

**Certificate of Need
Certificates Issued
May 2016**

County	Project ID	Facility	FID	Facility Type	Project Description	Decision Date	Certificate Issue Date	Approved Capital Expenditure
Guilford	G-011124-16	High Point Regional Health System	943251	HOSPITAL	Change of scope for Project ID #G-8682-11 (expand and renovate hospital)	4/14/2016	5/17/2016	\$21,602,568
Onslow	P-011113-15	Onslow Assisted Living	150505	ACH	Replace and relocate the existing 40-bed Holly Ridge Assisted Living adult care home facility and change the name to Onslow Assisted Living	4/12/2016	5/13/2016	\$4,597,800
Mecklenburg	F-11106-15	Randolph Surgery Center	100778	ASC	Relocate 3 operating rooms (ORs) from CMC-University, 2 from CMC-Main and 1 OR from Charlotte Surgery Center for a total of 6 ORs upon project completion	2/9/2016	5/27/2016	\$13,979,728
Perquimans	R-011126-16	Hertford House	160064	ACH	Construct a new 50-bed adult care home in Perquimans County	4/18/2016	5/19/2016	\$6,248,728
Wake	J-011131-16	Oak City Dialysis	160068	ESRD	Develop a new facility by relocating 10 stations from Wake Forest Dialysis	4/22/2016	5/24/2016	\$2,433,324
Wake	J-011133-16	Fresenius Medical Care Morrisville	160069	ESRD	Develop a new 10-station dialysis facility by relocating four stations from BMA Cary and six stations from BMA Southwest Wake	4/22/2016	5/24/2016	\$1,607,166
Watauga	D-011122-16	The Foley Center at Chestnut Ridge	110348	NH	Cost overrun for Project ID #D-8685-11 (develop 20 NF beds and relocate 72 NF beds) and Project ID #D-8829-12 (relocate 20 ACH beds) for a total of 92 NF and 20 ACH beds upon completion of all three projects	3/31/2016	5/3/2016	\$6,129,250
Total	7							

STATE OF NORTH CAROLINA

Department of Health and Human Services

Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project ID #G-11124-16

FID #943251

**ISSUED TO: High Point Regional Health System
UNC HCS, Hedrick Building
211 Friday Center Drive, Suite G015
Chapel Hill NC 27517**

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: Change of scope for Project I.D. # G-8682-11 (Renovate and expand the existing hospital, including the surgical and cardiology departments)/ Guilford County

CONDITIONS: See Reverse Side


**PHYSICAL LOCATION: High Point Regional Health
601 North Elm Street
High Point NC 27262**

MAXIMUM CAPITAL EXPENDITURE: \$21,602,568

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2016

This certificate is effective as of the 17th day of May, 2016



Shelley Carraway, Chief

CONDITIONS:

1. High Point Regional Health shall materially comply with all representations made in the certificate of need for Project I.D. # G-8682-11 except as specifically modified by the conditions of approval for this application, Project I.D. # G-11124-15.
2. The total approved capital expenditure for Project I.D. # G-8682-11 and Project I.D. # G-11124-16 combined shall be \$77,854,109.
3. High Point Regional Health shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditures in Section VII of the application and that would otherwise require a certificate of need.
4. High Point Regional Health System 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.
5. High Point Regional Health 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 Agency on May 11, 2016.

TIMETABLE:

50% Completion of Construction	_____	July 15, 2016
75% Completion of Construction	_____	January 15, 2018
Completion of Construction	_____	December 21, 2018
Occupancy/Offering of Service(s)	_____	January 25, 2019

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: F-11106-15

FID #: 100778

ISSUED TO: Charlotte Surgery Center, LP
The Charlotte-Mecklenburg Hospital Authority
d/b/a Carolinas HealthCare System
d/b/a Carolinas Medical Center
d/b/a Carolinas HealthCare System University
3820 North Elm Street, Suite 102
Greensboro, NC 27455

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 3 operating rooms (ORs) from CMC-University, 2 ORs from CMC-Main and 1 OR from Charlotte Surgery Center for a total of 6 ORs upon project completion/ Mecklenburg County

CONDITIONS: See Reverse Side

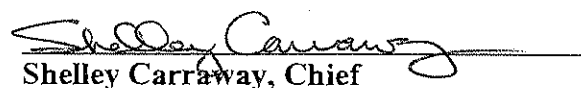
PHYSICAL LOCATION: Randolph Surgery Center
3621 Randolph Road, Suite 200
Charlotte, NC 28211

MAXIMUM CAPITAL EXPENDITURE: \$13,979,728

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 31, 2016

This certificate is effective as of the 27th day of May, 2016


Shelley Carraway, Chief

CONDITIONS:

1. Charlotte Surgery Center, LP and The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas HealthCare System d/b/a Carolinas Medical Center d/b/a Carolinas Healthcare System University shall materially comply with all representations made in the certificate of need application.
2. Charlotte Surgery Center, LP and The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas HealthCare System d/b/a Carolinas Medical Center d/b/a Carolinas Healthcare System University shall relocate no more than six operating rooms to Randolph Surgery Center: one from Charlotte Surgery Center, two from Carolinas Medical Center, and three from Carolinas HealthCare System University (two from the main campus and one from the Huntersville campus).
3. Upon completion of the project, Charlotte Surgery Center, LP shall take steps necessary to de-license one dedicated outpatient operating room located at Charlotte Surgery Center. Charlotte Surgery Center shall be licensed for no more than six dedicated outpatient operating rooms at project completion.
4. Upon completion of the project, The Charlotte-Mecklenburg Hospital Authority shall take steps necessary to de-license two operating rooms at Carolinas Medical Center and three operating rooms at Carolinas HealthCare System University (two on the main campus and one on the Huntersville campus).
5. The following table illustrates the approved ORs, by type, following completion of this project for the impacted facilities.

Operating Rooms	CMC-Main License		CHS-University License	
	CMC-Main	CMC-Mercy	CHS-University	CHS-Huntersville
Dedicated Inpatient	1	0	0	0
Dedicated Outpatient	9	0	0	1
Shared	26	15	7	0
Dedicated Open Heart	5	0	0	0
Dedicated C-Section	4	0	1	0
Totals	45	15	8	1

6. Upon issuance of the certificate of need for this project, Randolph Surgery Center, LLC shall relinquish the certificate of need for Project ID #F-10218-13 to relocate two dedicated outpatient operating rooms from Carolinas Medical Center to a new separately licensed ambulatory surgery center.
7. Gastrointestinal endoscopy procedures shall not be performed in the procedure rooms.
8. Charlotte Surgery Center, LP and The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas HealthCare System d/b/a Carolinas Medical Center d/b/a Carolinas Healthcare System 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.
9. Accreditation of the ambulatory surgical facility from The Joint Commission, The Accreditation Association of Ambulatory Health Care or a comparable accreditation authority shall be obtained within two years following the completion of the facility.
10. 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 shall be developed and implemented. The plan must be consistent with the applicants' representations in the written statement as described in paragraph one of Policy GEN-4.
11. Charlotte Surgery Center, LP and The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas HealthCare System d/b/a Carolinas Medical Center d/b/a Carolinas Healthcare System University shall acknowledge acceptance of and agree to comply with all conditions stated herein in writing to the Certificate of Need Section prior to the 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 May 27, 2016.

TIMETABLE:

Approval of Final Drawings by the Construction Section, DHSR _____ October 11, 2016
 25% Completion of Construction _____ November 11, 2016
 50% Completion of Construction _____ January 1, 2017
 75% Completion of Construction _____ March 11, 2017
 Completion of Construction _____ May 25, 2017
 Occupancy/Offering of Service/Operation of Equipment _____ July 1, 2017

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #P-11113-15

FID #150505

**ISSUED TO: Onslow Propco Holdings, LLC, Onslow Opco Holdings, LLC AND
Agemark Acquisition, LLC
Post Office Box 2568
Hickory, North Carolina 28403**

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, replace and relocate the existing 40-bed Holly Ridge Assisted Living adult care home facility and change the name to Onslow Assisted Living/ Onslow County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Onslow Assisted Living
Hammock Beach Road
Swansboro, North Carolina 28584**

MAXIMUM CAPITAL EXPENDITURE: \$4,597,800

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 15, 2016

This certificate is effective as of the 13th day of May, 2016


Shelley Carraway, Chief

CONDITIONS:

1. **Onslow Propco Holdings, LLC, Onslow Opco Holdings, LLC and Agemark Acquisition, LLC shall materially comply with all representations made in the certificate of need application and supplemental information received February 29, 2016. In those instances where representations conflict, Onslow Propco Holdings, LLC and Onslow Opco Holdings, LLC shall materially comply with the last made representation.**
2. **Onslow Propco Holdings, LLC, Onslow Opco Holdings, LLC and Agemark Acquisition, LLC shall relocate no more than 40 adult care home beds from Holly Ridge Assisted Living to the proposed Onslow Assisted Living for a facility total of no more than 40 adult care home beds upon project completion.**
3. **Onslow Propco Holdings, LLC, Onslow Opco Holdings, LLC and Agemark Acquisition, LLC shall provide care to recipients of State/County Special Assistance with Medicaid, commensurate with representations made in the application.**
4. **For the first two years of operation following completion of the project, Onslow Propco Holdings, LLC, Onslow Opco Holdings, LLC and Agemark Acquisition, 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 Agency that the proposed increase is in material compliance with the representations in the certificate of need application.**
5. **Onslow Propco Holdings, LLC, Onslow Opco Holdings, LLC and Agemark Acquisition, LLC 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 May 12, 2016.

TIMETABLE:

Final Drawings Approved By the Construction Section, DHR	August 10, 2016
25% Completion of Construction	December 30, 2016
50% Completion of Construction	April 28, 2017
Completion of Construction	August 18, 2017
Licensure of Facility	October 1, 2017
Medicare/Medicaid Certification	October 1, 2017

STATE OF NORTH CAROLINA

Department of Health and Human Services
Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project ID #: R-11126-16

FID #: 160064

ISSUED TO: Perquimans Propco Holdings, LLC
Perquimans Opco Holdings, LLC
PO 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: Construct a new 50-bed adult care home in Perquimans County/Perquimans County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Hertford House
1 South Church Street
Hertford, NC 27944

MAXIMUM CAPITAL EXPENDITURE: \$6,248,728

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 1, 2016

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

Martha J. Frisone for
Shelley Carraway, Chief

CONDITIONS:

1. Perquimans Propco Holdings, LLC and Perquimans Opco Holdings, LLC shall materially comply with all representations made in the certificate of need application.
2. Perquimans Propco Holdings, LLC and Perquimans Opco Holdings, LLC shall develop no more than 50 adult care home beds upon completion of this project.
3. Prior to the issuance of the certificate of need, Perquimans Propco Holdings, LLC and Perquimans Opco Holdings, LLC shall submit documentation of an invitation to a health professional training program in Perquimans County or an adjacent county to use the facility for training students.
4. Perquimans Propco Holdings, LLC and Perquimans Opco Holdings, LLC shall provide care to recipients of State/County Special Assistance with Medicaid, commensurate with representations made in the application.
5. For the first two years of operation following completion of the project, Perquimans Propco Holdings, LLC and Perquimans Opco 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 Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.
6. Perquimans Propco Holdings, LLC and Perquimans Opco Holdings, LLC shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.
7. Perquimans Propco Holdings, LLC and Perquimans 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 the 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 May 12, 2016.

TIMETABLE:

Contract Award _____	May 20, 2017
Site Purchased _____	August 9, 2017
50% Completion of Construction _____	April 28, 2018
Completion of Construction _____	August 18, 2018
Licensure of Facility _____	October 1, 2018

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: J-11131-16

FID #: 160068

**ISSUED TO: Total Renal Care of North Carolina, LLC
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 facility by relocating 10 stations from Wake Forest Dialysis Center / Wake County

CONDITIONS: See Reverse Side


**PHYSICAL LOCATION: Oak City Dialysis
3300 Ruritania Street
Raleigh, NC 27616**

MAXIMUM CAPITAL EXPENDITURE: \$2,433,324

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 31, 2017

This certificate is effective as of the 24th day of May, 2016



Shelley Carraway, Chief

CONDITIONS:

1. Total Renal Care of North Carolina, LLC d/b/a Wake Forest Dialysis Center shall materially comply with all representations made in the certificate of need application.
2. Total Renal Care of North Carolina, LLC d/b/a Wake Forest Dialysis Center shall relocate no more than 10 dialysis stations from Wake Forest Dialysis Center.
3. Total Renal Care of North Carolina, LLC d/b/a Wake Forest Dialysis Center 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. Total Renal Care of North Carolina, LLC d/b/a Wake Forest Dialysis Center shall take the necessary steps to decertify 10 dialysis stations at Wake Forest Dialysis Center for a total of no more than 12 dialysis stations at Wake Forest Dialysis Center upon completion of this project and Project I.D. #J-11090-15 (add two dialysis stations for a total of 22 stations).
5. Total Renal Care of North Carolina, LLC d/b/a Wake Forest Dialysis 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 May 24, 2016.

TIMETABLE:

Contract Award _____	January 31, 2017
25% Completion of Construction _____	April 1, 2017
50% Completion of Construction _____	June 1, 2017
75% Completion of Construction _____	August 1, 2017
Completion of Construction _____	October 1, 2017
Occupancy/Offering of Service/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-11133-16

FID #: 160069

ISSUED TO: Bio-Medical Applications of North Carolina, Inc.
Carolina Dialysis, LLC
2800 Breezewood Avenue, Suite 200
Fayetteville, NC 28303

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 four stations from Cary Kidney Center and six stations from Southwest Wake County Dialysis/ Wake County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Fresenius Medical Care Morrisville
Intersection of Stamford Drive and Weston Parkway
Cary, NC 27513

MAXIMUM CAPITAL EXPENDITURE: \$1,607,166

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 1, 2017

This certificate is effective as of the 24th day of May, 2016


Shelley Carraway, Chief

CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc. and Carolina Dialysis, LLC shall materially comply with all representations made in the certificate of need application.
2. Bio-Medical Applications of North Carolina, Inc. and Carolina Dialysis, LLC shall relocate no more than 4 dialysis stations from Cary Kidney Center and no more than 6 dialysis stations from Southwest Wake County Dialysis.
3. Bio-Medical Applications of North Carolina, Inc. and Carolina Dialysis, LLC 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. Bio-Medical Applications of North Carolina, Inc. shall take the necessary steps to decertify 4 dialysis stations at Cary Kidney Center for a total of no more than 24 dialysis stations at Cary Kidney Center upon project completion.
5. Bio-Medical Applications of North Carolina, Inc. shall take the necessary steps to decertify 6 dialysis stations at Southwest Wake County Dialysis for a total of no more than 24 dialysis stations at Southwest Wake County Dialysis upon project completion.
6. Bio-Medical Applications of North Carolina, Inc. and Carolina Dialysis, 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 May 13, 2016.

TIMETABLE:

Contract Award _____	March 31, 2017
25% Completion of Construction _____	June 14, 2017
50% Completion of Construction _____	August 13, 2017
75% Completion of Construction _____	September 27, 2017
Completion of Construction _____	October 27, 2017
Occupancy/Offering of Service/Certification _____	December 31, 2017

STATE OF NORTH CAROLINA

Department of Health and Human Services
Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project ID #: D-11122-16

FID #: 110348

ISSUED TO: Chestnut Ridge at Blowing Rock, LLC
336 Deerfield Road
Boone, NC 28607

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 #D-8685-11 (develop 20 NF beds and relocate 72 NF beds) and Project ID #D-8829-12 (relocate 20 ACH beds) for a total of 92 NF and 20 ACH beds upon completion of all three projects/ Watauga County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: The Foley Center at Chestnut Ridge
550 Summit Meadow Lane
Blowing Rock, NC 28605

MAXIMUM CAPITAL EXPENDITURE: \$6,129,250

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2016

This certificate is effective as of the 3rd day of May, 2016

Martha J. Frisone for
Shelley Carraway, Chief

CONDITIONS:

1. Chestnut Ridge at Blowing Rock, LLC, and Blowing Rock Hospital, Inc. shall materially comply with all conditions of approval on the certificate of need for Project I.D. #s D-8685-11 and D-8829-12 except as specifically modified by the conditions of approval for this application, D-11122-16.
2. The total approved capital expenditure for Project I.D. #s D-8685-11, D-8829-12, and D-11122-16 is \$26,212,416.
3. Chestnut Ridge at Blowing Rock, LLC, and Blowing Rock 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 VI of the application and that would otherwise require a certificate of need.
4. Chestnut Ridge at Blowing Rock, LLC, and Blowing Rock 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.
5. Prior to issuance of the certificate of need, Chestnut Ridge at Blowing Rock, LLC, and Blowing Rock Hospital, Inc. 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 12, 2016.

TIMETABLE:

Obtain Funds Necessary to Undertake Project	_____	June 5, 2016
Completion of Construction	_____	August 1, 2016
Occupancy/Offering of Services	_____	October 1, 2016
Licensure	_____	October 1, 2016
Certification	_____	October 1, 2016