

Certificate of Need
Certificates Issued
May 2021

County	Project ID	Facility	FID	Facility Type	Project Description	Application Review Date	Decision Date	Certificate Issue Date	Decision	Review-Analyst	Co-Signer	Approved Capital Expenditure	1st Rept Due Date
Alamance	G-012015-21	Kernodle Clinic Burlington	210087	DXCTR	Develop a new diagnostic center at Kernodle Clinic to include x-ray, ultrasound, EEG, nuclear camera, DEXA, Topcon Eye Retina scanner, scrambler therapy and pulmonary function testing	3/1/2021	4/9/2021	5/11/2021	Conditional Approval	Celia Inman	Gloria Hale	\$50,000	10/1/2021
Catawba	E-011994-20	FMC Hickory Home Program	110873	ESRD	Relocate no more than 3 dialysis stations from FMC Hickory for a total of no more than 5 dialysis stations to provide home hemodialysis training and support services	12/1/2020	4/27/2021	5/28/2021	Conditional Approval	Tanya Saporito	Lisa Pittman	\$11,250	10/1/2021
Davidson	G-012011-21	North Davidson Dialysis Center of Wake Forest University	200036	ESRD	Relocate no more than 7 dialysis stations from Thomasville Dialysis Center for a total of no more than 19 stations upon completion of this project and Project ID #G-11844-20 (Develop a new 12-station dialysis facility by relocating no more than 12 stations from Thomasville Dialysis Center)	2/1/2021	4/19/2021	5/20/2021	Conditional Approval	Celia Inman	Lisa Pittman	\$963,700	9/1/2021
Henderson	B-012014-21	AdventHealth Hendersonville	943388	HOSPITAL	Develop inpatient dialysis services through a service agreement with Total Renal Care, Inc. with no more than two portable inpatient dialysis units upon project completion	2/1/2021	4/14/2021	5/15/2021	Conditional Approval	Kim Meymandi	Fatimah Wilson	\$0	7/1/2021
Mecklenburg	F-011993-20	Novant Health Steele Creek Medical Center	200889	HOSPITAL	Develop a new hospital with no more than 32 acute care beds and no more than 2 ORs pursuant to the need determinations in the 2020 SMFP	12/1/2020	4/27/2021	5/28/2021	Conditional Approval	Julie Faenza	Fatimah Wilson	\$178,587,103	9/1/2021
Mecklenburg	F-012006-20	Carolinas Medical Center	943070	HOSPITAL	Add no more than 87 acute care beds pursuant to the need determination in the 2020 SMFP for a total of no more than 1,142 acute care beds upon project completion	12/1/2020	4/27/2021	5/28/2021	Conditional Approval	Julie Faenza	Fatimah Wilson	\$104,897,139	9/1/2021

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Mecklenburg	F-012010-20	Atrium Health Lake Norman	190513	HOSPITAL	Develop a new separately licensed hospital by relocating 18 undeveloped acute care beds and 1 undeveloped OR from CMC and 12 undeveloped acute care beds and 1 existing OR from Atrium Health University City which is a change of scope for Project ID #F-11811-19 (add 18 beds to CMC), Project ID #F 11812-19 (develop 16 beds at Atrium Health University City), and Project ID #F-11815-19 (add 2 ORs to CMC)	12/1/2020	4/12/2021	5/28/2021	Denied	Celia Inman	Fatimah Wilson	\$153,929,552	9/1/2021
Mecklenburg	F-012009-20	Atrium Health Pineville	110878	HOSPITAL	Add no more than 7 acute care beds pursuant to the need determination in the 2020 SMFP for a total of no more than 278 beds upon completion of this project, Project ID# F-11622-18 (add 38 beds), and Project ID# F-11813-19 (add 12 beds)	12/1/2020	4/27/2021	5/28/2021	Conditional Approval	Julie Faenza	Fatimah Wilson	\$455,000	9/1/2021
Mecklenburg	F-012008-20	Carolinas Medical Center	943070	HOSPITAL	Add no more than 10 ORs pursuant to the need determination in the 2020 SMFP for a total of no more than 73 ORs upon completion of this project and Project I.D. #F-11815-19 (add 1 OR)	12/1/2020	4/27/2021	5/28/2021	Conditional Approval	Julie Faenza	Fatimah Wilson	\$35,643,939	9/1/2021
Mecklenburg	F-011990-20	Novant Health Presbyterian Breast Center	200894	DXCTR	Relocate diagnostic center to new site within the county, replace some existing equipment, and add additional mammography equipment and an ultrasound unit	12/1/2020	4/26/2021	5/27/2021	Conditional Approval	Ena Lightbourne	Lisa Pittman	\$12,198,260	4/1/2022

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: G-12015-21

FID #: 210087

ISSUED TO: Private Diagnostic Clinic, PLLC

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 diagnostic center at Kernodle Clinic to include x-ray, ultrasound, EEG, nuclear camera, DEXA, Topcon Eye Retina scanner, scrambler therapy and pulmonary function testing/ Alamance County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Kernodle Clinic Burlington
1234 Huffman Mill Road
Burlington, NC 27215

CAPITAL EXPENDITURE: \$50,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 1, 2021

This certificate is effective as of May 11, 2021



Lisa Pittman, Acting Chief, CON

CONDITIONS:

1. Private Diagnostic Clinic, PLLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall develop a new diagnostic center with existing diagnostic equipment, as designated in the application.
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. Progress reports shall be due on the first day of every third month. The first progress report shall be due on October 1, 2021. The second progress report shall be due on January 1, 2022 and so forth.
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. No later than three months after the last day of each of the first three full fiscal years of operation following initiation of the services authorized by this certificate of need, the certificate holder shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.
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 acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on April 21, 2021.

Timetable

Milestone		Date mm/dd/yyyy
14	Services Offered	09/01/2021
17	First Annual Report Due*	03/31/2023

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: E-11994-20

FID #: 110873

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: Relocate no more than 3 dialysis stations from FMC Hickory for a total of no more than 5 dialysis stations to provide home hemodialysis training and support services/ Catawba County

CONDITIONS: See Reverse Side

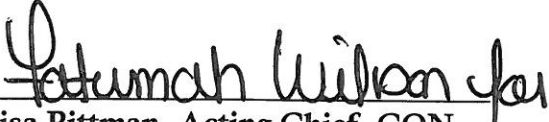
PHYSICAL LOCATION: FMC Hickory Home Program
1899 Tate Boulevard SE
Hickory, NC 28602

CAPITAL EXPENDITURE: \$11,250

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 1, 2021

This certificate is effective as of May 28, 2021


Lisa Pittman, Acting Chief, CON

CONDITIONS:

1. FMC Hickory Home Program (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. Pursuant to Policy ESRD-2, the certificate holder shall relocate no more than three dialysis stations from Fresenius Medical Care of Hickory for a total of no more than five home hemodialysis stations at FMC Hickory Home Program upon project completion.
3. Upon completion of this project, the certificate holder shall take the necessary steps to decertify three dialysis stations at Fresenius Medical Care of Hickory for a total of no more than 30 in-center and home hemodialysis stations upon project completion.
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 fourth month. The first progress report shall be due on October 1, 2021. The second progress report shall be due on February 1, 2022 and so forth.
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 acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on October 1, 2021.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
2	Drawings Completed	08/03/2021
8	Construction / Renovation Completed	11/30/2021
9	Equipment Ordered	10/01/2021
10	Equipment Installed	12/15/2021
11	Equipment Operational	12/22/2021
12	Building / Space Occupied	12/22/2021
14	Services Offered	12/01/2021

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: G-12011-21

FID #: 200036

ISSUED TO: Wake Forest University Health Sciences
North Davidson Dialysis Center of Wake Forest University

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 7 dialysis stations from Thomasville Dialysis Center for a total of no more than 19 stations upon completion of this project and Project ID #G-11844-20 (Develop a new 12-station dialysis facility by relocating no more than 12 stations from Thomasville Dialysis Center)/ Davidson County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: North Davidson Dialysis Center of Wake Forest University
295 Millers Creek Dr
Winston-Salem, NC 27127

CAPITAL EXPENDITURE: \$963,700

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2021

This certificate is effective as of May 20, 2021



Lisa Pittman, Acting Chief, CON

CONDITIONS:

1. Wake Forest University Health Sciences and North Davidson Dialysis Center of Wake Forest University (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 seven in-center and home hemodialysis stations from Thomasville Dialysis Center of Wake Forest University to North Davidson Dialysis Center of Wake Forest University for a total of no more than 19 dialysis stations upon completion of this project and Project ID #G-11844-20 (develop a 12-station dialysis facility).
3. Wake Forest University Health Sciences and Thomasville Dialysis Center of Wake Forest University shall file a certificate of need application proposing to add 20 stations at Thomasville Dialysis Center on or before the application deadline for the April 2021 review period.
4. Upon completion of this project, Wake Forest University Health Sciences shall take the necessary steps to decertify 19 in-center and home hemodialysis dialysis stations at Thomasville Dialysis Center for a total of no more than 16 dialysis stations upon completion of this project and Project ID #G-11844-20 (develop North Davidson Dialysis Center of Wake Forest University by relocating no more than 12 in-center and home hemodialysis stations from Thomasville Dialysis Center of Wake Forest University).
5. Progress Reports:
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at:
<https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
 - b. The certificate holder shall complete all sections of the Progress Report form.
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
 - d. Progress reports shall be due on the first day of every third month. The first progress report shall be due on September 1, 2021. The second progress report shall be due on December 1, 2021 and so forth.
6. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on April 19, 2021.

Timetable

	Milestone	Date mm/dd/yyyy
1	Equipment Ordered	11/17/2022
2	Equipment Installed	12/15/2022
3	Equipment Operational	12/31/2022
4	Building / Space Occupied	12/31/2022
5	Licensure Obtained	10/03/2021
6	Services Offered	12/31/2022
7	Medicare and / or Medicaid Certification Obtained	12/31/2022

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: B-12014-21

FID #: 943388

ISSUED TO: Fletcher Hospital, Inc.

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

SCOPE: Develop inpatient dialysis services through a service agreement with Total Renal Care, Inc. with no more than two portable inpatient dialysis units upon project completion/ Henderson County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Fletcher Hospital
100 Hospital Drive
Hendersonville, NC 28792

CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2021

This certificate is effective as of May 15, 2021



Lisa Pittman, Acting Chief, CON

CONDITIONS:

1. Fletcher Hospital, 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 develop inpatient dialysis services through a service agreement with Total Renal Care, Inc. with no more than two portable inpatient dialysis units upon project completion.
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. Progress reports shall be due on the first day of every third month. The first progress report shall be due on July 1, 2021. The second progress report shall be due on October 1, 2021 and so forth.
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 acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on May 4, 2021.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
14	Services Offered	10/01/2021

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-11990-20

FID #: 200894

ISSUED TO: Presbyterian Breast Center, LLC
Novant Health, 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: Relocate diagnostic center to new site within the county, replace some existing equipment, and add additional mammography equipment and an ultrasound unit/ Mecklenburg County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Novant Health Presbyterian Breast Center
1701 Amherst Place
Charlotte, NC 28204

CAPITAL EXPENDITURE: \$12,198,260

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 1, 2022

This certificate is effective as of May 27, 2021



Lisa Pittman, Acting Chief, CON

CONDITIONS:

- 1. Presbyterian Breast Center, LLC and Novant Health, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. The certificate holder shall relocate Presbyterian Breast Center, an existing diagnostic center, to a new site within Mecklenburg County, replace some existing equipment (one mammography unit, two ultrasounds and one bone density unit), and add two additional mammography units and one ultrasound unit.**
- 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. Progress reports shall be due on the first day of every fourth month. The first progress report shall be due on April 1, 2022. The second progress report shall be due on August 1, 2022, and so forth.**
- 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. No later than three months after the last day of each of the first three full fiscal years of operation following initiation of the services authorized by this certificate of need, the certificate holder shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:**
 - a. Payor mix for the services authorized in this certificate of need.**
 - b. Utilization of the services authorized in this certificate of need.**
 - c. Revenues and operating costs for the services authorized in this certificate of need.**
 - d. Average gross revenue per unit of service.**
 - e. Average net revenue per unit of service.**
 - f. Average operating cost per unit of service.**
- 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 acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on April 30, 2021.

(F-11990-20 Con't)

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Drawings Completed	3/11/2022
2	Construction / Renovation Contract(s) Executed	9/12/2022
3	25% of Construction / Renovation Completed (25% of the cost is in place)	11/28/2022
4	50% of Construction / Renovation Completed	02/27/2023
5	75% of Construction / Renovation Completed	05/22/2023
6	Construction / Renovation Completed	08/14/2023
7	Equipment Ordered	06/05/2023
8	Equipment Installed	08/14/2023
9	Equipment Operational	09/11/2023
10	Building / Space Occupied	09/25/2023
11	Licensure Obtained	10/02/2023
12	Services Offered	01/01/2024
13	First Annual Report Due*	04/01/2027

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-11993-20

FID #: 200889

ISSUED TO: Novant Health, Inc.
Steele Creek Development, 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 hospital with no more than 32 acute care beds and no more than 2 ORs pursuant to the need determinations in the 2020 SMFP/ Mecklenburg County

CONDITIONS: See Reverse Side

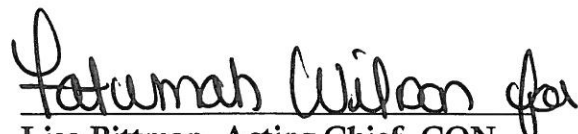
PHYSICAL LOCATION: Novant Health Steele Creek Medical Center
Southeast Intersection of 1-485 & Steele Creek Road
Charlotte, NC 28273

CAPITAL EXPENDITURE: \$178,587,103

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2021

This certificate is effective as of May 28, 2021


Lisa Pittman, Acting Chief, CON

CONDITIONS:

1. **Novant Health, Inc. and Steele Creek Development, LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
2. **The certificate holder shall develop a new, separately licensed hospital, with no more than 32 acute care beds and no more than two shared ORs pursuant to the need determinations in the 2020 SMFP.**
3. **The certificate holder shall also develop no more than one dedicated C-Section OR, no more than one procedure room, and relocate no more than one CT scanner from Novant Health Presbyterian Medical Center to the new, separately licensed hospital, to be named Novant Health Steele Creek Medical Center.**
4. **Upon completion of the project, Novant Health Steele Creek Medical Center shall be licensed for no more than 32 acute care beds and no more than three ORs, including one dedicated C-Section OR.**
5. **Progress Reports:**
 - a. **Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.**
 - b. **The certificate holder shall complete all sections of the Progress Report form.**
 - c. **The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.**
 - d. **Progress reports shall be due on the first day of every third month. The first progress report shall be due on September 1, 2021. The second progress report shall be due on December 1, 2021 and so forth.**
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 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. **No later than three months after the last day of each of the first three full fiscal years of operation following initiation of the services authorized by this certificate of need, the certificate holder shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:**
 - a. **Payor mix for the services authorized in this certificate of need.**
 - b. **Utilization of the services authorized in this certificate of need.**
 - c. **Revenues and operating costs for the services authorized in this certificate of need.**
 - d. **Average gross revenue per unit of service.**
 - e. **Average net revenue per unit of service.**
 - f. **Average operating cost per unit of service.**

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 acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on April 30, 2021.

Timetable

	Milestone	Date
1	Drawings Completed	9/12/2022
2	Land Acquired	2/1/2022
3	Construction / Renovation Contract(s) Executed	3/6/2023
4	25% of Construction / Renovation Completed (25% of the cost is in place)	9/25/2023
5	50% of Construction / Renovation Completed	4/22/2024
6	75% of Construction / Renovation Completed	11/4/2024
7	Construction / Renovation Completed	6/16/2025
8	Equipment Ordered	12/30/2024
9	Equipment Installed	5/19/2025
10	Equipment Operational	6/16/2025
11	Building / Space Occupied	6/30/2025
12	Licensure Obtained	7/28/2025
13	Services Offered (required)	10/1/2025
14	Medicare and / or Medicaid Certification Obtained	1/1/2026
15	First Annual Report Due*	4/1/2027

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12006-20

FID #: 943070

ISSUED TO: The Charlotte-Mecklenburg Hospital Authority

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

SCOPE: Add no more than 87 acute care beds pursuant to the need determination in the 2020 SMFP for a total of no more than 1,142 acute care beds upon project completion/ Mecklenburg County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Carolinas Medical Center
1000 Blythe Boulevard
Charlotte, NC 28203

CAPITAL EXPENDITURE: \$104,897,139

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2021

This certificate is effective as of May 28, 2021


Lisa Pittman, Acting Chief, CON

CONDITIONS:

1. The Charlotte-Mecklenburg Hospital Authority (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 87 additional acute care beds at Carolinas Medical Center for a total of no more than 1,142 acute care beds upon project completion.
3. Upon completion of the project, Carolinas Medical Center shall be licensed for no more than 1,142 acute care 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. Progress reports shall be due on the first day of every third month. The first progress report shall be due on September 1, 2021. The second progress report shall be due on December 1, 2021, and so forth.
5. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.
6. The certificate holder shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.
7. No later than three months after the last day of each of the first three full fiscal years of operation following initiation of the services authorized by this certificate of need, the certificate holder shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.
8. 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 acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on May 26, 2021.

(F-12006-20 Con't)

Timetable

	Milestone	Date
1	Drawings Completed	11/19/2021
2	Construction / Renovation Contract(s) Executed	2/4/2022
3	25% of Construction / Renovation Completed (25% of the cost is in place)	4/1/2023
4	50% of Construction / Renovation Completed	5/18/2024
5	75% of Construction / Renovation Completed	7/7/2025
6	Construction / Renovation Completed	9/29/2026
7	Equipment Ordered	7/31/2026
8	Equipment Installed	12/15/2026
9	Equipment Operational	1/31/2027
10	Building / Space Occupied	11/2/2026
11	Licensure Obtained	4/1/2027
12	Services Offered (required)	4/1/2027
13	Medicare and / or Medicaid Certification Obtained	4/1/2027
14	Facility or Service Accredited	4/1/2027
15	First Annual Report Due*	4/1/2029

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12008-20

FID #: 943070

ISSUED TO: The Charlotte-Mecklenburg Hospital Authority

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

SCOPE: Add no more than 10 ORs pursuant to the need determination in the 2020 SMFP for a total of no more than 73 ORs upon completion of this project and Project I.D. #F-11815-19 (add 1 OR) / Mecklenburg County

CONDITIONS: See Reverse Side


**PHYSICAL LOCATION: Carolinas Medical Center
1000 Blythe Boulevard
Charlotte, NC 28203**

CAPITAL EXPENDITURE: \$35,643,939

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2021

This certificate is effective as of May 28, 2021


Lisa Pittman, Acting Chief, CON

CONDITIONS:

1. The Charlotte-Mecklenburg Hospital Authority (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 10 additional ORs at Carolinas Medical Center for a total of no more than 73 ORs upon completion of this project and Project I.D. #F-11815-19 (add 1 OR).
3. Upon completion of the project, Carolinas Medical Center shall be licensed for no more than 73 ORs, including four dedicated C-Section ORs and one trauma OR.
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 third month. The first progress report shall be due on September 1, 2021. The second progress report shall be due on December 1, 2021, and so forth.
5. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.
6. The certificate holder shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.
7. No later than three months after the last day of each of the first three full fiscal years of operation following initiation of the services authorized by this certificate of need, the certificate holder shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.
8. 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 acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on May 26, 2021.

Timetable

Milestone		Date
1	Drawings Completed	11/19/2021
2	Construction / Renovation Contract(s) Executed	2/4/2022
3	25% of Construction / Renovation Completed (25% of the cost is in place)	4/1/2023
4	50% of Construction / Renovation Completed	5/18/2024
5	75% of Construction / Renovation Completed	7/7/2025
6	Construction / Renovation Completed	9/29/2026
7	Equipment Ordered	7/31/2026
8	Equipment Installed	12/15/2026
9	Equipment Operational	1/31/2027
10	Building / Space Occupied	11/2/2026
11	Licensure Obtained	4/1/2027
12	Services Offered (required)	4/1/2027
13	Medicare and / or Medicaid Certification Obtained	4/1/2027
14	Facility or Service Accredited	4/1/2027
15	First Annual Report Due*	4/1/2029

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12009-20

FID #: 110878

ISSUED TO: The Charlotte-Mecklenburg Hospital Authority

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

SCOPE: Add no more than 7 acute care beds pursuant to the need determination in the 2020 SMFP for a total of no more than 278 beds upon completion of this project, Project ID# F-11622-18 (add 38 beds), and Project ID# F-11813-19 (add 12 beds)/ Mecklenburg County

CONDITIONS: See Reverse Side

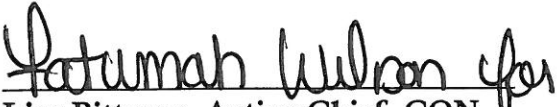
PHYSICAL LOCATION: Atrium Health Pineville
10628 Park Road
Charlotte, NC 28210

CAPITAL EXPENDITURE: \$455,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2021

This certificate is effective as of May 28, 2021


Lisa Pittman, Acting Chief, CON

CONDITIONS:

1. The Charlotte-Mecklenburg Hospital Authority (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 7 additional acute care beds at Atrium Health Pineville for a total of no more than 278 acute care beds upon completion of this project, Project I.D. #F-11622-18 (add 38 beds), and Project I.D. #F-11813-19 (add 12 beds).
3. Upon completion of the project, Atrium Health Pineville shall be licensed for no more than 278 acute care 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. Progress reports shall be due on the first day of every third month. The first progress report shall be due on September 1, 2021. The second progress report shall be due on December 1, 2021, and so forth.
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. No later than three months after the last day of each of the first three full fiscal years of operation following initiation of the services authorized by this certificate of need, the certificate holder shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.
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 acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on May 26, 2021.

Timetable

	Milestone	Date
1	Drawings Completed	6/30/2021
2	Construction / Renovation Contract(s) Executed	8/31/2021
3	25% of Construction / Renovation Completed (25% of the cost is in place)	9/30/2021
4	50% of Construction / Renovation Completed	10/15/2021
5	75% of Construction / Renovation Completed	11/1/2021
6	Construction / Renovation Completed	11/30/2021
7	Equipment Ordered	7/31/2021
8	Equipment Installed	11/30/2021
9	Equipment Operational	11/30/2021
10	Building / Space Occupied	12/15/2021
11	Licensure Obtained	12/31/2021
12	Services Offered (required)	1/1/2022
13	Medicare and / or Medicaid Certification Obtained	1/1/2022
14	Facility or Service Accredited	1/1/2022
15	First Annual Report Due*	4/1/2023

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12010-20

FID #: 190513

ISSUED TO: The Charlotte-Mecklenburg Hospital Authority

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

SCOPE: Develop a new separately licensed hospital by relocating 18 undeveloped acute care beds and 1 undeveloped OR from CMC and 12 undeveloped acute care beds and 1 existing OR from Atrium Health University City which is a change of scope for Project ID #F-11811-19 (add 18 beds to CMC), Project ID #F 11812-19 (develop 16 beds at Atrium Health University City), and Project ID #F-11815-19 (add 2 ORs to CMC)/Mecklenburg County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Atrium Health Lake Norman
SW corner intersection of Westmoreland Rd & NC Hwy 21
Cornelius, NC 28031

CAPITAL EXPENDITURE: \$153,929,552

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2022

This certificate is effective as of May 28, 2021



Lisa Pittman, Acting Chief, CON

CONDITIONS:

1. The Charlotte-Mecklenburg Hospital Authority (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 develop a new separately licensed hospital by relocating 18 undeveloped acute care beds and 1 undeveloped OR from CMC and 12 undeveloped acute care beds and 1 existing OR from Atrium Health University City which is a change of scope for Project ID #F-11811-19 (add 18 beds to CMC), Project ID #F 11812-19 (develop 16 beds at Atrium Health University City), and Project ID #F-11815-19 (add 2 ORs to CMC).
3. The certificate holder shall also develop no more than one dedicated C-Section OR, no more than one procedure room, and acquire no more than one CT scanner.
4. Upon completion of the project, Atrium Health Lake Norman shall be licensed for no more than 30 beds and three ORs, including one dedicated C-Section OR.
5. **Progress Reports:**
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
 - b. The certificate holder shall complete all sections of the Progress Report form.
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
 - d. Progress reports shall be due on the first day of every third month. The first progress report shall be due on September 1, 2022. The second progress report shall be due on December 1, 2022 and so forth.
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 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. No later than three months after the last day of each of the first three full fiscal years of operation following initiation of the services authorized by this certificate of need, the certificate holder shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.

(F-12010-20 Con't)

Timetable

Milestone		Date mm/dd/yyyy
1	Financing Obtained	
2	Drawings Completed	7/8/2022
4	Construction / Renovation Contract(s) Executed	8/8/2022
5	25% of Construction / Renovation Completed (25% of the cost is in place)	12/9/2022
6	50% of Construction / Renovation Completed	4/3/2023
7	75% of Construction / Renovation Completed	8/4/2023
8	Construction / Renovation Completed	12/8/2023
9	Equipment Ordered	1/15/2023
10	Equipment Installed	1/15/2024
11	Equipment Operational	2/1/2024
12	Building / Space Occupied	2/1/2024
13	Licensure Obtained	3/1/2024
14	Services Offered	3/1/2024
17	First Annual Report Due*	3/31/2026

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: P-12012-21

FID #: 943044

ISSUED TO: Brynn Marr Hospital, Inc.
Universal Health Services, 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: Relocate no more than 10 inpatient psychiatric beds from Broughton Hospital pursuant to Policy PSY -1 for a total of no more than 82 inpatient psychiatric beds (60 child/adolescent inpatient psychiatric beds and 22 adult inpatient psychiatric beds) upon project completion/ Onslow County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Brynn Marr Hospital
192 Village Drive
Jacksonville, NC 28546

CAPITAL EXPENDITURE: \$4,994,427

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 1, 2021

This certificate is effective as of May 15, 2021



Lisa Pittman, Acting Chief, CON

CONDITIONS:

- 1. Brynn Marr Hospital, Inc. and Universal Health Services, 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 10 inpatient psychiatric beds from Broughton Hospital pursuant to Policy PSY-1 for a total of no more than 82 inpatient psychiatric beds (60 child/adolescent inpatient psychiatric beds and 22 adult inpatient psychiatric beds) upon project completion**
- 3. Upon completion of the project, Brynn Marr Hospital shall be licensed for no more than 82 inpatient psychiatric beds (60 child/adolescent inpatient psychiatric beds and 22 adult inpatient psychiatric beds).**
- 4. The certificate holder shall accept patients requiring involuntary admission for inpatient psychiatric services at Brynn Marr Hospital.**
- 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.ncdhs.gov/dhsr/coneed/progressreport.html>.**
 - b. The certificate holder shall complete all sections of the Progress Report form.**
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.**
 - d. Progress reports shall be due on the first day of every third month. The first progress report shall be due on August 1, 2021. The second progress report shall be due on November 1, 2021 and so forth.**
- 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. No later than three months after the last day of each of the first three full fiscal years of operation following initiation of the services authorized by this certificate of need, the certificate holder shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:**
 - a. Payor mix for the services authorized in this certificate of need.**
 - b. Utilization of the services authorized in this certificate of need.**
 - c. Revenues and operating costs for the services authorized in this certificate of need.**
 - d. Average gross revenue per unit of service.**
 - e. Average net revenue per unit of service.**
 - f. Average operating cost per unit of service.**
- 8. 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 acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on April 15, 2021.

(P-12012-21 Con't)

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Financing Obtained	8/5/2021
2	Drawings Completed	7/15/2021
4	Construction / Renovation Contract(s) Executed	8/6/2021
5	25% of Construction / Renovation Completed (25% of the cost is in place)	9/1/2021
6	50% of Construction / Renovation Completed	10/01/2021
7	75% of Construction / Renovation Completed	11/1/2021
8	Construction / Renovation Completed	12/15/2021
9	Equipment Ordered	8/15/2021
10	Equipment Installed	12/20/2021
11	Equipment Operational	12/21/2021
12	Building / Space Occupied	12/22/2021
14	Services Offered	1/1/2022
17	First Annual Report Due*	4/1/2023