

Certificate of Need  
Certificates Issued  
June 2021

County	Project ID	Facility	FID	Facility Type	Project Description	Application Review Date	Decision Date	Certificate Issue Date	Decision	Review-Analyst	Co-Signer	Approved Capital Expenditure	1st Rept Due Date
Buncombe	B-012013-21	Mission Hospital	943349	HOSPITAL	Develop a hospital-based, outpatient dialysis center with no more than 4 stations pursuant to Policy ESRD-3	2/1/2021	5/13/2021	6/17/2021	Conditional Approval	Ena Lightbourne	Gloria Hale	\$276,195	8/1/2021
Catawba	E-012021-21	Frye Regional Medical Center	943182	HOSPITAL	Acquire 1 new da Vinci Xi Robotics System	3/1/2021	5/27/2021	6/30/2021	Conditional Approval	Greg Yakaboski	Fatimah Wilson	\$2,643,563	7/1/2021
Catawba	E-012037-21	Fresenius Medical Care of Hickory	955790	ESRD	Add no more than three dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 33 stations upon completion of this project and Project ID #E-11994-20 (Relocate no more than 3 dialysis stations to FMC Hickory Home Program)	4/1/2021	5/11/2021	6/14/2021	Conditional Approval	Celia Inman	Gloria Hale	\$0	12/1/2021
Cumberland	M-012020-21	Valleygate Dental Surgery Center of Fayetteville	160152	ASC	Add ENT surgery which is a change of scope for Project ID #M-011176-16 (develop a new ASF)	3/1/2021	5/27/2021	6/30/2021	Conditional Approval	Tanya Saporito	Gloria Hale	\$99,834	11/15/2021
Davidson	G-012036-21	Thomasville Dialysis Center	020758	ESRD	Add no more than 20 dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 36 stations upon completion of this project, Project ID# G-11844-20 (relocate 12) and Project ID# G-12011-21 (relocate 7)	4/1/2021	5/25/2021	6/28/2021	Conditional Approval	Celia Inman	Fatimah Wilson	\$290,000	12/1/2021
Durham	J-012018-21	Duke Health Specialty Care Page Road	210088	DXCTR	Develop a new diagnostic center to include echocardiogram, electrocardiogram, electroencephalogram, pulmonary function test and x-ray	3/1/2021	5/25/2021	6/28/2021	Conditional Approval	Mike McKillip	Lisa Pittman	\$284,750	10/1/2021

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Forsyth	G-012031-21	Novant Health Kernersville Medical Center	060620	HOSPITAL	Replace and relocate no more than one unit of cardiac cath equipment from Novant Health Forsyth Medical Center to Novant Health Kernersville Medical Center and initiate cardiac cath services	3/1/2021	5/27/2021	6/30/2021	Conditional Approval	Julie Faenza	Gloria Hale	\$8,221,131	9/1/2021
Harnett	M-012017-21	Cape Fear Valley Betsy Johnson Hospital	922969	HOSPITAL	Develop inpatient dialysis services	3/1/2021	5/27/2021	6/30/2021	Conditional Approval	Tanya Saporito	Fatimah Wilson	\$96,721	11/15/2021
Mecklenburg	F-012022-21	Liberty Commons Nursing & Rehabilitation Center of Mint Hill	180101	NH	Relocate no more than 9 NF beds from Royal Park Rehabilitation & Health Center and no more than 8 NF beds from Pavilion Health Center at Brightmore to Liberty Commons of Mint Hill for a total of no more than 100 NF beds upon project completion. This is a change of scope for Project I.D. #F-11461-18 (Develop a new 83-bed NF facility)	3/1/2021	5/27/2021	6/30/2021	Conditional Approval	Julie Faenza	Lisa Pittman	\$1,483,355	9/1/2021
Mecklenburg	F-012025-21	Atrium Health Surgery Center-Huntersville	170239	ASC	Cost overrun for Project ID #F-11349-17 (convert facility from a hospital-based outpatient surgery center to a separately-licensed freestanding ASF)	3/1/2021	5/27/2021	6/30/2021	Conditional Approval	Julie Faenza	Fatimah Wilson	\$1,392,300	9/1/2021

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Mecklenburg	F-011625-18	Novant Health Ballantyne Medical Center	180518	HOSPITAL	Develop a new, separately licensed 36-bed acute care hospital by relocating 36 acute care beds and 2 shared ORs from Novant Health Presbyterian Medical Center, one GI endoscopy room from Charlotte Outpatient Surgery Center, and develop a new dedicated C-Section OR and CT scanner	11/1/2018	3/29/2019	6/23/2021	Conditional Approval	Greg Yakaboski	Fatimah Wilson	\$154,388,021	6/1/2020
Mecklenburg	F-012016-21	Novant Health Presbyterian Medical Center	943501	HOSPITAL	A cost overrun for Project I.D. F-11584-18 (develop a 10-bed inpatient rehabilitation unit by developing the 8 beds pursuant to the 2018 SMFP need determination and relocating 2 existing rehabilitation beds from Novant Health Rowan Medical Center)	3/1/2021	5/18/2021	6/18/2021	Conditional Approval	Celia Inman	Fatimah Wilson	\$4,185,736	3/1/2022
Mecklenburg	F-011812-19	Atrium Health University City	923516	HOSPITAL	Add no more than 4 acute care beds pursuant to the need determination in the 2019 SMFP for a total of no more than 104 acute care beds upon project completion	11/1/2019	3/26/2020	6/3/2021	Conditional Approval	Julie Faenza	Fatimah Wilson	\$3,766,000	9/1/2020
Mecklenburg	F-011815-19	Carolinas Medical Center	943070	HOSPITAL	Add no more than 1 OR pursuant to the need determination in the 2019 SMFP for a total of no more than 63 ORs upon completion of this project, Project I.D. #F-11106-15 (relocate 2 ORs to Charlotte Surgery Center - Wendover Campus), and Project I.D. #F-11620-18 (add 2 ORs)	11/1/2019	3/26/2020	6/3/2021	Conditional Approval	Julie Faenza	Fatimah Wilson	\$7,974,633	9/1/2020



# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: B-12013-21

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:** Develop a hospital-based, outpatient dialysis center with no more than 4 stations pursuant to Policy ESRD-3

**CONDITIONS:** See Reverse Side

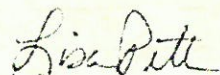
**PHYSICAL LOCATION:** Mission Hospital  
509 Biltmore Avenue  
Asheville, NC 28801

**CAPITAL EXPENDITURE:** \$276,195

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** August 1, 2021

This certificate is effective as of June 15, 2021



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Lisa Pittman, Acting Chief, CON

**CONDITIONS:**

1. MH Mission Hospital, LLLP (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application and any supplemental responses. If representations conflict, the certificate holder shall materially comply with the last made representation.
2. Pursuant to Policy ESRD-3, the certificate holder shall develop a new Medicare-certified kidney disease treatment center (outpatient dialysis facility) with no more than four in-center dialysis stations at Mission Hospital upon project completion.
3. Pursuant to Policy ESRD-3, the certificate holder shall document that it has applied for Medicare certification no later than three (3) years from the effective date on the certificate of need.
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 fourth month. The first progress report shall be due on August 1, 2021. The second progress report shall be due on December 1, 2021 and so forth.
5. 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 13, 2021

**TIMETABLE:**

	Milestone	Date <i>mm/dd/yyyy</i>
1	Equipment Ordered	06/01/2021
2	Equipment Installed	07/01/2021
3	Equipment Operational	07/15/2021
4	Licensure Obtained	09/15/2021
5	Services Offered	10/01/2021
6	Medicare and / or Medicaid Certification Obtained	01/02/2022

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: E-12021-21

FID #: 943182

**ISSUED TO:** DLP Frye Reginal 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 1 new da Vinci Xi Robotics System / Catawba County

**CONDITIONS:** See Reverse Side

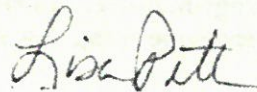
**PHYSICAL LOCATION:** Frye Regional Medical Center  
420 North Center Street  
Hickory, NC 28601

**CAPITAL EXPENDITURE:** \$2,643,563

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** July 1, 2021

This certificate is effective as of June 29, 2021



Lisa Pittman, Assistant Chief, CON

**CONDITIONS:**

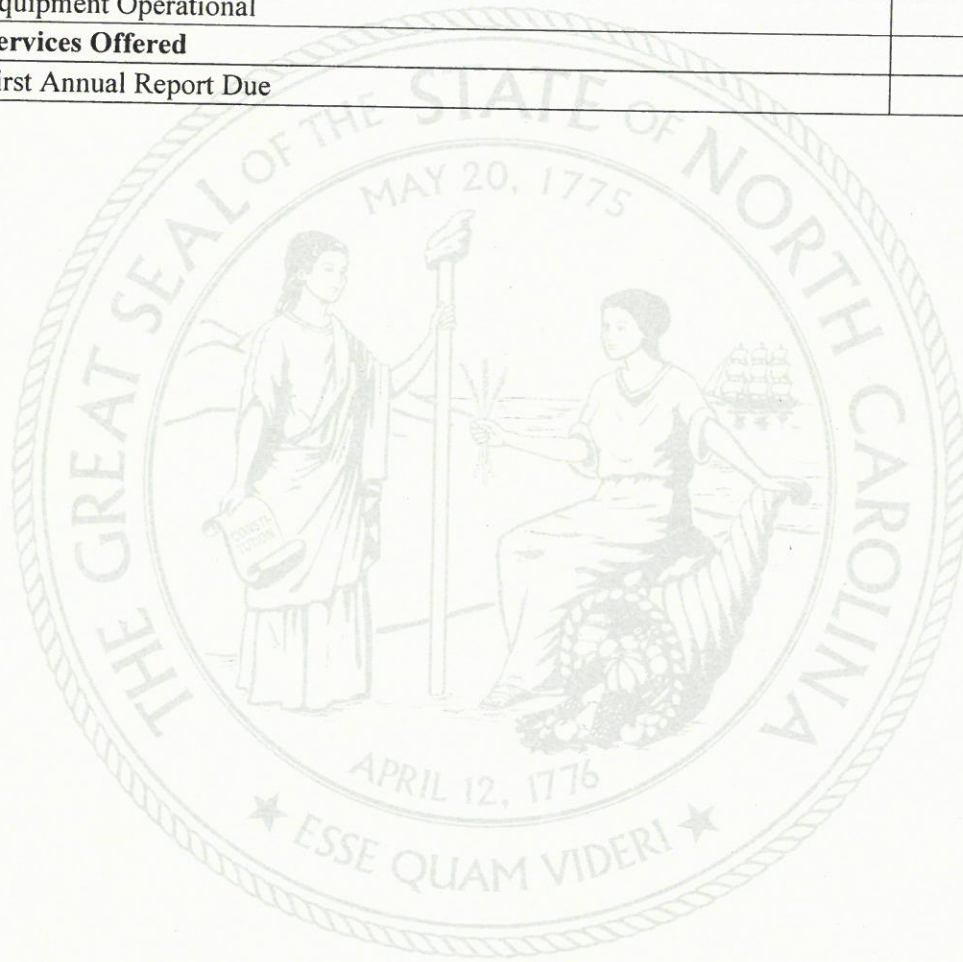
1. DLP Frye Reginal Medical Center, LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall acquire a da Vinci Xi Robotics System to be located at Frye Regional Medical Center.
3. Upon completion of the project, Frye Regional Medical Center shall have no more than one da Vinci Xi Robotics System.
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 July 1, 2021. The second progress report shall be due on October 1, 2021 and so forth.
5. 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.
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, 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.
7. 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 June 1, 2021.

**TIMETABLE:**

Milestone		Date <i>mm/dd/yyyy</i>
1	Financing Obtained	09/02/2021
9	Equipment Ordered	09/02/2021
10	Equipment Installed	12/01/2021
11	Equipment Operational	12/15/2021
14	<b>Services Offered</b>	01/01/2022
17	First Annual Report Due	04/01/2023



# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: E-12037-21

FID #: 955790

**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 three dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 33 stations upon completion of this project and Project ID #E-11994-20 (Relocate no more than 3 dialysis stations to FMC Hickory Home Program)

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Fresenius Medical Care of Hickory  
1899 Tate Boulevard, Suite 1103  
Hickory, NC 28602

**CAPITAL EXPENDITURE:** \$0

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** December 1, 2021

This certificate is effective as of June 11, 2021



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Lisa Pittman, Acting Chief, CON

**CONDITIONS:**

1. Bio-Medical Applications of North Carolina, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall develop no more than three in-center stations for a total of no more than 33 stations upon completion of this project and Project ID #E-11994-20 (relocate no more than 3 dialysis stations to FMC Hickory Home Program).
3. **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 December 1, 2021. The second progress report shall be due on March 1, 2022 and so forth.
4. 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 11, 2021

**TIMETABLE:**

	<b>Milestone</b>	<b>Date mm/dd/yyyy</b>
9	Equipment Ordered	10/10/2021
10	Equipment Installed	12/09/2021
11	Equipment Operational	12/16/2021
12	Building / Space Occupied	12/09/2021
14	<b>Services Offered</b>	12/31/2021
15	Medicare and / or Medicaid Certification Obtained	12/31/2021

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: M-12020-21

FID #: 160152

**ISSUED TO: Valleygate Dental Surgery Center of Fayetteville**

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 ENT surgery which is a change of scope for Project ID #M-011176-16 (develop a new ASF)/ Cumberland County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: Valleygate Dental Surgery Center of Fayetteville  
2038 Litho Place  
Fayetteville, NC 28304**

**CAPITAL EXPENDITURE: \$99,834**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of June 29, 2021



**Lisa Pittman, Assistant Chief, CON**

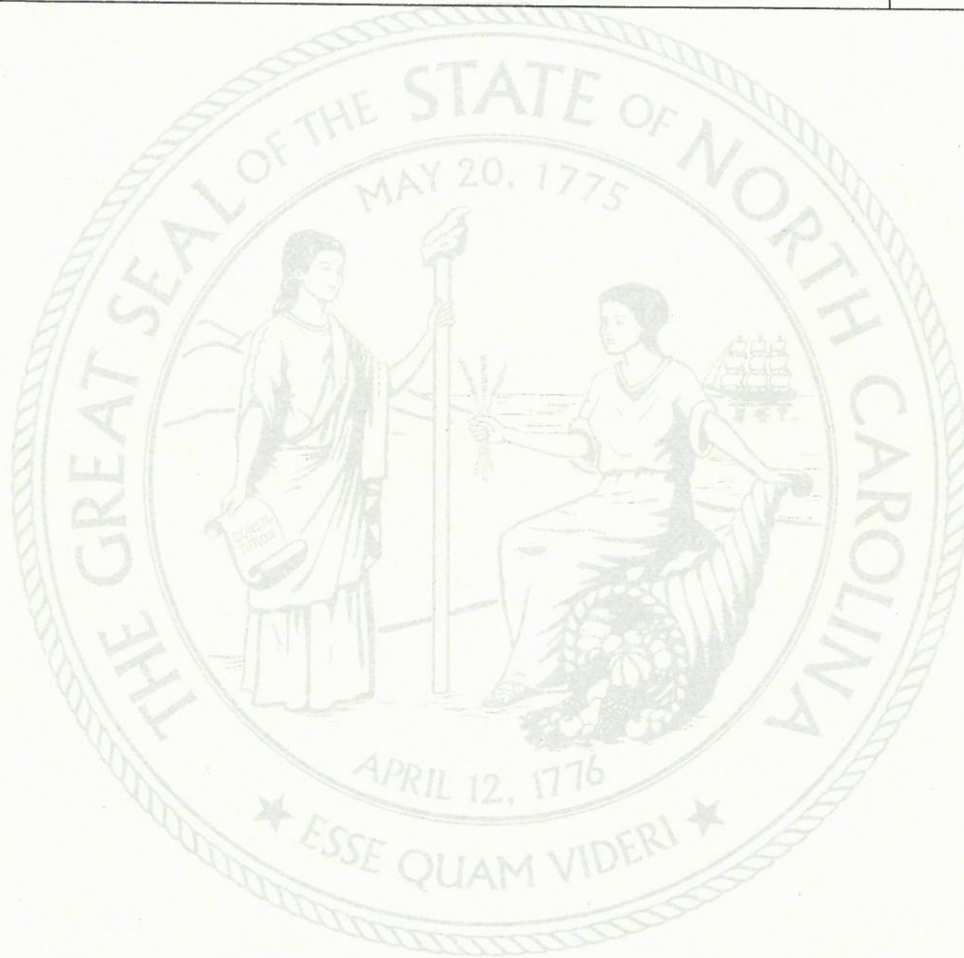
**CONDITIONS:**

1. Valleygate Dental Surgery Center of Fayetteville, LLC (hereinafter certificate holder) shall materially comply with the representations in this application and the representations in Project I.D. #M-11176-16. Where representations conflict, the certificate holder shall materially comply with the last made representation.
2. The total combined capital expenditure for both projects is \$4,941,030, an increase of \$99,834 over the capital expenditure of \$4,841,196 previously approved in Project I.D. #M-11176-16.
3. 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 October 1, 2021. The second progress report shall be due on January 1, 2022 and so forth.
4. 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. #M-11176-16's combined 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, 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.
6. 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 June 2, 2021.

**TIMETABLE:**

<b>Milestone</b>		<b>Date</b> <i>mm/dd/yyyy</i>
9	Equipment Ordered	09/15/2021
10	Equipment Installed	12/01/2021
11	Equipment Operational	12/15/2021
13	Licensure Obtained	12/15/2021
14	<b>Services Offered</b>	01/01/2022
17	First Annual Report Due*	04/01/2023



# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: G-12036-21

FID #: 020758

**ISSUED TO:** Thomasville Dialysis Center of Wake Forest University  
Wake Forest University Health Sciences

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 20 dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 36 stations upon completion of this project, Project ID# G-11844-20 (relocate 12) and Project ID# G-12011-21 (relocate 7)/ Davidson County

**CONDITIONS:** See Reverse Side


**PHYSICAL LOCATION:** Thomasville Dialysis Center  
10 Laura Lane  
Thomasville, NC 27360

**CAPITAL EXPENDITURE:** \$290,000

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** December 1, 2021

This certificate is effective as of June 25, 2021



Lisa Pittman, Assistant Chief, CON

**CONDITIONS:**

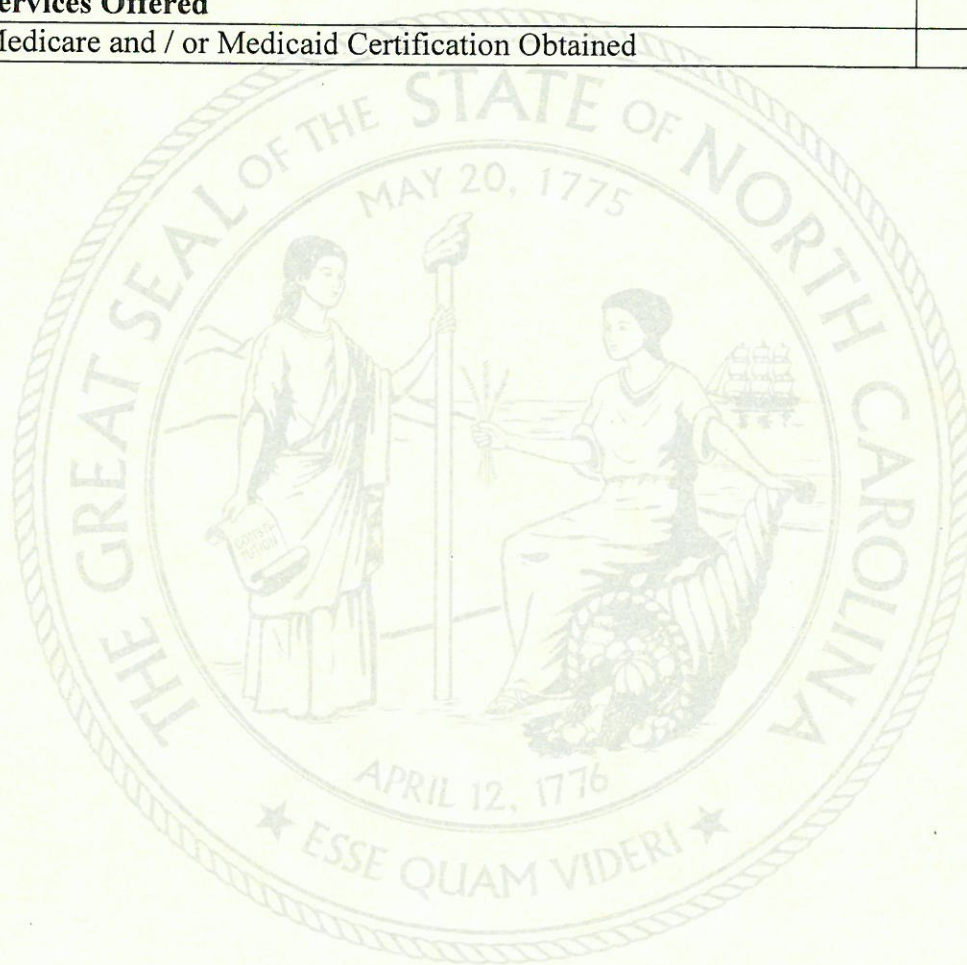
1. Wake Forest University Health Sciences and Thomasville Dialysis Center of Wake Forest University (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. Pursuant to Condition 2 of the facility need determination in the 2021 SMFP, the certificate holder shall develop no more than 20 additional in-center dialysis stations for a total of no more than 36 in-center (and home hemodialysis) stations at Thomasville Dialysis Center upon completion of this project and Project ID# G-11844-20 (relocate 12) and Project ID# G-12011-21 (relocate 7).
3. 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 December 1, 2021. The second progress report shall be due on March 1, 2022 and so forth.
4. 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 26, 2021.



**TIMETABLE:**

	<b>Milestone</b>	<b>Date mm/dd/yyyy</b>
8	Equipment Ordered	11/17/2022
9	Equipment Installed	12/15/2022
10	Equipment Operational	12/31/2022
11	Building / Space Occupied	12/31/2022
12	Licensure Obtained	10/03/2021
<b>13</b>	<b>Services Offered</b>	12/31/2022
14	Medicare and / or Medicaid Certification Obtained	12/31/2022



# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: J-12018-21

FID #: 210088

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

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 to include echocardiogram, electrocardiogram, electroencephalogram, pulmonary function test and x-ray / Durham County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Duke Health Specialty Care Page Road  
4709 Creekstone Drive  
Durham, NC 27703

**CAPITAL EXPENDITURE:** \$284,750

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** October 1, 2021

This certificate is effective as of June 25, 2021



Lisa Pittman, Assistant Chief, CON

**CONDITIONS:**

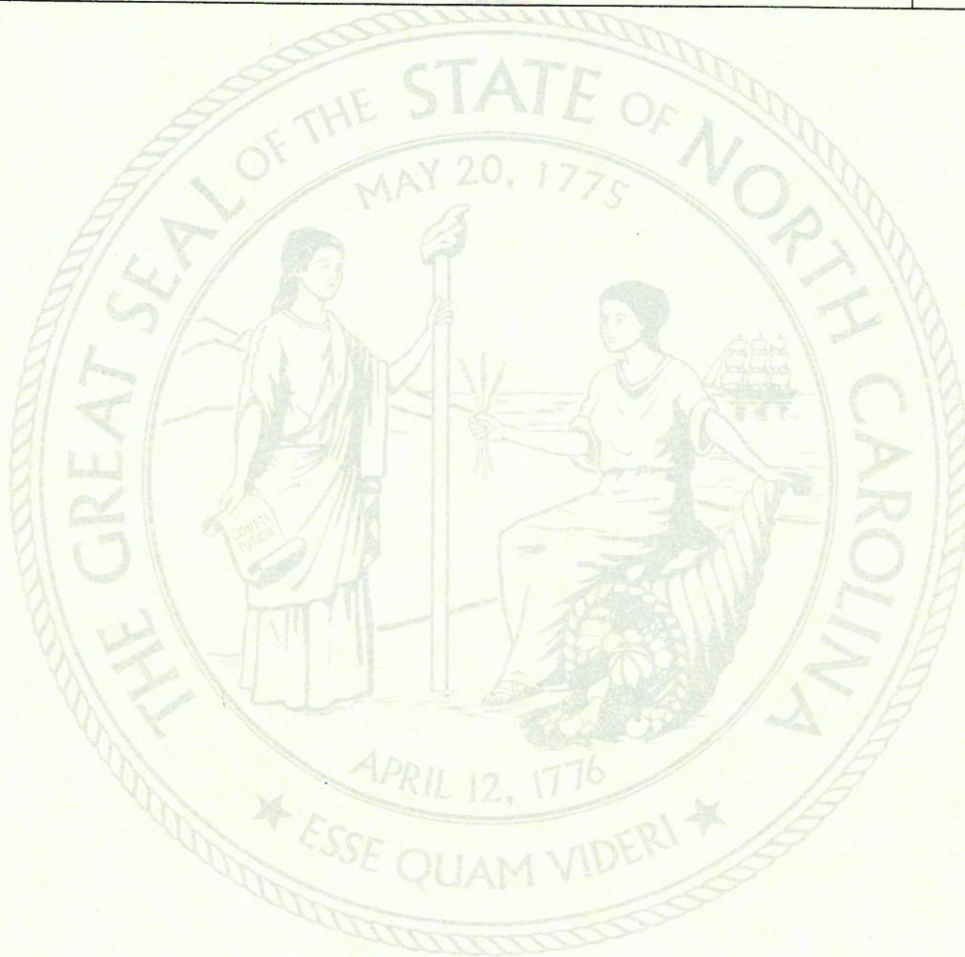
1. Private Diagnostic Clinic, PLLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall develop a new diagnostic center by relocating two units of echocardiogram equipment, one unit of electrocardiogram (EKG) equipment, one unit of electroencephalogram (EEG) equipment, one unit of pulmonary function testing equipment, and acquiring one unit of x-ray equipment, as designated in the application.
3. 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 fourth month. The first progress report shall be due on October 1, 2021. The second progress report shall be due on February 1, 2022 and so forth.
4. 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.
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 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.
7. 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 25, 2021.

**TIMETABLE:**

**Attachment B**

<b>Milestone</b>		<b>Date mm/dd/yyyy</b>
4	Construction / Renovation Contract(s) Executed	9/3/2021
8	Construction / Renovation Completed	11/5/2021
14	<b>Services Offered</b>	1/1/2022
17	First Annual Report Due	4/1/2023



# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: G-12031-21

FID #: 060620

**ISSUED TO:** Forsyth Memorial Hospital, Inc.  
Novant 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:** Replace and relocate no more than one unit of cardiac cath equipment from Novant Health Forsyth Medical Center to Novant Health Kernersville Medical Center and initiate cardiac cath services / Forsyth County

**CONDITIONS:** See Reverse Side

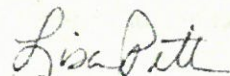
**PHYSICAL LOCATION:** Novant Health Kernersville Medical Center  
1750 Kernersville Medical Parkway  
Kernersville, NC 27284

**CAPITAL EXPENDITURE:** \$8,221,231

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** September 1, 2021

This certificate is effective as of June 29, 2021



Lisa Pittman, Assistant Chief, CON

**CONDITIONS:**

1. Forsyth Memorial Hospital, Inc. and Novant Health, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application and any supplemental responses. If representations conflict, the certificate holder shall materially comply with the last made representation.
2. The certificate holder shall relocate no more than 1 unit of cardiac catheterization equipment from the Novant Health Forsyth Medical Center campus to the Novant Health Kernersville Medical Center campus.
3. Upon completion of the project, the Novant Health Forsyth Medical Center campus shall have no more than 7 units of cardiac catheterization equipment and the Novant Health Kernersville Medical Center campus shall have no more than 1 unit of cardiac catheterization equipment. There shall be no change in the total number of units of cardiac catheterization equipment on Novant Health Forsyth Medical Center's license.
4. The certificate holder 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. 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.
6. 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.
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, 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.

(Project I.D. #G-12031-21 Cont.)

- b. Utilization of the services authorized in this certificate of need.
  - c. Revenues and operating costs for the services authorized in this certificate of need.
  - d. Average gross revenue per unit of service.
  - e. Average net revenue per unit of service.
  - f. Average operating cost per unit of service.
8. 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 June 1, 2021.

**TIMETABLE:**

	<b>Milestone</b>	<b>Date</b>
1	Drawings Completed	10/1/2021
2	Construction / Renovation Contract(s) Executed	2/14/2022
3	25% of Construction / Renovation Completed (25% of the cost is in place)	7/29/2022
4	50% of Construction / Renovation Completed	1/13/2023
5	75% of Construction / Renovation Completed	6/30/2023
6	Construction / Renovation Completed	12/14/2023
7	Equipment Ordered	8/28/2023
8	Equipment Installed	12/18/2023
9	Equipment Operational	1/15/2024
10	Building / Space Occupied	1/29/2024
11	Licensure Obtained	1/29/2024
<b>12</b>	<b>Services Offered (required)</b>	<b>4/1/2024</b>
13	First Annual Report Due*	4/1/2026

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: M-12017-21

FID #: 922969

**ISSUED TO:** Harnett Health System, 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 inpatient dialysis service / Harnett County

**CONDITIONS:** See Reverse Side

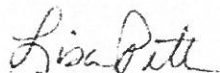
**PHYSICAL LOCATION:** Cape Fear Valley Betsy Johnson Hospital  
800 Tilghman Drive  
Dunn, NC 28335

**CAPITAL EXPENDITURE:** \$96,721

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of June 29, 2021



Lisa Pittman, Assistant Chief, CON



**CONDITIONS:**

1. Harnett Health System, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall develop inpatient dialysis services through a service agreement with Bio-Medical Applications of North Carolina, Inc. for no more than two mobile hemodialysis machines upon project completion.
3. The certificate holder shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section F of the application and that would otherwise require a certificate of need.
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 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 June 25, 2021.

**TIMETABLE:**

**Attachment B**

	<b>Milestone</b>	<b>Date mm/dd/yyyy</b>
4	Construction / Renovation Contract(s) Executed	09/06/2021
5	25% of Construction / Renovation Completed (25% of the cost is in place)	09/20/2021
6	50% of Construction / Renovation Completed	10/15/2021
7	75% of Construction / Renovation Completed	10/30/2021
8	Construction / Renovation Completed	11/15/2021
9	Equipment Ordered	09/06/2021
10	Equipment Installed	12/15/2021
11	Equipment Operational	12/22/2021
14	Services Offered	01/01/2022

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Revised Certificate of Need

for

Project ID # F-11625-18

FID #: 180518

**ISSUED TO:** Novant Health, Inc.  
Novant Health Ballantyne 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:** Develop a new, separately licensed 36-bed acute care hospital by relocating 36 acute care beds and 2 shared ORs from Novant Health Presbyterian Medical Center, one GI endoscopy room from Charlotte Outpatient Surgery Center, and develop a new dedicated C-Section OR and CT scanner/ Mecklenburg County

**CONDITIONS:** See Reverse Side

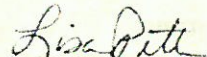
**PHYSICAL LOCATION:** Novant Health Ballantyne Medical Center  
10713 Providence Road West  
Charlotte, NC 28277

**CAPITAL EXPENDITURE:** \$154,388,021

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of April 30, 2019  
Revised certificate issued on June 23, 2021



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Lisa Pittman, Assistant Chief

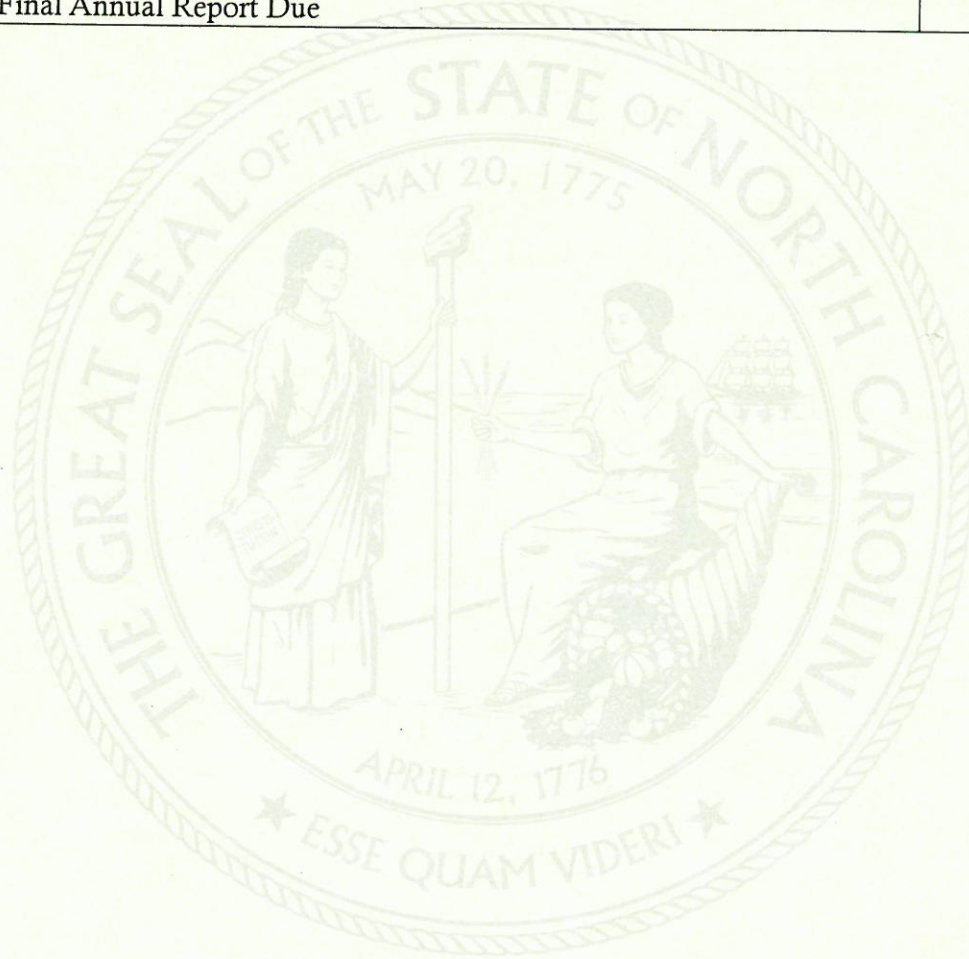
**REVISED CONDITIONS:**

1. Novant Health, Inc. and Novant Health Ballantyne Medical Center, LLC shall materially comply with all representations made in the certificate of need application.
2. Novant Health, Inc. and Novant Health Ballantyne Medical Center, LLC, shall develop a new, separately licensed 36-bed acute care hospital by relocating 36 acute care beds and 2 shared ORs from Novant Health Presbyterian Medical Center, one GI endoscopy room from Charlotte Outpatient Surgery Center, and develop a new dedicated C-Section OR and CT scanner.
3. Upon completion of the project, Novant Health Ballantyne Medical Center shall be licensed for no more than 36 acute care beds, 2 shared operating rooms, one dedicated C-Section operating room and one gastrointestinal endoscopy room.
4. Novant Health, Inc. and Novant Health Ballantyne 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.
5. Novant Health, Inc. and Novant Health Ballantyne Medical 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.
6. No later than three months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, Novant Health Ballantyne 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.
7. Novant Health Inc. and Novant Health Ballantyne 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 April 18, 2019.

## Timetable

	Milestone	Date mm/dd/yyyy
4	Construction / Renovation Contract(s) Executed	8/17/2020
5	25% of Construction / Renovation Completed (25% of the cost is in place)	3/8/2021
6	50% of Construction / Renovation Completed	8/23/2021
7	75% of Construction / Renovation Completed	4/18/2022
8	Construction / Renovation Completed	11/7/2022
13	Licensure Obtained	1/1/2023
14	<b>Services Offered</b>	1/1/2023
15	Medicare and / or Medicaid Certification Obtained	4/11/2023
16	Facility or Service Accredited	4/11/2023
17	Final Annual Report Due	3/31/2026



# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Revised Certificate of Need

for

Project ID #: F-11812-19

FID #: 923516

**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:** Add no more than 4 acute care beds pursuant to the need determination in the 2019 SMFP for a total of no more than 104 acute care beds upon project completion/Mecklenburg County

**CONDITIONS:** See Reverse Side

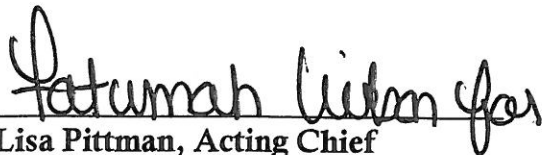
**PHYSICAL LOCATION:** Atrium Health University City  
8800 North Tryon Street  
Charlotte, NC 28256

**CAPITAL EXPENDITURE:** \$3,766,000

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of April 28, 2020  
Revised certificate issued on June 3, 2021

  
Lisa Pittman, Acting 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 develop no more than 4 additional acute care beds at Atrium Health University City.
3. Upon completion of the project, Atrium Health University City shall be licensed for no more than 104 acute care beds.
4. The Charlotte-Mecklenburg Hospital Authority shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in 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, 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.

**Timetable**

	<b>Milestone</b>	<b>Date mm/dd/yyyy</b>
2	Drawings Completed	7/6/2020
4	Construction / Renovation Contract(s) Executed	8/3/2020
5	25% of Construction / Renovation Completed (25% of the cost is in place)	9/14/2020
6	50% of Construction / Renovation Completed	11/2/2020
7	75% of Construction / Renovation Completed	12/14/2020
8	Construction / Renovation Completed	2/8/2021
9	Equipment Ordered	6/1/2020
10	Equipment Installed	2/22/2021
11	Equipment Operational	3/1/2021
12	Building / Space Occupied	4/1/2021
13	Licensure Obtained	4/1/2021
14	<b>Services Offered</b>	4/1/2021
15	Medicare and / or Medicaid Certification Obtained	4/1/2021
16	Facility or Service Accredited	4/1/2021
17	First Annual Report Due*	3/31/2023

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

Revised

## Certificate of Need

for

Project ID #: F-11815-19

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:** Add no more than 1 OR pursuant to the need determination in the 2019 SMFP for a total of no more than 63 ORs upon completion of this project, Project I.D. #F-11106-15 (relocate 2 ORs to Charlotte Surgery Center – Wendover Campus), and Project I.D. #F-11620-18 (add 2 ORs)/ Mecklenburg County

**CONDITIONS:** See Reverse Side

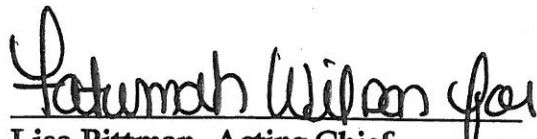
**PHYSICAL LOCATION:** Carolinas Medical Center  
1000 Blythe Boulevard  
Charlotte, NC 28203

**CAPITAL EXPENDITURE:** \$7,974,633

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of April 28, 2020  
Revised certificate issued on June 3, 2021

  
Lisa Pittman, Acting 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 develop no more than one additional operating room at Carolinas Medical Center for a total of no more than 63 operating rooms upon completion of this project, Project I.D. #F-11106-15 (relocate two ORs to Charlotte Surgery Center – Wendover Campus), and Project I.D. #F-11620-18 (add two ORs).
3. Upon completion of the project, Carolinas Medical Center shall be licensed for no more than 63 operating rooms, including four dedicated C-Section operating rooms.
4. The Charlotte-Mecklenburg Hospital Authority shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.
5. The Charlotte-Mecklenburg Hospital Authority shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.
6. No later than three months after the last day of each of the first three full 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.
7. The Charlotte-Mecklenburg Hospital Authority shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.



(F-11815-19 Con't)

Timetable

	Milestone	Date mm/dd/yyyy
2	Drawings Completed	8/3/2020
4	Construction / Renovation Contract(s) Executed	8/17/2020
5	25% of Construction / Renovation Completed (25% of the cost is in place)	11/9/2020
6	50% of Construction / Renovation Completed	1/18/2021
7	75% of Construction / Renovation Completed	4/12/2021
8	Construction / Renovation Completed	6/28/2021
9	Equipment Ordered	11/9/2020
10	Equipment Installed	7/12/2021
11	Equipment Operational	7/19/2021
12	Building / Space Occupied	7/19/2021
13	Licensure Obtained	7/19/2021
14	Services Offered	7/19/2021
15	Medicare and / or Medicaid Certification Obtained	7/19/2021
16	Facility or Service Accredited	7/19/2021
17	First Annual Report Due*	3/31/2023

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: F-12016-21

FID #: 943501

**ISSUED TO:** Novant Health, Inc.  
The Presbyterian Hospital

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:** A cost overrun for Project I.D. F-11584-18 (develop a 10-bed inpatient rehabilitation unit by developing the 8 beds in 2018 SMFP need determination and relocating 2 existing rehabilitation beds from Novant Health Rowan Medical Center) / Mecklenburg County

**CONDITIONS:** See Reverse Side

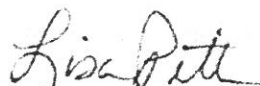
**PHYSICAL LOCATION:** Novant Health Presbyterian Medical Center  
200 Hawthorne Lane  
Charlotte, NC 28233-3549

**CAPITAL EXPENDITURE:** \$4,185,736

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** March 1, 2022

This certificate is effective as of June 18, 2021



Lisa Pittman, Acting Chief, CON

**CONDITIONS:**

1. Novant Health, Inc. and The Presbyterian Hospital (hereinafter certificate holder) shall materially comply with the representations made in this application and the representations in Project ID #F-11584-18. Where representations conflict, the certificate holder shall materially comply with the last made representation.
2. The certificate holder shall develop a 10-bed inpatient rehabilitation unit by developing no more than eight inpatient rehabilitation beds pursuant to the 2018 SMFP need determination and relocating two existing inpatient rehabilitation beds from Novant Health Rowan Medical Center.
3. Upon completion of the project, Novant Health Presbyterian Medical Center shall be licensed for no more than 10 inpatient rehabilitation beds.
4. Novant Health, Inc. shall delicense two inpatient rehabilitation beds at Novant Health Rowan Medical Center upon completion of the project for a total of no more than eight inpatient rehabilitation beds.
5. The 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.
6. 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 March 1, 2022. The second progress report shall be due on June 1, 2022 and so forth.
7. No later than three months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, 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.

(F-12016-21 Cont.)

d. Average gross revenue per unit of service.

e. Average net revenue per unit of service.

f. Average operating cost per unit of service.

8. 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 June 1, 2021

**TIMETABLE:**

	<b>Milestone</b>	<b>Date mm/dd/yyyy</b>
2	Drawings Completed	02/28/2022
4	Construction / Renovation Contract(s) Executed	06/27/2022
5	25% of Construction / Renovation Completed (25% of the cost is in place)	08/15/2022
6	50% of Construction / Renovation Completed	10/02/2022
7	75% of Construction / Renovation Completed	11/21/2022
8	Construction / Renovation Completed	01/16/2023
9	Equipment Ordered	09/26/2022
10	Equipment Installed	01/23/2023
11	Equipment Operational	02/20/2023
12	Building / Space Occupied	02/27/2023
13	Licensure Obtained	03/06/2023
14	<b>Services Offered</b>	04/01/2023
15	Medicare and / or Medicaid Certification Obtained	07/01/2023
17	First Annual Report Due*	03/31/2025

# 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



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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**

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

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: F-12022-21

FID #: 180101

**ISSUED TO:** Mecklenburg County Healthcare Properties, LLC  
Liberty Commons of Mecklenburg, 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:** Relocate no more than 9 NF beds from Royal Park Rehabilitation & Health Center and no more than 8 NF beds from Pavilion Health Center at Brightmore to Liberty Commons of Mint Hill for a total of no more than 100 NF beds upon project completion. This is a change of scope for Project I.D. #F-11461-18 (Develop a new 83-bed NF facility) / Mecklenburg County

**CONDITIONS:** See Reverse Side

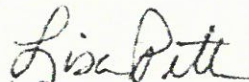
**PHYSICAL LOCATION:** Liberty Commons Nursing and Rehabilitation Center  
of Mint Hill  
7712 Wilson Grove Road  
Mint Hill, NC 28277

**CAPITAL EXPENDITURE:** \$1,483,355

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** September 1, 2021

This certificate is effective as of June 29, 2021



Lisa Pittman, Assistant Chief, CON



**CONDITIONS:**

1. Mecklenburg County Healthcare Properties, LLC and Liberty Commons of Mecklenburg, LLC (hereinafter, the certificate holder) shall materially comply with all representations made in the certificate of need application, the application for Project I.D. #F-11461-18, and any supplemental information. If representations conflict, the certificate holder shall materially comply with the last made representation.
2. In a change of scope for Project I.D. #F-11461-18, the certificate holder shall develop a 100-bed nursing home facility in Mecklenburg County by relocating no more than 9 nursing home facility beds from Royal Park Health & Rehabilitation Center (Mecklenburg County) and no more than 8 nursing home facility beds from Pavilion Health Center at Brightmore (Mecklenburg County) in addition to the previously approved relocation of 67 nursing home facility beds from Mary Gran (Sampson County), 7 nursing home facility beds from Liberty Commons of Columbus (Columbus County), and 9 nursing home facility beds from Shoreland (Columbus County).
3. Upon completion of this project and Project I.D. #F-11461-18, Liberty Commons Nursing & Rehabilitation Center of Mint Hill shall be licensed for no more than 100 nursing home facility beds.
4. Upon completion of this project and Project I.D. #F-11461-18, the certificate holder shall take the necessary steps to delicense 67 nursing home facility beds from Mary Gran (Sampson County), 7 nursing home facility beds from Liberty Commons of Columbus (Columbus County), 9 nursing home facility beds from Shoreland (Columbus County), 8 nursing home facility beds from Pavilion Health Center at Brightmore (Mecklenburg County), and 9 nursing home facility beds from Royal Park Health & Rehabilitation Center (Mecklenburg County).
5. The approved combined capital expenditure for both Project I.D. #F-11461-18 and this project is \$16,790,771, an increase of \$1,483,355 over the previously approved capital expenditure of \$15,307,416 in Project I.D. #F-11461-18.
6. For the first two years of operation following completion of the project, the certificate holder shall not increase private pay charges more than 5% of the projected private pay charges provided in Section Q of the application without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.
7. 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.
8. No later than three (3) months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, the 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.
9. 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 27, 2021.

**TIMETABLE**

	Milestone	Date
1	Drawings Completed	10/1/2022
2	Construction / Renovation Contract(s) Executed	6/1/2023
3	25% of Construction / Renovation Completed (25% of the cost is in place)	3/1/2024
4	50% of Construction / Renovation Completed	8/1/2024
5	75% of Construction / Renovation Completed	1/1/2025
6	Construction / Renovation Completed	7/1/2025
7	Building / Space Occupied	10/1/2025
8	Licensure Obtained	10/1/2025
9	<b>Services Offered (required)</b>	<b>10/1/2025</b>
10	First Annual Report Due*	1/1/2027

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: F-12025-21

FID #: 170239

**ISSUED TO:** The Charlotte Mecklenburg Hospital Authority  
Atrium Health Huntersville ASC, 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 for Project ID #F-11349-17 (convert facility from a hospital-based outpatient surgery center to a separately licensed freestanding ASF) / Mecklenburg County

**CONDITIONS:** See Reverse Side

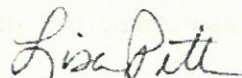
**PHYSICAL LOCATION:** Atrium Health Surgery Center-Huntersville  
16455 Statesville Road, Suite 100  
Huntersville, NC 28078

**CAPITAL EXPENDITURE:** \$1,392,300

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** September 1, 2021

This certificate is effective as of June 29, 2021



Lisa Pittman, Assistant Chief, CON

**CONDITIONS:**

1. Atrium Health Huntersville ASC, LLC and The Charlotte-Mecklenburg Hospital Authority (hereinafter certificate holder) shall materially comply with the representations in this application, the representations in Project I.D. #F-11349-17, and any supplemental information. Where representations conflict, the certificate holder shall materially comply with the last made representation.
2. The certificate holder shall develop a new freestanding ambulatory surgical facility, Atrium Health Surgery Center – Huntersville, by separately licensing 1 existing OR currently licensed as part of Atrium Health University City.
3. Upon completion of the project, Atrium Health Surgery Center – Huntersville shall be licensed for no more than 1 OR.
4. Upon completion of the project, the certificate holder shall take the necessary steps to delicense 1 OR from Atrium Health University City.
5. The approved combined capital expenditure for both Project I.D. #F-11349-17 and this project is \$1,747,300, an increase of \$1,392,300 over the previously approved capital expenditure of \$355,000 in Project I.D. #F-11349-17.
6. 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.
7. 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.
8. 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 Section Q of the application without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.
9. 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.
10. No later than three months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, the certificate holders shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
- a. Payor mix for the services authorized in this certificate of need.
  - b. Utilization of the services authorized in this certificate of need.
  - c. Revenues and operating costs for the services authorized in this certificate of need.
  - d. Average gross revenue per unit of service.
  - e. Average net revenue per unit of service.
  - f. Average operating cost per unit of service.
11. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on June 7, 2021.

**Timetable:**

	<b>Milestone</b>	<b>Date</b>
1	Drawings Completed	9/7/2021
2	Construction / Renovation Contract(s) Executed	9/14/2021
3	25% of Construction / Renovation Completed (25% of the cost is in place)	11/16/2021
4	50% of Construction / Renovation Completed	12/21/2021
5	75% of Construction / Renovation Completed	2/1/2022
6	Construction / Renovation Completed	3/1/2022
7	Licensure Obtained	3/15/2022
<b>8</b>	<b>Services Offered (required)</b>	<b>4/1/2022</b>
9	Medicare and / or Medicaid Certification Obtained	6/1/2022
10	Facility or Service Accredited	6/1/2022
11	First Annual Report Due	4/1/2024

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: P-12027-21

FID #: 061343

**ISSUED TO:** Onslow Radiation Oncology, LLC  
Onslow Memorial 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:** Acquire a replacement LINAC / Onslow County

**CONDITIONS:** See Reverse Side

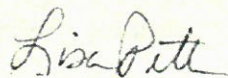
**PHYSICAL LOCATION:** Onslow Radiation Oncology, LLC  
317 Western Boulevard  
Jacksonville, NC 28546

**CAPITAL EXPENDITURE:** \$3,494,774

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** July 1, 2021

This certificate is effective as of June 29, 2021



Lisa Pittman, Assistant Chief, CON

**CONDITIONS:**

1. Onslow Radiation Oncology, LLC (ORO) and Onslow Memorial Hospital, Inc. (OMH) (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall acquire a replacement linear accelerator to be located at Onslow Radiation Oncology, LLC.
3. Upon completion of the project, Onslow Radiation Oncology, LLC shall be licensed for no more than one linear accelerator.
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 July 1, 2021. The second progress report shall be due on October 1, 2021 and so forth.
5. 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.
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, 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.

7. 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 June 2, 2021.

**TIMETABLE:**

	<b>Milestone</b>	<b>Date</b> <i>mm/dd/yyyy</i>
1	Financing Obtained	09/02/2021
2	Drawings Completed	11/1/2021
4	Construction / Renovation Contract(s) Executed	12/01/2021
5	25% of Construction / Renovation Completed (25% of the cost is in place)	03/11/2022
6	50% of Construction / Renovation Completed	04/11/2022
7	75% of Construction / Renovation Completed	05/11/2022
8	Construction / Renovation Completed	06/11/2022
9	Equipment Ordered	03/11/2022
10	Equipment Installed	06/13/2022
11	Equipment Operational	06/27/2022
12	Building / Space Occupied	07/18/2022
<b>14</b>	<b>Services Offered</b>	08/01/2022
17	First Annual Report Due*	01/01/2024



# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: F-12047-21

FID #: 160495

**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 five dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 19 stations upon project completion / Rowan County**

**CONDITIONS: See Reverse Side**

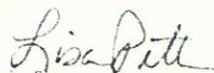
**PHYSICAL LOCATION: Spencer Dialysis  
1287 North Salisbury Avenue  
Spencer, NC 28159**

**CAPITAL EXPENDITURE: \$88,694**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: October 1, 2021**

This certificate is effective as of June 29, 2021



Lisa Pittman, Assistant Chief, CON

**CONDITIONS:**

1. Total Renal Care of North Carolina, LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. Pursuant to Condition 2 of the facility need determination in the 2021 SMFP, the certificate holder shall develop no more than five (5) additional in-center dialysis stations for a total of no more than 19 in-center stations at Spencer Dialysis upon completion of this project.
3. 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 fourth month. The first progress report shall be due on October 1, 2021. The second progress report shall be due on February 1, 2022 and so forth.
4. 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 28, 2021.

**TIMETABLE:**

**Attachment B  
Approved Timetable**

Milestone		Date mm/dd/yyyy
1	Equipment Ordered	7/31/2022
2	Services Offered	1/1/2023

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: F-12048-21

FID #: 980409

**ISSUED TO:** Central Carolina Dialysis Centers, 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 six (6) dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 31 stations upon project completion / Rowan County

**CONDITIONS:** See Reverse Side

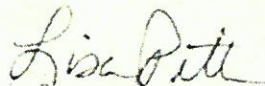
**PHYSICAL LOCATION:** Dialysis Care of Kannapolis  
1607 N. Main Street  
Kannapolis, NC 28081

**CAPITAL EXPENDITURE:** \$58,719

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** October 1, 2021

This certificate is effective as of June 26, 2021



Lisa Pittman, Assistant Chief, CON

**CONDITIONS:**

1. Central Carolina Dialysis Centers, LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. Pursuant to Condition 2 of the facility need determination in the 2021 SMFP, the certificate holder shall develop no more than six (6) additional in-center dialysis stations for a total of no more than 31 in-center (and home hemodialysis) stations at Dialysis Care of Kannapolis upon completion of this project.
3. 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 fourth month. The first progress report shall be due on October 1, 2021. The second progress report shall be due on February 1, 2022 and so forth.
4. 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 28, 2021.

**TIMETABLE:**

**Attachment B**

	<b>Milestone</b>	<b>Date mm/dd/yyyy</b>
1	Equipment Ordered	7/31/2022
2	Services Offered	1/1/2023

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: F-12024-21

FID #: 070116

**ISSUED TO: Endoscopy Center-Monroe, 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: Relocate existing 2-room GI Endo Center / Union County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: Carolina Endoscopy Center-Monroe  
1321 East Sunset Boulevard  
Monroe, NC 28112**

**CAPITAL EXPENDITURE: \$1,217,597**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: November 1, 2021**

This certificate is effective as of June 29, 2021.



**Lisa Pittman, Assistant Chief, CON**

**CONDITIONS:**

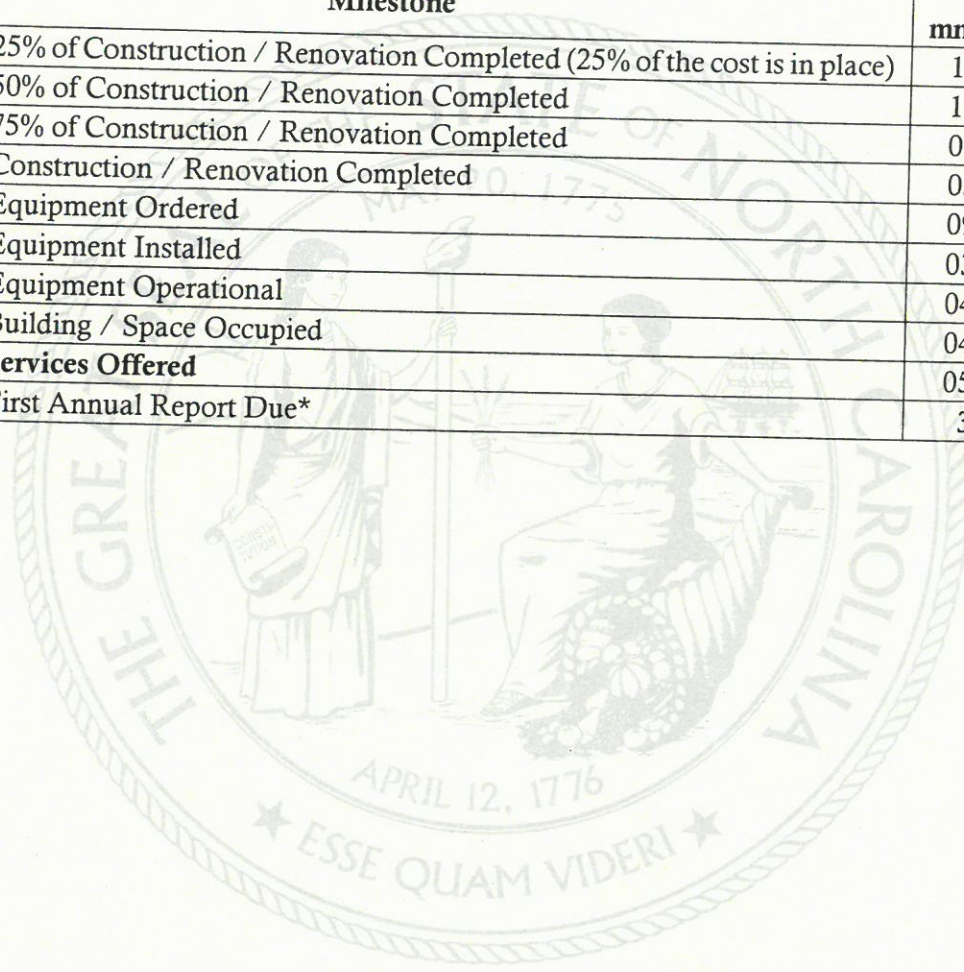
1. Endoscopy Center-Monroe, LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall relocate two gastrointestinal endoscopy procedure rooms from 1321 East Sunset Drive, Monroe to 1663 Campus Park Drive, Monroe for a total of no more than two gastrointestinal endoscopy procedure rooms upon project completion.
3. Upon completion of the project, the certificate holder shall no longer be licensed for any gastrointestinal endoscopy procedure rooms at 1321 East Sunset Drive, Monroe.
4. The certificate holder shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Sections F and Q of the application and that would otherwise require a certificate of need.
5. 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 Sections F and Q of the application without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.
6. 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 November 1, 2021. The second progress report shall be due on February 1, 2022 and so forth.
7. No later than three months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, 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.

8. 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 June 1, 2021.

**TIMETABLE:**

	Milestone	Date mm/dd/yyyy
5	25% of Construction / Renovation Completed (25% of the cost is in place)	11/02/2021
6	50% of Construction / Renovation Completed	12/10/2021
7	75% of Construction / Renovation Completed	01/21/2022
8	Construction / Renovation Completed	03/04/2022
9	Equipment Ordered	09/21/2021
10	Equipment Installed	03/18/2022
11	Equipment Operational	04/04/2022
12	Building / Space Occupied	04/14/2022
14	<b>Services Offered</b>	05/09/2022
17	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 #: D-12028-21

FID #: 210093

**ISSUED TO:** Caldwell Hospice and Palliative Care, 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 freestanding hospice inpatient facility with 6 hospice inpatient beds, pursuant to the adjusted need determination in the 2021 SMFP, and 1 residential bed/ Watauga County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Caldwell Hospice Patient Care Unit  
Property Adjacent to 274 Archie Carroll Road  
Boone, NC 28607

**CAPITAL EXPENDITURE:** \$6,886,612

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** October 1, 2021

This certificate is effective as of June 19, 2021



Lisa Pittman, Assistant Chief, CON



**CONDITIONS:**

1. Caldwell Hospice and Palliative Care, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall develop six (6) hospice inpatient beds pursuant to the adjusted need determination in the 2021 State Medical Facilities Plan and one (1) residential hospice bed.
3. Upon completion of the project, Caldwell Hospice Patient Care Unit shall be licensed for no more than six (6) hospice inpatient beds and one (1) hospice residential bed.
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 fourth month. The first progress report shall be due on October 1, 2021. The second progress report shall be due on February 1, 2022, and so forth.
5. 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.
6. No later than three months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, Caldwell Hospice and Palliative Care, Inc. shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
  - a. Payor mix for the services authorized in this certificate of need.
  - b. Utilization of the services authorized in this certificate of need.
  - c. Revenues and operating costs for the services authorized in this certificate of need.
  - d. Average gross revenue per unit of service.
  - e. Average net revenue per unit of service.
  - f. Average operating cost per unit of service.
7. The certificate holder 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.
8. 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 June 17, 2021.

**TIMETABLE:**

**Attachment B**

<b>Milestone</b>		<b>Date mm/dd/yyyy</b>
1	Drawings Completed	3/15/2021
2	Land Acquired	1/1/2020
3	Construction / Renovation Contract(s) Executed	5/1/2022
4	25% of Construction / Renovation Completed (25% of the cost is in place)	10/1/2022
5	50% of Construction / Renovation Completed	2/1/2023
6	75% of Construction / Renovation Completed	4/1/2023
7	Construction / Renovation Completed	6/1/2023
8	Equipment Ordered	3/1/2023
9	Equipment Installed	6/1/2023
10	Equipment Operational	6/15/2023
11	Building / Space Occupied	6/15/2023
12	Licensure Obtained	6/15/2023
13	<b>Services Offered</b>	7/1/2023
14	Medicare and / or Medicaid Certification Obtained	8/15/2023
15	Facility or Service Accredited	8/15/2023
16	First Annual Report Due*	9/30/2024