

**Certificate of Need Section
Certificates Issued**

Printed for Period: From 12/01/2013 to 12/31/2013

County	Project ID#	Facility	Project Description	Application Review	Certificate of Need Issue Date	Total Approved Capital Expenditure	1st Project Progress Report Date
Bladen	N-010153-13	FMC Bladen Home Dialysis 130279 Elizabethtown	Develop a freestanding home training program for peritoneal dialysis	07/01/2013	12/03/2013	\$227,113.00	04/14/2014
Cabarrus	F-010196-13	Carolinas Rehabilitation-NorthEast 080512 Concord	Offer inpatient dialysis services which is a change of scope for Project ID #F-8161-08 (develop 40-bed inpatient rehabilitation hospital)	10/01/2013	12/28/2013	\$62,629.00	05/01/2014
Chatham	J-010190-13	CAROLINA DIALYSIS-SILER CITY 955802 SILER CITY	Add 4 dialysis stations for a total of 22 stations upon project completion	10/01/2013	12/06/2013	\$105,600.00	12/15/2014
Durham	J-010203-13	Durham Dialysis 955621 Durham	Add 5 dialysis stations for a total of 29 stations upon project completion	10/01/2013	12/24/2013	\$81,923.00	04/01/2014
Durham	J-010212-13	Southpoint Dialysis 090117 Durham	Add 4 dialysis stations for a total of 16 stations upon project completion	10/01/2013	12/24/2013	\$65,439.00	04/01/2014

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Printed for Period: From 12/01/2013 to 12/31/2013

County	Project ID#	Facility	Project Description	Application Review	Certificate of Need Issue Date	Total Approved Capital Expenditure	1st Project Progress Report Date
Forsyth	G-008554-10	Forsyth Medical Center Imaging-Clemmons 100784 Clemmons	Acquire an MRI scanner to be located in Clemmons	08/01/2010	12/18/2013	\$2,445,201.00	03/01/2014
Hoke	N-010151-13	Raeford Manor 130277 Raeford	Relocate 75 adult care home beds from Raeford Manor which was burned in a fire in 2009	07/01/2013	12/28/2013	\$6,827,170.00	04/10/2014
Pasquotank	R-010176-13	Albemarle Dialysis 130368 Elizabeth City	Relocate 14 dialysis stations from Elizabeth City Dialysis Center to Albemarle Dialysis, a new 14-station facility to be located in Elizabeth City	09/01/2013	12/24/2013	\$1,796,866.00	05/06/2014

STATE OF NORTH CAROLINA
Department of Health and Human Services
Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project Identification Number #N-10153-13

FID #130279

ISSUED TO: Bio-Medical Applications of North Carolina, Inc.
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 freestanding home training and support program for peritoneal dialysis patients/ Bladen County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: FMC Bladen Home Dialysis
507 Doctors Drive
Elizabethtown, NC 28303

MAXIMUM CAPITAL EXPENDITURE: \$277,113

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 14, 2014

This certificate is effective as of the 3rd day of December, 2013

Craig R. Smith by M. Trisone
Chief, Certificate of Need Section
Division of Health Service Regulation

CONDITIONS:

1. **Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Bladen Home Dialysis 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 Bladen Home Dialysis shall develop no more than one home peritoneal dialysis training and support program facility in Bladen County.**
3. **Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Bladen Home Dialysis shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to the 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 5, 2013.

TIMETABLE:

Contract Award	March 17, 2014
25% Completion of Construction	April 16, 2014
50% Completion of Construction	May 7, 2014
75% Completion of Construction	May 28, 2014
Completion of Construction	June 11, 2014
Occupancy/Offering of Service	June 30, 2014

STATE OF NORTH CAROLINA

Department of Health and Human Services
Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project Identification Number #F-10196-13

FID #080512

ISSUED TO: Carolinas Rehabilitation-NorthEast, LLC
and The Charlotte-Mecklenburg Hospital Authority
d/b/a Carolinas Rehabilitation
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: Offer inpatient dialysis services which is a change of scope for Project ID #F-8161-08 (develop 40-bed inpatient rehabilitation hospital)/ Cabarrus County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Carolinas Rehabilitation-NorthEast
1000 Blythe Boulevard
Charlotte, NC 28203

MAXIMUM CAPITAL EXPENDITURE: \$62,629

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 1, 2014

This certificate is effective as of the 28th day of December, 2013



Chief, Certificate of Need Section
Division of Health Service Regulation

CONDITIONS:

1. Carolinas Rehabilitation-NorthEast, LLC and The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Rehabilitation shall materially comply with all representations made in the certificate of need application and supplemental information provided. In those instances where representations conflict, Carolinas Rehabilitation-NorthEast, LLC and The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Rehabilitation shall materially comply with the last made representation.
2. Carolinas Rehabilitation-NorthEast, LLC and The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Rehabilitation shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section VI of the application and which would otherwise require a certificate of need.
3. Carolinas Rehabilitation-NorthEast, LLC and The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Rehabilitation shall be certified for no more than 8 dialysis stations, 6 in inpatient rehabilitation rooms and 2 in isolation rooms.
4. Carolinas Rehabilitation-NorthEast, LLC and The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Rehabilitation shall acknowledge acceptance of and agree to comply with all conditions stated 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 December 9, 2013.

TIMETABLE:

50% Completion of Construction _____	June 15, 2014
Completion of Construction _____	June 30, 2014
Occupancy/Offering of Service _____	July 1, 2014

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project Identification Number #J-10190-13

FID #955802

**ISSUED TO: Carolina Dialysis-Siler City
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: Add 4 dialysis stations for a total of 22 stations upon project completion/
Chatham County**

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Carolina Dialysis-Siler City
192 Campus Drive
Siler City, NC 27344**

MAXIMUM CAPITAL EXPENDITURE: \$105,600

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 15, 2014

This certificate is effective as of the 6th day of December, 2013



**Chief, Certificate of Need Section
Division of Health Service Regulation**

CONDITIONS:

1. Carolina Dialysis, LLC d/b/a Carolina Dialysis-Siler City shall materially comply with all representations made in the certificate of need application.
2. Carolina Dialysis, LLC d/b/a Carolina Dialysis-Siler City shall develop and operate no more than four additional dialysis stations for a total of no more than twenty-two (22) certified dialysis stations which shall include any home hemodialysis training stations or isolation stations.
3. Carolina Dialysis, LLC d/b/a Carolina Dialysis-Siler City shall install plumbing and electrical wiring through the walls for no more than twenty-two (22) dialysis stations which shall include any home training or isolation stations.
4. Carolina Dialysis, LLC d/b/a Carolina Dialysis-Siler City 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 19, 2013.

TIMETABLE:

Completion of Final Drawings and Specifications _____	November 30, 2014
Contract Award _____	March 30, 2015
25% Completion of Construction _____	June 28, 2015
50% Completion of Construction _____	September 26, 2015
75% Completion of Construction _____	November 10, 2015
Completion of Construction _____	December 1, 2015
Operation of Equipment _____	December 26, 2015
Occupancy/Offering Service _____	December 31, 2015
Certification of Stations _____	December 31, 2015

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project Identification Number #J-10203-13

FID #955621

ISSUED TO: DVA Healthcare Renal Care, Inc.
d/b/a Durham Dialysis Center
201 Hood Street
Durham, NC 27701

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: Add 5 dialysis stations for a total of 29 stations upon project completion/
Durham County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Durham Dialysis Center
201 Hood Street
Durham, NC 27701

MAXIMUM CAPITAL EXPENDITURE: \$81,923

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 1, 2014

This certificate is effective as of the 24th day of December, 2013


Interim Chief, Certificate of Need Section
Division of Health Service Regulation

CONDITIONS:

- 1. DVA Healthcare Renal Care, Inc. d/b/a Durham Dialysis Center, shall materially comply with all representations made in its certificate of need application.**
- 2. DVA Healthcare Renal Care, Inc. d/b/a Durham Dialysis Center shall develop and operate no more than five additional dialysis stations for a total of no more than 29 stations, which shall include any home hemodialysis training or isolation stations upon completion of this project.**
- 3. DVA Healthcare Renal Care, Inc. d/b/a Durham Dialysis Center shall install plumbing and electrical wiring through the walls for no more than five additional dialysis stations for a total of 29 stations, which shall include any home hemodialysis training or isolation stations.**
- 4. DVA Healthcare Renal Care, Inc. d/b/a Durham Dialysis Center shall not offer or develop home hemodialysis or peritoneal dialysis training services as part of this project.**
- 5. DVA Healthcare Renal Care, Inc. d/b/a Durham 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 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 December 5, 2013.

TIMETABLE:

Occupancy/Offering Service(s) _____ July 1, 2014

STATE OF NORTH CAROLINA
Department of Health and Human Services
Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project Identification Number #J-10212-13

FID #090117

ISSUED TO: DVA Healthcare Renal Care, Inc.
d/b/a Southpoint Dialysis Center
415 West Highway 54
Durham, NC 27701

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: Add 4 dialysis stations for a total of 16 stations upon project completion/
Durham County**

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Southpoint Dialysis Center
415 West Highway 54
Durham, NC 27701

MAXIMUM CAPITAL EXPENDITURE: \$65,439

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 1, 2014

This certificate is effective as of the 24th day of December, 2013

Martha Q. Fusone
Interim Chief, Certificate of Need Section
Division of Health Service Regulation

CONDITIONS:

1. **DaVita Healthcare Renal Care, Inc. d/b/a Southpoint Dialysis shall materially comply with all representations made in the certificate of need application.**
2. **DaVita Healthcare Renal Care, Inc. d/b/a Southpoint Dialysis shall develop no more than four additional stations for a total of 16 stations upon completion of this project, which shall include any home hemodialysis training or isolation stations.**
3. **DVA Healthcare Renal Care, Inc. d/b/a Southpoint Dialysis shall install plumbing and electrical wiring through the walls for no more than a total of 16 dialysis stations, including any home hemodialysis training or isolation stations.**
4. **DVA Healthcare Renal Care, Inc. d/b/a Southpoint Dialysis shall not offer or develop home hemodialysis or peritoneal dialysis training services as a part of this project.**
5. **DVA Healthcare Renal Care, Inc. d/b/a Southpoint Dialysis shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to insurance 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 December 5, 2013.

TIMETABLE:

Occupancy/Offering Service(s) _____ July 1, 2014

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project Identification Number #G-8554-10

FID #080517

**ISSUED TO: Novant Health, Inc.
AND Forsyth Memorial Hospital, Inc.
d/b/a Novant Health Clemmons Medical Center
3480 Preston Ridge Road, Suite 600
Alpharetta, GA 30005**

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: Acquire a fixed MRI scanner to be located at the Clemmons Medical Center/
Forsyth County**

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Novant Health Clemmons Medical Center
6915 Village Medical Circle
Clemmons, NC 27012**

MAXIMUM CAPITAL EXPENDITURE: \$2,445,201

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 1, 2014

This certificate is effective as of the 18th day of December, 2013



Chief, Certificate of Need Section
Division of Health Service Regulation

CONDITIONS:

1. Forsyth Medical Center d/b/a Clemmons Medical Center shall materially comply with all representations made in the certificate of need application identified as Project I.D. No. G-8554-10, seeking to acquire one fixed MRI scanner, and the supplemental documents provided to the Agency on June 8, 2012 and June 20, 2012. In those instances in which any of these representations conflict, Forsyth Medical Center d/b/a Clemmons Medical Center shall materially comply with the last made representation.

2. Forsyth Medical Center d/b/a Clemmons Medical Center shall not acquire, as part of this project, any equipment that is not included in the proposed capital expenditure in Section VIII of the application or that would otherwise require a certificate of need.

TIMETABLE:

Ordering Equipment _____ July 1, 2015
Operation of Equipment _____ January 1, 2016

STATE OF NORTH CAROLINE

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

CERTIFICATE OF NEED

for

Project Identification Number #N-10151-13

FID #130277

**ISSUED TO: HC AL Investors, LLC
AND HC Operations, LLC
533 Meadowmont Village Circle
Chapel Hill, NC 27517**

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 and relocate the 75 adult care home beds at Raeford Manor to a new location within Hoke County/ Hoke County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Raeford Manor
9288 Fayetteville Road
Raeford, NC 28376**

MAXIMUM CAPITAL EXPENDITURE: \$6,827,170

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 10, 2014

This certificate is effective as of the 28th day of December, 2013


**Chief, Certificate of Need Section
Division of Health Service Regulation**

CONDITIONS:

1. HC AL Investors, LLC and HC Operations, LLC shall materially comply with all representations made in the certificate of need application and in the supplemental information materials submitted during the review. In those instances where representations conflict, HC AL Investors, LLC and HC Operations, LLC shall materially comply with the last made representation.
2. HC AL Investors, LLC and HC Operations, LLC shall construct a replacement adult care home facility (ACH) which shall be licensed for no more than 75 ACH beds upon project completion.
3. For the first two years of operation following completion of the project, HC AL Investors, LLC and HC Operations, LLC shall not increase actual private pay charges more than 5% of the projected private pay charges provided in Section X of the application, without first obtaining a determination from the Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.
4. HC AL Investors, LLC and HC Operations, LLC shall provide care to recipients of State/County Special Assistance with Medicaid for the facility, commensurate with representations made in Section VI. 2 and Exhibit 23 and supplemental materials.
5. HC AL Investors, LLC and HC Operations, LLC shall submit all patient charges and patient admissions for each source of patient payment to the CON Section at year end for each of the first three operating years following licensure of the beds in the facility.
6. HC AL Investors, LLC and HC Operations, LLC shall develop and implement an Energy Efficiency and Sustainability plan for the replacement facility that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.
7. HC AL Investors, LLC and HC Operations, 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 December 20, 2013.

TIMETABLE:

Final Drawings Submitted to the Construction Section, DHSR _____	January 15, 2014
Approval of Site by Construction Section, DHSR _____	March 14, 2014
Building Permit Obtained _____	April 1, 2014
Site Preparation _____	April 2, 2014
25% Completion of Construction _____	June 2, 2014
50% Completion of Construction _____	July 7, 2014
75% Completion of Construction _____	August 11, 2014
Completion of Construction _____	September 22, 2014
Licensure _____	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-10176-13

FID #130368

**ISSUED TO: DVA Healthcare Renal Care, Inc.
d/b/a Albemarle Dialysis
2321 West Morehead Street
Charlotte, NC 28208**

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 14 dialysis stations from Elizabeth Dialysis Center to Albemarle Dialysis, a new 14-station facility to be located in Elizabeth City/ Pasquotank County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Albemarle Dialysis
University Plaza
Elizabeth City, NC 27909**

MAXIMUM CAPITAL EXPENDITURE: \$1,796,866

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 6, 2014

This certificate is effective as of the 24th day of December, 2013

Martha Q. Frisone
**Chief, Certificate of Need Section
Division of Health Service Regulation**

CONDITIONS:

1. DVA Healthcare Renal Care, Inc. d/b/a Albemarle Dialysis shall materially comply with all representations made in the certificate of need application.
2. DVA Healthcare Renal Care, Inc. d/b/a Albemarle Dialysis shall relocate and operate no more than a total of fourteen (14) certified dialysis stations which shall include any home hemodialysis training stations or isolation stations.
3. After the certification of the fourteen (14) relocated dialysis stations at Albemarle Dialysis, DVA Healthcare Renal Care, Inc. d/b/a Elizabeth City Dialysis Center shall take steps to decertify fourteen (14) dialysis stations for a total of no more than sixteen (16) certified stations at Elizabeth City Dialysis Center.
4. DVA Healthcare Renal Care, Inc. d/b/a Elizabeth City Dialysis Center shall relocate the peritoneal and home hemodialysis training program to Albemarle Dialysis.
5. DVA Healthcare Renal Care, Inc. d/b/a Albemarle Dialysis shall install plumbing and electrical wiring through the walls for no more than fourteen (14) dialysis stations which shall include any home training or isolation stations.
6. DVA Healthcare Renal Care, Inc. d/b/a Albemarle Dialysis 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 December 5, 2013.

TIMETABLE:

Completion of Preliminary Drawings _____	May 1, 2014
Completion of Final Drawings and Specifications _____	June 1, 2014
Contract Award _____	July 1, 2014
Ordering Equipment _____	September 1, 2014
50% Completion of Construction _____	September 1, 2014
Arrival of Equipment _____	October 15, 2014
Completion of Construction _____	November 1, 2014
Operation of Equipment _____	December 1, 2014
Certification of Stations _____	January 1, 2015