

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: E-12224-22

FID #: 943191

ISSUED TO: Blue Ridge HealthCare Systems, Inc

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

SCOPE: Relocate no more than 30 acute care beds from the Valdese campus to the Morganton campus / Burke County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: UNC Health Blue Ridge
2201 South Sterling Street
Morganton, NC 28655

CAPITAL EXPENDITURE: \$24,299,968

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 1, 2023

This certificate is effective as of October 25, 2022



Micheala Mitchell, Chief

CONDITIONS:

1. Blue Ridge HealthCare Systems, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall relocate no more than 30 existing acute care beds from the Valdese campus to a new patient tower on the Morganton campus at UNC Health Blue Ridge, for a total of 101 acute care beds on the Valdese campus and 192 acute care beds on the Morganton campus.
3. UNC Health Blue Ridge shall be licensed for no more than 192 acute care beds on the Morganton campus and 101 acute care beds on the Valdese campus.
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. The first progress report shall be due on April 3, 2023.
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.
 - 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 October 24, 2022.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Drawings Completed	05/31/2022
2	Construction / Renovation Contract(s) Executed	08/01/2022
3	25% of Construction / Renovation Completed (25% of the cost is in place)	03/31/2023
4	50% of Construction / Renovation Completed	05/31/2023
5	75% of Construction / Renovation Completed	08/31/2023
6	Construction / Renovation Completed	11/06/2023
7	Equipment Installed	11/15/2023
8	Equipment Operational	01/15/2024
9	Building / Space Occupied	02/08/2024
10	Services Offered	04/01/2024
11	First Annual Report Due*	04/01/2026

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: E-12238-22

FID #: 010648

ISSUED TO: Bio-Medical Applications of North Carolina, Inc.

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

SCOPE: Add no more than 4 dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 25 dialysis stations upon completion of this project and Project ID #E-12176-22 (relocate 4)/ Catawba County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: FMC of Catawba Valley
301 10th Street NW, Suite C 101
Conover, NC 28613

CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 3, 2023

This certificate is effective as of October 25, 2022



Micheala Mitchell, Chief

CONDITIONS:

1. **Bio-Medical Applications of North Carolina, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
2. **Pursuant to Condition 2 of the facility need determination in the 2022 SMFP, the certificate holder shall develop no more than four additional in-center dialysis stations for a total of no more than 25 in-center stations at FMC of Catawba Valley upon completion of this project and Project ID #E-12176-22 (relocate 4 stations to the FKC North Catawba).**
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. **The first progress report shall be due on April 3, 2023.**
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, 2022.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Equipment Ordered	09/17/2024
2	Equipment Installed	11/16/2024
3	Equipment Operational	12/14/2024
4	Building / Space Occupied	11/16/2024
5	Services Offered	12/31/2024
6	Medicare and / or Medicaid Certification Obtained	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-12210-22

FID #: 943494

ISSUED TO: The Moses H. Cone Memorial Hospital
The Moses H. Cone Memorial Hospital Operating Corporation

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 one unit of interventional radiology equipment for a total of no more than three units of interventional radiology equipment upon project completion/ Guilford County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Moses Cone Hospital
1200 North Elm Street
Greensboro, NC 27401

CAPITAL EXPENDITURE: \$5,285,008

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 1, 2023

This certificate is effective as of October 28, 2022



Micheala Mitchell, Chief

CONDITIONS:

1. The Moses H. Cone Memorial Hospital and Moses H. Cone Memorial Hospital Operating Corporation (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall develop one interventional radiology lab at Moses Cone Hospital, by acquiring one unit of biplane angiography equipment, for a total of three interventional radiology labs at Moses Cone Hospital.
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. The first progress report shall be due on February 1, 2023.
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. 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. 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 27, 2022.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Construction / Renovation Contract(s) Executed	11/15/2022
2	25% of Construction / Renovation Completed (25% of the cost is in place)	12/15/2022
3	50% of Construction / Renovation Completed	01/15/2023
4	75% of Construction / Renovation Completed	02/15/2023
5	Construction / Renovation Completed	03/17/2023
6	Equipment Ordered	12/15/2022
7	Equipment Installed	02/15/2023
8	Equipment Operational	03/15/2023
9	Building / Space Occupied	03/24/2023
10	Services Offered	04/01/2023
11	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 #: F-12226-22

FID #: 220471

ISSUED TO: Carolinas Physicians Network, Inc.
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 diagnostic center/ Mecklenburg County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Atrium Health Imaging-Kenilworth Diagnostic Center
1237 Harding Place
Charlotte, NC 28204

CAPITAL EXPENDITURE: \$4,980,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 1, 2023

This certificate is effective as of October 25, 2022



Micheala Mitchell, Chief

CONDITIONS:

1. Carolinas Physicians Network, Inc. and 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 diagnostic center to include existing equipment [one CT scanner, one MRI scanners, one X-Ray, one ultrasound, one nuclear medicine camera, and nine echocardiogram units] and adding one additional MRI scanner by replacing and relocating an existing MRI scanner, as designated in the application.
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. The first progress report shall be due on January 1, 2023.
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.
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 29, 2022.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
2	Drawings Completed	01/09/2023
4	Construction / Renovation Contract(s) Executed	01/16/2023
5	25% of Construction / Renovation Completed (25% of the cost is in place)	02/15/2023
6	50% of Construction / Renovation Completed	03/15/2023
7	75% of Construction / Renovation Completed	04/17/2023
8	Construction / Renovation Completed	05/15/2023
10	Equipment Installed	05/01/2023
14	Services Offered	06/01/2023
17	First Annual Report Due*	04/01/2025

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12225-22

FID #: 220470

ISSUED TO: Carolinas Physicians Network, 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 diagnostic center/ Mecklenburg County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Atrium Health Women's Care-Maternal Fetal
Medicine Diagnostic Center
905 Kenilworth Avenue
Charlotte, NC 28204

CAPITAL EXPENDITURE: \$1,775,388

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 1, 2023

This certificate is effective as of October 25, 2022

Micheala Mitchell

Micheala Mitchell, Chief

CONDITIONS:

1. Carolinas Physicians Network, Inc. (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 relocating nine units of ultrasound equipment and acquiring one additional unit of ultrasound equipment, as designated in the application.
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. The first progress report shall be due on January 1, 2023.
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.
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 29, 2022.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
9	Equipment Ordered	01/03/2023
10	Equipment Installed	04/24/2023
11	Equipment Operational	05/01/2023
14	Services Offered	05/01/2023
17	First Annual Report Due*	04/01/2025

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-12227-22

FID #: 923517

ISSUED TO: University of North Carolina Hospitals at Chapel Hill (UNC Hospitals)

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: Convert a research MRI scanner to a clinical MRI scanner pursuant to Policy AC-3/ Orange County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: UNC Medical Center
101 Manning Drive
Chapel Hill, NC 27514

CAPITAL EXPENDITURE: \$200,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 1, 2023

This certificate is effective as of October 29, 2022



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 convert an existing research MRI scanner to a clinical MRI scanner pursuant to Policy AC-3.
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. The first progress report shall be due on April 1, 2023.
4. The certificate holder, as part of this project, shall not acquire any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.
5. For each of the first five years of operation, the certificate holder shall submit to the Healthcare Planning and Certificate of Need Section a detailed description of how the project achieves the academic requirements of the appropriate sections of Policy AC-3, paragraph 2 [items 1 through 4] as proposed in the certificate of need application.
6. The certificate holder shall report the Policy AC-3 clinical MRI scanner on the appropriate annual license renewal application for the asset. The information to be reported for the clinical MRI scanner shall include: (a) the number of approved units; (b) the annual volume of cases or procedures performed for the reporting year; and (c) the patient origin by county.
7. If the clinical MRI scanner ceases to be used for clinical teaching or research, the certificate holder shall surrender the certificate of need.
8. No later than three months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, the certificate 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.
9. 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 30, 2022.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Services Offered	02/01/2023
2	First Annual Report Due*	09/28/2024

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: L-12229-22

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 no more than one da Vinci robotics system

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: DLP Wilson Medical Center
1705 Tarboro St SW
Wilson, NC 27893

CAPITAL EXPENDITURE: \$2,510,237

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: February 1, 2023

This certificate is effective as of October 25, 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 no more than one da Vinci robotics system to be located at Wilson Medical Center.
3. Upon completion of the project, the applicant shall have no more than one da Vinci robotics system.
4. Progress Reports:
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
 - b. The certificate holder shall complete all sections of the Progress Report form.
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
 - d. The first progress report shall be due on January 1, 2023.
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, 2022.

Timetable

Milestone		Date mm/dd/yyyy
9	Equipment Ordered	1/2/2023
10	Equipment Installed	2/16/2023
11	Equipment Operational	4/1/2023
14	Services Offered	4/1/2023
17	First Annual Report Due	4/1/2025