



# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: B-12645-25

FID #: 943349

**ISSUED TO:** MH Mission Hospital, LLLP

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 photon-counting CT scanner / Buncombe County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Mission Hospital  
509 Biltmore Ave  
Asheville, NC 28801

**CAPITAL EXPENDITURE:** \$3,716,474

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of October 28, 2025



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Micheala Mitchell, Chief

## **CONDITIONS:**

- 1. MH Mission Hospital, LLLP, (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 photon-counting CT scanner for a total of no more than ten CT scanners at Mission Hospital upon project completion.**
- 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 expenditures in Section Q of the application and that would otherwise require a certificate of need.**
- 5. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

**A letter acknowledging and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on **October 21, 2025**.**

## Timetable

<b>Milestone</b>		<b>Date</b> <i>mm/dd/yyyy</i>
1	Drawings Completed	3/31/2026
2	Construction / Renovation Contract(s) Executed	5/31/2026
3	25% of Construction / Renovation Completed (25% of the cost is in place)	6/30/2026
4	50% of Construction / Renovation Completed	7/31/2026
5	75% of Construction / Renovation Completed	8/31/2026
6	Construction / Renovation Completed	9/30/2026
7	Equipment Ordered	9/30/2025
8	Equipment Installed	10/31/2026
9	Equipment Operational	11/30/2026
10	Building / Space Occupied	12/31/2026
<b>11</b>	<b>Services Offered</b>	1/1/2027

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: P-12628-25

FID #: 250379

**ISSUED TO:** Carteret County General Hospital 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 freestanding emergency department / Carteret County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Carteret Health Care West  
500/600 Lighthouse Lane  
Cedar Point, NC 28534

**CAPITAL EXPENDITURE:** \$17,039,877

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** January 5, 2026

This certificate is effective as of October 28, 2025



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Micheala Mitchell, Chief

## **CONDITIONS:**

- 1. Carteret County General Hospital Corporation (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. The certificate holder shall develop Carteret Health Care West, a freestanding emergency department to be licensed under Carteret General Hospital, license #H0222, including 24/7 emergency services, a CT scanner, ultrasound equipment, x-ray equipment, laboratory services, and pharmacy services.**
- 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 January 5, 2026.**
- 6. 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.**
- 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 29, 2025.**

## Timetable

	<b>Milestone</b>	<b>Date</b> <i>mm/dd/yyyy</i>
<b>1</b>	<b>Financing Obtained</b>	<b>11/02/2025</b>
<b>2</b>	<b>Drawings Completed</b>	<b>09/28/2025</b>
<b>3</b>	<b>Construction / Renovation Contract(s) Executed</b>	<b>01/01/2026</b>
<b>4</b>	<b>25% of Construction / Renovation Completed (25% of the cost is in place)</b>	<b>05/31/2026</b>
<b>5</b>	<b>50% of Construction / Renovation Completed</b>	<b>10/28/2026</b>
<b>6</b>	<b>75% of Construction / Renovation Completed</b>	<b>03/27/2027</b>
<b>7</b>	<b>Construction / Renovation Completed</b>	<b>08/24/2027</b>
<b>8</b>	<b>Equipment Ordered</b>	<b>05/26/2027</b>
<b>9</b>	<b>Equipment Installed</b>	<b>06/25/2027</b>
<b>10</b>	<b>Equipment Operational</b>	<b>07/09/2027</b>
<b>11</b>	<b>Building / Space Occupied</b>	<b>09/23/2027</b>
<b>12</b>	<b>Licensure Obtained</b>	<b>10/01/2027</b>
<b>13</b>	<b>Services Offered</b>	<b>10/01/2027</b>
<b>14</b>	<b>Facility or Service Accredited</b>	<b>10/01/2027</b>

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: J-12632-25

FID #: 250358

**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:** Develop a medical office building (MOB) for hospital-based physician clinics and other hospital-based services

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** UNC Hospitals Cary Campus MOB  
Intersection of NC Highway 55 and Hopson Road  
Cary NC 27519

**CAPITAL EXPENDITURE:** \$115,571,402

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** January 2, 2026

This certificate is effective as of October 23, 2025



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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 relocate physician clinics and hospital-based services to the proposed medical office building located on the UNC Hospitals Cary Campus.
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 2, 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 expenditures 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 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 22, 2025.

**Timetable**

	<b>Milestone</b>	<b>Date</b> <i>mm/dd/yyyy</i>
1	<b>Drawings Completed</b>	<b>10/31/26</b>
2	<b>Construction / Renovation Contract(s) Executed</b>	<b>09/02/26</b>
3	<b>25% of Construction / Renovation Completed (25% of the cost is in place)</b>	<b>12/31/26</b>
4	<b>50% of Construction / Renovation Completed</b>	<b>06/30/27</b>
5	<b>75% of Construction / Renovation Completed</b>	<b>12/31/27</b>
6	<b>Construction / Renovation Completed</b>	<b>06/30/28</b>
7	<b>Equipment Operational</b>	<b>08/01/28</b>
8	<b>Building / Space Occupied</b>	<b>10/01/28</b>
9	<b>Services Offered</b>	<b>01/02/29</b>

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: F-12633-25

FID #: 190371

**ISSUED TO:** CaroMont Health, Inc.  
Gaston Memorial Hospital, Incorporated

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 three operating rooms from CaroMont Specialty Surgery / Gaston County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** CaroMont Regional Medical Center - Belmont  
1000 CaroMont Parkway  
Belmont, NC 28012

**CAPITAL EXPENDITURE:** \$13,719,032

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of October 29, 2025

*Micheala Mitchell*

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Micheala Mitchell, Chief

**CONDITIONS:**

1. CaroMont Health, Inc. and Gaston Memorial Hospital, Incorporated, (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall relocate three operating rooms from CaroMont Specialty Surgery to CaroMont Regional Medical Center-Belmont.
3. Upon completion of the project, CaroMont Regional Medical Center-Belmont shall be licensed for no more than 5 operating rooms. Upon project completion, CaroMont Specialty Surgery shall delicense three operating rooms and be licensed for no 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 March 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**

	<b>Milestone</b>	<b>Date</b> <i>mm/dd/yyyy</i>
1	Drawings Completed	1/15/2026
2	Construction / Renovation Contract(s) Executed	3/1/2026
3	25% of Construction / Renovation Completed (25% of the cost is in place)	7/1/2026
4	50% of Construction / Renovation Completed	1/1/2027
5	75% of Construction / Renovation Completed	5/1/2027
6	Construction / Renovation Completed	10/1/2027
7	Building / Space Occupied	12/1/2027
8	Services Offered	1/12028

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: J-12634-25

FID #: 061348

**ISSUED TO:** Johnston Health Services 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:** Change of scope for Project ID # J-12480-24 to expand the emergency department / Johnston County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** UNC Health Johnston-Clayton Campus  
2138 NC Hwy. 42 W.  
Clayton, NC 27520

**CAPITAL EXPENDITURE:** \$14,047,135

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of October 28, 2025



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Micheala Mitchell, Chief

## **CONDITIONS:**

- 1. Johnston Health Services Corporation (hereinafter certificate holder) (hereinafter certificate holder) shall materially comply with all representations made in the application and representations made in Project ID #J-12480-24. Where representations conflict, the applicant shall materially comply with the last made representation.**
- 2. Upon completion of this project, UNC Health Johnston-Clayton Campus shall be licensed for no more than 83 acute care beds including six neonatal beds, and two C-Section ORs upon project completion.**
- 3. The total combined capital expenditure for this project and Project ID#J-12480-24 is \$108,799,356, an increase of \$14,047,135 over the capital expenditure of \$94,752,221 previously approved in Project ID# J-12480-24.**
- 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. 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 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 September 30, 2025.**

## Timetable

<b>Milestone</b>		<b>Date</b> <i>mm/dd/yyyy</i>
<b>1</b>	<b>Drawings Completed</b>	<b>02/01/2025</b>
<b>2</b>	<b>Construction / Renovation Contract(s) Executed</b>	<b>11/15/2025</b>
<b>3</b>	<b>25% of Construction / Renovation Completed (25% of the cost is in place)</b>	<b>06/15/2026</b>
<b>4</b>	<b>50% of Construction / Renovation Completed</b>	<b>12/15/2026</b>
<b>5</b>	<b>75% of Construction / Renovation Completed</b>	<b>06/15/2027</b>
<b>6</b>	<b>Construction / Renovation Completed</b>	<b>12/15/2027</b>
<b>7</b>	<b>Equipment Ordered</b>	<b>03/15/2027</b>
<b>8</b>	<b>Equipment Installed</b>	<b>11/15/2027</b>
<b>9</b>	<b>Equipment Operational</b>	<b>12/01/2027</b>
<b>10</b>	<b>Building / Space Occupied</b>	<b>01/10/2028</b>
<b>11</b>	<b>Services Offered</b>	<b>02/01/2028</b>

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: L-12651-25

FID #: 250612

**ISSUED TO:** Nash Imaging, LLC  
Nash Hospitals, Inc. (UNC Health Nash)

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

**SCOPE:** Acquire no more than one fixed MRI scanner pursuant to the 2025 SMFP need determination/ Nash County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Nash Imaging  
7620 Middlesex Corporate Drive  
Middlesex, NC 27557

**CAPITAL EXPENDITURE:** \$3,488,226

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of October 4, 2026



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Micheala Mitchell, Chief

## **CONDITIONS:**

- 1. Nash Imaging, LLC and Nash Hospitals, Inc. (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 to be located at Nash Imaging.**
- 3. 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.**
- 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 March 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 **September 15, 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	08/01/2026
3	25% of Construction / Renovation Completed (25% of the cost is in place)	10/01/2026
4	50% of Construction / Renovation Completed	01/01/2027
5	75% of Construction / Renovation Completed	03/01/2027
6	Construction / Renovation Completed	06/01/2027
7	Equipment Ordered	07/01/2026
8	Equipment Installed	06/01/2027
9	Equipment Operational	07/01/2027
10	Building / Space Occupied	07/01/2027
<b>11</b>	<b>Services Offered</b>	07/01/2027
12	Medicare and / or Medicaid Certification Obtained	10/01/2027
13	Facility or Service Accredited	08/01/2027

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: J-12639-25

FID #: 250361

**ISSUED TO:** WakeMed

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 / Wake County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** WakeMed Rolesville Healthplex  
Burlington Mills Road at Walls Cove Lane  
Rolesville, NC 27571

**CAPITAL EXPENDITURE:** \$53,786,123

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of October 28, 2025



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Micheala Mitchell, Chief

## **CONDITIONS:**

- 1. WakeMed (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. The certificate holder shall develop WakeMed Rolesville Healthplex, a freestanding emergency department to be licensed under WakeMed Raleigh Hospital, including 24/7 emergency services, a CT scanner, ultrasound equipment, x-ray equipment, laboratory services, and pharmacy services.**
- 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 October 9, 2025.**

## Timetable

<b>Milestone</b>		<b>Date</b> <i>mm/dd/yyyy</i>
<b>1</b>	<b>Financing Obtained</b>	<b>11/02/2025</b>
<b>2</b>	<b>Drawings Completed</b>	<b>04/01/2026</b>
<b>3</b>	<b>Land Acquired</b>	<b>09/01/2025</b>
<b>4</b>	<b>Construction / Renovation Contract(s) Executed</b>	<b>05/01/2026</b>
<b>5</b>	<b>25% of Construction / Renovation Completed (25% of the cost is in place)</b>	<b>10/01/2026</b>
<b>6</b>	<b>50% of Construction / Renovation Completed</b>	<b>01/15/2027</b>
<b>7</b>	<b>75% of Construction / Renovation Completed</b>	<b>05/01/2027</b>
<b>8</b>	<b>Construction / Renovation Completed</b>	<b>07/01/2027</b>
<b>9</b>	<b>Equipment Ordered</b>	<b>12/01/2026</b>
<b>10</b>	<b>Equipment Installed</b>	<b>08/01/2027</b>
<b>11</b>	<b>Equipment Operational</b>	<b>08/15/2027</b>
<b>12</b>	<b>Building / Space Occupied</b>	<b>09/01/2027</b>
<b>13</b>	<b>Licensure Obtained</b>	<b>09/15/2027</b>
<b>14</b>	<b>Services Offered</b>	<b>10/01/2027</b>
<b>15</b>	<b>Medicare and / or Medicaid Certification Obtained</b>	<b>10/01/2027</b>
<b>16</b>	<b>Facility or Service Accredited</b>	<b>10/01/2027</b>

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: D-12666-25

FID #: 956103

**ISSUED TO:** Wake Forest University Health Sciences  
Wilkes Dialysis Center of Wake Forest University

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 three in-center dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 27 stations upon project completion / Wilkes County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Wilkes Dialysis Center of Wake Forest  
University  
1917-A West Park Drive  
North Wilkesboro, NC 28659-3564

**CAPITAL EXPENDITURE:** \$250,000

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of October 21, 2025



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Micheala Mitchell, Chief

## **CONDITIONS:**

- 1. Wake Forest University Health Sciences and Wilkes Dialysis Center of Wake Forest University (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. Prior to issuance of the Certificate of Need, the certificate holder shall provide the Agency with documentation that an effort has been made to accommodate the clinical needs of health professional training programs in the area at Wilkes Dialysis Center of Wake Forest University.**
- 3. Pursuant to Condition 2 of the facility need determination in the 2025 SMFP, the certificate holder shall develop no more than 3 additional in-center dialysis stations for a total of no more than 27 in-center stations at Wilkes Dialysis Center of Wake Forest University upon completion of this project.**
- 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 April 1, 2026.**
- 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. 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 24, 2025**.**

## Timetable

	<b>Milestone</b>	<b>Date</b>
1	Financing Obtained	06/01/2025
2	Drawings Completed	02/14/2026
3	Construction / Renovation Contract(s) Executed	03/31/2026
4	25% of Construction / Renovation Completed (25% of the cost is in place)	04/15/2026
5	50% of Construction / Renovation Completed	04/27/2026
6	75% of Construction / Renovation Completed	05/12/2026
7	Construction / Renovation Completed	05/24/2026
8	Equipment Ordered	03/13/2026
9	Equipment Installed	04/21/2026
10	Equipment Operational	05/31/2026
11	Licensure Obtained	02/02/2026
<b>12</b>	<b>Services Offered</b>	05/31/2026
13	Medicare and / or Medicaid Certification Obtained	05/31/2026