

**Certificate of Need  
Certificates Issued  
June 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
Brunswick	O-011817-19	The Landings of Brunswick	150395	ACH	Change of scope for Project ID #O-11065-15 (develop a new 80-bed ACH facility), which consists of a change of site and change of name	11/1/2019	3/26/2020	6/16/2020	Denied - Settlement	Tanya Saporito	Gloria Hale	\$636,862	9/1/2020
Buncombe	B-011849-20	Mission Hospital	943349	HOSPITAL	Add no more than one Electrophysiology Lab (EP Lab) for a total of no more than 3 EP labs upon project completion	3/1/2020	5/20/2020	6/20/2020	Conditional Approval	Ena Lightbourne	Lisa Pittman	\$3,121,200	11/1/2020
Catawba	E-011882-20	Catawba County Dialysis	160450	ESRD	Add no more than 6 dialysis stations pursuant to facility need for a total of no more than 16 dialysis stations upon project completion	4/1/2020	5/22/2020	6/23/2020	Conditional Approval	Ena Lightbourne	Fatimah Wilson	\$102,006	11/1/2020
Cleveland	C-011837-20	INS Cleveland County	200033	ESRD	Develop a new dialysis facility in Shelby to provide home peritoneal dialysis training and support services	2/1/2020	5/22/2020	6/23/2020	Conditional Approval	Ena Lightbourne	Gloria Hale	\$941,992	11/1/2020
Durham	J-011851-20	Duke University Hospital	943138	HOSPITAL	Acquire no more than one unit of angiography equipment to install in an existing OR to create a hybrid OR	3/1/2020	5/29/2020	6/29/2020	Conditional Approval	Tanya Saporito	Lisa Pittman	\$4,677,999	1/15/2021
Guilford	G-011867-20	Triad Dialysis Center	980262	ESRD	Add no more than 8 dialysis stations pursuant to facility need and relocate no more than 2 dialysis stations pursuant to Policy ESRD-2 from High Point Kidney Center for a total of no more than 40 stations upon project completion	4/1/2020	5/8/2020	6/9/2020	Conditional Approval	Celia Inman	Fatimah Wilson	\$168,000	11/1/2020
Guilford	G-011855-20	Piedmont Surgical Center	944499	ASC	Convert specialty ambulatory surgical program to a multispecialty ambulatory surgical program	3/1/2020	5/15/2020	6/16/2020	Conditional Approval	Celia Inman	Lisa Pittman	\$135,000	10/15/2020
Henderson	B-011860-20	Pardee Mobile Mammography	200140	DXCTR	Develop mobile mammography services	3/1/2020	5/1/2020	6/2/2020	Conditional Approval	Greg Yakaboski	Gloria Hale	\$865,249	12/14/2020
Henderson	B-011861-20	Margaret R. Pardee Memorial Hospital	943324	HOSPITAL	Acquire one unit of shared cardiac catheterization equipment pursuant to the adjusted need determination in the 2020 SMFP	3/1/2020	5/22/2020	6/24/2020	Conditional Approval	Greg Yakaboski	Gloria Hale	\$5,132,700	10/20/2020

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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
Iredell	F-011869-20	West Iredell Dialysis Center	020759	ESRD	Add no more than 4 dialysis stations pursuant to facility need for a total of no more than 24 stations upon project completion	4/1/2020	5/8/2020	6/9/2020	Conditional Approval	Celia Inman	Fatimah Wilson	\$67,200	11/1/2020
Iredell	F-011857-20	Iredell Ambulatory Surgery Center	923282	ASC	Convert specialty ambulatory surgical program to a multispecialty ambulatory surgical program	3/1/2020	5/19/2020	6/19/2020	Conditional Approval	Celia Inman	Lisa Pittman	\$87,313	10/15/2020
Mecklenburg	F-011863-20	Atrium Health Pineville Medical Plaza I Diagnostic Center	200141	DXCTR	Develop a new diagnostic center by acquiring one new cystoscopy system and one new PFT machine in addition to existing cystoscopy systems, PFT machines, bladder scanners, echocardiography equipment, ultrasound machines, Parks Flo Lab systems, X-ray machines, a Mohs Lab, a DEXA scanner, and a capsule endoscopy system located in an existing medical office building, Pineville Medical Plaza I, on the campus of Atrium Health Pineville	3/1/2020	4/30/2020	6/2/2020	Conditional Approval	Julie Faenza	Fatimah Wilson	\$2,741,959	10/1/2020
Mecklenburg	F-011846-20	Sugar Creek Dialysis	150478	ESRD	Relocate no more than 1 dialysis station from Mint Hill Dialysis for a total of no more than 11 stations upon project completion	2/1/2020	5/8/2020	6/9/2020	Conditional Approval	Celia Inman	Lisa Pittman	\$4,273	9/1/2020
Mecklenburg	F-011845-20	Brookshire Dialysis	150477	ESRD	Relocate no more than 1 station from Charlotte Dialysis for a total of no more than 11 stations upon project completion	2/1/2020	5/8/2020	6/11/2020	Conditional Approval	Julie Faenza	Gloria Hale	\$19,548	9/1/2020
Mecklenburg	F-011842-20	INS Huntersville	070257	ESRD	Relocate INS Huntersville to a new location and relocate no more than 3 dialysis stations from BMA Beatties Ford for home hemodialysis training and support services. Upon project completion, the facility will have a total of 5 dialysis stations and will be renamed INS Freedom Dialysis	2/1/2020	5/15/2020	6/16/2020	Conditional Approval	Julie Faenza	Gloria Hale	\$1,975,617	10/1/2020



# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Corrected Certificate of Need

for

Project ID #: O-11817-19

FID #: 150395

**ISSUED TO: Brunswick Propco Holdings, 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: Change of scope for Project ID #O-11065-15 (develop a new 80-bed ACH facility), which consists of a change of site and change of name/ Brunswick County**

**CONDITIONS: See Reverse Side**

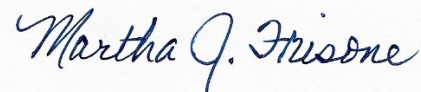
**PHYSICAL LOCATION: The Landings of Brunswick  
2938 Southport-Supply Road SE  
Bolivia, NC 28422**

**MAXIMUM CAPITAL EXPENDITURE: \$636,862**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: September 1, 2020**

This certificate is effective as of June 16, 2020  
Corrected certificate issued on July 7, 2020



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Martha J. Frisone, Chief



**CONDITIONS:**

1. Brunswick Opco Holdings, LLC and Brunswick Propco Holdings, LLC shall materially comply with the representations in this application, the representations in Project I.D. #O-11065-15 and supplemental information submitted to the Agency. Where representations conflict, Brunswick Opco Holdings, LLC and Brunswick Propco Holdings, LLC shall materially comply with the last made representation.
2. Brunswick Opco Holdings, LLC and Brunswick Propco Holdings, LLC shall develop no more than 80 adult care home beds at The Landings of Brunswick.
3. Upon completion of this project, The Landings of Brunswick shall be licensed for no more than 80 adult care home beds.
4. Progress Reports:
  - a. Brunswick Opco Holdings, LLC and Brunswick Propco Holdings, LLC shall complete the Progress Report form provided by the Healthcare Planning and Certificate of Need Section.
  - b. Progress reports will be due on the first day of every third month. The first progress report shall be due on September 1, 2020. The second progress report shall be due on December 1, 2020 and so forth.
  - c. Each progress report shall describe in detail all steps taken to develop the project since the last progress report and shall include documentation to substantiate each step taken.
  - d. Progress reports should be received by the due date but in no case shall they be received more than one week after the due date.
  - e. Timetable milestones shall be completed no later than three months after the projected date on the timetable subject to reasonable extensions due to conditions completely beyond the control of the certificate holder(s).
  - f. There will be no extensions of the timetable milestone dates except for reasonable extensions based on conditions completely beyond the control of the certificate holder(s).
  - g. In the event that the project is not developed in accordance with the timetable, including any reasonable extensions, the Healthcare Planning and Certificate of Need Section may impose a civil monetary penalty of \$1,000 per day for each day the project is delayed beyond the 90<sup>th</sup> day following the milestone date on the timetable.
5. Brunswick Opco Holdings, LLC and Brunswick Propco Holdings, LLC shall provide care to recipients of State/County Special Assistance with Medicaid, commensurate with representations made in the application.
6. For the first two years of operation following completion of the project, Brunswick Opco Holdings, LLC and Brunswick Propco Holdings, LLC shall not increase private pay charges more than 5% of the projected private pay charges provided in the supplemental information without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.
7. 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, Brunswick Opco Holdings, LLC and Brunswick Propco Holdings, LLC 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.

**TIMETABLE:**

- |    |                                                  |                    |
|----|--------------------------------------------------|--------------------|
| 1. | 25% of Construction / Renovation Completed _____ | March 30, 2021     |
| 2. | 50% of Construction / Renovation Completed _____ | June 30, 2021      |
| 3. | 75% of Construction / Renovation Completed _____ | September 15, 2021 |
| 4. | Construction / Renovation Completed _____        | November 1, 2021   |
| 5. | Services Offered (required) _____                | December 31, 2021  |
| 6. | First Annual Report Due* _____                   | January 16, 2023   |

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: B-11849-20

FID #: 943349

**ISSUED TO: MH Mission Hospital, LLLP**

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 Electrophysiology Lab (EP Lab) for a total of no more than 3 EP labs upon project completion / Buncombe County**

**CONDITIONS: See Reverse Side**

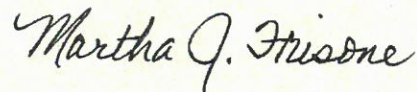
**PHYSICAL LOCATION: Mission Hospital  
509 Biltmore Ave  
Asheville, NC 28801**

**MAXIMUM CAPITAL EXPENDITURE: \$3,121,200**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: November 1, 2020**

This certificate is effective as of June 20, 2020



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Martha J. Frisone, Chief



**CONDITIONS:**

1. MH Mission Hospital, LLLP shall materially comply with all representations made in the certificate of need application.
2. MH Mission Hospital, LLLP shall add no more than one Electrophysiology Lab for a total of no more than three Electrophysiology Labs at Mission Hospital upon project completion.
3. Upon completion of the project, Mission Hospital shall be licensed for no more than three Electrophysiology Labs.
4. MH Mission Hospital, LLLP shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section F 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, MH Mission Hospital, 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.
6. MH Mission Hospital, 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 June 20, 2020.

**TIMETABLE:**

- |                                                                                      |                    |
|--------------------------------------------------------------------------------------|--------------------|
| 1. Drawings Completed _____                                                          | September 15, 2020 |
| 2. Construction / Renovation Contract(s) Executed _____                              | October 15, 2020   |
| 3. 25% of Construction / Renovation Completed<br>(25% of the cost is in place) _____ | November 15, 2020  |
| 4. 50% of Construction / Renovation Completed _____                                  | December 15, 2020  |
| 5. 75% of Construction / Renovation Completed _____                                  | January 15, 2021   |
| 6. Construction / Renovation Completed _____                                         | February 15, 2021  |
| 7. Equipment Ordered _____                                                           | September 15, 2020 |
| 8. Equipment Installed _____                                                         | March 1, 2021      |
| 9. Equipment Operational _____                                                       | March 15, 2021     |
| 10. Building / Space Occupied _____                                                  | April 1, 2021      |
| 11. Services Offered (required) _____                                                | April 1, 2021      |
| 12. First Annual Report Due* _____                                                   | July 1, 2022       |



# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: E-11882-20

FID #: 160450

**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 6 dialysis stations pursuant to facility need for a total of no more than 16 dialysis stations upon project completion/ Catawba County

**CONDITIONS:** See Reverse Side

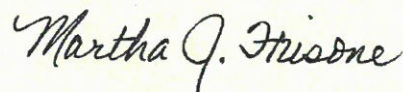
**PHYSICAL LOCATION:** Catawba County Dialysis  
1900 3rd Avenue Lane SE  
Hickory, NC 28602

**MAXIMUM CAPITAL EXPENDITURE:** \$102,006

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** November 1, 2020

This certificate is effective as of June 23, 2020



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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 2020 SMFP, Total Renal Care of North Carolina, LLC shall develop no more than 6 additional in-center dialysis stations at Catawba County Dialysis for a total of no more than 16 in-center stations upon completion of this project.
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 June 2, 2020.

**TIMETABLE:**

1. Equipment Ordered \_\_\_\_\_ July 31, 2021
2. Services Offered (required) \_\_\_\_\_ January 1, 2022



# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: C-11837-20

FID #: 200033

**ISSUED TO: Independent Nephrology Services, 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: Develop a new dialysis facility in Shelby to provide home peritoneal dialysis training and support services / Cleveland County**

**CONDITIONS: See Reverse Side**

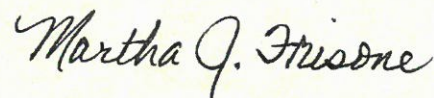
**PHYSICAL LOCATION: INS Cleveland County  
1145 East Marion Street  
Shelby, NC 28150**

**MAXIMUM CAPITAL EXPENDITURE: \$941,992**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: November 1, 2020**

This certificate is effective as of June 23, 2020



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Martha J. Frisone, Chief



**CONDITIONS:**

1. Independent Nephrology Services, Inc. shall materially comply with all representations made in the certificate of need application.
2. Independent Nephrology Services, Inc. shall establish a freestanding home dialysis training and support program to provide only peritoneal dialysis training and support services.
3. Independent Nephrology Services, 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 May 26, 2020.

**TIMETABLE:**

1.	Financing Obtained _____	January 15, 2020
2.	Drawings Completed _____	October 18, 2020
3.	Construction / Renovation Contract(s) Executed _____	March 17, 2021
4.	25% of Construction / Renovation Completed (25% of the cost is in place) _____	May 16, 2021
5.	50% of Construction / Renovation Completed _____	July 15, 2021
6.	75% of Construction / Renovation Completed _____	September 13, 2021
7.	Construction / Renovation Completed _____	November 12, 2021
8.	Equipment Ordered _____	September 28, 2021
9.	Equipment Installed _____	November 27, 2021
10.	Equipment Operational _____	December 18, 2021
11.	Building / Space Occupied _____	December 23, 2021
12.	Services Offered (required) _____	December 31, 2021
13.	Medicare and / or Medicaid Certification Obtained _____	December 31, 2021

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: J-11851-20

FID #: 943138

**ISSUED TO: Duke University Health System, 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: Acquire no more than one unit of angiography equipment to install in an existing OR to create a hybrid OR/ Durham County**

**CONDITIONS: See Reverse Side**

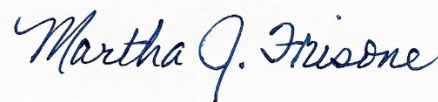
**PHYSICAL LOCATION: Duke University Hospital  
2301 Erwin Road  
Durham, NC 27710**

**MAXIMUM CAPITAL EXPENDITURE: \$4,677,999**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: January 15, 2021**

This certificate is effective as of June 29, 2020



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Martha J. Frisone, Chief



**CONDITIONS:**

1. Duke University Health System, Inc. shall materially comply with all representations made in the certificate of need application.
2. Duke University Health System, Inc. shall acquire no more than one unit of angiography equipment to be installed in OR #54 and develop a hybrid operating room.
3. Upon completion of the project, Duke University Hospital shall be licensed for no more than 65 ORs.
4. Duke University Health System, Inc. shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section F 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, Duke University Health System, Inc. 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.
6. Duke University Health System, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Healthcare Planning and Certificate of Need Section in writing prior to issuance of the certificate of need.

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

**TIMETABLE:**

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|----------------------------------------------|--------------------|
| 1. Construction / Renovation Completed _____ | April 20, 2021     |
| 2. Equipment Ordered _____                   | September 9, 2020  |
| 3. Equipment Installed _____                 | April 20, 2021     |
| 4. Equipment Operational _____               | April 30, 2021     |
| 5. Services Offered (required) _____         | May1, 2021         |
| 6. First Annual Report Due* _____            | September 30, 2022 |

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: G-11855-20**

**FID #: 944499**

**ISSUED TO: The Foot Surgery Center of NC, 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: Convert specialty ambulatory surgical program to a multispecialty ambulatory surgical program / Guilford**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: Piedmont Surgical Center  
7819 National Service Rd., Suite 404  
Greensboro, NC 27409**

**MAXIMUM CAPITAL EXPENDITURE: \$135,000**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: October 15, 2020**

This certificate is effective as of June 16, 2020

*Martha J. Frisone*

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**Martha J. Frisone, Chief**



**CONDITIONS:**

1. The Foot Surgery Center of NC, LLC shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, The Foot Surgery Center of NC, LLC shall materially comply with the last made representation.
2. The Foot Surgery Center of NC, LLC shall convert a specialty ambulatory surgical program to a multispecialty ambulatory surgical facility by adding ophthalmology, orthopedic and plastic surgery surgical services.
3. Upon project completion, Piedmont Surgical Center shall be licensed for no more than two operating rooms.
4. The Foot Surgery Center of NC, LLC 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. For the first three years of operation following completion of the project, The Foot Surgery Center of NC, LLC shall not increase charges more than 5% of the charges projected in Section Q of the application without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.
6. 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 Foot Surgery Center of NC, LLC 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 Foot Surgery Center of NC, 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 May 26, 2020.

**TIMETABLE:**

1. Financing Obtained \_\_\_\_\_ March 2, 2020
2. Equipment Ordered \_\_\_\_\_ September 1, 2020
3. Equipment Installed \_\_\_\_\_ October 1, 2020
4. Equipment Operational \_\_\_\_\_ October 15, 2020
5. Licensure Obtained \_\_\_\_\_ September 1, 2020
6. Services Offered (required) \_\_\_\_\_ October 15, 2020
7. First Annual Report Due\* \_\_\_\_\_ December 31, 2021



# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: G-11867-20**

**FID #: 980262**

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

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 8 dialysis stations pursuant to facility need and relocate no more than 2 dialysis stations pursuant to Policy ESRD-2 from High Point Kidney Center for a total of no more than 40 stations upon project completion / Guilford County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: Triad Dialysis Center  
4370 Regency Drive  
High Point, NC 27265**

**MAXIMUM CAPITAL EXPENDITURE: \$168,000**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: November 1, 2020**

This certificate is effective as of June 9, 2020

*Martha J. Frisone*

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**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.
2. Pursuant to the facility need determination in the 2020 SMFP, Wake Forest University Health Sciences and Triad Dialysis Center of Wake Forest University shall develop no more than eight additional in-center dialysis stations pursuant to facility need and relocate no more than two dialysis stations pursuant to Policy ESRD-2 from High Point Kidney Center for a total of no more than 40 in-center stations at Triad Dialysis Center of Wake Forest University upon completion of this project.
3. Upon completion of this project, Wake Forest University Health Sciences shall take the necessary steps to decertify two stations at High Point Kidney Center for a total of no more than 46 dialysis stations upon completion of this project and Project ID #G-11672-19.
4. 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 June 8, 2020.

**TIMETABLE:**

- |    |                                                         |                   |
|----|---------------------------------------------------------|-------------------|
| 1. | Equipment Ordered _____                                 | November 17, 2020 |
| 2. | Equipment Installed _____                               | December 15, 2020 |
| 3. | Equipment Operational _____                             | December 31, 2020 |
| 4. | Licensure Obtained _____                                | October 3, 2020   |
| 5. | Services Offered (required) _____                       | December 31, 2020 |
| 6. | Medicare and / or Medicaid Certification Obtained _____ | December 31, 2020 |







**CONDITIONS:**

1. Pardee Imaging, LLC shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, Pardee Imaging, LLC shall materially comply with the last made representation.
2. Pardee Imaging, LLC shall develop a diagnostic center consisting of one mobile mammography unit.
3. Pardee Imaging, LLC, as part of this project, shall not acquire any equipment that is not included in the project's proposed capital expenditures in Section Q, Form F.1a of the application and that would otherwise require a certificate of need.
4. The acquisition of the mobile mammography unit shall constitute development of a mobile diagnostic program and shall not result in the creation of a diagnostic center located at any of the host sites.
5. 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, Pardee Imaging, LLC 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.
6. Pardee Imaging, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to insurance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on June 2, 2020.

**TIMETABLE:**

- |                                                            |                  |
|------------------------------------------------------------|------------------|
| 1. Drawings Completed _____                                | November 1, 2020 |
| 2. Equipment Ordered _____                                 | December 1, 2020 |
| 3. Equipment Installed _____                               | May 1, 2021      |
| 4. Equipment Operational _____                             | June 1, 2021     |
| 5. Building / Space Occupied _____                         | May 1, 2021      |
| 6. Licensure Obtained _____                                | July 1, 2021     |
| 7. Services Offered (required) _____                       | July 1, 2021     |
| 8. Medicare and / or Medicaid Certification Obtained _____ | July 1, 2021     |
| 9. Facility or Service Accredited _____                    | July 1, 2021     |
| 10. First Annual Report Due* _____                         | October 1, 2022  |



# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: B-11861-20

FID #: 943324

**ISSUED TO: Henderson County Hospital Corporation**

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: Acquire one unit of shared cardiac catheterization equipment pursuant to the adjusted need determination in the 2020 SMFP/ Henderson County**

**CONDITIONS: See Reverse Side**

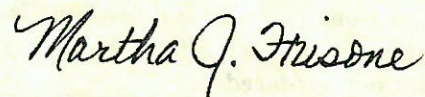
**PHYSICAL LOCATION: Margaret R. Pardee Memorial Hospital  
800 North Justice Street  
Hendersonville, NC 28791**

**MAXIMUM CAPITAL EXPENDITURE: \$5,132,700**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: October 20, 2020**

This certificate is effective as of June 24, 2020



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Martha J. Frisone, Chief



**CONDITIONS:**

1. Henderson County Hospital Corporation shall materially comply with all representations made in the certificate of need application.
2. Henderson County Hospital Corporation shall acquire one unit of shared cardiac catheterization equipment pursuant to the need determination in the 2020 SMFP.
3. Henderson County Hospital Corporation as part of this project, shall not acquire any equipment that is not included in the project's proposed capital expenditures in Section Q, Form F.1a of the application and that would otherwise require a certificate of need.
4. Henderson County Hospital Corporation shall cease operation of the stationary mobile cardiac catheterization unit owned by DLP Cardiac Partners within 90 days of operation of the one unit of shared fixed cardiac catheterization equipment.
5. Henderson County Hospital Corporation 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.
6. 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, Henderson County Hospital Corporation 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. Henderson County Hospital Corporation shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to insurance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on June 24, 2020.

**TIMETABLE:**

1. Drawings Completed \_\_\_\_\_ April 30, 2021
2. Construction / Renovation Contract(s) Executed \_\_\_\_\_ June 29, 2021
3. 25% of Construction / Renovation Completed (25% of the cost is in place) \_\_\_\_\_ October 12, 2021
4. 50% of Construction / Renovation Completed \_\_\_\_\_ January 25, 2022
5. 75% of Construction / Renovation Completed \_\_\_\_\_ May 10, 2022
6. Construction / Renovation Completed \_\_\_\_\_ August 23, 2022
7. Equipment Ordered \_\_\_\_\_ September 1, 2022
8. Equipment Installed \_\_\_\_\_ February 1, 2023
9. Equipment Operational \_\_\_\_\_ March 1, 2023
10. Building / Space Occupied \_\_\_\_\_ March 1, 2023
11. Services Offered (required) \_\_\_\_\_ April 1, 2023
12. First Annual Report Due\* \_\_\_\_\_ September 30, 2024



# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: F-11857-20

FID #: 923282

**ISSUED TO: Iredell Memorial Hospital, Incorporated  
Iredell Physician Network, 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: Convert specialty ambulatory surgical program to a multispecialty ambulatory surgical program / Iredell County**

**CONDITIONS: See Reverse Side**

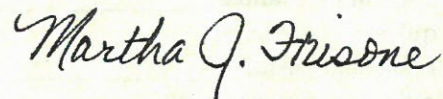
**PHYSICAL LOCATION: Iredell Ambulatory Surgery Center  
701 Bryant Street  
Statesville, NC 28677**

**MAXIMUM CAPITAL EXPENDITURE: \$87,313**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: October 15, 2020**

This certificate is effective as of June 19, 2020



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Martha J. Frisone, Chief



**CONDITIONS:**

1. Iredell Memorial Hospital, Incorporated and Iredell Physicians Network, LLC shall materially comply with all representations made in the certificate of need application.
2. Iredell Memorial Hospital, Incorporated and Iredell Physicians Network, LLC shall convert a specialty ambulatory surgical program to a multispecialty ambulatory surgical facility by adding general surgery and orthopedic surgical services.
3. Upon project completion, Iredell Ambulatory Surgery Center shall be licensed for no more than one operating room.
4. Iredell Memorial Hospital, Incorporated and Iredell Physicians Network, LLC 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. For the first three years of operation following completion of the project, Iredell Memorial Hospital, Incorporated and Iredell Physicians Network, LLC shall not increase charges more than 5% of the charges projected in Section Q of the application without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.
6. 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, Iredell Memorial Hospital, Incorporated and Iredell Physicians Network, LLC 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. Iredell Memorial Hospital, Incorporated and Iredell Physicians Network, 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 May 27, 2020.

**TIMETABLE:**

- |    |                                   |                    |
|----|-----------------------------------|--------------------|
| 1. | Financing Obtained _____          | September 9, 2020  |
| 2. | Equipment Ordered _____           | September 9, 2020  |
| 3. | Equipment Installed _____         | September 16, 2020 |
| 4. | Equipment Operational _____       | September 23, 2020 |
| 5. | Services Offered (required) _____ | October 1, 2020    |
| 6. | First Annual Report Due* _____    | December 31, 2021  |



# STATE OF NORTH CAROLINA

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

## CERTIFICATE OF NEED

for

Project ID #: F-11869-20

FID #: 020759

**ISSUED TO:** Wake Forest University Health Sciences  
West Iredell 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 4 dialysis stations pursuant to facility need for a total of no more than 24 stations upon project completion / Iredell County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** West Iredell Dialysis Center  
115 Westbrook Lane  
Statesville, NC 28625

**MAXIMUM CAPITAL EXPENDITURE:** \$67,200

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** November 1, 2020

This certificate is effective as of June 9, 2020

*Martha J. Frisone*

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Martha J. Frisone, Chief

**CONDITIONS:**

1. Wake Forest University Health Sciences and West Iredell Dialysis Center of Wake Forest University shall materially comply with all representations made in the certificate of need application.
2. Pursuant to the facility need determination in the 2020 SMFP, Wake Forest University Health Sciences and West Iredell Dialysis Center of Wake Forest University shall add no more than four additional in-center dialysis stations for a total of no more than 24 in-center stations at West Iredell Dialysis Center of Wake Forest University upon completion of this project.
3. Wake Forest University Health Sciences and West Iredell 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 June 8, 2020.

**TIMETABLE:**

- |                                                      |       |                   |
|------------------------------------------------------|-------|-------------------|
| 1. Equipment Ordered                                 | _____ | November 17, 2020 |
| 2. Equipment Installed                               | _____ | December 15, 2020 |
| 3. Equipment Operational                             | _____ | December 31, 2020 |
| 4. Licensure Obtained                                | _____ | October 3, 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-11842-20**

**FID #: 070257**

**ISSUED TO: Independent Nephrology Services, 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:** Relocate INS Huntersville to a new location and relocate no more than 3 dialysis stations from BMA Beatties Ford for home hemodialysis training and support services. Upon project completion, the facility will have a total of 5 dialysis stations and will be renamed INS Freedom Dialysis / Mecklenburg County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** INS Freedom Dialysis  
3144-3168 Freedom Drive  
Charlotte, NC 28208

**MAXIMUM CAPITAL EXPENDITURE:** \$1,975,617

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** October 1, 2020

This certificate is effective as of June 16, 2020

*Martha J. Frisone*

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Martha J. Frisone, Chief



**CONDITIONS:**

1. Independent Nephrology Services, Inc. shall materially comply with all representations made in the certificate of need application.
2. Pursuant to Policy ESRD-2, Independent Nephrology Services, Inc. shall relocate INS Huntersville to a new location in Mecklenburg County, rename the facility to INS Freedom Dialysis, and relocate no more than three dialysis stations from BMA Beatties Ford to INS Huntersville for a total of no more than five dialysis stations at INS Freedom Dialysis.
3. Independent Nephrology Services, Inc. shall install plumbing and electrical wiring through the walls for no more than five dialysis stations which shall include any isolation stations.
4. Upon completion of this project, Fresenius Medical Care Holdings, Inc. shall take the necessary steps to decertify three dialysis stations at BMA Beatties Ford for a total of no more than 36 dialysis stations at BMA Beatties Ford following project completion.
5. Independent Nephrology Services, 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 May 18, 2020.

**TIMETABLE:**

1. Drawings Completed \_\_\_\_\_ October 1, 2020
2. Construction / Renovation Contract(s) Executed \_\_\_\_\_ January 29, 2021
3. 25% of Construction / Renovation Completed  
(25% of the cost is in place) \_\_\_\_\_ April 29, 2021
4. 50% of Construction / Renovation Completed \_\_\_\_\_ July 28, 2021
5. 75% of Construction / Renovation Completed \_\_\_\_\_ September 26, 2021
6. Construction / Renovation Completed \_\_\_\_\_ November 25, 2021
7. Equipment Ordered \_\_\_\_\_ September 26, 2021
8. Equipment Installed \_\_\_\_\_ December 10, 2021
9. Equipment Operational \_\_\_\_\_ December 24, 2021
10. Building / Space Occupied \_\_\_\_\_ December 24, 2021
11. Services Offered (required) \_\_\_\_\_ December 31, 2021
12. Medicare and / or Medicaid Certification Obtained \_\_\_\_\_ December 31, 2021



# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: F-11845-20**

**FID #: 150477**

**ISSUED TO: Renal Treatment Centers - Mid-Atlantic, 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: Relocate no more than 1 station from Charlotte Dialysis for a total of no more than 11 stations upon project completion / Mecklenburg County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: Brookshire Dialysis  
5601 Tuckaseegee Road  
Charlotte, NC 28208**

**MAXIMUM CAPITAL EXPENDITURE: \$19,548**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: September 1, 2020**

This certificate is effective as of June 11, 2020

*Martha J. Frisone*

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**Martha J. Frisone, Chief**



**CONDITIONS:**

1. Renal Treatment Centers – Mid-Atlantic, Inc. shall materially comply with all representations made in the certificate of need application.
2. Pursuant to Policy ESRD-2, Renal Treatment Centers – Mid-Atlantic, Inc. shall relocate no more than one station from Charlotte Dialysis to Brookshire Dialysis for a total of no more than 11 stations at Brookshire Dialysis.
3. Renal Treatment Centers – Mid-Atlantic, Inc. shall take the necessary steps to decertify one station at Charlotte Dialysis for a total of no more than 23 stations upon completion of this project and Project I.D. #F-11592-18 (relocate 10 stations to develop Renaissance Park Dialysis).
4. Renal Treatment Centers – Mid-Atlantic, 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 May 12, 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 #: F-11846-20**

**FID #: 150478**

**ISSUED TO: Captree Dialysis, 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: Relocate no more than 1 dialysis station from Mint Hill Dialysis for a total of no more than 11 stations upon project completion / Mecklenburg County**

**CONDITIONS: See Reverse Side**

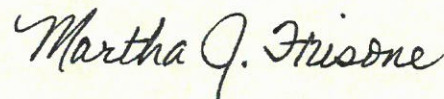
**PHYSICAL LOCATION: Sugar Creek Dialysis  
5100 Reagan Drive  
Charlotte, NC 28206**

**MAXIMUM CAPITAL EXPENDITURE: \$4,273**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: September 1, 2020**

This certificate is effective as of June 9, 2020



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**Martha J. Frisone, Chief**



**CONDITIONS:**

1. Captree Dialysis, LLC shall materially comply with all representations made in the certificate of need application.
2. Pursuant to Policy ESRD-2, Captree Dialysis, LLC shall develop no more than one additional dialysis station at Sugar Creek Dialysis by relocating one dialysis station from Mint Hill Dialysis, for a total of no more than 11 in-center dialysis stations at Sugar Creek Dialysis upon project completion, which shall include any home hemodialysis or isolation stations.
3. Upon completion of this project, DVA Healthcare Renal Care, Inc. shall take the necessary steps to decertify one dialysis station at Mint Hill Dialysis for a total of no more than 21 dialysis stations at Mint Hill Dialysis upon project completion.
4. Captree Dialysis, 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 May 11, 2020.

**TIMETABLE:**

1. Equipment Ordered \_\_\_\_\_ July 31, 2020
2. Services Offered (required) \_\_\_\_\_ 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-11852-20

FID #: 923412

**ISSUED TO: Acts Retirement-Life Communities, 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:** Cost overrun for Project ID #F-11294-17 (add 10 NF beds pursuant to Policy NH-2 and 40 ACH beds pursuant to Policy LTC-1 for a total of no more than 90 NF beds and 100 ACH beds upon project completion)/ Mecklenburg County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** WillowBrooke Court SC Ctr at Plantation Estates  
701 Plantation Estates Drive  
Matthews, NC 28105

**MAXIMUM CAPITAL EXPENDITURE:** \$5,832,314

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** October 20, 2020

This certificate is effective as of June 27, 2020

*Martha J. Frisone*

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Martha J. Frisone, Chief



**CONDITIONS:**

1. Acts Retirement-Life Communities, Inc. shall materially comply with all representations made in the certificate of need application.
2. The total combined capital expenditure for both projects is \$38,000,000, an increase of \$5,832,314 over the capital expenditure of \$32,167,686 previously approved in Project I.D. #F-11294-17.
3. Acts Retirement-Life Communities, Inc. shall develop no more than 10 Policy NH-2 nursing facility beds and 40 Policy LTC-1 adult care home beds for a facility total of no more than 90 NF beds and 100 ACH beds upon completion of Project ID #F-11294-17 and the proposed project.
4. The 10 Policy NH-2 nursing facility beds shall not be certified for participation in the Medicaid program.
5. The 10 Policy NH-2 nursing facility beds shall be used exclusively to meet the needs of persons with whom the facility has continuing care contracts (in compliance with the Department of Insurance statutes and regulations) who have lived in a non-nursing unit of the continuing care facility for a period of at least 30 days. Exceptions shall be allowed when one spouse or sibling is admitted to the nursing unit at the time the other spouse or sibling moves into a non-nursing unit, or when the medical condition requiring the nursing care was not known to exist or be imminent when the individual became a party to the continuing care contract.
6. The 40 Policy LTC-1 adult care home beds shall not participate in the Medicaid program or serve State-County Special Assistance recipients.
7. The 40 Policy LTC-1 adult care home beds shall be used exclusively to meet the needs of persons with whom the facility has continuing care contracts (in compliance with the Department of Insurance statutes and regulations) who have lived in a non-nursing or adult care unit of the continuing care facility for a period of at least 30 days. Exceptions shall be allowed when one spouse or sibling is admitted to the adult care home unit at the time the other spouse or sibling moves into a non-nursing or adult care unit, or when the medical condition requiring nursing or adult care home care was not known to exist or be imminent when the individual became a party to the continuing care contract.
8. The 10 new Policy NH-2 nursing facility beds and the 40 new Policy LTC-1 adult care home beds shall be developed on the same site with the independent living units.
9. Acts Retirement-Life Communities, Inc. 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.
10. 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, Acts Retirement-Life Communities, Inc. 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.



(F-11852-20 Con't)

- 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.

11. Acts Retirement-Life Communities, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Healthcare Planning and Certificate of Need Section in writing prior to issuance of the 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 June 9, 2020.

TIMETABLE:

- |                                                                             |                   |
|-----------------------------------------------------------------------------|-------------------|
| 1. Financing Obtained _____                                                 | September 1, 2020 |
| 2. Drawings Completed _____                                                 | January 3, 2020   |
| 3. Construction / Renovation Contract(s) Executed _____                     | May 1, 2020       |
| 4. 25% of Construction / Renovation Completed (25% of the cost is in place) | July 1, 2020      |
| 5. 50% of Construction / Renovation Completed _____                         | September 1, 2020 |
| 6. 75% of Construction / Renovation Completed _____                         | November 1, 2020  |
| 7. Construction / Renovation Completed _____                                | December 31, 2020 |
| 8. Building / Space Occupied _____                                          | January 1, 2021   |
| 9. Services Offered (required) _____                                        | January 1, 2021   |
| 10. First Annual Report Due _____                                           | March 31, 2022    |

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: F-11863-20

FID #: 200141

**ISSUED TO:** Carolinas Physicians Network, 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:** Develop a new diagnostic center by acquiring one new cystoscopy system and one new PFT machine in addition to existing cystoscopy systems, PFT machines, bladder scanners, echocardiography equipment, ultrasound machines, Parks Flo Lab systems, X-ray machines, a Mohs Lab, a DEXA scanner, and a capsule endoscopy system located in an existing medical office building, Pineville Medical Plaza I, on the campus of Atrium Health Pineville / Mecklenburg County

**CONDITIONS:** See Reverse Side

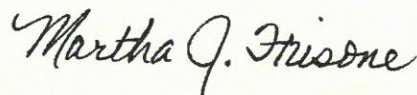
**PHYSICAL LOCATION:** Atrium Health Pineville Medical Plaza I Diagnostic Center  
10650 Park Road  
Charlotte, NC 28210

**MAXIMUM CAPITAL EXPENDITURE:** \$2,741,959

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** October 1, 2020

This certificate is effective as of June 2, 2020



Martha J. Frisone, Chief



**CONDITIONS:**

1. Carolinas Physicians Network, Inc. shall materially comply with all representations made in the certificate of need application.
2. Carolinas Physicians Network, Inc. shall develop a new diagnostic center by acquiring one new cystoscopy system and one new pulmonary function test machine in addition to existing cystoscopy systems, pulmonary function test machines, bladder scanners, echocardiography equipment, ultrasound machines, Parks Flo Lab systems, X-ray machines, a Mohs Lab, a DEXA scanner, and a capsule endoscopy system located in an existing medical office building, Pineville Medical Plaza I, on the campus of Atrium Health Pineville.
3. Carolinas Physicians Network, Inc., as part of this project, shall not acquire any equipment that is not included in the project's proposed capital expenditures in Sections F and Q of the application or that would otherwise require a certificate of need.
4. 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, Carolinas Physicians Network, Inc. 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.
5. Carolinas Physicians Network, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to insurance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on May 7, 2020.

**TIMETABLE:**

1. Drawings Completed \_\_\_\_\_ September 16, 2020
2. Construction / Renovation Contract(s) Executed \_\_\_\_\_ September 30, 2020
3. 25% of Construction / Renovation Completed  
(25% of the cost is in place) \_\_\_\_\_ November 1, 2020
4. 50% of Construction / Renovation Completed \_\_\_\_\_ January 1, 2021
5. 75% of Construction / Renovation Completed \_\_\_\_\_ March 1, 2021
6. Construction / Renovation Completed \_\_\_\_\_ May 1, 2021
7. Equipment Ordered \_\_\_\_\_ April 1, 2021
8. Equipment Installed \_\_\_\_\_ June 1, 2021
9. Equipment Operational \_\_\_\_\_ June 1, 2021
10. Building / Space Occupied \_\_\_\_\_ June 15, 2021
11. Services Offered (required) \_\_\_\_\_ June 15, 2021
12. First Annual Report Due \_\_\_\_\_ March 31, 2023



# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: F-11870-20

FID #: 150435

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

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

**SCOPE:** Add no more than 6 dialysis stations pursuant to facility need for a total of no more than 16 stations upon project completion/ Mecklenburg County

**CONDITIONS:** See Reverse Side

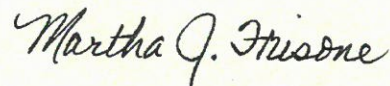
**PHYSICAL LOCATION:** Fresenius Medical Care Aldersgate  
3211 Bishops Way Lane  
Charlotte, NC 28215

**MAXIMUM CAPITAL EXPENDITURE:** \$22,500

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** November 1, 2020

This certificate is effective as of June 23, 2020



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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 2020 State Medical Facilities Plan, Bio-Medical Applications of North Carolina, Inc. shall develop no more than six additional dialysis stations at Fresenius Medical Care Aldersgate for a total of no more than 16 certified stations at Fresenius Medical Care Aldersgate upon project completion.
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 May 26, 2020.

**TIMETABLE:**

- |                                                          |                   |
|----------------------------------------------------------|-------------------|
| 1. Equipment Ordered _____                               | October 15, 2020  |
| 2. Equipment Installed _____                             | December 14, 2020 |
| 3. Equipment Operational _____                           | December 28, 2020 |
| 4. Building/Space Occupied _____                         | December 28, 2020 |
| 5. Services Offered _____                                | 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-11874-20

FID #: 970301

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

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

**SCOPE:** Relocate entire facility and add no more than 6 dialysis stations pursuant to facility need for a total of no more than 32 dialysis stations upon project completion/ Mecklenburg County

**CONDITIONS:** See Reverse Side

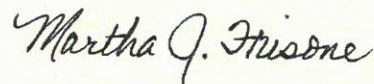
**PHYSICAL LOCATION:** BMA of East Charlotte  
1334 Central Avenue  
Charlotte, NC 28205

**MAXIMUM CAPITAL EXPENDITURE:** \$2,248,115

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** November 1, 2020

This certificate is effective as of June 23, 2020



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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 Policy ESRD-2 and the facility need determination in the 2020 State Medical Facilities Plan, Bio-Medical Applications of North Carolina, Inc. shall relocate BMA of East Charlotte and develop no more than six additional dialysis stations at the new location for BMA of East Charlotte for a total of no more than 32 certified stations at BMA of East Charlotte upon project completion.
3. Bio-Medical Applications of North Carolina, Inc. shall install plumbing and electrical wiring through the walls for no more than 32 in-center stations.
4. 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 May 26, 2020.

**TIMETABLE:**

1. Drawings Completed \_\_\_\_\_ August 15, 2020
2. Construction/Renovation Contract(s) Executed \_\_\_\_\_ January 29, 2021
3. 25% of Construction/Renovation Completed  
(25% of the cost is in place) \_\_\_\_\_ April 29, 2021
4. 50% of Construction/Renovation Completed \_\_\_\_\_ July 28, 2021
5. 75% of Construction/Renovation Completed \_\_\_\_\_ September 26, 2021
6. Construction/Renovation Completed \_\_\_\_\_ November 25, 2021
7. Equipment Ordered \_\_\_\_\_ September 26, 2021
8. Equipment Installed \_\_\_\_\_ December 10, 2021
9. Equipment Operational \_\_\_\_\_ December 24, 2021
10. Building/Space Occupied \_\_\_\_\_ December 24, 2021
11. Services Offered \_\_\_\_\_ December 31, 2021
12. Medicare and/or Medicaid Certification Obtained \_\_\_\_\_ December 31, 2021



# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: O-11856-20

FID #: 943372

**ISSUED TO: New Hanover Regional Medical Center**

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: Replace existing linear accelerator/ New Hanover County**

**CONDITIONS: See Reverse Side**

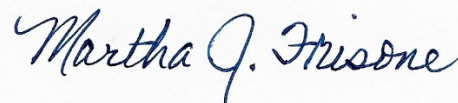
**PHYSICAL LOCATION: NHRMC Radiation Oncology-16th Street  
1988 S. 16th St.  
Wilmington, NC 28402**

**MAXIMUM CAPITAL EXPENDITURE: \$3,098,019**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: February 15, 2021**

This certificate is effective as of June 30, 2020



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**Martha J. Frisone, Chief**



**CONDITIONS:**

1. New Hanover Regional Medical Center shall materially comply with all representations made in the certificate of need application.
2. New Hanover Regional Medical Center shall acquire no more than one linear accelerator to replace one existing linear accelerator located on the NHRMC Radiation Oncology-16<sup>th</sup> Street campus. The applicant shall dispose of the existing linear accelerator being replaced by removing it from North Carolina.
3. Upon completion of the project, New Hanover Regional Medical Center shall be licensed for no more than four linear accelerators.
4. New Hanover Regional Medical Center shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section F 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, New Hanover Regional Medical Center 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.
6. New Hanover Regional Medical Center shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Healthcare Planning and Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on June 16, 2020.

**TIMETABLE:**

1. Construction / Renovation Contract(s) Executed \_\_\_\_\_ January 1, 2021
2. 25% of Construction / Renovation Completed (25% of the cost is in place) \_\_\_\_\_ May 1, 2021
3. 50% of Construction / Renovation Completed \_\_\_\_\_ June 15, 2021
4. 75% of Construction / Renovation Completed \_\_\_\_\_ September 1, 2021
5. Construction / Renovation Completed \_\_\_\_\_ August 1, 2021
6. Equipment Ordered \_\_\_\_\_ May 1, 2021
7. Equipment Installed \_\_\_\_\_ September 10, 2021
8. Services Offered (required) \_\_\_\_\_ October 1, 2021
9. First Annual Report Due\* \_\_\_\_\_ January 2, 2023



# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: J-11864-20**

**FID #: 923517**

**ISSUED TO: University of North Carolina Hospitals at Chapel Hill**

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: Acquire an MR simulator Pursuant to Policy AC-3 / Orange County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: University of North Carolina Hospitals  
101 Manning Drive  
Chapel Hill NC 27514**

**MAXIMUM CAPITAL EXPENDITURE: \$4,303,171**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: December 1, 2020**

This certificate is effective as of June 6, 2020

*Martha J. Frisone*

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**Martha J. Frisone, Chief**



**CONDITIONS:**

1. University of North Carolina Hospitals at Chapel Hill shall materially comply with all representations made in the certificate of need application.
2. University of North Carolina Hospitals at Chapel Hill shall acquire no more than one MR simulator.
3. University of North Carolina Hospitals at Chapel Hill, as part of this project, shall not acquire 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.
4. For each of the first five years of operation, University of North Carolina Hospitals at Chapel Hill shall submit to the Healthcare Planning and Certificate of Need Section a detailed description of how the project achieves the academic requirements of the appropriate sections of Policy AC-3, paragraph 2 [items 1 through 4] as proposed in the certificate of need application.
5. University of North Carolina Hospitals at Chapel Hill shall report the Policy AC-3 MR simulator on the appropriate annual license renewal application for the asset. The information to be reported for the MR simulator shall include: (a) the number of approved units; (b) the annual volume of cases or procedures performed for the reporting year; and (c) the patient origin by county.
6. If the MR simulator ceases to be used for clinical teaching or research, University of North Carolina Hospitals at Chapel Hill shall surrender the certificate of need.
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, University of North Carolina Hospitals at Chapel Hill 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. University of North Carolina Hospitals at Chapel Hill shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to insurance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on May 8, 2020.

**TIMETABLE:**

1. Construction / Renovation Completed \_\_\_\_\_ June 9, 2021
2. Services Offered (required) \_\_\_\_\_ July 1, 2021
3. First Annual Report Due\* \_\_\_\_\_ October 1, 2022



# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

## Certificate of Need

for

Project ID #: N-11866-20

FID #: 923461

**ISSUED TO: Southeastern Regional Medical Center**

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: Acquire a fixed PET scanner pursuant to the adjusted need determination in the 2020 SMFP for Robeson County/ Robeson County**

**CONDITIONS: See Reverse Side**

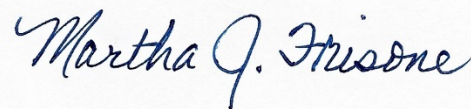
**PHYSICAL LOCATION: Southeastern Regional Medical Center  
300 West 27th St.  
Lumberton, NC 28359**

**MAXIMUM CAPITAL EXPENDITURE: \$4,073,040**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: November 15, 2020**

This certificate is effective as of June 27, 2020



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Martha J. Frisone, Chief



**CONDITIONS:**

1. Southeastern Regional Medical Center shall materially comply with all representations made in the certificate of need application.
2. Southeastern Regional Medical Center shall acquire no more than one dedicated fixed PET scanner for a total of no more than one dedicated fixed PET scanner at the hospital.
3. Southeastern Regional Medical Center, as part of this project, shall not acquire 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.
4. 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, Southeastern Regional Medical Center 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.
5. Southeastern Regional Medical Center shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to insurance of the certificate of need.

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

**TIMETABLE:**

1. Construction / Renovation Contract(s) Executed \_\_\_\_\_ June 22, 2020
2. 25% of Construction / Renovation Completed (25% of the cost is in place) September 1, 2020
3. 50% of Construction / Renovation Completed \_\_\_\_\_ November 1, 2020
4. 75% of Construction / Renovation Completed \_\_\_\_\_ January 1, 2021
5. Construction / Renovation Completed \_\_\_\_\_ March 1, 2021
6. Equipment Ordered \_\_\_\_\_ October 1, 2020
7. Equipment Installed \_\_\_\_\_ March 15, 2021
8. Services Offered (required) \_\_\_\_\_ April 1, 2021
9. First Annual Report Due\* \_\_\_\_\_ January 2, 2023



# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: F-11886-20**

**FID #: 980409**

**ISSUED TO: Central Carolina Dialysis Centers, 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 three dialysis stations pursuant to the facility need determination for a total of no more than 25 dialysis stations upon completion of this project and Project I.D. # F-11452-18 (relocate 8 stations to Cannon Dialysis)/ Rowan County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: Dialysis Care of Kannapolis  
1607 N. Main Street  
Kannapolis NC 28081**

**MAXIMUM CAPITAL EXPENDITURE: \$0**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: November 1, 2020**

This certificate is effective as of June 16, 2020

*Martha J. Frisone*

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**Martha J. Frisone, Chief**



**CONDITIONS:**

1. Central Carolina Dialysis Centers, LLC shall materially comply with all representations made in the certificate of need application.
2. Pursuant to the facility need determination in the 2020 SMFP, Central Carolina Dialysis Centers, LLC shall develop no more than three additional in-center dialysis stations at Dialysis Care of Kannapolis for a total of no more than 25 in-center and home hemodialysis stations upon completion of this project and Project I.D. # F-11452-18 (relocate 8 stations to Cannon Dialysis).
3. Central Carolina Dialysis Centers, 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 May 21, 2020.

**TIMETABLE:**

1. Services Offered (required) \_\_\_\_\_ January 1, 2022



# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: F-11878-20**

**FID #: 955949**

**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 one dialysis station pursuant to the facility need determination for a total of no more than 28 dialysis stations upon completion of this project and Project I.D. # F-11841-20 (relocate two dialysis stations to FKC Indian Trail)/ Union County**

**CONDITIONS: See Reverse Side**

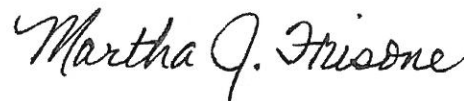
**PHYSICAL LOCATION: Metrolina Kidney Center  
1338 Sunset Drive  
Monroe NC 28112**

**MAXIMUM CAPITAL EXPENDITURE: \$0**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: November 1, 2020**

This certificate is effective as of June 16, 2020



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**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 2020 State Medical Facilities Plan, Bio-Medical Applications of North Carolina, Inc. shall develop no more than one additional dialysis station at Metrolina Kidney Center for a total of no more than 28 certified dialysis stations upon completion of this project and Project I.D. # F-11841-20 (relocate two stations to FKC Indian Trail), 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 May 19, 2020.

**TIMETABLE:**

1. Equipment Ordered \_\_\_\_\_ October 15, 2020
2. Services Offered (required) \_\_\_\_\_ December 31, 2020