

**Certificate of Need  
Certificates Issued  
May 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	First Rept Due Date
Brunswick	O-012325-23	Novant Health Brunswick Medical Center	061342	Hospital	Develop no more than one fixed MRI scanner pursuant to the need determination in the 2023 SMFP for a total of no more than two fixed MRI scanners upon project completion	3/1/2023	4/26/2023	5/31/2023	Conditional Approval	Tanya Saporito	Mike McKillip	\$4,889,414	10/1/2023
Cumberland	M-012333-23	Cape Fear Valley Medical Center	943057	Hospital	Develop no more than 8 hospice inpatient beds pursuant to the need determination in the 2023 SMFP	3/1/2023	4/27/2023	5/31/2023	Conditional Approval	Greg Yakaboski	Mike McKillip	\$990,000	10/1/2023
Moore	H-012290-22	Sandhills Health & Rehabilitation, LLC	220736	Nursing home	Develop a new NF by relocating no more than 86 NF beds from St. Joseph of the Pines	11/1/2022	3/22/2023	5/2/2023	Conditional Approval	Greg Yakaboski	Micheala Mitchell	\$39,765,700	1/1/2024
New Hanover	O-012304-22	Wilmington Health on Silver Stream Lane	220781	Ambulatory surgical facility	Develop a new ASF by relocating no more than three existing multispecialty GI endoscopy rooms and adding one new GI endoscopy room for a total of no more than four GI endoscopy rooms	12/1/2022	4/28/2023	5/31/2023	Conditional Approval	Tanya Saporito	Lisa Pittman	\$5,830,967	10/1/2023
Orange	J-012320-23	University of North Carolina Medical Center	923517	Hospital	Develop no more than 24 Level IV NICU beds for a total of no more than 82 neonatal beds, including 72 Level IV NICU beds and 10 Level III neonatal beds	3/1/2023	4/28/2023	5/31/2023	Conditional Approval	Cynthia Bradford	Mike McKillip	\$6,401,522	10/1/2023
Orange	J-012322-23	University of North Carolina Hospitals-Hillsborough	090274	Hospital	Acquire no more than one unit of fixed cardiac catheterization equipment pursuant to the need determination in the 2023 SMFP	3/1/2023	4/28/2023	5/31/2023	Conditional Approval	Cynthia Bradford	Mike McKillip	\$859,888	10/1/2023
Randolph	G-012307-23	Randolph Hospital	933425	Hospital	Develop an inpatient dialysis service with no more than 3 stations	2/1/2023	4/6/2023	5/9/2023	Conditional Approval	Cynthia Bradford	Gloria Hale	\$270,120	10/1/2023
Swain	A-012312-23	Cherokee Dialysis Center	970527	Dialysis facility	Relocate existing dialysis facility	2/1/2023	4/27/2023	5/31/2023	Conditional Approval	Terris Riley	Gloria Hale	\$2,305,360	11/1/2023
Wake	J-012263-22	Duke Raleigh Hospital	923421	Hospital	Develop no more than 45 additional acute care beds pursuant to the need determination in the 2022 SMFP for a total of no more than 191 acute care beds upon completion of this project and Project ID# J-12029-21 (Develop a new separately licensed 40-bed hospital [Duke Green Level Hospital] by relocating no more than 40 acute care beds and two shared operating rooms from Duke Raleigh Hospital)	9/1/2022	1/27/2023	5/8/2023	Conditional Approval	Greg Yakaboski	Lisa Pittman	\$2,500,000	10/1/2023

**Total** **9**

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: O-12325-23

FID #: 061342

**ISSUED TO:** Brunswick Community Hospital, LLC  
Novant Health, Inc.

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

**SCOPE:** Develop no more than one fixed MRI scanner pursuant to the need determination in the 2023 SMFP for a total of no more than two fixed MRI scanners upon project completion / Brunswick County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Novant Health Brunswick Medical Center  
240 Hospital Drive, NE  
Bolivia, NC 28422

**CAPITAL EXPENDITURE:** \$4,889,414

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of May 27, 2023



---

Micheala Mitchell, Chief

## **CONDITIONS:**

1. Novant Health, Inc. and Brunswick Community Hospital, LLC (hereinafter certificate holders) shall materially comply with all representations made in the certificate of need application.
2. The certificate holders shall acquire no more than one fixed MRI scanner pursuant to the need determination in the 2023 SMFP to be located at Novant Health Brunswick Medical Center.
3. Upon completion of the project, Novant Health Brunswick Medical Center shall have no more than two fixed MRI scanners.
4. Progress Reports:
  - a. Pursuant to G.S. 131E-189(a), the certificate holders shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
  - b. The certificate holders shall complete all sections of the Progress Report form.
  - c. The certificate holders shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
  - d. The first progress report shall be due on October 1, 2023.
5. The certificate holders shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.
6. No later than three months after the last day of each of the first three full fiscal years of operation following initiation of the services authorized by this certificate of need, the certificate holders shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
  - a. Payor mix for the services authorized in this certificate of need.
  - b. Utilization of the services authorized in this certificate of need.
  - c. Revenues and operating costs for the services authorized in this certificate of need.
  - d. Average gross revenue per unit of service.
  - e. Average net revenue per unit of service.
  - f. Average operating cost per unit of service.
7. The certificate holders shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on April 28, 2023.

(O-12325-23 Con't)

Timetable

<b>Milestone</b>		<b>Date</b> <i>mm/dd/yyyy</i>
<b>1</b>	<b>Drawings Completed</b>	<b>12/15/2023</b>
<b>2</b>	<b>Construction / Renovation Contract(s) Executed</b>	<b>01/01/2024</b>
<b>3</b>	<b>25% of Construction / Renovation Completed (25% of the cost is in place)</b>	<b>03/01/2024</b>
<b>4</b>	<b>50% of Construction / Renovation Completed</b>	<b>05/01/2024</b>
<b>5</b>	<b>75% of Construction / Renovation Completed</b>	<b>07/01/2024</b>
<b>6</b>	<b>Construction / Renovation Completed</b>	<b>09/01/2024</b>
<b>7</b>	<b>Equipment Ordered</b>	<b>01/15/2024</b>
<b>8</b>	<b>Equipment Installed</b>	<b>09/10/2024</b>
<b>9</b>	<b>Equipment Operational</b>	<b>10/01/2024</b>
<b>10</b>	<b>Services Offered</b>	<b>10/01/2024</b>
<b>11</b>	<b>First Annual Report Due* (only for non-ESRD decisions)</b>	<b>01/02/2026</b>

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: M-12333-23

FID #: 943057

**ISSUED TO:** Cumberland County Hospital System, Inc.

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

**SCOPE:** Develop no more than 8 hospice inpatient beds pursuant to the need determination in the 2023 SMFP/ Cumberland County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Cape Fear Valley Medical Center  
2431 Legion Road  
Fayetteville, NC 28306

**CAPITAL EXPENDITURE:** \$990,000

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of May 31, 2023



---

Micheala Mitchell, Chief

**CONDITIONS:**

1. Cumberland County Hospital System, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall develop no more than 8 hospice inpatient beds pursuant to the need determination in the 2023 SMFP.
3. Upon completion of the project Cape Fear Valley Medical Center shall be licensed for no more than 8 hospice inpatient beds.
4. **Progress Reports:**
  - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
  - b. The certificate holder shall complete all sections of the Progress Report form.
  - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
  - d. The first progress report shall be due on October 1, 2023.
5. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.
6. 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 May 4, 2023.

**Timetable**

	<b>Milestone</b>	<b>Date</b> <i>mm/dd/yyyy</i>
1	Construction / Renovation Completed	7/1/2024
2	Equipment Ordered	10/15/2023
3	Equipment Installed	7/1/2024
4	Equipment Operational	8/15/2024
5	Building / Space Occupied	9/7/2024
6	Licensure Obtained	9/15/2024
7	<b>Services Offered</b>	10/1/2024
8	First Annual Report Due* (only for non-ESRD decisions)	12/31/2025

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: H-12290-22

FID #: 220736

**ISSUED TO:** Sandhills Health and Rehabilitation, LLC  
Pinehurst Healthcare Properties, LLC

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

**SCOPE:** Develop a new NF by relocating no more than 86 NF beds from St. Joseph of the Pines/ Moore County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Sandhills Health & Rehabilitation, LLC  
NC Hwy 5  
Pinehurst, NC 28374

**CAPITAL EXPENDITURE:** \$40,195,700

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** January 1, 2024

This certificate is effective as of May 2, 2023



---

Micheala Mitchell, Chief

## **CONDITIONS:**

1. Sandhills Health and Rehabilitation, LLC and Pinehurst Healthcare Properties, 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 facility by relocating no more than 86 NF beds from St. Joseph of the Pines Health Center for a total of no more than 86 NF beds.
3. Upon completion of the project Sandhills Health & Rehabilitation, LLC shall be licensed for no more than 86 nursing facility beds.
4. Upon completion of this project the certificate holder shall take the necessary steps to delicense 86 nursing home facility beds from St. Joseph of the Pines Health Center.
5. For the first two years of operation following completion of the project, the certificate holder shall not increase private pay charges more than 5% of the projected private pay charges provided in Section Q of the application without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.
6. Prior to the issuance of the certificate of need, Sandhills Health and Rehabilitation, LLC and Pinehurst Healthcare Properties, LLC shall obtain documentation from St. Joseph of the Pines Inc showing that the purchase transaction between the buyer and seller has completed and shall provide a copy of the documentation to the Healthcare Planning and Certificate of Need Section.
7. 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.
8. **Progress Reports:**
  - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
  - b. The certificate holder shall complete all sections of the Progress Report form.
  - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
  - d. The first progress report shall be due on January 1, 2024.
9. 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.
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 May 2, 2023.

**Timetable**

	<b>Milestone</b>	<b>Date</b> <i>mm/dd/yyyy</i>
3	Land Acquired	3/30/2023
4	Construction / Renovation Contract(s) Executed	7/1/2023
5	25% of Construction / Renovation Completed (25% of the cost is in place)	11/30/2023
6	50% of Construction / Renovation Completed	4/30/2024
7	75% of Construction / Renovation Completed	7/31/2024
8	Construction / Renovation Completed	10/31/2024
9	Equipment Ordered	6/1/2024
10	Equipment Installed	9/30/2024
11	Equipment Operational	10/1/2024
12	Building / Space Occupied	1/1/2025
13	Licensure Obtained	1/1/2025
14	Services Offered	1/1/2025
15	Medicare and / or Medicaid Certification Obtained	2/1/2025
17	First Annual Report Due* (only for non-ESRD decisions)	4/1/2026

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: O-12304-23

FID #: 220781

**ISSUED TO:** Wilmington Health, PLLC

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

**SCOPE:** Develop a new ASF by relocating no more than three existing multispecialty GI endoscopy rooms and adding one new GI endoscopy room for a total of no more than four GI endoscopy rooms / New Hanover County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Wilmington Health on Silver Stream Lane  
2421 Silver Stream Lane  
Wilmington, NC 28401

**CAPITAL EXPENDITURE:** \$5,830,967

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of May 31, 2023



---

Micheala Mitchell, Chief

## **CONDITIONS:**

1. **Wilmington Health, PLLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
2. **The certificate holder shall develop a gastrointestinal endoscopy ambulatory surgical facility (ASF), Wilmington Health on Silver Stream Lane, by adding no more than one new gastrointestinal endoscopy room and relocating no more than three existing multispecialty gastrointestinal endoscopy rooms from Wilmington Ambulatory Surgery Center.**
3. **Upon project completion, Wilmington Health on Silver Stream Lane shall be licensed for no more than four GI endoscopy rooms, including three multispecialty endoscopy 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 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 expenditure in Sections F and Q of the application and that would otherwise require a certificate of need.**
6. **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.**
7. **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.**
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.**

(O-12304-23 Con't)

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on May 1, 2023.

Timetable

	<b>Milestone</b>	<b>Date</b> <i>mm/dd/yyyy</i>
<b>1</b>	<b>Financing Obtained</b>	<b>08/04/2023</b>
<b>2</b>	<b>Drawings Completed</b>	<b>08/04/2023</b>
<b>4</b>	<b>Construction / Renovation Contract(s) Executed</b>	<b>12/11/2023</b>
<b>5</b>	<b>25% of Construction / Renovation Completed (25% of the cost is in place)</b>	<b>03/31/2024</b>
<b>6</b>	<b>50% of Construction / Renovation Completed</b>	<b>06/15/2024</b>
<b>7</b>	<b>75% of Construction / Renovation Completed</b>	<b>09/31/2024</b>
<b>8</b>	<b>Construction / Renovation Completed</b>	<b>12/15/2024</b>
<b>9</b>	<b>Equipment Ordered</b>	<b>06/15/2024</b>
<b>10</b>	<b>Equipment Installed</b>	<b>12/20/2024</b>
<b>11</b>	<b>Equipment Operational</b>	<b>01/20/2025</b>
<b>12</b>	<b>Building / Space Occupied</b>	<b>01/20/2025</b>
<b>13</b>	<b>Licensure Obtained</b>	<b>02/20/2025</b>
<b>14</b>	<b>Services Offered</b>	<b>02/20/2025</b>
<b>15</b>	<b>Medicare and / or Medicaid Certification Obtained</b>	<b>05/20/2025</b>
<b>16</b>	<b>Facility or Service Accredited</b>	<b>08/20/2025</b>
<b>17</b>	<b>First Annual Report Due* (only for non-ESRD decisions)</b>	<b>04/01/2027</b>

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: J-12320-23

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:** Develop no more than 24 Level IV NICU beds for a total of no more than 72 Level IV NICU beds/ Orange County

**CONDITIONS:** See Reverse Side

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

**CAPITAL EXPENDITURE:** \$6,401,522

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of May 31, 2023



---

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 develop no more than 24 Level IV neonatal intensive care unit (NICU) beds for a total of no more than 82 neonatal beds upon completion of this project, including 72 Level IV NICU beds, and 10 Level III neonatal beds.**
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 October 1, 2023.**
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. **No later than three months after the last day of each of the first three full fiscal years of operation following initiation of the services authorized by this certificate of need, the certificate holder shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:**
  - a. **Payor mix for the services authorized in this certificate of need.**
  - b. **Utilization of the services authorized in this certificate of need.**
  - c. **Revenues and operating costs for the services authorized in this certificate of need.**
  - d. **Average gross revenue per unit of service.**
  - e. **Average net revenue per unit of service.**
  - f. **Average operating cost per unit of service.**
6. **The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

**A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on April 28, 2023.**

(J-12320-23 Con't)

Timetable

	<b>Milestone</b>	<b>Date</b> <i>mm/dd/yyyy</i>
<b>2</b>	<b>Drawings Completed</b>	<b>3/12/23</b>
<b>4</b>	<b>Construction / Renovation Contract(s) Executed</b>	<b>3/12/23</b>
<b>5</b>	<b>25% of Construction / Renovation Completed (25% of the cost is in place)</b>	<b>6/19/23</b>
<b>6</b>	<b>50% of Construction / Renovation Completed</b>	<b>9/26/23</b>
<b>7</b>	<b>75% of Construction / Renovation Completed</b>	<b>1/3/24</b>
<b>8</b>	<b>Construction / Renovation Completed</b>	<b>4/12/24</b>
<b>9</b>	<b>Equipment Ordered</b>	<b>10/12/23</b>
<b>10</b>	<b>Equipment Installed</b>	<b>3/12/24</b>
<b>11</b>	<b>Equipment Operational</b>	<b>4/12/24</b>
<b>12</b>	<b>Building / Space Occupied</b>	<b>6/12/24</b>
<b>13</b>	<b>Licensure Obtained</b>	<b>6/12/24</b>
<b>14</b>	<b>Services Offered</b>	<b>7/1/24</b>
<b>15</b>	<b>Medicare and / or Medicaid Certification Obtained</b>	<b>7/1/24</b>
<b>16</b>	<b>Facility or Service Accredited</b>	<b>7/1/24</b>
<b>17</b>	<b>First Annual Report Due* (only for non-ESRD decisions)</b>	<b>9/30/25</b>

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: J-12322-23

FID #: 090274

**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 unit of fixed cardiac catheterization equipment pursuant to the need determination in the 2023 SMFP/ Orange County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** University of North Carolina Hospitals-Hillsborough  
460 Waterstone Drive  
Hillsborough, NC 27278

**CAPITAL EXPENDITURE:** \$859,888

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of May 31, 2023



---

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 develop no more than one unit of fixed cardiac catheterization equipment at UNC Hospitals Hillsborough Campus pursuant to the need determination in the 2023 State Medical Facilities Plan for a total of no more than five units of fixed cardiac catheterization equipment upon project completion, including four units of fixed cardiac catheterization equipment located at UNC Hospitals main campus in Chapel Hill.
3. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.
4. Progress Reports:
  - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
  - b. The certificate holder shall complete all sections of the Progress Report form.
  - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
  - d. The first progress report shall be due on October 1, 2023.
5. No later than three months after the last day of each of the first three full fiscal years of operation following initiation of the services authorized by this certificate of need, the certificate holder shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
  - a. Payor mix for the services authorized in this certificate of need.
  - b. Utilization of the services authorized in this certificate of need.
  - c. Revenues and operating costs for the services authorized in this certificate of need.
  - d. Average gross revenue per unit of service.
  - e. Average net revenue per unit of service.
  - f. Average operating cost per unit of service.
6. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on April 28, 2023.

**Timetable**

	<b>Milestone</b>	<b>Date</b> <i>mm/dd/yyyy</i>
1	Equipment Ordered	9/2/23
2	Equipment Installed	12/15/23
3	Building / Space Occupied	12/31/23
<b>5</b>	<b>Services Offered</b>	1/1/24
6	First Annual Report Due* (only for non-ESRD decisions)	10/1/25

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: G-12307-23

FID #: 933425

**ISSUED TO:** American Healthcare Systems, 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 an inpatient dialysis service with no more than 3 stations/  
Randolph County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Randolph Hospital  
364 White Oak St  
Asheboro, NC 27203

**CAPITAL EXPENDITURE:** \$270,120

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of May 9, 2023



---

Micheala Mitchell, Chief

**CONDITIONS:**

1. American Healthcare Systems, LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall develop inpatient dialysis services at Randolph Hospital by developing no more than three hemodialysis stations upon project completion.
3. 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 F of the application and that would otherwise require a certificate of need.
4. Progress Reports:
  - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
  - b. The certificate holder shall complete all sections of the Progress Report form.
  - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
  - d. Progress reports shall be due on the first day of every sixth month. The first progress report shall be due on October 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 April 11 2023.

**Timetable**

	<b>Milestone</b>	<b>Date</b> <i>mm/dd/yyyy</i>
<b>1</b>	<b>Financing Obtained</b>	<b>8/15/2023</b>
<b>2</b>	<b>Equipment Ordered</b>	<b>8/15/23</b>
<b>3</b>	<b>Equipment Installed</b>	<b>9/25/23</b>
<b>4</b>	<b>Equipment Operational</b>	<b>9/27/23</b>
<b>5</b>	<b>Services Offered</b>	<b>10/1/23</b>

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: A-12312-23

FID #: 970527

**ISSUED TO: Total Renal Care of North Carolina, 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 existing dialysis facility**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: Cherokee Dialysis Center  
325 Hospital Road  
Cherokee, NC 28719**

**CAPITAL EXPENDITURE: \$2,305,360**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of May 31, 2023



---

Micheala Mitchell, Chief

**CONDITIONS:**

- 1. Total Renal Care of North Carolina, LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. The certificate holder shall relocate the existing Cherokee Dialysis Center facility in Swain County to a new location in Swain County.**
- 3. Cherokee Dialysis Center shall be certified for no more than 20 in-center stations upon completion of this project.**
- 4. The certificate holder shall install plumbing and electrical wiring through the walls for no more than 20 in- center stations.**
- 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. Progress reports shall be due on the first day of every third month. The first progress report shall be due on November 1, 2023.**
- 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 May 2, 2023.**

## Timetable

	<b>Milestone</b>	<b>Date</b>
1	50% of Construction / Renovation Completed	8/14/2023
2	Construction / Renovation Completed	11/06/2023
3	Equipment Ordered	9/02/2023
4	Equipment Installed	11/16/2023
5	Equipment Operational	1 2/07/2023
6	Building / Space Occupied	1/01/2025
7	Services Offered	1/01/2025
8	Medicare and / or Medicaid Certification Obtained	1/01/2025

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: J-12263-22

FID #: 923421

**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:** Develop no more than 18 additional acute care beds pursuant to the need determination in the 2022 SMFP for a total of no more than 164 acute care beds upon completion of this project and Project ID# J-12029-21 (Develop a new separately licensed 40-bed hospital [Duke Green Level Hospital] by relocating no more than 40 acute care beds and two shared operating rooms from Duke Raleigh Hospital)/ Wake County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Duke Raleigh Hospital  
3400 Wake Forest Road  
Raleigh, North Carolina 27609

**CAPITAL EXPENDITURE:** \$2,500,000

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of May 8, 2023



---

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 develop no more than 18 acute care beds at Duke Raleigh Hospital pursuant to the need determination in the 2022 SMFP.
3. Upon completion of this project and Project ID#J-12029-21 (Develop a new separately licensed 40-bed hospital [Duke Green Level Hospital] by relocating no more than 40 acute care beds and two shared operating rooms from Duke Raleigh Hospital) Duke Raleigh Hospital shall be licensed for no more than 164 acute care beds.
4. Progress Reports:
  - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
  - b. The certificate holder shall complete all sections of the Progress Report form.
  - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
  - d. The first progress report shall be due on October 1, 2023.
5. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.
6. 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 **May 8, 2023**.

**Timetable**

<b>Milestone</b>		<b>Date</b> <i>mm/dd/yyyy</i>
<b>14</b>	<b>Services Offered</b>	7/1/2023