

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-12713-25

FID #: 943138

ISSUED TO: Duke University Health System, Inc.

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

SCOPE: Acquire one unit of cardiac catheterization equipment pursuant to Policy AC-3 by converting existing angiography equipment / Durham County

CONDITIONS: See Reverse Side

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

CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2026

This certificate is effective as of January 13, 2026



Micheala Mitchell, Chief

CONDITIONS:

1. Duke University Health System, Inc. (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 unit of fixed cardiac catheterization equipment pursuant to Policy AC-3 by converting existing angiography equipment located at Duke University Hospital.
3. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditure in Section Q of the application and that would otherwise require a certificate of need.
4. For each of the first five years of operation, Duke University Hospital shall submit to the Healthcare Planning and Certificate of Need Section a detailed description of how the project achieves the academic requirements of the appropriate sections of Policy AC-3, paragraph 2 [items 1 through 4] as proposed in the certificate of need application.
5. Duke University Hospital shall report the Policy AC-3 fixed cardiac catheterization on the appropriate annual license renewal application for the asset. The information to be reported for the fixed cardiac catheterization shall include: (a) the number of approved units; (b) the annual volume of cases or procedures performed for the reporting year; and (c) the patient origin by county.
6. If the fixed cardiac catheterization ceases to be used for clinical teaching or research, Duke University Hospital shall surrender the certificate of need.
7. Duke University Hospital shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to insurance of the certificate of need.

A letter acknowledging and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on January 6, 2026.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Services Offered	07/01/2026

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: L-12696-25

FID #: 150397

ISSUED TO: FMS ENA Home, LLC

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

SCOPE: Relocate no more than one dialysis station from FMC Tarboro to be used for home hemodialysis training and support for a total of no more than 2 stations upon project completion / Edgecombe County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Edgecombe Home Dialysis
122 Hospital Drive
Tarboro, NC 27886

CAPITAL EXPENDITURE: \$3,750

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2026

This certificate is effective as of January 21, 2026



Micheala Mitchell, Chief

CONDITIONS:

1. FMS ENA Home, LLC, 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 one existing dialysis station from FMC Tarboro to be used for home hemodialysis training and support for a total of two stations at Edgecombe Home Dialysis.
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. The first progress report shall be due on July 1, 2026.
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 and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on December 19, 2025.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Financing Obtained	08/15/2025
2	Equipment Ordered	08/02/2026
3	Equipment Installed	11/30/2026
4	Equipment Operational	12/21/2026
5	Building/Space Occupied	12/21/2026
6	Services Offered	12/31/2026
7	Medicare and/or Medicaid Certification Obtained	12/31/2026

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12669-25

FID #: 250686

ISSUED TO: Grace Senior Living of Lake Norman 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 new 60-bed ACH facility by relocating no more than 60 ACH beds from Crown Colony / Iredell County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Grace Senior Living of Lake Norman
197 Langtree Road
 Mooresville, NC 28117

CAPITAL EXPENDITURE: \$22,762,007

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 1, 2026

This certificate is effective as of January 21, 2026



Micheala Mitchell, Chief

CONDITIONS:

1. Grace Senior Living of Lake Norman, LLC (hereinafter collectively the “certificate holder”) shall materially comply with all representations made in this application.
2. The certificate holder shall relocate no more than 60 ACH beds from Crown Colony which is an existing facility in Iredell County.
3. Upon completion of the project, Grace Senior Living of Lake Norman shall be licensed for no more than 60 ACH beds, and Crown Colony shall not be licensed for any ACH beds.
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. For the first two years of operation following completion of the project, the certificate holder shall not increase private pay charges more than 5% of the projected private pay charges provided in Section Q, of the application without first obtaining a determination from the Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.
6. The certificate holder shall certify the percentage of the total number of licensed adult care home beds in the facility for participation in the Medicaid program and shall provide care to Medicaid recipients commensurate with representations made in the application.
7. Grace Senior Living of Lake Norman 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. The beds to be relocated shall remain licensed throughout the development of the project.
9. Progress Reports:
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.
 - b. The certificate holder shall complete all sections of the Progress Report form.
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.
 - d. The first progress report shall be due on March 1, 2026.
10. The certificate holder shall execute or commit to a contract for design services for the project no later than two years following the issuance of this certificate of need.

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 and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on January 17, 2026.

Timetable

Milestone		Date <i>mm/dd/yyyy</i>
1	Financing Obtained	07/01/2027
2	Drawings Completed	07/01/2027
3	Land Acquired	07/01/2027
4	Construction / Renovation Contract(s) Executed	07/01/2027
5	25% of Construction / Renovation Completed (25% of the cost is in place)	11/10/2027
6	50% of Construction / Renovation Completed	03/21/2028
7	75% of Construction / Renovation Completed	07/31/2028
8	Construction / Renovation Completed	12/10/2028
9	Building / Space Occupied	12/11/2028
10	Licensure Obtained	01/01/2029
11	Services Offered	01/01/2029
12	Facility or Service Accredited	03/31/2030

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-12692-25

FID #: 080619

ISSUED TO: Johnston Radiation Oncology, 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: Replace existing linear accelerator / Johnston County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: UNC Radiation Oncology at Clayton
2076 Veterans Parkway
Clayton, NC 27520

CAPITAL EXPENDITURE: \$4,298,649

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 1, 2026

This certificate is effective as of January 6, 2026



Micheala Mitchell, Chief

CONDITIONS:

1. Johnston Radiation Oncology, LLC (herein after “the certificate holder”) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall replace an existing linear accelerator with a new linear accelerator at UNC Radiation Oncology at Clayton.
3. Upon project completion, UNC Radiation Oncology at Clayton will be licensed for no more than one linear accelerator.
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. 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. The first progress report shall be due on May 1, 2026.
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 and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on December 5, 2025.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Construction / Renovation Contract(s) Executed	4/07/2026
2	25% of Construction / Renovation Completed (25% of the cost is in place)	4/30/2026
3	50% of Construction / Renovation Completed	5/25/2026
4	75% of Construction / Renovation Completed	6/17/2026
5	Construction / Renovation Completed	7/10/2026
6	Equipment Ordered	4/05/2026
7	Equipment Installed	7/01/2026
8	Equipment Operational	8/01/2026
9	Building / Space Occupied	7/01/2026
10	Services Offered	8/01/2026

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12668-25

FID #: 150024

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 two in-center dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 23 stations upon project completion / Mecklenburg County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Fresenius Kidney Care Regal Oaks
6646 Regal Oaks Drive
Charlotte, NC 28212

CAPITAL EXPENDITURE: \$7,500

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 1, 2026

This certificate is effective as of November 11, 2025



Micheala Mitchell, Chief

CONDITIONS:

1. **Bio-Medical Facilities 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 2025 SMFP, the certificate holder shall develop no more than two additional in-center dialysis stations at FKC Regal Oaks for a total of no more than 23 in-center stations 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. **The first progress report shall be due April 1, 2026.**
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 and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on **October 11, 2025**.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Financing Obtained	7/15/2025
2	Drawings Completed	5/18/2026
3	Equipment Ordered	7/12/2026
4	Equipment Installed	11/9/2026
5	Equipment Operational	11/30/2026
6	Building / Space Occupied	12/14/2026
7	Services Offered	12/31/2026
8	Medicare and / or Medicaid Certification Obtained	12/31/2026

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: F-12697-25

FID #: 250854

ISSUED TO: FMS Cornelius Home, 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 new dialysis facility dedicated to home hemodialysis and peritoneal dialysis training and support by relocating no more than 2 dialysis stations from FKC Mallard Creek / Mecklenburg County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Cornelius Home Dialysis
Hwy 115 (Old Statesville Rd)
@ Caldwell Depot Rd Parcel #00502298
Cornelius, NC 28031

CAPITAL EXPENDITURE: \$1,649,076

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 1, 2026

This certificate is effective as of January 6, 2026



Micheala Mitchell, Chief

CONDITIONS:

- 1. FMS Cornelius Home, LLC (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 two in-center dialysis stations from FKC Mallard Creek to establish a freestanding dialysis facility dedicated to home hemodialysis and peritoneal dialysis training and support to be known as Cornelius Home Dialysis.**
- 3. Upon the completion of this project, the certificate holder shall take the necessary steps to decertify two in-center dialysis stations at FKC Mallard Creek for a total of no more than 16 in-center dialysis stations at FKC Mallard Creek upon completion of the project.**
- 4. The certificate holder shall install plumbing and electrical wiring through the walls for no more than two home hemodialysis 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. The first progress report shall be due on June 1, 2026.**
- 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 and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on **December 5, 2025.**

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Financing Obtained	9/15/2025
2	Drawings Completed	7/3/2026
3	Construction / Renovation Contract(s) Executed	9/16/2026
4	25% of Construction / Renovation Completed (25% of the cost is in place)	12/15/2026
5	50% of Construction / Renovation Completed	4/14/2027
6	75% of Construction / Renovation Completed	8/12/2027
7	Construction / Renovation Completed	11/10/2027
8	Equipment Ordered	9/2/2027
9	Equipment Installed	11/16/2027
10	Equipment Operational	12/7/2027
11	Building / Space Occupied	12/21/2027
12	Services Offered	12/31/2027
13	Medicare and / or Medicaid Certification Obtained	12/31/2027

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-12693-25

FID #: 250851

ISSUED TO: WR Imaging, LLC
Wake Radiology Diagnostic Imaging, 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 diagnostic center / Wake County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Wake Radiology UNC Rex Healthcare - Wendell
2115 Oliver Falls Lane
Wendell, NC 27591

CAPITAL EXPENDITURE: \$4,964,857

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 1, 2026

This certificate is effective as of January 10, 2026



Micheala Mitchell, Chief

CONDITIONS:

1. WR Imaging, LLC and Wake Radiology Diagnostic Imaging, Inc. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.
2. The certificate holder shall develop a diagnostic center by acquiring no more than two mammography units, three ultrasound units, one C-arm (fluoroscopy) unit, one CT scanner, one CT injector, one bone densitometry (DEXA) unit, and one x-ray unit to be located at Wake Radiology UNC REX Healthcare-Wendell.
3. Progress Reports:
 - a. Pursuant to G.S. 131E-189(a), the certificate holders 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. The first progress report shall be due on June 1, 2026.
4. The certificate holder shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditure in Section Q of the application and that would otherwise require a certificate of need.
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 and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on December 11, 2025.

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Construction / Renovation Completed	11/01/2026
2	Equipment Installed	12/01/2026
3	Equipment Operational	12/15/2026
4	Building/Space Occupied	12/15/2026
5	Services Offered	01/01/2027
6	Medicare and/or Medicaid Certification Obtained	01/01/2027

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Certificate of Need

for

Project ID #: J-12695-25

FID #: 250853

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 dialysis facility by relocating no more than 7 dialysis stations from FMC White Oak and no more than 9 dialysis stations from Southwest Wake County Dialysis for a total of no more than 16 stations upon project completion / Wake County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Fresenius Kidney Care Garner Dialysis
245 Timber Drive
Garner, NC 27529

CAPITAL EXPENDITURE: \$3,657,728

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 1, 2026

This certificate is effective as of January 21, 2026



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 dialysis facility, Fresenius Kidney Care Garner Dialysis, by relocating no more than seven in-center dialysis stations from Fresenius Kidney Care White Oak and no more than nine in-center dialysis stations from Southwest Wake County Dialysis.**
3. **Upon completion of the proposed project, the certificate holder shall take the necessary steps to decertify seven in-center dialysis stations at Fresenius Kidney Care White Oak for a total of no more than 13 in-center dialysis stations at Fresenius Kidney Care White Oak upon project completion.**
4. **Upon completion of the proposed project, the certificate holder shall take the necessary steps to decertify nine in-center dialysis stations at Southwest Wake County Dialysis for a total of no more than 21 in-center dialysis stations upon project completion.**
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. **The first progress report shall be due on June 1, 2026.**
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 and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on **December 19, 2025.**

Timetable

	Milestone	Date <i>mm/dd/yyyy</i>
1	Financing Obtained	09/15/2025
2	Drawings Completed	07/03/2026
3	Construction / Renovation Contract(s) Executed	09/16/2026
4	25% of Construction / Renovation Completed (25% of the cost is in place)	12/15/2026
5	50% of Construction / Renovation Completed	04/14/2027
6	75% of Construction / Renovation Completed	08/12/2027
7	Construction / Renovation Completed	11/10/2027
8	Equipment Ordered	09/02/2027
9	Equipment Installed	11/16/2027
10	Equipment Operational	12/07/2027
11	Building / Space Occupied	12/21/2027
12	Services Offered	12/31/2027
13	Medicare and / or Medicaid Certification Obtained	12/31/2027
14	Facility or Service Accredited	12/31/2027