

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: N-12454-23

FID #: 942974

ISSUED TO: Cumberland County Hospital System, Inc.
Bladen Healthcare, 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 Policy TE-3 in the 2023 SMFP / Bladen County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Cape Fear Valley-Bladen County Hospital
501 South Poplar Street
Elizabethtown, NC 28337

CAPITAL EXPENDITURE: \$3,541,556

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2024

This certificate is effective as of February 20, 2024

Micheala Mitchell

Micheala Mitchell, Chief

CONDITIONS:

1. **Cumberland County Hospital System, Inc. and Bladen Healthcare, 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 Policy TE-3 in the 2023 SMFP to be located at Cape Fear Valley-Bladen County Hospital.**
3. **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 July 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.**
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 acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on January 29, 2024.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Construction / Renovation Completed	11/01/2024
2	Equipment Ordered	05/15/2024
3	Equipment Installed	11/15/2024
4	Equipment Operational	12/01/2024
5	Building / Space Occupied	12/15/2024
6	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 #: O-12443-23

FID #: 061342

ISSUED TO: Brunswick Community Hospital, LLC
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: Acquire no more than one unit of shared fixed cardiac catheterization equipment pursuant to the 2023 SMFP need determination / Brunswick County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Novant Health Brunswick Medical Center
240 Hospital Dr. NE
Bolivia, NC 24822

CAPITAL EXPENDITURE: \$15,466,712

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 1, 2024

This certificate is effective as of February 24, 2024



Micheala Mitchell, Chief

CONDITIONS:

1. Brunswick Community Hospital, LLC 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 acquire one unit of shared fixed cardiac catheterization equipment at Novant Health Brunswick Medical Center (NHBMC) pursuant to the need determination in the 2023 SMFP.
3. Upon completion of the project, Novant Health Brunswick Medical Center shall be licensed for no more than one unit of shared fixed cardiac catheterization equipment.
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 June 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 insurance 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 January 30, 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	05/19/2025
7	Equipment Ordered	05/30/2024
8	Equipment Installed	05/30/2025
9	Equipment Operational	05/30/2025
10	Building / Space Occupied	06/02/2025
11	Licensure Obtained	06/02/2025
12	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 #: E-12441-23

FID #: 943191

ISSUED TO: Blue Ridge Healthcare Systems, 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 unit shared fixed cardiac catheterization equipment pursuant to the 2023 SMFP need determination / Burke County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: UNC Health Blue Ridge – Morganton
2201 South Sterling Street
Morganton, NC 28655

CAPITAL EXPENDITURE: \$7,116,169

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 1, 2024

This certificate is effective as of February 24, 2024



Micheala Mitchell, Chief

CONDITIONS:

1. Blue Ridge HealthCare Systems, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall acquire one unit of shared fixed cardiac catheterization equipment at UNC Health Blue Ridge- Morganton pursuant to the need determination in the 2023 SMFP.
3. Upon completion of the project, UNC Health Blue Ridge- Morganton shall be licensed for no more than one unit of shared fixed cardiac catheterization equipment.
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 June 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 insurance 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 February 21, 2024.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Drawings Completed	05/03/2024
2	Construction / Renovation Contract(s) Executed	05/10/2024
3	25% of Construction / Renovation Completed (25% of the cost is in place)	06/07/2024
4	50% of Construction / Renovation Completed	07/12/2024
5	75% of Construction / Renovation Completed	08/16/2024
6	Construction / Renovation Completed	09/27/2024
7	Equipment Ordered	01/12/2024
8	Equipment Installed	08/30/2024
9	Equipment Operational	09/16/2024
10	Building / Space Occupied	10/11/2024
11	Licensure Obtained	10/11/2024
12	Services Offered	11/01/2024

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: C-12413-23

FID #: 230717

ISSUED TO: Union Medical Services, 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 2023 SMFP need determination and develop a freestanding diagnostic center / Cleveland County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Atrium Health Imaging Shelby
315 Weathers Street
Shelby, NC 28150

CAPITAL EXPENDITURE: \$5,517,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2024

This certificate is effective as of February 23, 2024



Micheala Mitchell, Chief

CONDITIONS:

1. **Union Medical Services, 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 2023 SMFP to be located at Atrium Health Imaging Shelby.**
3. **Upon project completion, Atrium Health Imaging Shelby shall be licensed for no more than one fixed MRI scanner, one CT scanner, one unit of fixed X-ray equipment, two diagnostic ultrasounds, two units of mammography equipment, and one unit of bone density equipment (DEXA 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 July 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 January 30, 2024.

(C-12413-23 Con't)

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
2	Drawings Completed	07/22/2024
4	Construction / Renovation Contract(s) Executed	08/26/2024
5	25% of Construction / Renovation Completed (25% of the cost is in place)	10/07/2024
6	50% of Construction / Renovation Completed	11/18/2024
7	75% of Construction / Renovation Completed	12/23/2024
8	Construction / Renovation Completed	01/27/2025
9	Equipment Ordered	05/20/2024
10	Equipment Installed	01/06/2025
11	Equipment Operational	02/01/2025
12	Building / Space Occupied	03/01/2025
14	Services Offered	03/01/2025
15	Medicare and / or Medicaid Certification Obtained	05/15/2025
16	Facility or Service Accredited	05/15/2025

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-12422-23

FID #: 230723

ISSUED TO: American Access Care of NC ASC, LLC
AAC Management Services

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 ASC with no more than one dedicated vascular access OR pursuant to the need determination in the 2023 SMFP and two procedure rooms/ Durham County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Triangle Care Vascular
4318 Medical Park Drive
Durham, NC 27704

CAPITAL EXPENDITURE: \$5,607,630

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2024

This certificate is effective as of February 27, 2024



Micheala Mitchell, Chief

CONDITIONS:

- 1. American Access Care of NC ASC, LLC, and AAC Management Services, LLC, (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. The certificate holder shall develop one dedicated vascular access OR and two procedure rooms at Triangle Vascular Care.**
- 3. Upon project completion, Triangle Vascular Care shall be licensed for no more than one operating room and two procedure rooms.**
- 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 March 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 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 January 29, 2024.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Financing Obtained	03/15/2024
2	Drawings Completed	06/15/2024
3	Land Acquired	04/01/2024
4	Construction / Renovation Contract(s) Executed	08/15/2024
5	25% of Construction / Renovation Completed (25% of the cost is in place)	12/15/2024
6	50% of Construction / Renovation Completed	04/15/2025
7	75% of Construction / Renovation Completed	07/15/2025
8	Construction / Renovation Completed	11/15/2025
9	Equipment Ordered	01/01/2025
10	Equipment Installed	11/15/2025
11	Equipment Operational	11/30/2025
12	Building / Space Occupied	11/15/2025
13	Licensure Obtained	12/15/2025
14	Services Offered	01/01/2026
15	Medicare and / or Medicaid Certification Obtained	02/01/2026
16	Facility or Service Accredited	01/01/2027

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: H-12447-23

FID #: 923467

ISSUED TO: St. Joseph of the Pines Inc.
Trinity Continuing Care Services

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 no more than 10 ACH beds from The Coventry to St. Joseph of the Pines Health Center for a total of no more than 50 ACH beds at the Coventry upon project completion and no more than 10 ACH beds and 90 NF beds at St. Joseph of the Pines Health Center upon completion of this project and Project ID# H-12290-22 / Moore County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: St. Joseph of the Pines Health Center
103 Gossman Road
Southern Pines, NC 28374

CAPITAL EXPENDITURE: \$500,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 1, 2024

This certificate is effective as of February 27, 2024



Micheala Mitchell, Chief

CONDITIONS:

1. St. Joseph of the Pines Inc. and Trinity Continuing Care Services (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall relocate no more than 10 adult care home beds from The Coventry to St. Joseph of the Pines Health Center in Moore County.
3. Upon completion of this project, The Coventry shall be licensed for no more than 50 adult care home beds and St. Joseph of the Pines Health Center shall be licensed for no more than 90 adult care home beds upon completion of this project and Project ID# H-12290-22.
4. 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.
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 June 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 February 2, 2024.

Timetable

1	Services Offered	4/1/2024
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State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: L-12435-23

FID #: 230894

ISSUED TO: Carolina Vascular Care, PLLC

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 ambulatory surgical facility with no more than one dedicated vascular access operating room and one procedure room pursuant to the need determination in the 2023 SMFP / Nash County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Carolina Vascular Care
Azimuth Court (Woodstone Office Park, Lot 1)
Rocky Mount, NC 27804

CAPITAL EXPENDITURE: \$4,007,429

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2024

This certificate is effective as of February 20, 2024



Micheala Mitchell, Chief

CONDITIONS:

1. Carolina Vascular Care, PLLC (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 with no more than one dedicated vascular access operating room.
3. Upon project completion, Carolina Vascular Care shall be licensed for no more than one operating 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 July 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.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on January 18, 2024.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Financing Obtained	05/04/2024
2	Drawings Completed	06/03/2024
4	Construction / Renovation Contract(s) Executed	06/03/2024
5	25% of Construction / Renovation Completed (25% of the cost is in place)	07/18/2024
6	50% of Construction / Renovation Completed	09/01/2024
7	75% of Construction / Renovation Completed	10/16/2024
8	Construction / Renovation Completed	11/30/2024
9	Equipment Ordered	06/03/2024
10	Equipment Installed	10/16/2024
11	Equipment Operational	11/30/2024
12	Building / Space Occupied	12/14/2024
13	Licensure Obtained	01/01/2025
14	Services Offered	01/01/2025
15	Medicare and / or Medicaid Certification Obtained	02/01/2025
16	Facility or Service Accredited	02/01/2025

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: O-12415-23

FID #: 200732

ISSUED TO: Novant Health New Hanover Regional Medical Center, LLC
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: Acquire no more than one unit of fixed cardiac catheterization equipment pursuant to the 2023 SMFP need determination which is a change of scope for Project ID# O-11947-20 for a total no more than seven units of cardiac catheterization equipment/New Hanover County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Novant Health Scotts Hill Medical Center
151 Scotts Hill Medical Center
Wilmington, NC 28411

CAPITAL EXPENDITURE: \$6,471,485

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 2, 2024

This certificate is effective as of February 27, 2024



Micheala Mitchell, Chief

CONDITIONS:

1.

1. Novant Health New Hanover Regional Medical Center and Novant Health, Inc. (hereinafter certificate holder) shall materially comply with the representations in this application and the representations in Project ID #O-11947-20. Where representations conflict, the certificate holder shall materially comply with the last made representation.
2. The certificate holder shall acquire no more than one unit of fixed cardiac catheterization equipment pursuant to the 2023 SMFP need determination which is a change of scope for Project ID# O-11947-20 for a total no more than seven units of fixed cardiac catheterization equipment.
3. Upon completion of the project, Novant Health Scotts Hill Medical Center shall be licensed for no more than one unit of fixed cardiac catheterization equipment.
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 September 2, 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 acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on January 30, 2024.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
2	Drawings Completed	07/02/2024
4	Construction / Renovation Contract(s) Executed	08/01/2024
5	25% of Construction / Renovation Completed (25% of the cost is in place)	02/15/2025
6	50% of Construction / Renovation Completed	08/15/2025
7	75% of Construction / Renovation Completed	02/15/2026
8	Construction / Renovation Completed	08/15/2026
9	Equipment Ordered	08/31/2025
10	Equipment Installed	09/01/2026
11	Equipment Operational	09/15/2026
12	Building / Space Occupied	10/15/2026
13	Licensure Obtained	10/15/2026
14	Services Offered	10/15/2026

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: Q-12434-23

FID #: 933410

ISSUED TO: Pitt 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: Cost overrun for Project ID # Q-12251-22 (develop one GI endoscopy room for a total of 6 GI endoscopy rooms) / Pitt County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: ECU Health Medical Center
2100 Stantonsburg Rd
Greenville, NC 27834

CAPITAL EXPENDITURE: \$500,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 15, 2024

This certificate is effective as of February 29, 2024



Micheala Mitchell, Chief

CONDITIONS:

1. Pitt County Memorial 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 one additional GI endoscopy room for a total of no more than 6 GI endoscopy rooms at ECU Health Medical Center.
3. Upon completion of the project, ECU Health Medical Center, shall be licensed for no more than six GI endoscopy rooms.
4. The total combined capital expenditure for this project and Project ID# Q- 12251-22 is \$1,164,650, an increase of \$500,000 over the capital cost of \$654,650 previously approved in Project I.D. #Q-12251-22.
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 October 15, 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. 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 acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on February 5, 2024.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Financing Obtained	5/4/2024
2	Drawings Completed	8/1/2024
4	Construction / Renovation Contract(s) Executed	10/1/2024
5	25% of Construction / Renovation Completed (25% of the cost is in place)	10/21/2024
6	50% of Construction / Renovation Completed	11/15/2024
7	75% of Construction / Renovation Completed	12/07/2024
8	Construction / Renovation Completed	1/1/2025
9	Equipment Ordered	4/1/2023
10	Equipment Installed	9/1/2023
11	Equipment Operational	10/1/2023
12	Building / Space Occupied	1/15/2025
14	Services Offered	2/1/2025