

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: M-12528-24

FID #: 943057

ISSUED TO: Cumberland County Hospital System, Inc.

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

SCOPE: Develop no more than one additional operating room pursuant to the 2024 SMFP need determination / Cumberland County

CONDITIONS: See Reverse Side

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

CAPITAL EXPENDITURE: \$35,725,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 1, 2025

This certificate is effective as of December 10, 2024



Micheala Mitchell, Chief

CONDITIONS:

1. Cumberland County Hospital System, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. Pursuant to the adjusted need determination in the 2024 SMFP, the certificate holder shall develop no more than one additional operating room at Cape Fear Valley Medical Center for the purpose of training surgical residents, and one procedure room.
3. Upon completion of the project, Cape Fear Valley Medical Center shall be licensed for a total of no more than 21 operating rooms and four procedure 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 April 1, 2025.
5. The applicant shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.
6. 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 and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on November 18, 2024.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Drawings Completed	03/01/2025
2	Construction / Renovation Contract(s) Executed	03/15/2025
3	Construction / Renovation Completed	07/01/2027
4	Building / Space Occupied	09/01/2027
5	Licensure Obtained	10/01/2027
6	Services Offered	10/01/2027

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: G-12545-24

FID #: 240660

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: Relocate no more than two operating rooms from the main campus of Atrium Health Wake Forest Baptist Medical Center to a new hospital outpatient department and develop two procedure rooms / Forsyth County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: AHWFB Outpatient Surgery - Innovation Quarter
635 Vine Street
Winston-Salem, NC 27101

CAPITAL EXPENDITURE: \$25,057,774

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 1, 2025

This certificate is effective as of December 13, 2024



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 multispecialty surgical program in Forsyth County by relocating no more than two operating rooms from the main campus of North Carolina Baptist Hospital (NCBH), also known as Atrium Health Wake Forest Baptist Medical Center, and develop two procedure rooms.**
- 3. Upon completion of the project, AHWFB Outpatient Surgery - Innovation Quarter shall be licensed for no more than two operating rooms and two procedure 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 May 1, 2025.**
- 5. The certificate holder shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.**
- 6. 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 and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on &.

(G-12545-24 Con't)

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Financing Obtained	03/05/2025
2	Drawings Completed	01/31/2025
3	Land Acquired	08/15/2024
4	Construction / Renovation Contract(s) Executed	02/28/2025
5	25% of Construction / Renovation Completed (25% of the cost is in place)	03/31/2025
6	50% of Construction / Renovation Completed	09/30/2025
7	75% of Construction / Renovation Completed	03/31/2026
8	Construction / Renovation Completed	05/31/2026
9	Equipment Ordered	01/31/2026
10	Equipment Installed	03/31/2026
11	Equipment Operational	05/31/2026
12	Building/Space Occupied	06/30/2026
13	Services Offered	07/01/2026

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12544-24

FID #: 190513

ISSUED TO: The Charlotte-Mecklenburg Hospital Authority

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

SCOPE: Change of scope for Project ID# F-12319-23 (COR for Project ID# F-12010-20 to develop a new acute care hospital) to relocate no more than 23 acute care beds from Carolinas Medical Center for a total of no more than 53 acute care beds at Atrium Health Lake Norman and a total of no more than 174 acute care beds on the license for Atrium Health University City / Mecklenburg

CONDITIONS: See Reverse Side

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

CAPITAL EXPENDITURE: \$19,025,604

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 1, 2025

This certificate is effective as of December 24, 2024



Micheala Mitchell, Chief

CONDITIONS:

- 1. The Charlotte-Mecklenburg Hospital Authority (hereinafter certificate holder) shall materially comply with all representations made in this application and the representations in Project ID # F-12010-20 and Project ID # F-12319-23. Where representations conflict, the certificate holder shall materially comply with the last made representation.**
- 2. The certificate holder shall relocate no more than 23 acute care beds from Carolinas Medical Center for a total of no more than 53 acute care beds at Atrium Health Lake Norman and a total of no more than 174 acute care beds on the license for Atrium Health University City.**
- 3. 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.**
- 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, 2025.**
- 5. The certificate holder shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.**
- 6. 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 and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on November 26, 2024.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Drawings Completed	03/15/2025
2	Construction / Renovation Contract(s) Executed	03/30/2025
3	25% of Construction / Renovation Completed (25% of the cost is in place)	06/01/2025
4	50% of Construction / Renovation Completed	09/01/2025
5	75% of Construction / Renovation Completed	12/01/2025
6	Construction / Renovation Completed	03/01/2025
7	Equipment Ordered	07/01/2025
8	Equipment Installed	03/01/2026
9	Equipment Operational	04/01/2026
10	Building / Space Occupied	04/01/2026
11	Services Offered	04/01/2026

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: N-12541-24

FID #: 933446

ISSUED TO: Scotland 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 20 additional acute care beds pursuant to the 2024 SMFP need determination / Scotland County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Scotland Memorial Hospital
500 Lauchwood Drive
Laurinburg, NC 28352

CAPITAL EXPENDITURE: \$28,166,370

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 1, 2025

This certificate is effective as of December 20, 2024



Micheala Mitchell, Chief

CONDITIONS:

- 1. Scotland 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 20 new acute care beds at Scotland Memorial Hospital pursuant to the Need Determination in the 2024 SMFP.**
- 3. Upon project completion, Scotland Memorial Hospital shall be licensed for no more than 117 acute care beds.**
- 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, 2025.**
- 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 and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on November 27, 2024.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Drawings Completed	01/01/2026
2	Construction / Renovation Contract(s) Executed	04/30/2026
3	25% of Construction / Renovation Completed (25% of the cost is in place)	08/31/2026
4	50% of Construction / Renovation Completed	01/01/2027
5	75% of Construction / Renovation Completed	06/30/2027
6	Construction / Renovation Completed	10/31/2027
7	Equipment Ordered	06/30/2026
8	Equipment Installed	07/01/2027
9	Equipment Operational	09/01/2027
10	Building / Space Occupied	10/15/2027
11	Licensure Obtained	11/01/2027
12	Services Offered	11/01/2027

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: D-12552-24

FID #: 200292

ISSUED TO: Appalachian Regional Medical Associates, 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: Convert no more than one fixed MRI scanner to one mobile MRI scanner, resulting in a Change of Scope for Project ID #D-11899-20 (Acquire one fixed MRI)/Watauga County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Appalachian Regional Medical Associates, Inc.
336 Deerfield Road
Boone, NC 28607

CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2025

This certificate is effective as of December 24, 2024



Micheala Mitchell, Chief

CONDITIONS:

- 1. Appalachian Regional Medical Associates, Inc. (hereinafter certificate holder) shall materially comply with the representations in this application and the representations in Project I.D. #D-11899-20. Where representations conflict, the certificate holder shall materially comply with the last made representation.**
- 2. The certificate holder shall convert the approved fixed MRI scanner to a mobile MRI scanner pursuant the adjusted need determination in the 2024 SMFP, a change of scope to Project ID# D-11899-20 (Acquire a fixed MRI scanner pursuant to the need determination in the 2020 SMFP and develop a new diagnostic center).**
- 3. Upon completion of the project, the certificate holder shall be licensed for no more than one mobile MRI scanner to serve Ashe, Avery and Watauga counties.**
- 4. The certificate holder shall acquire one mobile MRI scanner with transporting equipment. The mobile MRI scanner shall be moved each week to provide MRI services to at least two host sites and shall not, at any time, serve less than two host sites each week.**
- 5. The certificate holder shall not change or add host sites unless it first obtains a determination from the Healthcare Planning and Certificate of Need Section authorizing the change in host sites.**
- 6. The mobile MRI scanner shall not, at any time, be converted to a fixed MRI scanner without Appalachian Regional Medical Associates, Inc. first obtaining a new certificate of need for a fixed MRI scanner.**
- 7. The acquisition of the mobile MRI scanner shall constitute the development of a mobile diagnostic program and shall not result in the creation of a diagnostic center located at any of the host sites.**
- 8. 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, 2025.**
- 9. 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.**

10. 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 and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on December 23, 2024.

Timetable

Milestone		Date mm/dd/yyyy
1	25% of Construction / Renovation Completed (25% of the cost is in place)	05/31/2025
2	50% of Construction / Renovation Completed	06/30/2025
3	75% of Construction / Renovation Completed	07/31/2025
4	Construction / Renovation Completed	08/31/2025
5	Equipment Ordered	10/01/2025
6	Equipment Installed	06/15/2026
7	Equipment Operational	07/01/2026
8	Services Offered *	07/01/2026
9	Medicare and / or Medicaid Certification Obtained	08/01/2026
10	Facility or Service Accredited	08/01/2026