

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: P-12323-23

FID #: 923448

ISSUED TO: PruittHealth – Sea Level, LLC
Pruitt Properties, 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: Change of scope and cost overrun for Project ID #P-11541-18 (relocate 104 nursing facility beds to a new replacement facility) / Carteret County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: PruittHealth-Sea-Level
2415 US Highway 70 East
Beaufort, NC 28516

CAPITAL EXPENDITURE: \$6,291,292

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 1, 2024

This certificate is effective as of August 26, 2023



Micheala Mitchell, Chief

CONDITIONS:

1. PruittHealth–Sea Level, LLC, and Pruitt Properties, Inc. (hereinafter certificate holder) shall materially comply with the representations in this application and the representations in Project ID# P-11541-18. Where representations conflict, the certificate holder shall materially comply with the last made representation.
2. The certificate holder shall relocate a total of no more than 104 nursing facility (NF) beds to a new replacement facility in Beaufort (Carteret County) upon completion of this project and Project ID# P-11541-18.
3. Upon completion of this project and Project ID# P-11541-18, PruittHealth-Sea Level shall be licensed for no more than 104 nursing facility beds.
4. 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 made in the certificate of need application.
5. 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.
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. The first progress report shall be due on January 1, 2024.
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 of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on August 29, 2023.

Timetable

Milestone		Date
1	Financing Obtained	02/01/2023
2	75% of Construction / Renovation Completed	03/01/2023
3	Construction / Renovation Completed	10/01/2023
4	Building / Space Occupied	09/01/2023
5	Services Offered	10/01/2023
6	First Annual Report Due	01/01/2023

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: M-12332-23

FID #: 943057

ISSUED TO: Cumberland County Hospital 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 no more than 18 acute care beds pursuant to the need determination in the 2023 SMFP for a total of no more than 636 beds upon project completion, including 44 neonatal intensive care units (NICU) beds, upon completion of this project, Project ID# M-12178-22 (add 29 AC beds pursuant to a 2022 SMFP Need Determination) and Project ID# M-8689-11 (add 65 AC beds pursuant to a 2011 Need Determination)/ Cumberland County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Cape Fear Valley Medical Center
1638 Owen Drive
Fayetteville, NC 28302

CAPITAL EXPENDITURE: \$27,115,350

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 1, 2024

This certificate is effective as of August 1, 2023



Micheala Mitchell, Chief

CONDITIONS:

1. **Cumberland County Hospital System, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
2. **The certificate holder shall add no more than 18 acute care beds to the Cape Fear Valley Medical Center.**
3. **Upon completion of this project, Project ID# M-12178-22 (Add 29 AC beds) and Project ID# M-8689-11 (Add 65 AC beds) Cape Fear Valley Medical Center shall be licensed for no more than 636 acute care beds, including 44 NICU beds.**
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. **The first progress report shall be due on May 1, 2024.**
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. **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 of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on July 6, 2023.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
8	Construction / Renovation Completed	8/1/2024
9	Equipment Ordered	10/1/2023
10	Equipment Installed	8/1/2024
11	Equipment Operational	8/15/2024
12	Building / Space Occupied	9/7/2024
13	Licensure Obtained	9/15/2024
14	Services Offered	10/1/2024

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: P-12327-23

FID #: 923139

ISSUED TO: Duplin General Hospital, Inc.

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

SCOPE: Develop no more than one fixed MRI scanner pursuant the need determination in 2023 SMFP/ Duplin County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: ECU Health Duplin Hospital
401 N. Main Street
Kenansville, NC 28349

CAPITAL EXPENDITURE: \$13,092,478

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 1, 2024

This certificate is effective as of August 23, 2023



Micheala Mitchell, Chief

CONDITIONS:

1. Duplin General Hospital, 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 one fixed MRI scanner pursuant to the need determination in the 2023 SMFP.
3. Upon completion of the project ECU Health Duplin Hospital shall be licensed for no more than one fixed MRI scanner.
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. The first progress report shall be due on January 1, 2024.
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 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 of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on July 26, 2023.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
2	Drawings Completed	6/1/2024
4	Construction / Renovation Contract(s) Executed	9/1/2024
5	25% of Construction / Renovation Completed (25% of the cost is in place)	12/1/2024
6	50% of Construction / Renovation Completed	12/1/2024
7	75% of Construction / Renovation Completed	3/1/2025
8	Construction / Renovation Completed	9/1/2025
9	Equipment Ordered	10/1/2024
10	Equipment Installed	6/1/2025
11	Equipment Operational	9/1/2025
12	Building / Space Occupied	9/1/2025
14	Services Offered	10/1/2025

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: G-12351-23

FID #: 991046

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 2 dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 35 stations upon completion of this project, Project ID# G-12161-21 (add 8 stations) and Project ID# G-12130-21 (relocate 8 stations)/ Guilford County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: BMA of Southwest Greensboro
5020 Mackay Road
Greensboro, NC 27282

CAPITAL EXPENDITURE: \$7,500

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2024

This certificate is effective as of August 18, 2023



Micheala Mitchell, Chief

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. Pursuant to Condition 2 of the facility need determination in the 2023 SMFP, the certificate holder shall develop no more than two additional in-center dialysis stations for a total of no more 35 in-center stations at BMA of Southwest Greensboro upon completion of this project, Project ID# G-12130-21 (relocate eight stations from BMA SW Greensboro to FKC Sandy Ridge) and Project ID# G-12161-21 (add 8 stations).
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. The first progress report shall be due on July 1, 2024.
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 of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on July 18, 2023.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Financing Obtained	6/15/2024
9	Equipment Ordered	8/29/2024
10	Equipment Installed	11/27/2024
11	Equipment Operational	12/18/2024
12	Building / Space Occupied	12/18/2024
14	Services Offered	12/31/2024
15	Medicare and / or Medicaid Certification Obtained	12/31/2024

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: G-12352-23

FID #: 230309

ISSUED TO: Carolina Kidney Associates, PA

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 one dedicated vascular access OR for HSA II pursuant to the 2023 SMFP need determination / Guilford County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: CK Vascular Center
1305 Lees Chapel Road
Greensboro, NC 27455

CAPITAL EXPENDITURE: \$1,420,339

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 1, 2023

This certificate is effective as of August 29, 2023



Micheala Mitchell, Chief

CONDITIONS:

1. Carolina Kidney Associates, PA (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall develop one dedicated vascular access OR ambulatory at CK Vascular Center.
3. Upon project completion, CK Vascular Center shall be licensed for no more than one operating 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. The first progress report shall be due on December 1, 2023.
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. 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 Section Q of the application without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.
8. The 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 of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on August 15, 2023.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Construction / Renovation Completed	6/15/24
2	Licensure Obtained	6/28/24
3	Services Offered	7/1/24
4	First Annual Report Due* (only for non-ESRD decisions)	3/1/26

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12319-23

FID #: 190513

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: Cost overrun for Project ID #F-12010-20 (develop a new acute care hospital)
/ Mecklenburg County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Atrium Health Lake Norman
SW corner Intersection of Westmoreland Rd &
NC Hwy 21
Cornelius, NC 28031

CAPITAL EXPENDITURE: \$ 74,544,304

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 1, 2023

This certificate is effective as of August 3, 2023



Micheala Mitchell, Chief

CONDITIONS:

- 1. The Charlotte-Mecklenburg Hospital Authority (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. The certificate holder shall develop Atrium Health Lake Norman as approved in the certificate of need for Project ID #F-12010-20, with no change of scope in the development of the proposed project.**
- 3. The total combined capital expenditure for this project and Project ID #F-12010-20 is \$228,473,856, an increase of \$74,544,304 over the capital expenditure of \$153,929,552 previously approved in Project ID #F-12010-20.**
- 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. The first progress report shall be due on November 1, 2023.**
- 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 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 of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on July 6, 2023.

Timetable

Milestone		Date
1	25% of Construction / Renovation Completed (25% of the cost is in place)	12/1/2023
2	50% of Construction / Renovation Completed	5/3/2024
3	75% of Construction / Renovation Completed	8/2/2024
4	Construction / Renovation Completed	5/2/2025
5	Equipment Ordered	2/7/2025
6	Equipment Installed	5/9/2025
7	Equipment Operational	7/1/2025
8	Building / Space Occupied	5/2/2025
9	Licensure Obtained	7/1/2025
10	Services Offered (required)	7/1/2025
11	First Annual Report Due	4/1/2027

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: N-12344-23

FID #: 140144

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 3 dialysis stations pursuant to Condition 2 of facility need methodology for a total of no more than 17 stations upon project completion / Robeson County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Maxton Dialysis Center
202 E Dr M L King Jr Dr
Maxton, NC 28364

CAPITAL EXPENDITURE: \$48,300

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 1, 2023

This certificate is effective as of August 29, 2023



Micheala Mitchell, Chief

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 2023 SMFP, the certificate holder shall develop no more than three additional in-center dialysis stations for a total of no more than 17 in-center dialysis stations at Maxton Dialysis Center upon project completion.
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. The first progress report shall be due on December 1, 2023.
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 of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on August 28, 2023.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Medicare and/or Medicaid Certification Obtained	01/01/2025
2	Services Offered	01/01/2025

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-12314-23

FID #: 080413

ISSUED TO: The Cardinal at North Hills Healthcare, 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 no more than 10 nursing facility beds for a total of no more than 25 nursing facility beds upon project completion / Wake County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: The Cardinal at North Hills
320 St. Albans Drive
Raleigh, NC 27609

CAPITAL EXPENDITURE: \$80,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 1, 2024

This certificate is effective as of August 29, 2023



Micheala Mitchell, Chief

CONDITIONS:

- 1. The Cardinal at North Hills Healthcare, LLC, (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 10 additional nursing facility beds pursuant to Policy NH-2 for a total of no more than 25 licensed nursing facility beds upon completion of the project.**
- 3. The 10 additional Policy NH-2 nursing facility beds shall not be certified for participation in the Medicaid program.**
- 4. The Policy NH-2 nursing facility beds shall be used exclusively to meet the needs of persons with whom the facility has continuing care contracts (in compliance with the Department of Insurance statutes and regulations) who have lived in a non-nursing unit of the continuing care facility for a period of at least 30 days. Exceptions shall be allowed when one spouse or sibling is admitted to the nursing unit at the time the other spouse or sibling moves into a non-nursing unit, or when the medical condition requiring nursing care was not known to exist or be imminent when the individual became a party to the continuing care contract.**
- 5. Progress Reports:**
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic progress 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. The first progress report shall be due on January 1, 2024.**
- 6. The new Policy NH-2 nursing facility beds shall be developed on the same site with the independent living units and licensed adult care home beds.**
- 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 of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on July 28, 2023.

Timetable

	Milestone	Date
1	Financing Obtained	09/01/2023
2	Equipment Ordered	09/01/2023
3	Equipment Installed	09/25/2023
4	Equipment Operational	09/30/2023
5	Services Offered	10/01/2023
6	First Annual Report Due* (only for non-ESRD decisions)	01/01/2025

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #:

J-12384-23 FID #:

230342

ISSUED TO: Hillco, Ltd.
Maple LTC Group, LLC
Britthaven, 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 120-bed NF by relocating 30 NF beds from Bethany Woods Nursing and Rehabilitation (Stanly County), 5 NF beds from Enfield Oaks Nursing and Rehabilitation Center (Halifax County), 9 NF beds from Harmony Hall Nursing and Rehabilitation Center (Lenoir County), 10 NF beds from Maple Grove Health and Rehabilitation Center (Guilford County), 12 NF beds from Pine Ridge Health and Rehabilitation Center in (Davidson County), 20 NF beds from University Place Nursing and Rehabilitation Center (Mecklenburg County), 20 NF beds from Westwood Hills Nursing and Rehabilitation center (Wilkes County), and 14 NF beds from Willow Creek Nursing and Rehabilitation Center (Wayne County)/ Wake County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Triangle Health and Rehabilitation Center
1508, 1516, 1524, and 1532 Eagle Rock Road
Wendell, NC 27591

CAPITAL EXPENDITURE: \$34,131,928

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 1, 2024

This certificate is effective as of August 22, 2023

Micheala Mitchell

Micheala Mitchell, Chief

CONDITIONS:

- 1. Hillco, Ltd., Maple LTC Group, LLC, and Britthaven, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. The certificate holder shall develop a new nursing facility by relocating no more than 30 NF beds from Bethany Woods Nursing and Rehabilitation (Stanly County), no more than 5 NF beds from Enfield Oaks Nursing and Rehabilitation Center (Halifax County), no more than 9 NF beds from Harmony Hall Nursing and Rehabilitation Center (Lenoir County), no more than 10 NF beds from Maple Grove Health and Rehabilitation Center (Guilford County), no more than 12 NF beds from Pine Ridge Health and Rehabilitation Center in (Davidson County), no more than 20 NF beds from University Place Nursing and Rehabilitation Center (Mecklenburg County), no more than 20 NF beds from Westwood Hills Nursing and Rehabilitation center (Wilkes County), and no more than 14 NF beds from Willow Creek Nursing and Rehabilitation Center (Wayne County) to develop Triangle Health and Rehabilitation Center in Wendell, Wake County.**
- 3. Upon completion of the project, Triangle Health and Rehabilitation Center shall be licensed for no more than 120 nursing facility beds.**
- 4. Upon completion of this project the certificate holder shall take the necessary steps to delicense no more than 30 NF beds from Bethany Woods Nursing and Rehabilitation (Stanly County) for a total of no more than 150 beds, no more than 5 NF beds from Enfield Oaks Nursing and Rehabilitation Center (Halifax County) for a total of no more than 55 beds, no more than 9 NF beds from Harmony Hall Nursing and Rehabilitation Center (Lenoir County) for a total of no more than 166 beds, no more than 10 NF beds from Maple Grove Health and Rehabilitation Center (Guilford County) for a total of no more than 200 beds, no more than 12 NF beds from Pine Ridge Health and Rehabilitation Center in (Davidson County) for a total of no more than 128 beds, no more than 20 NF beds from University Place Nursing and Rehabilitation Center (Mecklenburg County) for a total of no more than 187 beds, no more than 20 NF beds from Westwood Hills Nursing and Rehabilitation center (Wilkes County) for a total of no more than 151 beds, no more than and 14 NF beds from Willow Creek Nursing and Rehabilitation Center (Wayne County) for a total of no more than 186 beds.**
- 5. The certificate holder shall certify at least 65.0% of the total number of licensed nursing home beds in the facility for participation in the Medicaid program and shall provide care to Medicaid recipients commensurate with representation made in the application.**
- 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. 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. Prior to the issuance of the Certificate of Need, the certificate holder shall provide the Agency with documentation that an effort has been made to accommodate the clinical needs of health professional training programs in the area at Triangle Health and Rehabilitation Center.**

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. The first progress report shall be due on January 1, 2024.

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. 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 of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on August 21, 2023.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Financing Obtained	05/02/2024
2	Drawings Completed	07/01/2024
3	Land Acquired	06/01/2024
4	Construction / Renovation Contract(s) Executed	09/01/2024
5	25% of Construction / Renovation Completed (25% of the cost is in place)	02/01/2025
6	50% of Construction / Renovation Completed	08/01/2025
7	75% of Construction / Renovation Completed	12/01/2025
8	Construction / Renovation Completed	05/01/2026
9	Equipment Ordered	04/01/2026
10	Equipment Installed	08/01/2026
11	Equipment Operational	08/25/2026
12	Building / Space Occupied	09/01/2026
13	Licensure Obtained	10/01/2026
14	Services Offered	10/01/2026
15	Medicare and / or Medicaid Certification Obtained	11/01/2026
16	Facility or Service Accredited	06/01/2027
17	First Annual Report Due* (only for non-ESRD decisions)	01/01/2028