

**Certificate of Need
Certificates Issues
October 2018**

County	Project ID	Facility	FID	Facility Type	Project Description	Application Review Date	Decision Date	Certificate Issue Date	Decision	Review-Analyst	Co-Signer	Approved Capital Expenditure	1st Rept Due Date
Burke	E-011501-18	Carolinas HealthCare System Blue Ridge	943191	HOSPITAL	Construct new space on the Valdese hospital campus for existing outpatient hospital services	5/1/2018	9/27/2018	10/30/2018	Conditional Approval	Greg Yakaboski	Fatimah Wilson	\$85,733,900	5/1/2019
Catawba	E-011531-18	Graystone Eye Surgery Center	923248	ASC	Develop one procedure room and one additional OR at its existing facility (for a total of one procedure room and three ORs) pursuant to an adjusted need determination in the 2018 SMFP	7/1/2018	9/28/2018	10/30/2018	Conditional Approval	Ena Lightburne	Lisa Pittman	\$2,788,414	1/1/2019
Cumberland	M-011497-18	Cape Fear Valley Medical Center	943057	HOSPITAL	Develop one additional shared operating room pursuant to an adjusted need determination in the 2018 SMFP for a total of 19 operating rooms	5/1/2018	9/24/2018	10/25/2018	Conditional Approval	Tanya Saporito	Martha Frisone	\$4,690,811	5/1/2019
Durham	J-011508-18	Arrington Ambulatory Surgical Center	180213	ASC	Develop a new ASC by relocating 4 operating rooms from James E. Davis ASC	5/1/2018	9/27/2018	10/30/2018	Conditional Approval	Bernetta Thorne-Williams	Fatimah Wilson	\$34,286,000	4/30/2019
Graham	A-011503-18	Graham County Urgent Care Center and Family Medicine	180208	DXCTR	Develop a new freestanding diagnostic center with a CT scanner, X-ray, mammography and ultrasound	5/1/2018	9/27/2018	10/30/2018	Conditional Approval	Greg Yakaboski	Gloria Hale	\$974,156	1/15/2019
Guilford	G-011529-18	Wesley Long Community Hospital, Inc.	933540	HOSPITAL	Relocate several support services and renovate space in order to replace an existing MRI scanner and interventional radiology room	7/1/2018	9/19/2018	10/23/2018	Conditional Approval	Celia Inman	Fatimah Wilson	\$10,569,402	9/15/2019
Hyde	R-011460-18	Liberty Homecare & Hospice of Hyde County	180103	HOSPICE	Develop a new hospice home care office in Hyde County pursuant to Need Determination in 2018 SMFP	3/1/2018	7/27/2018	10/15/2018	Conditional Approval	Jane Rhoe-Jones	Lisa Pittman	\$22,500	11/1/2018
Mecklenburg	F-011523-18	Novant Health Huntersville Medical Center	990440	HOSPITAL	Develop a second dedicated C-section OR	7/1/2018	9/19/2018	10/20/2018	Conditional Approval	Celia Inman	Fatimah Wilson	\$1,296,294	1/15/2019
Orange	J-011535-18	University of North Carolina Hospitals- <u>Fastowne Drive</u>	180321	HOSPITAL	Develop a medical office building for hospital-based physician clinics and other hospital-based services	7/1/2018	9/27/2018	10/30/2018	Conditional Approval	Mike McKillip	Gloria Hale	\$24,762,116	3/1/2019
Wake	J-011504-18	The Cardinal at North Hills	080413	NH	Develop 51 additional adult care home beds pursuant to SMFP Policy LTC-1 for a total of 15 NF beds and 106 ACH beds.	5/1/2018	9/27/2018	10/30/2018	Conditional Approval	Mike McKillip	Fatimah Wilson	\$25,482,542	3/1/2019
Wake	J-011532-18	Duke Vascular Specialists of Raleigh	180318	DXCTR	Develop a new diagnostic center with mobile C-arm fluoriscopy, vascular untrasound and Doppler <u>ultrasound equipment</u>	7/1/2018	9/28/2018	10/30/2018	Conditional Approval	Jane Rhoe-Jones	Gloria Hale	\$815,063	2/15/2019
Wake	J-011534-18	University of North Carolina Hospitals-Blue Ridge Road	180320	HOSPITAL	Renovate existing medical office building at 2801 Blue Ridge Road in Raleigh for hospital-based pediatric specialty physician clinics	7/1/2018	9/27/2018	10/30/2018	Conditional Approval	Mike McKillip	Fatimah Wilson	\$6,888,651	3/1/2019
Wake	J-011428-17	WakeMed Cary Hospital	990332	HOSPITAL	Construct a 2-story addition and relocate 30 acute care beds and one shared operating room from WakeMed Raleigh Campus to WakeMed Cary, for a total of 208 acute care beds and 12 operating rooms at WakeMed Cary	11/1/2017	3/29/2018	10/23/2018	Conditional Approval	Mike McKillip	Lisa Pittman	\$59,569,547	3/1/2019

STATE OF NORTH CAROLINA

Department of Health and Human Services

Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project ID #: E-11501-18

FID #: 943191

ISSUED TO: Blue Ridge HealthCare Hospitals, Inc.

Pursuant to N.C. Gen. Stat. § 131E-177(6), 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 described below. The certificate holder shall develop the project in a manner consistent with the representations in the 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 section.

SCOPE: Construct new space on the Valdese hospital campus for existing outpatient hospital services/ Burke County

CONDITIONS: See Reverse Side


**PHYSICAL LOCATION: Carolinas HealthCare System Blue Ridge
720 Malcolm Boulevard
Valdese, NC 28690**

MAXIMUM CAPITAL EXPENDITURE: \$85,733,900

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 1, 2019

This certificate is effective as of the 30th Day of October, 2018.


Martha J. Frisone, Chief

CONDITIONS:

1. Blue Ridge HealthCare Hospitals, Inc. shall materially comply with all representations made in the certificate of need application.
2. Blue Ridge HealthCare Hospitals, Inc. shall construct new space on the Valdese hospital campus for existing outpatient hospital services.
3. Blue Ridge HealthCare Hospitals, Inc. shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.
4. Blue Ridge HealthCare Hospitals, Inc. shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.
5. 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, Blue Ridge HealthCare Hospitals, 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. Blue Ridge HealthCare Hospitals, 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 October 10, 2018.

TIMETABLE:

Drawings Completed _____	October 3, 2019
Construction/Renovation Contract(s) Executed _____	December 2, 2019
(25% of the cost in place) _____	June 2, 2020
50% of Construction/Renovation Completed _____	December 2, 2020
75% of Construction/Renovation Completed _____	June 3, 2021
Construction/Renovation Completed _____	December 3, 2021
Equipment Ordered _____	December 2, 2020
Equipment Installed _____	December 3, 2021
Equipment Operational _____	December 3, 2021
Licensure Obtained _____	February 1, 2022
Services Offered _____	February 1, 2022
Medicare and/or Medicaid Certification Obtained _____	February 1, 2022
Facility or Service Accredited _____	February 2, 2022
Final Annual Report Due _____	May 1, 2025

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: E-11531-18

FID #: 923248

**ISSUED TO: Graystone Eye Surgery Center, LLC (GESC)
Graystone Enterprises, LLC**

Pursuant to N.C. Gen. Stat. § 131E-177(6), 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 described below. The certificate holder shall develop the project in a manner consistent with the representations in the 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 section.

SCOPE: Develop one procedure room and one additional operating room (OR) at its existing facility (for a total of one procedure room and three ORs) pursuant to an adjusted need determination in the 2018 SMFP/ Catawba County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Graystone Eye Surgery Center
2424 Century Place, SE
Hickory, NC 28602**

MAXIMUM CAPITAL EXPENDITURE: \$2,788,414

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 1, 2019

This certificate is effective as of the 30th Day of October, 2018.


Martha J. Frisone, Chief

CONDITIONS:

1. Graystone Eye Surgery Center, LLC shall materially comply with all representations made in the certificate of need application.
2. Graystone Eye Surgery Center, LLC shall develop one additional operating room for a total of no more than 3 surgical operating rooms.
3. Upon completion of the project, Graystone Eye Surgery Center, LLC shall be licensed for no more than 3 surgical operating rooms.
4. Graystone Eye Surgery Center, 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.
5. For the first three years of operation following completion of the project, Graystone Eye Surgery Center, LLC shall not increase charges more than 5% of the charges projected in Section F of the application without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.
6. The procedure room shall not be used for procedures that should be performed only in an operating room based on current standard of practice.
7. Procedures performed in the procedure room shall not be reported for billing purposes as having been performed in an operation room and shall not be reported on the facility's license renewal application as procedures performed in an operation room.
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, Graystone Eye Surgery 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.
9. Graystone Eye Surgery 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 October 23, 2018.

TIMETABLE:

Financing Obtained _____	May 15, 2018
Drawings Completed _____	January 1, 2019
Land Acquired _____	January 1, 2019
Construction/Renovation Contract(s) Executed _____	February 1, 2019
25% Construction/Renovation Completed _____	March 15, 2019
50% of Construction/Renovation Completed _____	May 1, 2019
75% of Construction/Renovation Completed _____	June 15, 2019
Construction/Renovation Completed _____	September 1, 2019
Equipment Ordered _____	February 1, 2019
Equipment Installed _____	September 15, 2019
Equipment Operational _____	September 22, 2019
Building/Space Occupied _____	September 1, 2019
Services Offered _____	October 1, 2019
Final Annual Report Due _____	January 1, 2023

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: M-11497-18

FID #: 943057

ISSUED TO: Cumberland County Hospital System, Inc.

Pursuant to N.C. Gen. Stat. § 131E-177(6), 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 described below. The certificate holder shall develop the project in a manner consistent with the representations in the 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 section.

SCOPE: Develop one additional shared operating room pursuant to an adjusted need determination in the 2018 SMFP for a total of 21 operating rooms/ Cumberland County

CONDITIONS: See Reverse Side

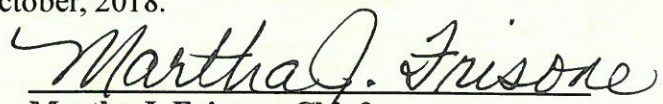
**PHYSICAL LOCATION: Cape Fear Valley Medical Center
1638 Owen Drive
Fayetteville, NC 28304**

MAXIMUM CAPITAL EXPENDITURE: \$4,690,811

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 1, 2019

This certificate is effective as of the 25th Day of October, 2018.


Martha J. Frisone, Chief

CONDITIONS:

1. Cumberland County Hospital System, Inc. shall materially comply with all representations made in the certificate of need application.
2. Cumberland County Hospital System, Inc. shall develop no more than one operating room at Cape Fear Valley Medical Center for the purpose of training surgical residents in inpatient and outpatient procedures pursuant to the adjusted need determination in the 2018 State Medical Facilities Plan.
3. Upon completion of this project and Project I.D. #M-8689-11 (relocate 2 operating rooms from Highsmith Rainey Specialty Hospital to Cape Fear Valley North), the hospital shall be licensed for a total of no more than 21 operating rooms.
4. Cumberland County Hospital System, Inc. 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.
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, Cumberland County Hospital System, 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. Cumberland County Hospital System, 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 October 4, 2018.

TIMETABLE:

- | | | |
|-----|---|--------------------|
| 1. | Drawings Completed _____ | December 15, 2018 |
| 2. | Construction/Renovation Contract(s) Executed _____ | February 15, 2019 |
| 3. | 25% of Construction/Renovation Completed
(25% of the cost is in place) _____ | April 15, 2019 |
| 4. | 50% of Construction/Renovation Completed _____ | June 15, 2019 |
| 5. | 75% of Construction/Renovation Completed _____ | August 1, 2019 |
| 6. | Construction/Renovation Completed _____ | September 15, 2019 |
| 7. | Equipment Ordered _____ | December 15, 2018 |
| 8. | Equipment Installed _____ | September 1, 2019 |
| 9. | Equipment Operational _____ | September 15, 2019 |
| 10. | Building/Space Occupied _____ | October 1, 2019 |
| 11. | Services Offered _____ | October 1, 2019 |
| 12. | Final Annual Report Due _____ | January 1, 2021 |

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: J-11508-18

FID #: 180213

**ISSUED TO: Associated Health Services, Inc.
Duke University Health System, Inc.**

Pursuant to N.C. Gen. Stat. § 131E-177(6), 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 described below. The certificate holder shall develop the project in a manner consistent with the representations in the 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 section.

SCOPE: Relocate no more than four surgical operating rooms from James E. Davis Ambulatory Surgery Center to develop a new ambulatory surgical center in southern Durham County/ Durham County

CONDITIONS: See Reverse Side


**PHYSICAL LOCATION: Arrington Ambulatory Surgical Center
5601 Arrington Park Drive
Morrisville, NC 27560**

MAXIMUM CAPITAL EXPENDITURE: \$34,286,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 30, 2019

This certificate is effective as of the 30th Day of October, 2018.


Martha J. Frisone, Chief

CONDITIONS:

1. Associated Health Services, Inc. and Duke University Health System, Inc. shall materially comply with all representations made in the certificate of need application.
2. Associated Health Services, Inc. and Duke University Health System, Inc. shall develop a new multispecialty ambulatory surgical facility in Durham County by relocating four existing operating rooms from James E. Davis Ambulatory Surgery Center.
3. Upon completion of this project, Arrington Ambulatory Surgical Center shall be licensed for no more than four operating rooms and four procedure rooms.
4. Upon completion of this project, Associated Health Services, Inc. and Duke University Health System, Inc. shall take the necessary steps to delicense four operating rooms at James E. Davis Ambulatory Surgery Center. Upon project completion, James E. Davis Ambulatory Surgery Center will have four operating rooms and four procedure rooms.
5. Associated Health Services, Inc. and Duke University Health System, Inc. as part of this project, shall not acquire any equipment that is not included in the project's proposed capital expenditures in Section F and Exhibit F.1 of the application or that would otherwise require a certificate of need.
6. Associated Health Services, Inc. and Duke University Health System, Inc. 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, Arrington Ambulatory Surgical Center shall not increase charges more than 5% of the charges projected in Section Q 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 an operating 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 an operating room and shall not be reported on the facility's license renewal application as procedures performed in an operating room.
10. Associated Health Services, Inc. and Duke University Health System, Inc. shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.
11. 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, Associated Health Services, Inc. and Duke University Health System, 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.
12. Associated Health Services, Inc. and Duke University Health System, 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 October 18, 2018.

TIMETABLE:

Financing Obtained _____	November 1, 2018
Drawings Completed _____	February 1, 2019
Construction/Renovation Contract(s) Executed _____	April 15, 2019
25% of Construction/Renovation Completed (25% of the cost in place) _____	August 1, 2019
50% of Construction/Renovation Completed _____	November 1, 2019
75% of Construction/Renovation Completed _____	February 1, 2020
Construction/Renovation Completed _____	May 1, 2020
Equipment Ordered _____	December 1, 2019
Equipment Installed _____	June 1, 2020
Equipment Operational _____	June 15, 2020
Building/Space Occupied _____	May 1, 2020
Licensure Obtained _____	June 15, 2020
Services Offered _____	July 1, 2020
Medicare and/or Medicaid Certification Obtained _____	July 1, 2020
Facility or Service Accredited _____	July 1, 2021
Final Annual Report Due _____	October 1, 2023

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: A-11503-18

FID #: 180208

ISSUED TO: Graham County Government

Pursuant to N.C. Gen. Stat. § 131E-177(6), 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 described below. The certificate holder shall develop the project in a manner consistent with the representations in the 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 section.

SCOPE: Develop a new freestanding diagnostic center/ Graham County

CONDITIONS: See Reverse Side

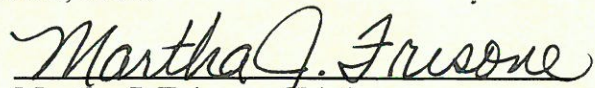
**PHYSICAL LOCATION: Graham County Urgent Care Center and Family Medicine
21 South Main Street
Robbinsville, NC 28771**

MAXIMUM CAPITAL EXPENDITURE: \$974,156

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 15, 2019

This certificate is effective as of the 30th Day of October, 2018.


Martha J. Frisone, Chief

CONDITIONS:

1. **Graham County Government, shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, Graham County Government shall materially comply with the last made representation.**
2. **Graham County Government shall develop a new diagnostic center.**
3. **Graham County Government shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q, Form F.1a of the application and that would otherwise require a certificate of need.**
4. **No later than three months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, Graham County Government, 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. **Graham County Government 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 October 15, 2018.

TIMETABLE:

Construction/Renovation Contract(s) Executed	November 14, 2018
Construction/Renovation Completed	December 14, 2018
Equipment Installed	December 18, 2018
Equipment Operational	January 1, 2019
Services Offered	January 1, 2019
Medicare and/or Medicaid Certification Obtained	January 1, 2019
Facility or Service Accredited	June 1, 2019
Final Annual Report Due	March 30, 2022

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: G-11529-18

FID #: 933540

**ISSUED TO: The Moses H. Cone Memorial Hospital
The Moses H. Cone Memorial Hospital Operating Corporation**

Pursuant to N.C. Gen. Stat. § 131E-177(6), 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 described below. The certificate holder shall develop the project in a manner consistent with the representations in the 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 section.

SCOPE: Relocate several support services and renovate space in order to replace an existing MRI scanner and interventional radiology room/ Guilford County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Wesley Long Community Hospital, Inc.
2400 S. Friendly Avenue
Greensboro, NC 27403**

MAXIMUM CAPITAL EXPENDITURE: \$10,569,402

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 15, 2019

This certificate is effective as of the 23rd Day of October, 2018.


Martha J. Frisone, Chief

CONDITIONS:

1. The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation shall materially comply with all representations made in the certificate of need application.
2. The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation shall renovate space to relocate support services and replace an existing MRI scanner and interventional radiology room.
3. The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.
4. The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.
5. 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 Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation 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. The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation 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 October 23, 2018.

TIMETABLE:

1. Drawings Completed _____ April 19, 2019
2. Construction/Renovation Contract(s) Executed _____ August 30, 2019
3. 25% of Construction/Renovation Completed _____ December 15, 2019
(25% of the cost is in place)
4. 50% of Construction/Renovation Completed _____ March 15, 2020
5. 75% of Construction/Renovation Completed _____ June 15, 2020
6. Construction/Renovation Completed _____ September 28, 2020
7. Equipment Ordered _____ January 1, 2020
8. Equipment Installed _____ September 15, 2020
9. Equipment Operational _____ October 1, 2020
10. Building/Space Occupied _____ October 1, 2020
11. Services Offered _____ October 1, 2020
12. Final Annual Report Due _____ December 31, 2024

STATE OF NORTH CAROLINA

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

CORRECTED CERTIFICATE OF NEED

for

Project ID #: r-11460-18

FID #: 180103

ISSUED TO: Liberty Homecare VII, LLC

Pursuant to N.C. Gen. Stat. § 131E-177(6), 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 described below. The certificate holder shall develop the project in a manner consistent with the representations in the 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 section.

SCOPE: Develop a new hospice home care office in Hyde County pursuant to the adjusted need determination in the 2018 State Medical Facilities Plan/ Hyde County

CONDITIONS: See Reverse Side

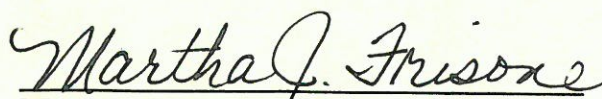
**PHYSICAL LOCATION: Liberty Homecare & Hospice of Hyde County
1719 Quarter Road
Swan Quarter, NC 27885**

MAXIMUM CAPITAL EXPENDITURE: \$22,500

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 1, 2018

This certificate is effective as of the 28th Day of August, 2018.
Corrected certificate issued October 15, 2018


Martha J. Frisone, Chief

CONDITIONS:

1. Liberty Homecare VII, LLC d/b/a Liberty Homecare & Hospice of Hyde County shall materially comply with all representations made in the certificate of need application.
2. Pursuant to the need determination identified in the 2018 State Medical Facilities Plan, Liberty Homecare VII, LLC d/b/a Liberty Homecare & Hospice of Hyde County shall develop no more than one hospice home care office in Hyde County.
3. Upon completion of the project, Liberty Homecare & Hospice of Hyde County shall be licensed for no more than one hospice home care office in Hyde County.
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, Liberty Homecare VII, LLC d/b/a Liberty Homecare & Hospice of Hyde County shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.
5. Liberty Homecare VII, LLC d/b/a Liberty Homecare & Hospice of Hyde County shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on August 2, 2018.

TIMETABLE:

- | | | |
|----|---|-----------------|
| 1. | Licensure Obtained _____ | October 1, 2018 |
| 2. | Services Offered _____ | January 1, 2019 |
| 3. | Medicare and/or Medicaid Certification Obtained _____ | January 1, 2019 |
| 4. | Final Annual Report Due _____ | March 30, 2022 |

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: F-11523-18

FID #: 990440

ISSUED TO: The Presbyterian Hospital

Pursuant to N.C. Gen. Stat. § 131E-177(6), 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 described below. The certificate holder shall develop the project in a manner consistent with the representations in the 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 section.

SCOPE: Develop a second dedicated C-section OR/ Mecklenburg County

CONDITIONS: See Reverse Side

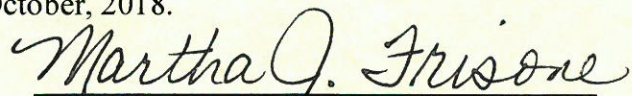
**PHYSICAL LOCATION: Novant Health Huntersville Medical Center
10030 Gilead Road
Huntersville, NC 28078**

MAXIMUM CAPITAL EXPENDITURE: \$1,296,294

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 15, 2019

This certificate is effective as of the 20th Day of October, 2018.


Martha J. Frisone, Chief

CONDITIONS:

1. The Presbyterian Hospital shall materially comply with all representations made in the certificate of need application.
2. The Presbyterian Hospital shall develop one additional dedicated C-section OR for a total of two dedicated C-section ORs at Novant Health Huntersville Medical Center.
3. Novant Health Huntersville Medical Center shall be licensed for no more than two dedicated C-section ORs, six shared ORs and three GI endoscopy procedure rooms upon completion of this project and Project ID #F-11110-15 (Relocate 48 acute care beds and one OR from Novant Health Presbyterian Medical Center to Novant Health Huntersville Medical Center for a total of 139 beds and 7 ORs).
4. The Presbyterian Hospital 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.
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, The Presbyterian 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.
6. The Presbyterian 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 October 8, 2018.

TIMETABLE:

- | | |
|--|-------------------|
| 1. Drawings Complete _____ | November 15, 2019 |
| 2. Construction/Renovation Contract(s) Executed _____ | November 18, 2019 |
| 3. 25% of Construction/Renovation Completed
(25% of the cost is in place) _____ | December 16, 2019 |
| 4. 50% of Construction/Renovation Completed _____ | January 13, 2020 |
| 5. 75% Construction/Renovation Completed _____ | February 10, 2020 |
| 6. Construction/Renovation Completed _____ | March 6, 2020 |
| 7. Equipment Ordered _____ | November 18, 2019 |
| 8. Equipment Installed _____ | February 25, 2020 |
| 9. Equipment Operational _____ | March 1, 2020 |
| 10. Building/Space Occupied _____ | March 15, 2020 |
| 11. Services Offered _____ | April 1, 2020 |
| 12. Final Annual Report Due _____ | April 1, 2024 |

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: J-11535-18

FID #: 180321

ISSUED TO: University of North Carolina Hospitals at Chapel Hill

Pursuant to N.C. Gen. Stat. § 131E-177(6), 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 described below. The certificate holder shall develop the project in a manner consistent with the representations in the 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 section.

SCOPE: Relocation and expansion of hospital-based physician clinics and other hospital-based services to a medical office building in Chapel Hill/ Orange County

CONDITIONS: See Reverse Side


**PHYSICAL LOCATION: University of North Carolina Hospitals-Eastowne Drive
100 Eastowne Drive
Chapel Hill, NC 27514**

MAXIMUM CAPITAL EXPENDITURE: \$24,762,116

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 1, 2019

This certificate is effective as of the 30th Day of October, 2018.


Martha J. Frisone, Chief

CONDITIONS:

1. University of North Carolina Hospitals at Chapel Hill shall materially comply with all representations made in the certificate of need application.
2. University of North Carolina Hospitals at Chapel Hill shall relocate and expand hospital-based physician clinics and other hospital-based services to a medical office building at 100 Eastowne Drive in Chapel Hill.
3. University of North Carolina Hospitals at Chapel Hill, as part of this project, shall not acquire 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, University of North Carolina Hospitals at Chapel Hill 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. University of North Carolina Hospitals at Chapel Hill 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. University of North Carolina Hospitals at Chapel Hill shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to insurance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on October 24, 2018.

TIMETABLE:

1. Construction/Renovation Contract(s) Executed _____ January 2, 2019
2. 25% of Construction/Renovation Completed
(25% of the cost is in place) _____ September 1, 2019
3. 75% of Construction/Renovation Completed _____ December 15, 2019
4. Services Offered _____ April 1, 2020
5. Final Annual Report Due _____ June 29, 2023

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: J-11504-18

FID #: 080413

**ISSUED TO: The Cardinal at North Hills Healthcare, LLC
KSL Toledo Tenant, LLC**

Pursuant to N.C. Gen. Stat. § 131E-177(6), 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 described below. The certificate holder shall develop the project in a manner consistent with the representations in the 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 section.

SCOPE: Develop 51 additional adult care home beds pursuant to SMFP Policy LTC-1 for a total of 15 NF beds and 106 ACH beds/ Wake County

CONDITIONS: See Reverse Side

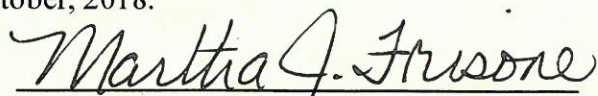
**PHYSICAL LOCATION: The Cardinal at North Hills
4030 Cardinal at North Hills Street
Raleigh, NC 27609**

MAXIMUM CAPITAL EXPENDITURE: \$25,482,542

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 1, 2019

This certificate is effective as of the 30th Day of October, 2018.


Martha J. Frisone
Martha J. Frisone, Chief

CONDITIONS:

1. The Cardinal at North Hills Healthcare, LLC and KSL Toledo Tenant, LLC shall materially comply with all representations made in the certificate of need application.
2. The Cardinal at North Hills Healthcare, LLC and KSL Toledo Tenant, LLC shall develop no more than 51 adult care home beds pursuant to Policy LTC-1 for a total of no more than 106 licensed adult care home beds and 15 licensed nursing facility beds upon completion of the project.
3. The 51 additional Policy LTC-1 adult care home beds shall not participate in the Medicaid program or serve State-County Special Assistance recipients.
4. The 51 additional Policy LTC-1 adult care home beds shall be used exclusively to meet the needs of persons with whom the facility has continuing care contracts (in compliance with the Department of Insurance statutes and regulations) who have lived in a non-nursing or adult care unit of the continuing care facility for a period of at least 30 days. Exceptions shall be allowed when one spouse or sibling is admitted to the adult care home unit at the time the other spouse or sibling moves into a non-nursing or adult care unit, or when the medical condition requiring nursing or adult care home care was not known to exist or be imminent when the individual became a party to the continuing care contract.
5. The 51 additional Policy LTC-1 adult care home beds shall be developed on the same site with the independent living units.
6. The Cardinal at North Hills Healthcare, LLC and KSL Toledo Tenant, LLC shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.
7. 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 Cardinal at North Hills Healthcare, LLC and KSL Toledo Tenant, 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.
8. The Cardinal at North Hills Healthcare, LLC and KSL Toledo Tenant, 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 October 16, 2018.

TIMETABLE:

1. Construction/Renovation Contract(s) Executed _____ March 1, 2019
2. 25% of Construction/Renovation Completed _____ August 1, 2019
(25% of the cost is in place)
3. 50% of Construction/Renovation Completed _____ February 1, 2020
4. 75% of Construction/Renovation Completed _____ July 1, 2020
5. Services Offered _____ January 1, 2021
3. Final Annual Report Due _____ April 1, 2024

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: J-11532-18

FID #: 180318

ISSUED TO: Private Diagnostic Clinic, PLLC

Pursuant to N.C. Gen. Stat. § 131E-177(6), 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 described below. The certificate holder shall develop the project in a manner consistent with the representations in the 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 section.

SCOPE: Develop a new diagnostic center with mobile C-arm fluoroscopy, vascular ultrasound and Doppler ultrasound equipment/ Wake County

CONDITIONS: See Reverse Side

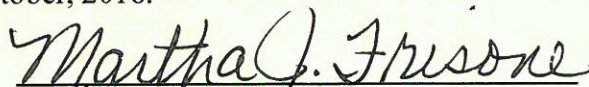
**PHYSICAL LOCATION: Duke Vascular Specialists of Raleigh
3300 Executive Drive, Suite 303-304
Raleigh, NC 27609**

MAXIMUM CAPITAL EXPENDITURE: \$815,063

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: February 15, 2019

This certificate is effective as of the 30th Day of October, 2018.


Martha J. Frisone, Chief

CONDITIONS:

1. Private Diagnostic Clinic, PLLC shall materially comply with all representations made in the certificate of need application.
2. Private Diagnostic Clinic, PLLC shall develop a new diagnostic imaging center with mobile C-arm fluoroscopy, vascular ultrasound and Doppler ultrasound equipment.
3. Private Diagnostic Clinic, PLLC 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, Private Diagnostic Clinic, PLLC 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. Private Diagnostic Clinic, PLLC 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 October 9, 2018.

TIMETABLE:

1.	Financing Obtained _____	November 2, 2018
2.	Drawings Completed _____	November 2, 2018
3.	Construction/Renovation Contract(s) Executed _____	November 5, 2018
4.	25% of Construction/Renovation Completed (25% of the cost is in place) _____	November 15, 2018
5.	50% of Construction/Renovation Completed _____	November 25, 2018
6.	75% of Construction/Renovation Completed _____	December 5, 2018
7.	Construction/Renovation Completed _____	December 15, 2018
8.	Equipment Ordered _____	November 3, 2018
9.	Equipment Installed _____	December 15, 2018
10.	Equipment Operational _____	December 22, 2018
11.	Building/Space Occupied _____	December 15, 2018
12.	Services Offered _____	January 1, 2019
13.	Final Annual Report Due _____	April 1, 2022

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: J-11534-18

FID #: 180320

ISSUED TO: University of North Carolinas Hospitals at Chapel Hill

Pursuant to N.C. Gen. Stat. § 131E-177(6), 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 described below. The certificate holder shall develop the project in a manner consistent with the representations in the 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 section.

SCOPE: Renovate existing medical office building at 2801 Blue Ridge Road in Raleigh for hospital-based pediatric specialty physician clinics/ Wake County

CONDITIONS: See Reverse Side


**PHYSICAL LOCATION: University of North Carolina Hospitals-Blue Ridge Road
2801 Blue Ridge Road
Raleigh, NC 27607**

MAXIMUM CAPITAL EXPENDITURE: \$6,888,651

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 1, 2019

This certificate is effective as of the 30th Day of October, 2018.


Martha J. Frisone, Chief

CONDITIONS:

1. University of North Carolina Hospitals at Chapel Hill shall materially comply with all representations made in the certificate of need application.
2. University of North Carolina Hospitals at Chapel Hill shall renovate an existing medical office building at 2801 Blue Ridge Road in Raleigh for hospital-based pediatric specialty clinics.
3. University of North Carolina Hospitals at Chapel Hill, 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, University of North Carolina Hospitals at Chapel Hill 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. University of North Carolina Hospitals at Chapel Hill 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. University of North Carolina Hospitals at Chapel Hill shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to insurance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on October 24, 2018.

TIMETABLE:

1. 25% of Construction/Renovation Completed
(25% of the cost is in place) _____ February 10, 2019
2. 75% of Construction/Renovation Completed _____ May 15, 2019
3. Services Offered _____ July 1, 2019
4. Final Annual Report Due _____ September 28, 2022

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: J-11428-17

FID #: 990332

ISSUED TO: WakeMed Cary Hospital

Pursuant to N.C. Gen. Stat. § 131E-177(6), 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 described below. The certificate holder shall develop the project in a manner consistent with the representations in the 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 section.

SCOPE: Construct a two-story addition and relocate 30 acute care beds and one shared operating room from WakeMed Raleigh Campus to WakeMed Cary Hospital for a total of 208 acute care beds and 12 operating rooms at WakeMed Cary Hospital. The 30 acute care beds to be relocated to WakeMed Cary Hospital shall include 29 acute care beds approved in Project I.D. # J-8660-11 (Develop 29 additional acute care beds at WakeMed Raleigh Campus), and one acute care bed approved in Project I.D. # J-10165-13 (Reconvert 21 nursing facility beds back to acute care beds and relocate the beds to WakeMed Raleigh Campus) / Wake County

CONDITIONS: See Reverse Side

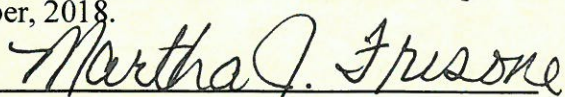
**PHYSICAL LOCATION: WakeMed Cary Hospital
1900 Kildaire Farm Road
Cary, NC 27518**

MAXIMUM CAPITAL EXPENDITURE: \$59,569,547

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 1, 2019

This certificate is effective as of the 23rd Day of October, 2018.


Martha J. Frisone, Chief

CONDITIONS:

1. WakeMed shall materially comply with all representations made in the certificate of need application.
2. WakeMed shall relocate no more than 30 approved acute care beds from WakeMed Raleigh Campus to WakeMed Cary Hospital. Upon completion of the proposed project, WakeMed Cary Hospital will be licensed for no more than 208 acute care beds.
3. WakeMed shall relocate no more than one shared surgical operating room from WakeMed Raleigh Campus to WakeMed Cary Hospital. Upon completion of the proposed project, WakeMed Cary Hospital will be licensed for no more than ten shared surgical operating rooms and two dedicated C-section operating rooms.
4. WakeMed 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. WakeMed 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, WakeMed 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. WakeMed 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. Construction/Renovation Contract(s) Executed _____ December 1, 2018
2. 25% of Construction/Renovation Completed _____
(25% of the cost is in place) _____ March 1, 2019
3. 50% of Construction/Renovation Completed _____ September 1, 2019
4. Construction/Renovation Completed _____ February 1, 2020
5. Services Offered _____ April 1, 2020
6. Final Annual Report Due _____ July 1, 2023

STATE OF NORTH CAROLINA

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

REISSUED **CERTIFICATE OF NEED**

for

Project ID #: J-6932-03

FID #: 953429

ISSUED TO: Rex Hospital, Inc.

Pursuant to N.C. Gen. Stat. § 131E-177(6), 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 described below. The certificate holder shall develop the project in a manner consistent with the representations in the 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 section.

SCOPE: Replace the fixed MRI scanner located in Cary with a mobile MRI scanner to be used only at Rex's Main Campus, Rex's Holly Spring's medical office building located at 781 Avent Ferry Road and Rex's Holly Springs Hospital once licensed for the duration that it operates as a mobile MRI scanner. The mobile MRI scanner may be replaced with a fixed MRI scanner at any time, at Rex's election, following one year of Rex's Holly Springs Hospital being licensed. If and when Rex elects to replace the mobile MRI scanner with a fixed MRI scanner, the fixed MRI scanner will be located at Rex's Holly Springs Hospital/ Wake County

CONDITIONS: See Reverse Side


**PHYSICAL LOCATION: Rex Healthcare of Cary
1515 SW Cary Parkway
Cary, NC 27511**

MAXIMUM CAPITAL EXPENDITURE: \$2,791,207

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: February 1, 2005

This certificate is effective as of the 9th Day of September, 2004.
This certificate reissued as of the 23rd Day of October, 2018.


Martha J. Frisone, Chief

CONDITIONS

1. Rex Hospital, Inc. shall materially comply with all representations made in the certificate of need application.
2. Rex Hospital, Inc. shall not acquire as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section VIII of the application or that would otherwise require a certificate of need.
3. Rex Hospital, Inc. shall acknowledge acceptance and compliance with all condition stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance and compliance with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on April 6, 2004.

TIMETABLE

Completion of preliminary drawings	December 1, 2004
Completion of final drawings and specifications	February 28, 2005
Approval of final drawings by Construction Section, DFS	March 31, 2005
Approval of site by Construction Section, DFS	April 1, 2005
Contract award	April 1, 2005
25% completion of construction	June 1, 2005
50% completion of construction	August 1, 2005
75% completion of construction	October 1, 2005
Completion of construction	December 1, 2005
Occupancy/offering of service(s)	January 2, 2006
Ordering of equipment	June 1, 2005
Arrival of equipment	December 1, 2005
Operation of equipment	January 2, 2006

STATE OF NORTH CAROLINA

Department of Health and Human Services

Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project ID #: L-11498-18

FID #: 180206

ISSUED TO: Vidant Medical Group, LLC

Pursuant to N.C. Gen. Stat. § 131E-177(6), 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 described below. The certificate holder shall develop the project in a manner consistent with the representations in the 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 section.

SCOPE: Develop a new diagnostic center/ Wilson County

CONDITIONS: See Reverse Side

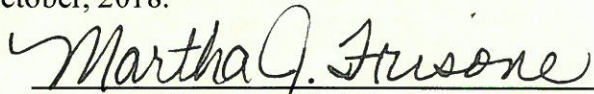
**PHYSICAL LOCATION: The Vidant Healthplex-Wilson
3724 Raleigh Road Parkway West
Wilson, NC 27896**

MAXIMUM CAPITAL EXPENDITURE: \$917,801

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 1, 2019

This certificate is effective as of the 30th Day of October, 2018.


Martha J. Frisone/Chief

CONDITIONS:

1. Vidant Medical Group, LLC shall materially comply with all representations made in the certificate of need application.
2. Vidant Medical Group, LLC shall develop a new diagnostic center at The Vidant Healthplex-Wilson in a medical office building being constructed at 3724 Raleigh Road Parkway West in Wilson.
3. Vidant Medical Group, LLC, as part of this project, shall not acquire 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, Vidant Medical Group, 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. Vidant Medical Group, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to insurance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on October 12, 2018.

TIMETABLE:

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|----------------------------------|------------------|
| 1. Equipment Installed _____ | January 15, 2019 |
| 2. Services Offered _____ | February 1, 2019 |
| 3. Final Annual Report Due _____ | May 1, 2022 |