

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: O-12095-21

FID #: 150396

ISSUED TO: Liberty Healthcare Properties of Brunswick County, LLC
Liberty Commons Assisted Living Brunswick County, 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: Relocate no more than 64 nursing facility beds from Southport Nursing Center (formerly Doshier Nursing Center) for a total of no more than 64 nursing facility beds and 110 adult care home beds, which is a change of scope for Project ID# O-11069-15 (construct a 110-bed ACH) and Project ID# O-11187-16 (construct a combination NF)/ Brunswick County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Brunswick Village Boulevard(Parcel: 0580000731)
Leland, NC 28451

CAPITAL EXPENDITURE: \$4,404,207

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 1, 2022

This certificate is effective as of November 30, 2021



Micheala Mitchell, Chief

CONDITIONS:

1. Liberty Healthcare Properties of Brunswick County, LLC and Liberty Commons Assisted Living Brunswick County, LLC (hereinafter certificate holder) shall materially comply with the representations in this application and the representations in Project ID# O-11069-15. Where representations conflict, hereinafter certificate holder shall materially comply with the last made representation.
2. The total combined capital expenditure for Project ID# O-11069-15 and Project ID# O-12095-21 is \$23,364,957, an increase of \$4,404,207 over the capital expenditure of \$18,960,750 previously approved in Project ID# O-11069-15.
3. The certificate holder shall relocate no more than 64 nursing facility beds from Southport Nursing Center (formerly Doshier Nursing Center) for a total of no more than 64 nursing facility beds and 110 adult care home beds, a change of scope for Project ID# O-11069-15 (construct a 110-bed ACH) and Project ID# O-11187-16 (construct a combination nursing facility by relocating 32 ACH beds from New Hanover County and 64 NF beds from Doshier Nursing Center in Brunswick County). The 32 ACH beds approved to be relocated will remain in New Hanover County.
4. Upon completion of this project and Project ID# O-11069-15, Liberty Commons of Brunswick County shall be licensed for no more than 64 nursing facility beds and 110 adult care home beds.
5. The certificate holder shall file the proposed budget for the facility with the Division of Health Benefits (NC Medicaid) no later than thirty days prior to the prospective certification date of the new beds.
6. The certificate holder shall certify at least 60 percent of the total number of licensed nursing home beds in the facility for participation in the Medicaid program and shall provide care to Medicaid recipients commensurate with representations made in the application.
7. The certificate holder additional nursing facility beds shall not be certified for participation in the Medicaid program prior to July 1, 2022 unless the Division of Health Benefits (NC Medicaid) determines that state funds are available in the current Medicaid budget to pay for the care and authorizes an earlier certification date.
8. For the first two years of operation following completion of the project, the certificate holder shall not increase private pay charges more than 5% of the projected private pay charges provided 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.
9. **Progress Reports:**
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
 - b. The certificate holder shall complete all sections of the Progress Report form.
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.

- d. Progress reports shall be due on the first day of every fourth month. The first progress report shall be due on December 1, 2022. The second progress report shall be due on April 1, 2023 and so forth.
10. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.
11. No later than three months after the last day of each of the first three full fiscal years of operation following initiation of the services authorized by this certificate of need, the certificate holder shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.
12. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on October 29, 2021.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Drawings Completed	01/01/2023
2	Construction / Renovation Contract(s) Executed	06/01/2023
3	25% of Construction / Renovation Completed (25% of the cost is in place)	03/01/2024
4	50% of Construction / Renovation Completed	08/01/2024
5	75% of Construction / Renovation Completed	01/01/2025
6	Building / Space Occupied	10/01/2025
7	Licensure Obtained	10/01/2025
8	Services Offered	10/01/2025

Department of Health and Human Services
Division of Health Service Regulation
Certificate of Need

for

Project ID #: M-12105-21

FID #: 140236

ISSUED TO: Bio-Medical Applications of Fayetteville, Inc.

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

SCOPE: Add no more than one dialysis station pursuant to Condition 2 of the facility need methodology for a total of no more than 57 stations upon project completion / Cumberland County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Fayetteville Kidney Center
2560 Legion Road
Fayetteville, NC 28306**

CAPITAL EXPENDITURE: \$3,750

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 1, 2022

This certificate is effective as of November 16, 2021



Micheala Mitchell, Chief

CONDITIONS:

- 1. Bio-Medical Applications of Fayetteville, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application and any supplemental responses. If representations conflict, the certificate holder shall materially comply with the last made representation.**
- 2. Pursuant to Condition 2 of the facility need determination in the 2021 SMFP, the certificate holder shall develop no more than 1 additional in-center (and home hemodialysis) dialysis station for a total of no more than 57 in-center (and home hemodialysis) dialysis stations at Fayetteville Kidney Center upon completion of this project.**
- 3. Progress Reports:**
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.**
 - b. The certificate holder shall complete all sections of the Progress Report form.**
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.**
 - d. Progress reports shall be due on the first day of every third month. The first progress report shall be due on March 1, 2022. The second progress report shall be due on June 1, 2022 and so forth.**
- 4. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on October 14, 2021.

Timetable

	Milestone	Date
1	Equipment Ordered	8/31/2022
2	Equipment Installed	11/14/2022
3	Equipment Operational	12/5/2022
4	Building / Space Occupied	12/5/2022
5	Services Offered (required)	12/31/2022
6	Medicare and / or Medicaid Certification Obtained	12/31/2022

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: G-12108-21

FID #: 080689

ISSUED TO: Wake Forest University Health Sciences
Davie Kidney Center of Wake Forest University

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

SCOPE: Add no more than six dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 24 stations upon project completion) / Davie County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Davie Kidney Center of Wake Forest University
190 Interstate Dr
Mocksville, NC 27028

CAPITAL EXPENDITURE: \$106,200

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 1, 2022

This certificate is effective as of November 23, 2021



Micheala Mitchell, Chief

CONDITIONS:

1. Wake Forest University Health Sciences and Davie Kidney Center of Wake Forest University (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. Pursuant to Condition 2 of the facility need determination in the 2021 SMFP, the certificate holder shall develop no more than six additional in-center dialysis stations for a total of no more than 24 stations at Davie Kidney Center upon project completion.
3. Progress Reports:
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
 - b. The certificate holder shall complete all sections of the Progress Report form.
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
 - d. Progress reports shall be due on the first day of every third month. The first progress report shall be due on April 1, 2022. The second progress report shall be due on July 1, 2022 and so forth.
4. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on October 26, 2021.

Timetable

Milestone		Date mm/dd/yyyy
9	Equipment Ordered	03/13/2022
10	Equipment Installed	04/21/2022
11	Equipment Operational	05/31/2022
13	Licensure Obtained	02/02/2022
14	Services Offered	05/31/2022
15	Medicare and / or Medicaid Certification Obtained	05/31/2022

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-12100-21

FID #: 110959

ISSUED TO: Carolina Dialysis, 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 three dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 20 stations upon project completion/ Lee County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Carolina Dialysis-Lee County
115 Wilson Road
Sanford, NC 27332

CAPITAL EXPENDITURE: \$56,250

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 1, 2022

This certificate is effective as of November 30, 2021



Micheala Mitchell, Chief

CONDITIONS:

1. Carolina Dialysis, LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. Pursuant to Condition 2 of the facility need determination in the 2021 SMFP, the certificate holder shall develop no more than three additional in-center dialysis stations for a total of no more than 20 in-center stations at Carolina Dialysis Lee County upon completion of this project.
3. Progress Reports:
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
 - b. The certificate holder shall complete all sections of the Progress Report form.
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
 - d. Progress reports shall be due on the first day of every fifth month. The first progress report shall be due on April 1, 2022. The second progress report shall be due on September 1, 2022 and so forth.
4. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on November 9, 2021.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Financing Obtained	07/15/2021
9	Equipment Ordered	9/27/2022
10	Equipment Installed	12/8/2022
11	Equipment Operational	12/15/2022
14	Services Offered	12/31/2022
15	Medicare and / or Medicaid Certification Obtained	12/31/2022

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12088-21

FID #: 210484

ISSUED TO: The Charlotte-Mecklenburg Hospital Authority

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 satellite emergency department to be licensed as part of Atrium Health Pineville/ Mecklenburg County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Atrium Health Ballantyne Emergency Department
14214 Ballantyne Lake Road
Charlotte, NC 28277

CAPITAL EXPENDITURE: \$16,672,372

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 1, 2022

This certificate is effective as of November 23, 2021



Micheala Mitchell, Chief

CONDITIONS:

1. The Charlotte-Mecklenburg Hospital Authority (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall develop a hospital-based satellite emergency department, including 24/7 emergency services, a replacement CT scanner, ultrasound equipment, x-ray equipment, laboratory services, and pharmacy services.
3. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.
4. The certificate holder 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.
5. Progress Reports:
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
 - b. The certificate holder shall complete all sections of the Progress Report form.
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
 - d. Progress reports shall be due on the first day of every third month. The first progress report shall be due on August 1, 2022. The second progress report shall be due on November 1, 2022 and so forth.
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, the certificate holder shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.
7. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on November 1, 2021.

Timetable

	Milestone	Date mm/dd/yyyy
2	Drawings Completed	04/30/2022
4	Construction / Renovation Contract(s) Executed	07/01/2022
5	25% of Construction / Renovation Completed (25% of the cost is in place)	10/01/2022
6	50% of Construction / Renovation Completed	12/01/2022
7	75% of Construction / Renovation Completed	02/01/2023
8	Construction / Renovation Completed	04/01/2023
9	Equipment Ordered	11/01/2022
10	Equipment Installed	03/01/2023
11	Equipment Operational	04/01/2023
12	Building / Space Occupied	05/01/2023
13	Licensure Obtained	07/01/2023
14	Services Offered	07/01/2023
15	Medicare and / or Medicaid Certification Obtained	07/01/2023
16	Facility or Service Accredited	07/01/2023
17	First Annual Report Due*	03/31/2025

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-12092-21

FID #: 923517

ISSUED TO: University of North Carolina Hospitals at Chapel Hill

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 no more than 3 ORs on the main campus pursuant to the need determination in the 2021 SMFP for a total of no more than 57 ORs (49 ORs on the main campus and 8 ORs on the Hillsborough campus) upon completion of this project, Project ID #J-11644-18 (add 2 ORs), Project ID #J-11646-18 (add 2 ORs), Project ID #J-11695-19 (add 1 OR), and Project ID #J-11900-20 (add 3 ORs) / Orange County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: University of North Carolina Medical Center
101 Manning Drive
Chapel Hill, NC 27514

CAPITAL EXPENDITURE: \$5,233,090

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 1, 2022

This certificate is effective as of November 16, 2021



Micheala Mitchell, 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 develop three additional operating rooms at the University of North Carolina Medical Center.**
3. **Upon completion of this project, Project ID #J-11644-18 (add 2 ORs), Project ID #J-11646-18 (add 2 ORs), Project ID #J-11695-19 (add 1 OR) and Project ID #J-11900-20 (add 3 ORs), University of North Carolina Hospitals at Chapel Hill shall be licensed for no more than 57 ORs (49 on the Chapel Hill campus and 8 on the Hillsborough campus).**
4. **The certificate holder 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.**
5. **Progress Reports:**
 - a. **Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.**
 - b. **The certificate holder shall complete all sections of the Progress Report form.**
 - c. **The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.**
 - d. **Progress reports shall be due on the first day of every third month. The first progress report shall be due on March 1, 2022. The second progress report shall be due on June 1, 2022 and so forth.**
6. **The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.**
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, the certificate holder shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:**
 - a. **Payor mix for the services authorized in this certificate of need.**
 - b. **Utilization of the services authorized in this certificate of need.**
 - c. **Revenues and operating costs for the services authorized in this certificate of need.**
 - d. **Average gross revenue per unit of service.**
 - e. **Average net revenue per unit of service.**
 - f. **Average operating cost per unit of service.**
8. **The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on October 19, 2021.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
2	Drawings Completed	09/23/2023
4	Construction / Renovation Contract(s) Executed	01/01/2024
5	25% of Construction / Renovation Completed (25% of the cost is in place)	02/15/2024
6	50% of Construction / Renovation Completed	03/31/2024
7	75% of Construction / Renovation Completed	05/15/2024
8	Construction / Renovation Completed	06/29/2024
9	Equipment Ordered	05/30/2023
10	Equipment Installed	05/15/2024
11	Equipment Operational	06/14/2024
12	Building / Space Occupied	07/14/2024
13	Licensure Obtained	07/15/2024
14	Services Offered	08/01/2024
17	First Annual Report Due*	10/01/2026

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-12096-21

FID #: 160068

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 10 dialysis stations pursuant to Condition 1 of the facility need methodology for a total of no more than 20 stations upon project completion / Wake County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Oak City Dialysis
3645 Trust Drive
Raleigh NC 27616

CAPITAL EXPENDITURE: \$175,615

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 1, 2022

This certificate is effective as of November 9, 2021



Micheala Mitchell, Chief

CONDITIONS:

1. Total Renal Care of North Carolina, LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall develop no more than ten in-center stations for a total of no more than 20 stations at Oak City Dialysis upon completion of the project.
3. Progress Reports:
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
 - b. The certificate holder shall complete all sections of the Progress Report form.
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
 - d. Progress reports shall be due on the first day of every fourth month. The first progress report shall be due on April 1, 2022. The second progress report shall be due on August 1, 2022 and so forth.
4. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on October 11, 2021.

Timetable

	Milestone	Date mm/dd/yyyy
14	Services Offered	1/1/2023