

**Certificate of Need
Certificates Issued
July 2015**

| County | Project ID | Facility | FID | Facility Type | Project Description | Decision Date | Certificate Issue Date |
|-------------|-------------|---|--------|---------------|---|---------------|------------------------|
| Alamance | G-011015-15 | North Burlington Dialysis Center | 100785 | ESRD | Add no more than two dialysis stations for a total of no more than 16 stations upon completion of this project, Project ID #G-10352-14 (add 3 stations) | 6/5/2015 | 7/7/2015 |
| Bladen | N-011021-15 | Southeastern Dialysis Center-Elizabethtown | 955448 | ESRD | Add no more than two dialysis stations for a total of no more than 26 stations upon project completion | 6/15/2015 | 7/16/2015 |
| Burke | E-011009-15 | BMA Burke County | 150154 | ESRD | Relocate existing facility and add six stations for a total of 31 stations upon project completion | 6/12/2015 | 7/14/2015 |
| Cabarrus | F-011019-15 | Copperfield Dialysis Center | 150299 | ESRD | Relocate the facility to a new location and add four stations relocated from North Charlotte Dialysis Center for a total of 31 stations upon completion of this project and Project I.D. #F-10109-13, (add 6 stations by relocation from Dialysis Care of Kannapolis in Rowan County) | 6/8/2015 | 7/9/2015 |
| Davidson | G-011004-15 | Lexington Dialysis Center | 944660 | ESRD | Add no more than 4 dialysis stations for a total of no more than 34 stations upon project completion | 6/5/2015 | 7/7/2015 |
| Duplin | P-011014-15 | Wallace Dialysis Center | 060249 | ESRD | Add no more than 2 dialysis stations for a total of no more than 16 stations upon completion of this project and Project ID #O-10348-14 (relocate 3 stations to Southeastern Dialysis Center-Burgaw) | 6/5/2015 | 7/7/2015 |
| Granville | K-011006-15 | FMS Dialysis Services of Oxford | 041025 | ESRD | Add no more than 4 dialysis stations for a total of no more than 23 stations upon project completion | 6/4/2015 | 7/7/2015 |
| Hoke | N-008838-12 | FirstHealth Moore Regional Hospital-Hoke Campus | 100390 | Hospital | Develop 28 acute care beds for a total of 36 acute care beds upon project completion | 11/27/2012 | 7/2/2015 |
| Hoke | N-008843-12 | FirstHealth Moore Regional Hospital-Hoke Campus | 100390 | Hospital | Relocate one OR from FirstHealth Moore Regional Hospital to FirstHealth Hoke Community Hospital for a total of 2 ORs at FHCH upon project completion | 11/27/2012 | 7/2/2015 |
| New Hanover | O-010241-14 | Wilmington Health | 943565 | ASC | Convert a single specialty ASC to a multi specialty ASC allowing the facility to utilize the 3 existing GI endo rooms for procedures other than GI surgical procedures | 5/13/2014 | 7/6/2015 |
| Richmond | H-011017-15 | Dialysis Care of Richmond Co | 955843 | ESRD | Add no more than 2 dialysis stations for a total of no more than 28 stations upon completion of this project, Project ID #H-11001-15 (relocate 4 stations to Sandhills Dialysis Center) | 6/16/2015 | 7/17/2015 |
| Scotland | N-008097-08 | Cardiovascular Center of Scotland County, LLC | 080250 | DXCTR | Convert angiography equipment to fixed shared cardiac cath equipment | 9/26/2008 | 7/20/2015 |

Total 12

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: G-11015-15

FID #: 100785

**ISSUED TO: Renal Treatment Centers Mid-Atlantic, Inc.
d/b/a North Burlington 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 no more than 2 dialysis stations for a total of no more than 16 stations upon completion of this project, Project ID #G-10352-14 (add 3 stations) and Project ID #G-10265-14 (relocate 2 stations to Graham)/ Alamance County

CONDITIONS: See Reverse Side

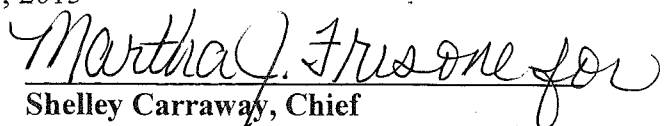
**PHYSICAL LOCATION: North Burlington Dialysis Center
2019 North Church Street
Burlington, NC 27217**

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 15, 2016

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


Shelley Carraway, Chief

CONDITIONS:

1. Renal Treatment Centers Mid-Atlantic, Inc. d/b/a North Burlington Dialysis Center shall materially comply with all representations made in the certificate of need application.
2. Renal Treatment Centers Mid-Atlantic, Inc. d/b/a North Burlington Dialysis Center shall develop and operate no more than two additional dialysis stations for a total of no more than 16 certified dialysis stations upon completion of this project, Project ID # G-10352-14 (add three stations), and Project ID #G-10265-14 (relocate two stations to Graham), which shall include any isolation or home hemodialysis stations.
3. Prior to issuance of the certificate of need, Renal Treatment Centers Mid-Atlantic, Inc. d/b/a North Burlington Dialysis Center shall submit documentation of an invitation to a professional training program in Alamance County or an adjacent county to use the facility for training students.
4. Renal Treatment Centers Mid-Atlantic, Inc. d/b/a North Burlington Dialysis Center shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

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 11, 2015.

TIMETABLE:

Occupancy/ Offering of Service / Operation of Equipment _____ January 1, 2016

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: N-11021-15

FID #: 955448

**ISSUED TO: Total Renal Care of North Carolina, LLC
2321 West Morehead Street
Charlotte, NC 28208**

Pursuant to G.S. 131E-175, the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein, as documented by the periodic progress reports required by 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by G.S. 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in G.S. 131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to G.S. 131E-189 for any of the reasons provided in that law.

SCOPE: Add no more than two dialysis stations for a total of no more than 26 stations upon project completion/ Bladen County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Southeastern Dialysis Center – Elizabethtown
101 Dialysis Drive
Elizabethtown, NC 28337**

MAXIMUM CAPITAL EXPENDITURE: \$33,708

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 15, 2015

This certificate is effective as of the 16th day of July, 2015

Martha J. Frisone for
Shelley Carraway, Chief

CONDITIONS:

1. Total Renal Care of North Carolina, LLC d/b/a Southeastern Dialysis Center - Elizabethtown shall materially comply with all representations made in the certificate of need application.
2. Total Renal Care of North Carolina, LLC d/b/a Southeastern Dialysis Center - Elizabethtown shall add no more than two dialysis stations for a total of no more than 26 stations upon project completion, which shall include any home hemodialysis training or isolation stations.
3. Total Renal Care of North Carolina, LLC d/b/a Southeastern Dialysis Center - Elizabethtown shall install plumbing and electrical wiring through the walls for no more than two additional dialysis stations.
4. Prior to the issuance of a certificate of need, Total Renal Care of North Carolina, LLC d/b/a Southeastern Dialysis Center - Elizabethtown shall demonstrate that transportation services will be available.
5. Total Renal Care of North Carolina, LLC d/b/a Southeastern Dialysis Center - Elizabethtown 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 July 14, 2015.

TIMETABLE:

Operation of Equipment _____ 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 #: E-11009-15

FID #: 150154

ISSUED TO: **Bio-Medical Applications of North Carolina**
d/b/a BMA of Burke County
3717 National Drive
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: Relocate the existing facility and add no more than 6 stations for a total of no more than 31 dialysis stations/ Burke County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: BMA of Burke County
814 West Union Street
Morganton, NC 28655

MAXIMUM CAPITAL EXPENDITURE: \$2,830,729

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 30, 2015

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


Shelley Carraway, Chief

CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA of Burke County 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 Burke County shall relocate the existing facility and add six new dialysis stations for a total of no more than 31 dialysis stations at BMA of Burke County, which shall include any isolation and home hemodialysis training stations, upon project completion.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA of Burke County shall install plumbing and electrical wiring through the walls for no more than 31 dialysis stations which shall include any isolation and home hemodialysis training stations.
4. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA of Burke County shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Healthcare Planning and Certificate of Need Section, Division of Health Services Regulation (Agency) on July 18, 2015.

TIMETABLE:

| | |
|---|--------------------|
| Completion of Final Drawings and Specifications _____ | January 1, 2016 |
| 25% Completion of Construction/Renovation _____ | May 15, 2016 |
| 75% Completion of Construction/Renovation _____ | September 12, 2016 |
| Ordering of Equipment _____ | October 17, 2016 |
| Completion of Construction _____ | November 11, 2016 |
| Operation of Equipment _____ | December 15, 2016 |
| Certification of Stations _____ | December 31, 2016 |
| Occupancy /Offering of Services _____ | 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-011019-15

FID #: 150299

ISSUED TO: Total Renal Care of North Carolina, LLC
d/b/a Copperfield 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: Relocate the facility to a new location and add no more than 4 stations relocated from North Charlotte Dialysis Center for a total of no more than 31 stations upon completion this project and Project I.D. #F-10109-13, (add 6 stations by relocation from Dialysis Care of Kannapolis in Rowan County)/ Cabarrus County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Copperfield Dialysis Center
Vinehaven Drive (Lot 7B, Sycamore Ridge Development)
Concord NC 28025

MAXIMUM CAPITAL EXPENDITURE: \$3,718,878

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 1, 2015

This certificate is effective as of the 9th day of July, 2015


Shelley Carraway, Chief

CONDITIONS:

1. Total Renal Care of North Carolina, LLC d/b/a Copperfield Dialysis Center shall materially comply with all representations made in the certificate of need application.
2. Total Renal Care of North Carolina, LLC d/b/a Copperfield Dialysis Center shall develop and operate no more than four additional dialysis stations for a total of no more than 31 certified stations upon completion of this project and Project I.D. # F-10109-13, which shall include any isolation or home hemodialysis stations.
3. Total Renal Care of North Carolina, LLC d/b/a Copperfield Dialysis Center shall provide a written statement describing the project's plan to assure improved water conservation.
4. Total Renal Care of North Carolina, LLC d/b/a Copperfield Dialysis Center shall install plumbing and electrical wiring through the walls for no more than four additional dialysis stations for a total of no more than 31 dialysis stations, which shall include any isolation or home hemodialysis stations.
5. Total Renal Care of North Carolina, LLC shall take the necessary steps to decertify four stations at North Charlotte Dialysis Center for a total of no more than 27 stations upon completion of this project, Project I.D. #F-10219-13 and Project I.D. # F-10268-14.
6. Total Renal Care of North Carolina, LLC d/b/a Copperfield Dialysis Center shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Healthcare Planning and Certificate of Need Section, Division of Health Services Regulation (Agency) on June 12, 2015.

TIMETABLE:

| | |
|---|-------------------|
| Completion of Preliminary Drawings _____ | December 1, 2015 |
| Contract Award _____ | March 1, 2016 |
| 50% Completion of Construction/Renovation _____ | September 1, 2016 |
| Occupancy/Offering of Services _____ | December 15, 2016 |

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: G-11004-15

FID #: 944660

**ISSUED TO: Wake Forest University Health Sciences
and Lexington Dialysis Center of Wake Forest
1804 King Road
Tifton, GA 31793**

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 4 dialysis stations for a total of no more than 34 stations upon project completion

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Lexington Dialysis Center of Wake Forest University
233 Anna Lewis Drive
Lexington, NC 27292**

MAXIMUM CAPITAL EXPENDITURE: \$70,800

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 15, 2016

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

Martha J. Frisone for
Shelley Carraway, Chief

CONDITIONS:

1. Wake Forest University Health Sciences and Lexington Dialysis Center of Wake Forest University shall materially comply with all representations made in the certificate of need application.
2. Wake Forest University Health Sciences and Lexington Dialysis Center of Wake Forest University shall develop and operate no more than three additional dialysis stations for a total of no more than 33 certified dialysis stations upon completion of this project, which shall include any isolation or home hemodialysis stations.
3. Wake Forest University Health Sciences and Lexington Dialysis Center of Wake Forest University shall install plumbing and electrical wiring through the walls for no more than three additional dialysis stations for a total of no more than 33 certified dialysis stations, which shall include any isolation or home hemodialysis stations.
4. Wake Forest University Health Sciences and Lexington Dialysis Center of Wake Forest University 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 June 24, 2015.

TIMETABLE:

| | |
|---|-------------------|
| Operation of Equipment _____ | November 30, 2015 |
| Occupancy/Offering of Service/Certification _____ | December 31, 2015 |

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project I.D. #P-011014-15

FID #060249

**ISSUED TO: Total Renal Care of North Carolina, LLC
d/b/a Wallace 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 no more than 2 dialysis stations for a total of no more than 16 stations upon completion of this project and Project I.D. #O-110348-14 (relocate 3 stations to Southeastern Dialysis Center-Burgaw)/ Duplin County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Wallace Dialysis Center
5650 South NC Highway 41
Wallace, NC 28466**

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 15, 2015

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


Shelley Carraway, Chief

CONDITIONS:

1. Total Renal Care of North Carolina, LLC d/b/a Wallace Dialysis Center shall materially comply with all representations made in the certificate of need application.
2. Total Renal Care of North Carolina, LLC d/b/a Wallace Dialysis Center shall develop no more than two additional stations for a total of no more than 16 stations upon completion of this project and Project ID # O-10348-14 (relocate three dialysis stations to a Southeast Dialysis Center-Burgaw), which shall include any home hemodialysis training or isolation stations.
3. Total Renal Care of North Carolina, LLC d/b/a Wallace Dialysis Center shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Healthcare Planning and Certificate of Need Section, Division of Health Services Regulation (Agency) on June 11, 2015.

TIMETABLE:

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

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project I.D. #K-011006-15

FID #041025

**ISSUED TO: Bio-Medical Applications of North Carolina, Inc.
d/b/a FMS Oxford
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 4 dialysis stations for a total of no more than 23 certified stations upon completion/ Granville County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: FMS Oxford
1620 Willamsboro Street
Oxford NC 27565**

MAXIMUM CAPITAL EXPENDITURE: \$26,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 1, 2015

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


Shelley Carraway, Chief

CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc. d/b/a FMS Oxford shall materially comply with all representations made in the certificate of need application.
2. Bio-Medical Applications of North Carolina, Inc. d/b/a FMS Oxford shall develop and operate no more than four additional dialysis stations for a total of no more than 23 certified stations upon completion of this project, which shall include any isolation or home hemodialysis stations
3. Bio-Medical Applications of North Carolina, Inc. d/b/a FMS Oxford shall install plumbing and electrical wiring through the walls for no more than four additional dialysis stations for a total of no more than 23 dialysis stations, which shall include any isolation or home hemodialysis stations.
4. Bio-Medical Applications of North Carolina, Inc. d/b/a FMS Oxford 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 June 15, 2015.

TIMETABLE:

| | |
|---|-------------------|
| Completion of Preliminary Drawings _____ | December 17, 2015 |
| Contract Award _____ | April 30, 2016 |
| 50% Completion of Construction/Renovation _____ | August 28, 2016 |
| Occupancy/Offering of Services _____ | December 31, 2016 |

STATE OF NORTH CAROLINA

Department of Health and Human Services

Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project ID #: N-8838-12

FID #: 100390

ISSUED TO: FirstHealth of the Carolinas, Inc.
46 Memorial Drive
Pinehurst, NC 28374

Pursuant to G.S. 131E-175, the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein, as documented by the periodic progress reports required by 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by G.S. 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in G.S. 131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to G.S. 131E-189 for any of the reasons provided in that law.

SCOPE: Develop no more than 28 acute care beds for a total of no more than 36 acute care beds upon project completion/ Hoke County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: FirstHealth Moore Regional Hospital – Hoke Campus
6408 Fayetteville Road
Raeford, NC 28374

MAXIMUM CAPITAL EXPENDITURE: \$22,298,516

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 30, 2016

This certificate is effective as of the 2nd day of July, 2015

Martha J. Frisone for
Shelley Carraway, Chief

CONDITIONS:

1. FirstHealth of the Carolinas, Inc. shall materially comply with all representations made in the certificate of need application, as revised by the conditions of approval.
2. FirstHealth of the Carolinas, Inc. shall develop no more than 28 new acute care beds (24 general acute care beds and 4 ICU beds) at FirstHealth Hoke Community Hospital. Upon completion of this project and Project I.D. #N-8497-10 (FHCH 8 bed hospital), FHCH shall be licensed for no more than 36 acute care beds (32 general acute care beds and 4 ICU beds) and 4 observation beds.
3. FirstHealth of the Carolinas, Inc. shall not develop any additional observation beds beyond what was approved in Project I.D. #N-8497-10 (FHCH 8 bed hospital).
4. FirstHealth of the Carolinas, 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 or that would otherwise require a certificate of need.
5. FirstHealth of the Carolinas, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section, in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on December 13, 2012.

TIMETABLE:

| | |
|--|-------------------|
| Approval of Final Drawings and Specifications by the Construction Section, DHSR _____ | September 1, 2017 |
| Obtaining Funds _____ | October 1, 2017 |
| Contract Award _____ | October 1, 2017 |
| 25% Completion of Construction _____ | April 1, 2018 |
| 50% Completion of Construction _____ | October 1, 2018 |
| 75% Completion of Construction _____ | April 1, 2019 |
| Occupancy _____ | November 1, 2019 |

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: N-8843-12

FID #: 100390

ISSUED TO: FirstHealth of the Carolinas, Inc.
46 Memorial Drive
Pinehurst, NC 28374

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 operating room from FirstHealth Moore Regional Hospital to FirstHealth Moore Regional Hospital – Hoke Campus for a total of no more than two operating rooms upon project completion/ Hoke County

CONDITIONS: See Reverse Side

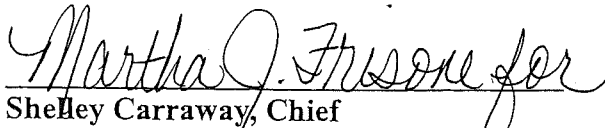
PHYSICAL LOCATION: FirstHealth Moore Regional Hospital – Hoke Campus
6408 Fayetteville Road
Raeford, NC 28374

MAXIMUM CAPITAL EXPENDITURE: \$1,981,916

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: June 30, 2016

This certificate is effective as of the 2nd day of July, 2015



Shelley Carraway, Chief

CONDITIONS:

1. FirstHealth of the Carolinas, Inc. shall materially comply with all representations made in the certificate of need application.
2. FirstHealth of the Carolinas, Inc. shall relocate one existing operating room from FirstHealth Moore Regional Hospital to FirstHealth Hoke Community Hospital.
3. FirstHealth Hoke Community Hospital shall be licensed for no more than 2 shared operating rooms upon completion of this project and Project I.D. #N-8497-10 (FHCH 8 bed hospital) and FMRH shall be licensed for no more than 14 shared operating rooms and 2 dedicated open heart operating rooms.
4. FirstHealth of the Carolinas, Inc. shall provide documentation that one existing operating room from FirstHealth Moore Regional Hospital is de-licensed following completion of the project.
5. FirstHealth of the Carolinas, 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 or that would otherwise require a certificate of need.
6. FirstHealth of the Carolinas, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Certificate of Need Section, in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on December 13, 2012.

TIMETABLE:

| | |
|--|-------------------|
| Approval of Final Drawings and Specifications by the Construction Section, DHSR _____ | September 1, 2017 |
| Obtaining Funds _____ | October 1, 2017 |
| Contract Award _____ | October 1, 2017 |
| 25% Completion of Construction _____ | April 1, 2018 |
| 50% Completion of Construction _____ | October 1, 2018 |
| 75% Completion of Construction _____ | April 1, 2019 |
| Occupancy _____ | November 1, 2019 |

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 13th 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 #: H-11017-15

FID #: 955843

ISSUED TO: Total Renal Care of North Carolina, LLC
2321 West Morehead Street
Charlotte, NC 28208

Pursuant to G.S. 131E-175, the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein, as documented by the periodic progress reports required by 10A NCAC 14C .0209. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by G.S. 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in G.S. 131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to G.S. 131E-189 for any of the reasons provided in that law.

SCOPE: Add no more than 2 dialysis stations for a total of no more than 27 stations upon completion of this project, Project ID #H-11001-15 (relocate 4 stations to Sandhills Dialysis Center) and N-10345-14 (relocate one station to Dialysis Care of Hoke County)/ Richmond County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Dialysis Care of Richmond County
771 Cheraw Road
Hamlet, NC 28345

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 15, 2015

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

Martha J. Strisone for
Shelley Carraway, Chief

CONDITIONS:

1. Total Renal Care of North Carolina, LLC d/b/a Dialysis Care of Richmond County shall materially comply with all representations made in its certificate of need application.
2. Total Renal Care of North Carolina, LLC d/b/a Dialysis Care of Richmond County shall develop and operate no more than two additional dialysis stations for a total of no more than 27 certified stations following completion of this project and Project ID #H-10271-14 (add three stations to existing facility), Project ID #N-10345-14, (transfer one station to Dialysis Care of Hoke County), and Project ID# H-11001-15 (transfer four stations to Sandhills Dialysis), which shall include any home hemodialysis training or isolation stations.
3. Total Renal Care of North Carolina, LLC d/b/a Dialysis Care of Richmond County shall install plumbing and electrical wiring through the walls for two additional dialysis stations for a total of no more than 27 dialysis stations which shall include any home hemodialysis training or isolation stations.
4. Total Renal Care of North Carolina, LLC d/b/a Dialysis Care of Richmond County shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Agency in writing prior to the issuance of the certificate of need.

A letter acknowledging acceptance of and agreeing to comply with all conditions stated in the conditional approval letter was received by the Agency on July 14, 2015.

TIMETABLE:

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

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

REISSUED

CERTIFICATE OF NEED

for

Project ID #: N-8097-08

FID #: 080250

ISSUED TO: Cardiovascular Center of Scotland County, LLC
Scotland Memorial Hospital, Inc.
500 Launchwood Drive
Laurinburg, NC 28352

AND

FirstHealth of the Carolinas, Inc.
d/b/a FirstHealth Moore Regional Hospital
155 Memorial Drive
Pinehurst, NC 28374

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: Cardiovascular Center of Scotland County, LLC shall acquire a Toshiba Infinix DP-I/FD2 Dual shared fixed cardiac catheterization equipment to be installed in newly constructed space at Scotland Memorial Hospital/ Scotland County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Cardiovascular Center of Scotland County, LLC
500 Launchwood Drive
Laurinburg, NC 28352

MAXIMUM CAPITAL EXPENDITURE: \$4,840,897

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 31, 2016

This certificate is effective as of the 10th day of March, 2009

Reissued certificate is effective as of the 20th day of July, 2015

Martha J. Frisone
Shelley Carraway, Chief

REVISED CONDITIONS:

1. **Cardiovascular Center of Scotland County, LLC, Scotland Memorial Hospital, Inc., and FirstHealth of the Carolinas, Inc. d/b/a FirstHealth Moore Regional Hospital shall materially comply with all representations made in the certificate of need application except as modified by the supplemental information received January 15, 2009 and the letter dated July 13, 2015. In those instances in which representations conflict, the certificate holders shall materially comply with the last-made representation.**
2. **Cardiovascular Center of Scotland County, LLC, Scotland Memorial Hospital, Inc., and FirstHealth of the Carolinas, Inc. d/b/a FirstHealth Moore Regional Hospital may perform interventional cardiac catheterization procedures on the shared fixed cardiac catheterization unit so long as the facility does so in accordance with the standards of the Society for Cardiovascular Angiography and Interventions, the American College of Cardiology Foundation, and the American Heart Association, for percutaneous coronary intervention without on-site surgical backup.**
3. **Cardiovascular Center of Scotland County, LLC, Scotland Memorial Hospital, Inc., and FirstHealth of the Carolinas, Inc. d/b/a FirstHealth Moore Regional Hospital shall submit a report to the Healthcare Planning and Certificate of Need Section annually, due by December 31st, documenting that the facility is operating in accordance with the standards of the Society for Cardiovascular Angiography and Interventions, the American College of Cardiology Foundation, and the American Heart Association for percutaneous coronary intervention without on-site surgical backup. If the facility is not operating in accordance with the standards, the facility shall provide a written plan of action for returning to compliance with the standards.**