

**Certificate of Need
Certificates Issued
November 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
Buncombe	B-011731-19	Pisgah Villa	190313	ACH	Develop a new 30-bed ACH facility pursuant to Policy LTC-1 on the campus of Pisgah Valley Retirement Center, an existing CCRC, for a total of 30 ACH beds, 118 NF beds and 72 ILUs	8/1/2019	10/24/2019	11/26/2019	Conditional Approval	Ena Lightbourne	Fatimah Wilson	\$426,500	5/1/2020
Buncombe	B-011750-19	Mission Hospital	943349	HOSPITAL	Acquire a third da Vinci Surgical System	9/1/2019	10/18/2019	11/19/2019	Conditional Approval	Celia Inman	Gloria Hale	\$0	4/30/2020
Durham	J-011758-19	Hope Valley Dialysis	180368	ESRD	Cost overrun for Project I.D. #J-11544-18 (develop a new 10-station dialysis facility)	9/1/2019	10/4/2019	11/5/2019	Conditional Approval	Julie Faenza	Fatimah Wilson	\$571,881	6/1/2020
Johnston	J-011746-19	Raleigh Radiology Clayton	070469	DXCTR	Develop a new diagnostic center by replacing an existing digital radiography and fluoroscopy system	9/1/2019	10/25/2019	11/26/2019	Conditional Approval	Greg Yakaboski	Fatimah Wilson	\$264,552	1/10/2020
Mecklenburg	F-011732-19	The Stewart Health Center	970304	NH	Add no more than 9 NF beds pursuant to Policy NH-2 and no more than 10 ACH beds pursuant to Policy LTC-1 for a total of no more than 65 NF beds and no more than 14 ACH beds upon project completion	8/1/2019	10/10/2019	11/13/2019	Conditional Approval	Mike McKillip	Gloria Hale	\$9,996,950	5/1/2020
Mecklenburg	F-011735-19	Aldersgate at Shalom Park	190317	NH	Develop a new 16-bed ACH facility pursuant to Policy LTC-1 as part of a new CCRC. Eight of the 16 ACH beds will be SCU beds	8/1/2019	10/1/2019	11/1/2019	Conditional Approval	Mike McKillip	Gloria Hale	\$10,189,387	7/1/2020
New Hanover	O-011720-19	Wilmington Eye Surgery Center	190277	ASC	Develop a freestanding ASF with no more than 2 ORs and 4 procedure rooms pursuant to the 2019 SMFP need determination	7/1/2019	10/23/2019	11/23/2019	Conditional Approval	Tanya Saporito	Gloria Hale	\$9,865,840	3/1/2020

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: B-11731-19

FID #: 190313

**ISSUED TO: Pisgah Valley Retirement Center Properties, LLC
Pisgah Valley Retirement Center, LLC**

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

SCOPE: Develop a new 30-bed ACH facility pursuant to Policy LTC-1 on the campus of Pisgah Valley Retirement Center, an existing CCRC, for a total of 30 ACH beds, 118 NF beds and 72 ILUs / Buncombe County

CONDITIONS: See Reverse Side

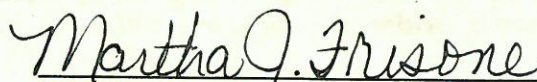
**PHYSICAL LOCATION: Pisgah Villa
102 Holcombe Cove Rd
Candler, NC 28715**

MAXIMUM CAPITAL EXPENDITURE: \$426,500

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 1, 2020

This certificate is effective as of November 26, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. Pisgah Valley Retirement Center Properties, LLC and Pisgah Valley Retirement Center, LLC shall materially comply with all representations made in the certificate of need application.
2. Pisgah Valley Retirement Center Properties, LLC and Pisgah Valley Retirement Center, LLC shall develop a new 30-ACH facility pursuant to Policy LTC-1 on the campus of Pisgah Valley Retirement Center, an existing CCRC, for a total of 30 ACH beds, 118 NF beds and 72 ILUs.
3. Upon completion of the project, Pisgah Valley shall be licensed for no more than 30 adult care home beds.
4. The Policy LTC-1 adult care home beds shall not participate in the Medicaid program or serve State-County Special Assistance recipients.
5. The Policy LTC-1 adult care home beds shall be used exclusively to meet the needs of persons with whom the facility has continuing care contracts (in compliance with the Department of Insurance statutes and regulations) who have lived in a non-nursing or adult care unit of the continuing care facility for a period of at least 30 days. Exceptions shall be allowed when one spouse or sibling is admitted to the adult care home unit at the time the other spouse or sibling moves into a non-nursing or adult care unit, or when the medical condition requiring nursing or adult care home care was not known to exist or be imminent when the individual became a party to the continuing care contract.
6. The new Policy LTC-1 adult care home beds shall be developed on the same site with the independent living units.
7. For the first two years of operation following completion of the project, Pisgah Valley Retirement Center Properties, LLC and Pisgah Valley Retirement Center, 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. 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, Pisgah Valley Retirement Center Properties, LLC and Pisgah Valley Retirement 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.
9. Pisgah Valley Retirement Center Properties, LLC and Pisgah Valley Retirement 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.

(Project B-11731-19 Cont.)

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 24, 2019.

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

STATE OF NORTH CAROLINA

Department of Health and Human Services

Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project ID #: B-11750-19

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: Acquire a third da Vinci Surgical System / Buncombe County

CONDITIONS: See Reverse Side

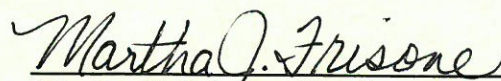
**PHYSICAL LOCATION: Mission Hospital
509 Biltmore Ave
Asheville, NC 28801**

MAXIMUM CAPITAL EXPENDITURE: \$2,308,311

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 30, 2020

This certificate is effective as of November 19, 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 da Vinci Surgical System for a total of no more than three da Vinci Surgical Systems at Mission Hospital upon project completion.
3. MH Mission Hospital, LLLP, 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, 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.
5. MH Mission Hospital, LLLP shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to insurance of the certificate of need.

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

TIMETABLE:

- | | |
|--------------------------------------|-------------------|
| 1. Equipment Ordered _____ | January 1, 2020 |
| 2. Equipment Installed _____ | February 17, 2020 |
| 3. Equipment Operational _____ | March 30, 2020 |
| 4. Services Offered (required) _____ | April 1, 2020 |
| 5. First Annual Report Due* _____ | June 30, 2021 |

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: J-11758-19

FID #: 180368

ISSUED TO: Renal Treatment Centers – Mid-Atlantic, Inc.

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

SCOPE: Cost overrun for Project I.D. #J-11544-18 (develop a new 10-station dialysis facility) / Durham County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Hope Valley Dialysis
101 West Woodcroft Parkway
Durham, NC 27713**

MAXIMUM CAPITAL EXPENDITURE: \$571,881

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 1, 2020

This certificate is effective as of November 5, 2019



Martha J. Frisone, Chief

CONDITIONS:

1. Renal Treatment Centers – Mid-Atlantic, Inc. shall materially comply with the representations in this application and representations in Project I.D. #J-11544-18. Where representations conflict, Renal Treatment Centers – Mid-Atlantic, Inc. shall materially comply with the last made representation.
2. Pursuant to Policy ESRD-2, Renal Treatment Centers - Mid-Atlantic, Inc. shall develop a new kidney disease treatment center to be known as Hope Valley Dialysis by relocating no more than six dialysis stations from Southpoint Dialysis and no more than four dialysis stations from Durham West Dialysis.
3. The total combined capital expenditure for both projects is \$2,846,938, an increase of \$571,881 over the capital expenditure of \$2,275,057 previously approved in Project I.D. #J-11544-18.
4. Renal Treatment Centers – Mid-Atlantic, Inc. shall take the necessary steps to decertify six dialysis stations at Southpoint Dialysis for a total of no more than 16 dialysis stations at Southpoint Dialysis upon completion of this project and Project I.D. #J-11600-18 (add six stations).
5. Upon completion of this project, Renal Treatment Centers - Mid-Atlantic, Inc. shall take the necessary steps to decertify four dialysis stations at Durham West Dialysis for a total of no more than 21 dialysis stations at Durham West Dialysis.
6. Renal Treatment Centers - Mid-Atlantic, Inc. shall install plumbing and electrical wiring through the walls for no more than ten dialysis stations which shall include any isolation stations.
7. Renal Treatment Centers - Mid-Atlantic, 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. 50% of Construction / Renovation Completed _____ August 14, 2020
2. Services Offered (required) _____ January 1, 2021
3. Medicare and / or Medicaid Certification Obtained _____ January 1, 2021

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: J-11746-19

FID #: 070469

ISSUED TO: Pinnacle Health Services of North Carolina, LLC

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

SCOPE: Develop a new diagnostic center by replacing an existing digital radiology and fluoroscopy system / Johnston County

CONDITIONS: See Reverse Side

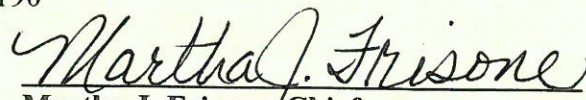
**PHYSICAL LOCATION: Raleigh Radiology Clayton
166 Springbrook Avenue, Suite 103
Clayton, NC 27520**

MAXIMUM CAPITAL EXPENDITURE: \$264,552

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 10, 2020

This certificate is effective as of November 26, 20190


Martha J. Frisone, Chief

CONDITIONS:

1. Pinnacle Health Services of North Carolina, LLC shall materially comply with all representations made in the certificate of need application.
2. Pinnacle Health Services of North Carolina LLC shall develop a new diagnostic center in Clayton by replacing an existing digital radiography and fluoroscopy system. Upon project completion the diagnostic center shall have no more than two ultrasound units, one mammography unit, one bone density unit and one radiography and fluoroscopy unit.
3. Pinnacle Health Services of North Carolina, 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, Pinnacle Health Services of North Carolina, LLC shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.
5. Pinnacle Health Services of North Carolina, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on October 31, 2019.

TIMETABLE:

- | | | |
|--------------------------------|-------|-------------------|
| 1. Equipment Ordered | _____ | December 3, 2019 |
| 2. Equipment Installed | _____ | December 24, 2019 |
| 3. Equipment Operational | _____ | January 1, 2020 |
| 4. Services Offered (required) | _____ | January 1, 2020 |
| 5. First Annual Report Due | _____ | April 1, 2023 |

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: F-11732-19

FID #: 970304

**ISSUED TO: The Cypress of Charlotte Club, Inc.
The Cypress of Charlotte Owner's Association, Inc.**

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

SCOPE: Add no more than 9 NF beds pursuant to Policy NH-2 and no more than 10 ACH beds pursuant to Policy LTC-1 for a total of no more than 65 NF beds and no more than 14 ACH beds upon project completion/ Mecklenburg County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: The Stewart Health Center at the Cypress of Charlotte Club
6920 Marching Duck Drive
Charlotte, NC 28210**

MAXIMUM CAPITAL EXPENDITURE: \$9,996,950

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 1, 2020

This certificate is effective as of November 13, 2019



Martha J. Frisone, Chief

CONDITIONS:

1. The Cypress of Charlotte Club, Inc. and The Cypress of Charlotte Owner's Association, Inc. shall materially comply with all representations made in the certificate of need application.
2. The Cypress of Charlotte Club, Inc. and The Cypress of Charlotte Owner's Association, Inc. shall develop no more than nine nursing facility beds pursuant to Policy NH-2 for a total of no more than 65 licensed nursing facility beds upon completion of this project.
3. The nine additional Policy NH-2 nursing facility beds shall not be certified for participation in the Medicaid program.
4. The Policy NH-2 nursing facility beds shall be used exclusively to meet the needs of persons with whom the facility has continuing care contracts (in compliance with the Department of Insurance statutes and regulations) who have lived in a non-nursing unit of the continuing care facility for a period of at least 30 days. Exceptions shall be allowed when one spouse or sibling is admitted to the nursing unit at the time the other spouse or sibling moves into a non-nursing unit, or when the medical condition requiring nursing care was not known to exist or be imminent when the individual became a party to the continuing care contract.
5. The new Policy NH-2 nursing facility beds shall be developed on the same site with the independent living units and licensed adult care home beds.
6. The Cypress of Charlotte Club, Inc. and The Cypress of Charlotte Owner's Association, Inc. shall develop no more than 10 additional adult care home beds pursuant to Policy LTC-1 for a total of no more than 14 adult care home beds upon completion of the project.
7. The 10 Policy LTC-1 adult care home beds shall not participate in the Medicaid program or serve State-County Special Assistance recipients.
8. The 10 Policy LTC-1 adult care home beds shall be used exclusively to meet the needs of persons with whom the facility has continuing care contracts (in compliance with the Department of Insurance statutes and regulations) who have lived in a non-nursing or adult care unit of the continuing care facility for a period of at least 30 days. Exceptions shall be allowed when one spouse or sibling is admitted to the adult care home unit at the time the other spouse or sibling moves into a non-nursing or adult care unit, or when the medical condition requiring nursing or adult care home care was not known to exist or be imminent when the individual became a party to the continuing care contract.
9. The 10 Policy LTC-1 adult care home beds shall be developed on the same site with the independent living units and nursing care beds.
10. The Cypress of Charlotte Club, Inc. and The Cypress of Charlotte Owner's Association, 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.
11. No later than three months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, The Cypress of Charlotte Club, Inc. and The Cypress of Charlotte Owner's Association, 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.
12. The Cypress of Charlotte Club, Inc. and The Cypress of Charlotte Owner's Association, 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.

(F-11732-19 Con't)

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on November 12, 2019.

TIMETABLE:

1. Financing Obtained _____ December 13, 2019
2. Drawings Completed _____ October 15, 2019
3. Construction / Renovation Contract(s) Executed _____ February 3, 2020
4. 25% of Construction / Renovation Completed
(25% of the cost is in place) _____ July 1, 2020
5. 50% of Construction / Renovation Completed _____ October 1, 2020
6. 75% of Construction / Renovation Completed _____ December 1, 2020
7. Construction / Renovation Completed _____ February 1, 2020
8. Equipment Ordered _____ March 1, 2020
9. Equipment Installed _____ November 1, 2020
10. Equipment Operational _____ January 1, 2021
11. Building / Space Occupied _____ February 1, 2021
12. Licensure Obtained _____ April 1, 2021
13. Services Offered (required) _____ April 1, 2021
14. First Annual Report Due _____ July 1, 2022

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: F-11735-19

FID #: 190317

ISSUED TO: Aldersgate at Shalom Park, Inc.

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

SCOPE: Develop a new 16-bed ACH facility pursuant to Policy LTC-1 as part of a new CCRC. Eight of the 16 ACH beds will be SCU beds/ Mecklenburg County

CONDITIONS: See Reverse Side

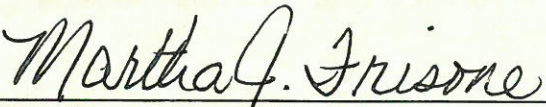
**PHYSICAL LOCATION: Aldersgate at Shalom
Intersection of Providence Road and Jefferson Drive
Charlotte, NC 28226**

MAXIMUM CAPITAL EXPENDITURE: \$10,189,387

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2020

This certificate is effective as of November 1, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. Aldersgate at Shalom Park, Inc. shall materially comply with all representations made in the certificate of need application.
2. Aldersgate at Shalom Park, Inc. shall develop no more than 16 adult care home beds pursuant to Policy LTC-1 upon completion of the project.
3. The 16 Policy LTC-1 adult care home beds shall not participate in the Medicaid program or serve State-County Special Assistance recipients.
4. The 16 Policy LTC-1 adult care home beds shall be used exclusively to meet the needs of persons with whom the facility has continuing care contracts (in compliance with the Department of Insurance statutes and regulations) who have lived in a non-nursing or adult care unit of the continuing care facility for a period of at least 30 days. Exceptions shall be allowed when one spouse or sibling is admitted to the adult care home unit at the time the other spouse or sibling moves into a non-nursing or adult care unit, or when the medical condition requiring nursing or adult care home care was not known to exist or be imminent when the individual became a party to the continuing care contract.
5. The 16 Policy LTC-1 adult care home beds shall be developed on the same site with the independent living units.
6. Aldersgate at Shalom Park, 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.
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, Aldersgate at Shalom Park, 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.
8. Aldersgate at Shalom Park, 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 17, 2019.

TIMETABLE:

1. Drawings Completed _____ November 1, 2019
2. Land Acquired _____ October 1, 2021
3. Construction / Renovation Contract(s) Executed _____ October 1, 2021
4. 25% of Construction / Renovation Completed
(25% of the cost is in place) _____ April 15, 2022
5. 50% of Construction / Renovation Completed _____ November 1, 2022
6. 75% of Construction / Renovation Completed _____ May 15, 2023
7. Construction / Renovation Completed _____ December 1, 2023
8. Building / Space Occupied _____ March 1, 2024
9. Licensure Obtained _____ March 1, 2024
10. Services Offered (required) _____ March 1, 2024
11. First Annual Report Due _____ June 1, 2025

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: O-11714-19

FID #: 943372

ISSUED TO: New Hanover Regional Medical Center

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

SCOPE: Add no more than 4 shared ORs pursuant to the 2019 SMFP need determination to the main campus of NHRMC for a total of no more than 39 ORs / New Hanover County

CONDITIONS: See Reverse Side

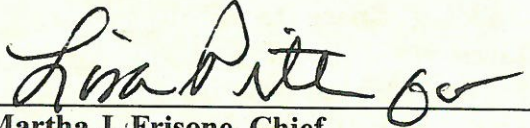
**PHYSICAL LOCATION: New Hanover Regional Medical Center
2131 S 17th Street
Wilmington, NC 28402**

MAXIMUM CAPITAL EXPENDITURE: \$8,425,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 1, 2020

This certificate is effective as of November 22, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. New Hanover Regional Medical Center shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, New Hanover Regional Medical Center shall materially comply with the last made representation.
2. New Hanover Regional Medical Center shall develop no more than four additional operating rooms on the main campus for a total of no more than 39 operating rooms upon project completion.
3. New Hanover Regional Medical Center shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.
4. New Hanover Regional Medical Center 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, New Hanover Regional Medical Center shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.
6. New Hanover Regional Medical Center shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on October 31, 2019.

TIMETABLE:

- | | |
|--|--------------------|
| 1. Financing Obtained _____ | January 1, 2020 |
| 2. Drawings Completed _____ | July 17, 2020 |
| 3. Construction / Renovation Contract(s) Executed _____ | October 16, 2020 |
| 4. 25% of Construction / Renovation Completed
(25% of the cost is in place) _____ | January 8, 2021 |
| 5. 50% of Construction / Renovation Completed _____ | March 19, 2021 |
| 6. 75% of Construction / Renovation Completed _____ | June 4, 2021 |
| 7. Construction / Renovation Completed _____ | August 13, 2021 |
| 8. Equipment Ordered _____ | April 1, 2021 |
| 9. Equipment Installed _____ | July 9, 2021 |
| 10. Equipment Operational _____ | August 30, 2021 |
| 11. Building / Space Occupied _____ | October 1, 2021 |
| 12. Licensure Obtained _____ | September 15, 2021 |
| 13. Services Offered (required) _____ | October 1, 2021 |
| 14. 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 #: O-11720-19

FID #: 190277

**ISSUED TO: Wilmington Eye Surgery Center, LLC
WESCP, 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 ASF with no more than 2 ORs and 4 procedure rooms pursuant to the 2019 SMFP need determination/ New Hanover County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Wilmington Eye Surgery Center
1915 & 1919 South 16th Street
Wilmington, NC 28401**

MAXIMUM CAPITAL EXPENDITURE: \$9,865,840

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 1, 2020

This certificate is effective as of November 23, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. **Wilmington Eye Surgery Center, LLC and WESCP, LLC shall materially comply with all representations made in the certificate of need application.**
2. **Wilmington Eye Surgery Center, LLC and WESCP, LLC shall develop one ambulatory surgical facility with no more than two operating rooms and no more than four procedure rooms.**
3. **Wilmington Eye Surgery Center, LLC and WESCP, 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.**
4. **For the first three years of operation following completion of the project, Wilmington Eye Surgery Center shall not increase charges more than 5% of the charges projected in Section Q of the application without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.**
5. **The procedure rooms shall not be used for procedures that should be performed only in operating rooms based on current standards of practice.**
6. **Procedures performed in procedure rooms shall not be reported for billing purposes as having been performed in operating rooms and shall not be reported on the facility's license renewal application as procedures performed in operating rooms.**
7. **Wilmington Eye Surgery Center, LLC and WESCP, 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.**
8. **No later than three months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, Wilmington Eye Surgery Center, LLC and WESCP, LLC shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:**
 - a. **Payor mix for the services authorized in this certificate of need.**
 - b. **Utilization of the services authorized in this certificate of need.**
 - c. **Revenues and operating costs for the services authorized in this certificate of need.**
 - d. **Average gross revenue per unit of service.**
 - e. **Average net revenue per unit of service.**
 - f. **Average operating cost per unit of service.**
9. **Wilmington Eye Surgery Center, LLC and WESCP, 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 November 12, 2019.

TIMETABLE:

1. Financing Obtained _____ January 17, 2020
2. Drawings Completed _____ April 1, 2020
3. Land Acquired _____ January 17, 2020
4. Construction / Renovation Contract(s) Executed _____ January 17, 2020
5. 25% of Construction / Renovation Completed
(25% of the cost is in place) _____ June 30, 2020
6. 50% of Construction / Renovation Completed _____ September 28, 2020
7. 75% of Construction / Renovation Completed _____ December 27, 2020
8. Construction / Renovation Completed _____ March 27, 2021
9. Equipment Ordered _____ March 27, 2021
10. Equipment Installed _____ April 26, 2021
11. Equipment Operational _____ May 3, 2021
12. Building / Space Occupied _____ May 10, 2021
13. Licensure Obtained _____ May 10, 2021
14. Services Offered (required) _____ July 1, 2021
15. Medicare and / or Medicaid Certification Obtained _____ July 1, 2021
16. Facility or Service Accredited _____ July 1, 2023
17. First Annual Report Due _____ September 28, 2024

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: R-11726-19

FID #: 030353

ISSUED TO: Elizabeth City Healthcare Properties, LLC

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

SCOPE: Cost overrun for Project I.D. #R-8766-11 (add 24 nursing facility beds pursuant to the 2011 SMFP need determination for a total of 170 nursing facility beds) Pasquotank County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Elizabeth City Health & Rehabilitation
1075 US Highway 17 South
Elizabeth City, NC 27909**

MAXIMUM CAPITAL EXPENDITURE: \$1,000,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 1, 2020

This certificate is effective as of November 5, 2019



Martha J. Frisone, Chief

CONDITIONS:

1. **Elizabeth City Healthcare Properties, LLC shall materially comply with the representations in this application and representations in Project I.D. #R-8766-11. Where representations conflict, Elizabeth City Healthcare Properties, LLC shall materially comply with the last made representation.**
2. **Pursuant to the need determination in the 2011 SMFP, Elizabeth City Healthcare Properties, LLC shall develop no more than 24 additional nursing facility beds at Elizabeth City Health and Rehabilitation.**
3. **The total combined capital expenditure for both projects is \$2,000,000, an increase of \$1,000,000 over the capital expenditure of \$1,000,000 previously approved in Project I.D. #R-8766-11.**
4. **Upon completion of the proposed project, Elizabeth City Health and Rehabilitation shall be licensed for no more than 170 nursing facility beds.**
5. **The Medicaid per diem 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.**
6. **Elizabeth City Healthcare Properties, LLC shall file the proposed budget for the facility with the Division of Medical Assistance no later than thirty days prior to the prospective certification date of the new beds.**
7. **The 24 additional nursing facility 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.**
8. **For the first two years of operation following completion of the project, Elizabeth City Healthcare Properties, LLC shall not increase private pay charges by more than five percent of the projected private pay charges provided in Section Q of the application without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.**
9. **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, Elizabeth City Healthcare Properties, LLC shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:**
 - a. **Payor mix for the services authorized in this certificate of need.**
 - b. **Utilization of the services authorized in this certificate of need.**
 - c. **Revenues and operating costs for the services authorized in this certificate of need.**
 - d. **Average gross revenue per unit of service.**
 - e. **Average net revenue per unit of service.**
 - f. **Average operating cost per unit of service.**
10. **Elizabeth City Healthcare Properties, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on November 5, 2019.

TIMETABLE:

1. 25% of Construction / Renovation Completed (25% of the cost is in place)	October 15, 2019
2. 50% of Construction / Renovation Completed	November 15, 2019
3. 75% of Construction / Renovation Completed	December 15, 2019
4. Construction / Renovation Completed	January 1, 2020
5. Equipment Ordered	October 15, 2019
6. Equipment Installed	November 15, 2019
7. Equipment Operational	December 15, 2019
8. Building / Space Occupied	January 15, 2020
9. Licensure Obtained	January 1, 2020
10. Services Offered (required)	January 1, 2020
11. Medicare and / or Medicaid Certification Obtained	January 1, 2020
12. 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-11742-19

FID #: 060374

ISSUED TO: DVA Healthcare Renal Care, Inc.

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

SCOPE: Relocate facility for a total of 16 stations upon completion of this project and Project ID# F-11490-18 (relocation of 4 stations from Union County Dialysis to Marshville Dialysis Center), and develop a home training program/ Union County

CONDITIONS: See Reverse Side

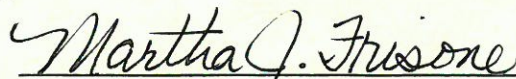
PHYSICAL LOCATION: Indian Trail Dialysis (FKA Marshville Dialysis)
6044 West Highway 74
Indian Trail, NC 28079

MAXIMUM CAPITAL EXPENDITURE: \$2,089,750

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 15, 2020

This certificate is effective as of November 28, 2019



Martha J. Frisone, Chief

CONDITIONS:

1. DVA Healthcare Renal Care, Inc. shall materially comply with all representations made in the certificate of need application.
2. Pursuant to Policy ESRD-2, DVA Healthcare Renal Care, Inc. shall relocate 16 stations from the existing location of Marshville Dialysis Center to the proposed new site for a total of no more than 16 stations at Marshville Dialysis Center (to be renamed Indian Trail Dialysis) upon completion of this project and Project ID# F-11490-18 (relocation of 4 stations from Union County Dialysis to Marshville Dialysis Center).
3. DVA Healthcare Renal Care, Inc. shall develop a PD home training program as part of this project.
4. DVA Healthcare Renal Care, Inc. shall install plumbing and electrical wiring through the walls for no more than 16 dialysis stations, which shall include any home training and isolation stations.
5. DVA Healthcare Renal Care, 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 28, 2019.

TIMETABLE:

1. Construction / Renovation Contract(s) Executed _____ May 3, 2020
2. 50% of Construction / Renovation Completed _____ August 14, 2020
3. Construction / Renovation Completed _____ November 6, 2020
4. Equipment Operational _____ November 13, 2020
5. Building / Space Occupied _____ November 20, 2020
6. Services Offered (required) _____ January 1, 2021
7. Medicare and / or Medicaid Certification Obtained _____ January 1, 2021