Project ID	Facility	FID	Facility Type	Project Description	Application Review Date	Decision Date	Certificate Issue Date	Decision	Review Analyst	Co-Signer	Approved Capital Expenditure	1st Rept Due Date
P-012522-24	UNC Lenoir Imaging	240517	Diagnostic center	Acquire no more than one fixed MRI scanner pursuant to the 2024 SMFP need determination	7/1/2024	10/8/2024	11/8/2024	Conditional Approval	Chalice Moore	Mike McKillip	\$6,091,353	3/1/2025
D-012529-24	Mayland Dialysis Center	060380	Dialysis facility	Add no more than three dialysis stations pursuant to Condition 1 of the facility need methodology for a total of no more than 12 stations upon project completion	8/1/2024	10/4/2024	11/5/2024	Conditional Approval	Chalice Moore	Mike McKillip	\$56,960	1/1/2025
J-012540-24	UNC Health Imaging Center	210831	Diagnostic center	Acquire no more than one fixed MRI scanner pursuant to the 2024 SMFP need determination for a total of two fixed MRI scanners which is a change of scope to Project ID #J-12145-21 (develop a diagnostic center by replacing and relocating an existing fixed MRI scanner)	9/1/2024	10/23/2024	11/23/2024	Conditional Approval	Cynthia Bradford	Gloria Hale	\$5,779,383	5/1/2025
R-012539-24	Sentara Albemarle Medical Center	952933	Hospital	Cost overrun for Project ID# R-12007-20 (Relocate and replace the existing hospital)	9/1/2024	10/21/2024	11/21/2024	Conditional Approval	Yolanda Jackson	Gloria Hale	\$86,851,487	5/1/2025
	P-012522-24 D-012529-24 J-012540-24	P-012522-24 UNC Lenoir Imaging D-012529-24 Mayland Dialysis Center J-012540-24 UNC Health Imaging Center R-012539-24 Sentara Albemarle	P-012522-24 UNC Lenoir Imaging 240517 D-012529-24 Mayland Dialysis Center 060380 J-012540-24 UNC Health Imaging 210831 Center 210831 R-012539-24 Sentara Albemarle 952933	P-012522-24 UNC Lenoir Imaging 240517 Diagnostic center D-012529-24 Mayland Dialysis Center 060380 Dialysis facility J-012540-24 UNC Health Imaging 210831 Diagnostic center Center R-012539-24 Sentara Albemarle 952933 Hospital	P-012522-24 UNC Lenoir Imaging 240517 Diagnostic center Acquire no more than one fixed MRI scanner pursuant to the 2024 SMFP need determination D-012529-24 Mayland Dialysis Center 060380 Dialysis facility Add no more than three dialysis stations pursuant to Condition 1 of the facility need methodology for a total of no more than 12 stations upon project completion J-012540-24 UNC Health Imaging Center Center Acquire no more than 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Department of Health and Human Services Division of Health Service Regulation

Certificate of Need

for

Project ID #: P-12522-24 FID #: 240517

ISSUED TO: UNC LCI, 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 / Lenoir County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: UNC Lenoir Imaging

4050 W. Vernon Avenue

Kinston, NC 28504

CAPITAL EXPENDITURE: \$6,091,353

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 1, 2025

This certificate is effective as of November 8, 2024

Micheala Mitchell, Chief

1.

- 1. UNC LCI, 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 UNC Lenoir Imaging.
- 3. Upon completion of the project, UNC Lenoir Imaging shall have no more than one fixed MRI scanner.
- 4. The certificate holder shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.

5. Progress Reports:

- a. Pursuant to G.S. 131E-189(a), the certificate 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 March 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 O 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 October 9, 2024.

Milestone		Date mm/dd/yyyy	
1	Drawings Completed	05/04/2025	
2	Construction / Renovation Contract(s) Executed	06/15/2025	
3	25% of Construction / Renovation Completed (25% of the cost is in place)	08/01/2025	
4	50% of Construction / Renovation Completed	09/12/2025	
5	75% of Construction / Renovation Completed	10/26/2025	
6	Construction / Renovation Completed	12/19/2025	
7	Equipment Ordered	04/01/2025	
8	Equipment Installed	09/01/2025	
9	Equipment Operational	12/19/2025	
10	Building / Space Occupied	12/21/2025	
11	Services Offered	01/01/2026	
12	Medicare and / or Medicaid Certification Obtained	04/01/2026	
13	Facility or Service Accredited	02/01/2026	

Department of Health and Human Services Division of Health Service Regulation

Corrected Certificate of Need

for

Project ID #: D-12529-24

FID #: 60380

ISSUED TO: Total Renal Care of North Carolina, LLC

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

SCOPE: Add no more than three dialysis stations pursuant to Condition 1 of the

facility need methodology for a total of no more than 12 stations upon

project completion / Mitchell County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Mayland Dialysis Center

75 Altapass Highway Spruce Pine, NC 28777

CAPITAL EXPENDITURE: \$56,960

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 1, 2025

This certificate is effective as of November 5, 2024

Micheala Mitchell, Chief

Micheala Mitchell

- 1. Total Renal Care of North Carolina, LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
- 2. Pursuant to Condition 1 of the facility need methodology in the 2024 SMFP, the certificate of need holder shall develop no more than three additional in-center dialysis stations for a total of no more than 12 in-center dialysis stations at Mayland Dialysis Center upon project completion.

3. Progress Reports:

- a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: https://info.ncdhhs.gov/dhsr/coneed/progressreport.html.
- b. The certificate holder shall complete all sections of the Progress Report form.
- c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
- d. The first progress report shall be due on January 1, 2025.
- 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 October 10, 2024.

Milestone		Date mm/dd/yyyy
1	Services Offered	01/01/2026
2	Medicare and / or Medicaid Certification Obtained	01/01/2026

Department of Health and Human Services Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-12540-24 FID #: 210831

ISSUED TO: NC Imaging Centers, 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 for a total of two fixed MRI scanners which is a change of scope to Project ID #J-12145-21 (develop a diagnostic center by replacing

and relocating an existing fixed MRI scanner) / Orange County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: UNC Health Imaging Center

106 Carraway Crossing Drive

Chapel Hill, NC 27516

CAPITAL EXPENDITURE: \$5,779,383

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 1, 2025

This certificate is effective as of November 23, 2024

Micheala Mitchell, Chief

Right to

- 1. NC Imaging Centers, 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 UNC Health Imaging Center.
- 3. Upon completion of the project, UNC Health Imaging Center shall be licensed for 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 May 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 and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on October 23, 2023.

(J-12540-24 Con't)

	Date mm/dd/yyyy	
1	Drawings Completed	02/28/2026
2	Construction / Renovation Contract(s) Executed	01/01/2026
3	25% of Construction / Renovation Completed (25% of the cost is in place)	03/31/2026
4	50% of Construction / Renovation Completed	04/30/2026
5	75% of Construction / Renovation Completed	05/31/2026
6	Construction / Renovation Completed	06/30/2026
7	Equipment Ordered	12/01/2025
8	Equipment Installed	06/30/2026
9	Equipment Operational	07/14/2026
10	Building / Space Occupied	08/14/2026
11	Services Offered	09/01/2026
12	Medicare and / or Medicaid Certification Obtained	12/01/2026
13	Facility or Service Accredited	10/01/2026

Department of Health and Human Services Division of Health Service Regulation

Certificate of Need

for

Project ID #: R-12539-24 FID #: 952933

ISSUED TO: Sentara Albemarle 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# R-12007-20 (Relocate and replace the existing

hospital) / Pasquotank County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Sentara Albemarle Medical Center

3050 Halstead Blvd Ext. Elizabeth City, NC 27909

CAPITAL EXPENDITURE: \$86,851,487

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 1, 2025

This certificate is effective as of November 21, 2024

Micheala Mitchell, Chief

- 1. Sentara Albemarle Regional Medical Center, LLC (hereinafter certificate holder) shall materially comply with all representations made in this application and the representations in Project ID# R-12007-20. Where representations conflict, the certificate holder shall materially comply with the last made representation.
- 2. The certificate holder shall relocate and replace the existing hospital, Sentara Albemarle Medical Center, which will be licensed for no more than 110 acute care beds, 8 operating rooms, and 1 gastrointestinal endoscopy room upon project completion.
- 3. The total combined capital expenditure for this project and Project ID# R-12007-20 is \$246,200,000, an increase of \$86,851,487 over the capital cost of \$159,348,513 previously approved in Project ID# R-12007-20.

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 October 22, 2024.

	Date mm/dd/yyyy	
1	Equipment Ordered	05/01/2025
2	Equipment Installed	07/30/2025
3	Equipment Operational	08/01/2025
4	Building / Space Occupied	08/04/2025
5	Services Offered	09/01/2025