

**Certificate of Need Section  
Certificates Issued**

Printed for Period: From 03/01/2014 to 03/31/2014

<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>Cumberland</b>	<b>M-010191-13</b>	<b>Fayetteville Kidney Center 944475 Fayetteville</b>	Add three dialysis stations for a total of 42 stations (one isolation station, two home hemo-dialysis training stations) upon completion	10/01/2013	03/04/2014	\$0.00	07/01/2014
<b>Cumberland</b>	<b>M-010233-13</b>	<b>PruittHealth Hospice-Fayetteville 130546 Fayetteville</b>	Develop a new hospice home care office in Cumberland County	12/01/2013	03/29/2014	\$180,180.00	07/01/2014
<b>Duplin</b>	<b>P-010197-13</b>	<b>Wallace Dialysis 060249 Wallace</b>	Add one dialysis station for a total of 17 stations upon project completion	10/01/2013	03/28/2014	\$17,284.00	01/01/2015
<b>Forsyth</b>	<b>G-010216-13</b>	<b>Liberty Commons of Silas Creek 130485 Winston-Salem</b>	Relocate 100 nursing facility beds from Liberty Commons Nursing & Rehabilitation Center of Springwood to a new facility in Winston-Salem	11/01/2013	03/28/2014	\$19,313,138.00	07/31/2014
<b>Forsyth</b>	<b>G-010220-13</b>	<b>Liberty Commons of Kernersville 130486 Kernersville</b>	Relocate 100 nursing facility beds from Liberty Commons Nursing & Rehabilitation Center of Springwood to a new facility in Kernersville	11/01/2013	03/28/2014	\$18,190,529.00	07/31/2014

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<b>Guilford</b>	<b>G-010209-13</b>	<b>Greensboro Specialty Surgical Center 923202 Greensboro</b>	Renovate and expand existing ambulatory surgery center and add one procedure room	10/01/2013	03/17/2014	\$4,968,761.00	08/01/2014
<b>Guilford</b>	<b>G-010210-13</b>	<b>Surgical Center of Greensboro 130461 Greensboro</b>	Relocate existing ASC from 1211 Virginia St. & 1101 Carolina St. to new replacement facility and add two procedure rooms in the new location	10/01/2013	03/17/2014	\$22,974,569.00	10/01/2014
<b>Jackson</b>	<b>A-010222-13</b>	<b>MedWest Harris 923046 Sylva</b>	Develop one dedicated C-Section room in new construction on the third floor	11/01/2013	03/15/2014	\$4,075,460.00	07/01/2014
<b>Mecklenburg</b>	<b>F-010186-13</b>	<b>FMC CHARLOTTE 955947 CHARLOTTE</b>	Add 7 dialysis stations for a total of 43 stations upon completion of this project and Project ID #F-10052-12 (relocate 4 stations)	10/01/2013	03/28/2014	\$0.00	07/15/2014
<b>Moore</b>	<b>H-010225-13</b>	<b>Episcopal Home for the Aging (Penick Village) 970417 Southern Pines</b>	Develop 13 adult care home beds at a CCRC pursuant to Policy LTC-1 in the SMFP	12/01/2013	03/22/2014	\$55,000.00	07/01/2014

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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>New Hanover</b>	<b>O-010232-13</b>	<b>Davis Health and Wellness Center at Cambridge Village 130545 Wilmington</b>	Relocate 20 nursing facility beds from Porters Neck Road campus to Cambridge Villiage campus	12/01/2013	03/22/2014	\$2,222,602.00	07/01/2014
<b>Pitt</b>	<b>Q-010226-13</b>	<b>Vidant Medical Center 933410 Greenville</b>	Add 2 new licensed gastrointestinal endoscopy procedure rooms	12/01/2013	03/14/2014	\$538,600.00	07/31/2014
<b>Vance</b>	<b>K-010124-13</b>	<b>Kerr Lake Dialysis 130179 Henderson</b>	Relocate 16 dialysis stations from Vance County Dialysis to Kerr Lake Dialysis, a new 16-station facility	05/01/2013	03/07/2014	\$1,665,296.00	06/15/2014
<b>Wake</b>	<b>J-010204-13</b>	<b>Wake Forest Dialysis Center 041181 Raleigh</b>	Add five dialysis stations for a total of 18 dialysis stations upon completion	10/01/2013	03/25/2014	\$94,423.00	08/01/2014

# STATE OF NORTH CAROLINA

Department of Health and Human Services  
Division of Health Service Regulation

## CERTIFICATE OF NEED

for

Project Identification Number #M-10191-13

FID #944475

**ISSUED TO:** Bio Medical Applications of Fayetteville, Inc.  
d/b/a Fayetteville Kidney Center  
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 42 stations upon completion/ Cumberland County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Fayetteville Kidney Center  
1315 Avon Street  
Fayetteville, NC 28304

**MAXIMUM CAPITAL EXPENDITURE:** \$0

**TIMETABLE:** See Reverse Side

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

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

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

**CONDITIONS:**

1. **Bio-Medical Applications of Fayetteville, Inc, d/b/a Fayetteville Kidney Center shall materially comply with all representations made in the certificate of need application and in the supplemental information received on January 28, 2014 and January 31, 2014. In those instances where representations conflict, Bio-Medical Applications of Fayetteville, Inc, d/b/a Fayetteville Kidney Center shall materially comply with the last made representation.**
  
2. **Bio-Medical Applications of Fayetteville, Inc, d/b/a Fayetteville Kidney Center shall develop no more than 3 additional stations for a total of 42 certified stations upon completion of this project, which shall include any home hemodialysis or isolation stations.**
  
3. **Bio-Medical Applications of Fayetteville, Inc, d/b/a Fayetteville Kidney Center shall install plumbing and electrical wiring through the walls for no more than 3 additional dialysis stations for a total of no more than 42 dialysis stations upon completion of this project which shall include any home hemodialysis or isolation stations.**

**TIMETABLE:**

<b>Ordering of Equipment</b>	_____	<b>April 16, 2014</b>
<b>Occupancy/Offering of Service</b>	_____	<b>June 30, 2014</b>
<b>Certification of Stations</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 #M-10233-13**

**FID #130546**

**ISSUED TO: United Hospice, Inc.  
d/b/a PruittHealth Hospice-Fayetteville  
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: Establish a new hospice home care office/Cumberland County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: PruittHealth Hospice-Fayetteville  
2905 Breezewood Avenue, Suite 201  
Fayetteville, NC 28303**

**MAXIMUM CAPITAL EXPENDITURE: \$180,180**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 29th day of March, 2014

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

**CONDITIONS:**

1. **United Hospice, Inc. d/b/a PruittHealth Hospice-Fayetteville shall materially comply with all representations made in the certificate of need application.**
2. **United Hospice, Inc. d/b/a PruittHealth Hospice-Fayetteville shall establish no more than one additional hospice home care office in Cumberland County.**
3. **United Hospice, Inc. d/b/a PruittHealth Hospice-Fayetteville 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. **United Hospice, Inc. d/b/a PruittHealth Hospice-Fayetteville 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 March 10, 2014.**

**Order Equipment \_\_\_\_\_ June 30, 2014**  
**Licensure of Facility \_\_\_\_\_ September 30, 2014**  
**Medicare Certification of Facility \_\_\_\_\_ December 1, 2014**

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project Identification Number #P-10197-13**

**FID #060249**

**ISSUED TO: Total Renal Care of North Carolina, LLC  
d/b/a Wallace 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: Shall add one dialysis station for a total of 17 certified dialysis stations upon completion of this project and Project ID #P-8803-12 (add 4 dialysis stations)/ Duplin County**

**CONDITIONS: See Reverse Side**


**PHYSICAL LOCATION: Wallace Dialysis Center  
5650 S. North Carolina Highway 41  
Wallace, NC 28466**

**MAXIMUM CAPITAL EXPENDITURE: \$17,284**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: January 1, 2015**

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

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



**CONDITIONS:**

1. Total Renal Care of North Carolina, LLC d/b/a Wallace Dialysis Center shall materially comply with all representations made in the certificate of need application.
2. Total Renal Care of North Carolina, LLC d/b/a Wallace Dialysis Center shall develop no more than one additional station for a total of 17 certified stations upon completion of this project and Project I.D. #P-8803-12 (add four dialysis stations), which shall include any home hemodialysis or isolation stations.
3. Total Renal Care of North Carolina, LLC d/b/a Wallace 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 17 dialysis stations which shall include any home hemodialysis or isolation stations upon completion of this project and Project I.D. #P-8803-12 (add four dialysis stations).
4. Total Renal Care of North Carolina, LLC d/b/a Wallace 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 March 7, 2014.

**TIMETABLE:**

Operation of Equipment \_\_\_\_\_ December 1, 2014  
Occupancy/Offering of Service/Certification of Stations \_\_\_\_\_ 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 #G-10216-13

FID #130485

**ISSUED TO:** Liberty Healthcare Properties of Silas Creek, LLC  
Liberty Commons of Silas Creek, LLC  
Liberty Commons Nursing and Rehabilitation Center of Springwood, LLC  
And Liberty Healthcare Properties of Springwood, LLC  
2334 South 41<sup>st</sup> Street  
Wilmington, NC 28403

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:** Shall relocate 100 of the 200 nursing facility beds from Liberty Commons Nursing and Rehabilitation Center of Springwood to a new facility in Winston-Salem/ Forsyth County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Liberty Commons of Silas Creek  
1940 Bethabara Road  
Winston-Salem, NC 27106

**MAXIMUM CAPITAL EXPENDITURE:** \$19,313,138

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** July 31, 2014

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

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

**CONDITIONS:**

1. Liberty Healthcare Properties of Silas Creek, LLC; Liberty Commons of Silas Creek, LLC; Liberty Commons Nursing and Rehabilitation Center of Springwood, LLC; and Liberty Healthcare Properties of Springwood, LLC shall materially comply with all representations made in the certificate of need application.
2. Liberty Healthcare Properties of Silas Creek, LLC; Liberty Commons of Silas Creek, LLC; Liberty Commons Nursing and Rehabilitation Center of Springwood, LLC; and Liberty Healthcare Properties of Springwood, LLC shall construct a replacement nursing facility with a total licensed bed complement of no more than 100 nursing facility beds upon completion of the project.
3. For the first two full federal fiscal years of operation following completion of the project, 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.
4. Liberty Healthcare Properties of Silas Creek, LLC; Liberty Commons of Silas Creek, LLC; Liberty Commons Nursing and Rehabilitation Center of Springwood, LLC; and Liberty Healthcare Properties of Springwood, LLC shall receive Medicaid per diem rates allowed by the Division of Medical Assistance, under the NC State Plan Section .0102.
5. Liberty Healthcare Properties of Silas Creek, LLC; Liberty Commons of Silas Creek, LLC; Liberty Commons Nursing and Rehabilitation Center of Springwood, LLC; and Liberty Healthcare Properties of Springwood, LLC shall submit a plan to the Construction Section of the Division of Health Service Regulation for energy efficiency and water conservation that conforms to the rules, codes and standards implemented by the Construction Section, pursuant to Policy GEN-4 of the 2013 SMFP.
6. Liberty Healthcare Properties of Silas Creek, LLC; Liberty Commons of Silas Creek, LLC; Liberty Commons Nursing and Rehabilitation Center of Springwood, LLC; and Liberty Healthcare Properties of Springwood, 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 March 26, 2014.

**TIMETABLE:**

Contract Award	_____	February 1, 2015
50% Completion of Construction	_____	January 1, 2016
Completion of Construction	_____	July 1, 2016
Occupancy/Offering of Services	_____	October 1, 2016

# STATE OF NORTH CAROLINA

Department of Health and Human Services  
Division of Health Service Regulation

## CERTIFICATE OF NEED

for

Project Identification Number #G-10220-13

FID #130486

**ISSUED TO:** Liberty Healthcare Properties of Kernersville, LLC  
Liberty of Kernersville, LLC  
Liberty Commons Nursing and Rehabilitation Center of Springwood, LLC  
And Liberty Healthcare Properties of Springwood, LLC  
2334 South 41<sup>st</sup> Street  
Wilmington, NC 28403

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:** Shall relocate 100 of the 200 nursing facility beds from Liberty Commons Nursing and Rehabilitation Center of Springwood to a new facility in Kernersville/ Forsyth County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Liberty Commons of Kernersville  
1720 Highway 66 S  
Kernersville, North Carolina 27284

**MAXIMUM CAPITAL EXPENDITURE:** \$18,190,529

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** July 31, 2014

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

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

**CONDITIONS:**

1. Liberty Healthcare Properties of Kernersville, LLC; Liberty of Kernersville, LLC; Liberty Commons Nursing and Rehabilitation Center of Springwood, LLC; and Liberty Healthcare Properties of Springwood, LLC shall materially comply with all representations made in the certificate of need application.
2. Liberty Healthcare Properties of Kernersville, LLC; Liberty of Kernersville, LLC; Liberty Commons Nursing and Rehabilitation Center of Springwood, LLC; and Liberty Healthcare Properties of Springwood, LLC shall construct a replacement nursing facility with a total licensed bed complement of no more than 100 nursing facility beds upon completion of the project.
3. For the first two full federal fiscal years of operation following completion of the project, 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.
4. Liberty Healthcare Properties of Kernersville, LLC; Liberty of Kernersville, LLC; Liberty Commons Nursing and Rehabilitation Center of Springwood, LLC; and Liberty Healthcare Properties of Springwood, LLC shall receive Medicaid per diem rates allowed by the Division of Medical Assistance, under the NC State Plan Section .0102.
5. Liberty Healthcare Properties of Kernersville, LLC; Liberty of Kernersville, LLC; Liberty Commons Nursing and Rehabilitation Center of Springwood, LLC; and Liberty Healthcare Properties of Springwood, LLC shall submit a plan to the Construction Section of the Division of Health Service Regulation for energy efficiency and water conservation that conforms to the rules, codes and standards implemented by the Construction Section, pursuant to Policy GEN-4 of the 2013 SMFP.
6. Liberty Healthcare Properties of Kernersville, LLC; Liberty of Kernersville, LLC; Liberty Commons Nursing and Rehabilitation Center of Springwood, LLC; and Liberty Healthcare Properties of Springwood, 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 March 26, 2014.

**TIMETABLE:**

Contract Award	_____	February 1, 2015
50% Completion of Construction	_____	January 1, 2016
Completion of Construction	_____	July 1, 2016
Occupancy/Offering of Services	_____	October 1, 2016

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project Identification Number #G-10209-13**

**FID #923202**

**ISSUED TO: Greensboro Specialty Surgery Center, LLC  
And GSC Acquisition, LLC  
3820 North Elm Street  
Greensboro, NC 27455**

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: Renovate and expand existing ambulatory surgery center and add one procedure room/ Guilford County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: Greensboro Specialty Surgical Center  
3812 North Elm Street  
Greensboro, NC 27455**

**MAXIMUM CAPITAL EXPENDITURE: \$4,968,761**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 17<sup>th</sup> day of March, 2014

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

**CONDITIONS:**

1. Greensboro Specialty Surgery Center, LLC and GSC Acquisition, LLC shall materially comply with all representations made in its certificate of need application and the clarifying supplemental information provided. In those instances where representations conflict, Greensboro Specialty Surgery Center, LLC and GSC Acquisition, LLC shall materially comply with the last-made representation.
2. Greensboro Specialty Surgery Center, LLC and GSC Acquisition, LLC shall develop no more than one procedure room in the facility as part of this project and for one year (365 days) after the project is deemed complete by the Certificate of Need Section pursuant to G.S. 131E-181(d).
3. The procedure room shall only be used to perform procedures that are appropriate for that room based upon current standards of practice.
4. Procedures performed in the procedure room shall not be reported on the facility's license renewal application as procedures performed in an operating room.
5. Greensboro Specialty Surgery Center, LLC and GSC Acquisition, LLC shall not perform gastrointestinal endoscopy procedures in the procedure room.
6. At project completion, the facility will be licensed for no more than three operating rooms, two endoscopy rooms, and one procedure room and no additional procedure rooms may be developed as part of this project and for one year (365 days) after the project is deemed complete by the Certificate of Need Section pursuant to G.S. 131E-181(d).
7. Greensboro Specialty Surgery Center, LLC and GSC Acquisition, LLC shall meet all criteria to maintain 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.
8. Greensboro Specialty Surgery Center, LLC and GSC Acquisition, 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 which would otherwise require a certificate of need.
9. Prior to issuance of the certificate of need, Greensboro Specialty Surgery Center, LLC and GSC Acquisition, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein in writing to the Certificate of Need Section.

**TIMETABLE:**

Obtaining Funds Necessary to Undertake Project	_____	May 1, 2014
Completion of Final Drawings and Specifications	_____	June 31, 2014
Approval of Final Drawings and Specifications by the Construction Section, DHSR	_____	November 28, 2014
Approval of Site by Construction Section, DHSR	_____	November 28, 2014
Contract Award	_____	December 1, 2014
25% Completion of Construction	_____	January 25, 2015
Ordering Equipment	_____	March 12, 2015
50% Completion of Construction	_____	March 20, 2015
Arrival of Equipment	_____	July 12, 2015
75% Completion of Construction	_____	July 30, 2015
Completion of Construction	_____	August 9, 2015
Operation of Equipment	_____	September 11, 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 #G-10210-13**

**FID #130461**

**ISSUED TO: Surgical Center of Greensboro, LLC  
3820 North Elm Street  
Greensboro, NC 27455**

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: Relocate existing ASC within Greensboro to a replacement facility and add two procedure rooms/ Guilford County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: Surgical Center of Greensboro  
705 Green Valley Road  
Greensboro, NC 27408**

**MAXIMUM CAPITAL EXPENDITURE: \$22,974,569**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 17<sup>th</sup> day of March, 2014

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



**CONDITIONS:**

1. Surgical Center of Greensboro, LLC shall materially comply with all representations made in its certificate of need application.
2. Surgical Center of Greensboro, LLC shall relocate 13 operating rooms from two buildings to a single ambulatory surgical center which shall be licensed for no more than 13 dedicated outpatient operating rooms and two procedure rooms and no additional procedure rooms may be developed as part of this project and for one year (365 days) after the project is deemed complete by the Certificate of Need Section pursuant to G.S. 131E-181(d).
3. Surgical Center of Greensboro, LLC shall construct no more than 13 operating rooms in the replacement facility that meet licensure requirements for an operating room under the ambulatory surgical facility rules.
4. The procedure room shall only be used to perform procedures that are appropriate for that room based upon current standards of practice.
5. Procedures performed in the procedure rooms shall not be reported on the facility's license renewal application as procedures performed in an operating room.
6. Surgical Center of Greensboro, LLC shall not perform gastrointestinal endoscopy procedures in the procedure rooms.
7. Surgical Center of Greensboro, LLC shall meet all criteria to maintain 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.
8. Surgical Center of Greensboro, 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 which would otherwise require a certificate of need.
9. Surgical Center of Greensboro, LLC 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.
10. Surgical Center of Greensboro, LLC 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.

**TIMETABLE:**

Completion of Final Drawings and Specifications _____	September 1, 2014
Obtain Funds Necessary to Undertake Project _____	December 1, 2014
Approval of Site by the Construction Section, DHSR _____	January 28, 2015
Contract Award _____	February 1, 2015
25% Completion of Construction _____	May 11, 2015
Ordering Equipment _____	May 28, 2015
50% Completion of Construction _____	August 3, 2015
75% Completion of Construction _____	October 5, 2015
Arrival of Equipment _____	October 28, 2015
Completion of Construction _____	November 24, 2015
Operation of Equipment _____	December 24, 2015
Licensure/Certification of Facility _____	March 1, 2016

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project Identification Number #A-10222-13**

**FID #923046**

**ISSUED TO: WestCare, Inc. d/b/a MedWest-Harris  
68 Hospital Road  
Sylva, NC 28779**

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 no more than one C-Section room and renovate Women's and Children's Inpatient Services/ Jackson County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: MedWest-Harris  
68 Hospital Road  
Sylva, NC 28779**

**MAXIMUM CAPITAL EXPENDITURE: \$4,075,460**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 15<sup>th</sup> day of March, 2014

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

**CONDITIONS:**

1. WestCare, Inc. d/b/a MedWest-Harris shall materially comply with all representations made in the certificate of need application.
2. WestCare, Inc. d/b/a MedWest-Harris 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. WestCare, Inc. d/b/a MedWest-Harris shall be licensed for no more than one dedicated C-Section operating room upon completion of this project.
4. WestCare, Inc. d/b/a MedWest-Harris 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 21, 2014.

**TIMETABLE:**

**Approval of Final Drawings**

Submitted by the Construction Section, DHSR _____	May 30, 2014
50% Completion of Construction _____	October 15, 2014
75% Completion of Construction _____	January 8, 2015
Operation of Equipment _____	September 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 #F-10186-13**

**FID #955947**

**ISSUED TO: Bio-Medical Applications of North Carolina, Inc.  
d/b/a BMA Charlotte  
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: Shall add seven dialysis stations for a total of 43 stations upon completion of this project and Project ID #F-10052-12 (relocation of 4 dialysis stations to FMC Southwest Charlotte)/ Mecklenburg County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: BMA Charlotte  
928 Baxter Street  
Charlotte, NC 28204**

**MAXIMUM CAPITAL EXPENDITURE: \$0**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: July 15, 2015**

This certificate is effective as of the 28<sup>th</sup> day of March, 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 Charlotte 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 Charlotte shall develop no more than seven dialysis stations for a total of 43 stations upon completion of this project and Project ID #F-10052-12 (relocation of 4 dialysis stations to FMC Southwest Charlotte), which shall include any home hemodialysis or isolation stations.
3. Bio-Medical Applications of North Carolina, Inc, d/b/a BMA Charlotte shall install plumbing and electrical wiring through the walls for no more than seven additional dialysis stations for a total of no more than 43 dialysis stations which shall include any home hemodialysis or isolation stations upon completion of this project and Project ID #F-10052-12 (relocation of 4 dialysis stations to FMC Southwest Charlotte).
4. Bio-Medical Applications of North Carolina, Inc, d/b/a BMA Charlotte 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 27, 2014.

**TIMETABLE:**

Ordering Equipment _____	April 17, 2015
Operation of Equipment _____	June 26, 2015
Occupancy/Offering of Service/Certification of Stations _____	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 #H-10225-13**

**FID #970417**

**ISSUED TO: Episcopal Home for the Ageing in the Diocese of North Carolina, Inc.  
d/b/a Penick Village  
500 East Rhode Island Avenue  
Southern Pines, NC 28387**

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 13 adult care home beds at a CCRC pursuant to Policy LTC-1 in the SMFP/ Moore County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: Penick Village  
500 East Rhode Island Avenue  
Southern Pines, NC 28387**

**MAXIMUM CAPITAL EXPENDITURE: \$55,000**

**TIMETABLE: See Reverse Side**

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

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

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

**CONDITIONS:**

1. Episcopal Home for the Ageing in the Diocese of North Carolina, Inc., d/b/a Penick Village shall materially comply with all representations made in its certificate of need application and the supplemental information received February 5, 2014. In those instances where representations conflict, Episcopal Home for the Ageing in the Diocese of North Carolina, Inc., d/b/a Penick Village shall materially comply with the last made representation.
2. Episcopal Home for the Ageing in the Diocese of North Carolina, Inc., d/b/a Penick Village shall develop no more than 13 additional adult care home beds for a total of 42 ACH beds upon completion of the project.
3. The 13 new ACH beds shall not be certified for participation in the Medicaid program or participate in the state or county special assistance programs.
4. The 13 new ACH beds shall be used exclusively to meet the needs of persons with whom the facility has continuing care contracts (in compliance with the Department of Insurance statutes and regulations) who have lived in a non-nursing unit of the continuing care facility for a period of at least 30 days. Exceptions shall be allowed when one spouse or sibling is admitted to the nursing unit at the time the other spouse or sibling moves into a non-nursing unit, or when the medical condition requiring nursing care was not known to exist or be imminent when the individual became a party to the continuing care contract.
5. The 13 new ACH beds shall be developed on the same site with the independent living units.
6. Episcopal Home for the Ageing in the Diocese of North Carolina, Inc., d/b/a Penick Village 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 March 4, 2014.

**TIMETABLE:**

Approval of Site by Construction Section, DHSR \_\_\_\_\_ July 1, 2014  
Licensure of Facility/Certification of Beds \_\_\_\_\_ August 1, 2014

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project Identification Number #O-10232-13**

**FID #130545**

**ISSUED TO:** Cornelia Nixon Davis, Inc.  
d/b/a The Davis Community  
1011 Porters Neck Road  
Wilmington, NC 28411

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:** Relocate 20 nursing facility beds from Porters Neck Road campus to Cambridge Village campus/ New Hanover

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Davis Health and Wellness Center at Cambridge Village  
75 Cavalier Drive  
Wilmington, NC 28405

**MAXIMUM CAPITAL EXPENDITURE:** \$2,222,602

**TIMETABLE:** See Reverse Side

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

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

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



**CONDITIONS:**

1. Cornelia Nixon Davis, Inc. d/b/a The Davis Community shall materially comply with all representations made in its certificate of need application and the supplemental data dated January 30, 2014. In instances where the representations differ, Cornelia Nixon Davis, Inc. d/b/a The Davis Community shall materially comply with the last made representation.
2. Cornelia Nixon Davis, Inc. d/b/a The Davis Community shall relocate no more than 20 of its existing 199 nursing facility beds from The Health Care Center at The Davis Community to Davis Health & Wellness Center at Cambridge Village for a total licensed bed complement of no more than 20 nursing facility beds at Davis Health & Wellness Center at Cambridge Village and 179 nursing facility beds at The Health Care Center at The Davis Community upon completion of the project.
3. Cornelia Nixon Davis, Inc. d/b/a The Davis Community shall take the necessary steps to delicense 20 of its 199 existing nursing facility beds at The Health Care Center at The Davis Community following completion of the proposed relocation of 20 nursing facility beds to Davis Health & Wellness Center at Cambridge Village, by licensing the existing facility as a 179-bed nursing facility.
4. The Medicaid per diem reimbursement rates for the new nursing facility beds shall be equal to the rates of The Health Care Center at The Davis Community's existing beds as of the date on which the relocated beds are certified.
5. The facility's private pay charges for the first three years of operation following completion of this project shall be limited to the following percentage of the facility's then current Medicaid rate.

Year	Nursing Private Room Rate as % of Medicaid Rate
1	137%
2	137%
3	137%

*[NOTE: Percentage calculated by dividing the applicant's proposed private pay charges in Section X by the applicant's proposed Medicaid rates.]*

6. Cornelia Nixon Davis, Inc. d/b/a The Davis Community 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 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 24, 2014.

**TIMETABLE:**

Approval of Site by Construction Section, DHSR \_\_\_\_\_ March 31, 2014  
Contract Award \_\_\_\_\_ April 1, 2014  
Completion of Final Drawings and Specifications \_\_\_\_\_ July 1, 2014  
25% Completion of Construction \_\_\_\_\_ October 1, 2014  
50% Completion of Construction \_\_\_\_\_ November 1, 2014  
75% Completion of Construction \_\_\_\_\_ January 1, 2015  
Completion of Construction \_\_\_\_\_ February 1, 2015  
Licensure of Facility/Certification of Beds/Occupancy \_\_\_\_\_ 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 #Q-10226-13

FID #933410

**ISSUED TO:** Pitt County Memorial Hospital, Inc.  
d/b/a Vidant Medical Center  
PO Box 6028  
Greenville, NC 27835-6028

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 two new licensed gastrointestinal endoscopy procedure rooms/ Pitt County

**CONDITIONS:** See Reverse Side


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

**MAXIMUM CAPITAL EXPENDITURE:** \$538,600

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** July 31, 2014

This certificate is effective as of the 14<sup>th</sup> day of March, 2014

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

**CONDITIONS:**

1. Pitt County Memorial Hospital, Inc. d/b/a Vidant Medical Center shall materially comply with all representations made in the certificate of need application and supplemental information provided. In those instances where representations conflict, Pitt County Memorial Hospital, Inc. d/b/a Vidant Medical Center shall material comply with the last made representation.
2. Pitt County Memorial Hospital, Inc. d/b/a Vidant 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 that would otherwise require a certificate of need.
3. Pitt County Memorial Hospital, Inc. d/b/a Vidant Medical Center shall develop no more than two gastrointestinal endoscopy rooms and shall be licensed for a total of no more than four gastrointestinal endoscopy rooms at Vidant Medical Center following project completion.
4. Pitt County Memorial Hospital, Inc. d/b/a Vidant Medical 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 March 10, 2014.

**TIMETABLE:**

Occupancy/Offering of Service \_\_\_\_\_ October 1, 2014

# STATE OF NORTH CAROLINA

Department of Health and Human Services  
Division of Health Service Regulation

## CERTIFICATE OF NEED

for

Project Identification Number #K-10124-13

FID #130179

**ISSUED TO:** DVA Healthcare Renal Care, Inc.  
d/b/a Kerr Lake Dialysis  
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. 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 16-station dialysis facility in Henderson by relocating 16 existing dialysis stations from Vance County Dialysis/ Vance County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Kerr Lake Dialysis  
Corner of Ruin Creek Road and Toyota Lane  
Henderson, NC 27537

**MAXIMUM CAPITAL EXPENDITURE:** \$1,665,296

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of the 7<sup>th</sup> day of March, 2014

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

**CONDITIONS:**

1. DVA Healthcare Renal Care of North Carolina, Inc. d/b/a Kerr Lake Dialysis shall materially comply with all representations made in its certificate of need application.
2. DVA Healthcare Renal Care of North Carolina, Inc. d/b/a Kerr Lake Dialysis shall relocate and operate no more than 16 additional dialysis stations for a total of no more than 16 certified stations which shall include any isolation stations.
3. After the certification of the sixteen dialysis stations at Kerr Lake Dialysis, DVA Healthcare Renal Care of North Carolina, Inc. shall decertify 16 dialysis stations at the Vance County Dialysis facility.
4. DVA Healthcare Renal Care of North Carolina, Inc. d/b/a Kerr Lake Dialysis shall install plumbing and electrical wiring through the walls for no more than sixteen dialysis stations which shall include any isolation stations.
5. DVA Healthcare Renal Care of North Carolina, Inc. d/b/a Kerr Lake Dialysis shall not offer or develop home hemodialysis or peritoneal dialysis training services as part of this project.
6. Prior to the issuance of a Certificate of Need, DVA Healthcare Renal Care of North Carolina, Inc. d/b/a Kerr Lake Dialysis shall provide a letter to the Certificate of Need Section from the Medical Director of the proposed Kerr Lake Dialysis facility which confirms his or her willingness to serve in that capacity.
7. DVA Healthcare Renal Care of North Carolina, Inc. d/b/a Kerr Lake Dialysis 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 March 7, 2014.

**TIMETABLE:**

Completion of Preliminary Drawings _____	January 1, 2014
Completion of Final Drawings and Specifications _____	March 1, 2014
50% Completion of Construction _____	July 15, 2014
Completion of Construction _____	October 1, 2014
Occupancy/Offering of Service _____	December 15, 2014
Certification of Stations _____	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 #J-10204-13

FID #041181

**ISSUED TO:** Total Renal Care of North Carolina, LLC  
d/b/a Wake Forest 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 5 dialysis stations for a total of no more than 20 certified stations upon completion of this project/ Wake County

**CONDITIONS:** See Reverse Side

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

**MAXIMUM CAPITAL EXPENDITURE:** \$94,423

**TIMETABLE:** See Reverse Side

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

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

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

**CONDITIONS:**

1. Total Renal Care of North Carolina, LLC d/b/a Wake Forest Dialysis Center shall materially comply with all representations made in the certificate of need application.
2. Total Renal Care of North Carolina, LLC d/b/a Wake Forest Dialysis Center shall develop and operate no more than five additional dialysis stations for a total of no more than 20 certified stations upon completion of this project, which shall include any isolation or home hemodialysis stations.
3. Total Renal Care of North Carolina, LLC d/b/a Wake Forest Dialysis Center shall install plumbing and electrical wiring through the walls for no more than five additional dialysis stations for a total of no more than 20 dialysis stations which shall include any isolation or home hemodialysis stations.
4. Total Renal Care of North Carolina, LLC d/b/a Wake Forest 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 March 10, 2014.

**TIMETABLE:**

Operation of Equipment	_____	December 1, 2014
Certification of Stations	_____	January 1, 2015