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State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: M-12586-25

FID #: 250045

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

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

SCOPE: Develop a new dialysis facility by relocating no more than 6 dialysis stations from FMC Services of West Fayetteville and no more than 9 dialysis stations from FKC Rockfish for a total of no more than 15 stations upon project completion / Cumberland County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Fresenius Kidney Care Spring Lake Dialysis
1419 North Bragg Boulevard
Spring Lake, NC 28390

CAPITAL EXPENDITURE: \$4,134,207

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 1, 2025

This certificate is effective as of April 8, 2025



Micheala Mitchell, Chief

CONDITIONS:

- 1. Bio-Medical Applications of North Carolina, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. The certificate holder shall develop a new 15-station dialysis facility, FKC Spring Lake, by relocating no more than six dialysis stations from FMC Services of West Fayetteville and no more than nine dialysis stations from FKC Rockfish.**
- 3. Upon completion of the proposed project, the certificate holder shall take the necessary steps to decertify six stations at FMC Services of West Fayetteville for a total of no more than 34 in-center stations at FMC West Fayetteville upon project completion.**
- 4. Upon completion of the proposed project, the certificate holder shall take the necessary steps to decertify nine stations at FKC Rockfish for a total of no more than 16 in-center stations upon project completion.**
- 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 August 1, 2025.**
- 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 and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on March 10, 2025.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Drawings Completed	10/19/2025
2	Construction / Renovation Contract(s) Executed	03/18/2026
3	25% of Construction / Renovation Completed (25% of the cost is in place)	07/16/2026
4	50% of Construction / Renovation Completed	10/14/2026
5	75% of Construction / Renovation Completed	01/12/2027
6	Construction / Renovation Completed	04/12/2027
7	Equipment Ordered	08/03/2027
8	Equipment Installed	10/17/2027
9	Equipment Operational	11/07/2027
10	Building / Space Occupied	11/28/2027
11	Services Offered	12/31/2027
12	Medicare and / or Medicaid Certification Obtained	12/31/2027

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-012577-24

FID #: 190274

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 additional fixed MRI scanner pursuant to the 2024 SMFP need determination for a total of no more than 3 fixed MRI scanners upon project completion / Durham County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Duke Imaging Arrington
5601 Arrington Park Drive, Suite 110
Morrisville, NC 27560

CAPITAL EXPENDITURE: \$5,955,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 3, 2025

This certificate is effective as of April 3, 2025



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 one fixed MRI scanner pursuant to the need determination in the 2024 SMFP for a total of three fixed MRI scanners at Duke Imaging Arrington.**
- 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 November 3, 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 develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.**
- 6. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

A letter acknowledging and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on March 27, 2025.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Drawings Completed	09/01/2025
2	Construction / Renovation Contract(s) Executed	12/01/2025
3	25% of Construction / Renovation Completed (25% of the cost is in place)	02/01/2026
4	50% of Construction / Renovation Completed	04/01/2026
5	75% of Construction / Renovation Completed	05/01/2026
6	Construction / Renovation Completed	06/30/2026
7	Equipment Ordered	12/01/2025
8	Equipment Installed	06/01/2026
9	Equipment Operational	07/01/2026
10	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 #: G-12582-25

FID #: 160338

ISSUED TO: Novant Health Rehabilitation Hospital of Winston Salem, LLC

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

SCOPE: Develop inpatient dialysis services / Forsyth County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Novant Health Rehabilitation Hospital,
2475 Hillcrest Center Circle
Winston Salem, NC 27103

CAPITAL EXPENDITURE: \$1,342,049

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 1, 2025

This certificate is effective as of April 8, 2025



Micheala Mitchell, Chief

CONDITIONS:

- 1. Novant Health Rehabilitation Hospital of Winston-Salem, LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. The certificate holder shall develop an inpatient dialysis service at Novant Health Rehabilitation Hospital, an affiliate of Encompass Health.**
- 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 Section F of the application and that would otherwise require a certificate of need.**
- 4. Progress Reports:**
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.**
 - b. The certificate holder shall complete all sections of the Progress Report form.**
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.**
 - d. Progress reports shall be due on the first day of every sixth month. The first progress report shall be due on August 1, 2025.**
- 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 and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on March 18, 2025.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Drawings Completed	07/15/2025
2	Construction / Renovation Contract(s) Executed	07/22/2025
3	Construction / Renovation Completed	10/22/2025
4	Equipment Operational	10/31/2025
5	Services Offered	11/01/2025

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: G-12566-24

FID #: 933540

ISSUED TO: **The Moses H. Cone Memorial Hospital**
 The Moses H. Cone Memorial Hospital Operating Corporation

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

SCOPE: **Replace an existing Linear Accelerator – Guilford**

CONDITIONS: **See Reverse Side**

PHYSICAL LOCATION: **Wesley Long Hospital**
 2400 W. Friendly Ave.
 Greensboro, NC 27403

CAPITAL EXPENDITURE: **\$6,782,834**

TIMETABLE: **See Reverse Side**

FIRST PROGRESS REPORT DUE: **October 1, 2025**

This certificate is effective as of April 29, 2025

Micheala Mitchell

Micheala Mitchell, Chief

CONDITIONS:

1. **The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation (herein after “the certificate holder”) shall materially comply with all representations made in the certificate of need application.**
2. **The certificate holder shall replace an existing linear accelerator with a new linear accelerator.**
3. **Upon project completion, Cone Health Cancer Center - Wesley Long Hospital will be licensed for no more than four linear accelerators.**
4. **The certificate holder shall not acquire as part of this project any equipment that is not included in the project’s proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.**
5. **The certificate holder shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.**
6. **Progress Reports:**
 - a. **Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at:
<https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.**
 - b. **The certificate holder shall complete all sections of the Progress Report form.**
 - c. **The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.**
 - d. **The first progress report shall be due on October 1, 2025.**
7. **The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

A letter acknowledging and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on April 24, 2025.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Drawings Completed	03/31/2025
2	Construction / Renovation Contract(s) Executed	05/06/2025
3	25% of Construction / Renovation Completed (25% of the cost is in place)	05/26/2025
4	50% of Construction / Renovation Completed	06/16/2025
5	75% of Construction / Renovation Completed	07/14/2025
6	Construction / Renovation Completed	08/01/2025
7	Equipment Ordered	05/10/2025
8	Equipment Installed	08/01/2025
9	Equipment Operational	09/15/2025
10	Services Offered	10/01/2025

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: L-12583-25

FID #: 250048

ISSUED TO: FMS Boice-Willis Home, LLC

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

SCOPE: Develop a new dialysis facility dedicated to home hemodialysis and peritoneal dialysis training and support by relocating no more than 2 in-center dialysis stations and the entire home training program from BMA of Roanoke Rapids/ Halifax County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Halifax County Home
7 NC-125
Roanoke Rapids, NC 27870

CAPITAL EXPENDITURE: \$1,428,069

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2025

This certificate is effective as of April 29, 2025



Micheala Mitchell, Chief

CONDITIONS:

- 1. FMS Boice Willis Home, LLC, 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 two in-center dialysis stations and the entire home training program from BMA of Roanoke Rapids to establish a freestanding dialysis facility dedicated to home hemodialysis and peritoneal dialysis training and support to be known as Halifax County Home.**
- 3. Upon the completion of this project, the certificate holder shall take the necessary steps to decertify two in-center dialysis stations at BMA of Roanoke Rapids for a total of no more than 48 in-center dialysis stations at BMA of Roanoke Rapids upon completion of the project.**
- 4. The certificate holder shall install plumbing and electrical wiring through the walls for no more than two home hemodialysis stations.**
- 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 September 1, 2025.**
- 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 and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on March 28, 2025.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Financing Obtained	1/15/2025
2	Drawings Completed	10/19/2025
3	Construction / Renovation Contract(s) Executed	3/18/2025
4	25% of Construction / Renovation Completed (25% of the cost is in place)	7/16/2025
5	50% of Construction / Renovation Completed	10/14/2025
6	75% of Construction / Renovation Completed	1/12/2027
7	Construction / Renovation Completed	4/12/2027
8	Equipment Ordered	8/3/2027
9	Equipment Installed	10/17/2027
10	Equipment Operational	11/7/2027
11	Building / Space Occupied	11/28/2027
12	Services Offered	12/31/2027
13	Medicare and / or Medicaid Certification Obtained	12/31/2027

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12560-24

FID #: 180101

ISSUED TO: Mecklenburg County Healthcare Properties, 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: Change of scope for Project ID #F-11461-18 (develop a new 83-bed NF) and Project ID #F-12022-21 (develop a new 100-bed NF) to relocate no more than 8 NF beds from Briar Creek Health Center for a total of no more than 108 NF beds upon project completion/ Mecklenburg

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Liberty Commons Nursing & Rehabilitation Center
7712 Wilson Grove Road
Mint Hill, NC 28277

CAPITAL EXPENDITURE: \$12,845,550

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 1, 2025

This certificate is effective as of April 29, 2025



Micheala Mitchell, Chief

CONDITIONS:

- 1. The Liberty Commons of Mecklenburg LLC and Mecklenburg County Healthcare Properties. LLC (hereinafter referred to as “the applicant” or “Liberty Commons Nursing and Rehabilitation Center of Mint Hill”) shall materially comply with all representations made in this application and the representations in Project ID # F-11461-18 and Project ID # F-12022-21. Where representations conflict, the certificate holder shall materially comply with the last made representation.**
- 2. The certificate holder proposes a change of scope for Project ID #F-11461-18 (develop a new 83-bed NF), Project ID #F-12022-21 (develop a new 100-bed NF) and to relocate no more than 8 SNF beds from Briar Creek Health Center for a total of no more than 108 SNF beds upon project completion.**
- 3. The total combined cost for both projects is \$29,636,321 an increase of \$12,845,550 over the capital expenditure of \$16,790,771 previously approved in Project ID# F-12022-21.**
- 4. Upon completion of the project, Liberty Commons Nursing and Rehabilitation Center of Mint Hill shall be licensed for a total of no more than 108 NF beds upon project completion.**
- 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. 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 certify at least 60% of the number of licensed nursing home beds in the facility for participation in the Medicaid program and shall provide care to Medicaid recipients commensurate with representatives made in the application.**
- 8. 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.**
- 9. 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, 2025.
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 and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on March 27, 2025.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Drawings Completed	7/1/2026
2	Construction / Renovation Contract(s) Executed	1/1/2027
3	25% of Construction / Renovation Completed (25% of the cost is in place)	6/1/2027
4	50% of Construction / Renovation Completed	11/1/2027
5	75% of Construction / Renovation Completed	4/1/2028
6	Construction / Renovation Completed	9/1/2028
7	Building / Space Occupied	9/1/2028
8	Licensure Obtained	10/1/2028
9	Services Offered	10/1/2028
10	Medicare and / or Medicaid Certification Obtained	12/1/2028

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: H-12578-24

FID #: 923405

ISSUED TO: Carthage Healthcare, Inc.
Carthage Realty, 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 18 NF beds from Penick Village for a total of no more than 108 NF beds upon project completion / Moore County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Peak Resources-Pinelake
801 Pinehurst Avenue
Carthage, NC 28327

CAPITAL EXPENDITURE: \$200,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2025

This certificate is effective as of April 8, 2025

Micheala Mitchell

Micheala Mitchell, Chief

CONDITIONS:

- 1. Carthage Healthcare, Inc. and Carthage Realty, LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application and any supplemental responses. If representations conflict, the certificate holder shall materially comply with the last made representation.**
- 2. The certificate holder shall relocate no more than 18 NF beds from Penick Village Continuing Care Retirement Community in Moore County to Peak Resources-Pinelake.**
- 3. Upon completion of this project and Project ID #H-12579-24, Peak Resources-Pinelake shall be licensed for no more than 108 NF beds and no ACH beds.**
- 4. Upon completion of this project, Penick Village shall be licensed for no more than 32 NF beds and 42 ACH beds.**
- 5. 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.**
- 6. The certificate holder shall certify at least 78.6% of the total number of licensed adult care home beds in the facility for recipients of State/County Special Assistance with Medicaid and provide care to those recipients commensurate with representations made in the application.**
- 7. 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, 2025.**

8. 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 and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on March 8, 2025

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Equipment Ordered	07/01/2025
2	Equipment Installed	09/01/2025
3	Equipment Operational	09/01/2025
4	Services Offered	10/01/2025

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: H-12579-24

FID #: 220736

ISSUED TO: Sandhills Health & Rehabilitation, LLC
Pinehurst Healthcare Properties, 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: Change of scope for Project ID #H-12290-22 (Relocate 86 NF beds and construct new facility) to relocate no more than 20 ACH beds from Peak Resources-Pinelake for a total of more than 86 NF beds and no more than 20 ACH beds upon project completion / Moore County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Sandhills Health & Rehabilitation
2178 Midland Road
Southern Pines, NC 28387

CAPITAL EXPENDITURE: \$210,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2025

This certificate is effective as of April 8, 2025



Micheala Mitchell, Chief

CONDITIONS:

1. Sandhills Health & Rehabilitation, LLC and Pinehurst Healthcare Properties, LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application and representations made in Project ID #H-12290-22. Where representations conflict, the applicant shall materially comply with the last made representation.
2. The certificate holder shall relocate no more than 20 ACH beds from Peak Resources- Pinelake for a total of no more than 86 NF beds and 20 ACH beds at Sandhills Health & Rehabilitation Center upon project completion.
3. The total combined capital expenditure for this project and Project ID #H-12290-22 is \$40,405,700 which is an increase of \$210,000 over the capital expenditure of \$40,195,700 previously approved in Project ID #H-12290-22.
4. The certificate holder shall certify at least 40 percent of the total number of licensed adult care home beds in the facility for recipients of State/County Special Assistance with Medicaid and provide care to those recipients commensurate with representations made in the application.
5. For the first two years of operation following completion of the project, Sandhills Health & Rehabilitation Center 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.
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, 2025.
7. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on March 8, 2025.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	25% of Construction / Renovation Completed (25% of the cost is in place)	06/30/2025
2	50% of Construction / Renovation Completed	12/31/2025
3	75% of Construction / Renovation Completed	06/30/2026
4	Construction / Renovation Completed	10/31/2026
5	Equipment Ordered	09/30/2026
6	Equipment Installed	11/01/2026
7	Equipment Operational	12/01/2026
8	Building / Space Occupied	01/01/2027
9	Services Offered	01/01/2027

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12571-24

FID #: 240868

ISSUED TO: **Novant Health, Inc.**
 Novant Health-Norfolk, 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 / Union County**

CONDITIONS: **See Reverse Side**

PHYSICAL LOCATION: **Novant Health Imaging Monroe**
 2000 Wellness Boulevard, Suite 110
 Charlotte, NC 28110

CAPITAL EXPENDITURE: **\$2,952,000**

TIMETABLE: **See Reverse Side**

FIRST PROGRESS REPORT DUE: **September 1, 2025**

This certificate is effective as of April 5, 2025



Micheala Mitchell, Chief

CONDITIONS:

1. Novant Health, Inc. and Novant Health–Norfolk, 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 Novant Health Imaging Monroe.
3. Upon completion of the project, Novant Health Imaging Monroe shall have no more than one fixed MRI scanner.
4. 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 September 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 and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on March 28, 2025.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Financing Obtained	09/01/2025
2	Drawings Completed	11/01/2025
3	Construction / Renovation Contract(s) Executed	01/01/2026
4	25% of Construction / Renovation Completed (25% of the cost is in place)	02/28/2026
5	50% of Construction / Renovation Completed	05/30/2026
6	75% of Construction / Renovation Completed	07/30/2026
7	Construction / Renovation Completed	09/15/2026
8	Equipment Ordered	12/01/2025
9	Equipment Installed	08/30/2026
10	Equipment Operational	09/10/2026
11	Building / Space Occupied	10/01/2026
12	Services Offered	10/01/2026
13	Medicare and / or Medicaid Certification Obtained	10/01/2026
14	Facility or Service Accredited	10/01/2026

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-12573-24

FID #: 240871

ISSUED TO: KSL Toledo Tenant, LLC

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

SCOPE: Develop a new facility by relocating no more than 75 ACH beds from Litchford Falls Health and Rehabilitation Center for a total of no more than 75 ACH beds upon project completion/ Wake

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Abbotswood at Stonehenge
7900 Creedmoor Road
Raleigh, NC 27613

CAPITAL EXPENDITURE: \$31,734,242

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2025

This certificate is effective as of April 29, 2025



Micheala Mitchell, Chief

CONDITIONS:

- 1. KSL ASH ST, LLC and KSL Toledo Tenant, LLC (hereinafter collectively the “certificate holder”) shall materially comply with all representations made in this application.**
- 2. The certificate holder shall relocate no more than 24 ACH beds from Litchford Falls Health and Rehabilitation Center, 20 ACH beds from Perry Creek Health and Rehabilitation Center, and 31 ACH beds from Fuquay Varina Health and Rehabilitation Center, all existing facilities in Wake County, to Abbotswood at Stonehenge (hereinafter referred to as “Abbotswood”).**
- 3. Upon completion of the project, Abbotswood shall be licensed for no more than 75 ACH beds, Litchford Falls Healthcare and Rehabilitation shall be licensed for no more than 90 NF beds and 0 ACH beds, Perry Creek Healthcare and Rehabilitation Center shall be licensed for no more than 132 NF beds and 0 ACH beds, and Fuquay-Varina Healthcare and Rehabilitation Center shall be licensed for no more than 100 NF beds and 0 ACH 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. 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.**
- 6. The certificate holder shall certify the percentage of the total number of licensed adult care home beds in the facility for participation in the Medicaid program and shall provide care to Medicaid recipients commensurate with representations made in the application.**
- 7. Abbotswood shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.**
- 8. The beds to be relocated shall remain licensed throughout the development of the project.**
- 9. 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, 2025.**
- 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.**
- 11. The certificate holder shall execute or commit to a contract for design services for the project no later than two years following the issuance of this certificate of need.**

A letter acknowledging and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on **May 1, 2025.**

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Drawings Completed	10/01/2025
2	Construction / Renovation Contract(s) Executed	01/01/2026
3	25% of Construction / Renovation Completed (25% of the cost is in place)	06/01/2026
4	50% of Construction / Renovation Completed	11/01/2026
5	75% of Construction / Renovation Completed	04/01/2027
6	Construction / Renovation Completed	10/01/2027
7	Building / Space Occupied	10/01/2027
8	Licensure Obtained	01/01/2028
9	Services Offered	01/01/2028
10	Medicare and / or Medicaid Certification Obtained	06/01/2028
11	Facility or Service Accredited	01/01/2029