

**Certificate of Need
Certificates Issued
July 2023**

County	Project ID	Facility	FID	Facility Type	Project Description	Date Application Received	Decision Date	Date Certificate Issued	Decision	Review Analyst	Co-Signer	Approved Capital Expenditure	1st Rept Due Date
Caldwell	E-012348-23	BMA Lenoir	170328	Dialysis facility	Add no more than 4 dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 54 stations upon project completion	3/15/2023	6/15/2023	7/18/2023	Conditional Approval	Ena Lightbourne	Lisa Pittman	\$15,000	12/1/2023
Duplin	P-012326-23	The Gardens of Rose Hill	945023	Adult care home	Relocate no more 15 ACH beds from Autumn Village to The Gardens of Rose Hill for a total of no more than 60 ACH beds upon project completion	2/15/2023	6/22/2023	7/25/2023	Conditional Approval	Julie Faenza	Micheala Mitchell	\$3,747,587	1/1/2024
Durham	J-012350-23	FMC Dialysis Services of Briggs Avenue	990969	Dialysis facility	Add no more than 5 dialysis stations pursuant to the Condition 2 of the facility need methodology for a total of no more than 29 stations upon completion of this project and Project ID# J-12311-23 (relocate 5 stations)	3/15/2023	6/23/2023	7/25/2023	Conditional Approval	Cynthia Bradford	Lisa Pittman	\$0	1/1/2024
Forsyth	G-012341-23	The Atrium/The Respite Center	922007	Mental health licensure	Construct two six-bed ICF-IID group homes on the same site by relocating 10 beds from The Arches in Winston-Salem and two beds from The Atrium/The Respite Center	3/14/2023	6/26/2023	7/27/2023	Conditional Approval	Cynthia Bradford	Gloria Hale	\$2,000,000	1/30/2024
Forsyth	G-012338-23	Harmony at Kernersville	230135	Adult care home	Develop a new ACH facility by relocating 90 ACH beds from The Ivy at Clemmons, including 36 SCU beds	2/15/2023	6/23/2023	7/25/2023	Conditional Approval	Terris Riley	Gloria Hale	\$25,267,363	1/1/2024
Guilford	G-012347-23	BMA of South Greensboro	980838	Dialysis facility	Add no more than 4 dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 58 stations upon completion of this project and Project ID# G-11737-19 (relocate 10 stations)	3/15/2023	6/26/2023	7/27/2023	Conditional Approval	Greg Yakaboski	Gloria Hale	\$15,000	7/1/2024
Jackson	A-012313-23	Balsam Home Training	230039	Dialysis facility	Develop a new freestanding home dialysis training facility by relocating no more than 2 existing dialysis stations from Sylva Dialysis dedicated exclusively to home hemodialysis and peritoneal dialysis training and support	1/17/2023	6/2/2023	7/4/2023	Conditional Approval	Cynthia Bradford	Lisa Pittman	\$1,039,499	10/1/2023
Nash	L-012346-23	Rocky Mount Kidney Center	944658	Dialysis facility	Add no more than 1 dialysis station pursuant to Condition 2 for a total of no more than 51 stations upon completion of this project and Project ID# L-12165-21 (add 10 stations)	3/15/2023	6/19/2023	7/20/2023	Conditional Approval	Julie Faenza	Gloria Hale	\$3,750	12/1/2023
New Hanover	O-012317-23	Novant Health New Hanover Regional Medical Center	943372	Hospital	Develop no more than 25 acute care beds pursuant to the need determination in the 2023 SMFP for a total of no more than 774 acute care beds, including NICU beds, at all campuses of Novant Health New Hanover Regional Medical Center upon completion of this project, Project ID# O-11947-20 (develop a new satellite hospital campus including 36 new acute care beds) and Project ID# O-12081-21 (develop 35 new acute care beds)	2/15/2023	6/30/2023	7/31/2023	Conditional Approval	Greg Yakaboski	Lisa Pittman	\$55,929,289	5/1/2024
Rutherford	C-012345-23	Dialysis Care of Rutherford County	955824	Dialysis facility	Add no more than one in-center station pursuant to Condition 2 of the facility need methodology for a total of no more than 31 in-center stations upon project completion	3/15/2023	6/15/2023	7/18/2023	Conditional Approval	Ena Lightbourne	Mike McKillip	\$18,600	2/1/2024
Wake	J-012264-22	WakeMed Garner Hospital	220581	Hospital	Develop a new hospital with a total of 31 acute care beds and 2 operating rooms by developing no more than 9 new acute care beds and two new operating rooms pursuant to the need determinations in the 2022 SMFP and relocating no more than 22 acute care beds from the WakeMed Raleigh Campus.	8/15/2022	1/27/2023	7/14/2023	Conditional Approval	Greg Yakaboski	Lisa Pittman	\$214,000,000	10/1/2023

Total 11

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: E-12348-23

FID #: 170328

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 4 dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 54 stations upon project completion / Caldwell County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: BMA Lenoir
1208 Hickory Blvd SW
Lenoir, NC 28645

CAPITAL EXPENDITURE: \$15,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 1, 2023

This certificate is effective as of July 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 four additional in-center dialysis stations for a total of no more than 54 in-center stations at BMA Lenoir 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 June 16, 2023.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Financing Obtained	06/15/2024
2	Equipment Ordered	08/29/2024
3	Equipment Installed	11/27/2024
4	Equipment Operational	12/18/2024
5	Building / Space Occupied	12/18/2024
6	Services Offered	12/31/2024
7	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 #: P-12326-23

FID #: 945023

ISSUED TO: Rosehill Propco, LLC
Rosehill Opco, 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 15 ACH beds from Autumn Village to The Gardens of Rose Hill for a total of no more than 60 ACH beds upon project completion / Duplin County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: The Gardens of Rose Hill
571 S. Sycamore St.
Rose Hill, NC 28458

CAPITAL EXPENDITURE: \$3,747,587

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 1, 2024

This certificate is effective as of July 25, 2023

Micheala Mitchell

Micheala Mitchell, Chief

CONDITIONS:

- 1. Rosehill Opco, LLC and Rosehill Propco, LLC (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 15 adult care home beds from Autumn Village in Duplin County to The Gardens of Rose Hill in Duplin County.**
- 3. Upon completion of this project, Autumn Village shall be licensed for no more than 73 adult care home beds and The Gardens of Rose Hill shall be licensed for no more than 60 adult care home beds.**
- 4. The certificate holder shall certify at least 24 licensed adult care home beds in the facility for recipients of State/County Special Assistance with Medicaid and provide care to those recipients commensurate with representations made in the application.**
- 5. 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.**
- 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 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.**
- 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 July 24, 2023.

Timetable

	Milestone	Date
1	Financing Obtained	6/1/2027
2	Drawings Completed	6/30/2027
3	Land Acquired	6/1/2027
4	Construction / Renovation Contract(s) Executed	10/31/2027
5	25% of Construction / Renovation Completed (25% of the cost is in place)	10/31/2027
6	50% of Construction / Renovation Completed	3/30/2028
7	75% of Construction / Renovation Completed	6/30/2028
8	Construction / Renovation Completed	8/30/2028
9	Equipment Ordered	7/1/2028
10	Equipment Installed	9/1/2028
11	Equipment Operational	10/1/2028
12	Building / Space Occupied	12/1/2028
13	Licensure Obtained	12/1/2028
14	Services Offered (required)	12/1/2028
15	Medicare and / or Medicaid Certification Obtained	12/31/2028
16	First Annual Report Due	3/1/2030

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-12350-23

FID #: 990969

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 5 dialysis stations pursuant to the Condition 2 of the facility need methodology for a total of no more than 29 stations upon completion of this project and Project ID# J-12311-23 (relocate 5 stations) / Durham County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: FMC Dialysis Services of Briggs Avenue
1209 South Briggs Avenue
Durham, NC 27703

CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 1, 2024

This certificate is effective as of July 25, 2023



Micheala Mitchell, Chief

CONDITIONS:

1. **Bio-Medical Facilities 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 5 additional in-center (and home hemodialysis) dialysis stations for a total of no more than 29 in-center (and home hemodialysis) dialysis stations at FMC Briggs Avenue 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. **The first progress report shall be due on January 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 June 23, 2023.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Financing Obtained	3/15/23
9	Equipment Ordered	11/2/23
10	Equipment Installed	12/2/23
11	Equipment Operational	12/16/23
12	Building / Space Occupied	12/16/23
14	Services Offered	12/31/23
15	Medicare and / or Medicaid Certification Obtained	12/31/23

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: G-12338-23

FID #: 230135

ISSUED TO: Kernersville IL-AL Investors, LLC
Kernersville Operations, 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 ACH facility by relocating 90 ACH beds from The Ivy at Clemmons, including 36 SCU beds / Forsyth County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Harmony at Kernersville
0 Stafford Country Lane (Southern end of road)
Kernersville, NC 27284

CAPITAL EXPENDITURE: \$25,267,363

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 1, 2024

This certificate is effective as of July 25, 2023

Micheala Mitchell

Micheala Mitchell, Chief

CONDITIONS:

1. Kernersville IL-AL, LLC and Kernersville Operations, LLC, (hereinafter collectively the certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall develop a new 90-bed ACH facility, including 36 SCU beds, in Kernersville, in Forsyth County, by relocating 90 existing, licensed ACH beds from The Ivy at Clemmons in Forsyth County.
3. Upon completion of the project, Harmony at Kernersville shall be licensed for no more than 90 ACH beds.
4. The certificate holder shall certify at least 11.1 percent of the total number of licensed adult care home beds in the facility for recipients of State/County Special Assistance with Medicaid commensurate with representations made in the application.
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 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. For the first two years of operation following completion of the project, Harmony at Kernersville 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.
8. Prior to the issuance of the certificate of need, the certificate holder shall obtain documentation from MP Care, LLC (seller) showing that the purchase transaction between the buyer and seller has been completed and shall provide a copy of the documentation to the Healthcare Planning and Certificate of Need Section.
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 of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on July 20, 2023.

(G-12338-23 Con't)

Timetable

	Milestone	Date
1	Financing Obtained	4/1/2025
2	Drawings Completed	4/1/2025
3	Land Acquired	4/1/2025
4	Construction / Renovation Contract(s) Executed	4/1/2025
5	25% of Construction / Renovation Completed (25% of the cost is in place)	12/1/2025
6	50% of Construction / Renovation Completed	8/1/2026
7	75% of Construction / Renovation Completed	4/1/2027
8	Construction / Renovation Completed	12/10/2027
9	Building / Space Occupied	12/13/2027
10	Licensure Obtained	1/1/2028
11	Services Offered	1/1/2028
12	First Annual Report Due*	3/31/2029

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: G-12341-23

FID #: 922007

ISSUED TO: Horizons Residential Care Center 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: Construct two six-bed ICF-IID group homes on the same site by relocating 10 beds from The Arches in Winston Salem and 2 beds from The Atrium/The Respite Center to the proposed facility location / Forsyth County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: The Atrium/The Respite Center
101 Horizons Lane
Rural Hall, NC 27045

CAPITAL EXPENDITURE: \$2,000,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 30, 2024

This certificate is effective as of July 27, 2023



Micheala Mitchell, Chief

CONDITIONS:

1. Horizons Residential Care Center 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 construct two six-bed ICF-IID group homes on the same site as The Atrium/ The Respite Center by relocating no more than 10 beds from The Arches in Winston-Salem and two beds from The Atrium/The Respite Center.
3. Upon project completion, The Atrium/ The Respite Center shall be licensed for no more than 40 ICF/IID beds on the entire campus; no more than 28 ICF/IID beds at The Atrium/The Respite Center, no more than six ICF/IID beds at The Arches I group home, and no more than six ICF/IID beds at The Arches II group home.
4. Upon completion of the project, The Arches in Winston-Salem will no longer be licensed and will have no ICF/IID beds.
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 30, 2024.
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 10, 2023.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Drawings Completed	08/01/2023
2	Construction / Renovation Contract(s) Executed	12/31/2023
3	25% of Construction / Renovation Completed (25% of the cost is in place)	06/30/2024
4	50% of Construction / Renovation Completed	09/30/2024
5	75% of Construction / Renovation Completed	12/31/2024
6	Construction / Renovation Completed	03/31/2025
7	Equipment Ordered	03/31/2025
8	Equipment Operational	06/30/2025
9	Building / Space Occupied	09/30/2025
10	Licensure Obtained	06/30/2025
11	Services Offered	09/30/2025
12	Medicare and / or Medicaid Certification Obtained	09/30/2025
3	Facility or Service Accredited	09/30/2025

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: G-12347-23

FID #: 980838

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 4 dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 58 stations upon completion of this project and Project ID# G-11737-19 (relocate 10 stations) / Guilford County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: BMA of South Greensboro
622 Industrial Avenue
Greensboro, NC 27406

CAPITAL EXPENDITURE: \$15,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2024

This certificate is effective as of July 27, 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 four additional in-center dialysis stations for a total of no more 58 in-center stations at BMA of South Greensboro upon completion of this project and Project ID# G-11737-19 (relocate 10 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 June 26, 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 #: A-12313-23

FID #: 230039

ISSUED TO: Wildrye Dialysis, 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 freestanding home dialysis training facility by relocating no more than 2 existing dialysis stations from Sylva Dialysis dedicated exclusively to home hemodialysis and peritoneal dialysis training and support / Jackson County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Balsam Home Training
609 Asheville Highway
Sylva, NC 28779

CAPITAL EXPENDITURE: \$1,039,499

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 1, 2023

This certificate is effective as of July 4, 2023



Micheala Mitchell, Chief

CONDITIONS:

1. Wildrye Dialysis, LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall develop a new kidney disease treatment center dedicated to home hemodialysis and peritoneal dialysis training and support to be known as Balsam Home Training by relocating no more than two in-center and home hemodialysis stations from Sylva Dialysis in Sylva, NC.
3. Upon completion of this project, the certificate holder shall take the necessary steps to decertify two stations at Sylva Dialysis for a total of no more than 14 in-center and home hemodialysis stations upon completion of the project.
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 October 1, 2023.
5. The certificate holder shall install plumbing and electrical wiring through the walls for no more than 2 in-center and home hemodialysis stations.
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 June 16, 2023.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
6	50% of Construction / Renovation Completed	8/14/24
8	Construction / Renovation Completed	11/6/24
12	Building / Space Occupied	11/30/24
14	Services Offered	1/1/25
15	Medicare and / or Medicaid Certification Obtained	1/1/25

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: L-12346-23

FID #: 944658

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 1 dialysis station pursuant to Condition 2 for a total of no more than 51 stations upon completion of this project and Project ID# L-12165-21 (add 10 stations) / Nash County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Rocky Mount Kidney Center
750 English Road
Rocky Mount, NC 27804**

CAPITAL EXPENDITURE: \$3,750

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 1, 2023

This certificate is effective as of July 20, 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 1 additional in-center dialysis station for a total of no more than 51 in-center dialysis stations at Rocky Mount Kidney Center upon completion of this project and Project ID #L-12165-21 (add 10 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 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 June 19, 2023.

Timetable

Milestone	Date
1 Financing Obtained	6/15/2024
2 Equipment Ordered	8/29/2024
3 Equipment Installed	11/27/2024
4 Equipment Operational	12/18/2024
5 Building / Space Occupied	12/18/2024
6 Services Offered (required)	12/31/2024
7 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 #: O-12317-23

FID #: 943372

ISSUED TO: Novant Health New Hanover Regional 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: Develop no more than 25 acute care beds pursuant to the need determination in the 2023 SMFP for a total of no more than 774 acute care beds, including NICU beds, at all campuses of Novant Health New Hanover Regional Medical Center upon completion of this project, Project ID# O-11947-20 (develop a new satellite hospital campus including 36 new acute care beds) and Project ID# O-12081-21 (develop 35 new acute care beds)/ New Hanover County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Novant Health New Hanover Regional Medical Center
2131 S 17th Street
Wilmington, NC 28401

CAPITAL EXPENDITURE: \$55,929,289

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 1, 2024

This certificate is effective as of July 31, 2023

Micheala Mitchell

Micheala Mitchell, Chief

CONDITIONS:

1. Novant Health New Hanover Regional 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 add no more than 25 acute care beds to the 17th Street Main Campus of Novant Health New Hanover Regional Medical Center.
3. Upon completion of the project, Project ID# O-11947-20 (develop a new satellite hospital campus including developing 36 new acute care beds) and Project ID #O-12081-21 (develop 35 new acute care beds) Novant Health New Hanover Regional Medical Center shall be licensed for no more than 774 acute care beds, including NICU beds, at all campuses.
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 3, 2023.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
2	Drawings Completed	6/14/2024
4	Construction / Renovation Contract(s) Executed	10/7/2024
5	25% of Construction / Renovation Completed (25% of the cost is in place)	3/24/2025
6	50% of Construction / Renovation Completed	8/25/2025
7	75% of Construction / Renovation Completed	1/26/2026
8	Construction / Renovation Completed	7/8/2026
9	Equipment Ordered	10/6/2025
10	Equipment Installed	8/21/2026
12	Building / Space Occupied	8/31/2026
13	Licensure Obtained	9/25/2026
4	Services Offered	10/1/2026

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: C-12345-23

FID #: 955824

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 one in-center station pursuant to Condition 2 of the facility need methodology for a total of no more than 31 in-center stations upon project completion / Rutherford County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Dialysis Care of Rutherford County
226 Commercial Street
Forest City, NC 28043

CAPITAL EXPENDITURE: \$18,600

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: February 1, 2024

This certificate is effective as of July 18, 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 one additional in-center dialysis station for a total of no more than 31 in-center stations at Dialysis Care of Rutherford County 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 February 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 June 23, 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 #: J-12264-22

FID #: 220581

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: Develop a new hospital with a total of 31 acute care beds and 2 operating rooms by developing no more than 9 new acute care beds and two new operating rooms pursuant to the need determinations in the 2022 SMFP and relocating no more than 22 acute care beds from the WakeMed Raleigh Campus / Wake County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: WakeMed Garner Hospital
White Oak Rd
Garner, NC 27529

CAPITAL EXPENDITURE: \$214,000,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 1, 2023

This certificate is effective as of July 14, 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 develop a new hospital with a total of 31 acute care beds and 2 operating rooms by developing no more than 9 new acute care beds and two new operating rooms pursuant to the need determinations in the 2022 SMFP and relocating no more than 22 acute care beds from the WakeMed Raleigh Campus.
3. Upon completion of this project, WakeMed Garner Hospital shall be licensed for no more than 31 acute care beds, 2 operating rooms, 14 observation beds, one GI Endoscopy room and a full-service emergency room with 25 treatment bays and one resuscitation room as well as imaging services including fixed CT, X-ray, ultrasound and a pad for a 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 October 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 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 of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on February 14, 2023.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Financing Obtained	6/1/2023
2	Drawings Completed	11/1/2023
3	Land Acquired	3/3/2023
4	Construction / Renovation Contract(s) Executed	3/1/2024
5	25% of Construction / Renovation Completed (25% of the cost is in place)	10/1/2024
6	50% of Construction / Renovation Completed	5/1/2025
7	75% of Construction / Renovation Completed	12/1/2025
8	Construction / Renovation Completed	7/1/2026
9	Equipment Ordered	5/1/2025
10	Equipment Installed	3/1/2026
11	Equipment Operational	5/1/2026
12	Building / Space Occupied	7/1/2026
13	Licensure Obtained	10/1/2026
14	Services Offered	10/1/2026
15	Medicare and / or Medicaid Certification Obtained	10/1/2026
16	Facility or Service Accredited	10/1/2026