Certificate of Need
Certificates Issued
September 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
Durham	J-012065-21	UNC Hospitals Cary Campus	210266	Hospital	Construct a new separately licensed 40-bed hospital by developing no more than 40 acute care beds and no more than two shared ORs pursuant to the need determinations in the 2021 SMFP	5/1/2025	9/21/2021	9/23/2025	Conditional Approval	Celia Inman	Gloria Hale	$380,381,879	4/1/2026
Forsyth	G-012640-25	Novant Health Kernersville Medical Center	060620	Hospital	Relocate no more than two operating rooms from Novant Health Hawthorne Outpatient Surgery	5/1/2025	8/28/2025	9/30/2025	Conditional Approval	Chalice Moore	Lisa Pittman	$24,082,664	2/1/2026
Forsyth	G-012642-25	Novant Health Clemmons Medical Center	080517	Hospital	Relocate no more than two operating rooms from Novant Health Hawthorne Outpatient Surgery	5/1/2025	8/28/2025	9/30/2025	Conditional Approval	Chalice Moore	Lisa Pittman	$41,002,176	2/1/2026
Gaston	F-012621-25	Fresenius Kidney Care North Gaston	160496	ESRD	Add no more than 5 in-center dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 17 in-center stations upon completion of this project and Project ID #F-12585-25 (relocate 5 stations)	4/1/2025	8/26/2025	9/26/2025	Conditional Approval	Greg Yakaboski	Micheala Mitchell	$0	2/15/2026
Wake	J-012649-25	Wake County Rehabilitation Hospital	210730	Hospital	Change of scope for Project ID #J-12125-21 (Develop a 52-bed rehabilitation hospital) to add inpatient dialysis services	7/1/2025	8/20/2025	9/20/2025	Conditional Approval	Crystal Kearney	Mike McKillip	$150,000	1/1/2026
Wake	J-012644-25	Duke Raleigh Hospital	923421	Hospital	Convert one existing operating room to a hybrid operating room	5/1/2025	8/12/2025	9/12/2025	Conditional Approval	Crystal Kearney	Mike McKillip	$7,055,083	1/1/2026
Total		**6**											

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-12065-21

FID #: 210266

ISSUED TO: **University of North Carolina Hospitals at Chapel Hill**
University of North Carolina Health Care 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: **Construct a new separately licensed 40-bed hospital by developing no more than 40 acute care beds and no more than two shared ORs pursuant to the need determinations in the 2021 SMFP / Durham County**

CONDITIONS: **See Reverse Side**

PHYSICAL LOCATION: **UNC Hospitals Cary Campus**
11817 Green Level Church Road
Durham, NC 27709

CAPITAL EXPENDITURE: **$380,381,879**

TIMETABLE: **See Reverse Side**

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

This certificate is effective as of September 23, 2025

Micheala Mitchell

Micheala Mitchell, Chief

CONDITIONS:

1. University of North Carolina Hospitals at Chapel Hill and University of North Carolina Health Care System (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.

2. The certificate holder shall develop a new, separately licensed hospital with no more than 40 acute care beds and no more than two shared operating rooms pursuant to the need determinations in the 2021 SMFP, to be named the UNC Hospitals Cary Campus.

3. The certificate holder shall also develop no more than two dedicated C-Section operating rooms, no more than two procedure rooms, no more than 10 observation beds and four LDR beds, twelve emergency department bays, and acquire no more than one CT scanner, two X-ray units (general radiography), one X-ray unit (fluoroscopy), two ultrasound units, one SPECT (nuclear) scanner, one mammography unit, and one mobile technology pad for the new, separately licensed UNC Hospitals Cary Campus hospital facility.

4. Upon completion of the project, UNC Hospitals Cary Campus shall be licensed for no more than 40 acute care beds and no more than two shared operating rooms and two dedicated C-Section operating rooms.

5. The certificate holder shall not offer services to patients at the UNC Hospitals Cary Campus hospital facility prior to January 1, 2032. This does not preclude the certificate holder from engaging in any activities to develop and prepare to operate the hospital facility prior to January 1, 2032.

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 March 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.

8. 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.

9. 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.

Timetable

	Milestone	**Date** *mm/dd/yyyy*
1	Drawings Completed	10/31/2027
2	Land Acquired	01/24/2024
3	Construction / Renovation Contract(s) Executed	7/01/2027
4	25% of Construction / Renovation Completed (25% of the cost is in place)	10/01/2027
5	50% of Construction / Renovation Completed	12/01/2028
6	75% of Construction / Renovation Completed	01/01/2030
7	Construction / Renovation Completed	08/31/2031
8	Equipment Ordered	01/01/2031
9	Equipment Installed	09/01/2031
10	Equipment Operational	10/01/2031
11	Building / Space Occupied	11/01/2031
12	Licensure Obtained	11/01/2031
13	**Services Offered**	01/01/2032
14	Medicare and / or Medicaid Certification Obtained	01/01/2032
15	Facility or Service Accredited	01/01/2032

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: G-12640-25

FID #: 060620

ISSUED TO: **Forsyth Memorial Hospital, Inc.**
Novant Health, Inc.

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

SCOPE: **Relocate no more than two operating rooms from Novant Health Hawthorne Outpatient Surgery for a total of seven ORs upon completion of this project / Forsyth County**

CONDITIONS: **See Reverse Side**

PHYSICAL LOCATION: **1750 Kernersville Medical Parkway**
Kernersville, NC 27284

CAPITAL EXPENDITURE: **$24,082,664**

TIMETABLE: **See Reverse Side**

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

This certificate is effective as of September 30, 2025

Micheala Mitchell

Micheala Mitchell, Chief

CONDITIONS:

1. **Novant Health Kernersville Medical Center, (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**

2. **Upon completion of the project, Novant Health Kernersville Medical Center shall be licensed for a total of no more than seven ORs.**

3. **Upon completion of this project, the applicant shall take the necessary steps to decertify two (2) ORs from the NHHOS for a total of two (2) ORs at NHHOS.**

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 February 1, 2025.

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 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 September 5, 2025.

Timetable

Milestone		**Date** ***mm/dd/yyyy***
1	Drawings Completed	08/17/2026
2	Construction / Renovation Contract(s) Executed	10/19/2026
3	25% of Construction / Renovation Completed (25% of the cost is in place)	04/15/2027
4	50% of Construction / Renovation Completed	10/15/2027
5	75% of Construction / Renovation Completed	05/16/2028
6	Construction / Renovation Completed	10/16/2028
7	Equipment Ordered	09/17/2027
8	Equipment Installed	09/15/2026
9	Equipment Operational	10/16/2028
10	Building / Space Occupied	10/17/2028
11	Licensure Obtained	11/15/2028
12	**Services Offered**	01/01/2029

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: G-12642-25

FID #: 080517

ISSUED TO: **Forsyth Memorial Hospital, Inc.**
Novant Health, Inc.

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

SCOPE: **Relocate no more than two operating rooms from Novant Health Hawthorne Outpatient Surgery for a total of seven ORs upon completion of this project / Forsyth County**

CONDITIONS: **See Reverse Side**

PHYSICAL LOCATION: **6915 Village Medical Circle**
Clemmons, NC 27012

CAPITAL EXPENDITURE: **$41,002,176**

TIMETABLE: **See Reverse Side**

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

This certificate is effective as of September 30, 2025

Micheala Mitchell

Micheala Mitchell, Chief

CONDITIONS:

1. **Novant Health Clemmons Medical Center, (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**

2. **Upon completion of the project, Novant Health Clemmons Medical Center shall be licensed for a total of no more than seven ORs.**

3. **Upon the completion of this project, the applicant shall take the necessary steps to decertify two (2) ORs from NHHOS for a total of two (2) ORs at NHHOS**

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 February 1, 2025.

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 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 September 5, 2025.

Timetable

	Milestone	Date *mm/dd/yyyy*
1	Drawings Completed	04/01/2027
2	Construction / Renovation Contract(s) Executed	06/01/2027
3	25% of Construction / Renovation Completed (25% of the cost is in place)	11/15/2027
4	50% of Construction / Renovation Completed	05/01/2028
5	75% of Construction / Renovation Completed	10/15//2028
6	Construction / Renovation Completed	04/04/2029
7	Equipment Ordered	06/15/2028
8	Equipment Installed	04/15/2029
9	Equipment Operational	05/15/2029
10	Building / Space Occupied	05/15/2029
11	**Services Offered**	06/01/2029

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12621-25

FID #: 160496

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

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

SCOPE: **Add no more than 5 in-center dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 17 in-center stations upon completion of this project and Project ID #F-12585-25 (relocate 5 stations) / Gaston County**

CONDITIONS: **See Reverse Side**

PHYSICAL LOCATION: **Fresenius Kidney Care North Gaston**
1510 Lower Dallas Highway
Dallas, NC 28034

CAPITAL EXPENDITURE: **$0**

TIMETABLE: **See Reverse Side**

FIRST PROGRESS REPORT DUE: **February 15, 2026**

This certificate is effective as of September 26, 2025

Micheala Mitchell

Micheala Mitchell, Chief

CONDITIONS:

1. **Bio-Medical Applications of North Carolina, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**

2. **Pursuant to Condition 2 of the facility need methodology in the 2025 SMFP the applicant shall add no more than 5 in-center dialysis stations at FKC North Gaston pursuant to Condition 2 of the facility need methodology for a total of no more than 17 in-center stations upon completion of this project and Project ID #F-12585-25 (develop a new dialysis facility, FKC Mt. Holly Dialysis, by relocating 5 dialysis stations from FKC North Gaston and 7 dialysis stations from FMC South Gaston).**

3. **Progress Reports:**
   a. **Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: https://info.ncdhhs.gov/dhsr/coneed/progressreport.html.**
   b. **The certificate holder shall complete all sections of the Progress Report form.**
   c. **The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.**
   d. **The first progress report shall be due February 15, 2026.**

4. **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.**

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 August 26, 2025.

Timetable

Milestone		Date *mm/dd/yyyy*
14	Services Offered	12/31/2027
15	Medicare and / or Medicaid Certification Obtained	12/31/2027
16	Facility or Service Accredited	12/31/2027

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-12644-25

FID #: 923421

ISSUED TO: Duke University Health System, Inc.

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

SCOPE: **Convert one existing operating room to a hybrid operating room / Wake County**

CONDITIONS: **See Reverse Side**

PHYSICAL LOCATION: **Duke Raleigh Hospital**
3400 Wake Forest Road
Raleigh, NC 27609

CAPITAL EXPENDITURE: **$7,055,083**

TIMETABLE: **See Reverse Side**

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

This certificate is effective as of September 12, 2025

Micheala Mitchell

Micheala Mitchell, Chief

CONDITIONS:

1. **Duke University Health System, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**

2. **The certificate holder shall convert one existing operating room to a hybrid operating room by acquiring and installing angiography equipment at Duke Raleigh Hospital.**

3. **Progress Reports:**

   a. **Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: https://info.ncdhhs.gov/dhsr/coneed/progressreport.html.**
   b. **The certificate holder shall complete all sections of the Progress Report form.**
   c. **The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.**
   d. **The first progress report shall be due on January 1, 2026.**

4. **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.**

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. **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 August 21, 2025.

Timetable

Milestone		Date *mm/dd/yyyy*
1	Construction / Renovation Contract(s) Executed	11/03/2025
2	Construction / Renovation Completed	04/01/2026
3	Equipment Ordered	11/03/2025
4	Equipment Installed	06/01/2026
5	Equipment Operational	06/15/2026
6	Services Offered	07/01/2026

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-12649-25

FID #: 210730

ISSUED TO: Wake County Rehabilitation Hospital, 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-12125-21 (Develop a 52-bed rehabilitation hospital) to add inpatient dialysis services / Wake County**

CONDITIONS: **See Reverse Side**

PHYSICAL LOCATION: **Wake County Rehabilitation Hospital**
5301 Apex Peakway
Apex, NC 27502

CAPITAL EXPENDITURE: **$150,000**

TIMETABLE: **See Reverse Side**

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

This certificate is effective as of September 20, 2025

Micheala Mitchell

Micheala Mitchell, Chief

CONDITIONS:

1. **Wake County Rehabilitation Hospital, LLC (hereinafter certificate holder) shall materially comply with all representations made in the application and representations made in Project ID# J-12125-21. Where representations conflict, the certificate holder shall materially comply with the last made representation.**

2. **The certificate holder shall develop inpatient dialysis services at Wake County Rehabilitation Hospital.**

3. **The total combined capital expenditure for this project and Project ID#J-12125-21 is $3,425,000.**

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 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 August 22, 2025.

Timetable

Milestone		Date *mm/dd/yyyy*
1	Financing Obtained	01/02/2026
2	Drawings Completed	07/01/2025
3	Services Offered	03/01/2026
4	Medicare and / or Medicaid Certification Obtained	11/26/2026
5	Facility or Service Accredited	03/01/2026