

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: B-12182-22

FID #: 923279

ISSUED TO: The Laurels of Summit Inn, Inc.
Summit Ridge Senior Leasing, 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 8 NF beds from the Laurels of GreenTree Ridge for a total of no more than 68 NF beds and 23 ACH beds upon completion of this project and Project ID# B-11270-16 (relocate 29 ACH beds)/ Buncombe County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: The Laurels of Summit Ridge
100 Riceville Road
Asheville, NC 28805

CAPITAL EXPENDITURE: \$50,357

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2022

This certificate is effective as of June 21, 2022



Micheala Mitchell, Chief

CONDITIONS:

- 1. The Laurels of Summit Inn, Inc. and Summit Ridge Senior Leasing, LLC (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. The certificate holder shall relocate no more than eight nursing facility (NF) beds from The Laurels of GreenTree Ridge to the Laurels of Summit Ridge in Buncombe County, for a total of no more than 68 NF beds and 23 ACH beds at The Laurels of Summit Ridge, upon completion of this project and Project ID# B-11270-16 (relocate 29 ACH beds to Buncombe Senior Living).**
- 3. Upon completion of the project, The Laurels of Summit Ridge shall be licensed for no more than 68 NF beds and 23 ACH beds.**
- 4. Upon completion of the project, The Laurels of GreenTree Ridge shall be licensed for no more than 90 NF beds and 2 ACH beds.**
- 5. For the first two years of operation following completion of the project, the certificate 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.**
- 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 fourth month. The first progress report shall be due on July 1, 2022. The second progress report shall be due on November 1, 2022 and so forth.**
- 7. 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.**
- 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 of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on May 20, 2022

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Construction / Renovation Contract(s) Executed	06/01/2022
2	25% of Construction / Renovation Completed (25% of the cost is in place)	06/10/2022
3	50% of Construction / Renovation Completed	06/22/2022
4	75% of Construction / Renovation Completed	06/28/2022
5	Construction / Renovation Completed	06/30/2022
6	Building / Space Occupied	07/01/2022
7	Licensure Obtained	07/01/2022
8	Services Offered	07/01/2022
9	First Annual Report Due*	04/01/2024

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12195-22

FID #: 160494

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 in-center dialysis stations pursuant to Condition 1 of the facility need methodology for a total of no more than 15 in-center stations upon project completion / Cabarrus County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Hickory Ridge Dialysis
9562 Rocky River Road
Charlotte, NC 28215

CAPITAL EXPENDITURE: \$40,779

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 1, 2022

This certificate is effective as of June 18, 2022



Micheala Mitchell, Chief

CONDITIONS:

- 1. Total Renal Care of North Carolina, LLC (hereinafter the certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. Pursuant to condition 1 of the facility need determination in the 2022 SMFP, the certificate holder shall develop no more than five additional in-center dialysis stations for a total of no more than 15 in-center dialysis stations at Hickory Ridge Dialysis upon project completion.**
- 3. 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.**
- 4. Progress Reports:**
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.**
 - b. The certificate holder shall complete all sections of the Progress Report form.**
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.**
 - d. The first progress report shall be due on October 1, 2022**
- 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 June 15, 2022.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
14	Services Offered	01/01/2024
15	Medicare and / or Medicaid Certification Obtained	01/01/2024
16	Facility or Service Accredited	
17	First Annual Report Due*	N/A

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: P-12184-22

FID #: 200738

ISSUED TO: Embassy Snug Harbor, LLC
HPG NC Morehead City, 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: Cost overrun for Project ID # P-11958-20 (develop a replacement NF facility) / Carteret County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: The Embassy of Morehead City
3822 Galantis Drive
Morehead City, NC 28557

CAPITAL EXPENDITURE: \$4,948,389

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 1, 2022

This certificate is effective as of June 14, 2022



Micheala Mitchell, Chief

CONDITIONS:

- 1. Embassy Snug Harbor, LLC and HPG NC Morehead City, LLC (hereinafter certificate holder) shall materially comply with the representations in this application and the representations in Project ID# P-11958-20. Where representations conflict, the certificate holder shall materially comply with the last made representation.**
- 2. The total combined capital expenditure for both projects is \$21,085,443, an increase of \$4,948,389 over the capital expenditure of \$16,137,054 previously approved in Project ID# P-11958-20.**
- 3. The certificate holder shall develop a 92-bed replacement nursing facility by relocating 42 nursing facility beds and 50 adult care home beds from Snug Harbor on Nelson Bay. The 50 adult care home beds will include a 24-bed special care unit.**
- 4. Upon completion of this project and Project ID# P-11958-20, the certificate holder shall be licensed for more than 42 nursing facility beds and 50 adult care home beds. The 50 adult care home beds shall include a 24-bed special care unit.**
- 5. For the first two years of operation following completion of the project, the certificate holder shall not increase private pay charges more than 5% of the projected private pay charges provided in Section Q of the application without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations made in the certificate of need application.**
- 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. 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, 2022. The second progress report shall be due on February 1, 2023 and so forth.**

- 8. 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.**
- 9. 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.**
- 10. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on May 12, 2022.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	25% of Construction / Renovation Completed (25% of the cost is in place)	09/01/2022
2	50% of Construction / Renovation Completed	01/01/2023
3	75% of Construction / Renovation Completed	05/01/2023
4	Construction / Renovation Completed	09/01/2023
5	Equipment Ordered	05/01/2023
6	Equipment Installed	09/15/2023
7	Equipment Operational	09/20/2023
8	Building / Space Occupied	09/01/2023
9	Licensure Obtained	10/01/2023
10	Services Offered	10/01/2023
11	Medicare and / or Medicaid Certification Obtained	11/01/2023
12	Facility or Service Accredited	10/01/2024
13	First Annual Report Due*	01/01/2025

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: M-12178-22

FID #: 943057

ISSUED TO: Cumberland County Hospital 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 no more than 29 acute care beds pursuant to the 2022 SMFP need determination for a total of no more than 618 beds upon completion of this project and Project ID# M-8689-11 (add 65 beds)/ Cumberland County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Cape Fear Valley Medical Center
1638 Owen Drive
Fayetteville, NC 28302

CAPITAL EXPENDITURE: \$10,000,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 1, 2022

This certificate is effective as of June 25, 2022



Micheala Mitchell, Chief

CONDITIONS:

1. The Cumberland County Hospital System, 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 29 new acute care beds at Cape Fear Valley Medical Center, for a total of no more than 618 acute care beds upon completion of this project and Project ID #M-8689-11.
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. The first progress report shall be due on October 1, 2022.
4. 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.
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 May 26, 2022.

(M-12178-22 Con't)

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
2	Drawings Completed	09/15/2022
4	Construction / Renovation Contract(s) Executed	09/15/2022
5	25% of Construction / Renovation Completed (25% of the cost is in place)	01/01/2023
6	50% of Construction / Renovation Completed	07/01/2023
7	75% of Construction / Renovation Completed	01/01/2024
8	Construction / Renovation Completed	07/01/2024
9	Equipment Ordered	10/15/2023
10	Equipment Installed	07/01/2024
11	Equipment Operational	08/15/2024
12	Building / Space Occupied	09/07/2024
13	Licensure Obtained	09/15/2024
14	Services Offered	10/01/2024
17	First Annual Report Due*	01/02/2026

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: G-12206-22

FID #: 070671

ISSUED TO: Miller Street Dialysis Center of Wake Forest University
Wake Forest University Health Sciences

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 19 in-center dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 50 dialysis stations upon completion of this project and Project ID# G-12172-22 (relocate 19 stations)/ Forsyth County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Miller Street Dialysis Center of Wake Forest University
120 Miller Street
Winston-Salem, NC 27103

CAPITAL EXPENDITURE: \$336,300

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2022

This certificate is effective as of June 25, 2022

Micheala Mitchell

Micheala Mitchell, Chief

CONDITIONS:

1. Miller Street Dialysis Center of Wake Forest University and Wake Forest University Health Sciences (hereinafter certificate holders) shall materially comply with all representations made in the certificate of need application.
2. The certificate holders shall develop no more than 19 in-center stations for a total of no more than 50 stations at Miller Street Dialysis Center of Wake Forest University upon completion of this project and Project ID# G-12172-22 (relocate 19 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 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. The first progress report shall be due on September 1, 2022.
4. 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 of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on May 27, 2022.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
9	Equipment Ordered	01/21/2023
10	Equipment Installed	08/17/2023
11	Equipment Operational	08/24/2023
13	Licensure Obtained	10/03/2022
14	Services Offered	08/31/2023
15	Medicare and / or Medicaid Certification Obtained	08/01/2023

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12187-22

FID #: 943092

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: Relocate no more than 2 inpatient rehabilitation beds from Carolinas Rehabilitation-NorthEast for a total of no more than 72 inpatient rehabilitation beds / Mecklenburg County

CONDITIONS: See Reverse Side

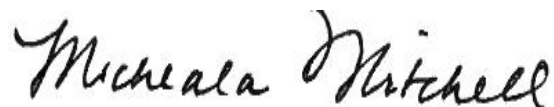
PHYSICAL LOCATION: Carolinas Rehabilitation
1100 Blythe Boulevard
Charlotte, NC 28203

CAPITAL EXPENDITURE: \$698,654

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 1, 2022

This certificate is effective as of June 25, 2022



Micheala Mitchell, Chief

CONDITIONS:

1. The Charlotte-Mecklenburg Hospital Authority (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall relocate no more than 2 inpatient rehabilitation beds from Carolinas Rehabilitation – NorthEast to Carolinas Rehabilitation.
3. Upon completion of the project, Carolinas Rehabilitation shall be licensed for no more than 72 inpatient rehabilitation beds and Carolinas Rehabilitation – NorthEast shall be licensed for no more than 38 inpatient rehabilitation beds.
4. Progress Reports:
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
 - b. The certificate holder shall complete all sections of the Progress Report form.
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
 - d. The first progress report shall be due on October 1, 2022.
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 June 2, 2022.

Timetable

Milestone		Date
1	Drawings Completed	9/15/2022
2	Construction / Renovation Contract(s) Executed	9/30/2022
3	25% of Construction / Renovation Completed (25% of the cost is in place)	10/15/2022
4	50% of Construction / Renovation Completed	11/1/2022
5	75% of Construction / Renovation Completed	11/15/2022
6	Construction / Renovation Completed	12/1/2022
7	Equipment Ordered	9/15/2022
8	Equipment Installed	12/15/2022
9	Equipment Operational	12/25/2022
10	Building / Space Occupied	1/1/2023
11	Licensure Obtained	1/1/2023
12	Services Offered (required)	1/1/2023
13	Medicare and / or Medicaid Certification Obtained	1/1/2023
14	Facility or Service Accredited	1/1/2023
15	First Annual Report Due	4/1/2024

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: O-12177-22

FID #: 220065

ISSUED TO: Cahita Dialysis, 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 dialysis facility dedicated to home hemodialysis and peritoneal dialysis training and support by relocating 2 stations from Southeastern Dialysis Center-Wilmington/ New Hanover County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Ogden Park Home Training
8066-A Market Street
Wilmington, NC 28411

CAPITAL EXPENDITURE: \$924,521

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 1, 2023

This certificate is effective as of June 11, 2022



Micheala Mitchell, Chief

CONDITIONS:

1. Cahita Dialysis, 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 kidney disease treatment center dedicated to home hemodialysis and peritoneal dialysis training and support to be known as Ogden Park Home Training by relocating no more than two in-center and home hemodialysis stations from Southeastern Dialysis Center Wilmington.
3. Upon completion of this project, the certificate holder shall take the necessary steps to decertify two stations at Southeastern Dialysis Center Wilmington for a total of no more than 30 in-center and home hemodialysis stations upon completion of the project.
4. Progress Reports:
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
 - b. The certificate holder shall complete all sections of the Progress Report form.
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
 - d. The first progress report shall be due on January 1, 2023.
5. The certificate holder shall install plumbing and electrical wiring through the walls for no more than 2 in-center and home hemodialysis stations.
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 May 13, 2022.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
4	Construction / Renovation Contract(s) Executed	04/17/2023
8	Construction / Renovation Completed	11/15/2023
12	Building / Space Occupied	12/01/2023
14	Services Offered	01/01/2024
15	Medicare and / or Medicaid Certification Obtained	01/01/2024

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: Q-12189-22

FID #: 933410

ISSUED TO: Pitt County Memorial Hospital, Incorporated

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

SCOPE: Develop no more than 1 OR pursuant to the 2022 SMFP need determination for a total of no more than 30 ORs (excluding 4 C-Section ORs) upon project completion/ Pitt County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Vidant Medical Center
2100 Stantonsburg Rd
Greenville, NC 27834

CAPITAL EXPENDITURE: \$225,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 1, 2022

This certificate is effective as of June 30, 2022



Micheala Mitchell, Chief

CONDITIONS:

1. Pitt County Memorial Hospital, 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 one OR pursuant to the 2022 SMFP need determination for a total of no more than 30 ORs (excluding four C-Section operating rooms) upon project completion.
3. Upon completion of the project, Vidant Medical Center shall be licensed for no more than 34 operating rooms (29 operating rooms, four dedicated C-Section operating rooms and one trauma 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. The first progress report shall be due on October 1, 2022.
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 receipt of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on June 30, 2022.

(Q-12189-22 Con't)

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
8	Construction / Renovation Completed	09/15/2022
9	Equipment Ordered	09/03/2022
10	Equipment Installed	09/15/2022
11	Equipment Operational	09/30/2022
12	Building / Space Occupied	10/01/2022
13	Licensure Obtained	09/30/2022
4	Services Offered	10/01/2022
17	First Annual Report Due*	12/31/2023

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-12181-22

FID #: 160555

ISSUED TO: Fresenius Medical Care Rock Quarry, 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: Cost overrun for Project ID# J-11271-16 (develop a new 10-station dialysis facility)/ Wake County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Fresenius Medical Care Rock Quarry
814 Rock Quarry Road
Raleigh, NC 27610

CAPITAL EXPENDITURE: \$1,136,118

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 1, 2022

This certificate is effective as of June 16, 2022



Micheala Mitchell, Chief

CONDITIONS:

- 1. Fresenius Medical Care Rock Quarry, LLC (hereinafter certificate holder) shall materially comply with the representations in this application, and the representations in Project ID# J-11271-16. Where representations conflict, the certificate holder shall materially comply with the last made representation.**
- 2. The certificate holder shall develop a new 10-station dialysis facility by relocating no more than six dialysis stations from FMC New Hope Dialysis and no more than four dialysis stations from Wake Dialysis Clinic.**
- 3. Upon completion of the project, the certificate holder shall take the necessary steps to decertify six in-center stations at FMC New Hope Dialysis and decertify four in-center stations at Wake Dialysis Clinic.**
- 4. The approved combined capital expenditure for both Project ID# J-11271-16 and this project is \$2,744,284, an increase of \$1,136,118 over the previously approved capital expenditure of \$1,608,166 in Project ID# J-11271-16.**
- 5. Progress Reports:**
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.**
 - b. The certificate holder shall complete all sections of the Progress Report form.**
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.**
 - d. The first progress report shall be due on November 1, 2022.**
- 6. 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 May 16, 2022.

Timetable

	Milestone	Date mm/dd/yyyy
5	25% of Construction / Renovation Completed (25% of the cost is in place)	05/26/2022
6	50% of Construction / Renovation Completed	07/15/2022
7	75% of Construction / Renovation Completed	09/03/2022
8	Construction / Renovation Completed	10/23/2022
9	Equipment Ordered	09/27/2022
10	Equipment Installed	11/16/2022
11	Equipment Operational	12/14/2022
12	Building / Space Occupied	11/16/2022
14	Services Offered	12/31/2022
15	Medicare and / or Medicaid Certification Obtained	12/31/2022
16	Facility or Service Accredited	12/31/2022