



# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: E-12479-24

FID #: 90725

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

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

**SCOPE:** Cost overrun for Project ID# E-12300-22 (add five stations) / Alexander County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Fresenius Medical Care of Alexander County  
175 Commerce Drive  
Taylorville, NC 28681

**CAPITAL EXPENDITURE:** \$756,388

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of May 18, 2024



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Micheala Mitchell, Chief

## **CONDITIONS:**

1. Bio-Medical Applications of North Carolina, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application and representations in Project ID# E-12300-22. Where representations conflict, the certificate holder shall materially comply with the last made representation.
2. Pursuant to Condition 2 of the facility need determination in the 2022 SMFP, the certificate holder shall develop no more than five additional in-center dialysis stations for a total of no more than 18 in-center dialysis stations at Fresenius Medical Care of Alexander County upon project completion of this project and Project ID# E-12300-22 (add five dialysis stations).
3. The approved combined capital expenditure for both Project ID# E-12300-22 and this project is \$775,138, an increase of \$756,388 over the capital expenditure of \$18,750 previously approved in Project ID #E-12300-22.
4. Progress Reports:
  - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
  - b. The certificate holder shall complete all sections of the Progress Report form.
  - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
  - d. The first progress report shall be due on October 1, 2024.
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 May 17, 2024.**

## Timetable

	<b>Milestone</b>	<b>Date</b> <i>mm/dd/yyyy</i>
1	Financing Obtained	2/15/2024
2	Drawings Completed	11/16/2024
3	Construction / Renovation Contract(s) Executed	1/30/2025
4	25% of Construction / Renovation Completed (25% of the cost is in place)	4/15/2025
5	50% of Construction / Renovation Completed	6/29//2025
6	75% of Construction / Renovation Completed	9/12/2025
7	Construction / Renovation Completed	11/11/2025
8	Equipment Ordered	5/15/2025
9	Equipment Installed	12/2/2025
10	Equipment Operational	12/16/2025
11	Building / Space Occupied	12/16/2025
<b>12</b>	<b>Services Offered</b>	12/31/2025
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

## Certificate of Need

for

Project ID #: G-12362-23

FID #: 230321

**ISSUED TO:** Well Care Home Health of Forsyth, 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 2023 SMFP need determination/Forsyth County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Well Care Home Health of Forsyth County  
508 Arbor Hill Road  
Kernersville, NC 27284

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

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** December 2, 2024

This certificate is effective as of May 23, 2024



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Micheala Mitchell, Chief

**CONDITIONS:**

1. Well Care Home Health of Forsyth, 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 Forsyth County pursuant to the need determination in the 2023 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 Forsyth 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 December 2, 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 of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on September 26, 2023.

## Timetable

<b>Milestone</b>		<b>Date mm/dd/yyyy</b>
1	Building/ Space Occupied	2/11/2025
2	Licensure Obtained	2/25/2025
3	<b>Services Offered *</b>	3/13/2025
4	Medicare and/ or Medicaid Certification Obtained	9/15/2025
5	Facility or Service Accredited	3/13/2026

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: F-12467-24

FID #: 070257

**ISSUED TO:** Independent Nephrology Services, 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 4 dialysis stations from FMC Charlotte for a total of 9 dialysis stations upon project completion / Mecklenburg County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** INS Freedom Dialysis  
3158 Freedom Drive, Suite 2102  
Charlotte, NC 28208

**CAPITAL EXPENDITURE:** \$15,000

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of May 31, 2024



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Micheala Mitchell, Chief



**CONDITIONS:**

1. Independent Nephrology Services, 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 dialysis stations from FMC Charlotte to INS Freedom Dialysis.
3. INS Freedom Dialysis shall be certified for no more than nine dialysis stations upon completion of this 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 acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

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

**Timetable**

	<b>Milestone</b>	<b>Date</b> <i>mm/dd/yyyy</i>
<b>1</b>	<b>Equipment Ordered</b>	<b>09/16/2024</b>
<b>2</b>	<b>Equipment Installed</b>	<b>11/15/2024</b>
<b>3</b>	<b>Equipment Operational</b>	<b>12/06/2024</b>
<b>4</b>	<b>Services Offered</b>	<b>12/31/2024</b>
<b>5</b>	<b>Medicare and / or Medicaid Certification Obtained</b>	<b>12/31/2024</b>

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: O-12353-23

FID #: 030359

**ISSUED TO:** Delaney Radiologists Group, PLLC

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

**SCOPE:** Acquire one fixed MRI scanner pursuant the 2023 SMFP need determination / New Hanover County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Delaney Radiologist Group  
1025 Medical Center Drive  
Wilmington, NC 28401

**CAPITAL EXPENDITURE:** \$2,975,400

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of May 20, 2024



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Micheala Mitchell, Chief

**CONDITIONS:**

1. Delaney Radiologists Group, PLLC (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 to be located at Delaney Radiologists Group, 1025 Medical Center Drive in Wilmington.
3. Upon completion of this project, Delaney Radiologist Group shall be licensed for no more than one (1) fixed MRI.
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 November 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.

**Timetable**

<b>Milestone</b>		<b>Date mm/dd/yyyy</b>
<b>1</b>	<b>Financing Obtained</b>	<b>06/01/2024</b>
<b>2</b>	<b>Drawings Completed</b>	<b>06/15/2024</b>
<b>3</b>	<b>Construction / Renovation Contract(s) Executed</b>	<b>06/15/2024</b>
<b>4</b>	<b>25% of Construction / Renovation Completed (25% of the cost is in place)</b>	<b>10/31/2024</b>
<b>5</b>	<b>50% of Construction / Renovation Completed</b>	<b>12/31/2024</b>
<b>6</b>	<b>75% of Construction / Renovation Completed</b>	<b>01/31/2025</b>
<b>7</b>	<b>Construction / Renovation Completed</b>	<b>02/28/2025</b>
<b>8</b>	<b>Equipment Ordered</b>	<b>06/15/2024</b>
<b>9</b>	<b>Equipment Installed</b>	<b>03/01/2025</b>
<b>10</b>	<b>Equipment Operational</b>	<b>03/31/2025</b>
<b>11</b>	<b>Building / Space Occupied</b>	<b>03/31/2025</b>
<b>12</b>	<b>Services Offered</b>	<b>04/01/2025</b>
<b>13</b>	<b>Facility or Service Accredited</b>	<b>07/01/2025</b>

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: O-12374-23

FID #: 230344

**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 fixed MRI scanner pursuant to the 2023 SMFP need determination / New Hanover County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** EmergeOrtho- Wilmington Porters Neck  
8115 Market Street  
Suite 108  
Wilmington, NC 28411

**CAPITAL EXPENDITURE:** \$2,402,181

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of May 20, 2024



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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 acquire no more than one fixed MRI scanner to be located at EmergeOrtho-Wilmington Porters Neck diagnostic center at 8115 Market Street, Suite 108 in Wilmington.
3. Upon competition of this project, EmergeOrtho-Wilmington Porters Neck shall be licensed for no more than one (1) fixed MRI.
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 November 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.

**Timetable**

	<b>Milestone</b>	<b>Date mm/dd/yyyy</b>
1	<b>Financing Obtained</b>	<b>06/29/2024</b>
2	<b>Drawings Completed</b>	<b>09/13/2024</b>
3	<b>Construction / Renovation Contract(s) Executed</b>	<b>11/13/2024</b>
4	<b>25% of Construction / Renovation Completed (25% of the cost is in place)</b>	<b>12/28/2024</b>
5	<b>50% of Construction / Renovation Completed</b>	<b>02/13/2025</b>
6	<b>75% of Construction / Renovation Completed</b>	<b>04/15/2025</b>
7	<b>Construction / Renovation Completed</b>	<b>06/15/2025</b>
8	<b>Equipment Ordered</b>	<b>06/15/2024</b>
9	<b>Equipment Installed</b>	<b>06/15/2025</b>
10	<b>Equipment Operational</b>	<b>06/29/2025</b>
11	<b>Building / Space Occupied</b>	<b>06/15/2025</b>
12	<b>Services Offered</b>	<b>07/16/2025</b>
13	<b>Facility or Service Accredited</b>	<b>07/16/2026</b>

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: P-12455-23

FID #: 230900

**ISSUED TO:** Well Care Home Health of Onslow, 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 2023 SMFP need determination / Onslow County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Well Care Home Health of Onslow  
445 Western Boulevard, Suite N  
Jacksonville, NC 28546

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

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of May 23, 2024



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Micheala Mitchell, Chief

**CONDITIONS:**

1. Well Care Home Health of Onslow, 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 Onslow County pursuant to the need determination in the 2023 SMFP.
3. Upon completion of the project, the certificate holder shall be licensed for no more than one Medicare-certified home health agency or office in Onslow 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 October 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.

**Timetable**

<b>Milestone</b>		<b>Date</b> <i>mm/dd/yyyy</i>
<b>1</b>	<b>Building / Space Occupied</b>	<b>11/06/2024</b>
<b>2</b>	<b>Licensure Obtained</b>	<b>11/20/2024</b>
<b>3</b>	<b>Services Offered</b>	<b>12/06/2024</b>
<b>4</b>	<b>Medicare and / or Medicaid Certification Obtained</b>	<b>06/06/2025</b>
<b>5</b>	<b>Facility or Service Accredited</b>	<b>12/08/2025</b>

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: Q-12476-24

FID #: 080719

**ISSUED TO:** HealthAccess, 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:** Convert no more than 2 inpatient hospice beds to residential hospice beds for a total of no more than 6 inpatient hospice beds and 2 residential hospice beds upon project completion / Pitt County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** ECU Health Inpatient Hospice  
920 Wellness Drive  
Greenville, NC 27834

**CAPITAL EXPENDITURE:** \$250,000

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** October 15, 2024

This certificate is effective as of May 23, 2024



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Micheala Mitchell, Chief



**CONDITIONS:**

1. HealthAccess, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall develop no more than 2 residential hospice beds by converting 2 existing inpatient hospice beds to 2 residential hospice beds.
3. Upon completion of the project ECU Health Inpatient Hospice shall be licensed for no more than 6 inpatient hospice beds and 2 residential hospice beds.
4. Upon completion of this project, the certificate holder shall take the necessary steps to delicense 2 inpatient hospice beds for a total of no more than 6 inpatient hospice beds and 2 residential hospice beds at ECU Health Inpatient Hospice.
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 no later than October 15, 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 of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on May 13, 2024.

**Timetable**

	<b>Milestone</b>	<b>Date</b> <i>mm/dd/yyyy</i>
12	<b>Building / Space Occupied</b>	<b>9/3/2024</b>
13	<b>Licensure Obtained</b>	<b>10/1/2024</b>
14	<b>Services Offered</b>	<b>10/1/2024</b>
15	<b>Medicare and / or Medicaid Certification Obtained</b>	<b>11/1/2024</b>

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: M-12464-24

FID #: 943443

**ISSUED TO:** Sampson Regional Medical Center, Incorporated

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

**SCOPE:** Develop an inpatient dialysis service / Sampson County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Sampson Regional Medical Center  
607 Beaman Street  
Clinton, NC 28328

**CAPITAL EXPENDITURE:** \$65,000

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of May 21, 2024



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Micheala Mitchell, Chief

**CONDITIONS:**

1. Sampson Regional Medical Center, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall develop inpatient dialysis services at Sampson Regional Medical Center by developing no more than three hemodialysis stations upon project completion.
3. The certificate holder shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section F of the application and that would otherwise require a certificate of need.
4. Progress Reports:
  - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
  - b. The certificate holder shall complete all sections of the Progress Report form.
  - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
  - d. Progress reports shall be due on the first day of every sixth month. The first progress report shall be due on November 1, 2024.
5. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on April 22, 2024.

**Timetable**

	<b>Milestone</b>	<b>Date</b> <i>mm/dd/yyyy</i>
1	<b>Equipment Ordered</b>	<b>08/05/2024</b>
2	<b>Equipment Installed</b>	<b>09/20/2024</b>
3	<b>Equipment Operational</b>	<b>09/27/2024</b>
4	<b>Services Offered</b>	<b>10/01/2024</b>

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

Corrected

## Certificate of Need

for

Project ID #: J-12371-23

FID #: 953429

**ISSUED TO:** Rex Hospital, 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:** Replace and relocate an existing linear accelerator from UNC Health Rex Cancer Care of East Raleigh to UNC Health Rex Cancer Care of Wakefield / Wake County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** UNC Health Rex Cancer Care of Wakefield  
(Cancer Care of Wakefield)  
11200 Governor Manly Way  
Raleigh, NC 27614

**CAPITAL EXPENDITURE:** \$11,308,083

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of May 9, 2024  
Corrected certificate issued on May 13, 2024  
Revised certificate issued on May 28, 2024



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Micheala Mitchell, Chief

**CONDITIONS:**

1. Rex Hospital, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall replace and relocate an existing linear accelerator from UNC Rex Cancer Care Center of East Raleigh to UNC Health Rex Cancer Care of Wakefield (Cancer Care of Wakefield), the proposed site in the certificate of need application.
3. Upon completion of the project, the certificate holder shall be approved for no more than six (6) linear accelerators.
4. Progress Reports:
  - a. Pursuant to G.S. 13IE-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, 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 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/v.v.v.v</i>
I	Drawings Completed	02/05/2026
2	Construction/Renovation Contract(s) Executed	03/04/2026
3	25% Construction/Renovation Completed	06/10/2026
4	50% Construction/Renovation Completed	09/09/2026
5	75% Construction/Renovation Completed	12/20/2026
6	Construction/ Renovation Completed	03/31/2027
7	Equipment Ordered	05/06/2026
8	Equipment Installed	01/27/2027
9	Equipment Operational	04/28/2027
10	Building/Space Occupied	04/28/2027
11	Licensure Obtained	04/28/2027
12	Services Offered	05/12/2027