



# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: P-12522-24

FID #: 240517

**ISSUED TO:** UNC LCI, 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 no more than one fixed MRI scanner pursuant to the 2024 SMFP need determination / Lenoir County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** UNC Lenoir Imaging  
4050 W. Vernon Avenue  
Kinston, NC 28504

**CAPITAL EXPENDITURE:** \$6,091,353

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** March 1, 2025

This certificate is effective as of November 8, 2024



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Micheala Mitchell, Chief

**CONDITIONS:**

**1.**

- 1. UNC LCI, LLC (hereinafter certificate holder) 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 2024 SMFP to be located at UNC Lenoir Imaging.**
- 3. Upon completion of the project, UNC Lenoir Imaging 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 March 1, 2025.**
- 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 October 9, 2024.**

## Timetable

| <b>Milestone</b> |  | <b>Date</b><br><i>mm/dd/yyyy</i> |
|------------------|--|----------------------------------|
| 1                | Drawings Completed   | 05/04/2025                       |
| 2                | Construction / Renovation Contract(s) Executed                           | 06/15/2025                       |
| 3                | 25% of Construction / Renovation Completed (25% of the cost is in place) | 08/01/2025                       |
| 4                | 50% of Construction / Renovation Completed                               | 09/12/2025                       |
| 5                | 75% of Construction / Renovation Completed                               | 10/26/2025                       |
| 6                | Construction / Renovation Completed                                      | 12/19/2025                       |
| 7                | Equipment Ordered  | 04/01/2025                       |
| 8                | Equipment Installed  | 09/01/2025                       |
| 9                | Equipment Operational  | 12/19/2025                       |
| 10               | Building / Space Occupied  | 12/21/2025                       |
| <b>11</b>        | <b>Services Offered</b>  | 01/01/2026                       |
| 12               | Medicare and / or Medicaid Certification Obtained                        | 04/01/2026                       |
| 13               | Facility or Service Accredited   | 02/01/2026                       |

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Corrected Certificate of Need

for

Project ID #: D-12529-24

FID #: 60380

**ISSUED TO:** Total Renal Care of North Carolina, LLC

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

**SCOPE:** Add no more than three dialysis stations pursuant to Condition 1 of the facility need methodology for a total of no more than 12 stations upon project completion / Mitchell County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Mayland Dialysis Center  
75 Altapass Highway  
Spruce Pine, NC 28777

**CAPITAL EXPENDITURE:** \$56,960

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** January 1, 2025

This certificate is effective as of November 5, 2024



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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 1 of the facility need methodology in the 2024 SMFP, the certificate of need holder shall develop no more than three additional in-center dialysis stations for a total of no more than 12 in-center dialysis stations at Mayland Dialysis Center upon project completion.**
- 3. Progress Reports:**
  - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.**
  - b. The certificate holder shall complete all sections of the Progress Report form.**
  - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.**
  - d. The first progress report shall be due on January 1, 2025.**
- 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 October 10, 2024.**

## Timetable

| <b>Milestone</b> |   | <b>Date</b><br><i>mm/dd/yyyy</i> |
|------------------|---|----------------------------------|
| <b>1</b>         | <b>Services Offered</b>                           | 01/01/2026                       |
| <b>2</b>         | 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-12540-24

FID #: 210831

**ISSUED TO:** NC Imaging Centers, 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 no more than one fixed MRI scanner pursuant to the 2024 SMFP need determination for a total of two fixed MRI scanners which is a change of scope to Project ID #J-12145-21 (develop a diagnostic center by replacing and relocating an existing fixed MRI scanner) / Orange County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** UNC Health Imaging Center  
106 Carraway Crossing Drive  
Chapel Hill, NC 27516

**CAPITAL EXPENDITURE:** \$5,779,383

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** May 1, 2025

This certificate is effective as of November 23, 2024



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Micheala Mitchell, Chief



**CONDITIONS:**

- 1. NC Imaging Centers, LLC., (hereinafter certificate holder), 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 2024 SMFP to be located at UNC Health Imaging Center.**
- 3. Upon completion of the project, UNC Health Imaging Center shall be licensed for no more than two 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 May 1, 2025.**
- 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 and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on October 23, 2023.**

## Timetable

| <b>Milestone</b> |   | <b>Date</b><br><i>mm/dd/yyyy</i> |
|------------------|---|----------------------------------|
| <b>1</b>         | <b>Drawings Completed</b>   | <b>02/28/2026</b>                |
| <b>2</b>         | <b>Construction / Renovation Contract(s) Executed</b>                           | <b>01/01/2026</b>                |
| <b>3</b>         | <b>25% of Construction / Renovation Completed (25% of the cost is in place)</b> | <b>03/31/2026</b>                |
| <b>4</b>         | <b>50% of Construction / Renovation Completed</b>                               | <b>04/30/2026</b>                |
| <b>5</b>         | <b>75% of Construction / Renovation Completed</b>                               | <b>05/31/2026</b>                |
| <b>6</b>         | <b>Construction / Renovation Completed</b>                                      | <b>06/30/2026</b>                |
| <b>7</b>         | <b>Equipment Ordered</b>  | <b>12/01/2025</b>                |
| <b>8</b>         | <b>Equipment Installed</b>  | <b>06/30/2026</b>                |
| <b>9</b>         | <b>Equipment Operational</b>  | <b>07/14/2026</b>                |
| <b>10</b>        | <b>Building / Space Occupied</b>  | <b>08/14/2026</b>                |
| <b>11</b>        | <b>Services Offered</b>   | <b>09/01/2026</b>                |
| <b>12</b>        | <b>Medicare and / or Medicaid Certification Obtained</b>                        | <b>12/01/2026</b>                |
| <b>13</b>        | <b>Facility or Service Accredited</b>   | <b>10/01/2026</b>                |

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: R-12539-24

FID #: 952933

**ISSUED TO:** Sentara Albemarle Regional Medical Center, LLC

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

**SCOPE:** Cost overrun for Project ID# R-12007-20 (Relocate and replace the existing hospital) / Pasquotank County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Sentara Albemarle Medical Center  
3050 Halstead Blvd Ext.  
Elizabeth City, NC 27909

**CAPITAL EXPENDITURE:** \$86,851,487

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** May 1, 2025

This certificate is effective as of November 21, 2024



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Micheala Mitchell, Chief

## **CONDITIONS:**

- 1. Sentara Albemarle Regional Medical Center, LLC (hereinafter certificate holder) shall materially comply with all representations made in this application and the representations in Project ID# R-12007-20. Where representations conflict, the certificate holder shall materially comply with the last made representation.**
- 2. The certificate holder shall relocate and replace the existing hospital, Sentara Albemarle Medical Center, which will be licensed for no more than 110 acute care beds, 8 operating rooms, and 1 gastrointestinal endoscopy room upon project completion.**
- 3. The total combined capital expenditure for this project and Project ID# R-12007-20 is \$246,200,000, an increase of \$86,851,487 over the capital cost of \$159,348,513 previously approved in Project ID# R-12007-20.**
- 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 May 1, 2025.**
- 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 and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on October 22, 2024.**

## Timetable

| <b>Milestone</b> |                           | <b>Date</b><br><i>mm/dd/yyyy</i> |
|------------------|---------------------------|----------------------------------|
| 1                | Equipment Ordered         | 05/01/2025                       |
| 2                | Equipment Installed       | 07/30/2025                       |
| 3                | Equipment Operational     | 08/01/2025                       |
| 4                | Building / Space Occupied | 08/04/2025                       |
| <b>5</b>         | <b>Services Offered</b>   | 09/01/2025                       |