

**Certificate of Need
Certificates Issued
December 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
Alamance	G-011922-20	Burlington Dialysis	956036	ESRD	Add no more than 2 dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 15 stations upon completion of this project and Project ID #G-11744-19 (relocate 3 stations to Central Greensboro Dialysis)	9/1/2020	11/12/2020	12/15/2020	Conditional Approval	Ena Lightbourne	Gloria Hale	\$20,423	9/1/2021
Chowan	R-011925-20	Edenton Dialysis	955811	ESRD	Add no more than 1 dialysis station pursuant to Condition 2 of the facility need methodology for a total of no more than 20 stations upon project completion	9/1/2020	11/24/2020	12/30/2020	Conditional Approval	Mike McKillip	Gloria Hale	\$18,827	5/1/2021
Forsyth	G-011921-20	Miller Street Dialysis Center of Wake Forest University	070671	ESRD	Add no more than 2 dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 50 stations upon project completion	9/1/2020	11/17/2020	12/18/2020	Conditional Approval	Celia Inman	Gloria Hale	\$33,600	4/30/2021
Forsyth	G-011918-20	Salem Kidney Center	944758	ESRD	Add no more than 8 dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 59 stations upon project completion	9/1/2020	11/13/2020	12/15/2020	Conditional Approval	Celia Inman	Lisa Pittman	\$134,400	5/1/2021
Pender	O-011931-20	Surf City Dialysis	130180	ESRD	Add no more than 4 dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 14 stations upon project completion	9/1/2020	11/4/2020	12/5/2020	Conditional Approval	Tanya Saporito	Gloria Hale	\$74,004	8/1/2021
Union	F-011927-20	Union County Dialysis	955953	ESRD	Add no more than 8 dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 37 dialysis stations upon completion of this project and Project ID #F-11490-18 (relocate 4 stations)	9/1/2020	11/19/2020	12/22/2020	Conditional Approval	Misty Piekaar-McWilliams	Gloria Hale	\$81,692	5/1/2021

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Vance	K-11929-20	Vance County Dialysis	944655	ESRD	Add no more than 7 dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 42 stations upon completion	9/1/2020	11/16/2020	12/17/2020	Conditional Approval	Kim Meymandi	Gloria Hale	\$134,333	7/1/2021
Wake	J-011934-20	Duke Gastroenterology of Raleigh	200638	ASC	Develop a new ambulatory surgical facility with no more than four gastroenterology (GI) endoscopy procedure rooms	9/1/2020	11/25/2020	12/30/2020	Conditional Approval	Mike McKillip	Lisa Pittman	\$3,507,916	5/1/2021
Wayne	P-011926-20	Coastal Plains Dialysis	140466	ESRD	Add no more than 4 dialysis stations pursuant to Condition 1 of the facility need methodology for a total of no more than 16 stations upon completion	9/1/2020	11/25/2020	12/30/2020	Conditional Approval	Kim Meymandi	Gloria Hale	\$69,504	7/1/2021
Wilson	L-011923-20	Forest Hills Dialysis	020166	ESRD	Add no more than 9 dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 35 stations upon completion of this project and Project ID #J-11743-19 (relocate 5 stations)	9/1/2020	11/12/2020	12/15/2020	Conditional Approval	Greg Yakaboski	Gloria Hale	\$42,346	4/2/2021
Wilson	L-011933-20	Wilson Dialysis	971340	ESRD	Add no more than 7 dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 39 stations upon completion of this project and Project ID #J-11743-19 (relocate 5 stations)	9/1/2020	11/6/2020	12/9/2020	Conditional Approval	Julie Faenza	Gloria Hale	\$69,504	4/1/2021

Total 11

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: G-11922-20

FID #: 956036

ISSUED TO: Renal Treatment Centers-Mid-Atlantic, Inc.

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

SCOPE: Add no more than 2 dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 15 stations upon completion of this project and Project ID #G-11744-19 (relocate 3 stations to Central Greensboro Dialysis)/ Alamance County

CONDITIONS: See Reverse Side

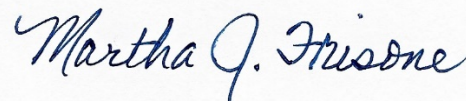
PHYSICAL LOCATION: Burlington Dialysis
873 Heather Road
Burlington, NC 27215

CAPITAL EXPENDITURE: \$20,423

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2021

This certificate is effective as of December 15, 2020



Martha J. Frisone, Chief

CONDITIONS:

- 1. Renal Treatment Centers-Mid-Atlantic, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. Pursuant to Condition 2 of the facility need determination in the 2020 SMFP, the certificate holder shall develop no more than two additional in-center dialysis stations for a total of no more than 15 in-center stations at Burlington Dialysis upon completion of this project and Project ID# G-11744-19 (relocate 3 stations to Central Greensboro Dialysis).**
- 3. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on November 17, 2020.

Timetable

Milestone		Date mm/dd/yyyy
1	Equipment Ordered	07/31/2021
2	Services Offered	01/01/2022

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: R-11925-20

FID #: 955851

ISSUED TO: DVA Healthcare Renal Care, Inc.

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

SCOPE: Add no more than one dialysis station pursuant to Condition 2 of the facility need methodology for a total of no more than 20 stations upon project completion/ Chowan County

CONDITIONS: See Reverse Side

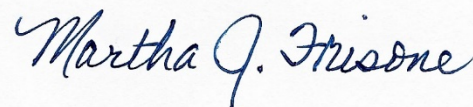
PHYSICAL LOCATION: Edenton Dialysis
312 Medical Arts Drive
Edenton, NC 27932

CAPITAL EXPENDITURE: \$18,827

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 1, 2021

This certificate is effective as of December 30, 2020



Martha J. Frisone, Chief

CONDITIONS:

1. DVA Healthcare Renal Care, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. Pursuant to Condition 2 of the facility need determination in the 2020 SMFP, the certificate holder shall develop no more than one additional in-center dialysis station for a total of no more than 20 in-center and home hemodialysis stations at Edenton Dialysis upon completion of the project, which shall include any home hemodialysis training or isolation stations.
3. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on November 30, 2020.

Timetable

Milestone		Date mm/dd/yyyy
1	Equipment Ordered	07/31/2021
2	Services Offered	01/01/2022

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: G-11918-20

FID #: 944758

ISSUED TO: Wake Forest University Health Sciences and
Salem Kidney Center of Wake Forest University

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

SCOPE: Add no more than 8 dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 59 stations upon project completion / Forsyth County

CONDITIONS: See Reverse Side

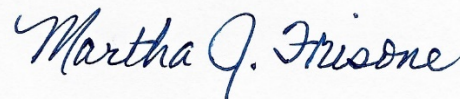
PHYSICAL LOCATION: Salem Kidney Center
2705 Boulder Court Rd
Winston-Salem, NC 27105-9814

CAPITAL EXPENDITURE: \$134,400

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 1, 2021

This certificate is effective as of December 15, 2020



Martha J. Frisone, Chief

CONDITIONS:

1. Wake Forest University Health Sciences and Salem Kidney Center of Wake Forest University (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. Pursuant to Condition 2 of the facility need determination in the 2020 SMFP, the certificate holder shall add no more than eight additional in-center dialysis stations for a total of no more than 59 in-center stations at Salem Kidney Center upon completion of this project.
3. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on December 1, 2020.

Timetable

	Milestone	Date mm/dd/yyyy
1	Equipment Ordered	04/19/2021
2	Equipment Installed	05/17/2021
3	Equipment Operational	06/30/2021
4	Licensure Obtained	03/05/2021
5	Services Offered	06/30/2021
6	Medicare and / or Medicaid Certification Obtained	06/30/2021

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: G-11921-20

FID #: 070671

ISSUED TO: Wake Forest University Health Sciences and
Miller Street Dialysis Center of Wake Forest University

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

SCOPE: Add no more than 2 dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 50 stations upon project completion / Forsyth County

CONDITIONS: See Reverse Side

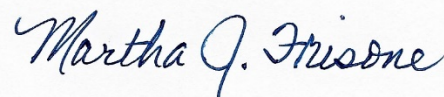
PHYSICAL LOCATION: Miller Street Dialysis Center of Wake Forest
University
120 Miller Street
Winston-Salem, NC 27103-2500

CAPITAL EXPENDITURE: \$33,600

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 30, 2021

This certificate is effective as of December 18, 2020



Martha J. Frisone, Chief

CONDITIONS:

1. Wake Forest University Health Sciences and Miller Street Dialysis Center of Wake Forest University (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. Pursuant to Condition 2 of the facility need determination in the 2020 SMFP, the certificate holder shall add no more than two additional in-center dialysis stations for a total of no more than 50 in-center stations at Miller Street Dialysis Center of Wake Forest University upon completion of this project.
3. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on December 1, 2020.

Timetable

Milestone		Date mm/dd/yyyy
1	Equipment Ordered	04/19/2021
2	Equipment Installed	05/17/2021
3	Equipment Operational	06/30/2021
4	Licensure Obtained	03/05/2021
5	Services Offered	06/30/2021
6	Medicare and / or Medicaid Certification Obtained	06/30/2021

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: O-11931-20

FID #: 130180

ISSUED TO: Total Renal Care of North Carolina, LLC

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

SCOPE: Add no more than 4 dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 14 stations upon project completion / Pender County

CONDITIONS: See Reverse Side

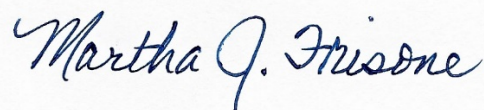
PHYSICAL LOCATION: Surf City Dialysis
22807 US Highway 17 N
Hampstead, NC 28443

CAPITAL EXPENDITURE: \$74,004

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 1, 2021

This certificate is effective as of December 5, 2020



Martha J. Frisone, Chief

CONDITIONS:

- 1. Total Renal Care of North Carolina, LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. Pursuant to Condition 2 of the facility need determination in the 2020 SMFP, the certificate holder shall develop no more than four additional in-center dialysis stations for a total of no more than 14 in-center stations at Surf City Dialysis upon completion of this project.**
- 3. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on December 9, 2020.

Timetable

Milestone		Date mm/dd/yyyy
9	Equipment Ordered	7/31/2021
14	Services Offered	01/01/2022

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-11927-20

FID #: 955953

ISSUED TO: DVA Healthcare Renal Care, Inc.

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

SCOPE: Add no more than 8 dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 37 dialysis stations upon completion of this project and Project ID #F-11490-18 (relocate 4 stations) / Union

CONDITIONS: See Reverse Side

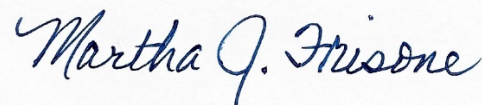
PHYSICAL LOCATION: Union County Dialysis
615 Comfort Lane
Monroe, NC 28112

CAPITAL EXPENDITURE: \$81,692

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 1, 2021

This certificate is effective as of December 22, 2020



Martha J. Frisone, Chief

CONDITIONS:

- 1. Union County Dialysis (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application and any supplemental responses. If representations conflict, the certificate holder shall materially comply with the last made representation.**
- 2. Pursuant to Condition 2 of the facility need determination in the 2020 SMFP, the certificate holder shall develop no more than eight (8) additional in-center dialysis stations for a total of no more than 37 in-center stations at Union County Dialysis upon completion of this project and Project ID #F-11490-18 (relocate 4 stations).**
- 3. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need**

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on November 19, 2020.

Timetable

Milestone		Date mm/dd/yyyy
1	Equipment Ordered	07/31/2021
2	Services Offered	01/01/2022

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: K-11929-20

FID #: 944655

ISSUED TO: DVA Healthcare Renal Care, Inc.

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

SCOPE: Add no more than 7 dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 42 stations upon completion/
Vance County

CONDITIONS: See Reverse Side

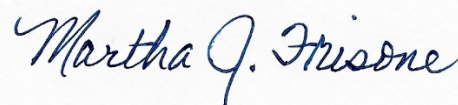
PHYSICAL LOCATION: Vance County Dialysis
854 S Beckford Drive
Henderson, NC 27536

CAPITAL EXPENDITURE: \$134,333

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2021

This certificate is effective as of December 17, 2020



Martha J. Frisone, Chief

CONDITIONS:

1. **DVA Healthcare Renal Care, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
2. **Pursuant to the facility need determination in the 2020 SMFP, the certificate holder shall add no more than seven (7) additional in-center dialysis stations for a total of no more than 42 in-center stations at Vance County Dialysis upon completion of this project.**
3. **The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on November 17, 2020.

Timetable

Milestone		Date mm/dd/yyyy
9	Equipment Ordered	7/31/2021
14	Services Offered	1/1/2022

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-11934-20

FID #: 200638

ISSUED TO: Private Diagnostic Clinic, PLLC

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

SCOPE: Develop a new ambulatory surgical facility with no more than four gastrointestinal (GI) endoscopy procedure rooms / Wake County

CONDITIONS: See Reverse Side

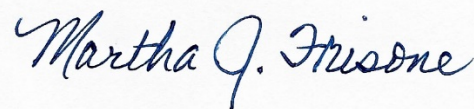
PHYSICAL LOCATION: Duke Gastroenterology of Raleigh
3300 Executive Drive
Raleigh NC 27609

CAPITAL EXPENDITURE: \$3,507,916

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 1, 2021

This certificate is effective as of December 30, 2020



Martha J. Frisone, Chief

CONDITIONS:

1. Private Diagnostic Clinic, PLLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall develop a new ambulatory surgical facility with no more than four gastrointestinal (GI) endoscopy rooms.
3. Progress Reports:
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
 - b. The certificate holder shall complete all sections of the Progress Report form.
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
 - d. Progress reports shall be due on the first day of every fourth month. The first progress report shall be due on May 1, 2021. The second progress report shall be due on September 1, 2021 and so forth.
4. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.
5. No later than three months after the last day of each of the first three full fiscal years of operation following initiation of the services authorized by this certificate of need, the certificate holder shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.
7. The certificate holder shall acknowledge acceptance of and agree to comply with all 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 1, 2020.

Timetable

	Milestone	Date mm/dd/yyyy
1	Construction / Renovation Contract(s) Executed	09/01/2021
2	50% of Construction / Renovation Completed	01/15/2022
3	Construction / Renovation Completed	06/01/2022
4	Services Offered	07/01/2022
5	First Annual Report Due*	04/01/2024

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: P-11926-20

FID #: 140466

ISSUED TO: DVA Healthcare Renal Care, Inc.

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

SCOPE: Add no more than 4 dialysis stations pursuant to Condition 1 of the facility need methodology for a total of no more than 16 stations upon completion/
Wayne County

CONDITIONS: See Reverse Side

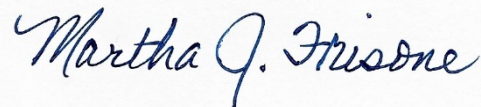
PHYSICAL LOCATION: Coastal Plains Dialysis
209 NC Hwy 111 S
Goldsboro, NC 27532

CAPITAL EXPENDITURE: \$69,504

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2021

This certificate is effective as of December 30, 2020



Martha J. Frisone, Chief

CONDITIONS:

1. **DVA Healthcare Renal Care, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
2. **Pursuant to the facility need determination in the 2020 SMFP, the certificate holder shall develop no more than four additional in-center dialysis stations at Coastal Plains Dialysis for a total of no more than 16 in-center stations upon project completion.**
3. **The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on November 30, 2020.

Timetable

Milestone		Date mm/dd/yyyy
1	Equipment Ordered	07/31/2021
2	Services Offered	01/01/2022

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: L-11923-20

FID #: 020166

ISSUED TO: DVA Renal Healthcare, Inc.

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

SCOPE: Add no more than 9 dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 35 stations upon completion of this project and Project ID #J-11743-19 (relocate 5 stations)/ Wilson County

CONDITIONS: See Reverse Side

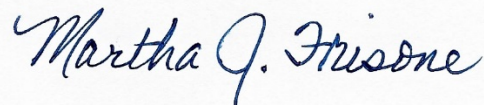
PHYSICAL LOCATION: Forest Hills Dialysis
1605 Medical Park Drive West
Wilson, NC 27893

CAPITAL EXPENDITURE: \$42,346

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 2, 2021

This certificate is effective as of December 15, 2020



Martha J. Frisone, Chief

CONDITIONS:

- 1. DVA Renal Healthcare, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. Pursuant to Condition 2 of the facility need determination in the 2020 SMFP, the certificate holder shall develop no more than 9 additional in-center dialysis stations for a total of no more than 35 in-center stations at Forest Hills Dialysis upon completion of this project and Project ID# J-11743-19 (relocate 5 stations to Clayton Dialysis).**
- 3. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on November 17, 2020.

Timetable

Milestone		Date mm/dd/yyyy
9	Equipment Ordered	07/31/2021
14	Services Offered	01/01/2022

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: L-11933-20

FID #: 971340

ISSUED TO: DVA Renal Healthcare, Inc.

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

SCOPE: Add no more than 7 dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 39 stations upon completion of this project and Project ID #J-11743-19 (relocate 5 stations) / Wilson County

CONDITIONS: See Reverse Side

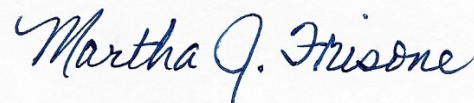
PHYSICAL LOCATION: Wilson Dialysis
2833 Wooten Blvd
Wilson, NC 27893

CAPITAL EXPENDITURE: \$69,504

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 1, 2021

This certificate is effective as of December 9, 2020



Martha J. Frisone, Chief

CONDITIONS:

1. DVA Renal Healthcare, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application and any supplemental responses. If representations conflict, the certificate holder shall materially comply with the last made representation.
2. Pursuant to Condition 2 of the facility need determination in the 2020 SMFP, the certificate holder shall develop no more than 7 additional in-center dialysis stations for a total of no more than 39 in-center and home hemodialysis training stations at Wilson Dialysis upon completion of this project and Project I.D. #J-11743-19 (relocate 5 stations to Clayton Dialysis). In the event a certificate of need for Project I.D. #J-11743-19 is not issued or is issued for fewer than 5 stations, Wilson Dialysis shall have no more than 44 in-center and home hemodialysis stations upon completion of this project.
3. Progress Reports:
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
 - b. The certificate holder shall complete all sections of the Progress Report form.
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
 - d. Progress reports shall be due on the first day of every third month. The first progress report shall be due on April 1, 2021. The second progress report shall be due on July 1, 2021 and so forth.
4. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on December 9, 2020.

Timetable

Milestone		Date
1	Equipment Ordered	07/31/2021
2	Services Offered (required)	01/01/2022