

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: B-12254-22

FID #: 943324

ISSUED TO: Henderson County 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: Cost overrun for Project ID # B-12066-21 (Develop inpatient dialysis services) Henderson County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Margaret R. Pardee Memorial Hospital
800 North Justice Street
Hendersonville, NC 28791

CAPITAL EXPENDITURE: \$109,842

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 01, 2023

This certificate is effective as of December 23, 2022



Micheala Mitchell, Chief

CONDITIONS:

- 1. Henderson County Hospital Corporation (hereinafter certificate holder) shall materially comply with the representations in this application and the representations in Project I.D. #B-12066-21. Where representations conflict, the certificate holder shall materially comply with the last made representation.**
- 2. The certificate holder shall develop inpatient dialysis services through service agreements with Total Renal Care, Inc. and Mountain Kidney and Hypertension Associates, PA for no more than two dialysis stations.**
- 3. The approved combined capital expenditure for both Project ID # B-12066-21 and this project is \$528,834, an increase of \$109,842 over the capital expenditure of \$418,992 previously approved in Project I.D. #B-12066-21.**
- 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 March 1, 2023.**
- 5. The certificate holder shall not acquire as part of this project any equipment that is not included in this project and Project I.D. #B-12066-21's combined proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.**
- 6. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on December 5, 2022.

Timetable

Milestone		Date
1	Drawings Completed	8/1/2022
2	Construction / Renovation Contract(s) Executed	3/5/2023
3	25% of Construction / Renovation Completed (25% of the cost is in place)	3/31/2023
4	50% of Construction / Renovation Completed	4/28/2023
5	75% of Construction / Renovation Completed	5/26/2023
6	Construction / Renovation Completed	6/23/2023
7	Building / Space Occupied	7/1/2023
8	Services Offered	7/1/2023
9	First Annual Report Due* (only for non-ESRD decisions)	9/30/2024

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12249-22

FID #: 220578

ISSUED TO: Valleygate Dental Surgery Center of Charlotte, 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 ASF by relocating no more than one OR from Valleygate Dental Surgery Center Charlotte, LLC with two procedure rooms upon project completion/ Mecklenburg County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Valleygate Dental Surgery Center of South
Charlotte
4111 Meadow Oak Drive
Charlotte, NC 28208

CAPITAL EXPENDITURE: \$3,517,381

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 1, 2023

This certificate is effective as of December 7, 2022



Micheala Mitchell, Chief

CONDITIONS:

- 1. Valleygate Dental Surgery Center of Charlotte, 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 Ambulatory Surgical Facility (ASF) by relocating no more than one OR from Valleygate Dental Surgery Center Charlotte with two procedure rooms upon project completion.**
- 3. Upon completion of the project, Valleygate Dental Surgery Center of South Charlotte shall be licensed for no more than one operating room and two procedure rooms and Valleygate Dental Surgery Center of Charlotte shall be licensed for no more than one operating room and three procedure 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 May 1, 2023.**
- 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 receive accreditation from the Joint Commission for the Accreditation of Healthcare Organizations, the Accreditation Association for Ambulatory Health Care or a comparable accreditation authority within two years following licensure of the facility.**
- 7. 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.**
- 8. The procedure rooms shall not be used for procedures that should be performed only in an operating room based on current standards of practice.**

9. Procedures performed in the procedure rooms shall not be reported for billing purposes as having been performed in an operating room and shall not be reported on the facility's license renewal application as procedures performed in an operating room.

10. 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.

11. 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 of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on November 4, 2022.

Timetable

Milestone	Date <i>mm/dd/yyyy</i>
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1	Financing Obtained	03/05/2023
2	Drawings Completed	05/04/2023
3	Land Acquired	05/24/2023
4	Construction / Renovation Contract(s) Executed	08/02/2023
5	25% of Construction / Renovation Completed (25% of the cost is in place)	12/22/2023
6	50% of Construction / Renovation Completed	05/13/2024
7	75% of Construction / Renovation Completed	10/02/2024
8	Construction / Renovation Completed	02/22/2025
9	Equipment Ordered	10/12/2024
10	Equipment Installed	03/24/2025
11	Equipment Operational	04/07/2025
12	Building / Space Occupied	03/03/2025
13	Licensure Obtained	07/01/2025
14	Services Offered	07/01/2025
15	Facility or Service Accredited	10/01/2025
16	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-12256-22

FID #: 061450

ISSUED TO: Carolinas Physicians Network, 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 no more than one additional GI endoscopy room for a total of no more than three GI endoscopy rooms/ Mecklenburg County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Atrium Health Endoscopy Center Kenilworth
1225 Harding Place
Charlotte, NC 28232

CAPITAL EXPENDITURE: \$795,500

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 1, 2023

This certificate is effective as of December 7, 2022



Micheala Mitchell, Chief

CONDITIONS:

- 1. Carolinas Physicians Network, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. The certificate holder shall develop one GI endoscopy room for a total of no more than three GI endoscopy rooms at Atrium Health Endoscopy Center Kenilworth.**
- 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 June 1, 2023.**
- 4. 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 Sections F and Q of the application and that would otherwise require a certificate of need.**
- 5. 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.**
- 6. No later than three months after the last day of each of the first three full 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 of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on November 14, 2022.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Drawings Completed	05/12/2023
2	Construction / Renovation Contract(s) Executed	06/16/2023
3	25% of Construction / Renovation Completed (25% of the cost is in place)	06/30/2023
4	50% of Construction / Renovation Completed	07/17/2023
5	75% of Construction / Renovation Completed	07/31/2023
6	Construction / Renovation Completed	08/14/2023
7	Equipment Ordered	06/19/2023
8	Equipment Installed	09/01/2023
9	Equipment Operational	09/05/2023
10	Building / Space Occupied	09/07/2023
11	Services Offered	10/01/2023
12	First Annual Report Due*	04/01/2025

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12262-22

FID #: 945076

ISSUED TO: Presbyterian Medical Care Corporation
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: Develop no more than one additional unit of cardiac catheterization equipment pursuant to the need determination in the 2022 SMFP for a total of no more than two units of cardiac catheterization equipment / Mecklenburg County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Novant Health Matthews Medical Center
1500 Matthews Township Parkway
Matthews, NC 28105

CAPITAL EXPENDITURE: \$150,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 1, 2023

This certificate is effective as of December 23, 2022



Micheala Mitchell, Chief

CONDITIONS:

- 1. Presbyterian Medical Care Corporation 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 develop no more than one unit of fixed cardiac catheterization equipment at Novant Health Matthews Medical Center pursuant to the need determination in the 2022 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 expenditures in Section Q of the application and that would otherwise require a certificate of need.**
- 4. Progress Reports:**
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.**
 - b. The certificate holder shall complete all sections of the Progress Report form.**
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.**
 - d. The first progress report shall be due on April 1, 2023.**
- 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.**
- 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 of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on December 12, 2022.

Timetable

Milestone		Date
1	Equipment Operational	4/1/2023
2	Services Offered (required)	4/1/2023
3	First Annual Report Due	4/1/2025

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: O-12228-22

FID #: 943372

ISSUED TO: Novant Health New Hanover Regional Medical 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: Add no more than one electrophysiology (EP) lab for a total of no more than four EP labs upon project completion

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Novant Health New Hanover Regional Medical Center
2131 S 17th Street
Wilmington, NC 28401

CAPITAL EXPENDITURE: \$6,301,966

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 2, 2023

This certificate is effective as of December 23, 2022



Micheala Mitchell, Chief

CONDITIONS:

1. **Novant Health New Hanover Regional Medical Center, LLLP and Novant Health Inc., (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
2. **The certificate holders shall add no more than one Electrophysiology Lab for a total of no more than four Electrophysiology Labs at Novant Health New Hanover Regional Medical Center upon project completion.**
3. **Upon completion of the project, Novant Health New Hanover Regional Medical Center shall be licensed for no more than four Electrophysiology Labs.**
4. **The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.**
5. **The certificate holder shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.**
6. **Progress Reports:**
 - a. **Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.**
 - b. **The certificate holder shall complete all sections of the Progress Report form.**
 - c. **The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.**
 - d. **The first progress report shall be due on January 2, 2023.**
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 holders 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 holders 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 of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on December 2, 2022.

Timetable

Milestone		Date
1	Financing Obtained	06/10/2022
2	Drawings Completed	05/15/2023
3	Construction / Renovation Contract(s) Executed	06/01/2023
4	25% of Construction / Renovation Completed (25% of the cost is in place)	07/01/2023
5	50% of Construction / Renovation Completed	08/15/2023
6	75% of Construction / Renovation Completed	09/30/2023
7	Construction / Renovation Completed	12/01/2023
8	Equipment Ordered	05/01/2023
9	Equipment Installed	11/01/2023
10	Equipment Operational	12/01/2023
11	Building / Space Occupied	12/01/2023
12	Licensure Obtained	12/16/2023
13	Services Offered	01/01/2024
14	First Annual Report Due*	03/31/2025

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: Q-12251-22

FID #: 933410

ISSUED TO: Pitt County Memorial 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 no more than one additional GI endoscopy room for a total of no more than six GI endoscopy rooms upon project completion

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Vidant Medical Center
2100 Stantonsburg Road
Greenville, NC 27834

CAPITAL EXPENDITURE: \$664,650

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 1, 2023

This certificate is effective as of December 23, 2022



Micheala Mitchell, Chief

CONDITIONS:

1.

1. **Pitt County Memorial Hospital, Inc. (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 additional GI endoscopy room for a total of no more than 6 GI endoscopy rooms at Vidant Medical Center.**
3. **Upon completion of the project, Vidant Medical Center, shall be licensed for no more than six GI endoscopy 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 April 1, 2023.**
5. **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 Sections F and Q of the application and that would otherwise require a certificate of need.**
6. **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.**
7. **No later than three months after the last day of each of the first three full 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. **Payors 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 of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on December 12, 2022.

Timetable

Milestone		Date
1	Financing Obtained	03/05/2023
2	Equipment Ordered	04/01/2023
3	Equipment Installed	09/01/2023
4	Equipment Operational	10/01/2023
5	Building / Space Occupied	10/01/2023
6	Services Offered	10/01/2023
7	First Annual Report Due* (only for non-ESRD decisions)	01/01/2025