

**Certificate of Need
Certificates Issued
March 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
Buncombe	B-011831-19	Arden Dialysis	150248	ESRD	Change of Scope and Cost Overrun for Project ID# B-11037-15 (Develop a new dialysis facility by relocating 10 stations from Swannanoa Dialysis Center to Arden Dialysis) relocate no more than 4 dialysis stations from Asheville Kidney Center to Arden Dialysis pursuant to Policy ESRD-2, for a total of no more than 14 stations upon completion of this project and Project ID# B-11037-15	12/1/2019	2/25/2020	3/27/2020	Conditional Approval	Ena Lightbourne	Lisa Pittman	\$641,681	9/1/2020
Durham	J-011769-19	FMC Dialysis Services of Briggs Avenue	990969	ESRD	Add no more than 4 dialysis stations for a total of no more than 29 stations upon completion of this project and Project ID #J-11736-19 (relocate 4 stations to FKC Eno River)	10/1/2019	1/30/2020	3/3/2020	Conditional Approval	Ena Lightbourne	Gloria Hale	\$0	8/1/2020
Durham	J-011626-18	Southpoint Surgery Center	180558	ASC	Develop a new ambulatory surgical facility with no more than two operating rooms and four procedure rooms upon project completion	12/1/2018	4/9/2019	3/25/2020	Denied - Settlement	Celia Inman	Gloria Hale	\$12,525,161	12/15/2020
Durham	J-011631-18	Duke North Pavilion	956937	HOSPITAL	Develop no more than two additional ambulatory operating rooms and three procedure rooms for a total of no more than 67 operating rooms upon project completion	12/1/2018	4/19/2019	3/25/2020	Other - See Comments	Celia Inman	Gloria Hale	\$17,853,600	12/15/2021
Durham	J-011803-19	Liberty Commons of Durham County	190528	NH	Relocate 49 NF beds from Liberty Commons Silas Creek pursuant to Policy NH-6 to develop a new NF which is a change of scope for Project ID #G-10216-13 (Relocate 100 NF beds from Liberty Commons Springwood)	11/1/2019	2/28/2020	3/31/2020	Conditional Approval	Greg Yakaboski	Lisa Pittman	\$8,920,875	11/15/2020
Forsyth	G-011802-19	Summerstone Health and Rehabilitation Center	130486	NH	Relocate 18 NF beds from Liberty Commons of Silas Creek to Summerstone Health and Rehabilitation Center, pursuant to Policy NH-6, which is a change of scope for Project ID# G-10216-13 (relocate 100 NF beds from Liberty Commons Springwood to Silas Creek) for a total of no more than 138 NF beds at Summerstone Health and Rehabilitation Center upon completion of this project	11/1/2019	2/28/2020	3/31/2020	Conditional Approval	Greg Yakaboski	Lisa Pittman	\$68,100	6/20/2020

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Forsyth	G-011809-19	The Oaks	923497	NH	Relocate no more than 33 NF beds from Liberty Commons of Silas Creek to The Oaks, pursuant to Policy NH-6, which is a change of scope for Project ID# G-10216-13 (relocate 100 NF beds from Liberty Commons Springwood to Silas Creek) for a total of no more than 151 NF beds upon completion of this project and Project ID# F-11462-18 (relocate 13 NF beds from The Oaks to Liberty Commons of Mecklenburg)	11/1/2019	2/28/2020	3/31/2020	Conditional Approval	Greg Yakaboski	Lisa Pittman	\$136,660	7/15/2020
Franklin	K-011767-19	Fresenius Kidney Care Tar River	130122	ESRD	Add no more than 4 dialysis stations for a total of no more than 18 stations upon completion of this project, and Project I.D. # K-11669-19 (add 2 stations)	10/1/2019	2/18/2020	3/20/2020	Conditional Approval	Ena Lightbourne	Gloria Hale	\$15,000	7/1/2020
Gaston	F-011824-19	CaroMont Regional Medical Center	943184	HOSPITAL	Relocate no more than two existing gastrointestinal (GI) endoscopy rooms from the former Greater Gaston Endoscopy Center to CaroMont Regional Medical Center (CRMC) for a total of no more than eight GI endoscopy rooms at CRMC upon project completion	12/1/2019	2/26/2020	3/28/2020	Conditional Approval	Mike McKillip	Lisa Pittman	\$173,097	9/1/2020
Haywood	A-011793-19	Waynesville Dialysis Center	010800	ESRD	Add no more than 3 dialysis stations for a total of no more than 24 stations upon completion of this project and Project ID #A-11686-19 (add 2 stations)	10/1/2019	2/4/2020	3/6/2020	Conditional Approval	Ena Lightbourne	Gloria Hale	\$34,956	8/1/2020
Johnston	J-011777-19	Fresenius Medical Care Stallings Station	030941	ESRD	Add no more than 2 dialysis stations for a total of no more than 20 stations upon completion of this project, Project ID #J-11707-19 (relocate facility), Project ID #J-11473-18 (add 4 stations), and Project ID #J-11435-17 (relocate 10 stations to FKC West Johnston)	10/1/2019	2/3/2020	3/5/2020	Conditional Approval	Tanya Saporito	Lisa Pittman	\$7,500	8/1/2020

STATE OF NORTH CAROLINA

Department of Health and Human Services
Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project ID #: B-11831-19

FID #: 150248

ISSUED TO: Total Renal Care of North Carolina, LLC

Pursuant to N.C. Gen. Stat. § 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 certificate of need 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 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 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 N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that section.

SCOPE: Change of Scope and Cost Overrun for Project ID# B-11037-15 (Develop a new dialysis facility by relocating 10 stations from Swannanoa Dialysis Center to Arden Dialysis) relocate no more than 4 dialysis stations from Asheville Kidney Center to Arden Dialysis pursuant to Policy ESRD-2, for a total of no more than 14 stations upon completion of this project and Project ID# B-11037-15/ Buncombe County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Arden Dialysis
2621 Hendersonville Road
Arden, NC 28704

MAXIMUM CAPITAL EXPENDITURE: \$641,681

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2020

This certificate is effective as of March 27, 2020

Martha J. Frisone

Martha J. Frisone, Chief

CONDITIONS:

1. Total Renal Care of North Carolina, LLC shall materially comply with the representations made in this application and the representations made in Project I.D. B-11037-15. Where representations conflict, Total Renal Care of North Carolina, LLC shall materially comply with the last made representation.
2. Pursuant to Policy ESRD-2, Total Renal Care of North Carolina, LLC shall relocate four dialysis stations from Asheville Kidney Center to Arden Dialysis.
3. Upon completion of this project, Total Renal Care of North Carolina, LLC shall take the necessary steps to decertify four dialysis stations at Asheville Kidney Center for a total of no more than 48 dialysis stations at Asheville Kidney Center.
4. 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 March 3, 2020.

TIMETABLE:

1. 50% of Construction / Renovation Completed _____ April 14, 2020
2. Construction / Renovation Completed _____ November 6, 2020
3. Building / Space Occupied _____ November 20, 2020
4. Services Offered (required) _____ January 1, 2021
5. Medicare and / or Medicaid Certification Obtained _____ January 1, 2021

STATE OF NORTH CAROLINA

*Department of Health and Human Services
Division of Health Service Regulation*

CERTIFICATE OF NEED

for

Project ID #: J-11626-18

FID #: 180558

ISSUED TO: Southpoint Surgery Center, LLC

Pursuant to N.C. Gen. Stat. § 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 certificate of need 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 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 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 N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that section.

SCOPE: Develop a new ambulatory surgical facility with no more than two operating rooms and four procedure rooms upon project completion / Durham County

CONDITIONS: See Reverse Side

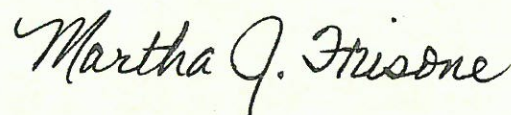
**PHYSICAL LOCATION: Southpoint Surgery Center
7810 NC 751 Hwy.
Durham, NC 27713**

MAXIMUM CAPITAL EXPENDITURE: \$12,525,161

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 15, 2021

This certificate is effective as of March 25, 2020



Martha J. Frisone, Chief

CONDITIONS:

1. Southpoint Surgery Center, LLC. shall materially comply with all representations made in the certificate of need application except as modified by the terms of the Settlement Agreement.
2. The maximum total capital expenditure for the project shall be \$12,525,161.
3. Southpoint Surgery Center, LLC. shall develop a new ambulatory surgical facility with no more than two operating rooms and four procedure rooms at 7810 NC 751 Highway in Durham County and shall not seek Agency approval to relocate those rooms prior to development.
4. Upon completion of the project, Southpoint Surgery Center, LLC. shall be licensed for no more than 2 ORs and 4 procedure rooms.
5. Southpoint Surgery Center, LLC. shall not operationalize (perform patient care) in its two operating rooms and four procedure rooms prior to January 1, 2023. This does not preclude Southpoint from engaging in any activities to develop and prepare to operate the facility prior to January 1, 2023.
6. Southpoint 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 VIII of the application and that would otherwise require a certificate of need.
7. For the first three years of operation following completion of the project, Southpoint 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 is in material compliance with the representations in the certificate of need application.
8. Southpoint 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 Buildings Codes.
9. 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, Southpoint Surgery Center, LLC. shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, 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 cost for the services authorized in this certificate 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.

(Project I.D. J-11626-18 Cont.)

TIMETABLE:

1. Construction / Renovation Contract(s) Executed _____ December 1, 2021
2. 25% of Construction / Renovation Completed
(25% of the cost is in place) _____ March 1, 2022
3. 50% of Construction / Renovation Completed _____ May 1, 2022
4. 75% of Construction / Renovation Completed _____ August 1, 2022
5. Construction / Renovation Completed _____ September 1, 2022
6. Building / Space Occupied _____ September 1, 2022
7. Licensure Obtained _____ December 20, 2022
8. Services Offered (required) _____ January 1, 2023
9. Medicare and / or Medicaid Certification Obtained _____ February 1, 2023
10. Facility or Service Accredited _____ April 1, 2023
11. First Annual Report Due _____ March 15, 2024

STATE OF NORTH CAROLINA

Department of Health and Human Services

Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project ID #: J-11631-18

FID #: 956937

ISSUED TO: Duke University Health System, Inc.

Pursuant to N.C. Gen. Stat. § 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 certificate of need 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 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 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 N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that section.

SCOPE: Develop no more than two additional ambulatory operating rooms and three procedure rooms for a total of no more than 67 operating rooms upon project completion/ Durham County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Duke North Pavilion
2400 Pratt Street
Durham, NC 27705**

MAXIMUM CAPITAL EXPENDITURE: \$17,853,600

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 15, 2021

This certificate is effective as of March 25, 2020

Martha J. Frisone

Martha J. Frisone, Chief

CONDITIONS:

1. Duke University Health Systems, Inc. shall materially comply with all representations made in the certificate of need application except as modified by the terms of the Settlement Agreement.
2. The maximum total capital expenditure for the project shall be \$17,853,600.
3. Duke University Health Systems, Inc. shall develop no more than two additional ambulatory operating rooms and three procedure rooms at Duke North Pavilion and shall not seek Agency approval to relocate those rooms prior to development.
4. Upon completion of the project, Duke University Health Systems, Inc. shall be licensed for no more than 67 ORs; 10 inpatient OR's (including one trauma/burn OR), 46 shared ORs, and 11 dedicated outpatient ORs, License # H0015.
5. Duke University Health Systems, Inc. and its corporate affiliates shall be licensed for more than 92 ORs: 67 at Duke University Hospital (including one trauma/burn OR), 15 at Duke Regional Hospital (including two C-Section ORs), four at James E. Davis Ambulatory Surgical Center, and four at Arrington Ambulatory Surgical Center upon completion of Project I.D #J-11508-18 (develop a new ASF by relocating four ORs from James E. Davis Ambulatory Surgical Center).
6. Duke University Health Systems, Inc. shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section VIII of the application and that would otherwise require a certificate of need.
7. For the first three years of operation following completion of the project, Duke University Health Systems, Inc. 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 is in material compliance with the representations in the certificate of need application.
8. Duke University Health Systems, Inc. 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 Buildings Codes.
9. 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, Duke University Health System, Inc. shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, 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 cost for the services authorized in this certificate 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.

(Project I.D. J-11631-18 Cont.)

TIMETABLE:

- 1. Construction / Renovation Completed _____ June 1, 2023
- 2. Equipment Operational _____ June 1, 2023
- 3. Services Offered (required) _____ July 1, 2023
- 4. First Annual Report Due _____ October 1, 2023

STATE OF NORTH CAROLINA

*Department of Health and Human Services
Division of Health Service Regulation*

CERTIFICATE OF NEED

for

Project ID #: J-11769-19

FID #: 990969

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

Pursuant to N.C. Gen. Stat. § 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 certificate of need 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 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 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 N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that section.

SCOPE: Add no more than 4 dialysis stations for a total of no more than 29 stations upon completion of this project and Project ID #J-11736-19 (relocate 4 stations to FKC Eno River) / Durham County

CONDITIONS: See Reverse Side

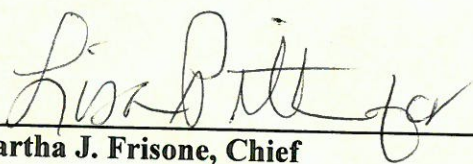
PHYSICAL LOCATION: FMC Dialysis Services of Briggs Avenue
1209 South Briggs Avenue
Durham, NC 27703

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 1, 2020

This certificate is effective as of March 3, 2020



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 July 2019 SDR, Bio-Medical Applications of North Carolina, Inc. shall develop no more than four additional dialysis stations for a total of no more than 29 certified stations at FMC Dialysis Services of Briggs Avenue upon completion of this project, and Project ID #J-11736-19 (relocate four stations to FKC Eno River), 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 February 6, 2020.

TIMETABLE:

- | | |
|--|--------------------|
| 1. Financing Obtained _____ | September 16, 2019 |
| 2. Equipment Ordered _____ | October 17, 2020 |
| 3. Equipment Installed _____ | November 28, 2020 |
| 4. Equipment Operational _____ | December 08, 2020 |
| 5. Building / Space Occupied _____ | December 08, 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 #: J-11803-19

FID #: 190528

ISSUED TO: Liberty Healthcare Properties of Durham County, LLC

Pursuant to N.C. Gen. Stat. § 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 certificate of need 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 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 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 N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that section.

SCOPE: Relocate 49 NF beds from Liberty Commons Silas Creek pursuant to Policy NH-6 to develop a new NF which is a change of scope for Project ID #G-10216-13 (Relocate 100 NF beds from Liberty Commons Springwood)/ Durham County

CONDITIONS: See Reverse Side

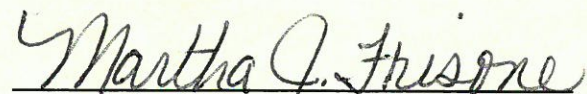
PHYSICAL LOCATION: Liberty Commons of Durham County
4712 Hope Valley Road
Durham, NC 27707

MAXIMUM CAPITAL EXPENDITURE: \$8,920,875

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 15, 2020

This certificate is effective as of March 31, 2020


Martha J. Frisone, Chief

CONDITIONS:

1. Liberty Healthcare Properties of Durham County, LLC shall materially comply with all representations made in the certificate of need application.
2. Liberty Healthcare Properties of Durham County, LLC shall relocate no more than 49 NF beds from Liberty Commons of Silas Creek pursuant to Policy NH-6 to develop a new NF which is a change of scope for Project ID #G-10216-13 (Relocate 100 NF beds from Liberty Commons Springwood)
3. Upon completion of the project, Liberty Commons of Durham County shall be licensed for no more than 49 nursing facility beds. Liberty Commons of Silas Creek (Project ID#G-10216-13) will be licensed for no nursing facility beds upon completion of this project, Project ID# G-11802 (relocate 18 NF beds from Liberty Commons of Silas Creek to Summerstone Health and Rehabilitation Center) and Project ID# G-11809 (relocate 33 NF beds from Liberty Commons of Silas Creek to The Oaks).
4. Liberty Healthcare Properties of Durham County, 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.
5. No later than three months after the last day of each of the first three full fiscal years of operation following initiation of the services authorized by this certificate of need, Liberty Healthcare Properties of Durham County, 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.
6. For the first two years of operation following completion of the project, Liberty Healthcare Properties of Durham County, LLC shall not increase private pay charges more than 5% of the projected private pay charges provided in Section Q of the application without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.
7. Liberty Healthcare Properties of Durham County, 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 March 2, 2020.

TIMETABLE:

1. Drawings Completed _____ March 1, 2021
2. Construction / Renovation Contract(s) Executed _____ June 1, 2021
3. 25% of Construction / Renovation Completed
(25% of the cost is in place) _____ March 1, 2022
4. 50% of Construction / Renovation Completed _____ August 1, 2022
5. 75% of Construction / Renovation Completed _____ January 1, 2023
6. Construction / Renovation Completed _____ July 1, 2023
7. Building / Space Occupied _____ October 1, 2023
8. Licensure Obtained _____ October 1, 2023
9. Services Offered (required) _____ October 1, 2023
10. Medicare and / or Medicaid Certification Obtained _____ November 1, 2023
11. First Annual Report Due _____ December 31, 2024

STATE OF NORTH CAROLINA

*Department of Health and Human Services
Division of Health Service Regulation*

CERTIFICATE OF NEED

for

Project ID #: G-11802-19

FID #: 130486

**ISSUED TO: Liberty Commons of Kernersville, LLC
Liberty Healthcare Properties of Kernersville, LLC**

Pursuant to N.C. Gen. Stat. § 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 certificate of need 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 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 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 N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that section.

SCOPE: Relocate 18 NF beds from Liberty Commons of Silas Creek to Summerstone Health and Rehabilitation Center, pursuant to Policy NH-6, which is a change of scope for Project ID# G-10216-13 (relocate 100 NF beds from Liberty Commons Springwood to Silas Creek) for a total of no more than 138 NF beds at Summerstone Health and Rehabilitation Center upon completion of this project/ Forsyth County

CONDITIONS: See Reverse Side

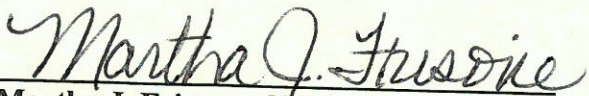
PHYSICAL LOCATION: Summerstone Health and Rehabilitation Center
485 Veterans Highway
Kernersville, NC 27784

MAXIMUM CAPITAL EXPENDITURE: \$68,100

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 20, 2020

This certificate is effective as of March 31, 2020


Martha J. Frisone, Chief

CONDITIONS:

1. Liberty Commons of Kernersville, LLC and Liberty Healthcare Properties of Kernersville, LLC shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, Liberty Commons of Kernersville, LLC and Liberty Healthcare Properties of Kernersville, LLC shall materially comply with the last made representation.
2. Liberty Commons of Kernersville, LLC and Liberty Healthcare Properties of Kernersville, LLC shall relocate no more than 18 NF beds from Liberty Commons of Silas Creek which is a change of scope for Project ID #G-10216-13 (Relocate 100 NF beds from Liberty Commons Springwood to Silas Creek)
3. Upon completion of the project, Summerstone Health and Rehabilitation Center shall be licensed for no more than 138 nursing facility beds. Liberty Commons of Silas Creek (Project ID#G-10216-13) will be licensed for no nursing facility beds upon completion of this project, Project ID# G-11803-19 (relocate 49 NF beds from Liberty Commons of Silas Creek to Liberty Commons of Durham County) and Project ID# G-11809 (relocate 33 NF beds from Liberty Commons of Silas Creek to The Oaks).
4. 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, Liberty Commons of Kernersville, LLC and Liberty Healthcare Properties of Kernersville, 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. Liberty Commons of Kernersville, LLC and Liberty Healthcare Properties of Kernersville, 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 March 2, 2020.

(G-11802-19 Con't)

TIMETABLE:

Phase I

1. Construction / Renovation Contract(s) Executed _____ June 1, 2020
2. 25% of Construction / Renovation Completed
(25% of the cost is in place) _____ June 15, 2020
3. 50% of Construction / Renovation Completed _____ June 30, 2020
4. 75% of Construction / Renovation Completed _____ July 15, 2020
5. Construction / Renovation Completed _____ August 1, 2020
6. Building / Space Occupied _____ October 1, 2020
7. Licensure Obtained _____ October 1, 2020
8. Services Offered (required) _____ October 1, 2020

Phase II

9. Construction / Renovation Contract(s) Executed _____ June 1, 2023
10. 25% of Construction / Renovation Completed
(25% of the cost is in place) _____ June 15, 2023
11. 50% of Construction / Renovation Completed _____ June 30, 2023
12. 75% of Construction / Renovation Completed _____ July 15, 2023
13. Construction / Renovation Completed _____ August 1, 2023
14. Building / Space Occupied _____ October 1, 2023
15. Licensure Obtained _____ October 1, 2023
16. Services Offered (required) _____ October 1, 2023
17. First Annual Report Due _____ December 31, 2024

STATE OF NORTH CAROLINA

*Department of Health and Human Services
Division of Health Service Regulation*

CERTIFICATE OF NEED

for

Project ID #: G-11809-19

FID #: 923497

**ISSUED TO: Liberty Commons Nursing and Rehabilitation Center of the Oaks, LLC
Liberty Healthcare Properties of the Oaks, LLC**

Pursuant to N.C. Gen. Stat. § 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 certificate of need 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 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 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 N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that section.

SCOPE: Relocate no more than 33 NF beds from Liberty Commons of Silas Creek to The Oaks, pursuant to Policy NH-6, which is a change of scope for Project ID# G-10216-13 (relocate 100 NF beds from Liberty Commons Springwood to Silas Creek) for a total of no more than 151 NF beds upon completion of this project and Project ID# F-11462-18 (relocate 13 NF beds from The Oaks to Liberty Commons of Mecklenburg)/ Forsyth County

CONDITIONS: See Reverse Side


**PHYSICAL LOCATION: The Oaks
901 Bethesda Road
Winston-Salem, NC 27103**

MAXIMUM CAPITAL EXPENDITURE: \$136,660

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 15, 2020

This certificate is effective as of March 31, 2020


Martha J. Frisone, Chief

CONDITIONS:

- 1. Liberty Commons Nursing and Rehabilitation Center of the Oaks, LLC and Liberty Healthcare Properties of the Oaks, LLC shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, Liberty Commons Nursing and Rehabilitation Center of the Oaks, LLC and Liberty Healthcare Properties of the Oaks, LLC shall materially comply with the last made representation.**
- 2. Liberty Commons Nursing and Rehabilitation Center of the Oaks, LLC and Liberty Healthcare Properties of the Oaks, LLC shall relocate no more than 33 NF beds from Liberty Commons of Silas Creek which is a change of scope for Project ID #G-10216-13 (Relocate 100 NF beds from Liberty Commons Springwood to Silas Creek).**
- 3. Upon completion of the project and Project ID# F-11462-18 (relocate 13 NF beds from The Oaks to Liberty Commons of Mecklenburg), The Oaks shall be licensed for no more than 151 nursing facility beds. Liberty Commons of Silas Creek (Project ID#G-10216-13) will be licensed for no nursing facility beds upon completion of this project, Project ID# G-11802 (relocate 18 NF beds from Liberty Commons of Silas Creek to Summerstone Health and Rehabilitation Center) and Project ID# G-11803-19 (relocate 49 NF beds from Liberty Commons of Silas Creek to Liberty Commons of Durham County).**
- 4. 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, Liberty Commons Nursing and Rehabilitation Center of the Oaks, LLC and Liberty Healthcare Properties of the Oaks, 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. Liberty Commons Nursing and Rehabilitation Center of the Oaks, LLC and Liberty Healthcare Properties of the Oaks, 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 March 2, 2020.

(G-11809-19 Con't)

TIMETABLE:

Phase I

1. Construction / Renovation Contract(s) Executed _____ June 1, 2020
2. 25% of Construction / Renovation Completed
(25% of the cost is in place) _____ June 15, 2020
3. 50% of Construction / Renovation Completed _____ June 30, 2020
4. 75% of Construction / Renovation Completed _____ July 15, 2020
5. Construction / Renovation Completed _____ August 1, 2020
6. Building / Space Occupied _____ October 1, 2020
7. Licensure Obtained _____ October 1, 2020
8. Services Offered (required) _____ October 1, 2020

Phase II

9. Construction / Renovation Contract(s) Executed _____ June 1, 2023
10. 25% of Construction / Renovation Completed
(25% of the cost is in place) _____ June 15, 2023
11. 50% of Construction / Renovation Completed _____ June 30, 2023
12. 75% of Construction / Renovation Completed _____ July 15, 2023
13. Construction / Renovation Completed _____ August 1, 2023
14. Building / Space Occupied _____ October 1, 2023
15. Licensure Obtained _____ October 1, 2023
16. Services Offered (required) _____ October 1, 2023
17. First Annual Report Due _____ December 31, 2024

STATE OF NORTH CAROLINA

*Department of Health and Human Services
Division of Health Service Regulation*

CERTIFICATE OF NEED

for

Project ID #: K-11767-19

FID #: 130122

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

Pursuant to N.C. Gen. Stat. § 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 certificate of need 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 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 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 N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that section.

SCOPE: Add no more than 4 dialysis stations for a total of no more than 18 stations upon completion of this project, and Project I.D. # K-11669-19 (add 2 stations)

CONDITIONS: See Reverse Side

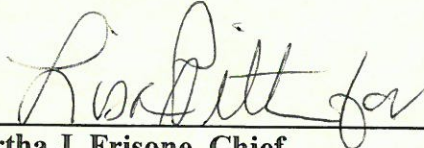
**PHYSICAL LOCATION: Fresenius Kidney Care Tar River
935 N. Main Street
Louisburg, NC 27549**

MAXIMUM CAPITAL EXPENDITURE: \$15,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2020

This certificate is effective as of March 20, 2020



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 July 2019 SDR, Bio-Medical Applications of North Carolina, Inc. shall develop no more than four additional dialysis stations for a total of no more than 18 certified stations at FMC Tar River upon completion of this project, and Project ID# K-11669-19 (add 2 stations), 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 February 21, 2020.

TIMETABLE:

1. Financing Obtained _____	September 16, 2019
2. Drawings Completed _____	June 02, 2020
3. Equipment Ordered _____	September 30, 2020
4. Equipment Installed _____	November 29, 2020
5. Equipment Operational _____	December 13, 2020
6. Building / Space Occupied _____	December 13, 2020
7. Services Offered (required) _____	December 31, 2020
8. 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 #: F-11824-19

FID #: 943184

**ISSUED TO: Gaston Memorial Hospital, Inc.
CaroMont Health, Inc.**

Pursuant to N.C. Gen. Stat. § 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 certificate of need 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 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 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 N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that section.

SCOPE: Relocate no more than two existing gastrointestinal (GI) endoscopy rooms from the former Greater Gaston Endoscopy Center to CaroMont Regional Medical Center (CRMC) for a total of no more than eight GI endoscopy rooms at CRMC upon project completion / Gaston County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: CaroMont Regional Medical Center
2525 Court Drive
Gaston, NC 28053**

MAXIMUM CAPITAL EXPENDITURE: \$173,097

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2020

This certificate is effective as of March 28, 2020

Martha J. Frisone

Martha J. Frisone, Chief

CONDITIONS:

1. Gaston Memorial Hospital, Inc. and CaroMont Health, Inc. shall materially comply with all representations made in the certificate of need application.
2. Gaston Memorial Hospital, Inc. and CaroMont Health, Inc. shall relocate two gastrointestinal endoscopy procedure rooms from Greater Gaston Endoscopy Center to CaroMont Regional Medical Center at 2525 Court Drive in Gastonia, for a total of no more than eight gastrointestinal endoscopy procedure rooms upon project completion.
3. Upon completion of the project, Greater Gaston Endoscopy Center shall no longer be licensed for any gastrointestinal endoscopy procedure rooms.
4. Gaston Memorial Hospital, Inc. and CaroMont Health, Inc. shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Sections F and Q of the application and that would otherwise require a certificate of need.
5. For the first three years of operation following completion of the project, Gaston Memorial Hospital, Inc. and CaroMont Health, Inc. shall not increase charges more than 5% of the charges projected in Sections F and Q of the application without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.
6. No later than three months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, Gaston Memorial Hospital, Inc. and CaroMont Health, Inc. shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.
7. Gaston Memorial Hospital, Inc. and CaroMont Health, 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 March 24, 2020.

TIMETABLE:

1. 25% of Construction / Renovation Completed
(25% of the cost is in place) _____ August 3, 2020
2. Services Offered (required) _____ October 1, 2020
3. First Annual Report Due _____ January 1, 2022

STATE OF NORTH CAROLINA

*Department of Health and Human Services
Division of Health Service Regulation*

CERTIFICATE OF NEED

for

Project ID #: A-11793-19

FID #: 10800

ISSUED TO: Total Renal Care of North Carolina, LLC

Pursuant to N.C. Gen. Stat. § 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 certificate of need 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 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 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 N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that section.

SCOPE: Add no more than 3 dialysis stations for a total of no more than 24 stations upon completion of this project and Project ID #A-11686-19 (add 2 stations)/ Haywood County

CONDITIONS: See Reverse Side

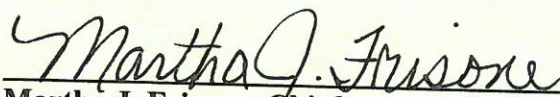
**PHYSICAL LOCATION: Waynesville Dialysis Center
11 Park terrace Drive
Clyde, NC 28721**

MAXIMUM CAPITAL EXPENDITURE: \$34,956

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 1, 2020

This certificate is effective as of March 6, 2020


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 July 2019 SDR, Total Renal Care of North Carolina, LLC shall develop no more than three additional dialysis stations for a total of no more than 24 certified stations at Waynesville Dialysis Center upon completion of this project and Project ID #A-11686-19 (add 2 stations), 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 February 7, 2020.

TIMETABLE:

1. Equipment Ordered _____ July 31, 2020
2. Services Offered (required) _____ January 1, 2021
3. Facility or Service Accredited _____ January 1, 2021

STATE OF NORTH CAROLINA

*Department of Health and Human Services
Division of Health Service Regulation*

CERTIFICATE OF NEED

for

Project ID #: J-11777-19

FID #: 030941

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

Pursuant to N.C. Gen. Stat. § 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 certificate of need 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 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 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 N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that section.

SCOPE: Add no more than 2 dialysis stations for a total of no more than 20 stations upon completion of this project, Project ID #J-11707-19 (relocate facility), Project ID #J-11473-18 (add 4 stations), and Project ID #J-11435-17 (relocate 10 stations to FKC West Johnston)/ Johnston County

CONDITIONS: See Reverse Side

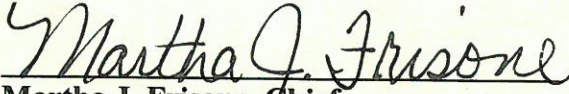
PHYSICAL LOCATION: Fresenius Medical Care Stallings Station
11618 US Highway 70
Clayton, NC 27520

MAXIMUM CAPITAL EXPENDITURE: \$7,500

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 1, 2020

This certificate is effective as of March 5, 2020


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 July 2019 SDR, Bio-Medical Applications of North Carolina, Inc. shall develop no more than two additional dialysis stations at Fresenius Medical Care Stallings Station for a total of no more than 20 dialysis stations upon completion of this project, Project ID #J-11707-19 (relocate facility), Project ID #J-11473-18 (add 4 stations) and Project ID #J-11435-17 (relocate 10 stations to FKC West Johnston), 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 February 6, 2020.

TIMETABLE:

1. **Drawings Completed _____ June 2, 2020**
2. **Construction / Renovation Contract(s) Executed _____ August 1, 2020**
3. **Building / Space Occupied _____ December 18, 2020**

STATE OF NORTH CAROLINA

*Department of Health and Human Services
Division of Health Service Regulation*

CERTIFICATE OF NEED

for

Project ID #: J-11782-19

FID #: 944566

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

Pursuant to N.C. Gen. Stat. § 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 certificate of need 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 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 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 N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that section.

SCOPE: Add no more than 1 dialysis station for a total of no more than 33 stations upon completion of this project, Project ID #J-11407-17 (add one station), Project ID #J-11372-17 (relocate 4 stations to FKC Selma), and Project ID #J-11540-18 (relocate 4 stations from Zebulon Kidney Center)/ Johnston County

CONDITIONS: See Reverse Side

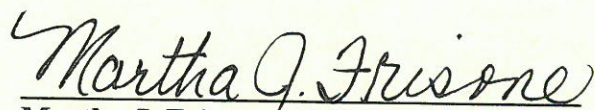
PHYSICAL LOCATION: Johnston Dialysis Center
545 E. Market Street
Smithfield, NC 27577

MAXIMUM CAPITAL EXPENDITURE: \$331,953

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 1, 2020

This certificate is effective as of March 5, 2020


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 July 2019 SDR, Bio-Medical Applications of North Carolina, Inc. shall develop no more than one additional dialysis station at Johnston Dialysis Center for a total of no more than 33 dialysis stations, which shall include any home hemodialysis training or isolation stations, upon completion of this project and Project ID #J-11372-17 (relocate 4 stations to FKC Selma), Project ID #J-11407-17 (add one station) and Project ID #J-11540-18 (relocate four stations from Zebulon Kidney Center).
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 February 6, 2020.

TIMETABLE:

1. 50% of Construction / Renovation Completed _____ September 30, 2020
2. Construction / Renovation Completed _____ November 29, 2020
3. Equipment Operational _____ December 18, 2020
4. 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 #: F-11827-19

FID #: 190635

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

Pursuant to N.C. Gen. Stat. § 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 certificate of need 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 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 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 N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that section.

SCOPE: Relocate entire 29-station facility within Mecklenburg County/ Mecklenburg County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: BMA West Charlotte
3144-3168 Freedom Drive
Charlotte, NC 28208**

MAXIMUM CAPITAL EXPENDITURE: \$2,410,552

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 15, 2020

This certificate is effective as of March 31, 2020

Martha J. Frisone

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 Policy ESRD-2, Bio-Medical Applications of North Carolina, Inc. shall relocate the 29-station facility from the existing location of BMA West Charlotte to the proposed new site for a total of no more than 29 stations at BMA West Charlotte upon completion of this project.
3. Bio-Medical Applications of North Carolina, Inc. shall install plumbing and electrical wiring through the walls of BMA West Charlotte for no more than 29 dialysis stations, which shall include any isolation or home hemodialysis stations.
4. Upon completion of this project, Bio-Medical Applications of North Carolina, Inc. shall take the necessary steps to decertify 29 dialysis stations at the existing BMA West Charlotte 3057 Freedom Drive location.
5. 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 February 28, 2020.

TIMETABLE:

- | | |
|---|--------------------|
| 1. Financing Obtained _____ | November 15, 2019 |
| 2. Drawings Completed _____ | October 1, 2020 |
| 3. Construction / Renovation Contract(s) Executed _____ | January 29, 2021 |
| 4. 25% of Construction / Renovation Completed (25% of the cost is in place) _____ | April 29, 2021 |
| 5. 50% of Construction / Renovation Completed _____ | July 28, 2021 |
| 6. 75% of Construction / Renovation Completed _____ | September 26, 2021 |
| 7. Construction / Renovation Completed _____ | November 25, 2021 |
| 8. Equipment Ordered _____ | September 26, 2021 |
| 9. Equipment Installed _____ | December 10, 2021 |
| 10. Equipment Operational _____ | December 24, 2021 |
| 11. Building / Space Occupied _____ | December 24, 2021 |
| 12. Services Offered (required) _____ | December 31, 2021 |
| 13. Medicare and / or Medicaid Certification Obtained _____ | December 31, 2021 |

STATE OF NORTH CAROLINA

*Department of Health and Human Services
Division of Health Service Regulation*

CERTIFICATE OF NEED

for

Project ID #: J-11780-19

FID #: 956094

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

Pursuant to N.C. Gen. Stat. § 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 certificate of need 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 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 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 N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that section.

SCOPE: Add no more than four dialysis stations for a total of no more than 50 stations upon completion of this project, Project I.D. # J-11738-19 (relocate four stations to FMC White Oak), Project I.D. # J-11315-17 (add four stations), and Project I.D. # J-11271-16 (relocate four stations to FMC Rock Quarry) / Wake County

CONDITIONS: See Reverse Side

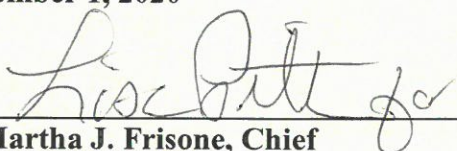
PHYSICAL LOCATION: Wake Dialysis Clinic, Inc.
3604 Bush Street
Raleigh, NC 27609

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2020

This certificate is effective as of March 24, 2020



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 July 2019 SDR, Bio-Medical Applications of North Carolina, Inc. shall develop no more than four additional dialysis station at FMC Wake Dialysis Clinic for a total of no more than 50 certified dialysis stations upon completion of this project, Project I.D. # J-11738-19 (relocate four stations to FMC White Oak), Project I.D. # J-11315-17 (add four stations), and Project I.D. # J-11271-16 (relocate four stations to FMC Rock Quarry), 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 February 24, 2020.

TIMETABLE:

1. Equipment Ordered _____ September 30, 2020
2. Services Offered (required) _____ December 31, 2020

STATE OF NORTH CAROLINA

*Department of Health and Human Services
Division of Health Service Regulation*

CERTIFICATE OF NEED

for

Project ID #: J-11784-19

FID #: 130278

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

Pursuant to N.C. Gen. Stat. § 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 certificate of need 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 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 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 N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that section.

SCOPE: Add no more than one dialysis station for a total of no more than 15 stations upon project completion / Wake County

CONDITIONS: See Reverse Side

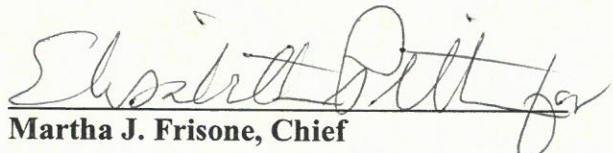
**PHYSICAL LOCATION: FMC Northern Wake
2700 Leighton Ridge Drive
Wake Forest, NC 27587**

MAXIMUM CAPITAL EXPENDITURE: \$3,750

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2020

This certificate is effective as of March 24, 2020


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 July 2019 SDR, Bio-Medical Applications of North Carolina, Inc. shall develop no more than one additional dialysis station at FMC Northern Wake for a total of no more than 15 certified dialysis stations upon completion of the project, 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 February 24, 2020.

TIMETABLE:

1. **Equipment Ordered _____ September 30, 2020**
2. **Services Offered (required) _____ December 31, 2020**



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

March 5, 2020

Rhonda Palumbo
52 East Swedesford Road
Suite 110
Malvern, PA 19355

Transmittal of Corrected Certificate of Need

Project ID #: J-11804-19

Facility: RAC Surgery Center, LLC

Project Description: Cost overrun and change of scope for Project ID# J-11551-18 (Develop a new ASC with 1 OR and 2 procedure rooms for vascular access procedures for ESRD patients) for a total of 1 OR and 3 procedure rooms

County: Wake

FID #: 180414

Dear Ms. Palumbo:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) is happy to transmit your corrected certificate of need for the above referenced project.

Please be aware that pursuant to N.C. Gen. Stat. §131E-181(b), you are required to materially comply with the representations made in your application for a certificate of need, or with any conditions the Agency placed on the certificate of need. If you operate a service which materially differs from the representations made in your application for a certificate of need, or with any conditions the Agency placed on the certificate of need, including any increase in per diem reimbursement rates/charges, the Agency may bring remedial action against the holder of the certificate of need pursuant to N.C. Gen. Stat. §131E-189 and 131E-190.

The holder of a certificate of need is obligated to submit progress reports to this office as required by 10A NCAC 14C .0209. The first progress report on this project is due September 1, 2019. Failure to submit any scheduled or requested progress report in a timely manner may result in the Agency withdrawing the certificate pursuant to N.C. Gen. Stat. §131E-189.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603

MAILING ADDRESS: 809 Ruggles Drive, 2704 Mail Service Center, Raleigh, NC 27699-2704

<https://info.ncdhhs.gov/dhsr/> • TEL: 919-855-3873

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Rhonda Palumbo
March 5, 2020
Page 2

Moreover, please be advised that this Agency may assess a civil penalty not to exceed \$20,000 against any person who violates the terms of a certificate of need which has been issued each time the service provided is in violation of this provision (N.C. Gen. Stat. §131E-190(f)).

Sincerely,



Ena Lightbourne
Project Analyst



Martha J. Frisone
Chief

Enclosures

cc: Radiation Protection, DHSR

STATE OF NORTH CAROLINA

*Department of Health and Human Services
Division of Health Service Regulation*

CORRECTED CERTIFICATE OF NEED

for

Project ID #: J-11804-19

FID #: 180414

**ISSUED TO: RAC Surgery Center, LLC
Fresenius Vascular Care Raleigh MSO, LLC**

Pursuant to N.C. Gen. Stat. § 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 certificate of need 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 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 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 N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that section.

SCOPE: Cost overrun and change of scope for Project ID# J-11551-18 (Develop a new ASC with 1 OR and 2 procedure rooms for vascular access procedures for ESRD patients) for a total of 1 OR and 3 procedure rooms / Wake County

CONDITIONS: See Reverse Side

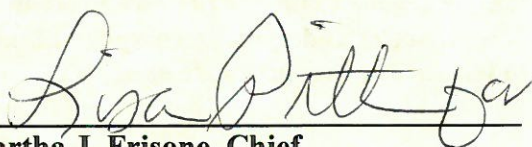
**PHYSICAL LOCATION: RAC Surgery Center, LLC
3031 New Bern Avenue, Suite 200
Raleigh, NC 27610**

MAXIMUM CAPITAL EXPENDITURE: \$1,792,511

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 1, 2020

This certificate is effective as of February 28, 2020



Martha J. Frisone, Chief

CONDITIONS:

1. RAC Surgery Center, LLC and Fresenius Vascular Care Raleigh MSO, LLC shall materially comply with the representations in this application and the representations in Project ID#J-11551-18. Where representations conflict, RAC Surgery Center, LLC and Fresenius Vascular Care Raleigh MSO, LLC shall materially comply with the last made representation.
2. RAC Surgery Center, LLC and Fresenius Vascular Care Raleigh MSO, LLC shall develop no more than one operating room and three procedure rooms upon completion of this project and Project J-11551-18 (Develop a new ambulatory surgical facility in Raleigh with one operating room and two procedure rooms focused on vascular access procedures for patients with end stage renal disease).
3. Upon completion of the project, RAC Surgery Center, LLC shall be licensed for no more than three procedure rooms.
4. The total combined capital expenditure for both projects is \$3,792,511, an increase of \$1,792,511 over the capital expenditure of \$2,000,000 previously approved in Project ID# J-11551-18.
5. RAC Surgery Center, LLC and Fresenius Vascular Care Raleigh MSO, 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.
6. RAC Surgery Center, LLC and Fresenius Vascular Care Raleigh MSO, 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.
7. For the first three years of operation following completion of the project, RAC Surgery Center, LLC and Fresenius Vascular Care Raleigh MSO, 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.
8. The procedure rooms shall not be used for procedures that should be performed only in an operating rooms based on current standards of practice.
9. 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.
10. No later than three months after the last day of each of the first three full fiscal years of operation following initiation of the services authorized by this certificate of need, RAC Surgery Center, LLC and Fresenius Vascular Care Raleigh MSO, 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. RAC Surgery Center, LLC and Fresenius Vascular Care Raleigh MSO, 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.

(Project I.D. J-11804-19 Cont.)

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 5, 2020.

TIMETABLE:

1. Financing Obtained _____ January 30, 2020
2. Drawings Completed _____ August 28, 2019
3. Construction / Renovation Contract(s) Executed _____ March 1, 2020
4. 25% of Construction / Renovation Completed
(25% of the cost is in place) _____ April 15, 2020
5. 50% of Construction / Renovation Completed _____ May 15, 2020
6. 75% of Construction / Renovation Completed _____ June 15, 2020
7. Construction / Renovation Completed _____ August 1, 2020
8. Equipment Ordered _____ June 1, 2020
9. Equipment Installed _____ August 1, 2020
10. Equipment Operational _____ August 31, 2020
11. Building / Space Occupied _____ September 1, 2020
12. Licensure Obtained _____ September 30, 2020
13. Services Offered (required) _____ October 1, 2020
14. Medicare and / or Medicaid Certification Obtained _____ January 1, 2023
15. Facility or Service Accredited _____ December 21, 2020
16. First Annual Report Due _____ December 31, 2021

STATE OF NORTH CAROLINA

*Department of Health and Human Services
Division of Health Service Regulation*

CERTIFICATE OF NEED

for

Project ID #: P-11792-19

FID #: 000304

ISSUED TO: DVA Renal Healthcare, Inc.

Pursuant to N.C. Gen. Stat. § 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 certificate of need 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 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 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 N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that section.

SCOPE: Add no more than 3 dialysis stations for a total of no more than 23 stations upon completion of this project and Project ID #P-11684-19 (add 3 stations)/ Wayne County

CONDITIONS: See Reverse Side

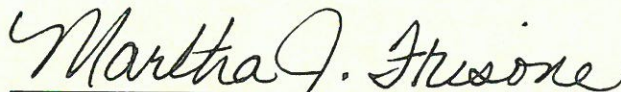
**PHYSICAL LOCATION: Mt. Olive Dialysis
105 Michael Martin Road
Mt. Olive, NC 28365**

MAXIMUM CAPITAL EXPENDITURE: \$34,956

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 1, 2020

This certificate is effective as of March 3, 2020


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 July 2019 SDR, DVA Renal Healthcare, Inc. shall develop no more than three additional dialysis stations for a total of no more than 23 certified stations at Mt. Olive Dialysis upon completion of this project and Project I.D. #P-11684-19 (add three 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 January 31, 2020.

TIMETABLE:

1. Equipment Ordered _____ July 31, 2020
2. Services Offered (required) _____ January 1, 2021