

**Certificate of Need Section
Certificates Issued**

Printed for Period: From 09/01/2014 to 09/30/2014

County	Project ID#	Facility	Project Description	Application Review	Certificate of Need Issue Date	Total Approved Capital Expenditure	1st Project Progress Report Date
Cumberland	M-010304-14	BMA Fayetteville 140236 Fayetteville	Relocate entire facility	07/01/2014	09/03/2014	\$801,333.00	11/18/2014
Forsyth	G-010291-14	Salemtowne 923440 Winston Salem	Replace nursing facility and develop 16 additional nursing facility beds pursuant to Policy NH-2 and 20 memory support adult care home beds pursuant to Policy LTC-1	06/01/2014	09/03/2014	\$41,928,010.00	01/31/2015
Guilford	G-010285-14	Hospice Home at High Point 061161 High Point	Convert 5 hospice residential beds to 5 hospice inpatient beds for a total of 15 hospice inpatient beds and 3 hospice residential beds upon project completion	06/01/2014	09/03/2014	\$14,000.00	11/01/2014
Mecklenburg	F-010290-14	Cuthbertson Village at Aldersgate 991042 Charlotte	Develop 16 additional memory support adult care home beds pursuant to Policy LTC-1	06/01/2014	09/03/2014	\$4,137,525.00	01/01/2015
Mecklenburg	F-010293-14	Aldersgate Skilled Nursing Facility 140193 Charlotte	Replace existing nursing facility and develop 20 additional nursing facility beds pursuant to Policy NH-2	06/01/2014	09/03/2014	\$41,734,345.00	01/03/2015

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Printed for Period: From 09/01/2014 to 09/30/2014

County	Project ID#	Facility	Project Description	Application Review	Certificate of Need Issue Date	Total Approved Capital Expenditure	1st Project Progress Report Date
Nash	L-010295-14	South Village 140235 Rocky Mount	Relocate 100 nursing facility beds and 15 adult care home beds to a newly constructed facility	07/01/2014	09/23/2014	\$9,300,000.00	05/15/2015
Randolph	G-010262-14	N Randolph Dialysis Center of Wake Forest University 140089 Thomasville	Develop 10-station dialysis facility by relocating 10 stations from High Point Kidney Center in Guilford County	04/01/2014	09/30/2014	\$3,295,700.00	02/15/2015

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project Identification Number # M-10304-14

FID # 140236

ISSUED TO: Bio-Medical Applications of Fayetteville, Inc.,
d/b/a BMA Fayetteville
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: Relocate 42 station facility (39 existing stations plus 3 previously approved) within Cumberland County/Cumberland

CONDITIONS: See Reverse Side

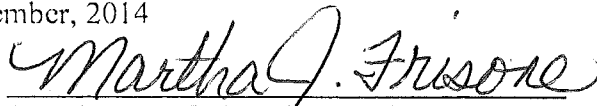
PHYSICAL LOCATION: BMA of Fayetteville
2610 Legion Road
Fayetteville, NC 28306

MAXIMUM CAPITAL EXPENDITURE: \$801,333

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 18, 2014

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


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

CONDITIONS:

1. Bio-Medical Applications of Fayetteville, Inc. d/b/a BMA Fayetteville shall materially comply with all representations made in its certificate of need application.
2. Bio-Medical Applications of Fayetteville, Inc. d/b/a BMA Fayetteville shall relocate and operate no more than forty-two (42) dialysis stations, which shall include any home hemodialysis training or isolation stations.
3. Bio-Medical Applications of Fayetteville, Inc. d/b/a BMA Fayetteville shall install plumbing and electrical wiring through the walls for no more than forty-two (42) dialysis stations which shall include any home hemodialysis training or isolation stations.
4. Bio-Medical Applications of Fayetteville, Inc. d/b/a BMA Fayetteville 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 August 5, 2014.

TIMETABLE:

Construction Contract Awarded _____	February 2, 2015
50% Completion of Construction _____	July 17, 2015
Equipment Ordered _____	October 2, 2015
Completion of Construction _____	November 14, 2015
Equipment Operational _____	December 15, 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-10291-14

FID #923440

**ISSUED TO: Moravian Home, Inc.
d/b/a Salemtowne
1000 Salemtowne Drive
Winston-Salem, NC 27106**

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 nursing facility and develop 16 additional nursing facility beds pursuant to Policy NH-1 and 20 memory support adult care home beds pursuant to Policy LTC-1/ Forsyth County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Salemtowne
100 Salemtowne Drive
Winston-Salem, NC 27106**

MAXIMUM CAPITAL EXPENDITURE: \$41,928,010

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 31, 2015

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


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

CONDITIONS:

1. Moravian Home, Inc. d/b/a Salemtowne shall materially comply with all representations made in its certificate of need application.
2. Moravian Home, Inc. d/b/a Salemtowne shall develop no more than 16 additional nursing facility beds for a total of 100 nursing facility beds and 20 additional adult care home beds for a total of 20 ACH beds upon completion of this project and the exempt relocation/replacement and separate licensing of the existing 46 ACH beds.
3. Moravian Home, Inc. d/b/a Salemtowne 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 16 new nursing facility beds shall not be certified for participation in the Medicaid program.
5. The 16 new 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.
6. The 20 new adult care home beds shall not be certified for participation in the Medicaid program or serve State-County Special Assistance recipients.
7. The 20 new 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 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.
8. The 16 new nursing facility beds and 20 new adult care home beds shall be developed on the same site with the independent living units.
9. Moravian Home, Inc. d/b/a Salemtowne 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 August 11, 2014.

TIMETABLE:

Completion of Final Drawings and Specifications _____	January 31, 2015
Contract Award _____	October 15, 2015
25% Completion of Construction _____	May 15, 2016
50% Completion of Construction _____	September 15, 2016
75% Completion of Construction _____	January 15, 2017
Completion of Construction _____	April 28, 2017
Licensure of Facility _____	May 28, 2017
Certification of Beds _____	June 28, 2017
Occupancy/Offering of Service _____	July 1, 2017

STATE OF NORTH CAROLINA

Department of Health and Human Services

Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project Identification Number #G-10285-14

FID #061161

**ISSUED TO: Hospice of the Piedmont, Inc.
1801 Westchester Drive
High Point, NC 27262**

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 five hospice residential beds to five hospice inpatient beds for a total of 15 hospice inpatient beds and three hospice residential beds upon project completion/ Guilford County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: The Hospice Home at High Point
1803 Westchester Drive
High Point, NC 27262**

MAXIMUM CAPITAL EXPENDITURE: \$14,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 1, 2014

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


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

CONDITIONS:

1. Hospice of the Piedmont, Inc. d/b/a Hospice Home at High Point shall materially comply with all representations made in its certificate of need application and the supplemental information received July 8, 2014. In those instances where representations conflict, Hospice of the Piedmont, Inc. d/b/a Hospice Home at High Point shall materially comply with the last made representation.
2. Hospice of the Piedmont, Inc. d/b/a Hospice Home at High Point shall convert no more than five hospice residential beds to five hospice inpatient beds at the Hospice Home at High Point facility.
3. Hospice of the Piedmont, Inc. d/b/a Hospice Home at High Point shall be licensed for no more than 15 hospice inpatient beds and three hospice residential care beds at its hospice facility in High Point upon completion of this project.
4. Hospice of the Piedmont, Inc. d/b/a Hospice Home at High Point shall acknowledge acceptance of and compliance 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 August 8, 2014.

TIMETABLE:

Conversion of Beds _____ September 9, 2014

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project Identification Number # F-10290-14

FID #991042

ISSUED TO: Aldersgate United Methodist Retirement Community, Inc.
3800 Shamrock Drive
Charlotte NC 28215

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 16 adult care home beds to the existing continuing care retirement community for a total of 61 adult care home beds, pursuant to Policy LTC-1 / Mecklenburg County

CONDITIONS: See Reverse Side


PHYSICAL LOCATION: Cuthbertson Village at Aldersgate
3800 Shamrock Drive
Charlotte NC 28215

MAXIMUM CAPITAL EXPENDITURE: \$4,137,525

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 1, 2015

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


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

CONDITIONS:

1. Aldersgate United Methodist Retirement Community, Inc. shall materially comply with all representations made in the certificate of need application.
2. Aldersgate United Methodist Retirement Community, Inc. shall develop and operate no more than 16 additional adult care home (ACH) beds for a total of no more than 61 adult care home beds at the Cuthbertson Village facility.
3. The 16 new ACH beds shall not be certified for participation in the Medicaid program or participate in the state or county special assistance programs.
4. The 16 new ACH 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. Aldersgate 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 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 August 11, 2014.

TIMETABLE:

Final Drawings Submitted to the Construction Section, DHSR _____	January 31, 2015
Approval of site by the Construction Section, DHSR _____	August 30, 2015
25% Completion of Construction _____	January 15, 2016
75% Completion of Construction _____	May 15, 2016
Occupancy by Residents _____	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 #F-10293-14

FID #140193

ISSUED TO: Aldersgate United Methodist Retirement Community, Inc.
3800 Shamrock Drive
Charlotte, NC 28215

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 its existing nursing facility and develop 20 additional nursing facility beds pursuant to Policy NH-2/ Mecklenburg County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Aldersgate Skilled Nursing Facility
3201 Bishops Way Lane
Charlotte, NC 28215

MAXIMUM CAPITAL EXPENDITURE: \$41,734,345

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 3, 2015

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

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

CONDITIONS:

1. Aldersgate United Methodist Retirement Community, Inc. shall materially comply with all representations made in the certificate of need application.
2. Aldersgate United Methodist Retirement Community, Inc. shall construct a replacement nursing facility with a total licensed bed complement of no more than 120 nursing facility beds and five ACH beds upon completion of the project.
3. The 20 new nursing facility beds shall not be certified for participation in the Medicaid program.
4. The 20 new 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 20 new nursing facility beds shall be developed on the same site with the independent living units.
6. Aldersgate 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.
7. Aldersgate 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 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 August 11, 2014.

TIMETABLE:

Final Drawings Submitted to DHSR Construction Section	_____	January 31, 2015
Approval of Site by DHSR Construction Section	_____	August 30, 2015
Construction Contract Awarded	_____	October 15, 2015
Site Preparation	_____	November 15, 2015
25% Completion of Construction	_____	February 15, 2016
50% Completion of Construction	_____	June 15, 2016
75% Completion of Construction	_____	October 15, 2016
Completion of Construction	_____	January 28, 2017
Licensure of Facility	_____	February 28, 2017
Medicare/Medicaid Certification	_____	March 28, 2017
Occupancy by Residents	_____	April 1, 2017

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project Identification Number #L-10295-14

FID #140235

**ISSUED TO: Raleigh Road Nursing Center, LLC
And Rocky Mount Health and Rehabilitation, LLC
2501 Blue Ridge Road, Suite 500
Raleigh, NC 27607**

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

SCOPE: Relocate 100 nursing facility beds and 15 adult care home beds to a newly constructed facility/ Nash County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: South Village
Corner of Halifax Road and Village Road
Rocky Mount, NC 27804**

MAXIMUM CAPITAL EXPENDITURE: \$9,300,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 15, 2015

This certificate is effective as of the 23rd day of September, 2014


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

CONDITIONS:

1. Raleigh Road Nursing Center, LLC and Rocky Mount Health and Rehabilitation, LLC shall materially comply with all representations made in the certificate of need application.
2. Raleigh Road Nursing Center, LLC and Rocky Mount Health and Rehabilitation, LLC shall construct a replacement combination nursing facility which shall be licensed for no more than 100 nursing facility beds and 15 adult care home beds upon project completion.
3. For the first two years of operation following completion of the project, Raleigh Road Nursing Center, LLC and Rocky Mount Health and Rehabilitation, 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. Raleigh Road Nursing Center, LLC and Rocky Mount Health and Rehabilitation, LLC shall provide care to recipients of State/County Special Assistance with Medicaid for the facility, commensurate with representations made in Section VI.3.
5. Raleigh Road Nursing Center, LLC and Rocky Mount Health and Rehabilitation, 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.
6. Prior to the issuance of a certificate of need, Raleigh Road Nursing Center, LLC and Rocky Mount Health and Rehabilitation, LLC shall provide, to the Certificate of Need Section, written documentation of Raleigh Road Nursing Center, LLC's commitment to finance the capital cost of the proposed project through a commercial loan.
7. Raleigh Road Nursing Center, LLC and Rocky Mount Health and Rehabilitation, 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 September 2, 2014.

TIMETABLE:

Site Purchased _____	January 30, 2015
Completion of Final Drawings and Specifications _____	April 17, 2015
Contract Award _____	May 15, 2015
25% Completion of Construction _____	March 10, 2016
50% Completion of Construction _____	December 13, 2016
75% Completion of Construction _____	April 14, 2017
Completion of Construction _____	August 31, 2017
Licensure of facility _____	September 15, 2017

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project Identification Number #G-10262-14

FID #140089

ISSUED TO: Wake Forest University Health Sciences and
North Randolph Dialysis Center of Wake Forest University
1804 King Road
Tifton, GA 31793

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 10 dialysis stations from High Point Kidney Center in Guilford County/ Randolph County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: North Randolph Dialysis Center of Wake Forest University
5948 Mendenhall Road, Extension
High Point, NC 27263

MAXIMUM CAPITAL EXPENDITURE: \$3,295,700

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: February 15, 2015

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

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

CONDITIONS:

1. Wake Forest University Health Sciences and North Randolph Dialysis Center of Wake Forest University shall materially comply with all representations made in its certificate of need application.
2. Wake Forest University Health Sciences and North Randolph Dialysis Center of Wake Forest University shall develop and operate no more than 10 dialysis stations at North Randolph Dialysis Center, which shall include any isolation stations and home hemodialysis training stations.
3. Wake Forest University Health Sciences and North Randolph Dialysis Center of Wake Forest University shall install plumbing and electrical wiring through the walls for no more than 10 dialysis stations, which shall include any isolation stations and home hemodialysis training stations.
4. Wake Forest University Health Sciences shall take the necessary steps to decertify 10 dialysis stations at High Point Kidney Center of Wake Forest University for a total of no more than 32 dialysis stations at High Point Kidney Center of Wake Forest University.
5. Wake Forest University Health Sciences and North Randolph Dialysis Center of Wake Forest University shall provide the site location address chosen for the new facility, based on the three potential site locations proposed in the application.
6. Wake Forest University Health Sciences and North Randolph Dialysis Center of Wake Forest University 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 September 5, 2014.

TIMETABLE:

Contract Award _____	October 1, 2014
25% Completion of Construction _____	February 7, 2015
50% Completion of Construction _____	June 15, 2015
75% Completion of Construction _____	October 22, 2015
Completion of Construction _____	January 30, 2016
Certification of Stations _____	February 28, 2016
Occupancy/Offering Service _____	February 28, 2016