

**Certificate of Need Section  
Certificates Issued**

Printed for Period: From 02/01/2014 to 02/28/2014

<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>Chatham</b>	<b>J-010175-13</b>	<b>UNC Hospitals Inpatient Hospice Facility 130369 Pittsboro</b>	Develop a new hospice inpatient facility with 6 hospice inpatient beds and 4 hospice residential beds in Chatham County	09/01/2013	02/25/2014	\$4,710,222.00	07/30/2014
<b>Mecklenburg</b>	<b>F-010199-13</b>	<b>CHARLOTTE DIALYSIS 955930 Charlotte</b>	Add one dialysis station for a total of 36 stations upon completion	10/01/2013	02/28/2014	\$66,382.00	07/15/2014
<b>Mecklenburg</b>	<b>F-010217-13</b>	<b>Carolinas ContinueCare Hospital 130487 Charlotte</b>	Develop a separately licensed 35-bed long-term care hospital on the 4th floor of CMC-University Hospital	11/01/2013	02/25/2014	\$3,198,452.00	06/01/2014
<b>Mecklenburg</b>	<b>F-010218-13</b>	<b>Randolph Surgery Center 130489 Charlotte</b>	Relocate two dedicated outpatient operating rooms from CMC to a new separately licensed ambulatory surgery center	11/01/2013	02/04/2014	\$3,174,299.00	06/15/2014
<b>Robeson</b>	<b>N-010194-13</b>	<b>FRESENIUS MEDICAL CARE PEMBROKE 971335 PEMBROKE</b>	Add six dialysis stations for a total of 19 dialysis stations upon completion	10/01/2013	02/18/2014	\$273,600.00	06/30/2014
<b>Robeson</b>	<b>N-010195-13</b>	<b>Lumberton Dialysis Unit 955445 Lumberton</b>	Add 3 dialysis stations for a total of 33 stations upon project completion	10/01/2013	02/18/2014	\$0.00	07/30/2014

**Certificate of Need Section  
Certificates Issued**

Printed for Period: From 02/01/2014 to 02/28/2014

<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>Wake</b>	<b>J-010163-13</b>	<b>PruittHealth-Raleigh 990762 Raleigh</b>	Acquire and relocate 18 nursing facility beds from two WakeMed campuses to UniHealth Post-Acute Care-Raleigh for a total of 168 nursing facility beds upon project completion	09/01/2013	02/28/2014	\$1,224,695.00	12/15/2014
<b>Wake</b>	<b>J-010180-13</b>	<b>Southwest Wake County Dialysis 990968 Raleigh</b>	Add two dialysis stations for a facility total of 30 dialysis stations	10/01/2013	02/18/2014	\$0.00	06/01/2014
<b>Wake</b>	<b>J-010183-13</b>	<b>WAKE DIALYSIS CLINIC, INC 956094 Raleigh</b>	Add 10 dialysis stations for a total of 50 stations upon completion of this project and Project ID #J-10152-13 (relocate 10 stations)	10/01/2013	02/18/2014	\$0.00	06/01/2014
<b>Wake</b>	<b>J-010192-13</b>	<b>BMA Raleigh 061334 Raleigh</b>	Add 7 dialysis stations for a total of 50 stations upon completion of this project and Project ID #J-10006-12 (relocate 4 stations)	10/01/2013	02/18/2014	\$11,236.00	06/01/2014

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project Identification Number #J-10175-13**

**FID #130369**

**ISSUED TO: University of North Carolina Hospitals at Chapel Hill  
d/b/a UNC Hospitals Inpatient Hospice Facility  
Hedrick Office Building, Suite G015  
211 Friday Drive  
Chapel Hill, NC 27517**

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 an inpatient hospice facility with six inpatient hospice beds and four residential hospice beds/ Chatham County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: UNC Hospitals Inpatient Hospice Facility  
Russet Run Road  
Pittsboro, NC 27312**

**MAXIMUM CAPITAL EXPENDITURE: \$4,710,222**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 25<sup>th</sup> day of February, 2014

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

**CONDITIONS:**

1. University of North Carolina Hospitals at Chapel Hill d/b/a UNC Hospitals Inpatient Hospice Facility shall materially comply with all representations made in the certificate of need application.
2. University of North Carolina Hospitals at Chapel Hill d/b/a UNC Hospitals Inpatient Hospice Facility shall develop no more than six hospice inpatient beds and four hospice residential beds.
3. University of North Carolina Hospitals at Chapel Hill d/b/a UNC Hospitals Inpatient Hospice Facility 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.
4. University of North Carolina Hospitals at Chapel Hill d/b/a UNC Hospitals Inpatient Hospice Facility 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 February 20, 2014.

**TIMETABLE:**

Final Drawings Approved by the DHSR Construction Section _____	April 1, 2014
Building Permit Obtained _____	May 15, 2014
25% Completion of Construction _____	October 1, 2014
50% Completion of Construction _____	January 15, 2015
75% Completion of Construction _____	April 1, 2015
Completion of Construction _____	June 1, 2015
Occupancy/Offering of Service _____	July 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-10199-13

FID #955930

**ISSUED TO:** DVA Healthcare Renal Care Inc.  
d/b/a Charlotte Dialysis Center  
2321 West Morehead Street  
Charlotte, NC 28208

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 one dialysis station for a total of no more than 36 certified dialysis stations upon completion of this project and Project ID #F-10111-13 (add one dialysis station)/ Mecklenburg County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Charlotte Dialysis Center  
2321 West Morehead Street  
Charlotte, NC 28208

**MAXIMUM CAPITAL EXPENDITURE:** \$66,382

**TIMETABLE:** See Reverse Side

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

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

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

**CONDITIONS:**

1. DVA Healthcare Renal Care, Inc. d/b/a Charlotte Dialysis Center shall materially comply with all representations made in the certificate of need application.
2. DVA Healthcare Renal Care, Inc. d/b/a Charlotte Dialysis Center shall develop no more than one additional station for a total of 36 certified stations upon completion of this project and Project I.D. #F-10111-13 (add one dialysis station), which shall include any home hemodialysis or isolation stations.
3. DVA Healthcare Renal Care, Inc. d/b/a Charlotte Dialysis Center shall install plumbing and electrical wiring through the walls for no more than one additional dialysis station for a total of no more than 36 dialysis stations which shall include any home hemodialysis or isolation stations upon completion of this project and Project ID #F-10111-13 (add one dialysis station).
4. DVA Healthcare Renal Care, Inc. d/b/a Charlotte 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 February 28, 2014.

**TIMETABLE:**

Operation of Equipment _____	June 1, 2014
Certification of Stations _____	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 #F-10217-13

FID #130487

**ISSUED TO:** Carolinas ContinueCare Hospital, Inc.  
7800 North Dallas Parkway, Suite 200  
Plano TX 75024

**AND**

The Charlotte-Mecklenburg Hospital Authority  
1000 Blythe Boulevard  
Charlotte NC 28203

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 separately licensed 35-bed long-term care hospital on the 4th floor of Carolinas Medical Center-University/ Mecklenburg County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Carolinas ContinueCare Hospital  
8800 North Tryon Street, 4<sup>th</sup> Floor  
Charlotte NC 28262

**MAXIMUM CAPITAL EXPENDITURE:** \$3,198,452

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of the 25<sup>th</sup> day of February, 2014

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

**CONDITIONS:**

1. Carolinas ContinueCare Hospital, Inc. and The Charlotte-Mecklenburg Hospital Authority shall materially comply with all representations made in the certificate of need application.
2. Carolinas ContinueCare Hospital, Inc. and The Charlotte-Mecklenburg Hospital Authority shall develop a separately licensed long-term care hospital with no more than 35 licensed beds to be located at Carolinas Medical Center-University.
3. Carolinas ContinueCare Hospital, Inc. and The Charlotte-Mecklenburg Hospital Authority 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.
4. Carolinas ContinueCare Hospital, Inc. and The Charlotte-Mecklenburg Hospital Authority 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 February 6, 2014.

**TIMETABLE:**

Obtain Funds Necessary to Undertake Project _____	May 1, 2014
Approval of Final Drawings and Specifications by the Construction Section, DHSR _____	September 2, 2014
50% Completion of Construction _____	January 20, 2015
Completion of Construction _____	May 30, 2015
Licensure of Facility _____	July 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-10218-13

FID #130489

**ISSUED TO:** Randolph Surgery Center, LLC  
AND The Charlotte-Mecklenburg Hospital Authority  
d/b/a Carolinas Medical Center  
2709 Water Ridge Parkway, Suite 200  
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. 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 dedicated outpatient operating rooms from Carolinas Medical Center to Randolph Surgery Center, a new separately licensed ambulatory surgical facility with two operating rooms and one procedure room/ Mecklenburg County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Randolph Surgery Center  
3621 Randolph Road, Suite 200  
Charlotte, NC 28211

**MAXIMUM CAPITAL EXPENDITURE:** \$3,174,299

**TIMETABLE:** See Reverse Side

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

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

*Martha J. Frisone*

Chief, Certificate of Need Section  
Division of Health Service Regulation

**CONDITIONS:**

1. Randolph Surgery Center, LLC and The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center shall materially comply with all representations made in its certificate of need application and the clarifying supplemental information dated December 19, 2013. In those instances where representations conflict, Randolph Surgery Center, LLC and The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center shall materially comply with the last-made representation.
2. Randolph Surgery Center, LLC and The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center shall develop an ambulatory surgical facility which shall be licensed for no more than two dedicated outpatient operating rooms and one procedure room.
3. Randolph Surgery Center, LLC and The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center shall develop no more than two rooms in the facility that meet licensure requirements for an operating room under the ambulatory surgical facility rules.
4. Randolph Surgery Center, LLC and The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center shall relocate no more than two dedicated outpatient operating rooms from CMC-One Day Surgery at Carolinas Medical Center.
5. Upon completion of the project, The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center shall take steps necessary to de-license two dedicated outpatient operating rooms located at Carolinas Medical Center and Carolinas Medical Center shall be licensed for a total of no more than 15 shared operating rooms at CMC-Mercy; and 45 operating rooms at CMC-Main, including one dedicated inpatient, four dedicated C-Section, five dedicated Open Heart, 26 shared operating rooms and nine dedicated outpatient operating rooms.
6. The procedure room shall not be used for procedures that should be performed only in an operating room based on current standards of practice.
7. Procedures performed in the minor procedure rooms shall not be reported for billing purposes as having been performed in an operating room and shall not be reported on the facility's license renewal application as procedures performed in an operating room.
8. Randolph Surgery Center, LLC and The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center shall not perform gastrointestinal endoscopy procedures in the procedure room.
9. Randolph Surgery Center, LLC and The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center shall meet all criteria to receive accreditation of the ambulatory surgical facility from The Joint Commission, The Accreditation Association of Ambulatory Health Care or a comparable accreditation authority within two years following completion of the facility.
10. Randolph Surgery Center, LLC and The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center 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.
11. Randolph Surgery Center, LLC and The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center shall acknowledge acceptance of and agree to comply with all conditions stated herein in writing to the Certificate of Need Section 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 January 21, 2014.**

**TIMETABLE:**

Obtain Funds Necessary to Undertake Project _____	May 6, 2014
Completion of Final Drawings and Specifications _____	August 15, 2014
Contract Award _____	September 30, 2014
25% Completion of Construction _____	November 9, 2014
50% Completion of Construction _____	December 16, 2014
75% Completion of Construction _____	January 25, 2015
Completion of Construction _____	March 2, 2015
Occupancy/Operation of Equipment/Certification/Licensure of Facility _____	April 1, 2015

# STATE OF NORTH CAROLINA

Department of Health and Human Services  
Division of Health Service Regulation

## CERTIFICATE OF NEED

for

Project Identification Number #N-10194-13

FID #971335

**ISSUED TO:** Bio-Medical Applications of North Carolina, Inc  
d/b/a FMC Pembroke  
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, 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 six dialysis stations for a total of no more than 19 stations upon project completion/ Robeson County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** FMC Pembroke  
1327 Harry West Lane  
Pembroke, NC 28371-7353

**MAXIMUM CAPITAL EXPENDITURE:** \$273,600

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of the 18<sup>th</sup> day of February, 2014

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

**CONDITIONS:**

1. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Pembroke shall materially comply with all representations made in the certificate of need application.
2. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Pembroke shall develop and operate no more than three additional stations for a total of no more than 19 certified in-center dialysis stations, which shall include any isolation or home hemodialysis stations following completion of this project.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Pembroke shall install plumbing and electrical wiring through the walls for no more than three additional dialysis stations for a total of no more than 19 dialysis stations which shall include any isolation or home hemodialysis stations.
4. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Pembroke 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 FMC Pembroke 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 27, 2014.

**TIMETABLE:**

Completion of Preliminary Drawings	_____	August 2, 2014
Completion of Final Drawings and Specifications	_____	October 31, 2014
Contract Award	_____	February 28, 2015
25% Completion of Construction	_____	May 14, 2015
50% Completion of Construction	_____	July 28, 2015
75% Completion of Construction	_____	October 11, 2015
Occupancy/Offering of Service	_____	December 31, 2015

# STATE OF NORTH CAROLINA

Department of Health and Human Services  
Division of Health Service Regulation

## CERTIFICATE OF NEED

for

Project Identification Number #N-10195-13

FID #955445

**ISSUED TO:** Bio-Medical Applications of North Carolina, Inc  
d/b/a Lumberton Dialysis Unit (BMA Lumberton)  
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, 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 three dialysis stations for a total of no more than 33 stations upon project completion/ Robeson County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Lumberton Dialysis Unit  
720 Wesley Pines Road  
Lumberton, NC 28358

**MAXIMUM CAPITAL EXPENDITURE:** \$0

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of the 18<sup>th</sup> day of February, 2014

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

**CONDITIONS:**

1. **Bio-Medical Applications of North Carolina, Inc. Lumberton Dialysis Unit (BMA Lumberton) shall materially comply with all representations made in the certificate of need application.**
2. **Bio-Medical Applications of North Carolina, Inc. d/b/a Lumberton Dialysis Unit (BMA Lumberton) shall develop and operate no more than three additional stations for a total of nor more than 33 certified in-center dialysis stations, which shall include any isolation stations, following completion of this project.**
3. **Bio-Medical Applications of North Carolina, Inc. d/b/a Lumberton Dialysis Unit (BMA Lumberton) shall install plumbing and electrical wiring through the walls for no more than three additional dialysis stations for a total of no more than 33 dialysis stations which shall include any isolation stations**
4. **Bio-Medical Applications of North Carolina, Inc. d/b/a Lumberton Dialysis Unit (BMA Lumberton) 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 23, 2014.**

**TIMETABLE:**

<b>Ordering Equipment</b>	_____	<b>April 16, 2014</b>
<b>Arrival of Equipment</b>	_____	<b>June 15, 2014</b>
<b>Occupancy/Offering of Service</b>	_____	<b>June 30, 2014</b>

# STATE OF NORTH CAROLINA

Department of Health and Human Services  
Division of Health Service Regulation

## CERTIFICATE OF NEED

for

Project Identification Number #J-10163-13

FID #990762

**ISSUED TO:** UniHealth Post-Acute Care- Raleigh, LLC  
And Wake Healthcare Properties, Inc.  
1626 Jeurgens Court  
Norcross, GA 30093

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:** Acquire 18 nursing facility beds from two WakeMed facilities, relocate these 18 NF beds within Wake County to UniHealth Post-Acute Care- Raleigh, LLCs nursing care facility and renovate and expand the facility including therapy space/ Wake County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** UniHealth Post-Acute Care- Raleigh  
2420 Lake Wheeler Road  
Raleigh, NC 27603

**MAXIMUM CAPITAL EXPENDITURE:** \$10,716,649

**TIMETABLE:** See Reverse Side

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

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

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

**CONDITIONS:**

1. UniHealth Post-Acute Care-Raleigh, LLC (lessee) and Wake Healthcare Properties, Inc. (lessor) shall materially comply with all representations made in its certificate of need application and in the supplemental information materials submitted during the review. In those instances where representations conflict, UniHealth Post-Acute Care- Raleigh, LLC and Wake Healthcare Properties, Inc. shall materially comply with the last made representation.
2. UniHealth Post-Acute Care-Raleigh, LLC (lessee) and Wake Healthcare Properties, Inc. (lessor) shall acquire and relocate 18 NF beds to the UniHealth Post-Acute Care- Raleigh, LLC nursing care facility for a total licensed bed complement of no more than 168 beds upon completion of the project.
3. UniHealth Post-Acute Care- Raleigh, LLC (lessee) and Wake Healthcare Properties, Inc. (lessor) shall take the necessary steps to de-license 18 NF beds at WakeMed Fuquay-Varina and WakeMed Zebulon following completion of the proposed bed addition at UniHealth Post-Acute Care-Raleigh.
4. For the first two full federal fiscal years of operation following completion of the project, UniHealth Post-Acute Care-Raleigh's actual private pay charges shall not be increased more than 5% of the projected private pay charges provided in Section X of the application without first obtaining a determination from the Certificate of Need Section that the proposed increase is in material compliance with the representations made in the certificate of need application.
5. UniHealth Post-Acute Care-Raleigh, LLC (lessee) and Wake Healthcare Properties, Inc. (lessor) shall receive Medicaid per diem rates allowed by the Division of Medical Assistance, under the NC State Plan Section .0102.
6. UniHealth Post-Acute Care-Raleigh, LLC (lessee) and Wake Healthcare Properties, Inc. (lessor) 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 representation in the written statement as described in paragraph one of Policy GEN-4.
7. UniHealth Post-Acute Care-Raleigh, LLC (lessee) and Wake Healthcare Properties, Inc. (lessor) 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 February 11, 2014.

**TIMETABLE:**

Completion of Final Drawings and Specifications _____	August 27, 2014
Approval of Final Drawings and Specifications by the Construction Section, DHSR _____	November 11, 2014
Approval of Site by Construction Section, DHSR _____	November 11, 2014
Contract Award _____	November 11, 2014
25% completion of construction _____	January 16, 2015
Ordering Equipment _____	March 11, 2015
50% completion of construction _____	April 25, 2016
75% completion of construction _____	July 1, 2015
Completion of construction _____	September 7, 2015
Occupancy/Offering of Service _____	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-10180-13**

**FID #990968**

**ISSUED TO: Bio-Medical Applications of North Carolina, Inc.  
d/b/a BMA Southwest Wake  
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, 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 2 dialysis stations for a total of no more than 30 certified stations upon completion of this project and Project I.D. #J-10152-13/ Wake County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: BMA Southwest Wake  
320 Gideon Creek Way  
Raleigh NC 27603**

**MAXIMUM CAPITAL EXPENDITURE: \$0**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 18<sup>th</sup> day of February, 2014

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

**CONDITIONS:**

1. Bio-Medical Applications of North Carolina, Inc d/b/a BMA Southwest Wake 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 Southwest Wake shall develop and operate no more than two additional dialysis stations for a total of no more than 30 certified stations upon completion of this project and Project I.D. # J-10152-13, which shall include any isolation or home hemodialysis stations.
3. Bio-Medical Applications of North Carolina, Inc d/b/a BMA Southwest Wake shall install plumbing and electrical wiring through the walls for no more than two additional dialysis stations for a total of no more than 30 dialysis stations which shall include any isolation or home hemodialysis stations.
4. Bio-Medical Applications of North Carolina, Inc d/b/a BMA Southwest Wake 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 23, 2014.

**TIMETABLE:**

Order Equipment \_\_\_\_\_ October 17, 2014  
Certification of Station(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 #J-10183-13**

**FID #956094**

**ISSUED TO: Bio-Medical Applications of North Carolina, Inc.  
d/b/a BMA Wake  
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, 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 10 dialysis stations for a total of no more than 50 certified stations upon completion of this project and Project I.D. #J-10152-13/ Wake County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: BMA Wake  
3604 Bush Street  
Raleigh NC 27609**

**MAXIMUM CAPITAL EXPENDITURE: \$0**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 18<sup>th</sup> day of February, 2014

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

**CONDITIONS:**

1. Bio-Medical Applications of North Carolina, Inc d/b/a BMA Wake 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 Wake shall develop and operate no more than ten additional dialysis stations for a total of no more than 50 certified stations upon completion of this project and Project I.D. # J-10152-13, which shall include any isolation or home hemodialysis stations.
3. Bio-Medical Applications of North Carolina, Inc d/b/a BMA Wake shall install plumbing and electrical wiring through the walls for no more than ten additional dialysis stations for a total of no more than 50 dialysis stations which shall include any isolation or home hemodialysis stations.
4. Bio-Medical Applications of North Carolina, Inc d/b/a BMA Wake 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 23, 2014.

**TIMETABLE:**

Order Equipment _____	October 17, 2014
Certification of Station(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 #J-10192-13**

**FID #061334**

**ISSUED TO: Bio-Medical Applications of North Carolina, Inc.  
d/b/a BMA Raleigh  
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, 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 7 dialysis stations for a total of no more than 50 certified stations upon completion of this project and Project I.D. #J-10066-12/ Wake County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: BMA Raleigh  
3843 New Bern Avenue  
Raleigh NC 27610**

**MAXIMUM CAPITAL EXPENDITURE: \$11,236**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 18<sup>th</sup> day of February, 2014

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

**CONDITIONS:**

1. Bio-Medical Applications of North Carolina, Inc d/b/a BMA Raleigh 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 Raleigh shall develop and operate no more than seven additional dialysis stations for a total of no more than 50 certified stations upon completion of this project and Project I.D. # J-10066-12, which shall include any isolation or home hemodialysis stations.
3. Bio-Medical Applications of North Carolina, Inc d/b/a BMA Raleigh shall install plumbing and electrical wiring through the walls for no more than seven additional dialysis stations for a total of no more than 50 dialysis stations which shall include any isolation or home hemodialysis stations.
4. Bio-Medical Applications of North Carolina, Inc d/b/a BMA Raleigh 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 23, 2014.

**TIMETABLE:**

Order Equipment \_\_\_\_\_ October 17, 2014  
Certification of Station(s) \_\_\_\_\_ December 31, 2014