

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: M-12168-21

FID #: 970530

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 56 stations upon completion of this project, Project ID# M-12038-21 (add 9), and Project ID# M-12129-21 (relocate 6) / Cumberland County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: FMC Dialysis Services of South Ramsey
526 Ramsey Street
Fayetteville, NC 28301

CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 1, 2022

This certificate is effective as of March 22, 2022



Micheala Mitchell, Chief

CONDITIONS:

- 1. Bio-Medical Applications of North Carolina, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 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 56 stations at FMC Dialysis Services of South Ramsey upon completion of this project, Project ID #M-12038-21 (add 9) and Project ID # M-12129-21 (relocate 6).**
- 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 November 1, 2022. The second progress report shall be due on March 1, 2023 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 February 22, 2022.

Timetable

Milestone		Date mm/dd/yyyy
1	Equipment Ordered	09/17/2022
2	Equipment Installed	12/01/2022
3	Equipment Operational	12/15/2022
4	Building / Space Occupied	12/15/2022
5	Services Offered	12/31/2022
6	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 #: G-12137-21

FID #: 210744

ISSUED TO: 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: Develop a new dialysis facility by relocating no more than 24 stations from Salem Kidney Center / Forsyth County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Kernersville Dialysis Center of Wake Forest University
889 Old Winston Road
Kernersville, NC 27284

CAPITAL EXPENDITURE: \$5,528,875

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 1, 2022

This certificate is effective as of March 1, 2022



Micheala Mitchell, Chief

Attachment A
Conditions of Approval

- 1. Wake Forest University Health Sciences and Kernersville Dialysis Center of Wake Forest University (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 by relocating no more than 24 in-center stations from Salem Kidney Center for a total of no more than 24 in-center dialysis stations at Kernersville Dialysis Center of Wake Forest University upon project completion.**
- 3. The certificate holder shall install plumbing and electrical wiring through the walls for no more than 24 in-center dialysis (and home hemodialysis) stations.**
- 4. Upon completion of this project, the certificate holder shall take the necessary steps to decertify 24 in-center (and home hemodialysis) stations at Salem Kidney Center for a total of no more than 35 in-center and home hemodialysis stations at Salem Kidney Center.**
- 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 August 1, 2022. The second progress report shall be due on December 1, 2022 and so forth.**
- 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 January 27, 2022.

Attachment B
Approved Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Drawings Completed	05/17/2022
2	Construction / Renovation Contract(s) Executed	07/01/2022
3	25% of Construction / Renovation Completed (25% of the cost is in place)	10/15/2022
4	50% of Construction / Renovation Completed	01/08/2023
5	75% of Construction / Renovation Completed	04/25/2023
6	Construction / Renovation Completed	07/19/2023
7	Equipment Ordered	07/05/2023
8	Equipment Installed	07/19/2023
9	Equipment Operational	07/26/2023
10	Building / Space Occupied	07/26/2023
11	Licensure Obtained	04/04/2022
12	Services Offered	08/30/2023
13	Medicare and / or Medicaid Certification Obtained	08/31/2023

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12134-21

FID #: 150476

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: Relocate no more than four dialysis stations from Fresenius Medical Care Gastonia for a total of no more than 26 stations upon project completion/
Gaston County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: BMA Kings Mountain
TBD Canterbury Road (PIN #154274)
Kings Mountain, NC 28086

CAPITAL EXPENDITURE: \$15,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2022

This certificate is effective as of March 29, 2022



Micheala Mitchell, Chief

CONDITIONS:

1. **Bio-Medical Applications of North Carolina, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
2. **The certificate holder shall relocate four stations from FMC Gastonia to BMA Kings Mountain for a total of no more than 26 in-center and home hemodialysis stations at BMA Kings Mountain upon completion of this project.**
3. **Upon completion of this project, the certificate holder shall take the necessary steps to decertify four stations at FMC Gastonia for a total of no more than 35 in-center and home hemodialysis stations at FMC Gastonia upon completion of this project.**
4. **Progress Reports:**
 - a. **Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.**
 - b. **The certificate holder shall complete all sections of the Progress Report form.**
 - c. **The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.**
 - d. **Progress reports shall be due on the first day of every third month. The first progress report shall be due on July 1, 2022. The second progress report shall be due on October 1, 2022 and so forth.**
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 &.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
8	Construction / Renovation Completed	12/1/2022
9	Equipment Ordered	9/30/2022
10	Equipment Installed	11/29/2022
11	Equipment Operational	12/13/2022
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 #: G-12161-21

FID #: 991046

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 eight dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 33 stations upon completion of this project and Project ID# G-012130-21 (relocate 8)/ Guilford County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: BMA of Southwest Greensboro
5020 Mackay Road
Jamestown, NC 27282

CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 1, 2022

This certificate is effective as of March 22, 2022



Micheala Mitchell, Chief

CONDITIONS:

- 1. Bio-Medical Applications of North Carolina, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. Pursuant to Condition 2 of the facility need determination in the 2021 SMFP, the certificate holder shall develop no more than eight additional in-center dialysis stations for a total of no more 33 stations at BMA of Southwest Greensboro upon completion of this project and Project ID #G-12130-21.**
- 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 November 1, 2022. The second progress report shall be due on March 1, 2023 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 February 22, 2022.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Equipment Ordered	09/17/2023
2	Equipment Installed	11/01/2023
3	Equipment Operational	11/29/2023
4	Services Offered	12/31/2023
5	Medicare and / or Medicaid Certification Obtained	12/31/2023

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12117-21

FID #: 943070

ISSUED TO: 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: Acquire no more than one fixed MRI scanner pursuant to the need determination in the 2021 SMFP for a total of no more than 5 fixed MRI scanners/ Mecklenburg County

CONDITIONS: See Reverse Side

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

CAPITAL EXPENDITURE: \$5,825,814

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 1, 2022

This certificate is effective as of March 1, 2022



Micheala Mitchell, Chief

CONDITIONS:

1. MH Mission Imaging, LLLP (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall acquire one fixed MRI scanner pursuant to the need determination in the 2021 SMFP, to be located at its existing diagnostic center, Mission Imaging Services Asheville in Buncombe County, for a total of one fixed MRI scanner.
3. Upon completion of the project, Mission Imaging Services Asheville shall be licensed for no more than one fixed MRI scanner.
4. Progress Reports:
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
 - b. The certificate holder shall complete all sections of the Progress Report form.
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
 - d. Progress reports shall be due on the first day of every fourth month. The first progress report shall be due on July 1, 2022. The second progress report shall be due on November 1, 2022 and so forth.
5. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.
6. No later than three months after the last day of each of the first three full fiscal years of operation following initiation of the services authorized by this certificate of need, the certificate holder shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.
7. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on July 30, 2022.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Drawings Completed	05/15/2022
2	Construction / Renovation Contract(s) Executed	06/12/2022
3	25% of Construction / Renovation Completed (25% of the cost is in place)	07/23/2022
4	50% of Construction / Renovation Completed	08/14/2022
5	75% of Construction / Renovation Completed	09/04/2022
6	Construction / Renovation Completed	09/28/2022
7	Equipment Ordered	04/10/2022
8	Equipment Installed	10/07/2022
9	Equipment Operational	10/28/2022
10	Building / Space Occupied	10/30/2022
11	Services Offered	11/01/2022
12	Facility or Service Accredited	02/01/2023
13	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-12167-21

FID #: 080137

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 21 stations upon completion of this project and Project ID #F-12131-21 (relocate 5) / Mecklenburg County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: FMC Matthews
910 Park Center Drive
Matthews, NC 28105

CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 1, 2022

This certificate is effective as of March 22, 2022



Micheala Mitchell, Chief

CONDITIONS:

1. **Bio-Medical Applications of North Carolina, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
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 21 stations at FMC Matthews upon completion of this project and Project ID # F-12131-21 (relocate 5).**
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 November 1, 2022. The second progress report shall be due on March 1, 2023 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 March 22, 2022.

Timetable

Milestone		Date mm/dd/yyyy
1	Equipment Ordered	09/17/2022
2	Equipment Installed	11/15/2022
3	Equipment Operational	11/22/2022
4	Services Offered	12/31/2022
5	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 #: L-12165-21

FID #: 944658

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 10 dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 50 stations upon project completion/ Nash County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Rocky Mount Kidney Center
750 English Road
Rocky Mount, NC 27804

CAPITAL EXPENDITURE: \$1,383,631

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 1, 2022

This certificate is effective as of March 22, 2022



Micheala Mitchell, Chief

CONDITIONS:

- 1. Bio-Medical Applications of North Carolina, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. Pursuant to Condition 2 of the facility need determination in the 2021 SMFP, the certificate holder shall develop no more than 10 additional in-center dialysis stations for a total of no more 50 stations at Rocky Mounty Kidney Center 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 November 1, 2022. The second progress report shall be due on March 1, 2023 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 March 16, 2022.

Timetable

	Milestone	Date mm/dd/yyyy
1	Financing Obtained	
2	Drawings Completed	09/02/2022
3	Land Acquired	
4	Construction / Renovation Contract(s) Executed	12/01/2022
5	25% of Construction / Renovation Completed (25% of the cost is in place)	03/01/2023
6	50% of Construction / Renovation Completed	05/30/2023
7	75% of Construction / Renovation Completed	08/28/2023
8	Construction / Renovation Completed	11/11/2023
9	Equipment Ordered	09/17/2023
10	Equipment Installed	11/16/2023
11	Equipment Operational	12/07/2023
12	Building / Space Occupied	11/30/2022
13	Licensure Obtained	
14	Services Offered	12/07/2023
15	Medicare and / or Medicaid Certification Obtained	12/07/2023
16	Facility or Service Accredited	

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

**Corrected
Certificate of Need**

for

Project ID #: O-12124-21

FID #: 200732

ISSUED TO: Novant Health Scotts Hill Medical Center

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

SCOPE: Acquire no more than one fixed MRI scanner pursuant to the need determination in 2021 SMFP/ New Hanover County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Novant Health Scotts Hill Medical Center
151 Scotts Hill Medical Drive
Wilmington, NC 28411**

CAPITAL EXPENDITURE: \$5,030,369

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2022

This certificate is effective as of March 22, 2022
Corrected certificate issued on April 14, 2022



Micheala Mitchell, Chief

CONDITIONS:

- 1. Novant Health, Inc. and Novant Health New Hanover Regional Medical Center, LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. The certificate holder shall acquire one fixed MRI scanner pursuant to the need determination in the 2021 SMFP, to be located at its existing New Hanover Regional Medical Center Emergency Department North and moved to Novant Health Scotts Hill Medical Center upon its completion, for a total of one fixed MRI scanner.**
- 3. Upon completion of the project, the certificate holder shall be licensed for no more than one fixed MRI scanner at Novant Health Scotts Hill Medical Center.**
- 4. Progress Reports:**
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at:
<https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.**
 - b. The certificate holder shall complete all sections of the Progress Report form.**
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.**
 - d. Progress reports shall be due on the first day of every third month. The first progress report shall be due on September 1, 2022. The second progress report shall be due on December 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.**

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on February 28, 2022.

Timetable

	Milestone	Date mm/dd/yyyy
1	Drawings Completed	06/01/2022
2	Construction / Renovation Contract(s) Executed	07/01/2022
3	25% of Construction / Renovation Completed (25% of the cost is in place)	09/01/2022
4	50% of Construction / Renovation Completed	11/01/2022
5	75% of Construction / Renovation Completed	01/01/2023
6	Construction / Renovation Completed	03/01/2023
7	Equipment Ordered	09/01/2022
8	Equipment Installed	03/01/2023
9	Equipment Operational	03/08/2023
10	Building / Space Occupied	03/15/2023
11	Licensure Obtained	03/22/2023
12	Services Offered	04/01/2023
13	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 #: J-12001-20

FID #: 200897

ISSUED TO: Duke University Health System, Inc.

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

SCOPE: Develop a diagnostic center with mammography and ultrasound equipment
/ Orange County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Duke Coley Hall Imaging
66 Vilcom Drive
Chapel Hill, NC 27514

CAPITAL EXPENDITURE: \$1,910,920

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 1, 2022

This certificate is effective as of March 25, 2022



Micheala Mitchell, Chief

CONDITIONS:

- 1. Duke University Health System, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. The certificate holder shall develop a new diagnostic imaging center by acquiring mammography and ultrasound equipment, as designated in the application.**
- 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 August 1, 2022. The second progress report shall be due on December 1, 2022 and so forth.**
- 4. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.**
- 5. No later than three months after the last day of each of the first three full fiscal years of operation following initiation of the services authorized by this certificate of need, the certificate holder shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:**
 - a. Payor mix for the services authorized in this certificate of need.**
 - b. Utilization of the services authorized in this certificate of need.**
 - c. Revenues and operating costs for the services authorized in this certificate of need.**
 - d. Average gross revenue per unit of service.**
 - e. Average net revenue per unit of service.**
 - f. Average operating cost per unit of service.**
- 6. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on March 9, 2021.

Timetable

Milestone		Date
1	Drawings Completed	1/1/2022
2	Construction / Renovation Completed	5/31/2022
3	Equipment Installed	6/10/2022
4	Equipment Operational	6/30/2022
5	Building / Space Occupied	6/30/2022
6	Services Offered (required)	7/1/2022
7	Medicare and / or Medicaid Certification Obtained	10/31/2022
8	Facility or Service Accredited	10/31/2022
9	First Annual Report Due	10/1/2023

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: Q-12151-21

FID #: 210834

ISSUED TO: SpringShire Retirement, 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 ACH by relocating no more than 29 ACH beds from Winterville Manor/ Pitt County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Rising Phoenix
3404 Highway 43 North
Greenville, NC 27834

CAPITAL EXPENDITURE: \$4,923,252

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2022

This certificate is effective as of March 1, 2022



Micheala Mitchell, Chief

CONDITIONS:

1. SpringShire Retirement, LLC (hereinafter the certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall develop a new 29-bed ACH facility in Pitt County by relocating 29 existing ACH beds from Winterville Manor in Pitt County.
3. Upon completion of the project, Rising Phoenix shall be licensed for no more than 29 ACH beds.
4. Progress Reports:
 - a. Pursuant to G.S. 131E-189(a), the certificate holder 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 holder shall complete all sections of the Progress Report Form.
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
 - d. Progress reports shall be due on the first day of every third month. The first progress report shall be due on July 1, 2022. The second progress report shall be due on October 1, 2022 and so forth.
5. For the first two years of operation following completion of the project, Rising Phoenix 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. No later than three months after the last day of each of the first three full fiscal years of operation following initiation of the services authorized by this certificate of need, the certificate holder shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.
7. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on January 31, 2022.

Timetable

	Milestone	Date mm/dd/yyyy
1	Financing Obtained	05/15/2022
2	Drawings Completed	05/15/2022
3	Construction / Renovation Contract(s) Executed	06/01/2022
4	25% of Construction / Renovation Completed (25% of the cost is in place)	10/01/2022
5	50% of Construction / Renovation Completed	01/01/2023
6	75% of Construction / Renovation Completed	04/01/2023
7	Construction / Renovation Completed	07/01/2023
8	Building / Space Occupied	07/01/2023
9	Licensure Obtained	07/15/2023
10	Services Offered	08/01/2023
11	Facility or Service Accredited	08/01/2024
12	First Annual Report Due	03/31/2025

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-12115-21

FID #: 943528

ISSUED TO: WakeMed

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 one shared OR pursuant to the need determination in the 2021 SMFP for a total of 23 ORs (including 3 C-Section ORs) / Wake County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: WakeMed
3000 New Bern Avenue
Raleigh NC 27610

CAPITAL EXPENDITURE: \$1,901,375

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2022

This certificate is effective as of March 1, 2022



Micheala Mitchell, Chief

CONDITIONS:

- 1. WakeMed (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 shared operating room at WakeMed Raleigh Campus for a total of no more than 23 operating rooms (20 operating rooms and three dedicated C-section operating rooms) pursuant to the need determination in the 2021 SMFP. WakeMed North Hospital, which is operated under the same license, shall have no more than four shared operating rooms and one dedicated C-section operating room, upon completion of the 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 July 1, 2022. The second progress report shall be due on November 1, 2022 and so forth.**
- 4. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.**
- 5. For the first three years of operation following completion of the project, the certificate holder shall not increase charges more than 5% of the charges projected in Section Q of the application without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.**
- 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.**

(J-12115-21 Con't)

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on February 23, 2022.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
6	50% of Construction / Renovation Completed	6/15/2022
8	Construction / Renovation Completed	9/1/2022
14	Services Offered	10/1/2022
17	First Annual Report Due*	1/1/2024

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-12119-21

FID #: 080609

ISSUED TO: Orthopaedic Surgery Center of Raleigh, 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 no more than one OR pursuant to the need determination in the 2021 SMFP for a total of 4 ORs / Wake County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Raleigh Orthopaedic Surgery Center
3001 Edward Mills Road, Suite 100
Raleigh NC 27612

CAPITAL EXPENDITURE: \$420,486

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2022

This certificate is effective as of March 1, 2022



Micheala Mitchell, Chief

CONDITIONS:

- 1. Orthopaedic Surgery Center of Raleigh, LLC (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 operating room at Raleigh Orthopaedic Surgery Center pursuant to the need determination in the 2021 SMFP.**
- 3. Upon completion of the project, Raleigh Orthopaedic Surgery Center shall be licensed for no more than four operating rooms.**
- 4. Progress Reports:**
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.**
 - b. The certificate holder shall complete all sections of the Progress Report form.**
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.**
 - d. Progress reports shall be due on the first day of every fourth month. The first progress report shall be due on July 1, 2022. The second progress report shall be due on November 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. For the first three years of operation following completion of the project, the certificate holder shall not increase charges more than 5% of the charges projected in Section Q of the application without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.**
- 7. No later than three months after the last day of each of the first three full fiscal years of operation following initiation of the services authorized by this certificate of need, the certificate holder shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:**
 - a. Payor mix for the services authorized in this certificate of need.**
 - b. Utilization of the services authorized in this certificate of need.**
 - c. Revenues and operating costs for the services authorized in this certificate of need.**
 - d. Average gross revenue per unit of service.**
 - e. Average net revenue per unit of service.**
 - f. Average operating cost per unit of service.**
- 8. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

(J-12119-21 Con't)

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on February 2, 2022.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
14	Services Offered	8/1/2022
17	First Annual Report Due*	10/1/2024

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-12122-21

FID #: 953429

ISSUED TO: Rex Hospital, Inc.

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

SCOPE: Develop no more than one OR pursuant to the need determination in the 2021 SMFP for a total of 33 ORs upon completion of this project, Project J-8669-11 and Project J-12087-21, including 28 operating rooms at UNC REX Hospital main campus (25 shared operating rooms and 3 dedicated C-section operating rooms) and 5 operating rooms at UNC REX Holly Springs Hospital (3 shared operating rooms and 2 dedicated C-section operating rooms)/ Wake County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Rex Hospital
4420 Lake Boone Trail
Raleigh NC 27607

CAPITAL EXPENDITURE: \$4,214,593

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2022

This certificate is effective as of March 1, 2022

Micheala Mitchell

Micheala Mitchell, Chief

CONDITIONS:

1. **Rex Hospital, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
2. **The certificate holder shall develop no more than one shared operating room at UNC REX Hospital for a total of 28 operating rooms on the main campus (25 operating rooms and 3 dedicated C-section operating rooms) pursuant to the need determination in the 2021 SMFP. UNC REX Holly Springs Hospital, which is operated under the same license, shall have no more than three shared operating rooms and two dedicated C-section operating rooms upon completion of this project and Project I.D. # J-12087-21 (develop a 2nd dedicated C-section operating room).**
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 July 1, 2022. The second progress report shall be due on November 1, 2022 and so forth.**
4. **The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.**
5. **For the first three years of operation following completion of the project, the certificate holder shall not increase charges more than 5% of the charges projected in Section Q of the application without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.**
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**

(J-12122-21 Con't)

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on February 2, 2022.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
4	Construction / Renovation Contract(s) Executed	7/6/2022
6	50% of Construction / Renovation Completed	10/6/2022
8	Construction / Renovation Completed	1/19/2023
14	Services Offered	10/1/2023
17	First Annual Report Due*	10/1/2025