

**Certificate of Need Section
Certificates Issued**

Printed for Period: From 04/01/2014 to 04/30/2014

County	Project ID#	Facility	Project Description	Application Review	Certificate of Need Issue Date	Total Approved Capital Expenditure	1st Project Progress Report Date
Brunswick	O-010223-13	Autumn at Brunswick Plantation 070820 Ashe	Cost overrun for Project ID #O-8005-07 (Develop a 100-bed nursing facility in Ashe)	12/01/2013	04/22/2014	\$11,978,280.00	08/22/2014
Durham	J-010188-13	Freedom Lake Dialysis Center 955622 Durham	Add four dialysis stations for a total of 26 dialysis stations upon completion	10/01/2013	04/25/2014	\$10,750.00	07/30/2014
Mecklenburg	F-010179-13	BMA of Nations Ford 970826 Charlotte	Add 2 dialysis stations for a total of 26 stations upon completion of this project, Project ID #F-10052-12 (relocate 6 stations) and Project ID #F-10092-13 (add 6 stations)	10/01/2013	04/01/2014	\$0.00	07/15/2014
Mecklenburg	F-010185-13	BMA OF EAST CHARLOTTE 970301 Charlotte	Add 9 dialysis stations for a total of 33 stations upon project completion	10/01/2013	04/01/2014	\$438,040.00	07/15/2014
Mecklenburg	F-010213-13	Novant Health Matthews Medical Center 945076 Matthews	Relocate 20 acute care beds from Novant Health Presbyterian Medical Center, and expand the Women's Center and ICU	11/01/2013	04/22/2014	\$20,423,994.00	01/15/2016

**Certificate of Need Section
Certificates Issued**

Printed for Period: From 04/01/2014 to 04/30/2014

County	Project ID#	Facility	Project Description	Application Review	Certificate of Need Issue Date	Total Approved Capital Expenditure	1st Project Progress Report Date
Mecklenburg	F-010219-13	Huntersville Dialysis 130490 Huntersville	Develop a new 10-station dialysis facility in Huntersville by relocating 10 certified dialysis stations from North Charlotte Dialysis Center	11/01/2013	04/29/2014	\$1,983,114.00	09/01/2014
Scotland	N-010178-13	BMA of Laurinburg 924648 Laurinburg	Add 4 dialysis stations for a total of 30 stations upon project completion	10/01/2013	04/01/2014	\$0.00	08/02/2014
Scotland	N-010189-13	Bio-Medical Applications of North Carolina, Inc. 060982 Laurinburg	Add two dialysis stations for a total of 14 dialysis stations upon completion	10/01/2013	04/01/2014	\$5,300.00	08/02/2014

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project Identification Number #O-10223-13

FID #070820

**ISSUED TO: Autumn Corporation
d/b/a Autumn at Brunswick Plantation
PO Box 1579
Morganton, NC 28680**

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: Cost Overrun on Project ID #O-8005-07 (Develop a new 100-bed nursing facility in Ashe by relocating 30 nursing facility beds from Autumn Care of Shallotte and 70 beds allocated in the 2007 State Medical Facilities Plan)/ Brunswick County

CONDITIONS: See Reverse Side


**PHYSICAL LOCATION: Autumn at Brunswick Plantation
No. 5 School Road and Ash Little River Road
Ashe, NC 28420**

MAXIMUM CAPITAL EXPENDITURE: \$11,978,280

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 22, 2014

This certificate is effective as of the 22nd day of April, 2014


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

CONDITIONS:

1. Autumn Corporation d/b/a Autumn at Brunswick Plantation shall materially comply with all representations made in Project I.D. #O-8005-07 and this certificate of need application, Project I.D. #O-10223-13.
2. Autumn Corporation d/b/a Autumn at Brunswick Plantation shall comply with all conditions of approval on the certificate of need for Project I.D. #O-8005-07, except as specifically modified by the conditions of approval for this application, Project I.D. #O-10223-13.
3. Autumn Corporation d/b/a Autumn at Brunswick Plantation 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.
4. The total capital expenditure for both projects combined shall be \$11,978,280.
5. Autumn Corporation d/b/a Autumn at Brunswick Plantation shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to the issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on April 8, 2014.

TIMETABLE:

Loan Agreement Executed _____	May 15, 2014
Construction Loan Executed _____	May 15, 2014
Permanent Loan Executed _____	May 15, 2014
Final Drawings Approved by the Construction Section, DHSR _____	May 15, 2014
Final Drawings Approved by the Department of Insurance _____	May 15, 2014
Approval of Site by the Construction Section, DHSR _____	May 15, 2014
Construction Contract Awarded _____	June 1, 2014
Building Permit Obtained _____	June 10, 2014
Site Preparation _____	July 15, 2014
Footings/Foundation Poured _____	August 15, 2014
25% Completion of Construction _____	October 1, 2014
50% Completion of Construction _____	January 5, 2015
75% Completion of Construction _____	May 1, 2015
Completion of Construction _____	September 1, 2015
Licensure of Facility _____	October 1, 2015
Medicare/Medicaid Certification _____	October 15, 2015

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project Identification Number #J-10188-13

FID #955622

ISSUED TO: Bio-Medical Applications of North Carolina, Inc.
d/b/a BMA Freedom Lake Dialysis
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 four dialysis stations to the BMA Freedom Lake Dialysis facility in Durham, for a facility total of 26 dialysis stations upon completion of this project/Durham County

CONDITIONS: See Reverse Side

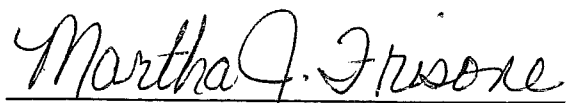
PHYSICAL LOCATION: BMA Freedom Lake Dialysis
4016 Freedom Lake Drive
Durham, NC 27704

MAXIMUM CAPITAL EXPENDITURE: \$10,750

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 30, 2014

This certificate is effective as of the 25th day of April, 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 Freedom Lake shall materially comply with all representations made in the certificate of need application and in the supplemental information received on March 18, 2014. In those instances where representations conflict, Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Freedom Lake shall materially comply with the last made representation.
2. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Freedom Lake shall develop no more than 4 additional stations for a total of no more than 26 certified stations upon completion of this project, which shall include any home hemodialysis or isolation stations.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Freedom Lake shall install plumbing and electrical wiring through the walls for no more than four additional dialysis stations.

TIMETABLE:

Ordering Equipment	_____	October 17, 2014
Certification of Stations	_____	December 31, 2014
Offering of Services	_____	December 31, 2014

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project Identification Number #F-10179-13

FID #970826

**ISSUED TO: Bio-Medical Applications of North Carolina, Inc.
d/b/a BMA Nations Ford
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 26 certified stations upon completion of this project, Project I.D. #F-10052-12 (relocate 6 stations) and Project I.D. #F-10092-13 (add 6 stations)/Mecklenburg County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: BMA Nations Ford
7901 England Street
Charlotte, NC 28273**

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 15, 2014

This certificate is effective as of the 1st day of April, 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 Nations Ford 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 Nations Ford shall develop and operate no more than two additional dialysis stations for a total of no more than 26 certified stations upon completion of this project, Project I.D. #F-10052-12 (relocate six stations) and Project I.D. #F-10092-13 (add six stations), which shall include any isolation stations.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Nations Ford shall install plumbing and electrical wiring through the walls for no more than two additional dialysis stations for a total of no more than 26 dialysis stations which shall include any home hemodialysis training or isolation stations.
4. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Nations Ford 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:

Occupancy/Offering of Service(s) _____	June 30, 2015
Certification of Stations _____	June 30, 2015

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project Identification Number #F-10185-13

FID #970301

**ISSUED TO: Bio-Medical Applications of North Carolina, Inc.
d/b/a FMC East 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: Add no more than 9 dialysis stations for a total of no more than 33 certified stations upon project completion/Mecklenburg County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: FMC East Charlotte
1334 Central Avenue
Charlotte, NC 28205**

MAXIMUM CAPITAL EXPENDITURE: \$438,040

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 15, 2014

This certificate is effective as of the 1st day of April, 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 East 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 FMC East Charlotte shall develop and operate no more than nine additional dialysis stations for a total of no more than 33 certified stations upon completion of this project, which shall include any isolation stations.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC East Charlotte shall install plumbing and electrical wiring through the walls for no more than nine additional dialysis stations for a total of no more than 33 dialysis stations, which shall include any home hemodialysis or isolation stations.
4. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC East 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 March 5, 2014.

TIMETABLE:

Completion of Drawings and Specifications _____	September 16, 2014
Contract Award _____	December 15, 2014
50% Completion of Construction _____	June 13, 2015
Completion of Construction _____	November 10, 2015
Occupancy/Offering of Service _____	December 31, 2015
Certification of Stations _____	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 #F-10213-13

FID #945076

**ISSUED TO: Presbyterian Medical Care Corporation
d/b/a Novant Health Matthews Medical Center
3600 Country Club Road, Suite 201
Winston-Salem, NC 27103**

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 20 acute care beds by relocating 20 existing acute care beds from Novant Health Presbyterian Medical Center/ Mecklenburg County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Novant Health Matthews Medical Center
1500 Matthews Township Parkway
Matthews, NC 28106**

MAXIMUM CAPITAL EXPENDITURE: \$20,423,994

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 15, 2016

This certificate is effective as of the 22nd day of April, 2014


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

CONDITIONS:

1. Presbyterian Medical Care Corporation d/b/a Novant Health Matthews Medical Center shall materially comply with all representations made in the certificate of need application.
2. Presbyterian Medical Care Corporation d/b/a Novant Health Matthews Medical Center shall relocate no more than 20 acute care beds from Novant Health Presbyterian Medical Center. Presbyterian Medical Care Corporation d/b/a Novant Health Matthews Medical Center will be licensed for no more than 154 acute care beds following the completion of this project.
3. Novant Health Presbyterian Medical Center shall de-license 20 acute care beds. Upon completion of this project, Novant Health Presbyterian Medical Center shall be licensed for no more than 519 acute care beds.
4. Presbyterian Medical Care Corporation d/b/a Novant Health Matthews 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.
5. Presbyterian Medical Care Corporation d/b/a Novant Health Matthews Medical Center shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes. The plan must be consistent with the applicant's representations in the written statement as described in paragraph one of Policy GEN-4.
6. Presbyterian Medical Care Corporation d/b/a Novant Health Matthews 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 28, 2014.

TIMETABLE:

Completion of Final Drawings	_____	March 1, 2016
Contract Award	_____	June 1, 2016
Ordering Equipment	_____	July 1, 2016
25% Completion of Construction	_____	July 15, 2016
50% Completion of Construction	_____	September 1, 2016
75% Completion of Construction	_____	October 15, 2016
Completion of Construction	_____	December 1, 2016
Occupancy/Offering Service	_____	January 1, 2017

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project Identification Number #F-10219-13

FID #130490

**ISSUED TO: DVA Healthcare Renal Care, Inc.
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: Develop a new ten-station dialysis facility in Huntersville by relocating ten certified dialysis stations from North Charlotte Dialysis Center/ Mecklenburg County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Huntersville Dialysis
Kincey Avenue and Boren Street, Parcel Identification
Number 01716527, GC AS22
Huntersville, NC 28078**

MAXIMUM CAPITAL EXPENDITURE: \$1,983,114

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2014

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


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

CONDITIONS:

1. DVA Healthcare Renal Care, Inc. d/b/a Huntersville Dialysis shall materially comply with all representations made in the certificate of need application.
2. DVA Healthcare Renal Care, Inc. d/b/a Huntersville Dialysis shall relocate and operate no more than a total of ten (10) certified dialysis stations which shall include any home hemodialysis training stations or isolation stations.
3. After the certification of the ten (10) relocated dialysis stations at Huntersville Dialysis, DVA Healthcare Renal Care, Inc. d/b/a North Charlotte Dialysis Center shall take steps to decertify ten (10) dialysis stations for a total of no more than twenty-five (25) certified stations at North Charlotte Dialysis Center upon completion of this project.
4. DVA Healthcare Renal Care, Inc. d/b/a Huntersville Dialysis shall install plumbing and electrical wiring through the walls for no more than ten (10) dialysis stations which shall include any home training or isolation stations.
5. DVA Healthcare Renal Care, Inc. d/b/a Huntersville 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 April 29, 2014.

TIMETABLE:

Completion of Preliminary Drawings	_____	August 1, 2014
Completion of Final Drawings and Specifications	_____	November 1, 2014
25% Completion of Construction	_____	May 1, 2015
50% Completion of Construction	_____	July 1, 2015
75% Completion of Construction	_____	August 15, 2015
Completion of Construction	_____	October 1, 2015
Occupancy/Offering of Service	_____	December 1, 2015
Certification of Stations	_____	January 1, 2016

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project Identification Number #N-10178-13

FID #924648

**ISSUED TO: Bio-Medical Applications of North Carolina, Inc.
d/b/a BMA Laurinburg
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 four dialysis stations for a total of no more than 30 stations upon project completion/ Scotland County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: BMA Laurinburg
701 E. Lauchwood Drive
Laurinburg, NC 28352**

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 2, 2014

This certificate is effective as of the 1st day of April, 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 Laurinburg shall materially comply with all representations made in its certificate of need application.
2. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Laurinburg shall develop and operate no more than four additional dialysis stations for a total of 30 certified stations which shall include any home hemodialysis training or isolation stations.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Laurinburg shall install plumbing and electrical wiring through the walls for four additional dialysis stations for a total of 30 dialysis stations which shall include any home hemodialysis training or isolation stations.
4. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Laurinburg 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:

Completion of Preliminary Drawings _____	May 19, 2014
Completion of Final Drawings & Specifications _____	July 3, 2014
Ordering of Equipment _____	October 17, 2014
Arrival of Equipment _____	December 16, 2014
Operation of Equipment _____	December 26, 2014
Occupancy/Offering of Services _____	December 31, 2014
Certification of Stations _____	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 #N-10189-13

FID #060982

ISSUED TO: Bio-Medical Applications of North Carolina, Inc
d/b/a FMC Scotland County
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 two dialysis stations for a total of no more than 14 stations upon project completion/ Scotland County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: FMC Scotland County
1061 Aberdeen Road
Laurinburg, NC 28352

MAXIMUM CAPITAL EXPENDITURE: \$5,300

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 2, 2014

This certificate is effective as of the 1st day of April, 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 Scotland County shall materially comply with all representations made in its certificate of need application.
2. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Scotland County shall develop and operate no more than two additional dialysis stations for a total of 14 certified stations which shall include any isolation stations.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Scotland County shall install plumbing and electrical wiring through the walls for two additional dialysis stations for a total of 14 dialysis stations which shall include any isolation stations.
4. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Scotland County 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:

Completion of Preliminary Drawings	_____	May 19, 2014
Completion of Final Drawings & Specifications	_____	July 3, 2014
Ordering of Equipment	_____	October 17, 2014
Arrival of Equipment	_____	December 16, 2014
Operation of Equipment	_____	December 26, 2014
Occupancy/Offering of Services	_____	December 31, 2014
Certification of Stations	_____	December 31, 2014