

**Certificate of Need
Certificates Issued
March 2024**

County	Project ID	Facility	FID	Facility Type	Project Description	Date Application Received	Decision Date	Date Certificate Issued	Decision	Review Analyst	Co-Signer	Approved Capital Expenditure	1st Rept Due Date
Brunswick	O-012461-23	Southport Dialysis Center	070474	Dialysis facility	Add no more than five dialysis stations pursuant to Condition 1 of facility need methodology for a total of no more than 16 stations upon project completion	11/15/2023	2/9/2024	3/12/2024	Conditional Approval	Crystal Kearney	Mike McKillip	\$85,000	8/1/2024
Chatham	J-012463-23	Carolina Dialysis - Pittsboro	981038	Dialysis facility	Add no more than one dialysis station pursuant to Condition 2 of the facility need methodology for a total of no more than 13 stations upon completion this project and Project ID# J-12386-23 (relocate one station)	11/15/2023	2/9/2024	3/12/2024	Conditional Approval	Crystal Kearney	Mike McKillip	\$0	9/1/2024
Durham	J-012359-23	EmergeOrtho Mobile MRI Triangle Route	230320	Diagnostic center	Acquire one mobile MRI scanner pursuant to the 2023 SMFP need determination	4/14/2023	9/27/2023	3/20/2024	Denied - Settlement	Greg Yakaboski	Mike McKillip	\$1,400,000	7/1/2024
Forsyth	G-012432-23	Novant Health Forsyth Medical Center	923174	Hospital	Acquire no more than one fixed PET scanner pursuant to the need determination in the 2023 SMFP for no more than two fixed PET scanners	9/15/2023	2/27/2024	3/29/2024	Conditional Approval	Ena Lightbourne	Lisa Pittman	\$6,075,180	8/1/2024
Harnett	M-012462-23	FMC Anderson Creek	110803	Dialysis facility	Add no more than one dialysis station pursuant to Condition 2 of the facility need methodology for a total of no more than 17 stations upon project completion	11/15/2023	2/26/2024	3/28/2024	Conditional Approval	Tanya Saporito	Mike McKillip	\$3,750	9/1/2024
Henderson	B-012331-23	AdventHealth Hendersonville	943388	Hospital	Develop no more than one fixed PET scanner pursuant to the need determination in the 2023 SMFP	2/15/2023	7/26/2023	3/5/2024	Conditional Approval	Tanya Saporito	Lisa Pittman	\$4,925,188	12/1/2024
Johnston	J-012448-23	Springbrook Nursing and Rehabilitation Center	100679	Nursing home	Relocate no more than 20 nursing facility beds from Barbour Court Nursing and Rehabilitation Center for a total of no more than 120 nursing facility beds	10/16/2023	1/29/2024	3/1/2024	Conditional Approval	Cynthia Bradford	Micheala Mitchell	\$3,629,899	7/1/2024
Mecklenburg	F-012424-23	Atrium Health Dialysis Huntersville Oaks	230802	Dialysis facility	Develop no more than six dialysis stations at a nursing facility pursuant to an adjusted need determination in the 2023 SMFP	9/15/2023	2/23/2024	3/25/2024	Conditional Approval	Tanya Saporito	Mike McKillip	\$3,262,000	12/1/2024
Randolph	G-012460-23	North Randolph Dialysis Center of Wake Forest University	140089	Dialysis facility	Add no more than 7 dialysis stations pursuant Condition 2 of the facility need methodology for a total of no more than 17 stations upon project completion	11/14/2023	2/21/2024	3/23/2024	Conditional Approval	Tanya Saporito	Gloria Hale	\$132,300	9/1/2024
Wake	J-012393-23	Raleigh Radiology Knightdale	190281	Diagnostic center	Acquire a fixed MRI scanner pursuant to the 2023 SMFP need determination	6/15/2023	11/27/2023	3/7/2024	Conditional Approval	Tanya Saporito	Gloria Hale	\$2,949,115	9/1/2024
Wake	J-012438-23	Duke Gastroenterology of Raleigh	200638	Ambulatory surgical facility	Cost overrun for Project ID #J-11934-20 (develop a new ambulatory surgical facility with four GI endoscopy procedure rooms)	10/16/2023	1/29/2024	3/1/2024	Conditional Approval	Cynthia Bradford	Micheala Mitchell	\$1,901,084	7/1/2024

Total 11

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: O-12461-23

FID #: 070474

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 five dialysis stations pursuant to Condition 1 of facility need methodology for a total of no more than 16 stations upon project completion / Brunswick County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Southport Dialysis Center
1513 N Howe Street
Southport, North Carolina 28461

CAPITAL EXPENDITURE: \$85,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 1, 2024

This certificate is effective as of March 12, 2024



Micheala Mitchell, Chief

CONDITIONS:

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 determination in the 2023 SMFP, the certificate holder shall develop no more than five additional dialysis stations for a total of no more than 16 stations at Southport Dialysis Center.
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 August 1, 2024.
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 acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on March 1, 2024.

Timetable

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

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-12463-23

FID #: 981038

ISSUED TO: Carolina Dialysis, LLC

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

SCOPE: Add no more than one dialysis station pursuant to Condition 2 of the facility need methodology for a total of no more than 13 stations upon completion this project and Project ID# J-12386-23 (relocate one station) / Chatham County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Carolina Dialysis Pittsboro
76 Old Rock Springs Cemetery Road
Pittsboro, NC 27312

CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2024

This certificate is effective as of March 12, 2024



Micheala Mitchell, Chief

CONDITIONS:

1. Carolina Dialysis, LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. Pursuant to Condition 2 of the facility need determination in the 2023 SMFP, the certificate holder shall develop no more than one additional in-center dialysis station for a total of no more than 13 in-center stations at Carolina Dialysis Pittsboro.
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 September 1, 2024.
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 acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on February 9, 2024.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Financing Obtained	11/15/2023
2	Services Offered	12/31/2025
3	Medicare and / or Medicaid Certification Obtained	12/31/2025

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-12359-23

FID #: 230320

ISSUED TO: EmergeOrtho, P.A.

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 one mobile MRI scanner pursuant to the 2023 SMFP need determination / Durham County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: EmergeOrtho Mobile MRI Triangle Route
120 William Penn Plaza
Durham, NC 27704

CAPITAL EXPENDITURE: \$1,400,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2024

This certificate is effective as of March 20, 2024



Micheala Mitchell, Chief

CONDITIONS:

- 1. EmergeOrtho, PA (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. The certificate holder shall acquire one mobile MRI scanner with transporting equipment pursuant to the need determination in the 2023 SMFP. 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.**
- 3. The certificate holder may lease a mobile MRI scanner while it awaits delivery of its purchased mobile MRI scanner from its vendor, provided that when the certificate holder's purchased mobile MRI scanner is operable, the leased mobile MRI scanner may longer be used in North Carolina without first obtaining a certificate of need.**
- 4. The mobile MRI scanner shall not, at any time, be converted to a fixed MRI scanner without the certificate holder first obtaining a new certificate of need for a fixed MRI scanner.**
- 5. The acquisition of the mobile MRI scanner shall constitute development of a mobile diagnostic program and shall not result in the creation of a diagnostic center located at any of the host sites.**
- 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 July 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 acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

Timetable

Milestone		Date mm/dd/yyyy
1	Financing Obtained	04/09/2024
2	Drawings Completed	05/09/2024
4	Construction / Renovation Contract(s) Executed	06/08/2024
5	25% of Construction / Renovation Completed (25% of the cost is in place)	06/28/2024
6	50% of Construction / Renovation Completed	07/17/2024
7	75% of Construction / Renovation Completed	08/08/2024
8	Construction / Renovation Completed	08/18/2024
9	Equipment Ordered	04/09/2024
10	Equipment Installed	08/08/2024
11	Equipment Operational	08/22/2024
12	Building / Space Occupied	08/22/2024
14	Services Offered *	09/01/2024
16	Facility or Service Accredited	09/01/2025
17	First Annual Report Due * ^	09/01/2025

* Required

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Corrected Certificate of Need

for

Project ID #: G-12432-23

FID #: 923174

ISSUED TO: Forsyth Memorial Hospital, Inc.
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: Acquire no more than one fixed PET scanner pursuant to the need determination in the 2023 SMFP for no more than two fixed PET scanners/Forsyth County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Novant Health Forsyth Medical Center
3333 Silas Creek Parkway
Winston-Salem, NC 27103

CAPITAL EXPENDITURE: \$6,075,180

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 1, 2024

This certificate is effective as of March 29, 2024
Corrected certificate issued on April 9, 2024



Micheala Mitchell, Chief

CONDITIONS:

1. Novant Health (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 PET scanner pursuant to the need determination in the 2023 SMFP, to be located at Novant Health Forsyth Medical Center in Winston-Salem, for a total of no more than two fixed PET scanners.
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 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 March 1, 2024.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Drawings Completed	05/06/2024
2	Construction / Renovation Contract(s) Executed	06/03/2024
3	25% of Construction / Renovation Completed (25% of the cost is in place)	08/01/2024
4	50% of Construction / Renovation Completed	10/01/2024
5	75% of Construction / Renovation Completed	12/10/2024
6	Construction / Renovation Completed	02/01/2025
7	Equipment Ordered	06/04/2024
8	Equipment Installed	02/04/2025
9	Equipment Operational	03/01/2025
10	Building / Space Occupied	03/15/2025
11	Services Offered	04/01/2025

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: M-12462-23

FID #: 110803

ISSUED TO: Bio-Medical Applications of North Carolina, Inc.

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

SCOPE: Add no more than one dialysis station pursuant to Condition 2 of the facility need methodology for a total of no more than 17 stations upon project completion / Harnett County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: FMC Anderson Creek
290 H M Cagle Drive
Cameron, NC 28326

CAPITAL EXPENDITURE: \$3,750

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2024

This certificate is effective as of March 28, 2024



Micheala Mitchell, Chief

CONDITIONS:

1. **Bio-Medical Applications of North Carolina, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
2. **Pursuant to Condition 2 of the facility need determination in the 2023 SMFP, the certificate holder shall develop no more than one additional in-center dialysis station at FMC Anderson Creek for a total of no more than 17 in-center stations 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 September 1, 2024.**
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 acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on February 27, 2024.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Equipment Ordered	08/17/2024
2	Equipment Installed	10/31/2024
3	Equipment Operational	11/21/2024
4	Building / Space Occupied	11/21/2024
5	Services Offered	12/31/2024
6	Medicare and / or Medicaid Certification Obtained	12/31/2024

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: B-12331-23

FID #: 943388

ISSUED TO: Fletcher 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 one fixed PET scanner pursuant to the need determination in the 2023 SMFP / Henderson County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: AdventHealth Hendersonville
100 Hospital Drive
Hendersonville, NC 28792

CAPITAL EXPENDITURE: \$4,925,188

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 1, 2024

This certificate is effective as of March 5, 2024



Micheala Mitchell, Chief

CONDITIONS:

1. Fletcher Hospital, 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 PET scanner pursuant to the need determination in the 2023 SMFP, to be located at the 100 Hospital Drive, Hendersonville, NC 28972, for a total of no more than one fixed PET scanner.
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 December 1, 2024.
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 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 28, 2023.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Drawings Completed	01/01/2025
2	Construction / Renovation Contract(s) Executed	02/01/2025
3	Construction / Renovation Completed	05/28/2026
4	Equipment Ordered	01/01/2026
5	Equipment Installed	06/01/2026
6	Equipment Operational	06/15/2026
7	Building / Space Occupied	06/15/2026
8	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 #: J-12448-23

FID #: &

ISSUED TO: Hillco, Ltd.
Everest Long Term Care, LLC
Britthaven, 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: Relocate no more than 20 nursing facility beds from Barbour Court Nursing and Rehabilitation Center for a total of no more than 120 nursing facility beds / Johnston County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Springbrook Nursing and Rehabilitation and Center
195 Springbrook Avenue
Clayton, NC 27520

CAPITAL EXPENDITURE: \$3,629,899

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2024

This certificate is effective as of March 1, 2024



Micheala Mitchell, Chief

CONDITIONS:

1. Hillco, Ltd., Everest Long Term Care, LLC, and Britthaven, Inc., (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall relocate no more than 20 nursing facility beds from Barbour Court Nursing and Rehabilitation Center for a total of no more than 120 nursing facility beds to Springbrook Nursing and Rehabilitation Center in Clayton, Johnston County.
3. Upon completion of the project Springbrook Nursing and Rehabilitation shall be licensed for no more than 120 nursing facility beds.
4. Upon completion of this project the certificate holder shall take the necessary steps to delicense no more than 20 NF beds from Barbour Court Nursing and Rehabilitation Center leaving a total of 145 nursing facility beds.
5. The certificate holder shall certify at least 65.0% of the total number of licensed nursing home beds in the facility for participation in the Medicaid program and shall provide care to Medicaid recipients commensurate with representation made in the application.
6. For the first two years of operation following completion of the project, the certificate holder 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.
7. 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, 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.
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 acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on January 29, 2024.

Timetable

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

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12424-23

FID #: 230802

ISSUED TO: The Charlotte-Mecklenburg Hospital Authority
AHSNF, 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 six dialysis stations at a nursing facility pursuant to an adjusted need determination in the 2023 SMFP/Mecklenburg County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Atrium Health Dialysis Huntersville Oaks
12019 Verhoeff Drive
Huntersville, NC 28078

CAPITAL EXPENDITURE: \$3,262,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 1, 2024

This certificate is effective as of March 25, 2024

Micheala Mitchell

Micheala Mitchell, Chief

CONDITIONS:

1. The Charlotte-Mecklenburg Hospital Authority and AHSNF, 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 2023 SMFP, the certificate holder shall develop no more than six dialysis stations to be located in Atrium Health Huntersville Oaks.
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 December 1, 2024.
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 document that it has applied for Medicare certification no later than three years from the effective date of the 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 March 11, 2024.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Drawings Completed	09/30/2024
2	Construction / Renovation Contract(s) Executed	11/18/2024
3	25% of Construction / Renovation Completed (25% of the cost is in place)	01/18/2025
4	50% of Construction / Renovation Completed	02/28/2025
5	75% of Construction / Renovation Completed	04/14/2025
6	Construction / Renovation Completed	05/30/2025
7	Equipment Ordered	11/18/2025
8	Equipment Installed	05/19/2025
9	Equipment Operational	06/02/2025
10	Building / Space Occupied	06/02/2025
11	Services Offered	06/02/2025
12	Medicare and / or Medicaid Certification Obtained	09/01/2025
13	Facility or Service Accredited	09/01/2025

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: G-12460-23

FID #: 140089

ISSUED TO: Wake Forest University Health Sciences
North Randolph Dialysis Center of Wake Forest University

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 7 dialysis stations pursuant Condition 2 of the facility need methodology for a total of no more than 17 stations upon project completion /Randolph County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: North Randolph Dialysis Center of Wake Forest University 5948 Mendenhall Road Extension High Point, NC 27263

CAPITAL EXPENDITURE: \$132,300

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2024

This certificate is effective as of March 23, 2024



Micheala Mitchell, Chief

CONDITIONS:

1. North Randolph Dialysis Center of Wake Forest University and Wake Forest University Health Sciences (hereinafter certificate holders) shall materially comply with all representations made in the certificate of need application.
2. Pursuant to Condition 2 of the facility need determination in the 2023 SMFP, the certificate holders shall develop no more than seven in-center stations for a total of no more than 17 stations at North Randolph Dialysis Center of Wake Forest University 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 holders shall complete all sections of the Progress Report form.
 - c. The certificate holders 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 September 1, 2024.
4. The certificate holders 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 March 4, 2024.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Equipment Ordered	07/23/2024
2	Equipment Installed	09/11/2024
3	Equipment Operational	10/31/2024
4	Licensure Obtained	06/03/2024
5	Services Offered	10/31/2024
6	Medicare and / or Medicaid Certification Obtained	10/31/2024

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-12393-23

FID #: 190281

ISSUED TO: Raleigh Radiology, 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 a fixed MRI scanner pursuant to the 2023 SMFP need determination /Wake County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Raleigh Radiology Knightdale
1101 Great Falls Ct.
Knightdale, NC 27545

CAPITAL EXPENDITURE: \$2,949,115

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2024

This certificate is effective as of March 7, 2024



Micheala Mitchell, Chief

CONDITIONS:

1. Raleigh Radiology, 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 2023 SMFP to be located in an existing diagnostic center located at 1101 Great Falls Court in Knightdale.
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 September 1, 2024.
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. No later than three months after the last day of each of the first three full fiscal years of operation following initiation of the services authorized by this certificate of need, the certificate holder shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.
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 18, 2023.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Financing Obtained	01/16/2024
2	Drawings Completed	04/15/2024
3	Construction / Renovation Contract(s) Executed	04/29/2024
4	25% of Construction / Renovation Completed (25% of the cost is in place)	05/29/2024
5	50% of Construction / Renovation Completed	06/28/2024
6	75% of Construction / Renovation Completed	07/28/2024
7	Construction / Renovation Completed	08/27/2024
8	Equipment Ordered	06/28/2024
9	Equipment Installed	07/28/2024
10	Equipment Operational	09/15/2024
11	Building / Space Occupied	09/01/2024
12	Services Offered	10/01/2024
13	Medicare and / or Medicaid Certification Obtained	10/01/2025
14	Facility or Service Accredited	10/01/2025

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-12438-23

FID #: 200638

ISSUED TO: Duke Health Integrated Practice, Inc.
Duke University Health 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: Cost overrun for Project J-11934-20 (develop a new ambulatory surgical facility with four GI endoscopy procedure rooms) / Wake County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Duke Gastroenterology of Raleigh
3300 Executive Drive
Raleigh, NC 27609

CAPITAL EXPENDITURE: \$1,901,084

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2024

This certificate is effective as of March 1, 2024



Micheala Mitchell, Chief

CONDITIONS:

1. Duke Health Integrated Practice, Inc., and Duke University Health System, Inc. (hereinafter known collectively as the certificate holder) shall materially comply with the representations in this application.
2. The certificate holder shall develop a new ambulatory surgical facility with no more than four gastroenterology (GI) endoscopy procedure rooms, upon completion of this project and Project ID# J-11934-20.
3. The total combined capital expenditure for this project and Project ID# J-11934-20 is \$5,409,720, an increase of \$1,901,804 over the previously approved capital expenditure of \$3,507,916 previously approved in Project ID# J-11934-20.
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 July 1, 2024.
5. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section 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 February 9, 2024.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Construction / Renovation Contract(s) Executed	11/15/2023
2	25% of Construction / Renovation Completed (25% of the cost is in place)	02/01/2024
3	50% of Construction / Renovation Completed	04/01/2024
4	75% of Construction / Renovation Completed	06/01/2024
5	Construction / Renovation Completed	09/01/2024
6	Equipment Ordered	03/01/2024
7	Equipment Installed	09/01/2024
8	Equipment Operational	09/30/2024
9	Building / Space Occupied	09/30/2024
10	Licensure Obtained	09/30/2024
11	Services Offered	09/30/2024
12	Medicare and / or Medicaid Certification Obtained	12/31/2024
13	Facility or Service Accredited	12/31/2024
14	First Annual Report Due*	09/03/2026