

**Certificate of Need
Certificates Issued
December 2017**

County	Project ID	Facility	FID	Facility Type	Project Description	Application Review Date	Decision Date	Certificate Issue Date	Approved Capital Expenditure
Caldwell	E-011054-15	Caldwell Surgery Center	140087	ASC	Develop a new ambulatory surgical facility (ASF) by relocating the 3 existing operating rooms (ORs) at the Hancock Surgery Center in Lenoir to Granite Falls where the new ASF would have 3 ORs and 1 procedure room	8/1/2015	12/28/2015	12/12/2017	\$3,816,452
Durham	J-011373-17	Fresenius Kidney Care Eno River	170324	ESRD	Develop a new-10 station dialysis facility by relocating six dialysis stations from Freedom Lake Dialysis Unit and four from FMC Dialysis Services West Pettigrew	8/1/2017	11/9/2017	12/12/2017	\$1,767,721
Forsyth	G-011335-17	The Crossings at Winston-Salem	170193	ACH	Relocate 121 beds from Integrity Assisted Living (FID #920217) to develop a 121-bed replacement facility and rename it The Crossings at Winston-Salem	5/1/2017	9/27/2017	12/19/2017	\$14,559,000
Gaston	F-011356-17	Caromont Regional Medical Center	943184	HOSPITAL	Acquire a Siemens Artis zee biplane system for cardiac thoracic surgery and develop a vascular hybrid operating room	7/1/2017	11/1/2017	12/2/2017	\$4,998,175
Jackson	A-011387-17	Harris Regional Hospital	923046	HOSPITAL	Cost overrun for Project I.D. #A-10222-13 (develop a dedicated C-Section room and renovate the third floor of the hospital)	9/1/2017	11/2/2017	12/5/2017	\$2,942,026
Johnston	J-011369-17	Johnston Senior Living	170320	ACH	Develop a new ACH facility, Johnston Senior Living, by acquiring and relocating 66 beds from Johnston Manor (Project I.D. #J-11046-15) leaving 66 ACH beds at Johnston Manor	8/1/2017	11/14/2017	12/19/2017	\$6,725,785
Johnston	J-011372-17	Fresenius Kidney Care Selma	170323	ESRD	Develop a new 10-station dialysis facility by relocating two dialysis stations from FMC Four Oaks, four from Johnston Dialysis Center, and four from FMC New Hope Dialysis	8/1/2017	11/9/2017	12/12/2017	\$1,528,746
Martin	Q-011380-17	Robersonville Dialysis	170330	ESRD	Develop a new 10-station dialysis facility in Martin County by relocating ten dialysis stations and the home training program (includes home hemodialysis and peritoneal dialysis training and support programs) from DC Martin County	8/1/2017	11/17/2017	12/19/2017	\$2,141,242
Rowan	F-011408-17	Dialysis Care of Rowan County	944673	ESRD	Add three dialysis stations to the existing facility for a total of 29 stations upon completion of this project, Project ID #F-11154-16 (add six dialysis stations), Project ID #F-11264-16 (relocate eight stations) and Project ID #F-11324-17 (add one dialysis station)	10/1/2017	11/17/2017	12/19/2017	\$0

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Union	F-011383-17	METROLINA KIDNEY CENTER	955949	ESRD	Cost overrun for Project I.D. #F-11242-16 (add 5 stations and develop home PD program)	9/1/2017	11/16/2017	12/19/2017	\$677,832
Wake	J-011371-17	Mayview Assisted Living Center	170322	ACH	Develop a new ACH by acquiring and relocating 20 existing ACH beds from Wellington Health and Rehabilitation Center	8/1/2017	11/8/2017	12/9/2017	\$5,794,994
Total	11								

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: E-11054-15

FID #: 140087

ISSUED TO: Caldwell Memorial Hospital, Inc.
SCSV, LLC
321 Mulberry Street, SW
Lenoir, NC 28745

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 separately licensed ambulatory surgical facility with three operating rooms and one procedure room by relocating the three dedicated outpatient operating rooms from the Hancock Surgery Center (licensed as part of Caldwell Memorial Hospital) to the proposed Caldwell Surgery Center/ Caldwell County

CONDITIONS: See Reverse Side

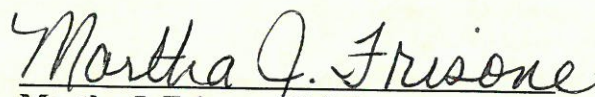
PHYSICAL LOCATION: Caldwell Surgery Center
New Farm Road
Granite Falls, NC 28630

MAXIMUM CAPITAL EXPENDITURE: \$3,816,452

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 15, 2018

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


Martha J. Frisone, Chief

CONDITIONS:

1. Caldwell Memorial Hospital, Inc. and SCSV, LLC shall materially comply with all representations made in the certificate of need application.
2. Caldwell Memorial Hospital, Inc. and SCSV, LLC shall develop an ambulatory surgical facility which shall be licensed for no more than three dedicated outpatient operating rooms and one procedure room by relocating the three dedicated operating rooms located at the Hancock Surgery Center.
3. Caldwell Memorial Hospital, Inc. and SCSV, LLC shall not perform gastrointestinal endoscopy procedures in the procedure room.
4. Upon completion of the project, Caldwell Memorial Hospital, Inc. shall take the steps necessary to delicense the three dedicated outpatient operating rooms located at the Hancock Surgery Center and shall be licensed for a total of no more than five operating rooms (three shared operating rooms, one dedicated outpatient operating room and one dedicated C-section operating room).
5. Procedures performed in the procedure room shall not be reported on the facility's license renewal application as procedures performed in an operating room.
6. The ambulatory surgical facility shall meet all criteria to receive accreditation of the ambulatory surgical facility from The Joint Commission, The Accreditation Association for Ambulatory Health Care or a comparable accreditation authority within two years following completion of the facility.
7. Caldwell Memorial Hospital, Inc. and SCSV, 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.
8. Caldwell Memorial Hospital, Inc. and SCSV, LLC shall develop a transportation fund to assist low income patients and family members to access both the proposed Caldwell Surgery Center and Caldwell Memorial Hospital.
9. Caldwell Memorial Hospital, Inc. and SCSV, 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 January 8, 2016.

TIMETABLE:

Construction Contract Executed	August 1, 2018
25% Completion of Construction	October 15, 2018
50% Completion of Construction	January 15, 2019
75% Completion of Construction	June 1, 2019
Construction Completed	November 15, 2019
Licensure Obtained	December 15, 2019
Services Offered	January 1, 2020
Medicare and/or Medicaid Certification Obtained	January 10, 2020

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: J-11373-17

FID #: 170324

**ISSUED TO: Bio-Medical Applications of North Carolina, Inc.
3390 Dunn Road
Eastover, NC 28312**

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 four dialysis stations from FMC Dialysis Services of West Pettigrew and six dialysis stations from Freedom Lake Dialysis Unit. Upon completion of this project, Freedom Lake Dialysis Unit will have 20 stations and FMC Dialysis Services of West Pettigrew will have 20 stations/ Durham County

CONDITIONS: See Reverse Side

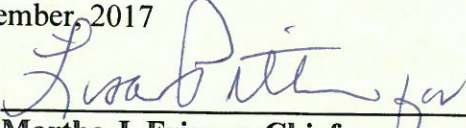
**PHYSICAL LOCATION: Fresenius Kidney Care Eno River
5246 Roxboro Street
Durham, NC 27704**

MAXIMUM CAPITAL EXPENDITURE: \$1,767,721

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 30, 2018

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



Martha J. Frisone, Chief

CONDITIONS:

1. **Bio-Medical Applications of North Carolina, Inc. d/b/a Fresenius Kidney Care Eno River shall materially comply with all representations made in the certificate of need application.**
2. **Pursuant to Policy ESRD 2, Bio-Medical Applications of North Carolina, Inc. shall develop a new kidney disease treatment center to be known as Fresenius Kidney Care Eno River by relocating six dialysis stations from Freedom Lake Dialysis Unit and four dialysis stations from FMC Dialysis Services West Pettigrew.**
3. **Bio-Medical Applications of North Carolina, Inc. d/b/a Fresenius Kidney Care Eno River 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. **Upon completion of this project, Bio-Medical Applications of North Carolina, Inc. shall take the necessary steps to decertify six dialysis stations at Freedom Lake Dialysis Unit for a total of no more than twenty dialysis stations at Freedom Lake Dialysis Unit and to decertify four dialysis stations from FMC Dialysis Services West Pettigrew for a total of twenty dialysis stations at FMC Dialysis Services West Pettigrew.**
5. **Bio-Medical Applications of North Carolina, Inc. d/b/a Fresenius Kidney Care Eno River 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 November 16, 2017.

TIMETABLE:

1. Financing Obtained	July 17, 2017
2. Drawings Completed	April 18, 2018
3. Construction/Renovation Contract(s) Executed	May 18, 2018
4. 25% of Construction/Renovation Completed (25% of the cost is in place)	July 2, 2018
5. 50% of Construction/Renovation Completed	August 16, 2018
6. 75% of Construction/Renovation Completed	September 30, 2018
7. Construction/Renovation Completed	November 14, 2018
8. Equipment Ordered	October 17, 2018
9. Equipment Operational	December 22, 2018
10. Building/Space Occupied	December 31, 2018
11. Services Offered	December 31, 2018
12. Medicare and/or Medicaid Certification Obtained	December 31, 2018

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: G-11335-17

FID #: 170193

**ISSUED TO: Winston-Salem AL Investors, LLC
Winston-Salem Operations, LLC
533 Meadowmont Village Circle
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: Relocate 121 adult care home beds from Integrity Assisted Living (FID #920217) to develop a 121-bed replacement facility, including a 48-bed special care unit, and rename the facility The Crossings at Winston-Salem / Forsyth County

CONDITIONS: See Reverse Side

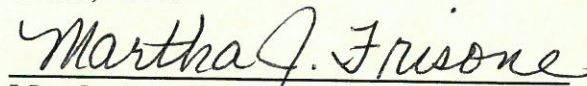
**PHYSICAL LOCATION: The Crossings at Winston-Salem
5590 Hundley Road
Winston-Salem, NC 27106**

MAXIMUM CAPITAL EXPENDITURE: \$14,559,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 30, 2018

This certificate is effective as of the 19th day of December, 2017.


Martha J. Frisone, Chief

Project ID #G-11335-17
FID # 170193

Conditions

1. Winston-Salem AL Investors, LLC and Winston-Salem Operations, LLC shall materially comply with the representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, Winston-Salem AL Investors, LLC and Winston-Salem Operations, LLC shall materially comply with the last made representation.
2. Winston-Salem AL Investors, LLC and Winston-Salem Operations, LLC shall relocate 121 adult care home beds from Integrity Assisted Living (FID #920217) to develop a 121-bed replacement facility, including a 48-bed special care unit.
3. Upon completion of the project, The Crossings at Winston-Salem shall be licensed for no more than 121 adult care home beds, including a 48-bed special care unit.
4. The Crossings at Winston-Salem 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, The Crossings at Winston-Salem shall not increase private pay charges more than 5% of the projected private pay charges provided in 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 or supplemental responses. In the event that representations conflict, The Crossings at Winston-Salem shall materially comply with the last made representation.
6. 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, The Crossings at Winston-Salem 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.

Timetable

1.	Financing Obtained	September 15, 2018
2.	Drawings Completed	May 15, 2018
3.	Land Acquired	September 15, 2018
4.	Construction Contract(s) Executed	September 15, 2018
5.	25% of Construction Completed (25% of the cost in place)	March 1, 2019
6.	50% of Construction Completed	June 15, 2019
7.	75% of Construction Completed	December 1, 2019
8.	Construction Completed	April 15, 2020
9.	Licensure Obtained	May 1, 2020
10.	Services Offered	May 1, 2020
11.	State-County Special Assistance with Medicaid Certification Obtained	September 1, 2020
12.	Final Annual Report Due	September 1, 2023

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: F-11356-17

FID #: 943184

**ISSUED TO: Gaston Memorial Hospital, Inc.
2525 Court Drive
Gastonia, NC 28054**

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 Siemens Artis zee biplane system for cardiac thoracic surgery and develop a vascular hybrid operating room/ Gaston County

CONDITIONS: See Reverse Side

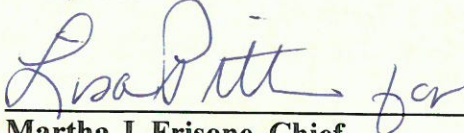
**PHYSICAL LOCATION: Caromont Regional Medical Center
2525 Court Drive
Gastonia, NC 28054**

MAXIMUM CAPITAL EXPENDITURE: \$4,998,175

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 15, 2018

This certificate is effective as of the 2nd day of December, 2017



Martha J. Frisone, Chief

CONDITIONS:

1. Gaston Memorial Hospital, Inc. shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, Gaston Memorial Hospital, Inc. shall materially comply with the last made representation.
2. Gaston Memorial Hospital, Inc. shall acquire a Siemens Artis system and develop a vascular hybrid operation room.
3. Upon completion of the project, Caromont Regional Medical Center shall be licensed for no more than twenty-two ORs.
4. Gaston Memorial 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.
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, Gaston Memorial 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.
6. Gaston Memorial Hospital, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on November 29, 2017.

TIMETABLE:

- | | |
|--|--------------------|
| 1. Construction/Renovation Contract(s) Executed | January 15, 2018 |
| 2. 25% of Construction/Renovation Completed
(25% of the cost is in place) | March 15, 2018 |
| 3. 50% of Construction/Renovation Completed | May 1, 2018 |
| 4. 75% of Construction/Renovation Completed | June 15, 2018 |
| 5. Construction/Renovation Completed | August 15, 2018 |
| 6. Equipment Installed | September 1, 2018 |
| 7. Equipment Operational | September 15, 2018 |
| 8. Building/Space Occupied | October 1, 2018 |
| 9. Services Offered | October 1, 2018 |
| 10. Final Annual Report Due | January 1, 2022 |

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: A-11387-17

FID #: 923046

**ISSUED TO: DLP Harris Regional Hospital, LLC
68 Hospital Road
Sylva, NC 28779**

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: Cost overrun for Project I.D. #A-10222-13 (develop a dedicated C-Section OR and renovate Women's and Children's inpatient services/ Jackson County

CONDITIONS: See Reverse Side

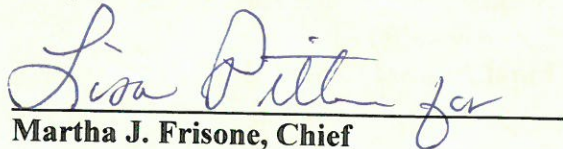
**PHYSICAL LOCATION: Harris Regional Hospital
68 Hospital Road
Sylva, NC 28779**

MAXIMUM CAPITAL EXPENDITURE: \$2,942,026

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 1, 2018

This certificate is effective as of the 5th day of December, 2017


Martha J. Frisone, Chief

CONDITIONS:

1. DLP Harris Regional Hospital, LLC shall materially comply with all the conditions of approval on the certificate of need for Project I.D. #A-10222-13 and certificate of need application for Project I.D. #A-11387-17.
2. The total approved capital expenditure for Project I.D. #A-10222-13 and Project I.D. #A-11387-17 combined is \$7,017,486, an increase of \$2,942,026 over the previously approved capital expenditure of \$4,075,460.
3. DLP Harris Regional Hospital, LLC shall develop a dedicated C-Section OR and renovate the Women's and Children's inpatient services as approved in Project I.D. #A-10222-13.
4. Upon completion of the project, Harris Regional Hospital shall be licensed for no more than six shared ORs and one dedicated C-Section OR.
5. DLP Harris Regional Hospital, LLC shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section F of the application and that would otherwise require a certificate of need.
6. 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, DLP Harris Regional Hospital, LLC 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.
7. DLP Harris Regional Hospital, 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 December 5, 2017.

TIMETABLE:

- | | |
|---|-------------------|
| 1. 75% of Construction/Renovation Completed | February 28, 2018 |
| 2. Construction/Renovation Completed | May 31, 2018 |
| 3. Equipment Ordered | February 28, 2018 |
| 4. Equipment Installed | May 1, 2018 |
| 5. Equipment Operational | June 29, 2018 |
| 6. Building/Space Occupied | July 1, 2018 |
| 7. Services Offered | July 1, 2018 |
| 8. Final Annual Report Due | October 1, 2021 |

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: J-11369-17

FID #: 170320

**ISSUED TO: Johnston Propco, LLC and Johnston Opco, LLC
P.O. Box 2568
Hickory, NC 28603**

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 ACH facility, Johnston Senior Living, by acquiring and relocating 66 beds from Johnston Manor (Project I.D. #J-11046-15) leaving 66 ACH beds at Johnston Manor/ Johnston County

CONDITIONS: See Reverse Side

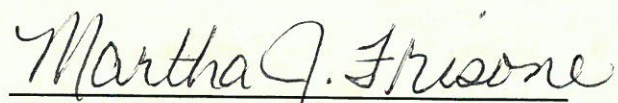
**PHYSICAL LOCATION: Johnston Senior Living
101 Kellie Drive
Smithfield, NC 27577**

MAXIMUM CAPITAL EXPENDITURE: \$6,725,785

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 1, 2018

This certificate is effective as of the 15th day of December, 2017


Martha J. Frisone, Chief

CONDITIONS:

1. Johnston Propco, LLC and Johnston Opco, LLC shall materially comply with all representations made in the certificate of need application and in supplemental information provided. In those instances where representations conflict, Johnston Propco, LLC and Johnston Opco, LLC shall materially comply with the last made representation.
2. Smithfield Holdings, LLC and Smithfield Opco Holdings, LLC shall materially comply with all conditions of approval on the certificate of need for Project ID #J-11046-15, except as specifically modified by the conditions of approval for this application, Project ID #J-11369-17.
3. Johnston Propco, LLC and Johnston Opco, LLC shall relocate no more than 66 ACH beds from Johnston Manor in Garner, Johnston County to Johnston Senior Living in Smithfield, Johnston County.
4. Johnston Propco, LLC and Johnston Opco, LLC shall take steps to de-license 66 beds at Johnston Manor in Garner, Johnston County.
5. Upon completion of this project and Project ID #J-11046-15, Johnston Senior Living will be licensed for no more than 66 ACH beds and Johnston Manor will be licensed for no more than 66 ACH beds.
6. For the first two years of operation following completion of the project, Johnston Propco, LLC and Johnston Opco, LLC of North Carolina, Inc. shall not increase actual private pay charges more than 5% of the projected private pay charges provided in Section IX of the application without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations made in the certificate of need application.
7. Johnston Propco, LLC and Johnston Opco, LLC shall provide care to recipients of State/County Special Assistance with Medicaid, commensurate with their representations in the application and supplemental materials.
8. 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, Johnston Propco, LLC and Johnston Opco, LLC 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.
9. Johnston Propco, LLC and Johnston Opco, LLC shall submit a plan of energy efficiency and water conservation to the Construction Section, DHSR that conforms to the rules, codes and standards implemented by the Construction Section of the Division of Health Service Regulation.
10. Johnston Propco, LLC and Johnston Opco, 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 December 15, 2017.

TIMETABLE:

1. Financing Obtained	May 4, 2019
2. Drawings Completed	May 18, 2019
3. Land Acquired	May 4, 2019
4. Construction/Renovation Contract(s) Executed	March 2, 2019
5. 25% of Construction/Renovation Completed (25% of the cost is in place)	November 9, 2019
6. 50% of Construction/Renovation Completed	February 22, 2020
7. 75% of Construction/Renovation Completed	June 14, 2020
8. Construction/Renovation Completed	August 2, 2020
9. Licensure Obtained	October 1, 2020
10. Services Offered	October 1, 2020
11. Medicare and/or Medicaid Certification Obtained	October 1, 2020
12. Final Annual Report Due	December 31, 2023

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: J-11372-17

FID #: 170323

**ISSUED TO: Bio-Medical Applications of North Carolina, Inc.
3390 Dunn Road
Eastover, NC 28312**

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 two dialysis stations from FMC Four Oaks, four stations from Johnston Dialysis Center and four stations from FMC New Hope Dialysis. Upon project completion, FMC Four Oaks will have 16 stations, Johnston Dialysis Center will have 27 stations and FMC New Hope Dialysis will have 32 stations/ Johnston County

CONDITIONS: See Reverse Side

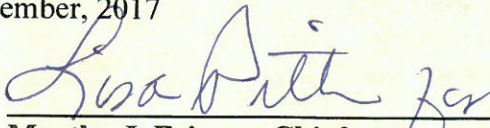
**PHYSICAL LOCATION: Fresenius Kidney Care Selma
Highway 301
PIN# 261514-44-4014
Selma, NC 27576**

MAXIMUM CAPITAL EXPENDITURE: \$1,568,746

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 30, 2018

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



Martha J. Frisone, Chief

CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc. d/b/a Fresenius Kidney Care Selma shall materially comply with all representations made in the certificate of need application.
2. Pursuant to Policy ESRD 2, Bio-Medical Applications of North Carolina, Inc. shall develop a new kidney disease treatment center to be known as Fresenius Kidney Care Selma by relocating two dialysis stations from FMC Four Oaks, four dialysis stations from Johnston Dialysis and four dialysis stations from FMC New Hope.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a Fresenius Kidney Care Selma 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. Upon completion of this project and Project I.D. # J-11310-17, Bio-Medical Applications of North Carolina, Inc. shall take the necessary steps to decertify two dialysis stations (proposed project) and four dialysis stations (Project I.D. # J-11310-17) for a total of six dialysis stations to be decertified at FMC Four Oaks for a total of no more than sixteen dialysis stations at FMC Four Oaks.
5. Upon completion of this project and Project I.D. # J-11230-16, Bio-Medical Applications of North Carolina, Inc., shall add six stations and decertify four dialysis stations from Johnston Dialysis for a total of no more than twenty-seven dialysis stations at Johnston Dialysis.
6. Upon completion of this project, Project I.D. # J-11312-17 and Project I.D. # J-11271-16, Bio-Medical Applications of North Carolina, Inc., shall decertify four stations (proposed project) and six stations (Project I.D. # J-11271-16) for a total of ten dialysis stations to be decertified and add six stations (Project I.D. # J-11312-17) for a total of no more than thirty-two dialysis stations at FMC New Hope.
7. Bio-Medical Applications of North Carolina, Inc. d/b/a Fresenius Kidney Care Selma 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 November 17, 2017.

TIMETABLE:

- | | |
|--|--------------------|
| 1. Financing Obtained | July 17, 2017 |
| 2. Drawings Completed | March 30, 2018 |
| 3. Construction/Renovation Contract(s) Executed | April 20, 2018 |
| 4. 25% of Construction/Renovation Completed
(25% of the cost is in place) | June 19, 2018 |
| 5. 50% of Construction/Renovation Completed | August 3, 2018 |
| 6. 75% of Construction/Renovation Completed | September 17, 2018 |
| 7. Construction/Renovation Completed | October 22, 2018 |
| 8. Equipment Ordered | October 17, 2018 |
| 9. Equipment Operational | December 22, 2018 |
| 10. Building/Space Occupied | December 31, 2018 |
| 11. Services Offered | December 31, 2018 |
| 12. Medicare and/or Medicaid Certification Obtained | December 31, 2018 |

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: Q-11380-17

FID #: 170330

**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 Martin County by relocating ten dialysis stations and the home training program (includes home hemodialysis and peritoneal dialysis training and support programs) from DC Martin County/ Martin County

CONDITIONS: See Reverse Side

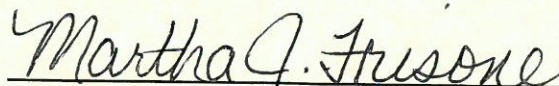
**PHYSICAL LOCATION: Robersonville Dialysis
825 North Main Street
Robersonville, NC 27871**

MAXIMUM CAPITAL EXPENDITURE: \$2,141,242

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 15, 2018

This certificate is effective as of the 19th day of December, 2017


Martha J. Frisone, Chief

CONDITIONS:

1. Total Renal Care of North Carolina, LLC d/b/a Robersonville 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 Robersonville Dialysis shall relocate no more than ten dialysis stations from DC Martin County for a total of no more than 10 dialysis stations at Robersonville Dialysis.
3. Total Renal Care of North Carolina, LLC d/b/a Robersonville Dialysis shall relocate the home training program (includes home hemodialysis and peritoneal dialysis training and support programs) from Dialysis Care of Martin County to Robersonville Dialysis.
4. Total Renal Care of North Carolina, LLC d/b/a Robersonville 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.
5. Total Renal Care of North Carolina, LLC shall take the necessary steps to decertify ten dialysis stations at Dialysis Care of Martin County for a total of no more than 15 dialysis stations at Dialysis Care of Martin County upon project completion.
6. Total Renal Care of North Carolina, LLC shall take the necessary steps to decertify the home training program (includes home hemodialysis and peritoneal dialysis training and support programs) at Dialysis Care of Martin County upon project completion and approval of all private insurance providers.
7. Total Renal Care of North Carolina, LLC d/b/a Robersonville 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 December 6, 2017.

TIMETABLE:

- | | |
|--|-------------------|
| 1. Drawings Completed | April 1, 2018 |
| 2. Construction/Renovation Contract(s) Executed | June 1, 2018 |
| 3. 25% of Construction/Renovation Completed
(25% of the cost is in place) | July 15, 2018 |
| 4. 75% of Construction/Renovation Completed | September 1, 2018 |
| 5. Construction/Renovation Completed | October 15, 2018 |
| 6. Equipment Ordered | August 1, 2018 |
| 7. Equipment Installed | October 1, 2018 |
| 8. Equipment Operational | November 15, 2018 |
| 9. Services Offered | December 1, 2018 |
| 10. 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-11408-17

FID #: 944673

**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: Add three dialysis stations to the existing facility for a total of 29 stations upon completion of this project, Project I.D. #F-11154-16 (add six dialysis stations), Project I.D. #F-11264-16 (relocate eight stations) and Project I.D. #F-11324-17 (add one dialysis station)/ Rowan County

CONDITIONS: See Reverse Side

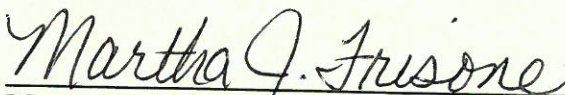
**PHYSICAL LOCATION: Dialysis Care of Rowan County
111 Dorsett Drive
Salisbury, NC 28144**

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 15, 2018

This certificate is effective as of the 19th day of December, 2017


Martha J. Frisone, Chief

CONDITIONS:

1. **Total Renal Care of North Carolina, LLC d/b/a Dialysis Care of Rowan County shall materially comply with all representations made in the certificate of need application.**
2. **Pursuant to the facility need determination in the July 2017 SDR, Total Renal Care of North Carolina, LLC d/b/a Dialysis Care of Rowan County shall develop no more than 3 additional dialysis stations for a total of no more than 29 certified stations at Dialysis Care of Rowan County upon completion of this project and Project I.D. #F-11154-16 (add six dialysis stations), Project I.D. #F-11264-16 (relocate 8 stations) and Project I.D. #F-11324-17 (add one dialysis station), which shall include any home hemodialysis training or isolation stations.**
3. **Total Renal Care of North Carolina, LLC d/b/a Dialysis Care of Rowan County 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 December 6, 2017.

TIMETABLE:

- | | |
|---|------------------------|
| 1. Services Offered | January 1, 2019 |
| 2. 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-11383-17

FID #: 955949

**ISSUED TO: Bio-Medical Applications of North Carolina, Inc.
3390 Dunn Road
Eastover, NC 28312**

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: Cost overrun for Project I.D. #F-11242-16 (add five stations and develop home peritoneal dialysis program)/ Union County

CONDITIONS: See Reverse Side

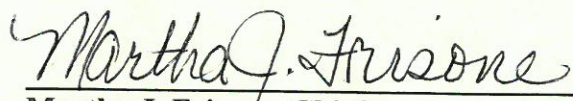
**PHYSICAL LOCATION: Metrolina Kidney Center
1338 East Sunset Drive
Monroe, North Carolina 28112**

MAXIMUM CAPITAL EXPENDITURE: \$677,832

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 1, 2018

This certificate is effective as of the 19th day of December, 2017


Martha J. Frisone, Chief

CONDITIONS:

1. **Bio-Medical Applications of North Carolina, Inc. d/b/a Metrolina Kidney Center (BMA Monroe) shall materially comply with all the conditions of approval on the certificate of need for Project I.D. #F-11242-16.**
2. **The total approved capital expenditure for Project I.D. #F-11242-16 and Project I.D. #F-11383-17 combined is \$2,257,517, an increase of \$677,832 over the previously approved capital expenditure of \$1,579,685.**
3. **Bio-Medical Applications of North Carolina, Inc. d/b/a Metrolina Kidney Center (BMA Monroe) shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section F of the application and that would otherwise require a certificate of need.**
4. **Bio-Medical Applications of North Carolina, Inc. d/b/a Metrolina Kidney Center (BMA Monroe) 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 December 19, 2017.

TIMETABLE:

- | | | |
|----|---|---------------------------|
| 1. | 25% of Construction/Renovation Completed
(25% of the cost is in place) | May 28, 2018 |
| 2. | 50% of Construction/Renovation Completed | June 28, 2018 |
| 3. | 75% of Construction/Renovation Completed | September 11, 2018 |
| 4. | Construction/Renovation Completed | November 10, 2018 |
| 5. | Services Offered | December 31, 2018 |
| 6. | Medicare and/or Medicaid Certification Obtained | December 31, 2018 |

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: J-11371-17

FID #: 170322

ISSUED TO: Mayview Assisted Living Center, LLC
Mayview Healthcare Properties, Inc.
Whitaker Glen, Inc.
1626 Jeurgens Court
Norcross, GA 30093

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 adult care home facility by acquiring and relocating 20 existing ACH beds from Wellington Health and Rehabilitation Center/ Wake County

CONDITIONS: See Reverse Side

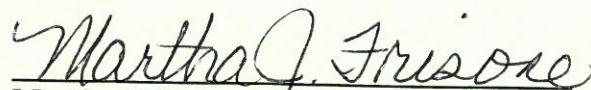
PHYSICAL LOCATION: Mayview Assisted Living Center
615 East Whitaker Mill Road
Raleigh, NC 27608

MAXIMUM CAPITAL EXPENDITURE: \$5,794,994

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 1, 2018

This certificate is effective as of the 9th day of December, 2017


Martha J. Frisone, Chief

CONDITIONS:

1. Mayview Assisted Living Center, LLC, Mayview Healthcare Properties, Inc. and Whitaker Glen, Inc., d/b/a The Oaks at Whitaker Glen shall materially comply with all representations made in the certificate of need application.
2. Mayview Assisted Living Center, LLC, Mayview Healthcare Properties, Inc. and Whitaker Glen, Inc., d/b/a The Oaks at Whitaker Glen shall relocate no more than 20 adult care home beds from Wellington Health and Rehabilitation Center to the Mayview Assisted Living Center.
3. Mayview Assisted Living Center, LLC, Mayview Healthcare Properties, Inc. and Whitaker Glen, Inc., d/b/a The Oaks at Whitaker Glen 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, Mayview Assisted Living Center, LLC, Mayview Healthcare Properties, Inc. and Whitaker Glen, Inc., d/b/a The Oaks at Whitaker Glen 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. Mayview Assisted Living Center, LLC, Mayview Healthcare Properties, Inc. and Whitaker Glen, Inc., d/b/a The Oaks at Whitaker Glen 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.
6. 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, Mayview Assisted Living Center, LLC, Mayview Healthcare Properties, Inc. and Whitaker Glen, Inc., d/b/a The Oaks at Whitaker Glen 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.
7. Mayview Assisted Living Center, LLC, Mayview Healthcare Properties, Inc. and Whitaker Glen, Inc., d/b/a The Oaks at Whitaker Glen 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 November 21, 2017.

TIMETABLE:

- | | |
|--|-----------------|
| 1. Construction/Renovation Contract(s) Executed | January 1, 2019 |
| 2. 25% of Construction/Renovation Completed
(25% of the cost is in place) | April 1, 2020 |
| 3. 50% of Construction/Renovation Completed | October 1, 2020 |
| 4. Construction/Renovation Completed | August 1, 2021 |
| 5. Licensure Obtained | October 1, 2021 |
| 6. Final Annual Report Due | January 1, 2025 |