

**Certificate of Need Section
Certificates Issued**

Printed for Period: From 12/01/2014 to 12/31/2014

County	Project ID#	Facility	Project Description	Application Review	Certificate of Need Issue Date	Total Approved Capital Expenditure	1st Project Progress Report Date
Alexander	E-010289-14	Alexander Youth Services 140190 Taylorsville	Develop a new 15 bed child/adolescent chemical dependency treatment (substance abuse) hospital	06/01/2014	12/05/2014	\$2,496,000.00	03/01/2015
Buncombe	B-010272-14	Asheville Kidney Center 955773 Asheville	Add 2 dialysis stations for a total of 52 stations upon completion	04/01/2014	12/09/2014	\$25,550.00	02/15/2015
Cumberland	M-010294-14	Cape Fear Valley Medical Center 943057 Fayetteville	Add 34 acute care beds	07/01/2014	12/13/2014	\$30,000,000.00	04/30/2015
Franklin	K-010229-13	Same Day Surgery Center Franklin 090435 Youngsville	Relocate one OR from Novant Health Franklin Medical Center to Same Day Surgery Center for a total of two at the previously approved ASC	12/01/2013	12/03/2014	\$6,264,921.00	09/30/2015
Guilford	G-010286-14	Hospice and Palliative Care of Greensboro-Beacon Place 960438 Greensboro	Convert 3 hospice residential beds to 3 hospice inpatient beds for a total of 11 hospice inpatient beds and 3 hospice residential beds upon project completion	06/01/2014	12/02/2014	\$25,000.00	06/15/2015

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County	Project ID#	Facility	Project Description	Application Review	Certificate of Need Issue Date	Total Approved Capital Expenditure	1st Project Progress Report Date
Guilford	G-010298-14	Fellowship Hall 923169 Greensboro	Convert 39 supervised living beds to 39 residential chemical dependency treatment beds	07/01/2014	12/05/2014	\$4,621,851.00	05/01/2015
Guilford	G-010338-14	Northwest Greensboro Kidney Center 990214 Greensboro	Add 8 stations for a total of 33 dialysis stations	10/01/2014	12/16/2014	\$28,000.00	09/01/2015
Mecklenburg	F-010287-14	OrthoCarolina Ballantyne 140188 Charlotte	Acquire one fixed MRI scanner	06/01/2014	12/02/2014	\$2,421,147.00	03/31/2015
Onslow	P-010266-14	Southeastern Dialysis Center of Jacksonville 956056 Jacksonville	Add 1 dialysis station for a total of 25 stations upon completion of this project and P-10123-13	04/01/2014	12/12/2014	\$18,963.00	04/01/2015
Pitt	Q-010315-14	FMC Farmville 140329 Farmville	Develop a new 10-station dialysis facility by relocating 7 stations from FMC Dialysis Services East Carolina University and 3 from Greenville Dialysis Center	09/01/2014	12/04/2014	\$1,624,001.00	03/31/2015
Randolph	G-010355-14	MRI of Asheboro 140366 Asheboro	Develop a diagnostic center which is a change of scope for Project ID #G-8342-09 (acquire a 2nd MRI scanner)	10/01/2014	12/09/2014	\$26,391.00	05/15/2015

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County	Project ID#	Facility	Project Description	Application Review	Certificate of Need Issue Date	Total Approved Capital Expenditure	1st Project Progress Report Date
Rockingham	G-010309-14	Annie Penn Hospital 932940 Reidsville	Add one GI endoscopy room to existing space for a total of 3 licensed GI endoscopy rooms upon completion	08/01/2014	12/02/2014	\$2,231,516.00	03/30/2015
Surry	G-010310-14	Mountain Valley Hospice and Palliative Care 090256 Dobson	Develop three additional hospice inpatient beds in existing facility	08/01/2014	12/02/2014	\$50,000.00	02/01/2015

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project Identification Number # E-10289-14

FID #140190

**ISSUED TO: Alexander Hospital Investors, LLC
and MBHS of North Carolina, 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: Develop a new 15-bed child/adolescent chemical dependency treatment (substance abuse) facility / Alexander County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Alexander Youth Services
326 3rd Street SW
Taylorsville, NC 28681**

MAXIMUM CAPITAL EXPENDITURE: \$2,496,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 1, 2015

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


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

CONDITIONS:

1. MBHS of North Carolina, LLC, and Alexander Hospital Investors, 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, MBHS of North Carolina, LLC, and Alexander Hospital Investors, LLC shall materially comply with the last made representation.
2. MBHS of North Carolina, LLC, and Alexander Hospital Investors, LLC shall develop no more than one new inpatient child/adolescent chemical dependency treatment facility with a total licensed bed complement of no more than 15 inpatient child/adolescent chemical dependency treatment beds.
3. Prior to the issuance of the certificate of need, MBHS of North Carolina, LLC and Alexander Hospital Investors, LLC shall provide a letter addressed to Smoky Mountain Center 2 inviting the LME-MCO to comment on the proposal.
4. Prior to the issuance of the certificate of need, MBHS of North Carolina, LLC shall provide copies of the two most recent financial reports.
5. Prior to the issuance of the certificate of need, Alexander Hospital Investors, LLC shall provide documentation of the availability of funding for its portion of the projected capital costs (commercial loan of \$2,306,000).
6. Prior to the issuance of the certificate of need, MBHS of North Carolina, LLC and Alexander Hospital Investors, LLC shall provide documentation of the availability of funding for the projected working capital costs (\$722,141).
7. MBHS of North Carolina, LLC, and Alexander Hospital Investors, 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 December 2, 2014 and all the documents required by Conditions 3, 4, 5 and 6 were received by December 5, 2014.

TIMETABLE:

Final Drawings and Specifications sent to Construction, DHSR _____	December 30, 2014
Final Drawings Approved by Construction, DHSR _____	March 1, 2014
Obtained Funds for the Project _____	January 15, 2015
Construction Contract Executed _____	January 15, 2015
25% Completion of Construction _____	June 1, 2015
50% Completion of Construction _____	August 1, 2015
75% Completion of Construction _____	October 1, 2015
Ordering of Medical Equipment _____	September 1, 2015
Completion of Construction _____	December 10, 2015
Operation of Medical Equipment _____	February 1, 2016
Occupancy/Offering of Services _____	February 1, 2016
Licensure of Facility _____	March 1, 2016
Certification of Facility _____	March 1, 2016

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project Identification Number # B-10272-14

FID #955773

**ISSUED TO: Total Renal Care of North Carolina, LLC
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 two additional dialysis stations for a total of 52 dialysis stations upon project completion / Buncombe County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Asheville Kidney Center
1600 Centrepark Drive
Asheville, NC 28805**

MAXIMUM CAPITAL EXPENDITURE: \$25,550

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: February 15, 2015

This certificate is effective as of the 9th day of December, 2014.


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

CONDITIONS:

1. Total Renal Care of North Carolina, LLC d/b/a Asheville Kidney Center shall materially comply with all representations made in its certificate of need application and in the supplemental information submitted as part of the settlement agreement. In those instances where representations conflict, Total Renal Care of North Carolina, LLC d/b/a Asheville Kidney Center shall materially comply with the last made representation.
2. Total Renal Care of North Carolina, LLC d/b/a Asheville Kidney Center shall develop and operate no more than two additional dialysis stations for a total of 52 dialysis stations which shall include any home hemodialysis training or isolation stations.
3. Total Renal Care of North Carolina, LLC d/b/a Asheville Kidney Center shall install plumbing and electrical wiring through the walls for no more than two additional dialysis stations for a total of 52 dialysis stations which shall include any home hemodialysis training or isolation stations.

TIMETABLE:

Ordering of Equipment	_____	December 15, 2014
Operation of Equipment	_____	February 15, 2015
Certification of Stations	_____	March 1, 2015
Occupancy/Offering of Services	_____	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 # M-10294-14
FID # 943057

ISSUED TO: Cumberland County Hospital System, Inc.
D/B/A Cape Fear Valley Medical Center
1638 Owen Drive
Fayetteville, NC 28302

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 34 acute care beds for a total of no more than 589 acute care beds upon completion of Project M-8689-11 (add 65 acute care beds to Cape Fear Valley - North) and this project / Cumberland County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Cape Fear Valley Medical Center
1638 Owen Drive
Fayetteville, NC 28302

MAXIMUM CAPITAL EXPENDITURE: \$30,000,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 30, 2015

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

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

CONDITIONS:

1. Cumberland County Hospital System, Inc. d/b/a Cape Fear Valley Medical Center shall materially comply with all representations made in the certificate of need application.
2. Cumberland County Hospital System, Inc. d/b/a Cape Fear Valley Medical Center 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. Cumberland County Hospital System, Inc. d/b/a Cape Fear Valley Medical Center shall add no more than 34 acute care beds for a total of no more than 589 acute care beds upon completion of Project M-8689-11 (add 65 acute care beds to Cape Fear Valley - North) and this project.
4. Cumberland County Hospital System, Inc. d/b/a Cape Fear Valley Medical Center 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.
5. Prior to issuance of the certificate of need, Cumberland County Hospital System, Inc. d/b/a Cape Fear Valley Medical Center 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 December 12, 2014.

TIMETABLE:

Approval of Final Drawings Submitted to the Construction Section, DHSR _____	July 1, 2015
25% Completion of Construction _____	August 15, 2015
75% Completion of Construction _____	July 1, 2016
Operation of Equipment _____	December 1, 2016
Completion of Construction _____	December 15, 2016
Occupancy/Offering of Services _____	December 31, 2016
Certification of Beds _____	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 #K-10229-13

FID #090435

ISSUED TO: Same Day Surgery Center Franklin, LLC
3600 Country Club Road, Suite 201
Winston-Salem, NC 27103

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 one operating room from Novant Health Franklin Medical Center for a total of no more than two operating rooms at Same Day Surgery Center Franklin which is a change of scope for Project ID #K-8357-09 (develop ASC with one OR)/ Franklin County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Same Day Surgery Center Franklin
1111 US Highway 1
Youngsville, NC 27596

MAXIMUM CAPITAL EXPENDITURE: \$6,264,921

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 30, 2015

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

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

CONDITIONS:

1. Same Day Surgery Center Franklin shall materially comply with all representations made in this certificate of need application and in Project ID #K-8357-09. In those instances in which representations conflict, Same Day Surgery Center Franklin shall materially comply with the last-made representation.
2. Same Day Surgery Center Franklin shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section VIII of the application and that would otherwise require a certificate of need.
3. Same Day Surgery Center Franklin shall construct an ambulatory surgical facility that shall be licensed for no more than two ambulatory surgical operating rooms and one procedure room.
4. Same Day Surgery Center Franklin shall meet all criteria to receive accreditation of the ambulatory surgical facility from JCAHO, AAAHC or a comparable accreditation authority within two years following completion of the facility.
5. Upon relocation of the existing operating room to the new location, Novant Health Franklin Regional Medical Center shall reduce the number of licensed operating rooms in the hospital by 1, such that the hospital shall not be licensed for more than two shared operating rooms.
6. Same Day Surgery Center Franklin shall acknowledge acceptance of and agree to comply with all conditions stated herein in writing to the Certificate of Need Section 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 May 23, 2014.

TIMETABLE:

Approval of Site	_____	June 17, 2015
Contract Award	_____	September 17, 2015
25% Completion of Construction	_____	January 1, 2016
50% Completion of Construction	_____	May 15, 2016
75% Completion of Construction	_____	September 1, 2016
Completion of Construction	_____	January 15, 2017
Occupancy/Offering of Service	_____	February 15, 2017
Licensure of Facility	_____	February 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-10298-14

FID #923169

**ISSUED TO: Fellowship Hall, Inc.
5140 Dunstan Road
Greensboro, NC 27405**

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 no more than 39 substance abuse treatment beds and delicense 18 existing supervised living beds for a total of no more than 54 inpatient hospital intensive treatment beds, 6 medical detox beds, 39 residential substance abuse treatment beds, and 1 supervised living bed upon project completion/ Guilford County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Fellowship Hall
5140 Dunstan Road
Greensboro, NC 27405**

MAXIMUM CAPITAL EXPENDITURE: \$4,621,851

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 1, 2015

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

Martha J. Trusone

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

CONDITIONS:

1. Fellowship Hall, Inc. shall materially comply with all representations made in the certificate of need application.
2. Fellowship Hall, Inc. shall develop 39 adult substance abuse treatment beds for a total of no more than 54 inpatient hospital intensive treatment beds, 6 medical detox beds, 39 residential substance abuse treatment beds, and one supervised living bed, upon project completion.
3. Fellowship Hall, Inc. shall take the necessary steps to delicense 18 supervised living beds.
4. Fellowship Hall, 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 November 26, 2014.

TIMETABLE:

25% Completion of Construction _____	July 13, 2015
50% Completion of Construction _____	August 24, 2015
75% Completion of Construction _____	November 9, 2015
Completion of Construction _____	February 6, 2016
Occupancy/Offering of Service _____	April 1, 2016

STATE OF NORTH CAROLINA

Department of Health and Human Services

Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project Identification Number #G-10286-14

FID #960438

**ISSUED TO: Hospice and Palliative Care of Greensboro-Beacon Place
2500 Summit Avenue
Greensboro, NC 27405**

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 three hospice residential beds to three hospice inpatient beds for a total of 11 hospice inpatient beds and three hospice residential beds upon completion of the project/ Guilford County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Hospice and Palliative Care of Greensboro-Beacon Place
2502 Summit Avenue
Greensboro, NC 27405**

MAXIMUM CAPITAL EXPENDITURE: \$25,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 15, 2015

This certificate is effective as of the 2nd day of December, 2014


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

CONDITIONS:

1. Hospice at Greensboro, Inc. d/b/a Hospice and Palliative Care of Greensboro shall materially comply with all representations made in the certificate of need application.
2. Hospice at Greensboro, Inc. d/b/a Hospice and Palliative Care of Greensboro shall convert no more than three hospice residential beds to three hospice inpatient beds at Beacon Place.
3. Hospice at Greensboro, Inc. d/b/a Hospice and Palliative Care of Greensboro shall be licensed for no more than 11 hospice inpatient beds and three hospice residential care beds at Beacon Place its hospice facility in Greensboro upon completion of this project.
4. Hospice at Greensboro, Inc. d/b/a Hospice and Palliative Care of Greensboro 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 November 3, 2014.

TIMETABLE:

Building Inspection by Construction Section _____	April 15, 2015
Licensure of Additional Inpatient Beds at Facility _____	October 1, 2015
Occupancy/Offering of Service _____	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 #G-10338-14

FID #990214

**ISSUED TO: Bio-Medical Applications of North Carolina, Inc.
d/b/a Northwest Greensboro Kidney Center
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 8 stations for a total of 33 dialysis stations/ Guilford County

CONDITIONS: See Reverse Side

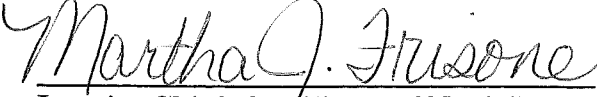
**PHYSICAL LOCATION: Northwest Greensboro
2837 Horsepen Creek Road
Greensboro, NC 27410**

MAXIMUM CAPITAL EXPENDITURE: \$28,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2015

This certificate is effective as of the 16th day of December, 2014


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

CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc. d/b/a Northwest Greensboro Kidney Center shall materially comply with all representations made in the certificate of need application.
2. Bio-Medical Applications of North Carolina, Inc. d/b/a Northwest Greensboro Kidney Center shall develop and operate no more than eight additional dialysis stations for a total of no more than 33 certified dialysis stations which shall include any home hemodialysis training stations or isolation stations.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a Northwest Greensboro Kidney Center shall install plumbing and electrical wiring through the walls for no more than eight (8) additional dialysis stations which shall include any home hemodialysis training stations or isolation stations.
4. Bio-Medical Applications of North Carolina, Inc. d/b/a Northwest Greensboro Kidney 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 November 24, 2014.

TIMETABLE:

Contract Award	_____	August 2, 2015
25% Completion of Construction	_____	September 1, 2015
Completion of Construction	_____	November 30, 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 #F-10287-14

FID #140188

ISSUED TO: OrthoCarolina, PA
d/b/a OrthoCarolina Ballantyne
4601 Park Road, Suite 250
Charlotte, NC 28209

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

SCOPE: Acquire one fixed MRI scanner/Mecklenburg County

CONDITIONS: See Reverse Side


PHYSICAL LOCATION: OrthoCarolina Ballantyne
15825 John J. Delaney Drive, Suite 100
Charlotte, NC 28277

MAXIMUM CAPITAL EXPENDITURE: \$2,421,147

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 31, 2015

This certificate is effective as of the 2nd day of December, 2014


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

CONDITIONS:

1. OrthoCarolina, PA shall materially comply with all representations made in the certificate of need application.
2. Prior to issuance of the certificate of need, OrthoCarolina, PA shall provide documentation of the availability of sufficient funds for the capital cost of the project.
3. OrthoCarolina, PA 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.
4. OrthoCarolina, PA shall acquire no more than one fixed MRI scanner for a total of no more than one fixed MRI scanner at OrthoCarolina Ballantyne.
5. OrthoCarolina, PA shall obtain accreditation from The Joint Commission, 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.
6. OrthoCarolina, PA 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 12, 2014.

TIMETABLE:

Contract Award	_____	May 1, 2015
50% Completion of Construction	_____	August 15, 2015
Completion of Construction	_____	November 15, 2015
Occupancy/Offering of Service(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 #P-10266-14

FID #956056

**ISSUED TO: Total Renal Care of North Carolina, LLC
d/b/a Southeastern Dialysis Center of Jacksonville
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 for a total of 25 stations upon completion and completion of Project ID #P-10123-13/ Onslow County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Southeastern Dialysis Center of Jacksonville
14 Office Park Drive
Jacksonville, North Carolina 28546**

MAXIMUM CAPITAL EXPENDITURE: \$18,963

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 1, 2015

This certificate is effective as of the 12th day of December, 2014

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

CONDITIONS:

1. Total Renal Care of North Carolina, LLC d/b/a Southeastern Dialysis Center-Jacksonville shall materially comply with all representations made in the certificate of need application and clarifying information. In those instances where representations conflict, Total Renal Care of North Carolina, LLC d/b/a Southeastern Dialysis Center-Jacksonville, Inc. shall materially comply with the last-made representation.
2. Total Renal Care of North Carolina, LLC d/b/a Southeastern Dialysis Center-Jacksonville shall develop no more than one additional dialysis station at SEDC-Jacksonville for a total of no more than 25 dialysis stations upon project completion and completion of Project ID# P-10123-13; including any home hemodialysis or isolation stations.
3. Total Renal Care of North Carolina, LLC d/b/a Southeastern Dialysis Center-Jacksonville shall install plumbing and electrical wiring through the walls for no more than one additional dialysis station for a total of no more than 25 stations upon projection completion.
4. Prior to issuance of the certificate of need, Total Renal Care of North Carolina, LLC d/b/a Southeastern Dialysis Center-Jacksonville shall submit documentation referenced as Exhibits 9, 10, and 11 which were not provided.
5. Total Renal Care of North Carolina, LLC d/b/a Southeastern Dialysis Center-Jacksonville 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 December 12, 2014.

TIMETABLE:

Occupancy/Offering Service _____	January 1, 2015
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 #Q-10315-14

FID #140329

ISSUED TO: Bio-Medical Applications of North Carolina, Inc.
d/b/a FMC Farmville
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: Develop a new 10 station dialysis facility in Farmville by relocating 7 dialysis stations from Fresenius Medical Care Dialysis Services East Carolina University and 3 dialysis stations from Greenville Dialysis Center/ Pitt County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: FMC Farmville
4302 South Main Street
Farmville, NC 27828

MAXIMUM CAPITAL EXPENDITURE: \$1,624,001

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 31, 2015

This certificate is effective as of the 4th day of December, 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 Farmville 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 Dialysis Services Eastern Carolina University shall relocate no more than 7 dialysis stations to FMC Farmville, which shall include any isolation or home hemodialysis stations.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a Greenville Dialysis Center shall relocate no more than 3 dialysis stations to FMC Farmville, which shall include any isolation or home hemodialysis stations.
4. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Farmville shall install plumbing and electrical wiring through the walls for no more than 10 dialysis stations for a total of 10 dialysis stations, which shall include any home hemodialysis or isolation stations.
5. Bio-Medical Applications of North Carolina, Inc. shall take the necessary steps to decertify 7 dialysis stations at FMC Dialysis Services Eastern Carolina University for a total of no more than 31 dialysis stations at FMC Dialysis Services Eastern Carolina University.
6. Bio-Medical Applications of North Carolina, Inc. shall take the necessary steps to decertify 3 dialysis stations at Greenville Dialysis Center for a total of no more than 45 dialysis stations at Greenville Dialysis Center.
7. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Farmville 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 6, 2014.

TIMETABLE:

Contract Award	_____	March 16, 2015
50% Completion of Construction	_____	July 14, 2015
Completion of Construction	_____	November 11, 2015
Occupancy/Offering of Service	_____	December 31, 2015

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project Identification Number #G-10355-14

FID #140366

ISSUED TO: MRI of Asheboro, LLC
d/b/a MRI of Asheboro
364 White Oak Street
Asheboro, NC 27203

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 diagnostic center which is a change of scope for Project ID #G-8342-09 (acquire a 2nd MRI scanner)/ Randolph County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: MRI of Asheboro
237 N. Fayetteville Street
Asheboro, NC 27203

MAXIMUM CAPITAL EXPENDITURE: \$26,391

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 15, 2015

This certificate is effective as of the 9th day of December, 2014

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

CONDITIONS:

1. MRI of Asheboro, LLC d/b/a MRI of Asheboro shall materially comply with the representations made in this certificate of need application, Project ID# G-10355-14, the certificate of need application Project ID# G-8342-09 as amended by this project and supplemental information provided during the expedited review of this application. In those instances in which representations conflict, MRI of Asheboro, LLC d/b/a MRI of Asheboro shall materially comply with the last made representation.
2. MRI of Asheboro, LLC d/b/a MRI of Asheboro shall acquire no more than one fixed MRI scanner.
3. MRI of Asheboro, LLC d/b/a MRI of Asheboro 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. MRI of Asheboro, LLC d/b/a MRI of Asheboro 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. MRI of Asheboro, LLC d/b/a MRI of Asheboro 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 December 9, 2014

TIMETABLE:

Completion of Final Drawings _____	April 30, 2015
Contract Award _____	May 15, 2015
25% Completion of Construction _____	July 18, 2015
50% Completion of Construction _____	July 25, 2015
75% Completion of Construction _____	August 1, 2015
Completion of Construction _____	August 8, 2015
Occupancy/Offering of Service _____	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 #G-10309-14

FID #932940

**ISSUED TO: The Moses H. Cone Memorial Hospital
and The Moses H. Cone Memorial Operating Corporation
d/b/a Annie Penn Hospital
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: Add one GI endoscopy room for a total of three GI endoscopy rooms/
Rockingham County**

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Annie Penn Hospital
618 S. Main Street
Reidsville, NC 27320**

MAXIMUM CAPITAL EXPENDITURE: \$2,231,516

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 30, 2015

This certificate is effective as of the 2nd day of December, 2014.


**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 d/b/a Annie Penn Hospital shall materially comply with all representations made in the certificate of need application and supplemental information received on September 24, 2014. In those instances where representations conflict, The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation d/b/a Annie Penn Hospital shall material comply with the last made representation.
2. The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation d/b/a Annie Penn Hospital shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section VIII of the application and that would otherwise require a certificate of need.
3. The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation d/b/a Annie Penn Hospital shall develop no more than one additional gastrointestinal endoscopy room and shall be licensed for a total of no more than three gastrointestinal endoscopy rooms at Annie Penn Hospital following project completion.
4. The Moses H. Cone Memorial Hospital and The Moses H. Cone Memorial Hospital Operating Corporation d/b/a Annie Penn Hospital 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 10, 2014.

TIMETABLE:

Completion of final drawings _____	February 1, 2015
Contract award _____	March 1, 2015
25% completion of construction _____	May 1, 2015
Ordering of equipment _____	May 1, 2015
50% completion of construction _____	June 15, 2015
75% completion of construction _____	August 1, 2015
Completion of construction _____	September 1, 2015
Arrival of equipment _____	September 1, 2015
Operation of equipment _____	October 1, 2015
Occupancy/Offering Service _____	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 #G-10310-14

FID #090256

ISSUED TO: Hospice of Surry County, Inc.
d/b/a Mountain Valley Hospice & Palliative Care
d/b/a Joan & Howard Woltz Hospice Home
401 Technology Lane, Suite 200
Mount Airy, NC 27030

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 3 hospice residential beds to 3 hospice inpatient beds for a total of 16 hospice inpatient beds and 4 hospice residential beds/ Surry County

CONDITIONS: See Reverse Side


PHYSICAL LOCATION: Joan & Howard Woltz Hospice Home
945 Zephyr Road
Dobson, NC 27017

MAXIMUM CAPITAL EXPENDITURE: \$50,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: February 1, 2015

This certificate is effective as of the 2nd day of December, 2014.


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

CONDITIONS:

1. Hospice of Surry County, Inc. d/b/a Mountain Valley Hospice and Palliative Care d/b/a Joan & Howard Woltz Hospice Home shall materially comply with all representations made in the certificate of need application and the supplemental information received September 30, 2014. In those instances where representations conflict, Hospice of Surry County, Inc. d/b/a Mountain Valley Hospice and Palliative Care d/b/a Joan & Howard Woltz Hospice Home shall materially comply with the last made representation.
2. Hospice of Surry County, Inc. d/b/a Mountain Valley Hospice and Palliative Care d/b/a Joan & Howard Woltz Hospice Home shall convert no more than three hospice residential beds to three hospice inpatient beds for a total of not more than 16 hospice inpatient beds and four hospice residential beds upon completion of the project.
3. Hospice of Surry County, Inc. d/b/a Mountain Valley Hospice and Palliative Care d/b/a Joan & Howard Woltz Hospice Home 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 10, 2014.

TIMETABLE:

Completion of final drawings _____ December 25, 2014
Occupancy/Offering Service _____ January 01, 2015