

**Certificate of Need
Certificates Issued
April 2019**

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
Catawba	E-011649-19	Fresenius Kidney Care Newton	160340	ESRD	Change of scope for Project ID# E-11209-16 (develop a new 12-station dialysis facility), Project ID# E-11390-17 (add five stations) and Project ID# E-11480-18 (add one station). The applicant proposes to relocate three dialysis stations from FMC of Catawba Valley. Upon completion of this project, Project ID# E-11209-16, Project ID# E-11390-17 and Project ID# E-11480-18, FKC Newton will be certified for a total of 15 stations and FMC of Catawba Valley will be certified for a total of 22 stations.	2/1/2019	3/27/2019	4/27/2019	Conditional Approval	Ena Lightbourne	Lisa Pittman	\$11,250	8/1/2019
Cumberland	M-011634-18	FMC DIALYSIS SERVICES NORTH RAMSEY	960411	ESRD	Relocate 3 dialysis stations from Dunn Kidney Center in Harnett County for a total of 43 stations at FMC Dialysis Services North Ramsey	12/1/2018	3/20/2019	4/23/2019	Conditional Approval	Tanya Saporito	Lisa Pittman	\$1,193,139	11/1/2019
Cumberland	M-11650-19	FKC Rockfish	170017	ESRD	Relocate no more than one dialysis station from FMC Services of West Fayetteville to FKC Rockfish for a total of no more than 21 stations upon project completion	2/1/2019	3/29/2019	4/30/2019	Conditional Approval	Tanya Saporito	Gloria Hale	\$3,750	9/1/2019
Davidson	G-011651-19	Thomasville Dialysis Center	020758	ESRD	Relocate no more than 3 dialysis stations from High Point Kidney Center (Guilford County) for a total of no more than 35 stations upon project completion	2/1/2019	3/11/2019	4/11/2019	Conditional Approval	Celia Inman	Fatimah Wilson	\$0	12/31/2019
Durham	J-011613-18	Duke North Pavilion	956937	HOSPITAL	Renovate and upfit space in North Pavilion to accommodate relocation of Duke Compounding Facility, Clinical Pharmacy, and Hematologic Malignancies clinical services. In addition, renovate space for Adult Bone Marrow Transplant (ABMT)	11/1/2018	3/18/2019	4/18/2019	Conditional Approval	Tanya Saporito	Lisa Pittman	\$18,200,000	11/1/2019
Forsyth	G-011519-18	North Carolina Baptist Hospital	943495	HOSPITAL	Add 4 ORs, pursuant to the 2018 SMFP need determination, for a total of 51 ORs upon completion of this project and Project ID #G-8460-10 (add 7 dedicated outpatient ORs pursuant to Policy AC-3). Settlement resulted in the addition of 4 Ors pursuant to Policy AC-3 for a total of 51 Ors	6/1/2018	10/26/2018	4/23/2019	Conditional Approval	Celia Inman	Lisa Pittman	\$9,982,500	6/15/2023
Forsyth	G-011517-18	Novant Health Forsyth Medical Center	923174	HOSPITAL	Add 2 ORs, pursuant to the 2018 SMFP need determination, for a total of 35 ORs on the hospital license upon completion of this project	6/1/2018	10/26/2018	4/23/2019	CA-Settlement	Celia Inman	Lisa Pittman	\$4,181,671	9/15/2020
Forsyth	G-011513-18	Triad Center for Surgery	180267	ASC	Develop a new ASF with 2 ORs, pursuant to the 2018 SMFP need determination, and 3 procedure rooms	6/1/2018	10/26/2018	4/23/2019	Conditional Approval	Celia Inman	Lisa Pittman	\$7,158,615	7/15/2020
Forsyth	G-011420-17	Summerstone Health and Rehabilitation Center	130486	NH	Relocate 20 existing nursing facility (NF) beds from The Oaks to Summerstone Health and Rehabilitation Center pursuant to Policy NH-6 for a total of 120 SNF beds upon completion	11/1/2017	3/29/2018	4/1/2019	Denied	Tanya Saporito	Fatimah Wilson	\$196,013	7/1/2019

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Gaston	F-011635-18	BMA Kings Mountain	150476	ESRD	Relocate 3 dialysis stations from FMC Belmont to BMA Kings Mountain for a total of 21 stations upon project completion	12/1/2018	3/4/2019	4/8/2019	Conditional Approval	Ena Lightbourne	Gloria Hale	\$11,250	8/1/2019
Mecklenburg	F-011619-18	Carolina Center for Specialty Surgery	050268	ASC	Develop one additional OR pursuant to the 2018 SMFP need determination for a total of no more than 3 ORs upon project completion	11/1/2018	3/29/2019	4/30/2019	Conditional Approval	Julie Faenza	Fatimah Wilson	\$1,912,512	9/1/2019
Mecklenburg	F-011612-18	Metrolina Vascular Access Care, LLC	180517	ASC	Develop a new ambulatory surgical facility in Charlotte with one operating room and one procedure room focused on vascular access procedures for patients with end stage renal disease	11/1/2018	3/29/2019	4/30/2019	Conditional Approval	Julie Faenza	Fatimah Wilson	\$2,900,000	9/1/2019
Mecklenburg	F-011622-18	Atrium Health Pineville	110878	HOSPITAL	Add 38 additional acute care beds pursuant to the 2018 SMFP need determination for a total of 259 acute care beds upon completion of this project and Project I.D. # F-11361-17 (add 15 beds)	11/1/2018	3/29/2019	4/30/2019	Conditional Approval	Julie Faenza	Fatimah Wilson	\$31,882,065	9/1/2019
Mecklenburg	F-011621-18	Atrium Health Pineville	110878	HOSPITAL	Develop one additional OR pursuant to the 2018 SMFP need determination for a total of no more than 13 ORs upon project completion	11/1/2018	3/29/2019	4/30/2019	Conditional Approval	Julie Faenza	Fatimah Wilson	\$2,800,000	9/1/2019
Mecklenburg	F-011620-18	Carolinas Medical Center	943070	HOSPITAL	Develop no more than two additional ORs pursuant to the 2018 SMFP need determination for a total of no more than 62 ORs upon completion of this project and Project I.D. #F-11106-15 (relocate 2 ORs)	11/1/2018	3/29/2019	4/30/2019	Conditional Approval	Julie Faenza	Fatimah Wilson	\$15,030,099	9/1/2019
Mecklenburg	F-11624-18	Novant Health Huntersville Medical Center	990440	HOSPITAL	Add 12 acute care beds and one OR pursuant to the 2018 SMFP need determination for a total of 151 acute care beds and 7 ORs upon completion of this project and Project I.D. #F-11110-15 (relocate 48 acute care beds and one OR from Novant Health Presbyterian Medical Center)	11/1/2018	3/29/2019	4/30/2019	Conditional Approval	Julie Faenza	Fatimah Wilson	\$7,110,815	9/1/2019
Mecklenburg	F-11633-18	FKC Regal Oaks	150024	ESRD	Relocate no more than 3 dialysis stations from FMC Charlotte to FMC Regal Oaks for a total of no more than 15 stations upon completion	12/1/2018	3/29/2019	4/30/2019	Conditional Approval	Mike McKillip	Gloria Hale	\$11,250	11/1/2019

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: E-11649-19

FID #: 160340

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: Change of scope for Project ID# E-11209-16 (develop a new 12-station dialysis facility), Project ID# E-11390-17 (add five stations) and Project ID# E-11480-18 (add one station). The applicant proposes to relocate three dialysis stations from FMC of Catawba Valley. Upon completion of this project, Project ID# E-11209-16, Project ID# E-11390-17 and Project ID# E-11480-18, FKC Newton will be certified for a total of no more than 15 stations and FMC of Catawba Valley will be certified for a total of no more than 22 stations/ Catawba County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Fresenius Kidney Care Newton
3802 Startown Road
Newton, NC 28568

MAXIMUM CAPITAL EXPENDITURE: \$11,250

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 1, 2019

This certificate is effective as of April 27, 2019



Martha J. Frisone, Chief

CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc. shall materially comply with the representations in this application and the representations made in Project ID# E-11209-16. Where representations conflict, Bio-Medical Applications of North Carolina, Inc. shall materially comply with the last made representation.
2. Pursuant to Policy ESRD-2, Bio-Medical Applications of North Carolina, Inc. shall relocate no more than three dialysis stations from FMC of Catawba Valley to FKC Newton for a total of no more than 15 certified stations upon completion of this project and Project ID# E-11209-16 which shall include any home hemodialysis training or isolation stations.
3. Bio-Medical Applications of North Carolina, Inc. shall install plumbing and electrical wiring through the walls for no more than three dialysis stations, which shall include any isolation stations.
4. Upon completion of this project, Bio-Medical Applications of North Carolina, Inc. shall take the necessary steps to decertify three dialysis stations at FMC of Catawba Valley for a total of no more than 22 dialysis stations at FMC of Catawba Valley.
5. Bio-Medical Applications of North Carolina, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on April 1, 2019.

TIMETABLE:

- | | | |
|-----|---|-------------------|
| 1. | Financing Obtained _____ | January 15, 2019 |
| 2. | Drawings Completed _____ | September 4, 2019 |
| 3. | Construction/Renovation Contract(s) Executed _____ | October 4, 2019 |
| 4. | 25% of Construction/Renovation Completed | |
| 5. | (25% of the cost is in place) _____ | October 25, 2019 |
| 6. | 50% of Construction/Renovation Completed _____ | November 15, 2019 |
| 7. | 75% of Construction/Renovation Completed _____ | November 29, 2019 |
| 8. | Construction/Renovation Completed _____ | December 6, 2019 |
| 9. | Equipment Ordered _____ | October 17, 2019 |
| 10. | Equipment Installed _____ | December 16, 2019 |
| 11. | Equipment Operational _____ | December 23, 2019 |
| 12. | Building/Space Occupied _____ | December 23, 2019 |
| 13. | Services Offered _____ | December 31, 2019 |
| 14. | 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 #: M-11634-18

FID #: 960411

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: Relocate no more than 3 dialysis stations from Dunn Kidney Center in Harnett County for a total of no more than 43 stations at FMC Dialysis Services North Ramsey/ Cumberland County

CONDITIONS: See Reverse Side

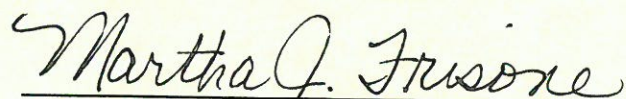
**PHYSICAL LOCATION: FMC Dialysis Services North Ramsey
130 Longview Drive
Fayetteville, NC 28311**

MAXIMUM CAPITAL EXPENDITURE: \$1,193,139

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 1, 2019

This certificate is effective as of April 23, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc. shall materially comply with all representations made in the certificate of need application.
2. Pursuant to Policy ESRD-2, Bio-Medical Applications of North Carolina, Inc. shall relocate three dialysis stations from Dunn Kidney Center to FMC Dialysis Services North Ramsey.
3. Bio-Medical Applications of North Carolina, Inc. shall install plumbing and electrical wiring through the walls for no more than three additional dialysis stations which shall include any isolation stations, for a total of no more than 43 stations at FMC Dialysis Services North Ramsey.
4. Upon completion of this project, Bio-Medical Applications of North Carolina, Inc. shall take the necessary steps to decertify three dialysis stations at Dunn Kidney Center for a total of no more than 32 dialysis stations at Dunn Kidney Center upon project completion.
5. Bio-Medical Applications of North Carolina, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Healthcare Planning and Certificate of Need Section in writing prior to the issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on April 1, 2019.

TIMETABLE:

1. Financing Obtained _____ November 15, 2018
2. Drawings Completed _____ July 16, 2019
3. Construction/Renovation Contract(s) Executed _____ August 6, 2019
4. 25% of Construction/Renovation Completed
(25% of the cost is in place) _____ September 5, 2019
5. 50% of Construction/Renovation Completed _____ October 5, 2019
6. 75% of Construction/Renovation Completed _____ October 26, 2019
7. Construction/Renovation Completed _____ November 16, 2019
8. Equipment Ordered _____ October 15, 2018
9. Equipment Installed _____ December 14, 2018
10. Equipment Operational _____ December 26, 2018
11. Building/Space Occupied _____ December 26, 2018
12. Services Offered _____ December 31, 2019
13. 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 #: M-11650-19

FID #: 170017

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: Relocate no more than one dialysis station from FMC Services of West Fayetteville to FKC Rockfish for a total of no more than 21 stations at FKC Rockfish/ Cumberland County

CONDITIONS: See Reverse Side


**PHYSICAL LOCATION: Fresenius Kidney Care Rockfish
Hoke Loop Road
Fayetteville, NC 28314**

MAXIMUM CAPITAL EXPENDITURE: \$3,750

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2019

This certificate is effective as of April 30, 2019



Martha J. Frisone, Chief

CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc. shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, Bio-Medical Applications of North Carolina, Inc. shall materially comply with the last made representation.
2. Pursuant to Policy ESRD-2, Bio-Medical Applications of North Carolina, Inc. shall relocate three dialysis stations from FMC Services of West Fayetteville to Fresenius Kidney Care Rockfish.
3. Bio-Medical Applications of North Carolina, Inc. shall install plumbing and electrical wiring through the walls for no more than one additional dialysis station which shall include any isolation stations, for a total of no more than 21 stations at Fresenius Kidney Care Rockfish.
4. Upon completion of this project, Bio-Medical Applications of North Carolina, Inc. shall take the necessary steps to decertify one dialysis station at FMC Services of West Fayetteville for a total of no more than 39 dialysis stations at FMC Services of West Fayetteville upon project completion.
5. Bio-Medical Applications of North Carolina, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Healthcare Planning and Certificate of Need Section in writing prior to the issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on April 1, 2019.

TIMETABLE:

- | | |
|--|-------------------|
| 1. Financing Obtained _____ | January 1, 2019 |
| 2. Drawings Completed _____ | September 4, 2019 |
| 3. Construction/Renovation Contract(s) Executed _____ | October 4, 2019 |
| 4. 25% of Construction/Renovation Completed
(25% of the cost is in place) _____ | October 25, 2019 |
| 5. 50% of Construction/Renovation Completed _____ | November 15, 2019 |
| 6. 75% of Construction/Renovation Completed _____ | November 29, 2019 |
| 7. Construction/Renovation Completed _____ | December 6, 2019 |
| 8. Equipment Ordered _____ | October 17, 2019 |
| 9. Equipment Installed _____ | December 16, 2019 |
| 10. Equipment Operational _____ | December 23, 2019 |
| 11. Building/Space Occupied _____ | December 23, 2019 |
| 12. Services Offered _____ | December 31, 2019 |
| 13. 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 #: G-11651-19

FID #: 020758

**ISSUED TO: Wake Forest University Health Sciences
Thomasville Dialysis Center of Wake Forest University**

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 3 dialysis stations from High Point Kidney Center (Guilford County) for a total of no more than 35 stations upon project completion / Davidson County

CONDITIONS: See Reverse Side

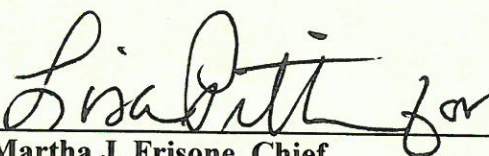
**PHYSICAL LOCATION: Thomasville Dialysis Center
10 Laura Lane
Thomasville, NC 27360**

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 31, 2019

This certificate is effective as of April 11, 2019



Martha J. Frisone, Chief

CONDITIONS:

1. **Wake Forest University Health Sciences and Thomasville Dialysis Center of Wake Forest University shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, Wake Forest University Health Sciences and Thomasville Dialysis Center of Wake Forest University shall materially comply with the last made representation.**
2. **Pursuant to Policy ESRD-2, Wake Forest University Health Sciences and Thomasville Dialysis Center of Wake Forest University shall relocate no more than three dialysis stations from High Point Kidney Center for a total of no more than 35 dialysis stations at Thomasville Dialysis Center, which shall include any home hemodialysis training or isolation stations, upon project completion.**
3. **Upon completion of this project, Wake Forest University Health Sciences shall take the necessary steps to decertify three dialysis stations at High Point Kidney Center for a total of no more than 45 dialysis stations upon completion of this project and Project ID #G-11587-18 (add 7 stations for a total of 48).**
4. **Wake Forest University Health Sciences and Thomasville Dialysis Center of Wake Forest University shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on March 29, 2019.

TIMETABLE:

- | | |
|--|--------------------|
| 1. Equipment Ordered _____ | September 19, 2019 |
| 2. Equipment Installed _____ | November 30, 2019 |
| 3. Equipment Operational _____ | December 31, 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 #: J-11613-18

FID #: 956937

ISSUED TO: 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: Renovate and upfit space in North Pavilion to accommodate relocation of Duke Compounding Facility, Clinical Pharmacy, and Hematologic Malignance clinical services. In addition, renovate space for Adult Bone Marrow Transplant (ABMT) services/ Durham County

CONDITIONS: See Reverse Side

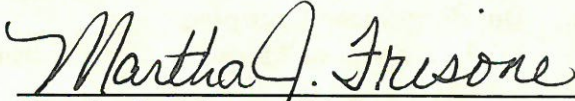
**PHYSICAL LOCATION: Duke North Pavilion
2400 Pratt Street
Durham, NC 27705**

MAXIMUM CAPITAL EXPENDITURE: \$18,200,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 1, 2019

This certificate is effective as of April 18, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. Duke University Health System, Inc. shall materially comply with all representations made in the certificate of need application.
2. Duke University Health System, Inc. shall relocate the Duke Compounding Facility and Hematologic Malignancies clinical service to the Duke North Pavilion, and shall renovate existing space for Adult Bone Marrow Transplant services and the Clinical Pharmacy at the Duke North Pavilion.
3. Duke University Health System, 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. No later than three months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, Duke University Health System, Inc. shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.
5. Duke University Health System, Inc. shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.
6. Duke University Health System, Inc. 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 April 8, 2019.

TIMETABLE:

1. Drawings Completed _____ January 18, 2019
2. 25% of Construction/Renovation Completed
(25% of the cost is in place) _____ August 1, 2019
3. 50% of Construction/Renovation Completed _____ December 2, 2019
4. 75% of Construction/Renovation Completed _____ May 15, 2020
5. Construction/Renovation Completed _____ November 13, 2020
6. Equipment Ordered _____ March 1, 2019
7. Equipment Installed _____ October 1, 2020
8. Equipment Operational _____ November 13, 2020
9. Building/Space Occupied _____ November 16, 2020
10. Medicare and/or Medicaid Certification Obtained _____ December 14, 2020



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

April 24, 2019

Marisa Barone
Medical Center Boulevard
Winston-Salem, NC 27127

Transmittal of Certificate of Need

Project ID #: G-11519-18
Facility: North Carolina Baptist Hospital
Project Description: Add no more than 4 ORs pursuant to Policy AC-3 for a total of no more than 51 ORs upon completion of this project and Project ID #G-8460-10 (add 7 dedicated outpatient ORs pursuant to Policy AC-3)
County: Forsyth
FID #: 943495

Dear Ms. Barone:

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

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

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION
HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603
MAILING ADDRESS: 809 Ruggles Drive, 2704 Mail Service Center, Raleigh, NC 27699-2704
www.ncdhs.gov/dhsr • TEL: 919-855-3873

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

The holder of a certificate of need is obligated to submit progress reports to this office as required by 10A NCAC 14C .0209. The applicant shall notify this office of any variations from the schedule or the projected capital cost of the project. During the development of the project, this office may request any additional information pertinent to the project, including additional progress reports, to determine:

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

The first progress report on this project is due June 15, 2023. Forms for the submittal of these reports are enclosed. Failure to submit any scheduled or requested progress report in a timely manner may result in the Agency withdrawing the certificate pursuant to N.C. Gen. Stat. §131E-189. If after reviewing the status of the project, the Agency determines that the holder of the certificate is not meeting the timetable and is not making a good faith effort to meet it, the Agency may withdraw the certificate in accordance with N.C. Gen. Stat. §131E-189.

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

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

Sincerely,


Celia C. Inman
Project Analyst


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

Enclosures

cc: Acute & Home Care Licensure & Certification Section, DHSR
Construction Section, DHSR

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: G-11519-18

FID #: 943495

ISSUED TO: North Carolina Baptist 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: Add no more than 4 ORs pursuant to Policy AC-3 for a total of no more than 51 ORs upon completion of this project and Project ID #G-8460-10 (add 7 dedicated outpatient ORs pursuant to Policy AC-3) / Forsyth County

CONDITIONS: See Reverse Side


**PHYSICAL LOCATION: North Carolina Baptist Hospital
Medical Center Blvd
Winston-Salem, NC 27157**

MAXIMUM CAPITAL EXPENDITURE: \$9,982,500

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 15, 2023

This certificate is effective as of April 23, 2019


Martha J. Frisone, Chief

CONDITIONS:

- 1. North Carolina Baptist Hospital shall materially comply with all representations made in the certificate of need application, except as specifically amended by the conditions of approval and as modified by additional information submitted to the CON Section. In those instances in which any of these representations conflict, North Carolina Baptist Hospital shall materially comply with the last-made representation.**
- 2. North Carolina Baptist Hospital shall develop no more than four additional operating rooms pursuant to Policy AC-3 in the 2018 SMFP for a total of 51 operating rooms, upon completion of this project and Project I.D. # G-8460-10 (add seven dedicated outpatient ORs pursuant to Policy AC-3).**
- 3. Upon completion of the project, North Carolina Baptist Hospital shall be licensed for no more than 51 operating rooms: 40 shared ORs, 4 inpatient ORs and 7 dedicated outpatient ORs.**
- 4. North Carolina Baptist 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. North Carolina Baptist Hospital shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.**
- 6. No later than three months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, North Carolina Baptist 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.**
- 7. For each of the first five years of operation, North Carolina Baptist Hospital shall submit a detailed description of how the project achieves the academic requirements of the appropriate section(s) of Policy AC-3, paragraph 2 [items 1 through 4] as proposed in the Agency Settlement Agreement.**

TIMETABLE:

1. Drawing Completed _____ April 1, 2023
2. Construction/Renovation Contract(s) Executed _____ June 1, 2023
3. 25% of Construction/Renovation Completed
(25% of the cost is in place) _____ September 1, 2023
4. 50% of Construction/Renovation Completed _____ December 1, 2023
5. 75% of Construction/Renovation Completed _____ March 1, 2024
6. Construction/Renovation Completed _____ June 1, 2024
7. Equipment Ordered _____ January 1, 2024
8. Equipment Installed _____ May 1, 2024
9. Equipment Operational _____ June 15, 2024
10. Building /Space Owned _____ June 15, 2024
11. Licensure Obtained _____ June 30, 2024
12. Services Offered _____ July 1, 2024
13. Medicare and/or Medicaid Certification Obtained _____ June 30, 2024
14. Facility or Service Accredited _____ June 30, 2024
15. Final Annual Report Due _____ September 30, 2027

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: G-11517-18

FID #: 923174

**ISSUED TO: Novant Health, Inc.
Forsyth 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: Add no more than 2 ORs pursuant to the 2018 SMFP need determination for a total of no more than 35 ORs on the hospital license upon completion of this project / Forsyth County

CONDITIONS: See Reverse Side

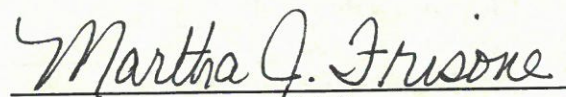
**PHYSICAL LOCATION: Novant Health Forsyth Medical Center
3333 Silas Creek Pkwy
Winston Salem, NC 27103**

MAXIMUM CAPITAL EXPENDITURE: \$4,181,671

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 15, 2020

This certificate is effective as of April 23, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. Novant Health, Inc. and Forsyth Memorial Hospital, Inc., d/b/a Forsyth Medical Center shall materially comply with all representations made in the certificate of need application.
2. Novant Health, Inc. and Forsyth Memorial Hospital, Inc., d/b/a Forsyth Medical Center shall develop no more than two additional operating rooms at 3333 Silas Creek Parkway, Winston-Salem, NC 27103, pursuant to the need determination in the 2018 SMFP for a total of 35 ORs on the hospital license upon completion of this project.
3. Upon completion of the project, Novant Health, Inc. and Forsyth Memorial Hospital, Inc., d/b/a Forsyth Medical Center shall be licensed for no more than 35 operating rooms: 17 shared ORs and 5 inpatient ORs (including 2 dedicated C-Section and 3 Open Heart ORs) for a total of 22 ORs at FMC Main and a total of 35 ORs on the NHFMC License H0209.
4. Novant Health, Inc. and Forsyth Memorial Hospital, Inc., d/b/a Forsyth Medical Center shall not acquire, as part of this project, any equipment that is not included in the proposed capital expenditure in Section F of the application or 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, Novant Health, Inc. and Forsyth Memorial Hospital, Inc., d/b/a Forsyth 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.

TIMETABLE:

1. Drawing Completed _____ May 1, 2020
2. Construction/Renovation Contract(s) Executed _____ September 1, 2020
3. 25% of Construction/Renovation Completed
(25% of the cost is in place) _____ December 17, 2020
4. 50% of Construction/Renovation Completed _____ February 17, 2021
5. 75% of Construction/Renovation Completed _____ April 17, 2021
6. Construction/Renovation Completed _____ July 28, 2021
7. Equipment Ordered _____ October 2, 2020
8. Equipment Installed _____ August 11, 2021
9. Equipment Operational _____ August 25, 2021
10. Building /Space Owned _____ August 18, 2021
11. Licensure Obtained _____ September 18, 2021
12. Services Offered _____ October 1, 2021
13. Final Annual Report Due _____ December 30, 2024



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

April 24, 2019

Andrea Gymer
2085 Frontis Plaza Boulevard
Winston-Salem, NC 27103

Transmittal of Certificate of Need

Project ID #: G-11517-18
Facility: Novant Health Forsyth Medical Center
Project Description: Add no more than 2 ORs pursuant to the 2018 SMFP need determination for a total of no more than 35 ORs on the hospital license upon completion of this project
County: Forsyth
FID #: 923174

Dear Ms. Gymer:

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

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

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION
HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603
MAILING ADDRESS: 809 Ruggles Drive, 2704 Mail Service Center, Raleigh, NC 27699-2704
www.ncdhhs.gov/dhsr • TEL: 919-855-3873

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

The holder of a certificate of need is obligated to submit progress reports to this office as required by 10A NCAC 14C .0209. The applicant shall notify this office of any variations from the schedule or the projected capital cost of the project. During the development of the project, this office may request any additional information pertinent to the project, including additional progress reports, to determine:

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

The first progress report on this project is due September 15, 2020. Forms for the submittal of these reports are enclosed. Failure to submit any scheduled or requested progress report in a timely manner may result in the Agency withdrawing the certificate pursuant to N.C. Gen. Stat. §131E-189. If after reviewing the status of the project, the Agency determines that the holder of the certificate is not meeting the timetable and is not making a good faith effort to meet it, the Agency may withdraw the certificate in accordance with N.C. Gen. Stat. §131E-189.

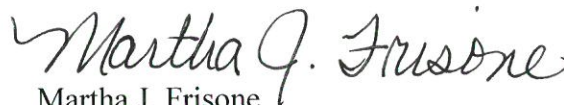
Moreover, please be advised that this Agency may assess a civil penalty not to exceed \$20,000 against any person who violates the terms of a certificate of need which has been issued each time the service provided is in violation of this provision (N.C. Gen. Stat. §131E-190(f)). If for some reason,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

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

Sincerely,



Celia C. Inman
Project Analyst



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

Enclosures

cc: Acute & Home Care Licensure & Certification Section, DHR
Construction Section, DHR

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: G-11513-18

FID #: 180267

ISSUED TO: Triad Center for Surgery, 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 ASF with no more than 2 ORs pursuant to the 2018 SMFP need determination and 3 procedure rooms / Forsyth County

CONDITIONS: See Reverse Side

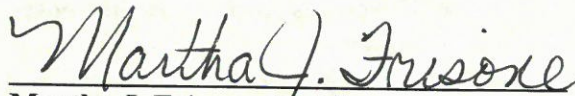
**PHYSICAL LOCATION: Triad Center for Surgery
180 Kimel Park Drive
Winston-Salem, NC 27103**

MAXIMUM CAPITAL EXPENDITURE: \$7,158,615

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 15, 2020

This certificate is effective as of April 23, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. **Triad Center for Surgery, LLC shall materially comply with all representations made in the certificate of need application.**
2. **Triad Center for Surgery, LLC shall develop a new multispecialty ambulatory surgical facility by developing no more than two operating rooms and three procedure rooms.**
3. **Upon completion of the project, Triad Center for Surgery, LLC shall be licensed for no more than two operating rooms and three procedure rooms.**
4. **Triad Center for Surgery, 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. **Triad Center for Surgery, LLC shall receive accreditation from the Joint Commission for the Accreditation of Healthcare Organizations, the Accreditation Association for Ambulatory Health Care or a comparable accreditation authority within two years following licensure of the facility.**
6. **For the first three years of operation following completion of the project, Triad Center for Surgery, LLC 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.**
7. **The procedure rooms shall not be used for procedures that should be performed only in an operating room based on current standards of practice.**
8. **Procedures performed in the procedure rooms shall not be reported for billing purposes as having been performed in an operating room and shall not be reported on the facility's license renewal application as procedures performed in an operating room.**
9. **Triad Center for Surgery, 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.**
10. **No later than three months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, Triad Center for Surgery, 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. Drawing Completed _____ July 1, 2019
2. Land Acquired _____ August 15, 2019
3. Construction/Renovation Contract(s) Executed _____ June 15, 2020
4. 25% of Construction/Renovation Completed
(25% of the cost is in place) _____ September 15, 2020
5. 50% of Construction/Renovation Completed _____ October 15, 2020
6. 75% of Construction/Renovation Completed _____ December 15, 2020
7. Construction/Renovation Completed _____ February 15, 2021
8. Building /Space Owned _____ June 15, 2021
9. Licensure Obtained _____ June 20, 2021
10. Services Offered _____ July 1, 2021
11. Medicare and/or Medicaid Certification Obtained _____ September 15, 2021
12. Facility or Service Accredited _____ August 15, 2022
13. Final Annual Report Due _____ September 30, 2024



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

April 24, 2019

Will Holding
9131 Anson Way
Suite 304
Raleigh, NC 27615

Transmittal of Certificate of Need

Project ID #: G-11513-18
Facility: Triad Center for Surgery
Project Description: Develop a new ASF with no more than 2 ORs pursuant to the 2018 SMFP need determination and 3 procedure rooms
County: Forsyth
FID #: 180267

Dear Mr. Holding:

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

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

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION
HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603
MAILING ADDRESS: 809 Ruggles Drive, 2704 Mail Service Center, Raleigh, NC 27699-2704
www.ncdhhs.gov/dhsr • TEL: 919-855-3873

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

The holder of a certificate of need is obligated to submit progress reports to this office as required by 10A NCAC 14C .0209. The applicant shall notify this office of any variations from the schedule or the projected capital cost of the project. During the development of the project, this office may request any additional information pertinent to the project, including additional progress reports, to determine:

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


The first progress report on this project is due July 15, 2020. Forms for the submittal of these reports are enclosed. Failure to submit any scheduled or requested progress report in a timely manner may result in the Agency withdrawing the certificate pursuant to N.C. Gen. Stat. §131E-189. If after reviewing the status of the project, the Agency determines that the holder of the certificate is not meeting the timetable and is not making a good faith effort to meet it, the Agency may withdraw the certificate in accordance with N.C. Gen. Stat. §131E-189.

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

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

Sincerely,


Celia C. Inman
Project Analyst


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

Enclosures

cc: Acute & Home Care Licensure & Certification Section, DHSR
Construction, DHSR

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: G-11420-17

FID #: 130486

**ISSUED TO: Liberty Healthcare Properties of Kernersville, LLC
Liberty Commons of Kernersville, LLC
Liberty Commons Nursing and Rehabilitation Center of the Oaks, LLC
Liberty Healthcare Properties of the Oaks, 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: Relocate 20 existing nursing facility beds from The Oaks to Summerstone Health and Rehabilitation Center pursuant to Policy NH-6 for a total of no more than 120 nursing facility beds upon completion/ Forsyth County

CONDITIONS: See Reverse Side

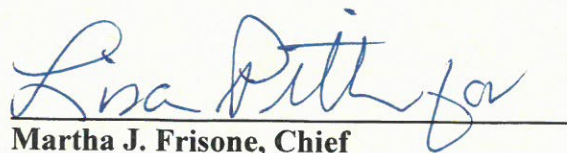
**PHYSICAL LOCATION: Summerstone Health and Rehabilitation Center
485 Veterans Way
Kernersville, NC 27284**

MAXIMUM CAPITAL EXPENDITURE: \$ 196, 013

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2019

This certificate is effective as of April 1, 2019


Martha J. Frisone, Chief

CONDITIONS:

- 1. Liberty Healthcare Properties of Kernersville, LLC, Liberty Commons of Kernersville, LLC, Liberty Commons Nursing and Rehabilitation Center of the Oaks LLC, and Liberty Healthcare Properties of the Oaks, LLC (hereinafter the applicants) shall materially comply with all representations made in the certificate of need application and any supplemental responses . In the event that representations conflict, the applicants shall materially comply with the last made representation.**
- 2. The applicants shall comply with the following to receive a certificate of need:**
 - (a) No later than the fifteenth (15th) business day of the subsequent month, the applicants will report total patient days and average census for the prior month to the Healthcare Planning and Certificate of Need Section.**
 - (b) In the event that the reported census averages at least 90% for a nine (9) month period, the certificate of need for Project I.D. #G-11420-17 shall be issued by the Agency within five (5) business days after this condition is satisfied, so long as the 9 month average of 90% census is achieved on or before December 31, 2019.**
- 3. Pursuant to Policy NH-6, the applicants shall relocate no more than 20 existing nursing facility beds from The Oaks in Winston Salem to Summerstone Health and Rehabilitation Center, for a total of no more than 120 nursing facility beds at Summerstone Health and Rehabilitation Center upon project completion.**
- 4. Upon completion of the project, The Oaks in Winston-Salem shall be licensed for no more than 131 nursing facility beds.**
- 5. For the first two years of operation following completion of the project, Liberty Healthcare Properties of Kernersville, LLC, Liberty Commons of Kernersville, LLC, Liberty Commons Nursing and Rehabilitation Center of the Oaks LLC, and Liberty Healthcare Properties of the Oaks, 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.**
- 6. No later than three months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, the applicants 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. Construction/Renovation Contract(s) Executed _____ June 1, 2019
2. 25% of Construction/Renovation Completed _____
3. (25% of the cost is in place) _____ June 15, 2019
4. 50% of Construction/Renovation Completed _____ June 20, 2019
5. 75% of Construction/Renovation Completed _____ June 25, 2019
6. Construction/Renovation Completed _____ August 1, 2019
7. Equipment Ordered _____ May 1, 2019
8. Equipment Installed _____ July 1, 2019
9. Equipment Operational _____ July 1, 2019
10. Building/Space Occupied _____ August 1, 2019
11. Licensure Obtained _____ August 1, 2019
12. Services Offered _____ August 1, 2019
13. Medicare and/or Medicaid Certification Obtained _____ August 1, 2019
14. Final Annual Report Due _____ November 1, 2022

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: F-11635-18

FID #: 150476

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: Relocate no more than 3 dialysis stations from FMC Belmont to BMA Kings Mountain for a total of no more than 21 stations upon project completion/ Gaston County

CONDITIONS: See Reverse Side

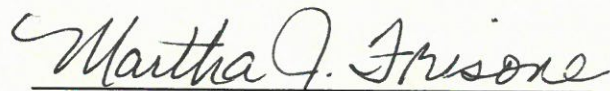
**PHYSICAL LOCATION: BMA Kings Mountain
604 Century Road
Kings Mountain, NC 28086**

MAXIMUM CAPITAL EXPENDITURE: \$ 11,250

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 1, 2019

This certificate is effective as of April 4, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc. shall materially comply with all representations made in the certificate of need application.
2. Pursuant to Policy ESRD-2, Bio-Medical Applications of North Carolina, Inc. shall relocate no more than three dialysis stations from FMC Belmont to BMA Kings Mountain for a total of no more than 21 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. shall install plumbing and electrical wiring through the walls for no more than three dialysis stations, which shall include any isolation stations.
4. Upon completion of this project, Bio-Medical Applications of North Carolina, Inc. shall take the necessary steps to decertify three dialysis stations at FMC Belmont for a total of no more than 16 dialysis stations at FMC Belmont.
5. Bio-Medical Applications of North Carolina, 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 March 11, 2019

TIMETABLE:

1. Financing Obtained _____ November 15, 2018
2. Drawings Completed _____ July 16, 2019
3. Construction/Renovation Contract(s) Executed _____ August 6, 2019
4. 25% of Construction/Renovation Completed _____
(25% of the cost is in place)
5. 50% of Construction/Renovation Completed _____ September 5, 2019
6. 75% of Construction/Renovation Completed _____ October 5, 2019
7. Construction/Renovation Completed _____ October 26, 2019
8. Equipment Ordered _____ November 16, 2019
9. Equipment Installed _____ October 15, 2018
10. Equipment Operational _____ December 14, 2018
11. Building/Space Occupied _____ December 26, 2018
12. Services Offered _____ December 26, 2018
13. Medicare and/or Medicaid Certification Obtained _____ December 31, 2019



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

May 3, 2019

Brenda Page
1822 Brunswick Avenue
Charlotte NC, 28207

Transmittal of Certificate of Need

Project ID #: F-11619-18
Facility: Carolina Center for Specialty Surgery
Project Description: Develop one additional OR pursuant to the 2018 SMFP need determination for a total of no more than 3 ORs upon project completion
County: Mecklenburg
FID #: 050268

Dear Ms. Page:

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

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

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION
HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603
MAILING ADDRESS: 809 Ruggles Drive, 2704 Mail Service Center, Raleigh, NC 27699-2704
www.ncdhhs.gov/dhsr • TEL: 919-855-3873

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

The holder of a certificate of need is obligated to submit progress reports to this office as required by 10A NCAC 14C .0209. The applicant shall notify this office of any variations from the schedule or the projected capital cost of the project. During the development of the project, this office may request any additional information pertinent to the project, including additional progress reports, to determine:

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

The first progress report on this project is due September 1, 2019. Forms for the submittal of these reports are enclosed. Failure to submit any scheduled or requested progress report in a timely manner may result in the Agency withdrawing the certificate pursuant to N.C. Gen. Stat. §131E-189. If after reviewing the status of the project, the Agency determines that the holder of the certificate is not meeting the timetable and is not making a good faith effort to meet it, the Agency may withdraw the certificate in accordance with N.C. Gen. Stat. §131E-189.

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

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

Sincerely,


Julie M. Faenza
Project Analyst


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

Enclosures

cc: Acute & Home Care Licensure & Certification Section, DHSR
Construction Section, DHSR

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: F-11619-19

FID #: 050268

ISSUED TO: Waveco, 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 additional OR pursuant to the 2018 SMFP need determination for a total of no more than 3 ORs upon project completion / Mecklenburg County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Carolina Center for Specialty Surgery
1822 Bruinswick Avenue
Charlotte, NC 28207**

MAXIMUM CAPITAL EXPENDITURE: \$1,912,512

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2019

This certificate is effective as of April 30, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. **Waveco, LLC shall materially comply with all representations made in the certificate of need application.**
2. **Waveco, LLC shall develop one additional operating room at Carolina Center for Specialty Surgery for a total of three operating rooms upon project completion.**
3. **Upon completion of the project, Carolina Center for Specialty Surgery shall be licensed for no more than three operating rooms.**
4. **Waveco, LLC 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, Waveco, LLC shall not increase charges more than 5 percent 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 an operating 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 an operating room and shall not be reported on the facility's license renewal application as procedures performed in an operating 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, Waveco, 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. **Waveco, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on April 30, 2019.

TIMETABLE:

1.	Financing Obtained _____	May 5, 2019
2.	Drawings Completed _____	July 5, 2019
3.	Construction/Renovation Contract(s) Executed _____	August 1, 2019
4.	25% of Construction/Renovation Completed (25% of the cost is in place) _____	August 29, 2019
5.	50% of Construction/Renovation Completed _____	September 19, 2019
6.	75% of Construction/Renovation Completed _____	October 15, 2019
7.	Construction/Renovation Completed _____	November 21, 2019
8.	Equipment Ordered _____	August 29, 2019
9.	Equipment Installed _____	October 15, 2019
10.	Equipment Operational _____	January 1, 2020
11.	Building/Space Occupied _____	January 1, 2020
12.	Services Offered _____	January 1, 2020
13.	Final Annual Report Due _____	March 31, 2023



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

May 3, 2019

Rhonda Palumbo
52 East Swedesford Road, Suite 110
Malvern, PA 19355

Transmittal of Certificate of Need

Project ID #: F-11612-18
Facility: Metrolina Vascular Access Care
Project Description: Develop a new ambulatory surgical facility in Charlotte with one operating room and one procedure room focused on vascular access procedures for patients with end stage renal disease
County: Mecklenburg
FID #: 180517

Dear Ms. Palumbo:

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

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

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION
HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603
MAILING ADDRESS: 809 Ruggles Drive, 2704 Mail Service Center, Raleigh, NC 27699-2704
www.ncdhhs.gov/dhsr • TEL: 919-855-3873

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

The holder of a certificate of need is obligated to submit progress reports to this office as required by 10A NCAC 14C .0209. The applicant shall notify this office of any variations from the schedule or the projected capital cost of the project. During the development of the project, this office may request any additional information pertinent to the project, including additional progress reports, to determine:


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

The first progress report on this project is due September 1, 2019. Forms for the submittal of these reports are enclosed. Failure to submit any scheduled or requested progress report in a timely manner may result in the Agency withdrawing the certificate pursuant to N.C. Gen. Stat. §131E-189. If after reviewing the status of the project, the Agency determines that the holder of the certificate is not meeting the timetable and is not making a good faith effort to meet it, the Agency may withdraw the certificate in accordance with N.C. Gen. Stat. §131E-189.

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

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

Sincerely,


Julie M. Faenza
Project Analyst


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

Enclosures

cc: Acute & Home Care Licensure & Certification Section, DHSR
Construction Section, DHSR

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: F-11612-18

FID #: 180517

**ISSUED TO: Metrolina Vascular Access Care, LLC
Fresenius Vascular Care Charlotte MSO, 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 ambulatory surgical facility in Charlotte with one operating room and one procedure room focused on vascular access procedures for patients with end stage renal disease / Mecklenburg County

CONDITIONS: See Reverse Side

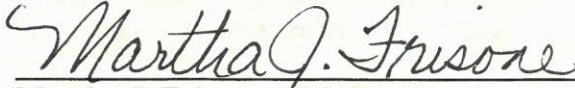
**PHYSICAL LOCATION: Metrolina Vascular Access Care
3200 Freedom Drive
Charlotte, NC 28208**

MAXIMUM CAPITAL EXPENDITURE: \$2,900,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2019

This certificate is effective as of April 30, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. **Metrolina Vascular Access Care, LLC and Fresenius Vascular Care Charlotte MSO, LLC shall materially comply with all representations made in the certificate of need application.**
2. **Metrolina Vascular Access Care, LLC and Fresenius Vascular Care Charlotte MSO, LLC shall develop Metrolina Vascular Access Care, a new ambulatory surgical facility, with one operating room and one procedure room, to be focused on vascular access procedures for patients with end stage renal disease.**
3. **Upon completion of the project, Metrolina Vascular Access Care shall be licensed for no more than one operating room.**
4. **Metrolina Vascular Access Care, LLC and Fresenius Vascular Care Charlotte MSO, LLC 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. **Metrolina Vascular Access Care, LLC and Fresenius Vascular Care Charlotte MSO, LLC shall receive accreditation from the Joint Commission for the Accreditation of Healthcare Organizations, the Accreditation Association for Ambulatory Health Care, or a comparable accreditation authority within two years following licensure of the facility.**
6. **For the first three years of operation following completion of the project, Metrolina Vascular Access Care, LLC and Fresenius Vascular Care Charlotte MSO, LLC shall not increase charges more than 5 percent 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.**
7. **The procedure room shall not be used for procedures that should be performed only in an operating room based on current standards of practice.**
8. **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.**
9. **No later than three months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, Metrolina Vascular Access Care, LLC and Fresenius Vascular Care Charlotte MSO, 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.**
10. **Metrolina Vascular Access Care, LLC and Fresenius Vascular Care Charlotte MSO, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on April 1, 2019

TIMETABLE:

1. Drawings Completed _____ May 1, 2019
2. Construction/Renovation Contract(s) Executed _____ July 15, 2019
3. 25% of Construction/Renovation Completed
(25% of the cost is in place) _____ August 2, 2019
4. 50% of Construction/Renovation Completed _____ September 2, 2019
5. 75% of Construction/Renovation Completed _____ October 31, 2019
6. Construction/Renovation Completed _____ December 31, 2019
7. Equipment Ordered _____ December 1, 2019
8. Equipment Installed _____ January 15, 2020
9. Equipment Operational _____ February 1, 2020
10. Building/Space Occupied _____ February 1, 2020
11. Licensure Obtained _____ March 2, 2020
12. Services Offered _____ May 1, 2020
13. Medicare and/or Medicaid Certification Obtained _____ April 22, 2020
14. Facility or Service Accredited _____ April 30, 2020
15. Final Annual Report Due _____ July 31, 2023



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

May 3, 2019

Elizabeth Kirkman
2709 Water Ridge Parkway, Suite 200
Charlotte, NC 28217

Transmittal of Certificate of Need

Project ID #: F-11622-18
Facility: Atrium Health Pineville
Project Description: Add 38 additional acute care beds pursuant to the 2018 SMFP need determination for a total of no more than 259 acute care beds upon completion of this project and Project I.D. # F-11361-17 (add 15 beds)
County: Mecklenburg
FID #: 110878

Dear Ms. Kirkman:

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

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

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION
HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603
MAILING ADDRESS: 809 Ruggles Drive, 2704 Mail Service Center, Raleigh, NC 27699-2704
www.ncdhhs.gov/dhsr • TEL: 919-855-3873

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

The holder of a certificate of need is obligated to submit progress reports to this office as required by 10A NCAC 14C .0209. The applicant shall notify this office of any variations from the schedule or the projected capital cost of the project. During the development of the project, this office may request any additional information pertinent to the project, including additional progress reports, to determine:

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

The first progress report on this project is due September 1, 2019. Forms for the submittal of these reports are enclosed. Failure to submit any scheduled or requested progress report in a timely manner may result in the Agency withdrawing the certificate pursuant to N.C. Gen. Stat. §131E-189. If after reviewing the status of the project, the Agency determines that the holder of the certificate is not meeting the timetable and is not making a good faith effort to meet it, the Agency may withdraw the certificate in accordance with N.C. Gen. Stat. §131E-189.

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

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

Sincerely,



Julie M. Faenza
Project Analyst



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

Enclosures

cc: Acute & Home Care Licensure & Certification Section, DHSR
Construction Section, DHSR

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: F-11622-18

FID #: 110878

**ISSUED TO: Mercy Hospital, Inc.
Mercy Health Services, Inc.
The Charlotte-Mecklenburg-Hospital Authority**

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 38 additional acute care beds pursuant to the 2018 SMFP need determination for a total of no more than 259 acute care beds upon completion of this project and Project I.D. # F-11361-17 (add 15 beds) / Mecklenburg County

CONDITIONS: See Reverse Side

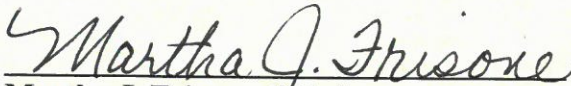
**PHYSICAL LOCATION: Atrium Health Pineville
10628 Park Road
Charlotte, NC 28210**

MAXIMUM CAPITAL EXPENDITURE: \$31,882,065

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2019

This certificate is effective as of April 30, 2019


Martha J. Frisone, Chief

CONDITIONS:

- 1. Mercy Hospital, Inc., Mercy Health Services, Inc., and The Charlotte-Mecklenburg Hospital Authority shall materially comply with all representations made in the certificate of need application.**
- 2. Mercy Hospital, Inc., Mercy Health Services, Inc., and The Charlotte-Mecklenburg Hospital Authority shall develop 38 additional acute care beds at Atrium Health Pineville for a total of 259 acute care beds upon completion of this project and Project I.D. #F-11361-17 (add 15 acute care beds).**
- 3. Upon completion of the project, Atrium Health Pineville shall be licensed for no more than 259 acute care beds.**
- 4. Mercy Hospital, Inc., Mercy Health Services, Inc., and The Charlotte-Mecklenburg Hospital Authority shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.**
- 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, Mercy Hospital, Inc., Mercy Health Services, Inc., and The Charlotte-Mecklenburg Hospital Authority shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:**
 - a. Payor mix for the services authorized in this certificate of need.**
 - b. Utilization of the services authorized in this certificate of need.**
 - c. Revenues and operating costs for the services authorized in this certificate of need.**
 - d. Average gross revenue per unit of service.**
 - e. Average net revenue per unit of service.**
 - f. Average operating cost per unit of service.**
- 6. Mercy Hospital, Inc., Mercy Health Services, Inc., and The Charlotte-Mecklenburg Hospital Authority 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. Mercy Hospital, Inc., Mercy Health Services, Inc., and The Charlotte-Mecklenburg Hospital Authority shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on April 30, 2019.

TIMETABLE:

1. Drawings Completed _____ November 1, 2019
2. Construction/Renovation Contract(s) Executed _____ January 1, 2020
3. 25% of Construction/Renovation Completed
(25% of the cost is in place) _____ June 1, 2020
4. 50% of Construction/Renovation Completed _____ November 1, 2020
5. 75% of Construction/Renovation Completed _____ April 1, 2021
6. Construction/Renovation Completed _____ November 1, 2021
7. Equipment Ordered _____ November 1, 2021
8. Equipment Installed _____ November 1, 2021
9. Equipment Operational _____ January 1, 2022
10. Building/Space Occupied _____ January 1, 2022
11. Services Offered _____ January 1, 2022
12. Final Annual Report Due _____ March 31, 2025



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

May 3, 2019

Elizabeth Kirkman
2709 Water Ridge Parkway, Suite 200
Charlotte, NC 28217

Transmittal of Certificate of Need

Project ID #: F-11621-18
Facility: Atrium Health Pineville
Project Description: Develop one additional OR pursuant to the 2018 SMFP need determination for a total of no more than 13 ORs upon project completion
County: Mecklenburg
FID #: 110878

Dear Ms. Kirkman:

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

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

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION
HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603
MAILING ADDRESS: 809 Ruggles Drive, 2704 Mail Service Center, Raleigh, NC 27699-2704
www.ncdhhs.gov/dhsr • TEL: 919-855-3873

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

The holder of a certificate of need is obligated to submit progress reports to this office as required by 10A NCAC 14C .0209. The applicant shall notify this office of any variations from the schedule or the projected capital cost of the project. During the development of the project, this office may request any additional information pertinent to the project, including additional progress reports, to determine:


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

The first progress report on this project is due September 1, 2019. Forms for the submittal of these reports are enclosed. Failure to submit any scheduled or requested progress report in a timely manner may result in the Agency withdrawing the certificate pursuant to N.C. Gen. Stat. §131E-189. If after reviewing the status of the project, the Agency determines that the holder of the certificate is not meeting the timetable and is not making a good faith effort to meet it, the Agency may withdraw the certificate in accordance with N.C. Gen. Stat. §131E-189.

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

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

Sincerely,


Julie M. Faenza
Project Analyst


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

Enclosures

cc: Acute & Home Care Licensure & Certification Section, DHSR
Construction Section, DHSR

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: F-11621-18

FID #: 110878

**ISSUED TO: Mercy Hospital, Inc.
Mercy Health Services, Inc.
The Charlotte-Mecklenburg-Hospital Authority**

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 OR pursuant to the 2018 SMFP need determination for a total of no more than 13 ORs upon project completion / Mecklenburg

CONDITIONS: See Reverse Side

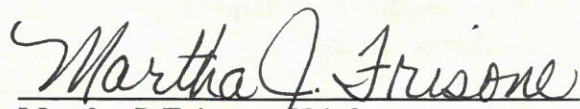
**PHYSICAL LOCATION: Atrium Health Pineville
10628 Park Road
Charlotte, NC 28210**

MAXIMUM CAPITAL EXPENDITURE: \$2,800,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2019

This certificate is effective as of April 30, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. Mercy Hospital, Inc., Mercy Health Services, Inc., and The Charlotte-Mecklenburg Hospital Authority shall materially comply with all representations made in the certificate of need application.
2. Mercy Hospital, Inc., Mercy Health Services, Inc., and The Charlotte-Mecklenburg Hospital Authority shall develop one additional operating room at Atrium Health Pineville for a total of 13 operating rooms upon project completion.
3. Upon completion of the project, Atrium Health Pineville shall be licensed for no more than 13 operating rooms.
4. Mercy Hospital, Inc., Mercy Health Services, Inc., and The Charlotte-Mecklenburg Hospital Authority shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.
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, Mercy Hospital, Inc., Mercy Health Services, Inc., and The Charlotte-Mecklenburg Hospital Authority shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.
6. Mercy Hospital, Inc., Mercy Health Services, Inc., and The Charlotte-Mecklenburg Hospital Authority shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on April 30, 2019.

TIMETABLE:

1.	Drawings Completed _____	May 17, 2019
2.	Construction/Renovation Contract(s) Executed _____	June 17, 2018
3.	25% of Construction/Renovation Completed (25% of the cost is in place) _____	August 12, 2019
4.	50% of Construction/Renovation Completed _____	October 7, 2019
5.	75% of Construction/Renovation Completed _____	November 29, 2019
6.	Construction/Renovation Completed _____	January 24, 2020
7.	Equipment Ordered _____	May 15, 2019
8.	Equipment Installed _____	March 2, 2020
9.	Equipment Operational _____	April 1, 2020
10.	Building/Space Occupied _____	April 1, 2020
11.	Services Offered _____	April 1, 2020
12.	Final Annual Report Due _____	June 30, 2023



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

May 3, 2019

Elizabeth Kirkman
2709 Water Ridge Parkway, Suite 200
Charlotte, NC 28217

Transmittal of Certificate of Need

Project ID #: F-11620-18

Facility: Carolinas Medical Center

Project Description: Develop no more than two additional ORs pursuant to the 2018 SMFP need determination for a total of no more than 62 ORs upon completion of this project and Project I.D. #F-11106-15 (relocate 2 ORs)

County: Mecklenburg

FID #: 943070

Dear Ms. Kirkman:

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

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

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603

MAILING ADDRESS: 809 Ruggles Drive, 2704 Mail Service Center, Raleigh, NC 27699-2704

www.ncdhhs.gov/dhsr • TEL: 919-855-3873

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

The holder of a certificate of need is obligated to submit progress reports to this office as required by 10A NCAC 14C .0209. The applicant shall notify this office of any variations from the schedule or the projected capital cost of the project. During the development of the project, this office may request any additional information pertinent to the project, including additional progress reports, to determine:

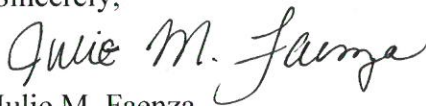
- 1) If the timetable specified on the certificate is being met;
- 2) If the amount of the capital expenditure for the development of the project is expected to exceed the maximum amount under the certificate;
- 3) If the terms and conditions of the approval are being met; and
- 4) If the project is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

The first progress report on this project is due September 1, 2019. Forms for the submittal of these reports are enclosed. Failure to submit any scheduled or requested progress report in a timely manner may result in the Agency withdrawing the certificate pursuant to N.C. Gen. Stat. §131E-189. If after reviewing the status of the project, the Agency determines that the holder of the certificate is not meeting the timetable and is not making a good faith effort to meet it, the Agency may withdraw the certificate in accordance with N.C. Gen. Stat. §131E-189.

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

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

Sincerely,


Julie M. Faenza
Project Analyst


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

Enclosures

cc: Acute & Home Care Licensure & Certification Section, DHSR
Construction Section, DHSR

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: F-11620-18

FID #: 943070

ISSUED TO: The Charlotte-Mecklenburg Hospital Authority

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 no more than two additional ORs pursuant to the 2018 SMFP need determination for a total of no more than 62 ORs upon completion of this project and Project I.D. #F-11106-15 (relocate 2 ORs) / Mecklenburg County

CONDITIONS: See Reverse Side

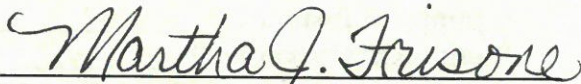
**PHYSICAL LOCATION: Carolinas Medical Center
1000 Blythe Boulevard
Charlotte, NC 28203**

MAXIMUM CAPITAL EXPENDITURE: \$15,030,099

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2019

This certificate is effective as of April 30, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. The Charlotte-Mecklenburg Hospital Authority shall materially comply with all representations made in the certificate of need application.
2. The Charlotte-Mecklenburg Hospital Authority shall develop no more than two additional operating rooms at Carolinas Medical Center for a total of no more than 62 operating rooms upon completion of this project and Project I.D #F-11106-15 (relocate 2 ORs).
3. Upon completion of the project, Carolinas Medical Center shall be licensed for no more than 62 operating rooms.
4. The Charlotte-Mecklenburg Hospital Authority shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.
5. The Charlotte-Mecklenburg Hospital Authority 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, The Charlotte-Mecklenburg Hospital Authority shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.
7. The Charlotte-Mecklenburg Hospital Authority shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on April 30, 2019

TIMETABLE:

1.	Drawings Completed _____	July 5, 2019
2.	Construction/Renovation Contract(s) Executed _____	August 5, 2019
3.	25% of Construction/Renovation Completed (25% of the cost is in place) _____	November 15, 2019
4.	50% of Construction/Renovation Completed _____	February 15, 2020
5.	75% of Construction/Renovation Completed _____	March 15, 2020
6.	Construction/Renovation Completed _____	August 15, 2020
7.	Equipment Ordered _____	November 15, 2019
8.	Equipment Installed _____	August 31, 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, 2023



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

May 3, 2019

Andrea Gymer
2085 Frontis Plaza Blvd
Winston-Salem, NC 27103

Transmittal of Certificate of Need

Project ID #: F-11624-18
Facility: Novant Health Huntersville Medical Center
Project Description: Add no more than 12 acute care beds and one OR pursuant to the 2018 SMFP need determinations for a total of no more than 151 acute care beds and no more than 7 ORs upon completion of this project and Project I.D. #F-11110-15 (relocate 48 acute care beds and one OR from Novant Health Presbyterian Medical Center)
County: Mecklenburg
FID #: 990440

Dear Ms. Gymer:

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

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

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603

MAILING ADDRESS: 809 Ruggles Drive, 2704 Mail Service Center, Raleigh, NC 27699-2704

www.ncdhhs.gov/dhsr • TEL: 919-855-3873

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

The holder of a certificate of need is obligated to submit progress reports to this office as required by 10A NCAC 14C .0209. The applicant shall notify this office of any variations from the schedule or the projected capital cost of the project. During the development of the project, this office may request any additional information pertinent to the project, including additional progress reports, to determine:


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

The first progress report on this project is due September 1, 2019. Forms for the submittal of these reports are enclosed. Failure to submit any scheduled or requested progress report in a timely manner may result in the Agency withdrawing the certificate pursuant to N.C. Gen. Stat. §131E-189. If after reviewing the status of the project, the Agency determines that the holder of the certificate is not meeting the timetable and is not making a good faith effort to meet it, the Agency may withdraw the certificate in accordance with N.C. Gen. Stat. §131E-189.

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

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

Sincerely,


Julie M. Faenza
Project Analyst


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

Enclosures

cc: Acute & Home Care Licensure & Certification Section, DHSR
Construction Section, DHSR

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: F-11624-18

FID #: 990440

**ISSUED TO: Novant Health, Inc.
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: Add no more than 12 acute care beds and one OR pursuant to the 2018 SMFP need determination for a total of no more than 151 acute care beds and no more than 7 ORs upon completion of this project and Project I.D. #F-11110-15 (relocate 48 acute care beds and one OR from Novant Health Presbyterian Medical Center) / Mecklenburg County

CONDITIONS: See Reverse Side

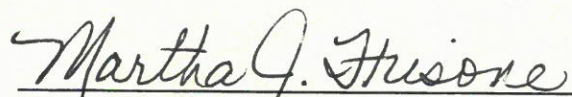
PHYSICAL LOCATION: Novant Health Huntersville Medical Center
10030 Gilead Road
Huntersville, NC 28078

MAXIMUM CAPITAL EXPENDITURE: \$7,110,815

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2019

This certificate is effective as of April 30, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. **Novant Health, Inc. and The Presbyterian Hospital shall materially comply with all representations made in the certificate of need application.**
2. **Novant Health, Inc. and The Presbyterian Hospital shall develop 12 additional acute care beds and one additional operating room at Novant Health Huntersville Medical Center for a total of 151 acute care beds and seven operating rooms upon completion of this project and Project I.D. #F-11110-15 (relocate 48 acute care beds and one operating room from Novant Health Presbyterian Medical Center).**
3. **Upon completion of this project and Project I.D. #F-11110-15, Novant Health Huntersville Medical Center shall be licensed for no more than 151 acute care beds and seven operating rooms.**
4. **Novant Health, Inc. and 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 Q of the application and that would otherwise require a certificate of need.**
5. **Novant Health, Inc. and The Presbyterian Hospital shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.**
6. **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, Novant Health, Inc. and 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.**
7. **Novant Health, Inc. and 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 April 18, 2019.

TIMETABLE:

1.	Drawings Completed _____	August 5, 2019
2.	Construction/Renovation Contract(s) Executed _____	November 4, 2019
3.	25% of Construction/Renovation Completed (25% of the cost is in place) _____	February 3, 2020
4.	50% of Construction/Renovation Completed _____	April 6, 2020
5.	75% of Construction/Renovation Completed _____	July 20, 2020
6.	Construction/Renovation Completed _____	October 5, 2020
7.	Equipment Ordered _____	June 1, 2020
8.	Equipment Installed _____	August 31, 2020
9.	Equipment Operational _____	November 9, 2020
10.	Building/Space Occupied _____	November 23, 2020
11.	Services Offered _____	January 1, 2021
12.	Final Annual Report Due _____	March 31, 2024

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: F-11633-18

FID #: 150024

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: Relocate no more than three dialysis stations from FMC Charlotte to FMC Regal Oaks for a total of no more than 15 dialysis stations at FMC Regal Oaks upon project completion/ Mecklenburg County

CONDITIONS: See Reverse Side

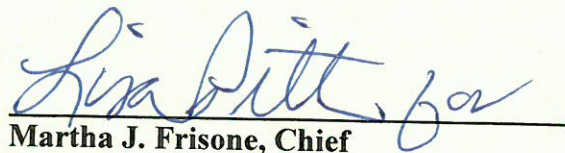
**PHYSICAL LOCATION: FMC Regal Oaks
6646 Regal Oaks Drive
Charlotte, NC 28212**

MAXIMUM CAPITAL EXPENDITURE: \$11,250

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 1, 2019

This certificate is effective as of April 30, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc. shall materially comply with all representations made in the certificate of need application.
2. Pursuant to Policy ESRD-2, Bio-Medical Applications of North Carolina, Inc. shall relocate no more than three dialysis stations from FMC Charlotte to FMC Regal Oaks for a total of no more than 15 dialysis stations at FMC Regal Oaks upon project completion.
3. Upon completion of this project, Bio-Medical Applications of North Carolina, Inc. shall take the necessary steps to decertify three dialysis stations at FMC Charlotte for a total of no more than 42 dialysis stations at FMC Charlotte upon completion of this project and Project I.D. # F-11582-18.
4. Bio Medical Applications of North Carolina, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on April 1, 2019.

TIMETABLE:

1. Construction/Renovation Contract(s) Executed _____ August 6, 2019
2. Construction/Renovation Completed _____ November 16, 2019
3. Services Offered _____ 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-11607-18

FID #: 180101

ISSUED TO: Liberty Commons of Mecklenburg, LLC
Mecklenburg County Healthcare Properties, 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: Change of scope and cost overrun for Project ID# F-11052-15 (relocate 12 ACH beds from Radbourne Manor Village) and Project ID #F-11461-18 (develop a new 83-bed nursing facility by relocating five nursing facility beds from Warren Hills (Warren County), ten beds from Cross Creek (Hyde County), 20 beds from Bermuda Commons (Davie County), 22 beds from Mary Gran (Sampson County), seven beds from Liberty Commons of Columbus (Columbus County), nine beds from Shoreland (Columbus County), and ten beds from Legion Road Healthcare (Orange County)) for a total of no more than 83 NF beds and no more than 12 ACH beds upon completion of all three projects. The total approved capital cost for all three projects is \$16,184,416 / Mecklenburg County

CONDITIONS: See Reverse Side

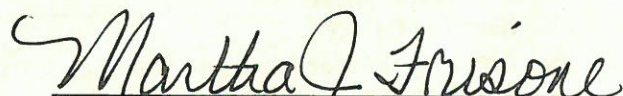
PHYSICAL LOCATION: Liberty Commons Nursing & Rehabilitation
Center of Mint Hill
7712 Wilson Grove Road
Mint Hill, NC 28277

MAXIMUM CAPITAL EXPENDITURE: \$877,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2020

This certificate is effective as of April 30, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. Liberty Commons of Mecklenburg, LLC and Mecklenburg County Healthcare Properties, LLC shall materially comply with the representations in this application, the representations in Project I.D. #F-11461-18 and any supplemental responses. Where representations conflict, Liberty Commons of Mecklenburg, LLC and Mecklenburg County Healthcare Properties, LLC shall materially comply with the last made representation.
2. Liberty Commons of Mecklenburg, LLC and Mecklenburg County Healthcare Properties, LLC shall relocate 12 ACH beds from Radbourne Manor Village (Project I.D. #F-11052-15) to the approved, but undeveloped, Liberty Commons Nursing & Rehabilitation Center of Mint Hill (Project I.D. #F-11461-18) for a total of 83 NF beds and 12 ACH beds upon project completion.
3. Upon completion of the project, Liberty Commons of Mint Hill shall be licensed for no more than 83 nursing facility beds and 12 adult care home beds.
4. Liberty Commons of Mecklenburg, LLC and Mecklenburg County Healthcare Properties, LLC shall provide care to recipients of State/County Special Assistance with Medicaid, commensurate with representations made in the application.
5. For the first two years of operation following completion of the project, Liberty Commons of Mecklenburg, LLC and Mecklenburg County Healthcare Properties, LLC shall not increase private pay charges more than 5% of the projected private pay charges provided 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. No later than three months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, Liberty Commons of Mecklenburg, LLC and Mecklenburg County Healthcare Properties, LLC shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.
7. Liberty Commons of Mecklenburg, LLC and Mecklenburg County Healthcare Properties, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on April 1, 2019.

TIMETABLE:

1. 25% of Construction/Renovation Completed
(25% of the cost is in place) _____ March 1, 2023
2. Construction/Renovation Completed _____ July 1, 2024
3. Licensure Obtained _____ October 1, 2024
4. Services Offered _____ October 1, 2024
5. Medicare and/or Medicaid Certification Obtained _____ November 1, 2024
6. Final Annual Report Due _____ January 1, 2028

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: F-11625-18

FID #: 180518

**ISSUED TO: Novant Health, Inc.
Novant Health Ballantyne Medical Center, 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, separately licensed 36-bed acute care hospital by relocating 36 acute care beds from Novant Health Presbyterian Medical Center, two ORs and one GI Endo room from Novant Health Ballantyne Outpatient Surgery and develop one new dedicated C-Section OR and one new CT scanner / Mecklenburg

CONDITIONS: See Reverse Side

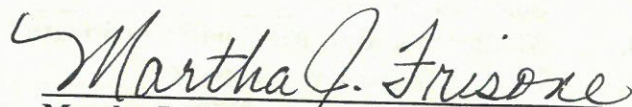
PHYSICAL LOCATION: Novant Health Ballantyne Medical Center
10713 Providence Road West
Charlotte, NC 28277

MAXIMUM CAPITAL EXPENDITURE: \$154,388,021

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 1, 2020

This certificate is effective as of April 30, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. Novant Health, Inc. and Novant Health Ballantyne Medical Center, LLC shall materially comply with all representations made in the certificate of need application.
2. Novant Health, Inc. and Novant Health Ballantyne Medical Center, LLC, shall develop a new, separately licensed 36-bed acute care hospital by relocating 36 acute care beds from Novant Health Presbyterian Medical Center, two ORs and one GI Endo room from Novant Health Ballantyne Outpatient Surgery and develop a new dedicated C-Section OR and CT scanner.
3. Upon completion of the project, Novant Health Ballantyne Medical Center shall be licensed for no more than 36 acute care beds, 2 shared operating rooms, one dedicated C-Section operating room and one gastrointestinal endoscopy room.
4. Novant Health, Inc. and Novant Health Ballantyne Medical 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 Q of the application and that would otherwise require a certificate of need.
5. Novant Health, Inc. and Novant Health Ballantyne Medical Center, 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. 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, Novant Health Ballantyne Medical 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.
7. Novant Health Inc. and Novant Health Ballantyne Medical Center, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on April 18, 2019.

TIMETABLE:

1. Construction/Renovation Contract(s) Executed _____ August 17, 2020
2. 25% of Construction/Renovation Completed _____ March 8, 2021
(25% of the cost is in place) _____
3. 50% of Construction/Renovation Completed _____ August 23, 2021
4. 75% of Construction/Renovation Completed _____ April 18, 2022
5. Construction/Renovation Completed _____ November 7, 2022
6. Licensure Obtained _____ January 1, 2023
7. Services Offered _____ January 1, 2023
8. Medicare and/or Medicaid Certification Obtained _____ April 11, 2023
9. Facility or Service Accredited _____ April 11, 2023
10. Final Annual Report Due _____ March 31, 2026

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: L-11611-18

FID #: 180505

**ISSUED TO: Nash Opco, LLC
Nash Propco, 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: Relocate 60 adult care home beds (including 30 special care unit beds) from The Gardens of Nashville (f/k/a Universal Health Care/Nashville) to a new 60-bed adult care home facility in Rocky Mount/ Nash County

CONDITIONS: See Reverse Side

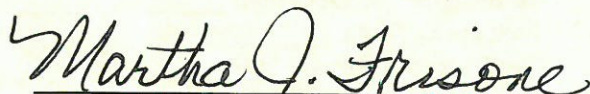
**PHYSICAL LOCATION: The Landings of Rocky Mount
9951 N.C. Highway 58
Elm City, NC 27822**

MAXIMUM CAPITAL EXPENDITURE: \$5,740,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 1, 2019

This certificate is effective as of April 26, 2019


Martha J. Frison, Chief

CONDITIONS:

1. Nash Opco, LLC and Nash Propco, LLC shall materially comply with all representations made in the certificate of need application.
2. Nash Opco, LLC and Nash Propco, LLC shall relocate no more than 60 adult care home beds (including 30 existing special care unit beds) to a new facility, The Landings at Rocky Mount, pursuant to Policy LTC-2 for a total of no more than 60 licensed adult care home beds, including 30 special care unit beds upon completion of the project.
3. Nash Opco, LLC and Nash Propco, LLC shall provide care to recipients of State/County Special Assistance with Medicaid, commensurate with representations made in the application.
4. For the first two years of operation following completion of the project, Nash Opco, LLC and Nash Propco, LLC shall not increase private pay charges more than 5% of the projected private pay charges provided 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.
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, Nash Opco, LLC and Nash Propco, 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.
6. Nash Opco, LLC and Nash Propco, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on April 25, 2019.

TIMETABLE:

- | | | |
|--|-------|--------------------|
| 1. Land Acquired | _____ | May 1, 2020 |
| 2. 25% of Construction/Renovation Completed
(25% of the cost is in place) | _____ | September 28, 2020 |
| 3. 50% of Construction/Renovation Completed | _____ | December 17, 2020 |
| 4. 75% of Construction/Renovation Completed | _____ | March 7, 2021 |
| 5. Building/Space Occupied | _____ | August 25, 2021 |
| 6. Services Offered | _____ | October 1, 2021 |
| 7. Final Annual Report Due | _____ | February 1, 2025 |

STATE OF NORTH CAROLINA

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

CORRECTED CERTIFICATE OF NEED

for

Project ID #: O-11272-16

FID #: 923566

ISSUED TO: Wilmington Surgery Center L.P.

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 operating rooms and one minor procedure room for a total of no more than 10 operating rooms and one minor procedure room/ New Hanover County

CONDITIONS: See Reverse Side


**PHYSICAL LOCATION: Wilmington SurgCare
1801 South Seventeenth Street
Wilmington, NC 28410**

MAXIMUM CAPITAL EXPENDITURE: \$5,600,388

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 1, 2018

This certificate is effective as of June 28, 2018
Corrected certificate issued on April 24, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. **Wilmington Surgery Center L.P. shall materially comply with all representations made in the certificate of need application.**
2. **Wilmington Surgery Center L.P. shall develop no more than three new operating rooms in the existing Wilmington SurgCare facility for a total of no more than ten operating rooms.**
3. **Wilmington Surgery Center L.P. shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section VIII of the application and that would otherwise require a certificate of need.**
4. **Wilmington Surgery Center L.P. shall take the steps necessary to delicense its three existing GI/endoscopy rooms at Wilmington SurgCare such that Wilmington SurgCare shall be licensed for no GI/endoscopy rooms.**
5. **Procedures performed in the minor procedure rooms shall not be reported for billing purposes as having been performed in an operating room and shall not be reported on the facility's license renewal application as procedures performed in an operating room.**
6. **Wilmington Surgery Center L.P. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Healthcare Planning and Certificate of Need Section in writing prior to issuance of the certificate of need.**

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on May 15, 2018.

TIMETABLE:

1. **Completion of Preliminary Drawings _____ August 15, 2018**
2. **Obtaining Funds Necessary to Undertake Project _____ September 30, 2018**
3. **Approval of Final Drawings and Specifications by the Construction Section, DHSR _____ February 15, 2019**
4. **Contract Award (Notice to Proceed) _____ March 15, 2019**
5. **25% Completion of Construction (25% of Dollar Value of the Contract in Place) _____ June 15, 2019**
6. **50% Completion of Construction _____ December 1, 2019**
7. **75% Completion Construction _____ July 15, 2020**
8. **Completion of Construction _____ November 30, 2020**
9. **Licensure of Facility for Additional ORs _____ December 15, 2020**
10. **Occupancy/Offering of Services _____ January 1, 2021**
11. **Final Annual Report Due _____ March 30, 2024**

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: J-11608-18

FID #: 050891

ISSUED TO: **The Cypress of Raleigh Club, Inc.
The Cypress of Raleigh, 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: **Add no more than 21 NF beds pursuant to Policy NH-2 for a total of no more than 57 NF beds upon project completion/ Wake County**

CONDITIONS: **See Reverse Side**

PHYSICAL LOCATION: **The Rosewood Health Center
8710 Cypress Club Drive
Raleigh, NC 27615**

MAXIMUM CAPITAL EXPENDITURE: **\$5,888,932**

TIMETABLE: **See Reverse Side**

FIRST PROGRESS REPORT DUE: **November 1, 2019**

This certificate is effective as of April 23, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. The Cypress of Raleigh Club, Inc. and The Cypress of Raleigh, LLC shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, The Cypress of Raleigh Club, Inc. and The Cypress of Raleigh, LLC shall materially comply with the last made representation.
2. The Cypress of Raleigh Club, Inc. and The Cypress of Raleigh, LLC shall develop no more than 21 nursing facility beds pursuant to Policy NH-2 for a total of no more than 57 licensed nursing facility beds and 4 licensed adult care home beds upon completion of this project.
3. The 21 additional Policy NH-2 nursing facility beds shall not be certified for participation in the Medicaid program.
4. The Policy NH-2 nursing facility 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 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 nursing unit at the time the other spouse or sibling moves into a non-nursing unit, or when the medical condition requiring nursing care was not known to exist or be imminent when the individual became a party to the continuing care contract.
5. The new Policy NH-2 nursing facility beds shall be developed on the same site with the independent living units and licensed adult care home beds.
6. The Cypress of Raleigh Club, Inc. and The Cypress of Raleigh, 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 Cypress of Raleigh Club, Inc. and The Cypress of Raleigh, 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 Cypress of Raleigh Club, Inc. and The Cypress of Raleigh, 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 March 28, 2019.

TIMETABLE:

1.	Financing Obtained _____	October 1, 2019
2.	Drawings Completed _____	October 2, 2019
3.	Construction/Renovation Contract(s) Executed _____	October 30, 2019
4.	25% of Construction/Renovation Completed (25% of the cost is in place) _____	January 15, 2019
5.	50% of Construction/Renovation Completed _____	April 1, 2020
6.	75% of Construction/Renovation Completed _____	June 15, 2020
7.	Construction/Renovation Completed _____	September 1, 2020
8.	Equipment Ordered _____	April 15, 2020
9.	Equipment Installed _____	August 15, 2020
10.	Equipment Operational _____	September 15, 2020
11.	Building/Space Occupied _____	October 1, 2020
12.	Licensure Obtained _____	December 15, 2020
13.	Services Offered _____	January 1, 2021
14.	Final Annual Report Due _____	February 1, 2021

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: J-11614-18

FID #: 180508

ISSUED TO: Personal Home Care of North Carolina, 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 Medicare-certified home health agency in Wake County pursuant to the Need Determination in the 2018 State Medical Facilities Plan/ Wake County

CONDITIONS: See Reverse Side

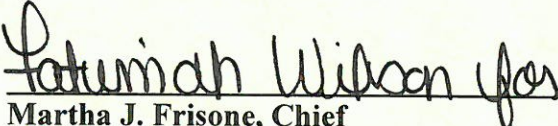
**PHYSICAL LOCATION: Personal Home Care of North Carolina
2249 New Bern Avenue
Raleigh, NC 27610**

MAXIMUM CAPITAL EXPENDITURE: \$105,600

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 30, 2019

This certificate is effective as of April 23, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. Personal Home Care of North Carolina, LLC 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, Personal Home Care of North Carolina, LLC shall develop no more than one Medicare-certified home health care agency in Wake County.
3. Upon completion of the project, Personal Home Care of North Carolina, LLC shall be licensed for no more than one Medicare-certified home health care agency in Wake 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, Personal Home Care of North Carolina, 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. Personal Home Care of North Carolina, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on April 9, 2019.

TIMETABLE:

1. Equipment Ordered	_____	May 19, 2019
2. Equipment Installed	_____	June 2, 2019
3. Equipment Operational	_____	June 2, 2019
4. Building/Space Occupied	_____	June 1, 2019
5. Licensure Obtained	_____	June 26, 2019
6. Services Offered	_____	July 1, 2019
7. Medicare and/or Medicaid Certification Obtained	_____	July 31, 2019
8. Facility or Service Accredited	_____	December 31, 2019
9. Final Annual Report Due	_____	December 31, 2022

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: D-11609-18

FID #: 180504

**ISSUED TO: Wilkesboro Opco Holdings, LLC
Wilkes Propco, 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: Relocate entire 99-bed ACH facility, Wilkes County Adult Care, and change the name to The Gardens of Wilkesboro / Wilkes

CONDITIONS: See Reverse Side

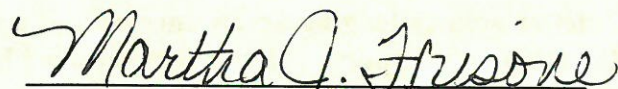
**PHYSICAL LOCATION: The Gardens of Wilkesboro
River Road / Liberty Grove Road
North Wilkesboro, NC 28569**

MAXIMUM CAPITAL EXPENDITURE: \$ 4,895,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2019

This certificate is effective as of April 9, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. Wilkesboro Opco Holdings, LLC and Wilkes Propco, LLC shall materially comply with all representations made in the certificate of need application.
2. Wilkesboro Opco Holdings, LLC and Wilkes Propco, LLC shall relocate and replace no more than 99 adult care home beds.
3. Wilkesboro Opco Holdings, LLC and Wilkes Propco, LLC shall execute the construction contract no later than 12/31/2020. In the event that Wilkesboro Opco Holdings, LLC and Wilkes Propco, LLC fail to execute the construction contract by 6/30/2021, the right to develop the project shall cease and Wilkesboro Opco Holdings, LLC and Wilkes Propco, LLC shall relinquish the Certificate of Need to develop this project.
4. Wilkesboro Opco Holdings, LLC and Wilkes Propco, LLC shall provide care to recipients of State/County Special Assistance with Medicaid, commensurate with representations made in the application.
5. For the first two years of operation following completion of the project, Wilkesboro Opco Holdings, LLC and Wilkes Propco, LLC shall not increase private pay charges more than 5% of the projected private pay charges provided 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. Wilkesboro Opco Holdings, LLC and Wilkes Propco, 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, Wilkesboro Opco Holdings, LLC and Wilkes Propco, 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 Wilkesboro Opco Holdings, LLC and Wilkes Propco, 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 March 20, 2019.

TIMETABLE:

1. **Financing Obtained** _____ **July 1, 2020**
2. **Drawings Completed** _____ **May 15, 2020**
3. **Land Acquired** _____ **July 1, 2020**
4. **Construction/Renovation Contract(s) Executed** _____ **August 30, 2020**
5. **25% of Construction/Renovation Completed**
(25% of the cost is in place) _____ **November 8, 2020**
6. **50% of Construction/Renovation Completed** _____ **January 17, 2021**
7. **75% of Construction/Renovation Completed** _____ **March 28, 2021**
8. **Construction/Renovation Completed** _____ **May 27, 2021**
9. **Equipment Ordered** _____ **April 27, 2021**
10. **Equipment Installed** _____ **May 12, 2021**
11. **Equipment Operational** _____ **July 21, 2021**
12. **Building/Space Occupied** _____ **August 25, 2021**
13. **Licensure Obtained** _____ **October 1, 2021**
14. **Services Offered** _____ **October 1, 2021**
15. **Medicare and/or Medicaid Certification Obtained** _____ **October 31, 2021**
16. **Final Annual Report Due** _____ **January 1, 2025**

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: L-11623-18

FID #: 923039

**ISSUED TO: Hillco, Ltd.
Spruce LTC 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: Add no more than 13 nursing care beds to Wilson Pines Nursing and Rehabilitation Center by relocating five existing nursing care beds from Richmond Pines Nursing & Rehabilitation Center (Richmond County), five existing nursing care beds from Westwood Hills Nursing and Rehabilitation Center (Wilkes County), and three existing nursing care beds from Enfield Oaks Nursing and Rehabilitation Center (Halifax County) for a total of no more than 108 nursing care beds and 17 adult care home beds/ Wilson County

CONDITIONS: See Reverse Side

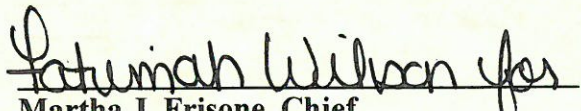
PHYSICAL LOCATION: Wilson Pines Nursing and Rehabilitation Center
403 Crestview Avenue
Wilson, NC 27893

MAXIMUM CAPITAL EXPENDITURE: \$325,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 1, 2019

This certificate is effective as of April 23, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. Hillco, Ltd. and Spruce LTC Group, LLC shall materially comply with all representations made in the certificate of need application.
2. Hillco, Ltd. and Spruce LTC Group, LLC shall add 13 nursing care beds at Wilson Pines Nursing and Rehabilitation Center for a total of no more than 108 nursing care beds and 17 adult care home beds at the facility by relocating five nursing care beds from Richmond Pines Nursing and Rehabilitation Center (Richmond County), five nursing care beds from Westwood Hills Nursing and Rehabilitation Center (Wilkes County), and three nursing care beds from Enfield Oaks Nursing and Rehabilitation Center (Halifax County).
3. Upon completion of the project, Hillco, Ltd. and Spruce LTC Group, LLC shall delicense 13 adult care home beds for a total of no more 17 adult care home beds at Wilson Pines Nursing and Rehabilitation Center.
4. Upon completion of the project, Richmond Pines Nursing and Rehabilitation Center shall delicense five nursing care beds and shall be licensed for no more than 100 nursing care beds and ten adult care home beds.
5. Upon completion of the project, Westwood Hills Nursing and Rehabilitation Center shall delicense five nursing care beds and shall be licensed for no more than 171 nursing care beds and ten adult care home beds.
6. Upon completion of the project, Enfield Oaks Nursing and Rehabilitation Center shall delicense three nursing care beds and shall be licensed for no more than 60 nursing care beds.
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, Hillco, Ltd. and Spruce LTC 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.
8. For the first two years of operation following completion of the project, Hillco, Ltd. and Spruce LTC Group, LLC shall not increase private pay charges more than 5% of the projected private pay charges provided 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.
9. Hillco, Ltd. and Spruce LTC Group, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on April 4, 2019.

TIMETABLE:

- | | | |
|----------------------------|-------|-----------------|
| 1. Equipment Ordered | _____ | August 1, 2019 |
| 2. Licensure Obtained | _____ | October 1, 2019 |
| 3. Final Annual Report Due | _____ | January 1, 2023 |