

**Certificate of Need
Certificates Issued
January 2020**

County	Project ID	Facility	FID	Facility Type	Project Description	Application Review Date	Decision Date	Certificate Issue Date	Decision	Review-Analyst	Co-Signer	Approved Capital Expenditure	1st Rept Due Date
Chowan	R-011791-19	Edenton Dialysis	955811	ESRD	Add no more than 4 stations for a total of no more than 19 dialysis stations upon project completion and Project ID #R-11595-18 (relocate 2)	10/1/2019	12/23/2019	1/23/2020	Conditional Approval	Celia Inman	Lisa Pittman	\$71,160	8/30/2020
Duplin	P-011789-19	Southeastern Dialysis Center - Kenansville	945251	ESRD	Add no more than 4 stations for a total of no more than 24 stations upon project completion of this project, Project ID# P-11680-19 (add 2 stations) and Project ID# P-11711-19 (relocate entire facility and one station from Wallace Dialysis) which is a change of scope	10/1/2019	12/18/2019	1/18/2020	Conditional Approval	Greg Yakaboski	Fatimah Wilson	\$71,116	6/20/2020
Durham	J-011785-19	Durham Dialysis	955621	ESRD	Add no more than 5 stations for a total of no more than 22 stations upon project completion	10/1/2019	12/10/2019	1/10/2020	Conditional Approval	Greg Yakaboski	Gloria Hale	\$8,475	8/15/2020
Forsyth	G-011796-19	Northside Dialysis Center	000193	ESRD	Add no more than 3 stations for a total of no more than 45 stations upon completion of this project and Project ID #G-11676-19 (relocate 3 stations to Salem Kidney Center)	10/1/2019	12/18/2019	1/18/2020	Conditional Approval	Greg Yakaboski	Lisa Pittman	\$50,400	5/20/2020
Guilford	G-011797-19	Triad Dialysis Center	980262	ESRD	Add no more than eight stations for a total of no more than 30 stations upon completion of this project and Project ID #G-11672-19 (relocate 5 stations to High Point Kidney Center)	10/1/2019	12/18/2019	1/18/2020	Conditional Approval	Greg Yakaboski	Lisa Pittman	\$134,400	5/20/2020
Harnett	M-011771-19	FMC Anderson Creek	110803	ESRD	Add no more than 2 dialysis stations for a total of no more than 16 stations upon project completion	10/1/2019	12/31/2019	1/31/2020	Conditional Approval	Tanya Saporito	Gloria Hale	\$7,500	6/30/2020
Harnett	M-011772-19	Fresenius Medical Care Angier Dialysis	100969	ESRD	Add no more than 2 dialysis stations for a total of no more than 12 stations upon project completion	10/1/2019	12/31/2019	1/31/2020	Conditional Approval	Tanya Saporito	Gloria Hale	\$7,500	6/30/2020
Lenoir	P-011768-19	FMC Vernon Dialysis	990324	ESRD	Add no more than 3 dialysis stations for a total of no more than 27 stations upon project completion	10/1/2019	12/17/2019	1/17/2020	Conditional Approval	Celia Inman	Fatimah Wilson	\$15,000	2/1/2021
Macon	A-011751-19	MH Angel Medical Center, LLLP	190376	HOSPITAL	Cost overrun for Project ID #A-11427-17 (construct a replacement hospital with no more than 30 acute care beds, three shared operating rooms and one gastrointestinal endoscopy procedure room)	9/1/2019	12/30/2019	1/30/2020	Conditional Approval	Tanya Saporito	Fatimah Wilson	\$23,900,360	6/30/2020
McDowell	C-011794-19	McDowell Dialysis Center	040266	ESRD	Change of Scope for Project ID #C-11741-19 (relocate entire 17-station facility) by adding no more than 3 dialysis stations for a total of no more than 20 stations upon completion of this project, Project ID #C-11594-18 (add 2 stations), and Project ID #C-11685-19 (add 2 stations)	10/1/2019	12/23/2019	1/23/2020	Conditional Approval	Celia Inman	Lisa Pittman	\$54,850	8/30/2020
Mecklenburg	F-011775-19	Fresenius Kidney Care Regal Oaks	150024	ESRD	Add no more than 2 dialysis stations for a total of no more than 17 stations upon project completion	10/1/2019	12/7/2019	1/7/2020	Conditional Approval	Julie Faenza	Gloria Hale	\$7,500	12/1/2020
Mecklenburg	F-011779-19	FMC Southwest Charlotte	120485	ESRD	Add no more than 5 dialysis stations for a total of no more than 21 stations upon project completion	10/1/2019	12/4/2019	1/4/2020	Conditional Approval	Julie Faenza	Gloria Hale	\$18,750	12/1/2020

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: R-11791-19

FID #: 955811

ISSUED TO: DVA Healthcare Renal Care, Inc.

Pursuant to N.C. Gen. Stat. § 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 certificate of need 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 10A NCAC 14C .0209. 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 section.

SCOPE: Add no more than 4 stations for a total of no more than 19 dialysis stations upon project completion and Project ID #R-11595-18 (relocate 2) / Chowan

CONDITIONS: See Reverse Side

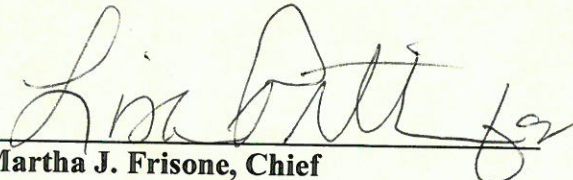
PHYSICAL LOCATION: Edenton Dialysis
312 Medical Arts Drive
Edenton, NC 27932

MAXIMUM CAPITAL EXPENDITURE: \$71,160

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 30, 2020

This certificate is effective as of January 23, 2020


Martha J. Frisone, Chief

CONDITIONS:

1. DVA Healthcare Renal Care, Inc. shall materially comply with all representations made in the certificate of need application.
2. Pursuant to the facility need determination in the July 2019 SDR, DVA Healthcare Renal Care, Inc. shall develop no more than four additional dialysis stations at Edenton Dialysis for a total of no more than 19 dialysis stations, upon completion of this project and Project ID #R-11595-18 (relocate two stations), which shall include any home hemodialysis training or isolation stations.
3. DVA Healthcare Renal Care, Inc. 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 January 7, 2020.

TIMETABLE:

1. Services Offered (required) _____ January 1, 2021
2. Medicare and / or Medicaid Certification Obtained _____ January 1, 2021

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: P-11789-19

FID #: 945251

ISSUED TO: Total Renal Care of North Carolina, LLC

Pursuant to N.C. Gen. Stat. § 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 certificate of need 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 10A NCAC 14C .0209. 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 section.

SCOPE: Add no more than 4 stations for a total of no more than 24 stations upon project completion of this project, Project ID# P-11680-19 (add 2 stations) and Project ID# P-11711-19 (relocate entire facility and one station from Wallace Dialysis) which is a change of scope/ Duplin County

CONDITIONS: See Reverse Side

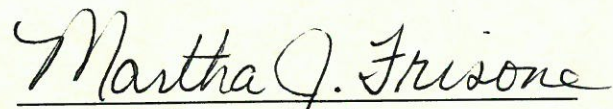
**PHYSICAL LOCATION: Southeastern Dialysis Center-Kenansville
133 Limestone Road
Kenansville, NC 28349**

MAXIMUM CAPITAL EXPENDITURE: \$71,116

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 20, 2020

This certificate is effective as of January 18, 2020


Martha J. Frisone, Chief

CONDITIONS:

1. Total Renal Care of North Carolina, LLC shall materially comply with all representations made in the certificate of need application.
2. Pursuant to the facility need determination in the July 2019 SDR, Total Renal Care of North Carolina, LLC shall develop no more than four additional dialysis stations for a total of no more than 24 certified stations at Southeastern Dialysis Center-Kenansville upon completion of this project, Project ID# P-11680-19 (add 2 stations), and Project ID# P-11711-19 (relocate entire facility and relocate 1 station from Wallace Dialysis), which shall include any home hemodialysis training or isolation stations.
3. Total Renal Care of North Carolina, LLC 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 January 7, 2020.

TIMETABLE:

1. Services Offered (required) _____ January 1, 2021
2. Medicare and / or Medicaid Certification Obtained _____ January 1, 2021

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: J-11785-19

FID #: 955621

ISSUED TO: DVA Renal Healthcare, Inc.

Pursuant to N.C. Gen. Stat. § 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 certificate of need 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 10A NCAC 14C .0209. 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 section.

SCOPE: Add no more than 5 stations for a total of no more than 22 stations upon project completion/ Durham County

CONDITIONS: See Reverse Side

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

MAXIMUM CAPITAL EXPENDITURE: \$8,475

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 15, 2020

This certificate is effective as of January 10, 2020


Martha J. Frisone, Chief

CONDITIONS:

1. DVA Renal Healthcare, Inc. shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, DVA Renal Healthcare, Inc. shall materially comply with the last made representation.
2. Pursuant to the facility need determination in the July 2019 SDR, DVA Renal Healthcare, Inc. shall develop no more than five additional stations for a total of no more than 22 certified stations at Durham Dialysis upon project completion, which shall include any home hemodialysis training or isolation stations.
3. DVA Renal Healthcare, Inc. 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 December 13, 2019.

TIMETABLE:

1. Equipment Ordered _____ July 31, 2020
2. Services Offered (required) _____ January 1, 2021
3. Medicare and / or Medicaid Certification Obtained _____ January 1, 2021

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: G-11796-19

FID #: 000193

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

Pursuant to N.C. Gen. Stat. § 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 certificate of need 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 10A NCAC 14C .0209. 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 section.

SCOPE: Add no more than 3 stations for a total of no more than 45 stations upon completion of this project and Project ID #G-11676-19 (relocate 3 stations to Salem Kidney Center)/ Forsyth County

CONDITIONS: See Reverse Side

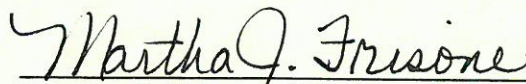
**PHYSICAL LOCATION: Northside Dialysis Center of Wake Forest University
500 W. Hanes Mill Road
Winston-Salem, NC 27105**

MAXIMUM CAPITAL EXPENDITURE: \$50,400

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 20, 2020

This certificate is effective as of January 18, 2020


Martha J. Frisone, Chief

CONDITIONS:

1. Wake Forest University Health Sciences and Northside Dialysis Center of Wake Forest University shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, Wake Forest University Health Sciences and Northside Dialysis Center of Wake Forest University shall materially comply with the last made representation.

2. Pursuant to the facility need determination in the July 2019 SDR, Wake Forest University Health Sciences and Northside Dialysis Center of Wake Forest University shall develop no more than three additional dialysis stations for a total of no more than forty-five certified stations at Northside Dialysis Center upon completion of this project and Project ID #G-11676-19 (relocate 3 stations to Salem Kidney Center), which shall include any home hemodialysis training or isolation stations.

3. Wake Forest University Health Sciences and Northside Dialysis Center of Wake Forest University 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 December 30, 2019.

TIMETABLE:

- | | |
|--|---------------|
| 1. Equipment Ordered _____ | May 18, 2020 |
| 2. Equipment Installed _____ | June 18, 2020 |
| 3. Equipment Operational _____ | July 19, 2020 |
| 4. Services Offered (required) _____ | July 31, 2020 |
| 5. Medicare and / or Medicaid Certification Obtained _____ | July 31, 2020 |

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: G-11797-19

FID #: 980262

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

Pursuant to N.C. Gen. Stat. § 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 certificate of need 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 10A NCAC 14C .0209. 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 section.

SCOPE: Add no more than eight stations for a total of no more than 30 stations upon completion of this project and Project ID #G-11672-19 (relocate 5 stations to High Point Kidney Center)/ Guilford County

CONDITIONS: See Reverse Side

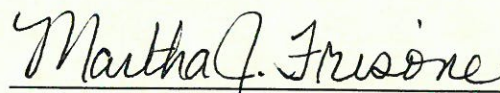
**PHYSICAL LOCATION: Triad Dialysis Center of Wake Forest University
4370 Regency Drive
High Point, NC 27265**

MAXIMUM CAPITAL EXPENDITURE: \$134,400

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 20, 2020

This certificate is effective as of January 18, 2020


Martha J. Frisone, Chief

CONDITIONS:

1. Wake Forest University Health Sciences and Triad Dialysis Center of Wake Forest University shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, Wake Forest University Health Sciences and Triad Dialysis Center of Wake Forest University shall materially comply with the last made representation.

2. Pursuant to the facility need determination in the July 2019 SDR, Wake Forest University Health Sciences and Triad Dialysis Center of Wake Forest University shall develop no more than eight additional dialysis stations for a total of no more than thirty certified stations at Triad Dialysis Center upon completion of this project and Project ID #G-11672-19 (relocate 5 stations to High Point Kidney Center), which shall include any home hemodialysis training or isolation stations.

3. Wake Forest University Health Sciences and Triad Dialysis Center of Wake Forest University 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 December 30, 2019.

TIMETABLE:

- | | |
|--|---------------|
| 1. Equipment Ordered _____ | May 18, 2020 |
| 2. Equipment Installed _____ | June 18, 2020 |
| 3. Equipment Operational _____ | July 19, 2020 |
| 4. Services Offered (required) _____ | July 31, 2020 |
| 5. Medicare and / or Medicaid Certification Obtained _____ | July 31, 2020 |

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: M-11771-19

FID #: 110803

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

Pursuant to N.C. Gen. Stat. § 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 certificate of need 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 10A NCAC 14C .0209. 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 section.

SCOPE: Add no more than 2 dialysis stations for a total of no more than 16 stations upon project completion/ Harnett County

CONDITIONS: See Reverse Side

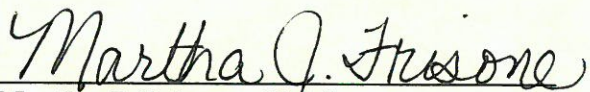
**PHYSICAL LOCATION: FMC Anderson Creek
290 H M Cagle Drive
Cameron, NC 28326**

MAXIMUM CAPITAL EXPENDITURE: \$7,500

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 30, 2020

This certificate is effective as of January 31, 2020


Martha J. Frisone, Chief

CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc. shall materially comply with all representations made in the certificate of need application.
2. Pursuant to the facility need determination in the July 2019 SDR, Bio-Medical Applications of North Carolina, Inc. shall develop no more than two additional dialysis stations at FMC Anderson Creek for a total on no more than 16 dialysis stations, which shall include any home hemodialysis training or isolation stations.
3. Bio-Medical Applications of North Carolina, Inc. 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 January 2, 2020.

TIMETABLE:

1. Financing Obtained	_____	September 16, 2019
2. Drawings Completed	_____	June 2, 2020
3. Equipment Ordered	_____	September 30, 2020
4. Equipment Installed	_____	November 29, 2020
5. Equipment Operational	_____	December 13, 2020
6. Building / Space Occupied	_____	December 13, 2020
7. Services Offered (required)	_____	December 31, 2020
8. Medicare and / or Medicaid Certification Obtained	_____	December 31, 2020

STATE OF NORTH CAROLINA

Department of Health and Human Services
Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project ID #: M-11772-19

FID #: 100969

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

Pursuant to N.C. Gen. Stat. § 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 certificate of need 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 10A NCAC 14C .0209. 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 section.

SCOPE: Add no more than 2 dialysis stations for a total of no more than 12 stations upon project completion/ Harnett County

CONDITIONS: See Reverse Side


PHYSICAL LOCATION: Fresenius Medical Care Angier Dialysis
301 S. Raleigh Street
Angier, NC 27501

MAXIMUM CAPITAL EXPENDITURE: \$7,500

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 30, 2020

This certificate is effective as of January 31, 2020


Martha J. Frisone, Chief

CONDITIONS:

1. **Bio-Medical Applications of North Carolina, Inc. shall materially comply with all representations made in the certificate of need application.**
2. **Pursuant to the facility need determination in the July 2019 SDR, Bio-Medical Applications of North Carolina, Inc. shall develop no more than two additional dialysis stations at Fresenius Medical Care Angier Dialysis for a total of no more than 12 dialysis stations, which shall include any home hemodialysis training or isolation stations.**
3. **Bio-Medical Applications of North Carolina, Inc. 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 January 2, 2020.

TIMETABLE:

- | | |
|--|--------------------|
| 1. Financing Obtained _____ | September 16, 2019 |
| 2. Drawings Completed _____ | June 2, 2020 |
| 3. Equipment Ordered _____ | September 30, 2020 |
| 4. Equipment Installed _____ | November 29, 2020 |
| 5. Equipment Operational _____ | December 13, 2020 |
| 6. Building / Space Occupied _____ | December 13, 2020 |
| 7. Services Offered (required) _____ | December 31, 2020 |
| 8. Medicare and / or Medicaid Certification Obtained _____ | December 31, 2020 |

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: P-11768-19

FID #: 990324

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

Pursuant to N.C. Gen. Stat. § 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 certificate of need 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 10A NCAC 14C .0209. 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 section.

SCOPE: Add no more than 3 dialysis stations for a total of no more than 27 stations upon project completion / Lenoir County

CONDITIONS: See Reverse Side

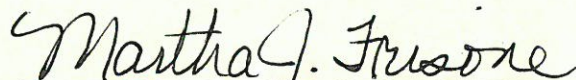
**PHYSICAL LOCATION: FMC Vernon Dialysis
3101 W New Bern Road
Kinston, NC 28504**

MAXIMUM CAPITAL EXPENDITURE: \$15,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: February 01, 2021

This certificate is effective as of January 17, 2020


Martha J. Frisone, Chief

CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc. shall materially comply with all representations made in the certificate of need application.
2. Pursuant to the facility need determination in the July 2019 SDR, Bio-Medical Applications of North Carolina, Inc. shall develop no more than three additional dialysis stations at FMC Vernon Dialysis for a total on no more than 27 dialysis stations, which shall include any home hemodialysis training or isolation stations.
3. Bio-Medical Applications of North Carolina, Inc. 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 December 17, 2019.

TIMETABLE:

1.	Equipment Ordered _____	September 30, 2020
2.	Equipment Installed _____	November 29, 2020
3.	Equipment Operational _____	December 13, 2020
4.	Building / Space Occupied _____	December 13, 2020
5.	Services Offered (required) _____	December 31, 2020
6.	Medicare and / or Medicaid Certification Obtained _____	December 31, 2020

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: A-11751-19

FID #: 190376

ISSUED TO: MH Angel Medical Center, LLLP

Pursuant to N.C. Gen. Stat. § 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 certificate of need 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 10A NCAC 14C .0209. 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 section.

SCOPE: Cost overrun for Project ID #A-11427-17 (construct a replacement hospital with no more than 30 acute care beds, three shared operating rooms and one gastrointestinal endoscopy procedure room)/ Macon County

CONDITIONS: See Reverse Side

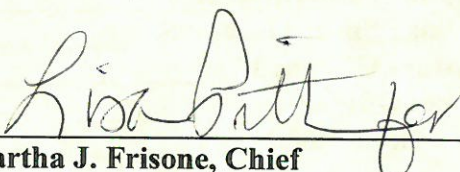
**PHYSICAL LOCATION: MH Angel Medical Center, LLLP
1 Center Court
Franklin, NC 28734**

MAXIMUM CAPITAL EXPENDITURE: \$23,900,360

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 30, 2020

This certificate is effective as of January 30, 2020



Martha J. Frisone, Chief

CONDITIONS:

1. MH Angel Medical Center, LLLP shall materially comply with the representations in this application and the representations in Project I.D. #A-11427-17. Where representations conflict, MH Angel Medical Center, LLLP shall materially comply with the last made representation.
2. MH Angel Medical Center, LLLP shall develop a replacement hospital with no more than 30 acute care beds, three shared operating rooms, and one gastrointestinal endoscopy procedure room upon completion of this project and Project ID# A-11427-17.
3. Upon completion of this project and Project I.D.# A-11427-17, MH Angel Medical Center, LLLP shall take the necessary steps to de-license 29 acute care beds at MH Angel Medical Center.
4. The total combined capital expenditure for both projects is \$68,900,360, an increase of \$23,900,360 over the capital expenditure of \$45,000,000 previously approved in Project I.D. #A-11427-17.
5. MH Angel Medical Center, LLLP 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. MH Angel Medical Center, LLLP 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 years of operation following initiation of the services authorized by this certificate of need, MH Angel Medical Center, LLLP 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. MH Angel Medical Center, LLLP 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 January 13, 2020.

TIMETABLE:

1. Financing Obtained _____ November 15, 2019
2. Drawings Completed _____ June 15, 2020
3. Land Acquired _____ October 15, 2019
4. Construction / Renovation Contract(s) Executed _____ September 13, 2020
5. 25% of Construction / Renovation Completed
(25% of the cost is in place) _____ January 28, 2021
6. 50% of Construction / Renovation Completed _____ June 14, 2021
7. 75% of Construction / Renovation Completed _____ October 29, 2021
8. Construction / Renovation Completed _____ March 15, 2022
9. Equipment Ordered _____ November 15, 2021
10. Equipment Installed _____ May 14, 2022
11. Equipment Operational _____ June 13, 2022
12. Building / Space Occupied _____ July 13, 2022
13. Licensure Obtained _____ July 28, 2022
14. Services Offered _____ October 1, 2022
15. First Annual Report _____ January 1, 2023

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: C-11794-19

FID #: 040266

ISSUED TO: Total Renal Care of North Carolina, LLC

Pursuant to N.C. Gen. Stat. § 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 certificate of need 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 10A NCAC 14C .0209. 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 section.

SCOPE: Change of Scope for Project ID #C-11741-19 (relocate entire 17-station facility) by adding no more than 3 dialysis stations for a total of no more than 20 stations upon completion of this project, Project ID #C-11594-18 (add 2 stations), and Project ID #C-11685-19 (add 2 stations) / McDowell

CONDITIONS: See Reverse Side

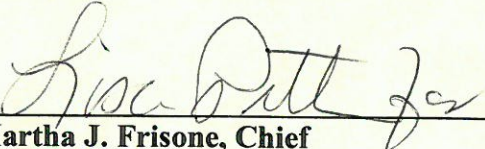
PHYSICAL LOCATION: McDowell Dialysis Center
100 Spaulding Road
Marion, NC 28752

MAXIMUM CAPITAL EXPENDITURE: \$54,850

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 30, 2020

This certificate is effective as of January 23, 2020


Martha J. Frisone, Chief

CONDITIONS:

1. Total Renal Care of North Carolina, LLC shall materially comply with all representations made in the certificate of need application.
2. Pursuant to the facility need determination in the July 2019 SDR, Total Renal Care of North Carolina, LLC shall develop no more than three additional dialysis stations at McDowell Dialysis Center for a total of no more than 20 dialysis stations, upon completion of this project, Project ID #C-11594-18 (add 2 stations), Project ID #C-11685-19 (add 2 stations), and Project ID #C-11741-19 (relocate entire facility), which shall include any home hemodialysis training or isolation stations.
3. Total Renal Care of North Carolina, LLC 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 December 30, 2019.

TIMETABLE:

1. Services Offered (required) _____ January 1, 2021
2. Medicare and / or Medicaid Certification Obtained _____ January 1, 2021

STATE OF NORTH CAROLINA

Department of Health and Human Services

Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project ID #: F-11775-19

FID #: 150024

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

Pursuant to N.C. Gen. Stat. § 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 certificate of need 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 10A NCAC 14C .0209. 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 section.

SCOPE: Add no more than 2 dialysis stations for a total of no more than 17 stations upon project completion / Mecklenburg

CONDITIONS: See Reverse Side


**PHYSICAL LOCATION: Fresenius Kidney Care Regal Oaks
6646 Regal Oaks Drive
Charlotte, NC 28212**

MAXIMUM CAPITAL EXPENDITURE: \$7,500

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 1, 2020

This certificate is effective as of January 7, 2020


Martha J. Frisone, Chief

CONDITIONS:

1. **Bio-Medical Applications of North Carolina, Inc. shall materially comply with all representations made in the certificate of need application.**
2. **Pursuant to the facility need determination in the July 2019 Semiannual Dialysis Report, Bio-Medical Applications of North Carolina, Inc. shall develop no more than two additional dialysis stations at Fresenius Kidney Care Regal Oaks for a total of no more than 17 certified stations at Fresenius Kidney Care Regal Oaks upon completion of this project, which shall include any home hemodialysis training or isolation stations.**
3. **Bio-Medical Applications of North Carolina, Inc. 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 December 6, 2019.

TIMETABLE:

- | | |
|--|-------------------|
| 1. Equipment Ordered _____ | October 30, 2020 |
| 2. Equipment Installed _____ | December 9, 2020 |
| 3. Equipment Operational _____ | December 23, 2020 |
| 4. Building / Space Occupied _____ | December 23, 2020 |
| 5. Services Offered (required) _____ | December 31, 2020 |
| 6. Medicare and / or Medicaid Certification Obtained _____ | December 31, 2020 |

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: F-11779-19

FID #: 120485

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

Pursuant to N.C. Gen. Stat. § 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 certificate of need 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 10A NCAC 14C .0209. 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 section.

SCOPE: Add no more than 5 dialysis stations for a total of no more than 21 stations upon project completion / Mecklenburg County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Fresenius Medical Care Southwest Charlotte
14166 Steele Creek Road
Charlotte, NC 28273**

MAXIMUM CAPITAL EXPENDITURE: \$18,750

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 1, 2020

This certificate is effective as of January 4, 2020


Martha J. Frisone, Chief

CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc. shall materially comply with all representations made in the certificate of need application.
2. Pursuant to the facility need determination in the July 2019 Semiannual Dialysis Report, Bio-Medical Applications of North Carolina, Inc. shall develop no more than five additional dialysis stations at Fresenius Medical Care Southwest Charlotte for a total of no more than 21 certified stations at Fresenius Medical Care Southwest Charlotte upon completion of this project, which shall include any home hemodialysis training or isolation stations.
3. Bio-Medical Applications of North Carolina, Inc. 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 December 5, 2019.

TIMETABLE:

1. Equipment Ordered _____	September 30, 2020
2. Equipment Installed _____	November 29, 2020
3. Equipment Operational _____	December 13, 2020
4. Building / Space Occupied _____	December 13, 2020
5. Services Offered (required) _____	December 31, 2020
6. Medicare and / or Medicaid Certification Obtained _____	December 31, 2020

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: P-11790-19

FID #: 130178

ISSUED TO: Total Renal Care of North Carolina, LLC

Pursuant to N.C. Gen. Stat. § 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 certificate of need 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 10A NCAC 14C .0209. 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 section.

SCOPE: Add no more than 10 dialysis stations for a total of no more than 27 stations upon completion of this project and Project ID# P-11710-19 (relocate 8 stations to Richlands Dialysis)/ Onslow County

CONDITIONS: See Reverse Side

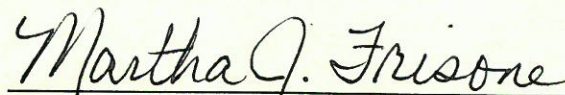
**PHYSICAL LOCATION: New River Dialysis
111 Yopp Road
Jacksonville, NC 28540**

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 12, 2020

This certificate is effective as of January 18, 2020


Martha J. Frisone, Chief

CONDITIONS:

1. Total Renal Care of North Carolina, LLC shall materially comply with all representations made in the certificate of need application.
2. Pursuant to the facility need determination in the July 2019 SDR, Total Renal Care of North Carolina, LLC shall develop no more than 10 additional dialysis stations for a total of no more than 27 certified stations at New River Dialysis upon completion of this project and Project ID# P-11710-19 (relocate 8 stations to Richlands Dialysis), which shall include any home hemodialysis training or isolation stations.
3. Total Renal Care of North Carolina, LLC 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 January 7, 2020.

TIMETABLE:

1. Equipment Ordered _____ July 31, 2020
2. Services Offered (required) _____ January 1, 2021
3. Medicare and / or Medicaid Certification Obtained _____ January 1, 2021

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: Q-11783-19

FID #: 944657

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

Pursuant to N.C. Gen. Stat. § 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 certificate of need 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 10A NCAC 14C .0209. 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 section.

SCOPE: Add no more than 4 dialysis stations for a total of no more than 51 stations upon project completion/ Pitt County

CONDITIONS: See Reverse Side

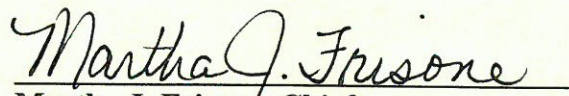
**PHYSICAL LOCATION: Greenville Dialysis Center
510 Paladin Drive
Greenville, NC 27834**

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 10, 2020

This certificate is effective as of January 18, 2020


Martha J. Frisone, Chief

CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc. shall materially comply with all representations made in the certificate of need application.
2. Pursuant to the facility need determination in the July 2019 SDR, Bio-Medical Applications of North Carolina, Inc. shall develop no more than four additional dialysis stations at Greenville Dialysis Center for a total of no more than 51 certified dialysis stations at Greenville Dialysis Center upon completion of this project, which shall include any home hemodialysis training or isolation stations.
3. Bio-Medical Applications of North Carolina, Inc. 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 December 19, 2019.

TIMETABLE:

- | | |
|--|--------------------|
| 1. Drawings Completed _____ | June 2, 2020 |
| 2. Equipment Ordered _____ | September 30, 2020 |
| 3. Equipment Operational _____ | December 13, 2020 |
| 4. Building / Space Occupied _____ | December 13, 2020 |
| 5. Services Offered (required) _____ | December 31, 2020 |
| 6. Medicare and / or Medicaid Certification Obtained _____ | December 31, 2020 |

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: G-11795-19

FID #: 020980

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

Pursuant to N.C. Gen. Stat. § 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 certificate of need 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 10A NCAC 14C .0209. 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 section.

SCOPE: Add no more than 7 dialysis stations for a total of no more than 24 stations upon project completion/ Stokes County

CONDITIONS: See Reverse Side

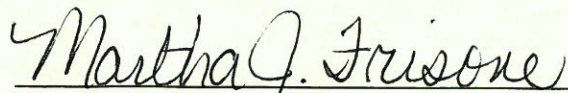
**PHYSICAL LOCATION: King Dialysis Center of Wake Forest
140 Moore Road
King, NC 27021**

MAXIMUM CAPITAL EXPENDITURE: \$117,600

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 25, 2020

This certificate is effective as of January 3, 2020


Martha J. Frisone, Chief

CONDITIONS:

1. Wake Forest University Health Sciences and King Dialysis Center of Wake Forest University shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, Wake Forest University Health Sciences and King Dialysis Center of Wake Forest University shall materially comply with the last made representation.
2. Pursuant to the facility need determination in the July 2019 SDR, Wake Forest University Health Sciences and King Dialysis Center of Wake Forest University shall develop no more than seven additional dialysis stations for a total of no more than twenty-four certified stations at King Dialysis Center upon completion of this project, which shall include any home hemodialysis training or isolation stations.
3. Wake Forest University Health Sciences and King Dialysis Center of Wake Forest University 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 December 18, 2019.

TIMETABLE:

- | | |
|--|---------------|
| 1. Equipment Ordered _____ | May 18, 2020 |
| 2. Equipment Installed _____ | June 18, 2020 |
| 3. Equipment Operational _____ | July 19, 2020 |
| 4. Licensure Obtained _____ | April 3, 2020 |
| 5. Services Offered (required) _____ | July 31, 2020 |
| 6. Medicare and / or Medicaid Certification Obtained _____ | July 31, 2020 |

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: K-11788-19

FID #: 130179

ISSUED TO: DVA Healthcare Renal Care, Inc.

Pursuant to N.C. Gen. Stat. § 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 certificate of need 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 10A NCAC 14C .0209. 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 section.

SCOPE: Add no more than 1 dialysis station for a total of no more than 17 stations upon project completion / Vance County

CONDITIONS: See Reverse Side

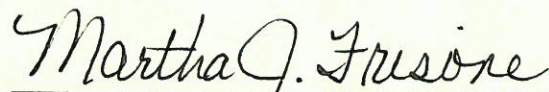
**PHYSICAL LOCATION: Kerr Lake Dialysis
1274 Ruin Creek Road
Henderson, NC 27537**

MAXIMUM CAPITAL EXPENDITURE: \$18,470

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: February 21, 2021

This certificate is effective as of January 17, 2020


Martha J. Frisone, Chief

CONDITIONS:

1. DVA Healthcare Renal Care, Inc. shall materially comply with all representations made in the certificate of need application.
2. Pursuant to the facility need determination in the July 2019 SDR, DVA Healthcare Renal Care, Inc. shall develop no more than one additional dialysis station at Kerr Lake Dialysis for a total on no more than 17 dialysis stations, which shall include any home hemodialysis training or isolation stations.
3. DVA Healthcare Renal Care, Inc. 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 January 7, 2020.

TIMETABLE:

1. Equipment Ordered _____ July 31, 2020
2. Services Offered _____ January 1, 2021
3. Medicare and / or Medicaid Certification Obtained _____ January 1, 2021

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: J-11770-19

FID #: 980755

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

Pursuant to N.C. Gen. Stat. § 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 certificate of need 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 10A NCAC 14C .0209. 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 section.

SCOPE: Add no more than 1 dialysis station for a total of no more than 29 stations upon project completion / Wake County

CONDITIONS: See Reverse Side

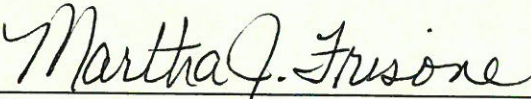
**PHYSICAL LOCATION: BMA of Fuquay Varina Kidney Center
916 S. Main Street
Fuquay Varina, NC 27511**

MAXIMUM CAPITAL EXPENDITURE: \$3,750

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: February 1, 2021

This certificate is effective as of January 17, 2020


Martha J. Frisone, Chief

CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc. shall materially comply with all representations made in the certificate of need application.
2. Pursuant to the facility need determination in the July 2019 SDR, Bio-Medical Applications of North Carolina, Inc. shall develop no more than one additional dialysis station at BMA Fuquay Varina Kidney Center for a total of no more than 29 certified stations upon completion of this project, which shall include any home hemodialysis training or isolation stations.
3. Bio-Medical Applications of North Carolina, Inc. 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 December 17, 2019.

TIMETABLE:

- | | | |
|----|---|--------------------|
| 1. | Equipment Ordered _____ | September 30, 2020 |
| 2. | Equipment Installed _____ | November 29, 2020 |
| 3. | Equipment Operational _____ | December 13, 2020 |
| 4. | Services Offered (required) _____ | December 31, 2020 |
| 5. | Medicare and / or Medicaid Certification Obtained _____ | December 31, 2020 |

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: J-11778-19

FID #: 990968

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

Pursuant to N.C. Gen. Stat. § 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 certificate of need 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 10A NCAC 14C .0209. 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 section.

SCOPE: Add no more than 4 dialysis stations for a total of no more than 30 stations upon completion of this project, Project ID# J-11739-19 (relocate 4 stations to FKC West Johnston), Project ID# J-11661-19 (add 2 stations) and Project ID# J-11510-18 (relocate 2 stations to FKC Holly Springs) / Wake County

CONDITIONS: See Reverse Side

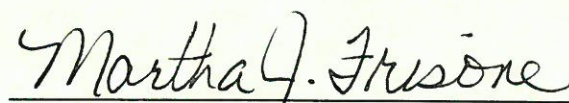
PHYSICAL LOCATION: Southwest Wake County Dialysis
320 Gideon Creek Way
Raleigh, NC 27306

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: February 1, 2021

This certificate is effective as of January 17, 2020


Martha J. Frisone, Chief

CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc. Shall materially comply with all representations made in the certificate of need application.
2. Pursuant to the facility need determination in the July 2019 SDR, Bio-Medical Applications of North Carolina, Inc. Shall develop no more than four additional dialysis stations at Southwest Wake County Dialysis for a total of no more than 30 certified stations upon completion of this project, Project ID #J-11739-19 (relocate four stations to FKC West Johnston), Project ID #J-11661-19 (add two stations) and Project ID #J-11510-18 (relocate two stations to FKC Holly Springs), which shall include any home hemodialysis training or isolation stations.
3. Bio-Medical Applications of North Carolina, Inc. 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 December 17, 2019.

TIMETABLE:

- | | | |
|----|---|-------------------|
| 1. | Equipment Ordered _____ | October 30, 2020 |
| 2. | Equipment Installed _____ | December 14, 2020 |
| 3. | Equipment Operational _____ | December 21, 2020 |
| 4. | Building / Space Occupied _____ | December 21, 2020 |
| 5. | Services Offered (required) _____ | December 31, 2020 |
| 6. | Medicare and / or Medicaid Certification Obtained _____ | December 31, 2020 |



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

January 21, 2020

Jim Swann
3390 Dunn Road
Eastover, NC 28312

Transmittal of Certificate of Need

Project ID #: J-11778-19
Facility: Southwest Wake County Dialysis
Project Description: Add no more than 4 dialysis stations for a total of no more than 30 stations upon completion of this project, Project ID# J-11739-19 (relocate 4 stations to FKC West Johnston), Project ID# J-11661-19 (add 2 stations) and Project ID# J-11510-18 (relocate 2 stations to FKC Holly Springs)
County: Wake
FID #: 990968

Dear Mr. Swann:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) is happy to transmit your certificate of need for the above referenced project. At this time, you should contact the Agency's Acute and Home Care Licensure and Certification Section regarding their procedures and requirements for the development of this project. This office will notify the appropriate Sections that the certificate of need has been issued. However, please note that it is the responsibility of the holder of the certificate of need to contact these Sections concerning the next steps to follow in the development of the approved project.

Please be aware that pursuant to N.C. Gen. Stat. §131E-181(b), you are required to materially comply with the representations made in your application for a certificate of need, or with any conditions the Agency placed on the certificate of need. **If you subsequently propose to develop the project on a site different from that named on this certificate, you must first seek and obtain approval from the Agency.** If you operate a service which materially differs from the representations made in your application for a certificate of need, or with any conditions the Agency placed on the certificate of need, including any increase in per diem reimbursement rates/charges, the Agency may bring remedial action against the holder of the certificate of need pursuant to N.C. Gen. Stat. §131E-189 and 131E-190.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603

MAILING ADDRESS: 809 Ruggles Drive, 2704 Mail Service Center, Raleigh, NC 27699-2704

<https://info.ncdhhs.gov/dhsr/> • TEL: 919-855-3873

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

The holder of a certificate of need is obligated to submit progress reports to this office as required by 10A NCAC 14C .0209. The applicant shall notify this office of any variations from the schedule or the projected capital cost of the project. During the development of the project, this office may request any additional information pertinent to the project, including additional progress reports, to determine:

- 1) If the timetable specified on the certificate is being met;
- 2) If the amount of the capital expenditure for the development of the project is expected to exceed the maximum amount under the certificate;
- 3) If the terms and conditions of the approval are being met; and
- 4) If the project is progressing as proposed in the application.

The first progress report on this project is due February 01, 2021. Forms for the submittal of these reports are enclosed. Failure to submit any scheduled or requested progress report in a timely manner may result in the Agency withdrawing the certificate pursuant to N.C. Gen. Stat. §131E-189. If after reviewing the status of the project, the Agency determines that the holder of the certificate is not meeting the timetable and is not making a good faith effort to meet it, the Agency may withdraw the certificate in accordance with N.C. Gen. Stat. §131E-189.

Moreover, please be advised that this Agency may assess a civil penalty not to exceed \$20,000 against any person who violates the terms of a certificate of need which has been issued each time the service provided is in violation of this provision (N.C. Gen. Stat. §131E-190(f)). If for some reason, the holder of a certificate of need determines it necessary to request an increase in a per diem charge or reimbursement rate over that which was stated in the application for the certificate of need, then the holder must first contact the Agency to obtain proper instructions for initiating such a request. The request for the increase will be considered by the Agency pursuant to N.C. Gen. Stat. §131E-181(b).

Please keep us informed of the progress in the development of this project. In the future, address your Progress Reports to Michael J. McKillip the Project Analyst for your county. Please refer to the Project ID # and Facility ID # (FID) in all correspondence.

Sincerely,



Celia C. Inman
Project Analyst

Martha J. Frisone
Chief

Enclosures

cc: Acute & Home Care Licensure & Certification Section, DHSR