

**Certificate of Need
Certificates Issued
December 2025**

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
Buncombe	B-012233-22	AdventHealth Asheville	220475	Hospital	Develop a new 67-bed hospital pursuant to the need determination in the 2022 SMFP with one dedicated C-section OR and five procedure rooms	7/1/2022	11/22/2022	12/18/2025	Conditional Approval	Julie Faenza	Mike McKillip	\$310,032,500	7/1/2026
Buncombe	B-012662-25	Deerfield Episcopal Retirement Community	923135	Nursing home	Change of scope for Project ID #s B-12194-22 and B-12612-25 to develop no more than eight additional NF beds pursuant to Policy NH-2 for a total of no more than 84 ACH beds and 74 NF beds upon project completion	8/1/2025	10/28/2025	12/2/2025	Conditional Approval	Yolanda Jackson	Lisa Pittman	\$0	5/1/2026
Carteret	P-012648-25	Carteret Health Care Surgery Center at Cedar Point	250608	ASF	Develop a new ASF by relocating no more than one existing OR from Carteret County General Hospital and developing no more than one procedure room	7/1/2025	11/24/2025	12/30/2025	Conditional Approval	Chalice Moore	Micheala Mitchell	\$17,508,559	3/1/2026
Gaston	F-012674-25	Carolinas Rehabilitation - Mount Holly	070767	Hospital	Develop inpatient dialysis services	9/1/2025	11/24/2025	12/30/2025	Conditional Approval	Cynthia Bradford	Micheala Mitchell	\$1,144,600	4/1/2026
Hoke	N-012670-25	FirstHealth Moore Regional Hospital - Hoke Campus	100390	Hospital	Cost overrun for Project ID# N-11284-17 (Acquire a fixed MRI scanner pursuant to Policy TE-3)	9/1/2025	11/12/2025	12/13/2025	Conditional Approval	Crystal Kearney	Mike McKillip	\$2,212,094	5/1/2026
Mecklenburg	F-012557-24	Novant Health Presbyterian Medical Center	943501	Hospital	Acquire no more than one fixed PET Scanner pursuant to the 2024 SMFP need determination for a total of no more than two fixed PET scanners	10/1/2024	2/27/2025	12/18/2025	Conditional Approval	Tanya Saporito	Lisa Pittman	\$7,411,402	6/1/2026
Mecklenburg	F-012570-24	Novant Health Presbyterian Medical Center	943501	Hospital	Develop no more than 44 additional acute care beds for a total of no more than 596 acute care beds upon project completion	11/1/2024	3/12/2025	12/11/2025	Denied - Settlement	Cynthia Bradford	Gloria Hale	\$103,645,520	6/1/2026
Mecklenburg	F-012574-24	Carolinas Medical Center	943070	Hospital	Develop no more than 45 additional acute care beds pursuant to the 2024 SMFP need determination	11/1/2024	3/12/2025	12/11/2025	Conditional Approval	Cynthia Bradford	Gloria Hale	\$120,162,401	6/1/2026
Mecklenburg	F-012630-25	Atrium Health Pineville	110878	Hospital	Acquire no more than one fixed PET scanner pursuant to the 2025 need determination	5/1/2025	9/26/2025	12/18/2025	Denied - Settlement	Ena Lightbourne	Lisa Pittman	\$4,922,650	6/1/2026
Mecklenburg	F-012654-25	Carolinas Medical Center	943070	Hospital	Develop no more than 5 ORs pursuant to the 2025 SMFP need determination for a total of no more than 57 ORs, excluding 4 C-section ORs and 1 Trauma OR, upon completion of this project and Project ID# F-12008-20 (develop 10 ORs)	7/1/2025	11/24/2025	12/30/2025	Conditional Approval	Ena Lightbourne	Gloria Hale	\$21,772,931	6/1/2026
Mecklenburg	F-012678-25	Atrium Health Lake Norman	190513	Hospital	Acquire a fixed MRI scanner pursuant to Policy TE-3	9/1/2025	11/12/2025	12/13/2025	Conditional Approval	Crystal Kearney	Mike McKillip	\$7,970,972	6/1/2026
Wake	J-012679-25	UNC Health Emergency & Urgent Care-Apex	250778	ED	Develop a freestanding emergency department to be licensed under UNC Health Rex Hospital	9/1/2025	11/14/2025	12/18/2025	Conditional Approval	Chalice Moore	Mike McKillip	\$24,684,951	3/1/2026
Wake	J-012681-25	UNC Health Emergency & Urgent Care-North Raleigh	250779	ED	Develop a freestanding emergency department to be licensed under UNC Health Rex Hospital	9/1/2025	11/14/2025	12/18/2025	Conditional Approval	Chalice Moore	Mike McKillip	\$13,492,863	3/1/2026
Wilkes	D-012683-25	Wilkes Medical Center	943561	Hospital	Acquire one fixed MRI scanner pursuant to the 2025 SMFP need determination	9/1/2025	11/24/2025	12/30/2025	Conditional Approval	Ena Lightbourne	Micheala Mitchell	\$3,660,306	10/1/2026

Total **14**

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: B-12233-22

FID #: 220475

ISSUED TO: AdventHealth Asheville, Inc.
Adventist Health System Sunbelt Healthcare Corporation

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 67-bed hospital pursuant to the need determination in the 2022 SMFP with one dedicated C-section OR and five procedure rooms / Buncombe County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: AdventHealth Asheville
264 Enka Heritage Parkway
Candler, NC 28715

CAPITAL EXPENDITURE: \$310,032,500

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2026

This certificate is effective as of December 12, 2025



Micheala Mitchell, Chief

- 1. AdventHealth Asheville, Inc. and Adventist Health System Sunbelt Healthcare Corporation (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 67 acute care beds at AdventHealth Asheville pursuant to the need determination in the 2022 SMFP.**
- 3. The certificate holder shall also develop no more than 18 unlicensed observation beds, 12 emergency department exam rooms, 1 dedicated C-Section operating room, 5 unlicensed procedure rooms, 1 CT scanner, 3 portable ultrasound machines, 2 fixed x-ray machines, 2 fluoroscopic x-ray machines, 2 mini C-arms, 1 nuclear camera, and 1 echocardiogram machine at AdventHealth Asheville.**
- 4. Upon completion of this project, AdventHealth Asheville shall be licensed for no more than 67 acute care beds.**
- 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 July 1, 2026.**
- 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 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.**
- 8. The certificate holder shall execute or commit to a contract for design services for the project no later than four years following the issuance of this certificate of need.**
- 9. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

Milestone		Date <i>mm/dd/yyyy</i>
1	Drawings Completed	04/01/2026
2	Land Acquired	02/15/2026
3	Construction / Renovation Contract(s) Executed	04/15/2026
4	25% of Construction / Renovation Completed (25% of the cost is in place)	08/01/2026
5	50% of Construction / Renovation Completed	02/01/2027
6	75% of Construction / Renovation Completed	07/15/2027
7	Construction / Renovation Completed	12/15/2027
8	Equipment Ordered	01/01/2027
9	Equipment Installed	01/01/2028
10	Equipment Operational	02/01/2028
11	Building / Space Occupied	02/01/2028
12	Licensure Obtained	02/01/2028
13	Services Offered	02/01/2028
14	Medicare and / or Medicaid Certification Obtained	04/01/2028
15	Facility or Service Accredited	07/01/2028

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: B-12662-25

FID #: 923135

ISSUED TO: Deerfield Episcopal Retirement Community, 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: Change of scope for Project ID #s B-12194-22 and B-12612-25 to develop no more than eight additional NF beds pursuant to Policy NH-2 for a total of no more than 84 ACH beds and 74 NF beds upon project completion / Buncombe County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Deerfield Episcopal Retirement Community
1617 Hendersonville Rd
Asheville, NC 28803

CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 1, 2026

This certificate is effective as of December 2, 2025



Micheala Mitchell, Chief

CONDITIONS:

1. **Deerfield Episcopal Retirement Community, Inc. (hereinafter certificate holder) shall materially comply with the representations in this application and the representations in Project ID #s B-12194-22 and B-12612-25. Where representations conflict, the certificate holder shall materially comply with the last made representation.**
2. **The certificate holder shall develop no more than 22 adult care beds pursuant to Policy LTC-1 and 12 nursing facility beds pursuant to Policy NH-2 to its existing Continuing Care Retirement Community, Deerfield Episcopal Retirement Community, for a total of no more than 84 adult care home beds and 74 nursing facility beds at Deerfield Episcopal Retirement Community upon project completion.**
3. **The Policy NH-2 nursing facility beds shall not be certified for participation in the Medicaid program.**
4. **The Policy NH-2 nursing facility 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 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 nursing unit at the time the other spouse or sibling moves into a non-nursing unit, or when the medical condition requiring nursing care was not known to exist or be imminent when the individual became a party to the continuing care contract.**
5. **The new Policy NH-2 nursing facility beds shall be developed on the same site with the independent living units and licensed adult care home beds.**
6. **The Policy LTC-1 adult care home beds shall not participate in the Medicaid program or serve State-County Special Assistance recipients.**
7. **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.**
8. **The new Policy LTC-1 adult care home beds shall be developed on the same site with the independent living units.**
9. **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 will be due on the first business day of every third month. The first progress report shall be due on May 1, 2026. The second progress report will be due on August 1, 2026, and so forth.
 - e. Progress reports should be received by the due date but in no case shall they be received more than one week after the due date.
 - f. Timetable milestones shall be completed no later than three months after the projected date on the timetable subject to reasonable extensions due to conditions completely beyond the control of the certificate holder(s).
 - g. There will be no extensions of the timetable milestones dates except for reasonable extensions based on conditions completely beyond the control of the certificate holder(s).
 - h. In the event that the project is not developed in accordance with the timetable, including any reasonable extensions, the Healthcare Planning and Certificate of Need Section may impose a civil monetary penalty of \$1,000 per day for each day the project is delayed beyond the 90th day following the milestone date on the timetable.
10. 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.
 11. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on **November 14, 2025**.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Financing Obtained	12/31/2025
2	Construction / Renovation Contract(s) Executed	12/31/2025
3	25% of Construction / Renovation Completed (25% of the cost is in place)	06/01/2026
4	50% of Construction / Renovation Completed	10/01/2027
5	75% of Construction / Renovation Completed	03/01/2028
6	Construction / Renovation Completed	08/01/2028
7	Equipment Ordered	06/01/2028
8	Equipment Installed	07/01/2028
9	Equipment Operational	08/01/2028
10	Building / Space Occupied	10/01/2028
11	Licensure Obtained	10/01/2028
12	Services Offered	10/01/2028

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: P-12648-25

FID #: 250608

ISSUED TO: Carteret Health Care Surgery at Cedar Point, 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 one (1) existing OR from Carteret County General Hospital and developing one (1) procedure room/ Carteret County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Carteret Health Care Surgery Center at Cedar Point
500 & 600 Lighthouse Lane, near 1130 Cedar
Point Boulevard
Cedar Point, NC 28584

CAPITAL EXPENDITURE: \$17,508,559

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 1, 2026

This certificate is effective as of December 30, 2025



Micheala Mitchell, Chief

CONDITIONS:

- 1. Carteret Health Care Surgery Center at Cedar Point, LLC, (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. Upon completion of the project, Carteret Health Care Surgery Center at Cedar Point shall be licensed for a total of no more than one (1) operating room (OR) and one (1) procedure room.**
- 3. Upon completion of this project, the applicant shall take the necessary steps to decertify one (1) OR from the Carteret County General Hospital for a total of four (4) ORs at Carteret County General Hospital.**
- 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, 2026.**
- 5. The applicant shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.**
- 6. The certificate holder shall 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 execute or commit to a contract for design services for the project no later than two years following the issuance of this 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 and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on **December 1, 2025.**

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Financing Obtained	01/02/2026
2	Drawings Completed	11/28/2025
3	Construction / Renovation Contract(s) Executed	03/03/2026
4	25% of Construction / Renovation Completed (25% of the cost is in place)	06/23/2026
5	50% of Construction / Renovation Completed	11/20/2026
6	75% of Construction / Renovation Completed	04/19/2027
7	Construction / Renovation Completed	05/27/2027
8	Equipment Ordered	05/27/2026
9	Equipment Installed	06/26/2026
10	Equipment Operational	07/10/2026
11	Building / Space Occupied	06/26/2027
12	Licensure Obtained	09/24/2027
13	Services Offered	10/01/2027
14	Medicare and / or Medicaid Certification Obtained	06/27/2028
15	Facility or Service Accredited	10/01/2027

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12674-25

FID #: 070767

ISSUED TO: The Charlotte-Mecklenburg Hospital Authority

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

SCOPE: Develop inpatient dialysis services / Gaston County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Carolinas Rehabilitation-Mount Holly
275 Beatty Drive
Belmont, NC 28012

CAPITAL EXPENDITURE: \$1,144,600

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 1, 2026

This certificate is effective as of December 30, 2025



Micheala Mitchell, Chief

CONDITIONS:

1. The Charlotte-Mecklenburg Hospital Authority (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall develop inpatient dialysis services with no more than three dialysis stations at Carolinas Rehabilitation-Mount Holly.
3. The certificate holder shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section F of the application and that would otherwise require a certificate of need.
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. Progress reports shall be due on the first day of every sixth month. The first progress report shall be due on May 1, 2026.
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 and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on December 1, 2025.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Drawings Completed	07/01/2026
2	Construction / Renovation Contract(s) Executed	07/31/2026
3	25% of Construction / Renovation Completed (25% of the cost is in place)	08/21/2026
4	50% of Construction / Renovation Completed	09/11/2026
5	75% of Construction / Renovation Completed	10/02/2026
6	Construction / Renovation Completed	10/23/2026
7	Equipment Ordered	09/11/2026
8	Equipment Installed	10/23/2026
9	Equipment Operational	11/06/2026
10	Services Offered	12/01/2026

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: N-12670-25

FID #: 100390

ISSUED TO: FirstHealth of the Carolinas, 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# N-11284-17 (acquire a fixed MRI scanner pursuant to Policy TE-3) / Hoke County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: FirstHealth Moore Regional Hospital-Hoke
6408 Fayetteville Road
Raeford, NC 28376

CAPITAL EXPENDITURE: \$2,212,094

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 1, 2026

This certificate is effective as of December 13, 2025



Micheala Mitchell, Chief

CONDITIONS:

1. FirstHealth of the Carolinas, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the application and representations made in Project ID# N-11284-17. Where representations conflict, the applicant shall materially comply with the last made representation.
2. The total combined capital expenditure for this project and Project ID#N-11284-17 is \$6,236,310 an increase of \$2,212,094 over the capital expenditure of \$4,024,216 previously approved in Project ID# N-11284-17.
3. Upon completion of this project, the certificate holder shall operate one fixed MRI scanner at FirstHealth Moore Regional Hospital-Hoke Campus.
4. Progress Reports:
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
 - b. The certificate holder shall complete all sections of the Progress Report form.
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
 - d. The first progress report shall be due on May 1, 2026.
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 and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on November 12, 2025.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Financing Obtained	08/10/2025
2	Drawings Completed	06/01/2026
3	Construction / Renovation Contract(s) Executed	10/01/2026
4	25% of Construction / Renovation Completed (25% of the cost is in place)	12/01/2026
5	50% of Construction / Renovation Completed	02/01/2027
6	75% of Construction / Renovation Completed	04/01/2027
7	Construction / Renovation Completed	06/01/2027
8	Equipment Ordered	10/01/2026
9	Equipment Installed	07/01/2027
10	Equipment Operational	08/15/2027
11	Building/Space Occupied	09/01/2027
12	Services Offered	10/01/2027

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12557-24

FID #: 943501

ISSUED TO: Novant Health, Inc
Novant Health Presbyterian Medical 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: Acquire no more than one fixed PET Scanner pursuant to the 2024 SMFP need determination for a total of no more than two fixed PET scanners /Mecklenburg County

CONDITIONS: See Reverse Side

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

CAPITAL EXPENDITURE: \$7,411,402

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 1, 2026

This certificate is effective as of December 18, 2025



Micheala Mitchell, Chief

CONDITIONS:

1. **Novant Health, Inc. and Novant Health Presbyterian Medical Center (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 PET scanner pursuant to the need determination in the 2024 SMFP.**
3. **Upon completion of the project, Novant Health Presbyterian Medical Center shall be licensed for no more than two fixed PET scanners.**
4. **The certificate holder shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.**
5. **Progress Reports:**
 - a. **Pursuant to G.S. 131E-189(a), the certificate 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, 2026.**
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.**

Timetable

	Milestones	Date
1	Drawings Completed	06/05/2026
2	Construction / Renovation Contract(s) Executed	08/14/2026
3	Construction / Renovation Completed	05/21/2027
4	Equipment Ordered	06/1/2026
5	Equipment Installed	06/01/2027
6	Equipment Operational	07/01/2027
7	Building / Space Occupied	07/15/2027
8	Services Offered	08/01/2027

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12570-24

FID #: 943501

ISSUED TO: The Charlotte-Mecklenburg Hospital Authority

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

SCOPE: Develop no more than 44 additional acute care beds pursuant to the 2024 SMFP need determination for a total of no more than 596 acute care beds upon completion of this project and Project ID #F-12457-23 (add 26 beds)/ Mecklenburg County

CONDITIONS: See Reverse Side

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

CAPITAL EXPENDITURE: \$103,645,520

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 1, 2026

This certificate is effective as of December 11, 2025



Micheala Mitchell, Chief

CONDITIONS:

1. The Presbyterian Hospital and Novant Health, Inc. (hereinafter certificate holders) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall develop no more than 44 acute care beds at Novant Health Presbyterian Medical Center pursuant to the need determination in the 2024 SMFP for a total of no more than 596 acute care beds upon completion of this project and Project ID #F-12457-23 (add 26 beds).
3. Upon completion of the project, Novant Health Presbyterian Medical Center shall be licensed for no more than 596 acute care beds.
4. Progress Reports:
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
 - b. The certificate holder shall complete all sections of the Progress Report form.
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
 - d. The first progress report shall be due on June 1, 2026.
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.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Drawings Completed	12/23/2026
2	Construction / Renovation Contract(s) Executed	3/15/2027
3	25% of Construction / Renovation Completed (25% of the cost is in place)	11/15/2027
4	50% of Construction / Renovation Completed	7/17/2028
5	75% of Construction / Renovation Completed	3/19/2029
6	Construction / Renovation Completed	11/19/2029
7	Equipment Ordered	1/22/2029
8	Equipment Installed	12/03/2029
9	Building / Space Occupied	12/15/2029
10	Services Offered	1/01/2030

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12574-24

FID #: 943070

ISSUED TO: The Charlotte-Mecklenburg Hospital Authority

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

SCOPE: Develop no more than 45 additional acute care beds pursuant to the 2024 SMFP need determination for a total of no more than 1,278 acute care beds upon completion of this project, Project ID #F-11811-19 (add 18 beds), Project ID #F-12006-20 (add 87 beds), Project ID# F-12010-20 (relocate 18 beds), Project ID #F-12149-21 (add 75 beds), Project ID# F-12281-22 (add 38 beds), Project ID #F-12439-23 (add 86 beds), and Project ID #F-12544-24 (relocate 23 beds) / Mecklenburg County

CONDITIONS: See Reverse Side

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

CAPITAL EXPENDITURE: \$120,162,401

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 1, 2026

This certificate is effective as of December 11, 2025



Micheala Mitchell, Chief

CONDITIONS:

- 1. The Charlotte-Mecklenburg Hospital Authority (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. The certificate holder shall develop no more than 45 acute care beds at Carolinas Medical Center pursuant to the need determination in the 2024 SMFP for a total of no more than 1,278 acute care beds upon completion of this project, Project ID #F-11811-19 (add 18 beds), Project ID #F-12006-20 (add 87 beds), Project ID# F-12010-20 (relocate 18 beds), Project ID #F-12149-21 (add 75 beds), Project ID# F-12281-22 (add 38 beds), Project ID #F-12439-23 (add 86 beds), and Project ID #F-12544-24 (relocate 23 beds).**
- 3. Upon completion of the project, Carolinas Medical Center shall be licensed for no more than 1,278 acute care beds (excludes 85 neonatal 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 June 1, 2026.**
- 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.**

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Drawings Completed	6/02/2025
2	Construction / Renovation Contract(s) Executed	7/07/2025
3	25% of Construction / Renovation Completed (25% of the cost is in place)	11/03/2025
4	50% of Construction / Renovation Completed	2/16/2026
5	75% of Construction / Renovation Completed	6/01/2026
6	Construction / Renovation Completed	9/29/2026
7	Equipment Ordered	7/31/2026
8	Equipment Installed	12/15/2026
9	Equipment Operational	1/31/2027
10	Building / Space Occupied	11/02/2026
11	Services Offered	4/01/2027

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12630-25

FID #: 110878

ISSUED TO: The Charlotte-Mecklenburg Hospital Authority

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

SCOPE: Acquire no more than one fixed PET Scanner pursuant to the 2025 SMFP need determination /Mecklenburg County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Atrium Health Pineville
10625 Park Road
Charlotte, NC 28210

CAPITAL EXPENDITURE: \$4,922,650

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 1, 2026

This certificate is effective as of December 18, 2025



Micheala Mitchell, Chief

CONDITIONS:

1. The Charlotte Mecklenburg Hospital Authority d/b/a Atrium Health Pineville (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 PET scanner pursuant to the need determination in the 2025 SMFP.
3. Upon completion of the project, Atrium Health Pineville shall be licensed for no more than one fixed PET 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. The certificate holder shall develop and implement strategies to provide culturally competent services to members of its defined medically underserved community that are consistent with representations made in the certificate of need application.
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 June 1, 2026.
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.

Timetable

Milestones		Date
1	Drawings Completed	6/1/2026
2	Construction / Renovation Contract(s) Executed	7/1/2026
3	25% of Construction / Renovation Completed (25% of the cost is in place)	9/1/2026
4	50% of Construction / Renovation Completed	11/1/2026
5	75% of Construction / Renovation Completed	12/1/2026
6	Construction / Renovation Completed	1/1/2027
7	Equipment Ordered	6/1/2026
8	Equipment Installed	12/1/2026
9	Equipment Operational	2/1/2027
10	Building / Space Occupied	2/1/2027
11	Services Offered	4/1/2027

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12654-25

FID #: 943070

ISSUED TO: The Charlotte-Mecklenburg Hospital Authority

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

SCOPE: Develop no more than 5 ORs pursuant to the 2025 SMFP need determination for a total of no more than 57 ORs, excluding 4 C-section ORs and 1 Trauma OR, upon completion of this project and Project ID# F-12008-20 (develop 10 ORs) / Mecklenburg County

CONDITIONS: See Reverse Side

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

CAPITAL EXPENDITURE: \$21,772,931

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 1, 2026

This certificate is effective as of December 30, 2025



Micheala Mitchell, Chief

CONDITIONS:

- 1. The Charlotte Mecklenburg Hospital Authority (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. The certificate holder shall develop no more than five operating rooms pursuant to the 2025 SMFP need determination for a total of no more than 57 operating rooms, excluding four C-section operating rooms and one trauma operating room, at Carolinas Medical Center, not inclusive of Atrium Health Mercy, upon completion of this project and Project ID# F-12008-20 (develop 10 ORs).**
- 3. Upon completion of the project, Carolinas Medical Center, not inclusive of Atrium Health Mercy, shall be licensed for no more than 57 operating rooms, excluding C-Section and trauma operating 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 June 1, 2026.**
- 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 develop and implement strategies to provide culturally competent services to members of its defined medically underserved community that are consistent with representations made 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 and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on **December 1, 2025.**

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Drawings Completed	01/07/2026
2	Construction / Renovation Contract(s) Executed	02/02/2026
3	25% of Construction / Renovation Completed (25% of the cost is in place)	04/03/2026
4	50% of Construction / Renovation Completed	06/05/2026
5	75% of Construction / Renovation Completed	08/03/2026
6	Construction / Renovation Completed	09/29/2026
7	Equipment Ordered	07/31/2026
8	Equipment Installed	12/15/2026
9	Equipment Operational	01/31/2027
10	Building / Space Occupied	11/02/2026
11	Services Offered	04/01/2027

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12678-25

FID #: 190513

ISSUED TO: The Charlotte-Mecklenburg Hospital Authority

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

SCOPE: Acquire a fixed MRI scanner pursuant to Policy TE-3 / Mecklenburg County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Atrium Health Lake Norman
1130 Tree of Life Lane
Cornelius, NC 28301

CAPITAL EXPENDITURE: \$7,970,972

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 1, 2026

This certificate is effective as of December 13, 2025



Micheala Mitchell, Chief

CONDITIONS:

1. The Charlotte-Mecklenburg Hospital Authority (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall acquire no more than one fixed MRI scanner pursuant to Policy TE-3 in the 2025 SMFP to be located at Atrium Health Lake Norman.
3. 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.
4. 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 April 1, 2026.
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 and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on November 17, 2025.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Drawings Completed	03/06/2026
2	Construction / Renovation Contract(s) Executed	03/15/2026
3	25% of Construction / Renovation Completed (25% of the cost is in place)	05/01/2026
4	50% of Construction / Renovation Completed	06/15/2026
5	75% of Construction / Renovation Completed	08/01/2026
6	Construction / Renovation Completed	09/15/2026
7	Equipment Ordered	03/15/2026
8	Equipment Installed	08/01/2026
9	Equipment Operational	09/20/2026
10	Services Offered	10/01/2026

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-12679-25

FID #: 250778

ISSUED TO: Rex 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 a freestanding emergency department to be licensed under UNC Health Rex Hospital / Wake County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: UNC Health Emergency & Urgent Care-Apex
3809 US Highway 64 West
Apex, NC 27523

CAPITAL EXPENDITURE: \$24,684,951

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 1, 2026

This certificate is effective as of December 16, 2025



Micheala Mitchell, Chief

CONDITIONS:

- 1. Rex Hospital, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. The certificate holder shall develop UNC Health Emergency & Urgent Care-Apex, a freestanding emergency department to be licensed under UNC Health Rex Hospital.**
- 3. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditure in Section Q of the application and that would otherwise require a certificate of need.**
- 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 March 1, 2026.**
- 6. The certificate holder shall execute or commit to a contract for design services for the project no later than four years following the issuance of this certificate of need.**
- 7. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

A letter acknowledging and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on **December 17, 2025**.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Drawings Completed	06/05/2026
2	Land Acquired	03/15/2026
3	Construction / Renovation Contract(s) Executed	03/15/2026
4	25% of Construction / Renovation Completed (25% of the cost is in place)	03/01/2027
5	50% of Construction / Renovation Completed	07/01/2027
6	75% of Construction / Renovation Completed	12/01/2027
7	Construction / Renovation Completed	03/01/2028
8	Equipment Ordered	04/01/2028
9	Equipment Installed	02/01/2028
10	Equipment Operational	03/01/2028
11	Building / Space Occupied	04/01/2028
12	Licensure Obtained	07/01/2028
13	Services Offered	07/01/2028
14	Medicare and / or Medicaid Certification Obtained	07/01/2028
15	Facility or Service Accredited	07/01/2028

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-12681-25

FID #: 250779

ISSUED TO: Rex 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 a freestanding emergency department to be licensed under UNC Health Rex Hospital / Wake County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: UNC Health Emergency & Urgent Care- North Raleigh
8385 Creedmoor Rd.
Raleigh, NC 27613

CAPITAL EXPENDITURE: \$13,492,863

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 1, 2026

This certificate is effective as of December 16, 2025



Micheala Mitchell, Chief

CONDITIONS:

- 1. Rex Hospital, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. The certificate holder shall develop UNC Health Emergency & Urgent Care-North Raleigh, a freestanding emergency department to be licensed under UNC Health Rex Hospital.**
- 3. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditure in Section Q of the application and that would otherwise require a certificate of need.**
- 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 March 1, 2026.**
- 6. The certificate holder shall execute or commit to a contract for design services for the project no later than four years following the issuance of this certificate of need.**
- 7. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

A letter acknowledging and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on **December 17, 2025.**

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Drawings Completed	08/04/2026
2	Construction / Renovation Contract(s) Executed	05/14/2026
3	25% of Construction / Renovation Completed (25% of the cost is in place)	10/31/2026
4	50% of Construction / Renovation Completed	01/30/2027
5	75% of Construction / Renovation Completed	04/02/2027
6	Construction / Renovation Completed	05/31/2027
7	Equipment Ordered	08/30/2026
8	Equipment Installed	04/30/2027
9	Equipment Operational	05/31/2027
10	Building / Space Occupied	06/01/2027
11	Licensure Obtained	07/01/2027
12	Services Offered	07/01/2027
13	Medicare and / or Medicaid Certification Obtained	07/01/2027
14	Facility or Service Accredited	07/01/2027

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: D-12683-25

FID #: 943561

ISSUED TO: WRMC Hospital Operating Corporation

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

SCOPE: Acquire one fixed MRI scanner pursuant to the 2025 SMFP need determination / Wilkes County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Wilkes Medical Center
1900 W. Park Drive, Suite B
North Wilkesboro, NC 28659

CAPITAL EXPENDITURE: \$3,660,306

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 1, 2026

This certificate is effective as of December 30, 2025



Micheala Mitchell, Chief

CONDITIONS:

1. WRMC Hospital Operating Corporation (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 2025 SMFP for a total of one fixed MRI scanner at Wilkes Medical Center's off-campus diagnostic imaging center.
3. Upon completion of the project, Wilkes Medical Center shall be licensed for no more than two fixed MRI scanners.
4. Progress Reports:
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
 - b. The certificate holder shall complete all sections of the Progress Report form.
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
 - d. The first progress report shall be due on October 1, 2026.
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 strategies to provide culturally competent services to members of its defined medically underserved community that are consistent with representations made in the certificate of need application.
7. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on **November 24, 2025**.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Financing Obtained	06/01/2026
2	Drawings Completed	07/27/2026
3	Construction / Renovation Contract(s) Executed	09/21/2026
4	25% of Construction / Renovation Completed (25% of the cost is in place)	12/14/2026
5	50% of Construction / Renovation Completed	03/08/2027
6	75% of Construction / Renovation Completed	05/31/2027
7	Construction / Renovation Completed	08/23/2027
8	Equipment Ordered	04/07/2027
9	Equipment Installed	09/22/2027
10	Equipment Operational	11/21/2027
11	Building / Space Occupied	12/21/2027
12	Services Offered	01/01/2028