

**Certificate of Need Section  
Certificates Issued**

Printed for Period: From 01/01/2015 to 01/31/2015

| <b>County</b>   | <b>Project ID#</b> | <b>Facility</b>   | <b>Project Description</b>  | <b>Application Review</b> | <b>Certificate of Need Issue Date</b> | <b>Total Approved Capital Expenditure</b> | <b>1st Project Progress Report Date</b> |
|-----------------|--------------------|---|---|---------------------------|---------------------------------------|---|---|
| <b>Beaufort</b> | <b>Q-010336-14</b> | <b>FMC PAMLICO<br/>955789<br/>WASHINGTON</b>                            | Add six dialysis stations for a total of 31 dialysis stations upon project completion                                     | 10/01/2014                | 01/10/2015                            | \$16,500.00                               | 05/15/2015                              |
| <b>Catawba</b>  | <b>E-010332-14</b> | <b>FMC Catawba Valley<br/>010648<br/>Conover</b>                        | Add two dialysis stations for a total of 25 dialysis stations upon completion   | 10/01/2014                | 01/17/2015                            | \$6,000.00                                | 07/01/2015                              |
| <b>Davie</b>    | <b>G-010327-14</b> | <b>Davie Kidney Center<br/>080689<br/>Mocksville</b>                    | Add 3 dialysis stations for a total of 13 dialysis stations upon project completion                                       | 10/01/2014                | 01/21/2015                            | \$50,500.00                               | 07/15/2015                              |
| <b>Durham</b>   | <b>J-010329-14</b> | <b>FMC South Durham<br/>080098<br/>Durham</b>                           | Add four dialysis stations for a total of 18 dialysis stations upon completion of this project and Project ID #J-10248-14 | 10/01/2014                | 01/13/2015                            | \$267,400.00                              | 05/31/2015                              |
| <b>Gaston</b>   | <b>F-010354-14</b> | <b>CaroMont Imaging<br/>Services-Gaston Day<br/>140367<br/>Gastonia</b> | Develop a satellite outpatient imaging department in Gastonia   | 10/01/2014                | 01/17/2015                            | \$10,512,552.00                           | 06/30/2015                              |
| <b>Harnett</b>  | <b>M-007351-05</b> | <b>Harnett Health System,<br/>Inc.<br/>050926<br/>Lillington</b>        | Develop a new hospital with 50 acute care beds and three operating rooms.   | 09/01/2005                | 01/01/2015                            | \$46,040,919.00                           |   |

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|--------------------|--------------------|--|---|---------------------------|---------------------------------------|---|---|
| <b>Mecklenburg</b> | <b>F-010325-14</b> | <b>Huntersville Health &amp; Rehabilitation Center<br/>110346<br/>Huntersville</b> | Cost Overrun for Project ID #F-8681-11  | 10/01/2014                | 01/06/2015                            | \$4,314,744.00                            | 05/15/2015                              |
| <b>Mecklenburg</b> | <b>F-010333-14</b> | <b>BMA OF NORTH CHARLOTTE<br/>955788<br/>CHARLOTTE</b>                             | Add four dialysis stations for a total of 36 stations upon completion of this project and Project ID #F-10249-14 (add two) and Project ID #F-10091-13,(add three) | 10/01/2014                | 01/10/2015                            | \$235,400.00                              | 05/15/2015                              |
| <b>Mecklenburg</b> | <b>F-010349-14</b> | <b>SOUTH CHARLOTTE DIALYSIS<br/>955814<br/>CHARLOTTE</b>                           | Add three dialysis stations for a total of 23 dialysis stations upon completion   | 10/01/2014                | 01/06/2015                            | \$25,516.00                               | 05/15/2015                              |
| <b>Nash</b>        | <b>L-010341-14</b> | <b>FMC of Spring Hope<br/>020870<br/>Spring Hope</b>                               | Add two dialysis stations for a total of 15 stations upon completion  | 10/01/2014                | 01/13/2015                            | \$6,000.00                                | 07/30/2015                              |
| <b>Rockingham</b>  | <b>G-010337-14</b> | <b>Rockingham Kidney Center<br/>001548<br/>Reidsville</b>                          | Add 2 dialysis stations for a total of 19 dialysis stations   | 10/01/2014                | 01/09/2015                            | \$10,500.00                               | 08/01/2015                              |

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|---------------|--------------------|---|--|---------------------------|---------------------------------------|---|---|
| <b>Wake</b>   | <b>J-010301-14</b> | <b>Universal Health Care/North Raleigh 971329 Raleigh</b>   | Relocate 20 nursing facility beds from Universal/Nash for a total of 132 NF beds upon completion   | 07/01/2014                | 01/12/2015                            | \$47,000.00                               | 04/15/2015                              |
| <b>Wake</b>   | <b>J-010308-14</b> | <b>Universal Health Care-Wake Forest 140240 Wake Forest</b> | Construct a new 119-bed nursing facility by relocating 90 beds from Litchford Falls Health and Rehabilitation, 9 beds from Universal Health Care/Nash, and 20 beds from Universal Health Care/Oxford | 07/01/2014                | 01/12/2015                            | \$10,260,522.00                           | 08/15/2015                              |
| <b>Wake</b>   | <b>J-010331-14</b> | <b>Fresenius Medical Central Raleigh 080823 Raleigh</b>     | Add four dialysis stations for a total of 19 dialysis stations upon completion   | 10/01/2014                | 01/22/2015                            | \$11,800.00                               | 07/31/2015                              |

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project Identification Number #Q-10336-14**

**FID #955789**

**ISSUED TO:** **Bio-Medical Applications of North Carolina**  
**d/b/a FMC Pamlico**  
**3717 National Drive, Suite 206**  
**Raleigh, North Carolina 27612**

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

**SCOPE:** **Add no more than six dialysis stations for a total of no more than 31 dialysis stations upon project completion/Beaufort County**

**CONDITIONS:** **See Reverse Side**

**PHYSICAL LOCATION:** **FMC Pamlico**  
**1983 West 5<sup>th</sup> Street**  
**Washington, North Carolina 27889**

**MAXIMUM CAPITAL EXPENDITURE:** **\$16,500**

**TIMETABLE:** **See Reverse Side**

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

This certificate is effective as of the 10<sup>th</sup> day of January, 2015.

  
**Shelley Carraway, Chief**

**CONDITIONS:**

1. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Pamlico shall materially comply with all representations made in the certificate of need application and the clarifying information received November 5, 2014. In those instances where representations conflict, the applicant shall materially comply with the last made representation.
2. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Pamlico shall develop and operate no more than six additional stations for a total of no more than 31 certified in-center dialysis stations, which shall include any home hemodialysis training and isolation stations, following completion of this project.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Pamlico shall install plumbing and electrical wiring through the walls for no more than six additional dialysis stations for a total of no more than 31 dialysis stations which shall include any home hemodialysis training and isolation stations.
4. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Pamlico 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 Healthcare Planning and Certificate of Need Section, Division of Health Services Regulation (Agency), Department of Health and Human Services on December 12, 2014.

**TIMETABLE:**

|   |       |                    |
|---|-------|--------------------|
| Completion of Final Drawings and Specifications | _____ | June 8, 2015       |
| Contract Award                                  | _____ | June 29, 2015      |
| 50% Completion of Construction                  | _____ | September 17, 2015 |
| Operation of Equipment                          | _____ | December 28, 2015  |
| Occupancy/Offering of Services                  | _____ | December 31, 2015  |
| Certification of Stations                       | _____ | December 31, 2015  |

# STATE OF NORTH CAROLINA

*Department of Health and Human Services*

*Division of Health Service Regulation*

## **CERTIFICATE OF NEED**

for

**Project Identification Number #E-10332-14**

**FID #010648**

**ISSUED TO:** Bio-Medical Applications of North Carolina, Inc.  
d/b/a FMC Catawba Valley  
3717 National Drive, Suite 206  
Raleigh, NC 27612

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

**SCOPE:** Add no more than 2 dialysis stations for a total of no more than 25 dialysis stations upon completion/Catawba Valley

**CONDITIONS:** See Reverse Side

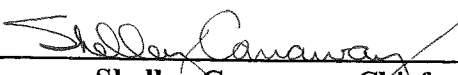
**PHYSICAL LOCATION:** FMC Catawba Valley  
301 10<sup>th</sup> Street NW, Suite C-101  
Conover, NC 28613

**MAXIMUM CAPITAL EXPENDITURE:** \$6,000

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of the 17<sup>th</sup> day of January, 2015.

  
Shelley Carraway, Chief

**CONDITIONS:**

1. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Catawba Valley 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 Catawba Valley shall develop and operate no more than two additional stations for a total of no more than 25 certified stations following completion of this project.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Catawba Valley shall install plumbing and electrical wiring through the walls for no more than two additional stations for a total of no more than 25 stations, which shall include any home hemodialysis or isolation stations.
4. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Catawba Valley 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 Agency on December 19, 2014.

**TIMETABLE:**

|  |       |                   |
|--|-------|-------------------|
| Final Drawings and Specifications Sent to DHSR | _____ | July 3, 2015      |
| Construction Contract Executed                 | _____ | August 2, 2015    |
| 25% Completion of Construction                 | _____ | September 1, 2015 |
| 50% completion of Construction                 | _____ | October 1, 2015   |
| Ordering of Medical Equipment                  | _____ | October 2, 2015   |
| 75% completion of Construction                 | _____ | October 31, 2015  |
| Completion of Construction                     | _____ | November 30, 2015 |
| Operation of Medical Equipment                 | _____ | December 15, 2015 |
| Occupancy/Offering of Services                 | _____ | December 31, 2015 |
| Certification                                  | _____ | 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-10327-14

FID # 080689

**ISSUED TO:** Wake Forest University Health Sciences  
and Davie Kidney 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:** Add no more than 3 dialysis stations to the existing facility for a total of no more than 13 dialysis stations upon project completion/ Davie County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Davie Kidney Center of Wake Forest University  
190 Interstate Drive  
Mocksville, NC 27360

**MAXIMUM CAPITAL EXPENDITURE:** \$50,500

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of the 21<sup>st</sup> day of January, 2015

  
Shelley Carraway, Chief



**CONDITIONS:**

1. Wake Forest University Health Sciences and Davie Kidney Center of Wake Forest University shall materially comply with all representations made in the certificate of need application and in the supplemental information received on November 18, 2014. In those instances where representations conflict, Wake Forest University Health Sciences and Davie Kidney Center of Wake Forest University shall materially comply with the last made representation.
2. Wake Forest University Health Sciences and Davie Kidney Center of Wake Forest University shall develop and operate no more than 3 additional dialysis stations for a total of no more than 13 certified dialysis stations upon completion of this project, which shall include any isolation or home hemodialysis stations.
3. Wake Forest University Health Sciences and Davie Kidney Center of Wake Forest University shall install plumbing and electrical wiring through the walls for no more than 3 additional dialysis stations for a total of no more than 13 dialysis stations, which shall include any isolation or home hemodialysis stations.
4. Wake Forest University Health Sciences and Davie Kidney 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 Agency on January 6, 2015.

**TIMETABLE:**

|                                  |                   |
|----------------------------------|-------------------|
| Ordering of Equipment _____      | February 14, 2015 |
| Arrival of Equipment _____       | March 31, 2015    |
| Operation of Equipment _____     | May 25, 2015      |
| Occupancy/Offering Service _____ | June 30, 2015     |
| Certification of Stations _____  | June 30, 2015     |

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

Project Identification Number #J-10329-14

FID #080098

**ISSUED TO: Bio-Medical Applications of North Carolina, Inc.  
d/b/a FMC South Durham  
3717 National Drive, Suite 206  
Raleigh, NC 27612**

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

**SCOPE: Add no more than 4 dialysis stations for a total of no more than 18 dialysis stations upon completion of this project and Project I.D. #J-10248-14 (add 2 dialysis stations)/ Durham County**

**CONDITIONS: See Reverse Side**


**PHYSICAL LOCATION: FMC South Durham  
3516 Tricenter Boulevard  
Durham, NC 27713**

**MAXIMUM CAPITAL EXPENDITURE: \$267,400**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: May 31, 2015**

This certificate is effective as of the 13<sup>th</sup> day of January, 2015

  
Shelley Carraway, Chief

**CONDITIONS:**

1. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC South Durham shall materially comply with all representations made in its certificate of need application.
2. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC South Durham shall develop and operate no more than four additional dialysis stations for a total of 18 certified stations upon completion of this project and Project I.D. #J-10248-14 (add two stations) which shall include any home hemodialysis training or isolation stations.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC South Durham shall install plumbing and electrical wiring through the walls for four additional dialysis stations for a total of 18 dialysis stations which shall include any home hemodialysis training or isolation stations.
4. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC South Durham shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency 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 Agency on December 16, 2014.

**TIMETABLE:**

|                                      |                   |
|--------------------------------------|-------------------|
| Contract Award _____                 | August 14, 2015   |
| 50% Completion of Construction _____ | October 13, 2015  |
| Completion of Construction _____     | November 27, 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 #F-10354-14**

**FID #140367**

**ISSUED TO: CaroMont Health, Inc. and Gaston Memorial Hospital  
d/b/a CaroMont Regional Medical Center  
d/b/a CaroMont Imaging Services – Gaston Day  
2525 Court Drive  
Gastonia, NC 28054**

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 satellite outpatient imaging department in Gastonia/ Gaston County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: CaroMont Imaging Services – Gaston Day  
Gaston Day School Road  
Gastonia, NC 28054**

**MAXIMUM CAPITAL EXPENDITURE: \$10,512,552**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: June 30, 2015**

This certificate is effective as of the 17th day of January, 2015

  
\_\_\_\_\_  
Shelley Carraway, Chief

**CONDITIONS:**

1. CaroMont Health, Inc. and Gaston Memorial Hospital d/b/a CaroMont Regional Medical Center d/b/a CaroMont Imaging Services – Gaston Day shall materially comply with all representations made in the certificate of need application.
2. CaroMont Health, Inc. and Gaston Memorial Hospital d/b/a CaroMont Regional Medical Center d/b/a CaroMont Imaging Services – Gaston Day 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. CaroMont Health, Inc. and Gaston Memorial Hospital d/b/a CaroMont Regional Medical Center d/b/a CaroMont Imaging Services – Gaston Day 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.
4. CaroMont Health, Inc. and Gaston Memorial Hospital d/b/a CaroMont Regional Medical Center d/b/a CaroMont Imaging Services – Gaston Day 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 Agency on January 13, 2015.

**TIMETABLE:**

|                                |       |                   |
|--------------------------------|-------|-------------------|
| Contract Award                 | _____ | July 1, 2015      |
| 50% Completion of Construction | _____ | January 1, 2016   |
| Completion of Construction     | _____ | September 1, 2016 |
| Occupancy/Offering of Service  | _____ | October 1, 2016   |

# STATE OF NORTH CAROLINA

*Department of Health and Human Services*

*Division of Health Service Regulation*

REVISED

## **CERTIFICATE OF NEED**

for

Project Identification Number #M-7351-05

FID #050926

**ISSUED TO:** Harnett County, NC (Land Acquire)  
And Harnett Health System (Owner)  
800 Tilghman Drive  
Dunn, NC 28334

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:** Construct and operate a new acute care hospital in Central Harnett County with 50 licensed acute care beds, three shared operating rooms, one minor procedure room, two R/F units, one mammography unit, one ultrasound unit, one CT scanner, and one nuclear medicine camera/ Harnett County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** "Kelly Farm", U.S. Highway 421 South at McKinney Parkway  
Lillington, NC 27546

**MAXIMUM CAPITAL EXPENDITURE:** \$50,601,576

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** December 31, 2007

This certificate is effective as of the 5<sup>th</sup> day of February, 2007

Revised certificate effective as of the 1<sup>st</sup> day of January, 2015

*Martha J. Frisone*

Assistant Chief, Certificate of Need  
Division of Health Service Regulation

**REVISED CONDITIONS:**

1. Harnett Health System, Inc. and Harnett County shall materially comply with all representations made in their application, except as specifically modified by the conditions of approval.
2. Harnett Health System, Inc. and Harnett County shall construct one new hospital in Lillington to be licensed for no more than 50 acute care beds and three shared operating rooms upon project completion.
3. Harnett Health System, Inc. and Harnett County 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.
4. Prior to issuance of a certificate of need, Harnett Health System, Inc. and Harnett County shall provide to the Certificate of Need Section the projected average charge for each of the 20 surgical procedures to be performed most often in the facility and a list of all services and items in each charge.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on February 5, 2007.

**TIMETABLE:**

|  |       |                   |
|--|-------|-------------------|
| Obtaining Funds Necessary to Undertake Project | _____ | April 1, 2008     |
| Completion of Final Drawings & Specifications  | _____ | December 1, 2007  |
| 25% Completion of Construction                 | _____ | September 1, 2008 |
| 50% Completion of Construction                 | _____ | February 1, 2009  |
| 75% Completion of Construction                 | _____ | August 1, 2009    |
| Completion of construction                     | _____ | December 1, 2009  |
| Occupancy/Offering of Services                 | _____ | January 1, 2010   |
| Licensure of Facility                          | _____ | January 1, 2010   |

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project Identification Number #F-10325-14**

**FID #110346**

**ISSUED TO:** Charlotte Health Care Center (68), Inc., Huntersville H & R Re, Limited Partnership and Huntersville H & R Ops, Limited Partnership  
2917 Penn Forest Boulevard, Suite 200  
Roanoke, VA 24018

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 Agency may withdraw this certificate pursuant to N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that law.

**SCOPE:** Cost overrun for Project ID #F-8681-11 to develop a new 90-bed nursing facility in Huntersville by relocating 60 approved but underdeveloped beds pursuant to Project ID #F-7838-07 and project ID #F-8434-09 (cost overrun) and 30 existing beds from Charlotte Health Care Center/ Mecklenburg County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Huntersville Health & Rehabilitation Center  
13835 Bren Street  
Huntersville, NC 28078

**MAXIMUM CAPITAL EXPENDITURE:** \$4,314,744

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of the 6<sup>th</sup> day of January, 2015

  
Shelley Carraway, Chief



CONDITIONS:

1. Charlotte Health Care Center (68), Inc., Huntersville H & R Re, Limited Partnership and Huntersville H & R Ops, Limited Partnership shall materially comply with the representations made in Project I.D. #F-8681-11 and this certificate of need application, Project I.D. #F-10325-14, including any supplemental information. In those instances where representations conflict, the certificate holders shall materially comply with the last made representation.
2. Charlotte Health Care Center (68), Inc., Huntersville H & R Re, Limited Partnership and Huntersville H & R Ops, Limited Partnership shall comply with all conditions of approval on the certificate of need for Project I.D. #F-8681-11, except as specifically modified by the conditions of approval for this application, Project I.D. #F-10325-14.
3. Charlotte Health Care Center (68), Inc., Huntersville H & R Re, Limited Partnership and Huntersville H & R Ops, Limited Partnership shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes. The plan must be consistent with the applicant's representations in the written statement as described in paragraph one of Policy GEN-4.
4. The total capital expenditure for both projects combined shall be \$15,514,744.
5. Charlotte Health Care Center (68), Inc., Huntersville H & R Re, Limited Partnership and Huntersville H & R Ops, Limited Partnership shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to the issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on December 18, 2014.

TIMETABLE:

|   |                   |
|---|-------------------|
| Final Drawings Approved by the Construction Section, DHSR _____ | February 15, 2015 |
| Obtain Funds Necessary to Undertake Project _____               | March 15, 2015    |
| 25% Completion of Construction _____                            | August 15, 2015   |
| 50% Completion of Construction _____                            | December 15, 2015 |
| 75% Completion of Construction _____                            | April 15, 2016    |
| Completion of Construction _____                                | August 15, 2016   |
| Occupancy/Offering of Services _____                            | October 16, 2016  |
| Licensure of Facility _____                                     | October 1, 2016   |
| Certification _____   | October 15, 2016  |

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

Project Identification Number #F-10333-14

FID #955788

**ISSUED TO:** Bio-Medical Applications of North Carolina, Inc.  
d/b/a BMA North Charlotte  
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 four dialysis stations for a total of 36 certified stations upon completion of this project and Project ID #F-10249-14 (add two stations) and Project ID #F-10091-13 (add three stations)/ Mecklenburg County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** BMA of North Charlotte  
5220 North Tryon Road  
Charlotte, NC 28213

**MAXIMUM CAPITAL EXPENDITURE:** \$235,400

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of the 10<sup>th</sup> day of January, 2015

*Martha J. Husone for*  
Shelley Carraway, Chief

**CONDITIONS:**

1. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA of North Charlotte shall materially comply with all representations made in the certificate of need application.
2. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA of North Charlotte shall develop and operate no more than four additional dialysis stations for a total of no more than 36 certified stations upon completion of this project, which shall include any isolation stations.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA of North Charlotte shall install plumbing and electrical wiring through the walls for no more than four additional dialysis stations for a total of no more than 36 dialysis stations, which shall include any isolation stations.
4. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA of North Charlotte 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 Agency on December 12, 2014.

**TIMETABLE:**

|  |                   |
|--|-------------------|
| Completion of Preliminary Drawings and Specification _____ | May 1, 2015       |
| Contract Award _____                                       | June 30, 2015     |
| 25% Completion of Construction _____                       | August 29, 2015   |
| 50% Completion of Construction _____                       | October 13, 2015  |
| Ordering Equipment _____                                   | October 17, 2015  |
| 75% Completion of Construction _____                       | November 12, 2015 |
| Completion of Construction _____                           | December 3, 2015  |
| Arrival of Equipment _____                                 | December 21, 2015 |
| Operation of Equipment _____                               | December 28, 2015 |
| Occupancy/Offering of Service _____                        | December 31, 2015 |
| Certification of Stations _____                            | December 31, 2015 |

# STATE OF NORTH CAROLINA

Department of Health and Human Services  
Division of Health Service Regulation

## CERTIFICATE OF NEED

for

Project Identification Number #F-10349-14

FID #955814

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

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

**SCOPE:** Add three dialysis stations for a total of 23 certified stations upon project completion/ Mecklenburg County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** South Charlotte Dialysis Center  
6450 Bannington Road  
Charlotte, NC 28226

**MAXIMUM CAPITAL EXPENDITURE:** \$25,516

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of the 6<sup>th</sup> day of January, 2015

*Martha J. Frisone for*  
Shelley Carraway, Chief

**CONDITIONS:**

1. DVA Healthcare Renal Care, Inc. d/b/a South Charlotte Dialysis Center shall materially comply with all representations made in the certificate of need application.
2. DVA Healthcare Renal Care, Inc. d/b/a South Charlotte Dialysis Center shall develop and operate no more than three additional dialysis stations at South Charlotte Dialysis Center for a total of no more than 23 dialysis stations upon project completion, which shall include any home hemodialysis or isolation stations.
3. DVA Healthcare Renal Care, Inc. d/b/a South Charlotte Dialysis Center shall install plumbing and electrical wiring through the walls for no more than three additional dialysis stations for a total of no more than 23 stations upon projection completion, which shall include any home hemodialysis or isolation stations.
4. DVA Healthcare Renal Care, Inc. d/b/a South Charlotte Dialysis Center shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on December 30, 2014.

**TIMETABLE:**

|                                     |                   |
|-------------------------------------|-------------------|
| Ordering Equipment _____            | September 1, 2015 |
| Operation of Equipment _____        | December 1, 2015  |
| Occupancy/Offering of Service _____ | January 1, 2016   |
| Certification of Stations _____     | January 1, 2016   |

# STATE OF NORTH CAROLINA

*Department of Health and Human Services*

*Division of Health Service Regulation*

## **CERTIFICATE OF NEED**

for

**Project Identification Number #L-10341-14**

**FID #020870**

**ISSUED TO: Bio-Medical Applications of North Carolina, Inc.  
3717 National Drive, Suite 206  
Raleigh, NC 27612**

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

**SCOPE: Add no more than two dialysis stations for a total of no more than 15 certified stations upon project completion/Nash County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: FMC of Spring Hope  
102 Dodd Street  
Spring Hope, NC 27882**

**MAXIMUM CAPITAL EXPENDITURE: \$6,000**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: July 30, 2015**

This certificate is effective as of the 13<sup>th</sup> day of January, 2015.

  
\_\_\_\_\_  
**Shelley Carraway, Chief**

**CONDITIONS:**

1. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC of Spring Hope 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 of Spring Hope shall develop no more than two additional stations for a total of no more than 15 certified stations upon completion of this project, which shall include any home hemodialysis training and isolation stations.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC of Spring Hope shall install plumbing and electrical wiring through the walls for no more than a total of 15 dialysis stations, which shall include any home hemodialysis training and isolation stations.
4. Bio-Medical Applications of North Carolina, Inc. d/b/a Fresenius Medical Care of Spring Hope shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to insurance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on December 16, 2014.

**TIMETABLE:**

|   |       |                   |
|---|-------|-------------------|
| Completion of Final Drawings and Specifications | _____ | July 3, 2015      |
| Contract Award                                  | _____ | August 2, 2015    |
| 25% Completion of Construction                  | _____ | September 1, 2015 |
| 75% Completion of Construction                  | _____ | October 31, 2015  |
| Completion of Construction                      | _____ | November 30, 2015 |
| Operation of Equipment                          | _____ | December 15, 2015 |
| Occupancy/Offering of Service                   | _____ | December 31, 2015 |
| Certification of Stations                       | _____ | December 31, 2015 |

# STATE OF NORTH CAROLINA

*Department of Health and Human Services*

*Division of Health Service Regulation*

## **CERTIFICATE OF NEED**

for

Project Identification Number #G-10337-14

FID #001548

**ISSUED TO:** Bio-Medical Applications of North Carolina, Inc.  
d/b/a Rockingham 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 Agency may withdraw this certificate pursuant to N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that law.

**SCOPE:** Add no more than 2 dialysis stations for a total of no more than 19 stations/  
Rockingham County

**CONDITIONS:** See Reverse Side


**PHYSICAL LOCATION:** Rockingham Kidney Center  
2206 Barnes Street  
Reidsville, NC 27320

**MAXIMUM CAPITAL EXPENDITURE:** \$10,500

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of the 9<sup>th</sup> day of January, 2015

  
Shelley Carraway, Chief



**CONDITIONS:**

1. Bio-Medical Applications of North Carolina, Inc. d/b/a Rockingham 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 Rockingham Kidney Center shall develop and operate no more than two additional dialysis stations for a total of no more than 19 certified dialysis stations which shall include any home hemodialysis training or isolation stations.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a Rockingham Kidney Center shall install plumbing and electrical wiring through the walls for no more than two (2) additional dialysis stations for a total of 19 dialysis stations which shall include any home hemodialysis training stations or isolation stations.
4. Bio-Medical Applications of North Carolina, Inc. d/b/a Rockingham Kidney Center shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency 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 Agency on December 12, 2014.

**TIMETABLE:**

|  |                   |
|--|-------------------|
| Completion of Preliminary Drawings _____ | July 3, 2015      |
| Contract Award _____                     | August 2, 2015    |
| 25% Completion of Construction _____     | September 1, 2015 |
| 50% Completion of Construction _____     | October 1, 2015   |
| 75% Completion of Construction _____     | October 31, 2015  |
| Completion of Construction _____         | November 30, 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 #J-10301-14**

**FID #971329**

**ISSUED TO: Universal Properties/North Raleigh, LLC (lessor), Universal Health Care/North Raleigh, Inc. (lessee), Universal Properties/Nash, LLC (lessor), and Universal Health Care/Nashville, Inc. (lessee)  
1217 Pond Road  
Cary, NC 27511**

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 20 nursing facility beds from Universal Health Care/Nashville, Inc. to Universal Health Care/North Raleigh for a total of 132 nursing facility beds at Universal Health Care/North Raleigh/Wake County**

**CONDITIONS: See Reverse Side**


**PHYSICAL LOCATION: Universal Health Care/North Raleigh  
5201 Clarks Fork Drive NW  
Raleigh, NC 27616**

**MAXIMUM CAPITAL EXPENDITURE: \$47,000**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 12<sup>th</sup> day of January, 2015

  
Shelley Carraway, Chief

**CONDITIONS:**

1. Universal Properties/North Raleigh, LLC (lessor), Universal Health Care/North Raleigh, Inc. (lessee), Universal Properties/Nash, LLC (lessor), and Universal Health Care/Nashville, Inc. (lessee) shall materially comply with all representations made in its certificate of need application and in the supplemental information materials submitted during the review. In those instances where representations conflict, Universal Properties/North Raleigh, LLC (lessor), Universal Health Care/North Raleigh, Inc. (lessee), Universal Properties/Nash, LLC (lessor), and Universal Health Care/Nashville, Inc. (lessee) shall materially comply with the last made representation.
2. Universal Properties/North Raleigh, LLC (lessor), Universal Health Care/North Raleigh, Inc. (lessee), Universal Properties/Nash, LLC (lessor), and Universal Health Care/Nashville, Inc. (lessee) shall relocate 20 NF beds to Universal Health Care/North Raleigh, Inc. nursing care facility for a total licensed bed complement of no more than 132 NF beds upon completion of the project.
3. Universal Properties/North Raleigh, LLC (lessor), Universal Health Care/North Raleigh, Inc. (lessee), Universal Properties/Nash, LLC (lessor), and Universal Health Care/Nashville, Inc. (lessee) shall take the necessary steps to de-license 20 NF beds at the Universal Health Care/Nashville, Inc. nursing facility following completion of the relocation of beds to Universal Health Care/ North Raleigh, Inc.
4. For the first two full federal fiscal years of operation following completion of the project, Universal Health Care/ North Raleigh's actual private pay charges shall not be increased more than 5% of the projected private pay charges provided in Section X of the application without first obtaining a determination from the Certificate of Need Section that the proposed increase is in material compliance with the representations made in the certificate of need application and in the supplemental information materials submitted during the review.
5. Universal Properties/North Raleigh, LLC (lessor), Universal Health Care/North Raleigh, Inc., (lessee) shall receive Medicaid per diem rates allowed by the Division of Medical Assistance, under the NC State Plan Section .0102.
6. Universal Properties/North Raleigh, LLC (lessor), Universal Health Care/North Raleigh, Inc. (lessee), Universal Properties/Nash, LLC (lessor), and Universal Health Care/Nashville, Inc. (lessee) shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section, in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on January 12, 2015.

**TIMETABLE:**

Licensure of Facility \_\_\_\_\_ April 1, 2015  
Medicare/Medicaid Certification \_\_\_\_\_ April 1, 2015

# STATE OF NORTH CAROLINA

*Department of Health and Human Services*

*Division of Health Service Regulation*

## **CERTIFICATE OF NEED**

for

**Project Identification Number #J-10308-14**

**FID #140240**

**ISSUED TO: Universal Properties/Wake Forest, LLC (lessor), Universal Health Care/Raleigh, Inc. (lessee), Universal Properties/Nash, LLC (lessor), Universal Health Care/Nashville, Inc. (lessee), Universal Properties/Oxford, LLC (lessor), and Universal Health Care/Oxford, Inc. (lessee)**  
**1217 Pond Road**  
**Cary, NC 27511**

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: Construct a replacement nursing facility by relocating 90 nursing facility beds from Litchford Falls Health & Rehabilitation, 9 nursing facility beds from Universal Health Care/Nashville, and 20 nursing facility beds from Universal Health Care/Oxford for a total of 119 nursing facility beds at Universal Health Care/Wake Forest/Wake County**

**CONDITIONS: See Reverse Side**


**PHYSICAL LOCATION: Universal Health Care/Wake Forest**  
**13564 Capitol Boulevard**  
**Wake Forest, NC 27587**

**MAXIMUM CAPITAL EXPENDITURE: \$10,260,522**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 12<sup>th</sup> day of January, 2015

  
Shelley Carraway, Chief

**CONDITIONS:**

1. Universal Properties/Wake Forest, LLC (lessor), Universal Health Care/Raleigh, Inc. (lessee), Universal Properties/Nash, LLC (lessor), Universal Health Care/Nashville, Inc. (lessee), Universal Properties/Oxford, LLC (lessor), and Universal Health Care/Oxford, Inc. (lessee) shall materially comply with all representations made in their certificate of need application.
2. Universal Properties/Wake Forest, LLC (lessor), Universal Health Care/Raleigh, Inc. (lessee), Universal Properties/Nash, LLC (lessor), Universal Health Care/Nashville, Inc. (lessee), Universal Properties/Oxford, LLC (lessor), and Universal Health Care/Oxford, Inc. (lessee) shall relocate 119 NF beds to the Universal Health Care/Wake Forest nursing care facility for a total licensed bed complement of no more than 119 NF beds upon completion of the project.
3. Universal Properties/Wake Forest, LLC (lessor), Universal Health Care/Raleigh, Inc. (lessee), Universal Properties/Nash, LLC (lessor), Universal Health Care/Nashville, Inc. (lessee), Universal Properties/Oxford, LLC (lessor), and Universal Health Care/Oxford, Inc. (lessee) shall take the necessary steps to de-license 90 NF beds at Litchford Falls, 9 NF beds at UHC/Nash and 20 NF beds at UHC/Oxford following completion of the bed relocation to UHC/Wake Forest.
4. For the first two full federal fiscal years of operation following completion of the project, UHC/Wake Forest's actual private pay charges shall not be increased more than 5% of the projected private pay charges provided in Section X of the application without first obtaining a determination from the Certificate of Need Section that the proposed increase is in material compliance with the representations made in the certificate of need application.
5. UHC/Wake Forest shall receive Medicaid per diem rates allowed by the Division of Medical Assistance, under the NC State Plan Section .0102.
6. Universal Properties/Wake Forest, LLC (lessor), Universal Health Care/Raleigh, Inc. (lessee), Universal Properties/Nash, LLC (lessor), Universal Health Care/Nashville, Inc. (lessee), Universal Properties/Oxford, LLC (lessor), and Universal Health Care/Oxford, Inc. (lessee) shall develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.
7. Universal Properties/Wake Forest, LLC (lessor), Universal Health Care/Raleigh, Inc. (lessee), Universal Properties/Nash, LLC (lessor), Universal Health Care/Nashville, Inc. (lessee), Universal Properties/Oxford, LLC (lessor), and Universal Health Care/Oxford, Inc. (lessee) shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section, in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on January 12, 2015.

**TIMETABLE:**

|   |                    |
|---|--------------------|
| Site Purchased _____  | June 15, 2015      |
| Final Drawings Submitted to<br>Construction Section, DHSR _____ | September 15, 2015 |
| Building Permit Obtained _____                                  | November 15, 2015  |
| 25% Completion of Construction _____                            | February 15, 2016  |
| 50% Completion of Construction _____                            | May 1, 2016        |
| 75% Completion of Construction _____                            | July 10, 2016      |
| Completion of Construction _____                                | September 15, 2016 |
| Licensure of Facility _____                                     | September 30, 2016 |
| Medicare/Medicaid Certification _____                           | September 30, 2016 |
| Other (Opening) _____   | October 1, 2016    |

# STATE OF NORTH CAROLINA

*Department of Health and Human Services*

*Division of Health Service Regulation*

## **CERTIFICATE OF NEED**

for

**Project Identification Number # J-10331-14**

**FID # 080823**

**ISSUED TO: Bio-Medical Applications of North Carolina, Inc.  
d/b/a Fresenius Medical Care Central Raleigh  
3717 National Drive, Suite 206  
Raleigh, NC 27612**

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

**SCOPE: Add no more than four dialysis stations for a total of no more than 19 dialysis stations upon project completion/ Wake County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: FMC Central Raleigh  
802 Semart Drive, Suite 108  
Raleigh, NC 27612**

**MAXIMUM CAPITAL EXPENDITURE: \$11,800**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: July 31, 2015**

This certificate is effective as of the 22<sup>nd</sup> day of January, 2015

  
\_\_\_\_\_  
Shelley Carraway, Chief

**CONDITIONS:**

1. Bio-Medical Applications of North Carolina, Inc. d/b/a Fresenius Medical Care Central Raleigh shall materially comply with all representations made in the certificate of need application.
2. Bio-Medical Applications of North Carolina, Inc. d/b/a Fresenius Medical Care Central Raleigh shall develop and operate no more than four additional dialysis stations for a total of no more than 19 certified dialysis stations which shall include any home hemodialysis training or isolation stations.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a Fresenius Medical Care Central Raleigh shall install plumbing and electrical wiring through the walls for no more than four (4) additional dialysis stations for a total of 19 dialysis stations which shall include any home hemodialysis training stations or isolation stations.
4. Bio-Medical Applications of North Carolina, Inc. d/b/a Fresenius Medical Care Central Raleigh 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 Agency on January 6, 2015.

**TIMETABLE:**

|   |       |                   |
|---|-------|-------------------|
| Completion of Final Drawings and Specifications | _____ | July 3, 2015      |
| Contract Award                                  | _____ | August 2, 2015    |
| 25% Completion of Construction                  | _____ | September 1, 2015 |
| 50% Completion of Construction                  | _____ | October 1, 2015   |
| 75% Completion of Construction                  | _____ | October 31, 2015  |
| Completion of Construction                      | _____ | November 30, 2015 |
| Occupancy/Offering of Service(s)                | _____ | December 31, 2015 |
| Certification of Stations                       | _____ | December 31, 2015 |