

**Certificate of Need  
Certificates Issued  
September 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
Durham	J-011717-19	Duke University Hospital	943138	HOSPITAL	Add no more than 34 acute care beds pursuant to the 2019 SMFP need determination for a total of no more than 1,062 acute care beds upon completion of this project and Project ID# J-11426-17 (add 90)	7/1/2019	8/23/2019	9/24/2019	Conditional Approval	Celia Inman	Fatimah Wilson	\$4,780,000	7/15/2021
Durham	J-011708-19	Duke GI at North Durham	190214	ASC	Develop a new ambulatory surgical facility with no more than four gastrointestinal endoscopy rooms	6/1/2019	8/2/2019	9/4/2019	Conditional Approval	Julie Faenza	Gloria Hale	\$3,553,322	1/1/2020
Forsyth	G-011725-19	Wake Forest Baptist Imaging - Kernersville	190280	DXCTR	Develop a diagnostic center by relocating CT and mammography equipment, and adding bone density equipment	7/1/2019	8/23/2019	9/24/2019	Conditional Approval	Celia Inman	Lisa Pittman	\$400,750	5/1/2020
Guilford	G-010260-14	Cone Health	943494	HOSPITAL	Replace existing linear accelerator located at the Cone Health Cancer Center on Wesley Long Campus	4/1/2014	5/29/2014	9/26/2019	Conditional Approval	Celia Inman	Lisa Pittman	\$5,870,000	10/15/2014
Guilford	G-011719-19	Wesley Long Community Hospital, Inc.	933540	HOSPITAL	Replace one existing linear accelerator	7/1/2019	8/23/2019	9/25/2019	Conditional Approval	Celia Inman	Fatimah Wilson	\$4,598,200	3/1/2020
Johnston	J-011707-19	Fresenius Medical Care Stallings Station	030941	ESRD	Relocate entire facility to new location for a total of no more than 18 stations upon completion of this project, Project I.D. #J-11435-17 (relocate 10 stations), and Project I.D. #J-11473-18 (add four stations)	6/1/2019	8/14/2019	9/17/2019	Conditional Approval	Julie Faenza	Gloria Hale	\$2,515,658	3/1/2020
Mecklenburg	F-011722-19	Atrium Health Kenilworth Diagnostic Center #2	190278	DXCTR	Develop a new diagnostic center in MOB #2 by relocating existing GI, neurology, and urology equipment and adding a fluoroscopy unit, prostate biopsy unit, and two bladder scanners	7/1/2019	8/26/2019	9/26/2019	Conditional Approval	Julie Faenza	Lisa Pittman	\$1,856,303	2/1/2020
Mecklenburg	F-011696-19	Atrium Health Mercy	923352	HOSPITAL	Change of scope and cost overrun for Project I.D. #F-11268-16 (renovate existing space related to surgical services and relocate one operating room from Carolinas Medical Center) which involves consolidating surgical services into one location as well as renovating acute care bed rooms and non-clinical areas	5/1/2019	8/8/2019	9/10/2019	Conditional Approval	Julie Faenza	Gloria Hale	\$98,960,584	1/1/2020
Wake	J-011167-16	Duke Radiology Holly Springs	160156	DXCTR	Acquire one fixed MRI scanner and develop a diagnostic center	5/1/2016	9/27/2016	9/11/2019	Conditional Approval	Gloria Hale	Fatimah Wilson	\$6,155,880	1/13/2020



# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: J-11708-19**

**FID #: 190214**

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

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

**SCOPE: Develop a new ambulatory surgical facility with no more than four gastrointestinal endoscopy rooms/ Durham County**

**CONDITIONS: See Reverse Side**

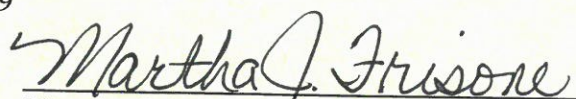
**PHYSICAL LOCATION: Duke GI at North Durham  
1058 West Club Boulevard  
Durham, NC 27701**

**MAXIMUM CAPITAL EXPENDITURE: \$3,553,322**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of September 4, 2019

  
**Martha J. Frisone, Chief**

**CONDITIONS:**

1. Private Diagnostic Clinic, PLLC shall materially comply with all representations made in the certificate of need.
2. Private Diagnostic Clinic, PLLC shall develop a new ambulatory surgical facility with no more than four gastrointestinal endoscopy rooms.
3. Upon completion of the project, Duke GI at North Durham shall be licensed for no more than four gastrointestinal endoscopy rooms.
4. Private Diagnostic Clinic, PLLC shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Sections F and Q of the application and that would otherwise require a certificate of need.
5. Duke GI at North Durham 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, Private Diagnostic Clinic, PLLC shall not increase charges more than 5% of the charges projected in Sections F and Q of the application without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.
7. No later than three months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, Private Diagnostic Clinic, PLLC shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
  - a. Payor mix for the services authorized in this certificate of need.
  - b. Utilization of the services authorized in this certificate of need.
  - c. Revenues and operating costs for the services authorized in this certificate of need.
  - d. Average gross revenue per unit of service.
  - e. Average net revenue per unit of service.
  - f. Average operating cost per unit of service.
8. Private Diagnostic Clinic, PLLC 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 August 6, 2019.

**TIMETABLE:**

1. Financing Obtained \_\_\_\_\_ January 1, 2020
2. Drawings Completed \_\_\_\_\_ June 1, 2020
3. Construction / Renovation Contract(s) Executed \_\_\_\_\_ August 1, 2020
4. 25% of Construction / Renovation Completed  
(25% of the cost is in place) \_\_\_\_\_ December 1, 2020
5. 50% of Construction / Renovation Completed \_\_\_\_\_ April 1, 2021
6. 75% of Construction / Renovation Completed \_\_\_\_\_ August 1, 2021
7. Construction / Renovation Completed \_\_\_\_\_ December 1, 2021
8. Equipment Ordered \_\_\_\_\_ March 1, 2021
9. Equipment Installed \_\_\_\_\_ December 1, 2021
10. Equipment Operational \_\_\_\_\_ December 15, 2021
11. Building / Space Occupied \_\_\_\_\_ December 1, 2021
12. Licensure Obtained \_\_\_\_\_ December 15, 2021
13. Services Offered (required) \_\_\_\_\_ January 1, 2022
14. Medicare and / or Medicaid Certification Obtained \_\_\_\_\_ April 1, 2022
15. Facility or Service Accredited \_\_\_\_\_ January 1, 2023
16. First Annual Report Due \_\_\_\_\_ March 31, 2023

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: J-11717-19**

**FID #: 943138**

**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: Add no more than 34 acute care beds pursuant to the 2019 SMFP need determination for a total of no more than 1,062 acute care beds upon completion of this project and Project ID# J-11426-17 (add 90) / Durham County**

**CONDITIONS: See Reverse Side**

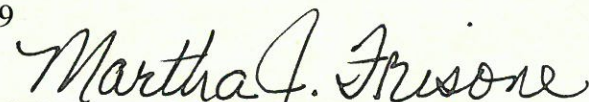
**PHYSICAL LOCATION: Duke University Hospital  
2301 Erwin Road  
Durham, NC 27710**

**MAXIMUM CAPITAL EXPENDITURE: \$4,780,000**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: July 15, 2021**

This certificate is effective as of September 24, 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 34 additional acute care beds pursuant to the need determination in the 2019 State Medical Facilities Plan.
3. Duke University Hospital shall be licensed for no more than 1,062 acute care beds upon completion of this project and Project ID #J-11426-17 (add 90 acute care beds).
4. Duke University Health System, Inc. 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 fiscal years of operation following initiation of the services authorized by this certificate of need, Duke University Health System, Inc. shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
  - a. Payor mix for the services authorized in this certificate of need.
  - b. Utilization of the services authorized in this certificate of need.
  - c. Revenues and operating costs for the services authorized in this certificate of need.
  - d. Average gross revenue per unit of service.
  - e. Average net revenue per unit of service.
  - f. Average operating cost per unit of service.
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 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 \_\_\_\_\_ July 1, 2021
2. Construction / Renovation Completed \_\_\_\_\_ September 1, 2021
3. Services Offered (required)
  - Phase 1: 14 Neonatal Beds \_\_\_\_\_ September 1, 2021
  - Phase 2: 20 General Acute Care Beds \_\_\_\_\_ January 1, 2024
4. First Annual Report Due\* \_\_\_\_\_ September 30, 2025

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: G-11725-19**

**FID #: 190280**

**ISSUED TO: Wake Forest Baptist Imaging, 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 diagnostic center by relocating CT and mammography equipment, and adding bone density equipment / Forsyth County**

**CONDITIONS: See Reverse Side**

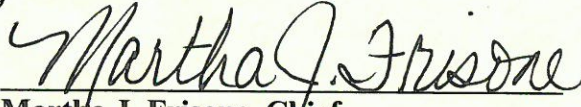
**PHYSICAL LOCATION: Wake Forest Baptist Imaging – Kernersville  
861 Old Winston Road  
Kernersville, NC 27284**

**MAXIMUM CAPITAL EXPENDITURE: \$400,750**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of September 24, 2019

  
**Martha J. Frisone, Chief**



**CONDITIONS:**

1. Wake Forest Baptist Imaging, LLC shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, Wake Forest Baptist Imaging, LLC shall materially comply with the last made representation.
2. Wake Forest Baptist Imaging, LLC shall develop a new diagnostic imaging center with computed tomography, X-ray, ultrasound, mammography, and bone density diagnostic equipment.
3. Wake Forest Baptist Imaging, 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.
4. 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, Wake Forest Baptist Imaging, 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. Wake Forest Baptist Imaging, 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 August 23, 2019.

**TIMETABLE:**

- |                                                                                      |                   |
|--------------------------------------------------------------------------------------|-------------------|
| 1. Financing Obtained _____                                                          | February 1, 2020  |
| 2. Drawings Completed _____                                                          | March 1, 2020     |
| 3. Construction / Renovation Contract(s) Executed _____                              | April 1, 2020     |
| 4. 25% of Construction / Renovation Completed<br>(25% of the cost is in place) _____ | April 15, 2020    |
| 5. 50% of Construction / Renovation Completed _____                                  | May 1, 2020       |
| 6. 75% of Construction / Renovation Completed _____                                  | May 15, 2020      |
| 7. Construction / Renovation Completed _____                                         | June 1, 2020      |
| 8. Equipment Ordered _____                                                           | February 15, 2020 |
| 9. Equipment Installed _____                                                         | June 15, 2020     |
| 10. Equipment Operational _____                                                      | June 20, 2020     |
| 11. Building / Space Occupied _____                                                  | June 1, 2020      |
| 12. Services Offered (required) _____                                                | July 1, 2020      |
| 13. Facility or Service Accredited _____                                             | July 1, 2021      |
| 14. First Annual Report Due* _____                                                   | March 31, 2022    |

# STATE OF NORTH CAROLINA

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

## **CORRECTED CERTIFICATE OF NEED**

for

**Project ID #: G-10260-14**

**FID #: 933540**

**ISSUED TO: The Moses H. Cone Memorial Hospital  
The Moses H. Cone Memorial Operating 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: Replace existing linear accelerator/ Guilford County**

**CONDITIONS: See Reverse Side**

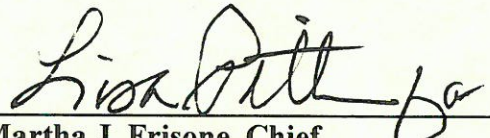
**PHYSICAL LOCATION: Wesley Long Community Hospital, Inc.  
2400 W. Friendly Avenue  
Greensboro, NC 27403**

**MAXIMUM CAPITAL EXPENDITURE: \$5,870,000**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: October 15, 2014**

This certificate is effective as of July 1, 2014  
Corrected certificate issued on September 26, 2019

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

**CONDITIONS:**

1. The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation shall materially comply with all representations made in the certificate of need application.
2. The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation shall acquire no more than one linear accelerator to replace the existing Elekta Precise S/N 5776 linear accelerator in Vault #3 for a total of no more than four linear accelerators upon project completion.
3. The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation shall dispose of the Elekta Precise S/N 5776 linear accelerator by removing it from North Carolina.
4. The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section VIII of the application that would otherwise require a certificate of need.
5. The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation 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. The plan must be consistent with the applicants' representations in the written statement as described in paragraph one of Policy GEN-4.
6. The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on June 26, 2014.

**TIMETABLE:**

Completion of Final Drawings and Specifications _____	September 1, 2014
Contract Award _____	September 22, 2014
25% Completion of Construction _____	October 6, 2014
Completion of Construction _____	November 12, 2014
Certification of Facility _____	March 1, 2015

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: G-11719-19**

**FID #: 933540**

**ISSUED TO: The Moses H. Cone Memorial Hospital  
The Moses H. Cone Memorial Operating 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: Replace one existing linear accelerator/ Guilford County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: Wesley Long Community Hospital, Inc.  
2400 W. Friendly Avenue  
Greensboro, NC 27403**

**MAXIMUM CAPITAL EXPENDITURE: \$4,598,200**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of September 25, 2019

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

**CONDITIONS:**

1. The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation shall materially comply with the last made representation.
2. The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation shall acquire no more than one linear accelerator to replace one existing linear accelerator located on the Wesley Long Hospital campus. The applicant shall dispose of the existing linear accelerator being replaced by removing it from North Carolina.
3. The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation 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 fiscal years of operation following initiation of the services authorized by this certificate of need, The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating 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.
5. The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Healthcare Planning and Certificate of Need Section in writing prior to issuance of the certificate of need.

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

**TIMETABLE:**

- |     |                                                                                   |                   |
|-----|-----------------------------------------------------------------------------------|-------------------|
| 1.  | Construction / Renovation Contract(s) Executed _____                              | January 6, 2020   |
| 2.  | 25% of Construction / Renovation Completed<br>(25% of the cost is in place) _____ | February 7, 2020  |
| 3.  | 50% of Construction / Renovation Completed _____                                  | February 21, 2020 |
| 4.  | 75% of Construction / Renovation Completed _____                                  | March 2, 2020     |
| 5.  | Construction / Renovation Completed _____                                         | March 15, 2020    |
| 6.  | Equipment Ordered _____                                                           | January 6, 2020   |
| 7.  | Equipment Installed _____                                                         | March 15, 2020    |
| 8.  | Equipment Operational _____                                                       | June 1, 2020      |
| 9.  | Building / Space Occupied _____                                                   | June 15, 2020     |
| 10. | Services Offered (required) _____                                                 | June 15, 2020     |
| 11. | 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 #: J-11707-19**

**FID #: 030941**

**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 entire facility to new location for a total of no more than 18 stations upon completion of this project, Project I.D. #J-11435-17 (relocate 10 stations), and Project I.D. #J-11473-18 (add four stations) / Johnston County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: Fresenius Medical Care Stallings Station  
11618 US Highway 70  
Clayton, NC 27520**

**MAXIMUM CAPITAL EXPENDITURE: \$2,515,658**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of September 17, 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 18 stations from the existing location of Fresenius Medical Care Stallings Station to the proposed new site for a total of no more than 18 stations at FMC Stallings Station upon completion of this project, Project I.D. #J-11435-17 (relocate 10 stations to develop Fresenius Kidney Care West Johnston), and Project I.D. #J-11473-18 (add four stations).
3. Bio-Medical Applications of North Carolina, Inc. shall install plumbing and electrical wiring through the walls of Fresenius Medical Care Stallings Station for no more than 18 dialysis stations, which shall include any isolation or home hemodialysis stations.
4. Bio-Medical Applications of North Carolina, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on September 17, 2019.

**TIMETABLE:**

- |                                                                                      |                   |
|--------------------------------------------------------------------------------------|-------------------|
| 1. Drawings Completed _____                                                          | February 16, 2020 |
| 2. Land Acquired _____                                                               | March 17, 2020    |
| 3. Construction / Renovation Contract(s) Executed _____                              | April 21, 2020    |
| 4. 25% of Construction / Renovation Completed<br>(25% of the cost is in place) _____ | June 20, 2020     |
| 5. 50% of Construction / Renovation Completed _____                                  | August 19, 2020   |
| 6. 75% of Construction / Renovation Completed _____                                  | October 3, 2020   |
| 7. Construction / Renovation Completed _____                                         | November 17, 2020 |
| 8. Equipment Ordered _____                                                           | October 3, 2020   |
| 9. Equipment Installed _____                                                         | December 2, 2020  |
| 10. Equipment Operational _____                                                      | December 16, 2020 |
| 11. Building / Space Occupied _____                                                  | December 16, 2020 |
| 12. Services Offered (required) _____                                                | December 31, 2020 |
| 13. Medicare and / or Medicaid Certification Obtained _____                          | December 31, 2020 |

# STATE OF NORTH CAROLINA

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

## **REVISED CERTIFICATE OF NEED**

for

**Project ID #: F-8237-08**

**FID #: 080269**

**ISSUED TO: The Presbyterian Hospital**

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

**SCOPE: Acquire a mobile MRI scanner which may be replaced with no more than one fixed MRI scanner to be located on the campus of Novant Health Huntersville Medical Center / Mecklenburg County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: Novant Health Huntersville Medical Center  
10030 Gilead Road, Suite B100A  
Huntersville, NC 28078**

**MAXIMUM CAPITAL EXPENDITURE: \$2,025,084**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: January 6, 2012**

This certificate is effective as of January 6, 2012

This revised certificate is effective as of September 5, 2019

  
**Martha J. Frisone, Chief**



**CONDITIONS:**

1. The Presbyterian Hospital d/b/a Novant Health Huntersville Medical Center (hereinafter referred to as "Novant") shall be permitted to convert the existing mobile MRI scanner approved in Project I.D. No. F-8237-08 (the "Novant Converted Mobile MRI Scanner") to a fixed MRI scanner (the "Novant Fixed MRI Scanner") to be located, at Novant's option, in a medical office building on the campus of Novant's Huntersville hospital or inside Novant's Huntersville hospital (both locations collectively referred to herein as "Huntersville").
2. Novant may replace the Novant Converted Mobile MRI Scanner with a fixed MRI scanner equivalent to the one proposed in the Novant Application [Project I.D. #F-11184-16], without having to file a replacement equipment exemption request or request for material compliance determination. Novant shall not, however, acquire more than one (1) fixed MRI scanner as part of this project.
3. Novant shall operate the Novant Converted Mobile MRI Scanner for three (3) years after making the scanner operational: (1) as a fixed MRI scanner at Huntersville; or (2) seven days per week at Huntersville after execution of the Agency Settlement Agreement if the Novant Converted Mobile MRI Scanner continues to be treated as a mobile scanner in the SMFP inventory. For the avoidance of any doubt, once the conversion has occurred, Novant may operate the Novant Converted MRI Scanner indefinitely as a fixed MRI scanner.
4. Novant may not use the Novant Converted Mobile MRI Scanner as a fixed MRI scanner prior to April 9, 2018. Novant may construct space for the Novant Fixed MRI Scanner and may purchase the Novant Fixed MRI Scanner prior to April 9, 2018.

**TIMETABLE:**

1.	Completion of Preliminary Drawings _____	August 7, 2017
2.	Completion of Final Drawings and Specifications _____	September 5, 2017
3.	Approval of Final Drawings and Specifications by the Construction Section, DHSR _____	October 16, 2017
4.	Approval of Site by Construction Section, DHSR _____	October 16, 2017
5.	Contract Award (Notice to Proceed) _____	October 19, 2017
6.	25% of Construction/ Renovation Completed 25% of the cost is in place) _____	November 30, 2017
7.	50% Construction/ Renovation Completed _____	January 11, 2018
8.	75% Construction/ Renovation Completed _____	February 23, 2018
9.	Construction/ Renovation Completed _____	April 4, 2018
10.	Equipment Ordered _____	November 17, 2017
11.	Equipment Arrived _____	February 9, 2018
12.	Equipment Operational _____	April 9, 2018
13.	Building/Space Occupied _____	April 9, 2018
14.	Services Offered _____	April 9, 2018

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: F-11696-19**

**FID #: 923352**

**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:** Change of scope and cost overrun for Project I.D. #F-11268-16 (renovate existing space related to surgical services and relocate one operating room from Carolinas Medical Center) which involves consolidating surgical services into one location as well as renovating acute care bed rooms and non-clinical areas / Mecklenburg

**CONDITIONS:** See Reverse Side

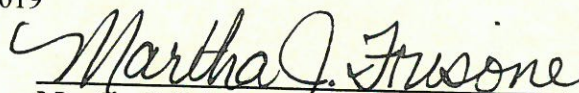
**PHYSICAL LOCATION:** Atrium Health Mercy  
2001 Vail Avenue  
Charlotte, NC 28207

**MAXIMUM CAPITAL EXPENDITURE:** \$98,960,584

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of September 10, 2019

  
Martha J. Frisone, Chief

**CONDITIONS:**

1. The Charlotte-Mecklenburg Hospital Authority shall materially comply with the representations in this application, the representations made in Project I.D. #F-11268-16, and in any supplemental responses. Where representations conflict, The Charlotte-Mecklenburg Hospital Authority shall materially comply with the last made representation.
2. The Charlotte-Mecklenburg Hospital Authority shall relocate no more than one operating room from Carolinas Medical Center to Atrium Health Mercy for a total of no more than 16 licensed shared operating rooms at Atrium Health Mercy.
3. Upon completion of this project, Project I.D. #F-11106-15, and Project I.D. #F-11620-18, Carolinas Medical Center shall have a total of no more than 46 licensed operating rooms, including 4 open heart surgery, 4 dedicated C-Section, 1 dedicated inpatient surgery, 10 dedicated ambulatory surgery, and 27 shared operating rooms.
4. The Charlotte-Mecklenburg Hospital Authority shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Sections F and Q of the application and that would otherwise require a certificate of need.
5. The Charlotte-Mecklenburg Hospital Authority shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.
6. No later than three months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, The Charlotte-Mecklenburg Hospital Authority shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
  - a. Payor mix for the services authorized in this certificate of need.
  - b. Utilization of the services authorized in this certificate of need.
  - c. Revenues and operating costs for the services authorized in this certificate of need.
  - d. Average gross revenue per unit of service.
  - e. Average net revenue per unit of service.
  - f. Average operating cost per unit of service.
7. The Charlotte-Mecklenburg Hospital Authority shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on August 26, 2019.

(Project# F-11696-19 Cont.)

**TIMETABLE:**

1. Drawings Completed \_\_\_\_\_ November 25, 2019
2. Construction / Renovation Contract(s) Executed \_\_\_\_\_ January 3, 2020
3. 25% of Construction / Renovation Completed  
(25% of the cost is in place) \_\_\_\_\_ June 4, 2020
4. 50% of Construction / Renovation Completed \_\_\_\_\_ January 6, 2021
5. 75% of Construction / Renovation Completed \_\_\_\_\_ June 30, 2021
6. Construction / Renovation Completed \_\_\_\_\_ November 30, 2021
7. Equipment Ordered \_\_\_\_\_ December 4, 2020
8. Equipment Installed \_\_\_\_\_ December 7, 2021
9. Equipment Operational \_\_\_\_\_ December 14, 2021
10. Building / Space Occupied \_\_\_\_\_ January 1, 2022
11. Services Offered (required) \_\_\_\_\_ January 1, 2022
12. First Annual Report Due \_\_\_\_\_ March 31, 2023

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: F-11722-19**

**FID #: 190278**

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

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

**SCOPE:** Develop a new diagnostic center in MOB #2 by relocating existing GI, neurology, and urology equipment and adding a fluoroscopy unit, prostate biopsy unit, and two bladder scanners/ Mecklenburg County

**CONDITIONS:** See Reverse Side

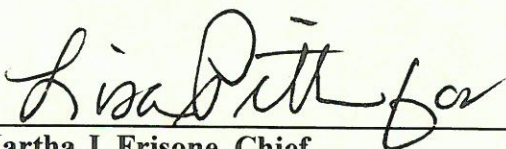
**PHYSICAL LOCATION:** Atrium Health Kenilworth Diagnostic Center #2  
1225 Harding Place  
Charlotte, NC 28204

**MAXIMUM CAPITAL EXPENDITURE:** \$1,856,303

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of September 26, 2019

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

**CONDITIONS:**

1. Carolinas Physicians Network, Inc. shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, Carolinas Physicians Network, Inc. shall materially comply with the last made representation.
2. Carolinas Physicians Network, Inc. shall develop a diagnostic center in MOB #2 at 1225 Harding Place in Charlotte by relocating two capsule endoscopy systems, three electromyography machines, one prostate biopsy machine, five cystoscopy systems, and three bladder scanners, and adding a second prostate biopsy machine, two additional bladder scanners, and one fluoroscopy system.
3. Carolinas Physicians Network, Inc., as part of this project, shall not acquire any equipment that is not included in the project's proposed capital expenditures in Sections F and Q of the application or 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, Carolinas Physicians Network, Inc. shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
  - a. Payor mix for the services authorized in this certificate of need.
  - b. Utilization of the services authorized in this certificate of need.
  - c. Revenues and operating costs for the services authorized in this certificate of need.
  - d. Average gross revenue per unit of service.
  - e. Average net revenue per unit of service.
  - f. Average operating cost per unit of service.
5. Carolinas Physicians Network, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to insurance of the certificate of need.

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

**TIMETABLE:**

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

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: J-11167-16**

**FID #: 160156**

**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: Acquire one fixed MRI scanner and develop a diagnostic center in Holly Springs/ Wake County**

**CONDITIONS: See Reverse Side**

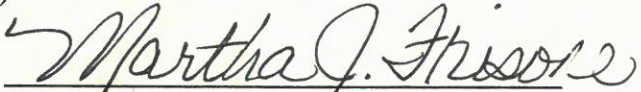
**PHYSICAL LOCATION: Duke Radiology Holly Springs  
New Hill Road & NC Highway 55 Bypass  
Holly Springs, NC 27540**

**MAXIMUM CAPITAL EXPENDITURE: \$6,155,880**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: January 13, 2020**

This certificate is effective as of September 11, 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 acquire no more than one fixed MRI scanner which results in the development of a new diagnostic center.
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 expenditure in Section VIII of the application and that would otherwise require a certificate of need.
4. Duke University Health System, Inc. shall obtain accreditation from The Joint Commission, the American College of Radiology, or a comparable accreditation authority as determined by the Agency, for magnetic resonance imaging within two years following operation of the proposed MRI scanner.
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 October 6, 2016.

**TIMETABLE:**

1. Construction / Renovation Completed \_\_\_\_\_ May 1, 2020
2. Equipment Ordered \_\_\_\_\_ November 1, 2019
3. Equipment Installed \_\_\_\_\_ June 1, 2020
4. Equipment Operational \_\_\_\_\_ June 15, 2020
5. Building / Space Occupied \_\_\_\_\_ May 1, 2020
6. Services Offered (required) \_\_\_\_\_ July 1, 2020
7. Facility or Service Accredited \_\_\_\_\_ November 1, 2020
8. First Annual Report Due\* \_\_\_\_\_ October 1, 2021



# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: J-11709-19**

**FID #: 190215**

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

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

**SCOPE: Develop a new ambulatory surgical facility with four GI endoscopy rooms/  
Wake County**

**CONDITIONS: See Reverse Side**


**PHYSICAL LOCATION: Duke GI at Green Level  
3208 Green Level West Road  
Cary, NC 27519**

**MAXIMUM CAPITAL EXPENDITURE: \$3,553,322**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of September 4, 2019

  
**Martha J. Frisone, Chief**

**CONDITIONS:**

1. **Private Diagnostic Clinic, PLLC shall materially comply with all representations made in the certificate of need application.**
2. **Private Diagnostic Clinic, PLLC shall develop a new ambulatory surgery facility with four new gastrointestinal endoscopy rooms.**
3. **Upon completion of the project, Private Diagnostic Clinic, PLLC shall be licensed for no more than four gastrointestinal endoscopy rooms at Duke GI at Green Level.**
4. **Private Diagnostic Clinic, PLLC 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.**
5. **Private Diagnostic Clinic, PLLC shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section F of the application or that would otherwise require a certificate of need.**
6. **For the first three years of operation following completion of the project, Private Diagnostic Clinic, PLLC 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 fiscal years of operation following initiation of the services authorized by this certificate of need, Private Diagnostic Clinic, PLLC shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:**
  - a. **Payor mix for the services authorized in this certificate of need.**
  - b. **Utilization of the services authorized in this certificate of need.**
  - c. **Revenues and operating costs for the services authorized in this certificate of need.**
  - d. **Average gross revenue per unit of service.**
  - e. **Average net revenue per unit of service.**
  - f. **Average operating cost per unit of service.**
8. **Private Diagnostic Clinic, PLLC 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 August 12, 2019.**

**TIMETABLE:**

1. **Financing Obtained** \_\_\_\_\_ **January 1, 2020**
2. **Drawings Completed** \_\_\_\_\_ **September 1 2020**
3. **Construction/Renovation Contract(s) Executed** \_\_\_\_\_ **November 1, 2020**
4. **25% of Construction/Renovation Completed**  
**(25% of the cost is in place)** \_\_\_\_\_ **March 1, 2021**
5. **50% of Construction/Renovation Completed** \_\_\_\_\_ **July 1, 2021**
6. **75% of Construction/Renovation Completed** \_\_\_\_\_ **November 1, 2021**
7. **Construction/Renovation Completed** \_\_\_\_\_ **March 1, 2022**
8. **Equipment Ordered** \_\_\_\_\_ **June 1, 2021**
9. **Equipment Installed** \_\_\_\_\_ **March 1, 2022**
10. **Equipment Operational** \_\_\_\_\_ **March 15, 2022**
11. **Building/Space Occupied** \_\_\_\_\_ **March 1, 2022**
12. **Licensure Obtained** \_\_\_\_\_ **March 15, 2022**
13. **Services Offered** \_\_\_\_\_ **April 1, 2022**
14. **Medicare and/or Medicaid Certification Obtained** \_\_\_\_\_ **July 1, 2022**
15. **First Annual Report Due** \_\_\_\_\_ **March 31, 2024**