

**Certificate of Need
Certificates
October 2016**

County	Project ID	Facility	FID	Facility Type	Project Description	Decision Date	Certificate Issue Date	Approved Capital Expenditure
Brunswick	O-011193-16	Novant Health Brunswick Endoscopy Center, LLC	160287	ASC	Develop a new GI endoscopy center on the hospital campus by relocating one GI endoscopy room from the hospital and developing one new GI endoscopy room for a total of two GI endoscopy rooms upon project completion	9/28/2016	10/29/2016	\$4,125,488
Mecklenburg	F-011181-16	Levine Cancer Institute-University	160211	HOSPITAL	Consolidate two outpatient infusion clinics in a new medical office building on the Carolinas HealthCare System University campus	9/7/2016	10/8/2016	\$8,341,000
New Hanover	O-011190-16	Endoscopy Center NHRMC Physician Group	160284	ASC	Relocate one GI endoscopy room from New Hanover Regional Medical Center to Endoscopy Center NHRMC Physician Group and relocate existing facility to a new location where it will be licensed for three GI endoscopy rooms and the hospital will be licensed for only four GI endoscopy rooms	9/27/2016	10/28/2016	\$3,500,000
New Hanover	O-11191-16	New Hanover Regional Medical Center	943372	HOSPITAL	Acquire a third dedicated cardiac eletrophysiology lab	9/27/2016	10/28/2016	\$2,671,315
Wake	J-011185-16	Duke Raleigh Hospital	923421	HOSPITAL	Cost overrun on Project ID #J-7941-07 (acquire linear accelerator)	9/28/2016	10/29/2016	\$1,664,433
Wake	J-011199-16	Rex Hospital	953429	HOSPITAL	Acquire a fourth heart-lung bypass machine	9/23/2016	10/25/2016	\$403,919
Wake	J-011158-16	Waltonwood Silverton	160148	ACH	Relocate 65 adult care home beds from Lee's Long Term Care Facility and nine adult care home beds from Waltonwood Cary Parkway to a new 74-bed facility, to include a 24-bed special memory care unit	8/31/2016	10/1/2016	\$11,365,194
Total	7							

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: O-11193-16

FID #: 160287

ISSUED TO: Novant Health Brunswick Endoscopy Center, LLC
Novant Health, Inc.
3600 Country Club Road, Suite 201
Winston-Salem, NC 27104

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 GI endoscopy center on the hospital campus by relocating one GI endoscopy room from the hospital and developing one new GI endoscopy room for a total of two GI endoscopy rooms upon project completion/ Brunswick County

CONDITIONS: See Reverse Side


PHYSICAL LOCATION: Novant Health Brunswick Endoscopy Center
240 Hospital Drive NE
Bolivia, NC 28422

MAXIMUM CAPITAL EXPENDITURE: \$4,125,488

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 1, 2017

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


Martha J. Frisone, Assistant Chief

CONDITIONS:

1. Novant Health Brunswick Endoscopy Center, LLC and Novant Health, Inc. shall materially comply with all representations made in the certificate of need application.
2. Novant Health Brunswick Endoscopy Center, LLC and Novant Health, Inc. shall develop a GI endoscopy center with no more than two GI endoscopy rooms.
3. Novant Health Brunswick Medical Center shall de-license one GI endoscopy room and Novant Health Brunswick Medical Center shall be licensed for no more than one GI endoscopy room following completion of this project.
4. Novant Health Brunswick Endoscopy Center, LLC and Novant Health, Inc. 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.
5. Novant Health Brunswick Endoscopy Center, LLC and Novant Health, Inc. 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 October 14, 2016.

TIMETABLE:

Completion of Preliminary Drawings	_____	March 3, 2017
Approval of Site by Construction Section, DHSR	_____	July 21, 2017
50% Completion of Construction	_____	November 10, 2017
Occupancy/Offering of Service	_____	April 1, 2018

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: F-11181-16

FID #: 160211

**ISSUED TO: The Charlotte-Mecklenburg Hospital Authority
2709 Water Ridge Parkway, Suite 200
Charlotte, NC 28203**

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: Consolidate the operations of Levine Cancer Institute-University and Levine Cancer Institute-Mallard Creek and relocate the facility to new leased space on the campus of Carolinas HealthCare System University / Mecklenburg County

CONDITIONS: See Reverse Side


**PHYSICAL LOCATION: Levine Cancer Institute-University
101 W.T. Harris Blvd. Building 5000
Charlotte, NC 28262**

MAXIMUM CAPITAL EXPENDITURE: \$8,341,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 30, 2017

This certificate is effective as of the 8th day of October, 2016


Martha J. Frisone / Assistant Chief

CONDITIONS:

1. The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center 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 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 applicant and which would otherwise require a certificate of need.
3. The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas 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.
4. 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 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 September 20, 2016.

TIMETABLE:

Approval of Final Drawings and Specifications by the Construction Section, DHSR _____	November 1, 2017
50% Completion of Construction _____	July 1, 2018
Completion of Construction _____	December 1, 2018
Occupancy/Offering of Service(s) _____	January 1, 2019

STATE OF NORTH CAROLINA

Department of Health and Human Services
Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project ID #: O-11190-16

FID #: 160284

ISSUED TO: New Hanover Regional Medical Center
Carolina Healthcare Associates, Inc.
2131 S. 17th Street
Wilmington, NC 28402

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 one GI endoscopy room from New Hanover Regional Medical Center to Endoscopy Center NHRMC Physician Group and relocate existing facility to a new location where it will be licensed for three GI endoscopy rooms and the hospital will be licensed for only four GI endoscopy rooms/ New Hanover County

CONDITIONS: See Reverse Side


PHYSICAL LOCATION: Endoscopy Center NHRMC Physicians Group
1520 Physicians Drive
Wilmington, NC 28402

MAXIMUM CAPITAL EXPENDITURE: \$3,500,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2017

This certificate is effective as of the 28th day of October, 2016


Martha J. Frisone, Assistant Chief

CONDITIONS:

1. New Hanover Regional Medical Center and Carolina Healthcare Associates, Inc. shall materially comply with all representations made in the certificate of need application and in the supplemental information received September 16, 2016. In those instances where representations conflict, New Hanover Regional Medical Center and Carolina Healthcare Associates, Inc. shall materially comply with the last made representation.
2. New Hanover Regional Medical Center and Carolina Healthcare Associates, 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. New Hanover Regional Medical Center and Carolina Healthcare Associates, Inc. shall relocate no more than one additional gastrointestinal endoscopy procedure room from New Hanover Regional Medical Center and shall be licensed for a total of no more than three gastrointestinal endoscopy procedure rooms at Endoscopy Center NHRMC Physician Group following project completion.
4. New Hanover Regional Medical Center and Carolina Healthcare Associates, Inc. shall take the necessary steps to delicense one gastrointestinal endoscopy procedure room at New Hanover Regional Medical Center, for a total of no more than four gastrointestinal endoscopy procedure room upon project completion.
5. New Hanover Regional Medical Center and Carolina Healthcare Associates, 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 October 27, 2016.

TIMETABLE:

Final Drawings and Specifications to Construction Section, DHSR _____	May 15, 2017
Contract Award _____	September 1, 2017
25% Completion of Construction _____	March 1, 2018
50% Completion of Construction _____	September 1, 2018
75% Completion of Construction _____	March 1, 2019
Completion of Construction _____	September 1, 2019
Occupancy/Offering of Services _____	October 1, 2019

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: O-11191-16

FID #: 943372

**ISSUED TO: New Hanover Regional Medical Center
2131 S. 17th Street
Wilmington, NC 28402**

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 third dedicated cardiac electrophysiology lab/ New Hanover County

CONDITIONS: See Reverse Side


**PHYSICAL LOCATION: New Hanover Regional Medical Center
2131 S. 17th Street
Wilmington, NC 28402**

MAXIMUM CAPITAL EXPENDITURE: \$2,671,315

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 20, 2017

This certificate is effective as of the 28th day of October, 2016


Martha J. Frisone, Assistant Chief

CONDITIONS:

1. New Hanover Regional Medical Center shall materially comply with all representations made in the certificate of need application.
2. New Hanover Regional Medical Center shall acquire equipment for no more than one cardiac electrophysiology laboratory as part of this project for a total of three cardiac electrophysiology laboratories following completion of the project.
3. New Hanover Regional Medical Center 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 or that would otherwise require a certificate of need.
4. New Hanover Regional Medical Center 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 October 31, 2016.

TIMETABLE:

25% Completion of Construction _____	December 15, 2016
50% Completion of Construction _____	January 15, 2017
75% Completion of Construction _____	February 15, 2017
Completion of Construction _____	March 15, 2017
Operation of Equipment _____	April 1, 2017
Occupancy/Offering of Service _____	April 1, 2017

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: J-11185-16

FID #: 923421

ISSUED TO: Duke University Health System, Inc.
3100 Tower Boulevard, Suite 1300
Durham, NC 27707

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 on Project ID #J-7941-07 (acquire linear accelerator). The total approved capital cost for both projects is \$5,981,036/ Wake County

CONDITIONS: See Reverse Side


PHYSICAL LOCATION: Duke Raleigh Hospital
3400 Wake Forest Road
Raleigh, NC 27609

MAXIMUM CAPITAL EXPENDITURE: \$1,644,433

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: February 28, 2017

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


Martha J. Frisone, Assistant Chief

CONDITIONS:

1. Duke University Health System, Inc. d/b/a Duke Raleigh Hospital shall materially comply with all conditions of approval on the certificate of need for Project I.D. #J-7941-07 except as specifically modified by the conditions of approval for this application, Project I.D. #J-11185-16.
2. The total approved capital expenditure for Project I.D. #J-7941-07 and Project I.D. #J-11185-16 combined shall be \$5,981,036.
3. Duke University Health System, Inc. d/b/a Duke Raleigh Hospital 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. Prior to issuance of the certificate of need, Duke University Health System, Inc. d/b/a Duke Raleigh Hospital 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 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 October 4, 2016.

TIMETABLE:

Completion of Construction _____ November 30, 2016
Operation of Equipment _____ January 1, 2017

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: J-11199-16

FID #: 953429

ISSUED TO: Rex Hospital, Inc.
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: Acquire a fourth heart-lung bypass machine / Wake County

CONDITIONS: See Reverse Side

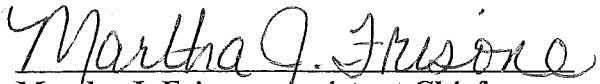
PHYSICAL LOCATION: Rex Hospital
4420 Lake Boone Trail
Raleigh, NC 27607

MAXIMUM CAPITAL EXPENDITURE: \$403,919

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 1, 2017

This certificate is effective as of the 25th day of October, 2016


Martha J. Frisone, Assistant Chief

CONDITIONS:

1. Rex Hospital, Inc. shall materially comply with all representations made in its certificate of need application.
2. Rex 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. Rex 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 October 17, 2016.

TIMETABLE:

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 #: J-11158-16

FID #: 160148

ISSUED TO: Waltonwood Silverton, LLC
2601 Weston Parkway, Suite 203
Cary, NC 27513

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 65 adult care home beds from Lee's Long Term Care Facility and no more than nine adult care home beds from Waltonwood Cary Parkway to a new 74-bed facility, to include a 24-bed special memory care unit/ Wake County

CONDITIONS: See Reverse Side

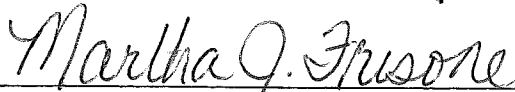
PHYSICAL LOCATION: Waltonwood Silverton
Evans Road and Cary Parkway
Cary, NC 27513

MAXIMUM CAPITAL EXPENDITURE: \$11,365,194

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 30, 2017

This certificate is effective as of the 1st day of October, 2016


Martha J. Frisone/Assistant Chief

CONDITIONS:

1. Waltonwood Silverton, LLC shall materially comply with all representations made in the certificate of need application and with all representation made in supplemental information received on August 26, 2016. In those instances where representations conflict, Waltonwood Silverton, LLC shall materially comply with the last made representation.
2. Waltonwood Silverton, LLC shall relocate no more than 65 ACH beds from Lee's Long Term Care Facility and no more than nine beds from Waltonwood Cary to its proposed Waltonwood Silverton facility, for a facility total of no more than 74 ACH beds which may include a 24 bed memory care unit.
3. Waltonwood Cary Parkway shall be licensed for no more than 74 ACH beds following the relocation of nine ACH beds from Waltonwood Cary Parkway to Waltonwood Silverton.
4. Waltonwood Silverton, 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.
5. For the first two years of operation following completion of the project, Waltonwood Silverton, 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.
6. Waltonwood Silverton, LLC shall provide care to recipients of State/County Special Assistance with Medicaid consistent with the representations made in Section VI.2.
7. Waltonwood Silverton, 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 September 9, 2016.

TIMETABLE:

Approval of Site by the Construction Section, DHSR _____	November 1, 2015
Final Drawings Submitted to the Construction Section, DHSR _____	November 13, 2017
Final Drawings Approved by the Department of Insurance _____	August 10, 2018
50% Completion of Construction _____	January 22, 2020
Completion of Construction _____	November 2, 2020
Licensure of Facility _____	January 1, 2021