



# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: F-12234-22

FID #: 980641

**ISSUED TO:** PruittHealth-Town Center, LLC,  
The Heritage Properties at Town Center, 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 36 NF beds pursuant to the need determination in the 2022 SMFP for a total of no more than 106 NF beds / Cabarrus County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** PruittHealth-Town Center  
6300 Roberta Road  
Harrisburg, NC 28705

**CAPITAL EXPENDITURE:** \$9,385,540

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of November 22, 2022



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Micheala Mitchell, Chief

## **CONDITIONS:**

1. PruittHealth-Town Center, 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 add no more than 36 nursing facility beds to PruittHealth-Town Center, for a total of no more than 106 NF beds upon project completion.
3. For the first two years of operation following completion of the project, the certificate holder shall not increase private pay charges more than 5% of the projected private pay charges provided in Section Q of the application without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.
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 May 1, 2023.
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. 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.
7. The certificate holder shall acknowledge acceptance of and agree to comply with all ein 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 October 27, 2022.**

## Timetable

	<b>Milestone</b>	<b>Date</b> <i>mm/dd/yyyy</i>
1	Financing Obtained	09/01/2023
2	Drawings Completed	12/01/2023
4	Construction / Renovation Contract(s) Executed	02/01/2024
5	25% of Construction / Renovation Completed (25% of the cost is in place)	06/01/2024
6	50% of Construction / Renovation Completed	10/01/2024
7	75% of Construction / Renovation Completed	02/01/2025
8	Construction / Renovation Completed	06/01/2025
12	Building / Space Occupied	06/15/2026
<b>14</b>	<b>Services Offered</b>	07/01/2025
17	First Annual Report Due*	01/02/2027

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: E-12241-22

FID #: 955790

**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 4 dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 29 stations upon completion of this project and Project ID# E-12176-22 (relocate 8)

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** FMC Dialysis Services of Hickory  
1899 Tate Boulevard, SE Suite 1103  
Hickory, North Carolina 28602

**CAPITAL EXPENDITURE:** \$0

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of November 15, 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 29 stations at FMC Dialysis Services of Hickory upon completion of this project and Project ID# E-12176-22 (relocate 8).**
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 April 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 October 19, 2022.**

**Timetable**

<b>Milestone</b>	<b>Date</b> <i>mm/dd/yyyy</i>
1 Financing Obtained	07/15/2022
2 Equipment Ordered	9/17/2024
3 Equipment Installed	11/16/2024
4 Equipment Operational	12/14/2024
5 Building / Space Occupied	11/16/2024
<b>6 Services Offered</b>	12/31/2024
7 Medicare and / or Medicaid Certification Obtained	12/31/2024

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: P-12240-22

FID #: 960995

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

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

**SCOPE:** Add no more than three dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 31 stations upon project completion/ Craven County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** FMC Craven County  
2113b Neuse Blvd,  
New Bern, NC 28560

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

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of November 15, 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 three additional in-center dialysis stations for a total of no more 31 in-center and home hemodialysis stations at FMC Craven County 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 March 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 October 12, 2022.**

**Timetable**

	<b>Milestone</b>	<b>Date</b> <i>mm/dd/yyyy</i>
9	Equipment Ordered	08/31/2023
10	Equipment Installed	11/14/2023
11	Equipment Operational	12/05/2023
12	Building / Space Occupied	12/05/2023
<b>14</b>	<b>Services Offered</b>	12/31/2023
15	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 #: K-12242-22

FID #: 170422

**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 two dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 27 dialysis stations upon project completion/Granville County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** FMC Dialysis Services Neuse River  
202 West Industry Drive  
Oxford, NC 27565

**CAPITAL EXPENDITURE:** \$7,500

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of November 4, 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 two additional in-center dialysis stations at FMC Dialysis Services Neuse River for a total of no more 27 stations upon completion of the 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 March 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 October 5, 2022.**

## Timetable

	<b>Milestone</b>	<b>Date mm/dd/yyyy</b>
1	Financing Obtained	7/15/2022
9	Equipment Ordered	8/31/2023
10	Equipment Installed	11/14/2023
11	Equipment Operational	12/05/2023
12	Building / Space Occupied	12/05/2023
<b>14</b>	<b>Services Offered</b>	12/31/2023
15	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 #: G-12231-22

FID #: 220443

**ISSUED TO:** Premier Surgery Center, LLC

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

**SCOPE:** Develop a new multispecialty ASF by relocating no more than 2 ORs from High Point Surgery Center and no more than one OR from Premier Surgery Center for a total of no more than 3 ORs and 3 procedure rooms / Guilford County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Atrium Health Wake Forest Baptist Ambulatory  
Surgical Center-Greensboro  
2909 Horse Pen Creek Road  
Greensboro, NC 27410

**CAPITAL EXPENDITURE:** \$30,133,173

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of November 22, 2022



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Micheala Mitchell, Chief

## **CONDITIONS:**

1. Premier Surgery Center, LLC (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 develop a new multispecialty ASF by relocating no more than 2 ORs from High Point Surgery Center and no more than one OR from Premier Surgery Center for a total of no more than 3 ORs and 3 procedure rooms upon project completion.
3. Upon completion of the project, Atrium Health Wake Forest Baptist Ambulatory Surgical Center-Greensboro shall be licensed for no more than three operating rooms and three procedure rooms.
4. Progress Reports:
  - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at:  
<https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
  - b. The certificate holder shall complete all sections of the Progress Report form.
  - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
  - d. The first progress report shall be due on January 1, 2023.
5. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.
6. The certificate holder shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.
7. 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. 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 October 31, 2022.**

## Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Financing Obtained	01/15/2023
2	Drawings Completed	08/01/2023
3	Land Acquired	02/01/2023
4	Construction / Renovation Contract(s) Executed	10/04/2023
5	25% of Construction / Renovation Completed (25% of the cost is in place)	12/27/2023
6	50% of Construction / Renovation Completed	03/26/2024
7	75% of Construction / Renovation Completed	06/26/2024
8	Construction / Renovation Completed	09/06/2024
9	Equipment Ordered	05/01/2024
10	Equipment Installed	09/01/2024
11	Equipment Operational	09/30/2024
12	Building / Space Occupied	09/15/2024
13	Licensure Obtained	09/30/2024
<b>14</b>	<b>Services Offered</b>	10/01/2024
15	Medicare and / or Medicaid Certification Obtained	12/01/2024
16	Facility or Service Accredited	04/01/2025
17	First Annual Report Due* (only for non-ESRD decisions)	12/31/2025