

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-12211-22

FID #: 943138

ISSUED TO: Duke University Health System, Inc.

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

SCOPE: Develop no more than 34 additional acute care beds pursuant to the 2022 SMFP need determination for a total of no more than 1,096 acute care beds upon completion of this project and Project ID #J-11717-19 (add 34 beds)/Durham County

CONDITIONS: See Reverse Side

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

CAPITAL EXPENDITURE: \$6,324,680

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2025

This certificate is effective as of March 26, 2025



Micheala Mitchell, Chief

CONDITIONS:

- 1. Duke University Health System, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. The certificate holder shall develop no more than 34 acute care beds at Duke University Hospital pursuant to the need determination in the 2022 SMFP.**
- 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 September 1, 2025.**
- 4. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.**
- 5. The certificate holder shall 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.**

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Licensure Obtained	07/01/2025
2	Services Offered	07/01/2025

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-12214-22

FID #: 210266

ISSUED TO: University of North Carolina Hospitals at Chapel Hill
University of North Carolina Health Care System

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 34 additional acute care beds pursuant to the 2022 SMFP need determination which is a change of scope to approved Project ID #J-12065-21 (develop a new acute care hospital) for a total of no more than 74 acute care beds, two shared operating rooms and two dedicated C-Section operating rooms upon project completion / Durham County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: UNC Hospitals Cary Campus
11817 Green Level Church Road
Durham, NC 27709

CAPITAL EXPENDITURE: \$365,891,081

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2025

This certificate is effective as of March 26, 2025



Micheala Mitchell, Chief

CONDITIONS:

1. University of North Carolina Hospitals at Chapel Hill and University of North Carolina Health Care System (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 34 acute care beds at UNC Hospitals Cary Campus pursuant to the need determination in the 2022 SMFP.
3. The certificate holder shall also develop no more than two additional unlicensed procedure rooms, 10 additional unlicensed observation beds, two additional unlicensed labor and delivery room beds, eight additional emergency department bays, one additional fixed CT scanner, and one additional ultrasound unit at the UNC Hospitals Cary Campus hospital facility.
4. Upon completion of this project and Project ID # J-12065-21, the UNC Hospitals Cary Campus hospital facility shall be licensed for no more than 74 acute care beds, two shared operating rooms and two dedicated C-Section operating rooms.
5. The certificate holder shall not offer services to patients at the UNC Hospitals Cary Campus hospital facility prior to January 1, 2032. This does not preclude the certificate holder from engaging in any activities to develop and prepare to operate the hospital facility prior to January 1, 2032.
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 September 1, 2025.
7. 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.
8. 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.
9. The certificate holder shall execute or commit to a contract for design services for the project no later than four years following the issuance of the certificate of need.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Schematics (i.e., Drawings) Completed	10/31/2027
2	Land Acquired	01/24/2024
3	Construction / Renovation Contract(s) Executed	07/01/2027
4	25% of Construction / Renovation Completed (25% of the cost is in place)	10/01/2027
5	50% of Construction / Renovation Completed	12/01/2028
6	75% of Construction / Renovation Completed	01/01/2030
7	Construction / Renovation Completed	08/31/2031
8	Equipment Ordered	01/01/2031
9	Equipment Installed	09/01/2031
10	Equipment Operational	10/01/2031
11	Building / Space Occupied	11/01/2031
12	Licensure Obtained	11/01/2031
13	Services Offered	01/01/2032
14	Medicare and / or Medicaid Certification Obtained	01/01/2032
15	Facility or Service Accredited	01/01/2032

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-12509-24

FID #: 210266

ISSUED TO: University of North Carolina Hospitals at Chapel Hill
University of North Carolina Health Care System

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

SCOPE: Change of scope for Project ID# J-12065-21 (Develop a new 40-bed acute care hospital) and Project ID# J-12214-22 (Develop no more than 34 additional acute care beds) to develop no more than 28 additional acute care beds pursuant to the 2024 SMFP need determination for a total of no more than 102 acute care beds, no more than two shared operating rooms and two dedicated C-Section operating rooms/ Durham County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: UNC Hospitals Cary Campus
11817 Green Level Church Road
Durham, NC 27709

CAPITAL EXPENDITURE: \$371,341,060

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2025

This certificate is effective as of March 26, 2025



Micheala Mitchell, Chief

CONDITIONS:

- 1. University of North Carolina Hospitals at Chapel Hill and University of North Carolina Health Care System (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 28 acute care beds at the UNC Hospitals Cary Campus hospital facility pursuant to the need determination in the 2024 SMFP.**
- 3. The certificate holder shall also develop no more than two additional unlicensed labor and delivery beds, four Level II neonatal beds, a total of 16 unlicensed observation beds, two GI endoscopy procedure rooms, eight additional emergency department bays, inpatient dialysis services, two interventional radiology rooms, two additional X-ray units, one additional ultrasound unit, and one additional mammography unit at the UNC Hospitals Cary Campus hospital facility.**
- 4. Upon completion of this project and Project ID #J-12065-21 and #J-12214-22, the UNC Hospitals Cary Campus hospital facility shall be licensed for no more than 102 acute care beds, no more than two shared operating rooms and two dedicated C-Section operating rooms.**
- 5. The certificate holder shall not offer services to patients at the UNC Hospitals Cary Campus hospital facility prior to January 1, 2032. This does not preclude the certificate holder from engaging in any activities to develop and prepare to operate the hospital facility prior to January 1, 2032.**
- 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 September 1, 2025.**
- 7. 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.**
- 8. 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.**

9. **The certificate holder shall execute or commit to a contract for design services for the project no later than four years following the issuance of this certificate of need.**

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Schematics (i.e., Drawings) Completed	10/31/2027
2	Land Acquired	01/24/2024
3	Construction / Renovation Contract(s) Executed	07/01/2027
4	25% of Construction / Renovation Completed (25% of the cost is in place)	10/01/2027
5	50% of Construction / Renovation Completed	12/01/2028
6	75% of Construction / Renovation Completed	01/01/2030
7	Construction / Renovation Completed	08/31/2031
8	Equipment Ordered	01/01/2031
9	Equipment Installed	09/01/2031
10	Equipment Operational	10/01/2031
11	Building / Space Occupied	11/01/2031
12	Licensure Obtained	11/01/2031
13	Services Offered	01/01/2032
14	Medicare and / or Medicaid Certification Obtained	01/01/2032
15	Facility or Service Accredited	01/01/2032

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-12512-24

FID #: 943138

ISSUED TO: Duke University Health System, Inc.

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

SCOPE: Develop no more than 10 additional acute care beds pursuant to the 2024 SMFP need determination/ Durham County

CONDITIONS: See Reverse Side

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

CAPITAL EXPENDITURE: \$4,800,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2025

This certificate is effective as of March 26, 2025



Micheala Mitchell, Chief

CONDITIONS:

1. Duke University Health System, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall develop no more than 10 acute care beds at Duke University Hospital pursuant to the need determination in the 2024 SMFP.
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 September 1, 2025.
4. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.
5. The certificate holder shall 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.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Licensure Obtained	07/01/2025
2	Services Offered	07/01/2025

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: G-12558-24

FID #: 240785

ISSUED TO: Mobile Stone Clinic, 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: Acquire no more than one mobile Lithotripter pursuant to the 2024 SMFP need determination / Statewide

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Mobile Stone Clinic (West)
1605 Westbrook Plaza Drive, Ste. 203
Winston-Salem, NC 27103

CAPITAL EXPENDITURE: \$1,817,374

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2025

This certificate is effective as of March 18, 2025



Micheala Mitchell, Chief

CONDITIONS:

1. Mobile Stone Clinic, LLC (hereinafter certificate holder), shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall acquire no more than one mobile lithotripter pursuant to the need determination in the 2024 SMFP.
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 September 1, 2025.
4. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.
5. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

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

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Equipment Ordered	05/01/2025
2	Equipment Operational	12/01/2025
3	Services Offered	01/01/2026

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12565-24

FID #: 240861

ISSUED TO: Piedmont HealthCare, P.A
Davie Valley, 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 GI endoscopy facility by relocating no more than 3 GI endoscopy rooms from Piedmont Healthcare Endoscopy Center and developing no more than one additional GI endoscopy room for a total of no more than 4 GI endoscopy rooms upon project completion / Iredell County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Piedmont HealthCare Endoscopy Center
Valley Street (number to be assigned)
Statesville, NC 28677

CAPITAL EXPENDITURE: \$4,994,935

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 1, 2025

This certificate is effective as of March 4, 2025



Micheala Mitchell, Chief

CONDITIONS:

- 1. Piedmont HealthCare, P.A. and Davie Valley, 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 endoscopy center, Piedmont HealthCare Endoscopy Center in Statesville, by relocating three GI endoscopy rooms and adding one GI endoscopy room.**
- 3. Upon completion of the project, Piedmont HealthCare Endoscopy Center shall be licensed for no more than four GI endoscopy rooms.**
- 4. The certificate holder shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.**
- 5. The procedure room shall not be used for procedures that should be performed only in a gastrointestinal endoscopy room based on current standards of practice.**
- 6. Procedures performed in the procedure room shall not be reported for billing purposes as having been performed in a gastrointestinal endoscopy room and shall not be reported on the facility's license renewal application as procedures performed in a gastrointestinal endoscopy room.**
- 7. 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.**
- 8. Progress Reports:**
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.**
 - b. The certificate holder shall complete all sections of the Progress Report form.**
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.**
 - d. The first progress report shall be due on June 1, 2025.**
- 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 and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on January 31, 2025.

(F-12565-24 Con't)

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Financing Obtained	11/01/2024
2	Drawings Completed	12/01/2024
3	Land Acquired	12/01/2024
4	Construction / Renovation Contract(s) Executed	09/01/2025
5	25% of Construction / Renovation Completed (25% of the cost is in place)	12/01/2025
6	50% of Construction / Renovation Completed	03/15/2026
7	75% of Construction / Renovation Completed	07/01/2026
8	Construction / Renovation Completed	10/15/2026
9	Equipment Ordered	07/01/2026
10	Equipment Installed	11/01/2026
11	Equipment Operational	11/15/2026
12	Building / Space Occupied	11/01/2026
13	Licensure Obtained	12/01/2026
14	Services Offered	01/02/2027
15	Medicare and / or Medicaid Certification Obtained	01/02/2027
16	Facility or Service Accredited	01/02/2027

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12553-24

FID #: 070213

ISSUED TO: Novant Health, Inc.
Novant Health Norfolk, 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: Acquire no more than one fixed MRI scanner pursuant to the 2024 SMFP need determination/ Mecklenburg County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Novant Health Imaging Steele Creek, LLC
13557 Steelecroft Parkway, Ste. 1100
Charlotte, NC 28278

CAPITAL EXPENDITURE: \$2,478,686

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 1, 2025

This certificate is effective as of March 29, 2025

Micheala Mitchell

Micheala Mitchell, Chief

CONDITIONS:

- 1. Novant Health, Inc. and Novant Health Norfolk, LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. The certificate holder shall acquire no more than one fixed MRI scanner pursuant to the need determination in the 2024 SMFP to be located at Novant Health Imaging Steele Creek.**
- 3. Upon completion of the project, Novant Health Imaging Steele Creek shall have no more than one fixed MRI scanner.**
- 4. The certificate holder shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.**
- 5. Progress Reports:**
 - a. Pursuant to G.S. 131E-189(a), the certificate holders shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.**
 - b. The certificate holder shall complete all sections of the Progress Report form.**
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.**
 - d. The first progress report shall be due on April 1, 2025.**
- 6. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.**
- 7. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

A letter acknowledging and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on March 26, 2025.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Financing Obtained	07/01/2025
2	Drawings Completed	10/01/2025
4	Construction / Renovation Contract(s) Executed	12/01/2025
5	25% of Construction / Renovation Completed (25% of the cost is in place)	02/28/2026
6	50% of Construction / Renovation Completed	05/30/2026
7	75% of Construction / Renovation Completed	07/30/2026
8	Construction / Renovation Completed	09/15/2026
9	Equipment Ordered	12/01/2026
10	Equipment Installed	08/30/2026
11	Equipment Operational	09/10/2026
12	Building / Space Occupied	10/01/2026
14	Services Offered	10/01/2026
15	Medicare and / or Medicaid Certification Obtained	10/01/2026
16	Facility or Service Accredited	10/01/2026

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12561-24

FID #: 180099

**ISSUED TO: Liberty Commons of Mecklenburg, LLC
Mecklenburg County Healthcare Properties, 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: Change of scope and cost overrun for Project ID #F-11462-18 (Develop a new 100-bed NF) to relocate no more than 8 NF beds from Briar Creek Health Center for a total of no more than 108 NF beds upon project completion/ Mecklenburg County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Liberty Commons of Mecklenburg Health & Rehabilitation Center
Parcel #19906168 Sledge Road
Charlotte, NC 28278**

CAPITAL EXPENDITURE: \$11,606,902

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2025

This certificate is effective as of March 6, 2025

Risa Pittler

Micheala Mitchell, Chief

CONDITIONS:

- 1. Liberty Commons of Mecklenburg, LLC and Mecklenburg County Healthcare Properties, LLC (hereinafter referred to as “the applicant” or “Liberty Commons of Mecklenburg”) shall materially comply with all representations made in this application and the representations in Project ID # F-11462-18. Where representations conflict, the certificate holder shall materially comply with the last made representation.**
- 2. The certificate holder proposes a change of scope for Project ID # F-11462-18 (Develop a new 100-bed NF) to relocate no more than 8 NF beds from Briar Creek Health Center to Liberty Commons of Mecklenburg Health and Rehabilitation Center for a total of no more than 108 NF beds upon project completion.**
- 3. The total combined cost for both projects is \$30,211,693, an increase of \$11,606,902 over the capital expenditure of \$18,604,791 previously approved in Project ID# F-11462-18.**
- 4. Upon completion of the project, Liberty Commons of Mecklenburg Health and Rehabilitation Center shall be licensed for no more than 108 NF beds and Briar Creek Health Center shall be licensed for no more than 130 ACH beds and 6 NF beds upon approval and completion of Project ID # F-12560-24.**
- 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. For the first two years of operation following completion of the project, the certificate holder shall not increase private pay charges more than 5% of the projected private pay charges provided in Section Q of the application without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.**
- 7. The certificate holder shall certify at least 60% of the number of licensed nursing home beds in the facility for participation in the Medicaid program and shall provide care to Medicaid recipients commensurate with representatives made in the application.**
- 8. 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.**
- 9. Progress Reports:**
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress**

Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at:
<https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.

- b. The certificate holder shall complete all sections of the Progress Report form.
- c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
- d. The first progress report shall be due on July 1, 2025.

10. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on February 4, 2025.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Drawings Completed	7/1/2026
2	Construction / Renovation Contract(s) Executed	1/1/2027
3	25% of Construction / Renovation Completed (25% of the cost is in place)	6/1/2027
4	50% of Construction / Renovation Completed	11/1/2027
5	75% of Construction / Renovation Completed	4/1/2028
6	Construction / Renovation Completed	9/1/2028
7	Building / Space Occupied	9/1/2028
8	Licensure Obtained	10/1/2028
9	Services Offered	10/1/2028
10	Medicare and / or Medicaid Certification Obtained	12/1/2028

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: L-12555-24

FID #: 240784

ISSUED TO: FMS Boice-Willis Home, 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: Relocate two existing dialysis stations and entire Home Therapy Program from FMC South Rocky Mt to a new free-standing dialysis facility, dedicated exclusively to Home Hemodialysis (HHD) and Peritoneal (PD) / Nash County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Nash County Home
901 North Winstead Avenue
Rocky Mount, NC 27804

CAPITAL EXPENDITURE: \$1,319,882

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 2, 2025

This certificate is effective as of March 27, 2025



Micheala Mitchell, Chief

CONDITIONS:

- 1. FMS Boice-Willis Home, LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. The certificate holder shall establish a freestanding dialysis facility dedicated to home hemodialysis and peritoneal dialysis training and support to be known as Nash County Home by relocating no more than two stations from FMC South Rocky Mount.**
- 3. Upon completion of this project, the certificate holder shall take the necessary steps to decertify two dialysis stations at FMC South Rocky Mount for a total of no more than 17 dialysis stations at FMC South Rocky Mount upon completion of the project.**
- 4. The certificate holder shall install plumbing and electrical wiring through the walls for no more than two dialysis stations.**
- 5. Progress Reports:**
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.**
 - b. The certificate holder shall complete all sections of the Progress Report form.**
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.**
 - d. The first progress report shall be due on June 2, 2025.**
- 6. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

A letter acknowledging and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on February 24, 2025.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Financing Obtained	09/15/2024
2	Drawings Completed	05/19/2025
3	Construction / Renovation Contract(s) Executed	08/02/2025
4	25% of Construction / Renovation Completed (25% of the cost is in place)	10/16/2025
5	50% of Construction / Renovation Completed	03/15/2026
6	75% of Construction / Renovation Completed	05/29/2026
7	Construction / Renovation Completed	07/28/2026
8	Equipment Ordered	09/17/2026
9	Equipment Installed	11/16/2026
10	Equipment Operational	12/14/2026
11	Building / Space Occupied	12/14/2026
12	Services Offered	12/31/2026
13	Medicare and / or Medicaid Certification Obtained	12/31/2026

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: O-12580-24

FID #: 956055

ISSUED TO: Total Renal Care of North Carolina, LLC

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

SCOPE: Add no more than 2 in-center dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 32 in-center stations upon completion of this project and Project ID# O-12177-22 (Develop a new dialysis facility dedicated to home hemodialysis and peritoneal dialysis training and support by relocating 2 stations from Southeastern Dialysis Center-Wilmington) / New Hanover County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Southeastern Dialysis Center-Wilmington
2215 Yaupon Drive
Wilmington, NC 28401

CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2025

This certificate is effective as of March 29, 2025



Micheala Mitchell, Chief

CONDITIONS:

- 1. Total Renal Care of North Carolina, LLC. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. Pursuant to Condition 2 of the facility need methodology in the 2024 SMFP the applicant shall add no more than 2 in-center dialysis stations at Southeastern Dialysis Center Wilmington for a total of no more than 32 in-center stations at Southeastern Dialysis Center Wilmington upon completion of this project and Project ID# O-12177-22 (Develop a new dialysis facility dedicated to home hemodialysis and peritoneal dialysis training and support by relocating 2 stations from SEDC-Wilmington).**
- 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 September 1, 2025.**
- 4. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

A letter acknowledging and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on March 7, 2025.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
14	Services Offered	1/1/2026

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-12551-24

FID #: 240778

ISSUED TO: Atrium Urology, PC

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

SCOPE: Acquire no more than one mobile Lithotripter pursuant to the statewide 2024 SMFP need determination / Statewide

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Atrium Urology, PC
208 Whitcomb Lane
Cary, NC 27518

CAPITAL EXPENDITURE: \$760,638

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2025

This certificate is effective as of March 18, 2025



Micheala Mitchell, Chief

CONDITIONS:

1. Atrium Urology, PC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall acquire no more than one mobile lithotripter pursuant to the need determination in the 2024 SMFP.
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 September 1, 2025.
4. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.
5. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on February 24, 2025.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Financing Obtained	05/04/2025
2	Equipment Ordered	05/04/2025
3	Equipment Installed	07/24/2025
4	Equipment Operational	08/07/2025
5	Services Offered	09/01/2025
6	Facility or Service Accredited	09/01/2026

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-12581-24

FID #: 41181

ISSUED TO: Total Renal Care of North Carolina, LLC

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

SCOPE: Add no more than three dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 20 stations upon completion of this project and Project ID# J-12556-24 (Develop a new 10-station dialysis facility)/Wake County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Wake Forest Dialysis Center
11001 Ingleside Pl
Raleigh, North Carolina, 27614-8577

CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2025

This certificate is effective as of March 7, 2025



Micheala Mitchell, Chief

CONDITIONS:

- 1. Total Renal Care of North Carolina, LLC. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. Pursuant to Condition 2 of the facility need determination in the 2024 SMFP, the certificate holder shall develop no more than three dialysis stations for a total of no more than 20 stations at Wake Forest Dialysis Center upon completion of this project and Project ID # J-12556-24 (Develop a new 10-station dialysis facility).**
- 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 September 1, 2025.**
- 4. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

A letter acknowledging and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on February 14, 2025.

Timetable

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

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Corrected Certificate of Need

for

Project ID #: P-12569-24

FID #: 933535

ISSUED TO: Wayne 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: Acquire no more than one unit of fixed cardiac catheterization equipment pursuant to the 2024 SMFP need determination / Wayne County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Wayne UNC Health Care
2700 Wayne Memorial Dr
Goldsboro, NC 27534

CAPITAL EXPENDITURE: \$3,287,736

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2025

This certificate is effective as of March 1, 2025



Micheala Mitchell, Chief

CONDITIONS:

1. Wayne 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 unit of fixed cardiac catheterization equipment at UNC Health Wayne pursuant to the need determination in the 2024 State Medical Facilities Plan for a total of no more than two units of fixed cardiac catheterization equipment upon project completion.
3. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditure in Section Q of the application and that would otherwise require a certificate of need.
4. 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 July 1, 2025.
5. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on March 12, 2025.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Drawings Completed	07/01/2025
2	Construction / Renovation Contract(s) Executed	08/01/2025
3	25% of Construction / Renovation Completed (25% of the cost is in place)	01/01/2026
4	50% of Construction / Renovation Completed	03/01/2026
5	75% of Construction / Renovation Completed	05/01/2026
6	Construction / Renovation Completed	06/01/2026
7	Equipment Ordered	01/01/2026
8	Equipment Installed	06/01/2026
9	Equipment Operational	06/15/2026
10	Services Offered	07/01/2026