

**Certificate of Need  
Certificates Issued  
May 2026**

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
Carteret	P-012729-26	Carteret County Home	260024	Dialysis facility	Develop a new dialysis facility dedicated to home hemodialysis and peritoneal dialysis training and support by relocating no more than two dialysis stations from Crystal Coast Dialysis Unit	2/1/2026	4/8/2026	5/9/2026	Conditional Approval	Chalice Moore	Gloria Hale	\$1,753,690	10/1/2026
Guilford	G-012731-26	High Point Medical Center Linear Accelerator	260078	Hospital	Relocate one existing linear accelerator	4/1/2026	4/16/2026	5/19/2026	Conditional Approval	Yolanda Jackson	Gloria Hale	\$15,903,142	11/2/2026
Mecklenburg	F-012739-26	Atrium Health Moores Chapel Emergency Department	260082	Hospital	Develop a freestanding emergency department	3/1/2026	4/21/2026	5/22/2026	Conditional Approval	Chalice Moore	Mike McKillip	\$25,302,189	12/1/2026
Mecklenburg	F-012740-26	Atrium Health NoDa Emergency Department	260084	Hospital	Develop a freestanding emergency department	3/1/2026	4/21/2026	5/22/2026	Conditional Approval	Chalice Moore	Mike McKillip	\$37,177,087	12/1/2026
Union	F-012701-25	Atrium Health Union	923515	Hospital	Develop no more than 46 additional acute care beds pursuant to the 2025 SMFP need determination	11/1/2025	3/30/2026	5/4/2026	Conditional Approval	Cynthia Bradford	Micheala Mitchell	\$99,249,297	10/1/2026
Wake	J-012726-25	Downtown Raleigh Dialysis	190643	Dialysis facility	Add no more than 4 in-center dialysis stations pursuant to Condition 1 of the facility need methodology for a total of no more than 14 stations upon project completion	12/1/2025	4/29/2026	5/30/2026	Conditional Approval	Ena Lightbourne	Micheala Mitchell	\$78,680	2/1/2027
Wake	J-012746-26	Raleigh Radiology Blue Ridge	250609	Diagnostic center	Acquire no more than one fixed MRI scanner pursuant to 2026 SMFP need determination	3/1/2026	4/27/2026	5/28/2026	Conditional Approval	Crystal Kearney	Mike McKillip	\$2,334,544	11/1/2026
Wake	J-012751-26	Duke GI at Green Level	190215	Ambulatory surgical facility	Cost overrun for Project ID# J-11709-19 (develop a new GI endoscopy ambulatory surgery facility)	32/1/2026	4/27/2026	5/28/2026	Conditional Approval	Crystal Kearney	Mike McKillip	\$6,424,018	11/1/2026

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: P-12729-26

FID #: 260024

**ISSUED TO:** FMS Carteret County 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:** Develop a new dialysis facility dedicated to home hemodialysis and peritoneal dialysis training and support by relocating no more than two dialysis stations from Crystal Coast Dialysis Unit / Carteret County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Carteret County Home  
2900 Arendell Street, Suite 20  
Morehead, NC 28557

**CAPITAL EXPENDITURE:** \$1,753,690

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** October 1, 2026

This certificate is effective as of May 9, 2026



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Micheala Mitchell, Chief

**CONDITIONS:**

- 1. FMS Carteret County Home, 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 dialysis facility, Carteret County Home, dedicated to home hemodialysis and peritoneal dialysis training and support by relocating no more than two in-center dialysis stations from Crystal Coast Dialysis Unit.**
- 3. The certificate holder shall install plumbing and electrical wiring through the walls for no more than two home hemodialysis stations at Carteret County Home.**
- 4. Upon completion of the proposed project, the certificate holder shall take the necessary steps to decertify two in-center dialysis stations at Crystal Coast Dialysis Unit for a total of no more than 19 in-center stations Crystal Coast Dialysis Unit upon project completion.**
- 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 October 1, 2026.**
- 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 **April 8, 2026**.**

## Timetable

	<b>Milestone</b>	<b>Date</b> <i>mm/dd/yyyy</i>
1	Financing Obtained	1/15/2026
2	Drawings Completed	10/19/2026
3	Construction / Renovation Contract(s) Executed	1/2/2027
4	25% of Construction / Renovation Completed (25% of the cost is in place)	3/18/2027
5	50% of Construction / Renovation Completed	6/1/2027
6	75% of Construction / Renovation Completed	8/15/2027
7	Construction / Renovation Completed	11/13/2027
8	Equipment Ordered	9/2/2027
9	Equipment Installed	11/27/2027
10	Equipment Operational	12/18/2027
11	Building / Space Occupied	12/18/2027
<b>12</b>	<b>Services Offered *</b>	12/31/2027
13	Medicare and / or Medicaid Certification Obtained	12/31/2027
14	Facility or Service Accredited	12/31/2027

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: G-12731-26

FID #: 260078

**ISSUED TO:** High Point Regional Health

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 one existing linear accelerator/Guilford County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** High Point Medical Center Linear Accelerator  
2909 Horse Pen Creek Road  
Greensboro, NC 27410

**CAPITAL EXPENDITURE:** \$15,903,142

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** November 2, 2026

This certificate is effective as of May 19, 2026



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Micheala Mitchell, Chief

**CONDITIONS:**

- 1. High Point Regional Health (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. The certificate holder shall relocate a linear accelerator from High Point Medical Center main campus to a medical office building in Greensboro.**
- 3. Upon project completion, High Point Medical Center will be licensed for no more than two linear accelerators.**
- 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 November 2, 2026.**
- 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. 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 **April 16, 2026.****

## Timetable

	<b>Milestone</b>	<b>Date</b>
1	Financing Obtained	12/01/2026
2	Drawings Completed	01/25/2027
3	Construction / Renovation Contract(s) Executed	02/28/2027
4	25% of Construction / Renovation Completed (25% of the cost is in place)	05/01/2027
5	50% of Construction / Renovation Completed	08/01/2027
6	75% of Construction / Renovation Completed	10/15/2027
7	Construction / Renovation Completed	12/15/2027
8	Equipment Ordered	03/01/2027
9	Equipment Installed	12/12/2027
10	Equipment Operational	12/30/2027
11	Building / Space Occupied	12/15/2027
12	<b>Services Offered</b>	01/01/2028

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: F-12739-26

FID #: 260082

**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 freestanding emergency department / Mecklenburg County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Atrium Health Moores Chapel Emergency  
Department  
2624 Sam Wilson Road  
Charlotte, NC 28214

**CAPITAL EXPENDITURE:** \$25,302,189

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** December 1, 2026

This certificate is effective as of May 22, 2026



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Micheala Mitchell, Chief

**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 a freestanding emergency department, Atrium Health Moores Chapel Emergency Department, to be licensed under Carolinas Medical Center.**
- 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. 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 holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.**
  - b. The certificate holder shall complete all sections of the Progress Report form.**
  - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.**
  - d. The first progress report shall be due on December 1, 2026.**
- 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 **April 27, 2026**.**

## Timetable

	<b>Milestone</b>	<b>Date</b>
1	Drawings Completed	01/01/2027
2	Construction / Renovation Contract(s) Executed	02/01/2027
3	25% of Construction / Renovation Completed (25% of the cost is in place)	05/01/2027
4	50% of Construction / Renovation Completed	08/01/2027
5	75% of Construction / Renovation Completed	11/01/2027
6	Construction / Renovation Completed	02/01/2028
7	Equipment Ordered	03/01/2027
8	Equipment Installed	01/01/2028
9	Equipment Operational	03/01/2028
10	Building / Space Occupied	04/01/2028
11	Licensure Obtained	04/01/2028
<b>13</b>	<b>Services Offered</b>	<b>04/01/2028</b>

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: F-12740-26

FID #: 260084

**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 freestanding emergency department / Mecklenburg County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Atrium Health NoDa Emergency Department  
1107 N. Davidson Street  
Charlotte, NC 28206

**CAPITAL EXPENDITURE:** \$37,177,087

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** December 1, 2026

This certificate is effective as of May 22, 2026



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Micheala Mitchell, Chief

**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 a freestanding emergency department, Atrium Health NoDa Emergency Department, to be licensed under Carolinas Medical Center.
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. 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 holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
  - b. The certificate holder shall complete all sections of the Progress Report form.
  - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
  - d. The first progress report shall be due on December 1, 2026.
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 **April 27, 2026**.

## Timetable

	<b>Milestone</b>	<b>Date</b>
<b>1</b>	<b>Drawings Completed</b>	<b>01/01/2027</b>
<b>2</b>	<b>Construction / Renovation Contract(s) Executed</b>	<b>05/01/2027</b>
<b>3</b>	<b>25% of Construction / Renovation Completed (25% of the cost is in place)</b>	<b>08/01/2027</b>
<b>4</b>	<b>50% of Construction / Renovation Completed</b>	<b>11/01/2027</b>
<b>5</b>	<b>75% of Construction / Renovation Completed</b>	<b>02/01/2028</b>
<b>6</b>	<b>Construction / Renovation Completed</b>	<b>05/01/2028</b>
<b>7</b>	<b>Equipment Ordered</b>	<b>03/01/2027</b>
<b>8</b>	<b>Equipment Installed</b>	<b>04/01/2028</b>
<b>9</b>	<b>Equipment Operational</b>	<b>07/01/2028</b>
<b>10</b>	<b>Building / Space Occupied</b>	<b>08/01/2028</b>
<b>11</b>	<b>Licensure Obtained</b>	<b>08/01/2028</b>
<b>12</b>	<b>Services Offered</b>	<b>08/01/2028</b>

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: F-12701-25

FID #: 923515

**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 no more than 46 additional acute care beds pursuant to the 2025 SMFP need determination/ Union County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Atrium Health Union  
600 Hospital Dr  
Monroe, NC 28111

**CAPITAL EXPENDITURE:** \$99,249,297

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** October 1, 2026

This certificate is effective as of May 4, 2026



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Micheala Mitchell, Chief

## **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 46 acute care beds at Atrium Health Union pursuant to the need determination in the 2025 SMFP for a total of no more than for a total of 197 acute care beds upon completion of this project and Project ID# F-12442-23, (develop 13 acute care beds).**
- 3. Upon completion of the project, Atrium Health Union shall be licensed for no more than 197 acute care beds, excluding neonatal beds.**
- 4. Progress Reports:**
  - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.**
  - b. The certificate holder shall complete all sections of the Progress Report form.**
  - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.**
  - d. The first progress report shall be due on October 1, 2026.**
- 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. The certificate holder shall develop and implement strategies to provide culturally competent services to members of its defined medically underserved community that are consistent with representations made in the certificate of need application.**
- 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 and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on April 28, 2026.**

**Timetable**

	<b>Milestone</b>	<b>Date</b> <i>mm/dd/yyyy</i>
<b>1</b>	<b>Drawings Completed</b>	<b>05/01/2027</b>
<b>2</b>	<b>Construction / Renovation Contract(s) Executed</b>	<b>11/01/2027</b>
<b>3</b>	<b>25% of Construction / Renovation Completed (25% of the cost is in place)</b>	<b>06/01/2028</b>
<b>4</b>	<b>50% of Construction / Renovation Completed</b>	<b>11/01/2028</b>
<b>5</b>	<b>75% of Construction / Renovation Completed</b>	<b>05/01/2029</b>
<b>6</b>	<b>Construction / Renovation Completed</b>	<b>10/01/2029</b>
<b>7</b>	<b>Equipment Ordered</b>	<b>09/15/2028</b>
<b>8</b>	<b>Equipment Installed</b>	<b>07/15/2029</b>
<b>9</b>	<b>Equipment Operational</b>	<b>10/30/2029</b>
<b>10</b>	<b>Building / Space Occupied</b>	<b>01/01/2030</b>
<b>11</b>	<b>Services Offered</b>	<b>01/01/2030</b>

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: J-12726-25

FID #: 190643

**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 4 in-center dialysis stations pursuant to Condition 1 of the facility need methodology for a total of no more than 14 stations upon project completion / Wake County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Downtown Raleigh Dialysis  
3031 New Bern Avenue  
Raleigh NC 27610

**CAPITAL EXPENDITURE:** \$78,680

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** February 1, 2027

This certificate is effective as of May 30, 2026



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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 1 of the facility need methodology in the 2025 SMFP, the certificate holder shall add no more than four additional in-center dialysis stations at Downtown Raleigh Dialysis for a total of no more than 14 in-center stations 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. The first progress report shall be due February 1, 2027.
4. The certificate holder shall develop and implement strategies to provide culturally competent services to members of its defined medically underserved community that are consistent with representations made in the certificate of need application.
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 **May 1, 2026**.

**Timetable**

	<b>Milestone</b>	<b>Date</b> <i>mm/dd/yyyy</i>
<b>1</b>	<b>Services Offered</b>	01/01/2028
<b>2</b>	Medicare and / or Medicaid Certification Obtained	01/01/2028

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: J-12746-26

FID #: 250609

**ISSUED TO:** Raleigh Radiology, 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 2026 SMFP need determination / Wake County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Raleigh Radiology Blue Ridge  
3200 Blue Ridge Road Suite 100  
Raleigh, NC 27612

**CAPITAL EXPENDITURE:** \$2,334,544

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** November 1, 2026

This certificate is effective as of May 28, 2026



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Micheala Mitchell, Chief

**CONDITIONS:**

1. **Raleigh Radiology, 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 2026 SMFP to be located at Raleigh Radiology Blue Ridge.**
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 November 1, 2026.**
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 strategies to provide culturally competent services to members of its defined medically underserved community that are consistent with representations made in the certificate of need application.**
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 April 28, 2026.**

(J-12746-26 Con't)

Timetable

	<b>Milestone</b>	<b>Date</b> <i>mm/dd/yyyy</i>
<b>1</b>	<b>Financing Obtained</b>	<b>10/02/2026</b>
<b>2</b>	<b>Drawings Completed</b>	<b>10/07/2026</b>
<b>3</b>	<b>Construction / Renovation Contract(s) Executed</b>	<b>12/26/2026</b>
<b>4</b>	<b>25% of Construction / Renovation Completed (25% of the cost is in place)</b>	<b>01/25/2027</b>
<b>5</b>	<b>50% of Construction / Renovation Completed</b>	<b>02/25/2027</b>
<b>6</b>	<b>75% of Construction / Renovation Completed</b>	<b>03/27/2027</b>
<b>7</b>	<b>Construction / Renovation Completed</b>	<b>04/28/2027</b>
<b>8</b>	<b>Equipment Ordered</b>	<b>10/07/2026</b>
<b>9</b>	<b>Equipment Installed</b>	<b>01/31/2027</b>
<b>0</b>	<b>Equipment Operational</b>	<b>03/02/2027</b>
<b>11</b>	<b>Building/Space Occupied</b>	<b>05/12/2027</b>
<b>12</b>	<b>Services Offered</b>	<b>10/01/2026</b>

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: J-012751-26

FID #: 190215

**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:** Cost overrun for Project ID# J-11709-19 (develop a new GI endoscopy ambulatory surgery facility) / Wake County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Duke GI at Green Level  
200 Duke Health Cary Place  
Cary, NC 27519

**CAPITAL EXPENDITURE:** \$6,424,018

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** November 1, 2026

This certificate is effective as of May 28, 2026



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Micheala Mitchell, Chief

**CONDITIONS:**

1. Duke Health Integrated Practice, Inc. and Duke University Health System, Inc. (hereinafter known collectively as the certificate holder) shall materially comply with the representations in this application and representation made in Project

**ID# J-11709-19. When representations conflict, the applicant shall materially comply with the last made representation.**

- 2. The total combined capital expenditure for this project and Project ID# J-11709-19 is \$9,990,000, an increase of \$6,424,018 over the previously approved capital expenditure of \$3,565,982**
- 2. The certificate holder shall develop a new ambulatory surgical facility with no more than four gastroenterology (GI) endoscopy 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 November 1, 2026.**
- 5. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section 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 May 6, 2026.**

**Timetable**

	<b>Milestone</b>	<b>Date</b> <i>mm/dd/yyyy</i>
<b>1</b>	<b>75% of Construction / Renovation Completed</b>	<b>07/08/2026</b>
<b>2</b>	<b>Construction / Renovation Completed</b>	<b>12/07/2026</b>
<b>3</b>	<b>Equipment Ordered</b>	<b>02/01/2026</b>
<b>4</b>	<b>Equipment Installed</b>	<b>01/20/2027</b>
<b>5</b>	<b>Equipment Operational</b>	<b>04/30/2027</b>
<b>6</b>	<b>Building/Space Occupied</b>	<b>04/30/2027</b>
<b>7</b>	<b>Services Offered</b>	<b>06/01/2027</b>