

**Certificate of Need
Certificates Issued
April 2024**

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
Cabarrus	F-012465-24	Cabarrus Home Training	240022	Dialysis facility	Develop a new dialysis facility dedicated to home hemodialysis and peritoneal dialysis training and support by relocating two existing stations from Copperfield Dialysis	2/1/2024	3/12/2024	4/13/2024	Conditional Approval	Cynthia Bradford	Mike McKillip	\$1,578,706	8/1/2024
Durham	J-012436-23	Duke University Hospital	943138	Hospital	Acquire no more than one fixed MRI scanner pursuant to the 2023 SMFP need determination	11/1/2023	3/28/2024	4/30/2024	Conditional Approval	Ena Lightbourne	Micheala Mitchell	\$6,180,000	8/1/2024
Gaston	F-012449-23	CaroMont Regional Medical Center - Belmont	190371	Hospital	Cost overrun for Project ID# F-11749-19 (develop a new 54-bed acute care hospital)	11/1/2023	3/26/2024	4/26/2024	Conditional Approval	Crystal Kearney	Lisa Pittman	\$57,451,462	9/1/2024
Guilford	G-012458-23	Heartland Living & Rehab	230906	Nursing home	Develop a new replacement nursing facility by relocating no more than 107 nursing facility (NF) beds and 18 adult care Home (ACH) beds from Heartland Living and Rehab at The Moses H. Cone Memorial Hospital	11/1/2023	3/28/2024	4/30/2024	Conditional Approval	Ena Lightbourne	Lisa Pittman	\$24,873,804	10/1/2024
Mecklenburg	F-012439-23	Carolinas Medical Center	943070	Hospital	Develop no more than 112 acute care beds pursuant to the need determination in the 2023 SMFP for a total of no more than 1,282 acute care beds upon completion of this project, Project ID #F-12006-20 (add 87 beds), Project ID #F-12010-20 (relocate 18 beds), Project ID #F-12149-21 (add 75 beds), and Project ID #F-12281-22 (add 38 beds)	11/1/2023	3/28/2024	4/30/2024	Conditional Approval	Cynthia Bradford	Gloria Hale	\$161,320,353	11/1/2024
Mecklenburg	F-012444-23	Atrium Health University City	923516	Hospital	Develop no more than 5 acute care beds pursuant to the need determination in the 2023 SMFP for a total of no more than 146 acute care beds upon completion of this project, Project ID #F-12146-21 (add 8 beds), and Project ID #F-12282-22 (add 8 beds)	11/1/2023	3/28/2024	4/30/2024	Conditional Approval	Cynthia Bradford	Gloria Hale	\$7,149,215	11/1/2024
Mecklenburg	F-012446-23	Atrium Health Pineville	110878	Hospital	Develop no more than 21 additional acute care beds pursuant to the need determination in the 2023 SMFP for a total of no more than 319 acute care beds upon completion of this project, Project ID #F-12147-21 (add 25 beds), Project ID #F-12280-22 (add 5 beds), and Project ID #F-12084-21 (relocate 26 beds)	11/1/2023	3/28/2024	4/30/2024	Conditional Approval	Cynthia Bradford	Gloria Hale	\$30,924,841	11/1/2024
Mecklenburg	F-012457-23	Novant Health Presbyterian Medical Center	943501	Hospital	Develop no more than 26 acute care beds pursuant to the need determination in the 2023 SMFP for a total of no more than 502 acute care beds upon completion of this project, Project ID #F-12144-21 (add 15 beds) and Project ID #F-12293-22 (add 14 beds)	11/1/2023	3/28/2024	4/30/2024	Conditional Approval	Cynthia Bradford	Gloria Hale	\$993,816	11/1/2024
Pitt	Q-012451-23	Bayada Home Health Care, Inc	230898	Home care	Develop a new Medicare-certified home health agency pursuant to the 2023 SMFP need determination	11/1/2023	3/20/2024	4/20/2024	Conditional Approval	Greg Yakaboski	Gloria Hale	\$115,013	10/1/2024
Union	F-012440-23	Atrium Health Union West	180514	Hospital	Develop no more than 8 additional acute care beds pursuant to the 2023 SMFP need determination	11/1/2023	3/28/2024	4/30/2024	Conditional Approval	Ena Lightbourne	Lisa Pittman	\$1,015,300	12/1/2024
Union	F-012442-23	Atrium Health Union	923515	Hospital	Develop no more than 13 additional acute care beds pursuant to the 2023 SMFP need determination	11/1/2023	3/28/2024	4/30/2024	Conditional Approval	Ena Lightbourne	Lisa Pittman	\$10,480,000	12/1/2024

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12465-24

FID #: 240022

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: Develop a new dialysis facility dedicated to home hemodialysis and peritoneal dialysis training and support by relocating two existing stations from Copperfield Dialysis / Cabarrus County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Cabarrus Home Training
433 Copperfield Blvd NE
Concord, NC 28025

CAPITAL EXPENDITURE: \$1,578,706

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 1, 2024

This certificate is effective as of April 13, 2024



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. The certificate holder shall develop a new kidney disease treatment center dedicated to home hemodialysis and peritoneal dialysis training and support to be known as Cabarrus Home Training by relocating no more than two dialysis stations from Copperfield Dialysis.
3. Upon completion of this project, the certificate holder shall take the necessary steps to decertify two dialysis stations at Copperfield Dialysis for a total of no more than 25 dialysis stations upon completion of the project.
4. Progress Reports:
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
 - b. The certificate holder shall complete all sections of the Progress Report form.
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
 - d. The first progress report shall be due on August 1, 2024.
5. The certificate holder shall install plumbing and electrical wiring through the walls for no more than 2 dialysis stations.
6. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on March 12, 2024.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	50% of Construction / Renovation Completed	08/17/2025
2	Construction / Renovation Completed	11/10/2025
3	Building / Space Occupied	12/01/2025
4	Services Offered	01/01/2026
5	Medicare and / or Medicaid Certification Obtained	01/01/2026

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-12436-23

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 fixed MRI scanner pursuant to the 2023 SMFP need determination/Durham County

CONDITIONS: See Reverse Side

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

CAPITAL EXPENDITURE: \$6,180,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 1, 2024

This certificate is effective as of April 30, 2024



Micheala Mitchell, Chief

CONDITIONS:

1. Duke University Health System, Inc. (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 Duke University Hospital main campus.
3. Upon completion of the project, Duke University Hospital shall be licensed for no more than 11 fixed MRI scanners.
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 August 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 April 14, 2024.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Drawings Completed	01/01/2025
2	Construction / Renovation Completed	06/01/2025
3	Equipment Ordered	01/01/2025
4	Equipment Operational	06/30/2025
5	Services Offered	07/01/2025

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12449-23

FID #: 190371

ISSUED TO: Gaston Memorial Hospital, Inc.
CaroMont Health, Inc.

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

SCOPE: Cost overrun for Project ID# F-11749-19 (develop a new 54-bed acute care hospital) / Gaston County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: CaroMont Regional Medical Center- Belmont
1000 CaroMont Parkway
Belmont, NC 28012

CAPITAL EXPENDITURE: \$57,451,462

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2024

This certificate is effective as of April 26, 2024



Micheala Mitchell, Chief

CONDITIONS:

1. Gaston Memorial Hospital, Incorporated and CaroMont Health, Inc. (hereinafter referred to as certificate holder) shall materially comply with the representations made in this application and representations made in Project ID # F-11749-19. Where representations conflict, the applicant shall materially comply with the last made representation.
2. The certificate holder shall develop CaroMont Regional Medical Center – Belmont, as approved in the certificate of need for Project ID# F-11749-19, with no change of scope in the development of the proposed project.
3. The total combined capital expenditure for this project and Project ID # F-11749-19 is \$253,247,237 an increase of \$ 57,451,462 over the capital expenditure of \$195,795,775 previously approved in Project ID# F-1149-19.
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 September 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 acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on March 26, 2024.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Financing Obtained	10/01/2023
2	Construction / Renovation Completed	11/17/2023
3	Equipment Installed	09/30/2023
4	Equipment Operational	09/30/2023
5	Building / Space Occupied	11/17/2023
6	Licensure Obtained	11/17/2023
7	Services Offered	07/01/2024
8	Medicare and / or Medicaid Certification Obtained	07/01/2024
9	Facility or Service Accredited	04/01/2024

State of North Carolina

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

Certificate of Need

for

Project ID #: G-12458-23

FID #: 230906

**ISSUED TO: Heartland of Greensboro Inc.
Colfax Realty 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 replacement nursing facility by relocating no more than 107 nursing facility (NF) beds and 18 adult care home (ACH) beds from Heartland Living and Rehab at The Moses H. Cone Memorial Hospital/Guilford County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Heartland Living and Rehab
9206 West Market Street
Colfax, NC 27235**

CAPITAL EXPENDITURE: \$24,873,804

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 1, 2024

This certificate is effective as of April 30, 2024

Micheala Mitchell

Micheala Mitchell, Chief

CONDITIONS:

1. Heartland of Greensboro, Inc. and Colfax Realty, 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 replacement facility by relocating no more than 107 nursing facility beds and 18 adult care home beds from Heartland Living and Rehab at The Moses H. Cone Memorial Hospital to a new facility, Heartland Living and Rehab.
3. Upon completion of the project Heartland Living and Rehab shall be licensed for no more than 107 nursing facility beds and 18 adult care home beds.
4. Upon completion of this project the certificate holder shall take the necessary steps to de-license the remaining 19 adult care home beds from Heartland Living and Rehab at The Moses H. Cone Memorial Hospital.
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. The certificate holder shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.
7. Progress Reports:
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at:
<https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
 - b. The certificate holder shall complete all sections of the Progress Report form.
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
 - d. The first progress report shall be due on October 1, 2024.
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 April 4, 2024.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	25% of Construction / Renovation Completed (25% of the cost is in place)	11/30/2024
2	50% of Construction / Renovation Completed	02/28/2025
3	75% of Construction / Renovation Completed	05/31/2025
4	Construction / Renovation Completed	08/31/2025
5	Equipment Ordered	06/30/2025
6	Equipment Installed	08/31/2025
7	Equipment Operational	09/15/2025
8	Building / Space Occupied	10/01/2025
9	Licensure Obtained	10/01/2025
10	Services Offered	10/01/2025
11	Medicare and / or Medicaid Certification Obtained	10/01/2025

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12439-23

FID #: 943070

ISSUED TO: The Charlotte-Mecklenburg Hospital Authority

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

SCOPE: Develop no more than 112 acute care beds pursuant to the need determination in the 2023 SMFP for a total of no more than 1,282 acute care beds upon completion of this project, Project ID #F-12006-20 (add 87 beds), Project ID #F-12010-20 (relocate 18 beds), Project ID #F-12149-21 (add 75 beds), and Project ID #F-12281-22 (add 38 beds) / Mecklenburg County

CONDITIONS: See Reverse Side

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

CAPITAL EXPENDITURE: \$161,320,353

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 1, 2024

This certificate is effective as of April 30, 2024



Micheala Mitchell, Chief

CONDITIONS:

- 1. The Charlotte-Mecklenburg Hospital Authority (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. The certificate holder shall develop no more than 112 additional acute care beds at Carolinas Medical Center pursuant to the need determination in the 2023 SMFP for a total of 1,282 acute care beds upon completion of this project, Project ID #F-12006-20 (add 87 beds), Project ID# F-12010-20 (relocate 18 beds), and Project ID #F-12149-21 (add 75 beds), and Project F-12281-22 (add 38 beds).**
- 3. Upon completion of the project, Carolinas Medical Center shall be licensed for no more than 1,282 acute care 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 November 1, 2024.**
- 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. The certificate holder shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.**
- 7. 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 April 23, 2024.

(F-12439-23 Con't)

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Drawings Completed	06/05/2024
2	Construction / Renovation Contract(s) Executed	07/01/2024
3	25% of Construction / Renovation Completed (25% of the cost is in place)	10/01/2024
4	50% of Construction / Renovation Completed	05/05/2025
5	75% of Construction / Renovation Completed	07/07/2025
6	Construction / Renovation Completed	09/29/2026
7	Equipment Ordered	07/31/2026
8	Equipment Installed	12/15/2026
9	Equipment Operational	01/31/2027
10	Building / Space Occupied	11/02/2026
11	Services Offered	04/01/2027

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12444-23

FID #: 923516

ISSUED TO: The Charlotte-Mecklenburg Hospital Authority

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

SCOPE: Develop no more than 5 acute care beds pursuant to the need determination in the 2023 SMFP for a total of no more than 146 acute care beds upon completion of this project, Project ID #F-12146-21 (add 8 beds), and Project ID #F-12282-22 (add 8 beds)/ Mecklenburg County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Atrium Health University City
8800 North Tryon St.
Charlotte, NC 28256

CAPITAL EXPENDITURE: \$7,149,215

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 1, 2024

This certificate is effective as of April 30, 2024



Micheala Mitchell, Chief

CONDITIONS:

- 1. The Charlotte-Mecklenburg Hospital Authority (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. The certificate holder shall develop no more than 5 acute care beds at Atrium Health University City pursuant to the need determination in the 2023 SMFP for a total of 146 acute care beds upon completion of this project, Project ID #F-12146-21 (add 8 beds), and Project ID #F-012282-22 (add 8 beds).**
- 3. Upon completion of the project, Atrium Health University City shall be licensed for no more than 146 acute care 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 November 1, 2024.**
- 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. The certificate holder shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.**
- 7. 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 April 23, 2024.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Drawings Completed	07/01/2024
2	Construction / Renovation Contract(s) Executed	09/01/2024
3	25% of Construction / Renovation Completed (25% of the cost is in place)	11/01/2024
4	50% of Construction / Renovation Completed	01/01/2025
5	75% of Construction / Renovation Completed	03/01/2025
6	Construction / Renovation Completed	04/01/2025
7	Equipment Ordered	10/01/2024
8	Equipment Installed	05/01/2025
9	Equipment Operational	05/01/2025
10	Building / Space Occupied	06/01/2025
11	Services Offered	06/01/2025

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12446-23

FID #: 110878

ISSUED TO: The Charlotte-Mecklenburg Hospital Authority

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

SCOPE: Develop no more than 21 additional acute care beds pursuant to the need determination in the 2023 SMFP for a total of no more than 319 acute care beds upon completion of this project, Project ID #F-12147-21 (add 25 beds), Project ID #F-12280-22 (add 5 beds), and Project ID #F-12084-21 (relocate 26 beds) / Mecklenburg County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Atrium Health Pineville
10628 Park Road
Charlotte, NC 28210

CAPITAL EXPENDITURE: \$30,924,841

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 1, 2024

This certificate is effective as of April 30, 2024



Micheala Mitchell, Chief

CONDITIONS:

- 1. The Charlotte-Mecklenburg Hospital Authority (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. The certificate holder shall develop no more than 21 additional acute care beds at Atrium Health Pineville pursuant to the need determination in the 2023 SMFP for a total of 319 acute care beds upon completion of this project, Project ID #F-12147-21 (add 25 beds), Project ID #F-12280-22 (add 5 beds), and Project ID #F-12084-21 (relocate 26 beds).**
- 3. Upon completion of the project, Atrium Health Pineville shall be licensed for no more than 319 acute care 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 November 1, 2024.**
- 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. The certificate holder shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.**
- 7. 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 April 23, 2024.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Drawings Completed	05/15/2024
2	Construction / Renovation Contract(s) Executed	08/15/2024
3	25% of Construction / Renovation Completed (25% of the cost is in place)	10/15/2024
4	50% of Construction / Renovation Completed	01/01/2025
5	75% of Construction / Renovation Completed	03/15/2025
6	Construction / Renovation Completed	06/01/2025
7	Equipment Ordered	10/15/2024
8	Equipment Installed	06/01/2025
9	Equipment Operational	07/01/2025
10	Building / Space Occupied	07/01/2025
11	Services Offered	07/01/2025

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12457-23

FID #: 943501

ISSUED TO: Novant Health, Inc.

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

SCOPE: Develop no more than 26 acute care beds pursuant to the need determination in the 2023 SMFP for a total of no more than 502 acute care beds upon completion of this project, Project ID #F-12144-21 (add 15 beds) and Project ID #F-12293-22 (add 14 beds) / Mecklenburg County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Novant Health Presbyterian Medical Center
200 Hawthorne Lane
Charlotte, NC 28233-3549

CAPITAL EXPENDITURE: \$993,816

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 1, 2024

This certificate is effective as of April 30, 2024



Micheala Mitchell, Chief

CONDITIONS:

1. The Presbyterian Hospital and Novant Health, 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 26 additional acute care beds at Novant Health Presbyterian Medical Center for a total of 502 acute care beds upon completion of this project, Project ID #F-12144-21 (add 15 beds), and Project ID #F-12293-22 (add 14 beds).
3. Upon completion of the project, Novant Health Presbyterian Medical Center shall be licensed for no more than 502 acute care 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 November 1, 2024.
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. 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 April 5, 2024.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Drawings Completed	11/01/2024
2	Construction / Renovation Completed	06/30/2025
3	Building / Space Occupied	07/01/2025
4	Services Offered	07/01/2025

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: Q-12451-23

FID #: 230898

ISSUED TO: BAYADA Home Health Care, Inc.

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

SCOPE: Develop a new Medicare-certified home health agency pursuant to the 2023 SMFP need determination / Pitt County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Bayada Home Health Care, Inc.
204 West Arlington Boulevard
Greenville, NC 27834

CAPITAL EXPENDITURE: \$115,013

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 1, 2024

This certificate is effective as of April 20, 2024



Micheala Mitchell, Chief

CONDITIONS:

1. BAYADA Home Health Care, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall develop one Medicare-certified home health agency or office in Pitt County pursuant to the need determination in the 2023 SMFP.
3. Upon completion of the project, the certificate holder shall be licensed for no more than one new Medicare-certified home health agency or office in Pitt County.
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, 2024.
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. 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 March 29, 2024.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
12	Building / Space Occupied	8/1/2024
13	Licensure Obtained	1/1/2025
14	Services Offered	4/1/2025
15	Medicare and / or Medicaid Certification Obtained	4/1/2025
16	Facility or Service Accredited	8/1/2025

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12440-23

FID #: 180514

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: Develop no more than 8 additional acute care beds pursuant to the 2023 SMFP need determination/Union County

CONDITIONS: See Reverse Side

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

CAPITAL EXPENDITURE: \$1,015,300

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 1, 2024

This certificate is effective as of April 30, 2024



Micheala Mitchell, Chief

CONDITIONS:

1. The Charlotte-Mecklenburg Hospital Authority (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall develop no more than eight new acute care beds at Atrium Health Union West.
3. Upon completion of the project, Atrium Health Union West shall be licensed for no more than 48 acute care 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 December 1, 2024.
5. 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.
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 April 11, 2024.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Financing Obtained	05/04/2024
2	Drawings Completed	07/05/2024
3	Construction / Renovation Contract(s) Executed	08/02/2024
4	25% of Construction / Renovation Completed (25% of the cost is in place)	08/30/2024
5	50% of Construction / Renovation Completed	09/20/2024
6	75% of Construction / Renovation Completed	10/11/2024
7	Construction / Renovation Completed	11/01/2024
8	Equipment Ordered	06/04/2024
9	Equipment Installed	11/08/2024
10	Equipment Operational	11/11/2024
11	Building / Space Occupied	11/11/2024
12	Services Offered	11/11/2024

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12442-23

FID #: 923515

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: Develop no more than 13 additional acute care beds pursuant to the 2023 SMFP need determination/Union County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Atrium Health Union
600 Hospital Drive
Monroe, NC 28111

CAPITAL EXPENDITURE: \$10,480,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 1, 2024

This certificate is effective as of April 30, 2024



Micheala Mitchell, Chief

CONDITIONS:

1. The Charlotte-Mecklenburg Hospital Authority (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall develop no more than 13 new acute care beds at Atrium Health Union.
3. Upon completion of the project, Atrium Health Union shall be licensed for no more than 151 acute care beds, excluding any Level II, III, or IV NICU 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 December 1, 2024.
5. 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.
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 April 11, 2024.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Financing Obtained	05/04/2024
2	Drawings Completed	11/08/2024
3	Construction / Renovation Contract(s) Executed	12/06/2024
4	25% of Construction / Renovation Completed (25% of the cost is in place)	02/07/2025
5	50% of Construction / Renovation Completed	04/04/2025
6	75% of Construction / Renovation Completed	06/06/2025
7	Construction / Renovation Completed	08/08/2025
8	Equipment Ordered	02/07/2025
9	Equipment Installed	08/18/2025
10	Equipment Operational	09/05/2025
11	Building / Space Occupied	09/15/2025
12	Services Offered	09/15/2025

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-12452-23

FID #: 170322

ISSUED TO: Mayview Assisted Living Center, LLC
Mayview Healthcare Properties, Inc.
Whitaker Glen, 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 27 adult care home (ACH) beds at a healthcare facility for a total of 102 ACH beds upon project completion which is a change of scope and cost overrun for Project ID# J-11953-20 (relocate 55 existing ACH beds from Brookridge Assisting Living for a total of 75 beds) and Project ID# J-11371-17 (develop a new ACH facility) / Wake County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Mayview Assisted Living Center
615 East Whitaker Mill Road
Raleigh, NC 27608

CAPITAL EXPENDITURE: \$27,738,879

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 1, 2024

This certificate is effective as of April 30, 2024

Micheala Mitchell

Micheala Mitchell, Chief

CONDITIONS:

1. Mayview Assisted Living Center, LLC, Mayview Healthcare Properties, Inc. and Whitaker Glen, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall develop Mayview Assisted Living Center as approved in the certificate of need for Project ID # J-11953-20, with change of scope in the development of the proposed project.
3. The certificate holder shall develop 27 new adult care home beds at Mayview Assisted Living Center.
4. Upon completion of this project, Project ID# J-11953-20 and Project ID# J-11371-17, Mayview Assisted Living Center shall be licensed for no more than 102 adult care home beds.
5. The total combined capital expenditure for this project and Project ID #J-11953-20 is \$37,653,063, an increase of \$27,738,879 over the capital expenditure of \$65,391,942 previously approved in Project ID #J-11953-20.
6. The certificate holder shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.
7. Progress Reports:
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
 - b. The certificate holder shall complete all sections of the Progress Report form.
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
 - d. The first progress report shall be due on November 1, 2024.
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 of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on April 2, 2024.

Timetable

		Date <i>mm/dd/yyyy</i>
1	Financing Obtained	10/05/2023
2	Drawings Completed	11/01/2024
3	Construction / Renovation Contract(s) Executed	05/01/2025
4	25% of Construction / Renovation Completed (25% of the cost is in place)	10/01/2025
5	50% of Construction / Renovation Completed	03/01/2026
6	75% of Construction / Renovation Completed	07/01/2026
7	Construction / Renovation Completed	11/01/2026
8	Building / Space Occupied	12/01/2026
9	Licensure Obtained	01/01/2027
10	Services Offered	01/01/2027
11	Facility or Service Accredited	01/01/2028