



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

JOSH STEIN • Governor

DEV DUTTA SANGVAI • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

January 28, 2026

Catharine Cumber
4825 Creekstone Dr
Suite 100
Durham, NC 27703

Disapproval

Project ID #: J-12689-25
Facility: Duke Cary Hospital
Project Description: Change in scope and cost overrun to Project ID# J-12029-21 (Develop a new 40-bed acute care hospital) to develop 120 additional acute care beds pursuant to the 2025 SMFP need determination
County: Wake
FID #: 210092

Last Date to Appeal: February 27, 2026
Required State Agency Findings: Will be mailed within five business days after the date of this letter

Dear Ms. Cumber:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) has disapproved the above referenced certificate of need application.

The applicant or any person aggrieved by this decision may file a petition for a contested case hearing in accordance with G.S. 150B, Article 3. This petition must be filed with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, North Carolina 27699-6714 within thirty (30) days of the date of this decision. Effective October 1, 2009, OAH requires a filing fee with submittal of petitions for contested cases. Please direct all questions regarding this fee to the OAH Clerk's Office (919-431-3000).

G.S. 150B-23 provides that a party filing a petition must also serve a copy of the petition on all parties to the petition. Therefore, if you file a petition for a contested case hearing, you must serve a copy of the petition on the Department of Health and Human Services by mailing a copy of your petition to:

Julie Cronin
Department of Health and Human Services,
Office of Legal Affairs,
2001 Mail Service Center
Raleigh, North Carolina, 27699-2001

It is requested that a copy of the petition also be served on the Agency.

In accordance with G.S. 131E-188(a1), as a condition precedent to proceeding with a contested case hearing on the approval of an applicant for a certificate of need, the petitioner shall deposit a bond with the clerk of superior court where the new institutional health service that is the subject of the petition is proposed to be located. The bond shall be secured by cash or its equivalent in an amount equal to five

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1915 Health Services Way, Raleigh, NC 27607
MAILING ADDRESS: 1915 Health Services Way, 2704 Mail Service Center, Raleigh, NC 27699-2704
www.ncdhs.gov/dhsr • TEL: 919-855-3873

percent (5%) of the cost of the proposed new institutional health service that is the subject to the petition, but may not be less than five thousand dollars (\$5,000) and may not exceed fifty thousand dollars (\$50,000). Moreover, the applicant who received approval for the new institutional health service that is the subject of the petition may bring an action against a bond filed under this subsection in the superior court of the county where the bond was filed. Upon finding the petition for a contested case was frivolous or filed to delay the applicant, the court may award the applicant part or all of the bond filed.

Please refer to the Project ID # and Facility ID # (FID) in all correspondence.

Sincerely,

A handwritten signature in black ink, appearing to read 'G. Yakaboski'.

Gregory F. Yakaboski
Project Analyst

A handwritten signature in blue ink, appearing to read 'Lisa Pittman'.

Lisa Pittman
Assistant Chief