



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

JOSH STEIN • Governor

DEV DUTTA SANGVAI • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

RESPONSE REQUIRED

May 29, 2026

Graham Fields

Graham.fields@adventhealth.com

Conditional Approval

Project ID #: B-12756-26

Facility: AdventHealth Asheville

Project Description: Change of scope to Project ID #B-12233-22 (develop new acute care hospital) and Project ID #B-12526-24 (develop 26 additional acute care beds) to develop 6 Level III neonatal acute care beds

County: Buncombe

FID #: 220475

Approved Capital Expenditure: \$2,981,300

Conditions of Approval: See Attachment A

Approved Timetable: See Attachment B

Last Date to Appeal: June 29, 2026

Required State Agency Findings: Enclosed

Dear Graham Fields:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) has conditionally approved the above referenced certificate of need application. The conditional approval is valid only for the approved capital expenditure shown above. If the capital cost will exceed the approved capital expenditure amount by more than 115%, the applicant must first obtain a new certificate of need.

Response to the conditions in Attachment A should be attached to an email addressed to the Project Analyst and the Co-signer no later than 35 days from the date of the decision. The certificate of need will not be issued if the response to the conditions in Attachment A has not been received by the Agency.

The timetable for completion of the project is the timetable outlined in the certificate of need application, unless an adjustment has been made by the Agency because the review period was extended. The approved timetable for this project is found in Attachment B.

The applicant shall not begin developing this project until after the certificate of need has been issued and the certificate of need will not be issued until the applicant has documented that all conditions that must be met prior to issuance of the certificate of need have been met.

The Certificate of Need law provides that any affected person has thirty (30) days after the date of the decision to file a petition for a contested case on this approval. Further, if you are aggrieved by any of the conditions you 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

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.ncdhhs.gov/dhsr • TEL: 919-855-3873

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

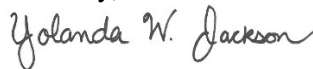
It is requested that a copy of the petition also be served on the Agency.

The certificate of need will not be issued before the completion of thirty-day appeal period which ends on the date shown above. If a contested case petition is filed with OAH within the thirty-day appeal period, the certificate will not be issued until the appeal is resolved.

If the decision is appealed, the timetable set forth in this letter will be adjusted accordingly before the certificate of need is issued. Please contact this office if any clarification of this decision is required.

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

Sincerely,



Yolanda W. Jackson
Project Analyst
Yolanda.jackson@dhhs.nc.gov



Micheala Mitchell
Chief
Micheala.mitchell@dhhs.nc.gov

Enclosures:

- Attachment A: Conditions of Approval
- Attachment B: Approved Timetable
- Required State Agency Findings

cc: Acute & Home Care Licensure & Certification Section, DHHSR

Attachment A
Conditions of Approval

- 1. AdventHealth Asheville, Inc. and Adventist Health System Sunbelt Healthcare Corporation (hereinafter certificate holder) shall materially comply with all representations made in this application and the representations in Project ID# B-12233-22 and Project ID# B-12526-24. Where representations conflict, the certificate holder shall materially comply with the last made representation.**
- 2. The certificate holder shall develop no more than six Level III neonatal beds upon completion of this project. This project would bring the total number of acute care beds for AdventHealth Asheville to 99 acute care beds, inclusive of non-neonatal beds, upon completion of this project, Project ID# B-12233-22 and Project ID# B-12526-24.**
- 3. Upon completion of this project, Project ID# B-12233-22, and Project ID# B-12526-24, AdventHealth Asheville shall be licensed for no more than 99 acute care beds including the six Level III neonatal beds.**
- 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 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.**

Attachment B
Approved Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Drawings Completed	12/01/2026
2	Construction / Renovation Completed	09/30/2028
3	Building / Space Occupied	11/30/2028
4	Licensure Obtained	12/14/2028
5	Services Offered	01/01/2029