

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: P-11873-20

FID #: 970506

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 one dialysis station pursuant to facility need for a total of no more than 21 stations upon completion of this project, Project ID# P-11840-20 (relocate one station) and Project ID# P-11665-19 (add 5 stations) which is a change of scope/ Carteret County

CONDITIONS: See Reverse Side

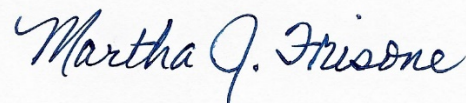
PHYSICAL LOCATION: Crystal Coast Dialysis Unit
2900 Arendell Street
Morehead City, NC 28557

CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 1, 2021

This certificate is effective as of September 1, 2020



Martha J. Frisone, Chief

CONDITIONS:

- 1. Bio-Medical Applications of North Carolina, Inc. shall materially comply with all representations made in the certificate of need application.**
- 2. Pursuant to the facility need determination in the 2020 SMFP, Bio-Medical Applications of North Carolina, Inc. shall develop no more than one additional dialysis station for a total of no more than 21 stations upon completion of P-11665-19 (add five stations) and P-11840-20 (relocate one station).**
- 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 July 31, 2020.

Timetable

	Milestone	Date mm/dd/yyyy
1	Financing Obtained	03/16/2020
2	Equipment Ordered	10/15/2020
3	Equipment Installed	12/14/2020
4	Equipment Operational	12/28/2020
5	Building / Space Occupied	12/28/2020
6	Services Offered	12/31/2020
7	Medicare and / or Medicaid Certification Obtained	12/31/2020

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-11890-20

FID #: 130490

ISSUED TO: DVA Healthcare Renal Care, Inc.

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

SCOPE: Add no more than 3 dialysis stations pursuant to facility need for a total of no more than 21 stations upon project completion / Mecklenburg

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Huntersville Dialysis
9622 Kinsey Avenue
Huntersville, NC 28078

CAPITAL EXPENDITURE: \$51,329

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 1, 2022

This certificate is effective as of September 1, 2020

Martha J. Frisone

Martha J. Frisone, Chief

CONDITIONS:

1. DVA Healthcare Renal Care, Inc. shall materially comply with all representations made in the certificate of need application.
2. Pursuant to the facility need determination in the 2020 SMFP, DVA Healthcare Renal Care, Inc. shall add no more than three (3) additional in-center dialysis stations for a total of no more than 21 in-center stations at Huntersville Dialysis upon completion of this project.
3. DVA Healthcare Renal Care, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on August 4, 2020.

Timetable

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