

Certificate of Need  
Certificates Issued  
August 2021

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
Alamance	G-012046-21	Burlington Dialysis	956036	ESRD	Add no more than five dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 20 stations upon completion of this project, Project ID #G-11744-19 (Relocate three dialysis stations to Central Greensboro Dialysis) and Project ID #G-11922-20 (Add two dialysis stations)	4/1/2021	7/1/2021	8/3/2021	Conditional Approval	Mike McKillip	Gloria Hale	\$50,509	12/1/2021
Caldwell	E-011630-18	InSight Health Corp.	180563	DXCTR	Acquire a mobile PET/CT scanner pursuant to the need determination in the 2018 SMFP	12/1/2018	4/29/2019	8/15/2021	Conditional Approval	Bernetta Thorne-Williams	Lisa Pittman	\$1,885,605	12/1/2021
Henderson	B-012066-21	Margaret R. Pardee Memorial Hospital	943324	HOSPITAL	Develop inpatient dialysis services	5/1/2021	7/23/2021	8/24/2021	Conditional Approval	Kim Meymandi	Lisa Pittman	\$418,992	1/15/2022
Lincoln	F-012064-21	Carolinas Imaging Services- Denver	170522	Major Med Equip	Cost overrun and change of scope for Project ID #F-11440-17 (develop a new diagnostic center) to include CT scanner, MRI, x-ray, ultrasound, mammography and bone density services	5/1/2021	7/23/2021	8/24/2021	Conditional Approval	Julie Faenza	Lisa Pittman	\$1,829,167	11/1/2021
Mecklenburg	F-011807-19	Novant Health Matthews Medical Center	945076	HOSPITAL	Add no more than 1 OR pursuant to the need determination in the 2019 SMFP for a total of no more than 9 ORs upon project completion	11/1/2019	3/26/2020	8/10/2021	Conditional Approval	Julie Faenza	Fatimah Wilson	\$2,521,670	12/1/2021
Mecklenburg	F-011808-19	Novant Health Matthews Medical Center	945076	HOSPITAL	Add no more than 20 acute care beds pursuant to the need determination in the 2019 SMFP for a total of no more than 174 acute care beds upon project completion	11/1/2019	3/26/2020	8/10/2021	Conditional Approval	Julie Faenza	Fatimah Wilson	\$31,729,328	12/1/2021



# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: G-12046-21

FID #: 956036

**ISSUED TO:** Renal Treatment Centers – Mid-Atlantic, Inc.

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

**SCOPE:** Add no more than five dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 20 stations upon completion of this project, Project ID # G-11744-19 (Relocate three dialysis stations to Central Greensboro Dialysis), and Project ID # G-11922-20 (Add two dialysis stations)/ Alamance County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Burlington Dialysis  
873 Heather Road  
Burlington, NC 27215

**CAPITAL EXPENDITURE:** \$50,509

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** December 1, 2021

This certificate is effective as of August 3, 2021



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Micheala Mitchell, Chief, CON

**CONDITIONS:**

1. Renal Treatment Centers – Mid-Atlantic, 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 five in-center stations for a total of no more than 20 stations at Burlington Dialysis upon completion of this project, Project I.D. # G-11744-19 (Relocate three dialysis stations to Central Greensboro Dialysis), and Project I.D. # G-11922-20 (Add two dialysis stations).
3. Progress Reports:
  - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
  - b. The certificate holder shall complete all sections of the Progress Report form.
  - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
  - d. Progress reports shall be due on the first day of every fourth month. The first progress report shall be due on December 1, 2021. The second progress report shall be due on April 1, 2022 and so forth.
4. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on July 2, 2021.

**Timetable**

	<b>Milestone</b>	<b>Date</b> <i>mm/dd/yyyy</i>
<b>9</b>	<b>Equipment Ordered</b>	<b>7/31/2022</b>
<b>14</b>	<b>Services Offered</b>	<b>1/1/2023</b>

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: E-11630-18

FID #: 180563

**ISSUED TO:** InSight Health Corp.

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

**SCOPE:** Acquire one mobile PET/CT scanner pursuant to the need determination in the 2018 State Medical Facilities Plan/ Caldwell County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** InSight Health Corp.  
7928 St. Andrews Lane  
Stanley, NC 28164

**CAPITAL EXPENDITURE:** \$1,885,605

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** December 1, 2021

This certificate is effective as of August 15, 2021



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Micheala Mitchell, Chief

**CONDITIONS:**

1. InSight Health Corp. shall materially comply with all representations made in the certificate of need application.
2. InSight Health Corp. shall acquire no more than one mobile Positron Emission Tomography scanner to serve counties statewide. The mobile PET scanner shall be moved twice weekly to provide mobile PET services to at least two host sites and shall not, at any time, serve less than two host sites each week.
3. InSight Health Corp. shall not change or add host sites unless it first obtains a determination from the Healthcare Planning and Certificate of Need Section authorizing the change in host sites.
4. The mobile PET scanner shall not be converted to a fixed PET scanner without InSight Health Corp. first obtaining a new certificate of need for a fixed scanner.
5. The acquisition of the mobile PET scanner shall constitute development of a mobile diagnostic program and shall not result in the creation of a diagnostic center located at any of the host sites.
6. InSight Health Corp. shall not acquire as part of this project 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.
7. InSight Health Corp. 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>Financing Obtained</b>	<b>10/15/21</b>
<b>9</b>	<b>Equipment Ordered</b>	<b>6/15/22</b>
<b>10</b>	<b>Equipment Installed</b>	<b>1/15/22</b>
<b>11</b>	<b>Equipment Operational</b>	<b>1/20/22</b>
<b>14</b>	<b>Services Offered</b>	<b>2/1/22</b>
<b>16</b>	<b>Facility or Service Accredited</b>	<b>2/1/22</b>
<b>17</b>	<b>First Annual Report Due*</b>	<b>5/1/26</b>

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: B-12066-21

FID #: 943324

**ISSUED TO:** Henderson County Hospital Corporation

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

**SCOPE:** Develop inpatient dialysis services/ Henderson County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Margaret R. Pardee Memorial Hospital  
800 North Justice Street  
Hendersonville, NC 28791

**CAPITAL EXPENDITURE:** \$418,992

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** January 15, 2022

This certificate is effective as of August 24, 2021



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Micheala Mitchell, Chief

**CONDITIONS:**

1. Henderson County Hospital Corporation (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 through service agreements with Total Renal Care, Inc. and Mountain Kidney and Hypertension Associates, PA.
3. Progress Reports:
  - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
  - b. The certificate holder shall complete all sections of the Progress Report form.
  - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
  - d. Progress reports shall be due on the first day of every sixth month. The first progress report shall be due on January 15, 2022. The second progress report shall be due on June 15, 2022 and so forth.
4. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.
5. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on August 20, 2021.

**Timetable**

	<b>Milestone</b>	<b>Date</b> <i>mm/dd/yyyy</i>
2	<b>Drawings Completed</b>	<b>01/15/2022</b>
4	<b>Construction / Renovation Contract(s) Executed</b>	<b>05/17/2022</b>
5	<b>25% of Construction / Renovation Completed (25% of the cost is in place)</b>	<b>06/07/2022</b>
6	<b>50% of Construction / Renovation Completed</b>	<b>08/05/2022</b>
7	<b>75% of Construction / Renovation Completed</b>	<b>10/15/2022</b>
8	<b>Construction / Renovation Completed</b>	<b>12/15/2022</b>
12	<b>Building / Space Occupied</b>	<b>01/01/2023</b>
14	<b>Services Offered</b>	<b>01/01/2023</b>
17	<b>First Annual Report Due*</b>	<b>04/01/2026</b>



# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: F-12064-21

FID #: 170522

**ISSUED TO:** Carolinas Imaging Services, LLC  
The Charlotte-Mecklenburg Hospital Authority

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

**SCOPE:** Cost overrun and change of scope for Project ID #F-11440-17 (develop a new diagnostic center) to include CT scanner, MRI, x-ray, ultrasound, mammography and bone density services / Lincoln County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Carolinas Imaging Services – Denver  
7285 NC Highway 73  
Denver, NC 28037

**CAPITAL EXPENDITURE:** \$1,829,167

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** November 1, 2021

This certificate is effective as of August 24, 2021.



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Micheala Mitchell, Chief

## **CONDITIONS:**

1. Carolinas Imaging Services, LLC and The Charlotte-Mecklenburg Hospital Authority (hereinafter certificate holder) shall materially comply with the representations in this application, the representations in Project I.D. #F-11440-17, and any supplemental information. Where representations conflict, the certificate holder shall materially comply with the last made representation.
2. The certificate holder shall develop a new diagnostic center, Carolinas Imaging Services – Denver, by developing the fixed MRI scanner approved in Project I.D. #F-11440-17 and relocating and replacing a CT scanner, mammography unit, X-ray machine, ultrasound machine, and bone density scanner from Atrium Health Lincoln Imaging Center.
3. Upon completion of the project, Carolinas Imaging Center – Denver will have no more than one fixed MRI scanner.
4. The approved combined capital expenditure for both Project I.D. #F-11440-17 and this project is \$5,710,567, an increase of \$1,829,167 over the previously approved capital expenditure of \$3,881,400 in Project I.D. #F-11440-17.
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. Progress Reports:
  - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
  - b. The certificate holder shall complete all sections of the Progress Report form.
  - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
  - d. Progress reports shall be due on the first day of every third month. The first progress report shall be due on November 1, 2021. The second progress report shall be due on February 1, 2022 and so forth.
7. 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 certificate holders 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.
8. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on August 4, 2021.

**Timetable**

	<b>Milestone</b>	<b>Date</b>
<b>1</b>	<b>Construction / Renovation Contract(s) Executed</b>	<b>11/3/2021</b>
<b>2</b>	<b>25% of Construction / Renovation Completed (25% of the cost is in place)</b>	<b>12/15/2021</b>
<b>3</b>	<b>50% of Construction / Renovation Completed</b>	<b>1/31/2022</b>
<b>4</b>	<b>75% of Construction / Renovation Completed</b>	<b>3/15/2022</b>
<b>5</b>	<b>Construction / Renovation Completed</b>	<b>4/30/2022</b>
<b>6</b>	<b>Equipment Ordered</b>	<b>12/1/2021</b>
<b>7</b>	<b>Equipment Installed</b>	<b>5/1/2022</b>
<b>8</b>	<b>Equipment Operational</b>	<b>5/21/2022</b>
<b>9</b>	<b>Building / Space Occupied</b>	<b>6/1/2022</b>
<b>10</b>	<b>Services Offered (required)</b>	<b>6/1/2022</b>
<b>11</b>	<b>Medicare and / or Medicaid Certification Obtained</b>	<b>6/1/2022</b>
<b>12</b>	<b>Facility or Service Accredited</b>	<b>6/1/2022</b>
<b>13</b>	<b>First Annual Report Due*</b>	<b>4/1/2024</b>

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: F-11807-19

FID #: 945076

**ISSUED TO:** Presbyterian Medical Care Corp  
Novant Health, Inc.

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

**SCOPE:** Add no more than 1 OR pursuant to the need determination in the 2019 SMFP for a total of no more than 9 ORs upon project completion / Mecklenburg County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Novant Health Matthews Medical Center  
1500 Matthews Township Parkway  
Mathews, NC 28105

**CAPITAL EXPENDITURE:** \$2,521,670

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** December 1, 2021

This certificate is effective as of August 10, 2021



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Micheala Mitchell, Chief, CON

**CONDITIONS:**

1. Presbyterian Medical Care Corp. and Novant Health, Inc. shall materially comply with all representations made in the certificate of need application.
2. Presbyterian Medical Care Corp. and Novant Health, Inc. shall develop no more than one additional operating room at Novant Health Matthews Medical Center.
3. Upon completion of the project, Novant Health Matthews Medical Center shall be licensed for no more than nine operating rooms, including two dedicated C-Section operating rooms.
4. Presbyterian Medical Care Corp. 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.
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, Presbyterian Medical Care Corp. 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. Presbyterian Medical Care Corp. 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.

**Timetable**

	<b>Milestone</b>	<b>Date</b>
<b>1</b>	<b>Drawings Completed</b>	<b>2/28/2022</b>
<b>2</b>	<b>Construction / Renovation Contract(s) Executed</b>	<b>6/1/2022</b>
<b>3</b>	<b>25% of Construction / Renovation Completed (25% of the cost is in place)</b>	<b>12/23/2022</b>
<b>4</b>	<b>50% of Construction / Renovation Completed</b>	<b>7/21/2023</b>
<b>5</b>	<b>75% of Construction / Renovation Completed</b>	<b>2/10/2024</b>
<b>6</b>	<b>Construction / Renovation Completed</b>	<b>9/1/2024</b>
<b>7</b>	<b>Equipment Ordered</b>	<b>4/23/2024</b>
<b>8</b>	<b>Equipment Installed</b>	<b>8/28/2024</b>
<b>9</b>	<b>Equipment Operational</b>	<b>9/26/2024</b>
<b>10</b>	<b>Building / Space Occupied</b>	<b>10/1/2024</b>
<b>11</b>	<b>Licensure Obtained</b>	<b>10/16/2024</b>
<b>12</b>	<b>Services Offered (required)</b>	<b>11/1/2024</b>
<b>3</b>	<b>First Annual Report Due</b>	<b>4/1/2026</b>

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: F-11808-19

FID #: 945076

**ISSUED TO:** Presbyterian Medical Care Corp.  
Novant Health, Inc.

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

**SCOPE:** Add no more than 20 acute care beds pursuant to the need determination in the 2019 SMFP for a total of no more than 174 acute care beds upon project completion / Mecklenburg County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Novant Health Matthews Medical Center  
1500 Matthews Township Parkway  
Mathews, NC 28105

**CAPITAL EXPENDITURE:** \$31,729,328

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** December 1, 2021

This certificate is effective as of August 10, 2021



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Micheala Mitchell, Chief, CON

**CONDITIONS:**

1. Presbyterian Medical Care Corp. and Novant Health, Inc. shall materially comply with all representations made in the certificate of need application.
2. Presbyterian Medical Care Corp. and Novant Health, Inc. shall develop no more than 20 additional acute care beds at Novant Health Matthews Medical Center.
3. Upon completion of the project, Novant Health Matthews Medical Center shall be licensed for no more than 174 acute care beds.
4. Presbyterian Medical Care Corp. 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.
5. Presbyterian Medical Care Corp. 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.
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, Presbyterian Medical Care Corp. 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.
7. Presbyterian Medical Care Corp. 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.

**Timetable**

	<b>Milestone</b>	<b>Date</b>
<b>1</b>	<b>Drawings Completed</b>	<b>2/28/2022</b>
<b>2</b>	<b>Construction / Renovation Contract(s) Executed</b>	<b>6/1/2022</b>
<b>3</b>	<b>25% of Construction / Renovation Completed (25% of the cost is in place)</b>	<b>12/23/2022</b>
<b>4</b>	<b>50% of Construction / Renovation Completed</b>	<b>7/21/2023</b>
<b>5</b>	<b>75% of Construction / Renovation Completed</b>	<b>2/10/2024</b>
<b>6</b>	<b>Construction / Renovation Completed</b>	<b>9/1/2024</b>
<b>7</b>	<b>Equipment Ordered</b>	<b>4/23/2024</b>
<b>8</b>	<b>Equipment Installed</b>	<b>8/28/2024</b>
<b>9</b>	<b>Equipment Operational</b>	<b>9/26/2024</b>
<b>10</b>	<b>Building / Space Occupied</b>	<b>10/1/2024</b>
<b>11</b>	<b>Licensure Obtained</b>	<b>10/16/2024</b>
<b>12</b>	<b>Services Offered (required)</b>	<b>11/1/2024</b>
<b>13</b>	<b>First Annual Report Due</b>	<b>4/1/2026</b>

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: F-12039-21

FID #: 120485

**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:** Add no more than 5 dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 26 stations upon project completion/ Mecklenburg County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** FMC Southwest Charlotte  
14166 Steele Creek Road  
Charlotte, NC 28273

**CAPITAL EXPENDITURE:** \$18,750

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** October 1, 2021

This certificate is effective as of August 3, 2021



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Micheala Mitchell, Chief, CON



**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.
2. Pursuant to Condition 2 of the facility need determination in the 2021 SMFP, the certificate holder shall develop no more than 5 additional in-center dialysis stations for a total of no more than 26 in-center dialysis stations at FMC Southwest Charlotte upon completion of this project.
3. Progress Reports:
  - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
  - b. The certificate holder shall complete all sections of the Progress Report form.
  - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
  - d. Progress reports shall be due on the first day of every third month. The first progress report shall be due on October 1, 2021. The second progress report shall be due on January 1, 2022 and so forth.
4. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on July 6, 2021.

**Timetable**

	<b>Milestone</b>	<b>Date</b> <i>mm/dd/yyyy</i>
1	Equipment Ordered	10/10/2021
2	Equipment Installed	12/9/2021
3	Equipment Ordered	12/16/2021
4	Building/ Space Occupied	12/9/2021
5	Services Offered	12/31/2021
6	Medicare and / or Medicaid Certification Obtained	12/31/2021

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: J-12067-21

FID #: 090274

**ISSUED TO:** University of North Carolina Hospitals at Chapel Hill

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:** Expand an existing hospital-based oncology clinic / Orange County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** University of North Carolina Hospitals-  
Hillsborough  
460 Waterstone Drive  
Hillsborough, NC 27278

**CAPITAL EXPENDITURE:** \$3,261,738

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** December 1, 2021

This certificate is effective as of August 21, 2021



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Micheala Mitchell, Chief

## CONDITIONS:

1. University of North Carolina Hospitals at Chapel Hill (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall develop seven addition infusion therapy bays, four additional exam rooms and a procurement lab at the existing MOB on the UNC Hillsborough campus.
3. Progress Reports:
  - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
  - b. The certificate holder shall complete all sections of the Progress Report form.
  - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
  - d. Progress reports shall be due on the first day of every third month. The first progress report shall be due on December 1, 2021. The second progress report shall be due on March 1, 2022 and so forth.
4. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.
5. No later than three months after the last day of each of the first three full fiscal years of operation following initiation of the services authorized by this certificate of need, the certificate holder shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
  - a. Payor mix for the services authorized in this certificate of need.
  - b. Utilization of the services authorized in this certificate of need.
  - c. Revenues and operating costs for the services authorized in this certificate of need.
  - d. Average gross revenue per unit of service.
  - e. Average net revenue per unit of service.
  - f. Average operating cost per unit of service.
6. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on August 3, 2021.

### Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
2	Drawings Completed	02/21/2021
4	Construction / Renovation Contract(s) Executed	09/02/2021
5	25% of Construction / Renovation Completed (25% of the cost is in place)	11/01/2021
6	50% of Construction / Renovation Completed	02/02/2022
7	75% of Construction / Renovation Completed	05/01/2022
8	Construction / Renovation Completed	08/01/2022
9	Equipment Ordered	05/01/2022
10	Equipment Installed	08/15/2022
11	Equipment Operational	09/01/2022
12	Building / Space Occupied	08/15/2022
14	Services Offered	09/01/2022
17	First Annual Report Due*	09/01/2024

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: J-11961-20

FID #: 200741

**ISSUED TO:** Valleygate Surgery Center, LLC

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

**SCOPE:** Develop a new ASC with no more than 1 operating room and 3 procedure rooms pursuant to the need determination in the 2020 SMFP / Wake County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Valleygate Surgery Center  
865 US Hwy 70 West  
Garner NC 27529

**CAPITAL EXPENDITURE:** \$2,341,977

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** January 1, 2022

This certificate is effective as of August 12, 2021



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Micheala Mitchell, Chief

## **CONDITIONS:**

1. Valleygate Surgery Center, LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall develop a new ambulatory surgery center with no more than one operating room and three procedure rooms pursuant to the need determination in the 2020 SMFP.
3. Upon completion of the project, Valleygate Surgery Center shall be licensed for no more than one operating room and three procedure rooms.
4. Progress Reports:
  - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
  - b. The certificate holder shall complete all sections of the Progress Report form.
  - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
  - d. Progress reports shall be due on the first day of every fourth month. The first progress report shall be due on July 1, 2021. The second progress report shall be due on November 1, 2021 and so forth.
5. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.
6. The certificate holder shall receive accreditation from the Joint Commission for the Accreditation of Healthcare Organizations, the Accreditation Association for Ambulatory Health Care or a comparable accreditation authority within two years following licensure of the facility.
7. For the first three years of operation following completion of the project, the certificate holder shall not increase charges more than 5% of the charges projected in Section Q of the application without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.
8. The procedure room shall not be used for procedures that should be performed only in an operating room based on current standards of practice.
9. Procedures performed in the procedure room shall not be reported for billing purposes as having been performed in an operating room and shall not be reported on the facility's license renewal application as procedures performed in an operating room.
10. No later than three months after the last day of each of the first three full fiscal years of operation following initiation of the services authorized by this certificate of need, the certificate holder shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
  - a. Payor mix for the services authorized in this certificate of need.
  - b. Utilization of the services authorized in this certificate of need.
  - c. Revenues and operating costs for the services authorized in this certificate of need.
  - d. Average gross revenue per unit of service.
  - e. Average net revenue per unit of service.
  - f. Average operating cost per unit of service.
11. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on August 24, 2021.

**Timetable**

	<b>Milestone</b>	<b>Date</b> <i>mm/dd/yyyy</i>
4	Construction / Renovation Contract(s) Executed	6/1/2022
6	50% of Construction / Renovation Completed	12/1/2022
8	Construction / Renovation Completed	6/15/2023
<b>14</b>	<b>Services Offered</b>	8/1/2023
15	Medicare and / or Medicaid Certification Obtained	11/1/2023
17	First Annual Report Due*	4/1/2025

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: J-11962-20

FID #: 200740

**ISSUED TO:** Orthopaedic Surgery Center of Garner, LLC

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

**SCOPE:** Develop a new ASC with no more than 1 operating room and 2 procedure rooms pursuant to the need determination in the 2020 SMFP / Wake County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Orthopaedic Surgery Center of Garner  
1400 Timber Drive East  
Garner NC 27529

**CAPITAL EXPENDITURE:** \$14,056,934

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** January 1, 2022

This certificate is effective as of August 12, 2021



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Micheala Mitchell, Chief

## **CONDITIONS:**

1. Orthopaedic Surgery Center of Garner, LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall develop a new ambulatory surgery center with no more than one operating room and two procedure rooms pursuant to the need determination in the 2020 SMFP.
3. Upon completion of the project, Orthopaedic Surgery Center of Garner shall be licensed for no more than one operating room and two procedure rooms.
4. Progress Reports:
  - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
  - b. The certificate holder shall complete all sections of the Progress Report form.
  - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
  - d. Progress reports shall be due on the first day of every fourth month. The first progress report shall be due on July 1, 2021. The second progress report shall be due on November 1, 2021 and so forth.
5. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.
6. The certificate holder shall receive accreditation from the Joint Commission for the Accreditation of Healthcare Organizations, the Accreditation Association for Ambulatory Health Care or a comparable accreditation authority within two years following licensure of the facility.
7. For the first three years of operation following completion of the project, the certificate holder shall not increase charges more than 5% of the charges projected in Section Q of the application without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.
8. The procedure room shall not be used for procedures that should be performed only in an operating room based on current standards of practice.
9. Procedures performed in the procedure room shall not be reported for billing purposes as having been performed in an operating room and shall not be reported on the facility's license renewal application as procedures performed in an operating room.
10. No later than three months after the last day of each of the first three full fiscal years of operation following initiation of the services authorized by this certificate of need, the certificate holder shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
  - a. Payor mix for the services authorized in this certificate of need.
  - b. Utilization of the services authorized in this certificate of need.
  - c. Revenues and operating costs for the services authorized in this certificate of need.
  - d. Average gross revenue per unit of service.
  - e. Average net revenue per unit of service.
  - f. Average operating cost per unit of service.
11. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

**A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on August 24, 2021.**



(J-11962-20 Con't)

**Timetable**

<b>Milestone</b>		<b>Date</b> <i>mm/dd/yyyy</i>
2	Drawings Completed	8/21/2023
5	25% of Construction / Renovation Completed (25% of the cost is in place)	11/1/2023
8	Construction / Renovation Completed	3/30/2024
<b>14</b>	<b>Services Offered</b>	5/1/2024
15	Medicare and / or Medicaid Certification Obtained	4/1/2024
17	First Annual Report Due*	10/1/2025

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: J-11966-20

FID #: 200744

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

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

**SCOPE:** Develop a new ASC with no more than 1 operating room and 2 procedure rooms pursuant to the need determination in the 2020 SMFP / Wake County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Duke Health Garner Ambulatory Surgical Center  
1011 New Rand Road  
Garner NC 27529

**CAPITAL EXPENDITURE:** \$11,700,000

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** January 1, 2022

This certificate is effective as of August 12, 2021



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Micheala Mitchell, Chief

## **CONDITIONS:**

1. Duke University Health System, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall develop a new ambulatory surgery center with no more than one operating room and two procedure rooms pursuant to the need determination in the 2020 SMFP.
3. Upon completion of the project, Duke Health Garner Ambulatory Surgical Center shall be licensed for no more than one operating room and two procedure rooms.
4. Progress Reports:
  - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
  - b. The certificate holder shall complete all sections of the Progress Report form.
  - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
  - d. Progress reports shall be due on the first day of every fourth month. The first progress report shall be due on July 1, 2021. The second progress report shall be due on November 1, 2021 and so forth.
5. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.
6. The certificate holder shall receive accreditation from the Joint Commission for the Accreditation of Healthcare Organizations, the Accreditation Association for Ambulatory Health Care or a comparable accreditation authority within two years following licensure of the facility.
7. For the first three years of operation following completion of the project, the certificate holder shall not increase charges more than 5% of the charges projected in Section Q of the application without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.
8. The procedure room shall not be used for procedures that should be performed only in an operating room based on current standards of practice.
9. Procedures performed in the procedure room shall not be reported for billing purposes as having been performed in an operating room and shall not be reported on the facility's license renewal application as procedures performed in an operating room.
10. No later than three months after the last day of each of the first three full fiscal years of operation following initiation of the services authorized by this certificate of need, the certificate holder shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
  - a. Payor mix for the services authorized in this certificate of need.
  - b. Utilization of the services authorized in this certificate of need.
  - c. Revenues and operating costs for the services authorized in this certificate of need.
  - d. Average gross revenue per unit of service.
  - e. Average net revenue per unit of service.
  - f. Average operating cost per unit of service.
11. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

(J-11966-20Con't)

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on August 24, 2021.

**Timetable**

	<b>Milestone</b>	<b>Date</b> <i>mm/dd/yyyy</i>
4	Construction / Renovation Contract(s) Executed	6/30/2022
5	25% of Construction / Renovation Completed (25% of the cost is in place)	11/14/2023
6	50% of Construction / Renovation Completed	3/31/2023
7	75% of Construction / Renovation Completed	7/31/23
8	Construction / Renovation Completed	11/30/23
<b>14</b>	<b>Services Offered</b>	5/1/2024
15	Medicare and / or Medicaid Certification Obtained	9/1/2024
17	First Annual Report Due*	10/1/2025

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: J-12000-20

FID #: 200892

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

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

**SCOPE:** Acquire, replace, and relocate a linear accelerator from Franklin County Cancer Center and acquire a simulator / Wake County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Duke Cancer Center Green Level Radiation Oncology  
3208 Green Level W Road  
Cary, NC 27519

**CAPITAL EXPENDITURE:** \$10,710,000

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** January 1, 2022

This certificate is effective as of August 13, 2021



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Micheala Mitchell, Chief

## **CONDITIONS:**

1. Duke University Health System, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall acquire, replace, and relocate a linear accelerator from Franklin County Cancer Center and acquire one simulator.
3. Upon completion of the project, Duke Cancer Center Green Level Radiation Oncology shall be licensed for no more than one linear accelerator and one simulator.
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 third month. The first progress report shall be due on July 1, 2021. The second progress report shall be due on October 1, 2021 and so forth.
5. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.
6. The certificate holder shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.
7. No later than three months after the last day of each of the first three full fiscal years of operation following initiation of the services authorized by this certificate of need, the certificate holder shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
  - a. Payor mix for the services authorized in this certificate of need.
  - b. Utilization of the services authorized in this certificate of need.
  - c. Revenues and operating costs for the services authorized in this certificate of need.
  - d. Average gross revenue per unit of service.
  - e. Average net revenue per unit of service.
  - f. Average operating cost per unit of service.
8. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on May 10, 2021.

**Timetable**

<b>Milestone</b>		<b>Date</b> <i>mm/dd/yyyy</i>
<b>2</b>	<b>Drawings Completed</b>	<b>11/01/2021</b>
<b>4</b>	<b>Construction / Renovation Contract(s) Executed</b>	<b>2/01/2022</b>
<b>8</b>	<b>Construction / Renovation Completed</b>	<b>5/01/2023</b>
<b>9</b>	<b>Equipment Ordered</b>	<b>2/01/2023</b>
<b>10</b>	<b>Equipment Installed</b>	<b>6/01/2023</b>
<b>11</b>	<b>Equipment Operational</b>	<b>7/01/2023</b>
<b>12</b>	<b>Building / Space Occupied</b>	<b>7/01/2023</b>
<b>14</b>	<b>Services Offered</b>	<b>7/01/2023</b>
<b>15</b>	<b>Medicare and / or Medicaid Certification Obtained</b>	<b>10/01/2023</b>
<b>16</b>	<b>Facility or Service Accredited</b>	<b>10/01/2023</b>
<b>17</b>	<b>First Annual Report Due*</b>	<b>10/01/2024</b>

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: J-12029-21

FID #: 210092

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

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

**SCOPE:** Develop a new separately licensed 40-bed hospital by relocating no more than 40 acute care beds and two shared operating rooms from Duke Raleigh Hospital / Wake County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Duke Green Level Hospital  
3208 Green Level W Road  
Cary NC 27519

**CAPITAL EXPENDITURE:** \$235,000,000

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** January 1, 2022

This certificate is effective as of August 26, 2021



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Micheala Mitchell, Chief



## **CONDITIONS:**

1. Duke University Health System, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall develop a new separately licensed 40-bed hospital, Duke Green Level Hospital, by relocating no more than 40 acute care beds and two shared operating rooms from Duke Raleigh Hospital.
3. Upon completion of the project, Duke Raleigh Hospital shall be licensed for no more than 146 acute care beds and 13 shared operating rooms.
4. Progress Reports:
  - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
  - b. The certificate holder shall complete all sections of the Progress Report form.
  - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
  - d. Progress reports shall be due on the first day of every fourth month. The first progress report shall be due on December 1, 2021. The second progress report shall be due on April 1, 2022 and so forth.
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. No later than three months after the last day of each of the first three full fiscal years of operation following initiation of the services authorized by this certificate of need, the certificate holder shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
  - a. Payor mix for the services authorized in this certificate of need.
  - b. Utilization of the services authorized in this certificate of need.
  - c. Revenues and operating costs for the services authorized in this certificate of need.
  - d. Average gross revenue per unit of service.
  - e. Average net revenue per unit of service.
  - f. Average operating cost per unit of service.
7. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on August 19, 2021.

**Timetable**

<b>Milestone</b>	<b>Date</b> <i>mm/dd/yyyy</i>
Drawings Completed	10/1/2022
Construction / Renovation Contract(s) Executed	4/1/2023
25% of Construction / Renovation Completed (25% of the cost is in place)	3/1/2024
50% of Construction / Renovation Completed	1/1/2025
75% of Construction / Renovation Completed	10/1/2025
Construction / Renovation Completed	4/1/2026
<b>Services Offered</b>	7/1/2026
Medicare and / or Medicaid Certification Obtained	10/1/2026
First Annual Report Due*	10/1/2027