



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

August 2, 2023

Marcus C. Hewitt
mhewitt@foxrothschild.com

No Review

Record #: 4246
Date of Request: July 14, 2023
Facility Name: Metrolina Vascular Access Care
FID #: 180517
Business Name: Metrolina Vascular Access Care, LLC
Business #: 2942
Project Description: Add one procedure room to an ambulatory surgical facility
County: Mecklenburg

Dear Mr. Hewitt:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your correspondence regarding the project described above. Based on the CON law in effect on the date of this response to your request, the project as described is not governed by, and therefore, does not currently require a certificate of need. If the CON law is subsequently amended such that the above referenced proposal would require a certificate of need, this determination does not authorize you to proceed to develop the above referenced proposal when the new law becomes effective.

This determination is binding only for the facts represented in your correspondence. If changes are made in the project or in the facts provided in the correspondence referenced above, a new determination as to whether a certificate of need is required would need to be made by this office.

Please do not hesitate to contact this office if you have any questions.

Sincerely,

[Handwritten signature of Michael J. McKillip]

Michael J. McKillip
Team Leader

[Handwritten signature of Micheala Mitchell]

Micheala Mitchell
Chief

cc: Acute and Home Care Licensure and Certification Section, DHSR

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION
HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603
MAILING ADDRESS: 809 Ruggles Drive, 2704 Mail Service Center, Raleigh, NC 27699-2704
https://info.ncdhhs.gov/dhsr/ • TEL: 919-855-3873



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ATTORNEYS AT LAW

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Raleigh, NC 27601
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www.foxrothschild.com

MARCUS C. HEWITT
Direct No: 919.755.8776
Email: MHewitt@Foxrothschild.com

July 14, 2023

Via Email to: lisa.pittman@dhhs.nc.gov

Lisa Pittman, Assistant Chief, Certificate of Need
North Carolina Department of Health and Human Services,
Division of Health Service Regulation, Healthcare Planning
and Certificate of Need Section

Dear Ms. Pittman:

Our firm represents Fresenius Vascular Care d/b/a Azura Vascular Care (“Azura”). Azura and Metrolina Vascular Access Care, LLC opened an ambulatory surgical facility (the “Vascular ASC”) in Charlotte in 2022 with one licensed operating room and one procedure room, pursuant to the CONs awarded for project ID numbers F-11612-18 (ASC CON) and F-12019-21 (cost overrun/change of scope CON). Copies of the two CONs are attached as **Exhibits 1 and 2**, respectively. The Center was licensed effective April 29, 2022 and was certified by CMS effective June 15, 2022 (See CMS Certification Letter attached as **Exhibit 3**¹). In accordance with the terms of its CON, Azura will submit reports to the Agency detailing the Vascular ASC’s payor mix, utilization, revenues and operating costs for three years (see letter dated May 15, 2023, attached as **Exhibit 4**).

Since the Vascular ASC opened approximately fifteen months ago, utilization of its OR and procedure room have grown dramatically, and additional capacity is already needed to address scheduling and operational issues. Accordingly, Azura now plans to increase the capacity of the Vascular ASC by converting 300 square feet of existing space for use as a second procedure room.

¹ The CMS letter dated 8/30/22 identifies the effective date of the CMS certification as 6/15/22.

Lisa Pittman
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As you know, procedure rooms are not specifically regulated under the CON Act. Moreover, as described below, the addition of a procedure room would not involve any other new institutional health service. Accordingly, Azura requests the Agency confirm that no CON is required.

An additional procedure room is not a change as defined in N.C. Gen. Stat. § 131E-76(16)e

A CON is required for a change to a project that required a CON, if the change is proposed before the project is complete or within one year after completion. N.C. Gen. Stat. § 131E-176(16)e. “Change” is defined as either an increase of more than 15% of the approved capital expenditure or the addition of a health service.

Section 131E-176 does not apply to the addition of a procedure room to the Vascular ASC. First, the facility was licensed, certified by CMS and in material compliance with the representations in its CON application as of June 15, 2022. (See letter attached as **Exhibit 3**). Therefore, the project has been complete pursuant to N.C. Gen. Stat. § 131E-181(d) for more than a year.

Second, the addition of a procedure room will not exceed the approved capital cost by more than 15%. The total capital expenditure for which the Vascular ASC was approved was initially \$2,900,000 (See **Exhibit 1**, CON for Project ID F-11612-18), and was later increased to \$4,100,000 in June 2021 (See **Exhibit 2**, CON for Project ID F-12019-21). Despite the \$4,100,000 approved capital expenditure, Azura was able to develop the Vascular ASC for much less, because anticipated increases due to the pandemic did not materialize, and because the center was new construction that came in significantly under budget. The total capital cost incurred to develop the facility date is \$2,351,442.16, made up of the following:

- Capital costs totaling \$2,147,194.74 documented in Azura’s progress report dated June 1, 2022 (copy attached as **Exhibit 5**) and
- A subsequent invoice for \$204,247.42 provided to the Agency by email on March 13, 2023 (copy attached as **Exhibit 6**).

The Agency previously acknowledged these capital expenditures by letter dated May 15, 2023 (see **Exhibit 4**).

The estimated cost to convert the existing space to a second procedure room totals \$388,000, as shown below. Based on this estimate, Azura estimates that the total capital expenditure, including expenditures already made plus the cost to add a second procedure room, would total only \$2,739,442.16, which is less than the originally approved capital cost of \$2,900,000.00.

Lisa Pittman
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Total Sq Ft	300
\$ / Sq Ft	500

Buildout	150,000
A&E Fees	25,000
Medical Equip.	180,000
Contingency	22,500
Development Fee	10,500
Total Project Cost	388,000

Third, Azura does not propose the addition of any surgical specialties or any other health service that the Vascular ASC does not already provide. Therefore, the addition of a second procedure room would not be a change within the meaning of Section 131E-176(16)e.

An additional procedure room does not include any other New Institutional Health Services.

The proposed addition of a second procedure room does not otherwise constitute a new institutional health service. Among other things:

- The estimated capital expenditure to add a second procedure room is only \$388,000. Therefore, N.C. Gen. Stat. § 131E-176(16)b does not apply.
- The total estimated cost of medical equipment is only \$180,000. Therefore, there is no acquisition of major medical equipment, and N.C. Gen. Stat. § 131E-176(16)p does not apply.
- The addition of a second procedure room does not involve the construction, development, establishment, increase in the number, or relocation of an operating room. Therefore, N.C. Gen. Stat. § 131E-176(16)u does not apply.

An additional procedure room is not inconsistent with the conditions on the CONs.

Finally, the addition of a second procedure room is materially consistent with the conditions on the CONs for the project. Among other things:

- The Vascular ASC will continue to focus on vascular access procedures for patients with end stage renal disease.
- The Vascular ASC will not be licensed for more than one operating room.



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- The additional procedure room will not be used for procedures that should be performed only in a licensed operating room based on current standards of practice.
- The additional procedure room would not result in any increase in the facility's charges.

For the reasons described above, please confirm that the addition of a second procedure room at the Vascular ASC is not subject to CON review. We look forward to your response, and please let us know if you have questions or would like to discuss.

Best regards,

FOX ROTHSCHILD LLP

A handwritten signature in blue ink, appearing to read 'Marcus C. Hewitt', written over a light blue horizontal line.

Marcus C. Hewitt

Enclosures

Exhibits:

- 1 - CON for F-11612-18 (ASC CON)
- 2 - CON for F-12019-21 (cost overrun)
- 3 - CMS Certification Letter
- 4 - 5/15/23 Letter acknowledging capital costs
- 5 - 6/1/22 Progress Report
- 6 - 3/13/23 email with copy of additional invoice for \$204,247.42

EXHIBIT 1

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: F-11612-18

FID #: 180517

**ISSUED TO: Metrolina Vascular Access Care, LLC
Fresenius Vascular Care Charlotte MSO, LLC**

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

SCOPE: Develop a new ambulatory surgical facility in Charlotte with one operating room and one procedure room focused on vascular access procedures for patients with end stage renal disease / Mecklenburg County

CONDITIONS: See Reverse Side

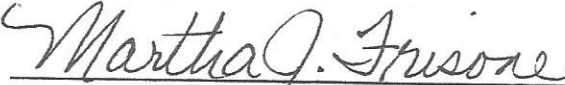
**PHYSICAL LOCATION: Metrolina Vascular Access Care
3200 Freedom Drive
Charlotte, NC 28208**

MAXIMUM CAPITAL EXPENDITURE: \$2,900,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2019

This certificate is effective as of April 30, 2019


Martha J. Frisone, Chief

CONDITIONS:

1. Metrolina Vascular Access Care, LLC and Fresenius Vascular Care Charlotte MSO, LLC shall materially comply with all representations made in the certificate of need application.
2. Metrolina Vascular Access Care, LLC and Fresenius Vascular Care Charlotte MSO, LLC shall develop Metrolina Vascular Access Care, a new ambulatory surgical facility, with one operating room and one procedure room, to be focused on vascular access procedures for patients with end stage renal disease.
3. Upon completion of the project, Metrolina Vascular Access Care shall be licensed for no more than one operating room.
4. Metrolina Vascular Access Care, LLC and Fresenius Vascular Care Charlotte MSO, LLC shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.
5. Metrolina Vascular Access Care, LLC and Fresenius Vascular Care Charlotte MSO, LLC shall receive accreditation from the Joint Commission for the Accreditation of Healthcare Organizations, the Accreditation Association for Ambulatory Health Care, or a comparable accreditation authority within two years following licensure of the facility.
6. For the first three years of operation following completion of the project, Metrolina Vascular Access Care, LLC and Fresenius Vascular Care Charlotte MSO, LLC shall not increase charges more than 5 percent of the charges projected in Section Q of the application without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.
7. The procedure room shall not be used for procedures that should be performed only in an operating room based on current standards of practice.
8. Procedures performed in the procedure room shall not be reported for billing purposes as having been performed in an operating room and shall not be reported on the facility's license renewal application as procedures performed in an operating room.
9. 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, Metrolina Vascular Access Care, LLC and Fresenius Vascular Care Charlotte MSO, 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. Metrolina Vascular Access Care, LLC and Fresenius Vascular Care Charlotte MSO, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on April 1, 2019

TIMETABLE:

1.	Drawings Completed _____	May 1, 2019
2.	Construction/Renovation Contract(s) Executed _____	July 15, 2019
3.	25% of Construction/Renovation Completed (25% of the cost is in place) _____	August 2, 2019
4.	50% of Construction/Renovation Completed _____	September 2, 2019
5.	75% of Construction/Renovation Completed _____	October 31, 2019
6.	Construction/Renovation Completed _____	December 31, 2019
7.	Equipment Ordered _____	December 1, 2019
8.	Equipment Installed _____	January 15, 2020
9.	Equipment Operational _____	February 1, 2020
10.	Building/Space Occupied _____	February 1, 2020
11.	Licensure Obtained _____	March 2, 2020
12.	Services Offered _____	May 1, 2020
13.	Medicare and/or Medicaid Certification Obtained _____	April 22, 2020
14.	Facility or Service Accredited _____	April 30, 2020
15.	Final Annual Report Due _____	July 31, 2023

EXHIBIT 2

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12019-21

FID #: 180517

ISSUED TO: Metrolina Vascular Access Care, LLC
Fresenius Vascular Care Charlotte MSO, LLC

Pursuant to G.S. 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 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 G.S. 131E-189(a). The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by G.S. 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in G.S. 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 G.S. 131E-189 for any of the reasons provided in that section.

SCOPE: Cost overrun and change of scope for Project ID #F-11612-18 (develop a new ambulatory surgical facility in Charlotte with one operating room and one procedure room focused on vascular access procedures for patients with end stage renal disease)/ Mecklenburg County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Metrolina Vascular Access Care
3200 Freedom Drive
Charlotte NC 28208

CAPITAL EXPENDITURE: \$1,200,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2021

This certificate is effective as of June 2, 2021



Lisa Pittman, Acting Chief, CON

CONDITIONS:

1. **Metrolina Vascular Access Care, LLC and Fresenius Vascular Care Charlotte MSO, LLC (hereinafter certificate holder) shall materially comply with the representations in this application and the representations in Project I.D. # F-11612-18. Where representations conflict, the certificate holder shall materially comply with the last made representation.**
2. **The total combined capital expenditure for both projects is \$4,100,000, an increase of \$1,200,000 over the capital expenditure of \$2,900,000 previously approved in Project I.D. # F-11612-18.**
3. **Upon completion of the project and Project I.D. # F-11612-18, Metrolina Vascular Access Care shall be licensed for no more than one operating room and one procedure room.**
4. **Progress Reports:**
 - a. **Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.**
 - b. **The certificate holder shall complete all sections of the Progress Report form.**
 - c. **The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.**
 - d. **Progress reports shall be due on the first day of every third month. The first progress report shall be due on September 1, 2021. The second progress report shall be due on December 1, 2021 and so forth.**
5. **The certificate holder shall not acquire as part of this project any equipment that is not included in this project's and Project I.D. # F-11612-18's combined proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.**
6. **The certificate holder shall receive accreditation from the Joint Commission for the Accreditation of Healthcare Organizations, the Accreditation Association for Ambulatory Health Care or a comparable accreditation authority within two years following licensure of the facility.**
7. **For the first three years of operation following completion of the project, the certificate holder shall not increase charges more than 5% of the charges projected in this application, in Project I.D. # F-11612-18, without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.**
8. **The procedure room shall not be used for procedures that should be performed only in an operating room based on current standards of practice.**
9. **Procedures performed in the procedure room shall not be reported for billing purposes as having been performed in an operating room and shall not be reported on the facility's license renewal application as procedures performed in an operating room.**
10. **The certificate holder 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.**
11. **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 certificate holder 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 certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on May 12, 2021.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
4	Construction / Renovation Contract(s) Executed	7/1/2021
6	50% of Construction / Renovation Completed	11/8/2021
8	Construction / Renovation Completed	1/15/2022
13	Licensure Obtained	4/15/2022
14	Services Offered	6/8/2022
17	First Annual Report Due*	8/1/2023

EXHIBIT 3



A/B MAC JURISDICTION M

North Carolina, South Carolina, Virginia, West Virginia, Home Health and Hospice

August 30, 2022

Debbie Bennett
40 Valley Stream Pkwy Ste 100
Malvern PA 19355-1407

DCN: 22227003000329

Dear Provider,

Palmetto GBA and NC 11502 received a response from the Medicare State Agency. Your initial enrollment application and CMS-370 is approved. Your executed Health Insurance Benefit Agreement Ambulatory Surgical Center is enclosed/attached. The effective date is the date you met all federal requirements.

Medicare Enrollment and Provider/Supplier Specific Participation Agreement Information

Medicare Enrollment Information	
Legal Business Name (LBN)	Metrolina Vascular Access Care LLC
Doing Business As (DBA)	
Physical Practice Location Address	3158 Freedom Dr Ste 1101 Charlotte NC 28208-3870
National Provider Identifier (NPI)	1942956123
Provider/Supplier Type	Ambulatory Surgical Center
Provider Transaction Access Number (PTAN)	Q763010001
PTAN Effective Date	06/15/2022

Provider/Supplier Agreement Specific Information	
CMS Certification (CCN)	34C0001223
CCN Effective Date	6/15/2022
Medicare Year-End Cost Report Date	N/A

Your PTAN is the authentication element for all inquiries to customer service representatives (CSRs), written inquiry units, and the interactive voice response (IVR) system.

Contact our electronic data interchange (EDI) department for enrollment and further instructions on electronic claims filing at 855-696-0705.

Enroll, make changes to, or view your existing enrollment information by logging into PECOS at <https://pecos.cms.hhs.gov>.



Submit updates and changes to your enrollment information within the timeframes specified at 42 CFR § 424.516. For more information on the reporting requirements, go to Medicare Learning Network Article SE1617.

Find additional Medicare program information, including billing, fee schedules, and Medicare policies and regulations at www.palmettogba.com or <https://www.cms.gov>.

Right to Submit a Reconsideration Request:

You may request a reconsideration of this determination. This is an independent review conducted by a person not involved in the initial determination.

Reconsideration requests must:

- Be received in writing within 65 calendar days of the date of this letter and mailed or emailed to the address below.
- State the issues or findings of fact with which you disagree and the reasons for disagreement.
- Be signed by the provider or supplier, an authorized or delegated official that has been reported within your Medicare enrollment record, or an authorized representative.
 - If the authorized representative is an attorney, the attorney's statement that he or she has the authority to represent the provider or supplier is sufficient to accept this individual as the representative.
 - If the authorized representative is not an attorney, the individual provider, supplier, or authorized or delegated official must file written notice of the appointment of its representative with the submission of the reconsideration request.
 - Authorized or delegated officials for groups cannot sign and submit a reconsideration request on behalf of a reassigned provider/supplier without the provider/supplier submitting a signed statement authorizing that individual from the group to act on his/her behalf.

Providers and suppliers may:

- Submit additional information with the reconsideration that may have a bearing on the decision. However, if you have additional information that you would like a Hearing Officer to consider during the reconsideration or, if necessary, an Administrative Law Judge (ALJ) to consider during a hearing, you must submit that information with your request for reconsideration. This is your only opportunity to submit information during the administrative appeals process unless an ALJ allows additional information to be submitted.
- Include an email address if you want to receive correspondence regarding your appeal via email.

If a reconsideration is not requested, CMS deems this a waiver of all rights to further administrative review. More information regarding appeal rights can be found at 42 C.F.R. Part 498.

The reconsideration request should be sent to:

Centers for Medicare & Medicaid Services
Provider Enrollment & Oversight Group
ATTN: Division of Compliance & Appeals
7500 Security Blvd.
Mailstop: AR-19-51
Baltimore, MD 21244-1850

Or emailed to:

ProviderEnrollmentAppeals@cms.hhs.gov

And

If you are also requesting a provider/supplier agreement reconsideration, you must submit a separate Reconsideration Request. Your requests must be e-mailed to:

CMS Atlanta - ROATLHSQ@cms.hhs.gov

Your e-mail must include the following in the subject line: "Subject: Medicare Provider/Supplier Agreement Reconsideration Request"

For questions concerning this letter, contact Palmetto GBA at 855-696-0705.

Sincerely,

Cheri Nessley
Provider Enrollment Analyst

cc: Shonda Kelly NC State Department of Health State Agency

EXHIBIT 4



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

May 15, 2023

Rhonda Palumbo
Rhonda.Palumbo@azuracare.com

Acknowledgement of Receipt of Progress Report and Upcoming Annual Report Due

Project ID #: F-11612-18/F-12019-21
Facility: Metrolina Vascular Access Care
Project Description: Cost overrun and change of scope for Project ID #F-11612-18 (develop a new ambulatory surgical facility in Charlotte with one operating room and one procedure room focused on vascular access procedures for patients with end stage renal disease)
County: Mecklenburg
FID #: 180517

Dear Rhonda Palumbo:

Thank you for your progress report dated June 1, 2022, and the additional documentation provided on July 1, 2022, August 26, 2022, March 13, 2023, and March 21, 2023 on the above referenced projects. According to the progress report, your project is now operational, licensed, and will involve no further capital expenditures. Adequate documentation of your capital expenditures has been submitted and reviewed by the Agency. Your project will be deemed complete upon the documentation of Condition #9 of your certificate for Project ID #F-11612-18 and Condition #11 of your certificate for Project ID #F-12019-21, which states:

“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 certificate holder 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.”*

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603
MAILING ADDRESS: 2701 Mail Service Center, Raleigh, NC 27699-2701
www.ncdhhs.gov/dhsr • TEL: 919-855-3750 • FAX: 919-733-2757

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Rhonda Palumbo

May 15, 2023

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Your next progress report will be due no later than **April 1, 2024**, which should correspond to three months after the end of the first full fiscal year. I am attaching a copy of the Annual Report Form for your convenience.

Please do not hesitate to contact me if you have any questions regarding this project. Please refer to the Project ID # and Facility ID # (FID) in all correspondence.

Sincerely,

A handwritten signature in cursive script that reads "Julie M. Faenza".

Julie M. Faenza

Project Analyst, Certificate of Need

Attachment – Annual Project Report Form

EXHIBIT 5

**Certificate of Need
Progress Report Form**

County: Mecklenburg Date of Progress Report: June 1, 2022
Facility: Metrolina Vascular Access Care, LLC Facility ID #: 180517
Project ID #: F-11612-18/F-12019-21 Effective Date of Certificate: April 30, 2019

Project Description: Develop a new ambulatory surgical facility in Charlotte with 1 operating room and 1 procedure room focused on vascular access procedures for patients with end stage renal disease/Mecklenburg County.

A. Status of the Project

1. Describe in **detail** the **steps taken** to complete the project since the CON was issued or since the last progress report was submitted. **Inadequate responses to this question will result in the certificate holder being asked to redo the progress report.**

Corrections completed from DOH inspection. All documentation reviewed and approved. Move in complete and center operational.

2. Identify all changes to this project approved after the issuance of the certificate, including:
 - a. Cost Overruns and/or Changes of Scope (Include the Project ID #s);
 - b. Material Compliance determinations; and
 - c. Declaratory Rulings

None

3. If the project is not going to be developed exactly as approved (including the previously approved changes identified in #2 above), describe all differences between the project as approved and the project as currently proposed. Such changes include, but are not limited to, changes in the:
 - a. Site;
 - b. Design of the facility;
 - c. Number or type of beds to be developed;
 - d. Medical equipment to be acquired;
 - e. Proposed charges; and
 - f. Capital cost of the project.

None

4. Pursuant to N.C. Gen. Stat. § 131E-181(d), the Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) cannot determine that a project is complete until “the health service or the health service facility for which the certificate of need was issued is licensed and certified and is in material compliance with the representations made in the certificate of need application.” To document that new or replacement facilities, new or additional beds or dialysis stations, new or replacement equipment or new services have been licensed and certified, provide copies of correspondence from the appropriate sections within the Agency and the Centers for Medicare and Medicaid Services (CMS).

B. Timetable

- Complete **the following table**. The first column **must** include the timetable dates found on the certificate of need. If the Agency has previously authorized an extension of the timetable in writing, you may substitute the dates from that letter in the first column.
- Are you requesting a timetable extension?** Yes No If the answer is **yes**, enter your proposed completion dates in the third column of the table below. **Proposed completion dates are contingent upon Agency approval.**
- Explain **the reason(s) for the delay in development:**

Project Milestones	Projected Completion Date *	Actual Completion Date	Proposed Completion Date **
	mm/dd/yyyy	mm/dd/yyyy	mm/dd/yyyy
Financing Obtained	04/01/2019	08/01/2021	
Drawings Completed	05/01/2019	09/16/2020	
Land Acquired	07/12/2019	01/01/2020	
Construction / Renovation Contract(s) Executed	07/15/2019	03/24/2021	
25% of Construction / Renovation Completed (25% of the cost is in place)	08/02/2019	08/13/2021	
50% of Construction / Renovation Completed	09/02/2019	09/24/2021	
75% of Construction / Renovation Completed	10/31/2019	11/12/2021	
Construction / Renovation Completed	12/31/2019	01/31/2022	
Equipment Ordered	12/01/2019	12/1/2022	
Equipment Installed	01/15/2020	3/25/2022	03/21/2022
Equipment Operational	02/01/2020	3/28/2022	03/21/2022
Building / Space Occupied	02/01/2020	3/29/2022	03/21/2022
Licensure Obtained	03/02/2020	04/29/2022	
Services Offered (Required)	05/01/2020	05/04/2022	
Medicare and / or Medicaid Certification Obtained	04/22/2020		06/07/2022
Facility or Service Accredited	04/30/2020		06/07/2022
First Annual Report Due	07/31/2023		07/31/2025

*Provide the dates from the timetable on the certificate or the last **approved** extension of the timetable, whichever is later.
 Dates are only proposed, Agency approval is **required for extension of proposed completion dates.

C. Medical Equipment Projects – If the project involves the acquisition of any of the following equipment: 1) major medical equipment as defined in N.C. Gen. Stat. § 131E-176(14o); 2) the specific equipment listed in G.S. 131-176(16); or 3) equipment that creates a diagnostic center as defined in N.C. Gen. Stat. § 131E-176(7a), provide the following information for each piece or unit of equipment:

- Manufacturer
- Model
- Date Acquired

Not applicable

D. Capital Expenditure

- What is the total approved capital cost of the project indicated on the certificate of need?
\$4,100,000

2. Complete the table below and provide supporting documentation, which may include:
 - a. Copies of executed purchase orders for major medical equipment (as defined in N.C. Gen. Stat. 131E-176(14o)), MRIs, PET scanners, Cath equipment, linacs or simulators, etc. If you previously provided them, you do not need to provide another copy.
 - b. If applicable, copies of the Contractors Application for Payment [AIA G702] with Schedule of Values [AIA G703].

	Capital Expense Since Last Report	Total Cumulative Capital Expenditure
Purchase Price of Land	0	0
Closing Costs	0	0
Site Preparation	0	0
Construction/Renovation Contract(s)	0	\$1,792,807.05
Landscaping	0	
Architect / Engineering Fees	0	\$154,000.00
Medical Equipment	\$93,904.64.00	\$130,000.00
Non-Medical Equipment	0	
Furniture	0	\$31,698.05
Consultant Fees (specify)	0	\$45,000.00
Financing Costs	0	
Interest during Construction	0	
Other (specify)	0	
Total Capital Cost	\$93,904.64	\$2,147,194.74

3. What is the projected remaining capital expenditure required to complete the project? **\$1,952,805.26**
4. Will the total actual capital cost of the project exceed 115% of the approved capital expenditure on the certificate of need? If yes, explain the reasons for the difference.

No

E. Certification – The undersigned hereby certifies that the responses to the questions in this progress report and the attached documents are correct to the best of his or her knowledge and belief. In addition, I acknowledge that incomplete progress report forms **will not** be accepted and **must** be resubmitted upon notification from the Agency Project Analyst.

Signature: *Rhonda Palumbo*
 Name and Title: Rhonda Palumbo, Director of Business Contracts/Physician Privileging
 Telephone Number (610) 644-8900 extension 2670
 Email address Rhonda.Palumbo@azuracare.com

EXHIBIT 6

From: Rhonda B Palumbo
Sent: Monday, March 13, 2023 8:32 AM
To: Faenza, Julie M <Julie.Faenza@dhhs.nc.gov>
Subject: FW: [External] RE: Status update of financial documentation for Metrolina Vascular Access Care

Julie,

We have this one final invoice as well for the final CON process.

Thank you,
Rhonda

Regards,
Rhonda

Rhonda Palumbo
Director of Business Contracts/Physician Services

Azura Vascular Care & National Cardiovascular Partners, LP
Operational Excellence and Physician Services
52 E. Swedesford Road, Suite 110 | Malvern, PA 19355
P 610-644-8900 M 267-353-9145 F 610-482-9987
AzuraVascularCare.com | NCPLP.com



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From: Rhonda B Palumbo <Rhonda.Palumbo@azuracare.com>
Sent: Monday, March 13, 2023 8:18 AM
To: Faenza, Julie M <Julie.Faenza@dhhs.nc.gov>
Cc: Sarah C Dorsey <Sarah.Dorsey@AzuraCare.com>
Subject: RE: [External] RE: Status update of financial documentation for Metrolina Vascular Access Care

Julie,

Here are the final lien releases for the Metrolina CON. Please let me know if there is anything additional needed to finalize and close this CON.

Thank you and have a great week!
Rhonda

Regards,
Rhonda

Rhonda Palumbo
Director of Business Contracts/Physician Services

Azura Vascular Care & National Cardiovascular Partners, LP
Operational Excellence and Physician Services
52 E. Swedesford Road, Suite 110 | Malvern, PA 19355
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From: Faenza, Julie M <Julie.Faenza@dhhs.nc.gov>
Sent: Tuesday, January 17, 2023 10:19 AM
To: Rhonda B Palumbo <Rhonda.Palumbo@azuracare.com>
Subject: [EXTERNAL EMAIL] RE: [External] RE: Status update of financial documentation for Metrolina Vascular Access Care

NOT an FMCNA email - External email

Thanks Rhonda! I'll make a note to follow up again in a couple of months if I haven't heard anything at that point; otherwise, I'll review the documentation once you can send it.

Julie M. Faenza, Esq.
Pronouns: She/her
Project Analyst, Certificate of Need
[Division of Health Service Regulation, Healthcare Planning and Certificate of Need Section](#)
[NC Department of Health and Human Services](#)

Office: 919-855-3873
Julie.Faenza@dhhs.nc.gov

Help protect your family and neighbors from COVID-19.
[Know the 3 Ws. Wear. Wait. Wash.](#)
#StayStrongNC and get the latest at nc.gov/covid19.

[Twitter](#) | [Facebook](#) | [Instagram](#) | [YouTube](#) | [LinkedIn](#)

From: Rhonda B Palumbo <Rhonda.Palumbo@azuracare.com>
Sent: Friday, January 13, 2023 7:58 AM
To: Faenza, Julie M <Julie.Faenza@dhhs.nc.gov>
Subject: [External] RE: Status update of financial documentation for Metrolina Vascular Access Care

CAUTION: External email. Do not click links or open attachments unless you verify. Send all suspicious email as an attachment to [Report Spam](#).

Julie,

We are finally just receiving invoices from the vendors to finalize the payments to them and get the lien releases. I will keep you posted as to when I have the final documents.

Regards,
Rhonda

Rhonda Palumbo
Director of Business Contracts/Physician Services

Azura Vascular Care & National Cardiovascular Partners, LP
Operational Excellence and Physician Services
52 E. Swedesford Road, Suite 110 | Malvern, PA 19355
P 610-644-8900 M 267-353-9145 F 610-482-9987
AzuraVascularCare.com | NCPLP.com



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From: Faenza, Julie M <Julie.Faenza@dhhs.nc.gov>
Sent: Wednesday, January 11, 2023 11:50 AM
To: Rhonda B Palumbo <rhonda.palumbo@azuracare.com>
Subject: [EXTERNAL EMAIL] Status update of financial documentation for Metrolina Vascular Access Care

NOT an FMCNA email - External email

Good morning, Rhonda! I have a note reminding me to follow up with you. The last time we talked you were waiting on two final lien releases/invoices to send over for financial documentation of the capital expenditure. Do you have any update on those? Thanks!

Julie M. Faenza, Esq.
Pronouns: She/her
Project Analyst
[Division of Health Service Regulation](#), Healthcare Planning and Certificate of Need Section

[NC Department of Health and Human Services](#)

Office: 919-855-3873

julie.faenza@dhhs.nc.gov

809 Ruggles Drive, Edgerton Building

2704 Mail Service Center

Raleigh, NC 27699-2704

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FRESENIUS MEDICAL CARE

REAL ESTATE & CONSTRUCTION SERVICES

PAYMENT VOUCHER

TO: Sofia Marjama
 (Acct. Spec. Name)

FROM: Cheryl a D'Amico
 (Admin Name)

DATE: 3/10/2023

Document #:

Project Related Costs

FIELD USE ONLY CSI Code (GI Use Only):

Check **ONLY** if Non-contractual work (General Invoice)

Prolog Project Number: 100234-1-RL-VAS-GU-20

Project Name: Charlotte -AVC-RD-JV

Description: Construction Management Fees

Vendor Name: David E Looper & Company Inc.

Approved Total: \$ 204,247.42

Lien Waiver: Partial **DATE COI EXPIRES:** 6/30/2023
 Final

****REQUIRED**** (If **FINAL**, **MUST** include **ORIGINAL SIGNED FINAL** Lien Waiver from all contractors, subcontractors, suppliers and/or architects)

Generator ATN Switch Serial No. _____
 ATN Switch Serial No. _____

Prepared By / Date _____
 Signature _____ Print Name and Date _____

Reviewed By / Date _____
 Signature _____ Print Name and Date _____

Approved By / Date _____
 Signature _____ Print Name and Date _____

ACCOUNTING USE ONLY

Profit Center: _____

Vendor Number: _____

Invoice # / Date: _____

Construction 2400310 _____

Retainage 4420005 _____

A&E 2400320 _____

Other _____

Verified Total: _____

SFL Approval / Date _____
 Signature _____ Print Name and Date _____

APPLICATION AND CERTIFICATE FOR PAYMENT

AIA DOCUMENT G702

1 of 3 Pages

To: Fresenius Vascular Care Charlotte
c/o Fresenius Medical Care-NA
Hollywood, FL 33020

Project Name: FVC Charlotte AVC-JC100234-1 Application No: 103021036-00014
Period To: 2/28/2023
Project: 103021036

Distribution to
 OWNER
 ARCHITECT
 CONTRACTOR
 LENDER

From: David E. Looper & Company, Inc.
PO Box 3224
Hickory, NC 28603

Via Architect: JKG Collaborative, LLC
931 Monroe Dr., NE, Suite
A102-181
Atlanta, GA 30306

Contract Date: 3/12/2021

Contract For:

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the contract.
Continuation Sheet, AIA Document G703 is attached.

1. ORIGINAL CONTRACT SUM	\$1,798,150.00
2. Net change by Change Orders	\$244,322.22
3. CONTRACT SUM TO DATE (Line 1 +/- 2)	\$2,042,472.22
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703)	\$2,042,472.22
5. Less retainage 10 %	\$0.00
6. TOTAL EARNED LESS RETAINAGE (Line 4 less Line 5 Total)	\$2,042,472.22
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)	\$1,838,224.80
8. CURRENT PAYMENT DUE	\$204,247.42
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6)	\$0.00

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Changes approved in previous months by Owner	162,722.94	
Total approved this Month	46,642.53	
TOTALS	209,365.47	
Net Changes by Change Order	209,365.47	

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, with the exception of disputed amounts, and that current payment shown herein is now due.

CONTRACTOR: David E. Looper & Company, Inc.

By:  Date: 03/03/2023

State Of North Carolina County Of Catawba
3rd day of March, 2023

Notary Public My commission expires: January 1, 2025

LISA P. LINGLE
Notary Public, North Carolina
Burke County
My Commission Expires
January 01, 2025

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising the application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED \$ _____

(Attach explanation if amount certified differs from the amount applied for. Initial all figures on this Application and on the Continuation Sheet that are changed to conform with the amount certified.)

ARCHITECT: JKG Collaborative, LLC

By: _____ Date: _____

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.

CONTINUATION SHEET

AIA DOCUMENT G703

2 of 3 Pages

AIA Document G702, APPLICATION AND CERTIFICATION FOR PAYMENT , containing Contractor's signed Certification, is attached. In tabulations below, amounts are stated to the nearest dollar. Use Column I on Contracts where variable retainage for line items may apply.

APPLICATION NO.: 103021036-00014
 APPLICATION DATE: 02/28/2023
 PERIOD TO: 2/28/2023
 PROJECT: 103021036 / FVC Charlotte AVC-JC10023

A Item No.	B Description Of Work	C Scheduled Value	D Work Completed		F Materials Presently Stored (Not in D or E)	G Total Completed And Stored To Date (D+E+F)		H Balance To Finish (C-G)	I Retainage Amount
			From Previous Application (D+E)	This Period		% Comp (G/C)			
001	01000 General Conditions	22,056.00	22,056.00			22,056.00	100		
003	01100 Permit Fees Allowance	10,000.00	10,000.00			10,000.00	100		
005	01200 Staff Salaries	46,512.00	46,512.00			46,512.00	100		
007	01410 Conc Moist Test Allow	2,000.00	2,000.00			2,000.00	100		
009	01500 Temp Facilities	4,140.00	4,140.00			4,140.00	100		
011	01560 Safety	3,876.00	3,876.00			3,876.00	100		
013	01700 Final Clean/Punch/Clos	3,100.00	3,100.00			3,100.00	100		
015	01710 Gen Clean, Site Upkee	3,400.00	3,400.00			3,400.00	100		
017	01741 Waste Mgmt, Dumpster	7,670.00	7,670.00			7,670.00	100		
019	03300 Concrete Work	40,581.00	40,581.00			40,581.00	100		
021	05500 Misc Metals	7,725.00	7,725.00			7,725.00	100		
023	06100 Rough Carpentry	4,079.00	4,079.00			4,079.00	100		
025	06402 Cabinets/Shelving	67,625.00	67,625.00			67,625.00	100		
027	08111 HM Doors & Frames	18,074.00	18,074.00			18,074.00	100		
029	08211 Wood Doors	24,360.00	24,360.00			24,360.00	100		
031	08710 Finish Hardware	15,564.00	15,564.00			15,564.00	100		
033	08720 Auto Door Operators	6,405.00	6,405.00			6,405.00	100		
035	08850 Glass & Glazing	1,120.00	1,120.00			1,120.00	100		
037	09260 Drywall	145,756.00	145,756.00			145,756.00	100		
039	09300 Ceramic Tile Work	19,156.00	19,156.00			19,156.00	100		
041	09511 Acoustical Ceilings	16,866.00	16,866.00			16,866.00	100		
043	09610 Floor Treatment	1,650.00	1,650.00			1,650.00	100		
045	09652 Sheet Vinyl Flooring	38,950.00	38,950.00			38,950.00	100		
047	09670 Epoxy Res. Flooring	33,675.00	33,675.00			33,675.00	100		
049	09770 NRP & RVP	35,178.00	35,178.00			35,178.00	100		
051	09900 Painting	14,875.00	14,875.00			14,875.00	100		
053	10140 Interior Signate	3,500.00	3,500.00			3,500.00	100		
055	10190 Hospital Curtain Partit	12,238.00	12,238.00			12,238.00	100		
057	10260 Wall & Corner Guards	3,798.00	3,798.00			3,798.00	100		
059	10500 Lockers	15,220.00	15,220.00			15,220.00	100		

CONTINUATION SHEET

AIA DOCUMENT G703

3 of 3 Pages

AIA Document G702, APPLICATION AND CERTIFICATION FOR PAYMENT , containing Contractor's signed Certification, is attached. In tabulations below, amounts are stated to the nearest dollar. Use Column I on Contracts where variable retainage for line items may apply.

APPLICATION NO.: 103021036-00014
 APPLICATION DATE: 02/28/2023
 PERIOD TO: 2/28/2023
 PROJECT: 103021036 / FVC Charlotte AVC-JC10023

A Item No.	B Description Of Work	C Scheduled Value	D Work Completed		F Materials Presently Stored (Not in D or E)	G		H Balance To Finish (C-G)	I Retainage Amount
			From Previous Application (D+E)	This Period		Total Completed And Stored To Date (D+E+F)	% Comp (G/C)		
061	10520 Fire Protection Spec	1,373.00	1,373.00			1,373.00	100		
063	10810 Bathroom Access	1,405.00	1,405.00			1,405.00	100		
065	11400 Kitchen Equipment	2,000.00	2,000.00			2,000.00	100		
067	15400 Plumbing	199,500.00	199,500.00			199,500.00	100		
069	15600 Mech Ductwork & Insul	255,000.00	255,000.00			255,000.00	100		
071	15820 Air Distribution	38,703.00	38,703.00			38,703.00	100		
073	15900 Fire Sprinkler	19,145.00	19,145.00			19,145.00	100		
075	16130 Fire Alarm	17,381.00	17,381.00			17,381.00	100		
077	16270 Electrical	403,385.00	403,385.00			403,385.00	100		
079	16280 Low Voltage	95,563.00	95,563.00			95,563.00	100		
081	18100 Gen Liability Insurance	498.00	498.00			498.00	100		
083	18300 GC O&P	131,631.00	131,631.00			131,631.00	100		
085	18500 Sales Tax	3,417.00	3,417.00			3,417.00	100		
087	Change Order 6 and 7	3,835.23	3,835.23			3,835.23	100		
089	COR 8-10	92,101.92	92,101.92			92,101.92	100		
090	COR 15	31,565.00	31,565.00			31,565.00	100		
091	COR 2 & 3	25,681.71	25,681.71			25,681.71	100		
092	CORs 1,11,12,13,14,16	9,539.08	9,539.08			9,539.08	100		
093	COR 17	46,642.53	46,642.53			46,642.53	100		
094	COR 5	34,956.75	34,956.75			34,956.75	100		

Totals		2,042,472.22	2,042,472.22			2,042,472.22	100.00		
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Fresenius Medical Care
 1909 Tyler Street, 8th Floor,
 Hollywood, Florida 33020
 (954) 925-0670

Charlotte - AVC - RD - JV
 Job #:100234-1-RL-VAS-GU-2020
 3158 Freedom Dr ,
 Charlotte, North Carolina. 28208.

Subcontractor Invoices

#	Invoice Dates	Billing Date	Status	Original Contract Sum	Net Change By Change Orders	Revised Contract Sum	Total Completed And Stored To Date	Total Retainage	Total Earned Less Retainage	Payment Due	Balance To Finish	% Complete
13	03/04/23 - 03/10/23	02/28/23	Approved	\$1,798,150.00	\$244,322.22	\$2,042,472.22	\$2,042,472.22	\$204,247.42	\$1,838,224.80	\$105,138.06	\$204,247.42	100.00%
12	01/14/23 - 01/20/23	12/31/22	Approved	\$1,798,150.00	\$127,502.15	\$1,925,652.15	\$1,925,652.15	\$192,565.41	\$1,733,086.74	\$28,408.50	\$192,565.41	100.00%
11	01/14/23 - 01/20/23	10/18/22	Approved	\$1,798,150.00	\$95,937.15	\$1,894,087.15	\$1,894,087.15	\$189,408.91	\$1,704,678.24	\$84,215.91	\$189,408.91	100.00%
10	03/26/22 - 04/01/22	02/28/22	Approved	\$1,798,150.00	\$3,835.23	\$1,801,985.23	\$1,800,513.92	\$180,051.59	\$1,620,462.33	\$6,936.17	\$181,522.90	99.92%
9	02/12/22 - 02/18/22	01/31/22	Approved	\$1,798,150.00	\$3,835.23	\$1,801,985.23	\$1,792,807.05	\$179,280.89	\$1,613,526.16	\$23,357.90	\$188,459.07	99.49%
8	01/15/22 - 01/21/22	12/31/21	Approved	\$1,798,150.00	\$0.00	\$1,798,150.00	\$1,766,853.83	\$176,685.57	\$1,590,168.26	\$68,277.51	\$207,981.74	98.26%
7	12/11/21 - 12/17/21	11/30/21	Approved	\$1,798,150.00	\$0.00	\$1,798,150.00	\$1,690,989.90	\$169,099.15	\$1,521,890.75	\$124,204.74	\$276,259.25	94.04%
6	11/27/21 - 12/03/21	10/31/21	Approved	\$1,798,150.00	\$0.00	\$1,798,150.00	\$1,552,984.59	\$155,298.58	\$1,397,686.01	\$148,707.01	\$400,463.99	86.37%
5	11/20/21 - 11/26/21	09/30/21	Approved	\$1,798,150.00	\$0.00	\$1,798,150.00	\$1,387,754.55	\$138,775.55	\$1,248,979.00	\$235,323.19	\$549,171.00	77.18%
4	09/25/21 - 10/01/21	08/31/21	Approved	\$1,798,150.00	\$0.00	\$1,798,150.00	\$1,126,284.30	\$112,628.49	\$1,013,655.81	\$444,051.33	\$784,494.19	62.64%
3	09/11/21 - 09/17/21	07/31/21	Approved	\$1,798,150.00	\$0.00	\$1,798,150.00	\$632,893.92	\$63,289.44	\$569,604.48	\$348,765.47	\$1,228,545.52	35.20%
2	07/24/21 - 07/30/21	06/30/21	Approved	\$1,798,150.00	\$0.00	\$1,798,150.00	\$245,376.70	\$24,537.69	\$220,839.01	\$140,691.59	\$1,577,310.99	13.65%
1	06/12/21 - 06/18/21	05/31/21	Approved	\$1,798,150.00	\$0.00	\$1,798,150.00	\$89,052.70	\$8,905.28	\$80,147.42	\$80,147.42	\$1,718,002.58	4.95%

Fresenius Medical Care N.A.

Export CO Log

Commitment Change Orders

Number	Revision	Title	Status	Executed	Amount	Date Initiated	Due Date	Review Date	Designated Reviewer	PCO
009	0	Temp AC Units Additional costs. #100234 Charlotte AVC. David E Looper. \$46,642.53. Aaron Carrow.	Approved	Yes	\$34,956.75	3/1/2023	-	3/2/2023		PCO #017
008	0	Temp AC Units Additional costs. #100234 Charlotte AVC. David E Looper. \$46,642.53. Aaron Carrow. 2/21/2023.	Approved	Yes	\$46,642.53	2/21/2023	-	2/27/2023		PCO #018
007	0	Exit Device. Automation System Monitoring. Dimmers and Control Wiring for OR. Sprinkler Heads. Locks and Lockers. Update Rotary w/30amp. #100234 Charlotte. David E Looper. \$ 9,539.08. Arron Carrow.	Approved	Yes	\$9,539.08	2/20/2023	-	2/27/2023		PCO #011, PCO #012, PCO #013, PCO #014, PCO #015, PCO #016
006	0	David E Looper. #100234 Charlotte. 2-Procedure Lights. Temp AC Units. \$25,681.71. Aaron Carrow. 1/18/2023	Approved	Yes	\$25,681.71	1/10/2023	-	1/24/2023		PCO #009, PCO #010
005	0	GC-David E. Looper. #100234-1-RL-VAS-GU- 2020 - Charlotte AVC. RD. JV. Owner Request Required Commissioning Review for Operations. \$31,565.00. Aaron Carrow. 11/28/22.	Approved	Yes	\$31,565.00	11/28/2022	-	11/30/2022		PCO #008
004	0	GC David E Looper & Company. #100234-1- RL-VAS-GU-2020. Charlotte AVC RD JV. Electrical Walk Thru 12/1/21. DHSR Inspection 1/25/22. Key Pad. \$92,101.92. By Aaron Carrow. 10/5/2022.	Approved	Yes	\$92,101.92	10/5/2022	-	10/19/2022		PCO #005, PCO #006, PCO #007
003	0	GC-David E. Looper. #100234-1-RL-VAS-GU-2020 - Charlotte AVC. RD. JV. Add 2-Panic Devices with Interim Security System Installation. Aaron Carrow/Ernest Gutierrez. 12/27/21	Approved	Yes	\$521.13	12/27/2021	-	1/4/2022		PCO #004
002	0	GC-David E. Looper. #100234-1-RL-VAS-GU- 2020 - Charlotte AVC. RD. JV. Add Interim Security System w/ 3-Month Monitoring. By Aaron Carrow/	Approved	Yes	\$3,314.10	12/15/2021	-	12/16/2021		PCO #002
001	0	100234-1 Charlotte Azura GC David E Looper CO #001 -NTP	Approved	Yes	\$0.00	6/23/2021	-	12/15/2021		PCO #003
Grand Totals:					\$244,322.22					

Potential Change Orders

Number	Revision	Title	Status	Executed	Amount	Schedule Impact	Date Initiated	Change Reason	CCO
018	0	Temp AC Units Additional costs. #100234 Charlotte AVC. David E Looper. \$46,642.53. Aaron Carrow.	Approved	No	\$46,642.53	0 days	2/14/2023	Unforeseen or Field Conditions	CCO #008
017	0	Temporary Generator Costs. #100234 Charlotte AVC. David E Looper. \$34,956.75. 10/28/2022. Aaron Carrow.	Approved	No	\$34,956.75	0 days	2/14/2023	Unforeseen or Field Conditions	CCO #009
016	0	Update Rotary Disconnect w/30amp. #100234 Charlotte AVC. David E Looper. \$693.38. 9/16/2022. Aaron Carrow.	Approved	No	\$693.38	0 days	2/14/2023	A/E Omission	CCO #007
015	0	Add Cabinet Locks and Locker Install. #100234 Charlotte AVC. David E Looper. \$1,838.25. 5/23/2022. Aaron Carrow.	Approved	No	\$1,838.25	0 days	2/14/2023	A/E Omission	CCO #007
014	0	Install Additonal Sprinkler Heads in Mechical Rm. #100234 Charlotte AVC. David E Looper. \$ 1,322.25. 4/19/2022. Aaron Carrow.	Approved	No	\$1,322.25	0 days	2/14/2023	AHJ/Inspection Comments	CCO #007
013	0	Dimmers and Control Wiring for OR and Procedure Room. #100234 Charlotte AVC. David E Looper. \$2,704.70. 4/19/2022. Aaron Carrow	Approved	No	\$2,704.70	0 days	2/14/2023	A/E Omission	CCO #007
012	0	Building Automation System Monitoring. #100234 Charlotte AVC. David E Looper. \$1,516.26. Aaron Carrow. 4/7/2022	Approved	No	\$1,516.26	0 days	2/14/2023	Stakeholder Request	CCO #007

Number	Revision	Title	Status	Executed	Amount	Schedule Impact	Date Initiated	Change Reason	CCO	
011	0	Exit Device. #100234 Charlotte. David E Looper. \$1,464.24. 8/17/2022. Aaron Carrow.	Approved	No	\$1,464.24	0 days	2/14/2023	Stakeholder Request	CCO #007	
010	0	David E Looper. #100234 Charlotte. Costs Associated for Temp AC Units. \$11,778.73. 9/24/2021.	Approved	No	\$11,778.73	0 days	1/6/2023	Unforeseen or Field Conditions	CCO #006	
009	0	GC David E Looper. #100234 Charlotte. Provide & Install 2-Procedure Lights In Rooms 1133 & 1131. \$13,902.87. Aaron Carrow. 9/23/2021.	Approved	No	\$13,902.98	0 days	1/6/2023	Stakeholder Request	CCO #006	
008	0	GC-David E. Looper. #100234-1-RL-VAS-GU-2020 - Charlotte AVC. RD. JV. Owner Request Required Commissioning Review for Operations. \$31,565.00. Aaron Carrow. 10/28/22.	Approved	No	\$31,565.00	0 days	10/28/2022	Stakeholder Request	CCO #005	
007	0	GC David E Looper & Company. #100234-1-RL-VAS-GU-2020 - Charlotte AVC RD JV. Add Electrical Strike/Key Pad. \$1,941.67.	Approved	No	\$1,941.67	0 days	4/6/2022	Stakeholder Request	CCO #004	
006	0	GC David E Looper & Company. #100234-1-RL-VAS-GU-2020. Charlotte AVC RD JV. Electrical Revisions Based on Division of Health Service Regulation (DHSR) Inspection. \$41,114.45. BY Aaron Carrow. 01/31/2022.	Approved	No	\$41,114.45	0 days	2/2/2022	AHJ/Inspection Comments	CCO #004	
005	0	GC David E Looper & Company. #100234-1-RL-VAS-GU-2020. Charlotte AVC RD JV. Electrical Revisions Based on December 1st, 2021 Azura Walk Thru. \$49,045.80. Aaron Carrow. 01/31/2022.	Approved	No	\$49,045.80	0 days	1/31/2022	A/E Omission	CCO #004	
004	0	GC-David E. Looper. #100234-1-RL-VAS-GU-2020 - Charlotte AVC. RD. JV. Add 2-Panic Devices with Interim Security System Installation. By Aaron Carrow/Ernest Gutierrez. 12/09/2021.	Approved	No	\$521.13	0 days	12/20/2021	Stakeholder Request	CCO #003	
003	0	GC - David E. Looper & Company. _NTP-5/10/21_#100234-1-RL-VAS-GU-2020 - Charlotte - AVC.RD.JV. Zero Dollar CO. By Aaron Carrow	Approved	No	\$0.00	36 days	12/13/2021	Stakeholder Request	CCO #001	
002	0	GC-David E. Looper. #100234-1-RL-VAS-GU-2020 - Charlotte AVC. RD. JV. Add Interim Security System w/ 3-Month Monitoring. Aaron Carrow/Ernest Gutierrez. 12/09/2021.	Approved	No	\$3,314.10	0 days	12/10/2021	Stakeholder Request	CCO #002	
Grand Totals:					\$244,322.22	36 days				