

**Certificate of Need
Certificates Issued
August 2015**

County	Project ID	Facility	FID	Facility Type	Project Description	Decision Date	Certificate Issue Date	Approved Capital Expenditure
Brunswick	O-011026-15	Strategic Behavioral Center-Leland	130438	MHH	Develop 20 adult psychiatric beds for a total of 20 adult inpatient psychiatric beds, 20 child/adolescent inpatient psychiatric beds and 54 PRTF beds upon project completion	7/9/2015	8/12/2015	\$25,000.00
Caldwell	E-011039-15	Caldwell Hospice & Palliative Care	070387	HOSPICE	Develop 3 additional hospice inpatient beds by converting 3 residential beds for a total of 8 inpatient beds and 4 residential beds	7/29/2015	8/29/2015	\$35,000.00
Forsyth	G-011024-15	Old Vineyard Youth Services	923094	MHH	Relocate 60 inpatient psychiatric beds from Broughton Hospital pursuant to Policy PSY-1 for a total of 52 child/adolescent inpatient psychiatric beds and 104 adult inpatient psychiatric beds upon project completion	7/14/2015	8/15/2015	\$13,782,834.00
Mecklenburg	F-011003-15	Strategic Behavioral Center-Charlotte	942936	MHL	Relocate 24 inpatient psychiatric beds from Broughton Hospital pursuant to Policy PSY-1 and convert 24 PRTF beds for a total of 24 child/adolescent inpatient psychiatric beds and 36 PRTF beds upon project completion	7/9/2015	8/11/2015	\$10,500.00
New Hanover	O-011022-15	Cape Fear Dialysis Center	080819	ESRD	Add no more than 2 dialysis stations for a total of no more than 32 stations upon completion of this project and Project ID #O-103244-14 (relocate 2 stations to New Hanover Dialysis Center)	7/29/2015	8/29/2015	\$0.00
Orange	J-011032-15	University of North Carolina Hospitals	923517	HOSPITAL	Add 42 acute care beds on the Chapel Hill campus for a total of 806 acute care beds upon completion of this project and Project ID #J-011034-15 (add 4 acute care beds on the Hillsborough campus)	7/28/2015	8/28/2015	\$17,049,067.00

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County	Project ID	Facility	FID	Facility Type	Project Description	Decision Date	Certificate Issue Date	Approved Capital Expenditure
Orange	J-011034-15	University of North Carolina Hospitals-Hillsborough	090274	HOSPITAL	Add 4 acute care beds on the Hillsborough campus for a total of 806 acute care beds upon completion of this project and Project ID #J-011032-15 (add 42 acute care beds on the Chapel Hill campus)	7/24/2015	8/25/2015	\$22,500.00
Rowan	F-011023-15	Dialysis Care of Rowan County	944673	ESRD	Add no more than 4 dialysis stations for a total of no more than 27 stations upon completion of this project, Project ID #F-10273-14 (relocate 1 station to Dialysis Care of Kannapolis) and Project ID #F-10371-15 (relocate 5 stations to Dialysis Care of Kannapolis)	7/8/2015	8/8/2015	\$0.00
Wake	J-011025-15	BMA of Fuquay Varina Kidney Center	980755	ESRD	Cost overrun for Project ID #J-10339-14 (add four stations and home therapies)	7/20/2015	8/19/2015	\$702,023.00
Wake	J-011030-15	Strategic Behavioral Center-Garner	120089	MHH	Relocate 24 inpatient psychiatric beds from Broughton Hospital pursuant to Policy PSY-1 in the 2015 SMFP for a total of 24 adult inpatient psychiatric beds, 32 child/adolescent inpatient psychiatric beds and 36 PRTF beds upon project completion	7/15/2015	8/15/2015	\$10,500.00
Wake	J-011031-15	Duke GI at Brier Creek	150337	ASC	Relocate the existing licensed facility and develop two additional GI endoscopy rooms for a total of 4 rooms upon project completion	7/23/2015	8/23/2015	\$1,635,993.00
Wake	J-011036-15	Triangle Springs	150205	MHH	Develop 43 adult inpatient psychiatric beds pursuant to the need determination in the 2015 SMFP	7/27/2015	8/28/2015	\$15,821,800.00
Total	12							

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #O-11026-15

FID #130438

ISSUED TO: SBH Wilmington, LLC
8295 Tournament Drive, Suite 201
Memphis, TN 38125

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 20 adult psychiatric beds for total of no more than 20 adult inpatient psychiatric beds, 20 child/adolescent inpatient psychiatric beds and 54 psychiatric residential treatment facility beds upon project completion/ Brunswick County

CONDITIONS: See Reverse Side


PHYSICAL LOCATION: Strategic Behavioral Center-Leland
2050 Mercantile Drive Northeast
Leland, NC 28451

MAXIMUM CAPITAL EXPENDITURE: \$25,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 31, 2016

This certificate is effective as of the 11th day of August, 2015


Shelley Carraway, Chief

CONDITIONS:

1. SBH Wilmington, LLC, d/b/a Strategic Behavioral Center Leland shall materially comply with all representations made in the certificate of need application and supplemental information. In those instances where representations conflict, SBH Wilmington, LLC shall materially comply with the last-made representation.
2. SBH Wilmington, LLC, d/b/a Strategic Behavioral Center Leland shall develop no more than 20 inpatient psychiatric beds for a total licensed bed complement of no more than 20 child and adolescent inpatient psychiatric beds, 20 adult inpatient psychiatric beds, and 54 psychiatric residential treatment facility beds.
3. Strategic Behavioral Center Leland shall de-license 18 psychiatric residential treatment facility beds upon completion of this project.
4. SBH Wilmington, LLC, d/b/a Strategic Behavioral Center Leland shall accept patients requiring involuntary admission for inpatient psychiatric services.
5. SBH Wilmington, LLC, d/b/a Strategic Behavioral Center Leland 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 on July 23, 2015.

TIMETABLE:

Licensure of Facility	_____	January 1, 2016
Certification of Beds	_____	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-11039-15

FID #: 070387

**ISSUED TO: Caldwell Hospice and Palliative Care
902 Kirkwood Street, NW
Lenior, NC 28645**

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 three additional hospice inpatient beds by converting three residential beds for a total of eight inpatient beds and four residential beds/ Caldwell County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Jack and Shirley Robbins Center, Forlines Patient Care Unit
526 Pine Mountain Road
Hudson, NC 28638**

MAXIMUM CAPITAL EXPENDITURE: \$35,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: October 15, 2015

This certificate is effective as of the 29th day of August, 2015


Shelley Carraway, Chief

CONDITIONS:

1. Caldwell Hospice and Palliative Care, Inc. shall materially comply with all representations made in the certificate of need application.
2. Caldwell Hospice and Palliative Care, Inc. shall convert no more than three hospice residential beds to three hospice inpatient beds for a total of no more than eight hospice inpatient beds and four hospice residential beds at the Jack and Shirley Robbins Center Forlines Patient Care Unit upon completion of the project.
3. Caldwell Hospice and Palliative Care, 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 August 7, 2015.

TIMETABLE:

Approval of Final Drawings by the Construction Section, DHSR _____	October 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 #: G-11024-15

FID #: 923094

**ISSUED TO: Keystone WSNC, LLC
and Universal Health Services, Inc.
3637 Old Vineyard Road
Winston-Salem, NC 27104**

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 60 inpatient psychiatric beds from Broughton Hospital pursuant to Policy PSY-1 for a total of no more than 52 child/adolescent inpatient psychiatric beds, 104 adult inpatient psychiatric beds, and 8 child/adolescent inpatient substance abuse beds upon project completion/ Forsyth County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Old Vineyard Behavioral Health Services
3637 Old Vineyard Road
Winston-Salem, NC 27104**

MAXIMUM CAPITAL EXPENDITURE: \$13,782,834

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 31, 2016

This certificate is effective as of the 15th day of August, 2015



Shelley Carraway, Chief

CONDITIONS:

1. Keystone WSNC, LLC and Universal Health Services, Inc. shall materially comply with all representations made in the certificate of need application.
2. Keystone WSNC, LLC and Universal Health Services, Inc. shall relocate no more than 60 inpatient psychiatric beds from Broughton Hospital pursuant to Policy PSY-1 to Old Vineyard Behavioral Health Services for a total licensed bed complement of no more than 52 adolescent inpatient psychiatric beds and 104 adult inpatient psychiatric beds.
3. Keystone WSNC, LLC and Universal Health Services, Inc. shall accept patients requiring involuntary admission for adult inpatient psychiatric services at Old Vineyard Behavioral Health Services.
4. Keystone WSNC, LLC and Universal Health Services, 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.
5. Keystone WSNC, LLC 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 Agency on July 20, 2015.

TIMETABLE:

Contract Award	_____	March 1, 2016
50% Completion of Construction	_____	August 1, 2016
Completion of Construction	_____	December 15, 2016
Occupancy/Offering of Services	_____	January 1, 2017
Certification of Beds	_____	January 1, 2017

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #F-11003-15

FID #942936

ISSUED TO: SBH-Charlotte, LLC
8295 Tournament Drive, Suite 201
Memphis, TN 38125

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: Transfer no more than 24 inpatient psychiatric beds from Broughton Hospital pursuant to Policy PSY-1 for a total of no more than 24 child/adolescent inpatient psychiatric beds and 36 psychiatric resident treatment facility beds upon project completion/ Mecklenburg County

CONDITIONS: See Reverse Side

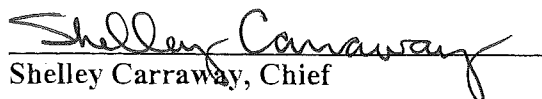
PHYSICAL LOCATION: SBH-Charlotte, LLC
1715 Sharon Road West
Charlotte, NC 28210

MAXIMUM CAPITAL EXPENDITURE: \$10,500

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 11, 2015

This certificate is effective as of the 11th day of August, 2015


Shelley Carraway, Chief

CONDITIONS:

1. SBH – Charlotte, LLC d/b/a Strategic Behavioral Center – Charlotte shall materially comply with all representations made in the certificate of need application and supplemental information. In those instances where representations conflict, SBH – Charlotte, LLC d/b/a Strategic Behavioral Center – Charlotte shall materially comply with the last-made representation.
2. SBH – Charlotte, LLC d/b/a Strategic Behavioral Center – Charlotte shall relocate no more than 24 inpatient psychiatric beds from Broughton Hospital for a total licensed bed complement of no more than 24 child and adolescent inpatient psychiatric beds and 36 psychiatric residential treatment facility beds.
3. SBH – Charlotte, LLC d/b/a Strategic Behavioral Center – Charlotte shall de-license 24 psychiatric residential treatment facility beds upon completion of this project.
4. SBH – Charlotte, LLC d/b/a Strategic Behavioral Center – Charlotte shall accept patients requiring involuntary admission for inpatient psychiatric services.
5. SBH – Charlotte, LLC d/b/a Strategic Behavioral Center – Charlotte 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 July 23, 2015.

TIMETABLE:

Licensure of Facility	_____	September 1, 2015
Certification of Beds	_____	September 1, 2015

STATE OF NORTH CAROLINA

Department of Health and Human Services

Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project ID #O-11022-15

FID #342685

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 32 certified stations upon completion of the project/ New Hanover County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Cape Fear Dialysis Center
3005 Enterprise Drive
Wilmington, NC 28405

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: January 1, 2016

This certificate is effective as of the 29th day of August, 2015

Martha J. Trisone for
Shelley Carraway, Chief

CONDITIONS:

1. Total Renal Care of North Carolina, LLC d/b/a Cape Fear 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 Cape Fear Dialysis Center shall develop and operate no more than two additional dialysis stations for a total of no more than 32 certified stations upon completion of this project and Project I.D. #O-10324-14, which shall include any isolation or home hemodialysis stations.
3. Total Renal Care of North Carolina, LLC d/b/a Cape Fear 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 on August 6, 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

CERTIFICATE OF NEED

for

Project ID #: J-11032-15

FID #: 923517

ISSUED TO: University of North Carolina Hospitals at Chapel Hill
UNC HCS, Hedrick Building
211 Friday Center Drive, Suite G015
Chapel Hill, NC 27517

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 42 acute care beds on the Chapel Hill campus for a total of no more than 806 acute care beds upon completion of this project and Project ID #J-11034-15 (add 4 acute care beds on the Hillsborough campus/ Orange County

CONDITIONS: See Reverse Side


PHYSICAL LOCATION: University of North Carolina Hospitals Chapel Hill Campus
101 Manning Drive
Chapel Hill, NC 27514

MAXIMUM CAPITAL EXPENDITURE: \$17,049,067

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 15, 2016

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


Shelley Carraoay, Chief

CONDITIONS:

1. University of North Carolina Hospitals at Chapel Hill shall materially comply with all representations made in its certificate of need application.
2. University of North Carolina Hospitals at Chapel Hill 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.
3. University of North Carolina Hospitals at Chapel Hill shall develop no more than 42 additional acute care beds at UNC Hospitals Chapel Hill Campus for a total of no more than 734 acute care beds, on that campus. This project and Project ID #J-11034-15 (add four acute care beds at UNC Hospitals Hillsborough Campus for a total of no more than 72) would bring the total number of acute care beds for UNC Hospitals to 806 beds, upon development of both projects.
4. University of North Carolina Hospitals at Chapel Hill 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.
5. Prior to issuance of the certificate of need, University of North Carolina Hospitals at Chapel Hill shall provide the Agency with documentation that the nursing care shall be supervised by a qualified registered nurse "*with specialized training in the care of critically ill patients, cardiovascular monitoring, and life support*", as required in 10A NCAC 14C .1205(1).
6. Prior to issuance of the certificate of need, University of North Carolina Hospitals at Chapel Hill shall acknowledge acceptance of and agree to comply with all conditions stated herein in writing to the Certificate of Need Section.

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

TIMETABLE:

Approval of Final Drawings by the Construction Section, DHSR _____	July 25, 2016
25% Completion of Construction _____	February 1, 2017
50% Completion of Construction _____	August 1, 2017
75% Completion of Construction _____	February 1, 2018
Completion of Construction _____	June 15, 2018
Occupancy/Offering of Service/Operation of Equipment _____	July 1, 2018

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #: J-11034-15

FID #: 090274

**ISSUED TO: University of North Carolina Hospitals at Chapel Hill
UNC HCS Hedrick Building
211 Friday Center Drive, Suite G015
Chapel Hill, NC 27517**

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 4 additional acute care beds at UNC Hospitals Hillsborough Campus for a total of no more than 72 acute care beds, including 18 ICU beds on that campus. This project and Project ID #J-11032-15 (add 42 acute care beds at UNC Chapel Hill Campus for a total of no more than 734) would bring the number of acute care beds for UNC Hospitals to 806 beds, upon completion of both projects

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: University of North Carolina Hospitals Hillsborough Campus
460 Waterstone Drive
Hillsborough, NC 27278**

MAXIMUM CAPITAL EXPENDITURE: \$22,500

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: February 1, 2016

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

Martha J. Frisone for
Shelley Carraway, Chief

CONDITIONS:

1. University of North Carolina Hospitals at Chapel Hill shall materially comply with all representations made in its certificate of need application and the supplemental information received June 18, 2015. In those instances where representations conflict, University of North Carolina Hospitals at Chapel Hill shall materially comply with the last made representation.
2. University of North Carolina Hospitals at Chapel Hill 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.
3. University of North Carolina Hospitals at Chapel Hill shall develop no more than four additional acute care beds at UNC Hospitals Hillsborough Campus for a total of no more than 72 acute care beds, including 18 ICU beds, on that campus. This project and Project ID #J-11032-15 (add 42 acute care beds at UNC Hospitals Chapel Hill Campus for a total of no more than 734) would bring the total number of acute care beds for UNC Hospitals to 806 beds, upon completion of both projects.
4. Prior to issuance of the certificate of need, University of North Carolina Hospitals at Chapel Hill shall acknowledge acceptance of and agree to comply with all conditions stated herein in writing to the Certificate of Need Section.

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

TIMETABLE:

Approval of Final Drawings by the Construction Section, DHSR	_____	October 1, 2015
25% Completion of Construction	_____	November 5, 2015
50% Completion of Construction	_____	November 25, 2015
75% Completion of Construction	_____	December 5, 2015
Completion of Construction	_____	December 15, 2015
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 #F-11023-15

FID #960504

ISSUED TO: DVA Healthcare Renal Care, Inc.
d/b/a Dialysis Care of Rowan County
2321 West Morehead Street
Charlotte, NC 28208

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

SCOPE: Add no more than 4 dialysis stations for a total of no more than 27 stations upon completion of this project, Project ID #F-10273-14 (relocate 1 station to Dialysis Care of Kannapolis) and Project ID #F-10371-15 (relocate 5 stations to Dialysis Care of Kannapolis)/ Rowan County

CONDITIONS: See Reverse Side

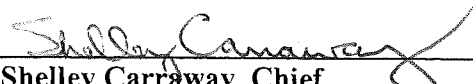
PHYSICAL LOCATION: Dialysis Care of Rowan County
111 Dorsett Drive
Salisbury, NC 28144

MAXIMUM CAPITAL EXPENDITURE: \$0

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 31, 2015

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


Shelley Carraway, Chief

CONDITIONS:

1. Total Renal Care of North Carolina, LLC d/b/a Dialysis Care of Rowan County shall materially comply with all representations made in the certificate of need application.
2. Total Renal Care of North Carolina, LLC d/b/a Dialysis Care of Rowan County shall develop no more than four additional stations for a total of no more than 27 stations upon completion of this project, Project ID# F-10273-14 (relocate one station to Dialysis Care of Kannapolis) and Project ID# F-10371-15 (relocate five stations to Dialysis Care of Kannapolis), which shall include any home hemodialysis training or isolation stations.
3. Prior to issuance of the certificate of need, Total Renal Care of North Carolina, LLC d/b/a Dialysis Care of Rowan County shall submit documentation of an invitation to a professional training program in Rowan or a contiguous county to use the facility for training students.
4. Total Renal Care of North Carolina, LLC d/b/a Dialysis Care of Rowan 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 on August 6, 2015.

TIMETABLE:

Operation of Equipment _____	December 1, 2015
Occupancy/Offering 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*

CERTIFICATE OF NEED

for

Project ID #J-11025-15

FID #980755

**ISSUED TO: Bio-Medical Applications of North Carolina, Inc.
3717 National Drive, Suite 206
Raleigh, NC 27612**

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

SCOPE: Cost overrun for Project I.D. #J-10339-15/ (Add 4 stations and offer home training and support services) for a total combined capital expenditure of \$702,023 for both projects/ Wake County

CONDITIONS: See Reverse Side


**PHYSICAL LOCATION: BMA of Fuquay-Varina
916 South Main Street
Fuquay-Varina, NC, 27526**

MAXIMUM CAPITAL EXPENDITURE: \$690,223

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: November 30, 2015

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



Shelley Carraway, Chief

CONDITIONS:

1. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA of Fuquay-Varina Kidney Center shall comply with all conditions of approval on the certificate of need for Project I.D. # J-10339-14 except as specifically modified by the conditions of approval for this application, Project I.D. # J-11025-15.
2. The total combined capital expenditure for Project I.D. # J-10339-14 and Project I.D. # J-11025-15 shall be \$702,023.
3. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA of Fuquay-Varina 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. Bio-Medical Applications of North Carolina, Inc. d/b/a BMA of Fuquay-Varina Kidney 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 Healthcare Planning and Certificate of Need Section, Division of Health Services Regulation on July 24, 2015.

TIMETABLE:

25% Completion of Construction _____	September 1, 2015
75% Completion of Construction _____	October 31, 2015
Operation of Equipment _____	December 15, 2015
Occupancy/Offering of Service _____	December 31, 2015
Certification of Facility _____	December 31, 2015

STATE OF NORTH CAROLINA

Department of Health and Human Services

Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project ID #J-11030-15

FID #120089

ISSUED TO: SBH-Raleigh, LLC
3200 Waterfield Drive
Garner, NC 27529

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: Transfer no more than 24 psychiatric inpatient beds from Broughton Hospital to SBC-Raleigh pursuant to Policy PSY-1 for a total of no more than 24 adult psychiatric inpatient beds, 32 child/adolescent psychiatric inpatient beds, and 36 psychiatric residential treatment facility beds upon project completion/ Wake County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Strategic Behavioral Center-Raleigh
3200 Waterfield Drive
Garner, NC 27529

MAXIMUM CAPITAL EXPENDITURE: \$10,500

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 1, 2015

This certificate is effective as of the 15th day of August, 2015


Shelley Carraway, Chief

CONDITIONS:

1. SBH–Raleigh, LLC d/b/a Strategic Behavioral Center-Raleigh shall materially comply with all representations made in the certificate of need application.
2. SBH–Raleigh, LLC d/b/a Strategic Behavioral Center-Raleigh shall relocate no more than 24 adult psychiatric inpatient beds from Broughton Hospital for a total licensed bed complement of no more than 24 adult psychiatric inpatient beds, 32 child and adolescent psychiatric inpatient beds, and 36 psychiatric residential treatment facility beds.
3. SBH–Raleigh, LLC d/b/a Strategic Behavioral Center-Raleigh shall de-license 24 psychiatric residential treatment facility beds upon completion of this project.
4. SBH–Raleigh, LLC d/b/a Strategic Behavioral Center-Raleigh shall accept patients requiring involuntary admission for inpatient psychiatric services.
5. SBH–Raleigh, LLC d/b/a Strategic Behavioral Center-Raleigh 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 on July 22, 2015.

TIMETABLE:

Licensure of Facility _____ October 1, 2015

STATE OF NORTH CAROLINA

Department of Health and Human Services
Division of Health Service Regulation

CERTIFICATE OF NEED

for

Project ID #: J-11031-15

FID #: 150337

ISSUED TO: Private Diagnostic Clinic, PLLC
2200 West Main Street, Suite 500
Durham, NC 27705

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 licensed facility and develop no more than two additional GI endoscopy rooms for a total of no more than four GI endoscopy rooms/
Wake County

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Duke GI at Brier Creek
10207 Cerny Street
Raleigh, NC 27617

MAXIMUM CAPITAL EXPENDITURE: \$1,635,993

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 31, 2015

This certificate is effective as of the 23rd day of August, 2015


Shelley Carraway, Chief

CONDITIONS:

1. Private Diagnostic Clinic, PLLC d/b/a Duke GI at Brier Creek shall materially comply with all representations made in the certificate of need application and supplemental information received. In those instances where representations conflict, Private Diagnostic Clinic, PLLC d/b/a Duke GI at Brier Creek shall materially comply with the last made representation.
2. Private Diagnostic Clinic, PLLC d/b/a Duke GI at Brier Creek 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. Private Diagnostic Clinic, PLLC d/b/a Duke GI at Brier Creek shall develop no more than two additional gastrointestinal endoscopy rooms and shall be licensed for a total of no more than four gastrointestinal endoscopy rooms at Duke GI at Brier Creek following project completion.
4. Private Diagnostic Clinic, PLLC d/b/a Duke GI at Brier Creek 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 July 30, 2015.

TIMETABLE:

Contract Award _____	October 8, 2015
50% Completion of Construction _____	November 15, 2015
Completion of Construction _____	December 15, 2015
Occupancy/Offering of Services _____	January 1, 2016

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project ID #J-11036-15

FID #150205

**ISSUED TO: Triangle Springs, LLC and Propstone, LLC
101 S. 5th Street, Suite 3850
Louisville, KY 40202**

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 psychiatric facility with no more than 43 adult psychiatric inpatient beds pursuant to the need determination in the 2015 SMFP/ Wake County

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Triangle Springs
7800 T.W. Alexander Drive
Raleigh NC 27617**

MAXIMUM CAPITAL EXPENDITURE: \$15,821,800

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: February 1, 2016

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


Shelley Carraway, Chief

CONDITIONS:

1. Triangle Springs, LLC and Propstone, LLC shall materially comply with all representations made in the certificate of need application.
2. Triangle Springs, LLC and Propstone, LLC shall develop no more than 43 adult psychiatric inpatient beds.
3. Triangle Springs, LLC and Propstone, LLC shall accept patients requiring involuntary admission for inpatient psychiatric services.
4. Triangle Springs, LLC and Propstone, LLC 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 on August 28, 2015.

TIMETABLE:

Completion of Preliminary Drawings _____	January 15, 2016
Contract Award _____	July 31, 2016
25% Completion of Construction _____	November 1, 2016
50% Completion of Construction _____	March 1, 2017
75% Completion of Construction _____	July 1, 2017
Completion of Construction _____	November 1, 2017