

**Certificate of Need  
Certificates Issued  
July 2020**

County	Project ID	Facility	FID	Facility Type	Project Description	Application Review Date	Decision Date	Certificate Issue Date	Decision	Review-Analyst	Co-Signer	Approved Capital Expenditure	1st Rept Due Date
Alamance	G-011883-20	Glen Raven Dialysis	160341	ESRD	Add no more than 4 dialysis stations pursuant to facility need for a total of no more than 14 dialysis stations upon project completion	4/1/2020	6/15/2020	7/16/2020	Conditional Approval	Celia Inman	Gloria Hale	\$68,004	8/1/2020
Brunswick	O-011817-19	The Landings of Brunswick	150395	ACH	Change of scope for Project ID #O-11065-15 (develop a new 80-bed ACH facility), which consists of a change of site and change of name	11/1/2019	3/26/2020	7/7/2020	Denied - Settlement	Tanya Saporito	Gloria Hale	\$636,862	9/1/2020
Buncombe	B-011884-20	Asheville Kidney Center	955773	ESRD	Add no more than 4 dialysis stations pursuant to facility need for a total of no more than 52 stations upon completion of this project and Project I.D. # B-11831-19 (relocate 4 stations to Arden Dialysis)	4/1/2020	6/22/2020	7/23/2020	Conditional Approval	Ena Lightbourne	Fatimah Wilson	\$0	2/1/2021
Durham	J-011888-20	Durham Dialysis	955621	ESRD	Add no more than seven dialysis stations to the existing Durham Dialysis facility pursuant to the facility need determination for a total of no more than 29 stations upon completion of this project and Project I.D. # J-11785-19 (add five dialysis stations)	4/1/2020	6/18/2020	7/21/2020	Conditional Approval	Mike McKillip	Gloria Hale	\$14,364	1/1/2021
Edgecombe	L-011876-20	BMA EAST ROCKY MOUNT	970528	ESRD	Add no more than 9 dialysis stations pursuant to facility need for a total of no more than 30 dialysis stations upon completion of this project, Project ID# L-11839-20 (relocate 4 stations), Project ID# L-11838-20 (relocate 1 station), Project ID# L-11483-18 (add 4 stations), Project ID# L-11580-18 (add 2 stations), Project ID# L-11374-17 (relocate 10 stations)	4/1/2020	6/4/2020	7/7/2020	Conditional Approval	Greg Yakaboski	Gloria Hale	\$0	10/20/2020
Forsyth	G-011798-19	Wake Forest Baptist Imaging - Kernersville	190280	DXCTR	Acquire 1 fixed MRI scanner pursuant to the need determination in the 2019 SMFP	11/1/2019	2/14/2020	7/20/2020	Conditional Approval	Celia Inman	Gloria Hale	\$2,448,179	12/15/2020
Forsyth	G-011868-20	Piedmont Dialysis Center of Wake Forest University	944661	ESRD	Add no more than 10 dialysis stations pursuant to facility need for a total of no more than 64 in-center stations upon project completion	4/1/2020	6/3/2020	7/7/2020	Conditional Approval	Greg Yakaboski	Gloria Hale	\$168,000	10/20/2020
Guilford	G-011875-20	FMC of East Greensboro	001324	ESRD	Add no more than 8 dialysis stations pursuant to facility need for a total of no more than 51 dialysis stations upon project completion	4/1/2020	6/15/2020	7/16/2020	Conditional Approval	Celia Inman	Fatimah Wilson		1/31/2020



# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: G-11883-20

FID #: 160341

**ISSUED TO:** Renal Treatment Centers - Mid-Atlantic, Inc.

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

**SCOPE:** Add no more than 4 dialysis stations pursuant to facility need for a total of no more than 14 dialysis stations upon project completion/ Alamance County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Glen Raven Dialysis  
2210 West Webb Ave.  
Burlington, NC 27217

**CAPITAL EXPENDITURE:** \$68,004

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** August 1, 2020

This certificate is effective as of July 16, 2020

*Martha J. Frisone*

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Martha J. Frisone, Chief



CONDITIONS:

1. Renal Treatment Centers – Mid-Atlantic, Inc. shall materially comply with all representations made in the certificate of need application.
2. Pursuant to the facility need determination in the 2020 SMFP, Renal Treatment Centers – Mid-Atlantic, Inc. shall develop no more than four additional in-center dialysis stations at Glen Raven Dialysis for a total of no more than 14 in-center dialysis stations.
3. Renal Treatment Centers – Mid-Atlantic, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on June 19, 2020.

TIMETABLE:

1. Equipment Ordered \_\_\_\_\_ July 31, 2021
2. Services Offered (required) \_\_\_\_\_ January 1, 2022

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Corrected Certificate of Need

for

Project ID #: O-11817-19

FID #: 150395

**ISSUED TO: Brunswick Propco Holdings, 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 for Project ID #O-11065-15 (develop a new 80-bed ACH facility), which consists of a change of site and change of name/ Brunswick County**

**CONDITIONS: See Reverse Side**

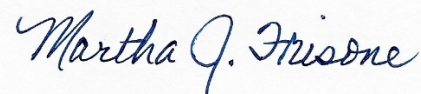
**PHYSICAL LOCATION: The Landings of Brunswick  
2938 Southport-Supply Road SE  
Bolivia, NC 28422**

**MAXIMUM CAPITAL EXPENDITURE: \$636,862**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: September 1, 2020**

This certificate is effective as of June 16, 2020  
Corrected certificate issued on July 7, 2020



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Martha J. Frisone, Chief

**CONDITIONS:**

1. Brunswick Opco Holdings, LLC and Brunswick Propco Holdings, LLC shall materially comply with the representations in this application, the representations in Project I.D. #O-11065-15 and supplemental information submitted to the Agency. Where representations conflict, Brunswick Opco Holdings, LLC and Brunswick Propco Holdings, LLC shall materially comply with the last made representation.
2. Brunswick Opco Holdings, LLC and Brunswick Propco Holdings, LLC shall develop no more than 80 adult care home beds at The Landings of Brunswick.
3. Upon completion of this project, The Landings of Brunswick shall be licensed for no more than 80 adult care home beds.
4. Progress Reports:
  - a. Brunswick Opco Holdings, LLC and Brunswick Propco Holdings, LLC shall complete the Progress Report form provided by the Healthcare Planning and Certificate of Need Section.
  - b. Progress reports will be due on the first day of every third month. The first progress report shall be due on September 1, 2020. The second progress report shall be due on December 1, 2020 and so forth.
  - c. Each progress report shall describe in detail all steps taken to develop the project since the last progress report and shall include documentation to substantiate each step taken.
  - d. Progress reports should be received by the due date but in no case shall they be received more than one week after the due date.
  - e. Timetable milestones shall be completed no later than three months after the projected date on the timetable subject to reasonable extensions due to conditions completely beyond the control of the certificate holder(s).
  - f. There will be no extensions of the timetable milestone dates except for reasonable extensions based on conditions completely beyond the control of the certificate holder(s).
  - g. In the event that the project is not developed in accordance with the timetable, including any reasonable extensions, the Healthcare Planning and Certificate of Need Section may impose a civil monetary penalty of \$1,000 per day for each day the project is delayed beyond the 90<sup>th</sup> day following the milestone date on the timetable.
5. Brunswick Opco Holdings, LLC and Brunswick Propco Holdings, LLC shall provide care to recipients of State/County Special Assistance with Medicaid, commensurate with representations made in the application.
6. For the first two years of operation following completion of the project, Brunswick Opco Holdings, LLC and Brunswick Propco Holdings, LLC shall not increase private pay charges more than 5% of the projected private pay charges provided in the supplemental information without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.
7. No later than three months after the last day of each of the first three full fiscal years of operation following initiation of the services authorized by this certificate of need, Brunswick Opco Holdings, LLC and Brunswick Propco Holdings, LLC shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
  - a. Payor mix for the services authorized in this certificate of need.
  - b. Utilization of the services authorized in this certificate of need.
  - c. Revenues and operating costs for the services authorized in this certificate of need.
  - d. Average gross revenue per unit of service.
  - e. Average net revenue per unit of service.
  - f. Average operating cost per unit of service.

**TIMETABLE:**

1. 25% of Construction / Renovation Completed \_\_\_\_\_ March 30, 2021
2. 50% of Construction / Renovation Completed \_\_\_\_\_ June 30, 2021
3. 75% of Construction / Renovation Completed \_\_\_\_\_ September 15, 2021
4. Construction / Renovation Completed \_\_\_\_\_ November 1, 2021
5. Services Offered (required) \_\_\_\_\_ December 31, 2021
6. First Annual Report Due\* \_\_\_\_\_ January 16, 2023



# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: B-11884-20

FID #: 955773

**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 dialysis stations pursuant to facility need for a total of no more than 52 stations upon completion of this project and Project ID# B-11831-19 (relocate 4 stations to Arden Dialysis)/ Buncombe County

**CONDITIONS:** See Reverse Side

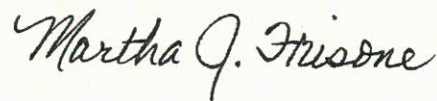
**PHYSICAL LOCATION:** Asheville Kidney Center  
1600 Centre Park Drive  
Asheville, NC 28805

**CAPITAL EXPENDITURE:** \$0

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** February 1, 2021

This certificate is effective as of July 23, 2020



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Martha J. Frisone, Chief

**CONDITIONS:**

1. Total Renal Care of North Carolina, LLC shall materially comply with all representations made in the certificate of need application.
2. Pursuant to the facility need determination in the 2020 SMFP, Total Renal Care of North Carolina, LLC shall develop no more than 4 additional in-center dialysis stations for a total of no more than 52 in-center stations at Asheville Kidney Center upon completion of this project and Project ID# B-11831-19 (relocate 4 stations to Arden Dialysis) which shall include any home hemodialysis training or isolation stations.
3. Total Renal Care of North Carolina, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on June 26, 2020.

**Timetable**

Milestone		Date
1	Services Offered	01/01/2022



# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: J-11888-20

FID #: 955621

**ISSUED TO:** DVA Renal Healthcare, Inc.

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

**SCOPE:** Add no more than seven dialysis stations to the existing Durham Dialysis facility pursuant to the facility need determination for a total of no more than 29 stations upon completion of this project and Project I.D. # J-11785-19 (add five dialysis stations)/ Durham County

**CONDITIONS:** See Reverse Side

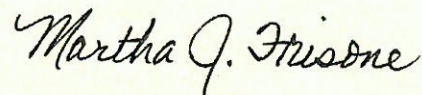
**PHYSICAL LOCATION:** Durham Dialysis  
201 Hood Street  
Durham NC 27701

**CAPITAL EXPENDITURE:** \$ 14,364

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** January 1, 2021

This certificate is effective as of July 21, 2020



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Martha J. Frisone, Chief



**CONDITIONS:**

1. DVA Renal Healthcare, Inc. shall materially comply with all representations made in the certificate of need application.
2. Pursuant to the facility need determination in the 2020 State Medical Facilities Plan, DVA Renal Healthcare, Inc. shall develop no more than seven additional dialysis stations at Durham Dialysis a total of no more than 29 certified dialysis stations upon completion of this project and Project I.D. # J-11785-19 (add five dialysis stations), which shall include any home hemodialysis training or isolation stations.
3. DVA Renal Healthcare, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on June 24, 2020.

**TIMETABLE:**

1. Equipment Ordered \_\_\_\_\_ July 31, 2021
2. Services Offered (required) \_\_\_\_\_ January 1, 2022



# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: L-11876-20

FID #: 970528

**ISSUED TO: Bio-Medical Applications of North Carolina, Inc.**

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

**SCOPE:** Add no more than 9 dialysis stations pursuant to facility need for a total of no more than 30 dialysis stations upon completion of this project, Project ID# L-11839-20 (relocate 4 stations), Project ID# L-11838-20 (relocate 1 station), Project ID# L-11483-18 (add 4 stations), Project ID# L-11580-18 (add 2 stations), Project ID# L-11374-17 (relocate 10 stations)/ Edgecombe County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** BMA East Rocky Mount  
230 South Fairview Road  
Rocky Mount, NC 27801

**MAXIMUM CAPITAL EXPENDITURE:** \$0

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** October 20, 2020

This certificate is effective as of July 7, 2020

*Martha J. Frisone*

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Martha J. Frisone, Chief



**CONDITIONS:**

1. Bio-Medical Applications of North Carolina, Inc. shall materially comply with all representations made in the certificate of need application.
2. Pursuant to the facility need determination in the 2020 SMFP, Bio-Medical Applications of North Carolina, Inc. shall develop no more than 9 additional in-center dialysis stations for a total of no more than 30 in-center stations at BMA East Rocky Mounty upon completion of this project and Project ID# L-11839-20 (relocate 4 stations), Project ID# L-11838-20 (relocate 1 station), Project ID# L-11483-18 (add 4 stations), Project ID# L-11580-18 (add 2 stations), Project ID# L-11374-17 (relocate 10).
3. Bio-Medical Applications of North Carolina, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on June 4, 2020.

**TIMETABLE:**

1. Financing Obtained \_\_\_\_\_ March 16, 2020
2. Equipment Ordered \_\_\_\_\_ October 15, 2020
3. Equipment Installed \_\_\_\_\_ December 14, 2020
4. Equipment Operational \_\_\_\_\_ December 28, 2020
5. Building / Space Occupied \_\_\_\_\_ December 28, 2020
6. Services Offered (required) \_\_\_\_\_ December 31, 2020
7. Medicare and / or Medicaid Certification Obtained \_\_\_\_\_ December 31, 2020



# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: G-11798-19

FID #: 190280

**ISSUED TO:** Wake Forest Baptist Imaging, 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 1 fixed MRI scanner pursuant to the need determination in the 2019 SMFP / Forsyth County

**CONDITIONS:** See Reverse Side

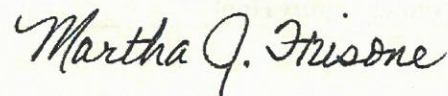
**PHYSICAL LOCATION:** Wake Forest Baptist Imaging - Kernersville  
861 Old Winston Road  
Kernersville, NC 27284

**CAPITAL EXPENDITURE:** \$2,448,179

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** December 15, 2020

This certificate is effective as of July 20, 2020



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Martha J. Frisone, Chief



**CONDITIONS:**

1. Wake Forest Baptist Imaging, LLC shall materially comply with all representations made in the certificate of need application.
2. Wake Forest Baptist Imaging, LLC shall acquire no more than one fixed MRI scanner to be located at Wake Forest Baptist Imaging-Kernersville.
3. Wake Forest Baptist Imaging, LLC. shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.
4. No later than three months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, Wake Forest Baptist Imaging, LLC shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
  - a. Payor mix for the services authorized in this certificate of need.
  - b. Utilization of the services authorized in this certificate of need.
  - c. Revenues and operating costs for the services authorized in this certificate of need.
  - d. Average gross revenue per unit of service.
  - e. Average net revenue per unit of service.
  - f. Average operating cost per unit of service.
5. Wake Forest Baptist Imaging, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on February 17, 2020.

**TIMETABLE:**

Milestone	Date
Financing Obtained	09/01/2020
Drawings Completed	10/15/2019
Construction / Renovation Contract(s) Executed	09/01/2020
25% of Construction / Renovation Completed (25% of the cost is in place)	10/15/2020
50% of Construction / Renovation Completed	12/01/2020
75% of Construction / Renovation Completed	01/15/2021
Construction / Renovation Completed	03/01/2021
Equipment Ordered	09/15/2020
Equipment Installed	03/05/2021
Equipment Operational	03/22/2021
Building / Space Occupied	03/01/2021
Services Offered	04/01/2021
Facility or Service Accredited	04/01/2022
First Annual Report Due*	03/31/2023



# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: G-11868-20

FID #: 944661

**ISSUED TO: Wake Forest University Health Sciences  
Piedmont Dialysis Center of Wake Forest University**

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

**SCOPE: Add no more than 10 dialysis stations pursuant to facility need for a total of no more than 64 in-center stations upon project completion / Forsyth County**

**CONDITIONS: See Reverse Side**

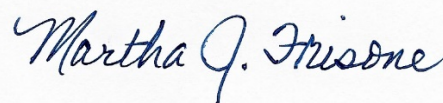
**PHYSICAL LOCATION: Piedmont Dialysis Center of Wake Forest University  
665 Cotton Street  
Winston-Salem, NC 27101**

**MAXIMUM CAPITAL EXPENDITURE: \$168,000**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: October 20, 2020**

This certificate is effective as of July 7, 2020



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Martha J. Frisone, Chief

**CONDITIONS:**

1. Wake Forest University Health Sciences and Piedmont Dialysis Center of Wake Forest University shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, Wake Forest University Health Sciences and Piedmont Dialysis Center of Wake Forest University shall materially comply with the last made representation.
2. Pursuant to the facility need determination in the 2020 SMFP, Wake Forest University Health Sciences and Piedmont Dialysis Center of Wake Forest University shall develop no more than ten additional dialysis stations for a total of no more than sixty-four certified stations at Piedmont Dialysis Center which shall include any home hemodialysis training or isolation stations.
3. Wake Forest University Health Sciences and Piedmont Dialysis Center of Wake Forest University shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on June 8, 2020.

**TIMETABLE:**

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|--|-------------------|
| 1. Financing Obtained _____                                | January 1, 2020   |
| 2. Equipment Ordered _____                                 | November 17, 2020 |
| 3. Equipment Installed _____                               | December 15, 2020 |
| 4. Equipment Operational _____                             | December 31, 2020 |
| 5. Licensure Obtained _____                                | October 3, 2020   |
| 6. Services Offered (required) _____                       | December 31, 2020 |
| 7. Medicare and / or Medicaid Certification Obtained _____ | December 31, 2020 |

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: G-11875-20

FID #: 001324

**ISSUED TO:** Bio-Medical Applications of North Carolina, Inc.

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

**SCOPE:** Add no more than 8 dialysis stations pursuant to facility need for a total of no more than 51 dialysis stations upon project completion/ Guilford County

**CONDITIONS:** See Reverse Side

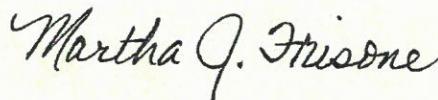
**PHYSICAL LOCATION:** FMC of East Greensboro  
3839 Burlington Road  
Greensboro, NC

**CAPITAL EXPENDITURE:** \$426,579

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** January 31, 2020

This certificate is effective as of July 16, 2020



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Martha J. Frisone, Chief



CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc. shall materially comply with all representations made in the certificate of need application.
2. Pursuant to the facility need determination in the 2020 SMFP, Bio-Medical Applications of North Carolina, Inc. shall develop no more than eight additional in-center dialysis stations at FMC of East Greensboro for a total on no more than 51 in-center dialysis stations.
3. Bio-Medical Applications of North Carolina, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on July 15, 2020.

TIMETABLE:

1. Drawings Completed \_\_\_\_\_ January 16, 2021
2. Construction / Renovation Contract(s) Executed \_\_\_\_\_ April 1, 2021
3. 25% of Construction / Renovation Completed  
(25% of the cost is in place) \_\_\_\_\_ May 31, 2021
4. 50% of Construction / Renovation Completed \_\_\_\_\_ July 30, 2021
5. 75% of Construction / Renovation Completed \_\_\_\_\_ September 28, 2021
6. Construction / Renovation Completed \_\_\_\_\_ November 27, 2021
7. Equipment Ordered \_\_\_\_\_ September 28, 2021
8. Equipment Installed \_\_\_\_\_ December 12, 2021
9. Equipment Operational \_\_\_\_\_ December 26, 2021
10. Building / Space Occupied \_\_\_\_\_ December 26, 2021
11. Services Offered (required) \_\_\_\_\_ December 31, 2021
12. Medicare and / or Medicaid Certification Obtained \_\_\_\_\_ December 31, 2021

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Corrected Certificate of Need

for

Project ID #: J-11372-17

FID #: 170323

**ISSUED TO: Bio-Medical Application of North Carolina, Inc.**

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

**SCOPE: Develop a new 10-station dialysis facility by relocating two stations from FMC Four Oaks, four stations from Johnston Dialysis Center and four stations from FMC New Hope Dialysis. Upon project completion, FMC Four Oaks will have 20 stations, Johnston Dialysis Center will have 27 stations and FMC New Hope Dialysis will have 32 stations/ Johnston County**

**CONDITIONS:** See Reverse Side

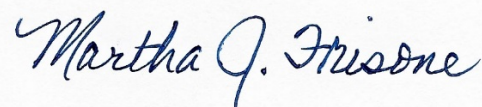
**PHYSICAL LOCATION:** FKC East Johnston  
Highway 301  
PIN#261514-44-4014  
Selma, NC 27576

**MAXIMUM CAPITAL EXPENDITURE:** \$1,568,746

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** April 18, 2018

This certificate is effective as of December 12, 2017  
Corrected certificate issued on July 7, 2020



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Martha J. Frisone, Chief

**CONDITIONS:**

1. Bio-Medical Applications of North Carolina, Inc. d/b/a Fresenius Kidney Care Selma shall materially comply with all representations made in the certificate of need application.
2. Pursuant to Policy ESRD 2, Bio-Medical Applications of North Carolina, Inc. shall develop a new kidney disease treatment center to be known as Fresenius Kidney Care Selma by relocating two dialysis stations from FMC Four Oaks, four dialysis stations from Johnston Dialysis and four dialysis stations from FMC New Hope.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a Fresenius Kidney Care Selma shall install plumbing and electrical wiring through the walls for no more than 10 dialysis stations, which shall include any isolation or home hemodialysis stations.
4. Upon project completion, Bio-Medical Applications of North Carolina, Inc. shall take the necessary steps to decertify two dialysis stations (proposed project) for a total of no more than 20 dialysis stations at FMC Four Oaks.
5. Upon completion of this project and Project I.D. # J-11230-16, Bio-Medical Applications of North Carolina, Inc., shall add six stations and decertify four dialysis stations from Johnston Dialysis for a total of no more than twenty-seven dialysis stations at Johnston Dialysis.
6. Upon completion of this project, Project I.D. # J-11312-17 and Project I.D. # J-11271-16, Bio-Medical Applications of North Carolina, Inc., shall decertify four stations (proposed project) and six stations (Project I.D. # J-11271-16) for a total of ten dialysis stations to be decertified and add six stations (Project I.D. # J-11312-17) for a total of no more than thirty-two dialysis stations at FMC New Hope.
7. Bio-Medical Applications of North Carolina, Inc. d/b/a Fresenius Kidney Care Selma shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on November 17, 2017.

**TIMETABLE:**

1. Financing Obtained	July 17, 2017
2. Drawings Completed	March 30, 2018
3. Construction/Renovation Contract(s) Executed	April 20, 2018
4. 25% of Construction/Renovation Completed (25% of the cost is in place)	June 19, 2018
5. 50% of Construction/Renovation Completed	August 3, 2018
6. 75% of Construction/Renovation Completed	September 17, 2018
7. Construction/Renovation Completed	October 22, 2018
8. Equipment Ordered	October 17, 2018
9. Equipment Operational	December 22, 2018
10. Building/Space Occupied	December 31, 2018
11. Services Offered	December 31, 2018
12. Medicare and/or Medicaid Certification Obtained	December 31, 2018



# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: J-11847-20

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:** Develop a new 10-station dialysis facility by relocating no more than 10 stations from Wake Forest Dialysis Center and develop a home training and support program/ Wake County

**CONDITIONS:** See Reverse Side

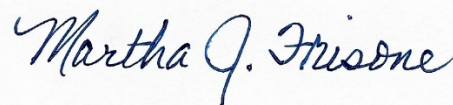
**PHYSICAL LOCATION:** Downtown Raleigh Dialysis  
3219 Poole Road  
Raleigh NC 27610

**CAPITAL EXPENDITURE:** \$2,053,655

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** December 1, 2020

This certificate is effective as of July 28, 2020



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Martha J. Frisone, Chief

**CONDITIONS:**

- 1. Total Renal Care of North Carolina, LLC shall materially comply with all representations made in the certificate of need application.**
- 2. Pursuant to Policy ESRD-2, Total Renal Care of North Carolina, LLC shall develop a new kidney disease treatment center to be known as Downtown Raleigh Dialysis by relocating no more than 10 in-center and home hemodialysis stations from Wake Forest Dialysis Center.**
- 3. Upon completion of this project, Total Renal Care of North Carolina, LLC shall take the necessary steps to decertify 10 stations at Wake Forest Dialysis Center for a total of no more than 11 in-center and home hemodialysis stations upon completion of the project.**
- 4. Total Renal Care of North Carolina, LLC shall install plumbing and electrical wiring through the walls for no more than 10 in-center and home hemodialysis stations.**
- 5. Total Renal Care of North Carolina, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

**A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on June 26, 2020.**

**Timetable**

	<b>Milestone</b>	<b>Date mm/dd/yyyy</b>
<b>1</b>	Drawings Completed	10/3/2020
<b>2</b>	Construction / Renovation Contract(s) Executed	2/15/2021
<b>3</b>	50% of Construction / Renovation Completed	8/14/2021
<b>4</b>	Construction / Renovation Completed	11/6/2021
<b>5</b>	<b>Services Offered</b>	1/1/2022



# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: J-11747-19

FID #: 190370

**ISSUED TO:** Wake Spine and Specialty Surgery Center, 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 specialty ambulatory surgery center in Raleigh with one operating room and three procedure rooms pursuant to the need determination in the 2019 SMFP/ Wake County

**CONDITIONS:** See Reverse Side

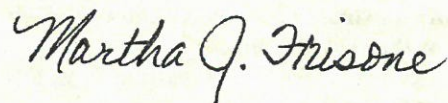
**PHYSICAL LOCATION:** Wake Spine and Specialty Surgery Center  
5241 E. Six Forks Road  
Raleigh NC 27609

**CAPITAL EXPENDITURE:** \$5,680,800

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** December 1, 2020

This certificate is effective as of July 15, 2020



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Martha J. Frisone, Chief



**CONDITIONS:**

1. Wake Spine and Specialty Surgery Center, LLC shall materially comply with all representations made in the certificate of need application.
2. Wake Spine and Specialty Surgery Center, LLC shall develop a new specialty ambulatory surgical facility by developing no more than one operating room and three procedure rooms.
3. Upon completion of the project, Wake Spine and Specialty Surgery Center, LLC shall be licensed for no more than one operating room and three procedure rooms.
4. Wake Spine and Specialty Surgery Center, LLC 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. Wake Spine and Specialty Surgery Center, LLC shall receive accreditation from the Joint Commission for the Accreditation of Healthcare Organizations, the Accreditation Association for Ambulatory Health Care or a comparable accreditation authority within two years following licensure of the facility.
6. For the first three years of operation following completion of the project, Wake Spine and Specialty Surgery Center, LLC shall not increase charges more than 5% of the charges projected in Section Q of the application without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.
7. The procedure rooms shall not be used for procedures that should be performed only in an operating room based on current standards of practice.
8. Procedures performed in the procedure rooms shall not be reported for billing purposes as having been performed in an operating room and shall not be reported on the facility's license renewal application as procedures performed in an operating room.
9. Wake Spine and Specialty Surgery Center, LLC 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.
10. No later than three months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, Wake Spine and Specialty Surgery Center, LLC shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
  - a. Payor mix for the services authorized in this certificate of need.
  - b. Utilization of the services authorized in this certificate of need.
  - c. Revenues and operating costs for the services authorized in this certificate of need.
  - d. Average gross revenue per unit of service.
  - e. Average net revenue per unit of service.
  - f. Average operating cost per unit of service.
11. Wake Spine and Specialty Surgery Center, LLC 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.

**TIMETABLE:**

1. Construction / Renovation Contract(s) Executed \_\_\_\_\_ November 1, 2020
2. 25% of Construction / Renovation Completed \_\_\_\_\_ April 1, 2021  
(25% of the cost is in place)
3. 75% of Construction / Renovation Completed \_\_\_\_\_ August 1, 2021
4. Services Offered (required) \_\_\_\_\_ February 1, 2022
5. First Annual Report Due \_\_\_\_\_ May 1, 2023



# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: J-11752-19

FID #: 101146

**ISSUED TO:** Triangle Orthopaedics Surgery Center, 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 one operating room to an existing specialty ambulatory surgery center (ASC) in Raleigh pursuant to the need determination in the 2019 SMFP for a total of three operating rooms upon project completion, and convert the specialty ASC to a multispecialty ASC/ Wake County

**CONDITIONS:** See Reverse Side

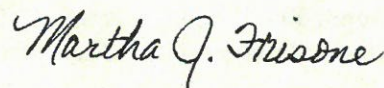
**PHYSICAL LOCATION:** Triangle Orthopaedics Surgery Center  
7921 ACC Boulevard  
Raleigh NC 27617

**CAPITAL EXPENDITURE:** \$5,652,176

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** December 1, 2020

This certificate is effective as of July 15, 2020



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Martha J. Frisone, Chief



**CONDITIONS:**

1. Triangle Orthopaedics Surgery Center, LLC shall materially comply with all representations made in the certificate of need application.
2. Triangle Orthopaedics Surgery Center, LLC shall develop one additional operating room for a total of three operating rooms and convert the existing specialty ambulatory surgical facility to a multispecialty ambulatory surgical facility.
3. Upon completion of the project, Triangle Orthopaedics Surgery Center, LLC shall be licensed for no more than three operating rooms and one procedure room.
4. Triangle Orthopaedics Surgery Center, LLC 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. Triangle Orthopaedics Surgery Center, LLC shall receive accreditation from the Joint Commission for the Accreditation of Healthcare Organizations, the Accreditation Association for Ambulatory Health Care or a comparable accreditation authority within two years following licensure of the facility.
6. For the first three years of operation following completion of the project, Triangle Orthopaedics Surgery Center, LLC shall not increase charges more than 5% of the charges projected in Section Q of the application without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.
7. The procedure room shall not be used for procedures that should be performed only in an operating room based on current standards of practice.
8. Procedures performed in the procedure room shall not be reported for billing purposes as having been performed in an operating room and shall not be reported on the facility's license renewal application as procedures performed in an operating room.
9. Triangle Orthopaedics Surgery Center, LLC 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.
10. No later than three months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, Triangle Orthopaedics Surgery Center, LLC shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
  - a. Payor mix for the services authorized in this certificate of need.
  - b. Utilization of the services authorized in this certificate of need.
  - c. Revenues and operating costs for the services authorized in this certificate of need.
  - d. Average gross revenue per unit of service.
  - e. Average net revenue per unit of service.
  - f. Average operating cost per unit of service.
11. Triangle Orthopaedics Surgery Center, LLC 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.

**TIMETABLE:**

1. Equipment Ordered \_\_\_\_\_ October 15, 2020
2. Services Offered (required) \_\_\_\_\_ May 1, 2021
3. First Annual Report Due \_\_\_\_\_ August 1, 2022



# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: J-11879-20

FID #: 130278

**ISSUED TO:** Bio-Medical Applications of North Carolina, Inc.

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

**SCOPE:** Add no more than three dialysis stations pursuant to the facility need determination for a total of no more than 18 stations which is a change of scope for Project I.D. # J-11784-19 (add one dialysis station)/ Wake County

**CONDITIONS:** See Reverse Side

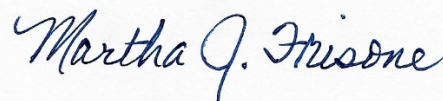
**PHYSICAL LOCATION:** FMC Northern Wake  
2700 Leighton Ridge Road  
Wake Forest NC 27587

**CAPITAL EXPENDITURE:** \$11,250

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** December 1, 2020

This certificate is effective as of July 28, 2020



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Martha J. Frisone, Chief

**CONDITIONS:**

- 1. Bio-Medical Applications of North Carolina, Inc. shall materially comply with all representations made in the certificate of need application.**
- 2. Pursuant to the facility need determination in the 2020 State Medical Facilities Plan, Bio-Medical Applications of North Carolina, Inc. shall develop no more than three additional dialysis stations at FMC Northern Wake for a total of no more than 18 certified dialysis stations upon completion of this project and Project I.D. # J-11784-19 (add one dialysis station), which shall include any home hemodialysis training or isolation stations.**
- 3. Bio-Medical Applications of North Carolina, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on June 25, 2020.

**Timetable**

<b>Milestone</b>		<b>Date mm/dd/yyyy</b>
<b>1</b>	<b>Equipment Ordered</b>	<b>10/13/2020</b>
<b>2</b>	<b>Services Offered</b>	<b>12/31/2020</b>