

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12475-24

FID #: 980257

ISSUED TO: Baptist Retirement Homes 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 12 adult care home (ACH) beds pursuant to Policy LTC-1 for a total of no more than 36 ACH beds and 24 nursing facility beds upon project completion/ Cabarrus County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: The Gardens of Taylor Glen Retirement Community
3700 Taylor Glen Lane
Concord, NC 28027

CAPITAL EXPENDITURE: \$980,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 1, 2024

This certificate is effective as of July 16, 2024



Micheala Mitchell, Chief

CONDITIONS:

- 1. Baptist Retirement Homes of North Carolina, 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. The certificate holder shall develop no more than 12 adult care beds pursuant to Policy LTC-1 to its existing Continuing Care Retirement Community, The Gardens of Taylor Glen Retirement Community, for a total of no more than 24 nursing home beds and 36 adult care beds upon project completion.**
- 3. The Policy LTC-1 adult care home beds shall not participate in the Medicaid program or serve State-County Special Assistance recipients.**
- 4. The Policy LTC-1 adult care home beds shall be used exclusively to meet the needs of persons with whom the facility has continuing care contracts (in compliance with the Department of Insurance statutes and regulations) who have lived in a non-nursing or adult care unit of the continuing care facility for a period of at least 30 days. Exceptions shall be allowed when one spouse or sibling is admitted to the adult care home unit at the time the other spouse or sibling moves into a non-nursing or adult care unit, or when the medical condition requiring nursing or adult care home care was not known to exist or be imminent when the individual became a party to the continuing care contract.**
- 5. The new Policy LTC-1 adult care home beds shall be developed on the same site with the independent living units.**
- 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. Progress reports shall be due on the first day of every sixth month. The first progress report shall be due on December 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 submit a written statement to the Agency describing the project's plan to conserve water.**
- 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 June 17, 2024.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Financing Obtained	10/07/2024
2	Drawings Completed	01/05/2025
3	Construction / Renovation Contract(s) Executed	04/03/2026
4	25% of Construction / Renovation Completed (25% of the cost is in place)	05/11/2026
5	50% of Construction / Renovation Completed	06/17/2026
6	75% of Construction / Renovation Completed	07/25/2026
7	Construction / Renovation Completed	08/31/2026
8	Equipment Ordered	07/25/2026
9	Equipment Installed	09/07/2026
10	Equipment Operational	09/07/2026
11	Building / Space Occupied	09/15/2026
12	Licensure Obtained	09/30/2026
13	Services Offered	10/01/2026

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12481-24

FID #: 943049

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: Develop no more than one unit of fixed cardiac catheterization equipment pursuant to the 2024 SMFP need determination for no more than 4 units of fixed cardiac catheterization equipment/ Cabarrus County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Atrium Health Cabarrus
920 Church Street North
Concord, NC 28025

CAPITAL EXPENDITURE: \$ 5,849,542

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 1, 2024

This certificate is effective as of July 16, 2024



Micheala Mitchell, Chief

CONDITIONS:

1. The Charlotte-Mecklenburg Hospital Authority (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall develop no more than one unit of fixed cardiac catheterization equipment at Atrium Health Cabarrus pursuant to the need determination in the 2024 State Medical Facilities Plan for a total of no more than four units of fixed cardiac catheterization equipment upon project completion.
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 December 1, 2024.
5. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on June 17, 2024.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Drawings Completed	06/07/2025
2	Construction / Renovation Contract(s) Executed	08/02/2025
3	25% of Construction / Renovation Completed (25% of the cost is in place)	09/07/2025
4	50% of Construction / Renovation Completed	10/18/2025
5	75% of Construction / Renovation Completed	11/19/2025
6	Construction / Renovation Completed	02/02/2026
7	Equipment Ordered	08/02/2025
8	Equipment Installed	12/02/2025
9	Equipment Operational	01/02/2026
10	Building / Space Occupied	02/02/2026
11	Services Offered	03/01/2026

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: P-12478-24

FID #: 240131

ISSUED TO: Seashore Imaging, 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: Acquire no more than one fixed MRI scanner pursuant to the 2024 SMFP need determination / Carteret County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Seashore Imaging Cedar Point
1165 Cedar Point Boulevard
Cedar Point, NC 28584

CAPITAL EXPENDITURE: \$4,062,835

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 1, 2024

This certificate is effective as of July 30, 2024



Micheala Mitchell, Chief

CONDITIONS:

- 1. Seashore Imaging, LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. The certificate holder shall acquire no more than one fixed MRI scanner pursuant to the need determination in the 2024 SMFP to be located at Seashore Imaging Cedar Point.**
- 3. Upon completion of the project, Seashore Imaging Cedar Point shall be licensed for no more than one fixed 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 December 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. Prior to issuance of the Certificate of Need, the certificate holder shall provide the Agency with documentation of the availability of cash reserves from Seashore Imaging, LLC to ensure the full projected capital and working capital costs of the proposed project can be funded as identified in Criterion (5).**
- 7. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on July 3rd (acceptance letter) and July 9th (document complying with Condition #6).

(P-12478-24 Con't)

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Financing Obtained	8/18/2024
2	Drawings Completed	10/17/2024
3	Land Acquired	10/17/2024
4	Construction / Renovation Contract(s) Executed	12/1/2024
5	25% of Construction / Renovation Completed (25% of the cost is in place)	1/7/2025
6	50% of Construction / Renovation Completed	2/14/2025
7	75% of Construction / Renovation Completed	3/23/2025
8	Construction / Renovation Completed	4/30/2025
9	Equipment Ordered	12/31/2024
10	Equipment Installed	5/14/2025
11	Equipment Operational	6/13/2025
12	Building / Space Occupied	5/7/2025
13	Licensure Obtained	6/30/2025
14	Services Offered	7/1/2025
15	Medicare and / or Medicaid Certification Obtained	9/1/2025
16	Facility or Service Accredited	7/1/2026

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: G-12510-24

FID #: 080175

ISSUED TO: Davie Medical Center
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: Acquire no more than one fixed MRI scanner pursuant to the 2024 SMFP need determination for a total of no more than two fixed MRI scanners upon project completion/Davie

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Davie Medical Center
329 NC Highway 801 N
Bermuda Run, NC 27006

CAPITAL EXPENDITURE: \$5,585,802

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 1, 2025

This certificate is effective as of July 26, 2024



Micheala Mitchell, Chief

CONDITIONS:

1. Davie Medical Center and 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 acquire no more than one fixed MRI scanner pursuant to the need determination in the 2024 SMFP to be located at Davie Medical Center.
3. Upon completion of the project, Davie Medical Center shall have no more than two fixed MRI scanners.
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 holders shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
 - b. The certificate 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, 2025.
6. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.
7. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on June 27, 2024.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Financing Obtained	01/01/2025
2	Drawings Completed	07/05/2025
3	Construction / Renovation Contract(s) Executed	08/04/2025
4	25% of Construction / Renovation Completed (25% of the cost is in place)	09/23/2025
5	50% of Construction / Renovation Completed	10/14/2025
6	75% of Construction / Renovation Completed	11/04/2025
7	Construction / Renovation Completed	11/25/2025
8	Equipment Ordered	03/07/2025
9	Equipment Installed	12/01/2025
10	Equipment Operational	12/16/2025
11	Building / Space Occupied	12/23/2025
12	Services Offered	01/01/2026

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12459-23

FID #: 230902

ISSUED TO: Bluestone Limited, 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 86-bed ACH facility by relocating no more than 86 ACH beds from Magnolia Gardens / Gaston County

CONDITIONS: See Reverse Side

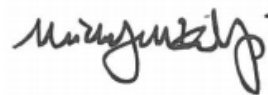
PHYSICAL LOCATION: Arbor Ridge at Belmont
5103 Wilkinson Boulevard
Gastonia, NC 28056

CAPITAL EXPENDITURE: \$25,650,394

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: February 1, 2025

This certificate is effective as of July 31, 2024



For Micheala Mitchell, Chief

CONDITIONS:

- 1. Bluestone Limited, 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 develop a new 86-bed ACH facility by relocating no more than 86 ACH beds from Magnolia Gardens.**
- 3. Upon completion of the project, Arbor Ridge at Belmont shall be licensed for no more than 86 adult care beds, including 24 SCU 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/pmg>.**
 - 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, 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. Arbor Ridge at Belmont shall certify at least 4.7 percent of the total number of 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.**
- 7. For the first two years of operation following completion of the project, Arbor Ridge at Belmont 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.**

Timetable

Milestone		Date mm/dd/v vvv
1	Financing Obtained	04/01/2026
2	Drawings Completed	04/01/2026
3	Land Acquired	04/01/2026
4	Construction/ Renovation Contract(s) Executed	04/01/2026
5	25% of Construction/ Renovation Completed (25% of the cost is in place)	10/01/2026
6	50% of Construction/ Renovation Completed	04/01/2027
7	75% of Construction / Renovation Completed	10/01/2027
8	Construction/ Renovation Completed	03/10/2028
9	Building/ Space Occupied	03/13/2028
10	Licensure Obtained	04/01/2028
11	Services Offered	04/01/2028
12	First Annual Report Due	06/31/2029

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: G-12330-23

FID #: 230130

ISSUED TO: High Point Regional Health System

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 by relocating no more than 36 acute care beds and two operating rooms from High Point Medical Center / Guilford County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Greensboro Medical Center
2909 Horse Pen Creek Road
Greensboro, NC 27410**

CAPITAL EXPENDITURE: \$262,811,171

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 1, 2024

This certificate is effective as of July 11, 2024



Micheala Mitchell, Chief

CONDITIONS:

- 1. High Point Regional Health System (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. The certificate holder shall develop a hospital campus, Atrium Health Wake Forest Baptist Greensboro Medical Center (Greensboro Medical Center), to be licensed as a campus of High Point Medical Center, by relocating no more than 36 existing acute care beds and two operating rooms from High Point Medical Center./**
- 3. The certificate holder shall also develop no more than 12 unlicensed observation beds, two procedure rooms, 20 emergency department bays, two fixed CT scanners, one general radiology X-ray unit, one fluoroscopy X-ray unit, two ultrasound units, one SPECT scanner, one mammography unit and one fixed MRI pursuant to Policy TE-3.**
- 4. Upon completion of the project, Greensboro Medical Center shall be licensed for no more than 36 acute care beds, two operating rooms, two fixed CT scanners and one fixed MRI scanner.**
- 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 December 1, 2024.**
- 6. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.**
- 7. The certificate holder shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.**
- 8. 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.**

(G-12330-23 Con't)

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Financing Obtained	03/18/2026
2	Drawings Completed	02/02/2027
3	Construction / Renovation Contract(s) Executed	06/04/2027
4	25% of Construction / Renovation Completed (25% of the cost is in place)	11/02/2027
5	50% of Construction / Renovation Completed	04/03/2028
6	75% of Construction / Renovation Completed	08/04/2028
7	Construction / Renovation Completed	11/01/2028
8	Equipment Ordered	06/03/2028
9	Equipment Installed	11/15/2028
10	Equipment Operational	12/16/2028
11	Building / Space Occupied	11/01/2028
12	Services Offered	01/01/2029
13	Facility or Service Accredited	01/01/2029

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12469-24

FID #: 240030

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: Develop a new 10-station dialysis facility by relocating six stations from FMC North Charlotte, three stations from BMA Nations Ford and one station from BMA Beatties Ford/ Mecklenburg County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Fresenius Kidney Care Huntersville Dialysis
Parcel ID# 01705123 Southeast Quadrant
11324 Statesville Road, Huntersville, NC 28078

CAPITAL EXPENDITURE: \$3,552,878

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 2, 2024

This certificate is effective as of July 30, 2024

Micheala Mitchell

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. The certificate holder shall develop a new 10-station kidney disease treatment center to be known as Fresenius Kidney Care Huntersville Dialysis by relocating no more than six in-center dialysis stations from Fresenius Medical Care of North Charlotte, three stations from BMA Nations Ford and one station from BMA Beatties Ford.**
- 3. Upon completion of this project, the certificate holder shall take the necessary steps to decertify six stations at Fresenius Medical Care of North Charlotte for a total of no more than 34 in-center stations upon completion of the project.**
- 4. Upon completion of this project, the certificate holder shall take the necessary steps to decertify three stations at BMA Nations Ford for a total of no more than 25 in-center stations upon completion of the project.**
- 5. Upon completion of this project, the certificate holder shall take the necessary steps to decertify one station at BMA Beatties Ford for a total of no more than 42 in-center stations upon completion of the project.**
- 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 December 2, 2024.**
- 7. The certificate holder shall install plumbing and electrical wiring through the walls for no more than 10 in-center and home hemodialysis stations.**
- 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 June 28, 2024.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Financing Obtained	
2	Drawings Completed	10/18/2024
3	Construction / Renovation Contract(s) Executed	03/17/2025
4	25% of Construction / Renovation Completed (25% of the cost is in place)	07/15/2025
5	50% of Construction / Renovation Completed	10/13/2025
6	75% of Construction / Renovation Completed	01/11/2026
7	Construction / Renovation Completed	04/11/2026
8	Equipment Ordered	08/03/2026
9	Equipment Installed	10/17/2026
10	Equipment Operational	11/07/2026
11	Building / Space Occupied	11/28/2026
12	Services Offered	12/31/2026
13	Medicare and / or Medicaid Certification Obtained	12/31/2026

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12506-24

FID #: 220471

ISSUED TO: Carolinas Physicians Network, Inc.

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

SCOPE: Acquire no more than one photon-counting CT scanner for a total of no more than two CT scanners upon project completion/Mecklenburg County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Atrium Health Imaging - Kenilworth Diagnostic Center
1237 Harding Place
Charlotte, NC 28204

CAPITAL EXPENDITURE: \$5,165,004

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 1, 2025

This certificate is effective as of July 26, 2024



Micheala Mitchell, Chief

CONDITIONS:

1. Carolinas Physicians Network, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall acquire no more than one photon-counting CT scanner for a total of no more than two CT scanners at Atrium Health Imaging – Kenilworth Diagnostic Center upon project completion.
3. 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.
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 January 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 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 11, 2024.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Drawings Completed	02/15/2025
2	Construction / Renovation Contract(s) Executed	03/30/2025
3	25% of Construction / Renovation Completed (25% of the cost is in place)	04/29/2025
4	50% of Construction / Renovation Completed	05/29/2025
5	75% of Construction / Renovation Completed	06/28/2025
6	Construction / Renovation Completed	07/28/2025
7	Equipment Ordered	11/30/2024
8	Equipment Installed	07/21/2025
9	Equipment Operational	08/18/2025
10	Building / Space Occupied	07/28/2025
11	Services Offered	10/01/2025

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: H-12513-24

FID #: 943358

ISSUED TO: FirstHealth of the Carolinas, Inc.

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

SCOPE: Acquire no more than one linear accelerator pursuant to the 2024 SMFP need determination for a total of no more three linear accelerators upon project completion/ Moore County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: FirstHealth Moore Regional Hospital
155 Memorial Drive
Pinehurst, North Carolina 28374

CAPITAL EXPENDITURE: \$10,608,618

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 1, 2025

This certificate is effective as of July 31, 2024



Micheala Mitchell, Chief

CONDITIONS:

1. FirstHealth of the Carolinas, Inc. (herein after “the certificate holder”) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall acquire no more than one linear accelerator for a total of no more than three linear accelerators at FirstHealth Moore Regional Hospital.
3. Upon project completion, FirstHealth Moore Regional Hospital will be licensed for no more than three linear accelerators.
4. The certificate holder shall not acquire as part of this project any equipment that is not included in the project’s proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.
5. The certificate holder shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.
6. Progress Reports:
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
 - b. The certificate holder shall complete all sections of the Progress Report form.
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
 - d. The first progress report shall be due on January 1, 2025.
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 July 1, 2024.

(H-12513-24 Con't)

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Drawings Completed	06/01/2025
2	Construction / Renovation Contract(s) Executed	07/01/2025
3	25% of Construction / Renovation Completed (25% of the cost is in place)	10/01/2025
4	50% of Construction / Renovation Completed	01/01/2026
5	75% of Construction / Renovation Completed	04/01/2026
6	Construction / Renovation Completed	07/01/2026
7	Equipment Ordered	08/01/2025
8	Equipment Installed	08/01/2026
9	Equipment Operational	09/15/2025
10	Building / Space Occupied	09/15/2026
11	Licensure Obtained	09/15/2026
12	Services Offered	10/01/2026
13	First Annual Report Due * ^	01/01/2028

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: O-12503-24

FID #: 200732

ISSUED TO: Novant Health New Hanover Regional Medical 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: Cost overrun for Project ID # O-11947-20 (Develop a new 66-bed acute care hospital) / New Hanover

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Novant Health Scotts Hill Medical Center
151 Scotts Hill Medical Park Drive
Wilmington North Carolina 28411

CAPITAL EXPENDITURE: \$84,917,237

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 1, 2024

This certificate is effective as of July 23, 2024



Micheala Mitchell, Chief

CONDITIONS:

- 1. Novant Health New Hanover Regional Medical Center, LLC. and Novant Health, Inc. (hereinafter referred to as certificate holder) shall materially comply with the representations made in this application and representations made in Project ID # O-11947-20. Where representations conflict, the applicant shall materially comply with the last made representation.**
- 2. The total combined capital expenditure for this project and Project ID # O-11947-20 is \$294,863,485, an increase of \$84,917,237 over the capital expenditure of \$209,946,248 previously approved in Project ID # O-11947-20.**
- 3. 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.**
- 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 November 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 June 21, 2024.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	25% of Construction / Renovation Completed (25% of the cost is in place)	11/01/2024
2	50% of Construction / Renovation Completed	03/01/2025
3	75% of Construction / Renovation Completed	09/01/2025
4	Construction / Renovation Completed	08/01/2026
5	Equipment Ordered	06/01/2025
6	Equipment Installed	06/01/2026
7	Equipment Operational	06/30/2026
8	Building / Space Occupied	08/30/2026
9	Licensure Obtained	09/30/2026
10	Services Offered	10/15/2026