

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: E-12300-22

FID #: 90725

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 Condition 2 of the facility need methodology for a total of no more than 18 dialysis stations upon project completion

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Fresenius Medical Care of Alexander
175 Commerce Drive
Taylorville, NC 28681

CAPITAL EXPENDITURE: \$18,750

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 1, 2023

This certificate is effective as of March 28, 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 2022 SMFP, the certificate holder shall develop no more than five additional in-center dialysis stations for a total of no more than 18 in-center dialysis stations at Fresenius Medical Care of Alexander County upon project completion.**
3. **The certificate holder shall install plumbing and electrical wiring through the walls for no more than 5 additional in-center dialysis stations.**
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 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 24, 2023.

Timetable

	Milestone	Date
1	Financing Obtained	11/15/2022
2	Equipment Ordered	09/02/2023
3	Equipment Installed	11/16/2023
4	Equipment Operational	12/07/2023
5	Building / Space Occupied	12/07/2023
6	Services Offered	12/31/2023
7	Medicare and / or Medicaid Certification Obtained	12/31/2023

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: E-12305-22

FID #: 943191

ISSUED TO: Blue Ridge HealthCare Systems, 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 one GI endoscopy room at the Morganton campus for a total of no more than two GI endoscopy rooms/ Burke County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: UNC Health Blue Ridge
2201 South Sterling Street
Morganton, NC 28655

CAPITAL EXPENDITURE: \$50,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 1, 2023

This certificate is effective as of March 30, 2023



Micheala Mitchell, Chief

CONDITIONS:

- 1. Blue Ridge HealthCare Systems, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. The certificate holder shall develop one GI endoscopy room for a total of two GI endoscopy rooms at UNC Health Blue Ridge-Morganton.**
- 3. Upon completion of the project, UNC Health Blue Ridge-Morganton, shall be licensed for no more than two GI endoscopy rooms.**
- 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 August 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 expenditure in Sections F and Q of the application and that would otherwise require a certificate of need.**
- 6. For the first three years of operation following completion of the project, the certificate holder shall not increase charges more than 5% of the charges projected in Section Q of the application without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.**
- 7. No later than three months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, the certificate holder shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:**
 - a. Payor mix for the services authorized in this certificate of need.**
 - b. Utilization of the services authorized in this certificate of need.**
 - c. Revenues and operating costs for the services authorized in this certificate of need.**
 - d. Average gross revenue per unit of service.**

- e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.
8. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on March 27, 2023.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Services Offered	07/01/2023
2	Medicare and / or Medicaid Certification Obtained	07/01/2023
3	First Annual Report Due*	10/01/2026

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: P-12306-22

FID #: 061311

ISSUED TO: CCHC Properties, 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 GI endoscopy room for a total of no more than four GI endoscopy rooms upon project completion/ Craven County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: CCHC Endoscopy Center
975 Newman Road
New Bern, NC 28562

CAPITAL EXPENDITURE: \$477,532

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 1, 2023

This certificate is effective as of March 23, 2023



Micheala Mitchell, Chief

CONDITIONS:

1. CCHC Endoscopy Center, Inc. and CCHC Properties, LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall develop one GI endoscopy room for a total of four GI endoscopy rooms at CCHC Endoscopy Center.
3. Upon project completion, CCHC Endoscopy Center shall be licensed for no more than four GI endoscopy rooms.
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. No later than three months after the last day of each of the first three full fiscal years of operation following initiation of the services authorized by this certificate of need, the certificate holder shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.
7. For the first three years of operation following completion of the project, the certificate holder shall not increase charges more than 5% of the charges projected in Section Q of the application without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.
8. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on February 28, 2023.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Financing Obtained	6/2/2023
2	Drawings Completed	7/1/2023
4	Construction / Renovation Contract(s) Executed	7/15/2023
5	25% of Construction / Renovation Completed (25% of the cost is in place)	8/1/2023
6	50% of Construction / Renovation Completed	8/15/2023
7	75% of Construction / Renovation Completed	9/1/2023
8	Construction / Renovation Completed	9/15/2023
9	Equipment Ordered	7/1/2023
10	Equipment Installed	9/25/2023
11	Equipment Operational	9/30/2023
12	Building / Space Occupied	9/15/2023
14	Services Offered	10/1/2023
17	First Annual Report Due* (only for non-ESRD decisions)	12/31/24

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: M-12270-22

FID #: 943057

ISSUED TO: Cumberland County Hospital System, Inc.

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

SCOPE: Develop a hospital based outpatient 4-station dialysis facility pursuant to Policy ESRD-3 / Cumberland County

CONDITIONS: See Reverse Side

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

CAPITAL EXPENDITURE: \$350,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 1, 2023

This certificate is effective as of March 28, 2023



Micheala Mitchell, Chief

CONDITIONS:

1. **Cumberland County Hospital System, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application and any supplemental responses. If representations conflict, the certificate holder shall materially comply with the last made representation.**
2. **Pursuant to Policy ESRD-3, the certificate holder shall develop a new Medicare-certified kidney disease treatment center (outpatient dialysis facility) with no more than four in-center dialysis stations at Cape Fear Valley Medical Center upon project completion.**
3. **Pursuant to Policy ESRD-3, the certificate holder shall document that it has applied for Medicare certification no later than three (3) years from the effective date on the certificate of need.**
4. **Progress Reports:**
 - a. **Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.**
 - b. **The certificate holder shall complete all sections of the Progress Report form.**
 - c. **The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.**
 - d. **The first progress report shall be due on August 1, 2023.**
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 of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on February 24, 2023.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Equipment Ordered	04/15/2023
2	Equipment Installed	07/15/2023
3	Equipment Operational	08/01/2023
4	Licensure Obtained	09/15/2023
5	Services Offered	10/01/2023
6	Medicare and / or Medicaid Certification Obtained	01/02/2024

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: L-12277-22

FID #: 150155

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: Cost overrun for Project ID# L-12103-21 (add 4 dialysis stations for a total of 18)/ Edgecombe County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Fresenius Medical Clinic Tarboro
120 Hospital Drive
Tarboro NC 27886

CAPITAL EXPENDITURE: \$1,013,678

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2023

This certificate is effective as of March 21, 2023



Micheala Mitchell, Chief

CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc., (hereinafter the certificate holder) shall materially comply with the representations in this application and in Project ID# L-12103-20. If representations conflict, the certificate holder shall materially comply with the last made representation.
2. The total approved capital expenditure for the project is \$1,726,192, an increase of \$1,013,678 over the previously approved capital expenditure of \$712,514.
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, 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 March 24, 2023.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Financing Obtained	10/15/2022
2	Drawings Completed	5/25/2023
3	Construction / Renovation Contract(s) Executed	6/24/2023
4	25% of Construction / Renovation Completed (25% of the cost is in place)	8/8/2023
5	50% of Construction / Renovation Completed	9/22/2023
6	75% of Construction / Renovation Completed	11/6/2023
7	Construction / Renovation Completed	12/6/2023
8	Equipment Ordered	11/6/2023
9	Equipment Installed	12/6/2023
10	Equipment Operational	12/13/2023
11	Building / Space Occupied	12/13/2023
12	Services Offered	12/31/2023
13	Medicare and / or Medicaid Certification Obtained	12/31/2023

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12180-22

FID #: 933284

ISSUED TO: Iredell 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 one unit of shared fixed cardiac catheterization equipment pursuant to the 2022 SMFP need determination for a total of no more than one unit of fixed cardiac catheterization equipment and one unit of shared fixed cardiac catheterization equipment/ Iredell County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Iredell Memorial Hospital
557 Brookdale Drive
Statesville, NC 28677

CAPITAL EXPENDITURE: \$150,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 15, 2023

This certificate is effective as of March 2, 2023



Micheala Mitchell, Chief

CONDITIONS:

1. Iredell Memorial Hospital, Incorporated (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 develop no more than one unit of shared fixed cardiac catheterization equipment at Iredell Memorial Hospital pursuant to the need determination in the 2022 SMFP.
3. Upon completion for the project Iredell Memorial Hospital shall be licensed for no more than one unit of fixed cardiac catheterization equipment and one unit of shared fixed cardiac catheterization equipment.
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 April 15, 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. No later than three months after the last day of each of the first three full fiscal years of operation following initiation of the services authorized by this certificate of need, the certificate holder shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.
7. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
14	Services Offered	3/15/2023
17	First Annual Report Due* (only for non-ESRD decisions)	12/31/2024

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: Q-12302-22

FID #: 061341

ISSUED TO: Carolinas Endoscopy Center, LLC

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

SCOPE: Add no more than one GI endoscopy room for no more than four GI endoscopy rooms upon project completion/ Pitt County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Carolinas Endoscopy Center
2210 Hemby Lane
Greenville, NC 27834

CAPITAL EXPENDITURE: \$613,874

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 1, 2023

This certificate is effective as of March 28, 2023



Micheala Mitchell, Chief

CONDITIONS:

1. Carolinas Endoscopy Center, LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall develop one GI endoscopy room for a total of four GI endoscopy rooms at Carolinas Endoscopy Center.
3. Upon project completion, Carolinas Endoscopy Center shall be licensed for no more than four GI endoscopy rooms.
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. No later than three months after the last day of each of the first three full fiscal years of operation following initiation of the services authorized by this certificate of need, the certificate holder shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.
7. For the first three years of operation following completion of the project, the certificate holder shall not increase charges more than 5% of the charges projected in Section Q of the application without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.
8. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on March 6, 2023.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Financing Obtained	6/1/2023
2	Drawings Completed	8/30/2023
4	Construction / Renovation Contract(s) Executed	10/1/2023
5	25% of Construction / Renovation Completed (25% of the cost is in place)	11/3/2023
6	50% of Construction / Renovation Completed	12/3/2023
7	75% of Construction / Renovation Completed	1/2/2024
8	Construction / Renovation Completed	2/1/2024
9	Equipment Ordered	10/1/2023
10	Equipment Installed	3/2/2024
11	Equipment Operational	4/1/2024
12	Building / Space Occupied	2/1/2024
13	Licensure Obtained	3/1/2024
14	Services Offered	3/1/2024
17	First Annual Report Due* (only for non-ESRD decisions)	3/1/2026