

**Certificate of Need Section
Certificates Issued**

Printed for Period: From 11/01/2014 to 11/30/2014

County	Project ID#	Facility	Project Description	Application Review	Certificate of Need Issue Date	Total Approved Capital Expenditure	1st Project Progress Report Date
Brunswick	O-010305-14	Leland Dialysis 140237 Leland	Shall relocate eight dialysis stations from Southeastern Dialysis Center-Shalotte and two dialysis stations from Southport Dialysis Center to develop a new 10-station end stage renal disease facility in Leland	07/01/2014	11/17/2014	\$1,625,123.00	05/15/2015
Lee	J-008632-11	Central Carolina Hospital 953084 Sanford	Acquire shared fixed cardiac catheterization equipment and construct a one-story addition to the existing facility	03/01/2011	11/04/2014	\$2,568,874.00	12/31/2015
New Hanover	O-010324-14	New Hanover Dialysis 140333 Wilmington	Develop a new 12-station dialysis facility by relocating 10 stations from Southeastern Dialysis Center-Wilmington and two stations from Cape Fear Dialysis Center	09/01/2014	11/04/2014	\$2,179,999.00	03/15/2015
Orange	J-010314-14	University of North Carolina Hospitals 923517 Chapel Hill	Acquire ninth MRI scanner	09/01/2014	11/11/2014	\$3,210,288.00	05/01/2015

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project Identification Number # O-10305-14

FID # 140237

ISSUED TO: Total Renal Care of North Carolina, LLC
d/b/a Leland Dialysis
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: Relocate eight dialysis stations from Southeastern Dialysis Center -Shallotte and two dialysis stations from Southport Dialysis Center to develop a new 10-station facility in Leland / Brunswick County

CONDITIONS: See Reverse Side


PHYSICAL LOCATION: Leland Dialysis
#4 Grandiflora Drive, Magnolia Village
Leland, NC 28451

MAXIMUM CAPITAL EXPENDITURE: \$1,625,123

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 15, 2015

This certificate is effective as of the 17th day of November, 2014.


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

CONDITIONS:

1. Total Renal Care of North Carolina, LLC d/b/a Leland Dialysis shall materially comply with all representations made in the certificate of need application.
2. Total Renal Care of North Carolina, LLC d/b/a Leland Dialysis shall develop and operate no more than ten dialysis stations at Leland Dialysis, including any home hemodialysis training and isolation stations.
3. Total Renal Care of North Carolina, LLC d/b/a Leland Dialysis shall install plumbing and electrical wiring through the walls for no more than ten dialysis stations which shall include any home hemodialysis and isolation stations.
4. Total Renal Care of North Carolina, LLC shall take the necessary steps to decertify eight stations at Southeastern Dialysis Center – Shallotte and two stations at Southport Dialysis Center for a total of no more than ten certified dialysis stations remaining at Southeastern Dialysis Center – Shallotte and 11 certified stations remaining at Southport Dialysis Center upon project completion.
5. Total Renal Care of North Carolina, LLC d/b/a Leland 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 November 17, 2014.

TIMETABLE:

Completion of Final Drawings and Specifications _____	May 1, 2015
Contract Award _____	June 1, 2015
Ordering Equipment _____	August 1, 2015
50% Completion of Construction _____	August 15, 2015
Completion of Construction _____	November 1, 2015
Operation of Equipment _____	December 1, 2015
Offering of Services _____	December 15, 2015
Certification of Stations _____	January 1, 2016

STATE OF NORTH CAROLINA

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

REISSUED

CERTIFICATE OF NEED

for

Project Identification Number #J-8632-11

FID #953084

ISSUED TO: AMISUB of North Carolina, Inc.
d/b/a Central Carolina Hospital
1135 Carthage Street
Sanford, NC 27330

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: AMISUB of North Carolina, Inc. d/b/a Central Carolina Hospital shall acquire fixed shared cardiac catheterization equipment and construct a one-story addition to the existing facility/ Lee County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Central Carolina Hospital
1135 Carthage Street
Sanford, NC 27330

MAXIMUM CAPITAL EXPENDITURE: \$2,568,874

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 31, 2015

This certificate is effective as of the 26th day of July, 2011.

Reissued certificate is effective as of the 4th day of November, 2014.

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

REVISED CONDITIONS:

1. **AMISUB of North Carolina, Inc. d/b/a Central Carolina Hospital shall materially comply with all representations made in the certificate of need application and the letter dated June 25, 2014 and October 21, 2014. In those instances where any of those representations conflict, Central Carolina Hospital shall materially comply with the last-made representations.**
2. **AMISUB of North Carolina, Inc. d/b/a Central Carolina Hospital may perform interventional cardiac catheterization procedures on the shared fixed cardiac catheterization unit so long as the hospital does so in accordance with the standards of the Society for Cardiovascular Angiography and Interventions, the American College of Cardiology Foundation, and the American Heart Association, for percutaneous coronary intervention without on-site surgical backup.**
3. **AMISUB of North Carolina, Inc. d/b/a Central Carolina Hospital shall submit a report to the Certificate of Need Section annually, due by December 31st, documenting that the hospital is operating in accordance with the standards of the Society for Cardiovascular Angiography and Interventions, the American College of Cardiology Foundation, and the American Heart Association, for percutaneous coronary intervention without on-site surgical backup. If the hospital is not operating in accordance with the standards, the hospital shall provide a written plan of action for returning to compliance with the standards.**

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project Identification Number #O-10324-14

FID #140333

ISSUED TO: Total Renal Care of North Carolina, LLC
d/b/a New Hanover 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 new 12-station dialysis facility by relocating 10 stations from Southeastern Dialysis Center-Wilmington and 2 stations from Cape Fear Dialysis Center/ New Hanover County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: New Hanover Dialysis
3147 South 17th Street
Wilmington, NC 28412

MAXIMUM CAPITAL EXPENDITURE: \$2,179,999

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 15, 2015

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

Martha J. Irusone

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

CONDITIONS:

1. Total Renal Care of North Carolina, LLC d/b/a New Hanover Dialysis shall materially comply with all representations made in the certificate of need application.
2. Total Renal Care of North Carolina, LLC d/b/a New Hanover Dialysis shall relocate no more than 12 dialysis stations to New Hanover Dialysis, which shall include any isolation or home hemodialysis stations.
3. Total Renal Care of North Carolina, LLC d/b/a New Hanover Dialysis shall install plumbing and electrical wiring through the walls for no more than 12 dialysis stations, which shall include any isolation or home hemodialysis stations.
4. Total Renal Care of North Carolina, LLC d/b/a New Hanover Dialysis shall provide the CON Section with a written statement describing the project's plan to assure improved energy efficiency and water conservation.
5. Total Renal Care of North Carolina, LLC shall take the necessary steps to decertify 10 dialysis stations at Southeastern Dialysis Center-Wilmington for a total of no more than 19 dialysis stations at Southeastern Dialysis Center-Wilmington.
6. Total Renal Care of North Carolina, LLC shall take the necessary steps to decertify two dialysis stations at Cape Fear Dialysis Center for a total of no more than 30 dialysis stations at Cape Fear Dialysis Center.
7. Total Renal Care of North Carolina, 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 November 3, 2014.

TIMETABLE:

Contract Award	_____	June 1, 2015
50% Completion of Construction	_____	September 1, 2015
Completion of Construction	_____	December 1, 2015
Occupancy/Offering of Service	_____	December 20, 2015

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project Identification Number #J-10314-14

FID #923517

ISSUED TO: University of North Carolina Hospitals
UNC HCS Hedrick 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: Acquire ninth MRI/Orange County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: University of North Carolina Hospitals at Chapel Hill
101 Manning Drive
Chapel Hill, NC 27514

MAXIMUM CAPITAL EXPENDITURE: \$3,210,288

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 1, 2015

This certificate is effective as of the 11th day of November, 2014

Lisa Pitts for Martha J. Frisone

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

CONDITIONS:

1. University of North Carolina Hospitals at Chapel Hill shall materially comply with all representations made in its certificate of need application.
2. University of North Carolina Hospitals at Chapel Hill shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section VIII of the application and which would otherwise require a certificate of need.
3. University of North Carolina Hospitals at Chapel Hill shall acquire no more than one fixed MRI scanner for a total of no more than nine fixed MRI scanners.
4. Prior to issuance of the certificate of need, University of North Carolina Hospitals at Chapel Hill shall acknowledge acceptance of and agree to comply with all conditions stated herein in writing to the Certificate of Need Section.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on October 31, 2014.

TIMETABLE:

Approval of Final Drawings and Specifications by the Construction Section, DHSR _____	April 30, 2015
Contract Award _____	May 4, 2015
25% Completion of Construction _____	May 11, 2015
Completion of Construction _____	June 15, 2015
Operation of Equipment/Occupancy/Offering of Service _____	July 1, 2015
Accreditation of MRI _____	July 1, 2016