

**Certificate of Need Section
Certificates Issued**

Printed for Period: From 08/01/2014 to 08/31/2014

County	Project ID#	Facility	Project Description	Application Review	Certificate of Need Issue Date	Total Approved Capital Expenditure	1st Project Progress Report Date
Forsyth	G-010242-14	Arbor Acres United Methodist Retirement Community Inc 953504 Winston Salem	Add 18 new nursing facility beds pursuant to Policy NH-2 and 4 adult care home beds pursuant to Policy LTC-1 for a total of 83 nursing facility and 106 adult care home beds upon completion	04/01/2014	08/19/2014	\$10,000,000.00	06/30/2015
Mecklenburg	F-010270-14	Charlotte East Dialysis Center 120164 Charlotte	Add two dialysis stations for a total of 26 dialysis stations upon completion	04/01/2014	08/15/2014	\$35,638.00	11/18/2014
Sampson	M-010253-14	Fresenius Medical Care of Roseboro 080822 Roseboro	Add 3 dilaysis stations to existing facility for a total of 13 dialysis stations at completion	04/01/2014	08/01/2014	\$8,250.00	11/01/2014

STATE OF NORTH CAROLINA CERTIFICATE OF NEED

for

Project Identification Number #G-10242-14

FID #953504

ISSUED TO: Arbor Acres United Methodist Retirement Community, Inc.
1240 Arbor Road
Winston-Salem, NC 27104-1342

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 18 nursing facility beds pursuant to Policy NH-2 and 4 adult care home beds pursuant to Policy LTC-1 in the 2014 SMFP as shown in the table below/ Forsyth County

Arbor Acres

Building Name	Current Nursing Facility Beds	Current ACH Beds	Approved Nursing Facility Beds	Approved ACH Beds	Total Approved Beds
Fitzgerald Health Center	65	30*	83	30*	113
Asbury Place	0	72	0	76	76
Total	65	102	83	106	189

* Special Care Unit

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Arbor Acres United Methodist Retirement Community, Inc
1240 Arbor Road
Winston-Salem, NC 27104-1342

MAXIMUM CAPITAL EXPENDITURE: \$10,000,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 30, 2015

This certificate is effective as of the 19th day of August, 2014

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

CONDITIONS:

1. Arbor Acres United Methodist Retirement Community, Inc. shall materially comply with all representations made in its certificate of need application.
2. Arbor Acres United Methodist Retirement Community, Inc. shall add no more than 18 nursing facility beds and four adult care home beds pursuant to Policies NH-2 and LTC-1, respectively.
3. The 18 additional nursing facility beds shall not be certified for participation in the Medicaid program.
4. The 18 additional nursing facility beds shall be used exclusively to meet the needs of persons with whom the facility has continuing care contracts (in compliance with the Department of Insurance statutes and regulations) who have lived in a non-nursing unit of the continuing care facility for a period of at least 30 days. Exceptions shall be allowed when one spouse or sibling is admitted to the nursing unit at the time the other spouse or sibling moves into a non-nursing unit, or when the medical condition requiring nursing care was not known to exist or be imminent when the individual became a party to the continuing care contract.
5. The four additional adult care home beds shall not participate in the Medicaid program or serve State-County Special Assistance recipients.
6. The four additional adult care home beds shall be used exclusively to meet the needs of persons with whom the facility has continuing care contracts (in compliance with the Department of Insurance statutes and regulations) who have lived in a non-nursing or adult care unit of the continuing care facility for a period of at least 30 days. Exceptions shall be allowed when one spouse or sibling is admitted to the adult care home unit at the time the other spouse or sibling moves into a non-nursing or adult care unit, or when the medical condition requiring nursing or adult care home care was not known to exist or be imminent when the individual became a party to the continuing care contract.
7. The 18 new nursing facility beds and 4 new adult care home beds shall be developed on the same site with the independent living units.
8. Arbor Acres United Methodist Retirement Community, Inc. 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 representation in the written statement as described in paragraph one of Policy GEN-4.
9. Arbor Acres United Methodist Retirement Community, 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 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 24, 2014.

TIMETABLE:

Completion of Final Drawings _____	May 30, 2015
Contract Award _____	June 15, 2015
25% Completion of Construction _____	November 15, 2015
50% Completion of Construction _____	April 15, 2016
75% Completion of Construction _____	September 30, 2016
Completion of Construction _____	December 1, 2016
Licensure of Additional ACH & NF Beds _____	December 15, 2017
Occupancy/Offering Service _____	January 1, 2017

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project Identification Number # F-10270-14

FID # 120164

ISSUED TO: DVA Healthcare Renal Care, Inc.
d/b/a Charlotte East 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 two dialysis stations for a total of no more than 26 stations/ Mecklenburg

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Charlotte East Dialysis Center
5627 Albemarle Road
Charlotte, NC 28208

MAXIMUM CAPITAL EXPENDITURE: \$35,638

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 18, 2014

This certificate is effective as of the 15th day of August, 2014

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

CONDITIONS:

1. DVA Healthcare Renal Care, Inc. d/b/a Charlotte East Dialysis Center shall materially comply with all representations made in the certificate of need application.
2. DVA Healthcare Renal Care, Inc. d/b/a Charlotte East Dialysis Center shall develop no more than 2 additional stations for a total of no more than 26 stations upon completion of this project, which shall include any home hemodialysis training or isolation stations.
3. DVA Healthcare Renal Care, Inc. d/b/a Charlotte East Dialysis Center shall install plumbing and electrical wiring through the walls for no more than a total of 26 dialysis stations, including any home hemodialysis training or isolation stations.
4. DVA Healthcare Renal Care, Inc. d/b/a Charlotte East 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 insurance 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:

Order Equipment _____	October 15, 2014
Certification of Stations _____	January 1, 2015
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 #M-10253-14

FID #080822

**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 three dialysis stations for a total of no more than 13 dialysis stations upon project completion/ Sampson County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: FMC Roseboro
100 East Pleasant Street
Roseboro, NC 28382**

MAXIMUM CAPITAL EXPENDITURE: \$8,250

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 1, 2014

This certificate is effective as of the 1st day of August, 2014

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 Roseboro 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 Roseboro shall develop and operate no more than three additional stations for a total of no more than 13 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 FMC Roseboro shall install plumbing and electrical wiring through the walls for no more than three additional dialysis stations for a total of no more than 13 dialysis stations which shall include any home hemodialysis training and isolation stations
4. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Roseboro 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 _____	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
Occupancy/Offering of Service/Certification of Stations _____	December 31, 2015