

Certificate of Need
Certificates Issued
March 2015

County	Project ID	Facility	FID	Facility Type	Project Description	Decision Date	Certificate Issue Date
Alamance	G-010357-14	Peak Resources-Alamance Inc	923271	NH	Relocate 120 nursing facility beds within Alamance County and construct a replacement facility	2/23/2015	3/26/2015
Cumberland	M-010340-14	BMA Fayetteville	140236	ESRD	Add 3 dialysis stations for a total of 45 dialysis stations upon completion of this project, and Project ID# M10304-14 (relo of facility) and Project ID # M-10191-13 (add 3)	2/25/2015	3/28/2015
Franklin	K-010353-14	Dialysis Care of Franklin Co	955842	ESRD	Add four stations for a total of 27	2/25/2015	3/28/2015
Johnston	J-010364-14	Clayton Radition Oncology	080619	LINAC	Acquire a CT simulator for the existing radiation therapy service in Clayton	2/23/2015	3/26/2015
Lee	J-010316-14	Westfield Rehabilitation and Health Center	110137	NH	Relocate 20 ACH beds from A Step From Residential Care facility	1/27/2015	3/5/2015
New Hanover	O-010346-14	Southeastern Dialysis Center	956055	ESRD	Add ten dialysis stations for a total of 29 dialysis stations upon completion of this project and Project ID # O-10324-14 (relocate 10 stations)	2/25/2015	3/28/2015
Onslow	P-010351-14	Southeastern Dialysis Center-Jacksonville	956056	ESRD	Add 5 dialysis stations and relocate 3 existing dialysis stations from SEDC-Kenansville for a total of 33 stations upon completion of Project I.D. # P-10266-14 (add 1 station), Project I.D. # P-10123-13 (relocate 18 stations) and this project	1/30/2015	3/19/2015
Pender	O-010348-14	Southeastern Dialysis Center, Inc. - Burgaw	945252	ESRD	Add 3 dialysis stations for a total of 15 dialysis stations upon completion of this projet and Project ID #O-10125-13 (relocate 10)	2/25/2015	3/28/2015
Wake	J-010362-14	Duke Cancer Center Cary Radiation Oncology	960894	HOSPITAL	Replace existing linear accelerator located at Duke Cancer Center Cary	2/13/2015	3/17/2015
Wake	J-010363-14	Duke Cancer Center Macon Pond	050382	HOSPITAL	Replace existing linear accelerator located at Duke Cancer Center Macon Pond	2/13/2015	3/17/2015
Wake	J-008815-12	WakeMed	943528	HOSPITAL	Relocate two existing single-specialty ambulatory surgery operating rooms (Southern Eye Associates) to the WakeMed Raleigh Campus and convert to shared operating rooms for a total of 23 operating rooms upon project completion.	9/27/2012	3/6/2015
Wilkes	D-010326-14	Wilkes Regional Dialysis Center	956103	ESRD	Add three dialysis stations to the existing facility for a total 24 dialysis stations upon completion	2/23/2015	3/26/2015

Total **12**

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: G-10357-14

FID #: 923271

ISSUED TO: Peak of Graham, LLC
and Peak Resources-Alamance, Inc.
2501 Blue Ridge Road, Suite 500
Raleigh, NC 27607

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 120 nursing facility beds within Alamance County and construct a replacement facility/ Alamance County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Peak Resources-Alamance
600 North Main Street
Graham, NC 27523

MAXIMUM CAPITAL EXPENDITURE: \$11,576,620

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 31, 2015

This certificate is effective as of the 26th day of March, 2015

Martha J. Frisone for
Shelley Carraway, Chief

CONDITIONS:

1. Peak of Graham, LLC and Peak Resources-Alamance, Inc. shall materially comply with all representations made in the certificate of need application.
2. Peak of Graham, LLC and Peak Resources-Alamance, Inc. shall construct a replacement nursing facility which shall be licensed for no more than 120 nursing facility beds upon project completion.
3. For the first two years of operation following completion of the project, Peak of Graham, LLC and Peak Resources-Alamance, 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 in the certificate of need application.
4. Peak of Graham, LLC and Peak Resources-Alamance, Inc. shall develop and implement an Energy Efficiency and Sustainability Plan for the replacement facility that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.
5. Peak of Graham, LLC and Peak Resources-Alamance, Inc. 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 March 4, 2015.

TIMETABLE:

Contract Award	_____	May 27, 2015
25% Completion of Construction	_____	November 16, 2015
50% Completion of Construction	_____	March 17, 2016
75% Completion of Construction	_____	May 18, 2016
Completion of Construction	_____	September 10, 2016
Licensure of Facility	_____	September 15, 2016
Certification of Beds	_____	October 1, 2016

STATE OF NORTH CAROLINA

Department of Health and Human Services

Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project ID #: M-10340-14

FID #: 140236

ISSUED TO: Bio-Medical Applications of Fayetteville, Inc.
d/b/a BMA Fayetteville
3717 National Drive, Suite 206
Raleigh, NC 27612

Pursuant to 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 three dialysis stations for a total of no more than 45 dialysis stations upon completion of this project and Project ID #M-10191-13 (add 3 stations)/ Cumberland County

CONDITIONS: See Reverse Side

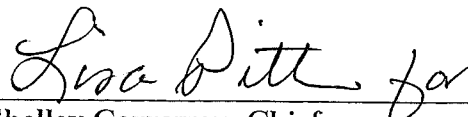
PHYSICAL LOCATION: BMA Fayetteville
2610 Legion Road
Fayetteville, NC 28306

MAXIMUM CAPITAL EXPENDITURE: \$8,250

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2015

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



Shelley Carraway, Chief

CONDITIONS:

1. Bio-Medical Applications of Fayetteville, Inc. d/b/a Fayetteville Kidney Center shall materially comply with all representations made in the certificate of need application.
2. Bio-Medical Applications of Fayetteville, Inc. d/b/a Fayetteville Kidney Center shall develop no more than three additional stations for a total of no more than 45 certified stations upon completion of this project and Project I.D. #M-10191-13 (develop 3 new stations), which shall include any home hemodialysis or isolation stations.
3. Bio-Medical Applications of Fayetteville, Inc. d/b/a Fayetteville Kidney 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 45 dialysis stations upon completion of this project and Project ID #F-10191-13 (develop 3 new stations), which shall include any home hemodialysis or isolation stations.
4. Bio-Medical Applications of Fayetteville, Inc. d/b/a Fayetteville 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 March 4, 2015.

TIMETABLE:

Completion of Final Drawings and Specifications	_____	April 29, 2015
25% Completion of Construction	_____	August 25, 2015
50% Completion of Construction	_____	September 9, 2015
75% Completion of Construction	_____	September 30, 2015
Operation of Equipment	_____	December 15, 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 ID #: K-10353-14

FID #: 955842

ISSUED TO: Total Renal Care of North Carolina, LLC
d/b/a Dialysis Care of Franklin County
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 no more than four dialysis stations for a total of no more than 27 dialysis stations upon project completion/ Franklin County

CONDITIONS: See Reverse Side

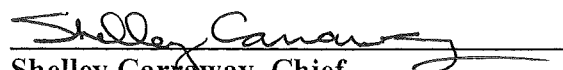
PHYSICAL LOCATION: Dialysis Care of Franklin County
1706 NC Highway 39 N
Louisburg, NC 27549

MAXIMUM CAPITAL EXPENDITURE: \$279,240

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 30, 2015

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


Shelley Carraway, Chief

CONDITIONS:

1. Total Renal Care of North Carolina, LLC d/b/a Dialysis Care of Franklin County shall materially comply with all representations made in the certificate of need application.
2. Total Renal Care of North Carolina, LLC d/b/a Dialysis Care of Franklin County shall add no more than four dialysis stations to its existing facility, for a facility total of no more than 27 stations upon project completion, which shall include any home hemodialysis training or isolation stations.
3. Total Renal Care of North Carolina, LLC d/b/a Dialysis Care of Franklin County shall install plumbing and electrical wiring through the walls for no more than four additional dialysis stations, which shall include any home hemodialysis training or isolation stations.
4. Prior to issuance of the certificate of need, Total Renal Care of North Carolina, LLC d/b/a Dialysis Care of Franklin County shall submit documentation of an invitation to a professional training program in Franklin or Wake counties to use the facility for training students.
5. Total Renal Care of North Carolina, LLC d/b/a Dialysis Care of Franklin County 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 March 19, 2015.

TIMETABLE:

Order Equipment _____ September 15, 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-10364-14

FID # 080619

**ISSUED TO: Johnston Radiation Oncology
509 North Bright Leaf Boulevard
Smithfield, NC 27577**

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: Acquire a CT simulator/Johnston County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Clayton Radiation Oncology
2076 Highway 42 West, Suites 120 and 200
Clayton, NC 27520**

MAXIMUM CAPITAL EXPENDITURE: \$336,259

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2015

This certificate is effective as of the 26th day of March, 2015

Martha J. Trisone for
Shelley Carraway, Chief

CONDITIONS:

1. Johnston Radiation Oncology, LLC shall materially comply with all representations made in the certificate of need application.
2. Johnston Radiation Oncology, LLC shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditures in Section VII of the application and that would otherwise require a certificate of need.
3. Johnston Radiation Oncology, LLC 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 March 11, 2015.

TIMETABLE:

Contract Award _____ June 6, 2015
Occupancy/Offering of Services _____ October 1, 2015

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: J-10316-14

FID #: 110137

ISSUED TO: Liberty Healthcare Properties of Lee Tramway, LLC
and Liberty Commons Nursing and Rehabilitation Center of Lee
Tramway, LLC
d/b/a Westfield Rehabilitation and Health Center
2334 S. 41st Street
Wilmington, NC 28403

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: Construct an addition and relocate within Lee County 20 adult care home beds from A Step From Home Residential Care Facility to Westfield Rehabilitation and Health Center/ Lee County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Westfield Rehabilitation and Health Center
3100 Tramway Road
Sanford, NC 27330

MAXIMUM CAPITAL EXPENDITURE: \$2,287,230

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2015

This certificate is effective as of the 5th day of March, 2015


Shelley Carraway, Chief

CONDITIONS:

1. Liberty Healthcare Properties of Lee Tramway, LLC and Liberty Commons Nursing and Rehabilitation Center of Lee Tramway, LLC, d/b/a Westfield Rehabilitation and Health Center shall materially comply with all representations made in the certificate of need application and supplemental information provided to the Agency. If the information provided conflicts, Liberty Healthcare Properties of Lee Tramway, LLC and Liberty Commons Nursing and Rehabilitation Center of Lee Tramway, LLC, d/b/a Westfield Rehabilitation and Health Center shall comply with the last made representation.
2. Liberty Healthcare Properties of Lee Tramway, LLC and Liberty Commons Nursing and Rehabilitation Center of Lee Tramway, LLC, d/b/a Westfield Rehabilitation and Health Center shall relocate no more than 20 ACH beds from A Step From Home Residential Care Facility to its existing nursing facility, for a facility total of no more than 83 nursing facility beds and 20 adult care home beds at Westfield Rehabilitation and Health Center.
3. For the first two years of operation following completion of the project, Liberty Healthcare Properties of Lee Tramway, LLC and Liberty Commons Nursing and Rehabilitation Center of Lee Tramway, LLC, d/b/a Westfield Rehabilitation and Health Center 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 in the certificate of need application.
4. Liberty Healthcare Properties of Lee Tramway, LLC and Liberty Commons Nursing and Rehabilitation Center of Lee Tramway, LLC, d/b/a Westfield Rehabilitation and Health Center shall provide care to recipients of State/County Special Assistance with Medicaid consistent with the representations made in Section VI. 2.
5. Liberty Healthcare Properties of Lee Tramway, LLC and Liberty Commons Nursing and Rehabilitation Center of Lee Tramway, LLC, d/b/a Westfield Rehabilitation and Health 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 March 5, 2015.

TIMETABLE:

Final Drawings Submitted to the Construction Section, DHSR _____	July 1, 2015
Final Drawings Approved by the Construction Section, DHSR _____	September 1, 2015
Construction Contract Awarded _____	November 1, 2015
Site Preparation _____	March 1, 2016
25% Completion of Construction _____	August 1, 2016
50% Completion of Construction _____	December 1, 2016
75% Completion of Construction _____	March 1, 2017
Completion of Construction _____	July 1, 2017
Licensure of Facility _____	August 1, 2017
Facility Opening _____	October 1, 2017

STATE OF NORTH CAROLINA

Department of Health and Human Services

Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project ID #: O-10346-14

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 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 ten dialysis stations for a total of no more than 29 dialysis stations upon completion of this project and Project ID #O-10324-14 (relocate 10 stations to a new facility)/ New Hanover County

CONDITIONS: See Reverse Side

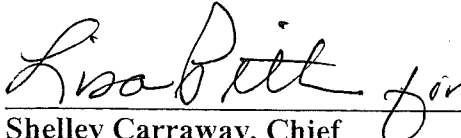
**PHYSICAL LOCATION: Southeastern Dialysis Center-Wilmington
2215 Yaupon Drive
Wilmington, NC 28401**

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 15, 2016

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



Shelley Carraway, Chief

CONDITIONS:

1. Total Renal Care of North Carolina, LLC d/b/a Southeastern Dialysis Center-Wilmington shall materially comply with all representations made in the certificate of need application.
2. Total Renal Care of North Carolina, LLC d/b/a Southeastern Dialysis Center-Wilmington shall develop no more than ten additional stations for a total of no more than 29 stations upon completion of this project and Project ID # O-10324-14 (relocate ten dialysis stations to a new facility), which shall include any home hemodialysis training or isolation stations.
3. Prior to issuance of the certificate of need, Total Renal Care of North Carolina, LLC d/b/a Southeastern Dialysis Center-Wilmington shall submit documentation of an invitation to a professional training program in New Hanover County to use the facility for training students.
4. 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 March 18, 2015.

TIMETABLE:

Operation of Equipment _____	December 1, 2015
Occupancy/Offering of Services _____	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 #: P-10351-14

FID #: 956056

ISSUED TO: Total Renal Care of North Carolina, LLC
d/b/a Southeastern Dialysis Center-Jacksonville
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 five dialysis stations and relocate three existing dialysis stations from SEDC-Kenansville for a total of 33 stations upon completion of Project ID #P-10266-14 (add 1 station), Project ID #P-10123-13 (relocate 18 stations) and this project/ Onslow County

CONDITIONS: See Reverse Side

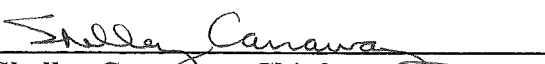
PHYSICAL LOCATION: Southeastern Dialysis Center-Jacksonville
14 Office Park Drive
Jacksonville, NC 28546

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 30, 2015

This certificate is effective as of the 19th day of March, 2015


Shelley Carraway, Chief

CONDITIONS:

1. Total Renal Care of North Carolina, LLC d/b/a Southeastern Dialysis Center-Jacksonville shall materially comply with all representations made in the certificate of need application.
2. Total Renal Care of North Carolina, LLC d/b/a Southeastern Dialysis Center-Jacksonville shall add no more than five additional dialysis stations at SEDC-Jacksonville and relocate no more than three dialysis stations from SEDC-Kenansville to SEDC-Jacksonville for a total of no more than 33 dialysis stations upon completion of this project, Project I.D. # P-10266-14 and Project I.D. # P-10123-13; including any home hemodialysis or isolation stations.
3. Total Renal Care of North Carolina, LLC d/b/a Southeastern Dialysis Center-Jacksonville shall install plumbing and electrical wiring through the walls for no more than 33 stations upon projection completion.
4. Prior to issuance of the certificate of need, Total Renal Care of North Carolina, LLC d/b/a Southeastern Dialysis Center-Jacksonville shall submit documentation of an invitation to a professional training program in the Jacksonville area to use the facility for training students.
5. After certification of the three stations relocated to Total Renal Care of North Carolina, LLC d/b/a Southeastern Dialysis Center-Jacksonville, Total Renal Care of North Carolina, LLC d/b/a Southeastern Dialysis Center-Kenansville shall take the necessary steps to decertify three stations at SEDC-Kenansville for a total of no more than 14 dialysis stations.
6. Total Renal Care of North Carolina, LLC d/b/a Southeastern Dialysis Center-Jacksonville shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions, including documentation related to a professional training program, (see Condition #4) stated in the conditional approval letter was received by the Agency on March 19, 2015.

TIMETABLE:

Ordering Equipment _____	September 15, 2015
Operation of Equipment _____	December 1, 2015
Certification of Stations _____	January 1, 2016
Occupancy/Offering of Service _____	January 1, 2016

STATE OF NORTH CAROLINA

Department of Health and Human Services

Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project ID #: O-10348-14

FID #: 945252

**ISSUED TO: Total Renal Care of North Carolina, LLC
d/b/a Southeastern Dialysis Center-Burgaw
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 no more than three dialysis stations for a total of no more than 15 dialysis stations upon completion of this project and Project ID #O-10125-13 (relocate 10 stations to a new facility)/ Pender County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Southeastern Dialysis Center-Burgaw
704 S. Dickerson Street
Burgaw, NC 28425**

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 15, 2016

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



Shelley Carraway, Chief

CONDITIONS:

1. Total Renal Care of North Carolina, LLC d/b/a Southeastern Dialysis Center-Burgaw shall materially comply with all representations made in the certificate of need application.
2. Total Renal Care of North Carolina, LLC d/b/a Southeastern Dialysis Center-Burgaw shall relocate no more than three additional stations from Wallace Dialysis Center for a total of no more than 15 stations upon completion of this project and Project ID # O-10125-13 (relocate ten dialysis stations to a new facility), which shall include any home hemodialysis training or isolation stations.
3. Prior to issuance of the certificate of need, Total Renal Care of North Carolina, LLC d/b/a Southeastern Dialysis Center-Burgaw shall submit documentation of an invitation to a professional training program in Pender or New Hanover counties to use the facility for training students.
4. Total Renal Care of North Carolina, LLC d/b/a Southeastern Dialysis Center-Burgaw 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 March 18, 2015.

TIMETABLE:

Ordering Equipment _____	September 15, 2015
Occupancy/Offering of Services _____	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 # J-8815-12

FID # 943528

ISSUED TO: WakeMed
3000 New Bern Avenue
Raleigh NC 27620-4465

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 two single specialty operating rooms from an ambulatory surgery center, Southern Eye Associates Ophthalmic Surgery Center, to WakeMed Raleigh Campus, and convert them to shared operating rooms, for a total of 23 operating rooms at WakeMed Raleigh Campus / Wake County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: WakeMed
3000 New Bern Avenue
Raleigh NC 27620-4465

MAXIMUM CAPITAL EXPENDITURE: \$1,120,717

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: May 1, 2015

This certificate is effective as of the 6th day of March, 2015



Shelley Carraway, Chief

CONDITIONS:

1. WakeMed shall materially comply with all representations made in the certificate of need application.
2. WakeMed shall relocate two existing single-specialty operating rooms from Southern Eye Associates Ophthalmic Surgery Center to WakeMed Raleigh Campus, and convert them to shared surgical operating rooms. Upon completion of this project and Project I.D. # J-8364-09, WakeMed Raleigh Campus shall be licensed for no more than 16 shared operating rooms, 4 dedicated open heart operating rooms, and 3 dedicated C-section operating rooms. Under the same license, and following completion of Project I.D. # J-7843-07, WakeMed North Healthplex shall be licensed for no more than 4 shared operating rooms and 1 dedicated C-section operating room.
3. WakeMed shall provide documentation that the two existing single-specialty operating rooms from Southern Eye Associates Ophthalmic Surgery Center are de-licensed following completion of the project.
4. WakeMed shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section VIII of the application or that would otherwise require a certificate of need.
5. WakeMed 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 October 23, 2012.

TIMETABLE:

Completion/Offering of Service(s) _____ 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-10362-14

FID #: 960894

ISSUED TO: Duke University Health System
d/b/a Duke Raleigh Hospital
3100 Tower Boulevard, Suite 1300
Durham, NC 27707

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 existing linear accelerator located at Duke Cancer Center Cary Radiation Oncology/ Wake County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Duke Cancer Center Cary Radiation Oncology
300 Ashville Avenue
Cary, NC 27518

MAXIMUM CAPITAL EXPENDITURE: \$5,400,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 15, 2016

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


Shelley Carraway, Chief

CONDITIONS:

1. Duke University Health System d/b/a Duke Raleigh Hospital shall materially comply with all representations made in the certificate of need application.
2. Duke University Health System d/b/a Duke Raleigh Hospital shall acquire no more than one linear accelerator to replace the linear accelerator located at Duke Cancer Center Cary Radiation Oncology for a total of no more than one linear accelerator at Duke Cancer Center Cary Radiation Oncology. Upon project completion, Duke Raleigh Hospital shall own and operate no more than a total of four linear accelerators, including Project ID #J-7941-07.
3. Duke University Health System d/b/a Duke Raleigh Hospital shall dispose of the existing Cary Radiation Oncology linear accelerator by removing it from North Carolina.
4. Duke University Health System d/b/a Duke Raleigh Hospital shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section VIII of the application that would otherwise require a certificate of need.
5. Duke University Health System d/b/a Duke Raleigh Hospital 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.
6. Duke University Health System d/b/a Duke Raleigh Hospital 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 March 6, 2015.

TIMETABLE:

Approval of Final Drawings by the Construction Section, DHSR _____	March 16, 2016
25% Completion of Construction _____	May 8, 2016
50% Completion of Construction _____	June 14, 2016
75% Completion of Construction _____	July 21, 2016
Completion of Construction _____	August 3, 2016
Occupancy/Offering of Service /Operation of Equipment _____	November 16, 2016

STATE OF NORTH CAROLINA

Department of Health and Human Services

Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project ID #: J-10363-14

FID #: 050382

**ISSUED TO: Duke University Health System
d/b/a Duke Raleigh Hospital
3100 Tower Boulevard, Suite 1300
Durham, NC 27707**

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 existing linear accelerator located at Duke Cancer Center Macon Pond/
Wake County**

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Duke Cancer Center Macon Pond
4101 Macon Pond Road
Raleigh, NC 27607**

MAXIMUM CAPITAL EXPENDITURE: \$4,700,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 15, 2015

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



Shelley Carraway, Chief

CONDITIONS:

1. Duke University Health System d/b/a Duke Raleigh Hospital shall materially comply with all representations made in the certificate of need application.
2. Duke University Health System d/b/a Duke Raleigh Hospital shall acquire no more than one linear accelerator to replace the existing linear accelerator located at Duke Cancer Center Macon Pond for a total of no more than one linear accelerator at Macon Pond. Upon project completion, Duke Raleigh Hospital shall own and operate no more than a total of four linear accelerators, including Project ID #J-7941-07.
3. Duke University Health System d/b/a Duke Raleigh Hospital shall dispose of the existing Macon Pond linear accelerator by removing it from North Carolina.
4. Duke University Health System d/b/a Duke Raleigh Hospital shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section VIII of the application that would otherwise require a certificate of need.
5. Duke University Health System d/b/a Duke Raleigh Hospital 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 March 6, 2015.

TIMETABLE:

Approval of Final Drawings by the Construction Section, DHSR	_____	June 15, 2015
25% Completion of Construction	_____	August 5, 2015
50% Completion of Construction	_____	September 9, 2015
75% Completion of Construction	_____	October 14, 2015
Completion of Construction	_____	November 25, 2015
Occupancy/Offering of Service /Operation of Equipment	_____	March 30, 2016

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID # D-10326-14
FID # 956103

ISSUED TO: WRMC Hospital Operating Corporation
d/b/a Wilkes Regional Medical Center
PO Box 609
North Wilkesboro, NC 28659

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 three dialysis stations for a total of no more than 24 dialysis stations upon project completion/Wilkes County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Wilkes Regional Dialysis Center
Medical Mall at 1917 West Park Drive
North Wilkesboro, NC 28659

MAXIMUM CAPITAL EXPENDITURE: \$397,130

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: July 1, 2015

This certificate is effective as of the 26th day of March, 2015


Shelley Carraway, Chief

CONDITIONS:

1. WRMC Hospital Operating Corporation d/b/a Wilkes Regional Medical Center d/b/a Wilkes Regional Dialysis Center shall materially comply with all representations made in its certificate of need application and in any supplemental information provided. In those instances where representations conflict, the certificate holder shall materially comply with the last made representation.
2. WRMC Hospital Operating Corporation d/b/a Wilkes Regional Medical Center d/b/a Wilkes Regional Dialysis Center shall develop and operate no more than 3 additional dialysis stations for a total of no more than 24 certified stations upon completion of this project and Project I.D. #D-10244-14 (add 2 stations) which shall include any home hemodialysis training or isolation stations.
3. WRMC Hospital Operating Corporation d/b/a Wilkes Regional Medical Center d/b/a Wilkes Regional 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 24 certified stations upon completion of this project and Project I.D. #D-10244-14 (add 2 stations) which shall include any home hemodialysis training or isolation stations.
4. WRMC Hospital Operating Corporation d/b/a Wilkes Regional Medical Center d/b/a Wilkes Regional Dialysis Center shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency 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 Agency on March 18, 2015.

TIMETABLE:

Obtained Funds for the Project _____	March 15, 2015
Final Drawings and Specifications sent to Construction, DHSR _____	September 15, 2015
Construction Contract Executed _____	November 1, 2015
Ordering of Medical Equipment _____	December 1, 2015
25% Completion of Construction _____	December 30, 2015
75% Completion of Construction _____	January 15, 2016
Completion of Construction _____	February 15, 2016
Operation of Medical Equipment _____	February 15, 2016
Occupancy/Offering of Services _____	March 1, 2016
Certification _____	March 1, 2016