

**Certificate of Need
Certificates Issued
April 2020**

County	Project ID	Facility	FID	Facility Type	Project Description	Application Review Date	Decision Date	Certificate Issue Date	Decision	Review-Analyst	Co-Signer	Approved Capital Expenditure	1st Rept Due Date
Mecklenburg	F-011822-19	Matthews Radiation Oncology Center	190631	LINAC	Acquire and replace a refurbished linear accelerator for a total of no more than two linear accelerators upon project completion	12/1/2019	3/26/2020	4/29/2020	Conditional Approval	Ena Lightbourne	Fatimah Wilson	\$10,236,450	12/1/2020
Mecklenburg	F-011806-19	Novant Health Mountain Island Lake	190508	HOSPITAL	Develop a satellite emergency department to include 1 CT scanner, ultrasound, x-ray, laboratory and pharmacy services that will be licensed as part of NHHMC	11/1/2019	3/26/2020	4/28/2020	Conditional Approval	Ena Lightbourne	Gloria Hale	\$32,543,654	12/1/2020
Mecklenburg	F-011811-19	Carolinas Medical Center	943070	HOSPITAL	Add no more than 18 acute beds pursuant to the need determination in the 2019 SMFP for a total of no more than 1,073 acute care beds upon project completion	11/1/2019	3/26/2020	4/28/2020	Conditional Approval	Julie Faenza	Fatimah Wilson	\$10,527,737	9/1/2020
Mecklenburg	F-011812-19	Atrium Health University City	923516	HOSPITAL	Add no more than 16 acute care beds pursuant to the need determination in the 2019 SMFP for a total of no more than 116 acute care beds upon project completion	11/1/2019	3/26/2020	4/28/2020	Conditional Approval	Julie Faenza	Fatimah Wilson	\$3,766,000	9/1/2020
Mecklenburg	F-011813-19	Atrium Health Pineville	110878	HOSPITAL	Add no more than 12 acute care beds pursuant to the need determination in the 2019 SMFP for a total of no more than 271 acute care beds upon completion of this project and Project I.D. #F-11622-18 (add 38 acute care beds)	11/1/2019	3/26/2020	4/28/2020	Conditional Approval	Julie Faenza	Fatimah Wilson	\$7,231,102	9/1/2020
Mecklenburg	F-011814-19	Atrium Health Pineville	110878	HOSPITAL	Add no more than 2 ORs pursuant to the need determination in the 2019 SMFP for a total of no more than 15 ORs upon completion of this project and Project I.D. #F-11621-18 (add 1 OR)	11/1/2019	3/26/2020	4/28/2020	Conditional Approval	Julie Faenza	Fatimah Wilson	\$15,695,524	10/1/2020

STATE OF NORTH CAROLINA

*Department of Health and Human Services
Division of Health Service Regulation*

CERTIFICATE OF NEED

for

Project ID #: G-11844-20

FID #: 200036

**ISSUED TO: North Davidson Dialysis Center of Wake Forest University
Wake Forest University Health Sciences**

Pursuant to N.C. Gen. Stat. § 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 certificate of need 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 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 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 N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that section.

SCOPE: Develop a new 12-station dialysis facility by relocating no more than 12 in-center and home hemodialysis stations from Thomasville Dialysis Center / Davidson County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: North Davidson Dialysis Center of Wake Forest University
295 Millers Creek Dr
Winston-Salem, NC 27127**

MAXIMUM CAPITAL EXPENDITURE: \$4,364,407

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 1, 2020

This certificate is effective as of April 24, 2020

Martha J. Frisone

Martha J. Frisone, Chief

CONDITIONS:

1. Wake Forest University Health Sciences and North Davidson Dialysis Center of Wake Forest University shall materially comply with all representations made in the certificate of need application.
2. Pursuant to Policy ESRD-2, Wake Forest University Health Sciences and North Davidson Dialysis Center of Wake Forest University shall develop a new kidney disease treatment center to be known as North Davidson Dialysis Center of Wake Forest University by relocating no more than 12 in-center and home hemodialysis stations from Thomasville Dialysis Center of Wake Forest University.
3. Upon completion of this project, Wake Forest University Health Sciences shall take the necessary steps to decertify 12 stations at Thomasville Dialysis Center for a total of no more than 23 in-center and home hemodialysis stations upon completion of this project and Project ID #G-11651-19.
4. Wake Forest University Health Sciences and North Davidson Dialysis Center of Wake Forest University shall install plumbing and electrical wiring through the walls for no more than 12 in-center and home hemodialysis stations.
5. Wake Forest University Health Sciences and North Davidson Dialysis Center of Wake Forest University shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on April 24, 2020.

TIMETABLE:

- | | | |
|-----|--|--------------------|
| 1. | Drawings Completed _____ | October 18, 2020 |
| 2. | Land Acquired _____ | September 18, 2020 |
| 3. | Construction / Renovation Contract(s) Executed _____ | November 2, 2020 |
| 4. | 25% of Construction / Renovation Completed (25% of the cost is in place) _____ | April 3, 2021 |
| 5. | 50% of Construction / Renovation Completed _____ | August 31, 2021 |
| 6. | 75% of Construction / Renovation Completed _____ | January 31, 2022 |
| 7. | Construction / Renovation Completed _____ | July 2, 2022 |
| 8. | Equipment Ordered _____ | May 31, 2022 |
| 9. | Equipment Installed _____ | October 1, 2022 |
| 10. | Equipment Operational _____ | November 1, 2022 |
| 11. | Building / Space Occupied _____ | August 1, 2022 |
| 12. | Licensure Obtained _____ | August 4, 2022 |
| 13. | Services Offered (required) _____ | December 31, 2022 |
| 14. | Medicare and / or Medicaid Certification Obtained _____ | December 31, 2022 |

STATE OF NORTH CAROLINA

*Department of Health and Human Services
Division of Health Service Regulation*

CERTIFICATE OF NEED

for

Project ID #: G-11801-19

FID #: 923331

ISSUED TO: Masonic and Eastern Star Home of North Carolina, Inc.

Pursuant to N.C. Gen. Stat. § 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 certificate of need 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 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 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 N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that section.

SCOPE: Add no more than 24 ACH beds pursuant to Policy LTC-1 for a total of no more than 36 ACH beds, including 12 existing special care unit beds/ Guilford County

CONDITIONS: See Reverse Side

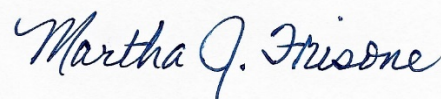
**PHYSICAL LOCATION: WhiteStone: A Masonic and Eastern Star Community
700 South Holden Road
Greensboro, NC 27407**

MAXIMUM CAPITAL EXPENDITURE: \$29,454,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2020

This certificate is effective as of April 7, 2020



Martha J. Frisone, Chief

CONDITIONS:

1. The Masonic and Eastern Star Home of North Carolina, Inc. shall materially comply with all representations made in the certificate of need application.
2. The Masonic and Eastern Star Home of North Carolina, Inc. shall develop no more than 24 additional adult care home beds pursuant to Policy LTC-1 for a total of no more than 36 adult care home beds and 88 nursing facility beds upon completion of the project.
3. The 24 Policy LTC-1 adult care home beds shall not participate in the Medicaid program or serve State-County Special Assistance recipients.
4. The 24 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.
5. The 24 Policy LTC-1 adult care home beds shall be developed on the same site with the independent living units and nursing care beds.
6. The Masonic and Eastern Star Home of North Carolina, Inc. shall provide documentation that the proposed health services will accommodate the clinical needs of health professional training programs in the area.
7. The Masonic and Eastern Star Home of North Carolina, Inc. 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. No later than three months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, The Masonic and Eastern Star Home of North Carolina, Inc. 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.
9. The Masonic and Eastern Star Home of North Carolina, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on March 23, 2020.

TIMETABLE:

1. Financing Obtained _____ April 1, 2020
2. Construction / Renovation Contract(s) Executed _____ March 1, 2020
3. 50% of Construction / Renovation Completed _____ November 30, 2020
4. Construction / Renovation Completed _____ June 1, 2021
5. Building / Space Occupied _____ July 1, 2021
6. Licensure Obtained _____ July 15, 2021
7. Services Offered (required) _____ August 1, 2021
8. First Annual Report Due _____ March 30, 2023

STATE OF NORTH CAROLINA

*Department of Health and Human Services
Division of Health Service Regulation*

CERTIFICATE OF NEED

for

Project ID #: G-11828-19

FID #: 180104

**ISSUED TO: The Moses H. Cone Memorial Hospital
The Moses H. Cone Memorial Hospital Operating Corporation**

Pursuant to N.C. Gen. Stat. § 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 certificate of need 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 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 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 N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that section.

SCOPE: Change of scope to add hospital-based outpatient rehabilitation and medical oncology services to the previously approved Project ID #G-11467-18 (Develop a satellite emergency department) / Guilford County

CONDITIONS: See Reverse Side

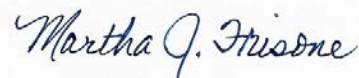
**PHYSICAL LOCATION: MedCenter Drawbridge
3516 Drawbridge Pkwy
Greensboro, NC 27410**

MAXIMUM CAPITAL EXPENDITURE: \$7,457,956

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 1, 2020

This certificate is effective as of April 14, 2020



Martha J. Frisone, Chief

CONDITIONS:

1. The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation shall materially comply with all representations made in the certificate of need application.
2. The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation shall develop hospital-based outpatient rehabilitation services and hospital-based outpatient medical oncology services on the proposed MedCenter Drawbridge satellite campus.
3. The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.
4. The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.
5. No later than three months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.
6. The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on April 12, 2020.

TIMETABLE:

1.	Drawings Completed	July 13, 2020
2.	Construction / Renovation Contract(s) Executed	August 17, 2020
3.	25% of Construction / Renovation Completed (25% of the cost is in place)	November 11, 2020
4.	50% of Construction / Renovation Completed	February 8, 2021
5.	75% of Construction / Renovation Completed	May 3, 2021
6.	Construction / Renovation Completed	July 30, 2021
7.	Equipment Ordered	July 6, 2020
8.	Equipment Installed	July 12, 2021
9.	Equipment Operational	October 1, 2021
10.	Building / Space Occupied	October 1, 2021
11.	Services Offered (required)	October 1, 2021
12.	First Annual Report Due*	December 31, 2022

STATE OF NORTH CAROLINA

*Department of Health and Human Services
Division of Health Service Regulation*

CERTIFICATE OF NEED

for

Project ID #: F-11806-19

FID #: 190508

**ISSUED TO: Novant Health, Inc.
The Presbyterian Hospital**

Pursuant to N.C. Gen. Stat. § 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 certificate of need 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 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 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 N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that section.

SCOPE: Develop a satellite emergency department to include 1 CT scanner, ultrasound, x-ray, laboratory and pharmacy services that will be licensed as part of NHHMC/ Mecklenburg

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Novant Health Mountain Island Lake
4600 Smith Farm Road
Charlotte, NC 28216**

MAXIMUM CAPITAL EXPENDITURE: \$32,543,654

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 1, 2020

This certificate is effective as of April 28, 2020

Martha J. Frisone

Martha J. Frisone, Chief

CONDITIONS:

1. The Presbyterian Hospital and Novant Health, Inc. shall materially comply with all representations made in the certificate of need application.
2. The Presbyterian Hospital and Novant Health, Inc. shall develop a satellite emergency department to include one CT scanner, ultrasound, x-ray, laboratory, and pharmacy services that will be licensed as part of Novant Health Huntersville Medical Center.
3. The Presbyterian Hospital and Novant Health, Inc. shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.
4. The Presbyterian Hospital and Novant Health, Inc. shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.
5. No later than three months after the last day of each of the first three full fiscal years of operation following initiation of the services authorized by this certificate of need, The Presbyterian Hospital and Novant Health, Inc. shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.
6. The Presbyterian Hospital and Novant Health, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on March 27, 2020.

TIMETABLE:

1. Drawings Completed _____ March 4, 2021
2. Land Acquired _____ December 31, 2019
3. Construction / Renovation Contract(s) Executed _____ June 1, 2021
4. 25% of Construction / Renovation Completed
(25% of the cost is in place) _____ October 11, 2021
5. 50% of Construction / Renovation Completed _____ February 17, 2022
6. 75% of Construction / Renovation Completed _____ June 25, 2022
7. Construction / Renovation Completed _____ October 1, 2022
8. Equipment Ordered _____ July 8, 2022
9. Equipment Installed _____ October 29, 2022
10. Equipment Operational _____ November 26, 2022
11. Building / Space Occupied _____ December 2, 2022
12. Licensure Obtained _____ December 16, 2022
13. Services Offered (required) _____ January 1, 2023
14. Facility or Service Accredited _____ January 1, 2023
15. First Annual Report Due _____ April 1, 2024



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

May 6, 2020

Elizabeth Kirkman
2709 Water Ridge Parkway
Suite 200
Charlotte, NC 28217

Transmittal of Certificate of Need

Project ID #: F-11811-19
Facility: Carolinas Medical Center
Project Description: Add no more than 18 acute beds pursuant to the need determination in the 2019 SMFP for a total of no more than 1,073 acute care beds upon project completion
County: Mecklenburg
FID #: 943070

Dear Ms. Kirkman:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) is happy to transmit your certificate of need for the above referenced project. At this time, you should contact the Agency's Acute and Home Care Licensure and Certification Section and Construction Section, regarding their procedures and requirements for the development of this project. This office will notify the appropriate Sections that the certificate of need has been issued. However, please note that it is the responsibility of the holder of the certificate of need to contact these Sections concerning the next steps to follow in the development of the approved project.

Please be aware that pursuant to N.C. Gen. Stat. §131E-181(b), you are required to materially comply with the representations made in your application for a certificate of need, or with any conditions the Agency placed on the certificate of need. **If you subsequently propose to develop the project on a site different from that named on this certificate, you must first seek and obtain approval from the Agency.** If you operate a service which materially differs from the representations made in your application for a certificate of need, or with any conditions the Agency placed on the certificate of need, including any increase in per diem reimbursement rates/charges, the Agency may bring remedial action against the holder of the certificate of need pursuant to N.C. Gen. Stat. §131E-189 and 131E-190.

The holder of a certificate of need is obligated to submit progress reports to this office as required by 10A NCAC 14C .0209. The applicant shall notify this office of any variations from the schedule or the projected capital cost of the project. During the development of the

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603

MAILING ADDRESS: 809 Ruggles Drive, 2704 Mail Service Center, Raleigh, NC 27699-2704

<https://info.ncdhhs.gov/dhsr/> • TEL: 919-855-3873

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Elizabeth Kirkman

May 6, 2020

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project, this office may request any additional information pertinent to the project, including additional progress reports, to determine:

- 1) If the timetable specified on the certificate is being met;
- 2) If the amount of the capital expenditure for the development of the project is expected to exceed the maximum amount under the certificate;
- 3) If the terms and conditions of the approval are being met; and
- 4) If the project is progressing as proposed in the application.

The first progress report on this project is due September 1, 2020. Forms for the submittal of these reports are enclosed. Failure to submit any scheduled or requested progress report in a timely manner may result in the Agency withdrawing the certificate pursuant to N.C. Gen. Stat. §131E-189. If after reviewing the status of the project, the Agency determines that the holder of the certificate is not meeting the timetable and is not making a good faith effort to meet it, the Agency may withdraw the certificate in accordance with N.C. Gen. Stat. §131E-189.

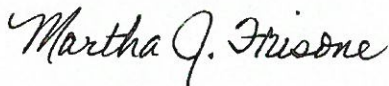
Moreover, please be advised that this Agency may assess a civil penalty not to exceed \$20,000 against any person who violates the terms of a certificate of need which has been issued each time the service provided is in violation of this provision (N.C. Gen. Stat. §131E-190(f)). If for some reason, the holder of a certificate of need determines it necessary to request an increase in a per diem charge or reimbursement rate over that which was stated in the application for the certificate of need, then the holder must first contact the Agency to obtain proper instructions for initiating such a request. The request for the increase will be considered by the Agency pursuant to N.C. Gen. Stat. §131E-181(b).

Please keep us informed of the progress in the development of this project. Please refer to the Project ID # and Facility ID # (FID) in all correspondence.

Sincerely,



Julie M. Faenza
Project Analyst



Martha J. Frisone
Chief

Enclosures

cc: Acute & Home Care Licensure & Certification Section, DHSR
Construction Section, DHSR

STATE OF NORTH CAROLINA

*Department of Health and Human Services
Division of Health Service Regulation*

CERTIFICATE OF NEED

for

Project ID #: F-11811-19

FID #: 943070

ISSUED TO: The Charlotte-Mecklenburg Hospital Authority

Pursuant to N.C. Gen. Stat. § 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 certificate of need 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 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 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 N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that section.

SCOPE: Add no more than 18 acute beds pursuant to the need determination in the 2019 SMFP for a total of no more than 1,073 acute care beds upon project completion / Mecklenburg County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Carolinas Medical Center
1000 Blythe Boulevard
Charlotte, NC 28203**

MAXIMUM CAPITAL EXPENDITURE: \$10,527,737

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2020

This certificate is effective as of April 28, 2020

Martha J. Frisone

Martha J. Frisone, Chief

CONDITIONS:

1. The Charlotte-Mecklenburg Hospital Authority shall materially comply with all representations made in the certificate of need application.
2. The Charlotte-Mecklenburg Hospital Authority shall develop no more than 18 additional acute care beds at Carolinas Medical Center.
3. Upon completion of the project, Carolinas Medical Center shall be licensed for no more than 1,073 acute care beds.
4. The Charlotte-Mecklenburg Hospital Authority 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 Charlotte-Mecklenburg Hospital Authority shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.
6. 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 Charlotte-Mecklenburg Hospital Authority 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 Charlotte-Mecklenburg Hospital Authority shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on April 14, 2020.

TIMETABLE:

1. Drawings Completed _____ August 3, 2020
2. Construction / Renovation Contract(s) Executed _____ August 17, 2020
3. 25% of Construction / Renovation Completed
(25% of the cost is in place) _____ October 14, 2020
4. 50% of Construction / Renovation Completed _____ December 14, 2020
5. 75% of Construction / Renovation Completed _____ February 15, 2021
6. Construction / Renovation Completed _____ April 19, 2021
7. Equipment Ordered _____ May 4, 2020
8. Equipment Installed _____ May 10, 2021
9. Equipment Operational _____ May 24, 2021
10. Building / Space Occupied _____ July 1, 2021
11. Licensure Obtained _____ July 1, 2021
12. Services Offered (required) _____ July 1, 2021
13. Medicare and/or Medical Certification Obtained _____ July 1, 2021
14. Facility or Service Accredited _____ July 1, 2021
15. First Annual Report Due _____ March 31, 2023



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

May 6, 2020

Elizabeth Kirkman
2709 Water Ridge Parkway
Suite 200
Charlotte, NC 28217

Transmittal of Certificate of Need

Project ID #: F-11812-19
Facility: Atrium Health University City
Project Description: Add no more than 16 acute care beds pursuant to the need determination in the 2019 SMFP for a total of no more than 116 acute care beds upon project completion
County: Mecklenburg
FID #: 923516

Dear Ms. Kirkman:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) is happy to transmit your certificate of need for the above referenced project. At this time, you should contact the Agency's Acute and Home Care Licensure and Certification Section and Construction Section, regarding their procedures and requirements for the development of this project. This office will notify the appropriate Sections that the certificate of need has been issued. However, please note that it is the responsibility of the holder of the certificate of need to contact these Sections concerning the next steps to follow in the development of the approved project.

Please be aware that pursuant to N.C. Gen. Stat. §131E-181(b), you are required to materially comply with the representations made in your application for a certificate of need, or with any conditions the Agency placed on the certificate of need. **If you subsequently propose to develop the project on a site different from that named on this certificate, you must first seek and obtain approval from the Agency.** If you operate a service which materially differs from the representations made in your application for a certificate of need, or with any conditions the Agency placed on the certificate of need, including any increase in per diem reimbursement rates/charges, the Agency may bring remedial action against the holder of the certificate of need pursuant to N.C. Gen. Stat. §131E-189 and 131E-190.

The holder of a certificate of need is obligated to submit progress reports to this office as required by 10A NCAC 14C .0209. The applicant shall notify this office of any variations from the schedule or the projected capital cost of the project. During the development of the

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603

MAILING ADDRESS: 809 Ruggles Drive, 2704 Mail Service Center, Raleigh, NC 27699-2704

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Elizabeth Kirkman

May 6, 2020

Page 2

project, this office may request any additional information pertinent to the project, including additional progress reports, to determine:

- 1) If the timetable specified on the certificate is being met;
- 2) If the amount of the capital expenditure for the development of the project is expected to exceed the maximum amount under the certificate;
- 3) If the terms and conditions of the approval are being met; and
- 4) If the project is progressing as proposed in the application.

The first progress report on this project is due September 1, 2020. Forms for the submittal of these reports are enclosed. Failure to submit any scheduled or requested progress report in a timely manner may result in the Agency withdrawing the certificate pursuant to N.C. Gen. Stat. §131E-189. If after reviewing the status of the project, the Agency determines that the holder of the certificate is not meeting the timetable and is not making a good faith effort to meet it, the Agency may withdraw the certificate in accordance with N.C. Gen. Stat. §131E-189.

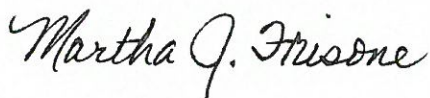
Moreover, please be advised that this Agency may assess a civil penalty not to exceed \$20,000 against any person who violates the terms of a certificate of need which has been issued each time the service provided is in violation of this provision (N.C. Gen. Stat. §131E-190(f)). If for some reason, the holder of a certificate of need determines it necessary to request an increase in a per diem charge or reimbursement rate over that which was stated in the application for the certificate of need, then the holder must first contact the Agency to obtain proper instructions for initiating such a request. The request for the increase will be considered by the Agency pursuant to N.C. Gen. Stat. §131E-181(b).

Please keep us informed of the progress in the development of this project. Please refer to the Project ID # and Facility ID # (FID) in all correspondence.

Sincerely,



Julie M. Faenza
Project Analyst



Martha J. Frisone
Chief

Enclosures

cc: Acute & Home Care Licensure & Certification Section, DHSR
Construction Section, DHSR

STATE OF NORTH CAROLINA

*Department of Health and Human Services
Division of Health Service Regulation*

CERTIFICATE OF NEED

for

Project ID #: F-11812-19

FID #: 923516

ISSUED TO: The Charlotte-Mecklenburg Hospital Authority

Pursuant to N.C. Gen. Stat. § 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 certificate of need 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 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 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 N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that section.

SCOPE: Add no more than 16 acute care beds pursuant to the need determination in the 2019 SMFP for a total of no more than 116 acute care beds upon project completion / Mecklenburg County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Atrium Health University City
8800 North Tryon St.
Charlotte, NC 28256**

MAXIMUM CAPITAL EXPENDITURE: \$3,766,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2020

This certificate is effective as of April 28, 2020

Martha J. Frisone

Martha J. Frisone, Chief

CONDITIONS:

1. The Charlotte-Mecklenburg Hospital Authority shall materially comply with all representations made in the certificate of need application.
2. The Charlotte-Mecklenburg Hospital Authority shall develop no more than 16 additional acute care beds at Atrium Health University City.
3. Upon completion of the project, Atrium Health University City shall be licensed for no more than 116 acute care beds.
4. The Charlotte-Mecklenburg Hospital Authority shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.
5. No later than three months after the last day of each of the first three full fiscal years of operation following initiation of the services authorized by this certificate of need, The Charlotte-Mecklenburg Hospital Authority shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.
6. The Charlotte-Mecklenburg Hospital Authority shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on April 14, 2020.

TIMETABLE:

- | | |
|--|--------------------|
| 1. Drawings Completed _____ | July 6, 2020 |
| 2. Construction / Renovation Contract(s) Executed _____ | August 3, 2020 |
| 3. 25% of Construction / Renovation Completed
(25% of the cost is in place) _____ | September 14, 2020 |
| 4. 50% of Construction / Renovation Completed _____ | November 2, 2020 |
| 5. 75% of Construction / Renovation Completed _____ | December 14, 2020 |
| 6. Construction / Renovation Completed _____ | February 8, 2021 |
| 7. Equipment Ordered _____ | June 1, 2020 |
| 8. Equipment Installed _____ | February 22, 2021 |
| 9. Equipment Operational _____ | March 1, 2021 |
| 10. Building / Space Occupied _____ | April 1, 2021 |
| 11. Licensure Obtained _____ | April 1, 2021 |
| 12. Services Offered (required) _____ | April 1, 2021 |
| 13. Medicare and/or Medical Certification Obtained _____ | April 1, 2021 |
| 14. Facility or Service Accredited _____ | April 1, 2021 |
| 15. First Annual Report Due _____ | March 31, 2023 |



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

May 6, 2020

Elizabeth Kirkman
2709 Water Ridge Parkway
Suite 200
Charlotte, NC 28217

Transmittal of Certificate of Need

Project ID #: F-11813-19

Facility: Atrium Health Pineville

Project Description: Add no more than 12 acute care beds pursuant to the need determination in the 2019 SMFP for a total of no more than 271 acute care beds upon completion of this project and Project I.D. #F-11622-18 (add 38 acute care beds)

County: Mecklenburg

FID #: 110878

Dear Ms. Kirkman:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) is happy to transmit your certificate of need for the above referenced project. At this time, you should contact the Agency's Acute and Home Care Licensure and Certification Section and Construction Section, regarding their procedures and requirements for the development of this project. This office will notify the appropriate Sections that the certificate of need has been issued. However, please note that it is the responsibility of the holder of the certificate of need to contact these Sections concerning the next steps to follow in the development of the approved project.

Please be aware that pursuant to N.C. Gen. Stat. §131E-181(b), you are required to materially comply with the representations made in your application for a certificate of need, or with any conditions the Agency placed on the certificate of need. **If you subsequently propose to develop the project on a site different from that named on this certificate, you must first seek and obtain approval from the Agency.** If you operate a service which materially differs from the representations made in your application for a certificate of need, or with any conditions the Agency placed on the certificate of need, including any increase in per diem reimbursement rates/charges, the Agency may bring remedial action against the holder of the certificate of need pursuant to N.C. Gen. Stat. §131E-189 and 131E-190.

The holder of a certificate of need is obligated to submit progress reports to this office as required by 10A NCAC 14C .0209. The applicant shall notify this office of any variations from the schedule or the projected capital cost of the project. During the development of the

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Elizabeth Kirkman

May 6, 2020

Page 2

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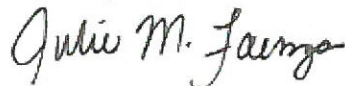
- 1) If the timetable specified on the certificate is being met;
- 2) If the amount of the capital expenditure for the development of the project is expected to exceed the maximum amount under the certificate;
- 3) If the terms and conditions of the approval are being met; and
- 4) If the project is progressing as proposed in the application.

The first progress report on this project is due September 1, 2020. Forms for the submittal of these reports are enclosed. Failure to submit any scheduled or requested progress report in a timely manner may result in the Agency withdrawing the certificate pursuant to N.C. Gen. Stat. §131E-189. If after reviewing the status of the project, the Agency determines that the holder of the certificate is not meeting the timetable and is not making a good faith effort to meet it, the Agency may withdraw the certificate in accordance with N.C. Gen. Stat. §131E-189.

Moreover, please be advised that this Agency may assess a civil penalty not to exceed \$20,000 against any person who violates the terms of a certificate of need which has been issued each time the service provided is in violation of this provision (N.C. Gen. Stat. §131E-190(f)). If for some reason, the holder of a certificate of need determines it necessary to request an increase in a per diem charge or reimbursement rate over that which was stated in the application for the certificate of need, then the holder must first contact the Agency to obtain proper instructions for initiating such a request. The request for the increase will be considered by the Agency pursuant to N.C. Gen. Stat. §131E-181(b).

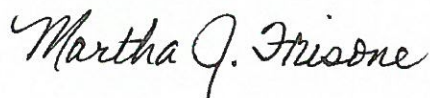
Please keep us informed of the progress in the development of this project. Please refer to the Project ID # and Facility ID # (FID) in all correspondence.

Sincerely,



Julie M. Faenza

Project Analyst



Martha J. Frisone

Chief

Enclosures

cc: Acute & Home Care Licensure & Certification Section, DHSR
Construction Section, DHSR

STATE OF NORTH CAROLINA

*Department of Health and Human Services
Division of Health Service Regulation*

CERTIFICATE OF NEED

for

Project ID #: F-11813-19

FID #: 110878

ISSUED TO: The Charlotte-Mecklenburg Hospital Authority

Pursuant to N.C. Gen. Stat. § 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 certificate of need 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 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 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 N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that section.

SCOPE: Add no more than 12 acute care beds pursuant to the need determination in the 2019 SMFP for a total of no more than 271 acute care beds upon completion of this project and Project I.D. #F-11622-18 (add 38 acute care beds) / Mecklenburg County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Atrium Health Pineville
10628 Park Road
Charlotte, NC 28210

MAXIMUM CAPITAL EXPENDITURE: \$7,231,102

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2020

This certificate is effective as of April 28, 2020

Martha J. Frisone

Martha J. Frisone, Chief

CONDITIONS:

1. The Charlotte-Mecklenburg Hospital Authority shall materially comply with all representations made in the certificate of need application.
2. The Charlotte-Mecklenburg Hospital Authority shall develop no more than 12 additional acute care beds at Atrium Health Pineville for a total of no more than 271 acute care beds upon completion of this project and Project I.D. #F-11622-18 (add 38 acute care beds).
3. Upon completion of the project, Atrium Health Pineville shall be licensed for no more than 271 acute care beds.
4. The Charlotte-Mecklenburg Hospital Authority 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 Charlotte-Mecklenburg Hospital Authority shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.
6. 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 Charlotte-Mecklenburg Hospital Authority 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 Charlotte-Mecklenburg Hospital Authority shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on April 14, 2020.

TIMETABLE:

1. Drawings Completed _____	June 15, 2020
2. Construction / Renovation Contract(s) Executed _____	July 1, 2020
3. 25% of Construction / Renovation Completed (25% of the cost is in place) _____	November 1, 2020
4. 50% of Construction / Renovation Completed _____	March 1, 2021
5. 75% of Construction / Renovation Completed _____	July 1, 2021
6. Construction / Renovation Completed _____	November 1, 2021
7. Equipment Ordered _____	November 1, 2020
8. Equipment Installed _____	January 1, 2022
9. Equipment Operational _____	January 1, 2022
10. Building / Space Occupied _____	January 1, 2022
11. Licensure Obtained _____	January 1, 2022
12. Services Offered (required) _____	January 1, 2022
13. Medicare and/or Medical Certification Obtained _____	January 1, 2022
14. Facility or Service Accredited _____	January 1, 2022
15. First Annual Report Due _____	March 31, 2023



NC DEPARTMENT OF
**HEALTH AND
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ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

May 6, 2020

Elizabeth Kirkman
2709 Water Ridge Parkway
Suite 200
Charlotte, NC 28217

Transmittal of Certificate of Need

Project ID #: F-11814-19

Facility: Atrium Health Pineville

Project Description: Add no more than 2 ORs pursuant to the need determination in the 2019 SMFP for a total of no more than 15 ORs upon completion of this project and Project I.D. #F-11621-18 (add 1 OR)

County: Mecklenburg

FID #: 110878

Dear Ms. Kirkman:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) is happy to transmit your certificate of need for the above referenced project. At this time, you should contact the Agency's Acute and Home Care Licensure and Certification Section and Construction Section, regarding their procedures and requirements for the development of this project. This office will notify the appropriate Sections that the certificate of need has been issued. However, please note that it is the responsibility of the holder of the certificate of need to contact these Sections concerning the next steps to follow in the development of the approved project.

Please be aware that pursuant to N.C. Gen. Stat. §131E-181(b), you are required to materially comply with the representations made in your application for a certificate of need, or with any conditions the Agency placed on the certificate of need. **If you subsequently propose to develop the project on a site different from that named on this certificate, you must first seek and obtain approval from the Agency.** If you operate a service which materially differs from the representations made in your application for a certificate of need, or with any conditions the Agency placed on the certificate of need, including any increase in per diem reimbursement rates/charges, the Agency may bring remedial action against the holder of the certificate of need pursuant to N.C. Gen. Stat. §131E-189 and 131E-190.

The holder of a certificate of need is obligated to submit progress reports to this office as required by 10A NCAC 14C .0209. The applicant shall notify this office of any variations from the schedule or the projected capital cost of the project. During the development of the

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project, this office may request any additional information pertinent to the project, including additional progress reports, to determine:

- 1) If the timetable specified on the certificate is being met;
- 2) If the amount of the capital expenditure for the development of the project is expected to exceed the maximum amount under the certificate;
- 3) If the terms and conditions of the approval are being met; and
- 4) If the project is progressing as proposed in the application.

The first progress report on this project is due October 1, 2020. Forms for the submittal of these reports are enclosed. Failure to submit any scheduled or requested progress report in a timely manner may result in the Agency withdrawing the certificate pursuant to N.C. Gen. Stat. §131E-189. If after reviewing the status of the project, the Agency determines that the holder of the certificate is not meeting the timetable and is not making a good faith effort to meet it, the Agency may withdraw the certificate in accordance with N.C. Gen. Stat. §131E-189.

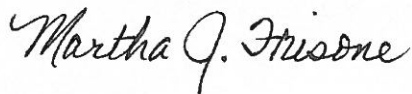
Moreover, please be advised that this Agency may assess a civil penalty not to exceed \$20,000 against any person who violates the terms of a certificate of need which has been issued each time the service provided is in violation of this provision (N.C. Gen. Stat. §131E-190(f)). If for some reason, the holder of a certificate of need determines it necessary to request an increase in a per diem charge or reimbursement rate over that which was stated in the application for the certificate of need, then the holder must first contact the Agency to obtain proper instructions for initiating such a request. The request for the increase will be considered by the Agency pursuant to N.C. Gen. Stat. §131E-181(b).

Please keep us informed of the progress in the development of this project. Please refer to the Project ID # and Facility ID # (FID) in all correspondence.

Sincerely,



Julie M. Faenza
Project Analyst



Martha J. Frisone
Chief

Enclosures

cc: Acute & Home Care Licensure & Certification Section, DHSR
Construction Section, DHSR

STATE OF NORTH CAROLINA

*Department of Health and Human Services
Division of Health Service Regulation*

CERTIFICATE OF NEED

for

Project ID #: F-11814-19

FID #: 110878

ISSUED TO: The Charlotte-Mecklenburg Hospital Authority

Pursuant to N.C. Gen. Stat. § 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 certificate of need 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 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 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 N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that section.

SCOPE: Add no more than 2 ORs pursuant to the need determination in the 2019 SMFP for a total of no more than 15 ORs upon completion of this project and Project I.D. #F-11621-18 (add 1 OR) / Mecklenburg County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Atrium Health Pineville
10628 Park Road
Charlotte, NC 28210

MAXIMUM CAPITAL EXPENDITURE: \$15,695,524

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 1, 2020

This certificate is effective as of April 28, 2020

Martha J. Frisone

Martha J. Frisone, Chief

CONDITIONS:

1. The Charlotte-Mecklenburg Hospital Authority shall materially comply with all representations made in the certificate of need application.
2. The Charlotte-Mecklenburg Hospital Authority shall develop no more than two additional operating rooms at Atrium Health Pineville for a total of no more than 15 operating rooms upon completion of this project and Project I.D. #F-11621-18 (add one OR).
3. Upon completion of the project, Atrium Health Pineville shall be licensed for no more than 15 operating rooms, including two dedicated C-Section operating rooms.
4. The Charlotte-Mecklenburg Hospital Authority 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 Charlotte-Mecklenburg Hospital Authority shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.
6. 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 Charlotte-Mecklenburg Hospital Authority 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 Charlotte-Mecklenburg Hospital Authority shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on April 14, 2020.

TIMETABLE:

1. Financing Obtained _____	May 4, 2021
2. Drawings Completed _____	May 4, 2021
3. Construction / Renovation Contract(s) Executed _____	May 4, 2021
4. 25% of Construction / Renovation Completed (25% of the cost is in place) _____	August 4, 2021
5. 50% of Construction / Renovation Completed _____	November 4, 2021
6. 75% of Construction / Renovation Completed _____	February 4, 2022
7. Construction / Renovation Completed _____	May 4, 2022
8. Equipment Ordered _____	May 4, 2022
9. Equipment Installed _____	May 11, 2022
10. Equipment Operational _____	July 4, 2022
11. Building / Space Occupied _____	August 4, 2022
12. Licensure Obtained _____	August 4, 2022
13. Services Offered (required) _____	August 4, 2022
14. Medicare and/or Medical Certification Obtained _____	August 4, 2022
15. Facility or Service Accredited _____	August 4, 2022
16. First Annual Report Due _____	March 31, 2024



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

May 6, 2020

Elizabeth Kirkman
2709 Water Ridge Parkway
Suite 200
Charlotte, NC 28217

Transmittal of Certificate of Need

Project ID #: F-11815-19
Facility: Carolinas Medical Center
Project Description: Add no more than 2 ORs pursuant to the need determination in the 2019 SMFP for a total of no more than 64 ORs upon completion of this project, Project I.D. #F-11106-15 (relocate 2 ORs to Charlotte Surgery Center - Wendover Campus), and Project I.D. #F-11620-18 (add 2 ORs)
County: Mecklenburg
FID #: 943070

Dear Ms. Kirkman:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) is happy to transmit your certificate of need for the above referenced project. At this time, you should contact the Agency's Acute and Home Care Licensure and Certification Section and Construction Section, regarding their procedures and requirements for the development of this project. This office will notify the appropriate Sections that the certificate of need has been issued. However, please note that it is the responsibility of the holder of the certificate of need to contact these Sections concerning the next steps to follow in the development of the approved project.

Please be aware that pursuant to N.C. Gen. Stat. §131E-181(b), you are required to materially comply with the representations made in your application for a certificate of need, or with any conditions the Agency placed on the certificate of need. **If you subsequently propose to develop the project on a site different from that named on this certificate, you must first seek and obtain approval from the Agency.** If you operate a service which materially differs from the representations made in your application for a certificate of need, or with any conditions the Agency placed on the certificate of need, including any increase in per diem reimbursement rates/charges, the Agency may bring remedial action against the holder of the certificate of need pursuant to N.C. Gen. Stat. §131E-189 and 131E-190.

The holder of a certificate of need is obligated to submit progress reports to this office as required by 10A NCAC 14C .0209. The applicant shall notify this office of any variations from the schedule or the projected capital cost of the project. During the development of the

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Elizabeth Kirkman

May 6, 2020

Page 2

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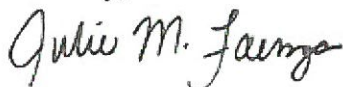
- 1) If the timetable specified on the certificate is being met;
- 2) If the amount of the capital expenditure for the development of the project is expected to exceed the maximum amount under the certificate;
- 3) If the terms and conditions of the approval are being met; and
- 4) If the project is progressing as proposed in the application.

The first progress report on this project is due September 1, 2020. Forms for the submittal of these reports are enclosed. Failure to submit any scheduled or requested progress report in a timely manner may result in the Agency withdrawing the certificate pursuant to N.C. Gen. Stat. §131E-189. If after reviewing the status of the project, the Agency determines that the holder of the certificate is not meeting the timetable and is not making a good faith effort to meet it, the Agency may withdraw the certificate in accordance with N.C. Gen. Stat. §131E-189.

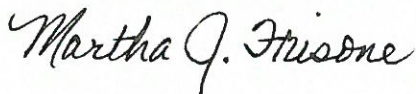
Moreover, please be advised that this Agency may assess a civil penalty not to exceed \$20,000 against any person who violates the terms of a certificate of need which has been issued each time the service provided is in violation of this provision (N.C. Gen. Stat. §131E-190(f)). If for some reason, the holder of a certificate of need determines it necessary to request an increase in a per diem charge or reimbursement rate over that which was stated in the application for the certificate of need, then the holder must first contact the Agency to obtain proper instructions for initiating such a request. The request for the increase will be considered by the Agency pursuant to N.C. Gen. Stat. §131E-181(b).

Please keep us informed of the progress in the development of this project. Please refer to the Project ID # and Facility ID # (FID) in all correspondence.

Sincerely,



Julie M. Faenza
Project Analyst



Martha J. Frisone
Chief

Enclosures

cc: Acute & Home Care Licensure & Certification Section, DHR
Construction Section, DHR

STATE OF NORTH CAROLINA

*Department of Health and Human Services
Division of Health Service Regulation*

CERTIFICATE OF NEED

for

Project ID #: F-11815-19

FID #: 943070

ISSUED TO: The Charlotte-Mecklenburg Hospital Authority

Pursuant to N.C. Gen. Stat. § 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 certificate of need 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 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 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 N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that section.

SCOPE: Add no more than 2 ORs pursuant to the need determination in the 2019 SMFP for a total of no more than 64 ORs upon completion of this project, Project I.D. #F-11106-15 (relocate 2 ORs to Charlotte Surgery Center - Wendover Campus), and Project I.D. #F-11620-18 (add 2 ORs)/ Mecklenburg County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Carolinas Medical Center
1000 Blythe Boulevard
Charlotte, NC 28203

MAXIMUM CAPITAL EXPENDITURE: \$7,974,633

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2020

This certificate is effective as of April 28, 2020

Martha J. Frisone

Martha J. Frisone, Chief

CONDITIONS:

1. The Charlotte-Mecklenburg Hospital Authority shall materially comply with all representations made in the certificate of need application.
2. The Charlotte-Mecklenburg Hospital Authority shall develop no more than two additional operating rooms at Carolinas Medical Center for a total of no more than 64 operating rooms upon completion of this project, Project I.D. #F-11106-15 (relocate two ORs to Charlotte Surgery Center – Wendover Campus), and Project I.D. #F-11620-18 (add two ORs).
3. Upon completion of the project, Carolinas Medical Center shall be licensed for no more than 64 operating rooms, including four dedicated C-Section operating rooms.
4. The Charlotte-Mecklenburg Hospital Authority 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 Charlotte-Mecklenburg Hospital Authority shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.
6. 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 Charlotte-Mecklenburg Hospital Authority 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 Charlotte-Mecklenburg Hospital Authority shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on April 14, 2020.

TIMETABLE:

1. Drawings Completed _____	August 3, 2020
2. Construction / Renovation Contract(s) Executed _____	August 17, 2020
3. 25% of Construction / Renovation Completed (25% of the cost is in place) _____	November 9, 2020
4. 50% of Construction / Renovation Completed _____	January 18, 2021
5. 75% of Construction / Renovation Completed _____	April 12, 2021
6. Construction / Renovation Completed _____	June 28, 2021
7. Equipment Ordered _____	November 9, 2020
8. Equipment Installed _____	July 12, 2021
9. Equipment Operational _____	July 19, 2021
10. Building / Space Occupied _____	July 19, 2021
11. Licensure Obtained _____	July 19, 2021
12. Services Offered (required) _____	July 19, 2021
13. Medicare and/or Medical Certification Obtained _____	July 19, 2021
14. Facility or Service Accredited _____	July 19, 2021
15. First Annual Report Due _____	March 31, 2023

STATE OF NORTH CAROLINA

*Department of Health and Human Services
Division of Health Service Regulation*

CERTIFICATE OF NEED

for

Project ID #: F-11822-19

FID #: 190631

ISSUED TO: Matthews Radiation Oncology Center

Pursuant to N.C. Gen. Stat. § 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 certificate of need 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 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 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 N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that section.

SCOPE: Acquire and replace a refurbished linear accelerator for a total of no more than two linear accelerators upon project completion / Mecklenburg

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Matthews Radiation Oncology Center
1400 Matthews Township Parkway
Matthews, NC 28105**

MAXIMUM CAPITAL EXPENDITURE: \$10,236,450

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 1, 2020

This certificate is effective as of April 29, 2020

Martha J. Frisone

Martha J. Frisone, Chief

CONDITIONS:

1. Radiation Oncology Centers of the Carolinas, LLC shall materially comply with all representations made in the certificate of need application.
2. Radiation Oncology Centers of the Carolinas, LLC shall acquire and replace a refurbished linear accelerator for a total of no more than two linear accelerators at Matthews Radiation Oncology Center upon project completion.
3. Radiation Oncology Centers of the Carolinas, LLC shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.
4. No later than three months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, Radiation Oncology Centers of the Carolinas, LLC shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.
5. Radiation Oncology Centers of the Carolinas, LLC shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.
6. Radiation Oncology Centers of the Carolinas, LLC shall provide written documentation of the efforts made by the applicant to establish relationships with local training institutions.
7. Radiation Oncology Centers of the Carolinas, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Healthcare Planning and Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on April 29, 2020.

TIMETABLE:

- | | | |
|-----|---|-------------------|
| 1. | Financing Obtained _____ | November 2, 2020 |
| 2. | Drawings Completed _____ | November 2, 2020 |
| 3. | Construction / Renovation Contract(s) Executed _____ | February 1, 2021 |
| 4. | 25% of Construction / Renovation Completed
(25% of the cost is in place) _____ | April 5, 2021 |
| 5. | 50% of Construction / Renovation Completed _____ | June 14, 2021 |
| 6. | 75% of Construction / Renovation Completed _____ | August 23, 2021 |
| 7. | Construction / Renovation Completed _____ | November 1, 2020 |
| 8. | Equipment Ordered _____ | January 18, 2021 |
| 9. | Equipment Installed _____ | October 18, 2021 |
| 10. | Equipment Operational _____ | November 29, 2021 |
| 11. | Building / Space Occupied _____ | December 6, 2021 |
| 12. | Licensure Obtained _____ | October 20, 2021 |
| 13. | Services Offered (required) _____ | January 1, 2022 |
| 14. | First Annual Report Due* _____ | April 1, 2023 |

STATE OF NORTH CAROLINA

*Department of Health and Human Services
Division of Health Service Regulation*

CERTIFICATE OF NEED

for

Project ID #: J-11800-19

FID #: 190504

ISSUED TO: Raleigh Radiology, LLC

Pursuant to N.C. Gen. Stat. § 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 certificate of need 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 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 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 N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that section.

SCOPE: Develop a new diagnostic center in Fuquay-Varina with no more than one CT scanner, one ultrasound unit, one x-ray unit, one bone density unit, and one mammography unit / Wake County

CONDITIONS: See Reverse Side

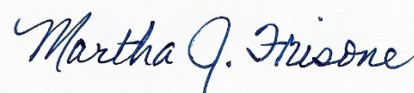
**PHYSICAL LOCATION: Raleigh Radiology Fuquay-Varina
601 Attain Street, Suite 100
Fuquay-Varina NC 27526**

MAXIMUM CAPITAL EXPENDITURE: \$607,672

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 1, 2020

This certificate is effective as of April 28, 2020



Martha J. Frisone, Chief

CONDITIONS:

1. Raleigh Radiology, LLC shall materially comply with all representations made in the certificate of need application.
2. Raleigh Radiology, LLC shall develop a diagnostic center in Fuquay-Varian with no more than one CT scanner, one ultrasound unit, one x-ray unit, one bone density unit, and one mammography unit.
3. Raleigh Radiology, LLC, as part of this project, shall not acquire any equipment that is not included in the project's proposed capital expenditures in Section F of the application and that would otherwise require a certificate of need.
4. No later than three months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, Raleigh Radiology, LLC shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.
5. Raleigh Radiology, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to insurance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on April 3, 2020.

TIMETABLE:

1. Financing Obtained _____ June 3, 2020
2. Construction / Renovation Completed _____ September 16, 2020
3. Services Offered (required) _____ October 1, 2020
4. First Annual Report Due* _____ April 1, 2022

STATE OF NORTH CAROLINA

*Department of Health and Human Services
Division of Health Service Regulation*

CERTIFICATE OF NEED

for

Project ID #: J-11843-20

FID #: 120234

**ISSUED TO: Holly Hill Hospital, LLC
Universal Health Services, Inc.**

Pursuant to N.C. Gen. Stat. § 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 certificate of need 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 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 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 N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that section.

SCOPE: Develop no more than 11 additional child/adolescent inpatient psychiatric beds pursuant to the need determination in the 2020 SMFP for a total of no more than 71 child/adolescent beds upon project completion / Wake County

CONDITIONS: See Reverse Side

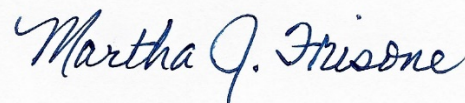
**PHYSICAL LOCATION: Holly Hill Hospital
201 Michael J. Smith Lane
Raleigh NC 27610**

MAXIMUM CAPITAL EXPENDITURE: \$100,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 1, 2020

This certificate is effective as of April 28, 2020



Martha J. Frisone, Chief

CONDITIONS:

1. **Holly Hill Hospital, LLC and Universal Health Services, Inc. shall materially comply with all representations made in the certificate of need application.**
2. **Holly Hill Hospital, LLC and Universal Health Services, Inc. shall develop no more than eleven additional child/adolescent psychiatric inpatient beds for a total of no more than 71 child/adolescent psychiatric inpatient beds, and no more than 197 adult psychiatric inpatient beds, at Holly Hill Hospital.**
3. **Holly Hill Hospital, LLC and Universal Health Services, Inc. shall accept patients requiring involuntary admission for psychiatric inpatient services.**
4. **No later than three months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, Holly Hill Hospital, LLC and Universal Health Services, Inc. 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.**
5. **Holly Hill Hospital, LLC and Universal Health Services, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to insurance of the certificate of need.**

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on April 1, 2020.

TIMETABLE:

- | | | |
|---------------------------------------|-------|--------------------------|
| 1. Financing Obtained | _____ | September 1, 2020 |
| 2. Licensure Obtained | _____ | October 1, 2020 |
| 3. Services Offered (required) | _____ | October 1, 2020 |
| 4. First Annual Report Due* | _____ | January 1, 2022 |