

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12116-21

FID #: 943049

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 no more than 22 acute care beds pursuant to the need determination in the 2021 SMFP for a total of no more than 469 acute care beds upon project completion / Cabarrus County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Atrium Health Cabarrus
920 Church Street North
Concord, NC 28025

CAPITAL EXPENDITURE: \$46,613,962

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 1, 2022

This certificate is effective as of January 19, 2022



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 no more than 22 new acute care beds and relocate no more than eight existing acute care beds to a fifth floor to be constructed in the existing Heart and Vascular Tower at Atrium Health Cabarrus.**
- 3. Upon completion of the project, Atrium Health Cabarrus shall be licensed for no more than 469 acute care 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 third month. The first progress report shall be due on May 1, 2022. The second progress report shall be due on August 1, 2022 and so forth.**
- 5. 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.**
- 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 of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on December 27, 2021.

Timetable

	Milestone	Date
1	Drawings Completed	12/1/2022
2	Construction / Renovation Contract(s) Executed	3/1/2023
3	25% of Construction / Renovation Completed (25% of the cost is in place)	9/1/2023
4	50% of Construction / Renovation Completed	1/1/2024
5	75% of Construction / Renovation Completed	5/1/2024
6	Construction / Renovation Completed	10/1/2024
7	Equipment Ordered	6/1/2024
8	Equipment Installed	11/1/2024
9	Equipment Operational	12/31/2024
10	Building / Space Occupied	1/1/2025
11	Services Offered (required)	1/1/2025
12	First Annual Report Due	4/1/2026

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: M-12106-21

FID #: 11019

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 four dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 44 stations upon project completion / Cumberland County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: FMC Services of West Fayetteville
130 Longview Drive
Fayetteville, NC 28311

CAPITAL EXPENDITURE: \$915,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 1, 2022

This certificate is effective as of January 11, 2022



Micheala Mitchell, 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 2021 SMFP, the certificate holder shall develop no more than 4 additional in-center (and home hemodialysis) dialysis stations for a total of no more than 44 in-center (and home hemodialysis) dialysis stations at FMC Services of West Fayetteville upon completion of this project.**
- 3. Progress Reports:**
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.**
 - b. The certificate holder shall complete all sections of the Progress Report form.**
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.**
 - d. Progress reports shall be due on the first day of every third month. The first progress report shall be due on April 1, 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 December 10, 2021.

Timetable

	Milestone	Date
1	Drawings Completed	4/3/2022
2	Construction / Renovation Contract(s) Executed	5/18/2022
3	25% of Construction / Renovation Completed (25% of the cost is in place)	7/17/2022
4	50% of Construction / Renovation Completed	9/15/2022
5	75% of Construction / Renovation Completed	10/30/2022
6	Construction / Renovation Completed	11/29/2022
7	Equipment Ordered	10/30/2022
8	Equipment Installed	11/29/2022
9	Equipment Operational	12/6/2022
10	Building / Space Occupied	12/6/2022
11	Services Offered (required)	12/31/2022
12	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 #: M-12129-21

FID #: 170235

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: Develop a new 20 station dialysis facility by relocating no more than eight stations from Fayetteville Kidney Center, no more than six stations from FMC Dialysis Services South Ramsey and no more than six stations from FMC Services of West Fayetteville / Cumberland County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Fresenius Kidney Care Hope Mills
2951 Town Center Drive
Hope Mills, NC 28348

CAPITAL EXPENDITURE: \$2,449,079

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2022

This certificate is effective as of January 8, 2022



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Micheala Mitchell, 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.**
2. **The certificate holder shall develop a new 20 station dialysis facility by relocating no more than eight stations from Fayetteville Kidney Center, no more than six stations from FMC Dialysis Services South Ramsey and no more than six stations from FMC Services of West Fayetteville.**
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, 2021. 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 December 20, 2021.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
2	Drawings Completed	05/09/2022
4	Construction / Renovation Contract(s) Executed	05/24/2022
5	25% of Construction / Renovation Completed (25% of the cost is in place)	07/08/2022
6	50% of Construction / Renovation Completed	08/22/2022
7	75% of Construction / Renovation Completed	09/21/2022
8	Construction / Renovation Completed	10/21/2022
9	Equipment Ordered	10/14/2022
10	Equipment Installed	11/18/2022
11	Equipment Operational	12/09/2022
14	Services Offered	12/31/2022

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: L-12103-21

FID #: 150155

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 four dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 18 stations upon project completion/ Edgecombe County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: FMC Tarboro
120 Hospital Drive
Tarboro, NC 27886

CAPITAL EXPENDITURE: \$712,514

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 1, 2022

This certificate is effective as of January 19, 2022



Micheala Mitchell, 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.**
2. **Pursuant to Condition 2 of the facility need determination in the 2021 SMFP, the certificate holder shall develop no more than four additional in-center dialysis stations for a total of no more 18 stations at FMC Tarboro 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 January 1, 2022. The second progress report shall be due on April 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 December 20, 2021.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
2	Drawings Completed	04/03/2022
4	Construction / Renovation Contract(s) Executed	05/18/2022
5	25% of Construction / Renovation Completed (25% of the cost is in place)	07/17/2022
6	50% of Construction / Renovation Completed	09/15/2022
7	75% of Construction / Renovation Completed	10/30/2022
8	Construction / Renovation Completed	11/29/2022
9	Equipment Ordered	10/30/2022
10	Equipment Installed	11/29/2022
11	Equipment Operational	12/06/2022
12	Building / Space Occupied	12/06/2022
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 #: L-12135-21

FID #: 170325

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

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

SCOPE: Relocate no more than six dialysis stations from BMA East Rocky Mount for a total of no more than 16 stations upon project completion/ Edgecombe County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Fresenius Kidney Care Boice-Willis
1422 Meadowbrook Road
Rocky Mount, NC 27801

CAPITAL EXPENDITURE: \$22,500

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 1, 2022

This certificate is effective as of January 14, 2022



Micheala Mitchell, 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.**
2. **The certificate holder shall relocate no more than six in-center stations from BMA Rocky Mount to Fresenius Kidney Care Boice-Willis for a total of no more than 16 in-center stations upon project completion.**
3. **Upon completion of this project, the certificate holder shall take the necessary steps to decertify six in-center stations at BMA Rocky Mount for a total of no more than 24 in-center stations at BMA Rocky Mount.**
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 June 1, 2022. The second progress report shall be due on October 1, 2022 and so forth.**
5. **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 December 14, 2021.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Financing Obtained	09/15/2021
8	Construction / Renovation Completed	12/01/2022
9	Equipment Ordered	09/30/2022
10	Equipment Installed	11/29/2022
11	Equipment Operational	12/13/2022
12	Building / Space Occupied	09/15/2021
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 #: G-12130-21

FID #: 210743

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: Develop a new 16 station dialysis facility by relocating no more than four stations from BMA of Greensboro, no more than four stations from Fresenius Medical Care High Point and eight stations from BMA of Southwest Greensboro/ Guilford County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Fresenius Kidney Care Sandy Ridge
420 Gallimore Dairy Road, Suite A
Greensboro, NC 27409

CAPITAL EXPENDITURE: \$2,464,300

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2022

This certificate is effective as of January 29, 2022



Micheala Mitchell, 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.**
2. **The certificate holder shall develop a new kidney disease treatment center by relocating no more than four stations from BMA of Greensboro, eight stations from BMA of Southwest Greensboro and four stations from Fresenius Medical Care High Point for a total of no more than 16 stations at FKC Sandy Ridge upon project completion.**
3. **The certificate holder shall install plumbing and electrical wiring through the walls for no more than 16 in-center dialysis stations.**
4. **Upon completion of this project, the certificate holder or parent shall take the necessary steps to decertify four stations BMA of Greensboro, eight stations from BMA of Southwest Greensboro and four stations from Fresenius Medical Care High Point for a total of no more than 50 stations at BMA of Greensboro, 25 stations at BMA of Southwest Greensboro and 10 stations at Fresenius Medical Care High Point.**
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 fourth month. The first progress report shall be due on September 1, 2022. The second progress report shall be due on January 2, 2023 and so forth.**
6. **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 January 12, 2022.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Drawings Completed	8/2/2022
2	Construction / Renovation Contract(s) Executed	10/31/2022
3	25% of Construction / Renovation Completed (25% of the cost is in place)	1/29/2023
4	50% of Construction / Renovation Completed	4/29/2023
5	75% of Construction / Renovation Completed	7/28/2023
6	Construction / Renovation Completed	10/26/2023
7	Equipment Ordered	9/30/2023
8	Equipment Installed	11/14/2023
9	Equipment Operational	12/12/2023
10	Building / Space Occupied	11/14/2023
11	Services Offered	12/31/2023
12	Medicare and / or Medicaid Certification Obtained	12/31/2023

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-12128-21

FID #: 170323

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

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

SCOPE: Relocate no more than seven dialysis stations from BMA Johnston Dialysis Center for a total of no more than 17 dialysis stations upon project completion/ Johnston County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Fresenius Kidney Care East Johnston
PIN#261514-44-4014
Hwy 301
Selma, NC 27576

CAPITAL EXPENDITURE: \$26,250

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 1, 2022

This certificate is effective as of January 16, 2022



Micheala Mitchell, 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.**
2. **The certificate holder shall relocate no more than seven in-center stations from BMA Johnston Dialysis Center to Fresenius Kidney Care East Johnston for a total of no more than 17 in-center stations upon project completion.**
3. **Upon completion of this project, the certificate holder shall take the necessary steps to decertify seven in-center stations at BMA Johnston Dialysis Center for a total of no more than 26 in-center stations at BMA Johnston Dialysis Center.**
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 June 1, 2022. The second progress report shall be due on October 1, 2022 and so forth.**
5. **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 December 20, 2021.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Financing Obtained	09/15/2021
8	Construction / Renovation Completed	12/01/2022
9	Equipment Ordered	09/30/2022
10	Equipment Installed	11/29/2022
11	Equipment Operational	12/13/2022
12	Building / Space Occupied	09/15/2021
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 #: P-12104-21

FID #: 955898

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 three dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 42 stations upon project completion/ Lenoir County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: FMC of Kinston Dialysis Unit
604 Airport Road
Kinston, NC 28504

CAPITAL EXPENDITURE: \$11,250

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 1, 2022

This certificate is effective as of January 19, 2022



Micheala Mitchell, 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.**
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 (and home hemodialysis) dialysis stations for a total of no more 42 in-center (and home hemodialysis) stations at FMC Kinston 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 January 1, 2022. The second progress report shall be due on April 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 December 20, 2021.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
9	Equipment Ordered	08/31/2022
10	Equipment Installed	11/14/2022
11	Equipment Operational	12/05/2022
12	Building / Space Occupied	12/05/2022
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-12132-21

FID #: 955947

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

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

SCOPE: Relocate facility to a new location in Charlotte for a total of no more than 46 stations upon completion of this project and Project ID# F-12136-21 (relocate home training program and 2 dialysis stations)/ Mecklenburg County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: FMC Charlotte
1023 Edgehill South
Charlotte, NC 28203

CAPITAL EXPENDITURE: \$3,691,795

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 1, 2022

This certificate is effective as of January 19, 2022



Micheala Mitchell, 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.
2. The certificate holder shall relocate the existing FMC Charlotte facility to a new location.
3. FMC Charlotte shall be certified for no more than 46 in-center stations upon completion of this project and Project ID# F-12136-21 (relocate the home training program and 2 in-center stations dedicated to home hemodialysis from FMC Charlotte to FKC Regal Oaks).
4. The certificate holder shall install plumbing and electrical wiring through the walls for no more than 46 in- center stations.
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 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 December 20, 2021.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
2	Drawings Completed	07/03/2022
4	Construction / Renovation Contract(s) Executed	09/01/2022
5	25% of Construction / Renovation Completed (25% of the cost is in place)	12/30/2022
6	50% of Construction / Renovation Completed	04/09/2023
7	75% of Construction / Renovation Completed	07/28/2023
8	Construction / Renovation Completed	10/26/2023
9	Equipment Ordered	10/01/2023
10	Equipment Installed	11/15/2023
11	Equipment Operational	11/22/2023
14	Services Offered	12/31/2023
15	Medicare and / or Medicaid Certification Obtained	12/31/2023

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

for

Project ID #: Q-12138-21

FID #: 933410

ISSUED TO: Pitt County Memorial Hospital, Incorporated

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

SCOPE: Acquire one new fixed PET Scanner pursuant to the need determination in the 2021 SMFP for a total of no more than two fixed PET scanners upon project completion / Pitt County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Vidant Medical Center
2100 Stantonsburg Rd
Greenville, NC 27834**

CAPITAL EXPENDITURE: \$3,468,296

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 1, 2022

This certificate is effective as of January 15, 2022



Micheala Mitchell, Chief

CONDITIONS:

- 1. Pitt County Memorial Hospital, Incorporated (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
- 2. The certificate holder shall acquire no more than one fixed PET scanner pursuant to the need determination in the 2021 SMFP, to be located at Vidant Medical Center, for a total of no more than two fixed PET scanners.**
- 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 March 1, 2022. The second progress report shall be due on July 1, 2022 and so forth.**
- 4. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.**
- 5. No later than three months after the last day of each of the first three full fiscal years of operation following initiation of the services authorized by this certificate of need, the certificate holder shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:**
 - a. Payor mix for the services authorized in this certificate of need.**
 - b. Utilization of the services authorized in this certificate of need.**
 - c. Revenues and operating costs for the services authorized in this certificate of need.**
 - d. Average gross revenue per unit of service.**
 - e. Average net revenue per unit of service.**
 - f. Average operating cost per unit of service.**
- 6. 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 December 21, 2021.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
2	Drawings Completed	08/01/2022
4	Construction / Renovation Contract(s) Executed	09/01/2022
5	25% of Construction / Renovation Completed (25% of the cost is in place)	11/01/2022
6	50% of Construction / Renovation Completed	02/01/2023
7	75% of Construction / Renovation Completed	05/01/2023
8	Construction / Renovation Completed	08/01/2023
9	Equipment Ordered	03/01/2023
10	Equipment Installed	09/01/2023
11	Equipment Operational	10/01/2023
12	Building / Space Occupied	10/01/2023
14	Services Offered	10/01/2023
17	First Annual Report Due*	01/01/2025

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-12123-21

FID #: 101149

ISSUED TO: Britthaven, Inc.
Eagle Peak LTC Group, 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 #J-8618-10 (Develop new 90-bed NF facility)/
Wake County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Britthaven of Holly Springs
2936 Ralph Stephens Road
Holly Springs, NC 27529

CAPITAL EXPENDITURE: \$15,373,026

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 1, 2022

This certificate is effective as of January 11, 2022



Micheala Mitchell, Chief

CONDITIONS:

- 1. The Britthaven, Inc. and Eagle Peak LTC Group, LLC (hereinafter certificate holder) shall materially comply with the representations in this application and the representations in Project I.D. #J-8618-10. Where representations conflict, the certificate holder shall materially comply with the last made representation.**
- 2. The total combined capital expenditure for both projects is \$25,007,121, an increase of \$15,373,026 over the capital expenditure of \$9,634,095 previously approved in Project I.D. #J-8618-10.**
- 3. The certificate holder shall construct a new 90-bed nursing facility in Holly Springs, Wake County by relocating 90 beds from City of Oaks Health and Rehabilitation Center in Raleigh, Wake County.**
- 4. Upon completion of this project and Project ID#J-8618-10, the certificate holder shall be licensed for no more than 90 nursing facility beds.**
- 5. The certificate holder shall take the necessary steps to de-license 90 NF beds at City of Oaks Health and Rehabilitation Center, following completion of the bed relocation to Britthaven of Holly Springs.**
- 6. 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 made in the certificate of need application.**
- 7. 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.**
- 8. Progress Reports:**
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at:
<https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.**
 - b. The certificate holder shall complete all sections of the Progress Report form.**
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.**
 - d. Progress reports shall be due on the first day of every fourth month. The first progress report shall be due on May 1, 2022. The second progress report shall be due on September 1, 2022 and so forth.**
- 9. 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.**
- 10. 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.**

(J-12123-21 Con't)

- c. Revenues and operating costs for the services authorized in this certificate of need.
- d. Average gross revenue per unit of service.
- e. Average net revenue per unit of service.
- f. Average operating cost per unit of service.

11. 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 January 4, 2022.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Financing Obtained	08/05/2021
2	Drawings Completed	02/15/2022
4	Construction / Renovation Contract(s) Executed	03/07/2022
5	25% of Construction / Renovation Completed (25% of the cost is in place)	07/01/2022
6	50% of Construction / Renovation Completed	12/01/2022
7	75% of Construction / Renovation Completed	05/01/2023
8	Construction / Renovation Completed	08/31/2023
9	Equipment Ordered	06/01/2023
10	Equipment Installed	10/15/2023
11	Equipment Operational	10/31/2023
12	Building / Space Occupied	11/15/2023
13	Licensure Obtained	12/01/2023
14	Services Offered	12/01/2023
15	Medicare and / or Medicaid Certification Obtained	01/02/2024
17	First Annual Report Due*	01/02/2025

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-12125-21

FID #: 210730

ISSUED TO: Wake County Rehabilitation Hospital, LLC
Duke University Health System, Inc.
Kindred Healthcare, 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: Develop a 52-bed inpatient rehabilitation hospital / Wake County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Wake County Rehabilitation Hospital
5301 Apex Peakway
Apex NC 27502

CAPITAL EXPENDITURE: \$3,275,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 1, 2022

This certificate is effective as of January 7, 2022



Micheala Mitchell, Chief

CONDITIONS:

1. Wake County Rehabilitation Hospital, LLC, Duke University Health System, Inc. and Kindred Healthcare, LLC (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall develop a new 52-bed inpatient rehabilitation facility, Wake County Rehabilitation Hospital, by relocating no more than 7 existing inpatient rehabilitation beds from Duke Regional Hospital and 25 existing inpatient rehabilitation beds from WakeMed. Also, the applicant shall relocate 12 previously approved but not yet developed inpatient rehabilitation beds from Duke Raleigh Hospital (Project I.D. # J-10021-12) and relocate 8 previously approved but not yet developed inpatient rehabilitation beds from WakeMed (Project I.D. # J-10018-12).
3. Duke Regional Hospital shall be licensed for no more than 23 inpatient rehabilitation beds and WakeMed shall be licensed for no more than 73 inpatient rehabilitation beds upon completion of this project. Duke Raleigh Hospital shall not be licensed for any inpatient rehabilitation beds upon completion of this project.
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 May 1, 2022. The second progress report shall be due on September 1, 2022 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 of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on January 7, 2022.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
3	Land Acquired	6/1/2022
4	Construction / Renovation Contract(s) Executed	11/30/2022
6	50% of Construction / Renovation Completed	5/20/2023
8	Construction / Renovation Completed	12/1/2023
14	Services Offered	1/1/2024
17	First Annual Report Due*	4/1/2025

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-12133-21

FID #: 210745

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: Develop a new 16-station dialysis facility by relocating no more than 12 stations from BMA of Raleigh Dialysis and no more than four stations from Zebulon Kidney Center / Wake County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Fresenius Kidney Care Knightdale
Intersection of Knightdale Blvd and North Smithfield Rd
Knightdale NC 27545

CAPITAL EXPENDITURE: \$2,997,718

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 1, 2022

This certificate is effective as of January 19, 2022



Micheala Mitchell, 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.**
2. **The certificate holder shall develop a new 16-station kidney disease treatment center to be known as Fresenius Kidney Care Knightdale by relocating no more than 12 in-center and home hemodialysis stations from BMA of Raleigh Dialysis and 4 in-center and home hemodialysis stations from Zebulon Kidney Center.**
3. **Upon completion of this project, the certificate holder shall take the necessary steps to decertify 12 stations at BMA of Raleigh Dialysis for a total of no more than 38 in-center and home hemodialysis stations upon completion of the project.**
4. **Upon completion of this project, the certificate holder shall take the necessary steps to decertify 4 stations at Zebulon Kidney Center for a total of no more than 26 in-center and home hemodialysis stations upon completion of the project**
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 fourth month. The first progress report shall be due on June 1, 2022. The second progress report shall be due on October 1, 2022 and so forth.**
6. **The certificate holder shall install plumbing and electrical wiring through the walls for no more than 16 in-center and home hemodialysis stations.**
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 December 20, 2021.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
2	Drawings Completed	8/2/2022
5	25% of Construction / Renovation Completed (25% of the cost is in place)	1/29/2023
6	50% of Construction / Renovation Completed	4/29/2023
7	75% of Construction / Renovation Completed	7/28/2023
8	Construction / Renovation Completed	10/26/2023
14	Services Offered	12/31/2023
15	Medicare and / or Medicaid Certification Obtained	12/31/2023