

**Certificate of Need  
Certificates Issued  
July 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-12076-21	Alamance Regional Medical Center	954565	HOSPITAL	Renovate and expand the heart and vascular center by acquiring one (1) additional CT scanner with cardiac capabilities and one (1) additional unit of angiography equipment for a total of no more than five (5) CT scanners and two (2) units of angiography equipment	5/1/2021	6/18/2021	7/20/2021	Conditional Approval	Misty Piekaar-McWilliams	Fatimah Wilson	\$31,503,642	10/1/2021
Bladen	N-012049-21	Southeastern Dialysis Center- Elizabethtown	955448	ESRD	Add no more than five dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 24 stations upon completion of this project, Project ID# N-11589-18 (add 3) and Project ID # N-11130-16 (relocate 10)	4/1/2021	6/25/2021	7/27/2021	Conditional Approval	Greg Yakaboski	Lisa Pittman	\$88,694	10/1/2021
Catawba	E-012044-21	Catawba County Dialysis	160450	ESRD	Add no more than five dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 21 stations upon project completion	4/1/2021	6/24/2021	7/27/2021	Conditional Approval	Tanya Saporito	Gloria Hale	\$88,694	10/1/2021
Durham	J-012051-21	Durham West Dialysis	010285	ESRD	Add no more than six dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 27 stations upon project completion	4/1/2021	6/17/2021	7/21/2021	Conditional Approval	Kim Meymandi	Gloria Hale	\$58,719	1/1/2022
Forsyth	G-011914-20	Triad Surgery Center	180260	ASC	Develop a new ASF with no more than 2 ORs pursuant to the 2020 SMFP need determination, 1 GI endoscopy room, and 1 procedure room	8/1/2020	10/29/2020	7/28/2021	Conditional Approval	Celia Inman	Gloria Hale	\$13,984,589	10/1/2021
Forsyth	G-012030-21	Novant Health Kernersville Medical Center	060620	HOSPITAL	Relocate no more than 13 existing acute care beds from Novant Health Medical Park Hospital to Novant Health Kernersville Medical Center and develop a new dedicated C-section OR. Upon project completion, there will be a total of no more than 63 beds at Novant Health Kernersville Medical Center, 4 shared ORs and 1 dedicated C-section OR	3/1/2021	6/14/2021	7/22/2021	Conditional Approval	Kim Meymandi	Fatimah Wilson	\$44,403,553	11/1/2021

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Haywood	A-012034-21	Haywood Lodge and Retirement Center	920515	ACH	Relocate no more than 4 ACH beds by relocating 3 ACH beds from Spicewood Cottages Elms and one 1 ACH bed from Chestnut Park Rest Home #1, for a total of no more than 72 ACH beds upon project completion	3/1/2021	5/28/2021	7/12/2021	Conditional Approval	Kim Meymandi	Lisa Pittman	\$50,000	11/1/2021
Haywood	A-012033-21	Spicewood Cottages Meadows	210095	ACH	Develop a new 9-bed ACH facility by relocating 9 existing ACH beds from Chestnut Park Rest Home for a total of 9 beds upon project completion	3/1/2021	5/28/2021	7/12/2021	Conditional Approval	Kim Meymandi	Lisa Pittman	\$65,000	9/1/2021
Hertford	Q-012045-21	Ahoskie Dialysis	945189	ESRD	Add no more than nine dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 25 stations upon project completion	4/1/2021	6/25/2021	7/27/2021	Conditional Approval	Greg Yakaboski	Gloria Hale	\$158,940	10/1/2021
Johnston	J-012041-21	FMC Four Oaks	956062	ESRD	Add no more than five dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 25 stations upon project completion	4/1/2021	6/17/2021	7/22/2021	Conditional Approval	Kim Meymandi	Gloria Hale	\$18,750	9/1/2021
Mecklenburg	F-012050-21	Huntersville Dialysis	130490	ESRD	Add no more than 6 dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 27 stations upon project completion	4/1/2021	6/24/2021	7/27/2021	Conditional Approval	Julie Faenza	Lisa Pittman	\$105,369	10/1/2021
Rockingham	G-012043-21	Rockingham Kidney Center	001548	ESRD	Add no more than six dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 25 stations upon project completion and add home training and support for home hemodialysis and peritoneal dialysis	4/1/2021	6/25/2021	7/27/2021	Conditional Approval	Celia Inman	Lisa Pittman	\$1,475,950	4/1/2022
Union	F-12026-21	Atrium Health Union West	180514	HOSPITAL	Cost overrun for Project I.D. #F-11618-18 (develop a new satellite acute care hospital campus which will be licensed as part of Atrium Health Union's existing acute care hospital license)	3/1/2021	6/4/2021	7/7/2021	Conditional Approval	Misty Piekaar-McWilliams	Lisa Pittman	\$34,935,912	10/1/2021



# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: G-12076-21

FID #: 954565

**ISSUED TO:** The Moses H. Cone Memorial Hospital  
Alamance Regional Medical Center, 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:** Renovate and expand the heart and vascular center by acquiring one (1) additional CT scanner with cardiac capabilities and one (1) additional unit of angiography equipment for a total of no more than five (5) CT scanners and two (2) units of angiography equipment / Alamance County

**CONDITIONS:** See Reverse Side

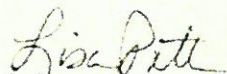
**PHYSICAL LOCATION:** Alamance Regional Medical Center  
1240 Huffman Mill Road  
Burlington, NC 27215

**CAPITAL EXPENDITURE:** \$31,503,642

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of July 20, 2021



Lisa Pittman, Assistant Chief, CON



**CONDITIONS:**

1. The Moses H. Cone Memorial Hospital and Alamance Regional Medical Center, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application and any clarifying responses. If representations conflict, the certificate holder shall materially comply with the last made representation.
2. The certificate holder shall acquire no more than one (1) CT scanner and one (1) unit of angiography equipment.
3. Upon completion of the project, the certificate holder shall have no more than five (5) CT scanners and two (2) units of angiography equipment.
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. 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 October 1, 2021. The second progress report shall be due on February 1, 2022, and so forth.
6. 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 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 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. 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 acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on July 20, 2021.

**TIMETABLE:**

	<b>Milestone</b>	<b>Date mm/dd/yyyy</b>
2	Drawings Completed	12/01/2021
4	Construction / Renovation Contract(s) Executed	1/01/2022
5	25% of Construction / Renovation Completed (25% of the cost is in place)	6/15/2022
6	50% of Construction / Renovation Completed	12/15/2022
7	75% of Construction / Renovation Completed	6/01/2023
8	Construction / Renovation Completed	12/01/2023
9	Equipment Ordered	9/01/2023
10	Equipment Installed	12/01/2023
11	Equipment Operational	1/01/2024
12	Building / Space Occupied	1/01/2024
14	<b>Services Offered</b>	1/01/2024
17	First Annual Report Due*	12/01/2026



# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: N-12049-21

FID #: 955448

**ISSUED TO:** Total Renal Care of North Carolina, 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:** Add no more than five dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 24 stations upon completion of this project, Project ID# N-11589-18 (add 3) and Project ID # N-11130-16 (relocate 10) / Bladen County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Southeastern Dialysis Center-Elizabethtown  
101 Dialysis Drive  
Elizabethtown, NC 28337

**CAPITAL EXPENDITURE:** \$88,694

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of July 27, 2021



Micheala Mitchell, Chief, CON



**CONDITIONS:**

1. Total Renal Care of North Carolina, LLC (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 24 in-center stations at Southeastern Dialysis Center-Elizabethtown upon completion of this project, Project ID# N-11589-18 (add 3) and Project ID # N-11130-16 (relocate 10).
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 acceptance 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>
9	Equipment Ordered	7/31/2022
14	Services Offered	1/01/2023
15	Medicare and / or Medicaid Certification Obtained	1/01/2023

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: E-12044-21

FID #: 160450

**ISSUED TO:** Total Renal Care of North Carolina, 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:** Add no more than five dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 21 stations upon project completion / Catawba County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Catawba County Dialysis  
1900 3rd Avenue Lane SE  
Hickory, NC 28602

**CAPITAL EXPENDITURE:** \$88,694

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of July 27, 2021

*Micheala Mitchell*

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Micheala Mitchell, Chief, CON

**CONDITIONS:**

1. Total Renal Care of North Carolina, LLC (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 five (5) additional in-center dialysis stations for a total of no more than 21 in-center stations at Catawba County Dialysis upon project completion.
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 October 1, 2021. The second progress report shall be due on February 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 acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on June 24, 2021.

**TIMETABLE:**

	<b>Milestone</b>	<b>Date</b> <i>mm/dd/yyyy</i>
9	Equipment Ordered	7/31/2022
14	Services Offered	1/01/2023
15	<b>Medicare and / or Medicaid Certification Obtained</b>	1/01/2023

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: J-12051-21

FID #: 010285

**ISSUED TO:** DVA Renal Healthcare, 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 six dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 27 stations upon project completion / Durham County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Durham West Dialysis  
4307 Western Park Place  
Durham, NC 27705

**CAPITAL EXPENDITURE:** \$58,719

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of July 20, 2021



Lisa Pittman, Assistant Chief, CON



**CONDITIONS:**

1. DVA Renal Healthcare, 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 six additional in-center dialysis stations for a total of no more than 27 in-center stations at Durham West Dialysis 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 sixth month. The first progress report shall be due on January 1, 2022. The second progress report shall be due on July 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 acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on June 22, 2021.

**TIMETABLE:**

Milestone		Date <i>mm/dd/yyyy</i>
9	Equipment Ordered	07/31/2022
14	Services Offered	01/01/2023
15	Medicare and / or Medicaid Certification Obtained	01/01/2023

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: G-11914-20

FID #: 180260

**ISSUED TO:** The Moses H. Cone Memorial Hospital  
MC Kernersville, LLC

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

**SCOPE:** Develop a new ASF with no more than 2 ORs pursuant to the 2020 SMFP need determination, 1 GI endoscopy room, and 1 procedure room/ Forsyth County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Triad Surgery Center  
1635 NC 66 South  
Kernersville, NC 27284

**CAPITAL EXPENDITURE:** \$13,984,589

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of July 28, 2021



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Micheala Mitchell, Chief, CON

## **CONDITIONS:**

- 1. The Moses H. Cone Memorial Hospital and MC Kernersville, 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 ASF with no more than two ORs pursuant to the 2020 SMFP need determination, one GI endoscopy room, and one procedure room.**
- 3. Upon completion of the project, the certificate holder shall be licensed for no more than two operating rooms and one GI endoscopy room.**
- 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 October 1, 2021. The second progress report shall be due on February 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 VIII of the application and that would otherwise require a certificate of need.**
- 6. 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 X and Section XIII of the application without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.**
- 7. The certificate holder shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.**
- 8. 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.

**Timetable**

	<b>Milestone</b>	<b>Date mm/dd/yyyy</b>
1	Financing Obtained	NA
2	Drawings Completed	10/01/2021
3	Land Acquired	NA
4	Construction / Renovation Contract(s) Executed	01/01/2022
5	25% of Construction / Renovation Completed (25% of the cost is in place)	04/01/2022
6	50% of Construction / Renovation Completed	06/01/2022
7	75% of Construction / Renovation Completed	08/02/2022
8	Construction / Renovation Completed	10/01/2022
9	Equipment Ordered	NA
10	Equipment Installed	NA
11	Equipment Operational	NA
12	Building / Space Occupied	11/01/2022
13	Licensure Obtained	12/01/2022
<b>14</b>	<b>Services Offered</b>	12/01/2022
15	Medicare and / or Medicaid Certification Obtained	01/15/2023
16	Facility or Service Accredited	04/15/2023
17	First Annual Report Due	12/31/2024



# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: G-12030-21

FID #: 060620

**ISSUED TO:** Forsyth Memorial Hospital, Inc.  
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:** Relocate no more than 13 existing acute care beds from Novant Health Medical Park Hospital to Novant Health Kernersville Medical Center and develop a new dedicated C-section OR. Upon project completion, there will be a total of no more than 63 beds at Novant Health Kernersville Medical Center, 4 shared ORs and 1 dedicated C-section OR / Forsyth County

**CONDITIONS:** See Reverse Side

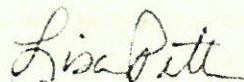
**PHYSICAL LOCATION:** Novant Health Kernersville Medical Center  
1750 Kernersville Medical Parkway  
Kernersville, NC 27103

**CAPITAL EXPENDITURE:** \$44,403,553

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of July 15, 2021



Lisa Pittman, Assistant Chief, CON



**CONDITIONS:**

1. Forsyth Memorial Hospital, Inc. and Novant Health, Inc. (hereinafter certificate holders) shall materially comply with all representations made in the certificate of need application.
2. The certificate holders shall relocate no more than 13 existing acute care beds from NH Medical Park Hospital to NH Kernersville and develop a new dedicated C-section OR.
3. Upon completion of the project, NH Kernersville shall be licensed for no more than 63 acute care beds, four shared operating rooms and one dedicated C-Section operating room.
4. **Progress Reports:**
  - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
  - b. The certificate holder shall complete all sections of the Progress Report form.
  - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
  - d. Progress reports shall be due on the first day of every sixth month. The first progress report shall be due on November 1, 2021. The second progress report shall be due on May 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 acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on June 21, 2021.

**TIMETABLE:**

	Milestone	Date <i>mm/dd/yyyy</i>
2	Drawings Completed	10/01/2021
4	Construction / Renovation Contract(s) Executed	02/14/2022
5	25% of Construction / Renovation Completed (25% of the cost is in place)	07/29/2022
6	50% of Construction / Renovation Completed	01/13/2023
7	75% of Construction / Renovation Completed	06/30/2023
8	Construction / Renovation Completed	12/14/2023
9	Equipment Ordered	08/28/2023
10	Equipment Installed	12/18/2023
11	Equipment Operational	01/15/2024
12	Building / Space Occupied	01/29/2024
13	Licensure Obtained	01/29/2024
14	<b>Services Offered</b>	04/01/2024
17	First Annual Report Due*	04/01/2026

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: A-12033-21

FID #: 210095

**ISSUED TO:** Earl Enterprises, Inc.  
Earl Holding Company, 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 9-bed ACH facility by relocating 9 existing ACH beds from Chestnut Park Rest Home for a total of 9 beds upon project completion/ Haywood County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Spicewood Cottages Meadows  
59 Loving Way  
Clyde, NC 28721

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

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of July 7, 2021



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Lisa Pittman, Assistant Chief, CON



**CONDITIONS:**

- 1. Earl Enterprises Inc. and Earl Holding Company, LLC (hereinafter the certificate holders) shall materially comply with all representations made in the certificate of need application.**
- 2. The certificate holders shall develop a new 9-bed ACH facility at an existing unlicensed building in Haywood County by relocating 9 existing ACH beds from Chestnut Park Rest Home also located in Haywood County.**
- 3. Upon completion of the project, Spicewood Cottages Meadows shall be licensed for no more than 9 ACH beds.**
- 4. Progress Reports:**
  - a. Pursuant to G.S. 131E-189(a), the certificate holders shall submit periodic progress 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 holders shall complete all sections of the Progress Report Form.**
  - c. The certificate holders 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 September 1, 2021. The second progress report shall be due on December 1, 2021 and so forth.**
- 5. The certificate holders shall certify at least 40% of the total number of adult care home beds in the facility for recipients of State/County Special Assistance with Medicaid and provide care to those residents, commensurate with representations made in the application.**
- 6. For the first two years of operation following completion of the project, Spicewood Cottages Meadows shall not increase private pay charges more than 5% of the projected private pay charges provided in Section Q of the application without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.**

7. 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 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 holders 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 July 7, 2021.

**TIMETABLE:**

<b>Milestone</b>		<b>Date</b> <i>mm/dd/yyyy</i>
13	Licensure Obtained	10/01/2021
<b>14</b>	<b>Services Offered</b>	10/01/2021
15	Medicare and / or Medicaid Certification Obtained	11/01/2021
17	First Annual Report Due*	12/31/2022

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: A-12034-21

FID #: 920515

**ISSUED TO:** Earl Enterprises, Inc.  
Earl Holding Company, LLC

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

**SCOPE:** Relocate no more than 4 ACH beds by relocating 3 ACH beds from Spicewood Cottages Elms and one 1 ACH bed from Chestnut Park Rest Home #1, for a total of no more than 72 ACH beds upon project completion / Haywood County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Haywood Lodge and Retirement Center  
251 Shelton Street  
Waynesville, NC 28786

**CAPITAL EXPENDITURE:** \$50,000

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of July 7, 2021



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Lisa Pittman, Assistant Chief, CON

**CONDITIONS:**

- 1. Earl Enterprises Inc. and Earl Holding Company, LLC (hereinafter the certificate holders) shall materially comply with all representations made in the certificate of need application.**
- 2. The certificate holders shall relocate no more than three existing ACH beds from Spicewood Cottages Elms and one existing ACH bed from Chestnut Park Rest Home #1, for a total of no more than 72 ACH beds.**
- 3. Upon completion of the project, Haywood Lodge and Retirement Center shall be licensed for no more than 72 ACH beds.**
- 4. Progress Reports:**
  - a. Pursuant to G.S. 131E-189(a), the certificate holders shall submit periodic progress 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 holders shall complete all sections of the Progress Report Form.**
  - c. The certificate holders 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.**
- 5. The certificate holders shall certify at least 22% of the total number of adult care home beds in the facility for recipients of State/County Special Assistance with Medicaid and provide care to those residents, commensurate with representations made in the application.**
- 6. For the first two years of operation following completion of the project, Haywood Lodge and Retirement Center shall not increase private pay charges more than 5% of the projected private pay charges provided in Section Q of the application without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.**
- 7. 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 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 holders 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 July 7, 2021.

**TIMETABLE:**

<b>Milestone</b>		<b>Date</b> <i>mm/dd/yyyy</i>
13	Licensure Obtained	10/01/2021
14	Services Offered	10/01/2021
17	First Annual Report Due*	12/31/2022

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: Q-12045-21

FID #: 945189

**ISSUED TO:** DVA Healthcare Renal Care, 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 nine dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 25 stations upon project completion / Hertford County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Ahoskie Dialysis  
129 Hertford County High Road  
Ahoskie, NC 27910

**CAPITAL EXPENDITURE:** \$158,940

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of July 27, 2021



Micheala Mitchell, Chief, CON

**CONDITIONS:**

1. DVA Healthcare Renal Care, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application and any supplemental responses. If representations conflict, the certificate holder shall materially comply with the last made representation.
2. Pursuant to Condition 2 of the facility need determination in the 2021 SMFP, the certificate holder shall develop no more than nine additional in-center dialysis stations for a total of no more than 25 in-center stations at Ahoskie Dialysis 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 acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on July 27, 2021.

**TIMETABLE:**

	<b>Milestone</b>	<b>Date</b> <i>mm/dd/yyyy</i>
9	Equipment Ordered	7/31/2022
14	Services Offered	1/01/2023

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: J-12041-21

FID #: 956062

**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 five dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 25 stations upon project completion / Johnston County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** FMC Four Oaks  
5815 US HWY 301 S  
Four Oaks, NC 27521

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

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of July 20, 2021



\_\_\_\_\_  
Lisa Pittman, Assistant 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 five additional in-center dialysis stations for a total of no more than 25 in-center stations at FMC Four Oaks 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 fourth month. The first progress report shall be due on September 1, 2021. The second progress report shall be due on February 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 acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on June 18, 2021.

**TIMETABLE:**

	<b>Milestone</b>	<b>Date mm/dd/yyyy</b>
1	Financing Obtained	03/15/2021
9	Equipment Ordered	10/10/2021
10	Equipment Installed	12/09/2021
11	Equipment Operational	12/16/2021
12	Building / Space Occupied	12/09/2021
14	Services Offered	12/31/2021
15	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 #: F-12050-21

FID #: 130490

**ISSUED TO:** DVA Healthcare Renal Care, 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 6 dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 27 stations upon project completion / Mecklenburg County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Huntersville Dialysis  
9622 Kincey Avenue  
Huntersville, NC 28078

**CAPITAL EXPENDITURE:** \$105,369

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of July 27, 2021

*Micheala Mitchell*

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Micheala Mitchell, Chief, CON

**CONDITIONS:**

- 1. DVA Healthcare Renal Care, 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 6 additional in-center (and home hemodialysis) dialysis stations for a total of no more than 27 in-center (and home hemodialysis) dialysis stations at Huntersville Dialysis 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 June 24, 2021.**

**Timetable**

<b>Milestone</b>	<b>Date</b>
<b>1 Equipment Ordered</b>	<b>7/31/2022</b>
<b>2 Services Offered (required)</b>	<b>1/1/2023</b>
<b>3 Medicare and / or Medicaid Certification Obtained</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 #: G-12043-21

FID #: 001548

**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 six dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 25 stations upon project completion and add home training and support for home hemodialysis and peritoneal dialysis / Rockingham County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Rockingham Kidney Center  
2206 Barnes Street  
Reidsville, NC 27320

**CAPITAL EXPENDITURE:** \$1,475,950

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of July 27, 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 six additional in-center dialysis stations for a total of no more 25 stations at Rockingham Kidney Center upon completion of this project and add home training and support for home hemodialysis and peritoneal dialysis.
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 April 1, 2022. The second progress report shall be due on July 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 June 28, 2021.

**Timetable**

Milestone		Date <i>mm/dd/yyyy</i>
1	Drawings Completed	01/31/2022
2	Construction / Renovation Contract(s) Executed	04/01/2022
3	25% of Construction / Renovation Completed (25% of the cost is in place)	05/31/2022
4	50% of Construction / Renovation Completed	07/30/2022
7	75% of Construction / Renovation Completed	09/28/2022
8	Construction / Renovation Completed	11/12/2022
9	Equipment Ordered	10/19/2022
10	Equipment Installed	11/30/2022
11	Equipment Operational	12/07/2022
12	Building / Space Occupied	12/07/2022
14	Services Offered	12/31/2022
15	Medicare and / or Medicaid Certification Obtained	12/31/2022

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: F-12026-21

FID #: 180514

**ISSUED TO:** 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 for Project I.D. #F-11618-18 (develop a new satellite acute care hospital campus which will be licensed as part of Atrium Health Union's existing acute care hospital license) / Union County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Atrium Health Union West  
1000 Healing Way  
Matthews, NC 28104

**CAPITAL EXPENDITURE:** \$34,935,912

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of July 7, 2021



Lisa Pittman, Assistant Chief, CON

**CONDITIONS:**

1. The Charlotte-Mecklenburg Hospital Authority (hereinafter certificate holder) shall materially comply with the representations in this application and the representations in Project I.D. #F-11618-18. Where representations conflict, the certificate holder shall materially comply with the last made representation.
2. The total combined capital expenditure for both projects is \$151,149,243, an increase of \$34,935,912 over the capital expenditure of \$116,213,331 previously approved in Project I.D. #F-11618-18.
3. The certificate holder shall develop a new satellite campus of Atrium Health Union by relocating no more than 40 acute care beds, two ORs, one dedicated C-Section OR, one GI endoscopy room, and one CT scanner from Atrium Health Union to Atrium Health Union West.
4. Upon completion of this project and Project I.D. #F-11348-17, F-11618-18, and F-11852-20, Atrium Health Union West shall be licensed as a satellite campus of Atrium Health Union, License #H0050, with no more than 40 acute care beds, three ORs, one dedicated C-Section OR, one GI endoscopy room, and one CT scanner. Atrium Health Union Hospital, License #H0050 shall be licensed for no more than 182 acute care beds, seven ORs, two dedicated C-Section ORs, two GI endoscopy rooms, and two CT scanners.
5. Progress Reports:
  - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
  - b. The certificate holder shall complete all sections of the Progress Report form.
  - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
  - d. Progress reports shall be due on the first day of every fourth month. The first progress report shall be due on October 1, 2021. The second progress report shall be due on February 1, 2022 and so forth.
6. The certificate holder shall not acquire as part of this project any equipment that is not included in the combined proposed capital expenditures in Section Q of this application and of Project I.D. #F-11618-18 and that would otherwise require a certificate of need.
7. The certificate holder shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.
8. 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.
9. 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 acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on July 7, 2021.

**TIMETABLE:**

	Milestone	Date
1	Construction / Renovation Completed	11/30/2021
2	Equipment Installed	12/1/2021
3	Equipment Operational	12/15/2021
4	Building / Space Occupied	1/1/2022
5	Licensure Obtained	1/1/2022
6	Services Offered (required)	1/1/2022
7	Medicare and / or Medicaid Certification Obtained	1/1/2022
8	Facility or Service Accredited	1/1/2022
9	First Annual Report Due*	4/1/2023

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Corrected Certificate of Need

for

Project ID #: J-11561-18

FID #: 180424

ISSUED TO: OrthoNC ASC, 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 ambulatory surgical facility with one operating room and one procedure room focused on orthopaedic and pain management procedures pursuant to the need determination in the 2018 SMFP for additional operating rooms / Wake

**CONDITIONS:** See Reverse Side

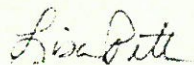
**PHYSICAL LOCATION:** Ortho NC ASC  
11221 Galleria Avenue, Suite 105  
Raleigh, NC 27614

**CAPITAL EXPENDITURE:** \$3,895,599

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** September 30, 2019

This certificate is effective as of February 28, 2019  
Corrected certificate issued on July 21, 2021



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Lisa Pittman, Assistant Chief



**CONDITIONS:**

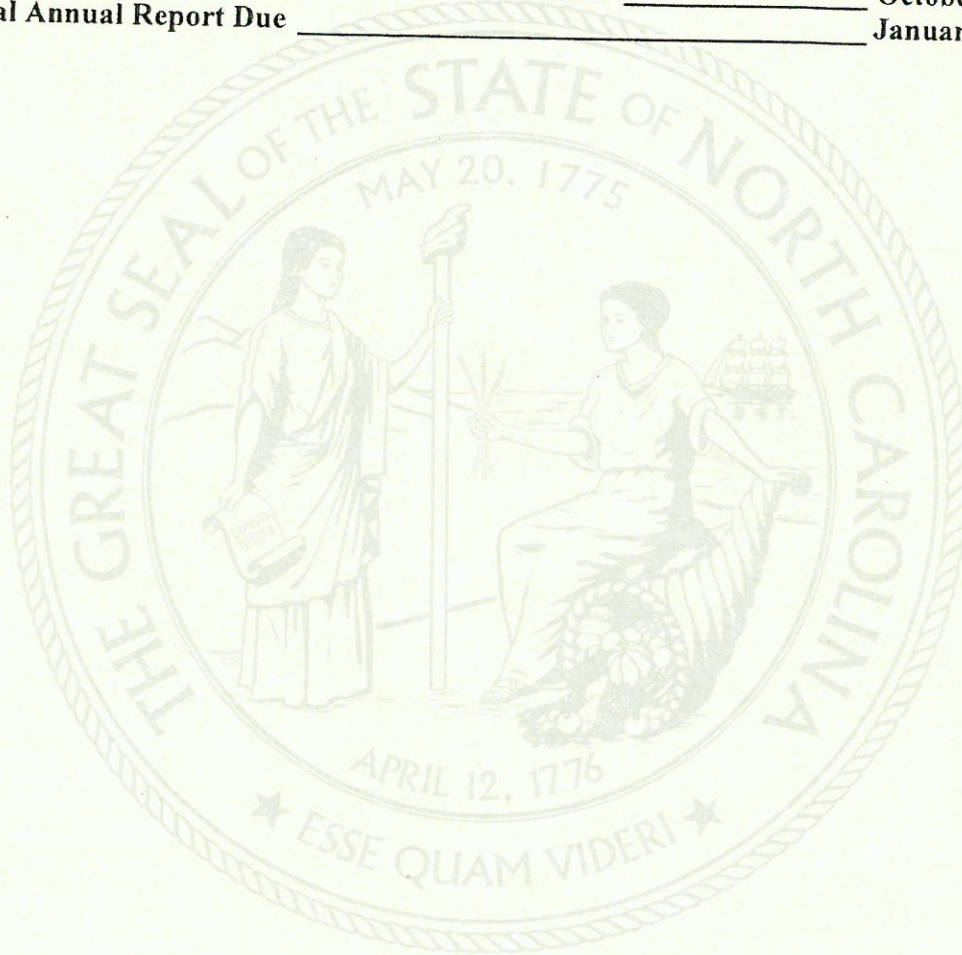
1. OrthoNC ASC, Inc. shall materially comply with all representations made in the certificate of need application.
2. OrthoNC ASC, Inc. shall develop a new single-specialty ambulatory surgical facility by developing no more than one operating room and one procedure room.
3. Upon completion of the project, OrthoNC ASC, Inc. shall be licensed for no more than one operating room and one procedure room.
4. OrthoNC ASC, 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. OrthoNC ASC, Inc. 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.
6. For the first three years of operation following completion of the project, OrthoNC ASC, Inc. 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.
7. The procedure room shall not be used for procedures that should be performed only in an operating room based on current standards of practice.
8. 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.
9. OrthoNC ASC, 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.
10. 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, OrthoNC ASC, 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.
11. OrthoNC ASC, 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 February 12, 2019.



**TIMETABLE:**

1. Drawings Completed \_\_\_\_\_ April 15, 2019
2. Construction/Renovation Contract(s) Executed \_\_\_\_\_ September 15, 2019
3. 25% of Construction/Renovation Completed  
(25% of the cost is in place) \_\_\_\_\_ December 1, 2019
4. 50% of Construction/Renovation Completed \_\_\_\_\_ March 1, 2020
5. 75% of Construction/Renovation Completed \_\_\_\_\_ June 1, 2020
6. Construction/Renovation Completed \_\_\_\_\_ September 1, 2020
7. Licensure Obtained \_\_\_\_\_ October 1, 2020
8. Services Offered \_\_\_\_\_ October 1, 2020
9. Medicare and/or Medicaid Certification Obtained \_\_\_\_\_ October 1, 2020
10. Final Annual Report Due \_\_\_\_\_ January 1, 2024





# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: J-12042-21

FID #: 956008

**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 four dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 50 stations upon completion of this project and Project ID# J-11996-20 (Relocate four dialysis stations to FMC White Oak) / Wake County

**CONDITIONS:** See Reverse Side

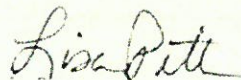
**PHYSICAL LOCATION:** BMA of Raleigh Dialysis  
3943 New Bern Avenue, Suite 100  
Raleigh NC 27604

**CAPITAL EXPENDITURE:** \$0

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of July 20, 2021



\_\_\_\_\_  
Lisa Pittman, Assistant 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. **The certificate holder shall develop no more than four in-center stations for a total of no more than 50 stations at BMA of Raleigh Dialysis upon completion of this project and Project ID # J-11996-20 (Relocate no more than four dialysis stations to FMC White Oak).**
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 acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on July 21, 2021.

**TIMETABLE:**

	<b>Milestone</b>	<b>Date <i>mm/dd/yyyy</i></b>
11	Equipment Ordered	10/10/2021
14	Services Offered	12/31/2021