



# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: M-12663-25

FID #: 923402

**ISSUED TO:** Pelt Drive Healthcare of Cumberland County, LLC  
Liberty Healthcare Properties of Woodlands, LLC  
Liberty Healthcare Group, 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:** Relocate no more than 20 NF beds from Golden Years Nursing Center for a total of no more than 100 NF beds upon project completion/  
Cumberland County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Woodlands Nursing and Rehabilitation Center  
400 Pelt Drive  
Fayetteville, NC 28301

**CAPITAL EXPENDITURE:** \$491,000

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** April 1, 2026

This certificate is effective as of November 18, 2025



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Micheala Mitchell, Chief

## **CONDITIONS:**

- 1. Pelt Drive Healthcare of Cumberland County, LLC, Liberty Healthcare Properties of Woodlands, LLC, and Liberty Healthcare Group, (hereinafter collectively certificate holder) shall materially comply with all representations made in the certificate of need application and any supplemental responses. If representations conflict, the certificate holder shall materially comply with the last made representation.**
- 2. The certificate holder shall relocate no more than 20 nursing facility beds from Golden Years to Woodlands Nursing and Rehabilitation Center for a total of no more than 100 nursing beds.**
- 3. Upon completion of this project, Woodlands Nursing and Rehabilitation Center shall be licensed for no more than 100 nursing facility beds.**
- 4. The certificate holder shall certify at least 41.0% of the total number of licensed nursing home beds in the facility for participation in the Medicaid program and shall provide care to Medicaid 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 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 April 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 expenditure 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 October 17, 2025.**

Timetable

<b>Milestone</b>		<b>Date</b> <i>mm/dd/yyyy</i>
<b>1</b>	<b>Drawings Completed</b>	<b>09/01/2026</b>
<b>2</b>	<b>Construction / Renovation Contract(s) Executed</b>	<b>10/01/2026</b>
<b>3</b>	<b>25% of Construction / Renovation Completed (25% of the cost is in place)</b>	<b>10/15/2026</b>
<b>4</b>	<b>50% of Construction / Renovation Completed</b>	<b>11/01/2026</b>
<b>5</b>	<b>75% of Construction / Renovation Completed</b>	<b>11/15/2026</b>
<b>6</b>	<b>Construction / Renovation Completed</b>	<b>12/01/2026</b>
<b>7</b>	<b>Building / Space Occupied</b>	<b>01/01/2027</b>
<b>8</b>	<b>Licensure Obtained</b>	<b>01/01/2027</b>
<b>9</b>	<b>Services Offered</b>	<b>01/01/2027</b>
<b>10</b>	<b>Medicare and / or Medicaid Certification Obtained</b>	<b>03/01/2027</b>

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: M-12664-25

FID #: 923255

**ISSUED TO:** Liberty Commons Nursing and Rehabilitation Center of Highland House, LLC  
Liberty Healthcare Properties of Highland House, 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:** Relocate no more than 38 NF beds from Golden Years Nursing Center for a total of no more than 144 NF beds upon project completion/ Cumberland County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Highland House Rehabilitation and Healthcare  
1700 Pamalee Drive  
Fayetteville, NC 28301

**CAPITAL EXPENDITURE:** \$885,400

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** April 1, 2026

This certificate is effective as of November 18, 2025



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Micheala Mitchell, Chief

**CONDITIONS:**

1. **Liberty Commons Nursing and Rehabilitation Center of Highland House, LLC and Liberty Healthcare Properties of Highland House, (hereinafter collectively certificate holder) shall materially comply with all representations made in the certificate of need application.**
2. **The certificate holder shall relocate no more than 38 nursing facility beds from Golden Years Nursing Center to Highland House Rehabilitation and Healthcare for a total of no more than 144 nursing facility beds.**
3. **Upon completion of this project, Highland House Rehabilitation and Healthcare shall be licensed for no more than 144 nursing facility beds.**
4. **The certificate holder shall certify at least 67.0% of the total number of licensed nursing facility beds for participation in the Medicaid program and shall provide care to Medicaid 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 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 April 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 expenditure 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 October 17, 2025.**

**Timetable**

<b>Milestone</b>		<b>Date</b> <i>mm/dd/yyyy</i>
<b>1</b>	<b>Drawings Completed</b>	<b>09/01/2026</b>
<b>2</b>	<b>Construction / Renovation Contract(s) Executed</b>	<b>10/01/2026</b>
<b>3</b>	<b>25% of Construction / Renovation Completed (25% of the cost is in place)</b>	<b>10/15/2026</b>
<b>4</b>	<b>50% of Construction / Renovation Completed</b>	<b>11/01/2026</b>
<b>5</b>	<b>75% of Construction / Renovation Completed</b>	<b>11/15/2026</b>
<b>6</b>	<b>Construction / Renovation Completed</b>	<b>12/01/2026</b>
<b>7</b>	<b>Building / Space Occupied</b>	<b>01/01/2027</b>
<b>8</b>	<b>Licensure Obtained</b>	<b>01/01/2027</b>
<b>9</b>	<b>Services Offered</b>	<b>01/01/2027</b>
<b>10</b>	<b>Medicare and / or Medicaid Certification Obtained</b>	<b>03/01/2027</b>

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: J-12063-21

FID #: 210270

**ISSUED TO:** Pinnacle Health Services of North Carolina, LLC  
Outpatient Imaging Affiliates, 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 diagnostic center by acquiring one fixed MRI scanner pursuant to the need determination in the 2021 SMFP / Wake County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Cardinal Points Imaging of the Carolinas Wake Forest  
839 Durham Road, Unit A  
Wake Forest, NC 27587

**CAPITAL EXPENDITURE:** \$2,223,948

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** January 22, 2026

This certificate is effective as of November 6, 2025



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Micheala Mitchell, Chief

**CONDITIONS:**

1. **Pinnacle Health Services of North Carolina, LLC and Outpatient Imaging Affiliates, 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 diagnostic center by acquiring one fixed MRI scanner pursuant to the need determination in the 2021 SMFP.**
3. **Upon completion of the project, Cardinal Points Imaging of the Carolinas Wake Forest shall be licensed for no more than one fixed MRI scanner.**
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 January 22, 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.**

**Timetable**

	<b>Milestone</b>	<b>Date <i>mm/dd/yyyy</i></b>
1	<b>Financing Obtained</b>	<b>11/15/2025</b>
2	<b>Drawings Completed</b>	<b>11/15/2025</b>
3	<b>Construction / Renovation Contract(s) Executed</b>	<b>12/2/2025</b>
4	<b>25% of Construction / Renovation Completed (25% of the cost is in place)</b>	<b>12/12/2021</b>
5	<b>50% of Construction / Renovation Completed</b>	<b>12/24/2025</b>
6	<b>75% of Construction / Renovation Completed</b>	<b>1/6/2026</b>
7	<b>Construction / Renovation Completed</b>	<b>1/17/2026</b>
8	<b>Equipment Ordered</b>	<b>12/2/2025</b>
9	<b>Equipment Installed</b>	<b>1/17/2026</b>
10	<b>Equipment Operational</b>	<b>1/20/2026</b>
11	<b>Building / Space Occupied</b>	<b>1/17/2026</b>
12	<b>Services Offered</b>	<b>1/1/2027</b>
13	<b>Facility or Service Accredited</b>	<b>1/1/2028</b>

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: J-12665-25

FID #: 923006

**ISSUED TO: Liberty Commons Nursing and Rehabilitation Center of Wake County, LLC  
Liberty Healthcare Properties 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: Relocate no more than 16 NF beds from Liberty Commons Rehabilitation and Nursing Care of Raleigh and 16 NF beds from Liberty Commons Nursing & Rehabilitation Center of Wake County for a total of no more than 135 NF beds, including 32 SCU beds, upon project completion / Wake County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: Capital Nursing and Rehabilitation Center  
3000 Holston Lane  
Raleigh, NC 27610**

**CAPITAL EXPENDITURE: \$4,956,106**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: March 1, 2026**

This certificate is effective as of November 25, 2025

*Micheala Mitchell*

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**Micheala Mitchell, Chief**

## **CONDITIONS:**

- 1. Liberty Commons Nursing and Rehabilitation Center of Wake County, LLC and Liberty Healthcare Properties of Wake County, LLC (hereinafter collectively certificate holder) shall materially comply with all representations made in the certificate of need application and any supplemental responses. If representations conflict, the certificate holder shall materially comply with the last made representation.**
- 2. The certificate holder shall relocate no more than 16 nursing facility beds from Liberty Commons Rehabilitation and Nursing Care of Raleigh and no more than 16 nursing facility beds from Liberty Commons Nursing & Rehabilitation Center of Wake County to Capital Nursing & Rehabilitation Center.**
- 3. Upon completion of this project, Capital Nursing & Rehabilitation Center shall be licensed for no more than 135 nursing facility beds.**
- 4. Upon completion of this project, Liberty Commons Rehabilitation and Nursing Care of Raleigh shall be licensed for no more than 120 nursing facility beds.**
- 5. Upon completion of this project, Liberty Commons Nursing & Rehabilitation Center of Wake County shall be licensed for no more than 120 nursing facility beds.**
- 6. The certificate holder shall certify at least 61 percent of the total number of licensed nursing facility beds in the facility for participation in the Medicaid program and shall provide care to Medicaid recipients commensurate with representations made in the application.**
- 7. For the first two years of operation following completion of the project, the certificate holder shall not increase private pay charges more than 5% of the projected private pay charges provided in Section Q of the application without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.**
- 8. 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.**
- 9. 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.**
- 10. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

(J-12665-25 Con't)

A letter acknowledging and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on October 25, 2025.

Timetable

	<b>Milestone</b>	<b>Date</b> <i>mm/dd/yyyy</i>
<b>1</b>	<b>Drawings Completed</b>	<b>06/01/2026</b>
<b>2</b>	<b>Construction / Renovation Contract(s) Executed</b>	<b>01/01/2027</b>
<b>3</b>	<b>25% of Construction / Renovation Completed (25% of the cost is in place)</b>	<b>06/01/2027</b>
<b>4</b>	<b>50% of Construction / Renovation Completed</b>	<b>12/01/2027</b>
<b>5</b>	<b>75% of Construction / Renovation Completed</b>	<b>06/01/2028</b>
<b>6</b>	<b>Construction / Renovation Completed</b>	<b>12/01/2028</b>
<b>7</b>	<b>Building / Space Occupied</b>	<b>01/01/2029</b>
<b>8</b>	<b>Licensure Obtained</b>	<b>01/01/2029</b>
<b>9</b>	<b>Services Offered</b>	<b>01/01/2029</b>
<b>10</b>	<b>Medicare and / or Medicaid Certification Obtained</b>	<b>03/01/2029</b>