

**Certificate of Need Section  
Certificates Issued**

Printed for Period: From 11/01/2013 to 11/30/2013

<b>County</b>	<b>Project ID#</b>	<b>Facility</b>	<b>Project Description</b>	<b>Application Review</b>	<b>Certificate of Need Issue Date</b>	<b>Total Approved Capital Expenditure</b>	<b>1st Project Progress Report Date</b>
<b>Cabarrus</b>	<b>F-010155-13</b>	<b>Carolinas Medical Center-NorthEast 943049 Concord</b>	Replace linear accelerator	08/01/2013	11/30/2013	\$6,251,400.00	04/03/2014
<b>Chowan</b>	<b>R-010150-13</b>	<b>Edenton Dialysis Center 130276 Edenton</b>	Relocate Edenton Dialysis Center within City of Edenton	07/01/2013	11/04/2013	\$1,452,013.00	10/15/2014
<b>Mecklenburg</b>	<b>F-010158-13</b>	<b>Carolinas Medical Center/Center for Mental Health 943070 Charlotte</b>	Develop a second hybrid OR by acquiring and installing endovascular imaging equipment in an existing OR	08/01/2013	11/01/2013	\$4,999,133.00	02/28/2014
<b>Nash</b>	<b>L-010177-13</b>	<b>FMC South Rocky Mount 130370 Rocky Mount</b>	Relocate 12 dialysis stations from BMA Rocky Mount to FMC South Rocky Mount, a new 12-station facility to be located in Rocky Mount	09/01/2013	11/19/2013	\$1,679,564.00	03/30/2014
<b>Wake</b>	<b>J-010152-13</b>	<b>FMC Northern Wake 130278 Raleigh</b>	Relocate 10 dialysis stations from BMA Wake and 3 stations from BMA Southwest Wake to develop a new 13-station facility in North Raleigh	07/01/2013	11/03/2013	\$3,374,036.00	05/15/2014
<b>Wake</b>	<b>J-010164-13</b>	<b>Duke Raleigh Hospital 923421 Raleigh</b>	Replace existing linear accelerator	09/01/2013	11/30/2013	\$8,292,201.00	09/15/2014

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project Identification Number #F-10155-13**

**FID #943049**

**ISSUED TO: The Charlotte-Mecklenburg Hospital  
d/b/a Carolinas Medical Center-NorthEast  
2709 Water Ridge Parkway, Suite 200  
Charlotte, NC 28217**

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that law.

**SCOPE: Replace existing linear accelerator/ Cabarrus County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: Carolinas Medical Center-NorthEast  
920 Church Street, North  
Concord, NC 28025**

**MAXIMUM CAPITAL EXPENDITURE: \$6,251,400**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: April 3, 2014**

This certificate is effective as of the 30<sup>th</sup> day of November, 2013

  
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Chief, Certificate of Need Section  
Division of Health Service Regulation

**CONDITIONS:**

1. The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center-NorthEast shall materially comply with all representations made in the certificate of need application.
2. The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center-NorthEast shall acquire no more than one linear accelerator to replace an existing linear accelerator for a total of no more than two linear accelerators upon project completion.
3. The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center-NorthEast shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section VIII of the application and which would otherwise require a certificate of need.
4. The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center-NorthEast 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. The plan must be consistent with the applicants' representations in the written statement as described in paragraph one of Policy GEN-4.
5. Prior to issuance of the certificate of need, The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center-NorthEast shall acknowledge acceptance of and agree to comply with all conditions stated herein in writing to the Certificate of Need Section.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on November 13, 2013.

**TIMETABLE:**

Obtain funds necessary to undertake project _____	February 1, 2014
Ordering Equipment _____	February 2, 2014
Approval of Final Drawings and Specifications by the DHSR Construction Section _____	February 20, 2014
Contract Award _____	February 21, 2014
25% Completion of Construction _____	March 14, 2014
50% Completion of Construction _____	April 4, 2014
75% Completion of Construction _____	April 25, 2014
Completion of Construction _____	May 16, 2014
Arrival of Equipment _____	May 16, 2014
Occupancy/Offering of Service _____	July 1, 2014
Operation of Equipment _____	October 1, 2014

# STATE OF NORTH CAROLINA

*Department of Health and Human Services*

*Division of Health Service Regulation*

## **CERTIFICATE OF NEED**

for

Project Identification Number #R-10150-13

FID #130276

**ISSUED TO:** DVA Healthcare Renal Care, Inc.  
d/b/a Edenton Dialysis Center  
312 Medical Arts Drive  
Lot 6, Edenton Medical Park  
Edenton, NC 27932

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that law.

**SCOPE:** Relocate Edenton Dialysis Center within the town of Edenton/ Chowan County

**CONDITIONS:** See Reverse Side


**PHYSICAL LOCATION:** 312 Medical Arts Drive  
Lot 6, Edenton Medical Park  
Edenton, NC 27932

**MAXIMUM CAPITAL EXPENDITURE:** \$1,452,013

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** October 15, 2014

This certificate is effective as of the 4<sup>th</sup> day of November, 2013

  
\_\_\_\_\_  
Chief, Certificate of Need Section  
Division of Health Service Regulation

**CONDITIONS:**

1. DVA Healthcare Renal Care, Inc. d/b/a Edenton Dialysis Center shall materially comply with all representations made in the certificate of need application.
2. DVA Healthcare Renal Care, Inc. d/b/a Edenton Dialysis Center shall relocate and operate no more than a total of seventeen (17) certified dialysis stations which shall include any isolation stations.
3. DVA Healthcare Renal Care, Inc. d/b/a Edenton Dialysis Center shall install plumbing and electrical wiring through the walls for no more than seventeen (17) dialysis stations which shall include any isolation stations.
4. DVA Healthcare Renal Care, Inc. d/b/a Edenton Dialysis Center shall not develop or offer home dialysis services as part of this project.
5. DVA Healthcare Renal Care, Inc. d/b/a Edenton Dialysis Center shall provide the CON Section with a copy of a letter sent to a local health professional training program indicating an interest in establishing a training program relationship at Edenton Dialysis Center.
6. DVA Healthcare Renal Care, Inc. d/b/a Edenton Dialysis Center shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter documenting conformance with condition #5 and acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on November 8, 2013.

**TIMETABLE:**

Approval of Final Drawings _____	June 1, 2014
50% Completion of Construction _____	January 1, 2015
Completion of Construction _____	May 1, 2015
Operation of Equipment _____	June 1, 2015
Certification of Stations _____	July 1, 2015

# STATE OF NORTH CAROLINA

Department of Health and Human Services  
Division of Health Service Regulation

## CERTIFICATE OF NEED

for

Project Identification Number #F-10158-13

FID #943070

**ISSUED TO:** The Charlotte-Mecklenburg Hospital Authority  
d/b/a Carolinas Medical Center  
2709 Water Ridge Parkway, Suite 200  
Charlotte, NC 28217

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that law.

**SCOPE:** Develop a second hybrid OR by acquiring and installing endovascular imaging equipment in an existing OR/ Mecklenburg County

**CONDITIONS:** See Reverse Side

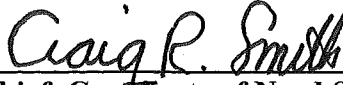
**PHYSICAL LOCATION:** Carolinas Medical Center  
1000 Blythe Boulevard  
Charlotte, NC 28203

**MAXIMUM CAPITAL EXPENDITURE:** \$4,999,133

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** February 28, 2014

This certificate is effective as of the 1<sup>st</sup> day of November, 2013

  
\_\_\_\_\_  
Chief, Certificate of Need Section  
Division of Health Service Regulation

**CONDITIONS:**

1. The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center shall materially comply with all representations made in its certificate of need application.
2. The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center shall acquire no more than one angiographic endovascular imaging system to be installed in an existing operating room.
3. The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center shall not perform cardiac catheterization procedures that are routinely performed in a cardiac catheterization room on the angiography equipment in the hybrid operating room.
4. Upon completion of this project (develop a hybrid OR), The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center shall be licensed for no more than 47 operating rooms, including 5 open heart surgery, 4 dedicated C-Section, 1 other dedicated inpatient surgery, 11 dedicated ambulatory surgery operating rooms, and 26 shared operating rooms.
5. The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section VIII of the application and which would otherwise require a certificate of need.
6. Prior to issuance of the certificate of need, The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center shall acknowledge acceptance of and agree to comply with all conditions stated herein in writing to the Certificate of Need Section.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on October 15, 2013.

**TIMETABLE:**

Contract Award	_____	May 6, 2014
50% Completion of Construction	_____	August 4, 2014
Completion of Construction	_____	December 2, 2014
Occupancy/Offering of Services	_____	January 1, 2015

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project Identification Number #L-10177-13**

**FID #130370**

**ISSUED TO: Bio-Medical Applications of North Carolina, Inc.  
d/b/a FMC South Rocky Mount  
3717 National Drive, Suite 206  
Raleigh, NC 27612**

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that law.

**SCOPE: Develop a new 12-station dialysis facility in Rocky Mount by relocating no more than 12 existing dialysis stations from BMA Rocky Mount/ Nash County**

**CONDITIONS: See Reverse Side**


**PHYSICAL LOCATION: FMC South Rocky Mount  
1680 S. Wesleyan Boulevard  
Rocky Mount, NC 27803**

**MAXIMUM CAPITAL EXPENDITURE: \$1,679,564**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: March 30, 2014**

This certificate is effective as of the 19<sup>th</sup> day of November, 2013

  
\_\_\_\_\_  
Chief, Certificate of Need Section  
Division of Health Service Regulation



**CONDITIONS:**

1. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC South Rocky Mount shall materially comply with all representations made in the certificate of need application.
2. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC South Rocky Mount shall develop and operate no more than 12 dialysis stations at FMC South Rocky Mount, which shall include any isolation and home hemo-dialysis training stations.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC South Rocky Mount shall install plumbing and electrical wiring through the walls for no more than 12 dialysis stations which shall include any isolation and home hemo-dialysis training stations.
4. Bio-Medical Applications of North Carolina, Inc. shall take the necessary steps to decertify 12 dialysis stations at BMA Rocky Mount for a total of no more than 30 dialysis stations at BMA Rocky Mount, upon completion of the relocation of those stations to the FMC South Rocky Mount facility.
5. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC South Rocky Mount shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section 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 Certificate of Need Section on October 22, 2013.

**TIMETABLE:**

Completion of Final Drawings and Specifications _____	February 25, 2014
25% Completion of Construction _____	June 10, 2014
75% Completion of Construction _____	September 23, 2014
Completion of Construction _____	November 7, 2014
Operation of Equipment _____	December 26, 2014
Occupancy/Offering of Service _____	December 31, 2014

# STATE OF NORTH CAROLINA

Department of Health and Human Services  
Division of Health Service Regulation

## CERTIFICATE OF NEED

for

Project Identification Number #J-10152-13

FID #130278

**ISSUED TO:** Bio-Medical Applications of North Carolina, Inc.  
d/b/a FMC Northern Wake and O2P LLC  
3717 National Drive, Suite 206  
Raleigh, NC 27612

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that law.

**SCOPE:** Develop a new 13-station dialysis facility in Raleigh by relocating 10 dialysis stations from BMA Wake and 3 dialysis stations from BMA Southwest Wake/Wake County

**CONDITIONS:** See Reverse Side

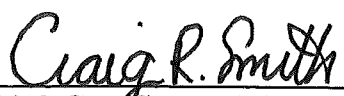
**PHYSICAL LOCATION:** FMC Northern Wake  
8820 Wadford Road  
Raleigh, NC 27616

**MAXIMUM CAPITAL EXPENDITURE:** \$3,374,036

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** May 15, 2014

This certificate is effective as of the 3<sup>rd</sup> day of November, 2013

  
\_\_\_\_\_  
Chief, Certificate of Need Section  
Division of Health Service Regulation

**CONDITIONS:**

1. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Northern Wake and O2P LLC shall materially comply with all representations made in the certificate of need application.
2. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Northern Wake and O2P LLC shall relocate no more than 13 dialysis stations to FMC Northern Wake, which shall include any isolation or home hemodialysis stations.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Northern Wake and O2P LLC shall install plumbing and electrical wiring through the walls for no more than 13 dialysis stations, which shall include any isolation or home hemodialysis stations.
4. Bio-Medical Applications of North Carolina, Inc. shall take the necessary steps to decertify 10 dialysis stations at BMA Wake for a total of no more than 40 dialysis stations at BMA Wake.
5. Bio-Medical Applications of North Carolina, Inc. shall take the necessary steps to decertify three dialysis stations at BMA Southwest Wake for a total of no more than 28 dialysis stations at BMA Southwest Wake.
6. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Northern Wake and O2P LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section 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 Certificate of Need Section on October 10, 2013.

**TIMETABLE:**

Completion of Final Drawings _____	April 2, 2014
Contract Award _____	May 2, 2014
25% Completion of Construction _____	July 1, 2014
50% Completion of Construction _____	August 15, 2014
75% Completion of Construction _____	September 29, 2014
Ordering Equipment _____	October 2, 2014
Completion of Construction _____	November 13, 2014
Occupancy/Offering of Service _____	December 31, 2014

# STATE OF NORTH CAROLINA

Department of Health and Human Services  
Division of Health Service Regulation

## CERTIFICATE OF NEED

for

Project Identification Number #J-10164-13

FID #923421

**ISSUED TO:** Duke University Health System  
d/b/a Duke Raleigh Hospital  
3100 Tower Boulevard, Suite 1300  
Durham, NC 27707

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that law.

**SCOPE:** Replace Linear Accelerator/ Wake County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Duke Raleigh Hospital  
3400 Wake Forest Road  
Raleigh, NC 27607

**MAXIMUM CAPITAL EXPENDITURE:** \$8,292,201

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** September 15, 2014

This certificate is effective as of the 30<sup>th</sup> day of November, 2013



Chief, Certificate of Need Section  
Division of Health Service Regulation

**CONDITIONS:**

1. Duke University Health System d/b/a Duke Raleigh Hospital shall materially comply with all representations made in this certificate of need application.
2. Duke University Health System d/b/a Duke Raleigh Hospital shall acquire no more than one linear accelerator to replace the existing Varian 2/EX linear accelerator for a total of no more than one linear accelerator upon project completion.
3. Duke University Health System d/b/a Duke Raleigh Hospital shall dispose of the Varian 2/EX linear accelerator by removing it from North Carolina.
4. Duke University Health System d/b/a Duke Raleigh Hospital shall not acquire as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section VIII of the application and that would otherwise require a certificate of need.
5. Duke University Health System d/b/a Duke Raleigh Hospital 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. The plan must be consistent with the applicant's representations in the written statement as described in paragraph one of Policy GEN-4.
6. Duke University Health System d/b/a Duke Raleigh Hospital shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section 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 Certificate of Need Section on November 26, 2013.

**TIMETABLE:**

25% Completion of Construction	September 15, 2014
50% Completion of Construction	March 1, 2015
Ordering Equipment	March 1, 2015
Operation of Equipment	September 30, 2015
Completion of Construction	January 31, 2016