

**Certificate of Need Section  
Certificates Issued**

Printed for Period: From 01/01/2014 to 01/31/2014

<b>County</b>	<b>Project ID#</b>	<b>Facility</b>	<b>Project Description</b>	<b>Application Review</b>	<b>Certificate of Need Issue Date</b>	<b>Total Approved Capital Expenditure</b>	<b>1st Project Progress Report Date</b>
<b>Alamance</b>	<b>G-010205-13</b>	<b>North Burlington Dialysis 100785 Burlington</b>	Add one dialysis station for a total of 13 dialysis stations upon completion	10/01/2013	01/03/2014	\$19,084.00	04/01/2014
<b>Alamance</b>	<b>G-010206-13</b>	<b>BURLINGTON DIALYSIS 956036 BURLINGTON</b>	Add six dialysis stations for a total of 26 dialysis stations upon completion	10/01/2013	01/03/2014	\$108,784.00	04/01/2014
<b>Gaston</b>	<b>F-008602-10</b>	<b>Greater Gaston Center 101055 Gasontia</b>	Develop an ambulatory surgical facility with two GI endoscopy rooms	11/01/2010	01/08/2014	\$2,478,651.00	09/30/2014
<b>Guilford</b>	<b>G-010193-13</b>	<b>BMA of Southwest Greensboro 991046 Jamestown</b>	Relocate 2 dialysis stations from FMC East Greensboro for a total of 31 stations upon project completion	10/01/2013	01/31/2014	\$0.00	04/30/2014
<b>Mecklenburg</b>	<b>F-010207-13</b>	<b>Bon Rea Drive Group Home 921514 Charlotte</b>	Relocate 1 ICF-IID bed from Riddle Center to the Bon Rea Drive Group Home pursuant to Chapter 858 of the 1983 Session Laws	10/01/2013	01/04/2014	\$0.00	04/15/2014
<b>Mecklenburg</b>	<b>F-010208-13</b>	<b>Tuckaseegee Group Home 952775 Charlotte</b>	Relocate 1 ICF-IID bed from Riddle Center to the Tuckaseegee Group Home pursuant to Chapter 858 of the 1983 Session Laws	10/01/2013	01/04/2014	\$0.00	04/15/2014

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<b>Stanly</b>	<b>F-010181-13</b>	<b>BMA ALBEMARLE 955784 ALBEMARLE</b>	Add 2 dialysis stations for a total of 24 stations upon project completion	10/01/2013	01/22/2014	\$4,555.00	04/30/2014
<b>Surry</b>	<b>G-010162-13</b>	<b>Rockford Digestive Health Endoscopy Center LLC 130325 Mount Airy</b>	Obtain a license as an ambulatory surgical facility for the existing GI endoscopy room	08/01/2013	01/11/2014	\$100,000.00	04/30/2014
<b>Wake</b>	<b>J-008660-11</b>	<b>WakeMed 943528 Raleigh</b>	Add 79 acute care beds on the WakeMed Raleigh Campus (approved for only 29 beds)	05/01/2011	01/28/2014	\$71,651,790.00	06/01/2014
<b>Wake</b>	<b>J-008661-11</b>	<b>WakeMed Cary Hospital 990332 Cary</b>	Add 22 acute care beds at WakeMed Cary	05/01/2011	01/28/2014	\$2,673,611.00	06/01/2014
<b>Wake</b>	<b>J-008669-11</b>	<b>Rex Healthcare of Holly Springs 070823 Holly Springs</b>	Develop new separately licensed 50-bed hospital in Holly Springs	05/01/2011	01/22/2014	\$171,616,236.00	06/01/2014

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<b>County</b>	<b>Project ID#</b>	<b>Facility</b>	<b>Project Description</b>	<b>Application Review</b>	<b>Certificate of Need Issue Date</b>	<b>Total Approved Capital Expenditure</b>	<b>1st Project Progress Report Date</b>
<b>Wake</b>	<b>J-010018-12</b>	<b>WakeMed 943528 Raleigh</b>	Develop 12 new inpatient rehab beds and replace 29 existing beds for a total of 110 beds upon completion of this project and Project ID #J-8631-11 (add 14 beds)	09/01/2012	01/30/2014	\$26,111,130.00	04/30/2014
<b>Wake</b>	<b>J-010165-13</b>	<b>WakeMed 943528 Raleigh</b>	Approved for only 8 beds Pursuant to Policy AC-4, reconvert 21 nursing facility beds back to acute care beds and relocate to WakeMed Raleigh campus	09/01/2013	01/06/2014	\$7,890,167.00	05/01/2014
<b>Wake</b>	<b>J-010166-13</b>	<b>WakeMed North Healthplex 990974 Raleigh</b>	Pursuant to Policy AC-4, reconvert 16 nursing facility beds to acute care beds and relocate to WakeMed North Healthplex	09/01/2013	01/06/2014	\$6,543,571.00	05/01/2014
<b>Wake</b>	<b>J-010184-13</b>	<b>Cary Kidney Center 955808 Cary</b>	Add four dialysis stations for a total of 28 stations upon completion of this project and Project ID #J-10066-12	10/01/2013	01/22/2014	\$11,850.00	05/01/2014

**STATE OF NORTH CAROLINA**  
*Department of Health and Human Services*  
*Division of Health Service Regulation*

**CERTIFICATE OF NEED**

for

Project Identification Number #G-10205-13

FID #100785

**ISSUED TO:** Renal Treatment Centers Mid-Atlantic, Inc.  
d/b/a North Burlington Dialysis Center  
2321 West Morehead Street  
Charlotte, NC 28027

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 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 N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that law.

**SCOPE:** Add 1 dialysis station for a total of 13 stations upon project completion/  
Alamance County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** North Burlington Dialysis Center  
2019 North Church Street  
Burlington, NC 27217

**MAXIMUM CAPITAL EXPENDITURE:** \$19,084

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** April 1, 2014

This certificate is effective as of the 3<sup>rd</sup> day of January, 2014

*Martha Q. Frisone*  
Interim Chief, Certificate of Need Section  
Division of Health Service Regulation

**CONDITIONS:**

1. Renal Treatment Centers Mid-Atlantic, Inc. d/b/a North Burlington Dialysis Center shall materially comply with all representations made in its certificate of need application.
2. Renal Treatment Centers Mid-Atlantic, Inc. d/b/a North Burlington Dialysis Center shall develop and operate no more than one additional dialysis station for a total of 13 certified stations which shall include any home hemodialysis training or isolation stations.
3. Renal Treatment Centers Mid-Atlantic, Inc. d/b/a North Burlington Dialysis Center shall install plumbing and electrical wiring through the walls for one additional dialysis station for a total of 13 dialysis stations which shall include any isolation stations.
4. Renal Treatment Centers Mid-Atlantic, Inc. d/b/a North Burlington Dialysis Center shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on December 6, 2013.

**TIMETABLE:**

Operation of Equipment _____	June 1, 2014
Certification _____	July 1, 2014
Occupancy/Offering of Service _____	July 1, 2014

# STATE OF NORTH CAROLINA

*Department of Health and Human Services*

*Division of Health Service Regulation*

## **CERTIFICATE OF NEED**

for

**Project Identification Number #G-10206-13**

**FID #956036**

**ISSUED TO: Renal Treatment Centers Mid-Atlantic, Inc.  
d/b/a Burlington Dialysis Center  
2321 West Morehead Street  
Charlotte, NC 28027**

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 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 N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that law.

**SCOPE: Add 6 dialysis stations for a total of 26 stations upon project completion/  
Alamance County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: Burlington Dialysis Center  
873 Heather Road  
Burlington, NC 27215**

**MAXIMUM CAPITAL EXPENDITURE: \$108,784**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: April 1, 2014**

This certificate is effective as of the 3<sup>rd</sup> day of January, 2014

  
**Interim Chief, Certificate of Need Section  
Division of Health Service Regulation**

**CONDITIONS:**

1. Renal Treatment Centers Mid-Atlantic, Inc. d/b/a Burlington Dialysis Center shall materially comply with all representations made in its certificate of need application.
2. Renal Treatment Centers Mid-Atlantic, Inc. d/b/a Burlington Dialysis Center shall develop and operate no more than six additional dialysis stations for a total of 26 certified stations which shall include any home hemodialysis training or isolation stations.
3. Renal Treatment Centers Mid-Atlantic, Inc. d/b/a Burlington Dialysis Center shall install plumbing and electrical wiring through the walls for six additional dialysis stations for a total of 26 dialysis stations which shall include any isolation stations.
4. Renal Treatment Centers Mid-Atlantic, Inc. d/b/a Burlington Dialysis Center shall not offer or develop home hemodialysis or peritoneal dialysis training services as part of this project.
5. Renal Treatment Centers Mid-Atlantic, Inc. d/b/a Burlington Dialysis Center shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on December 6, 2013.

**TIMETABLE:**

Operation of Equipment _____	December 1, 2014
Certification _____	January 1, 2015
Occupancy/Offering of Service _____	January 1, 2015

# STATE OF NORTH CAROLINA

*Department of Health and Human Services  
Division of Health Service Regulation*

## **CERTIFICATE OF NEED**

for

**Project Identification Number #F-8602-10**

**FID #101055**

**ISSUED TO: Greater Gaston Center, LLC  
2451 Aberdeen Boulevard, Suite A  
Gastonia, NC 28054**

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 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 N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that law.

**SCOPE: Develop an ambulatory surgical facility with no more than two GI endoscopy rooms/ Gaston County**

**CONDITIONS: See Reverse Side**


**PHYSICAL LOCATION: Greater Gaston Center  
920 Cox Road, Building C  
Gastonia, NC 28054**

**MAXIMUM CAPITAL EXPENDITURE: \$2,478,651**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: September 30, 2014**

This certificate is effective as of the 8<sup>th</sup> day of January, 2014

  
**Chief, Certificate of Need Section  
Division of Health Service Regulation**



**CONDITIONS:**

1. Greater Gaston Center, LLC shall materially comply with all representations made in the certificate of need application and supplemental responses. In those instances where representations conflict, Greater Gaston Center, LLC shall materially comply with the last-made representation.
2. Greater Gaston Center, LLC shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section VIII of the application or that would otherwise require a certificate of need.
3. Greater Gaston Center, LLC shall be licensed for a total of no more than two gastrointestinal endoscopy rooms.
4. The average GI endoscopy procedure facility fee charged by Greater Gaston Center, LLC shall not be more than \$710 during the first three years of operation following project completion.
5. Greater Gaston Center, LLC shall receive accreditation from the Joint Commission for the Accreditation of Healthcare Organizations, the Accreditation Association for Ambulatory Health Care or a comparable accreditation authority within two years of completion of the facility.
6. Greater Gaston Center, LLC shall prohibit the exclusion of services to any patient on the basis of age, race, national or ethnic origin, disability, sex, income or the patient's ability to pay.
7. Greater Gaston Center, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on April 4, 2011.

**TIMETABLE:**

Obtain Construction Financing	_____	June 1, 2014
Completion of Final Drawings and Specifications	_____	June 1, 2014
Contract Award (Notice to Proceed)	_____	July 10, 2014
Completion of Construction	_____	January 10, 2015
Licensure of facility	_____	March 1, 2015

**STATE OF NORTH CAROLINA**

*Department of Health and Human Services  
Division of Health Service Regulation*

**CERTIFICATE OF NEED**

for

**Project Identification Number #G-10193-13**

**FID #991046**

**ISSUED TO: Bio-Medical Applications of North Carolina, Inc.  
d/b/a BMA Southwest Greensboro  
3717 National Drive, Suite 206  
Raleigh, NC 27612**

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 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 N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that law.

**SCOPE: Relocate two dialysis stations from FMC East Greensboro to BMA Southwest Greensboro for a total of 31 stations upon completion/ Guilford County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: BMA Southwest Greensboro  
5020 Mackay Road  
Jamestown, NC 27282**

**MAXIMUM CAPITAL EXPENDITURE: \$0**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: April 30, 2014**

This certificate is effective as of the 31<sup>st</sup> day of January, 2014

*Martha J. Frisone*

**Chief, Certificate of Need Section  
Division of Health Service Regulation**

**CONDITIONS:**

1. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Southwest Greensboro shall materially comply with all representations made in its certificate of need application.
2. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Southwest Greensboro shall develop and operate no more than two additional dialysis stations for a total of 31 certified stations which shall include any home hemodialysis training or isolation stations.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Southwest Greensboro shall install plumbing and electrical wiring through the walls for two additional dialysis stations for a total of 31 dialysis stations which shall include any isolation stations.
4. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Southwest Greensboro shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on January 7, 2014.

**TIMETABLE:**

Ordering Equipment \_\_\_\_\_ October 17, 2014  
Occupancy/Offering of Service(s) \_\_\_\_\_ December 31, 2014

# STATE OF NORTH CAROLINA

*Department of Health and Human Services*

*Division of Health Service Regulation*

## **CERTIFICATE OF NEED**

for

**Project Identification Number #F-10207-13**

**FID #921514**

**ISSUED TO: LIFE SPAN, INC**  
**200 Clanton Road**  
**Charlotte, NC 28217**

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project 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 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 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 N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that law.

**SCOPE: Transfer 1 bed and adult client from J. Iverson Riddle Developmental Center to its Bon Rea Drive Group Home for a total of no more than 6 ICF/IID beds/ Mecklenburg County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: Bon Rea Drive Group Home**  
**3747 Bon Rea Drive**  
**Charlotte, NC 28226**

**MAXIMUM CAPITAL EXPENDITURE: \$0**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: April 15, 2014**

This certificate is effective as of the 4<sup>th</sup> day of January, 2014

  
**Interim Chief, Certificate of Need Section**  
**Division of Health Service Regulation**

**CONDITIONS:**

1. LIFESPAN, Inc. shall materially comply with all representations made in the certificate of need application and supplemental information. In those instances where representations conflict, LIFESPAN, Inc. shall materially comply with the last-made representation.
2. Upon project completion, Bon Rea Drive Group Home shall be certified for no more than six ICF/IID beds.
3. LIFESPAN, Inc. at its Bon Rea Drive Group Home shall serve no more than six adults with complex behavioral challenges or complex medical conditions.
4. The actual Medicaid per diem reimbursement rate shall be determined by the Division of Medical Assistance in accordance with 10A NCAC 22G .0301.
5. LIFESPAN, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on December 13, 2013.

**TIMETABLE:**

Approval of Final Drawings and Specifications by the Construction Section, DHSR _____	March 1, 2014
Occupancy/Offering of Service(s) _____	April 1, 2014

# STATE OF NORTH CAROLINA

*Department of Health and Human Services  
Division of Health Service Regulation*

## **CERTIFICATE OF NEED**

for

**Project Identification Number #F-10208-13**

**FID #952775**

**ISSUED TO: LIFE SPAN, INC**  
**200 Clanton Road**  
**Charlotte, NC 28217**

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project 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 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 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 N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that law.

**SCOPE: Transfer 1 bed and adult client from J. Iverson Riddle Developmental Center to its Tuckaseegee Group Home for a total of no more than 6 ICF/IID beds/ Mecklenburg County**

**CONDITIONS: See Reverse Side**


**PHYSICAL LOCATION: Tuckaseegee Group Home**  
**5400 Tuckaseegee Road**  
**Charlotte, NC 28226**

**MAXIMUM CAPITAL EXPENDITURE: \$0**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: April 15, 2014**

This certificate is effective as of the 4<sup>th</sup> day of January, 2014

  
**Interim Chief, Certificate of Need Section**  
**Division of Health Service Regulation**

**CONDITIONS:**

1. LIFESPAN, Inc. shall materially comply with all representations made in the certificate of need application and supplemental information. In those instances where representations conflict, LIFESPAN, Inc. shall materially comply with the last- made representation.
2. Upon project completion, Tuckaseegee Group Home shall be certified for no more than six ICF/IID beds.
3. LIFESPAN, Inc. at its Tuckaseegee Group Home shall serve no more than six adults with complex behavioral challenges or complex medical conditions.
4. The actual Medicaid per diem reimbursement rate shall be determined by the Division of Medical Assistance in accordance with 10A NCAC 22G .0301.
5. LIFESPAN, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on December 13, 2013.

**TIMETABLE:**

Approval of Final Drawings and Specifications by the Construction Section, DHSR _____	March 1, 2014
Occupancy/Offering of Service(s) _____	April 1, 2014

**STATE OF NORTH CAROLINA**

*Department of Health and Human Services  
Division of Health Service Regulation*

**CERTIFICATE OF NEED**

for

**Project Identification Number #F-10181-13**

**FID #955784**

**ISSUED TO: Bio-Medical Applications of North Carolina, Inc.  
d/b/a BMA Albemarle  
3717 National Drive, Suite 206  
Raleigh, NC 27612**

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 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 N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that law.

**SCOPE: Add two dialysis stations for a total of 24 stations upon completion/ Stanly County**

**CONDITIONS: See Reverse Side**

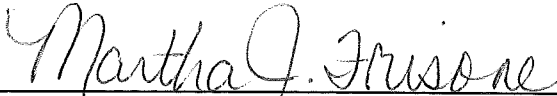
**PHYSICAL LOCATION: BMA Albemarle  
203 NE Connector  
Albemarle, NC 28001**

**MAXIMUM CAPITAL EXPENDITURE: \$4,555**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: April 30, 2014**

This certificate is effective as of the 22<sup>nd</sup> day of January, 2014

  
**Chief, Certificate of Need Section  
Division of Health Service Regulation**



**CONDITIONS:**

1. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Albemarle shall materially comply with all representations made in its certificate of need application.
2. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Albemarle shall develop and operate no more than two additional dialysis stations for a total of 24 certified stations which shall include any home hemodialysis training or isolation stations.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Albemarle shall install plumbing and electrical wiring through the walls for two additional dialysis stations for a total of 24 dialysis stations which shall include any isolation stations.
4. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Albemarle shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on December 31, 2013.

**TIMETABLE:**

Contract Award	_____	August 2, 2014
50% Completion of Construction/Renovation	_____	September 16, 2014
Completion of Construction/Renovation	_____	November 27, 2014
Occupancy/Offering of Service	_____	December 31, 2014

# STATE OF NORTH CAROLINA

*Department of Health and Human Services  
Division of Health Service Regulation*

## **CERTIFICATE OF NEED**

for

**Project Identification Number #G-10162-13**

**FID #130325**

**ISSUED TO: Rockford Digestive Health Endoscopy Center, LLC  
951 Rockford Street  
Mount Airy, NC 27030**

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 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 N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that law.

**SCOPE: Develop a new licensed ambulatory surgical facility with one GI endoscopy room/ Surry County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: Rockford Digestive Health Endoscopy Center, LLC  
951 Rockford Street, Suite B  
Mount Airy, NC 27030**

**MAXIMUM CAPITAL EXPENDITURE: \$100,000**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: April 30, 2014**

This certificate is effective as of the 11<sup>th</sup> day of January, 2014

*Martha J. Frisone*  
**Chief, Certificate of Need Section  
Division of Health Service Regulation**

**CONDITIONS:**

1. Rockford Digestive Health Endoscopy Center, LLC shall materially comply with all representations made in the certificate of need application and supplemental information provided. In those instances where representations conflict, Rockford Digestive Health Endoscopy Center, LLC shall materially comply with the last made representation.
2. Rockford Digestive Health Endoscopy Center, LLC shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section VIII of the application and that would otherwise require a certificate of need.
3. Rockford Digestive Health Endoscopy Center, LLC shall develop an ambulatory surgical facility with no more than one gastrointestinal endoscopy room and shall be licensed for no more than one gastrointestinal endoscopy room upon project completion.
4. Rockford Digestive Health Endoscopy Center, LLC shall prohibit the exclusion of services to any patient on the basis of age, race, religion, disability or the patient's ability to pay.
5. The facility fee charged by Rockford Digestive Health Endoscopy Center, LLC shall be no more than \$1,285 during the first three operating years of the licensed ambulatory surgical facility.
6. Rockford Digestive Health Endoscopy Center, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on January 14, 2014.

**TIMETABLE:**

Licensure of Facility \_\_\_\_\_ May 10, 2014

# STATE OF NORTH CAROLINA

*Department of Health and Human Services  
Division of Health Service Regulation*

## **CERTIFICATE OF NEED**

for

**Project Identification Number #J-8660-11**

**FID #943528**

**ISSUED TO: WakeMed  
3000 New Bern Avenue  
Raleigh NC 27610**

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project 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 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 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 N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that law.

**SCOPE: Add no more than 29 acute care beds at WakeMed Raleigh Campus for a total of no more than 596 acute care beds upon completion of this project, Project I.D. #J-7843-07, and Project I.D. #J-8328-09/ Wake County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: WakeMed Raleigh Campus  
3000 New Bern Avenue  
Raleigh NC 27610**

**MAXIMUM CAPITAL EXPENDITURE: \$71,651,790**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: June 1, 2014**

This certificate is effective as of the 28<sup>th</sup> day of January, 2014

  
**Interim Chief, Certificate of Need Section  
Division of Health Service Regulation**

**CONDITIONS:**

1. WakeMed shall materially comply with all representations made in its application, as amended by the conditions of approval.
2. WakeMed shall develop no more than 29 additional acute care beds at WakeMed Raleigh Campus, for a total of no more than 596 licensed acute care beds upon completion of this project, Project I.D. # J-7843-07, and Project I.D. # J-8328-09.
3. WakeMed shall not construct space for no more than 29 additional acute care beds and for the necessary ancillary and support services to support those beds, at WakeMed Raleigh Campus.
4. WakeMed shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section VIII of the application and which would otherwise require a certificate of need.
5. WakeMed 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. The plan must be consistent with the applicant's representations in the written statement as described in paragraph one of Policy GEN-4.
6. WakeMed shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need section in writing prior to the issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on February 4, 2014.

**TIMETABLE:**

Contract Award	_____	October 1, 2014
25% Completion of Construction	_____	January 1, 2015
50% Completion of Construction	_____	April 1, 2015
75% Completion of Construction	_____	September 1, 2015
Occupancy/Offering of Service(s)	_____	January 1, 2016

# STATE OF NORTH CAROLINA

*Department of Health and Human Services  
Division of Health Service Regulation*

## **CERTIFICATE OF NEED**

for

**Project Identification Number #J-8661-11**

**FID #990332**

**ISSUED TO: WakeMed  
3000 New Bern Avenue  
Raleigh NC 27610**

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project 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 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 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 N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that law.

**SCOPE: Add no more than 22 acute care beds at WakeMed Cary Hospital for a total of no more than 178 acute care beds upon project completion/Wake County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: WakeMed Cary Hospital  
1900 Kildaire Farm Road  
Cary NC 27610**

**MAXIMUM CAPITAL EXPENDITURE: \$2,673,611**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: June 1, 2014**

This certificate is effective as of the 28<sup>th</sup> day of January, 2014

  
**Interim Chief, Certificate of Need Section  
Division of Health Service Regulation**

**CONDITIONS:**

1. WakeMed shall materially comply with all representations made in its application.
2. WakeMed shall develop no more than 22 additional acute care beds at WakeMed Cary Hospital, for a total of no more than 178 licensed acute care beds upon completion of the project.
3. WakeMed shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section VIII of the application and which would otherwise require a certificate of need.
4. WakeMed shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need section in writing prior to the issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on February 4, 2014.

**TIMETABLE:**

Contract Award	_____	June 1, 2014
50% Completion of Construction	_____	September 1, 2014
Occupancy/Offering of Service(s)	_____	February 1, 2015

# STATE OF NORTH CAROLINA

*Department of Health and Human Services  
Division of Health Service Regulation*

## **CERTIFICATE OF NEED**

for

**Project Identification Number #J-8669-11**

**FID #070823**

**ISSUED TO: Rex Hospital, Inc.  
4420 Lake Boone Trail  
Raleigh, NC 27607**

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project 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 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 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 N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that law.

**SCOPE: Develop a new separately licensed hospital in Holly Springs with no more than 50 licensed general acute care beds, 3 licensed shared ORs, 1 dedicated C-section OR and 5 unlicensed observation beds/ Wake County**

**CONDITIONS: See Reverse Side**


**PHYSICAL LOCATION: Rex Hospital Holly Springs  
704 Avent Ferry Road  
Holly Springs, NC 27540**

**MAXIMUM CAPITAL EXPENDITURE: \$171,616,236**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: June 1, 2014**

This certificate is effective as of the 22<sup>nd</sup> day of January, 2014

  
**Interim Chief, Certificate of Need Section  
Division of Health Service Regulation**



**CONDITIONS:**

1. Rex Hospital, Inc. shall materially comply with all representations made in its application, as amended by these conditions of approval.
2. Rex Hospital, Inc. shall develop and operate a hospital in Holly Springs with no more than 50 licensed general acute care beds, three licensed shared operating rooms, one dedicated C-section operating room, and five unlicensed observation beds.
3. Upon completion of this project and Project I.D. # J-8053-08, Rex Hospital Holly Springs shall be licensed for no more than three shared operating rooms and one dedicated C-section operating room, Rex Macon Pond Road Outpatient Center shall be licensed for no more than four ambulatory surgery operating rooms, and Rex Hospital-Main Campus shall be licensed for no more than 20 operating rooms, including 17 shared operating rooms and three dedicated C-section operating rooms.
4. Rex Hospital, Inc. shall not relocate a linear accelerator from Rex Hospital to Rex Hospital Holly Springs, or construct space for a satellite cancer center, as part of this project.
5. Rex Hospital, Inc. shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section VIII of the application and which would otherwise require a certificate of need.
6. Rex Hospital, Inc. 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. The plan must be consistent with the applicant's representations in the written statement as described in paragraph one of Policy GEN-4.
7. Rex Hospital, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need section in writing prior to the issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on October 27, 2011.

**TIMETABLE:**

Completion of Final Drawings.....	December 1, 2014
Site Approval.....	April 1, 2015
25% Completion of Construction.....	October 1, 2015
50% Completion of Construction.....	February 1, 2016
75% Completion of Construction.....	August 1, 2016
Completion of Construction.....	December 1, 2016
Occupancy/Offering of Services .....	February 1, 2017

# STATE OF NORTH CAROLINA

*Department of Health and Human Services  
Division of Health Service Regulation*

## **CERTIFICATE OF NEED**

for

**Project Identification Number #J-10018-12**

**FID #943528**

**ISSUED TO: WakeMed  
3000 New Bern Avenue  
Raleigh NC 27610**

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project 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 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 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 N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that law.

**SCOPE: Develop no more than 8 inpatient rehabilitation beds and construct an addition for a total of no more than 106 inpatient rehabilitation beds upon project completion/ Wake County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: WakeMed  
3000 New Bern Avenue  
Raleigh, NC 27610**

**MAXIMUM CAPITAL EXPENDITURE: \$26,111,130**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: April 30, 2014**

This certificate is effective as of the 30<sup>th</sup> day of January, 2014

  
**Interim Chief, Certificate of Need Section  
Division of Health Service Regulation**

**CONDITIONS:**

1. WakeMed shall materially comply with all representations made in its application as amended by the conditions of approval.
2. WakeMed shall develop no more than 8 additional rehabilitation beds for a total of 106 rehabilitation beds upon project completion.
3. WakeMed shall construct 29 replacement rehabilitation beds and operate all private rehabilitation beds upon completion of the project.
4. WakeMed shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section VIII of the application and which would otherwise require a certificate of need.
5. WakeMed shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to the issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on March 1, 2013.

**TIMETABLE:**

Obtain Funds Necessary to Undertake Project	_____	April 1, 2014
Complete Preliminary Drawings	_____	October 1, 2014
Submit Final Drawings	_____	April 1, 2015
25% Completion of Construction	_____	December 1, 2015
50% Completion of Construction	_____	August 1, 2016
75% Completion of Construction	_____	March 1, 2017
Completion of Construction	_____	October 1, 2017
Certification of Beds	_____	October 1, 2017

# STATE OF NORTH CAROLINA

*Department of Health and Human Services*

*Division of Health Service Regulation*

## **CERTIFICATE OF NEED**

for

**Project Identification Number #J-10165-13**

**FID #943528**

**ISSUED TO: WakeMed**  
**3000 New Bern Avenue**  
**Raleigh NC 27620-4465**

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project 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 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 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 N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that law.

**SCOPE: Re-convert 21 nursing care beds currently located at WakeMed Fuquay-Varina to acute care beds and relocate the beds to WakeMed Raleigh Campus/ Wake County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: WakeMed Raleigh Campus**  
**3000 New Bern Avenue**  
**Raleigh NC 27620-4465**

**MAXIMUM CAPITAL EXPENDITURE: \$7,890,167**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: May 1, 2014**

This certificate is effective as of the 6<sup>th</sup> day of January, 2014

  
**Interim Chief, Certificate of Need Section**  
**Division of Health Service Regulation**

**CONDITIONS:**

1. WakeMed shall materially comply with all representations made in the certificate of need application.
2. WakeMed shall re-convert no more than 21 nursing care beds located at WakeMed Fuquay-Varina to acute care beds, and relocate no more than 21 acute care beds to WakeMed Raleigh Campus. WakeMed Raleigh Campus will be licensed for no more than 617 acute care beds following the completion of this project, Project I.D. #J-7843-07, Project I.D. #J-8328-09, and Project I.D. #J-8329-09.
3. WakeMed shall de-license 21 nursing care beds located at WakeMed Fuquay-Varina. Upon completion of this project, WakeMed Fuquay-Varina shall be licensed for no more than 15 nursing care beds.
4. WakeMed shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on January 6, 2014.

**TIMETABLE:**

Obtaining Construction Financing	_____	April 1, 2014
Approval of Site by Construction Section, DHSR	_____	August 1, 2014
25% Completion of Construction	_____	December 1, 2014
50% Completion of Construction	_____	March 1, 2015
75% Completion of Construction	_____	June 1, 2015
Occupancy/Offering of Service(s)	_____	October 1, 2015

**STATE OF NORTH CAROLINA**  
*Department of Health and Human Services*  
*Division of Health Service Regulation*

**CERTIFICATE OF NEED**

for

Project Identification Number #J-10166-13

FID #990974

**ISSUED TO: WakeMed and WakeMed Property Services**  
3000 New Bern Avenue  
Raleigh NC 27620-4465

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project 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 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 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 N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that law.

**SCOPE: Re-convert three nursing care beds currently located at WakeMed Fuquay-Varina and 13 nursing care beds currently located at WakeMed Zebulon/Wendell to acute care beds and relocate those 16 beds to WakeMed North / Wake County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: WakeMed North Healthplex**  
10000 Falls of Neuse Road  
Raleigh NC 27614

**MAXIMUM CAPITAL EXPENDITURE: \$6,543,571**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: May 1, 2014**

This certificate is effective as of the 6<sup>th</sup> day of January, 2014

  
**Interim Chief, Certificate of Need Section**  
**Division of Health Service Regulation**

**CONDITIONS:**

1. WakeMed and WakeMed Property Services shall materially comply with all representations made in the certificate of need application.
2. WakeMed and WakeMed Property Services shall re-convert no more than three nursing care beds located at WakeMed Fuquay-Varina and 13 nursing care beds located at WakeMed Zebulon/Wendell to acute care beds, and relocate no more than 16 acute care beds to WakeMed North. WakeMed North will be licensed for no more than 77 acute care beds following the completion of this project, Project I.D. #J-7843-07 and Project I.D. #J-8180-08.
3. WakeMed and WakeMed Property Services shall de-license three nursing care beds located at WakeMed Fuquay-Varina. Upon completion of this project and Project I.D. #J-10165-13, WakeMed Fuquay-Varina shall be licensed for no more than 12 nursing care beds.
4. WakeMed and WakeMed Property Services shall de-license 13 nursing care beds located at WakeMed Zebulon/Wendell. Upon completion of this project, WakeMed Zebulon/Wendell shall be licensed for no more than six nursing care beds.
5. WakeMed and WakeMed Property Services shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on January 6, 2014.

**TIMETABLE:**

Approval of Site by Construction Section, DHSR	_____	April 1, 2014
Contract Award	_____	October 1, 2014
25% Completion of Construction	_____	January 1, 2015
50% Completion of Construction	_____	April 1, 2015
75% Completion of Construction	_____	July 1, 2015
Occupancy/Offering of Service(s)	_____	October 1, 2015

# STATE OF NORTH CAROLINA

Department of Health and Human Services  
Division of Health Service Regulation

## CERTIFICATE OF NEED

for

Project Identification Number #J-10184-13

FID #955808

**ISSUED TO: Bio-Medical Applications of North Carolina, Inc.**  
3717 National Drive, Suite 206  
Raleigh, NC 27612

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 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 N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that law.

**SCOPE: Add four dialysis stations for a total of 28 certified stations upon completion of this project and Project ID #J-10066-12/ Wake County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: BMA Cary**  
5045 Old Raleigh Road  
Cary, NC 27511

**MAXIMUM CAPITAL EXPENDITURE: \$11,850**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: May 1, 2014**

This certificate is effective as of the 22<sup>nd</sup> day of January, 2014

*Martha J. Frisone*  
Chief, Certificate of Need Section  
Division of Health Service Regulation



**CONDITIONS:**

1. **Bio-Medical Applications of North Carolina, Inc d/b/a BMA Cary shall materially comply with all representations made in the certificate of need application.**
2. **Bio-Medical Applications of North Carolina, Inc d/b/a BMA Cary shall develop and operate no more than four additional dialysis stations for a total of no more than 28 certified stations upon completion of this project and Project I.D. # J-10066-12, which shall include any isolation stations.**
3. **Bio-Medical Applications of North Carolina, Inc d/b/a BMA Cary shall install plumbing and electrical wiring through the walls for no more than four additional dialysis stations for a total of no more than 28 dialysis stations which shall include any isolation stations.**
4. **Bio-Medical Applications of North Carolina, Inc d/b/a BMA Cary shall not offer or develop home hemodialysis or peritoneal dialysis training services as part of this project.**
5. **Bio-Medical Applications of North Carolina, Inc d/b/a BMA Cary shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need.**

**A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on January 3, 2014.**

**TIMETABLE:**

**Ordering Equipment \_\_\_\_\_ October 17, 2014**  
**Certification of Stations \_\_\_\_\_ December 31, 2014**