

**Certificate of Need
Certificates Issued
May 2015**

County	Project ID	Facility	FID	Facility Type	Project Description	Decision Date	Certificate Issue Date
Alamance	G-010357-14	Peak Resources - Alamance	150321	NH	Relocate 120 nursing facility beds within Alamance County and construct a replacement facility	2/23/2015	5/4/2015
Davie	G-010372-15	Bermuda Village Retirement Center	932966	NH	Construct addition and renovate existing facility in order to add 12 nursing facility beds	4/10/2015	5/14/2015
Forsyth	G-010359-14	Brookstone Terrace	970694	ACH	Relocate 13 ACH beds from The Crest of Clemmons to Brookstone Terrace and convert 5 existing ACH beds at Brookstone Terrace for a total of 18 beds in a newly constructed special care unit addition	3/30/2015	5/1/2015
Hoke	N-010151-13	Raeford Manor	130277	ACH	Relocate 75 adult care home beds from Raeford Manor which was burned in a fire in 2009	11/27/2013	5/1/2015
Hoke	N-010345-14	Dialysis Care of Hoke County	945165	ESRD	Relocate one station from Dialysis Care of Richmond County for a total of 28 station upon project completion	2/25/2015	5/14/2015
Martin	Q-010361-14	Martin General Hospital	943328	HOSPITAL	Provide inpatient dialysis services through the addition of two portable inpatient dialysis units	4/24/2015	5/25/2015
Mecklenburg	F-008765-11	Presbyterian Orthopaedic Hospital	110881	HOSPITAL	Develop 50 additional acute care beds from the 2011 SMFP and relocate the hospital across the street for a total of 64 acute care beds upon completion of this project and Project I.D. #F-7646-06 (relocate 50 acute care beds to Mint Hill).	3/29/2012	5/19/2015
Mecklenburg	F-010370-15	East Mecklenburg Inpatient Unit at Aldersgate	150025	HOSPICE	Relocate 6 hospice inpatient beds approved in Project ID # F-10132-13 from Levine & Dickson Hospice House in Huntersville to the East Mecklenburg Inpatient Unit at Aldersgate in Charlotte	4/24/2015	5/27/2015
Richmond	H-011001-15	Sandhills Dialysis	090624	ESRD	Relocate four dialysis stations from Dialysis Care of Richmond County for a total of 16 at Sandhills Dialysis upon project completion	4/6/2015	5/7/2015
Rowan	F-010371-15	Dialysis Care of Kannapolis	980409	ESRD	Relocate 5 certified dialysis stations from Dialysis Care of Rowan to Dialysis Care of Kannapolis for a total of 25 stations upon completion of this project, Project ID #F-10273-14 (add 1 station) and Project ID #F-10109-13 (relocate 6 stations to Copperfield Dialysis Center)	4/7/2015	5/8/2015
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	5/5/2015

Total 11

STATE OF NORTH CAROLINA

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

CORRECTED

CERTIFICATE OF NEED

for

Project ID #: G-10357-14

FID #: 150321

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


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 #: G-10372-15

FID #: 932966

ISSUED TO: Batangas Consulting, Inc
d/b/a Bermuda Village Health Center
142 Bermuda Village Drive
Bermuda Run, NC 27006

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 addition and renovate existing facility in order to add 12 nursing facility beds/ Davie County

CONDITIONS: See Reverse Side

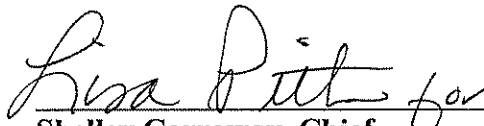
PHYSICAL LOCATION: Bermuda Village Health Center
142 Bermuda Village Drive
Bermuda Run, NC 27006

MAXIMUM CAPITAL EXPENDITURE: \$3,660,080

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 15, 2015

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



Shelley Carraway, Chief

CONDITIONS:

1. Batangas Consulting, Inc. d/b/a Bermuda Village Health Center shall materially comply with all representations made in the certificate of need application and in supplemental information received on April 6, 2015. In those instances where representations conflict, Batangas Consulting, Inc. d/b/a Bermuda Village Health Center shall material comply with the last made representation.
2. Batangas Consulting, Inc. d/b/a Bermuda Village Health Center shall develop no more than 12 new nursing facility beds for a total licensed bed complement of no more than 15 nursing facility and 21 adult care home beds upon completion of the project.
3. Batangas Consulting, Inc. d/b/a Bermuda Village Health Center shall receive the Medicaid per diem reimbursement rates allowed by the Division of Medical Assistance, under the NC State Plan Section .0102.
4. Batangas Consulting, Inc. d/b/a Bermuda Village Health Center shall file the proposed budget for the facility with the Division of Medical Assistance no later than thirty days prior to the prospective certification date of the new beds.
5. The 12 additional nursing facility beds shall not be certified for participation in the Medicaid program prior to July 1, 2016, unless the Division of Medical Assistance determines that state funds are available in the current Medicaid budget to pay for the care and authorizes an earlier certification date.
6. For the first two years of operation following completion of the project, Bermuda Village 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 Healthcare Planning and Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.
7. Batangas Consulting, Inc. d/b/a Bermuda Village Health Center shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Healthcare Planning and 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 May 4, 2015.

TIMETABLE:

Completion of final drawings _____	12/28/2015
Contract award _____	12/28/2015
25% completion of construction _____	02/29/2016
50% completion of construction _____	05/03/2016
75% completion of construction _____	07/05/2016
Completion of construction _____	09/07/2016
Licensure of Facility _____	09/21/2016
Medicare/Medicaid Certification _____	10/01/2016
Occupancy/Offering Service _____	10/01/2016

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: G-10359-14

FID #: 970694

ISSUED TO: Brookstone of Clemmons, LLC
And BY Peterson Properties, LLC
d/b/a Brookstone Terrace
142 Bermuda Village Drive
Bermuda Run, NC 27006

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 18 adult care home beds (13 from The Crest of Clemmons and 5 from Brookstone Terrace) and convert the 18 adult care home beds to special care unit beds/ Forsyth County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Brookstone Terrace
4430 Clinnard Road
Clemmons, NC 27012

MAXIMUM CAPITAL EXPENDITURE: \$2,389,882

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2015

This certificate is effective as of the 1st day of May, 2015

Martha J. Frisone for
Shelley Carraway, Chief

CONDITIONS:

1. Brookstone of Clemmons, LLC and BYPeterson Properties, LLC d/b/a Brookstone Terrace shall materially comply with all representations made in the certificate of need application.
2. Brookstone of Clemmons, LLC and BYPeterson Properties, LLC d/b/a Brookstone Terrace shall relocate no more than 13 ACH beds from The Crest of Clemmons and five ACH beds from Brookstone Terrace to the proposed addition to Brookstone Terrace, and convert those 18 beds to SCU beds, for a facility total of no more than 53 licensed ACH beds at Brookstone Terrace, which shall include 38 SCU beds.
3. Following certification of the 13 ACH beds at Brookstone Terrace, Brookstone of Clemmons, LLC shall take the necessary steps to de-license 13 ACH beds at The Crest of Clemmons for a total of no more than 83 licensed ACH beds at The Crest of Clemmons.
4. For the first two years of operation following completion of the project, Brookstone of Clemmons, LLC and BYPeterson Properties, LLC d/b/a Brookstone Terrace 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.
5. Brookstone of Clemmons, LLC and BYPeterson Properties, LLC d/b/a Brookstone Terrace shall submit all patient charges and patient admissions for each source of patient payment to the Healthcare Planning and Certificate of Need Section at year end for each of the first three operating years following licensure of the beds and the facility.
6. Brookstone of Clemmons, LLC and BYPeterson Properties, LLC d/b/a Brookstone Terrace shall provide care to recipients of State/County Special Assistance with Medicaid consistent with the representations made in Section VI. 2.
7. Brookstone of Clemmons, LLC and BYPeterson Properties, LLC d/b/a Brookstone Terrace 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 May 1, 2015.

TIMETABLE:

Construction loan Executed _____	May 10, 2015
Final Drawings Approved by the Construction Section, DHR _____	October 27, 2015
Construction Contract Awarded _____	November 10, 2015
25% Completion of Construction _____	January 16, 2016
75% Completion of Construction _____	May 30, 2016
Completion of Construction _____	August 6, 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*

CORRECTED

CERTIFICATE OF NEED

for

Project Identification Number #N-10151-13

FID #130277

**ISSUED TO: HC AL Investors, LLC
AND HC Operations, LLC
533 Meadowmont Village Circle
Chapel Hill, NC 27517**

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. 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: Replace and relocate the 75 adult care home beds at Raeford Manor to a new location within Hoke County/ Hoke County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Raeford Manor
8398 Fayetteville Road
Raeford, NC 28376**

MAXIMUM CAPITAL EXPENDITURE: \$6,827,170

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: April 10, 2014

This certificate is effective as of the 28th day of December, 2013


Shelley Caraway, Chief

CONDITIONS:

1. HC AL Investors, LLC and HC Operations, LLC shall materially comply with all representations made in the certificate of need application and in the supplemental information materials submitted during the review. In those instances where representations conflict, HC AL Investors, LLC and HC Operations, LLC shall materially comply with the last made representation.
2. HC AL Investors, LLC and HC Operations, LLC shall construct a replacement adult care home facility (ACH) which shall be licensed for no more than 75 ACH beds upon project completion.
3. For the first two years of operation following completion of the project, HC AL Investors, LLC and HC Operations, LLC 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 Certificate of Need Section that the proposed increase is in material compliance with the representations in the certificate of need application.
4. HC AL Investors, LLC and HC Operations, LLC shall provide care to recipients of State/County Special Assistance with Medicaid for the facility, commensurate with representations made in Section VI. 2 and Exhibit 23 and supplemental materials.
5. HC AL Investors, LLC and HC Operations, LLC shall submit all patient charges and patient admissions for each source of patient payment to the CON Section at year end for each of the first three operating years following licensure of the beds in the facility.
6. HC AL Investors, LLC and HC Operations, LLC 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.
7. HC AL Investors, LLC and HC Operations, LLC shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on December 20, 2013.

TIMETABLE:

Final Drawings Submitted to the Construction Section, DHSR _____	January 15, 2014
Approval of Site by Construction Section, DHSR _____	March 14, 2014
Building Permit Obtained _____	April 1, 2014
Site Preparation _____	April 2, 2014
25% Completion of Construction _____	June 2, 2014
50% Completion of Construction _____	July 7, 2014
75% Completion of Construction _____	August 11, 2014
Completion of Construction _____	September 22, 2014
Licensure _____	October 1, 2014

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: N-10345-14

FID #: 945165

**ISSUED TO: Total Renal Care of North Carolina, LLC
d/b/a Dialysis Care of Hoke 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: Relocate one station from Dialysis Care of Richmond County for a total of 28 stations at Dialysis Care of Hoke County upon project completion/ Hoke County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Dialysis Care of Hoke County
406 South Main Street
Raeford, NC 28376**

MAXIMUM CAPITAL EXPENDITURE: \$17,398

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 30, 2015

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


Shelley Carraway, Chief

CONDITIONS:

1. Total Renal Care of North Carolina, LLC d/b/a Dialysis Care of Hoke County shall materially comply with all representations made in its certificate of need application.
2. Total Renal Care of North Carolina, LLC shall relocate one existing dialysis station from Dialysis Care of Richmond County to Dialysis Care of Hoke County, for a total of 28 certified stations at Dialysis Care of Hoke County, which shall include any home hemodialysis training or isolation stations.
3. Total Renal Care of North Carolina, LLC d/b/a Dialysis Care of Hoke County shall install plumbing and electrical wiring through the walls for one additional dialysis station for a total of 28 dialysis stations which shall include any home hemodialysis training or isolation stations.
4. Total Renal Care of North Carolina, LLC shall take necessary steps to decertify one station at Dialysis Care of Richmond County for a total of no more than 29 certified dialysis stations at Dialysis Care of Richmond County upon project completion.

TIMETABLE:

Order Equipment	_____	September 15, 2015
Operation of Equipment	_____	December 1, 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 Identification Number #Q-10361-14

FID #943328

ISSUED TO: Williamston Hospital Corporation
310 South McCaskey Road
Williamston, NC 27892

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: Provide inpatient dialysis services through the addition of two portable inpatient dialysis units/Martin County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Martin General Hospital
310 South McCaskey Road
Williamston, NC 27892

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 30, 2015

This certificate is effective as of the 25th day of May, 2015.


Shelley Carraway, Chief

CONDITIONS:

1. Williamston Hospital Corporation d/b/a Martin General Hospital shall materially comply with all representations made in the certificate of need application and in supplemental information. In those instances where representations conflict, Williamston Hospital Corporation d/b/a Martin General Hospital shall materially comply with the last-made representation.
2. Williamston Hospital Corporation d/b/a Martin General 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 applicant and in supplemental information and which would otherwise require a certificate of need.
3. Prior to the issuance of the certificate of need, Williamston Hospital Corporation d/b/a Martin General Hospital shall acknowledge acceptance of and agree to comply with all conditions stated herein in writing to the Agency.

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 May 4, 2015.

TIMETABLE:

Occupancy/Offering of Service _____ August 1, 2015

STATE OF NORTH CAROLINA

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

REVISED

CERTIFICATE OF NEED

for

Project ID #: F-8765-11

FID #: 943501

**ISSUED TO: Presbyterian Orthopaedic Hospital
and The Presbyterian Hospital, Inc.
2085 Frontis Plaza Boulevard
Winston-Salem, NC 27103**

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 onto the Novant Health Charlotte Orthopaedic Hospital campus of Novant Health Presbyterian Medical Center (see conditions 2-6 for the number of beds and operating rooms)/ Mecklenburg County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Novant Health Charlotte Orthopaedic Hospital Campus
Randolph and Caswell Road
Charlotte, NC 28207**

MAXIMUM CAPITAL EXPENDITURE: \$84,107,759

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 1, 2012

This certificate is effective as of the 1st day of May, 2012
This certificate is revised as of the 19th day of May, 2015

Martha Q. Trisone for
Shelley Carraway, Chief

CONDITIONS:

1. Presbyterian Orthopaedic Hospital and The Presbyterian Hospital, Inc. shall materially comply with all representations made in this application.
2. Presbyterian Orthopaedic Hospital and The Presbyterian Hospital, Inc. shall construct addition onto Novant Health Charlotte Orthopaedic Hospital.
3. Presbyterian Orthopaedic Hospital and The Presbyterian Hospital, Inc. shall develop no more than 50 additional acute care beds.
4. Upon completion, the Novant Health Charlotte Orthopaedic Hospital campus shall consist of no more than 32 acute care beds, 16 nursing care (transitional care unit) beds and 7 operating rooms.
5. Upon completion of this project, the Novant Health Charlotte Orthopaedic Hospital campus shall be licensed as part of Novant Health Presbyterian Medical Center.
6. Upon completion of this project, Project ID #F-7648-06 (relocate 50 acute care beds and 5 operating rooms to Mint Hill), Project ID #F-10213-13 (relocate 20 acute care beds to Novant Health Matthews Medical Center), Project ID #F-10214-13 (relocate 16 acute care beds to Novant Health Huntersville Medical Center) and Project ID #F-8606-10 (add 15 psychiatric beds), Novant Health Presbyterian Medical Center shall be licensed for no more than 517 acute care beds, 16 nursing care (transitional care unit) beds, 75 psychiatric beds, and 41 operating rooms, including 3 dedicated ambulatory surgery operating rooms, 3 dedicated C-section operating rooms, 3 open-heart surgery operating rooms, and 32 shared operating rooms.
7. Presbyterian Orthopaedic Hospital and The Presbyterian Hospital, Inc. shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section VIII of the application and which would otherwise require a certificate of need.
8. Presbyterian Orthopaedic Hospital and The Presbyterian Hospital, Inc. 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 described in paragraph one of Policy GEN-4.
9. Presbyterian Orthopaedic Hospital and The Presbyterian Hospital, Inc. 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.

TIMETABLE:

Approval of Preliminary Drawings by Construction Section, DHSR _____	August 1, 2012
Approval of Site by the Construction Section, DHSR _____	February 1, 2013
Contract Award _____	August 1, 2013
25 % Completion of Construction _____	February 1, 2014
50% Completion of Construction _____	August 1, 2014
75% Completion of Construction _____	February 1, 2015
Occupancy/Offering of Service _____	October 1, 2015

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: F-10370-15

FID #: 150025

ISSUED TO: Hospice and Palliative Care Charlotte Region
d/b/a East Mecklenburg Inpatient Unit at Aldersgate
1420 East Seventh Street
Charlotte, NC 28204

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 six (6) hospice inpatient beds from Levine & Dickson Hospice House in Huntersville to develop a freestanding hospice inpatient unit, the East Mecklenburg Inpatient Unit at Aldersgate in Charlotte, which is a change in scope for Project ID #F-10132-13 (add six hospice inpatient beds)/ Mecklenburg County

CONDITIONS: See Reverse Side

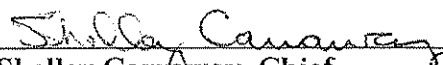
PHYSICAL LOCATION: East Mecklenburg Inpatient Unit at Aldersgate
3800 Shamrock Drive
Charlotte, NC 28215

MAXIMUM CAPITAL EXPENDITURE: \$103,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 30, 2015

This certificate is effective as of the 27th day of May, 2015


Shelley Carraway, Chief

CONDITIONS:

1. Hospice and Palliative Care Charlotte Region d/b/a East Mecklenburg Inpatient Unit at Aldersgate shall materially comply with all representations made in the certificate of need application and supplemental information. In those instances where representations conflict, Hospice and Palliative Care Charlotte Region d/b/a East Mecklenburg Inpatient Unit at Aldersgate shall materially comply with the last-made representation.
2. Hospice and Palliative Care Charlotte Region d/b/a East Mecklenburg Inpatient Unit at Aldersgate shall develop no more than six (6) hospice inpatient beds for a total of not more than six (6) hospice inpatient beds upon completion of this project and Project I.D. #F-10132-13.
3. Hospice and Palliative Care Charlotte Region d/b/a East Mecklenburg Inpatient Unit at Aldersgate shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section VI of the application and that would otherwise require a certificate of need.
4. The total capital expenditure for both projects combined should be \$2,128,000.
5. Hospice and Palliative Care Charlotte Region d/b/a East Mecklenburg Inpatient Unit at Aldersgate 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 May 4, 2015.

TIMETABLE:

Completion of Final Drawings	December 1, 2015
Approval of Site by Construction Section, DHSR	April 1, 2016
Contract Award	April 1, 2016
25% Completion of Construction	June 1, 2016
50% Completion of Construction	July 1, 2016
75% Completion of Construction	August 1, 2016
Completion of Construction	September 1, 2016
Occupancy/Offering of Service	October 1, 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 # H-11001-15
FID # 090624**

**ISSUED TO: Total Renal Care of North Carolina, LLC
d/b/a Sandhills 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: Relocate four dialysis stations from Dialysis Care of Richmond County for a total of no more than 16 stations at Sandhills Dialysis upon project completion/Richmond County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Sandhills Dialysis
809 S. Long Drive
Rockingham, NC 28374**

MAXIMUM CAPITAL EXPENDITURE: \$67,016

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 30, 2015

This certificate is effective as of the 7th day of May, 2015


Shelley Cartaway, Chief

CONDITIONS:

1. Total Renal Care of North Carolina, LLC d/b/a Sandhills Dialysis shall materially comply with all representations made in the certificate of need application.
2. Total Renal Care of North Carolina, LLC d/b/a Sandhills Dialysis shall develop no more than four additional dialysis stations and operate no more than sixteen dialysis stations at Sandhills Dialysis which shall include any home hemodialysis training or isolation stations.
3. Total Renal Care of North Carolina, LLC d/b/a Sandhills Dialysis 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. After certification of the four relocated dialysis stations at Sandhills Dialysis, Total Renal Care of North Carolina, LLC d/b/a Dialysis Care of Richmond County shall take steps to decertify four dialysis stations for a total of no more than 26 certified stations at Dialysis Care of Richmond County upon completion of this project (relocate four stations), and Project ID# H-10271-14 (add three stations).
5. Total Renal Care of North Carolina, LLC d/b/a Sandhills 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 April 24, 2015.

TIMETABLE:

Operation of Equipment _____	November 15, 2015
Occupancy/Offering of Services _____	December 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 #: F-10371-15

FID #: 980409

**ISSUED TO: Total Renal Care of North Carolina, LLC
d/b/a Dialysis Care of Kannapolis
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: Relocate 5 dialysis stations from Dialysis Care of Rowan County to Dialysis Care of Kannapolis for a total of 25 dialysis stations upon completion of this project, Project ID F-10273-14 (add 1 station) and Project ID #F-10109-13 (relocate 6 stations to Copperfield Dialysis Center)/ Rowan County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Dialysis Care of Kannapolis
1607 N. Main Street
Kannapolis, NC 28801**

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 7, 2016

This certificate is effective as of the 8th day of May, 2015



Shelley Carraway, Chief

CONDITIONS:

1. Total Renal Care of North Carolina, LLC d/b/a Dialysis Care of Kannapolis shall materially comply with all representations made in the certificate of need application.
2. Total Renal Care of North Carolina, LLC shall relocate no more than five certified (5) dialysis stations to Dialysis Care of Kannapolis for a total of no more than 25 certified dialysis stations, which shall include any isolation or home hemodialysis stations, upon the completion of this project, Project I.D. #F-10273-14 and Project I.D. #F-10109-13.
3. Total Renal Care of North Carolina, LLC d/b/a Dialysis Care of Kannapolis shall install plumbing and electrical wiring through the walls for no more than five (5) dialysis stations, which shall include any isolation or home hemodialysis stations.
4. Total Renal Care of North Carolina, LLC shall take the necessary steps to decertify five (5) dialysis stations at Dialysis Care of Rowan County for a total of no more than 23 dialysis stations at Dialysis Care of Rowan County upon project completion.
5. Total Renal Care of North Carolina, LLC d/b/a Dialysis Care of Kannapolis 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 April 24, 2015.

TIMETABLE:

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 # 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 7th 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