

**Certificate of Need Section  
Certificates Issued**

Printed for Period: From 07/01/2014 to 07/31/2014

<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>Buncombe</b>	<b>B-010237-14</b>	<b>The Crossings at Beaverdam 140015 Asheville</b>	Relocate 99 adult care home beds within Buncombe County	02/01/2014	07/29/2014	\$11,094,430.00	11/01/2014
<b>Cabarrus</b>	<b>F-010263-14</b>	<b>Cabarrus Manor 140090 Kannapolis</b>	Replace and relocate existing 60-bed adult care home	04/01/2014	07/15/2014	\$4,970,577.00	11/16/2014
<b>Chatham</b>	<b>J-010168-13</b>	<b>Chatham County Rehabilitation Center 130367 Pittsboro</b>	Develop a new 90-bed nursing facility in Chatham County	09/01/2013	07/30/2014	\$15,707,139.00	05/15/2015
<b>Durham</b>	<b>J-010258-14</b>	<b>FMC Dialysis Center West Pettigrew 956837 Durham</b>	Add 4 dialysis stations for a total of 24 dialysis stations upon completion.	04/01/2014	07/03/2014	\$4,500.00	01/01/2015
<b>Guilford</b>	<b>G-010260-14</b>	<b>Cone Health 943494 Greensboro</b>	Replace existing linear accelerator located at the Cone Health Cancer Center on Wesley Long Campus	04/01/2014	07/01/2014	\$5,870,000.00	10/15/2014

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<b>Henderson</b>	<b>B-010274-14</b>	<b>Hendersonville Dialysis Center 140094 Hendersonville</b>	Relocate facility and add five dialysis stations for a total of 24 stations upon completion	04/01/2014	07/28/2014	\$2,120,257.00	11/30/2014
<b>Mecklenburg</b>	<b>F-010267-14</b>	<b>Mint Hill Dialysis 070389 Mint Hill</b>	Add 1 dialysis station for a total of 11 stations upon completion	04/01/2014	07/03/2014	\$19,038.00	11/03/2014
<b>Perquimans</b>	<b>R-010264-14</b>	<b>Perquimans County Dialysis 140091 Hertford</b>	Develop a 10-station dialysis facility by relocating 6 stations from Elizabeth City Dialysis Center (Pasquotank) and 4 stations from Edenton Dialysis Center (Chowan)	04/01/2014	07/29/2014	\$1,386,766.00	01/05/2015
<b>Person</b>	<b>K-010277-14</b>	<b>Person Memorial Hospital 953396 Roxboro</b>	Acquire a fixed MRI scanner	05/01/2014	07/22/2014	\$2,192,266.00	03/01/2015
<b>Richmond</b>	<b>H-010271-14</b>	<b>DIALYSIS CARE OF RICHMOND CO 955843 HAMLET</b>	Add 3 stations to existing facility for a total of 30 stations at completion	04/01/2014	07/29/2014	\$53,876.00	11/15/2014
<b>Robeson</b>	<b>N-010251-14</b>	<b>Lumberton Dialysis Unit 955445 Lumberton</b>	Add two dialysis stations for a total of 35 dialysis stations upon completion	04/01/2014	07/31/2014	\$0.00	11/01/2014

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<b>Rowan</b>	<b>F-010273-14</b>	<b>DIALYSIS CARE OF KANNAPOLIS 980409 KANNAPOLIS</b>	Add one dialysis station for a total of 20 dialysis stations upon completion of this project and Project F-010109-13	04/01/2014	07/08/2014	\$18,963.00	01/15/2015
<b>Wake</b>	<b>J-010224-13</b>	<b>Strategic Behavioral Center-Garner 120089 Garner</b>	Relocate 12 inpatient child and adolescent psychiatric beds from Broughton Hospital pursuant to Policy PSY-1 in the 2013 SMFP	12/01/2013	07/21/2014	\$0.00	08/25/2014
<b>Wake</b>	<b>J-010252-14</b>	<b>FRESENIUS MEDICAL CARE APEX 041023 Apex</b>	Add 3 dialysis stations to existing facility for a total of 20 dialysis stations upon completion of this project	04/01/2014	07/03/2014	\$8,250.00	01/01/2015
<b>Wake</b>	<b>J-010275-14</b>	<b>UNC Hospitals at WakeBrook 120578 Raleigh</b>	Cost overrun on Project ID#J-10139-13(add 12 beds)	05/01/2014	07/17/2014	\$4,557,395.00	
<b>Wake</b>	<b>J-010276-14</b>	<b>Holly Hill Hospital, L.L.C. 953222 Raleigh</b>	Develop 23 additional adult inpatient psychiatric beds for a total of 140 adult inpatient psychiatric beds upon completion of this project and Project ID# J-8816-12 (add 37 beds)	05/01/2014	07/26/2014	\$250,000.00	11/01/2014

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<b>Wilkes</b>	<b>D-010244-14</b>	<b>Wilkes Regional Medical Center 944573 North Wilkesboro</b>	Add two dialysis stations for a total of 21 dialysis stations upon completion	04/01/2014	07/26/2014	\$120,200.00	10/01/2014
<b>Wilson</b>	<b>L-010269-14</b>	<b>Wilson Dialysis 971340 Wilson</b>	Add four stations for a total of 40 stations upon completion	04/01/2014	07/29/2014	\$62,400.00	11/30/2014

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project Identification Number #B-10237-14**

**FID #140015**

**ISSUED TO: Buncombe AL Investors, LLC  
Buncombe Operations, LLC  
530 Meadowmont Village Circle  
Chapel Hill, NC 27517**

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

**SCOPE: Replace and relocate no more than 99 adult care home beds within Buncombe County/ Buncombe County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: The Crossings at Beaverdam  
Cobblers Way  
Asheville, NC 28804**

**MAXIMUM CAPITAL EXPENDITURE: \$11,094,430**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 29<sup>th</sup> day of July, 2014

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

**CONDITIONS:**

1. Buncombe AL Investors, LLC and Buncombe Operations, LLC shall materially comply with all representations made in the certificate of need application and in the supplemental information materials submitted during the review. In those instances where representations conflict, Buncombe AL Investors, LLC and Buncombe Operations, LLC shall materially comply with the last made representation.
2. Buncombe AL Investors, LLC and Buncombe Operations, LLC shall construct a replacement adult care home facility (ACH) which shall be licensed for no more than 99 ACH beds upon project completion.
3. For the first two years of operation following completion of the project, Buncombe AL Investors, LLC and Buncombe Operations, LLC 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 in the certificate of need application.
4. Buncombe AL Investors, LLC and Buncombe Operations, LLC shall provide care to recipients of State/County Special Assistance with Medicaid for the facility, commensurate with representations made in Section VI.2, Exhibit 23, and supplemental materials.
5. Buncombe AL Investors, LLC and Buncombe Operations, LLC 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.
6. Buncombe AL Investors, LLC and Buncombe Operations, LLC shall develop and implement an Energy Efficiency and Sustainability plan for the replacement facility that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.
7. Prior to the issuance of a certificate of need, Buncombe AL Investors, LLC and Buncombe Operations, LLC shall provide, to the Certificate of Need Section, written documentation of available funding to provide for the start-up expenses projected in supplemental information.
8. Buncombe AL Investors, LLC and Buncombe Operations, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need.

Letters documenting conformity with condition #7 and acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter were received by the Certificate of Need Section on July 22, 2014.

**TIMETABLE:**

Site Purchased _____	September 15, 2014
Final Drawings Submitted to Construction Section, DHSR _____	October 1, 2014
Contract Award _____	October 14, 2014
25% Completion of Construction _____	March 2, 2015
50% Completion of Construction _____	May 4, 2015
75% Completion of Construction _____	July 6, 2015
Completion of Construction _____	September 28, 2015
Occupancy/Offering of Services _____	October 1, 2015
Licensure _____	October 1, 2015

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project Identification Number #F-10263-14**

**FID #140090**

**ISSUED TO: AA Holdings – Kannapolis, LLC  
And Cabarrus AL Holdings, LLC  
PO Box 2568  
Hickory, NC 28603**

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: Replace and relocate the 60 adult care home beds at Kannapolis Village to a new location within Cabarrus County and change the name of the facility from Kannapolis Village to Cabarrus Manor/ Cabarrus County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: Cabarrus Manor  
5395 Mooresville Road  
Kannapolis, NC 28081**

**MAXIMUM CAPITAL EXPENDITURE: \$4,970,577**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: November 16, 2014**

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

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

**CONDITIONS:**

1. AA Holdings – Kannapolis, LLC and Cabarrus AL Holdings, LLC shall materially comply with all representations made in the certificate of need application and in the supplemental information submitted during the review. In those instances where representations conflict, AA Holdings – Kannapolis, LLC and Cabarrus AL Holdings, LLC shall materially comply with the last made representation.
2. AA Holdings – Kannapolis, LLC and Cabarrus AL Holdings, LLC shall construct a replacement adult care home facility (ACH) which shall be licensed for no more than 60 ACH beds upon project completion.
3. For the first two years of operation following completion of the project, AA Holdings – Kannapolis, LLC and Cabarrus AL Holdings, LLC 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 in the certificate of need application.
4. AA Holdings – Kannapolis, LLC and Cabarrus AL Holdings, LLC shall provide care to recipients of State/County Special Assistance with Medicaid for the facility, commensurate with representations made in Section VI. 2 and Exhibit L.
5. AA Holdings – Kannapolis, LLC and Cabarrus AL Holdings, LLC 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.
6. AA Holdings – Kannapolis, LLC and Cabarrus AL Holdings, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on June 27, 2014.

**TIMETABLE:**

Final Drawings Submitted to Construction Section, DHSR _____	January 15, 2015
Construction Contract Awarded _____	February 6, 2015
Final Drawings Approved by Construction Section, DHSR _____	March 15, 2015
Approval of Site by Construction Section, DHSR _____	March 15, 2015
Construction Loan Executed _____	May 1, 2015
Site Purchased _____	May 1, 2015
Building Permit Obtained _____	May 7, 2015
Site Preparation _____	May 31, 2015
Footings/Foundation Poured _____	July 20, 2015
25% Completion of Construction _____	September 9, 2015
50% Completion of Construction _____	February 20, 2016
75% Completion of Construction _____	May 29, 2016
Completion of construction _____	August 15, 2016
Licensure of facility _____	October 1, 2016
Medicare/Medicaid Certifications _____	October 1, 2016



# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

Project Identification Number #J-10168-13

FID #130367

**ISSUED TO:** Liberty Healthcare Properties of Chatham County  
And Liberty Commons Nursing and Rehabilitation Center of Chatham  
County, LLC  
2334 S. 41<sup>st</sup> Street  
Wilmington, NC 28403

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

**SCOPE:** Develop a 90-bed nursing facility in Chatham County/ Chatham County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Chatham County Rehabilitation Center  
US 15-501 North and Sunny Acres Road  
Pittsboro, NC 27312

**MAXIMUM CAPITAL EXPENDITURE:** \$15,707,139

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of the 30<sup>th</sup> day of July, 2014

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

**CONDITIONS:**

1. Liberty Healthcare Properties of Chatham County, LLC (lessor) and Liberty Commons Nursing and Rehabilitation Center of Chatham County, LLC d/b/a Chatham County Rehabilitation Center (lessee) shall materially comply with all representations made in the certificate of need application.
2. Liberty Healthcare Properties of Chatham County, LLC (lessor) and Liberty Commons Nursing and Rehabilitation Center of Chatham County, LLC d/b/a Chatham County Rehabilitation Center (lessee) shall develop a new nursing home facility with no more than 90 licensed nursing care beds upon completion of the project.
3. Liberty Healthcare Properties of Chatham County, LLC (lessor) and Liberty Commons Nursing and Rehabilitation Center of Chatham County, LLC d/b/a Chatham County Rehabilitation Center (lessee) shall receive the Medicaid per diem reimbursement rates allowed by the Division of Medical Assistance, under the NC State Plan Section .0102.
4. Liberty Healthcare Properties of Chatham County, LLC (lessor) and Liberty Commons Nursing and Rehabilitation Center of Chatham County, LLC d/b/a Chatham County Rehabilitation Center (lessee) shall file the proposed budget for the facility with the Division of Medical Assistance no later than thirty days prior to the prospective certification date of the new beds.
5. The additional nursing care beds shall not be certified for participation in the Medicaid program prior to July 1, 2017 unless the Division of Medical Assistance determines that state funds are available in the current Medicaid budget to pay for the care and authorizes an earlier certification date.
6. For the first two full federal fiscal years of operation following completion of the project, Chatham County Rehabilitation Center's actual private pay charges shall not be increased more than 5% of the projected private pay charges provided in Section X of the application without first obtaining a determination from the Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.
7. Liberty Healthcare Properties of Chatham County, LLC (lessor) and Liberty Commons Nursing and Rehabilitation Center of Chatham County, LLC d/b/a Chatham County Rehabilitation Center (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' representation in the written statement as described in paragraph one of Policy GEN-4.
8. Liberty Healthcare Properties of Chatham County, LLC (lessor) and Liberty Commons Nursing and Rehabilitation Center of Chatham County, LLC d/b/a Chatham County Rehabilitation Center (lessee) shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on February 3, 2014.

**TIMETABLE:**

Completion of final drawings _____	April 1, 2015
Contract award _____	April 1, 2015
25% completion of construction _____	January 1, 2016
50% completion of construction _____	May 1, 2016
75% completion of construction _____	September 1, 2016
Completion of construction _____	January 1, 2017
Licensure of facility _____	February 15, /2017
Occupancy/Offering Service _____	March 1, 2017

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project Identification Number #J-10258-14**

**FID #956837**

**ISSUED TO: Bio-Medical Applications of North Carolina, Inc.  
d/b/a FMC West Pettigrew  
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 4 dialysis stations for a total of no more than 24 certified stations upon completion of this project/ Durham County**

**CONDITIONS: See Reverse Side**

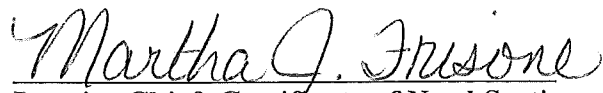
**PHYSICAL LOCATION: FMC West Pettigrew  
1507 West Pettigrew  
Durham, NC 27705**

**MAXIMUM CAPITAL EXPENDITURE: \$4,500**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 3<sup>rd</sup> day of July, 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 West Pettigrew 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 West Pettigrew shall develop and operate no more than four additional dialysis stations for a total of no more than 24 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 West Pettigrew shall install plumbing and electrical wiring through the walls for no more than four additional dialysis stations for a total of no more than 24 dialysis stations, which shall include any isolation or home hemodialysis stations.
4. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC West Pettigrew 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 6, 2014.

**TIMETABLE:**

Completion of Preliminary Drawings	January 31, 2015
Completion of Final Drawings and Specifications	May 16, 2015
Contract Award	August 14, 2015
25% Completion of Construction	September 13, 2015
50% Completion of Construction	October 13, 2015
75% Completion of Construction	November 12, 2015
Completion of Construction	November 27, 2015
Order Equipment	October 2, 2015
Arrival of Equipment	December 1, 2015
Operation of Equipment	December 15, 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 #G-10260-14**

**FID #943494**

**ISSUED TO: The Moses H. Cone Memorial Hospital  
And The Moses H. Cone Memorial Operating Corporation  
1200 North Elm Street  
Greensboro, NC 27401**

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: Replace existing linear accelerator/ Guilford County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: Cone Health Cancer Center  
501 North Elam Avenue  
Greensboro, NC 27403**

**MAXIMUM CAPITAL EXPENDITURE: \$5,870,000**

**TIMETABLE: See Reverse Side**

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

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

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

**CONDITIONS:**

1. The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation shall materially comply with all representations made in the certificate of need application.
2. The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation shall acquire no more than one linear accelerator to replace the existing Elekta Precise S/N 5776 linear accelerator in Vault #3 for a total of no more than four linear accelerators upon project completion.
3. The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation shall dispose of the Elekta Precise S/N 5776 linear accelerator by removing it from North Carolina.
4. The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation 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 that would otherwise require a certificate of need.
5. The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation 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.
6. The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation 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 26, 2014.

**TIMETABLE:**

Completion of Final Drawings and Specifications _____	September 1, 2014
Contract Award _____	September 22, 2014
25% Completion of Construction _____	October 6, 2014
Completion of Construction _____	November 12, 2014
Certification of Facility _____	March 1, 2015

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

Project Identification Number #B-10274-14

FID #140094

**ISSUED TO:** Total Renal Care of North Carolina, LLC  
d/b/a Hendersonville Dialysis Center  
2321 West Morehead Street  
Charlotte, NC 28208

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

**SCOPE:** Relocate the existing facility and add no more than 5 dialysis stations for a total of no more than 24 certified dialysis stations following project completion/  
Henderson County

**CONDITIONS:** See Reverse Side


**PHYSICAL LOCATION:** Hendersonville Dialysis Center  
146 Sugarloaf Road  
Hendersonville, NC 28792

**MAXIMUM CAPITAL EXPENDITURE:** \$2,120,257

**TIMETABLE:** See Reverse Side

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

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

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

**CONDITIONS:**

1. Total Renal Care of North Carolina, LLC d/b/a Hendersonville Dialysis Center shall materially comply with all representations made in the certificate of need application.
2. Total Renal Care of North Carolina, LLC d/b/a Hendersonville Dialysis Center shall be certified for no more than five additional stations for a total of 24 certified stations, which shall include any home hemodialysis training or isolation stations, upon project completion.
3. Total Renal Care of North Carolina, LLC d/b/a Hendersonville Dialysis shall install plumbing and electrical wiring through the walls to accommodate the relocation of 19 existing dialysis stations and the addition of five stations for a total of no more than 24 dialysis stations, which shall include any home hemodialysis training or isolation stations.
4. Total Renal Care of North Carolina, LLC d/b/a Hendersonville Dialysis Center shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on July 28, 2014.

**TIMETABLE:**

Completion of Final Drawings and Specifications _____	March 1, 2015
25% Completion of Construction _____	June 15, 2015
75% Completion of Construction _____	September 15, 2015
Certification of Stations _____	January 1, 2016
Occupancy/Offering of Service _____	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 #F-10267-14

FID #070389

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

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

**SCOPE:** Add no more than 1 dialysis station for a total of no more than 11 stations upon project completion/ Mecklenburg County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Mint Hill Dialysis Center  
11308 Hawthorne Drive  
Mint Hill, North Carolina 28227

**MAXIMUM CAPITAL EXPENDITURE:** \$19,038

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** November 3, 2014

This certificate is effective as of the 3<sup>rd</sup> day of July, 2014

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

**CONDITIONS:**

1. DVA Healthcare Renal Care, Inc. d/b/a Mint Hill Dialysis Center shall materially comply with all representations made in the certificate of need application.
2. DVA Healthcare Renal Care, Inc. d/b/a Mint Hill Dialysis Center shall develop no more than one additional dialysis station at Mint Hill Dialysis Center for a total of no more than 11 dialysis stations upon project completion including any home hemodialysis or isolation stations.
3. DVA Healthcare Renal Care, Inc. d/b/a Mint Hill Dialysis Center shall install plumbing and electrical wiring through the walls for no more than one additional dialysis station.
4. Prior to issuance of the certificate of need, DVA Healthcare Renal Care, Inc. d/b/a Mint Hill Dialysis Center shall submit documentation to the Certificate of Need Section regarding existing clinical training agreements with Kings College and Winthrop University.
5. DVA Healthcare Renal Care, Inc. d/b/a Mint Hill Dialysis Center shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on June 7, 2014.

**TIMETABLE:**

Order Equipment _____	October 15, 2014
Operation of Equipment _____	December 15, 2014
Certification of Facility _____	January 1, 2015
Occupancy/Offering of Service _____	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 #R-10264-14

FID #140091

**ISSUED TO:** DVA Healthcare Renal Care, Inc.  
d/b/a Perquimans County 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 a 10-station dialysis facility by relocating no more than 6 stations from Elizabeth City Dialysis Center (Pasquotank County) and no more than 4 stations from Edenton Dialysis Center (Chowan County)/ Perquimans County

**CONDITIONS:** See Reverse Side


**PHYSICAL LOCATION:** Perquimans County Dialysis  
Harvey Point Road (Parcel ID#2-0061-0068)  
Hertford, North Carolina 27944

**MAXIMUM CAPITAL EXPENDITURE:** \$1,386,766

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** January 5, 2015

This certificate is effective as of the 29<sup>th</sup> day of July, 2014

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

**CONDITIONS:**

1. DVA Healthcare Renal Care, Inc. d/b/a Perquimans County Dialysis shall materially comply with all representations made in the certificate of need application.
2. DVA Healthcare Renal Care, Inc. d/b/a Perquimans County Dialysis shall develop and operate no more than ten dialysis stations at Perquimans County Dialysis which shall include any home hemodialysis training or isolation stations.
3. DVA Healthcare Renal Care, Inc. d/b/a Perquimans County Dialysis shall install plumbing and electrical wiring through the walls for no more than ten dialysis stations which shall include any home hemodialysis training or isolation stations.
4. After certification of the ten (10) relocated dialysis stations at Perquimans County Dialysis, DVA Healthcare Renal Care, Inc. d/b/a Elizabeth City Dialysis Center shall take steps to decertify six (6) dialysis stations for a total of no more than nineteen (19) certified stations at Elizabeth City Dialysis Center upon completion of this project (relocate 6 stations), Project ID# R-10202-13 (add 9 stations), and Project ID# R-10176-13 (relocate 14 stations).
5. After certification of the ten (10) relocated dialysis stations at Perquimans County Dialysis, DVA Healthcare Renal Care, Inc. d/b/a Edenton Dialysis Center shall take steps to decertify four (4) dialysis stations for a total of no more than thirteen (13) certified stations at Edenton Dialysis Center.
6. DVA Healthcare Renal Care, Inc. d/b/a Perquimans County 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 July 28, 2014.

**TIMETABLE:**

Completion of Final Drawings and Specifications _____	March 1, 2015
Contract Award _____	May 1, 2015
50% Completion of Construction _____	August 1, 2015
Occupancy/Offering Service _____	December 1, 2015
Operation of Equipment _____	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 #K-10277-14**

**FID #953396**

**ISSUED TO: DLP Person Memorial Hospital, LLC  
d/b/a Person Memorial Hospital  
615 Ridge Road  
Roxboro, NC 27573**

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 a fixed MRI scanner/Person County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: Person Memorial Hospital  
516 Ridge Road  
Roxboro, NC 27573**

**MAXIMUM CAPITAL EXPENDITURE: \$2,192,266**

**TIMETABLE: See Reverse Side**

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

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

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

**CONDITIONS:**

1. DLP Person Memorial Hospital, LLC shall materially comply with all Representations made in its certificate of need application and the supplemental information received June 9, 2014. In those instances where representations conflict, DLP Person Memorial Hospital shall materially comply with the last made representation.
2. DLP Person Memorial Hospital, LLC shall acquire no more than one fixed MRI scanner for a total of no more than one fixed MRI scanners.
3. DLP Person Memorial Hospital, LLC shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section VIII of the application or that would otherwise require a certificate of need.
4. DLP Person Memorial Hospital, LLC shall obtain accreditation from the American College of Radiology or a comparable accreditation authority, as determined by the Certificate of Need Section, for magnetic resonance imaging within two years following operation of the proposed MRI scanner.
5. DLP Person Memorial Hospital, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need.

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

**TIMETABLE:**

Completion of Final Drawings and Specifications _____	March 1, 2015
Ordering Equipment _____	June 1, 2015
Contract Award _____	July 1, 2015
50% Completion of Construction _____	September 1, 2015
Completion of Construction _____	November 15, 2015
Occupancy/Offering of Service an Operation of Equipment _____	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 #H-10271-14**

**FID #955483**

**ISSUED TO: Total Renal Care of North Carolina, LLC  
d/b/a Dialysis Care of Richmond County  
2321 West Morehead Street  
Charlotte, NC 28208**

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

**SCOPE: Add no more than 3 stations for a total of no more than 30 certified dialysis stations upon project completion/ Richmond County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: Dialysis Care of Richmond CO  
771 Cheraw Road  
Hamlet, NC 28345**

**MAXIMUM CAPITAL EXPENDITURE: \$53,876**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 29<sup>th</sup> day of July, 2014

*Lisa Pitt for Martha J. Fusone*

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

**CONDITIONS:**

1. Total Renal Care of North Carolina, LLC d/b/a Dialysis Care of Richmond County shall materially comply with all representations made in the certificate of need application.
2. Total Renal Care of North Carolina, LLC d/b/a Dialysis Care of Richmond County shall develop no more than three additional stations for a total of no more than 30 stations upon completion of this project, which shall include any home hemodialysis training or isolation stations.
3. Total Renal Care of North Carolina, LLC d/b/a Dialysis Care of Richmond County shall install plumbing and electrical wiring through the walls for no more than three additional dialysis stations for a total of no more than 30 dialysis stations, which shall include any home hemodialysis training or isolation stations upon completion of this project.
4. Total Renal Care of North Carolina, LLC d/b/a Dialysis Care of Richmond 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 July 28, 2014.

**TIMETABLE:**

Ordering Equipment \_\_\_\_\_ October 15, 2014  
Operation of Equipment \_\_\_\_\_ December 15, 2014  
Occupancy/Offering of Service/Certification of Stations \_\_\_\_\_ January 1, 2015



# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project Identification Number #N-10251-14**

**FID #955445**

**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 no more than two dialysis stations for a total of no more than 35 dialysis stations upon completion of this project and Project ID #N-10195-13/ Robeson County**

**CONDITIONS: See Reverse Side**

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

**MAXIMUM CAPITAL EXPENDITURE: \$0**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 31<sup>st</sup> day of July, 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 Lumberton shall materially comply with all representations made in the certificate of need application.
2. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Lumberton shall develop and operate no more than two additional stations for a total of no more than 35 certified in-center dialysis stations, which shall include any home hemodialysis training and isolation stations, following completion of this project.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Lumberton shall install plumbing and electrical wiring through the walls for no more than two additional dialysis stations for a total of no more than 35 dialysis stations which shall include any home hemodialysis training and isolation stations
4. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Lumberton shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on July 7, 2014.

**TIMETABLE:**

Completion of Preliminary Drawings	_____	July 15, 2014
Completion of Final Drawings and Specifications	_____	November 12, 2014
Contract Award	_____	April 11, 2015
50% Completion of Construction	_____	July 10, 2015
75% Completion of Construction	_____	September 8, 2015
Completion of Construction	_____	December 31, 2015
Certifications 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-10273-14

FID #980409

**ISSUED TO:** Total Renal Care of North Carolina, LLC  
d/b/a Dialysis Care of Kannapolis  
2321 West Morehead Street  
Charlotte, NC 28208

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

**SCOPE:** Add one dialysis station by relocating one station from Dialysis Care of Rowan County for a total of 20 dialysis stations upon completion of this project and Project ID #F-10109-13/ Rowan County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Dialysis Care of Kannapolis  
1607 N. Main Street  
Kannapolis, NC 28081

**MAXIMUM CAPITAL EXPENDITURE:** \$18,963

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of the 8<sup>th</sup> day of July, 2014

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

**CONDITIONS:**

1. Total Renal Care of North Carolina, LLC d/b/a Dialysis Care of Kannapolis shall materially comply with all representations made in the certificate of need application.
2. Prior to issuance of the certificate of need, Total Renal Care of North Carolina, LLC d/b/a Dialysis Care of Kannapolis shall provide the CON Section with a copy of the correspondence with Rowan-Cabarrus Community College indicating an interest in establishing a training program relationship at DC of Kannapolis.
3. Prior to issuance of the certificate of need, Total Renal Care of North Carolina, LLC d/b/a Dialysis Care of Kannapolis shall provide the Certificate of Need Section with the facility's mortality rates for 2011, 2012 and 2013; the number of transplants performed or referred; the number of patients currently on the transplant list; the facility's hospital admission rates, by admission diagnosis; and the number of patients with infectious disease.
4. Total Renal Care of North Carolina, LLC d/b/a Dialysis Care of Kannapolis shall relocate and operate no more than one (1) additional certified dialysis station for a total of no more than twenty (20) certified stations, which shall include any home hemodialysis training stations or isolation stations, upon the completion of this project and Project ID # F-10109-13.
5. After the certification of the additional one (1) dialysis station at Dialysis Care of Kannapolis, Total Renal Care of North Carolina, LLC d/b/a Dialysis Care of Rowan County shall take steps to decertify one (1) dialysis station for a total of no more than twenty-eight (28) certified stations at Dialysis Care of Rowan County.
6. Total Renal Care of North Carolina, LLC d/b/a Dialysis Care of Kannapolis shall install plumbing and electrical wiring through the walls for no more than twenty (20) dialysis stations which shall include any home training or isolation stations.
7. Total Renal Care of North Carolina, LLC d/b/a Dialysis Care of Kannapolis 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 documenting conformance with conditions #2 and #3 and 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 July 8, 2014.

**TIMETABLE:**

Order Equipment _____	October 15, 2014
Operation of Equipment _____	December 15, 2014
Certification of Stations _____	January 1, 2015
Occupancy/Offering of Service(s) _____	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-10224-13**

**FID #120089**

**ISSUED TO: SBH-Raleigh, LLC  
d/b/a Strategic Behavioral Center  
3200 Waterfield Drive  
Garner, NC 27529**

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 no more than 12 inpatient child and adolescent psychiatric beds from Broughton Hospital for a total of no more than 32 inpatient child and adolescent psychiatric beds and 60 PRTF beds upon project completion/ Wake County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: Strategic Behavioral Center-Garner  
3200 Waterfield Drive  
Garner, NC 27529**

**MAXIMUM CAPITAL EXPENDITURE: \$0**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: August 25, 2014**

This certificate is effective as of the 21<sup>st</sup> day of July, 2014

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

**CONDITIONS:**

1. SBH-Raleigh, LLC d/b/a Strategic Behavioral Center (hereinafter referred to as SBH-Raleigh) shall materially comply with all representations made in the certificate of need application except to the extent modified by the supplemental information received by the Agency on June 13, 2014. In those instances in which the representations made in these documents conflict, SBH-Raleigh shall materially comply with the later-made representation.
2. SBH-Raleigh shall relocate no more than 12 inpatient child and adolescent psychiatric beds from Broughton Hospital for a total of no more than 32 inpatient child and adolescent psychiatric beds upon completion of the project.
3. SBH-Raleigh shall accept patients requiring involuntary admission for inpatient psychiatric services.

**TIMETABLE:**

Licensure of Facility	_____	July 25, 2014
Certification of Beds	_____	July 25, 2014

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project Identification Number #J-10252-14**

**FID #041023**

**ISSUED TO: Bio-Medical Applications of North Carolina, Inc.  
d/b/a FMS Apex  
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 3 dialysis stations for a total of no more than 20 certified stations upon completion of this project/ Wake County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: FMS Apex  
1000 American Way  
Apex, NC 27502**

**MAXIMUM CAPITAL EXPENDITURE: \$8,250**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 3<sup>rd</sup> day of July, 2014

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

**CONDITIONS:**

1. Bio-Medical Applications of North Carolina, Inc. d/b/a FMS Apex shall materially comply with all representations made in the certificate of need application.
2. Bio-Medical Applications of North Carolina, Inc. d/b/a FMS Apex shall develop and operate no more than three additional dialysis stations for a total of no more than 20 certified stations upon completion of this project, which shall include any isolation or home hemodialysis stations.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a FMS Apex shall install plumbing and electrical wiring through the walls for no more than three additional dialysis stations for a total of no more than 20 dialysis stations, which shall include any isolation or home hemodialysis stations.
4. Bio-Medical Applications of North Carolina, Inc. d/b/a FMS Apex 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 6, 2014.

**TIMETABLE:**

Completion of Preliminary Drawings _____	January 1, 2015
Completion of Final Drawings and Specifications _____	April 1, 2015
Contract Award _____	June 30, 2015
25% Completion of Construction _____	August 14, 2015
50% Completion of Construction _____	September 13, 2015
Order Equipment _____	October 2, 2015
75% Completion of Construction _____	October 13, 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 #J-10275-14**

**FID #120578**

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

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

**SCOPE:** Cost overrun on Project I.D. #J-10139-13 (add 12 inpatient psychiatric beds)/  
Wake County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** University of North Carolina Hospitals at WakeBrook  
111 Sunnybrook Road  
Raleigh, NC 27610

**MAXIMUM CAPITAL EXPENDITURE:** \$4,557,395

**TIMETABLE:** See Reverse Side

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

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

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

**CONDITIONS:**

1. University of North Carolina Hospitals at Chapel Hill d/b/a University of North Carolina Hospitals at WakeBrook shall materially comply with the representations made in Project I.D. #J-10139-13 and this certificate of need application, Project I.D. #J-10275-14.
2. University of North Carolina Hospitals at Chapel Hill d/b/a University of North Carolina Hospitals at WakeBrook shall comply with all conditions of approval on the certificate of need for Project I.D. #J-10139-13, except as specifically modified by the conditions of approval for this application, Project I.D. #J-10275-14.
3. University of North Carolina Hospitals at Chapel Hill d/b/a University of North Carolina Hospitals at WakeBrook 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 \$4,557,395.
5. University of North Carolina Hospitals at Chapel Hill d/b/a University of North Carolina Hospitals at WakeBrook 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 July 8, 2014.

**TIMETABLE:**

Contract Award	_____	November 18, 2014
50% Completion of Construction	_____	May 22, 2015
Completion of Construction	_____	November 18, 2015
Occupancy/Offering of Services(s)	_____	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 #: J-10276-14

FID # 953222

**ISSUED TO:** Holly Hill Hospital, LLC, Holly Hill Real Estate, LLC  
AND Universal Health Services, Inc.  
3019 Falstaff Road  
Raleigh, NC 27610

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 no more than 23 adult inpatient psychiatric beds to the existing hospital for a total of no more than 140 adult inpatient psychiatric beds upon completion of this project and Project I.D. #J-8816-12 (add 37 adult inpatient psychiatric beds) / Wake County

**CONDITIONS:** See Reverse Side


**PHYSICAL LOCATION:** Holly Hill Hospital  
3019 Falstaff Road  
Raleigh, NC 27610

**MAXIMUM CAPITAL EXPENDITURE:** \$250,000

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of the 26th day of July, 2014

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

**CONDITIONS:**

1. Holly Hill Hospital, LLC, Holly Hill Real Estate, LLC and Universal Health Services, Inc. shall materially comply with all representations made in the certificate of need application.
2. Holly Hill Hospital, LLC, Holly Hill Real Estate, LLC and Universal Health Services, Inc. shall develop and operate no more than 23 additional inpatient psychiatric beds for a total licensed bed complement of no more than 140 adult psychiatric beds and 28 chemical dependency treatment beds upon completion of this project and Project I.D. #J-8816-12 (add 37 adult psychiatric beds).
3. Holly Hill Hospital, LLC, Holly Hill Real Estate, LLC and Universal Health Services, Inc. shall accept patients requiring involuntary admission for inpatient psychiatric services.
4. Holly Hill Hospital, LLC, Holly Hill Real Estate, LLC and Universal Health Services, 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 that would otherwise require a certificate of need.
5. Holly Hill Hospital, LLC, Holly Hill Real Estate, LLC and Universal Health Services, 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 July 9, 2014.

**TIMETABLE:**

Obtain Funds Necessary to Undertake Project _____	November 1, 2014
Completion of Final Drawings and Specifications _____	February 15, 2015
25% Completion of Construction _____	May 1, 2014
Occupancy/Offering of Service(s) _____	July 1, 2015

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project Identification Number #D-10244-14**

**FID #944573**

**ISSUED TO: WRMC Hospital Operating Corporation  
d/b/a Wilkes Regional Medical Center  
d/b/a Wilkes Regional Dialysis Center  
1370 West D Street  
North Wilkesboro, NC 28659**

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 21 stations upon project completion/ Wilkes County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: Wilkes Regional Dialysis Center  
Medical Mall at 1917 West Park Drive  
North Wilkesboro, NC 28659**

**MAXIMUM CAPITAL EXPENDITURE: \$120,200**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 26<sup>th</sup> day of July, 2014

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

**CONDITIONS:**

1. WRMC Hospital Operating Corporation d/b/a Wilkes Regional Medical Center d/b/a Wilkes Regional Dialysis Center shall materially comply with all representations made in its certificate of need application and in the supplemental information materials submitted during the review. In those instances where representations conflict, WRMC Hospital Operating Corporation d/b/a Wilkes Regional Medical Center d/b/a Wilkes Regional Dialysis Center shall materially comply with the last made representation.
2. WRMC Hospital Operating Corporation d/b/a Wilkes Regional Medical Center d/b/a Wilkes Regional Dialysis Center shall develop and operate no more than two additional dialysis stations for a total of no more than 21 certified stations which shall include any home hemodialysis training or isolation stations.
3. WRMC Hospital Operating Corporation d/b/a Wilkes Regional Medical Center d/b/a Wilkes Regional Dialysis Center shall install plumbing and electrical wiring through the walls for no more than two additional dialysis stations for a total of no more than 21 dialysis stations which shall include any home hemodialysis training or isolation stations.
4. WRMC Hospital Operating Corporation d/b/a Wilkes Regional Medical Center d/b/a Wilkes Regional Dialysis Center shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to 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 July 22, 2014.

**TIMETABLE:**

Completion of Final Drawings and Specifications _____	September 15, 2014
Contract Award _____	October 1, 2014
25% Completion of Construction _____	October 30, 2014
75% Completion of Construction _____	November 15, 2014
Completion of Construction _____	December 15, 2014
Occupancy/Offering of Services _____	January 1, 2015
Certification _____	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 # L-10269-14

FID # 971340

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

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

**SCOPE:** Add no more than 4 dialysis stations for a total of no more than 40 certified dialysis stations upon project completion/ Wilson County

**CONDITIONS:** See Reverse Side

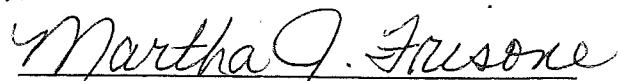
**PHYSICAL LOCATION:** Wilson Dialysis Center  
1605 Medical Park Drive  
Wilson, NC 27893

**MAXIMUM CAPITAL EXPENDITURE:** \$62,400

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of the 29<sup>th</sup> day of July, 2014

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

CONDITIONS:

1. DVA Healthcare Renal Care, Inc. d/b/a Wilson Dialysis Center shall materially comply with all representations made in the certificate of need application.
2. DVA Healthcare Renal Care, Inc. d/b/a Wilson Dialysis Center shall develop and operate no more than four additional stations for a total of no more than 40 certified stations upon project completion, which shall include any home hemodialysis training and isolation stations.
3. DVA Healthcare Renal Care, Inc. d/b/a Wilson Dialysis Center shall install plumbing and electrical wiring through the walls for no more than four additional stations for a total of no more than 40 dialysis stations, including any home hemodialysis training and isolation stations.
4. DVA Healthcare Renal Care, Inc. d/b/a Wilson Dialysis Center shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on July 28, 2014.

TIMETABLE:

Operation of Equipment _____	December 1, 2014
Certification of Stations _____	January 1, 2015
Occupancy/Offering of Service(s) _____	January 1, 2015