

**Certificate of Need
Certificates Issued
August 2020**

County	Project ID	Facility	FID	Facility Type	Project Description	Application Review Date	Decision Date	Certificate Issue Date	Decision	Review-Analyst	Co-Signer	Approved Capital Expenditure	1st Rept Due Date
Brunswick	O-011881-20	Leland Dialysis	140237	ESRD	Add no more than 4 dialysis stations pursuant to Condition 1 of the facility need methodology for a total of no more than 16 dialysis stations upon project completion	4/1/2020	7/2/2020	8/4/2020	Conditional Approval	Tanya Saporito	Gloria Hale	\$68,004	3/1/2021
Buncombe	B-011892-20	Mission Hospital	943349	HOSPITAL	Acquire a third da Vinci Xi Surgical System for a total of 4 da Vinci systems (3 Xi and 1 Si)	5/1/2020	7/24/2020	8/25/2020	Conditional Approval	Ena Lightbourne	Gloria Hale	\$1,671,931	12/1/2020
Cabarrus	F-011887-20	Harrisburg Dialysis Center	070392	ESRD	Add no more than 2 dialysis stations pursuant to facility need for a total of no more than 28 stations upon project completion	4/1/2020	7/24/2020	8/20/2020	Conditional Approval	Ena Lightbourne	Lisa Pittman	\$12,498	3/21/2020
Edgecombe	L-11818-19	The Landings of Tarboro	190515	ACH	Develop a new 66-bed ACH facility by relocating 66 existing ACH beds from Open Fields Assisted Living (located in Edgecombe County and licensed for 130 ACH beds)	11/1/2019	3/13/2020	8/27/2020	Denied - Settlement	Mike McKillip	Gloria Hale	\$6,999,400	3/31/2021
Gaston	F-011894-20	CaroMont Regional Medical Center	943184	HOSPITAL	Add 64 acute care beds pursuant to the need determination in the 2020 SMFP for a total of 415 beds upon completion of this project and Project ID #F-11749-19 (relocate 21 beds to Belmont)	5/1/2020	7/24/2020	8/25/2020	Conditional Approval	Greg Yakaboski	Gloria Hale	\$1,531,213	1/20/2021
Guilford	G-011877-20	BMA of Greensboro	945258	ESRD	Add no more than 3 dialysis stations pursuant to facility need for a total of no more than 54 dialysis stations upon completion of this project and Project ID# G-11765-19 (add 7 stations)	4/1/2020	7/24/2020	8/25/2020	Conditional Approval	Greg Yakaboski	Lisa Pittman	\$11,250	1/20/2021
Guilford	G-011895-20	North Elam Ambulatory Surgery Center	200291	ASC	Develop a new separately licensed freestanding ASF on the Wesley Long campus by re-licensing five existing hospital-based ORs at Wesley Long Surgery Center which are currently on the Cone Health license	5/1/2020	7/21/2020	8/21/2020	Conditional Approval	Celia Inman	Gloria Hale	\$7,715,777	1/1/2021
Mecklenburg	F-011898-20	Carolinas Medical Center	943070	HOSPITAL	Acquire a gamma knife pursuant to the adjusted need determination in the 2020 SMFP	5/1/2020	7/23/2020	8/25/2020	Conditional Approval	Julie Faenza	Fatimah Wilson	\$11,915,115	1/1/2021
Mecklenburg	F-011901-20	Atrium Health Pineville Medical Plaza II Diagnostic Center	200294	DXCTR	Develop a new diagnostic center with X-ray, ultrasound, EMG, and RMR	5/1/2020	7/24/2020	8/25/2020	Conditional Approval	Greg Yakaboski	Fatimah Wilson	\$1,611,297	1/20/2021

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: O-11881-20

FID #: 140237

ISSUED TO: Total Renal Care of North Carolina, 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: Add no more than 4 dialysis stations pursuant to Condition 1 of the facility need methodology for a total of no more than 16 dialysis stations upon project completion / Brunswick County

CONDITIONS: See Reverse Side

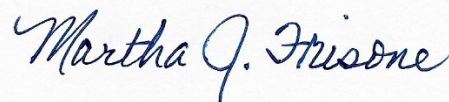
PHYSICAL LOCATION: Leland Dialysis
1220 Magnolia Village Way
Leland, NC 28457

CAPITAL EXPENDITURE: \$68,004

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 1, 2021

This certificate is effective as of August 4, 2020



Martha J. Frisone, Chief

CONDITIONS:

1. Total Renal Care of North Carolina, LLC shall materially comply with all representations made in the certificate of need application.
2. Pursuant to the facility need determination in the 2020 SMFP, Total Renal Care of North Carolina, LLC shall develop no more than four additional in-center dialysis stations at Leland Dialysis for a total of no more than 16 in-center stations upon project completion.
3. Total Renal Care of North Carolina, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on August 1, 2020.

Timetable

Milestone		Date mm/dd/yyyy
1	Construction / Renovation Contract(s) Executed	2/15/2021
2	50% of Construction / Renovation Completed	8/15/2021
3	Construction / Renovation Completed	11/30/2021
4	Equipment Ordered	7/31/2021
5	Services Offered	1/1/2022

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: B-11892-20

FID #: 943349

ISSUED TO: MH Mission Hospital, LLLP

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: Acquire a third da Vinci Xi Surgical System for a total of 4 da Vinci systems (3 Xi and 1 Si)/ Buncombe County

CONDITIONS: See Reverse Side

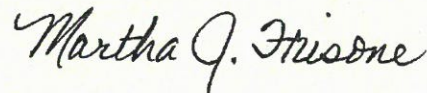
PHYSICAL LOCATION: Mission Hospital
509 Biltmore Avenue
Asheville, NC 28801

CAPITAL EXPENDITURE: \$1,671,931

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 1, 2020

This certificate is effective as of August 25, 2020



Martha J. Frisone, Chief

CONDITIONS:

1. MH Mission Hospital, LLLP shall materially comply with all representations made in the certificate of need application.
2. MH Mission Hospital, LLLP shall acquire no more than one da Vinci Xi Surgical System at Mission Hospital for a total of 4 da Vinci systems (3 Xi and 1 Si).
3. MH Mission Hospital, LLLP shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section 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, MH Mission Hospital, LLLP shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.
5. MH Mission Hospital, LLLP shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on July 24, 2020.

Timetable

Milestone		Date
1	Equipment Installed	8/14/2020
2	Equipment Operational	9/30/2020
3	Services Offered	10/1/2020
4	First Annual Report Due*	12/31/2021

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-11887-20

FID #: 070392

ISSUED TO: Total Renal Care of North Carolina, 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: Add no more than 2 dialysis stations pursuant to facility need for a total of no more than 28 stations upon project completion/ Cabarrus County

CONDITIONS: See Reverse Side

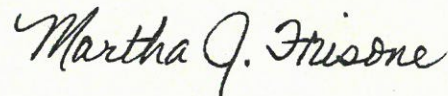
PHYSICAL LOCATION: Harrisburg Dialysis Center
3310 Perry Street NW
Concord, NC 28027

CAPITAL EXPENDITURE: \$12,498

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 21, 2021

This certificate is effective as of August 20, 2020



Martha J. Frisone, Chief

CONDITIONS:

1. Total Renal Care of North Carolina, LLC shall materially comply with all representations made in the certificate of need application.
2. Pursuant to the facility need determination in the 2020 SMFP, Total Renal Care of North Carolina, LLC shall develop no more than two additional in-center dialysis stations for a total of no more than 28 in-center dialysis stations at Harrisburg Dialysis Center upon project completion.
3. Total Renal Care of North Carolina, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on July 21, 2020.

Timetable

Milestone		Date mm/dd/yyyy
1	Construction / Renovation Contract(s) Executed	07/31/2021
2	Services Offered	01/01/2022

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: L-11818-19

FID #: 190515

ISSUED TO: Edgecombe Opco, LLC
Edgecombe Propco, 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: Develop a new 66-bed ACH facility by relocating 66 existing ACH beds from Open Fields Assisted Living (located in Edgecombe County and licensed for 130 ACH beds)/ Edgecombe County

CONDITIONS: See Reverse Side

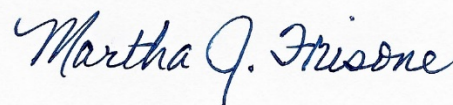
PHYSICAL LOCATION: The Landings of Tarboro
910 Western Boulevard
Tarboro, NC 27886

CAPITAL EXPENDITURE: \$6,999,400

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 31, 2021

This certificate is effective as of August 27, 2020



Martha J. Frisone, Chief

CONDITIONS:

1. Edgecombe Opco, LLC and Edgecombe Propco, LLC shall materially comply with all representations made in the certificate of need application and any supplemental responses. If representations conflict, Edgecombe Opco, LLC and Edgecombe Propco, LLC shall materially comply with the last made representation.
2. Edgecombe Opco, LLC and Edgecombe Propco, LLC shall relocate no more than 66 existing adult care home beds from Open Fields Assisted Living (located in Edgecombe County).
3. Upon completion of the project, The Landings of Tarboro shall be licensed for no more than 66 adult care home beds.
4. Edgecombe Opco, LLC and Edgecombe Propco, LLC shall provide care to recipients of State/County Special Assistance with Medicaid, commensurate with representation made in the application.
5. For the first two years of operation following this project, Edgecombe Opco, LLC and Edgecombe Propco, LLC shall not increase private pay charges more than 5% of the projected private pay charges provided in Section Q of the application without first obtaining a determination from the Health Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.
6. Edgecombe Opco, LLC and Edgecombe Propco, LLC shall submit completed progress reports forms (provided by the Healthcare Planning and Certificate of Need Section) as follows:
 - a) Progress reports will be due on the last day of every third month. The first progress report shall be due on 3/31/2021. The second progress report shall be due on the 6/30/2021 and so forth.
 - b) Each progress report shall describe in detail all steps taken to develop the project since the last progress report and shall include documentation to substantiate each step taken.
 - c) Progress reports should be received by the due date but in no case shall the be received more than one week after the due date.
 - d) Timetable milestones shall be completed no later than three months after the projected date on the timetable subject to reasonable extension due to conditions completely beyond the control of the certificate holder(s).
 - e) If the project is not developed on accordance with the timetable, including any reasonable extensions, the Health Planning and Certificate of Need Section may impose a civil monetary penalty of \$500 per day for each day the project is delayed beyond the 90th day following the milestone date on the timetable.

(Project I.D #L-11818-19 Cont)

7. No later than three months after the last day of each of the first three full fiscal years of operation following intuition of the services authorized by this certificate of need, Edgecombe Opco, LLC and Edgecombe Propco, LLC shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
- a) Payor mix for the services authorized in the certificate of need.
 - b) Utilization of the services authorized in the certificate of need.
 - c) Revenue and operating costs for the services authorized in the certificate of need.
 - d) Average gross revenue per unit of service.
 - e) Average net revenue per unit of services.
 - f) Average operating cost per unit of service.

Timetable

	Milestone	Date mm/dd/yyyy
1	Financing Obtained	05/01/2023
2	Drawings Completed	05/15/2023
3	Land Acquired	05/01/2023
4	Construction / Renovation Contract(s) Executed	07/10/2023
5	25% of Construction / Renovation Completed (25% of the cost is in place)	09/28/2023
6	50% of Construction / Renovation Completed	12/17/2023
7	75% of Construction / Renovation Completed	03/07/2024
8	Construction / Renovation Completed	05/11/2024
9	Equipment Ordered	04/11/2024
10	Equipment Installed	04/26/2024
11	Equipment Operational	07/10/2024
12	Building / Space Occupied	08/25/2024
13	Licensure Obtained	10/01/2024
14	Services Offered	10/01/2024
15	Medicare and / or Medicaid Certification Obtained	10/31/2024
16	First Annual Report Due*	02/28/2025

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-11894-20

FID #: 943184

ISSUED TO: Gaston Memorial Hospital, Incorporated
CaroMont Health, Inc.

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: Add 64 acute care beds pursuant to the need determination in the 2020 SMFP for a total of 415 beds upon completion of this project and Project ID #F-11749-19 (relocate 21 beds to Belmont)/ Gaston County

CONDITIONS: See Reverse Side

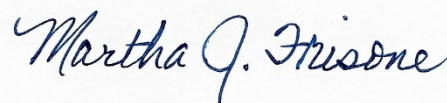
PHYSICAL LOCATION: CaroMont Regional Medical Center
2525 Court Drive
Gastonia, NC 28054

CAPITAL EXPENDITURE: \$1,531,213

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 20, 2021

This certificate is effective as of August 25, 2020



Martha J. Frisone, Chief

CONDITIONS:

- 1. Gaston Memorial Hospital, Incorporated and CaroMont Health, Inc. shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, Gaston Memorial Hospital, Incorporated and CaroMont Health, Inc. shall materially comply with the last made representation.**
- 2. Gaston Memorial Hospital, Incorporated and CaroMont Health, Inc. shall develop 64 acute care beds at CaroMont Regional Medical Center pursuant to the need determination in the 2020 SMFP for a total of 415 beds upon completion of this project and Project ID #F-11749-19 (relocate 21 beds to Belmont).**
- 3. Upon completion of this project and Project ID# F-11749-19 (relocate 21 acute care beds to CRMC-Belmont), CaroMont Regional Medical Center shall be licensed for no more than 415 acute care beds.**
- 4. Gaston Memorial Hospital, Incorporated and CaroMont Health, Inc. shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.**
- 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, Gaston Memorial Hospital, Incorporated and CaroMont Health, Inc. shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:**
 - a. Payor mix for the services authorized in this certificate of need.**
 - b. Utilization of the services authorized in this certificate of need.**
 - c. Revenues and operating costs for the services authorized in this certificate of need.**
 - d. Average gross revenue per unit of service.**
 - e. Average net revenue per unit of service.**
 - f. Average operating cost per unit of service.**
- 6. Gaston Memorial Hospital, Incorporated and CaroMont Health, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on August 4, 2020.

Timetable

Milestone		Date
2	Drawings Completed	December 1, 2020
12	Building / Space Occupied	June 15, 2023
13	Licensure Obtained	July 1, 2023
14	Services Offered	July 1, 2023
17	First Annual Report Due*	September 30, 2024

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: G-11877-20

FID #: 945258

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

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: Add no more than 3 dialysis stations pursuant to facility need for a total of no more than 54 dialysis stations upon completion of this project and Project ID# G-11765-19 (add 7 stations)/Guilford County

CONDITIONS: See Reverse Side

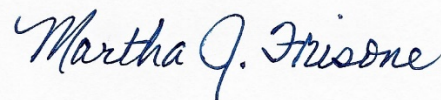
PHYSICAL LOCATION: BMA of Greensboro
2700 Henry Street
Greensboro, NC 27405

CAPITAL EXPENDITURE: \$11,250

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 20, 2021

This certificate is effective as of August 25, 2020



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 the facility need determination in the 2020 SMFP, Bio-Medical Applications of North Carolina, Inc. shall develop no more than three additional in-center dialysis stations for a total of no more than 54 in-center stations at BMA of Greensboro upon completion of this project and Project ID# G-11765-19 (add 7 stations).**
- 3. 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 August 12, 2020.

Timetable

	Milestone	Date
1	Drawings Completed	October 17, 2020
2	Construction / Renovation Contract(s) Executed	October 24, 2020
3	25% of Construction / Renovation Completed (25% of the cost is in place)	November 8, 2020
4	50% of Construction / Renovation Completed	November 23, 2020
5	75% of Construction / Renovation Completed	December 8, 2020
6	Construction / Renovation Completed	December 13, 2020
7	Equipment Ordered	October 13, 2020
8	Equipment Installed	November 27, 2020
9	Equipment Operational	December 11, 2020
10	Building / Space Occupied	December 11, 2020
11	Services Offered	December 31, 2020
12	Medicare and / or Medicaid Certification Obtained	December 31, 2020

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: G-11895-20

FID #: 200291

ISSUED TO: The Moses H. Cone Memorial Hospital
North Elam Ambulatory Surgery Center, 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: Develop a new separately licensed freestanding ASF on the Wesley Long campus by re-licensing five existing hospital-based ORs at Wesley Long Surgery Center which are currently on the Cone Health license / Guilford County

CONDITIONS: See Reverse Side

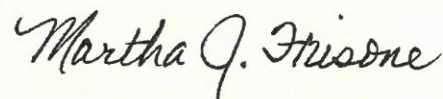
PHYSICAL LOCATION: North Elam Ambulatory Surgery Center
509 N. Elam Avenue
Greensboro, NC 27403

CAPITAL EXPENDITURE: \$7,715,777

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 1, 2021

This certificate is effective as of August 21, 2020



Martha J. Frisone, Chief

CONDITIONS:

1. The Moses H. Cone Memorial Hospital and North Elam Ambulatory Surgery Center, LLC shall materially comply with all representations made in the certificate of need application.
2. The Moses H. Cone Memorial Hospital and North Elam Ambulatory Surgery Center, LLC shall develop a freestanding multispecialty ambulatory surgical facility by re-licensing no more than five hospital-based operating rooms from Wesley Long Surgery Center on the Cone Health Wesley Long Hospital campus.
3. Upon project completion, North Elam Ambulatory Surgery Center shall be licensed for no more than five operating rooms.
4. The Moses H. Cone Memorial Hospital shall take the necessary steps to delicense the Wesley Long Surgery Center's five operating rooms on the Cone Health License #H0159. The Cone Health License #H0159 shall have a total of 41 operating rooms upon completion of this project and Project ID #G-11104-15 (de-license four of seven licensed shared ORs at Women's Hospital).
5. The Moses H. Cone Memorial Hospital and North Elam Ambulatory Surgery Center, LLC shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.
6. North Elam Ambulatory Surgery Center shall receive accreditation from the Joint Commission for the Accreditation of Healthcare Organizations, the Accreditation Association for Ambulatory Health Care or a comparable accreditation authority within two years following licensure of the facility.
7. For the first three years of operation following completion of the project, The Moses H. Cone Memorial Hospital and North Elam Ambulatory Surgery Center, LLC shall not increase charges more than 5% of the charges projected in Section Q of the application without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.
8. The Moses H. Cone Memorial Hospital and North Elam Ambulatory Surgery Center, LLC shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.
9. No later than three months after the last day of each of the first three full fiscal years of operation following initiation of the services authorized by this certificate of need, The Moses H. Cone Memorial Hospital and North Elam Ambulatory Surgery Center, LLC shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.

(Project I.D. # G-11895-20 Cont.)

10. The Moses H. Cone Memorial Hospital and North Elam Ambulatory Surgery Center, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on August 24, 2020.

Timetable

	Milestone	Date mm/dd/yyyy
1	Drawings Completed	12/01/2020
2	Construction / Renovation Contract(s) Executed	12/15/2020
3	25% of Construction / Renovation Completed (25% of the cost is in place)	05/15/2021
4	50% of Construction / Renovation Completed	10/15/2021
5	75% of Construction / Renovation Completed	03/15/2022
6	Construction / Renovation Completed	09/01/2022
7	Equipment Ordered	05/11/2022
8	Equipment Operational	09/01/2022
9	Building / Space Occupied	09/15/2022
10	Licensure Obtained	08/30/2022
11	Services Offered	10/01/2022
12	Medicare and / or Medicaid Certification Obtained	04/15/2023
13	Facility or Service Accredited	04/15/2023
14	First Annual Report Due*	12/31/2023

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-11872-20

FID #: 955947

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

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: Add no more than 3 dialysis stations pursuant to Condition 2 of the facility need methodology for of total of no more than 48 stations upon project completion / Mecklenburg County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: FMC Charlotte
928 Baxter Street
Charlotte, NC 28204

CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 1, 2020

This certificate is effective as of August 15, 2020

Martha J. Frisone

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 the facility need determination in the 2020 State Medical Facilities Plan, Bio-Medical Applications of North Carolina, Inc. shall develop no more than three additional in-center dialysis stations at FMC Charlotte for a total of no more than 48 in-center (and home hemodialysis) stations at FMC Charlotte upon project completion.
3. 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 July 15, 2020.

Timetable

	Milestone	Date mm/dd/yyyy
1	Equipment Ordered	10/15/2020
2	Equipment Installed	12/14/2020
3	Equipment Operational	12/28/2020
4	Building / Space Occupied	12/28/2020
5	Services Offered	12/31/2020
6	Medicare and / or Medicaid Certification Obtained	12/31/2020

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-11891-20

FID #: 060857

ISSUED TO: Novant Health Mint Hill Medical Center, 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: Acquire equipment required for MRI-guided focused ultrasound/
Mecklenburg County

CONDITIONS: See Reverse Side

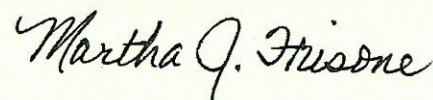
PHYSICAL LOCATION: Novant Health Mint Hill Medical Center
8201 Healthcare Loop
Charlotte, NC 28215

CAPITAL EXPENDITURE: \$2,558,460

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 1, 2020

This certificate is effective as of August 11, 2020



Martha J. Frisone, Chief

CONDITIONS:

1. Novant Health Mint Hill Medical Center, LLC shall materially comply with all representations made in the certificate of need application.
2. Novant Health Mint Hill Medical Center, LLC shall acquire no more than one ExAblate Neuro System to be located at Novant Health Mint Hill Medical Center.
3. Novant Health Mint Hill Medical Center, 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, Novant Health Mint Hill Medical Center, LLC shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.
5. Novant Health Mint Hill Medical Center, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on July 13, 2020.

Timetable

	Milestone	Date mm/dd/yyyy
1	Drawings Completed	7/15/2020
2	Construction / Renovation Contract(s) Executed	8/15/2020
3	25% of Construction / Renovation Completed (25% of the cost is in place)	9/4/2020
4	50% of Construction / Renovation Completed	9/9/2020
5	75% of Construction / Renovation Completed	9/15/2020
6	Construction / Renovation Completed	9/20/2020
7	Equipment Ordered	9/1/2020
8	Equipment Installed	9/21/2020
9	Equipment Operational	9/25/2020
10	Services Offered	10/1/2020
11	First Annual Report Due*	12/31/2020

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-11896-20

FID #: 200290

ISSUED TO: Carolinas Physicians Network, Inc.

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: Develop a new diagnostic center with ultrasound, X-ray, and colposcope/
Mecklenburg County

CONDITIONS: See Reverse Side

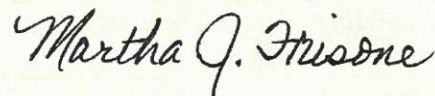
PHYSICAL LOCATION: Atrium Health Providence Medical Office
Building Diagnostic Center
11530 Providence Road
Charlotte, NC 28277

CAPITAL EXPENDITURE: \$751,344

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 1, 2021

This certificate is effective as of August 21, 2020



Martha J. Frisone, Chief

CONDITIONS:

1. Carolinas Physicians Network, Inc. shall materially comply with all representations made in the certificate of need application.
2. Carolinas Physicians Network, Inc. shall develop a diagnostic center in the MOB at 11530 Providence Road in Charlotte by acquiring ultrasound, X-ray, and colposcope diagnostic equipment.
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 July 23, 2020.

Timetable

	Milestone	Date mm/dd/yyyy
1	Drawings Completed	11/30/2020
2	Construction / Renovation Contract(s) Executed	12/07/2020
3	25% of Construction / Renovation Completed (25% of the cost is in place)	01/11/2021
4	50% of Construction / Renovation Completed	02/18/2021
5	75% of Construction / Renovation Completed	03/25/2021
6	Construction / Renovation Completed	04/30/2021
7	Equipment Ordered	12/02/2020
8	Equipment Installed	05/14/2021
9	Equipment Operational	05/28/2021
10	Building / Space Occupied	07/01/2021
11	Services Offered	07/01/2021
12	First Annual Report Due*	03/31/2023

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-11898-20

FID #: 943070

ISSUED TO: The Charlotte-Mecklenburg Hospital Authority

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: Acquire a gamma knife pursuant to the adjusted need determination in the 2020 SMFP / Mecklenburg County

CONDITIONS: See Reverse Side

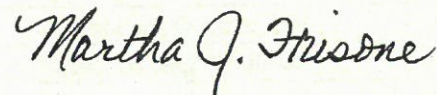
PHYSICAL LOCATION: Carolinas Medical Center
1000 Blythe Boulevard
Charlotte, NC 28203

CAPITAL EXPENDITURE: \$11,915,115

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 1, 2021

This certificate is effective as of August 25, 2020



Martha J. Frisone, Chief

CONDITIONS:

1. The Charlotte-Mecklenburg Hospital Authority shall materially comply with all representations made in the certificate of need application.
2. The Charlotte-Mecklenburg Hospital Authority shall acquire no more than one gamma knife to be located on the campus of Carolinas Medical Center.
3. 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.
4. 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.
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, 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.
6. The Charlotte-Mecklenburg Hospital Authority shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on July 28, 2020.

Timetable

Milestone		Date
1	Drawings Completed	3/1/2021
2	Construction / Renovation Contract(s) Executed	3/29/2021
3	25% of Construction / Renovation Completed (25% of the cost is in place)	5/10/2021
4	50% of Construction / Renovation Completed	6/28/2021
5	75% of Construction / Renovation Completed	8/23/2021
6	Construction / Renovation Completed	10/4/2021
7	Equipment Ordered	1/4/2021
8	Equipment Installed	1/3/2022
9	Equipment Operational	4/4/2022
10	Building / Space Occupied	7/1/2022
11	Licensure Obtained	7/1/2022
12	Services Offered (required)	7/1/2022
13	Medicare and / or Medicaid Certification Obtained	7/1/2022
14	Facility or Service Accredited	7/1/2022
15	First Annual Report Due*	3/31/2024

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-11901-20

FID #: 200294

ISSUED TO: Carolinas Physicians Network, Inc.

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: Develop a new diagnostic center with X-ray, ultrasound, EMG, and RMR/
Mecklenburg County

CONDITIONS: See Reverse Side

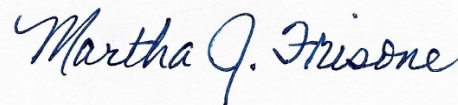
PHYSICAL LOCATION: Atrium Health Pineville Medical Plaza II Diagnostic Center
10660 Park Road
Charlotte, NC 28210

CAPITAL EXPENDITURE: \$1,611,297

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 20, 2021

This certificate is effective as of August 25, 2020



Martha J. Frisone, Chief

CONDITIONS:

1. Carolinas Physicians Network, Inc. shall materially comply with all representations made in the certificate of need application.
2. Carolinas Physicians Network, Inc. shall develop a new diagnostic center by acquiring one new maternal fetal medicine ultrasound unit in addition to existing orthopedic and MFM ultrasound units, an orthopedic x-ray machine, neurology EMG, a DEXA scanner and an RMR in an existing medical office building, Pineville Medical Plaza II, on the campus of Atrium Health Pineville.
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 July 28, 2020.

Timetable

	Milestone	Date
1	Drawings Completed	November 16, 2020
2	Construction / Renovation Contract(s) Executed	November 30, 2020
3	25% of Construction / Renovation Completed (25% of the cost is in place)	December 7, 2020
4	50% of Construction / Renovation Completed	December 14, 2020
5	75% of Construction / Renovation Completed	December 21, 2020
6	Construction / Renovation Completed	December 28, 2020
7	Equipment Ordered	November 16, 2020
8	Equipment Installed	December 28, 2020
9	Equipment Operational	January 1, 2021
10	Building / Space Occupied	January 1, 2021
11	Services Offered	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-11897-20

FID #: 090274

ISSUED TO: University of North Carolina Hospitals at Chapel Hill

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: Develop 10 additional inpatient rehabilitation beds on the Hillsborough campus pursuant to Policy AC-3 for a total of 40 inpatient beds upon project completion/ Orange County

CONDITIONS: See Reverse Side

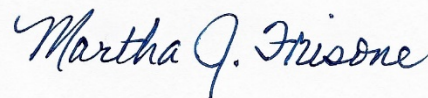
PHYSICAL LOCATION: University of North Carolina Hospitals-Hillsborough
430 Waterstone Drive
Hillsborough NC 27278

CAPITAL EXPENDITURE: \$12,068,264

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: February 1, 2021

This certificate is effective as of August 22, 2020



Martha J. Frisone, Chief

CONDITIONS:

- 1. University of North Carolina Hospitals at Chapel Hill shall materially comply with all representations made in the certificate of need application.**
- 2. University of North Carolina Hospitals at Chapel Hill shall develop no more than ten additional inpatient rehabilitation beds on the Hillsborough campus for a total of no more than 40 inpatient rehabilitation beds upon project completion.**
- 3. University of North Carolina Hospitals at Chapel Hill, as part of this project, shall not acquire any equipment that is not included in the project’s proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.**
- 4. For each of the first five years of operation, University of North Carolina Hospitals at Chapel Hill shall submit to the Healthcare Planning and Certificate of Need Section a detailed description of how the project achieves the academic requirements of the appropriate sections of Policy AC-3, paragraph 2 [items 1 through 4] as proposed in the certificate of need application.**
- 5. University of North Carolina Hospitals at Chapel Hill 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.**

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

Timetable

Milestone		Date
1	25% of Construction / Renovation Completed (25% of the cost is in place)	12/1/2020
2	50% of Construction / Renovation Completed	6/15/2021
3	75% of Construction / Renovation Completed	10/15/2021
4	Construction / Renovation Completed	3/15/2022
5	Services Offered	7/1/2022
6	First Annual Report Due*	10/1/2023

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-11900-20

FID #: 923517

ISSUED TO: University of North Carolina Hospitals at Chapel Hill

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: Develop 3 additional ORs on the Chapel Hill campus pursuant to the need determination in the 2020 SMFP for a total of 54 ORs upon completion of this project and Project ID#s: J-11644-18 (add 2 in Chapel Hill); J-11646-18 (add 2 in Hillsborough) and J-11695-19 (add 1 in Chapel Hill)/ Orange County

CONDITIONS: See Reverse Side

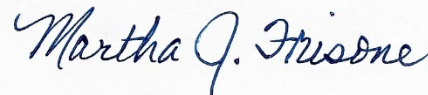
PHYSICAL LOCATION: University of North Carolina Hospitals
101 Manning Drive
Chapel Hill NC 27514

CAPITAL EXPENDITURE: \$10,477,455

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: February 1, 2021

This certificate is effective as of August 25, 2020



Martha J. Frisone, Chief

CONDITIONS:

1. **University of North Carolina Hospitals at Chapel Hill shall materially comply with all representations made in the certificate of need application.**
2. **University of North Carolina Hospitals at Chapel Hill shall develop three additional operating rooms on the Chapel Hill Campus for a total of no more than 46 operating rooms on the Chapel Hill campus and 8 operating rooms on the Hillsborough campus upon completion of this project, Project ID #J-11644-18 (add 2 ORs), and Project ID #J-11646-18 (add 2 ORs), and Project ID #J-11695-19 (add one OR).**
3. **Upon completion of this project, Project I.D. #J-11644-18, Project I.D. #J-11646-18 and Project I.D. # J-11695-19, University of North Carolina at Chapel Hill shall be licensed for no more than 54 operating rooms (46 on the Chapel Hill campus and 8 on the Hillsborough campus).**
4. **University of North Carolina Hospitals at Chapel Hill 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. **University of North Carolina Hospitals at Chapel Hill 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 fiscal years of operation following initiation of the services authorized by this certificate of need, University of North Carolina Hospitals at Chapel Hill 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. **University of North Carolina Hospitals at Chapel Hill shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

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

Timetable

Milestone		Date
1	Drawings Completed	4/9/2022
2	Construction / Renovation Contract(s) Executed	7/2/2022
3	50% of Construction / Renovation Completed	12/14/2022
4	Construction / Renovation Completed	4/29/2023
5	Services Offered	7/1/2023
6	First Annual Report Due*	10/1/2024

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: C-11733-19

FID #: 190318

ISSUED TO: Polk Opco Holding, Inc.
Polk Propco Holdings, Inc.

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: Develop a new 50-bed ACH facility pursuant to the need determination in the 2019 SMFP/ Polk County

CONDITIONS: See Reverse Side

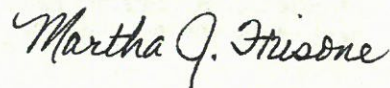
PHYSICAL LOCATION: The Gardens of Columbus
102 Weaver Mill Road
Columbus, NC 28722

CAPITAL EXPENDITURE: \$5,906,700

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 31, 2021

This certificate is effective as of August 27, 2020



Martha J. Frisone, Chief

CONDITIONS:

1. Polk Opco Holdings, LLC and Polk Propco Holdings, LLC shall materially comply with all representations made in the certificate of need application and any supplemental responses. If representations conflict, Polk Opco Holdings, LLC and Polk Propco Holdings, LLC shall materially comply with the last made representation.
2. Polk Opco Holdings, LLC and Polk Propco Holdings, LLC shall develop no more than 50 new adult care home beds pursuant to need determination in the 2019 State Medical Facilities Plan.
3. Upon completion of the project, The Gardens of Columbus shall be licensed for no more than 50 adult care home beds.
4. Polk Opco Holdings, LLC and Polk Propco Holdings, LLC shall provide care to recipients of State/County Special Assistance with Medicaid, commensurate with representation made in the application.
5. For the first two years of operation following this project, Polk Opco Holdings, LLC and Polk Propco Holdings, LLC shall not increase private pay charges more than 5% of the projected private pay charges provided in Section Q of the application without first obtaining a determination from the Health Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.
6. Polk Opco Holdings, LLC and Propco Holdings, LLC shall submit completed progress reports forms (provided by the Healthcare Planning and Certificate of Need Section) as follows:
 - a) Progress reports will be due on the last day of every third month. The first progress report shall be due on 3/31/2021. The second progress report shall be due on the 6/30/2021 and so forth.
 - b) Each progress report shall describe in detail all steps taken to develop the project since the last progress report and shall include documentation to substantiate each step taken.
 - c) Progress reports should be received by the due date but in no case shall the be received more than one week after the due date.
 - d) Timetable milestones shall be completed no later than three months after the projected date on the timetable subject to reasonable extension due to conditions completely beyond the control of the certificate holder(s).
 - e) If the project is not developed on accordance with the timetable, including any reasonable extensions, the Health Planning and Certificate of Need Section may impose a civil monetary penalty of \$500 per day for each day the project is delayed beyond the 90th day following the milestone date on the timetable.

Project C-11733-19 Continued

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, Polk Opco Holdings, LLC and Polk Propco Holdings, 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 the certificate of need.
 - b) Utilization of the services authorized in the certificate of need.
 - c) Revenue and operating costs for the services authorized in the certificate of need.
 - d) Average gross revenue per unit of service.
 - e) Average net revenue per unit of services.
 - f) Average operating cost per unit of service.

Timetable

	Milestone	Date mm/dd/yyyy
1	Financing Obtained	05/01/2023
2	Drawings Completed	05/15/2023
3	Land Acquired	05/01/2023
4	Construction / Renovation Contract(s) Executed	07/10/2023
5	25% of Construction / Renovation Completed (25% of the cost is in place)	09/28/2023
6	50% of Construction / Renovation Completed	12/17/2023
7	75% of Construction / Renovation Completed	03/07/2024
8	Construction / Renovation Completed	05/11/2024
9	Equipment Ordered	04/11/2024
10	Equipment Installed	04/26/2024
11	Equipment Operational	07/10/2024
12	Building / Space Occupied	08/25/2024
13	Licensure Obtained	10/01/2024
14	Services Offered	10/01/2024
15	Medicare and / or Medicaid Certification Obtained	10/31/2024
16	First Annual Report Due*	02/28/2025

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-11889-20

FID #: 160495

ISSUED TO: Total Rental Care of North Carolina, 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: Add no more than 4 dialysis stations pursuant to facility need for a total of no more than 14 stations upon project completion / Rowan County

CONDITIONS: See Reverse Side

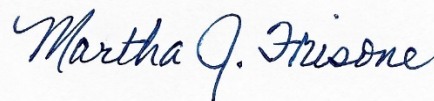
PHYSICAL LOCATION: Spencer Dialysis
1287 North Salisbury Avenue
Spencer, NC 28159

CAPITAL EXPENDITURE: \$68,004

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 20, 2021

This certificate is effective as of August 25, 2020



Martha J. Frisone, Chief

CONDITIONS:

- 1. Total Renal Care of North Carolina, LLC shall materially comply with all representations made in the certificate of need application.**
- 2. Pursuant to the facility need determination in the 2020 SMFP, Total Renal Care of North Carolina, LLC shall develop no more than 4 additional in-center dialysis stations at Spencer Dialysis for a total of no more than 14 in-center stations upon completion of this project.**
- 3. Total Renal Care of North Carolina, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on August 4, 2020.

Timetable

Milestone		Date
1	Equipment Ordered	7/31/2021
2	Services Offered	1/1/2022

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Corrected Certificate of Need

for

Project ID #: J-11555-18

FID #: 953429

ISSUED TO: Rex Hospital, Inc.

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: Develop no more than two additional operating rooms at the existing hospital in Raleigh pursuant to the need determination in the 2018 SMFP for a total of no more than 31 ORs upon completion of this project and Project ID #J-8669-11 (relocate 3 ORs to Holly Springs hospital)/ Wake County

CONDITIONS: See Reverse Side

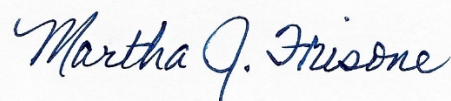
PHYSICAL LOCATION: Rex Hospital
4420 Lake Boone Trail
Raleigh, NC 27607&

CAPITAL EXPENDITURE: \$789,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: February 1, 2020

This certificate is effective as of August 15, 2019
Corrected certificate issued on August 6, 2020



Martha J. Frisone, Chief

CONDITIONS:

1. Rex Hospital, Inc. shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event representations conflict, Rex Hospital, Inc. shall materially comply with the last made representation.
2. Rex Hospital, Inc. shall develop no more than two (2) operating rooms from the 2018 State Medical Facilities Plan.
3. Upon completion of this project and Project ID #J-8669-11 (develop a 50-bed hospital in Holly Springs with three (3) operating rooms relocated from Rex Hospital), Rex Hospital shall be licensed for no more than 31 operating rooms.
4. Rex Hospital, Inc. shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.
5. No later than three months after the last day of each of the first three full fiscal years of operation following initiation of the services authorized by this certificate of need, Rex Hospital, Inc. shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.

TIMETABLE:

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