

**Certificate of Need
Certificates
September 2017**

County	Project ID	Facility	FID	Facility Type	Project Description	Decision Date	Certificate Issue Date	Approved Capital Expenditure
Brunswick	O-011282-16	Brunswick Surgery Center	160564	ASC	Develop a new ASC with one OR and two procedure rooms	4/28/2017	9/21/2017	\$4,247,515.00
Dare	R-011358-17	The Outer Banks Hospital Cancer Center	170277	LINAC	Replace existing linear accelerator and relocate it to a new building across the street from the existing hospital	8/23/2017	9/23/2017	\$6,000,000.00
Franklin	K-011352-17	Bunn Dialysis	170241	ESRD	Develop a new 10-station dialysis facility by relocating 10 stations from Dialysis Care of Franklin County which will have 17 stations upon completion	8/25/2017	9/26/2017	\$2,130,173.00
Hertford	Q-011351-17	Murfreesboro Dialysis	170240	ESRD	Develop a new 10-station dialysis facility by relocating 10 stations from Ahoskie Dialysis which will have 16 stations upon completion	8/16/2017	9/16/2017	\$1,990,634.00
Mecklenburg	F-011363-17	Levine Cancer Institute-Huntersville	170280	HOSPITAL	Develop a new outpatient infusion therapy clinic by renovating existing space on the campus of Carolinas Healthcare System Huntersville	8/11/2017	9/12/2017	\$4,600,000.00
Rowan	F-011332-17	Liberty Commons of Rowan County	980260	NH	Relocate 20 existing NF beds from Bermuda Commons in Davie County to Liberty Commons of Rowan County pursuant to Policy NH-6 for a total of 110 NF beds at Liberty Commons of Rowan County upon completion	8/25/2017	9/26/2017	\$3,184,280.00
Wake	J-011336-17	Rex Hospital	953429	HOSPITAL	Acquire a 5th unit of cardiac catheterization equipment	8/25/2017	9/26/2017	\$54,320.00

**Certificate of Need
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September 2017**

County	Project ID	Facility	FID	Facility Type	Project Description	Decision Date	Certificate Issue Date	Approved Capital Expenditure
Wake	J-011350-17	Holly Hill Specialty Hospital	160196	MHH	Add 25 adult inpatient psychiatric beds on the Michael J. Smith Lane campus	8/14/2017	9/14/2017	\$1,132,494.00
Total	8							

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: O-11282-16

FID #: 160564

ISSUED TO: OWP3, LLC, Brunswick Surgery Center LLC
2716 Ashton Drive
Wilmington, NC 28412

Pursuant to N.C. Gen. Stat. §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 N.C. Gen. Stat. §131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. §131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to N.C. Gen. Stat. §131E-189 for any of the reasons provided in that law.

SCOPE: Develop a new ASC with one OR and two procedure rooms/ Brunswick County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Brunswick Surgery Center
South Dickinson Drive
Leland, NC 28451

MAXIMUM CAPITAL EXPENDITURE: \$4,247,515

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 30, 2018

This certificate is effective as of the 21st day of September, 2017



Martha J. Frisone, Chief

CONDITIONS:

1. **OWP3, LLC and Brunswick Surgery Center, LLC shall materially comply with all representations made in the certificate of need application.**
2. **OWP3, LLC and Brunswick Surgery Center, LLC shall develop an ambulatory surgery center with no more than one operating room.**
3. **OWP3, LLC and Brunswick Surgery Center, LLC shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section VIII of the application and that would otherwise require a certificate of need.**
4. **OWP3, LLC and Brunswick Surgery Center, 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 18, 2017.

TIMETABLE:

Final Drawings and Specifications to Construction Section, DHSR	March 15, 2018
Construction Contract Executed/Contract Award	April 15, 2018
25% Completion of Construction	July 1, 2018
50% Completion of Construction	October 1, 2018
75% Completion of Construction	January 1, 2019
Completion of Construction	April 1, 2019
Occupancy/Offering of Service/Licensure/Certification	May 1, 2019

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: R-11358-17

FID #: 170277

**ISSUED TO: The Outer Banks Hospital, Inc.
P.O. Box 6028
Greenville, NC 27835**

Pursuant to N.C. Gen. Stat. §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 N.C. Gen. Stat. §131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. §131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to N.C. Gen. Stat. §131E-189 for any of the reasons provided in that law.

SCOPE: Replace existing linear accelerator and relocate it to a new building across the street from the existing hospital/ Dare County

CONDITIONS: See Reverse Side

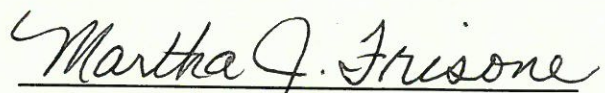
**PHYSICAL LOCATION: The Outer Banks Hospital Cancer Center
4923 S. Croatan Highway
Nag's Head, NC 27959**

MAXIMUM CAPITAL EXPENDITURE: \$6,000,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 1, 2018

This certificate is effective as of the 23rd day of September, 2017


Martha J. Frisone, Chief

CONDITIONS:

1. **The Outer Banks Hospital, Inc. shall materially comply with all representations made in the certificate of need application.**
2. **The Outer Banks Hospital, Inc. shall acquire no more than one linear accelerator to replace one existing linear accelerator being relocated to a new site for The Outer Banks Hospital Cancer Center. The applicant shall dispose of the existing linear accelerator being replaced by removing it from North Carolina.**
3. **The Outer Banks Hospital, Inc. shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.**
4. **The Outer Banks 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. **The Outer Banks 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 September 21, 2017.

TIMETABLE:

- | | |
|--|--------------------------|
| 1. Construction/Renovation Contract(s) Executed | July 1, 2018 |
| 2. 25% of Construction/Renovation Completed
(25% of the cost is in place) | September 1, 2018 |
| 3. 50% of Construction/Renovation Completed | November 1, 2018 |
| 4. 75% of Construction/Renovation Completed | January 1, 2019 |
| 5. Construction/Renovation Completed | March 1, 2019 |
| 6. Equipment Operational | May 1, 2019 |
| 7. Services Offered | May 1, 2019 |

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: K-11352-17

FID #: 170241

**ISSUED TO: Total Renal Care of North Carolina, LLC
2321 West Morehead Street
Charlotte, NC 28208**

Pursuant to N.C. Gen. Stat. §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 N.C. Gen. Stat. §131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. §131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to N.C. Gen. Stat. §131E-189 for any of the reasons provided in that law.

SCOPE: Develop a new 10-station dialysis facility in Franklin County by relocating ten stations from DC Franklin County/ Franklin County

CONDITIONS: See Reverse Side

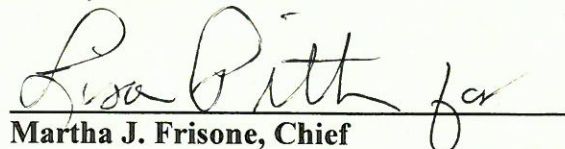
**PHYSICAL LOCATION: Bunn Dialysis
565 South Main Street
Bunn, NC 27508**

MAXIMUM CAPITAL EXPENDITURE: \$2,130,173

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 30, 2018

This certificate is effective as of the 26th day of September, 2017



Martha J. Frisone, Chief

CONDITIONS:

1. Total Renal Care of North Carolina, LLC d/b/a Bunn Dialysis shall materially comply with all representations made in the certificate of need application.
2. Total Renal Care of North Carolina, LLC d/b/a Bunn Dialysis shall relocate no more than ten dialysis stations from DC Franklin County for a total of no more than 10 dialysis stations at Bunn Dialysis.
3. Total Renal Care of North Carolina, LLC d/b/a Bunn 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. Total Renal Care of North Carolina, LLC shall take the necessary steps to decertify ten dialysis stations at Dialysis Care of Franklin County for a total of no more than 17 dialysis stations at Dialysis Care of Franklin County upon project completion.
5. Total Renal Care of North Carolina, LLC d/b/a Bunn 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 September 20, 2017.

TIMETABLE:

- | | |
|--|------------------|
| 1. Drawings Completed | February 1, 2018 |
| 2. Construction/Renovation Contract(s) Executed | April 1, 2018 |
| 3. 50% of Construction/Renovation Completed | July 1, 2018 |
| 4. Construction/Renovation Completed | October 1, 2018 |
| 5. Equipment Operational | November 1, 2018 |
| 6. Building/Space Occupied | December 1, 2018 |
| 7. Medicare and/or Medicaid Certification Obtained | January 1, 2019 |



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH SERVICE REGULATION

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

MARK PAYNE
DIRECTOR

September 28, 2017

William Hyland
2321 West Morehead Street
Charlotte, NC 28208

Transmittal of Certificate of Need

Project ID #: K-11352-17
Facility: Bunn Dialysis
Project Description: Develop a new 10-station dialysis facility in Franklin County by relocating ten stations from DC Franklin County
County: Franklin
FID #: 170241

Dear Mr. Hyland:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) is happy to transmit your certificate of need for the above referenced project. At this time, you should contact the Agency's Acute and Home Care Licensure and Certification Section regarding their procedures and requirements for the development of this project. This office will notify the appropriate Sections that the certificate of need has been issued. However, please note that it is the responsibility of the holder of the certificate of need to contact these Sections concerning the next steps to follow in the development of the approved project.

Please be aware that pursuant to N.C. Gen. Stat. §131E-181(b), you are required to materially comply with the representations made in your application for a certificate of need, or with any conditions the Agency placed on the certificate of need. **If you subsequently propose to develop the project on a site different from that named on this certificate, you must first seek and obtain approval from the Agency.** If you operate a service which materially differs from the representations made in your application for a certificate of need, or with any conditions the Agency placed on the certificate of need, including any increase in per diem reimbursement rates/charges, the Agency may bring remedial action against the holder of the certificate of need pursuant to N.C. Gen. Stat. §131E-189 and 131E-190.

The holder of a certificate of need is obligated to submit progress reports to this office as required by 10A NCAC 14C .0209. The applicant shall notify this office of any variations

HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION
WWW.NCDHHS.GOV

TELEPHONE: 919-855-3873

LOCATION: EDGERTON BUILDING • 809 RUGGLES DRIVE • RALEIGH, NC 27603

MAILING ADDRESS: 2704 MAIL SERVICE CENTER • RALEIGH, NC 27699-2704

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from the schedule or the projected capital cost of the project. During the development of the project, this office may request any additional information pertinent to the project, including additional progress reports, to determine:

- 1) If the timetable specified on the certificate is being met;
- 2) If the amount of the capital expenditure for the development of the project is expected to exceed the maximum amount under the certificate;
- 3) If the terms and conditions of the approval are being met; and
- 4) If the project is progressing as proposed in the application.

The first progress report on this project is due May 30, 2018. Forms for the submittal of these reports are enclosed. Failure to submit any scheduled or requested progress report in a timely manner may result in the Agency withdrawing the certificate pursuant to N.C. Gen. Stat. §131E-189. If after reviewing the status of the project, the Agency determines that the holder of the certificate is not meeting the timetable and is not making a good faith effort to meet it, the Agency may withdraw the certificate in accordance with N.C. Gen. Stat. §131E-189.


Moreover, please be advised that this Agency may assess a civil penalty not to exceed \$20,000 against any person who violates the terms of a certificate of need which has been issued each time the service provided is in violation of this provision (N.C. Gen. Stat. §131E-190(f)). If for some reason, the holder of a certificate of need determines it necessary to request an increase in a per diem charge or reimbursement rate over that which was stated in the application for the certificate of need, then the holder must first contact the Agency to obtain proper instructions for initiating such a request. The request for the increase will be considered by the Agency pursuant to N.C. Gen. Stat. §131E-181(b).

Please keep us informed of the progress in the development of this project. Please refer to the Project ID # and Facility ID # (FID) in all correspondence.

Sincerely,



Bernetta Thorne-Williams
Project Analyst



Martha J. Frisone
Chief, Healthcare Planning and
Certificate of Need Section

BTW:MJF:vm

Enclosures

cc: Acute and Home Care Licensure and Certification Section, DHSR
Sharetta Blackwell, Program Assistant Healthcare Planning, DHSR

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: Q-11351-17

FID #: 170240

**ISSUED TO: DVA Healthcare Renal Care, Inc.
2321 West Morehead Street
Charlotte, NC 28208**

Pursuant to N.C. Gen. Stat. §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 N.C. Gen. Stat. §131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. §131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to N.C. Gen. Stat. §131E-189 for any of the reasons provided in that law.

SCOPE: Develop a new 10-station dialysis facility by relocating 10 stations from Ahoskie Dialysis/ Hertford County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Murfreesboro Dialysis Center
626 West Main Street
Murfreesboro, NC 27855**

MAXIMUM CAPITAL EXPENDITURE: \$1,990,634

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: February 1, 2018

This certificate is effective as of the 16th day of September, 2017


Martha J. Frisone, Chief

CONDITIONS:

1. DVA Healthcare Renal Care, Inc. d/b/a Murfreesboro Dialysis Center shall materially comply with all representations made in the certificate of need application.
2. Pursuant to Policy ESRD-2, DVA Healthcare Renal Care, Inc. d/b/a Murfreesboro Dialysis Center shall develop a new kidney disease treatment center to be known as Murfreesboro Dialysis Center by relocating 10 dialysis stations from Ahoskie Dialysis Center, which shall include any home hemodialysis training or isolation stations.
3. DVA Healthcare Renal Care, Inc. d/b/a Murfreesboro Dialysis Center shall install plumbing and electrical wiring through the walls for no more than 10 dialysis stations which shall include any isolation stations.
4. Upon completion of this project, DVA Healthcare Renal Care, Inc. shall take the necessary steps to decertify 10 dialysis stations at Ahoskie Dialysis Center for a total of no more than 16 dialysis stations at Ahoskie Dialysis Center.
5. DVA Healthcare Renal Care, Inc. d/b/a Murfreesboro Dialysis 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 August 23, 2017.

TIMETABLE:

1. Drawings Completed	February 1, 2018
2. Construction/Renovation Contract(s) Executed	April 1, 2018
3. 50% of Construction/Renovation Completed	July 1, 2018
4. Construction/Renovation Completed	October 1, 2018
5. Equipment Ordered	August 1, 2018
6. Equipment Operational	November 1, 2018
7. Building/Space Occupied	December 1, 2018
8. Services Offered	December 1, 2018
9. Medicare and/or Medicaid Certification Obtained	January 1, 2019

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: F-11363-17

FID #: 170280

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

Pursuant to N.C. Gen. Stat. §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 N.C. Gen. Stat. §131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. §131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to N.C. Gen. Stat. §131E-189 for any of the reasons provided in that law.

SCOPE: Develop a new outpatient infusion therapy clinic by renovating existing space on the campus of Carolinas Healthcare System Huntersville/ Mecklenburg County

CONDITIONS: See Reverse Side

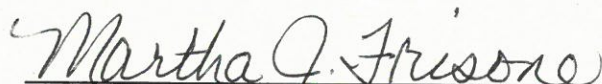
**PHYSICAL LOCATION: LCI-Huntersville
16455 Statesville Road, Suite 200
Huntersville, NC 28078**

MAXIMUM CAPITAL EXPENDITURE: \$4,600,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: February 15, 2018

This certificate is effective as of the 12th day of September, 2017


Martha J. Frisone, Chief

CONDITIONS:

1. The Charlotte-Mecklenburg Hospital Authority shall materially comply with all representations made in the certificate of need application.
2. The Charlotte-Mecklenburg Hospital Authority shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section Q of the application and that would otherwise require a certificate of need.
3. The Charlotte-Mecklenburg Hospital Authority 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 August 24, 2017.

TIMETABLE:

- | | |
|---|-------------------|
| 1. Drawings Completed | February 1, 2018 |
| 2. Construction/Renovation Contract(s) Executed | March 2, 2018 |
| 3. 50% of Construction/Renovation Completed | July 2, 2018 |
| 4. Construction/Renovation Completed | November 30, 2018 |
| 5. Services Offered | January 1, 2019 |

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: F-11332-17

FID #: 980260

ISSUED TO: Liberty Healthcare Properties of Rowan County, LLC, Liberty Commons Nursing and Rehabilitation Center of Rowan County LLC, Liberty Healthcare Properties of Davie County, LLC, and Liberty Commons Nursing and Rehabilitation Center of Davie County, LLC

Pursuant to N.C. Gen. Stat. §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 N.C. Gen. Stat. §131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. §131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to N.C. Gen. Stat. §131E-189 for any of the reasons provided in that law.

SCOPE: Relocate 20 existing NF beds from Bermuda Commons in Davie County to Liberty Commons of Rowan County pursuant to Policy NH-6 for a total of 110 NF beds at Liberty Commons of Rowan County/ Rowan County

CONDITIONS: See Reverse Side

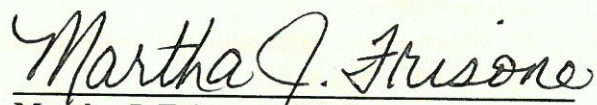
**PHYSICAL LOCATION: Liberty Commons of Rowan County
4412 South Main Street
Salisbury, NC 28147**

MAXIMUM CAPITAL EXPENDITURE: \$3,184,280

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 15, 2018

This certificate is effective as of the 26th day of September, 2017


Martha J. Frisone, Chief

CONDITIONS:

1. Liberty Healthcare Properties of Rowan County, LLC, Liberty Commons Nursing and Rehabilitation Center of Rowan County, LLC, Liberty Healthcare Properties of Davie County, LLC and Liberty Commons Nursing and Rehabilitation Center of Davie County, LLC shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, Liberty Healthcare Properties of Rowan County, LLC, Liberty Commons Nursing and Rehabilitation Center of Rowan County, LLC, Liberty Healthcare Properties of Davie County, LLC and Liberty Commons Nursing and Rehabilitation Center of Davie County, LLC shall materially comply with the last made representation.
2. Liberty Healthcare Properties of Rowan County, LLC, Liberty Commons Nursing and Rehabilitation Center of Rowan County, LLC, Liberty Healthcare Properties of Davie County, LLC and Liberty Commons Nursing and Rehabilitation Center of Davie County, LLC shall relocate no more than 20 nursing facility beds from Bermuda Commons to Liberty Commons of Rowan County.
3. Upon completion of the project, Liberty Commons of Rowan County, shall be licensed for no more than 110 nursing facility beds.
4. For the first two years of operation following completion of the project, Liberty Commons of Rowan County shall not increase 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.
5. No later than three months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, Liberty Commons of Rowan County shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.
6. Liberty Healthcare Properties of Rowan County, LLC, Liberty Commons Nursing and Rehabilitation Center of Rowan County, LLC, Liberty Healthcare Properties of Davie County, LLC and Liberty Commons Nursing and Rehabilitation Center of Davie County, 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 August 31, 2017.

TIMETABLE:

- | | |
|--|-------------------|
| 1. Drawings Completed | June 1, 2018 |
| 2. Construction/Renovation Contract(s) Executed | September 1, 2018 |
| 3. 25% of Construction/Renovation Completed
(25% of the cost is in place) | August 1, 2018 |
| 4. 50% of Construction/Renovation Completed | December 1, 2019 |
| 5. 75% of Construction/Renovation Completed | April 1, 2020 |
| 6. Licensure Obtained | September 1, 2020 |
| 7. Services Offered | October 1, 2020 |
| 8. Medicare and/or Medicaid Certification Obtained | October 1, 2020 |
| 9. Final Annual Report Due | December 30, 2023 |

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: J-11336-17

FID #: 953429

**ISSUED TO: Rex Hospital, Inc.
211 Friday Center Drive, Suite G014
Chapel Hill, NC 27517**

Pursuant to N.C. Gen. Stat. §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 N.C. Gen. Stat. §131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. §131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to N.C. Gen. Stat. §131E-189 for any of the reasons provided in that law.

SCOPE: Acquire a 5th unit of fixed cardiac catheterization equipment/ Wake County

CONDITIONS: See Reverse Side

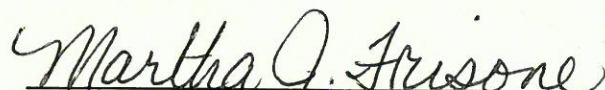
**PHYSICAL LOCATION: Rex Hospital
4420 Lake Boone Trail
Raleigh, NC 27607**

MAXIMUM CAPITAL EXPENDITURE: \$54,320

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 16, 2017

This certificate is effective as of the 26th day of September, 2017


Martha J. Frisone, Chief

CONDITIONS:

1. Rex Hospital, Inc. shall materially comply with all representations made in its certificate of need application.
2. Rex Hospital, Inc. shall acquire no more than one fixed cardiac catheterization unit as part of this project, for a total of five fixed cardiac catheterization units.
3. Rex Hospital, Inc. shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditures in Section F and Form F.1a of the application and that would otherwise require a certificate of need.
4. No later than three months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, Rex Hospital, Inc. shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.
5. Rex 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 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 September 22, 2017.

TIMETABLE:

- | | |
|---|--------------------|
| 1. Equipment Ordered | November 15, 2017 |
| 2. Equipment Installed | December 15, 2017 |
| 3. Equipment Operational/Services Offered | January 1, 2018 |
| 4. Final Annual Report Due | September 30, 2021 |

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: J-11350-17

FID #: 160196

ISSUED TO: Holly Hill Hospital, LLC
Holly Hill Real Estate, LLC
Universal Health Services, Inc.
3019 Falstaff Road
Raleigh, NC 27610

Pursuant to N.C. Gen. Stat. §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 N.C. Gen. Stat. §131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. §131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to N.C. Gen. Stat. §131E-189 for any of the reasons provided in that law.

SCOPE: Add 25 adult inpatient psychiatric beds on the Michael J. Smith campus pursuant to the need determination in the 2017 State Medical Facilities Plan for a total of 197 adult inpatient psychiatric, 60 child/adolescent inpatient psychiatric and 28 substance abuse beds upon completion of this project and Project I.D. #J-11168-16/ Wake County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Holly Hill Specialty Hospital
3019 Falstaff Road
Raleigh, NC 27610

MAXIMUM CAPITAL EXPENDITURE: \$1,132,494

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 20, 2017

This certificate is effective as of the 14th day of September, 2017


Martha J. Frisone, Chief

CONDITIONS:

1. **Holly Hill Hospital, LLC, Holly Hill Real Estate, LLC and Universal Health Services, Inc. shall materially comply with all representations made in the certificate of need application.**
2. **Holly Hill Hospital, LLC, Holly Hill Real Estate, LLC and Universal Health Services, Inc. shall develop no more than 25 adult psychiatric inpatient beds for a total of no more than 257 inpatient psychiatric beds (197 adult psychiatric beds and 60 child/adolescent beds) following completion of this project and Project I.D. #J-11168-16.**
3. **Holly Hill Hospital, LLC, Holly Hill Real Estate, LLC and Universal Health Services, Inc. shall accept patients requiring involuntary admission for inpatient psychiatric services.**
4. **Holly Hill Hospital, LLC, Holly Hill Real Estate, LLC and Universal Health Services, 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 August 21, 2017.

TIMETABLE:

- | | |
|--|--------------------------|
| 1. Financing Obtained | October 1, 2017 |
| 2. Drawings Completed | December 15, 2016 |
| 3. Construction/Renovation Contract(s) Executed | April 15, 2017 |
| 4. 25% of Construction/Renovation Completed
(25% of the cost is in place) | June 1, 2017 |
| 5. 50% of Construction/Renovation Completed | August 1, 2017 |
| 6. 75% of Construction/Renovation Completed | November 1, 2017 |
| 7. Construction/Renovation Completed | December 15, 2017 |
| 8. Licensure Obtained | January 1, 2018 |
| 9. Medicare and/or Medicaid Certification Obtained | January 1, 2018 |