

**Certificate of Need  
Certificates Issued  
February 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
Chatham	J-012246-22	Chatham County Rehabilitation Center	130367	Nursing home	Change of Scope and Cost Overrun for Project ID # J-11656-19 (Relocate no more than 6 ACH beds from Liberty Commons Nursing and Rehab Center of Halifax County and no more than 30 ACH beds from Cross Creek Healthcare of Hyde County for a total of no more than 105 NF beds and 36 ACH beds upon project completion)	9/1/2022	1/27/2023	2/27/2023	Conditional Approval	Tanya Saporito	Gloria Hale	\$14,705,287	7/1/2023
Durham	J-012155-21	Duke University Hospital	943138	Hospital	Acquire no more than one fixed MRI scanner pursuant to Policy AC-3	N/A	N/A	2/10/2023	Other - Settlement	Greg Yakaboski	Lisa Pittman	\$0	4/1/2023
Gaston	F-012299-22	Fresenius Medical Care Belmont	050039	Dialysis facility	Add no more than 9 dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 28 dialysis stations upon project completion	12/1/2022	1/27/2023	2/28/2023	Conditional Approval	Cynthia Bradford	Mike McKillip	\$1,855,608	7/1/2023
Iredell	F-012267-22	Iredell Memorial Hospital, Incorporated	933284	Hospital	Develop a new facility with 4 stations pursuant to Policy ESRD-3	10/1/2022	1/27/2023	2/27/2023	Conditional Approval	Donna Donihi	Micheala Mitchell	\$150,000	6/1/2023
Iredell	F-012283-22	Lake Norman Radiation Oncology-Mooresville	220729	Linear accelerator	Replace linear accelerator	11/1/2022	1/25/2023	2/25/2023	Conditional Approval	Ena Lightbourne	Gloria Hale	\$2,926,843	6/1/2023
Mecklenburg	F-012257-22	Atrium Health Pineville	110878	Hospital	Acquire no more than one additional linear accelerator pursuant to the need determination in the 2022 SMFP for a total of no more than two linear accelerators	9/1/2022	1/26/2023	2/28/2023	Conditional Approval	Julie Faenza	Micheala Mictchell	\$11,854,000	7/1/2023
Mecklenburg	F-012278-22	Fresenius Kidney Care Regal Oaks	150024	Dialysis facility	Cost overrun for Project ID# F-12162-21 (add 2 dialysis stations for a total of 21 stations upon completion of this project and Project ID #F-12136-21)	11/1/2022	1/20/2023	2/21/2023	Conditional Approval	Greg Yakaboski	Mike McKillip	\$1,148,730	7/1/2023
Mecklenburg	F-012279-22	Atrium Health Ballantyne Emergency Department	220728	Hospital	Cost overrun for Project ID #F-12088-21 (develop a satellite ED)	11/1/2022	1/18/2023	2/18/2023	Conditional Approval	Greg Yakaboski	Mike McKillip	\$7,335,406	7/1/2023
Mecklenburg	F-012303-22	Brookshire Dialysis	150477	Dialysis facility	Add no more than 9 dialysis stations pursuant to Condition 1 of the facility need methodology for a total of no more than 20 stations upon project completion	12/1/2022	1/27/2023	2/28/2023	Conditional Approval	Cynthia Bradford	Mike McKillip	\$158,940	7/1/2023
Orange	J-012141-21	Raleigh Radiology Chapel Hill	210264	Diagnostic center	Acquire and add a fixed MRI scanner to the approved, under development, Raleigh Radiology Chapel Hill diagnostic center (Project ID # J-12062-21), which is a change of scope, by acquiring one fixed MRI scanner pursuant to the need determination in the 2021 SMFP	11/1/2021	3/30/2022	2/10/2023	Conditional Approval	Greg Yakaboski	Lisa Pittman	\$3,739,903	4/1/2023
Orange	J-012145-21	UNC Health Imaging Center	210831	Diagnostic center	Develop a new diagnostic center by acquiring no more than one fixed MRI scanner pursuant to the need determination in the 2021 SMFP	11/1/2021	3/30/2022	2/10/2023	Denied - Settlement	Greg Yakaboski	Lisa Pittman	\$6,173,962	4/1/2023
Orange	J-012155-21	Duke Coley Hall Imaging	200897	Diagnostic center	Acquire no more than one fixed MRI scanner pursuant to Policy AC-3	11/1/2021	3/30/2022	2/10/2023	Denied - Settlement	Greg Yakaboski	Lisa Pittman	\$0	4/1/2023

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Orange	J-012340-21	University of North Carolina Medical Center	923517	Hospital	Acquire no more than one fixed MRI scanner pursuant to Policy AC-3	N/A	N/A	2/10/2023	Other - Settlement	Greg Yakaboski	Lisa Pittman	\$4,242,400	4/1/2023
Pender	O-012276-22	Valleygate Dental Surgery Center Coast	220727	Ambulatory surgical facility	Develop a new ASC by relocating no more than one OR from Valleygate Dental Surgery Center of Fayetteville with one procedure room	11/1/2022	1/27/2023	2/28/2023	Conditional Approval	Ena Lightbourne	Micheala Mitchell	\$2,779,962	9/1/2023
Wake	J-012250-22	Wake Endoscopy Center- Holly Springs	220577	Ambulatory surgical facility	Develop a new ASF with no more than two GI endoscopy rooms	9/1/2022	1/27/2023	2/28/2023	Conditional Approval	Tanya Saporito	Micheala Mitchell	\$2,212,614	7/1/2023
Wake	J-012291-22	WakeMed	943528	Hospital	Cost overrun for Project ID# J-010165-13 (reconvert 21 NF beds at WakeMed Fuquay-Varina to acute care beds)	11/1/2022	1/27/2023	2/27/2023	Conditional Approval	Donna Donihi	Mike McKillip	\$4,263,985	7/1/2023
Wake	J-012292-22	WakeMed North Hospital	990974	Hospital	Cost overrun for Project ID# J-010166-13 (reconvert 3 NF beds at WakeMed Fuquay-Varina and 13 NF beds from WakeMed Zebulon-Wendell to acute care beds)	11/1/2022	1/27/2023	2/27/2023	Conditional Approval	Donna Donihi	Mike McKillip	\$2,985,666	7/1/2023
Wake	J-012265-22	WakeMed Behavioral Health Center	220582	Mental health hospital	Develop a psychiatric hospital by relocating no more than 50 psychiatric inpatient beds from Broughton Hospital pursuant to Policy PSY-1 and developing no more than 100 additional psychiatric inpatient beds for a total of no more than 150 psychiatric inpatient beds upon project completion	9/1/2022	1/18/2023	2/18/2023	Conditional Approval	Tanya Saporito	Mike McKillip	\$137,487,790	7/1/2023
Total			18										

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: J-12246-22

FID #: 130367

**ISSUED TO:** Liberty Healthcare Properties of Chatham County, LLC  
Liberty Commons Nursing and Rehabilitation Center of Chatham  
County, 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:** Change of Scope and Cost Overrun for Project ID # J-11656-19 (Relocate no more than 6 ACH beds from Liberty Commons Nursing and Rehab Center of Halifax County and no more than 30 ACH beds from Cross Creek Healthcare of Hyde County for a total of no more than 105 NF beds and 36 ACH beds upon project completion) / Chatham County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Chatham County Rehabilitation Center  
985-995 US Hwy 15 501 N  
Farrington, NC 27312

**CAPITAL EXPENDITURE:** \$14,705,287

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of February 27, 2023



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Micheala Mitchell, Chief

## **CONDITIONS:**

- 1. Liberty Healthcare Properties of Chatham County, LLC, and Liberty Commons Nursing and Rehabilitation Center of Chatham County, LLC (hereinafter certificate holder) shall materially comply with the representations in this application and the representations in Project ID# J-11656-19. 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 30 adult care home beds from Cross Creek Health Center in Hyde County and no more than six adult care home beds from Liberty Commons Nursing and Rehabilitation Center of Halifax in Halifax County to Chatham County Rehabilitation Center in Chatham County upon completion of this project, Project I.D. # J-10168-13, Project I.D. # J-11378-17 and Project ID #J-11656-19**
- 3. Upon completion of this project and Project ID# J-11656-19, Chatham County Rehabilitation Center shall be licensed for no more than 105 nursing facility beds and 36 adult care home beds.**
- 4. 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.**
- 5. The certificate holder shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.**
- 6. The certificate holder shall certify at least 33% 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 #J-11656-19.**
- 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 July 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 January 27, 2023.**

**Timetable**

<b>Milestone</b>		<b>Date</b> <i>mm/dd/yyyy</i>
<b>1</b>	<b>25% of Construction / Renovation Completed (25% of the cost is in place)</b>	<b>03/01/2023</b>
<b>2</b>	<b>50% of Construction / Renovation Completed</b>	<b>08/01/2023</b>
<b>3</b>	<b>75% of Construction / Renovation Completed</b>	<b>01/01/2024</b>
<b>4</b>	<b>Construction / Renovation Completed</b>	<b>07/01/2024</b>
<b>5</b>	<b>Building / Space Occupied</b>	<b>10/01/2024</b>
<b>6</b>	<b>Licensure Obtained</b>	<b>10/01/2024</b>
<b>7</b>	<b>Services Offered</b>	<b>10/01/2024</b>
<b>8</b>	<b>First Annual Report Due* (only for non-ESRD decisions)</b>	<b>01/02/2025</b>

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Corrected Certificate of Need

for

Project ID #: J-12155-21

FID #: 943138

**ISSUED TO:** Duke University Health System, Inc.

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

**SCOPE:** Acquire no more than one fixed MRI scanner pursuant to Policy AC-3/  
Durham County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Duke University Hospital  
2301 Erwin Road  
Durham, NC 27710

**CAPITAL EXPENDITURE:** \$0

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of February 10, 2023  
Corrected certificate issued on February 28, 2023  
Reissued Certificate on March 1, 2023



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Micheala Mitchell, Chief

## **CONDITIONS:**

- 1. Duke University Health System, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. The certificate holder shall acquire no more than one fixed MRI scanner pursuant to Policy AC-3.**
- 3. Upon completion of this project, Duke University Hospital shall be licensed for no more than ten fixed MRI scanners that are included in the planning inventory (9 on the main campus of Duke University Hospital and 1 located at the Duke University Hospital Clinic at Southpoint).**
- 4. 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.**
- 5. The certificate holder shall report the Policy AC-3 fixed MRI scanner on the appropriate annual license renewal application for the asset. The information to be reported for the fixed MRI simulator 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.**
- 6. If the Policy AC-3 fixed MRI scanner ceases to be used for clinical teaching or research, the certificate holder shall surrender the certificate of need.**
- 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 April 1, 2023.**
- 8. 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.**
- 9. No later than three months after the last day of each of the first three full fiscal years of operation following initiation of the services authorized by this certificate of need, the certificate holder shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:**

(J-12155-21 Con't)

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

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

**Timetable**

	<b>Milestone</b>	<b>Date</b> <i>mm/dd/yyyy</i>
<b>2</b>	<b>Drawings Completed</b>	<b>6/30/2023</b>
<b>8</b>	<b>Construction / Renovation Completed</b>	<b>12/1/2023</b>
<b>9</b>	<b>Equipment Ordered</b>	<b>6/1/2023</b>
<b>10</b>	<b>Equipment Installed</b>	<b>12/1/2023</b>
<b>11</b>	<b>Equipment Operational</b>	<b>1/1/2024</b>
<b>14</b>	<b>Services Offered</b>	<b>1/1/2024</b>
<b>17</b>	<b>First Annual Report Due* (only for non-ESRD decisions)</b>	<b>10/1/2025</b>



# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: F-12299-22

FID #: 050039

**ISSUED TO:** Bio-Medical Facilities 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 9 dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 28 dialysis stations upon project completion / Gaston County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Fresenius Medical Care Belmont  
5010 Medical Care Court  
Belmont, NC 28012

**CAPITAL EXPENDITURE:** \$ 1,855,608

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of February 28, 2023



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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 9 additional in-center (and home hemodialysis) dialysis stations for a total of no more than 28 in-center (and home hemodialysis) dialysis stations at FMC Belmont upon completion of this project.
3. Progress Reports:
  - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
  - b. The certificate holder shall complete all sections of the Progress Report form.
  - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
  - d. The first progress report shall be due on July 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 of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on January 27, 2023.

**Timetable**

	<b>Milestone</b>	<b>Date</b> <i>mm/dd/yyyy</i>
1	<b>Financing Obtained</b>	11/15/22
2	<b>Drawings Completed</b>	9/2/23
3	<b>Land Acquired</b>	NA
4	<b>Construction / Renovation Contract(s) Executed</b>	12/1/23
5	<b>25% of Construction / Renovation Completed (25% of the cost is in place)</b>	2/29/24
6	<b>50% of Construction / Renovation Completed</b>	5/29/24
7	<b>75% of Construction / Renovation Completed</b>	8/27/24
8	<b>Construction / Renovation Completed</b>	11/25/24
9	<b>Equipment Ordered</b>	9/26/24
10	<b>Equipment Installed</b>	11/25/24
11	<b>Equipment Operational</b>	12/16/24
12	<b>Building / Space Occupied</b>	12/16/24
13	<b>Licensure Obtained</b>	NA
14	<b>Services Offered</b>	12/31/2024
15	<b>Medicare and / or Medicaid Certification Obtained</b>	12/31/24
16	<b>Facility or Service Accredited</b>	12/31/24
17	<b>First Annual Report Due* (only for non-ESRD decisions)</b>	NA

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Corrected Certificate of Need

for

Project ID #: F-12267-22

FID #: 933284

**ISSUED TO:** Iredell Memorial Hospital, Incorporated

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 hospital-based outpatient dialysis center with no more than 4 stations pursuant to Policy 3 ESRD Iredell County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Iredell Memorial Hospital  
557 Brookdale Drive  
Statesville, NC 28677

**CAPITAL EXPENDITURE:** \$150,000

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of February 27, 2023  
Corrected certificate issued on March 6, 2023



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Micheala Mitchell, Chief

**CONDITIONS:**

1. Iredell Memorial Hospital and Iredell memorial hospital, Inc. shall materially comply with all representations made in the certificate of need application.
2. Iredell Memorial Hospital and Iredell Memorial Hospital, Inc. shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section F of the application and that would otherwise require a certificate of need.
3. Iredell Memorial Hospital and Iredell Memorial Hospital, Inc. 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.
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 06/1/2023
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 February 28, 2023.

**Timetable**

Milestone		Date mm/dd/yyyy
1	Financing Obtained	09/15/2022
2	Licensure Obtained	01/01/2022
3	<b>Services Offered</b>	01/01/2022
4	Facility or Service Accredited	04/01/2022
5	Progress Report Due	06/01/2023

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: F-12283-22

FID #: 220729

**ISSUED TO:** Radiation Oncology Centers of the Carolinas, 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:** Replace linear accelerator/ Iredell County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Lake Norman Radiology Oncology-Mooresville  
170 Medical Park Road  
Mooresville, NC 28117

**CAPITAL EXPENDITURE:** \$2,926,843

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of February 25, 2023



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Micheala Mitchell, Chief

## **CONDITIONS:**

1. Radiation Oncology Centers of the Carolinas, LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall acquire a replacement linear accelerator at Lake Norman Radiology Oncology – Mooresville.
3. Upon completion of the project, Lake Norman Radiology Oncology – Mooresville shall be licensed for no more than one linear accelerator.
4. Progress Reports:
  - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
  - b. The certificate holder shall complete all sections of the Progress Report form.
  - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
  - d. The first progress report shall be due on June 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 February 8, 2023.**

## Timetable

	<b>Milestone</b>	<b>Date</b> <i>mm/dd/yyyy</i>
4	Construction / Renovation Contract(s) Executed	03/01/2023
5	25% of Construction / Renovation Completed (25% of the cost is in place)	04/01/2023
6	50% of Construction / Renovation Completed	04/15/2023
7	75% of Construction / Renovation Completed	05/01/2023
8	Construction / Renovation Completed	05/15/2023
9	Equipment Ordered	05/15/2023
10	Equipment Installed	06/01/2023
11	Equipment Operational	06/15/2023
<b>14</b>	<b>Services Offered</b>	07/01/2023
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-12257-22

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:** Acquire no more than one additional linear accelerator pursuant to the need determination in the 2022 SMFP for a total of no more than two linear accelerators/ Mecklenburg County

**CONDITIONS:** See Reverse Side

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

**CAPITAL EXPENDITURE:** \$11,854,000

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of February 28, 2023



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Micheala Mitchell, Chief



## **CONDITIONS:**

1. The Charlotte-Mecklenburg Hospital Authority (herein after “the certificate holder”) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall acquire no more than one fixed linear accelerator, pursuant to the need determination in the 2022 SMFP, to be located in the Pineville Medical Plaza II building on the campus of Atrium Health Pineville, for a total of no more than two fixed linear accelerators.
3. The certificate holder shall not acquire as part of this project any equipment that is not included in the project’s proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.
4. 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 July 1, 2023.
6. No later than three months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, the certificate holder shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
  - a. Payor mix for the services authorized in this certificate of need.
  - b. Utilization of the services authorized in this certificate of need.
  - c. Revenues and operating costs for the services authorized in this certificate of need.
  - d. Average gross revenue per unit of service.
  - e. Average net revenue per unit of service.
  - f. Average operating cost per unit of service.
7. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on January 31, 2023.

## Timetable

	Milestone	Date
1	Drawings Completed	9/1/2023
2	Construction / Renovation Contract(s) Executed	10/16/2023
3	25% of Construction / Renovation Completed (25% of the cost is in place)	12/29/2023
4	50% of Construction / Renovation Completed	3/4/2024
5	75% of Construction / Renovation Completed	5/13/2024
6	Construction / Renovation Completed	8/5/2024
7	Equipment Ordered	7/1/2023
8	Equipment Installed	7/1/2024
9	Equipment Operational	8/15/2024
10	Building / Space Occupied	9/16/2024
11	Services Offered (required)	10/1/2024
12	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-12278-22

FID #: 150024

**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:** Cost overrun for Project ID# F-12162-21 (add 2 dialysis stations for a total of 21 stations upon completion of this project and Project ID #F-12136-21) / Mecklenburg County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Fresenius Kidney Care Regal Oaks  
6646 Regal Oaks Drive  
Charlotte, NC 28212

**CAPITAL EXPENDITURE:** \$1,148,730

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of February 21, 2023



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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 2021 SMFP, the certificate holder shall develop no more than 2 additional in-center dialysis stations for a total of no more than 21 in-center (and home hemodialysis) stations at Fresenius Kidney Care Regal Oaks upon completion of this project and Project ID #F-12136-21 (relocate home therapies program and 2 stations).
3. The approved combined capital expenditure for both Project ID# F-12162-21 and this project is 2,281,258, an increase of \$1,148,730 over the capital expenditure of \$1,132,526 previously approved in Project ID #F-12162-21.
4. Progress Reports:
  - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
  - b. The certificate holder shall complete all sections of the Progress Report form.
  - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
  - d. The first progress report shall be due on July 1, 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 January 20, 2023.

**Timetable**

	<b>Milestone</b>	<b>Date</b> <i>mm/dd/yyyy</i>
2	<b>Drawings Completed</b>	<b>8/18/2023</b>
4	<b>Construction / Renovation Contract(s) Executed</b>	<b>12/1/2023</b>
5	<b>25% of Construction / Renovation Completed (25% of the cost is in place)</b>	<b>2/29/2024</b>
6	<b>50% of Construction / Renovation Completed</b>	<b>5/14/2024</b>
7	<b>75% of Construction / Renovation Completed</b>	<b>7/28/2024</b>
8	<b>Construction / Renovation Completed</b>	<b>9/26/2024</b>
9	<b>Equipment Ordered</b>	<b>9/17/2024</b>
10	<b>Equipment Installed</b>	<b>11/5/2024</b>
11	<b>Equipment Operational</b>	<b>11/26/2024</b>
14	<b>Services Offered</b>	<b>12/31/2024</b>
15	<b>Medicare and / or Medicaid Certification Obtained</b>	<b>12/31/2024</b>

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: F-12279-22

FID #: 220728

**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:** Cost overrun for Project ID #F-12088-21 (develop a satellite ED) /  
Mecklenburg County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Atrium Health Ballantyne Emergency Department  
16035 Johnston Road  
Charlotte, NC 28277

**CAPITAL EXPENDITURE:** \$7,335,406

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of February 18, 2023



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Micheala Mitchell, Chief

## **CONDITIONS:**

- 1. The Charlotte-Mecklenburg Hospital Authority (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. The certificate holder shall develop a satellite emergency department, including 24/7 emergency services, a replacement CT scanner, ultrasound equipment, x-ray equipment, laboratory services, and pharmacy services, licensed under Atrium Health Pineville.**
- 3. The total combined capital expenditure for this project and Project ID# F-12088-21 is \$24,007,778, an increase of \$7,335,406 over the capital cost of \$16,672,372 previously approved in Project I.D. #F-12088-21.**
- 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 July 1, 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 February 14, 2023.

#### Timetable

	<b>Milestone</b>	<b>Date</b> <i>mm/dd/yyyy</i>
2	Drawings Completed	5/6/2023
4	Construction / Renovation Contract(s) Executed	5/15/2023
5	25% of Construction / Renovation Completed (25% of the cost is in place)	8/1/2023
6	50% of Construction / Renovation Completed	9/15/2023
7	75% of Construction / Renovation Completed	11/1/2023
8	Construction / Renovation Completed	12/15/2023
9	Equipment Ordered	7/15/2023
10	Equipment Installed	11/1/2023
11	Equipment Operational	12/1/2023
12	Building / Space Occupied	1/1/2024
13	Licensure Obtained	1/1/2024
<b>14</b>	<b>Services Offered</b>	1/1/2024
15	Medicare and / or Medicaid Certification Obtained	1/1/2024
16	Facility or Service Accredited	1/1/2024
17	First Annual Report Due* (only for non-ESRD decisions)	3/31/2027

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: F-12303-22

FID #: 150477

**ISSUED TO:** DVA Healthcare Renal Care Inc.

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

**SCOPE:** Add no more than 9 dialysis stations pursuant to Condition 1 of the facility need methodology for a total of no more than 20 stations upon project completion / Mecklenburg County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Brookshire Dialysis  
5601 Tuckaseegee Road  
Charlotte, NC 28208

**CAPITAL EXPENDITURE:** \$158,940

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of February 28, 2023



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Micheala Mitchell, Chief



**CONDITIONS:**

1. DVA Healthcare Renal Care Inc., (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. Pursuant to Condition 1 of the facility need determination in the 2022 SMFP, the certificate holder shall develop no more than 9 additional in-center (and home hemodialysis) dialysis stations for a total of no more than 20 in-center (and home hemodialysis) dialysis stations at Brookshire Dialysis upon project completion.
3. Progress Reports:
  - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
  - b. The certificate holder shall complete all sections of the Progress Report form.
  - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
  - d. The first progress report shall be due on July 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 of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on February 1, 2023.**

**Timetable**

	<b>Milestone</b>	<b>Date</b> <i>mm/dd/yyyy</i>
<b>1</b>	<b>Medicare and / or Medicaid Certification Obtained</b>	<b>1/1/25</b>
<b>2</b>	<b>Facility or Service Accredited</b>	<b>1/1/25</b>

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: J-12141-21

FID #: 210264

**ISSUED TO:** RR WM Imaging Chapel Hill, LLC

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

**SCOPE:** Acquire and add a fixed MRI scanner to the approved, under development, Raleigh Radiology Chapel Hill diagnostic center (Project ID # J-12062-21), which is a change of scope, by acquiring one fixed MRI scanner pursuant to the need determination in the 2021 SMFP / Orange County

**CONDITIONS:** See Reverse Side

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

**CAPITAL EXPENDITURE:** \$3,739,903

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of February 10, 2023



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Micheala Mitchell, Chief

**CONDITIONS:**

1. **RR WM Imaging Chapel Hill, LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
2. **The certificate holder shall add a fixed MRI scanner to the approved, under development, Raleigh Radiology Chapel Hill diagnostic center (Project ID#J-12062-21), which is change of scope, by acquiring one fixed MRI scanner pursuant to the need determination in the 2021 SMFP.**
3. **Upon completion of this project, the certificate holder shall be approved for no more than one fixed MRI scanner.**
4. **Progress Reports:**
  - a. **Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at:  
<https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.**
  - b. **The certificate holder shall complete all sections of the Progress Report form.**
  - c. **The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.**
  - d. **The first progress report shall be due on April 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.**

## Timetable

	<b>Milestone</b>	<b>Date</b> <i>mm/dd/yyyy</i>
<b>1</b>	<b>Financing Obtained</b>	<b>1/13/2023</b>
<b>2</b>	<b>Drawings Completed</b>	<b>4/13/2023</b>
<b>4</b>	<b>Construction / Renovation Contract(s) Executed</b>	<b>7/12/2023</b>
<b>5</b>	<b>25% of Construction / Renovation Completed (25% of the cost is in place)</b>	<b>8/26/2023</b>
<b>6</b>	<b>50% of Construction / Renovation Completed</b>	<b>10/10/2023</b>
<b>7</b>	<b>75% of Construction / Renovation Completed</b>	<b>11/24/2023</b>
<b>8</b>	<b>Construction / Renovation Completed</b>	<b>1/8/2024</b>
<b>9</b>	<b>Equipment Ordered</b>	<b>8/26/2023</b>
<b>10</b>	<b>Equipment Installed</b>	<b>11/29/2023</b>
<b>11</b>	<b>Equipment Operational</b>	<b>12/23/2023</b>
<b>12</b>	<b>Building / Space Occupied</b>	<b>1/15/2024</b>
<b>14</b>	<b>Services Offered</b>	<b>3/3/2024</b>
<b>15</b>	<b>Medicare and / or Medicaid Certification Obtained</b>	<b>3/3/2024</b>
<b>16</b>	<b>Facility or Service Accredited</b>	<b>3/3/2024</b>
<b>17</b>	<b>First Annual Report Due* (only for non-ESRD decisions)</b>	<b>4/1/2026</b>

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: J-12145-21

FID #: 210831

**ISSUED TO:** NC Imaging Centers, LLC

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

**SCOPE:** Develop a new diagnostic center by replacing and relocating an existing fixed MRI scanner from UNC Hospitals main campus in Chapel Hill / Orange County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** UNC Health Imaging Center  
106 Carraway Crossing Drive  
Chapel Hill, NC 27516

**CAPITAL EXPENDITURE:** \$6,173,962

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of February 10, 2023



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Micheala Mitchell, Chief

**CONDITIONS:**

1. **NC Imaging Centers, LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
2. **The certificate holder shall develop a new diagnostic center by replacing and relocating an existing fixed MRI scanner from the UNC Hospitals main campus in Chapel Hill, Orange County, North Carolina, to UNC Health Imaging Center, the proposed site in the certificate of need application.**
3. **Upon completion of this project the certificate holder shall be approved for no more than one fixed MRI scanner.**
4. **Progress Reports:**
  - a. **Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at:  
<https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.**
  - b. **The certificate holder shall complete all sections of the Progress Report form.**
  - c. **The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.**
  - d. **The first progress report shall be due on April 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.**

## Timetable

<b>Milestone</b>		<b>Date</b> <i>mm/dd/yyyy</i>
<b>2</b>	<b>Drawings Completed</b>	<b>1/2/2023</b>
<b>4</b>	<b>Construction / Renovation Contract(s) Executed</b>	<b>7/1/2023</b>
<b>5</b>	<b>25% of Construction / Renovation Completed (25% of the cost is in place)</b>	<b>10/20/2023</b>
<b>6</b>	<b>50% of Construction / Renovation Completed</b>	<b>1/15/2024</b>
<b>7</b>	<b>75% of Construction / Renovation Completed</b>	<b>3/15/2024</b>
<b>8</b>	<b>Construction / Renovation Completed</b>	<b>6/1/2024</b>
<b>9</b>	<b>Equipment Ordered</b>	<b>10/20/2023</b>
<b>10</b>	<b>Equipment Installed</b>	<b>3/1/2024</b>
<b>11</b>	<b>Equipment Operational</b>	<b>3/15/2024</b>
<b>12</b>	<b>Building / Space Occupied</b>	<b>6/15/2024</b>
<b>14</b>	<b>Services Offered</b>	<b>7/1/2024</b>
<b>15</b>	<b>Medicare and / or Medicaid Certification Obtained</b>	<b>7/1/2024</b>
<b>16</b>	<b>Facility or Service Accredited</b>	<b>10/1/2024</b>
<b>17</b>	<b>First Annual Report Due* (only for non-ESRD decisions)</b>	<b>9/30/2025</b>

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Corrected Certificate of Need

for

Project ID #: J-12155-21

FID #: 943138

**ISSUED TO:** Duke University Health System, Inc.

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

**SCOPE:** Acquire no more than one fixed MRI scanner pursuant to Policy AC-3/  
Orange County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Duke University Hospital  
2301 Erwin Road  
Durham, NC 27710

**CAPITAL EXPENDITURE:** \$0

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of February 10, 2023  
Corrected certificate issued on February 28, 2023



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Micheala Mitchell, Chief



## **CONDITIONS:**

- 1. Duke University Health System, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. The certificate holder shall acquire no more than one fixed MRI scanner pursuant to Policy AC-3.**
- 3. Upon completion of this project, Duke University Hospital shall be licensed for no more than ten fixed MRI scanners that are included in the planning inventory (9 on the main campus of Duke University Hospital and 1 located at the Duke University Hospital Clinic at Southpoint).**
- 4. 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.**
- 5. The certificate holder shall report the Policy AC-3 fixed MRI scanner on the appropriate annual license renewal application for the asset. The information to be reported for the fixed MRI simulator 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.**
- 6. If the Policy AC-3 fixed MRI scanner ceases to be used for clinical teaching or research, the certificate holder shall surrender the certificate of need.**
- 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 April 1, 2023.**
- 8. 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.**
- 9. No later than three months after the last day of each of the first three full fiscal years of operation following initiation of the services authorized by this certificate of need, the certificate holder shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:**

(J-12155-21 Con't)

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

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

**Timetable**

	<b>Milestone</b>	<b>Date</b> <i>mm/dd/yyyy</i>
<b>2</b>	<b>Drawings Completed</b>	<b>6/30/2023</b>
<b>8</b>	<b>Construction / Renovation Completed</b>	<b>12/1/2023</b>
<b>9</b>	<b>Equipment Ordered</b>	<b>6/1/2023</b>
<b>10</b>	<b>Equipment Installed</b>	<b>12/1/2023</b>
<b>11</b>	<b>Equipment Operational</b>	<b>1/1/2024</b>
<b>14</b>	<b>Services Offered</b>	<b>1/1/2024</b>
<b>17</b>	<b>First Annual Report Due* (only for non-ESRD decisions)</b>	<b>10/1/2025</b>

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Corrected Certificate of Need

for

Project ID #: J-12340-21

FID #: 923517

**ISSUED TO:** University of North Carolina Hospitals at Chapel Hill

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

**SCOPE:** Acquire no more than one fixed MRI scanner pursuant to Policy AC-3/  
Orange County

**CONDITIONS:** See Reverse Side

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

**CAPITAL EXPENDITURE:** \$4,242,400

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of February 10, 2023  
Corrected certificate issued on April 5, 2023



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Micheala Mitchell, Chief

## **CONDITIONS:**

- 1. University of North Carolina Hospitals at Chapel Hill (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. The certificate holder shall acquire no more than one fixed MRI scanner pursuant to Policy AC-3.**
- 3. Upon completion of this project, University of North Carolina Hospitals at Chapel Hill shall be licensed for no more than six fixed MRI scanners at UNC Medical Center (University of North Carolina Hospitals at Chapel Hill's Main Campus) due to the relocation of one fixed MRI scanner to NC Imaging Centers, LLC and the addition of this one Policy AC-3 MRI scanner.**
- 4. 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.**
- 5. The certificate holder shall report the Policy AC-3 fixed MRI scanner on the appropriate annual license renewal application for the asset. The information to be reported for the fixed MRI simulator 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.**
- 6. If the Policy AC-3 fixed MRI scanner ceases to be used for clinical teaching or research, the certificate holder shall surrender the certificate of need.**
- 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 April 1, 2023.**
- 8. 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.**
- 9. No later than three months after the last day of each of the first three full fiscal years of operation following initiation of the services authorized by this certificate of**

need, the certificate holder shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:

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

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

**Timetable**

	<b>Milestone</b>	<b>Date</b> <i>mm/dd/yyyy</i>
2	<b>Drawings Completed</b>	<b>1/2/2023</b>
4	<b>Construction / Renovation Contract(s) Executed</b>	<b>7/1/2023</b>
5	<b>25% of Construction / Renovation Completed (25% of the cost is in place)</b>	<b>10/20/2023</b>
6	<b>50% of Construction / Renovation Completed</b>	<b>1/15/2024</b>
7	<b>75% of Construction / Renovation Completed</b>	<b>3/15/2024</b>
8	<b>Construction / Renovation Completed</b>	<b>6/1/2024</b>
9	<b>Equipment Ordered</b>	<b>10/20/2023</b>
10	<b>Equipment Installed</b>	<b>3/1/2024</b>
11	<b>Equipment Operational</b>	<b>3/15/2024</b>
12	<b>Building / Space Occupied</b>	<b>6/15/2024</b>
14	<b>Services Offered</b>	<b>7/1/2024</b>
15	<b>Medicare and / or Medicaid Certification Obtained</b>	<b>7/1/2024</b>
16	<b>Facility or Service Accredited</b>	<b>10/1/2024</b>
17	<b>First Annual Report Due* (only for non-ESRD decisions)</b>	<b>9/30/2025</b>

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: O-12276-22

FID #: 220727

**ISSUED TO:** Valleygate Dental Surgery Center of Fayetteville, 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 ASC by relocating no more than one OR from Valleygate Dental Surgery Center of Fayetteville with one procedure room/ Pender County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Valleygate Dental Surgery Center Coast  
East NC HWY 210  
Wilkes Road and Alston Blvd of Hwy 21  
Surf City, NC 28445

**CAPITAL EXPENDITURE:** \$2,779,962

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of February 28, 2023



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Micheala Mitchell, Chief

**CONDITIONS:**

- 1. Valleygate Dental Surgery Center of Fayetteville, 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 Ambulatory Surgical Facility, Valleygate Dental Surgical Center Coast, by relocating no more than one operating room from Valleygate Dental Surgery Center Fayetteville, with one procedure room.**
- 3. Upon completion of the project, Valleygate Dental Surgery Center Coast shall be licensed for no more than one operating room and one procedure room.**
- 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 receive accreditation from the Joint Commission for the Accreditation of Healthcare Organizations, the Accreditation Association for Ambulatory Health Care or a comparable accreditation authority within two years following licensure of the facility.**
- 7. For the first three years of operation following completion of the project, the certificate holder shall not increase charges more than 5% of the charges projected in Section Q of the application without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.**
- 8. The procedure room shall not be used for procedures that should be performed only in an operating room based on current standards of practice.**

9. Procedures performed in the procedure rooms shall not be reported for billing purposes as having been performed in an operating room and shall not be reported on the facility's license renewal application as procedures performed in an operating room.
10. 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.
11. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on January 27, 2023.

#### Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Financing Obtained	08/03/2023
2	Drawings Completed	11/01/2023
3	Land Acquired	11/01/2023
4	Construction / Renovation Contract(s) Executed	02/29/2024
5	25% of Construction / Renovation Completed (25% of the cost is in place)	07/28/2024
6	50% of Construction / Renovation Completed	12/25/2024
7	75% of Construction / Renovation Completed	05/24/2025
8	Construction / Renovation Completed	10/21/2025
9	Equipment Ordered	07/28/2024
10	Equipment Installed	05/24/2025
11	Equipment Operational	11/18/2025
12	Building / Space Occupied	11/04/2025
13	Licensure Obtained	01/01/2026
<b>14</b>	<b>Services Offered</b>	01/01/2026
16	Facility or Service Accredited	04/01/2026
17	First Annual Report Due*	01/01/2027



# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: J-12250-22

FID #: 220577

**ISSUED TO: Wake Endoscopy 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: Develop a new ASF with no more than two GI endoscopy rooms / Wake County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: Wake Endoscopy Center-Holly Springs  
1070 South Main Street  
Holly Springs, NC 27540**

**CAPITAL EXPENDITURE: \$2,212,614**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of February 28, 2023



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Micheala Mitchell, Chief

## **CONDITIONS:**

1. Wake Endoscopy Center, LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall develop a freestanding GI endoscopy, Wake Endoscopy Center-Holly Springs, with no more than two licensed GI endoscopy rooms in Holly Springs.
3. Upon project completion, Wake Endoscopy Center-Holly Springs shall be licensed for no more than two GI endoscopy rooms.

### **Progress Reports:**

- a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
  - b. The certificate holder shall complete all sections of the Progress Report form.
  - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
  - d. The first progress report shall be due on July 1, 2023.
4. The certificate holder shall receive accreditation from the Joint Commission for the Accreditation of Healthcare Organizations, the Accreditation Association for Ambulatory Health Care or a comparable accreditation authority within two years following licensure of the facility.
  5. For the first three years of operation following completion of the project, the certificate holder shall not increase charges more than 5% of the charges projected in 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.
  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 not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.
  8. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on January 30, 2023.

#### Timetable

	<b>Milestone</b>	<b>Date</b> <i>mm/dd/yyyy</i>
<b>1</b>	<b>Financing Obtained</b>	<b>04/04/2023</b>
<b>2</b>	<b>Drawings Completed</b>	<b>06/03/2023</b>
<b>3</b>	<b>Construction/Renovation Contract(s) Executed</b>	<b>07/03/2023</b>
<b>4</b>	<b>25% of Construction / Renovation Completed (25% of the cost is in place)</b>	<b>10/01/2023</b>
<b>5</b>	<b>50% of Construction / Renovation Completed</b>	<b>12/30/2023</b>
<b>6</b>	<b>75% of Construction / Renovation Completed</b>	<b>03/29/2024</b>
<b>7</b>	<b>Construction / Renovation Completed</b>	<b>06/27/2024</b>
<b>8</b>	<b>Equipment Ordered</b>	<b>12/30/2023</b>
<b>9</b>	<b>Equipment Installed</b>	<b>03/29/2024</b>
<b>10</b>	<b>Equipment Operational</b>	<b>07/11/2024</b>
<b>11</b>	<b>Building/Space Occupied</b>	<b>07/04/2024</b>
<b>12</b>	<b>Licensure Obtained</b>	<b>08/03/2024</b>
<b>13</b>	<b>Services Offered</b>	<b>09/01/2024</b>
<b>14</b>	<b>Medicare and/or Medicaid Certification Obtained</b>	<b>10/01/2024</b>
<b>15</b>	<b>Facility or Service Accredited</b>	<b>09/01/2025</b>
<b>16</b>	<b>First Annual Report Due*</b>	<b>03/01/2026</b>

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: J-12265-22

FID #: 220582

**ISSUED TO:** WakeMed  
WakeMed Behavioral Health Services, 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 psychiatric hospital by relocating no more than 50 psychiatric inpatient beds from Broughton Hospital pursuant to Policy PSY-1 and developing no more than 100 additional psychiatric inpatient beds for a total of no more than 150 psychiatric inpatient beds upon project completion / Wake County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** WakeMed Behavioral Health Center  
Intersection of Hodge Road and Old Faison Road  
Knightdale, NC 27545

**CAPITAL EXPENDITURE:** \$137,487,790

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of February 18, 2023

*Micheala Mitchell*

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Micheala Mitchell, Chief

## **CONDITIONS:**

1. **WakeMed and WakeMed Behavioral Health Services, LLC (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 50 inpatient psychiatric beds from Broughton Hospital pursuant to Policy PSY-1 and develop no more than 100 new inpatient psychiatric beds to develop a new, freestanding inpatient psychiatric hospital, WakeMed Behavioral Health Center for a total of no more than 150 inpatient psychiatric beds upon project completion.**
3. **Upon completion of the project, WakeMed Behavioral Health Center shall be licensed for no more than 150 inpatient psychiatric beds.**
4. **The certificate holder shall accept patients requiring involuntary admission for inpatient psychiatric services at WakeMed Behavioral Health Center.**
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 July 1, 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 February 14, 2023.**

**Attachment B  
Approved Timetable**

<b>Milestone</b>		<b>Date</b> <i>mm/dd/yyyy</i>
<b>1</b>	<b>Financing Obtained</b>	<b>06/01/2023</b>
<b>2</b>	<b>Drawings Completed</b>	<b>11/01/2023</b>
<b>3</b>	<b>Land Acquired</b>	<b>03/01/2023</b>
<b>4</b>	<b>Construction / Renovation Contract(s) Executed</b>	<b>03/01/2024</b>
<b>5</b>	<b>25% of Construction / Renovation Completed (25% of the cost is in place)</b>	<b>10/01/2024</b>
<b>6</b>	<b>50% of Construction / Renovation Completed</b>	<b>05/01/2025</b>
<b>7</b>	<b>75% of Construction / Renovation Completed</b>	<b>12/01/2025</b>
<b>8</b>	<b>Construction / Renovation Completed</b>	<b>07/01/2026</b>
<b>9</b>	<b>Equipment Ordered</b>	<b>05/01/2025</b>
<b>10</b>	<b>Equipment Installed</b>	<b>03/01/2026</b>
<b>11</b>	<b>Equipment Operational</b>	<b>05/01/2026</b>
<b>12</b>	<b>Building / Space Occupied</b>	<b>07/01/2026</b>
<b>13</b>	<b>Licensure Obtained</b>	<b>10/01/2026</b>
<b>14</b>	<b>Services Offered</b>	<b>10/01/2026</b>
<b>15</b>	<b>Medicare and / or Medicaid Certification Obtained</b>	<b>10/01/2026</b>
<b>16</b>	<b>Facility or Service Accredited</b>	<b>10/01/2026</b>
<b>17</b>	<b>First Annual Report Due* (only for non-ESRD decisions)</b>	<b>01/02/2028</b>

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: J-12291-22

FID #: 943528

**ISSUED TO:** WakeMed

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:** Cost overrun for Project ID# J-10165-13, (Reconvert 21 nursing care beds currently located at WakeMed Fuquay-Varina to acute care beds and relocate the beds to WakeMed Raleigh Campus).

**CONDITIONS:** See Reverse Side

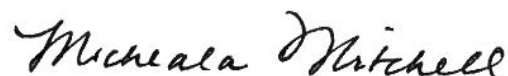
**PHYSICAL LOCATION:** WakeMed Raleigh Campus  
3000 New Bern Avenue  
Raleigh, NC 27610

**CAPITAL EXPENDITURE:** \$4,263,985

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of February 27, 2023



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Micheala Mitchell, Chief

## CONDITIONS:

1. WakeMed (hereinafter certificate holder) shall materially comply with the representations made in the certificate of need application and Project ID# J-10165-13. If representations conflict, the certificate holder shall materially comply with the last made representation.
2. The total combined capital expenditure for both projects is \$12,154,152, an increase of \$4,263,985 over the capital expenditure of \$7,890,167 previously approved in Project ID# J-10165-13.
3. 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.
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 next progress report shall be due on July 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 February 14, 2023.**

**Timetable**

<b>Milestone</b>		<b>Date mm/dd/yyyy</b>
1	<b>Services Offered</b>	2/1/2023
2	First Annual Report Due*	1/1/2025

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: J-12292-22

FID #: 990974

**ISSUED TO:** WakeMed, WakeMed Property Services

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:** Cost overrun for Project ID# J-10166-13, (Re-convert three nursing care beds currently located at WakeMed Fuquay-Varina and 13 nursing care beds currently located at WakeMed Zebulon/Wendell to acute care beds and relocate 16 beds to WakeMed North Hospital)

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** WakeMed North Hospital  
10000 Falls of Neuse Road  
Raleigh, NC 27614

**CAPITAL EXPENDITURE:** \$2,985,666

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of February 27, 2023



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Micheala Mitchell, Chief

## **CONDITIONS:**

- 1. WakeMed and WakeMed Property Services (hereinafter certificate holder) shall materially comply with the representations made in the certificate of need application and Project ID# J-10166-13. If representations conflict, the certificate holder shall materially comply with the last made representation.**
- 2. The total combined capital expenditure for both projects is \$9,529,237 an increase of 2,985,666 over the capital expenditure of \$6,543,571 previously approved in Project ID# J-10166-13.**
- 3. 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.**
- 4. Progress Reports:**
  - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.**
  - b. The certificate holder shall complete all sections of the Progress Report form.**
  - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.**
  - d. The first progress report shall be due on July 1, 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 February 14, 2023.

**Timetable**

<b>Milestone</b>		<b>Date mm/dd/yyyy</b>
1	Building / Space Occupied	2/01/2023
2	Licensure Obtained	2/15/2023
3	<b>Services Offered</b>	3/01/2023
4	First Annual Report Due*	1/1/2025