

**Certificate of Need Section  
Certificates Issued**

Printed for Period: From 10/01/2014 to 10/31/2014

<b>County</b>	<b>Project ID#</b>	<b>Facility</b>	<b>Project Description</b>	<b>Application Review</b>	<b>Certificate of Need Issue Date</b>	<b>Total Approved Capital Expenditure</b>	<b>1st Project Progress Report Date</b>
<b>Durham</b>	<b>J-010307-14</b>	<b>Veritas Collaborative 140239 Durham</b>	Develop 25 new adult, inpatient, psychiatric beds dedicated to eating disorder treatment, pursuant to a need determination in the 2014 SMFP	07/01/2014	10/21/2014	\$9,125,033.00	02/21/2015
<b>Forsyth</b>	<b>G-010161-13</b>	<b>UniHealth Home Health 130324 Winston-Salem</b>	Develop a new Medicare-certified home health agency in Forsyth County	08/01/2013	10/02/2014	\$408,658.00	03/15/2015
<b>Granville</b>	<b>K-010172-13</b>	<b>Gentiva Hospice 130372 Oxford</b>	Develop a new hospice home care agency in Granville County	09/01/2013	10/03/2014	\$153,244.00	01/05/2015
<b>Henderson</b>	<b>B-010312-14</b>	<b>Winchester House 140293 Mills River</b>	Develop a new 40-bed adult care home as a replacement for two separate adult care home facilities	08/01/2014	10/28/2014	\$3,773,450.00	05/15/2015
<b>Johnston</b>	<b>J-010281-14</b>	<b>Clayton Endoscopy 140142 Clayton</b>	Develop a new ambulatory surgical facility with two GI endoscopy procedure rooms	05/01/2014	10/28/2014	\$2,891,218.00	02/01/2015
<b>Martin</b>	<b>Q-010299-14</b>	<b>Martin General Hospital 943328 Williamston</b>	Develop one dedicated C-section operating room in existing facility	07/01/2014	10/20/2014	\$208,281.00	01/01/2015

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<b>Mecklenburg</b>	<b>F-010003-12</b>	<b>Maxim Healthcare Services 944774 Charlotte</b>	Establish a home health agency	08/01/2012	10/01/2014	\$71,305.00	01/01/2015
<b>Mecklenburg</b>	<b>F-010214-13</b>	<b>Novant Health Huntersville Medical Center 990440 Huntersville</b>	Develop 17 acute care beds in existing space (approved to relocate 16 acute care beds from NHPMC)	11/01/2013	10/01/2014	\$2,007,530.00	12/31/2016
<b>Mecklenburg</b>	<b>F-010215-13</b>	<b>Carolinas Medical Center Mercy/Pineville 923352 Charlotte</b>	Develop 34 acute care beds for a total of 196 acute care beds on the Mercy Campus	11/01/2013	10/01/2014	\$1,999,775.00	02/01/2015
<b>Mecklenburg</b>	<b>F-010221-13</b>	<b>Carolinas Medical Center-University 923516 Charlotte</b>	Develop 6 acute care beds for a total of 100 acute care beds	11/01/2013	10/01/2014	\$349,800.00	02/01/2015
<b>Moore</b>	<b>H-010297-14</b>	<b>Inn at Quail Haven Village 960236 Pinehurst</b>	Convert 10 nursing facility beds to Adult Care Home beds	07/01/2014	10/10/2014	\$0.00	01/15/2015

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<b>Wake</b>	<b>J-006029-99</b>	<b>WakeMed Cary Hospital 990332 Cary</b>	Acquire one unit of cardiac catheterization equipment to be located at Western Wake Medical Center.	05/01/1999	10/23/2014	\$1,950,000.00	12/31/2014
<b>Wake</b>	<b>J-010280-14</b>	<b>Rex Hospital Wakefield 110286 Raleigh</b>	Obtain a separate license for Rex Hospital Wakefield as an ambulatory surgical facility to be known as Rex Surgery Center of Wakefield	05/01/2014	10/21/2014	\$466,000.00	07/15/2015
<b>Wayne</b>	<b>P-010306-14</b>	<b>Wayne Assisted Living 140238 Goldsboro</b>	Construct a replacement facility for a 104-bed adult care home	07/01/2014	10/31/2014	\$6,344,045.00	03/30/2015

# STATE OF NORTH CAROLINA

*Department of Health and Human Services  
Division of Health Service Regulation*

## **CERTIFICATE OF NEED**

for

Project Identification Number #J-10307-14

FID #140239

**ISSUED TO:** Veritas Collaborative, LLC  
615 Douglas Street  
Durham, NC 27705

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project 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 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 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 N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that law.

**SCOPE:** Develop 25 new adult, psychiatric beds dedicated to eating disorder treatment, pursuant to an adjusted need determination in the 2014 SMFP/ Durham County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Veritas Collaborative  
2812 Erwin Road  
Durham, NC 27705

**MAXIMUM CAPITAL EXPENDITURE:** \$9,125,033

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** February 21, 2015

This certificate is effective as of the 21<sup>st</sup> day of October, 2014

*Martha Q. Fusone*  
Interim Chief, Certificate of Need Section  
Division of Health Service Regulation

**CONDITIONS:**

1. Veritas Collaborative, LLC shall materially comply with all representations made in the certificate of need application.
2. Veritas Collaborative, LLC shall develop no more than 25 inpatient psychiatric beds for adult eating disorder patients.
3. Veritas Collaborative, LLC shall accept patients requiring involuntary admission for this type of inpatient psychiatric service provided at the facility.
4. Veritas Collaborative, LLC shall submit to the Certificate of Need Section an annual report for each of the three full calendar years following the issuance of the certificate of need to document that at least 2.0% of annual gross revenue amounts to charity/indigent care as that term was defined by Veritas Collaborative, LLC. The report shall be submitted to the Certificate of Need Section no later than April 15 of the following year and shall contain at least the following information:
  - a) The total number of patient days of care
  - b) The total number of patients served
  - c) Total gross revenue
  - d) The total dollar amount of charity care
5. Prior to Issuance of the Certificate of Need, Veritas Collaborative, LLC shall submit to the Certificate of Need Section written documentation of how they will meet the needs of medically unstable or psychiatrically unstable patients.
6. Veritas Collaborative, LLC shall develop and submit to the Certificate of Need Section governing body policies as required within 10A NCAC 27G.0201 in relation to the addition of NGFT treatment at its facility. The governing body policies will include quality assurance and quality improvement for the NGFT with methods for monitoring and evaluating the quality and appropriateness of client care including delineation of client outcomes and utilization of services. See 10A NCAC 27G.0201(a)(7)(c). The governing body policies will include a medical preparedness plan to be utilized in a medical emergency in relation to the NGFT treatment. See 10 A NCAC.27G.0201(a)(9).
7. Veritas Collaborative, LLC shall employ necessary staff for the addition of NGFT treatment at its facility. Veritas will maintain a job description for the necessary staff specifying the minimum level of education, competency, work experience and other qualifications for the position. The specific duties and responsibilities of the position will be included in the job description. See 10A NCAC.27G.0202(a).
8. Veritas Collaborative, LLC shall not provide intravenous (IV) services unless it first obtains a declaratory ruling authorizing the provision of such services pursuant to N.C. Gen. Statute § 150B-4 and the rules of the North Carolina Department of Health and Human Services (NCDHHS), Division of Health Service Regulation (DHSR).
9. Veritas Collaborative, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on October 21, 2014.

**TIMETABLE:**

Obtain Funds Necessary to Undertake Project _____	March 1, 2015
Approval of Final Drawings by the Construction Section, DHSR _____	August 1, 2015
Construction Contract Awarded _____	September 15, 2015
25% Completion of Construction _____	December 15, 2015
50% Completion of Construction _____	April 1, 2016
75% Completion of Construction _____	August 1, 2016
Completion of Construction _____	December 15, 2016
Occupancy/Offering of Service _____	January 1, 2017
Joint Commission Accreditation _____	January 1, 2018

# STATE OF NORTH CAROLINA

*Department of Health and Human Services  
Division of Health Service Regulation*

## **CERTIFICATE OF NEED**

for

Project Identification Number #G-10161-13

FID #130324

**REVISED**

**ISSUED TO:** PruittHealth Home Health, Inc.  
AND Forsyth County Healthcare Properties, Inc.  
1626 Jeurgens Court  
Norcross, GA 30093

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project 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 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 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 N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that law.

**SCOPE:** Develop a Medicare-certified home health agency/Forsyth County

**CONDITIONS:** See Reverse Side

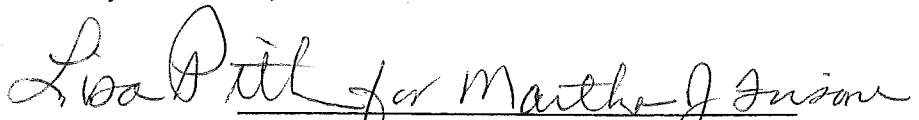
**PHYSICAL LOCATION:** PruittHealth Home Health-Forsyth  
755 Highland Oaks Drive, Unit 104  
Winston-Salem, NC 27103

**MAXIMUM CAPITAL EXPENDITURE:** \$408,658

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** March 15, 2015

This certificate is effective as of the 2<sup>nd</sup> day of October, 2014

  
Interim Chief, Certificate of Need Section  
Division of Health Service Regulation

**CONDITIONS:**

1. PruittHealth Home Health, Inc. AND Forsyth County Healthcare Properties, Inc. shall materially comply with all representations made in the certificate of need application.
2. Prior to issuance of the certificate of need, PruittHealth Home Health, Inc. AND Forsyth County Healthcare Properties, Inc. shall acknowledge in writing to the Certificate of Need Section acceptance of and agree to comply with all conditions stated herein.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on January 2, 2014.

**TIMETABLE:**

Acquisition of Equipment	_____	March 2, 2015
Licensure of Home Health Office	_____	June 1, 2015
Medicare Certification	_____	December 3, 2015
Medicaid Certification	_____	March 2, 2016

# STATE OF NORTH CAROLINA

*Department of Health and Human Services  
Division of Health Service Regulation*

## **CERTIFICATE OF NEED**

for

Project Identification Number #K-10172-13

FID #130372

**ISSUED TO:** Wiregrass Hospice of South Carolina, LLC  
d/b/a Gentiva Hospice  
3350 Riverwood Parkway, Suite 1400  
Atlanta, Georgia 30339

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project 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 10A NCAC 14C 0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 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 N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that law.

**SCOPE:** Develop a new hospice home care agency in Granville County/Granville County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Gentiva Hospice  
107 East McClanahan Street  
Oxford, North Carolina 27565

**MAXIMUM CAPITAL EXPENDITURE:** \$153,244

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** January 5, 2015

This certificate is effective as of the 3<sup>rd</sup> day of October, 2014.

*Martha J. Frisone*  
Interim Chief, Certificate of Need Section  
Division of Health Service Regulation



**CONDITIONS:**

1. Gentiva shall materially comply with all representations made in its certificate of need application for Project I.D. No. K-10172-13, and in the supplemental information it submitted to the Agency on September 18, 2014. In those instances in which the representations made in these documents conflict, Gentiva shall materially comply with the later-made representation.
2. Gentiva shall not acquire, as part of this Project, any equipment that is not included in the Project's approved capital expenditure or that would otherwise require a certificate of need.
3. The approved capital expenditure for Project I.D. No. K-10172-13 shall be \$153,244.

**TIMETABLE:**

Occupancy/Offering of Services _____	July 1, 2015
Licensure of Hospice _____	July 1, 2015
Medicare Certification of Hospice _____	September 1, 2015
Medicaid Certification of Hospice _____	October 1, 2015

# STATE OF NORTH CAROLINA

*Department of Health and Human Services  
Division of Health Service Regulation*

## **CERTIFICATE OF NEED**

for

Project Identification Number #B-10312-14

FID #140293

**ISSUED TO:** Hendersonco, LLC  
Hendersonville AL Holdings, LLC  
PO Box 2568  
Hickory, NC 28603

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project 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 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 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 N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that law.

**SCOPE:** Develop a new 40-bed adult care home as a replacement for two separate adult care homes home facilities/ Henderson County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Winchester House  
4145 Haywood Road  
Mills River, NC 28759

**MAXIMUM CAPITAL EXPENDITURE:** \$3,773,450

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** May 15, 2015

This certificate is effective as of the 28<sup>th</sup> day of October, 2014

 for Martha J. Fusione

Interim Chief, Certificate of Need Section  
Division of Health Service Regulation

**CONDITIONS:**

1. Hendersonco, LLC and Hendersonville AL Holdings, LLC shall materially comply with all representations made in the certificate of need application and in the supplemental information submitted during the expedited review. In those instances where representations conflict, Hendersonco, LLC and Hendersonville AL Holdings, LLC shall materially comply with the last made representation.
2. Hendersonco, LLC and Hendersonville AL Holdings, LLC shall construct a replacement adult care home facility (ACH) which shall be licensed for no more than 40 ACH beds upon project completion.
3. For the first two years of operation following completion of the project, Hendersonco, LLC and Hendersonville AL Holdings, LLC shall not increase actual private pay charges more than 5% of the projected private pay charges provided in Section X of the application, without first obtaining a determination from the Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.
4. Hendersonco, LLC and Hendersonville AL Holdings, LLC shall provide care to recipients of State/County Special Assistance with Medicaid for the facility, commensurate with representations made in Section VI. 2 and Exhibit L.
5. Hendersonco, LLC and Hendersonville AL Holdings, LLC shall submit all patient charges and patient admissions for each source of patient payment to the CON Section at year end for each of the first three operating years following licensure of the beds in the facility.
6. Hendersonco, LLC and Hendersonville AL Holdings, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on October 8, 2014.

**TIMETABLE:**

Contract Award	February 27, 2015
Approval of Final Drawings and Specifications by the Construction Section, DHSR	May 14, 2015
Approval of Site by Construction Section, DHSR	May 14, 2015
25% Completion of Construction	September 9, 2015
50% Completion of Construction	February 20, 2016
75% Completion of Construction	May 29, 2016
Completion of Construction	August 15, 2016
Licensure of Facility	October 1, 2016
Certification of Beds	October 1, 2016

# STATE OF NORTH CAROLINA

*Department of Health and Human Services  
Division of Health Service Regulation*

## **CERTIFICATE OF NEED**

for

**Project Identification Number # J-10281-14**

**FID #140142**

**ISSUED TO:** Wake Endoscopy Center, LLC  
AND Five GIS Rex Properties, LLC  
2601 Lake Drive, Suite 201  
Raleigh, NC 27607

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project 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 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 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 N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that law.

**SCOPE:** Develop a new ambulatory surgical facility with two GI endoscopy procedure rooms / Johnston County

**CONDITIONS:** See Reverse Side

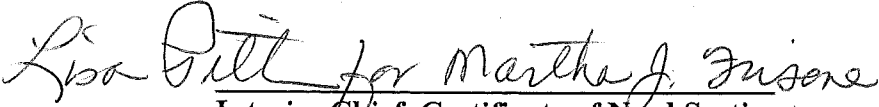
**PHYSICAL LOCATION:** Clayton Endoscopy  
900 South Lombard Street  
Clayton, NC 27520

**MAXIMUM CAPITAL EXPENDITURE:** \$2,891,218

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** February 1, 2015

This certificate is effective as of the 28<sup>th</sup> day of October, 2014.

  
**Interim Chief, Certificate of Need Section  
Division of Health Service Regulation**

**CONDITIONS:**

1. Wake Endoscopy Center, LLC and Five GIS Rex Properties, LLC shall materially comply with all representations made in the certificate of need application.
2. Wake Endoscopy Center, LLC and Five GIS Rex Properties, LLC shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section VIII of the application and that would otherwise require a certificate of need.
3. Wake Endoscopy Center, LLC and Five GIS Rex Properties, LLC shall receive accreditation from the Joint Commission for the Accreditation of Healthcare Organizations, the Accreditation Association for Ambulatory Health Care or a comparable accreditation authority within two years of completion of the facility.
4. Wake Endoscopy Center, LLC and Five GIS Rex Properties, LLC shall develop no more than one ambulatory surgical facility with no more than two gastrointestinal endoscopy rooms and shall be licensed for a total of no more than two gastrointestinal endoscopy rooms upon completion of this project.
5. The maximum charge at Clayton Endoscopy shall be no more than \$1,571 during a three year period beginning January 1, 2016.
6. Wake Endoscopy Center, LLC and Five GIS Rex Properties, LLC shall prohibit the exclusion of services to any patient on the basis of age, race, religion, disability or the patient's ability to pay.
7. Wake Endoscopy Center, LLC and Five GIS Rex Properties, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on October 2, 2014.

**TIMETABLE:**

Obtaining Funds Necessary to Undertake Project	_____	November 1, 2014
Contract Award	_____	May 15, 2015
50% Completion of Construction	_____	September 15, 2015
Occupancy/Offering of Services	_____	January 1, 2016
Accreditation of Facility	_____	January 1, 2017

# STATE OF NORTH CAROLINA

*Department of Health and Human Services  
Division of Health Service Regulation*

## **CERTIFICATE OF NEED**

for

Project Identification Number # Q-10299-14

FID # 943328

**ISSUED TO:** Williamston Hospital Corporation, Inc.  
d/b/a Martin General Hospital  
310 South McCaskey Road  
Williamston, NC 27892

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project 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 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 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 N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that law.

**SCOPE:** Develop a dedicated C-Section operating room/ Martin County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Martin General Hospital  
310 South McCaskey Road  
Williamston, NC 27892

**MAXIMUM CAPITAL EXPENDITURE:** \$208, 281

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** January 1, 2015

This certificate is effective as of the 20<sup>th</sup> day of October, 2014

  
Interim Chief, Certificate of Need Section  
Division of Health Service Regulation

**CONDITIONS:**

1. Williamston Hospital Corporation, Inc. d/b/a Martin General Hospital shall materially comply with all representations made in the certificate of need application.
2. Prior to issuance of the certificate of need, Williamston Hospital Corporation, Inc. d/b/a Martin General Hospital shall provide the Certificate of Need Section with a letter from a fiscally responsible officer of Community Health Systems, Inc. documenting that Community Health Systems, Inc. intends to fund the capital costs of this project.
3. Williamston Hospital Corporation, Inc. d/b/a Martin General Hospital shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section VIII of the application and that would otherwise require a certificate of need.
4. Martin General Hospital shall be licensed for no more than one dedicated C-Section and two shared operating rooms upon completion of this project.
5. Williamston Hospital Corporation, Inc. d/b/a Martin General Hospital shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on October 20, 2014.

**TIMETABLE:**

Contract Award _____	November 6, 2014
75% Completion of Construction _____	December 1, 2014
Occupancy/Offering of Services _____	January 1, 2015

# STATE OF NORTH CAROLINA

*Department of Health and Human Services  
Division of Health Service Regulation*

## **CERTIFICATE OF NEED**

for

**Project Identification Number #F-10003-12**

**FID #944774**

**ISSUED TO: Maxim Healthcare Services, Inc.  
1300 Baxter Street, Suite 114  
Charlotte, NC 28240**

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project 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 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 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 N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that law.

**SCOPE: Develop a new Medicare-certified home health agency/ Mecklenburg County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: Maxim Healthcare Services, Inc.  
1300 Baxter Street, Suite 114  
Charlotte, NC 28240**

**MAXIMUM CAPITAL EXPENDITURE: \$71,305**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: January 1, 2015**

This certificate is effective as of the 1<sup>st</sup> day of October, 2014.

  
**Interim Chief, Certificate of Need Section  
Division of Health Service Regulation**



CONDITIONS:

1. Maxim Healthcare Services, Inc. shall materially comply with all representations made in its certificate of need application.
2. Prior to issuance of the certificate of need, Maxim Healthcare Services, Inc. shall acknowledge in writing to the Certificate of Need Section acceptance of and agree to comply with all conditions stated herein.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on January 9, 2013.

TIMETABLE:

Licensure if Home Care Office \_\_\_\_\_ January 1, 2015  
Certification of Home Health Office \_\_\_\_\_ June 1, 2015

# STATE OF NORTH CAROLINA

Department of Health and Human Services  
Division of Health Service Regulation

## CERTIFICATE OF NEED

for

Project Identification Number # F-10214-13

FID # 990440

ISSUED TO: The Presbyterian Hospital  
d/b/a Novant Health Huntersville Medical Center  
3600 Country Club Road, Suite 201  
Winston Salem, NC 27104

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project 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 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 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 N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that law.

SCOPE: Relocate 16 acute care beds from Novant Health Presbyterian Medical Center for a total of no more than 91 acute care beds at Novant Health Huntersville Medical Center upon project completion/Mecklenburg County

CONDITIONS: See Reverse Side

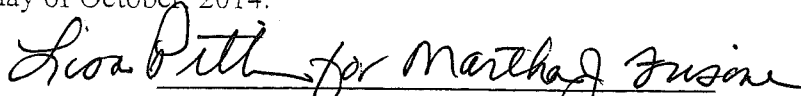
PHYSICAL LOCATION: Novant Health Huntersville Medical Center  
10030 Gilead Road  
Huntersville, NC 28078

MAXIMUM CAPITAL EXPENDITURE: \$2,007,530

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 31, 2016

This certificate is effective as of the 1<sup>st</sup> day of October, 2014.

  
Interim Chief, Certificate of Need Section  
Division of Health Service Regulation

CONDITIONS:

1. The Presbyterian Hospital d/b/a Novant Health Huntersville Medical Center shall materially comply with all representations made in the certificate of need application and the supplemental information regarding Criterion (3a) submitted on September 29, 2014.
2. The Presbyterian Hospital shall relocate no more than 16 general acute care beds from Novant Health Presbyterian Medical Center to Novant Health Huntersville Medical Center.
3. Novant Health Huntersville Medical Center shall be licensed for no more than 91 general acute care beds upon completion of this project.
4. Upon completion of this project, Project ID #F-7648-06 (relocate 50 acute care beds from NHCOH to NHMHMC), Project ID #F-8765-11 (add 50 beds at NHCOH) and Project ID #F-10214-13 (relocate 20 beds to NHMMC), Novant Health Presbyterian Medical Center shall be licensed for no more than 567 general acute care beds.
5. The Presbyterian Hospital d/b/a Novant Health Huntersville Medical Center shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section VIII of the application and that would otherwise require a certificate of need.
6. The Presbyterian Hospital d/b/a Novant Health Huntersville Medical Center 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. The plan must be consistent with the applicant's representations in the written statement as described in paragraph one of Policy GEN-4.

TIMETABLE:

Completion of Final Drawings and Specifications _____	September 1, 2016
Contract Award _____	December 1, 2016
50% Completion of Construction _____	March 1, 2017
Completion of Construction _____	June 1, 2017
Occupancy/Offering of Services _____	July 1, 2017

# STATE OF NORTH CAROLINA

Department of Health and Human Services  
Division of Health Service Regulation

## CERTIFICATE OF NEED

for

Project Identification Number # F-10215-13

FID # 923352

**ISSUED TO:** The Charlotte-Mecklenburg Hospital Authority  
d/b/a Carolinas Medical Center-Mercy  
P.O. Box 32861  
Charlotte, NC 28232-2861

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project 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 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 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 N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that law.

**SCOPE:** Add no more than 34 acute care beds for a total of no more than 196 acute care beds on the Mercy Campus upon project completion/Mecklenburg County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Carolinas Medical Center-Mercy  
2001 Vail Avenue  
Charlotte, NC 28207

**MAXIMUM CAPITAL EXPENDITURE:** \$1,999,775

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** February 1, 2015

This certificate is effective as of the 1<sup>st</sup> day of October, 2014.

*Lisa Pittman for Marthe J. Fusione*

Interim Chief, Certificate of Need Section  
Division of Health Service Regulation

**CONDITIONS:**

1. The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center-Mercy shall materially comply with all representations made in the certificate of need application.
2. The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center-Mercy shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section VIII of the application and which would otherwise require a certificate of need.
3. The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center-Mercy shall add no more than 34 acute care beds for a total of no more than 196 acute care beds upon project completion.
4. Prior to issuance of the certificate of need, The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center-Mercy shall acknowledge acceptance of and agree to comply with all conditions stated herein in writing to the Certificate of Need Section.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on April 14, 2014.

**TIMETABLE:**

Completion of Final Drawings	October 20, 2014
Approval of Final Drawings & Specifications	December 4, 2014
25% Completion of Construction	January 13, 2015
50% Completion of Construction	February 17, 2015
75% Completion of Construction	March 22, 2015
Completion of Construction	April 26, 2015
Occupancy/Offering of Service(s)	June 1, 2015

# STATE OF NORTH CAROLINA

*Department of Health and Human Services  
Division of Health Service Regulation*

## **CERTIFICATE OF NEED**

for

Project Identification Number # F-10221-13

FID # 923516

**ISSUED TO:** The Charlotte-Mecklenburg Hospital Authority  
d/b/a Carolinas Medical Center-University  
P.O. Box 32861  
Charlotte, NC 28232-2861

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project 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 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 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 N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that law.

**SCOPE:** Add no more than 6 acute care beds for a total of no more than 100 acute care beds upon project completion/Mecklenburg County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Carolinas Medical Center-University  
8800 North Tryon Street  
Charlotte, NC 28262

**MAXIMUM CAPITAL EXPENDITURE:** \$349,800

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** February 1, 2015

This certificate is effective as of the 1<sup>st</sup> day of October, 2014.

*Lisa Pitt for Martha J. Trisone*

Interim Chief, Certificate of Need Section  
Division of Health Service Regulation

CONDITIONS:

1. The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center-University shall materially comply with all representations made in the certificate of need application.
2. The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center-University shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section VIII of the application and which would otherwise require a certificate of need.
3. The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center-University shall add no more than 6 acute care beds for a total of no more than 100 acute care beds upon project completion.
4. The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center-University shall submit a plan of energy efficiency and water conservation to the Construction Section, DHSR, that conforms to the rules, codes and standards implemented by the Construction Section of the Division of Health Service Regulation.
5. Prior to issuance of the certificate of need, The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center-University shall acknowledge acceptance of and agree to comply with all conditions stated herein in writing to the Certificate of Need Section.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on April 14, 2014.

TIMETABLE:

Completion of Final Drawings _____	October 20, 2014
Approval of Final Drawings & Specifications _____	December 4, 2014
25% Completion of Construction _____	January 23, 2015
50% Completion of Construction _____	February 27, 2015
75% Completion of Construction _____	April 1, 2015
Completion of Construction _____	May 1, 2015
Occupancy/Offering of Service(s) _____	June 1, 2015

# STATE OF NORTH CAROLINA

*Department of Health and Human Services  
Division of Health Service Regulation*

## **CERTIFICATE OF NEED**

for

Project Identification Number #H-10297-14

FID #960236

**ISSUED TO:** Quail Haven Properties of Pinehurst, LLC  
AND Quail Haven of Pinehurst, LLC  
2334 S. 41<sup>st</sup> Street  
Wilmington, North Carolina 28403

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project 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 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 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 N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that law.

**SCOPE:** Convert 10 nursing facility beds to 10 adult care home beds pursuant to Policy LTC-1 in the 2014 State Medical Facilities Plan / Moore County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** The Inn at Quail Haven  
155 Blake Boulevard  
Pinehurst, North Carolina 28374

**MAXIMUM CAPITAL EXPENDITURE:** \$0

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** January 15, 2015

This certificate is effective as of the 10<sup>th</sup> day of October, 2014.

*Lisa Pitt for Martha J. Fusone*

Interim Chief, Certificate of Need Section  
Division of Health Service Regulation



CONDITIONS:

1. Quail Haven Properties of Pinehurst, LLC and Quail Haven of Pinehurst, LLC shall materially comply with all representations made in their certificate of need application and the clarifying information received July 2, 2014, August 26, 2014 and August 29, 2014. In those instances where representations conflict, the applicants shall materially comply with the last made representation.
2. Quail Haven Properties of Pinehurst, LLC and Quail Haven of Pinehurst, LLC shall develop no more than 10 adult care home beds (ACH) for a total of 10 ACH beds upon completion of the project.
3. Quail Haven Properties of Pinehurst, LLC and Quail Haven of Pinehurst, LLC shall decertify 10 NF beds for a total of no more than 50 NF beds upon project completion.
4. The 10 ACH beds shall not be certified for participation in the Medicaid program or participate in the state or county special assistance programs.
5. The 10 new ACH beds shall be used exclusively to meet the needs of persons with whom the facility has continuing care contracts (in compliance with the Department of Insurance statutes and regulations) who have lived in a non-nursing unit of the continuing care facility for a period of at least 30 days. Exceptions shall be allowed when one spouse or sibling is admitted to the nursing unit at the time the other spouse or sibling moves into a non-nursing unit, or when the medical condition requiring nursing care was not known to exist or be imminent when the individual became a party to the continuing care contract.
6. The 10 ACH beds shall be developed on the same site with the nursing facility beds.
7. Quail Haven Properties of Pinehurst, LLC and Quail Haven of Pinehurst, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on October 10, 2014.

TIMETABLE:

Final Drawings Submitted to the Construction Section	_____	March 1, 2015
Final Drawings Approved by the Construction Section	_____	May 1, 2015
Final Drawings Approved by the Department of Insurance	_____	July 1, 2015
Conversion Complete	_____	October 1, 2015

# STATE OF NORTH CAROLINA

*Department of Health and Human Services  
Division of Health Service Regulation*

## **CERTIFICATE OF NEED**

for

Project Identification Number #J-10280-14

FID #110286

**ISSUED TO:** Rex Hospital, Inc., Rex Surgery Center of Wakefield, LLC  
And Rex Wakefield MOB, LLC  
Hedrick Office Building  
211 Friday Center Drive, G015  
Chapel Hill, NC 27517

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project 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 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 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 N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that law.

**SCOPE:** Convert an existing ambulatory surgery center operating under a hospital license to a separately licensed freestanding ambulatory surgical center at the same location/ Wake County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Rex Surgery Center of Wakefield  
11200 Governor Manly Way, Suite 110  
Raleigh, NC 27614

**MAXIMUM CAPITAL EXPENDITURE:** \$466,000

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** July 15, 2015

This certificate is effective as of the 21<sup>st</sup> day of October, 2014

  
Interim Chief, Certificate of Need Section  
Division of Health Service Regulation

**CONDITIONS:**

1. Rex Hospital, Inc., Rex Surgery Center of Wakefield, LLC, and Rex Wakefield MOB, LLC shall materially comply with all representations made in the certificate of need application.
2. Rex Hospital, Inc., Rex Surgery Center of Wakefield, LLC, and Rex Wakefield MOB, LLC shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section VIII of the application and that would otherwise require a certificate of need.
3. Rex Hospital, Inc., Rex Surgery Center of Wakefield, LLC, and Rex Wakefield MOB, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on October 14, 2014.

**TIMETABLE:**

Completion of Final Drawings and Specifications _____	March 1, 2015
Approval of Final Drawings and Specifications by the Construction Section, DHSR _____	June 31, 2015
Contract Award _____	April 1, 2016
25% Completion of Construction _____	April 23, 2016
50% Completion of Construction _____	May 16, 2016
75% Completion of Construction _____	June 7, 2016
Completion of Construction _____	June 30, 2016
Occupancy/Offering of Service(s) _____	July 1, 2016
Licensure of Facility _____	July 1, 2016
Certification of Facility _____	July 1, 2016

# STATE OF NORTH CAROLINA

*Department of Health and Human Services  
Division of Health Service Regulation*

REVISED

## **CERTIFICATE OF NEED**

for

Project Identification Number #J-6029-99

FID #990332

ISSUED TO: WakeMed  
3000 New Bern Avenue  
Raleigh, NC 27620-4465

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project 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 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 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 N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that law.

SCOPE: Acquire one unit of cardiac catheterization equipment/ Wake County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: WakeMed Cary Hospital  
1900 Kildaire Farm Road  
Cary NC 27511

MAXIMUM CAPITAL EXPENDITURE: \$1,950,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 31, 2014

This certificate is effective as of the 23<sup>rd</sup> day of October, 2014.

  
Interim Chief, Certificate of Need Section  
Division of Health Service Regulation

CONDITIONS:

1. WakeMed shall materially comply with all representations made in the certificate of need application and the letters dated August 14, 2014 and October 21, 2014. In those instances where any of those representations conflict, WakeMed shall materially comply with the last-made representations.
2. WakeMed Cary Hospital may perform interventional cardiac catheterization procedures on the fixed cardiac catheterization unit so long as the hospital does so in accordance with the standards of the Society for Cardiovascular Angiography and Interventions, the American College of Cardiology Foundation, and the American Heart Association, for percutaneous coronary intervention without on-site surgical backup.
3. WakeMed Cary Hospital shall submit a report to the Certificate of Need Section annually, due by December 31<sup>st</sup>, documenting that the hospital is operating in accordance with the standards of the Society for Cardiovascular Angiography and Interventions, the American College of Cardiology Foundation, and the American Heart Association, for percutaneous coronary intervention without on-site surgical backup. If the hospital is not operating in accordance with the standards, the hospital shall provide a written plan of action for returning to compliance with the standards.

# STATE OF NORTH CAROLINA

*Department of Health and Human Services  
Division of Health Service Regulation*

## **CERTIFICATE OF NEED**

for

**Project Identification Number # P-10306-14**

**FID # 140238**

**ISSUED TO:** Wayne Health Investors, LLC  
and Wayne AL Holdings, LLC  
PO Box 2568  
Hickory, NC 28603

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project 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 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 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 N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that law.

**SCOPE:** Shall construct a replacement 104-bed adult care home / Wayne County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Wayne Assisted Living  
New Hare Drive  
Goldsboro, NC 27533

**MAXIMUM CAPITAL EXPENDITURE:** \$6,344,045

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** March 30, 2015

This certificate is effective as of the 28<sup>th</sup> day of October, 2014.

  
**Interim Chief, Certificate of Need Section  
Division of Health Service Regulation**

**CONDITIONS:**

1. Wayne Health Investors, LLC and Wayne AL Holdings, LLC shall materially comply with all representations made in the certificate of need application and in supplemental information provided. In those instances where representation conflict, Wayne Health Investors, LLC and Wayne AL Holdings, LLC, shall materially comply with the last made representations
2. Wayne Health Investors, LLC and Wayne AL Holdings, LLC shall construct a replacement adult care home which shall be licensed for no more than 104 adult care beds upon the completion of the proposed project.
3. For the first two years of operation following completion of the project, Wayne Health Investors, LLC and Wayne AL Holdings, LLC of North Carolina, Inc. shall not increase actual private pay charges more than 5% of the projected private pay charges provided in Section IX of the application without first obtaining a determination from the Certificate of Need Section that the proposed increase is in material compliance with the representations made in the certificate of need application.
4. Wayne Health Investors, LLC and Wayne AL Holdings, LLC shall provide care to State/County Special Assistance patients with Basic Medicaid for the facility commensurate with their representations in Section VI.2, Exhibit L and supplemental materials.
5. Wayne Health Investors, LLC and Wayne AL Holdings, LLC shall submit all patient charges and patient admissions for each source of patient payment to the CON Section at year end for each of the first three operating years following licensure of the beds in the facility.
6. Wayne Health Investors, LLC and Wayne AL Holdings, LLC, shall submit a plan of energy efficiency and water conservation to the Construction Section, DHSR that conforms to the rules, codes and standards implemented by the Construction Section of the Division of Health Service Regulation.
7. Wayne Health Investors, LLC and Wayne AL Holdings, LLC, shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section, in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on October 8, 2014.

**TIMETABLE:**

Construction Contract Awarded _____	March 1, 2015
Preliminary Drawings Submitted to the Construction Section _____	March 15, 2015
Site Purchased _____	May 1, 2015
Final Drawings Approved by the Department of Insurance _____	August 14, 2015
25% Completion of Construction _____	September 9, 2015
75% Completion of Construction _____	May 29, 2016
Completion of Construction _____	August 15, 2016
Licensure of Facility _____	October 1, 2016