

**Certificate of Need
Certificates
April 2016**

| County | Project ID | Facility | FID | Facility Type | Project Description | Decision Date | Certificate Issue Date | Approved Capital Expenditure |
|-------------|-------------|--|--------|---------------|---|---------------|------------------------|------------------------------|
| Guilford | G-011053-15 | Abbotswood at Irving Park | 150329 | ACH | Relocate 22 ACH beds from Bell House to a new 22-bed ACH facility on Abbotswood at Irving Park campus | 10/29/2015 | 4/28/2016 | \$4,955,000 |
| Guilford | G-011120-16 | The Arboretum at Heritage Greens | 980248 | ACH | Relocate 18 existing adult care home beds from Elm Villa to the Arboretum at Heritage Greens, a 48-bed assisted living facility in Guilford County, for a total of 66 adult care home beds upon completion of the project | 3/14/2016 | 4/14/2016 | \$465,400 |
| Guilford | G-011121-16 | Abbotswood at Irving Park | 150329 | ACH | Relocate 26 adult care home beds from Elm Villa to Abbotswood at Irving Park for a total of 48 adult care home beds upon completion of this project and Project I.D. #G-11053-15 (Relocate 22 ACH beds from Bell House) | 3/14/2016 | 4/14/2016 | \$4,900,000 |
| Mecklenburg | F-011110-15 | Novant Health Huntersville Medical Center | 990440 | HOSPITAL | Relocate 48 acute care beds and one OR from Novant Health Presbyterian Medical Center to Novant Health Huntersville Medical Center for a total of 139 beds and 7 ORs | 3/29/2016 | 4/29/2016 | \$45,661,870 |
| Mecklenburg | F-011123-16 | Carolinas Medical Center/Center for Mental Health | 943070 | HOSPITAL | Cost overrun for Project ID #F-10075-13 (renovate and consolidate acute care laboratory operations) | 3/17/2016 | 4/19/2016 | \$1,040,000 |
| Mecklenburg | F-011108-15 | University City Dialysis | 150478 | ESRD | Develop a new dialysis facility by relocating 10 stations from North Charlotte Dialysis | 3/11/2016 | 4/12/2016 | \$2,501,856 |
| Wake | J-010318-14 | UNC Hospitals Radiation Oncology, Holly Springs Campus | 140331 | LINAC | Acquire one linear acclerator | 1/28/2015 | 4/29/2016 | \$5,020,809 |
| Total | 7 | | | | | | | |

STATE OF NORTH CAROLINA

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

CORRECTED

CERTIFICATE OF NEED

for

Project ID #: G-11053-15
FID #: 150329

ISSUED TO: KC Greensboro Expansion, LLC
235 N. Edgeworth Street
Greensboro, NC 27401

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: Replace and relocate 22 adult care home beds from Bell House to a new 22 bed facility/ Guilford County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Abbotswood at Irving Park
3504 Flint Street
Greensboro, NC 27405

MAXIMUM CAPITAL EXPENDITURE: \$4,955,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 1, 2016

This certificate is effective as of the 1st day of December, 2015


Shelley Carraway, Chief

CONDITIONS:

1. KC Greensboro Expansion, 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, KC Greensboro Expansion, LLC, shall materially comply with the last made representation.
2. KC Greensboro Expansion, LLC shall construct a replacement adult care home facility which shall be licensed for no more than 22 adult care home beds upon completion of the proposed project.
3. For the first two years of operation following completion of the project, KC Greensboro Expansion, LLC 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. KC Greensboro Expansion, 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 Agency on November 23, 2015.

TIMETABLE:

| | |
|---|-------------------|
| Final Drawings Submitted to the Construction Section, DHSR _____ | February 15, 2016 |
| Final Drawings Submitted Approved by the Construction Section, DHSR _____ | April 1, 2016 |
| Approval of Site by the Construction Section, DHSR _____ | April 15, 2016 |
| Building Permit Obtained _____ | May 15, 2016 |
| 25% Completion of Construction _____ | September 1, 2016 |
| 50% Completion of Construction _____ | December 1, 2016 |
| 75% Completion of Construction _____ | March 1, 2017 |
| Completion of Construction _____ | June 15, 2017 |
| Licensure of Facility _____ | July 1, 2017 |

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: G-11120-16

FID #: 980248

**ISSUED TO: KC Heritage Greens, LLC
235 N. Edgeworth Street
Greensboro, NC 27401**

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 18 existing adult care home beds from Elm Villa to The Arboretum at Heritage Greens, a 48-bed assisted living facility in Guilford County, for a total of 66 adult care home beds upon completion of the project/ Guilford County

CONDITIONS: See Reverse Side

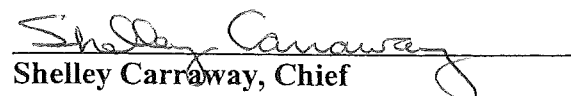
**PHYSICAL LOCATION: The Arboretum at Heritage Greens
709 Meadowood Street
Greensboro, NC 27409**

MAXIMUM CAPITAL EXPENDITURE: \$465,400

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 31, 2016

This certificate is effective as of the 14th day of April, 2016


Shelley Carraway, Chief

CONDITIONS:

1. KC Heritage Greens, LLC shall materially comply with all representations made in the certificate of need application.
2. KC Heritage Greens, LLC shall relocate 18 adult care home beds from Elm Villa to The Arboretum at Heritage Greens for a total of 66 adult care home beds upon project completion.
3. For the first two years of operation following completion of the project, KC Heritage Greens, LLC 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. KC Heritage Greens, 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 Agency on April 1, 2016.

TIMETABLE:

Approval of Final Drawings by the
Construction Section, DHSR _____ April 15, 2016
Occupancy/Offering of Service/Licensure _____ October 1, 2016

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: G-11121-16

FID #: 150329

ISSUED TO: KC Greensboro Expansion, LLC
235 N. Edgeworth Street
Greensboro, NC 27401

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 26 adult care home beds from Elm Villa to Abbotswood at Irving Park for a total of 48 adult care home beds upon completion of this project and Project ID #G-11053-15 (Relocate 22 ACH beds from Bell House)/ Guilford County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Abbotswood at Irving Park
304 Flint Street
Greensboro, NC 27405

MAXIMUM CAPITAL EXPENDITURE: \$4,900,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 31, 2016

This certificate is effective as of the 14th day of April, 2016


Shelley Carraway, Chief

CONDITIONS:

1. **KC Greensboro Expansion, LLC shall materially comply with all representations made in the certificate of need application.**
2. **KC Greensboro Expansion, LLC shall relocate 26 adult care home beds from Elm Villa to Abbotswood at Irving Park for a total of 48 adult care home beds upon completion of this project and Project I.D. #G-11053-15 (Relocate 22 ACH beds from Bell House).**
3. **For the first two years of operation following completion of the project, KC Greensboro Expansion, LLC 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. **KC Greensboro Expansion, 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 Agency on April 1, 2016.

TIMETABLE:

| | |
|---|--------------------------|
| Approval of Final Drawings by the Construction Section, DHSR | August 1, 2016 |
| 25% Completion of Construction | December 1, 2016 |
| 50% Completion of Construction | March 1, 2017 |
| 75% Completion of Construction | June 1, 2017 |
| Completion of Construction | September 1, 2017 |
| Occupancy/Offering of Service/Licensure | October 1, 2017 |

STATE OF NORTH CAROLINA

Department of Health and Human Services
Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project ID #: F-11110-15

FID #: 990440

ISSUED TO: The Presbyterian Hospital
3600 Country Club Road, Suite 200
Winston-Salem, NC 27103

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 no more than 48 acute care beds and one operating room from Novant Health Presbyterian Medical Center to Novant Health Huntersville Medical Center for a total of no more than 139 acute care beds and seven operating rooms 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: \$45,661,870

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 1, 2016

This certificate is effective as of the 29th day of April, 2016


Shelley Carraway, Chief

CONDITIONS:

1. The Presbyterian Hospital d/b/a Novant Health Huntersville Medical Center shall materially comply with all representations made in its certificate of need application.
2. 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 which would otherwise require a certificate of need.
3. The Presbyterian Hospital d/b/a Novant Health Huntersville Medical Center shall relocate no more than 48 existing acute care beds and one existing operating room from Novant Health Presbyterian Medical Center to Novant Health Huntersville Medical Center for a total of no more than 139 acute care beds (127 general medical/surgical beds, eight intensive care beds and four intensive care level III neonatal beds) and seven operating rooms (one of which is a dedicated C-Section operating room), upon project completion.
4. 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.
5. Prior to issuance of the certificate of need, The Presbyterian Hospital d/b/a Novant Health Huntersville Medical Center 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 acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on April 13, 2016.

TIMETABLE:

| | |
|---|--------------------|
| Approval of Final Drawings and Specifications by the Construction Section, DHSR _____ | September 30, 2016 |
| 50% Completion of Construction _____ | August 1, 2018 |
| Arrival of Equipment _____ | May 1, 2019 |
| Completion of Construction _____ | June 1, 2019 |
| Occupancy/Offering of Services _____ | July 1, 2019 |
| Operation of Equipment _____ | July 1, 2019 |
| Certification of Beds _____ | June 25, 2019 |

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: F-11123-16

FID #: 943070

**ISSUED TO: The Charlotte-Mecklenburg Hospital Authority
2709 Water Ridge Parkway, Suite 200
Charlotte, NC 28217**

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: Cost overrun for Project ID #F-10075-13 (renovate and consolidate acute care laboratory operations)/ Mecklenburg County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Carolinas Medical Center
1000 Blythe Boulevard
Charlotte, NC 28203**

MAXIMUM CAPITAL EXPENDITURE: \$1,040,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 31, 2016

This certificate is effective as of the 19th day of April, 2016


Shelley Carraway, Chief

CONDITIONS:

1. The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center shall materially comply with all conditions of approval on the certificate of need for Project I.D. # F-10075-13 except as specifically modified by the conditions of approval for this application, Project I.D. # F-11123-16.
2. The total approved capital expenditure for Project I.D. # F-10075-13 and Project I.D. # F-11123-16 combined shall be \$4,794,728.
3. The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas 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 VI of the application that would otherwise require a certificate of need.
4. Prior to issuance of the certificate of need, The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center 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 Agency on March 31, 2016.

TIMETABLE:

| | |
|--------------------------------------|-------------------|
| Contract Award _____ | September 1, 2016 |
| 50% Completion of Construction _____ | December 1, 2016 |
| Completion of Construction _____ | March 1, 2017 |
| Occupancy/Offering of Services _____ | April 1, 2017 |

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: F-11108-15

FID #: 150478

**ISSUED TO: DVA Healthcare Renal Care, Inc.
d/b/a University City Dialysis
2321 West Morehead Street
Charlotte, NC 28208**

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 a new 10-station dialysis facility by relocating 10 dialysis stations from North Charlotte Dialysis/ Mecklenburg County

CONDITIONS: See Reverse Side


**PHYSICAL LOCATION: University City Dialysis
8210 University Executive Drive
Charlotte, NC 28262**

MAXIMUM CAPITAL EXPENDITURE: \$2,501,856

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 1, 2016

This certificate is effective as of the 12th day of April, 2016


Shelley Carraway, Chief

CONDITIONS:

1. DVA Healthcare Renal Care, Inc. d/b/a University City Dialysis shall materially comply with all representations made in the certificate of need application.
2. DVA Healthcare Renal Care, Inc. d/b/a University City Dialysis shall relocate no more than 10 dialysis stations from North Charlotte Dialysis Center.
3. DVA Healthcare Renal Care, Inc. d/b/a University City Dialysis shall install plumbing and electrical wiring through the walls for no more than 10 dialysis stations, which shall include any isolation or home hemodialysis stations.
4. DVA Healthcare Renal Care, Inc. shall take the necessary steps to decertify 10 dialysis stations at North Charlotte Dialysis Center for a total of no more than 27 dialysis stations at North Charlotte Dialysis Center upon completion of this project, and all of the following projects: Project I.D. #F-10219-13 (relocate 10 stations), Project I.D. #F-11019-15 (relocate 4 stations), and Project I.D. #F-11076-15 (add 10 stations).
5. Prior to the issuance of a certificate of need, DVA Healthcare Renal Care, Inc. d/b/a University City Dialysis shall provide to the Agency documentation of an intent to sign a written agreement or a written agreement with a transplantation center as required by 10A NCAC 14C .2202(b)(2) and .2204(11).
6. Prior to the issuance of a certificate of need, DVA Healthcare Renal Care, Inc. d/b/a University City Dialysis shall provide to the Agency documentation that power and water are available at proposed sites for the new facility as required by 10A NCAC 14C .2202(b)(3).
7. Prior to the issuance of a certificate of need, DVA Healthcare Renal Care, Inc. d/b/a University City Dialysis shall provide to the Agency a written commitment to pursue acquiring the primary site if and when the approval is granted and demonstrating that the primary and secondary sites are available for acquisition as required by 10A NCAC 14C .2202(b)(5).
8. DVA Healthcare Renal Care, Inc. d/b/a University City Dialysis 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 acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on April 11, 2016.

TIMETABLE:

| | |
|---|--------------------|
| Final Drawings and Specifications sent to the Construction Department, DHSR | January 17, 2017 |
| Construction Contract Executed | April 1, 2017 |
| 25% Completion of Construction | May 31, 2017 |
| 50% Completion of Construction | July 16, 2017 |
| 75% Completion of Construction | September 15, 2017 |
| Order Equipment | September 15, 2017 |
| Completion of Construction | September 30, 2017 |
| Operation of Equipment | December 1, 2017 |
| Occupancy/Offering of Services | January 1, 2018 |
| Certification | January 1, 2018 |

STATE OF NORTH CAROLINA

Department of Health and Human Services

Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project ID #J-10318-14

FID #140331

ISSUED TO: University of North Carolina Hospitals at Chapel Hill
101 Manning Drive
Chapel Hill, NC 27514

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: Acquire a linear accelerator/ Wake County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: UNC Hospitals Radiation Oncology, Holly Springs Campus
781 Avent Ferry Road
Holly Springs, NC 27540

MAXIMUM CAPITAL EXPENDITURE: \$5,020,809

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2016

This certificate is effective as of the 29th day of April, 2016

Martha J. Frisone for
Shelley Carraway, Chief

CONDITIONS:

1. University of North Carolina Hospitals at Chapel Hill shall materially comply with all representations made in the certificate of need application.
2. University of North Carolina Hospitals at Chapel Hill shall acquire no more than one linear accelerator as part of this project.
3. University of North Carolina Hospitals at Chapel Hill shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditures in Section VIII of the application and that would otherwise require a certificate of need.

TIMETABLE:

| | |
|---|------------------|
| Completion of Final Drawings and Specifications _____ | July 30, 2017 |
| Contract Award _____ | August 15, 2017 |
| 50% Completion of Construction _____ | November 1, 2017 |
| Completion of Construction _____ | January 15, 2018 |
| Operation of Equipment _____ | April 1, 2018 |
| Licensure of Campus _____ | April 1, 2018 |
| Occupancy/Offering of Services _____ | April 1, 2018 |