

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: O-12334-23

FID #: 230131

ISSUED TO: Well Care TPM, 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 Medicare-certified home health agency pursuant to the need determination in the 2023 SMFP/Brunswick County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Well Care Home Health of Brunswick County
118 Ocean Highway West
Supply, NC 25462

CAPITAL EXPENDITURE: \$75,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 1, 2024

This certificate is effective as of January 30, 2024



Micheala Mitchell, Chief

CONDITIONS:

1. Well Care TPM, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall develop one Medicare-certified home health agency or office in Brunswick County pursuant to the need determination in the 2023 SMFP.
3. Upon completion of the project, the certificate holder shall be licensed for no more than one new Medicare-certified home health agency or office in Brunswick County.
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, 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 acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on July 31, 2023.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Equipment Ordered	03/15/2024
2	Equipment Installed	06/01/2024
3	Equipment Operational	06/15/2024
4	Building / Space Occupied	06/01/2024
5	Licensure Obtained	06/15/2024
6	Services Offered	07/01/2024
7	Medicare and / or Medicaid Certification Obtained	09/01/2024
8	Facility or Service Accredited	07/01/2025

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12414-23

FID #: 230716

ISSUED TO: Atrium Health Denver ASC, 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 no more than one GI endoscopy room and one procedure room at an existing ambulatory surgery center / Lincoln County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Denver Surgery Center
1585 Forney Creek Parkway
Denver, NC 28037

CAPITAL EXPENDITURE: \$6,194,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 1, 2024

This certificate is effective as of January 9, 2024



Micheala Mitchell, Chief

CONDITIONS:

1. Atrium Health Denver ASC, LLC, (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 GI endoscopy room and one procedure room at the existing ambulatory surgery center.
3. Upon project completion, Denver Surgery Center shall be licensed for no more than one operating room, one GI endoscopy room and one procedure room.
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 June 1, 2024.
5. 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.
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 acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on January 2, 2024.

(F-12414-23 Con't)

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Drawings Completed	07/04/2024
2	Construction / Renovation Contract(s) Executed	09/02/2024
3	25% of Construction / Renovation Completed (25% of the cost is in place)	03/06/2025
4	50% of Construction / Renovation Completed	04/17/2025
5	75% of Construction / Renovation Completed	05/29/2025
6	Construction / Renovation Completed	07/10/2025
7	Equipment Ordered	08/02/2024
8	Equipment Installed	06/19/2025
9	Equipment Operational	07/11/2025
10	Building / Space Occupied	07/11/2025
11	Licensure Obtained	09/15.2025
12	Services Offered	10/01/2025
13	Medicare and / or Medicaid Certification Obtained	12/01/2025
14	Facility or Service Accredited	12/01/2025

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12429-23

FID #: 190631

ISSUED TO: Radiation Oncology Centers of the Carolinas, 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: Replace an existing LINAC / Mecklenburg County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Matthews Radiation Oncology Center
1400 Matthews Township Parkway
Matthews, NC 28105

CAPITAL EXPENDITURE: \$2,535,874

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 1, 2024

This certificate is effective as of January 3, 2024



Micheala Mitchell, Chief

CONDITIONS:

- 1. Radiation Oncology Centers of the Carolinas, LLC (herein after “the certificate holder”) shall materially comply with all representations made in the certificate of need application.**
- 2. The certificate holder shall replace its existing linear accelerator with a new linear accelerator.**
- 3. Upon project completion, Matthews Radiation Oncology Center will be licensed for no more than one linear accelerator.**
- 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. 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, 2024.**
- 6. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on December 11, 2023

Timetable

Milestone		Date
1	Construction / Renovation Contract(s) Executed	4/15/2024
2	25% of Construction / Renovation Completed (25% of the cost is in place)	5/1/2024
3	50% of Construction / Renovation Completed	5/15/2024
4	75% of Construction / Renovation Completed	6/1/2024
5	Construction / Renovation Completed	6/15/2024
6	Equipment Ordered	6/15/2024
7	Equipment Installed	7/1/2024
8	Equipment Operational	9/15/2024
9	Services Offered (required)	10/1/2024

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12431-23

FID #: 230804

ISSUED TO: Novant Health-Norfolk, LLC
Novant Health, Inc.

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

SCOPE: Develop a diagnostic center by acquiring no more than one fixed MRI scanner pursuant to the need determination in the 2023 SMFP, a CT scanner, x-ray, mammography, and ultrasound / Mecklenburg County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Novant Health Imaging Mt. Island Lake
3712 Sugar Magnolia Drive
Charlotte, NC 28216

CAPITAL EXPENDITURE: \$ \$6,228,353

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 1, 2024

This certificate is effective as of January 23, 2024



Micheala Mitchell, Chief

CONDITIONS:

1. **Novant Health-Norfolk, LLC, and Novant Health, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
2. **The certificate holder shall acquire no more than one fixed MRI scanner pursuant to the need determination in the 2023 SMFP to be located at Novant Health Imaging Mt. Island Lake.**
3. **Upon completion of the project, Novant Health Imaging Mt. Island Lake 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 June 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 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 acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on January 3, 2024.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Financing Obtained	09/10/2023
2	Drawings Completed	04/15/2024
3	Construction / Renovation Contract(s) Executed	07/01/2024
4	25% of Construction / Renovation Completed (25% of the cost is in place)	10/01/2024
5	50% of Construction / Renovation Completed	02/01/2025
6	75% of Construction / Renovation Completed	04/01/2025
7	Construction / Renovation Completed	08/01/2025
8	Equipment Ordered	08/01/2024
9	Equipment Installed	08/01/2025
10	Equipment Operational	09/15/2025
11	Building / Space Occupied	09/01/2025
12	Licensure Obtained	10/01/2025
13	Services Offered	10/01/2025
14	Medicare and / or Medicaid Certification Obtained	10/01/2025
15	Facility or Service Accredited	10/01/2026

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: Q-12426-23

FID #: 933410

ISSUED TO: Pitt County 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: Acquire and relocate no more than 16 inpatient rehabilitation beds from East Carolina Health-Heritage, Inc. for a total of 91 inpatient rehabilitation beds upon project completion / Pitt County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: ECU Health Medical Center
2100 Stantonburg Road
Greenville, NC 27834

CAPITAL EXPENDITURE: \$320,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 1, 2024

This certificate is effective as of January 20, 2024



Micheala Mitchell, Chief

CONDITIONS:

1. Pitt County Memorial Hospital, 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 relocate no more than 16 inpatient rehabilitation beds from East Carolina Health-Heritage, Inc. to ECU Health Medical Center for a total of no more than 91 inpatient rehabilitative beds upon project completion.
3. Upon completion of the project, ECU Health Medical Center shall be licensed for no more than 91 inpatient rehabilitation 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 June 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 acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on December 21, 2023.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Building / Space Occupied	06/01/2024
2	Services Offered	10/01/2024