

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: G-11603-18

FID #: 100785

ISSUED TO: Total Renal Care, 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: Add no more than 2 stations for a total of no more than 18 stations upon completion of this project, Project ID #G-11212-16 (relocate 2 stations to Glen Raven Dialysis), Project ID #G-11289-17 (relocate six stations to Mebane Dialysis), and Project ID #G-11318-17 (add two stations)/ Alamance County

CONDITIONS: See Reverse Side

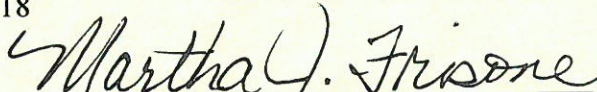
PHYSICAL LOCATION: North Burlington Dialysis
2019 North Church Street
Burlington, NC 27217

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 15, 2019

This certificate is effective as of December 18, 2018


Martha J. Frisone, Chief

CONDITIONS:

1. Total Renal Care, Inc. d/b/a North Burlington Dialysis shall materially comply with all representations made in the certificate of need application.
2. Pursuant to the facility need determination in the July 2018 SDR, Total Renal Care, Inc. d/b/a North Burlington Dialysis shall develop and operate no more than two additional dialysis stations for a total of no more than 18 certified stations upon completion of this project, Project ID #G-11212-16 (relocate two stations to Glen Raven), Project ID #G-11289-17 (relocate six stations to Mebane Dialysis), and Project ID G#11318-17 (add two stations).
3. Total Renal Care, Inc. d/b/a North Burlington Dialysis shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

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

TIMETABLE:

1. Equipment Installed _____ November 15, 2019
2. Equipment Operational _____ December 1, 2019
3. Services Offered _____ January 1, 2020
4. Medicare and/or Medicaid Certification Obtained _____ January 1, 2020

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: F-11368-17

FID #: 170321

**ISSUED TO: Cabarrus Propco, LLC
Cabarrus Opco, 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 Adult Care Home facility, Cabarrus Senior Living, by relocating 66 beds from Cabarrus Manor (Project ID #F-11101-15) leaving 67 ACH beds at Cabarrus Manor/ Cabarrus County

CONDITIONS: See Reverse Side

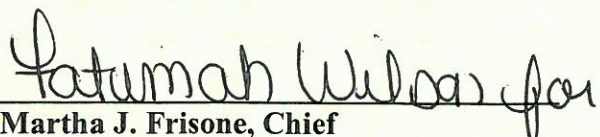
**PHYSICAL LOCATION: Cabarrus Senior Living
860 Hickory Ridge Road
Harrisburg, NC 28075**

MAXIMUM CAPITAL EXPENDITURE: \$8,948,269

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 1, 2019

This certificate is effective as of December 21, 2018


Martha J. Frisone, Chief

CONDITIONS:

1. Cabarrus Propco, LLC and Cabarrus Opco, LLC shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, Cabarrus Propco, LLC and Cabarrus Opco, LLC shall materially comply with the last made representation.
2. Cabarrus Propco, LLC and Cabarrus Opco, LLC shall develop a new Adult Care Home facility, Cabarrus Senior Living, by relocating 66 adult care beds from Cabarrus Manor (Project I.D. # F-11101-15) leaving 67 adult care beds at Cabarrus Manor.
3. Cabarrus Propco, LLC and Cabarrus Opco, LLC shall execute the construction by July 4, 2019. In the event that Cabarrus Propco, LLC and Cabarrus Opco, LLC fail to execute the construction contract by October 9, 2019, the right to develop the project shall cease and Cabarrus Propco, LLC and Cabarrus Opco, LLC shall relinquish the Certificate of Need to develop this project.
4. Upon completion of the project, Cabarrus Senior Living shall be licensed for no more than 66 ACH beds.
5. Cabarrus Propco, LLC and Cabarrus Opco, 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.
6. Cabarrus Propco, LLC and Cabarrus Opco, LLC shall provide care to recipients of State/County Special Assistance with Medicaid, commensurate with representations made in the application.
7. For the first two years of operation following completion of the project, Cabarrus Opco, LLC 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.
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, Cabarrus Propco, LLC and Cabarrus Opco, LLC shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.

TIMETABLE:

1. Drawings Completed _____ May 16, 2019
2. Land Acquired _____ May 2, 2019
3. Construction/Renovation Contract(s) Executed _____ July 4, 2019
3. 25% of Construction/Renovation Completed _____ March 9, 2020
4. 50% of Construction/Renovation Completed _____ June 22, 2020
5. 75% of Construction/Renovation Completed _____ September 14, 2020
6. Construction/Renovation Completed _____ December 2, 2020
7. Licensed Obtained _____ February 1, 2021
8. Services Offered _____ February 1, 2021
9. County Special Assistance Certification Obtained _____ February 1, 2021
10. Final Annual Report Due _____ May 1, 2024

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: J-11527-18

FID #: 180311

ISSUED TO: FirstHealth of the Carolinas, 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 a new diagnostic center by acquiring digital radiography and 3D mammography equipment and relocating one existing computed tomography scanner from FirstHealth Moore Regional Hospital/ Lee County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: FirstHealth Imaging Beechtree Drive
2919 Beechtree Drive
Sanford, NC 27577**

MAXIMUM CAPITAL EXPENDITURE: \$1,887,511

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 30, 2019

This certificate is effective as of December 4, 2018


Martha J. Frisone, Chief

CONDITIONS:

1. FirstHealth of the Carolinas, Inc. shall materially comply with all representations made in the certificate of need application.
2. FirstHealth of the Carolinas, 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, Section Q and Exhibit F.1 of the application or that would otherwise require a certificate of need.
3. 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, FirstHealth of the Carolinas, 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.
4. FirstHealth of the Carolinas, Inc. 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 November 8, 2018.

TIMETABLE:

1. Financing Obtained _____ June 10 2018
2. Drawings Completed _____ June 10, 2018
3. Construction/Renovation Contract(s) Executed _____ July 15, 2018
4. 25% of Construction/Renovation Completed
(25% of the cost is in place) _____ August 15, 2018
5. 50% of Construction/Renovation Completed _____ September 15, 2018
6. 75% of Construction/Renovation Completed _____ October 15, 2018
7. Construction/Renovation Completed _____ November 15, 2018
8. Equipment Ordered _____ September 1, 2018
9. Equipment Installed _____ December 1, 2018
10. Equipment Operational _____ December 15, 2018
11. Building/Space Occupied _____ December 1, 2018
12. Licensure Obtained _____ January 2, 2019
13. Services Offered _____ January 2, 2019
14. 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 #: F-11582-18

FID #: 955947

ISSUED TO: Bio-Medical Applications of North Carolina, 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: Add one dialysis station for a total of no more than 45 stations upon project completion/ Mecklenburg County

CONDITIONS: See Reverse Side

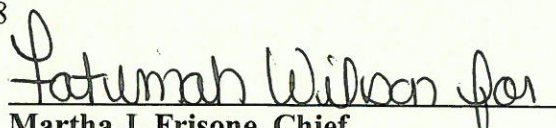
**PHYSICAL LOCATION: FMC Charlotte
928 Baxter Street
Charlotte, NC 28204**

MAXIMUM CAPITAL EXPENDITURE: \$3,750

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2019

This certificate is effective as of December 20, 2018



Martha J. Frisone, Chief

CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Charlotte shall materially comply with all representations made in the certificate of need application.
2. Pursuant to the facility need determination in the July 2018 SDR, Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Charlotte shall develop no more than one additional dialysis station for a total of no more than 45 certified stations upon project completion, which shall include any home hemodialysis training or isolation stations.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Charlotte shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on November 30, 2018.

TIMETABLE:

1. Drawings Completed _____ June 18, 2018
2. Construction/Renovation Contract(s) Executed _____ August 2, 2019
(25% of the cost is in place) _____ August 23, 2019
3. 50% of Construction/Renovation Completed _____ September 13, 2019
4. 75% of Construction/Renovation Completed _____ October 4, 2019
5. Construction/Renovation Completed _____ October 25, 2019
6. Equipment Ordered _____ October 17, 2019
7. Equipment Installed _____ December 6, 2019
8. Equipment Operational _____ December 13, 2019
9. Services Offered _____ December 31, 2019
10. Medicare and/or Medicaid Certification Obtained _____ December 31, 2019

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: F-11577-18

FID #: 120485

ISSUED TO: Bio-Medical Applications of North Carolina, 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: Add three dialysis stations for a total of no more than 16 stations upon project completion/ Mecklenburg County

CONDITIONS: See Reverse Side

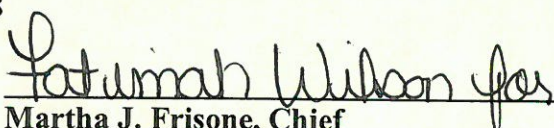
**PHYSICAL LOCATION: FMC Southwest Charlotte
14166 Steele Creek Road
Charlotte, NC 28273**

MAXIMUM CAPITAL EXPENDITURE: \$11,250

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 1, 2019

This certificate is effective as of December 20, 2018


Martha J. Frisone, Chief

CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Southwest Charlotte shall materially comply with all representations made in the certificate of need application.
2. Pursuant to the facility need determination in the July 2018 SDR, Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Southwest Charlotte shall develop no more than three additional dialysis stations for a total of no more than 16 certified stations upon project completion, which shall include any home hemodialysis training or isolation stations.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Southwest Charlotte shall install plumbing and electrical wiring through the walls for no more than three additional dialysis stations, which shall include any isolation stations.
4. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Southwest Charlotte shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on November 30, 2018.

TIMETABLE:

- | | | |
|--|-------|-------------------|
| 1. Equipment Ordered | _____ | October 17, 2019 |
| 2. Equipment Installed | _____ | December 16, 2019 |
| Equipment Operational | _____ | December 26, 2019 |
| 3. Building/Space Occupied | _____ | December 26, 2019 |
| 4. Services Offered | _____ | December 31, 2019 |
| 5. Medicare and/or Medicaid Certification Obtained | _____ | December 31, 2019 |

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: L-11579-18

FID #: 130370

ISSUED TO: Bio-Medical Applications of North Carolina, 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: Add no more than three dialysis stations for a total of no more than 19 dialysis stations upon project completion/ Nash County

CONDITIONS: See Reverse Side

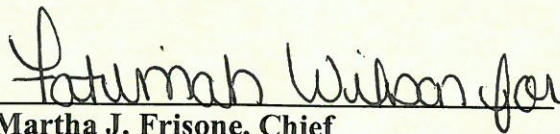
**PHYSICAL LOCATION: Fresenius Medical Care South Rocky Mount
1676 South Wesleyan Boulevard
Rocky Mount, NC 27803**

MAXIMUM CAPITAL EXPENDITURE: \$11,250

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 1, 2019

This certificate is effective as of December 22, 2018


Martha J. Frisone, Chief

CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc. d/b/a Fresenius Medical Care South Rocky Mount shall materially comply with all representations made in the certificate of need application.
2. Pursuant to the facility need determination in the July 2018 SDR, Bio-Medical Applications of North Carolina, Inc. d/b/a Fresenius Medical Care South Rocky Mount shall develop no more than three additional dialysis stations for a total of no more than 19 certified stations upon completion of this project, which shall include any home hemodialysis training or isolation stations.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a Fresenius Medical Care South Rocky Mount shall install plumbing and electrical wiring through the walls for no more than three dialysis stations, which shall include any isolation stations.
4. Bio-Medical Applications of North Carolina, Inc. d/b/a Fresenius Medical Care South Rocky Mount shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on November 29, 2018.

TIMETABLE:

- | | |
|--|--------------------|
| 1. Finance Obtained _____ | September 17, 2018 |
| 2. Equipment Ordered _____ | October 17, 2018 |
| 3. Equipment Installed _____ | December 16, 2019 |
| 4. Equipment Operational _____ | December 26, 2019 |
| 5. Building/Space Occupied _____ | December 26, 2019 |
| 6. Services Offered _____ | December 31, 2019 |
| 7. Medicare and/or Medicaid Certification Obtained _____ | December 31, 2019 |

STATE OF NORTH CAROLINA

Department of Health and Human Services

Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project ID #: Q-11562-18

FID #: 933410

ISSUED TO: Pitt County Memorial 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: Develop one new Gastrointestinal Endoscopy Room for a total of five at the medical center/ Pitt County

CONDITIONS: See Reverse Side

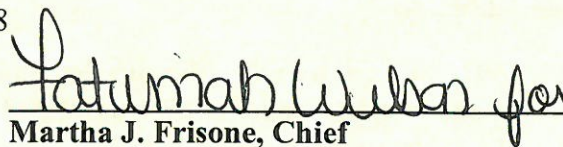
**PHYSICAL LOCATION: Vidant Medical Center
2100 Stantonsburg Road
Greenville, NC 27834**

MAXIMUM CAPITAL EXPENDITURE: \$1,289,500

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 15, 2019

This certificate is effective as of December 28, 2018


Martha J. Frisone, Chief

CONDITIONS:

1. Pitt County Memorial Hospital, Inc. d/b/a Vidant Medical Center shall materially comply with all representations made in the certificate of need application.
2. Pitt County Memorial Hospital, Inc. d/b/a Vidant Medical Center shall develop one new gastrointestinal endoscopy procedure room for a total of five at the medical center.
3. Upon completion of the project, Vidant Medical Center shall be licensed for no more than five gastrointestinal endoscopy procedure rooms.
4. Pitt County Memorial Hospital, Inc. d/b/a Vidant Medical Center shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q 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, Pitt County Memorial Hospital, Inc. d/b/a Vidant Medical 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.
6. The procedure room shall not be used for procedures that should be performed only in a gastrointestinal endoscopy procedure room based on current standards of practice.
7. 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.
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, Pitt County Memorial Hospital, Inc. d/b/a Vidant Medical Center 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. Pitt County Memorial Hospital, Inc. d/b/a Vidant Medical Center shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on December 18, 2018.

TIMETABLE:

1. 50% of Construction/Renovation Completed _____ June 28, 2019
2. Construction/Renovation Completed _____ October 28, 2019
3. Licensure Obtained _____ November 20, 2019
4. Services Offered _____ November 28, 2019
5. Facility or Service Accredited _____ November 28, 2019
6. Final Annual Report Due _____ February 27, 2023