

**Certificate of Need
Certificates Issued
February 2021**

County	Project ID	Facility	FID	Facility Type	Project Description	Application Review Date	Decision Date	Certificate Issue Date	Decision	Review-Analyst	Co-Signer	Approved Capital Expenditure	1st Rept Due Date
Alamance	G-011970-20	Mebane Dialysis	170018	ESRD	Add no more than 6 dialysis stations pursuant to Condition 1 of the facility need methodology for a total of no more than 16 stations upon project completion	11/1/2020	1/8/2021	2/9/2021	Conditional Approval	Celia Inman	Fatimah Wilson	\$102,006	10/1/2021
Alamance	G-011969-20	Alamance County Dialysis	140092	ESRD	Add no more than 3 stations pursuant to Condition 2 of the facility need methodology for a total of no more than 16 stations upon completion of this project and Project ID #G-11786-19 (add 3 stations)	11/1/2020	1/8/2021	2/9/2021	Conditional Approval	Celia Inman	Fatimah Wilson	\$51,329	10/1/2021
Burke	E-11987-20	Blue Ridge Surgery Center	170067	ASC	Cost overrun for Project ID #E-11298-17 (develop a new ambulatory surgery center by separately licensing four existing operating rooms, two gastrointestinal endoscopy rooms and one procedure room on the Valdese campus)	11/1/2021	1/26/2021	2/26/2021	Conditional Approval	Julie Faenza	Fatimah Wilson	\$737,540	5/1/2021
Forsyth	G-011909-20	Addiction Recovery Care Association	921416	MHL	Relocate no more than 36 existing adult chemical dependency treatment (CDT) beds to the relocated facility	8/1/2020	9/30/2020	2/16/2021	Conditional Approval	Mike McKillip	Lisa Pittman	\$632,396	4/1/2021
Forsyth	G-011908-20	Addiction Recovery Care Association	921416	MHL	Relocate existing facility and add no more than 32 adult chemical dependency treatment (CDT) beds pursuant to a need determination for a total of 68 beds	8/1/2020	9/30/2020	2/16/2021	Conditional Approval	Mike McKillip	Lisa Pittman	\$879,896	4/1/2021
Gaston	F-011983-20	BMA Kings Mountain	150476	ESRD	Add no more than 1 dialysis station pursuant to Condition 2 of the facility need methodology for a total of no more than 22 stations upon project completion	11/1/2020	1/22/2021	2/23/2021	Conditional Approval	Kim Meymandi	Fatimah Wilson	\$3,750	8/1/2021

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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
Haywood	A-011973-20	Waynesville Dialysis Center	010800	ESRD	Add no more than 3 dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 27 stations upon completion of this project and Project ID #A-11793-19 (add 3 stations)	11/1/2020	1/27/2021	2/27/2021	Conditional Approval	Ena Lightbourne	Gloria Hale	\$53,571	10/1/2021
Macon	A-011975-20	Franklin Township Dialysis	120162	ESRD	Add no more than 1 dialysis station pursuant to Condition 1 of the facility need methodology for a total of no more than 12 stations upon project completion	11/1/2020	1/4/2021	2/4/2021	Conditional Approval	Celia Inman	Gloria Hale	\$19,948	11/1/2021
Mecklenburg	F-011946-20	Novant Health Imaging Southpark	970309	DXCTR	Acquire a second fixed MRI scanner pursuant to the need determination in the 2020 SMFP	10/1/2020	1/5/2021	2/11/2021	Denied - Settlement	Julie Faenza	Fatimah Wilson	\$2,383,134	6/1/2021
New Hanover	O-011714-19	New Hanover Regional Medical Center	943372	HOSPITAL	Add no more than 4 shared ORs pursuant to the 2019 SMFP need determination to the main campus of NHRMC for a total of no more than 42 ORs	7/1/2019	10/22/2019	2/4/2021	Conditional Approval	Tanya Saporito	Gloria Hale	\$8,425,000	8/1/2020
Transylvania	B-011980-20	Brevard Dialysis	080169	ESRD	Add no more than 1 dialysis station pursuant to Condition 2 of the facility need methodology for a total of no more than 14 stations upon project completion	11/1/2020	1/22/2021	2/23/2021	Conditional Approval	Kim Meymandi	Fatimah Wilson	\$18,448	10/1/2021
Wake	J-011974-20	Wake Forest Dialysis Center	041181	ESRD	Add no more than 12 dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 23 stations upon completion of this project and Project ID# J-11847-20 (relocate 10 stations)	11/1/2020	1/8/2021	2/9/2021	Conditional Approval	Julie Faenza	Gloria Hale	\$35,123	6/1/2021

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: G-11969-20

FID #: 140092

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

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

SCOPE: Add no more than 3 stations pursuant to Condition 2 of the facility need methodology for a total of no more than 16 stations upon completion of this project and Project ID #G-11786-19 (add 3 stations)/ Alamance County

CONDITIONS: See Reverse Side

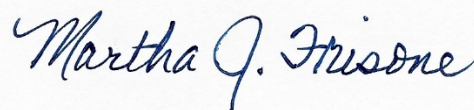
PHYSICAL LOCATION: Alamance County Dialysis
829 South Main Street
Graham, NC 27253

CAPITAL EXPENDITURE: \$51,329

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 1, 2021

This certificate is effective as of February 9, 2021



Martha J. Frisone, Chief

CONDITIONS:

1. Renal Treatment Centers – Mid-Atlantic, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. Pursuant to Condition 2 of the facility need determination in the 2020 SMFP, the certificate holder shall add no more than three additional in-center dialysis stations for a total of no more than 16 in-center dialysis stations at Alamance County Dialysis upon completion of this project and Project ID #G-11786-19 (add three stations).
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 October 1, 2021. The second progress report shall be due on January 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 acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on January 26, 2021.

Timetable

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

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: G-11970-20

FID #: 170018

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

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

SCOPE: Add no more than 6 dialysis stations pursuant to Condition 1 of the facility need methodology for a total of no more than 16 stations upon project completion / Alamance County

CONDITIONS: See Reverse Side

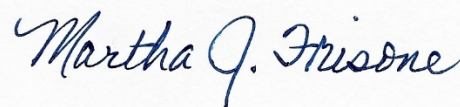
PHYSICAL LOCATION: Mebane Dialysis
616 North 1st Street
Mebane, NC 27302

CAPITAL EXPENDITURE: \$102,006

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 1, 2021

This certificate is effective as of February 9, 2021



Martha J. Frisone, Chief

CONDITIONS:

1. Renal Treatment Centers - Mid-Atlantic, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. Pursuant to Condition 1 of the facility need determination in the 2020 SMFP, the certificate holder shall add no more than six additional in-center dialysis stations for a total of no more than 16 in-center stations at Mebane Dialysis 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 October 1, 2021. The second progress report shall be due on January 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 acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on January 26, 2021.

Timetable

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

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: E-11987-20

FID #: 170067

ISSUED TO: Blue Ridge HealthCare Hospitals, Inc.
Blue Ridge HealthCare Surgery Center, 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: Cost overrun for Project ID #E-11298-17 (develop a new ambulatory surgery center by separately licensing four existing operating rooms, two gastrointestinal endoscopy rooms and one procedure room on the Valdese campus) / Burke County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Blue Ridge Surgery Center
720 Malcolm Boulevard
Valdese, NC 28690

CAPITAL EXPENDITURE: \$737,540

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 1, 2021

This certificate is effective as of February 26, 2021



Lisa Pittman, Assistant Chief, CON

CONDITIONS:

1. Blue Ridge HealthCare Hospitals, Inc. and Blue Ridge HealthCare Surgery Center, LLC (hereinafter certificate holder) shall materially comply with the representations in this application, the representations in Project I.D. #E-11298-17, and any supplemental responses. Where representations conflict, the certificate holder shall materially comply with the last made representation.
2. The total combined capital expenditure for both projects is \$2,170,730, an increase of \$737,540 over the capital expenditure of \$1,433,190 previously approved in Project I.D. #E-11298-17.
3. The certificate holder shall develop a new ambulatory surgical facility, Blue Ridge Surgery Center, by relocating four operating rooms, two gastrointestinal endoscopy rooms, and one procedure room from CHS Blue Ridge – Valdese.
4. Upon completion of the project and Project I.D. #E-11298-17, Blue Ridge Surgery Center shall be licensed for no more than four operating rooms, two gastrointestinal endoscopy rooms, and one procedure room.
5. Upon completion of the project and Project I.D. E-11298-17, the certificate holder shall take the necessary steps to delicense four operating rooms, two gastrointestinal endoscopy rooms, and one procedure room from CHS Blue Ridge – Valdese such that CHS Blue Ridge – Valdese will no longer be licensed for any operating rooms or gastrointestinal endoscopy rooms.
6. 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 May 1, 2021. The second progress report shall be due on August 1, 2021 and so forth.
7. The certificate holder shall not acquire as part of this project any equipment that is not included in this project's and Project I.D. #E-11298-17's combined proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.
8. The certificate holder shall receive accreditation from the Joint Commission for the Accreditation of Healthcare Organizations, the Accreditation Association for Ambulatory Health Care or a comparable accreditation authority within two years following licensure of the facility.
9. For the first three years of operation following completion of the project, the certificate holder shall not increase charges more than 5% of the charges projected in Section 13 of Project I.D. #E-11298-17 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.

10. The procedure room shall not be used for procedures that should be performed only in a gastrointestinal endoscopy room or for procedures that should be performed only in an operating room based on current standards of practice.
11. Procedures performed in the procedure room shall not be reported for billing purposes as having been performed in a gastrointestinal endoscopy room or operating room and shall not be reported on the facility's license renewal application as procedures performed in a gastrointestinal endoscopy room or operating room.
12. 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.
13. 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.
14. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

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

Timetable

	Milestone	Date
1	25% of Construction / Renovation Completed (25% of the cost is in place)	03/30/2021
2	50% of Construction / Renovation Completed	07/01/2021
3	75% of Construction / Renovation Completed	09/30/2021
4	Construction / Renovation Completed	12/15/2021
5	Building / Space Occupied	01/01/2022
6	Licensure Obtained	01/01/2022
7	Services Offered (required)	01/01/2022
8	Medicare and / or Medicaid Certification Obtained	07/01/2022
9	Facility or Service Accredited	07/01/2022
10	First Annual Report Due*	03/31/2023

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Corrected Certificate of Need

for

Project ID #: G-11908-20

FID #: 921416

ISSUED TO: **Addiction Recovery Care Association, 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 existing facility and add no more than 32 adult chemical dependency treatment (CDT) beds pursuant to a need determination for a total of 68 beds / Forsyth**

CONDITIONS: **See Reverse Side**

PHYSICAL LOCATION: **Addiction Recovery Care Association
5755 Shattalon Drive
Winston-Salem NC 27105**

CAPITAL EXPENDITURE: **\$879,896**

TIMETABLE: **See Reverse Side**

FIRST PROGRESS REPORT DUE: **April 1, 2021**

This certificate is effective as of October 31, 2020
Corrected certificate issued on February 16, 2021



Lisa Pittman, Acting Chief, CON

CONDITIONS:

1. **Addiction Recovery Care Association, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
2. **The certificate holder shall add 32 adult chemical dependency treatment beds for a total of no more than 68 adult chemical dependency treatment beds upon completion of the project.**
3. **Upon completion of the project, Addiction Recovery Care Association shall be licensed for no more than 68 adult chemical dependency treatment beds.**
4. **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 February 1, 2021. The second progress report shall be due on June 1, 2021 and so forth.**
5. **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.**
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 certificate holder shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:**
 - a. **Payor mix for the services authorized in this certificate of need.**
 - b. **Utilization of the services authorized in this certificate of need.**
 - c. **Revenues and operating costs for the services authorized in this certificate of need.**
 - d. **Average gross revenue per unit of service.**
 - e. **Average net revenue per unit of service.**
 - f. **Average operating cost per unit of service.**
7. **The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

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

Timetable

Milestone	Date mm/dd/yyyy	
5	25% of Construction / Renovation Completed (25% of the cost is in place)	3/2/21
8	Construction / Renovation Completed	5/15/21
14	Services Offered	7/1/21
17	First Annual Report Due*	10/1/22

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Corrected Certificate of Need

for

Project ID #: G-11909-20

FID #: 921416

ISSUED TO: **Addiction Recovery Care Association, 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 no more than 36 existing adult chemical dependency treatment (CDT) beds to the relocated facility/ Forsyth**

CONDITIONS: **See Reverse Side**

PHYSICAL LOCATION: **Addiction Recovery Care Association
5755 Shattalon Drive
Winston-Salem NC 27105**

CAPITAL EXPENDITURE: **\$632,396**

TIMETABLE: **See Reverse Side**

FIRST PROGRESS REPORT DUE: **April 1, 2021**

This certificate is effective as of October 31, 2020
Corrected certificate issued on February 16, 2021



Lisa Pittman, Acting Chief, CON

CONDITIONS:

1. **Addiction Recovery Care Association, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
2. **The certificate holder shall relocate no more than 36 adult chemical dependency treatment beds.**
3. **Upon completion of the project, Addiction Recovery Care Association shall be licensed for no more than 36 adult chemical dependency treatment beds.**
4. **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 February 1, 2021. The second progress report shall be due on June 1, 2021 and so forth.**
5. **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.**
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 certificate holder shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:**
 - a. **Payor mix for the services authorized in this certificate of need.**
 - b. **Utilization of the services authorized in this certificate of need.**
 - c. **Revenues and operating costs for the services authorized in this certificate of need.**
 - d. **Average gross revenue per unit of service.**
 - e. **Average net revenue per unit of service.**
 - f. **Average operating cost per unit of service.**
7. **The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

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

Timetable

	Milestone	Date mm/dd/yyyy
5	25% of Construction / Renovation Completed (25% of the cost is in place)	3/2/21
8	Construction / Renovation Completed	5/15/21
14	Services Offered	7/1/21
17	First Annual Report Due*	10/1/22

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-11983-20

FID #: 150476

ISSUED TO: Bio-Medical Application 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 1 dialysis station pursuant to Condition 2 of the facility need methodology for a total of no more than 22 stations upon project completion/ Gaston County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: BMA Kings Mountain
604 Canterbury Road
Kings Mountain, NC 28086

CAPITAL EXPENDITURE: \$3,750

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 1, 2021

This certificate is effective as of February 23, 2021



Lisa Pittman, Assistant Chief, CON

CONDITIONS:

1. **Bio-Medical Applications of North Carolina, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
2. **Pursuant to Condition 2 of the facility need determination in the 2020 SMFP, the certificate holder shall develop no more than one additional in-center dialysis station for a total of no more than 22 in-center dialysis stations at BMA Kings Mountain.**
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 sixth month. The first progress report shall be due on August 1, 2021. The second progress report shall be due on November 1, 2021 and so forth.**
4. **The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on January 27, 2021.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Financing Obtained	10/15/2020
2	Drawings Completed	7/1/2021
6	50% of Construction / Renovation Completed	9/29/2021
8	Construction / Renovation Completed	11/13/2021
9	Equipment Ordered	10/29/2021
10	Equipment Installed	12/3/2021
11	Equipment Operational	12/17/2021
12	Building / Space Occupied	12/17/2021
14	Services Offered	12/31/2021
15	Medicare and / or Medicaid Certification Obtained	12/31/2021

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: A-11973-20

FID #: 010800

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 3 dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 27 stations upon completion of this project and Project ID #A-11793-19 (add 3 stations)/Haywood County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Waynesville Dialysis Center
11 Park Terrace Drive
Clyde, NC 28721

CAPITAL EXPENDITURE: \$53,571

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 1, 2021

This certificate is effective as of February 27, 2021



Lisa Pittman, Assistant Chief, CON

CONDITIONS:

1. Total Renal Care of North Carolina, LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. Pursuant to Condition 2 of the facility need determination in the 2020 SMFP, the certificate holder shall develop no more than 3 additional in-center dialysis stations for a total of no more than 27 in-center stations at Waynesville Dialysis Center upon completion of this project and Project ID# A-11793-19 (add 3 stations).
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 October 1, 2021. The second progress report shall be due on February 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 acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on January 27, 2021.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Equipment Ordered	09/30/2021
2	Services Offered	01/01/2022

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: A-11975-20

FID #: 120162

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 1 dialysis station pursuant to Condition 1 of the facility need methodology for a total of no more than 12 stations upon project completion/ Macon County

CONDITIONS: See Reverse Side

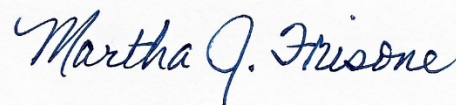
PHYSICAL LOCATION: Franklin Township Dialysis
80 Westgate Plaza
Franklin, NC 28734

CAPITAL EXPENDITURE: \$19,948

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 1, 2021

This certificate is effective as of February 4, 2021



Martha J. Frisone, Chief

CONDITIONS:

- 1. Total Renal Care of North Carolina, LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. Pursuant to Condition 1 of the facility need determination in the 2020 SMFP, the certificate holder shall add no more than one additional in-center dialysis station for a total of no more than 12 in-center stations at Franklin Township Dialysis upon project completion.**
- 3. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.**

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

Timetable

Milestone		Date mm/dd/yyyy
1	Equipment Ordered	09/30/2021
2	Licensure Obtained	01/01/2022

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-11946-20

FID #: 970309

ISSUED TO: Mecklenburg Diagnostic Imaging, LLC
Novant Health, 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 a second fixed MRI scanner pursuant to the need determination in the 2020 SMFP / Mecklenburg County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Novant Health Imaging Southpark
6324 Fairview Road, Suite 120
Charlotte, NC 28210

CAPITAL EXPENDITURE: \$2,383,134

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 1, 2021

This certificate is effective as of February 11, 2021



Martha J. Frisone, Chief

CONDITIONS:

- 1. Mecklenburg Diagnostic Imaging, Inc. and Novant Health, 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. The certificate holder shall acquire a second fixed MRI scanner to be located at Novant Health Imaging Southpark.**
- 3. Upon completion of the project, Novant Health Imaging Southpark shall be licensed for no more than two fixed MRI scanners.**
- 4. 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 June 1, 2021. The second progress report shall be due on September 1, 2021 and so forth.**
- 5. 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.**
- 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 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.**

Timetable

	Milestone	Date mm/dd/yyyy
1	Drawings Completed	07/02/2021
2	Construction / Renovation Contract(s) Executed	08/02/2021
3	25% of Construction / Renovation Completed (25% of the cost is in place)	10/08/2021
4	50% of Construction / Renovation Completed	10/22/2021
5	75% of Construction / Renovation Completed	11/05/2021
6	Construction / Renovation Completed	11/19/2021
7	Equipment Ordered	05/24/2021
8	Equipment Installed	11/23/2021
9	Equipment Operational	12/17/2021
10	Building / Space Occupied	12/10/2021
11	Licensure Obtained	12/17/2021
12	Services Offered	01/01/2022
13	First Annual Report Due*	03/31/2023

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Corrected Certificate of Need

for

Project ID #: O-11714-19

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: Add no more than 4 shared ORs pursuant to the 2019 SMFP need determination to the main campus of NHRMC for a total of no more than 42 ORs/ New Hanover County

CONDITIONS: See Reverse Side

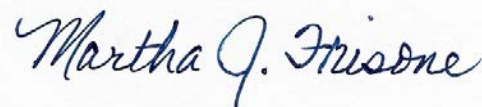
PHYSICAL LOCATION: New Hanover Regional Medical Center
2131 S 17th Street
Wilmington, NC 28402

CAPITAL EXPENDITURE: \$8,425,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 1, 2020

This certificate is effective as of November 22, 2019
Corrected certificate issued on February 4, 2021



Martha J. Frisone, Chief

CONDITIONS:

1. New Hanover Regional Medical Center shall materially comply with all representations made in the certificate of need application and any supplemental responses. In the event that representations conflict, New Hanover Regional Medical Center shall materially comply with the last made representation.
2. New Hanover Regional Medical Center shall develop no more than four additional operating rooms on the main campus for a total of no more than 42 operating rooms upon project completion.
3. 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 Q of the application and that would otherwise require a certificate of need.
4. New Hanover Regional Medical Center 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. 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, 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 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 October 31, 2019.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Financing Obtained	1/1/2020
2	Drawings Completed	7/17/2020
4	Construction / Renovation Contract(s) Executed	10/16/2020
5	25% of Construction / Renovation Completed (25% of the cost is in place)	1/8/2021
6	50% of Construction / Renovation Completed	3/19/2021
7	75% of Construction / Renovation Completed	6/4/2021
8	Construction / Renovation Completed	8/13/2021
9	Equipment Ordered	4/1/2021
10	Equipment Installed	7/9/2021
11	Equipment Operational	8/30/2021
12	Building / Space Occupied	10/1/2021
13	Licensure Obtained	9/15/2021
14	Services Offered	10/1/2021
17	First Annual Report Due*	2/1/2022

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: B-11980-20

FID #: 080169

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 1 dialysis station pursuant to Condition 2 of the facility need methodology for a total of no more than 14 stations upon project completion/ Transylvania County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Brevard Dialysis
102 College Station Drive, Suite 10
Brevard, NC 28712

CAPITAL EXPENDITURE: \$18,448

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 1, 2021

This certificate is effective as of February 23, 2021



Lisa Pittman, Assistant Chief, CON

CONDITIONS:

1. Total Renal Care of North Carolina, LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. Pursuant to Condition 2 of the facility need determination in the 2020 SMFP, the certificate holder shall develop no more than one additional in-center dialysis station for a total of no more than 14 in-center stations at Brevard Dialysis 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 sixth month. The first progress report shall be due on October 1, 2021. The second progress report shall be due on January 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 acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on January 26, 2021.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
9	Equipment Ordered	09/30/2021
14	Services Offered	01/01/2022

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-11974-20

FID #: 041181

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 12 dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 23 stations upon completion of this project and Project ID# J-11847-20 (relocate 10 stations) / Wake County

CONDITIONS: See Reverse Side

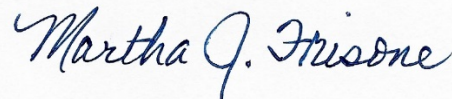
PHYSICAL LOCATION: Wake Forest Dialysis Center
11001 Ingleside Place
Raleigh, NC 27614

CAPITAL EXPENDITURE: \$35,123

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 1, 2021

This certificate is effective as of February 9, 2021



Martha J. Frisone, Chief

CONDITIONS:

1. Total Renal Care of North Carolina, LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. Pursuant to Condition 2 of the facility need determination in the 2020 SMFP, the certificate holder shall develop no more than 12 additional in-center dialysis stations for a total of no more than 23 in-center stations at Wake Forest Dialysis Center upon completion of this project and Project I.D. #J-11847-20 (relocate 10 stations).
3. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

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

Timetable

Milestone		Date
1	Equipment Ordered	09/30/2021
2	Services Offered (required)	01/01/2022

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-11984-20

FID #: 180166

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 3 dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 29 stations upon completion of this project and Project ID# J-11766-19, which is also a change of scope and a cost overrun for Project ID #J-11766-19 / Wake County

CONDITIONS: See Reverse Side

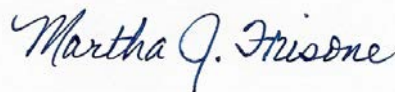
PHYSICAL LOCATION: Cary Kidney Center
400 Kiesler Drive, Suite 100
Cary, NC 27518

CAPITAL EXPENDITURE: \$183,210

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 1, 2021

This certificate is effective as of February 4, 2021



Martha J. Frisone, Chief

CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application and any supplemental responses. If representations conflict, the certificate holder shall materially comply with the last made representation.
2. Pursuant to Condition 2 of the facility need determination in the 2020 SMFP, the certificate holder shall develop no more than three (3) additional dialysis stations for a total of no more than 29 dialysis stations upon completion of this project and Project ID #J-11766-19 (add 2 stations), which shall include any home hemodialysis training or isolation stations.
3. The certificate holder shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on January 5, 2021.

Timetable

Milestone		Date mm/dd/yyyy
1	Financing Obtained	10/15/2020
2	Drawings Completed	06/09/2021
3	Construction / Renovation Contract(s) Executed	07/14/2021
4	25% of Construction / Renovation Completed (25% of the cost is in place)	08/18/2021
5	50% of Construction / Renovation Completed	09/22/2021
6	75% of Construction / Renovation Completed	10/27/2021
7	Construction / Renovation Completed	11/17/2021
8	Equipment Ordered	09/07/2021
9	Equipment Installed	12/06/2021
10	Equipment Operational	12/13/2021
11	Building / Space Occupied	12/13/2021
12	Services Offered	12/31/2021
13	Medicare and / or Medicaid Certification Obtained	12/31/2021