

**Certificate of Need
Certificates Issued
April 2023**

County	Project ID	Facility	FID	Facility Type	Project Description	Application Review Date	Decision Date	Date Certificate Issued	Decision	Review Analyst	Co-Signer	Approved Capital Expenditure	1st Rept Due Date
Beaufort	Q-012310-23	Beaufort County Home	230038	Dialysis facility	Develop a new dialysis facility dedicated to home hemodialysis and peritoneal dialysis training and support by relocating two dialysis stations and the entire home training program from FMC Pamlico	2/1/2023	3/22/2023	4/22/2023	Conditional Approval	Donna Donihi	Mike McKillip	\$1,401,112	8/1/2023
Edgecombe	I-012298-22	FMC Tarboro	150155	Dialysis facility	Add no more than one dialysis station pursuant to Condition 2 of the facility need methodology for a total of no more than 19 dialysis stations upon completion of this project and Project ID# L-12103-21 (add 4 stations)	12/1/2022	3/17/2023	4/18/2023	Conditional Approval	Donna Donihi	Mike McKillip	\$3,750	8/1/2023
Guilford	G-012289-22	The Stanbridge	220735	Adult care home	Develop a new ACH by relocating no more than 60 ACH beds, including 32 SCU beds, from Holden Heights	11/1/2022	3/28/2023	4/28/2023	Conditional Approval	Tanya Saporito	Mike McKillip	\$9,740,000	1/1/2024
Guilford	G-012288-22	The Waverly at Oak Hollow	200746	Adult care home	Relocate no more than 25 ACH beds from Holden Heights to The Waverly Oak Hollow which is a change of scope to Project ID# G-11965-20 (relocate 29 ACH beds from Guilford House and 11 ACH beds from Holden Heights) for a total of no more than 65 ACH beds	11/1/2022	3/23/2023	4/23/2023	Conditional Approval	Donna Donihi	Gloria Hale	\$4,807,045	9/1/2023
Mecklenburg	F-012285-22	Novant Health Matthews Medical Center	945076	Hospital	Acquire no more than 1 fixed MRI scanner pursuant to the 2022 SMFP need determination for a total of no more than 2 fixed MRI scanners	11/1/2022	3/28/2023	4/28/2023	Conditional Approval	Tanya Saporito	Mike McKillip	\$4,054,406	9/1/2023
Mecklenburg	F-012280-22	Atrium Health Pineville	110878	Hospital	Develop no more than 11 acute care beds pursuant to the 2022 SMFP need determination for a total of no more than 314 acute care beds upon completion of this project, Project ID #F-12084-21 (relocate 26 beds to Atrium Health Steele Creek), and Project ID #F-12147-21 (develop 25 beds)	11/1/2022	3/24/2023	4/25/2023	Conditional Approval	Julie Faenza	Gloria Hale	\$7,500,388	9/1/2023
Mecklenburg	F-012281-22	Carolinas Medical Center	943070	Hospital	Develop no more than 38 acute care beds pursuant to the 2022 SMFP need determination for a total of no more than 1,255 acute care beds upon completion of this project, Project ID #F-12006-20 (add 87 beds), and Project ID #F-12149-21 (add 75 beds)	11/1/2022	3/24/2023	4/25/2023	Conditional Approval	Julie Faenza	Gloria Hale	\$62,711,844	9/1/2023
Mecklenburg	F-012282-22	Atrium Health University City	923516	Hospital	Develop no more than 16 acute care beds pursuant to the 2022 SMFP need determination for a total of no more than 128 acute care beds upon completion of this project and Project ID #F-12146-21 (add 8 beds)	11/1/2022	3/24/2023	4/25/2023	Conditional Approval	Julie Faenza	Gloria Hale	\$8,671,908	9/1/2023
Mecklenburg	F-012293-22	Novant Health Presbyterian Medical Center	943501	Hospital	Develop no more than 30 acute care beds pursuant to the 2022 SMFP need determination for a total of no more than 542 acute care beds upon completion of this project, Project ID #F-8765-11 (add 14 beds), Project ID #F-11625-18 (relocate 36 beds to develop Novant Health Ballantyne Medical Center), and Project ID #F-12144-21 (add 15 beds)	11/1/2022	3/24/2023	4/25/2023	Conditional Approval	Julie Faenza	Gloria Hale	\$110,000	9/1/2023
New Hanover	O-012295-22	The Luminance at Riverlights	160565	Adult care home	Relocate no more than 20 ACH beds from Castle Creek Memory Care to The Luminance at Riverlights which is a change of scope to Project ID# O-11964-20 (relocate 40 ACH beds from New Hanover House) for a total of no more than 60 ACH beds	11/1/2022	3/28/2023	4/28/2023	Conditional Approval	Tanya Saporito	Micheala Mitchell	\$3,235,125	9/1/2023
Pitt	Q-012286-22	Orthopaedics East & Sports Medicine Center	220733	Diagnostic center	Acquire no more than one fixed MRI scanner pursuant to the 2022 SMFP need determination	11/1/2022	3/29/2023	4/29/2023	Conditional Approval	Ena Lightbourne	Lisa Pittman	\$2,313,519	8/1/2023
Pitt	Q-012297-22	FMC Dialysis Services East Carolina University	960406	Dialysis facility	Relocate the entire facility and add no more than six dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 47 stations upon project completion	12/1/2022	3/3/2023	4/4/2023	Conditional Approval	Cynthia Bradford	Lisa Pittman	\$4,058,238	8/1/2023
Wake	J-012258-22	UNC REX Hospital	953429	Hospital	Add no more than 36 acute care beds pursuant to the need determination in the 2022 SMFP for a total of no more than 475 acute care beds at UNC REX Hospital upon project completion	9/1/2022	1/27/2023	4/28/2023	Conditional Approval	Greg Yakaboski	Lisa Pittman	\$8,225,006	10/1/2023
Total												13	

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: Q-12310-23

FID #: 230038

ISSUED TO: FMS ENA Home, LLC

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

SCOPE: Develop a new dialysis facility dedicated to home hemodialysis and peritoneal dialysis training and support by relocating two dialysis stations and the entire home training program from FMC Pamlico / Beaufort County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Beaufort County Home
Northeast corner of Hodges Avenue and Pamlico Street
Washington, NC 27889

CAPITAL EXPENDITURE: \$1,401,112

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 1, 2023

This certificate is effective as of April 22, 2023



Micheala Mitchell, Chief

CONDITIONS:

- 1. FMS ENA Home, 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 kidney disease treatment center dedicated to home hemodialysis and peritoneal dialysis training and support to be known as Beaufort County Home by relocating no more than two in-center and home hemodialysis stations from FMC Pamlico.**
- 3. Upon completion of this project, the certificate holder shall take the necessary steps to decertify two stations at FMC Pamlico for a total of no more than 29 in-center and home hemodialysis stations upon completion of the project.**
- 4. Progress Reports:**
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.**
 - b. The certificate holder shall complete all sections of the Progress Report form.**
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.**
 - d. The first progress report shall be due on August 1, 2023.**
- 5. The certificate holder shall install plumbing and electrical wiring through the walls for no more than two home hemodialysis stations.**
- 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 March 22, 2023.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Construction / Renovation Contract(s) Executed	12/3/2023
2	25% of Construction / Renovation Completed (25% of the cost is in place)	2/16/2024
3	50% of Construction / Renovation Completed	7/15/2024
4	75% of Construction / Renovation Completed	9/28/2024
5	Construction / Renovation Completed	11/27/2024
6	Building / Space Occupied	12/14/2024
7	Services Offered	12/31/2024
8	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 #: L-12298-22

FID #: 150155

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 one dialysis station pursuant to Condition 2 of the facility need methodology for a total of no more than 19 dialysis stations upon completion of this project and Project ID# L-12103-21 (add 4 stations/ Edgecombe County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: FMC Tarboro
120 Hospital Drive
Tarboro, NC 27886

CAPITAL EXPENDITURE: \$3,750

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 1, 2023

This certificate is effective as of April 18, 2023



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 one additional in-center dialysis stations for a total of no more than 19 in-center stations at FMC Tarboro upon completion of this project and Project ID# L-12103-21 (add 4 stations).**
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 August 1, 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 and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on March 17, 2023.

Timetable

Milestone		Date mm/dd/yyyy
1	Equipment Ordered	9/2/23
2	Services Offered	12/31/23
3	Medicare and / or Medicaid Certification Obtained	12/31/23

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: G-12288-22

FID #: 200746

ISSUED TO: High Point Opco, LLC
High Point Propco, 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 25 ACH beds from Holden Heights to The Waverly at Oak Hollow which is a change of scope to Project ID# G-11965-20 (relocate 29 ACH beds from Guilford House and 11 ACH beds from Holden Heights) for a total of no more than 65 ACH beds/ Guilford County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: The Waverly at Oak Hollow
1922 Eastchester Drive (NC Hwy 68)
High Point, NC 27265

CAPITAL EXPENDITURE: \$4,807,045

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2023

This certificate is effective as of April 23, 2023



Micheala Mitchell, Chief

CONDITIONS:

1. High Point Opco, LLC and High Point Propco, LLC (hereinafter the certificate holders) shall materially comply with the representations made in this application and the representations in project ID# G-11965-20. Where representations conflict, the certificate holders shall material comply with the last made representation.
2. The certificate holders shall relocate no more than 25 ACH beds from Holden Heights to The Waverly at Oak Hollow which is a change of scope to Project ID# G-11965-20. Upon completion of this project and project ID# G-11965-20, The Waverly at Oak Hollow shall be licensed for no more than 65 ACH beds, including the relocation of 29 ACH beds from Guilford House and 36 ACH beds from Holden Heights.
3. The total capital expenditure for this project and Project ID# G-11965-20 is \$10,749,920 an increase of 4,807,045 over the capital expenditure of \$5,942,875 previously approved in Project ID# G-11965-20.
4. Upon completion of this project, Guilford Senior Living shall be licensed for no more than 31 ACH beds.
5. Upon completion of this project, Holden Heights shall be licensed for no more than 85 ACH beds.
6. The certificate holders shall certify at least 12.3% of the total number of licensed adult care home beds in the facility for recipients of State/County Special Assistance with Medicaid and provide care to those recipients commensurate with representations made in this application and Project ID# G-11965-20.
7. For the first two years of operation following completion of the project, The Waverly at Oak Hollow 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 made in the certificate of need application.
8. Progress Reports:
 - a. Pursuant to G.S. 131E-189(a), the certificate holders 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 holders shall complete all sections of the Progress Report form.
 - c. The certificate holders 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 September 1, 2023.
9. No later than three months after the last day of each of the first three full fiscal years of operation following initiation of the services authorized by this certificate of need, the certificate holders shall submit, on the form provided by

the Healthcare Planning and Certificate of Need Section, an annual report containing the:

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

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

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on April 18, 2023.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Financing Obtained	9/1/2024
2	Drawings Completed	9/1/2024
3	Land Acquired	3/1/2024
4	Construction / Renovation Contract(s) Executed	9/1/2024
5	25% of Construction / Renovation Completed (25% of the cost is in place)	2/1/2025
6	50% of Construction / Renovation Completed	7/1/2025
7	75% of Construction / Renovation Completed	12/1/2025
8	Construction / Renovation Completed	5/1/2026
9	Equipment Ordered	4/1/2026
10	Equipment Installed	6/1/2026
11	Equipment Operational	7/1/2026
12	Licensure Obtained	8/1/2026
13	Services Offered	8/1/2026
14	Medicare and / or Medicaid Certification Obtained	9/1/2026
15	First Annual Report Due	11/1/2027

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: G-12289-22

FID #: 220735

ISSUED TO: Guilford Propco II, LLC
Guilford Opco II, 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 by relocating no more than 60 ACH beds, including 32 SCU beds, from Holden Heights/ Guilford County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: The Stanbridge
4520 Hicone Road
Greensboro, NC 27405

CAPITAL EXPENDITURE: \$9,740,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 1, 2024

This certificate is effective as of April 28, 2023



Micheala Mitchell, Chief

CONDITIONS:

1. **Guilford Opco II, LLC and Guilford Propco II, LLC (hereinafter the certificate holder) shall materially comply with all representations made in the certificate of need application.**
2. **The certificate holder shall develop a new 60-bed ACH facility in Guilford County, The Stanbridge, by relocating 60 existing ACH beds from Holden Heights in Guilford County.**
3. **Upon completion of the project, The Stanbridge shall be licensed for no more than 60 ACH beds, including 32 Special Care Unit ACH beds.**
4. **The certificate holder shall certify at least 40 percent of the total number of licensed adult care home beds in the facility for recipients of State/County Special Assistance with Medicaid and provide care to those recipients commensurate with representations made in the application.**
5. **Progress Reports:**
 - a. **Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic progress 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, 2024.**
6. **For the first two years of operation following completion of the project, The Stanbridge shall not increase private pay charges more than 5% of the projected private pay charges provided in Section Q of the application without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.**
7. **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. **Prior to the issuance of the certificate of need, the certificate holder (buyer) shall obtain documentation from Greensboro Opco Holdings, LLC (seller) showing that the purchase transaction between the buyer and seller has been completed and shall provide a copy of the documentation to the Healthcare Planning and Certificate of Need Section.**
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.**

(G-12289-22 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 April 18, 2023.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Financing Obtained	03/01/2025
2	Drawings Completed	03/01/2025
3	Land Acquired	09/01/2024
4	Construction / Renovation Contract(s) Executed	03/01/2025
5	25% of Construction / Renovation Completed (25% of the cost is in place)	08/01/2025
6	50% of Construction / Renovation Completed	01/01/2026
7	75% of Construction / Renovation Completed	06/01/2026
8	Construction / Renovation Completed	11/01/2026
9	Equipment Ordered	10/01/2026
10	Equipment Installed	12/01/2026
11	Equipment Operational	01/15/2027
13	Licensure Obtained	02/01/2027
14	Services Offered	02/01/2027
15	Medicare and / or Medicaid Certification Obtained	03/01/2027
16	First Annual Report Due* (only for non-ESRD decisions)	05/01/2028

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12280-22

FID #: 110878

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 5 acute care beds pursuant to the 2022 SMFP need determination for a total of no more than 308 acute care beds upon completion of this project, Project ID #F-12084-21 (relocate 26 beds to Atrium Health Steele Creek), and Project ID #F-12147-21 (develop 25 beds) / Mecklenburg County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Atrium Health Pineville
10628 Park Road
Charlotte, NC 28210

CAPITAL EXPENDITURE: \$7,500,388

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2023

This certificate is effective as of April 25, 2023



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 5 additional acute care beds at Atrium Health Pineville pursuant to the need determination in the 2022 SMFP for a total of no more than 308 acute care beds upon completion of this project and Project ID #F-12147-21 (add 25 beds).**
- 3. Upon completion of the project, Atrium Health Pineville shall be licensed for no more than 308 acute care beds.**
- 4. Progress Reports:**
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.**
 - b. The certificate holder shall complete all sections of the Progress Report form.**
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.**
 - d. The first progress report shall be due on September 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. 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.**
- 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 and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on April 24, 2023.

Timetable

Milestone		Date
1	Drawings Completed	6/15/2023
2	Construction / Renovation Contract(s) Executed	7/1/2023
3	25% of Construction / Renovation Completed (25% of the cost is in place)	11/1/2023
4	50% of Construction / Renovation Completed	3/1/2024
5	75% of Construction / Renovation Completed	7/1/2024
6	Construction / Renovation Completed	11/1/2024
7	Equipment Ordered	11/1/2024
8	Equipment Installed	1/1/2025
9	Equipment Operational	1/1/2025
10	Building / Space Occupied	1/1/2025
11	Licensure Obtained	1/1/2025
12	Services Offered (required)	1/1/2025
13	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 #: F-12281-22

FID #: 943070

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 38 acute care beds pursuant to the 2022 SMFP need determination for a total of no more than 1,255 acute care beds upon completion of this project, Project ID #F-12006-20 (add 87 beds), and Project ID #F-12149-21 (add 75 beds) / Mecklenburg County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Carolinas Medical Center
1000 Blythe Boulevard
Charlotte, NC 28203

CAPITAL EXPENDITURE: \$62,711,844

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2023

This certificate is effective as of April 25, 2023



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 38 acute care beds at Carolinas Medical Center pursuant to the need determination in the 2022 SMFP for a total of 1,255 acute care beds upon completion of this project, Project ID #F-12008-20 (add 87 beds), and Project ID #F-12149-21 (add 75 beds).**
- 3. Upon completion of the project, Carolinas Medical Center shall be licensed for no more than 1,255 acute care beds.**
- 4. Progress Reports:**
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.**
 - b. The certificate holder shall complete all sections of the Progress Report form.**
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.**
 - d. The first progress report shall be due on September 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. 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.**
- 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 and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on April 24, 2023.

Timetable

Milestone		Date
1	Drawings Completed	6/5/2023
2	Construction / Renovation Contract(s) Executed	7/1/2023
3	25% of Construction / Renovation Completed (25% of the cost is in place)	10/1/2023
4	50% of Construction / Renovation Completed	5/18/2024
5	75% of Construction / Renovation Completed	7/7/2025
6	Construction / Renovation Completed	9/29/2026
7	Equipment Ordered	7/31/2026
8	Equipment Installed	12/15/2026
9	Equipment Operational	1/31/2027
10	Building / Space Occupied	11/2/2026
11	Licensure Obtained	4/1/2027
12	Services Offered (required)	4/1/2027
13	Medicare and / or Medicaid Certification Obtained	4/1/2027
14	Facility or Service Accredited	4/1/2027
13	First Annual Report Due	4/1/2029

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12282-22

FID #: 923516

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 8 acute care beds pursuant to the 2022 SMFP need determination for a total of no more than 120 acute care beds upon completion of this project and Project ID #F-12146-21 (add 8 beds) / Mecklenburg County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Atrium Health University City
8800 North Tryon Street
Charlotte, NC 28262

CAPITAL EXPENDITURE: \$8,671,908

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2023

This certificate is effective as of April 25, 2023



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 8 additional acute care beds at Atrium Health University City pursuant to the need determination in the 2022 SMFP for a total of no more than 120 acute care beds upon completion of this project and Project ID #F-12146-21 (add 8 beds).**
- 3. Upon completion of the project, Atrium Health University City shall be licensed for no more than 120 acute care beds.**
- 4. Progress Reports:**
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.**
 - b. The certificate holder shall complete all sections of the Progress Report form.**
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.**
 - d. The first progress report shall be due on September 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. 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.**
- 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 April 24, 2023.

Timetable

	Milestone	Date
1	Drawings Completed	5/15/2023
2	Construction / Renovation Contract(s) Executed	9/1/2024
3	25% of Construction / Renovation Completed (25% of the cost is in place)	11/1/2024
4	50% of Construction / Renovation Completed	1/1/2025
5	75% of Construction / Renovation Completed	3/1/2025
6	Construction / Renovation Completed	4/1/2025
7	Equipment Ordered	10/1/2024
8	Equipment Installed	5/1/2025
9	Equipment Operational	5/1/2025
10	Building / Space Occupied	6/1/2025
11	Services Offered (required)	5/1/2025
12	First Annual Report Due	4/1/2027

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12285-22

FID #: 945076

ISSUED TO: **Novant Health, Inc.**
 Presbyterian Medical Care 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: **Acquire no more than 1 fixed MRI scanner pursuant to the 2022 SMFP need determination for a total of no more than 2 fixed MRI scanners/ Mecklenburg County**

CONDITIONS: **See Reverse Side**

PHYSICAL LOCATION: **Novant Health Matthews Medical Center
1500 Matthews Township Parkway
Matthews, NC 28105**

CAPITAL EXPENDITURE: **\$4,054,406**

TIMETABLE: **See Reverse Side**

FIRST PROGRESS REPORT DUE: **September 1, 2023**

This certificate is effective as of April 28, 2023



Micheala Mitchell, Chief

CONDITIONS:

1. **Novant Health Inc. and Presbyterian Medical Care Corporation (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 2022 SMFP to be located in the Novant Health Matthews Medical Center, for a total of two fixed MRI scanners at Novant Health Matthews Medical Center.**
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 September 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.**
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 April 20, 2023.

(F-12285-22 Con't)

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Drawings Completed	09/30/2023
2	Construction / Renovation Contract(s) Executed	01/01/2024
3	25% of Construction / Renovation Completed (25% of the cost is in place)	03/01/2024
4	50% of Construction / Renovation Completed	05/01/2024
5	75% of Construction / Renovation Completed	07/01/2024
6	Construction / Renovation Completed	09/01/2024
7	Equipment Ordered	10/01/2023
8	Equipment Installed	09/01/2024
9	Equipment Operational	10/01/2024
10	Services Offered	10/01/2024
11	First Annual Report Due*	01/02/2026

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12293-22

FID #: 943501

ISSUED TO: The Presbyterian Hospital
Novant Health, Inc.

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

SCOPE: Develop no more than 14 acute care beds pursuant to the 2022 SMFP need determination for a total of no more than 526 acute care beds upon completion of this project, Project ID #F-8765-11 (add 14 beds), Project ID #F-11625-18 (relocate 36 beds to develop Novant Health Ballantyne Medical Center), and Project ID #F-12144-21 (add 15 beds) / Mecklenburg County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Novant Health Presbyterian Medical Center
200 Hawthorne Lane
Charlotte, NC 28204

CAPITAL EXPENDITURE: \$110,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2023

This certificate is effective as of April 25, 2023



Micheala Mitchell, Chief

CONDITIONS:

- 1. The Presbyterian Hospital and Novant Health, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. The certificate holder shall develop no more than 14 additional acute care beds at Novant Health Presbyterian Medical Center for a total of no more than 526 acute care beds upon completion of this project, Project ID #F-8765-11 (add 14 beds), Project ID #F-11625-18 (relocate 36 beds to develop Novant Health Ballantyne Medical Center), and Project ID #F-12144-21 (add 15 beds).**
- 3. Upon completion of the project, Novant Health Presbyterian Medical Center shall be licensed for no more than 526 acute care beds.**
- 4. Progress Reports:**
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.**
 - b. The certificate holder shall complete all sections of the Progress Report form.**
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.**
 - d. The first progress report shall be due on September 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 and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on April 20, 2023.

Timetable

Milestone		Date
1	Equipment Operational	9/1/2023
2	Services Offered (required)	9/1/2023
3	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 #: O-12295-22

FID #: 160565

ISSUED TO: New Hanover Opco, LLC
New Hanover Propco, 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 20 ACH beds from Castle Creek Memory Care to The Luminance at Riverlights which is a change of scope to Project ID# O-11964-20 (relocate 40 ACH beds from New Hanover House) for a total of no more than 60 ACH beds/ New Hanover County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: The Luminance at Riverlights
300 Arnold Road
Wilmington, NC 28277

CAPITAL EXPENDITURE: \$3,235,125

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2023

This certificate is effective as of April 28, 2023



Micheala Mitchell, Chief

CONDITIONS:

1. New Hanover Opco, LLC, and New Hanover Propco, LLC (hereinafter certificate holder) shall materially comply with the representations in this application and the representations in Project ID# O- 11964-20. Where representations conflict, the certificate holder shall materially comply with the last made representation.
2. The certificate holder shall relocate a total of no more than 20 adult care home beds from Castle Creek Memory Care to The Luminance at Riverlights upon completion of this project, Project I.D. # O-11279- 16 and Project ID #O-11964-20.
3. Upon completion of this project and Project ID# O-11964-20, The Luminance at Riverlights shall be licensed for no more than 60 adult care home beds.
4. The certificate holder shall delicense 20 adult care home beds at Castle Creek Memory Care, for a total of 64 adult care home beds at Castle Creek Memory Care.
5. For the first two years of operation following completion of the project, the certificate holder shall not increase private pay charges more than 5% of the projected private pay charges provided in Section Q of the application without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations made in the certificate of need application.
6. The certificate holder shall certify at least 25% of the total number of licensed adult care home beds in the facility for recipients of State/County Special Assistance with Medicaid and provide care to those recipients commensurate with representations made in this application and Project ID #O-11964-20.
7. Progress Reports:
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
 - b. The certificate holder shall complete all sections of the Progress Report form.
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
 - d. The first progress report shall be due on September 1, 2023.
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.
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 April 18, 2023.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Financing Obtained	01/01/2024
2	Drawings Completed	01/01/2024
3	Land Acquired	07/01/2023
4	Construction / Renovation Contract(s) Executed	01/01/2024
5	25% of Construction / Renovation Completed (25% of the cost is in place)	06/01/2024
6	50% of Construction / Renovation Completed	11/01/2024
7	75% of Construction / Renovation Completed	04/01/2025
8	Construction / Renovation Completed	09/01/2025
9	Equipment Ordered	08/01/2025
10	Equipment Installed	10/01/2025
11	Equipment Operational	11/01/2025
12	Licensure Obtained	12/01/2025
13	Services Offered	12/01/2025
14	Medicare and / or Medicare Certification Obtained	01/01/2026
15	First Annual Report Due*	03/01/2027

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: Q-12286-22

FID #: 220733

ISSUED TO: Orthopaedics East and Sports Medicine Center, Inc.
Orthopaedics East Properties, 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 fixed MRI scanner pursuant to the 2022 SMFP need determination/ Pitt County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Orthopaedics East and Sports Medicine Center
810 WH Smith Boulevard
Greenville, NC 27834

CAPITAL EXPENDITURE: \$2,313,519

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 1, 2023

This certificate is effective as of April 29, 2023



Micheala Mitchell, Chief

CONDITIONS:

1. Orthopaedics East and Sports Medicine Center, Inc. (hereinafter certificate holders) shall materially comply with all representations made in the certificate of need application.
2. The certificate holders shall acquire no more than one fixed MRI scanner to be located at Orthopaedics East and Sports Medicine Center.
3. Upon completion of the project, Orthopaedics East and Sports Medicine Center shall be licensed for no more than one fixed MRI scanner.
4. Progress Reports:
 - a. Pursuant to G.S. 131E-189(a), the certificate holders 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 holders shall complete all sections of the Progress Report form.
 - c. The certificate holders shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
 - d. The first progress report shall be due on August 1, 2023.
5. The certificate holders 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. 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.
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 holders shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.
8. The certificate holders shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on April 19, 2023.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Financing Obtained	05/15/2023
2	Drawings Completed	06/15/2023
3	Construction / Renovation Contract(s) Executed	08/01/2023
4	25% of Construction / Renovation Completed (25% of the cost is in place)	09/01/2023
5	50% of Construction / Renovation Completed	10/01/2023
6	75% of Construction / Renovation Completed	11/01/2023
7	Construction / Renovation Completed	12/01/2023
8	Equipment Ordered	06/01/2023
9	Equipment Installed	12/05/2023
10	Equipment Operational	12/15/2023
11	Building / Space Occupied	12/01/2023
12	Services Offered	01/01/2024
13	Facility or Service Accredited	10/01/2024
14	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 #: Q-12297-22

FID #: 960406

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: Relocate the entire facility and add no more than six dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 47 stations upon project completion/ Pitt County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: FMC Dialysis Services East Carolina University
1099 W H Smith Blvd
Granville, NC 27836

CAPITAL EXPENDITURE: \$4,058,238

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 1, 2023

This certificate is effective as of April 4, 2023



Micheala Mitchell, Chief

CONDITIONS:

1. **Bio-Medical Facilities 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 6 additional in-center (and home hemodialysis) dialysis stations for a total of no more than 47 in-center (and home hemodialysis) dialysis stations at FMC East Carolina upon completion of this project.**
3. **The certificate holder shall install plumbing and electrical wiring through the walls for no more than 6 additional in-center dialysis stations.**
4. **Progress Reports:**
 - a. **Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.**
 - b. **The certificate holder shall complete all sections of the Progress Report form.**
 - c. **The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.**
 - d. **The first progress report shall be due on August 1, 2023.**
5. **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 March 6, 2023.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Financing Obtained	11/15/22
2	Drawings Completed	8/18/23
3	Land Acquired	11/16/23
4	Construction / Renovation Contract(s) Executed	1/30/24
5	25% of Construction / Renovation Completed (25% of the cost is in place)	4/29/24
6	50% of Construction / Renovation Completed	9/26/24
7	75% of Construction / Renovation Completed	12/25/24
8	Construction / Renovation Completed	3/25/25
9	Equipment Ordered	4/24/25
10	Equipment Installed	6/8/25
11	Equipment Operational	6/15/25
12	Building / Space Occupied	6/15/25
14	Services Offered	12/31/24
15	Medicare and / or Medicaid Certification Obtained	12/31/24

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-12258-22

FID #: 953429

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: Add no more than 18 acute care beds pursuant to the need determination in the 2022 SMFP for a total of no more than 457 acute care beds at UNC REX Hospital upon project completion/ Wake County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: UNC REX Hospital
4420 Lake Boone Trail
Raleigh, NC 27607

CAPITAL EXPENDITURE: \$8,225,006

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 1, 2023

This certificate is effective as of April 28, 2023



Micheala Mitchell, Chief

CONDITIONS:

1. Rex Hospital, 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 18 acute care beds at UNC REX Hospital pursuant to the need determination in the 2022 SMFP.
3. Upon completion of this project, UNC REX Hospital shall be licensed for no more than 507 acute care beds (457 acute care beds at UNC REX Hospital and 50 acute care beds at UNC REX Holly Springs Hospital).
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 October 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. 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.
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 April 28, 2023.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
2	Drawings Completed	7/3/2023
4	Construction / Renovation Contract(s) Executed	9/11/2023
5	25% of Construction / Renovation Completed (25% of the cost is in place)	2/26/2024
6	50% of Construction / Renovation Completed	7/22/2024
7	75% of Construction / Renovation Completed	12/23/2024
8	Construction / Renovation Completed	5/19/2025
11	Equipment Operational	6/1/2025
12	Building / Space Occupied	6/15/2025
14	Services Offered	7/1/2025