

**Certificate of Need Section  
Certificates Issued**

Printed for Period: From 05/01/2014 to 05/31/2014

<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>Forsyth</b>	<b>G-010133-13</b>	<b>North Carolina Baptist Hospital 943495 Winston Salem</b>	Convert research only PET scanner to clinical use pursuant to the need determination in the 2013 SMFP	06/01/2013	05/28/2014	\$1,585,506.00	07/15/2017
<b>Granville</b>	<b>K-010245-14</b>	<b>Neuse River Dialysis Center 955623 Oxford</b>	Add three dialysis stations for a total of 25 dialysis stations upon completion	04/01/2014	05/29/2014	\$10,573.00	02/05/2015
<b>New Hanover</b>	<b>O-010231-13</b>	<b>NHRMC Cardio-Pulmonary OP Rehab 130544 Wilmington</b>	Relocate and consolidate cardiac rehabilitation and pulmonary rehabilitation services	12/01/2013	05/28/2014	\$2,775,330.00	08/15/2014
<b>Union</b>	<b>F-010235-14</b>	<b>The Heritage of Union County 080171 Unionville</b>	Cost overrun for Project ID #F-8071-08 (Develop a new 90-bed nursing facility)	02/01/2014	05/01/2014	\$13,274,920.00	09/30/2014
<b>Wake</b>	<b>J-010230-13</b>	<b>Spring Arbor of Cary 130543 Cary</b>	Construct an 80-bed replacement Adult Care Home	12/01/2013	05/28/2014	\$23,499,400.00	09/30/2014

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<b>Wayne</b>	<b>P-010228-13</b>	<b>Wayne Memorial Hospital, Inc. 933535 Goldsboro</b>	Acquire fixed angiography equipment and install in existing space	12/01/2013	05/28/2014	\$2,079,864.00	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 #G-10133-13**

**FID #943495**

**ISSUED TO: North Carolina Baptist Hospital  
Medical Center Boulevard  
Winston-Salem, NC 27157**

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: Convert research only PET scanner to clinical use pursuant to the need determination in the 2013 SMFP/Forsyth County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: North Carolina Baptist Hospital  
Medical Center Boulevard  
Winston-Salem, NC 27157**

**MAXIMUM CAPITAL EXPENDITURE: \$1,585,505.62**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: July 15, 2017**

This certificate is effective as of the 28th day of May, 2014

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

**CONDITIONS:**

- 1. North Carolina Baptist Hospital shall materially comply with all representations made in the certificate of need application, except as specifically amended by the conditions of approval and as modified by additional information submitted to the CON Section on 20 May 2014. In those instances in which any of these representations conflict, North Carolina Baptist Hospital shall materially comply with the last-made representation.**
- 2. North Carolina Baptist Hospital 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. North Carolina Baptist Hospital shall license and certify the PET Scanner approved as part of CON Project ID No. G-10133-13 *no sooner* than 1 July 2017.**

**TIMETABLE:**

Offering of Services \_\_\_\_\_ July 1, 2017

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project Identification Number #K-10245-14**

**FID #955623**

**ISSUED TO: Bio-Medical Applications of North Carolina, Inc.  
d/b/a FMC Neuse River  
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 three dialysis stations for a total of 25 dialysis stations upon completion of this project/Granville County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: FMC Neuse River  
625 Lewis Street  
Oxford, NC 27565**

**MAXIMUM CAPITAL EXPENDITURE: \$10,573**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: February 4, 2015**

This certificate is effective as of the 29<sup>th</sup> day of May, 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 Neuse River, 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 Neuse River, shall develop and operate no more than three additional dialysis stations for a total of no more than 25 dialysis stations which shall include any home hemodialysis training or isolation stations upon completion of this project.**
3. **Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Neuse River, shall install plumbing and electrical wiring through the walls for no more than three additional dialysis stations for a total of 25 dialysis stations, which shall include any home hemodialysis training or isolation stations.**
4. **Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Neuse River, 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 May 2, 2014.**

**TIMETABLE:**

**Final Drawings Completion \_\_\_\_\_ May 16, 2015**  
**Ordering of Equipment \_\_\_\_\_ October 2, 2015**  
**Operation of Equipment and Certification of Stations \_\_\_\_\_ December 15, 2015**

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project Identification Number #O-10231-13**

**FID #130270**

**ISSUED TO: New Hanover Regional Medical Center  
2131 South 17<sup>th</sup> Street  
Wilmington, NC 28402**

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 and consolidate cardiac and pulmonary rehabilitation services/New Hanover County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: Cardiac Medical Office Building  
1415 Physicians Drive  
Wilmington, NC 28402**

**MAXIMUM CAPITAL EXPENDITURE: \$2,775,330**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 28th day of May, 2014

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

**CONDITIONS:**

1. New Hanover Regional Medical Center shall materially comply with all representations made in the certificate of need application and any supplemental responses. In those instances where representations conflict, New Hanover Regional Medical Center shall materially comply with the last made representation.
2. New Hanover Regional Medical Center shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section VIII of the application and which would otherwise require a certificate of need.
3. New Hanover Regional 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 May 12, 2014.

**TIMETABLE:**

Final Drawings Completion _____	January 1, 2014
Completion of Construction _____	May 31, 2014
Offering of Services _____	June 1, 2014



# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project Identification Number #F-10235-14**

**FID #080171**

**ISSUED TO:** The Heritage Properties of Union County, Inc. (Lessor)  
And The Heritage of Union County, LLC (Lessee)  
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:** Cost overrun for Project ID #F-8071-08 (Develop a new 90-bed nursing facility)/  
Union County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** The Heritage of Union County  
3510 West Highway 74  
Monroe, NC 28110

**MAXIMUM CAPITAL EXPENDITURE:** \$13,274,920

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of the 1<sup>st</sup> day of May, 2014

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

**CONDITIONS:**

1. The Heritage Properties of Union County, Inc. (Lessor) and The Heritage of Union County, LLC (Lessee) shall comply with all conditions of approval on the certificate of need for Project I.D. #F-8071-08, except as specifically modified by the conditions of approval for this application, Project I.D. #F-10235-14.
2. The Heritage Properties of Union County, Inc. (Lessor) and The Heritage of Union County, LLC (Lessee) 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 applicants' representations in the written statement as described in paragraph one of Policy GEN-4.
3. The total capital expenditure for both projects shall be \$13,274,920.
4. The Heritage Properties of Union County, Inc. (Lessor) and The Heritage of Union County, LLC (Lessee) 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:**

Completion of Construction _____	July 1, 2014
Occupancy/Offering of Services _____	October 1, 2014
Licensure and Certification of Facility _____	February 1, 2015

# STATE OF NORTH CAROLINA

*Department of Health and Human Services*

*Division of Health Service Regulation*

## **CERTIFICATE OF NEED**

for

**Project Identification Number #J-10230-13**

**FID #130543**

**ISSUED TO:** Spring Arbor of Cary and HHHunt of North Carolina, Inc.  
1401 Sunday Drive, Suite 109  
Raleigh, NC 27607

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein, as documented by the periodic progress reports required by 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that law.

**SCOPE:** Construct an 80-bed replacement Adult Care Home/Wake County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Spring Arbor of Cary  
1695 Kildaire Farm Road  
Cary, NC 27511

**MAXIMUM CAPITAL EXPENDITURE:** \$23,499,400

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of the 28th day of May, 2014

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

**CONDITIONS:**

1. Spring Arbor of Cary, LLC and HHHunt of North Carolina, Inc. shall materially comply with all representations made in the certificate of need application.
2. Spring Arbor of Cary, LLC and HHHunt of North Carolina, Inc. shall construct a replacement facility with no more than 80 adult care beds upon the completion of the proposed project.
3. For the first two years of operation following completion of the project, Spring Arbor of Cary, LLC and HHHunt of North Carolina, Inc. shall not increase actual private pay charges 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. Spring Arbor of Cary, LLC and HHHunt of North Carolina, Inc. shall submit all patient charges and patient admissions for each source of patient payment to the CON Section at year end for each of the first three operating years following licensure of the beds in the facility.
5. Prior to the insurance of the Certificate of Need, Spring Arbor of Cary, LLC and HHHunt of North Carolina, Inc. shall provide documentation to the Certificate of Need Section that demonstrates the proposed project will have a Sustainability Plan for the project that conforms to or exceeds water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.
6. Spring Arbor of Cary, LLC and HHHunt of North Carolina, shall submit a plan of energy efficiency and water conservation to the Construction Section, DHSR, that conforms to the rules, codes and standards implemented by the Construction Section of the Division of Health Service Regulation.
7. Prior to the insurance of the Certificate of Need, Spring Arbor of Cary, LLC and HHHunt of North Carolina, Inc. shall provide documentation to the Certificate of Need Section that demonstrates the availability of funds for the working capital (start-up and initial operating costs) for the proposed project.
8. Spring Arbor of Cary, LLC and HHHunt of North Carolina, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section, in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on May 5, 2014.

**TIMETABLE:**

Final Drawings Approved by the Construction Section, DHSR	_____	June 5, 2014
25% Completion of Construction	_____	December 29, 2014
50% Completion of Construction	_____	April 27, 2015
75% Completion of Construction	_____	June 16, 2015
Completion of Construction	_____	August 17, 2015
Licensure of Facility	_____	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 #P-10228-13**

**FID #933535**

**ISSUED TO: Wayne Memorial Hospital, Inc.  
2700 Wayne Memorial Drive  
Goldsboro, NC 27534**

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein, as documented by the periodic progress reports required by 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that law.

**SCOPE: Acquire no more than one unit of fixed angiography equipment to create a dedicated angiography room/Wayne County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: Wayne Memorial Hospital, Inc.  
2700 Wayne Memorial Drive  
Goldsboro, NC 27534**

**MAXIMUM CAPITAL EXPENDITURE: \$2,079,864**

**TIMETABLE: See Reverse Side**

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

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

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

**CONDITIONS:**

1. Wayne Memorial Hospital, Inc. shall materially comply with all representations made in its certificate of need application and supplemental information. In those instances where representations conflict, Wayne Memorial Hospital, Inc. shall materially comply with the last made representation.
2. Wayne Memorial Hospital, Inc. shall acquire no more than one angiography system to be installed in an existing procedure room.
3. Wayne Memorial Hospital, Inc. shall not use the angiography procedure room or equipment purchased in this project to provide cardiac catheterization services as defined in N.C.G.S. 131E-176(2g).
4. Wayne Memorial Hospital, Inc. shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section VIII of the application and which would otherwise require a certificate of need.
5. Wayne Memorial Hospital, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein in writing to the Certificate of Need Section.

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 May 12, 2014.

**TIMETABLE:**

Ordering of Equipment _____	May 1, 2014
Obtain all Funds Necessary to Undertake the Project _____	June 1, 2014
Approval of Final Drawings by Construction Section, DHSR _____	June 30, 2014
Contract Award _____	July 1, 2014
25% Completion of Construction _____	July 18, 2014
50% Completion of Construction _____	August 1, 2014
75% Completion of Construction _____	August 15, 2014
Completion of Construction _____	August 29, 2014
Occupancy/Offering of Services _____	October 1, 2014