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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 #: B-12191-22

FID #: 220170

**ISSUED TO:** MH Mission Hospital, LLLP

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 freestanding emergency department in Arden licensed under Mission Hospital / Buncombe County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Mission Hospital-Mission FSER  
2512 Hendersonville Road  
Arden NC 28704

**CAPITAL EXPENDITURE:** \$17,063,454

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of July 31, 2025



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Micheala Mitchell, Chief

**CONDITIONS:**

1. **MH Mission Hospital, LLLP (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
2. **The certificate holder shall develop a freestanding emergency department in Arden that will be licensed under Mission Hospital.**
3. **Progress Reports:**
  - a. **Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at:  
<https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.**
  - b. **The certificate holder shall complete all sections of the Progress Report form.**
  - c. **The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.**
  - d. **The first progress report shall be due on December 1, 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 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.**
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 May 25, 2022.**

**Timetable**

<b>Milestone</b>		<b>Date</b> <i>mm/dd/yyyy</i>
<b>1</b>	<b>Construction / Renovation Contract(s) Executed</b>	<b>5/1/2026</b>
<b>2</b>	<b>25% of Construction / Renovation Completed (25% of the cost is in place)</b>	<b>12/1/2026</b>
<b>3</b>	<b>50% of Construction / Renovation Completed</b>	<b>2/1/2027</b>
<b>4</b>	<b>75% of Construction / Renovation Completed</b>	<b>4/1/2027</b>
<b>5</b>	<b>Construction / Renovation Completed</b>	<b>6/1/2027</b>
<b>6</b>	<b>Services Offered</b>	<b>7/1/2027</b>

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: B-12612-25

FID #: 923135

**ISSUED TO:** Deerfield Episcopal Retirement Community, 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:** Change of scope for Project ID# B-12194-22 (Develop 39 adult care home (ACH) beds pursuant to Policy LTC-1) to develop no more than 22 ACH beds pursuant to Policy LTC-1 and no more than four nursing facility (NF) beds pursuant to Policy NH-2 for a total of no more than 84 ACH beds and 66 NF beds upon project completion / Buncombe County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Deerfield Episcopal Retirement Community  
1617 Hendersonville Road  
Asheville, NC 28803

**CAPITAL EXPENDITURE:** \$0

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** May 1, 2026

This certificate is effective as of July 1, 2025



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Micheala Mitchell, Chief

## **CONDITIONS:**

- 1. Deerfield Episcopal Retirement Community, Inc. (hereinafter certificate holder) shall materially comply with all representations made in this application and the representation made in Project ID# B-12194-22. Where representations conflict, the certificate holder shall materially comply with the last made representation.**
- 2. The certificate holder shall develop no more than 22 adult care beds pursuant to Policy LTC-1 to its existing Continuing Care Retirement Community, Deerfield Episcopal Retirement Community, and four nursing facility beds pursuant to Policy NH-2, for a total of no more than 84 adult care home beds and 66 nursing home beds at Deerfield Episcopal Retirement Community upon project completion.**
- 3. The Policy NH-2 nursing facility beds shall not be certified for participation in the Medicaid program.**
- 4. The Policy NH-2 nursing facility beds shall be used exclusively to meet the needs of persons with whom the facility has continuing care contracts (in compliance with the Department of Insurance statutes and regulations) who have lived in a non-nursing unit of the continuing care facility for a period of at least 30 days. Exceptions shall be allowed when one spouse or sibling is admitted to the nursing unit at the time the other spouse or sibling moves into a non-nursing unit, or when the medical condition requiring nursing care was not known to exist or be imminent when the individual became a party to the continuing care contract.**
- 5. The new Policy NH-2 nursing facility beds shall be developed on the same site with the independent living units and licensed adult care home beds.**
- 6. The Policy LTC-1 adult care home beds shall not participate in the Medicaid program or serve State-County Special Assistance recipients.**
- 7. The Policy LTC-1 adult care home beds shall be used exclusively to meet the needs of persons with whom the facility has continuing care contracts (in compliance with the Department of Insurance statutes and regulations) who have lived in a non-nursing or adult care unit of the continuing care facility for a period of at least 30 days. Exceptions shall be allowed when one spouse or sibling is admitted to the adult care home unit at the time the other spouse or sibling moves into a non-nursing or adult care unit, or when the medical condition requiring nursing or adult care home care was not known to exist or be imminent when the individual became a party to the continuing care contract.**
- 8. The new Policy LTC-1 adult care home beds shall be developed on the same site with the independent living units.**
- 9. Progress Reports:**

- a. The certificate holder shall complete the Progress Report form provided by the Healthcare Planning and Certificate of Need Section.
- b. Progress reports will be due on the first business day of every third month. The first progress report shall be due on February 6, 2026. The second progress report shall be due on May 1, 2026 and so forth.
- c. Each progress report shall describe in detail all steps taken to develop the project since the last progress report and shall include documentation to substantiate each step taken.
- d. Progress reports should be received by the due date but in no case shall they be received more than one week after the due date.
- e. Timetable milestones shall be completed no later than three months after the projected date on the timetable subject to reasonable extensions due to conditions completely beyond the control of the certificate holder(s).
- f. There will be no extensions of the timetable milestone dates except for reasonable extensions based on conditions completely beyond the control of the certificate holder(s).
- g. In the event that the project is not developed in accordance with the timetable, including any reasonable extensions, the Healthcare Planning and Certificate of Need Section may impose a civil monetary penalty of \$1,000 per day for each day the project is delayed beyond the 90<sup>th</sup> day following the milestone date on the timetable.

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 **June 17, 2025**.

#### Timetable

Milestone		Date mm/dd/yyyy
1	Financing Obtained	12/31/2025
2	Construction / Renovation Contract(s) Executed	12/31//2025
3	25% of Construction / Renovation Completed (25% of the cost is in place)	06/01/2026
4	50% of Construction / Renovation Completed	10/01/2027
5	75% of Construction / Renovation Completed	03/01/2028
6	Construction / Renovation Completed	08/01/2028
7	Equipment Ordered	06/01/2028
8	Equipment Installed	07/01/2028
9	Equipment Operational	08/01/2028
10	Building / Space Occupied	10/01/2028
11	Licensure Obtained	10/01/2028
12	Services Offered	10/01/2028

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID # B-12618-25

FID #: 150248

**ISSUED TO: Total Renal Care of North Carolina, LLC**

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

**SCOPE:** Add no more than 2 in-center dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 16 in-center stations upon project completion / Buncombe County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Arden Dialysis  
2621 Hendersonville Road  
Arden, NC 28704

**CAPITAL EXPENDITURE:** \$39,440

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** February 2, 2026

This certificate is effective as of July 26, 2025



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Micheala Mitchell, Chief

## CONDITIONS:

1. Total Renal Care of North Carolina, LLC. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. Pursuant to Condition 2 of the facility need methodology in the 2025 SMFP, the certificate holder shall add no more than 2 in-center dialysis stations at Arden Dialysis for a total of no more than 16 in-center stations upon project completion.
3. The certificate holder shall develop and implement strategies to provide culturally competent services to members of its defined medically underserved community that are consistent with representations made in the certificate of need application.
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 February 2, 2026.
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 **July 2, 2025**

### Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Services Offered	01/01/2027
2	Medicare and / or Medicaid Certification Obtained	01/01/2027



# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: P-12606-25

FID #: 923076

**ISSUED TO:** Carteret County General Hospital 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:** Acquire no more than one new fixed PET/CT/Simulator pursuant to Policy TE-4 in the 2025 SMFP / Carteret County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Carteret General Hospital  
3500 Arendell St  
Morehead City, NC 28577

**CAPITAL EXPENDITURE:** \$4,094,656

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of July 1, 2025



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Micheala Mitchell, Chief

**CONDITIONS:**

- 1. Carteret County General Hospital Corporation (hereinafter collectively referred to as certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. The certificate holder shall acquire no more than one fixed PET/CT/Simulator pursuant to Policy TE-4 to be located at Carteret County General Hospital.**
- 3. Upon completion of the project, Carteret County General Hospital shall be licensed for no more than one fixed PET scanner.**
- 4. Prior to issuance of a Certificate of Need, the applicant shall provide the Agency with documentation that an effort has been made to accommodate the clinical needs of health professional training programs in the area at Carteret County General Hospital Corporation.**
- 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 develop and implement strategies to provide culturally competent services to members of its defined medically underserved community that are consistent with representations made in the certificate of need application..**
- 7. 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.**
- 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 November 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 and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on **June 3, 2025**.

#### Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Financing Obtained	9/2/2025
2	Drawings Completed	9/2/2025
3	Construction / Renovation Contract(s) Executed	11/3/2025
4	25% of Construction / Renovation Completed (25% of the cost is in place)	12/15/2025
5	50% of Construction / Renovation Completed	1/31/2026
6	75% of Construction / Renovation Completed	3/31/2026
7	Construction / Renovation Completed	5/15/2025
8	Equipment Ordered	1/31/2026
9	Equipment Installed	3/31/2026
10	Equipment Operational	6/15/2026
11	Building / Space Occupied	5/15/2026
12	Services Offered	7/1/2026

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: E-12603-25

FID #: 061240

**ISSUED TO:** Gastroenterology Associates, PA

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# E-11347-17 (add 2 GI endoscopy rooms) to relocate the existing ambulatory surgical facility with three existing and two approved GI Endoscopy procedure rooms and add one GI endoscopy procedure room for a total of six GI endoscopy procedure rooms upon project completion / Catawba County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Gastroenterology Associates, Hickory  
2415 Century Place SE  
Hickory, NC 28602

**CAPITAL EXPENDITURE:** \$2,946,129

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** February 2, 2026

This certificate is effective as of July 1, 2025



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Micheala Mitchell, Chief

**CONDITIONS:**

1. Gastroenterology Associates, PA (hereinafter known collectively as the certificate holder) shall materially comply with the representations in this application.
2. The certificate holder shall develop an additional GI endoscopy room and relocate the existing ambulatory surgical facility within Catawba County, for a total of six GI endoscopy rooms upon completion of this project and Project ID# E-11347-17 (add two GI endoscopy rooms).
3. The total combined capital expenditure for this project and Project ID# E-11347-17 is \$2,946,129, an increase of \$1,352,394 over the previously approved capital expenditure of \$1,593,735 previously approved in Project ID# E-11347-17.
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 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.
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 February 2, 2026.
6. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on **June 3, 2025**.

## Timetable

<b>Milestone</b>		<b>Date mm/dd/yyyy</b>
1	Financing Obtained	09/02/2025
2	Drawings Completed	09/02/2025
3	Construction / Renovation Contract(s) Executed	09/17/2025
4	25% of Construction / Renovation Completed (25% of the cost is in place)	10/07/2025
5	50% of Construction / Renovation Completed	10/27/2025
6	75% of Construction / Renovation Completed	11/11/2025
7	Construction / Renovation Completed	12/01/2025
8	Equipment Ordered	09/17/2025
9	Equipment Installed	10/27/2025
10	Equipment Operational	12/08/2025
11	Building / Space Occupied	12/02/2025
12	Licensure Obtained	12/31/2025
13	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 #: E-12629-25

FID #: 933080

**ISSUED TO:** County of Catawba

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 unit of fixed cardiac catheterization equipment pursuant to the 2025 SMFP need determination for a total of no more than two units of fixed cardiac catheterization equipment/ Catawba County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Catawba Valley Medical Center  
810 Fairgrove Church Road SE  
Hickory, NC 28602

**CAPITAL EXPENDITURE:** \$2,999,644

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of July 8, 2025



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Micheala Mitchell, Chief

## **CONDITIONS:**

1. County of Catawba (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 at Catawba Valley Medical Center pursuant to the need determination in the 2025 State Medical Facilities Plan for a total of no more than two units of fixed cardiac catheterization equipment 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 Section Q of the application and that would otherwise require a certificate of need.
4. The certificate holder shall develop and implement strategies to provide culturally competent services to members of its defined medically underserved community that are consistent with representations made 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. The first progress report shall be due on December 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 June 9, 2025.

### **Timetable**

Milestone		Date <i>mm/dd/yyyy</i>
1	Financing Obtained	11/02/2025
2	Drawings Completed	07/01/2025
3	Construction / Renovation Contract(s) Executed	11/10/2025
4	25% of Construction / Renovation Completed (25% of the cost is in place)	02/08/2026
5	50% of Construction / Renovation Completed	05/09/2026
6	75% of Construction / Renovation Completed	08/07/2026
7	Construction / Renovation Completed	11/03/2026
8	Equipment Ordered	02/08/2026
9	Equipment Installed	11/03/2026
10	Equipment Operational	12/02/2026
11	Building / Space Occupied	11/03/2026
12	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 #: G-12624-25

FID #: 943307

**ISSUED TO:** Lexington Medical Center

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

**SCOPE:** Develop no more than two additional operating rooms pursuant to the 2025 SMFP need determination for a total of no more than six operating rooms / Davidson County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Lexington Medical Center  
250 Hospital Drive  
Lexington NC 27292

**CAPITAL EXPENDITURE:** \$6,625,000

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of July 25, 2025



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Micheala Mitchell, Chief

**CONDITIONS:**

1. **Lexington Medical Center (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
2. **Pursuant to the need determination in the 2025 SMFP, the certificate holder shall develop no more than two additional operating rooms at Lexington Medical Center.**
3. **Upon completion of the project, Lexington Medical Center shall be licensed for a total of no more than six operating rooms.**
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 December 1, 2025.**
5. **The applicant 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 not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.**
7. **The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need**

**A letter acknowledging and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on **June 25, 2025**.**

## Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Financing Obtained	01/01/2026
2	Drawings Completed	09/28/2026
3	Construction / Renovation Contract(s) Executed	12/27/2026
4	25% of Construction / Renovation Completed (25% of the cost is in place)	02/25/2027
5	50% of Construction / Renovation Completed	04/26/2027
6	75% of Construction / Renovation Completed	06/25/2027
7	Construction / Renovation Completed	08/24/2027
8	Equipment Ordered	02/25/2027
9	Equipment Installed	10/23/2027
10	Equipment Operational	11/22/2027
11	Services Offered	01/01/2028

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: J-12906-25

FID #: 943138

**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:** Cost overrun for Project ID #J-12083-21 (acquire one fixed PET/CT scanner) / Durham County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Duke University Hospital  
2301 Erwin Road  
Durham, NC 27710

**CAPITAL EXPENDITURE:** \$841,000

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of July 1, 2025



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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 total combined capital expenditure for this project and Project ID#J-12083-21 is \$5,447,000, an increase of \$841,000 over the capital expenditure of \$4,606,000 previously approved in Project ID# J-12083-21.
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 October 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 and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on June 16, 2025.

**Timetable**

Milestone		Date <i>mm/dd/yyyy</i>
1	Services Offered	06/25/2025

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: G-12591-25

FID #: 943495

**ISSUED TO:** North Carolina Baptist Hospital

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 fixed MRI scanner pursuant to 2025 SMFP need determination by converting an existing research MRI scanner to clinical use / Forsyth County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** North Carolina Baptist Hospital  
2008 Queen Street  
Winston-Salem, North Carolina 27157

**CAPITAL EXPENDITURE:** \$80,000

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of July 1, 2025



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Micheala Mitchell, Chief

**CONDITIONS:**

1. North Carolina Baptist Hospital (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 fixed MRI scanner pursuant to the 2025 SMFP need determination by converting an existing research MRI scanner to clinical use to be located at North Carolina Baptist Hospital.
3. Upon completion of the project, North Carolina Baptist Hospital shall have no more than seven fixed MRI scanners.
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 October 1, 2025.
5. The certificate holder shall develop and implement strategies to provide culturally competent services to members of its defined medically underserved community that are consistent with representations made in the certificate of need application.
6. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditure in Section Q of the application and that would otherwise require a certificate of need.
7. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on June 3, 2025.

**Timetable**

Milestone		Date <i>mm/dd/yyyy</i>
1	Financing Obtained	09/05/2025
2	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 #: K-12584-25

FID #: 250046

**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 Dialysis Services of Oxford and no more than 7 dialysis stations from FMC Dialysis Services Neuse River for a total of no more than 13 stations upon project completion / Granville County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Fresenius Kidney Care Butner Dialysis  
2531 East Lyon Station Road  
Creedmoor, NC 27522

**CAPITAL EXPENDITURE:** \$2,544,804

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** January 1, 2026

This certificate is effective as of July 22, 2025



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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 13-station dialysis facility FKC Butner Dialysis, by relocating no more than seven dialysis stations from FMC Dialysis Services of Neuse River and no more than six dialysis stations from FMC Dialysis Services of Oxford.
3. Upon completion of the proposed project, the certificate holder shall take the necessary steps to decertify seven stations at FMC Dialysis Services of Neuse River for a total of no more than 20 in-center stations upon completion of the project.
4. Upon completion of the proposed project, the certificate holder shall take the necessary steps to decertify six stations at FMC Dialysis Services of Oxford for a total of no more than 19 in-center stations upon completion of the project.
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 January 1, 2026.
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 June 20, 2025.

### **Timetable**

<b>Milestone</b>		<b>Date</b> <i>mm/dd/yyyy</i>
<b>1</b>	<b>Drawings Completed</b>	<b>10/19/25</b>
<b>2</b>	<b>Construction / Renovation Contract(s) Executed</b>	<b>3/18/26</b>
<b>3</b>	<b>25% of Construction / Renovation Completed (25% of the cost is in place)</b>	<b>7/16/26</b>
<b>4</b>	<b>50% of Construction / Renovation Completed</b>	<b>10/14/26</b>
<b>5</b>	<b>75% of Construction / Renovation Completed</b>	<b>1/12/27</b>
<b>6</b>	<b>Construction / Renovation Completed</b>	<b>4/12/27</b>
<b>7</b>	<b>Equipment Ordered</b>	<b>8/3/27</b>
<b>8</b>	<b>Equipment Installed</b>	<b>10/17/27</b>
<b>9</b>	<b>Equipment Operational</b>	<b>11/7/27</b>
<b>10</b>	<b>Building / Space Occupied</b>	<b>11/28/27</b>
<b>11</b>	<b>Services Offered</b>	<b>12/31/27</b>
<b>12</b>	<b>Medicare and / or Medicaid Certification Obtained</b>	<b>12/31/27</b>

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: N-12631-25

FID #: 100390

**ISSUED TO:** FirstHealth of the Carolinas, 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:** Change of scope and cost overrun for Project ID #N-8838-12 (develop 28 additional acute care beds) / Hoke County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** FirstHealth Moore Regional Hospital-Hoke Campus  
6408 Fayetteville Road  
Raeford, NC 28376

**CAPITAL EXPENDITURE:** \$27,271,380

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of July 22, 2025



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Micheala Mitchell, Chief

## **CONDITIONS:**

1. FirstHealth of the Carolinas, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the application and representations made in Project ID #N-8838-12. Where representations conflict, the applicant shall materially comply with the last made representation.
2. The total combined capital expenditure for this project and Project ID# N-8838-12 is \$44,787,889, an increase of \$27,271,380 over the capital expenditure of \$17,516,509 previously approved in Project ID #N-8838-12
3. Upon completion of this project, FirstHealth Moore Regional Hospital- Hoke Campus in Raeford shall be licensed for no more than 36 acute care beds.
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 holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
  - b. The certificate holder shall complete all sections of the Progress Report form.
  - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
  - d. The first progress report shall be due on December 1, 2025.
6. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.
7. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

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

### **Timetable**

<b>Milestone</b>		<b>Date</b> <i>mm/dd/yyyy</i>
<b>1</b>	<b>Drawings Completed</b>	<b>02/01/2026</b>
<b>2</b>	<b>Construction / Renovation Contract(s) Executed</b>	<b>04/01/2026</b>
<b>3</b>	<b>25% of Construction / Renovation Completed (25% of the cost is in place)</b>	<b>08/01/2026</b>
<b>4</b>	<b>50% of Construction / Renovation Completed</b>	<b>12/01/2026</b>
<b>5</b>	<b>75% of Construction / Renovation Completed</b>	<b>04/01/2027</b>
<b>6</b>	<b>Construction / Renovation Completed</b>	<b>06/01/2027</b>
<b>7</b>	<b>Building / Space Occupied</b>	<b>08/15/2027</b>
<b>8</b>	<b>Services Offered</b>	<b>10/01/2027</b>

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: H-12637-25

FID #: 943358

**ISSUED TO:** FirstHealth of the Carolinas, 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 2025 SMFP need determination for a total of more than three fixed MRI scanners / Moore County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** FirstHealth Moore Regional Hospital  
185 Page Road North  
Pinehurst, NC 28374

**CAPITAL EXPENDITURE:** \$13,263,758

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of July 29, 2025



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Micheala Mitchell, Chief

## **CONDITIONS:**

1. FirstHealth of the Carolina, 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 2025 SMFP need determination to be located at FirstHealth Moore Regional Hospital.
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. The certificate holder shall develop and implement strategies to provide culturally competent services to members of its defined medically underserved community that are consistent with representations made in the certificate of need application.
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 December 1, 2025.
6. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.
7. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

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

## **Timetable**

<b>Milestone</b>		<b>Date</b> <i>mm/dd/yyyy</i>
1	Drawings Completed	12/01/2025
2	Construction / Renovation Contract(s) Executed	02/01/2026
3	25% of Construction / Renovation Completed (25% of the cost is in place)	04/01/2026
4	50% of Construction / Renovation Completed	06/01/2026
5	75% of Construction / Renovation Completed	08/01/2026
6	Construction / Renovation Completed	09/01/2026
7	Equipment Ordered	02/01/2026
8	Equipment Installed	09/01/2026
9	Equipment Operational	09/15/2026
10	Building / Space Occupied	09/15/2026
11	Services Offered	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-12596-25

FID #: 170322

**ISSUED TO:** Mayview Assisted Living Center, LLC  
Mayview Healthcare Properties, Inc.  
Whitaker Glen, 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:** Change of scope for CON Project ID# J-12452-23 (Develop 27 ACH beds for a total of 102 ACH beds) to acquire and relocate no more than 20 ACH beds from Spring Arbor of Raleigh, and develop only 7 ACH beds pursuant to Policy LTC-1, for a total of 102 ACH beds upon project completion / Wake County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Mayview Assisted Living Center  
615 East Whitaker Mill Road  
Raleigh, NC 27608

**CAPITAL EXPENDITURE:** \$35,000

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of July 8, 2025



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Micheala Mitchell, Chief

## **CONDITIONS:**

1. Mayview Assisted Living Center, LLC, Mayview Healthcare Properties, Inc. and Whitaker Glen, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application and any supplemental responses. If representations conflict, the certificate holder shall materially comply with the last made representation.
2. The certificate holder shall relocate no more than 20 ACH beds from Spring Arbor of Raleigh for a total of no more than 102 ACH beds at Mayview Assisted Living Center. Seven of the 102 beds will be developed pursuant to Policy LTC-1 as previously approved in Project ID # J-12452-23.
3. Upon completion of this project, Project ID # J-12452-23, Project ID# J-11953-20 and Project ID# J-11371-17, Mayview Assisted Living Center shall be licensed for no more than 102 adult care home beds.
4. The certificate holder shall certify at least 6.3 percent, or 6 of 95 non-CCRC-only adult care home beds 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, 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 Policy LTC-1 adult care home beds shall not participate in the Medicaid program or serve State-County Special Assistance recipients.
7. The Policy LTC-1 adult care home beds shall be used exclusively to meet the needs of persons with whom the facility has continuing care contracts (in compliance with the Department of Insurance statutes and regulations) who have lived in a non-nursing or adult care unit of the continuing care facility for a period of at least 30 days. Exceptions shall be allowed when one spouse or sibling is admitted to the adult care home unit at the time the other spouse or sibling moves into a non-nursing or adult care unit, or when the medical condition requiring nursing or adult care home care was not known to exist or be imminent when the individual became a party to the continuing care contract.
8. The new Policy LTC-1 adult care home beds shall be developed on the same site with the independent living units.
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 November 1, 2025.
10. 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.
11. The certificate holder shall execute or commit to a contract for design services for the project no later than four years following the issuance of this certificate of need.
12. 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 **June 11, 2025**.

#### Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Financing Obtained	10/05/2023
2	Drawings Completed	11/01/2024
3	Construction / Renovation Contract(s) Executed	05/01/2025
4	25% of Construction / Renovation Completed (25% of the cost is in place)	10/01/2025
5	50% of Construction / Renovation Completed	03/01/2026
6	75% of Construction / Renovation Completed	07/01/2026
7	Construction / Renovation Completed	11/01/2026
8	Building / Space Occupied	12/01/2026
9	Licensure Obtained	01/01/2027
<b>10</b>	<b>Services Offered</b>	01/01/2027
11	Facility or Service Accredited	03/01/2028



# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: J-12599-25

FID #: 250153

**ISSUED TO:** Wake Healthcare Properties, 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 60-bed ACH facility by relocating 60 ACH beds from Spring Arbor of Raleigh / Wake County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** PruittPlace-Raleigh  
2420 Lake Wheeler Road  
Raleigh, NC 27603

**CAPITAL EXPENDITURE:** \$26,013,718

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** January 1, 2026

This certificate is effective as of July 22, 2025



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Micheala Mitchell, Chief

**CONDITIONS:**

- 1. Wake Healthcare Properties, Inc. (hereinafter the “certificate holder”) shall materially comply with all representations made in this application.**
- 2. The certificate holder shall relocate no more than 60 ACH beds from Spring Arbor of Raleigh to PruittPlace-Raleigh.**
- 3. Upon completion of the project, PruittPlace-Raleigh shall be licensed for no more than 60 ACH beds, and Spring Arbor of Raleigh shall be licensed for 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. PruittPlace-Raleigh 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 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.**
- 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 January 1, 2026.**
- 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.**

(J-12599-25 Con't)

A letter acknowledging and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on July 15, 2025.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
	Drawings Completed	01/30/2026
	Construction / Renovation Contract(s) Executed	03/31/2026
	25% of Construction / Renovation Completed (25% of the cost is in place)	10/31/2026
	50% of Construction / Renovation Completed	04/30/2027
	75% of Construction / Renovation Completed	9/30/2027
	Construction / Renovation Completed	03/31/2028
	Building / Space Occupied	05/01/2028
	Licensure Obtained	07/01/2028
	Services Offered	07/01/2028
	Medicare and / or Medicaid Certification Obtained	07/01/2028
	Facility or Service Accredited	07/01/2028

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: J-12605-25

FID #: 250155

**ISSUED TO:** WakeMed

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 freestanding emergency department / Wake County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** WakeMed Fuquay-Varina Healthplex  
2400 Block of North Main Street  
Fuquay-Varina, NC 27526

**CAPITAL EXPENDITURE:** \$38,311,091

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** January 1, 2026

This certificate is effective as of July 29, 2025



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Micheala Mitchell, Chief

## **CONDITIONS:**

- 1. WakeMed (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. The certificate holder shall develop WakeMed Fuquay-Varina Healthplex, a freestanding emergency department to be licensed under WakeMed Cary Hospital, including 24/7 emergency services, a CT scanner, ultrasound equipment, x-ray equipment, laboratory services, and pharmacy services.**
- 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 Q of the application and that would otherwise require a certificate of need.**
- 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 holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.**
  - b. The certificate holder shall complete all sections of the Progress Report form.**
  - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.**
  - d. The first progress report shall be due on January 1, 2026.**
- 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 July 29, 2025.**

**Timetable**

<b>Milestone</b>		<b>Date</b> <i>mm/dd/yyyy</i>
1	Financing Obtained	09/02/2025
2	Drawings Completed	03/01/2026
3	Construction / Renovation Contract(s) Executed	04/01/2026
4	25% of Construction / Renovation Completed (25% of the cost is in place)	09/01/2026
5	50% of Construction / Renovation Completed	12/15/2026
6	75% of Construction / Renovation Completed	04/15/2027
7	Construction / Renovation Completed	07/01/2027
8	Equipment Ordered	12/01/2026
9	Equipment Installed	07/01/2027
10	Equipment Operational	06/15/2027
11	Building / Space Occupied	09/01/2027
12	Licensure Obtained	09/15/2027
<b>13</b>	<b>Services Offered</b>	10/01/2027
14	Medicare and / or Medicaid Certification Obtained	10/01/2027
15	Facility or Service Accredited	10/01/2027