

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-12501-24

FID #: 130367

ISSUED TO: Liberty Healthcare Properties of Chatham County, LLC
 Liberty Commons Nursing and Rehabilitation Center of Chatham County, LLC

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

SCOPE: Change of scope and cost overrun for Project ID # J-11656-19, Project ID # J-11378-17, and Project ID # J-10168-13 to relocate no more than 15 NF beds from Warren Hills Nursing Center and no more than 18 NF beds from Oak Forest Health and Rehabilitation pursuant to Policy NH-6 for a total of no more than 138 NF beds upon project completion / Chatham County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Chatham County Rehabilitation Center
64 Market Chapel Road
Pittsboro, NC 27312

CAPITAL EXPENDITURE: \$14,344,386

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 1, 2025

This certificate is effective as of September 21, 2024

Micheala Mitchell

Micheala Mitchell, Chief

CONDITIONS:

- 1. Liberty Healthcare Properties of Chatham County, LLC and Liberty Commons Nursing and Rehabilitation Center of Chatham County, LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. The certificate holder shall relocate no more than 15 nursing facility beds from Warren Hills Nursing Center in Warren County and no more than 18 nursing facility beds from Oak Forest Health and Rehabilitation in Forsyth County pursuant to Policy NH-6, for a total of no more than 138 NF beds at Chatham County Rehabilitation Center upon completion of this project and Project ID#s J-11656-19, J-11378-17, and J-10168-13.**
- 3. Upon completion of the project, Chatham County Rehabilitation Center shall be licensed for no more than 138 nursing facility beds.**
- 4. Upon completion of this project the certificate holder shall take the necessary steps to delicense 15 nursing facility beds from Warren Hills Nursing Center in Warren County, and 18 nursing facility beds from Oak Forest Health and Rehabilitation in Forsyth County for a total of no more than 33 nursing facility beds.**
- 5. The certificate holder shall certify at least 60 percent of the total number of licensed nursing home beds in the facility for participation in the Medicaid program and shall provide care to Medicaid recipients commensurate with representations made in the application.**
- 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 in the certificate of need application.**
- 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 April 1, 2025.**

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 of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on August 21, 2024.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Drawings Completed	01/01/2025
2	Construction / Renovation Contract(s) Executed	03/01/2025
3	25% of Construction / Renovation Completed (25% of the cost is in place)	08/01/2025
4	50% of Construction / Renovation Completed	12/01/2025
5	75% of Construction / Renovation Completed	04/01/2026
6	Construction / Renovation Completed	09/01/2026
7	Building / Space Occupied	10/01/2026
8	Licensure Obtained	10/01/2026
9	Services Offered	10/01/2026
10	Medicare and / or Medicaid Certification Obtained	12/01/2026

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: R-12466-24

FID #: 200027

ISSUED TO: FMS ENA Home, 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 one in-center station from FMC Dialysis Services of Plymouth to Chowan Home Dialysis to be used exclusively for home hemodialysis training and support / Chowan County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Chowan Home Dialysis
305 Medical Arts Drive
Edenton, NC 27932

CAPITAL EXPENDITURE: \$3,750

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 1, 2024

This certificate is effective as of September 12, 2024



Micheala Mitchell, Chief

CONDITIONS:

1. FMS ENA Home, 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 one in-center station from FMC Dialysis Services of Plymouth to Chowan Home Dialysis to be used exclusively for home hemodialysis training and support.
3. Upon completion of this project, the certificate holder shall take the necessary steps to decertify one station at FMC Dialysis Services of Plymouth for a total of no more than 15 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 one (1) home hemodialysis training station.

Timetable

Milestone		Date mm/dd/yyyy
1	Financing Obtained	9/18/2024
2	Equipment Ordered	9/18/2024
3	Equipment Installed	11/17/2024
4	Equipment Operational	12/8/2024
5	Building Space Occupied	12/8/2024
6	Services Offered *	12/31/2024
7	Medicare and or Medicaid Certification Obtained	12/31/2024
8	Facility or Service Accredited	12/31/2024

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: G-12523-24

FID #: 200291

ISSUED TO: North Elam Ambulatory Surgery Center, LLC
The Moses H. Cone Memorial Hospital

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

SCOPE: Cost overrun for Project ID# G-11895-20 (develop an ambulatory surgical facility) / Guilford County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: North Elam Ambulatory Surgery Center
509 N. Elam Avenue
Greensboro, NC 27403

CAPITAL EXPENDITURE: \$11,205,972

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 3, 2025

This certificate is effective as of September 20, 2024



Micheala Mitchell, Chief

CONDITIONS:

- 1. North Elam Ambulatory Surgery Center, LLC and The Moses H. Cone Memorial Hospital (hereinafter certificate holder) shall materially comply with the representations in this application and the representations in Project ID # G-11895-20. Where representations conflict, the certificate holder shall materially comply with the last made representation.**
- 2. The total combined capital expenditure for both projects is \$18,921,749, an increase of \$11,205,972 over the capital expenditure of \$7,715,777 previously approved in Project ID #G-11895-20.**
- 3. The certificate holder shall develop a freestanding multispecialty ambulatory surgical facility by re-licensing no more than five hospital-based operating rooms from Wesley Long Surgery Center on the Cone Health Wesley Long Hospital campus.**
- 4. Upon project completion, North Elam Ambulatory Surgery Center shall be licensed for no more than five operating rooms.**
- 5. Upon completion of this project and Project ID # G-11895-20, the certificate holder shall take the necessary steps to delicense Wesley Long Surgery Center's five operating rooms on the Cone Health License #H0159.**
- 6. The certificate holder shall not acquire as part of this project and Project ID # G-11895-20 any equipment that is not included in the combined proposed capital expenditure in Section Q of the application and that would otherwise require a certificate of need.**
- 7. North Elam Ambulatory Surgery Center 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.**
- 8. 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 this application, in Project ID # G-11895-20, and in any supplemental responses without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.**
- 9. The certificate holder shall develop and implement an Energy Efficiency and Sustainability Plan for this project and Project ID # G-11895-20 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 procedure room shall not be used for procedures that should be performed only in an operating room based on current standards of practice.**
- 11. Procedures performed in the procedure room shall not be reported for billing purposes as having been performed in an operating room and shall not be reported on the facility's license renewal application as procedures performed in an operating room.**
- 12. Progress Reports:**

(G-12523-24 Con't)

- 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 3, 2025.
13. 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>
1	Drawings Completed	12/01/2024
2	Construction / Renovation Contract(s) Executed	12/15/2024
3	25% of Construction / Renovation Completed (25% of the cost is in place)	4/1/2025
4	50% of Construction / Renovation Completed	7/1/2025
5	75% of Construction / Renovation Completed	10/1/2025
6	Construction / Renovation Completed	2/1/2026
7	Equipment Ordered	2/1/2025
8	Equipment Installed	2/1/2026
9	Equipment Operational	3/1/2026
10	Licensure Obtained	4/1/2026
11	Services Offered	4/1/2026
12	Medicare and / or Medicaid Certification Obtained	9/1/2026
13	Facility or Service Accredited	9/1/2026

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-12480-24

FID #: 061348

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 additional acute care beds pursuant to the 2024 SMFP adjusted need determination, relocate no more than 15 acute care beds, three Level II neonatal beds, and one C-Section OR from the Smithfield campus, and add three new neonatal beds for a total of 83 acute care beds, including six neonatal beds, and two C-Section ORs upon project completion / Johnston County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: UNC Health Johnston-Clayton Campus
2138 NC Hwy 42 W.
Clayton, NC 27220

CAPITAL EXPENDITURE: \$94,752,221

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 15, 2025

This certificate is effective as of September 16, 2024

Micheala Mitchell

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 (a) develop no more than 12 additional acute care beds, pursuant to the 2024 SMFP adjusted Need Determination; (b) relocate no more than 15 acute care beds, three Level II neonatal beds, and one C-Section OR from the Smithfield campus; and (c) add three new neonatal beds for a total of 83 acute care beds, including six neonatal beds and two C-Section ORs.**
- 3. Upon completion of the project, UNC Health Johnston-Clayton Campus shall be licensed for no more than 83 acute care beds, including six neonatal beds, and two C-Section 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 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.**

Timetable

- 1. Financing Obtained..... 07/01/2025**
- 2. Drawings Completed..... 07/02/2025**
- 3. Construction/ Renovation Contract(s) Executed 01/05/2026**
- 4. 25% of Construction/ Renovation Completed (25% of the cost is in place) 06/15/2026**
- 5. 50% of Construction /Renovation Completed..... 12/15/2026**
- 6. 75% of Construction/ Renovation Completed..... 06/15/2027**
- 7. Construction /Renovation Completed 12/15/2027**
- 8. Equipment Ordered 03/15/2027**
- 9. Equipment Installed 11/15/2027**
- 10. Equipment Operational 12/01/2027**
- 11. Building/ Space Occupied 01/10/2028**
- 12. Services Offered..... 02/01/2028**

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12491-24

FID #: 240136

ISSUED TO: Waltonwood Mecklenburg 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 ACH by relocating no more than 120 ACH beds from Queen City Assisted Living, including a 30-bed SCU / Mecklenburg County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Waltonwood Mecklenburg
4000 Park Road
Charlotte, NC 28209

CAPITAL EXPENDITURE: \$69,380,303

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 1, 2025

This certificate is effective as of September 6, 2024



Micheala Mitchell, Chief

CONDITIONS:

- 1. The certificate holder shall relocate 120 ACH beds from Queen City Assisted Living in Mecklenburg County to construct Waltonwood Mecklenburg, a new 120 -bed ACH in Mecklenburg County.**
- 2. Upon project completion, Waltonwood Mecklenburg shall be licensed for no more than 120 ACH beds, including 30 Special Care Unit (“SCU”) beds.**
- 3. The certificate holder shall certify at least six (6) of the total number of licensed adult care home beds in the facility for recipients of State/County Special Assistance with Medicaid. Three (3) general ACH beds and three (3) Special Care Unit beds will be designated.**
- 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. 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 August 1, 2025.**
- 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.**

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Financing Obtained	06/01/2025
2	Drawings Completed	02/01/2025
3	Land Acquired	08/01/2025
4	Construction / Renovation Contract(s) Executed	10/01/2025
5	25% of Construction / Renovation Completed (25% of the cost is in place)	06/01/2025
6	50% of Construction / Renovation Completed	01/01/2026
7	75% of Construction / Renovation Completed	06/01/2026
8	Construction / Renovation Completed	10/01/2027
9	Equipment Ordered	06/01/2026
10	Equipment Installed	11/01/2027
11	Equipment Operational	11/15/2027
12	Building / Space Occupied	11/15/2027
13	Licensure Obtained	01/01/2028
14	Services Offered	01/01/2028

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-12492-24

FID #: 240135

ISSUED TO: Waltonwood Wake, 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 ACH facility by relocating no more than 100
ACH beds from Oliver House, including a 30-bed SCU / Wake County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Waltonwood Wake
0 Geyer Court
Cary, NC 27513

CAPITAL EXPENDITURE: \$51,900,252

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 1, 2025

This certificate is effective as of September 6, 2024



Micheala Mitchell, Chief

CONDITIONS:

- 1. The certificate holder shall relocate 100 ACH beds from Oliver House in Wake County to construct Waltonwood Wake, a new 100-bed ACH in Wake County. r House.**
- 2. Upon project completion, Waltonwood Wake shall be licensed for no more than 100 ACH beds, including 30 Special Care Unit (“SCU”) beds.**
- 3. The certificate holder shall certify at least five (5) of the total number of licensed adult care home beds in the facility for facility for recipients of State/County Special Assistance with Medicaid. Three (3) general ACH beds ad two (2) Special Care Unit beds will be so designated.**
- 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. 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 August 1, 2025.**
- 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.**

(J-12492-24 Con't)

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Financing Obtained	06/01/2025
2	Drawings Completed	02/01/2025
3	Construction / Renovation Contract(s) Executed	10/01/2025
4	25% of Construction / Renovation Completed (25% of the cost is in place)	06/01/2025
5	50% of Construction / Renovation Completed	01/01/2026
6	75% of Construction / Renovation Completed	06/01/2026
7	Construction / Renovation Completed	10/01/2027
8	Equipment Ordered	06/01/2026
9	Equipment Installed	11/01/2027
10	Equipment Operational	11/15/2027
11	Building / Space Occupied	11/15/2027
12	Licensure Obtained	01/01/2028
13	Services Offered	01/01/2028