

Certificate of Need  
Certificates Issued  
June 2015

County	Project ID	Facility	FID	Facility Type	Project Description	Decision Date	Certificate Issue Date
Cumberland	M-010367-14	Cumberland County Rehabilitation Center	140467	NH	Relocate the 58 nursing facility beds from Golden Years Nursing Home and the 36 adult care home beds from Mann Street Residential Care Facility to develop a new combination nursing facility	4/29/2015	6/9/2015
Gaston	F-011008-15	Fresenius Medical Care of South Gaston	070531	ESRD	Add no more than six dialysis stations for a total of no more than 26 stations upon project completion	5/5/2015	6/5/2015
Gaston	F-011010-15	Fresenius Medical Care Belmont	050039	ESRD	Add no more than 2 dialysis stations for a total of no more than 18 stations upon project completion	5/5/2015	6/5/2015
Guilford	G-011005-15	BMA of Southwest Greensboro	991046	ESRD	Add no more than 2 dialysis stations for a total of no more than 33 stations upon project completion	5/7/2015	6/9/2015
Mecklenburg	F-011007-15	BMA Beatties Ford	960156	ESRD	Add no more than 4 dialysis stations for a total of no more than 43 stations upon completion of this project and Project ID #F-10259-14 (add 7 stations)	5/6/2015	6/6/2015
Mecklenburg	F-011012-15	FMC MATTHEWS	080137	ESRD	Add no more than 8 dialysis stations for a total of no more than 21 stations upon completion of this project and Project ID #F-10369-15 (relocate 8 stations to FMC Regal Oaks)	5/7/2015	6/9/2015
New Hanover	O-010241-14	Wilmington Health Ambulatory Surgery Center	943565	ASC	Convert a single specialty ambulatory surgery center to a multispecialty ambulatory surgery center allowing the facility to utilize the three existing GI endoscopy rooms for procedures other than gastrointestinal surgical procedures consistent with the representations in the application about additional types of procedures that would be	5/13/2015	7/6/2015
Onslow	P-011002-15	Brynn Marr Hospital	943044	MHH	Relocate 18 child/adolescent inpatient psychiatric beds from Broughton Hospital pursuant to Policy PSY-1 in the 2015 SMFP for a total bed complement of 12 adult and 60 child/adolescent inpatient psychiatric beds and 12 adult substance abuse beds upon project completion	5/28/2015	6/30/2015
<b>Total</b>	<b>8</b>						

# STATE OF NORTH CAROLINA

*Department of Health and Human Services*

*Division of Health Service Regulation*

## **CERTIFICATE OF NEED**

for

**Project ID #: M-10367-14**

**FID #: 140467**

**ISSUED TO:** Liberty Healthcare Services of Golden Years Nursing Center, LLC  
and Liberty Healthcare Properties of Cumberland County, LLC  
2334 S. 41<sup>st</sup> 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:** Relocate 58 nursing facility beds and 36 adult care home beds from Mann Street Residential Care Facility to a newly developed combination nursing facility/  
Cumberland County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Cumberland County Rehabilitation Center  
Morganton Road  
Fayetteville, NC 28342

**MAXIMUM CAPITAL EXPENDITURE:** \$15,022,507

**TIMETABLE:** See Reverse Side

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

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

  
Shelley Caraway, Chief

**CONDITIONS:**

1. Liberty Healthcare Services of Golden Years Nursing Center, LLC, and Liberty Healthcare Properties of Cumberland County, LLC shall materially comply with all representations made in the certificate of need application.
2. Liberty Healthcare Services of Golden Years Nursing Center, LLC, and Liberty Healthcare Properties of Cumberland County, LLC shall relocate no more than 58 NF beds from Golden Years Nursing Facility and 36 ACH beds from Mann St Residential Care Facility to the proposed Cumberland County Rehabilitation Center.
3. For the first two years of operation following completion of the project, Liberty Healthcare Services of Golden Years Nursing Center, LLC, and Liberty Healthcare Properties of Cumberland County, 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 Agency that the proposed increase is in material compliance with the representations in the certificate of need application.
4. Liberty Healthcare Services of Golden Years Nursing Center, LLC, and Liberty Healthcare Properties of Cumberland County, LLC shall provide care to recipients of State/County Special Assistance with Medicaid consistent with the representations made in Section VI. 2.
5. Liberty Healthcare Services of Golden Years Nursing Center, LLC and Liberty Healthcare Properties of Cumberland County, LLC 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.
6. Liberty Healthcare Services of Golden Years Nursing Center, LLC, and Liberty Healthcare Properties of Cumberland County, 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 June 9, 2015.

**TIMETABLE:**

Preliminary Drawings submitted to the Construction Section, DHSR	November 1, 2015
Final Drawings Approved by the Construction Section, DHSR	September 1, 2016
Site Purchased	March 15, 2017
Construction Contract Awarded	June 1, 2017
Site Preparation	January 1, 2018
25% Completion of Construction	August 1, 2018
50% Completion of Construction	December 1, 2018
75% Completion of Construction	April 1, 2019
Completion of Construction	August 1, 2019
Licensure of Facility	October 1, 2019

# STATE OF NORTH CAROLINA

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

## **CERTIFICATE OF NEED**

for

**Project ID #: F-11008-15**

**FID #: 070531**

**ISSUED TO: Bio-Medical Applications of North Carolina, Inc.  
d/b/a FMC South Gaston  
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 six stations for a total of 26 stations upon completion of this project/  
Gaston County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: FMC South Gaston  
710 West Hudson Boulevard  
Gastonia, NC 28052**

**MAXIMUM CAPITAL EXPENDITURE: \$479,716**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: May 31, 2016**

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

  
Shelley Carraway, Chief

**CONDITIONS:**

1. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC South Gaston 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 South Gaston shall develop no more than six additional stations for a total of no more than 26 certified stations upon completion of this project, which shall include any home hemodialysis or isolation stations.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC South Gaston shall install plumbing and electrical wiring through the walls for no more than six additional dialysis stations for a total of no more than 26 dialysis stations upon completion of this project, which shall include any home hemodialysis or isolation stations.
4. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC South Gaston 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 15, 2015.

**TIMETABLE:**

Contract Award _____	April 30, 2016
50% Completion of Construction _____	August 28, 2016
Order Equipment _____	October 2, 2016
Completion of Construction _____	December 1, 2016
Occupancy/Offering of Service _____	December 31, 2016

# STATE OF NORTH CAROLINA

*Department of Health and Human Services*

*Division of Health Service Regulation*

## **CERTIFICATE OF NEED**

for

**Project ID #: F-11010-15**

**FID #: 050039**

**ISSUED TO: Bio-Medical Applications of North Carolina, Inc.**  
**d/b/a FMC Belmont**  
**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 two dialysis stations for a total of 18 stations upon completion of this project/ Gaston County**

**CONDITIONS: See Reverse Side**

**PHYSICAL LOCATION: FMC Belmont**  
**5010 Medical Care Court**  
**Belmont, NC 28012**

**MAXIMUM CAPITAL EXPENDITURE: \$8,000**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: May 31, 2016**

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

  
Shelley Caraway, Chief

**CONDITIONS:**

1. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Belmont 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 Belmont shall develop no more than two additional stations for a total of no more than 18 certified stations upon completion of this project, which shall include any home hemodialysis or isolation stations.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Belmont shall install plumbing and electrical wiring through the walls for no more than two additional dialysis stations for a total of no more than 18 dialysis stations upon completion of this project, which shall include any home hemodialysis or isolation stations.
4. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Belmont 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 15, 2015.

**TIMETABLE:**

Contract Award	_____	April 30, 2016
50% Completion of Construction	_____	August 28, 2016
Ordering Equipment	_____	October 2, 2016
Occupancy/Offering of Service	_____	December 31, 2016



North Carolina Department of Health and Human Services  
Division of Health Service Regulation

Pat McCrory  
Governor

Aldona Z. Wos, M.D.  
Ambassador (Ret.)  
Secretary DHHS

Drexdal Pratt  
Division Director

June 9, 2015

Jim Swann  
3717 National Drive, Suite 206  
Raleigh, NC 27612

**Transmittal of Certificate of Need**

Project ID #: F-11010-15  
Facility: FMC Belmont  
Project Description: Add two dialysis stations for a total of 18 stations upon completion of project  
County: Gaston  
FID #: 050039

Dear Mr. Swann:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) is happy to transmit your certificate of need for the above referenced project. At this time, you should contact the Agency's Acute and Home Care Licensure and Certification Section and the Construction Section, regarding their procedures and requirements for the development of this project. This office will notify the appropriate Sections that the certificate of need has been issued. However, please note that it is the responsibility of the holder of the certificate of need to contact these Sections concerning the next steps to follow in the development of the approved project.

Please be aware that pursuant to G.S. 131E-181(b), you are required to materially comply with the representations made in your application for a certificate of need, or with any conditions the Agency placed on the certificate of need. **If you subsequently propose to develop the project on a site different from that named on this certificate, you must first seek and obtain approval from the Director of the Division of Health Service Regulation.** If you operate a service which materially differs from the representations made in your application for a certificate of need, or with any conditions the Agency placed on the certificate of need, including any increase in per diem reimbursement rates/charges, the Agency may bring remedial action against the holder of the certificate of need pursuant to G.S. 131E-189 and 131E-190.

**The holder of a certificate of need is obligated to submit progress reports to this office as required by 10A NCAC 14C .0209.** The applicant shall notify this office of any variations



Healthcare Planning and Certificate of Need Section

[www.ncdhhs.gov](http://www.ncdhhs.gov)

Telephone: 919-855-3873 • Fax: 919-715-4413

Location: Edgerton Building • 809 Ruggles Drive • Raleigh, NC 27603

Mailing Address: 2704 Mail Service Center • Raleigh, NC 27699-2704

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from the schedule or the projected capital cost of the project. During the development of the project, this office may request any additional information pertinent to the project, including additional progress reports, to determine:

- 1) If the timetable specified on the certificate is being met;
- 2) If the amount of the capital expenditure for the development of the project is expected to exceed the maximum amount under the certificate;
- 3) If the terms and conditions of the approval are being met; and
- 4) If the project is progressing as proposed in the application.

**The first progress report on this project is due May 31, 2016.** Forms for the submittal of these reports are enclosed. Failure to submit any scheduled or requested progress report in a timely manner may result in the Agency withdrawing the certificate pursuant to G.S. 131E-189. If after reviewing the status of the project, the Agency determines that the holder of the certificate is not meeting the timetable and is not making a good faith effort to meet it, the Agency may withdraw the certificate in accordance with G.S. 131E-189.

Moreover, please be advised that this Agency may assess a civil penalty not to exceed \$20,000 against any person who violates the terms of a certificate of need which has been issued each time the service provided is in violation of this provision (G.S. 131E-190(f)). If for some reason, the holder of a certificate of need determines it necessary to request an increase in a per diem charge or reimbursement rate over that which was stated in the application for the certificate of need, then the holder must first contact the Agency to obtain proper instructions for initiating such a request. The request for the increase will be considered by the Agency pursuant to G.S. 131E-181(b).

Please keep us informed of the progress in the development of this project. Please refer to the Project ID # and Facility ID # (FID) in all correspondence.

Sincerely,



Gloria C. Hale  
Project Analyst



Martha J. Frisone  
Assistant Chief, Certificate of Need

CGH:MJF:mw

Enclosures

cc: Construction Section, DHSR  
Acute and Home Care Licensure and Certification Section, DHSR  
Assistant Chief, Healthcare Planning

# STATE OF NORTH CAROLINA

*Department of Health and Human Services*

*Division of Health Service Regulation*

## **CERTIFICATE OF NEED**

for

**Project ID #: G-11005-15**

**FID #: 991046**

**ISSUED TO: Bio-Medical Application of North Carolina, Inc.  
d/b/a BMA of Southwest Greensboro  
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 2 dialysis stations for a total of no more than 33 stations upon project completion/ Guilford County**

**CONDITIONS: See Reverse Side**

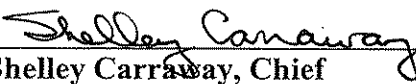
**PHYSICAL LOCATION: BMA of Southwest Greensboro  
5020 Mackay Road  
Jamestown, NC 27282**

**MAXIMUM CAPITAL EXPENDITURE: \$12,600**

**TIMETABLE: See Reverse Side**

**FIRST PROGRESS REPORT DUE: June 15, 2016**

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

  
Shelley Carraway, Chief

**CONDITIONS:**

1. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA of Southwest Greensboro shall materially comply with all representations made in the certificate of need application.
2. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA of Southwest Greensboro shall develop and operate no more than two additional dialysis stations for a total of 33 stations upon completion of this project.\
3. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA of Southwest Greensboro shall install plumbing and electrical wiring through the walls for no more than 2 additional dialysis stations for a total of no more than 33 dialysis stations, which shall include any home hemodialysis training or isolation stations.
4. Prior to issuance of the certificate of need, Bio-Medical Applications of North Carolina, Inc. shall provide the Agency with the number of BMA of Southwest Greensboro patients with infectious disease in the last calendar year (2014) and the number of patients who converted to infectious status during the last calendar year (2014) as required in 10A NCAC 14C .2202(a)(7).
5. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA of Southwest Greensboro 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 15, 2015.

**TIMETABLE:**

Contract Award	_____	April 30, 2016
25% Completion of Construction	_____	June 29, 2016
75% Completion of Construction	_____	October 27, 2016
Completion of Construction	_____	December 1, 2016
Occupancy/Offering of Service / Certification	_____	December 31, 2016

# STATE OF NORTH CAROLINA

*Department of Health and Human Services*

*Division of Health Service Regulation*

## **CERTIFICATE OF NEED**

for

**Project ID #: F-11007-15**

**FID #: 960156**

**ISSUED TO:** Bio-Medical Application of North Carolina, Inc.  
d/b/a BMA Beatties Ford  
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 four dialysis stations to the existing facility for a total of no more than 43 certified stations upon completion of this project and Project ID #F-10259-14 (add seven stations)/ Mecklenburg County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** BMA Beatties Ford  
1534 North Hoskins Road  
Charlotte, NC 28216

**MAXIMUM CAPITAL EXPENDITURE:** \$15,500

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** September 8, 2015

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

  
Shelley Carraway, Chief

**CONDITIONS:**

1. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Beatties Ford shall materially comply with all representations made in the certificate of need application.
2. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Beatties Ford shall develop and operate no more than four additional dialysis stations for a total of no more than 43 certified stations following completion of this project and Project I.D. #F-10259-14 (add seven stations), which shall include any home hemodialysis training or isolation stations.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Beatties Ford shall install plumbing and electrical wiring through the walls for no more than four additional dialysis stations for a total of no more than 43 dialysis stations following completion of this project and Project I.D. #F-10259-14, which shall include any home hemodialysis training or isolation stations.
4. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA Beatties Ford 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 15, 2015.

**TIMETABLE:**

Completion of Preliminary Drawings _____	December 17, 2015
Completion of Final Drawings _____	February 15, 2016
Contract Award _____	May 15, 2016
25% Completion of Construction / Renovation _____	July 29, 2016
50% Completion of Construction / Renovation _____	September 27, 2016
Ordering of Equipment _____	October 2, 2016
75% Completion of Construction / Renovation _____	November 11, 2016
Arrival of Equipment _____	December 1, 2016
Completion of Construction _____	December 2, 2016
Operating of Equipment _____	December 15, 2016
Certification of Stations _____	December 31, 2016

# STATE OF NORTH CAROLINA

Department of Health and Human Services

Division of Health Service Regulation

## CERTIFICATE OF NEED

for

Project ID #: F-11012-15

FID #: 080137

**ISSUED TO:** Bio-Medical Application of North Carolina, Inc.  
d/b/a FMC Matthews  
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 8 dialysis stations for a total of no more than 21 stations upon completion of this project and Project ID #F-10369-15 (relocate 8 stations to FMC Regal Oaks)/ Mecklenburg County

**CONDITIONS:** See Reverse Side

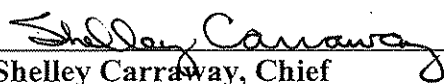
**PHYSICAL LOCATION:** FMC Matthews  
910 Park Center Drive  
Matthews, NC 28105

**MAXIMUM CAPITAL EXPENDITURE:** \$0

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** June 30, 2016

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

  
Shelley Carraway, Chief

**CONDITIONS:**

1. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Matthews 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 Matthews shall develop and operate no more than eight additional dialysis stations for a total of no more than 21 certified dialysis stations upon completion of this project and Project ID #F-10369-15 (relocate eight dialysis stations to FMC Regal Oaks), which shall include any home hemodialysis and isolation stations.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a FMC Matthews 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 15, 2015.

**TIMETABLE:**

Operation of Equipment _____	June 14, 2016
Occupancy/ Offering of Service/ Certification _____	June 30, 2016

# STATE OF NORTH CAROLINA

Department of Health and Human Services

Division of Health Service Regulation

REVISED

## CERTIFICATE OF NEED

for

Project ID #: O-10241-14

FID #: 943565

**ISSUED TO:** Wilmington Health, PLLC  
1202 Medical Center Drive  
Wilmington, NC 28401

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:** Convert a single specialty ambulatory surgery center to a multispecialty ambulatory surgery center allowing the facility to utilize the three existing GI endoscopy rooms for procedures other than gastrointestinal surgical procedures consistent with the representations in the application about additional types of procedures that would be performed/ New Hanover County

**CONDITIONS:** See Reverse Side

**PHYSICAL LOCATION:** Wilmington Health Ambulatory Surgery Center  
1202 Medical Center Drive  
Wilmington, NC 28401

**MAXIMUM CAPITAL EXPENDITURE:** \$26,951

**TIMETABLE:** See Reverse Side

**FIRST PROGRESS REPORT DUE:** October 1, 2014

This certificate is effective as of the 13<sup>th</sup> day of June, 2014

This certificate is revised as of the 6th day of July, 2015

*Martha J. Frisone for*  
Shelley Carraway, Chief



**CONDITIONS:**

1. Wilmington Health, PLLC shall materially comply with all representations made in the certificate of need application.
2. Wilmington Health, PLLC shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section VIII of the application and that would otherwise require a certificate of need.
3. Wilmington Health, PLLC 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 May 29, 2014.

**TIMETABLE:**

Order Equipment \_\_\_\_\_ September 1, 2014  
Operation of Equipment \_\_\_\_\_ January 1, 2015

# STATE OF NORTH CAROLINA

*Department of Health and Human Services*

*Division of Health Service Regulation*

## **CERTIFICATE OF NEED**

for

**Project ID #: P-11002-15**

**FID #: 943044**

**ISSUED TO:** Brynn Marr Hospital, Inc.  
Universal Health Services, Inc.  
192 Village Drive  
Jacksonville, NC, 28545

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 no more than 18 inpatient psychiatric beds from Broughton Hospital pursuant to Policy PSY-1 for a total of no more than 12 adult inpatient psychiatric beds, 60 child/adolescent inpatient psychiatric beds, 12 substance abuse beds, and 18 psychiatric residential treatment facility beds/ Onslow County

**CONDITIONS:** See Reverse Side


**PHYSICAL LOCATION:** Brynn Marr Hospital, Inc.  
192 Village Drive  
Jacksonville, NC, 28545

**MAXIMUM CAPITAL EXPENDITURE:** 148,985

**TIMETABLE:** See Reverse Side

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

This certificate is effective as of the 30<sup>th</sup> day of June, 2015

  
Shelley Carraway, Chief

**CONDITIONS:**

1. Brynn Marr Hospital, Inc. and Universal Health Services, Inc. shall materially comply with all representations made in the certificate of need application.
2. Brynn Marr Hospital, Inc. and Universal Health Services, Inc. shall relocate no more than 18 inpatient psychiatric beds from Broughton Hospital for a total licensed bed complement of no more than 60 child and adolescent inpatient psychiatric beds, 12 adult inpatient psychiatric beds, 18 psychiatric residential treatment facility beds and 12 chemical dependency treatment beds.
3. Brynn Marr Hospital, Inc. shall de-license 16 psychiatric residential treatment facility beds upon completion of this project.
4. Brynn Marr Hospital, Inc. and Universal Health Services, Inc. shall accept patients requiring involuntary admission for inpatient psychiatric services.
5. Brynn Marr Hospital, Inc. and Universal Health Services, Inc. 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 Healthcare Planning and Certificate of Need Section, Division of Health Services Regulation (Agency) on June 5, 2015.

**TIMETABLE:**

Approval of Final Drawings and Specifications by the Construction Section _____	September 15, 2015
Contract Award _____	October 1, 2015
50% Completion of Construction _____	November 1, 2015
Completion of Construction _____	December 15, 2015
Occupancy/Offering of services _____	January 1, 2016