

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: E-11648-19

FID #: 110873

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 existing hemodialysis training and support program and its two dialysis stations from FMC Hickory to FMC Hickory Home Program/Catawba County

CONDITIONS: See Reverse Side

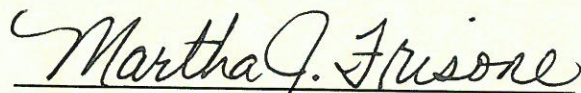
PHYSICAL LOCATION: FMC Hickory Home Program
1899 Tate Boulevard SE, Suite 2102
Hickory, NC 28602

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 1, 2019

This certificate is effective as of May 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 two dialysis stations from FMC Hickory to FMC Hickory Home Program.
3. Bio-Medical Applications of North Carolina, Inc. shall install plumbing and electrical wiring through the walls for no more than two 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 two dialysis stations at FMC Hickory for a total of no more than 33 dialysis stations at FMC Hickory following completion of this project, Project I.D. #E-11209-16 (relocate six stations to FKC Newton), Project I.D. #E-11485-18 (add four stations), and Project I.D. #E-11570-18 (add two stations).
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 May 3, 2019.

TIMETABLE:

1. 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 #: J-11656-19

FID #: 130367

**ISSUED TO: Liberty Healthcare Properties of Chatham County, LLC
Liberty Commons Nursing and Rehabilitation Center of Chatham County, 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 no more than 16 ACH beds from Liberty Commons Nursing and Rehab Center of Halifax County and 20 ACH beds from Liberty Commons Nursing and Rehab Center of Columbus County to Chatham County Rehabilitation Center (Project ID #J-11378-17) for a total of no more than 105 NF Beds and 36 ACH beds upon project completion/ Chatham County

CONDITIONS: See Reverse Side

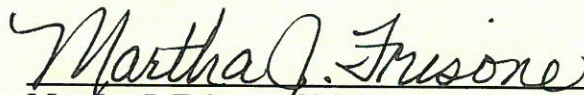
**PHYSICAL LOCATION: Chatham County Rehabilitation Center
985-995 US Hwy 15 501 N.
Farrington, NC 27312**

MAXIMUM CAPITAL EXPENDITURE: \$4,971,074

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 1, 2020

This certificate is effective as of May 29, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. Liberty Healthcare Properties of Chatham County, LLC and Liberty Commons Nursing and Rehabilitation Center of Chatham County, LLC shall materially comply with the representations in this application.
2. Liberty Healthcare Properties of Chatham County, LLC and Liberty Commons Nursing and Rehabilitation Center of Chatham County, LLC shall relocate no more than 16 adult care home beds from Liberty Commons Nursing and Rehab Center of Halifax County and 20 adult care home beds from Liberty Commons Nursing and Rehab Center of Columbus County to Chatham County Rehabilitation Center for a total of no more than 105 nursing care beds and 36 adult care home beds upon completion of this project, Project I.D. # J-10168-13 and Project I.D. # J-11378-17.
3. Upon completion of the project, Liberty Commons Nursing and Rehab Center of Halifax County shall be licensed for no more than 50 nursing care beds and 9 adult care home beds.
4. Upon completion of the project, Liberty Commons Nursing and Rehab Center of Columbus County shall be licensed for no more than 107 nursing care beds and 20 adult care home beds.
5. Liberty Healthcare Properties of Chatham County, LLC and Liberty Commons Nursing and Rehabilitation Center of Chatham County, LLC shall provide care to recipients of State/County Special Assistance with Medicaid, commensurate with representations made in the application.
6. For the first two years of operation following completion of the project, Liberty Healthcare Properties of Chatham County, LLC and Liberty Commons Nursing and Rehabilitation Center of Chatham County, 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.
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, Liberty Healthcare Properties of Chatham County, LLC and Liberty Commons Nursing and Rehabilitation Center of Chatham County, 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. Liberty Healthcare Properties of Chatham County, LLC and Liberty Commons Nursing and Rehabilitation Center of Chatham County, 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 29, 2019.

TIMETABLE:

1. Drawings Completed _____ March 1, 2022
2. Construction/Renovation Contract(s) Executed _____ June 1, 2022
3. 25% of Construction/Renovation Completed
(25% of the cost is in place) _____ March 1, 2023
4. 50% of Construction/Renovation Completed _____ August 1, 2023
5. 75% of Construction/Renovation Completed _____ January 1, 2024
6. Construction/Renovation Completed _____ July 1, 2024
7. Licensure Obtained _____ October 1, 2024
8. Services Offered _____ October 1, 2024
9. 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 #: G-11639-18

FID #: 944660

**ISSUED TO: Wake Forest University Health Sciences
Lexington 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 four dialysis stations from High Point Kidney Center (Guilford County) for a total of no more than 41 stations upon completion of this project and Project ID #G-11355-17 (replace the existing facility)/ Davidson County

CONDITIONS: See Reverse Side

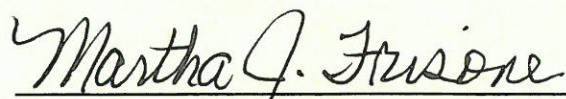
**PHYSICAL LOCATION: Lexington Dialysis Center of Wake Forest University
233 Anna Lewis Drive
Lexington, NC 27292**

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2019

This certificate is effective as of May 24, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. Wake Forest University Health Sciences and Lexington Dialysis Center of Wake Forest University shall materially comply with all representations made in the certificate of need application.
2. Pursuant to Policy ESRD-2, Wake Forest University Health Sciences and Lexington Dialysis Center of Wake Forest University shall relocate no more than four dialysis stations from High Point Kidney Center for a total of no more than 41 dialysis stations at Lexington 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 four dialysis stations at High Point Kidney Center for a total of no more than 41 dialysis stations upon completion of this project, Project I.D. # G-11587-18 (add seven stations) and Project I.D. # G-11651-19 (relocate three stations).
4. Wake Forest University Health Sciences and Lexington 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 May 13, 2019.

TIMETABLE:

1. Financing Obtained	_____	September 2, 2018
2. Drawings Completed	_____	November 1, 2018
3. Equipment Ordered	_____	June 19, 2019
4. Equipment Installed	_____	August 1, 2019
5. Equipment Operational	_____	August 31, 2019
6. Services Offered	_____	August 31, 2019
7. Medicare and/or Medicaid Certification Obtained	_____	August 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

June 17, 2019

James Roskelly
1200 N Elm Street
Greensboro, NC 27401

Transmittal of Corrected Certificate of Need

Project ID #: G-11655-19
Facility: LeBauer Endoscopy Center
Project Description: Relocate no more than one GI endo room from Wesley Long Hospital for a total of no more than five GI endo rooms upon project completion
County: Guilford
FID #: 923200

Dear Mr. Roskelly:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) is happy to transmit your corrected certificate of need for the above referenced 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 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.

The holder of a certificate of need is obligated to submit progress reports to this office as required by 10A NCAC 14C .0209. The first progress report on this project is due September 1, 2019. 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.

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

James Roskelly
June 17, 2019
Page 2

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)).

Sincerely,



Celia C. Inman
Project Analyst



Martha J. Frisone
Chief

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*

CORRECTED CERTIFICATE OF NEED

for

Project ID #: G-11655-19

FID #: 923200

**ISSUED TO: The Moses H. Cone Memorial Hospital
The Moses H. Cone Memorial Hospital Operating Corporation
Moses Cone Medical Services, 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 GI endo room from Wesley Long Hospital for a total of no more than five GI endo rooms upon project completion/ Guilford County

CONDITIONS: See Reverse Side

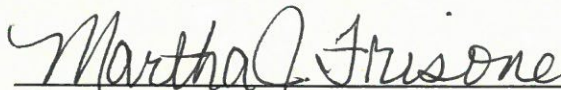
**PHYSICAL LOCATION: LeBauer Endoscopy Center
520 North Elam Avenue
Greensboro, NC 27403**

MAXIMUM CAPITAL EXPENDITURE: \$1,784,163

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 1, 2020

This certificate is effective as of May 31, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. The Moses H. Cone Memorial Hospital, The Moses H. Cone Memorial Hospital Operating Corporation and Moses Cone Medical Services, Inc. shall materially comply with all representations made in the certificate of need application.
2. The Moses H. Cone Memorial Hospital, The Moses H. Cone Memorial Hospital Operating Corporation and Moses Cone Medical Services, Inc. shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section F of the application or that would otherwise require a certificate of need.
3. The Moses H. Cone Memorial Hospital, The Moses H. Cone Memorial Hospital Operating Corporation and Moses Cone Medical Services, Inc. shall relocate no more than one gastrointestinal endoscopy procedure room from Wesley Long Hospital to LeBauer Endoscopy Center for a total of no more than five upon project completion. Cone Health, License #HO159, shall be licensed for a total of no more than six gastrointestinal endoscopy procedure rooms; no more than three at Wesley Long Hospital and no more than three at Moses Cone Hospital following project completion.
4. The Moses H. Cone Memorial Hospital, The Moses H. Cone Memorial Hospital Operating Corporation and Moses Cone Medical Services, Inc. shall take the necessary steps to delicense one gastrointestinal endoscopy procedure room at Wesley Long Hospital.
5. For the first three years of operation following completion of the project, The Moses H. Cone Memorial Hospital, The Moses H. Cone Memorial Hospital Operating Corporation and Moses Cone Medical Services, Inc. shall not increase charges more than 5% of the charges projected in Section Q of the application without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.
6. No later than three months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, The Moses H. Cone Memorial Hospital, The Moses H. Cone Memorial Hospital Operating Corporation and Moses Cone Medical Services, 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.
7. The Moses H. Cone Memorial Hospital, The Moses H. Cone Memorial Hospital Operating Corporation and Moses Cone Medical Services, 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 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 31, 2019.

TIMETABLE:

1. **Construction/Renovation Contract(s) Executed** _____ **February 14, 2020**
2. **25% of Construction/Renovation Completed**
(25% of the cost is in place) _____ **March 30, 2020**
3. **50% of Construction/Renovation Completed** _____ **May 14, 2020**
4. **75% of Construction/Renovation Completed** _____ **June 28, 2020**
5. **Construction/Renovation Completed** _____ **August 12, 2020**
6. **Equipment Ordered** _____ **January 15, 2020**
7. **Equipment Installed** _____ **August 12, 2020**
8. **Equipment Operational** _____ **August 26, 2020**
9. **Building/Space Occupied** _____ **August 26, 2020**
10. **Services Offered** _____ **September 1, 2020**
11. **Final Annual Report Due** _____ **December 31, 2023**

STATE OF NORTH CAROLINA

Department of Health and Human Services
Division of Health Service Regulation

CORRECTED CERTIFICATE OF NEED

for

Project ID #: O-11559-18

FID #: 180423

ISSUED TO: Iron Gate Surgery 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: Relocate three surgical operating rooms from New Hanover Regional Medical Center – Orthopedic Hospital to develop a new ambulatory surgical center/ New Hanover County

CONDITIONS: See Reverse Side

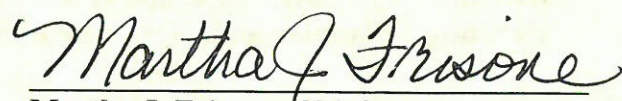
**PHYSICAL LOCATION: Iron Gate Surgery Center
Iron Gate Drive
Wilmington, NC 28412**

MAXIMUM CAPITAL EXPENDITURE: \$22,133,744

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 30, 2019

This certificate is effective as of January 2, 2019
Corrected certificate issued on May 14, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. Iron Gate Surgery Center, LLC and OWP4, LLC shall materially comply with all representations made in the certificate of need application.
2. Iron Gate Surgery Center, LLC and OWP4, LLC shall develop a new ambulatory surgical facility in New Hanover County by relocating three existing operating rooms from New Hanover Regional Medical Center - Orthopedic Hospital.
3. Upon completion of this project, Iron Gate Surgery Center shall be licensed for no more than three operating rooms and one procedure room.
4. Upon completion of this project, New Hanover Regional Medical Center shall take the necessary steps to delicense three operating rooms at New Hanover Regional Medical Center - Orthopedic Hospital. Upon project completion, New Hanover Regional Medical Center - Orthopedic Hospital will have no licensed operating rooms.
5. Iron Gate Surgery Center, LLC and OWP4, LLC as part of this project, shall not acquire any equipment that is not included in the project's proposed capital expenditures in Section F and Exhibit F.1 of the application or that would otherwise require a certificate of need.
6. Iron Gate Surgery Center, LLC and OWP4, LLC shall receive accreditation from the Joint Commission for the Accreditation of Healthcare Organizations, the Accreditation Association for Ambulatory Health Care or a comparable accreditation authority within two years following licensure of the facility.
7. For the first three years of operation following completion of the project, Iron Gate Surgery Center shall not increase charges more than 5% of the charges projected in Section Q of the application without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.
8. The procedure room shall not be used for procedures that should be performed only in an operating room based on current standards of practice.
9. Procedures performed in the procedure room shall not be reported for billing purposes as having been performed in an operating room and shall not be reported on the facility's license renewal application as procedures performed in an operating room.
10. Iron Gate Surgery Center, LLC and OWP4, 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.
11. No later than three months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, Iron Gate Surgery Center, LLC and OWP4, 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.

O-11559-18 (Con't)

- b. Utilization of the services authorized in this certificate of need.
- c. Revenues and operating costs for the services authorized in this certificate of need.
- d. Average gross revenue per unit of service.
- e. Average net revenue per unit of service.
- f. Average operating cost per unit of service.

12. Iron Gate Surgery Center, LLC and OWP4, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on December 27, 2018.

TIMETABLE:

- 1. Financing Obtained _____ August 8, 2018
- 2. Drawings Completed _____ May 1, 2019
- 3. Construction/Renovation Contract(s) Executed _____ July 1, 2019
- 4. 25% of Construction/Renovation Completed
(25% of the cost is in place) _____ October 1, 2019
- 5. 50% of Construction/Renovation Completed _____ January 1, 2020
- 6. 75% of Construction/Renovation Completed _____ May 1, 2020
- 7. Construction/Renovation Completed _____ August 1, 2020
- 8. Building/Space Occupied _____ September 1, 2020
- 9. Licensure Obtained _____ October 1, 2020
- 10. Services Offered _____ October 1, 2020
- 11. Medicare and/or Medicaid Certification Obtained _____ October 1, 2020
- 12. Facility or Service Accredited _____ October 1, 2021
- 13. Final Annual Report Due _____ December 31, 2023

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: J-11645-18

FID #: 180567

**ISSUED TO: University of North Carolina Health Care System
North Chapel Hill Surgery 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 ambulatory surgical center in Chapel Hill with two operating rooms and two procedure rooms pursuant to the need determination in the 2018 SFMP / Orange County

CONDITIONS: See Reverse Side

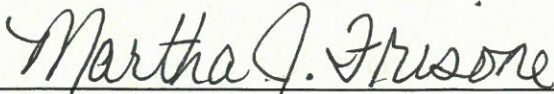
**PHYSICAL LOCATION: North Chapel Hill Surgery Center
151 Old University Station Road
Chapel Hill, NC 27514**

MAXIMUM CAPITAL EXPENDITURE: \$4,305,924

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 15, 2019

This certificate is effective as of May 30, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. North Chapel Hill Surgery Center, LLC and University of North Carolina Health Care System shall materially comply with all representations made in the certificate of need application.
2. North Chapel Hill Surgery Center, LLC and University of North Carolina Health Care System shall develop a new multi-specialty ambulatory surgical facility by developing no more than two operating rooms and two procedure rooms.
3. Upon project completion, the facility named North Chapel Hill Surgery Center shall be licensed for no more than two operating rooms and two procedure rooms.
4. North Chapel Hill Surgery Center, LLC and University of North Carolina Health Care System 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. North Chapel Hill Surgery Center, LLC and University of North Carolina Health Care System 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, North Chapel Hill Surgery Center, LLC and University of North Carolina Health Care System 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. 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 Chapel Hill Surgery Center, LLC and University of North Carolina Health Care System 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. North Chapel Hill Surgery Center, LLC and University of North Carolina Health Care System 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 May 9, 2019.

TIMETABLE:

1. **25% of Construction/Renovation Completed**
(25% of the cost is in place) _____ **April 15, 2020**
2. **Construction/Renovation Completed** _____ **March 1, 2021**
3. **Licensure Obtained** _____ **June 1, 2021**
4. **Services Offered** _____ **July 1, 2021**
5. **Medicare and/or Medicaid Certification Obtained** _____ **July 1, 2021**
6. **Final Annual Report Due** _____ **September 28, 2024**

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: F-11628-18

FID #: 090849

**ISSUED TO: Rowan Endoscopy Center, PLLC
Brenner Avenue, 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 center with two gastrointestinal endoscopy rooms / Rowan County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Rowan Endoscopy Center
1809 Brenner Avenue
Salisbury, NC 28144**

MAXIMUM CAPITAL EXPENDITURE: \$200,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 15, 2019

This certificate is effective as of May 3, 2019



Martha J. Frisone, Chief

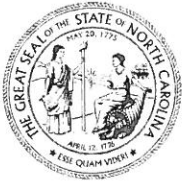
CONDITIONS:

- 1. Rowan Endoscopy Center, PLLC and Brenner Ave, LLC shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, Rowan Endoscopy Center, PLLC and Brenner Ave, LLC shall materially comply with the last made representation.**
- 2. Rowan Endoscopy Center, PLLC and Brenner Ave, LLC shall develop a new ambulatory surgical facility with two gastrointestinal endoscopy procedure rooms.**
- 3. Upon completion of the project Rowan Endoscopy Center, PLLC and Brenner Ave, LLC shall be licensed for no more than two gastrointestinal endoscopy procedure rooms.**
- 4. Rowan Endoscopy Center, PLLC and Brenner Ave, LLC shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Sections F and Q of the application and that would otherwise require a certificate of need.**
- 5. Rowan Endoscopy Center, PLLC and Brenner Ave, 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, Rowan Endoscopy Center, PLLC and Brenner Ave, LLC shall not increase charges more than 5% of the charges projected in Sections F and 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. 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, Rowan Endoscopy Center, PLLC and Brenner Ave, 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. Rowan Endoscopy Center, PLLC and Brenner Ave, 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 15, 2019.

TIMETABLE:

1. **25% of Construction/Renovation Completed**
(25% of the cost is in place) _____ **May 29, 2019**
2. **Construction/Renovation Completed** _____ **June 5, 2019**
3. **Licensure Obtained** _____ **July 1, 2019**
4. **Services Offered** _____ **July 1, 2019**
5. **Medicare and/or Medicaid Certification Obtained** _____ **August 31, 2019**
6. **Final Annual Report Due** _____ **September 31, 2022**



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

June 13, 2019

Courtney Johnson
PO Box 947
Salisbury, NC 28145

Transmittal of Certificate of Need

Project ID #: F-11652-19
Facility: Trinity Place
Project Description: Cost overrun for Project F-11370-17 (Relocate 17 ACH beds)
County: Stanly
FID #: 923316

Dear Ms. Johnson

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 Adult Care Licensure 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 December 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. In the future, address your Progress Reports to Gregory Yakaboski, the Project Analyst for your county. Please refer to the Project ID # and Facility ID # (FID) in all correspondence.

Sincerely,


Ena Lightbourne
Project Analyst


Martha J. Frisone
Chief

Enclosures

cc: Adult Care Licensure Section, DHSR

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: F-11652-19

FID #: 923316

**ISSUED TO: Lutheran Home – Albemarle, Inc.
Lutheran Home Albemarle Property, 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: Cost overrun for Project F-11370-17 (Relocate 17 ACH beds) / Stanly County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Trinity Place
24724 South Business Highway 52
Albemarle, NC 28001**

MAXIMUM CAPITAL EXPENDITURE: \$745,440

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 1, 2019

This certificate is effective as of May 18, 2019



Martha J. Frisone, Chief

CONDITIONS:

1. Lutheran Home-Albemarle, Inc. and Lutheran Home Albemarle Property, Inc. shall materially comply with the representations in this application and representations in Project ID# F-11370-17. Where representations conflict, Lutheran Home-Albemarle, Inc. and Lutheran Home Albemarle Property, Inc., Inc. shall materially comply with the last made representation.
2. The total approved capital expenditure for both Project ID# F-11370-17 and F-11652-19 is \$3,300,000, an increase of \$745,440 over the previously approved capital expenditure of \$2,554,560.
3. No later than three months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, Lutheran Home-Albemarle, Inc. and Lutheran Home Albemarle Property, Inc. shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.
4. Lutheran Home-Albemarle, Inc. and Lutheran Home Albemarle Property, 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 29, 2019.

TIMETABLE:

- | | | |
|-----|---|--------------------|
| 1. | Drawings Completed _____ | August 6, 2018 |
| 2. | Construction/Renovation Contract(s) Executed _____ | September 1, 2018 |
| 3. | 25% of Construction/Renovation Completed
(25% of the cost is in place) _____ | March 31, 2019 |
| 4. | 50% of Construction/Renovation Completed _____ | June 30, 2019 |
| 5. | 75% of Construction/Renovation Completed _____ | September 30, 2019 |
| 6. | Construction/Renovation Completed _____ | December 15, 2019 |
| 7. | Equipment Ordered _____ | June 30, 2019 |
| 8. | Equipment Installed _____ | October 1, 2019 |
| 9. | Equipment Operational _____ | October 1, 2019 |
| 10. | Building/Space Occupied _____ | December 31, 2019 |
| 11. | Licensure Obtained _____ | December 31, 2019 |
| 12. | Services Offered _____ | December 31, 2019 |
| 13. | Medicare and/or Medicaid Certification Obtained _____ | December 31, 2019 |
| 14. | Facility or Service Accredited _____ | December 31, 2019 |
| 15. | Final Annual Report Due _____ | January 1, 2023 |