

**Certificate of Need
Certificates Issued (Revised)
September 2023**

County	Project ID	Facility	FID	Facility Type	Project Description	Application Review Date	Decision Date	Certificate Issue Date	Decision	Review Analyst	Co-Signer	Approved Capital Expenditure	1st Rept Due Date
Brunswick	O-012343-23	Leland Dialysis	140237	Dialysis facility	Add no more than 1 dialysis station pursuant to Condition 2 of the facility need methodology for a total of no more than 17 stations upon project completion	4/1/2023	8/25/2023	9/26/2023	Conditional Approval	Tanya Saporito	Gloria Hale	\$998,946	12/1/2023
Buncombe	B-012363-23	The Laurels of Summit Ridge	923279	Nursing home	Cost Overrun for Project ID #B-12182-22 (Relocate no more than 8 NF beds from the Laurels of GreenTree Ridge for a total of no more than 68 NF beds and 23 ACH beds upon completion of this project and Project ID# B-11270-16 (relocate 29 ACH beds))	5/1/2023	8/8/2023	9/18/2023	Conditional Approval	Terris Riley	Lisa Pittman	\$200,357	1/1/2024
Catawba	E-012410-23	Fresenius Kidney Care Newton	160340	Dialysis facility	Add no more than 2 dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 17 stations upon project completion	8/1/2023	8/23/2023	9/23/2023	Conditional Approval	Crystal Kearney	Mike McKillip	\$7,500	2/1/2024
Johnston	J-012349-23	Fresenius Kidney Care West Johnston	170520	Dialysis facility	Add no more than 3 dialysis stations pursuant to Condition 1 of the facility need methodology for a total of no more than 15 stations upon completion of this project and Project ID# J-11739-19 (relocate 2 stations)	4/1/2023	8/22/2023	9/23/2023	Conditional Approval	Terris Riley	Lisa Pittman	\$11,250	1/1/2024
Mecklenburg	F-012387-23	Charlotte Gastroenterology & Hepatology-Ballentyne	070703	GI endo	Relocate the facility and develop no more than three new GI endoscopy rooms for a total of no more than five GI endoscopy rooms upon project completion	6/1/2023	8/29/2023	9/29/2023	Conditional Approval	Terris Riley	Lisa Pittman	\$4,022,232	1/1/2024
Stanly	F-012366-23	Atrium Health Imaging Locust	040560	Diagnostic center	Acquire one fixed MRI scanner pursuant to the 2023 SMFP need determination	5/1/2023	8/9/2023	9/9/2023	Conditional Approval	Cynthia Bradford	Gloria Hale	\$5,379,000	1/1/2024
Wake	J-012382-23	Wake County Health & Rehab Center	110707	Nursing home	COS and COR (Project ID# J-8713-11) relocate 25 NF beds from Enfield Oaks Nursing and Rehabilitation Center (Halifax County) for a total of no more than 120 NF beds upon project completion	5/1/2023	8/22/2023	9/22/2023	Conditional Approval	Terris Riley	Gloria Hale	\$4,313,930	1/1/2024
Wake	J-012385-23	Raleigh Endoscopy Center	923422	Ambulatory surgical facility	Relocate the facility and develop no more than two new GI endoscopy rooms for a total of no more than six GI endoscopy rooms upon project completion	6/1/2023	8/9/2023	9/9/2023	Conditional Approval	Cynthia Bradford	Mike McKillip	\$13,750,000	1/1/2024
Total												8	

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: O-12343-23

FID #: 140237

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 7 in-center dialysis stations pursuant to Condition 2 of the facility need methodology for a total of 23 in-center stations upon project completion / Brunswick County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Leland Dialysis
1220 Magnolia Village Way
Leland, NC 28457

CAPITAL EXPENDITURE: \$998,946

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 1, 2023

This certificate is effective as of September 26, 2023



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.**
2. **Pursuant to Condition 2 of the facility need determination in the 2023 SMFP, the certificate holder shall develop no more than seven additional in-center dialysis stations for a total of no more than 23 in-center dialysis stations at Leland Dialysis upon project completion.**
3. **Progress Reports:**
 - a. **Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section.
The form is available online at:
<https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.**
 - b. **The certificate holder shall complete all sections of the Progress Report form.**
 - c. **The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.**
 - d. **The first progress report shall be due on December 1, 2023.**
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 September 25, 2023.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Services Offered	01/01/2025
2	Medicare and / or Medicaid Certification Obtained	01/01/2025

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: B-12363-23

FID #: 923279

ISSUED TO: The Laurels at Summit Inn, LLC
Summit Ridge Senior Leasing, 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: Cost Overrun for Project ID #B-12182-22 (Relocate no more than 8 NF beds from the Laurels of GreenTree Ridge for a total of no more than 68 NF beds and 23 ACH beds) upon completion of this project and Project ID# B-11270-16 (relocate 29 ACH beds)/ Buncombe

CONDITIONS: See Reverse Side

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

CAPITAL EXPENDITURE: \$200,357

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 1, 2024

This certificate is effective as of September 18, 2023

Micheala Mitchell

Micheala Mitchell, Chief

CONDITIONS:

1. The Laurels at Summit Inn, LLC and Summit Ridge Senior Leasing, Inc (hereinafter certificate holder) shall materially comply with the representations in this application, and the representations in Project ID# B-12182-22. Where representations conflict, the certificate holder shall materially comply with the last made representation.
2. The certificate holder shall relocate no more than eight nursing facility (NF) beds from The Laurels of GreenTree Ridge to the Laurels of Summit Ridge in Buncombe County, for a total of no more than 68 NF beds and 23 ACH beds at The Laurels of Summit Ridge, upon completion of this project and Project ID# B-11270-16 (relocate 29 ACH beds to Buncombe Senior Living).
3. Upon completion of the project, The Laurels of Summit Ridge shall be licensed for no more than 68 NF beds and 23 ACH beds.
4. The approved combined capital expenditure for both Project ID# B-12182-22 and this project is \$200,357, an increase of \$150,000 over the previously approved capital expenditure of \$50,357 in Project ID # B-12182-22.
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.
7. Progress Reports:
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
 - b. The certificate holder shall complete all sections of the Progress Report form.
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
 - d. The first progress report shall be due on January 1, 2024.

8. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on September 18, 2023.

Timetable

	Milestone	Date
1	Construction / Renovation Contract(s) Executed	11/01/2023
2	25% of Construction / Renovation Completed (25% of the cost is in place)	11/15/2023
3	50% of Construction / Renovation Completed	12/01/2023
4	75% of Construction / Renovation Completed	12/31/2023
5	Construction / Renovation Completed	1/01/2024
6	Services Offered	1/01/2024
7	Medicare and / or Medicaid Certification Obtained	1/01/2024
8	First Annual Report Due* (only for non-ESRD decisions)	3/01/2027

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: E-12410-23

FID #: 160340

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 2 dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 17 stations upon project completion / Catawba County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Fresenius Kidney Care Newton
3802 Startown Road
Newton, NC 28658

CAPITAL EXPENDITURE: \$7,500

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: February 1, 2024

This certificate is effective as of September 23, 2023



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 2023 SMFP, the certificate holder shall develop no more than two additional dialysis stations for a total of no more than 17 stations at FKC Newton.
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 February 1, 2024.
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 August 24, 2023.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Equipment Ordered	8/30/24
2	Services Offered	12/31/2024
3	Medicare and / or Medicaid Certification Obtained	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-12349-23

FID #: 170520

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 3 dialysis stations pursuant to Condition 1 of the facility need methodology for a total of no more than 15 stations upon completion of this project and Project ID# J-11739-19 (relocate 2 stations)/ Johnston County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Fresenius Kidney Care West Johnston
55 E. Malibu Drive
Garner, NC 27529

CAPITAL EXPENDITURE: \$11,250

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 1, 2024

This certificate is effective as of September 23, 2023



Micheala Mitchell, Chief

CONDITIONS:

- 1. Bio-Medical Facilities of North Carolina, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. Pursuant to Condition 1 of the facility need determination in the 2023 SMFP, the certificate holder shall develop no more than 3 additional in-center (and home hemodialysis) dialysis stations for a total of no more than 15 in-center (and home hemodialysis) dialysis stations at FKC West Johnston 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 January 1, 2024.**
- 4. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on August 22, 2023.

Timetable

	Milestone	Date
1	Financing Obtained	6/15/2024
2	Equipment Ordered	8/29/2024
3	Equipment Installed	11/27/2024
4	Equipment Operational	12/18/2024
5	Building / Space Occupied	12/18/2024
6	Services Offered	12/31/2024
7	Medicare and / or Medicaid Certification Obtained	12/31/2024
8	Facility or Service Accredited	12/31/2024

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Corrected Certificate of Need

for
Project ID #: F-12387-23
FID #: 070703

ISSUED TO: Charlotte Gastroenterology & Hepatology, PLLC and
CGH Properties, LLC

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

SCOPE: Relocate the facility and develop no more than three new GI endoscopy rooms for a total of no more than five GI endoscopy rooms upon project completion /Mecklenburg County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: CGH-Rea Farms
11430 Red Rust Lane, Suite 101
Charlotte 28277

CAPITAL EXPENDITURE: \$4,022,232

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 1, 2024

This certificate is effective as of September 29, 2023
Corrected certificate issued on October 16, 2023



Micheala Mitchell, Chief

CONDITIONS:

1. Charlotte Gastroenterology & Hepatology, PLLC and CGH Properties, LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder proposes to develop a new ASF, by relocating two GI Endo rooms and one non-licensed procedure room from CGH-Ballantyne and developing three new GI Endo rooms for a total of no more than five GI Endo procedure rooms at CGH-Rea Farms 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. The first progress report shall be due on January 1, 2024.
4. The certificate holder shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Sections F and 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.
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 acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on September 1, 2023.

Timetable

	Milestone	Date
1	Financing Obtained	12/15/2023
2	Drawings Completed	Complete
3	Land Acquired	Acquired
4	Construction / Renovation Contract(s) Executed	12/15/2023
5	25% of Construction / Renovation Completed (25% of the cost is in place)	10/01/2024
6	50% of Construction / Renovation Completed	12/31/2024
7	75% of Construction / Renovation Completed	02/01/2025
8	Construction / Renovation Completed	04/01/2025
9	Equipment Ordered	12/15/2023
10	Equipment Installed	03/01/2025
11	Equipment Operational	03/15/2025
12	Building / Space Occupied	03/15/2025
13	Licensure Obtained	03/25/2025
14	Services Offered	04/01/2025
15	Medicare and / or Medicaid Certification Obtained	03/25/2025
16	Facility or Service Accredited	03/25/2025
15	First Annual Report Due* (only for non-ESRD decisions)	06/01/2026

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12366-23

FID #: 040560

ISSUED TO: West Stanly 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: Acquire one fixed MRI scanner pursuant to the 2023 SMFP need determination / Stanly County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Atrium Health Imaging Locust
103 Stanly Parkway, Suite E
Locust, NC 28097

CAPITAL EXPENDITURE: \$5,379,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 1, 2024

This certificate is effective as of September 9, 2023



Micheala Mitchell, Chief

CONDITIONS:

1. West Stanly Imaging, LLC (hereinafter certificate holders) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall acquire no more than one fixed MRI scanner pursuant to the need determination in the 2023 SMFP to be located at Atrium Health Imaging Locust.
3. Upon completion of the project, Atrium Health Imaging Locust shall have no more than one fixed MRI scanner.
4. The certificate holder shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.
5. 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 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, 2024.
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 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 23, 2023.

(F-12366-23 Con't)

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Drawings Completed	04/02/2024
2	Construction / Renovation Contract(s) Executed	06/02/2024
3	25% of Construction / Renovation Completed (25% of the cost is in place)	08/02/2024
4	50% of Construction / Renovation Completed	10/02/2024
5	75% of Construction / Renovation Completed	12/02/2024
6	Construction / Renovation Completed	03/01/2025
7	Equipment Ordered	02/02/2024
8	Equipment Installed	01/02/2025
9	Equipment Operational	03/02/2025
10	Building / Space Occupied	03/02/2025
11	Services Offered	04/01/2025

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-12382-23

FID #: 110707

ISSUED TO: Britthaven, Inc.
Hillco, Ltd.
Spruce LTC 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: COS and COR (Project ID# J-8713-11) relocate 25 NF beds from Enfield Oaks Nursing and Rehabilitation Center (Halifax County) for a total of no more than 120 NF beds upon project completion/ Wake County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Wake County Health & Rehab Center
7420 O'Kelly Chapel Rd
Cary, NC 27519

CAPITAL EXPENDITURE: \$4,313,930

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 1, 2024

This certificate is effective as of September 22, 2023



Micheala Mitchell, Chief

CONDITIONS:

- 1. Hillco, Ltd., Spruce LTC Group, LLC, and Britthaven, Inc., (hereinafter certificate holder) shall materially comply with the representations in this application and the representations in Project ID# J-8713-11. Where representations conflict, the certificate holder shall materially comply with the last made representation.**
- 2. The total combined cost for both projects is \$22,305,354, an increase of \$4,313,930 over the capital expenditure of \$17,991,424 previously approved in Project ID# J-8713-11.**
- 3. The certificate holder shall relocate a total of no more than 25 NF beds from Enfield Oaks Health and Rehabilitation Center to Wake County Health and Rehabilitation Center for a total of no more than 120 NF beds upon completion of this project and Project I.D. # J-8713-11.**
- 4. Upon completion of this project and Project ID# J-8713-11, Wake County Health and Rehabilitation Center shall be licensed for no more than 120 nursing facility beds.**
- 5. The certificate holder shall delicense 25 NF beds at Enfield Oaks Health and Rehabilitation Center, for a total of no more than 35 nursing facility beds.**
- 6. For the first two years of operation following completion of the project, the certificate holder shall not increase private pay charges more than 5% of the projected private pay charges provided in Section Q of the application without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations made in the certificate of need application.**
- 7. The certificate holder shall certify at least 50.65% of the total number of nursing facility beds in the facility for participation in the Medicaid program and shall provide care to Medicaid recipients commensurate with representations made in this application and Project ID # J-8713-11.**
- 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, 2024.
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. 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 and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on August 24, 2023.

Timetable

	Milestone	Date
1	Financing Obtained	5/02/2024
2	Drawings Completed	7/01/2024
3	Land Acquired	6/1/2024
4	Construction / Renovation Contract(s) Executed	9/01/2024
5	25% of Construction / Renovation Completed (25% of the cost is in place)	2/01/2025
6	50% of Construction / Renovation Completed	8/01/2025
7	75% of Construction / Renovation Completed	12/01/2025
8	Construction / Renovation Completed	5/01/2026
9	Equipment Ordered	4/01/2026
10	Equipment Installed	8/01/2026
11	Equipment Operational	8/25/2026
12	Building / Space Occupied	9/01/2026
13	Licensure Obtained	10/01/2026
14	Services Offered	10/01/2026
15	Medicare and / or Medicaid Certification Obtained	11/01/2026
16	Facility or Service Accredited	6/01/2027

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-12385-23

FID #: 923422

ISSUED TO: The Raleigh NC Endoscopy ASC, LLC
Amsurg Holdings, 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 the facility and develop no more than two new GI endoscopy rooms for a total of no more than six GI endoscopy rooms upon project completion / Wake County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Raleigh Endoscopy Center
4225 Macon Pond Road
Raleigh, NC 27607

CAPITAL EXPENDITURE: \$\$13,750,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 1, 2024

This certificate is effective as of September 9, 2023



Micheala Mitchell, Chief

CONDITIONS:

1. **Raleigh NC Endoscopy ASC, LLC, and Amsurg Holdings, Inc., (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
2. **The certificate holder shall relocate Raleigh Endoscopy Center and add no more than two GI endoscopy rooms for a total of six GI endoscopy rooms upon project completion.**
3. **Upon project completion, Raleigh Endoscopy Center shall be licensed for no more than six GI endoscopy rooms.**
4. **The certificate holder shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.**
5. **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, 2024.**
6. **The certificate holder shall receive accreditation from the Joint Commission for the Accreditation of Healthcare Organizations, the Accreditation Association for Ambulatory Health Care or a comparable accreditation authority within two years following licensure of the facility.**
7. **For the first three years of operation following completion of the project, the certificate holder shall not increase charges more than 5% of the charges projected in Section Q of the application without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.**
8. **The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.**
9. **The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on August 16, 2023.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Financing Obtained	5/25/25
2	Drawings Completed	5/20/24
4	Construction / Renovation Contract(s) Executed	8/31/24
5	25% of Construction / Renovation Completed (25% of the cost is in place)	11/30/24
6	50% of Construction / Renovation Completed	1/28/25
7	75% of Construction / Renovation Completed	3/15/25
8	Construction / Renovation Completed	5/31/25
9	Equipment Ordered	9/15/24
10	Equipment Installed	5/15/25
11	Equipment Operational	5/15/25
12	Building / Space Occupied	5/31/25
13	Licensure Obtained	5/31/25
14	Services Offered	5/31/25
15	Medicare and / or Medicaid Certification Obtained	8/31/25
16	Facility or Service Accredited	10/31/25
17	First Annual Report Due* (only for non-ESRD decisions)	3/31/27