

Certificate of Need  
Certificates Issued  
April 2015

County	Project ID	Facility	FID	Facility Type	Project Description	Decision Date	Certificate Issue Date
Durham	J-010350-14	Durham West Dialysis	010285	ESRD	Add four dialysis stations for a total of 30 upon completion of this project and Project ID #J-10319-14 (relocate 3)	1/12/2015	4/1/2015
Mecklenburg	F-010185-13	BMA OF EAST CHARLOTTE	970301	ESRD	Add 9 dialysis stations for a total of 33 stations upon project completion	2/27/2014	4/17/2015
Mecklenburg	F-010369-15	FMC Regal Oaks	150024	ESRD	Develop a new 12-station dialysis facility by relocating eight stations from FMC Matthews and four stations from BMA East Charlotte	3/27/2015	4/28/2015
Wayne	P-010365-14	Coastal Carolina Dialysis	140466	ESRD	Develop a new 12-station dialysis facility (relocate 10 stations from Goldsboro Dialysis Center and 2 stations from Goldsboro South Dialysis Center) and relocate the existing home training program	3/4/2015	4/7/2015
<b>Total</b>	<b>4</b>						

# STATE OF NORTH CAROLINA

*Department of Health and Human Services*

*Division of Health Service Regulation*

## **CERTIFICATE OF NEED**

for

Project ID #: J-10350-14

FID #: 010285

**ISSUED TO:** DVA Healthcare Renal Care, Inc.  
d/b/a Durham West Dialysis Center  
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 four dialysis stations for a total of 30 stations upon completion of this project and Project ID # J-10319-14 (relocate 3 dialysis stations)/ Durham County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Durham West Dialysis Center  
4307 Western Park Place  
Durham, NC 27705

**MAXIMUM CAPITAL EXPENDITURE:** \$0

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of the 1<sup>st</sup> day of April, 2015

  
Shelley Carraway, Chief

**CONDITIONS:**

1. DVA Healthcare Renal Care, Inc. d/b/a Durham West Dialysis Center shall materially comply with all representations made in the certificate of need application.
2. Prior to issuance of the certificate of need, DVA HealthCare Renal Care, Inc. d/b/a Durham West Dialysis Center shall provide the CON Section with a copy of a letter from Dr. Stephen Smith indicating his willingness to continue to serve as medical director of Durham West Dialysis Center.
3. Prior to issuance of the certificate of need, DVA HealthCare Renal Care, Inc. d/b/a Durham West Dialysis Center shall provide the CON Section with documentation of an ongoing program of training for nurses and technicians in dialysis techniques at Durham West Dialysis Center.
4. DVA Healthcare Renal Care, Inc. d/b/a Durham West Dialysis Center shall develop no more than four additional dialysis stations at Durham West Dialysis Center for a total of no more than 30 dialysis stations upon completion of this project and Project I.D. #J-10319-14 (relocate 3 stations), including any home hemodialysis or isolation stations.
5. DVA Healthcare Renal Care, Inc. d/b/a Durham West Dialysis Center shall install plumbing and electrical wiring through the walls for no more than four additional dialysis stations.
6. DVA Healthcare Renal Care, Inc. d/b/a Durham West 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 April 1, 2015.

**TIMETABLE:**

Occupancy/Offering of Service \_\_\_\_\_ January 16, 2016

**STATE OF NORTH CAROLINA**  
*Department of Health and Human Services*  
*Division of Health Service Regulation*

**REVISED**

**CERTIFICATE OF NEED**

for

**Project ID #: F-10185-13**

**FID #: 970301**

**ISSUED TO:** Bio-Medical Applications of North Carolina, Inc.  
d/b/a FMC East Charlotte  
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 1 dialysis station for a total of no more than 25 stations upon project completion/ Mecklenburg County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** FMC East Charlotte  
1334 Central Avenue  
Charlotte, NC 28205

**MAXIMUM CAPITAL EXPENDITURE:** \$438,040

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** July 15, 2014

This certificate is effective as of the 1<sup>st</sup> day of April, 2014  
This certificate is revised as of the 17<sup>th</sup> day of April, 2015

  
Shelley Carraway, Chief

**CONDITIONS:**

1. Bio-Medical Applications of North Carolina, Inc d/b/a FMC East 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 FMC East Charlotte shall develop and operate no more than one additional dialysis stations for a total of no more than 25 certified stations upon completion of this project, which shall include any isolation stations.
3. Bio-Medical Applications of North Carolina, Inc d/b/a FMC East Charlotte shall install plumbing and electrical wiring through the walls for no more than one additional dialysis stations for a total of no more than 25 dialysis stations, which shall include any home hemodialysis or isolation stations.
4. Bio-Medical Applications of North Carolina, Inc d/b/a FMC East 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 March 5, 2014.

**TIMETABLE:**

Completion of Drawings and Specifications _____	September 16, 2014
Contract Award _____	December 15, 2014
50% Completion of Construction _____	June 13, 2015
Completion of Construction _____	November 10, 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 ID #: F-10369-15**

**FID #: 150024**

**ISSUED TO: Bio-Medical Applications of North Carolina, Inc.  
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: Develop a new 12-station dialysis facility by relocating eight dialysis stations from FMC Matthews and four dialysis stations from BMA East Charlotte/Mecklenburg County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: FMC Regal Oaks  
Regal Oaks Drive at the intersection of Albemarle Road  
Charlotte, NC 28213**

**MAXIMUM CAPITAL EXPENDITURE: \$1,932,692**

**TIMETABLE: See Reverse Side**

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

This certificate is effective as of the 28<sup>th</sup> day of April, 2015

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

**CONDITIONS:**

1. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Regal Oaks 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 Regal Oaks shall relocate no more than 8 dialysis stations from FMC Matthews and no more than 4 dialysis stations from BMA East Charlotte.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Regal Oaks shall install plumbing and electrical wiring through the walls for no more than 12 dialysis stations, which shall include any isolation or home hemodialysis stations.
4. Bio-Medical Applications of North Carolina, Inc. shall take the necessary steps to decertify 8 dialysis stations at FMC Matthews for a total of no more than 13 dialysis stations at FMC Matthews upon project completion.
5. Bio-Medical Applications of North Carolina, Inc. shall take the necessary steps to decertify 4 dialysis stations at BMA East Charlotte for a total of no more than 21 dialysis stations at BMA East Charlotte upon project completion.
6. Prior to issuance of the certificate of need, Bio-Medical Applications of North Carolina, Inc. shall provide the Agency with a letter of intent to sign a written agreement with a transplantation center describing the relationship with the facility and the specific services that will be provided by the transplantation center.
7. Prior to issuance of the certificate of need, Bio-Medical Applications of North Carolina, Inc. shall provide the Agency with documentation to demonstrate the availability of power at the proposed primary FMC Regal Oaks site.
8. Prior to issuance of the certificate of need, Bio-Medical Applications of North Carolina, Inc. shall provide the Agency with documentation that the primary site is owned or under option by the applicant or provide documentation to demonstrate the availability of power and water at the proposed secondary site.
9. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Regal Oaks 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 Agency on April 29, 2015.

**TIMETABLE:**

Completion of Final Drawings _____	August 20, 2015
Contract Award _____	October 4, 2015
25% Completion of Construction _____	December 3, 2015
50% Completion of Construction _____	February 1, 2016
75% Completion of Construction _____	March 17, 2016
Completion of Construction _____	May 16, 2016
Occupancy/Offering Service/ Certification of Stations _____	June 30, 2016

# STATE OF NORTH CAROLINA

*Department of Health and Human Services*

*Division of Health Service Regulation*

## **CERTIFICATE OF NEED**

for

Project ID # P-10365-14

FID # 140466

**ISSUED TO:** DVA Healthcare Renal Care, Inc.  
d/b/a Coastal Carolina Dialysis  
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:** Develop a new 12-station dialysis facility by relocating 10 stations from Goldsboro Dialysis Center (Wayne County) and two stations from Goldsboro South Dialysis Center (Wayne County) and relocate the existing home training program/Wayne County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Coastal Carolina Dialysis  
East Ash Street at Malloy Street  
Goldsboro, NC 27534

**MAXIMUM CAPITAL EXPENDITURE:** \$2,205,342

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of the 7<sup>th</sup> day of April, 2015

  
Shelley Carraway, Chief



**CONDITIONS:**

1. DVA Healthcare Renal Care, Inc. d/b/a Coastal Carolina Dialysis shall materially comply with all representations made in the certificate of need application.
2. DVA Healthcare Renal Care, Inc. d/b/a Coastal Carolina Dialysis shall relocate and operate no more than twelve dialysis stations at Coastal Carolina Dialysis, which shall include any home hemodialysis training or isolation stations.
3. DVA Healthcare Renal Care, Inc. d/b/a Coastal Carolina Dialysis shall install plumbing and electrical wiring through the walls for no more than twelve dialysis stations, which shall include any home hemodialysis training or isolation stations.
4. After certification of the 12 relocated dialysis stations at Coastal Carolina Dialysis, DVA Healthcare Renal Care, Inc. d/b/a Goldsboro Dialysis Center shall take steps to decertify 10 dialysis stations for a total of no more than 17 certified stations at Goldsboro Dialysis Center upon completion of this project (relocate 10 stations) and Project ID# P-10344-14 (add one station).
5. After certification of the 12 relocated dialysis stations at Coastal Carolina Dialysis, DVA Healthcare Renal Care, Inc. d/b/a Goldsboro South Dialysis Center shall take steps to decertify two dialysis stations for a total of no more than 20 certified stations at Goldsboro South Dialysis Center.
6. DVA Healthcare Renal Care, Inc. d/b/a Coastal Carolina Dialysis 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 March 19, 2015.

**TIMETABLE:**

Completion of Final Drawings and Specifications	_____	July 15, 2015
50% Completion of Construction	_____	October 1, 2015
Completion of Construction	_____	December 1, 2015
Occupancy/Offering of Services	_____	December 20, 2015
Certification of Stations	_____	January 1, 2016