

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: B-12388-23

FID #: 943487

ISSUED TO: Endoscopy Center of North Carolina, LLC
Entero-Med, 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: Relocate the facility and develop three new GI endoscopy rooms for a total of no more than eight GI endoscopy rooms upon project completion

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Digestive Health Partners
291 Sweeten Creek Road
Asheville, NC 28803

CAPITAL EXPENDITURE: \$8,894,150

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 1, 2024

This certificate is effective as of November 28, 2023



Micheala Mitchell, Chief

CONDITIONS:

- 1. Endoscopy Center of North Carolina, LLC and Entero-Med, LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. The certificate holder shall develop a GI endoscopy ambulatory surgical facility (ASF) by relocating an existing ASF with five GI endoscopy rooms to a newly upfitted building on Sweeten Creek Road in Asheville, and adding three GI endoscopy rooms, for a total of no more than eight GI endoscopy rooms upon project completion.**
- 3. Upon completion of the project, Digestive Health Partners on Sweeten Creek Road shall be licensed for no more than eight GI endoscopy 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 March 1, 2024.**
- 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. 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.**
- 7. 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.**
- 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 acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on November 27, 2023.

Timetable

Milestone	Date <i>mm/dd/yyyy</i>
1 Drawings Completed	09/01/2023
2 Land Acquired	06/15/2023
3 Construction / Renovation Contract(s) Executed	11/15/2023
4 25% of Construction / Renovation Completed (25% of the cost is in place)	01/01/2024
5 50% of Construction / Renovation Completed	04/01/2024
6 75% of Construction / Renovation Completed	08/01/2024
7 Construction / Renovation Completed	10/01/2024
8 Equipment Ordered	12/01/2023
9 Equipment Installed	08/15/2023
10 Equipment Operational	09/15/2024
11 Building / Space Occupied	09/15/2024
12 Licensure Obtained	09/15/2024
13 Services Offered	10/01/2024
14 Medicare and /or Medicaid Certification Obtained	04/01/2024
15 Facility or Service Accredited	04/01/2024
16 First Annual Report Due	01/01/2028

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12409-23

FID #: 160496

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 1 dialysis station pursuant to Condition 2 of the facility need methodology for a total of no more than 17 stations upon project completion / Gaston County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: FKC North Gaston
1510 Lower Dallas Hwy
Dallas, NC 28034

CAPITAL EXPENDITURE: \$3,750

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: February 1, 2024

This certificate is effective as of November 9, 2023



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 2023 SMFP, the certificate holder shall develop no more than one additional in-center dialysis station for a total of no more than 17 in-center (and home hemodialysis) stations at FKC North Gaston.
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, 2024.
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 acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on October 11, 2023.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Financing Obtained	07/15/2023
2	Equipment Ordered	8/30/2024
3	Equipment Installed	11/23/2024
4	Equipment Operational	12/04/2024
5	Building / Space Occupied	12/04/2024
6	Services Offered	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 #: N-12407-23

FID #: 945165

ISSUED TO: Total Renal Care of North Carolina, LLC

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

SCOPE: Add no more than 3 dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 28 stations upon project completion / Hoke County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Dialysis Care of Hoke County
403 S Main Street
Raeford, North Carolina 28376

CAPITAL EXPENDITURE: \$48,080

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 1, 2024

This certificate is effective as of November 28, 2023



Micheala Mitchell, Chief

CONDITIONS:

1. Total Renal Care of North Carolina, LLC. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. Pursuant to Condition 2 of the facility need determination in the 2023 SMFP, the certificate holder shall develop no more than three additional in-center dialysis stations for a total of no more than 28 in-center stations at Dialysis Care of Hoke County.
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 May 1, 2024.
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 acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on November 2, 2023.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
13	Licensure Obtained	01/01/2025
14	Services Offered	01/01/2025

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12408-23

FID #: 955792

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 2 dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 31 stations upon project completion / Mecklenburg County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: BMA West Charlotte
3158 Freedom Drive
Suite 1102
Charlotte, NC 28208&

CAPITAL EXPENDITURE: \$7,500

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 1, 2024

This certificate is effective as of November 14, 2023



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 2023 SMFP, the certificate holder shall develop no more than two additional dialysis stations for a total of no more than 31 stations at BMA West Charlotte.**
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, 2024.**
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 acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on October 12, 2023.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Equipment Ordered	08/30/2024
2	Equipment Installed	11/23/2024
3	Equipment Operational	12/04/2024
4	Building / Space Occupied	12/04/2024
5	Services Offered	12/31/2024
6	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-12411-23

FID #: 230628

ISSUED TO: Onslow Opco, LLC
Onslow Propco, 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 40-bed ACH facility by relocating no more than 40 ACH beds from Onslow House / Onslow County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: The Landings at Topsail Shores
Approximately 1085 NC Highway 210
Sneads Ferry, NC 28460

CAPITAL EXPENDITURE: \$10,744,633

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 1, 2024

This certificate is effective as of November 28, 2023



Micheala Mitchell, Chief

CONDITIONS:

1. Onslow Opco, LLC and Onslow Propco, LLC, (hereinafter collectively the certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall develop a new 40-bed ACH facility in Sneads Ferry (Onslow County) by relocating 40 ACH beds from Onslow House in Jacksonville (Onslow County).
3. Upon completion of the project, The Landings at Topsail Shores shall be licensed for no more than 40 ACH beds and Onslow House shall be licensed for no more than 80 ACH beds.
4. The certificate holder shall certify the percentage of the total number of licensed adult care home beds in the facility for recipients of State/County Special Assistance with Medicaid commensurate with representations made in the application.
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 May 1, 2024.
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 application.
7. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on November 27, 2023.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Financing Obtained	09/01/2029
2	Drawings Completed	09/01/2029
3	Land Acquired	06/01/2029
4	Construction / Renovation Contract(s) Executed	09/01/2029
5	25% of Construction / Renovation Completed (25% of the cost is in place)	02/01/2030
6	50% of Construction / Renovation Completed	07/01/2030
7	75% of Construction / Renovation Completed	12/01/2030
8	Construction / Renovation Completed	05/01/2031
9	Equipment Ordered	04/01/2031
10	Equipment Installed	06/01/2031
11	Equipment Operational	07/15/2031
13	Licensure Obtained	09/01/2031
14	Services Offered	09/01/2031
15	Medicare and / or Medicaid Certification Obtained	09/01/2031