

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: B-11431-17

FID #: 170472

**ISSUED TO: Arbor Ridge at Asheville, LLC
Ridge Care, Inc.
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: Develop a new 28-bed adult care home facility, with 28 special care unit beds, by acquiring and relocating 14 existing adult care home beds from The Oaks at Sweeten Creek and 14 existing adult care home beds from Emerald Ridge Rehabilitation and Care Center/ Buncombe County

CONDITIONS: See Reverse Side

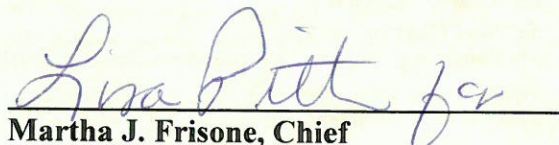
**PHYSICAL LOCATION: Arbor Ridge at Asheville
647 Brevard Road
Asheville, NC 28806**

MAXIMUM CAPITAL EXPENDITURE: \$3,531,492

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 1, 2018

This certificate is effective as of the 24th day of April, 2018



Martha J. Frisone, Chief

CONDITIONS:

1. Arbor Ridge at Asheville, LLC, and Ridge Care, Inc. shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, Arbor Ridge at Asheville, LLC, and Ridge Care, Inc. shall materially comply with the last made representation.
2. Arbor Ridge at Asheville, LLC, and Ridge Care, Inc. shall relocate 14 ACH beds from The Oaks at Sweeten Creek and 14 ACH beds from Emerald Ridge Rehabilitation and Care Center to develop a 28-bed ACH facility, Arbor Ridge at Asheville, where all 28 beds will be SCU beds.
3. Upon completion of the project, Arbor Ridge at Asheville shall be licensed for no more than 28 SCU beds; The Oaks at Sweeten Creek shall not be licensed for any ACH beds; and Emerald Ridge Rehabilitation and Care Center shall not be licensed for any ACH beds.
4. Arbor Ridge at Asheville, LLC, and Ridge Care, Inc. 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, Arbor Ridge at Asheville, LLC, and Ridge Care, Inc. shall not increase private pay charges more than 5% of the projected private pay charges provided in supplemental information without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.
6. Approval by the Healthcare Planning and Certificate of Need Section to develop the proposed special care unit beds means only that the applicants are authorized to construct the proposed special care unit beds. It does not mean that the applicants will be able to obtain a license for the special care unit beds if a moratorium on licensure of special care unit beds is still in effect. In that instance, the applicants would need to demonstrate that they meet the criteria for an exception and it be granted by the Secretary of the Department of Health and Human Services.
7. 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, Arbor Ridge at Asheville, LLC, and Ridge Care, 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.
8. Arbor Ridge at Asheville, LLC, and Ridge Care, 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 April 10, 2018.

TIMETABLE:

1.	Financing Obtained _____	June 2, 2018
2.	Drawings Completed _____	June 30, 2018
3.	Land Acquired _____	June 2, 2018
4.	Construction/Renovation Contract(s) Executed _____	June 2, 2018
5.	25% of Construction/Renovation Completed (25% of the cost is in place) _____	August 29, 2018
6.	50% of Construction/Renovation Completed _____	November 29, 2018
7.	75% of Construction/Renovation Completed _____	February 28, 2019
8.	Construction/Renovation Completed _____	May 22, 2019
9.	Building/Space Occupied _____	June 1, 2019
10.	Licensure Obtained _____	June 1, 2019
11.	Services Offered _____	June 1, 2019
12.	Medicare and/or Medicaid Certification Obtained _____	June 1, 2019
13.	Facility or Service Accredited _____	June 1, 2019
14.	Final Annual Report Due _____	September 1, 2022

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: E-11429-17

FID #: 170469

**ISSUED TO: Spartan Holdings, LLC
Grace Village, Inc.
P.O. Box 21133
Roanoke, VA 24018**

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: Shall develop a new adult care home by relocating 60 existing adult care home beds from Carolina Oaks Enhanced Care Center/ Caldwell County

CONDITIONS: See Reverse Side

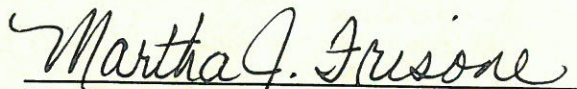
**PHYSICAL LOCATION: Grace Village
New Farm Road
Granite Falls, NC 28630**

MAXIMUM CAPITAL EXPENDITURE: \$8,946,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 1, 2018

This certificate is effective as of the 25th day of April, 2018


Martha J. Frisone, Chief

CONDITIONS:

1. Spartan Holdings, LLC and Grace Village, Inc. d/b/a Grace Village shall materially comply with all representations made in the certificate of need application.
2. Spartan Holdings, LLC and Grace Village, Inc. d/b/a Grace Village shall relocate no more than 60 adult care home beds from Carolina Oakes Enhanced Care Center to Grace Village.
3. Spartan Holdings, LLC and Grace Village, Inc. d/b/a Grace Village 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, Spartan Holdings, LLC and Grace Village, Inc. d/b/a Grace Village 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. Spartan Holdings, LLC and Grace Village, Inc. d/b/a Grace Village 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, Spartan Holdings, LLC and Grace Village, Inc. d/b/a Grace Village 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. Spartan Holdings, LLC and Grace Village, Inc. d/b/a Grace Village shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on April 25, 2018.

TIMETABLE:

1.	Financing Obtained _____	March 15, 2019
2.	Drawings Completed _____	November 30, 2018
3.	Land Acquired _____	March 15, 2019
4.	Construction/Renovation Contract(s) Executed _____	April 1, 2019
5.	25% of Construction/Renovation Completed (25% of the cost is in place) _____	August 1, 2019
6.	50% of Construction/Renovation Completed _____	November 15, 2019
7.	75% of Construction/Renovation Completed _____	April 15, 2020
8.	Construction/Renovation Completed _____	August 15, 2020
9.	Equipment Ordered _____	June 1, 2020
10.	Equipment Installed _____	August 1, 2020
11.	Equipment Operational _____	May 15, 2020
12.	Building/Space Occupied _____	August 15, 2020
13.	Licensure Obtained _____	October 1, 2020
14.	Services Offered _____	October 1, 2020
15.	Medicare and/or Medicaid Certification Obtained _____	October 1, 2020
16.	Final Annual Report Due _____	January 1, 2024

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: J-11422-17

FID #: 943374

**ISSUED TO: North Carolina Specialty Hospital
3916 Been Franklin Blvd.
Durham, NC 27704**

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 six acute care beds pursuant to the Durham Caswell acute care bed service area need determination in the 2017 SMFP for a total of 24 acute care beds/ Durham County

CONDITIONS: See Reverse Side

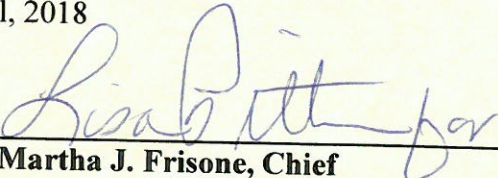
**PHYSICAL LOCATION: North Carolina Specialty Hospital
3916 Ben Franklin Blvd.
Durham, NC 27704**

MAXIMUM CAPITAL EXPENDITURE: \$100,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 1, 2019

This certificate is effective as of the 26th day of April, 2018



Martha J. Frisone, Chief

CONDITIONS:

1. North Carolina Specialty Hospital, LLC shall materially comply with all representations made in the certificate of need application.
2. North Carolina Specialty Hospital, LLC shall develop no more than six additional acute care beds for a total of 24 acute care beds.
3. North Carolina Specialty Hospital, LLC as part of this project, shall not acquire 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.
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, North Carolina Specialty 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.
5. North Carolina Specialty 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 April 4, 2018.

TIMETABLE:

1. Financing Obtained _____ May 7, 2018
2. Licensure Obtained _____ December 1, 2018
3. Services Offered _____ January 1, 2019
4. Final Annual Report Due _____ March 31, 2022

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: J-11426-17

FID #: 943188

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

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 90 acute care beds pursuant to the Durham Caswell acute care bed service area need determination in the 2017 SMFP for a total of 1,028 acute care beds/ Durham County

CONDITIONS: See Reverse Side

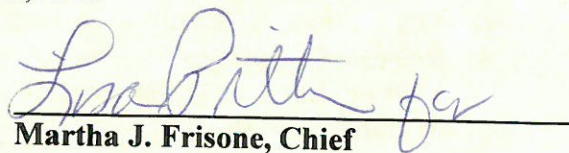
**PHYSICAL LOCATION: Duke University Hospital
2301 Erwin Road
Durham, NC 27710**

MAXIMUM CAPITAL EXPENDITURE: \$29,100,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 1, 2019

This certificate is effective as of the 26th day of April, 2018


Martha J. Frisone, Chief

CONDITIONS:

1. Duke University Health System, Inc. d/b/a Duke University Hospital shall materially comply with all representations made in the certificate of need application.
2. Duke University Health System, Inc. d/b/a Duke University Hospital shall develop no more than 90 additional acute care beds for a total of 1,028 acute care beds.
3. Duke University Health System, Inc. d/b/a Duke University Hospital as part of this project, shall not acquire 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.
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, Duke University Health System, Inc. d/b/a Duke University Hospital 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. Duke University Health System, Inc. d/b/a Duke University Hospital 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. Duke University Health System, Inc. d/b/a Duke University Hospital shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on April 13, 2018.

TIMETABLE:

1. Financing Obtained _____ May 1, 2018
2. Drawings Completed _____ October 1, 2018
3. Construction/Renovation Contract(s) Executed _____ December 1, 2021
4. 25% of Construction/Renovation Completed
(25% of the cost is in place) _____ April 1, 2022
5. 50% of Construction/Renovation Completed _____ July 1, 2022
6. 75% of Construction/Renovation Completed _____ October 1, 2022
7. Construction/Renovation Completed _____ December 31, 2022
8. Licensure Obtained _____ December 15, 2021
9. Services Offered
 - a) 22 additional beds (960 total AC beds) _____ July 1, 2018
 - b) 34 additional beds (994 total AC beds) _____ January 1, 2022
 - c) 17 additional beds (1,011 total AC beds) _____ July 1, 2022
 - d) Relocate 51 beds (1,011 total AC beds) _____ January 1, 2023
 - e) 17 additional beds (1,028 total AC beds) _____ July 1, 2023
10. Final Annual Report Due _____ September 30, 2026

STATE OF NORTH CAROLINA

Department of Health and Human Services

Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project ID #: G-11442-17

FID #: 170526

ISSUED TO: Gastroenterology Associates of the Piedmont, PA
1830 S. Hawthorne Road
Winston-Salem, NC 27103

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 two existing GI endoscopy procedure rooms from Piedmont Endoscopy Center in Winston-Salem to a new ambulatory surgical facility with two GI endoscopy procedure rooms in Kernersville/ Forsyth County

CONDITIONS: See Reverse Side

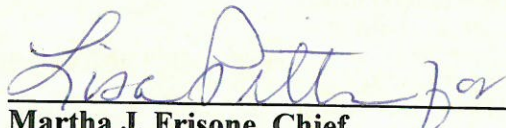
PHYSICAL LOCATION: Kernersville Endoscopy Center
861 Old Winston Rd.
Kernersville, NC 27284

MAXIMUM CAPITAL EXPENDITURE: \$710,371

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 31, 2018

This certificate is effective as of the 3rd day of April, 2018



Martha J. Frisone, Chief

CONDITIONS:

1. Gastroenterology Associates of the Piedmont, PA shall materially comply with all representations made in the certificate of need application.
2. Gastroenterology Associates of the Piedmont, PA shall relocate no more than two licensed gastrointestinal endoscopy procedure rooms from Piedmont Endoscopy Center to Kernersville Endoscopy Center.
3. Upon completion of the project, Gastroenterology Associates of the Piedmont, PA shall be licensed for no more than two gastrointestinal endoscopy procedure rooms at Piedmont Endoscopy Center, and no more than two gastrointestinal endoscopy procedure rooms at Kernersville Endoscopy Center.
4. Gastroenterology Associates of the Piedmont, PA 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.
5. The procedure rooms shall not be used for procedures that should be performed only in an operating room based on current standards of practice.
6. Procedures performed in the procedure rooms shall not be reported for billing purposes as having been performed in an operating room and shall not be reported on the facility's license renewal application as procedures performed in an operating room.
7. Gastroenterology Associates of the Piedmont, PA shall receive accreditation from the Joint Commission for the Accreditation of Healthcare Organizations, the Accreditation Association for Ambulatory Health Care or a comparable accreditation authority within two years following licensure of the facility.
8. For the first three years of operation following completion of the project, Gastroenterology Associates of the Piedmont, PA shall not increase charges more than 5% of the charges projected 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.
9. 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, Gastroenterology Associates of the Piedmont, PA 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.
10. Gastroenterology Associates of the Piedmont, PA shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Healthcare Planning and Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on March 26, 2018.

TIMETABLE:

1.	Drawings Completed _____	December 17, 2017
2.	Construction/Renovation Contract(s) Executed _____	January 15, 2018
3.	25% of Construction/Renovation Completed (25% of the cost is in place) _____	February 1, 2018
4.	50% of Construction/Renovation Completed _____	February 15, 2018
5.	75% of Construction/Renovation Completed _____	March 1, 2018
6.	Construction/Renovation Completed _____	March 31, 2018
7.	Equipment Ordered _____	February 15, 2018
8.	Equipment Installed _____	March 15, 2018
9.	Equipment Operational _____	March 31, 2018
10.	Building/Space Occupied _____	April 1, 2018
11.	Licensure Obtained _____	July 5, 2018
12.	Services Offered _____	July 5, 2018
13.	Medicare and/or Medicaid Certification Obtained _____	January 5, 2019
14.	Facility or Service Accredited _____	July 5, 2019
15.	Final Annual Report Due _____	August 1, 2019

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: F-11443-17

FID #: 170528

**ISSUED TO: Langtree Endoscopy Center, LLC
4000 Meridian Blvd.
Franklin, NC 37067**

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 ambulatory surgical facility by acquiring no more than one existing GI endoscopy room from Lake Norman Regional Medical Center and relocating it within Iredell County/ Iredell County

CONDITIONS: See Reverse Side

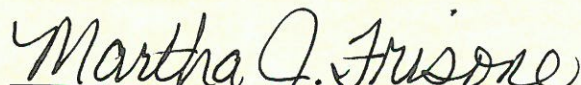
**PHYSICAL LOCATION: Langtree Endoscopy Center
309 Alcove Road
 Mooresville, NC 28117**

MAXIMUM CAPITAL EXPENDITURE: \$3,182,299

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 30, 2018

This certificate is effective as of the 26th day of April, 2018


Martha J. Frisone, Chief

CONDITIONS:

1. Langtree Endoscopy Center, LLC shall materially comply with all representations made in the certificate of need application.
2. Langtree Endoscopy Center, LLC shall develop a new ambulatory surgical facility by acquiring one existing gastrointestinal endoscopy procedure room from Lake Norman Regional Medical Center and relocating it within Iredell County.
3. Upon completion of the project, Langtree Endoscopy Center shall be licensed for no more than one gastrointestinal endoscopy procedure room.
4. Langtree Endoscopy Center, LLC shall take the necessary steps to delicense one gastrointestinal endoscopy procedure room at Lake Norman Regional Medical Center, for a total of no more than two gastrointestinal endoscopy procedure rooms upon project completion.
5. Langtree Endoscopy 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.
6. Langtree Endoscopy Center, LLC shall receive accreditation from the Joint Commission for the Accreditation of Healthcare Organizations, the Accreditation Association for Ambulatory Health Care or a comparable accreditation authority within two years following licensure of the facility.
7. For the first three years of operation following completion of the project, Langtree Endoscopy Center, LLC shall not increase charges more than 5% of the charges projected in Section XIII 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.
8. The procedure room shall not be used for procedures that should be performed only in a gastrointestinal endoscopy room based on current standards of practice.
9. Procedures performed in the procedure room shall not be reported for billing purposes as having been performed in a gastrointestinal endoscopy room and shall not be reported on the facility's license renewal application as procedures performed in a gastrointestinal endoscopy room.
10. 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, Langtree Endoscopy Center, 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.
11. Langtree Endoscopy Center, 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 April 6, 2018.

TIMETABLE:

- | | | |
|----|---|-------------------|
| 1. | Construction/Renovation Contract(s) Executed _____ | September 1, 2018 |
| 2. | 50% of Construction/Renovation Completed _____ | March 1, 2019 |
| 3. | Construction/Renovation Completed _____ | September 1, 2019 |
| 4. | Services Offered _____ | October 1, 2019 |
| 5. | Medicare and/or Medicaid Certification Obtained _____ | January 1, 2020 |
| 6. | Final Annual Report Due _____ | December 31, 2022 |

STATE OF NORTH CAROLINA

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

CORRECTED CERTIFICATE OF NEED

for

Project ID #: F-11440-17

FID #: 170522

**ISSUED TO: Union Medical Services, LLC
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: Acquire a fixed MRI scanner/ Lincoln County

CONDITIONS: See Reverse Side

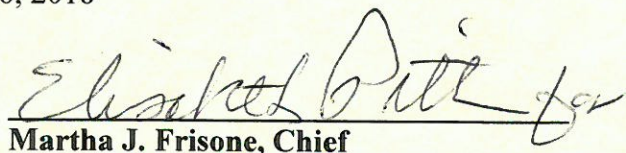
**PHYSICAL LOCATION: Carolinas HealthCare System Imaging-Denver
1585 Forney Creek Parkway
Denver, NC 28037**

MAXIMUM CAPITAL EXPENDITURE: \$3,881,400

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 1, 2018

This certificate is effective as of the 3rd day of April, 2018
The corrected certificate of need was issued April 16, 2018


Martha J. Frisone, Chief

CONDITIONS:

1. **Union Medical Services, LLC and The Charlotte-Mecklenburg Hospital Authority shall materially comply with all representations made in the certificate of need application.**
2. **Union Medical Services, LLC and The Charlotte-Mecklenburg Hospital Authority shall acquire no more than one fixed MRI scanner.**
3. **Union Medical Services, LLC and 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 expenditures in Section Q 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, Union Medical Services, LLC and The Charlotte-Mecklenburg Hospital Authority 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. **Union Medical Services, LLC and The Charlotte-Mecklenburg Hospital Authority 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 March 12, 2018.

TIMETABLE:

1. **Construction/Renovation Contract(s) Executed _____ February 15, 2019**
2. **50% of Construction/Renovation Completed _____ May 10, 2019**
3. **Construction/Renovation Completed _____ August 16, 2019**
4. **Services Offered _____ October 1, 2019**
5. **Final Annual Report Due _____ December 29, 2022**

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: F-11440-17

FID #: 170522

**ISSUED TO: Union Medical Center, LLC
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: Acquire a fixed MRI scanner/ Lincoln County

CONDITIONS: See Reverse Side

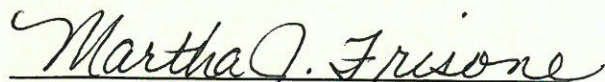
**PHYSICAL LOCATION: Carolinas HealthCare System Imaging-Denver
1585 Forney Creek Parkway
Denver, NC 28037**

MAXIMUM CAPITAL EXPENDITURE: \$3,881,400

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 1, 2018

This certificate is effective as of the 3rd day of April, 2018


Martha J. Frisone, Chief

CONDITIONS:

1. Union Medical Services, LLC and The Charlotte-Mecklenburg Hospital Authority shall materially comply with all representations made in the certificate of need application.
2. Union Medical Services, LLC and The Charlotte-Mecklenburg Hospital Authority shall acquire no more than one fixed MRI scanner.
3. Union Medical Services, LLC and 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 expenditures in Section Q 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, Union Medical Services, LLC and The Charlotte-Mecklenburg Hospital Authority 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. Union Medical Services, LLC and The Charlotte-Mecklenburg Hospital Authority 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 March 12, 2018.

TIMETABLE:

1. Construction/Renovation Contract(s) Executed _____ February 15, 2019
2. 50% of Construction/Renovation Completed _____ May 10, 2019
3. Construction/Renovation Completed _____ August 16, 2019
4. Services Offered _____ October 1, 2019
5. Final Annual Report Due _____ December 29, 2022