

**Certificate of Need  
Certificates Issued (Revised)  
October 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
Cabarrus	F-012367-23	Atrium Health Cabarrus	943049	Hospital	Develop no more than 65 acute care beds pursuant to the 2023 SMFP need determination for a total of no more than 514 acute care beds upon completion of this project and Project ID #F-12116-21 (add 22 beds)	5/1/2023	9/13/2023	10/14/2023	Conditional Approval	Julie Faenza	Micheala Mitchell	\$110,113,480	5/1/2024
Caldwell	E-012398-23	EmergeOrtho-Lenoir	230543	Diagnostic center	Acquire a fixed MRI scanner pursuant to the 2023 SMFP need determination	7/1/2023	9/27/2023	10/28/2023	Conditional Approval	Ena Lightbourne	Micheala Mitchell	\$1,389,420	5/1/2024
Durham	J-012358-23	EmergeOrtho Mobile MRI Triad Route	230319		Acquire one mobile MRI scanner pursuant to the 2023 SMFP need determination	5/1/2023	9/27/2023	10/28/2023	Conditional Approval	Greg Yakaboski	Mike McKillip	\$1,255,500	3/1/2024
Durham	J-012378-23	Duke Imaging Mobile MRI	230334		Acquire one mobile MRI scanner pursuant to the 2023 SMFP need determination	5/1/2023	9/27/2023	10/28/2023	Conditional Approval	Greg Yakaboski	Mike McKillip	\$2,794,002	3/1/2024
Durham	J-012406-23	Durham Regional Dialysis	160396	Dialysis facility	Add no more than 10 dialysis stations pursuant to Condition 1 of the facility need methodology for a total of no more than 20 stations upon project completion	8/1/2023	9/11/2023	10/12/2023	Conditional Approval	Crystal Kearney	Mike McKillip	\$167,980	2/1/2024
Gaston	F-012390-23	CaroMont Regional Medical Center	943184	Hospital	Develop no more than 24 additional acute care beds pursuant to the 2023 SMFP need determination for a total of no more than 423 beds (excluding 16 neonatal acute care beds) upon completion of this project, Project ID# F-11749-19 (develop a new hospital by relocating no more than 21 acute care beds from CRMC and developing 33 acute care beds pursuant to the need determination in the 2019 SMFP, and Project ID# F-11894-20 (add 64 acute care beds pursuant to the need determination in the 2020 SMFP)	7/1/2023	9/19/2023	10/20/2023	Conditional Approval	Cynthia Bradford	Lisa Pittman	\$28,012,425	2/1/2024
Johnston	J-012400-23	Johnston Health	943290	Hospital	Acquire one additional unit of fixed cardiac catheterization equipment pursuant to the 2023 SMFP need determination	7/1/2023	9/27/2023	10/28/2023	Conditional Approval	Ena Lightbourne	Micheala Mitchell	\$100,000	5/1/2024
Moore	H-012360-23	Southern Pines Surgery Center	220730	Ambulatory surgical facility	Develop a new ASF by relocating two existing ORs from Surgery Center of Pinehurst and developing two procedure rooms	5/1/2023	9/22/2023	10/24/2023	Denied	Julie Faenza	Micheala Mitchell	\$27,766,529	1/1/2024
Orange	J-012386-23	Carolina Dialysis-Carrboro	956088	Dialysis facility	Relocate no more than 2 dialysis stations from Carolina Dialysis Siler City, no more than 2 dialysis stations from FMC Dialysis Center West Pettigrew, and no more than 1 dialysis station from Carolina Dialysis Pittsboro for a total of no more than 46 stations upon completion of this project, Project ID #J-12080-21 (relocate 2 stations), and Project ID #J-11995-20 (relocate 2 stations)	6/1/2023	9/15/2023	10/18/2023	Conditional Approval	Julie Faenza	Gloria Hale	\$1,850,000	5/1/2024
Wake	J-011825-19	Raleigh Radiology Cary	080405	Diagnostic center	Acquire one fixed MRI scanner pursuant to the need determination in the 2019 SMFP	12/1/2019	4/28/2020	10/15/2023	Conditional Approval	Greg Yakaboski	Lisa Pittman	\$3,729,791	2/1/2024
Wake	J-012354-23	Liberty Commons Nursing and Rehabilitation Center of Wake County	230316	Nursing home	Develop a new 125-bed NF by relocating 19 NF beds from Liberty Commons of Alamance, 28 NF beds from Cross Creek (Hyde County), 20 NF beds from Oak Forest (Forsyth County), and 58 NF beds from Golden Years (Cumberland County)	5/1/2023	9/27/2023	10/28/2023	Conditional Approval	Cynthia Bradford	Micheala Mitchell	\$34,454,934	1/1/2024



# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: F-12367-23

FID #: 943049

**ISSUED TO:** The Charlotte-Mecklenburg Hospital Authority

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

**SCOPE:** Develop no more than 65 acute care beds pursuant to the 2023 SMFP need determination for a total of no more than 514 acute care beds upon completion of this project and Project ID #F-12116-21 (add 22 beds) / Cabarrus County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Atrium Health Cabarrus  
920 Church Street North  
Concord, NC 28025

**CAPITAL EXPENDITURE:** \$110,113,480

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of October 14, 2023



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Micheala Mitchell, Chief

**CONDITIONS:**

- 1. The Charlotte-Mecklenburg Hospital Authority (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. The certificate holder shall develop no more than 65 new acute care beds at Atrium Health Cabarrus.**
- 3. Upon completion of this project and Project ID #F-12116-21, Atrium Health Cabarrus shall be licensed for no more than 514 acute care beds, excluding any Level II, III, or IV NICU 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 May 1, 2024.**
- 5. The certificate holder shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.**
- 6. The certificate holder shall 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 acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on September 20, 2023.**

## Timetable

	<b>Milestone</b>	<b>Date</b>
1	Drawings Completed	12/2/2024
2	Construction / Renovation Contract(s) Executed	1/1/2025
3	25% of Construction / Renovation Completed (25% of the cost is in place)	6/1/2025
4	50% of Construction / Renovation Completed	1/1/2026
5	75% of Construction / Renovation Completed	6/1/2026
6	Construction / Renovation Completed	1/1/2027
7	Equipment Ordered	1/1/2026
8	Equipment Installed	3/1/2027
9	Equipment Operational	5/1/2027
10	Building / Space Occupied	7/1/2027
11	<b>Services Offered (required)</b>	<b>7/1/2027</b>

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: E-12398-23

FID #: 230543

**ISSUED TO:** EmergeOrtho, P.A.

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 fixed MRI scanner pursuant to the 2023 SMFP need determination/Caldwell County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** EmergeOrtho-Lenoir  
125 Hospital Avenue NW  
Lenoir, NC 28645

**CAPITAL EXPENDITURE:** \$1,389,420

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of October 28, 2023



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Micheala Mitchell, Chief

## **CONDITIONS:**

1. EmergeOrtho P.A. (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 fixed MRI scanner pursuant to an adjusted need determination in the 2023 SMFP.
3. Upon completion of the project EmergeOrtho-Lenoir shall be licensed for no more than one fixed MRI scanner.
4. Progress Reports:
  - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
  - b. The certificate holder shall complete all sections of the Progress Report form.
  - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
  - d. The first progress report shall be due on May 1, 2024.
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 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 acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on September 28, 2023.

## Timetable

	<b>Milestone</b>	<b>Date</b> <i>mm/dd/yyyy</i>
1	Financing Obtained	02/01/2024
2	Drawings Completed	04/15/2024
3	Construction / Renovation Contract(s) Executed	06/01/2024
4	25% of Construction / Renovation Completed (25% of the cost is in place)	07/15/2024
5	50% of Construction / Renovation Completed	09/01/2024
6	75% of Construction / Renovation Completed	10/15/2024
7	Construction / Renovation Completed	12/01/2024
8	Equipment Ordered	02/15/2024
9	Equipment Installed	02/15/2024
10	Equipment Operational	12/01/2024
11	Building / Space Occupied	12/15/2024
<b>12</b>	<b>Services Offered</b>	01/01/2025
13	Facility or Service Accredited	01/01/2026



# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: J-12358-23

FID #: 230319

**ISSUED TO:** EmergeOrtho, P.A.

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 one mobile MRI scanner pursuant to the 2023 SMFP need determination / Durham County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** EmergeOrtho Mobile MRI Triad Route  
120 William Penn Plaza  
Durham, NC 27704

**CAPITAL EXPENDITURE:** \$1,255,500

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of October 28, 2023



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Micheala Mitchell, Chief

## **CONDITIONS:**

- 1. EmergeOrtho, PA (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. The certificate holder shall acquire one mobile MRI scanner with transporting equipment pursuant to the need determination in the 2023 SMFP. The mobile MRI scanner shall be moved each week to provide MRI services to at least two host sites and shall not, at any time, serve less than two host sites each week.**
- 3. The mobile MRI scanner shall not, at any time, be converted to a fixed MRI scanner without the certificate holder first obtaining a new certificate of need for a fixed MRI scanner.**
- 4. The acquisition of the mobile MRI scanner shall constitute development of a mobile diagnostic program and shall not result in the creation of a diagnostic center located at any of the host sites.**
- 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 March 1, 2024.**
- 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. 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 acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on October 1, 2023.**

(J-12358-23 Con't)

**Timetable**

	<b>Milestone</b>	<b>Date</b> <i>mm/dd/yyyy</i>
1	Financing Obtained	11/9/2023
2	Drawings Completed	12/9/2023
4	Construction / Renovation Contract(s) Executed	1/8/2024
5	25% of Construction / Renovation Completed (25% of the cost is in place)	1/28/2024
6	50% of Construction / Renovation Completed	2/17/2024
7	75% of Construction / Renovation Completed	3/8/2024
8	Construction / Renovation Completed	3/18/2024
9	Equipment Ordered	11/9/2023
10	Equipment Installed	3/8/2024
11	Equipment Operational	3/22/2024
12	Building / Space Occupied	3/22/2024
<b>14</b>	<b>Services Offered</b>	4/1/2024
16	Facility or Service Accredited	4/1/2025

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: J-12378-23

FID #: 230334

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

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

**SCOPE:** Acquire one mobile MRI scanner pursuant to the 2023 SMFP need determination / Durham County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Duke Imaging Mobile MRI  
310 Blackwell Street  
4th Floor  
Durham, NC 27701

**CAPITAL EXPENDITURE:** \$2,794, 002

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of October 28, 2023



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Micheala Mitchell, Chief

**CONDITIONS:**

1. Duke University Health System, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall acquire one mobile MRI scanner with transporting equipment pursuant to the need determination in the 2023 SMFP. The mobile MRI scanner shall be moved each week to provide MRI services to at least two host sites and shall not, at any time, serve less than two host sites each week.
3. The mobile MRI scanner shall not, at any time, be converted to a fixed MRI scanner without the certificate holder first obtaining a new certificate of need for a fixed MRI scanner.
4. The acquisition of the mobile MRI scanner shall constitute development of a mobile diagnostic program and shall not result in the creation of a diagnostic center located at any of the host sites.
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 March 1, 2024.
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. 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 acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on October 20, 2023.

**Timetable**

	<b>Milestone</b>	<b>Date</b> <i>mm/dd/yyyy</i>
<b>9</b>	<b>Equipment Ordered</b>	<b>2/1/2024</b>
<b>11</b>	<b>Equipment Operational</b>	<b>12/1/2024</b>
<b>14</b>	<b>Services Offered</b>	<b>1/1/2025</b>

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: J-12406-23

FID #: 160396

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

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

**SCOPE:** Add no more than 10 dialysis stations pursuant to Condition 1 of the facility need methodology for a total of no more than 20 stations upon project completion / Durham County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Durham Regional Dialysis  
3901 North Roxboro Road  
Durham, NC 27704

**CAPITAL EXPENDITURE:** \$167,980

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of October 12, 2023



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Micheala Mitchell, Chief

**CONDITIONS:**

1. DVA Healthcare Renal Care, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. Pursuant to Condition 1 of the facility need determination in the 2023 SMFP, the certificate holder shall develop no more than ten additional dialysis stations for a total of no more than 20 stations at Durham Regional Dialysis.
3. Progress Reports
  - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
  - b. The certificate holder shall complete all sections of the Progress Report form.
  - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
  - d. The first progress report shall be due on February 1, 2024.
4. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

**A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on September 25, 2023.**

**Timetable**

<b>Milestone</b>		<b>Date</b> <i>mm/dd/yyyy</i>
<b>14</b>	<b>Services Offered</b>	01/01/2025
<b>15</b>	Medicare and / or Medicaid Certification Obtained	01/01/2025

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: F-12390-23

FID #: 943184

**ISSUED TO:** Gaston Memorial Hospital, Incorporated  
CaroMont 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 24 additional acute care beds pursuant to the 2023 SMFP need determination for a total of no more than 423 beds upon completion of this project, Project ID# F-11749-19 (develop a new hospital by relocating no more than 21 acute care beds from CRMC and developing 33 acute care beds pursuant to the need determination in the 2019 SMFP), and Project ID# F-11894-20 (add 64 acute care beds pursuant to the need determination in the 2020 SMFP) / Gaston County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** CaroMont Regional Medical Center  
2525 Court Drive  
Gastonia, NC 28054

**CAPITAL EXPENDITURE:** \$28,012,425

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of October 20, 2023

*Micheala Mitchell*

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Micheala Mitchell, Chief



**CONDITIONS:**

1. Gaston Memorial Hospital, Incorporated and CaroMont Health, Inc. (hereinafter the 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 additional acute care beds at CaroMont Regional Medical Center for a total of no more than 423 beds upon project completion, excluding 16 neonatal acute care beds
3. Upon completion of this project, and Project ID# F-11749-19 (develop a new hospital by relocating no more than 21 acute care beds from CRMC and developing 33 acute care beds pursuant to the need determination in the 2019 SMFP, and Project ID# F-11894-20 (add 64 acute care beds pursuant to the need determination in the 2020 SMFP CaroMont Regional Medical Center shall be licensed for no more than 423 acute care beds, excluding 16 neonatal acute care beds.
4. The certificate holder shall not acquire as part of this project any equipment that is not included in the project’s proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.
5. The certificate holder shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.
6. **Progress Reports:**
  - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
  - b. The certificate holder shall complete all sections of the Progress Report form.
  - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
  - d. The first progress report shall be due on February 1, 2024
7. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

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

**Timetable**

	<b>Milestone</b>	<b>Date</b> <i>mm/dd/yyyy</i>
1	Financing Obtained	06/10/2023
2	Drawings Completed	06/30/2024
3	Construction / Renovation Contract(s) Executed	08/30/2024
4	25% of Construction / Renovation Completed (25% of the cost is in place)	06/30/2025
5	50% of Construction / Renovation Completed	08/31/2025
6	75% of Construction / Renovation Completed	10/31/2025
7	Construction / Renovation Completed	12/31/2025
8	Building / Space Occupied	05/30/2026
9	<b>Services Offered</b>	07/01/2026

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: J-12400-23

FID #: 943290

**ISSUED TO:** Johnston Health Services Corporation

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

**SCOPE:** Acquire one additional unit of fixed cardiac catheterization equipment pursuant to the 2023 SMFP need determination/ Johnston County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** UNC Health Johnston-Smithfield Campus  
509 North Bright Leaf Blvd  
Smithfield, NC 27577

**CAPITAL EXPENDITURE:** \$100,000

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of October 28, 2023



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Micheala Mitchell, Chief

**CONDITIONS:**

1. Johnston Health Services Corporation (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 pursuant to the need determination in the 2023 SMFP.
3. Upon completion of the project, University of North Carolina Health Johnston-Smithfield Campus shall be licensed for no more than two units of fixed cardiac catheterization equipment.
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, 2024.
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 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 acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on September 9, 2023.

**Timetable**

	<b>Milestone</b>	<b>Date</b> <i>mm/dd/yyyy</i>
1	Services Offered	07/01/2024
2	Medicare and / or Medicaid Certification Obtained	07/01/2024
3	Facility or Service Accredited	07/01/2024

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: H-12360-23

FID #: 220730

**ISSUED TO:** Southern Pines Surgery Center, LLC  
Southern Pines Surgery Center Properties, LLC  
Pinehurst Surgical Clinic Realty, LLC

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

**SCOPE:** Develop a new ASF by relocating two existing ORs from Surgery Center of Pinehurst and developing two procedure rooms / Moore County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Southern Pines Surgery Center  
400 Pavilion Way  
Southern Pines, NC 28387

**CAPITAL EXPENDITURE:** \$27,766,529

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of October 24, 2023



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Micheala Mitchell, Chief

## **CONDITIONS:**

- 1. Southern Pines Surgery Center Properties, LLC, Southern Pines Surgery Center, LLC, and Pinehurst Surgical Clinic Realty, 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 ambulatory surgical facility (“ASF”), Southern Pines Surgery Center, by relocating two existing operating rooms from Surgery Center of Pinehurst and developing two procedure rooms.**
- 3. Upon completion of the project, Southern Pines Surgery Center shall be licensed for no more than two operating rooms.**
- 4. Upon completion of the project, Surgery Center of Pinehurst shall be licensed for no more than four operating rooms.**
- 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. 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 January 1, 2024. The second progress report shall be due on April 1, 2024, and so forth.**

## Timetable

<b>Milestone</b>		<b>Date</b>
1	Drawings Completed	11/1/2024
2	Construction / Renovation Contract(s) Executed	2/1/2025
3	25% of Construction / Renovation Completed (25% of the cost is in place)	5/1/2025
4	50% of Construction / Renovation Completed	8/1/2025
5	75% of Construction / Renovation Completed	11/1/2025
6	Construction / Renovation Completed	2/1/2026
7	Building / Space Occupied	4/1/2026
8	Licensure Obtained	7/1/2026
<b>9</b>	<b>Services Offered (required)</b>	<b>7/1/2026</b>
10	Medicare and / or Medicaid Certification Obtained	7/1/2026
11	Facility or Service Accredited	2/1/2027

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: J-12386-23

FID #: 956088

**ISSUED TO:** Carolina 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:** Relocate no more than 2 dialysis stations from Carolina Dialysis Siler City, no more than 2 dialysis stations from FMC Dialysis Center West Pettigrew, and no more than 1 dialysis station from Carolina Dialysis Pittsboro for a total of no more than 46 stations upon completion of this project, Project ID #J-12080-21 (relocate 2 stations), and Project ID #J-11995-20 (relocate 2 stations) / Orange County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Carolina Dialysis-Carrboro  
105 Renee Lynne Court  
Carrboro, NC 27510

**CAPITAL EXPENDITURE:** \$1,850,400

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of October 17, 2023

*Micheala Mitchell*

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Micheala Mitchell, Chief

## **CONDITIONS:**

- 1. Carolina Dialysis, LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. Pursuant to Policy ESRD-2 in the 2023 SMFP, the certificate holder shall relocate no more than two dialysis stations from Carolina Dialysis-Siler City, no more than two dialysis stations from FMC Dialysis Center West Pettigrew, and no more than one dialysis station from Carolina Dialysis-Pittsboro for a total of no more than 46 in-center dialysis stations at Carolina Dialysis-Carrboro upon completion of this project, Project ID #J-12080-21 (relocate 2 stations), and Project ID #J-11995-20 (relocate 2 stations).**
- 3. Upon completion of this project, the certificate holder shall take the necessary steps to decertify two in-center and home hemodialysis stations at Carolina Dialysis-Siler City for a total of no more than 24 in-center and home hemodialysis stations at Carolina Dialysis-Siler City.**
- 4. Upon completion of this project, Fresenius Medical Care Holdings, Inc. shall take the necessary steps to decertify two in-center and home hemodialysis stations at FMC Dialysis Center West Pettigrew for a total of no more than 22 in-center and home hemodialysis stations at FMC Dialysis Center West Pettigrew.**
- 5. Upon completion of this project, the certificate holder shall take the necessary steps to decertify one in-center and home hemodialysis station at Carolina Dialysis-Pittsboro for a total of no more than 12 in-center and home hemodialysis stations at Carolina Dialysis-Pittsboro.**
- 6. Upon completion of the proposed project, Carolina Dialysis-Siler City shall have no more than 24 dialysis stations, FMC Dialysis Center West Pettigrew shall have no more than 22 dialysis stations, and Carolina Dialysis-Pittsboro shall have no more than 12 dialysis stations.**
- 7. Progress Reports:**
  - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.**
  - b. The certificate holder shall complete all sections of the Progress Report form.**
  - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.**
  - d. The first progress report shall be due on April 1, 2024.**
- 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 acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on September 15, 2023.**

**Timetable**

	<b>Milestone</b>	<b>Date</b>
1	Financing Obtained	4/1/2024
2	Drawings Completed	7/30/2024
3	Construction / Renovation Contract(s) Executed	11/27/2024
4	25% of Construction / Renovation Completed (25% of the cost is in place)	2/25/2025
5	50% of Construction / Renovation Completed	5/26/2025
6	75% of Construction / Renovation Completed	8/24/2025
7	Construction / Renovation Completed	11/22/2025
8	Equipment Ordered	9/17/2025
9	Equipment Installed	11/16/2025
10	Equipment Operational	12/7/2025
11	Building / Space Occupied	12/7/2025
<b>12</b>	<b>Services Offered (required)</b>	<b>12/31/2025</b>
13	Medicare and / or Medicaid Certification Obtained	12/31/2025

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

**CORRECTED**  
**Certificate of Need**

for

**Project ID #: J-11825-19**

**FID #: 080405**

**ISSUED TO: Raleigh Radiology, 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 one fixed MRI scanner pursuant to the need determination in the 2019 SMFP /Wake County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: Raleigh Radiology Cary  
150 Parkway Office Court, Suite 100  
Cary, NC 27518**

**CAPITAL EXPENDITURE: \$3,729,791**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of October 15, 2023  
Corrected certificate issued on October 20, 2023



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**Micheala Mitchell, Chief**

**CONDITIONS:**

1. Raleigh Radiology, LLC shall materially comply with all representations made in the certificate of need application.
2. Raleigh Radiology, LLC shall acquire no more than one fixed MRI scanner pursuant to the need determination in the 2019 SMFP to be located at Raleigh Radiology Cary.
3. Upon completion of the project, Raleigh Radiology Cary shall be licensed for no more than one fixed MRI scanner.
4. Raleigh Radiology, LLC 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 years of operation following initiation of the services authorized by this certificate of need, Raleigh Radiology, LLC 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. Raleigh Radiology, LLC 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 acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on April 29, 2020.

**Timetable**

	<b>Milestone</b>	<b>Date</b> <i>mm/dd/yyyy</i>
1	Financing Obtained	12/17/2023
2	Drawings Completed	1/8/2024
4	Construction / Renovation Contract(s) Executed	3/26/2024
5	25% of Construction / Renovation Completed (25% of the cost is in place)	4/11/2024
6	50% of Construction / Renovation Completed	4/26/2024
7	75% of Construction / Renovation Completed	5/10/2024
8	Construction / Renovation Completed	5/25/2024
9	Equipment Ordered	1/28/2024
10	Equipment Installed	6/2/2024
11	Equipment Operational	7/1/2024
12	Building / Space Occupied	5/25/2024
<b>14</b>	<b>Services Offered</b>	7/1/2024
15	Medicare and / or Medicaid Certification Obtained	7/1/2024
16	Facility or Service Accredited	7/1/2025
17	First Annual Report Due	9/31/2025

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: J-12354-23

FID #: 230316

**ISSUED TO:** Liberty Healthcare Nursing Properties of Wake County, LLC  
Liberty Commons of Wake County, LLC

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

**SCOPE:** Develop a new 125-bed NF by relocating 19 NF beds from Liberty Commons of Alamance, 28 NF beds from Cross Creek (Hyde County), 20 NF beds from Oak Forest (Forsyth County), and 58 NF beds from Golden Years (Cumberland County) / Wake County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Liberty Commons Nursing & Rehabilitation  
Center of Wake County  
1601 & 1603 Avent Ferry Road  
Holly Springs, NC 27540

**CAPITAL EXPENDITURE:** \$34,454,934

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of October 28, 2023



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Micheala Mitchell, Chief

## **CONDITIONS:**

1. Liberty Healthcare Nursing Properties of Wake County, LLC and Liberty Commons of Wake County, 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 19 NF beds from Liberty Commons of Alamance in Alamance County, 28 NF beds from Cross Creek Care Center in Hyde County, 20 NF beds from Oak Forest Care Center in Forsyth County, and 58 NF beds from Golden Years Care Center in Cumberland County for a total of no more than 125 NF beds.
3. Upon completion of the project Liberty Commons of Wake County shall be licensed for no more than 125 nursing facility beds.
4. Upon completion of this project the certificate holder shall take the necessary steps to delicense 19 NF beds from Liberty Commons of Alamance in Alamance County, 28 NF beds from Cross Creek Care Center in Hyde County, 20 NF beds from Oak Forest Care Center in Forsyth County, and 58 NF beds from Golden Years Care Center in Cumberland County for a total of no more than 125 NF beds.
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, Liberty Healthcare and Rehabilitation Center of Wake County, LLC shall obtain documentation from AKA Real Holdings, LLC., and KB Square, LLC. 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. 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 acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on October 2, 2023.**

## Timetable

<b>Milestone</b>		<b>Date</b> <i>mm/dd/yyyy</i>
<b>1</b>	<b>Drawings Completed</b>	<b>1/1/26</b>
<b>2</b>	<b>Land Acquired</b>	<b>3/1/26</b>
<b>3</b>	<b>Construction / Renovation Contract(s) Executed</b>	<b>6/1/26</b>
<b>4</b>	<b>25% of Construction / Renovation Completed (25% of the cost is in place)</b>	<b>3/1/27</b>
<b>5</b>	<b>50% of Construction / Renovation Completed</b>	<b>8/1/27</b>
<b>6</b>	<b>75% of Construction / Renovation Completed</b>	<b>1/1/28</b>
<b>7</b>	<b>Construction / Renovation Completed</b>	<b>7/1/28</b>
<b>8</b>	<b>Building / Space Occupied</b>	<b>10/1/28</b>
<b>9</b>	<b>Licensure Obtained</b>	<b>10/1/28</b>
<b>10</b>	<b>Services Offered</b>	<b>10/1/28</b>
<b>11</b>	<b>Medicare and / or Medicaid Certification Obtained</b>	<b>12/1/28</b>

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: J-12355-23

FID #: 230315

**ISSUED TO:** Liberty Healthcare Properties of Raleigh, LLC  
Liberty Commons of Raleigh, 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 125-bed NF by relocating 122 NF beds from Liberty Commons of Carteret County (Project ID # P-12179-22 (Develop a new facility by relocating no more than 122 NF beds from Harborview Health Care Center)) and 3 NF beds from Pinehurst Healthcare and Rehabilitation (Moore County) / Wake County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Liberty Commons Rehabilitation and Nursing  
Care of Raleigh  
5225 Buffaloe Road  
Raleigh, NC 27616

**CAPITAL EXPENDITURE:** \$32,801,423

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of October 28, 2023

*Micheala Mitchell*

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Micheala Mitchell, Chief

## **CONDITIONS:**

- 1. Liberty Healthcare Nursing Properties of Raleigh, LLC and Liberty Commons of Raleigh, LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**

The certificate holder shall develop a new facility by relocating no more than 122 NF beds from Harborview Health Care Center in Carteret County, and 3 NF beds from Pinehurst Healthcare and Rehabilitation in Moore County for a total of no more than 125 NF beds.

- 2. Upon completion of the project Liberty Commons Rehabilitation and Nursing Care of Raleigh shall be licensed for no more than 125 nursing facility beds.**
- 3. Upon completion of this project the certificate holder shall take the necessary steps to delicense 122 NF beds from Harborview Health Care Center in Carteret County, and 3 NF beds from Pinehurst Healthcare and Rehabilitation in Moore County for a total of no more than 125 NF 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 in the certificate of need application.**
- 5. The certificate holder shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.**
- 6. 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.**
- 7. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.**
- 8. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

**A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on October 2, 2023.**



## Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Drawings Completed	1/1/26
2	Land Acquired	3/1/26
3	Construction / Renovation Contract(s) Executed	6/1/26
4	25% of Construction / Renovation Completed (25% of the cost is in place)	3/1/27
5	50% of Construction / Renovation Completed	8/1/27
6	75% of Construction / Renovation Completed	1/1/28
7	Construction / Renovation Completed	7/1/28
8	Building / Space Occupied	10/1/28
9	Licensure Obtained	10/1/28
10	Services Offered	10/1/28
11	Medicare and / or Medicaid Certification Obtained	12/1/28

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: J-12383-23

FID #: 110707

**ISSUED TO:** Hillco, Ltd.  
Eagle Peak LTC Group, LLC  
Britthaven, 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:** COS/COR for Project ID# J-12123-21 (Cost overrun for Project ID# J-8618-10 (Develop a new 90-bed nursing facility)) to relocate 30 NF beds from Enfield Oaks Nursing and Rehabilitation Center (Halifax County) for a total of 120 NF beds upon project completion/ Wake County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Britthaven of Holly Springs  
2936 Ralph Stevens Road  
Holly Springs, NC 27529

**CAPITAL EXPENDITURE:** \$6,703,093

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of October 3, 2023

*Micheala Mitchell*

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Micheala Mitchell, Chief

## **CONDITIONS:**

- 1. Hillco, Ltd., Eagle Peak LTC Group, LLC, and Britthaven, Inc. (hereinafter certificate holder) shall materially comply with the representations in this application and the representations in Project ID# J-12123-21. Where representations conflict, the certificate holder shall materially comply with the last made representation.**
- 2. The total combined cost for both projects is \$31,710,214, an increase of \$6,703,093 over the capital expenditure of \$25,007,121 previously approved in Project ID# J-12123-21.**
- 3. The certificate holder shall relocate a total of no more than 25 NF beds from Enfield Oaks Health and Rehabilitation Center to Britthaven of Holly Springs for a total of no more than 120 NF beds upon completion of this project and Project I.D. # J-12123-21.**
- 4. Upon completion of this project and Project ID# J-12123-21, Britthaven of Holly Springs shall be licensed for no more than 120 NF beds.**
- 5. The certificate holder shall delicense 30 NF beds at Enfield Oaks Health and Rehabilitation Center, for a total of no more than 30 NF beds following completion of this project.**
- 6. 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.**
- 7. The certificate holder shall certify at least 75% of the total number of NF beds in the facility for participation in the Medicaid program and shall provide care to Medicaid recipients commensurate with representations made in this application, Project ID # J-12123-21 and Project ID # J-8618-10.**
- 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 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.
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. 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 August 31, 2023.

#### Timetable

	<b>Milestone</b>	<b>Date</b>
1	Financing Obtained	12/01/2023
2	Drawings Completed	2/01/2024
3	Construction / Renovation Contract(s) Executed	3/1/2024
4	25% of Construction / Renovation Completed (25% of the cost is in place)	6/30/2024
5	50% of Construction / Renovation Completed	11/10/2025
6	75% of Construction / Renovation Completed	3/21/2025
7	Construction / Renovation Completed	7/21/2025
8	Equipment Ordered	4/21/2025
9	Equipment Installed	9/04/2025
10	Equipment Operational	9/20/2025
11	Building / Space Occupied	9/25/2025
12	Licensure Obtained	10/01/2025
13	Services Offered	10/01/2025
14	Medicare and / or Medicaid Certification Obtained	11/01/2025
15	Facility or Service Accredited	11/01/2025
16	First Annual Report Due* (only for non-ESRD decisions)	1/01/2027

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: J-12402-23

FID #: 230546

**ISSUED TO:** Wake Radiology Diagnostic Imaging, Inc.  
WR Imaging, LLC

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

**SCOPE:** Develop a new diagnostic center by acquiring, replacing, and relocating an existing fixed PET scanner/Wake County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Wake Radiology UNC REX PET CT-Imaging  
Center  
4420 Lake Boone Trail  
Raleigh, NC 27607

**CAPITAL EXPENDITURE:** \$3,616,420

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of October 31, 2023



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Micheala Mitchell, Chief

## **CONDITIONS:**

- 1. WR Imaging, LLC and Wake Radiology Diagnostic Imaging, Inc. (hereinafter collectively referred to as 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 diagnostic center by acquiring, replacing, and relocating an existing PET scanner at UNC Health Rex Hospital to Wake Radiology UNC REX PET-CT Imaging Center.**
- 3. Upon completion of the project, Wake Radiology UNC REX PET-CT Imaging Center shall be licensed for no more than one PET scanner.**
- 4. Prior to issuance of a Certificate of Need, the applicant 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 Wake Radiology UNC Rex PET-CT Imaging Center.**
- 5. Progress Reports:**
  - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.**
  - b. The certificate holder shall complete all sections of the Progress Report form.**
  - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.**
  - d. The first progress report shall be due on April 1, 2024.**
- 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. 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 acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on October 6, 2023.**

## Timetable

	<b>Milestone</b>	<b>Date</b> <i>mm/dd/yyyy</i>
1	Financing Obtained	01/15/2024
2	Drawings Completed	01/30/2024
3	Construction / Renovation Contract(s) Executed	02/05/2024
4	25% of Construction / Renovation Completed (25% of the cost is in place)	05/24/2024
5	75% of Construction / Renovation Completed	07/19/2024
6	Construction / Renovation Completed	08/16/2024
7	Equipment Ordered	01/15/2024
8	Equipment Operational	09/12/2024
9	Building / Space Occupied	08/12/2024
<b>10</b>	<b>Services Offered</b>	10/01/2024
11	Facility or Service Accredited	02/01/2025