure rooms upon completion of both projects/ Durham County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Duke Ambulatory Surgery Center Arrington
5601 Arrington Park Drive
Morrisville, NC 27560

CAPITAL EXPENDITURE: \$650,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 1, 2021

This certificate is effective as of October 22, 2021.



Micheala Mitchell, Chief

CONDITIONS:

1. Duke University Health System, Inc. and Associated Health Services, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall develop no more than two ORs pursuant to the need determinations in the 2021 SMFP for a total of no more than six ORs and two procedure rooms at Duke Ambulatory Surgery Center Arrington.
3. Upon completion of this project and Project ID #J-11508-18, Duke Ambulatory Surgery Center Arrington will be licensed for no more than six ORs.
4. Progress Reports:
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
 - b. The certificate holder shall complete all sections of the Progress Report form.
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
 - d. Progress reports shall be due on the first day of every third month. The first progress report shall be due on December 1, 2021. The second progress report shall be due on March 1, 2022 and so forth.
5. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.
6. 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 of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on October 19, 2021

Timetable

	Milestone	Date mm/dd/yyyy
1	Financing Obtained	11/15/2021
9	Equipment Ordered	01/01/2022
10	Equipment Installed	06/01/2022
11	Equipment Operational	06/01/2022
13	Licensure Obtained	07/01/2022
14	Services Offered	07/01/2022
17	First Annual Report Due*	09/30/2023

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: N-12097-21

FID #: 160286

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 11 dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 30 stations upon project completion / Hoke County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Fayetteville Road Dialysis
285 Paraclete Drive
Raeford, NC 28376

CAPITAL EXPENDITURE: \$1,622,434

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 2, 2022

This certificate is effective as of October 21, 2021



Micheala Mitchell, Chief

CONDITIONS:

1. Total Renal Care of North Carolina, LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. Pursuant to Condition 2 of the facility need determination in the 2021 SMFP, the certificate holder shall develop no more than 11 in-center stations for a total of no more than 30 stations 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 January 2, 2022. The second progress report shall be due on April 1, 2022 and so forth.
4. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

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

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
6	50% of Construction / Renovation Completed	08/14/2022
12	Building / Space Occupied	11/20/2022
14	Services Offered	01/01/2023
15	Medicare and / or Medicaid Certification Obtained	01/01/2023

Department of Health and Human Services
Division of Health Service Regulation
Certificate of Need

for

Project ID #: H-12099-21

FID #: 955843

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

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Dialysis Care of Richmond County
771 Cheraw Road
Hamlet, NC 28345**

CAPITAL EXPENDITURE: \$53,571

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 2, 2022

This certificate is effective as of October 21, 2021



Micheala Mitchell, Chief

CONDITIONS:

1. Total Renal Care of North Carolina, LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. Pursuant to Condition 2 of the facility need determination in the 2021 SMFP, the certificate holder shall develop no more than three in-center stations for a total of no more than 33 stations 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 January 2, 2022. The second progress report shall be due on April 1, 2022 and so forth.
4. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

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

Timetable

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

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

CORRECTED

Certificate of Need

for

Project ID #: B-12054-21

FID #: 120033

ISSUED TO: Pisgah Valley Retirement Center Properties, LLC
Pisgah Valley Retirement Center, LLC

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

SCOPE: Relocate no more than 11 NF beds from Liberty Commons Nursing & Rehab Center of Alamance County, 14 NF beds from Cross Creek Health Care of Hyde County and 25 NF beds from Mary Gran Nursing Center of Sampson County pursuant to Policy NH-6 in the 2021 SMFP for a total of no more than 168 NF beds upon project completion / Buncombe County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Pisgah Manor Heath Care Center
104 Holcombe Cove Road
Candler, NC 28715

CAPITAL EXPENDITURE: \$480,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: February 1, 2022

This certificate is effective as of October 19, 2021
Corrected certificate issued on October 26, 2021

Micheala Mitchell

Micheala Mitchell, Chief

CONDITIONS:

- 1. Pisgah Valley Retirement Center Properties, LLC and Pisgah Valley Retirement Center, 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 acquire and relocate no more than 11 nursing facility beds from Liberty Commons Nursing & Rehab Center of Alamance County, 14 nursing facility beds from Cross Creek Health Care and 25 nursing facility beds from Mary Gran Nursing Center for a total of no more than 168 nursing facility beds at Pisgah Manor Health Care Center upon project completion.**
- 3. Upon completion of the project, Pisgah Manor Health Care Center shall be licensed for no more than 168 nursing facility beds.**
- 4. The Medicaid per diem reimbursement rates for the new nursing home beds shall be equal to the rates for the facility's existing beds as of the date on which the additional beds are certified.**
- 5. The certificate holder shall certify at least 49 percent of the total number of licensed nursing home beds in the facility for participation in the Medicaid program and shall provide care to Medicaid recipients commensurate with representations made in the application.**
- 6. The 50 additional nursing facility beds shall not be certified for participation in the Medicaid program prior to July 1, 2022 unless the Division of Health Benefits (NC Medicaid) determines that state funds are available in the current Medicaid budget to pay for the care and authorizes an earlier certification date.**
- 7. For the first two years of operation following completion of the project, the certificate 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.**
- 8. Prior to the issuance of the certificate of need, the certificate holder shall obtain documentation from Liberty Commons Nursing and Rehabilitation Center of Alamance County LLC, Liberty Commons Nursing and Rehabilitation Center of Hyde County LLC and Liberty Healthcare Services of Mary Gran Nursing Center LLC, showing that the purchase transaction between the buyer and sellers has completed and shall provide a copy of the documentation to the Healthcare Planning and Certificate of Need Section.**
- 9. Progress Reports:**
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.**

- b. The certificate holder shall complete all sections of the Progress Report form.
- c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
- d. Progress reports shall be due on the first day of every fourth month. The first progress report shall be due on February 1, 2022. The second progress report shall be due on June 1, 2022 and so forth.

10. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.

11. No later than three months after the last day of each of the first three full fiscal years of operation following initiation of the services authorized by this certificate of need, the certificate holder shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:

- a. Payor mix for the services authorized in this certificate of need.
- b. Utilization of the services authorized in this certificate of need.
- c. Revenues and operating costs for the services authorized in this certificate of need.
- d. Average gross revenue per unit of service.
- e. Average net revenue per unit of service.
- f. Average operating cost per unit of service.

12. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on September 22, 2021.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Drawings Completed	11/01/2022
2	Construction / Renovation Contract(s) Executed	03/01/2023
3	25% of Construction / Renovation Completed (25% of the cost is in place)	05/01/2023
4	50% of Construction / Renovation Completed	07/01/2023
5	75% of Construction / Renovation Completed	09/01/2023
6	Construction / Renovation Completed	10/01/2023
7	Building / Space Occupied	10/01/2023
8	Licensed Obtained	10/01/2023
9	Services Offered	10/01/2023
10	First Annual Report Due*	12/31/2024

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: G-12082-21

FID #: 200818

ISSUED TO: Diagnostic Radiology & Imaging, LLC

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

SCOPE: Develop a new diagnostic center by relocating and replacing 1 existing fixed MRI scanner / Guilford County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: DRI Summerfield
6191 Lake Brandt Road
Summerfield, NC 27455

CAPITAL EXPENDITURE: \$1,520,605

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: February 1, 2022

This certificate is effective as of October 19, 2021



Micheala Mitchell, Chief

CONDITIONS:

- 1. Diagnostic Radiology and Imaging, LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. The certificate holder shall develop a new diagnostic center by replacing no more than one existing fixed MRI scanner located at W. Wendover Avenue Imaging Center and relocating and operating the new fixed MRI scanner at DRI Summerfield.**
- 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 February 1, 2022. The second progress report shall be due on June 1, 2022 and so forth.**
- 4. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.**
- 5. No later than three months after the last day of each of the first three full fiscal years of operation following initiation of the services authorized by this certificate of need, the certificate holder shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:**
 - a. Payor mix for the services authorized in this certificate of need.**
 - b. Utilization of the services authorized in this certificate of need.**
 - c. Revenues and operating costs for the services authorized in this certificate of need.**
 - d. Average gross revenue per unit of service.**
 - e. Average net revenue per unit of service.**
 - f. Average operating cost per unit of service.**
- 6. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on September 30, 2021.

(G-12082-21 Con't)

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Financing Obtained	01/15/2022
2	Drawings Completed	03/01/2022
3	Land Acquired	02/01/2022
4	Construction / Renovation Contract(s) Executed	03/15/2022
5	25% of Construction / Renovation Completed (25% of the cost is in place)	04/07/2022
6	50% of Construction / Renovation Completed	05/01/2022
7	75% of Construction / Renovation Completed	05/22/2022
8	Construction / Renovation Completed	06/15/2022
9	Equipment Ordered	02/05/2022
10	Equipment Installed	06/18/2022
11	Equipment Operational	06/25/2022
12	Building / Space Occupied	06/15/2022
14	Services Offered	07/01/2022
16	Facility or Service Accredited	07/01/2023
17	First Annual Report Due*	04/01/2024

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12085-21

FID #: 210480

ISSUED TO: Charlotte Radiology, P.A.

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

SCOPE: Develop a new diagnostic center with no more than 2 mammography units and 2 ultrasound units / Union County

CONDITIONS: See Reverse Side


PHYSICAL LOCATION: Charlotte Radiology Union West Breast Center
1459 Stallings Road
Stallings, NC 28104

CAPITAL EXPENDITURE: \$1,780,943

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: February 1, 2022

This certificate is effective as of October 15, 2021



Micheala Mitchell, Chief

CONDITIONS:

- 1. Charlotte Radiology, P.A. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. The certificate holder shall develop a diagnostic center in a medical office building on the campus of Atrium Health Union West with no more than two ultrasound units and no more than two mammography units.**
- 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 February 1, 2022. The second progress report shall be due on May 1, 2022 and so forth.**
- 4. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Sections F and Q of the application or that would otherwise require a certificate of need.**
- 5. No later than three months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, the certificate holder shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:**
 - a. Payor mix for the services authorized in this certificate of need.**
 - b. Utilization of the services authorized in this certificate of need.**
 - c. Revenues and operating costs for the services authorized in this certificate of need.**
 - d. Average gross revenue per unit of service.**
 - e. Average net revenue per unit of service.**
 - f. Average operating cost per unit of service.**
- 6. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to insurance of the certificate of need.**

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on September 28, 2021.

(F-12085-21 Con't)

Timetable

	Milestone	Date
1	Drawings Completed	2/1/2022
2	Construction / Renovation Contract(s) Executed	2/1/2022
3	25% of Construction / Renovation Completed (25% of the cost is in place)	3/13/2022
4	50% of Construction / Renovation Completed	4/17/2022
5	75% of Construction / Renovation Completed	5/22/2022
6	Construction / Renovation Completed	6/19/2022
7	Equipment Ordered	4/1/2022
8	Equipment Installed	5/25/2022
9	Equipment Operational	6/1/2022
10	Building / Space Occupied	6/1/2022
11	Services Offered (required)	7/1/2022
12	Medicare and / or Medicaid Certification Obtained	7/1/2022
13	Facility or Service Accredited	7/1/2022
14	First Annual Report Due*	10/1/2023

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: G-12090-21

FID #: 060620

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: Replace an existing linear accelerator / Forsyth County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Novant Health Kernersville Medical Center
1750 Kernersville Medical Parkway
Kernersville, NC 27284

CAPITAL EXPENDITURE: \$4,851,356

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: February 1, 2022

This certificate is effective as of October 14, 2021



Micheala Mitchell, 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 acquire no more than one replacement linear accelerator to be located at Novant Health Kernersville Medical Center.**
- 3. Upon completion of the project, Novant Health Kernersville Medical Center shall have no more than one linear accelerator and Novant Health Forsyth Medical Center shall have a combined total of no more than five linear accelerators.**
- 4. Progress Reports:**
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.**
 - b. The certificate holder shall complete all sections of the Progress Report form.**
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.**
 - d. Progress reports shall be due on the first day of every third month. The first progress report shall be due on February 1, 2022. The second progress report shall be due on May 1, 2022 and so forth.**
- 5. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.**
- 6. 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 of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on September 16, 2021.

(G-12090-21 Con't)

Timetable

	Milestone	Date
1	Drawings Completed	4/20/2022
2	Construction / Renovation Contract(s) Executed	10/20/2022
3	25% of Construction / Renovation Completed (25% of the cost is in place)	11/17/2022
4	50% of Construction / Renovation Completed	12/15/2022
5	75% of Construction / Renovation Completed	1/12/2023
6	Construction / Renovation Completed	2/9/2023
7	Equipment Ordered	11/17/2022
8	Equipment Installed	3/9/2023
9	Equipment Operational	5/4/2023
10	Building / Space Occupied	5/18/2023
11	Licensure Obtained	6/1/2023
12	Services Offered (required)	7/1/2023
13	First Annual Report Due	4/1/2025

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-11988-20

FID #: 200879

ISSUED TO: QC Radiology, 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 diagnostic center to include CT, mammography, bone density, x-ray, ultrasound, c-arm and interventional radiology services / Wake County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Raleigh Radiology Midtown Diagnostic Center
5111 Falls of Neuse
Raleigh NC, 27609

CAPITAL EXPENDITURE: \$4,613,426

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 1, 2022

This certificate is effective as of October 8, 2021



Micheala Mitchell, Chief

CONDITIONS:

1. QC Radiology, LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall develop a diagnostic center, Raleigh Radiology Midtown Diagnostic Center, by acquiring Computed Tomography (CT), X-ray, Mammography, Ultrasound and Bone Densitometry equipment, and a C-Arm and Interventional Radiology Unit.
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. 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, Raleigh Radiology Midtown Diagnostic Center shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.
5. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to insurance of the certificate of need.

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on April 29, 2021.

Timetable

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

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: Q-12078-21

FID #: 210370

ISSUED TO: Haven at Blue Creek, Inc.
RB4 Investments, 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 chemical dependency treatment facility with no more than 70 adult chemical dependency treatment beds pursuant to an adjusted need determination in the 2021 SMFP/ Pitt County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Haven at Blue Creek
2582 Blue Creek Lane
Grimesland, NC 27837

CAPITAL EXPENDITURE: \$38,440,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 1, 2022

This certificate is effective as of October 8, 2021



Micheala Mitchell, Chief

CONDITIONS:

- 1. Haven at Blue Creek, Inc. and RB4 Investments, LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. The certificate holder shall develop a chemical dependency treatment facility with no more than 70 adult chemical dependency treatment beds pursuant to an adjusted need determination in the 2021 SMFP.**
- 3. Upon completion of the project, Haven at Blue Creek shall be licensed for no more than 70 adult chemical dependency treatment beds.**
- 4. Progress Reports:**
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.**
 - b. The certificate holder shall complete all sections of the Progress Report form.**
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.**
 - d. Progress reports shall be due on the first day of every fifth month. The first progress report shall be due on March 1, 2022. The second progress report shall be due on August 1, 2022 and so forth.**
- 5. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.**
- 6. 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 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. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on September 22, 2021.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
2	Drawings Completed	03/18/2021
3	Land Acquired	10/01/2021
4	Construction / Renovation Contract(s) Executed	02/01/2022
5	25% of Construction / Renovation Completed (25% of the cost is in place)	04/01/2022
6	50% of Construction / Renovation Completed	07/01/2022
7	75% of Construction / Renovation Completed	09/01/2022
8	Construction / Renovation Completed	11/01/2022
12	Building / Space Occupied	12/01/2022
13	Licensure Obtained	01/01/2023
14	Services Offered	01/01/2023
15	Medicare and / or Medicaid Certification Obtained	01/01/2023
16	Facility or Service Accredited	01/01/2023
17	First Annual Report Due*	04/01/2024

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: O-12081-21

FID #: 943372

ISSUED TO: Novant Health New Hanover Regional Medical Center, LLC
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 35 acute care beds to the main campus of Novant Health New Hanover Regional Medical Center pursuant to the need determination in the 2021 SMFP for a total of no more than 749 acute care beds at all campuses of Novant Health New Hanover Regional Medical Center upon completion of this project and Project ID# O-11947-20 (develop a new satellite hospital campus)/ New Hanover County

CONDITIONS: See Reverse Side

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

CAPITAL EXPENDITURE: \$49,372,593

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 1, 2022

This certificate is effective as of October 26, 2021



Micheala Mitchell, Chief

CONDITIONS:

1. **Novant Health New Hanover Regional Medical Center, LLC and Novant Health, LLC (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 35 acute care beds to the main campus of Novant Health New Hanover Regional Medical Center.**
3. **Upon completion of the project, and Project ID# O-11947-20 (develop a new satellite hospital campus), Novant Health New Hanover Regional Medical Center shall be licensed for no more than 749 acute care beds at all campuses.**
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. **Progress Reports:**
 - a. **Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.**
 - b. **The certificate holder shall complete all sections of the Progress Report form.**
 - c. **The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.**
 - d. **Progress reports shall be due on the first day of every third month. The first progress report shall be due on January 1, 2022. The second progress report shall be due on April 1, 2022 and so forth.**
5. **The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.**
6. **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 of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on September 23, 2021.

(O-12081-21 Con't)

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
2	Drawings Completed	04/01/2022
4	Construction / Renovation Contract(s) Executed	08/01/2022
5	25% of Construction / Renovation Completed (25% of the cost is in place)	01/01/2023
6	50% of Construction / Renovation Completed	06/01/2023
7	75% of Construction / Renovation Completed	11/01/2023
8	Construction / Renovation Completed	08/01/2024
9	Equipment Ordered	06/01/2023
10	Equipment Installed	11/01/2023
11	Equipment Operational	08/01/2024
12	Building / Space Occupied	10/01/2024
13	Licensure Obtained	10/01/2024
14	Services Offered	10/01/2024
17	First Annual Report Due*	01/01/2026

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-11757-19

FID #: 060621

ISSUED TO: The Bone and Joint Surgery Clinic, LLP

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: Expand the type of procedures that may be performed on the existing MRI scanner acquired pursuant to the demonstration project need determination in the 2006 State Medical Facilities Plan (Project ID #J-7605-06)/ Wake County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: The Bone and Joint Surgery Clinic
3410 Executive Drive, Suite 103
Raleigh NC 27609

CAPITAL EXPENDITURE: \$90,301

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 1, 2022

This certificate is effective as of October 25, 2021



Micheala Mitchell, Chief

CONDITIONS:

1. The Bone and Joint Surgery Clinic, LLP shall materially comply with all representations made in the certificate of need application identified as Project ID #J-11757-19.
2. The Bone and Joint Surgery Clinic, LLP shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section F of the application and that would otherwise require a certificate of need.
3. 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 Bone and Joint Surgery Clinic, LLP 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.
4. The Bone and Joint Surgery Clinic, LLP shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on January 27, 2020.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
14	Services Offered	1/1/2022
17	First Annual Report Due*	4/1/2023