

**Certificate of Need
Certificates Issued
February 2015**

County	Project ID	Facility	FID	Facility Type	Project Description	Decision Date	Certificate Issue Date
Alamance	G-010347-14	Burlington Dialysis Center	956036	ESRD	Add six dialysis stations for a total of 24 upon completion of this project an Project ID #G-10265-14 (relocate 8)	1/23/2015	2/24/2015
Alamance	G-010352-14	North Burlington Dialysis Center	100785	ESRD	Add three dialysis stations for a total of 14 dialysis stations upon completion of this project and Project ID G-10265-14 (relocate 2)	1/23/2015	2/24/2015
Gaston	F-010356-14	Stanley Total Living Center	953470	NH	Add 12 new NF beds per Policy NH-2 and 30 new ACH beds per Policy LTC-1	1/16/2015	2/17/2015
Lee	J-010335-14	Carolina Dialysis - Sanford	955801	ESRD	Add 3 dialysis stations for a total of 36 dialysis stations	1/23/2015	2/24/2015
New Hanover	O-010278-14	Southeastern Dialysis Center	956055	ESRD	Cost overrun for Project ID #O-8401-09 (renovate and add eight stations to existing dialysis facility)	8/1/2014	2/12/2015
Sampson	M-010323-14	Sampson County Home Dialysis	130060	ESRD	Develop a freestanding home training program for peritoneal dialysis patients	1/28/2015	2/28/2015
Wake	J-010302-14	Universal Health Care/Fuquay-Varina	923011	NH	Relocate 31 nursing facility beds from Universal/Nash for a total of 100 NF beds upon completion	11/26/2014	2/17/2015
Wake	J-010303-14	Litchford Falls Healthcare and Rehabilitation Center	920763	NH	Renovate existing combination facility and create new assisted living facility with 75 adult care home beds (relocate 24 beds from Litchford, 20 beds from Universal Health care/North Raleigh, and 31 beds from Universal Health Care/Fuquay Varina)	11/26/2014	2/17/2015
Wake	J-010339-14	BMA of Fuquay Varina Kidney Center	980755	ESRD	Add four dialysis stations for a total of 23 dialysis stations upon completion of project	1/14/2015	2/14/2015
Wayne	P-010344-14	Goldsboro Dialysis Center	944654	ESRD	Add one dialysis station for a total of 27 stations upon completion	1/16/2015	2/17/2015
Total	10						

STATE OF NORTH CAROLINA

Department of Health and Human Services

Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project ID #: G-10347-14

FID #: 956036

ISSUED TO: Renal Treatment Centers Mid-Atlantic, Inc.
2321 West Morehead Street
Charlotte, NC 28208

Pursuant to G.S. 131E-175, 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 G.S. 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in G.S. 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 G.S. 131E-189 for any of the reasons provided in that law.

SCOPE: Add 6 dialysis stations for a total of 24 stations upon completion of this project and Project ID #G-10265-14 (relocate 8 stations)/ Alamance County

CONDITIONS: See Reverse Side


PHYSICAL LOCATION: Burlington Dialysis Center
873 Heather Road
Burlington, NC 27215

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 15, 2016

This certificate is effective as of the 24th day of February, 2015


Shelley Carraway, Chief

CONDITIONS:

1. Renal Treatment Centers Mid-Atlantic, Inc. d/b/a Burlington Dialysis Center shall materially comply with all representations made in the certificate of need application.
2. Renal Treatment Centers Mid-Atlantic, Inc. d/b/a Burlington Dialysis Center shall develop and operate no more than 6 additional dialysis stations for a total of no more than 24 certified dialysis stations upon completion of this project and Project ID # G-10265-14 (relocate 8 stations), which shall include any isolation or home hemodialysis stations.
3. Renal Treatment Centers Mid-Atlantic, Inc. d/b/a Burlington Dialysis Center shall install plumbing and electrical wiring through the walls for no more than 6 additional dialysis stations for a total of no more than 24 dialysis stations, which shall include any isolation or home hemodialysis stations.
4. Renal Treatment Centers Mid-Atlantic, Inc. d/b/a Burlington Dialysis 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 February 2, 2015.

TIMETABLE:

Operation of equipment _____	December 1, 2015
Occupancy/Offering 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 ID #: G-10352-14

FID #: 100785

**ISSUED TO: Renal Treatment Centers Mid-Atlantic, Inc.
2321 West Morehead Street
Charlotte, NC 28208**

Pursuant to G.S. 131E-175, 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 G.S. 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in G.S. 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 G.S. 131E-189 for any of the reasons provided in that law.

SCOPE: Add 3 dialysis stations for a total of 14 stations upon completion of this project and Project ID #G-10265-14 (relocate 2 stations)/ Alamance County

CONDITIONS: See Reverse Side


**PHYSICAL LOCATION: North Burlington Dialysis Center
2019 North Church Street
Burlington, NC 27217**

MAXIMUM CAPITAL EXPENDITURE: \$17,398

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 15, 2016

This certificate is effective as of the 24th day of February, 2015


Shelley Carraway, Chief

CONDITIONS:

1. Renal Treatment Centers Mid-Atlantic, Inc. d/b/a North Burlington Dialysis Center shall materially comply with all representations made in the certificate of need application.
2. Renal Treatment Centers Mid-Atlantic, Inc. d/b/a North Burlington Dialysis Center shall develop and operate no more than 3 additional dialysis stations for a total of no more than 14 certified dialysis stations upon completion of this project and Project ID # G-10265-14 (relocate 2 stations), which shall include any isolation or home hemodialysis stations.
3. Renal Treatment Centers Mid-Atlantic, Inc. d/b/a North Burlington Dialysis Center shall install plumbing and electrical wiring through the walls for no more than 3 additional dialysis stations for a total of no more than 14 dialysis stations, which shall include any isolation or home hemodialysis stations.
4. Renal Treatment Centers Mid-Atlantic, Inc. d/b/a North Burlington Dialysis 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.

4.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on February 2, 2015.

TIMETABLE:

Operation of Equipment _____	December 1, 2015
Occupancy/Offering 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 ID #: F-10356-14

FID #: 953470

**ISSUED TO: Stanley Total Living Center, Inc.
514 Old Mt. Holly Road
Stanley, NC 28164**

Pursuant to G.S. 131E-175, 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 G.S. 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in G.S. 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 G.S. 131E-189 for any of the reasons provided in that law.

SCOPE: Develop no more than 12 new nursing facility beds pursuant to Policy NH-2 and 30 new ACH beds pursuant to Policy LTC-1/ Gaston County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Stanley Total Living Center
514 Old Mt. Holly Road
Stanley, NC 28164**

MAXIMUM CAPITAL EXPENDITURE: \$706,476

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2015

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


Shelley Carraway, Chief

CONDITIONS:

1. Stanley Total Living Center, Inc. shall materially comply with all representations made in the certificate of need application.
2. Stanley Total Living Center, Inc. shall add no more than 12 nursing facility beds and 30 adult care home beds pursuant to Policies NH-2 and LTC-1, respectively.
3. The 12 additional nursing facility beds shall not be certified for participation in the Medicaid program.
4. The 12 additional nursing facility beds shall be used exclusively to meet the needs of persons with whom the facility has continuing care contracts (in compliance with the Department of Insurance statutes and regulations) who have lived in a non-nursing unit of the continuing care facility for a period of at least 30 days. Exceptions shall be allowed when one spouse or sibling is admitted to the nursing unit at the time the other spouse or sibling moves into a non-nursing unit, or when the medical condition requiring nursing care was not known to exist or be imminent when the individual became a party to the continuing care contract.
5. The 30 additional adult care home beds shall not participate in the Medicaid program or serve State-County Special Assistance recipients.
6. The 30 additional adult care home beds shall be used exclusively to meet the needs of persons with whom the facility has continuing care contracts (in compliance with the Department of Insurance statutes and regulations) who have lived in a non-nursing or adult care unit of the continuing care facility for a period of at least 30 days. Exceptions shall be allowed when one spouse or sibling is admitted to the adult care home unit at the time the other spouse or sibling moves into a non-nursing or adult care unit, or when the medical condition requiring nursing or adult care home care was not known to exist or be imminent when the individual became a party to the continuing care contract.
7. The 12 new nursing facility beds and 30 new adult care home beds shall be developed on the existing site of Stanley Total Living Center, located near the property on which the new independent living units will be developed.
8. Stanley Total Living Center, 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 Agency on January 29, 2015.

TIMETABLE:

Final Drawings Submitted to the Construction Section, DHSR	_____	February 2, 2015
Assisted Living Bed Renovations and Relocation	_____	July 1, 2016
Skilled Nursing Bed Renovations	_____	August 1, 2016
Medicare Certification	_____	August 1, 2016

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: J-10335-14

FID #: 955801

ISSUED TO: Carolina Dialysis, LLC
d/b/a Carolina Dialysis Sanford
3717 National Drive, Suite 206
Raleigh, NC 27612

Pursuant to G.S. 131E-175, 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 G.S. 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in G.S. 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 G.S. 131E-189 for any of the reasons provided in that law.

SCOPE: Add three dialysis stations for a total of 36 certified stations upon project completion/ Lee County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Carolina Dialysis Sanford
1922 KM Wicker Drive
Sanford, NC 27330

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 25, 2015

This certificate is effective as of the 24th day of February, 2015


Shelley Carraway, Chief

CONDITIONS:

1. Carolina Dialysis, LLC d/b/a Carolina Dialysis Sanford shall materially comply with all representations made in the certificate of need application.
2. Carolina Dialysis, LLC d/b/a Carolina Dialysis Sanford shall develop and operate no more than three additional dialysis stations for a total of no more than 36 certified dialysis stations upon project completion, which shall include any home hemodialysis training or isolation stations.
3. Carolina Dialysis, LLC d/b/a Carolina Dialysis Sanford shall install plumbing and electrical wiring through the walls for no more than three additional dialysis stations for a total of no more than 36 dialysis stations, which shall include any isolation stations.
4. Carolina Dialysis, LLC d/b/a Carolina Dialysis Sanford 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 28, 2015.

TIMETABLE:

Ordering Equipment	_____	October 2, 2015
Arrival of Equipment	_____	December 1, 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 #O-10278-14

FID #956055

**ISSUED TO: Total Renal Care of North Carolina, LLC
d/b/a Southeastern Dialysis Center-Wilmington
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: Cost overrun for Project I.D. # O-8401-09, add 8 dialysis stations and renovate the facility for a total of 29 stations upon completion of the project / New Hanover

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Southeastern Dialysis Center – Wilmington
2215 Yaupon Drive
Wilmington NC 28401**

MAXIMUM CAPITAL EXPENDITURE: \$2,127,660

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 1, 2015

This certificate is effective as of the 12th day of February, 2015.



Shelley Carraway, Chief

CONDITIONS:

1. Total Renal Care of North Carolina, LLC d/b/a Southeastern Dialysis Center-Wilmington shall comply with all conditions of approval on the certificate of need for Project I.D. #O-8401-09, except as specifically modified by the conditions of approval for this application, Project I.D. #O-10278-14.
2. The total combined capital expenditure for both projects shall be \$3,103,764.
3. Total Renal Care of North Carolina, LLC d/b/a Southeastern Dialysis Center-Wilmington shall provide a written statement describing the project's plan to assure improved water conservation.
4. Total Renal Care of North Carolina, LLC d/b/a Southeastern Dialysis Center-Wilmington 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.
5. Total Renal Care of North Carolina, LLC d/b/a Southeastern Dialysis Center-Wilmington 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 February 12, 2015.

TIMETABLE:

Completion/Offering of Service(s) _____ September 3, 2014

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

**Project ID # M-10323-14
FID # 140334**

**ISSUED TO: Total Renal Care, Inc.
d/b/a Sampson County Home Dialysis
2321 West Morehead Street
Charlotte, North Carolina 28208**

Pursuant to G.S. 131E-175, 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 G.S. 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in G.S. 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 G.S. 131E-189 for any of the reasons provided in that law.

SCOPE: Develop a freestanding home training program for peritoneal dialysis patients/Sampson County

CONDITIONS: See Reverse Side

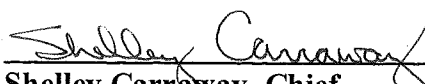
**PHYSICAL LOCATION: Sampson County Home Dialysis
313 Northeast Boulevard
Clinton, North Carolina 28328**

MAXIMUM CAPITAL EXPENDITURE: \$644,281

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 1, 2015

This certificate is effective as of the 28th day of February, 2015



Shelley Carraway, Chief

CONDITIONS:

1. Total Renal Care, Inc. d/b/a Sampson County Home Dialysis shall materially comply with all representations made in the certificate of need application.
2. Total Renal Care, Inc. d/b/a Sampson County Home Dialysis shall establish a kidney disease treatment center to provide only home peritoneal dialysis (PD) training and support services.
3. Prior to the insurance of the certificate of need, Total Renal Care, Inc. d/b/a Sampson County Home Dialysis shall provide to the Agency copies of letters sent to the President of Sampson Community College and to the Sampson County Schools offering Sampson County Home Dialysis as a clinical training site.
4. Total Renal Care, Inc. d/b/a Sampson County Home Dialysis 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 Healthcare Planning and Certificate of Need Section, Division of Health Services Regulation (Agency) on February 3, 2015.

TIMETABLE:

Approval of Final Drawings and Specifications by the Construction Section, DHSR _____	May 5, 2015
Contract Award _____	June 1, 2015
25% Completion of Construction _____	July 15, 2015
50% Completion of Construction _____	September 1, 2015
75% Completion of Construction _____	October 15, 2015
Completion of Construction _____	December 1, 2015
Occupancy/Offering of Services _____	December 20, 2015
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 ID #: J-10302-14

FID #: 923011

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

Pursuant to G.S. 131E-175, 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 G.S. 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in G.S. 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 G.S. 131E-189 for any of the reasons provided in that law.

SCOPE: Relocate 31 nursing facility beds from Universal Health Care/Nashville, Inc. to Universal Health Care/Fuquay Varina for a total of 100 nursing facility beds at Universal Health Care/Fuquay Varina/ Wake County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Universal Health Care/Fuquay Varina
410 Judd Parkway SE
Fuquay Varina, NC 27526

MAXIMUM CAPITAL EXPENDITURE: \$47,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 15, 2015

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


Shelley Carraway, Chief

CONDITIONS:

1. Universal Properties/Wake, LLC (lessor), Universal Health Care/Fuquay Varina, Inc. (lessee), Universal Properties/Nash, LLC (lessor), and Universal Health Care/Nashville, Inc. (lessee) shall materially comply with all representations made in their certificate of need application and in the supplemental information materials submitted during the review and on January 8, 2015. 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/Wake, LLC (lessor), Universal Health Care/Fuquay Varina, Inc. (lessee), Universal Properties/Nash, LLC (lessor), and Universal Health Care/Nashville, Inc. (lessee) shall relocate 31 nursing facility ("NF") beds from Universal HealthCare/Nashville, Inc. to Universal Health Care/Fuquay Varina for a total licensed bed complement of no more than 100 NF beds upon completion of the project.
3. Universal Properties/Wake, LLC (lessor), Universal Health Care/Fuquay Varina, Inc. (lessee), Universal Properties/Nash, LLC (lessor), and Universal Health Care/Nashville, Inc. (lessee) shall take the necessary steps to de-license 31 NF beds at the Universal Health Care/Nashville, Inc. nursing facility following completion of the relocation of beds to Universal Health Care/ Fuquay Varina.
4. For the first two full federal fiscal years of operation following completion of the project, Universal Health Care/ Fuquay Varina'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. The Medicaid per diem reimbursement rates for the new nursing facility beds shall be equal to the rates of the facility's existing beds as of the date on which the additional beds are certified.

TIMETABLE:

Licensure of Facility _____ May 1, 2015
Certification/Opening _____ May 1, 2015

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: J-10303-14

FID #: 920763

ISSUED TO: Litchford Assisted Living, LLC (lessor), Universal Health Care/Raleigh, Inc. (lessee), Universal Properties/North Raleigh, LLC (lessor), Universal Health Care/North Raleigh, Inc. (lessee), Universal Properties/Wake, LLC (lessor), and Universal Health Care/Fuquay Varina, Inc. (lessee)
1217 Pond Road
Cary, NC 27511

Pursuant to G.S. 131E-175, 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 G.S. 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in G.S. 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 G.S. 131E-189 for any of the reasons provided in that law.

SCOPE: Replace and relocate within Wake County the 20 adult care home beds from Universal Health Care/Fuquay Varina to the existing Litchford Falls Healthcare & Rehabilitation facility for a total of 75 adult care home beds/ Wake County

CONDITIONS: See Reverse Side


PHYSICAL LOCATION: Litchford Assisted Living
8200 Litchford Road
Raleigh, NC 27615

MAXIMUM CAPITAL EXPENDITURE: \$2,250,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 15, 2016

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


Shelley Carraway, Chief

CONDITIONS:

1. Litchford Assisted Living, LLC, Universal Health Care/Raleigh, Inc., Universal Properties/North Raleigh, LLC, Universal Health Care/North Raleigh, Inc., Universal Properties/Wake, LLC, and Universal Health Care/Fuquay Varina, Inc. shall materially comply with all representations made in their certificate of need application and in the supplemental information materials submitted during the review and on January 8, 2015. In those instances where representations conflict, Litchford Assisted Living, LLC, Universal Health Care/Raleigh, Inc., Universal Properties/North Raleigh, LLC, Universal Health Care/North Raleigh, Inc., Universal Properties/Wake, LLC, and Universal Health Care/Fuquay Varina, Inc. shall materially comply with the last made representation.
2. Litchford Assisted Living, LLC, Universal Health Care/Raleigh, Inc., Universal Properties/North Raleigh, LLC, Universal Health Care/North Raleigh, Inc., Universal Properties/Wake, LLC, and Universal Health Care/Fuquay Varina, Inc. shall relocate no more than 20 ACH beds from Universal Health Care/North Raleigh and no more than 31 ACH beds from Universal Health Care/Fuquay Varina to Litchford Falls Assisted Living for a total licensed bed complement of no more than 75 ACH beds upon completion of the project.
3. Litchford Assisted Living, LLC, Universal Health Care/Raleigh, Inc., Universal Properties/North Raleigh, LLC, Universal Health Care/North Raleigh, Inc., Universal Properties/Wake, LLC, and Universal Health Care/Fuquay Varina, Inc. shall take the necessary steps to de-license the 20 ACH beds at Universal Health Care/North Raleigh nursing facility and 31 ACH beds at Universal Health Care/Fuquay Varina nursing facility following completion of the relocation of those ACH beds to Litchford Assisted Living.
4. Litchford Assisted Living, LLC, Universal Health Care/Raleigh, Inc., Universal Properties/North Raleigh, LLC, Universal Health Care/North Raleigh, Inc., Universal Properties/Wake, LLC, and Universal Health Care/Fuquay Varina, Inc. shall provide care to recipients of State/County Special Assistance with Medicaid, commensurate with representations made in the application and in the supplemental information materials submitted during the review and on January 8, 2015.
5. For the first two years of operation following completion of the project, Litchford Assisted Living, LLC, Universal Health Care/Raleigh, Inc., Universal Properties/North Raleigh, LLC, Universal Health Care/North Raleigh, Inc., Universal Properties/Wake, LLC, and Universal Health Care/Fuquay Varina, Inc. shall not increase actual private pay charges more than 5% of the projected private pay charges provided in Section X of the application without first obtaining a determination from the Agency 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 and on January 8, 2015.

TIMETABLE:

Preliminary Drawings Submitted to the Construction Section, DHSR _____	September 1, 2016
Final Drawings Submitted to the Construction Section, DHSR _____	February 1, 2017
Final Drawings Approved by the Construction Section, DHSR _____	April 15, 2017
Final Approved by the Department of Insurance _____	April 15, 2017
Construction Contract Awarded _____	May 1, 2017
Building Permit Obtained _____	May 15, 2017
25% Completion of Construction _____	July 1, 2017
50% Completion of Construction _____	August 1, 2017
75% Completion of Construction _____	September 1, 2017
Completion of Construction _____	October 10, 2017
Licensure of Facility _____	November 1, 2017

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

**Project ID # J-10339-14
FID # 980755**

**ISSUED TO: Bio-Medical Applications of North Carolina, Inc
d/b/a BMA Fuquay-Varina
3717 National Drive, Suite 206
Raleigh NC 27612**

Pursuant to G.S. 131E-175, 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 G.S. 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in G.S. 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 G.S. 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 23 certified stations upon completion of this project / Wake County

CONDITIONS: See Reverse Side


**PHYSICAL LOCATION: BMA Fuquay-Varina
916 South Main Street
Fuquay-Varina NC 27526**

MAXIMUM CAPITAL EXPENDITURE: 11,800

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 1, 2015

This certificate is effective as of the 14th day of February, 2015


Shelley Carraway, Chief

CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Fuquay-Varina 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 Fuquay-Varina shall develop and operate no more than four additional dialysis stations for a total of no more than 23 certified stations upon completion of this project, which shall include any isolation or home hemodialysis stations.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Fuquay-Varina shall install plumbing and electrical wiring through the walls for no more than four additional dialysis stations for a total of no more than 23 dialysis stations, which shall include any isolation or home hemodialysis stations.
4. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Fuquay-Varina 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 Healthcare Planning and Certificate of Need Section, Division of Health Services Regulation (Agency) on January 21, 2015.

TIMETABLE:

Completion of Final Drawings and Specifications	_____	July 3, 2015
50% Completion of Construction	_____	October 1, 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 #P-10344-14

FID #944654

ISSUED TO: DVA Healthcare Renal Care, Inc.
d/b/a Goldsboro 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 one dialysis station for a total of 27 certified dialysis stations/Wayne County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Goldsboro Dialysis Center
2609 Hospital Road
Goldsboro, NC 27534

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 30, 2015

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


Shelley Carraway, Chief

CONDITIONS:

1. DVA Healthcare Renal Care, Inc. d/b/a Goldsboro Dialysis Center shall materially comply with all representations made in the certificate of need application.
2. DVA Healthcare Renal Care, Inc. d/b/a Goldsboro Dialysis Center shall develop and operate no more than one additional dialysis station for a total of no more than 27 dialysis stations at Goldsboro Dialysis Center which shall include any home hemodialysis or isolation stations.
3. DVA Healthcare Renal Care, Inc. d/b/a Goldsboro Dialysis Center shall install plumbing and electrical wiring through the walls for no more than one additional dialysis station which shall include any home hemodialysis or isolation stations.
4. DVA Healthcare Renal Care, Inc. d/b/a Goldsboro Dialysis 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 Healthcare Planning and Certificate of Need Section, Division of Health Services Regulation (Agency) on January 22, 2015.

TIMETABLE:

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