

**Certificate of Need
Certificates Issued
November 2015**

County	Project ID	Facility	FID	Facility Type	Project Description	Decision Date	Certificate Issue Date	Approved Capital Expenditure
Johnston	J-011046-15	Johnston Manor	150290	ACH	Construct a new 132-bed adult care home facility by relocating and replacing Cardinal Care and Smithfield House West	10/16/2015	11/17/2015	\$9,878,795
Wake	J-011049-15	Triangle Springs	150205	MHH	Develop 12 adult chemical dependency beds in conjunction with a new 43-bed adult inpatient psychiatric facility proposed in Project ID #J-11036-15	10/12/2015	11/13/2015	\$300,000
Wayne	P-011050-15	Wayne Memorial Hospital, Inc.	933535	HOSPITAL	Expand and renovate space at its main hospital campus related to the provision of surgical and endoscopy services which involves a change of scope for Project ID #P-7554-06 (add one OR) and developing two new hybrid ORs	10/16/2015	11/17/2015	\$34,413,233
Total	3							

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #J-11046-15

FID #150290

ISSUED TO: Smithfield Holdings, LLC and
Smithfield Opco Holdings, LLC
P.O. Box 2568
Hickory, NC 28603

Pursuant to G.S. 131E-175, 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 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 law.

SCOPE: Relocate Cardinal Care Assisted Living Village (I-VI) and Smithfield House West by constructing a 132-bed replacement adult care home/ Johnston County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Johnston Manor
6100 Hwy 42 West
Garner, NC

MAXIMUM CAPITAL EXPENDITURE: \$9,878,795

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 1, 2016

This certificate is effective as of the 17th day of November, 2015

Martha J. Frisone for
Shelley Carraway, Chief

CONDITIONS:

1. Smithfield Property Holdings, LLC and Smithfield Opco Holdings, LLC shall materially comply with all representations made in the certificate of need application and in supplemental information provided. In those instances where representations conflict, Smithfield Property Holdings, LLC and Smithfield Opco Holdings, LLC shall materially comply with the last made representation.
2. Smithfield Property Holdings, LLC and Smithfield Opco Holdings, LLC shall construct a replacement adult care home which shall be licensed for no more than 132 adult care beds upon the completion of the proposed project.
3. For the first two years of operation following completion of the project, Smithfield Property Holdings, LLC and Smithfield Opco 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 Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations made in the certificate of need application.
4. Smithfield Property Holdings, LLC and Smithfield Opco 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. Smithfield Property Holdings, LLC and Smithfield Opco Holdings, LLC shall submit all patient charges and patient admissions for each source of patient payment to the Healthcare Planning and Certificate of Need Section at year end for each of the first three operating years following licensure of the beds in the facility.
6. Smithfield Property Holdings, LLC and Smithfield Opco 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. Smithfield Property Holdings, LLC and Smithfield Opco Holdings, LLC, shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Healthcare Planning and 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 Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation on November 16, 2015.

TIMETABLE:

Construction Loan Executed	May 1, 2016
Final Drawings Approved by the Construction Section, DHSR	July 17, 2016
25% Completion of Construction	September 9, 2016
75% Completion of Construction	May 29, 2017
Completion of Construction	August 15, 2017
Licensure of Facility	October 1, 2017

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #J-11049-15

FID #150205

**ISSUED TO: Triangle Springs, LLC and Propstone, LLC
101 S. 5th Street, Suite 3850
Louisville, KY 40202**

Pursuant to G.S. 131E-175, 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 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 law.

SCOPE: Develop no more than 12 adult chemical dependency treatment beds pursuant to the need determination in the 2015 SMFP/ Wake County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Triangle Springs
7800 T.W. Alexander Drive
Raleigh, NC 27617**

MAXIMUM CAPITAL EXPENDITURE: \$300,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: February 1, 2016

This certificate is effective as of the 13th day of November, 2015

Martha J. Frisone for
Shelley Carraway, Chief

CONDITIONS:

1. Triangle Springs, LLC and Propstone, LLC shall materially comply with all representations made in the certificate of need application.
2. Triangle Springs, LLC and Propstone, LLC shall develop no more than 12 adult chemical dependency treatment beds.
3. Triangle Springs, LLC and Propstone, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the 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 Healthcare Planning and Certificate of Need Section, Division of Health Services Regulation November 4, 2015.

TIMETABLE:

Completion of Preliminary Drawings	January 15, 2016
Completion of Final Drawings and Specifications	April 1, 2016
Contract Award	July 31, 2016
25% Completion of Construction	November 1, 2016
50% Completion of Construction	March 1, 2017
75% Completion of Construction	July 1, 2017
Completion of Construction	November 1, 2017

STATE OF NORTH CAROLINA
Department of Health and Human Services
Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project ID #P-11050-15

FID #933535

ISSUED TO: Wayne Memorial Hospital, Inc.
2700 Wayne Memorial Drive
Goldsboro, NC 27534

Pursuant to G.S. 131E-175, 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 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 law.

SCOPE: Expand and renovate space related to the provision of surgical and endoscopy services which involves a change of scope for Project I.D. #P-7554-06 (add one operating room) and developing two new hybrid operating rooms/Wayne County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Wayne Memorial Hospital
2700 Wayne Memorial Drive
Goldsboro, NC 27534

MAXIMUM CAPITAL EXPENDITURE: \$34,413,233

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 1, 2016

This certificate is effective as of the 17th day of November, 2015


Shelley Carraway, Chief

CONDITIONS:

1. Wayne Memorial Hospital, Inc. shall materially comply with all representations made in the certificate of need application.
2. Wayne Memorial Hospital, Inc. 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. Wayne Memorial Hospital, Inc. 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.
4. Wayne Memorial Hospital, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the 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 Agency on November 13, 2015.

TIMETABLE:

Approval of Final Drawings and Specifications

by the Construction Section, DHSR _____	March 18, 2016
25% Completion of Construction _____	December 23, 2016
50% Completion of Construction _____	August 24, 2017
75% Completion of Construction _____	April 22, 2018
Completion of Construction _____	September 15, 2018