

Certificate of Need
Certificates Issued
October 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 |
|------------|-------------|--|--------|---------------|---|-------------------------|---------------|------------------------|----------------------|-----------------|----------------|------------------------------|-------------------|
| Brunswick | O-011712-19 | Novant Health Brunswick Medical Center | 061342 | HOSPITAL | Provide inpatient dialysis services through the lease of no more than two portable inpatient dialysis units upon project completion | 7/1/2019 | 9/25/2019 | 10/26/2019 | Conditional Approval | Ena Lightbourne | Lisa Pittman | \$0 | 3/2/2020 |
| Buncombe | B-011713-19 | Mission Hospital | 943349 | HOSPITAL | Add no more than one unit of fixed cardiac catheterization equipment pursuant to the need determination in the 2019 SMFP for a total of no more than five cardiac catheterization units | 7/1/2019 | 9/26/2019 | 10/29/2019 | Conditional Approval | Ena Lightbourne | Fatimah Wilson | \$1,355,095 | 4/1/2020 |
| Cumberland | M-011740-19 | Fresenius Kidney Care Rockfish | 170017 | ESRD | Relocate no more than 4 stations from FMC Dialysis Services of West Fayetteville pursuant to Policy ESRD-2 for a total of no more than 25 stations upon completion of this project, Project ID# M-11502-18 (change of scope combining Project ID# M-11286-17 and Project ID #M-11344-18 for a 20-station facility) and Project ID# M-11650-19 (add 1) | 8/1/2019 | 9/27/2019 | 10/29/2019 | Conditional Approval | Celia Inman | Fatimah Wilson | \$15,000 | 3/1/2020 |
| 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 | 10/15/2019 | Conditional Approval | Tanya Saporito | Fatimah Wilson | \$2,021,882 | 5/1/2020 |
| Durham | J-011736-19 | Fresenius Kidney Care Eno River | 170324 | ESRD | Relocate no more than 4 dialysis stations from FMC Dialysis Services of Briggs Avenue pursuant to Policy ESRD-2 for a total of no more than 14 stations upon project completion | 8/1/2019 | 9/20/2019 | 10/22/2019 | Conditional Approval | Julie Faenza | Gloria Hale | \$15,000 | 5/1/2020 |
| Durham | J-011718-19 | Duke Health Arringdon Radiology | 190274 | DXCTR | Develop a diagnostic center with new CT, mammography, ultrasound, x-ray, and DEXA equipment, relocation of existing extremity scanner, and replacement and relocation of existing MRI scanner | 7/1/2019 | 9/16/2019 | 10/17/2019 | Conditional Approval | Ena Lightbourne | Gloria Hale | \$9,310,000 | 2/3/2020 |
| Forsyth | G-011660-19 | The Ivy at Clemmons | 920769 | ACH | Relocate no more than 26 existing ACH beds from Accordius Health at Winston-Salem to The Ivy at Clemmons for a total of no more than 96 ACH beds at The Ivy at Clemmons upon project completion | 5/1/2019 | 9/25/2019 | 10/26/2019 | Conditional Approval | Tanya Saporito | Lisa Pittman | \$250,000 | 3/1/2020 |
| Forsyth | G-011704-19 | Accordius Health at Winston Salem | 952994 | NH | Relocate no more than 26 NF beds from Accordius Health at Clemmons for a total of no more than 66 NF beds and 14 ACH beds at Accordius Health at Winston-Salem upon completion of this project and Project ID# G-11660-19 (relocate 26 ACH beds to The Ivy at Clemmons) | 5/1/2019 | 9/25/2019 | 10/26/2019 | Conditional Approval | Tanya Saporito | Lisa Pittman | \$500,000 | 3/1/2020 |

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|-------------|-------------|--|--------|---------------|---|-------------------------|---------------|------------------------|----------------------|-----------------|----------------|------------------------------|-------------------|
| Iredell | F-011724-19 | Langtree Endoscopy Center | 170528 | ASC | Change of scope for Project ID #F-11443-17 (Develop an ASF with 1 GI-Endo room) for a total of 2 GI-Endo rooms | 7/1/2019 | 9/25/2019 | 10/26/2019 | Conditional Approval | Greg Yakaboski | Gloria Hale | \$504,571 | 2/20/2020 |
| Iredell | F-011727-19 | Iredell Mooresville Campus (ASC) | 190282 | ASC | Develop a freestanding multispecialty ambulatory surgical facility by relocating no more than one operating room from Iredell Memorial Hospital and developing one new procedure room | 7/1/2019 | 8/30/2019 | 10/1/2019 | Conditional Approval | Greg Yakaboski | Fatimah Wilson | \$11,793,969 | 3/16/2020 |
| Johnston | J-011721-19 | Johnston Endoscopy Center | 150206 | ASC | Cost overrun and change of scope for Project I.D. #J-11033-15 (develop an ambulatory surgical facility with two gastrointestinal endoscopy rooms) involving a change in location and new ownership | 7/1/2019 | 8/29/2019 | 10/1/2019 | Conditional Approval | Julie Faenza | Gloria Hale | \$2,895,494 | 12/30/2019 |
| McDowell | C-011741-19 | McDowell Dialysis Center | 040266 | ESRD | Relocate the entire facility to a new location for a total of no more than 17 stations upon completion of this project, Project ID #C-11594-18 (add 2) and Project ID# C-11685-19 (add 2) | 8/1/2019 | 9/27/2019 | 10/29/2019 | Conditional Approval | Ena Lightbourne | Fatimah Wilson | \$2,100,339 | 1/1/2020 |
| Mecklenburg | F-011729-19 | The Terrace at Brightmore of South Charlotte | 100541 | ACH | Relocate 4 ACH beds from Radbourne Manor to The Terrace at Brightmore of South Charlotte for a total of no more than 34 ACH beds upon completion of this project, which is a change of scope for Project ID #F-11607-18 (relocate 12 ACH beds from Radbourne Manor to a facility in Mint Hill) | 8/1/2019 | 9/27/2019 | 10/29/2019 | Conditional Approval | Celia Inman | Fatimah Wilson | \$65,700 | 3/1/2020 |
| Mecklenburg | F-011730-19 | The Barclay at SouthPark | 170065 | NH | Relocate no more than 8 ACH beds from Radborne Manor to The Barclay at Southpark for a total of no more than 22 NF beds and 108 ACH beds, including a 24-bed special care unit, upon completion of this project and Project ID# F-11296-17 (develop a new combination nursing facility with 22 NF and 100 ACH beds). This is also a change of scope for Project ID #F-11607-18 (relocate 12 ACH beds from Radbourne Manor to a facility in Mint Hill) | 8/1/2019 | 9/27/2019 | 10/29/2019 | Conditional Approval | Celia Inman | Fatimah Wilson | \$802,641 | 3/1/2020 |
| Mecklenburg | F-011584-18 | Novant Health Presbyterian Medical Center | 943501 | HOSPITAL | Develop a 10-bed inpatient rehabilitation unit by developing the 8 beds in the 2018 SMFP need determination and relocating 2 existing rehab beds from Novant Health Rowan Medical Center | 10/1/2018 | 2/27/2019 | 10/1/2019 | Conditional Approval | Gloria Hale | Lisa Pittman | \$2,033,433 | 3/31/2020 |

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: O-11712-19

FID #: 061342

ISSUED TO: Brunswick Community Hospital, LLC and 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: Provide inpatient dialysis services through the lease of no more than two portable inpatient dialysis units upon project completion / Brunswick County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Brunswick Community Hospital, LLC
240 Hospital Drive NE
Bolivia, NC 28422**

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 2, 2020

This certificate is effective as of October 26, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. Brunswick Community Hospital, LLC and Novant Health, Inc. shall materially comply with all representations made in the certificate of need application.
2. Brunswick Community Hospital, LLC and Novant Health, Inc. shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section F of the application and that would otherwise require a certificate of need.
3. Brunswick Community Hospital, LLC and Novant Health, Inc. shall provide the Agency clarifying information on why the project's Facility or Service Accredited date is four years from the date of the services offered, prior to issuance of the certificate of need.
4. Brunswick Community Hospital, LLC and Novant Health, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on October 7, 2019.

TIMETABLE:

- | | |
|---|-----------------|
| 1. Equipment Operational _____ | January 6, 2020 |
| 2. Services Offered (required) _____ | January 6, 2020 |
| 3. Facility or Service Accredited _____ | March 31, 2024 |

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: B-11713-19

FID #: 943349

ISSUED TO: MH Mission Hospital, LLLP

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 one unit of fixed cardiac catheterization equipment pursuant to the need determination in the 2019 SMFP for a total of no more than five cardiac catheterization units / Buncombe County

CONDITIONS: See Reverse Side

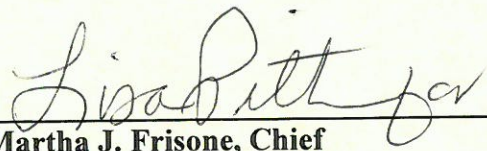
PHYSICAL LOCATION: Mission Hospital
509 Biltmore Ave
Asheville, NC 28801

MAXIMUM CAPITAL EXPENDITURE: \$1,355,095

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 1, 2020

This certificate is effective as of October 29, 2019



Martha J. Frisone, Chief

CONDITIONS:

1. MH Mission Hospital, LLLP shall materially comply with all representations made in the certificate of need application.
2. MH Mission Hospital, LLLP shall acquire no more than one unit of fixed cardiac catheterization equipment.
3. Upon completion of the project, Mission Hospital shall be licensed for no more than five units of fixed cardiac catheterization equipment.
4. MH Mission Hospital, LLLP shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section F of the application and that would otherwise require a certificate of need.
5. No later than three months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, MH Mission Hospital, LLLP 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. MH Mission Hospital, LLLP 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 September 30, 2019.

TIMETABLE:

- | | |
|--|--------------------|
| 1. Drawings Completed _____ | February 1, 2020 |
| 2. Construction / Renovation Contract(s) Executed _____ | March 15, 2020 |
| 3. 25% of Construction / Renovation Completed (25% of the cost is in place) _____ | April 4, 2020 |
| 4. 50% of Construction / Renovation Completed _____ | April 15, 2020 |
| 5. 75% of Construction / Renovation Completed _____ | May 1, 2020 |
| 6. Construction / Renovation Completed _____ | May 15, 2020 |
| 7. Equipment Ordered _____ | January 15, 2020 |
| 8. Equipment Installed _____ | June 1, 2020 |
| 9. Equipment Operational _____ | June 1, 2020 |
| 10. Building / Space Occupied _____ | June 15, 2020 |
| 11. Services Offered (required) _____ | July 1, 2020 |
| 12. First Annual Report Due _____ | September 30, 2023 |

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: M-11740-19

FID #: 170017

ISSUED TO: Bio-Medical Applications of North Carolina, Inc.

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

SCOPE: Relocate no more than 4 stations from FMC Dialysis Services of West Fayetteville pursuant to Policy ESRD-2 for a total of no more than 25 stations upon completion of this project, Project ID# M-11502-18 (change of scope combining Project ID# M-11286-17 and Project ID #M-11344-18 for a 20-station facility) and Project ID# M-11650-19 (add 1) / Cumberland County

CONDITIONS: See Reverse Side

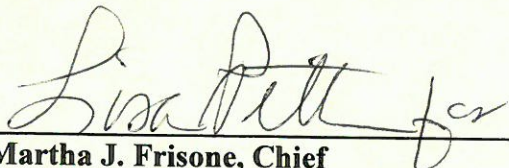
PHYSICAL LOCATION: Fresenius Kidney Care Rockfish
2360 Williamwood Lane
Fayetteville, NC 28314

MAXIMUM CAPITAL EXPENDITURE: \$15,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 1, 2020

This certificate is effective as of October 29, 2019



Martha J. Frisone, Chief

CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc. shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, Bio-Medical Applications of North Carolina, Inc. shall materially comply with the last made representation.
2. Pursuant to Policy ESRD-2, Bio-Medical Applications of North Carolina, Inc. shall relocate no more than four dialysis stations from FMC Services of West Fayetteville to Fresenius Kidney Care Rockfish for a total of no more than 25 stations upon the completion of this project, Project ID# M-11502-18 (change of scope combining Project ID# M-11286-17 and Project ID #M-11344-18 for a 20-station facility), and Project ID #M-11650-19 (add 1 station).
3. Bio-Medical Applications of North Carolina, Inc. shall install plumbing and electrical wiring through the walls for no more than four additional dialysis stations which shall include any isolation stations, for a total of no more than 25 stations at Fresenius Kidney Care Rockfish.
4. Upon completion of this project, Bio-Medical Applications of North Carolina, Inc. shall take the necessary steps to decertify four dialysis stations at FMC Services of West Fayetteville for a total of no more than 36 dialysis stations at FMC Services of West Fayetteville upon completion of this project, Project ID # M-11286-17 (relocate 5 stations), Project ID # M-11314-17 (add 5 stations), Project ID # M-11650-19 (relocate 1 station), and Project ID # M-11662-19 (add 1 station).
5. Bio-Medical Applications of North Carolina, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Healthcare Planning and Certificate of Need Section in writing prior to the issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on October 2, 2019.

TIMETABLE:

| | |
|--|-------------------|
| 1. Drawings Completed _____ | November 19, 2019 |
| 2. Construction / Renovation Contract(s) Executed _____ | November 21, 2019 |
| 3. 25% of Construction / Renovation Completed (25% of the cost is in place) _____ | November 28, 2019 |
| 4. 50% of Construction / Renovation Completed _____ | December 5, 2019 |
| 5. 75% of Construction / Renovation Completed _____ | December 12, 2019 |
| 6. Construction / Renovation Completed _____ | December 15, 2019 |
| 7. Equipment Ordered _____ | November 21, 2019 |
| 8. Equipment Installed _____ | December 12, 2019 |
| 9. Equipment Operational _____ | December 26, 2019 |
| 10. Building / Space Occupied _____ | December 26, 2019 |
| 11. Services Offered (required) _____ | December 31, 2019 |
| 12. Medicare and / or Medicaid Certification Obtained _____ | December 31, 2019 |

STATE OF NORTH CAROLINA

Department of Health and Human Services
Division of Health Service Regulation

CORRECTED 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

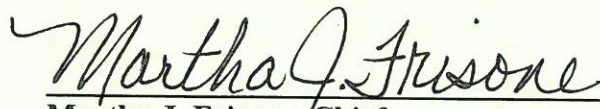
**PHYSICAL LOCATION: Southeastern Dialysis Center – Kenansville
133 Limestone Road
Kenansville, NC 28349**

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
Corrected certificate issued on October 15, 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-11718-19

FID #: 190274

ISSUED TO: Duke University Health Systems, 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 diagnostic center with new CT, mammography, ultrasound, x-ray, and DEXA equipment, relocation of existing extremity scanner, and replacement and relocation of existing MRI scanner/ Durham County

CONDITIONS: See Reverse Side

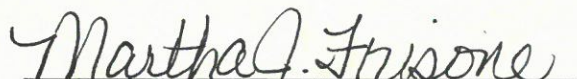
**PHYSICAL LOCATION: Duke Health Arrington Radiology
5601 Arrington Park Drive
Morrisville, NC 27560**

MAXIMUM CAPITAL EXPENDITURE: \$9,310,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: February 3, 2020

This certificate is effective as of October 17, 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 that representations conflict, Duke University Health System, Inc. shall materially comply with the last made representation.
2. Duke University Health System, Inc. shall develop a diagnostic imaging center with new CT, mammography, ultrasound, X-ray, and DEXA equipment, relocation of existing extremity scanner, and replacement and relocation of existing MRI scanner.
3. Duke University Health System, Inc., as part of this project, shall not acquire any equipment that is not included in the project's proposed capital expenditures in Section Q of the application or that would otherwise require a certificate of need.
4. Duke University Health System, Inc. shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.
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, 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.
6. Duke University Health System, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to insurance of the certificate

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on September 20, 2019.

TIMETABLE:

1. Construction / Renovation Contract(s) Executed _____ January 3, 2020
2. Construction / Renovation Completed _____ April 30, 2020
3. Equipment Ordered _____ January 3, 2020
4. Equipment Installed _____ May 31, 2020
5. Services Offered (required) _____ July 1, 2020
6. 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-11736-19

FID #: 170324

ISSUED TO: Bio-Medical Applications of North Carolina, Inc.

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

SCOPE: Relocate no more than 4 dialysis stations from FMC Dialysis Services of Briggs Avenue pursuant to Policy ESRD-2 for a total of no more than 14 stations upon project completion / Durham County

CONDITIONS: See Reverse Side

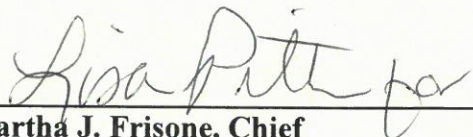
**PHYSICAL LOCATION: Fresenius Kidney Care Eno River
4917 Old Farm Road
Durham, NC 27704**

MAXIMUM CAPITAL EXPENDITURE: \$15,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 1, 2020

This certificate is effective as of October 22, 2019



Martha J. Frisone, Chief

CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc. shall materially comply with all representations made in the certificate of need application.
2. Pursuant to Policy ESRD-2, Bio-Medical Applications of North Carolina, Inc. shall relocate no more than four dialysis stations from FMC Dialysis Care of Briggs Avenue to Fresenius Kidney Care Eno River for a total of no more than 14 certified stations at Fresenius Kidney Care Eno River upon completion of this project and Project I.D. #J-11373-17 (develop a new 10-station facility by relocating four stations from FMC Dialysis Services of West Pettigrew and six stations from Freedom Lake Dialysis Unit).
3. Bio-Medical Applications of North Carolina, Inc. shall install plumbing and electrical wiring through the walls at Fresenius Kidney Care Eno River for no more than four additional stations for a total of no more than 14 stations upon completion of this project and Project I.D. #J-11373-17, 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 four stations at FMC Dialysis Care of Briggs Avenue for a total of no more than 25 stations at FMC Dialysis Care of Briggs Avenue.
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 September 26, 2019 .

TIMETABLE:

1. Drawings Completed _____ April 17, 2020
2. Construction / Renovation Contract(s) Executed _____ July 1, 2020
3. 25% of Construction / Renovation Completed
(25% of the cost is in place) _____ July 31, 2020
4. 50% of Construction / Renovation Completed _____ August 30, 2020
5. 75% of Construction / Renovation Completed _____ September 29, 2020
6. Construction / Renovation Completed _____ October 29, 2020
7. Equipment Ordered _____ September 29, 2020
8. Equipment Installed _____ December 13, 2020
9. Equipment Operational _____ December 27, 2020
10. Building / Space Occupied _____ December 27, 2020
11. Services Offered (required) _____ December 31, 2020
12. Medicare and / or Medicaid Certification Obtained _____ December 31, 2020

STATE OF NORTH CAROLINA

Department of Health and Human Services

Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project ID #: G-11660-19

FID #: 920769

ISSUED TO: The Ivy at Clemmons, 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 26 existing ACH beds from Accordius Health at Winston-Salem to The Ivy at Clemmons for a total of no more than 96 ACH beds at The Ivy at Clemmons upon project completion/ Forsyth County

CONDITIONS: See Reverse Side

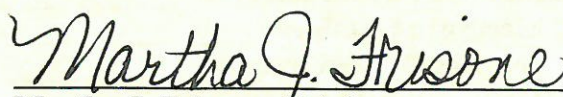
PHYSICAL LOCATION: The Ivy at Clemmons
6010 Meadowbrook Mall Court
Clemmons, NC 27012

MAXIMUM CAPITAL EXPENDITURE: \$250,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 1, 2020

This certificate is effective as of October 26, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. The Ivy at Clemmons, 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 Ivy at Clemmons, LLC shall materially comply with the last made representation.
2. The Ivy at Clemmons, LLC shall relocate no more than 26 adult care home beds from Accordius Health at Winston-Salem to The Ivy at Clemmons, for a total of no more than 96 adult care home beds at The Ivy at Clemmons.
3. Upon completion of the project, Accordius Health at Winston-Salem shall delicense 26 adult care home beds and shall be licensed for no more than 40 nursing facility beds and 14 adult care home beds.
4. The Ivy at Clemmons shall provide care to recipients of State/County Special Assistance with Medicaid, commensurate with representations made in the application.
5. For the first two years of operation following completion of the project, The Ivy at Clemmons shall not increase private pay charges more than 5% of the projected private pay charges provided in Form F.2 of the application and supplemental information 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 Ivy at Clemmons 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 Ivy at Clemmons, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

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

TIMETABLE:

- | | |
|--|--------------------|
| 1. Drawings Completed _____ | September 25, 2019 |
| 2. Construction / Renovation Contract(s) Executed _____ | September 5, 2019 |
| 3. 25% of Construction / Renovation Completed (25% of the cost is in place) _____ | November 15, 2019 |
| 4. 50% of Construction / Renovation Completed _____ | November 30, 2019 |
| 5. 75% of Construction / Renovation Completed _____ | December 10, 2019 |
| 6. Construction / Renovation Completed _____ | December 20, 2019 |
| 7. Equipment Ordered _____ | September 5, 2019 |
| 8. Equipment Installed _____ | December 30, 2019 |
| 9. Equipment Operational _____ | December 30, 2019 |
| 10. Building / Space Occupied _____ | January 1, 2020 |
| 11. Licensure Obtained _____ | January 1, 2020 |
| 12. Services Offered (required) _____ | January 1, 2020 |
| 13. Medicare and / or Medicaid Certification Obtained _____ | January 1, 2020 |
| 14. 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 #: G-11704-19

FID #: 952994

ISSUED TO: Accordius Health at Winston-Salem, 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 26 NF beds from Accordius Health at Clemmons for a total of no more than 66 NF beds and 14 ACH beds at Accordius Health at Winston-Salem upon completion of this project and Project ID# G-11660-19 (relocate 26 ACH beds to The Ivy at Clemmons)/ Forsyth County

CONDITIONS: See Reverse Side

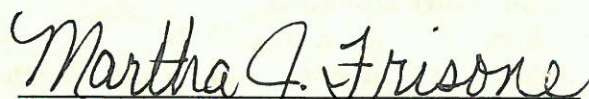
PHYSICAL LOCATION: Accordius Health at Winston Salem
4911 Brian Center Lane
Winston-Salem, NC 27106

MAXIMUM CAPITAL EXPENDITURE: \$500,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 1, 2020

This certificate is effective as of October 26, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. Accordius Health at Winston-Salem, LLC shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, Accordius Health at Winston-Salem, LLC shall materially comply with the last made representation.
2. Accordius Health at Winston-Salem, LLC shall relocate no more than 26 nursing care beds from Accordius Health at Clemmons to Accordius Health at Winston-Salem for a total of 66 nursing care beds and 14 adult care home beds at the facility upon completion of this project and Project ID #G-11660-19.
3. Upon completion of the project, Accordius Health at Clemmons shall delicense 26 nursing care beds and shall be licensed for no more than 94 nursing care beds.
4. The Medicaid per diem reimbursement rates for the new nursing facility beds shall be equal to the rates for the facility's existing beds as of the date on which the additional beds are certified.
5. The 26 additional nursing care beds shall not be certified for participation in the Medicaid program prior to July 1, 2020 unless the Division of Medical Assistance determines that state funds are available in the current Medicaid budget to pay for the care and authorizes an earlier certification date.
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, Accordius Health at Winston-Salem, LLC shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.
7. For the first two years of operation following completion of the project, Accordius Health at Winston-Salem, 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.
8. Accordius Health at Winston-Salem, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

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

TIMETABLE:

- | | |
|--|-------------------|
| 1. Drawings Completed _____ | November 25, 2019 |
| 2. Construction / Renovation Contract(s) Executed _____ | November 5, 2019 |
| 3. 25% of Construction / Renovation Completed (25% of the cost is in place) _____ | January 1, 2020 |
| 4. 50% of Construction / Renovation Completed _____ | February 1, 2020 |
| 5. 75% of Construction / Renovation Completed _____ | February 10, 2020 |
| 6. Construction / Renovation Completed _____ | February 20, 2020 |
| 7. Building / Space Occupied _____ | March 30, 2020 |
| 8. Licensure Obtained _____ | March 22, 2020 |
| 9. Services Offered (required) _____ | March 30, 2020 |
| 10. Medicare and / or Medicaid Certification Obtained _____ | March 22, 2020 |
| 11. First Annual Report Due _____ | March 31, 2021 |

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: F-11724-19

FID #: 170528

ISSUED TO: Langtree 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: Change of scope for Project ID #F-11443-17 (Develop an ASF with 1 GI-Endo room) for a total of 2 GI-Endo rooms/ Iredell County

CONDITIONS: See Reverse Side

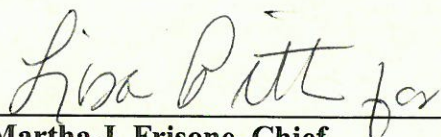
**PHYSICAL LOCATION: Langtree Endoscopy Center
309 Alcove Road
 Mooresville, NC 28117**

MAXIMUM CAPITAL EXPENDITURE: \$507,571

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: February 20, 2020

This certificate is effective as of October 26, 2019



Martha J. Frisone, Chief

CONDITIONS:

1. Langtree Endoscopy Center, LLC shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, Langtree Endoscopy Center, LLC shall materially comply with the last made representation.
2. Langtree Endoscopy Center, LLC shall develop one new additional gastrointestinal endoscopy procedure room at the approved, but undeveloped, Langtree Endoscopy Center (Project I.D. #F-11443-17).
3. Upon completion of this project and Project I.D. #F-11443-17 (Develop an ASF with one GI-Endo room) Langtree Endoscopy Center shall be licensed for no more than two gastrointestinal endoscopy procedure rooms.
4. Langtree 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 Section Q of the application and that would otherwise require a certificate of need.
5. Langtree 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, Langtree Endoscopy Center, LLC shall not increase charges more than 5% of the charges projected in Sections 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, Langtree 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. Langtree 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 September 27, 2019.

TIMETABLE:

1. Drawings Completed _____ June 15, 2019
2. Construction / Renovation Contract(s) Executed _____ June 3, 2019
3. 25% of Construction / Renovation Completed
(25% of the cost is in place) _____ August 15, 2019
4. 50% of Construction / Renovation Completed _____ October 15, 2019
5. 75% of Construction / Renovation Completed _____ December 15, 2019
6. Construction / Renovation Completed _____ March 1, 2020
7. Equipment Ordered _____ January 15, 2020
8. Equipment Installed _____ March 15, 2020
9. Equipment Operational _____ April 1, 2020
10. Building / Space Occupied _____ March 15, 2020
11. Licensure Obtained _____ April 1, 2020
12. Services Offered (required) _____ April 1, 2020
13. Medicare and / or Medicaid Certification Obtained _____ May 1, 2020
14. Facility or Service Accredited _____ April 1, 2021
15. First Annual Report Due _____ December 30, 2021

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: F-11727-19

FID #: 190282

**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 freestanding multispecialty ambulatory surgical facility by relocating no more than one operating room from Iredell Memorial Hospital and developing one new procedure room/ Iredell County

CONDITIONS: See Reverse Side

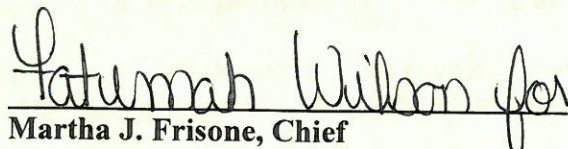
**PHYSICAL LOCATION: Iredell Mooresville Campus
Bluefield Road & Regency Center Drive
Mooresville, NC 28117**

MAXIMUM CAPITAL EXPENDITURE: \$11,793,969

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 16, 2020

This certificate is effective as of October 1, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. Iredell Memorial Hospital, Incorporated and Iredell Physician Network, LLC shall materially comply with all representations made in the certificate of need application.
2. Iredell Memorial Hospital, Incorporated and Iredell Physician Network, LLC shall develop a freestanding multispecialty ambulatory surgical facility by relocating no more than one operating room from Iredell Memorial Hospital and developing one procedure room.
3. Upon project completion, Iredell Mooresville Campus ASC shall be licensed for no more than one operating room and one procedure room.
4. Iredell Memorial Hospital, Incorporated and Iredell Physician Network, 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. Iredell Mooresville Campus ASC 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, Iredell Memorial Hospital, Incorporated and Iredell Physician Network, LLC shall not increase charges more than 5% of the charges projected in Section Q of the application without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.
7. The procedure room shall not be used for procedures that should be performed only in an operating room based on current standards of practice.
8. Procedures performed in the procedure room shall not be reported for billing purposes as having been performed in an operating room and shall not be reported on the facility's license renewal application as procedures performed in an operating room.
9. Iredell Memorial Hospital, Incorporated and Iredell Physician Network, LLC shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.
10. No later than three months after the last day of each of the first three full fiscal years of operation following initiation of the services authorized by this certificate of need, Iredell Memorial Hospital, Incorporated and Iredell Physician Network, 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.
11. Iredell Memorial Hospital, Incorporated and Iredell Physician Network, 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 September 6, 2019.

TIMETABLE:

1. Construction / Renovation Contract(s) Executed _____ July 29, 2020
2. 25% of Construction / Renovation Completed
(25% of the cost is in place) _____ October 28, 2020
3. 50% of Construction / Renovation Completed _____ January 27, 2021
4. 75% of Construction / Renovation Completed _____ April 28, 2021
5. Construction / Renovation Completed _____ July 28, 2021
6. Building / Space Occupied _____ August 28, 2021
7. Licensure Obtained _____ September 7, 2021
8. Services Offered (required) _____ October 1, 2021
9. Medicare and / or Medicaid Certification Obtained _____ January 1, 2022
10. Facility or Service Accredited _____ October 1, 2022
11. First Annual Report Due _____ December 30, 2022

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: J-11721-19

FID #: 150206

**ISSUED TO: Johnston Health Endoscopy Services, LLC
Johnston Health Services Corporation**

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

SCOPE: Cost overrun and change of scope for Project I.D. #J-11033-15 (develop an ambulatory surgical facility with two gastrointestinal endoscopy rooms) involving a change in location and new ownership / Johnston County

CONDITIONS: See Reverse Side

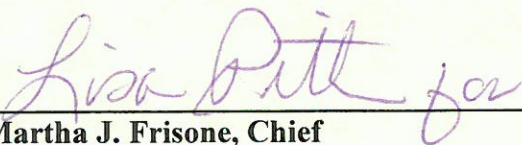
PHYSICAL LOCATION: Johnston Endoscopy Center
Parcel 05G03004C, Highway 42
Clinton, NC 27520

MAXIMUM CAPITAL EXPENDITURE: \$2,895,494

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 30, 2019

This certificate is effective as of October 1, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. Johnston Health Endoscopy Services, LLC and Johnston Health Services Corporation shall materially comply with the representations in this application and the representations made in Project I.D. #J-11033-15. Where representations conflict, Johnston Health Endoscopy Services, LLC, and Johnston Health Services Corporation shall materially comply with the last made representation.
2. Johnston Health Endoscopy Services, LLC and Johnston Health Services Corporation shall develop Johnston Endoscopy Center by relocating no more than one gastrointestinal endoscopy room from Johnston Health Clayton to Johnston Endoscopy Center and by developing no more than one new gastrointestinal endoscopy room.
3. Upon completion of this project, Johnston Endoscopy Center shall be licensed for no more than two gastrointestinal endoscopy rooms.
4. Johnston Health Endoscopy Services, LLC and Johnston Health Services Corporation shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Sections F and Q of the application and that would otherwise require a certificate of need.
5. Johnston Health Endoscopy Services, LLC and Johnston Health Services Corporation 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, Johnston Health Endoscopy Services, LLC and Johnston Health Services Corporation 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. 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, Johnston Health Endoscopy Services, LLC, and Johnston Health Services Corporation shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.
8. Johnston Health Endoscopy Services, LLC and Johnston Health Services Corporation shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on September 10, 2019.

TIMETABLE:

| | | |
|-----|---|--------------------|
| 1. | Drawings Completed _____ | November 22, 2019 |
| 2. | Construction / Renovation Contract(s) Executed _____ | December 20, 2019 |
| 3. | 25% of Construction / Renovation Completed (25% of the cost is in place) _____ | April 27, 2020 |
| 4. | 50% of Construction / Renovation Completed _____ | June 9, 2020 |
| 5. | 75% of Construction / Renovation Completed _____ | July 21, 2020 |
| 6. | Construction / Renovation Completed _____ | September 15, 2020 |
| 7. | Equipment Ordered _____ | January 20, 2020 |
| 8. | Equipment Installed _____ | October 1, 2020 |
| 9. | Equipment Operational _____ | November 1, 2020 |
| 10. | Building / Space Occupied _____ | December 1, 2020 |
| 11. | Licensure Obtained _____ | December 15, 2020 |
| 12. | Services Offered (required) _____ | January 1, 2021 |
| 13. | Medicare and / or Medicaid Certification Obtained _____ | March 15, 2021 |
| 14. | Facility or Service Accredited _____ | May 15, 2021 |
| 15. | First Annual Report Due _____ | April 1, 2022 |

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: C-11741-19

FID #: 040266

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 the entire facility to a new location for a total of no more than 17 stations upon completion of this project, Project ID #C-11594-18 (add 2) and Project ID# C-11685-19 (add 2) / McDowell County

CONDITIONS: See Reverse Side

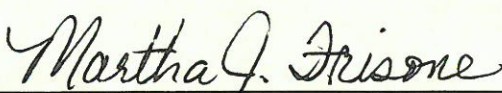
**PHYSICAL LOCATION: McDowell Dialysis Center
100 Spaulding Road, Suite 2
Marion, NC 28752**

MAXIMUM CAPITAL EXPENDITURE: \$2,100,339

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 1, 2020

This certificate is effective as of October 29, 2019



Martha J. Frisone, Chief

CONDITIONS:

1. Total Renal Care of North Carolina, Inc. shall materially comply with all representations made in the certificate of need application.
2. Pursuant to Policy ESRD-2, Total Renal Care of North Carolina, Inc. shall relocate 13 stations from the existing location of McDowell Dialysis Center to the proposed new site for a total of no more than 17 stations at McDowell Dialysis Center upon completion of this project, Project ID# C-11594-18 (add 2 stations) and Project ID# C-11685-19 (add 2 stations).
3. Total Renal Care of North Carolina, Inc. shall install plumbing and electrical wiring through the walls of McDowell Dialysis Center for no more than 17 dialysis stations, which shall include any isolation or home hemodialysis stations.
4. Total Renal Care 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 September 30, 2019.

TIMETABLE:

1. Financing Obtained _____ July 15, 2019
2. Construction / Renovation Contract(s) Executed _____ May 3, 2020
3. 50% of Construction / Renovation Completed _____ August 14, 2020
4. Construction / Renovation Completed _____ November 6, 2020
5. Equipment Ordered _____ July 31, 2020
6. Building / Space Occupied _____ November 20, 2020
7. Services Offered (required) _____ January 1, 2021
8. Medicare and / or Medicaid Certification Obtained _____ January 1, 2021

1.

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: F-11584-18

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 a 10-bed inpatient rehabilitation unit by developing the 8 beds in the 2018 SMFP need determination and relocating 2 existing rehab beds from Novant Health Rowan Medical Center / Mecklenburg County

CONDITIONS: See Reverse Side

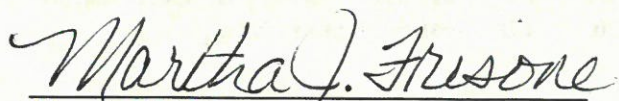
**PHYSICAL LOCATION: The Presbyterian Hospital
200 Hawthorne Lane
Charlotte, NC 28204**

MAXIMUM CAPITAL EXPENDITURE: \$2,033,433

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 31, 2020

This certificate is effective as of October 1, 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 develop a 10-bed inpatient rehabilitation unit by developing no more than eight inpatient rehabilitation beds pursuant to the 2018 SMFP need determination and relocating two existing inpatient rehabilitation beds from Novant Health Rowan Medical Center.
3. Upon completion of the project, Novant Health Presbyterian Medical Center shall be licensed for no more than 10 inpatient rehabilitation beds.
4. The Presbyterian Hospital and Novant Health, Inc. shall delicense two inpatient rehabilitation beds at Novant Health Rowan Medical Center upon completion of the project for a total of no more than eight inpatient rehabilitation beds.
5. The Presbyterian Hospital and Novant Health, 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.
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 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.
7. 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 issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on March 29, 2020.

TIMETABLE:

1. 25% of Construction/Renovation Completed
(25% of the cost is in place) _____ December 1, 2019
2. Construction/Renovation Completed _____ May 1, 2020
3. Licensure Obtained _____ June 1, 2020
4. Services Offered _____ January 1, 2021
5. Medicare and/or Medicaid Certification Obtained _____ April 1, 2021
6. 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-11723-19

FID #: 190284

ISSUED TO: The Charlotte-Mecklenburg Hospital Authority

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

SCOPE: Relocate hospital-based specialty neurology providers to Atrium Health Kenilworth, a medical campus currently under development in Charlotte/Mecklenburg County

CONDITIONS: See Reverse Side

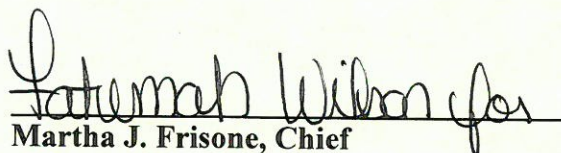
**PHYSICAL LOCATION: Atrium Health Neurosciences Institute
1225 Harding Street
Charlotte, NC 28204**

MAXIMUM CAPITAL EXPENDITURE: \$3,082,072

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 1, 2020

This certificate is effective as of October 1, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. The Charlotte-Mecklenburg Hospital Authority shall materially comply with all representations made in the certificate of need application.
2. The Charlotte-Mecklenburg Hospital Authority shall relocate hospital-based physician clinics to a medical office building, Atrium Health Kenilworth MOB #2, in Charlotte.
3. The Charlotte-Mecklenburg Hospital Authority, 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 Charlotte-Mecklenburg Hospital Authority shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need:
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.
5. The Charlotte-Mecklenburg Hospital Authority shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.
6. The Charlotte-Mecklenburg Hospital Authority shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to 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 September 9, 2019.

TIMETABLE:

1. Construction / Renovation Contract(s) Executed _____ January 31, 2020
2. 50% of Construction / Renovation Completed _____ June 17, 2020
3. 75% of Construction / Renovation Completed _____ September 11, 2020
4. Services Offered (required) _____ January 1, 2021
5. First Annual Report Due _____ April 1, 2022

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: F-11729-19

FID #: 100541

ISSUED TO: Charlotte SC Senior Housing PROPCO, LLC
Charlotte SC Senior Housing OPCO, LLC

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

SCOPE: Relocate 4 ACH beds from Radbourne Manor to The Terrace at Brightmore of South Charlotte for a total of no more than 34 ACH beds upon completion of this project, which is a change of scope for Project ID #F-11607-18 (relocate 12 ACH beds from Radbourne Manor to a facility in Mint Hill) / Mecklenburg County

CONDITIONS:

See Reverse Side

PHYSICAL LOCATION:

The Terrace at Brightmore of South
Charlotte
10225 Old Ardrey Kell Road
Charlotte, NC 28277

MAXIMUM CAPITAL EXPENDITURE:

\$65,700

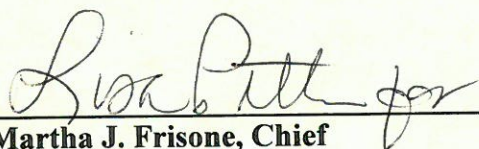
TIMETABLE:

See Reverse Side

FIRST PROGRESS REPORT DUE:

March 1, 2020

This certificate is effective as of October 29, 2019



Martha J. Frisone, Chief

CONDITIONS:

1. Charlotte SC Senior Housing OPCO, LLC and Charlotte SC Senior Housing PROPCO, LLC shall materially comply with all representations made in the certificate of need application.
2. Charlotte SC Senior Housing OPCO, LLC and Charlotte SC Senior Housing PROPCO, LLC shall relocate no more than four adult care home beds from Radbourne Manor III for a total of no more than 34 adult care home beds at The Terrace at Brightmore of South Charlotte upon completion of the project.
3. Prior to issuance of the CON, Liberty Commons of Mecklenburg, LLC and Mecklenburg County Healthcare Properties, LLC shall take appropriate steps to relinquish the CON for Project ID #F-11607-19 (Change of scope and cost overrun for Project ID# F-11052-15 and Project ID #F-11461-18 (develop a new 83-bed nursing facility by relocating five nursing facility beds from Warren Hills (Warren County), ten beds from Cross Creek (Hyde County), 20 beds from Bermuda Commons (Davie County), 22 beds from Mary Gran (Sampson Shoreland (Columbus County), and ten beds from Legion Road Healthcare (Orange County)) for a total of no more than 83 NF beds and no more than 12 ACH beds upon completion of all three projects.
4. Upon completion of the project, The Terrace at Brightmore of South Charlotte shall be licensed for no more than 34 adult care home beds.
5. Upon completion of Project ID #F-11461-18, Liberty Commons Nursing and Rehabilitation Center of Mint Hill will be licensed for 83 NF beds and 0 ACH beds.
6. For the first two years of operation following completion of the project, Charlotte SC Senior Housing OPCO, LLC and Charlotte SC Senior Housing PROPCO, LLC shall not increase private pay charges more than 5% of the projected private pay charges provided in Section Q of the application without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.
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, Charlotte SC Senior Housing OPCO, LLC and Charlotte SC Senior Housing PROPCO, LLC shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.
8. Charlotte SC Senior Housing OPCO, LLC and Charlotte SC Senior Housing PROPCO, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

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

Project #F-11729-19 Cont.

TIMETABLE:

1. Drawings Completed _____ March 1, 2020
2. Construction / Renovation Contract(s) Executed _____ April 1, 2020
3. 25% of Construction / Renovation Completed (25% of the cost is in place) _____ May 1, 2020
4. 50% of Construction / Renovation Completed _____ June 1, 2020
5. 75% of Construction / Renovation Completed _____ July 1, 2020
6. Construction / Renovation Completed _____ August 1, 2020
7. Building / Space Occupied _____ October 1, 2020
8. Licensure Obtained _____ October 1, 2020
9. Services Offered (required) _____ October 1, 2020
10. 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-11730-19

FID #: 170065

**ISSUED TO: Charlotte SP Senior Housing OPCO, LLC
Charlotte SP Senior Housing PROPCO, LLC**

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

SCOPE: Relocate no more than 8 ACH beds from Radborne Manor to The Barclay at Southpark for a total of no more than 22 NF beds and 108 ACH beds, including a 24-bed special care unit, upon completion of this project and Project ID# F-11296-17 (develop a new combination nursing facility with 22 NF and 100 ACH beds). This is also a change of scope for Project ID #F-11607-18 (relocate 12 ACH beds from Radbourne Manor to a facility in Mint Hill) / Mecklenburg County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: The Barclay at SouthPark
4801 Barclay Downs Drive
Charlotte, NC 28210**

MAXIMUM CAPITAL EXPENDITURE: \$802,641

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 1, 2020

This certificate is effective as of October 29, 2019



Martha J. Frisone, Chief

CONDITIONS:

1. Charlotte SP Senior Housing OPCO, LLC and Charlotte SP Senior Housing PROPCO, LLC shall materially comply with all representations made in this application and the representations in Project ID #F-11296-17.
2. Charlotte SP Senior Housing OPCO, LLC and Charlotte SP Senior Housing PROPCO, LLC shall relocate no more than eight adult care home beds from Radbourne Manor for a total of no more than 22 nursing facility beds and 108 adult care home beds at The Barclay at SouthPark upon completion of this project and Project ID #F-11296-17.
3. Prior to issuance of the CON, Liberty Commons of Mecklenburg, LLC and Mecklenburg County Healthcare Properties, LLC shall take appropriate steps to relinquish the CON for Project ID #F-11607-19 (relocate 12 ACH beds from Radbourne Manor to a facility in Mint Hill).
4. The total combined capital expenditure of both projects is \$42,606,498, an increase of \$802,641 over the capital expenditure of \$41,803,857 previously approved in Project ID #F-11296-17.
5. For the first two years of operation following completion of the project, Charlotte SP Senior Housing OPCO, LLC and Charlotte SP Senior Housing PROPCO, LLC shall not increase private pay charges more than 5% of the projected private pay charges provided in Section Q of the application without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.
6. 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, Charlotte SP Senior Housing OPCO, LLC and Charlotte SP Senior Housing PROPCO, LLC shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.
7. Charlotte SP Senior Housing OPCO, LLC and Charlotte SP Senior Housing PROPCO, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

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

TIMETABLE:

- | | | |
|---|-------|-------------------|
| 1. 50% of Construction / Renovation Completed | _____ | March 1, 2020 |
| 2. 75% of Construction / Renovation Completed | _____ | December 1, 2020 |
| 3. Construction / Renovation Completed | _____ | August 1, 2021 |
| 4. Building / Space Occupied | _____ | September 1, 2021 |
| 5. Licensure Obtained | _____ | September 1, 2021 |
| 6. Services Offered (required) | _____ | October 1, 2021 |
| 7. 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 #: J-11564-18

FID #: 180429

ISSUED TO: WakeMed

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 multi-specialty ambulatory surgery center in Raleigh with one operating room relocated from Capital City Surgery Center and three new procedure rooms/ Wake County

CONDITIONS: See Reverse Side

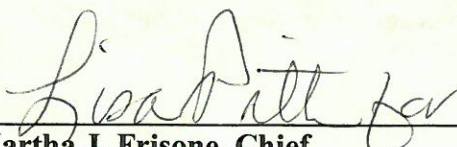
**PHYSICAL LOCATION: WakeMed Surgery Center-North Raleigh
10004 Falls of Neuse Road
Raleigh, NC 27614**

MAXIMUM CAPITAL EXPENDITURE: \$11,315,130

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 31, 2020

This certificate is effective as of October 24, 2019



Martha J. Frisone, Chief

CONDITIONS:

- 1. WakeMed and WakeMed Surgery Center-North Raleigh, LLC shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event representations conflict, WakeMed and WakeMed Surgery Center-North Raleigh, LLC shall materially comply with the last made representation.**
- 2. Prior to issuance of the certificate of need, WakeMed and WakeMed Surgery Center-North Raleigh, LLC shall provide the name of the facility in the WakeMed health system from which one (1) operating room will be relocated to develop a new ambulatory surgical facility.**
- 3. Upon completion of the project, WakeMed Surgery Center-North Raleigh shall be licensed for no more than one (1) operating room and three (3) procedure rooms.**
- 4. Upon obtaining a license for WakeMed Surgery Center-North Raleigh, WakeMed and WakeMed Surgery Center-North Raleigh, LLC shall take the necessary steps to delicense one (1) operating room at the facility in the WakeMed health system from which the operating room was relocated to WakeMed Surgery Center-North Raleigh.**
- 5. WakeMed and WakeMed Surgery Center-North Raleigh, 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.**
- 6. WakeMed Surgery Center-North Raleigh 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, WakeMed Surgery Center-North Raleigh 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(s) 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(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.**
- 10. 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 and WakeMed Surgery Center-North Raleigh, LLC shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:**
 - a. Payor mix for the services authorized in this certificate of need.**
 - b. Utilization of the services authorized in this certificate of need.**
 - c. Revenues and operating costs for the services authorized in this certificate of need.**
 - d. Average gross revenue per unit of service.**
 - e. Average net revenue per unit of service.**
 - f. Average operating cost per unit of service.**

TIMETABLE:

1. Financing Obtained _____ March 4, 2020
2. Drawings Completed _____ March 4, 2020
3. Construction / Renovation Contract(s) Executed _____ April 1, 2020
4. 25% of Construction / Renovation Completed
(25% of the cost is in place) _____ July 15, 2020
5. 50% of Construction / Renovation Completed _____ November 1, 2020
6. 75% of Construction / Renovation Completed _____ March 15, 2021
7. Construction / Renovation Completed _____ June 1, 2021
8. Equipment Ordered _____ September 1, 2020
9. Equipment Installed _____ May 1, 2021
10. Equipment Operational _____ August 1, 2021
11. Building / Space Occupied _____ August 1, 2021
12. Licensure Obtained _____ September 1, 2021
13. Services Offered (required) _____ October 1, 2021
14. Medicare and / or Medicaid Certification Obtained _____ December 1, 2021
15. Facility or Service Accredited _____ October 1, 2022
16. 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-11716-19

FID #: 190273

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 diagnostic center by adding mammography to an existing diagnostic testing facility/ Wake County

CONDITIONS: See Reverse Side

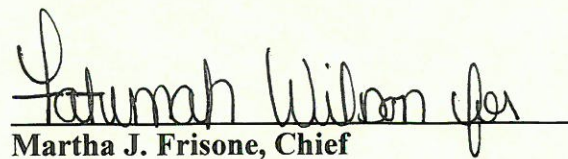
**PHYSICAL LOCATION: Duke Imaging Services at Cary Parkway
3700 Northwest Cary Parkway
Suite 120
Cary, NC 27513**

MAXIMUM CAPITAL EXPENDITURE: \$590,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 1, 2020

This certificate is effective as of October 1, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. Duke University Health System, Inc. shall materially comply with all representations made in the certificate of need application.
2. Duke University Health System, Inc. shall develop a new diagnostic imaging center by acquiring one unit of mammography equipment.
3. Duke University Health System, Inc. shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.
4. No later than three months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, Duke University Health System, Inc. shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.
5. Duke University Health System, Inc. shall 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 September 13, 2019.

TIMETABLE:

1. Construction / Renovation Contract(s) Executed _____ January 3, 2020
2. Construction / Renovation Completed _____ April 15, 2020
3. Services Offered (required) _____ May 1, 2020
4. First Annual Report Due _____ August 1, 2021

STATE OF NORTH CAROLINA

Department of Health and Human Services

Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project ID #: J-11728-19

FID #: 190281

ISSUED TO: Raleigh Radiology, 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 with no more than one CT scanner, one x-ray unit, one mammography unit, one bone density unit, and one ultrasound unit/
Wake County**

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Raleigh Radiology Knightdale
1101 Great Falls Court
Knightdale, NC 27545**

MAXIMUM CAPITAL EXPENDITURE: \$2,054,336

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 1, 2020

This certificate is effective as of October 15, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. Raleigh Radiology, LLC shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, Raleigh Radiology, LLC shall materially comply with the last made representation.
2. Raleigh Radiology, LLC shall develop a diagnostic center in Knightdale with no more than one CT scanner, one ultrasound unit, one x-ray unit, one bone density unit, and one mammography unit.
3. Raleigh Radiology, 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 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, Raleigh Radiology, LLC shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.
5. Raleigh Radiology, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to insurance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on September 13, 2019.

TIMETABLE:

1. Drawings Completed _____ April 1, 2020
2. 75% of Construction / Renovation Completed _____ July 30, 2020
3. Services Offered (required) _____ October 1, 2020
4. First Annual Report Due _____ January 1, 2022

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: J-11738-19

FID #: 160405

ISSUED TO: Fresenius Medical Care White Oak, 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 four dialysis stations from Wake Dialysis Clinic pursuant to Policy ESRD-2 to FMC White Oak for a total of no more than 16 dialysis stations upon project completion/ Wake County

CONDITIONS: See Reverse Side

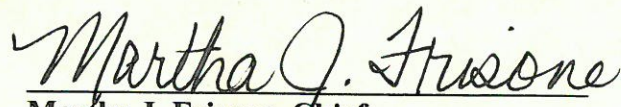
**PHYSICAL LOCATION: Fresenius Medical Care White Oak
520 Timber Drive East, Suite 105
Garner NC 27529**

MAXIMUM CAPITAL EXPENDITURE: \$15,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 1, 2020

This certificate is effective as of October 29, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. Fresenius Medical Care White Oak, LLC shall materially comply with all representations made in the certificate of need application.
2. Pursuant to Policy ESRD-2, Fresenius Medical Care White Oak, LLC shall relocate four dialysis stations from Wake Dialysis Clinic to FMC White Oak for a total of no more than 16 dialysis stations at FMC White Oak.
3. Upon completion of this project, Fresenius Medical Care White Oak, LLC shall take the necessary steps to decertify four dialysis station at Wake Dialysis Clinic for a total of no more than 46 dialysis stations at Wake Dialysis Clinic upon project completion.
4. Fresenius Medical Care White Oak, 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 October 1, 2019.

TIMETABLE:

1. Drawings Completed _____ April 17, 2020
2. Equipment Ordered _____ September 29, 2020
3. Services Offered (required) _____ December 31, 2020