

**Certificate of Need Section
Certificates Issued**

Printed for Period: From 06/01/2014 to 06/30/2014

County	Project ID#	Facility	Project Description	Application Review	Certificate of Need Issue Date	Total Approved Capital Expenditure	1st Project Progress Report Date
Alamance	G-010255-14	Carolina Dialysis of Mebane 100545 Mebane	Add 2 dialysis stations for a total of 12 stations upon completion	04/01/2014	06/05/2014	\$6,000.00	08/14/2015
Alamance	G-010265-14	Graham Dialysis 140092 Graham	Develop 10-station dialysis facility by relocating 8 dialysis stations from Burlington Dialysis Center and 2 stations from North Burlington Dialysis Center	04/01/2014	06/30/2014	\$2,172,477.00	03/15/2015
Carteret	P-010257-14	Crystal Coast Dialysis Unit 960074 Morehead City	Add 3 stations for a total of 16 stations upon completion of this project and Project I.D. #P-10051-12 and Project I.D. #P-10097-13	04/01/2014	06/17/2014	\$0.00	10/31/2015
Durham	J-010248-14	FMC South Durham 080098 Durham	Add two dialysis stations for a total of 14 dialysis stations upon completion	04/01/2014	06/03/2014	\$7,200.00	10/01/2014
Johnston	J-006430-01	Johnston Health 943290 Smithfield	Acquire one fixed cardiac cath machine to be located at existing facility.	07/01/2001	06/05/2014	\$2,140,680.00	12/31/2014
Mecklenburg	F-010249-14	BMA OF NORTH CHARLOTTE 955788 CHARLOTTE	Add two dialysis stations for a total of 32 dialysis stations upon completion of this project and Project ID #F-10091-13 (add three dialysis stations)	04/01/2014	06/05/2014	\$112,250.00	02/07/2015

**Certificate of Need Section
Certificates Issued**

Printed for Period: From 06/01/2014 to 06/30/2014

County	Project ID#	Facility	Project Description	Application Review	Certificate of Need Issue Date	Total Approved Capital Expenditure	1st Project Progress Report Date
Mecklenburg	F-010256-14	BMA of Nations Ford 970826 Charlotte	Add 4 dialysis stations for a total of 30 stations upon completion of this project and Project I.D. #F-10179-13, Project I.D. #F-10092-13 and Project I.D. #F-10052-12	04/01/2014	06/03/2014	\$36,000.00	10/23/2014
Mecklenburg	F-010259-14	BMA Beatties Ford 960156 Charlotte	Add seven dialysis stations for a total of 39 dialysis stations upon completion	04/01/2014	06/24/2014	\$1,081,369.00	10/24/2014
New Hanover	O-010241-14	Wilmington Health 943565 Wilmington	Convert single-specialty ASC to multi-specialty ASC	03/01/2014	06/13/2014	\$26,951.00	10/01/2014
Orange	J-010238-14	Residential Services, Inc. Retirement Center 010376 Durham	Relocate 10 vacant ICF/IID beds from the Murdoch Development Center to the existing 5-bed ICF/IID home on Church Road	03/01/2014	06/04/2014	\$0.00	06/30/2014
Stanly	F-010246-14	BMA ALBEMARLE 955784 ALBEMARLE	Add two dialysis stations for a total of 26 dialysis stations upon completion of this project and project F-010181-13 (add 2 for 24)	04/01/2014	06/07/2014	\$5,500.00	04/30/2015

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project Identification Number #G-10255-14

FID #100545

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

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein, 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 2 dialysis stations for a total of 12 upon completion/ Alamance County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Carolina Dialysis of Mebane
1410 South 3rd Street
Mebane, NC 27302**

MAXIMUM CAPITAL EXPENDITURE: \$6,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 14, 2015

This certificate is effective as of the 5th day of June, 2014

Lisa Pitt for Martha J. Fusare

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

CONDITIONS:

1. Carolina Dialysis, LLC d/b/a Carolina Dialysis - Mebane shall materially comply with all representations made in the certificate of need application.
2. Carolina Dialysis, LLC d/b/a Carolina Dialysis - Mebane shall develop and operate no more than two additional dialysis stations for a total of no more than twelve (12) certified dialysis stations which shall include any home hemodialysis training stations or isolation stations.
3. Carolina Dialysis, LLC d/b/a Carolina Dialysis - Mebane shall install plumbing and electrical wiring through the walls for no more than twelve (12) dialysis stations which shall include any home training or isolation stations.
4. Carolina Dialysis, LLC d/b/a Carolina Dialysis - Mebane 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:

25% Completion of Construction	_____	August 14, 2015
Ordering Equipment	_____	October 17, 2015
Occupancy/Offering of Service/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 #G-10265-14

FID #140092

**ISSUED TO: Renal Treatment Centers Mid-Atlantic, Inc.
d/b/a Graham 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, 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 10 station dialysis facility by relocating 8 dialysis stations from Burlington Dialysis Center and 2 stations from North Burlington Dialysis Center/ Alamance County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Graham Dialysis
0 W. Crescent Square Drive
Graham, NC 27253**

MAXIMUM CAPITAL EXPENDITURE: \$2,172,477

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 15, 2015

This certificate is effective as of the 30th day of June, 2014


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

CONDITIONS:

1. Renal Treatment Centers Mid-Atlantic, Inc. d/b/a Graham Dialysis shall materially comply with all representations made in the certificate of need application.
2. Prior to issuance of the certificate of need, Renal Treatment Centers Mid-Atlantic, Inc. d/b/a Graham Dialysis shall provide the CON Section with the project's plan to assure improved energy efficiency and water conservation.
3. Prior to issuance of the certificate of need, Renal Treatment Centers Mid-Atlantic, Inc. d/b/a Graham Dialysis shall provide the Certificate of Need Section with written clarification on the primary site address.
4. Renal Treatment Centers Mid-Atlantic, Inc. d/b/a Graham 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.
5. After the certification of the ten (10) relocated dialysis stations at Graham Dialysis, Renal Treatment Centers Mid-Atlantic, Inc. d/b/a Burlington Dialysis Center shall take steps to decertify eight (8) dialysis stations for a total of no more than eighteen (18) certified stations at Burlington Dialysis Center and Renal Treatment Centers Mid-Atlantic, Inc. d/b/a North Burlington Dialysis Center shall take steps to decertify two (2) dialysis stations for a total of no more than eleven (11) certified stations at North Burlington Dialysis Center.
6. Renal Treatment Centers Mid-Atlantic, Inc. d/b/a Graham 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.
7. Renal Treatment Centers Mid-Atlantic, Inc. d/b/a Graham 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 June 30, 2014.

TIMETABLE:

Completion of Preliminary Drawings	_____	March 1, 2015
25% Completion of Construction	_____	June 15, 2015
75% Completion of Construction	_____	September 15, 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 #P-10257-14

FID #960074

**ISSUED TO: Bio-Medical Applications of North Carolina, Inc.
d/b/a BMA Crystal Coast
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 three dialysis stations for a total of 16 dialysis stations upon completion of this project, Project ID #P-10051-12 (relocation of 10 stations to develop FMC Sea Spray) and Project ID #P-10097-13 (add 3 dialysis stations)/ Carteret County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: BMA Crystal Coast
3332 Bridges Street
Morehead City, NC 28557**

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 31, 2015

This certificate is effective as of the 17th day of June, 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 Crystal Coast 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 Crystal Coast shall develop and operate no more than three additional dialysis stations for a total of 16 certified stations upon completion of this project, Project I.D. #P-10051-12 (relocation of 10 stations to develop FMC Sea Spray, and Project I.D. #P-10097-13 (add three stations) which shall include any home hemodialysis training or isolation stations.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Crystal Coast shall install plumbing and electrical wiring through the walls for three additional dialysis stations for a total of 16 dialysis stations which shall include any home hemodialysis training or isolation stations.
4. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Crystal Coast 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 23, 2014.

TIMETABLE:

Occupancy/Offering of Service _____ December 31, 2015

STATE OF NORTH CAROLINA

Department of Health and Human Services

Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project Identification Number #J-10248-14

FID #080098

**ISSUED TO: Bio-Medical Applications of North Carolina, Inc.
d/b/a FMC South Durham
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 2 dialysis stations for a total of 14 certified stations upon completion of this project/Durham County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: FMC South Durham
3516 Tricenter Boulevard
Durham, NC 27713**

MAXIMUM CAPITAL EXPENDITURE: \$7,200

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 1, 2014

This certificate is effective as of the 3rd day of June, 2014

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

CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC South Durham 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 South Durham shall develop and operate no more than two additional dialysis stations for a total of no more than 14 certified stations upon completion of this project, which shall include any isolation or home hemodialysis stations.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC South Durham shall install plumbing and electrical wiring through the walls for no more than two additional dialysis stations for a total of no more than 14 dialysis stations, which shall include any isolation or home hemodialysis stations.
4. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC South Durham 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 7, 2014.

TIMETABLE:

Contract Award	_____	August 14, 2015
50% Completion of Construction	_____	October 13, 2015
Occupancy/Offering of Service/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 #J-6430-01

FID #943290

ISSUED TO: Johnston Health
509 N. Bright Leaf Boulevard
Smithfield NC 27577

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 one unit of fixed cardiac catheterization equipment and construct a cardiac catheterization laboratory at the hospital/ Johnston County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Johnston Health
509 N. Bright Leaf Boulevard
Smithfield NC 27577

MAXIMUM CAPITAL EXPENDITURE: \$2,140,680

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 31, 2014

This certificate is effective as of the 5th day of June, 2014

Lisa Pitt for *Martha J. Fusione*
Interim Chief, Certificate of Need Section
Division of Health Service Regulation

CONDITIONS:

1. Johnston Health shall materially comply with all representations made in the certificate of need application and the letter dated May 20, 2014. In those instances where any of those representations conflict, Johnston Memorial Hospital shall materially comply with the last-made representations.
2. Johnston Health may perform interventional cardiac catheterization procedures on the fixed cardiac catheterization unit so long as the hospital does so in accordance with the standards of the Society for Cardiovascular Angiography and Interventions, the American College of Cardiology Foundation, and the American Heart Association, for percutaneous coronary intervention without on-site surgical backup.
3. Johnston Health shall submit a report to the Certificate of Need Section annually, due by December 31st, documenting that the hospital is operating in accordance with the standards of the Society for Cardiovascular Angiography and Interventions, the American College of Cardiology Foundation, and the American Heart Association, for percutaneous coronary intervention without on-site surgical backup. If the hospital is not operating in accordance with the standards, the hospital shall provide a written plan of action for returning to compliance with the standards.

STATE OF NORTH CAROLINA

Department of Health and Human Services
Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project Identification Number #F-10249-14

FID #955788

ISSUED TO: Bio-Medical Applications of North Carolina, Inc.
d/b/a North 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 two dialysis stations for a total of 32 dialysis stations upon completion of this project and Project ID #F-10091-13 (add three dialysis stations)/ Mecklenburg County

CONDITIONS: See Reverse Side

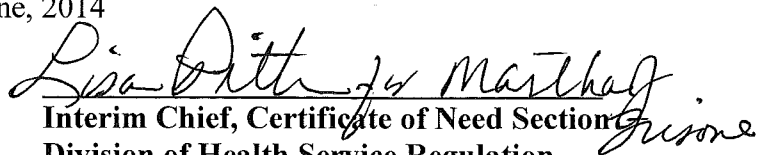
PHYSICAL LOCATION: BMA North Charlotte
5220 North Tryon Road
Charlotte, NC 28213

MAXIMUM CAPITAL EXPENDITURE: \$122,250

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: February 7, 2015

This certificate is effective as of the 5th day of June, 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 North Charlotte 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 North Charlotte shall develop and operate no more than two additional dialysis stations for a total of 32 certified stations upon completion of this project and Project I.D. #F-10091-13 (add three stations) which shall include any home hemodialysis training or isolation stations.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA North Charlotte shall install plumbing and electrical wiring through the walls for two additional dialysis stations for a total of 32 dialysis stations which shall include any home hemodialysis training or isolation stations.
4. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA North 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 May 12, 2014.

TIMETABLE:

Contract Award	_____	June 30, 2015
50% Completion of Construction	_____	October 13, 2015
Completion of Construction	_____	December 3, 2015
Occupancy/Offering of Service	_____	December 31, 2015

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project Identification Number #F-10256-14

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 four dialysis stations for a total of 30 certified stations upon completion of this project, Project ID #F-10179-13 (add two stations), Project ID #F-10092-13 (add six stations) and Project ID #F-10052-12 (relocate six stations)/ Mecklenburg County

CONDITIONS: See Reverse Side


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

MAXIMUM CAPITAL EXPENDITURE: \$36,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 23, 2014

This certificate is effective as of the 3rd day of June, 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 its 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 28 certified stations dialysis upon completion of this project, Project I.D. #F-10179-13 (add two stations), Project I.D. #F-10092-13 (add six stations) and Project I.D. #F-10052-12 (relocate six stations), which shall include any home hemodialysis training or 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 two additional dialysis stations for a total of 28 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 May 7, 2014.

TIMETABLE:

Completion of Preliminary Drawings _____	January 1, 2015
Completion of Final Drawings & Specifications _____	March 2, 2015
25% Completion of Construction/Renovation _____	June 30, 2015
50% Completion of Construction/Renovation _____	August 29, 2015
Order Equipment _____	October 2, 2015
75% Completion of Construction/Renovation _____	October 13, 2015
Completion of Construction _____	November 27, 2015
Arrival of Equipment _____	December 1, 2015
Operation of Equipment _____	December 11, 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-10259-14

FID #960156

**ISSUED TO: Bio-Medical Applications of North Carolina, Inc.
d/b/a BMA Beatties 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 seven dialysis stations for a total of 39 dialysis stations upon project completion/ Mecklenburg County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: BMA Beatties Ford
1534 North Hoskins Road
Charlotte, NC 28216**

MAXIMUM CAPITAL EXPENDITURE: \$1,081,369

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 24, 2014

This certificate is effective as of the 24th day of June, 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 Beatties Ford 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 Beatties Ford shall develop and operate no more than seven additional dialysis stations for a total of 39 certified dialysis stations upon project completion, which shall include any home hemodialysis training or isolation stations.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Beatties Ford shall install plumbing and electrical wiring through the walls for seven additional dialysis stations for a total of 39 dialysis stations which shall include any home hemodialysis training or isolation stations.
4. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Beatties 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 June 2, 2014.

TIMETABLE:

Completion of Preliminary Drawings _____	December 17, 2014
Completion of Final Drawings _____	February 15, 2015
Contract Award _____	March 17, 2015
25% Completion of Construction/Renovation _____	May 16, 2015
50% Completion of Construction/Renovation _____	July 15, 2015
75% Completion of Construction/Renovation _____	September 13, 2015
Ordering of Equipment _____	October 2, 2015
Completion of Construction _____	November 12, 2015
Arrival of Equipment _____	December 1, 2015
Operation of Equipment _____	December 15, 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 #O-10241-14

FID #943565

**ISSUED TO: Wilmington Health, PLLC
1202 Medical Center Drive
Wilmington, NC 28401**

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 a single specialty ambulatory surgery center to a multispecialty ambulatory surgery center / New Hanover County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Wilmington Health Ambulatory Surgery Center
1202 Medical Center Drive
Wilmington, NC 28401**

MAXIMUM CAPITAL EXPENDITURE: \$26,951

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 1, 2014

This certificate is effective as of the 13th day of June, 2014

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

CONDITIONS:

1. **Wilmington Health, PLLC shall materially comply with all representations made in the certificate of need application.**
2. **Wilmington Health, PLLC 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. **Wilmington Health, PLLC 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 29, 2014.

TIMETABLE:

Order Equipment _____ September 1, 2014
Operation of Equipment (if major medical equipment) _____ 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-10238-14

FID #010376

ISSUED TO: Residential Services, Inc.
111 Providence Road
Chapel Hill, NC 27514

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 10 vacant ICF/IID beds from Murdoch Developmental Center to Residential Services, Inc., Retirement Center for a total of 15 ICF/IID beds upon project completion/Orange County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Residential Services, Inc. Retirement Center
6310 Mount Hermon Church Road
Durham, NC 27705

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 30, 2014

This certificate is effective as of the 4th day of June, 2014

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

CONDITIONS:

1. Residential Services, Inc. Retirement Center shall materially comply with all representations made in its certificate of need application.
2. Upon project completion, Residential Services, Inc. Retirement Center shall be certified for no more that fifteen ICF/IID beds.
3. Residential Services, Inc. Retirement Center shall serve no more than 15 adults who have severe to profound developmental disabilities.
4. The actual Medicaid per diem reimbursement rate shall be determined by the Division of Medical Assistance in accordance with 10A NCAC 22G .0301.
5. Residential Services, Inc. Retirement 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:

Certification of Beds/Offering of Services _____ June 30, 2014

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project Identification Number #F-10246-14

FID #955788

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

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein, 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 dialysis stations for a total of 26 dialysis stations upon completion of this project and Project ID #F-10181-13 (add two stations)/ Stanly County

CONDITIONS: See Reverse Side

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

MAXIMUM CAPITAL EXPENDITURE: \$5,500

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 30, 2015

This certificate is effective as of the 7th day of June, 2014.

Lisa Pitt for *Martha J. Fusone*
**Interim Chief, Certificate of Need Section
Division of Health Service Regulation**

CONDITIONS:

1. **Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Albemarle shall materially comply with all representations made in its certificate of need application.**
2. **Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Albemarle shall develop and operate no more than two additional dialysis stations for a total of 26 certified stations upon completion of this project and Project I.D. #F-10181-13 (add two stations) which shall include any home hemodialysis training or isolation stations.**
3. **Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Albemarle shall install plumbing and electrical wiring through the walls for two additional dialysis stations for a total of 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 Albemarle shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need.**

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on May 15, 2014.

TIMETABLE:

Contract Award	_____	April 16, 2015
50% Completion of Construction	_____	August 14, 2015
Completion of Construction	_____	November 27, 2015
Occupancy/Offering of Service	_____	December 31, 2015