

**Certificate of Need
Certificates Issued
June 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
Alleghany	D-012474-24	Alleghany Memorial Hospital	942935	Hospital	Develop no more than 3 acute care beds pursuant to the 2024 SMFP adjusted need determination for a total of no more than 6 acute care beds upon project completion	3/1/2024	5/28/2024	6/28/2024	Conditional Approval	Crystal Kearney	Lisa Pittman	\$648,285	12/1/2024
Brunswick	O-012500-24	Fresenius Medical Care of Brunswick County	070678	Dialysis facility	Add no more than one dialysis station pursuant to Condition 2 of the facility need methodology for a total of no more than 11 stations upon project completion	4/1/2024	5/10/2024	6/11/2024	Conditional Approval	Chalice Moore	Mike McKillip	\$3,750	10/1/2024
Buncombe	B-012473-24	Valleygate Dental Surgery Center-Mountain	240125	Ambulatory surgical facility	Develop a new ASF by relocating no more than one OR from Valleygate Dental Surgery Center of the Triad	3/1/2024	5/29/2024	6/30/2024	Conditional Approval	Tanya Saporito	Mike McKillip	\$2,351,470	11/1/2024
Craven	P-012482-24	CarolinaEast Gastroenterology	240128	Ambulatory surgical facility	Relocate existing ASF with three GI endoscopy rooms	3/1/2024	5/29/2024	6/29/2024	Conditional Approval	Greg Yakaboski	Micheala Mitchell	\$3,930,142	11/1/2024
Durham	J-012484-24	Duke Regional Hospital	923142	Hospital	Acquire no more than one CT scanner for a total of no more than 4 CT scanners	3/1/2024	5/28/2024	6/28/2024	Conditional Approval	Cynthia Bradford	Lisa Pittman	\$4,295,000	12/1/2024
Forsyth	G-012494-24	The Atrium/The Respite Center	922007	Mental health licensure	Cost overrun for Project ID #G-12341-23 (develop two ICF-IID group homes)	3/1/2024	5/3/2024	6/4/2024	Conditional Approval	Cynthia Bradford	Gloria Hale	\$1,800,000	11/15/2024
Henderson	B-012488-24	AdventHealth Hendersonville	943388	Hospital	Develop no more than 3 Level II and 2 Level III neonatal beds for a total of no more than 5 neonatal beds	3/1/2024	5/29/2024	6/29/2024	Conditional Approval	Ena Lightbourne	Gloria Hale	\$2,849,526	12/2/2024
Hertford	Q-012496-24	Ahoskie Dialysis	945189	Dialysis facility	Add no more than one dialysis station pursuant to Condition 2 of the facility need methodology for a total no more than 26 stations upon project completion	4/1/2024	5/10/2024	6/11/2024	Conditional Approval	Chalice Moore	Mike McKillip	\$19,230	10/1/2024
Mecklenburg	F-012470-24	Briar Creek Health Center	170065	Nursing home	Develop no more than 22 ACH beds pursuant to Policy LTC-1 for a total of no more than 130 ACH beds and no more than 6 NF beds upon project completion	3/1/2024	5/14/2024	6/14/2024	Conditional Approval	Crystal Kearney	Mike McKillip	\$657,500	12/1/2024
Mecklenburg	F-012499-24	Fresenius Kidney Care Mallard Creek	170326	Dialysis facility	Add no more than six dialysis stations pursuant to Condition 1 of the facility need methodology for a total of no more than 18 stations upon project completion	4/1/2024	5/2/2024	6/4/2024	Conditional Approval	Yolanda Jackson	Gloria Hale	\$22,500	10/1/2024
Union	F-012498-24	Metrolina Kidney Center	955949	Dialysis facility	Add no more than two dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 30 stations upon project completion	4/1/2024	5/10/2024	6/11/2024	Conditional Approval	Yolanda Jackson	Gloria Hale	\$7,500	10/1/2024
Wake	J-012497-24	Oak City Dialysis	160068	Dialysis facility	Add no more than 12 dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 32 stations upon project completion	4/1/2024	5/10/2024	6/11/2024	Conditional Approval	Chalice Moore	Mike McKillip	\$192,240	
Wake	J-012471-24	Swift Creek Health Center	110717	Nursing home	Develop no more than 38 ACH beds pursuant to Policy LTC-1 for a total of no more than 120 ACH beds and 6 NF beds upon project completion	3/1/2024	5/3/2024	6/4/2024	Conditional Approval	Crystal Kearney	Mike McKillip	\$920,000	11/1/2024

Total **13**

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: D-12474-24

FID #: 942935

ISSUED TO: Alleghany County Memorial Hospital, Inc.

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

SCOPE: Develop no more than 3 acute care beds pursuant to the 2024 SMFP adjusted need determination for a total of no more than 6 acute care beds upon project completion / Alleghany County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Alleghany Memorial Hospital
233 Doctors Street
Sparta, NC 28675

CAPITAL EXPENDITURE: \$648,285

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 1, 2024

This certificate is effective as of June 28, 2024



Micheala Mitchell, Chief

CONDITIONS:

1. The Alleghany County Memorial Hospital (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 3 new acute care beds at Alleghany Memorial Hospital in Sparta.
3. Upon completion of this project, Alleghany Memorial Hospital shall be licensed for no more than 6 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 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 May 29, 2024.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Financing Obtained	09/15/2024
2	Drawings Completed	12/15/2024
3	Construction / Renovation Contract(s) Executed	01/15/2025
4	25% of Construction / Renovation Completed (25% of the cost is in place)	02/15/2025
5	50% of Construction / Renovation Completed	04/15/2025
6	75% of Construction / Renovation Completed	07/15/2025
7	Construction / Renovation Completed	09/15/2025
8	Services Offered	10/01/2025

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: O-12500-24

FID #: 070678

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 one dialysis station pursuant to Condition 2 of the facility need methodology for a total of no more than 11 stations upon project completion / Brunswick County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: FMC of Brunswick County
98 Stone Chimney Road SE
Supply, NC 28462

CAPITAL EXPENDITURE: \$3,750

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 1, 2024

This certificate is effective as of June 11, 2024



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 2 of the facility need determination in the 2024 SMFP, the certificate holder shall develop no more than one additional dialysis station for a total of no more than 11 stations at the FMC Brunswick 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 October 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 May 10, 2024.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Equipment Ordered	4/1/2025
2	Equipment Installed	9/28/2025
3	Equipment Operational	10/28/2025
4	Building / Space Occupied	11/27/2025
5	Services Offered	12/31/2025
6	Medicare and / or Medicaid Certification Obtained	12/31/2025

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: B-12473-24

FID #: 240125

ISSUED TO: Valleygate Dental Surgery Center of the West, 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 ASF by relocating no more than one OR from Valleygate Dental Surgery Center of the Triad / Buncombe County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Valleygate Dental Surgery Center-Mountain
1 Volvo Drive
Asheville, NC 28803

CAPITAL EXPENDITURE: \$2,351,470

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 1, 2024

This certificate is effective as of June 30, 2024



Micheala Mitchell, Chief

CONDITIONS:

- 1. Valleygate Dental Surgery Center of the West, 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 ambulatory surgical facility, Valleygate Dental Surgical Center-Mountain, by relocating no more than one operating room from Valleygate Dental Surgery Center of the Triad, with one procedure room.**
- 3. Upon completion of the project, Valleygate Dental Surgery Center-Mountain shall be licensed for no more than one operating room and one procedure room.**
- 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 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 procedure room shall not be used for procedures that should be performed only in an operating room based on current standards of practice.**
- 9. Procedures performed in the procedure rooms shall not be reported for billing purposes as having been performed in an operating room and shall not be reported on the facility's license renewal application as procedures performed in an operating room.**
- 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 of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on June 3, 2024.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Financing Obtained	12/11/2024
2	Drawings Completed	06/09/2025
3	Land Acquired	06/09/2025
4	Construction / Renovation Contract(s) Executed	06/24/2025
5	25% of Construction / Renovation Completed (25% of the cost is in place)	09/23/2025
6	50% of Construction / Renovation Completed	12/23/2025
7	75% of Construction / Renovation Completed	03/24/2026
8	Construction / Renovation Completed	06/24/2026
9	Equipment Ordered	09/03/2025
10	Equipment Installed	03/24/2026
11	Equipment Operational	08/12/2026
12	Building / Space Occupied	07/08/2026
13	Licensure Obtained	10/01/2026
14	Services Offered	10/01/2026
15	Medicare and / or Medicaid Certification Obtained	
16	Facility or Service Accredited	12/30/2026

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: P-12482-24

FID #: 240128

ISSUED TO: CarolinaEast Health System

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 existing ASF with three GI endoscopy rooms / Craven County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: CarolinaEast Gastroenterology
640 McCarthy Boulevard
New Bern, NC 28562

CAPITAL EXPENDITURE: \$3,930,142

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 1, 2024

This certificate is effective as of June 29, 2024



Micheala Mitchell, Chief

CONDITIONS:

1. CarolinaEast Health System (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall relocate the existing ASF with three GI endoscopy rooms from 2604 Dr. M.L.K. Jr Boulevard, New Bern to 640 McCarthy Boulevard, New Bern.
3. Upon completion of the project, CarolinaEast Gastroenterology shall be licensed for no more than three GI endoscopy rooms.
4. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.
5. 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.
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.
7. A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on June 7, 2024.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
10	Equipment Installed	9/3/2024
11	Equipment Operational	9/29/2024
12	Building / Space Occupied	9/30/2024
14	Services Offered	10/1/2024

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-12484-24

FID #: 923142

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 CT scanner for a total of no more than 4 CT scanners / Durham County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Duke Regional Hospital
3643 North Roxboro Rd
Durham, NC 27704

CAPITAL EXPENDITURE: \$4,295,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 1, 2024

This certificate is effective as of June 28, 2024



Micheala Mitchell, Chief

CONDITIONS:

1. Duke University Health System, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall acquire no more than one fixed CT scanner for a total of no more than four fixed CT scanners located at Duke Regional Hospital.
3. Progress Reports:
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
 - b. The certificate holder shall complete all sections of the Progress Report form.
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
 - d. The first progress report shall be due on December 1, 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 expenditures in Section Q of the application and that would otherwise require a certificate of need.

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on June 20, 2024.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Drawings Completed	05/31/2024
2	Construction / Renovation Contract(s) Executed	10/01/2024
3	25% of Construction / Renovation Completed (25% of the cost is in place)	01/01/2025
4	50% of Construction / Renovation Completed	03/01/2024
5	75% of Construction / Renovation Completed	05/01/2025
6	Construction / Renovation Completed	06/01/2025
7	Equipment Ordered	09/10/2024
8	Equipment Installed	06/01/2025
9	Equipment Operational	06/15/2025
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 #: G-12494-24

FID #: 922007

ISSUED TO: Horizons Residential Care Center

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

SCOPE: Cost overrun for Project ID #G-12341-23 (develop two ICF-IID group homes) / Forsyth County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: The Atrium/The Respite Center
101 Horizons Lane
Rural Hall, NC 27045

CAPITAL EXPENDITURE: \$1,800,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 15, 2024

This certificate is effective as of June 4, 2024



Micheala Mitchell, Chief

CONDITIONS:

1. **Horizons Residential Care Center shall materially comply with all representations made in the certificate of need application and any supplemental responses. If representations conflict, the certificate holder shall materially comply with the last made representation.**
2. **The certificate holder shall construct two six-bed ICF-IID group homes on the same site as The Atrium/ The Respite Center by relocating no more than 10 beds from The Arches in Winston-Salem and two beds from The Atrium/The Respite Center.**
3. **Upon project completion, The Atrium/ The Respite Center shall be licensed for no more than 40 ICF/IID beds on the entire campus; no more than 28 ICF/IID beds at The Atrium/The Respite Center, no more than six ICF/IID beds at The Arches I group home, and no more than six ICF/IID beds at The Arches II group home.**
4. **Upon completion of the project, The Arches in Winston-Salem will no longer be licensed and will have no ICF/IDD beds.**
5. **The total combined capital expenditure for this project and Project ID# G-12341-23 is \$3,800,000, an increase of \$1,800,000 over the capital cost of \$2,000,000 previously approved in Project I.D. #G-123441-23.**
6. **Progress Reports:**
 - a. **Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.**
 - b. **The certificate holder shall complete all sections of the Progress Report form.**
 - c. **The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.**
 - d. **The first progress report shall be due on November 15, 2024.**
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 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 May 6, 2024.

(G-12494-24 Con't)

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	25% of Construction / Renovation Completed (25% of the cost is in place)	06/30/2024
2	50% of Construction / Renovation Completed	09/30/2024
3	75% of Construction / Renovation Completed	12/31/2024
4	Construction / Renovation Completed	03/31/2025
5	Equipment Ordered	03/31/2025
6	Equipment Installed	06/30/2025
7	Equipment Operational	06/30/2025
8	Building / Space Occupied	09/30/2025
9	Licensure Obtained	06/30/2025
10	Services Offered	09/30/2025
11	Medicare and / or Medicaid Certification Obtained	09/30/2025
12	Facility or Service Accredited	09/30/2025

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: B-12488-24

FID #: 943388

ISSUED TO: Fletcher Hospital, Inc.

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

SCOPE: Develop no more than 3 Level II and 2 Level III neonatal beds for a total of no more than 5 neonatal beds/Henderson County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: AdventHealth Hendersonville
100 Hospital Drive
Hendersonville, NC 28792

CAPITAL EXPENDITURE: \$2,849,526

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 2, 2024

This certificate is effective as of June 29, 2024



Micheala Mitchell, Chief

CONDITIONS:

1. Fletcher Hospital, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall develop no more than three Level II neonatal beds and no more than two Level III neonatal beds for a total of no more than five licensed neonatal beds at AdventHealth Hendersonville upon completion of the project.
3. Progress Reports:
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
 - b. The certificate holder shall complete all sections of the Progress Report form.
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
 - d. The first progress report shall be due on December 2, 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 expenditures in Section Q of the application and that would otherwise require a certificate of need.
5. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on July 1, 2024.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Drawings Completed	01/31/2025
2	Construction / Renovation Contract(s) Executed	11/01/2024
3	Construction / Renovation Completed	12/01/2025
4	Equipment Ordered	01/01/2025
5	Equipment Installed	12/01/2025
6	Equipment Operational	12/15/2025
7	Building / Space Occupied	12/15/2025
8	Services Offered	01/01/2026

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: Q-12496-24

FID #: 945189

ISSUED TO: DVA Healthcare Renal 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: Add no more than one dialysis station pursuant to Condition 2 of the facility need methodology for a total of no more than 26 stations upon project completion \ Hertford County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Ahoskie Dialysis
129 Hertford County High Road
Ahoskie NC 27910-8131

CAPITAL EXPENDITURE: \$19,230

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 1, 2024

This certificate is effective as of June 11, 2024



Micheala Mitchell, Chief

CONDITIONS:

1. DVA Healthcare Renal Care, 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 2024 SMFP, the certificate holder shall develop no more than one additional dialysis station for a total of no more than 26 stations at the Ahoskie Dialysis upon completion of this project.
3. Progress Reports:
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
 - b. The certificate holder shall complete all sections of the Progress Report form.
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
 - d. The first progress report shall be due October 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 May 29, 2024.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Services Offered	01/01/2026
2	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 #: F-12470-24

FID #: 170065

ISSUED TO: Charlotte SP Senior Housing OPCO, LLC
Charlotte SP Senior Housing PROPCO, LLC

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

SCOPE: Develop no more than 22 ACH beds pursuant to Policy LTC-1 for a total of no more than 130 ACH beds and no more than 6 NF beds upon project completion/Mecklenburg County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Briar Creek Health Center
6041 Piedmont Row Dr.
Charlotte, NC 27511

CAPITAL EXPENDITURE: \$657,500

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 1, 2024

This certificate is effective as of June 14, 2024

Micheala Mitchell

Micheala Mitchell, Chief

CONDITIONS:

- 1. Charlotte SP Senior Housing OPCO, LLC and Charlotte SP Senior Housing PROPCO, LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. The certificate holder shall develop no more than 22 adult care home beds pursuant to Policy LTC-1 for a total of no more than 6 nursing facility beds and 130 adult care home beds upon project completion.**
- 3. The Policy LTC-1 adult care home beds shall not participate in the Medicaid program or serve State-County Special Assistance recipients.**
- 4. The Policy LTC-1 adult care home beds shall be used exclusively to meet the needs of persons with whom the facility has continuing care contracts (in compliance with the Department of Insurance statutes and regulations) who have lived in a non-nursing or adult care unit of the continuing care facility for a period of at least 30 days. Exceptions shall be allowed when one spouse or sibling is admitted to the adult care home unit at the time the other spouse or sibling moves into a non-nursing or adult care unit, or when the medical condition requiring nursing or adult care home care was not known to exist or be imminent when the individual became a party to the continuing care contract.**
- 5. The new Policy LTC-1 adult care home beds shall be developed on the same site with the independent living units.**
- 6. Progress Reports:**
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.**
 - b. The certificate holder shall complete all sections of the Progress Report form.**
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.**
 - d. The first progress report shall be due on December 1, 2024.**
- 7. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.**
- 8. 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 May 14, 2024.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Drawings Completed	10/01/2024
2	Construction / Renovation Contract(s) Executed	11/01/2024
3	25% of Construction / Renovation Completed (25% of the cost is in place)	12/06/2024
4	50% of Construction / Renovation Completed	12/13/2024
5	75% of Construction / Renovation Completed	12/20/2024
6	Construction / Renovation Completed	12/27/2024
7	Building / Space Occupied	01/01/2025
8	Licensure Obtained	01/01/2025
9	Services Offered	01/01/2025

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12499-24

FID #: 170326

ISSUED TO: Bio-Medical Applications of North Carolina, Inc.

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

SCOPE: Add no more than six dialysis stations pursuant to Condition 1 of the facility need methodology for a total of no more than 18 stations upon project completion/Mecklenburg County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Fresenius Kidney Care Mallard Creek
2210 West Arbors Drive
Charlotte, NC 28262

CAPITAL EXPENDITURE: \$22,500

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 1, 2024

This certificate is effective as of June 4, 2024



Micheala Mitchell, Chief

CONDITIONS:

1. **Bio-Medical Applications 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 determination in the 2024 SMFP, the certificate of need holder shall develop no more than six additional in-center dialysis stations for a total of no more than 18 in-center dialysis stations at Fresenius Kidney Care Mallard Creek upon project completion.**

3. Progress Reports:

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 Health

- a. **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.**
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 May 2, 2024

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Financing Obtained	03/15/2024
2	Equipment Ordered	04/1/2025
3	Equipment Installed	09/28/2025
4	Equipment Operational	10/28/2025
5	Building / Space Occupied	11/27/2025
6	Services Offered	12/31/2025
7	Medicare and / or Medicaid Certification Obtained	12/31/2025

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12498-24

FID #: 955949

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 two dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 30 stations upon project completion/Union County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Metrolina Kidney Center
1338 East Sunset Drive
Monroe, NC 28112

CAPITAL EXPENDITURE: \$7,500

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 1, 2024

This certificate is effective as of June 11, 2024



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 2024 SMFP, the certificate holder shall develop no more than two additional dialysis stations for a total of no more than 30 stations at Metrolina Kidney Center upon project completion.**
- 3. Progress Reports**
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.**
 - b. The certificate holder shall complete all sections of the Progress Report form.**
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.**
 - d. The first progress report shall be due on October 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 May 10, 2024.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Financing Obtained	3/15/2024
2	Equipment Ordered	4/1/2025
3	Equipment Installed	9/28/2025
4	Equipment Operational	10/28/2025
5	Building / Space Occupied	11/27/2025
6	Services Offered	12/31/2025
7	Medicare and / or Medicaid Certification Obtained	12/31/2025

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-12471-24

FID #: 110717

ISSUED TO: Cary Senior Housing I OPCO, LLC
Cary Senior Housing I PROPCO, LLC

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

SCOPE: Develop no more than 38 ACH beds pursuant to Policy LTC-1 for a total of no more than 120 ACH beds and 6 NF beds upon project completion \ Wake County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Swift Creek Health Center
221 Brightmore Drive
Cary, NC 27518

CAPITAL EXPENDITURE: \$920,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 1, 2024

This certificate is effective as of June 4, 2024

Micheala Mitchell

Micheala Mitchell, Chief

CONDITIONS:

1. Cary Senior Housing I OPCO, LLC and Cary Senior Housing I PROPCO, LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall develop no more than 38 adult care home beds pursuant to Policy LTC-1 for a total of no more than 6 nursing facility beds and 120 adult care home beds upon project completion.
3. The Policy LTC-1 adult care home beds shall not participate in the Medicaid program or serve State-County Special Assistance recipients.
4. The Policy LTC-1 adult care home beds shall be used exclusively to meet the needs of persons with whom the facility has continuing care contracts (in compliance with the Department of Insurance statutes and regulations) who have lived in a non-nursing or adult care unit of the continuing care facility for a period of at least 30 days. Exceptions shall be allowed when one spouse or sibling is admitted to the adult care home unit at the time the other spouse or sibling moves into a non-nursing or adult care unit, or when the medical condition requiring nursing or adult care home care was not known to exist or be imminent when the individual became a party to the continuing care contract.
5. The new Policy LTC-1 adult care home beds shall be developed on the same site with the independent living units.
6. Progress Reports:
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
 - b. The certificate holder shall complete all sections of the Progress Report form.
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
 - d. Progress reports shall be due on the first day of every fourth month. The first progress report shall be due on November 1, 2024.
7. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.
8. 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 May 3, 2024.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Drawings Completed	10/01/2024
2	Construction / Renovation Contract(s) Executed	11/01/2024
3	25% of Construction / Renovation Completed (25% of the cost is in place)	12/06/2024
4	50% of Construction / Renovation Completed	12/13/2024
5	75% of Construction / Renovation Completed	12/20/2024
6	Construction / Renovation Completed	12/27/2024
7	Building / Space Occupied	01/01/2025
8	Licensure Obtained	01/01/2025
9	Services Offered	01/01/2025

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-12497-24

FID #: 160068

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 12 dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 32 stations upon project completion \ Wake County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Oak City Dialysis
3645 Trust Drive
Raleigh, NC 27616-2955

CAPITAL EXPENDITURE: \$192,240

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 1, 2024

This certificate is effective as of June 11, 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. Pursuant to Condition 2 of the facility need determination in the 2024 SMFP, the certificate holder shall develop no more than 12 additional dialysis stations for a total of no more than 32 stations at the Oak City Dialysis upon completion of this project.**
- 3. Progress Reports:**
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at:
<https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.**
 - b. The certificate holder shall complete all sections of the Progress Report form.**
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.**
 - d. The first progress report shall be due October 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 May 10, 2024.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Services Offered	01/01/2026
2	Medicare and / or Medicaid Certification Obtained	01/01/2026