

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: B-12428-23

FID #: 120484

ISSUED TO: Total Renal Care of North Carolina, Inc.

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

SCOPE: Relocate no more than four in-center dialysis stations from Asheville Kidney Center to be used exclusively for home hemodialysis and support/Buncombe County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Biltmore Home Training
10 McDowell Street
Asheville, NC 28208

CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 1, 2024

This certificate is effective as of August 29, 2024



Micheala Mitchell, Chief

CONDITIONS:

1. Total Renal Care of North Carolina, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall relocate no more than four (4) in-center stations from Asheville Kidney Center to Biltmore Home Training to be used exclusively for home hemodialysis and support.
3. Upon completion of this project, the certificate holder shall take the necessary steps to decertify four stations at Asheville Kidney Center for a total of no more than forty-eight (48) in-center and home hemodialysis stations upon completion of the project.
4. Progress Reports:
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
 - b. The certificate holder shall complete all sections of the Progress Report form.
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
 - d. The first progress report shall be due on December 1, 2024.
5. The certificate holder shall install plumbing and electrical wiring through the walls for no more than four (4) home hemodialysis stations.
6. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on August 30, 2024.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
14	Services Offered *	01/01/2026
15	Medicare and / or Medicaid Certification Obtained	01/01/2026

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: E-12511-24

FID #: 923248

ISSUED TO: Graystone Eye Surgery Center, LLC
Graystone Enterprises, 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 no more than one additional operating room pursuant to the 2024 SMFP need determination for total of no more than four operating rooms upon project completion / Catawba County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Graystone Eye Surgery Center
2424 Century Place SE
Hickory, NC 28602

CAPITAL EXPENDITURE: \$134,531

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 1, 2025

This certificate is effective as of August 27, 2024



Micheala Mitchell, Chief

CONDITIONS:

1. Graystone Eye Surgery Center, LLC and Graystone Enterprises, LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall develop no more than one additional operating room at the existing ambulatory surgical facility, Graystone Eye Surgery Center.
3. Upon completion of the project, Graystone Eye Surgery Center shall be licensed for a total of no more than four operating rooms.
4. Progress Reports:
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
 - b. The certificate holder shall complete all sections of the Progress Report form.
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
 - d. The first progress report shall be due on January 1, 2025.
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 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 July 29, 2024.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Financing Obtained	11/01/2024
2	Equipment Ordered	11/05/2024
3	Equipment Installed	12/15/2024
4	Equipment Operational	12/20/2024
5	Services Offered	01/01/2025

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: C-12490-24

FID #: 240134

ISSUED TO: Well Care Home Health of Cleveland, 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 a new Medicare-certified home health agency pursuant to the 2024 SMFP need determination / Cleveland County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Well Care Home Health of Cleveland
811 W. Warren Street
Shelby, NC 28150

CAPITAL EXPENDITURE: \$100,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 6, 2025

This certificate is effective as of August 27, 2024



Micheala Mitchell, Chief

CONDITIONS:

1. Well Care Home Health of Cleveland, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall develop one Medicare-certified home health agency or office in Cleveland County pursuant to the need determination in the 2024 SMFP.
3. Upon completion of the project, the certificate holder shall be licensed for no more than one new Medicare-certified home health agency or office in Cleveland County.
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 January 6, 2025.
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 of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on July 20, 2024.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Building / Space Occupied	06/01/2025
2	Licensure Obtained	06/15/2025
3	Services Offered	07/01/2025
4	Medicare and / or Medicaid Certification Obtained	01/01/2026
5	Facility or Service Accredited	07/01/2026

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: M-12493-24

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: Acquire no more than one fixed MRI scanner pursuant to the 2024 SMFP need determination / Cumberland County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Cape Fear Valley Medical Center
1638 Owen Dr.
Fayetteville, NC 28302

CAPITAL EXPENDITURE: \$7,234,820

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: February 1, 2025

This certificate is effective as of August 27, 2024



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 acquire no more than one fixed MRI scanner pursuant to the need determination in the 2024 SMFP to be located in a medical office building on the main campus of Cape Fear Valley Medical Center.
3. Progress Reports:
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
 - b. The certificate holder shall complete all sections of the Progress Report form.
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
 - d. The first progress report shall be due on February 1, 2025.
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 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 July 29, 2024.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Construction / Renovation Completed	11/01/2025
2	Equipment Ordered	01/01/2025
3	Equipment Installed	11/15/2025
4	Equipment Operational	12/01/2025
5	Building / Space Occupied	12/01/2025
6	Services Offered	01/01/2026

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Corrected Certificate of Need

for

Project ID #: J-12483-24

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: Develop no more than 12 acute care beds pursuant to the 2024 SMFP need determination and relocate no than 15 acute care beds, three Level II neonatal beds, and one C-Section OR to the Clayton campus /Johnston County

CONDITIONS: See Reverse Side

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

CAPITAL EXPENDITURE: \$7,827,679

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 15, 2025

This certificate is effective as of August 27, 2024
Corrected certificate issued on August 30, 2024



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 12 new acute care beds at UNC Health Johnston-Smithfield Campus, pursuant to the 2024 SMFP Need Determination, and relocate no more than 15 acute care beds, three Level II neonatal beds, and one C-Section OR to the Clayton campus.**
- 3. Upon completion of the project, UNC Health Johnston-Smithfield Campus shall be licensed for no more than 123 acute care beds, excluding any Level II, III, or IV NICU beds, and zero C-Section operating rooms.**

4. Progress Reports:

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>.

The certificate holder shall complete all sections of the Progress Report form.

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.

The first progress report shall be due on February 15, 2025.

- 5. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.**
- 6. The certificate holder shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.**
- 7. 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 27, 2024.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Financing Obtained	01/01/2025
2	Drawings Completed	01/02/2025
3	Construction / Renovation Contract(s) Executed	01/05/2026
4	25% of Construction / Renovation Completed (25% of the cost is in place)	03/15/2028
5	50% of Construction / Renovation Completed	07/15/2028
6	75% of Construction / Renovation Completed	11/15/2028
7	Construction / Renovation Completed	02/01/2029
8	Equipment Ordered	06/15/2028
9	Equipment Installed	01/15/2029
10	Equipment Operational	01/20/2029
11	Building / Space Occupied	01/25/2029
12	Services Offered	03/01/2029

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-12514-24

FID #: 920895

ISSUED TO: Parkview Retirement Center, Inc.
Oscar and Elderlene Keller Family, 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 40 ACH beds from Oakhaven Home and no more than 12 ACH beds from Oakhaven II for a total of no more than 168 ACH beds / Lee County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Parkview Retirement Center
1801 Wicker Street
Sanford, NC 27330

CAPITAL EXPENDITURE: \$4,800,625

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: February 3, 2025

This certificate is effective as of August 27, 2024



Micheala Mitchell, Chief

CONDITIONS:

- 1. Parkview Retirement Center, Inc. and Oscar & Elderlene Keller Family LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. The certificate holder shall relocate no more than 40 ACH beds from Oakhaven Home and no more than 12 ACH beds from Oakhaven II to Parkview Retirement Center in Lee County.**
- 3. Upon completion of this project, Parkview Retirement Center shall be licensed for no more than 168 adult care home beds.**
- 4. The certificate holder shall certify at least 50 percent of the total number of licensed adult care home beds in the facility for recipients of State/County Special Assistance with Medicaid and provide care to those recipients commensurate with representations made in the application.**
- 5. 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. 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 3, 2025.**
- 7. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.**
- 8. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on July 30, 2024.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Financing Obtained	11/15/2024
2	Drawings Completed	12/01/2024
3	Construction / Renovation Contract(s) Executed	12/01/2024
4	Construction / Renovation Completed	12/01/2025
5	Licensure Obtained	12/15/2025
6	Services Offered	01/01/2026

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12489-24

FID #: 240133

ISSUED TO: Windsor Run, 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 96 bed ACH facility by developing 86 ACH beds pursuant to Policy LTC-1 and relocating 10 ACH beds from Pineville Rehabilitation Center / Mecklenburg County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Windsor Run Assisted Living
2030 Windsor Run Lane
Matthews, NC 28015

CAPITAL EXPENDITURE: \$45,350,800

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 1, 2024

This certificate is effective as of August 22, 2024



Micheala Mitchell, Chief

CONDITIONS:

- 1. Windsor Run, 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 96 bed ACH facility by developing 86 ACH beds pursuant to Policy LTC-1 and relocating 10 ACH beds from Pineville Rehabilitation Center.**
- 3. Upon completion of the project, Windsor Run Assisted Living shall be licensed for no more than 96 ACH beds.**
- 4. The Policy LTC-1 adult care home beds shall not participate in the Medicaid program or serve State-County Special Assistance recipients.**
- 5. The Policy LTC-1 adult care home beds shall be used exclusively to meet the needs of persons with whom the facility has continuing care contracts (in compliance with the Department of Insurance statutes and regulations) who have lived in a non-nursing or adult care unit of the continuing care facility for a period of at least 30 days. Exceptions shall be allowed when one spouse or sibling is admitted to the adult care home unit at the time the other spouse or sibling moves into a non-nursing or adult care unit, or when the medical condition requiring nursing or adult care home care was not known to exist or be imminent when the individual became a party to the continuing care contract.**
- 6. The new Policy LTC-1 adult care home beds shall be developed on the same site with the independent living units.**
- 7. Prior to the issuance of the certificate of need, Windsor Run, LLC (buyer) shall obtain documentation from Pineville Propco LLC (seller) 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.**
- 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 December 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 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.**
- 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 July 18, 2024.

(F-12489-24 Con't)

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
2	Drawings Completed	10/1/2026
4	Construction / Renovation Contract(s) Executed	1/1/2027
5	25% of Construction / Renovation Completed (25% of the cost is in place)	7/1/2027
6	50% of Construction / Renovation Completed	1/1/2028
7	75% of Construction / Renovation Completed	7/1/2028
8	Construction / Renovation Completed	1/1/2029
9	Equipment Ordered	8/1/2028
10	Equipment Installed	11/1/2028
11	Equipment Operational	12/15/2028
12	Building / Space Occupied	3/1/2029
13	Licensure Obtained	4/1/2029
14	Services Offered	5/1/2029

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: G-12486-24

FID #: 240132

ISSUED TO: The Moses H. Cone Memorial Hospital
The Moses H. Cone Memorial Hospital Operating 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: Develop a new diagnostic center with no more than one CT unit, one x-ray unit, one ultrasound unit, one mammography unit, and one bone density unit / Randolph County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Cone Health MedCenter Asheboro
1271 Spero Road
Asheboro, NC 27205

CAPITAL EXPENDITURE: \$4,400,705

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: February 1, 2025

This certificate is effective as of August 27, 2024



Micheala Mitchell, Chief

CONDITIONS:

1. The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation (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 diagnostic center by acquiring no more than one CT scanner, one x-ray unit, one ultrasound unit, one mammography unit and one bone density unit to be located Cone Health MedCenter Asheboro.
3. 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 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, 2025.
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 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 29, 2024.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	50% of Construction / Renovation Completed	08/01/2024
2	75% of Construction / Renovation Completed	08/15/2024
3	Construction / Renovation Completed	09/01/2024
4	Equipment Ordered	08/01/2024
5	Equipment Installed	09/06/2024
6	Equipment Operational	09/15/2024
4	Building / Space Occupied	09/01/2024
8	Services Offered	10/01/2024

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-12477-24

FID #: 240127

ISSUED TO: Wake Endoscopy Center, LLC

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

SCOPE: Develop a new ASF with no more than 2 GI endoscopy rooms / Wake County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Wake Endoscopy Center-North
11020 Ingleside Place
Raleigh, NC 27614

CAPITAL EXPENDITURE: \$2,869,970

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 1, 2024

This certificate is effective as of August 27, 2024



Micheala Mitchell, Chief

CONDITIONS:

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

Progress Reports:

- a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
 - b. The certificate holder shall complete all sections of the Progress Report form.
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
 - d. The first progress report shall be due on December 1, 2024.
4. The certificate holder shall receive accreditation from the Joint Commission for the Accreditation of Healthcare Organizations, the Accreditation Association for Ambulatory Health Care or a comparable accreditation authority within two years following licensure of the facility.
 5. For the first three years of operation following completion of the project, the certificate holder shall not increase charges more than 5% of the charges projected in Section Q of the application without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.
 6. No later than three months after the last day of each of the first three full fiscal years of operation following initiation of the services authorized by this certificate of need, the certificate holder shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.
 7. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.
 8. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on July 30, 2024.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Financing Obtained	09/12/2024
2	Drawings Completed	12/11/2024
3	Construction / Renovation Contract(s) Executed	01/10/2025
4	25% of Construction / Renovation Completed (25% of the cost is in place)	03/01/2025
5	50% of Construction / Renovation Completed	04/20/2025
6	75% of Construction / Renovation Completed	06/09/2025
7	Construction / Renovation Completed	07/29/2025
8	Equipment Ordered	04/20/2025
9	Equipment Installed	06/09/2025
10	Equipment Operational	09/02/2025
11	Building / Space Occupied	09/02/2025
12	Licensure Obtained	09/22/2025
13	Services Offered	10/01/2025
14	Medicare and / or Medicaid Certification Obtained	10/01/2026