

**Certificate of Need  
Certificates  
August 2022**

County	Project ID	FID	Facility	Facility Type	Project Description	Application Review Date	Decision Date	Certificate Issue Date	Decision	Review Analyst	Co-Signer	Approved Capital Expenditure	1st Rept Due Date
Carteret	P-012209-22	923076	Carteret General Hospital	Hospital	Acquire no more than one linear accelerator pursuant to the 2022 SMFP need determination for a total of no more than two linear accelerators	5/1/2022	7/22/2022	8/23/2022	Conditional Approval	Greg Yakaboski	Lisa Pittman	\$5,898,311	10/1/2022
Carteret	P-012179-22	220157	Liberty Commons of Carteret County	Nursing Home	Develop a new facility by relocating no more than 122 NF beds from Harborview Health Care Center for a total of no more than 122 NF beds	3/1/2022	6/30/2022	8/2/2022	Conditional Approval	Greg Yakaboski	Micheala Mitchell	\$23,145,199	1/1/2023
Durham	J-012213-22	943138	Duke University Hospital	Hospital	Acquire no more than one high intensity focused ultrasound (HIFU) for use with existing MRI Scanner	5/1/2022	7/26/2022	8/26/2022	Conditional Approval	Donna Donihi	Mike McKillip	\$2,900,000	12/1/2022
Forsyth	G-012208-22	955506	Novant Health Imaging Piedmont	Diagnostic center	Replace a dedicated breast MRI scanner with a general use MRI scanner and relocate it to Novant Health Imaging Piedmont	5/1/2022	7/27/2022	8/27/2022	Conditional Approval	Tanya Saporito	Mike McKillip	\$2,042,650	1/2/2023
Granville	K-011941-20	200639	Four County Endoscopy Center	Ambulatory surgical facility	Develop a new licensed ambulatory surgical facility with 2 gastrointestinal endoscopy rooms	9/1/2020	1/26/2021	8/23/2022	Conditional Approval	Greg Yakaboski	Lisa Pittman	\$1,215,142	1/1/2023
Martin	Q-012198-22	170330	Robersonville Dialysis	Dialysis facility	Add no more than three in-center dialysis stations pursuant to Condition 1 of the facility need methodology for a total of no more than 13 in-center stations upon project completion	4/1/2022	6/30/2022	8/2/2022	Conditional Approval	Greg Yakaboski	Lisa Pittman	\$55,926	10/1/2022
Mecklenburg	F-012219-22	220397	Charlotte Detox Center	Mental health facility	Develop a 16-bed chemical dependency treatment facility	6/1/2022	7/11/2022	8/11/2022	Conditional Approval	Greg Yakaboski	Mike McKillip	\$60,000	10/1/2022
Wake	J-012212-22	220335	Duke Health Raleigh Ambulatory Surgical Center	Ambulatory surgical facility	Develop a new, separately licensed freestanding ASF on the Duke Raleigh Hospital campus by re-licensing one existing hospital-based OR from the Duke Raleigh Hospital license	5/1/2022	7/21/2022	8/23/2022	Conditional Approval	Kim Meymandi	Micheala Mitchell	\$1,000,000	2/1/2023
Wake	J-012221-22	220400	Raleigh Oaks Behavioral Health	Mental health hospital	Develop no more than 60 additional inpatient psychiatric beds for a total of no more than 116 inpatient psychiatric beds	6/1/2022	7/8/2022	8/9/2022	Conditional Approval	Kim Meymandi	Mike McKillip	\$1,029,750	2/1/2023

**Total** **9**

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: P-12179-22

FID #: 220157

**ISSUED TO:** Liberty Commons Nursing and Rehabilitation Center of Carteret  
County, LLC  
Liberty Healthcare Properties of Carteret County, 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 facility by relocating no more than 122 NF beds from Harborview Health Care Center for a total of no more than 122 NF beds/ Carteret County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Liberty Commons of Carteret County  
156 Bogue Loop Road  
Newport, NC 28570

**CAPITAL EXPENDITURE:** \$23,145,199

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** January 1, 2023

This certificate is effective as of August 2, 2022



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Micheala Mitchell, Chief

## **CONDITIONS:**

1. Liberty Healthcare Properties of Carteret County, LLC and Liberty Commons Nursing and Rehabilitation Center of Carteret County, 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 facility by relocating no more than 122 NF beds from Harborview Health Care Center for a total of no more than 122 NF beds.
3. Upon completion of the project Liberty Commons of Carteret County shall be licensed for no more than 122 nursing facility beds.
4. Upon completion of this project the certificate holder shall take the necessary steps to delicense 122 nursing home facility beds from Harborview Health Care Center (Carteret County).
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 in the certificate of need application.
6. Prior to the issuance of the certificate of need, Liberty Healthcare Properties of Carteret County, LLC and Liberty Commons Nursing and Rehabilitation Center of Carteret County, LLC shall obtain documentation from Senior Care Properties, Inc. showing that the purchase transaction between the buyer and seller has completed and shall provide a copy of the documentation to the Healthcare Planning and Certificate of Need Section.
7. The certificate holder shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.
8. **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.
9. 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.
10. No later than three months after the last day of each of the first three full fiscal years of operation following initiation of the services authorized by this certificate of need, the certificate holder shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
  - a. Payor mix for the services authorized in this certificate of need.

- b. Utilization of the services authorized in this certificate of need.
- c. Revenues and operating costs for the services authorized in this certificate of need.
- d. Average gross revenue per unit of service.
- e. Average net revenue per unit of service.
- f. Average operating cost per unit of service.

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

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

**Timetable**

	<b>Milestone</b>	<b>Date</b> <i>mm/dd/yyyy</i>
2	<b>Drawings Completed</b>	<b>01/01/2025</b>
3	<b>Land Acquired</b>	<b>03/01/2025</b>
4	<b>Construction / Renovation Contract(s) Executed</b>	<b>06/01/2025</b>
5	<b>25% of Construction / Renovation Completed (25% of the cost is in place)</b>	<b>03/01/2026</b>
6	<b>50% of Construction / Renovation Completed</b>	<b>08/01/2026</b>
7	<b>75% of Construction / Renovation Completed</b>	<b>01/01/2027</b>
8	<b>Construction / Renovation Completed</b>	<b>07/01/2027</b>
12	<b>Building / Space Occupied</b>	<b>10/01/2027</b>
13	<b>Licensure Obtained</b>	<b>10/01/2027</b>
14	<b>Services Offered</b>	<b>10/01/2027</b>
15	<b>Medicare and / or Medicaid Certification Obtained</b>	<b>12/01/2027</b>
17	<b>First Annual Report Due*</b>	<b>12/31/2028</b>

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: P-12209-22

FID #: 923076

**ISSUED TO:** Carteret County General Hospital Corporation

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

**SCOPE:** Acquire no more than one linear accelerator pursuant to the 2022 SMFP need determination for a total of no more than two linear accelerators/ Carteret County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Carteret General Hospital  
3500 Arendell St  
Morehead City, NC 28577

**CAPITAL EXPENDITURE:** \$5,898,311

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of August 23, 2022



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Micheala Mitchell, Chief

## **CONDITIONS:**

- 1. Carteret County General Hospital Corporation (herein after “the certificate holders”) shall materially comply with all representations made in the certificate of need application.**
- 2. The certificate holders shall acquire no more than one fixed linear accelerator pursuant to the need determination in the 2022 State Medical Facility Plan to be located at Carteret General Hospital located at 3500 Arendell Street, Morehead City in Carteret County for a total of no more than two fixed linear accelerators.**
- 3. The certificate holders shall not acquire as part of this project any equipment that is not included in the project’s proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.**
- 4. The certificate holders 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. The certificate holders shall provide third party documentation of proof of funds for the capital and working capital needs of the project.**
- 6. Progress Reports:**
  - a. Pursuant to G.S. § 131E-189(a), the certificate holders 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 October 1, 2022.**
- 7. No later than three months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, the certificate holders shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:**
  - a. Payor mix for the services authorized in this certificate of need.**
  - b. Utilization of the services authorized in this certificate of need.**
  - c. Revenues and operating costs for the services authorized in this certificate of need.**
  - d. Average gross revenue per unit of service.**
  - e. Average net revenue per unit of service.**
  - f. Average operating cost per unit of service.**
- 8. The certificate 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 &.**

## Timetable

<b>Milestone</b>		<b>Date</b> <i>mm/dd/yyyy</i>
<b>1</b>	<b>Financing Obtained</b>	<b>11/02/2022</b>
<b>2</b>	<b>Drawings Completed</b>	<b>09/03/2023</b>
<b>4</b>	<b>Construction / Renovation Contract(s) Executed</b>	<b>01/02/2024</b>
<b>5</b>	<b>25% of Construction / Renovation Completed (25% of the cost is in place)</b>	<b>05/16/2024</b>
<b>6</b>	<b>50% of Construction / Renovation Completed</b>	<b>09/28/2024</b>
<b>7</b>	<b>75% of Construction / Renovation Completed</b>	<b>02/10/2025</b>
<b>8</b>	<b>Construction / Renovation Completed</b>	<b>06/25/2025</b>
<b>9</b>	<b>Equipment Ordered</b>	<b>02/10/2025</b>
<b>10</b>	<b>Equipment Installed</b>	<b>06/25/2025</b>
<b>11</b>	<b>Equipment Operational</b>	<b>09/01/2025</b>
<b>12</b>	<b>Building / Space Occupied</b>	<b>09/01/2025</b>
<b>14</b>	<b>Services Offered</b>	<b>10/01/2025</b>
<b>15</b>	<b>Medicare and / or Medicaid Certification Obtained</b>	<b>10/01/2025</b>
<b>16</b>	<b>Facility or Service Accredited</b>	<b>10/01/2025</b>
<b>17</b>	<b>First Annual Report Due*</b>	<b>01/01/2027</b>

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: J-12213-22

FID #: 943138

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

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

**SCOPE:** Acquire no more than one high intensity focused ultrasound (HIFU) for use with an existing MRI Scanner/Durham County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Duke University Hospital  
2301 Erwin Road  
Durham, NC 27710

**CAPITAL EXPENDITURE:** \$2,900,000

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of August 26, 2022



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Micheala Mitchell, Chief



## **CONDITIONS:**

- 1. Duke University Health System, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. The certificate holder shall to acquire no more than one high intensity focused ultrasound (HIFU) for use with an existing MRI scanner at Duke University Hospital.**
- 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 December 1, 2022.**
- 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 Healthcare Planning and Certificate of Need Section in writing prior to issuance of the certificate of need.**

**A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on August 11, 2022.**

## Timetable

Milestone	Date mm/dd/yyyy
8	Construction / Renovation Completed
9	Equipment Ordered
10	Equipment Installed
14	<b>Services Offered *</b>

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: G-12208-22

FID #: 955506

**ISSUED TO:** Novant Health, Inc.  
Piedmont Imaging, 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:** Replace a dedicated breast MRI scanner with a general use MRI scanner and relocate it to Novant Health Imaging Piedmont/ Forsyth County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Novant Health Imaging Piedmont  
185 Kimel Park Drive  
Winston-Salem, NC 27103

**CAPITAL EXPENDITURE:** \$2,042,650

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** January 2, 2023

This certificate is effective as of August 27, 2022



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Micheala Mitchell, Chief

**CONDITIONS:**

1. **Novant Health, Inc. and Piedmont Imaging, LLC (hereinafter certificate holders) shall materially comply with all representations made in the certificate of need application.**
2. **The certificate holders shall acquire no more than one replacement fixed MRI scanner to be located at Novant Health Imaging Piedmont.**
3. **Upon completion of the project, Novant Health Imaging Piedmont shall have no more than three fixed MRI scanners.**
4. **Progress Reports:**
  - a. **Pursuant to G.S. 131E-189(a), the certificate holders 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 January 2, 2023.**
5. **The certificate holders 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 holders shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:**
  - a. **Payor mix for the services authorized in this certificate of need.**
  - b. **Utilization of the services authorized in this certificate of need.**
  - c. **Revenues and operating costs for the services authorized in this certificate of need.**
  - d. **Average gross revenue per unit of service.**
  - e. **Average net revenue per unit of service.**
  - f. **Average operating cost per unit of service.**
7. **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 &.**

(G-12208-22 Con't)

Timetable

	<b>Milestone</b>	<b>Date</b> <i>mm/dd/yyyy</i>
<b>1</b>	<b>Financing Obtained</b>	<b>10/01/2022</b>
<b>2</b>	<b>Drawings Completed</b>	<b>11/01/2022</b>
<b>4</b>	<b>Construction / Renovation Contract(s) Executed</b>	<b>11/30/2022</b>
<b>5</b>	<b>25% of Construction / Renovation Completed (25% of the cost is in place)</b>	<b>01/15/2023</b>
<b>6</b>	<b>50% of Construction / Renovation Completed</b>	<b>03/15/2023</b>
<b>7</b>	<b>75% of Construction / Renovation Completed</b>	<b>06/15/2023</b>
<b>8</b>	<b>Construction / Renovation Completed</b>	<b>09/15/2023</b>
<b>9</b>	<b>Equipment Ordered</b>	<b>12/15/2023</b>
<b>10</b>	<b>Equipment Installed</b>	<b>08/31/2023</b>
<b>11</b>	<b>Equipment Operational</b>	<b>09/15/2023</b>
<b>14</b>	<b>Services Offered</b>	<b>10/01/2023</b>
<b>15</b>	<b>Medicare and / or Medicaid Certification Obtained</b>	<b>11/01/2023</b>
<b>16</b>	<b>Facility or Service Accredited</b>	<b>06/01/2024</b>
<b>17</b>	<b>First Annual Report Due*</b>	<b>01/02/2025</b>

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: K-11941-20

FID #: 200639

**ISSUED TO:** Four County Endoscopy Center, LLC

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

**SCOPE:** Develop a new licensed ambulatory surgical facility with 2 gastrointestinal endoscopy rooms/ Granville County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Four County Endoscopy Center  
625 Lewis Street  
Oxford, NC 27565

**CAPITAL EXPENDITURE:** \$1,215,142

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** January 1, 2023

This certificate is effective as of August 23, 2022



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Micheala Mitchell, Chief

## CONDITIONS:

1. Four County Endoscopy Center, LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall develop a new licensed ambulatory surgical facility with 2 gastrointestinal endoscopy rooms.
3. Upon completion of the project, Four County Endoscopy Center shall be licensed for no more than two GI endo rooms.
4. The certificate holder shall receive accreditation from the Joint Commission for the Accreditation of Healthcare Organizations, the Accreditation Association for Ambulatory Health Care or a comparable accreditation authority within two years following licensure of the facility.
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.
6. Progress Reports:
  - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
  - b. The certificate holder shall complete all sections of the Progress Report form.
  - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
  - d. Progress reports shall be due on the first day of every third month. The first progress report shall be due on January 1, 2023. The second progress report shall be due on July 2, 2021 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.

(K-11941-20 Con't)

Timetable

<b>Milestone</b>		<b>Date</b> <i>mm/dd/yyyy</i>
<b>1</b>	<b>Financing Obtained</b>	<b>03/01/2023</b>
<b>2</b>	<b>Drawings Completed</b>	<b>05/30/2023</b>
<b>3</b>	<b>Land Acquired</b>	<b>03/01/2023</b>
<b>4</b>	<b>Construction / Renovation Contract(s) Executed</b>	<b>07/09/2023</b>
<b>5</b>	<b>25% of Construction / Renovation Completed (25% of the cost is in place)</b>	<b>09/10/2023</b>
<b>6</b>	<b>50% of Construction / Renovation Completed</b>	<b>11/09/2024</b>
<b>7</b>	<b>75% of Construction / Renovation Completed</b>	<b>01/28/2024</b>
<b>8</b>	<b>Construction / Renovation Completed</b>	<b>04/31/2024</b>
<b>9</b>	<b>Equipment Ordered</b>	<b>01/28/2024</b>
<b>10</b>	<b>Equipment Installed</b>	<b>06/02/2024</b>
<b>11</b>	<b>Equipment Operational</b>	<b>06/17/2024</b>
<b>12</b>	<b>Building / Space Occupied</b>	<b>06/01/2024</b>
<b>13</b>	<b>Licensure Obtained</b>	<b>06/26/2024</b>
<b>14</b>	<b>Services Offered</b>	<b>07/01/2024</b>
<b>15</b>	<b>Medicare and / or Medicaid Certification Obtained</b>	<b>07/01/2024</b>
<b>16</b>	<b>Facility or Service Accredited</b>	<b>07/01/2024</b>
<b>17</b>	<b>First Annual Report Due*</b>	<b>04/01/2026</b>



# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: Q-12198-22

FID #: 170330

**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 three in-center dialysis stations pursuant to Condition 1 of the facility need methodology for a total of no more than 13 in-center stations upon project completion/ Martin County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Robersonville Dialysis  
102 Coyote Lane  
Robersonville, NC 27871

**CAPITAL EXPENDITURE:** \$55,926

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of August 2, 2022



for \_\_\_\_\_  
Micheala Mitchell, Chief

**CONDITIONS:**

1. Total Renal Care of North Carolina, LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application and any supplemental responses. If representations conflict, the certificate holder shall materially comply with the last made representation.
2. Pursuant to Condition 1 of the facility need determination in the 2022 SMFP, the certificate holder shall develop no more than three additional in-center dialysis stations for a total of no more than 13 in-center stations at Robersonville Dialysis upon completion of this project.
3. Progress Reports:
  - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
  - b. The certificate holder shall complete all sections of the Progress Report form.
  - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
  - d. The first progress report shall be due on October 1, 2022.
4. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

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

**Timetable**

	<b>Milestone</b>	<b>Date</b> <i>mm/dd/yyyy</i>
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 #: F-12219-22

FID #: 220397

**ISSUED TO:** Charlotte Detox Center LLC  
Focus Ten Health Group 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 16-bed chemical dependency treatment facility/ Mecklenburg County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Charlotte Detox Center  
7349 Statesville Road  
Charlotte, NC 28269

**CAPITAL EXPENDITURE:** \$60,000

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of August 11, 2022



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Micheala Mitchell, Chief

**CONDITIONS:**

1. Charlotte Detox Center LLC and Focus Ten Health Group LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall develop a 16-bed chemical dependency (substance use disorder) treatment facility.
3. Upon completion of the project, Charlotte Detox Center shall be licensed for no more than 16 chemical dependency (substance use disorder) 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. 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 21, 2022.

**Timetable**

	<b>Milestone</b>	<b>Date</b> <i>mm/dd/yyyy</i>
14	Services Offered	01/01/2023
16	Facility or Service Accredited	01/01/2024
17	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 #: J-12212-22

FID #: 220335

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

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

**SCOPE:** Develop a new, separately licensed freestanding ASF on the Duke Raleigh Hospital campus by re-licensing one existing hospital-based OR from the Duke Raleigh Hospital license/ Wake County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Duke Health Raleigh Ambulatory Surgical Center  
3300 Executive Drive  
Raleigh, NC 27609

**CAPITAL EXPENDITURE:** \$1,000,000

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** February 1, 2023

This certificate is effective as of August 23, 2022



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Micheala Mitchell, Chief

## **CONDITIONS:**

- 1. Duke University Health System, Inc. and Associated Health Services, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. The certificate holder shall develop a freestanding multispecialty ambulatory surgical facility on the Duke Raleigh Hospital campus by relicensing no more than one existing hospital-based operating room from the Duke Raleigh Hospital license and reallocating three procedure rooms.**
- 3. Upon project completion, Duke Health Raleigh Ambulatory Surgical Center shall be licensed for no more than one operating room and three procedure rooms.**
- 4. The Duke University Health System shall take the necessary steps to delicense one operating room on the Duke Raleigh Hospital License #H0238. The Duke Raleigh Hospital License #H0238 shall have a total of 12 operating rooms upon completion of this project and Project ID #J-12029-21 (relocate two shared operating rooms from Duke Raleigh Hospital).**
- 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 February 1, 2023.**
- 6. 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.**
- 7. The certificate holder shall receive accreditation from the Joint Commission for the Accreditation of Healthcare Organizations, the Accreditation Association for Ambulatory Health Care or a comparable accreditation authority within two years following licensure of the facility.**
- 8. 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.**
- 9. The procedure rooms shall not be used for procedures that should be performed only in an operating room based on current standards of practice.**

(J-12212-22 Con't)

10. Procedures performed in the procedure rooms shall not be reported for billing purposes as having been performed in an operating room and shall not be reported on the facility's license renewal application as procedures performed in an operating room.
11. 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.
12. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on August 11, 2022.

**Timetable**

	<b>Milestone</b>	<b>Date</b> <i>mm/dd/yyyy</i>
9	Equipment Ordered	12/01/2022
10	Equipment Installed	05/01/2023
11	Equipment Operational	05/15/2023
13	Licensure Obtained	06/01/2023
14	Services Offered	06/01/2023
15	Medicare and / or Medicaid Certification Obtained	07/01/2023
16	Facility or Service Accredited	07/01/2023
17	First Annual Report Due*	10/01/2025

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: J-12221-22

FID #: 220400

**ISSUED TO:** Garner Behavioral Hospital, 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 60 additional inpatient psychiatric beds for a total of no more than 116 inpatient psychiatric beds/ Wake County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Raleigh Oaks Behavioral Health  
3200 Waterfield Drive  
Garner NC 27529

**CAPITAL EXPENDITURE:** \$1,029,750

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** February 1, 2023

This certificate is effective as of August 9, 2022



for \_\_\_\_\_  
Micheala Mitchell, Chief



## **CONDITIONS:**

1. **Garner Behavioral Hospital, 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 60 additional inpatient psychiatric beds for a total of no more than 116 inpatient psychiatric beds upon project completion at Raleigh Oaks Behavioral Health upon project completion.**
3. **Upon completion of the project, the certificate holder shall be licensed for no more than 116 inpatient psychiatric beds.**
4. **The certificate holder shall accept patients requiring involuntary admission for inpatient psychiatric services at Raleigh Oaks Behavioral Hospital.**
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 February 1, 2023.**
6. **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.**
7. **No later than three months after the last day of each of the first three full fiscal years of operation following initiation of the services authorized by this certificate of need, the certificate holder shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:**
  - a. **Payor mix for the services authorized in this certificate of need.**
  - b. **Utilization of the services authorized in this certificate of need.**
  - c. **Revenues and operating costs for the services authorized in this certificate of need.**
  - d. **Average gross revenue per unit of service.**
  - e. **Average net revenue per unit of service.**
  - f. **Average operating cost per unit of service.**
8. **The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

**A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on July 11, 2022.**

## Timetable

	<b>Milestone</b>	<b>Date</b> <i>mm/dd/yyyy</i>
<b>1</b>	<b>Financing Obtained</b>	<b>07/15/2022</b>
<b>2</b>	<b>Drawings Completed</b>	<b>09/15/2022</b>
<b>4</b>	<b>Construction / Renovation Contract(s) Executed</b>	<b>12/15/2022</b>
<b>5</b>	<b>25% of Construction / Renovation Completed (25% of the cost is in place)</b>	<b>03/01/2022</b>
<b>6</b>	<b>50% of Construction / Renovation Completed</b>	<b>06/01/2022</b>
<b>7</b>	<b>75% of Construction / Renovation Completed</b>	<b>09/01/2023</b>
<b>8</b>	<b>Construction / Renovation Completed</b>	<b>12/01/2023</b>
<b>12</b>	<b>Building / Space Occupied</b>	<b>12/01/2023</b>
<b>13</b>	<b>Licensure Obtained</b>	<b>12/15/2023</b>
<b>14</b>	<b>Services Offered</b>	<b>01/01/2024</b>
<b>15</b>	<b>Medicare and / or Medicaid Certification Obtained</b>	<b>01/01/2024</b>
<b>16</b>	<b>Facility or Service Accredited</b>	<b>01/01/2025</b>
<b>17</b>	<b>First Annual Report Due*</b>	<b>04/01/2026</b>