



# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: G-12564-24

FID #: 943307

**ISSUED TO:** Wake Forest University Baptist 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:** Develop inpatient dialysis services / Davidson County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Lexington Medical Center  
250 Hospital Dr.  
Lexington, NC

**CAPITAL EXPENDITURE:** \$200,800

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of February 28, 2025



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Micheala Mitchell, Chief

**CONDITIONS:**

- 1. Wake Forest University Baptist Medical Center and Lexington Medical Center (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 at Lexington Medical Center by developing no more than three hemodialysis stations upon project completion.**
- 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 June 1, 2025.**
- 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 January 31, 2025.**

**Timetable**

<b>Milestone</b>		<b>Date</b> <i>mm/dd/yyyy</i>
<b>1</b>	<b>Financing Obtained</b>	<b>09/01/2024</b>
<b>2</b>	<b>Equipment Ordered</b>	<b>06/13/2025</b>
<b>3</b>	<b>Equipment Installed</b>	<b>07/22/2025</b>
<b>4</b>	<b>Equipment Operational</b>	<b>08/31/2025</b>
<b>5</b>	<b>Licensure Obtained</b>	<b>05/05/2025</b>
<b>6</b>	<b>Services Offered</b>	<b>08/31/2025</b>
<b>7</b>	<b>Medicare and / or Medicaid Certification Obtained</b>	<b>08/31/2025</b>

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: J-12554-24

FID #: 090117

**ISSUED TO: DVA Renal Healthcare, 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: Relocate entire facility and relocate no more than eight stations from Hope Valley Dialysis for a total of no more than 24 in-center stations upon project completion / Durham County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: Southpoint Dialysis  
101 West Woodcroft Parkway  
Durham, NC 27713**

**CAPITAL EXPENDITURE: \$257,732**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of February 13, 2025



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Micheala Mitchell, Chief

**CONDITIONS:**

- 1. DVA Renal Healthcare, Inc. (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 eight in-center stations from Hope Valley Dialysis to Southpoint Dialysis for a total of no more than 24 in-center dialysis stations upon project completion.**
- 3. Upon completion of this project, the certificate holder shall take the necessary steps to decertify eight in-center stations at Hope Valley Dialysis and relinquish two in-center stations at Hope Valley Dialysis for a total of 0 in-center stations at Hope Valley Dialysis.**
- 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, 2025.**
- 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 January 14, 2025.**

## Timetable

<b>Milestone</b>		<b>Date</b> <i>mm/dd/yyyy</i>
1	Equipment Ordered	07/31/2026
2	<b>Services Offered</b>	01/01/2027
3	Medicare and / or Medicaid Certification Obtained	01/01/2027

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: G-12572-24

FID #: 230135

**ISSUED TO:** MPcare, 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:** Change of scope for Project ID #G-12338-23 (Develop a new ACH facility) to relocate no more than 6 ACH beds from The Ivy at Clemmons for a total of no more than 96 ACH beds upon project completion / Forsyth County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Harmony at Kernersville  
0 Stafford Country Ln  
Kernersville, NC 27284

**CAPITAL EXPENDITURE:** \$0

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of February 11, 2025



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Micheala Mitchell, Chief

**CONDITIONS:**

1. **MPcare, LLC, (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
2. **The certificate holder shall develop a new 96-bed ACH facility, including 36 SCU beds, in Kernersville, in Forsyth County, by relocating 90 existing, licensed ACH beds and 6 undeveloped ACH beds (Project ID# G-11660-19) from The Ivy at Clemmons in Forsyth County.**
3. **Upon completion of the project, Harmony at Kernersville shall be licensed for no more than 96 ACH beds.**
4. **The applicant shall certify at least 11.5 percent of the total number of licensed adult care home beds in the facility for recipients of State/County Special Assistance with Medicaid and provide care to those recipients commensurate with representations made in the application.**
5. **For the first two years of operation following completion of the project, the certificate holder shall not increase private pay charges more than 5% of the projected private pay charges provided in Section Q of the application without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations 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 July 1, 2025.**
7. **The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.**
8. **The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

**A letter acknowledging and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on February 13, 2025.**



## Timetable

	<b>Milestone</b>	<b>Date</b> <i>mm/dd/yyyy</i>
1	Financing Obtained	06/01/2025
2	Drawings Completed	06/01/2025
3	Land Acquired	06/01/2025
4	Construction / Renovation Contract(s) Executed	06/01/2025
5	25% of Construction / Renovation Completed (25% of the cost is in place)	12/01/2025
6	50% of Construction / Renovation Completed	08/01/2026
7	75% of Construction / Renovation Completed	04/01/2027
8	Construction / Renovation Completed	12/10/2027
9	Building / Space Occupied	12/13/2027
10	Licensure Obtained	01/01/2028
<b>11</b>	<b>Services Offered</b>	01/01/2028

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: K-12568-24

FID #: 943195

**ISSUED TO:** Granville Health System

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

**SCOPE:** Develop inpatient dialysis services / Granville County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Granville Health System  
1010 College St.  
Oxford, NC 27565

**CAPITAL EXPENDITURE:** \$150,000

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of February 8, 2025



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Micheala Mitchell, Chief

**CONDITIONS:**

1. Granville Health System (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 at Granville Health System by developing no more than two hemodialysis stations upon project completion.
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 July 1, 2025.
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 January 17, 2025.

**Timetable**

	<b>Milestone</b>	<b>Date</b> <i>mm/dd/yyyy</i>
<b>1</b>	<b>Equipment Ordered</b>	<b>05/05/2025</b>
<b>2</b>	<b>Equipment Installed</b>	<b>08/01/2025</b>
<b>3</b>	<b>Equipment Operational</b>	<b>08/31/2025</b>
<b>4</b>	<b>Services Offered</b>	<b>10/01/2025</b>

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: F-12575-24

FID #: 180514

**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 46 additional acute care beds pursuant to the 2024 SMFP need determination and develop 14 additional observation beds, 11 additional ED bays, one additional GI endoscopy room and one additional procedure room / Union County

**CONDITIONS:** See Reverse Side

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

**CAPITAL EXPENDITURE:** \$116,427,756

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of February 25, 2025



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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 46 additional acute care beds at Atrium Health Union West for a total of no more than 94 acute care beds upon completion of this project and Project ID# F-12440-23.**
- 3. Upon completion of the project, Project ID# F-12440-23 and Project ID# F-12442-23, Atrium Health Union shall be licensed for no more than 249 acute care beds.**
- 4. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.**
- 5. Progress Reports:**
  - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at:  
<https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.**
  - b. The certificate holder shall complete all sections of the Progress Report form.**
  - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.**
  - d. The first progress report shall be due on August 1, 2025.**
- 6. The certificate holder shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.**
- 7. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

**A letter acknowledging and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on January 29, 2025.**

## Timetable

	<b>Milestone</b>	<b>Date</b> <i>mm/dd/yyyy</i>
1	Drawings Completed	04/01/2026
2	Construction / Renovation Contract(s) Executed	07/01/2026
3	25% of Construction / Renovation Completed (25% of the cost is in place)	02/01/2027
4	50% of Construction / Renovation Completed	08/01/2027
5	75% of Construction / Renovation Completed	02/01/2028
6	Construction / Renovation Completed	08/01/2028
7	Equipment Ordered	07/15/2027
8	Equipment Installed	05/15/2028
9	Equipment Operational	08/30/2028
10	Building / Space Occupied	10/01/2028
11	<b>Services Offered</b>	<b>10/01/2028</b>

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: J-12562-24

FID #: 230315

**ISSUED TO:** Liberty Healthcare Nursing Properties of Raleigh, LLC  
Liberty Commons of Raleigh, 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:** Change of scope for Project ID #J-12355-23 (Develop a new 125-bed NF) to relocate no more than 11 NF beds from Swift Creek Health Center for a total of no more than 136 NF beds upon project completion / Wake County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Liberty Commons Rehabilitation and Nursing  
Care of Raleigh  
5225 Buffalo Road  
Raleigh, NC 27616

**CAPITAL EXPENDITURE:** \$988,017

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of February 25, 2025



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Micheala Mitchell, Chief

## **CONDITIONS:**

- 1. Liberty Healthcare Nursing Properties of Raleigh, LLC and Liberty Commons of Raleigh, LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application and representations made in Project ID #J-12355-23. Where representations conflict, the applicant shall materially comply with the last made representation.**
- 2. The certificate holder shall relocate no more than 11 NF beds from Swift Creek Health Center for a total of no more than 136 NF beds at Liberty Commons of Raleigh upon project completion.**
- 3. The total combined capital expenditure for this project and Project ID J-12355-23 is \$33,789,440 which is an increase of \$988,017 over the capital expenditure of \$32,801,423 previously approved in Project ID #J-12355-23.**
- 4. For the first two years of operation following completion of the project, Liberty Commons of Raleigh 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, 2025.**
- 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 January 24, 2025.**



## Timetable

<b>Milestone</b>		<b>Date</b> <i>mm/dd/yyyy</i>
<b>1</b>	<b>Drawings Completed</b>	<b>04/01/2026</b>
<b>2</b>	<b>Land Acquired</b>	
<b>3</b>	<b>Construction / Renovation Contract(s) Executed</b>	<b>01/01/2027</b>
<b>4</b>	<b>25% of Construction / Renovation Completed (25% of the cost is in place)</b>	<b>06/01/2027</b>
<b>5</b>	<b>50% of Construction / Renovation Completed</b>	<b>11/01/2027</b>
<b>6</b>	<b>75% of Construction / Renovation Completed</b>	<b>04/01/2028</b>
<b>7</b>	<b>Construction / Renovation Completed</b>	<b>09/01/2028</b>
<b>8</b>	<b>Building / Space Occupied</b>	<b>09/01/2028</b>
<b>9</b>	<b>Licensure Obtained</b>	<b>10/01/2028</b>
<b>10</b>	<b>Services Offered</b>	<b>10/01/2028</b>
<b>11</b>	<b>Medicare and / or Medicaid Certification Obtained</b>	<b>12/01/2028</b>

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: J-12563-24

FID #: 230316

**ISSUED TO:** Liberty Healthcare Nursing Properties of Wake County, LLC  
Liberty Commons of Wake County, 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:** Change of scope for Project ID #J-12354-23 (Develop a new 125-bed NF) to relocate no more than 11 NF beds from Swift Creek Health Center for a total of no more than 136 NF beds upon project completion / Wake County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Liberty Commons Nursing & Rehabilitation  
Center of Wake County  
1601 & 1603 Avent Ferry Road  
Holly Springs, NC 27540

**CAPITAL EXPENDITURE:** \$937,962

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of February 25, 2025



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Micheala Mitchell, Chief

## **CONDITIONS:**

- 1. Liberty Healthcare Nursing Properties of Wake County, LLC and Liberty Commons of Wake County, LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application and representations made in Project ID #J-12354-23. Where representations conflict, the applicant shall materially comply with the last made representation.**
- 2. The certificate holder shall relocate no more than 11 NF beds from Swift Creek Health Center for a total of no more than 136 NF beds at Liberty Commons Nursing & Rehabilitation Center of Wake County upon project completion.**
- 3. The total combined capital expenditure for this project and Project ID J-12354-23 is \$35,392,895 which is an increase of \$937,962 over the capital expenditure of \$34,454,934 previously approved in Project ID #J-12354-23.**
- 4. For the first two years of operation following completion of the project, Liberty Commons Nursing & Rehabilitation Center of Wake County 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. The certificate holder shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.**
- 6. 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, 2025.**
- 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 January 24, 2025.**

## Timetable

<b>Milestone</b>		<b>Date</b> <i>mm/dd/yyyy</i>
<b>1</b>	<b>Drawings Completed</b>	<b>07/01/2026</b>
<b>2</b>	<b>Land Acquired</b>	
<b>3</b>	<b>Construction / Renovation Contract(s) Executed</b>	<b>01/01/2027</b>
<b>4</b>	<b>25% of Construction / Renovation Completed (25% of the cost is in place)</b>	<b>06/01/2027</b>
<b>5</b>	<b>50% of Construction / Renovation Completed</b>	<b>11/01/2027</b>
<b>6</b>	<b>75% of Construction / Renovation Completed</b>	<b>04/01/2028</b>
<b>7</b>	<b>Construction / Renovation Completed</b>	<b>09/01/2028</b>
<b>8</b>	<b>Building / Space Occupied</b>	<b>09/01/2028</b>
<b>9</b>	<b>Licensure Obtained</b>	<b>10/01/2028</b>
<b>10</b>	<b>Services Offered</b>	<b>10/01/2028</b>
<b>11</b>	<b>Medicare and / or Medicaid Certification Obtained</b>	<b>12/01/2028</b>