

**Certificate of Need  
Certificates Issued  
July 2022**

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-012197-22	Mebane Dialysis	170018	Dialysis facility	Add no more than two in-center dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 18 in-center stations upon project completion	4/1/2022	6/3/2022	7/6/2022	Conditional Approval	Ena Lightbourne	Gloria Hale	\$36,693	12/1/2022
Beaufort	Q-012140-21	The Beaufort Community	210830	Adult care home	Develop a new ACH by relocating 50 ACH beds acquired via a Transfer for Good Cause of Project ID# Q-7117-04 (develop a 50 bed ACH) and Project ID# Q-8386-09 (COR for Project ID# Q-7117-04), and by relocating 34 ACH beds from Willow Manor, for a total of no more than 84 ACH beds, including 16 SCU beds, upon completion	11/1/2021	3/30/2022	7/6/2022	Denied-Settlement	Greg Yakaboski	Micheala Mitchell	\$12,278,940	10/1/2022
Brunswick	O-012185-22	Arbor Landing at Compass Pointe	220166	Adult care home	Develop a new ACH facility by relocating no more than 20 ACH beds from Ocean Isle Operations for a total of no more than 20 Special Care Unit beds	3/1/2022	6/27/2022	7/29/2022	Conditional Approval	Kim Meymandi	Lisa Pittman	\$4,417,660	10/1/2022
Brunswick	O-012148-21	McLeod Health Brunswick ASC	210832	Ambulatory surgical facility	Develop a new multi-specialty ASC with no more than 2 ORs and 2 procedure rooms pursuant to the need determination in the 2021 SMFP	11/1/2021	3/30/2022	7/26/2022	Denied - Settlement	Ena Lightbourne	Lisa Pittman	\$20,979,329	4/3/2023
Brunswick	O-012153-21	Novant Health Leland ASC	210835	Ambulatory surgical facility	Develop a new ASC with no more than 2 ORs and 2 procedure rooms pursuant to the need determination in the 2021 SMFP	11/1/2021	3/30/2022	7/26/2022	Conditional Approval	Ena Lightbourne	Lisa Pittman	\$16,591,690	11/1/2022
Buncombe	B-012194-22	Deerfield Episcopal Retirement Community Inc	923135	Nursing home	Develop no more than 39 ACH beds pursuant to Policy LTC-1 for a total of no more than 62 NFs bed and 101 ACH beds	3/1/2022	6/3/2022	7/6/2022	Conditional Approval	Ena Lightbourne	Gloria Hale	\$21,420,810	2/1/2023
Cabarrus	F-012216-22	Atrium Health Cabarrus	943049	Hospital	Replace existing fixed PET/CT Scanner	5/1/2022	6/24/2022	7/26/2022	Conditional Approval	Tanya Saporito	Mike McKillip	\$2,652,500	11/1/2022
Caldwell	E-012204-22	BMA Lenoir	170328	Dialysis facility	Add no more than five dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 50 dialysis stations	4/1/2022	7/9/2022	7/12/2022	Conditional Approval	Ena Lightbourne	Mike McKillip	\$18,750	2/1/2023
Forsyth	G-012205-22	Northside Dialysis Center	000193	Dialysis facility	Add no more than eleven stations pursuant to Condition 2 of the facility need methodology for a total of no more than 48 dialysis stations upon completion of this project and Project ID #G-12172-22 (relocate 11)	4/1/2022	6/21/2022	7/23/2022	Conditional Approval	Tanya Saporito	Mike McKillip	\$194,700	11/1/2022
Gaston	F-012203-22	Fresenius Kidney Care North Gaston	160496	Dialysis facility	Add no more than four dialysis stations pursuant to Condition 1 of the facility need methodology for a total of no more than 16 dialysis stations upon project completion	4/1/2022	6/13/2022	7/14/2022	Conditional Approval	Donna Donihi	Gloria Hale	\$15,000	12/1/2022



# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: G-12197-22

FID #: 170018

**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 two in-center dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 18 in-center stations upon project completion / Alamance County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Mebane Dialysis  
616 North 1<sup>st</sup> Street  
Mebane, NC 27302

**CAPITAL EXPENDITURE:** \$36,693

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** December 1, 2022

This certificate is effective as of July 6, 2022



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Micheala Mitchell, Chief

**CONDITIONS:**

1. **Renal Treatment Centers-Mid-Atlantic, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
2. **Pursuant to Condition 2 of the facility need determination in the 2022 SMFP, the certificate holder shall develop no more than two additional in-center dialysis stations for a total of no more than 18 in-center (and home hemodialysis) stations at Mebane Dialysis upon project completion.**
3. **Progress Reports:**
  - a. **Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.**
  - b. **The certificate holder shall complete all sections of the Progress Report form.**
  - c. **The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.**
  - d. **The first progress report shall be due on December 1, 2022.**
4. **The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

**A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on June 14, 2022.**

**Timetable**

<b>Milestone</b>		<b>Date</b> <i>mm/dd/yyyy</i>
<b>1</b>	<b>Services Offered</b>	01/01/2024
<b>2</b>	<b>Medicare and / or Medicaid Certification Obtained</b>	01/01/2024

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: Q-12140-21

FID #: 210830

**ISSUED TO:** The Beaufort Community, LLC  
Beaufort AL Properties, LLC

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

**SCOPE:** Develop a new ACH by relocating 50 ACH beds acquired via a Transfer for Good Cause of Project ID# Q-7117-04 (develop a 50 bed ACH) and Project ID# Q-8386-09 (COR for Project ID# Q-7117-04), and by relocating 34 ACH beds from Willow Manor, for a total of no more than 84 ACH beds, including 16 SCU beds, upon completion/ Beaufort County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** The Beaufort Community  
933 West 3rd Street  
Washington, NC 27889

**CAPITAL EXPENDITURE:** \$12,278,940

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** October 1, 2022

This certificate is effective as of July 6, 2022



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Micheala Mitchell, Chief

## **CONDITIONS:**

- 1. The Beaufort Community, LLC and Beaufort AL Properties, LLC (hereinafter “certificate holder” shall materially comply with all representations made in the certificate of need application and any supplemental responses. If representations conflict, the certificate holder shall materially comply with the last made representation.**
- 2. The certificate holder shall develop a new ACH by relocating 50 ACH beds acquired via a Transfer for Good Cause of Project I.D.# Q-7117-04 (develop a 50 bed ACH) and Project I.D.# Q-8386-09 (Cost Over Run (“COR”) for Project I.D.# Q-7117-04), and by relocating 34 ACH beds from Willow Manor, for a total of no more than 84 ACH beds, including 16 SCU beds, upon project completion.**
- 3. Upon completion of the project, The Beaufort Community shall be licensed for no more than 84 ACH beds (including 16 SCU beds).**
- 4. The Beaufort Community shall certify at least 34 percent of the total number of licensed adult care home beds in the facility for recipients of State/County Special Assistance with Medicaid and provide care to those recipients commensurate with representations made in the application.**
- 5. For the first two years of operation following completion of the project, The Beaufort Community shall not increase private pay charges more than 5% of the projected private pay charges provided in Section Q of the application and settlement documents 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. Prior to the issuance of the certificate of need, the certificate holder shall obtain documentation from Eakes Investment Company, Limited Partnership (seller) showing that the purchase transaction between the buyer and seller for the 34 ACH beds from Willow Manor has been completed and shall provide a copy of the documentation to the Healthcare Planning and Certificate of Need Section.**
- 7. Prior to the issuance of the certificate of need, the certificate holder shall obtain documentation from A.G. Dunston Manor, Inc. (seller) showing that the purchase transaction between the buyer and seller for the 50 ACH beds from A.G. Dunston Manor Project I.D.# Q-7117-04 and Project I.D.# Q-8386-09 (COR for Project I.D.# Q-7117-04), has been completed and shall provide a copy of the documentation to the Healthcare Planning and Certificate of Need Section.**
- 8. The certificate holder shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.**
- 9. Upon completion of this project, the certificate holder shall take the necessary steps to delicense 34 adult care home beds from Willow Manor (Beaufort County).**
- 10. Progress Reports:**
  - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the settlement documents on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.**
  - b. The certificate holder shall complete all sections of the Progress Report form.**

- c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
  - d. The first progress report shall be due on October 1, 2022.
11. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.
12. No later than three months after the last day of each of the first three full fiscal years of operation following initiation of the services authorized by this certificate of need, the certificate holder shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
- a. Payor mix for the services authorized in this certificate of need.
  - b. Utilization of the services authorized in this certificate of need.
  - c. Revenues and operating costs for the services authorized in this certificate of need.
  - d. Average gross revenue per unit of service.
  - e. Average net revenue per unit of service.
  - f. Average operating cost per unit of service.

**Timetable**

	<b>Milestone</b>	<b>Date</b> <i>mm/dd/yyyy</i>
1	<b>Financing Obtained</b>	<b>09/01/2022</b>
2	<b>Drawings Completed</b>	<b>09/01/2022</b>
3	<b>Land Acquired</b>	<b>09/02/2022</b>
4	<b>Construction / Renovation Contract(s) Executed</b>	<b>10/01/2022</b>
5	<b>25% of Construction / Renovation Completed (25% of the cost is in place)</b>	<b>01/01/2023</b>
6	<b>50% of Construction / Renovation Completed</b>	<b>04/01/2023</b>
7	<b>75% of Construction / Renovation Completed</b>	<b>07/01/2023</b>
8	<b>Construction / Renovation Completed</b>	<b>10/01/2023</b>
9	<b>Equipment Ordered</b>	<b>07/01/2023</b>
10	<b>Equipment Installed</b>	<b>10/01/2023</b>
11	<b>Equipment Operational</b>	<b>11/01/2023</b>
12	<b>Building / Space Occupied</b>	<b>12/01/2023</b>
13	<b>Licensure Obtained</b>	<b>12/15/2023</b>
14	<b>Services Offered</b>	<b>01/01/2024</b>
15	<b>Medicare and / or Medicaid Certification Obtained</b>	<b>01/01/2024</b>
17	<b>First Annual Report Due*</b>	<b>03/31/2025</b>

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: O-12148-21

FID #: 210832

**ISSUED TO:** McLeod Health Brunswick ASC, LLC  
McLeod Loris Seacoast Hospital

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 an ambulatory surgical center with a multispecialty ambulatory surgical program consisting of one gastrointestinal endoscopy room and three procedure rooms to be located in Sunset Beach, North Carolina / Brunswick County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** McLeod Health Brunswick ASC  
Intersection NC Hwy and US Hwy 17  
Sunset Beach, NC 28469

**CAPITAL EXPENDITURE:** \$20,979,329

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** April 3, 2023

This certificate is effective as of July 26, 2022



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Micheala Mitchell, Chief



**Attachment A**  
**Conditions of Approval**

- 1. McLeod Health Brunswick ASC, LLC and McLeod Loris Seacoast Hospital, (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. The certificate holder shall develop an ambulatory surgical center with a multispecialty ambulatory surgical program consisting of one gastrointestinal endoscopy room and three procedure rooms to be located in Sunset Beach, North Carolina.**
- 3. Upon completion of the project, McLeod Health Brunswick ASC shall be licensed for no more than one gastrointestinal endoscopy room and three procedure rooms.**
- 4. The certificate holder shall not open or offer services at McLeod Health Brunswick ASC prior to April 1, 2025.**
- 5. Progress Reports:**
  - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.**
  - b. The certificate holder shall complete all sections of the Progress Report form.**
  - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.**
  - d. Progress reports shall be due on the first day of every fourth month. The first progress report shall be due on April 3, 2023. The second progress report shall be due on August 1, 2023 and so forth.**
- 6. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.**
- 7. The certificate holder shall 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.**

- 8. For the first three years of operation following completion of the project, the certificate holder shall not increase charges more than 5% of the charges projected in Section Q of the application without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.**
- 9. The procedure rooms shall not be used for procedures that should be performed only in an operating room based on current standards of practice.**
- 10. 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.**
- 11. No later than three months after the last day of each of the first three full fiscal years of operation following initiation of the services authorized by this certificate of need, the certificate holder shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:**
  - a. Payor mix for the services authorized in this certificate of need.**
  - b. Utilization of the services authorized in this certificate of need.**
  - c. Revenues and operating costs for the services authorized in this certificate of need.**
  - d. Average gross revenue per unit of service.**
  - e. Average net revenue per unit of service.**
  - f. Average operating cost per unit of service.**
- 12. The certificate holder shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.**
- 13. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

**Attachment B**  
**Approved Timetable**

<b>Milestone</b>		<b>Date</b> <i>mm/dd/yyyy</i>
1	Drawings Completed	10/28/2022
2	Construction / Renovation Contract(s) Executed	11/01/2022
3	25% of Construction / Renovation Completed (25% of the cost is in place)	01/31/2023
4	50% of Construction / Renovation Completed	03/31/2023
5	75% of Construction / Renovation Completed	06/30/2023
6	Construction / Renovation Completed	09/30/2023
7	Equipment Ordered	09/30/2023
8	Equipment Installed	10/31/2023
9	Equipment Operational	01/31/2024
10	Building / Space Occupied	12/31/2023
11	Licensure Obtained	03/01/2024
12	<b>Services Offered</b>	04/01/2025
13	Medicare and / or Medicaid Certification Obtained	05/31/2024
<b>14</b>	Facility or Service Accredited	05/31/2024
15	First Annual Report Due*	04/01/2027

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: O-12153-21

FID #: 210835

**ISSUED TO:** Novant Health Brunswick Surgery Center, LLC  
Novant Health, Inc.

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

**SCOPE:** Develop a new ASC with no more than 2 ORs and 2 procedure rooms pursuant to the need determination in the 2021 SMFP / Brunswick County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Novant Health Leland ASC  
9151 Ocean Highway East  
Leland, NC 28451

**CAPITAL EXPENDITURE:** \$16,591,690

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** November 1, 2022

This certificate is effective as of July 26, 2022



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Micheala Mitchell, Chief

**Attachment A  
Conditions of Approval**

- 1. Novant Health Brunswick Surgery Center and Novant Health, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. The certificate holder shall develop a new ambulatory surgery center with no more than two operating rooms and two procedure rooms pursuant to the need determination in the 2021 SMFP.**
- 3. Upon completion of the project, Novant Health Leland ASC shall be licensed for no more than two operating rooms and two procedure rooms.**
- 4. Progress Reports:**
  - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.**
  - b. The certificate holder shall complete all sections of the Progress Report form.**
  - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.**
  - d. Progress reports shall be due on the first day of every fourth month. The first progress report shall be due on April 3, 2023. The second progress report shall be due on August 1, 2023 and so forth.**
- 5. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.**
- 6. The certificate holder shall receive accreditation from the Joint Commission for the Accreditation of Healthcare Organizations, the Accreditation Association for Ambulatory Health Care or a comparable accreditation authority within two years following licensure of the facility.**
- 7. For the first three years of operation following completion of the project, the certificate holder shall not increase charges more than 5% of the charges projected in Section Q of the application without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.**

8. **The procedure rooms shall not be used for procedures that should be performed only in an operating room based on current standards of practice.**
9. **Procedures performed in the procedure rooms shall not be reported for billing purposes as having been performed in an operating room and shall not be reported on the facility's license renewal application as procedures performed in an operating room.**
10. **No later than three months after the last day of each of the first three full fiscal years of operation following initiation of the services authorized by this certificate of need, the certificate holder shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:**
  - a. **Payor mix for the services authorized in this certificate of need.**
  - b. **Utilization of the services authorized in this certificate of need.**
  - c. **Revenues and operating costs for the services authorized in this certificate of need.**
  - d. **Average gross revenue per unit of service.**
  - e. **Average net revenue per unit of service.**
  - f. **Average operating cost per unit of service.**
11. **The certificate holder shall 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.**

**Attachment B**  
**Approved Timetable**

<b>Milestone</b>		<b>Date</b> <i>mm/dd/yyyy</i>
1	Construction / Renovation Contract(s) Executed	07/03/2023
2	25% of Construction / Renovation Completed (25% of the cost is in place)	11/02/2023
3	50% of Construction / Renovation Completed	03/04/2024
4	75% of Construction / Renovation Completed	07/03/2024
5	Construction / Renovation Completed	11/04/2024
6	Equipment Operational	11/22/2024
7	<b>Services Offered</b>	01/01/2025

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: O-12185-22

FID #: 220166

**ISSUED TO:** Hood Creek Properties, LLC

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

**SCOPE:** Develop a new ACH facility by relocating no more than 20 ACH beds from Ocean Isle Operations for a total of no more than 20 Special Care Unit beds/ Brunswick County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Arbor Landing at Compass Pointe  
2771 Compass Pointe South Wynd NE  
Leland, NC 28451

**CAPITAL EXPENDITURE:** \$4,417,660

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** October 1, 2022

This certificate is effective as of July 29, 2022



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Micheala Mitchell, Chief



**CONDITIONS:**

1. Hood Creek Properties, LLC (hereinafter the certificate holder) shall materially comply with all representations made in the certificate of need application and any supplemental responses. If representations conflict, the certificate holder shall materially comply with the last made representation.
2. The certificate holder shall develop a new 20-bed ACH facility in Brunswick County by relocating 20 existing ACH beds from Ocean Isle Operations in Brunswick County.
3. Upon completion of the project, Arbor Landing at Compass Pointe shall be licensed for no more than 20 Special Care Unit ACH beds.
4. The certificate holder shall certify at least 20 percent of the total number of licensed adult care home beds in the facility for recipients of State/County Special Assistance with Medicaid and provide care to those recipients commensurate with representations made in supplemental information.
5. Progress Reports:
  - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic progress reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
  - b. The certificate holder shall complete all sections of the Progress Report Form.
  - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
  - d. The first progress report shall be due on October 1, 2022.
6. For the first two years of operation following completion of the project, Arbor Landing at Compass Pointe 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. No later than three months after the last day of each of the first three full fiscal years of operation following initiation of the services authorized by this certificate of need, the certificate holder shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
  - a. Payor mix for the services authorized in this certificate of need.
  - b. Utilization of the services authorized in this certificate of need.
  - c. Revenues and operating costs for the services authorized in this certificate of need.
  - d. Average gross revenue per unit of service.
  - e. Average net revenue per unit of service.

- f. Average operating cost per unit of service.
8. Before the certificate holder begins construction or by February 15, 2023, whichever is earlier, the certificate holder shall obtain documentation from Hood Creek Properties, LLC showing that the contract for purchase between the buyer and seller has been executed and shall provide a copy of the documentation to the Healthcare Planning and Certificate of Need Section.
9. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on July 26, 2022.

**Timetable**

	<b>Milestone</b>	<b>Date <i>mm/dd/yyyy</i></b>
<b>1</b>	<b>Financing Obtained</b>	<b>09/02/2022</b>
<b>2</b>	<b>Drawings Completed</b>	<b>11/18/2022</b>
<b>4</b>	<b>Construction / Renovation Contract(s) Executed</b>	<b>02/15/2023</b>
<b>5</b>	<b>25% of Construction / Renovation Completed (25% of the cost is in place)</b>	<b>05/02/2023</b>
<b>6</b>	<b>50% of Construction / Renovation Completed</b>	<b>07/17/2023</b>
<b>7</b>	<b>75% of Construction / Renovation Completed</b>	<b>10/01/2023</b>
<b>8</b>	<b>Construction / Renovation Completed</b>	<b>12/15/2023</b>
<b>12</b>	<b>Building / Space Occupied</b>	<b>12/18/2023</b>
<b>13</b>	<b>Licensure Obtained</b>	<b>01/01/2024</b>
<b>14</b>	<b>Services Offered</b>	<b>01/01/2024</b>
<b>17</b>	<b>First Annual Report Due*</b>	<b>03/31/2025</b>

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: B-12194-22

FID #: 923135

**ISSUED TO:** Deerfield Episcopal Retirement Community, Inc.

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

**SCOPE:** Develop no more than 39 ACH beds pursuant to Policy LTC-1 for a total of no more than 62 NF beds and 101 ACH beds  
/ Buncombe County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Deerfield Episcopal Retirement Community  
1617 Hendersonville Road  
Asheville, NC 28803

**CAPITAL EXPENDITURE:** \$21,420,810

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** February 1, 2023

This certificate is effective as of July 6, 2022



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Micheala Mitchell, Chief

## **CONDITIONS:**

- 1. Deerfield Episcopal Retirement Community, LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application and any supplemental responses. If representations conflict, the certificate holder shall materially comply with the last made representation.**
- 2. The certificate holder shall develop no more than 39 adult care beds pursuant to Policy LTC-1 to its existing Continuing Care Retirement Community, Deerfield Episcopal Retirement Community, for a total of no more than 62 nursing home beds and 101 adult care beds at Deerfield Episcopal Retirement Community upon project completion.**
- 3. The Policy LTC-1 adult care home beds shall not participate in the Medicaid program or serve State-County Special Assistance recipients.**
- 4. The Policy LTC-1 adult care home beds shall be used exclusively to meet the needs of persons with whom the facility has continuing care contracts (in compliance with the Department of Insurance statutes and regulations) who have lived in a non-nursing or adult care unit of the continuing care facility for a period of at least 30 days. Exceptions shall be allowed when one spouse or sibling is admitted to the adult care home unit at the time the other spouse or sibling moves into a non-nursing or adult care unit, or when the medical condition requiring nursing or adult care home care was not known to exist or be imminent when the individual became a party to the continuing care contract.**
- 5. The new Policy LTC-1 adult care home beds shall be developed on the same site with the independent living units.**
- 6. Progress Reports:**
  - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.**
  - b. The certificate holder shall complete all sections of the Progress Report form.**
  - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.**
  - d. Progress reports shall be due on the first day of every fourth month. The first progress report shall be due on February 1, 2023.**
- 7. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.**

- 8. The certificate holder shall submit a written statement to the Agency describing the project's plan to conserve water.**
- 9. The certificate holder shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.**
- 10. No later than three months after the last day of each of the first three full fiscal years of operation following initiation of the services authorized by this certificate of need, the certificate holder shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:**
  - a. Payor mix for the services authorized in this certificate of need.**
  - b. Utilization of the services authorized in this certificate of need.**
  - c. Revenues and operating costs for the services authorized in this certificate of need.**
  - d. Average gross revenue per unit of service.**
  - e. Average net revenue per unit of service.**
  - f. Average operating cost per unit of service.**
- 11. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

**A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on July 29, 2022.**

## Timetable

<b>Milestone</b>		<b>Date</b> <i>mm/dd/yyyy</i>
1	Financing Obtained	06/01/2022
2	Drawings Completed	08/01/2022
3	Construction / Renovation Contract(s) Executed	10/01/2022
4	25% of Construction / Renovation Completed (25% of the cost is in place)	06/01/2023
5	50% of Construction / Renovation Completed	10/01/2023
6	75% of Construction / Renovation Completed	03/01/2024
7	Construction / Renovation Completed	08/01/2024
8	Equipment Ordered	06/01/2024
9	Equipment Installed	07/01/2024
10	Equipment Operational	08/01/2024
11	Building / Space Occupied	10/01/2024
12	Licensure Obtained	10/01/2024
<b>13</b>	<b>Services Offered</b>	10/01/2024
14	First Annual Report Due*	01/01/2026

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: F-12216-22

FID #: 943049

**ISSUED TO:** The Charlotte-Mecklenburg Hospital Authority

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

**SCOPE:** Replace existing fixed PET/CT Scanner / Cabarrus County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Atrium Health Cabarrus  
920 Church St N  
Concord, NC 28025

**CAPITAL EXPENDITURE:** \$2,652,500

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** November 1, 2022

This certificate is effective as of July 26, 2022



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Micheala Mitchell, Chief

**CONDITIONS:**

- 1. The Charlotte-Mecklenburg Hospital Authority (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. The certificate holder shall acquire no more than one fixed PET/CT scanner to replace the existing fixed PET/CT scanner located at Atrium Health Cabarrus Imaging, for a total of no more than one fixed PET/CT scanner at Atrium Health Cabarrus Imaging.**
- 3. Progress Reports:**
  - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.**
  - b. The certificate holder shall complete all sections of the Progress Report form.**
  - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.**
  - d. The first progress report shall be due on November 1, 2022.**
- 4. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.**
- 5. No later than three months after the last day of each of the first three full fiscal years of operation following initiation of the services authorized by this certificate of need, the certificate holder shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:**
  - a. Payor mix for the services authorized in this certificate of need.**
  - b. Utilization of the services authorized in this certificate of need.**
  - c. Revenues and operating costs for the services authorized in this certificate of need.**
  - d. Average gross revenue per unit of service.**
  - e. Average net revenue per unit of service.**
  - f. Average operating cost per unit of service.**
- 6. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

**A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on June 29, 2022.**



## Timetable

<b>Milestone</b>		<b>Date</b> <i>mm/dd/yyyy</i>
<b>2</b>	<b>Drawings Completed</b>	<b>11/04/2022</b>
<b>4</b>	<b>Construction / Renovation Contract(s) Executed</b>	<b>12/12/2022</b>
<b>5</b>	<b>25% of Construction / Renovation Completed (25% of the cost is in place)</b>	<b>02/17/2023</b>
<b>6</b>	<b>50% of Construction / Renovation Completed</b>	<b>03/17/2023</b>
<b>7</b>	<b>75% of Construction / Renovation Completed</b>	<b>04/17/2023</b>
<b>8</b>	<b>Construction / Renovation Completed</b>	<b>05/19/2023</b>
<b>9</b>	<b>Equipment Ordered</b>	<b>12/05/2022</b>
<b>10</b>	<b>Equipment Installed</b>	<b>05/01/2023</b>
<b>11</b>	<b>Equipment Operational</b>	<b>06/02/2023</b>
<b>12</b>	<b>Building / Space Occupied</b>	<b>06/02/2023</b>
<b>14</b>	<b>Services Offered</b>	<b>06/02/2023</b>
<b>15</b>	<b>Medicare and / or Medicaid Certification Obtained</b>	<b>06/02/2023</b>
<b>16</b>	<b>Facility or Service Accredited</b>	<b>06/02/2023</b>
<b>17</b>	<b>First Annual Report Due*</b>	<b>04/01/2025</b>

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: E-12204-22

FID #: 170328

**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 five dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 50 dialysis stations/Caldwell County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** BMA Lenoir  
1208 Hickory Blvd  
Lenoir, NC 28645

**CAPITAL EXPENDITURE:** \$18,750

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** February 1, 2023

This certificate is effective as of July 12, 2022



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Micheala Mitchell, Chief

**CONDITIONS:**

1. **Bio-Medical Applications of North Carolina, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
2. **Pursuant to Condition 2 of the facility need determination in the 2022 SMFP, the certificate holder shall develop no more than five additional in-center dialysis stations for a total of no more than 50 in-center stations at BMA Lenoir upon project completion.**
3. **Progress Reports**
  - a. **Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.**
  - b. **The certificate holder shall complete all sections of the Progress Report form.**
  - c. **The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.**
  - d. **The first progress report shall be due on February 1, 2023.**
4. **The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on June 9, 2022.

**Timetable**

<b>Milestone</b>		<b>Date</b> <i>mm/dd/yyyy</i>
1	Equipment Ordered	10/03/2022
2	Equipment Installed	12/02/2022
3	Equipment Operational	12/30/2022
4	<b>Services Offered</b>	12/31/2022
5	Medicare and / or Medicaid Certification Obtained	12/31/2022

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: G-12205-22

FID #: 000193

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

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 eleven stations pursuant to Condition 2 of the facility need methodology for a total of no more than 48 dialysis stations upon completion of this project and Project ID #G-12172-22 (relocate 11)/ Forsyth County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Northside Dialysis Center  
500 W Hanes Mill Road  
Winston-Salem, NC 27105

**CAPITAL EXPENDITURE:** \$194,700

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** November 1, 2022

This certificate is effective as of July 23, 2022



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Micheala Mitchell, Chief

**CONDITIONS:**

1. Northside Dialysis Center of Wake Forest University and Wake Forest University Health Sciences (hereinafter certificate holders) shall materially comply with all representations made in the certificate of need application.
2. The certificate holders shall develop no more than 11 in-center stations for a total of no more than 48 stations at Northside Dialysis Center of Wake Forest University upon completion of this project and Project ID# G-12172-22 (relocate 11 stations).
3. Progress Reports:
  - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
  - b. The certificate holders shall complete all sections of the Progress Report form.
  - c. The certificate holders shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
  - d. The first progress report shall be due on November 1, 2022.
4. The certificate holders shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on June 23, 2022.

**Timetable**

	<b>Milestone</b>	<b>Date</b> <i>mm/dd/yyyy</i>
<b>9</b>	<b>Equipment Ordered</b>	<b>01/21/2023</b>
<b>10</b>	<b>Equipment Installed</b>	<b>08/17/2023</b>
<b>11</b>	<b>Equipment Operational</b>	<b>08/24/2023</b>
<b>13</b>	<b>Licensure Obtained</b>	<b>10/03/2022</b>
<b>14</b>	<b>Services Offered</b>	<b>08/31/2022</b>
<b>15</b>	<b>Medicare and / or Medicaid Certification Obtained</b>	<b>08/31/2023</b>

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: F-12203-22

FID #: 160496

**ISSUED TO:** Fresenius Kidney Care North Gaston

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 four dialysis stations pursuant to Condition 1 of the facility need methodology for a total of no more than 16 dialysis stations upon project completion

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Fresenius Kidney Care North Gaston  
1510 Lower Dallas Highway  
Dallas, NC 28034

**CAPITAL EXPENDITURE:** \$15,000

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** December 1, 2022

This certificate is effective as of July 14, 2022



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Micheala Mitchell, Chief

## **CONDITIONS:**

- 1. Bio-Medical Applications of North Carolina, Inc. (hereinafter the certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. Pursuant to Condition 1 of the facility need determination in the 2022 SMFP, the certificate holder shall develop no more than four additional in-center dialysis stations for a total of no more than 16 in-center dialysis stations at Fresenius Kidney Care North Gaston upon project completion.**
- 3. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**
- 4. Progress Reports:**
  - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.**
  - b. The certificate holder shall complete all sections of the Progress Report form.**
  - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.**
  - d. The first progress report shall be due on October 1, 2022**
- 5. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

**A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on June 22, 2022.**

## Timetable

	<b>Milestone</b>	<b>Date</b> <i>mm/dd/yyyy</i>
1	Financing Obtained	03/15/2022
2	Drawings Completed	N/A
3	Land Acquired	N/A
4	Construction / Renovation Contract(s) Executed	N/A
5	25% of Construction / Renovation Completed (25% of the cost is in place)	N/A
6	50% of Construction / Renovation Completed	N/A
7	75% of Construction / Renovation Completed	N/A
8	Construction / Renovation Completed	N/A
9	Equipment Ordered	09/17/2022
10	Equipment Installed	11/16/2022
11	Equipment Operational	12/14/2022
12	Building / Space Occupied	N/A
13	Licensure Obtained	N/A
<b>14</b>	<b>Services Offered</b>	12/31/2022
15	Medicare and / or Medicaid Certification Obtained	12/31/2022
16	Facility or Service Accredited	N/A
17	First Annual Report Due*	N/A



# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: G-12201-22

FID #: 150332

**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 four dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 14 dialysis stations upon completion of this project and Project ID# G-12130-21(relocate 4)/ Guilford County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Fresenius Medical Care High Point  
1320 Eastchester Drive  
High Point, NC 27265

**CAPITAL EXPENDITURE:** \$15,000

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** January 1, 2023

This certificate is effective as of July 7, 2022



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Micheala Mitchell, Chief

**CONDITIONS:**

1. Bio-Medical Applications of North Carolina, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. Pursuant to Condition 2 of the facility need determination in the 2022 SMFP, the certificate holder shall develop no more than four additional in-center dialysis stations for a total of no more 14 stations at FMC High Point upon completion of this project and Project ID # G-12130-21 (relocate 4).
3. Progress Reports:
  - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
  - b. The certificate holder shall complete all sections of the Progress Report form.
  - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
  - d. The first progress report shall be due on January 1, 2023.
4. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on June 3, 2022.

**Timetable**

<b>Milestone</b>		<b>Date</b> <i>mm/dd/yyyy</i>
<b>1</b>	<b>Financing Obtained</b>	<b>03/15/2022</b>
<b>9</b>	<b>Equipment Ordered</b>	<b>09/17/2023</b>
<b>10</b>	<b>Equipment Installed</b>	<b>11/16/2023</b>
<b>11</b>	<b>Equipment Operational</b>	<b>12/14/2023</b>
<b>14</b>	<b>Services Offered</b>	<b>12/31/2023</b>
<b>15</b>	<b>Medicare and / or Medicaid Certification Obtained</b>	<b>12/31/2023</b>

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: G-12202-22

FID #: 945258

**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 six dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 56 dialysis stations upon completion of this project and Project ID# G-12130-21 (develop a new 16 station dialysis facility)/ Guilford County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** BMA of Greensboro  
2700 Henry Street  
Greensboro, NC 27405

**CAPITAL EXPENDITURE:** \$22,500

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** September 1, 2023

This certificate is effective as of July 12, 2022



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Micheala Mitchell, Chief

**CONDITIONS:**

1. **Bio-Medical Applications of North Carolina, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
2. **Pursuant to Condition 2 of the facility need determination in the 2022 SMFP, the certificate holder shall develop no more than six additional in-center dialysis stations for a total of no more than 56 in-center stations at BMA of Greensboro upon completion of this project and Project ID# G-12130-21 (develop a new 16 station dialysis facility).**
3. **Progress Reports**
  - a. **Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.**
  - b. **The certificate holder shall complete all sections of the Progress Report form.**
  - c. **The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.**
  - d. **The first progress report shall be due on September 1, 2023.**
4. **The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

**A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on June 9, 2022.**

**Timetable**

<b>Milestone</b>		<b>Date <i>mm/dd/yyyy</i></b>
1	Equipment Ordered	9/17/2023
2	Equipment Installed	11/16/2023
3	Equipment Operational	12/14/2023
4	<b>Services Offered</b>	12/31/2023
5	Medicare and / or Medicaid Certification Obtained	12/31/2023

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: F-12200-22

FID #: 160337

**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 seven dialysis stations pursuant to Condition 1 of the facility need methodology for a total of no more than 17 stations upon project completion / Mecklenburg County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Fresenius Kidney Care Southeast Mecklenburg County  
10501 Centrum Parkway  
Pineville, NC 28134

**CAPITAL EXPENDITURE:** \$26,250

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** October 1, 2022

This certificate is effective as of July 9, 2022



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Micheala Mitchell, Chief

**CONDITIONS:**

1. **Bio-Medical Applications of North Carolina, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
2. **Pursuant to Condition 1 of the facility need determination in the 2022 SMFP, the certificate holder shall develop no more than 7 additional in-center (and home hemodialysis) dialysis stations for a total of no more than 17 in-center (and home hemodialysis) dialysis stations at Fresenius Kidney Care Southeast Mecklenburg upon project completion.**
3. **Progress Reports:**
  - a. **Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.**
  - b. **The certificate holder shall complete all sections of the Progress Report form.**
  - c. **The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.**
  - d. **The first progress report shall be due on October 1, 2022.**
4. **The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

**A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on June 30, 2022.**

**Timetable**

	Milestone	Date
1	Equipment Ordered	9/17/2022
2	Equipment Installed	11/16/2022
3	Equipment Operational	12/14/2022
4	<b>Services Offered (required)</b>	<b>12/31/2022</b>
5	Medicare and / or Medicaid Certification Obtained	12/31/2022

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: J-12215-22

FID #: 923517

**ISSUED TO:** University of North Carolina Hospitals at Chapel Hill

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

**SCOPE:** Acquire no more than one heart-lung bypass machine pursuant to Policy AC-6 of the 2022 SMFP/ Orange County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** University of North Carolina Medical Center  
101 Manning Drive  
Chapel Hill, NC 27514

**CAPITAL EXPENDITURE:** \$275,708

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** December 1, 2022

This certificate is effective as of July 22, 2022



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Micheala Mitchell, Chief

**CONDITIONS:**

1. University of North Carolina Hospitals at Chapel Hill (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall acquire no more than one heart lung bypass machine pursuant to Policy AC-6 of the 2022 SMFP.
3. Progress Reports:
  - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
  - b. The certificate holder shall complete all sections of the Progress Report form.
  - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
  - d. The first progress report shall be due on December 1, 2022.
4. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.
5. No later than three months after the last day of each of the first three full fiscal years of operation following initiation of the services authorized by this certificate of need, the certificate holder shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
  - a. Payor mix for the services authorized in this certificate of need.
  - b. Utilization of the services authorized in this certificate of need.
  - c. Revenues and operating costs for the services authorized in this certificate of need.
  - d. Average gross revenue per unit of service.
  - e. Average net revenue per unit of service.
  - f. Average operating cost per unit of service.
6. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on June 22, 2022.

**Timetable**

	<b>Milestone</b>	<b>Date</b> <i>mm/dd/yyyy</i>
9	Equipment Ordered	11/03/2022
14	Services Offered	01/01/2023
17	First Annual Report Due*	09/28/2024



# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: R-12196-22

FID #: 130368

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

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

**SCOPE:** Add no more than one in-center dialysis station pursuant to Condition 2 of the facility need methodology for a total of no more than 15 in-center stations upon project completion/ Pasquotank County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Albemarle Dialysis  
101 Davita Lane  
Elizabeth City, NC 27909

**CAPITAL EXPENDITURE:** \$19,233

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** October 1, 2022

This certificate is effective as of July 23, 2022



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Micheala Mitchell, Chief

**CONDITIONS:**

1. DVA Healthcare Renal Care, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall develop no more than one in-center station for a total of no more than 15 stations at Albemarle Dialysis upon completion of this project.
3. Progress Reports:
  - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
  - b. The certificate holder shall complete all sections of the Progress Report form.
  - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
  - d. The first progress report shall be due on October 1, 2022.
4. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on June 30, 2022.

**Timetable**

<b>Milestone</b>		<b>Date</b> <i>mm/dd/yyyy</i>
<b>14</b>	<b>Services Offered</b>	<b>01/01/2024</b>
<b>15</b>	<b>Medicare and / or Medicaid Certification Obtained</b>	<b>01/01/2024</b>

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: K-12199-22

FID #: 944655

**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 five in-center dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 47 in-center stations upon project completion/ Vance County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Vance County Dialysis  
854 S Beckford Drive  
Henderson, NC 27536

**CAPITAL EXPENDITURE:** \$97,392

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** January 1, 2023

This certificate is effective as of July 21, 2022



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Micheala Mitchell, Chief

**CONDITIONS:**

1. **DVA Renal Care, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
2. **Pursuant to Condition 2 of the facility need determination in the 2022 SMFP, the certificate holder shall develop no more than five additional in-center dialysis stations for a total of no more than 47 in-center stations at Vance County Dialysis upon completion of this project.**
3. **Progress Reports:**
  - a. **Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.**
  - b. **The certificate holder shall complete all sections of the Progress Report form.**
  - c. **The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.**
  - d. **The first progress report shall be due on January 1, 2023.**
4. **The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

**A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on June 30, 2022.**

**Timetable**

<b>Milestone</b>		<b>Date</b> <i>mm/dd/yyyy</i>
<b>14</b>	<b>Services Offered</b>	<b>01/01/2024</b>
<b>15</b>	<b>Medicare and / or Medicaid Certification Obtained</b>	<b>01/01/2024</b>