

**Certificate of Need
Certificates Issued
January 2023**

County	Project ID	Facility	FID	Facility Type	Project Description	Application Review Date	Decision Date	Certificate Issue Date	Decision	Review Analyst	Co-Signer	Approved Capital Expenditure	1st Rept Due Date
Brunswick	O-012235-22	Carolina Dunes Behavioral Health	130438	Mental health hospital	Add no more than 22 inpatient psychiatric beds for a total of no more than 62 inpatient psychiatric beds and 54 psychiatric residential treatment facility beds upon project completion	7/14/2022	12/12/2022	1/12/2023	Conditional Approval	Ena Lightbourne	Lisa Pittman	\$1,205,350	6/1/2023
Buncombe	B-012247-22	Pisgah Manor Health Care Center	120033	Nursing home	Change of scope to Project ID #B-12054-21 (Relocate no more than 11 NF beds from Liberty Commons Nursing & Rehab Center in Alamance County, 14 NF beds from Cross Creek Health Care in Hyde County, and 25 NF beds from Mary Gran Nursing Center in Sampson County for a total of no more than 168 NF beds upon project completion)	8/11/2022	12/16/2022	1/18/2024	Conditional Approval	Julie Faenza	Mike McKillip	\$0	6/1/2023
Cabarrus	F-012273-22	Atrium Health Imaging Kannapolis	061206	Diagnostic center	Replace existing MRI scanner	9/15/2022	12/16/2022	1/18/2023	Conditional Approval	Donna Donihi	Mike McKillip	\$4,658,746	6/1/2024
Cabarrus	F-012255-22	Atrium Health Harrisburg	061205	Hospital	Develop a new hospital by relocating no more than 24 acute care beds and one OR from Atrium Health Cabarrus and replace and relocate no more than one fixed MRI scanner from Atrium Health MRI	8/15/2022	12/6/2022	1/6/2023	Conditional Approval	Ena Lightbourne	Gloria Hale	\$85,822,000	10/2/2023
Catawba	E-012275-22	Catawba Valley Imaging Center	220671	Hospital	Replace an existing MRI scanner	9/15/2022	12/14/2022	1/14/2023	Conditional Approval	Ena Lightbourne	Lisa Pittman	\$2,352,353	5/1/2023
Craven	P-012243-22	New Bern Dialysis	955965	Dialysis facility	Add no more than 3 dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 40 dialysis stations upon project completion	7/15/2022	12/20/2022	1/20/2023	Conditional Approval	Greg Yakaboski	Gloria Hale	\$11,250	4/1/2023
Cumberland	M-012222-22	Fayetteville Ambulatory Surgery Center	943168	ASF	Replace and relocate an ambulatory surgical facility	7/1/2022	11/2/2022	1/27/2023	Conditional Approval	Tanya Saporito	Micheala Mitchell	\$22,500,000	3/1/2023
Davidson	G-012237-22	Lexington Health Care Center	923306	Nursing home	Relocate no more than 10 NF beds from Piedmont Crossing for a total of 100 NF beds and 10 ACH beds upon project completion	7/15/2022	12/21/2022	1/21/2023	Conditional Approval	Tanya Saporito	Micheala Mitchell	\$70,000	5/1/2023
Johnston	J-012239-22	Johnston Dialysis Center	944566	Dialysis facility	Add no more than 4 dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 37 stations upon completion of this project, Project ID #J-12128-21 (relocate 7) and Project ID #J-12163-21 (add 7)	7/15/2022	12/19/2022	1/19/2023	Conditional Approval	Donna Donihi	Gloria Hale	\$390,884	4/1/2023
Pitt	Q-012236-22	Eastern North Carolina Behavioral Health Hospital	220520	Mental health hospital	Acquire and relocate no more than 127 existing inpatient psychiatric beds and add no more than 17 new inpatient psychiatric beds for a total of no more than 144 inpatient psychiatric beds at a new, freestanding inpatient facility	7/15/2022	12/21/2022	1/21/2023	Conditional Approval	Tanya Saporito	Mike McKillip	\$63,941,039	6/1/2023
Sampson	M-012244-22	Fresenius Medical Care of Roseboro	080822	Dialysis facility	Add no more than 5 dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 18 dialysis stations upon project completion	7/15/2022	12/20/2022	1/20/2023	Conditional Approval	Julie Faenza	Micheala Mitchell	\$3,220,000	6/1/2023
Union	F-012272-22	Atrium Health Union	923515	Hospital	Acquire a dedicated CT simulator	9/15/2022	12/21/2022	1/21/2023	Conditional Approval	Ena Lightbourne	Micheala Mitchell	\$1,285,800	6/1/2023

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: O-12235-22

FID #: 130438

ISSUED TO: SBH Wilmington, LLC

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

SCOPE: Add no more than 22 inpatient psychiatric beds for a total of no more than 62 inpatient psychiatric beds and 54 psychiatric residential treatment facility beds upon project completion/ Brunswick County

CONDITIONS: See Reverse Side

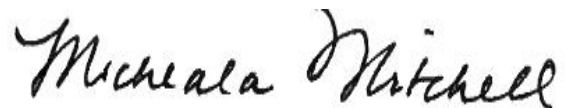
PHYSICAL LOCATION: Carolina Dunes Behavioral Health
2050 Mercantile Drive
Leland, NC 28451

CAPITAL EXPENDITURE: \$1,205,350

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 1, 2023

This certificate is effective as of January 12, 2023



Micheala Mitchell, Chief

CONDITIONS:

- 1. SBH Wilmington, LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. The certificate holder shall develop no more than 22 additional inpatient psychiatric beds for a total of no more than 62 inpatient psychiatric beds (24 adult inpatient psychiatric beds and 38 child/adolescent inpatient psychiatric beds) and 54 psychiatric residential treatment facility beds at Carolina Dunes Behavioral Health upon project completion.**
- 3. Upon completion of the project, the certificate holder shall be licensed for no more than 62 inpatient psychiatric beds and 54 psychiatric residential treatment facility beds.**
- 4. The certificate holder shall accept patients requiring involuntary admission for inpatient psychiatric services at Carolina Dunes Behavioral Health.**
- 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 June 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 December 22, 2023.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Financing Obtained	05/15/2023
2	Drawings Completed	09/15/2023
4	Construction / Renovation Contract(s) Executed	12/01/2023
5	25% of Construction / Renovation Completed (25% of the cost is in place)	05/01/2024
6	50% of Construction / Renovation Completed	07/15/2024
7	75% of Construction / Renovation Completed	09/15/2024
8	Construction / Renovation Completed	12/15/2024
12	Building / Space Occupied	12/15/2024
14	Services Offered	01/01/2025
17	First Annual Report Due*	04/01/2026

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: B-12247-22

FID #: 120033

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

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

SCOPE: Change of scope to Project ID #B-12054-21 (Relocate no more than 11 NF beds from Liberty Commons Nursing & Rehab Center in Alamance County, 14 NF beds from Cross Creek Health Care in Hyde County, and 25 NF beds from Mary Gran Nursing Center in Sampson County for a total of no more than 168 NF beds upon project completion) by instead relocating no more than 3 NF beds from Liberty Commons Nursing & Rehab Center, no more than 22 NF beds from Cross Creek Health Care, and no more than 25 NF beds from Mary Gran Nursing Center / Buncombe County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Pisgah Manor Health Care Center
104 Holcombe Cove Road
Candler, NC 28715-9540

CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 1, 2023

This certificate is effective as of January 18, 2023



Micheala Mitchell, Chief

CONDITIONS:

- 1. Pisgah Valley Retirement Center Properties, LLC, and Pisgah Valley Retirement Center, LLC (hereinafter certificate holder) shall materially comply with the representations in this application, the representations in Project ID #B-12054-21, and any supplemental responses. Where representations conflict, the certificate holder shall materially comply with the last made representation.**
- 2. In a change of scope to Project ID #B-12054-21, the certificate holder shall relocate a total of no more than 22 nursing home facility beds from Cross Creek Health Center in Hyde County, no more than 25 nursing home facility beds from Mary Gran Nursing Center in Sampson County, and no more than 3 nursing home facility beds from Liberty Commons of Alamance in Alamance County to Pisgah Manor Health Care Center in Buncombe County.**
- 3. Upon completion of this project and Project ID #B-12054-21 (and any additional approved projects involving facilities other than Pisgah Manor Health Care Center), Pisgah Manor Health Care Center shall be licensed for no more than 168 nursing home facility beds, Cross Creek Health Care shall be licensed for no more than 28 nursing home facility beds, Liberty Commons of Alamance shall be licensed for no more than 111 nursing home facility beds, and Mary Gran Nursing Center shall be licensed for no more than 134 nursing home facility 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. 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.**
- 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 December 16, 2022.

Timetable

Milestone		Date
1	Drawings Completed	11/1/2023
2	Construction / Renovation Contract(s) Executed	3/1/2024
3	25% of Construction / Renovation Completed (25% of the cost is in place)	5/1/2024
4	50% of Construction / Renovation Completed	7/1/2024
5	75% of Construction / Renovation Completed	9/1/2024
6	Construction / Renovation Completed	10/1/2024
7	Building / Space Occupied	10/1/2024
8	Licensure Obtained	10/1/2024
9	Services Offered (required)	10/1/2024
10	Medicare and / or Medicaid Certification Obtained	12/1/2024
11	First Annual Report Due	1/1/2026

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12255-22

FID #: 61205

ISSUED TO: The Charlotte-Mecklenburg Hospital Authority

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

SCOPE: Develop a new hospital by relocating no more than 24 acute care beds and one OR from Atrium Health Cabarrus and replace and relocate no more than one fixed MRI scanner from Atrium Health MRI / Cabarrus County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Atrium Health Harrisburg
9592 Rocky River Road
Charlotte, NC 28215

CAPITAL EXPENDITURE: \$85,822,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 2, 2023

This certificate is effective as of January 6, 2023



Micheala Mitchell, Chief

CONDITIONS:

- 1. The Charlotte-Mecklenburg Hospital Authority (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. The certificate holder shall expand an existing hospital campus, Atrium Health Harrisburg, by relocating no more than 24 acute care beds and one OR from Atrium Health Cabarrus and replace and relocate no more than one fixed MRI scanner from Atrium Health MRI.**
- 3. Upon completion of the project, Atrium Health Harrisburg shall be licensed for no more than 24 acute care beds, one operating room and 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 October 2, 2023.**
- 5. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.**
- 6. The certificate holder shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.**
- 7. No later than three months after the last day of each of the first three full fiscal years of operation following initiation of the services authorized by this certificate of need, the certificate holder shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:**
 - a. Payor mix for the services authorized in this certificate of need.**
 - b. Utilization of the services authorized in this certificate of need.**
 - c. Revenues and operating costs for the services authorized in this certificate of need.**
 - d. Average gross revenue per unit of service.**
 - e. Average net revenue per unit of service.**
 - f. Average operating cost per unit of service.**

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

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on December 13, 2022.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Drawings Completed	04/06/2024
2	Construction / Renovation Contract(s) Executed	06/06/2024
3	25% of Construction / Renovation Completed (25% of the cost is in place)	10/28/2024
4	50% of Construction / Renovation Completed	02/07/2025
5	75% of Construction / Renovation Completed	05/21/2025
6	Construction / Renovation Completed	09/15/2025
7	Equipment Ordered	07/08/2024
8	Equipment Installed	05/21/2025
9	Equipment Operational	09/15/2025
10	Building / Space Occupied	11/15/2025
11	Licensure Obtained	01/01/2026
12	Services Offered	01/01/2026
13	Medicare and / or Medicaid Certification Obtained	01/01/2026
14	Facility or Service Accredited	01/01/2026
15	First Annual Report Due*	04/01/2027

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12273-22

FID #: 61206

ISSUED TO: Union Medical 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: Replace the existing MRI scanner / Cabarrus County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Atrium Health Imaging Kannapolis
201 Dale Earnhardt Blvd, Suite 100
Kannapolis, NC 28081

CAPITAL EXPENDITURE: \$4,658,746

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 1, 2023

This certificate is effective as of January 18, 2023



Micheala Mitchell, Chief

CONDITIONS:

- 1. Union Medical Services, LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. The certificate holder shall replace one fixed MRI scanner at Atrium Health Imaging Kannapolis.**
- 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 June 1, 2023.**
- 4. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.**
- 5. No later than three months after the last day of each of the first three full fiscal years of operation following initiation of the services authorized by this certificate of need, the certificate holder shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:**
 - a. Payor mix for the services authorized in this certificate of need.**
 - b. Utilization of the services authorized in this certificate of need.**
 - c. Revenues and operating costs for the services authorized in this certificate of need.**
 - d. Average gross revenue per unit of service.**
 - e. Average net revenue per unit of service.**
 - f. Average operating cost per unit of service.**
- 6. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on December 20, 2022.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Drawings Completed	08/04/2023
2	Construction / Renovation Contract(s) Executed	09/25/2023
3	25% of Construction / Renovation Completed (25% of the cost is in place)	05/30/2024
4	50% of Construction / Renovation Completed	06/30/2024
5	75% of Construction / Renovation Completed	07/30/2024
6	Construction / Renovation Completed	08/30/2024
7	Equipment Ordered	09/25/2024
8	Equipment Installed	07/30/2024
9	Equipment Operational	09/01/2024
10	Building / Space Occupied	10/01/2024
11	Services Offered	10/01/2024
12	First Annual Report Due* (only for non-ESRD decisions)	03/31/2026

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: E-12275-22

FID #: 220671

ISSUED TO: County of Catawba

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

SCOPE: Replace an existing MRI scanner / Catawba County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Catawba Valley Imaging Center
1501 Tate Boulevard SE, Suite 101
Hickory, NC 28602

CAPITAL EXPENDITURE: \$2,352,353

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 1, 2023

This certificate is effective as of January 14, 2023



Micheala Mitchell, Chief

CONDITIONS:

1.

1. **The County of Catawba (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
2. **The certificate holder shall replace one fixed MRI scanner located off Catawba Valley Medical Center main hospital campus at Catawba Valley Imaging Center.**
3. **Upon completion of the project, Catawba Valley Medical Center shall be licensed for no more than two fixed MRI scanners.**
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 May 1, 2023.**
5. **The certificate holder, as part of this project, shall not acquire any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.**
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 insurance of the certificate of need.**

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on December 19, 2022.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Financing Obtained	04/15/2023
2	Drawings Completed	06/15/2023
3	Construction / Renovation Contract(s) Executed	09/04/2023
4	25% of Construction / Renovation Completed (25% of the cost is in place)	10/01/2023
5	50% of Construction / Renovation Completed	11/01/2023
6	75% of Construction / Renovation Completed	12/01/2023
7	Construction / Renovation Completed	12/15/2023
8	Equipment Ordered	04/04/2023
9	Equipment Installed	11/20/2023
10	Equipment Operational	12/20/2023
11	Building / Space Occupied	12/18/2023
12	Services Offered	01/01/2024
13	Facility or Service Accredited	10/01/2024
14	First Annual Report Due*	04/01/2025

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: P-12243-22

FID #: 955965

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

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

SCOPE: Add no more than 3 dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 40 dialysis stations upon project completion / Craven County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: New Bern Dialysis
2113 A. Neuse Blvd
New Bern, NC 28560**

CAPITAL EXPENDITURE: \$11,250

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 1, 2023

This certificate is effective as of January 20, 2023



Micheala Mitchell, Chief

CONDITIONS:

1. **Bio-Medical Applications of North Carolina, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
2. **Pursuant to Condition 2 of the facility need determination in the 2022 SMFP, the certificate holder shall develop no more than three additional in-center dialysis stations for a total of no more than 40 in-center stations at New Bern Dialysis 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 April 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 18, 2023.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
9	Equipment Ordered	08/31/2023
10	Equipment Installed	11/14/2023
11	Equipment Operational	12/05/2023
12	Building / Space Occupied	12/05/2023
14	Services Offered	12/31/2023
15	Medicare and / or Medicaid Certification Obtained	12/31/2023

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: M-12222-22

FID #: 943168

ISSUED TO: Fayetteville Ambulatory Surgery Center, L.P.

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 and relocate an ambulatory surgical facility/ Cumberland County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Fayetteville Ambulatory Surgery Center
1200 Walter Reed Road
Fayetteville, NC 28304

CAPITAL EXPENDITURE: \$22,500,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 1, 2023

This certificate is effective as of January 27, 2023



Micheala Mitchell, Chief

CONDITIONS:

1. Fayetteville Ambulatory Surgery Center, L.P. (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 11 operating rooms from the existing ASF, Fayetteville Ambulatory Surgery Center, to develop a replacement freestanding ambulatory surgical facility in Cumberland County.
3. Upon project completion, Fayetteville Ambulatory Surgery Center shall be licensed for no more than 11 operating rooms.
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 March 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 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.
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.

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

	Milestone	Date <i>mm/dd/yyyy</i>
1	Financing Obtained	02/01/2023
2	Drawings Completed	02/01/2023
3	Construction / Renovation Contract(s) Executed	03/01/2023
4	25% of Construction / Renovation Completed (25% of the cost is in place)	09/01/2023
5	50% of Construction / Renovation Completed	11/01/2023
6	75% of Construction / Renovation Completed	02/01/2024
7	Construction / Renovation Completed	05/01/2024
8	Equipment Ordered	12/02/2023
9	Equipment Installed	05/15/2024
10	Equipment Operational	06/01/2024
11	Building / Space Occupied	05/15/2024
12	Licensure Obtained	06/01/2024
13	Services Offered	06/01/2024
14	First Annual Report Due* (only for non-ESRD decisions)	04/01/2026

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: G-12237-22

FID #: 923306

ISSUED TO: Lexington Operator LLC
17 Cornelia Drive LLC

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

SCOPE: Relocate no more than 10 NF beds from Piedmont Crossing for a total of 100 NF beds and 10 ACH beds upon project completion/ Davidson County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Lexington Health Care Center
17 Cornelia Drive
Lexington, NC 27292

CAPITAL EXPENDITURE: \$70,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 1, 2023

This certificate is effective as of January 21, 2023



Micheala Mitchell, Chief

CONDITIONS:

1. Lexington Operator LLC and 17 Cornelia Drive LLC (hereinafter “certificate holder”) shall materially comply with all representations made in the certificate of need application and any supplemental responses. If representations conflict, the certificate holder shall materially comply with the last made representation.
2. The certificate holder shall relocate no more than ten nursing facility (NF) beds from Piedmont Crossing to Lexington Health Care Center in Davidson County.
3. Upon project completion, Lexington Health Care Center shall be licensed for no more than 100 NF beds and 10 ACH beds.
4. Upon project completion, Piedmont Crossing shall be licensed for no more than 104 NF beds.
5. The Medicaid per diem reimbursement rates for the new nursing home beds shall be equal to the rates for the facility's existing beds as of the date on which the additional beds are certified.
6. The certificate holder shall certify at least 61.3% of the total number of licensed nursing home beds in the facility for participation in the Medicaid program and shall provide care to Medicaid recipients commensurate with representations made in the application.
7. The ten additional nursing facility beds shall not be certified for participation in the Medicaid program prior to July 1, 2023 unless the Division of Health Benefits (NC Medicaid) determines that state funds are available in the current Medicaid budget to pay for the care and authorizes an earlier certification date.
8. For the first two years of operation following completion of the project, the certificate shall not increase private pay charges more than 5% of the projected private pay charges provided in Section Q of the application without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.
9. Progress Reports:
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
 - b. The certificate holder shall complete all sections of the Progress Report form.
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
 - d. The first progress report shall be due on May 1, 2023.
10. The certificate holder shall not acquire as part of this project any equipment that is not included in the project’s proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.

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

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

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

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

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	25% of Construction / Renovation Completed (25% of the cost is in place)	02/15/2023
2	50% of Construction / Renovation Completed	02/20/2023
3	75% of Construction / Renovation Completed	02/28/2023
4	Construction / Renovation Completed	02/28/2023
5	Equipment Ordered	01/31/2023
6	Equipment Installed	02/15/2023
7	Equipment Operational	02/28/2023
8	Licensure Obtained	02/15/2023
9	Services Offered	02/15/2023
10	First Annual Report Due	04/01/2024

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-12239-22

FID #: 944566

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

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

SCOPE: Add no more than 4 dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 37 stations upon completion of this project, Project ID #J-12128-21 (relocate 7) and Project ID #J-12163-21 (add 7)/ Johnston County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Johnston Dialysis Center
545 E. Market Street
Smithfield, NC 27577

CAPITAL EXPENDITURE: \$390,884

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 1, 2023

This certificate is effective as of January 19, 2023



Micheala Mitchell, Chief

CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. Pursuant to Condition 2 of the facility need determination in the 2022 SMFP, the certificate holder shall develop no more than four additional in-center dialysis stations for a total of no more than 37 stations upon completion of this project, Project ID #J-12128-21 (relocate 7 dialysis stations) and Project ID #J-12163-21 (add 7 dialysis stations).
3. Progress Reports:
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the progress report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
 - b. The certificate holder shall complete all sections of the progress report form.
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
 - d. The first progress report shall be due on April 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 18, 2023.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Financing Obtained	7/15/2022
2	Drawings Completed	4/03/2023
3	Construction / Renovation Contract(s) Executed	5/18/2023
4	25% of Construction / Renovation Completed (25% of the cost is in place)	7/17/2023
5	50% of Construction / Renovation Completed	9/15/2023
6	75% of Construction / Renovation Completed	10/30/2023
7	Construction / Renovation Completed	11/29/2023
8	Equipment Ordered	10/30/2023
9	Equipment Installed	11/29/2023
10	Equipment Operational	12/13/2023
11	Building / Space Occupied	12/13/2023
12	Services Offered	12/31/2023
13	Medicare and/or Medicaid Certification Obtained	12/31/2023
14	First Annual Report Due* (only for non-ESRD decisions)	3/1/2024

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: Q-12236-22

FID #: 220520

ISSUED TO: Pitt County Memorial Hospital, Incorporated
Acadia-Vidant Joint Venture, 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 relocate no more than 127 existing inpatient psychiatric beds and add no more than 17 new inpatient psychiatric beds for a total of no more than 144 inpatient psychiatric beds at a new, freestanding inpatient facility / Pitt County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Eastern North Carolina Behavioral Health
Hospital
2820 MacGregor Downs Road
Greenville, NC 27834

CAPITAL EXPENDITURE: \$63,941,039

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 1, 2023

This certificate is effective as of January 21, 2023



Micheala Mitchell, Chief

CONDITIONS:

1. Pitt County Memorial Hospital, Incorporated and Acadia-Vidant Joint Venture, 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 10 inpatient psychiatric beds from Broughton Hospital pursuant to Policy PSY-1, acquire and relocate no more than 127 existing licensed inpatient psychiatric beds and add no more than 17 new inpatient psychiatric beds to a new, freestanding inpatient psychiatric facility, Eastern North Carolina Behavioral Health Hospital, for a total of no more than 144 inpatient psychiatric beds upon project completion.
3. Upon completion of the project, Eastern North Carolina Behavioral Health Hospital shall be licensed for no more than 144 inpatient psychiatric beds.
4. The certificate holder shall accept patients requiring involuntary admission for inpatient psychiatric services at Eastern North Carolina Behavioral Health Hospital.
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 June 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 &.

(Q-12236-22 Con't)

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Financing Obtained	03/01/2023
2	Drawings Completed	06/01/2023
3	Construction / Renovation Contract(s) Executed	07/01/2023
4	25% of Construction / Renovation Completed (25% of the cost is in place)	12/01/2023
5	50% of Construction / Renovation Completed	05/01/2024
6	75% of Construction / Renovation Completed	10/01/2024
7	Construction / Renovation Completed	03/01/2025
8	Building / Space Occupied	03/01/2025
9	Licensure Obtained	04/01/2025
10	Services Offered	04/01/2024
11	Medicare and / or Medicaid Certification Obtained	05/01/2025
12	Facility or Service Accredited	05/01/2025
13	First Annual Report Due	01/02/2027

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: M-12244-22

FID #: 080822

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

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

SCOPE: Add no more than 5 dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 18 dialysis stations upon project completion / Sampson County

CONDITIONS: See Reverse Side


PHYSICAL LOCATION: Fresenius Medical Care of Roseboro
100 East Pleasant Street
Roseboro, NC 28382

CAPITAL EXPENDITURE: \$3,220,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 1, 2023

This certificate is effective as of January 20, 2023



Micheala Mitchell, Chief

CONDITIONS:

- 1. Bio-Medical Applications of North Carolina, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. Pursuant to Condition 2 of the facility need determination in the 2022 SMFP, the certificate holder shall develop no more than 5 additional in-center dialysis stations for a total of no more than 18 in-center dialysis stations at Fresenius Medical Care of Roseboro upon project completion.**
- 3. The certificate holder shall install plumbing and electrical wiring through the walls for no more than 5 additional in-center dialysis stations.**
- 4. Progress Reports:**
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.**
 - b. The certificate holder shall complete all sections of the Progress Report form.**
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.**
 - d. The first progress report shall be due on June 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 18, 2023.

Timetable

Milestone		Date
1	Drawings Completed	6/2/2023
2	Construction / Renovation Contract(s) Executed	9/30/2023
3	25% of Construction / Renovation Completed (25% of the cost is in place)	11/29/2023
4	50% of Construction / Renovation Completed	1/28/2024
5	75% of Construction / Renovation Completed	3/28/2024
6	Construction / Renovation Completed	5/12/2024
7	Equipment Ordered	9/17/2024
8	Equipment Installed	11/16/2024
9	Equipment Operational	12/14/2024
10	Building / Space Occupied	11/16/2024
11	Services Offered (required)	12/31/2024
12	Medicare and/or Medicaid Certification Obtained	12/31/2024

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12272-22

FID #: 923515

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 a dedicated CT simulator/ Union County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Atrium Health Union
600 Hospital Drive
Monroe, NC 28111

CAPITAL EXPENDITURE: \$1,285,800

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 1, 2023

This certificate is effective as of January 21, 2023



Micheala Mitchell, Chief

CONDITIONS:

- 1. The Charlotte-Mecklenburg Hospital Authority shall materially comply with all representations made in the certificate of need application.**
- 2. The certificate holder shall acquire one dedicated CT simulator and renovate an existing space to house the CT simulator at Atrium Health Union.**
- 3. Upon completion of the project, Atrium Health Union shall be licensed for no more than one CT simulator.**
- 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 expenditure in Sections F and 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 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.**

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 3, 2023.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
2	Drawings Completed	05/05/2023
4	Construction / Renovation Contract(s) Executed	06/22/2023
5	25% of Construction / Renovation Completed (25% of the cost is in place)	08/11/2023
6	50% of Construction / Renovation Completed	09/01/2023
7	75% of Construction / Renovation Completed	09/22/2023
8	Construction / Renovation Completed	10/13/2022
9	Equipment Ordered	04/07/2023
10	Equipment Installed	10/06/2023
11	Equipment Operational	11/10/2023
12	Building / Space Occupied	12/01/2023
14	Services Offered	01/01/2024
17	First Annual Report Due*	04/01/2025

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-12245-22

FID #: 130278

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

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

SCOPE: Add no more than 2 dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 20 dialysis stations upon project completion / Wake County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: FMC Northern Wake
2700 Leighton Ridge Drive
Wake Forest, NC 27587

CAPITAL EXPENDITURE: \$7,500

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 1, 2023

This certificate is effective as of January 20, 2023



Micheala Mitchell, Chief

CONDITIONS:

1. Dovehurst Dialysis, 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 home dialysis training and support program for home hemodialysis and peritoneal dialysis to be known as Wooten Boulevard Home Training by relocating no more than two in-center and home hemodialysis stations from Wilson Dialysis Center.
3. Upon completion of this project, the certificate holder shall take the necessary steps to decertify two stations at Wilson Dialysis Center in Wilson for a total of no more than 42 hemodialysis stations upon completion of this project.
4. Prior to issuance of the Certificate of Need, the certificate holder shall provide the Agency with documentation that an effort has been made to accommodate the clinical needs of health professional training programs in the area at Wooten Boulevard Home Training.
5. **Progress Reports:**
 - a. Under 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.
6. The certificate holder shall install plumbing and electrical wiring through the walls for no more than two home hemodialysis stations.
7. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing before the 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 December 21, 2022.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Drawings Completed	08/04/2023
2	Construction / Renovation Contract(s) Executed	09/25/2023
3	25% of Construction / Renovation Completed (25% of the cost is in place)	05/30/2024
4	50% of Construction / Renovation Completed	06/30/2024
5	75% of Construction / Renovation Completed	07/30/2024
6	Construction / Renovation Completed	08/30/2024
7	Equipment Ordered	09/25/2024
8	Equipment Installed	07/30/2024
9	Equipment Operational	09/01/2024
10	Building / Space Occupied	10/01/2024
11	Services Offered	10/01/2024
12	First Annual Report Due* (only for non-ESRD decisions)	3/31/2026

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: D-12193-22

FID #: 220173

ISSUED TO: LHH of Watauga, LLC

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

SCOPE: Relocate and replace a 60-bed ACH facility and license no more than 24 beds as Special Care Unit beds / Watauga County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Watauga Assisted Living
10298 & 10348 NC Highway 105 South
Banner Elk, NC 28604

CAPITAL EXPENDITURE: \$14,300,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 1, 2023

This certificate is effective as of January 28, 2023



Micheala Mitchell, Chief

CONDITIONS:

1. LHH of Watauga, LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application and any supplemental responses. If representations conflict, the certificate holder shall materially comply with the last made representation.
2. The certificate holder shall develop a new adult care home (ACH), Watauga Assisted Living, by relocating and replacing 60 existing, licensed ACH beds currently located at Mountain Care Facilities.
3. Upon project completion, Watauga Assisted Living shall be licensed for no more than 60 ACH beds, including no more than 24 Special Care Unit beds.
4. The certificate holder shall take the necessary steps to delicense the 60 existing ACH beds at Mountain Care Facilities and permanently close that facility.
5. Prior to the issuance of the Certificate of Need, the certificate holder shall obtain documentation from Mountain Care Facilities, Inc. (seller) showing that the purchase transaction between the buyer and seller for the 60 ACH beds from Mountain Care Facilities has been completed and shall provide a copy of the documentation to the Healthcare Planning and Certificate of Need Section.
6. The certificate holder shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.
7. The certificate holder shall certify at least 35% of the total number of licensed adult care home beds in the facility for recipients of State/County Special Assistance with Medicaid and provide care to those recipients commensurate with representations made in the application.
8. For the first two years of operation following completion of the project, the certificate holder shall not increase private pay charges more than 5% of the projected private pay charges provided in Section Q of the application without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.
9. **Progress Reports:**
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
 - b. The certificate holder shall complete all sections of the Progress Report form.
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
 - d. The first progress report shall be due on May 1, 2023.
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 not acquire as part of this project any equipment that is not included in the project's proposed capital expenditure in Section Q of the application and that would otherwise require a certificate of need.
 12. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Financing Obtained	05/15/2023
2	Drawings Completed	02/15/2023
3	Land Acquired	06/15/2023
4	Construction / Renovation Contract(s) Executed	08/01/2023
5	25% of Construction / Renovation Completed (25% of the cost is in place)	12/01/2023
6	50% of Construction / Renovation Completed	03/01/2024
7	75% of Construction / Renovation Completed	05/01/2024
8	Construction / Renovation Completed	08/01/2024
9	Equipment Ordered	05/01/2024
10	Equipment Installed	08/01/2024
11	Equipment Operational	08/01/2024
12	Building/Space Occupied	09/01/2024
13	Licensure Obtained	09/01/2024
14	Services Offered	09/01/2024
15	Medicare and / or Medicaid Certification Obtained	10/01/2024
16	First Annual Report Due*	10/02/2026

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: L-12274-22

FID #: 220670

ISSUED TO: Dovehurst Dialysis, LLC

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

SCOPE: Develop a new dialysis facility to be dedicated to home hemodialysis & peritoneal dialysis training and support by relocating 2 stations from Wilson Dialysis/ Wilson County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Wooten Boulevard Home Training
2817 Wooten Boulevard, SW
Wilson, NC 27893

CAPITAL EXPENDITURE: \$1,118,225

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 1, 2023

This certificate is effective as of January 19, 2023



Micheala Mitchell, Chief

CONDITIONS:

1. Dovehurst Dialysis, 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 home dialysis training and support program for home hemodialysis and peritoneal dialysis to be known as Wooten Boulevard Home Training by relocating no more than two in-center and home hemodialysis stations from Wilson Dialysis Center.
3. Upon completion of this project, the certificate holder shall take the necessary steps to decertify two stations at Wilson Dialysis Center in Wilson for a total of no more than 42 hemodialysis stations upon completion of this project.
4. Prior to issuance of the Certificate of Need, the certificate holder shall provide the Agency with documentation that an effort has been made to accommodate the clinical needs of health professional training programs in the area at Wooten Boulevard Home Training.
5. **Progress Reports:**
 - a. Under 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.
6. The certificate holder shall install plumbing and electrical wiring through the walls for no more than two home hemodialysis stations.
7. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing before the 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 December 21, 2022.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Drawings Completed	08/04/2023
2	Construction / Renovation Contract(s) Executed	09/25/2023
3	25% of Construction / Renovation Completed (25% of the cost is in place)	05/30/2024
4	50% of Construction / Renovation Completed	06/30/2024
5	75% of Construction / Renovation Completed	07/30/2024
6	Construction / Renovation Completed	08/30/2024
7	Equipment Ordered	09/25/2024
8	Equipment Installed	07/30/2024
9	Equipment Operational	09/01/2024
10	Building / Space Occupied	10/01/2024
11	Services Offered	10/01/2024
12	First Annual Report Due* (only for non-ESRD decisions)	3/31/2026