

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: C-12337-23

FID #: 923377

ISSUED TO: Century Care of Shelby, Inc.
Peak Realty Cleveland, 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 replacement nursing facility by relocating no more than 100 nursing facility beds / Cleveland County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Peak Resources-Shelby
708 South Battleground Avenue
Grover, NC 28073

CAPITAL EXPENDITURE: \$17,785,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 1, 2024

This certificate is effective as of December 29, 2023



Micheala Mitchell, Chief

CONDITIONS:

1. Century Care of Shelby, Inc. and Peak Realty Cleveland, LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application and in any supplemental information or responses provided. If representations conflict, the certificate holder shall materially comply with the last made representation.
2. The certificate holder shall relocate and replace Peak Resources - Shelby, an existing 100-bed nursing facility (NF).
3. Upon project completion, Peak Resources - Shelby shall be licensed for no more than 100 NF 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 in the certificate of need application.
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 August 1, 2024.
6. 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.
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.

Timetable

Milestone		Date mm/dd/yyyy
1	Financing Obtained	06/01/2024
2	Drawings Completed	06/01/2024
3	Land Acquired	04/01/2024
4	Construction / Renovation Contract(s) Executed	07/15/2024
5	25% of Construction / Renovation Completed (25% of the cost is in place)	11/01/2024
6	50% of Construction / Renovation Completed	02/01/2025
7	75% of Construction / Renovation Completed	05/01/2025
8	Construction / Renovation Completed	07/01/2025
9	Equipment Ordered	05/01/2025
10	Equipment Installed	07/01/2025
11	Equipment Operational	07/15/2025
12	Building / Space Occupied	08/01/2025
13	Licensure Obtained	08/01/2025
14	Services Offered *	08/01/2025
15	Medicare and / or Medicaid Certification Obtained	11/01/2025

* Required

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-12437-23

FID #: 943138

ISSUED TO: Duke University 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: Cost overrun for Project ID #J-11851-20 (acquire one unit of angiography equipment for an existing OR to create a hybrid OR) / Durham County

CONDITIONS: See Reverse Side

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

CAPITAL EXPENDITURE: \$1,797,001

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 1, 2024

This certificate is effective as of December 21, 2023



Micheala Mitchell, Chief

CONDITIONS:

1. Duke University Health System, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The total combined capital expenditure for this project and Project ID#J-11851-20 is \$6,475,000, an increase of \$1,797,001 over the capital expenditure of \$4,677,999 previously approved in Project ID# J-11851-20.
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 May 1, 2024.
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. 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 November 29, 2023.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Construction / Renovation Completed	08/22/2024
2	Equipment Ordered	10/02/2024
3	Equipment Installed	10/02/2024
4	Equipment Operational	12/02/2024
5	Services Offered	12/18/2024

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: G-12420-23

FID #: 943495

ISSUED TO: North Carolina Baptist 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: Cost overrun for Project ID# G-8460-10 (Construction of a new building to include 8 operating rooms, two procedure rooms, and related clinical space pursuant to Policy AC-3) / Forsyth County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: North Carolina Baptist Hospital
Medical Center Boulevard
Winston Salem, NC 27157

CAPITAL EXPENDITURE: \$34,739,688

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 1, 2024

This certificate is effective as of December 1, 2023



Micheala Mitchell, Chief

CONDITIONS:

1. North Carolina Baptist Hospital (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall develop a new building on the campus of Wake Forest Baptist Medical Center as approved in the certificate of need for Project ID #G-8460-10, with no change of scope in the development of the proposed project.
3. The total combined capital expenditure for this project and Project ID #G-8460-10 is \$78,431,045, an increase of \$34,739,688 over the capital expenditure of \$43,691,357 previously approved in Project ID# G-8460-10.
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 June 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 acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on November 1, 2023.

(G-12420-23 Con't)

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Financing Obtained	02/29/2024
2	Drawings Completed	09/30/2023
3	Construction / Renovation Contract(s) Executed	11/01/2023
4	25% of Construction / Renovation Completed (25% of the cost is in place)	03/31/2024
5	50% of Construction / Renovation Completed	09/30/2024
6	75% of Construction / Renovation Completed	01/31/2025
7	Construction / Renovation Completed	05/31/2025
8	Equipment Ordered	09/30/2024
9	Equipment Installed	04/01/2025
10	Equipment Operational	05/01/2025
11	Building / Space Occupied	06/01/2025
12	Services Offered	07/01/2025

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12391-23

FID #: 190371

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

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

SCOPE: Develop no more than 24 additional acute care beds pursuant to the 2023 SMFP need determination for a total of no more than 78 beds upon project completion / Gaston County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: CaroMont Regional Medical Center – Belmont
1000 CaroMont Parkway
Belmont, NC 28012

CAPITAL EXPENDITURE: \$43,911,868

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 1, 2024

This certificate is effective as of December 16, 2023



Micheala Mitchell, Chief

CONDITIONS:

1. **Gaston Memorial Hospital, Incorporated and CaroMont Health, Inc. (hereinafter the certificate holder) shall materially comply with all representations made in the certificate of need application.**
2. **The certificate holder shall develop no more than 24 additional acute care beds at CaroMont Regional Medical Center-Belmont for a total of no more than 78 beds upon project completion.**
3. **Upon completion of this project, and Project ID# F-11749-19, (develop a new 54-bed acute care hospital in Belmont by relocating no more than 21 existing acute care beds from the hospital in Gastonia and developing the 33 acute care beds pursuant to the need determination in the 2019 SMFP. No more than one dedicated C-Section OR and one GI endoscopy room will be relocated from the hospital in Gastonia and no more than 2 ORs will be relocated from CaroMont Specialty Surgery. In addition, this project is a change of scope for Project ID #F-10354-14 (replacement and relocation of major medical equipment and acquisition of 2 digital RF systems and 1 ultrasound unit)) CaroMont Regional Medical Center-Belmont shall be licensed for no more than 78 acute care 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. **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. **The first progress report shall be due on June 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 acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on December 4, 2023.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Drawings Completed	6/30/24
2	Construction / Renovation Contract(s) Executed	8/30/24
3	25% of Construction / Renovation Completed (25% of the cost is in place)	6/30/25
4	50% of Construction / Renovation Completed	8/30/25
5	75% of Construction / Renovation Completed	10/31/25
6	Construction / Renovation Completed	12/31/25
7	Building / Space Occupied	5/30/26
8	Licensure Obtained	7/1/26
9	Services Offered	7/1/26
10	Medicare and / or Medicaid Certification Obtained	1/1/27
11	Facility or Service Accredited	1/1/27

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: Q-12427-23

FID #: 960043

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: Relocate no more than eight in-center dialysis stations from Robersonville Dialysis for a total of no more than 23 stations upon project completion / Martin County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Dialysis Care of Martin County
100 Medical Drive
Williamston, NC 27892

CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 1, 2024

This certificate is effective as of December 16, 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. **The certificate holder shall relocate no more than eight in-center (and home hemodialysis) stations from Robersonville Dialysis to Dialysis Care of Martin County for a total of no more than 23 in-center dialysis stations upon project completion.**
3. **Upon completion of this project, the certificate holder shall take the necessary steps to decertify eight in-center (and home hemodialysis) stations at Robersonville Dialysis and relinquish five in-center (and home hemodialysis) stations at Robersonville Dialysis for a total of 0 in-center (and home hemodialysis) stations at Robersonville Dialysis.**
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 June 1, 2024.**
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 November 27, 2023.

Timetable

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

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12403-23

FID #: 180518

ISSUED TO: Novant Health Ballantyne Medical Center, LLC
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: Acquire a fixed MRI scanner pursuant to Policy TE-3/ Mecklenburg County

CONDITIONS: See Reverse Side

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

CAPITAL EXPENDITURE: \$7,359,499

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2024

This certificate is effective as of December 29, 2023



Micheala Mitchell, Chief

CONDITIONS:

1. Novant Health Ballantyne Medical Center, LLC and Novant Health, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall acquire no more than one fixed MRI scanner pursuant to Policy TE-3 in the 2023 SMFP to be located at Novant Health Ballantyne Medical Center.
3. Upon completion of the project Novant Health Ballantyne Medical Center 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 July 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 acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on December 1, 2023.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
2	Drawings Completed	4/15/2024
4	Construction / Renovation Contract(s) Executed	5/1/2024
5	25% of Construction / Renovation Completed (25% of the cost is in place)	7/1/2024
6	50% of Construction / Renovation Completed	9/1/2024
7	75% of Construction / Renovation Completed	11/1/2024
8	Construction / Renovation Completed	12/15/2024
9	Equipment Ordered	5/15/2024
10	Equipment Installed	12/10/2024
11	Equipment Operational	12/15/2024
12	Building / Space Occupied	1/1/2025
14	Services Offered	1/1/2025

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: O-12405-23

FID #: 230547

ISSUED TO: Well Care Home Health of New Hanover, 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 Medicare-certified home health agency pursuant to the 2023 SMFP need determination / New Hanover County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Well Care Home Health of New Hanover
7627 Market Street
Wilmington, NC 28411

CAPITAL EXPENDITURE: \$100,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 1, 2024

This certificate is effective as of December 22, 2023



Micheala Mitchell, Chief

CONDITIONS:

- 1. Well Care Home Health of New Hanover, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. The certificate holder shall develop one Medicare-certified home health agency or office in New Hanover County pursuant to the need determination in the 2023 SMFP.**
- 3. Upon completion of the project, the certificate holder shall be licensed for no more than one Medicare-certified home health agency or office in New Hanover County.**
- 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 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 acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on November 29, 2023.

Timetable

Milestone		Date
1	Building / Space Occupied	6/1/2024
2	Licensure Obtained	6/15/2024
3	Services Offered (required)	7/1/2024
4	Medicare and / or Medicaid Certification Obtained	1/1/2025
5	Facility or Service Accredited	7/1/2025

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: Q-12392-23

FID #: 933410

ISSUED TO: Pitt County 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: Develop no more than two ORs pursuant to the 2023 SMFP need determination for a total of 36 ORs, including 4 dedicated C-Section ORs and 1 Trauma OR/ Pitt County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: ECU Health Medical Center
2100 Stantonsburg Rd
Greenville, NC 27834

CAPITAL EXPENDITURE: \$10,873,917

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 1, 2024

This certificate is effective as of December 29, 2023



Micheala Mitchell, Chief

CONDITIONS:

1. Pitt County Memorial 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 two ORs pursuant to the 2023 SMFP need determination for a total of no more than 31 ORs at ECU Medical Center (excluding four C-Section operating rooms and one Trauma/Burn OR) upon project completion.
3. Upon completion of the project, ECU Health Medical Center shall be licensed for no more than 36 operating rooms (31 operating rooms, four C-Section operating rooms and one trauma/burn 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 March 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 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.
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 December 21, 2023.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
2	Drawings Completed	7/1/2024
4	Construction / Renovation Contract(s) Executed	10/1/2024
5	25% of Construction / Renovation Completed (25% of the cost is in place)	2/1/2025
6	50% of Construction / Renovation Completed	6/1/2025
7	75% of Construction / Renovation Completed	10/1/2025
8	Construction / Renovation Completed	2/1/2025
9	Equipment Ordered	6/1/2025
10	Equipment Installed	12/1/2025
11	Equipment Operational	2/1/2026
12	Building / Space Occupied	3/1/2026
14	Services Offered	4/1/2026

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: Q-12397-23

FID #: 230544

ISSUED TO: Eastern Nephrology Associates ASC, LLC
Fresenius Vascular Care Greenville 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: Develop a new ASC with no more than one single specialty dedicated vascular OR pursuant to 2023 SMFP need determination and three procedure rooms / Pitt County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Eastern Nephrology Associates ASC
2300 Emerald Place
Greenville, NC 27834

CAPITAL EXPENDITURE: \$7,812,508

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2024

This certificate is effective as of December 29, 2023

Micheala Mitchell

Micheala Mitchell, Chief

CONDITIONS:

1. Eastern Nephrology Associates, LLC and Fresenius Vascular Care Greenville MSO, 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 one single specialty dedicated vascular OR pursuant to the 2023 SMFP need determination for a total of no more than one OR upon project completion.
3. Upon completion of the project, Eastern Nephrology Associates ASC 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 July 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 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.
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 November 28, 2023.

(Q-12397-23 Con't)

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Financing Obtained	1/31/2024
2	Drawings Completed	3/15/2024
3	Land Acquired	2/1/2024
4	Construction / Renovation Contract(s) Executed	10/15/2024
5	25% of Construction / Renovation Completed (25% of the cost is in place)	1/15/2025
6	50% of Construction / Renovation Completed	4/15/2025
7	75% of Construction / Renovation Completed	7/15/2025
8	Construction / Renovation Completed	10/15/2025
9	Equipment Ordered	1/1/2025
10	Equipment Installed	10/15/2025
11	Equipment Operational	10/30/2025
12	Building / Space Occupied	10/15/2025
13	Licensure Obtained	12/15/2025
14	Services Offered	1/1/2026
15	Medicare and / or Medicaid Certification Obtained	2/1/2026
16	Facility or Service Accredited	1/1/2027

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: Q-12421-23

FID #: 030544

ISSUED TO: Greenville MRI, LLC
Pitt County Memorial Hospital, Incorporated

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 to the need determination in the 2023 SMFP / Pitt County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Greenville MRI, LLC
2101 W Arlington Boulevard
Suite 110
Greenville, NC 27834

CAPITAL EXPENDITURE: \$2,007,153

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2024

This certificate is effective as of December 29, 2023



Micheala Mitchell, Chief

CONDITIONS:

1. Greenville MRI, LLC and Pitt County Memorial Hospital, Incorporated (hereinafter certificate holders) shall materially comply with all representations made in the certificate of need application.
2. The certificate holders shall develop no more than one fixed MRI scanner at Greenville MRI, LLC pursuant to the need determination in the 2023 SMFP.
3. Upon project completion Greenville MRI, LLC shall be licensed for no more than three fixed MRI scanners.
4. Progress Reports:
 - a. Pursuant to G.S. 131E-189(a), the certificate holders 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 holders shall complete all sections of the Progress Report form.
 - c. The certificate holders 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.
5. The certificate holders 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 holders 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 January 24, 2024.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Financing Obtained	04/01/2024
2	Drawings Completed	06/01/2024
3	Construction / Renovation Contract(s) Executed	08/01/2024
4	25% of Construction / Renovation Completed (25% of the cost is in place)	08/15/2024
5	50% of Construction / Renovation Completed	09/01/2024
6	75% of Construction / Renovation Completed	09/15/2024
7	Construction / Renovation Completed	10/01/2024
8	Equipment Ordered	04/15/2024
9	Equipment Installed	11/31/2024
10	Equipment Operational	12/31/2024
11	Building / Space Occupied	01/01/2025
12	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-12399-23

FID #: 990974

ISSUED TO: WakeMed

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 fixed MRI scanner pursuant to Policy TE-3 / Wake County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: WakeMed North Hospital
10000 Falls of Neuse Road
Raleigh, NC 27614

CAPITAL EXPENDITURE: \$13,769,460

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: February 1, 2024

This certificate is effective as of December 29, 2023



Micheala Mitchell, Chief

CONDITIONS:

1. WakeMed (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall acquire no more than one fixed MRI scanner pursuant to Policy TE-3 to be located at WakeMed North Hospital.
3. Upon completion of the project, WakeMed North Hospital shall have no more than one fixed MRI scanner and one mobile MRI scanner.
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 February 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 acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on December 14, 2023.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Financing Obtained	2/1/24
2	Drawings Completed	3/2/24
4	Construction / Renovation Contract(s) Executed	5/31/24
5	25% of Construction / Renovation Completed (25% of the cost is in place)	8/29/24
6	50% of Construction / Renovation Completed	11/27/24
7	75% of Construction / Renovation Completed	2/25/25
8	Construction / Renovation Completed	5/26/25
9	Equipment Ordered	10/1/24
10	Equipment Installed	7/1/25
11	Equipment Operational	9/23/25
12	Building / Space Occupied	8/1/25
13	Licensure Obtained	9/1/25
14	Services Offered	10/1/25