

**Certificate of Need  
Certificates Issued  
August 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
Duplin	P-011711-19	Southeastern Dialysis Center - Kenansville	945251	ESRD	Relocate entire facility and relocate one station from Wallace Dialysis for a total of no more than 20 stations upon completion of this project and Project # P-11680-19 (add two stations)	6/1/2019	7/25/2019	8/27/2019	Conditional Approval	Tanya Saporito	Fatimah Wilson	\$2,021,882	5/1/2020
Durham	J-011698-19	Liberty Assisted Living of Durham	190084	ACH	Relocate no more than 29 ACH beds from Ellison's Rest Home and no more than 20 ACH beds from Carver Living Center pursuant to Policy LTC-2 for a total of no more than 49 ACH beds upon project completion	5/1/2019	7/29/2019	8/29/2019	Conditional Approval	Bernetta Thorne-Williams	Gloria Hale	\$15,100,875	3/1/2020
Guilford	G-010210-13	Surgical Center of Greensboro	943477	ASC	Relocate existing ASC from 1211 Virginia St. & 1101 Carolina St. to new replacement facility and add two procedure rooms in the new location	10/1/2013	12/20/2013	8/27/2019	Denied - Settlement	Celia Inman	Lisa Pittman	\$22,974,569	10/1/2014
Hyde	R-011699-19	Cross Creek Health Care	943128	NH	Add no more than 30 ACH beds pursuant to a need determination in the 2019 SMFP for a total of no more than 50 NF beds and 30 ACH beds upon completion of this project and Project ID# F-11462-18 (relocate 20 NF beds to Charlotte) and Project ID# F-11461-18 (relocate 10 NF beds to Charlotte)	5/1/2019	7/12/2019	8/16/2019	Conditional Approval	Gloria Hale	Lisa Pittman	\$439,000	3/1/2020
Iredell	F-011702-19	Iredell Mooresville Campus	190166	DXCTR	Develop a new diagnostic center	5/1/2019	7/19/2019	8/20/2019	Conditional Approval	Celia Inman	Gloria Hale	\$4,998,069	8/15/2020
Iredell	F-011703-19	Mooresville Inpatient Unit	190169	HOSPICE	Develop a new 10 bed hospice facility in southern Iredell County by relocating no more than 6 inpatient beds from Gordon Hospice House and adding no more than 4 residential beds	5/1/2019	7/19/2019	8/20/2019	Conditional Approval	Celia Inman	Lisa Pittman	\$4,800,000	12/15/2019
Mecklenburg	F-011700-19	Atrium Health Kenilworth Diagnostic Center #1	190165	DXCTR	Develop a new diagnostic center in MOB #1 by relocating existing cardiology, vascular, pulmonology, and imaging equipment, including a CT scanner, and adding a diagnostic ultrasound machine, diagnostic x-ray equipment, two echocardiogram machines, and two pulmonary function test machines	5/1/2019	7/19/2019	8/20/2019	Conditional Approval	Julie Faenza	Fatimah Wilson	\$8,760,394	1/1/2020



# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: P-11711-19**

**FID #: 945251**

**ISSUED TO: Total Renal 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: Relocate entire facility and relocate one station from Wallace Dialysis for a total of no more than 20 stations upon completion of this project and Project# P-11680-19 (add two stations)/ Duplin County**

**CONDITIONS: See Reverse Side**

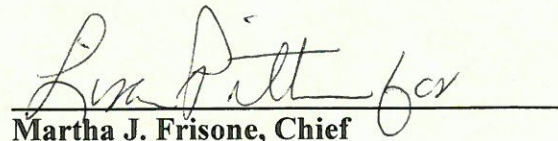
**PHYSICAL LOCATION: Southeastern Dialysis Center – Kenansville  
305 Beasley Street  
Kenansville, NC 28349**

**MAXIMUM CAPITAL EXPENDITURE: \$2,021,882**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: May 1, 2020**

This certificate is effective as of August 27, 2019

  
\_\_\_\_\_  
Martha J. Frisone, Chief

**CONDITIONS:**

1. Total Renal Care of North Carolina, 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 applicant shall materially comply with the last made representation.
2. Pursuant to Policy ESRD-2, Total Renal Care of North Carolina, LLC shall relocate one existing dialysis station from Wallace Dialysis Center to Southeastern Dialysis Center – Kenansville, for a total of no more than 20 dialysis stations at Southeastern Dialysis Center – Kenansville upon completion of this project and Project ID #P-11680-19 (add two stations).
3. Total Renal Care of North Carolina, LLC shall install plumbing and electrical wiring through the walls for no more than 20 dialysis stations which shall include any isolation stations.
4. Upon completion of this project, Total Renal Care of North Carolina, LLC shall take the necessary steps to decertify one dialysis stations at Wallace Dialysis Center for a total of no more than 20 dialysis stations at Wallace Dialysis Center.
5. Total Renal Care of North Carolina, LLC 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 July 30, 2019.

**TIMETABLE:**

1. Financing Obtained \_\_\_\_\_ May 15, 2019
2. Drawings Completed \_\_\_\_\_ February 1, 2020
3. Construction / Renovation Contract(s) Executed \_\_\_\_\_ April 3, 2020
4. 50% of Construction / Renovation Completed \_\_\_\_\_ August 14, 2020
5. Construction / Renovation Completed \_\_\_\_\_ November 6, 2020
6. Equipment Ordered \_\_\_\_\_ August 14, 2020
7. Building / Space Occupied \_\_\_\_\_ November 20, 2020
8. Services Offered (required) \_\_\_\_\_ January 1, 2021
9. Medicare and / or Medicaid Certification Obtained \_\_\_\_\_ January 1, 2021
10. Facility or Service Accredited \_\_\_\_\_ May 15, 2019

# STATE OF NORTH CAROLINA

*Department of Health and Human Services*

*Division of Health Service Regulation*

## **CERTIFICATE OF NEED**

for

**Project ID #: J-11698-19**

**FID #: 190084**

**ISSUED TO: Liberty Healthcare Properties of Durham, 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 29 ACH beds from Ellison's Rest Home and no more than 20 ACH beds from Carver Living Center pursuant to Policy LTC-2 for a total of no more than 49 ACH beds upon project completion/ Durham County**

**CONDITIONS: See Reverse Side**

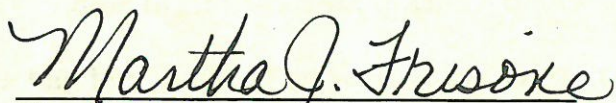
**PHYSICAL LOCATION: Liberty Assisted Living of Durham  
4712 Hope Valley Road  
Durham, NC 27707**

**MAXIMUM CAPITAL EXPENDITURE: \$15,100,875**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: March 1, 2020**

This certificate is effective as of August 29, 2019

  
**Martha J. Frisone, Chief**

**CONDITIONS:**

1. Liberty Healthcare Properties of Durham, LLC shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, Liberty Healthcare Properties of Durham, LLC shall materially comply with the last made representation.
2. Liberty Healthcare Properties of Durham, 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.
3. Liberty Healthcare Properties of Durham, LLC shall relocate no more than 29 ACH beds from Ellison's Rest Home and no more than 20 ACH beds from Carver Living Center, pursuant to Policy LTC-2, for a total of no more than 49 ACH beds at Liberty Assisted Living of Durham upon completion of this project.
4. Upon completion of the project, Ellison's Rest Home shall delicense its 29 ACH beds and Carver Living Center will shall delicense its 20 ACH beds for a facility total of only 232 NF beds.
5. Liberty Assisted Living of Durham 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 Durham, 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 fiscal years of operation following initiation of the services authorized by this certificate of need, Liberty Healthcare Properties of Durham, 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 Durham, 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 July 30, 2019.

**TIMETABLE:**

1. Drawings Completed \_\_\_\_\_ March 1, 2021
2. Construction / Renovation Contract(s) Executed \_\_\_\_\_ June 1, 2021
3. 25% of Construction / Renovation Completed  
(25% of the cost is in place) \_\_\_\_\_ March 1, 2022
4. 50% of Construction / Renovation Completed \_\_\_\_\_ August 1, 2022
5. 75% of Construction / Renovation Completed \_\_\_\_\_ January 1, 2023
6. Construction / Renovation Completed \_\_\_\_\_ July 1, 2023
7. Building / Space Occupied \_\_\_\_\_ October 1, 2023
8. Licensure Obtained \_\_\_\_\_ October 1, 2023
9. Services Offered (required) \_\_\_\_\_ October 1, 2023
10. Medicare and / or Medicaid Certification Obtained \_\_\_\_\_ November 1, 2023
11. First Annual Report Due \_\_\_\_\_ December 31, 2024





# STATE OF NORTH CAROLINA

Department of Health and Human Services  
Division of Health Service Regulation

## **CORRECTED CORRECTED CERTIFICATE OF NEED**

for

Project ID #: G-10210-13

FID #: 943477

**ISSUED TO: Surgical Center of Greensboro, 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 existing ASC within Greensboro to a replacement facility and add two procedure rooms/ Guilford County**

**CONDITIONS: See Reverse Side**

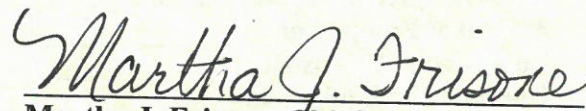
**PHYSICAL LOCATION: Surgical Center of Greensboro  
705 Green Valley Road  
Greensboro, NC 27408**

**MAXIMUM CAPITAL EXPENDITURE: \$22,974,569**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: October 1, 2014**

This certificate is effective as of March 17, 2014  
Correction is effective as of August 27, 2019

  
Martha J. Frisone, Chief

**CONDITIONS:**

1. Surgical Center of Greensboro, LLC shall materially comply with all representations made in its certificate of need application .
2. Surgical Center of Greensboro, LLC shall relocate 13 operating rooms from two buildings to a single ambulatory surgical center which shall be licensed for no more than 13 dedicated outpatient operating rooms and two procedure rooms and no additional procedure rooms may be developed as part of this project and for one year (365 days) after the project is deemed complete by the Certificate of Need Section pursuant to G.S. 131E-181 (d).
3. Surgical Center of Greensboro, LLC shall construct no more than 13 operating rooms in the replacement facility that meet licensure requirements for an operating room under the ambulatory surgical facility rules.
4. The procedure room shall only be used to perform procedures that are appropriate for that room based upon current standards of practice.
5. Procedures performed in the procedure rooms shall not be reported on the facility ' s license renewal application as procedures performed in an operating room.
6. Surgical Center of Greensboro, LLC shall not perform gastrointestinal endoscopy procedures in the procedure rooms.
7. Surgical Center of Greensboro, LLC shall meet all criteria to maintain accreditation of the ambulatory surgical facility from The Joint Commission , The Accreditation Association of Ambulatory Health Care or a comparable accreditation authority within two years following completion of the facility.
8. Surgical Center of Greensboro, LLC shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section VIII of the application or which would otherwise require a certificate of need.
9. Surgical Center of Greensboro, LLC shall develop and implement an Energy Efficiency and Sustainability ty 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. The plan must be consistent with the applicant's representations in the written statement as described in paragraph one of Policy GEN-4.
10. Surgical Center of Greensboro, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein in writing to the Certificate of Need Section prior to the issuance of the certificate of need.

**TIMETABLE:**

1.	Completion of Final Drawings and Specifications _____	September 1, 2014
2.	Obtain Funds Necessary to Undertake Project _____	December 1, 2014
3.	Approval of Site by the Construction Section, DHR _____	January 28, 2015
4.	Contract Award _____	February 1, 2015
5.	25% Completion of Construction _____	May 11, 2015
6.	Ordering Equipment _____	May 28, 2015
7.	50% Completion of Construction _____	August 3, 2015
8.	75% Completion of Construction _____	October 5, 2015
9.	Arrival of Equipment _____	October 28, 2015
10.	Completion of Construction _____	November 24, 2015
11.	Operation of Equipment _____	December 24, 2015
12.	Licensure / Certification of Facility _____	March 1, 2016

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: R-11699-19**

**FID #: 943128**

**ISSUED TO: Liberty Commons Nursing and Rehabilitation Center of Hyde County, LLC  
Liberty Healthcare Properties of Hyde 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: Add no more than 30 ACH beds pursuant to a need determination in the 2019 SMFP for a total of no more than 50 NF beds and 30 ACH beds upon completion of this project and Project ID# F-11462-18 (relocate 20 NF beds to Charlotte) and Project ID# F-11461-18 (relocate 10 NF beds to Charlotte) / Hyde County**

**CONDITIONS: See Reverse Side**

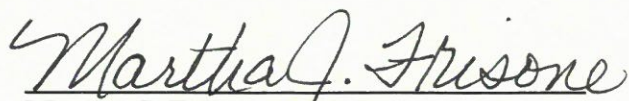
**PHYSICAL LOCATION: Cross Creek Health Care  
1719 Quarter Rd  
Swan Quarter, NC 27885**

**MAXIMUM CAPITAL EXPENDITURE: \$439,000**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: March 1, 2020**

This certificate is effective as of August 13, 2019

  
**Martha J. Frisone, Chief**

**CONDITIONS:**

1. Liberty Commons Nursing and Rehabilitation Center of Hyde County, LLC and Liberty Healthcare Properties of Hyde County, LLC shall materially comply with all representations made in the certificate of need application.
2. Liberty Commons Nursing and Rehabilitation Center of Hyde County, LLC and Liberty Healthcare Properties of Hyde County, LLC shall add no more than 30 adult care home beds for a total of no more than 50 nursing facility beds and 30 adult care home beds at Cross Creek Health Care upon completion of this project, Project I.D. #F-11462-18 (relocate 20 NF beds to Charlotte), and Project I.D. #F-11461-18 (relocate 10 NF beds to Charlotte).
3. Cross Creek Health Care 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, Liberty Commons Nursing and Rehabilitation Center of Hyde County, LLC and Liberty Healthcare Properties of Hyde 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.
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, Liberty Commons Nursing and Rehabilitation Center of Hyde County, LLC and Liberty Healthcare Properties of Hyde 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.
6. Liberty Commons Nursing and Rehabilitation Center of Hyde County, LLC and Liberty Healthcare Properties of Hyde 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 July 15, 2019.

**TIMETABLE:**

1. Construction / Renovation Contract(s) Executed \_\_\_\_\_ April 1, 2020
2. 50% of Construction / Renovation Completed \_\_\_\_\_ June 1, 2020
3. Construction / Renovation Completed \_\_\_\_\_ August 1, 2020
4. Services Offered (required) \_\_\_\_\_ October 1, 2020
5. First Annual Report Due \_\_\_\_\_ December 31, 2021

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: F-11702-19**

**FID #: 190166**

**ISSUED TO: Iredell Memorial Hospital, Incorporated  
Iredell Physician Network, LLC**

Pursuant to N.C. Gen. Stat. § 131E-177(6), the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project described below. The certificate holder shall develop the project in a manner consistent with the representations in the application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein, as documented by the periodic progress reports required by 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that section.

**SCOPE: Develop a new diagnostic center / Iredell County**

**CONDITIONS: See Reverse Side**

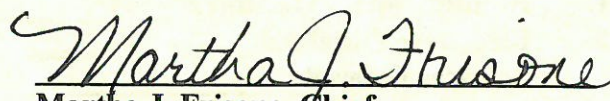
**PHYSICAL LOCATION: Iredell Mooresville Campus  
Bluefield Road & Regency Center Drive  
Mooresville, NC 28117**

**MAXIMUM CAPITAL EXPENDITURE: \$4,998,069**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: August 15, 2020**

This certificate is effective as of August 20, 2019

  
**Martha J. Frisone, Chief**

**CONDITIONS:**

1. Carolinas Physicians Network, Inc. shall materially comply with all representations made in the certificate of need application.
2. Carolinas Physicians Network, Inc. shall relocate its existing ambulatory surgical facility with two gastrointestinal endoscopy procedure rooms to MOB #2 at 1225 Harding Place in Charlotte.
3. Upon completion of the project, Carolinas Gastroenterology Center – Kenilworth shall be licensed for no more than two gastrointestinal endoscopy procedure rooms.
4. Carolinas Physicians Network, Inc. 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. For the first three years of operation following completion of the project, Carolinas Physicians Network, Inc. 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.
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, Carolinas Physicians Network, 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. Carolinas Physicians Network, 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 July 31, 2019.

**TIMETABLE:**

1. Drawings Completed \_\_\_\_\_ December 17, 2019
2. Construction / Renovation Contract(s) Executed \_\_\_\_\_ December 31, 2019
3. 25% of Construction / Renovation Completed  
(25% of the cost is in place) \_\_\_\_\_ March 20, 2020
4. 50% of Construction / Renovation Completed \_\_\_\_\_ June 17, 2020
5. 75% of Construction / Renovation Completed \_\_\_\_\_ September 11, 2020
6. Construction / Renovation Completed \_\_\_\_\_ December 7, 2020
7. Equipment Ordered \_\_\_\_\_ December 13, 2019
8. Equipment Installed \_\_\_\_\_ December 14, 2020
9. Equipment Operational \_\_\_\_\_ December 21, 2020
10. Building / Space Occupied \_\_\_\_\_ January 1, 2021
11. Licensure Obtained \_\_\_\_\_ January 1, 2021
12. Services Offered (required) \_\_\_\_\_ January 1, 2021
13. Medicare and / or Medicaid Certification Obtained \_\_\_\_\_ January 1, 2021
14. Facility or Service Accredited \_\_\_\_\_ January 1, 2021
15. First Annual Report Due \_\_\_\_\_ March 31, 2022

# STATE OF NORTH CAROLINA

Department of Health and Human Services  
Division of Health Service Regulation

## CERTIFICATE OF NEED

for

Project ID #: F-11703-19

FID #: 190169

**ISSUED TO:** Hospice of Iredell County, Inc.

Pursuant to N.C. Gen. Stat. § 131E-177(6), the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project described below. The certificate holder shall develop the project in a manner consistent with the representations in the application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein, as documented by the periodic progress reports required by 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that section.

**SCOPE:** Develop a new 10 bed hospice facility in southern Iredell County by relocating no more than 6 inpatient beds from Gordon Hospice House and adding no more than 4 residential beds / Iredell County

**CONDITIONS:** See Reverse Side

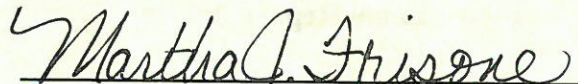
**PHYSICAL LOCATION:** Mooresville Inpatient Unit  
175 Templeton Road  
Mooresville, NC 28117

**MAXIMUM CAPITAL EXPENDITURE:** \$4,800,000

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** December 15, 2019

This certificate is effective as of August 20, 2019

  
Martha J. Frisone, Chief

**CONDITIONS:**

1. Hospice of Iredell County, Inc. shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, Hospice of Iredell County, Inc. shall materially comply with the last made representation.
2. Hospice of Iredell County, Inc. shall develop a new 10 bed hospice facility in southern Iredell County by relocating no more than 6 inpatient beds from Gordon Hospice House and adding no more than 4 residential beds.
3. Upon completion of the project, Mooresville Inpatient Unit shall be licensed for no more than six hospice inpatient beds and four hospice residential beds and Gordon Hospice Home shall be licensed for no more than nine hospice inpatient beds.
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, Hospice of Iredell County, 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. Hospice of Iredell County, 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 July 29, 2019

**TIMETABLE:**

- |     |   |                   |
|-----|---|-------------------|
| 1.  | Financing Obtained _____  | April 5, 2019     |
| 2.  | 25% of Construction/Renovation Completed<br>(25% of the cost is in place) _____ | November 4, 2019  |
| 3.  | 50% of Construction/Renovation Completed _____                                  | October 12, 2020  |
| 4.  | 75% of Construction/Renovation Completed _____                                  | January 18, 2021  |
| 5.  | Construction/Renovation Completed _____   | March 29, 2021    |
| 6.  | Equipment Ordered _____   | June 8, 2020      |
| 7.  | Equipment Installed _____   | March 29, 2021    |
| 8.  | Equipment Operational _____   | March 29, 2021    |
| 9.  | Building/Space Occupied _____   | April 5, 2021     |
| 10. | Licensure Obtained _____  | April 26, 2021    |
| 11. | Services Offered _____  | April 26, 2021    |
| 12. | Medicare and/or Medicaid Certification Obtained _____                           | May 30, 2021      |
| 13. | First 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 #: F-11691-19**

**FID #: 943501**

**ISSUED TO:** The Presbyterian Hospital  
Novant Health, Inc.

Pursuant to N.C. Gen. Stat. § 131E-177(6), the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project described below. The certificate holder shall develop the project in a manner consistent with the representations in the application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein, as documented by the periodic progress reports required by 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that section.

**SCOPE:** Develop an endovascular lab with no more than one interventional angiography system that will not perform cardiac catheterization procedures / Mecklenburg County

**CONDITIONS:** See Reverse Side

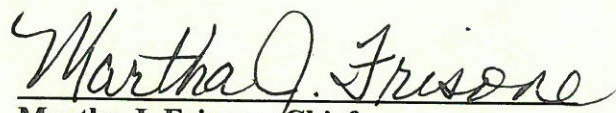
**PHYSICAL LOCATION:** Novant Health Presbyterian Medical Center  
200 Hawthorne Lane  
Charlotte, NC 28204

**MAXIMUM CAPITAL EXPENDITURE:** \$2,236,146

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** February 1, 2020

This certificate is effective as of August 13, 2019

  
Martha J. Frisone, Chief

**CONDITIONS:**

1. The Presbyterian Hospital and Novant Health, Inc. shall materially comply with all representations made in the certificate of need application.
2. The Presbyterian Hospital and Novant Health, Inc. shall acquire no more than one interventional angiography system that will not perform cardiac catheterization procedures.
3. The Presbyterian Hospital and Novant Health, Inc., as part of this project, shall not acquire any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.
4. No later than three months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, The Presbyterian Hospital and Novant Health, 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. The Presbyterian Hospital and Novant Health, 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 July 15, 2019.

**TIMETABLE:**

1. Construction / Renovation Contract(s) Executed \_\_\_\_\_ February 19, 2020
2. 75% of Construction / Renovation Completed \_\_\_\_\_ May 15, 2020
3. Services Offered (required) \_\_\_\_\_ July 1, 2020
4. First Annual Report Due \_\_\_\_\_ October 1, 2021

# STATE OF NORTH CAROLINA

Department of Health and Human Services  
Division of Health Service Regulation

## CERTIFICATE OF NEED

for

Project ID #: F-11700-19

FID #: 190165

**ISSUED TO:** Carolinas Physicians Network, Inc.

Pursuant to N.C. Gen. Stat. § 131E-177(6), the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project described below. The certificate holder shall develop the project in a manner consistent with the representations in the application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein, as documented by the periodic progress reports required by 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that section.

**SCOPE:** Develop a new diagnostic center in MOB #1 by relocating existing cardiology, vascular, pulmonology, and imaging equipment, including a CT scanner, and adding a diagnostic ultrasound machine, diagnostic x-ray equipment, two echocardiogram machines, and two pulmonary function test machines / Mecklenburg

**CONDITIONS:** See Reverse Side

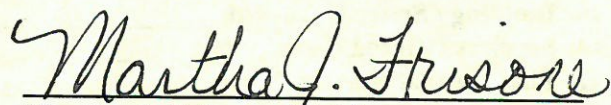
**PHYSICAL LOCATION:** Atrium Health Kenilworth Diagnostic Center  
#1  
1237 Harding Place  
Charlotte, NC 28204

**MAXIMUM CAPITAL EXPENDITURE:** \$8,760,394

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** January 1, 2020

This certificate is effective as of August 20, 2019

  
Martha J. Frisone, Chief

**CONDITIONS:**

1. Carolinas Physicians Network, Inc. shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, Carolinas Physicians Network, Inc. shall materially comply with the last made representation.
2. Carolinas Physicians Network, Inc. shall develop a diagnostic center in MOB #1 at 1237 Harding Place in Charlotte by relocating a CT scanner from CHS SouthPark, seven echocardiogram machines, one nuclear camera, two pulmonary function test machines, one chest x-ray machine, four diagnostic ultrasound machines, and three Parks Flo Lab machines, and adding a diagnostic ultrasound machine, a diagnostic x-ray machine, two echocardiogram machines, and two pulmonary function test machines.
3. Carolinas Physicians Network, Inc., as part of this project, shall not acquire any equipment that is not included in the project's proposed capital expenditures in Section F of the application or that would otherwise require a certificate of need.
4. Carolinas Physicians Network, Inc. shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.
5. No later than three months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, Carolinas Physicians Network, Inc. shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
  - a. Payor mix for the services authorized in this certificate of need.
  - b. Utilization of the services authorized in this certificate of need.
  - c. Revenues and operating costs for the services authorized in this certificate of need.
  - d. Average gross revenue per unit of service.
  - e. Average net revenue per unit of service.
  - f. Average operating cost per unit of service.
6. Carolinas Physicians Network, 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 July 31, 2019.

**TIMETABLE:**

- |  |                    |
|--|--------------------|
| 1. Drawings Completed _____  | December 17, 2019  |
| 2. Construction / Renovation Contract(s) Executed _____                              | December 31, 2019  |
| 3. 25% of Construction / Renovation Completed<br>(25% of the cost is in place) _____ | March 20, 2020     |
| 4. 50% of Construction / Renovation Completed _____                                  | June 17, 2020      |
| 5. 75% of Construction / Renovation Completed _____                                  | September 11, 2020 |
| 6. Construction / Renovation Completed _____   | December 7, 2020   |
| 7. Equipment Ordered _____   | December 13, 2019  |
| 8. Equipment Installed _____   | December 14, 2020  |
| 9. Equipment Operational _____   | December 21, 2020  |
| 10. Building / Space Occupied _____  | January 1, 2021    |
| 11. Services Offered (required) _____  | January 1, 2021    |
| 12. First Annual Report Due _____  | March 31, 2022     |

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: F-11706-19**

**FID #: 190212**

**ISSUED TO: Carolinas Physicians Network, 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 the existing ambulatory surgical facility with two gastrointestinal endoscopy rooms and change the name to Carolinas Gastroenterology Center – Kenilworth / Mecklenburg County**

**CONDITIONS: See Reverse Side**

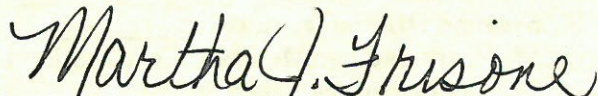
**PHYSICAL LOCATION: Carolinas Gastroenterology Center-  
Kenilworth  
1225 Harding Place  
Charlotte, NC 28204**

**MAXIMUM CAPITAL EXPENDITURE: \$2,358,183**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: January 1, 2020**

This certificate is effective as of August 20, 2019

  
Martha J. Frisone, Chief

**CONDITIONS:**

1. Carolinas Physicians Network, Inc. shall materially comply with all representations made in the certificate of need application.
2. Carolinas Physicians Network, Inc. shall relocate its existing ambulatory surgical facility with two gastrointestinal endoscopy procedure rooms to MOB #2 at 1225 Harding Place in Charlotte.
3. Upon completion of the project, Carolinas Gastroenterology Center – Kenilworth shall be licensed for no more than two gastrointestinal endoscopy procedure rooms.
4. Carolinas Physicians Network, Inc. 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. For the first three years of operation following completion of the project, Carolinas Physicians Network, Inc. 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.
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, Carolinas Physicians Network, 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. Carolinas Physicians Network, 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 July 31, 2019.

**TIMETABLE:**

1. Drawings Completed \_\_\_\_\_ December 17, 2019
2. Construction / Renovation Contract(s) Executed \_\_\_\_\_ December 31, 2019
3. 25% of Construction / Renovation Completed  
(25% of the cost is in place) \_\_\_\_\_ March 20, 2020
4. 50% of Construction / Renovation Completed \_\_\_\_\_ June 17, 2020
5. 75% of Construction / Renovation Completed \_\_\_\_\_ September 11, 2020
6. Construction / Renovation Completed \_\_\_\_\_ December 7, 2020
7. Equipment Ordered \_\_\_\_\_ December 13, 2019
8. Equipment Installed \_\_\_\_\_ December 14, 2020
9. Equipment Operational \_\_\_\_\_ December 21, 2020
10. Building / Space Occupied \_\_\_\_\_ January 1, 2021
11. Licensure Obtained \_\_\_\_\_ January 1, 2021
12. Services Offered (required) \_\_\_\_\_ January 1, 2021
13. Medicare and / or Medicaid Certification Obtained \_\_\_\_\_ January 1, 2021
14. Facility or Service Accredited \_\_\_\_\_ January 1, 2021
15. First Annual Report Due \_\_\_\_\_ March 31, 2022

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: P-11710-19**

**FID #: 190217**

**ISSUED TO: Total Renal 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 10-station dialysis facility by relocating no more than eight stations from New River Dialysis and no more than two stations from Southeastern Dialysis Center-Jacksonville/ Onslow County**

**CONDITIONS: See Reverse Side**

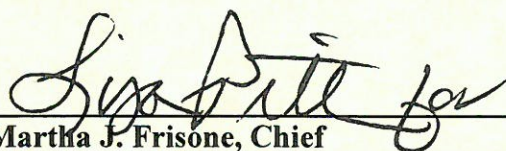
**PHYSICAL LOCATION: Richland Dialysis  
9103 Richlands Highway  
Richlands, NC 28574**

**MAXIMUM CAPITAL EXPENDITURE: \$1,546,366**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: May 15, 2020**

This certificate is effective as of August 27, 2019

  
Martha J. Frisone, Chief

**CONDITIONS:**

1. Total Renal Care of North Carolina, LLC shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, Total Renal Care of North Carolina, LLC shall materially comply with the last made representation.
2. Pursuant to Policy ESRD-2, Total Renal Care of North Carolina, LLC shall develop a new 10-station kidney disease treatment center to be known as Richlands Dialysis by relocating eight dialysis stations from New River Dialysis and two dialysis stations from Southeastern Dialysis Center - Jacksonville.
3. Upon completion of this project, Total Renal Care of North Carolina, LLC shall take the necessary steps to decertify eight dialysis stations at New River Dialysis for a total of no more than 17 dialysis stations at New River Dialysis.
4. Upon completion of this project, Total Renal Care of North Carolina, LLC shall take the necessary steps to decertify two dialysis stations at Southeastern Dialysis Center-Jacksonville for a total of no more than 36 dialysis stations at Southeastern Dialysis Center-Jacksonville following completion of this project and Project ID #P-11681-19 (add five stations).
5. Total Renal Care of North Carolina, LLC shall install plumbing and electrical wiring through the walls for no more than ten dialysis stations, which shall include any home training and isolation stations.
6. Total Renal 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 July 30, 2019.

**TIMETABLE:**

1. 50% of Construction / Renovation Completed \_\_\_\_\_ August 14, 2020
2. Construction / Renovation Completed \_\_\_\_\_ November 6, 2020
3. Services Offered (required) \_\_\_\_\_ January 1, 2021
4. Medicare and / or Medicaid Certification Obtained \_\_\_\_\_ April 1, 2021



# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: N-11697-19**

**FID #: 001329**

**ISSUED TO: Southeastern Regional Medical Center Gibson Cancer Center**

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: Acquire a 2nd linear accelerator pursuant to an adjusted need determination in the 2019 SMFP / Robeson County**

**CONDITIONS: See Reverse Side**

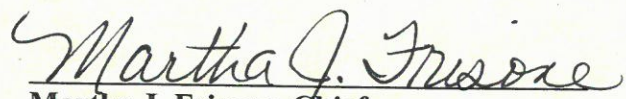
**PHYSICAL LOCATION: Southeastern Regional Medical Center  
Gibson Cancer Center  
1200 Pine Run Drive  
Lumberton, NC 28358**

**MAXIMUM CAPITAL EXPENDITURE: \$7,892,840**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: March 15, 2020**

This certificate is effective as of August 27, 2019

  
Martha J. Frisone, Chief

**CONDITIONS:**

1. Southeastern Regional Medical Center, Inc. shall materially comply with all representations made in the certificate of need application.
2. Southeastern Regional Medical Center, Inc. shall acquire no more than one linear accelerator for a total of two linear accelerators.
3. Southeastern Regional Medical Center, 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, Southeastern Regional Medical Center, 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. Southeastern Regional Medical Center, 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 July 30, 2019.

**TIMETABLE:**

- |   |                   |
|---|-------------------|
| 1. Drawings Completed _____   | March 6, 2019     |
| 2. Construction / Renovation Contract(s) Executed _____                           | March 1, 2020     |
| 3. 25% of Construction / Renovation Completed (25% of the cost is in place) _____ | June 1, 2020      |
| 4. 50% of Construction / Renovation Completed _____                               | September 1, 2020 |
| 5. 75% of Construction / Renovation Completed _____                               | December 1, 2020  |
| 6. Construction / Renovation Completed _____                                      | March 1, 2021     |
| 7. Equipment Ordered _____  | April 1, 2020     |
| 8. Equipment Installed _____  | March 15, 2021    |
| 9. Equipment Operational _____  | April 1, 2021     |
| 10. Services Offered (required) _____   | April 1, 2021     |
| 11. First Annual Report Due _____   | June 30, 2022     |

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: J-11555-18**

**FID #: 953429**

**ISSUED TO: Rex Hospital, Inc.**

Pursuant to N.C. Gen. Stat. § 131E-177(6), the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project described below. The certificate holder shall develop the project in a manner consistent with the representations in the application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein, as documented by the periodic progress reports required by 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that section.

**SCOPE: Develop no more than two additional operating rooms at the existing hospital in Raleigh pursuant to the need determination in the 2018 SMFP for a total of no more than 29 ORs upon completion of this project and Project ID #J-8669-11 (relocate 3 ORs to Holly Springs hospital)/ Wake County**

**CONDITIONS: See Reverse Side**

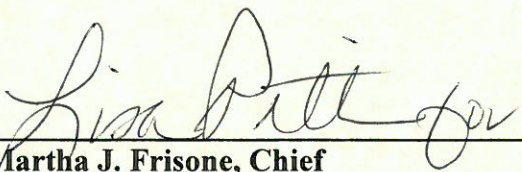
**PHYSICAL LOCATION: Rex Hospital  
4420 Lake Boone Trail  
Raleigh, NC 27607**

**MAXIMUM CAPITAL EXPENDITURE: \$789,000**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: February 1, 2020**

This certificate is effective as of August 15, 2019

  
\_\_\_\_\_  
**Martha J. Frisone, Chief**

**CONDITIONS:**

1. Rex Hospital, Inc. shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event representations conflict, Rex Hospital, Inc. shall materially comply with the last made representation.
2. Rex Hospital, Inc. shall develop no more than two (2) operating rooms from the 2018 State Medical Facilities Plan.
3. Upon completion of this project and Project ID #J-8669-11 (develop a 50-bed hospital in Holly Springs with three (3) operating rooms relocated from Rex Hospital), Rex Hospital shall be licensed for no more than 29 operating rooms.
4. Rex Hospital, 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.
5. No later than three months after the last day of each of the first three full fiscal years of operation following initiation of the services authorized by this certificate of need, Rex Hospital, 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.

**TIMETABLE:**

1. Drawings Completed \_\_\_\_\_ December 16, 2019
2. Construction / Renovation Contract(s) Executed \_\_\_\_\_ January 16, 2020
3. 25% of Construction / Renovation Completed  
(25% of the cost is in place) \_\_\_\_\_ May 1, 2020
4. 50% of Construction / Renovation Completed \_\_\_\_\_ September 16, 2020
5. 75% of Construction / Renovation Completed \_\_\_\_\_ January 1, 2021
6. Construction / Renovation Completed \_\_\_\_\_ May 16, 2021
7. Building / Space Occupied \_\_\_\_\_ May 16, 2021
8. Services Offered (required) \_\_\_\_\_ July 1, 2021
9. First Annual Report Due \_\_\_\_\_ September 28, 2022

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: J-11557-18**

**FID #: 180422**

**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: Develop a new ambulatory surgical center by developing no more than one operating room pursuant to the need determination in the 2018 SMFP and five procedure rooms/ Wake County**

**CONDITIONS: See Reverse Side**

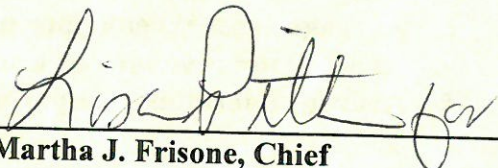
**PHYSICAL LOCATION: Duke Health Green Level Ambulatory Surgery Center  
3208 Green Level West Road  
Cary, NC 27519**

**MAXIMUM CAPITAL EXPENDITURE: \$34,300,000**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: February 1, 2020**

This certificate is effective as of August 15, 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 and any supplemental responses. In the event representations conflict, Duke University Health System, Inc. shall materially comply with the last made representation.**
- 2. Duke University Health System, Inc. shall develop a new ambulatory surgical facility by developing one (1) operating room from the 2018 State Medical Facilities Plan.**
- 3. Upon completion of the project, Duke Health Green Level Ambulatory Surgery Center shall be licensed for no more than one (1) operating room and five (5) procedure rooms.**
- 4. 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.**
- 5. Duke Health Green Level Ambulatory Surgery Center 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, Duke Health Green Level Ambulatory 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.**
- 7. The procedure room(s) 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(s) 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 fiscal 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.**

**TIMETABLE:**

1. Drawings Completed \_\_\_\_\_ June 16, 2020
2. Construction / Renovation Contract(s) Executed \_\_\_\_\_ April 15, 2020
3. 25% of Construction / Renovation Completed  
(25% of the cost is in place) \_\_\_\_\_ October 27, 2020
4. 50% of Construction / Renovation Completed \_\_\_\_\_ May 8, 2021
5. 75% of Construction / Renovation Completed \_\_\_\_\_ November 30, 2021
6. Construction / Renovation Completed \_\_\_\_\_ June 3, 2022
7. Equipment Ordered \_\_\_\_\_ December 15, 2021
8. Equipment Installed \_\_\_\_\_ May 25, 2022
9. Equipment Operational \_\_\_\_\_ June 24, 2022
10. Building / Space Occupied \_\_\_\_\_ July 1, 2022
11. Licensure Obtained \_\_\_\_\_ July 1, 2022
12. Services offered (required) \_\_\_\_\_ July 1, 2022
13. Medicare and/or Medicaid Certification Obtained \_\_\_\_\_ October 1, 2022
14. Facility Accredited \_\_\_\_\_ October 1, 2022
15. First Annual Report Due \_\_\_\_\_ October 1, 2023

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: J-11565-18**

**FID #: 180428**

**ISSUED TO: WakeMed Surgery Center-Cary, 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 by developing no more than one (1) operating room from the need determination in the 2018 SMFP and three (3) procedure rooms/ Wake County**

**CONDITIONS: See Reverse Side**

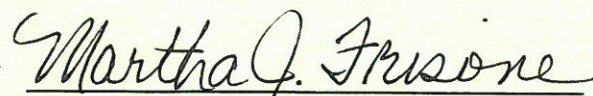
**PHYSICAL LOCATION: WakeMed Surgery Center-Cary  
200 Block of Asheville Avenue  
Cary, NC 27518**

**MAXIMUM CAPITAL EXPENDITURE: \$8,598,738**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: April 30, 2020**

This certificate is effective as of August 15, 2019

  
**Martha J. Frisone, Chief**



**CONDITIONS:**

1. WakeMed Surgery Center-Cary, LLC shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event representations conflict, WakeMed Surgery Center-Cary, LLC shall materially comply with the last made representation.
2. WakeMed Surgery Center-Cary, LLC shall develop a new ambulatory surgical facility by developing one (1) operating room from the 2018 State Medical Facilities Plan
3. Upon completion of the project, WakeMed Surgery Center-Cary shall be licensed for no more than one (1) operating room and three (3) procedure rooms.
4. WakeMed Surgery Center-Cary, 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. WakeMed Surgery Center-Cary 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, WakeMed Surgery Center-Cary 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 room(s) 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(s) 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 fiscal years of operation following initiation of the services authorized by this certificate of need, WakeMed Surgery Center-Cary, 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. **Financing Obtained** \_\_\_\_\_ **March 4, 2020**
2. **Drawings Completed** \_\_\_\_\_ **March 4, 2020**
3. **Construction / Renovation Contract(s) Executed** \_\_\_\_\_ **April 1, 2020**
4. **25% Construction / Renovation Completed**
5. **(25% of the cost is in place)** \_\_\_\_\_ **July 15, 2020**
6. **50% Construction / Renovation Completed** \_\_\_\_\_ **November 1, 2020**
7. **75% Construction / Renovation Completed** \_\_\_\_\_ **March 15, 2021**
8. **Construction / Renovation Completed** \_\_\_\_\_ **June 1, 2021**
9. **Equipment Ordered** \_\_\_\_\_ **September 1, 2020**
10. **Equipment Installed** \_\_\_\_\_ **May 1, 2021**
11. **Equipment Operational** \_\_\_\_\_ **August 1, 2021**
12. **Building / Space Occupied** \_\_\_\_\_ **August 1, 2021**
13. **Licensure Obtained** \_\_\_\_\_ **September 1, 2021**
14. **Services Offered (required)** \_\_\_\_\_ **October 1, 2021**
15. **Medicare and/or Medicaid Certification Obtained** \_\_\_\_\_ **December 1, 2021**
16. **Facility or Service Accredited** \_\_\_\_\_ **October 1, 2022**
17. **First Annual Report Due\*** \_\_\_\_\_ **December 1, 2022**



# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: J-11690-19**

**FID #: 180516**

**ISSUED TO: Private Diagnostic Clinic, PLLC**

Pursuant to N.C. Gen. Stat. § 131E-177(6), the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project described below. The certificate holder shall develop the project in a manner consistent with the representations in the application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein, as documented by the periodic progress reports required by 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that section.

**SCOPE: Change of scope for Project I.D. # J-11616-18 (Develop a new diagnostic center) to acquire no more than one unit of ultrasound equipment, one unit of colposcope equipment and one unit of hysteroscope equipment/ Wake County**

**CONDITIONS: See Reverse Side**

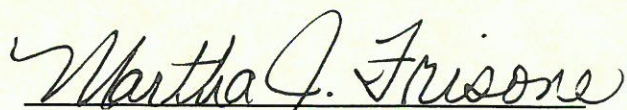
**PHYSICAL LOCATION: Duke Health Holly Springs  
401 Irving Parkway  
Holly Springs, NC 27540**

**MAXIMUM CAPITAL EXPENDITURE: \$289,679**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: February 1, 2020**

This certificate is effective as of August 17, 2019

  
**Martha J. Frisone, Chief**

**CONDITIONS:**

1. Private Diagnostic Clinic, PLLC shall materially comply with all representations made in the certificate of need application.
2. Private Diagnostic Clinic, PLLC shall acquire no more than one unit of ultrasound equipment, one unit of colposcope equipment and one unit of hysteroscope equipment.
3. Private Diagnostic Clinic, PLLC as part of this project, shall not acquire any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.
4. No later than three months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, Private Diagnostic Clinic, PLLC shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
  - a. Payor mix for the services authorized in this certificate of need.
  - b. Utilization of the services authorized in this certificate of need.
  - c. Revenues and operating costs for the services authorized in this certificate of need.
  - d. Average gross revenue per unit of service.
  - e. Average net revenue per unit of service.
  - f. Average operating cost per unit of service.
5. Private Diagnostic Clinic, PLLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to 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 July 25, 2019.

**TIMETABLE:**

1. 25% of Construction / Renovation Completed  
(25% of the cost is in place) \_\_\_\_\_ November 8, 2019
2. Services Offered (required) \_\_\_\_\_ January 1, 2020
3. First Annual Report Due \_\_\_\_\_ April 1, 2021

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: J-11705-19**

**FID #: 190209**

**ISSUED TO: Wake Endoscopy 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 surgery center with no more than three gastrointestinal endoscopy rooms/ Wake County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: Wake Endoscopy Center  
1805 Kildaire Farm Road  
Cary, NC 27518**

**MAXIMUM CAPITAL EXPENDITURE: \$2,339,940**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: February 1, 2020**

This certificate is effective as of August 20, 2019

  
**Martha J. Frisone, Chief**

**CONDITIONS:**

1. Wake Endoscopy Center, LLC shall materially comply with all representations made in the certificate of need application.
2. Wake Endoscopy Center, LLC shall develop a new ambulatory surgical facility in Cary with three gastrointestinal endoscopy procedure rooms.
3. Upon completion of the project Wake Endoscopy Center-Cary shall be licensed for no more than three gastrointestinal endoscopy procedure rooms.
4. Wake Endoscopy Center, LLC shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Sections F and Q of the application and that would otherwise require a certificate of need.
5. Wake Endoscopy Center, LLC shall receive accreditation from the Joint Commission for the Accreditation of Healthcare Organizations, the Accreditation Association for Ambulatory Health Care or a comparable accreditation authority within two years following licensure of the facility.
6. For the first three years of operation following completion of the project, Wake Endoscopy Center, 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, Wake Endoscopy Center, LLC shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
  - a. Payor mix for the services authorized in this certificate of need.
  - b. Utilization of the services authorized in this certificate of need.
  - c. Revenues and operating costs for the services authorized in this certificate of need.
  - d. Average gross revenue per unit of service.
  - e. Average net revenue per unit of service.
  - f. Average operating cost per unit of service.
8. Wake Endoscopy Center, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on July 23, 2019.

**TIMETABLE:**

1. Drawings Completed \_\_\_\_\_ December 1, 2019
2. Construction/Renovation Contract(s) Executed \_\_\_\_\_ February 1, 2020
3. Construction/Renovation Completed \_\_\_\_\_ April 1, 2020
4. Services Offered (required) \_\_\_\_\_ June 1, 2020
5. First Annual Report Due \_\_\_\_\_ September 1, 2021