

**Certificate of Need
Certificates Issued
October 2024**

County	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
Cabarrus	F-012505-24	Atrium Health Harrisburg	061205	Hospital	Cost overrun and change of scope for Project ID# F-12255-22 (Develop a new hospital by relocating no more than 24 acute beds from Atrium Health Cabarrus) to relocate no more than 13 acute care beds from Atrium Health Cabarrus and develop no more than 31 acute care beds pursuant to the 2024 SMFP need determination, relocate one additional operating room (OR), develop an additional procedure room and four observation beds, and acquire one mammography unit for a total of no more than 44 acute care beds, two ORs, two procedure rooms, four observation beds and one mammography unit upon project completion	5/1/2024	9/27/2024	10/29/2024	Conditional Approval	Ena Lightbourne	Micheala Mitchell	\$147,641,216	3/1/2025
Caldwell	E-012517-24	Prime Surgical Suites	140087	Ambulatory surgical facility	Relocate no more than one GI endoscopy room from Caldwell Memorial Hospital for a total of no more than three existing ORs and one GI endoscopy room upon project completion	6/1/2024	9/3/2024	10/4/2024	Conditional Approval	Chalice Moore	Lisa Pittman	\$78,500	1/1/2025
Caldwell	E-012527-24	Caldwell Memorial Hospital	933051	Hospital	Caldwell Memorial Hospital proposes to acquire one additional unit of fixed cardiac catheterization equipment, pursuant to the 2024 SMFP need determination for one unit of fixed catheterization equipment in Caldwell County, and to locate the additional fixed cardiac catheterization unit on the hospital campus in Lenoir	7/1/2024	9/27/2024	10/29/2024	Conditional Approval	Chalice Moore	Micheala Mitchell	\$992,027	2/1/2025
Iredell	F-012502-24	Iredell County Health and Rehabilitation Center	240312	Nursing home	Develop a new 89-bed nursing facility by relocating no more than 32 NF beds from Harmony Hall Nursing and Rehabilitation Center, no more than 38 NF beds from Maple Grove Health and Rehabilitation Center, no more than 8 NF beds from Pine Ridge Health and Rehabilitation Center, and no more than 11 NF beds from Westwood Hills Nursing and Rehabilitation Center pursuant to Policy NH-6	5/1/2024	9/27/2024	10/30/2024	Conditional Approval	Greg Yakaboski	Lisa Pittman	\$25,845,752	3/1/2025
Johnston	J-012504-24	Raleigh Radiology Clayton	240314	Diagnostic center	Acquire no more than one fixed MRI scanner pursuant to the 2024 SMFP need determination	5/1/2024	9/20/2024	10/22/2024	Conditional Approval	Cynthia Bradford	Mike McKillip	\$3,127,152	3/1/2025
Mecklenburg	F-012531-24	FMC of North Charlotte	955788	Dialysis facility	Add no more than six dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 40 stations upon completion of this project and Project ID #F-12469-24 (develop new 10-station facility)	8/1/2024	9/3/2024	10/4/2024	Conditional Approval	Cynthia Bradford	Lisa Pittman	\$0	3/1/2025

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12505-24

FID #: 061205

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: Cost overrun and change of scope for Project ID# F-12255-22 (Develop a new hospital by relocating no more than 24 acute beds from Atrium Health Cabarrus) to relocate no more than 13 acute care beds from Atrium Health Cabarrus and develop no more than 31 acute care beds pursuant to the 2024 SMFP need determination, relocate one additional operating room (OR), develop an additional procedure room and four observation beds, and acquire one mammography unit for a total of no more than 44 acute care beds, two ORs, two procedure rooms, four observation beds and one mammography unit upon project completion / Cabarrus County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Atrium Health Harrisburg
9592 Rocky River Road
Charlotte, NC 28215

CAPITAL EXPENDITURE: \$147,641,216

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 1, 2025

This certificate is effective as of October 29, 2024

Micheala Mitchell

Micheala Mitchell, Chief

CONDITIONS:

- 1. The Charlotte-Mecklenburg Hospital Authority (hereinafter certificate holder) shall materially comply with all representations made in this application and the representations in Project ID# F-12255-22. Where representations conflict, the certificate holder shall materially comply with the last made representations.**
- 2. The certificate holder shall relocate no more than 13 acute care beds from Atrium Health Cabarrus, develop no more than 31 acute care beds pursuant to the 2024 SMFP need determination, relocate no more than one operating room, develop one procedure room and four observation beds, and acquire one mammography unit, for a total of no more than 44 acute care beds, two operating rooms, two procedure rooms, four observation beds, and one mammography unit at Atrium Health Harrisburg, upon completion of this project and Project ID# F-12255-22.**
- 3. Upon completion of this project and Project ID# F-12255-22, Atrium Health Harrisburg shall be licensed for no more than 44 acute care beds, two operating rooms, two procedure rooms, four observation beds, and one mammography unit.**
- 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 March 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 of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on October 2, 2024.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Drawings Completed	01/02/2026
2	Construction / Renovation Contract(s) Executed	04/01/2026
3	25% of Construction / Renovation Completed (25% of the cost is in place)	08/01/2026
4	50% of Construction / Renovation Completed	02/01/2027
5	75% of Construction / Renovation Completed	08/01/2027
6	Construction / Renovation Completed	02/01/2028
7	Equipment Ordered	02/01/2027
8	Equipment Installed	03/01/2028
9	Equipment Operational	04/01/2028
10	Building / Space Occupied	04/01/2028
11	Licensure Obtained	05/01/2028
12	Services Offered	05/01/2028
13	Medicare and / or Medicaid Certification Obtained	05/01/2028
14	Facility or Service Accredited	05/01/2028

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: E-12517-24

FID #: 140087

ISSUED TO: Prime Surgical Suites, 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: Relocate no more than one GI endoscopy room from Caldwell Memorial Hospital for a total of no more than three existing ORs and one GI endoscopy room upon project completion / Caldwell County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Prime Surgical Suites
180 River Bend Drive
Granite Falls, NC 28630

CAPITAL EXPENDITURE: \$78,500

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 1, 2025

This certificate is effective as of October 4, 2024



Micheala Mitchell, Chief

CONDITIONS:

1. Prime Surgical Suites, LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall relocate one gastrointestinal endoscopy procedure room from Caldwell Memorial Hospital for a total of no more than three ORs and one gastrointestinal endoscopy procedure room 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 expenditure in Sections F and Q of the application and that would otherwise require a certificate of need.
4. 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 Sections F and 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.
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. Progress reports shall be due on the first day of every third month. The first progress report shall be due on January 1, 2025. The second progress report shall be due on May 1, 2025, and so forth.
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 September 3, 2024.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Financing Obtained	12/03/2024
2	Services Offered	01/01/2025

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Corrected Certificate of Need

for

Project ID #: E-12527-24

FID #: 933051

ISSUED TO: Caldwell 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 one additional unit of fixed cardiac catheterization equipment pursuant to the 2024 SMFP need determination /Caldwell

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: UNC Health Caldwell
321 Mulberry Street, SW
Lenoir, NC 28645

CAPITAL EXPENDITURE: \$992,027

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: February 1, 2025

This certificate is effective as of October 29, 2024

Corrected certificate issued on November 1, 2024



Micheala Mitchell, Chief

CONDITIONS:

- 1. Caldwell Memorial Hospital Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. The certificate holder shall develop no more than one unit of fixed cardiac catheterization equipment pursuant to the need determination in the 2024 SMFP.**
- 3. Upon completion of the project, the Caldwell Memorial Hospital shall be licensed for no more than two units of fixed cardiac catheterization equipment.**
- 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 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. 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 **September 30, 2024.**

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Financing Obtained	01/15/2025
9	Equipment Ordered	02/01/2025
10	Equipment Installed	12/01/2025
11	Equipment Operational	12/15/2025
12	Building / Space Occupied	12/15/2025
14	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-12502-24

FID #: 240312

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: Develop a new 89-bed nursing facility by relocating no more than 32 NF beds from Harmony Hall Nursing and Rehabilitation Center, no more than 38 NF beds from Maple Grove Health and Rehabilitation Center, no more than 8 NF beds from Pine Ridge Health and Rehabilitation Center, and no more than 11 NF beds from Westwood Hills Nursing and Rehabilitation Center pursuant to Policy NH-6 / Iredell County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Iredell County Health and Rehabilitation Center
Intersection of Charlotte Highway and Medical Park Road
Mooresville, NC 28117

CAPITAL EXPENDITURE: \$25,845,752

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 1, 2025

This certificate is effective as of October 30, 2024

Micheala Mitchell

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 develop a new 89-bed nursing facility by relocating no more than 32 NF beds from Harmony Hall Nursing and Rehabilitation Center, no more than 38 NF beds from Maple Grove Health and Rehabilitation Center, no more than 8 NF beds from Pine Ridge Health and Rehabilitation Center, and no more than 11 NF beds from Westwood Hills Nursing and Rehabilitation Center pursuant to Policy NH-6.
3. Prior to the issuance of the certificate of need, the certificate holder shall obtain documentation from the legal entities owning the beds at Harmony Hall Nursing and Rehabilitation Center, Maple Grove Health and Rehabilitation Center, Pine Ridge Health and Rehabilitation Center and Westwood Hills Nursing and Rehabilitation Center at the time the application was submitted (seller(s)) showing that the purchase transaction(s) between the buyer and seller(s) has completed and shall provide a copy of the documentation to the Healthcare Planning and Certificate of Need Section.
4. Upon completion of the project Iredell County Health and Rehabilitation Center shall be licensed for no more than 89 nursing facility beds.
5. Upon completion of this project the certificate holder shall take the necessary steps to delicense 32 NF beds from Harmony Hall Nursing and Rehabilitation Center, 38 NF beds from Maple Grove Health and Rehabilitation Center, 8 NF beds from Pine Ridge Health and Rehabilitation Center, and 11 NF beds from Westwood Hills Nursing and Rehabilitation Center pursuant to Policy NH-6.
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. 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. 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 March 1, 2025.
9. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.
10. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on October 30, 2024.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Financing Obtained	5/2/2025
2	Drawings Completed	7/1/2025
3	Land Acquired	6/1/2025
4	Construction / Renovation Contract(s) Executed	9/1/2025
5	25% of Construction / Renovation Completed (25% of the cost is in place)	2/1/2026
6	50% of Construction / Renovation Completed	8/1/2026
7	75% of Construction / Renovation Completed	12/1/2026
8	Construction / Renovation Completed	5/1/2027
9	Equipment Ordered	4/1/2027
10	Equipment Installed	8/1/2027
11	Equipment Operational	8/25/2027
12	Building / Space Occupied	9/1/2027
13	Licensure Obtained	10/1/2027
14	Services Offered	10/1/2027
15	Medicare and / or Medicaid Certification Obtained	11/1/2027
16	Facility or Service Accredited	6/1/2028

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-12504-24

FID #: 240314

ISSUED TO: RR WM Imaging Clayton, 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/ Johnston County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Raleigh Radiology Clayton
11618 US-70 BUS, Suite 102
Clayton, NC 27520

CAPITAL EXPENDITURE: \$3,127,152

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 1, 2025

This certificate is effective as of October 22, 2024



Micheala Mitchell, Chief

CONDITIONS:

1. RR WM Imaging Clayton, 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 Raleigh Radiology Clayton.
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 March 1, 2025.
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 of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on October 1, 2024.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Construction / Renovation Contract(s) Executed	02/28/2025
2	25% of Construction / Renovation Completed (25% of the cost is in place)	04/14/2025
3	50% of Construction / Renovation Completed	05/29/2025
4	75% of Construction / Renovation Completed	07/13/2025
5	Construction / Renovation Completed	08/27/2025
6	Equipment Ordered	05/29/2025
7	Equipment Installed	07/13/2025
8	Equipment Operational	09/15/2025
9	Building / Space Occupied	09/1/2025
10	Services Offered	10/1/2025
11	Medicare and / or Medicaid Certification Obtained	10/1/2026
12	Facility or Service Accredited	10/1/2026

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12531-24

FID #: 955788

ISSUED TO: Bio-Medical Facilities 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 six dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 40 stations upon completion of this project and Project ID #F-12469-24 (develop new 10-station facility) / Mecklenburg County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: FMC of North Charlotte
5220 North Tryon Street
Suite A
Charlotte, NC 28213

CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 1, 2025

This certificate is effective as of October 4, 2024



Micheala Mitchell, Chief

CONDITIONS:

1. Bio-Medical Facilities 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 2024 SMFP, the certificate holder shall develop no more than six additional dialysis stations for a total of no more than 40 stations at the FMC of North Charlotte upon completion of this project, and Project ID# F-12469-24.
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 March 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 September 3, 2024.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Medicare and / or Medicaid Certification Obtained	12/31/2026
2	Facility or Service Accredited	12/31/2026

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-12521-24

FID #: 923517

ISSUED TO: University of North Carolina Hospitals at Chapel Hill

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

SCOPE: Change of scope and cost overrun for Project ID # J-11164-16 (develop 55 additional acute care beds) and to develop no more than 26 additional acute care beds pursuant to the 2024 SMFP need determination for a total of no more than 752 non-neonatal acute care beds upon completion of this project and Project ID #J-11337-17 (develop 9 acute care beds) and a total of no more than 885 acute care beds, including neonatal beds, on the hospital license / Orange County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: University of North Carolina Medical Center
101 Manning Drive
Chapel Hill, NC 27514

CAPITAL EXPENDITURE: \$61,128,270

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 3, 2025

This certificate is effective as of October 1, 2024

Micheala Mitchell

Micheala Mitchell, Chief

CONDITIONS:

- 1. University of North Carolina Hospitals at Chapel Hill (hereinafter certificate holder) shall materially comply with all representations made in this application and the representations in Project ID #J-11164-16. Where representations conflict, the certificate holder shall materially comply with the last made representation.**
- 2. The certificate holder shall develop no more than 26 additional non-neonatal acute care beds at UNC Hospitals Chapel Hill campus for a total of no more than 752 non-neonatal acute care beds on that campus. This project would bring the total number of acute care beds for UNC Hospitals to 885 acute care beds, inclusive of neonatal beds, upon completion of this project, Project ID #J-11164-16, Project ID #J-11337-17, Project ID # J-12320-23, Project ID #J-11338-17, and Project ID # J-11163-16.**
- 3. Upon completion of the project, University of North Carolina Hospitals shall be licensed for no more than 885 acute care beds, including any Level II, III, or IV NICU beds.**
- 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 March 3, 2025.**
- 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 of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on September 5, 2024.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Drawings Completed	11/29/2025
2	Construction / Renovation Contract(s) Executed	01/12/2026
3	25% of Construction / Renovation Completed (25% of the cost is in place)	06/07/2026
4	50% of Construction / Renovation Completed	10/31/2026
5	75% of Construction / Renovation Completed	03/26/2027
6	Construction / Renovation Completed	08/19/2027
7	Equipment Ordered	05/19/2027
8	Equipment Installed	08/19/2027
9	Equipment Operational	08/19/2027
10	Building / Space Occupied	08/26/2027
11	Services Offered	09/01/2027

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-12524-24

FID #: 923421

ISSUED TO: 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: Acquire no more than one fixed MRI scanner pursuant to the 2024 need determination for a total of no more than three fixed MRI scanners upon project completion / Wake County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Duke Raleigh Hospital
3300 Executive Drive
Raleigh, NC 27609

CAPITAL EXPENDITURE: \$7,001,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: February 1, 2025

This certificate is effective as of October 8, 2024



Micheala Mitchell, Chief

CONDITIONS:

1. Duke University Health System, Inc., (hereinafter certificate holders) 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 Duke Raleigh Hospital.
3. Upon completion of the project, Duke Raleigh Hospital shall have no more than three 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 February 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 September 17, 2024.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Drawings Completed	2/28/2025
2	Construction / Renovation Contract(s) Executed	05/01/2025
3	25% of Construction / Renovation Completed (25% of the cost is in place)	07/01/2025
4	50% of Construction / Renovation Completed	09/01/2025
5	75% of Construction / Renovation Completed	10/15/2025
6	Construction / Renovation Completed	12/01/2025
7	Equipment Ordered	05/01/2025
8	Equipment Installed	12/01/2025
9	Equipment Operational	01/01/2026
10	Building / Space Occupied	01/01/2026
11	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 #: J-12525-24

FID #: 923421

ISSUED TO: 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: Acquire no more than two additional CT scanners for a total of no more than six CT scanners at Duke Raleigh Hospital upon project completion / Wake County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Duke Raleigh Hospital
3300 Executive Drive
Raleigh, NC 27609

CAPITAL EXPENDITURE: \$9,994,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: February 1, 2025

This certificate is effective as of October 4, 2024



Micheala Mitchell, Chief

CONDITIONS:

1. Duke University Health System, 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 two CT scanners for a total of no more than six CT scanners at Duke Raleigh Hospital 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 February 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 September 27, 2024.

Timetable

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