

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: B-12035-21

FID #: 210096

ISSUED TO: MH Mission Imaging, 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: Acquire 1 fixed MRI scanner pursuant to the need determination in the 2021 SMFP to be located at an existing diagnostic center/ Buncombe County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Mission Imaging Services Asheville
534 Biltmore Avenue
Asheville, NC 28801

CAPITAL EXPENDITURE: \$2,503,118

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 1, 2022

This certificate is effective as of February 24, 2022



Micheala Mitchell, Chief

CONDITIONS:

1. MH Mission Imaging, LLLP (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall acquire one fixed MRI scanner pursuant to the need determination in the 2021 SMFP, to be located at its existing diagnostic center, Mission Imaging Services Asheville in Buncombe County, for a total of one fixed MRI scanner.
3. Upon completion of the project, Mission Imaging Services Asheville shall be licensed for no more than one fixed MRI scanner.
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 July 1, 2022. The second progress report shall be due on November 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 July 30, 2022.

Timetable

| | Milestone | Date <i>mm/dd/yyyy</i> |
|-----------|--|----------------------------------|
| 1 | Drawings Completed | 05/15/2022 |
| 2 | Construction / Renovation Contract(s) Executed | 06/12/2022 |
| 3 | 25% of Construction / Renovation Completed (25% of the cost is in place) | 07/23/2022 |
| 4 | 50% of Construction / Renovation Completed | 08/14/2022 |
| 5 | 75% of Construction / Renovation Completed | 09/04/2022 |
| 6 | Construction / Renovation Completed | 09/28/2022 |
| 7 | Equipment Ordered | 04/10/2022 |
| 8 | Equipment Installed | 10/07/2022 |
| 9 | Equipment Operational | 10/28/2022 |
| 10 | Building / Space Occupied | 10/30/2022 |
| 11 | Services Offered | 11/01/2022 |
| 12 | Facility or Service Accredited | 02/01/2023 |
| 13 | 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 #: B-12059-21

FID #: 210261

ISSUED TO: American Oncology Partners, 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 by acquiring no more than one fixed PET/CT scanner pursuant to the need determination in the 2021 SMFP / Buncombe County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Messino Cancer Centers
551 Brevard Road
Asheville, NC 28806

CAPITAL EXPENDITURE: \$2,106,031

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 1, 2022

This certificate is effective as of February 4, 2022



Micheala Mitchell, Chief

CONDITIONS:

- 1. American Oncology Partners, P.A. (herein after “the 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 fixed dedicated PET scanner pursuant to the need determination in the 2021 SMFP to develop a new diagnostic center.**
- 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 June 1, 2022. The second progress report shall be due on August 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, 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.**

Timetable

| | Milestone | Date <i>mm/dd/yyyy</i> |
|-----------|---|----------------------------------|
| 2 | Drawings Completed | 05/01/2022 |
| 4 | Construction / Renovation Contract(s) Executed | 07/01/2022 |
| 5 | 25% of Construction / Renovation Completed (25% of the cost is in place) | 09/01/2022 |
| 6 | 50% of Construction / Renovation Completed | 11/01/2022 |
| 7 | 75% of Construction / Renovation Completed | 01/01/2023 |
| 8 | Construction / Renovation Completed | 03/01/2023 |
| 9 | Equipment Ordered | 11/01/2022 |
| 10 | Equipment Installed | 04/01/2023 |
| 11 | Equipment Operational | 04/20/2023 |
| 12 | Building / Space Occupied | 05/01/2022 |
| 14 | Services Offered | 05/01/2023 |
| 16 | Facility or Service Accredited | 08/01/2023 |
| 17 | First Annual Report Due* | 04/01/2024 |

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Corrected Certificate of Need

for

Project ID #: F-12109-21

FID #: 220203

ISSUED TO: Cabarrus Gastroenterology Associates, PLLC

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 an ASF by relocating one existing GI endoscopy room/ Cabarrus County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Northeast Digestive Health Center – Poplar Tent
9965 Poplar Tent Road
Concord, NC 28027

CAPITAL EXPENDITURE: \$1,384,876

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 1, 2022

This certificate is effective as of February 4, 2022
Corrected certificate issued on February 24, 2022



Micheala Mitchell, Chief

CONDITIONS:

- 1. Cabarrus Gastroenterology Associates, PLLC (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 be eligible to obtain an ambulatory surgical facility license for no more than one existing gastrointestinal endoscopy room relocated from 1070 Vinehaven Drive NE, Concord to 9965 Poplar Tent Road, Concord for a total of no more than one gastrointestinal endoscopy room upon project completion.**
- 3. Upon completion of the project, Northeast Digestive Health Center at 9965 Poplar Tent Road shall be licensed for no more than one GI endoscopy room.**
- 4. Upon completion of the project, the certificate holder shall take the steps necessary to delicense one GI endoscopy room at Northeast Digestive Health at 1070 Vinehaven Drive, NE, Concord for a total of no more than two licensed gastrointestinal endoscopy rooms.**
- 5. The certificate holder shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Sections F and Q of the application and that would otherwise require a certificate of need.**
- 6. The certificate holder shall receive accreditation from the Joint Commission for the Accreditation of Healthcare Organizations, the Accreditation Association for Ambulatory Health Care or a comparable accreditation authority within two years following licensure of the facility.**
- 7. For the first three years of operation following completion of the project, the certificate holder shall not increase charges more than 5% of the charges projected in Sections F and 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. 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.**
- 9. 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.

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

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on January 5, 2022.

Timetable

| Milestone | | Date <i>mm/dd/yyyy</i> |
|------------------|--|----------------------------------|
| 13 | Licensure Obtained | 07/01/2022 |
| 14 | Services Offered | 10/01/2022 |
| 15 | Medicare and / or Medicaid Certification Obtained | 10/01/2022 |
| 17 | First Annual Report Due* | 01/01/2024 |

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: M-12152-21

FID #: 943057

ISSUED TO: Cumberland County Hospital System, 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 existing Linear Accelerator/ Cumberland County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Cape Fear Valley Medical Center
1638 Owen Drive
Fayetteville, NC 28302

CAPITAL EXPENDITURE: \$4,402,783

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 1, 2022

This certificate is effective as of February 18, 2022



Micheala Mitchell, Chief

CONDITIONS:

- 1. 1. Cumberland County Hospital System, 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 Cape Fear Valley Medical Center.**
- 3. Upon completion of the project, Cape Fear Valley Medical Center shall have 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 June 1, 2022. The second progress report shall be due on September 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 January 18, 2022.

Timetable

| | Milestone | Date mm/dd/yyyy |
|-----------|--|----------------------------|
| 1 | Drawings Completed | 06/15/2022 |
| 2 | Construction / Renovation Contract(s) Executed | 05/05/2022 |
| 3 | 25% of Construction / Renovation Completed (25% of the cost is in place) | 09/01/2022 |
| 4 | 50% of Construction / Renovation Completed | 09/19/2022 |
| 5 | 75% of Construction / Renovation Completed | 10/03/2022 |
| 6 | Construction / Renovation Completed | 10/19/2022 |
| 7 | Equipment Ordered | 05/05/2022 |
| 8 | Equipment Installed | 10/19/2022 |
| 9 | Equipment Operational | 11/30/2022 |
| 10 | Building / Space Occupied | 11/30/2022 |
| 11 | Services Offered | 12/01/2022 |
| 12 | 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 #: O-12112-21

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: Acquire no more than one unit of fixed cardiac cath equipment pursuant to the need determination in the 2021 SMFP for a total of 6 units of fixed cardiac cath equipment/ 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: \$2,948,500

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 1, 2022

This certificate is effective as of February 26, 2022



Micheala Mitchell, Chief

CONDITIONS:

- 1. Novant Health New Hanover Regional Medical Center, LLC and Novant Health, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. The certificate holder shall develop no more than one unit of fixed cardiac catheterization equipment at 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 six 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 January 28, 2022.

(O-12112-21 Con't)

Timetable

| | Milestone | Date <i>mm/dd/yyyy</i> |
|-----------|---|----------------------------------|
| 2 | Drawings Completed | 5/15/2022 |
| 4 | Construction / Renovation Contract(s) Executed | 6/01/2022 |
| 5 | 25% of Construction / Renovation Completed (25% of the cost is in place) | 7/01/2022 |
| 6 | 50% of Construction / Renovation Completed | 8/15/2022 |
| 7 | 75% of Construction / Renovation Completed | 9/30/2022 |
| 8 | Construction / Renovation Completed | 12/01/2022 |
| 9 | Equipment Ordered | 5/1/2022 |
| 10 | Equipment Installed | 11/1/2022 |
| 11 | Equipment Operational | 12/1/2022 |
| 12 | Building / Space Occupied | 12/1/2022 |
| 13 | Licensure Obtained | 12/16/2022 |
| 14 | Services Offered | 1/01/2023 |
| 17 | First Annual Report Due* | 4/1/2024 |

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: L-12154-21

FID #: 923569

ISSUED TO: DLP Wilson Medical Center, LLC

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

SCOPE: Acquire a replacement linear accelerator / Wilson County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Wilson Medical Center
1703 Medical Park Drive
Wilson, NC 27893

CAPITAL EXPENDITURE: \$4,998,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 1, 2022

This certificate is effective as of February 18, 2022



Micheala Mitchell, Chief

CONDITIONS:

1. **DLP Wilson Medical Center, LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
2. **The certificate holder shall acquire a replacement linear accelerator to be located at Wilson Radiation Oncology Center.**
3. **Upon completion of the project, Wilson Radiation Oncology Center shall be licensed for no more than one linear accelerator.**
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 June 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.**

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

Timetable

| | Milestone | Date <i>mm/dd/yyyy</i> |
|----|--|----------------------------------|
| 4 | Construction / Renovation Contract(s) Executed | 7/23/2022 |
| 8 | Construction / Renovation Completed | 11/10/2022 |
| 14 | Services Offered | 1/1/2023 |